

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

 [Forward](#)



White Wreath Association Ltd[®]
“Action against Suicide”

NEWSLETTER

ABN 50 117 603 442

TABLE OF CONTENTS

- **DIRECTOR'S REPORT**
- **PETER NEAME, Research Officer, White Wreath Association Ltd**
- **COMING EVENTS**
- **WORLD NEWS**
- **AUSTRALIA**
- **AUSTRALIA**
- **AUSTRALIA**
- **AUSTRALIA**
- **JAPAN**
- **FRANCE**
- **USA**
- **USA**
- **AUSTRALIA**
- **A FRIEND 4 ME MY STORY**
- **KELLY's JOURNAL CONTINUED**
- **FEEDBACK**
- **HUMOUR**
- **DOIG WEBSITE TECHNOLOGY**
-
- **WISH LIST**
-

IN OTHER NEWS

Download PDFs

[White Wreath Day](#)

[Wear White at Work](#)

DIRECTOR'S REPORT



Photo credits: Sanja Gjenero, freemag.com

Australia should have one of the world's best mental health systems. From the daily dealings White Wreath has with mental health patients, the truth is far from that.

This edition of the newsletter, highlights three government programs – \$64 million for a NSW Government community support scheme over three years, and a \$1.45 billion

Federal Government over the same three years; and a \$2.3 funding from the Federal Government for suicide prevention programs in four states.

As well meaning as these programs are, and we cannot doubt the sincerity of the people involved, the lack of coordination between the Federal and various State Government sets the ground for a major failure.

It is a shocking indictment that people are routinely admitted to mental health facilities, where they exist, and discharged back on the streets without receiving any follow-up treatment.

The 2018-19 Federal Budget Government provide \$37.6 million over four years from to improve follow-up care for people discharged from hospital following a suicide attempt the highest at risk group in Australia.

The Australian people deserve a better mental health system. It will only come about with proper coordination of the various sectors of the bureaucracy and mental health professionals. Duplication of services in the various states has been a disaster.

Fanita Clark
Director/CEO

Like us



PETER NEAME, Research Officer, White Wreath Association Ltd

Anosognosia

Follow us



Mental illness is, in fact, a physical illness. The physical or physiological changes are mainly (not exclusively) in the brain. Because the brain or neurological system is affected, one more important sign/symptom is present. The sicker the individual gets, the less they are aware of their illness so they will deny that there is anything wrong with them and refuse treatment. The word for this is anosognosia and happens in other neurological illness also.

In practically every other illness, the more discomfort you suffer the more miserable you feel and the worse your personal circumstances the more likely you are to seek help and treatment. The entire 'mainstreaming', 'care in the community', 'deinstitutionalisation', 'recovery model' movement is completely undermined by this one salient fact. The whole idea that seriously ill people will willingly 'seek help' is a complete and total (if not deliberate) misunderstanding of mental illness.

COMING EVENTS



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

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

WHITE WREATH HOLDS THIS SERVICE FREE OF CHARGE FOR ALL AND HAS DONE SO FOR THE PAST 19 YEARS AT A HUGE LOSS TO OUR ORGANISATION.

WHITE WREATH RELIES WHOLY AND SOLEY ON PUBLIC DONATIONS THAT ARE FEW AND FAR BETWEEN AND MONEY HAS BECOME VERY TIGHT SO THERE IS NO OTHER ALTERNATIVE FOR US BUT TO CANCEL THE SERVICE. WE ARE TRULY SORRY.

SO PLEASE GET YOUR WORKPLACE INVOLVED WITH OUR CAMPAIGN

**“WEAR WHITE AT WORK”
HELD ON THE 29 MAY**

PLEASE GET YOUR WORKPLACE, SCHOOLS SENIOR CITIZENS ETC INVOLVED AND HELP US RAISE THE MUCH NEEDED FUNDS ASSISTING US WITH OUR AIMS, GOALS AND ENDEAVOURS.

WORLD NEWS

AUSTRALIA

Public input sought on Mental Health Royal Commission

The Victorian Government is inviting Victorians to provide input into the first ever Royal Commission into Mental Health, with public feedback now sought to help inform the scope of the wide-ranging inquiry.

