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

Joseph G. L. Lee,[*] MPH, CPH; 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*

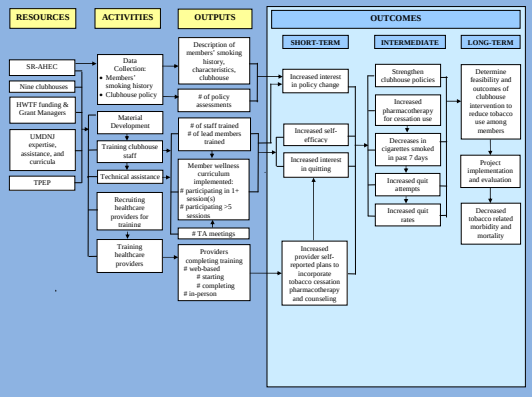
Background

- 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.

Figure 1: Logic Model



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Qualitative Results

Figure 2a: Overall themes facilitating successful implementation

Figure 2b: Themes identified as challenges or successes

Challenges

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*"

Successes

Strong Technical Assistance Vital – "*It wouldn't have went over [without the SR-AHEC support]. It would have been one of those things that was a nice idea and then fell to the wayside.*"

Policy Adoption– Program Appreciated – Implemented non smoking areas "*And what came out of it with the walking group: That was unexpected. It was a really happy unexpected thing, how well it did go over.*"

References

1. Ziedonis D, Hitsman B, Beckham JC, et al. Tobacco use and cessation in psychiatric disorders: National Institute of Mental Health report. Nicotine & tobacco research 2008;10:1691-715.
2. Siru R, Hulse GK, Tait RJ. Assessing motivation to quit smoking in people with mental illness: a review. Addiction (Abingdon, England) 2009;104:719-33.
3. Williams JM, Cain BW, Fredericks T, O'Shaughnessy M. A tobacco treatment model for persons with serious mental illness. Psychiatric services (Washington, DC) 2006;57:121

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 ≤10 group meetings.
- Majority of clubhouse members believed that curriculum:
  - increased knowledge and awareness of the harms of secondhand smoke;
  - increased communication with medical providers; and,
  - increased interest in quitting or reducing tobacco use throughout the clubhouse.
- Tobacco users overwhelmingly reported (81%) that they attempted to quit or cut down tobacco use because of curriculum.
- Participating members (non-tobacco and tobacco users) affirmed they would continue to attend the clubhouse if tobacco use not allowed inside or outside.

Member perceptions and self-reported behaviors (% yes)	
There is more awareness of bad health effects of secondhand smoke among members	79%
There is interest in new "no-tobacco" areas	64%
I would continue attending clubhouse if tobacco were banned inside and outside (non tobacco users)	91%
I would continue attending clubhouse if tobacco were banned inside and outside (tobacco user)	86%

Conclusions

- 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 professionals.
- 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.