

The importance of social connections: Innovative approaches for reducing tobacco use among adults with mental illness

- Marc S. Budgazad, MA, NCTTP, Tobacco Treatment Specialist
- Jon Marrelli, PsyD, Program Manager, Behavioral Health and Primary Care Integration



CFHA Annual Conference
October 17-19, 2019 • Denver, Colorado

Faculty Disclosure

The presenters of this session have NOT had any relevant financial relationships during the past 12 months.

Conference Resources

Slides and handouts shared by our conference presenters are available on the CFHA website at

https://www.cfha.net/page/Resources_2019


and on the conference mobile app.



Learning Objectives



At the conclusion of this session, the participant will be able to:

- Identify the prevalence and disparities of tobacco use among adults with mental illness (MI)
 - Describe the components of the Mental Health (MH) Recovery model to foster wellness among individuals with mental illness and tobacco use
 - Integrate key social components of recovery to enhance the efficacy of evidence-based tobacco cessation treatments for adults with MI
- 

Bibliography/References


1. Compton, W. (2018). The need to incorporate smoking cessation into behavioral health treatment. *The American Journal on Addictions*, 27(1), 42–43.
2. Jones, S. M. W., & Ludman, E. J. (2018). Factor structure and sensitivity to change of the Recovery Assessment Scale. *The Journal of Behavioral Health Services & Research*, 45(4), 690–699.
3. Okoli, C. T. C., El-Mallakh, P., & Seng, S. (2018). Which types of tobacco treatment interventions work for people with schizophrenia? Provider and mental health consumer perspectives. *Issues in Mental Health Nursing*.
4. Pettey, D., & Aubry, T. (2018). Tobacco use and smoking behaviors of individuals with a serious mental illness. *Psychiatric Rehabilitation Journal*, 41(4), 356–360.
5. Salzer, M. S., & Brusilovskiy, E. (2014). Advancing recovery science: Reliability and validity properties of the Recovery Assessment Scale. *Psychiatric Services*, 65(4), 442–453

Learning Assessment

- A learning assessment is required for CE credit.
- A question and answer period will be conducted at the end of this presentation.

Overview for Today



- Data was collected on mental health (MH) recovery for a quality improvement project which targeted physical health and tobacco use for psychiatric patients within a mental health clinic.
 - We used this preliminary data to inform and implement evidence based tobacco cessation interventions, with a particular emphasis on the role of social connection for this population
 - Case examples using innovative approaches
- 


Tobacco Use among Psychiatric Patients



Prevalence of tobacco use among adults with mental illness is greater than twice that of the general population

Tobacco related illnesses are the leading cause of premature death

Success for tobacco cessation is enhanced by:

- Providers' advice to quit smoking
 - Greater duration and frequency of treatment (e.g., counseling)
 - Use of NRT and smoking cessation medications
 - Treatment of co-occurring psychiatric symptoms and psychosocial stressors
- 

Mental Health (MH) Recovery

- As part of a larger project, data was collected on mental health recovery scores for those with mental illnesses who enrolled in a primary care health program within a mental health clinic.
- An increased focus on mental health recovery within the field
- Recovery not well defined, but understood to be a process of change through which individuals improve their health and wellness, build on strengths, and strive to reach potential across multiple domains, beyond simply the alleviation of psychiatric symptoms (SAMHSA, 2010).
- Departure from traditional psychiatric model – not just treating/managing symptoms but building resilience and providing skills and support beyond medications
- There are 5 dimensions of mental health recovery, as measured by the Recovery Assessment Scale (RAS; Giffort et al., 1995). The RAS is a self-report tool that is one of the most widely used measures of recovery and considered the most valid (Law et al., 2012).
 - Personal Confidence and Hope
 - Willingness to ask for Help
 - Goal and Success Orientation
 - Reliance on Others (actors related to ability to reach out to others for help)
 - Not Dominated by Symptoms

MH Recovery and Tobacco Use



- Key objective:

How does MH Recovery among adults with mental illness relate to tobacco use?



