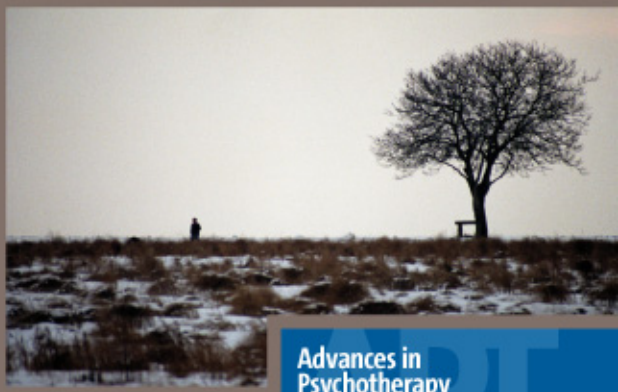
Richard McKeon

Suicidal Behavior



Advances in Psychotherapy

Evidence-Based Practice

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Suicidal Behavior

About the Author

Richard McKeon PhD, MPH received his doctorate in Clinical Psychology from the University of Arizona, and a Master's of Public Health in Health Administration from Columbia University. He has spent most of his career working in community mental health, including 11 years as director of a psychiatric emergency service and four years as Associate Administrator/Clinical Director of a hospital based community mental health center in Newton, New Jersey. He established the first evidenced based treatment program for chronically suicidal borderline patients in the state of New Jersey utilizing Marsha Linehan's Dialectical Behavior Therapy. In 2001, he was awarded an American Psychological Association Congressional Fellowship and worked for United States Senator Paul Wellstone, covering health and mental health policy issues. He spent five years on the Board of the American Association of Suicidology as Clinical Division Director and has also served on the Board of the Division of Clinical Psychology of the American Pychological Association. He is currently a public health advisor on suicide prevention for the Substance Abuse and Mental Health Services Administration where he coordinates suicide prevention activities. He also serves as Co-Chair of the Federal Working Group on Suicide Prevention.

Advances in Psychotherapy – Evidence-Based Practice

The basic objective of this series is to provide therapists with practical, evidence-based treatment guidance for the most common disorders seen in clinical practice – and to do so in a "reader-friendly" manner. Each book in the series is both a compact "how-to-do" reference on a particular disorder for use by professional clinicians in their daily work, as well as an ideal educational resource for students and for practice-oriented continuing education.
The most important feature of the books is that they are practical and "reader-friendly:" All are structured similarly and all provide a compact and easy-to-follow guide to all aspects that are relevant in real-life practice. Tables, boxed clinical "pearls", marginal notes, and summary boxes assist orientation, while checklists provide tools for use in daily practice.

Suicidal Behavior

Richard T. McKeon
Former Clinical Division Director, American Association of Suicidology

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Finally, this book would not have been possible without the support of my family. I would like to thank my wife, Liz, for her advice, love, editing and encouragement, my sister, Kathy, for her assistance, my mother, Ruth, for her continued interest and support, and my daughters Britt and Shauna, who are my sources of hope for the future.

Disclaimer

All opinions expressed in this book are those of the author alone and do not represent the views of the Substance Abuse and Mental Health Services Administration.

Dedication

This book is dedicated to the memory of United States Senator Paul David Wellstone. Paul was a passionate champion for suicide prevention, and a transforming influence on all those who knew him.

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Description

Suicide is a tragic end to an individual's life, a devastating loss to families and friends, a diminishment of our communities, and a public health crisis for our nation. For clinicians, losing a patient to suicide is probably our worst fear. In 2005, over 32,000 Americans died by suicide (Centers for Disease Control, 2008a). Worldwide, an estimated one million people die by suicide each year, more than are lost to homicide or to war (World Health Organization, 2000). Self-inflicted injury is estimated to account for 1.4% of the total burden of disease worldwide (World Federation for Mental Health, 2006). Yet, despite the magnitude of these losses, or perhaps because of the depth of our distress and uncertainty when confronted with acts of deliberate self-destruction, we have tended as a society to look away and not grapple with the issue of suicidal behavior, despite the tragic toll it exacts.

Worldwide, about a million people per year die by suicide, more than are lost to homicide or war

Kay Redfield Jamison (1999) has eloquently stated that in dealing with suicide, "The gap between what we know, and what we do, is lethal." In *Night Falls Fast* (1999), her first-person account of her struggles with intense suicidal urges, she emphasizes the powerful link between mental illness and suicide, and the disturbing reality that the majority of those who die by suicide have never received mental health treatment. Despite the fact that we know how to treat successfully many of the conditions that are risk factors for suicide, such as depression, substance abuse, and bipolar illness, so many of those who die by suicide never receive such treatment for these disorders (Luoma, Martin, & Pearson, 2002).

While the gap between what we know and what we do is undoubtedly lethal, it is also tragically true that there is a huge gap between what we know and what we need to know to prevent suicide more effectively. This gap is also lethal. For, example, we do not have research that confirms that inpatient treatment is effective in preventing suicide, let alone under what circumstances hospitalization might be effective. We lack this knowledge even though reliance on inpatient hospitalization is a cornerstone of how virtually all mental health systems respond to suicidal individuals. In the past decade, the face of inpatient care in the U.S. has drastically changed, with lengths of stay being dramatically shortened for all patients (Pottick, McAlpine, & Andelman, 2000). This has amounted to a major, uncontrolled experiment in how we treat suicidal people, yet we know little about the impact such massive changes have had. In addition, despite the fact that involuntary hospitalization laws across the U.S. utilize the concept of imminent risk, the research on acute risk factors for suicide measures risk in months, not in hours or days (Simon, 2006). We also know distressingly little about how to successfully engage people at risk in treatment. The Utah Youth Suicide study showed that even though 44% of