



WHITE WREATH ASSOCIATION Ltd<sup>®</sup> 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 - Shannon Ponting
- Wish List
- Anonymous Opinion
- Story - Part 1 of 2
- World News - USA
- World News - Australia
- World News - Cuba
- World News - Ireland
- World News - Armenia
- World News - Sth Africa
- World News - Sth Korea
- SSRI Stories - Antidepressant Nightmares
- Humour
- Enjoy the Moment

## DIRECTORS REPORT

2011 will be a year to remember and we are not even half way through the year with natural disasters and nuclear disasters occurring in Australia, New Zealand, Japan with Political unsettlement around the world including Australia.

There is so much heartache in Australia and the rest of the world directly attributed to disasters.

I only hope that Governments treat their people with dignity and respect and help their people rebuild their lives. This may take a long time but Governments must pull together and get their priorities right.

Here in Australia we see Government needlessly wasting money in areas that is of no importance what so ever while watching their people suffer. This is their window of opportunity to prioritise their priorities and place their people first. Rebuild in a way that we have never seen before.

Greed of money has shown us over the past few years is of no use to anyone but once again destroys lives and brings heartache to many. I have said in past Newsletters that people hold the power in the palm of their hands with changes made peacefully like what we saw in the NSW State Elections. Together we can change the present Mental Health System and combat Australia's suicide epidemic. With financial cutbacks to our Mental Health System our Safehaven Centres are of paramount importance helping us reduce our high suicide rate.

I am not a dreamer and I don't think the world is going to end tomorrow but hopefully all these disasters and political unsettlement are a wake up call to those in power as this will be their biggest test of all time.

Fanita Clark  
 CEO

## **DANGEROUSNESS**

Constantly disturbed behaviour comes directly from a disturbed central nervous system.

In simple terms from a disturbed brain. Dangerousness I define as risk of suicide, murder and violence.

Drugs / Alcohol Abuse

Personality Disorder

Acquired Brain Injury

Intellectually Disabled that leads to disturbed behaviour to the degree that the individual is at risk of suicide to himself, risk to others or just unable to care for himself "is a mental illness".

Psychiatrists, some judges and lawyers are saying that some particularly dangerous individuals are only -

- Behavioural
- Intellectually disabled
- Drug and Alcohol Abusers
- Brain Damaged
- Conduct Disordered
- Personality Disordered
- Antisocial Personality
- Borderline Personality
- Aspergers Syndrome
- Autism Spectrum Disorder

**Therefore not mentally ill,  
"No evidence of Mental Illness"**

They are playing very dangerous games with public safety and that is the only reason why England changed their Mental Health Act to focus on dangerousness.

What am I saying?

Psychiatrists and other Mental Health Professionals routinely use such terms as intellectually disabled, personality disordered, conduct disordered, drug and alcohol disorders to get rid of difficult and dangerous patients. Dangerous patients are routinely put back into the community putting many lives at risk.

Gate Keeping - i.e. refusing mentally ill people care has been a fundamental part of Government policy over the last 30 years. The Psychiatric Profession have refined this policy to get rid of all difficult, dangerous and poor patients and drive the 'nice patients' who can, of course, pay, to the private sector where real money can be made.

Psychiatric Diagnosis is not scientific, objective or indeed honest. There is no scientific test for mental disorders and patients with similar social background and education to the psychiatrist generally get favourable diagnoses whereas those from a lesser background do not.

Dangerous and unstable people are never discharged to middle and upper class suburbs where doctors, judges, lawyers, journalists and politicians live.

Whenever I read the phrases "Not mentally ill", "no evidence of mental illness" in a file of an individual who has had years of contact with family services, mental health services, police, prison and the Criminal Justice Services, I know the psychiatrist, mental health professional is lying or just plain incompetent. Evidence and mental illness should never be used in the same sentence. Most NZ and Australian psychiatrists would not recognise dangerous mental illness if they tripped over it and it bit them fair on the arse.

Society / community has become the "Final Solution" one big Death Camp for the chronically mentally ill. Judges, lawyers, politicians and journalists all have aligned their views as otherwise normal and law abiding citizens did in Germany to execute millions of men, women and children, Jews, Aliens, Russians, Dissidents and of course the mentally ill.

When judges refer disturbed individuals for a "drug diversion program, psychiatric assessment," "psychiatric treatment," they are frequently putting those individuals and society at extreme risk for there is often no action, no follow up on these court ordered decisions. The reason is that psychiatrists like judges and lawyers know they are above the law and I have heard psychiatrists say "I am not having a judge (or lawyer) telling me who is and who is not mentally ill - let them treat them themselves."

Being able to manipulate diagnoses to conveniently get rid of the most difficult and dangerous patients puts psychiatrists above the law - making them incredibly powerful - an intended or unintended consequence of deinstitutionalisation.

