White Wreath Association Ltd®
"Action against Suicide"
NEWSLETTER
ABN 50 117 603 442

TABLE OF CONTENTS

IN OTHER NEWS

DIRECTOR'S REPORT

Photo credits: Sanja Gjenero, freeimages.com

White Wreath has continually deplored the lack of coordination in Australia's suicide and mental health programs.

Governments of all political leanings have paid nothing else but lip service to the mental health crisis.

This disjointed tragedy has been highlighted by Queensland Coroner Kevin Priestly in his findings that decentralisation of Queensland Health from one organisation into 16 regional hospital boards prevented much-needed statewide changes to mental health treatment.

The regional boards were supposed to be a step forward in the health system. Instead as Coroner Priestly found the departmental restructure and high priority work commitments took more than two years to develop statewide guidelines.

This lack of coordinated planning is not confined to Queensland. Haphazard funding of mental health services is widespread across all states, with federally-funded services being allocated piecemeal with little consideration given to proving the effectiveness of their programs.

White Wreath's texting services has been inundated with people seeking advice.

Download PDFs

White Wreath Day

Wear White at Work

Like us

Follow us

Many of them had been in contact with Government-financed texting centres and were disappointed with the lack of follow-up treatment recommendations.

There is no apparent system in place to ensure that these centres have to justify their expenditure. In many cases I suspect that administration costs are given priority over the allocation of services for those in need.

White Wreath through its texting service is providing much needed advice for callers from rural and remote areas of Australia.

The Centre for Rural and Remote Mental Health has recently stated that in 2016 the rate of suicide per 100,00 people in rural and remote Australia was 50 percent higher than in cities.

Main Service on White Wreath Day - In Remembrance of All Victims of Suicide held on the 29 May in Brisbane will not be held in 2018.

We would like everyone to get involved in our Campaign of “Wear White At Work” by showing their support and donating a Gold Coin Donation that will assist White Wreath with its aims, goals and endeavours **www.whitewreath.org.au**

PETER NEAME, Research Officer, White Wreath Association Ltd

Rise in Suicide and Prison Population

Suicide has risen in concert with the prison population because from the 1960s Australia closed all 32,000 long term mental health beds. There was no scientific basis for this massive run down and the public has to date never been consulted.

Recommendation: That the Government immediately provide 80,000 long term mental health beds.

Facing a similar crisis in the 19th century governments simply converted some prisons to lunatic asylums. Australian prisons have become the "new mental hospitals". No honest discussion can take place about rising suicide and prison population without acknowledgement that you and previous governments closed all 32,000 long term mental health beds. As a result seriously mentally ill people are most commonly refused care, referred to as the Inverse Care Law(the sicker you are the more likely you are to be refused care).

Psychosis serious mental illness, are the main cause of suicide.

Schizophrenic males are 9.56 times more likely to suicide than the general population schizophrenic females 6.73 times more likely to suicide.

The only 24 hr a day care is provided by police, fire service and prison officers.

Psychotic medication: In the first 6 weeks of introduction, increase/decrease/change in medication, the suicide risk increases 3-5 times.

Recommendation: That all psychotropic medication only be introduced, altered changed whilst the patient is in hospital.

At this time almost all suicidal-seriously mentally ill people are refused care. The bureaucratic term for this is gate-keeping.

Recommendation: That Australia return to an "open door policy", where it is illegal to refuse admission. Suicide must return to the status of a true medical emergency requiring immediate compulsory inpatient treatment.

Recommendation: That the psychiatric profession be accountable for all dangerous people, regardless of whether or not they are said to be mentally ill.

It is all too easy to change diagnoses to get rid of difficult and dangerous patients thereby putting all of society at risk. Martin Bryant went to his first psychiatrist at age 4yrs, yet only weeks before he shot 35 men women and children to death he was labelled an "attention seeker".

Robert Long was labelled an " Attention Seeker" before he burnt the Childers back packers hostel down, 15 young people murdered. Altogether 50 people slaughtered by just two "attention seekers".

COMING EVENTS

WHITE WREATH DAY – IN REMEMBRANCE OF ALL VICTIMS OF SUICIDE HELD ON THE 29 MAY BRISBANE QLD

SADLY AND WITH GREAT REGRET THE MAIN SERVICE HELD IN BRISBANE WILL NOT GO AHEAD IN 2018 .

WHITE WREATH HOLDS THIS SERVICE FREE OF CHARGE FOR ALL AND HAS DONE SO FOR THE PAST 19 YEARS AT A HUGE

LOSS TO OUR ORGANISATION.

WHITE WREATH RELIES WHOLY AND SOLEY ON PUBLIC DONATIONS THAT A FEW AND FAR BETWEEN AND MONEY HAS BECOME VERY TIGHT SO THERE IS NO OTHER ALTERNATIVE FOR US BUT TO CANCEL THE SERVICE. WE ARE TRULY SORRY.

