

[Web Version](#) | [Update preferences](#) | [Unsubscribe](#)[Forward](#)

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

**NEWSLETTER**

ABN 50 117 603 442

**TABLE OF CONTENTS**

- **DIRECTOR'S REPORT**
- **PETER NEAME, Research Officer, White Wreath Association Ltd**
- **NEWS**
- **COMING EVENTS**
- **WEAR WHITE AT WORK**
- **DAN ELBORNE**
- **AGM THAT WAS HELD ON MONDAY 3 SEPTEMBER 2018**
- **NEWS**
- **NEWS**
- **NEWS**
- **WORLD NEWS**
- **AUSTRALIA**
- **UK**
- **USA**
- **USA**
- **USA**
- **A FRIEND 4 ME MY STORY**
- **KELLY'S JOURNAL CONTINUED**
- **FEEDBACK**
- **DOIG WEBSITE TECHNOLOGY**
- **WISH LIST**
- **HUMOUR QUOTES**

**DIRECTOR'S REPORT**

Photo credits: Sanja Gjenero, freemimages.com

Undiagnosed mental health issues are causing the deaths of thousands of Australians each year from suicide and this includes murder-suicide and mass murders.

In many cases they are committed by a close relative where innocent children/babies, their mothers, fathers, grandparents etc are constantly losing their lives by these tragic means.

Each year about one in five Australians will experience a mental illness. The stigma associated with mental health means that only 35 percent of people with mental disorders seek treatment with medical services.

The public indifference to these figures is incomprehensible. Innocent children or those close to them are gone forever yet if a very young child was dying from a terminal illness most would show compassion and support.

Why is society not concerned about the innocent losing their lives by mass murders that someone close to them have committed this crime or murder/suicides?

Our mental health services is absolutely appalling, no matter where you live in Australia.

Billions of Federal and State dollars have been put into mental health over the years but where is the money going. Governments of all political persuasions have failed to implement coordinated programs for the treatment of mental health issues.

**IN OTHER NEWS****Download PDFs**[White Wreath Day](#)[Wear White at Work](#)**Like us****Follow us**

Daily people contact the White Wreath Association informing us it is to difficult trying to get help/treatment through public mental health. People don't have the money to go private and even if they did there is still not enough medical professionals to help these people.

Those seeking help are very sick. Mental illness is a long-term debilitating illness. They have no energy, lethargic, can't cope with daily life circumstances, lose their jobs, partner breakups with this list going on and on.

White Wreath Association would like to thank everyone who has helped us during 2018 and wishes all a Merry Christmas and a Happy New Year.

Fanita Clark  
Director/CEO

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

Nationally and internationally the hard scientific evidence is that 95per cent of those who complete suicide were suffering from a diagnosed mental illness that was being treated or had very recently been treated at the time of their death. The assumption that was wrong was that they were safe in the community undergoing 'care in the community '. When I Hear Prime ministers, premiers, ministers of health, professors of Psychiatry and directors of Psychiatry saying "suicide is multifactorial societal issue, I know that they are lying, incompetent or both. Suicide is the responsibility of the government and the psychiatric profession. Suicide is also the yardstick of the effectiveness of the mental health system.

## **NEWS**

### **AUSTRALIA**

(The below is snippets of articles to coincide with the Directors Report of monies continually spent in Australia on Mental Health)

#### **\$160 million boost for mental health support**

**Source: Minister for Health, Greg Hunt, 23 June 2018.**

Australians with severe mental health illnesses will now receive more support services in their communities through a \$160 million funding boost following a Commonwealth Government agreement with states and territories.

---

#### **\$36 million project to raise public awareness**

**Source: Health Minister Greg Hunt. September 26, 2018.**

The Commonwealth Government will invest more than \$36 million in national suicide prevention projects to raise awareness of the impact of suicide and to support Australians who may be at risk.

---

**New research shows high suicide risk rate****Source: Suicide Prevention Australia media release. 23 July 2018.**

A research discussion paper shows people living with complex mental illness are 13-45 times more likely to take their own life than those living without mental illness.

---

**Suicide Prevention Program expands****Source: Victorian Government. August 14 2018.**

The Victorian Budget 2018/19 provided \$18.7 million to expand the HOPE program, with the new sites selected based on analysis of suicide and intentional self-injury data, population demographics and community profiles.

---

**Suicide rate for 2017 equals 10-year high****Source: ABS, 26 September 2018.**

Data released by the Australian Bureau of Statistics show 3128 Australians took their own life in 2017, 262 more deaths than the previous year.

The Australian Bureau of Statistics released national data that showed intentional self-harm is now ranked the 13th leading cause of death, moving up from 15th position in 2016.

Australia's suicide rate is now at 12.6 deaths per 100,000 people. This is equal to 2015 as the highest recorded rate in the past 10 years.

