



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 Email: white.wreath@bigpond.com
 Tel: 1300 766 177 | Mobile: 0410 526 562

DIRECTORS REPORT

WHITE WREATH DAY 29 MAY 2011

THANK YOU TO ALL OUR INTERSTATE VOLUNTEERS

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"Thank You" to all our volunteers Australia/wide who organised a Remembrance/Commemoration Service on National White Wreath Day-In Remembrance of All Victims of Suicide held on the 29 May. Your efforts and support are truly appreciated by all.

We also "Thank" NSW Adam Joseph Adviser to the Hon Kevin Humphries MP of Mental Health who ensured every parliamentarian wears a White Wreath White Bow on Friday (the last sitting day before White Wreath Day on Sunday 29 May 2011). Hon Kevin Humphries read a short statement in the parliament just prior to Question Time.

White Wreath Day is for all those that have lost children, mothers, fathers, husbands, wives, brothers, sisters, cousins, uncles, aunties, grandparents, fiancés, friends and work colleagues. In many cases family members are the first on the scene and have found their loved ones, their own flesh and blood in horrific circumstances. All of these people are traumatised, devastated but yet they must grieve in silence and cope alone without any help or support.

This is why National White Wreath Day-In Remembrance of All Victims of Suicide is very important. Those touched will still grieve for a long while to come but hopefully they will realise that they are not alone and their loved ones did not die in vain but have brought us together to combat this devastation and together we will bring to the attention of all "Action Against Suicide" and hopefully raise the much needed funds to build our Safehaven Centres.

Fanita Clark
 Director

**PETER NEAME
RESEARCH OFFICER
WHITE WREATH ASSOC**

Despite increases in the recent budget to mental health funding there will be no significant improvement in the daily disasters in mental, health which claim the lives of men women and children. The reason is that mental health care has changed its whole emphasis away from those who really need care, the seriously mentally ill, to the worried well.

The Howard Government blamed the Port Arthur Massacre on guns but later increased counselling services. Counselling services are exclusively for the worried well. The Labor Government ignored mental health in its first term and now says that it is increasing the budget for mental health. I am deeply cynical because in forty years of working in mental health I have only witnessed constant run down and constant failure.

Why is this happening? The main reason is not what most people may think. What is going wrong every minute of every day is frontline assessment and ongoing assessment. Mental Health care has changed to care by dogma, if you cannot be looked after in the community you do not exist. Trying to manage suicidal people in the community has led to a massive rise in suicide, murder suicide and mass killing. Politicians, bureaucrats, and economists do not assess mentally ill people, clinicians do. It was expert psychiatrists and other mental health professionals that advised governments to close mental hospitals or places of safety for the mentally ill who were a risk to themselves, a risk to others, or unable to care for themselves most often all three together.

Mental illness is a neurological disorder just the same as Alzheimer's disease and Parkinson's disease is. Assessment should be along neurological lines not verbal question and answer as is currently, the case.

The Inverse Care of Mental Health remains, the sicker you are the less care you get and if you are at risk of killing yourself or some-one else then you will be routinely refused care.

Throughout the world the latest advances in understanding mental disorder are coming from neurology/ neuroscience particularly Spect (single photon emission computerised tomography),pet(positron emission tomography) and Functional Magnetic Resonance Imaging. WE are at least forty years behind.

IMPORTANT NOTICE

**ANNUAL GENERAL MEETING
OF BOARD MEMBERS
WHITE WREATH ASSOCIATION LTD**

Monday 5 September 2011 - 7PM
20 Waratah Street
ALBANY CREEK QLD
(B.Y.O)

STORY PART 2 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.

Thank you! Hope you accept it, (very long story)

One day I went out for some errands and she started texting me. Out of nowhere she went into Bitch-polar mode and told me to go away, never talk to her again, as she was the one contacting me, not I. I drove my car into a parking lot away from others as it was broad day light. My depression had sunk in so deeply, the pain suffocated me, the memories, the thoughts and regrets piled up like an avalanche. It collapsed all in my head and I started screaming, cursing, pounding the dashboard, slamming the steering wheel, asking God, “Why do you do this to me?” I cried for at least an hour and a half. My screams and yelling was so loud, people actually heard me from across the parking lot with my windows rolled up and doors closed. It took me a while to gather myself, to calm myself down, but I was still cursing God every minute as I was trying to cool off. I was so lost, the only thing I could think about was family at that time, God wouldn’t help me nor would any friends cause I had no real friends where I was living that I could trust with my situation.

