



White Wreath Association Ltd®
"Action against Suicide"

NEWSLETTER

ABN 50 117 603 442

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IN OTHER NEWS

DIRECTOR'S REPORT



Photo credits: Sanja Gjenaro, freemimages.com

Modern technology is supposed to lead to increased efficiency and the easing of our daily workload.

This has not been the case with Texting Services. This service has placed an enormous workload on White Wreath – so much so that our resources are stretched to beyond capacity.

We have asked governments previously for help on another issue to no avail with the response being absolutely appalling.

White Wreath once again very recently wrote to all State Governments and the Federal Government to help us with our Texting Service that White Wreath did not instigate. Someone placed it on Facebook and it went viral. Because we were receiving hundreds of people Texting, we thought this was something that was very much needed and out of the goodness of our hearts took it on.

We are volunteers, receive no pay and working 18 hours a day. We are inundated and overwhelmed with people Texting from all over Australia and World. What White Wreath would like to know is why organisations that receive millions of taxpayers dollars aren't responding to a Texting Service that is very much needed.

They know what's going on as our services has gone viral on Facebook and Twitter. Texting is preferred by many people over a

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White Wreath Day

Wear White at Work

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phone call. The increased workload comes from the fact that text conversations can go on for many hours.

On a regular basis we have all sorts of professionals, groups etc contacting us asking can they refer their clients to us, even after we explain to them we are not counsellors and do not have any medical professionals within our organisation.

This has made no difference to them what so ever. These groups include government departments, allied health services, professional counsellors, psychologists, drug and alcohol, case managers. etc

All they are interested in is showing in their official records that they have taken action by referring them on to someone else – in other words the old “revolving door” syndrome.

Over the years, White Wreath has informed various governments of this dereliction of their duty, but to no avail. Their apathy has been ignored by the “powers to be”. We mentioned this in our latest request for help. Once again they have turned a blind eye to the bumbling officialdom.

The only positive result from the texting crisis has come from the various state police forces.

White Wreath understands that police throughout Australia are spending about 25 to 30 percent of their time dealing with mentally ill people, particularly suicidal patients.

Some of the texting conversations are so serious that I have had to contact police regarding persons wanting to not only kill themselves, but are threatening to kill others. Mothers wanting to kill their children, wife wanting to kill their husband, young teenagers threatening to kill others, then themselves.

Police are able to take immediate action as they can pinpoint addresses from the mobile phone location and are able to resolve the situation.

White Wreath would like to pass on our sincere thanks to these dedicated police staff.

As this is the final edition of the year, I wish everybody a Merry Christmas and look forward to a happy and prosperous 2018.

Fanita Clark
CEO

PETER NEAME, Research Officer, White Wreath Association Ltd

White Wreath calls upon Federal and State Governments to follow the lead that Japan has set. There have been nothing new done in the last 40 years to reduce our appalling suicide rates. The only thing that has been done is to make it hard for media to report suicide and other mental health disasters.

Japan aims to reduce 'critical' suicide rate by 30% over 10 years

PETER NEAME's BOOK TITLE

SUICIDE, MURDER, VIOLENCE, ASSESSMENT & PREVENTION

IF YOU REQUIRE A COPY PLEASE EMAIL PETER NEAME DIRECTLY
petergneame@gmail.com

REVIEW BY IAN ROSS (RETIRED QUEENSLAND JOURNALIST)

Murder, suicide, self-mutilation and violence are all about the same thing and linked directly with mental illness.

Care in the community, with closure of all medium and long-term hospital mental health facilities, is a total failure.

Mental health care, particularly for the seriously mentally ill, has been transferred to the prison system where it may be 15 years before an individual gets an accurate diagnosis and there will be no follow-up on release from prison.

These are the basic messages underlying Peter Neame's book, Suicide, Murder, Violence, Assessment & Prevention.

Peter, a retired general and psychiatric nurse, has drawn upon his 41 year's experience to "hand on what I have learnt during my working lifetime".