Minister for Mental Health Martin Foley said it was important to hear what every day Victorians had to say about what topics should be covered by the Royal Commission, to ensure future changes to the mental health system directly reflect what they want and need.

Over the next month, all Victorians are invited to submit their thoughts on the themes of the Royal Commission via an online portal, with feedback to be collated and used to inform the official Terms of Reference.

Topics expected to be covered include prevention and early intervention, accessibility and navigation of the system, integration with alcohol and other drug services, and community, acute and forensic mental health.

Consultation with key stakeholders on the Terms of Reference has already started, with a series of targeted stakeholder roundtables happening over the next month. The final Terms of Reference and Commissioners will be announced within the first 100 days of this term, before the Royal Commission commences in March 2019.

While this initial consultation will be limited to the themes to be covered by the Royal Commission's Terms of Reference, Victorians will be also able to tell their stories and offer suggestions for change as part of the Royal Commission hearings and submission process once it is up and running.

The Royal Commission is the first of its kind in Australia and is tasked with providing a comprehensive set of recommendations on how to best reform the current mental health system and support Victorians with mental illness, including those at risk of suicide.

AUSTRALIA

'Years of neglect': mental health patients left languishing

A sharp drop in the number of mental health patients at Canberra's emergency departments who get treatment within an appropriate timeframe has been blamed on years of neglect.

New government data has shown 60 per cent of mental health patients do not get treatment within a clinically recommended timeframe.

President of the Australasian College for Emergency Medicine Dr Simon Judkins said the college was watching the situation in the ACT closely.

"We are mindful that it has taken years of neglect to get to this point, but we are encouraged that the minister is engaged in solving this critical issue," he said.

The data came from Mental Health Minister Shane Rattenbury in response to questions taken on notice in October from opposition health spokeswoman Vicki Dunne.

It showed that in 2017-18, just 40 per cent of mental health patients who came to Canberra emergency departments were seen on time.

While the percentage had been falling since 2013-14 - when 69 per cent of mental health patients were treated on time - the sharpest drop came last year.

The data also showed that while the average length of time people with mental health issues spent in the emergency department before being discharged or sent to a ward had been decreasing, it jumped to 397 minutes in 2017-18, up by 70 minutes from the year before.

In 2017-18, the longest time a patient with mental health issues was left in the emergency department before being sent to an appropriate ward or discharged was 90 hours.

That number increased from 73 hours in 2013-14.

The data also revealed assaults on staff in the adult mental health unit at Canberra Hospital more than doubled last year, even before the final two months of data was added.

In 2017 there were 53 assaults on staff in the ward, but in 2018 up until October 26 there had already been 107 assaults on staff. In 2012 there were just 12 reported assaults on staff.

Dr Judkins said the college had been outspoken in its calls for improvements to the way people with mental health presentations were managed in emergency departments.

He said it would continue to support patients by advocating for system improvements to provide better health care and outcomes for all patients.

"In the ACT we are watching closely and have had meetings with the Minister and discussions with the CEO of Canberra Health Services," Dr Judkins said.

"Our meetings have been positive and we will continue to work with ACT Health to improve the current situation."

Opposition spokesman Jeremy Hanson said the data showed the mental health ward was at breaking point.

"Patients are waiting too long to be seen and nurses are increasingly becoming the victims of violent assaults, he said.

“Canberrans requiring mental health treatment deserve to be seen on time, and nurses have the right to work in a safe environment.

“The Canberra Liberals will continue to call on the government to urgently upgrade security measures and to explain how they will address blown out wait times in the emergency department.”

The government **late last year introduced a nurse safety strategy** which it hopes will help stem a rising number of assaults.

It said a change in reporting culture was a contributing factor to the rise in recorded assaults.

A Canberra Health Services spokeswoman said there had been an unprecedented increase in the number of more complex mental health presentations at Canberra Hospital.

She said the hospital was currently reviewing its mental health demand and capacity management.

"This has led to high demand for beds in the adult acute mental health inpatient units so beds are not always readily available," the spokeswoman said.

"Presentations are a combination of those with mental health issues only, and those with a physical illness or injury who are suffering from a related psychological or mental health condition.