I called my dad while sitting in the car, he was living in Brazil with my mother since it was his job to be there as his obligation. I never called my parents, so he sounded surprised to hear me calling, yet with a joy in his voice. It hurt me to hear him like that, yet made me happy, but it let me know that I wasn’t being a good son, I wasn’t keeping contact with my family because my depression and life was just going into a tornado ready to rip shit apart. I immediately broke into tears, crying out, “I just want to die, I’m sorry for dropping out of school, I’m sorry I cant make you happy, I’m sorry I cant make mom happy, I’m sorry I cant make my brother happy, I’m sorry I cant make anyone happy anymore.” I kept saying I wanted to die; I didn’t want to live anymore.

Suicidal thoughts appeared in my head from time to time, but it wasn’t serious as I was smoking marijuana that helped relieve my tension and relaxed me.

My parents felt so sorry for me, they wanted to help me, they wanted to know I was safe. My plan was to leave for New York to get a job there with a buddy and live there till I enlisted for the core. I knew going there would not be safe for my own being, so I decided to move to Brazil. Getting away from everyone in the U.S. sounded nice, getting a fresh start, to begin somewhere new. I had lived in many other different countries and have traveled to many countries to count, so going to Brazil was something new, yet I was use to the cultural changes.

I arrived not to long ago here. Everything is different though, people, music, cars, the t.v. etc. I’ve been sitting around the place doing nothing really and my depression still takes place today. I am still fighting my depression for more than a year now. I thought coming here would relieve my memories and my pain, but they still remain. I laid in bed, having thoughts of murdering her, for hurting me so badly for what she had done, for playing me so harshly and not even caring for the pain she has caused. She was downright evil to me. I keep blaming myself for everything that has happened. I’ve

tried forgiving myself but I can't but I've forgiven her. Every time I have a thought that I would harm her or her family, I tell myself, "Snap out of it, quit it, stop it you crazy fuck."

The list just doesn't end though, first it was pain and suffering, now it is hatred that I didn't know existed in me. I never knew I had such a horrific violent nature. My imagination is so intense and real when they thoughts come to life, it scares me so bad I freak out at myself and start walking out the room hoping better will come out of me.

I keep telling myself I did the right thing by moving to a new country and a continent far away from that bitch because if I went to NY, she would be in the hospital somewhere. I try asking God for help, but I still curse at him from time to time when I have my memories or harmful thoughts. If I sit down and watch T.V. random thoughts will appear and I will automatically go back into my stage of depression and hatred. I try nothing to provoke these thoughts, I clearly try and relax and enjoy myself, but doing so is impossible when my body and soul wont give up the fight against the pain and hate. It is telling me as if I have to take action, but I refuse.

I've been having thoughts of suicide. I live on a 13th story apartment. I look down and I wonder how bad it would hurt if I jumped. I'm so deathly afraid of heights though I wouldn't be able to do it and cutting or stabbing myself would be to painful to do to myself. There are no guns around to stare at and wonder if 1 bullet is enough. I feel that, the hate and pain I carry is so heavy, that 1 bullet wont stop me from trying to harm others that have hurt me so deeply and never realized it.

I'm so sorry for what I've put my ex best friend through. I'm sorry for interfering with his sister. I regret ever talking to her. I regret ever thinking about her like that. I regret the sadness and anger I put on my parents when I dropped out of college, I regret the times I was a dick head to my brother because my mood swings and depression is so severe. Notice how I use "is" and not "was". I am still fighting myself today and my thoughts that are haunting me. I'm not a bad person, I'm not a violent one either, I'm always the one to try and avoid fights or break them up. I never go out looking for the trouble, I try preventing it. I always have a thought, a daydream about winning a big lottery and setting up missionary trips for poor people around the world. To donate to charities and take part in being a leader of society. I don't want to be a pro football player although that would be fun, I just want to be someone better than I am right now.

I'm still fighting this war with depression and my thoughts of suicide do not slow themselves. I try to be productive in some way, as you can see I am writing this story just doing so. Just explaining everything on this word document puts ease to my head knowing that, if anything were to happen to me, this document would tell the story of how I've tried to be triumphant over such turbulent rough emotional turning life of the past year and a half now. I miss my friend and I miss my ex, they were good people while on their good side, but I never imagined such hate could come from one family of 5 people.

