



COMMUNITIES PUTTING PREVENTION TO WORK

CHICAGO TOBACCO PREVENTION PROJECT

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Senior Director, Programs
Respiratory Health Association

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Agenda

- Overview of Chicago Tobacco Prevention Project (CTPP)
- Rationale for working within the behavioral health community
- Strategies
- Key lessons learned
- Survey
- Partnership with Mental Health America of Illinois



About RHAMC

Respiratory Health Association of Metropolitan Chicago has been a local public health leader since 1906. Today, the association addresses asthma, COPD, lung cancer, tobacco control and air quality with a comprehensive approach involving research, education and advocacy activities.

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Tobacco Control in Chicago

- Smoke-free Chicago, 2006
- Smoke-free Cook County, 2007
- Smoke-free Illinois, 2008
- Combined state (\$0.98), county (\$2.00) and city (\$0.68) cigarette tax of \$3.66
- Illinois Coalition Against Tobacco
- Chicago Tobacco Prevention Project

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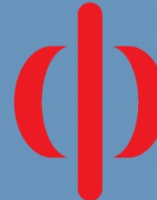


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Smoking rates in Chicago

Behavioral Risk Factor Surveillance Survey data for current adult smokers in Chicago:

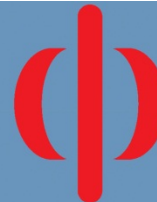
- 2009: 19.4%
- 2008: 22.4%
- 2007: 21.9%



CTPP Community Strategy

Target vulnerable populations who smoke at higher-than average rates with comprehensive programming that includes policy changes and cessation support services.

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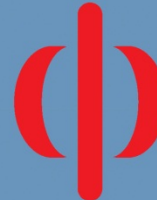


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Populations Served

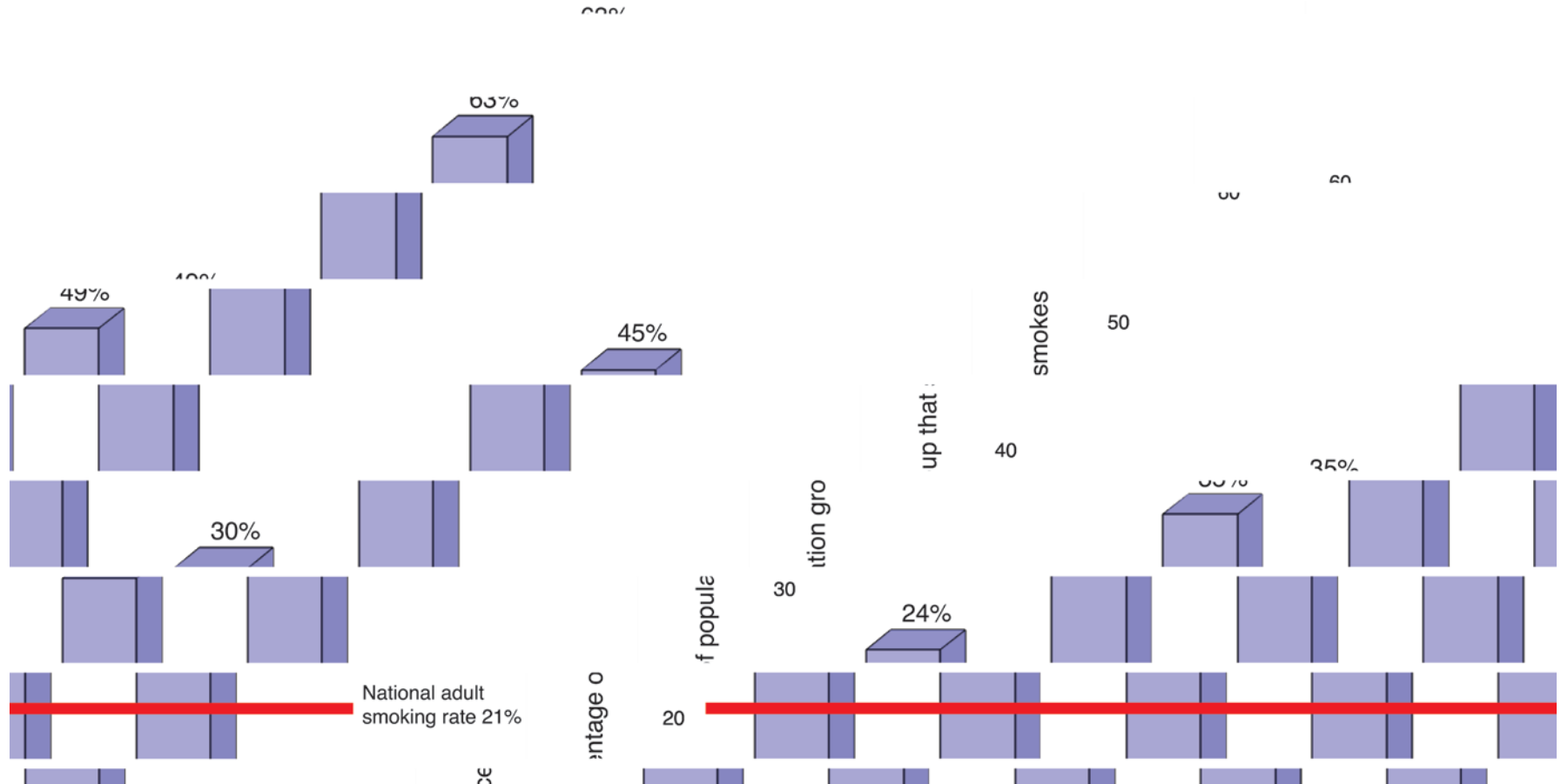
- Low income
- **Individuals living with mental illness**
- **Individuals with substance use disorders**
- Adults with developmental disabilities
- ***Homeless***
- African American
- Youth
- ***Veterans***
- Food service workers
- LGTBQ
- Polish American
- Women: Pregnant and of Childbearing Age
- Asian American
- Hispanic/Latino

