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**White Wreath Association Ltd<sup>®</sup>**  
"Action against Suicide"

**NEWSLETTER**

ABN 50 117 603 442

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## DIRECTOR'S REPORT



Photo credits: Sanja Gjenaro, freemimages.com

The Mindframe guidelines are managed by the Hunter Institute of Mental Health and funded by the Australian Government under the National Suicide Prevention Program. [Read more.](#)

In White Wreaths opinion all of this comes under mental health, of which there is never a mention.

Untreated mental health brings us to suicide/violence and murder and this is exactly what is happening right now.

The Australian Institute of Criminology says that mental health and the criminal justice system are intertwined. It says mental disorders in prison populations are up to five times those in the general population. The Institute says a strong link exists between illicit drugs and mental health problems.

With the closure of mental health facilities throughout Australia and increased so-called community care, people literally cannot access any help except for jails.

This business of just talking to a person and telling them the sky is blue, the grass is green and you will be right mate is absolutely ridiculous and has been going on for many years.

A person with cancer, diabetes, heart disease, asthma, low blood pressure, high blood pressure and any other life threatening condition would not be told the same thing to go on their merry way and all will be right.

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The heavy bombardment from government and the mass media regarding these issues makes it impossible for us to change people's minds/attitudes.

They have already been trained on how to think, but I believe it is vital that that we provide the public with the facts.

When anyone contacts White Wreath the very first questions we ask are about family history.

The most acceptable term still today is "Nervous Breakdown" and we ask if they know of this within immediate and distant family (could be that grandparents, great aunts, uncles, cousins) have had a Nervous Breakdown. We then ask has anyone within the family touched base with mental health? Have any family members attempted suicide? Does anyone self-harm? Is anyone on anti-depressant? And with many more questions after this. In all cases the answer is **"Yes"**. We then try to help them get into hospital as this is where White Wreath strongly believes, they should be treated and monitored under specialised medical care and to be treated in the same fashion as any other life threatening illness. This is why White Wreath Safehavens are of the utmost importance.

Following the Lindt Cafe siege the government and media went along with the lines of terrorist because his name and the way he dressed was Islamic, but he had a history of serious mental health problems, killed his wife etc.

We had Martin Bryant who killed 35 people randomly whom had serious mental health problems from a very early age.

We had the Hoddle Street killings and he also had serious mental health problems.

What is to happen next will be another mass killing, Do we want an American mass killing where innocent people are lost purely and simply because of the shutdown of our mental health system whereby people are placed in community care.

Basically what that means is they are on their own to care for themselves.

By law families are unable to help them. Nobody will take into consideration the families knowledge and opinion and work together as a team.

I am in despair that the situation will change and that the **"people in power"** will recognise the need to take mental health seriously and make much-needed changes.

We "Thank" all those that have supported us through fund-raising efforts present and past. Hopefully 2016 will bring us closer to White Wreaths' main aim.

We wish you, your family and friends a Very Merry Xmas and a Happy and Prosperous New year.

Our thoughts are with those trying to find help for family members

whose loved ones have mental health problems through the gross deficits of our Mental Health System and to all those that have lost loved ones, friends work colleagues by tragic means. Our thoughts are with you all and I am one of those myself who lost a son.

**Fanita Clark**  
CEO

## **PETER NEAME, Research Officer, White Wreath Association Ltd**



### **DRUGS & ALCOHOL**

1. Alcohol and drugs have always been present in society. The most wealthy people have always been the biggest users and abusers of drugs and alcohol, but they have always lived the longest. The idea that drugs and alcohol are the answer to all social problems is both evocative, and unfortunately totally wrong. Throughout the world 93% to 96% of people who commit suicide have had a serious mental illness that has been known about for at least two years. They are no longer admitted to hospital, compulsorily if necessarily but are treated "in the community". If the "Community" was the answer how did these people get ill in the first place?
2. Seriously mentally ill people are like any other living organism attracted to substances, naturally occurring in the environment that are mind altering (psychotropic) in the hope that they may alleviate / treat /cure the problem. Almost all alcohol and drugs are also "**recreational**" for people not susceptible to suicide.

With the closure of all medium and long-term mental health beds from 1970 on seriously mentally ill people, those whom commit suicide are expected to "come right "in the community, or after only one to two days in hospital. Prisoners get better mental health care than members of the general population.

We appreciate that this is not the widely held view constantly promoted by official sources and the media. The facts never altered a good yarn!