SO PLEASE GET YOUR WORKPLACE INVOLVED WITH OUR CAMPAIGN

"WEAR WHITE AT WORK"
HELD ON THE 29 MAY
PLEASE GET YOUR WORKPLACE INVOLVED AND HELP US RAISE THE MUCH NEEDED FUNDS ASSISTING US WITH OUR AIMS, GOALS AND ENDEAVOURS.

IMPORTANT NOTICE

WHITE WREATH ASSOC LTD

ANNUAL GENERAL MEETING
OF BOARD MEMBERS

Monday 3 September 2018
15 Leitchs Road South
Albany Creek Qld 4035
(BYO)

WEAR WHITE AT WORK

DAN ELBORNE

Ceramic Artist

White Wreath is partnering with ceramic artist Dan Elborne for an upcoming exhibition in a new venue, 'Adderton: House and Heart of Mercy' in Brisbane's CBD. A Fierce Hope is the name of a group exhibition that is pairing 7 contemporary artists with 7 social initiatives/enterprises in order to raise awareness to social challenges right on our doorstep. The exhibition responds to the concept of 'hope' as a powerful driver for social change and will bring to light the struggles and stories that are often ignored, and the inspirational enterprises leading the call to action. The exhibition is due to open on a not-yet-confirmed date in March of 2019 at a new exhibition venue on the grounds of 'All Hallows School' (547 Ann Street, Brisbane).

Dan Elborne is a ceramic artist based in Toowoomba, Queensland. His artwork is focussed on 'ceramic installations,' where he utilizes the precious and fragile nature of ceramics in order to create work that address sensitive/traumatic personal experiences and history. His artwork aims to alter the gallery environment and bring viewers into a space designed for reflection and contemplation. For the Fierce Hope exhibition, Dan will be creating an artwork that broadly addresses the topic of suicide via the World Health Organisation's global calculation that a person dies from suicide every 40 seconds. The artwork hopes to raise awareness and fuel conversation on the issue of suicide, while also promoting the work of White Wreath. He wishes to honour the mission and legacy of the organisation as it enters its 20th year of operation while the exhibition is showing. Dan's work can be seen at **www.danelborne.com**.

Further details on the artwork itself and its progress can be accessed through Dan Elborne's website under the 'work' tab, titled 'TBD' or directly via **www.danelborne.com/TBD**. More details on the exhibition itself will also be updated via that webpage in the coming months.

NEWS

AUSTRALIA

'My daughter was failed': South West mum's fight for answers after suicide

In the two weeks leading up to Tahlia Stoveld's death in May last year, her mother and grandmother were desperately trying to reach out to mental health professionals to find her help.

Tahlia, who had experienced mental health issues in the past, was displaying signs that deeply concerned her family members.

Despite their constant attempts to source Tahlia help and reduce the risks associated with her mental health vulnerabilities her mum, Lisa Chatwin, said help was not made available or was inadequate.

"Tahlia was clearly disorganised, disoriented and was displaying disassociated behaviours and actions, yet no mental health clinicians identified her vulnerabilities, the red flags of depression or the obvious abnormal behaviours."

Ms Chatwin is now pushing for a coronial inquest to look into the "systematic failings" and circumstances which led to Tahlia's death hoping it will lead to change in a system that failed to help her daughter.

"It is about highlighting how inadequate the system is. What is accepted as norm is not acceptable, and the way people are treated in the system and family members is so humiliating," she said.

"It is not acceptable for me to be grieving the loss of my daughter knowing this was a situation which was beyond my control and could have been resolved with a positive outcome.

"Tahlia needed help and she did not get it, as a family we needed help and we did not get it. She was my daughter and she was loved, she was a really valued member of our family.

"There was a two week timeframe when her mental health was unravelling and we tried to intervene

During those two weeks her family were told by Tahlia's partner that her medication had changed. Tahlia wanted her family to care for her son because she was not coping and went missing.

Tahlia contacted her mother distressed and confused. Her mum arranged for her grandmother to pick Tahlia and her son up and made the frantic dash to Perth to be with them.

The next day she was missing. Her family, along with her partner, had both reported Tahlia as a missing person to police.

Tahlia was located in the early morning the following day, a friend contacted the family to tell them Tahlia had been taken to an emergency department.

For the next day Tahlia was left on a trolley in the hallways of a hospital while she waited for a bed to become available at Graylands Hospital.

Ms Chatwin said the family's pleas to hospital staff to admit Tahlia as an involuntary patient were not met, they were told it was likely a psychiatrist would assess her as competent.

Throughout those two weeks calls were made to clinicians to have Tahlia assessed and attempts were made with police to list her as a missing person around the time she died.

"Tahlia had been confused and her thoughts were clearly disorganised earlier in the day and she was displaying anti-social, unstable behaviour," Ms Chatwin said.

"Tahlia was not interested in engaging with her son and did not want to see him, which was an indicator of disassociative behaviour.

"Her mental health had been breaking down over several weeks and was escalating, yet nobody appeared concerned or had the skills to identify Tahlia's mental health vulnerabilities or identify the depression and potential suicide red flags."

