

Minnesota organizations honored for becoming tobacco-free

Recognizing the significance of addressing tobacco as a social justice issue, a handful of mental health organizations in Minnesota are being honored for their work going tobacco-free and offering tobacco treatment support to consumers with mental illness and substance use disorders.

Mental Health Resources, Avivo, Vail Place and People Incorporated were recipients of the Minnesota Association of Community Mental Health Programs Innovation and Community Collaboration Award. The award recognizes an organization that developed innovative ways to promote health and wellness and/or partnerships to overcome challenges to service delivery to improve the health of individuals recovering from mental illness and substance use disorders. The organizations received their awards Oct. 29.

In total, the behavioral health organizations serve more than 40,000 people with mental illness and/or substance use disorders in Minnesota. Officials pointed to an analysis of 26 studies that showed improved mental health with quitting smoking. Additionally, anxiety, depression, mixed anxiety and depression, and stress significantly decreased among those who quit smoking compared with those who continued smoking.

'Rethinking tobacco'

One of the awardees is the St. Paul-based Mental Health Resources, a nonprofit organization that offers community-based mental health and substance use disorder services to adults recovering from serious mental illness. Its tobacco-free program, "Rethink Tobacco," commenced two years ago, said Ann Henderson, vice president of clinical services. The organization provided nicotine-replacement services for consumers who wanted to quit and presented them with healthy lifestyle group material. Mental

Health Resources officially became a tobacco-free organization July 30, said Henderson.

"We didn't require anyone to quit," Henderson told *MHW*. It didn't matter what stage consumers were in — they could have still been smoking or maybe they had already quit, she said.

Mental Health Resources and the other organizations partnered with the American Lung Association. Jill Williams, M.D., a leading expert on tobacco reduction for populations with mental illness and substance use disorders, also lent her expertise, said Henderson.

"We spent a lot of time with support from the American Lung Association, which provided education support and legal advice," she said.

happen if they get support."

Henderson added, "Primarily in the mental health and substance use disorder treatment world, we still do not do a good job of helping people quit. It's a social justice issue." One out of three adults with a mental illness or substance use disorder smoke, versus one out of five adults who don't have a mental illness or substance use disorder who smoke, she said.

"We don't believe people with mental illness or substance use disorders have been given access to quit in the same way as the general population," she said. "We have always ignored tobacco; we always thought it was a smaller problem. If we can get someone stable on their meds and help them find housing, then we can deal with the smoking.

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"Consumers learned about what tobacco does to your body," she said. They were provided with information on the impact of tobacco on their physical activity and nutritional, social and financial lives. Participants in the group sessions had an "overwhelming" desire to quit, Henderson said. They also didn't like feeling socially isolated by having to go outside the facility to smoke, she said.

Mistaken assumption

Organization leaders tended to think that consumers with mental illness who smoked had no interest in quitting, Henderson said. "We just assumed they didn't want to quit," she said. "Most actually do want to quit and have a good chance of making it

It wasn't a big deal."

Tobacco use "is killing people with mental illness and substance use disorders at a higher rate than the general population," she noted, adding that it is the leading cause of preventable death for people with mental illness or substance use disorders. "We can do something about it," she said. "It will make a huge impact on the quality of their lives."

Tracking use

Henderson noted that tracking people's attempts to quit smoking has been a challenge program leaders intend to keep working on. She explained that it is very common that someone will have multiple quit

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attempts or periods where they are not using tobacco for various reasons or they are starting out with reducing their tobacco use or working on changing behaviors associated with smoking (e.g., not smoking indoors or in bed, not smoking around kids, waiting an hour after they get up for the day, etc.). “It’s not quite as black and white as one may think,” she said.

Henderson added, “Our continued collaboration with our partner

organizations will likely include ways to track information like this and to really ‘tell the story’ of the people we serve.”

A follow-up survey of the staff and people participating in group sessions found that 89 percent (of 400 people) were overwhelmingly pleased with the program and felt pleased about being told about the need to quit smoking, Henderson said. “They felt it was time,” she said. Anecdotally, even staff have decided to quit smoking since the program’s

inception, Henderson noted.

Henderson noted that regarding lessons learned, frequent communication should not be underestimated. “You can’t really overcommunicate” the importance of quitting tobacco use, she said. “You have to do so much communication and say it in different ways: verbally and in writing,” Henderson said. “Once people understand the health disparities and the social justice [issue], they tend to get it more,” especially staff, she said. •

Housing from page 1

as those at most mental health advocacy groups in the state, using Prop. 63 revenue to establish safe and stable housing options for individuals who are homeless is fully in keeping with the spirit of the 2004 ballot measure. “We say that for this population, housing is part of services,” Anderluh said. “You can’t really separate the two.”

There has been a vocal minority, however, that has argued that Prop. 63 funds were not intended to be used for housing and that this effort will detract from the initiative’s mental health service mission. A prominent opponent of Prop. 2 has been the Contra Costa County chapter of the National Alliance on Mental Illness (NAMI), although Anderluh says NAMI’s California affiliate has come out in favor of the initiative.

Legal dispute

The move to give state voters a say in this matter stems from a legal dispute over state legislation that was adopted two years ago.

Darrell Steinberg, the Steinberg Institute founder who was a key architect of the Mental Health Services Act when he served as a state legislative leader, worked with a sitting legislator in 2016 to win passage of a bill to devote a small percentage of the \$2.2 billion a year generated from the tax on high incomes to permanent supportive housing for persons with mental illness. “The

idea was to create a massive infusion of funds to scale it pretty quickly,” said Anderluh. “It was estimated that 20,000 housing units could be built out.”

After the approved bill was signed into law, a bond validation process was launched. But the effort would soon grind to a halt when an attorney who had long been opposed to how some Prop. 63 funds had been allocated filed a lawsuit in state Superior Court, claiming that

‘This is the model that gets people into care, into recovery and off the street.’

Deborah Anderluh

the new law’s provisions did not constitute a legitimate use of Prop. 63 money.

Sensing that a favorable ruling for the state at the Superior Court level still would lead to an appeal and to further delays in launching the bond process (and that is exactly what ended up happening), state leaders decided even before the court ruling that they would go to voters with the housing plan, explained Anderluh. “As soon as the voters approve it, the bonds could

be issued,” she said.

She said county government leaders in California are eagerly awaiting the potential infusion of housing money. “Every county has already applied for planning grants to get projects ready,” she said.

Much of that enthusiasm stems from leaders’ faith in the evidence base behind the permanent supportive housing model, which is seen by many as allowing individuals with a history of homelessness to be able to engage in needed services over the long term. The emphasis is on a “Housing First” approach that then links individuals to services that are either located site or highly accessible nearby.

“This is the model that gets people into care, into recovery and off the street,” said Anderluh.

She said a recent RAND analysis of a supportive housing program in Los Angeles County helped to bolster that view, showing that the effort not only gets individuals off the streets, but also results in numerous savings to local government in areas such as emergency medical care and criminal justice costs.

Source of opposition

Anderluh said that while the Steinberg Institute has not been involved in any voter polling on Prop. 2, there have been indications that the Nov. 6 ballot measure has broad support.

State affiliates of NAMI and