



White Wreath Association Ltd[®]

“Action against Suicide”

NEWSLETTER

ABN 50 117 603 442

TABLE OF CONTENTS

- **DIRECTOR'S REPORT**
- **PETER NEAME, Research Officer, White Wreath Association Ltd**
- **Message from White Wreath**
- **WORLD NEWS**
- **AUSTRALIA**
- **WORLD NEWS**
- **WORLD NEWS**
- **WORLD NEWS**
- **AUSTRALIA**
- **FEEDBACK**
- **COMING EVENTS**
- **WHITE WREATH DAY – IN REMEMBRANCE OF ALL VICTIMS OF SUICIDE MONDAY 29 MAY 2017**
- **NATIONAL WHITE WREATH DAY**
- **WEAR WHITE AT WORK**
- **IMPORTANT REMINDER**
- **A FRIEND 4 ME MY STORY**
- **KELLY's JOURNAL CONTINUED**
- **HUMOUR**
- **PTSD STUDY RESEARCH AT THE P.A HOSPITAL INVITATION AS PART OF**
- **DOIG WEBSITE TECHNOLOGY**

DIRECTOR'S REPORT



Photo credits: Sanja Gjenaro, freeimages.com

Federal Health Minister, Greg Hunt, appointed to that role in January by Prime Minister Malcolm Turnbull, faces a challenging time – mental health has passed the point of being in crisis and urgent steps must be taken now.

Mr Hunt, in his first media conference as health minister, announced that he would highlight mental health as an area of focus for the health portfolio and that intended to make it a “critical path” in his new role.

White Wreath Association wrote in November last year to every Australian state and federal and territory government regarding the disastrous state of Australia's mental health/suicide hospital facilities and sought an explanation on what programs and policies they had planned to ensure mental health reforms that would advance better care for mental health patients.

Only three governments deigned to reply – Western Australia, Queensland and NSW

The cavalier, apathetic attitude of the other governments could be attributable to a misconception that White Wreath Association does not warrant their attention as it is a Queensland organisation and doesn't come within their jurisdiction.

In fact, White Wreath Association is an Australia-wide organisation with members, including quite a few members of parliament, in every state and territory.

Australia's suicide rate is the highest it has been for at least 10 years. In 2015, 3027 people ended their own lives in Australia. That's 12.6 people in every 100,000. That's more than eight people every single

IN OTHER NEWS

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day. One person every three hours.

All governments support the ridiculous lip-service recognition of the homeless by the once a year sleeping in the streets publicity stunt. At the end of the day, this does nothing to help long-term mental health sufferers.

Many of these homeless people are suffering from mental health problems, which is contributed to by the lack of mental health facilities and people unable to get assistance from Centrelink in times of hardship, such as losing jobs.

One of the services undertaken by White Wreath Association to people who have been affected by suicide or suicide attempts by a loved one, is liaising with government departments, medical professionals and local authorities to helping them get information and support in their area of need.

White Wreath Association has a strong network of support from the many individuals within these departments and organisations who help ease the painful task of people handling bureaucratic red-tape and indifference.

White Wreath Association is a non-denominational, non-political and anti-discriminatory body supporting people who have been directly affected by suicide and those who are affected by mental illness/disorders.

It does not receive any government funding and relies on public contributions to continue its advocacy work.

White Wreath Association has long advocated the formation of a federal mental health body empowered to insist that all state government mental health programs are coordinated throughout Australia and that before any "new" programs are approved that checks are made to see if they are a duplication of existing services and ascertain if they have worked.

We issue a challenge to Minister Hunt to implement that legislation and make our dream come true.

PETER NEAME, Research Officer, White Wreath Association Ltd



community" etc etc.

For the last 40 years Governments of "Developed Countries" have decided that they can do mental health on the cheap via "community care", "care in the

Locally, nationally and internationally it is recognised that 96% of all those who suicided had a diagnosed serious mental illness that was

currently being treated or had recently been treated. In simple terms suicide is a mental health problem, not a "complex, multifactorial societal problem".

