



Quitlink: a peer supported smoking cessation research project

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Presentation Overview

- Introduction to the Quitlink Research Project
- Smoking and its implications for people with mental ill-health
- Why do people with mental ill health smoke?
 - the psychosocial and structural factors
- The relevance of a recovery orientation and peer support
- Our research and the peer researcher role

Why are we doing this research?

- Smoking is a serious health and wellbeing issue for people with mental ill health
- There are great resources around to help people to Quit but people with mental ill health tend not to access them
- We have developed a project that includes a combination of peer support, quitline counselling and Nicotine Replacement Therapy (NRT). This approach has not been used before and in conjunction provides a unique combination of support.
- The Quitline is a specialised telephone information and counselling service for people interested in smoking cessation, which provides accessible and affordable tailored support and information to smokers wishing to quit.
- A 2013 Cochrane review of telephone counselling for smoking cessation concluded that proactive telephone counselling helps smokers who seek help from Quitlines. Quitlines provide an important route of access to support for smokers, and call-back counselling enhances their usefulness.

Quitlink Smoking Cessation Research Project

- An NHMRC funded project
- A multi-centre cluster randomised controlled trial to compare standard smoking care alone against Quitlink.
- 382 smokers who have been diagnosed with severe mental illness will be recruited across St Vincent's and Mind.
- All participants will receive a brief smoking cessation intervention from a peer worker/researcher.
- Participants will be then randomly allocated to further intervention or to Quitlink.
- Anthony Stratford is a member of the investigator team and the project is being led by Prof Amanda Baker – University of Newcastle

The Quitlink Intervention

- Quitlink intervention consists of a proactive call by peer worker to Quitline counselling with NRT provided over an 8 week period.
- Assessments will be conducted at baseline, 2 months, 5 months and 8 months end of treatment.



Smoking and people with mental ill health

- People living with schizophrenia are at least 5 times more likely than people in the general population to be smokers
- They are also less likely to quit successfully.
- There are lots of myths around why people smoke but many are false
- For example: People living with mental ill health are as motivated to quit smoking as others in the general population.

- *Why People living with schizophrenia smoke: a lived experience lens*

Paper for Frontiers in Psychiatry (special edition) (under review) authors: Nadine Cocks, Lisa Brophy, Cathy Segan (Cancer Council), Anthony Stratford (Mind), Simon Jones (Uni Melb) and Prof David Castle (St Vs and Uni Melb)

Reasons why people living with schizophrenia smoke

- The reasons why people living with schizophrenia smoke may not be dissimilar to general population: people from low socio-economic groups “vulnerable populations” such as Australia’s indigenous community smoke in greater numbers and find quitting more difficult.
- Ongoing stigma, discrimination, inequality and social exclusion play a part.



Excess mortality and schizophrenia

- A study from Canada estimated that the life expectancy of people living with schizophrenia is approx. 20% shorter than the general population.
- People with schizophrenia are also at higher risk of other serious health challenges including obesity, diabetes, hypertension and cardiovascular disease.
- Half of total deaths in people living with schizophrenia can be attributed to these smoking related health conditions.



Psychological Factors

- People who have been diagnosed with schizophrenia report positive mood benefits from smoking but this is actually more likely to be temporary relief of the symptoms of nicotine withdrawal such as restlessness, irritability, difficulty concentrating, depression and anxiety.
- Quitting smoking actually improves mental health



Social Dimensions

- Despite de-institutionalization the culture of smoking remains whereby there:
 - is a priority of mental health treatment rather than physical health issues
 - ambivalence about the health effects of smoking
 - a persistent belief that people with mental ill health are unable to quit.
- Bans on smoking in psychiatric wards.
 - Poorly supported, top down, not recovery oriented and has unintended consequences (comrades in exile)

Recovery and Lived Experience

- **The lived experience perspective is missing**
- Connectedness and being “comrades in exile” is relieving social isolation and marginalisation.
- Stigma and discrimination. **Voices on stigma are under represented in the literature.**
- Smokers experience isolation in their smoking behaviour due to current restrictions and they are further marginalised people for being smokers
- There is an absence of hope and possibility in many of the attitudes towards smoking and people with mental ill health
- This impacts on self esteem and sense of self worth but paradoxically creates a group identity or subgroup of belonging.

Evidence for Peer Support

- There has been considerable amount of academic research conducted on peer work to date , showing that peers can engage persons who have been difficult to reach and have not benefited from traditional services, that peer workers can decrease the costly use of acute services like emergency room visits and hospitalisations while increasing that use of out patient care and that peer work can reduce demoralisation and the use of alcohol, while increasing hope, empowerment and self-care.(Davidson 2018)
- Interventions that improve social support for smoking cessation may be of greater importance to disadvantaged groups who experience fewer opportunities to access such support informally. Peer-support programs are emerging as highly effective and empowering ways for people to manage health issues in a socially supportive context.(Ford, Clifford, Guss, Garter 2013)

Recovery Framework

- People living with mental ill-health need to be supported to develop alternate coping skills, resilience, and strategies for smoking cessation within a recovery framework that acknowledges the impact of stigma and encourages hope, social connection and empowerment.

The act of quitting smoking is very empowering in itself.



Recommendations

- Evidenced based treatments work.
- Imperative to support smoking cessation because of health, wellbeing and financial benefits to people living with mental ill health.
- A recovery orientation suggests the value of peer support that involves the intentional use of lived experience in the support of others and a recognition that connectedness, hope, identity, meaning and empowerment play an important role in supporting efforts to quit.

Quitlink Smoking Cessation Research Project

- All participants will receive a brief smoking cessation intervention from a peer researcher
- What does having peers involved offer this project?
 - A better project! (informed throughout by lived experience)
 - Engagement that is evidence informed
 - Shared responsibility, mutuality, respect and understanding about what is helpful
 - Purposeful use of lived experience to break down stigma and marginalisation

Peer researcher role

- Writing a peer manual
- Informing the research design
- Leading papers for publication that include a lived experience perspective and interdisciplinary team
- Promoting the project to the organisation and getting “buy in” from managers and other leaders
- Introducing the project to staff and consumers in services
- A focus on participant recruitment and providing standard smoking care
- Developing research skills (data collection, baseline assessments, managing randomisation etc)



In conclusion

- Co-design has been a readily accepted foundation to this project
- Lived experience is valued expertise and is contributing meaningfully to the project
- Genuine mutual exchange

- People getting support to quit is at the centre of this project and the belief that this will lead to all sorts of positive outcomes
- Most of all we think people deserve this opportunity!