---

**COMING EVENTS**

**WHITE WREATH DAY – IN REMEMBRANCE OF ALL VICTIMS OF SUICIDE TO BE HELD ON THE 29 MAY 2019 IN BRISBANE QLD**

**SADLY AND WITH GREAT REGRET THE MAIN SERVICE HELD IN BRISBANE WILL NOT GO AHEAD IN 2019 .**

**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 ARE 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, SCHOOLS SENIOR CITIZENS**

ETC INVOLVED AND HELP US RAISE THE MUCH NEEDED FUNDS  
ASSISTING US WITH OUR AIMS, GOALS AND ENDEAVOURS.

## 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](http://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](http://www.danelborne.com/TBD). More details on the exhibition itself will also be updated via that webpage in the coming months.

## **AGM THAT WAS HELD ON MONDAY 3 SEPTEMBER 2018**

We welcome a new Board Member Ian Ross a retired Queensland Health Journalist on our team as a Director

Fanita Clark Chairperson/Director  
Tina Knipe Secretary/Director  
Peter Neame Research Officer/Director  
Peter Clark Director  
Ian Ross Director

We welcome Ian Ross a new Board Member with a wealth of experience and together we will do our utmost best to serve those that contact the White Wreath Assoc the best way we can.

All positions are voluntary and not paid.

## **NEWS**

### **YOU NEED TO CHECK YOUR:- HEALTH INSURANCE POLICY FOR MENTAL HEALTH & LIFE INSURANCE POLICY FOR SUICIDE IN AUSTRALIA**

#### **Insurance system still discriminates against mental illness. Time to fight back.**

Nearly one in five Americans had a mental illness in the last year. Denial of coverage is not just a financial issue, it's a human rights issue.

In 2012, a young inventor named Joey Hudy impressed then-President Barack Obama with his bright-orange **marshmallow cannon**. The 14-year-old quickly made headlines after shooting a marshmallow across the State Dining Room at the White House Science Fair, much to the president's delight (and the Secret Service's chagrin).

At that moment, I think everyone assumed this young man would go on to have many more remarkable accomplishments. We never could have known that only five years later, Joey would receive a diagnosis of **schizophrenia**, and his life would take a much different course.

You see, no one expects to develop a mental illness or substance use disorder. And no one plans for the fact that one of these conditions — which, by law, are supposed to be covered by insurance to the same extent as physical conditions — could leave their family financially crippled due to lack of insurance coverage, requiring savings accounts to be drained, college funds to be depleted, second mortgages to be taken out, and retirement plans to be sapped, all after paying into an insurance plan diligently for years. This happens to other people, right?

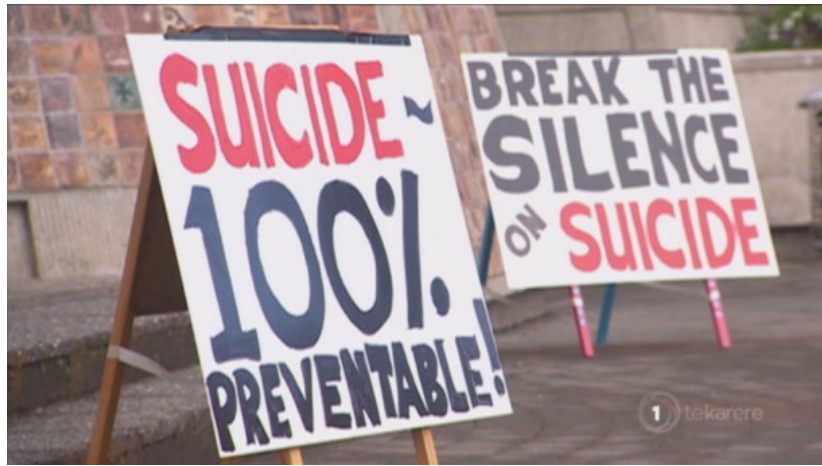
### **Insurance didn't cover the necessary care**

When Joey began experiencing delusions and paranoia in early 2017, his parents, Julie and Victor Hudy, were thrust into the murky waters of a broken insurance system. They soon found that almost all of the treatment facilities that could help their 19-year-old son were out of network, not to mention out of state. They realized that the process of managing bills and claims payment processing constituted a full-time job. And they learned that they couldn't count on their insurance plan to cover the necessary care, which meant they were responsible for coming up with tens of thousands of dollars to help their son.

This comes as no surprise considering that in 2017, a report by a leading actuarial firm confirmed that reimbursement rates through private insurance plans were far lower for mental health and substance use disorder treatment providers than they were for other medical providers, relative to Medicare rates. When insurance plans do not reimburse providers adequately, many choose not to participate in the plans' networks. As a result, families like the Hudys literally pay the price.

