



## QH Mental Health Clinical Collaborative (MHCC)

Physical Health & Mental Health – Multi-site clinical practice change

Equally Well Conference, March 2019

## Qld Mental Health Clinical Collaborative (MHCC)



Hospital and Health Services, Queensland Health  
by Recognised Public Hospitals  
and Primary Health Centres



Prepared by: Statistical Reporting and Coordination, Statistical Services Branch, 11 May 2016  
Hospital and Health Services by recognised public hospitals and primary health centres as at October 2017

## Queensland Health Mental Health Services: MHCC members

Cairns

Central Queensland

Darling Downs

Gold Coast

Mackay

Metro North:  
RBWH, TPCH & Redcliffe-Caboolture

Metro South:  
PAH, Logan-Beaudesert & Bayside

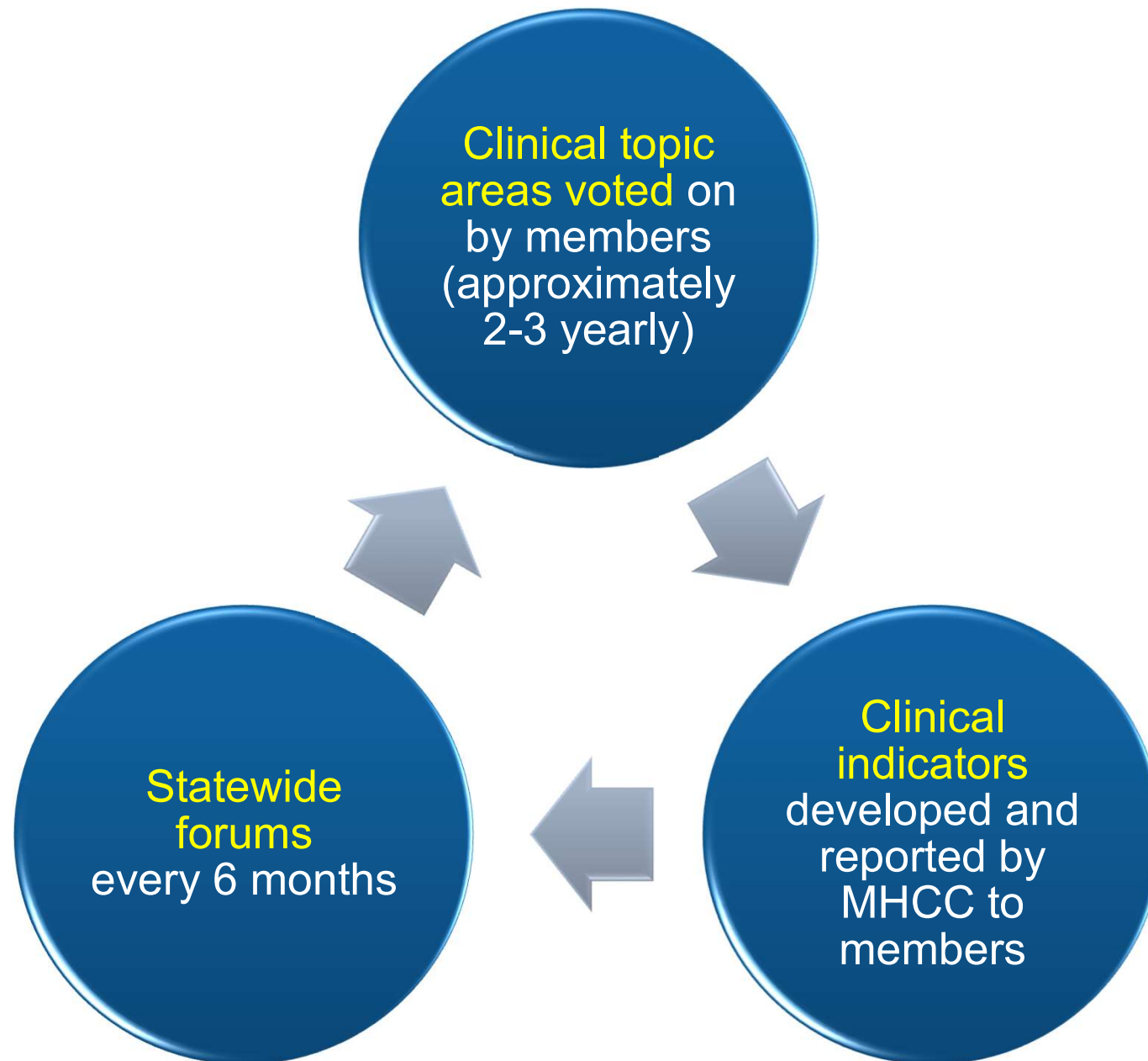
Sunshine Coast

Townsville

West Moreton

Wide Bay:  
Bundaberg & Fraser Coast

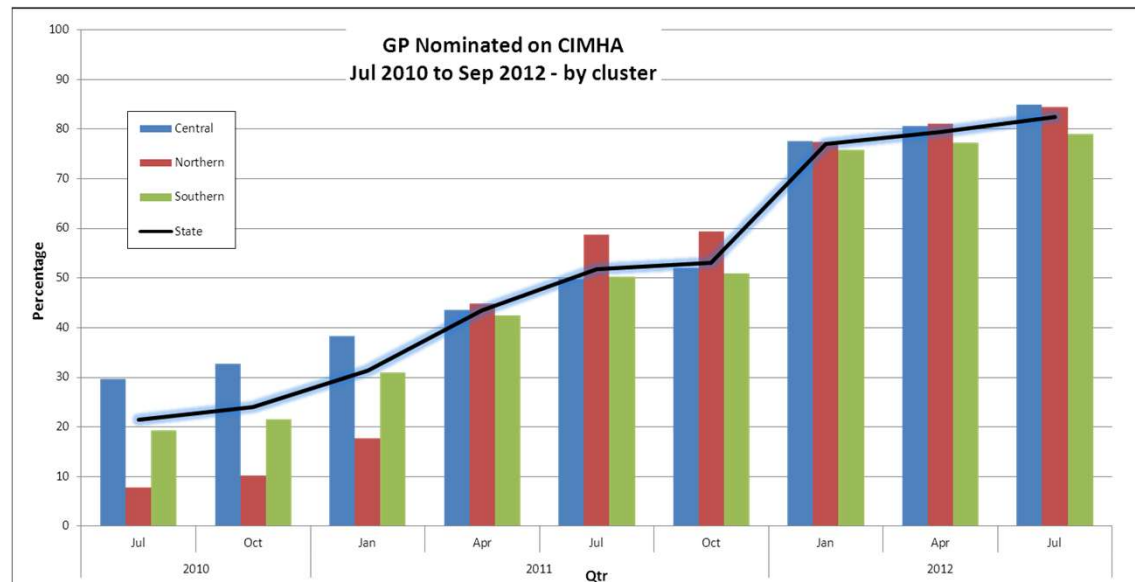
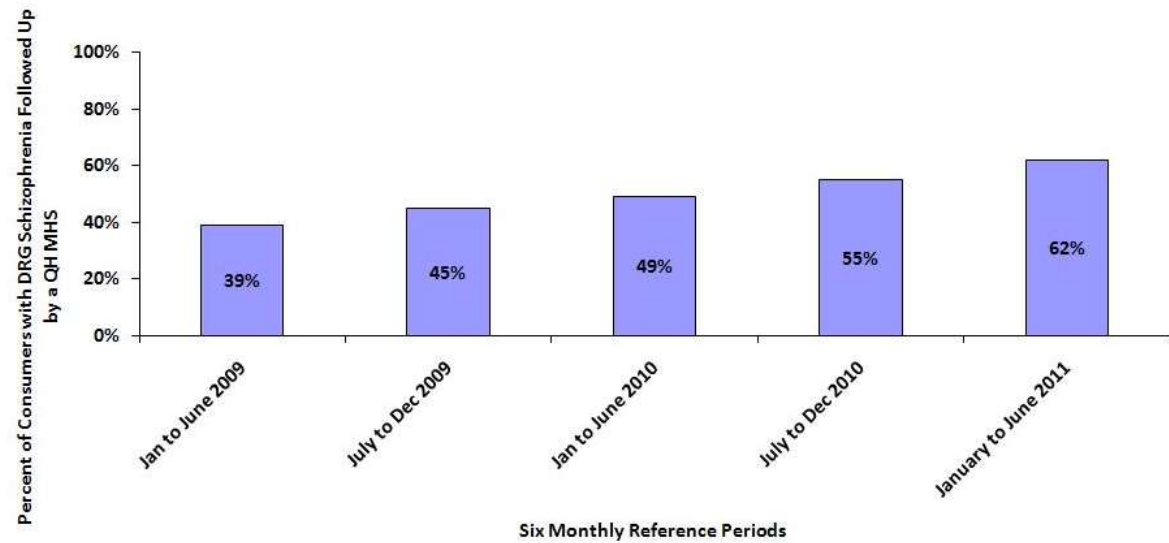
# MHCC Process: Connecting Clinicians with Information



