



Tackling Tobacco in Mental Health Services - translating evidence into (sustainable) practice

Rachel Whiffen, Manager –Communities & Programs, Quit Victoria Shane Sweeney, Manager SUMITT, NWMH Suzy Turner, Senior Quality and Improvement Coordinator, NWMH Marty Pritchard, Evaluation Coordinator, Quit Victoria Lorena Chapman, Project Coordinator – Systems & Planning, Quit Victoria

Equally Well Conference 2019

NORTHWESTERN MENTAL HEALTH (NWMH) & QUIT VICTORIA

NWMH

32 sites across the northern and western suburbs of Melbourne

~1900 staff

532 youth, adult and aged mental health beds

Catchment population – 1.5 million

3 of the largest growth corridors in Australia

High socio-economic disadvantage

30% CALD

Quit Victoria

Principal agency for tobacco control in Victoria (30 years)

Funding – VicHealth, DHHS, CCV & Heart Foundation

- Prevent new nicotine addiction & help smokers become tobacco-free
- Create a tobacco-free environment
- Enhance and tailor efforts for priority populations
- Lead and facilitate Victoria's efforts to end the tobacco toll

Quitline (134878) and Aboriginal Quitline





WHY NWMH AND QUIT PARTNERED TO TACKLE TOBACCO (THE EVIDENCE)

- Impact of tobacco on people living with a mental illness
- > Research shows integration of smoking cessation support is effective
- Strategic priority for Quit, and a significant issue for NWMH

4 NWMH pilot sites:

- Orygen Youth Health (inpatient and community based)
- Adult Community Care Unit
- Adult Secure Extended Care Unit and
- Community based Team
- \sim 900 mental health consumers annually and 240 staff





TACKLING TOBACCO FRAMEWORK AND STRATEGIES

Key Objectives:

- Increase knowledge, skills and confidence
- Increase access & use of supports
- Create a smoke free environment







COMMITTED LEADERSHIP

Executive leadership:

Formal endorsement from NWMH Executive Director and Director of Operations

Quit Director works directly with NWMH Executive

NWMH Director of Operations chairs NWMH Tackling Tobacco working group

Local leadership:

Each pilot site nominated leaders

Local leaders engage with staff, consumers, carers and community to promote the importance of smoking cessation and what supports are available





SUPPORTIVE SYSTEMS

- ➤ New 0.6 EFT peer worker across pilot sites
- ➤ New NWMH screening & care pathway form
- >Access to NRT



	ATTACH LABEL OR RECORD PATIENT D		
	LOGAL UR	MH UR	
Smoking Cessation Clinical Pathway	NAME		
	ADDRESS		
	PHONE	DOB	