## **NEWS**





## NEW ZEALAND

### **Jacinda Ardern calls new suicide figures 'sobering'; self-inflicted deaths hit new 12-month high.**

Prime Minister Jacinda Ardern has labelled today's provisional 12 month suicide figures as "sobering".

The figures, released by Chief Coroner Judge Deborah Marshall, show suicides in New Zealand have jumped for the fourth year in a row and are at their highest level since statistics were first recorded in 2007/08.

In total, 668 people died by suicide in the year to June 30, up from 606 this time last year.

"It is a tragedy that so many New Zealanders took their lives in a single year," Ms Ardern said this afternoon.

"Behind each of those statistics is not just a life lost, but a devastated family and a shattered community.

"It is critically important that people – wherever they are in the country – can access help when they need it.

"We know we need to do more to make sure that happens.

"We must keep reminding each other that it's not wrong or weak to talk about how we are feeling, but vital to our mental health. Sadly there is still stigma around doing that."

In the first year suicide deaths were counted in 2007/08, 540 people were recorded as dying by suicide.

Health Minister Dr David Clark said mental health was now a priority for the Government.

"In the Coalition Government's first 100 days we responded to the public call for an Inquiry into Mental Health and Addiction.

"I gave the Inquiry a strong direction by ensuring its terms of reference included an examination of current work on suicide prevention and

support for those close to someone who has taken their own life.

"The Inquiry was also given deliberately wide terms of reference so that it could look at everything from the drivers of mental health issues to the provision of mental health services and the wider community response to these issues.

"These are incredibly complex and difficult issues. No one should pretend there are easy answers – but I am confident the Inquiry will come back with robust and far-reaching recommendations when it reports at the end of October."

Chief Coroner calls suicide figures 'a tragedy'

In releasing the figures today, Chief Coroner Judge Deborah Marshall described it as "a tragedy to see the number of self-inflicted deaths increase again".

"We need to keep talking about how to recognise the signs that someone may want to take their own life. If someone expresses thoughts and feelings about suicide, take them seriously," Ms Marshall said.

Part of the role of the Coroner is to make comments or recommendations to help prevent similar deaths in the future.

"As Coroners, we look into each case of suspected suicide to try and shed light on what factors prompted it.

"Recommendations made in the last year include facilitating better information sharing between health care professionals, ensuring that adequate and up-to-date training in suicide risk assessment is undertaken by counsellors and psychotherapists and making policy changes to how mental health referrals are handled by District Health Boards."

**The Mental Health Foundation (MHF) said it was deeply saddened by today's figures.**

"Today we will take some time to reflect on the loss of each person who died by suicide this year," MHF chief executive Shaun Robinson said.

"I know from my own experience that these are deeply personal tragedies and my deepest and most heartfelt condolences go out to all those who have lost someone to suicide.

"If you know someone who is grieving, reach out to them today.

"Check in and ask how they are and how you can help. News like this can be especially overwhelming if you have recently lost someone to suicide."

Today's figures follow an outpouring of grief this week over the death of well known **TVNZ journalist and news anchor Greg Boyed, who died in Switzerland** earlier in the week after a battle with depression.



Those working in the field of mental health say they're overstretched.

## NEWS

### AUSTRALIA

#### **It is not enough to put the burden of mental health on people opening up**

**I was depressed for years, and there was nothing worse than people asking me how I was.** But there are things you can do to help

Last week was RUOK? Day, a day dedicated to reducing the impact of suicide on our lives. The aims of awareness campaigns such as this are, of course, noble: suicide is a terrible problem that affects far too many of our lives, and preventing even a single suicide is something that we can all aspire to do.

But for many with mental illness, including myself, those campaigns are frustrating. Maybe it's the image of a friendly colleague cheerfully checking in, or the uncertain support of an acquaintance who feels compelled to awkwardly check whether you are drowning, or maybe it's just that many of us know, from personal experience, that it just doesn't work. If only mental health was as easy as a difficult conversation.

The sad fact that anyone with depression can tell you is that there is nothing worse than being asked how you are. I was depressed for years – in that time, people **asked me** how I was hundreds of times. There's nothing worse than feeling guilty with a smile pasted on your face, telling people that you're "just tired" or "feeling fine, really", because you don't want to admit that you aren't fine. You haven't been fine for some time. But admitting that to anyone, never mind a colleague or passing acquaintance, is impossible when you can't even admit it to yourself.

And the data backs this up. Despite the amazing work in raising awareness of mental health and suicide in the last decades, eight Australians take their own life every day. Suicide is one of the leading causes of death for young people, in particular remote communities who see some of the worst rates of suicide in the world.

We raise awareness. We have conversations, and morning teas. And people – many of them tragically young – kill themselves at alarming rates.