## Previous Topics for MHCC

- 1-7 Day follow up in the community post discharge from acute unit.
- The identification of a GP for consumers

Statewide DRG Schizophrenia 1-7 Day Community Follow Up  
Jan 2009-June 2011




## **Current Area of Focus – Physical Health**

- **In 2012 Physical health assessment – 6-monthly routine clinical practice**
- **Smoking cessation acute inpatients (2015) and community consumers (2017)**  
– routine screening for smoking and delivery of brief smoking cessation intervention to smokers



# Routine Physical Health Assessment



 <b>Queensland Government</b> <b>Mental Health Services</b> <b>Metabolic Monitoring</b>		(Affix identification label here) URN: Family name: Given name(s): Address: Date of birth:      Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> I	
<b>Instructions for use:</b> This form is intended to be used in conjunction with a 91 day case review and completed for all patients at risk of metabolic syndrome, including patients on antipsychotics or mood stabilisers. Some measures might require more or less frequent monitoring than the case review cycle. An authorised signed entry is to be completed in the medical record progress notes for each measure on each occasion.			
Baseline <input type="checkbox"/> Y <input type="checkbox"/> N Date			
	Number cigarettes/day (0 if non-smoker)		
	Height (cm)		
	Weight (kg)		
	BMI (kg/m <sup>2</sup> )		
	Waist (cm)		
	Blood Pressure (mmHg)		
	Fasting Blood Glucose (mmol/L)		
<b>Lipids</b>	Total Cholesterol (mmol/L)		
	LDL (mmol/L)		
	HDL (mmol/L)		
	Triglycerides (mmol/L)		
<b>Liver function</b>	ALT		
	AST		
	GGT		
<b>Renal function</b>	Urea		
	Creatinine		
<b>Endocrine</b>	Prolactin level		
	Calcium		
	TSH		
<b>Haematological</b>	White cell count		
	Neutrophils		
	Platelets		
<b>Cardiac function</b>	Electrocardiogram (rate, rhythm, abnormality)		
	Echocardiogram (Normal, Abnormal)		
	Troponin		
	CRP		
<b>Other monitoring requirements</b>			
Completed by			
Name of doctor			
Signature of doctor			

# MHCC Physical Health

Metabolic  
Monitoring  
Form (MMF)



Phys. Health  
POS  
Intervention



Physical  
Health  
Assessment

18-64  
years

ICD 10 Scz  
Diagnosis  
sourced from  
CIMHA

Collection period six monthly

MHS - METABOLIC MONITORING

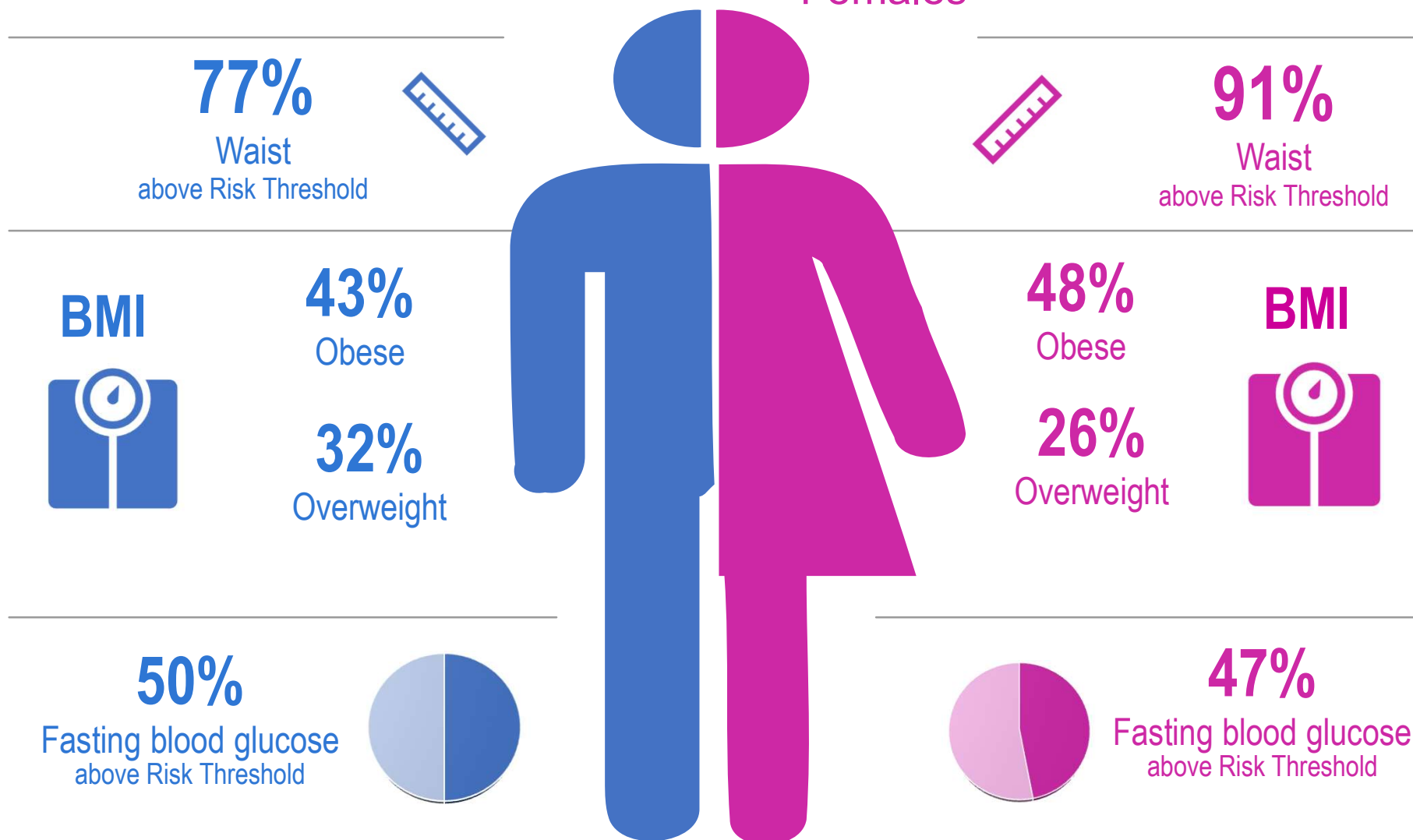


# Metabolic Monitoring Test Results

July-December 2018

Males

Females



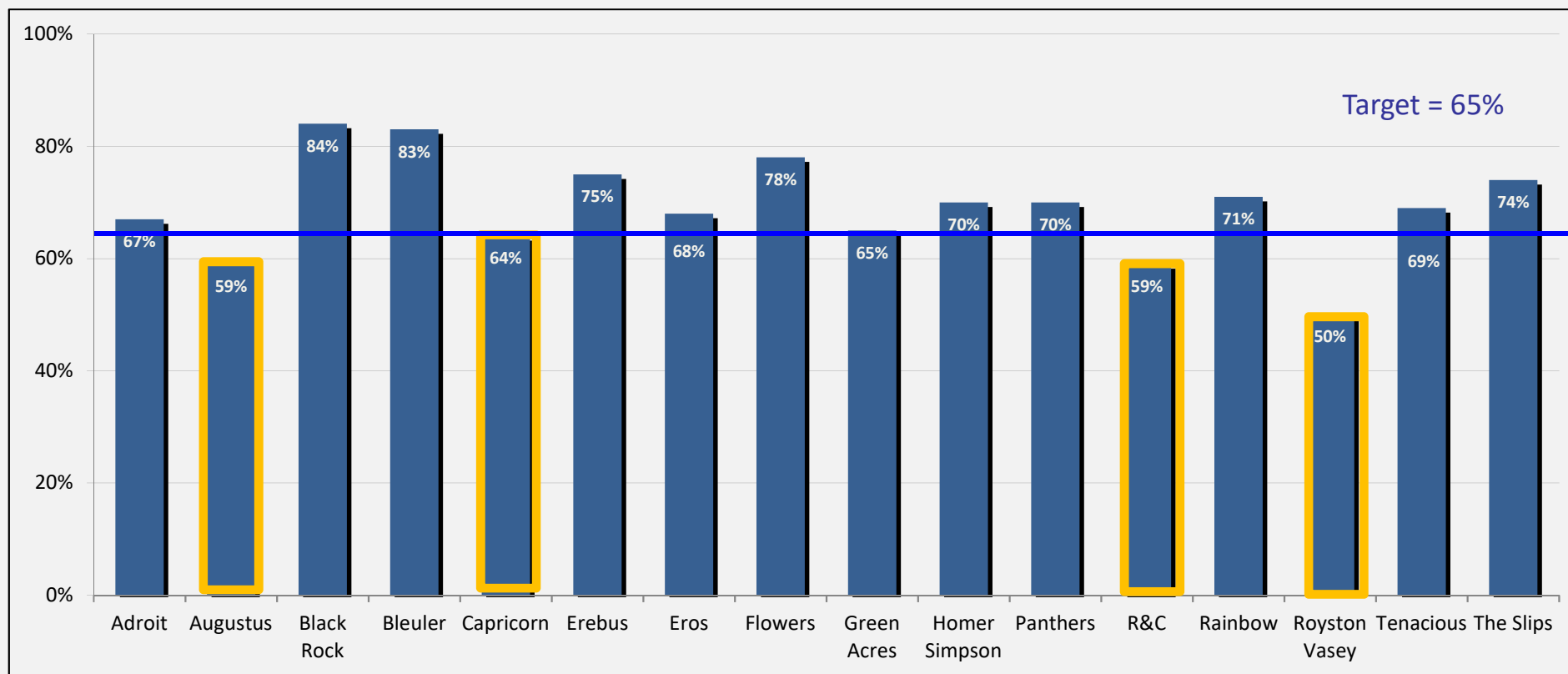
Qld adult, ambulatory mental health consumers (18-65yrs) diagnosed with schizophrenia with a completed MMF

9

Information taken from completed Metabolic Monitoring forms in CIMHA. Risk Thresholds calculated based on Foley et al, 2013.

