



White Wreath Association Ltd®
“Action against Suicide”

NEWSLETTER

ABN 50 117 603 442

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IN OTHER NEWS

DIRECTOR'S REPORT



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This issue of our newsletter highlights mental health/suicide programs initiated by federal and state governments.

As well intended as they are, the programs have a one thing in common. They are all disjointed and uncoordinated.

No effort has been made to ascertain if similar programs have been attempted in other states and if the programs have been successful.

Federal oversight is sadly lacking.

Millions of dollars are handed out every year on these ill-conceived programs.

Yet suicide and self-harm rates are increasing.

In his maiden speech, Federal Parliamentarian, Julian Lesser, made an impassioned plea on the failure of the policy of continually throwing money at the mental health crisis.

White Wreath has continually urges federal and state governments to establish a body with the power to oversee an evidenced-based coordination of mental health measures on a state-federal basis.

The National Mental Health Commission held an extensive review of mental health programmes and services, handing down its findings last year to the Federal Government.

One of the Commission's findings was: "Despite almost \$10 billion in Commonwealth spending on mental health every year, there are no agreed or consistent national measures of whether this is leading to

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effective outcomes or whether peoples lives are being improved as a result."

At the time of writing, the Federal Government has not introduced any meaningful mental health legislation since it was re-elected.

This is an appalling indictment of our Federal representatives. It is time for the Federal Government to wake up and stop pouring millions of taxpayer funds into totally useless programmes.

Last but not least White Wreath wishes all our dedicated Members and readers a very Merry Xmas and a Happy and Prosperous New Year.

Fanita Clark
CEO

PETER NEAME, Research Officer, White Wreath Association Ltd



National Suicide Prevention Strategy for Australia and New Zealand

1. That the slogan 'Suicide a National Emergency' be adopted.
2. All people considered suicide have one line of treatment regardless of country, (Australia or New Zealand), state, public or private service. At the time of writing Australia is preparing to introduce some of the mistakes (e.g. suicide contracts) already outlawed in New Zealand. The implication here is that Australia and New Zealand, if really serious, should get together on this issue – it does not upset trade, politics, sporting or other business.
(Mental health services are insufficient, or inadequate, and always underfunded. In some areas services are non-existent. They are frequently inconsistent with one another and inaccessible to those they are designed to help. There is a high degree of fragmentation in the field. Often inappropriate treatment or the refusal to treat, results in outcomes which consumers and families regard as inhumane. The lack of national leadership, inadequate resources and underfunding has resulted in many of the services being poorly planned.)
Mason Report, 1996
3. Anyone young or old considered in any way suicidal should have at least 5 days' assessment in hospital. The first two days being under observation.
4. Community and first time assessment must involve the most experienced nurses.
5. That it be illegal to refuse the mentally ill care, and if a patient has a known history of mental illness or suicidal behaviour, there must be no barrier to immediate admission to hospital on self referral or referred by a friend or relative.

6. That all front line people involved in assessing the mentally ill be registered psychiatric nurses who have completed a 3 years' stand alone psychiatric nursing programme. In simple terms, psychiatric nurse training, my preference, is hospital/clinical based, be reintroduced.
7. That all people involved in any way in care of the mentally ill be instructed in suicide detection/prevention. There is really no difference in preventing suicide in the young than in older people, except those young people who have already been diagnosed of any psychiatric condition, but particularly psychotic conditions, such as schizophrenia, manic depression and severe depression, should be able to self refer.
8. All young people 0-25 should be able to self refer directly to specialist psychiatric services or be able to be referred by concerned relatives etc.
9. All mentally ill should be assessed for suicide and dangerousness, especially young male patients. Being young, being male and having a psychotic or serious mental illness is a direct indicator to both suicide risk and murder risk. Yet male patients are consistently turned away by mental health services as the media report here shows. I understand the young person's father repeatedly tried to get him admitted and the young person himself tried to get admitted several times. The end result was a murder-suicide. My personal opinion is that this person was clearly suffering from a paranoid schizophrenia, not a personality disorder – regardless of the diagnosis, he should have been given compulsory care in hospital.

Extract from my book "Suicide and Mental Health in Australia and New Zealand by Peter Neame

FEEDBACK

Good morning,

I just came along your site on the Internet and am asking for your support.

I have moved back to PL within 3 months, staying at the family home. Throughout my life I have had depression and anxiety issues with me being on DSP since 2002.

