# Six Smokefree Best Practice Principles:

## Guidance for Mental Health & Addiction Services

## STEP 1. Endorse Smokefree Best Practice Principles

**Principle 1** All settings will have mandated smokefree environment policies, clearly outlining the organisation's smokefree expectations for service users, staff, whanau and visitors.

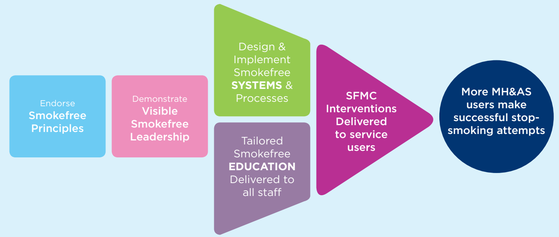
**Principle 2** All staff (including those in management & leadership roles) will be mandated to receive & attend regular, smokefree training that is both generic & tailored for the Mental Health & Addiction Services (MH&AS) context; attendance will be monitored.

**Principle 3** All service users' tobacco use is routinely assessed as part of their full mental health & wellbeing assessment.

**Principle 4** All service users are provided a shared smokefree support plan* *defined as documented smokefree intervention demonstrating how the staff member has supported the service user to manage nicotine withdrawal in smokefree settings and/or long term support to become smokefree & communicated this plan to the service user's support network and stop-smoking service provider in the case of a stop-smoking attempt.*

**Principle 5** All staff will role-model smokefree behaviour at all times & the organisation will have a range of measures in place to support compliance.

**Principle 6** All services will demonstrate how they support their staff to become smokefree.




Adapted from the work of Cowan S and Smith D. Systems First – supporting smokefree leadership in NZ hospitals. Guidelines for District Health Boards. Christchurch NZ. Education for Change. August. 2005.



HAWKE'S BAY District Health Board Whakawāteatia

### Smokefree Culture Change Approach

The following group and individuals contributed to the development of this guidance document:

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### Consultation and Peer Review

The following groups and individuals provided expert peer review:
The National Smokefree Mental Health Project Reference Group

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### Endorsement

These guidelines have been endorsed by the following groups:

- ✓ Ministry of Health
- ✓ National Addiction Centre
- ✓ Smokefree Nurses Aotearoa/ New Zealand

## Background: Why do we need this project?

**Smoking prevalence among MH&AS users is more than twice that of the general population[1] and smoking rates among MH&AS staff are much higher than in other areas of the health workforce[2]. Smoking related harm accounts for much of the reduced life expectancy of people with serious mental health disorders[3].**

A strong historical culture of acceptance and tolerance of tobacco use across the mental health and addiction (MH&A) sector[4] has contributed to the treatment of tobacco dependence remaining a low priority[5]. These views and practices persist despite growing evidence that people with experience of mental health disorders do want to be smokefree[6] and stopping smoking may improve MH&A treatment outcomes[7].

Since the introduction of the 1990 Smokefree Environments Act and the New Zealand Guidelines for Helping People to Stop-Smoking[8], the MH&A sector has introduced smokefree policies demonstrating a stronger commitment to helping people stop-smoking. However, some services and some staff are struggling to adapt their practice to reflect these smokefree policy changes. This is creating mixed smokefree messaging and confusion for service users[9]. Creating consistent, sustainable smokefree best practice requires tailored smokefree guidance within the MH&AS context.

This culture change programme will support smokefree attitudinal change across the MH&A sector in order to deliver smokefree best practice. It is informed by extensive stakeholder engagement, a national reference group, a project working group and expert peer review. The programme aims to change the way organisations think and behave by: challenging staff perceptions and attitudes that create inconsistent behaviour; engendering buy-in to organisational best practice principles; supporting visible leadership with the understanding that maintaining these principles is everyone's responsibility; and providing systems and processes to support practice changes.

The model on page one represents the direction and the steps required for sustainable change. You will find suggestions on how to embed this smokefree work within everyday practice throughout the document.