## MHCC Physical Health Assessment Indicator

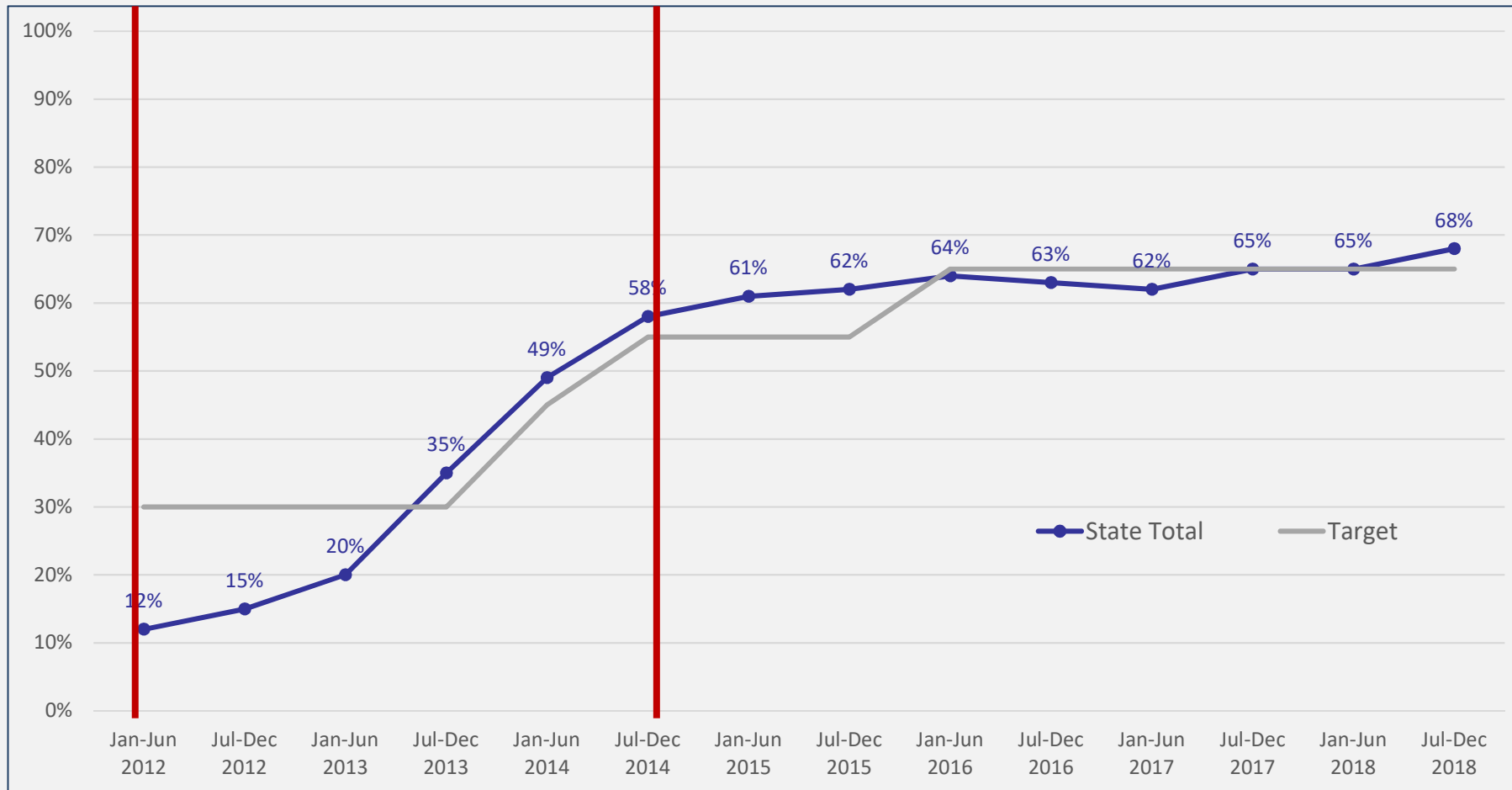
July - December 2018



Adult, ambulatory consumers (18-65yrs) diagnosed with schizophrenia with a documented physical health assessment

# MHCC Physical Health Assessment Indicator Statewide Results

2012-2018

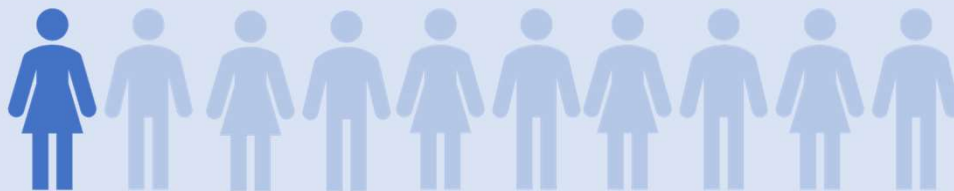
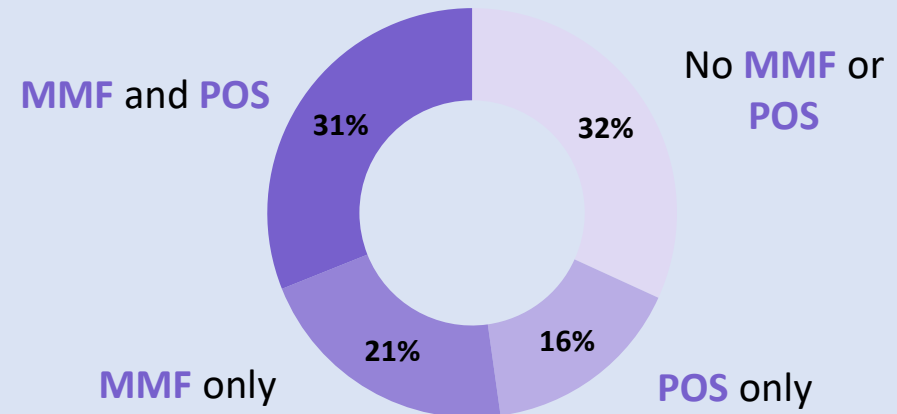




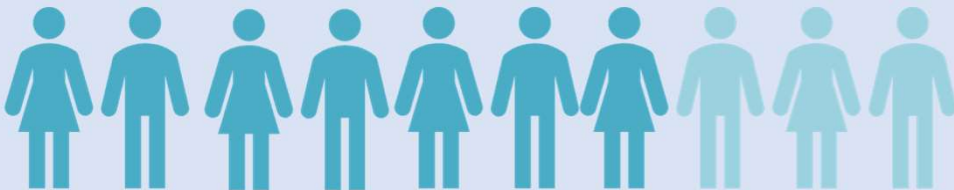
## Statewide MHCC Physical Health Assessment Indicator (Schizophrenia) July – December 18