How can this be reversed - very easily, but to date politicians have not had the intestinal fortitude, leadership or integrity to do so. What is the solution? Appeal directly to the wanton self interest of psychiatrists. Put the psychiatrist on the stand every time a patient commits suicide, violent crime or murder. In the case of suicide charge them with manslaughter - in all other cases charge them directly with the offence the patient has committed. Only then will you see responsible behaviour by psychiatrists.

Disturbed, aggressive / violent, antisocial self harming / suicidal behaviour is not easy to deal with, never has been and probably never will be but mental hospitals and especially mental health nurses were best at managing this behaviour for thousands of years.

With the closure of all medium and long term beds (down from 32,000 in 1960 with a population of 10.1 million to nil now with a population of 20 million) there is nowhere for these people except "acute short term stays" in prison when the behaviour becomes too bad or on the streets where the public is put constantly at risk.

From 1972 - 1992 NZ also closed all 10,000 medium and long term beds.

## FEATURE WRITER SHANNON PONTING

### Help From The Beginning

It should come as no surprise that leading mental illness and suicide research organisations are calling for Australian schools to introduce the topic of suicide prevention and mental illness to the curriculum, as it is the leading cause of death for young people, claiming the lives of at least 281 15-24 year olds in 2008. It is believed that the inclusion of suicide prevention mechanisms in the school curriculum would help to significantly change the current state of youth suicide in Australia.

Over the past five years, the average number of people dying each year by suicide is around 2,050. In 2007–08, there were 9,203 hospital separations for suicide attempts and intentional self-harm for people aged under 24 years. Mental illness is a major risk factor for suicide, with psychological autopsy studies showing that up to 90 percent of people who commit suicide may have been experiencing a mental disorder at the time of their death.

Suicide can be linked to a variety of biological, social and psychological factors, including mental health conditions such as depression, anxiety disorders, and borderline personality disorder. In Australia, young people experience a higher prevalence of mental health problems than older age groups, with approximately 26 percent of young people aged 16 to 24 years reporting a mental health problem in a 12 month period (ABS 2008), most suffering with anxiety disorders (15.4 percent). But it is important to note that mental disorders are complex and varied, incorporating hereditary, biological, social and environmental factors. It was found that over half of all youths referred to a specialist mental health service had seriously considered suicide in the last 12 months. While most youth with a mental disorder will never display suicidal behaviours, the strong correlation between mental illness and suicidal behaviour is a cause for concern, especially knowing that in a 2009 report by Mission Australia it was found that 26.3 percent of youth considered suicide to be a major concern for them, second only to drugs.

A recent collaboration between representatives from Suicide Prevention Australia, The Inspire Foundation, Youth Beyondblue, Curtin University, Twenty10, Principals Australia, The Black Dog Institute, Headspace, AISRAP, Carers Australia, Youth Focus and Lifeline found that removing structural barriers to youth wellbeing, targeting risk factors and increasing protective factors for suicide prevention, involving young people in the design and implementation of youth suicide prevention programs, increasing research and access to online services, focussing on early intervention in youth mental illness and reducing the stigma of asking for help would assist in pinpointing the issue of youth suicide and intervening with problems at the source.

Dr Martin Harris, a board member of Suicide Prevention Australia, recently said the change to the national curriculum offered the chance to introduce an education campaign. He said teachers would not have to be experts, but would need to be trained in suicide risk identification. "I think there has to be a readiness in the school community and also the capacity of the teachers to talk about it," he said. "It's not the case of if anymore, it's the how and when. Young people are not ignorant of the area of suicide but the discussion of suicide has been stigmatised for too long."

SPA Chairman, Dr Michael Dudley has said that, “having been personally involved in youth suicide prevention for over 30 years it is refreshing to see this critical information made easily accessible to parents, teachers, the community and our policy makers. Youth suicide is a tragedy, a preventable tragedy, and as a nation we must do better at looking after our young people by giving them the skills to live a healthy life.”

Not only does suicidal behaviour cause immeasurable social and emotional damage to individuals, families, friends and communities, but it also has significant implications for the health and wellbeing of Australian society. Tackling the issue in school would almost certainly give Australian youth the help they may not yet know they need, now it is just a matter for the Education system to equip Australia’s youth with the skills they need to combat mental illness and suicide.

