Government of **Western Australia**
North Metropolitan Health Service
Mental Health, Public Health and Dental Services

A mental health unit's transition to completely smoke-free: A case study

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Tackling Tobacco In Mental Health Settings

Cancer Council WA

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Background

- Smoking rates among people with a mental illness two to three times more prevalent than general population (Prochaska et.al., 2017).
- Smoking is a significant & preventable risk factor contributing to increased morbidity & mortality for people with a mental illness (Prochaska et.al., 2017).
- Smoking rates for inpatients within mental health services are high (Lawrence et.al., 2009).

Background

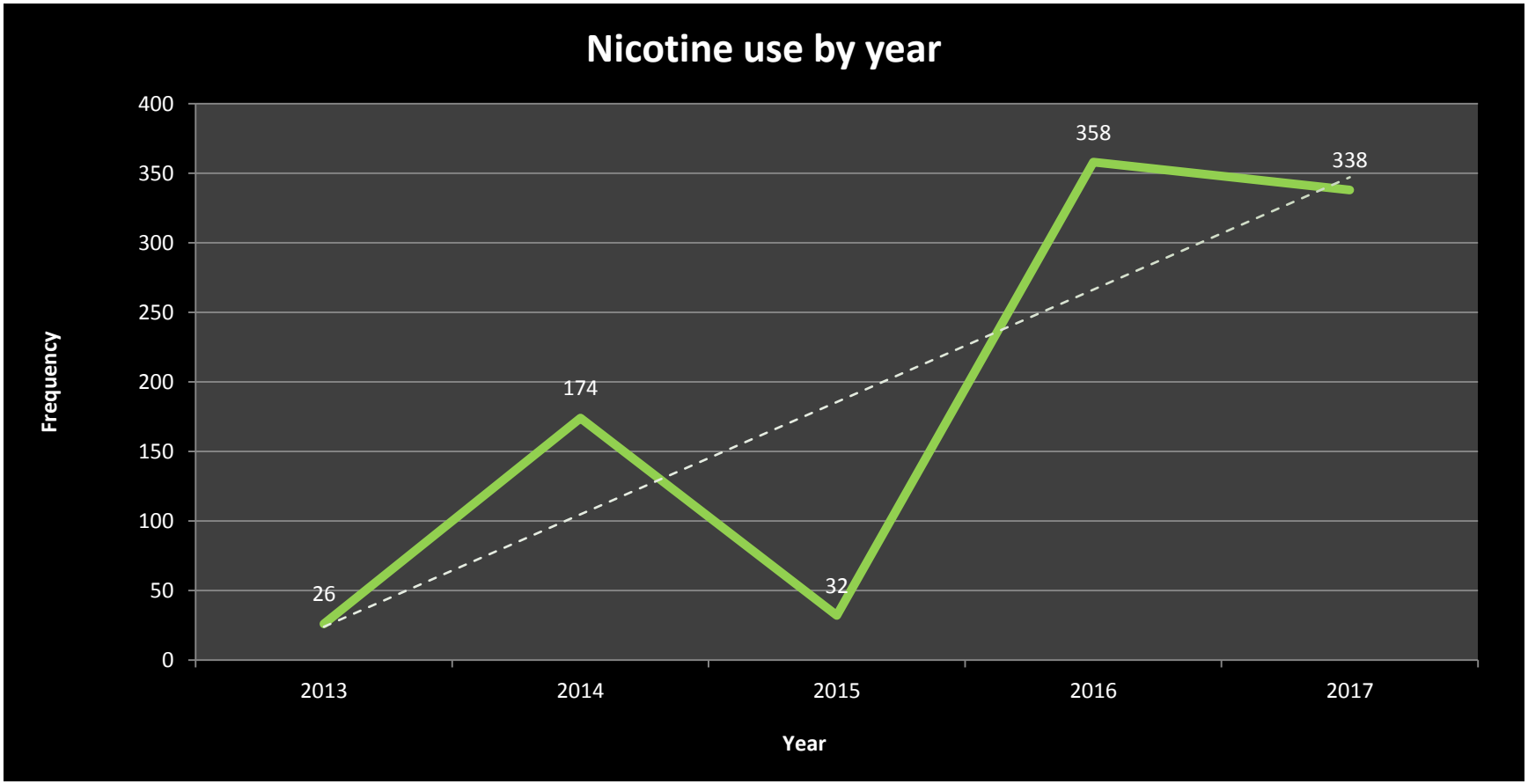
- D20 was a 36 bed voluntary mental health unit.
- WA Smoke-free policy with exemption for patients under the MHA.
- Permissive smoking norm with ongoing management and clinical issues:
  - Default smoking courtyard.
  - High rates smoking by patients.
  - Minimal use of nicotine replacement therapy.
  - Passive smoking and smoke-drift concerns.
  - Complaints about ETS/ cigarette butts/night time smoking and related behavioural issues.

