# Engaging Behavioral Health Organizations in Tobacco Control Efforts

## September 20th, 2022

Tamanna Patel, MPH

# Welcome!!!

**Tamanna Patel, MPH**
Director, Practice Improvement
*National Council for Mental Wellbeing*

# Getting acquainted

- *Name, Role, Where do you live*
- *What is one thing you are hoping to get out of this session?*

# Determinants of Health

Access to Care 10%

Quality of Care 10%

Social & Economic Factors 40%

Health Outcomes

Traditional Addiction Discourse & Programming

Health Behaviors 30%

Physical Environment 10%

Source: County Health Rankings Model, 2014

# Tobacco, Mental Health & Substance Use

## *What has caused the disparity?*

The overall rate of cigarette smoking among adults has been decreasing, but individuals with mental health challenges have been neglected in prevention efforts, environmental and clinical interventions.

**This disparity can be attributed in part to predatorial practices by tobacco companies which included:**

- Targeted advertisements
- Providing free or cheap cigarettes to psychiatric clinics
- Blocking of smoke-free policies in behavioral health facilities
- Funding research that perpetuates the myth that cessation would be too stressful and negatively impact overall behavioral health outcomes

- **High rate of ACEs/Trauma**
- **Limited access to high quality care (delays in care, lower quality of care, and more)**

Source: Apollonio and Malone, 2005

National Behavioral Health Network *for Tobacco & Cancer Control*

*from* NATIONAL COUNCIL FOR MENTAL WELLBEING

# Barriers to Seeking Mental Health Services

| Personal Barriers | Social Barriers | Health Care Delivery Barriers | Policy barriers |
|---|---|---|---|
| Cultural beliefs about emotional wellbeing | Language barriers | **Limited availability and affordability of services** | Disability and leave benefits |
| **Stigma** | Lack of diverse representation in mental health field | **Shortage of mental health workers** | Restricted access to coverage and treatments |
| Trust and confidentiality | **Social/institutional stigma** | **Lack of culturally-competent care** | **Funding of mental health services** |
| Lack of awareness of mental health services | | **Transportation to care** | Enforcement of parity laws |
| Employment status/insurance coverage | | | |