## WISH LIST

Scribble Pads/Note Pads, 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

## COMING EVENTS

NATIONAL WHITE WREATH DAY – IN REMEMBRANCE OF ALL VICTIMS OF SUICIDE  
Yearly 29 May

THIS YEAR THE SERVICE IN BRISBANE WILL BE HELD ON MONDAY 30 MAY 2011

BRISBANE QLD ( Main )

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, SPRING STREET, MELBOURNE

1pm-3pm

Contact: Sue M: 0458 939 474 E: susangail7@hotmail.com

PALMER SOUTH AUSTRALIA

Sunday 29 May 2011

PALMER PAVILION

2pm-4pm

Contact: Janet P: 08 8569 4009 M: 0429 017 858

E: irongrass@active8.net.au

MURRAY BRIDGE SOUTH AUSTRALIA

Sunday 29 May 2011

ROUND HOUSE

10am-12pm

Contact: Cathy P: 08 8531 8888 M: 0439 087 523

E: csmith@centacare.org.au

MT GAMBIER SOUTH AUSTRALIA

Sunday 29 May

Mount Gambier Library

11 am

Contact: Sharyn P: 08 8725 6606 M: 0439 625 580

E: stibbles@bigpond.net.au

MANDURAH WESTERN AUSTRALIA

Sunday 29 May 2011

CHRISTS CHURCH ANGLICAN CHURCH 2pm

Sholl Street

Mandurah Western Australia

Contact: TCF P: 08 9535 7761 A/H 08 9582 8113

M: 0427 777 810 E: tcfmandurah@bigpond.com

More Services will be listed on our Website under "Coming Events" or contact Head Office for more details P: 1300 766 177 M: 0410 526 562



## STORY

### PART 1 of 2

#### “Fighting Myself And Not The Issue”

My personal story/experience of battling depression and my thoughts of suicide. It has a few profane words in it that you can edit if must be, but I would like to share my story with you. I would like to remain anonymous about it.

My story begins on my Senior year of High School. I was a highly touted person in my school, I was the All School Vice President voted by the community, I was a dorm leader of my dorm, and I was a football captain of my team of 4 years. I was living happy, looking forward into the future of my new year. I was getting ready to start applying to universities in North Carolina. I wanted to get into East Carolina University and was so confident I would. I had worked so hard my sophomore and jr. year of high school. I never worked so hard in any other years of my schooling. I said to myself, “You got this in the bag, they’ll take you after all you’ve done for your Boarding school.”

I remember, it was September 16th, a letter from ECU arrived stating whether I was accepted or not. I remember part of the letter said, “We are sorry to inform you, but you do not meet the requirements of the North Carolina college system.” Hold up, the North Carolina college system? Each state has its own system for college I had no idea about and I didn’t have the right high school courses to even be given consideration to have admission to their schools. It as a flat-out “NO”. I was devastated, I tried working my way around it trying to add in extra classes, but ECU denied it. I practically gave up on academics my senior year just slacking on every assignment. I told myself, “Well I still got sports to look forward to as my last year.”

As we came into the 3rd game of the season for football, I had an injured right finger. I knew something was wrong when I couldn’t bend it all the way without cringing and swearing, but I muscled it through until I got hit so hard in the head and my entire right arm went numb for a few seconds. I had myself checked out and I brought my finger up to the doctor. He looked at it as if it had HIV or something. He was in shock, asking me how long I had been playing with this finger for. Over a month I had been playing with a finger that had every ligament torn and tendon, and completely dislocated and broke one of the knuckles right off my finger. I had season ending surgery that went into the winter season. And to note, I also will have early Arthritis because the school’s athletic trainer kept saying it was a fricken sprained finger.

I remember the doctor said I was done and I wouldn’t be able to play anymore, that I needed immediate surgery. I walked out the room with my athletic director (whom shall remain anonymous) and thanked the doctor before I left. As I stepped out into the hallway, it had finally hit me, I was done. I busted into tears, fisting the wall, pounding my screams that could not be held back. Another loss to add to my senior year, no NC university would take me that I wanted to apply to and my love for football was done.

The year went on and there was this girl I had known. She was a sister of my best friend. I know they say bros before hoes, but I chose to ignore, thinking it really had no real meaning. Turns out that it did this time. It was my best friend’s sister, I wasn’t thinking clearly. I was so into this girl for some reason. She wasn’t even hot, she was just cute/pretty, nothing spectacular but that’s all I needed. A girl who wasn’t a flawless diamond, I didn’t want someone perfect. I wont get into it, but it turned out ugly. My best friends parents got involved, my relationship with my best friend started to evaporate, and my relationship with his sister who I fell in love with was diminishing.

The pile became so heavy, the burden, the sadness, the regret, it all poured in every day. I sat in my room practically most of my senior year depressed. I remember I didn't eat for 4 days and I lost 15 pounds while participating in sports in the hot spring. I still wonder to this day how I managed with just maybe 1 gallon of water consumed the entire 4 days. I was losing a lot of things and people I held closely and it was all because of my doing. I wasn't looking out for my credit course records, I wasn't thinking with a clear head, and I wasn't being the person I was the last 3 years in my boarding school.