If drugs and alcohol were the answer we have had all of human history to sort the problem out. For as long as life has been on earth alcohol and drugs have been easily available.

*Image from [Brisbane Times Website](#)*

## **BOARD MEMBERS**

I am very pleased to announce the following elected Board Members and together we will serve you to the best of our ability.

**Fanita Clark,**

**Peter Neame,**

**Mark Knipe,**

**Karen Smyth,**

**Tina Knipe,**

**Peter Clark.**

Sadly Ruth Avenell had to retire due to ill health and age. Ruth is now in her eighties and has been with White Wreath for 15 years and comes from the old school. Ruth did a lot of fundraising in the early stages holding stalls in Shopping Centres, walking around her local area shop by shop asking will they allow donation tins on counters, organised raffles and so much more to numerous to mention. Her efforts we will never forget and her knowledge in this particular area was most helpful. We truly wish her well.

## **YOUR HELP NEEDED**



White Wreath Association's primary goal is to build Safehaven Centres to provide on-going treatment and care for mentally ill and suicidal people.

The Safehaven Centres will provide full psychological/neurological examinations, not just mental health assessment.

The extensive programs aim to actively treat the underlying causes leading to mental illness/suicidal behaviour, and follow-up treatment once the patient is deemed in recovery.

We will also offer programs for the entire family structure affected by the illness. For more information on Safehaven click [here](#).

The need for Safehaven Centres is becoming more urgent every day with the closure of mental health beds and staff shortages.

In most cases prescribed medications is required for patients and this needs to be closely monitored by health professionals in a restricted environment. This supervision is lacking in the current community care concept.

We need to get our Safehaven Centres up and running. The cost of buying land, building a centre and employing qualified staff has been estimated at \$20 million. We are dealing with a very difficult subject

suicide/mental illness and donations are few and far between.

We do not and have never received government funding. We can't compete with the huge conglomerates that can continually advertise.

White Wreaths' budget does not allow for this. With technology as it stands today it has made it a little easier where we can spread the word through social media.

However, we need your help in this area to spread the word as much as you possibly can and get people/workplaces involved in our campaigns or purely and simply just fund raise in a simple activity.

Please get involved in our "Wear White At Work Campaign" and help us raise the much need funds. We can't do this alone.

## AUSTRALIA

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### NATIONAL

#### Hospital management of suicide "alarming"

A national study shows that one third of people presenting to hospital following a suicide attempt will receive no mental health follow up. Every year around 60,000 people make a suicide attempt. Evaluating the experiences of these people provides extraordinary insight into interrupting suicidal behaviour and save lives.

Black Dog Institute and the NHMRC Centre for Research Excellence in Suicide Prevention (CRESP), have conducted the first ever study into people presenting to Australian health services following a suicide attempt.

This study was instigated by the National Mental Health Commission for the Contributing Lives, Thriving Communities Report of the National Review of Mental Health Programmes and Services.

Chief Investigator **Dr Fiona Shand** said the results strongly demonstrated a low level of satisfaction with health services, starting with the care received in hospitals.

"One third of people attending hospital following a suicide attempt were discharged without any mental health follow up," she said.

"Of the people that did receive treatment, 59 per cent received a single session of 30 minutes."

"Respondents reported disinterested or negative staff attitudes, with many feeling their emotional distress was either not addressed or dismissed as attention-seeking."

"These results are alarming for a number of reasons. We know that emergency departments are often the first point of contact for people experiencing mental distress and a negative experience will result in an unwillingness to seek further help."

"A lack of appropriate mental health care meant people were often discharged too rapidly and without the knowledge of loved ones. In this situation, future suicide risk is increased."

"The lack of coordinated follow up services strongly highlights the need for a better overall approach to suicide in Australia."

"We strongly recommend the implementation of a system that ensures that all people leaving hospital after a suicide attempt receive appropriate and ongoing care from their GP or a mental health professional."

"With over 2500 Australians dying each year by suicide, it's time to address these issues and prioritise the care of people in this situation."

Source: Black Dog Institute, 2 September, 2015

## NATIONAL



### Hundreds dying prematurely

Hundreds of Victorian mental health patients are dying in unexpected, unnatural or violent circumstances every year, with the State Government conceding it is "extremely concerned" about the rate of deaths.

An analysis of the latest available data from the chief psychiatrist found that an average 355 people who are receiving mental health care either in the community or within state-run psychiatric wards are dying annually.

But experts fear the figures are just tip of the iceberg, because some cases go unreported and the human services department has also refused to release the most up-to-date statistics from the past two years.

