White Wreath Association Ltd®

"Action against Suicide"

NEWSLETTER

ABN 50 1 17 603 442

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BY THE WHITE WREATH ASSOCIATION LTD & PETER NEAME WHITE WREATH ASSOCIATION RESEARCH OFFICER AND BOOK AUTHOR.

The following is a Submission that we wrote to Sir Peter Cosgrove in 2004 with this same Submission repeated over many years to various Royal Commissions and Inquiries within Australia

The issues are exactly the same and have not been addressed anywhere in Australian society. The scientific fact is that suicide is a neurological disorder which increases with age. Suicide is, and always has been, highest in the seventy-year age group and higher, even though this gets no publicity. "The severe psychiatric disorders including schizophrenia, bipolar disorder, severe depression and obsessive compulsive disorder, have been like other neurologically caused diseases such as Parkinson's and Alzheimer's, clearly proved to be disorders of the brain. Their proper treatment demands expertise in brain physiology and pharmacology, rather than in human relationships. We have trained literally thousands of mental health professionals …….. psychiatrists, psychologists and psychiatric social workers …… to provide counselling when what we really need are a few thousand professionals such as neurologists, who are trained to treat diseases of the brain".

From: **A Well-Intentioned Disaster – the Fallout from Releasing the Mentally Ill from Institutions by Prof. E Fuller Torrey.**

1a. All patients should have a full physiological/neurological examination, not just a "mental health assessment", "psycho-social assessment" and "risk assessment". For example, when burn marks and frequent cut/slash marks are noticed on the patients' skin and the patients say that they have never self-harmed/attempted suicide, it is tempting to say that they are hiding/ lying - attention seeking, have personality disorders etc., etc. The truth may well be that the patients are in fact very ambivalent about their self-harming behaviour. At one interview they will admit self-harm and at another interview they will deny that they will self-harm.

1b. The fact that they can burn or cut themselves without pain is a feature of both localized reduction in pain sensation and disturbance of the limbic/serotonergic system of the central nervous system (i.e. the brain).

At present the tendency is for professionals to interpret signs of self-harm as wilful attention seeking by manipulative, antisocial, personality disordered patients. Rejection by the Mental Health System leads to further suicide attempts and a high completed suicide rate. The fact is that any mental illness from anorexia to schizophrenia can involve self-harm/self-destructive behaviour.

2. Self-referral and/or referral by relatives should be treated as an emergency – if the patient refuses admission, then compulsory provisions of the Mental Health Act should be used.

3. Public safety is paramount and when one talks about patients' safety, this must automatically mean public safety.

The link between suicide and murder is almost without exception ignored by **researchers** and planners in relation to suicide policies and responses.

Professor Hughes in "Suicide and Violence Assessment in Psychiatry". Gen Hospital Psychiatry, 1996, wrote "It is estimated 17% of Psychiatric Emergency Service patients are suicidal, 17% are homicidal and 5% are both suicidal and homicidal".

"Murder is one of the strongest predictors of suicide with a 30% suicide rate found amongst murderers in England". Source: "Serotonin, suicide and aggression. Clinical Studies". Golden, Gilmore, Corrigan, Eketrom, Knight and Carbutt. **Journal of Clinical Psychiatry**, 1991.

Recent high profile murders, murder suicides and at least one mass killing in Queensland were all preceded by one or more suicide attempts. In the worst killing, the person was regarded as an "attention seeker".

Recent high profile murders, murder suicides and at least one mass killing in Queensland were all preceded by one or more suicide attempts. In the worst killing, the person was regarded as an "attention seeker".

4. Threats of suicide and self-harm, including actual self-harm, should be treated as if they were actual attempted suicides. In simple terms, people are either suicidal or they are not suicidal. Personal judgements about highly, moderately, vaguely, possibly, suicidal should not be used. They are dangerously misleading.

5. Prisons have best practice suicide prevention. Key features are:

- a. If an individual or family member says that the individual is suicidal, he/she is treated as suicidal.
- b. No one grandiose professional can make an arbitrary decision that a patient who was seriously suicidal one day is no longer suicidal the next.

- c. High risk assessment teams made up of five people determine change in observation category for the patient. Each individual on the team must personally feel safe about the patient before there is a change in observation category. In simple terms, no senior clinician is able to heavy other discipline/members to agree with him or her, as currently happens in the mental health system. We believe that this is a good model to follow and we would be happy to assist you and help to set up such a system. (This could put Queensland up there with best practice suicide prevention).

