

White Wreath Association Ltd  
 Newsletter 43rd Edition  
 February 2011



White Wreath  
 Association Ltd®

"Action Against Suicide"

[www.whitewreath.com](http://www.whitewreath.com)

WHITE WREATH ASSOCIATION Ltd® Action Against Suicide  
 A.C.N. 117 603 442 Head Office: PO Box 1078 Browns Plains QLD 4118  
 Web: [www.whitewreath.com](http://www.whitewreath.com) Email: [white.wreath@bigpond.com](mailto:white.wreath@bigpond.com)  
 Tel: 1300 766 177 | Mobile: 0410 526 562

### IN THIS EDITION:

- Director's Report
- Coming Events
- Peter Neame
- Feature Writer - Benjamin Imanovic
- Feature Writer - Shanon Ponting
- My Ongoing Battle (cont.)
- Lost, Not Found
- I Just Thought I Would Write..
- World News - Germany
- World News - Japan
- World News - Australia
- World News - USA
- World News - Damascus
- World News - Ireland
- World News - Canada
- World News - UK
- SSRI Stories - Antidepressant Nightmares!
- Important Reminder
- Fundraising
- Sponsorship
- Humour
- Wish List
- Imagine

### DIRECTOR'S REPORT

The recent Queensland floods were devastating to many. We saw horrific scenes of tsunami type floods that will be embedded in our minds for a long time. Our heartfelt sympathy and condolences go to all those that lost loved ones during the recent Queensland floods and to all those whose homes were decimated. Knowing you are in the hearts and minds of all Australians hopefully their thoughts and support will help you through the many tomorrows to come.

(Fortunately where White Wreath Assoc Head Office is located we were unaffected.)

Our thoughts are also with other parts of Australia who are also experiencing floods.

Please remember you are not alone.

Fanita Clark  
 CEO

## COMING EVENTS

### NATIONAL WHITE WREATH DAY

In Remembrance of all Victims of Suicide  
Yearly 29 May

#### THIS YEAR BRISBANE ONLY SERVICE WILL BE HELD ON:

Monday 30 MAY 2011

POST OFFICE SQUARE, BRISBANE QLD

Service 12.30pm-1.30pm

Display on view all day

Contact: Fanita P: 1300 766 177 M: 0410 526 562

E: white.wreath@bigpond.com

### MELBOURNE VICTORIA

Sunday 29 May 2011

STEPS OF PARLIAMENT HOUSE, MELBOURNE

Contact: Sue P: 03 9431 6083 M: 0458 939 474

E: susangail7@hotmail.com

---

### PETER NEAME RESEARCH OFFICER WHITE WREATH ASSOC

At a conference on research and mental health a former commonwealth Director of Mental Health said that we (meaning the governments advisors and subsequently the government) moved away from treating the chronically mentally ill (schizophrenia, psychotic depression, and manic depression, mainly) to those who would benefit from treatment.

He did not call this group the worried well but his approach is really what has happened internationally. It is so bad that most mental health professionals who have trained in the last 35 years cannot recognise the symptoms of a major mental illness. Training of mental health professionals centering around anxiety and depression coupled with verbal interview as the main means of assessment.

Couple this with current dogma or Hitlerite/neo- Nazi style propaganda of least restrictive practice, the recovery model, care in the community/deinstitutionalisation, one in five are mentally ill, one in two will suffer a mental illness, labelling, stigma, prejudice and the chronically mentally ill find it virtually impossible to get mental health care when they need it.

The hard or scientific facts are ignored because the real money is in treating the worried well, the 97% of the population who are not and never will be mentally ill but they can afford medical insurance and can be persuaded to take medication.

The Real Evidence is:-

Three percent of the population suffer from mental illness.

Of this group one tenth or 0.03% will require long term care/treatment (approx. 80,000 Australians and 14000 new Zealanders).

Mental illness runs in families and is related to brain function.

96%- 100% of people who commit suicide, murder and mass killing have an existing mental illness and have given at least two years warning.

Mental Illness is a chronic, progressive, neurological, disorder affecting the structure, function, chemistry and electricity of the brain.

The rise in suicide, murder and violence is solely due to the psychiatric professions inability to recognise major mental illness.

---

## **FEATURE WRITER - BENJAMIN IMAMOVIC**

### **The Politics of Mental Health: Why Our Attitude Needs to Change**

In December 2007, the Labour government once came again into power, breaking an eleven year Howard era. One of Kevin Rudd's election promises was an extensive health overhaul. The key plan: a Federal takeover of public hospitals and services, stripping the management from the states, who had full control of how the money was (mis)spent until that point. That was three years ago.

Today, all but one Australian state is part of the new system. Western Australia is out, due to Colin Barnett's refusal to sign over a third of the state's GST revenue to fund the new system. We won't know the full consequence of his decision for quite some time, but what we do have now is the government's newly released National Mental Health Report for 2010. Covering 2007-2008, the report can be freely downloaded directly from the Department of Health and Ageing website: <http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-report10>. For West Australians, this report is one of the few transparent documents by which we can measure the Labour government's early performance on the issue of mental health.

It doesn't take long to realise that the big problems are a lack of spending and a lack of mental health services. For the 2007-2008 period, the Federal government spent \$1.9 billion, with state and territory spending \$3.2 billion (Australian Government Department of Health and Ageing 2010, 1). These numbers may sound promising until one realises that this accounts for a measly 7% of total expenditure, disproportionate to say the least when, in 2006, suicide was ranked second only to heart disease in the number of potential years of life lost to chronic diseases, with 54 000 people ending their life due to depression or other mental health issues (Sydney Morning Herald 2010).

On the state level, Western Australia is the biggest spender, and Queensland the lowest - \$181 VS \$142 per capita, respectively (Australian Government Department of Health and Ageing 2010, 1). There is little to celebrate, however, as this number is still far too low to make any real difference, especially considering that a 30 minute appointment with a psychologist would barely be covered by the allocated funds (APS Australian Professional Practice Advisory Group 2010) and that one in five of us will develop a mental illness in our lives (State Government of Victoria, Australia, Department of Health 2009).