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Smoking rates among vulnerable groups



The Issue

- Account for nearly half of tobacco-related deaths annually
- Nearly half of the cigarettes smoked in the US
- Smoking rates 2-4 times higher
- Smoking often times a part of the culture within the institutions
- Smoking may contribute to the worsening of mental illness
- Affects substance use treatment
- Clients want to quit and can quit



Strategies Used to Engage Behavioral Health Community

4 prong approach:

- Participate in coalitions addressing mental illness and substance use
- Partner with larger behavioral health organizations to outreach to the community
- Engage individual organizations
- Grants to some organizations

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Proposed Interventions within Behavioral Health Community

A comprehensive approach that includes:

- Implementation of smoke-free campus policies
- Integration of tobacco cessation into practice
 - Courage to Quit
 - Ask.Advise.Refer
 - Include resources for both staff and clients

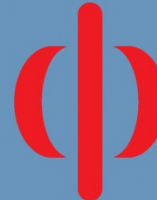
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Smoke-free campus policies

- Prohibit smoking in and around the facility for clients and staff
- Policies can help facilitate treatment by changing the overall environment and culture
- Support staff and clients trying to quit
- Emphasize benefits of quitting
- Reduces exposure to secondhand smoke



Ask.Advise.Refer

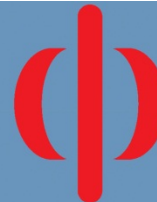
- Ask about tobacco use; include questions at intake
- Strongly advise clients to quit
- Refer to resources
 - Onsite resources
 - Tobacco quitline



Courage to Quit

- A comprehensive tobacco treatment program developed by RHAMC and Dr. Andrea King from University of Chicago
- Can be delivered to groups or individuals, in community settings, healthcare settings or worksites
- Flexible; content can be customized

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Some of our partnerships

- Mental Health America of Illinois
- Catholic Charities
- Women's Treatment Center
- Caritas
- Beacon Therapeutic
- A Safe Haven Foundation
- Trilogy

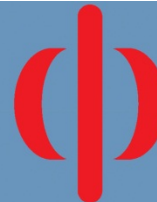
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Facilitators

- Supportive leadership
- Involvement of staff
- Staff and client surveys
- Information sessions for staff and clients
- Communications plan
- 6 month+ “lead time”
- Training of staff
- Enforcement plan



Potential Barriers

- Staff resistance
- Lack of supportive leadership
- No education of staff
- Timeline too short
- No communications plan
- Dynamics of existing policy



Best Practices

- Formation of staff committee to discuss policies and implementation of programs and policies
- Staff and client surveys
- Conduct information sessions for staff and clients; include internal perspective and external perspective
- Enforcement plan
- Leave enough time; timeline of 6 months or more
- Staff training; ongoing



Mental Health/Substance Use Staff Survey

- Pre and post survey questionnaires
- 1 mental health facility, 3 substance abuse treatment facilities, 1 intake center
- Three types of surveys: clinical staff, non-direct service staff, and administrators
- Assessed staff role in the organization; smoking status, perceptions, and behaviors; perceptions about the organization's smoking policy; and interaction with clients

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Mental Health/Substance Use Staff Survey

