



Brain Storm

NAMI Tri-Valley Mission Statement

“NAMI Tri-Valley in collaboration with other community agencies and organizations provides information and referrals to resources, education programs and advocacy support to consumers and families.”

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Suicide in Youth: Facts, Signs and Prevention

In October 2007, two teen suicides shocked and sadden the Tri-Valley area. NAMI Tri-Valley is devoting the Winter 2008 issue to the difficult topic of suicide. We encourage readers to learn all they can about the facts, signs and prevention, especially among our youth. It is with great hope that a dialogue will begin based on solid information, which may help prevent future tragic losses.

When a teen commits suicide, everyone is affected. Family members, friends, teammates, neighbors, and sometimes even those who didn't know the teen well might experience feelings of grief, confusion, guilt — and the sense that if only they had done something differently, the suicide could have been prevented. The reasons behind a teen's suicide or attempted suicide are often complex.

Each year in the United States, approximately 2 million teens attempt suicide, and almost 700,000 receive medical attention for their attempt. According to the Youth Risk Behavior Surveillance System, in 2001, 2.6% of students reported making a suicide attempt that had to be treated by a doctor or nurse. With respect to suicide, it is estimated that each year in the United States, approximately 2,000 youth aged 10 – 19 complete suicide. In 2000, suicide was the 3rd leading cause of death among young people aged 15 to 24 years of age, following unintentional injuries and homicide.

What leads to suicide in children and adolescents?

Suicide is the result of many complex factors. More than 90% of youth suicide victims have at least one major psychiatric disorder. It is important to note that while the majority of suicide victims have a history of psychiatric

**Crisis Support Services of
Alameda County
24 hours/7 days
1-800-309-2131**

disorder, especially mood disorders, very few adolescents with psychiatric disorder will go on to complete suicide.

Factors that increase the risk of suicide among teens include:

- The presence of a psychological disorder, especially depression, bipolar disorder, and alcohol and drug use (in fact, approximately 95% of people who die by suicide have a psychological disorder at the time of death)
- Feelings of distress, irritability, or agitation
- Feelings of hopelessness and worthlessness that often accompany depression (a teen, for example, who experiences repeated failures at school, who is overwhelmed by violence at home, or who is isolated from peers is likely to experience such feelings)
- A previous suicide attempt
- A family history of depression or suicide (depressive illnesses may have a genetic component, so some teens may be predisposed to suffer major depression)
- Having suffered physical or sexual abuse
- Lack of a support network, poor relationships with parents or peers, and feelings of social isolation
- Dealing with homosexuality in an unsupportive family or community or hostile school environment

Suicide in youth (con't page 2)

Suicide in Youth (con't from page 1)

Is there some way that family or other adults can identify a young person at risk?

Yes, people can be educated about the warning signs of suicidal behavior. Some of the key risk factors to look for are listed above. The single biggest risk factor is either suicidal ideation with intent to commit suicide, or a recent attempt. A teen who is thinking about suicide may:

- Talk about suicide or death in general
- Talk about “going away”
- Talk about feeling hopeless or feeling guilty
- Pull away from friends or family
- Lose the desire to take part in favorite things or activities
- Have trouble concentrating or thinking clearly
- Experience changes in eating or sleeping habits
- Self-destructive behavior (drinking alcohol, taking drugs, or driving too fast, for example)

One of the most effective suicide prevention strategies is educating people about how to identify and effectively respond to the warning signs of suicidal behavior . . .

For teens that are already receiving psychiatric treatment, education for the family may be helpful for parents and family members to understand better the problems of their adolescent.

Is there some way that suicide can be prevented in young people?

Yes, suicide can be prevented. Most suicides occur with at least some outward warning. Educating people about how to identify and effectively respond to the warning signs of suicidal behavior is very helpful. Mental health screening may be one way to detect youths at risk for suicide. However, because suicidal tendencies tend to wax and wane, screenings may have to be repeated.

