Tobacco-Free State Psychiatric Hospitals: From Policy to Practice

Tuesday, October 23, 2012 - 1:00 pm ET

Welcome Pioneers for Smoking Cessation

During the Webinar

Tip: If you do not see the "Join Teleconference" popup box, please click on the "Audio" tab, then click "Join Teleconference". VoIP is not available.

- **All phone lines will be muted during the presentation**
- **Do NOT put phone on hold**
- **Turn OFF your webcam by clicking on the camera icon**
- **Webinar is being recorded**
- **Questions are encouraged throughout via the chat box**

2

Webinar Objectives:

- Learn the methods and results of a survey on smoking policies and practices in state psychiatric hospitals
- Understand key findings and their applications to tobacco dependence interventions in psychiatric settings
- Learn how the study may inform development of more effective smoking cessation policies and practices for people living with mental illnesses

3

Moderator

- Catherine Saucedo
  - *Moderator*
  - Deputy Director
    Smoking Cessation Leadership Center, University of California, San Francisco
    csaucedo@medicine.ucsf.edu

4

Agenda

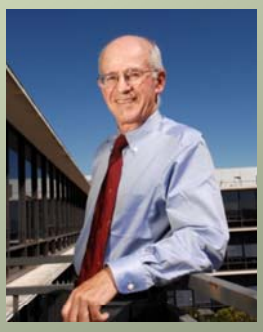
- **Welcome and Greetings**
  - Catherine Saucedo, Deputy Director, SCLC, ***moderator***
  - Steve Schroeder, Director, SCLC
  - Bob Glover, Executive Director, NASMHPD
- Presentation from NRI panel
  - *Lucille Schacht*
  - *Glorimar Ortiz*
  - *Brian Hepburn*
- Questions & Answers
- Technical Assistance and Closing Remarks

Disclosure: Faculty speaker, moderator, and planning committee members have disclosed no financial interest/arrangement or affiliation with any commercial companies who have provided products or services relating to their presentation or commercial support for this continuing medical education activity.

5

Welcome

- **Steven A. Schroeder, MD**
  - Director, Smoking Cessation Leadership Center
  - Distinguished Professor of Health and Health Care, Department of Medicine, UCSF



6

Greetings from NASMHPD

- **Robert Glover, PhD**
  - Executive Director, National Association of State Mental Health Program Directors

7

Tobacco Free State Psychiatric Hospitals and Continuity of Care in the Community

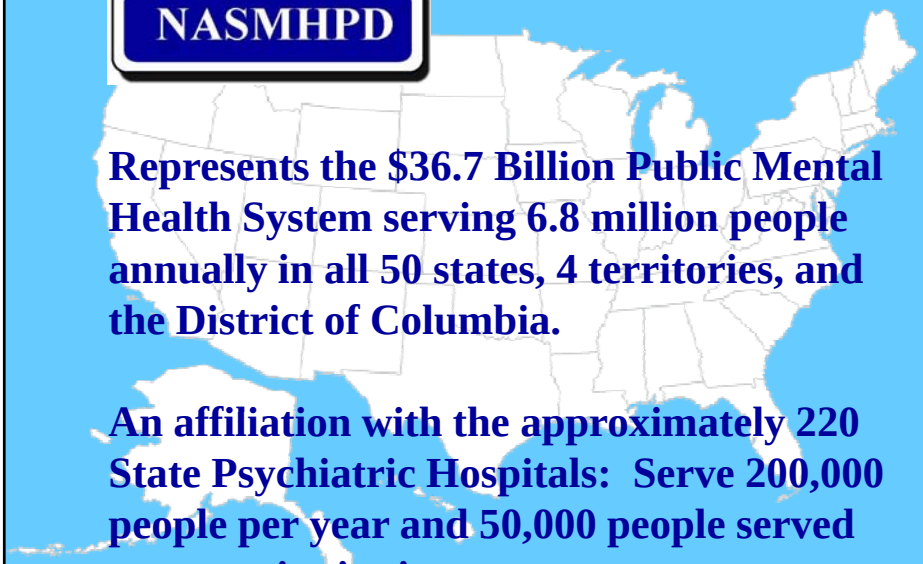
Webinar Presentation for:
Smoking Cessation Leadership Center
October 23, 2012

Robert W. Glover, Ph.D.
Executive Director
National Association of State Mental Health Program Directors

NASMHPD

8

NASMHPD



Represents the $36.7 Billion Public Mental Health System serving 6.8 million people annually in all 50 states, 4 territories, and the District of Columbia.

