Doing the Right Thing: Linking Data, Policy, and Programs to Change Culture and Move Tobacco Cessation

MDQuit's 10th Annual
Best Practices Conference

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

NASMHPD

Represents the $39 Billion Public Mental Health System serving 7.1 million people annually in all 50 states, 4 territories, and the District of Columbia.

Affiliated with the approximately 195 State Psychiatric Hospitals: Serving 147,000 people per year and 41,800 people at any one point in time.

IRRESPONSIBILITY
No Single Raindrop Believes it is to Blame for the Flood.
www.despair.com

Confessions of a Former State Mental Health Director

Good intentions → Bad Outcome

- Behavior Modification – using cigarettes to modify behavior
- Selling cigarettes and using the income to hire therapeutic staff
- Link between losing smoking privileges and increases in seclusion and restraint

How Do We Even Decide Policy? Where Do the Policy Drivers Come From?

Data → Policy → Program

How Do We Even Decide Policy? Where Do the Policy Drivers Come From?

- We realized people with mental illness were dying early. As a result, we did a study.

Multi-State Study Mortality Data: Years of Potential Life Lost

Year	AZ	MO	OK	RI	TX	UT	VA (IP only)
1997		26.3	25.1		28.5		
1998		27.3	25.1		28.8	29.3	15.5
1999	32.2	26.8	26.3		29.3	26.9	14.0
2000	31.8	27.9		24.9			13.5

- Compared to the general population, persons with major mental illness typically lose more than 25 years of normal life span

Lutterman, T; Ganju, V; Schacht, L; Monihan, K; et.al. Sixteen State Study on Mental Health Performance Measures. DHHS Publication No. (SMA) 03-3835. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2003.

Mental illness linked to short life

USA Today

Front Page

Thursday,

May 3, 2007

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

- Smoking
- Obesity
- Suicide

- Substance Abuse
- Inadequate Medical Care

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.

30%-35% of Mental Health Providers Smoke

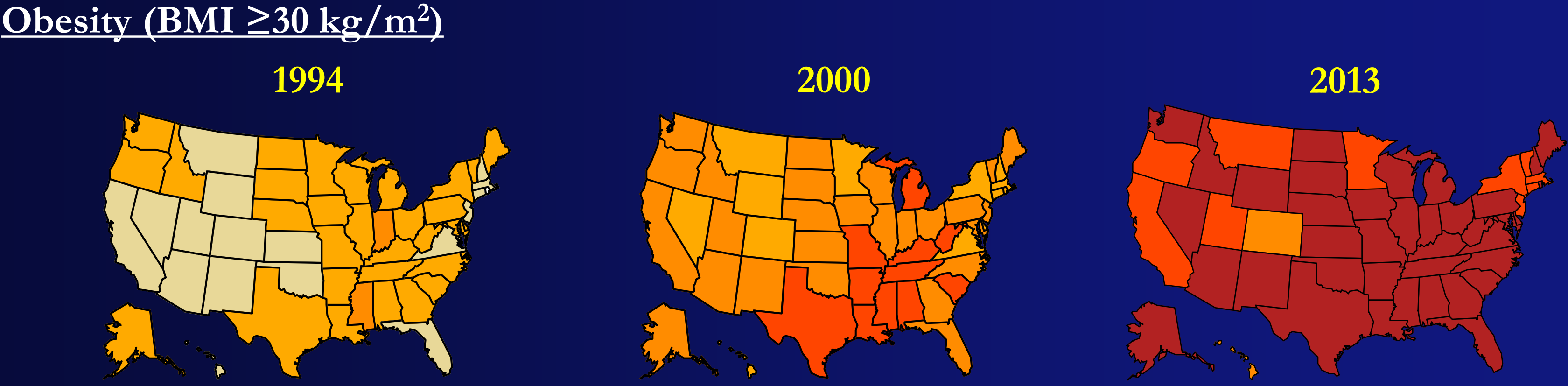
Rates of smoking among treatment staff in mental health and substance abuse facilities and programs are higher than other health care professionals:

