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## DIRECTOR'S REPORT



Photo credits: Sanja Gjenero, freeimages.com

I cannot recall how many Royal Commissions and Senate inquiries have been held into Mental Health. Millions of dollars have been wasted and nothing has changed.

This edition of the newsletter covers the interim report from the Victorian Royal Commission. I am appalled by the response by Victoria's Premier Daniel Andrews that calls for national levy. I don't agree with that as governments have saved themselves billions of dollars by shutting down Mental Health Institutions.

The previous edition of this newsletter covered testimony from the Victorian Royal Commission. All exposed deficiencies in the mental health system. White Wreath has long advocated the need to coordinate mental health policy between the Federal Government and the various State Governments. The Council of Australian Governments (COAG) should have mental health listed on its agenda for next meeting on March 13. To quote Productivity Commissioner Stephen King when he released his draft report on health last year, "Mental ill health and suicide are costing Australia \$180 billion a year and services are failing to meet "community expectations" calling for major reforms to ensure people get the right type of help when they need it. Too many people still avoid treatment because of stigma and too many people fall through the gaps in the system because the services are not available or suitable."

Fanita Clark

CEO

## PETER NEAME, Research Officer, White Wreath Association Ltd

### Suicide

Two generations of Australians and New Zealanders have been born since the beginning of deinstitutionalisation /care in the community/the recovery model of mental health. The Mental Health Hygiene Movement began in earnest in the late 1960s. In simple terms the majority of Australians and New Zealanders do not know that we once had a very low rate of suicide in relation to other OECD countries. Why? From 1970 until the mid 1990s Australia closed all 32,000 long-term mental health beds and New Zealand closed all 10,000. 42,000 long-term mental health care beds were closed, not one long-term bed remains in Australia or New Zealand.

The rate of long term beds was based on the rate of mental illness in the community, 3 per hundred throughout the world of whom 9 out of 10 have always lived safely in the community. Lack of available beds has meant the introduction of the death seeking practice of “managing” “caring for” suicidal people “in the community” where they often ‘finish the job’. This practice has led to a massive rise in suicide up almost 6 times or 600 per cent in young men for example.

In the last 50 years governments have “managed” this massive human slaughter by introducing laws to prevent the media from reporting the true picture of the real rise in suicide.

Since 1970 well over a 100,000 people including at least 20 thousand innocent members of the public have lost their lives as a result of this approach.

### WORLD NEWS - AUSTRALIA



#### **Mental ill-health and suicide cost Australia nearly \$500 million per day**

The Productivity Commission estimates that mental ill-health and suicide are costing Australia up to \$180 billion per year and treatment and services are

not meeting community expectations. “Mental ill-health has huge impacts on people, communities and our economy but mental health is treated as an add-on to the physical health system. This has to change,” Productivity Commission Chair, Michael Brennan said.

The report on mental health released by the Productivity Commission emphasises the need for better support for young people.”75 per cent of those who develop mental illness first experience symptoms before they turn 25, and mental ill-health in critical schooling and employment years has long lasting effects for not only your job prospects but many aspects of your life. Getting help early is key to prevention and better outcomes,” Chair Michael Brennan said.

Over their lifetime, one in two Australians will be affected by mental ill-health including anxiety and depression and up to a million people don’t get the help they need. “Too many people still avoid treatment because of stigma, and too many people fall through the gaps in the system because the services they need are not available or suitable,” Productivity Commissioner, Stephen King said.

The report says that change is needed not only in the health system itself but in schools, workplaces, housing and the justice system. The report includes a comprehensive set of reforms to reorient the mental health system to close service gaps, better target services to meet needs and focus on early intervention and prevention. “While full scale change will take a long time, there are many changes that governments can start now. For example, follow-up after attempted suicide is proven to save lives and could be started immediately,” Chair Michael Brennan said.

The Commission recommends better support for students and teachers including appointing wellbeing leaders in all schools. Other recommendations include more community-based services and innovative solutions such as better use of technology as well as more health professionals in some parts of the system. “Police and paramedics should also get more assistance from mental health professionals when dealing with crisis situations,” Commissioner Stephen King said.

The Productivity Commission’s draft report on mental health can be found at [www.pc.gov.au](http://www.pc.gov.au) and submissions for the final report are currently being taken.

## WORLD NEWS - AUSTRALIA



### \$64 million for suicide prevention package

The Morrison Government is investing \$64 million in suicide prevention and mental health initiatives as an early response to initial advice from the National Suicide Prevention Adviser, signalling a dramatic reform of the national approach to suicide prevention.