Sources: Mojtabai et al, 2011;Coombs et al, 2021

## Race/Ethnicity

**31.8%** American Indians/Alaska Natives

**16.6%** White

## Education Level

**40.6%** GED

**4.5%** Graduate degree

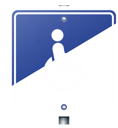
## Poverty Status

**25.3%** Below poverty

**14.3%** At or above poverty

## Health Insurance

**28.4%** Uninsured
**25.3%** Medicaid
**11.8%** Private



## Disability/limitation

**21.2%** Yes

**14.4%** No

## Sexual orientation

**20.5%** Lesbian/Gay/Bisexual

**15.3%** Heterosexual

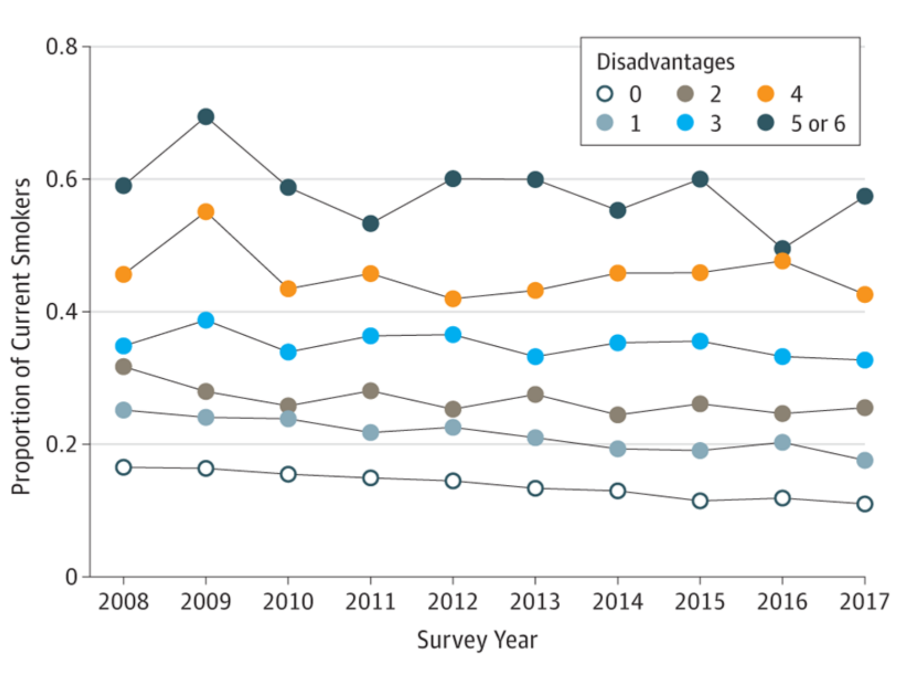
## Serious Psychological Distress

**35.8%** Yes

**14.7%** No

**Source**: slide courtesy of CDC; Jamal A, Phillips E, Gentzke AS, et al. Current Cigarette Smoking Among Adults — United States, 2016. MMWR Morb Mortal Wkly Rep 2018;67:53–59.

# Examining Risk:
# Poverty, other disadvantages tied to higher smoking risk




About 14 percent of individuals without any of these forms of adversity smoked

**With each added disadvantage, smoking rates increased, rising to 58 percent among individuals with all six forms of adversity**

Unemployment/poverty

Low education

Disability

Serious psychological distress/heavy drinking

Source: Leventhal et al, 2019

- *"Disadvantage is a common denominator in smoking in the U.S. today, and if you face more disadvantages, your liability to smoking increases.*
- *Disparities in smoking are explained by disadvantaged populations being more likely to start smoking and less likely to quit smoking."*

Source: Leventhal, 2019

# Let’s Finish the Sentence…

People with mental illness die on average 5 to 25 years earlier* than those without mental illness...

- *Depending on data source
- Source: Parks, J., et al. Morbidity and Mortality in People with Serious Mental Illness.

Alexandria, VA: National Association of State Mental Health Program Directors Council. 2006 (25 years)
https://www.who.int/mental_health/management/info_sheet.pdf (10-15 yrs)

# Let’s Finish the Sentence

People with mental illness die on average 15 to 25 years earlier than those without mental illness...

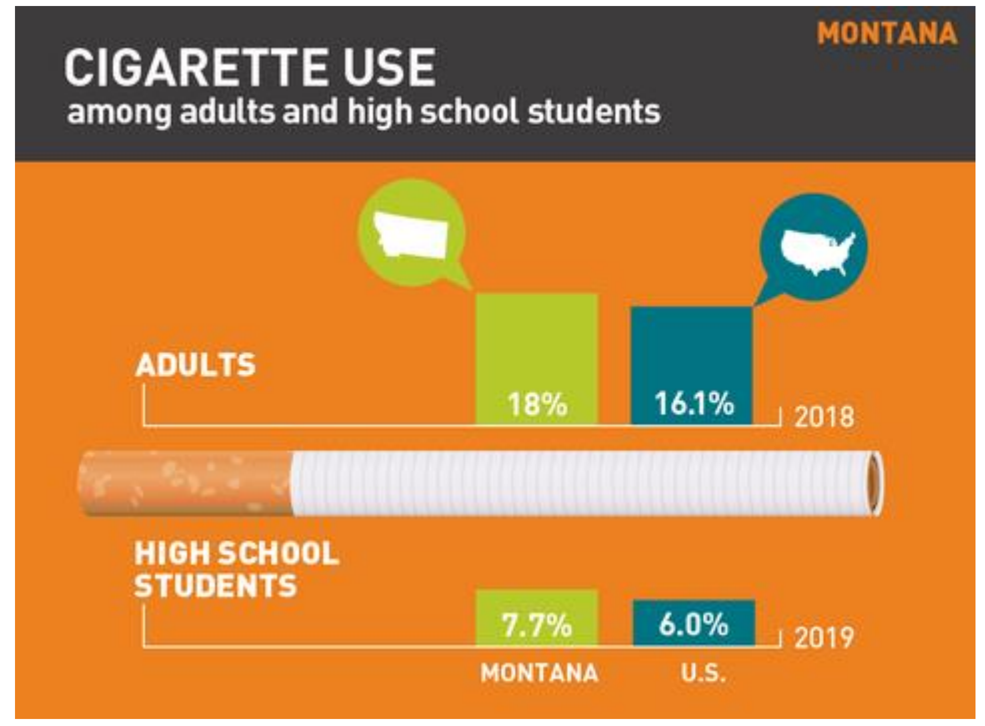
**...due to complications from smoking-related illnesses...**

