INTRODUCTION AND BACKGROUND

Telephone quitlines are evidence-based programs that provide counseling and, in most cases, medications to tobacco users who want to quit. Quitlines are available in all 50 states, Washington, DC, Puerto Rico, and Guam, and to 10 provinces and two territories in Canada. In the United States, quitlines are accessible through a national toll-free number “800-QUIT-NOW” which directs callers to their state or territorial quitline. Similarly, in Canada, a national toll-free number “866-366-3667” directs tobacco users to their provincial or territorial quitline.

Quitline studies suggest that 40% and 50% of the approximately 500,000 unique callers each year have current mental illnesses (Canadian Smokers’ Helpline, 2009), dysfunctional partners, or physical and emotional challenges that have interfered with their functioning. At the same time, several promotion activities are ongoing or anticipated, including the CDC’s National Tobacco Education Campaign, and new graphic health warnings for cigarettes packed in both the u.s. and Canada. Thus, there is an emerging opportunity to identify large numbers of tobacco users with behavioral health issues.

THE MINIMAL DATA SET FOR EVALUATING QUITLINES

The Minimal Data Set, or “MDS,” is a standardized set of intake and follow-up questions asked by all publicly funded quitlines in North America. It was created to:

• Facilitate data collection regarding program and outcome information across all users and funders of quitline services
• Enable the capability for easy comparisons across quitlines
• Make it easier to analyze data and improve quitting practices, yet are imposssible to answer by a single group

In addition to the “core” intake and follow-up questions, NAQC has established a process for developing and implementing additional questions, with an interest in gathering data on certain items (e.g., sexual orientation of callers, or behavioral health issues) common to other quitlines, and to specific categories to do so, thus enhancing our ability to compare results across quitlines.

Information about the MDS can be found at www.naquitline.org/mds.

DEVELOPING STANDARD OPTIONAL MDS QUESTIONS TO SCREEN FOR BEHAVIORAL HEALTH ISSUES

In 2011, the North American Quitline Consortium (NAQC) and the Behavioral Health Advisory Forum (BHF) collaborated to produce “QHs Writers Have a Role in Sensing Tobacco Cessation Needs of Persons with Mental Illnesses and Substance Abuse Disorders?” as a critical appraisal of the potential issues that arise when quitlines serve persons with behavioral health conditions. One of the recommendations from the report was for telephone quitlines to add screening questions for behavioral health issues at intake, especially if quitlines were already screening for other chronic health conditions.

As a result of this recommendation, NAQC’s MDS WORKGROUP Collaborated with BHF members to develop intake and follow-up questions that identify quitline callers who present with co-morbid mental health conditions, including anxiety, depression, bipolar disorder, alcohol/drug abuse, schizophrenia, and emotional challenges that have interfered with their functioning. At the same time, several promotion activities are ongoing or anticipated, including the CDC’s National Tobacco Education Campaign, and new graphic health warnings for cigarettes packed in both the u.s. and Canada. Thus, there is an emerging opportunity to identify large numbers of tobacco users with behavioral health issues.

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

While these questions are optional for tobacco cessation quitlines, having standard language for them can increase their utility when comparing data across quitlines. NAQC provided guidance for quitlines, noting that for MDS NAQC does not expect that any or all of be adopted by quitlines unless they meet their needs. In addition, NAQC is working with BHF to modify and adopt some of the questions, to the extent possible they would be integrated into screening questions regarding other medical or chronic care conditions. These training guidelines and implementation tools are available at www.naquitline.org. The BHAF has also developed recommendations regarding training and supervision of quitline staff on cessation needs of persons with mental illnesses and substance abuse disorders. These training guidelines are available at http://choicetobacco.ym.com/resource/nescp/new/NAQC/BHF_Training_Thems_6-6-11.pdf. BHAF presents these guidelines as a foundation, continuing the discussion around ways to best serve tobacco users with mental illnesses and substance abuse disorders, not as a standardized curriculum.

REFERENCES

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