It is clear, then, that more money is needed, but it isn't everything. The government's response is that it is doing as much as it can, and that the problem is not a lack of money but a lack of capacity and services on which to spend the money on. In May 2010, Health Minister Nicola Roxon told ABC radio that, while budgetary constraints have put a lid on spending, the system isn't ready for more, in any case (The Age 2010). What system is she talking about, I am left wondering, and who is going to fix it? Is this not the same case of pummelling dirt that Kevin Rudd so fervently challenged in his election campaign when he claimed 'The buck stops with me!'? Even with the public hospitals takeover well on the way, Roxon plays the safe card: time. Time, it seems, can be the problem and solution for

everything; it is the politician's jack of all trades. Just give us more time, Roxon seems to be saying, and we will make it good.

Nobody is being naive here; mental health is not something that can be fixed by money alone. Waiting, though, is also out of the option. Time is the one thing that people with mental illness do not have. The only time is now – we all need to finally realise that what we are fighting against is an illness that is concrete and mostly well understood by our medical knowledge and therefore beatable. There is absolutely no difference between taking medication for our mind and any other part of our body that has come down with illness. And yet, when we talk about people with mental health illness, we call them 'sufferers', and in doing so we inadvertently and subconsciously group them with those who will never be cured. This, if anything, needs to stop.

This ignorance, more than anything, I believe, is the root cause of our government's slowness to react and willingness to play the politics game. Until we see mental illness as what it is: a big but graspable medical and scientific problem to be overcome; until we elevate it to the level of public awareness we're seeing with cancer and AIDS (where research is making huge inroads to discovery of a cure); and until we stop otherising and marginalising individuals affected, we are unlikely to move very far forward. And if the government won't take the initiative, then it must be us who do so first, whether it is with our friend, with our loved one, or with that person at work whom we've been afraid to say hello to, until now.

## **Works Cited**

APS Australian Professional Practice Advisory Group.

"APS 2010-2011 Schedule of recommended fees and item numbers for psychological services."

Australian Psychological Society. July 1, 2010.

<http://www.psychology.org.au/Assets/Files/2010-11-Recommended-Fees.pdf>  
(accessed December 12, 2010).

Australian Government Department of Health and Ageing.

"National Mental Health Report 2010 – Highlights."

Department of Health and Ageing. December 6, 2010.

<http://www.health.gov.au/internet/main/publishing.nsf/Content>  
(accessed December 20, 2010).

State Government of Victoria, Australia, Department of Health.

Victoria's Mental Health Services. April 3, 2009.

<http://www.health.vic.gov.au/mentalhealth/illnesses/facts.htm>  
(accessed December 15, 2010).

Sydney Morning Herald.

Change in counting method halves life lost to depression.

Sydney, December 17, 2010.

The Age.

Govt defends mental health spending. May 13, 2010.

<http://news.theage.com.au/breaking-news-national/govt-defends-mental-health-spending-20100513-uyz4.html>

(accessed December 20, 2010).

## FEATURE WRITER - SHANNON PONTING

### Getting a new headspace

Usually when we think about the way in which the government deals with mental illness, negative thoughts come to mind. In the past, mental illness was taboo and many suffered in silence, especially the young, who were simply told to 'suck it up'. That's where Headspace steps in.

According to the Medical Benefits Fund website, depression is the most common mental health problem for young Australians aged 12 to 25 and in 2008, more than a quarter of young people aged between 16 and 24 years had some symptoms of a mental disorder over a 12 month period.

When statistics like these exist, we can only think of those who chose not to speak up and have their story heard, those who were too ashamed to admit they needed help or had a problem. headspace aims to put an end to that.

Established and funded by the Australian Government in 2006, headspace is the National Youth Mental Health Foundation. headspace is working on providing solutions for people aged 12 to 25 years, as according to studies, 75 percent of adult mental health disorders present before a person reaches 25 years of age (MBF, 2010).

The primary focus of the organisation is the mental health and wellbeing of all young Australians. The workers at headspace are focused on guiding young people to getting help early, which they believe is the key to resolving problems quickly and effectively.

With 30 centres around Australia, headspace has a range of youth friendly health professionals who can help young people with general health, mental health and counselling, education, employment and alcohol and other drug services.

Dr Kelly Young, who works as a GP at the Gold Coast headspace centre said that the organisation is all about providing a number of services for young people under one roof.

"It's a bit different from other medical centres," she said.

While we are far from finding a way to put an end to the way in which mental illness is viewed by the general population, headspace is a way for young people to realise that there is help if they need it and there is nothing wrong with asking for it.

70 percent of young people who experience mental health and substance use problems don't seek help (MBF, 2010). headspace is dedicated to making sure that young people have the best support, information and services for all health issues. For more information, visit <http://www.headspace.org.au>

[http://www.mbf.com.au/Wellness/Articles/youth\\_mental\\_health.html](http://www.mbf.com.au/Wellness/Articles/youth_mental_health.html)

---

### MY ONGOING BATTLE continued

The saying it never rains unless it pours. It is so true, why does everything have to wrong at the same time, when you are unwell? I am lucky tonight that I don't have a gun or else I would have already committed suicide and would not be writing this.

I am feeling alone in a very crowded world. I watch the people who walk my unit. Laughing and smiling, having fun. I wish I could have that. I wish I could be accepted in this world for whom I am and be less of an alien. I feel as though I don't fit in this world and am asking myself right now... "Who am I? and Where do I fit in this big puzzle?" I want to be free from

feeling this way and be happy and successful in my life, like all my other friends around me the same age. I have one very big question, "Why me?" Why do I have this and not someone else, not that I wish this on anyone. I wish there was a magic pill to fix everything.

In the last month a support group put on by a professional, government-funded team excluded me. It included people with all different diagnoses. I did not do anything wrong. I was excluded because those other people with a mental illness that attended the group, the ones who suffer the same hardships everyday of mental illness two of the people who had the same diagnosis turned against me as they perceived me as a threat to their treatment. They believed that because of my outside appearance my illness was worse than theirs, thus could jeopardise them getting support. Over several months they spread rumours and told workers they did not want me there and would not attend if I was there...

How could these people suffering the same feelings, injustices do this. They won in the end. Once I found out I had been excluded from yet another group activity, by not being told about it happening., I decided to leave. If I could not be accepted and treated equally by my peers, it was not worth putting myself through constant rejection. The final kick was seeing my own case worker a few weeks later, who could not even say hello or look at me. If I am an outcast from those with the same illness, what chance do I have in society?