It sometimes feels like something is broken that we cannot fix. But **there are things that have been demonstrated to work, that we could do here and now.**

#### ***How can we help?***

One of the most counterintuitive things about suicide is that it is almost always an impulsive choice. That sounds ridiculous – how can the biggest decision of your life be something that you have barely

planned? – but there is quite a bit of research demonstrating that this is the case.

Most suicides are committed within a short window of despair. Figures vary – for obvious reasons, it's a pretty hard thing to study – but generally speaking people spend between 10 and 30 minutes from the moment that they decide to end their life to the moment they do it. Since we can only really study people who unsuccessfully attempt suicide in this manner, it's likely that the figure for people who do commit suicide is even lower.

And when we look at some of the most effective methods of preventing suicide, they actually fit this mould amazingly well. A well-known example in epidemiology is that putting up fencing on bridges prevents suicide. Not “prevents suicide on bridges”, it prevents suicide full stop. A local example of this is Australia's gun laws. Guns used to be a very common method of suicide, but after the 1996 national firearms agreement, suicide rates dropped sharply.

People gave away their guns and suddenly suicide just didn't seem to be as easy an option.

### ***Isn't it all about mental health?***

It's important to note: mental health options for preventing suicide are also vital. Crisis services and stepped care – where you provide immediate support for people undergoing mental health crises, then slowly help them get back on their feet in the community – are extremely well-supported ways to help people in dire straits.

But often, the reasons for suicide are as much social as they are medical. We know that young Aboriginal men who live in remote communities are at the highest risk for suicide of any group in Australia. There is no medical reason that this should be the case, it's just that all of the myriad elements of social disadvantage add up to a crushing burden.

When I was depressed and hit my lowest point, my family leaped in, got me seeing a psychiatrist and did a host of other things for me that I didn't even recognise at the time. I was lucky. My family is well-off and could afford to put me through private treatment while I lived at home. But when waiting times for psychiatric appointments are in the months and can be many hours of travel away from where you live, it's not as simple.

When people have to choose between food and medication, it's not surprising that they don't always get better.

Preventing suicide – stopping those eight deaths a day – will take a multifaceted effort aimed at reducing the access to means (building those bridge fences), providing accessible mental health care, improving social support for disadvantaged people, and yes, maybe, some difficult conversations. But the conversations will only be a small part of the larger whole.

Ultimately, awareness campaigns are wonderful efforts. But, sadly, regretfully, depressingly, they are simply not enough. It is not enough to put the burden of mental health on people opening up about their experiences. It is not enough to ask our friends and colleagues if they are OK, because many of them will simply answer back "of course" while depression hides under their hollow smiles.

Awareness is a start. Action is a beginning. But it is not enough.

There is so much more that we can do.



## WORLD NEWS

---

### AUSTRALIA

#### **Jump in national suicide rate**

More Australians took their own lives in 2017 than the year before, with almost a third of those who died by suicide experiencing an alcohol or drug use disorder at the time.

There was 3128 deaths by suicide across the nation last year, compared to 2866 in 2016, new data from the Australian Bureau of Statistics shows.

The rate of suicide deaths per 100,000 people was 12.7 in 2017, compared to 11.8 in 2016.

The 2017 rate is on par with 2015 as the highest preliminary rate recorded in the past decade.

The figures show the increase in suicide deaths between 2016 and 2017 was not spread evenly across the states and territories.

Queensland recorded the steepest rise, with 804 deaths by suicide in 2017, compared to 674 the year before.

New South Wales and the Australian Capital Territory recorded the next most notable increases, but the number was marginally lower in Victoria and South Australia.

The ABS has also shed light this year, for the first time, who died, while anxiety or stress-related disorders were being experienced by 17.5 percent.

Drug and alcohol use disorders, which include both drug misuse and acute intoxication, were being experienced by 29.5 percent of people.

The suicide rate continued to be higher among men than women in 2017, and among indigenous Australians compared with the broader population.

The data comes as the federal government has given \$36 million to organisations trying to curb the number of Australians taking their own lives.

Suicide Prevention Australia and Mental Health First Aid Australia are among 15 groups to have received a share of the money for projects, including research and awareness-raising ventures.

Health Minister Greg Hunt says suicide, which accounts for almost 3000 Australian deaths each year, remains a "national tragedy".

On health conditions people were experiencing at the time of their death by suicide.

Mood disorders, which include depression, were recorded as being experienced by 43 percent of those

"One life lost to suicide is one too many," he said.

Lifeline chairman, John Brogden, today called on the Federal Government to set a national target to achieve 25 percent suicide reduction over five years.

"Suicide in Australia is increasing at the same time as deaths from most physical illnesses are decreasing."

"We must set a target to focus governments' funding and the community on suicide reduction."

