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DIRECTORS REPORT



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Suicide kills, but there's more than one victim. It's the family, friends, and community that also hurt. Suicide crosses all boundaries and finds its way into most of our lives.

Every year more than 65000 Australians make an attempt on their life. In Australia, suicide is our leading cause of death from ages 15 to 44. It can knock on any of our doors. It might have affected you? The tragedy is made worse from all the years lost, and all the life that could have been.

There comes a point when something must be done. We are at that point—when it's more common to be aware of someone around to have committed suicide than not. Instead, suicide is becoming a part of life. It is something we are acclimatising to.

Suicide kills. It's responsible for 5 times more deaths than homicides in Australia alone. Violence isn't our biggest threat, it's suicide. It finds its way into all our lives, and across all communities, classes, and cultures. Suicide is all of our problem, and together we can all do something about it.

Fanita Clark
CEO/Director

RESEARCH OFFICER PETER NEAME

There is no such thing as “mildly suicidal” even though the phrase is used often. You are either suicidal or not suicidal. If suicidal then you must be cared for as an inpatient under very close supervision.

‘Counselling’ suicidal people or ‘caring for in the community’ suicidal people is a form of State sanctioned murder.

‘For most, the funeral and final resting place is just as lonely as their life was’

WORLD NEWS CATO INSTITUTE



New Research Fails to Show a Correlation Between Marijuana, Suicide, and Mental Illness

By [Jeffrey A. Singer](#)

SHARE

Some critics of marijuana legalization point to studies suggesting that regular use might [increase](#) the risk of mental illness or suicide. In 2013, [research](#) by Anderson, et al found no such relationship in states that had legalized medicinal marijuana. My colleagues Jacob J. Rich, Michael Schemenaur, and Robert Capodilupo and I did research to see if Anderson’s findings are still valid in 2021. As of 2021, 19 states and the District of Columbia have legalized marijuana for recreational use and medicinal marijuana is available in 35 states. We performed a state-level longitudinal analysis using suicide rates from the National Center for Health Statistics and mental health morbidity rates from the National Survey on Drug Use and Health following the procedures outlined by Anderson et al.

We found that recreational marijuana access was associated with a 6.29 percent **reduction** in suicide rates for males aged 40 to 49, but no other mental health outcomes were otherwise affected by liberalization of marijuana laws. The pre-print of our study is now available for viewing at [medRxiv](#). It is currently awaiting peer review for publication in a major scientific journal. The pdf of the study that includes the graphics along with the text can be found [here](#).

Sources:

<https://www.cato.org/blog/new-research-fails-show-correlation-between-marijuana-suicide-mental-illness>

(Rich and Schemenaur were both Cato Research Assistants in health policy when we began our study and are now working towards their PhDs at Case Western Reserve University and the University of Arizona respectively. Capodilupo was a Cato intern at the time. He is now attending law school at Yale University.)

SILENCE ON SUICIDE



Throughout history there has always been places of safety for the mentally ill – from monastery to hospital. It is only in the last fifty years that we have believed we can do away with places of safety or mental hospitals.

The reasons for mental hospitals were:

1. A place of safety or protection for the patient.
2. Peace and quiet or a reduction in sensory stimulus (stress) which tended to agitate the patient.
3. Return to a normal day/night, sleep/awake pattern (no sleep at all, sleep disturbance, or sleeping all day and up and agitated all night – “day/night reversal”) – commonly occur in mental illness.
4. Return to a healthy diet:- not eating, over-eating or just very poor diet are common in serious mental illness.
5. Return to a normal daily work/rest pattern.
6. Basic level of physical health, diet, hygiene treatment of medical problems, all of which are neglected in mental illness.
7. Protect suicidal patients from themselves.
8. Protect society from dangerous patients.
9. Establishment of a therapeutic community (such as White Wreath Association’s proposals).

Nightly we are treated to television advertisements of the dying moments of car accident victims to discourage people from driving whilst tired, drunk or speeding – nothing is said about privacy or confidentiality. Yet when a person attempts or talks of suicide in a treatment setting, his families are often not told.

Sources:

White Wreath Association

We are treated to every aspect from conception to birth, to surgical separation of Siamese twins, yet nothing is said about privacy and confidentiality, but when a suicidal-mentally ill patient is discharged into his parents or family's care they are often told nothing – on the grounds that it would breach the patient's right to confidentiality.

When a suicidal patient is refused care and subsequently suicides it is seldom publicised, yet heart disease, aids, cancer, epilepsy, everything but suicide/mental illness gets masses of publicity and funding/awareness campaigns.