Since returning home after 7 years the friends I once had have gone in different directions finding it hard to get out and 'just have a life'!!! I have no life and am feeling very alone and suicidal.

I am seeing a counsellor about my depression but it does not seem to be having positive affects. I know that it is up to me to get out and start making the changes but am having difficulties as my thoughts are taken over by exhaustion from doing nothing.

It is hard writing this as being on this merry go round for so long I know nothing will happen until I start. That is the issue I cannot find a reason to start!!!!

Kind regards

C

My name is ... and I am studying to become a human service worker. I am doing research pertaining to parents with mental health issues. I was wondering if someone would be willing to answer a few quick questions over email to assist in my education. In the future I hope to work with parents who suffer from mental illness and help them to get the help they deserve. If you or someone in the field could answer a few quick questions I would be beyond grateful.

Hi

How do I report someone close to me with mental health problems.
Has 2 babies under the age of 3 and is currently taking drugs and alcohol with the babies in the house.
She threatens to harm herself and to harm others always.
This person needs immediate help.

Hi, my name is, I'm a 49 year old male in desperate need of some care & support.

I have suffered from depression for many years, I have lost a number of friends to suicide, murders and accidents.

I have also recently separated from my wife and a beautiful 11 year old daughter.

Things aren't that flash at the moment and I would welcome some advice on who I could see.

I have tried a couple of Physiologists but I couldn't connect with them.

Kind regards –

Dear White Wreath, I am so depressed that I want to end my life. I need your help.

Best regards

Signed.....

Dear White Wreath,

I am a Ghanaian with a wife and three kids aged 16, 14 and 11.

I want to end it all because I feel so depressed.

Please help me

Please help me

My mother is 67 and suffers depression. This is the worst I have ever seen her. She has not showered or washed her hair in over a month and smells and won't leave the house but I have managed to get her to the doctors twice because she said she has pains in the stomach. The doctor prescribed anti depressants but she refuses to take them and I have tried everything to get her to take them. How do I get her to take her medicine.

Hi

My daughter said she was going to kill herself and has left her two young children with me and has been gone for hours.

What do I do.

Dear friends, Would you call yourself a specialist service. I'm doing an assessment and the question asks:- List two (2) specialists/services, include what each of these does and how you would make a referral to each one.

I'm not really sure who they mean - just thought I'd ask.

I'm not familiar with your service. I live in I like your statement that the family and friends need help and recognition after they lose someone to suicide. I'm just sorry people don't think the same way about couples who divorce. I had been married 19.5 years when my husband left me. I wasn't expecting him to leave and I cried for about six months, plus had a nervous breakdown and ended up on anti-depressants. People support Widows and Widowers but apart from a short time from my Mum no one was very sympathetic. Just like - even though he wasn't always a good person to me - as if I had not loved him and was better off without him. (I probably was and I am now self sufficient.) But it was still difficult to work through at the time. Signed.....

Hi,

I just came across your page and was wondering if you can help me at all? I'm basically just really struggling at the moment mentally. I have Bipolar and BPD which has been quite unstable the past few months making it very hard. I'm not 100% sure if I'm able to call and talk to you guy's about it?

Hi,

I'm not sure where to go to for some help with my brother. He is 55y and hasn't worked for about 6 years, reclusive and socially inept. He has never been diagnosed with a mental illness as he is in denial that he has a problem and has rarely seen a doctor (he has various behaviour disorders).

It has reached the point where the bank is very soon going to repossess his house (he does not get any welfare payments as he refused to follow their protocol and has been borrowing money and living off my 80y old dad) and he is hasn't been paying any bills or looking for jobs or doing anything to help himself. In fact he is taking no responsibility and still spends money as well as being scammed by a women who he has been flying over to regularly see.

He has sunk so low that he says his life has been a waste of time and is completely immobilised. He makes plans that he never acts upon, hoards things in his house and does absolutely nothing to improve the situation. He is very resentful towards me (and my husband) and becomes aggressive when I have tried to give him advice, suggestions so that now I am avoiding him.

I actually feel concerned that when his house is taken from him he could become threatening and violent (he has anger issues and can be very vindictive). My elderly dad is constantly propping him up ,paying bills and doing jobs for him etc. He "uses and abuses" my dad who is so worried that he is almost making himself physically sick and is also depressed.

