White Wreath Association Ltd[®] "Action against Suicide"

NEWSLETTER

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Australia's mental health services and voluntary organisations have been inundated with calls from troubled mental health clients and threatened suicide cases. White Wreath services are available 24 hours a day. In these difficult times, we are there for you.Numerous families have endured financial difficulties, with home schooling, and domestic violence incidents. I give my thanks to the front-line health workers who are doing a fantastic job coping with demanding circumstances above and beyond their normal duties.

This edition of the newsletter has the welcome announcement that medical students are to receive mental health first aid training to ensure they can respond to stress associated with the COVID-19 pandemic. We must be optimistic and look to the future "on the other side".

RESEARCH OFFICER PETER NEAME

The whole theory of "care in the community " has been made a total black or morbid comedy by the high and rising suicide rate in New Zealand and Australia. In the past 30 years the young male suicide rate has risen by almost 600 per cent. Having said that the suicide rate in 70 plus year olds has always been the highest. Governments and health professionals know that you simply cannot reduce suicide if you do not provide medium and long-term beds.

You simply cannot reduce suicide by counselling, mass evangelising. You have to admit suicidal people immediately a true medical emergency, but that costs time and money. So governments and the psychiatric establishment -- the movers and shakers of mental health have come up with the brilliant propaganda, totally meaningless dogma that "suicide is a complex societal problem ".For as long as written records exist it has been known that suicide is caused by mental illness. Suicide is the direct responsibility of the psychiatric profession and the government. " Those whom the gods wish to destroy, they first make mad " Euripides c 485 --406 BC

WORLD NEWS - AUSTRALIA



Research reveals alarming link between rising antidepressant use and suicide rates among young Australians by Curtin University

New research from Curtin University and the University of Adelaide has shown rates of antidepressant use and suicide by young Australians have risen sharply since 2009, raising concerns about the safety of current treatment practices, and the veracity of advice from Australian suicide prevention experts.

Published in Frontiers in Psychiatry, the research examined Australian antidepressant prescribing and suicide rates since controversial warnings by the US Food and Drug Administration (FDA), in 2004 and 2007, that the use of antidepressants by people under 25 years of age with depression was associated with approximately double the risk of suicidal thoughts and behaviors.

The FDA's advice was based on evidence from multiple trials comparing antidepressants with placebo pills. Lead author Dr. Martin Whitely, Research Fellow at the John Curtin Institute of Public Policy at Curtin University, said there was a substantial decrease in the number of Australians dispensed antidepressants following the initial warning, and suicide rates were volatile, with a weak but inconsistent downwards trend."However, since 2009, both antidepressant prescribing and suicide rates have risen sharply, with the number of suicides by Australians aged 0 to 24 rising from 279 in 2009 to 458 in 2018," Dr. Whitely said.

"From 2008-09 to 2017-18, the proportion of Australians aged 0 to 27 using antidepressants grew from about 2.9% to 4.8%." Co-author Dr. Melissa Raven, a psychiatric epidemiologist at the University of Adelaide, said there had been a per-capita increase of 49% in suicide rates and an estimated 66% increase in antidepressant dispensing rates among young Australians in a decade. "There is also evidence of a substantial increase in rates of self-harm by young Australians, with prescription antidepressants among the drugs most commonly used in self-poisoning," Dr. Raven said. Child and adolescent psychiatrist and co-author, Professor Jon Jureidini, also from the University of Adelaide, said influential Australian mental health organizations and psychiatric thought leaders had contested the FDA warnings.

"They argued that, on balance, antidepressants reduce the risk of youth suicide and it appears many Australian doctors, including GPs, have followed their lead and discounted the FDA warnings," Professor Jureidini said. "Australian Government figures indicate 101,174 children (under 18) and 328,879 young adults (aged 18 to 27) were dispensed an antidepressant in 2017/18. "Antidepressants are not approved for the treatment of depression in people under 18 and it is particularly concerning that so many Australian children have been prescribed them." Professor Jureidini added the research provided clear evidence that more young Australians were taking antidepressants, and more young Australians were killing themselves and self-harming, often by intentionally overdosing on the very substances intended to help them. Dr. Whitely said "We need to ask whether, despite their good intentions, Australia's leading suicide prevention organizations and experts have got it wrong and whether we should continue to follow their advice." The paper is titled "Antidepressant Prescribing and Suicide/Self-Harm by Young Australians: Regulatory Warnings, Contradictory Advice, and Long-Term Trends."