The deliberate official and media blind-spot on suicide/mental illness must be the greatest public hypocrisy of the late 20th century and early 21st century. Heart attack, serious injury, respiratory arrest etc – all life threatening conditions, are immediately admitted to hospital – suicide/mental illness is the only life-threatening condition where people are routinely turned away and this is something that has only happened in the last fifty years.

A MOTHERS STORY



R.... was diagnosed with schizophrenia. In the early days of his illness R.... spent a lot of time in and out of every major hospital, and he escaped from them all at one time or another.

The only real care he received was from the staff at Hospital where he was a patient for five years, purely because he couldn't look after himself without proper care.

When he was released, he ended up in various boarding houses and hostels where apart from seeing a case manager once a week for medication, the rest of his care was left up to me his mother and as much as I loved him and would have done anything for him, sometimes it was all too hard and at times I had never felt so alone.

There needs to be a lot more help out there and not just for the person suffering the illness, but for the whole family.

"May R.... Rest In Peace" now, as after years and years of mental torture it all became too much for him and he jumped from a Bridge and drowned.

He will be missed terribly.

His Mother

COMING EVENTS

WEAR WHITE AT WORK



29TH MAY YEARLY

DONATE A GOLD COIN to show your support for mental illness sufferers and families bereaved by suicide.

GET YOUR WORKPLACE INVOLVED:

Call : 1300 766 177 or
0410 526 562

Visit : www.whitewreath.org.au



White Wreath Association Ltd®
"Action against Suicide"

ABN 50 1 17 603 442

PLEASE GET YOUR SCHOOL, WORKPLACE, SOCIAL CLUB ETC INVOLVED
AND TOGETHER LETS "WEAR WHITE AT WORK" AND SUPPORT THE WHITE
WREATH ASSOC WITH ITS AIMS, GOALS AND ENDEAVOURS

CONTACT US ON **1300 766 177** OR white.wreath@bigpond.com
FOR MORE INFORMATION

WORLD NEWS USA



Sources:

<https://www.bigrapidsnews.com/local-news/article/Lawmakers-weigh-shifting-mental-health-emergency-16558621.php>

Lawmakers weigh shifting mental health emergency responses from police Could result in fewer calls ending in arrests

Danielle James, Capital News Service
Oct. 25, 2021

Rural communities could receive funding to shift responses to mental health emergencies from law enforcement to trained mental health professionals if two Senate bills pass.

The legislation would establish community grants to assist local governments with increasing crisis response programs and diverting people with mental health conditions from jails

The legislation would establish community grants to assist local governments with increasing crisis response programs and diverting people with mental health conditions from jails.

One bill would allow communities to create and expand more crisis intervention services, including hotlines, counseling, and mental health related emergency response calls. It is sponsored by Sen. Stephanie Chang, D-Detroit.

All communities are eligible for funding, but rural communities would receive priority.

Chang said she has been talking with social workers and law enforcement offices across the state. She emphasized the importance of allowing trained mental health professionals to respond to emergency calls.

“So many people who call for help aren’t necessarily getting the help they need,” Chang said. “It’s so important that we’re really using our taxpayer dollars wisely and making sure that people are directed to the appropriate services.”

The program could mean that fewer of these calls would end in arrests, she said

“Last summer we started to work with others to think about how we can address the fact that we have so many people who have a mental health issue and are forced into interactions with the police,” Chang said. “Unfortunately, some people have gotten injured or killed.”

Sources:

<https://www.bigrapidsnews.com/local-news/article/Lawmakers-weigh-shifting-mental-health-emergency-16558621.php>

Outman sponsored another bill in the package that would create grants for local diversion programs.

That bill defines those as programs where an arrested individual with a behavioral health disorder is routed into treatment rather than into the criminal justice system.

Providing such an alternative pipeline would allow law enforcement to focus on the legal matters they are trained and equipped for, Outman said.

“Keeping people with mental health challenges in jail is expensive and over time has proven to be quite counterproductive,” Outman said. “These bills encourage and help fund alternative treatment options that direct people toward more appropriate care instead of just sending them to jail without addressing the underlying issue.”

Approximately 20% of the state’s prisoner population is enrolled in a mental health program, according to the Department of Corrections. Services range from temporary counseling to inpatient placements.

This bill would directly impact Michigan jails rather than prisons, according to Chris Gautz, a public information officer for the department, which supports the legislation. But the prison system could benefit.

“We hope the effects down the road would be fewer people entering the prison system, which would only be a good thing,” Gautz said.

“We do want to see people with mental health issues diverted from the prison system.”

The agency has spent just over \$5 million on mental health in prisons during this fiscal year, according to department data. Its projected expenditures for the year are slightly over \$50 million.