3,046 Australians lost their lives to suicide in 2018. “This is a national tragedy. Every life lost to suicide has a devastating impact on families, friends and communities. Every life lost affects our whole country,” Minister for Health, Greg Hunt, said.

The Government has made suicide prevention and mental health a national priority. In 2019, the Prime Minister appointed Ms Christine Morgan as the National Suicide Prevention Adviser to support this priority and rethink Australia’s approach to suicide prevention.

Ms Morgan has consulted widely with individuals, families, communities, organisations and governments across the country, and has presented her initial findings to the Prime Minister.

She has advocated for a fundamental shift in the approach to the prevention of suicide and self-harm. Her initial advice outlines the need to use the knowledge of lived experience, to intervene early, focus on specific at-risk groups, strengthen families and communities, and ensure that all government services – not just health services – are working to reduce suicide.

Christine’s initial advice will be made available shortly to canvass early findings with the sector and all interested stakeholders. Minister Hunt said, “I encourage all Australians interested in suicide prevention to engage with Christine and contribute to the interim report handed down in July. This will help guide the Government.”

[Full story.](#)



## COMING EVENTS



29<sup>TH</sup> MAY YEARLY

**WEAR WHITE  
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by suicide.

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- 🌐 [whitewreath.org.au](http://whitewreath.org.au)
- 📱 0410 526 562



[www.whitewreath.org.au](http://www.whitewreath.org.au)



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Association Ltd<sup>®</sup>**  
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INVOLVED AND TOGETHER LET'S MAKE A DIFFERENCE.

FOR MORE INFORMATION CONTACT US ON 1300 766 177

## WORLD NEWS - AUSTRALIA



### [Suicidal patients are being turned away by Queensland mental health units.](#)

Luke Williams shares his experience of dealing with Mental Health Units unwilling to help suicidal patients and explores reasons why this is happening.

"I FEEL LIKE if I leave I am going to kill myself," I told the mental health nurse in a fluoro-lit bed bay at [Bundaberg Base Hospital](#). "I'm scared about what I might do if I go." He shook his head, lent forward and replied, "That's not what hospitals are for."

I still had visible, stinging neck grazes from an attempt I'd made three hours before. I wanted to stay. I was discharged and told to go to a homeless shelter without any dedicated mental health staff.

My fifth visit to the hospital in eight months, each time telling them I'd been suicidal and each time being told to leave and to make an appointment with my GP — which, as I'd told them, would take at least ten days to see him. I was already on a waiting list to see a local psychologist. I asked for help from the hospital, but none was forthcoming.

[Up to 50% of people who suicide](#) sought help from mental health services before they died: that is 50% of the eight people per day in Australia who take their own lives. With people asking why suicide rates have steadily increased since 2006, I believe I can shed some light. I live in an area with one of the highest suicide rates in the country — Bundaberg, Queensland — a state that continues to [punch above its weight](#) for suicide numbers year after year.

My five rejections for treatment at my local mental health unit came after I had been admitted to the [Royal Brisbane Hospital](#) eight months earlier with depression.

In the months after I was discharged, the suicidal thoughts came back — daily, sometimes all day. At the Royal Brisbane, I was heavily medicated and given no strategies to deal with these thoughts. There were no follow-up services nor linked-up services after I was discharged. Through my GP, I was put on a four-month-long waiting list to see a psychologist.

This lack of post-hospital care (to be contrasted with, say, getting a knee reconstruction and seeing both a hospital physio and getting follow-up appointments with the surgeon) is a pretty common situation for mental health patients. A [2015 report](#) showed nearly half of all patients hospitalised after a suicide attempt receive no follow-up mental health treatment.

It was in the absence of follow-up care and no short-time access to a psychologist I kept going back to my local mental health unit in Bundaberg. Each time I would be asked only about whether I was taking my medication and told I wasn't severe enough to be hospitalised nor even be case managed as an external patient. Even after I did make an attempt on my life, the mental health unit not only declined to admit me but seemed unable to offer counselling or basic advice for dealing with suicidal ideas.

In the wake of this experience, I reached out — not to medical services, but to Facebook. I made a series of posts on local forums about my experience with the Bundaberg mental health unit. Within an hour, my inbox swelled. There were claims of judgemental and unhelpful frontline mental health staff, of feeling belittled, embarrassed and put down.