**2 out of 3** consumers had a physical health assessment (MMF or POS)

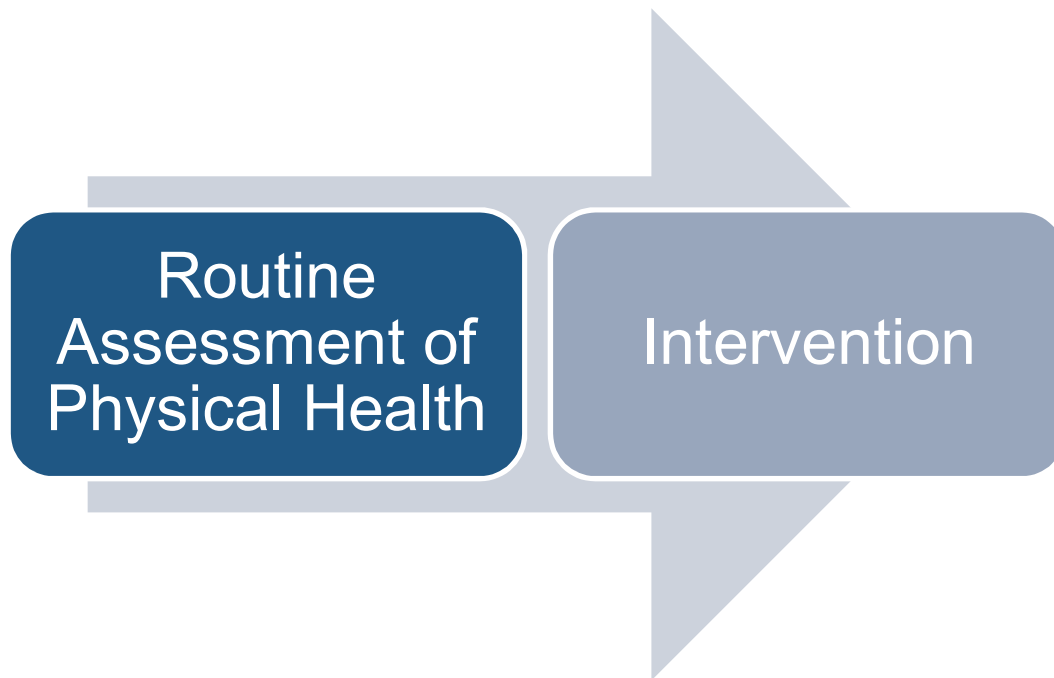


**1 out of 10**  
had a physical health assessment in  
**Jan to Jun 2012**



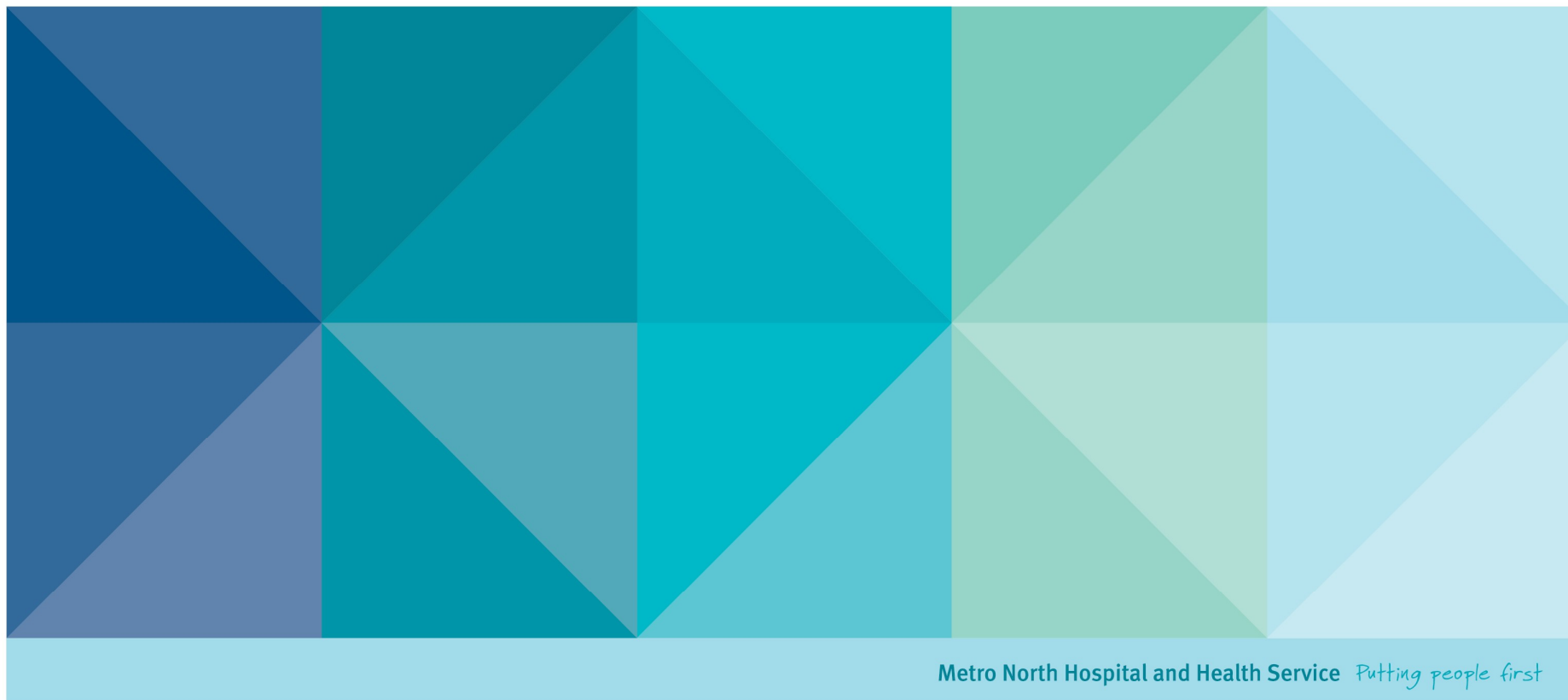
**7 out of 10**  
had a physical health assessment in  
**Jul to Dec 2018**

# So what next? INTERVENTION



## Physical Health Intervention

- Physical activity/exercise
- Support accessing health services
- Diet & Nutrition
- Physical health education



# Smoking Cessation - Inpatient

## Statewide Mental Health Results





A man in a light blue short-sleeved button-down shirt is standing outdoors at night. He is holding a bouquet of orange and white flowers in his left hand and smoking a cigarette in his right hand. A blue and green balloon with the word 'Well' on it is attached to his belt. In the background is a large brick hospital building with many windows. A sign on the building says 'EMERGENCY'.

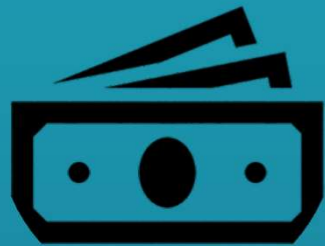
**FROM 1 JAN 2015  
YOU'LL NO LONGER  
BE ABLE TO SMOKE  
ON OR WITHIN  
5 METRES OF ALL  
HOSPITAL GROUNDS.**

**Quitline.** CALL **13 QUIT (13 78 48)** [qld.gov.au/quit](http://qld.gov.au/quit)





# Smokefree *INPATIENT* Mental Health Services



2014

Quality Improvement  
funding (QIP)

\$5m available for inpatient services

2015

Mental Health acute inpatient services included

Queensland Government  
**Smoking Cessation Clinical Pathway**

Facility: \_\_\_\_\_ (After identification label here)

URN: \_\_\_\_\_  
Family name: \_\_\_\_\_  
Given name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Sex: ☐ M ☐ F ☐

This tool is for screening smoking behaviour and to guide support for those who temporarily cannot smoke or wish to reduce/quit smoking.  
Clinical pathways never replace clinical judgement. Care outlined in this pathway must be altered if it is not clinically appropriate for the individual patient.

Category: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ask (all patients)  
1. Have you smoked tobacco in the last 30 days?  
☐ Yes (continue with pathway) ☐ No (congratulate, sign and file)  
☐ Electronic cigarettes (may require nicotine replacement therapy (NRT) in hospital)  
If you are unable to complete this pathway, document the reason in the comments section below. ☐ See comment

Assess  
2. Do you want to quit smoking? ☐ Yes ☐ No (offer NRT for inpatients to manage withdrawal)  
3. Nicotine dependence:  
a. How many cigarettes do you smoke in a typical day? Is this more than 10 cigarettes? ☐ Yes ☐ No  
b. Do you smoke your first cigarette within 60 minutes of waking? ☐ Yes ☐ No  
c. Do you have a history of withdrawal symptoms/ cravings from quitting smoking? ☐ Yes ☐ No  
If yes to one or more of the above, then the patient is considered nicotine dependent and should be offered NRT.  
4. Is the patient nicotine dependent? ☐ Yes ☐ No  
5. Are you currently using any of the following?  
☐ NRT (continue NRT until referring to algorithm on page 2) ☐ Varenicline (Champix) ☐ Bupropion (Zyban)  
\*Advise nursing team to prescribe Champix/Zyban O/S if not available offer NRT (for inpatients only).

Advise  
6. Advise all smokers to quit using clear but non-confrontational language:  
• "As a health professional the best advice that I can give you is to try to stop smoking"  
• "Quitting smoking is hard, but it will help with (e.g. surgery, healing, medication, finances, health and fitness)"  
• "Using NRT and behavioural support considerably increases your long term success in quitting"  
• "NRT is available from most retail stores, however patches and medications (Champix and Zyban) are cheaper on PBS"

Assist (status, treatment and other options)  
7. Special considerations (medical approval may be required prior to initiating NRT depending on unit preference):  
☐ Any local precautions/protocols (e.g. microvascular surgery, skin grafts etc) ☐ Children <12 years of age  
☐ Pregnant/lactating ☐ Recent cardiovascular event <48 hours ☐ Clozapine  
Note: Patients who stop smoking with or without NRT may require a medication dose change (e.g. opiates, antidepressants, benzodiazepines, insulin and warfarin). See Medical Officer advice if any of the above are ticked.

