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Tailoring the Messages and the Medicines to Optimize Cessation Interventions

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My Background

- *Master's Degree in Rehabilitation Counseling*
- *20+ years developing and managing programs for those with substance abuse issues and chronic mental health diagnoses.*
  - *Adolescents*
  - *Geriatric*
  - *Dual Diagnosis*
- *Former President of the Association for Ambulatory Behavioral Healthcare (national association for Partial Hospitalization and Intensive Outpatient Programs)*

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State of Behavioral Health

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

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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

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State of Behavioral Health

- Morbidity and Mortality Report (2006)
  - People with diagnosis of chronic mental illness die 25 years younger than the general public.
  - Accidents and suicide are not amongst the top reasons for early death.
  - Large number of the early causes of death can be directly or indirectly related to tobacco us.
  - Recovery needs to include wellness.

Tobacco Quitlines and Mental Health

2009 Panel commissioned by the North American Quitline Consortium (NAQC) concensus:

- Quitlines have served those with mental illness for years and are successful
- Quitlines should be more actively involved in working with this population
- Behavioral Healthcare Advisory Forum establish to produce white paper focusing on quitlines services for those with mental health issues.

Quitting Tobacco and Mental Health

- People with mental health diagnoses are just as likely to indicate a desire to quit as the general population.
- Short-term quit rates tend to be fairly equivalent to those in the general population.
- People with mental health diagnoses

REALLY CAN QUIT!

Challenges to Quitting

- Staff smoke in large numbers
- Tobacco use is not viewed as substance abuse
- Staff and clients smoking together is seen as informal counseling opportunity rather than a boundary or therapeutic issue

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Challenges to Quitting

- Tobacco is not part of the treatment regimen
- Professionals fear increased medication management– nicotine withdrawal and blood levels
- Fear of medication toxicity – interaction of medications

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Challenges to Quitlines & Other Service Providers

- Inadequate training regarding mental health issues.
- Over-emphasized training regarding symptom and medication issues.
- Inaccurate belief that people with mental health diagnoses cannot quit.

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Arizona Example (ASHLine)

Prior to 2006

- 2 comprehensive trainings on psychiatric diagnosis/symptoms and psychiatric medications.
- No practical training on impact of symptoms or medications on tobacco cessation.
- Question at intake regarding psychiatric medications with no follow up.

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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

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What Changed

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

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New 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

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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

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Protocols

- Recommend an increased intervention protocol
- Add content regarding:
  - Medication effects from quitting
  - Involving case manager/psychiatrist in quit plan
  - Advocacy with service provider if allowed
- Increased attention to SI/HI

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Things to Consider

- Quitting can affect other medications
- Involve other care givers such as case managers or psychiatric support staff
- Coordination with the prescribing Psychiatrist is imperative.

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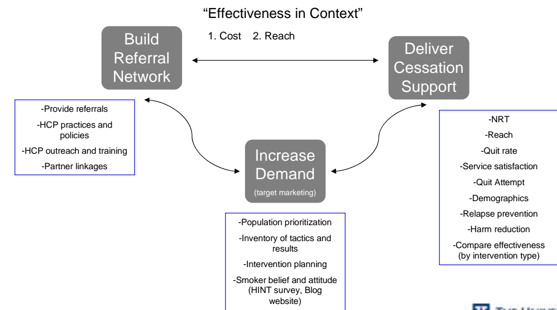

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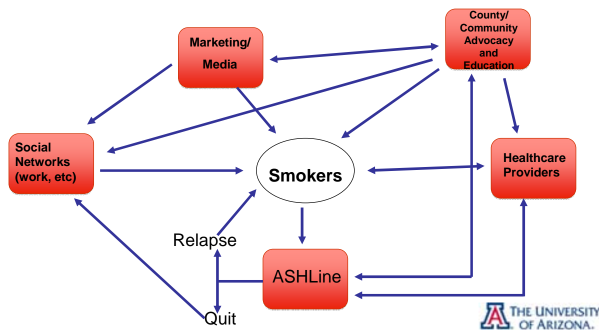
The Arizona Initiative



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The Arizona Behavioral Health Initiative

- Stage One focuses on people in the public mental health system with a diagnosis of a chronic mental health diagnosis.
- Develop an integrated model that provides access to tobacco cessation in treatment/support/case management facilities through on-site service or quitline referral

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The Arizona Behavioral Health Initiative

- Buy in meetings with the Division of Behavioral Health Services and the Regional Behavioral Health Authorities
- Identify motivated champions in case management, treatment and recovery (consumer service) agencies

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The Arizona Behavioral Health Initiative

- Work with sites to educate staff and provide treatment options to tobacco using staff.
- Develop tobacco policies for the site.
- Develop individualized tobacco cessation strategies to increase tobacco cessation at these sites.

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The Arizona Behavioral Health Initiative

A new twist:

To relieve the fears of providers when a client has multiple medications –

Additional support will be provided by trained pharmacists to complete a medication assessment and provide suggestions to the psychiatrist regarding possible interactions or concerns with quitting tobacco and/or using medications.

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Messages to Clients

- Coordinate your quitting with those who you already work with: psychiatrist, case manager, etc.
- Get involved with the quitline – they know what works.
- Identify some motivated partners.
- Ask to have tobacco cessation included in your ISP (individual service plan)
- Keep checking in, even if things are not going so well

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Messages to Providers (Recovery Agents)

- Tobacco Cessation is a treatment issue, not a lifestyle choice.
- You don't allow people to drink or use illicit drugs on campus, why tobacco?
- People with mental health challenges REALLY DO want to quit tobacco.

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Thank You

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