I'll continue on living and I'll live with this depression for as long as it will let me. I wont take my own life, suicide wont end the pain in this world, it'll only cause more to my than it did to me. Going to hell for taking my own life is not what I want and I refuse to take part in such an act. I won't let the worst get the best of me, because I was someone to my school and if I was someone to my boarding school community, I definitely can become someone to this world and if not the world, then

to myself. I'll seek out help if needed, but I'll work on my own self as I chose to move here and restart everything for a fresh beginning. I won't give up on life and I'll live my dream of becoming a Marine one day. I'll find the right girl who will respect me and love me for everything I try and do for her. I just hope that one day is soon because I know I'm a loving guy who writes poetry for his loved ones and cares for others, even people I do not know.

THE END

AUSTRALIAN BUREAU OF STATISTICS

<http://www.abs.gov.au>

3303.0 - Causes of Death, Australia, 2009

LATEST ISSUE Released at 11:30 AM (CANBERRA TIME) 03/05/2011

METHOD OF SUICIDE In 2009, the most frequent method of suicide was by Hanging, strangulation or suffocation (X70), a method used in just over half (51.3%) of all suicide deaths. Poisoning by drugs was used in 14.9% of suicide deaths, followed by poisoning by other methods including by alcohol and motor vehicle exhaust (11.7%). Methods using firearms accounted for 7.7% of suicide deaths. The remaining suicide deaths included deaths from drowning, jumping from a high place, and other methods.

Mechanism By Intent - Selected Causes Coronial processes to determine the intent of a death (whether intentional self-harm, accidental, homicide, undetermined intent) are especially important for statistics on suicide deaths because information on intent is necessary to complete the coding under ICD-10 coding rules. Coroners' practices in determining the intent of a death may vary across the states and territories. In some cases, no statement of intent will be made by a coroner. The factors effecting coroner determination of intent may include legislative or regulatory barriers, sympathy with the feelings of the family, age of the deceased, or sensitivity to the cultural practices and religious beliefs of the deceased and/or their family. For some mechanisms of death where it may be very difficult to determine suicidal intent (e.g. single vehicle accidents, drownings), the burden of proof required for the coroner to establish that the cause of death was suicide may make a finding of suicide less likely.

Footnote:- Latest Suicide figures for 2009 Released on the above date is 2130 Suicides. White Wreath has stated from inception (1999) that to give the true statistics of suicide the figure should be multiplied by four. Our reasons for coming to this conclusion are explained in the second paragraph "Mechanism by Intent".

MAJOR FUNDRAISER WE NEED YOUR HELP



“SOCK-IT-TO-SUICIDE”
Yearly,
During the Third Week of October

Holding the event involves workplaces, schools, social clubs, senior citizen clubs etc to wear (self supplied) coloured socks or stockings during one day of the week, and making a donation of a gold coin for the privilege. Alternatively you can purchase a Sock It To Suicide Pin @ 5.00 each
We would greatly appreciate your support with this endeavour and hope it is a fun day for all. Contact Head Office for details

All are welcomed to participate.



WHAT THEY MEAN TO US

By Andy Pham

More often than not we don't realise how important some bonds are but lately there seems to be one tragedy after another. Some occur closer to home than others, but these are no more serious. At times like these we notice how much we need each other.

An ear to listen, a shoulder to cry on or even a few words to reassure us that things will be alright even at the bleakest of times.

It all feels so surreal, like we're about to wake up from a terrible dream. Hoping that what had happened didn't. Denying with all our hearts. Wishing most of all to have them right beside you. Laughing and smiling as if nothing did go so terribly wrong.

Deep down we know it has happened. It's real and very much something we had never thought would happen so close to home. Now it's the point where we learn to cope with all these many feelings. Feelings of anguish and feelings of regret are among the many that encompass our thoughts right now but most of all we feel empty.....

That warm feeling that used to be there seems to be this chasm that we're trying to fill with a profound ache of sadness and loss but then it gives way to something else. It gives way to memories, good memories that back then seemed so simple and carefree and for some reason it eases the pain because we know something amazing is now gone but not forgotten.

In times like these it's hard to let ourselves feel each and every feeling to its fullest even if it means being furious about regret or crying till there are no more tears to shed. But only after this period of time which might take months or years can we take the first step to recovery and even then it's the tiniest step we dare take.

It's okay to feel the hurt. We wouldn't be human otherwise. Take it day by day. No one is asking you for anything more than that. Know that you don't have to be alone through this. Many others are feeling that empty pain you're feeling right now.