What happens now is that if a family or an individual says that they have a mental illness the system says that they are attention seeking, a bureaucratic way of gatekeeping and refusal to admit to hospital. Admission to hospital as would happen in any other life-threatening condition is the only way to prevent suicide. Compulsory admission under the Mental Health act, if necessary, saves life, but letting people take their own lives saves money.

State and Federal Governments have responded to public concern about high suicide rates by making it harder for the media to report suicide and when that fails lets have another Inquiry. If you include individual Coroners Inquiries there have been literally tens of thousands of Inquiries into suicide, murder-suicide and mass killing, but the government has done nothing what-so-ever. There will be yet another Inquiry into the mass killing by car in Melbourne, but nothing practical will be done into early admission to hospital in serious mental illness.

Message from White Wreath

There is much work to do in the area of mental health. There needs to be more money, more effort and more care given to this neglected part of our health care system.

There is not enough emphasis on prevention and early intervention. There are too many people ending up in acute care, and not enough is being done to manage their illness in the community.

There are particular groups, and people with particular illnesses who are receiving inadequate care.

The most frightening thing is that the above sentences are not my description of the current state of the mental health system, they are from a Senate select committee report in March 2006 entitled "A national approach to mental health – from crisis to community."

The 576 page report is a shocking indictment that nothing has changed in the past 10 years.

A revolving door syndrome is happening in the treatment of patients with mental health problems and those who are suicidal. Patients are being shunted backwards and forwards among all sections of the mental health system. At the end of the day the patient is referred to voluntary community groups.

Voluntary agents, such as White Wreath, are already exhausted. In the 17 years since White Wreath has been formed we have not seen any improvement in the care of patients.

This back and forth is absolutely appalling and in the meantime the

affected people receive absolutely no help whatsoever.

White Wreath has continually urged the need for a nationally coordinated authority to implement major mental health reforms – taking the place of disjointed efforts by state and federal bodies.

The lack of mental health initiatives introduced of late is shameful.

At best they are idealistic. No effort has been made to ascertain if the suggested changes to mental health policy have worked in other states.

Patients and their loved ones must be consulted and listened to on their concerns regarding their loved ones.

It seems obvious to White Wreath that they are in a better position to tell the powers-that-be how our mental health system is failing the community.

We urge politicians of all parties to make genuine mental health reform their number one priority – the present shambolic system has reached a crisis point.

Our thoughts go out to families who have lost loved ones, friends, colleagues and workmates through suicide and those who are taking care of those suffering under the inadequate mental health system.

Hopefully, together we can make a difference and we will see a change for the better in Australian politicians approach to mental health reform.

However we can't do this alone we need your support. Become a Member, Donate, Email your Story of your experience because every story is relevant.

WORLD NEWS

AUSTRALIA

NOT DOUBTING THESE FIGURESBUT

\$8.5 billion spent on mental health services

Expenditure on mental health-related services in Australia continues to increase, according to new data released by the Australian Institute of Health and Welfare (AIHW).

The information, available on the AIHW's Mental Health Services in Australia website, shows that over \$8.5 billion was spent nationally on mental health services in 2014-15-\$911 million more than in 2010-11.

“Spending increased in real terms from \$343 per person in 2010-11 to \$361 per person in 2014-15,” said AIHW spokesperson Matthew

James.

Of the \$8.5 billion spent in 2014-15, 59 per cent was funded by state and territory governments, 36 per cent by the Australian Government and 5 per cent by private health insurance funds.

“Spending on state and territory specialised mental health services totalled \$5.2 billion, and the majority of this spending was on public hospital services for admitted patients - \$2.2 billion - followed by community mental health care services at \$1.9 billion,” Mr James said.

Specialised mental health services for admitted patients were provided by 160 public hospitals during 2014-15. These hospitals employed over 14,000 full-time-equivalent staff (FTE) and provided nearly 2.2 million patient care days. In addition, 62 private hospitals delivered specialised mental health services, providing almost 2700 specialised mental health service beds.

