Finding Common Ground: Opportunities with Behavioral Health Partners

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Language for Discussion

- “Behavioral Health” = Mental Health and Substance Use Disorders
- “Consumers” = Users of Services

The Challenge

- Nearly half the U.S. tobacco deaths each year (200,000) are among MI/SA population
- About 44 percent of the cigarette market is this group
- Smoking prevalence rates are far higher
- People with serious mental illness die 25 years earlier than general population, mostly from preventable diseases
- We cannot meet Healthy People Objective unless we address this group

Prevalence Rates by Diagnostic Category Across Studies (Morris et al., 2009)

Major depression	36-80 %
Bipolar disorder	51-70 %
Schizophrenia	62-90 %
Anxiety disorders	32-60 %
PTSD	45-60 %
ADHD	38-42 %
Alcohol abuse	34-93 %
Other drug abuse	49- 98 %

Why Not Sooner?

- Series of myths prevailed
- Fear, stigma, misunderstanding
- Resistance among staff in these fields
- High rates of smoking among staff
- An entrenched culture of smoking– reward, punishment, even income source
- System silos impede financing and policy coordination

The Myths

***Myth**: Persons with mental illnesses and substance abuse disorders are more addicted to nicotine and therefore are unable to quit smoking*

Fact: These persons can successfully quit using tobacco

***Myth**: Persons with mental illnesses and substance abuse disorders enjoy smoking and don't want to quit*

Fact: These persons want to quit smoking and want information on cessation services and resources

Behavioral Health and Wellness Program

Industry Targeting

- **“Project SCUM”** (Subculture Urban Marketing)
  - RJ Reynolds focused on the gay community in the Castro and homeless people in the Tenderloin, both neighborhoods of San Francisco.
- “Marketing to the Marginalised: Tobacco Industry Targeting of the Homeless and Mentally Ill” (DE Apollonio and RE Malone, *Tobacco Control* 2005;14:409-415)
  - Paper analyzes 400 documents culled from 40 million pages of tobacco industry internal documents made public in a legal settlement. Researchers uncovered marketing techniques (such as giving out 7,000 blankets with a brand logo, and holding concerts in shelters) aimed at homeless and severely mentally ill people, and recruitment of homeless advocacy groups, veteran’s organizations and even psychiatric hospitals (which have often used tobacco as a reward) to promote tobacco along with political support against clean indoor air legislation.

Impetus for Collaboration: Commonality of Mission

- Behavioral Health population/fields working toward recovery
- Aiming increasingly toward health and wellness
- Smoking prominent in this arena
- Integrated and coordinated programs and services needed to promote recovery

Smoking (the Topic) is Creeping Into Behavioral Health Discussion

- National meetings (e.g., NCCBH, NRI, NAMI) now include sessions on smoking
- Attendance is rising
- BH journals include articles on smoking

(e.g., full issue of JAPNA)

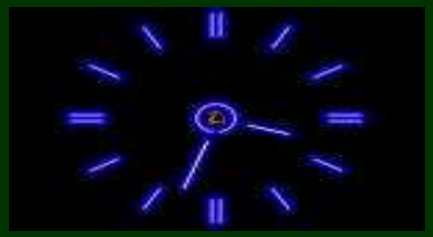
- Recent JAMA article by Schroeder on woman with bipolar disorder wanting to stop smoking

They're Already Calling

- Quitline staff reports many calls from smokers with mental illnesses (especially depression) and substance use issues
- Need for better training to improve service for them
- Colorado, California, Arizona, Nevada, other states have been working on it
- Others planning to do more

The Rise of the 5A's Shortcut

- Ask-Advise-Refer allows clinicians to refer smokers to quitlines
- Requires less time, knowledge
- This has helped increase clinician involvement in cessation
- But are quitlines right for MI/SA smokers?



Key Opportunities for Collaboration

- National Level
  - National Mental Health Partnership for Wellness and Smoking Cessation
- State Level
  - California example
- Local Level
  - Los Angeles example
- Program Level
  - Pioneers example

National Level

- National Mental Health Partnership for Wellness and Smoking Cessation
- NASMHPD
- NASADAD

Mobilizing the Behavioral Health Leadership

- First summit, in 2004, addressed smoking in public psychiatric facilities (NASMHPD)
- Subsequent summit created National Mental Health Partnership for Wellness and Smoking Cessation
- Now NASADAD is doing a survey of current practices in public SUD settings

California Example - Why Now?

