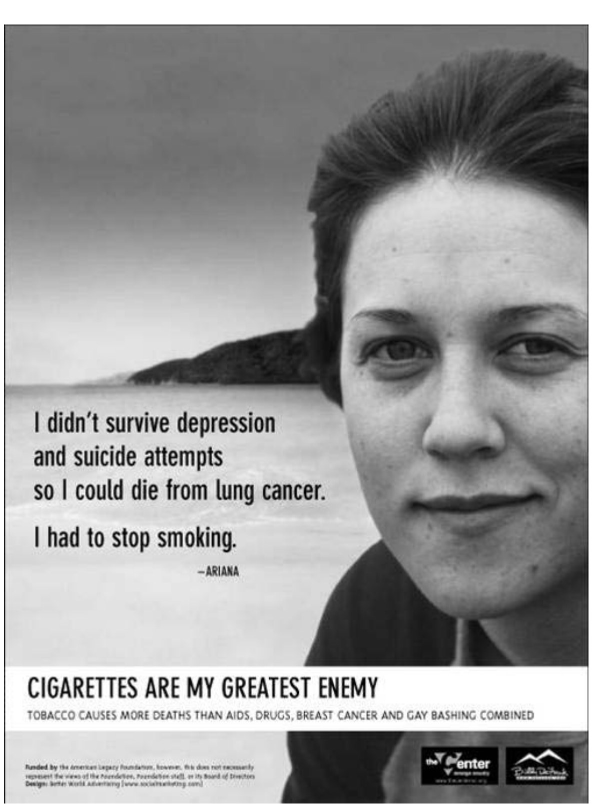
Can Quitlines Provide Effective Services to Individuals with Mental Illnesses and Addictions?

Chad D. Morris, Ph.D.
Amy Lukowski, Psy.D.
Jessie Saul, Ph.D.
NAQC Conference 2012
Kansas City, KS
August 14, 2012

This is a Critical Issue



On average, persons diagnosed with mental illnesses and addictions have higher rates of disease and disability, and die up to **25 years** earlier than the general population

What We Know

- A significant number of quitline callers have addictions and mental health disorders.
- Quitline studies suggest that between 19% and 50% of the approximately 500,000 unique callers each year have current mental illnesses
  - Canadian Smokers' Helpline, 2009
  - Hrywna et al. 2007
  - Kreinbring & Dale, 2007
  - McAfee, Tutty, Wassum, & Roberts, 2009
  - Tedeschi, Zhu, & Herbert, 2009

What We Know

- Persons with behavioral health issues may use quitline services more frequently and have outcomes very similar to the general population.
  - Colorado Department of Public Health and Environment, 2009 unpublished data

So what services are most effective?

Quitline Behavioral Health Advisory Forum

- Formed in Summer 2009
- Comprised of key people from quitlines and the behavioral health provider community

Quitline Behavioral Health Advisory Forum Members

- **Anne Betzner, Ph.D.**
  Vice President
  Professional Data Analysts, Inc.
- **Janis Dauer, MS, CAC/CCS**
  Executive Director
  Alliance for the Prevention and Treatment of Nicotine Addiction
- **Amy V. Lukowski, Psy.D.**
  Clinical Director, Health Initiatives Programs
  National Jewish Health
- **John Mahalik, Ph.D., M.P.A.**
  Director of Research & Evaluation
  Behavioral Health & Wellness Program
  University of Colorado
- **Stephen S. Michael, MS**
  Director, ASHLine
  University of Arizona
  Mel & Enid Zuckerman College of Public Health
- **Chad Morris, Ph.D.**
  Director, Behavioral Health & Wellness Program
  University of Colorado Denver,
- **Catherine Saucedo**
  Deputy Director
  Smoking Cessation Leadership Center
- **Jessie Saul, Ph.D.**
  Director of Research
  North American Quitline Consortium
- **Gary Tedeschi , Ph.D.**
  Clinical Director
  California Smokers' Helpline
  Moores Cancer Center
  University of California San Diego
- **David Tinkelman, MD**
  Medical Director, QuitlLine
  Vice President Health Initiatives
  National Jewish Health
- **Steve Tutty, Ph.D.**
  Associate Director, CBT Services
  Free & Clear, Inc.
- **Ken Wassum**
  Senior Product Manager
  Free & Clear, Inc.