8. Offer NRT to relieve nicotine withdrawal and/or assist with quitting. If smoking/withdrawals persist, NRT should be titrated to achieve effect (see flow chart page 2).  
NRT can be initiated by a medical officer, nurse or pharmacist according to your local policy.  
☐ Patient offered NRT and accepted treatment (ensure discharge notes to inform the ongoing treatment)  
☐ Patient offered NRT and declined treatment (ask again during stay as needed)  
☐ Patient unable to be offered NRT. Refer to Medical Officer (see Q7) or reason:

9. Prescribed pharmacotherapy (NRT patches/Champix/Zyban) ☐ Yes ☐ No  
If no, document reason.

10. Patient provided with a copy of "self-help" resource (e.g. "Quit because You Can booklet") ☐ Yes ☐ No

11. Did patient consent to referral to any of these services? (tick all that apply)  
a. Outpatient Service (130QUIT@health.qld.gov.au Fax: 07 3259 5217 Patient phone: \_\_\_\_\_) ☐ Yes ☐ No  
b. Local smoking cessation support/tobacco treatment specialist services in the HCS ☐ Yes ☐ No  
c. GP follow up (remind patients of subsidised PBS products - see page 2) ☐ Yes ☐ No  
\*For each cover sheet or past copy with discharge summary after completion of the pathway above.

Comments: \_\_\_\_\_

Assessment completed by - Name: \_\_\_\_\_ Designation: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ ☐ Tick if you would like outline to send a report on the patient's progress into file.

Assessment review completed by (if required) - Name: \_\_\_\_\_ Designation: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Smoking Cessation Clinical Pathway

# Smokefree INPATIENT Mental Health



## Aim

Screen smoking  
behaviour for all  
inpatient acute mental  
health consumers  
(18yrs+)

AND

provide brief  
intervention to  
identified smokers in  
form of Pathway.

## Smoking Cessation Clinical Pathway - example

### 3. Nicotine dependence:

- a. How many cigarettes do you smoke in a typical day? ..... Is this more than 10 cigarettes? ☐ Yes ☐ No
- b. Do you smoke your first cigarette within 60 minutes of waking? ☐ Yes ☐ No
- c. Do you have a history of withdrawal symptoms/cravings from quitting smoking? ☐ Yes ☐ No

*If yes to one or more of the above, then the patient is considered nicotine dependent and should be offered NRT.*

4. Is the patient nicotine dependent? ☐ Yes ☐ No

5. Are you currently using any of the following? ☐ No

☐ NRT (continue regimen referring to algorithm on page 2) ☐ Varenicline (Champix®)\* ☐ Bupropion (Zyban®)\*

*\*Advise treating team to prescribe Champix®/Zyban® OR if not available offer NRT (for inpatients only).*

### 6. Advise all smokers to quit using clear but non-confrontational language:

- » "As a health professional the best advice that I can give you is to try to stop smoking"
- » "Giving up smoking is hard, but it will help with (e.g. surgery, healing, medication, finances, health and fitness)"
- » "Using NRT and behavioural support considerably increases your long term success in quitting"
- » "NRT is available from most retail stores, however patches and medications (Champix® and Zyban®) are cheaper on PBS"

### 8. Offer NRT to relieve nicotine withdrawal and/or assist with quitting. If smoking/withdrawals persist, NRT should be titrated to achieve effect (see flow chart page 2)

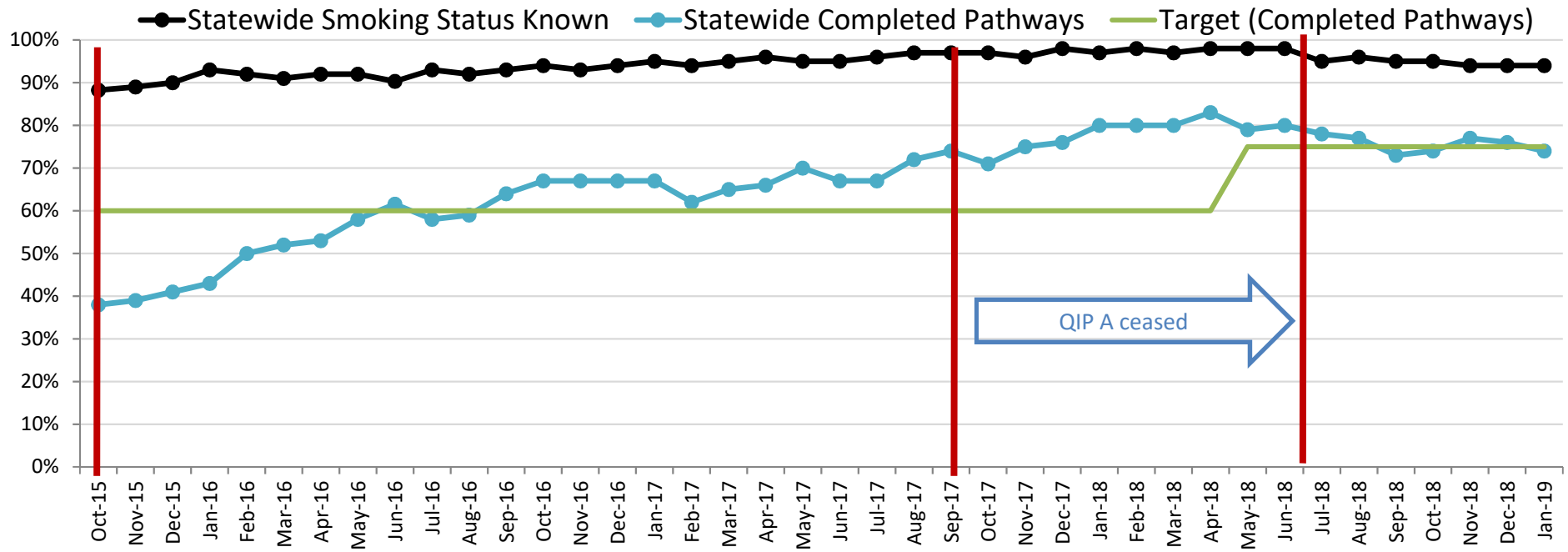
*NRT can be initiated by a medical officer, nurse or pharmacist according to your local policy*

- ☐ Patient offered NRT and accepted treatment (*ensure discharge script is written for ongoing treatment*)
- ☐ Patient offered NRT and declined treatment (*ask again during stay as needed*)
- ☐ Patient unable to be offered NRT. Refer to Medical Officer (see Q7) or reason:

### 11. Did patient consent to referral to any of these services? (tick all that apply)

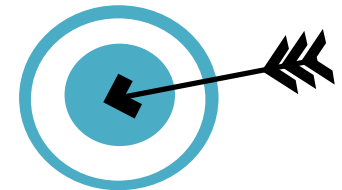
- a. Quitline Service (13QUIT@health.qld.gov.au Fax: 07 3259 8217 Patient phone: ..... ) ☐ Yes ☐ No
- b. Local smoking cessation support/tobacco treatment specialist services in the HHS ☐ Yes ☐ No
- c. GP follow up (*remind patients of subsidised PBS products – see page 2*) ☐ Yes ☐ No

# MHCC Smoke-free Indicators - Inpatient



**Over 20,000**  
pathways have been completed  
between Oct 15 and Jan 19

**09/16** services  
in Jan19 above the  
target of **75%**  
for completed pathways



## Smoke-free Indicator - Inpatient

MHSO	Service Episodes			% of Smoking Status known	Service Episodes		% of Smokers with Pathway Completed	Target ≥ 75%
	Total (n)	<sup>1</sup> Smoking Status Known (n)	Smoking Status Unknown (n)		Identified Smokers (n)	Completed Pathways (n)		
Central								
Black Rock	41	41	0	100%	25	22	88%	Y
Capricorn	113	110	3	97%	56	38	68%	
Erebus	53	48	5	91%	29	27	93%	Y
Eros	138	127	11	92%	71	44	62%	
Green Acres	100	100	0	100%	46	33	72%	
Royston Vasey	153	151	2	99%	64	40	63%	
Tenacious	31	31	0	100%	21	19	90%	Y
Northern								
Augustus	73	63	10	86%	46	39	85%	Y
R&C	61	58	3	95%	44	7	16%	
The Slips	84	57	27	68% <sup>*</sup>	-	-	-	
Southern								
Adroit	69	69	0	100%	47	34	72%	
Bleuler	32	25	7	78%	21	20	95%	Y
Flowers	100	100	0	100%	56	46	82%	Y
Homer Simpson	147	143	4	97%	88	71	81%	Y
Panthers	202	197	5	98%	98	74	76%	Y
Rainbow	121	114	7	94%	84	78	93%	Y
State Total:	1,518	1,434	84	94%	843	628	74%	

\* Where smoking status is not reported at an adequate level, pathway completion performance is not reported.