6. All terms must be defined. For example, risk means risk of suicide, murder and violence. Assessment means a step-by-step process starting with a disciplined, outward physical examination/observation before any verbal questions are asked. Again, we are happy to take part in training professionals. This is a practical skill and needs to be taught on the job/ in the workplace, possibly with the assistance of a training video. If one is honest, assessment skills as they are currently taught in universities and places of training are appalling. In reality, many professionals miss obvious suicidal behaviours/clues. Accurate assessment is the rock on which the service rests. Safety, patient safety, means public safety, therefore part of this issue is asking the family/ loved ones, if they are happy with the plan of action. Minimum periods of observation should be a least five days in hospital, for example, beginning with 48 hours category red or constant observation. Refer also to high risk assessment teams mentioned earlier. Suicide literally means “self-murder”.

7. In more than 80% of completed suicides and other mental health disasters, someone close to the patient and/or the patient themselves, has tried, in good faith, to get help from professionals, but has been turned away.

This is both an attitude and a training problem/issue.

Our concerns are reinforced by the real life experiences of our members and supporters and the recently released Sentinel Events Committee Report of the NSW Government.

8. History Taking: Currently, patients are asked only about their immediate family whereas patients should be asked if there is a history of “nervous breakdowns” (the term “mental illness” means “raving lunatic” to most people and they will simply deny it), early death suicide, self-harm, drug and alcohol use to the point where it destroys family life, for at least three generations - that is, grandparents and as further back as possible. Family history, anywhere, is one of the strongest indicators in suicide and murder.

9. Suicide is special, and specially prepared professionals should always be called in before patients are turned away / released.

10. Professionals must be accountable or nothing will change; many psychiatrists see suicide as a nuisance and a “red herring”. To the best of our knowledge, no Queensland psychiatrist has ever been held accountable for the death of a patient.

11. Mental Health Act legislation must have provisions written in to ensure early admissions for suicidal patients as was always the case for hundreds of years, such provisions being removed only as part of the de-institutionalisation / anti-psychiatry policies of the last 20 years.

12. The hard scientific or factual evidence is that suicide, violence and murder are caused by morphological changes in the brain combined with low serotonin. The structure, function and chemistry of the brain are simply not normal.

The newer Selective Serotonin Re-Uptake Inhibitor drugs (S.S.R.I.s) are said to be safer in terms of it being harder to overdose on them. However, recent suggestions are that S.S.R.I.s such as Zoloft, Prozac, Effexor etc. etc., may cause up to three to five times the rate of suicide in young people, particularly those below 20 years of age. There are a number of lawsuits against drug companies and at least one murder in Australia was said, in Court, to have been caused by one of these drugs.

Depression is widely promoted as the major epidemic of the modern age and this in turn has led to a massive rise in the use of S.S.R.I.s, "…. In 1998, doctors wrote 8.2 million anti-depressant prescriptions compared with 5.1 million in 1990 ...." Source: "The New Abuse Excuse" by Claire Harvey and Monica Videnieks in **Australian**, 25 May 2001.

There is no scientific evidence that serious mental illness is increasing. It occurs at the rate of 3% of the general population everywhere regardless of drug use, child abuse, child rearing practices, stress, modern life pressures youth of today, on and on ad nauseum. There is evidence that depression is the "in disease" and that the prescribing of all psychotropic medication is increasing.

We recommend that anyone who is to be commenced on medication that alters mood, feeling and thinking ability (psychotropic medication) should be commenced on this medication in hospital. The reality is that it is extremely difficult to get the right medication for the right patient.

Practically all of the newer anti-depressant and anti-psychotic medication takes 4 to 6 weeks to reach therapeutic levels. All psychotropic, psycho-active substances have serotonergic effects on the brain – that is, all drugs from alcohol to street drugs, from speed to Prozac. This, combined with scientific evidence that there is a cause and effect relationship between low serotonin and suicide, murder and violence, in our view, means that these drugs should be commenced in hospital where patients are under observation and being protected in a place of safety. It is also a clinical observation that in the first few days of commencing an anti-depressant, the suicide rate dramatically increases.

