



Due to Covid-19 we had to miss the December 2020 Newsletter Issue and because of the Easter Break in April 2021 when the April Issue is due we chose to send in late in March 2021

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Peter Neame

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Suicide/Mental Illness is the cause of death of hundreds of thousands of lives every year. Nothing alarms a family more than losing a loved one to suicide/mental illness.

Globally approximately close to one million people die from suicide every year – that's twice the number from homicide. Suicide is one of the leading causes of death in young people.

In Australia it is very difficult for us to estimate due to the process of collating data determining a suicide. The coroner's role is to determine the cause of death, not the leading circumstances to the death but we estimate in excess of 8,000. This list goes on and this is sheer devastation in anyone's opinion.

Do their deaths touch the hearts of the world? Are these people remembered with dignity and respect? Are any buried by state funerals? If mass suicides occur what is the reaction? Are the surviving families helped in any way? Are there telethons to raise the much needed funds? Are we caring, compassionate and understanding to those suffering this dreaded illness and surviving families?

We know of families that have lost all their children to suicide (4) in other families parents have lost three and two children. Others have lost mothers, fathers, brothers, sisters, cousins, uncles, aunties, grandparents etc. In many cases family members are the first on the scene and have found their loved ones, their own flesh and blood in horrific circumstances. All of these people are traumatised, devastated but yet they must grieve in silence and cope alone.

For those left behind by these tragedies the hurt is no less traumatic and yet society's response to these surviving families and friends is vastly different from the help offered in other kinds of medical and social tragedies. It seems that no one cares or understands that the families and friends of suicide victims are in as much need of help and support as other members of our Australian society and are just as deserving of our understanding and respect.

If a million people were killed by any other means there would be a huge response/outcry.

Why the difference?

How many more people must die before "Action Against Suicide" is taken seriously.

" A single death is a tragedy; a million deaths is a statistic. "

- Joseph Stalin

" Learn from yesterday, live for today, hope for tomorrow. The important thing is to not stop questioning. "

- Albert Einstein

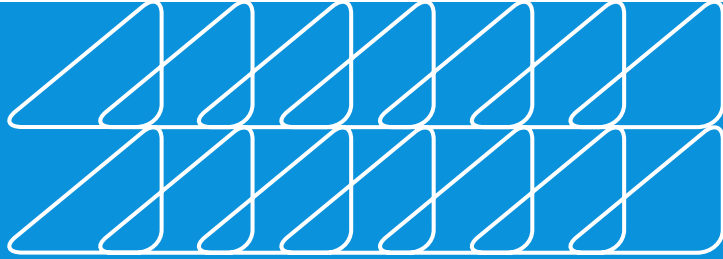
Help us to help you.

Fanita Clark
CEO/Director

RESEARCH OFFICER PETER NEAME

The link between neurology and genetics and suicide. This is the "modern debate in mental illness suicide. When people say that they are against the " medical model " they are saying that they're against the scientific evidence. The scientific evidence is the only way of reducing suicide.

COMING EVENTS



29TH MAY YEARLY

WEAR WHITE AT WORK[®]

Donate a gold coin to show
your support for mental illness
sufferers and families bereaved
by suicide.

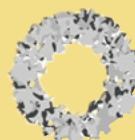
Get your workplace involved:

☎ 1300 766 177

🌐 whitewreath.org.au

📱 0410 526 562

www.whitewreath.org.au



White Wreath
Association Ltd[®]
"Action Against Suicide"[®]
ABN 50 117 603 442

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

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

WORLD NEWS

AUSTRALIA



Defence ignored warnings of commando's history of domestic violence and alcohol abuse, inquest hears

The wife of an Australian commando who killed himself in 2017 repeatedly raised concerns about his violence towards her and excessive alcohol consumption, but he was still deployed overseas.

Key Points:

1. An inquest into the suicide of a soldier has heard Defence were warned of his troubling behaviour but chose to deploy him anyway
2. Sergeant Turner's wife said she reported incidents of domestic violence and alcohol abuse but was ignored
3. The commando was deployed in Afghanistan and Iraq

An inquest into the death of Sergeant Ian Turner has been told by Joanna Turner, Sergeant Turner's wife, that two Army chaplains were aware that he was violent towards her.

One chaplain even came to the Turners' house to intervene on occasions when Sergeant Turner was violent.

The inquest, held this week in Sydney, is expected to turn a spotlight on the management of Australia's special forces troops during years of constant deployment to Afghanistan and Iraq.

A non-publication order suppressing Sergeant Turner's identity was lifted after an application by the ABC.

Sergeant Turner was a highly experienced veteran of the 2nd Commando Regiment who deployed to Afghanistan and Iraq a number of times. He took his own life in Australia in July, 2017.