Aimed mainly for the medical profession, he has produced compelling logical arguments in a concise manner, easily understandable to the average person.

Peter says that assessment is the rock on which the health service rests – mental health disasters, violence to staff, patients and public, suicide and murder can be prevented "if we get it right the first time".

His chapter on assessment, covers The Neame 7-15 minute rule, to

get assessment and diagnosis 100 percent correct. He says the only up-to-date 'modern technology is the assessor's own observation skills, combined with commonsense and respect for public safety.

Peter has cautioned reader's not to continue reading if they are on the defensive about criticism of psychiatrists and the psychiatric profession.

This book should be compulsory reading for all intended mental health students and workers. As a layperson I found it most educating and enlightening.

My copy was obtained from petergneame@gmail.com

WORLD NEWS STATISTICS

AUSTRALIA

The Australian Bureau of Statistics has kept data on suicide rates since 1881. The data collected by the ABS may underestimate the suicide rate, because people may kill themselves in such a manner that others mistake as an accidental death

USA

There were 42,773 recorded suicides in the United States in 2014 according to the Centers for Disease Control (CDC) National Center for Health Statistics (NCHS).[1][2][3] On average, adjusted for age, the annual U.S. suicide rate increased 24% over the 15 previous years (1999 to 2014), from 10.5 to 13.0 suicides per 100,000 people, the highest rate recorded in 28 years.[4][5]

CANADA

Approximately 3,500 suicides take place in Canada annually, slightly below deaths due to cancers of the colon and breast

JAPAN

Suicide in Japan has become a significant national social issue.[1] [2] In 2014 on average 70 Japanese people committed suicide every day, and the vast majority were men.[3] Japan has a relatively high suicide rate compared to other countries, but the number of suicides is declining and as of 2013 has been under 30,000 for three consecutive years.[4] Seventy-one percent of suicides in Japan were male,[2] and it is the leading cause of death in men aged 20–44. [5][6] By 2016, suicide rates had reached a 22-year low of 21,764, that is, men decreased by 1,664 to 15,017 and women decreased by 597 to 6,747.[7]

WORLD NEWS

AUSTRALIA



One in ten teenagers self-harm: AIFS study

Ten per cent of 14-15 year-olds reported that they had self-harmed in the previous 12 months and 5 per cent had attempted suicide, a national study has found.

The Australian Institute of Family Studies Director, Anne Hollonds said the study – involving, 3318 teenagers from the Longitudinal Study of Australian Children – found that girls were at greater risk of self-harm and suicide than boys.

“A quarter of 14-15 year-old girls in the study said they had thoughts about self-harming and 15 per cent had self-harmed in the previous 12 months,” she said.

“This might have involved, for example taking an overdose or cutting in a deliberate act of self-harm.

“Boys in the study were less susceptible to self-harm, with 8 per cent of male 14-15 year-olds reporting that they had thoughts about self-harm and 4 per cent who had self-harmed.

“Similarly with suicide-related behaviour, 12 per cent of girls reported that they had thoughts of suicide and 6 per cent had made at least one attempt in the past year.

“This compared to the 6 per cent of boys who had thought about suicide and 4 per cent who had made an attempt in the same period.

“The findings indicate that self-harm and suicidal behaviour among Australian teenagers is a serious and often hidden problem that may be under-recorded in official statistics.

“The majority of incidents do not come to the attention of health services, or parents and friends.

“For example, of those who had attempted suicide, only 16 per cent had received any medical treatment.”

Ms Hollonds said the findings underline the need for community education and preventative strategies to support young people and their families.

“Health services and schools need to be aware of the risk factors and to support parents and friends to know how best to respond if they are concerned about a young person,” she said.

“Caring for our young people at this vulnerable stage of life is a whole-of-community responsibility.

AIFS’ Executive Manager, Dr Galina Daraganova said the study examined the factors linked to self-harm and found some teens were more at risk than others.

“Teens who reported that they were same-sex attracted, bisexual or unsure of their sexuality were at greater risk of self-harm, than heterosexual teens,” he said.

