

Overview

Despite common misconceptions among mental health practitioners around the ability and willingness of patients with serious mental illness to quit tobacco use, research indicates that this population is just as capable of quitting as other tobacco users and as likely to benefit from evidence-based tobacco cessation treatment. This review examined literature on emerging and best practices for tobacco dependence treatments for individuals with serious mental illness to inform the Health Systems for a Tobacco-Free New York project's objective of decreasing the prevalence of tobacco use among this population.

Major Findings

The majority of articles recommended multi-pronged strategies that necessitate simultaneous work across the following areas:

- **Conducting innovative counseling and treatment approaches tailored to meet the needs of individuals with serious mental illness:** Because individuals with serious mental illness generally have co-occurring conditions, tobacco dependence treatment should be integrated into patients' existing treatment plans.
- **Integrating smoking cessation treatment across health care disciplines:** It is critical for health care providers and staff in primary care settings to know how to best address the needs of patients with serious mental illness and refer them to evidence-based tobacco dependence treatment, as most patients with psychiatric illnesses present initially in these settings as opposed to specialty care settings.
- **Educating health care providers on evidence-based practices and building competencies in these areas:** Health care providers and staff need to be well-versed in how to identify and support tobacco users using the 5 A's, as well as how to utilize the same motivational interviewing strategies recommended for non-psychiatric patients.
- **Combining pharmacologic treatment with behavior change:** Using pharmacology over increased periods of time in combination with behavioral counseling is particularly effective in treating tobacco dependence among those with serious mental illness.
- **Implementing widespread smoke-free policies:** With staff prioritization of tobacco dependence treatment, smoke-free grounds policies have improved service delivery for staff and patients, positively impacting health outcomes by reducing tobacco use.
- **Dispelling myths associated with treating individuals with serious mental illness for tobacco dependence:** Due to myths that those with serious mental illness are not interested in quitting, that they do not have the capacity to quit, and that efforts to quit may impede psychiatric treatment, there have been few studies on effective tobacco dependence treatments for this population. Such myths must be addressed to prompt health care providers and staff to discuss tobacco cessation with patients with serious mental illness and connect them to evidence-based services.

Methods

Fifteen studies published in peer-reviewed journals in the last five years were identified and included in the literature review. Identified articles covered the following topic areas:

- Evidence on treatment and commentary
- Tobacco treatment for populations with serious mental illness
- Stages of change for people with serious mental illness
- Integrated care
- Smoke-free grounds policies

Though substantial gaps remain with regards to determining best practices for treating tobacco dependence among individuals with serious mental illness, the recommendations outlined within the literature review provide a starting point for addressing tobacco dependence on a systems level.

For More Information

To learn more about the Center of Excellence for Health Systems Improvement for a Tobacco-Free New York and to access additional resources, visit our website: www.tobaccofreeny.org.

Sources

Articles Included in Literature Review

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About the Center of Excellence for Health Systems Improvement

With funding from the New York State Department of Health Bureau of Tobacco Control, CAI serves as the Center of Excellence for Health Systems Improvement (COE for HSI) for a Tobacco-Free New York. The COE for HSI promotes large-scale systems and policy changes to support the universal provision of evidence-based tobacco dependence treatment services. The COE for HSI aims to support 10 Regional Contractors throughout New York State working regionally with health care systems and organizations that serve those populations for which tobacco use prevalence rates have not decreased in recent years - adults with low income, less than a high school diploma, and/or serious mental illness. Focused on providing capacity building assistance services around topics like how to engage and obtain buy-in from leadership to implement the kinds of systems-level changes that will result in identification and intervention with every tobacco user who seeks care, the COE for HSI also will offer materials and resources to support contractors in their regional work.

Promoting Health Systems Improvement for a Tobacco Free New York