The state Department of Health and Human Services receives an annual grant of approximately \$13 million to fund the public mental health system. That department hasn’t taken a position, said Bob Wheaton, a public information officer for the agency.

Despite state funding, nearly 95% of individual mental health cases are handled through Medicaid, according to Robert Sheehan, the chief executive officer of the Community Mental Health Association of Michigan.

“There’s not much in the budget for people without Medicaid,” he said. Sheehan said there are currently around 325,000 Michigan residents who get service through the public mental health system.

“We represent all the public mental health centers, and everything across the board is used a lot, from crisis services to support in the home,” Sheehan said.

Priority for the funds from the legislation is in rural areas — counties without urbanized areas of at least 50,000 people.

Sources:

<https://www.bigrapidsnews.com/local-news/article/Lawmakers-weigh-shifting-mental-health-emergency-16558621.php>

A state task force on jail and pretrial incarceration found that the percentage of people with mental illnesses in jails was particularly high in rural areas, Chang said.

Sheehan said the emphasis on rural areas is due to the response time of mobile crisis units, which are teams that provide immediate response to mental health crises across the state.

“There’s a workforce shortage in behavior health for psychiatrists, social workers, psychologists and direct care workers,” Sheehan said. “The bills are needed in rural areas because they’re looking to fund mobile crisis units.

“In rural areas, if you send a team out they can be gone for the whole day in one visit,” he said.

Sheehan said more funding could improve the response times and address shortages.

“The public system in Michigan is one of the best in the country actually,” Sheehan said, “and these two bills close the financing gap.”

The bills passed in the Senate and await action in the House.

WORLD NEWS - WHO



One in 100 deaths is by suicide

WHO guidance to help the world reach the target of reducing suicide rate by 1/3 by 2030

Suicide remains one of the leading causes of death worldwide, according to WHO’s latest estimates, published today in “Suicide worldwide in 2019”. Every year, more people die as a result of suicide than HIV, malaria or breast cancer – or war and homicide. In 2019, more than 700 000 people died by suicide: one in every 100 deaths, prompting WHO to produce new guidance to help countries improve suicide prevention and care.

“We cannot – and must not – ignore suicide,” said Dr Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization. “Each one is a tragedy. Our attention to suicide prevention is even more important now, after many months living with the COVID-19 pandemic, with many of the risk factors for suicide – job loss, financial stress and social isolation – still very much present. The new guidance that WHO is releasing today provides a clear path for stepping up suicide prevention efforts.”

Sources:

<https://www.who.int/news/item/17-06-2021-one-in-100-deaths-is-by-suicide>

AGM THAT WAS HELD ON MONDAY 2 SEPTEMBER 2019

White Wreath Association Board Members/Directors

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

We welcome Steve Doig a new Board Member and who has been with the White Wreath Assoc for many years helping behind the scenes. 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.

FEEDBACK

Hi,

I'm sorry to bother you however I have dealt with Anxiety and Depression for a while, the school has given me a chance to educate others on Anxiety and was wondering if you have any information or resources that are available.

What is achieved by joining your association? I found my 23 year old son hanging from a tree I want to be part of the solution but not sure how to do this.... Not a day goes by that we don't miss that boy..... He is my baby.... I want his life to mean something to more than just us... I want to change the system with hospitals when they are trying to get help.... He was in hospital for an "accidental" (it wasn't) overdose 8 weeks before he passed away, & again for alcohol withdrawal 3 weeks before he passed away.... I can't have what I want so the next best thing is fighting for this in his name

Thank you for saving my life
After finding your website, I did not commit suicide
The stories posted comforted me and gave me a reason to live

I have a mental health since 2014 and i am looking mental health support of Psychiatrist. I live in Sydney but I can understand this organisation run in Queensland but if referral any other organisation , I am on centre link benefit. I can't afford to pay psychiatrist fees. Please help me if you can.

Thank you

HUMOUR



During a job interview at the 99 Cents store, my son was asked, “Where do you see yourself in five years?” My son’s reply: “At the Dollar Store.” He got the job.

Things You Should Never Say To an Australian

- Put another shrimp on the barbie. ...
- They are called flip flops
- Vegemite is disgusting. ...
- What’s the difference between Australia and New Zealand? ...
- Fosters is the best beer in the world. ...
- I hate AFL.
- Don’t call it a Soda

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.com/doig.web.tech>

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

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

WISH LIST

YOU MAY LIKE TO DONATE TO WHITE WREATH ASSOC

DONATIONS TAX DEDUCTIBLE

<https://www.whitewreath.org.au/donate/>

1. Via our credit card facility posted on our Website 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

ALL INFORMATION ON OUR DONATE/SHOP PAGE

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