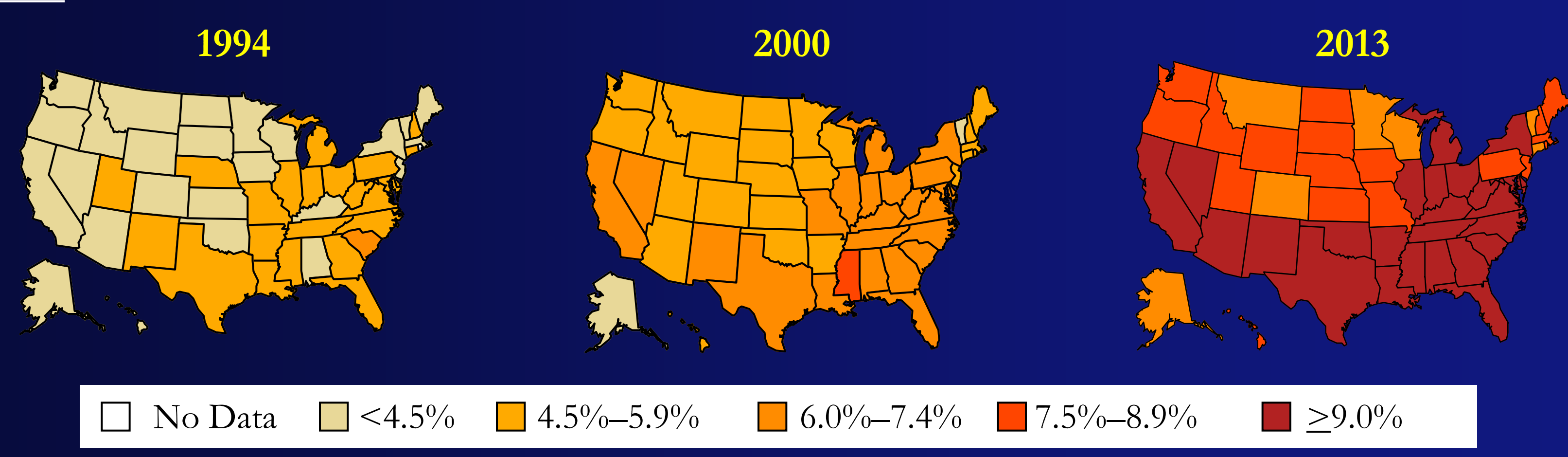
***	Primary Care Physicians	1.7 %
	Emergency Physicians	5.7 %
	Psychiatrists	3.2 %
	Registered Nurses	13.1 %
	Dentists	5.8 %
	Dental Hygienists	5.4 %
	Pharmacists	4.5 %

NASMHPD Research Institute, Inc. (2006). Survey on Smoking Policies and Practices for Psychiatric Facilities.

**** Strouse R, Hall J and Kovac M. Survey of Health Professionals' Knowledge, Attitudes, Beliefs, and Behaviors Regarding Smoking Cessation Assistance and Counseling. Princeton, N.J.: Mathematica Policy Research, Inc., 2004, 1-16.*

Age-adjusted Prevalence of Obesity and Diagnosed Diabetes Among US Adults





CDC's Division of Diabetes Translation. National Diabetes Surveillance System available at http://www.cdc.gov/diabetes/statistics

Suicide Prevention

- Suicide is the leading cause of violent deaths worldwide
- In the United States
  - Number of deaths by suicide in 2014: 42,773 suicides were reported (Centers for Disease Control and Prevention (CDC) Data & Statistics Fatal Injury Report for 2014)
  - Deaths per 100,000 population: 12.9
  - An average of 1 person every 12.3 minutes died by suicide.
- National Suicide Prevention Lifeline:

  1-800-273-TALK

Recovery from Mental Illness

- We realized if we did not address physical health, we could not address mental health.
  - People would not live long enough if we only addressed mental health.