On the day Ms Chatwin found out her daughter had died she had to persuade police to list her daughter as a missing person. About three hours later she received the devastating phone call to inform her that Tahlia had died the night before.

'No question' the system failed

Alison Xamon MLC is a mental health and suicide prevention advocate who has worked as the president of the WA Association for Mental Health, vice-chair of Community Mental Health Australia, and sat on the board of Mental Health Australia.

She said there was no question Ms Chatwin was failed by the system and had unfortunately heard from many families that their concerns were not taken seriously.

While there were people who navigated their way through the mental health sector with success, Ms Xamon said the effects of failure could be catastrophic, as was the case with Tahlia.

"What we have here is a woman who was clearly in distress with a number of different people around her that had information which needed to be taken into account," she said.

"One of the key distresses for Ms Chatwin was trying to get people to hear that Tahlia's behaviour was completely out of character and have her knowledge respected as someone who obviously knew Tahlia her whole life.

"For whatever reason that was not given the weight it should have received."

Ms Xamon said the new Mental Health Act put a heavy emphasis on the need to take into account what is being said by someone's carers and family members.

"It is absolutely critical when clinicians make an assessment of somebody who maybe at risk of suicide, or self harm, or harm of others, to take into account a hefty degree of weight what is being said to them by people who are close to that person."

Ms Xamon said it could be difficult for health professionals to identify a next of kin or to identify who they should be speaking to, and part of that was if they were dealing with a person who had impaired judgement or psychosis they themselves may not be well.

"What happened to Tahlia is not unusual, it is common for people who are in crisis to move from service to service and from clinician to clinician without ever forming therapeutic relationships."

Ms Xamon said she was deeply concerned by the issues experienced by Ms Chatwin, which were the same issues which initiated the Stokes review in 2012 and subsequent Coroner's report about early discharge for people who had subsequently suicided.

Ms Xamon wrote to the WA's chief psychiatrist who has a serious concern about wanting to address the issues that arose from those reports.

"He said we are so far down the track in terms of trying to improve the system but we are still seeing really basic failures," she said.

"Some of the basic failures include inconsistent communication with carers and family members and failure to take into account the advice that was being received."

Ms Xamon said the system was doing well when people were settled in the system and appropriately referred to non-government organisations for ongoing support.

She said where the system needed improvement was when people were in acute services, or in a crisis who turned up to emergency departments.

"It is distinctly better than it was eight years ago but that is only one part of it. At the acute end we are still looking at a system that is in crisis or has periods of crisis."

The one thing Ms Xamon is calling on is to make sure there were no cuts to mental health or suicide prevention services because the effects could be devastating.

"Anything that will set us the smallest part backwards is the wrong way. We have a 10 year services plan and we need to stay on track and investing in it."

Mental Health Commission

A spokesperson from the Mental Health Commission said the Mental Health Act 2014 provided for the recognition of carers and families in the treatment, care and support of people who have a mental illness.

The spokesperson said when someone is making a decision about a person's best interests under the Act, the person or body making the decision must have regard to the person's wishes, as well as a close family member or a parent/guardian in the case of a child.

"The Commission expects service providers to provide appropriate and safe treatment and care for their patients (both adult and children), acknowledging that it is up to the service provider to prioritise resources in accordance with clinical needs and to manage the specific arrangements around how that can occur.

"Suicide prevention cannot be seen in isolation of the broader mental health system and the social and health circumstances of communities."

The Mental Health Commission is providing greater support to communities to help reduce suicide risk.

The spokesperson said this included 10 new regional suicide prevention coordinators to identify and address local suicide-related issues through prevention activities in each region.

"We are also working, together with other stakeholders, to achieve the actions outlined in the WA Mental Health, Alcohol and Other Drug Services Plan 2015-2025," the spokesperson said.

"These will include developing and implementing a new prevention plan and suicide prevention strategy; greater consumer, carer, family and community engagement across the sector; as well as greater investment in prevention and promotion services and community-based services."

WORLD NEWS

WORLD

Suicide’s Dark Road

BY KELLY HERTZ

kelly.hertz@yankton.net

I was pressed into sports duty this week and sent to Avon to take photos of a basketball doubleheader with Viborg-Hurley. As I drove west through the wintry darkness of Highway 50, I began thinking about how things are different now.

I had a friend who used to teach in Avon. We grew up less than two blocks apart in Menno, and she was one of my sister's best friends. Through the years, whenever I shot photos at Avon High School athletic events, I would often see my friend taking tickets, and we would say hello and talk a bit before returning to our respective reasons for being there.

My friend, who I had known forever, committed suicide a few years ago.

Things ARE different now.

That road was dark Tuesday, but the roads are dark every day for those who have ever lost a friend, a sibling, a child, a parent — anyone — to the shroud of suicide. And it really is a shroud — dark, impenetrable, consuming. For those left behind, there's an agonizing feeling that part of you has been amputated. There are painful explanations for the act, but comprehending it can still be so hard, so impossible.

