

Evidence-based Practice in Suicidology. A Source Book

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This condensed single-volume source book, contributed by world's leading researchers and practitioners, is among the few in the field that is able to provide a useful perspective bridging the gap between clinical practice and research findings on suicide prevention / postvention. The conceptual framework of this intellectual bridge is 'evidence-based medicine', which often does not readily lend itself to being useful for suicide prevention by virtue of the complex causal pathways leading to suicidal behaviour. Nevertheless, this book provides clarity to the complex clinical and research issues related to suicidology. Given the diverse cultural and professional backgrounds of the contributors, the text is exceptionally coherent with individual chapters that are magically woven around the core framework.

The first section is devoted to defining the basic framework and is made up of 4 chapters: "Evidence-based medicine in suicidology", "Improving suicide risk assessment with evidence-based psychiatry", "General principles of evidence-based medicine in mental health", and "World Health Organization's perspectives on evidence-based suicide prevention". Based on this framework, the book develops into 2 core sections, namely: "Evidence-based strategies for suicide prevention", and "Evidence-based approaches for specific disorders and behavior". The 'strategic' section begins with an overview followed by systematic reviews of evidence-based practice as applied to the target population not defined by a specific clinical diagnosis or psychopathology. Issues dealing with psychotherapy, community-based education programmes, psychosocial interventions, lethal method restrictions, psychopharmacology, as well as suicide prevention in youth and late life are all explored and appraised using the framework of evidence-based medicine. The second core section reviews suicide prevention strategies as applied to high-risk clinical populations suffering from major mental illnesses. The first chapter in this section, "Risk is not static over the lifespan" accurately accounts for suicide prevalence in major mental illness and sets the stage to bridge the gap between 'scientific dogma' and clinical reality. Thereafter, it considers specific special needs of these high-risk clinical groups in the context of suicide prevention. In this chapter, the oft-quoted lifetime prevalence of completed suicide in patients suffering from various kinds of major mental illness is critically examined by re-defining study populations by their stage of illness. The diminished figures for lifetime prevalence do not downplay the risk conferred by psychiatric illness on suicide fatality,

rather they provide information on the specific times of risk associated with different stages of major mental illnesses. The other chapters in this section then visit evidence-based approaches for reducing suicide risk in major affective disorders, schizophrenia, first-episode psychosis, and personality disorders. The book concludes with 2 chapters: "Perspectives in suicide research and prevention — a commentary" (by Alan L Berman, Executive Director of the American Association of Suicidology), and "Where is more evidence needed? Research priorities in suicidology" (by David Lester, Former President of the International Association for Suicide Prevention). These concluding chapters succinctly and coherently round up unanswered issues in suicide prevention and map them, as a means to prioritising the agenda on psychiatric research, psychological research, anthropological research, programme evaluation (encompassing targeted interventions and public health prevention programmes), and psychotherapy. The authors urge new research be based on theory-driven paradigms that should be conducive to theory building for the complex relationships in the causal pathways to suicide. Such research should be in preference to being over-reliant (or solely reliant) on simple additive models or the atheoretical syndromal approach in diagnostics and case definition. Towards the very end of the series of scientific chapters are a few short personal reflections on the organisational (money, power and politics) issues that impact on the US scholarly field in terms of resource allocation, priorities, and quality assurance of funded research programmes. The frank criticisms shared by the authors in an American context make this book even more 'down to earth'. Put in another way, it adds a new important dimension to research-related issues in suicidology (perhaps other fields as well), by virtue of the truly multidisciplinary stakeholding in research and service provision. These issues are not unique to America and should be tackled with care when trying to promote evidence-based practice directed at suicide prevention.

As its name suggests, this is not a textbook but a source book that stimulates thinking about the current state of evidence, furthers literature searches and ways to develop practical perspectives through rigorous research in well-defined clinical or public-health areas related to suicidology. It could well be a starting text for practitioners or researchers exploring the field. For sophisticated researchers it is a good summary on cutting-edge science in this area and may inspire future research directions. The scientific language

used throughout the chapters is equally comprehensible, and therefore suitable to multidisciplinary professionals. Readers can look forward to revised editions of this book in the near future, which will no doubt accommodate new research whilst providing clinically and scientifically useful perspectives.

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