“The number of direct care staff employed in public sector community mental health services has seen the biggest change over the last two decades, rising from about 3400 FTE in 1992-93 to 10,600 in 2014-15,” he said.

“This change reflects increased investment by state and territory governments in community based mental health care.”

The announcement also updated information on mental health-related Medicare-subsidised services and PBS/RPBS subsidies.

The Australian Government paid \$1.1 billion (\$46 per person) in benefits for Medicare-subsidised mental health related services in 2015-16. In addition, \$564 million (\$24 per person) was spent on subsidised prescriptions under the PBS/RPBS.

New data is also available on the use of seclusion (the confinement of a patient in a room or area from which free exit is prevented) in public sector acute mental health hospital services. It shows an overall fall in the use of seclusion during hospital care. Considerable variation in the rates is seen between states and territories and the various service types.

This updated information is available online at <https://mhsa.aihw.gov.au> in the 'Expenditure on mental health services', 'Specialised mental health care facilities' and 'Admitted patient care' sections of the website.

Source: AIHW, 2 February 2017

WORLD NEWS

Overcoming stigmas against mental health medication takes time for those with mental illness, their supporters

“Lauren had to take her crazy pill and go home.”

History and political science freshman Lauren Lyness remembers

clearly the moment that ended her friendship with a former best friend.

It was her sophomore year of high school. She was in treatment for obsessive-compulsive disorder — and a part of that treatment was medication.

“I had to go home from school because I was having a panic attack. I told her what happened because she sat with me at lunch and she had seen me earlier that day,” Lyness said. “I thought I could trust her. She ended up telling my whole table.”

In addition to the betrayal of Lyness’s trust, that incident is indicative of greater societal attitudes toward medications used to treat mental illness.

“People think because it’s our brain and we can think, then we should be able to pull ourselves out of mental disorders, and that’s often not the case,” said Ed Hill, a psychiatrist at OU’s University Counseling Center.

This idea is common not only among friends and family members of those with mental illnesses, but among those who deal with mental illness, as well. Lyness witnessed her younger brother go through the same process of diagnosis and treatment before she did, so it was easier for her.

However, for Cheryl Frazier, philosophy doctorate student and graduate teaching assistant, the idea of taking medication for depression and anxiety was initially an admission of weakness.

“I felt like I couldn’t do this basic human thing — I couldn’t make myself happy — and there was something really wrong with that,” Frazier said. “I was really resistant to taking medication because I thought this was a problem I should be able to fix. I wanted to be normal, rather than have to take any kind of medication.”

Now, Frazier said medication has been better for her than therapy alone. For Lyness, starting medication has been one of the best decisions she has made in her life.

Frazier and Lyness are both open with their friends and family about their struggles and have found that community to be supportive, even if it takes time for people to understand what they are going through.

“Once they know that this is a legitimate medical thing that needs to be treated in the same way that you would treat a broken arm or the flu, I think people are more understanding about why you would need medication,” Frazier said.

Understanding a friend with mental illness is not always immediate. For many, it is a process. Frazier recalls feeling hesitant to tell her friends about her medication because of things they had said in the past.

A few of her friends had expressed a belief that depression could be cured by “choosing to be happy” and that by taking medication,

Frazier was “taking the easy way out” rather than putting in hard work to solve her problems.

“That’s not true at all, I’m just trying to maximize my chances of being happy,” Frazier said. “Medication happens to be a route that works for me in addition to everything else I’m doing.”

Before starting therapy and medication, Frazier had been battling her mental illness for a decade without treatment, she said. The choice to be happy was one she had been trying incredibly hard to make, but she could not succeed on her own.

“I didn’t want to tell my friends because I was embarrassed,” Frazier said. “I felt like there was something wrong with me rather than just having a health condition.”

Lyness said she has also noticed the idea that treatment of a mental illness is like flipping a switch rather than a long and difficult process.

