

# Mentally Ill Homeless – A Tailored Smoking Cessation Pilot

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## Introduction

- Milwaukee Homeless pop = 2000-6000
- Average life span of a chronically homeless person = 42-52 years
- Top reasons for homelessness:
  - Unemployment
  - Family Conflict
  - Addiction
  - Physical Disabilities
- Most prevalent Homeless Health Issues
  - 39 % Psychiatric
  - 39 % Chronic conditions
  - 33 % Victims of violence
  - 26 % Alcohol abuse
  - 22 % Drugs
  - 15 % Development/Learning dis.
- Current “BRIDGE” for homeless health
  - ER Visits
  - Free Clinics
- Estimated cost of MKE homeless healthcare
  - minimally ~ \$500,000 annually



## Methods

Street interviews and focus groups with homeless men & women. Helped discern more current health needs from homeless perspective.

Narrowed scope to two large health care issues in the homeless population: psychiatric + substance abuse

Partnered with Community Advocates, a community agency that has addressed 8000 calls for impending homelessness, and built an innovative homeless shelter for the mentally ill



Together, determined unmet needs for the mentally ill homeless.

Created a tailored pilot program for smoking cessation at the mentally ill homeless safe haven (shelter).

Tools made:

- Stages of Change surveys (SOCRATES)
- Tailored posters/visuals
- Jeopardy Game

Goals:

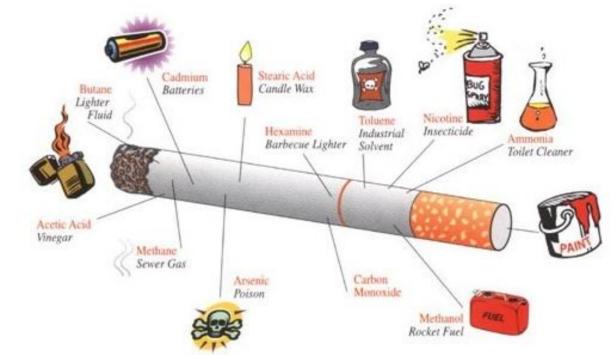
- Increase Recognition of smoking harms
- Increase interest in smoking cessation
- Prepare for moving people from Contemplation to Action

Eventual project measures:

- Pulse Ox or Carbon Monoxide Levels
- Cut back/Quit rate
- Executive Function Test (Stroop Color Word)

## Results

- 10 out of 15 residents attended 1<sup>st</sup> game
- Overall Increase in Recognition by 33 pts
- 7/15 residents interested in quitting smoking
- 2 made conscious decisions to move from contemplation → preparing to cut back/ quit smoking



## Conclusion

There are many homeless men and women dependent on smoking for a variety of psychosocial reasons

Few programs are available that are specifically tailored for the mentally ill homeless, where smoking addiction is > 75%

The pilot program for smoking cessation in the mentally ill homeless lead the team to begin tailoring surveys, games, educational materials, and counseling for this special population.

It's success was due to key partnership and investment in a common goal with a strong community organization.

Because of this, approximately HALF of the residents at the homeless shelter for the mentally ill, became interested in smoking cessation.



Willie: “I see a lot of smoking... at the shelter where I’m at, there’s a lot of people dealing with coughing...”