I've had brushes with this issue at various levels through my life. I've lost at least one friend to suicide. I've also known people who have flirted with it or unsuccessfully attempted it. I've grieved with family members who have lost someone to suicide. But the more I'm exposed to it and the more I ponder it, the less I understand it — and the more terrifying it becomes. You're still left with the aching fact that, somewhere along the line, this option made sense to someone.

Too many someones, actually. Suicides are on the rise across the country, especially among the young and in the rural areas. According to a report issued a year ago by the South Dakota Department of Health, this state ranks 14th in the nation in suicides, with two counties ranking in the top 1 percent of suicides in the country. (It's apparently no coincidence that the states with the highest suicide rates — Wyoming, Montana and Alaska are the top three — are states with sparse populations. Suicide is, among other things, a feeling of profound, inescapable loneliness.) In 2015, South Dakota recorded 173 suicides, which was the most ever.

You hear about suicide a lot, and yet, you don't hear about it much at all. It's still a taboo topic, a subject few people want to broach. I've written before about how the media handles these matters — frankly, we usually don't — and how people in general step lightly around this grim issue.

One thing the statistics can't measure is what happens to those who are left behind in the wake of a suicide. These people are victims, too. They've had a piece of themselves ripped away and must live with the belief that this painful incident was totally avoidable; it was a conscious choice that someone made.

But those left to grieve have so few choices of their own. While the

rest of us may acknowledge a loss and then move on with life, these victims can never completely move on. Instead, they endure the burdens that suicide leaves for the living; they think about what was, and they ache over what isn't.

On a dark road Tuesday night, I thought of my friend. I thought about how I felt when we received her death notice at the newspaper one afternoon and, not immediately recalling her married name, it slowly dawned on me who it was. I remembered talking to my sister on the phone when she called early the next morning, sobbing, to ask if the news was true. I recalled thinking about the emptiness my friend's passing left behind — with her brothers, with her own family, with the students she taught, with everyone who knew her.

And this plays out every single day everywhere. There is an average of 121 suicides per day in this country. That's 121 decisions made, and countless tears in their wake.

There are, in Yankton, two groups dedicated to addressing suicide — both of them born from tragedy and both determined to create a positive choice from the chaos — and a number of mental health resources that can help shine a light into this darkness. We have a great army of resources here.

But if someone can no longer see that spark of hope, if they feel too removed from life to reach out for help …

All we can do — any of us — is pick up on the clues and try to change the trajectory. As hard as it is and as terrifying as it is, the message must be sent: You are not alone. And it applies to every person touched by suicide.

Otherwise, the road will stay dark and endless.

We must find the light.

AUSTRALIA

Queensland Health decentralisation a factor in suicides: coroner

A loss of "centralised oversight in Queensland Health since the Newman government's decentralisation push was a factor in two hospital suicides, a coroner has found.

Coroner Kevin Priestly said the decentralisation into 16 regional hospital boards had prevented major statewide changes to mental health treatment.

“There was a restructure in Queensland Health in 2012 (and the passage of the Hospital and Health Board Act 2012) resulting in some loss of centralised oversight and devolution of responsibility to health services for reviewing inquest recommendations, findings and root cause analysis and critical incidents, Mr Priestly said.

Sixteen hospital and health boards were introduced by the Liberal National Party in 2012 and were kept by Labor when Annastacia Palaszczuk won office in 2015.

The Queensland coroner's review critical of this restructure will be the new minister Stephen Mile's first major hurdle.

Queensland's new chief psychiatrist John Reilly has been summoned to form a quality assurance committee to quickly identify regional mental health recommendations that should be implemented statewide.

“As a result of recommendations from the Sentinel Review Report 2015, the Office of the Chief Psychiatrist has agreed to take part in a quality assurance committee and the Queensland Government has guaranteed that the committee will be established” Mr Priestly reports.

Mr Priestly reviewed two suicides in mental health units at Townsville Hospital; one in the low-dependency mental health unit in August 2014 and the second in high-dependency mental health unit the following May.

Mr Priestly questioned why recommendations to make changes in mental health units by removing items used by the patients and modifying the facilities, were not introduce statewide.

Fairfax Media has chosen not to report specific nature of these cases.

“There was little evidence at the inquest, other than the fact of a department restructure and high priority work commitments, as to why it took more than two years for the guidelines to be developed,” Mr Priestly found.

“This delay by Queensland Health to provide comprehensive guidelines was a missed opportunity to ensure environmental safety in Queensland mental health inpatient units.”

In 2016 a review of Queensland Health decided not to reintroduce health and hospital boards that were in place in Queensland until 1992.

The range, type and modes of health services delivered are far more specialised and increasingly provided outside acute hospital. Local Hospital or Health Boards are no longer relevant or appropriate for the management of health services, the 2006 Forster review found.

Queensland Health said through a spokesman, it would examine the findings from Mr Priestly's report into suicides.

“Hospital and Health Services have a responsibility to to implement these guidelines and align local policy, procedures and guidelines with statewide direction,” he said.