# Smoking Cessation - Community

## Statewide Mental Health Results





# Smokefree Community Mental Health Services



Building on the work commenced in inpatient services focus progressed to community mental health services.



July 2017  
NEW QIP C  
\$1m available  
statewide for  
community mental  
health services



Smoking Status  
Tab in CIMHA

Smoking  
Cessation  
Clinical Pathway



November 2017  
Expansion of  
Quitline  
disadvantaged  
program to CMHS  
Consumers



# MHCC COMMUNITY MH SmokeFree

Open community consumer

Aim – screen smoking behaviour for mental health community consumers and provide brief intervention to smokers.

All information taken directly from Statewide Mental Health Information System

Age  $\geq 18$  years.

Queensland Government  
Smoking Cessation Clinical Pathway

(Affix identification label here)  
URN:  
Family name:  
Given name(s):  
Address:  
Date of birth: Sex: ☐ M ☐ F ☐ I

This tool is for screening smoking behaviour and to guide support for those who temporarily cannot smoke or wish to reduce/quit smoking.  
Clinical pathways never replace clinical judgement. Care outlined in this pathway must be altered if it is not clinically appropriate for the individual patient.

Category	Date: / /			
Ask (all patients)	<p>1. Have you smoked tobacco in the last 30 days?</p> <p><input type="checkbox"/> Yes (continue with pathway) <input type="checkbox"/> No (congratulate, sign and file)</p> <p><input type="checkbox"/> Electronic cigarettes (may require nicotine replacement therapy (NRT) in hospital)</p> <p>If you are unable to complete this pathway, document the reason in the comments section below. <input type="checkbox"/> See comment</p> <p>2. Do you want to quit smoking? <input type="checkbox"/> Yes <input type="checkbox"/> No (still offer NRT for inpatients to manage withdrawals)</p>			
Assess	<p>3. Nicotine dependence:</p> <p>a. How many cigarettes do you smoke in a typical day? Is this more than 10 cigarettes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Do you smoke your first cigarette within 60 minutes of waking? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. Do you have a history of withdrawal symptoms/cravings from quitting smoking? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes to one or more of the above, then the patient is considered nicotine dependent and should be offered NRT.</p> <p>4. Is the patient nicotine dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Are you currently using any of the following?</p> <p><input type="checkbox"/> NRT (continue regimen referring to algorithm on page 2) <input type="checkbox"/> Varenicline (Champix*) <input type="checkbox"/> Bupropion (Zyban*)</p> <p>*Advise treating team to prescribe Champix/Zyban* OR if not available offer NRT (for inpatients only).</p>			
Advise	<p>6. Advise all smokers to quit using clear but non-confrontational language:</p> <ul style="list-style-type: none"> <li>• "As a health professional the best advice that I can give you is to try to stop smoking"</li> <li>• "Giving up smoking is hard, but it will help with (e.g. surgery, healing, medication, finances, health and fitness)"</li> <li>• "Using NRT and behavioural support considerably increases your long term success in quitting"</li> <li>• "NRT is available from most retail stores, however patches and medications (Champix* and Zyban*) are cheaper on PBS"</li> </ul>			
Assist (discuss treatment and other options)	<p>7. Special considerations (medical approval may be required prior to initiating NRT depending on unit preference):</p> <p><input type="checkbox"/> Any local precautions/protocols (e.g. microvascular surgery, skin grafts etc) <input type="checkbox"/> Children &lt;12 years of age</p> <p><input type="checkbox"/> Pregnant/lactating <input type="checkbox"/> Recent cardiovascular event &lt;48 hours <input type="checkbox"/> Clozapine</p> <p>Note: Patients who stop smoking with or without NRT may require a medication dose change (e.g. opioids, antipsychotics, benzodiazepines, insulin and warfarin). Seek Medical Officer advice if any of the above are ticked.</p>			
Prescribing INPATIENT ONLY	<p>8. Offer NRT to relieve nicotine withdrawal and/or assist with quitting. If smoking/withdrawals persist, NRT should be titrated to achieve effect (see flow chart page 2)</p> <p>NRT can be initiated by a medical officer, nurse or pharmacist according to your local policy</p> <p><input type="checkbox"/> Patient offered NRT and accepted treatment (ensure discharge script is written for ongoing treatment)</p> <p><input type="checkbox"/> Patient offered NRT and declined treatment (ask again during stay as needed)</p> <p><input type="checkbox"/> Patient unable to be offered NRT. Refer to Medical Officer (see Q7) or reason:</p>			
PBS	<p>9. Prescribed pharmacotherapy (NRT patches/Champix/Zyban*) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, document reason:</p>			
Arrange follow-up	<p>10. Patient provided with a copy of "self-help" resource (e.g. "Quit Because You Can" booklet) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Did patient consent to referral to any of these services? (tick all that apply)</p> <p>a. Quitline Service (13QUIT@health.qld.gov.au Fax: 07 3259 8217 Patient phone: ) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Local smoking cessation support/tobacco treatment specialist services in the HHS <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. GP follow up (remind patients of subsidised PBS products – see page 2) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*Fax (with cover sheet) or post copy with discharge summary after completion to the service(s) above.</p>			
Comments:				
Assessment completed by – Name:	Designation:	Signature:	Date:	<input type="checkbox"/> Tick if you would like outline to send a report on the patient's progress Initial:
Assessment review completed by (if required) – Name:	Designation:	Signature:	Date:	

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Find out more, search CIMHA on QHEPS.



## New Smoking Status Tab introduced to statewide mental health information system



### Smoking Status

#### Details

Date:

26/09/2017

Has consumer smoked tobacco in the last 30 days?:

Yes

Please select...

Yes

No

Recorded by:

Network:

Treating Unit:

Service Type:

Health Network

# MHCC SmokeFree Indicators - Community

## July - December 2018

### Smoking Rate of Community Mental Health Services

**53%**

Range across services – 47% to 67%

Over half of smokers had a Schizophrenia, schizotypal or delusional disorder

9% F10-F19

56% F20-F29

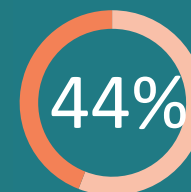
16% F30-F39

8% F40-F49

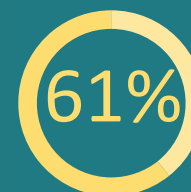
6% F60-F69

5% Other

F10-F19 Psychoactive substance use  
F20-F29 Schizophrenia  
F30-F39 Mood  
F40-F49 Neurotic, stress and somatoform  
F60-F69 Personality