As the government embarks on a 10-year mental health plan to improve services in Victoria, the latest public figures reveal there were more than 1421 reported deaths between 2008-2012.

Of that total, 927 were classified as "unexpected, unnatural or violent" deaths, although it is not clear how many of these were the result of suicide compared to other causes.

Insiders attribute the figures to a range of factors, including inadequate and insufficient risk assessment of patients, a lack of resources and the systemic failure of communication between staff or units.

And although the department says action has been taken to tackle the problem – including a three-yearly "death reviews" and other regular audits – community groups, mental health workers, and Victorian Public Advocate Colleen Pearce believe a stronger, more co-ordinated response is needed.

Ms Pearce said the figures were alarming, and Chris Atmore, policy adviser for the Federation of Community Legal Centres, said the fact that the same types of deaths had been happening for years "makes it clear that whatever recommendations or strategies have been adopted over the years haven't been effective".

"There's almost an attitude that a certain level of psychiatric inpatient deaths is just to be expected because these people have mental illnesses and therefore, some people are going to be at risk of suicide, and as long as it's kept to a certain level, then that's good enough," Ms Atmore said.

"But we don't think that everything that could be done, is being done." The department says that most reported deaths involve people living in the community who are using a mental health service, and that only a small number relate to deaths that take place at in-patient units.

But Health and Community Services Union assistant secretary Paul Healey said a decade worth of cuts by successive governments had put the system "on its arse", resulting in some patients not necessarily getting the specialised treatment they needed.

"Once upon a time everyone who was discharged from a hospital would be followed up properly. Now that's not always the case," he said.

Source: Farrah Tomaziv, The Age, Victoria, 25 May, 2015.

## NATIONAL



### ACT Police respond to thousands of family violence calls a year

ACT police have attended an average of almost seven family violence-related incidents a day in Canberra in

the past year.

More than 1200 incidents have already been reported to ACT Policing this year alone and 2489 cases in the past 12 months – and Chief Police Officer Rudi Lammers says enough is enough.

Assistant Commissioner Lammers, who is also a White Ribbon ambassador, said disturbances were the most prevalent domestic or family violence incidents logged in the capital, with 988 calls to police between July 2014 and June 2015.

"The types of disturbances would be something like couples fighting, parents fighting," he said.

"The neighbour might hear the disturbance, they might hear shouting ... and they call us."

"Cases of family violence we attend very, very quickly, because it's



always quite volatile, so they need our help very, very quickly."

The other main categories of reported family violence in the past 12 months included 493 welfare checks, 406 assaults and 128 calls about damage to property.

"Welfare checks – that usually means a person is unsure about the safety of another person; maybe they haven't seen the person for a few days," Assistant Commissioner Lammers said.

"Sometimes, it's even one of the children in a house who becomes frightened because maybe mum and dad have been fighting."

While family violence often constituted verbal or emotional abuse, assault or humiliation, less obvious acts included control over finances and damage to sentimental property.

Although this year's 1215 callouts represented a slight drop compared with the 1274 cases recorded in the previous six months (July to December 2014), Assistant Commissioner Lammers said it was important to avoid complacency.

A newly released survey conducted by the Victorian Police Association has found family violence now takes up an estimated 70 per cent of a frontline officer's shift, including one instance where officers in Melbourne had to choose between one person armed with a baseball bat and another wielding an axe.

"The [ACT] numbers have gone down slightly, which is encouraging, but across the different categories, they tend to fluctuate a little bit," Assistant Commissioner Lammers said.

"The senseless killings that occur every week in Australia - two people die at the hands of an intimate partner every single week somewhere in Australia – all indications are that will continue to increase unless we do something about it."

"It's not just about prosecution, it's not just about arrests and incarceration; it's about education, it's about making sure there are respectful relationships at a very young age."

Assistant Commissioner Lammers, who will host a White Ribbon fundraiser on Friday, said family violence call-outs were the most volatile and could have a significant impact on the officers involved, who saw people "at their absolute worst".

"We never know what we're going to confront once inside the front door. It could be a gun or a knife or a steel pipe or a broken bottle," he said.

"Quite often, these instances occur in the early hours of the morning, when emotions are high. Often there's alcohol or sometimes drugs involved. We have to be careful about our own safety, as well as the safety of people in the homes."

Assistant Commissioner Lammers urged Canberrans to speak up if they suspected family violence was occurring.