ASK	☐ Yes (complete clinical pathway) Do you currently smoke? ☐ Never smoked (Sign form and scan into medical record)						
¥	Ex-amoker (Congratulate, sign form, scan into medical record						
ASSESS	When you wake up each day, when do you smoke your first cigarette?				SCORE		
	☐ Within 5 mins score=3	☐ 5-30 mins score=2	☐ 31-60 score=1	□ >60 score=0			
	How many cigarettes 10 or less score=0	a day do you smoke 11 - 20 score=1	e on a typical day? \[\sum 21 - 30 \] score=2	>30 less score=3			
	Add two circled score				HSI.		
	Is the consumer nico (please circle Y / N)				1-6= YES	D= NO	
	Nicotine dependent smo		Commence of the second second second	77 Table 1 Tab	offee NOT to rad	uoa selthelessusia	
	Do you want to reduce or stop smoking? Yes No (still offer NRT to reduce withdrawals Are you currently using any of the following medicines? No						
	Nicotine replacement therapy (NRT i.e. patches/gum/spray/inhalator/lozenges) Varenicline (Champio®) Bupropion (Zyban®)						
ADVISE	The single most important thing you can do for your health is to stop smoking: If the thought of quitting is too much let's start with cutting down to build your confidence to quit. The best way to quit is to use combination NRT for minimum of 12 weeks along with behavioural support follow-up the Quittine or other stop smoking courselling: Combination NRT relieves nicotine withdrawal and cravings, make the person more comfortable an						
_	assists with quitting. It is always safer to use NRT than to continue smoking. NRT should be titrated to achieve effect. Person offered NRT and accepted						
_	☐ Person offered NF	RT and accepted					
SIST	☐ Person affered NF	DATE OF THE PARTY	again d <mark>uri</mark> ng hospita	al stay)			
ASSIST	Person offered NF NRT ordered (see med	RT and declined (ask	urse initiated	Medical Officer initia		macist initiated	
ASSIST	Person offered NF	RT and declined (ask dication chart): Need in the medication of	lurse initiated [Medical Officer initia	as per hospital j		
	Person offered NF NRT ordered (see med NRT must be prescribe Craving management Was written health info Behavioural support Was the person referre	RT and declined (ask dication chart): \(\sum \) Ned in the medication of the matter provided to the duttline Server of the Cuitline Serv	hart by a Medical One person? (i.e. Qui	Medical Officer initial	as per hospital j ☐ Yes ☐	policy.	
Revie	Person offered NF NRT ordered (see med NRT must be prescribe Craving management Was written health info Behavioural support	RT and declined (ask dication chart): \(\sum \) Ned in the medication of the matter provided to the duttline Server of the Cuitline Serv	hart by a Medical One person? (i.e. Qui	Medical Officer initial	as per hospital j ☐ Yes ☐	policy.	
evic	Person offered NF NRT ordered (see med. NRT must be prescribe Craving management Was written health info Behavioural support Was the person referre we smoking use and tre- ment on discharge.	RT and declined (ask dication chart): \(\sum \) Ned in the medication of the matter provided to the duttline Server of the Cuitline Serv	hart by a Medical One person? (i.e. Qui	Medical Officer initial	as per hospital j ☐ Yes ☐	policy.	
evic	Person offered NF NRT ordered (see med. NRT must be prescribe Craving management Was written health info Behavioural support Was the person referre we smoking use and tre- ment on discharge.	RT and declined (ask dication chart): \(\sum \) Ned in the medication of the matter provided to the duttline Server of the Cuitline Serv	hart by a Medical One person? (i.e. Qui	Medical Officer initial	as per hospital j ☐ Yes ☐	policy.	
evic	Person offered NF NRT ordered (see med. NRT must be prescribe Craving management Was written health info Behavioural support Was the person referre we smoking use and tre- ment on discharge.	RT and declined (ask dication chart): \(\sum \) Ned in the medication of the matter provided to the duttline Server of the Cuitline Serv	hart by a Medical One person? (i.e. Qui	Medical Officer initial	as per hospital j ☐ Yes ☐	policy.	
evic	Person offered NF NRT ordered (see med. NRT must be prescribe Craving management Was written health info Behavioural support Was the person referre we smoking use and tre- ment on discharge.	RT and declined (ask dication chart): \(\sum \) Ned in the medication of the matter provided to the duttline Server of the Cuitline Serv	hart by a Medical One person? (i.e. Qui	Medical Officer initial	as per hospital j ☐ Yes ☐	policy.	
evic	Person offered NF NRT ordered (see med. NRT must be prescribe Craving management Was written health info Behavioural support Was the person referre we smoking use and tre- ment on discharge.	RT and declined (ask dication chart): \(\sum \) Ned in the medication of the matter provided to the duttline Server of the Cuitline Serv	hart by a Medical One person? (i.e. Qui	Medical Officer initial	as per hospital j ☐ Yes ☐	policy.	
evic	Person offered NF NRT ordered (see med. NRT must be prescribe Craving management Was written health info Behavioural support Was the person referre we smoking use and tre- ment on discharge.	RT and declined (ask dication chart): \(\sum \) Ned in the medication of the matter provided to the duttline Server of the Cuitline Serv	hart by a Medical One person? (i.e. Qui	Medical Officer initial	as per hospital j ☐ Yes ☐	policy.	
evic	Person offered NF NRT ordered (see med. NRT must be prescribe Craving management Was written health info Behavioural support Was the person referre we smoking use and tre- ment on discharge.	RT and declined (ask dication chart): \(\sum \) Ned in the medication of the matter provided to the duttline Server of the Cuitline Serv	hart by a Medical One person? (i.e. Qui	Medical Officer initial	as per hospital j ☐ Yes ☐	policy.	
evic	Person offered NF NRT ordered (see med. NRT must be prescribe Craving management Was written health info Behavioural support Was the person referre we smoking use and tre- ment on discharge.	RT and declined (ask dication chart): \(\sum \) Ned in the medication of the matter provided to the duttline Server of the Cuitline Serv	hart by a Medical One person? (i.e. Qui	Medical Officer initial	as per hospital j ☐ Yes ☐	policy.	
levie	Person offered NF NRT ordered (see med. NRT must be prescribe Craving management Was written health info Behavioural support Was the person referre we smoking use and tre- ment on discharge.	RT and declined (ask dication chart): \(\sum \) Ned in the medication of the matter provided to the duttline Server of the Cuitline Serv	hart by a Medical One person? (i.e. Qui	Medical Officer initial	as per hospital j ☐ Yes ☐	policy.	