"We should say as a nation that we want zero suicides and we are starting with a target to reduce suicide in Australia by 25 percent in the next five years."

**UK**



## I went from NHS doctor to mental health patient overnight

I struggled with my mental health as a teenager and through university but I kept thinking to myself that things would be better if I could just

get to the next phase in my life. My confidence and self esteem had always been really low but I thought once I passed my degree it would prove to me that I was good enough. University was incredibly stressful; it felt like I was being tested and scrutinised every day – and rightly so, I was training to be a doctor. I was really excited the first time I walked on to a ward as a qualified doctor but my nerves were sky high, not just because it was the first day of a new job but my credentials meant I suddenly had ‘trust me’ status – it’s quite a responsibility. I could not shake the nagging doubt that I just wasn’t good enough. I felt sick when my on-call or crash bleep went off and I would hide in the toilets crying, absolutely terrified I would do something wrong that would result in someone dying. That was my ultimate fear and it played on a constant loop in my brain.

The learning never stops as a doctor – illnesses and treatments are constantly evolving as we discover more about the human body. I find this fascinating but it also means the exams never stop.

11 SEP We weren’t meant to work more than 50 hours per week but if we did, we just had to say we hadn’t. Overtime was essential to fit everything in but we were not to declare it. A week of nights equaled 91 hours. I’m not sure how anyone is meant to function working those hours. I was completely exhausted, struggling to eat enough, sleeping very badly, my mental state was questionable and I had a negative thought stream playing on repeat in my brain, but I was certain my work was keeping me going. As long as I could just keep working, I would keep fighting.

11 SEP

Although I was plagued with self harm and suicidal thoughts, I knew I would never do anything to harm my patients. For over six months, I continued to put on a work mask and make everyone believe I was coping just fine. It didn’t occur to me to take sick leave.

Unfortunately I could not keep up this facade forever. My suicidal thoughts got worse so my psychiatrist thought an admission to a psychiatric ward would be the best thing for me. One Monday afternoon in February I went from working as a doctor, looking after sick people, to being a patient myself and the one that needed care.

I didn’t think I would ever actually be ‘one of them’. I had swapped sides and I didn’t know how to play this role. Walking on to the psychiatric ward and waiting to be admitted was one of the strangest experiences of my life. I didn’t think I would ever actually be ‘one of them’. I had swapped sides and I didn’t know how to play this role. I knew how to be a doctor, I knew how to present myself, I knew what

people expected from me – but as a patient, I was terrified. I knew logically that I was ill but I kept asking myself, was I really sick enough to be here? Instead of putting on the mask I was used to, I was being asked to be myself, be honest about how I was feeling and to let people help me. This was a alien experience.

Ultimately my story has a positive outcome: I no longer have symptoms of mental illness although I will be taking medication for the rest of my life. I have not returned to being a doctor, instead I have found ways to give back to the mental health community.

## USA



### Quitting mental health meds dangerous for students

When her daughter was in high school, Susan Hein occasionally asked if she was remembering to take her antidepressants. But Hein didn't count pills. She knew her daughter was on top of the regimen.

Hein, who lives in York County, Pa., hoped the same would continue in college. But on campus at Johnson & Wales University in Providence, R.I., her daughter feared being recognized by friends when she visited the counselling centre or a nearby pharmacy.

"That gave her so much anxiety that she couldn't deal with it," said Hein, who is executive director of the National Alliance on Mental Illness York County chapter. "She stopped taking her medication. And she didn't want to see anyone for counselling."

Soon, Hein said, the panic attacks that had been moderated by medication became constant. Her daughter went to the emergency room fearing she was having a heart attack.

Two more emergency visits followed. Finally, a doctor recommended she get psychiatric help. She was diagnosed with bipolar disorder and panic disorder, and resumed medication and therapy.

She graduated in 2009, but her experience is becoming increasingly common, mental-health experts say.



More students than ever before are entering college with pre-existing mental-health conditions, and medication can be an important component of their care. But many students stop taking medications when they arrive on campus — the exact moment their stress levels shoot up. The result can be a resurgence of mental-illness symptoms, side effects students don't realize can occur from the sudden stop, and in the worst cases, self-harm and even suicide.

"They don't want to be seen as someone with a problem," said Bruce Cohen, a psychiatrist at McLean Hospital in Massachusetts, where hundreds of college students from across the country are treated for mental illness each year.

It has become an increasingly frequent issue in the past two decades, as more teens are given medication for mental illness, Cohen said. A study of national data found the use of psychotropic medication in adolescents rose from 14 per cent in the 1990s to 20 per cent in the mid-2000s.

"We are now able to help students enough that they actually get into college, whereas 20 years ago, they wouldn't have," Cohen said.

But once they get there — removed from family who may have ensured they take their medication, and facing a new environment with new schedules and priorities — "a large proportion of students try stopping," Cohen said.