"Over the last couple of years, I've encouraged people to do that, to keep calling, even if they're not sure. We would rather attend only to find out there is no problem rather than wait until something more tragic happens."

If you or someone you know is impacted by sexual assault or family violence, call 1800RESPECT on 1800 737 732 or visit [1800respect.org.au](http://1800respect.org.au). In an emergency, call 000.

## WESTERN AUSTRALIA

### Families say system failed patients

The families of several mentally ill West Australians who were treated at a Fremantle psychiatric unit before taking their own lives say an investigation has highlighted gross inadequacies within the mental health sector.

Five patients from the Alma Street Centre killed themselves between 2011 and 2012, prompting the state coroner to examine the cases.

One of them was 18-year-old Ruby Nicholls-Diver. The teenager took herself to Alma Street in 2011, where she was treated for a complex mental illness for four days. Just hours after she was discharged, Ruby's father Geoff Diver found out she was dead.

"She gathered up her handbag with her ID, she wrote all of my details in it, and she walked about a kilometre to a park, and she took her life."

In the four years since her death, Mr Diver has fought for the mental health system to be overhauled, and believes his daughter's death could have been prevented.

"I still think about her every day, there would not be one day go past where you don't," he said.

The teenager first began harming herself when she was just 10 years old, and by the age of 18 she told her doctors she was exhausted just trying to keep herself alive.

"We had this, not quite a merry-go-round, but this ongoing hospitalisation throughout her adolescence," Mr Diver said.

Given Ruby's history, Mr Diver was alarmed when he found out she was being discharged from the Alma Street clinic. Just two days before, she had tried to take her own life.

"How do we take an 18-year-old into hospital through triage and admit her as having suicidal ideation, have her attempt to take her own life on the ward as an inpatient, and then discharge her?" he said.

Source: ABC News, 16 August, 2015.

## Patients' rights strengthened

People recovering from a mental illness are now empowered to participate in decisions about their treatment following amendments to the NSW Mental Health Act (2007).

NSW Minister for Mental Health Pru Goward said the amendments were a major step towards improving mental health care in NSW.

"These amendments give people confronting mental health challenges an important role in their treatment planning, bringing our Mental Health Act into alignment with national and international trends towards a person centered approach to care," she said.

"We know that people with mental illness respond better to treatment and recover more quickly when they are involved in decisions relating to their care."

Ms Goward said the views of the community, peak consumer and carer groups, mental health professionals, the NSW Mental Health Commission and the Mental Health Review Tribunal were all sought as part of the extensive consultation process.

The key changes to the **ACT** include:

- Supporting recovery principles by encouraging clinicians to take into account consumers' views and wishes about their treatment
- Increasing safeguards that protect the rights of people with mental illness, such as enhanced requirements for young people with matters before the Mental Health Review Tribunal
- Strengthening emergency mental health care by empowering more clinicians to undertake assessments to reduce travel time for involuntary assessments in rural and remote areas
- Requiring clinicians to seek and consider the views of carers, family members, treating health professionals and relevant emergency personnel when undertaking these assessments
- Allowing consumers to nominate up to two designated carers who will be able to access relevant information about their care
- Recognising the need for the consumer's main care provider to receive information to assist with their care.

NSW Mental Health Commissioner John Feneley said the changes to the Mental Health Act put the views and wishes of people with a lived experience of mental illness and their carers at the centre of treatment and care.

"It is critical to respect the experience of people who live with mental illness, and to be guided by it as we work towards mental health reform," he said.

Source: NSW Government, 31 August 2015

## QLD

### Barrett inquiry will look at broader issues

The commissioner of an inquiry into the closure of a youth mental health facility in Brisbane says her investigation will be different to the coronial inquest and look at "broader systemic issues".

The first public hearing at the inquiry into the closure of an adolescent mental health unit in Brisbane was held on 30 September to hear applications for leave to appear before the inquiry.

The inquiry was then adjourned until November 16 with public hearings expected to last four weeks, with findings scheduled to be made to the State Government in January.

The previous State Government closed the Barrett Adolescent Centre at Wacol in January 2014.

Three teenagers, Will Fowell, Caitlin Wilkinson and Talieha Nebauer, died within eight months after the centre shut down. Their families will be legally represented at the inquiry were in court today.

Commissioner Margaret Wilson QC made her opening remarks in Brisbane's Magistrates Court this morning, saying her investigation would be full, open, independent and sensitive.