Many, including a local nurse who worked in another department at the same hospital, claimed they knew people who had gone into the ward and were turned down for help, taking their own lives a short time later. Others who messaged me provided more than a few hints of how such tragedies might unfold.

## WORLD NEWS - USA

[Parent Survival Guide:](#)  
[Recognising suicidal behaviour in kids.](#)

By Aisha Tyler | February 10, 2020 at 7:00 PM EST - Updated February 10 at 7:31 PM

CHARLESTON, S.C. (WCSC)  
- As a parent It can be hard to determine when the highs and lows of adolescence has become something to worry about.



The topic of suicide is not the easiest and most conversational talk to have for families. But according to licensed clinical social worker Liz Meadows says it should be.

“My case load is full. I feel like there is a very high need in the area to work with kids and regulating their emotions,” says Meadows. According to the latest statistics from the National Institute of Mental Health, suicide is the second leading cause of death of children between the ages of 10 and 24.

Meadows says she sees many kids in her clinic with anxiety and depression. “The demands on kids have gotten a lot greater. The stress they are facing is more of an adult-like stress,” says Meadows.

She says detecting that your child might be dealing with depression and thoughts of hopelessness can be subtle because younger kids don’t have the language to express how they feel. For example: A child might say “No one cares if I’m here” and might also make statements about helplessness. “While a teen might say something like, ‘You’ll be better off when I’m gone’ or ‘Nothing matters, ‘a lot of times you will hear kids say well, ‘I talked to teachers, I talked to parents and nothing is changing.’ If you hear a lot of nothing is changing what’s the point then? That’s hopelessness and them saying I should just give up and there’s no point in me continuing to do this and that’s when you begin to worry,” says Meadows.

Meadows tells parents to look for behavioral changes on the outside. Use that as an opportunity to try and connect with their emotions and listen to what’s going on behind those feelings of hopelessness. “As parents, we’re looking for behavior changes, increased irritability, are they isolating more and getting more frustrated over homework before they were achieving average or above average,” says Meadows. She says having protective factors in place for kids like a supportive family, school, and friends can make a big difference in intervention.

Pastor Byron Benton with Mount Moriah Missionary Baptist Church says the community is also key in tackling the mental health issue. His church has has a mental health ministry to help families get the help they need. “Anything that we don’t address, it ends up becoming bigger and ends up addressing us. We know that there is a mental health crisis in our nation and we need to talk and take the stigma out if it,” says Benton. Benton says helping your child is all about walking with them on their journey and really listening as they work though healing.

“We need to hear these cries that are crying out. I can’t tell you how many Sundays I have had young people come to the alter crying because a loved one has committed suicide,” Benton said. “We need to do more than pray at the altar. We need to put our hands on what’s really going on and have difficult conversations so that we can connect on a deep level with our children.”

Meadows says any signs of suicidal behavior should be taken seriously, and it’s important to get an evaluation by someone licensed in mental health and who specializes in working with children. “It’s better to get your child accessed and link up with a professional and get validation that your doing



awesome as a parent and your kid is awesome, or to be able to develop a plan that will support your child,” says Meadows.

Meadows says with support in place kids can get through their feelings and learn coping skills that can help them through difficult situations that might come up in the future.

## WORLD NEWS - USA



### Source

DETROIT (AP) — A sheriff in Michigan’s Upper Peninsula is using social media to plead for assistance for a mentally ill jail inmate.

Chippewa County Sheriff Michael Bitnar posted a long message on Facebook, saying Michigan’s mental health system is “broken.”

The sheriff says he’s tried “over and over” to get help for the man, a Vietnam veteran. Bitnar says the man was found incompetent to stand trial in December, but a bed at a state psychiatric hospital won’t be available until June. The Facebook post has been shared by more than 600 people.

**The following is Chippewa County Sheriff’s Office [Facebook Post](#)**

MENTAL HEALTH HELP (WHERE IS IT?)

The following is a short story of an inmate, and more importantly a human being, that needs help. Our problem is all the different agencies who work with these situations don’t want to, or can’t help. This is not a unique situation as I have seen it over and over the past several years.

I have an older Vietnam Veteran in our Correctional Facility only because of

his mental illness. During the initial contact with law Enforcement in 2019 it was obvious this gentleman needed help. We sat with this man for several days at our local ER trying to find a bed for him in a Mental Health facility. Days went by with our Officers guarding him with no results. We tried getting state, local and VA beds with no luck. Ultimately this man was charged with several crimes in relation to the original contact with deputies, as he was too violent to release into the public.