- Baseline surveys were administered by UIC researchers to five sites over a period of three months
- Participants completed the survey through an online link, facilitated through RedCap Survey program, or a paper-based survey
- 320 staff participated in the survey

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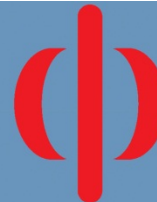
Mental Health/Substance Use Staff Survey

- Number of years in field
 - 19.4%; between 5 – 10 years
 - 48.1%; more than 10 years
- Role in organization
 - 43.4%; clinical
 - 48.4%; non-direct service
- Smoking status
 - 26.6%; smoke sometimes or everyday



Mental Health/Substance Use Staff Survey

- Views on smoking
 - 91%; is very unhealthy or extremely unhealthy
 - 6.7%; not at all unhealthy
- Quit attempt
 - 60.2%; would make a quit attempt if services were offered
- Bothered by outdoor smoking
 - 54.4%; bothered



Mental Health/Substance Use Staff Survey

- Organizational role was significantly related to how bothered they were by tobacco smoke while on facility's outdoor grounds
 - Clinical staff were most bothered by tobacco smoke, while coming to or leaving work, compared to administrators and non-direct service staff
- Smoking status was significantly related to the extent that participants were bothered by tobacco smoke while on the facility's outdoor grounds
 - Those that said they smoke sometimes or everyday were least bothered by tobacco smoke while coming to or leaving work, while those who did not smoke were most bothered by tobacco smoke





Ariel Mindel, LPC

Program Director of Public Education
& Disaster Mental Health



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About MHAI

***Mission:** To promote mental health, prevent mental illnesses, and improve care and treatment for persons suffering from mental & emotional disorders.*

- MHAI is Illinois' only statewide, non-profit, mental health advocacy organization concerned with the entire spectrum of mental and emotional disorders
- Founded in 1909 by Jane Addams - **We celebrated our 100-year Anniversary in 2009!**



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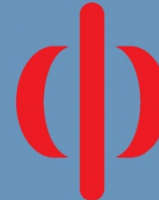
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Our Programs and Services

- Advocacy:
 - Co-host Mental Health Summit
 - Organize two rallies each year for increased funding
 - Develop and support key policy positions
- Education:
 - Public education in schools, communities across Illinois
 - Mental Health Empowerment Project
 - Suicide prevention programming
 - It Only Takes One (www.itonlytakesone.org)
 - MHA's Columbia TeenScreen Program
 - Illinois Suicide Prevention Alliance
- Information
 - Information and Resource line



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Mental Health Empowerment Project (MHEP)

- A series of educational presentations/trainings throughout the Chicagoland area
 - Presentation topics range from addictions to smoking cessation, bullying to social emotional literacy, and other current mental health topics.
- Grew out of demand from mental health providers, social service providers, school personnel, and other healthcare providers demand for:
 - Up-to-date, relevant education
 - Free
 - Offering Continuing Education Units
 - Topics on mental health and mental illnesses



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MHEP

- Presentation topic examples:
 - Self-care for mental health professionals
 - Dialectical Behavior Therapy and self-harm
 - Motivational Interviewing
 - Historical roots of Alcoholics Anonymous
 - Addressing psychiatric disability leave with clients
 - Counseling services for firefighters



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Why Address Tobacco Use?

- Smoking rates are 2-4 times higher in mental health population than general population
- Persons with mental illnesses smoke 44% of cigarettes produced in the U.S.
- Almost half (200,000) of the 443,000 tobacco-related deaths each year are persons with mental illnesses and/or substance use disorders
- Mental health provider may be one of the only consistent healthcare providers, meeting client on regular basis

Smoking cessation is often underaddressed or completely unaddressed in mental health population



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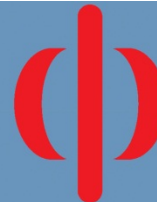
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MHEP

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 - Self-care for mental health professionals
 - Dialectical Behavior Therapy and self-harm
 - Motivational Interviewing
 - Historical roots of Alcoholics Anonymous
 - Addressing psychiatric disability leave with clients
 - Counseling services for firefighters
- All presentations could be linked to tobacco use, and thus include component related to smoking cessation, such as:
 - Ask.Advise.Refer.
 - Tobacco use as it relates to population at hand
 - Techniques relevant to tobacco cessation



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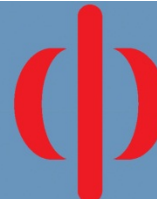
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MHEP

- Create additional component to MHEP:
 - Provides specialized training for professionals to empower clients with mental illnesses in their efforts to quit smoking
 - Trains mental health professionals in implementing the widely recognized Courage to Quit® program within their current practice.
 - Aims to reduce tobacco-related illnesses and deaths in persons with mental illnesses through comprehensive education and tools for professionals who treat and work with them.