"We are also seeing an increase in patients transferred to the ED under an Emergency Assessment Order, and small but growing demand for patients to be assessed on referral from the courts. The Canberra Hospital ED is the only legally approved facility for assessing this group of patients.

"Canberra Health Services began the gradual implementation of a new adult community mental health services model of care in June 2018 in a bid to provide more accessible, responsive, assertive and intensive support in the community."

By Daniella White
February 14, 2019

AUSTRALIA

(The below is continuation of Government money directed into Mental Health)

Youth mental health organisation headspace has had its funding boosted by the federal government for the third time since October.

Young people who have experienced mental health issues will tour Australia sharing their stories as part of a \$47 million funding boost to headspace.

The organisation was given a one-off boost of \$51.8 million in October to help centres employ more staff and reduce waiting times, on top its annual funding of \$95.7 million.

\$2.3m funding for new suicide prevention program

Four Australian research projects in four States will share in \$2.3 million in grants from the Australian Government's National Suicide Prevention Research Fund, Suicide Prevention Australia has announced.

"Suicide is so complex; why do people attempt or die by suicide, why are some people more at risk than others, what crisis interventions work and why, how can we help people to manage their suicide ideation over the long-term so they can live full productive lives.

These are the types of questions we're all asking," she said.

"Answering them requires a rigorous scientific approach, something we're already doing in Australian universities and research centers, and something we can continue to do, and do more of, thanks to the Australian Government's \$12 million National Suicide Prevention Research Fund."

SPA administers the Fund and has already committed almost \$1 million in funding for The Suicide Prevention Hub and PhD Scholarships. The Project Grant recipients were determined in partnership with the National Health and Medical Research Council and bring the total funding commitment to date to \$3.2 million.

"Four Australian researchers from Victoria, New South Wales, Queensland and Western Australia will each receive between \$520k and \$640k in Project Grant funding over two to three years," Ms Murray said.

Source: Suicide Prevention Australia. 12 December 2018.

-
- \$177 million for mental health nurses
 - \$77 million for suicide prevention including Indigenous suicide
 - \$74 million for the mental health of those in residential aged care
 - \$89 million for Indigenous mental health
 - \$617 million for youth mental health including headspace
 - \$399 million for psychological therapies for hard to reach populations

Source: Health Minister, Greg Hunt. 16 January 2019. ^[1]_{SEP}

Department of Health - Latest News

\$25 million for a new medicines' discovery centre. 14/01/2019. The Liberal National Government is providing \$25 million to help establish a new national Drug Discovery Centre that aims to turn scientific discoveries into new medicines faster.

www.health.gov.au

People in NSW living with complex mental illness will be supported to live well and participate in their communities through a \$64 million investment over three years.

Minister for Mental Health Tanya Davies today announced the extension of NSW Government funding for the Community Living Supports (CLS)

program, with more than \$21 million annually for three years.

“This funding will help tailor individual support for people living with mental illnesses to assist them to participate in their communities to the fullest,” Mrs Davies said.

\$110.7m funding for treatment of eating disorders

Around 30,000 people with eating disorders will benefit from new Medicare funding from November 2019.

Australians with severe eating disorders will be able to access comprehensive treatment plans under Medicare for the first time from 1 November 2019. These patients will be eligible to receive 40 subsidised psychological services and 20 dietetic services each year. This is in contrast to current plans, which allow patients to access Medicare rebates for up to 10 sessions of psychological therapy per year under a Mental Health Treatment Plan, and five sessions with a dietitian through a Chronic Disease Management Plan. The Federal Government’s \$110.7 million investment into Medicare over four years is estimated to benefit around 30,000 people each year living with eating disorders. The subsidies would save patients and their families up to \$90,000 annually.

\$12 million fund for suicide prevention studies

In recognition of the impact of suicide on every Australian, the Australian Government has dedicated \$12 million to the establishment of the first National Suicide Prevention Research Fund (The Fund).

The world-first fund is designed to provide sustainable financial support for Australian suicide prevention research and ensure outcomes have the greatest impact by addressing nationally agreed priorities.