Christmas is coming that wonderful time of the year where there is no support as everything shuts for the silly season. Those who have no family and friends to be with, spend it alone with their illness. Spare a thought when you sit down to Christmas lunch for those alone, with a mental illness, who feel suicidal. Especially those in regional or remote areas where there is no special Christmas dinners put on for the disadvantaged. For us it is not the most wonderful time of the year at all...

---

## EMAILS

### Lost, Not Found

Hello, my name is John. I know you are not a counselor but was reading your site.

I'm 40 years old and was diagnosed with clinical, (whatever that is) depression about 4 years ago. At the time of diagnosis I was living in London, (I have only been here about 3 months). My doctor took about a year to come to this conclusion!

During that year all I had were a bunch of blood tests and such. He then put me on sertraline, 50mg. Within 2 weeks I was on 150mg. Sleep was impossible, (nothing new as I've had sleep problems since 6 years old, a legacy from mum and dad fighting all through the night.) I also would sweat profusely but only at night in bed. It wasn't until I came to Australia that I found out I should be taking this medication in the morning. (I was directed to take it at night!)

It took about 2 years before there was a vacancy to see a counselor and when I went for my first appointment, it was all I could do not to kill myself right then and there. This was due to the so-called 'therapy'. Firstly, the counselor was about 20 years old. Fresh out of college, and clearly did not have the experience to handle someone like me. I am very headstrong and am a dictionary of useless information. She would try to get me on one track but I would go on another. From what I know of depression, I felt that I knew more than she did. This is not her fault, as we all have to start somewhere.

Unfortunately, this attitude of the health authorities, to fob me off on a trainee made me feel like an experiment and not worth enough as to send me to a qualified professional. I already feel like nothing, I don't think I need someone else to reinforce that feeling. After 6 sessions I stopped going. I was leaving the premises with a rage I felt I could not contain myself. (Yes I did mention this to my doctor and got a response so memorable that I have completely

forgotten it!) During this time my wife, (who's Australian), decided we should come and live here where I could access better mental health facilities. Its taken 3 and a half months to get one appointment with a therapist! and I don't know when I will get another.

My first is on the 15th November. One question I do have...if I've felt this way since I was 6, and have only stayed alive till now by self medicating, (which I didn't know I was doing...and have recently stopped doing) but feel so tired now. I don't think I can hang on any longer, how is one session going to change my thinking to the point where I don't want to quit? All through my life when someone has suicided, the people left behind keep saying, 'why didn't they ask for help'. Why didn't they say there was something wrong? Why didn't they come to me? Well...I've been asking for help for 4 years going on 5 years now and I am standing at the same spot I was before. My family can't help. They don't know how and I don't blame them in the slightest. But they don't understand what it must be like living in my head. They still treat me as if I should just get on with it! And the doctors? Well your website has said it all. All we are in the Government's eyes are walking, talking wallets. Just bodies to pay taxes so they can down champagne and eat lobster while discussing poverty in Africa etc.

This session on the 15th has to be the session of all sessions, otherwise I think I'm gone.

To all those families out there who are blaming yourselves. Quite simply. Don't! The person who has suicided in your family isn't blaming you. I should know I'm not blaming anyone but me.

Footnote:- John attended his appointment and said actually it went Ok. Still here...another one next week. One day at a time, (one minute at a time, really).

---

### **I Just Thought I'd Write and ....**

I just thought I'd write and say hello. You are doing exceptional work and it must be a horrible, horrible thing to receive emails like this from people contemplating suicide or hearing of their loved ones dying. I have read many of the stories and it is awful seeing such young people die when they really have so many opportunities available to them, or the man that inflicted such horrible imagery on his wife.

I didn't have a great teenage existence and contemplated suicide several times. To be honest I took up smoking marijuana which at least gave me a life with friends at that point and I survived.. Since then I have been married and had 4 beautiful children, and I know that things can look so down at a particular point, you don't know what is around the corner.

However, now I get to the ugly part, so of course now 13 years later I was still smoking pot and my partner finally had enough of it and all the psychological side effects and left me, out of the blue (according to me) with no warning and found someone else.

I am not your typical pot-head, (although I have been through the x-box dole period in my 20's), but I have an exceptional job as a Web Developer/Programmer in Brisbane earning over \$120K per year, I guess this helped conceal my life style and made me think I was still doing right by my family. So anyway, I completely stopped smoking and have tried to turn my life around but it doesn't matter now. Everyone is gone. I am living in tweed heads after moving here with literally no friends or anything. So here I am again. Seriously thinking of suicide. I have life insurance (beyond the suicide exclusion period). And my family could really use this money as essentially if you didn't get your act together pre-1995 owning a home is impossible in this nation. And I still smoke cigarettes so probably just have cancer to look forward to in the coming years anyway.

So I know how horrible it as a kid. They have so many opportunities, but really, in my position, its down hill from here. I am 35 with 4 kids that society will judge me for. I don't mean to be so depressive with such self pity but I am depressed, obviously, so please forgive me, and I do not mean to put this on you as obviously your just an innocent bystander, and under recognised/paid for what you do.

I am not asking for help so much I just wanted to say you are doing the very best thing and it is odd I can be here searching for suicide methods online and you are the only site intelligent enough to be paying for Google ads. In fact Google should be supplying these for free to you, and if you haven't asked for that you should. TV stations are required to supply a percentage of ads not non-profit organisations so I can see no reason why that should not apply to Google as well. I think I am not alone and a lot of people research online about painless and easy ways to die. No Beyond Blue which is useless. I go to MensLine and that is just a crock as well, chewing up useful government and corporate sponsorship for their own self-gain.

Perhaps if more prevention sites could get a little higher in results rather than wiki-how-to-die sites the problem wouldn't be so big in Australia, so my main point of this email is to say that the Google ads are well worth it, and please keep it up.

I guess the only thing going through my mind is that perhaps I could actually put my skills to good use and help sites like yours or similar and actually find something in that, as I am moderately religious and really I think everyone just wants to have a purpose in life, and maybe I could use my grief and experience to help others rather than just inflict pain on people, but that's obviously easier said than done.

I know Suicide is horrible. And the catch-22 part is that it is so hard to die nicely now days. Petrol Cars have catalytic converters, drugs are limited without prescription, and everything else nice may leave you a vegetable and or a long painful death. Its catch 22 as obviously if I could have taken a quick pill I would probably already be dead, and wouldn't be writing this now.

