

**University of Colorado Denver, Department of Psychiatry  
Behavioral Health and Wellness Program**

**Public Mental Health Tobacco Survey**

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**Dear Behavioral Health Provider, Administrator, or Staff:**

The University of Colorado Denver (UCD), Behavioral Health and Wellness Program is developing smoking cessation and prevention resources for persons with mental illnesses and substance abuse disorders across the lifespan. We are very interested in your experience with tobacco cessation / prevention, as well as your perspective on what might be effective for the populations with which you work.

We will use your input to assess how behavioral health organizations and providers are currently addressing tobacco cessation and prevention for persons with mental illnesses and substance abuse disorders. We want to learn about the current tobacco prevention and cessation knowledge, beliefs, and behaviors among those who work in behavioral health settings. We also hope to learn what incentives and policies are in place in your organization to support tobacco cessation and tobacco free facilities.

Using the results of this survey, we will determine next steps for implementing and sustaining smoking prevention and cessation strategies for consumers with mental health and substance abuse disorders in behavioral health settings (e.g., training, technical assistance, pilot programs, policy).

Your participation in this survey is confidential and anonymous. We will only report aggregate findings from this survey. If you are interested in the findings from this survey, we will glad to share them with you and your organization.

Thank you for your time and attention to this critical issue.

Sincerely,

Chad Morris, PhD  
Associate Professor  
Director of the Behavioral Health & Wellness Program  
University of Colorado Denver, Department of Psychiatry

## Section A

1. Which one of the following categories best describes you? Are you...
  - Hispanic or Latino
  - White
  - Black, African American
  - Asian
  - Native Hawaiian, other Pacific Islander
  - American Indian, or Alaska Native
  - Other, please specify \_\_\_\_\_
2. How old are you? \_\_\_\_\_
3. What is your gender?
  - Male
  - Female
  - Other
4. What is your primary job at this organization?
  - Executive or State Level Administrator
  - Program Manager
  - Clinical Supervisor
  - Intake Counselor
  - Clinician/Counselor
  - Case Manager
  - Other, please specify : \_\_\_\_\_
5. Do you provide direct clinical care to clients?
  - Yes
  - No (If none, please skip to question # 9)
6. If you provide direct clinical care, what is the primary age range you serve?
  - Youth
  - Adults
  - Both Youth and Adults
  - Other \_\_\_\_\_
7. How many years of experience do you have working in the mental health treatment field?
  - a) working in the field? \_\_\_\_\_
  - b) in this agency? \_\_\_\_\_
  - c) in your current position? \_\_\_\_\_
8. Do you also provide, manage, or supervise substance abuse services as a component of your job?
  - Yes
  - No
9. In your lifetime, have you ever regularly used any of the following. (“Regularly” is at least a few times every few days.) Check all that apply:
  - Cigarettes
  - Chewing tobacco
  - Cigars
  - Pipe
  - Snuff
  - Other tobacco products, please specify \_\_\_\_\_
  - None
10. Did you use any tobacco during the past 90 days?
  - Yes
  - No (If no, please skip to Section B)
11. If you are currently using tobacco, check the box below which best describes you?
  - Have tried to quit unsuccessfully
  - Would like to try to quit over the next month
  - Would like to try to quit over the next 6 months
  - Have no interest in quitting
12. What state do you work in?
13. What is the name of the organization you work for?

**Section B.**

**Please answer the questions below as they related to the population and age range that you primarily serve.**

	No Knowledge	Little Knowledge	Limited Knowledge	Some Knowledge	Fairly Good Knowledge	Extensive Knowledge
<b>Which category describes my knowledge of the following interventions for tobacco cessation and prevention (regardless of whether or not I use these services)</b>						
Asking consumer about tobacco use						
Advising consumers not to use tobacco						
Documenting tobacco use status						
Integrating tobacco cessation into treatment goals						
Providing co-occurring substance abuse and mental health treatment inclusive of tobacco cessation						
2A's-R model						
5A's model						
Nicotine replacement therapy (e.g., patches, gum, nasal spray)						
Other cessation medications (e.g., Chantix, bupropion)						
Cognitive behavioral strategies						
Education regarding tobacco use and mental illness						
Peer-to-peer services for tobacco cessation						

	No Knowledge	Little Knowledge	Limited Knowledge	Some Knowledge	Fairly Good Knowledge	Extensive Knowledge
Motivational interviewing and enhancement						
The QuitLine						
Web-based resources						
Hypnosis						
Herbal supplements						
Other community resources						
Individual cessation counseling						
Group cessation counseling						
Family cessation counseling						

**Section C.**

	None of the Time	A Little of the Time	Some of the Time	Most of the Time	Almost All of the Time	All of the Time
<b>If you currently provide no direct evaluation, assessment, or clinical services as part of your job please check the “not applicable” to the right and skip to Section D</b>						NA
<b>I currently provide the below tobacco cessation and prevention services</b>						
Ask if the consumer uses tobacco						
Advise consumers not to use tobacco						
Document tobacco use status						
Integrate tobacco cessation into treatment goals						