Although we may not want to reach out, it's still reassuring knowing we can. Let all the memories flow into your very soul because it's a feeling we'll never forget and by never forgetting it, that somehow makes it seem a little easier. So let it hurt, let the grief allow you to say goodbye in your own way.

To remember the good and the bad but mostly to remember what they meant to you.

STUDENT RESEARCH

Dear Ms. Clark,

My name is Monique Solomon. I am writing to ask permission to include the “White Wreath Association” website in my graduate research. I am studying how personal stories contribute to social change. It is my belief that when personal stories are shared publicly they help change the way care is provided in society. This has been the case for people diagnosed with cancer, aids, and multiple sclerosis, but not many studies have looked at how personal stories contribute to better understandings of mental illness. By following the stories and topics on your website I hope to create awareness about mental illness issues and highlight how important it is to listen to the ideas and concerns of people who have experienced it. Below is an explanation of how the research will be conducted, and the formal request for your permission.

With your permission I would like to keep track of the topics, ideas and stories on the main pages of the website over the next two months. I will be taking notes and may include samples from the website in my written research. The website will be publicly cited and identified in the final report. The research will be used to inform my doctoral project and may also be submitted for further publication or presentation. Information collected will be stored confidentially and securely on one personal computer. The research material will be destroyed after a period of ten years.

Your agreement to have the website included in the study is voluntary. At any time during the research period (July 1, 2011 to September 1, 2011) you may withdraw permission to have the website included in the study. Only the material collected up to the point of withdrawal will be referred to in the research.

I will provide you with a message that can be posted to let people visiting the site know about my research. I will not be looking at stories told in the member sections. I will not solicit information or conduct surveys.

My research project has been approved by the University of Calgary, Conjoint Faculties Research Ethics Board. You may contact the Ethics Resource Officer if you have concerns or comments, at rburrows@ucalgary.ca, 403-220-3782.

Thank you.
Monique

WISH LIST

Petrol Gift Cards, 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 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

HUMOUR

COMPUTER USER CONVERSATIONS WITH TECHNICAL SUPPORT

Tech support: What kind of computer do you have?

Customer: A white one...

=====

Customer: Hi, this is Celine . I can't get my diskette out.

Tech support: Have you tried pushing the Button?

Customer: Yes, sure, it's really stuck.

Tech support: That doesn't sound good; I'll make a note.

Customer: No , wait a minute. I hadn't inserted it yet... it's still on my desk... sorry...

=====

Tech support: Click on the 'my computer' icon on to the left of the screen.

Customer: Your left or my left?

=====

Tech support: Good day. How may I help you?

Male customer: Hello... I can't print.

Tech support: Would you click on 'start' for me and....

Customer: Listen pal - don't start getting technical on me! I'm not Bill Gates..

=====

Customer: Hi, good afternoon, this is Martha, I can't print.

Every time I try, it says 'Can't find printer'.

I've even lifted the printer and placed it in front of the monitor,
but the computer still says he can't find it.

=====

Customer: I have problems printing in red...

Tech support: Do you have a color printer?

Customer: Aaaah.....thank you.

=====

Tech support: What's on your monitor now, ma'am?

Customer: A teddy bear my boyfriend bought for me at the 7-11.

=====

Customer: My keyboard is not working anymore.

Tech support: Are you sure it's plugged into the computer?

Customer: No. I can't get behind the computer.

Tech support: Pick up your keyboard and walk 10 paces back.

Customer: ! OK

Tech support: Did the keyboard come with you?

Customer: Yes

Tech support: That means the keyboard is not plugged in. Is there another keyboard?

Customer: Yes, there's another one here. Ah that one does work..

=====

Tech support: Your password is the small letter 'a' as in apple, a capital letter V as in Victor, the number 7.

Customer: Is that 7 in capital letters ?

=====

Customer: I can't get on the Internet.

Tech support: Are you sure you used the right password?

Customer: Yes, I'm sure. I saw my colleague do i

Tech support: Can you tell me what the password was?

SSRI STORIES

Antidepressant Nightmares

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

With permission from SSRI Stories <http://www.ssristories.com/index.html> 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.

The site commences with a "Warning" Withdrawal can often be more dangerous than continuing on a medication. It is important to withdraw extremely slowly from these drugs, usually over a period of a year or more, under the supervision of a qualified specialist. Withdrawal is sometimes more severe than the original symptoms or problems.

Suicide attempt a depressing drug side effect

THIS is a story that can be interpreted in more ways than one. It's about a 14-year-old Melbourne schoolgirl whom we'll call Sarah. When you're 14, you don't want the rest of the world knowing your business, especially not the bit about the time you overdosed and wound up in hospital.