# Montana- A Glimpse

- In 2020, **23.43%** of adults in Montana reported ***any mental illness*** in the past year (NSDUH, 2019-2020)
- In 2020, **6.19%** of adults in Montana reported ***serious mental illness*** in the past year (NSDUH, 2019-2020)
- In 2018, almost **8%** of Montana adults reported having ever been ***diagnosed with depression and experiencing frequent mental distress*** (defined as reporting poor mental health on 14 or more of the past 30 days).
- Over half (**56%**) of adults who reported having ever been ***diagnosed with depression and experiencing frequent mental distress also reported having been diagnosed with two or more chronic conditions*** (2018).
- **41%** of adults who reported ever having had ***depression AND current frequent mental distress were current smokers*** (2018).
- **26.9%** of adults that only have ever had ***depression reported being current smokers*** (2018).

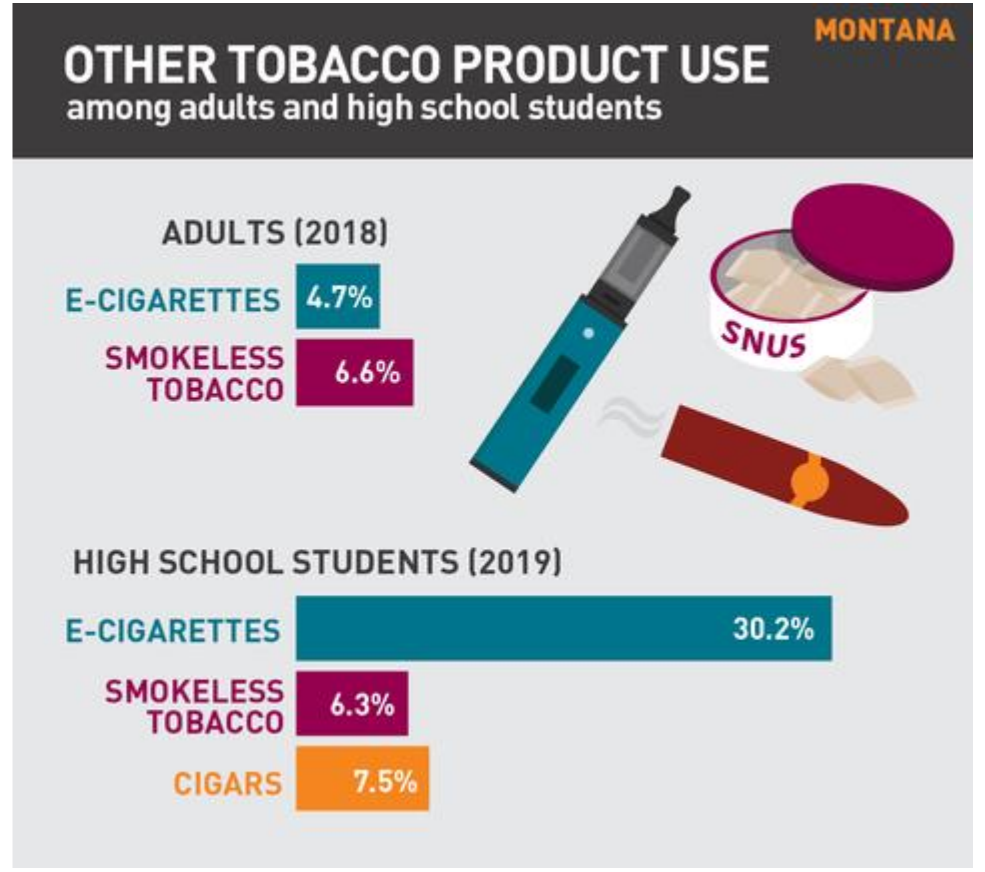
Sources: 1) Montana DPHHS. Public Health in the 406 Report – Mental Health Status and Chronic Conditions among Montana Adults, 2018. Retrieved from https://dphhs.mt.gov/assets/publichealth/BRFSS/Factors/BrfssMhChronic2018.pdf 2) SAMSHA. 2019-2020 NSDUH State Estimates of Substance Use and Mental Disorders.

