White Wreath Association Ltd®

"Action against Suicide"

NEWSLETTER

Edition 58 - April 2015

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COMING EVENTS

White Wreath Day
Wear White to Work
29 May 2015

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Director's Report

Coordinated programs to provide treatment and support is vital for people with long-term mental illnesses and suicidal tendencies.

Sadly, in many cases this is not happening. Mental illness is a debilitating disorder that can have fatal consequences. It is a myth that people take their lives because of social reasons, such as stress, job loss, marriage breakup, bankruptcy etc.

Mental illness is a chronic, progressive neurological disorder affecting the structure, function and chemistry of the brain. Six points are ignored, with tragic consequences, in the assessment of suicidal mentally ill people. They are:

- Chronic
- Progressive
- Neurological Disorder Affecting
- The Structure
- Function
- Chemistry of the Brain

All mental illnesses result from a core neurological problem. Mental illnesses are the third leading cause of disability burden in Australia, accounting for an estimated 27 percent of the total years lost due to disability.

Many people experiencing mental illness delay seeking help because they are frightened by the illness and f ear stigma and discrimination. Reducing the stigma will encourage more people to seek help earlier.

Don't be fooled by believing you can talk someone out of tragically taking their lives. Mental illness is a life-threatening condition and requires immediate and proper medical treatment.Any other life-threatening condition is treated by the medical profession and all is done to make people well again.

Mental illness must be treated in the same manner medically. Families of those that suffer this dreadful illness must be treated with dignity and respect and their knowledge and opinions respected. However, and very sadly, it is not and we are losing thousands of our own men women and children yearly to this devastation.

The White Wreath Association has never professed that it will save all lives. However, we believe we can help significantly reduce the suicide rate once our Safehaven Centres are up and running.Two fund-raising to help achieve this objective will be held on 29 May – National White Wreath Day in Remembrance of All Victims of Suicide,and Wear White at Work.

Kind donations will be greatly appreciated to help us combat this epidemic.

Fanita Clark CEO

Peter Neame, Research Officer
White Wreath Association Ltd

The World Health Organisation report on suicide is a summary of the facts as they see them. It is not a plan of action.

What is left out is the importance of early intervention, specifically early admission in cases of serious mental illness where the individual may be suicidal. WHO are meant to be world leaders and yet they also leave out the importance of the neurological/neurobiological basis of mental illness and suicide. It is clear that WHO ha s agreed to 'side-line' serious mental illness.

WORLD NEWS
World Health Organisation

More than 800,000 people die by suicide every year – around one person every 40 seconds, according to World Health Organisation's first global report on suicide prevention.

Source: WHO Media Department "Suicide by Who region"
http://whitewreathassociation.cmail1.com/t/r-i-qmludk-l-z/

Some 75 percent of suicides occur in low- and middle-income countries.

Pesticide poisoning, hanging and firearms are among the most common methods of suicide globally. Evidence from Australia, Canada, Japan, New Zealand, the United States and a number of European countries reveals that limiting access to these means can help prevent people dying by suicide.

Another key to reducing deaths by suicide is a commitment by national governments to the establishment and implementation of a coordinated plan of action.

Currently, only 28 countries are known to have national suicide prevention strategies. Dr Margaret Chan, WHO Director-General, said the report was a call for action to address a large public health problem which had been shrouded in taboo for far too long.

Continued from page 2.

"Suicide occurs all over the world and can take place at almost any age," she said.

"Globally, suicide rates are highest in people aged 70 years and over. However, in some countries the highest rates are found among the young. Notably, suicide is the second leading cause of death in 15-29 year-olds globally."

Dr Chan said that generally more men die by suicide than women. In richer countries, three times as many men die by suicide than women. Men aged 50 years and over are particularly vulnerable.

In low- and middle-income countries, young adults and elderly women have higher rates of suicide than their counterparts in high-income countries. Women over 70 years old are more than twice as likely to die by suicide than women aged 15-29 years.

Reducing access to means of suicide was one way to reduce deaths. Other effective measures include responsible reporting of suicide in the media, such as avoiding language that sensationalises suicide and avoiding explicit description of methods used, and early identification and management of mental and substance use disorders in communities and by health workers in particular.

"Follow-up care by health workers through regular contact, including by phone or home visits, for people who have attempted suicide, together with provision of community support, are essential, because people who have already attempted suicide are at the greatest risk of trying again," Dr Chan said.