She is aware her mother has contacted a newspaper to talk about that evening three months ago but she doesn't want any part of it herself. She's still shocked at what she did and is flat out trying to figure out why.

But her parents believe they have discovered the clue to what led to their middle child's uncharacteristic and desperate act.

The evidence, according to them, is lying on the dining table in their lounge room the day the mother and I meet. It is an empty packet of the antidepressant Zoloft. Their daughter took half a 50mg tablet for three days, as instructed by her doctor, then on the fourth day emptied the rest of the packet down her throat in one long gulp.

Sarah had been prescribed the drug to treat what her psychiatrist and her parents agreed were worrying episodes of depressive symptoms.

“She’d had a rough couple of years because she had injured her hip and had been in pain for a long time,” her mother explains. “She had two operations last year and another in May. It was before the last bout of surgery that she expressed the thought that she didn’t want to wake up after the operation.

“It wasn’t a threat, she didn’t have a plan, but it was enough for us to get her to our doctor and then on to a psychiatrist pretty quickly.”

And this is where they believe Sarah’s problems suddenly got a whole lot worse.

They claim they were not warned by the psychiatrist who prescribed the antidepressant that it carried an increased risk -- between 2 per cent and 4 per cent -- of causing suicidal thoughts and self-harm in children and young people in the first weeks of use.

Crucially, they were not told their daughter would require close monitoring because of this risk. They were also not informed that the drug is not recommended for treatment of depression in children by either Australia’s drug monitoring agency, the Therapeutic Goods Administration, or the drug company Pfizer, which markets Zoloft in Australia. And they were not given a copy of the consumer medicine information leaflet that is supposed to detail these issues when they bought the drug.

However, as they later learned, even if they had got a copy of the leaflet, it would not have told them much of this anyway.

“I am not from the dark ages where people just happily went along with what the doctor says,” Sarah’s mother says. “I quizzed the specialist about potential side effects because we were concerned about putting our 14-year-old child on antidepressants and we wanted to make an informed decision. It turns out despite our best efforts, we didn’t.”

The parents claim the first they learned of the increased suicide risk associated with this class of antidepressant was late in the evening after Sarah had been rushed to the emergency department of a Melbourne hospital after overdosing.

“The psychiatrist who treated her told us that suicide attempts were not uncommon in the early days of treatment on these drugs,” her mother says. “He told us that kids are sometimes hospitalised when they first go on these drugs because of this risk.

“I believe there is a place for these drugs but you have to know what you’re getting into, and we didn’t.”

It is hard to argue against a mother's plea for informed consent. Good doctors, says the Australian Medical Association's John Gullotto, consider all non-pharmaceutical possibilities before embarking on antidepressant treatment in children. "It's the last resort, not the first," Gullotto says.

If doctors do not outline the side effects of these drugs, then the next best source of information is the pharmacist. The federal Government pays pharmacists 10c a script to distribute consumer medicine information sheets supplied by drug companies which outline side effects and warnings about a medication. But there is no law in Australia that compels pharmacists to comply, so many don't do it.

Shane Jackson, vice-president of the Pharmaceutical Society of Australia, which represents pharmacists, agrees his industry is failing in its duty to properly inform patients. "We know we have to lift our game, no question," Jackson says. But he argues the present emphasis in many drug company information leaflets is weighted too heavily towards possible negative side effects rather than balancing this with the positive impact the drug will have.

Then there's the obvious rejoinder to Sarah's parents' understandable attempt to find an explanation for why their teenage daughter tried to kill herself. How do you unpick the cause of a suicide attempt in a person who is depressed?

The message from drug companies depends on who they are talking to.

Pfizer couches its suicide warning in its consumer medicine information in terms of the underlying depression, warning the symptoms may be worse for the first two months until the drug takes effect. Nowhere does it state that the drug can increase the suicide risk.

In its product information to doctors, it is a different story. In this document it describes the increased risk shown in clinical trials and warns that close monitoring of children is vital in the first two months of treatment.

The pharmacist who dispensed the medication to Sarah's parents has reported her overdose to the TGA's adverse drug reactions unit. He tells Inquirer it is the second such report in the past six months.

The TGA, through its advisory committee, has been telling healthcare professionals since 2004 to notify it of any suspicious reactions to antidepressants because of concerns about these drugs and their use in children.

"Even if Sarah's attempt had nothing to do with the drug, the case should have been reported," the pharmacist says.