“The Office of the Chief Psychiatrist continues to work with the Patient Safety and Quality Improvement Services to improve the capacity of Queensland Health to support Hospital and Health Services in their review of clinical incidents and implementation of learnings.

“The office of the Chief Psychiatrist will consider the recommendations made today by the Northern Coroner and determine an appropriate course of action.”

Source: Brisbane Times, 6 February, 2018

UK

The Government has been lying about mental health funding increases – and now we have proof

This rush of interest in mental health has allowed the Government to make various smoke and mirror manoeuvres to appear to be at the forefront of change, while decimating funding for those most in need.

Mental health trusts have less money to spend on patient care than they did five years ago, according to a damning new analysis from the Royal College of Psychiatrists. This directly contradicts the Government’s repeated proclamations that mental health funding is at record levels, but will come as no surprise to patients, carers and mental health professionals.

The Royal College of Psychiatrists' analysis compared mental health trusts' income in 2011-12 to 2016-17, controlling for inflation. In England, 62 per cent of mental health trusts (34 out of 55) reported a lower income than five years ago. A similar picture was found in Wales, Scotland and Northern Ireland. While – after the 2012 Health and Social Care Act – these figures do not reflect the totality of mental health funding, the picture is bleak.

Mental health has always been the poor relative to physical health, seriously underfunded in the NHS. At a time when this discrepancy was supposed to be redressed, not only are mental health trusts receiving less funding, but psychiatric services are also facing massive increases in demand. This increase stems partly from the level of suffering caused by austerity measures and a society in free-fall, and partly from an increased tendency to view one's problems through a mental health lens, meaning epidemic numbers of people are seeking help from mental health services.

This rush of interest in mental health has allowed the Government to make various smoke and mirror manoeuvres to appear to be at the forefront of change, while decimating funding for those most in need. Throwing £200,000 at schools to introduce mental health first aid makes for great headlines, but distracts from the more pressing need to adequately fund child and adolescent mental health services. Doubling the number of employment advisors in NHS Improving Access to Psychological Therapies services may appear a useful way to encourage people back to work, but it masks the fact that it is increasingly difficult to access life-saving therapy for other goals such as reducing symptoms or improving quality of life, especially for those with moderate to complex needs.

The pressure to appear to be doing better, with less funding in real terms, is having a devastating effect on patients, carers and staff. I am told, time and time again, of patients with complex needs discharged suddenly from community mental health teams without an adequate package of care after 10, 20 or 50 years of support. Under huge pressure to appear to be progressive, ideas such as that of recovery are put forward, while principles such as continuity of care from the same mental health professional or rehabilitation service are dismissed, despite being the bedrock of mental health care for decades.

Funding is now skewed to services for those with common mental health conditions, where large numbers of people can be seen, treated and discharged quickly, as opposed to prioritising those most in need (whose treatment costs more). Even in services like Improving Access to Psychological Therapies that serve those with milder mental health problems, therapists are intimidated into seeing patients for less than the number of sessions the evidence-base requires to mask unrealistic service contracts. These issues are producing record levels of burnout across NHS mental health services in staff members. Indeed

the task for staff has now become performing, rather than providing care, a reversal that staff fight against each and every day.

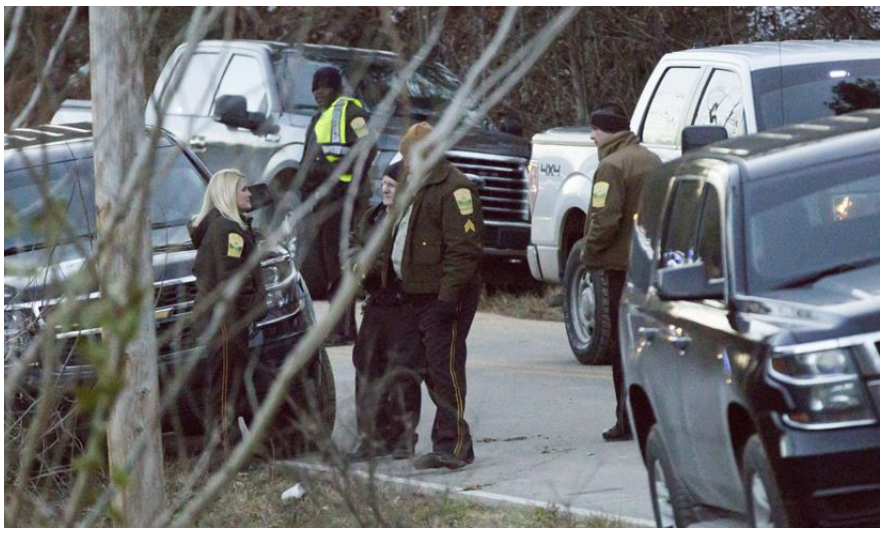
The real casualties of the funding cuts, though, are not staff but those in deep pain – a pain often caused by a society that has let them down and looked away. The same responses come up repeatedly whenever a new government initiative is announced. Where exactly is it safe to talk when one's community mental health team is discharging patients at the rate of knots? When people wait years and years for evidence-based therapy? When psychiatric beds are now often at 100 per cent occupancy, with patients treated hundreds of miles from home? When rates of self-harm and suicide are at a record high? When patients have to phone the Samaritans on acute wards because staff are too overstretched or undertrained to actually listen?