Forum Activities

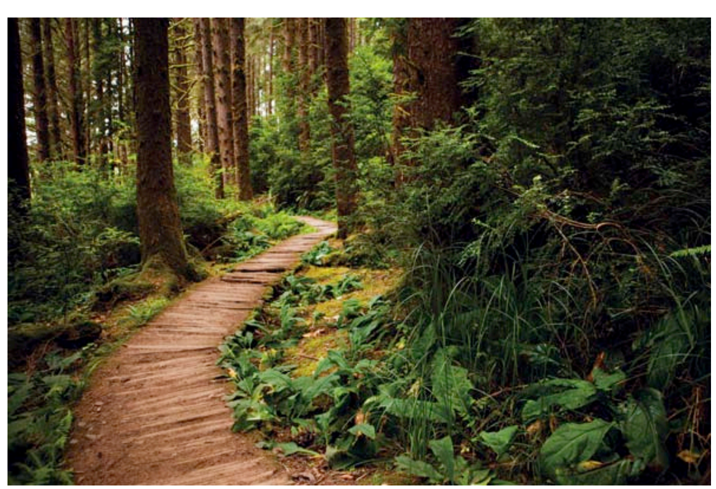
- Learning community
- Practices and resources
- Screening & reporting options
- Community awareness
- Community partnerships
- Referral resources
- Research & evaluation
- Core competencies
- Training modules

The Background Report

- Provides a brief introduction to the evidence base and expert opinion regarding:
  - The association between tobacco use and behavioral disorders
  - Morbidity and mortality
  - Neurobiological, psychological, social, and systemic barriers to tobacco cessation
  - The desire and ability to quit
  - Quitlines' effectiveness serving this population

The Background Report

- Pragmatic suggestions regarding:
  - Screening
  - Treatment
  - Staff training & supervision
  - Research & evaluation
  - Community referral
  - Policy



Do Quitlines Have a Role in Serving the Tobacco Cessation Needs of Persons with Mental Illnesses and Substance Abuse Disorders?

A Background Report - 2010

University of Colorado
Behavioral Health &
Wellness Program
www.bhwellness.org

http://www.bhwellness.org/wp-content/uploads/2010/09/BHAFQuitlines_BH9_27_10.pdf

Accomplishments

- Created quitline screening questions for mental illnesses and addictions.
- Outlined competency and training recommendations for quitline staff working with individuals with behavioral health conditions.

Accomplishments

- Learning community
  - How quitlines might constructively use data from behavioral health screening questions
  - How quitlines will know that they are improving services based on the collection and use of screening questions; and
  - What future research might best assist quitlines to serve the needs of callers with behavioral health conditions.

Developing Standard Optional Quitline Screening Questions for Behavioral Health Issues

Development of Screening Questions

- Quitlines currently use a Minimal Data Set – standard intake and follow-up items developed by NAQC and designed to:
  - Facilitate data collection
  - Enable comparisons across quitlines.
  - Make it easier to answer questions critical to improving quitline practices, yet are impossible to answer by a single quitline

Minimal Data Set “Optional” Question Development Process

- NAQC also has a process for developing standard “optional” MDS questions
  - Provides a way for interested quitlines to ask questions in the same way
  - Enhances comparability across quitlines
  - Steps:
    - Request
    - Initial Discussion
    - Action by Requesting Members
    - Action by MDS Workgroup
    - Posting of Information
    - Updating the MDS
  - See www.naquitline.org/mds for more info

Process

BHAF surveyed quitlines to find existing screening questions

BHAF created draft questions and rationale

NAQC's MDS Workgroup reviewed submission, made suggestions

BHAF revised submission; MDS workgroup reviewed and approved final questions

MDS Workgroup Members

- Erik Augustson, National Cancer Institute
- Freeha Bhatti, Sykes
- Anna Landau, Massachusetts Department of Health
- Gail Luciano, Canadian Cancer Society, Ontario
- Judy Ochs, Pennsylvania Department of Health
- David Tinkelman, National Jewish Health
- Kathi Wilson, Wyoming Department of Health
- Jennifer Woodrow, Lung Assn. of Newfoundland & Labrador
- Susan Zbikowski, Alere Wellbeing
- Lei Zhang, CDC, Office on Smoking and Health
- Barbara Zupko, Propel, University of Waterloo

Initial Screening Questions

- Do you have any mental health issues or emotional challenges, such as an anxiety disorder, depression disorder, bipolar disorder, alcohol/drug abuse, or schizophrenia?