“Whenever you see somebody with depression on a TV show, something happens in their life and they’re magically cured. It’s not the actual process of having to go through therapy, working at it, in addition to medication,” Lyness said. “Medication is not just a quick fix, it’s a process in addition to other things you have to do to get better.”

Lyness also said that people do not always understand what it is she takes medication for.

Obsessive-compulsive disorder is shrouded in stereotypes that do not accurately represent what she and her brothers deal with on a daily basis, and those stereotypes play into some of the stigma surrounding her treatment.

“When people find out that I take medication for OCD they think, ‘What? You take medication for organizing your pencils?’ But that’s not what it is,” Lyness said. “The stigmas that surround the mental illnesses themselves affect the medication part of it. A lot of people don’t recognize it as an actual illness so they don’t realize why you have to take medication for it.”

However, Lyness and Frazier said they have both noticed a willingness to learn and understand in their friends. For them, learning to accept a friend with mental illness is as much a process as treatment itself — far from instantaneous.

Hill said he is hopeful that mental illnesses and their treatments will continue to carry less of a societal stigma. He recalls being hesitant to even tell people he was a psychiatrist 25 years ago. Now, Hill said his profession is not an issue at all. He said he has noticed a similar increase in acceptance for people with mental illnesses.

“I don’t know that it’s quite as positive as what I’ve described in myself, but I’m hopeful that people with mental illness will continue to see less stigma,” Hill said.

WORLD NEWS

Some disturbing statistics

Over the years I have counted myself as being very lucky to have grown up in Rushville. Thinking back to the days when I was a kid growing up here, I don't recall any problems, issues, or temptations with which I had to wrestle. Oh, like every kid, I suppose, there were minor worries – would so-and-so agree to go on a date with me, would I pass the test on Monday, would I have friends in high school, and all sorts of minor worries that didn't seem all the minor at the time. Upon reflection, however, I have to admit that I didn't have really serious worries, at least not the kind of worries that would ever make me think that suicide was the only possible solution!

I have talked with other kids – well we're not kids anymore – but people with whom I went to high school and people with whom I grew up and all agreed that we were one of the last classes that came of age in a time much like the sit-com called "Happy Days." No kidding, that's what life was like growing up in the 1960s! My most serious worry was doing well enough in high school to be admitted to college. And once I was in college the biggest worry was earning that degree! But, on balance, I think the one factor that made the difference for me was the group of kids I grew up with and went to college with – we were an innocent bunch – even in college – and about the worst thing we ever did after we were all 18 years old was drive over to The Purity in Oxford, Ohio, and drink 3.2 beer which most of us thought was terrible! Once in college, we also worried about being drafted and sent to Vietnam. But there was really nothing I recall that ever came close to being so terrible that suicide seemed like the only option.

Today, I'm told that even here in Rush County, suicide has become a problem for high school age kids. To support the truth of the problem, here are some statistics that illustrate the scope of teen suicide nationwide. This information is from a program we had recently at Rotary.

A recent survey of high school students found that almost 1 in 5 had seriously considered suicide; more than 1 in 6 had made plans to attempt suicide; and more than 1 in 12 had made a suicide attempt during the past 12 months. Approximately 15 young people between the ages of 10 and 24 nationwide die every day by suicide! Boys are three times more likely to commit suicide whereas girls are three times more likely to attempt suicide. In a 24 hour period, 1,439 teens will attempt suicide nationwide. In 2014 suicide became the second leading cause of death in the 10-14 year-old age group! For the 10-24 age group suicide is responsible for more deaths than all other childhood diseases and illnesses combined. While I don't doubt these foregoing statistics, I can't imagine anything so horrible that would justify taking one's own life. What I'm afraid young people are overlooking is that all of us only get one shot at life and that once it's over, it's over. There are no do-over's with life.