An affiliation with the approximately 220 State Psychiatric Hospitals: Serve 200,000 people per year and 50,000 people served at any point in time.

9

NASMHPD Vision

- **Mental health is universally perceived as essential to overall health and well-being with services that are available, accessible, and of high quality.**

10

USA TODAY

Mental illness linked to short life

USA Today

Front Page

Thursday,

May 3, 2007

11

People with Serious Mental Illness Experience 25 Years Lost Life: A Public Health Crisis

- Smoking
- Obesity
- Suicide

- Substance Abuse
- Inadequate Medical Care

12

Why Is This a Critical Issue?

- Confessions from When I Was
  - Clinical Staff
  - An Administrator of State Hospitals
  - State Mental Health Director
- Need for Cultural Change
  - Marketing to these populations (Project SCUM)
- Biggest cause of seclusion and restraint: losing smoking privileges

13

People reporting a mental disorder in the past month consumed approximately 44.3% of all cigarettes smoked in the U.S.

Lasser, Karen; Boyd, J. Wesley; Woolhandler, Steffie; Himmelstein, David U.; McCormick, Danny; Bor, David H., "Smoking and mental illness: A population-based prevalence study." JAMA, The Journal of the American Medical Association. Nov 22-29, 2000, 284, (20), 2606 - 2610.

14

NASMHPD Made Policy Statement and Goal

- We had the data, the values, the leadership
- NASMHPD Position Statement on Smoking (Approved by NASMHPD Membership on July 10, 2006)
- When we began in 2006, tobacco was prevalent in all state hospitals. Less than ½ were tobacco free in 2011. Now almost 80% are tobacco free.

15

NASMHPD Position Statement

Approved July 10, 2006

- As physicians, we commit to educating individuals about the effects of tobacco and facilitating and supporting their ability to manage their own physical wellness.
- As administrators, we will commit the leadership and resources necessary to create smoke free systems of care.

16

Position Statement

- NASMHPD is committed to doing our part to assist individuals in going smoke free and will continue to advocate for those with mental illness in their right and hope to be well in recovery.

17

Tobacco-Free Living in Psychiatric Settings

A best-practices toolkit promoting wellness and recovery

July 2007
(updated October 2010)

National Association of State Mental Health Program Directors
66 Canal Center Plaza, Suite 302
Tel (703) 739-9333
Fax (703) 548-9517
www.nasmhpd.org

18

Elements of the Toolkit

- What is the background on the issue?
  - Previous Hospital Culture
  - Project SCUM
  - Why should consumers not smoke?
  - Why should facilities go tobacco free?
- How do you address the barriers?
  - Maine
- How do you get ready?
- How do you implement?
- How do you sustain the effort?

19

Goal – All State Psychiatric Facilities Tobacco Free by January 1, 2014

20

Thank You!

21

Today's Panelists from NRI

- **Lucille Schacht, PhD**
  - Director of Statistical Analysis, NASMHPD Research Institute, Inc.
- **Glorimar Ortiz, MS**
  - Research Associate, Statistician, NASMHPD Research Institute, Inc.

NASMHPD RESEARCH INSTITUTE, INC.

22

Smoking Policies & Practices in State Psychiatric Facilities

SURVEY RESULTS 2011

Authors: Lucille Schacht, PhD., Glorimar Ortiz, MS, G. Michael Lane Jr., MPH,MA

Presenters: Lucille Schacht, PhD, Glorimar Ortiz, MS

This research project was fully funded by the
University of California, San Francisco's Smoking Cessation Leadership Center

Agenda

- Background
- Methods
  - Participants
  - Instrument
  - Procedure
- Results
- Implications of the Findings
- Future Directions
- Contact Information

24

Background

- Smoking Policies and Practices in State Psychiatric Facilities Survey
  - History
  - Modifications

	2005	2006	2008	2011
# facilities targeted	225	222	219	?
# participating facilities	124	181	164	?
Response rate	55%	82%	75%	?
% non-smoking	20%	41%	49%	?

25

LS

Method – Participants

- 206 facilities targeted
- 80% response rate (N=165)

Exclusions:
- Facilities serving only children less than 12 years.
- Facilities that closed or merged.
- Contact information for facility's director and/or quality assurance manager was not available.