Justice Wilson said the deaths of three teenagers were a tragedy. She said inquiry's task ahead was "to make full and careful inquiry in an open and independent manner into the decision to close the Barrett adolescent centre".

"This Commission of Inquiry's task is different from the coroner's," she told the hearing.

"This is an inquiry into the decision to close the centre and broader systemic issues. This commission must investigate the grounds for the closure decision, and in doing so examine the information, material, advice, processes, considerations and recommendations that related to or informed the decision and the decision-making process."

The retired Supreme Court and former Mental Health Court judge told the hearing the inquiry will also aim to make recommendations for future mental health facilities for young people in Queensland. Justice Wilson said the inquiry would deal with sensitive issues surrounding mental illness.

"The commission will do all it reasonably can to respect that sensitivity and to avoid compromising welfare of young people with mental illness," she said.

"This commission may make recommendations arising out of the evidence, considerations or findings of the inquiry into any of these matters, including recommendations for clinically appropriate models of care for intensive mental health services to young people with severe and complex mental illness."

Speaking outside the inquiry, Justine Wilkinson, the mother of one of the teenagers who died, said she hoped the inquiry would deliver results.

"We are looking for changes because they are still not happening for

"We are looking for changes because they are still not happening for young people with mental issues," she said.

"I don't know that anything has substantially changed and we really need change because there are far too many deaths by suicide each year."

"To think that we still do not have a centre where these children can be protected is just horrifying."

"We need somewhere where they can be protected in an in-patient situations because they are so ill and unwell that they cannot be managed at home without serious risk of committing suicide."

Source: ABC News.

## WORLD NEWS

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### USA



#### Why Do We Wait to Act on Mental Illness?

"Why is it we have to wait for somebody to commit a violent offence before we get the help that they need?" asked State Representative **Tom Leonard**, the bill's sponsor.

Leonard's legislation calls for changes to "Kevin's Law"— a law enacted in 2004 authorising Assisted Outpatient Treatment (**AOT**) for people with mental illness who are unable to help themselves or are likely to present a risk to others.

But despite its potential usefulness, experts say the law is rarely utilised because it requires a serious incident like an arrest to occur before mental health treatment can be ordered.

The proposed bill seeks to remedy this, by allowing a family member to petition for court-ordered mental health treatment for a loved one before a crisis happens.

**"The truth is that families can see the crisis coming, weeks before the crisis arrives,"** said State Court Administrator **Milton Mack**. **"We do not wait to act for any other illness. Why do we wait when it's mental illness?"**

The hearing comes after 7 Action News launched a year-long series of investigative reports examining Michigan's mental health system. The reports documented the struggles of men and women like Ron Roude, whose family says the mental health system ignored his cries for help to treat his schizophrenia until the day he stabbed his best friend.

triena 14 times.

The committee will vote on the bill next week, and it could move on to the House next month.

Leonard and Mack's testimonies echo what we have been saying for years: requiring dangerousness to receive treatment is dangerous.

As **Dr. E. Fuller Torrey**, founder of the Treatment Advocacy Center, has said, **"Waiting to treat those affected with severe mental illnesses until they become dangerous to themselves or others ensures that many will become exactly that."**

**"Michigan passed a good law. Now, it must make better use of it."**

Sept. 24, 2015

## USA

### TREATMENT ADOCAcy CENTRE

For the first time since his son's death, Creigh Deeds, the Virginia state senator and former gubernatorial candidate whose son stabbed him multiple times before committing suicide, testified Tuesday morning before members of Congress considering the Helping Families in Mental Health Crisis Act.

His primary message? The country needs to ease patient privacy laws to help people with severe mental illness and their families.

"HIPAA prevented me from accessing the information I needed to keep my son safe and help him towards recovery," said Deeds.

"Even though I was the one who cared for him, housed him, fed him . . . I was not privy to any information that could clarify for me his behaviors. I did not know his diagnosis, prescription changes and necessary follow-up care."

Among many important provisions, the reintroduced "Helping Families in Mental Health Crisis Act" would include adjustments to the HIPAA Privacy Rule so caretakers of the severely mentally ill can access information in times of crisis.

"I was in the dark as I tried to advocate for him in the best way I could with the best information I had," Deeds continued. "We have to do better. Not for me. Not for the countless other families who have already buried their loved ones. But for those who still struggle with mental illness and the families that struggle to help them."

"This bill makes important changes to HIPAA that would allow adult children to be cared for by the parents or family members that already care for them," Deeds said. Read his entire testimony.

