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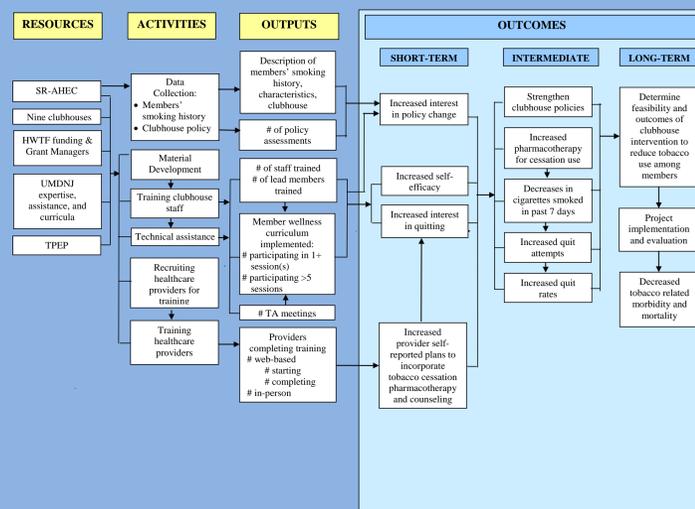
## Background

- 36%-49% of individuals with mental illness smoke.<sup>1</sup>
  - Adults with mental illness can and do quit when evidence-based interventions are used.<sup>2</sup>
- The NC Health and Wellness Trust Fund (HWTF) and Southern Regional AHEC (SR-AHEC) launched a pilot project implementing wellness and cessation in nine clubhouses (outpatient day centers).
- Based on model curriculum developed by UMDNJ.<sup>3,4</sup>

## Methods

- **Qualitative**
  - Evaluation team interviewed clubhouse staff members (n=12) who implemented curriculum (Figure 1).
  - Semi-structured interview protocol.
  - Interviews transcribed.
  - Inductive and deductive codes using MAXQDA 10.
- **Quantitative (n=148)**
  - Participating clubhouse members surveyed at completion of 26-week curriculum.
  - Measured perceived changes in clubhouse norms, interest in tobacco-free policies, motivation to quit, and self-reported attempts to quit or reduce tobacco.
  - 148/271 surveys = 55% response rate

Figure 1: Program logic model



## Qualitative Results

Figure 2: Themes on use and implementation of curriculum

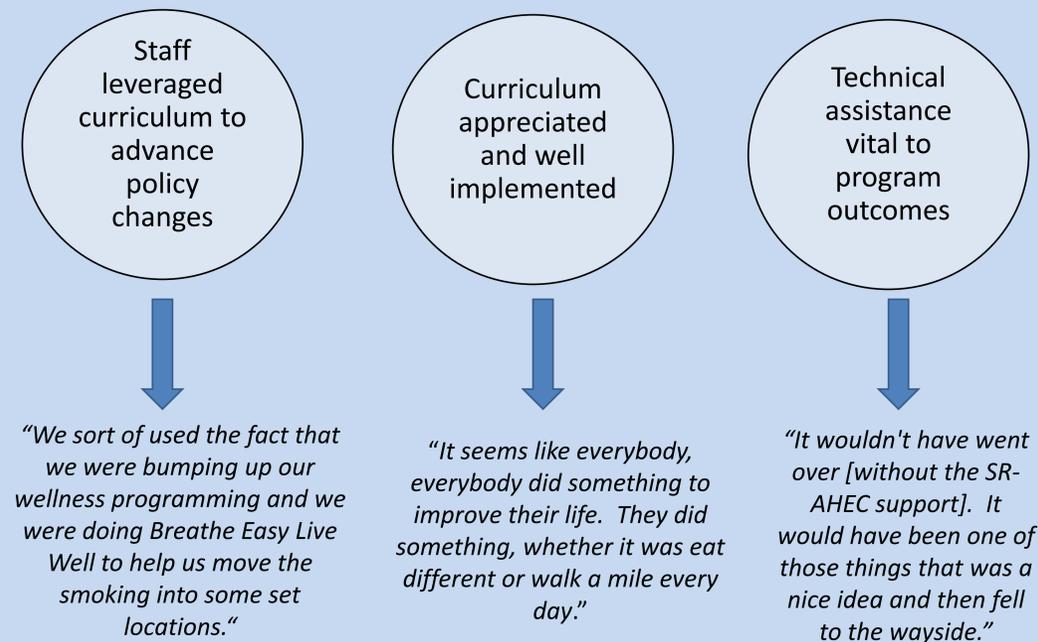
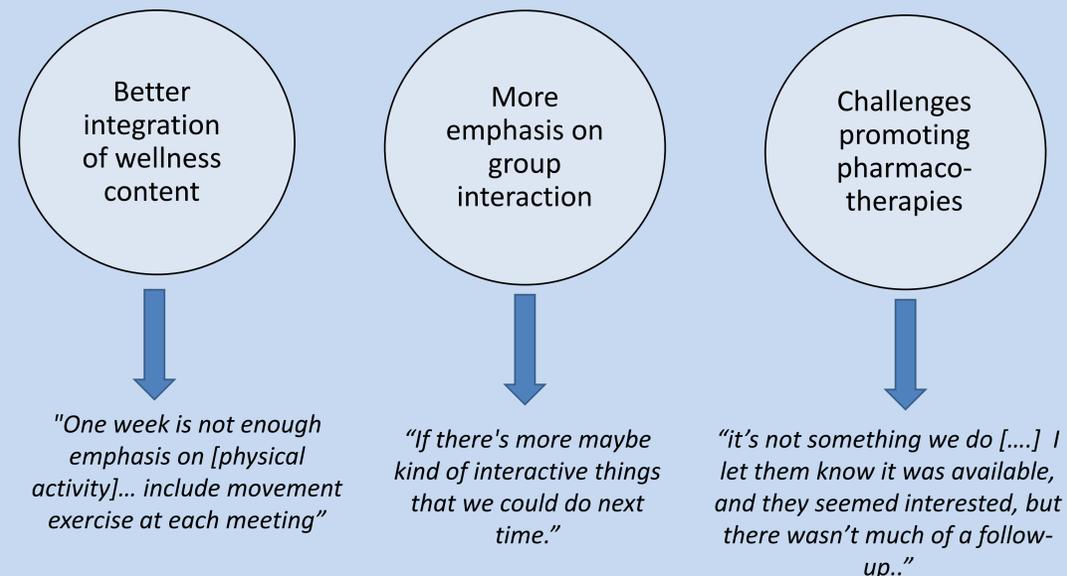