Get Science and Data

- Review of Literature regarding Mental Illness
- If U.S. wants to improve health, cannot ignore mental illness
  - Mental Health is a chronic condition
  - Failure to address it can lead to high rates of disability, loss of productivity, and high costs to society
  - Medical Costs from people with depression
    - 2 to 4 times higher than costs for patients without depression

Mental Health **Health**

Identifying the Levers for Change

- We identified the target areas of smoking, obesity, and suicide as our levers for change.
  - They are within the operating system and effect quality of life and longevity
- Ideally, we would hope that we could empower Consumers to self-manage making healthy choices

Developed NASMHPD Medical Directors Council Reports on These Target Areas

can be accessed at

www.nasmhpd.org

Thirteenth in a Series of Technical Reports

Morbidity and Mortality in People with Serious Mental Illness

Editors:
Joe Parks, MD
Dale Svendsen, MD
Patricia Singer, MD
Mary Ellen Foti, MD

Technical Writer:
Barbara Mauer, MSW, CMC

National Association of State Mental Health Program Directors (NASMHPD) Medical Directors Council
66 Canal Center Plaza, Suite 302, Alexandria VA 22314
703-739-9333 FAX: 703-548-9517
www.nasmhpd.org

October 2006

http://www.nasmhpd.org/sites/default/files/Mortality%20and%20Morbidity%20Final%20Report%208.18.08.pdf

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

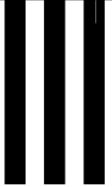
October, 2006

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

http://www.nasmhpd.org/sites/default/files/Oct2006%20Final%20Report%20on%20Smoking%20Policy%20and%20Treatment%20atState%20Operated%20Psychiatric%20Facilities.pdf

Fifteenth
in a Series of
Technical
Reports



Obesity Reduction & Prevention Strategies for Individuals with Serious Mental Illness

Editors:
Joe Parks, MD
Alan Q. Radke, MD, MPH

Technical Writer:
Thomas J. Ruter, MAPA

National Association of State Mental Health Program Directors
(NASMHPD) Medical Directors Council
66 Canal Center Plaza, Suite 302, Alexandria, VA 22314
703-739-9333 Fax: 703-548-9517
www.nasmhpd.org

October 2008

http://www.nasmhpd.org/sites/default/files/Obesity%2010-8-08.pdf

Fourteenth in a Series of Technical Reports

Suicide Prevention Efforts for Individuals with Serious Mental Illness: Roles for the State Mental Health Authority

Editors

David A. Litts, OD
Suicide Prevention Resource Center

Alan Q. Radke, MD, MPH
Minnesota Department of Human Services

Morton M. Silverman, MD
Suicide Prevention Resource Center

Writers

Thomas J. Ruter, MAPA
Minnesota Department of Human Services

Miriam Davis, PhD
Medical Writer and Consultant in Medicine to Massachusetts General Hospital

National Association of State Mental Health Program Directors
Medical Directors Council
66 Canal Center Plaza, Suite 302, Alexandria, VA 22314
703-739-9333 Fax: 703-548-9517
www.nasmhpd.org

March 2008

http://www.nasmhpd.org/sites/default/files/Technical%20Report%20on%20Suicide%20Prevention%20-%20March%2024%2C%202008.pdf

Smoking as an Example of How We Can Affect Policy Towards Promoting Wellness and Recovery

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)
- Less than ½ were tobacco free.

NASMHPD POSITION STATEMENT ON SMOKING POLICY AND TREATMENT AT STATE OPERATED PSYCHIATRIC HOSPITALS

Silently and insidiously tobacco sales and tobacco smoking became an accepted way of life not only in our society, but also in our public mental health treatment facilities.

Revenue from the sales of tobacco provides discretionary income for facilities. Smoke breaks for staff and patients has become an 'entitlement', deserved and protected, and one of the only times consumers can practice relating to each other and staff in a 'normalized' way. When, what, and how much to smoke are often the only choices consumers make as inpatients, reinforcing cigarette use by virtue of the autonomy it appears to allow. More troubling, cigarettes used as positive/negative reinforcement by staff to control consumer behavior. While taking seriously and treating illicit drug use by those with mental illness for some time, a substance far more deadly and pervasive, and used disproportionately by this population, has largely been ignored.

And now, a few words about tobacco. **It kills**. And, it kills those with mental illness disproportionately and earlier, as the leading contributor of disease and early death in this population.

A preponderance of evidence has clearly established the deleterious health effects of tobacco smoking and second hand or environmental tobacco smoke. Science as well as experiences in mental health facilities have also shown that tobacco smoking leads to negative outcomes for mental health treatment, the treatment milieu, overall wellness and, ultimately, recovery.

