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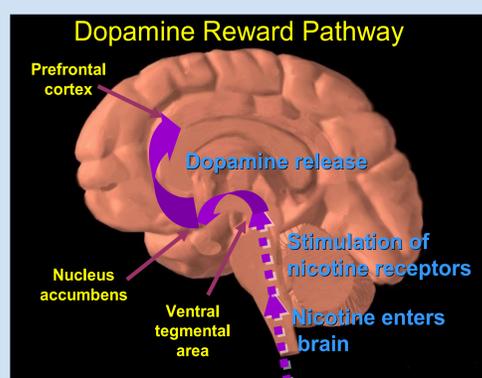
## Background

- Individuals with mental illness have smoking prevalence between 34% and 88%; the general population has smoking prevalence of 18.3% [1,2]
- Disparities may persist in part due to difficulty in changing tobacco-related norms in the treatment setting
- Limited data exist regarding cessation programs integrated into the treatment setting
- Breathe Easy Live Well (BELW) is a wellness and cessation curriculum for individuals with mental illness and substance use disorders successfully implemented in other mental health treatment settings [3]
- Evaluated feasibility of implementing the 15 week BELW curriculum in two group home settings in North Carolina

## Methods

- In January 2014, the North Carolina Southern Regional Area Health Education Center (SR-AHEC) provided a 1½ day training for group home staff, i.e. instructors implementing BELW
- Site visits and instructor interviews conducted prior to implementation assessed norms, policies, environmental attributes that contribute to smoking and wellness-related behaviors of residents
- SR-AHEC staff checked in with instructors and provided technical assistance as needed throughout
- Following completion of BELW, in-depth interviews with group home staff members and site visits conducted
- Post-implementation interviews recorded and transcribed, coded using Atlas.ti qualitative data analysis software
- Emergent themes related to facilitators, barriers, and program implementation identified
- Pre- and post-observational data from site visits compared side-by-side to identify discrepancies

Figure 1. Materials From BELW Workbook, “The Power of Addiction” Lesson



### Survival Pathway

- Your brain rewards you for survival behaviors such as eating or drinking
- Addiction uses the same pathway
- From the brain’s viewpoint, addiction is tied to survival

## Results

- Qualitative analysis of the data indicate successful implementation of BELW in both group homes. Results suggest:
  - Increased interest among group home residents in implementing positive coping strategies for their mental health symptoms as a strategy for reducing smoking
  - One group home moved the designated smoking area out of the direct path of the entrance/exit

Table 1. Emergent Themes and Illustrative Quotes

### (1) Training and technical assistance provided throughout implementation was sufficient

- “I don’t think I needed any more assistance than we got in the class that we took in the initial...It was very good. I didn’t need any more assistance at all...the book that we had was self-explanatory. It was very well-written.” (Instructor A)
- “I knew that she was always available... but I never got stuck. I think if I got stuck on something, I probably would have reached out to her, but there was never a time when I felt like I needed any additional support.” (Instructor B)

### (2) Instructors used prior professional experiences and goal setting to facilitate program success and participant engagement

- “I used my nursing experience and...my life experience and also my knowledge of dealing with people with mental illness...” (Instructor A)
- “...We took frequent breaks and did more little fun stuff in between the lessons to break up the monotony of just having them sit there and read.” (Instructor A)

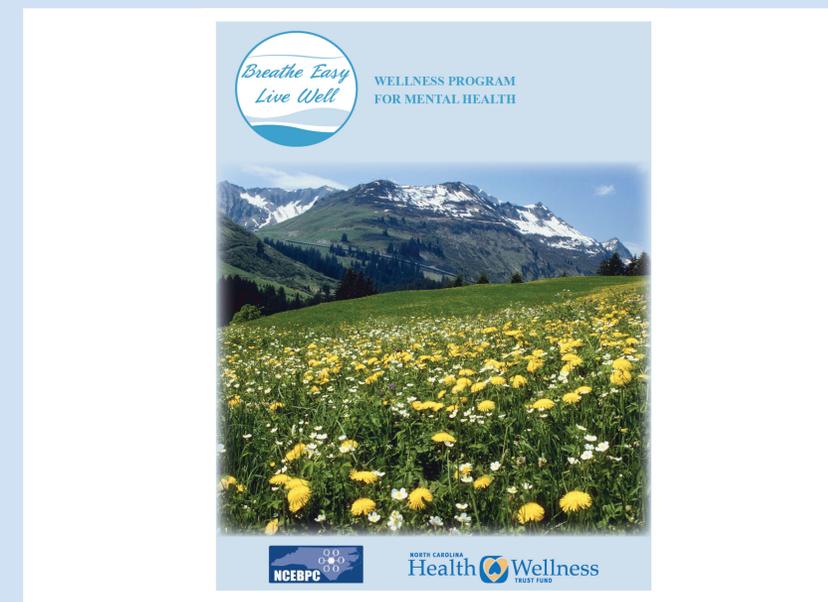
### (3) Fostering positive coping strategies reduced smoking

- “I have seen improvement in their [mental health] symptoms...Like sleeping, their sleeping habits, one of them in particular was drinking a lot of coffee, was associating the smoking and the coffee. So, he’s drinking more water and not drinking as much coffee.” (Instructor A)
- “So, rather than be out there sitting outside with nothing to do from 12-5, they would be involved in the lunch prep for 12 o’clock and then later on even at 4 o’clock...because one other thing that we talked about too was you doing something else with your hands.” (Instructor B)

### (4) Curriculum length may be a barrier to recruitment of potential instructors

- “Not the client, but the person who is going to teach it, it might discourage them to participate. I think maybe it could be shortened...so that more people would participate because I think it’s a good program. I liked it a lot, but I don’t think I need all that time to teach it.” (Instructor A)

Figure 2. Cover of Breathe Easy Live Well Curriculum Workbook



## Limitations

- Data are from only two group homes, therefore themes may not translate to a wider implementation of this curriculum in group home settings
- Absence of participant data regarding their experiences with the program
- Absence of self-reported data from residents regarding tobacco quit attempts or tobacco cessation

## Conclusions

- This evaluation provides initial evidence for successful implementation of smoking cessation interventions in mental health residential homes.
- Findings strengthen evidence base for use of BELW as a promising strategy for addressing wellness behavior change, in particular tobacco use in mental health treatment settings.
- BELW implementation is likely feasible in other group homes; expanding and adapting the program to include other types of mental health treatment programs may support policy and behavior change in these settings.
- A need exists for the implementation of smoking cessation interventions in the mental health treatment setting.

### References:

1. CDC. Vital Signs: Current smoking among adults aged ≥18 years with mental illness — United States, 2009–2011. MMWR 2013;62:81-87.
2. Ziedonis D, Williams JM, Smelson D. Serious mental illness and tobacco addiction: A model program to address this common but neglected issue. *The American Journal of the Medical Sciences*. Oct 2003;326(4):223-230.
3. Lee JG, Ranney LM, Goldstein AO, McCullough A, Fulton-Smith SM, Collins NO. Successful implementation of a wellness and tobacco cessation curriculum in psychosocial rehabilitation clubhouses. *BMC Public Health*, Sept 2011;11(702).