WORLD NEWS - USA



Full story

Letter to the editor: Send support services, not police, when people are in crisis

As a white mental health professional, I wanted to reiterate something: The police have no role in providing crisis mental health care. An estimated **10 percent** of 911 calls are for mental health crises. Police are called on those in mental health crisis every day, not only by strangers, but also, more commonly, by their family members and loved ones, who simply need help.

Around 25 percent to half of fatal police shootings involve people with mental illness, **according to** the nonprofit Treatment Advocacy Center; if you have untreated mental illness, you are **16 times** more likely to be killed by law enforcement. We must reduce encounters between those who experience mental illness and the police. I've been a vocal supporter of this in my role as a nurse in an inpatient psychiatric

hospital and use my white and professional privilege to be loud about this.

Involving the police in times of crisis is the quickest way to involve patients in a system that is more likely to kill them. It is imperative that we support and fund non-police emergency response measures like crisis support services. Having a social worker tag along on police calls is a Band-Aid. The police should not be involved in the first place. We must decriminalize mental illness and stop police from killing the mentally ill. We need a 24/7 harm reduction-based model that responds to the unmet needs of those in crisis – needs that do not involve the police. Don't call the police on your loved ones. Don't call the police on your patients.

Laura Sawyer,

Portland

WORLD NEWS AUSTRALIA

Mental health wards at capacity across Canberra hospitals as demand surges

Canberra Hospital's Adult Mental Health Unit has recently been running at full occupancy. Similar in-patient levels have been recorded at Calvary Hospital, the ACT Government's Select Committee on the COVID-19 pandemic response has heard. Since the start of this year, there has been a 10 per cent increase in admissions across the ACT's acute mental health services and a 14 per cent jump in demand for high-dependency beds compared to the second half of 2019, executive director of the Mental Health, Justice Health and Alcohol and Drug Service, Karen Grace, told the committee. "We have seen an increase in presentations of people who are the high end of being unwell, which is a significant increase in what we would ordinarily see," she said. "There has [also] been a significant increase in patients with comorbid drug and alcohol abuse issues."

An ACT Government spokesperson said beds may be full, but no-one is being turned away from acute beds and patients are being moved around on a daily basis. Eight extra beds have also been called in at both Canberra Hospital and Calvary Hospital. ACT Minister for Mental Health Shane Rattenbury said five of these extra beds are being opened at the Older Persons Mental Health Service at Calvary Hospital, in Bruce, to cope with increased demand. "The mental health implications of the COVID-19 pandemic are something this government, and indeed across the Commonwealth, have been alive to," he said. "We have also experienced demand pressure as a result of the COVID-19 period." However, mental health advocacy groups previously told the Inquiry into Youth Mental Health in the ACT that there is a gap within Canberra's mental health services when dealing with some severe cases.

Executive director of the ACT Youth Coalition, Dr Justin Barker, says Canberra's health system is being forced to triage its most critical cases. Severe mental health cases are being referred back to community organisations which do not have the capacity to deal with them. Dr Barker told the committee that only when patients only enter the mental health system when they are on the precipice of a crisis.

"People at suicide risk and having florid psychosis are being asked to go back home," he said. "It is incredibly discouraging being told [you are] not severe enough for help." The saturated service has a trickle-on effect. When patients are told their illness is not acute enough, they are pushed back into the community sector and may not ask for help again in the future, said Dr Barker. He added that the system is suboptimal as young people are being introduced into the system in a very ad-hoc way.

The CEO of Mental Illness Education ACT (MIEACT), Heidi Prowse, said more work needs to be done to connect with young people prior to them being in an acute mental health situation. While MIEACT programs cover 83 per cent of ACT secondary schools, and will cover 100 per cent during the next 12 months, there are only trial mental health programs in school classrooms for year-three and year-four students. As most programs start at the age of 12, there is concern that young students aged eight to 12 who are at risk of developing mental health issues are being forced to face the situation before they get the chance to build resilience or learn about what they can do, said Ms Prowse. However, Mental Health, Justice Health and Alcohol and Drug Service CEO Ms Grace said that despite the increase in mental health presentations from younger people, telehealth services and more technological engagement are not a panacea for reaching young people. "What we saw initially with young people was a good uptake of telehealth, but over time, during the past month or so, there has been a level of disengagement with young people not answering the phone when their clinical manager is calling them," said Ms Grace. "But that is anecdotal."