Dr Alexandra Fleischmann, Scientist in the Department of Mental Health and Substance Abuse at WHO said that no matter where a country currently stood in suicide prevention effective measures could be taken, even just starting at local level and on a small-scale.Dr Fleischmann said WHO recommends countries involve a range of government departments in developing a comprehensive coordinated response. High-level commitment was needed not just within the health sector, but also within education, employment, social welfare and judicial departments.

Dr Shekhar Saxena, Director of the Department of Mental Health and Substance Abuse at WHO, said the report, the first WHO publication of its kind, presents a comprehensive overview of suicide, suicide attempts and successful suicide prevention efforts worldwide.

"We know what works. Now is the time to act," Dr Saxena said.The report was launched just before World Suicide Prevention Day, observed on 10 September every year. The Day provides an opportunity for joint action to raise awareness about suicide and suicide prevention around the world.

In the WHO Mental Health Action Plan 2013-2020, WHO Member States have committed themselves to work towards the global target of reducing the suicide rate in countries by 10 percent by 2020.

WHO's Mental Health Gap Action Programme, launched in 2008, includes suicide prevention as a priority and provides evidence-based technical guidance to expand service provision in countries.

WORLD NEWS

Suicide By WHO Region

Suicide in the WHO African Region

In the WHO African Region, the estimated suicide rate was close to the global average of 11.4 per 100 000 in 2012. Comparing estimates for 2000 with those for 2012, there was an increase of 38% in suicide rates in the African Region. Suicide rates are particularly high among the elderly, but there is also a peak among the young. Suicide by intentional pesticide ingestion is among the most common methods of suicide globally, and of particular concern in rural agricultural areas in the African Region

Suicide in the WHO Region of the Americas

In the WHO Region of the Americas, estimated suicide rates are generally lower than in other WHO regions. However, Guyana is the country with the highest estimated suicide rate for 2012 globally, and Suriname has the sixth highest. Suicide rates in this Region show a first peak among the young, remain at the same level for other age groups and rise again in elderly men. In high-income countries, hanging accounts for 50% of suicides, and firearms are the second most common method, accounting for 18% of suicides. The relatively high proportion of suicides by firearms in high-income countries is primarily driven by high-income countries in the Americas where firearms account for 46% of all suicides; in other high-income countries firearms account for only 4.5% of all suicides.

Suicide in the WHO Eastern Mediterranean Region

In the WHO Eastern Mediterranean Region, estimated suicide rates are generally lower than in other WHO regions. However, there is evidence that among certain age groups in this region, suicide rates are relatively high, particularly among young women and men aged 15–29 years, and women and men aged 60 years and above.

Suicide in the WHO European Region

In the WHO European Region, the estimated suicide rate is somewhat above the global average of 11.4 per 100 000 in 2012, and 6 European countries are in the top 20 countries with the highest estimated suicide rates globally. Lithuania has the fifth highest and Kazakhstan has the tenth highest globally. Suicide rates in this Region show a first peak among the young, another for middle-aged men and rise again in the elderly. Of great concern

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is that suicide is the main cause of death in many European countries for the 15-29 age group. However, European countries are prominent among those that have - developed suicide prevention strategies.

Suicide in the WHO South-East Asia Region

In the WHO South-East Asia Region, the estimated suicide rate is the highest as compared to other WHO regions. Suicide rates show a peak among the young and among the elderly. Most suicides in the world occur in the South-East Asia Region (39% of those in low- and middle-income countries in South-East Asia alone) with India accounting for the highest estimated number of suicides overall in 2012. Suicide by intentional pesticide ingestion is among the most common methods of suicide globally, and is of particular concern in rural agricultural areas in the South-East Asia Region.

