



Smoking Cessation Project
for people with a mental illness

Final Report

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Executive Summary

Around 32% of people with a mental illness smoke cigarettes. Tobacco addiction, however, is more common among people with low prevalence mental illnesses than those with high prevalence disorders. International and Australian studies among people with psychotic illness such as schizophrenia have found rates of smoking between 60%- 73%. (2014 National Drug Strategy Survey)

The reasons people with a mental illness smoke are complex, but many seriously want to quit and are capable of doing so with the right support. They often feel they can't quit alone and have difficulty finding a health professional who feels confident to help them with this task. Some health professionals may view smoking as one of the few pleasures for people with a mental illness, and don't see an immediate need to challenge this. However, for people with a mental illness there are additional physical, psychological and social risks involved in smoking. They have a lot to gain from quitting but they need support to achieve this.

Health professionals should offer people with a mental illness smoking cessation interventions that have been shown to be effective in the general population. Mental illness is not a contraindication to stopping smoking but the illness and it's treatment need to be monitored carefully during smoking cessation

This project was able to implement an organisation, evidence based approach to smoking cessation by:

1. Providing individual and group programs to support clients with mental illness to explore or commence a smoking cessation program.
2. Upskilling health professionals at Ballarat Community Health to have the tools, skills and confidence to ask clients at assessment and review appointments if they smoke, their readiness for change and provision of appropriate information and referral for that client .
3. Working in partnership with mental health organisations and client case workers and support workers to ensure best client outcomes.
4. Identifying and referring across to other services and programs such as physical activity programs, nutritional programs and counselling to address other issues that maybe related to barriers to smoking cessation such as weight gain, increased stress, dental, etc.

Aims and Objectives

Aims:

1. Conduct a group program to support clients with mental illness to explore or commence a Smoking Cessation program
2. Upskill health professionals at Ballarat Community Health to have the tools, skills and confidence to ask clients if they smoke as part of each consultation, their readiness for change and provision of appropriate information and referral.

Objectives:

- Appoint a project worker to a) research and develop content for a group program for clients with mental health issues to support smoking cessation and b) engage staff in developing a process for clients to access smoking cessation information, including a brief intervention and referral for further support.
- Engage service providers/organisations that work with clients with mental health issues to support their clients and provide referrals into the smoking cessation program.
- Implement a group program for clients with mental health issues wanting to cease smoking.
- Engage with teams at BCH to build skills in asking clients about their smoking status and providing brief intervention opportunities and referral.

Method

Project worker

In November, 2015, a smoking cessation nurse was employed to focus on developing a group specifically for clients who have or self-identify as having a mental illness. (The need of this program is identified in the executive summary)

The nurse completed a 2 day smoking cessation course at the Alfred Hospital in November 2015 (endorsed by the Australian Association of Smoking Cessation Professionals). This course provided general information on conducting smoking cessation clinics and also focused on smoking and mental health.

A 2 day in-service in Motivational Interviewing was also attended in February 2016.

Group Program Content

The Smoking Cessation group program has been developed for people who are living with a mental illness who want to be involved in a group program to address their tobacco use. The participant may be wanting to quit, reduce or think about their tobacco use. The group is designed to engage the participant to:

- Think about their tobacco use and why they wish to quit/cut down
- Build skills and strategies to address tobacco use and assist in quitting/cutting down
- Feel more confident in their quit attempt
- Feel supported and motivated to address their tobacco use in a group environment

Mental health workers, partners or carers will be able to attend if the participant is happy for them to join the group.

The group aims to recruit between 5-8 participants with a mental illness, although the group can proceed with 2 group members if required. The group will run for 2 hours over 2 consecutive weeks. Studies conducted have shown that groups which run for any sustainable length of time are inclined to suffer from decreased participation rates. It has also been demonstrated that groups which run in the late morning are more likely to have higher participation numbers, particularly with a mental health illness. (SANE Vic & Quit SA 2011)

Although this program is being developed specifically for people with a mental illness it can be used with anyone interested in giving up smoking.

A smoking cessation group program was developed in accordance with best practice guidelines and an evidence based model was used. Research was conducted about smoking cessation groups for mental health clients, focusing primarily on engagement and retention.

The findings were as follows:

- Groups are best conducted mid/late morning
- It is important that the sessions do not exceed 2 hours in length
- Sessions are best to run over consecutive weeks, but not exceeding 2 weeks

- Groups that are interactive work more effectively than “presentation format” (SANE Vic & Quit SA 2011)

These findings were considered when preparing the group content.