- Demand is rising
  - Counties requesting training and TA with behavioral health facilities and providers
- 100% of state psychiatric facilities are now smoke free
- Mental Health Services Act
  - Provides funds to counties to expand services & develop innovative programs and services
- The California Smokers' Helpline is refining its approach

Helpline Response

- **Past**
  - Asked about behavioral health status indirectly at point of counseling (e.g., treatment, meds).
  - For those with acute psychiatric issue, provided limited service & referrals.
- **Present**
  - Ask all smokers about behavioral health issues at intake.
  - Ask about behavioral health issues directly in counseling and provide referrals & follow-up as appropriate.

New Helpline In-Take Question

- Do you have any current mental health issues such as:
  - An anxiety disorder?
  - Depression?
  - Bipolar disorder?
  - Schizophrenia?
  - Drug or alcohol problem?
    - If yes, have you been actively using/drinking in the last month?

Helpline Data

- Almost 50% of callers report one or more mental illness/substance abuse disorder
- No difference in quit attempts from non-MI/SA population
- Comparable success in quitting

Partnership Opportunity

- CDC grant to cultivate new partnerships
- Invited state leaders to the Helpline
  - Got help from Gail for the personal invitations
- Provided data on the problem and on Helpline services
- LA County representatives shared their success

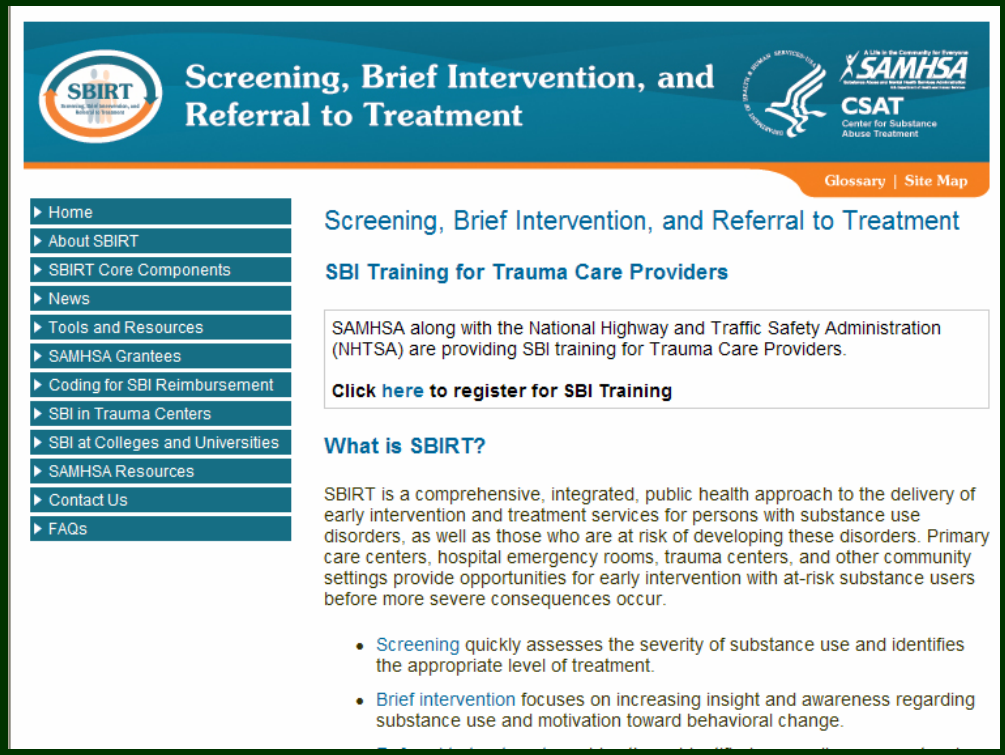
Partners

- CA Council of Community Mental Health Agencies
- CA Department of Mental Health
- CA Institute for Mental Health
- CA Mental Health Directors Association
- CA Mental Health Services Oversight & Accountability Commission
- Mental Health America
- Mental Health Association in California
- LA County Depts of Tobacco Control, Mental Health and Substance Abuse
- Smoking Cessation Leadership Center

Future Direction

- Train all county mental health directors, medical directors, and health care providers
- Link county tobacco control, mental health and substance abuse programs
- Evaluate peer-to-peer model and expand
- Include tobacco cessation in innovative grants

SBIRT



What is SBIRT?

SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur.

SBIRT and Other Screens

- Program initiated in 2003 by the Substance Abuse and Mental Health Services Administration demonstrates the power of screening and early intervention.
- The goal is to intervene early to prevent the exacerbation of illness by referring those in need to specialty care settings.
- Data issued late last year shows that of the more than 745,000 people who have been screened in SBIRT programs, 23 percent needed a brief intervention, brief treatment, or referral to specialty addiction services.

Los Angeles Experience

- Smokers are twice as likely to be diagnosed by their physician as being depressed or having some other depressive disorder.
- 64.9% of heavy alcohol drinkers are current smokers compared to 16.4% of non-heavy drinkers.
- 48.1% of methamphetamine users are current smokers compared to 18.2 of non-methamphetamine users.
- Approximately 70% of smokers diagnosed as being depressed reported wanting to quit smoking.

Source: 2007 LACHS

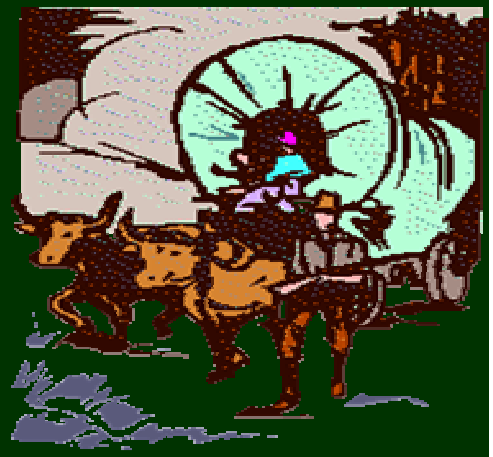
Los Angeles Experience

- Identify Key Partners:
- Get Consumer Buy-in
  - Art Contest
- Conduct Organizational Assessment
- Educate Peers
  - Peer Specialist Training
  - Ongoing Technical Support
- Educate Providers
  - CME/CEU Training on AAR
  - Webinar
- Evaluation