# Commercial Cigarette Use In Montana



Source: Truth Initiative. Tobacco use in Montana (2020). Retrieved from https://truthinitiative.org/research-resources/smoking-region/tobacco-use-montana-2020
Data sources: 1) CDC, Behavioral Risk Factor Surveillance System, 2018. 2) CDC, Youth Risk Behavioral Surveillance System, 2019.

# Other Commercial Tobacco Product Use In  Montana



Source: Truth Initiative. Tobacco use in Montana (2020). Retrieved from https://truthinitiative.org/research-resources/smoking-region/tobacco-use-montana-2020
Data sources: 1) CDC, Behavioral Risk Factor Surveillance System, 2018. 2) CDC, Youth Risk Behavioral Surveillance System, 2019.

# Tobacco Intervention Services by Behavioral Health Facilities (Montana)

| Intervention | Mental Health Tx Facilities (99 facilities) | Substance Abuse Tx Facilities (129 facilities) |
|---|---|---|
| | 2020 | 2020 |
| Tobacco Use Screening | 72.7% | 81.4% |
| Cessation Counseling | 54.6% | 58.9% |
| Nicotine Replacement Therapy | 14.1% | 24.8% |
| Non-nicotine Cessation Medications | 16.2% | 20.2% |

Source: SAMHSA NMHSS 2020, N-SSATS 2020

# Rural Assets

- Strengths include:
  - Resilience
  - Collaboration
  - Innovative approaches with fewer resources

Values:
- Closeness of local community
- Life in a small town
- Being around good people
- Civic engagement, reciprocity, mutual aid