**Facilitating a *local* process to find *local* solutions to implement & achieve *national* best practice**


1. Lawrence, D., Mitrou, F and Zubrick, S.R. (2009). Smoking and mental illness: results from population surveys in Australia and the United States. *BMC Public Health* 9:285.
2. Edwards, R., Bowler, T., Atkinson, J., and Wilson, N. (2008). Low and declining cigarette smoking rates among doctors and nurses: 2006 New Zealand Census data. *New Zealand Medical Journal* 121 (1284): 43-51.
3. Colton, C. and Manderscheid, R. (2006). Congruencies in increased mortality rates, years of potential life lost, and causes of death among public mental health clients in eight states. *Preventing Chronic Illness*, 3:1-14.
4. Olivier, D., Dan, I., and Fraser, R. (2007). Tobacco smoking within psychiatric inpatient settings: a biopsychosocial perspective. *Australian and New Zealand Journal of Psychiatry* 2007; 41:572-580.
5. Nordin, A.S.A., Sellman, J.D., and Adamson, S.J. (2015). The Role of Psychiatrists in Tobacco Dependence Treatment. *ASEAN Journal of Psychiatry*, Vol. 16 (1). January – June.
6. Siru, R., Hulse, G.K., Tait, R.J. (2009). Assessing motivation to quit smoking in people with mental illness: a review. *Addiction*. 104, 719-733.
7. Prochaska, J.J. (2013) Failure to treat tobacco use in mental health and addiction settings: A form of harm reduction? Drug & Alcohol Dependence, Vol 110, Issue 3, 177-182.
8. Ministry of Health. (2014). *The New Zealand Guidelines for Helping People to Stop Smoking*. Wellington: Ministry of Health.
9. Ministry of Health (2015). *National Mental Health Services Smokefree Guidelines Development: Shifting the Culture*. Wellington: Ministry of Health.




## STEP 2. Demonstrate Visible Smokefree Leadership

### What is the role of District Health Board MH&AS Management?

Work with planning & funding to incorporate this smokefree culture change approach within MH&AS annual plans

Consult with consumer leadership roles & peer support roles to inform strategic MH&AS planning

Invite all DHB & NGO MH&AS providers to form a Working Group; to coordinate the delivery of smokefree support to all service users – you could develop a TOR

Support & motivate each service to adopt & embed the 6 Smokefree principles & Guidelines into best practice

Support & motivate each service to complete the Smokefree Best Practice Checklist to identify & address service gaps

Mandate all DHB staff to complete Smokefree Training tailored for the MH&AS workforce including management; all Team Leaders should set the standard by completing the training first

Set an expectation (within Smokefree Policy) that all NGOs contracted to the DHB do the same & offer access to this training

### What is the role of Team Leaders?

Complete the Smokefree Best Practice Checklist

Address the gaps in service – put systems in place to support this (see checklist page 4)

Enlist a smokefree representative for your service

Attend the Working Group or delegate a representative

Adopt the 6 Smokefree Best Practice Principles & Guidelines into everyday practice

Complete the Smokefree Training tailored for the MH&AS workforce first

Support & motivate your staff to complete the training including regular refresher training; monitor staff compliance & attendance

Document SFMC interventions within referral & clinical pathways & create monitoring systems

Hold training sessions to support your staff to use the SFMC interventions in everyday practice

Have regular SFMCs with staff who are not smokefree

### What does smokefree role-modeling look like?

All staff understand that providing a Smokefree environment sends a message that stopping smoking is important; they feel empowered to actively offer smokefree support **(Principle 1)**

Smokefree training is mandatory for all staff **(Principle 2)**

Tobacco use is assessed as part of all MH&A well-being assessments **(Principle 3)**

Smokefree support is a component of all MH&AS recovery plans when a person is not smokefree and the smokefree journey is shared across support networks **(Principle 4)**

All staff believe that they have a duty of care to role model smokefree behaviour during work hours **(Principle 5)**

All staff take every opportunity to have SFMCs with all service users who are not smokefree as part of routine best practice **(Principle 4)**

All staff are provided adapted SFMCs & supported to manage nicotine withdrawal with NRT during work hours **(Principle 6)**

### What does undermining behaviour look like?

When staff, patient & visitor breaching of smokefree environments goes unaddressed; staff feel detached from their role in promoting smokefree lifestyles for service users & their own workforce