26

GO

Method-Instrument

- 22-item survey that includes questions related but not limited to:
  - Demographics
  - Current smoking policy
  - Smoking cessation practices:
    - staff training
    - assessment at intake
    - education and promotion about the risks of smoking
    - availability of smoking resources
    - provision of treatment: smoking counseling, NRT, pharmacotherapy
    - aftercare planning
  - Outcomes and barriers of enacting a smoke-free policy

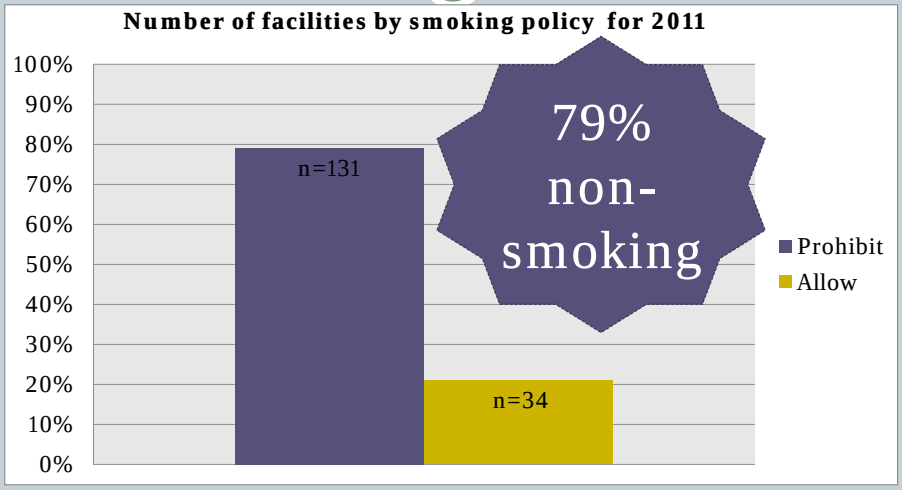
Method-Instrument

- The 7-option smoking policy list from TJC
- Smoking: A legalized form of tobacco in any form (e.g. cigarette, cigar, chewing, pipe) regardless of the age of the individual served.
- Facility premises: Buildings, balcony, patios, courtyards, areas adjacent to exit doors, parking areas and lawns.

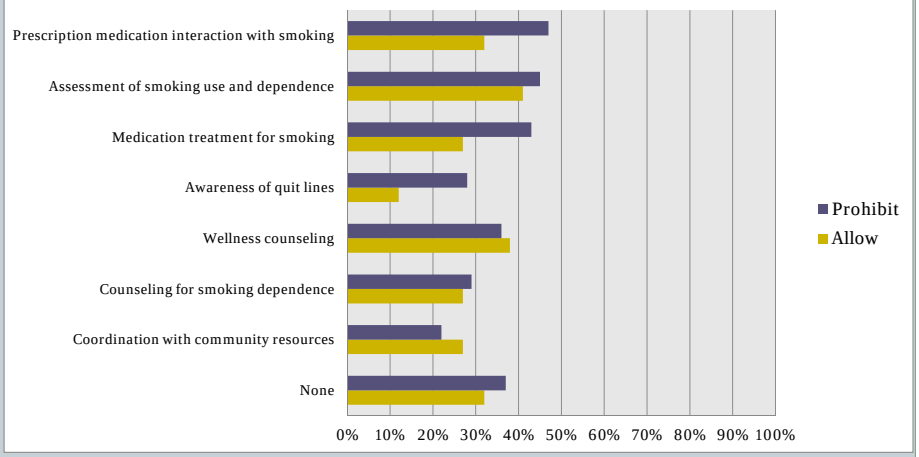
Method-Procedure

- Survey was created using Snap Surveys®
- Email with link of survey was sent to facilities
- 4 follow-up email reminders
- Data collection spanned from October – December 2011

