



# 2012 Community Mental Health Providers Survey

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**2012 Community Mental Health  
Providers Survey**

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Survey Research Center

Institute of Government

November 2012

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**Introduction**

The UALR Institute of Government Survey Research Center (SRC) conducted a survey at the request of the Arkansas Department of Health Tobacco Prevention and Cessation Program (TPCP), which provided funding for the survey. The purpose of the study was to assess the knowledge and opinions of Arkansas mental health providers to better understand how TPCP might adapt tobacco cessation interventions to meet the unique challenges facing persons with mental illnesses.

**Methodology**

The survey was conducted in two phases with a \$5 incentive offered to each participant. The first phase of data collection was conducted in conjunction with the Arkansas Behavioral Health Institute conference held August 7-10, 2012. SRC field workers were present at the ADH/TPCP vendor booth during the conference. SRC field workers invited both private and community providers to participate through a CASI (Computer-Assisted Self-Interviewing) system. This method resulted in 80 completed interviews with providers.

The second phase of data collection was conducted between August 7 and November 12, 2012 via a web-based questionnaire. Email invitations were sent to 492 Arkansas community mental health providers employed by the 15 community mental health centers. All community mental health providers were not included in the sample population due to varying degrees of participation by the centers. Of all the community mental health centers, 9 mental health centers provided email addresses for some or all of their providers. Six centers did not provide email addresses for their workers. Using registration information from the Arkansas Behavioral Health Institute conference, some providers from the non-participating centers were identified and their email addresses were added to the sample pool.

Two follow-up email reminders were sent one and two weeks after the initial invitation to non-respondents. This method resulted in obtaining 87 completed interviews with providers for a total of 167 completed interviews. The number of completed interviews (167) expressed as a percentage of all participating respondents (572) was 29% and serves as the response rate for the study.

The following report includes counts and percentage frequency distributions for each question in the survey.

Due to several mental health centers not electing to be part of this study, all eligible community health providers were not included in the study population. Because not all eligible participants were included in the sampling frame, not all community health providers had a chance of being included in the survey sample, and thus this study does not follow a probability-based sampling method.

The results presented should be interpreted with caution, as they do not allow us to estimate the extent to which the results represent the entire population of community health providers.

## Summary of Findings

The typical mental health provider respondent is a white female between 26-35 years and primarily works as a clinician or counselor. The typical respondent provides direct clinical care to clients, has been working in the mental health field between 3-10 years, and has been in their current position 2 years or less.

In general, the typical respondent thinks that treating nicotine dependence with other addictions is “absolutely” a good idea. They agree that it is feasible to also provide tobacco cessation services. They also agree that it is possible for persons with mental illness to quit and that it is essential for their health recovery.

The typical respondent thinks the three most effective interventions for persons with mental illnesses are 1) use of cognitive behavioral strategies, 2) co-occurring substance abuse and mental health treatment, and 3) group cessation counseling.

The interventions thought to be the least effective were 1) advising consumers not to use tobacco, 2) herbal supplements, and 3) referrals to web-based resources.

Overall, respondents are aware of the smoke-free policies within their organization for staff, consumers and guests. However, only around half of the respondents are aware of the enforcement procedures.

Generally, respondents are currently asking and advising consumers not to use tobacco. However, only around 15% are integrating tobacco cessation practices into treatment goals, encouraging the use of NRT, or referring consumers to the Arkansas Quitline. One in four respondents indicate that they do not document consumers’ tobacco use status and less than 20% report documenting status “all of the time”.

## 2012 Community Mental Health Providers Survey

### Count and Percent Frequencies

51 questions

**Q1 Do you think that treating nicotine dependence along with other addictions is a good idea?**

	Count	Percent
Absolutely - A drug is a drug	69	41%
Yes - but we need to allow patients to choose their own timeline for stopping tobacco.	53	32%
Maybe - We need to examine this matter on a case by case basis.	35	21%
No - Nicotine dependence has no relevance to other addictions.	6	4%
Definitely not - Addressing nicotine dependence while a patient is in treatment for other addictions is damaging to patient care.	4	2%
Total	167	100%

**Q2 Given your existing roles and responsibilities as a mental health provider, it is feasible that you would also provide tobacco prevention and cessation services to mental health consumers.**

	Count	Percent
Agree	120	72%
Neither Agree or Disagree	33	20%
Disagree	11	7%
No response	3	2%
Total	167	100%