There are other areas in which young people are travelling which,

perhaps, they should not. The unfettered use of social media is one. 52% of parents, for example, do not monitor the content of the messages sent and received by their teens and 54% of teens between 13 and 18 frequently communicate online with someone they've never met in person, and another 25% of teens admit to talking about sex with someone they're never met in person. Finally, and perhaps most disturbing, 17% of teens believe that online communication with people they don't know is OK because it's not "real."

Teen alcohol use kills 4,700 young people each year – more than all illegal drugs combined. One in five teenagers drink, uses drugs, or smoke during the school day. Every day 4,750 teens under the age of 16 drink. 72% of all teens surveyed have consumed alcohol beyond a few sips before graduating from high school. Approximately 1 in 7 teens binge drink, yet only 1 in 100 parents believe their teen would participate in binge drinking. High school students who use alcohol or other substances are five times more likely to drop out of school. 10% of children in this country live with a parent who is an alcoholic.

Here, I suspect, is the major cause of these problems. Nearly 33% of children in the United States live with only one parent. 415,000 live in foster care. It is estimated that between 1.6 and 2.8 million youth run away each year. One out of three children is born to unmarried parents, and half of all marriages in the United States end in divorce.

If you don't find the foregoing statistics disturbing, you should. It is my belief that one of the areas in which public education is failing out young people is in not offering at least one class in how to be a parent and offering parenting skills. More importantly, there are no required classes on the consequences of any of the foregoing actions that can lead to self-destructive behaviors. The sad part is that the necessity for offering classes on how to be a parent is because of the breakdown of the American family itself. Learning to make good choices is essential and our kids aren't being taught how to do that in school or at home. A better job also needs to be done by counselors, teachers, and administrators identifying students who show signs of depression and abnormal behavior that could lead to a suicide attempt or, God forbid, a successful attempt. Once that happens there's no going back!

That's –30— for this week.

WORLD NEWS

AUSTRALIA

More Tasmanians seeking treatment

More Tasmanians are accessing federally-subsidised mental health treatment, as a new report highlighted the state's mental health landscape.

The rate at which Tasmanian patients were re-admitted to acute psychiatric units in 2014-15 within 28 days of discharge was 16.4 per cent.

The data was detailed in the Productivity Commission's Report on Government Services 2017 regarding mental health management, released on January 31.

Almost 68 per cent of patients received follow-up community care within seven days of discharge from an acute psychiatric unit, 2014-15 data showed.

Health Minister Michael Ferguson said that the most recent 28-day re-admission rate from December 2016 was "well below" the national average, with the Launceston General Hospital, North-West Regional Hospital and Royal Hobart Hospital at rates of below 8 per cent.

The follow-up rate showed improvement, and was a "real focus for mental health services", he said.

In 2014-15, about 2 per cent of the population was receiving state government specialised mental health services. The report said state-funded specialised care includes acute public hospital care and community-based mental health care.

Almost one in 10 Tasmanians used Department of Veterans' Affairs or Medicare subsidised services, which can be provided by GPs, psychologists, psychiatrists and allied health professionals.

The report showed links between mental health and physical health, with more Tasmanians with health conditions such as arthritis also dealing with mental issues.

Relating to inpatient care, Tasmania does not provide, or cannot separately identify, child and adolescent mental health services, the report noted.

But young people were turning to federally-subsidised services, with about 13 per cent of 18 to 25-year-old Tasmanians accessing Medicare Benefits Schedule subsidised primary mental health care, excluding psychiatry, in 2015-16.

About one-in-10 of 12 to 18-year-olds used MBS-subsidised primary mental health services.

Mr Ferguson said young people had access to inpatient services, and an upgrade at the LGH children's ward would include facilities for child and adolescent mental health, and there would be a dedicated facility for young inpatients at the RHH.