The hospital has told the family it has made no report, as it does not believe the overdose is related to the medication. The psychiatrist has not reported the matter either, instead telling the family that one of the benefits of Zoloft is that it is a relatively safe drug to overdose on. The girl's family has made its own report to the TGA.

People often say that, in a democracy, decisions are made by a majority of the people. Of course, that is not true. Decisions are made by a majority of those who make themselves heard - a very different thing.

-- Walter H. Judd

WORLD NEWS DUBAI

<http://www.emirates247.com>

Indians top suicide cases in Dubai

Of the 113 reported cases in 2010, 79 were from the Subcontinent

By Mohammed Al Sadafy

Published Tuesday, April 05, 2011

Of the total number of suicide cases reported in Dubai in 2009 about 70 per cent were Indian nationals, according to a recent statistics. Out of a total 113 people who chose to end their lives, 79 were from the Subcontinent, said a Dubai Security Official.

In 2008, of the 148 cases, 110 were Indians - representing about 74.3 per cent. In the first 10 months of 2010 there were 56 Indian expatriates among the 94 suicide cases - a 59.5 per cent of the total number. While in the first 10 months of 2009, 71 Indians ended their lives among the total 99 people - a 71.1 per cent of the total cases. This was a decline of 21 per cent.

In the first 10 months of last year 10 women committed suicide in Dubai -including one Indian, three Filipinos and two Nepalese, one British, one from Saudi, one Ethiopian.

Most of the victims chose to hang themselves, followed by cutting their wrists and jumping from high rises and drug overdoses.

The month of May witnessed the most number of suicide cases, when 10 Indians ended their lives followed by September (9 Indians), January (eight) and March (seven). In April and June (six each), April and August (three each) and February and October (two each).

Eight Pakistanis were among the 94 reported cases last year.

Meanwhile, Emiratis came in third place - six Nationals committed suicide last year.

An Indian Consulate official said the hike in the number of suicides among Indians was due to financial reasons. Some of them had not got their salaries for about six months before they took the drastic step - especially those in the construction field. He added the consulate does receive complaints in this regard.

The UAE Ministry of Labour, in fact, has made it mandatory for all listed companies to adopt the WPS system.

Professor at the Department of Sociology at the University of Sharjah said suicides result from pressure and is a result of cumulative circumstances.

Religion plays a safety factor, he added. The high number of Indians can also be attributed to the fact that people from the Subcontinent form the majority of expatriates, he said.

WORLD NEWS LAOS

<http://gantdaily.com>

April 5, 2011

Mental health still neglected, underfunded in Laos

VIENTIANE, Laos (IRIN) – Three years after the Lao government adopted its first mental health policy, there is still no national plan of action or implementation strategy, say mental health experts. “I can say that mental health is a neglected area... Laos still has two psychiatrists for six million people,” said Supachai Douangchak, a technical officer specializing in mental health at the UN World Health Organization (WHO) in the capital of Laos, Vientiane.

The most recent analysis of the situation in Laos, commissioned by WHO in 2002, revealed how mental health issues were considered “completely new” for the country.

Nearly a decade later, there is scant mental health data and no dedicated mental health division in the Ministry of Health, but a drug treatment programme has been expanded to focus on mental health focus since 2009.

“They have made the [programme] name longer and added one doctor. This is a good start and we hope in the future there will be more than one [mental health] staff,” said Douangchak.

There is one public mental health ward for the entire country in Mahosot Hospital in the capital with no specialists and 29 in-patient beds, said Chantharavady Choulamany, one of the country’s two psychiatrists and co-author of the 2002 WHO study and project coordinator of the UK-headquartered BasicNeeds NGO , which has worked on mental health needs in Laos since 2005.

WORLD NEWS AUSTRALIA

<http://www.abc.net.au>

Probe ordered into mentally-ill man’s suicide

By Jason Om Thu Apr 7

The Health Minister has ordered an investigation into allegations the South Australian health system failed to prevent the suicide of a mentally-ill Adelaide man.

His family says he had been admitted to hospital several times for self-harm but discharged. The death of Trevor Cologne, 41, has devastated his friends and family and left them with many questions. His ex-partner Robyn Egan expressed the anguish. “Everybody’s feeling a sense of guilt, you know, maybe, did we do enough? Did we not do enough? Were we there enough? Could’ve we done something different?” she said. Ms Egan was the last person Trevor Cologne spoke with before he took his life last weekend. “For me I’m heartbroken. Trevor was the love of my life even though we weren’t together and that was because of his mental health. I know that we loved each other,” she said. “I thought that he would get treatment and we would spend our lives together.”

