

INTRODUCTION

•Compared to the US general population, people with mental illnesses (MI) experience disproportionate rates of tobacco use and related burden due to gaps in tobacco treatment provision (see Figure 1). According to CDC estimates, adults with MI consume 41 % of all the tobacco products in US. Rates of tobacco use are even higher (up to 74% or greater) among individuals with serious MI such as schizophrenia.

• Despite the existence of clinical guidelines for treating tobacco dependence, few providers in behavioral health settings deliver tobacco treatment. Though opportunities exist for enhancing tobacco-free environments and evidence-based tobacco treatment in behavioral health settings, few facilities in the US adopt such policies.

•Understanding factors that promote or hinder the delivery of evidence-based tobacco treatment in behavioral health settings is critical in guiding the development of tailored interventions to address tobacco use disparity and related burden in this vulnerable population.

METHODS

•We administered an electronic survey to 14 community mental health centers (CMHCs) in Kentucky, to assess their existing tobacco control practices and capacity for evidence-based tobacco treatment.

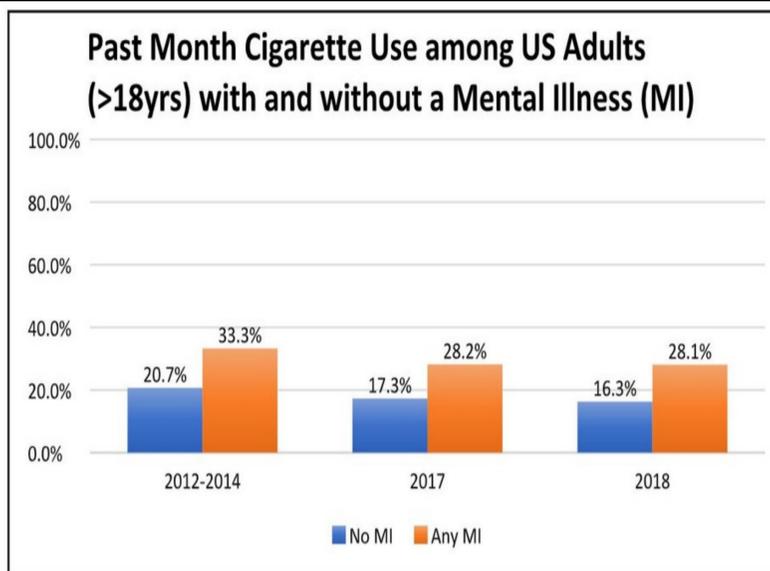


Figure 1: Proportion of tobacco use among US adults

Date Sources:

1. Substance use and mental Health Services Administration, Center for Behavioral Health Statistics and Quality Report, 2017, https://www.ncbi.nlm.nih.gov/books/NBK430654/pdf/Bookshelf_NBK430654.pdf
2. The National Survey on Drug Use and Health, 2017, <https://www.samhsa.gov/data/sites/default/files/nsduh-ppt-09-2018.pdf>
3. The National Survey on Drug Use and Health, 2018, https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/Assistant-Secretary-nsduh2018_presentation.pdf

RESULTS

- A majority of the CMHCs reported having a written policy restricting or prohibiting use of tobacco products (82.4%), however, few highlighted the impact of tobacco use on physical (18.2%) and mental (8.8%) health. Only a few of the CMHCs reported providing tobacco treatment services to their clients (28.3%). Furthermore, more than half of the CMHCs endorsed that they needed training in tobacco free policies (50.9%), tobacco treatment specialist courses (55.0%), and desired resources on community tobacco treatment referral (66.7%) as summarized in table 1. Though a majority of the providers asked their clients all the time or often about their tobacco use, more than half of the providers did not advise, assess, assist, and arrange or refer for tobacco treatment services as summarized in figure 1.

	n	%
Provider Role		
Manager/ Supervisor	82	51.6
Staff Member	49	30.8
Healthcare Provider	28	17.6
Facility has "No Smoking" signs displayed	92	57.9
Facility has a written policy restricting tobacco product use	131	82.4
• Policy highlights impact of tobacco use on physical health	29	18.2
• Policy highlights impact of tobacco use on mental health	14	8.8
Facility provides tobacco treatment services	45	28.3
Facility interested in training on tobacco free policy	81	50.9
Facility interested in tobacco treatment specialist training	88	55.3
Facility interested in community tobacco treatment referral resources	106	66.7

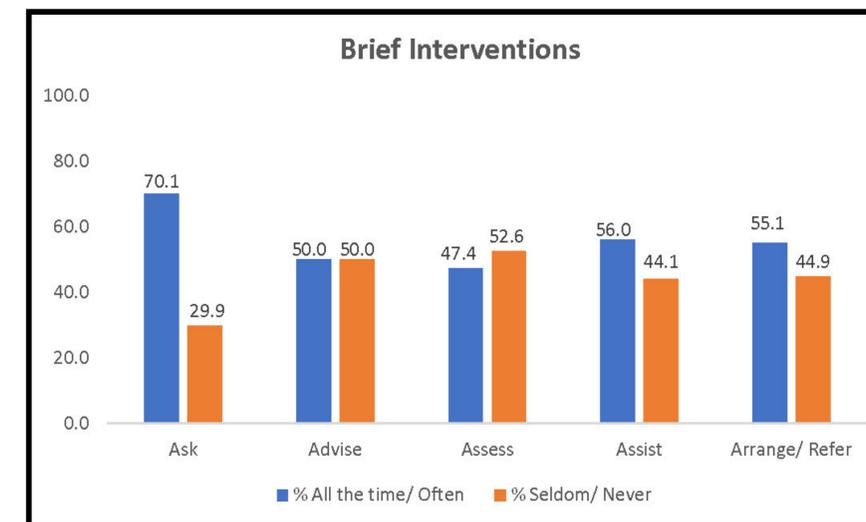


Figure 2 : Provider delivery of brief interventions for tobacco treatment.

CONCLUSIONS

•Our findings suggest the importance of utilizing existing opportunities to support tobacco control policies and treatment practices in Kentucky CMHCs.

•Tobacco users with MI are capable of successfully quitting their tobacco use with adequate support from behavioral health providers. Thus, it is important to encourage and utilize opportunities for increasing provider delivery of evidence-based tobacco treatment in behavioral health settings.

•It is important to provide continued technical assistance to CMHCs to support their design, adoption and implementation of comprehensive tobacco-free policies that highlight the impact of tobacco use on both physical and mental health to reduce the disproportionate rates of tobacco use and related burden among their clients experiencing behavioral health challenges.

REFERENCES

1. Wang TW, Asman K, Gentzke AS, et al. Tobacco Product Use Among Adults - United States, 2017. MMWR Morbidity and mortality weekly report. 2018;67(44):1225-1232.
2. Centers for Disease Control and Prevention. Cigarette Smoking Among U.S. Adults Lowest Ever Recorded: 14% in 2017. <https://www.cdc.gov/media/releases/2018/p1108-cigarette-smoking-adults.html>. 2018.