

Primary Care Urged to Screen Vets for Suicide

BY KATE JOHNSON

MONTREAL — Suicide screening can be done quickly and easily for veterans attending routine primary care visits, according to Hani Shabana, Ph.D., from the Veterans Affairs Medical Center, Salem, Va.

“Primary care is a largely untapped resource” for suicide prevention in this population, he said, noting evidence that many suicides are completed within days of a primary care visit.

“Many veterans are prone to things like chronic pain, post-traumatic stress syndrome, and depression, and there is a push within Veterans Affairs to get mental health providers integrated into the primary care setting,” he said at the annual meeting of the Society of Behavioral Medicine.

Evidence from the Centers for Disease Control and Prevention suggest that up to 20% of all suicides are completed by

About 45% of people in the investigation had visited a primary care provider within one month of their suicide; 20% had seen a mental health specialist.

veterans, a group that is highly trained with guns and that has access to other lethal weapons, he said.

A review of 40 published studies confirms that contact with a primary care provider is much more common than contact with mental health services prior to completed suicide. About 45% of people in the study had visited a primary care provider within one month of their suicide; 20% had seen a mental health specialist.

Older individuals had higher rates of contact with a primary care provider than younger people (Am. J Psychiatry 2002;159:909-16).

An increase in suicide rates among veterans prompted Dr. Shabana’s hospital to establish a primary care screening program that captures every veteran at the institution who has not been seen by primary care within the previous two weeks.

At intake, nursing staff ask one simple question: “In the past two weeks have you had urges to harm yourself or others?” A positive answer triggers a thorough assessment with either a primary care or mental health provider at the hospital.

“We assess risk factors, social/demographic factors, current life stressors and protective factors to come up with an overall assessment of whether they are at low, moderate, or high risk for suicide,” he said.

Among a group of veterans who screened positive for the initial intake question, 177 were currently already being seen by a mental health provider, 62 had received mental health treatment

previously, and 159 had never been treated.

Data on these veterans showed that 110 were prescribed mental health treatment, 118 were referred to specialty treatment for things such as substance abuse or post-traumatic stress syndrome, 29 were followed by a primary care physician, 31 were followed by a mental health expert, 43 declined help, and 7 were hospitalized.

Among the 118 referred for specialty treatment, 63% had never been offered help before, said Dr. Shabana.

“We are pretty excited about this last group because we are always looking for people who are floating around the system who need help but haven’t been getting it.”

The beauty of the screening model is that it is simple and effective, he explained.

There are reduced barriers to access because of the simple hand-off from the intake nurse to a primary care or mental health provider, and there is no obligation to see a mental health expert.

“Some veterans get squeamish about mental health and so for them to have a relationship with their primary care provider is easier, and sometimes helps ease them over to a mental health expert.” ■

Boston University School of Medicine

and

Pediatric News / Family Practice News

JOINTLY SPONSOR

Pediatric Infectious Diseases in the Headlines

A Continuing Medical Education Conference

October 24 – 25, 2009
Royal Sonesta Hotel, Cambridge, MA

Topic Highlights:

- **What Is The Diagnosis?** with James H. Brien, DO
- **Influenza Challenges: Diagnosis, Treatment, Resistance, and Immunization**
- **CaMRSA – Diagnosis, Treatment, and Prevention**
- **Otitis Media – Is There Consensus About Treatment and Prevention?**
- **The Child With Stridor – Diagnosis and Management**
- **EBV: Diagnosis, Complications, and Complex Cases**
- **Impact of the Rotavirus Vaccine on Rotavirus Disease**
- **Malaria: Recognition and Management**
- **HPV Vaccine: What Have We Learned?**
- **Next Steps in Preventing Meningococcal Disease in Children**
- **Next Generation Pneumococcal Vaccines**
- **Does Probiotic Use Limit Certain Infections?**
- **New Challenges for Travelers**
- **Hectic Fevers in the First Year of Life**
- **Vaccine Safety**
- **STD Guidelines**



Target Audience: This conference is designed for pediatricians, family practitioners, general practitioners, nurse practitioners, residents, and allied health professionals.

Accreditation: This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of Boston University School of Medicine and *Pediatric News/Family Practice News*. Boston University School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

Boston University School of Medicine designates this educational activity for a maximum of **12.25 AMA PRA Category 1 Credit(s)**™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Continuing Medical Education Provider Unit, Boston University School of Medicine is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

Application for CME credit has been filed with the American Academy of Family Physicians. **Determination of credit is pending.**

Educational Objectives: Through participation in case discussions, small group workshops, and attendance at lectures, participants will be able to:

- Apply evidence-based practices concerning immunization across the pediatric life-span
- Identify less commonly seen travel-acquired diseases
- Improve identification and treatment of various pediatric infectious diseases

Register Now!



Course Directors

Jerome O. Klein, MD
Professor of Pediatrics, Boston University School of Medicine
Visiting Physician, Boston Medical Center

Stephen I. Pelton, MD
Professor of Pediatrics, Boston University School of Medicine
Director, Section of Pediatric Infectious Diseases, Boston Medical Center

Guest Faculty

James H. Brien, DO
Associate Professor and Head, Pediatric Infectious Diseases Section
Scott White Memorial Hospital
Texas A&M University College of Medicine

Boston University School of Medicine / Boston Medical Center Faculty

Elizabeth D. Barnett, MD
Associate Professor of Pediatrics
Director, International Clinic, Section of Pediatric Infectious Diseases

Howard Bauchner, MD
Professor of Pediatrics and Public Health
Director, Division of General Pediatrics

Ellen R. Cooper, MD
Professor of Pediatrics
Medical Director, Diagnostic Evaluation Unit, Section of Pediatric Infectious Diseases

Marisol Figueira, MD
Assistant Professor of Pediatrics
Section of Pediatric Infectious Diseases

Kenneth Grundfast, MD
Chief, Department of Otolaryngology – Head and Neck Surgery
Professor and Chairman, Otolaryngology – Head and Neck Surgery

Katherine Hsu, MD, MPH
Assistant Professor of Pediatrics
Section of Pediatric Infectious Diseases

Carole H. Moloney, RN, MSN, CPNP
Clinical Instructor, Department of Pediatrics

Colin D. Marchant, MD
Associate Professor of Pediatrics
Section of Pediatric Infectious Diseases

Vishakha Sabharwal, MD
Instructor of Pediatrics

Sandra K. Schumacher, MD, MPH
Fellow, Section of Pediatric Infectious Diseases

To register, please contact:

**Boston University School of Medicine
Continuing Medical Education**

72 East Concord Street, A305
Boston, MA, 02118

Phone: (617) 638-4605

Toll-free: (800) 688-2475

Fax: (617) 638-4905

E-mail: cme@bu.edu

Website: www.bu.edu/cme