Anyway, I don't know why I am writing to you, I know you have seen suicide from the other side so I apologise but I simply wanted to commend you for trying to help people and being so brave and community minded, and you deserve much, much better recognition as I had never heard of your organisation.

Anyway, all the very best with your endeavours,  
SW

---

## **WORLD NEWS**

### **GERMANY**

German suicide rate double that of road deaths, figures show Oct 18, 2010 <http://www.monstersandcritics.com>

Berlin - New data shows that twice as many Germans kill themselves as die in fatal road accidents, statisticians said Monday.

In total, 3.7 per cent of deaths in Germany last year, or 31,832, were not from natural causes - a category that also includes murders and accidental poisonings.

The biggest group consisted of the 9,571 suicides, up 120 from 2008, followed by 8,492 deaths from accidental falls.

The death toll from road accidents was 4,468 deaths. Road death rates have been falling as roads and cars become safer and policing improves.

Just 414 of the deaths were murders, the statistics office said.



## JAPAN

<http://www.japantimes.co.jp>

Japan is one of the few countries in the world that reports suicide numbers honestly. Approx 33,000 deaths by suicide. Most countries in the "west" don't report suicides as such unless there is no other option. Common other terms for suicide: death by misadventure, accidental overdose, drunk driving... then there's the "...died suddenly" term in the obituary column.

Suicides in Japan top 30,000 for 13th straight year

<http://www.japantoday.com>

Friday 07th January, 03:14 PM JST

TOKYO

The number of people who committed suicide in Japan totaled 31,560 in 2010, topping 30,000 for the 13th straight year, the National Police Agency said in a preliminary report on Friday.

But the number declined 3.9% from the previous year, or a decrease of 1,285 cases, hitting the second-lowest level over the past 10 years, according to the report.

Since assuming power in September 2009, the Democratic Party of Japan-led government has taken steps to help those at risk of suicide.

The government's anti-suicide campaigns last year appear to have had some effect as the number of people who committed suicide declined in the months immediately following the campaigns, falling 15.9% in April and 13.5% in October from a year earlier.

In November, however, the number of cases rose 10%, partially because of the prolonged economic downturn.

The number of people committing suicide declined for six months in a row in the first half of last year but rose and fell in successive months.

While 2008 and 2009 saw some months in which over 3,000 people committed suicide, the number of cases remained below 3,000 each month last year.

Of those who committed suicide last year, 22,178 were men and 9,382 women, continuing the trend for a higher number of cases among men.

The government set up an emergency strategy team at the Cabinet Office in autumn 2009 in concert with civic groups and doctors working on suicide prevention.

The team worked on measures to be implemented by related ministries and agencies, including expanding public counters where people can get advice about mental health and debt problems, and compiling region-by-region suicide prevention steps based on relevant police statistics.

The government set up a task force involving cabinet ministers last September to carry out the measures.

## Mental Illness - Underfunded, Under-reported

My daughter, Anne, lived for 40 years: 25 as a caring, creative girl and woman; 15 as a disintegrating woman battling schizophrenia; she found peace by completing suicide.

Schizophrenia, bipolar 1 and severe affective disorders are incurable brain diseases and the most serious of mental illnesses. Anne's schizophrenia caused psychosis, paranoia, delusions and reduced energy, creativity and motivation. About 550,000 Australians suffer these severe mental illnesses. Many can lead full productive lives, between crises, with treatment; the majority cannot.

Mental illness is underfunded, even though governments know this causes lives of deprivation and preventable deaths. The seriously mentally ill carry 13-14 per cent of the burden of disease. For years they were unjustly allocated 6-7 per cent of the health budget and many psychiatrists fought this disparity. In 2010 they received 2 per cent of the health budget; Ms Barbara Hocking OAM, director of SANE Australia, fittingly described this as "an act of patronising contempt".

According to the World Health Organization (WHO), the seriously mentally ill complete 90 per cent of suicides. The Australian Bureau of Statistics (ABS) warns their statistics are incorrect because all states "under-enumerated" suicides. A Senior Counsel, 2005, wrote that suicide statistics in the Victorian Chief Psychiatrist's reports have "serious flaws". Last year Professor John Mendoza estimated published suicide numbers are under-reported by 30 per cent.

Numbers are under-reported. The WHO shows Australia's 2008 suicide rate as 21.1 per 100,000 people, numbers presumably based on correct data from Canberra. With a population of 21,400,000 in 2008, this represents 4,304 suicides.

The ABS reported 2,192 suicides in 2008, an under-reporting of almost 49 per cent. It seems possible the agencies providing accurate suicide rates to the WHO misrepresent suicide numbers within Australia. Such action is culpable; it bolsters the lack of political will to provide necessary funding and to try decrease the number of preventable deaths.

It is noteworthy that Australian road deaths, 2008, are eight per 100,000 while suicides are 21.1 per 100,000, yet funding is found and publicity is used in an attempt to decrease road deaths.

"Manner of suicide" reports are also under-enumerated. The ABS lists 61 persons in Australia as completing suicide in 2008 "by jumping or lying before a moving object". Victoria alone has about 50 such deaths every year; nationally, there are possibly 200. Anne, in despair and after two previous attempts, chose this certain manner of death.

Accurate death rates are crucial for good health services, providing a benchmark for clinical and applied research. The Victorian Department of Human Services wrote (2006) that suicide prevention strategies, including Victoria's, are not determined by sound evidence bases but "rely largely on assumed efficacy with little or no research".

Assumed efficacy equals anecdotal evidence. No good health service relies on such superficiality to treat the severely ill; but Mental Health Systems do so routinely, to that minority of mentally ill who are fortunate enough to receive any treatment. The Mental Health Council of Australia (MHCA), 2009, said 65 per cent of mentally ill needing therapeutic care and/or hospital admission in Australia, are untreated and/or not admitted.

Victoria has some 115,000 seriously mentally ill. The Mental Health System treats 60,000 people, the private system 10,000 and 45,000 lack any specialist mental health care. These 45,000 lives vary from the most fortunate, cared for by a good general practitioner, to the most vulnerable and neglected, the untreated and homeless. The Council to the Homeless estimates there are 14,000 seriously mentally ill homeless in Victoria. The MHCA estimates 50,000 mentally ill homeless in Australia.