The fund is managed by Suicide Prevention Australia in partnership with the Research Advisory Committee (RAC) consisting of leading experts from the lived experience community, research, government and clinical service delivery settings.

AUSTRALIA



New study shows hundreds of Aussie kids are being killed by their parents

As much as we wish it wasn't the case - the six-month-old QLD boy found dead in a murder-suicide today is actually one of many.

The nearly 300 children killed by their parents in the last 12 years in Australia are far more than just numbers on a page.

As that sentence was being typed, the news broke that a six-month-old baby had been found dead beside a man in an apparent murder-suicide on the Sunshine Coast.

Although details are still emerging, this boy has become one of the innocent children tragically killed every two weeks by a parent or guardian, The Daily Telegraph reports.

The first ever national tally of filicide rates released by Monash University shows that while our homicide rate is falling, the number of children being killed by their parents is not. More kids are being killed here than in many other countries

In fact, our filicide incidence is higher than countries like England and Canada with a total of 238 incidents between 2000 and 2012 involving 284 victims and 260 offenders, study author Thea Brown said.

The largest number of filicide incidents were recorded in New South Wales (72; 30%), followed by Queensland (65; 27%) and Victoria (47; 20%) and then Australian Capital Territory (2; 1%) and Tasmania (2; 1%).

Seven percent of filicide incidents (16) also involved the homicide of the offender's current or former intimate partner and three-quarters of victims were killed by a custodial parent, of which just under one-third were mothers.

Fourteen percent of victims were killed by a step-parent, who were all fathers and ten per cent by a non-custodial parent.

Most children killed aren't known to DOCS

To make matters worse, only one in three of the families involved in the child killings were known to the child support system.

All we have to go on are risk factors such as mental illness, especially among mothers, domestic violence inflicted by fathers and stepfathers, parental separation, past child abuse, substance abuse and past criminal history.

Criminal history, often associated with violence, was another factor affecting fathers and stepfathers and, less often, mothers as well.

Study author Thea Brown said she hoped by recording the child murders for the first time politicians would focus on the extent of the problem and start to work on solutions to keep Aussie kids safe.

Source: Madeline Cox | February 06, 2019

JAPAN



Japan Records Lowest Suicide Rate Since Statistics Were First Kept in 1978

Annual suicides in Japan decreased in 2018 for the ninth consecutive year. However, the total increased among young people aged 19 or under.

There were 20,598 suicides in Japan in 2018, a year-on-year decrease of 723 persons or 3.4%. This marks the ninth consecutive year-on-year decrease and the first time in 37 years for the total to fall below 21,000. Roughly twice as many men as women took their lives in 2018, with 14,125 suicides among men and 6,473 among women. This represents a year-on-year decrease of 701 and 22, respectively. The ratio of suicide deaths per 100,000 people declined by 0.5 persons to 16.3, the lowest rate since statistics were first kept in 1978.

The suicide rate was highest in Yamanashi Prefecture, at 24.8, while Tokushima Prefecture had the lowest rate, at 12.0. Meanwhile, the rates in Tokyo and Osaka were 16.4 and 13.7, respectively.

An analysis conducted by the Ministry of Health, Labor, and Welfare found a disproportionately high percentage of middle-aged persons among the 19,030 suicides that occurred from January to November 2018. There were

most suicides among people in their fifties, at 3,225, followed by those in their forties at 3,222 and in their sixties at 2,811. Although all the age brackets from 20 upward saw a year-on-year decrease in suicides, the total among those 19 and under rose year-on-year in 2018 by 16 suicides to 543.

Annual suicides in Japan remained around 20,000–25,000 until 1997, but exceeded 30,000 from 1998 to 2011, peaking at 34,427 in 2003. Suicides have decreased below 30,000 in the years since 2012, against the backdrop of an economic recovery and bolstered efforts across Japan to strengthen suicide-prevention measures such as consultation systems.

In 2017, the government formulated its General Principles of Suicide Prevention Policy. It aims to reduce the suicide rate to 30% or more below 2015 levels by 2026, and in pursuing that aim it will be necessary to focus on youth in particular.

FRANCE

How France's high suicide rate hits certain regions more than others

France has one of the highest suicide rates in western Europe but certain regions of the country suffer more tragedy than others.

