

**Smoke-Free South Carolina: Improving Health Outcomes at Mental Health
Facilities
Transcript**

Christian Barnes-Young, MS, LPC. Former Assistant Deputy Director of Community Mental Health Services, South Carolina Department of Mental Health: The way that people with mental illness use tobacco is different than others. They smoke more often, they inhale more deeply, and they smoke the cigarettes down to the butt.

Alison Smith, Chief of Staff. Columbia Area Mental Health Center: When they feel anxious and when they feel depressed, just like anyone else, they're going to search for a way to find relief.

SUPER: Tobacco use for people with mental illness is 2-3 times higher than in the general population.

Hellen Dekle, Med. Secondhand Smoke and Vaping Aerosol Protection Coordinator. Division of Tobacco Prevention and Control, S.C. Dept. of Health and Environmental Control: The tobacco free campus policy for the mental health sites creates an environment of wellness, and it protects everyone from secondhand smoke and vaping aerosols.

Christian Barnes-Young, MS, LPC: We just took a two pronged approach to have a policy to where all our campuses were tobacco free campuses, but also have the treatment available to help those who are ready to quit.

Alison Smith: Our job is to try to help them find better ways of coping and better ways of relaxing and calming. We have sessions where we talk to them about, you know, what's making you anxious. What can you do to alleviate anxiety other than smoking?

Carolyn Neal, Mental Health Professional. Columbia Mental Health Center: They can use controlled breathing. They can exercise. We encourage them to pick out those things that they find enjoyable.

Alison Smith: But we also talk to the family about how they can best support their patient in their recovery, whether that's recovery from staying clean from smoking, or their mental health recovery. It's the whole integrated approach.

Carolyn Neal: You lose years of life when you use tobacco.

SUPER: People with serious mental illness have a life expectancy 25 years shorter than those without, due in part to behaviors like tobacco use

Carolyn Neal: So I would hope that my patients, all of my patients would be able to quit and never look back.

Sharon Biggers, MPH, CHES. Director, Division of Tobacco Prevention and Control, S.C. Dept. of Health and Environmental Control: CDC's Office on Smoking and Health has taken a tremendous leadership step in making the behavioral health population a priority for all of the states. We would not be where we are right now if they hadn't taken such a strong stance and been such leaders in this area.

Alison Smith: My hope for my patients is that they receive the support they need to be their best selves.

Christian Barnes-Young, MS, LPC: We're proud to be collaborating with the CDC on tobacco control.

Sharon Biggers, MPH, CHES: Together, we are improving health outcomes in our communities.

SUPER: Helping people live their healthiest lives
cdc.gov/chronicdisease/healthequity