“Other risk factors were teens with more reactive temperaments; depression; anxiety; general feelings of unhappiness; or who reported being threatened or feeling victimised by their peers because of their health, skin colour, sexual orientation, language culture or religion.

“Teens had an elevated risk of attempting suicide if they had self-harmed; were same-sex attracted, bisexual or unsure of their sexuality. Another risk factor was involvement in crime or property offences.”

Dr Daraganova said the study reaffirmed an apparent link between self-harm and suicide attempts.

“Even though not every teenager who engages in self-harm proceeds with a suicide attempt, self-harm is a risk factor,” she said.

“Of those who had attempted suicide, almost two-thirds (63 per cent) had self-harmed.

“Girls who had attempted suicide were twice as likely to have self-harmed than boys.

“However, unplanned suicide attempts were more common among males.”

The research is part of the AIFS’ Longitudinal Study of Australian Children 2016 Annual Statistical Report **Self-harm and suicidal behaviour of young people aged 14-15 years old.**

Source: Australian Government media release, August 22, 2017

AUSTRALIA



Free treatment for defence personnel

Anyone who has served at least one day in the full-time Australian Defence Force is entitled to free treatment for all mental health conditions.

Minister for Veterans' Affairs Dan Tehan said this on World Suicide Prevention Day in outlining mental health support available to current and former members of the Australian Defence Force and their families.

"Suicide affects all areas of our community – eight Australians a day take their own lives and it remains the greatest cause of death for men between the ages of 14 and 44," Mr Tehan said.

"As we have seen, veterans and members of the ADF are sadly not immune. We are determined to address suicide in our community and everyone has a role to play.

"The Government has made the treatment of all mental health conditions free for anyone who has served at least one day in the full-time ADF.

"I encourage all veterans to contact DVA by email on nlhc@dva.gov.au or calling 133 254 or 1800 555 254 for regional callers.

"Current and former ADF members and their family members can access free and confidential counselling and support immediately through the Veterans and Veterans Families Counselling Service (VVCs) 24 hours a day, 7 days a week by calling 1800 011 046 or by visiting the VVCs website.

"DVA also provides suicide awareness training through Operation Life.

"The Operation Life website helps people understand the warning signs of suicide and provides information and resources to help keep the reader and others safe from suicide," Mr. Tehan said.

Information about Operation Life suicide awareness workshops is available on the VVCs website or by calling 1800 011 046.

Source: Minister's media release, September 6, 2017

WORLD NEWS

'Are mental health campaigns doing more harm than good?'

Read more at: <http://www.yorkshirepost.co.uk/news/are-mental-health-campaigns-doing-more-harm-than-good-1-8796013>

AWARENESS of mental health problems has increased dramatically in recent years, partly due to high profile celebrities speaking out about their experiences, but also as a result of national and local campaigns to reduce the stigma. Recently however, there have been discussions around whether these campaigns are actually doing more harm than good. Today is World Mental Health Day, and generally, awareness events like these are seen as a positive way of addressing how we talk about mental distress. Professor Simon Wessely, the former head of the Royal College of Psychiatrists, isn't so sure. He was recently quoted in the British Medical Journal saying there is a danger that awareness campaigns are making people "too aware" of mental health problems. He suggested many people who are just experiencing life's usual ups and downs may be wrongly led into thinking that they are ill and in need of help or treatment, and are therefore putting even more pressure on the already fraught mental health services and their staff.

WORLD NEWS

Why I refuse to tell new employers about my mental illness

Read more: <http://metro.co.uk/2017/10/09/why-i-refuse-to-tell-new-employers-about-my-mental-illness-6979682/?ito=cbshare>

As a mental health blogger I pride myself on being completely transparent about my mental illness online, but do I talk openly about my depression and anxiety during job interviews? Hell no.