WORLD NEWS NEW ZEALAND

West Coast DHB defends monitoring of suicide cases in community care

Lois Williams - Northland Reporter @loiswilliamsrnz

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The West Coast DHB is to take a closer look at cases of suicide in the region at the urging of two board members. Long-time mental health campaigner and former Seaview psychiatric nurse Peter Neame made an impassioned plea to the board at its recent meeting, to improve its care for people in mental distress. "Fourteen people have died in the care of our mental health service - they are being treated in the community when they should not be. I call this sub-standard and the board's attitude is sub-standard. I would like to see a report on every one of those deaths." DHB chief executive David Meates said every death was reviewed with full reports going to the board's Quality Finance, Audit and Risk (QFAR) Committee. "They are reviewed in depth and detail, and in confidence, to protect the privacy of the families." Board members could request the reports from the QFAR committee if they wished to see them, Meates said. Neame said that was bureaucratic speak for avoiding the problem. "This has been going on for a long time - the coast has one of the highest suicide rates in New Zealand and you can't use the Privacy Act to cover up public safety.

"What is going on is totally unacceptable." DHB chairman Rick Barker said Neame had raised a legitimate point of concern, but the interests of the families were paramount. "My brother committed suicide at the age of 21; my family still blames itself and I am utterly and completely opposed to these matters being trawled over in public. "The place for this is the Audit and Risk Committee and if you wish to see more I invite you to be a member."

Meates said the coast's suicide statistics were not significantly out of line with the rest of New Zealand. "I can assure you that our processes of review are robust and externally reviewed," he said. Neame said in any other arena, deaths while under care would be a public scandal. "You will never get the real facts presented - staff get defensive. I wouldn't trust what QFAR reports - it's bull***t." Meates said Neame's views on mental health treatment were out of line with contemporary thinking. "I understand your point of view differs; I'm not saying those views are right or wrong. But we pride ourselves on where we have issues, we confront them. We do not bury our heads in the sand."

Ngai Tahu DHB representative Francois Tumahai said he also had concerns about the care available for people who were suicidal. "I have to support Peter. We had a case in my family and my nephew was screaming out for help. It was badly handled." The DHB restructured its mental health service on the Coast last year, setting up a new Greymouth-based crisis team. Board member Nigel Ogilvie, a registered nurse and practice director at Westland Medical Centre, said the new system was widely consulted on in the community, and he felt it was heading in the right direction. However, he shared Neame's concerns about acute mental health care. "It can be very difficult for us to get people into hospital. Every incident is different; but sometimes it can be because there is no psychiatrist there. "Another day it can be because there's no bed available. The DHB does need to look at the issues around getting people into in-patient care The board agreed to hold a closed workshop on the issue and possibly invite an advisor from the Ministry of Health's suicide prevention team to take part.

Neame, who has campaigned for decades on the need for hospital care for people who are suicidal, said he doubted a workshop would change much. "The reason our suicide rate is so high is that people no longer get the care they used to get. In the old days you would be admitted immediately and kept in hospital until you felt better and most people did get better. "Say you are suicidal these days and you're dismissed as an attention-seeker. Hospital beds cost money and it suits the government to believe community care will fix you. It doesn't and the numbers show it." Official statistics show the West Coast suicide rates actually fell last year by 75 percent. But in each of the two previous years, 10 people took their own lives, a figure that was the highest per capita rate in New Zealand. West Coast DHB says anyone who is feeling stressed and anxious or who needs some advice, can reach out for support from the following:

WORLD NEWS AUSTRALIA

Mental health first aid funding for medical students

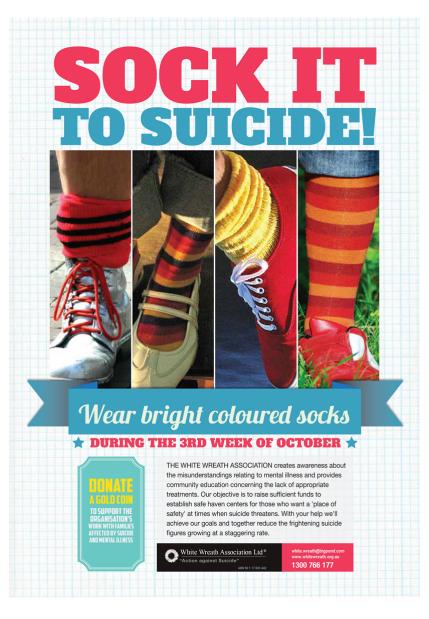
Medical students across Australia will soon receive basic mental health first aid training to ensure they can recognise and respond to the extra stresses associated with the COVID-19 pandemic.