‘He was very aggressive and violent at home’

Ms Turner also said that she wrote a letter to Sergeant Turner’s commanding officer in 2014 to raise concerns about what was happening within her family, and later met with the commanding officer at a cafe to discuss Sergeant Turner’s case.

“I just think my intent was to raise awareness of what was occurring. He didn’t leave me thinking that anything in particular was going to happen,” Ms Turner told the inquest.

“What would have been appropriate was to have the way he was interacting with people on a general level addressed.

“He was very insubordinate, he was very aggressive and violent at home, he was a power unto himself. There were no boundaries on Ian.”

Sergeant Turner spent a stint in a psychiatric hospital in 2014 and was also subjected to an apprehended violence order due to domestic violence against his wife.

“When I went forward and got the AVO I was harshly criticised and shamed. Instead of anybody providing my family with any level of support, pretty much I was just cut and not told anything,” Ms Turner said.

“I was left feeling like I was crazy or I was making up lies to get Ian in trouble.”

Despite the AVO and committal to the psychiatric hospital, Sergeant Turner was deployed to Iraq in 2015 and again in 2016.

On the second deployment, a practical joke involving a pornographic playing card led to disciplinary action against Sergeant Turner and he was subsequently demoted, which left him feeling stressed and demoralised.

Ms Turner said that her husband and his colleagues boasted about being able to manipulate the mental health professionals who were treating them.

“I was present in conversations when Ian was speaking with colleagues who also saw the same treating psychiatrist and they would share or compare notes on how to get [the psychiatrist] to do or say certain things,” she said.

“They were sitting at my kitchen bench and they were laughing about how they could get certain medical professionals to make certain decisions, so the way that they sat, the way that they spoke, the way they presented, the clothes they wore, the way they did their hair, the two of them were comparing notes.”

The inquest continues on Tuesday, when Sergeant Turner’s commanding officer is expected to give evidence.

WORLD NEWS

USA



Boy, 13, falls 20 floors while doing homework on balcony

A 13-year-old boy has died after falling 20 stories from the balcony of his New York City apartment.

The young teen, who the New York Post has named as Matthew Pierre, was found unresponsive and shirtless on the ground outside the high-rise building in Manhattan's Hell's Kitchen neighbourhood at 6am on Monday (local time).

Earlier in the morning the boy had been doing his homework on the 20th-floor apartment's terrace while his sister and mum were inside, the publication said.

Police sources told the NY Post investigators were looking into the possibility of his death being a suicide.

It was reported cryptic writing had been found on his computer. The 46-storey building is part of Manhattan Plaza, a federally-subsidised housing tower.

WORLD NEWS

UK



Police 999 callouts to people suffering mental health crises soar

Two fifths of people in England waiting for NHS support end up calling emergency or crisis services

The police are being called to deal with soaring numbers of incidents involving people suffering from mental health crises, sparking fresh concern about lack of [NHS](#) help for the mentally ill.

The number of such 999 callouts in England has risen by 41% over the past five years, with some police forces seeing more than a twofold jump since 2015, new figures reveal. [Mental health](#) experts say the increase highlights the erosion over recent years of services for people with conditions such as depression and schizophrenia who end up in crisis.

Under the Mental Health Act, the [police are called out to help deal with a situation](#) because someone having a mental health emergency may pose a risk to themselves or others.

Officers usually take the person to hospital for treatment and some end up being sectioned under the legislation.

“Use of the Mental Health Act has grown year on year for a decade as support to prevent crises has reduced due to funding reductions in local services,” said Andy Bell, the deputy chief executive of the Centre for Mental [Health](#) thinktank. “Austerity policies that reduce funding for early help increase spending on crisis services.”

Responses from 23 English police forces to freedom of information requests show that the total number of mental-health-related incidents police were called to in their areas rose by 41%, from 213,513 in 2015 to 301,144 last year.

Wiltshire police, for example, have seen that number jump 248% from 1,032 to 3,591 during that time. Lancashire Constabulary attended 3,981 such incidents in 2015 but that had risen to 13,640 last year, a 243% increase. Numbers also rose significantly in Humberside from 6,651 to 18,413 – a 177% rise.

The British Transport [Police](#) were also called out to deal with just over double the number of incidents last year on Britain’s rail and motorway system than they were five years ago – 16,234, up from 8,107.

“A mental health crisis is fast approaching and as these figures show, both the police and secondary healthcare are under enormous strain”, said Tina Marshall, the UK country manager for Visiba, the digital healthcare platform provider that undertook the research.

In 2018 Her Majesty’s Inspectorate of Constabulary [voiced “grave concerns”](#) that officers were being called out to deal with mental-health-related incidents far more than they should. It blamed “a broken mental health system” and said the problem constituted “a national crisis”.

