Smoking Policies & Practices in State Psychiatric Facilities

SURVEY RESULTS 2011

NASMHPD Commissioner’s Meeting

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Presenters:
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Agenda

- Background
- Methods
  - Participants
  - Instrument
  - Procedure
- Results
- Implications of the Findings
- Future Directions
- Questions
- Contact Information
Background

  - History
  - Modifications

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<thead>
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<th>2005</th>
<th>2006</th>
<th>2008</th>
<th>2011</th>
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<td># facilities targeted</td>
<td>225</td>
<td>222</td>
<td>219</td>
<td>?</td>
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<tr>
<td># participating facilities</td>
<td>124</td>
<td>181</td>
<td>164</td>
<td>?</td>
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<td>Response rate</td>
<td>55%</td>
<td>82%</td>
<td>75%</td>
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<td>20%</td>
<td>41%</td>
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Method – Participants

- 206 facilities targeted
- 80% response rate (N=165)

Exclusions:
- Facilities serving only children less than 12 years.
- Facilities that closed or merged.
- Contact information for facility’s director and/or quality assurance manager was not available.
22-item survey that includes questions related but not limited to:

- Demographics
- Current smoking policy
- Smoking cessation practices:
  - staff training
  - assessment at intake
  - education and promotion about the risks of smoking
  - availability of smoking resources
  - provision of treatment: smoking counseling, NRT, pharmacotherapy
  - aftercare planning
- Outcomes and barriers of enacting a smoke-free policy
The 7-option smoking policy list from TJC

Smoking: A legalized form of tobacco in any form (e.g. cigarette, cigar, chewing, pipe) regardless of the age of the individual served.

Facility premises: Buildings, balcony, patios, courtyards, areas adjacent to exit doors, parking areas and lawns.
**Method-Procedure**

- Survey was created using Snap Surveys®
- Email with link of survey was sent to facilities
- 4 follow-up email reminders
- Data collection spanned from October – December 2011
Results-Policy

Number of facilities by smoking policy for 2011

- **Prohibit**: 79% non-smoking, n=131
- **Allow**: n=34

Total number of facilities: n=165
Results - Smoking Cessation Practices

Percent of facilities providing specialty training to facility staff

- Prescription medication interaction with smoking
- Assessment of smoking use and dependence
- Medication treatment for smoking
- Awareness of quit lines
- Wellness counseling
- Counseling for smoking dependence
- Coordination with community resources
- None

Prohibit
Allow

Results - Smoking Cessation Practices
Results - Smoking Cessation Practices

Education of patients about the risk of smoking

- During intake
- Formal screening
- Treatment planning
- Never

Prohibit
Allow
Availability of resources that describe the risks of smoking

- Individual sessions with clinical staff
- Group sessions
- Healthy lifestyle counseling
- Educational pamphlets
- Refer to quit lines
- Peer support
- Refer to quit smoking websites
- Wellness clinics, fairs, groups
- Videos, dvds on smoking cessation

Prohibit
Allow
### Results - Smoking Cessation Practices

#### Smoking cessation treatments* offered while receiving psychiatric inpatient care

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<thead>
<tr>
<th>Treatment</th>
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<tr>
<td>Smoking counseling</td>
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<td></td>
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<tr>
<td>Patch (NRT)</td>
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<td></td>
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<tr>
<td>Gum (NRT)</td>
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<tr>
<td>Lozenge (NRT)</td>
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<td>Inhaler (NRT)</td>
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<td>Spray (NRT)</td>
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<td>Zyban</td>
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<td>Chantix</td>
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<td>Other pharm</td>
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*Does not include smoking cessation session
Results - Smoking Cessation Practices

Proportion of facilities providing comprehensive aftercare planning*

*Includes the patient’s smoking status AND makes a referral at discharge
## Results-Overall

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### Percent of smoke-free state psychiatric facilities

![Graph showing percent of smoke-free state psychiatric facilities]

- **2005**: 0%
- **2006**: 10%
- **2008**: 20%
- **2011**: 30%
Implications of Findings - Training

- 62% provide some training to staff -- 38% provide no training

- Are the competencies among the staff
  - Nursing is the most frequently used clinical specialty to provide education and services related to smoking
  - Other (non-medical) specialties are also used including social work, rehabilitation, case management

- Are best practices and preparing for community care covered
  - Smoking cessation sessions, counseling, medication
  - Wellness counseling, coordination with community resources
Implications of Findings - Treatment

- 50% of facilities offer the full complement of treatment (smoking counseling, NRTs, and pharmacotherapy)
  - Smoking cessation sessions are not included in this list
    - Under-utilized best practice
    - Provided on an at least weekly scheduled basis at less than 25% of facilities
  - Getting more out of counseling sessions
    - Share educational resources, currently used by 2/3 of hospitals
    - Plan for continuing care
Implications of Findings - Aftercare

- 25% provide comprehensive aftercare (including smoking status in aftercare plan AND making referral for service)
  
  - Smoking status is a key indicator of potential health needs
    - Former smokers have high relapse rates
    - Non-smoking status to be sustained must be monitored
  
  - Outpatient resources are under-utilized
    - More than 50% make no referral specific to smoking
    - Healthcare providers are used by a small number of facilities
Future Direction

- Investigate the change (from 2008 to 2011) of the smoking policies and practices in state operated or supported psychiatric inpatient facilities

- Survey private facilities
Questions
For more information regarding the smoking project at the NRI please contact:

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