Additional resources for the program were developed and include:

- Promotional material (Flyer and postcard)
- Group outlines
- Handouts
- Power point presentation
- Evaluations at 1 & 3 months

It was important for group cohesion that comprehensive registration process was formulated to ensure clients were suitable for the group and included:

- Comprehensive assessment of smoking history
- History of mental illness and current treatment
- Names of GP/Psychologist/Psychiatrist/Mental Health Case Manager

Outline of group program plan:

Session 1

- The 3 steps to quitting smoking
- Smoking & mental illness
- The effects of smoking on the body
- The 3 aspects of smoking
- Dealing with triggers
- The 4 D's
- Making a plan

Session 2

- Dealing with nicotine withdrawal
- NRT
- Dealing with difficult feelings
- Looking after mental health
- Getting support
- Managing slip ups
- Action plans
- Evaluation

Presentation style

The group presenter will use a variety of methods to deliver information including but not excluding:

- Power point presentation
- Using a white board
- Handouts and worksheets
- Group discussion

- Role play
- The sessions will involve brainstorming and participatory activities so group members can share ideas and learn from each other

A range of course materials has been developed to suit the course structure.

Participants will be encouraged to set their own goals for addressing their tobacco use. 1:1 consultations will be available at the conclusion of the group

Participants who miss a session will be contacted by phone. This is to ensure the group member is mentally and physically well and to encourage them to attend the next session and if necessary to provide additional support. Some participants will require additional support including, a phone reminder before the session, assistance with transport, the support of a case manager etc.

Linking in with other services

Participants will be encouraged to talk to other health workers, family and support workers about their plans to address their tobacco use. They will also be informed of the many services offered at BCH.

Participants will be asked for permission to allow the group presenter to contact their GP/Mental health worker to provide extra support

Once the group content was completed, the smoking cessation nurse began promoting the program.

Distributing flyer to mental health organisations:

The following organisations within the Ballarat region were provided with flyers and postcards to distribute:

- Grampians Partners in Recovery (GPIR)
- Mental Health Community Support Services (United Care)
- Ballarat Health Services (Mental Health Unit)
- Mental Health Fellowship
- Eastern View
- Headspace
- Ballarat Community Health (Health Management and AOD Teams)
- Ballarat Group Practice

Attending meetings to present group content:

The smoking cessation nurse attended the February meeting of GPIR and the Health management meeting at BCH. Also a talk was presented to the Mental Health Fellowship. This was an information session which included both clients and mental health workers.

Registration for group commenced mid February 2016

Upskilling health professionals at Ballarat Community Health (BCH)

It is well established that smoking is the largest cause of preventable death and disease in Australia. Research demonstrates that advice and support from a health professional during an initial assessment is the greatest external trigger in prompting a client who smokes to attempt to quit. (Australian Institute of Health and Welfare, 2008)

Stead, Berggson and Lancaster (2008) concluded that for every 33 conversations a clinician has with their client, 1 will lead to a successful quit attempt.

- Health professionals at BCH do not routinely include a brief intervention for smoking as part of their initial assessments. As part of this project, BCH will be piloting an initiative titled **‘Start the conversation’**. This program has been developed by Alfred Health and funded by the Victorian Government. It is designed to challenge health professionals to raise the topic of smoking with their clients.
- As part of this initiative, an online training module was delivered to staff in a team meeting providing information for health professionals to understand about smoking cessation and how to provide brief advice to clients.
- It was agreed that a 3 month trial period would begin in June 2016, centred on the “Start the conversation” initiative.

Training resources for staff

http://starttheconversation.org.au/downloads/ALH25385_Smoking-Cessation-Resource_ABCD-approach_d3a.pdf

[\(Step 1\) Register on the Quit Learning Hub](#)

[\(Step 2\) Complete the online course](#)

Embedding smoking status and brief intervention into assessments

1. The smoking cessation nurses devised a standard smoking questionnaire. (See appendix 1). This form is completed during an initial assessment and smoking status recorded in TCM.
2. Resources have been compiled and information on smoking cessation put together in a package.