Zoë Billingham, the inspector of constabulary, warned at the time that “we cannot expect the police to pick up the pieces of a broken mental health system. Overstretched and all too often overwhelmed police officers can’t always respond appropriately, and people in mental health crisis don’t always get the help they need.

“People in crisis with mental health problems need expert support, [support that can’t be carried out in the back of a police car](#) or by locking them in a police cell.”

Earlier this month the Royal College of Psychiatrists disclosed that almost two-fifths of people waiting for NHS mental health support ended up seeking help from emergency or crisis services, such as helplines and community teams. However, mental health bodies are concerned that there is too little care available for people in the early stages of a breakdown, which can deteriorate suddenly and lead to the police becoming involved.

Bell added:

“With up to 10 million people needing help for their mental health as a consequence of the pandemic, we must ensure resources are available locally to keep people well where possible and respond quickly whenever necessary when help is required.”

- This article was amended on 18 October 2020. An earlier version referred to Visiba as an online mental health care provider; this has been corrected to a digital healthcare platform provider.

Sources:

<https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2018~Main%20Features~Intentional%20self-harm,%20key%20characteristics~3>

<https://www.sydney.edu.au/news-opinion/news/2020/05/13/modelling-shows-path-to-suicide-prevention-in-covid-recovery.html>

<https://www.abc.net.au/7.30/norman-swan-looks-at-mental-health-issues/12221728>

<https://www.whitewreath.org.au/wp-content/uploads/2019/12/NEWSLTEER-71-EDITION-DECEMBER-2019-PDF-VERSION.pdf>

<https://www.blackdoginstitute.org.au/resources-support/suicide-self-harm/facts-about-suicide-in-australia/>

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WORLD NEWS



As COVID-19 restrictions continue to the later part of 2020, more Australians are expected to face mental health issues. In addition to being isolated, people are also losing their jobs during this recession.

According to a report by the Medical Journal of Australia, unemployment is closely associated to spikes in reported suicides. This is supported by a recent study by the Brain and Mind Centre which revealed that there might be an additional 1500 suicide deaths this year – a 50% increase from 2018. Attempted suicides are also expected to increase by up to 32,500 cases.

This means that the government should focus on increasing budget for mental health resources and make sure that it's allocated to the proper programs. As of 2019, the White Wreath Association has not received government funding except for Tax Deductibility Status and still aims to support those who are vulnerable during this pandemic.

Acknowledgement: **Gaeb Ramirez**

A MOTHERS STORY



One of the developmental tasks of the teenage years is to become your own person, partly through rebellion against your parents. As a parent it is often difficult to know when this rebellion is normal.

The following is a “Mothers Story” (posted on our website)

My 18 year old son on several occasions spoke to me of suicidal thoughts. Because my son smoked marijuana and in the past had used intravenous drugs I thought that it might have been adolescent behaviour combined with drugs that may have distorted his thinking. Something I hoped he would over come.

One Saturday morning I had to take my younger son to the doctor's and pick up a few groceries. My younger son, after the doctor's appointment went on to see a friend.

I was gone no longer than 1 hour.

When I returned I went down stairs to the laundry. I found my son hanging. I was alone in the house and by myself, I had to cut him down. Crying and in complete disbelief I gave my son CPR, desperately trying to revive him. I did not want to stop the CPR but I had to ring 000. I was in total shock but managed to rush back up the stairs and ring the emergency number for help. They advised me not to hang up and continue the CPR until the ambulance arrived. I was out of breath and tired but continued CPR until they arrived.

To find my child hanging and dead in my home was beyond comprehension. Something that you would never expect to see in your life.

I repeatedly ask myself questions of why was I so naive not to believe my son when he spoke of suicide.

I ask how would I have known if we as a society are not educated on suicide/mental illness. Family and carers, in most cases think this is the behaviour of adolescents. We do not know how to differentiate between behavioural problems and serious problems. Psychiatrists, doctor's etc specialise for many years on this specific issue.

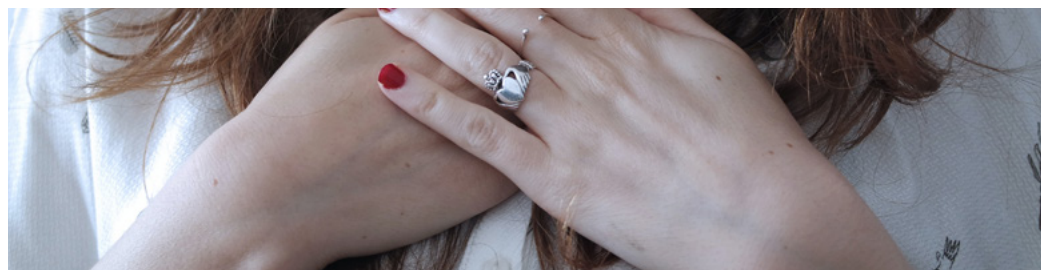
We, the community care givers, are totally ignorant on this subject. We are left to find our own way.