The Human Rights and Equal Opportunity Commission Report, 1993, said it is almost impossible for the seriously mentally ill to reach their full potential unless adequately and safely housed. All governments have ignored this. Deinstitutionalisation is still largely unfinished, since 1993. This was a helpful, positive policy if done sequentially. However, the second stage was done first and quickly; the sale of thousands of hectares of valuable land, with gardens and trees, and the destruction of stand-alone mental hospitals. The first stage, the provision of acute, sub-acute, rehabilitation beds and community care for those sent from treatment and shelter, remains largely unfinished by all states.

Tens of thousands seriously mentally ill remain inadequately housed, causing hundreds of premature natural deaths and suicides. No government entities collect these numbers. Housing of the mentally and/or physically disabled during the last 20 years in Victoria cries out for a Royal Commission.

The seriously mentally ill have a life expectancy 25 years lower than the national average: 55 years rather than 80 years. In 2010, Australia and New Zealand Health Policy published research which studied mental health-related mortality rates, specifically citing their implications for government policy.

The study used data from 1916 to 2004, concluding that the longevity of people with serious mental illness decreased through these years. It notes "excess mortality" associated with mental disorders and that natural and suicidal deaths increase premature mortality. More mentally ill are also dying from malignancies than to be expected. Very little attention is given to physical problems of the mentally ill. They are many, as this research illustrates. The study's dire conclusion is that, for the seriously mentally ill, over these 88 years, "There have been no gains".

The 20th century produced advances in all medical spheres, with healthier populations and higher life expectancy for all; except for these vulnerable and neglected. In 2016, six years hence, unless a miracle of justice occurs, Australia's seriously mentally ill begin a second century of decline.

FOOTNOTE:- White Wreath assoc has said since 1999 that suicide figures have been under reported.

---

## USA

DJ Jaffe <http://www.huffingtonpost.com/dj-jaffe>

Advocate for seriously mentally ill

Posted: October 3, 2010

Mental Illness Awareness Week Diverts Attention from Serious Mental Illness

(Note: This is an update and adoption of a piece that first appeared in October 2009)

This first full week in October is being celebrated as Mental Illness Awareness Week (MIAW). In celebration, well meaning mental health advocacy organizations are busy hosting events to reduce the "stigma" of mental illness. But I don't believe there is 'stigma' to having a

mental illness. I believe serious mental illnesses, like schizophrenia, are real biologically based disorders that are no one's fault. Serious mental illness or ('consuming mental health services') is not, "a mark of shame or discredit", or "a mark or token of infamy or disgrace". There's no stigma to being mentally ill the same way there is no stigma to being "black", "gay", "short", "tall", "lefty", "righty", "inny", or "outy". There is discrimination. But that's another story. And ending it takes other strategies. As J. Rock Johnson, a former head of the National Alliance on Mental Illness (NAMI) consumer council once said, "the most stigmatizing thing we do is talk about stigma." I think the efforts to reduce stigma are actually harmful because they are accomplished by diverting attention away from those who need our help the most: the most seriously mentally ill.

The anti-stigma campaigns are premised on the belief that the key to reducing 'stigma' is to convince the public that "the mentally ill are just like you and me" and "with proper supports can recover and become productive members of society". Those two facts are true, if you're talking about the higher functioning 25 percent of Americans who have a "diagnosable mental disorder". Or the 50 percent who believe they have a mental health issue. Hey, who doesn't?

But what about the others? The three percent to five percent of Americans who are the most seriously mentally ill -- like those suffering from untreated schizophrenia or treatment-resistant bipolar disorder, the very people who often need our help the most? And what about the homeless psychotic, eating out of garbage cans, sleeping in cardboard homes, and living with festering wounds under layer after layer of filthy clothes because they have a mental illness that makes them unable to help themselves?

Trying to gain sympathy and resources for mental illness, by only displaying the highest functioning individuals, is like trying to end hunger by showing the well-fed. And new research shows it doesn't work. There is no less 'stigma' today than when these efforts started.

Not everyone agrees with me. Some people believe mental illness is a myth. And there are those who believe strongly there is stigma to being mentally ill. The Alternatives 2010 Conference-a meeting of people with experience in the mental health system-who I would think would be the first to believe there is no stigma to being a person with mental illness, had at least eight workshops on stigma. The Surgeon General also believes there is stigma to having a mental illness. "The Surgeon General's Report on Mental Health" cited stigma as the most formidable obstacle to future progress in the arena of mental illness and health. But in later sections, the Surgeon General discusses why stigma exists: The answer appears to be fear of violence: people with mental illness, especially those with psychoses, are perceived to be more violent than in the past. It is well documented that only a tiny percentage of mentally ill people engage in violence. But they tend to be the most seriously mentally ill. As Dr. E. Fuller Torrey wrote

The report notes that in the 1950s, when most seriously mentally ill individuals were hospitalized, only 13 percent of the public associated mental illness with violence, while in the 1990s, 31 percent of the public made this association. It seems clear from the Surgeon General's report, as well as from research studies, that little progress will be made in decreasing stigma until we address the issue of violence. To do so is currently considered politically incorrect by some people, who claim that addressing this issue will cause additional stigma. Yet, if violence is the main cause of the stigma, our failure to address it simply ensures that stigma will continue indefinitely. So whether one believes that there is stigma to being mentally ill; or discrimination against the mentally ill, the answer remains the same: let's help the most seriously ill.

---

“A 16-year-old boy shot himself dead because of an argument with his father.”

This passage was published in an article on Aks Elser website in November. Similar succinct, brutal news briefs about suicide appear regularly in Syrian media. At least 100 news briefs on suicide cases are reported by Syrian publications every year, according to estimates by the Syrian journalists who cover them. The Syrian news website Aks Elser alone has reported 80 suicide cases this year.

Although such widespread coverage of suicide is surely a relatively new phenomenon, it is difficult to determine whether this is because suicide is increasing or if interest in it and coverage of it has simply grown. Most reports paint unsympathetic pictures of suicide victims, focusing on the method of suicide rather than analysing its causes.

“Al-Thawra newspaper sells out every Monday because it dedicates a section to local crimes,” said Yahya al-Aous, a journalist in his thirties who covers suicide for the online magazine Thara. Notably, suicide is included in the crime section. “People are attracted to violence, and, as a result, many newly-established Syrian websites have turned to ‘yellow journalism’ and are solely covering crimes and suicide cases.”