Source: Hobart Mercury, 1 February, 2017

FEEDBACK

Victim of female narcissistic sociopath

Cleaned out by my female partner after 5-year relationship. Some of her past partner treated similar with one suicide

As a direct result and several families going through nightmares. I did everything to make this work but betrayal is pushing me over the edge. Lost all finances she cleared out the accounts the house and left me with debts forcing me out of our property for which I paid all bills for the last 3 months with the little money I earn. Our 4 year old son is kept away from me and passed on when its suits her needs. Her occasional texts are only orientated to get more out of our relationship and the house will have to go on the market with a possible bankruptcy at the end of it. She cleared 50000 dollars in cash and nearly all assets with 2 of her sons their girlfriends who lived in and her new lover while I was working away providing moneys for the household. The legal system bled me as well and I have to pull out as I can't pay anymore. Very suicidal and thoughts going through my mind. Completely isolated and very little support to deal with this.

Need to talk to anybody for help advice churches no help. Advice help needed. Called home help but no help or replies Thanks

Hi how are you?

I am not sure where to go or how to start in getting help but my husband needs help and he told me he was told by a doctor years ago he may have Autism. We are not 100% sure what is wrong but its getting bad and I fear for myself and him and our family. I am 5 months pregnant and our relationship is getting ready to crumble because we don't understand his behaviour which does not seem right and its really causing damage mentally emotionally and physically. If I understood more what's going on I can work with him to fix it and get help but we don't know if it's an illness or just personality thing. Where can we go to get him tested and get him some help as I'm very concerned for him and want him to be ok for himself and our family. He suffers a lot of fits also. He is 38 years old. Thank you so much

Kindest Regards

My mother tried to end her life for the second time tonight. I have been suicidal myself in the past. Never got to that point though. We both have PTSD. I'm feeling angry, sad and totally powerless. So I'm reaching out, asking, how can I support her? I've said all I can say; we have discussed the topic many times. I thought she understood. Clearly my words have been for nothing. So what do I do? Please tell me how I can help her when I'm at breaking point in my own life for varying reasons.

Hello I am an international student here in Australia. I am having a really hard time here because of sudden change that has come in my

life. I really miss my home. I have come here for my postgraduate degree and I am not being able to concentrate on my studies properly, I have no job. I feel lonely and I don't even like talking to people because I think no one will understand me.

I keep feeling suicidal because things are not going right. I also know properly that dying is not the solution but still I keep thinking ways to harm myself. I am now scared of myself. I regret the decision of coming here. My husband is all alone and so am I. He has a health issue too. When he falls sick or at times when I am unable to contact him I feel like there is no positive thoughts left in me anymore and I just want to return home. But since I have already made so much of investment to come here there is no point returning as well.

I know one-day things will get better but the wait is being too long. I don't know until when I can I endure all of this. I don't know whom to speak to about all this so I thought of looking over the Internet and I wrote to you, hoping I will feel better.

Kindly suggest me how should I change my thinking.

Hi I would like some information material about your organisation as I am currently studying a Diploma of Leisure and Health and my current subject is providing advocacy and representation. Please if you could send some contact cards and flyers it would be much appreciated.

I was a patient who suffered and there were no information materials available via mental health on the shelves in NSW or my area in, QLD. I was told by health workers to Google and find information online instead I have decided to do the diploma and help spread awareness of all mental illnesses and network through health organisations such as yourself for future reference for when I am completed and in a position to refer help and support to clients that were in my past position.

If you could send some it would be greatly appreciated!
Thank you very much and have a great day!

I'm scared of my dad. He threatens me and my sisters and he throws things and breaks things. his flipped the kitchen table countless times, there are holes in the walls. I don't know what to do. Ever since I moved in with him I've felt suicidal. I've made plans, written the letter and even made an attempt at a few points. Now I feel like I'm falling down again and I'm not sure if I can get back up.