His Mum

Footnote:

I too experienced my son constantly talking of suicide and I also was naïve not to believe him. I remember a Psychiatrist telling me to ask our son "When", "Where" and "How" he was going to kill himself. If he can't answer those questions this means he won't kill himself. Well I did ask our son these utterly ridiculous questions and our son's reply was "I don't know". If Psychiatrists study/training depend on these three questions to save lives, what hope have we.

- Fanita Clark



"The best and most beautiful things in the world cannot be seen or even touched. They must be felt with the heart."

- Helen Keller



"We are not powerless specks of dust drifting around in the wind, blown by random destiny. We are, each of us, like beautiful snowflakes unique, and born for a specific reason and purpose."

- Elizabeth Kubler-Ross

6 - Wednesday, September 30, 2020

West Coast

Loneliness of mental health

West Coast family's struggle

A young man's battle with mental health, and his family's anguish and strength in supporting him, is playing out in Greymouth. The family say they have to manage his mental health alone. The mother and her son talked to **HELEN MURDOCH** so others may be encouraged to speak out.

In his seven-year journey with the West Coast District Health Board's mental health services, a young Greymouth man has still not had a final diagnosis of his condition.

John (not his real name) had been involved with the Child and Adolescent Mental Health Services (CAMHS) for five years until he was 18, when he had to access the adult service.

His mother said he had built a relationship with an "amazing counsellor" during the time with CAMHS.

"But pretty much since he got to 18 it's been a lack of everything.

"I understand it is hard to diagnose someone before they are 18, but we have never had a proper diagnosis as far as we are concerned."

Personal research led her to regard their son had a particular form of mental illness, because of the personality parallels.

She said the family was John's only support system and he had been left to battle his mental health on his own.

"I feel proud of him and am in awe of how strong a person he is to go through what he does with the lack of support. He holds down a full-time job and battles his mental health every day. But it's hard on the family and hard on him."

They have all had to learn ways of dealing with John's mental health, with no formal support.

He is on the same medication he was prescribed at 18 and this had not been reviewed, despite requests.

"Everyone I have spoken to who has this mental illness can not understand why he

has been on a low-dose medication for two years," John's mother said.

"He is having more breakdowns and it is hard to cope."

About three months ago he had a breakdown and jumped in his car and drove away.

"He rang the police on himself. He was screaming out for help. The police took him up to mental health and he sat in a room bawling and asking for help. They put him in a motel for six hours with his partner. I took him home and had to have him back at mental health by 10am for a meeting," his mum said.

"I was told I had to back off and let him make mistakes, but my son had been crying for a week — so hard he had been hyperventilating.

"I'm not going to leave him.

"Then I was told we would be getting an appointment with a psychiatrist in two weeks. I contacted them in two weeks and was told there was never an appointment made and as far they were concerned his living conditions were the issue. It's devastating."

In another incident about a year ago two policemen, who had dealt with John previously, took him to mental health saying hopefully he might get some more help if they showed up with him.

"They were gobsmacked when he was released two hours later."

All this happened despite the fact John had previously been admitted to hospital after an overdose and had once prepared to hang himself, she said.

"We cope because we love our son unconditionally and will never give up."

John's mother said she understood the

West Coast mental health service was under pressure, but all that the family, and their son, had asked for was help and to know if the levels of his medication were correct.

"How is any parent supposed to get the help they need when they are not told about the help they can get?"

She said there was nothing more sad than when John looked at her and said: "I know I have this mental illness, but the sad thing is I have to deal with this alone for the rest of my life".

Invited to respond, the West Coast District Health Board said it did not address individual cases.

Clinical director of mental health Heather McPherson said medication reviews depended on the client and the prescribed medicine, and could occur daily, monthly or quarterly.

Patients under specialist mental health care would have their medication reviewed by a psychiatrist while those in primary care could have reviews undertaken by their GP and/or a mental health nurse practitioner.

Most people were cared for as close to home as possible while referrals could be made to specialist mental health services via the West Coast DHB's trans alpine partnership with Canterbury DHB, she said.