A new research study released on Tuesday February 5th – France's national suicide prevention day- has shed light on a mental health issue that still remains a taboo for many.

The country's public health body released its latest suicide figures (from 2015), indicating that almost 9,000 people took their own lives in that year - although the real figure is likely higher.

In western Europe only Belgium and Finland have higher suicide rates than France.

Although there isn't a obvious gulf between the north and south in terms of suicide rates, four regions in the north and northwestern region were well above the national average (15.8 per 1,000 inhabitants).

READ ALSO:

- [In France a person commits suicide every hour, so what needs to be done](#)
- [French farming hit by 600 suicides a year](#)

USA

Mental health courts needed

Hundreds, maybe thousands, of bills have been filed at the state Legislature. The majority of those will die, never making to the floor of either chamber for a vote. Even fewer will make it past both the House and Senate and onto the governor's desk.

One we hope does is authored by Brookhaven Rep. Becky Currie. Currie has again filed a bill that would create a mental health court system in the state. This year's version of the bill should be up for a vote on the House floor this week.

Currie's bill would create a court system similar to drug court, but for those with mental health problems. The idea is simple: Some caught in the court system need treatment, not jail time.

The system would be set up through regional mental health centers and would have requirements like ensuring offenders are taking their medicine and following up with all appointments and treatments.

"If they don't meet those requirements then a judge would determine whether they go to a state hospital or if they need to go to jail," Currie said previously. "Our prisons are loaded with people who are mentally ill — some who maybe if they had the right treatment the taxpayers wouldn't have to pay for them being in prisons. It's the next step in Mississippi in mental health reform. I think this would save us money in the long run and be better for Mississippians. And, it's the humane thing to do."

There is limited data out there on whether these programs reduce recidivism, but there is data that shows these programs produce better outcomes for mentally ill offenders.

A mental health court system won't be cheap, but Currie has argued that it is cheaper than keeping suspects who need treatment locked up in jails and prisons.

"I've done a lot of work with the mentally ill and making sure they don't stay in our jails and instead are going straight to the crisis centers. It has worked well in Brookhaven so far and other states doing this save millions. Just like our drug court, we would set up a mental health court," she said.

A glaring example of the problem mental health courts seek to solve is the case of Lincoln County's Randy Smith. Smith spent over a year in jail awaiting treatment at a mental health facility. Currie says Smith could have been helped sooner if the state had a mental health court system.

"A judge could have sent him through mental health court," Currie said Friday. "It would have also made sure that he took his medicine and attended his visits at Region 8, and stayed out of jail."

As a state, we can do better when it comes to addressing mental health needs. Currie's bill is a good step in that direction.

USA

Mother of man with mental illness pushes for assisted outpatient treatment center

ALBUQUERQUE, N.M.— The Albuquerque City Council approved a \$4 million grant for an assisted outpatient treatment center Monday night.

When completed, the center will treat people who have been in and out of jail or hospitals but haven't received significant help.

Kathy Finch believes her son would be in a better place if Albuquerque had a center such as the one proposed.

Finch last saw her son, David, in March of 2017. That's when he was sentenced to 26 in prison.

He violated a restraining order, stabbing both of his parents in 2015. His father died.

"Dave called from the bedroom, 'Kathy I'm dying. Get out or James will kill you too'" said Finch. "What I remember next is being in the foyer and trying to sit up and realizing there was liquid running down the inside of my throat and I knew it was blood by the taste.

Finch said her son self-medicated with meth to treat his mental illness.

She hopes other families don't have to go through what she did.

Now, she's pushing for a new assisted outpatient treatment program for New Mexicans with severe mental illness.

It would involve case managers, therapy and a judge.

"The way I put it together in my own mind was that if this had been there and James had been diagnosed, it would have fit him because he was clearly a danger to himself and others," Finch said.

AUSTRALIA

Experts to lead Royal Commission

The Victorian Andrews Labor Government has appointed respected public policy expert Penny Armytage as the Chair of the Royal Commission into Mental Health and released its terms of reference.