This situation is only going to get worse. It looks like my brother will have to move in with my dad very soon but I fear that when the truth hits my brother things will not go well. Is there anyone who could offer some support as neither my dad or brother will seek any outside help. I hope that you can be a voice to the Australian Government and superannuation companies.

What a disgrace they are! Yes, I made some questionable financial decisions and am now over my head with no way out. After months of trying to access to my super, and all the knock backs, with a genuine cause for MY money, its all over. They will wake with blood on their hands! Please be a voice. Perhaps my suicide will make it one step closer for these laws to be changed.

I'm desperate and can't help myself thinking of suicide. I might need help...

WORLD NEWS

AUSTRALIA



Fears that true extent of youth suicide in Canberra is still unknown

The number of youth suicides in the ACT is likely being grossly underestimated because of poor data

collection, frustrating government-appointed experts tasked with researching child deaths.

The independent Children & Young People Death Review Committee, a panel tasked with identifying patterns and trends to help save lives, have deemed 10 deaths of Canberrans aged under 18 since 2004 were youth suicides.

But committee member and paediatrician Dr Sue Packer fears that is the tip of iceberg.

"The actual numbers and the means of suicide make us think that there are a significant number of youth suicides which are not recognised and/or recorded," Dr Packer said.

"Unless we have a better data system, we're just not going to know this," she said.

The difficulties in recording youth suicides were aired before a Legislative Assembly inquiry this year.

Without accurate, objective data showing the extent and nature of the problem, community workers feared policy and services may be misdirected or under-resourced.

There are significant inconsistencies in the way each state and territory collects data and classifies youth suicide, creating significant disparities across jurisdictions.

Accurate data on self-harm is even harder to find.

Health Minister Simon Corbell, in his submission to the inquiry, said:

"While we know the official rate of suicide, we have much less information about mental health and self-harm at a jurisdictional level and less again in respect of the mental health and self-harming behaviour of young people," Mr Corbell said.

"While the data on youth mental health and self-harming behaviour at a jurisdictional level is lacking, there has been a series of national reports that have helped us to improve our level of knowledge and understanding."

The federal government is currently working on a national database on child deaths and injuries, something the ACT government says will be of significant benefit here.

The Youth Coalition used its submission to the youth suicide inquiry to call on the ACT government to commission its own research initiatives to provide a better local understanding of youth suicide and self-harm.

Dr Packer also urged the ACT government to take its own steps immediately. She said the way information was currently recorded on death certificates was a source of continual frustration for the work of her committee.

"There's a lot of stuff locally that we don't know which we should know," she said.

"Obviously we don't want to set up a data [system] that is not compatible with whatever the federal government sets up, but at the same time I think it is very useful to have a serious look at what we do record, and how we record it.

"In many areas of the child death review team's work, we are frustrated by the limitations of the way things are recorded on death certificates at the moment," she said.

"It's after the event, but if after the event you can't look and have a clear indication of the cause of death, this is a problem."

That youth suicide inquiry used its final report this month to recommend that the ACT government continue to update the Legislative Assembly on the progress of the national database.

It also recommended that it make progress in "improving the collection of ACT data, particularly in relation to receiving consistent data from community based organisations".

Review of defence, veterans suicide prevention

A review of suicide and self-harm prevention services available to Australian Defence Force Personnel members and veterans is being conducted by the National Health Commission.

The review, announced by Prime Minister Malcolm Turnbull, will examine the effectiveness of these services in supporting mental well-being and preventing self-harm and suicide.

It will be supported by an expert panel of current and former members of Defence.

The Government also announced the establishment of the first Suicide prevention Trial Site in North Queensland.

Home to a large veteran community, this site will be coordinated by the North Queensland Primary Health Network and will have a focus on veteran's mental health.

Twelve trial sites will be funded by the Government to drive a national approach to suicide prevention.

Suicide is a leading cause of death in Australia.

Data released this year indicates that death by suicide has continued an upward trend and is at the highest rate in 10 years.

The Senate Report into Mental health of Australian Defence Force members and veterans, shows that since 2000, 108 ADF personnel are suspected or confirmed to have died as a result of suicide, of which 47 had been previously deployed.

The Commission recently established the Australian Advisory Group on Suicide Prevention which will work with stakeholders to shape advice for governments to improve outcomes in suicide prevention, including care after a suicide attempt.

Source: National Mental Health Commission, 11 August 2016.