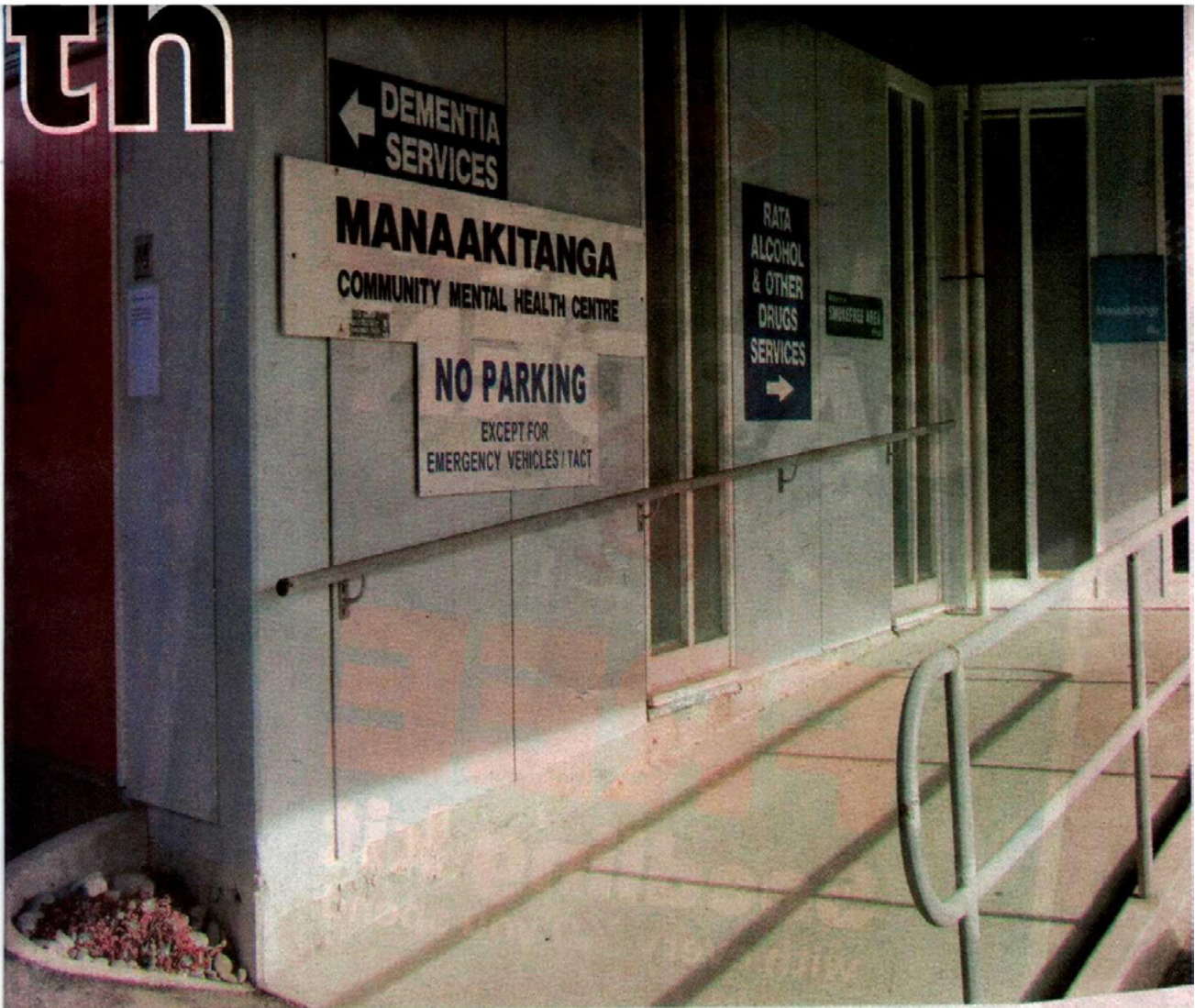
People could access specialist mental health services on referral from various places including their GP, community agencies and schools. People could also self-refer.

Family members could access support from Cornerstone Family Support.

Dr McPherson said the Code of Health and Disability Consumers Rights, in conjunction with each individual profession's Code of Conduct, determined the appropriate

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GREYMOUTH STAR 30 SEPTEMBER 2020



standards of professional mental health care that individuals should expect and receive. There were complaints processes individuals and their family could follow via the DHB or the Health and Disability Commissioner's Office should they believe the care provided fell short of the standards.

The West Coast DHB had reviewed its organisation last year to ensure the structure supported its goal of delivering robust locality-based rural health services, she said.

A mental health change proposal resulted in a change to the crisis response service.

Dr McPherson said the West Coast mental health unit employed 47 clinical staff including a mix of psychiatrists, psychologists, social workers, nurses and an occupational therapist. It had 12 support workers/health care assistants, four non-clinical Maori mental health staff and a number of allied health clinicians providing services. The unit currently has eight vacancies on the Coast.