So why do I keep it a secret? Surely as a mental health advocate I should be itching to talk about my madness, right? Well firstly, I like to think I have my mental illness under control to a point where it doesn't affect my work. I do have days where I refuse to make small talk with customers and I agree that's not ideal as a retail worker, but I could say the same for many of my mentally stable colleagues. I don't see why I should have to defend myself just because my behaviour is linked to a chemical imbalance in my brain. And that's another thing – I shouldn't have to justify myself. If I were to 'own up' to my mental illness (it's not crime but it sure feels like it sometimes) then I would be instantly labelled.

If I appear sad one day then I'll be typecast as a cantankerous cow. On the other hand, if I'm seen out having a good time then people will question how 'serious' my condition really is. If I'm too sick I'm an

inconvenience. If I'm not sick enough then I'm a drama queen. This is the reality of having a mental illness in the workplace. On a more practical level, I've kept quiet about having depression and anxiety because I need the money. After receiving the grand total of £89.35 per week on statutory sick pay and being told I no longer qualified for disability allowance, I had no other option than to start looking for full-time work. I was terrified that I was going to be unemployed for months, so I did what I thought was right. I swept my illness under the rug and smiled through the pain in order to appear employable.

Casually chatting about suicidal tendencies whilst my future boss checked my CV for spelling errors was tempting, but I highly doubt I'd have got a job that way. When it comes to taking time off, I find it's easier to feign physical illness than explain the real reason behind my absence. When everyday tasks such as showering become overwhelming I know it's time for a sick day, but the thought of having to admit this to my employer just adds fuel to a fire which is already burning out of control.

A phone call about an upset stomach is quick, easy and buys me 48 hours to rebuild my state of mind. I might not be the proud mental health campaigner that the world needs, but it's the choice I make for my own sanity.

WORLD NEWS

MENTAL ILLNESS IN THE ELDERLY: AN UNRECOGNIZED PROBLEM

Seventeen older adults commit suicide every day for one hidden reason: The ignorance towards elders with mental illnesses.

The most violent public shooting in America's history occurred October 1, 2017 at the Mandalay Bay Hotel. Gunman and terrorist Stephen Paddock, sixty-four years old, fired thousands of rounds on unsuspecting festival goers from the thirty-second floor of the hotel. Upwards of fifty-nine people died and more than five-hundred people were injured during the massacre.

Paddock's motives are still unknown for the murders and assaults; however, some investigators have suggested that psychological issues might be at play, yet there is no confirmation of this. Too often, investigators and the general public speculate a concrete, explainable motive behind such a terrifying act while, in fact, the reason may be that the individual may have become distraught because of an illness. Even though no motive has been confirmed, investigators and the public have yet to rule out mental illness or mental disorders, and are often overlooked and not considered as an actual issue in the senior community.

According to the Mental Health and Aging Organization, 18-25 percent of elders need some type of mental health care for their problems before they can evolve into more serious and deadly disorders. It's alarming that this group has the most cases of mental illness and as a result have the highest suicide rate in the U.S, sitting at 21 percent. This means as many as seventeen older adults take their lives every day because signs of mental illness are not recognized in seniors.

The Center for Disease Control and Prevention (CDC) estimates that 20 percent of people who are fifty-five years of age or older experience a mental health issue. However, many adults who are sixty-five and older reported that they have never received social or emotional support to help with the mental illness that they experience. It's not surprising that depression is the most common illness among those aged fifty-five years or older since depression has plagued at least 16.1 million Americans (according to National Institute of Mental Health). In spite of this statistic and the fact that elderly men have the highest rate of suicide than any other age group, people do not associate mental illness with the elderly and as such, this group should be monitored even more to ensure their safety.

Americans tend to look to younger generations when the discussion of mental illness arises, but it's time to think about those forgotten (the elderly) because without the necessary intervention and proper care, the elderly can be a danger not only to themselves but to those around them. Depression is a mood disorder that can affect all aspects of an individual's life. The illness can lead to distress, extreme reclusiveness and damage in social functioning. Out of all cases, 80 percent can be at least treated; however, many of them do not receive the necessary help because they don't recognize the signs and their conditions, therefore, remain untreated.

