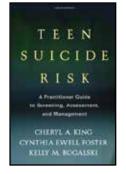
## Teen Suicide Risk: A Practitioner Guide to Screening, Assessment, and Management

Cheryl A. King, Cynthia Ewell Foster & Kelly M. Rogalski. The Guilford Press, New York, NY, 2013. 208 pages. \$30 (US), hardcover.



Suicide consistently ranks as the one of the most important causes of death in youth (ten to 24 years of age) – in fact there are more youth suicides in Canada (approximately 570 per year) than there are deaths from all heart disease, kidney disease, liver disease, and cancer (Statistics Canada, 2009). Suicide should be one of the more prominent concerns of every clinician working with youth, and yet suicide risk assessment is poorly standardized, researched, and taught. A recent survey revealed that psychiatry residents, on average, receive only three to four lectures during their training on suicide risk assessment, and found the amount of training to be insufficient (Melton & Coverdale, 2009). The situation is even worse for non-psychiatrist clinicians; for example, less than 25% of social workers receive training in suicide risk assessment (Feldman & Freedenthal, 2006). It is in this light that a book such as the one reviewed is so important: to provide a structured rationale, education, and approach to suicide risk assessment and management. The authors of Teen Suicide Risk have constructed an excellent primer in this regard.

Each chapter progresses through the important phases of suicide risk assessment: knowledge of risk factors and protective factors, conducting a brief and reliable screening process, assessing suicidal risk in identified individuals, and creating treatment strategies based upon identified risks. While the knowledge from the previous chapters inform the next, it can also be easily used as a reference book with the inclusion of a number of helpful tables, appendices, and resources. Most impressive was the adaptability of the knowledge; many suicide resources identify fixed ways to approach the issue, whereas the authors have carefully laid out the reasons and methodologies behind creating customized approaches to suicide risk assessment and planning, a necessity when suicide risk is so fluid and varies from one person to the next.

Almost as an afterthought, the (short) last chapter focuses on the legal issues of suicide risk assessment, which is often of prime concern to clinicians, program directors, and hospital staff. Despite its brevity, it should be both a relieving read and an excellent reminder that adequate and appropriate suicide risk assessment must be documented clearly on every patient in a mental health setting. This reviewer would have liked to see more of a separation between nonsuicidal self-injurious behaviours, which make up a great majority of the suicidal presentations in youth, from suicidal thoughts and attempts, however it is very difficult to construct this message in a book with such a wide-intended audience.

Overall, Treating Suicide Risk is an excellent resource for all people who work with youth, both as a structural foundation to one of the most crucial aspects of working with children and adolescents on their mental health, as well as an update to a skill that should require attention.

## References

- Feldman, B. N., & Freedenthal, S. (2006). Social work education in suicide intervention and prevention: An unmet need? *Suicide and Life-Threatening Behavior*, 36, 467-480.
- Melton, B. B., & Coverdale, J. H. (2009). What do we teach psychiatric residents about suicide? A national survey of chief residents. *Academic Psychiatry*, 33, 47-50.
- Statistics Canada (2009). Table 102-0551 Deaths and mortality rate, by selected grouped causes, age group and sex, Canada, annual, CANSIM (database).

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