- The transition to the new SCGH MHU occurred August 2015.

Background

- ATOD nurse embedded role at SCGH Mental Health Services 2010.
- Provided individual and group work support which included smoking.
- This role enabled increased focus on tobacco 2013 → present.
- Identification of smokers through Statewide Standardised Clinical Documentation (SSWCD) which included PMR6 (NRT Assessment).
  - Inclusion Tobacco support in PSOLIS care planning
  - Education & support(patients & staff)

Inpatient Tobacco Use
ATOD referral statistics 2013 to 2017



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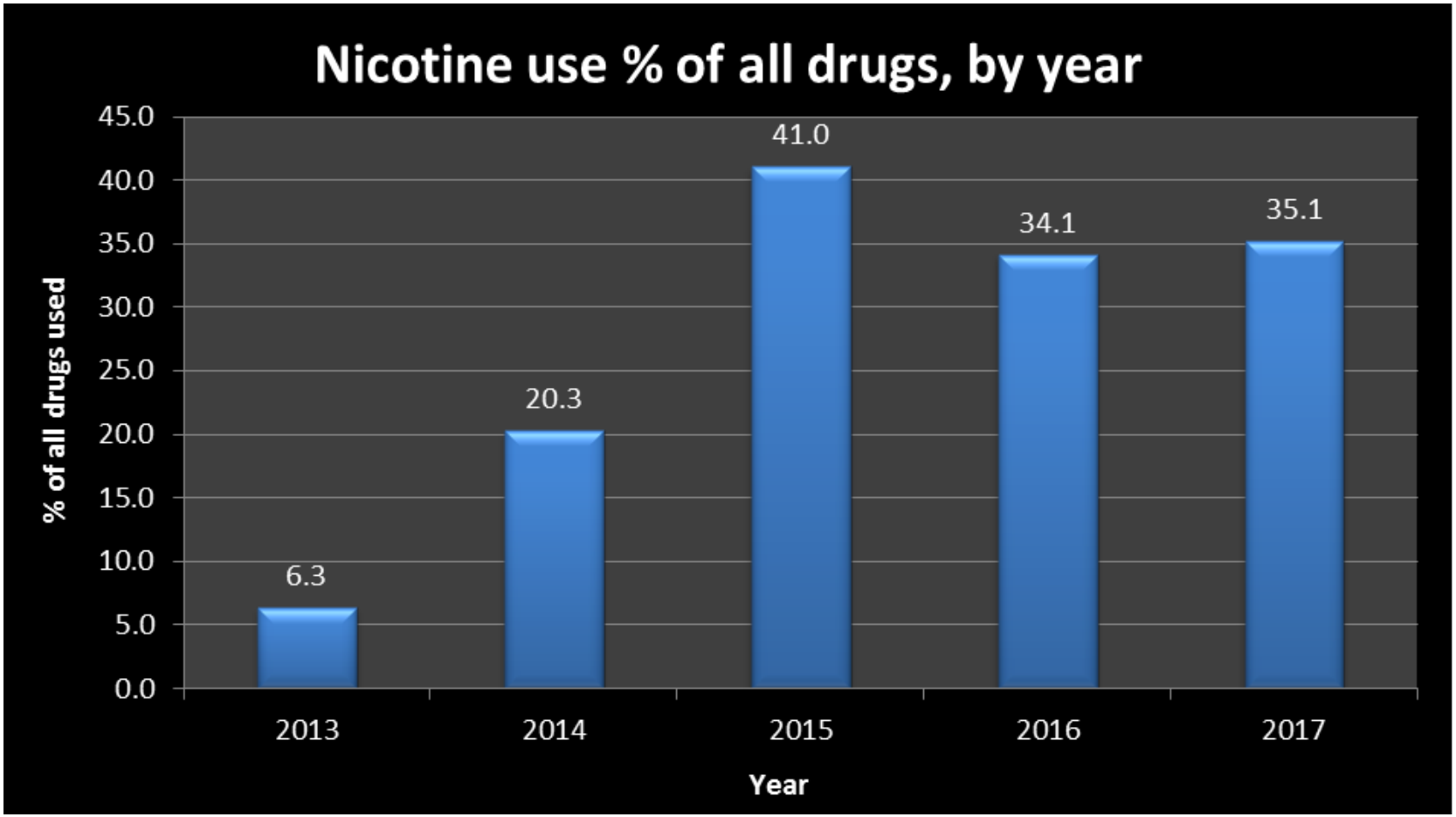