AUSTRALIA

Suicide prevention trial for Kimberley region

The Federal Government will establish a landmark suicide prevention trial site in Western Australia's remote Kimberley region, helping lead the way in tackling suicide rates in Indigenous communities across the country. Federal Health Minister Sussan Ley said the trial was one of 12 suicide prevention trial sites planned by the Government.

She said there was a tragic over-representation of suicide rates in remote and Indigenous communities such as the Kimberley, where the age-adjusted rate of suicide was more than six times the national average. "The Kimberley trial site will help us develop a model of suicide prevention we can tailor specifically to the unique and often

culturally-sensitive requirements of remote and Indigenous communities,” she said The Country WA Primary Health Network (PHNs) will commission the Kimberley suicide prevention trial, and follows on from the appointment of the Perth South PHN to lead similar trials into youth and indigenous suicide. “These trials will bring together best practice, expertise and local knowledge to tailor mental health solutions specific to their community needs,” she said.

“Commissioning them through local PHNs will ensure a focus on community education, integrating services at the local level and post-discharge follow up.” “Consultation and collaboration is critical, with involvement from communities, elders, carers, local services, state government programs, health professionals and community health workers all essential if we are going to seriously tackle suicide prevention in high risk groups.”

Source: Federal Government, 13 August 2016

AUSTRALIA

Strategy to strengthen mental health workforce

The Victorian Government has introduced a strategy which aims to attract, develop and retain the best possible mental health workforce.

Minister for Mental Health Martin Foley said the strategy focused on how to equip and skill the workforce to help those in most need such as Aboriginal mental health, rural and regional mental health services.

“The cornerstone of the strategy is the statewide Centre for Mental Health Workforce Learning and Development,” he said.

“The Centre will work to improve access to learning and development opportunities to build the skills of mental health workers, in areas such as the ability to respond to diversity, complex needs and trauma.

“It will also build the capacity for all workers across government, including the broader health networks, education, justice and family services to respond to mental health issues in the community. “

The strategy can be downloaded at www.mentalhealthplan.vic.gov.au

Source: Victorian Government, 4 August 2016

NEWS

AUSTRALIA



Australia's Suicide Crisis Has Peaked To A Terrifying New Height

One person takes their own life every three hours.

Australia's suicide rate is the highest it has been for at least ten years. In 2015, 3,027 people ended their own lives in Australia. That's 12.6 people in every 100,000.

That's more than eight people every single day.

One person every three hours.

Standardised death rates for Intentional self-harm, 2006-2015 (a)(b)(c)



The Australian Bureau of Statistics released its Causes of Death report on Wednesday. Ischaemic heart diseases, dementia and cerebrovascular diseases topped the list -- intentional self-harm came in as the 13th highest cause of death in Australia, higher than breast cancer, pancreatic cancer, liver disease and skin cancer. The ABS recorded 3,027 deaths by intentional self-harm in 2015, the highest number on record.

The average age of someone dying by suicide was 44, compared to a median age of 82 years for all deaths. Intentional self-harm and

'cirrhosis and other diseases of liver' were the only causes of death on the top 20 list with an average death age below 70.

AUSTRALIA

I'M SO ASHAMED

I'm ashamed, embarrassed and in denial about my mental illnesses. Help?

I'm so ashamed of having something I cannot control and I'm embarrassed because people will always think differently of me now.

I know I'm in denial to everyone about my mental illness. Its so hard to accept it and i just cant.

I just say there's nothing wrong with me and I don't have this or that or any problems when deep down I know I do but I can't admit it to myself or anyone.

Its getting to a point where I'm really suicidal about it.

I want to get better but I can't if I don't accept myself and stuff.

Does anybody else feel this way?

What can I do?

Should I tell my psychiatrist?

A FRIEND 4 ME MY STORY

KELLY's JOURNAL CONTINUED

I woke up this morning to the sound of a mop, which seriously should not make such a noise, but to me it was the sound of the world. Every stroke, every bump, I try to ignore it and go back to sleep and I felt like I was there for hours hearing it but it seriously might have only been minutes. I finally gave up and headed down the hall to see what time it was. It was only 6.50am and the floors were all completed. Well I guess they was completed but was they really being mopped in the first place. The constant noises are only a guess and add to the fact that maybe everyone is right. Maybe you really are loony. Time goes so slow in this place with nothing to do so I head in the bathroom and drowned myself in the shower to take my mind off the time while waiting for breakfast. It has really been 14hrs since I have eaten or drunk anything and a top up would be nice at the moment. I get out of the shower and pray that I took long enough and walk down that hall to have a look. I still had 20 minutes so here I am talking to you. Today might be an important day for me. Today is Monday, which means the world does not stand still anymore. People are here today so things might change for me. I might finally be seen by that doctor and it will