13. Most of what we have said requires very little "New Money". If you are really serious about suicide, then all of these areas must be covered:

- Funding
- Professional / clinical practice
- Public safety
- Legislation

Fanita Clark
CEO/Director

RESEARCH OFFICER PETER NEAME

Over the last fifty years in both Australia and New Zealand successive governments have closed all long term mental health beds. What has been called "liberal" mental health care and policies has been exactly the opposite... Fascist one size fits all. The end result is a rise in suicide. When families and loved ones seek help they are almost without exception refused help. That in a nutshell is what is wrong with both countries mental health services

SILENCE ON SUICIDE

Throughout history there has always been places of safety for the mentally ill – from monastery to hospital. It is only in the last fifty years that we have believed we can do away with places of safety or mental hospitals.

The reasons for mental hospitals were:

1. A place of safety or protection for the patient.
2. Peace and quiet or a reduction in sensory stimulus (stress) which tended to agitate the patient.
3. Return to a normal day/night, sleep/awake pattern (no sleep at all, sleep disturbance, or sleeping all day and up and agitated all night – "day/night reversal") – commonly occur in mental illness.
4. Return to a healthy diet:- not eating, over-eating or just very poor diet are common in serious mental illness.
5. Return to a normal daily work/rest pattern.
6. Basic level of physical health, diet, hygiene treatment of medical problems, all of which are neglected in mental illness.
7. Protect suicidal patients from themselves.
8. Protect society from dangerous patients.
9. Establishment of a therapeutic community (such as White Wreath Association's proposals).

Nightly we are treated to television advertisements of the dying moments of car accident victims to discourage people from driving whilst tired, drunk or speeding – nothing is said about privacy or confidentiality. Yet when a person attempts or talks of suicide in a treatment setting, his family are often not told.

We are treated to every aspect from conception to birth, to surgical separation of Siamese twins, yet nothing is said about privacy and confidentiality, but when a suicidal-mentally ill patient is discharged into his parents or family's care they are often told nothing – on the grounds that it would breach the patient's right to confidentiality.

When a suicidal patient is refused care and subsequently suicides it is seldom publicised, yet heart disease, Aids, cancer, epilepsy, everything but suicide/ mental illness gets masses of publicity and funding/awareness campaigns.

The deliberate official and media blind-spot on suicide/mental illness must be the greatest public hypocrisy of the late 20th century and early 21st century. Heart attack, serious injury, respiratory arrest etc – all life threatening conditions, are immediately admitted to hospital – suicide/mental illness is the only life-threatening condition where people are routinely turned away and this is something that has only happened in the last fifty years.

A MOTHERS STORY

My son was diagnosed with schizophrenia. In the early days of his illness he spent a lot of time in and out of every major hospital, and he escaped from them all at one time or another.

The only real care he received was from the staff at J Hospital where he was a patient for five years, purely because he couldn't look after himself without proper care.

When he was released, he ended up in various boarding houses and hostels where apart from seeing a case manager once a week for medication, the rest of his care was left up to me his mother and as much as I loved him and would have done anything for him, sometimes it was all to hard and at times I had never felt so alone.

There needs to be a lot more help out there and not just for the person suffering the illness, but for the whole family.

"May R.. Rest In Peace" now, as after twelve years of mental torture it all became too much for him and he jumped from a bridge and drowned.

He will be missed terribly.

His Mother

COMING EVENTS

SOCK IT TO SUICIDE!

Wear bright coloured socks

★ **DURING THE 3RD WEEK OF OCTOBER** ★

DONATE A GOLD COIN
TO SUPPORT THE ORGANISATION'S WORK WITH FAMILIES AFFECTED BY SUICIDE AND MENTAL ILLNESS

THE WHITE WREATH ASSOCIATION creates awareness about the misunderstandings relating to mental illness and provides community education concerning the lack of appropriate treatments. Our objective is to raise sufficient funds to establish safe haven centers for those who want a 'place of safety' at times when suicide threatens. With your help we'll achieve our goals and together reduce the frightening suicide figures growing at a staggering rate.

White Wreath Association Ltd®
"Action against Suicide"
ABN 50 1 17 603 442
white.wreath@bigpond.com
www.whitewreath.org.au
1300 766 177

OCTOBER 2021

PLEASE GET YOUR SCHOOL, WORKPLACE, SOCIAL CLUB ETC INVOLVED AND TOGETHER LETS "SOCK IT TO SUICIDE" 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

Mental health service investigated over allegedly falsifying suicide helpline calls
Victorian government launches inquiry after On the Line allegedly inflated reporting figures to secure funding.

