

contributors in use of references to support their arguments, and accompanying tables sometimes merely reiterate what is stated within the text. By contrast, some chapters could benefit from inclusion of tables that summarise research findings in a more easily assimilated manner. Two disappointments are the uninspiring account of the contribution of personality factors to depressed mood in adolescents, and the rather stilted nature of the assessment of impact of personality disorders on patients with late-life depression, which ends the book. Given the widespread experience and considerable expertise of the editors, it is therefore a little frustrating that they should write a lengthy introduction to the content of subsequent chapters, rather than a concluding synthesis that uses these strengths to summarise the principal clinical implications and outline likely future research endeavours.

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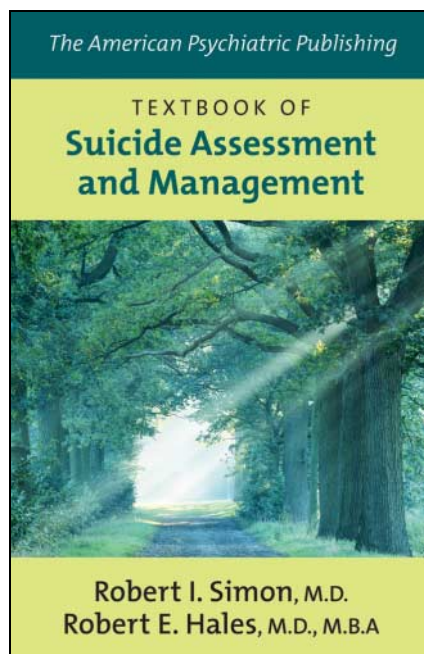
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Textbook of Suicide Assessment and Management

Edited by Robert Simon & Robert Hales
American Psychiatric Publishing, 2006.
688pp. US\$89.00 (hb). ISBN 1585622133

'There is but one truly serious philosophical problem and that is suicide.' So begins Camus' treatise (1942) on resolving this problem. Over six decades later, and despite a rapidly increasing research base, suicide remains one of the fundamental problems in psychiatry and results in disquiet and uncertainty in even the most experienced of clinicians. Although the base rate is low, Robert Simon's axiom (2002) that 'there are two kinds of psychiatrists: those who have had patients commit suicide and those who will' holds true and means that this comprehensive, highly readable text will be invaluable for both trainees and more experienced clinicians alike.

The introductory chapter by Robert Simon is an insightful review of suicide risk



assessment, incorporating practical guidelines on assessment with its limitations. This is complemented by the inclusion of American Psychiatric Association guidelines in the appendix.

Subsequent sections focus on suicide risk in special populations, diagnostic groups and issues of assessment, treatment modalities and setting. A welcome inclusion is a section on the aftermath of a suicide covering not only the clinician's role but, importantly (and often ignored), the impact of the suicide on the clinician. Finally, special topics such as an interesting chapter on murder-suicide and medico-legal aspects of suicide are addressed.

Yeates Conwell's chapter stands out as a comprehensive account of characteristics of suicide and risk factors in the elderly, written with clarity and sensitivity. The authors highlight potential future strategies for reducing risk in this high-risk group. Oquendo *et al*'s chapter on personality disorder is equally notable, concisely summarising suicidal behaviour in this group, incorporating stress diathesis and self-regulation models to aid understanding of such behaviour and subsequently reviewing evidence for available treatments. Insightful discussions follow, not only of difficulties

in decisions regarding admission, but also of the importance of recognising the function of self-harm, and that attempts to understand this can facilitate greater awareness of suicide risk.

Further chapters worthy of mention include Jan Fawcett's excellent review of depressive disorders and Metzner & Hayes's discussion of suicide within the criminal justice system. Case studies throughout illustrate relevant points.

There are, however, problems common to multi-author texts: variations in style and overlap between chapters. The authors attempt to counter the latter by outlining key findings throughout, rendering it easily accessible to a busy reader and useful as a reference. Further editing, however, may also have made it appropriate for those who wish to read it as a review of the subject. The opportunity to explore wider suicide prevention strategies, such as those regarding firearms, was also unfortunately missed.

Emphasis throughout on malpractice litigation and a managed care system where treatment is dictated by insurance companies and admission determined, not on the basis of clinical need, but insurance coverage clearly reflects different challenges facing clinicians in the USA. Even if admitted, Simon points out that average duration of stay is three to four days and 'hospital administration may push for early discharge to keep patient length of stay statistics within predetermined goals'. Bearing in mind the current political climate and the predilection for target-driven health-care, this is perhaps of greater relevance to British psychiatry than might be imagined, not least as a cautionary note.

Camus, A. (1942; edition 2006) *The Myth of Sisyphus*. Penguin Books.

Simon, R. I. Suicide risk assessment: what is the standard of care? *Journal of the American Academy of Psychiatry and the Law*, **30**, 340–342.

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