In December of 2019 this inmate did have his psychological evaluation and was found to be INCOMPETENT to stand trial. (We certainly do not disagree with this diagnosis)

It is now February of 2020 and we are told his State Bed probably won't be available for him until June of 2020. We sent written paperwork and requested to get this man moved up on the list and we were denied.

I understand there is a waiting list and under normal circumstances we just have to wait it out. However, this man is not able to communicate and refuses to shower. To make it worse he constantly smears his own feces all over the walls, doors and windows within his cell. This occurs multiple times a day.

Sitting in a Correctional Facility is not what this man needs. He needs professional Mental Health care. I have spent the last couple of days making calls and sending emails trying to get this man moved. As of this morning I have had no luck.

It should not be up to our local Sheriff's Office/Correctional Facilities to bear the burden of managing and caring for the Mentally ill or for that matter pay for their Long Term Placement. The only option Sheriff's Offices have is to do a petition but this route would result in Sheriff's Offices paying for the long term Placement and Care and place them on the same waiting list they are already on. Sheriff's Offices are not given a budget for long term Placement or Care. That is the job of the State, Local Mental Health providers or the VA.

If something happens to this Veteran while he is in my Correctional Facility, everyone will blame our Office and me personally.

I should point out that we do have mental health services available for our inmates, but in cases such as these, those services are not intensive enough and need to be conducted in an appropriate long term facility. A jail is not that facility.

We have tried over and over to get this man the help he needs. The mental health system in Michigan is broken.

We currently have at least 4 inmates that are waiting for Mental Health beds. Some of them have been waiting even longer than the Veteran mentioned above.

This is not a new situation for our County Correctional Facilities. We have been dealing with these situations ever since the closure of the Mental Health Hospitals.

I have been to several state, regional, and local meetings to address the mental health problems over the past several years. During the meetings everyone agrees there are problems, however we are still dealing with the Mentally Ill in our County Correctional Facilities where they can't get the help they need.

Thank you for your time.  
Michael D. Bitnar  
Chippewa Co Sheriff.

## WORLD NEWS - IRELAND



### GP'S NEED TRAINING IN SELF-HARM

A study has found that GPs do not feel equipped to manage people who self-harm.

The joint study between University College Cork and Keele University, published this week in the British Journal of General Practice, is a systematic review which analysed 12 studies published between 1997-2016 on 789 GPs and family medicine physicians from Europe, America and Australia.

Self-harm is a serious risk factor for suicide, and more than half of young people who die by suicide have a history of self-harm.

There are increasing self-harm rates reported among male patients in midlife, and people aged over 65 who self-harm are at an increased risk of suicide by 145 times.

The study identified barriers and facilitators which impacted GP management of patients who self-harm. The current limited consultation time in general practice with people who self-harm, and existing shortages of alternative self-harm and support services, were found to be barriers to the provision of good care.

The development of self-harm clinical guidelines with people who self-harm and GPs was identified as facilitating effective GP care.

Dr Isabela Troya of University College Cork and the National Suicide Research Foundation said: "Evidence indicates that most self-harm presentations will occur in community settings.

"This is extremely relevant to Ireland as there are over 2,500 registered General Practitioners in Ireland who are the first point of contact to patients seeking medical support.

"Our review shows that GPs recognise self-harm as a serious risk for suicide, but many report feeling unprepared to manage self-harm. This has

implications for GP training in Ireland and worldwide.

In Ireland, previous research conducted by the National Office for Suicide Prevention with over 469 GPs has highlighted GPs reported limited suicide prevention training.

Dr Troya, who was second author on the research paper, said GPs and primary care are ideally positioned to address mental health issues. “The role of the GP is multidimensional and includes assessment, treatment and referral to specialist care when necessary.

“Primary care is well placed to promote mental health, and identify people at risk of self-harm and suicide at an early stage,” she said.

The research was led by Dr Faraz Mughal, a GP and National Institute for Health Research (NIHR) In-Practice Fellow at Keele University in England.

“This is the first study to review the global literature on GPs and self-harm, and bring it all together, to outline the role a GP could play in helping people who self-harm,” Dr Mughal said, “This provides the foundation for important further research to understand and test how GPs can better support people who self-harm.”

We know it is increasingly common for people to see their GP for self-harm

“I aim to study how GPs can improve their provision of self-harm care, and how they can help people struggling with self-harm,” he said.

## WORLD NEWS - SCOTLAND



[Almost half of Scots suicide victims called paramedics at least once in year before death](#)

Almost 6,000 [Scots took their own lives](#) between 2011 and 2018, according to newly released statistics.