Well I graduated high school, my only goal was to get out and get away from everything and everyone there. I knew I was depressed, but I had been depressed from heart-ache before and I thought it would be easy to get over this one.

I attended a community college, Pitt Community College. I never wanted to go there, I never wanted to be in a Comm. College to start off with. My grades were well over the average GPA of a CC kid. I was bummed out, I felt downgraded and small. My best friend quit talking to me (he resents me now), his sister/my ex now had left me right before I started my classes. I couldn't focus, the whole new atmosphere of college and the responsibility was too much to take. I had been depressed a good year and still am as I type this story along.

I dropped out of college after 2 months about. I wanted to join the United States Marine Core, Semper Fi. Sadly, I have to wait a year because of a medical policy and I have currently 4 months at least to 5 to wait till I can sign. I started smoking marijuana (weed/pot), I started to drink, started to party, not caring about my life anymore. I was so lost knowing every day when I woke up, I had nothing to do. No job, no college, no real friends around, no nothing. My ex kept in contact through the months and things had been so hectic. She was a real bitch to me and was truly mean spirited towards me. I won't reveal their family name, although their entire family was disrespectful to me the entire process of trying to be accepted by them to be with their daughter. I understood why they couldn't really agree with it, but the way they acted to me and went about it was really rude, specially with my depression in place, it didn't make things any easier.

TO BE CONTINUED.....

### **Mesothelioma Website**

10655 Six Pines Drive, #260

The Woodlands, TX 77380

United States

Phone: 01-1-877-367-6376

E-mail: [info@mesotheliomaweb.org](mailto:info@mesotheliomaweb.org)

Website: [www.mesotheliomaweb.org](http://www.mesotheliomaweb.org)

Mesothelioma Web is a comprehensive, patient-focused website that explains the causes, symptoms, and treatments for the cancer mesothelioma. The editors keep up with medical research and include links to on-line resources for more information. Our coordinators are available to answer questions by phone or email and to help patients find treatment centers. The site also is certified by the Health on the Net Foundation as meeting their criteria for accuracy and ethics.

*Footnote: Mesothelioma Website contacted White Wreath and asked if we could pass on this information to our readers. Please note it will be up to the individual to research and contact Mesothelioma Website directly if you have any queries regarding Mesothelioma.*



## WORLD NEWS

### USA

#### **Bleak Statistics On Reserve Component Suicides**

<http://www.oregonlive.com>

For reasons I can't be specific about, I was reminded again last week that suicide isn't an abstract issue for service personnel and veterans. It is a matter of life and death that rocks families, friends and communities. It is nothing less than a plague that seems to be rolling out of these long-running wars overseas -- and it's getting worse for those who aren't on active duty.

The Army released its annual report on suicides yesterday (USA Today story here) and the numbers tell a grim story.

Soldiers, both active duty and on inactive status, died by suicide at the rate of 25 per month in 2010, Army figures show.

"All of us are stunned by it, and we wished we knew why," says Army Lt. Col. Jackie Guthrie of the Wisconsin National Guard. "It is especially hard when it's suicide, when it's someone hurting in our ranks."

There are more people hurting than we might think, or want to believe.

Here's a link to the official U.S. Army story, which is valuable because it includes links and phone numbers for suicide prevention resources.

## WORLD NEWS

### USA

#### **Carpenter: Reducing Suicide Rate Among Army National Guard's Highest Priorities National Guard Bureau**

**By Air Force Tech. Sgt. John Orrell National Guard Bureau**

<http://www.dvidshub.net>

WASHINGTON - One of the highest prioritized issues in the Army National Guard is the increase in suicides, the acting director said Monday at the 2011 Reserve Officer Association National Convention. "We have doubled the suicide rate inside the Army National Guard in one year," said Army Maj. Gen. Raymond Carpenter. "The reported number of suicides in the Army National Guard in 2009 was 62; the reported number in 2010 was 113." Carpenter spoke during the Reserve chief panel, hosted by Secretary Dennis M. McCarthy, assistant secretary of defense for Reserve affairs, about some of the 2010 statistics. "There wasn't a singular event that caused the rate to double," Carpenter said: - More than half of the Army National Guard members who committed suicide in 2010 had never been deployed. - Only about 20 percent had unemployment issues or economic problems. - 8 percent came to the Army National Guard through waivers. - Between 60 percent and 70 percent had relationship issues. - 103 of the 113 were male. Suicides are not just an issue within the Army National Guard, but a societal one as well, Carpenter said. "The Army and the Army National Guard are held accountable for this huge increase in Suicides, and I tell you it's not necessarily just the Army, its society at large," he said. "It's a generational problem, and