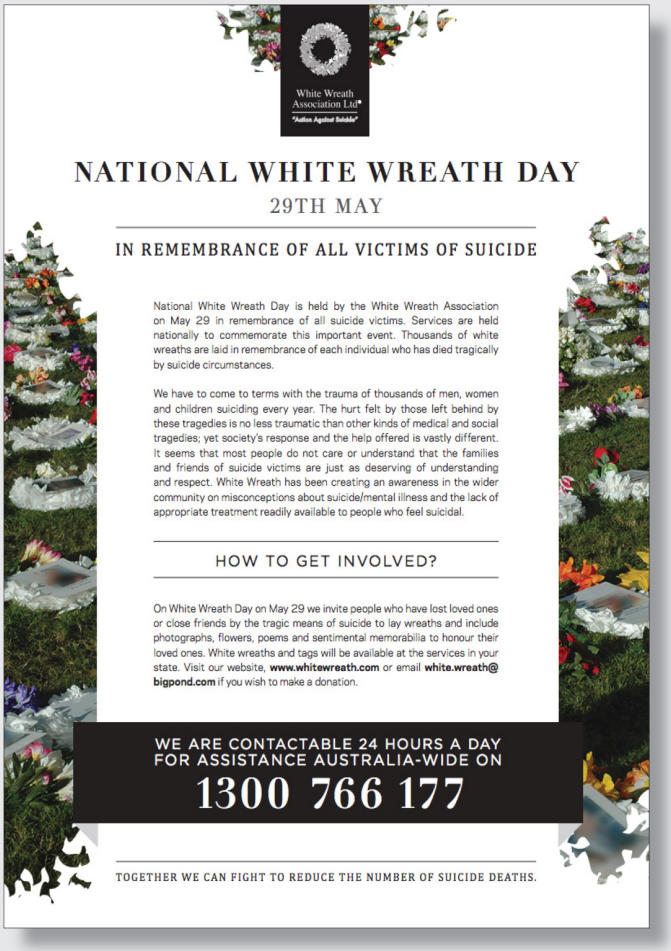
Suicide in the WHO Western Pacific Region

In the WHO Western Pacific Region, the estimated suicide rate in low- and middle-income countries is lower than the global average of 11.4 per 100 000 in 2012. However, the Republic of Korea is the country with the third highest estimated suicide rate for 2012 globally. Suicide rates in this Region increase steadily with age, with the highest rates among the elderly. A high proportion of suicides in the world occur in the Western Pacific Region (16% in low- and middle-income countries in the Western Pacific alone) with China accounting for the second highest estimated number of suicides overall in 2012. The number of total suicide deaths in the Western Pacific Region is approximately 180 000.

Suicidal behaviour among young people has been a concern in a number of countries, particularly in countries of the Pacific. Low- and middle-income countries in the Western Pacific Region are the only region of the world where the proportion of all deaths due to suicide is greater in females than in males and the rank of suicide as a cause of death is higher in females than in males. Suicide by intentional pesticide ingestion is among the most common methods of suicide globally, and of particular concern in rural agricultural areas in the Western Pacific Region.

Source: WHO Media Department "Suicide by Who region"
http://whitewreathassociation.cmail1.com/t/r-i-qmludk-l-z/

Coming Events



National White Wreath Day 29th May

Queensland (Main Service)

Official Ceremony 12:30 -1:30 p.m.
Display on view all day
Post Office Square (CBD)
270 Queen Street, Brisbane, Queensland

Contact
E: white.wreath@bigpond.com
Ph: 1300 766 177
M: 0410 526 562

Download and print this flyer at
www.whitewreath.com/WHITE_WREATH_DAY_FLYER.pdf

Wear White at Work 29th May

Get involved and assist us raise the much needed funds

Register your event online or contact us directly.

www.whitewreath.com
Phone: 1300 766 177
Mobile: 0410 526 562
white.wreath@bigpond.com

Download and print this flyer at
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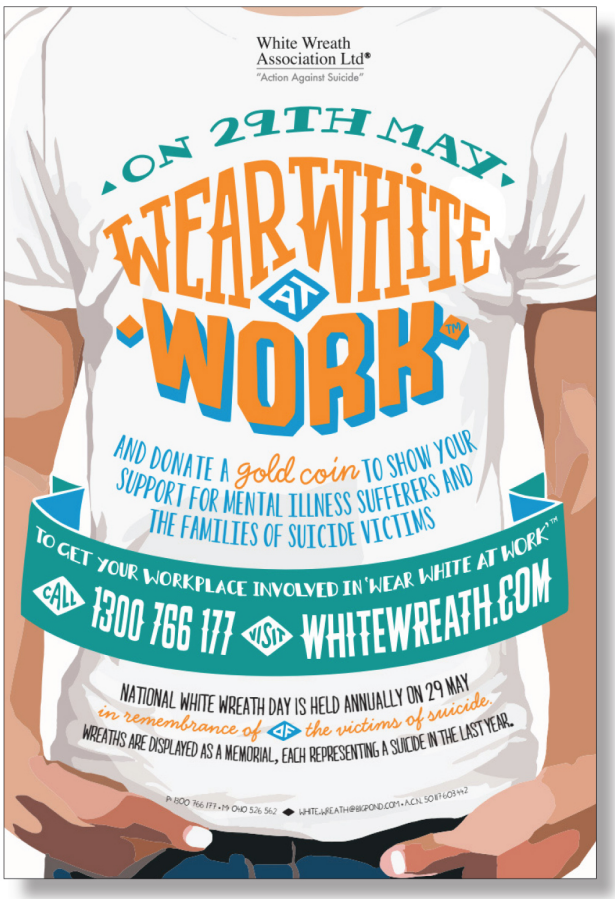