**Q3 Smoking (or other tobacco) cessation is possible for persons with mental illnesses.**

	Count	Percent
Agree	149	89%
Neither Agree or Disagree	12	7%
Disagree	3	2%
No response	3	2%
Total	167	100%

**Q4 The persons you serve are being harmed by being in settings where others smoke or use other tobacco products (second-hand smoke).**

Agree	114	68%
Neither Agree or Disagree	33	20%
Disagree	18	11%
No response	2	1%
Total	167	100%

**Q5 In your view, how does nicotine dependence treatment (tobacco cessation) affect a patient's overall recovery?**

	<b>Count</b>	<b>Percent</b>
It is essential for health recovery	83	50%
It will help their recovery a little bit	51	31%
It will not have any effect (neither harm nor help) on overall recovery	20	12%
It will have a negative effect on their overall recovery	7	4%
No response	6	4%
Total	167	100%

**Q6 What information would you like to have regarding nicotine dependence?**

*Multiple responses*

	<b>Count</b>	<b>Percent</b>
Impact of tobacco use and tobacco cessation on efficacy of patient medication	99	59%
Nicotine treatment and recovery including withdrawal management	95	57%
Psycho-social and cultural aspects of nicotine use	95	57%
How nicotine use relates to other chemical use	92	55%
The basics - an understanding of the nature of nicotine dependence	84	50%
Medical aspects of tobacco use	72	43%
Marketing and advertising factors	49	29%

**How effective do you think the following tobacco cessation-prevention interventions are for persons with mental illnesses . . .**

**Q7 Asking if they use tobacco**

	<b>Count</b>	<b>Percent</b>
Not Effective	43	26%
Somewhat Effective	67	40%
Very Effective	46	28%
No response	11	7%
Total	167	100%

**Q8 Advising them not to use tobacco**

	<b>Count</b>	<b>Percent</b>
Not Effective	87	52%
Somewhat Effective	60	36%
Very Effective	10	6%
No response	10	6%
Total	167	100%

**Q9 Documenting tobacco use status**

Not Effective	30	18%
Somewhat Effective	92	55%
Very Effective	33	20%
No response	12	7%
Total	167	100%

**Q10 Providing co-occurring substance abuse and mental health treatment inclusive of tobacco cessation**

	<b>Count</b>	<b>Percent</b>
Not Effective	9	5%
Somewhat Effective	91	54%
Very Effective	57	34%
No response	10	6%
Total	167	100%

**Q11 Encouraging or prescribing use of nicotine replacement therapy (e.g., patches, gum, nasal spray)**

	<b>Count</b>	<b>Percent</b>
Not Effective	7	4%
Somewhat Effective	110	66%
Very Effective	40	24%
No response	10	6%
Total	167	100%

**Q12 Encouraging or prescribing use of other cessation medications (e.g., Chantix (varenicline), bupropion (Zyban or Wellbutrin or generic))**

	<b>Count</b>	<b>Percent</b>
Not Effective	13	8%
Somewhat Effective	97	58%
Very Effective	45	27%
No response	12	7%
Total	167	100%

**Q13 Using cognitive behavioral strategies**

	<b>Count</b>	<b>Percent</b>
Not Effective	10	6%
Somewhat Effective	81	49%
Very Effective	66	40%
No response	10	6%
Total	167	100%

**Q14 Referring them to peer-to-peer services for tobacco cessation**

	<b>Count</b>	<b>Percent</b>
Not Effective	16	10%
Somewhat Effective	90	54%
Very Effective	51	31%
No response	10	6%
Total	167	100%

**Q15 Using motivational interviewing and enhancement**

	<b>Count</b>	<b>Percent</b>
Not Effective	14	8%
Somewhat Effective	101	60%
Very Effective	44	26%
No response	8	5%
Total	167	100%

**Q16 Referring them to the Arkansas Tobacco Quitline**

	<b>Count</b>	<b>Percent</b>
Not Effective	22	13%
Somewhat Effective	109	65%
Very Effective	23	14%
No response	13	8%
Total	167	100%

**Q17 Referring them to web-based resources**

	<b>Count</b>	<b>Percent</b>
Not Effective	64	38%
Somewhat Effective	79	47%
Very Effective	12	7%
No response	12	7%
Total	167	100%

**Q18 Using hypnosis**

	<b>Count</b>	<b>Percent</b>
Not Effective	47	28%
Somewhat Effective	92	55%
Very Effective	9	5%
No response	19	11%
Total	167	100%

