

## National Council for Behavioral Health Promotes Tobacco Cessation to Mental Health and Substance Abuse Populations

*The National Council for Behavioral Health (or National Council) works with state health departments and other partners in a variety of ways to ensure that tobacco cessation services and resources are available to persons with mental illness and substance abuse disorders, two groups that are far more likely to smoke than the general population. By working with the National Council to improve tobacco cessation capacity and form new partnerships, state health departments are better positioned to close disparities in tobacco use among these two populations.*

For over 40 years, the [National Council](#) has served as the unifying voice of America's mental health and addictions treatment organizations. To improve access to tobacco cessation among these priority populations, the National Council received funding from CDC's Division of Prevention and Control and Office on Smoking and Health to operate the [National Behavioral Health Network for Tobacco & Cancer Control](#) in partnership with the Behavioral Health and Wellness Program, Centerstone Research Institute, and the Smoking Cessation Leadership Center. Launched in 2013, the network is a part of eight network in CDC's [Consortium of National Networks to Impact Populations Experiencing Tobacco-Related and Cancer Health Disparities](#) focused on addressing tobacco and cancer disparities among people with mental illnesses and addictions. The network provides training and technical assistance to state, local, and federal government entities, provider organizations, and other key stakeholders to help improve tobacco and cancer control efforts targeted towards populations with mental illnesses and addictions. They also build capacity within state health departments to deliver tobacco cessation and other existing tobacco control resources to mental health and substance abuse provider organizations.

### Steps Taken:

- The National Council, with assistance from the National Behavioral Health Network, launched [two communities of practice](#)—one for behavioral health organizations and another for state, tribal, and territorial agencies—that provide peer-to-peer networking opportunities and deliver technical assistance to participating teams. These communities of practice are designed to develop tobacco control and cancer prevention programs aimed at persons with mental illnesses and substance use disorders, as well as improve the effectiveness of existing efforts.

- According to the National Council, smoking prevalence rates are two times higher for people with mental illness and four times higher for people with a history of drug abuse compared to the general U.S. adult population.
- While U.S. adult smoking rates have declined dramatically in the general population between 1977 and 2011, smoking rates have not significantly declined among adults with psychological distress over this time period.

# State Success Story



- The National Council, with assistance from the National Behavioral Health Network, supported the planning and coordination of a state strategy session and state leadership academy in partnership with the [Smoking Cessation Leadership Center](#) (SCLC) and the [Substance Abuse and Mental Health Services Administration](#) (SAMHSA). States are identified and selected based on need and interest in participating. Funding and in-kind support is provided to states to convene diverse arrays of stakeholders (e.g., state health officials, Medicaid representatives, health providers, and representatives from state behavioral health offices). This effort leverages the SCLC and SAMHSA's state leadership academy work designed to support states in drafting action plans to guide concrete steps, including training clinicians in smoking cessation, establishing community-clinical linkages, expanding Medicaid smoking cessation benefits, and passing tobacco-free policies in hospitals and clinics that treat clients struggling with mental health and substance use.

## Results:

- States that participated in state strategy sessions and leadership academies have taken a variety of next steps to ensure that tobacco cessation services are better integrated with mental health and substance abuse treatment to address tobacco use among mental health and substance abuse populations. [Minnesota](#) represents one example:
  - In October 2015, Minnesota hosted a strategy session with in-state mental health, health insurance, academic, and health department partners that established goals and an action plan to reduce smoking rates among persons with mental illness and chemical dependency.
  - These groups pledged to completely eliminate the disparity in smoking prevalence based on adult depression status within ten years.
  - Committees were formed (such as the Policy and Health Systems Change Committee) to give diverse stakeholders (e.g., representatives from the health department, non-profit organizations, and treatment facilities) a framework to carry out assigned steps in the action plan. For example, this committee pledged to expand Medicaid coverage of nicotine replacement therapies and integrate smoking cessation training with existing online training for mental health professionals.
  - Other committees pledged to use changes in public policy, implementation of tobacco cessation training, involvement of additional stakeholders, and the development of written materials to improving screening for tobacco use and improve funding of tobacco cessation treatment for these populations.

## Lessons Learned:

- Convening relevant stakeholders within a state to develop action plans, share responsibility of implementation, and coordinate on this issue is an essential step in working towards sustainable change. Often, tobacco control, mental health treatment, and substance abuse treatment are segmented into three disparate sections within a state health department. The funding needed to bring these stakeholders and other clinical and provider partners together can lead to integration of services and sustainable change.

# State Success Story



- Data on tobacco use and tobacco-related disease needs to be collected and utilized properly to help make the case that efforts focusing on the behavioral health population are needed. For example, this data is used by state leadership academies to establish baselines and track improved performance in smoking rates and utilization of smoking cessation services. The data is not always collected at the state or health system level, and relevant data available from the Behavioral Risk Factor Surveillance System (BRFSS) or Youth Risk Behavior Survey (YRBS) is not always properly mined and utilized.
- States often have a variety of tobacco control resources already available to the general public, such as tobacco quitlines, that can be more strategically and widely accessible to people struggling with mental illness or substance abuse. The National Council focuses on adding value to resources that are already in place—such as ensuring that existing policies and trainings are implemented in clinics that treat mental illness and substance abuse disorders—instead of designing new resources for these specific subpopulations.

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