Smoking promotes coercion and violence in facilities among patients and between patients and staff. It occupies a surprising amount of staff and patient time that could be better used for more productive activities. It is a poor (and often only) substitute for practice in decision-making and relationship building and is inappropriate as a means to manage behavior within the treatment milieu. And, while smoking can be framed as the one 'choice' consumers get to make while inpatients, and a personal 'choice' for staff, it is critical to realize that *addiction is not a choice.*

But, quitting smoking is. While smoking has become more socially unacceptable and its prevalence has decreased in the general population, much needs to be done to assist those with mental illness who choose to quit. Currently, 59% of public mental health facilities allow smoking. If we agree that the goal shared by consumers and physicians for mental health is recovery, and that health and wellness is an integral part of that recovery, the issue of tobacco use in our facilities cannot be ignored.

As individuals committed to supporting health, wellness and recovery, and entrusted with the care and treatment of consumers and staff in our facilities and of limited public funds, we must act on what we know. Therefore, NASMHPD promotes recovery and will take assertive steps to protect all individuals from the effects of tobacco use in the public mental health system.

As physicians, we commit to educating individuals about the effects of tobacco and facilitating and supporting their ability to manage their own physical wellness. We will practice the 5 A's; ASKING individuals about tobacco use, ADVISING users to quit, ASSESSING their readiness to make a quit attempt, ASSISTING with that attempt and ARRANGING follow-up care.

As administrators, we will commit the leadership and resources necessary to create smoke free systems of care, provide adequate planning, time and training for staff to implement new policies and procedures, and ensure access to adequate and appropriate medical and psychosocial cessation treatment for consumers and staff alike.

As partners in the recovery process, we will work with individuals, national organizations and decision makers, public and private service providers, and other support systems to ensure that those who want to be tobacco free have access to continued cessation treatment and support in the community. Health and wellness is a shared responsibility. NASMHPD is committed to doing their part to assist individuals in improving their quality of life by going tobacco free and will continue to advocate for those with mental illness in their right and hope to be well in recovery.

Approved by the NASMHPD Membership on July 10, 2006

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.

Position Statement

- NASMHPD is committed to doing their 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.

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
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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?

Challenges: Questions and Answers

- Smoke breaks are one of the few opportunities we, as consumers, have to relate to staff as peers. Besides, smoking is our only pleasure. How can you take that away?
  - We appreciate that you want to spend time with staff outside of treatment. And we want to create healthy ways to do that. Smoking is an addiction. As a treatment facility, we can no longer support addiction by condoning smoking by consumers *or* staff. Furthermore we will work together, consumers and staff, to create new activity choices and opportunities that are both fun *and* healthy.

Questions and Answers (cont.)

- Smoking calms down consumers. When they can't smoke, won't we experience complete mayhem?
  - Banning smoking in psychiatric hospitals actually *reduces* mayhem. Facilities that do not allow smoking report fewer incidents of seclusion and restraint and reduction in coercion and threats among patients and staff.

Questions and Answers (cont.)

- Smoking is a personal choice. How can you take that away without some serious collective bargaining?
  - Historically unions have fought for *safe working conditions*. Internal documents show that tobacco companies have strategically marketed worker messages expounding upon the *right to smoke*. Yet, knowing cigarettes are loaded with toxic chemicals including 60 known carcinogens, I'd rather we expend out energy working together on safety and health.

Smoking Not Permitted

- Average duration of no-smoking status = 44 months
- 84% of no-smoking facilities were able to make the transition to smoke-free in a year or less
- 83% of no-smoking facilities converted from smoking establishments since 2000

Smoking Not Permitted

Most cited motivators while changing to no-smoking facility:

- Promoting a healthier environment
- Promoting healthier lifestyles
- More time for active treatment and improved group attendance
- Less incidents and fire dangers
- State requirements

Smoking Not Permitted

Most cited obstacles while changing to no-smoking facility:

- Tobacco products now considered contraband
- Resistance from staff (both smokers and non-smokers)
- Resistance from patients
- Staff concerns regarding patients acting aggressively towards policy

Smoking Not Permitted

Most cited advantages to becoming no-smoking facility:

- Health of patients have improved
- Grounds/environment are cleaner
- Decrease in behavioral problems related to smoking habits
- More time for treatments
- Increase in staff satisfaction
- Less violence