COMING EVENTS

**WHITE WREATH DAY – IN REMEMBRANCE OF
ALL VICTIMS OF SUICIDE MONDAY 29 MAY
2017**

POLICE PIPES & DRUMS WILL PERFORM BETWEEN 11.30 am –
12.30pm

QUEENSLAND (MAIN SERVICE)

OFFICIAL CEREMONY 12.30-1.30PM

DISPLAY ON VIEW ALL DAY

POST OFFICE SQUARE (CBD)

270 QUEEN STREET

BRISBANE QUEENSLAND

CONTACT E: white.wreath@bigpond.com

Ph: 1300 766 177 M: 0410 526 562

VICTORIA

CIVIC GREEN (CBD)

WARRNAMBOOL VICTORIA

CONTACT LYN E: stepmum108@gmail.com

M: 0417 169 073

NATIONAL WHITE WREATH DAY



NATIONAL WHITE WREATH DAY

29TH MAY

IN REMEMBRANCE OF ALL VICTIMS OF SUICIDE

National White Wreath Day is held by the White Wreath Association on May 29 in remembrance of all suicide victims. Services are held nationally to commemorate this important event. Thousands of white wreaths are laid in remembrance of each individual who has died tragically by suicide circumstances.

We have to come to terms with the trauma of thousands of men, women and children suiciding every year. The hurt felt by those left behind by these tragedies is no less traumatic than other kinds of medical and social tragedies; yet society's response and the help offered is vastly different. It seems that most people do not care or understand that the families and friends of suicide victims are just as deserving of understanding and respect. White Wreath has been creating an awareness in the wider community on misconceptions about suicide/mental illness and the lack of appropriate treatment readily available to people who feel suicidal.

HOW TO GET INVOLVED?

On White Wreath Day on May 29 we invite people who have lost loved ones or close friends by the tragic means of suicide to lay wreaths and include photographs, flowers, poems and sentimental memorabilia to honour their loved ones. White wreaths and tags will be available at the services in your state. Visit our website, www.whitewreath.com or email white.wreath@bigpond.com if you wish to make a donation.

WE ARE CONTACTABLE 24 HOURS A DAY
FOR ASSISTANCE AUSTRALIA-WIDE ON

1300 766 177

TOGETHER WE CAN FIGHT TO REDUCE THE NUMBER OF SUICIDE DEATHS.

WEAR WHITE AT WORK



IMPORTANT REMINDER

Please don't forget Membership Renewals are due on the 1 March 2017.

A FRIEND 4 ME MY STORY

KELLY's JOURNAL CONTINUED

The moment I have been waiting for has come and gone. The doctor or psychiatrist as you would call them has been to see me. 2

psychiatrists and one student, 3 in total. They seemed nice and treated me with the respect that I deserved. They were not scary people as I had thought. They asked me everything from my childhood to this day and spent a long time hearing about my past. My childhood was good, no bad happened there. Yes I am 38yrs old and have never had a problem with mental health during my life. That was up until 3yrs ago when it all fell apart. I was just a normal person, a normal mother and wife. What made me fall; I really don't have the answers for. I suffer from post-traumatic stress. I have problems with dealing with my past. That's what happened over the last 3yrs. It eats me away every day. Most of all I told him why I ended up in here and how I felt. I tell him the little problems that rolled into one and got too big for me to handle. Those doctors listen and agreed with me today. I tell them drugs have not helped my anxiety. His answer is that I need a psychologist more than anything. That is counseling to help me recover from my past. He agrees that I am not suffering from a mental illness or depression and that drugs might not help me but he wants to try a new drug for me. It's not an anxiety drug. It is one for blood pressure. He tells me in low doses it will help with my anxiety and he feels it will help more than the other drugs I have had. That makes me laugh but hey anything is worth a try. The psychologist he will not help me with as I am already seeing one. It has not helped me so far but he says to keep trying until I find one that does help me. He thinks this is the key for making me better. He does not talk about the problems that put me in here or the ones I face when I walk out the door. So my plans on discharge. Yes I can go home today, Is a pill for blood pressure and my blood pressure has always been fine and plans for counseling which I am already attending and has so far not helped with the pain from my past. What about the problems that put me in here to start with. The promise of speaking to a social worker. This is where the system will fail me. He tells me I have to wait on the ward for a few hours to make sure the drug does not have side effects. Gives me my pill and sends me on my way. I guess silly me just presumes that the social worker will come next. They would want to talk to me before I go home. I have had enough people say they will put my name down for it. I head back to my room and wait. They will collect me when they are ready. One more visit I shall get. The important social worker to help sort out my mess.