- Do you believe that these mental health issues or emotional challenges will interfere with your ability to quit?

Final Screening Questions

- Do you have any mental health **conditions**, such as anxiety disorder, depression disorder, bipolar disorder, alcohol/drug abuse, or schizophrenia?
  - During the past two weeks, have you experienced any emotional challenges such as excessive stress, feeling depressed, or anxious? **AND/OR**
  - During the past two weeks have you experienced any emotional challenges that have interfered with your work, family life, or social activities?
- Do you believe that these mental health **conditions** or emotional challenges may interfere with your ability to quit?

Implementation Guidance

- All four questions are OPTIONAL
- Suggested placement with questions about other medical or chronic conditions
- Full questions and implementation guidance documents can be found at http://www.naquitline.org/?page=optional

Lessons Learned

- Helpful to have standard question language available for interested quitlines
  - Easier to implement for multi-state service providers
  - Able to compare responses across quitlines
- Having groups with relevant expertise craft questions is a good idea
- MDS Workgroup review process adds value
- Need to collect information on use of questions

Recommendations for Staff Competency and Training

Responding to the 2010 Report Recommendations

Tobacco treatment specialists should receive regular training on behavioral health issues. It is important that quitline staff have a working understanding of how addictions and mental health issues are associated with tobacco use and may impact tobacco cessation efforts.

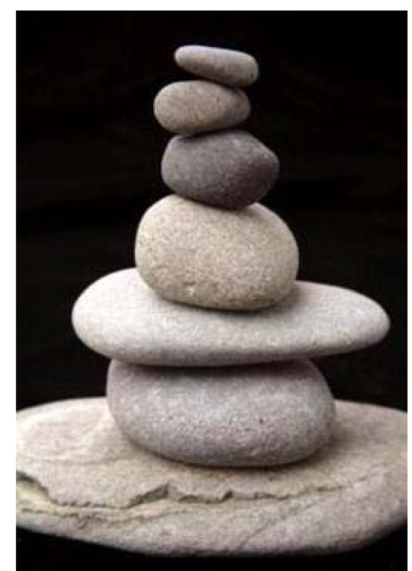
-BHAF, 2010, "*Do Quitlines Have a Role in Serving the Tobacco Cessation Needs of Persons with Mental Illnesses and Substance Abuse Disorders?*"

Process

- BHAF met regularly by conference call
- Assessed current practice regarding competencies and training for quitline staff regarding callers with mental illnesses or addictions
- Developed draft recommendations
- Reviewed and revised with NAQC

Final Recommendations

- Develop competency in the areas of awareness, knowledge, and skills:
  - Awareness (e.g., Debunk myths)
  - Knowledge (e.g., Community partnerships)
  - Skills (e.g., Comfort in working with people with behavior health diagnoses)



Recommendations

- Training and Continuing Education Timing and Frequency
- Supervision
- Internal Evaluation of Competencies, Training & Supervision
- Full recommendations available at http://www.naquitline.org/resource/resmgr/news/BHAF_Training_Themes_6-6-11.pdf

Implementation Guidance

- Recommendations presented as a tool and resource, not as a standardized curriculum.
- Clear recognition of strong rationale for recommendations, but acknowledged they are not exhaustive.
- Quitlines encouraged to review recommendations and their own protocols and procedures for staff training and supervision
- Emphasis that changes should meet the needs, goals, and available resources for each quitline.

Lessons Learned

- Expert recommendations extremely helpful for justifying changes to existing protocols
- Useful starting point for further discussion on a hot topic
- Helpful to acknowledge the existing strong practices of quitlines; present recommendations as tools rather than a standard curriculum
- Need to assess impact of recommendations: changes made? Impact on service quality?

Recommendations for Outcomes and Evaluation

Population-Based Data

- Percentage of positive screens nationally and by state.
- Specific behavioral health conditions that quitline callers report.
- Quit attempt rates for those screening positive.
- Abstinence rates for those screening positive.
- Reduction in use for those screening positive.
- Quitline reach for this clientele.

Population-Based Data

- Utilization by callers with behavioral health conditions.
  - Number of calls
  - Length of calls
- Rate of re-enrollment.
- Comparison of program/services satisfaction between callers screening positive and the general population.
- Quit rates and average number of quit attempts for callers with behavioral health conditions who do and do not perceive their diagnoses as obstacles to quitting.