The Australian Government will provide \$690,000 to the Medical Deans Australia and New Zealand to support mental health first aid training for all medical students. The Government recognises that many Australians are experiencing anxiety, loneliness, and financial and family stress as a result of the COVID-19 pandemic and the measures needed to contain it. The Government funding will provide first level mental health training through an online course specifically designed for medical students by Mental Health First Aid (MHFA) Australia. Using case studies, videos and other resources, the course shows the signs and symptoms of mental health problems, where and how to get help and what sort of help has been shown by research to be effective.

As well as learning to recognise others' problems, the course will remind Australian medical students to monitor their own mental health and wellbeing. It will help our future doctors through this unprecedented period, and equip them to help others including family and friends. Supporting mental health and suicide prevention remains one of the Government's highest priorities. In response to the mental health challenges of the COVID-19 pandemic, on 15 May the Morrison Government announced \$48.1 million to support the Mental Health and Wellbeing Pandemic Response Plan approved by the National Cabinet. This investment is in addition to \$500 million for mental health and suicide prevention announced by the Government since 30 January, including \$64 million for suicide prevention and \$74 million for preventative mental health services, and a significant proportion of the \$669 million telehealth package to support MBS subsidised mental health services delivered by GPs, psychologists, psychiatrists and other mental health professionals.

MHFA Australia is also receiving more than \$4.4 million from the Commonwealth under the National Suicide Prevention Leadership and Support Program. This funding supports MHFA Australia's national network of instructors and development of relevant training resources. Through record investments in mental health services and support, with expenditure estimated to be \$5.2 billion this year alone, the Australian Government continues to demonstrate its firm commitment to the mental health and well-being of all Australians.

COMING EVENTS



PLEASE GET YOUR SCHOOL, WORKPLACE, SOCIAL CLUB ETC INVOLVED AND TOGETHER LETS "SOCK IT TO SUICIDE" CONTACT US ON 1300 766 177 FOR MORE INFORMATION

AGM IMPORTANT NOTICE

ANNUAL GENERAL MEETING OF BOARD MEMBERS WHITE WREATH ASSOCIATION LTD

Monday 5 October 2020 - 7PM 15 LEITCHS ROAD SOUTH ALBANY CREEK QLD 4036 (FOOD SUPPLIED)

WORLD NEWS AUSTRALIA

Real-time suicide data could be years away

The real-time suicide data promised by the Morrison government as part of its COVID-19 mental health response plan may not be available for two years.

Unveiling the response plan last month, Health Minister Greg Hunt promised to fill gaps in the data, which he said was "exceptionally important" to address the nation's mental health needs. But in its written response to questions on notice at a Senate inquiry into the government's COVID-19 response on Monday, the Health Department said the \$2.6 million in data funding included in the plan would go towards a project slated for completion in mid-2022.

The national suicide and self-harm monitoring system, which is being established at a cost of \$15 million, was announced as part of the 2019-20 federal budget with a three-year timeframe. The department also revealed only Victoria, Queensland and Tasmania had agreed to supply their suicide data and only on the condition it would not be made public. Despite an overall decline in hospital presentations during the COVID-19 pandemic, Victorian Health Department data shows emergency room visits by mental health patients, as a proportion of emergency room visits, rose by a third in April compared with a year earlier.

The NSW Health Department refused to share its hospital data, but emergency room physician Simon Judkins, past president of the Australasian College for Emergency Medicine (ACEM), said his colleagues were reporting similar trends in all states and territories. "It's the same pattern everywhere," Dr Judkins told The Sydney Morning Herald and The Age. "For each jurisdiction, there are significant concerns about the mental health needs. Not only have we not seen a drop in presentations, but the concern is we're going to see a significant rise in the number of mental health presentations due to the stress that COVID has introduced. "In April, there were 6947 mental health presentations to Victorian emergency departments – 6.8 per cent of total emergency department presentations. By comparison, in April 2019, there were 7765 mental health presentations to emergency, which was 5.1 per cent of the total. Crisis and support services have also experienced increased demand, with calls to Lifeline up 23 per cent in the four weeks to May 10 compared with the same period a year earlier. Kids Helpline had a 51 per cent increase in calls, emails and web chat, while Beyond Blue's contacts across all platforms were up 57 per cent. Beyond Blue's coronavirus wellbeing support service received 4938 calls in the five weeks to May 20, with isolation, anxiety, worry and depression the most common reasons for calling.