be interesting to see if he listens to me. Will they try and help me solve my problems or will they send me out that door without any answers. I have promised myself that I will tell them everything. I will tell him where I need the help. The nurses seem to think my help will not lay with the doctors but with that social worker. This is where the system has let me down in the past. The doctor passes the problem to the social worker and then that other person has no interest in helping you. Too many fish in the sea I guess. They leave you walking out that door empty handed and feeling useless. Today I test the system. I know what is in front of me. I know what I have dealt with in the past. Am I about to be shoved aside again like I always am or will help arrive? Will I walk out that door feeling like I have the support and help that I need or will I still feel like a number. Feel like I am worthless and useless but then again the last 5 nights have already made me feel that way.

IMPORTANT REMINDER

Please don't forget Membership Renewals are due on the 28 February 2017.

BOARD MEMBERS 2016/2017

I am very pleased to announce the following elected Board Members and together we will serve you to the best of our ability.

Fanita Clark, Peter Neame, Mark Knipe, Karen Smyth, Tina Knipe & Peter Clark.

We sincerely thank Ryk Eksteen from Collins & Co our Auditor for his pro-bono work and Adrian Tavarayan for his wonderful voluntary work as our Bookkeeper.

COMING EVENTS

WHITE WREATH DAY – IN REMEMBRANCE OF ALL VICTIMS OF SUICIDE

MONDAY 29 MAY 2017

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

QUEENSLAND (MAIN SERVICE)
OFFICIAL CEREMONY 12.30-1.30PM
DISPLAY ON VIEW ALL DAY
POST OFFICE SQUARE (CBD)
270 QUEEN STREET
BRISBANE QUEENSLAND

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VICTORIA

CIVIC GREEN (CBD)

WARRNAMBOOL VICTORIA

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Merry Christmas



NATIONAL WHITE WREATH DAY



NATIONAL WHITE WREATH DAY

29TH MAY

IN REMEMBRANCE OF ALL VICTIMS OF SUICIDE

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

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

HOW TO GET INVOLVED?

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

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

1300 766 177

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

WEAR WHITE AT WORK



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>

HUMOUR



A 15-year-old came home with a Porsche and his parents began to yell and scream, "Where did you get that car?"

He calmly told them, "I bought it today."

"With what money?!" demanded his parents. "We know what a Porsche costs."

"Well," said the boy, "this one cost me \$15."

The parents began to yell even louder. "Who would sell a car like that for \$15?!" they asked.

"It was the lady up the street," said the boy. "Don't know her name. She saw me ride past on my bike and asked me if I wanted to buy a Porsche for \$15."

"Oh my goodness," moaned the mother, "she must be a child abuser. Who knows what she will do next? John, you go right up there and see what's going on."

So the boy's father walked up the street to the house where the lady lived and found her out in the yard calmly planting flowers. He introduced himself as the father of the boy to whom she had sold a Porsche for \$15 and demanded to know why she did it.

"Well," she said, "this morning I got a phone call from my husband. I thought he was on a business trip, but I learned from a friend he has run off to Hawaii with his secretary and really doesn't intend to come back.

He asked me to sell his new Porsche and send him the money. So I did."

Two elderly ladies, Maxine and Gilda, had been friends for many decades. Over the years they had shared all kinds of activities and adventures.

Lately, with their declining physical fitness and somewhat slower mental capacity, their activities had been limited to playing cards a few times a week.

One day when playing cards, Maxine looked at Gilda and said, "Now don't get mad at me. I know we've been friends a long time, but I just can't think of your name. I've thought and thought, but I can't remember it. Please remind me what your name is."

Gilda glared at her friend. For at least three minutes she just stared and glared.

Finally she said, "I can't remember?"

WISH LIST

Petrol Gift Cards, Stamps, Volunteers Aust/Wide

OR YOU MAY LIKE TO DONATE

DONATIONS TAX DEDUCTIBLE

1. Via our **credit card** facility posted on our Website www.whitewreath.com then follow the instruction.

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

3. **Cheque/Money Order** to White Wreath Association Ltd
PO Box 1078

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