WORLD NEWS AUSTRALIA

At-Risk Groups Focus On Prevention

Specific suicide prevention efforts have been introduced by the Western Australian Government in a bid to lower the Aboriginals suicide rate, which is higher than the state's average.

Source: Western Australian Government, January 2015

The government has allocated $282,110 in suicide prevention grants to 18 organisations, with more than half going to Aboriginal-focused programs, activities and training.

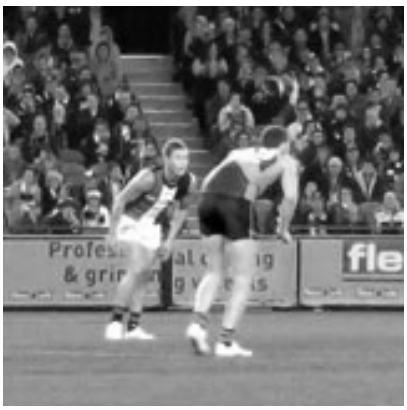
Aboriginal cultural camps, teen mental health first aid, Men's Shed events and multicultural support groups are among the activities and training funded One Life Suicide Prevention Small Grants.

Mental Health Minister Helen Morton said $103,102 would be allocated to Aboriginal organisations to run cultural awareness camps for young people, workshops, seminars and 'yarning' activities."This is on top of $100,000 of similar grants for Aboriginal suicide prevention activities during 2014," Mrs Morton said.

In addition, $52,578 will be spent on delivering Aboriginal Mental Health First Aid, safeTALK suicide-alertness workshops and the Applied Suicide Intervention Skills Training (ASIST) train-the-trainer program to Aboriginal communities in the metropolitan area and Western Australia's south-west.

"The activities, including Indigenous camps for high school children in the South-West region and Derby; seminars to build awareness of mental health issues, depression and suicide in Beverley; and 'yarning' sessions in Albany and surrounding towns will help build resilience among Aboriginal communities.

Footballers Recruited To Tackle Suicide



Australian Rules players and officials are being trained in suicide prevention by the Western Australian Government.

Source: Western Australian Government, January 2015

A leading Fremantle Dockers forward Michael Walters has been appointed as suicide prevention ambassador as part of a $200,000 partnership agreement between One Life and the West Australian Football Commission (WAFC).

The Western Australian Suicide Prevention Strategy - or One Life - has been working with the WAFC for a number of years and has provided $450,000 in funds to the organisation since 2012 to raise awareness and build resilience among players and fans.

Mental Health Minister Helen Morton said Michael would help reduce stigma around mental health and suicide among Aboriginal people.

She said Michael was regarded as a mentor and role model by young Aboriginal men and he would be using his influence in a positive way to spread the message that it is okay to talk and ask for help.

Parents With Self-Harming Children

Mums and dads who may be overwhelmed by their children's self-harming can now find support in the experiences of other parents, through a new resource on the website healthtalk.org.

Source: http://www.healthtalk.org

The information on the site is based on detailed interviews with 39 parents carried out by researchers from the University of Oxford's Department of Psychiatry.

The parents shared their stories from finding out that their child self-harmed to getting help, coping as a family and supporting their child to recovery.

Dr. Anne Stewart, a Consultant Child & Adolescent Psychiatrist at Oxford University said that parents who discovered their child was self-harming often felt bewildered, angry and very afraid for the future.

"They can feel quite guilty or ashamed. This may make it difficult to talk about with friends or with other family members.

"This resource helps parents to realise that they're not alone in what they're dealing with and provide in-depth information and advice from other parents who've been there too."Keith Hawton,

Professor of Psychiatry at Oxford University, said children often self-harmed to deal with bad feelings, feelings of depression, anger, dislike of themselves.

"It may be done to show other people how bad the person is feeling or to get a sense of control over the person's life.