ISD Scotland said 44% contacted paramedics, NHS 24 or out-of-hours GP services in the year before their [death](#).



Its new report looking into Scotland's suicide figures reveals almost a third (33%) of those who killed themselves had called the Scottish Ambulance Service on at least one occasion before their [suicide](#).

The study is the first of its kind to look at people's contact with one of the care services in the 12 months before they took their own lives.

It found the 5,982 people living in Scotland who died by suicide in the eight-year-period "were significantly more likely to have had contact with an unscheduled care service in the 12 months before death than members of the general population."

The report notes the highest levels of contact with unscheduled care services were associated with women over 75 who are living in the most economically-deprived areas.

The report expresses concern people whose deaths are found to be "definite suicides" rather than "probably suicides" are also less likely to have been in contact with the ambulance service, NHS 24 or out-of-hours GP services.

It adds: "Health service planners will want to consider possible improvements to the organisation, reach and delivery of services targeted at groups at high risk of suicide, while healthcare providers will want to consider improvements to the identification, engagement and effective treatment of individuals in these groups."

The findings led to a call from Scottish Labour for more "joined-up working" between health and social care services, as well as more investment for mental health services.

Mental health minister Clare Haughey cited the suicide prevention action plan, which is receiving £3 million funding over five years and is chaired by former deputy chief constable Rose Fitzpatrick.

Boys and men between the ages of five and 24 were linked to lower levels of contact with these services, as well as those living in more affluent or remote areas.

"Every suicide is a tragedy with a far-reaching impact on family, friends and communities," she said, "Suicide prevention is a key priority for the Scottish Government and requires on-going analysis and research."

Through our Suicide Prevention Action Plan - supported by £3 million funding over the course of the current Parliament - we are working to reduce the rate of suicide in Scotland and are ensuring that those affected by suicide have access to the right support.

This report represents a significant contribution to the growing evidence base around suicide in Scotland which will inform current and future policy and activity.

Scottish Labour's health spokeswoman Monica Lennon said: "Every death

by suicide is a tragedy. All of us must get better at listening and talking so that none of us feel alone. Reducing mental health stigma needs our collective efforts, proper funding for health and social services, and joined up working so that there is no wrong door.”

She added: “Contacts with health and care services can provide opportunities to support people at risk of suicide when they are most vulnerable. We cannot allow these opportunities to be missed. Across Scotland, mental health and substance use teams need to work more closely, and lengthy waiting times for CAMHS and specialist mental health care must be reduced. Investment in suicide prevention should be a public health priority.”

The Samaritans can be contacted for free at any time of the day on 116 123.

## **WORLD NEWS - UK**

[Records: Lafayette man shot, killed by police had history of mental illness, violence](#)

LAFAYETTE, La. (The Advertiser)- A Lafayette man with a history of mental illness and violence died after an officer shot him during a confrontation outside his mother’s townhome on the southside.

Jeremy Todd Baham, 40, died Monday during a struggle with two officers who were responding to reports of an armed man outside Cypress Bend Townhomes on Kaliste Saloom Road where his mother owns a home.

When the officers arrived, Baham approached them in the parking lot, said Louisiana State Police spokesman Trooper Thomas Gossen. Baham fought with officers and was shot during the altercation, Gossen said.

One of the officers, who has been with the department since August 2018, sustained minor defensive wounds during the incident and is in stable condition, Lafayette police spokeswoman Cpl. Bridgette Dugas said.

The other officer, who joined the force in January 2019, was not injured.

It’s not clear from initial police reports if Baham had a weapon, although officers were responding to reports of a disturbance involving a weapon in the parking lot. The police reports did not specify what weapon was involved in the disturbance.

Authorities have released limited information about the incident. But court records show Baham suffered from mental illness, had received mental health treatment several times and had restraining orders issued against him after violent episodes.