Quality Improvement Initiatives: Tackling Tobacco 2014 to present

- **QI 2015-21 Ongoing tobacco strategy for compliance smoke-free policy & embedding tobacco treatment within inpatient psychiatry, particularly in transition to the new mental health unit.**

Standard MH5.2. The MHS develops implementation plans to undertake promotion and prevention activities, which include the prioritisation of the needs of its community and the identification of resources required for implementation, in consultation with their partners.

- **QI 2016-46 Feedback from consumers and families/carers admitted to the SCGH MHU re completely smoke-free policy.**

NSQHS Standard 1.20.1 Implementing well designed, valid and reliable patient experience feedback mechanisms and using these to evaluate the health service performance.

- **QI 22337 Information to patients re smoking at the SCGH Mental Health Observation Area (MHOA)**

NSQHSS 1.8 Adopting processes to support the early identification, early intervention and appropriate management of patients at increased risk of harm.

Transition to new MHU & Smoke-free Policy with no Exemption: Strategies (QI 2015-21)

- Smoke-free Working Party.
- Departmental forum re completely smoke-free prior to transition.
- Consumer Consultant inclusion.
- Information to consumer groups, services, staff. Including Quit and NRT support.
- Identification of smokers and nicotine replacement therapy support.
- **5A's** education to staff. **Ask Assess Advise Assist Arrange**
- Smoking and medication interaction education and information to staff and consumers.
- Increased brief & individually tailored intervention to consumers who smoked.

Clinical Interventions: Tackling Tobacco

- Individual & Group support (based around Cancer Council Freshstart Facilitator Training).
- World No Tobacco Day (WTND) stall
- NRT
- Quit Referrals
- Smokerlyser
- Resources e.g stress balls, Quit booklet.
- Psychoeducation smoking and medication interaction.
- Family inclusion with education, support and information.

Feedback from consumers and families/carer re completely smoke-free

(QI 2016 – 46)

Summary

- Feedback sought between Dec 2016 to March 2017.
- N=41 patients.
- No carers provided feedback.
- Majority smokers.
- 79% offered NRT and 83% of these used NRT during their admission.
- Predominantly distraction activities were considered most helpful.
- 58% planned to quit or cut down post admission.
- Open ended comments showed dominant themes around increased stress and difficulty with nicotine withdrawals and choice and rights (75%). To a lesser extent themes related to benefits to smoke-free admission and enforced abstinence (40%).