	<b>None of the Time</b>	<b>A Little of the Time</b>	<b>Some of the Time</b>	<b>Most of the Time</b>	<b>Almost All of the Time</b>	<b>All of the Time</b>
Provide co-occurring substance abuse and mental health treatment inclusive of tobacco cessation						
Use the 2A's-R model						
Use the 5A's model						
Encourage or prescribe use of nicotine replacement therapy (e.g., patches, gum, nasal spray)						
Encourage or prescribe use of other cessation medications (e.g., Chantix, bupropion)						
Utilize cognitive behavioral strategies						
Provide education regarding tobacco use and mental illness						
Refer to peer-to-peer services for tobacco cessation						
Use motivational interviewing and enhancement						
Refer to the QuitLine						
Refer to web-based resources						
Use hypnosis						
Suggest herbal supplements						
Refer to other community resources						
Provide individual cessation counseling						
Provide group cessation counseling						
Provide family cessation counseling						

**Section D.**

	<b>Not Effective</b>	<b>A Little Effective</b>	<b>Somewhat Effective</b>	<b>Very Effective</b>	<b>Almost Always Effective</b>	<b>Extremely Effective</b>
<b>Whether or not you provide them, how effective do you think the following tobacco cessation-prevention interventions are for persons with mental illnesses?</b>						
Ask if the consumer uses tobacco						
Advise consumers not to use tobacco						
Document tobacco use status						
Integrate tobacco cessation into treatment goals						
Provide co-occurring substance abuse and mental health treatment inclusive of tobacco cessation						
Use the 2A's-R model						
Use the 5A's model						
Encourage or prescribe use of nicotine replacement therapy (e.g., patches, gum, nasal spray)						
Encourage or prescribe use of other cessation medications (e.g., Chantix, bupropion)						
Use cognitive behavioral strategies						
Provide education regarding tobacco use and mental illness						
Refer to peer-to-peer services for tobacco cessation						
Use motivational interviewing and enhancement						
Refer to the QuitLine						
Refer to web-based resources						
Use hypnosis						
Suggest herbal supplements						

	<b>Not Effective</b>	<b>A Little Effective</b>	<b>Somewhat Effective</b>	<b>Very Effective</b>	<b>Almost Always Effective</b>	<b>Extremely Effective</b>
Refer to other community resources						
Provide individual cessation counseling						
Provide group cessation counseling						
Provide family cessation counseling						

**Section E.**

**Please check how much you disagree or agree with the statements that follow.**

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Somewhat Disagree</b>	<b>Somewhat Agree</b>	<b>Agree</b>	<b>Strongly Agree</b>
<b>Given my existing roles and responsibilities as a behavioral health provider, supervisor, or administrator, it is feasible to also provide tobacco prevention and cessation services.</b>						
<b>Smoking cessation is possible for persons with mental illnesses.</b>						
<b>It is important for persons with mental illnesses to receive tobacco prevention and cessation services.</b>						

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Somewhat Disagree</b>	<b>Somewhat Agree</b>	<b>Agree</b>	<b>Strongly Agree</b>
<b>It is important for persons who have co-occurring mental illnesses and substance abuse disorders to receive tobacco prevention and cessation services.</b>						
<b>The persons I serve are at risk of harming themselves if they use tobacco.</b>						
<b>The persons I serve might be harmed by being in settings where others smoke.</b>						

**Section F.**

	<b>Not Effective</b>	<b>A Little Effective</b>	<b>Somewhat Effective</b>	<b>Very Effective</b>	<b>Almost Always Effective</b>	<b>Extremely Effective</b>
<b>How effective would the following be in promoting tobacco cessation / prevention services for persons with mental illnesses at my current place of employment?</b>						
Education to staff regarding tobacco use among persons with mental illnesses						
Training on tobacco cessation / prevention strategies						
Additional funding or reimbursement for these services						

	<b>Not Effective</b>	<b>A Little Effective</b>	<b>Somewhat Effective</b>	<b>Very Effective</b>	<b>Almost Always Effective</b>	<b>Extremely Effective</b>
Administrative support						
Ongoing supervision for interventions						
State level support						
Organizational policies in support of prevention and cessation activities						
Guidelines and/or toolkits						
Available nicotine replacement therapy						
Other available cessation medications						
Referral to available community resources providing prevention and/or cessation services						

**Section G.**

	<b>Yes</b>	<b>No</b>
<b>I am aware of the following policies in my place of employment</b>		
A smoke-free policy which applies to:		
Staff		
Consumers		
Guests		
A smoke-free campus policy which applies to:		
Staff		

	<b>Yes</b>	<b>No</b>
Consumers		
Guests		
Communication of tobacco use policies to:		
Staff		
Consumers		
Guests		
A required signed statement that any tobacco policies have been read and understood:		
Staff		
Consumers		
Guests		
Specific enforcement procedures and consequences for:		
Staff		
Consumers		
Guests		