"Our mental health team is very committed to ensuring that we continually look at ways to improve the delivery of mental health services across the Coast. Our primary focus is to ensure that all clients accessing our services receive the care that they need."

For anyone feeling stressed, anxious or in need of advice, support is offered through:

Your GP or community health centre
Crisis Response (24/7) - 0800 757 678
Youthline - 0800 376 633

Rural Support Trust - 0800 787 254
(0800 RURAL HELP)

Your employer, through the Employee Assistance Programme (EAP).

Or phone or text 1737 to be put through to a trained counsellor any time of the day or night for free.

Letter to the Editor

Excellent article by Helen Murdoch, Newspaper Greymouth Star, New Zealand
Wednesday 30 September 2020

The article goes directly to reason why the West Coast and New Zealand has the highest youth suicide rate of the OECD and has done so for the last 40 years. Mental illness is in fact a physical illness, the physical changes being in the brain and nervous system. Treating anyone the way John has been “treated” is a recipe for tragedy. The ugly reality is that in mental health the Inverse Care Law applies, the sicker you are, the more urgent need you have the more likely you are to be refused care. It also illustrates why the male suicide rate in New Zealand has risen over 650 per cent in the last 50 years and is 3 to 5 times the female rate. Clinical staff has been trained to reject seriously mentally ill people from care, also called “gate keeping” by bureaucrats and politicians. Despite Jacinda Aderns pledge to spend 1.9 billion to clean up the hideous chaotic mess called “modern mental health care”, nothing but absolutely nothing has happened.

Peter Neame Research Officer White Wreath Assoc

WORLD NEWS

Sources:

<https://www.thinkmentalhealthwa.com.au/supporting-my-mental-health/factors-that-can-affect-your-mental-health/>

<https://www.sciencedaily.com/releases/2011/10/111007113941.htm>

<https://academic.oup.com/ijnp/article/15/8/1037/658661>
<https://d-nb.info/1169012965/34>

<https://www.ncbi.nlm.nih.gov/books/NBK107191/>

<https://theconversation.com/what-our-new-study-reveals-about-the-genetics-and-biology-of-suicidal-behaviour-111878>

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The Genetics of Suicide

When people hear the word “suicide”, they don’t associate it with a single underlying cause. The motivation of a person to kill themselves is affected by a lot of different factors which can be classified as either external (nurture) or internal (nature).

External factors refer to negative life events such as toxic relationships, severe accidents, trauma or bullying from others. On the other hand, internal factors refer to biological factors such as genetics and physical health. This presents us with interesting questions – *Can suicidal behavior be inherited? Do genes determine your will to live? Are you more likely to commit self-harm if you have a family history of suicide?*

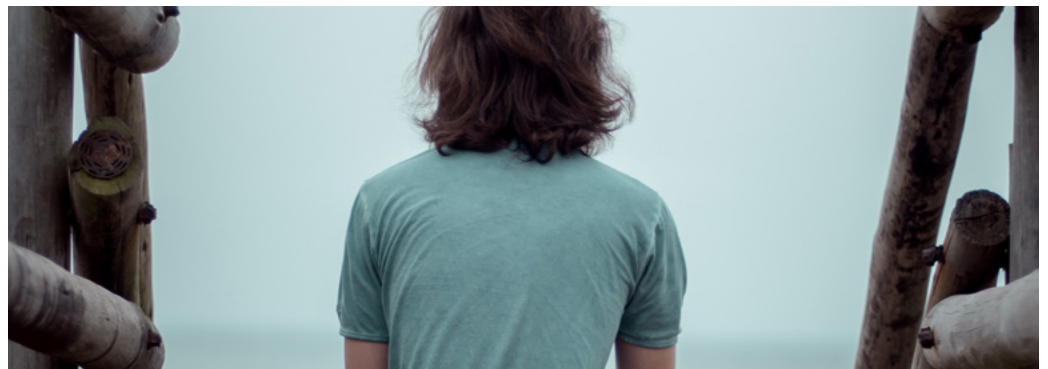
Researchers have conducted studies throughout the years to answer these questions. Back in 2012, a study conducted by the Centre for Addiction and Mental Health examined people with schizophrenia and identified a gene marker related to suicidal behavior. Their results supported the theory that families with an existing history of mental illness are more vulnerable to suicide.

On the other hand, a 2018 study by Erlangsen et al. reveal that this is not always the case. Their results suggest that suicidal tendencies can be inherited in families without any history of other mental illnesses.

Although there are multiple studies confirming the heritability of mental illness, it is important to note that the person's environment also plays a huge role in suicidal behavior – Any person can feel isolated and helpless if pushed to the edge. Therefore, we must address both external and internal factors if we want to tackle the rising number of cases.

