

Tobacco Policies and Practices of Mental Health Providers

In the summer of 2008, the Missouri Institute of Mental Health, through a grant with the Missouri Foundation for Health, conducted an analysis of tobacco policies of agencies funded by the Department of Mental Health. Agencies funded by the Divisions of Alcohol and Drug Abuse (ADA), Comprehensive Psychiatric Services (CPS), and the Division of Developmental Disabilities (DD) participated in the study, which consisted mainly of an on-line survey regarding tobacco policies, current practices and future intentions. Sixty-eight (68) agencies funded by either ADA or CPS responded to the survey. Findings from a similar survey of agencies providing services to persons with developmental disabilities (DD) providers are reported separately.

SUMMARY OF FINDINGS

- Almost all (97%) prohibit indoor smoking altogether.
- Policies prohibiting indoor smoking but allowing smoking in designated areas are most common. Around 1/5 of all agencies have policies prohibiting indoor and outdoor smoking completely.
- While almost half of agencies prohibit indoor and outdoor use of smokeless tobacco, around 18% do allow indoor use, far more agencies than those that permit indoor smoking.
- Around half of all agencies plan on making changes to their tobacco policies and/or practices in the future. Planned changes include going smoke free, providing information about tobacco cessation treatment, referrals to tobacco cessation programs and education on tobacco use harm.
- For those agencies that have made changes or are planning on making changes to their tobacco cessation policies, *by far* the greatest barriers were client and staff resistance to change.
- Around half of all agencies reported client tobacco use rates over 60%.
- Around half of all providers assess tobacco use as a matter of routine, but only around 15% require that staff develop a strategy for clients regarding tobacco cessation.
- Referrals to tobacco cessation programs, informational brochures and referrals to quitlines are the most common tobacco-related services offered by agencies. Around 1/3 offer individual counseling on tobacco cessation, and around 25% offer nicotine replacement patches. Other nicotine replacement therapies were less common.
- Of agencies that provide cessation services, around 60% have no financial resources to pay for these services. Around 20% pay for services themselves; other resources include Medicaid, Medicare, and private insurance.
- Around 10% of agencies offer tobacco cessation sessions on a frequent basis (weekly or more often).
- Almost 70% of agencies would be interested in some kind of technical assistance on tobacco cessation. Training clinicians in supporting a smoke free lifestyle and training on tobacco cessation programs, followed by addressing staff tobacco use were the most common requests.

DETAILED FINDINGS

Provider Characteristics

- Around one-third of all providers who responded to the survey are Community Mental Health Centers (CMHCs), most of which provide an array of prevention, treatment and recovery services for persons with mental illness and/or substance abuse issues. Around 16% are non-CMHC state-funded agencies that provide residential and out-patient substance abuse treatment services. Around 13% of agencies are out-patient facilities, 10% are residential care facilities (not state facilities), and the remainder include recovery and supported living organizations, substance abuse prevention agencies, detox facilities, and referral agencies.
- Agencies responding to the survey predominantly provide services in the areas of substance abuse prevention, substance abuse treatment, substance abuse recovery, mental health treatment, and mental illness recovery.
- Almost all agencies serve adults under 65, around 65% serve those over 65, around 50% serve teenagers and 41% serve children under 12.
- Most agencies (81%) receive funding from the Division of Alcohol and Drug Abuse (ADA), around half (46%) receive funding from the Division of Comprehensive Psychiatric Services (CPS), and 10% receive funding from the Division of DD in addition to funding received from either ADA or CPS.

Smoking Policies

Table 1 displays agency smoking policies.

- Almost all (97%) do not allow indoor smoking.
- Around one-fifth (21%) have completely smoke-free workplaces.
- 34% ban tobacco use except in designated outdoor smoking areas.
- 25% only allow tobacco use anywhere outside on agency property.

Variations in policies for consumers and staff are minimal.

TABLE 1
MENTAL HEALTH AGENCY SMOKING POLICIES
(N=67)

Policy	%
Smoke free indoors, smoke-free outdoors except for designated smoking areas.	37%
Smoke-free indoors, smoking allowed outdoors any where on property.	28%
Smoke-free indoors and outdoors, with no designated smoking areas.	22%
Smoke-free indoors and outdoors for staff, designated outdoor smoking for clients.	9%
Smoke-free indoors except in designated smoking areas. Smoking allowed outdoors anywhere on agency property.	2%
Smoke-free indoors in designated areas for employees only; smoking allowed outside for both clients and employees.	2%
Other policy	8%

Smokeless Tobacco Policies

Indoor policies related to smokeless tobacco (chew, dip, snuff) are a little less restrictive than smoking policies, with 18% of agencies allowing indoor use. Interestingly, smokeless tobacco is banned both indoors and outdoors at 43% of agencies, compared to only 22% that have smoke-free policies. Around 40% allow their clients to use smokeless tobacco outdoors only.

Daily Tobacco Use

Almost three-fourths of all agencies report high use rates among their clients (40% of consumers or more). Seventeen percent of agencies reported that almost all (81%-100%) of clients smoke regularly (see Table 2). Tobacco use among staff is considerably lower; with no agencies reporting high smoking rates (see Table 3).