Some, like Hein's daughter, fear the stigma associated with others knowing they have a mental illness. Others believe — or wish — they don't need medication anymore, said Matthew Wintersteen, a clinical psychologist at Thomas Jefferson University.

"Feeling you have to take a medication to manage your mood is challenging for kids who are trying to become independent," Wintersteen said.

But many students don't realize there are consequences to abruptly stopping medication, Cohen said. It's in part because their effects fade slowly. "A few days you don't take it and you don't feel terrible," he said. "So you think maybe you don't need it."

After some time, though, students can experience more frequent or longer periods of depression, anxiety attacks or other symptoms associated with their illness. These effects can be compounded by students ending counselling as well, rather than trying to find a new therapist at college. Some people also suffer side-effects from suddenly stopping antidepressants, ranging from headaches to flu-like symptoms that can last weeks.

During this time, students can suffer academically or have trouble making friends, missing out on key college experiences, Cohen said. Some turn to alcohol and other drugs to self-medicate. That was the case for Hein's daughter, who had to get treatment for substance use disorder. In rare cases, Cohen has seen it lead to hospitalization, which can disrupt the student's entire semester.

These risks don't mean students can never stop or change their medication, Wintersteen said. In fact, parents should be open-minded about kids' wanting to change their routines as they get older. But it needs to be done with the help of professionals and at the right time, he said. Ideally, students should acclimate to college life first.

"The last thing you want to do is suddenly realize, I'm not doing well at school and if I'd been taking medicine, I might have done better," Wintersteen said.

Before the transition to college, or even early on in students' freshman years, families should talk about expectations around medication and counselling, Wintersteen said. They should also discuss if students want to authorize parents to access certain health information that is protected under medical and student privacy laws. The National Association on Mental Illness and the Jed Foundation have guides that can help with those discussions.

Hein said one of the main things she learned from her daughter's experience was to educate herself. "Don't assume anything," she said. Reach out to mental-health support groups to learn what children with mental illness will experience when they leave home for the first time.

Universities can play a role too, Cohen said. Once a student enrolls, counselling centres should ask if they are on treatment, and make a point of following up with them. It's not something many universities do now, but it could relieve some of the demand for counselling services later in the semester, Cohen said.

"It's much more expensive to address the problem after someone is off their meds," he said. "If you took preventive measures so people wouldn't get in trouble, then resources wouldn't be stretched as thin."

## USA

### **Woman who burned dad's home to the ground has history of mental illness**

A Lee County family said their loved one purposely burned down her father's mobile home because she suffers from numerous mental illnesses.

Lee County Sheriff's deputies arrested Mara McCabe on Sunday for arson. We've confirmed she's still in jail tonight.

There was a time McCabe was allowed to be around her grandchildren.

"She would give the shirt off her back to help everybody. She was very energetic, and everybody loved her. She would talk to anybody and put a smile on their face," said Melia Passamondi, McCabe's daughter.

McCabe was her daughter's rock.

"She's a wonderful person, and mental illness has just taken that away," Passamondi said.

Passamondi said a drunk driver hit McCabe at a young age. She survived, but Passamondi told us about ten years ago, McCabe began developing schizophrenic-like behaviors, possibly linked to the crash.

"You cannot convince her if she's having a good day and she says she'll get help," Passamondi said.

McCabe is confirmed to have two prior arrests in Lee County in the past six years for drugs and DUI. Her latest arrest came Sunday, this time accused of burning down her father's mobile home.

Jim McCabe, Mara McCabe's ex-husband, said the family's been trying to get her help for her mental illness for years. He told us Mara McCabe had been Baker Acted dozens of times.

"Everywhere we went, we were running up against closed doors," Jim McCabe said.

Kathleen Smith, the Public Defender of the 20th Judicial Circuit, said Florida ranks second to last in the whole country when it comes to funding for mental health. Lee County is one of worst funded for help with mental illnesses.

"If we had more outpatient services that were available like other communities in the state had, we would see much less of a necessity of using the Baker Act," Smith said.

Passamondi and Jim McCabe said putting more money towards mental health would have prevented Mara McCabe's alleged arson.

The Lee County Sheriff's Office told us mental health help is available at the Lee County Jail. Anyone can use the service by asking for it.

McCabe's family said she's been refusing treatment for years.

Her trial date is in October.

## USA

### High death rate after hospital discharge

People with mental health problems are at a hugely increased risk of dying from unnatural causes, including suicide, soon after they have been discharged from hospital, new research reveals.

Such patients are 32 times more likely to die of fatal poisoning and 90 times more likely to perish from a drugs overdose than the general population, according to a new study.

Experts say the difficulties some people with serious mental illness have in adjusting to life after a spell of inpatient care are likely to explain the higher death rate among that group of vulnerable patients.