of females smoked within the last 30 days



of males smoked within the last 30 days



**3 out of 4**

Indigenous consumers smoked within the last 30 days compared with



**2 out of 4**

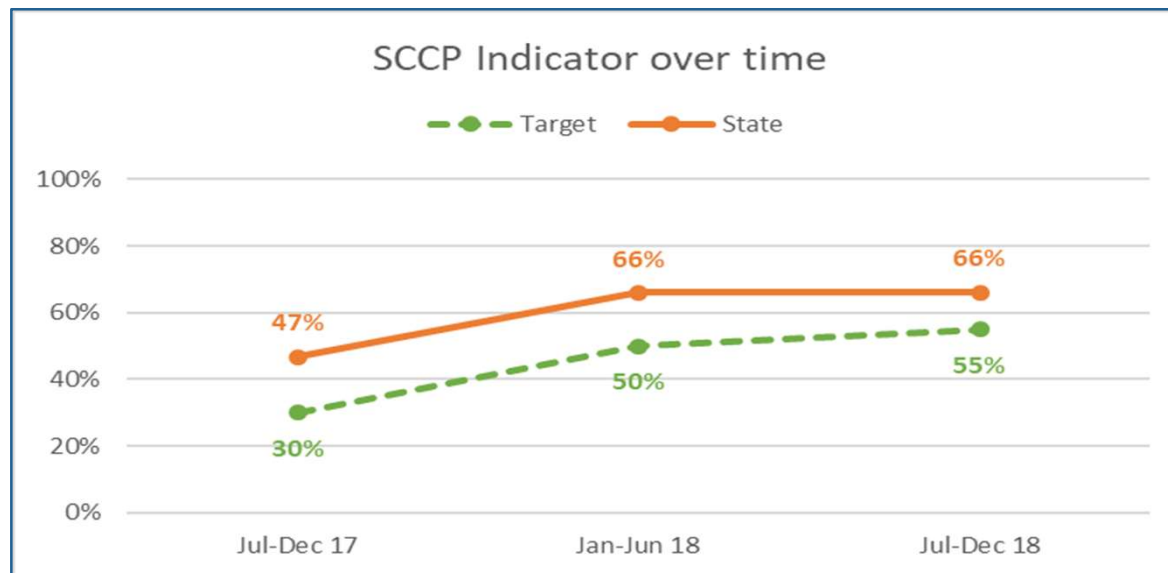
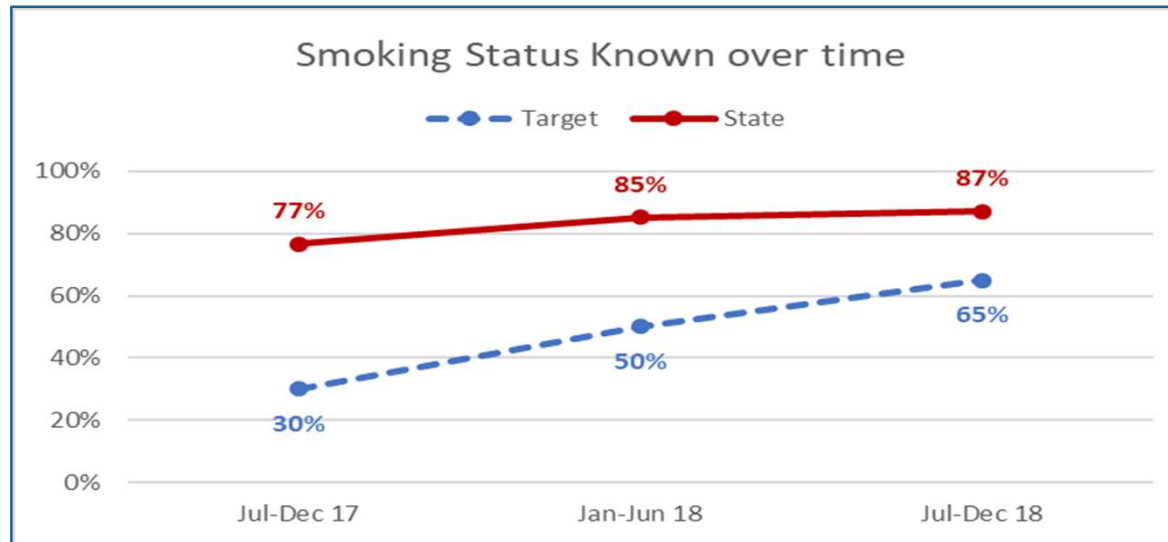
non-Indigenous consumers

\* Consumers that have more than one episode of care within the period may be counted more than once

Metro North Hospital and Health Service *Putting people first*

# Community Smokefree Results

# QIP C Statewide Results Since Commencement in 2017



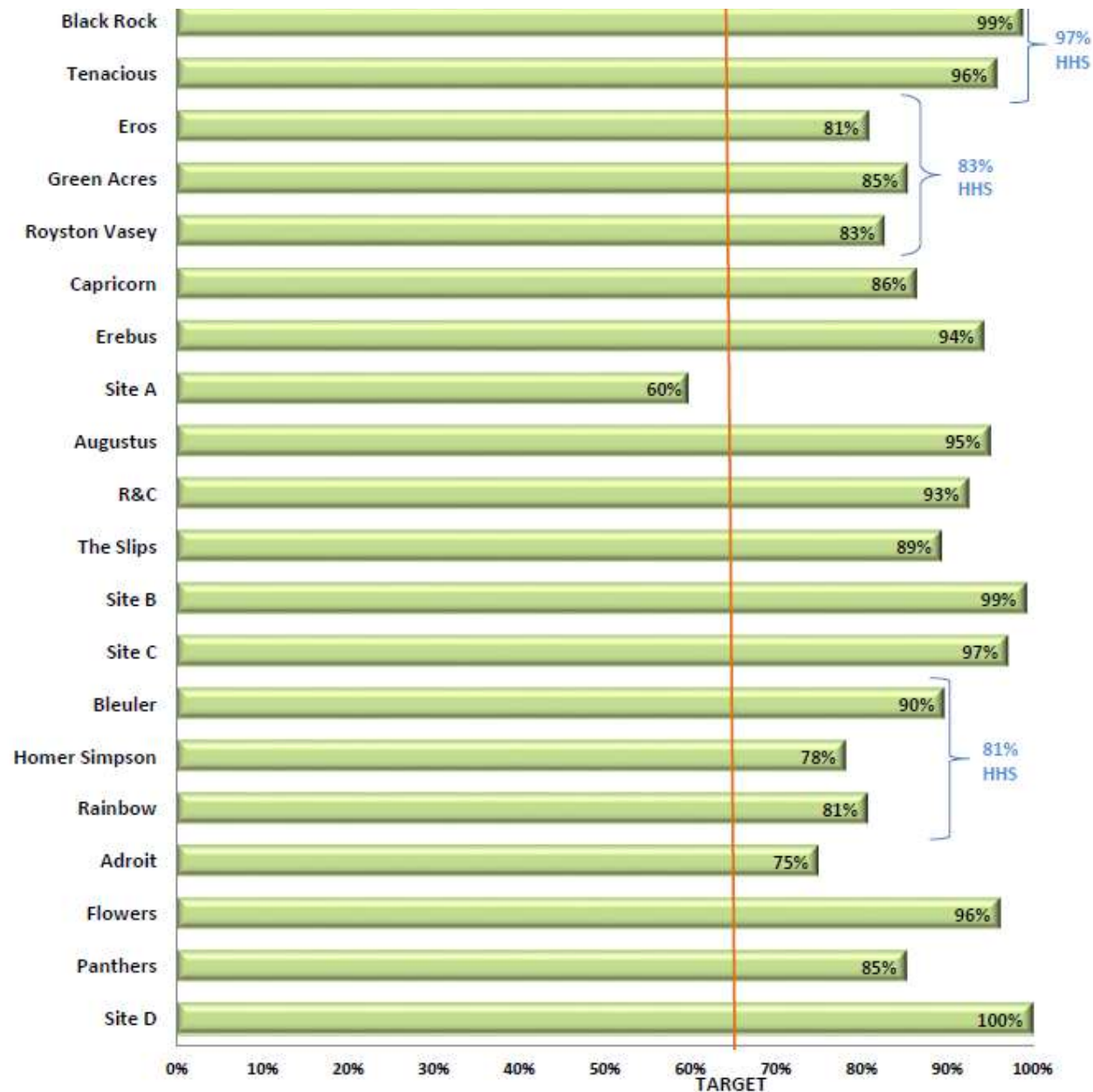
No. HHS's achieving full  
QIP C targets

12/15  
(1 partial payment)

14/15

11/15  
(3 partial payments)