“Defendant was diagnosed as bipolar approximately one year ago,” according to handwritten notes included in an October 2007 petition for protective order filed by Angela Abadie, Baham’s mother. “He has not been taking medicine.” [Read The Advertiser’s full story here.](#)

## FEEDBACK

Hello

Past month I have been thinking about suicide

Work

- Too many roles
- Very Long Hours
- Expected keep staff, union, customers & management happy

Volunteering

- Emotional draining
- Lots of asbestos issues even though does not get in the news much
- Dealing with not heartless people
- Sources very limited as not many want help with these groups

Family

- Not much contact
- In past death threats
- Lots issues growing up
- But bottle all up at the time

Friends General

I am seen as god like creature due to my successes

- This mean they have view everything must be perfect for me
- Past suicide attempts and surviving made it worse (not better) as cause survive they think even more highly off me.
- This issue I have tried talk over 100 friends with but no luck seems my life overall is a victim of its own success

The general response its not best option does not help as same old above issues arise. So saying don't do it does not help. Each time I don't or have a failed attempted I sometimes get more tempted do it next time

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Suicide

Tried hanging myself but rope broke

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Hi I'm desperately needing help for my husband he is severely depressed, says he can not get the word suicide out of his head it's constantly there and making him feel he's going crazy. He says to me my brain tells to pick up that knife and put it through my wrist to stop the pain in my mind. Tried so many different tablets with the side effects being to much not being able to sleep feels like he can't breath.

Waiting to see a psychiatrist that takes so many months to get in.

I don't know who to turn to for help with him. He even changed religion as they convinced him he had demons inside of him and they needed to get them out. My husband in his mental state did whatever they asked him to do. My kids and I are so worried about him we just want him to feel better. Please let me know what you suggest to help him.

---

Hello, I'm not sure if anyone can help me.

I have [removed] daughters to a man that in front of me [removed], the eldest of those daughters is now .. years old; she's an alcoholic, she's depressed, erratic and out of control most days; I'm honestly terrified that her suicide threats will soon turn into actions and I need to help her ASAP. Is white wreath aware of any inpatient mental health units for teenagers? She needs help with drugs, alcohol, self harm, suicidal thoughts, and grief. We are located in [removed].

---

Hi

I live in rural [removed] unfortunately I've had more than my share of Suicide loss, attempts & and survival (my child had 6 attempts at Suicide as a teenager, she's now in her 30s, a paramedic & mum to 4 gorgeous kids) After surviving 2 attempts myself (I thank God every day I'm here!) I'm now a trained Counsellor, I work in private practise, I'm certified in many aspects & theories, including Suicide intervention & prevention, I've also done lifelines ASIST & DV Alert training, plus QPR Training

When my daughter became ill, it became alarmingly obvious, very quickly, the lack of supports for her, & even less supports for her family, that was back in 2005/6. After realising this, I had to figure out fast, what I could do as a single parent not just to keep her alive, but to give her hope & reason for her to want to stay in focus [removed] she grew up with sports, music, friends, holidays [removed] but she had a bad experience when she was younger & her mother, well all she saw at that time was that her mum was disabled [removed] (I'm in a wheelchair)

So figure things out we did, & I now have a son-in-law, 4 grand children & a wealth of lived experience in my toolbox, so I volunteer, I will sit with people for as long as it takes while they talk, or we can just sit in silence, if by the time we part company, I'm not confident that this person is safe to stay with someone, I'll try to get them into hospital, no easy feat when the person has had previous unhelpful experiences in a hospital, if I am not able to, I've had to call an ambulance a few times [removed] it's not the be all and end all but it sure beats doing nothing.

I'm sure you've been contacted by others who do similar, I attended the [removed] National Suicide prevention conference where I was quite relieved to hear other people doing similar things.

I think some sought of call in/drop in centre dips a great idea; I'm keen to hear how it's going to work.

Like so many other areas, these resources become part of the public health system who want to become a full mental health service & waiting lists blow out fast, we need something targeted purely for crisis support outside of the hospital services (these alone are not working). I might've just babbled a bit here, lol sorry



## HUMOUR



### Source

Needing to shed a few kilos Robert, and his wife Jennifer, went on a diet that had specific recipes for each meal of the day. They followed the instructions extremely closely, dividing the finished recipe in half for their individual portions. Robert and Jennifer felt terrific and thought the diet was wonderful; they had never felt better, nor did they ever feel hungry.

As time progressed, Robert and Jennifer realised that they were, in fact, putting on weight and not losing it. They decided that they ought to check the detail of the recipes just one more time. It was then that they found their error.

There, in small print, Robert and Jennifer saw, to their horror: 'Serves 6'.

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Kevin was furious when his steak arrived cooked too rare.  
'Waiter,' Kevin shouted, 'Didn't you hear me say "well done"?'  
'Of course I did, sir, I can't thank you enough, sir,' replied the waiter. 'I hardly ever get a compliment.'

## 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](http://www.whitewreath.com)  
then follow the instruction.

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

3. Paypal. Just click on their link

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