TABLE 2
PERCENT OF AGENCIES WITH CLIENTS WHO ARE
DAILY TOBACCO USERS (N=67)

% of agencies where there are no clients who smoke	3%
% of agencies with 20% or fewer clients who smoke	6%
% of agencies with 21-40% of clients who smoke	20%
% of agencies with 41-60% of clients who smoke	23%
% of agencies with 61-80% of clients who smoke	32%
% of agencies with 81-100% of clients who smoke	17%

TABLE 3
PERCENT OF AGENCIES WITH STAFF WHO ARE DAILY TOBACCO USERS (N=67)

% of agencies where there are no staff who smoke	9%
% of agencies with 20% or fewer staff who smoke	38%
% of agencies with 21-40% of staff who smoke	39%
% of agencies with 41-60% of staff who smoke	14%
% of agencies with 61-80% of staff who smoke	0%
% of agencies with 81-100% of staff who smoke	0%

Provider Assessment, Training and Cessation Services

Around half (51%) of all providers assess tobacco use as a matter of routine, but at only nine agencies, (14%), is staff required to develop a strategy for clients regarding tobacco cessation. Table 4 below lists the many ways in which clients and staff receive tobacco cessation assistance. With the exception of individual and group counseling, differences in assistance for clients and staff were minimal.

Referrals to tobacco cessation programs were most frequently mentioned, followed by pamphlets, brochures and referrals to quit smoking websites. More direct approaches included individual and group sessions with clinical staff and nicotine replacement therapies. The most common nicotine replacement therapy used was the nicotine patch, followed by nicotine gum, Zyban and Chantix.

TABLE 4
PROVIDER TOBACCO CESSATION SERVICES FOR CLIENTS AND STAFF (N=67)

Tobacco Cessation Resources	Percentage of Agencies	
	Clients	Staff
Referrals to tobacco cessation programs	59%	53%
Pamphlets/brochures describing harm from tobacco use	45%	44%
Pamphlets/brochures on tobacco cessation approaches	42%	40%
Referrals to quit smoking websites	38%	42%
Individual sessions with clinical staff	33%	7%
Referrals to quit lines	27%	23%
PATCH (Nicotine Replacement Therapy)	25%	19%
Group sessions with clinical staff	14%	7%

GUM (Nicotine Replacement Therapy)	14%	16%
Pharmacotherapy - Zyban (bupropion)	14%	10%
Pharmacotherapy - Chantix (varenicline)	11%	8%
Lozenges (Nicotine Replacement Therapy)	9%	8%
Inhaler (Nicotine Replacement Therapy)	5%	5%
Hypnosis	3%	2%
Spray (Nicotine Replacement Therapy)	3%	5%
Pharmacotherapy – Other	3%	8%
None of the above	16%	28%

Community Resources

Respondents were asked where consumers were referred to in the community for tobacco cessation assistance. The greatest percentage (44%) referred clients to specific tobacco cessation programs. Other resources included local health centers (33%), quit lines (24%), private physicians (21%), community mental health centers (18%) and outpatient services at hospitals (18%). Sixteen percent do not refer their clients to any outside resources.

Financial Assistance

Among agencies that do supply smoking cessation treatments for clients, 33 of 54 (61%) reported that they do not provide any financial assistance. Medicaid is used to cover costs at seven agencies; Medicare is used at three agencies; private insurance is used at five agencies; the agency itself covers the costs in eleven agencies. Nine agencies reported other means of getting funding.

Frequency of Smoking Cessation Sessions

When asked how often smoking cessation sessions are offered to the clients, 26 agencies (46%) indicated that none were offered. One of the agencies offers sessions daily; five offer sessions weekly; one offers sessions bi-weekly; three agencies offer sessions monthly; one offers sessions bi-monthly; and 12 agencies offer sessions as requested by the client.

Changes to Current Tobacco Policy

Around half of all agencies plan on making changes to their tobacco policies and/or practices in the future. Planned changes include going smoke free, providing information about tobacco cessation treatment, referrals to tobacco cessation programs and education on tobacco use harm. Most agencies reported that the changes would apply to both consumers and staff.

TABLE 5
INTENDED CHANGES TO POLICY AND/OR PRACTICE
(N=67)

	Percent
None	50%
Go smoke free entirely (indoors and outdoors)	18%
Offer information about tobacco cessation treatment therapies/medications	18%
Refer to tobacco cessation programs	14%
Offer systematic education on harm from tobacco use	14%
Offer group/individual counseling	13%
Move to regular assessment of tobacco use	9%
Pay for tobacco cessation treatment therapies/medications (including nicotine replacement, Zyban, Chantax, and other medications)	7%
Create designated smoking areas outdoors	5%
Refer to group/individual counseling	5%
Eliminate smoking indoors entirely	4%
Create designated smoking areas indoors	2%
Other	11%

Barriers to Policy Change

For those agencies that have made changes or are planning on making changes to their tobacco cessation policies, *by far* the greatest barriers are client and staff resistance to change, followed by costs. (see Table 6).

TABLE 6
BARRIERS ENCOUNTERED WHEN CHANGING SMOKING
POLICY
(N=68)

Barrier	%
Resistance from clients who smoke	55%
Resistance from employees who smoke	49%
Financial Costs	26%
Not a priority for organization	16%
No barriers	16%
Limited capacity or untrained staff	12%
Other	12%

Awareness of Additional Resources

Recently, there have been toolkits produced to address tobacco use cessation in the health field. Around 70% of agencies were not aware of any toolkits. Twenty-six percent (or 16 agencies) were aware of the NASMHPD Toolkit on “Tobacco-Free Living in Psychiatric Settings: A Best Practices Toolkit Promoting Wellness and Recovery.”

Request for Technical Assistance

Almost 70% of agencies would be interested in some kind of technical assistance. Training clinicians in supporting a smoke free lifestyle and training on tobacco cessation programs, followed by dealing with staff tobacco use were the most common requests.

TABLE 7
INTEREST IN TECHNICAL ASSISTANCE
(N=68)

Type of Technical Assistance	%
Training clinicians in supporting smoke-free lifestyle	53%
Training on tobacco cessation programs	53%
Dealing with staff tobacco use	32%
I am not interested in technical assistance	31%
Creating a smoke-free environment	26%
Dealing with tobacco contraband	18%