They are at greatest risk of dying very soon after their discharge up until three months afterwards, according to new findings by a team led by Professor Roger Webb, an academic in Manchester University's centre for mental health and safety.

Source: Manchester University, October 2, 2018.

## A FRIEND 4 ME MY STORY

---

### KELLY's JOURNAL CONTINUED

My youngest memory as a child is when my Dad smashed the front door down to bash my mother. My dad was a heavy drinker and as a result my parents were always fighting. My Mother always fought back so as a result they both bashed each other with my Mum always coming off second best. When I was four my Parents split, my Dad stopped his drinking and both parents remarried. My new step mother was great but my Dad had little time for us. We visited him every Saturday but I never remember him taking us anywhere it was just a quick visit to his home and it never felt like home to me. My new stepfather was great to; he never gave me a reason to complain. We lived in a housing commission home but my Mother always had it looking nice. We had a good childhood and I always had a lot of friends. When I was 12 my baby sister M was born followed by M. I loved my younger siblings very much and would do anything for them. My mother told my older brother and myself that she could not afford to buy for all of us and asked if we would go without so the younger two could have. She said we had everything when we were little and it's not fair on M and M if they don't. I would do anything for them so I agreed and so the future began where I would give to the younger and go without myself. My Mother was a very controlling person and I always did as I was told. I would never argue or complain. My Mother quiet often yelled at us for silly things and when she did she would go on for hours about it so I learnt to always please her. Funny how the younger two never coped what the older two did. When I was 15 My Mother brought her first home and we was all so happy. Only problem was it was a 30 minute drive from where we lived which meant I would have to go to a new school and say goodbye to all my friends. Most of my friends I would never see again as I had no transport to visit them and by the time I had my own car we had grown apart. I was so happy to start a new school and meet new friends but on the first day off my new school I was bullied and never made any close friends. I first meet David in science class. The teacher was trying to make him sit with me and he was refusing. In the end he was made to sit with me much to his disgust. Didn't take David long to like me and he was the only person who showed an interest in me at school, He never bullied

me like everyone else. He soon started to visit me at home much to my Mothers disgust and she soon turned me against him so I asked him to leave. I was now all alone. I left school and got a job at the local cake shop. I now had no friends. Depression started to get to me. My mother had turned me into a person who shuts up, does what they are told, never complain and always willing to go without to please others and I remain like that my whole life. The feeling of being alone with no friends and both my parents concentrating on their new partners and new family finally had its toll on me and one night I went to bed and overdosed on aspirin. At the time I really thought it would kill me, it didn't, the following day I was so sick. My time of being alone finally got the better of me so I made that one phone call to the only person who ever cared, David, and we have been together ever since. I fell pregnant at the age of 19, we married before the baby was born. By the time I was 23 I had three kids, D, D, and J. It was always just the five of us. I never had any friends. By now my mother had all but thrown me away with M and being her life. I don't even remember my 21st birthday; it was just another day to me. We always done it hard, never got help from anyone. It was so easy for David to control me from the start without him even realising he was doing it with my upbringing. I always tried to please and turned myself into the person that he wanted me to be. We had a good marriage and never fought but that was only because I had learnt to shut up and not have an opinion, you could never win a fight with David so you learnt not to bother trying. One example of this is when I was studying for my nursing, the nursing home was letting me pay the course off, it was a few weeks before the course was due to finish and I only had a couple of hundred dollars left to pay. The family went over to the local shops on Thursday night and when we got there David hit me up for money, he said we need two new tires. I tell him we only have my course money and he will have to wait for the tires. He yells "well I won't bother going to work then" so I let him get the tires. Graduation day comes for my nursing course and I spent the day at home crying. I could not afford to pay the last of it so I missed out on going. That was a very special day to me and I missed it. David always made me feel like he was such a better person than me, I was just so much lower than him and he always reminded me how much he hated my family and how special his was. He never helped around the house even when I had 3 small kids and a part time job. When asked for help his answer was "When you have a full time job then I will help you" Me being me never complained so I did it all myself. I was so happy when I finally got a fulltime job; it meant more money for the family and help with the kids and around the house. When I asked David for help his answer this time was "when you are on \$25 an hour like me then I will help". Me being me never complained. He recently told me that he does not feel like my husband that he feels more like my boss and that is so true. You learn over time to be the wife that he wants and that takes away who you really are and in the end you find

yourself fighting for who you really are. David always wanted it just to be the two of us so as a result I never had any friends but he never really had anyone either. All in all we had a good marriage, I never complained, never looked at another person, and David was the only person I had ever slept with and I truly believed that he had only been with me. I was so proud of that. David loved me so much and always said if I was to die that he would never get remarried, I would be the only woman for him and so begins my diary. My kids are getting older they are teenagers now, 15, 14 and 12. It is the year 2009 and my life and family as I know it is about to change. Because this diary was started on 2-11-2010 some dates remain unknown but dates that are in here are correct. Everything is true to the best of my ability but because this was a really bad time in my life my brain goes dead a lot, sorry about that, but I will do my best to remember. Do not enjoy reading this as it is not meant for enjoyment just written as a memory of how things can change and how some things are just not worth changing and if it can help one person not to have to go through the shit that I did, it will be worth the pain.