Dr Judkins said Australians with mental illness were struggling with loneliness and the disruption to routines caused by lockdowns, while many had found it difficult not being able to visit their psychologist or GP face to face. "There is significant concern among mental health clinicians that this is the next wave that we're going to have to flatten," he said. "We're just going to see the numbers going up and up and up." A Health Department spokesman said the first phase of the national suicide monitoring website would go live on July 31, 2020 "with existing data. "Data will continue to be released over the course of the project," the spokesman said. "Some aspects of the data will be available publicly, however a secure site will be established for authorised users, such as policy makers and health officials."

ACEM president John Bonning said patients with mental health conditions were facing "unacceptably long and dangerous waits" for ongoing psychiatric care. "Action is needed to improve resourcing, capacity and integration of mental health services," he said. Professor lan Hickie from Sydney University's Brain and Mind Centre, whose modelling has forecast a 25 per cent increase in suicides owing to COVID-19, is concerned governments are not taking the issue seriously enough. "What we know doesn't work is more community awareness and more entry points to a system without sustained care," he said. "Is the government taking the modelling as seriously as it took the modelling for the virus?"

WORLD NEWS AUSTRALIA

Expanding suicide prevention through Hey Grants

May 20, 2020 The Victorian State Government has extended funding for vital projects aimed at improving the mental health and well-being of lesbian, gay, bisexual, transgender, intersex and queer young people.

Minister for Mental Health Martin Foley announced eight organisations will share in more than \$500,000 to keep their programs going, as part of the latest round of Healthy Equal Youth (HEY) grants. The HEY Project and HEY grants aim to raise awareness, promote diversity, eliminate stigma and discrimination, and improve the overall mental health of young LGBTIQ people.

The grants program is coordinated by Youth Affairs Council Victoria (YACVic) and to date has supported more than 79 organisations improving the mental health and wellbeing of young LGBTIQ Victorians. Six of the eight organisations to have their funding extended are in regional locations and include Parents of Gender Diverse Children. The \$504,250 in extended funding will allow for more resources, information and support for local LGBTIQ young people and establish strategies to engage and develop youth leadership.

Other recipients include Uniting Shepparton (Diversity), Gateway Health (WayOut), Minus 18, Latrobe Community Health Services (headspace Morwell), Gippsland Lakes Community Health, Ballarat Community Health (Zaque), and Brophy Family and Youth Services (YUMCHA). The Royal Commission into Victoria's Mental Health Services interim report found that LGBTIQ Victorians experience disproportionate rates of mental illness and suicide compared with the wider Victorian community and this funding will help services deliver the tailored support needed to save lives.

The Victorian Government will implement all recommendations made by the Royal Commission into Victoria's Mental Health System. For more information on the grants visit yacvic.org.au/get-involved/heygrants. "We know LGBTIQ Victorians, particularly in regional areas, are over represented when it comes to poor mental health outcomes," Mr Foley said. "These grants help us provide the resources and support people need to get well and stay well. "It's so important we're looking after our most vulnerable and all of these organisations are doing fantastic work to address discrimination and minimise any factors that threaten good mental health in the LGBTIQ community."

FEEDBACK

I feel really suicidal and depressed. Nothing is really happening that's different. The feeling is just more intense

Feeling like a complete failure. I have 2 little children and a partner that I seem to dispose of at times. I feel overwhelmed and can't handle it

Did a test that said I might have high anxiety and mild depression. What do I do

I probably sound crazy but I used a natural supplement with good results and I haven't seen a GP about this for some years. I had quite a scary reaction to the medication and now I'm probably reluctant to try again

I tend to be good at hiding how I'm feeling at work It's a struggle to get there but I've only had to call in sick maybe twice. So I always manage to get myself up so I guess that's a positive

I'm in a mental big black hole and I just want to know that life gets better

I'm just struggling with everything

HUMOUR

Source

My mother was browsing in a store when a saleswoman offered assistance. Mom admitted she didn't have anything particular in mind, and the pair started chatting. The woman quickly learned that Mom was retired. Interested, she confessed that she, too, was considering retirement. Mom immediately started telling her how much she liked no longer working and how the saleswoman would enjoy it too. Finally, convinced by Mom's enthusiasm, she asked, "How long have you been retired?" Mom said, "This is my first day." — Lee Beacham

After doing some DIY projects around the house, I have a new motto: Do your best to do things right the first few times. — Thomas Ngo

If you understand English, press 1. If you do not understand English, press 2. Recording on an Australian tax help line

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 & moreConverting 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

STEVE DOIG CONTACT INFORMATION

Boig website technology



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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. Paypal. Just click on their link

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