**Q19 Suggesting herbal supplements**

	<b>Count</b>	<b>Percent</b>
Not Effective	61	37%
Somewhat Effective	88	53%
Very Effective	4	2%
No response	14	8%
Total	167	100%

**Q20 Providing group cessation counseling**

	<b>Count</b>	<b>Percent</b>
Not Effective	11	7%
Somewhat Effective	87	52%
Very Effective	57	34%
No response	12	7%
Total	167	100%

**Are you aware of smoke-free/tobacco-free policies in your place of employment which apply to . . .**

**Q21 Staff**

	<b>Count</b>	<b>Percent</b>
Yes	142	85%
No	13	8%
Unsure	1	1%
No response	11	7%
Total	167	100%

**Q22 Mental Health Consumers**

	<b>Count</b>	<b>Percent</b>
Yes	132	79%
No	15	9%
Unsure	9	5%
No response	11	7%
Total	167	100%

**Q23 Guests**

	<b>Count</b>	<b>Percent</b>
Yes	131	78%
No	9	5%
Unsure	16	10%
No response	11	7%
Total	167	100%

**Are you aware of the communication of tobacco use policies to . . .**

**Q24 Staff**

	<b>Count</b>	<b>Percent</b>
Yes	124	74%
No	23	14%
Unsure	7	4%
No response	13	8%
Total	167	100%

**Q25 Mental Health Consumers**

	<b>Count</b>	<b>Percent</b>
Yes	116	69%
No	24	14%
Unsure	14	8%
No response	13	8%
Total	167	100%

**Q26 Guests**

	<b>Count</b>	<b>Percent</b>
Yes	105	63%
No	24	14%
Unsure	25	15%
No response	13	8%
Total	167	100%

**Are you aware of specific enforcement procedures and consequences for . . .**

**Q27 Staff**

	<b>Count</b>	<b>Percent</b>
Yes	101	60%
No	42	25%
Unsure	10	6%
No response	14	8%
Total	167	100%

**Q28 Mental Health Consumers**

	<b>Count</b>	<b>Percent</b>
Yes	88	53%
No	49	29%
Unsure	16	10%
No response	14	8%
Total	167	100%

**Q29 Guests**

	<b>Count</b>	<b>Percent</b>
Yes	78	47%
No	51	31%
Unsure	25	15%
No response	13	8%
Total	167	100%

**How often do you currently provide the following services . . .**

**Q30 ASK if consumers uses tobacco**

	<b>Count</b>	<b>Percent</b>
None of the time	18	11%
Some of the time	37	22%
Most of the time	37	22%
All of the time	61	37%
No response	14	8%
Total	167	100%

**Q31 ADVISE consumers not to use tobacco**

	<b>Count</b>	<b>Percent</b>
None of the time	29	17%
Some of the time	45	27%
Most of the time	45	27%
All of the time	35	21%
No response	13	8%
Total	167	100%

**Q32 Document consumers tobacco use status**

	<b>Count</b>	<b>Percent</b>
None of the time	46	28%
Some of the time	44	26%
Most of the time	31	19%
All of the time	29	17%
No response	17	10%
Total	167	100%

**Q33 Refer consumers to web-based resources**

	<b>Count</b>	<b>Percent</b>
None of the time	70	42%
Some of the time	64	38%
Most of the time	10	6%
All of the time	9	5%
No response	14	8%
Total	167	100%

**Q34 Refer consumers to the Arkansas Tobacco Quitline**

	<b>Count</b>	<b>Percent</b>
None of the time	81	49%
Some of the time	48	29%
Most of the time	12	7%
All of the time	11	7%
No response	15	9%
Total	167	100%

**Q35 Integrate tobacco cessation practices into treatment goals**

	<b>Count</b>	<b>Percent</b>
None of the time	60	36%
Some of the time	70	42%
Most of the time	12	7%
All of the time	11	7%
No response	14	8%
Total	167	100%

**Q36 Encourage or prescribe use of nicotine replacement therapy (e.g., patches, gum, nasal spray)**

	<b>Count</b>	<b>Percent</b>
None of the time	60	36%
Some of the time	68	41%
Most of the time	16	10%
All of the time	7	4%
No response	16	10%
Total	167	100%

**Q37 Encourage or prescribe use of other cessation medications (e.g., Chantix (Varenicline), Bupropion (Zyban or Wellbutrin or generic))**

	<b>Count</b>	<b>Percent</b>
None of the time	68	41%
Some of the time	60	36%
Most of the time	19	11%
All of the time	4	2%
No response	16	10%
Total	167	100%