Feedback from consumers and families/carer re completely smoke-free

(QI 2016 – 46)

Open Ended Comments

- **Increased Mental Health Acuity**: *"Being someone that has had issues with mental health for the last 18 years, I'm finding it very hard to cope with not being able to smoke in the locked ward of SCGH. Patients have a lot more issues to deal with and to take their cigarettes away makes me stress more."* (P13)

- **Shame & Stigma:** *"…the humiliating way I behaved just to have a cigarette I became aware I was prepared to do anything just to have a cigarette…"* (P1)

Feedback from consumers and families/carer re completely smoke-free

(QI 2016 – 46)

Distraction Activities (n=34)

Type of activity	Number patients
Exercise (gym, basketball, table tennis)	10
Colouring/art	5
Watching television/movies	4
Nothing	3
AOD/Smoking Support Group	3
Socialising	2
NRT	2
Reading	2
Computer	1
Prayer	1
Board games	1
Smoking	1
Eating or drinking	1

Feedback from consumers and families/carer re completely smoke-free

(QI 2016 – 46)

Open Ended Comments

- **Increased Mental Health Acuity**: *"I found that being a smoker and the stress that it caused me not being able to smoke, made the situation that I was going through to be extremely exacerbated and this caused me to become suicidal and feel unsafe."* (P29)
- **Social Norm Smoking:** "*I tried smoking in my last two admissions because basically everyone was smoking and it seemed like the social thing to do."* (P11)
- **Choice & Rights:** *"This place needs a smoking cage for one at a time. It is ridiculous to make people give up. It is a personal choice". P18*
- **Self efficacy; Choice and Rights:** *"Being given a choice on open unit helps me to control my smoking rather than it control me". P8*

Feedback from consumers and families/carer re completely smoke-free (QI 2016 – 46)

- **Benefits & Culture Change:** *"I enjoyed the atmosphere at Karajini ward where cigarette smoking was easier to give up. Fabulous and fresh."* P6
- **Empowerment & Self Efficacy:** *"I have had a lesson in self-realisation and self-awareness while in hospital. After 42 years of smoking I want to become an ex-smoker."* (P1)
- **Benefits of Smoke-free:** *"I am a non-smoker…during my stay it was good to see the environment free from cigarette butts and smells. The air was fresh and having a non-smoking policy in place means people who are smokers can likely interact well with non-smokers. If this was not the case you would also be dealing with isolation on the wards because in the past I have observed clear division."* (P41)

Feedback from consumers and families/carer re completely smoke-free

(QI 2016 – 46)

Recommendations

- A completely smoke-free MHU should continue to provide a combination of resources and supports that included ATOD Nurses who can provide support and education accessible to both patients and staff.
- The use of NRT and distraction/self-soothing activities should be a consistent and integral part of services offered to inpatients who smoke.
- Further quality improvement initiative related to consumer and carer feedback and evaluation of best practice for use of resources and supports.

Information to patients re smoking at the SCGH MHOA QI 22337

- Patients who smoke coming into ED and admitted to MHOA often experience nicotine withdrawals & are not given information about NRT to mitigate against this &/or smoking at a reduced rate so experience nicotine withdrawals.
- Hospital admission treatable moment for 5A's.
- Pre survey completed.
- Information sheet (see display table).
- Post survey about to commence.

Thankyou

- Please see our table display of information and equipment which use in smoking support.
- On display is a poster of Jane's Masters which she presented at the DANA (Drug and Alcohol Nurses Australasia) Conference in 2017.
- *"Attitudes of mental health professionals to the provision of tobacco dependence treatment in an acute inpatient mental health unit: An exploratory mixed method study."*

References

- Lawn,S., Bowman, J., Wye, P., Wiggers,J., 2017.Exploring the potential for family carers to support people with mental illness to stop smoking. *Journal of Dual Diagnosis,* 13:1, 52-59, doi:10.1080/15504263.2016.1267829.
- Lawrence,D., Mitrou,F., Zubrick,S., 2009. Smoking and mental illness:results from population surveys. *BMC Public Health.* 9:285. doi:.org/10.1186/1471-2458-9-285.
- Prochaska,J., Das, S., Young-Wolff,K., 2016. Smoking, mental illness and public health. *The Annual Review of Public Health. 38:165-85 doi: 10.1146/annurev-publichealth-031816-044618.*