"It may be done for reducing tension. Sadly, sometimes, it's a suicidal act and the person actually wanted to die."

Prof. Hawton said most young people would stop self-harming, perhaps in a few weeks, a few months and sometimes a few years.

He said that in a minority it would I become part of a longer-term pattern of behaviour, and for some it might indicate longer-term emotional problems, but for the vast majority, self-harm would stop.

WORLD NEWS USA

Suicide: A Shocking Statistic That We Need to Get to the Bottom Of

Last month there were two teenagers who committed suicide on the same day in a town near where I live in an Austin, Texas suburb. The two incidents were completely unrelated -- just pure coincidence.

Source: **Huffingtonpost.com** I Kristan Brazie

One boy was an 8th grader and the other boy was an 11th grader. I don't know much about the boys' suicides, their specific situations, or the things that led up to their ultimate decision to end their young lives.

And even though I'm writing this article about them, it's not just about them. It's about boys in general, and how troubling it is that boys -- and men -- **are three to four times more likely to commit suicide than girls** (the statistic varies, depending on the resource you use).

But it doesn't matter. It doesn't matter if they're three times or if they're four times more likely. What matters is, while suicide is horrific (even that word seems an understatement) and is considered an "issue" across the board, there is no denying that **suicide is a gender issue.**

And why is that?

I am not a doctor, a counselor, a psychologist. I have no way - certainly no medical way - of knowing what physiological difference would lead males toward suicide at this greater rate than females. And research shows that this **isn't just in the United States** where this statistic applies. Not by a long-shot.

I'm not writing this article to report on the statistics or how our country's suicide rates differ from those around the world.**I'm writing this article because I have a personal stake in this.**I'm the mom to two boys and depression runs many generations deep in my bloodline. My boys are bright, happy, very well adjusted children, who show no signs of depression whatsoever. Right now.

But chemical changes are inevitable in their beautiful bodies and brains, as they move into their teenage years, and I'm afraid of how those changes could trigger a spiral into depression that they think they can't possibly escape. This fear motivates me to put my thoughts out into the universe, in hopes of inspiring others to look at this serious (another understatement) issue to find out how to fix it. How to just make it stop.

There are a few places we can start: First, we have to stop teaching boys to "be tough" or "be a man" or "toughen up”

Suicide: A Shocking Statistic That We Need to Get to the Bottom Of

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I'm not suggesting we as parents let our kids cry and go on and on every time they don't get their way. That's not what I'm saying at all. What I'm referring to is the constant refusal to allow a boy to show emotion.

It's not ok to teach your child - any child, not just boys - to swallow their emotions down and to "be tough." This isn't healthy. It's called repression. And you better start saving as much money as you can for your child's therapy if this is a parenting tactic you use.

Do I think that this practice is causing suicides? No. But I do think that it can have a significant negative impact on a person who has underlying, even undetected, issues. In other words, it certainly doesn't help. And if it doesn't help, then why do it? Isn't that our purpose, as parents: to help our children grow into healthy, strong, fulfilled, and productive adults?

Secondly, we have got to improve access to mental healthcare in our country. I mean really improve access to mental healthcare. According to the **Affordable Care Act, along with the 2008 Mental Health Parity Act**, mental health treatment is supposed to be the same level as that provided for physical health.But, for a variety of reasons, **that still isn't happening.**My family is tremendously lucky. We live comfortably and - thanks to my husband's company - we have great health insurance.

But, want to know what our mental health coverage is? We have a $10,000 deductible per person, per year. And then the coverage is 50/50. So, you know what? Why don't we just say we don't have coverage?

So I'm not just talking about improving accessibility for the impoverished. I'm talking about across the board. If you've visited a psychologist or psychiatrist, you know how expensive the doctors' visits are. Sometimes they don't even accept insurance. Sometimes they do, but again, with a $10,000 deductible and 50/50 coverage, you only really realize the benefit if you're (God forbid) hospitalized.What do people without mental health coverage do? What do people who have mental health coverage like me (the "coverage" that isn't coverage), but who also live paycheck to paycheck... what do they do if they need care?

When will mental health care stop being its own "thing?" When will it truly be part of the whole healthcare umbrella?We need it to be soon. We need it to be now.My heart aches so deeply for the parents, friends, and families of the boys who took their lives last week. Let me be clear: I am not suggesting that the root of their problems had anything to do with being forced to repress their emotions all their lives, or whether they had or didn't have access to mental health care. I don't know their specific situations at all. **But boys are four times more likely to attempt suicide than girls.**

My hope is that by getting a conversation started about the startling statistic of

suicide in boys, we can work together as communities, parents, health care workers, teachers, and medical researchers, to find out why this is happening.