Methods

Clinic patients enrolled in a 12-month integrated medical and behavioral health program, over a 4 year period

Medical Screenings

- Breath Carbon Monoxide (CO) (CO>5ppm indicative of smoking)

Client-level National Outcomes Measures (NOMs; SAMHSA)

- Demographics (e.g., sex, ethnicity, age)
- Tobacco use: self report of past 30 day tobacco use frequency

Mental Health (MH) Recovery

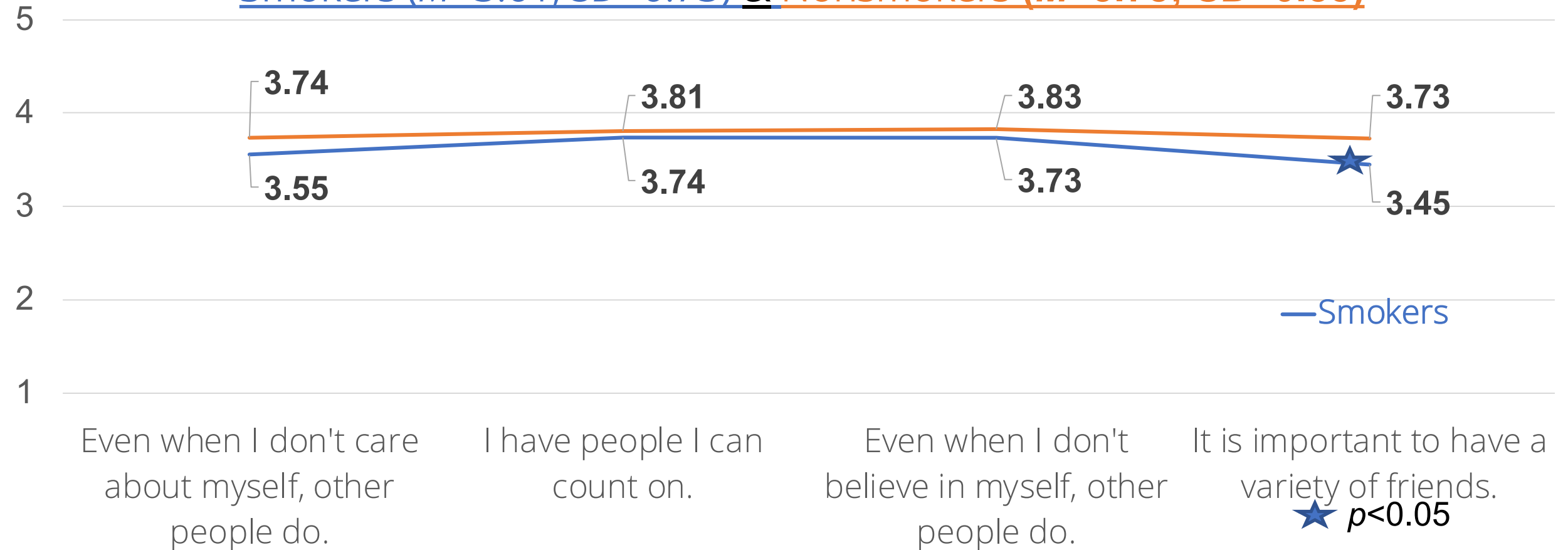
- Recovery Assessment Scale-22 (RAS-22; Corrigan et al., 1999)

Results

- Baseline data for patients ($N=368$)
 - 70% Female; 79% Hispanic; 68% 45-64 years old
 - 28% ($n=103$ of 368) were current tobacco users
- Mean MH Recovery Subscale Scores (Tobacco Users versus Nonusers)
 - Personal Confidence and Hope
 - Willingness to ask for Help
 - Goal and Success Orientation
 - Reliance on Others* [$t(366)=2.14$, $p=0.033$]
 - Not Dominated by Symptoms

RAS Reliance on Others Subscale


Smokers ($M=3.61$; $SD=0.73$) & Nonsmokers ($M=3.78$; $SD=0.53$)



RAS Reliance on Others Subscale Items (Cronbach's $\alpha = 0.72$)

Takeaways

Reliance on others is a distinguishable psychosocial characteristic of tobacco users with mental illness, which can be targeted by standard tobacco cessation treatment

Compulsive tobacco use  Social impairment & isolation

Role of providers: Corrective social experiences, help expand and enhance patients' social network, enlist family support


Innovative approaches enhancing social connectedness



Case 1


- Ms. G's attendance to "Tobacco Awareness" classes

Case 2



- Ms. R's behavioral health team (tobacco treatment specialist, psychiatrist, therapist)
- 

Discussion



- Higher prevalence of tobacco use and tobacco use disorder persist among adults with mental illness
 - There is a bidirectional nature to the relationship between tobacco use, and perceived lack and value of social connection
 - Tobacco cessation interventions should be tailored for individuals with mental illness and in ways which specifically enhance interpersonal connection
- 

Q&A



Session Survey

Use the CFHA mobile app to complete the survey/evaluation for this session.

THANK YOU!



Join us next year in Philadelphia, Pennsylvania! Thank you!