it's a resiliency problem. "If you look at your hometown newspaper, you see stories about high school kids who commit suicide and about college kids who commit suicide." Carpenter shared examples. "Two soldiers [one] in January and [one] in February last year committed suicide, both were 18-years-old, neither one of them had been to basic training or [advanced individual training]," he said. "In December we had a soldier that joined the National Guard Dec. 10, committed suicide on the 27th. He was in a car with two girls and another guy, pulled out a gun and shot himself. He had not been to a drill with the National Guard yet." He pointed out that when he went to find statistics for the number of suicides in high school-age and college-age children, the latest statistics were from 2007. "As you go out and try and find statistics on suicides in high schools or colleges on the Internet, you can't find them," Carpenter said. "We know someone is keeping track of them, but they're not available." "You know whose statistics are available? The Army's and the [Department of Defense's]," he said. "My take on that is we need to build a more resilient force and we need to become more resilient as a nation," he said. Carpenter closed his comments with a plea to his fellow service members. "If you find somebody that's struggling and is considering ending their life as an option, that you engage them, you help them, and then we'll get through this, and we'll build a more resilient nation and a more resilient force," he said.

## **WORLD NEWS USA**

<http://www.treatmentadvocacycenter.org>

The Safety Net of Mental Health Treatment - Already "Shredded" and Getting Worse. Half the states in the U.S. reduced their state hospital beds between 2009 and 2011. Alaska cut mental health spending 35% between 2009 and 2011. South Carolina, Arizona and Wisconsin cut it between 22 and 23%. California served 130,000 fewer people through its state mental health agency between 2007 and 2009. No region has been spared from deep treatment cuts. And things are about to get worse.

Lawmakers need to hear that, in this environment of constraints, the case for implementing the proven and cost-effective alternative of assisted outpatient treatment (AOT) for severe mental illness only grows stronger.

To get started - READ "State Mental Health Cuts: A National Crisis," the devastating new state-by-state report from the National Alliance on Mental Illness (NAMI).

## **SOME OF THE STORIES**

I have schizo-affective disorder. I used to have a case worker, access to a counselor and group therapy, which were all part of my plan and helped me stay healthy and well. In July of 2010, due to budget cuts, the clinic here in town closed, and they laid off all the staff. I no longer have a case manager and only have peer support once a month, if I am lucky. I don't know how I will stay well without the medical care and treatment I need.

## **INDIVIDUAL LIVING WITH MENTAL ILLNESS**

My grandson had more than 20 brief hospitalizations in five years and was kicked out of four long-term residential hospitals. Finally, [he was sent to] ... a residential treatment facility. There the staff was excellent, great therapy, and they kept trying until they got medications that worked. Why don't doctors tell parents about their options? It took five years to find that place. He stayed two-and-one-half years and came out a totally different person. At 16 he is now proud of who he is.

**—A grandparent**

## **WORLD NEWS AUSTRALIA**

<http://topnews.us/>

Australia Struggling with Stigma of Suicide Cases Suicide is a hush up topic in Australia. Bungled with the rise in number of suicide cases among the teenagers, Australian government is grappling to control the dithering situation.

Many suicide cases are reported among the teenagers who were suppressed with emotions. One of the US psychologists, Professor Thomas Joiner, claimed that the potential reason underneath this attempt is mental disorder.

Wide range of opinions is being expressed by esteemed people from the psychology field. Responding to the brewing crisis, Dawn O'Neil, CEO of the national depression initiative Beyond Blue, claimed that a national campaign must be started to emotionally cushion the vulnerable demography of the country.

Among various steps taken by the authorities to curb the situation, Compulsory seatbelts, roadside alcohol and drug testing, P-plate passenger limits and the massive public awareness campaigns are the most effective means of controlling the situation.

Nevertheless, many cohorts claim that stimulating drives to spread awareness among the community can prove to be effective for the cure, the Mindframe National Media Initiative claims that exposure of such sensitive issue to the community can further aggravates the situation.

Responding to the uproar, Philip Rodgers, who evaluates programs for the Suicide Prevention Resource Center, claims that majority of the victims are reluctant to take medical help from the medical experts.

With the two sections at logger head over the best possible option to control the situation, Australia is yet to chalk out a best way out from the situation.

## **WORLD NEWS BELFAST IRELAND**

[irishtimes.com](http://irishtimes.com)

Suicides of children prompt calls for greater awareness TEACHERS, PUBLIC representatives and suicide awareness groups have been discussing plans to curb suicide rates in west Belfast following the deaths of two children. An 11-year-old girl and a 13-year-old boy died in unconnected incidents within a 24-hour period, raising concerns that pressures leading even young children to consider suicide are building. The boy died at the Royal Victoria Hospital in west Belfast last Thursday, while the girl, a pupil at St Louise's College, was found dead at her home the next day.

