

## **Book Review:**

### **Suicide Risk Management A Manual for Health Professionals**

#### **Edited by:**

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This book of 134 pages was published in 2007 by Blackwell Publishing Ltd. It includes 9 chapters & 4 appendices.

**Chapter 1: Understanding Suicide Risk.** In this chapter the authors raise important questions and answer these questions, using an interesting style, in an attempt to improve awareness of health professionals and rectify some of the wrong concepts about suicide risk. **Chapter 2: Suicide Risk Assessment.** The Authors outlined a 4-page Suicide Risk Assessment Guide (SRAG). SRAG can be used to guide the clinical interview for the evaluation of individual suicide risk. **Chapter 3: Putting It All Together: The Tool for Assessment of Suicide Risk (TASR).** TSAR includes 3 sections: (1) individual profile, (2) symptom profile and (3) interview profile. TSAR is designed to be used by clinicians to document a summary of their assessment of a patient who may be suicidal. Although in chapter 1 the authors acknowledged that religious belief influence suicide risk, religious belief was not reflected in TASR. **Chapter 4: Suicide and Youth.** In this chapter the authors discuss the complexity of assessing youth suicide risk. **Chapter 5: Commonly Encountered Problems in the Evaluation of Suicide Risk.** In this chapter the authors describe clinicians' common emotional, cognitive and behavioural responses to individuals who self harm and advice the clinicians on how to avoid common traps. **Chapter 6: Suicide Prevention.** This is a brief chapter in which the authors refer to suicide prevention strategies and divide them into two main

categories: Population Strategies and Individual Strategies. **Chapter 7: Suicide Intervention.** This chapter discusses three basic principles to consider while managing the suicidal patient: (1) Safety and Security to protect the patient from harm. (2) Support: individuals who did not need admission to hospital should not be discharged unless adequate arrangements for safety and support are in place. (3) Targeted intervention. **Chapter 8: Post-suicidal Interventions.** The authors outlined 4 main principles: (1) Support to colleagues who one of their patients had committed suicide. (2) Learn from the death of any patient whatever the cause. (3) Counseling to family of the deceased and to relevant others is highly important. (4) Educate: it is important to take the opportunity e.g. suicide of a famous person to educate the public about suicide and the importance of identifying and treating mental illness. **Chapter 9: Clinical Vignettes for group or Individual Study.** The 8 cases in this chapter have been developed to provide the reader with an opportunity to practice their suicide risk assessment skills and can be used as a training course material or for continuing health education.

The book has 4 Appendices that provide copies of the tools to be used for clinical purposes by experienced clinicians and for education/training purposes. **Appendix 1:** Suicide Risk Assessment Guide (SRAG). **Appendix 2:** Tools for Assessment of Suicide Risk (TASR). **Appendix 3:** 6-item Kutcher Adolescent Depression Scale (KADS). **Appendix 4:** Chehil and Kutcher Clinical Assessment of Adolescent Depression (CAAD).

I found this book an interesting easy read with useful information and structured approach towards assessment and management of risk. I recommend this manual to colleagues in the Arab World especially to those interested in the area of suicide both for clinical and academic purposes. I am also very keen that Arab expertise produces a similar manual that addresses the specific needs of patients and clinicians in the Arab World. Collaboration between Arab Psychiatrists practicing in the Arab World and in the West for this purpose would be an advantage.

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