And if we can just find out why it's happening, then maybe we would know what to look for in those boys that we might not otherwise "see it coming." We'd be able to provide them with the proper care, ultimately saving them from themselves.

Let's start this conversation right here and now:

What is happening in the male brain that's causing them to think that ending their life is the right decision?

Is it all just chemical?

Is this a nature vs. nurture situation?

Is it cultural: are we raising our boys all wrong?

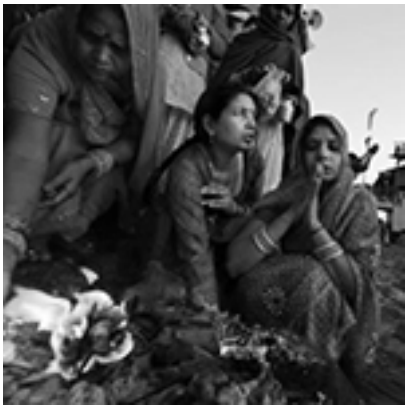
Why can't we really get the same insurance coverage for mental health care as we do general health care?

Aren't they one and the same?

I want to hear your thoughts.

WORLD NEWS INDIA

Suicide: Decriminalising of Suicide Welcomed



Move will help to treat and counsel those in need without delay.

Eight years ago, Revathi* attempted suicide by consuming over half a litre of acid. She doesn't remember much of what happened next, but recalls that the police were involved. "When I was taken to hospital, treatment was begun only after a first information report (FIR) had been registered," she said. This led to a delay and though Revathi is now doing well, she said time may be a crucial factor in other suicide-cases.

The Central government's move to decriminalise attempted suicide has therefore been welcomed by activists in the city. Lakshmi Vijayakumar, founder of SNEHA, a suicide prevention centre, said the move would have three major benefits. "First, it will allow somebody who has attempted suicide to be treated immediately without the medico-legal process — which will also remove the stigma. Second, it will be cost effective for the family — private hospitals often charge heavily to treat such patients citing the legal process. And third, it will allow us to gather data on the number of people who attempt suicide in order to plan services for them as, at present, they are often under-reported or reported as accidents," she said.

Every five minutes, someone, somewhere in India attempts suicide, making it the third major cause of death, according to SNEHA.For Tamil Nadu, the move to decriminalise suicide will be especially beneficial, as the State has recorded the second-highest number of suicides at 16,601, as per the National Crime Record Bureau's 2013 statistics. Chennai tops cities in the State with 2,450 suicides. For every suicide, it is projected there are 15 to 20 attempts, said Dr. Vijayakumar.

"This move was long pending," said Vandana Gopikumar, co-founder, The Banyan, an NGO that works in the field of mental health. "It will help de-stigmatise attempted suicide, enabling greater support for people and their families to seek help. However, the government must ensure there is still a legal system in place to protect the rights of people, especially women in vulnerable situations who may, for instance, attempt suicide due to domestic violence," she said.

Attempted suicide is a cry for help, said R. Padmavati, additional director, Schizophrenia Research Foundation. "Not all people who attempt suicide have a mental health issue, but some do. Depression, for instance, is common in people who attempt suicide. And sometimes, mental health issues are identified when the patient comes in after an attempted suicide. Eliminating the police procedure will go a long way towards helping such people," she said. (*Name changed)

Source: **thehindu.com**

WORLD NEWS CHINA

Suicidal Drivers Decline

Earlier December, Finnish long haul truck drivers arranged a national one-minute stoppage along the highways. They stepped down from their trucks for a moment of silence.

Source: **glogalpost.com** I Juhani Niinisto

Long haul truck drivers have started the campaign focusing on the psychological impact of head-on collisions on the truck driver. Even though truck drivers rarely get badly injured when colliding with a private car, truck drivers see themselves as victims as well due to the psychological burden caused by seeing someone killed in front of them.

The moment of silence took place soon after Finnish long haul truck drivers had created a mobile social media community.Comprising now around 4,000 drivers, the community has replaced the use of HF radio phones used by truck drivers for communication with colleagues on the same road.

In November, an incident in which a mother killed herself and three children after driving into the front of a bus got major publicity, while last week an apparent suicidal driver crashed against a private car killing two passengers in it.