The boy's funeral was held yesterday in Twinbrook. Imelda Jordan, principal at St Colm's School, where the teenager was a noted soccer player, said his family were "heartbroken and now need our prayers and the time and privacy to try to deal with their grief. He was a very popular boy with a large friendship group because of his outgoing and friendly personality," she said. "Our pupils will continue to be supported through our pastoral systems as they come to terms with his loss.

Specific support and counselling is available in school to any young person and we work closely with our parents in this regard. There are also a range of voluntary and statutory agencies working hard . . .”Carmel McCartan, principal of St Louise’s, vowed to work closely with pupils, vowing the school community would “pull together”.

“We will continue to work closely with our pupils who have been affected by this terrible tragedy and we will provide ongoing support and counselling to them,” she said.

Philip McTaggart, who helps run an anti-suicide campaign across Belfast, said: “We have put in place a counsellor who works with young people aged four to 18. We have young people getting counselling . . . who are 10, who have lost parents to suicide. The message we have to get out to those people who are depressed, who are feeling down: there is a way through, and you can get through it.” About a dozen young people in west Belfast have taken their own lives through suicide over the past year or so.

Sinn Féin president and outgoing MP Gerry Adams said the death toll from suicide was akin to that from road accidents. Following the death by suicide in October of 19-year-old boxing star Liam McGuinness, Mr Adams called for heightened awareness.

“If you look at the proper focus and profile that there is on the prevention of road accidents . . . we need to get the same priority into the provision of mental health and of suicide prevention,” he said. “The more we can be alert about suicide, the more we can be able to listen and pick up the signs and encourage people to go and talk to someone. But when it comes down to it, the statutory provision, the service provision, obviously is not good enough.”

## **WORLD NEWS IRELAND**

### **The Connaught Telegraph**

<http://www.con-telegraph.ie>

One quarter of coroner’s death cases relate to suicide. Almost one quarter of the 88 inquests conducted by the Coroner for south Mayo, Mr. John O’Dwyer last year related to suicides. Mr. O’Dwyer supplied statistics which were read out on Wednesday night at the launch of a new suicide prevention project, 50/50 Phone A Friend in Westport. The awareness campaign highlights six 24-hour helpline numbers available for those who are depressed or suicidal. Of the 88 inquests conducted by the coroner in 2010, a total of 21 were suicides. Eighteen of the suicide victims were males, three were female....more of story can be read at above website.

## **WORLD NEWS CUBA**

### **Cuba’s Staggering Suicide Rate**

<http://www.canadafreepress.com>

So what’s the alternative if you can’t flee Cuba? Well, in 1986, Cuba’s suicide rate reached twenty-four per thousand—making it double Latin America’s average, making it triple Cuba’s pre-Castro rate, making Cuban women the most suicidal in the world, and making suicide the primary cause of death for Cubans aged 15-48. At that point, the Cuban government ceased publishing the statistics on the self-slaughter. The figures became state secrets. The implications horrified even the Castroites.

## **WORLD NEWS MALAYASIA**

### **Suicide Figures May Be Higher**

<http://thestar.com>

PETALING JAYA: Malaysia averaged two reported cases of suicide each day last year. The actual figure could be much higher, said Universiti Kebangsaan Malaysia Medical Centre Professor of Psychiatry Dr T. Maniam. Based on the National Suicide Registry Malaysia (NSRM) figure between January and August last year, a total of 425 people committed suicide, averaging 60 per month. "Our country's suicide rate from 1990 to 2000 is estimated at 10 to 13 per 100,000 population based on the statistics, including those labelled as undetermined deaths," Dr Maniam said, adding that the figure was still applicable today. Dr Maniam, who is also the Malaysian National Representative on the Council of National Representatives of the International Association for Suicide Prevention, said Malaysia's suicide rate stood at "mid-level, globally speaking." "We are at about the same rate as the United States," he said. Dr Maniam said he had not calculated the rate in recent years as accurate data was unavailable due to misclassification of most suicides as "undetermined deaths." He said figures provided by the registry might not reflect the true suicide rate, and even developed countries faced this problem with about 30% of suicide cases being classified wrongly. He said some cases were probably classified as undetermined deaths because the deceased's family did not want to deal with the stigma surrounding suicide victims.

He added that many families were reluctant to report suicide incidents because their religion forbade it, and under Malaysian law it was a crime even to attempt suicide.

## **WORLD NEWS ARMENIA**

<http://www.panarmenian.net>

Reports about suicides and killings have flooded the Azerbaijani media. Suicides are basically committed by young people in Azerbaijan. According to unofficial data (while Azerbaijan lacks official statistics on suicides), 29 Azerbaijani children committed suicides in 2009, while 47 juveniles (the youngest suicide was only 9) committed suicides during the first six months of 2010. Azerbaijan has developed a national strategy on mental health of the population. The document is waiting for its approval. Among other matters, the strategy also stipulates collection of information about suicides and other mental illnesses, as well as maintenance of their statistics.