The Royal College of Psychiatrists' report slices through the rhetoric-reality gap around mental health funding like a hot knife through butter, demanding ring-fenced money after five years of real-world cuts. It is time for the Government to actualise its own rhetoric, and adequately invest in mental health care.

Dr Jay Watts is a consultant clinical psychologist and psychotherapist, and honorary senior research fellow at Queen Mary, University of London.

Source By Jay Watts

USA



Phillip Tutor: Statistics create tragic picture of how Alabamians take their own lives

By Phillip Tutor, Commentary Editor, ptutor@annistonstar.com

If you're into statistics, here's one that'll make you gasp: More Alabamians kill themselves than kill other people.

It's grim truth. Bloody, awful truth. Alabama's homicide rate — 8.4 murders per 100,000 people — is spectacularly high, trailing only Missouri's and Louisiana's. We are what we are. But in 2016, nearly twice as many Alabamians killed themselves (788) than were murdered (407), a rarely heard nuance to the state's data on mortality and crime.

Murders make the front page. Suicides, shrouded in privacy, almost never do.

There's more: Alabama's suicide rate of 15.7 percent ranks 24th nationally, is among the highest in the Deep South and is on the rise. In Calhoun County, "It's a frequent thing," Sheriff Matthew Wade said Tuesday. Alabama's not Montana, the United States' historic suicide-rate leader, but we're hardly comparable to New York, New Jersey and Massachusetts, states where suicide isn't nearly as endemic.

The question, perhaps unanswerable, is why?

Pat Brown, Calhoun County's coroner, sees the aftermath, the crime scenes, the deceased, the grief. That played out last month in White Plains, where Anthony Wayne Parker killed his 12-year-old son and 19-year-old daughter and her 20-year-old fiancé before killing himself. Brown's not a mental-health counselor, but he shares a theory that is prominent among national voices on the causes of suicide.

"The recession turned the tables a lot. People just don't have as much money as they used to," he said Tuesday. "With the suicide rate, I think they believe they are doing someone a favor. But it's also mental illness. When someone kills themselves, they are not in their right mind."

Trends in suicide data confirm certain stereotypes: It's more common among whites than blacks, more common among men than women, and too frequent among military veterans, which is why President Trump signed an executive order last month that calls for all new veterans to receive mental-health care for at least a year after they leave the military, beginning in March.

For Alabama, the national trend that's most troubling is the higher rates of suicide seen in rural areas. From 2001-2015, U.S. suicide rates for rural counties (17.32 per 100,000 people) topped those of medium/small counties (14.86) and large counties (11.92), according to the Centers for Disease Control and Prevention. Calhoun County's suicide rate averaged 15.5 people per 100,000 between 2005 and 2013, the Alabama Department of Health reports.

And then there are Alabamians' guns, a public-health subject dripping in politics and constitutional rights. In 2015, the state Health Department reports, 49.8 percent of U.S. suicides used a firearm. That

year in Alabama — which ranks high in terms of legal gun ownership — 70.4 percent of suicides involved a firearm. “The use of a gun,” the state Health Department has written, “almost always guarantees a fatal outcome.”

Last month’s White Plains murder-suicide made statewide headlines because of its sheer awfulness, four dead and families devastated. Likewise, interest was high over an October murder-suicide in Anniston and a similar September case in Jacksonville, where a 70-year-old woman killed her two adult daughters before killing herself. The Star covered those cases because they rose above the newspaper’s usual policy for reporting on suicides. Most media have similar guidelines based on family privacy and the lingering stigma of suicide cases.

Those ethical policies protect families and keep most suicides out of public forums, but they also obscure the hard truths that suicide is common and, in certain regions, on the rise. Hence, the shock of learning that more Alabamians are dying by their own hands than are killed by someone else.

The increase is “absolutely disappointing, but we are trying to figure out how best to approach this cause of death,” said Ashley Foster, the American Foundation for Suicide Prevention’s area director for Alabama and Mississippi. She’s adamant that improving access to mental health care is vital for lowering suicide rates since 90 percent of all suicide victims, she says, have some sort of mental-health issue. Alabama’s old bugaboo — a lack of funding — crops up here, too, since the state ranks last in access to mental-health providers.

“We’re identifying the people who need help and the help is not easy to get,” she says. “It’s just going to take a continued effort in many different areas.”

Until then, we’re stuck with the status quo, too many Alabamians dying unnecessarily at their own hands.

“The downside of this is for the family, of course,” Brown, the coroner, says, “because everybody is left wondering why. Nobody wants to believe that their friend or family member would do that, and conspiracy abounds.