The CDC conducted a study that involved a questionnaire sent to all fifty states, District of Columbia and three Territories. In the questionnaire, one of the parts included core questions about mental health, the presence of emotional and social support, the satisfaction of life and number of days one felt mentally unhealthy. This study was developed for the Behavioral Risk Factor Surveillance System (BRFSS) to analyze mental health conditions in the elderly community. Thirty-eight states and three territories, in 2006, used this information to determine the frequency of depression in the specified community. The CDC combined the data from the 2006 BRFSS of Anxiety and Depression module and the core questions and included it in a report published in the first edition of their Issue Brief.

The data was provided by U.S citizens fifty years and older with a focal point on race, ethnicity and sex. The CDC reports that "among adults age fifty or older, men were more likely than women to report they "rarely" or "never" received the support they needed (11.39% compared to 8.49%)". This means that, based on this data, senior men feel the effects of mental illness but do not receive the proper

care. This can lead to dissatisfaction with life, which can then result in a deeper depression.

The CDC report also found that non-Hispanic adults within “age fifty to sixty-four were the group most likely to report that they were “dissatisfied” or “very dissatisfied” with their lives”(9.7 percent compared to 7 percent of Hispanics, 7.2 percent of black, non-Hispanic adults, and 5.25 percent of white, non-Hispanic adults in the same age group)”. As senior citizens fade into the shadows, people forget that they need the same attention and care that younger people do. Dissatisfaction in life will only lead to a cycle of depressive moods. These incidents of depression may not be reported because older adults are not expected or encouraged to report psychiatric symptoms. One could wonder if Paddock was feeling the same way before he opened fire on a mass of festival goers. It’s important to look at why seniors are put on the back burner when it comes to depression and mental illness.

There are five critical reasons why seniors are overlooked in the mental illness dialogue. These five categories include stigma, ageism and a lack of organized support. As with any age, mental illness is embarrassing and shameful to talk about. People generally expect older adults to be composed, organized, and in control because of their experience in life whereas mental illness is regarded as disorganized, uncontrollable and menial. Consequently, there is a resistance to treatment and a denial from the public that depression in the elderly is an issue.

Furthermore, many healthcare professionals, citizens and media find that investing money and resources into the older adults is not beneficial. As society has placed youth and ability as important factors of life, the elderly have no agency and so are rarely tended to.

Perhaps, the most shocking reason for lack of mental help support for elders is the fact that the public does not care enough, which has significant and sometimes fatal effects. Many Americans are so in tune with the younger generation that they forget the older adults. This lack of attention encourages illnesses, such as mental illness, to fester and build up to an uncontrollable level. Many Americans think that the elderly are too old to do more than they have already done, but anyone can contribute to the demise of themselves or even others. This may or may not have been the reason for the Las Vegas Massacre, but it is important for all of us to view mental illness with more attention so that we can catch the falling before they fall.

FEEDBACK

Hello,

Your website and number was referred by a friend whom I came to have met in HK in 2008 to 2010 in a church. I am an Overseas contract worker here in Doha, Qatar being away from my country the Philippines for 6years now its a bit tough specially when working alone away from my family.I am in a situation that I do not know how and who to approach and find confidant.

Beginning to loose my mind and thinking to finish life but my friend Adam post on his FB about you.Does your mobile allow receiving viber messages or whatsapp?I wanted to seek advise

Hi Folks,

Do you still 'sock it to suicide?' Your flyer will not load, which is a shame, as I would like info on this event to share in my work place. We raise money every month for a good cause, and I think we could get on to this one in October, as we look after children under Guardianship, many of whom suffer with depression or suicidal ideation. If you could update your info on this event (and do you have stickers we could wear to show that we are 'socking it to suicide" - because that would be great) I would be interested to have a look.Thanks

Need Help

I need help I'm severely depressed and I cut my wrists

Do you have Safehavens in NSW

Do you have posters with mobile number etc on it that I can put up at my work place

Hello, I am a second year Social Work student at University going into my third year next year and my main area of interest is Mental Health. I'd like to know what positions for volunteer work you have, as I would love to help out when I can.

