"Breathe Easy, Live Well:” Evaluating a Pilot Project to Challenge the Tobacco Status Quo in Mental Health

Joseph G. L. Lee,* MPH, CHP; Anna McCullough,* MSW, MSPH; Leah Ranney,* PhD; Adam O. Goldstein,* MD, MPH; Todd B. Collier,* MEd; Kristina Bridges;# John T. Bigger,* MS, LPC; Sterling M. Fulton-Smith,* MHA

* Tobacco Prevention and Evaluation Program, Department of Family Medicine, UNC School of Medicine, Chapel Hill, North Carolina, USA
# North Carolina Health and Wellness Trust Fund, Raleigh, North Carolina, USA
^ Southern Regional Area Health Education Center, Fayetteville, North Carolina, USA

Background

- 36%-49% of individuals with mental illness smoke.1
- Adults with mental illness motivated to quit and quit rates comparable to general population.2
- The NC Health and Wellness Trust Fund (HWTF) and SR-AHEC launched a pilot project implementing wellness and cessation in nine clubhouses (voluntary day centers).
- Based on model curriculum developed by University of Medicine and Dentistry of New Jersey.3

Methods

- Qualitative
  - Evaluation team interviewed clubhouse staff members (n=5) who implemented curriculum (Figure 1).
  - Semi-structured interview protocol.
  - Interviews transcribed.
  - Inductive and deductive codes using MAXQDA 2007.

- Quantitative
  - Participating clubhouse members surveyed at completion of 26-week curriculum (one meeting per week).
  - Measured perceived changes in clubhouse norms, motivation to quit, interest in tobacco-free policies, and self-reported attempts to quit or reduce tobacco.

Quantitative Results

- Of 160 participants identified by SR-AHEC, 67% returned valid surveys. Participants: equal genders and mean 47 years old.
- About half reported smoking in the week prior to survey.
- Three-quarters reported participating in a group meeting.
- Tobacco users overwhelmingly reported (81%) that they attempted to quit or cut down tobacco use because of curriculum.

Qualitative

- Themes identified as challenges or successes:
  - Curriculum – Modification needed to increase interactivity and non tobacco wellness content.
  - Attendance – 100% attrition of smokers at one clubhouse.
  - Pharmacotherapy – Program leaders felt unprepared to manage meds.
  - “When we were quitting and reducing cigarettes the symptoms increased… and that was very scary.”

Conclusions

- There is more awareness of bad health effects of secondhand smoke among members.
- There is interest in new “no-tobacco” areas.
- I would continue attending clubhouse if tobacco were banned inside and outside (non tobacco user).
- I would continue attending clubhouse if tobacco were banned inside and outside (tobacco user).
- Curriculum well implemented and appreciated when nonsmoking staff champions exist, staff time invested, and an existing interest in wellness programs present.
- Technical assistance was key in successful implementation.
- Modifications needed to make curriculum more interactive and inclusive of non-smokers.
- Unclear if length of curriculum (26-weeks) is ideal.
- Curriculum resulted in some clubhouse policy changes: smokefree porch area and ban on staff smoking with clients.
- Promotion of pharmacotherapy difficult; few linkages with healthcare referrals.
- Members expressed openness to tobacco-free policies.
- Future evaluations should measure impact and test moderate levels of technical assistance required to be replicable.
- Other strategies/resources needed to improve access to pharmacotherapy and healthcare provider counseling.
- There is a compelling need to promote tobacco cessation in mental health settings.

References