While road transport fatalities on the whole have declined, the death toll of collisions between private cars and heavy trucks shows an opposite trend in Finland, and suicidal private car drivers are part of the explanation.

Suicides distort the statistical picture of road safety.Inkeri Parkkari, a senior specialist at the Finnish Transport Safety Agency (TRAFI), told Xinhua that there are plans now to start listing suicides separately. No schedule has been defined for the change though.

Official statistics consider an incident as suicide only if a suicide is given as the cause of death in the death certificate signed by a medical doctor. However, Parkkari said that road safety investigators often find out that suicidal motives have existed even though not given as cause of death or mentioned in the police reports.

2012 was a peak year with 40 road accidents involving a suicide or attempt, and in 2013 the number was down to 22. The European Union statistical body Eurostat defines that suicides are not listed as personal injury accidents, but if another person is injured or killed because of a suicide (or an attempt thereof) the incident will be included as an accident. With its statistical ratio of 16 suicides per hundred thousand inhabitants in 2012, Finland was at position 21 in a World Health Organization listing.

A friend 4 me: my story

Kelly's Journal Continued.

In this place you sit and wait and pray that hours have past you by but then you make that long walk down the hallway to see the clock and you find that only 20 minutes have gone by. Time really does stand still in here. I'm currently sitting here waiting for lunch as I had fallen asleep and missed morning tea. That short time the door was left open. I'm starving now and I wonder what lunch will bring me today. Lunch in this place is better than tea. There is still only one meal to choice from but you have bread for this meal as well. Something filling if the main meal fails you. The freedom of having sun in your face which you don't get in here and being able to walk where you want is something I dream of. No doctor or nurse has come near me today. No activities since I have been here. Just me and the dreams I once had. I sit and think of tomorrow. It's Monday tomorrow and the world won't be at a standstill anymore. For tomorrow the doctors and social workers will arrive. The ones who might help with my problems and let me go home. One thing I don't understand is why am I siting here and wasting away. What help do they think they are giving me when no one talks to me. No one tries to help sort your problems out. I'm guessing this will be like the other times. A quick chat tomorrow and then you may go home. No help with my problems and then once again I will be dumped on the street and left to sort things out myself. My biggest fear at the moment. Being down to my last two smokes. I guess I should be happy that I made that last packet last 4 days. My greatest time of need and the system does not understand in these places. They take the only stress relief you have away from you. To better my health they say.

Suicidal Drivers Decline

Continued from page 14

Figures in Finland were twice as high as the average in the European Union, but the figures have declined essentially during the last thirty years.

Typically, suicidal drivers would choose a truck to knock on, but background of people colliding with trucks on purpose varies.Not all cases get publicity. In one case that went publicity years ago, a father from a distinctly upper middle class area of Helsinki first killed his wife and two kids at home and then drove towards a truck.

STORY

My son aged 19-attempted suicide twice in one day. First by connecting the hose to the exhaust pipe of his car and second by taking an overdose of "Prescribed Medication".
Rushed to hospital and was diagnosed by Psychiatrist with Schizophrenia, Paranoia and Severe Depression. After a short few days Psychiatrist rang and told me your son is fine and we are discharging him.

Son did not want to leave and I begged and pleaded with the Psychiatrist that our son was not fine. He requires proper medical treatment as he is threatening to kill himself on a daily basis.

As his mother my knowledge and opinion of his mental health state was never involved in determining the health and well being of our son.

Two months later he laid himself on a train track. - His Mother

You can help

You can do your part to help White Wreath Association.

YOU CAN BE A VOLUNTEER

We need volunteers from any part of Australia.

YOU CAN GIVE IN KIND

- Petrol Gift Cards
- Stamps

OR DONATE BY SELECTING ANY OF THESE OPTIONS

1. Via credit card then follow the instructions.

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

3. Cheque/Money Order to:
   White Wreath Association Ltd
   PO Box 1078 Browns Plains QLD 4118

Donations are tax deductible.

Humour

A father and son were out fishing in a boat and the young son asked his father," Dad what makes the boat float?'
I don't rightly know son," his father replied.
"How do fish breath under water?" the boy asked.
'I don't rightly know," said the father.

"Why is the sky blue," the boy then asked.
I don't rightly know," said dad.
The boy then said," I am not asking too many questions am I dad?".

"No son how are you going to learn anything if you don't ask questions." replied the dad.