## **WORLD NEWS SOUTH AFRICA**

### **South Africa Sees Spike In Suicide Rate**

<http://www.presstv>

One suicide every hour and over 400 more unsuccessful attempts per day. South Africa's suicide rate is alarming by any standards, and specialist groups say there is a growing trend among youth to end their lives.

Based on reported cases, statistics would suggest one in five teenagers have attempted suicide. But experts are of the opinion, with more detailed research that number could be much higher.

While the factors triggering people aged 15 - 23 to commit suicide are similar around the world, South Africa does have unique dimensions that exacerbate the problem.

Popular youth culture and the artificial glamour of celebrities as portrayed by the media are also to blame.

Youth are seen as being impulsive and the decision to end their lives when overwhelmed tends to be more spontaneous. But studies show three-quarters of those who attempt suicide tell someone before they do, though they're not heard.

This bitter reality is attributed to the stigma surrounding the issue of suicide. At this helpline in Johannesburg, some 400 calls are received each day from people suffering from depression and other problems that could lead to suicide.

NGO's are running programmes in schools to empower youth with coping mechanisms, but this only happens after a suicide attempt. Support groups believe a more integrated approach is needed where suicide awareness is integrated into the schooling programme to reverse this growing problem.

## **WORLD NEWS SOUTH KOREA**

### **Suicides Double In 10 Years To World's Highest**

By Cho Jin-seo

<http://www.koreatimes.co.kr>

The number of suicides has doubled over the past 10 years with the figure surging 19 percent between 2008 and 2009, according to a government report. Now South Korea has the highest suicide rate in the world, with 31 per 100,000 people ending their own lives, compared to 15 per 100,000 in 1999. The sobering fact ironically is being reported today, World Suicide Prevention Day. In comparison, the suicide rate is 24 per 100,000 in Japan, 13.9 in China and 11 in the United States. Statistics Korea, the publisher of the report, said that it has been an ongoing trend since the late 1990s along with the aging of society — people become more susceptible to the temptation of suicide as they get older, because of economic and health problems. But the statistical office also blamed the growing influence of celebrity culture as one of the culprits behind the increasing rate. “We suspect that the surge last year has something to do with a number of celebrities and well-known people taking their own lives,” said Kim Dong-hoi, manager of the demography department at the office. The evidence is that there were a slew of high-profile suicides between May and June of 2009, he said. Among them, on May 23, former President Roh Moo-hyun killed himself by jumping off a cliff. He was a popular figure, especially among the less well-off. “We are concerned with the way the media reports these cases. They have to be more considerate about the impact of those news stories on the people. There are a lot of people who will kill themselves with just a little motivation,” Kim said. Suicide has become a widespread phenomenon among celebrities in Korea quite recently. A number of actors and actresses have killed themselves by taking drugs or hanging themselves. Business leaders are vulnerable, too. Park Yong-oh, former chairman of Doosan Group and former president of the Korea Baseball Organization, hanged himself last November.

Lee Kun-hee, chairman of Samsung Group and the richest man in Korea, lost his daughter a few years ago in the same fashion. Last month, his nephew jumped from his apartment, after apparently suffering from depression. Kim at Statistics Korea warns that this year's number, to be released next year, could be even higher. “There were several notable cases of celebrity suicides earlier this



year, so I'm worried about this year's figure." Korea's suicide rate is unusually high considering the size of the population. Japan also has a similar problem but its rate is a bit less than Korea at 24 per 100,000.

## **ANNONYMOUS OPINION**

### **Suicide And Statistics?**

'Never trust statistics unless you fiddled the figures yourself' said Winston Churchill, I've always felt that was very good advice.

Some countries show much higher suicide statistics than others, but is it real, do they simply have a different attitude in deciding the cause of death? Surely these charts are really just Coroners verdicts...and not really the truth?

In Gibraltar one of my former room mates jumped of a cliff after his new wife jilted him, the Military court of inquiry delivered a verdict of 'accidental death' ....it takes a lot of believing.

Is suicide treated like a crime, were guilt is only established if it's 'beyond all reasonable doubt' , with the result suicide is surely far more common than we are told?

Why, if I'm getting this right, are the authorities seemingly so shy of the truth here?

## **SSRI STORIES**

### **Antidepressant Nightmares**

#### **Australian Children Under 10 Prescribed Antidepressants**

**By Julie-Anne Davies**

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

December 03, 2008 12:01am 4000 kids on antidepressants, 48 babies Experts appalled. Numbers "beyond comprehension"

UNPUBLISHED figures show nearly 4000 children under 10 were prescribed antidepressants last financial year, including 553 children under five and 48 babies, The Australian reports.