Acknowledgment: **Gaeb Ramirez**

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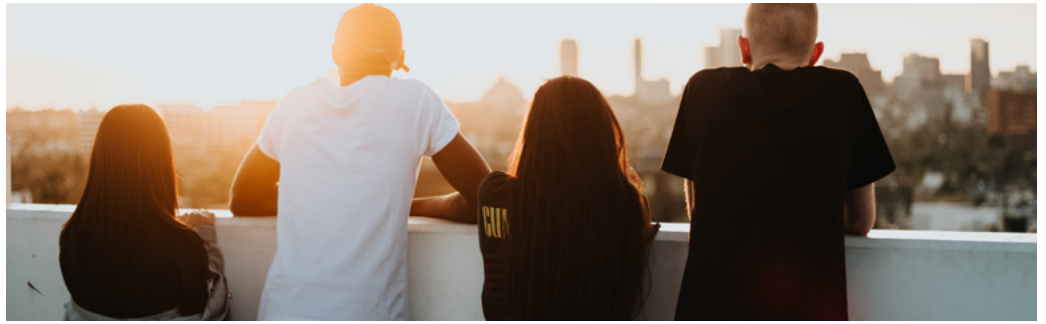


Branding suicidal people, their family and loved ones who responsibly, legitimately, and in good faith as “attention seeking” who try to get them help is the cause of many suicides on the Coast. Suicidal patients, self harming patients are regarded as “difficult patients” a label which like “attention seeking” guarantees that they will be rejected from care. It is all too easy to alter diagnosis to get rid of “difficult” patients.

Martin Bryant who shot 35 men women and children to death was branded an “attention seeker” only weeks before the mass killing. He had been to his first psychiatrist at age 4yrs and his father had committed suicide. Robert long who burnt the Childers back packers hostel down killing 15 people was also branded as an attention seeker. That is 50 people killed by “attention seekers”.

Suicidal people and their loved ones must be believed and the patient immediately be admitted. The west coast should have 3 mental health beds per 1000 population or 99 beds. All we have now is 9 mental health beds on the Coast

- **Peter Neame**



Autistic Miss World finalist reveals why she attempted suicide aged 20 after feeling like she didn't fit in and had no one to turn to

- Laura Younger, 23, was diagnosed with Asperger's syndrome when she was 13
- The beauty pageant contestant then tried to commit suicide when she was 20
- Ms Younger turned her life around and wanted to inspire others to do the same
- She is one of 15 Victorian finalists in the Miss World Australia competition

An autistic Miss World Australia finalist opened up about the years of torment that almost made her take her own life when she was just 20-years-old.

Werribee woman Laura Younger, 23, is one of 15 Victorian finalists in the competition and used the platform to speak about mental health and overcoming demons.

Ms Younger, who was diagnosed with Asperger's syndrome when she was 13-years-old, told [The Herald Sun](#) she spent her school years lonely and 'friendless'.

She was plagued by suicidal thoughts for years before her attempt, saying it felt like she didn't belong and her life was crumbling around her.

The beauty pageant contestant was a nursing student at the time but dropped out after she struggled with hospital placements.

She said it felt as if she would never find a place to fit in and it felt as if she had no one to turn to.

Ms Younger explained that the role of a friend in anyone's life was important but it was especially so for people with autism.

‘Because we struggle with so much, and because we struggle, our mental health sometimes isn’t great,’ she said.

‘I never had a best friend or someone to play with. I was never part of a social group, so I have a lot of empathy for others who are experiencing that.’

Her life began to turn around when she found the first group of real friends she’d ever had and a loving new boyfriend.

It was shortly after, in 2018, when Ms Younger took part in the Miss Multiverse Australia reality show which ultimately led to the Miss World Australia competition.

She hoped her story could help others who were struggling to see that life gets better, urging them to ‘hold on to hope’.

Taking part in the competition was something Ms Younger said she never thought she would’ve been able to do in the past.

‘It’s still very hard for me to relate to other people and make friends, it’s actually very hard for me to compete in Miss World and I’m surprised I got in,’ she said.

The 23-year-old still works hard to overcome the hurdles put before her, studying things other people take for granted, like small talk and social cues.

As part of the competition Ms Younger also chose to fundraise for Variety Australia, which helps disadvantaged, sick and special needs children.

She said she created the fundraising [page](#) to ‘make a difference in the lives of Aussie kids in need’.

‘The more people that know about Variety Australia, the greater their impact,’ she wrote.

AGM THAT WAS HELD ON MONDAY 5 OCTOBER 2020

White Wreath Association Board Members/Directors

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

Together we will do our utmost best to serve those that contact the White Wreath Assoc the best way we can.
All positions are voluntary and not paid.