One of the primary goals of effective suicide prevention strategies among young people is to reduce suicide risk factors. Mood disorders, conduct/antisocial disorders, and substance abuse, is strongly associated with youth suicide. Importantly, these mental disorders are all treatable. Therefore, it is critical that psychiatric disorders in young people be accurately recognized and effectively treated.

Remember:

If you learn that your child is thinking about suicide, get help immediately. Your doctor can refer you to a psychologist or psychiatrist, or your local hospital’s department of psychiatry can provide a list of doctors in your area. In an emergency, call **(800) SUICIDE** or **(800) 999-9999**.

Information courtesy of NAMI National, <http://www.nami.org>; and Kids Health for Parents, <http://www.kidshealth.org/parent/emotions/behavior/suicide.html>.

NAMI Tri-Valley
Year-End Treasures Report
November 2007

NAMI Tri-Valley has \$4849.51 in its bank account as of October 31, 2007. The financial statements are as of October 31, 2007

Income

Dues \$565
Interest Income 1

Total Income..... \$566

Expenses

Affiliate Fees..... \$437
Bank Charges..... 22
E & O Insurance 1,504
Outside Services 50
Printing 141
Room Rental 120
Supplies..... 450
Taxes & Licenses..... 35
Telephone..... 175

Total Expense \$2,934

Net Income..... 2,368

NAMI Tri-Valley is funded solely by your dues and donations. Thank you for your membership and continued support.

New Web Site

In an effort to provide even better information and faster updated information, NAMI Tri-Valley has an updated website that includes a new web address: <http://www.nami-trivalley.org>. Instead of [namitrivalley.org](http://www.namitrivalley.org), just add the “dash” between nami and trivalley.

We will strive to keep you informed in a timely manner and welcome suggestions. Please send any ideas, recommendations etc. to Marsha McInnis at marsha@nami-trivalley.org.

Looking For Behavioral Health Resources?

Alameda County Behavioral Health Care Services provides a very valuable service on their website that is a comprehensive database of services. Check out the information at Network of Care for Behavioral Health, <http://www.alameda.networkofcare.org>.

The Web site provides information about behavioral health services, laws, and related news, as well as communication tools and other features.

Donations

*Donations In Memory
of Billy Russell from
the following families of the
Walnut Glen Neighborhood:*

Arkin, Kohne, Quinn,
Gum/Keller,
Richter/Lysakowski,
Leininger, Burke, Tsai,
Howe, Kloos-Wilson,
Grau, Visscher, Messick,
Murphy, Mackenzie,
Shu, King, Riordan,
Shapiro, Nagar, Bielby

*Donations In Memory
of Billy Russell from
Individual Donors:*

Gigi Crowder
Debra Emerson
Home Trust Mortgage Corp.
Don and Kitt Livsey

County Crisis Response Services in Livermore

Livermore now has mental health crisis response services available. Funded by the Mental Health Services Act, the program opened in March.

The Crisis Response Program is provided by Alameda County Behavioral Health Care Services (BHCS).

The hours are:

Monday 10:00- 5:00

Tuesday 8:30-3:00

Wednesday 8:30-3:00

**For referrals, please call:
1-800-491-9099**

Kid's Corner

Grief and Loss – A Mother's Perspective

By Suzi Glorioso

How does one prepare for the loss of a child? And how does one cope with that loss when it is so sudden and unexpected – and a suicide?

I was sitting on the couch taking a break from my housework before my son came home from school when the phone rang. One of the moms from my support group was on the other end. “My son died this week” she said. “He stepped in front of a moving train.” I could hear the shock in her voice even though her speech seemed flat and almost unemotional. But I knew of the struggle her son had been experiencing dealing with his mental illness and I knew how deeply that pained her. Through her shock I could hear her devastating grief. We talked and we cried. I wish there was more I could do to ease her pain, but I also knew that being here for her had already made a difference.