Hi,

I heard about your organisation through a friend. I believe someone can talk with you via text messages. My daughter has a problem and has tried to overdose. She's in a bad way will not spend time in hospital for help as she can not open up to anyone.

She lives interstate so I am not with her. I told her about your organisation and she said she would be happy to text to talk that way, as she isn't face to face or talking. Is it correct that you talk/help people through text messages?

I'm scared

So much has happened and I want to give up, I've tried talking to my friends but it's so scary and I don't want them to know how weak I am but I can't do it anymore, I need to talk to someone without being scared of losing them.

COMING EVENTS

WHITE WREATH DAY – IN REMEMBRANCE OF ALL VICTIMS OF
SUICIDE & WEAR WHITE AT WORK BOTH HELD ON THE 29 MAY
PLEASE GET YOUR WORKPLACE INVOLVED WITH WEAR WHITE AT
WORK

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



ANNUAL GENERAL MEETING

BOARD MEMBERS

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, Tina Knipe & Peter Clark.

Our previous bookkeeper could no longer continue due to other commitments and we thank Adrian for his loyalty over a 4-year period. Our new Bookkeeper is Thinus and we welcome him.

Sadly Mark Knipe and Karen Smyth two of our Board Members due to other commitments and have been with White Wreath Assoc for 18 years resigned at the 2017-2018 AGM. The White

Wreath can't "Thank" them enough for their loyalty and support throughout the years. We are truly grateful. Mark will continue to support White Wreath behind the scene.

We also sincerely thank Ryk Eksteen from Collins & Co our Auditor for his pro-bono work.

A FRIEND 4 ME MY STORY

KELLY's JOURNAL CONTINUED

I go to work this morning. I have 2 very black eyes. Trudi was in shock. She asked who bashed me. I tell her I did it. She does not believe me. She says David did it. She is pissed at me for not telling her the truth. She says she is my friend and I can tell her anything. She will not believe me. I lose her as a friend this day. She just doesn't believe that I done it to myself. I leave work and phone David. He has gone to the markets with Joanne. I head home. I've had enough. I set up my car to gas myself. I'm sitting in the car gassing myself when David turns up. He agrees to take me back to his house for the night if I promise to go to hospital in the morning. We have a good night together. When morning comes he wants to take me to hospital. I can't believe it. How can we be together all night and then take me to a mental hospital now. I don't want to go. I take off and he can't find me. I've caught the bus to the train station. I'm heading to Stockton Bridge. I'm going to jump. I change my mind. I go visit my caseworker. She locks me up. David feels bad. He knows he made me go. He visits me every day I'm there. I get a few hours leave. I still have my black eyes. They are really bad. When he is finished with me he takes me back to the mental hospital. He makes a comment about how bad he is. To pick me up from the mental hospital, have sex with me and then take me back. I'm so happy David loves me again. When I get out of hospital he will take me back. David comes and collects me. I spend the night home alone. I've got work in the morning when I'm finished work I head to David's. Today will change my path big-time. Today Kelly really does mess up.

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 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

FAMOUS QUOTES

I'm a great believer in luck, and I find the harder I work, the more I have of it....Thomas Jefferson

He who is not courageous enough to take risks will accomplish nothing in life....Muhammad Ali

In order to be irreplaceable one must always be different....Coco Chanel

Do one thing everyday that scares you....Eleanor Roosevelt

Ask not what your country can do for you-ask what you can do for your country.... John F Kennedy

Sometimes you will never know the value of a moment until it becomes a memory.... Dr Seuss

If you have good thoughts, they will shine out of your face like sun beams and you will always look lovely....Roald Dahl

The problem is not the problem; the problem is your attitude about the problem....Captain Jack Sparrow

I destroy my enemy when I make him my friend....Abraham Lincoln
Stay away from negative people. They have a problem for every solution....Albert Einstein

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A.C.N. 117 603 442
Head Office: PO Box 1078
Browns Plains, QLD 4118

