

# KANSAS MENTAL HEALTH COALITION

An Organization Dedicated to Improving the Lives of Kansans with Mental Illnesses

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## Testimony supporting SB 316 to the Senate Public Health and Welfare Committee

*Amy A. Campbell – February 8, 2018*

Thank you for the opportunity to address your committee today on behalf of the Kansas Mental Health Coalition. The Kansas Mental Health Coalition is a statewide roundtable grassroots organization dedicated to improving the lives of Kansans living with mental illness and behavioral health needs.

It is critical that individuals with mental illness have access to meaningful tobacco dependence treatment, both behavioral and pharmacological, to help them quit using nicotine for the long term. Medicaid should provide coverage for effective treatment in order for individuals to lead healthy, productive lives.

On average, individuals with mental illness die approximately 25 years before their counterparts in the general population. Tobacco use is a significant contributing factor. There is often an assumption that people with serious mental illnesses are dying years earlier than the general population because of suicide, but that is not the real story. People who struggle with the effects of mental illness often suffer from chronic conditions like diabetes, heart attacks, strokes, chronic obstructive pulmonary disease, or cancer.

Specifically in Kansas, the reported smoking rate among adults with mental illness is more than twice the smoking rate among adults without mental illness. (*Tobacco Use among Kansans with Mental Illness*, RTI, April 2014) A 2015 research report concludes that “people with high levels of psychological distress continue to smoke at particularly high rates, and may benefit less from existing tobacco control measures.” (*Trends in Smoking Rates by Level of Psychological Distress, Nicotine & Tobacco Research*, Volume 18, Issue 6, 1 June 2016, Pages 1463–1470)

From the same study: “Rates of smoking have declined substantially over time in people with no or low levels of psychological distress and much smaller reductions have occurred in people with high levels of psychological distress. If this trend continues the disparity in smoking rates by levels of psychological distress will continue to rise. These results suggest people with high levels of psychological distress do not benefit to the same extent as others from existing tobacco control measures. Psychological distress and mental illness may be important considerations for future tobacco control efforts.”

KanCare should expand its coverage of tobacco cessation services to improve health outcomes overall.

Research shows that treatment works. For individuals with a mental illness, the success rate of going “cold turkey” is between zero and three percent, but success rates rise dramatically when counseling and medication are added to the equation. Counseling for smoking cessation is most effective when provided by persons trained in tobacco treatment. This is particularly important when providing tobacco cessation counseling to persons with mental illness, as elements of both their disease and its symptoms, and contraindications and complicating factors of medications taken for mental health conditions required tailored approaches by well trained professionals. Quality cessation treatment includes medication, peer support, and counseling.

Kansas can improve health outcomes for people with mental illness by implementing evidence based treatment programs for Medicaid members who want to quit smoking. A report done in 2014 found that “Among smokers, adults with mental illness were more likely to have tried to quit in the past 12 months than those without mental illness.” (*Tobacco Use among Kansans with Mental Illness*, RTI, April 2014)

Thank you for the opportunity to speak to you today. Please feel free to contact me at any time.

Amy A. Campbell, Kansas Mental Health Coalition, PO Box 4103, Topeka, KS 66604 785-969-1617