BOOK REVIEWS

Michael H. Ebert, MD, Editor

too little to meet the huge demand of the field. Toward this end, for any one engaged in mental health care, Dr McKeon's book is a welcome handy resource. It is a well-written short book that would quickly guide a busy practitioner.

The 100-page book consists of 9 chapters of which the first 4—"Description," "Theories and Models of Suicidal Behavior," "Risk Assessment and Treatment Planning," and "Treatment"—constitute the main body of the book. Toward the end, the book includes case vignettes and examples, recommended relevant literature, references, and useful appendixes that contain some tools and resources. The first 21 pages are devoted to describing the diagnostic and epidemiologic dimensions of the suicidal behavior. Neuropsychiatric and psychological theories are described briefly. Dr McKeon has nicely addressed the most challenging part—risk assessment and treatment planning. To me, the author deserves most credit for commenting on the multidimensional issue of the treatment of suicidal behavior. In the very first chapter, he rightly confronts the professional community with a lack of research data about the effectiveness of inpatient care in preventing suicide and the rising concern of ever-shortening stays in inpatient care. He touches on a wide array of interventions that could be utilized for optimizing the outcome. Importantly, Dr McKeon raises the reader's awareness of the tools, techniques, and technicians that may all make a tiny but tangible difference that the patient is looking for. Hospitalization is not enough.

Dr McKeon, a clinical psychologist and an experienced administrator, has been long associated with the American Association of Suicidology. He has poured a lot of relevant and practical information for the busy clinician into this volume. It is a well referenced book, and I believe it will serve as a reliable "GPS" in the clinical trenches in the global war against a behavior that diminishes our human race, pains the families and friends of its victims, and triggers the worst fears among our professional community.

## REFERENCES

- Oquendo MA, Baca-García E, Mann JJ, et al. Issues for DSM-V: suicidal behavior as a separate diagnosis on a separate axis. Am J Psychiatry. 2008;165(11):1383–1384.
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## Suicidal Behavior

By Richard McKeon, PhD. In book series: Advances in Psychotherapy: Evidence-Based Practice. Hogrefe Publishing, Göttingen, Germany, 2009, 96 pages, \$29.80 (paperback).

Oquendo et al observed, "Even when a clinician identifies suicidal ideation or behavior, the patient receives a diagnosis that does not highlight suicide risk as a focus of concern" (p1383) and, therefore, proposed identification of suicidal behavior as a separate diagnosis on a separate axis—the sixth axis in the proposed DSM-5. The magnitude of the problem is alarming: 1 million suicides worldwide! The gap between what we know about suicide and what we do is alarming, and the education in suicidology is