Results-Policy



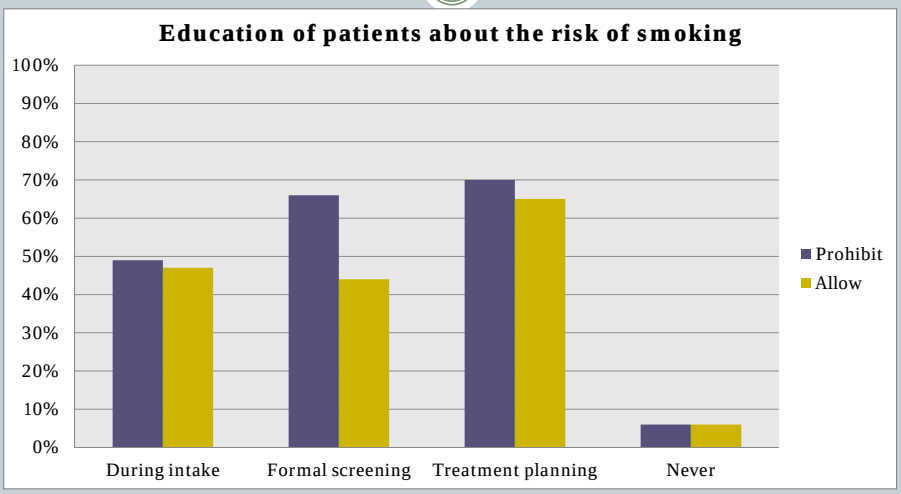
Results-Smoking Cessation Practices



31

GO

Results-Smoking Cessation Practices

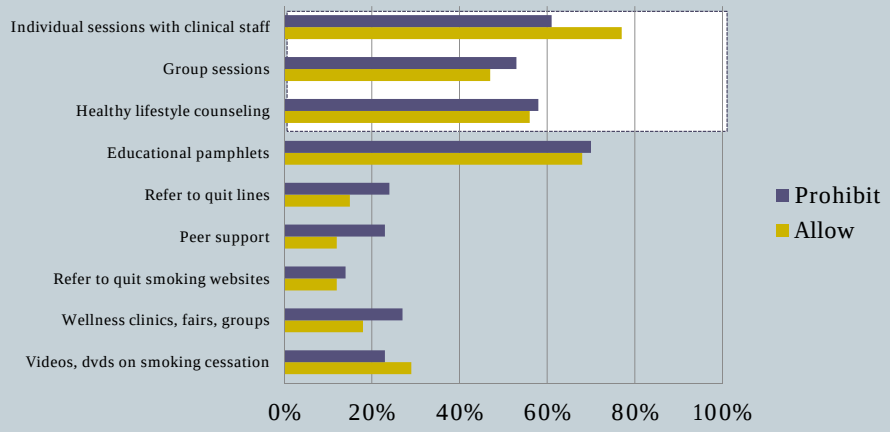


32

GO

Results-Smoking Cessation Practices

Availability of resources that describe the risks of smoking

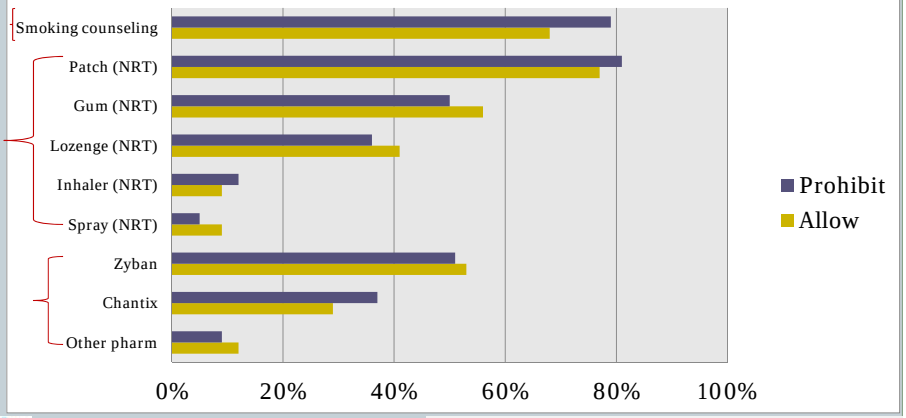


33

GO

Results-Smoking Cessation Practices

Smoking cessation treatments* offered while receiving psychiatric inpatient care

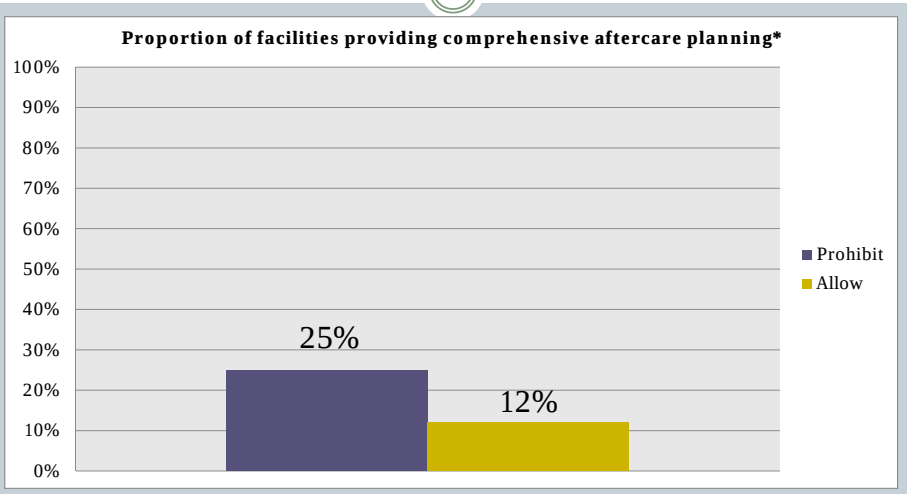


*Does not include smoking cessation session

34

GO

Results-Smoking Cessation Practices



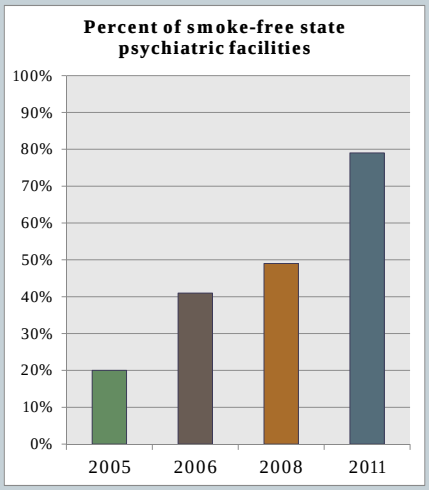
*Includes the patient's smoking status AND makes a referral at discharge

35

GO

Results-Overall

	2005	2006	2008	2011
# facilities targeted	225	222	219	206
# participating facilities	124	181	164	165
Response rate	55%	82%	75%	80%
% non-smoking	20%	41%	49%	79%



36

GO

Implications of Findings-Training

- 62% provide some training to staff -- 38% provide no training
  - Are the competencies among the staff
    - Nursing is the most frequently used clinical specialty to provide education and services related to smoking
    - Other (non-medical) specialties are also used including social work, rehabilitation, case management
  - Are best practices and preparing for community care covered
    - Smoking cessation sessions, counseling, medication
    - Wellness counseling, coordination with community resources

Implications of Findings-Treatment

- 48% of facilities offer the full complement of treatment (smoking counseling, NRTs, and pharmacotherapy)