However, the increased media attention of suicides at least makes the issue less of a hidden problem.

“Suicide is becoming less of a taboo here,” Mohammad Dandal, a psychologist who runs a clinic in central Damascus, said.

This shift might be in part due to Syrian religious figures’ liberalising ideas towards suicide. While traditionally, major religions have labelled suicide a sin, some Syrian leaders have moderated their attitudes towards the subject. For example, although Islam forbids those who commit suicide from being buried in a Muslim cemetery, this rule is no longer strictly applied, Sarhat al-Kafen, a sheikh in Damascus, said.

“Today, in most cases, suicide victims are given the same burial rituals as any other Muslim,” Kafen said, explaining that there were no official changes to the rules, but rather a voluntary oversight that is considered merciful. “People recognise that the family is already having a hard time and do not wish to make it worse.”

---

**BELFAST IRELAND**  
<http://www.belfasttelegraph.co.uk>

Lindy McDowell: We must listen to cries of parents over suicide toll

Like any mother, my heart goes out not only to those parents in west Belfast whose sons and daughters have taken their own lives in recent months, but also to all those other parents who will now, understandably enough, be fearing for their own children.

What has been happening in a part of the city where over 20 young people have already died by their own hand has been called an epidemic.

And in that one word is all the implicit horror of something that seems out of control — beyond our control.

What can be done to stop it?

Why, why is it happening?

Some areas — mainly working-class, mainly urban — do appear to have been particularly cruelly hit in recent years.

But no part of this place and no section of our society is immune from this darkest scourge of our times.

Among the most poignant pictures in papers in recent days has been that shot of the young boxer, his hand held aloft after a winning bout.

Fresh-faced, clear-eyed, this was a good boy with everything to live for. This was a lad who was deeply loved. And more than that, one who knew he was deeply loved. He was an outgoing lad, full of life, full of fun, with family and friends and a fine future stretching ahead of him.

So why, why? Why do any of them do it? Why is it that so many of those who have taken their own lives are male? Those are the questions that haunt us all.

Speaking at the boy's funeral the parish priest made the crucial point that there is no magic instant solution in terms of how we tackle our shocking suicide statistics.

But that shouldn't stop us trying.

And whatever the economic constraints this should now be a priority for the Assembly. So much of the truly magnificent work that is currently being done is being carried out by local community workers and by the friends and family of those who have themselves lost someone.

But they need support. Whatever that costs, they should get it.

Above all in Northern Ireland we need a co-ordinated, province-wide strategy aimed at countering the problem in the first place as opposed to dealing with the horrifying results.

Facilities to deal with young people who may be deemed at risk need to be improved.

More resources need to be pumped into finding out what lies behind this scourge. And more funding needs to be put in place to counter the many contributory evils that may fuel it.

There needs to be an education programme, too, driving home to the young that there is help out there. Showing them that no matter how bleak or pointless their lives might seem, the bad times will pass. And that nothing is honestly ever truly that bad.

All this will cost money at a time when, granted, public money is in short supply.

But we owe it to those bereaved parents to make sure that something at least comes of their terrible suffering — that this "epidemic" is somehow stopped.

And we owe that especially to the memory of those bright-eyed lost boys and girls smiling from the obituary websites and the front pages, with all the promise and hope of youth. But robbed forever of the future.

---

## CANADA

<http://www.windsorstar.com>

Suicide must not be ignored

BY BOB CHANDLER, WINDSOR STAR NOVEMBER 23, 2010

The tragic suicide of 14-year-old Daron Richardson in Ottawa leads me to make a plea for the media and all of us to destigmatize the reality of suicide and mental illness. I applaud the courage of Daron's family to speak out publicly about her death "to remove the stigma of pain and fear associated with suicide."

Many suicides go unreported in the media because of the fear that it will result in copycat deaths, especially among teens. The news of a suicide can be reported sensitively in consultation with surviving loved ones without the details of the death, but accompanied by the resources that are available to those who are contemplating suicide. Suicide is almost always the result of undiagnosed or unsuccessfully treated mental illness. My son, though not in his teens, died by suicide, I believe because he was ashamed to reach out for the help that was available to him. Guidelines for the media in reporting on suicides are available from the Canadian Association for Suicide Prevention. I would urge all media to report on suicides regularly with sensitivity.

Until our society confronts the reality of suicide in our midst, there will be no concerted action to prevent it.

Bob Chandler, Windsor

---

## UK

<http://www.streetnewsservice.org>

Mental illness was once, and to some extent still is, a taboo subject that most people feel uncomfortable talking about within familial or societal spheres. However, because of the superfluity of media coverage and cinematic portrayals of people afflicted with mental illness, it has gone from private whispers behind closed doors to public dialogues. However, the one issue that has not dissipated is the stigmatization of persons afflicted with mental disorders, particularly marginalized groups like the poor and the homeless.

According to Merriam-Webster.com, the word 'stigma' comes from the Greek word 'stizen' which means to tattoo or to brand. I can most definitely identify with the whole idea of being "branded" and I'll tell you why.

I figure if I am going to write an article about mental illness and the whole idea of whether or not to seek treatment or disclose one's diagnosis for fear of dire repercussions, I might as well start with myself. Because I want to help shed some light on this most sensitive subject matter and hopefully help someone else who maybe experiencing a similar fate, I am prepared to disclose to you, my readers, that I have been diagnosed with depression.

As a Haitian and particularly a Haitian male, admitting to having any type of mental disorder is extremely taboo within the Haitian family and community. Admitting to having a mental disability is analogous to admitting to having a severe weakness as a human being, but particularly as a man and even more so a Haitian man. The notion of equating admitting to being mentally ill with being weak caused both my family and I to hide and ignore my depression for years. My mother recognized some of the signs, such as oversleeping, overeating, irritability and anxiety for months at a time, behaviors that ended up disrupting our entire family structure. Another reason why my family kept me from seeking help was because of fear of what a formal diagnosis would entail. Some of the many possibilities were fear that I might not be able to get into college, get a job, health insurance, etc. But mostly,

my mother feared that the rest of my family would be ashamed of me and therefore ostracize me. My mother claims that she was only trying to "protect" me from experiencing prejudice from narrow-minded people.