Representative Matsui (D-CA) has also introduced legislation "Including Families in Mental Health Recovery Act" that would provide guidance and educate providers, patients and families about sharing information under HIPAA. Members of the bipartisan panel expressed

support for both pieces of legislation.

## USA



### Is This the Kind of Country We Want to Be? – guest commentary

Recently released, it provides depressing evidence that billions of dollars allocated by the states to provide mental health services have been wasted—some to outright fraud and some to support frivolous programs for the well and almost well, while shamefully neglecting the needs of the really sick. The results of this misallocation and shortchanging are devastating.

There has probably never been a worse place and worse time to have a severe mental illness than now in the US. Because we have criminalized psychiatric disorders, 350,000 patients have inappropriately been made prisoners. Instead of receiving treatment, they are routinely jailed for minor nuisance crimes avoidable if they had access to care.

Cops forced to be first responders for the untreated mentally ill have learned that taking them to the emergency room is a waste of time because there are no treatment options. Imprisonment is a barbaric throwback, made doubly cruel by the high risk that the mentally ill will be placed in solitary confinement and or be sexually abused.

And untrained cops tend to be more frightened and trigger happy dealing with untreated patients- leading to the recent spate of tragic shootings.

An additional 250,000 mentally ill suffer from homelessness caused by our failure to provide them with anything approaching adequate housing.

How did we get into this mess? Deinstitutionalization of the mentally ill was a noble ideal badly tarnished by ignoble delivery. The number of psychiatric beds in the US has been reduced in the last 50 years from about 650,000 to about 65,000—about equivalent to the number of mentally ill that wound up on the streets or in prison.

It wasn't supposed to be this way. The money saved by closing hospitals was to be reallocated for community treatment and housing. But over time, the states gradually began to cut costs by privatizing the community mental health centers, which in turn began to cherry pick their case mix—neglecting the expensive and difficult-to-treat severely ill who desperately need help and instead developing more lucrative programs instead for the near well.

The profit motive doesn't mix well with social responsibility. A civilized society is judged by the way it treats its most disadvantaged members. We flunk badly.

Change will come only when our collective shame overcomes our current inertia. The report should stimulate the better angels of our national conscience.

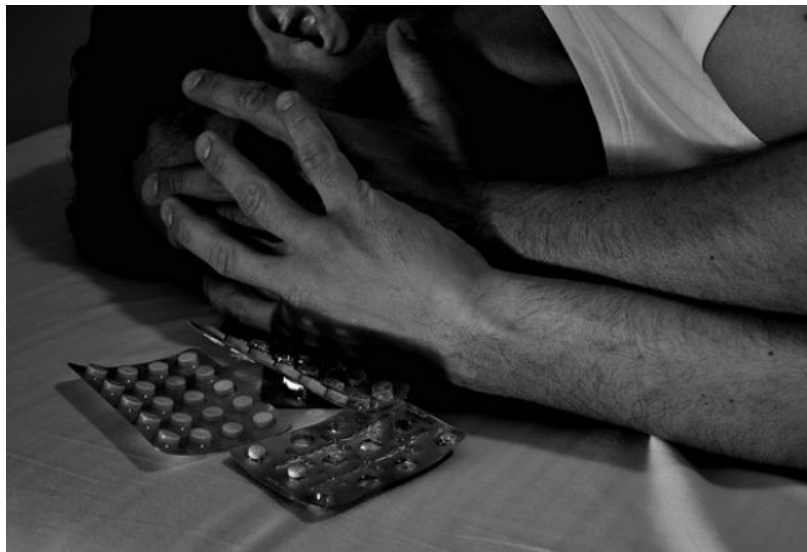
Most countries in the rest of the developed world take much better care of their severely ill. We can do better and, if we are to avoid being ashamed of our country, we must.

**DR. ALLEN FRANCES**

**CHAIRMAN OF DEPT. OF PSYCHIATRY, DUKE UNIVERSITY**

Read the [entire column here](#) and the [report here](#).

## WORLD NEWS



### LOOK: Suicide rates around the world in one map

MANILA, Philippines - According to [the first global report on suicide prevention](#) published by World Health Organization (WHO) in 2014, more than 800,000 people die by suicide every year – around one person every 40 seconds.

(philstar.com) | Updated July 8, 2015 - 2:58pm

### RELATED: [Someone commits suicide every 40 seconds](#)

By Alixandra Caole Vila (philstar.com) | Updated September 9, 2014 - 11:51am

It also mentioned that among all regions, South-East Asia's estimated suicide rate is the highest.