# Proportion of Smoking Status Known July-December 2018

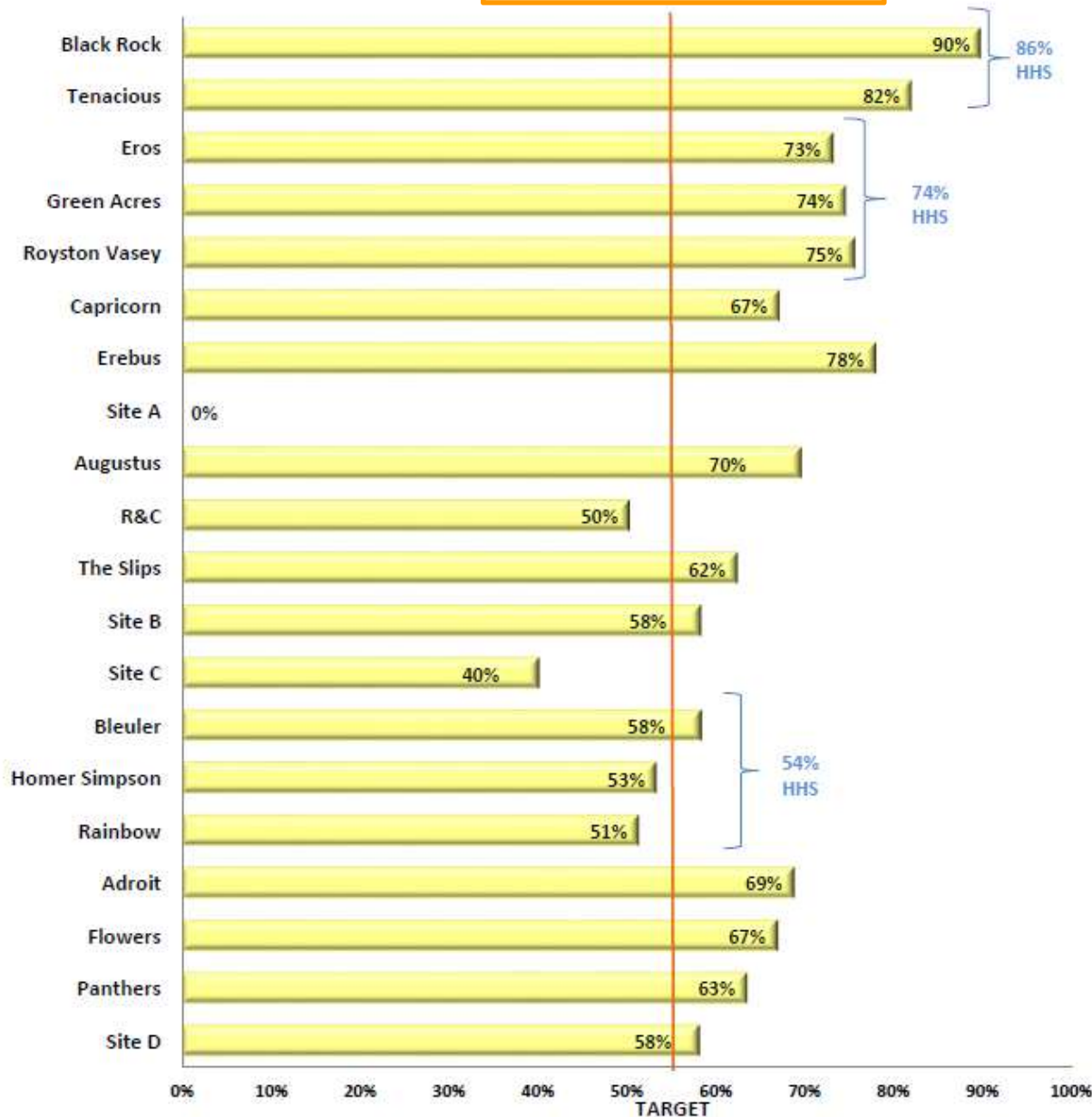


**QIP C Target:  
65%**

**Smoking Status Known  
Statewide Average  
87%**

# Proportion of Smokers with a Completed Pathway July-December 2018

**QIP C Target: 55%**



Smoking Cessation  
Clinical Pathway  
Completion

**Statewide Average  
66%**

# Use of QIP C funds around the state



- Smoking care champions and project officers
- Greater availability of NRT products. Inhalators popular.
- Pre-printed NRT forms.
- No handling of tobacco and tobacco products.



- Staff training in brief interventions.
- Review of outdoor environments.
- Increased use of Smokerlyzers.
- Wellness machine trials.
- Smoking cessation groups providing monetary incentives for attendance

Attach ADR Sticker

(Affix patient identification label here)

Family Name: \_\_\_\_\_ Given Names: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: ☐ M ☐ F ☐ Other

First Prescriber to Print Patient Name and Check Label Correct: \_\_\_\_\_

**NICOTINE REPLACEMENT THERAPY (NRT) METRO NORTH MENTAL HEALTH SERVICES USE ONLY**

Consider Nicotine Replacement Therapy (NRT) precautions:

☐ Cigarette use (no interaction with NRT). Quitting or reducing cigarette intake may lead to increased blood pressure and serious Cigarette Nicotine toxicity.

☐ Pregnant/Lactating ☐ Recent Cardiovascular event <48hrs ☐ Haemodynamic instability ☐ Diabetes Mellitus

Note: Patients who stop smoking with or without NRT may require medication dose change in a variety of antipsychotics, antidepressants, mood stabilizers. See Medical/Pharmacy advice.

Once only, telephone orders and nurse initiated medicines

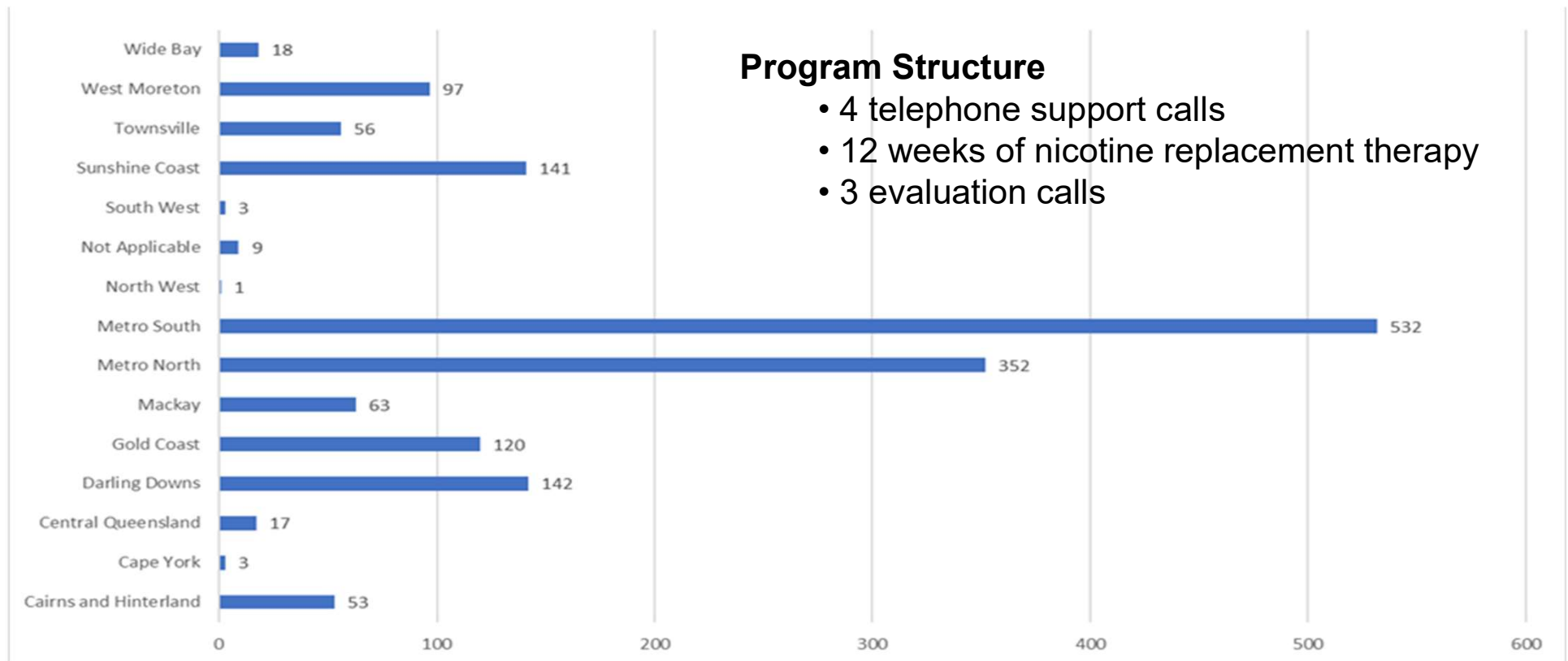
Medication	Indication	Dose	Frequency	Start Date	Stop Date	Prescriber	Signature	Time
Nicotine Patch (24 hours)	Nicotine dependence	21mg/24hr	Daily					
Nicotine Patch (16 hours)	Nicotine dependence	21mg/16hr	On/Off					
Nicotine Patch (8 hours)	Nicotine dependence	21mg/8hr	On/Off					
Nicotine Patch (4 hours)	Nicotine dependence	21mg/4hr	On/Off					
Nicotine Patch (2 hours)	Nicotine dependence	21mg/2hr	On/Off					
Nicotine Patch (1 hour)	Nicotine dependence	21mg/1hr	On/Off					
Nicotine Patch (30 min)	Nicotine dependence	21mg/30min	On/Off					
Nicotine Patch (15 min)	Nicotine dependence	21mg/15min	On/Off					
Nicotine Patch (5 min)	Nicotine dependence	21mg/5min	On/Off					
Nicotine Patch (2 min)	Nicotine dependence	21mg/2min	On/Off					
Nicotine Patch (1 min)	Nicotine dependence	21mg/1min	On/Off					
Nicotine Patch (30 sec)	Nicotine dependence	21mg/30sec	On/Off					
Nicotine Patch (15 sec)	Nicotine dependence	21mg/15sec	On/Off					
Nicotine Patch (5 sec)	Nicotine dependence	21mg/5sec	On/Off					
Nicotine Patch (2 sec)	Nicotine dependence	21mg/2sec	On/Off					
Nicotine Patch (1 sec)	Nicotine dependence	21mg/1sec	On/Off					
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Nicotine Patch (1								



# Quitline Community MH Program Outcomes

## Nov 2017-January 2019

### Quitline - Community Mental Health referrals by HHS



- **Total referrals = 1607**
- **45% retention** (Nov 17-Sept 18)

# Acknowledgements

- QH Mental Health Alcohol & Other Drugs Branch
- QH Quitline Service
- QH Preventive Health Branch

## Queensland Health Mental Health Services: MHCC members

Cairns

Central Queensland

Darling Downs

Gold Coast

Mackay

Metro North:  
RBWH, TPCH & Redcliffe-Caboolture

Metro South:  
PAH, Logan-Beaudesert & Bayside

Sunshine Coast

Townsville

West Moreton

Wide Bay:  
Bundaberg & Fraser Coast