“A lot of times people have different lives that their friends or family don’t know about.”

CHINA

China rolls out AI system to spot netizens with suicidal thoughts

China's top research center has launched an artificial intelligence system to spot internet users with suicidal thoughts, as well as

offering them resources on mental health and psychological counseling.

The system, which is developed by the Institute of Psychology of Chinese Academy of Sciences, can scan and analyze users' posts and comments on social network platforms such as Weibo. Once a potentially suicidal user is found, the system will use its Weibo Account to send them a message, encouraging them to call local suicide prevention services for help.

According to China Youth Daily, the system has sent 14,435 messages to internet users since July 2017, with an accuracy rate of 92.2 percent.

Suicide prevention is a priority of the Chinese government, as suicide, especially among young people, is becoming a serious issue in Chinese society. According to statistics from the Chinese Ministry of Health in 2017, suicide has become the leading cause of death of young Chinese people aged between 15 and 35.

Though people with suicidal thoughts usually do not reveal their secrets to others in real life, cyberspace has offered them a place to express their feelings, without fear their identity will be exposed. Such users may use certain negative expressions and wordings and be less active online. By building a corpus of such posts and comments, the AI system can take a proactive approach to detecting suicidal information online.

Though the system cannot stop individuals from committing suicide, it is still a sign of progress in suicide prevention, helping local authorities to detect possible suicides and provide timely care to them, reported China Youth Daily.

FEEDBACK

Good afternoon,

I have a niece who is under 16 yrs suffering from depression. She has recently started antidepressants medication but the GP has stated that it takes a while for them to take effect and that it may get worse before she starts feeling better.I am looking for assistance/ support groups etc. for her. I have discovered that there other supports services but for people 18 years or older. She has been expressing suicidal thoughts on a daily basis and has been to the ….. hospital emergency room twice in the last month, however the support and advice given is limited. She also has confided in her school counsellor who has been helping her

also.I am very afraid that she is crying out for help but not receiving the assistance she needs.I am not sure if your organisation may assist but I thought I have nothing to lose in reaching out.

Hello,

When I post your link on facebook, the preview says that you're contactable 24hours, whereas your actual page says it's between 5am - 9pm...can you please correct this so that the information is accurate? Thanks so much :) What a great service you offer, very important.

My friend desperately needs help!

My friend can be contacted on …….., she lives……I don't think she is completely up the wall yet but she needs help. She is stranded on ……. (she can't afford to live anywhere else), she just had her welfare cancelled by ……. and her concession along with it, she is supposed to have an appointment with ….. on Monday and mental health assessment but now she has no money coming and with her concession taken away, she cannot afford to travel to even get her payments fixed by Centrelink.Please I beg you, I am not asking for a hand out on her behalf but any single person is at an incredible disadvantage when dealing with the Department of Human Services, especially a mentally ill person! They just want to take their time handling any complaints but my friend needs help now. The people who are supposed to look after those in need are driving her into a corner.

Dear Fanita,

I understand, I was desperate to help my friend and we managed to get through it though the whole ordeal didn't help her. I know it's not easy to get help, especially in a pinch and it is a pity that the government agency that is supposed to help seems to work against the people in need.

I completely understand what you mean when you say that people are brainwashed. My friend tried to ask her mother for advice and she was told that a couple of meditation sessions should fix her right up. Next time my friend's mum complains about waiting for her hip replacement, I will have to bite my tongue.

Anyway, I just wanted to say thanks. We have made it through

and I have pointed my friend in your direction in case she has trouble with the hospitals in the future, though I am hoping she will be given a bit of a rest now.

Getting help

Hi I suffer severe depression, severe generalised anxiety and have major abandonment issues. I got told when I'm thinking bad thoughts or can't take things any more or need to chat I can text and someone will text me back. Is this true? Thank you

---

Potential university assignment interview

Hi, my name is ……. and I'm currently studying the topic of trauma and how other people can attempt to solve their shortcomings after a specific traumatic event. This is for an assignment as I'm attending ……., and I would love an email back regarding who I could potentially email a few questions to so I could receive some answers. Thank you!

Hi Fanita

We had a successful fundraiser at Centrelink Mitchelton and have raised $134 which I'll deposit into your bank account this week.

All the best

Hi Fanita,

I hope your day is going well :) Here are the questions I was going to ask:

1. Your organisation seems very sympathetic towards the victims as well as the friends/family who have gone through suicide or other traumatic events. What do you think it is that your organisation does differently to raise awareness for this extremely important issue?

2. Does your organisation assist to help people who have gone through other traumatic events besides suicide?

3. Do you feel that suicide or other trauma is a subject that needs to be touched on in current day, or do you feel that a lot of people are already aware of the issue?

4. Continuing from the last question, because suicide is more often than not a sensitive subject for the general population, how

much do you take that into account when raising awareness for the issue? Do you think it is more important to show people facts, or become sympathetic with them?