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Creating MHEP and CTQ Trainings

Getting the word out!

Developing verbiage

MHAI is excited to introduce its newest initiative, the Mental Health Empowerment Project (MHEP). MHEP expands MHAI's public education efforts and connects the community with learning and networking opportunities, including the availability of free CEUs . The goal of MHEP is to provide mental health providers with the most up-to-date information and tools to successfully treat their clients, as well as to empower consumers to live successful and productive lives.



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Creating MHEP and CTQ Trainings Getting the word out!



December 2nd "Courage to Quit" Workshop

Where:
Mental Health America of Illinois
70 E. Lake Street
Suite 900
Chicago, IL 60601



[Driving Directions](#)

When:
Friday December 2, 2011 from
8:30 AM to 3:30 PM CST
[Add to my calendar](#)

MHAI Presents: Courage to Quit®- Empowering the Mental Health Community to Become Smoke-Free.

MHAI is excited to offer Courage to Quit®, an evidenced-based smoking cessation program to assist those living with mental illnesses and a smoking addiction to become smoke-free. This program is being presented in partnership with the Chicago Tobacco Prevention Project.

This all day program leader workshop is for mental health professionals to provide their clients with up-to-date information on smoking cessation and strategies to quit smoking.

This is a free workshop with six free CEU's provided upon completion. Click on the link below for more information or to register now!

Space is limited, so reserve your spot today!

[Get more information](#)

[Register Now!](#)

[I can't make it](#)

If you have any questions, please contact me at the email listed below. I hope to see you in December!

Sincerely,

Amy Silverman
Mental Health America of Illinois
asilverman@mhai.org




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Creating MHEP and CTQ Trainings Getting the word out!



Donate Now

\$.89 cents of every dollar donated goes directly to our programs, helping thousands of Illinoisans every year!
[Click here to donate online](#)

Volunteer Now


MHAI needs your help - Become a volunteer and a mental health champion.
[To learn more, click here](#)


[HOME](#) [ABOUT US](#) [WHAT WE DO](#) [ADVOCACY](#) [RESOURCES](#) [CONTACT US](#)

Upcoming Events
MHAI's 25th Annual Gold Bell Gala: "The Magic of Hope"
April 21, 2012
 InterContinental - Chicago
 6:30pm - 10:00pm

***Our largest annual event, this year's focus is to raise awareness about suicide and suicide prevention.
[Learn more](#)

Story of our Bell symbol
 Learn more about MHAI's empowering symbol—a bell—and how you can join MHAI as we continue to bring hope to Illinois communities.
[Learn more](#)

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Resources

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Mental Health Empowerment Project

MHAI is excited to introduce its newest initiative, the Mental Health Empowerment Project (MHEP). MHEP expands MHAI's public education efforts and connects the community with learning and networking opportunities, including the availability of free CEUs. The goal of MHEP is to provide mental health providers with the most up-to-date information and tools to successfully treat their clients, as well as to empower consumers to live successful and productive lives.

WHAT IS THE MHEP?

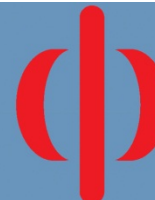
- A series of educational presentations/trainings throughout the Chicagoland area
 - Presentation topics range from addictions to smoking cessation, bullying to social emotional literacy, and other current mental health topics.
- Provides specialized training for professionals to empower clients with mental illnesses in their efforts to quit smoking
 - Trains mental health professionals in implementing the widely recognized "Courage to Quit" program within their current practice.
 - Aims to reduce tobacco-related illnesses and deaths in persons with mental illnesses through comprehensive education and tools for professionals who treat and work with them.

WHO BENEFITS from participation in the MHEP?

1. Social Service Providers
2. Mental Health Providers – Social Workers, Psychologists, Counselors, Psychiatrists, Nurses, Case Managers
3. Other healthcare providers
4. Consumers of mental health services
5. Parents and other caregivers

WHAT WILL PARTICIPANTS GAIN?