FEEDBACK

I feel like I want to die

Hi I need to talk with someone
Maybe someone answer me tomorrow

I am struggling
The later in the day it gets worse

Dear association,

Hoping that you are all healthy despite Covid pandemic and wishing all of you many blessings. My Name is ... and my husband and I have lost our precious angel A, a 13 year old, daughter to suicide in 2017. We are a Christian household but this loss has even questioned my faith in the Lord himself with how shook up I am from this tragedy. Needless to say, our lives have never been the same since her departure and we ache for her daily. Nowadays my husband and I have finally decided to do something in honour of our daughter's death and we were thinking to do something similar to your association but in the state of ... which is our current place of residence.

Would any of you be willing to have this discussion with me? It would be preferable that I speak with the founder of this Association as I hear she too lost her son to suicide. I have tried calling the Australia number but it would not go through it is likely that my cell does not have the ability to do international calls.

I have no prior experience in developing an association and no experience with developing a non-profit organization but my husband and I did run a small business years ago. And what I am looking to do is either become a chapter in the USA from what you guys already have in Australia? Or my husband and I can develop something similar but we need both your guidance and blessings. I have a big heart for all the moms and dads that have had to endure any and all child loss and would love to open both my heart and doors to them and embrace them and let them know that they are not alone in their pain.

In the state of ... there is not a place we can go to for additional information or support or for a sense of community. The whole experience has been a very isolating experience where even our own families have abandoned us in our time of great grief. I have had great comfort in reading your association and it has inspired me to do the same for my community.

Thank you for taking the time to read this and I am really looking forward to hearing from you. Any input would be greatly appreciated. Please share your thoughts

Your sister in heart

• • • • •

Hello, I'mbut I prefer ...

I'm ... yrs and have been a victim of Domestic Violence on and off for years... with my now ex partner

... Years our relationship lasted. Until ...when I caught him cheating...and he abandoned me. Moving in with his new partner. We have 2 sons ...yrs and ... yrs. Neither is living with me or my ex.

In2020 ...placed a DVO standard good behaviour . Yet the DV continued and even though my ex hasn't lived with me since ... the DV is still happening. Just this Friday morning, my ex broke into my home as I slept. He took my phone and deleted data, texts messages, my sons contact numbers, and his numbers, voice mails, texts.

For my own safety I kept my distance and calmly asked for my phone back. He did when he was done. Then took property of mine. Actually a birthday gift to me...and fled. Were called and they will change my DVO to Restraining for my safety. This week.

I have been diagnosed with PTSD...after 5 attempts to end my own life. I'm medicated. and receive counselling currently throughHospital. I live completely alone...and have no social or family/friends support. I have called in the past ...and 1300 ... When I'm in a crisis and of course 000. I have made contact with DV support via phone yesterday.

I hadn't thought to contact DV support...before cause I wasn't in a relationship anymore but the DV continued.

My state of mind is not good. Not good. I was doing well until.... But been knocked back. The Anxiety attacks then the lows, have me exhausted, drained, numb, and extremely sad. And I'm trying to keep myself distracted with what I'm capable to do.

Which is not very much. I'm struggling to care for myself and I can't seem to snap out it!

So I'm trying something different ...and use your email...support service as a means of help if that's ok.

I'm not 100% sure if this is what your Association does.
Thank you ...

My sister's partner of 15 years had a close relationship with his brother who passed away from suicide 11 years ago and not a day passed that he doesn't think about it and blame himself for not doing more. While I was staying with them earlier this year, he got the news that Jeremy's son also committed suicide.

Rick is very intelligent but he is getting all of his information about suicide from Google and I believe that's awfully inaccurate and confusing for him.

You have information based on scientific research and that's what he should be reading.

Can you please advise me on how best to help him?

HUMOUR

Sources:

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



My husband and I were daydreaming about what we would do if we won the lottery. I started: "I'd hire a cook so that I could just say, 'Hey, make me a sandwich!'" Thomas shook his head. "Not me. I already have one of those."
— Julie Phelan

Tip-jar humour in our local coffee shop: "Afraid of Change? Leave It Here."

Question: Daddy, why are all those cars beeping their horns?

Answer: Because there's a wedding happening.

Question: Don't we beep the horn as a warning signal, Daddy?

Answer: Exactly, son.

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



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Wish List

YOU MAY LIKE TO DONATE TO WHITE WREATH ASSOC

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

1. Via our credit card facility posted on our Website then follow the instruction.
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Account Name White Wreath Association Ltd
BSB No 034-109 Account No 210509
3. Paypal. Just click on their link

ALL INFORMATION ON OUR DONATE/SHOP PAGE

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