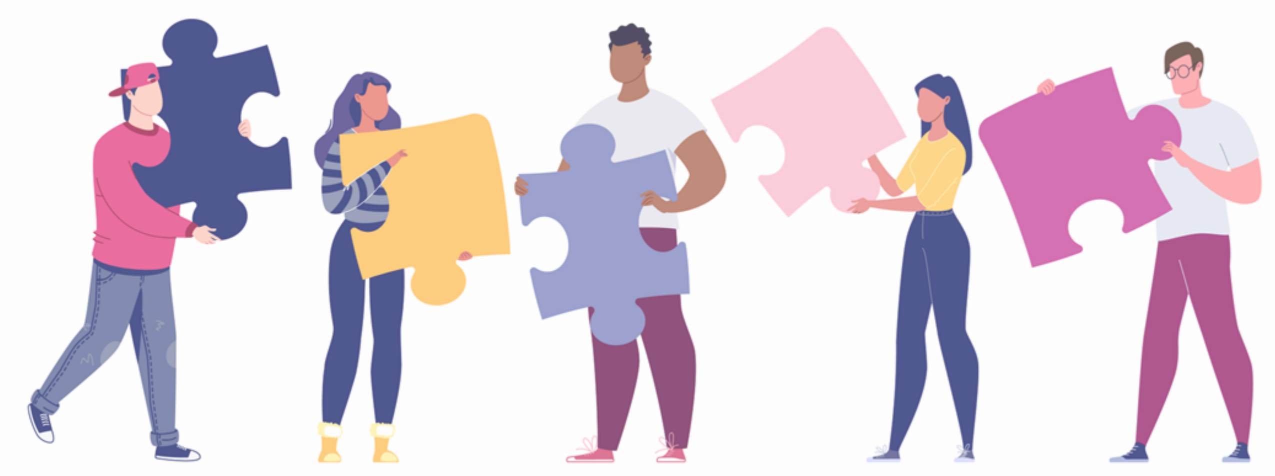
# Understanding the community

- Culture
- Norms
- Mindsets
- Social cohesion
- Traditions

# Power of Partnerships

# Effective collaboration

*Engaging stakeholders in meaningful ways to improve access and, ultimately, wellbeing*



# Identifying Stakeholders

- Outside of tobacco control and mainstream public health
  - State
    - Statewide association of behavioral health providers
    - Statewide agencies responsible for enacting statewide policy changes for public facilities
  - Local
    - State/public mental health and substance use organizations
    - Privately funded facilities that serve high percentages of individuals with MH/SUD
- Other community members

# Identifying Stakeholders

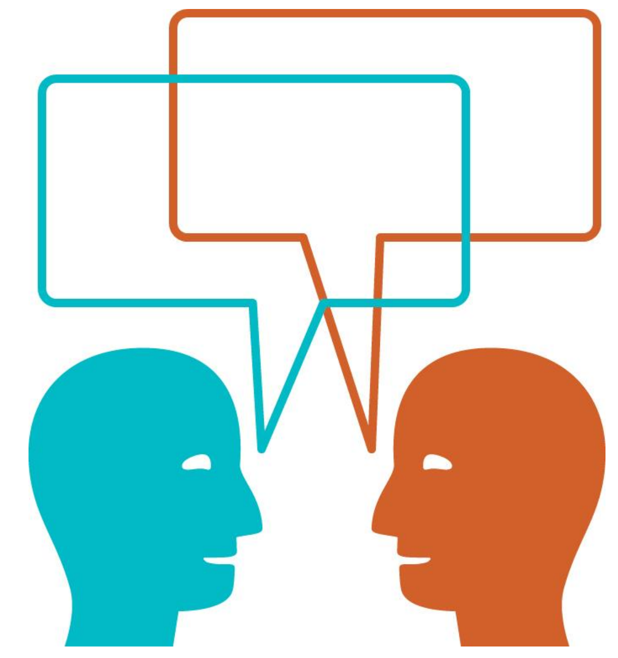
- **Mental health and substance use organizations**
  - Mental Health centers
    - Community mental health centers
      - https://dphhs.mt.gov/assets/amdd/AdultMHGeneralDocs/Montanamentalhealthcenters.pdf
  - Substance use organizations
    - Providers, Inpatient, Outpatient, Assertive Community Treatment, etc
      - https://dphhs.mt.gov/AMDD/substanceabuse/treatmentproviderinformation
  - Certified Community Behavioral Health Clinics
    - https://www.thenationalcouncil.org/program/ccbhc-success-center/ccbhc-overview/ccbhc-locator/
      - Center for Mental Health – Great Falls, MT
      - Rimrock – Billings, MT
      - Western Montana Mental Health Center – Missoula, MT