"Most suicides in the world occur in the South-East Asia Region (39 percent of those in low- and middle-income countries in South-East Asia alone) with India accounting for the highest estimated number of suicides overall in 2012," the report said.

In the Western Pacific region where Philippines belongs, the estimated suicide rate in low- and middle-income countries is lower than the global average of 11.4 per 100 000 in 2012 with approximately 180 000 number of deaths



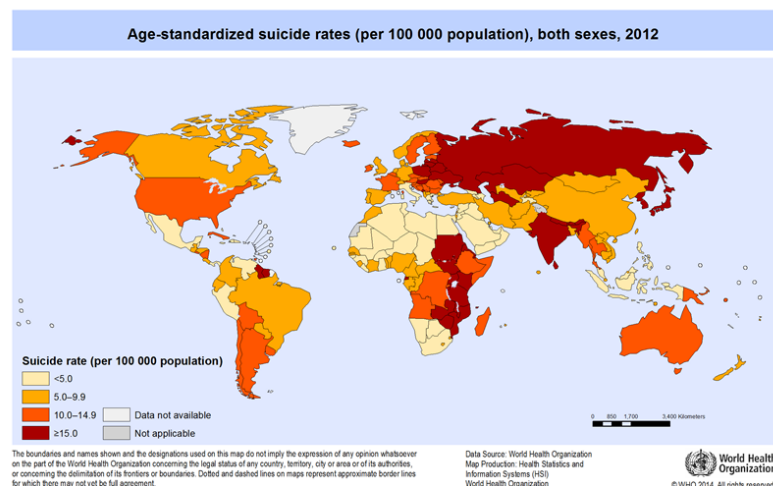
100,000 number of deaths.

Data from the National Statistics Office noted that in the Philippines, the suicide rate from 1984 to 2005 went up from 0.46 to seven out of every 200,000 men; up from 0.24 to two for every 200,000 women. While the figures might seem insignificant compared with those from neighboring countries that recorded the highest suicide rates, the increase in numbers is noticeably high.

It is a common misconception that suicides are a Western phenomena. The truth is, it is a major global health problem that occurs in every part of the world.

Below is a [map](#) by WHO, showing the suicide rates around the world.

## Map by WHO



According to WHO report, the European region, having six countries in the list of highest estimated suicide rates, is above the global average of 11.4 per 100 000 in 2012 while the African region remains close to the global average with 38 percent suicide rate increase in 2012. The American region suicide rate is generally lower than the other regions despite housing Guyana, which is the country with the highest estimated suicide rate for 2012 globally.

## Coming Events

**DUE TO WHITE WREATH DAY – IN REMEMBRANCE OF ALL VICTIMS OF SUICIDE FALLING ON A SUNDAY IN 2016 WE HAVE DECIDED THAT THE MAIN SERVICE THAT IS HELD IN BRISBANE WILL NOT GO AHEAD IN 2016**

**ALL CAN STILL INVOLVE THEMSELVES WITH OUR**

**WEAR WHITE AT WORK CAMPAIGN**

**THAT WE WOULD GREATLY APPRECIATE HELD THROUGH OUT THE THIRD WEEK OF MAY.**

## Wear White At Work

A promotional graphic for the 'Wear White At Work' campaign. It features a blue wreath logo at the top left with the text 'White Wreath Association Ltd®' and 'Action Against Suicide®'. A large white arrow points to the right with the text 'WEAR WHITE AT WORK' and 'Third Full Week in October Yearly'. Below the arrow, there are images of a white bow tie, a white blazer, a white shirt, and a white dress. Text in the center encourages workplace involvement and donating gold coins. Contact information is at the bottom.