  - Smoking cessation sessions are not included in this list
    - Under-utilized best practice
    - Provided on an at least weekly scheduled basis at less than 25% of facilities
  - Getting more out of counseling sessions
    - Share educational resources, currently used by 2/3 of hospitals
    - Plan for continuing care

Implications of Findings-Aftercare

- 25% provide comprehensive aftercare (including smoking status in aftercare plan AND making referral for service)
  - Smoking status is a key indicator of potential health needs
    - Former smokers have high relapse rates
    - Non-smoking status to be sustained must be monitored
  - Outpatient resources are under-utilized
    - More than 50% make no referral specific to smoking
    - Healthcare providers are used by a small number of facilities

Future Direction

- Investigate the change (from 2008 to 2011) of the smoking policies and practices in state operated or supported psychiatric inpatient facilities
- Survey private facilities

Contact Information

For more information regarding the smoking project at the NRI please contact:

Glorimar Ortiz, MS
703-738-8168 or Glorimar.Ortiz@nri-inc.org

Lucille Schacht, PhD
703-738-8163 or Lucille.Schacht@nri-inc.org

41

Today's Panelist

- **Brian Hepburn, MD**
  - Executive Director, Mental Hygiene Administration (MHA)

42

Tobacco Free
State Psychiatric Hospitals and Community Programs

Act Now

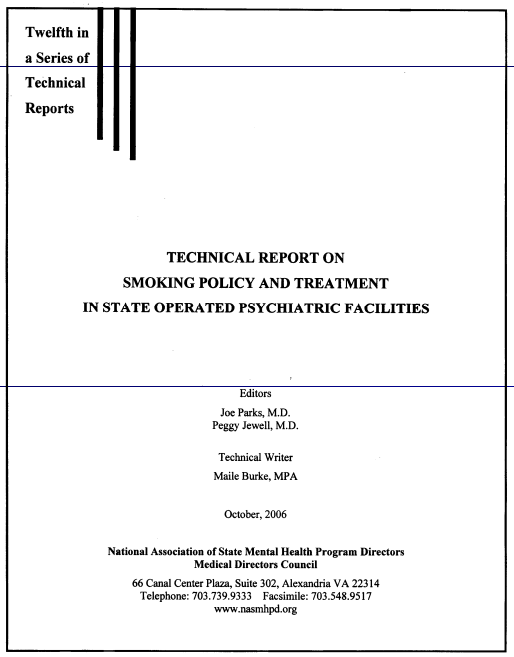
- If your state facilities are still allowing smoking……
- Get Them Smoke Free
- Work with the community to ensure tobacco prevention and cessation help is available for all consumers.