Training and/or Protocol Changes

- The effect of counselor training on salient behavioral health topics.
  - Effect of advanced training in addressing persons using psychotropic medications and cessation pharmacotherapy.
  - Effect of training on community referrals for those who screen positive for behavioral health concerns.
  - Unanticipated changes/outcomes for those who screen positive

Training and/or Protocol Changes

- Findings for flexible quit dates.
- The effect of specific protocol changes.
- Reliability and validity of the optional screening questions.

A Perspective from National Jewish Health

National Jewish Health

- National Jewish launched our first Tobacco QuitLine in 2002
- Currently provides QuitLine services for 10 States and numerous Health Plans and Employer Groups.
- Has provided QuitLine services to over 730,000 callers
- Overall Quit rate of 34%
  - Lower for Medicaid/State clients, higher for Health Plan and Employer group clients

Mental Health Screening Questions

- 9 out of 10 states are utilizing the screening questions in some capacity
  - 6 states are using as written, 1 varies on Q4
  - 2 states are using varying versions of the questions to collect MH information
  - 1 (web service only) is not collecting the information

States Using Questions

	KY*	OH	CO	ID	PA	MI	MT
Q1	51%	43%	41%	50%	46%	49%	41%
Q2	53%	46%	44%	57%	47%	52%	43%
Q3	35%	20%	16%	20%	21%	22%	16%
Q4	35%	26%	24%	37%	26%	31%	24%

* KY only asks Q4 if Q3 is answered yes

Question	Percent
In the past 12 months, have you received counseling, treatment, or medication for a mental health, emotional, or behavioral problem?	33%

Question	Percent
Remember, all of this information is completely confidential. Do you have any mental health issues that may affect your quitting, such as anxiety disorder, depression, schizophrenia, bipolar disorder, or an alcohol or drug problem?	48%
A drug problem:	12%
An alcohol problem:	12%
Anxiety disorder:	62%
Depression:	59%
Bipolar Disorder:	25%
Schizophrenia:	8%

How Questions are being used?

- Colorado – used to leverage additional funding for MH
- Pennsylvania – expanded provider reach to behavioral/mental health providers
- Utah - Plan to Integrate Comprehensive Tobacco Policies into Mental Health and Substance Abuse Treatment

Competency and Training Recommendations for Quitline Staff: Callers with Mental Illnesses or Addictions

- Added new curriculum to all competency areas for new staff
  - Awareness
  - Knowledge
  - Skills
- Added a regular continuing education training on behavioral health bi-annually
- Provide supervision as needed to staff

The results of training and supervision recommendations

- Increase knowledge, awareness and skill set in dealing with MH
- More comfort in addressing MH within the context of the quitline
- More comfort in providing resources to participants regarding MH
- More requests for clinical supervision regarding difficult cases

START WHERE
YOU ARE

Rapid Improvement Project

- Step 1 – Assess your organization's readiness for change and next steps based on this stage of change. Choose realistic, measurable, and time limited goals and objectives to be accomplished in the next 3-6 months.
- Step 2 - Fine-tune your organizational plans as you listen to attendees' thoughts & ideas.
- Step 3 – Complete an individual rapid improvement project form to take with you and use after the conference.

- What data have you collected on behavioral health conditions in your state, company, agency?
- What have you done to use behavioral health data to help address these conditions?
- Given where you/your organization are today, what may be a few next steps for you to address behavioral health conditions?
- Who are your potential/natural partners to address behavioral health issues?
- How can the BHAF be helpful in helping you/your organization address behavioral health conditions?

Contact Information

Amy V. Lukowski, Psy.D.
Clinical Director, Health Initiatives Programs
National Jewish Health
1400 Jackson Street, S113
Denver, CO 80206
303.728.6533
lukowskia@njc.org

Jessie E. Saul, Ph.D.
Director of Research
NAQC
1300 Clay Street, Ste. 600
Oakland, CA 94612
507.412.8201
jsaul@naquitline.org

Chad Morris, Ph.D.
Director, Behavioral Health & Wellness Program
University of Colorado
1784 Racine Street
Mail Stop F478
Aurora, CO 80045
303.724.3709
chad.morris@ucdenver.edu