Quitlines CAN Provide Tobacco Cessation Services to Those with Mental Illness

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Background

Tobacco use remains the leading preventable cause of morbidity and mortality in the United States, accounting for approximately 1 in 5 deaths annually. It is estimated individuals with serious mental illness (SMI) are 2- to 3-times more likely to smoke than their peers in the general population and in Arizona, individuals with SMI die an average of 31 years earlier - relative to an average 25 year discrepancy in the national population.

One way to reduce this discrepancy is to ensure tobacco users have access to evidence-based treatments for tobacco dependence; however, at present the mentally ill are not being linked to treatment services at the same rate as the general population.

A primary goal of the Communities Putting Prevention to Work (CPPW) intervention was to increase referral rates for Arizonans with SMI to the quitline for treatment. To accomplish this, a system-level provider intervention was implemented with the two Regional Behavioral Health Authorities (RBHAs) serving the largest metropolitan areas in Arizona: Magellan (60%) and the Community Partnership of Southern Arizona (CPSA) (15%).

Intervention

A total of eight behavioral health provider networks, four belonging to each participating RBHA, were targeted for a system-level intervention to increase referrals to the quitline for individuals with SMI. Staff at the targeted provider networks received a 30-minute In-Service addressing the Ask, Advise, Refer (AAR) model for brief tobacco interventions. Information and statistics were also provided on tobacco use and resulting health disparities among SMI. Staff were trained to:

- Ask clients about their tobacco use status,
- Advise tobacco using clients about the dangers of tobacco use and the benefits of quitting, and
- Refer those interested in additional support to the Arizona Smokers’ Helpline.

Outcomes

Ask, Advise, Refer (AAR) In-Services were provided staff at 100% of participating RBHA provider networks (N=8). A Chi-square test revealed statistically significant growth in referral numbers over the intervention period, relative to the year prior to the intervention (P<.001).

Refrerrals from Targeted Provider Networks and Control Sites

<table>
<thead>
<tr>
<th>Referrals</th>
<th>Pre-Intervention</th>
<th>Intervention Period</th>
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</thead>
<tbody>
<tr>
<td>Targeted provider networks</td>
<td>6</td>
<td>1065</td>
</tr>
<tr>
<td>Control sites</td>
<td>12509</td>
<td>14289</td>
</tr>
</tbody>
</table>

An evaluation of enrollment and coaching data indicated that there was a significant difference in referral and insurance status for those with SMI, but utilization of services was not significantly different.

Conclusions

Tobacco users are more likely to quit when they receive evidence-based treatment to help them succeed. Provider referrals are a highly effective means of increasing access to treatment. The outcomes of this CPPW intervention suggest targeting and training behavioral health professionals to deliver brief tobacco interventions utilizing the Ask, Advise, Refer model can significantly increase referral rates for individuals with serious mental illness. Improving access to free tobacco cessation treatment services increases the likelihood tobacco users with serious mental illness will get the support and services they need in order to quit successfully and live longer, healthier lives.

Funding

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References