SAMHSA and the Pioneers

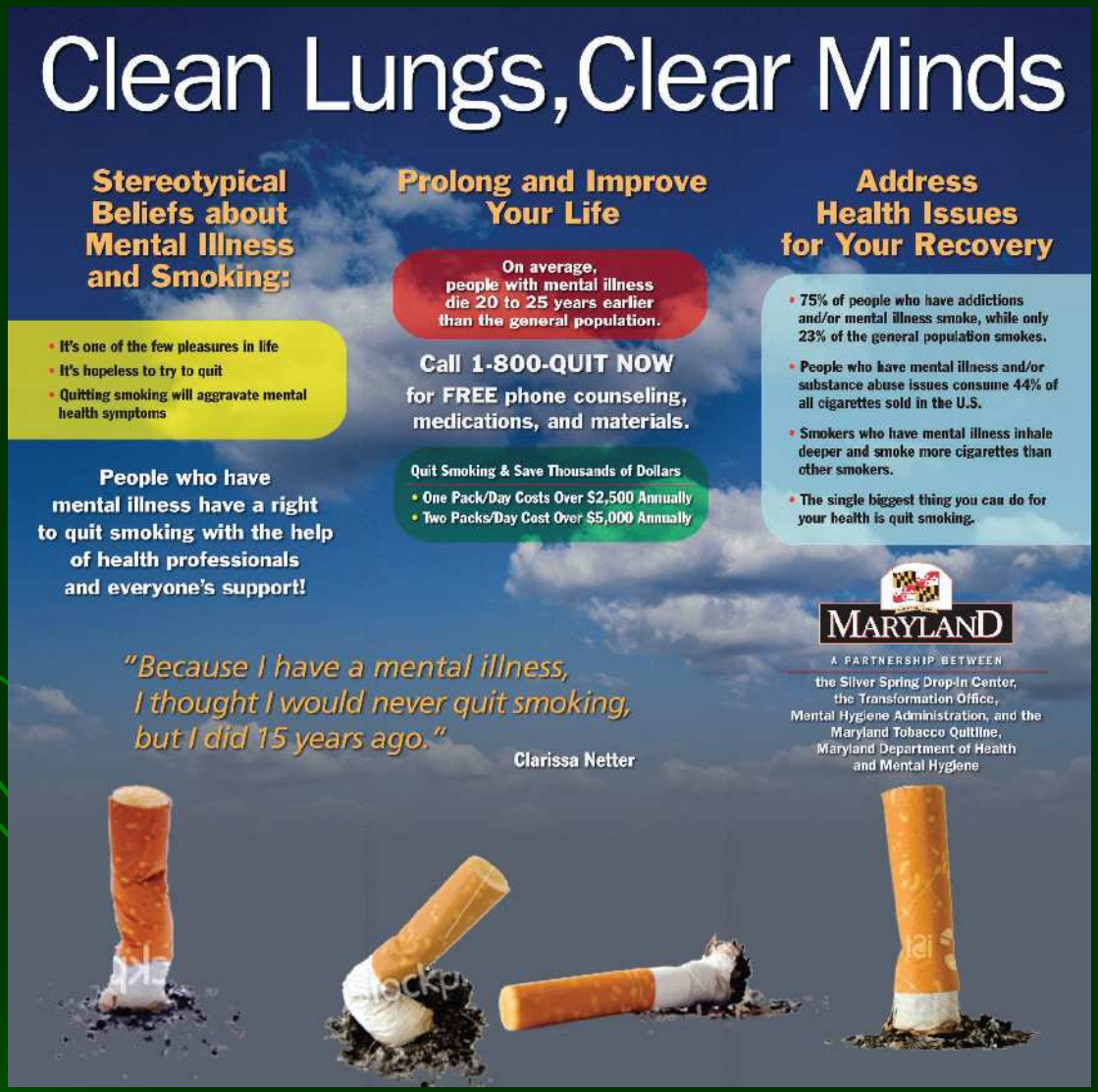
- Then-administrator Terry Cline came from a public health background
- In 2008, he agreed to partner with the Smoking Cessation Leadership Center to tackle the issue within his agency
- After staff training, created 100 Pioneers

The Pioneers



- Represent all three SAMHSA Centers– CMHS, CSAT, CSAP
- SAMHSA grantees from 38 states
- Community practitioners, researchers, state agencies, others
- Each is engaging in some sort of cessation initiative within existing grant plus a $1000 additional award

Silver Drop-In Center and Maryland Mental Health Hygiene



MHCADSD, King County (WA)

King County
Always at your service

- Mental Health, Chemical Abuse and Dependency Services Division
- 37 contract agencies:
- Match the Pioneer funds dollar for dollar using local tax revenue in a training pool

The Provider Tool Kit and Other Tools

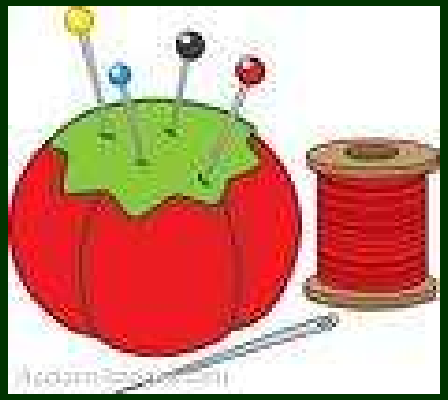
- Colorado began the trend
- Now a national version available for free
- Training of quitlines next
- Colorado has positive results
- California, others following that lead
- Depression studies by Free and Clear, California Smokers' Helpline, others

Supporting and Elevating Champions

- Most were already doing something about tobacco but had less support and recognition
- New opportunity for networking, tools, information exchange, reinforcement
- Impetus of growing restrictions on smoke in a variety of settings

Key Message: Tailoring

- ***Message, coaching, medications all need to be adapted for BH settings***
- ***Longer courses of treatment overall with briefer encounters***
- ***Less daunting message***



Additional Opportunities

- Let’s discuss