## FEEDBACK

---

A friend (until recently a Brisbane local) is in the USA having problems as off meds etc. bipolar and alcoholic having blackouts Relationship break up. Feeling suicidal. Didn't feel like he got much from the US resources...Can he contact you guys via text? Is Facebook messenger an option?

---

Hi, The last few weeks have been crazy I'm not really sure how I feel I know how I'm meant to feel but atm no matter how hard I try I'm tired and exhausted constantly worried about making sure everyone else is ok I just wanna sleep and not feel the pain anymore the stress and constant worried thoughts about what everyone else is thinking that I'm making silly mistakes at work and my boss already doesn't like me so trying to fly under the radar but i cant seem too. I'm confusing unit numbers and letters stuff I don't normally do.. i have 2 amazing kids but atm I snap at click of a finger just little things making me snap not doing chores etc it's crazy and last few weeks my thoughts have been crazy all the emotional turmoil from past few years catching up this year alone since January I've been to 4 funerals n back to engagement party and it hurts it all hurts I should be happy but I'm not I'm sad and depressed all the time my anxiety is out of control

---

Hi White Wreath. I just learned of your service and would like to talk with you further about the possibility of me working with you as a volunteer. My previous relevant experience is as a suicide counsellor with Lifeline and years working in child protection. I have also worked as a Life Coach and personal development Workshop Facilitator. Looking forward to hearing from you.

I feel so depressed so often, I feel as if I cannot even get out of bed anymore but I hate being in bed as it makes me over think and want to cry. I feel so trapped in my own head and I feel like I cannot escape no matter what I do.



I've resulted in self medicating myself to escape the pain but it's only a temporary solution such as taking any prescription pills I can get my hands on and taking an extreme dosage to not feel anything. I feel as if my family do not like me anymore, I've recently broken up with the only person I ever loved and he changed and he told me I was not good enough and he felt forced to be with me. I've been self harming since I was 11 years old and now I am 17 and still doing it even though I always seek help, I feel as if there's no point even talking about my problems anymore because it doesn't help because there is no solution :( I feel so trapped, I had a controlling boyfriend who was addicted to Xanax for the past few months and we have been together for over a year and he broke my heart and everytime he was on Xanax he would treat me like nothing and disrespect me and call me names, I feel as if I have no one to talk to anymore, I feel so so depressed, everytime I look in the mirror I wonder why I'm even here and what's the purpose, nothing excites me anymore I just look at other people and get jealous that they feel okay and happy and I just can't even cope, I feel literally TRAPPED in my own head even when I sleep I have the worst dreams that make me feel so shit and then I lay in bed until I can't physically take it, I wake up every morning crying about the fact I have no one and I feel like it's all so pointless, depression has taken over my life to the point I want to die and not be here anymore, please help

---

Good morning. Our health centre would like to have a Sock it to suicide event and am wondering if you have any promotion tins etc that we could collect donation etc. regards

I have depression and anxiety and a stress disorder and I don't know what to do about it I feel like I'm getting worse and I'm scaring myself

---

## 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](http://www.whitewreath.com) then follow the instruction.

2. Directly/**Direct Transfer** into any Westpac Bank  
Account Name White Wreath Association Ltd  
BSB No 034-109 Account No 210509

3. **Cheque/Money Order** to White Wreath Association Ltd  
PO Box 1078  
Browns Plains Qld 4118

## HUMOUR QUOTES

12/4/2018

<https://whitewreathassociation.createsend.com/t/ViewEmail/r/AF25A0CF8EF611372540EF23F30FEDED/C67FD2F38AC4859C/?tx=0&p...>

I saw a driver texting and driving. It made me so mad I threw my beer at him

The four most beautiful words in our common language. "I told you so"

How come you never see a headline like "Psychic Wins Lotto"

**The Views and opinions in our Newsletter are not necessarily the views and opinions of the White Wreath Assoc**

You are receiving this email because you subscribed to White Wreath Association newsletter or a friend forwarded it to you.

**[Edit your subscription](#) | [Unsubscribe](#)**

WHITE WREATH  
ASSOCIATION Ltd®  
Action Against Suicide  
A.C.N. 117 603 442  
Head Office: PO Box 1078  
Browns Plains, QLD 4118