**Q38 Are you...**

	<b>Count</b>	<b>Percent</b>
White	108	65%
Black or African American	38	23%
Hispanic or Latino	3	2%
Asian	0	0%
Native Hawaiian or other Pacific Islander	1	1%
American Indian or Alaska Native	2	1%
Other	3	2%
No response	12	7%
Total	167	100%

**Q39 What is your age?**

	<b>Count</b>	<b>Percent</b>
21 - 25	5	3%
26 - 35	40	24%
36 - 45	36	22%
46 - 55	39	23%
56 - 65	20	12%
66+	9	5%
No response	18	11%
Total	167	100%

**Q40 Gender**

	<b>Count</b>	<b>Percent</b>
Male	38	23%
Female	115	69%
No response	14	8%
Total	167	100%

**Q41 What is your primary job at this organization?**

	Count	Percent
Executive or State Level Administrator	8	5%
Program Manager	14	8%
Clinical Supervisor	17	10%
Intake Counselor	3	2%
Clinician/Counselor	75	45%
Case Manager	22	13%
Other, please specify:	14	8%
No response	14	8%
Total	167	100%

**Q42 Do you provide direct clinical care to clients?**

	Count	Percent
Yes	129	77%
No	24	14%
No response	14	8%
Total	167	100%

**Q43 What are the age ranges of the consumers you serve?***Multiple responses*

	Count	Percent
Child (less than 14 years of age)	48	29%
Youth (14-24 years of age)	72	43%
Adult (25+ years of age)	102	61%
Other	10	6%

**Q44 How many years of experience do you have working in the mental health treatment field?**

	Count	Percent
Less than 1 year	10	6%
1-2 years	33	20%
3-5 years	30	18%
6-10 years	26	16%
11-15 years	18	11%
16+ years	35	21%
No response	15	9%
Total	167	100%

**Q45 How many years of experience do you have working in your current position?**

	Count	Percent
Less than 1 year	9	5%
1-2 years	55	33%
3-5 years	28	17%
6-10 years	28	17%
11-15 years	14	8%
16+ years	18	11%
No response	15	9%
Total	167	100%

**Q46 Do you provide, manage, or supervise substance abuse services as a component of your job?**

	<b>Count</b>	<b>Percent</b>
Yes	71	43%
No	82	49%
No response	14	8%
	167	100%

**Q47 In your lifetime, have you ever regularly used tobacco, such as cigarettes, chewing tobacco, cigars, a pipe, snuff or e-cigarettes? ("Regularly" being at least a few times every few days.)**

	<b>Count</b>	<b>Percent</b>
Yes	45	27%
No	108	65%
No response	14	8%
Total	167	100%

**Q48 What types of tobacco have you regularly used?**

*Multiple responses*

	<b>Count</b>	<b>Percent</b>
Cigarettes	42	25%
Chewing tobacco	1	1%
Cigars	2	1%
Pipe	2	1%
Snuff	1	1%
E-Cigarettes	3	2%
Other tobacco products, please specify:	1	1%

**Q49 Do you currently smoke or use a tobacco product?**

	<b>Count</b>	<b>Percent</b>
Yes	11	7%
No	34	20%
Total	45	27%

**Q50 Which of the following best describes your current status as a tobacco user?**

	<b>Count</b>	<b>Percent</b>
Have tried to quit unsuccessfully	5	3%
Would like to try to quit over the next month	1	1%
Would like to try to quit over the next 6 months	5	3%
Have no interest in quitting	0	0%
Total	11	7%

**Q51 What kind of support for staff is needed to create a tobacco-free facility where you primarily work?**

*Open responses*

As it pertains to staff the facility is smoke free.  
Cessation services?  
education  
Education  
Education and incentives  
Education on effects of tobacco, therapy to help quit  
Education, positive incentives  
Enforce all policies  
Groups  
Mandate smoke free environment  
None. Already tobacco free  
Primarily increased education and training.  
Provide another area than the main entrance to the clinic for guests/clients to smoke  
School campus is tobacco free  
Staff members that provide substance abuse counseling, including nicotine.  
Strong support  
Support is already given to provide a tobacco free environment.  
The staff needs the same tobacco cessation services.  
Time and resources  
Tobacco free now  
Training  
We do an incentive for staff and members that works well: 90 days tobacco free = \$100  
We have a smoking area  
We have support staff and smoking cessation as part of educational programs



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