SA Health Department said Mr Cologne went to the emergency department at the Queen Elizabeth Hospital three times last month. It said he was offered follow-up support by a range of agencies. But his ex-partner said she knew of five times that he went to hospital and she thinks he should have stayed longer. "He was deemed not at risk and so sent home," she said. "I thought it was wrong. I thought he should've been kept in and given a long period of assessment.

"I think just assessing someone in, you know, like in an emergency department environment is not a proper setting and you can't just assess somebody immediately. You need to assess them more thoroughly over a period of time to actually be able to get in his head and know what's going on." Mr Cologne's cries for help had been posted on Facebook, with his profile listing more than 500 friends. "He would often say, call out for help 'Help me, I'm going to kill myself'," Ms Egan said. She said friends responded but not always online. "Towards the end we responded less online.

We would phone his mother at various times or phone around, try and get different services involved," she said. SA Health Minister John Hill has ordered a review of the case. "He was seen by doctors who gave him advice and assessed him," he told ABC Radio. "Now I think it's always difficult after the event to say whether or not that advice was the right advice or not and I've said to the department I obviously want a thorough investigation." MPs in South Australia's Upper House passed an Opposition motion on Wednesday urging the SA Government to provide more support to community-based services.

WORLD NEWS KOREA

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

About 150 teens commit suicide a year

By Kim Tae-jong

Each year nearly 150 primary and secondary school students take their own lives, a report highlighting the recent trend showed Sunday. The number of suicides by primary and secondary students stood at 146 in 2010, 202 in 2009 and 137 in 2008, according to Statistics Korea. The main reasons are family discord and failure to adapt properly to school life. To combat the high suicide rate among the young students the government Sunday announced it plans to establish a suicide prevention committee especially for primary and secondary school students.

"The committee will actively tackle the issue of suicide among students," an official from the Ministry of Education, Science and Technology (MEST) said. "We think a lot of students suffer from depression and violence at school which leads them to go to extremes. Through the committee we will monitor the mental health of students and take appropriate steps to prevent them from committing suicide." Schools and education offices will set up a suicide prevention committee, made up of five to 10 members consisting of the principal, parents, teachers and counselors. It will also include rescue experts, police officers, psychiatrists and lawyers as advisors, the official said. The ministry will also hold a session and offer education on suicide prevention to some 12,000 teachers and staff at education offices nationwide from April 11 to 28.

Bipolar disorder doesn't just affect film stars

A focus on famous people risks blurring the message that mental illness can happen to anyone. In an ideal world, it would not take a film star to get the media focused on mental illness. But we don't live in an ideal world, we live in a celebrity culture where Catherine Zeta-Jones being treated for bipolar disorder can soar to the top of news websites' "most viewed", and relegate Andrew Lansley's woes or even David Cameron's pre-election views on immigration.

I am an ambassador for Time to Change, the campaign to change attitudes on mental illness, to break down the stigma and taboo which still surround it. It appears to be having some success: when England cricketer Michael Yardy left the World Cup because of depression, the "pull yourself together ... what has he got to be depressed about?" brigade were in the minority. There is greater understanding, but still stigma. Some people with mental illness say the discrimination can be worse than the symptoms.

What the mental health charities find deeply frustrating is that they can only get on the media via celebrities. If Zeta-Jones had been diagnosed with cancer, we would be talking about cancer. It is as though the celebs attached to an issue lead a debate, rather than the issue and how it affects millions of people. There is a danger that focus on famous people tends to get in the way of one of our central messages – it can happen to anyone – or that it reinforces one of the myths, that mental illness hits "creative, achieving people".

But if you are the charity in question, trying to raise your profile so as to raise funds and awareness for the services you provide, you have to play the game. I was inundated with media bids and the charities wanted me to take them up. Isn't it better if a doctor or a nurse goes up? Ah, but they want a name.

So here's an idea for the Guardian. Take Catherine Zeta-Jones as the "peg" – but open a few pages of G2 to fellow sufferers most of us have never heard of. The charities will help find them. Then your readers will see that not all bipolar sufferers look like Stephen Fry or Catherine Zeta-Jones ... They look like the woman next door, the guy on the bus, the colleague across the office, the kid you met on holiday last year.