Smokefree training is optional; some staff perceive smokefree training is less important because it's not mandatory; mixed smokefree messaging continues

Tobacco use is not addressed because it's perceived as less of a health risk than other substance use and/or their mental health &/or addiction issues

Smokefree support is not addressed in recovery plans because the relationship between tobacco use & MH&A is not understood

Staff smoke with service users
Staff perceive that accompanying service users on smoke breaks is an opportunity for rapport building & assessment of MH status

Medical staff on inpatient wards overtly allocate 'smoke breaks' & staff accompany service users for safety reasons

Staff return from breaks smelling of tobacco smoke & visibly handling tobacco paraphernalia; staff who smoke are less likely to offer smokefree support to service users



## STEP 3. Design & implement smokefree systems & processes

**Based on the 6 Smokefree Principles on Page 1, this Smokefree Best Practice Checklist demonstrates to what extent your service provides evidence based smokefree best practice. Regular revisiting of this checklist will ensure sustainable best practice. The guidance document will support your service to make the changes required.**

**Principle 1**

- Does your service have a smokefree environment policy? Yes ☐ No ☐
- If yes, is this an overarching organisational (DHB) policy? Yes ☐ No ☐ Or
- If yes, is this a DHB contractual requirement? Yes ☐ No ☐

**Principle 2**

- Is it mandatory within your service that all clinical and non-clinical staff (including those in management and leadership roles) attend MH&AS specific smokefree training and the MOH 'ABC' training for health professionals? Yes ☐ No ☐
- Do you as a Manager/Team Leader complete this training? Yes ☐ No ☐
- Do you as a Manager/Team Leader and all your staff complete the Ministry of Health's 'ABC' online training for health professionals? Yes ☐ No ☐
- Do you as a Manager/Team Leader monitor your staffs' completion of this training? Yes ☐ No ☐

**Principle 3**

- Does your service require all staff who undertake mental health & wellbeing assessments to assess service user tobacco use as part of this assessment? Yes ☐ No ☐
- Is this assessment of Smokefree status recorded in service user health information system files? Yes ☐ No ☐
- If service users are currently smoking, are they always encouraged to use & offered nicotine replacement therapy (NRT) to manage short term abstinence in smokefree settings, e.g.:
  - • inpatient admissions, including secure facilities Yes ☐ No ☐
  - • forensic inpatient facilities Yes ☐ No ☐
  - • day activity programmes Yes ☐ No ☐

**Principle 4**

- Does your service require all staff to provide a smokefree support plan* for all service users identified as currently smoking tobacco? *Refer to page 2 for definition Yes ☐ No ☐
- Does your service require staff to record this Smokefree support in service user health information system files? E.g. in recovery plans Yes ☐ No ☐
- Does your service require this Smokefree support plan to be communicated across the service user's support network? Yes ☐ No ☐

**Principle 5**

- As a service manager/team leader do you follow specific procedures aimed at supporting staff & service user compliance with your service's Smokefree policy expectations (e.g. not smoking within your service's buildings & grounds)? Yes ☐ No ☐
- Are there consistent consequences for staff and/or service user non-compliance of your service's Smokefree policy expectations? Yes ☐ No ☐
- Do any of your staff accompany service users when they (service users) are smoking – either on or off site? Yes ☐ No ☐
- Do any of your staff smoke with service users, whether on/off site during working hours? Yes ☐ No ☐
- Do any of your medical staff allocate leave breaks for the purpose of allowing service users to smoke either on or off site? Yes ☐ No ☐

**Principle 6**

- Are your staff who smoke, regularly encouraged and/or offered the opportunity to use NRT to manage short term abstinence during work hours? Yes ☐ No ☐
- During the recruitment process, does your organisation have the capacity to screen potential staff for tobacco use? Yes ☐ No ☐
- Does your organisation assess/monitor the smokefree status of all current staff? Yes ☐ No ☐
- Do you in your capacity as manager/team leader regularly* offer Smokefree support to staff identified as currently smoking? *defined as at least 3 monthly Yes ☐ No ☐

# STEP 4.
# Tailored Smokefree Education Delivered to All Staff

In addition to the smokefree training available for the generic health workforce (MOH 'ABC' online training & NZ Heart Foundation), we recommend all MH&AS staff also complete training that has been tailored for the MH&AS workforce. These modules have been developed with the aim of changing organisational behaviour to ensure ALL staff understand that supporting MH&AS users to be smokefree within everyday practice is both important & possible.