Ms Armytage will be joined by Associate Professor Alex Cockram, Professor Allan Fels AO and Professor Bernadette McSherry as the Commissioners who will lead the landmark inquiry. The Labor Government has already committed to implementing each one of their recommendations.

Ms Armytage has played a leading role in major health and human service sector reform. She has most recently served as the Chair of the Transport Accident Commission and the President of Berry Street.

Associate Professor Cockram has 30 years' experience in health, including clinical and academic experience. She is an Associate Professor in the University of Melbourne's Department of Psychiatry and a former Chief Executive Officer at Western Health.

Professor Fels is the former Chair of the National Mental Health Commission and a leading Australian economist and lawyer best known for his role as Chairman of the Australian Competition and Consumer Commission.

February 24, 2019.

A FRIEND 4 ME MY STORY

KELLY'S JOURNAL CONTINUED

My five days wasted

For five days in February this year, I landed up in the mental health unit in a hospital and was then transferred to a mental health hospital. I guess I know the mental health system as I have been there 11 times before with suicide attempts. Each time I have walked out the door with no help and very little understanding of what is wrong with me, or what I must do to help myself get well again. My latest problem started one month earlier with my ex-husband who likes to play threatening mind games. I do my best to keep away from him, but he is the father of my three kids. His games, the stress of work, lack of help with money and child support landed me in hospital. I am about to get the help I need from mental health. My only hope is to talk and be heard, to make them understand that I am not a crazy person who needs to be locked up to protect myself. After going to the hospital emergency on February 14, a doctor arrives in no time. He actually seems very nice, asks my story and spends the time to hear my problems. That's when he tells me he will be locking me up. I explain to him about my post-traumatic stress and that I cannot handle being locked up. He does not listen to me, he has it all worked out. He ends up telling me his decision is final, and he walks away. They then walk me down to the mental health ward. A nurse takes me to a single room with my own bathroom, my safe haven for a while, while I am here. My first night being locked up does not go down well at all, the yelling and slamming of doors worries me. I don't feel safe in here and it is driving me crazy. I am then told to pack my bags as I am getting a transfer to a mental health hospital. This is a big blow to me as the mental health hospital means a shared room, to have that one safe haven taken away from you. I told the doctor this move would only make me worse. To my surprise, when I arrive at the mental health hospital, I am taken to a single room. I know this won't last as I will be moved soon to a shared room. If only they could understand that this place does not help me. My room alone only lasted a few hours. To share a room means my own needs and wants don't count. The next day, February 16, I am seen by a doctor who only believes in mental illness and drugs to make me well again. Now I am just a number. All is lost and help will not come again. A nurse tells me to pack my stuff as I am moving rooms – that is three moves in just over 24 hours. I arrive at my new room and refuse to unpack. Will they move me again soon? Four nights in mental health tonight and I have been seen by my two doctors for a maximum of five minutes each. The nurses only come near me to tell me to change rooms, or that it is meal time. The mental health system sucks big time. It really does. After my move, a nurse came to talk to me. She told me my hopes of help lie with a social worker. No doctor or nurse comes near me today, February 17. I am told doctors and social workers will arrive tomorrow, they are the ones who might help me and let me go home. I guess it will be like other times, a quick chat and then you may go home – no help with my problems and left to sort myself out. I woke the next morning to the sound of a mop. Today might be an important day for me. Some things might change for me. Will the doctor

and social worker try to help me solve my problems or will they send me out the door without any answers. The moment I have been waiting for has come and gone. Two psychiatrists and one student have been to see me. They seemed nice and treated me with the respect that I deserved. They give me pills for blood pressure, which I don't have. I wait for a social worker to help me sort out my mess. Her visit never came. What did I get from my stay here? More bad memories to add to my life and still no one will listen to me. As we head home I think of all the problems I have and will face in the week ahead. Somehow I will get through it. I feel today is no better than when I took the overdose. I think of my last stay in mental health and White Wreath. I think of their commitment to aiding people with mental illness. Maybe my story can help

FEEDBACK

Great initiative. Is the goal for SafeHaven centres to be developed nationally? Am trying to encourage my workplace to get involved and my daughter has worn socks she will likely get a detention for today ;) and will encourage the welfare teacher to adopt this initiative as we have recent and local deaths from suicide. I am happy to support, however anticipate if it is not likely a national initiative, people may wish to find local ones...thought I would query it first.