- Best practices from experts in the field on a variety of specialty topics
- An opportunity to network with other colleagues and share experiences
- Free continuing education units (CEUs) on a wide range of current topics in the mental health field



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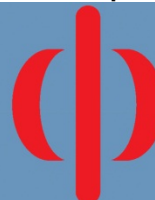
Courage to Quit® Program Versions

- **Courage to Quit Full Program** – 6 sessions delivered over 7 weeks
- **Courage to Quit Short Program** – 3 sessions delivered over 3 weeks
- **Courage to Quit Roadmap to Quitting** – 20/30 minute one-time encounter (*in development*)



Nuts and Bolts of CTQ: Sessions at a Glance

- Session 1:
 - Model of smoking behavior
 - Model of addiction
 - Health and Financial gains of quitting
 - Triggers and Wrap Sheets
- Session 2:
 - Avoid, Alter and Substitute
 - Smoking, stress, and deep breathing
 - Support Systems
 - Preparing for Quit Day
- Session 3: Quit Day
 - Reviewing Quit Day experiences
 - Cycle of addiction
 - Withdrawal and cravings
 - Reward yourself
- Session 4:
 - Weight and health issues
 - Hungry, angry, lonely, tired (HALT)
 - Self talk and Stinking Thinking
- Session 5:
 - HALT – Revisited
 - Stinking Thinking and relapse prevention
 - Social support for maintenance
- Session 6:
 - Smoking and stress – Revisited
 - Confidence and practice situations
 - Dos and Don'ts
 - More about nicotine – true/false
 - Letting go of smoking culture
- Follow-up (Optional)
 - Update on current status
 - Receive advice and support
 - Anticipate future high-risk situations

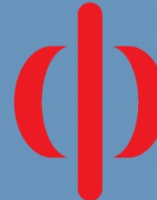


Nuts and Bolts Simplified

- Coping skills
- Triggers
- Motivational Interviewing
- Cognitions and Behaviors
- Support system identification
- Education
- Mindfulness (Wrap Sheets)



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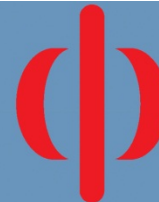
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Modifications for Mental Health Community

- Created Mental Health Toolkit
 - Printed materials for providers and consumers
 - Information about:
 - Importance of smoking cessation within MH community
 - Psychotropic medications impacted by tobacco use
 - Illinois Tobacco Quitline – What to Expect
 - Brief tobacco cessation intervention
 - Potential barriers
 - Benefits of overcoming addiction
 - Additional Resources



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Modifications for Mental Health Community

- Created Appendix with Activities and Discussion Points
 - Focusing heavier on:
 - Triggers connected to MH diagnosis and smoking
 - Deep breathing for relaxation
 - Role playing around asking for social support, high-risk situations, requesting behavior change from others, etc.
 - Taking care of physical symptoms
 - Finding alternative/free rewards for accomplishments
 - Slowing down sessions, additional follow-up



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Results

- **Between April 2011-February 2012:**
 - Offered 19 educational presentations to 395 community mental health professionals
 - Trained 100 mental health professionals in **Courage to Quit®**
- **Provided follow-up technical assistance to all trainees, including information on beginning a group, obtaining materials, etc. Preliminary data indicates:**
 - 6 participants began providing the CTQ program on either an individual or group basis at their facility
 - 1 participant provided 7 3-week CTQ programs with general mental health consumers and veterans in a month time period, with 24 participants completed
 - 4 participants had already implemented policy changes at their places of work and an additional 4 were in the process of doing so
 - 17 participants total have utilized the education they received on smoking cessation in some capacity with their clients and colleagues



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Evaluations

- Courage to Quit® trainings filled up within 2-3 days of opening registration. Some sample feedback from Courage to Quit® trainings included:
 - “I feel comfortable with contacting either presenter if I have any questions in the future. They were very knowledgeable and built great rapport w/ us overall. Thanks!! :)”
 - “This was the best/most beneficial trainings I've ever been to! Both presenters were extremely knowledgeable, energetic, and engaging.”
 - “The most helpful part of this training is its ability to be applied to my current job and the population I work with.”
 - “The presentation team kept it interestingly interactive and I loved the thoroughness of materials.”
 - “Really enjoyed the program! Really liked break out groups. Definitely send us contact of the people here what a lovely bunch!”



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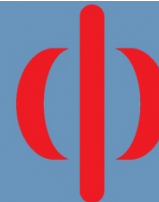
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Looking Ahead

- Sustainability
 - Creating fee structure for trainings
 - Continuing to meet demand by community for more education
 - Continuous advertisement/education around tobacco use in population
 - Seeking support from various foundations



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Thank you!

- For questions regarding Courage to Quit®, please contact Stacy Ignoffo at Respiratory Health Association of Metropolitan Chicago
 - SIgnoffo@lungchicago.org
 - www.lungchicago.org
- For questions regarding implementing Courage to Quit with the mental health population, please contact Ariel Mindel at Mental Health America of Illinois
 - amindel@mhai.org
 - www.mhai.org



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Thank you!



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