**Module 1** is designed for ALL staff working within a MH&AS – from staff whose primary work involves face-to-face contact with service users, to administration staff & management whose primary roles are often behind the scenes, though none-the-less important.

**Module 2** is designed for staff who have face-to-face contact with service users and are therefore best placed to deliver SFMCs to service users.

**Modules are supported by role-play DVDs**

This training can be accessed through your DHB Learning & Development service who can contact Hawke's Bay DHB (education@hbdhb.govt.nz) for a copy of the files to be made available for staff. Training access requires an e-learning site.

*Central Health Ltd. - Te Poutama Tautoko, Hastings.*



# STEP 5.
# How to have Smokefree Motivational Conversations

During recent workforce engagement staff identified a need to systematically improve the way MH&A services communicate with one another[8]. The support wheel diagram below was developed to emphasise the importance of a person-centred focus because people with experience of MH&A access a wide range of support from services and individuals, including family/whanau and peers. Effective sharing of information enables consistency and continuity of support which in turn avoids undermining behaviour that occurs with mixed smokefree messaging. This is an important consideration for service users endeavouring to become smokefree, when their experiences in and across different settings have a direct impact on smokefree outcomes.

**Mental Health & Addiction service user support wheel**


Some MH&AS staff find it difficult to engage with service users on the topic of being smokefree. The following smokefree intervention is designed to give staff and those in leadership roles, the skills and confidence to have empathetic, non-judgemental conversations designed to encourage and motivate service users to live smokefree lifestyles. In accordance with the NZ Guidelines for Helping People to Stop-Smoking, best results are achieved when a person uses behaviour support and stop-smoking medication in combination[9]. Subsidised nicotine replacement therapy (NRT) can be supplied either by a registered Quitcard provider (QCP) or by contacting Quitline and during hospital admissions.

8. Ministry of Health. (2014). *The New Zealand Guidelines for Helping People to Stop Smoking.* Wellington: Ministry of Health.
9. Ministry of Health (2015). *National Mental Health Services Smokefree Guidelines Development: Shifting the Culture.* Wellington: Ministry of Health.



**1. Set the agenda for the Smokefree Conversation** – use open ended questions to get things started, How do you feel about your smoking?

- How does your smoking impact on your mental health?
- How do you feel about your smoking during work hours? (to staff)
- How has the new smokefree training made you feel about your own smoking? (to staff)

**1.1 No need to conduct a formal nicotine assessment here:**

The aim is to engage with your client/staff; develop rapport; stay client/staff - focussed; try to use more open questions than closed questions

**2. Ask about any positive aspects of smoking** – this is often an engaging approach provided you are genuinely interested; e.g. you could say...

- What do you like about smoking? or
- How do you think smoking supports your mental health?

**SUMMARISE:**

Provide feedback in the form of a summary reflection using the person's own words

**3. Ask about the negative aspects of smoking:**

- What are some aspects you are not so happy about? **Or**
- What are some of the things you would not miss?

**SUMMARISE:**

Provide feedback in the form of a summary reflection using the person's own words

**4. Offer support to stop-smoking;** e.g. you could say...

- I would like to talk to you about how you could become smokefree, for example...And/or
- I could help you manage your tobacco withdrawal symptoms when you are unable to smoke

**Note:** even if someone is not ready to stop-smoking long term, NRT can be used to relieve tobacco withdrawal symptoms in the short term e.g. in smokefree settings.

**4.1 Then offer your view; e.g. you could say...**

Many people who smoke feel like they are stuck & put off trying to stop because they are not sure how to, or are worried that stopping might have some negative impacts on their mental health...

