Online Provider Training will Deliver Quit Services to More People Living with Mental Illness

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Sue Abderholden is motivated in her work by a disturbing statistic: people with mental illnesses die on average 20 to 25 years earlier than their peers without mental illnesses. Many of these deaths are due to health problems caused by smoking, including lung cancer, COPD, and heart disease.

Abderholden is the Executive Director of the NAMI Minnesota (National Alliance on Mental Illness), an organization that for more than four decades has offered education, support and advocacy on behalf of those with a mental illness. More recently, NAMI Minnesota has been expanding its work to address the health and wellness of people living with a mental illness, especially to encourage smoking cessation.

NAMI Minnesota is supported in this work as one of eleven recipients of a Tobacco-Free Communities (TFC) grant from the Minnesota Department of Health, a program to reduce smoking, prevent youth commercial tobacco use, and address tobacco-related disparities in Minnesota. The program is part of a growing movement to promote community-driven tobacco prevention and control activities and strategies.

Mental health providers reluctant to add cessation to the many challenges of mental illness

Compared to just 15.2% of all Minnesotans, 31.6% of Minnesotans with mental illness smoke; according to the Centers for Disease Control and Prevention, people in the United States with mental illness purchase 40% of all cigarettes sold. Yet mental health professionals receive little or no formal training in tobacco cessation.

NAMI-Minnesota Executive Director Sue Abderholden wants to support more people with mental illness to quit smoking and improve their overall health.

To better understand this issue, NAMI Minnesota surveyed 113 mental health providers as part of a community assessment. “The first thing we learned when we began working on tobacco use was that very few mental health providers wanted even to ask an individual with a serious mental illness about smoking,” said Abderholden. Providers said that with all the challenges these folks face—many experience homelessness, multiple hospitalizations, or interactions with the criminal justice system—it seemed like a burden to ask them about quitting smoking. Many feared that if they ask about smoking, the client would never come back. “But for a lot of people the only relationship they have with a health care professional is with their mental health provider,” Abderholden observed, “and, frankly, we were surprised they weren’t bringing it up, because smoking has such a horrible impact on health.”

NAMI National Alliance on Mental Illness MINNESOTA

NAMI Minnesota (National Alliance on Mental Illness) is a non-profit organization dedicated to improving the lives of children and adults with mental illnesses and their families. NAMI Minnesota offers education, support and advocacy. NAMI Minnesota vigorously promotes the development of community mental health programs and services, improved access to services, increased opportunities for recovery, reduced stigma and discrimination, and increased public understanding of mental illness.

DEPARTMENT OF HEALTH

The Tobacco-Free Communities Grant Program is a program of the Minnesota Department of Health that aims to reduce youth tobacco use and address tobacco-related disparities in Minnesota by promoting community-driven tobacco prevention and control activities and strategies.

New approach is specifically tailored to people with a mental illness

Those living with a mental illness may experience tobacco use and quitting differently than the larger community. They may struggle more with addiction, be more dependent on social interactions associated with smoking, and find it harder to quit.

Meanwhile, health providers and the general public have misconceptions about smoking and mental illness. "Some mistakenly think smoking behavior is actually helping the person with their mental illness," reported Catherine Gangi, Wellness Coordinator at NAMI Minnesota, "which the data show is incorrect." This attitude is not uncommon, for example, among providers in the substance abuse and addiction treatment system.

Health and Wellness Programs Coordinator Catherine Gangi found that very few mental health providers receive formal training in smoking cessation. NAMI-Minnesota's online training program will remedy that.

A new approach, tailored to people with mental illnesses, was needed. "We decided to develop training for mental health providers focusing on mental illness, smoking, and the options for cessation," said Gangi. NAMI Minnesota could see that trying to train mental health providers individually would limit participation, so they decided to develop an online training that could reach many more providers.

In addition to using information collected from providers in the assessment, NAMI Minnesota created a Smoking Cessation Advisory Committee to guide the development of the training. Once the training is complete, NAMI Minnesota will pilot the training with three mental health provider organizations. During these partnerships, they will be counting the number of mental health providers trained, watching for increases in referrals to cessation, and tracking changes in individual smoking behavior by looking at medical chart data in a way that protects and preserves patient privacy. After pilot testing has been completed, the training will be offered statewide.

Creating and launching the online training is a large undertaking, and the 5-year MDH TFC grant is important for making the training truly community-centered, sustainable, and eligible for CEU credits. By using the Smoking Cessation Advisory Committee to guide the training, NAMI Minnesota was able to incorporate examples and stories from community members who live with a mental illness about their experiences with tobacco use. These stories allow providers to understand more fully the challenges their clients face when quitting smoking.

Sharing personal stories is important for changing attitudes

"When someone with a mental illness talks about how they struggle to quit smoking, and the life experiences that make it more difficult, it can change the attitudes of mental health providers because they're hearing an individual's story," explained Abderholden.

"We asked people to tell us about their experiences with mental illness and smoking," said Gangi. "Many told us about their addiction, the need to have something in their hand, how incredibly hard it was to cut out even one cigarette." When it takes an average of seven to ten attempts to quit smoking, "that can be really discouraging, especially if you're living with a mental illness," observed Gangi.

NAMI Minnesota also learned about other ways smoking can compound the challenges of daily living for people living with a mental illness, and how providers are in a position to help. "If someone is able to use a nicotine patch instead of losing their housing, we can keep them from being affected in these other ways," said Gangi. "People can continue their recovery processes while being able to cut down or stop tobacco use."

A vision of community-based change in attitudes and systems

NAMI staff members working on this project want mental health providers to see their role in helping clients quit smoking—to integrate cessation as part of the person's journey toward wellness, not a health concern that is separate from mental illness treatment. Abderholden added that by offering this online training to providers, "we want to support more people with mental illnesses to quit smoking and improve their overall health."

In closing, Gangi said NAMI Minnesota wants to empower mental health providers. "Through education, we want to give them the confidence to do something that directly helps individuals living with mental illnesses in Minnesota."

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Learn more about NAMI MN at www.namihelps.org.

Minnesota Department of Health
PO Box 64882
St. Paul, MN 55164-0882
651-201-3535
tobacco@state.mn.us
www.health.mn.gov/tfc

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