Preparations for Working with Clients Diagnosed with a Mental Illness

At the Arizona Smokers’ Helpline

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The New Freedom Commission Interim Report 2002

“Our review for this interim report leads us to the united belief that America’s mental health service delivery system is in shambles.”

~Dr. Michael F. Hogan, PhD
State of Behavioral Health

Final Report 2003:

“….for too many Americans with mental illnesses, the mental health services and supports they need remain fragmented, disconnected and often inadequate, frustrating the opportunity for recovery.”

-Dr. Michael F. Hogan, PhD
2006 Assessment

1. Two Comprehensive Trainings for coaching staff:
   - DSM Diagnosis and Symptoms
   - Common Medications for DSM Diagnosis

2. Question asked at Enrollment
   - Have you ever been diagnosed with a mental illness?
Observed Outcomes

• Coaching staff fear related to standard symptom check-list
  – Began to imagine the worst case scenario in clients
  – Adapted actual time spent on the phone and methods used out of fear of inciting an exacerbation
  – Focused more on symptoms and identifying symptoms than on tobacco cessation
2006 Changes

• New Director with significant background in Treatment for those with Chronic Mental Health Issues and Substance Abuse
• Removal of the Mental Health Question
• Re-designed training regarding interactions with those who self-disclose a mental health diagnosis
Systemic Considerations

- Arizona’s Behavioral Health System is based on a case-management model
  - Multi-tiered levels of support that include:
    - Case managers
    - Psychiatrists
    - Social workers
    - Medication management
    - Other life support as needed
Underlying Assumptions

- A mental health diagnosis does not characterize a client
- A client with a mental health diagnosis is just a person with a unique set of life challenges (just like most of the clients)
- Many of the challenges are related to systemic or BHS cultural norms
- A mental health diagnosis does not supersede a person’s motivation/desire to quit
Re-focused Training

- Humanizing the client with a “mental health” diagnosis
- De-stigmatizing the dangers/fears of symptoms
- Working with symptoms that could help
- Eliminating judgment from interactions
Protocols

• Recommend the increased intervention protocol

• Added content regarding:
  – Medication effects from quitting
  – Involving case manager/psychiatrist in quit plan
  – Advocacy with service provider if allowed

• Increased attention to SI/HI
Thank You

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