White Wreath Association Ltd®  
"Action Against Suicide"®

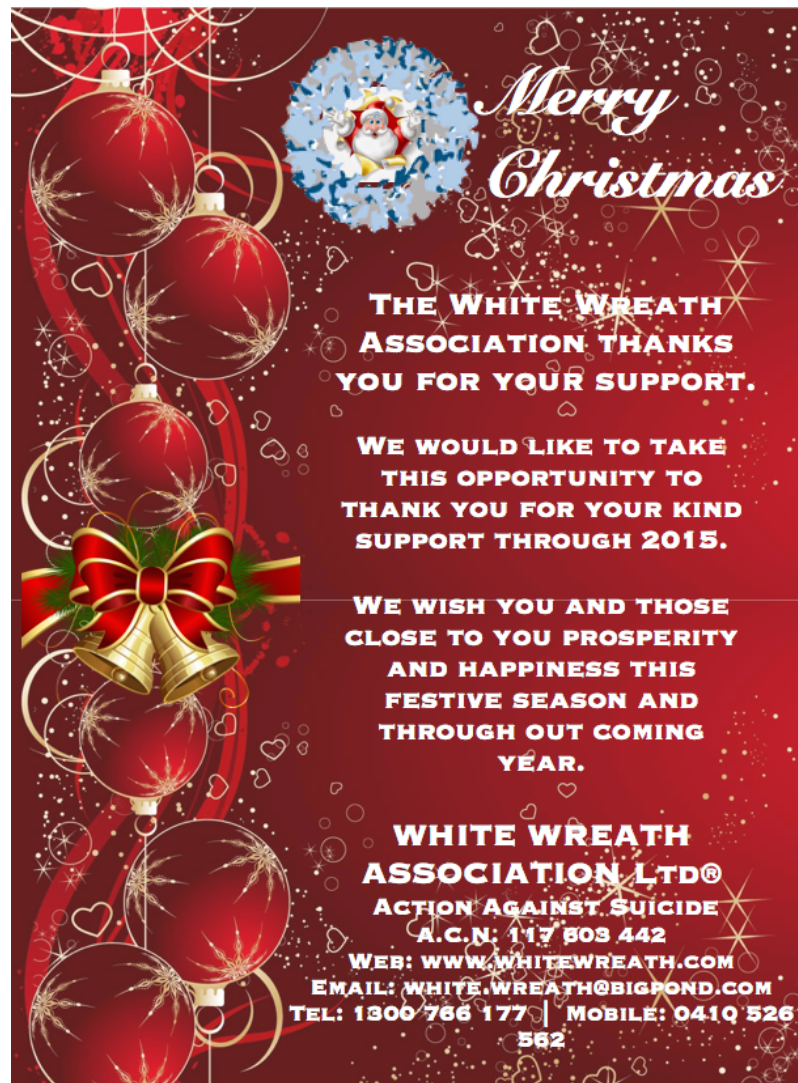
**WEAR WHITE AT WORK**  
Third Full Week in October Yearly

To get you workplace involved in "Wear White at Work" Call 1300 766 177 or visit [whitewreath.com](http://whitewreath.com)

Donate a gold coin to show your support for mental illness sufferers and the family of the suicide victims.

Mo: 0401 526 562 email: [white.wreath@bigpond.com](mailto:white.wreath@bigpond.com)  
A.C.N.: 50117603442

## Merry Christmas

A festive Christmas graphic with a red background. It features large red Christmas ornaments, gold bells, and a small Santa Claus figure in a blue wreath. The text is white and gold, expressing gratitude from the White Wreath Association and wishing prosperity for the coming year. Contact details are listed at the bottom.

*Merry Christmas*

**THE WHITE WREATH ASSOCIATION THANKS YOU FOR YOUR SUPPORT.**

**WE WOULD LIKE TO TAKE THIS OPPORTUNITY TO THANK YOU FOR YOUR KIND SUPPORT THROUGH 2015.**

**WE WISH YOU AND THOSE CLOSE TO YOU PROSPERITY AND HAPPINESS THIS FESTIVE SEASON AND THROUGH OUT COMING YEAR.**

**WHITE WREATH ASSOCIATION LTD®**  
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## IMPORTANT REMINDER

Please don't forget Membership **Renewals** are due on the **28 February 2016**

## HUMOUR



### QUOTES :-

**How come you never see a headline like "Psychic Wins Lottery"?**

**What are they planting to grow the seedless watermelons?**

**What should you do if you see an endangered animal eat endangered plants?**

**Sometimes I think war is a way of teaching us geography.**

**The worst time to have a heart attack is during a game of charades.**

**Give me a one handed economist! All economist say, "On the one hand..on the other."**

**I gave my father \$100 and said, "Buy yourself something that will make your life easier." So he went out and bought a present for my mother.**

**Don't knock the weather. If it didn't change once in a while, nine tenths of the people couldn't start a conversation.**

**Why is there an expiration date on sour cream?**

**Responsible? Who wants to be responsible? Whenever something bad happens, it's always, "Who's responsible for this?"**

**I don't know if you've ever had only five dollars in the bank, but guess what-you can't get it out from an ATM. You can't. You can visit your five-dollars, you can call it on the phone, but you can't get it out.**

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