The Victorian government has launched an inquiry into a mental health organisation alleged to have falsified suicide helpline data so it could receive state government funding, with the acting premier James Merlino confirming on Friday the CEO of the organisation had resigned over the issue.

The organisation, On the Line, delivers counselling and mental health services throughout Australia via outsourced telephone and digital counsellors for hotlines including Suicide Line Victoria, MensLine, the Defence All-hours Support Line, and the Regional Access Natural Disasters line.

Samantha Fredericks, who began as CEO for the organisation in April 2020, resigned after an external investigation revealed “inflated reporting figures” had been submitted to government, a statement from On the Line provided to Guardian Australia said.

Asked about the incident on Friday, Merlino said the CEO of the organisation had stood down.

“An inquiry is under way and there will be engagement between my department and this particular organisation,” Merlino said. “Absolutely, this is a concern.”

Merlino added there were a “range of datasets” the government examined before allocating funding to organisations, including emergency department figures and the number and type of calls made to other hotlines.

On the Line also receives funding from the federal government, primary health networks, and other mental health support organisations including BeyondBlue.

On the Line said in a statement: “An inquiry had been launched to understand the full extent of it.

“On the Line is working closely with an external auditor to understand exactly what went wrong.”

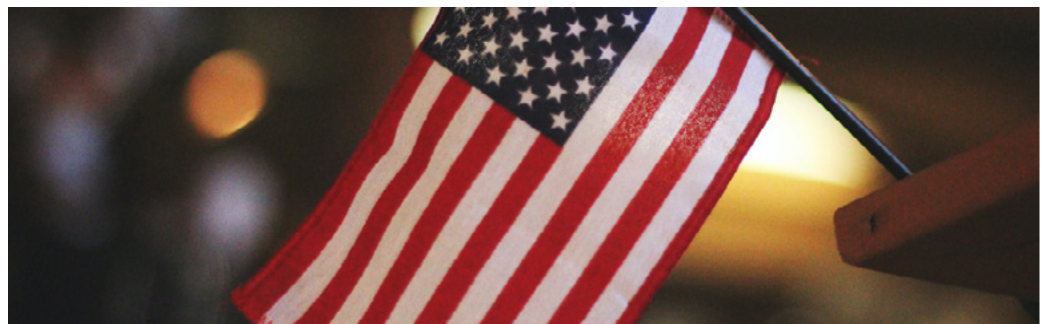
Sources:

https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release

Suicide Line Victoria is one of several mental health services provided by On the Line. Between 2017 and 2020, there was a 70% increase in calls and online sessions across On the Line's services.

Coroner's court data shows suicide rates did not increase through 2020 despite the pandemic, though there was a significant increase in calls to all mental health and crisis helplines, and an increase in reports of people experiencing mental health distress. Data so far for 2021 is showing a similar trend.

WORLD NEWS
USA



Report: Suicides on Alaska military bases spiking in 2021

Six soldiers stationed in Alaska have died by suicide between January and May of 2021, a surprising statistic, considering the U.S. Army spent more than $200 million in Alaska to address a mental health crisis that it identified in 2019, according to USA TODAY.

"The 2021 suicide toll among the roughly 11,500 soldiers stationed there already has nearly matched last year when seven soldiers died by suicide while stationed with U.S. Army Alaska, whose principal posts are Fort Wainwright in Fairbanks and Joint Base Elmendorf-Richardson in Anchorage," the newspaper wrote.

In a survey of 4,000 soldiers, 10.8 percent had had suicidal ideas, according to the newspaper. That's four times the general U.S. rate of suicide.

The survey also found that soldiers at Fort Wainwright report having trouble sleeping, worry about being able to buy high-quality food to eat, worried about finances, and a third of the soldiers said their leaders tolerate hazardous drinking while the soldiers are off duty.

Alaska had the second highest suicide rate in the nation in 2019. But the Army was seeing problems with a cluster of slides at Fort Wainwright from 2014 and 2019.

Sources:

https://mustreadalaska.com/report-suicides-on-alaska-military-bases-spiking-in-2021/

SUICIDE ATTEMPTS ROSE AMONG ADOLESCENT GIRLS DURING PANDEMIC, ER DATA SUGGEST

The United States saw a significant rise in suspected suicide attempts among teen girls during the pandemic, a new study from the US Centers for Disease Cont...
Posted: Jun 12, 2021 9:39 AM
Posted By: CNN

The United States saw a significant rise in suspected suicide attempts among teen girls during the pandemic, a new study from the US Centers for Disease Control and Prevention finds.