At our last Parent Resource and Support Group meeting, Kellen Bennett (an attending therapist) asked us if we grieved other things beyond this mother's loss. Our answers were many. We grieve the loss of a normal childhood for our kids, the struggles they have with peer relationships and the difficulties they have at school both academically and emotionally.

We hurt when we watch them be ostracized by other kids and adults and how they struggle with every day normal activities such as getting dressed or brushing their teeth.

We grieve while we watch them take numerous medications and then deal with the uncomfortable and sometimes damaging and life threatening side effects. We hold them while they cry and rage from anger and despair. And we grieve the loss of our own “normal” lives and the sacrifices we make for our children. Though we wish things were different for our kids, we are grateful for the opportunity to love and nurture these special individuals. For as deeply as they suffer, so too is the depth of their ability to love us back.

I can't imagine the despair this young boy must have felt in his final moments before taking his own life. But the idea frightens me, for I've seen such despair in my son's face when he struggles with the demons plaguing his mind that he has no control over. I see the sense of hopelessness blanket my daughter when life becomes too hard. I'm afraid - for their suffering, for my pain, for the possibility of what could happen. I'm afraid – knowing that no matter how hard we try to help our kids, no matter what coping tools we give them, no matter what we do to protect them, we cannot necessarily protect them from themselves. But we will also never stop trying.

Our hearts and prayers are with this family during their time of loss. May the love of family and friends carry them to peace and hope again.

**Membership Application
NAMI Tri-Valley**

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

- General \$35
- Consumer \$15
- Professional \$45

\$ _____ In Memory Of: _____

\$ _____ In Honor Of: _____

Membership dues are tax deductible. Membership entitles you to receive NAMI Tri-Valley Newsletter "Brainstorm", NAMI California publication "The Connection" and NAMI National "The Advocate".

Send this application form with your check payable to:
NAMI Tri-Valley
P.O. Box 5563
Pleasanton, CA 94566

NAMI Support Groups

FYI . . . for Families & Friends

NAMI Tri-Valley Support Group

Meets 2nd Monday of each month
7:15 p.m. – 9:00 p.m.
Livermore Library
1188 S. Livermore Ave.
Contact: Marsha McInnis 925.980.5331
marsha@nami-trivalley.org

NAMI Family Support Group

Meets 4th Monday of each month
7:00 p.m. – 8:30 p.m.
St. Clare's Episcopal Church
3350 Hopyard Rd., Pleasanton
Contact: Russ or Donna White 925.455.6901
russsdonnawhite@comcast.net

FYI . . . for Parents

Parent Resource and Support Group

NEW! Additional support group added
Meets 1st and 3rd Tuesdays of each month
7:00 p.m. – 9:00 p.m.
Pathways To Wellness
5674 Stoneridge Drive Suite 116, Pleasanton
Contact: Suzi Glorioso 925.443.1797
glorios4@comcast.net

Other Support Groups

FYI . . . for Consumers

**Depression and Bipolar Support Alliance
DBSA Tri-Valley**

Meets each Wednesday 7:15-8:45
St. Clare's Episcopal Church
3350 Hopyard Rd., Pleasanton
Contact: Robert Hogan 925.462.5481
trivalleybipolar@hotmail.com

**Depression and Bipolar Support Alliance
DBSA Castro Valley**

Meets each Friday 7:15-8:45
Eden Hospital Conference Center
Conference Room A, Ground Floor
20103 Lake Chabot Road, Castro Valley
Contacts: Jennifer Garrison 925.413.3784
jenn@dbzacastrovalley.org
Krista Radojevich
trivalleybipolar@hotmail.com



NAMI is a non-profit, grassroots, self-help, support and advocacy organization of consumers, families, and friends of people with severe mental illnesses, such as schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder,

obsessive-compulsive disorder, panic and other severe anxiety disorders, autism and pervasive developmental disorders, attention deficit/hyperactivity disorder, and other severe and persistent mental illnesses that affect the brain.

Brainstorm is published by NAMI Tri-Valley, an affiliate of NAMI National and NAMI California