Some staff feel funny about offering stop-smoking advice to service users because they smoke themselves... (to staff)

But it's important that we demonstrate organisation-wide smokefree commitment – this means we're here to support staff too (to staff)

**Then provide clear advice tailored to their situation. Here are some examples of what you could say...**

- Stopping smoking is the best thing you could do for your physical health & your mental health And
- Getting behaviour support from a stop-smoking service combined with using stop-smoking medication is the best way to stop And/or
- Support from peers with lived experience of mental distress & giving up smoking maybe helpful
- Even if you are not ready to stop-smoking, NRT can relieve short-term tobacco withdrawal in situations when you cannot smoke and this might lead to a longer smokefree attempt (e.g. inpatient settings) And/or
- Did you know that some medications are affected by tobacco smoke?
- Free NRT is available to manage your tobacco withdrawal during work hours (to staff – if available)
- Being smokefree during work hours could lead to being smokefree in the long term (to staff)

**Ask your client what they think of your advice**

**Then ask for a decision...**

After our discussion are you more clear about what you would like to do?

**Note:** With practice, all staff should have the skills to engage service users in smokefree conversations up to this point...

**5. If a referral to a stop-smoking service is accepted..**

- Discuss stop-smoking service provider options
- Complete a referral to their chosen provider

**And/or**

- Complete a Quitcard (if you are a registered Quitcard provider) and they have chosen to manage short term tobacco withdrawal symptoms with NRT – see above
- Explain that it is important to share their smokefree journey with their whole support network to make sure they get all the support they need to successfully stop-smoking

**OR**

**6. If no decision is made...**

- Empathise with & reflect that making a decision can be difficult
- Ask if there is something else that would help them make a decision or
- Ask if they would like a call from a stop-smoking service to explain what they do & reiterate that they would not be committing themselves

**OR**

**6. If their decision is to continue to smoke you could say...**

- If you change your mind & want to talk more about stopping smoking let me or your other support staff know or
- I understand that you don't want to stop right now but remember it's never too late to try or
- You might need some more time to think about it – I'll ask you about your plans
  - > ... the next time we meet or
  - > ...at your next 1.1 (to staff)

**7. Completing the Smokefree Motivational Conversation intervention**

Thank the person for the opportunity to talk about their smoking

Enter this smokefree intervention into service user health system files

**8. Follow-up**

If a referral to a stop-smoking service was completed...

- Set a follow-up contact date for one week's time to check the referral progress
- Complete a follow-up smokefree intervention within that timeframe (see page 8)

If a referral to a stop-smoking service was declined you could say...

- I understand that you are not ready to accept support right now but our service thinks this is very important so...
  - > a health professional will offer you support again in 12 weeks' time
  - > I will offer you support again at future 1.1s (to staff)
    *Date ####

Ideally this * date becomes a mandatory Smokefree 3 month alert on service user files.

Smokefree Motivational Conversation Intervention has been adapted from the work of WR Miller & S Rollnick.



# Follow up support: Reviewing Smokefree Progress

**If a referral was made to a stop-smoking service...**

- Establish whether contact from (name of stop-smoking service) has been made
- If yes, ask "how did you get on with the behaviour support & the stop-smoking medication this week? **And**
- Ask "what affect has stopping smoking had on your mental health and your health in general?"

**SUMMARISE:**

Provide feedback in the form of a summary reflection using the person's own words

- Consider whether mental health-specific advice to the stop-smoking service is required
- If yes, ask permission to discuss any mental health medications with their prescriber and/or stop-smoking service

**OR**

**If the stop-smoking service did not make contact you could...**

Establish the reason & offer to help the person make contact

**OR**

**If a referral to a stop-smoking service was NOT accepted or if they were feeling unsure you could:**

- Empathise & reflect that it can be difficult to make a decision to be smokefree
- Remind them that they are much more likely to stop-smoking with a combination of behaviour support & stop-smoking medication
- Make another offer to refer them, or for the service to explain what they do

**AND**

**If Nicotine Replacement Therapy was supplied...**

- Ask how the chosen NRT products worked to relieve tobacco withdrawal symptoms in situations where they could not smoke
- Explore other medication options if NRT has either motivated them to make a quit attempt or if NRT has not worked well for the person

**AND**

Continue to liaise with the person's medication prescriber & stop-smoking service as appropriate