Figure 3: Themes on potential improvements for curriculum



## Quantitative Results

Figure 4: Attendance at group meetings

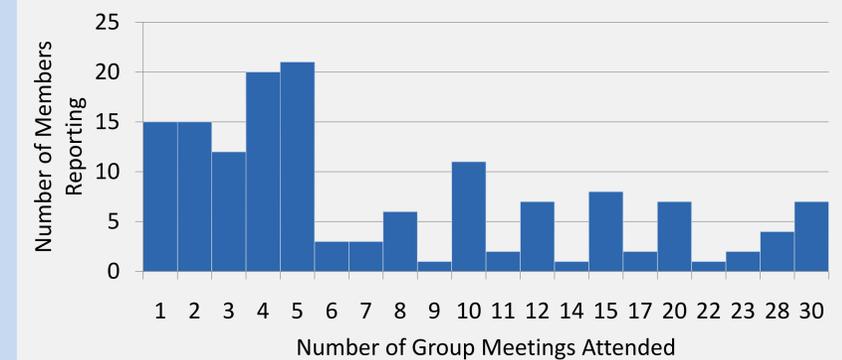
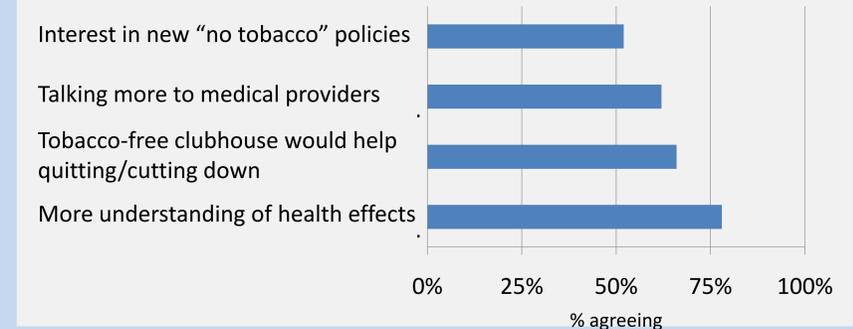


Figure 5: Tobacco cessation and policy support



## Conclusions

- Program well received and feasible in clubhouse setting.
- Improvements in curriculum should include:
  1. Integration of tobacco cessation, physical activity, and nutrition throughout the curriculum
  2. Emphasis on group interaction for peer-to-peer support
  3. More comprehensive strategies to promote evidence-based cessation pharmacotherapy when appropriate.
- Use of wellness curricula warrants a randomized controlled trial to identify impact.

## References

1. Ziedonis D, Hirschman B, Beckham JC, et al. Tobacco use and cessation in psychiatric disorders: National Institute of Mental Health report. *Nicotine & tobacco research: official journal of the Society for Research on Nicotine and Tobacco* 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;57:1210.
4. Williams JM, Ziedonis DM, Vreeland B, Speelman-Edwards N, Zechner MR, Williams MT, et al. A Wellness Approach to Addressing Tobacco in Mental Health Settings: Learning About Healthy Living. *American Journal of Psychiatric Rehabilitation*. 2009;12(4):352-69.

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