The study, published on Friday by the CDC, found that in May 2020, emergency department visits for suspected suicide attempts started to increase among adolescents ages 12 to 17, especially girls.

Then this year, during February 21 to March 20, the mean weekly number of visits for suspected suicide attempts were 50.6% higher among girls ages 12 to 17 than they were during the same time period in 2019. The study found that among boys ages 12 to 17, emergency visits for suspected suicide attempts increased 3.7%. The increases began after emergency department visits for suspected suicide attempts previously appeared to decrease in spring 2020 compared with 2019, according to the study.

Higher rates seen among girls
Researchers said the new report expands on previous work that showed increases in emergency department visits for suspected suicide attempts earlier in the pandemic, and suggests those trends persisted among young people.

The study included data on emergency department visits across 49 states and Washington, DC, from the CDC's National Syndromic Surveillance Program. The researchers took a close look at visits for suspected suicide attempts among people ages 12 to 25 between January 1, 2019 and May 15, 2021.

The researchers found that people in that age group made fewer emergency department visits for suspected suicide attempts between March and April of last year -- following the declaration of the coronavirus pandemic -- compared

with 2019. But by early May 2020, visits began to increase among adolescents ages 12 to 17, especially among girls, and remained elevated.

“The mean weekly number of these visits was 26.2% higher during summer 2020 and 50.6% higher during winter 2021 compared with the corresponding periods in 2019,” the researchers wrote in their study.

The number of emergency department visits for suspected suicide attempts remained stable among adolescent boys ages 12 to 17 and among all adults ages 18 to 25 compared with the corresponding periods in 2019, although rates of emergency department visits for suspected suicide attempts increased, the data showed.

“The difference in suspected suicide attempts by sex and the increase in suspected suicide attempts among young persons, especially adolescent females, is consistent with past research,” the researchers wrote in their study.

“Self-reported suicide attempts are consistently higher among adolescent females than among males, and research before the COVID-19 pandemic indicated that young females had both higher and increasing rates of ED visits for suicide attempts compared with males,” the researchers wrote. “However, the findings from this study suggest more severe distress among young females than has been identified in previous reports during the pandemic, reinforcing the need for increased attention to, and prevention for, this population.”

Also, the researchers noted that the data were just on emergency department visits and do not mean suicide deaths have increased. For that data, more study is needed.
How to help someone in emotional pain

More research is needed to determine whether there are any differences in the data by race or ethnicity -- and whether similar findings would emerge among suspected suicide attempts with less severe injuries that were not reported to emergency departments.

Previous research had already shown that last year, the proportion of mental health-related emergency department visits among adolescents ages 12 to 17 increased 31% compared with the year prior in 2019, according to the CDC.

With the release of the new study, the CDC noted that suicide can be prevented with more social connections for young people, the teaching of coping skills, learning the signs of suicide risk and how to respond, and reducing access to lethal means of suicide, such as medicine and firearms.

Some signs of suicide risk include talking about wanting to die or feeling hopeless. As more young people get vaccinated against Covid-19, that may help increase social connections with others.

Sources:

https://www.kdrv.com/content/news/574620842.html

The National Institute of Mental Health notes on its website that there are five steps you can take to help someone in emotional pain:

1. Ask, "Are you thinking about killing yourself?" The website notes, "It's not an easy question, but studies show that asking at-risk individuals if they are suicidal does not increase suicides or suicidal thoughts."
2. Keep the person safe by reducing their access to highly lethal items or places.
3. Be there for the person -- listen carefully and learn what the individual is thinking and feeling.
4. Help them connect to the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) and the Crisis Text Line number, which is 741741 in your phone, so it's there when they need it. You can also help make a connection with a trusted individual like a family member, friend, spiritual advisor or mental health professional.
5. If a crisis happens, staying in contact with them afterward or after being discharged from care can make a difference too.

WORLD NEWS
WHO

One in a 100 deaths globally can directly be attributed to suicide, says WHO

Geneva - One in a hundred deaths globally can directly be attributed to suicide, the World Health Organization (WHO) said, arguing that the Covid-19 pandemic has increased factors for suicide worldwide.

In 2019, more than 700 000 people died of suicide, one in 100 deaths, which was more than HIV, malaria, wars or homicide, the world body said in a statement issued on Thursday.