5. Finally, how much do you focus on building relationships with people to help assist them through an extremely traumatic event or a tough time in their life? Do you primarily treat them as a friend or more of a patient or client whilst still showing sympathy, or perhaps a balance of both?

Thank you so much for taking the question. As someone who's seen a few people suffer silently through mental illnesses, and even worse take their own life, I completely support everything that your organisation stands for.

I wish you all the best in the future :)

Help for my friend

My friend lives in America and I found out about your Texting Service can he text you from America

---

Hi I have a diploma in community welfare I also have depression and am very interested in helping admin or other role thanks.

Hi.I have recently arrived in …… and would like to become involved in white wreath . I'm unsure in what capacities you need volunteers and would like to chat about how I may be able to contribute.

Ability to Text

Hi, I have never been suicidal in my life, but I do feel for people that have been. However, I heard that you provide a service of an alternative path, ie people can text you instead of voice comms. If this is true, it is such a great idea and should be more widely spread by counselling groups as another means of potentially saving lives. My niece brought this to my attention on Facebook and asked me to share the message. However, before I do, I need to do my own due diligence to ensure that this is legit. I would be appreciative if you could confirm this approach, following which I will be pleased to pass on your positive message. Regards

---

I need help

I just sat here twice now' And wrote a Detailed message to you and somehow - managed to stuff it up!! It Disappeared??I am in Desperate need of some sort of help! I am so Depressed and Very Suicidal!! This past few days!!!You probably Wont respond to this! As I cant sit ANYMORE again!! And send you a Detailed Message?Maybeif you could send me some information or Something?? I dont know?I'll try again later.. Thankyou. Sorry.

I need help

Hello, my name is ….. I have suffered Chronic Debilitating Depression over the last 15 years. I have been in numerous Clinics over this time but have had No Success with any of them.. I have attempted Suicide around a dozen times! And am feeling very directed towards that path again! I have spent the last 5 years in Bed! I have no drive whatsoever and live more or less as a Recluse!My estranged husband still resides with me at the same address but we do not live in a 'Marriage' as such!! I believe he just continues to feel some form of obligation towards me? For which I cannot understand? As I continue to make his life totally miserable also...He is my fourth husband..I find myself consuming my whole day with negative thoughts! I've become a Very Bitter Person. No self confidence. Very Insecure ' And simply not able to cope with Anything!! Even a Simple Phone call at times. On many occasions, I wont even answer the Front Door. I have had Terrible 'Back Problems' for many years. And as a Result - Had 7 Spinal Fusion Surgeries. But none have helped? I believe that this in itself, contributes to a Great Deal of my Depression also! As I am very LIMITED as to what I can do??I know I'm rambling..Someone sent me your page here? I have no idea who?? All I know is I'm back on a Critical Path to Self Destruction!! Can you help me? Pleeeaasse??

Loneliness

I live in Sri Lanka and how can I contact you. I m 32 years of age (Male) and I live very lonely life. I need someone to talk please. Is there any branch in Sri Lanka?

A FRIEND 4 ME MY STORY

KELLY’s JOURNAL CONTINUED

Although I have had my diary on hand I have not been able to

write in it until now. The stress and anxiety of this place has me at my possible worst. Last night having had a huge toll on me. The yelling and screaming all night. The slamming of doors and stomping off feet. It's been never ending and it's been the one problem I feared and had tried to explain to that doctor in emergency. My fear of people and the post-traumatic stress I suffer that eats me away every day. This place just puts the icing in the cake. I have just been told to pack my bags. I am leaving in 10 mins as I am getting a transfer to Maitland mental health. This is a big blow to me so with this move I lose that one understanding doctor that seen me in emergency. I lose his promise of help before I get out. The promise of an AVO so I don't live in fear from my ex-husband. So I feel safe from his attacks and the games he plays. I also loose that promise of help from centrelink to help with a small payment while I am in here. To help me financially once I get out. To have a little money for food and fuel until another payment comes in. It's all taken away from me with this move. The understanding from someone that might help me all lost. Getting a transfer to Maitland is not good news for me. It's more of a hole then this place. Maitland hospital means a shared room, to have someone in the room with you, to have that one safe haven taken away from you. I wonder why this move to Maitland. Could they see the state of me from this place? Could they see what it was doing to me? They shall come and get me soon. One more trip I shale bare into hell. What waits for me at Maitland, more yelling and slamming of doors, more verbal attacks on me? To just want to hide in my room away from it all is something I've just lost for I will be going to a shared room. This anxiety and stress is only the beginning for me. I told that doctor that this stay would only make me worse. It was a bad move and one I have no control over. I really don't give a fuck anymore.

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 awebsite 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

Doig website technology

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

HUMOUR QUOTES

A best friend is like a four leaf clover, hard to find, lucky to have.

Seeing a spider in my room isn't scary. It's scary when it disappears.

Lazy people fact #2347827309018287. You were too lazy to read that number.

Life always offers you a second chance. It's called tomorrow.

I could agree with you, but then we'd be both wrong.

Paper cut. A tree's final moment of revenge.