My mother's reason for keeping my mental illness a secret was that she felt the odds were already stacked against me for being a young Black male. Why make life even harder by professing my debilitating mental health status? Of course, my mother's fears of me being "labeled" with mental illness have validity. Even I find myself judging others based on their disclosure of having a mental illness. I don't do it intentionally; it's more like a visceral reaction than anything else. Once I know of someone else's mental incapacity, my reactive brain begins to immediately wonder about how "crazy", dangerous or unpredictable that person's behavior may be. When I catch myself doing that, I think to myself: "Hey, you too have a mental illness. Would you want someone thinking these thoughts about you?"

"Labeling theory proponents and the theory's critics have different views on stigma and thus differ on the consequences of labeling for people with mental illnesses," says Sarah Rosenfield of Rutgers University in her article published by the *American Sociological Review*, *Labeling Mental Illness: The Effects of Received Services and Perceived Stigma of Life Satisfaction*. She goes on to say that, "The labeling perspective posits that because of stigma, official labeling through treatment contact has negative consequences for mental patients." This ideology reflects that of my mother's concerns about me being "labeled" with depression due to her fears of societal and personal repercussions; like being turned down for a job or being rejected by a potential intimate partner upon disclosure.

"In contrast, critics of the labeling theory claim that stigma is relatively inconsequential. Instead they argue that because labeling results in receiving needed services, it provides significant benefits for mental patients," says Rosenfield. She elaborates that, "Labeling theorists examine that mental illness as a form of deviance: the label rather than the behavior per se shapes the fate of mentally ill persons...by compromising the life chances of those so labeled." For example in my instance, once I was officially diagnosed or "labeled", I immediately began to think of my limitations and perceived disabilities. I started to think that I was going to have to contend with the fact that I may never be able to fulfill my dream of becoming a published writer. As it turned out, my fears were unfounded since I have published my first book "Sparks in the Dark," and am currently working on my second. I was able to achieve success principally because of my family's steadfast support, namely my mother. As I navigated in and out of hospital psychiatric wards, the fire that once burned bright in me began to die. I was ready to surrender to my depression and be content to just be "mentally ill" and all that it encompasses.

But my mother repudiated the whole idea of me giving up and she-through love, patience and understanding-encouraged me to obtain my college degree in liberal arts and publish my first book. Publications allowed me the opportunity to be a featured author at Harvard University, North Eastern University and many other places. However, I am glaringly aware of the sad fact that not many people are as lucky as I am in receiving that kind of support. Many with mental illness, particularly the homeless, are abandoned or neglected by their families and ultimately by society at large. Many have dual diagnoses in the form of mental illness and substance abuse.

"One of the tragic consequences of stigma is the possibility that it engenders a significant loss of self-esteem-specifically that the stigma of mental illness leads to a substantial proportion of people who develop such illnesses to conclude that they are failures or that they have little to be proud of," says Bruce G. Link, Ph.D. et al. in the article *Stigma as a Barrier to Recovery: The Consequences of "Stigma for the Self-Esteem of People With Mental Illnesses,"* published by the American Psychiatry Association. This was the case for me, and still is to some extent. I can't disregard the fact that sometimes, during depressive periods. I feel "less than" those without a mental illness.

Today, I am learning to differentiate between what's real and what I perceive to be real. When I'm not in a depressive state, I don't feel like a failure. I know that when I do feel like a failure, it's my sick mind telling me that I am, while my healthy mind tells me that I'm not;



when I am functioning normally. Link goes on to say, "According to the stigma theory... people develop conceptions of mental illness early in life from family lore, personal experiences, peer relations and the media's portrayal of people with mental illnesses." How many times have you heard someone in your family or circle of friends talk negatively about those afflicted with mental illness, maybe even refer to them as "crazy people"? How many times have you found yourself perpetuating the same act, in spite of the fact that you may or may not have a mental illness yourself? How many times have you seen the news featuring a sensational story about a person with mental illness committing a violent act, which results in inducing fear in the general public?

Those afflicted with mental illness are not always easily identifiable at least on the prima facie level or based on aberrant behavior. It may help to point out that very famous people, like Janet Jackson, Robin Williams and Roseanne Barr, have mental illnesses, but you wouldn't know it just by looking at them. According to a Duke University study, 49 percent of U.S. Presidents suffered from mental illness and substance abuse. There was Richard Nixon's alcohol abuse, Calvin Coolidge's hypochondria, Ulysses S. Grant and Thomas Jefferson's social phobias. However, mental illness did not keep them from living fruitful life filled with joy, dignity and accomplishments. Why should it impair you or me for that matter?

So, how far have we come when it comes to mental illness and stigma? I suppose that depends on you, and your thoughts and reactions regarding either yourself as a person living with mental illness and/or the next time you encounter a mentally ill person; whether your assessment of them will be based on their perceived disabilities stemming from stereotypes or stigma or their actual realities based on their abilities, accomplishments and capacity to live a fulfilling and dignified life in spite of their mental illnesses?

---

## SSRI STORIES

### Antidepressant Nightmares

<http://www.ssristories.com/index.html>

With permission from SSRI Stories we will publish in each Quarterly Newsletter disastrous stories. We will not name names or places. On this site there is literally hundreds of stories from around the world with 122 Australian Stories. We will only publish the Australian stories. White Wreath Assoc is Not against prescribed medication. What we are against is leaving the patient in his or her own care (Community Care) when the Medical Profession know too well how dangerous Antidepressants' can be. We strongly believe that Antidepressant Medication Prescribed should be under strict Medical supervision in a hospital environment: Hence our Safehaven Centres.

Summary:

First paragraph reads: "Antidepressant drugs prescribed to a mother contributed substantially to her two attempts to kill herself and her two young children by gassing them in the family car, Chief Justice DM has ruled. The 32-year-old woman, whose name is suppressed, walked free from the Supreme Court yesterday with a four-year jail term suspended for two years after pleading guilty to four counts of attempting to murder her daughters, then aged nine and two."

Paragraph 7 reads: "The court was told she had a history of depression and was prescribed high doses of Aropax (paroxetine - Paxil), a selective serotonin re-uptake inhibitor, and Efexor (venlafaxine), a serotonin noradrenaline re-uptake inhibitor, in the months before the offences."