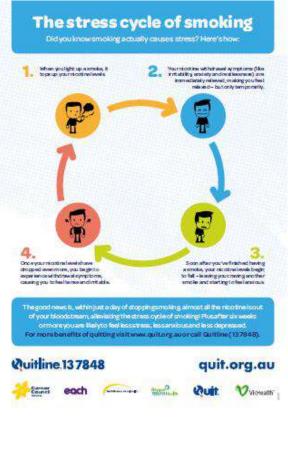


CONSISTENT QUIT SUPPORTS

- ➤ New smoking resources
- Quitline response enhanced











TRAINING AND EDUCATION

- 60-120 minute training module co-developed and delivered on site
- 250 staff trained
- →Dispelling myths and perceived barriers, with evidence
- →Smoking cessation brief advice (based on ask, advise, help model), behavioural interventions and NRT

- •Full day deeper content workshops delivered to 55 champions and leaders across NWMH
- Access to online training modules- smoking and mental health





EVALUATION (MIDPOINT)

Midpoint learnings based on analysis of 130 staff surveys, 180 training evaluation forms, key informant interviews, and 165 file audits indicate:

Committed Leadership:

- Executive management endorsement rated highly by staff as it created the enabling environment for system and practice change.
- Lead worker at each of the sites has been central to maintaining drive and delivering strategies.

Supportive Systems:

- Smokefree Form: Mixed results.
- A random audit of 165 files at NWMH and OYH revealed that 42% of the files had the form included; however, only 28% had been fully completed.
- Why? New forms in a busy mental health service is challenging.
- So? Sites are subsequently refining the form to enable higher compliance.
- But? The collection of consumer's smoking status has increased increased conversations

Supportive Systems continued:

Peer Support Worker: is a key role to support consumers to quit. The leadership from peer support workers across the pilot sites has been significant.

John, a mental health consumer, who lives with severe anxiety and depression, recently quit with support of the peer support worker. He had been wanting to quit smoking for a long time but had only been given general advice in the past such as "just distract yourself" or "just go cold turkey".

"The peer support worker came out with a quit pack," recalls John. "I had a browse through it and thought ok, this is how you do it."

Access to Nicotine Replacement Therapy: Prescribing of pharmacotherapies to manage nicotine withdrawal has increased at inpatient settings, with one of sites dispensing almost doubling NRT prescriptions.

Training & Education:

- •Staff knowledge and confidence in providing smoking cessation increased by 34%
- •60% of staff rate their service's capability to provide cessation support as extremely or very capable
- •Staff at the sites are reporting culture change.
- "The clients also suggested to have smokefree outings- sadly many of our clients are very fixated on smoking when they are out and about- so this is huge for them to initiate this." Team Leader.
- •Staff are now actively supporting consumers to quit. In the 12 months prior, there had been no referrals to Quitline. As of June 2018, staff had completed 54 referrals for PLWMI.

Consistent Quit Supports:

• A total of 23,000 hard copies of the ten new Tackling Tobacco resources have been disseminated.

SUSTAINABILITY

NWMH:

- Service-wide roll out
- Improvements and changes to monitoring data and continuous improvement
- Dedicated NWMH Smoking cessation position
- Align with Physical Health portfolio
- Coordinate local champions and Peer Support Workers
- Incorporate into NWMH Orientation packages
- Ongoing communication strategy

Quit:

- Quitline service
- Accessible training and education
- Dedicated resources on Quit website





Acknowledgements:

- NWMH Tackling Tobacco Steering Group members
- NWMH staff and consumers
- Quit Victoria staff
- Funded by VicHealth & DHHS
- Cancer Council NSW

Questions???



