

# Challenging the Smoke in Mental Health & Addictions: an introduction to the Smokefree Coordinator role

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## Background

**Prevalence:** tobacco smoking in clients of Specialist Mental Health and Addictions services (SMH&AS) is up to three times higher than the total population (1). On average, life expectancy for mental health and addictions clients is 10-20 years shorter than the total population, mostly attributable to smoking (2).

**Culture:** historically smoking was strongly tolerated and reinforced within SMH&AS. For example, clinicians provided clients with cigarettes and smoke breaks as part of client treatment plans. Myths abounded, such as the belief that clients did not want to quit, or needed to smoke for stress relief, or that quitting was too hard.

New Zealand systematically implemented the Ask Brief Advice, Cessation Support (ABC) approach across primary and secondary care, through funding and health targets. However, SMH&AS community services were not included in the targets.

- REFERENCES
- (1) <https://www.tepou.co.nz/uploads/files/TePou-EquallyWell-EvidenceReview-SummaryReport-Web.pdf>
  - (2) <http://ash.org.uk/information-and-resources/reports-submissions/reports/the-stolen-years/>



## Lets Kick Butt 2017

**The Fono "The Crocodiles" team had 3 out of 5 quit**

**This was Nicholas's second quit attempt, this time he hopes for good, he used the money he saved to buy a car and has joined the gym.**

**Esther was initially ambivalent about quitting but agreed to give NRT gum a try, one week later she was quit and has remained so.**

**Pua was smoking 1 to 2 a day and decided she would stop and save her money for a holiday in the Islands .**

**Junior and Kanoa both managed to reduce their daily cigarettes and plan to keep reducing .**

## Interventions

**Model:** Given the prevalence and culture, dedicated smokefree support needed to be established within SMH&AS. Consistent messaging was needed across the entire healthcare system, including SMH&AS.

Waitemata District Health Board funded dedicated SMH&AS Coordinator roles, placed within the DHB and Non-governmental Organisation (NGO) sector.

The role had three key focus areas to bring about cultural change:

- Deliver training
- Establish smokefree systems
- Develop resources

## Outcomes

- Service-specific model targeted at SMH&AS teams, using harm reduction and motivational interviewing approach
- Established visible smokefree leadership, including Smokefree Champions within services
- Set up Smokefree self-audit for NGO's
- Regular forums for sector education
- Let's Kick Butt: incentivised group Stop Smoking challenge
- Training of all staff in the ABC approach
- Tailored smokefree training addressing barriers for smokefree in the SMH&AS environment
- Developed comprehensive smokefree environments policy requirements for the NGO sector
- Processes put in place for assessing and supporting service users to become smokefree
- Developed and shared smokefree resources, including newsletter and website
- Nicotine Replacement Therapy (NTR) supplied directly to NGO's
- Supported services to develop their own Smokefree Action Plans
- Access to designated coordinator for ongoing support and advice relevant to the SMH&AS environment
- Aligned smokefree practices with other initiatives, such as Equally Well
- Created a vision for smokefree to be the norm within SMH&AS
- Visible decrease of smoking amongst staff



## Conclusion

The work of Smokefree Coordinators has shifted the culture and perceptions around tobacco use, within SMH&AS. As smokefree support develops for SMH&AS, these are being built with the client at the centre and support tailor-made to address individual obstacles to becoming smokefree.

Restrictions:

- Poor data collection on smoking status
- Lack of tailored Stop Smoking Service for SMH&AS

## Next steps

Continue with established smokefree roles within SMH&AS. Seek opportunities to use innovations safely e.g. vaping

Advocate for MH&A clients to be a priority population for smokefree initiatives.



## No Butts



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## Metro Smokefree News

*You May Trip, You may fall but it is better than not doing it at all...*

I am not speaking about quitting Smoking here, though these words could easily be applied. I am talking about not providing brief advice and cessation support continually to people who smoke. Research suggest Mental Health & Addiction Professionals are the main barrier to providing smoking cessation support to people with mental illnesses (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5025720/>).

The Ministry of Health requires every Health professional to Ask about smoking, Briefly advise to quit and offer Cessation support (ABC), to all patients who smoke, at every consultation. Just a short word or two can make a difference. Many people say these moments are like planting a seed, so it is worth remembering seeds need that on-going attention to reach their best potential.

**Motivational interviewing**  
suggestions taken from <https://bpac.org.nz/BP/2014/October/smoking-cessation.aspx>

**Expressing empathy**  
e.g. "So you've already tried to give up smoking a couple of times and now you're wondering if you will ever be able to do it?"

**Developing the discrepancy**  
between the goal of being smoke-free and the behaviour of smoking e.g. "It's great that your health is

**Is your attitude a barrier?**

The very best thing you can do for someone's mental and physical health is to encourage them to stop smoking. Be sure you are not holding onto attitudes and misconceptions that may undermine the delivery of smoking cessation interventions.

Becoming Smokefree is an individual journey which



In this issue

Removing Barriers

Let's Kick Butt feedback/updates.

Are you giving smokers a fair go?

What's Happening in Smokefree?