# Mental Health and Substance Use Organizations
## *Making the Case*

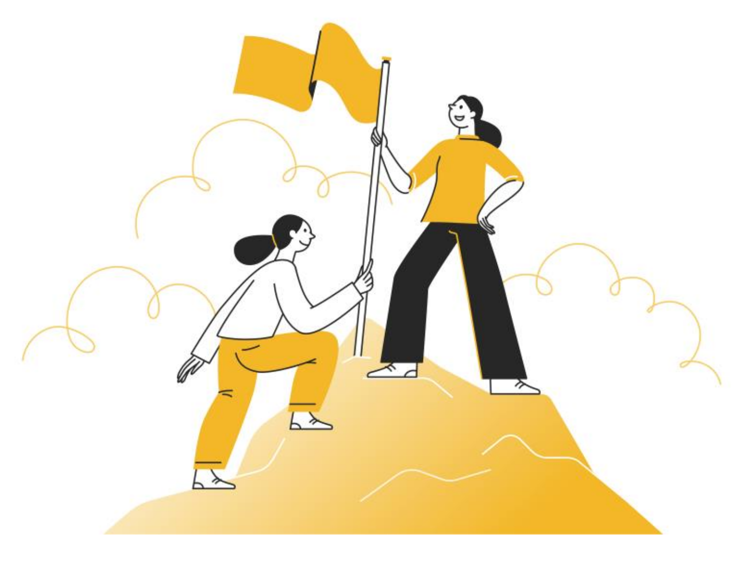
- *If you are providing substance use services, you can easily incorporate tobacco cessation.*
- *Even though there is anticipatory implementation anxiety, tobacco-free campus policies lead to more attractive treatment environments for both clients and employees.*
- *Tobacco can be built into a whole-health initiative and marketed to the agencies' advantage. Tobacco cessation and tobacco-free environments are critical to recovery.*
- *Integration is the new norm and tobacco services are a mandated component of integrated health services. You don't have to reinvent anything; there are ample resources for training that already exist.*
- *Workflow examples exist for integrating tobacco into screening, assessment and daily practice.*

# *I hear your concerns and fears. Let's talk through them.*

- Client census levels and completion rates have NOT been shown to decrease in treatment facilities that go tobacco free
    - Studies show no decrease in census data, and in fact the rates of treatment increased in facilities studies (Richney et al., 2017)
    - Studies show that no individuals report leaving treatment prematurely after a tobacco-free policy was implemented (Richney et al., 2017)
    - Eliminating tobacco use in a residential treatment program leads to NO decline in patient interest and program utilization (Conrad et al., 2018)
- Tobacco users ARE still just as likely to seek addictions treatment and are interested in tobacco cessation
    - Up to 75% of dual tobacco and substance users report wanting to quit both tobacco and other substances (Flach & Diener, 2004).



# *I hear your concerns and fears. Let's talk through them.*



- Clients ARE able to successfully quit tobacco
    - Tobacco dependence treatment in substance abuse treatment centers has led to cessation rates ranging from 5% to 23% (Baca & Yahne, 2009).
    - This is similar to the rates reported for the general population (Fiore et al., 2008).

Client relapse rates ARE REDUCED for alcohol or drug use if they attempted to quit tobacco simultaneously

- Treatment of tobacco dependence and other addictions produces better long-term abstinence for the primary addiction for which patients sought treatment (Baca & Yahne, 2009; Prochaska et al., 2004).

# *I hear your concerns and fears. Let's talk through them.*

- Tobacco-free policies are not difficult to enforce.
  - Compliance approaches work in every other healthcare and social service sector, as well as general spaces and place in society, from hospitals to clinics to airplanes, airports and restaurants.
- Your staff are not required to quit, but this can help them, and you see reduced costs on health coverage AND productivity increases
  - Staff have heightened workplace health risks due to secondhand smoke exposure that you reduce by going tobacco free.
  - Staff time calculation show a decrease in non-labor law compliant smoke breaks which increases overall productivity and creates equity approach that doesn't exclude nonsmokers from breaks.
  - Overall healthcare costs can decrease tremendously for an organization.
  - No healthcare facility has reported reduction in staff quitting owing to an organization becoming tobacco free. Hospital, schools, and many other sectors have these requirements and it's a compliance issue not a protected right.
- Staff can be very effectively trained to provide evidence-based interventions to the top of their license or role.
  - Training staff and the peer workforce on verbal & nonverbal compliance methods can be effective.