HUMOUR



Jimmy and Matty were spending the night at their grandparents the week before Christmas

At bedtime, the two boys knelt beside their beds to say their prayers when the younger one, Matty, began praying at the top of his lungs.

“I PRAY FOR A NEW BICYCLE..”

“I PRAY FOR A NEW NINTENDO..”

“I PRAY FOR A NEW STEREO..”

His brother Jimmy leaned over and nudged the younger brother, and said, “Why are you shouting your prayers? God isn’t deaf”

To which Matty replied, “No, but Grandma is!”

PTSD STUDY RESEARCH AT THE P.A HOSPITAL INVITATION AS PART OF

A graphic for a PTSD study. It features a dark wood-grain background. In the center, a white puzzle piece is missing from a larger white puzzle piece that is shaped like a human head profile. The text 'PTSD STUDY' is written in large, bold, white letters. To the left of the text, there are three checkmarks followed by the text: 'Suspected PTSD', '18-60 Men & Women', and 'Non PTSD Controls'.

Suspected PTSD
 18-60 Men & Women
 Non PTSD Controls

PTSD STUDY

PTSD is currently diagnosed by a series of questions, with limited diagnostic processes available to those suffering from this debilitating condition. It is estimated that 1.4 million Australians at any one time have PTSD. Those who work in our Emergency Services and Defence forces are at higher risk of developing PTSD.

We want to change that now.

Our research has shown that there are visible changes in the brain in an individual suffering from PTSD. We are developing ways to diagnose PTSD using imaging technology which shows these physical changes, allowing for a more customized treatment program.

The next step for us is to prove our findings by replicating the results across a range of subjects, comparing those diagnosed with PTSD against those without.

This is where we need your help.

***Our researchers
in Brisbane &
Newcastle are
investigating the
physical effects of
PTSD on the brain to
improve diagnostic
and treatment
processes using
imaging technology.
Can you help?***

**FOR MORE DETAILS CONTACT
LISA.RICH@TRI.EDU.AU**

07 3176 9002

WWW.TRI.EDU.AU/PTSD

This study has been
approved by the
Metro South HREC

TRI
TRANSLATIONAL RESEARCH INSTITUTE
AUSTRALIA

DOIG WEBSITE TECHNOLOGY

Steve has volunteered his time with White Wreath for a number of years and has developed a wonderful Website for us that he has also maintained over the years. White Wreath receives much congratulatory comments regarding our Website and below is information if you wish to contact Steve personally.

Do you know anyone who might be thinking they need help with their existing website or need a new website built (efficiently and effectively)? Please forward my details to them. I can help with any of the following:

- Making a website mobile phone/tablet friendly.
- Adding features or functionality to websites: image galleries, contact forms, forums, image carousels, calls to action, Facebook feeds & more
- Converting a static website to an editable website where the website owner can edit his/her own web pages, upload images and PDF documents, publish a blog & more.
- Performing SEO (search engine optimisation) tweaks to websites to increase website rankings.
- Upgrading old out of date website software to the latest website software version: e.g. Wordpress, Joomla, Drupal, Magento.
- Maintaining your website software at the most up to date version to avoid security vulnerabilities.
- Increasing the speed of a website to ensure website visitors do not leave because they were kept waiting too long for a slow website to finish loading.

Happy to help anyone with website needs, and would appreciate any referrals you can make.

Sincerely,
Steve Doig



MOBILE: 61 422 949 434

WEB: <https://doig.website.technology>

FACEBOOK: <https://www.facebook/doig.web.tech>

TWITTER: <https://www.twitter.com/doigwebtech>

LINKEDIN: <https://www.linkedin.com/in/stevendoig>

WISH LIST

Petrol Gift Cards, Stamps, 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**

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