Results

Smoking Cessation Group

2 groups were conducted over a 3 month period

****Group 1 was scheduled for March; however, due to staff illness was rescheduled for April 21st & 28th.**

- 3 clients were registered for the group. 2 of these clients were referred from the Mental Health Fellowship and 1 from HEAL Plus program ran at BCH, all 3 clients appeared engaged in the group and were interactive in activities and discussions. 2 of the clients were in attendance with their case manager. Unfortunately again due to staff illness the second session was unable to be completed. Attempts to reschedule were unsuccessful due to conflicts in schedules of staff from Ballarat Community Health and the Mental Health Fellowship.
- All 3 group members were contacted to complete an evaluation on the content of the first session and to ask if they would be interested in 1:1 smoking cessation support or attending the 2nd group. 1 client was booked for a 1:1 session and the other 2 clients expressed an interest, however, did not wish to commit at that stage. Evaluation feedback for the first session was positive.

****Group 2 was conducted on June 23rd and 30th.**

- 3 clients were registered for this group.
- 1 client was referred by Dr Shaun Mohammadsaeedi and the other 2 clients were referred by the Mental Health Fellowship. 2 clients attended both sessions of the group with 1 client withdrawing, due to illness. 1 group member was in attendance with their case manager. Both group members appeared engaged in the group and were interactive in group discussion. Evaluation feedback for the second session was very positive. 1 client was booked in for a 1:1 assessment and the other client expressed interest and would like to be contacted in 2 months' time

Individual client support

- 4 clients who were eligible for the group declined to attend, however, were offered and accepted 1:1 consultations.
- 3 clients who were eligible for the group declined to attend both the group and 1:1 consultations.

Start the conversation initiative

- The Health Management Team (comprising of 12 allied health staff) attended a session where the "supporting patient's to be smoke free Sounds of Silence" film was screened.

The stories on this film are about real patients and staff at the Alfred Hospital. They share their experiences about the life changing conversations that had resulted in people quitting smoking

- All allied health staff completed the online training module from Quit: “Supporting patients to be smoke free”

The smoking cessation nurses devised a standard smoking questionnaire. (See attached). This form is completed during an initial assessment and smoking status recorded in TCM.

Discussion

- All clinicians should view the “starting the conversation” video about smoking.
- Appropriate training and education will strengthen the confidence and capacity of clinicians to support clients who smoke.
- The question and brief intervention needs to be embedded in assessment tools.
- Resources in the form of a pack should be available for supporting information and referral options.

Conclusions

People who engaged in the program found the contents of the group to be of benefit. According to evaluations completed at the completion of each group, clients agreed or strongly agreed with the following:

- The group helped them think about their tobacco use.
- The group helped them build skills to address tobacco use
- They were more confident in attempting to quit or cut down tobacco use
- The material presented was useful and informative
- They felt supported and motivated by the group

Clients also believed the time of day the group was run was suitable and the venue was satisfactory. One recommendation was that transport should be available as some group members who don't drive found it difficult to catch public transport or arrange their own transport .

A suggestion was also made to maybe run the group over 4 hours for one session with regular breaks throughout. This may assist in retention as many clients do not come back for the second session.

Recommendations

- There is a need to provide opportunities for smoking cessation nurses to support and to engage more effectively with mental health organisations in the region.
- Provide more promotional material to organizations
- Allow for flexibility in group program session times

- Provide transport options and support if required.
- Promote the Start the conversation and e-learning modules
- Embed the smoking status question and brief intervention opportunity in assessment templates.
- Have resource pack readily available for clients wanting support with smoking cessation.

Appendix 1

Start the Conversation:

The following is recommended to be included as part of initial client assessment or at the next follow up appointment.

Do you currently smoke? Yes No

If **Yes** - how many cigarettes do you currently smoke per day? [Click here to enter text.](#)

Have you ever given up smoking in the past? [Click here to enter text.](#)

If **No** - have you smoked tobacco regularly in the past? No Yes How long ago did you quit? [Click here to enter text.](#)

Have you considered quitting smoking tobacco? Yes No

(Discuss health risks of continuing smoking/benefits of quitting in relation to your discipline)

Are you interested in getting some help to quit smoking tobacco? Yes No

PLAN Refer to BCH Smoke Free Clinic Quitline phone support on 137 848

GP QUIT booklet other: [Click here to enter text.](#)

For clients who decline assistance at this time let them know that you will ask them these questions again at a later date – 3 to 6 months.

Comments: [Click here to enter text.](#)

Action: Each discipline to decide if to include this into their assessments or in additional attachment to their assessments

To commence at the beginning of June 2016.

Post cards for the smoke free clinic being developed by Genevieve and Rebecca along with ensuring sufficient number of QUIT booklets are available.

Audit to take place in 3 months then annually as part of client record audit.