One in four of us will have a mental illness at some point. That is a lot of people. Very few are film stars. Zeta-Jones will help raise the profile of the issues, whether she wanted it that way or not. That should lead to better understanding. But as I said when I spoke to the Royal College of Nursing on Wednesday about mental health, including my own issues of breakdown and depression, better understanding must be an accompaniment to good treatment, not a substitute.

I join the many others who wish her well and thank her for the support her name will lend our campaign. But there are people with the same illness who cannot get the support they need, who still feel they have to lie about their condition to get or keep a job, and who really worry about the impact of government cuts and reforms that will fundamentally change the way mental health services are run. Those issues should be getting an airing regardless of celebrity support or involvement.

WORLD NEWS AUSTRALIA

Latest suicide figures highlight mental health mess

<http://www.wa.alp.org.au/news/2011/06/21/latest-suicide-figures-highlight-mental-health-mess>

Date: 21 June 2011

The number of deaths by suicide has reached 158 for the first quarter of 2011 and could soar to more than 600 by the year's end, Shadow Minister for Mental Health Ljiljana Ravlich said today.

Ms Ravlich said the figures, from the National Coronial Information System and provided by the State Attorney General, showed the number of suicides from January to the end of March this year were more than 62 per cent of the whole of 2010.

"There were 254 suicides in 2010; in the first quarter of this year there has already been more than half that number," she said.

"If the number of suicide deaths continues the way it has in the first three months of 2011, we can expect more than 630 suicide deaths this year alone.

"This is an indictment on the Barnett Government and its shambolic approach to mental health. "The Liberals made an election promise that \$13million would be spent in the first two years on a suicide prevention strategy but almost three years later, only \$1million has been spent."

Ms Ravlich said the Minister for Mental Health Helen Morton needs to explain why her portfolio is in such a mess.

"After nearly three years in office successive Ministers have done little apart from establish the Mental Health Commission, which is still trying to sort out its areas of responsibility," she said.

"The Child and Adolescent Health Service has only 52 per cent of its required number of psychiatrists, with the WA Country Health Service only marginally better at 71 per cent of the psychiatrists they need for full staffing.

"North and South Metropolitan Health Services are also understaffed on psychiatrists and psychologists."

Ms Ravlich said the Minister had failed to release the promised WA Mental Health Strategy and had not introduced the Mental Health Bill to Parliament.

"The Ministerial Council for Suicide Prevention has had two resignations already, Chair Dr John Franklyn and Paul Haselby," she said.

"Suicide prevention in Western Australia is in absolute tatters.

"It is hard to believe that this was a key election commitment at the 2008 election and that so little has been done.

"Enough is enough. The Minister must act.

"The number of suicides across Western Australia should be enough to prove to the Minister that she can no longer afford to sit on her hands on this issue."

ATTENTION

To all those people who help on White Wreath Day, "Thank You"

However there are only a minority of people who do the right thing by us. It has been happening time and time again. White Wreath Assoc Ltd has been operating for 12 years and it is disheartening when we are used for our name and products only. Head Office, we in Brisbane have worked and do work extremely hard for what we have and receiving no monetary gain from some of the other States is disgusting to say the least.

White Wreath Day although is a Remembrance Day is also a day to help raise funds for the "Safehaven Centres". I know we have to pay for things on the day, but we hope to at least get some consolation out of it. People who buy our badges and then go under their own name is not playing fair and I feel it's very deceitful.

We only have a handful of people here in Brisbane, who are doing all the hard yards. Like all organisations it is left to a few.

How do you think we can build our Havens without monetary support, I do not know. We receive no government funding and rely wholly on donations.

Fanita works 24/7 and is getting worn down. Worry does not help, so come on everyone help pull the weight and spread the word people are not to do white Wreath under their own name. We are trademarked and it is only fit you use our products for the White Wreath and send some donations to us.

We have a lady working and making by hand flora wreaths which are so beautiful. There again one lady going at it who like me is in her 70's and its getting harder to make the pace.

Please other States can you raise funds to send to Head Office her. One person can only do so much and Fanita needs that help. Bills do not pay themselves. Much needed funds are needed We must thank Fanita and her family, for starting White Wreath in the first place for us and trying to get the help for our loved ones who have a mental health problem. It is not easy.

So come on everyone please do a little bit. There are 12 months in a year not just 29 May. Sorry if I've trod on toes, but I get so angry, with the limited help we get.

Ruth Avenell
Member of White Wreath
Ph No. 07 3290 1772

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 Email: white.wreath@bigpond.com
Tel: 1300 766 177 | Mobile: 0410 526 562