CHALLENGES & EMERGING TRENDS IN TOBACCO HEALTH DISPARITIES: IMPLICATIONS FOR MENTAL HEALTH PROFESSIONALS

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WHAT IS LEGACY?

• Nonprofit public health foundation located in Washington, D.C.

• Established by the landmark 1998 Master Settlement Agreement between the five major tobacco companies, 46 states and five U.S. territories.

• Two-part mission: (1) build a world where young people reject tobacco (prevention) and (2) anyone can quit (cessation)

• Grants Dissemination Work
TOBACCO USE AND MENTAL ILLNESS: A HIDDEN EPIDEMIC

- Smoking rates are significantly higher in people with mental illnesses than in the general population
- Effects are staggering: Persons with serious mental illness (SMI) die 25 years earlier than general Population
- Financial consequences: Reliance on fixed incomes and tobacco product expenditures

Graphic prepared by Legacy
ATTENTION NEEDED

- While improving tobacco control is not a priority
- Less than a quarter of mental health outpatients receive cessation counseling
- In hospitals – only 1% of inpatients were assessed for smoking
CESSATION SERVICE PROVISION: COMPARISON OF PSYCHIATRISTS TO FAMILY PHYSICIANS

Source: American Association of Medical Colleges, *Physician Behavior and Practice Patterns Related to Smoking Cessation*, 2007
Graphic prepared by Legacy
SOME DISPARITY CHALLENGES

• Very limited training for mental health providers
• Patients have more immediate problems to address
• People with mental health illness can’t or don’t want to quit smoking
• Perception that smoking is a “pleasure” that should not be taken away
• Quitting smoking will exacerbate symptoms and lead to relapse of the mental health disorder
SOME DISPARITY CHALLENGES

• Emerging Tobacco Products
  ◦ - Continual evolution
  ◦ - Marketing
  ◦ - Pricing

• Menthol

• Tobacco Industry Behavior

• Shifting Tobacco Control Landscape
  ◦ Resources
  ◦ Policy Restrictions
COUNSELING SERVICES, INC (CSI) CASE STUDY

- CSI serves low-income clients with mental illness
- Most clients are very heavy smokers, with a range of complex backgrounds
- Their charge: How best to approach cessation?
CSI CASE STUDY: PROGRAM DESIGN

• Client-based development of strategies – “Client Consultants”

• Their recommendations:
  • Focus on larger issue of health and wellness
  • Need for socialization and group support alternatives
  • Groups be co-led by a client and a staff member (validation and empowerment)
CSI CASE STUDY: IMPLEMENTATION

- Creation of 3 mutual-aid wellness groups (co-facilitated)
- Focus on wellness activities as the core
- Cessation was integrated into the activities – exercise, weight control, etc.
- Use of buddy support systems
- Swimming Club formation at a local YMCA
- Tai Chi classes at another site
CSI CASE STUDY: LESSONS LEARNED

• Results
  ◦ 45 group members
  ◦ 8 successfully quit (out of 12 that decided to quit)

• Model of co-facilitation created a supportive environment where clients could gain information, support one another and work to empower themselves

• Asking clients to name and then solve their own problems was a fundamental strategy

• Don’t put focus exclusively on quitting smoking; integrate smoking concerns with general medical issues and health care needs
SELECTED ENDNOTES


THANK YOU

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