The same year, prior to the global pandemic, the global suicide rate was decreasing everywhere, the WHO declared, with exception of the Americas region that saw increases of 17 percent.

Among young people aged 15-29, suicide was the fourth leading cause of death after road injury, tuberculosis and interpersonal violence.

According to the WHO, more than twice as many males die due to suicide as females (12.6 per 100 000 males compared with 5.4 per 100 000 females).

Suicide rates among men are generally higher in high-income countries (16.5 per 100 000).

For females, the highest suicide rates are found in lower-middle-income countries (7.1 per 100 000).

Suicide rates in the WHO African (11.2 per 100 000), European (10.5 per 100 000) and South-East Asia (10.2 per 100 000) regions were higher than the global average (9.0 per 100 000) in 2019.

The lowest suicide rate was in the Eastern Mediterranean region (6.4 per 100 000).

The spread of the coronavirus has caused turmoil in societies, increasing factors of suicide globally, WHO Director-General Tedros Adhanom Ghebreyesus noted.

"Our attention to suicide prevention is even more important now, after many months living with the Covid-19 pandemic, with many of the risk factors for suicide, job loss, financial stress and social isolation, still very much present," Tedros was quoted as saying in the statement.

The WHO announced series of guidance, under the name 'LIVE LIFE', to improve suicide prevention.

The role of media was emphasized by the WHO that declared that many reports of suicide, especially if they described the methods used or focused on celebrities, could increase risks of so-called "copycat suicides".

"We cannot and must not ignore suicide. Each one is a tragedy," Tedros added.

Sources:

https://www.iol.co.za/lifestyle/health/one-in-a-100-deaths-globally-can-directly-be-attributed-to-suicide-says-who-346c39db-bb17-5aab-98c6-e13460b8af99

AGM IMPORTANT NOTICE

ANNUAL GENERAL MEETING
OF BOARD MEMBERS
WHITE WREATH ASSOCIATION LTD

Monday 4 October 2021 - 7PM

15 LEITCHS ROAD SOUTH
ALBANY CREEK QLD 4036
(FOOD SUPPLIED)

FEEDBACK

“Helping in California”

Hello and thank you for your awsome work.

My name is R… and reaching out to you because of the amazing program you have going on in Australia. I found your web site after I searching and searching for some kind of answer and for healing my unimaginable pain of my soon to be wife’s recent suicide.
Unfortunately here in California the topic of suicide is barely a mention.

I would love to get any help or advice from your program to help spread awareness of the aftermath of suicide.
I have no experience in this field at all but I’ve been thrown deep into it now and would like to help the many many people here with your knowledge. I believe together we can help more people the way you are doing it there.

Please any help and advice on how to start a program like yours here would be a true blessing. Thank you and I’m so lucky to have found the white wreath association I’ve already spread the word of your work . Again please any help is a blessing thank you.

R…

— — — — — — — — — — — — — — — — —

Hello,

My name is …., and I’m a young author/illustrator of an upcoming children’s mental health book. Aside from a story included in my book, is a section that provides Australians with helpful, and credible resources. I’m writing this email to ask for permission to use your name, and phone number text resource at the back of my book.

It will read like this: Text 0410 526 562 (White Wreath) when you are feeling depressed, suicidal, or just needing someone to talk to. A crisis counsellor will text with you. (5am-9pm EST Monday-Friday)

I would like to hear back from you regarding how this usually works, and whether or not I can use this information. If you’d like to know more about the book, I’d be very happy to share.

Kind regards,….

HUMOUR

I know I shouldn't have done this, but I am 83 years old and I was in McDonald's drive-through this morning and the young lady behind me leaned on her horn and started mouthing something because I was taking too long to place my order. So when I got to the first window I paid for her order along with my own. The cashier must have told her what I'd done, because as we moved up she leaned out her window and waved to me and mouthed "Thank you.", obviously embarrassed that I had repaid her rudeness with kindness. When I got to the second window I showed them both receipts and took her food too. Now she has to go back to the end of the queue and start all over again,

Don't blow your horn at old people; they have been around a long time.

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

YOU MAY LIKE TO DONATE TO WHITE WREATH ASSOC

DONATIONS TAX DEDUCTIBLE

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

1.Via our credit card facility posted on our Website 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

ALL INFORAMTION ON OUR DONATE/SHOP PAGE

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