44

Lessons Learned

- Make tobacco cessation a critical objective in achieving goal of improving overall health, wellness and recovery.
- Provide leadership
- Ensure broad participation in planning and implementation

45



Twelfth in a Series of Technical Reports

TECHNICAL REPORT ON
SMOKING POLICY AND TREATMENT
IN STATE OPERATED PSYCHIATRIC FACILITIES

Editors
Joe Parks, M.D.
Peggy Jewell, M.D.

Technical Writer
Maile Burke, MPA

October, 2006

National Association of State Mental Health Program Directors
Medical Directors Council
66 Canal Center Plaza, Suite 302, Alexandria VA 22314
Telephone: 703.739.9333 Facsimile: 703.548.9517
www.nasmhpd.org

46

State Mental Health Commissioners

- State Facilities should be Smoke Free everywhere on grounds for staff, consumers and visitors.
- Inpatient facilities should be required and supported to provide smoking cessation and prevention and in going smoke free with *focus on wellness.*
- Cessation support including Nicotine Replacement Therapy for staff as well as consumers

47

Recommendations for Facilities

- **Be Smoke-Free**
- Implement no smoking policy over time
- Offer smoking cessation and prevention services
- Offer 'optimized' tobacco cessation treatment including NRT options
- Encourage smoke free homes
- Support self-help

48

Treatment and the Therapeutic Milieu

- Smoking may be a precursor to S&R
- Smoking may be a precursor to threats and coercion between patients
- Smoking does cause environmental health problems
- Most medication blood levels are not effected

49

Consumer Autonomy: Choice and Recovery

- There is no legal “right to smoke”
- Addiction is not Choice
- Consumers want to quit
- Long-term facilities are not “home”
- Right to safe, healthy and effective treatment environment

50

Recommendations for Community Service Systems

- Community Treatment Programs should be Smoke Free
- Develop community-based smoking cessation programs and services for persons with mental illness and substance use problems
- Promote use of Smokers Anonymous and Quit Lines
- Use Peer Specialists to provide Prevention and Cessation Services

51

Assure that Smoking is Addressed in Your Treatment Programs

- Require Annual Screening for tobacco use
- Require assessment for those who screen positive
  - Packs per day
  - Years smoking
  - Cost and source of funds
  - Readiness (Stage of change) to quit
- Encourage inclusion of smoking cessation on your mental Health treatment plans
- Use Motivational Interviewing to enhance readiness to Quit

52

Cessation Treatment

- Available strategies include
  - FDA approved medications
  - Nicotine anonymous
  - Quit lines
  - Various forms of psychosocial treatment
    - Behavioral therapies
    - Motivational enhancement approaches
    - Social and peer support

53

Cessation Treatment

- Ancillary interventions
  - Education to address medical co-morbidities
  - Share rapid benefits of quitting
  - Discuss cost of cigarettes
  - Program enrichment options to replace smoke breaks

54

Improve Access to Medication Assisted Smoking Cessation

- Encourage your State Medicaid cover smoking cessation and prevention including NRTs and cessation medications .
- Assure that CMHC and State facility psychiatrists know how to prescribe NRT and cessation medications.

55

Prevention

- All non-smoking and former smoking consumers should be offered primary and relapse prevention programming.

56

- Thank you,
- Brian Hepburn M.D.
- Director , Mental Hygiene Administration
- State of Maryland
- brian.hepburn@maryland.gov

57

Questions & Answers

- Feel free to ask questions via the **chat box**.

58

Contact the SCLC

Visit us online:

http://smokingcessationleadership.ucsf.edu

Call us toll-free:

1-877-509-3786

59

Closing Remarks

Please help us by completing the post-webinar survey.

Thank you for your continued efforts to combat tobacco.

SAVE THE DATE!

Thursday, November 8th, 2 pm ET

"Emerging Tobacco Products", with panelists from Legacy and the Maryland Department of Health and Mental Hygiene (DHMH)

60