Thanks in advance.

Hello my name is I am 15 years old I've been bullied since kindergarten and I'm always depressed and down I've been cutting for ages I'm scared to talk to anyone I'm a girl who can't talk to anyone really but the other day I cut myself from my ankle up to my thigh and both of my arms I have a step dad that has cancer and he not gonna live for long I have a mother that has bad chest pains and breathing problems and I had a uncle pass a year ago and every thing from kindergarten to now still gets to me I have flashbacks from everything I never told my mother that I was cutting and stuff I need help before I take my life for good.

I'm just not sure what to do. Lots of things have gone wrong recently and I am worried I will become homeless. If this happens or is close to happening, I am worried I will not think that a homeless life is worth living. I am scared that I will get to that level so I want to get rid of my life before that happens. Sorry for messaging outside the time I'm supposed to message. I just wanted to write down my thoughts. Thank you

I need some assistance. My boyfriend is a danger to himself and me. He was physically abusive to me and I kicked him out of my house. I live with my mum as well. He was drunk and got into his car and stormed off. He else has drug problems so he's been suicidal and messaging me. I've tried messaging his mum but she's asleep and calling her. He's already smoked the ice he's bought and he's going to a hospital to go inject. He's been telling me he's

going to go drive to a mountain and kill himself. I'm so worried and upset. I'm also pregnant with his baby.

 don't know what to do or who to call. I think he needs help and needs to be put in rehab or a hospital so he can get the help he needs

This was the first time I contacted beyond blue thinking they'd know how to talk to suicidal males. Its 9:53 I didn't realise ppl didn't commit suicide after 9, I'm not calling someone's mobile to talk, guys don't need to talk to understand their thoughts its neurology Google it. Just wtf. If you are a non for profit I appreciate u trying. I'm going to be ok cause I have to be but the next guy might not be wait do they do? Call 000, anyone tried that for mental health. Please take this as feedback I'm not an aggressive person but wtf.

I need help I want to commit suicide.

Hello I'm H..... I'm 24 from Victoria and I'm interested in getting involved

G'day, I have no clue if I'm doing the right thing but its worth a shot I guess. I have not been well for a few months now. I have become a 25 year old bloke dependent on strong drink and tobacco just to keep my self some whey saine and I know that both will slowly kill me but I think its better than killing my self and ending it then and there which would ruin my mates and family and throw my brother into extreme financial hardship since we own a house together, I'd drink to keep my head above water so to speak but now not even that helps. It does help quell my suicidal thoughts but now it is not as well, a good mate of mine got engaged just after my birthday last year, when I started to get much worse mentality since it dawned on me I'm 25 and my main goal in life is to have be married and have a family but it seems to be drifting further and further away from reality, and when she rang me to tell me I was very happy for her and her fiancé but after it hit me like a tonne of bricks. I try so hard to be a gentleman and it seems to be just spat back on my face, and work is not helping since almost every other bloke in my shed is as lazy as a lizard on the dull so I get I have to work to the bone to get things done, its all becoming too much and I don't know what to do. Thought of me killing my self are becoming more and more common and doesn't matter what I tell my self it doesn't help. All I want is to loose this grip of this mental problem and the doctor just wants to put me on drugs which is my absolute last resort. Cheers for hearing me out.

I'm 16 years old but I really want to help out in any way I can. I know what its like to go through certain things, I know what its like to try and help someone who is suicidal.

HUMOUR

My girlfriend was complaining last night that I never listen to her. Or something like that...

While I was out to lunch, my co-worker answered my phone and told the caller that I would be back ^[1]_[SEP]in 20 minutes. The woman asked, ^[1]_[SEP]"Is that 20 minutes Daylight Saving Time?"

It's amazing how a person can compliment and insult you at the same time. Recently, when I greeted my co-worker, she said, "You look so gorgeous, I didn't recognise you."

So what if I don't know what "Armageddon" means? It's not the end of the world.

Source <https://www.rd.com/jokes/>

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

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

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

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

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

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