The Commonwealth Department of Health statistics give an alarming, although most likely conservative, age-by-age breakdown of the national use of antidepressants.

Leading pediatricians and psychiatrists can offer no reason why infants would be given the drugs.

Depression expert Gordon Parker said the numbers were "beyond comprehension" and urged the federal Government to ask doctors responsible for supplying scripts for young children to justify their actions.

Professor Parker, the executive director of the Black Dog Institute, said: "At first pass it is beyond comprehension that more than 500 Australian children - aged one to five years - have received an antidepressant drug.

“When the particular drugs are considered, the risk of significant side effects - let alone their efficacy - is of key concern. It strikes me that there would be wisdom in having the doctors justify such prescriptions to determine whether there are any justifiable reasons for such surprising data.”

The figures - obtained by the Citizens Commission on Human Rights, a lobby group opposed to antidepressant therapy - are based on Pharmaceutical Benefits Schedule data that covers only people who received a subsidised prescription. Most antidepressants are sold privately.

Asked what circumstances might lead to a baby being treated with an antidepressant drug, the spokesman for the pediatric division of the Royal Australian College of Physicians, John Wray said: “None that come to mind. The college would like to know who is prescribing these drugs to such young children and why.”

Parliamentary Secretary for Health and Ageing Jan McLucas said the Government would be “very concerned if antidepressant medications were being inappropriately prescribed and dispensed, particularly to children”.

The Therapeutic Goods Administration said in a statement last night it was powerless to regulate the use of off-label medicines as it was not illegal for doctors to prescribe drugs for non-approved indications.

But it said there might be medical practice and medico-legal implications associated with prescribing a medication outside its approved indications.

The Adverse Drug Reactions Advisory Committee warns doctors against prescribing any of the SSRI antidepressant drugs to children under 18 - aside from two that are approved for obsessive compulsive disorder in children aged over six years - and points out that the drug companies themselves advise against their use for any condition.

There are numerous examples in the health department figures that show doctors are ignoring the warnings.

## HUMOUR

My daughter and I went through the McDonald's driveway window and I gave the cashier a \$5 bill. Our total was \$4.25, so I also handed her 25c. She said, 'you gave me too much money. I said, 'Yes I know, but this way you can just give me a dollar coin back.' She sighed and went to get the manager who asked me to repeat my request. I did so, and he handed me back the 25c, and said 'We're sorry but They could not do that kind of thing.' The clerk then proceeded to give me Back 75 cents in change. Do not confuse the clerks at MacD's

We had to have the garage door repaired. The repairman told us that One of our problems was that we did not have a 'large' enough motor on the Opener. I thought for a minute, and said that we had the largest one made at that time, a 1/2 horsepower. He shook his head and said, 'Lady, You need a 1/4 horsepower.' I responded that 1/2 was larger than 1/4 and he said, ' NOOO, it's not. Four is larger than two.' We haven't used that repairman since. Happened in Ipswich, Qld.

I live in a semi rural area. We recently had a new neighbour call the local Council P & W office to request the removal of the WOMBAT CROSSING Sign on our road. The reason: 'Too many wombats are being hit by cars out here! I don't think this is a good place for them to be crossing anymore.' Story from Collingwood, Melbourne.

My daughter went to a Mexican takeaway and ordered a taco. She asked the Person behind the counter for 'minimal lettuce.' He said he was sorry, but They only had iceberg lettuce. From Bankstown, Sydney.

I was at the airport, checking in at the gate when an airport employee asked, 'Has anyone put anything in your baggage without your knowledge?' To which I replied, 'If it was without my knowledge, how would I know?' He smiled knowingly and nodded, 'That's why we ask.' This happened in Elizabeth S.A.

The stoplight on the corner buzzes when it's safe to cross the street. I was crossing with an intellectually challenged co-worker of mine. She Asked if I knew what the buzzer was for. I explained that it signals blind People when the light is red. Appalled, she responded, 'What on earth are blind people doing driving?!' She is a government employee in Adelaide P.O.

When my husband and I arrived at a car dealership to pick up our Car after a service, we were told the keys had been locked in it. We went to the service Department and found a mechanic working feverishly to unlock the drivers Side door. As I watched from the Passenger side, I instinctively tried the door handle and discovered that it was unlocked. 'Hey,' I announced to the technician, 'its open!' His reply, 'I know. I already got that side.'

**STAY ALERT! They walk among us...**

## ENJOY THE MOMENT

The past is history  
Tomorrow is a mystery  
And today is a gift  
That's why they call it "The Present"  
**Ruth A**

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