## Mum Free After Murder Bid

### DAVID DARRAGH

Antidepressant drugs prescribed to a mother contributed substantially to her two attempts to kill herself and her two young children by gassing them in the family car, Chief Justice DM has ruled.

The 32-year-old woman, whose name is suppressed, walked free from the Supreme Court yesterday with a four-year jail term suspended for two years after pleading guilty to four counts of attempting to murder her daughters, then aged nine and two. She made separate murder-suicide attempts near W and P on June 17 last year.

Justice M found the medication affected her mental state and "substantially contributed" to the offences.

"The drug . . . impaired her capacity for rational thought to such a degree that her responsibility for her actions was substantially diminished and her capacity for rational thought and action was gravely impaired," he said.

Justice M described the woman as a loving mother who cared for her children and said her prospects of recovery were reasonably good due to the support of family and friends

The Department of Community Development would determine whether and when she could resume care of her children, who had suffered considerable trauma.

The woman has already had supervised access visits to her children, who live with her father.

She was also sentenced to intensive supervision orders and 80 hours community work. The woman, who lives near B, wept in the dock and hugged her father in the public gallery after being sentenced. The court was told she had a history of depression and was prescribed high doses of Aropax (paroxetine), a selective serotonin re-uptake inhibitor, and Efexor (venlafaxine), a serotonin noradrenaline re-uptake inhibitor, in the months before the offences.

The doses were increased after the first of her four suicide attempts in May 2002.

The drugs are also marketed under the names Prozac and Zoloft.

Renowned British critic of antidepressants DH, who examined the woman's case, concluded that it showed diminished responsibility resulting from the drugs.

Outside court, the woman's father said he saw a marked improvement in his daughter's health after she stopped taking the drugs.

He said authorities should provide warnings on the drugs and doctors should monitor patients and make them aware of possible side effects. Patients should also question any increase in the drugs if their condition was not improving.

He said he hoped she would be reunited with her children.

## IMPORTANT REMINDER

Please don't forget Membership Renewals are due on the 28 February 2010

---

## FUNDRAISING

### DON'T JUST QUIT - QUIT FOR A CAUSE

Help us raise much-needed funds. You can make your personal goal a charity challenge and help us save lives through Australian GoFundraise Website.

If you are into social networking it is as simple as letting all your friends know your goal without leaving your desk.

Click on this link to find out more <http://quitforacause2011.gofundraise.com.au>

---

## SPONSORSHIP

### Sidebar on Front Page of White Wreath Website.

Why add your site to the White Wreath Assoc homepage? The White Wreath Assoc homepage has a Google Page Rank of 6. Google assign this page rank mainly due to the fact that this site has so many links on other sites which are all linking to it. Page Rank in itself is not the secret to successful Search Engine Rankings however it does help.

Any site with a page rank of 4 or more is considered a "trusted site" by Google. By placing your link on the White Wreath Assoc homepage some of the page rank is leaked to your site which in turn helps your site to gain a higher page rank. This is especially beneficial if the correct key words are used in the link. Eg. If your site sells ink cartridges then obviously part of the keywords used would be just that "Ink Cartridges". Google counts each link that points to your website as a vote. The more votes from trusted sites means the higher your search engine rankings. When you pay out your hard earned cash to a SEO Company a large part of their optimisation is exactly this. eg. Getting as many links as possible from other trusted sites. Not only are you gaining a valuable inbound link by sponsoring White Wreath Assoc but more importantly you are helping a fantastic organisation to gain financial support which is desperately needed and its all Tax Deductible!

So grab your spot on the White Wreath Assoc homepage as sponsor numbers are limited.

BE QUICK !

---

## HUMOUR

### Jack's Last Will and Testament

Jack has died. His lawyer is standing before the family and reads out Jack's Last Will and Testament: "To my dear wife Esther, I leave the house, 50 acres of land, and 1 million dollars. To my son Barry, I leave my Big Lexus and the Jaguar. To my daughter Suzy, I leave my yacht and \$250,000. And to my brother-in-law Jeff, who always insisted that health is better than wealth, I leave my treadmill."

### Two Patients

Two patients limp into two different hospitals with the same complaint. Both have trouble walking and appear to require a hip replacement.

The FIRST patient is examined within the hour, is x-rayed the same day and has a time booked for surgery the following week.

The SECOND sees his family doctor after waiting 3 weeks for an appointment, then waits 8 weeks to see a specialist, then gets an x-ray, which isn't reviewed for another week and finally has his surgery scheduled for a month from then.  
Why the different treatment for the two patients?

The FIRST is a Golden Retriever. The SECOND is a Human.

Next time take me to a vet!

---

### WISH LIST

Stamps, Copy Paper, DL Envelopes, A4 Envelopes, Volunteers Aust/Wide

Or You May Like to Donate

### DONATIONS TAX DEDUCTIBLE

1. Via our credit card facility posted on our Website [www.whitewreath.com](http://www.whitewreath.com) then follow the instruction.

2. Directly/Direct Transfer into any Westpac Bank  
Account Name White Wreath Association Ltd  
BSB No 034-109 Account No 210509

3. Cheque/Money Order to White Wreath Association Ltd  
PO Box 1078  
Browns Plains Qld 4118

---

### IMAGINE

#### Lyrics by John Lennon

Imagine there's no heaven, it's easy if you try.  
No people below us, above it's only sky.  
Imagine all the people. Living for today.  
Imagine there's no countries, it isn't hard to do.  
No need to kill or die for and no religions too.  
Imagine all the people living life in peace.  
You may say I'm a dreamer. But I'm not the only one.  
I hope someday you'll join us and the world will live as one.  
Imagine no possessions. I wonder if you can.  
No need for greed or hunger a brotherhood of man.  
Imagine all the people sharing for the world.  
You may say I'm a dreamer. But I'm not the only one.  
I hope someday you'll join us and the world will live as one.  
You may say I'm a dreamer. But I'm not the only one.  
Take my hand and join us.  
And the world will live, will live as one.

#### **WHITE WREATH ASSOCIATION Ltd® Action Against Suicide**

A.C.N. 117 603 442 Head Office: PO Box 1078 Browns Plains QLD 4118

Web: [www.whitewreath.com](http://www.whitewreath.com) Email: [white.wreath@bigpond.com](mailto:white.wreath@bigpond.com)

Tel: 1300 766 177 | Mobile: 0410 526 562