Smoking Not Permitted

Disadvantages to becoming no-smoking facility:

- Increase of contraband/creating a black market
- Staff and patients are still resistant
- New admission nicotine withdrawal
- More “police work” for staff regarding searches

Smoking Permitted

Most cited motivators to continue to allow smoking:

- Patient rights
- Decrease agitation in patients
- Used in de-escalation of some situations
- Smoking is used as reward or incentive to comply with staff

Smoking Permitted

Most cited obstacles to change:

- Staff fear patients reaction
- Patient advocacy groups and patient rights
- Fear of change
- Staff resistance
- Opposition from staff who smoke

Smoking Permitted

Most cited issues smoking facilities would like information on:

- Facilities who have made successful transitions
- Smoking elimination techniques
- A model of a non-smoking facility in a tobacco state

Highlighted Facility Experiences

Decreased Violence

- Review of findings from 26 international studies reporting effectiveness of smoking bans in inpatient psychiatric settings
  - More problems anticipated than occurred
  - No increase in aggression
  - No increase in use of seclusion
  - No increase in discharges AMA
  - No increase in use of as-needed medication

Decreased Violence

- Texas Experience
  - Vernon State Hospital
    - Significant decline in number of sick call, disruptive behaviors and verbal aggression
  - Wichita Falls State Hospital
    - Decreased episodes of physical and verbal aggression
    - Decrease in injuries to patients and staff
- North Coast Behavioral Healthcare Facilities in Ohio
  - Decreased violence

Costs and Benefits

- Oklahoma Department of Mental Health and Substance Abuse Services (seven mental health and four residential substance abuse facilities)
  - Employees
    - $25,000 for nicotine replacement products for 375 employees (one-time expense)
  - Consumers
    - $100,000 annual, ongoing expenditure (8,864 consumers) for nicotine replacement products
    - $2500 for signs and posters (one-time expense)
  - Maintenance work

Costs and Benefits

- Ohio- three of nine state facilities went smoke free in 2003
  - $14,000 to $20,000 lost annually from cigarette sales at AVI at Northfield (supported patient entertainment fund
  - Wellness Coordinator hired for each facility
  - Smoke detectors purchased with voice reminder system

No Smoking Policies

- State law, employee feelings, labor union positions need to be taken into account
- Should be implemented across the board
- Consumer violation should be treated as a treatment issue
- Staff violation should be treated as a personnel issue

Individual Rights and Public Health

- Limitation of ‘absolute’ freedom
- Spending taxpayer’s dollars wisely
- Protecting from second hand smoke
- Supporting health, wellness and recovery

Barriers to Going Tobacco Free – "Not Low Hanging Fruit"

- Previous and long term culture in facilities
- "Patients Rights"
  - Legal implications
- Rationalizing camaraderie with smoking
- Addiction
  - 80% of those who smoke want to quit and can't

Implementing Policies Takes Leadership and Partnerships Using Multiple Venues

- Values, Leadership, Vision, and Goals
- Smoking Position Statement
  - Consensus as an organization
  - Starts with Board of Directors
- Discussion on Information and Recommendations from the Reports at NASMHPD meetings
- Embedded in NASMHPD Priorities and Actions
- Meetings with Leadership counterparts (Health Officers, Disability Directors, Substance Abuse Directors, Older Persons Directors)

Results-Policy

Number of facilities by smoking policy for 2011

	Prohibit	Allow
Percent	79%	21%
n	n=131	n=34

Y-axis: 0% to 100%

79% non-smoking

In conclusion

- We tend to identify those issues that by impacting them, we improve the lives of people with mental illness the most
- To affect the mortality and morbidity of people with mental illness, we are currently concentrating on smoking, obesity, diabetes, suicide, health status
- It takes values, science, leadership, vision, goals, partnership, and identifying the venues and stakeholders to move the message and the policy.
- As always, there’s lots of work to do, but getting on the same page across multiple venues is half the battle.

“To Smoke or Not to Smoke”

By Bill Newbold

“Once there was money to smoke and time to waste but now the days are shorter and my life too.”

“I am free of the addiction and now it is time to help others free themselves from the smoking.”

WISDOM

Sometimes the Only Difference Between a Budding Genius and a Blooming Idiot is Where They Choose to Take a Stand.