Sources: Friedmann, Jiang, & Richter, 2008; Guydish et al., 2011; Schroeder & Morris, 2009)

# Identifying Stakeholders

## Community:

- Social services
- Homeless shelters
- Peer support network
- Federally Qualified Health Centers/Community Health Centers*
- Schools
- Local health departments
- Hospitals
- Community Coalitions
- Community centers
- Faith Based Organizations
- YMCAs/YWCAs
- Area Health Education Centers
- Tribal Partners
  - Tribal Leaders Council
  - Tribal Health Departments
- Correctional facilities
- Community Health Workers
- Pharmacies

National Behavioral Health Network
for Tobacco & Cancer Control
from NATIONAL COUNCIL FOR MENTAL WELLBEING

# Community Stakeholders
## *Making the Case*

- *We are committed to improving the health, wellbeing and quality of life of the people we serve. By becoming completely tobacco-free, we are acknowledging that tobacco use is the number one cause of preventable disease in our community.*
- *Supporting individuals with substance use challenges with tobacco cessation opportunities can improve their long - term recovery. Referring to the quitline is an easy way to connect these individuals to tobacco cessation support.*
- *It is important for us to be tobacco-free because it encourages people to adopt a healthier tobacco-free lifestyle and protects people from the hazards of secondhand smoke. A tobacco-free campus sets an example for healthy behavior and promotes a healthy community.*
- *We are implementing/have implemented a tobacco-free campus policy, which means that clients and staff cannot use tobacco on the premises. This could cause unintended consequences, for example, people moving off our property to nearby businesses to use tobacco. Our intention is to support our neighbors in experiencing similar benefits of maintaining tobacco-free environments and have sample signage and messaging and policy language to share if you are interested in going tobacco-free.*

# Power Mapping
## *A tool to identify key stakeholders*

- **Goal:**
  - Map out relationships between people/roles to demonstrate the value of *relational* power
  - Figure out connections and relationships you can access to solve problems, enhance your programs, develop resources, or engage to improve outcomes
- **6 step process**
  - Choose one area of improvement in your tobacco efforts
  - Assess your current partnership
  - List roles and/or individuals that will be needed to achieve your area of improvement
  - Plot the names along a simple matrix according to influence and level of support
  - Discuss leveraging current roles and/or building new collaborative relationships
  - Re-asses current partnership for maximum leverage

The Change Agency- https://thechangeagency.org/power-mapping/
The Commons: Social Change Library - https://commonslibrary.org/guide-power-mapping-and-analysis/

National Education Association- https://neaedjustice.org/power-mapping-101/

# Strategies to engage stakeholders

**Local/Provider level:**

- Piggy-back off of local coalition/community meetings

- Host a provider meeting
- Host a peer-to-peer meeting
- Demonstrate the mutual benefit, value added
- Promote usage of the quitline!
- Design frequent communication

**State level:**

- Identify the leadership and mental health and substance use provider meetings that state Medicaid and managed care organizations might host.
  - Attend these meetings, encourage participation by other allies or ask to give a presentation.

- Invite identified champions working to address tobacco use among individuals with MH/SUDs to present at larger statewide agency meetings or annual conferences

# Considerations

- Identify assets/champions in the community
- Build & strengthen partnerships
- Frame message appropriately
- Engage in conversations
- Think outside the box
- Be patient

**It's all about ***trust***

National Behavioral Health Network
for Tobacco & Cancer Control
from NATIONAL COUNCIL FOR MENTAL WELLBEING

# Table Exercise

- Discuss the following:
    - What have been some successful strategies in engaging organizations MH/SU organizations in your efforts?
    - Are there other organizations that serve the behavioral health population to engage?
        - Who are they?
        - What can be the mutual benefit and
        - How will you engage them?

# Resources

- National Behavioral Health Network for Tobacco and Cancer Control
  - www.bhthechange.org
    - Taking Facilities Tobacco Free Resource Guide
      - https://www.bhthechange.org/resources/taking-mental-health-and-substance-use-organizations-tobacco-free-resource-guide/
- Implementation Toolkit for Statewide Tobacco Control Programs
  - https://www.bhthechange.org/resources/new-nbhn-toolkit-implementation-toolkit-for-statewide-tobacco-control-programs/
- Rural Tobacco and Prevention Toolkit
  - https://www.ruralhealthinfo.org/toolkits/tobacco

# Questions?