Trialling a new approach to supporting people to reduce or quit smoking.

Cristal Hall August 2019

There is extensive research demonstrating that smoking contributes to significant health, economic, and social disadvantage. However, despite thirty plus years of increases in tobacco tax levies and public health messaging around tobacco-related harm; smoking rates for people living with mental health illnesses have not been impacted in the same way as for the general Australian population. According to the 2016 National Drug Strategy Household Survey 12.8% of Australian adults' smoke[1]. In contrast SANE Australia reported in 2017 that 32% of Australian adults with a mental illness smoke[2] and Neami's Health Prompt data indicates an even higher rate of around 48% of consumers identifying as active smokers[3].

In the mental health services sector there is an increasing appreciation of the links between physical health and mental health. In relation to smoking, mental health service user feedback demonstrates that there is often a desire to quit or cut down and yet health care services often appear reluctant or ill equipped to prioritise support for tobacco use behaviour change. There is an urgent need to strengthen knowledge and practices that can reduce the prevalence of smoking behaviours for people living with a mental illness.

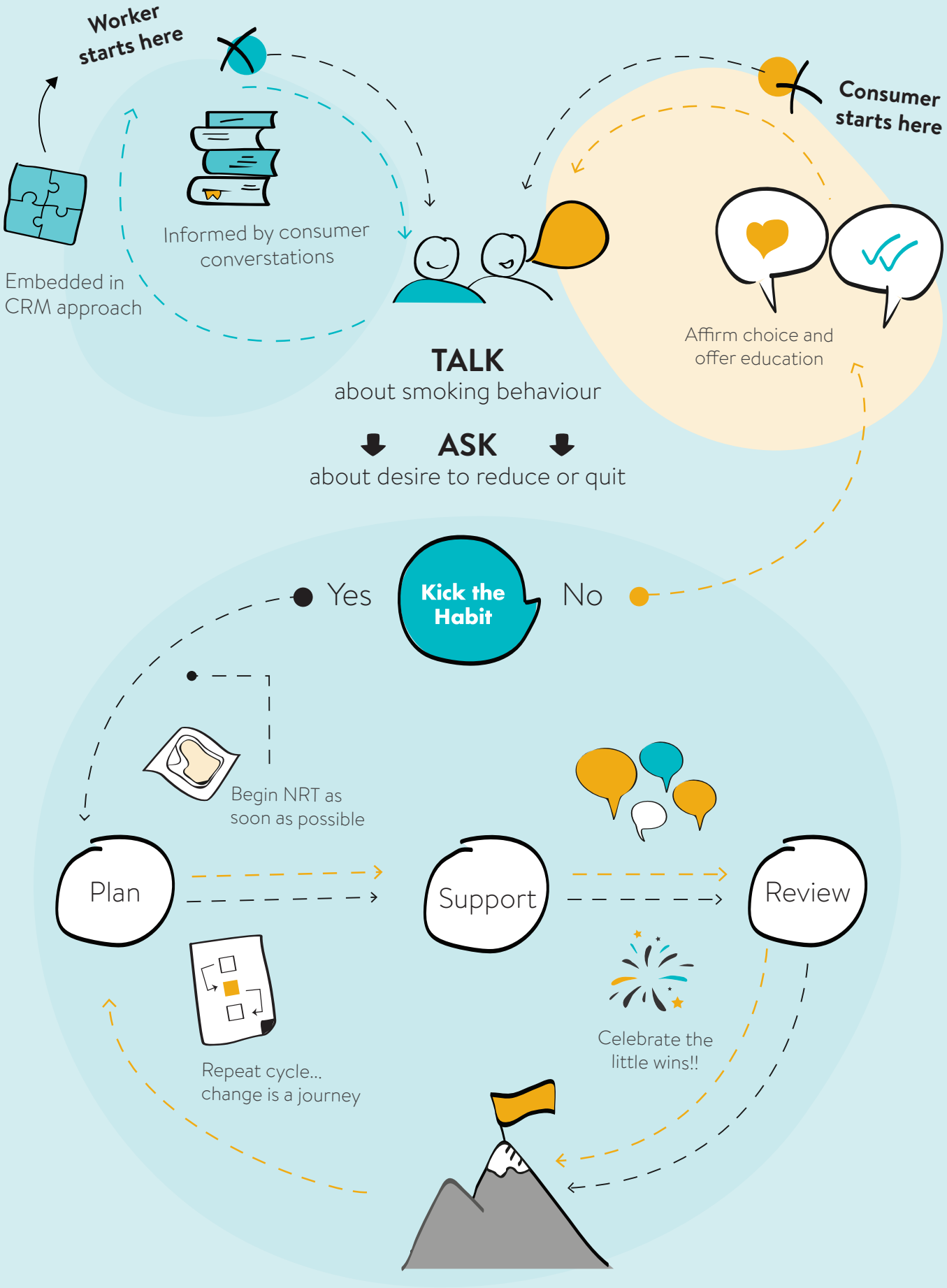
In partnership with leading epidemiological researchers from the University of Western Australia, Neami National have been trialling a new approach to support people living with mental illness to reduce or quit smoking. The program combines knowledge about best practice in smoking cessation practice and feedback about the successes and failures from other smoking programs delivered in a mental health service context.

The trial program, labelled 'Kick the Habit', includes one on one coaching support with consumers to develop and implement an individualized smoking management plan based on a person's own goals and reasons for reducing or quitting. In addition consumers are supported to use NRT to minimise symptoms associated with nicotine withdrawal and reduce contraindication of mental health symptoms.

This report presents qualitative findings about consumer and staff experience of the Kick the Habit pilot program. We hope it will contribute to a growing understanding within Neami and the mental health sector of how best to support people living with mental illness to reduce or quit smoking.

Neami National
Improving Mental Health and Wellbeing

The ‘Kick the Habit’ Approach



The 'Kick the Habit' approach utilises a change management method to address practitioner assumptions, attitudes, knowledge and confidence to undertake conversations with mental health consumers about their smoking behaviours. Consumers are provided with one on one coaching support to develop an individualised smoking management plan based on their own goals and reasons for reducing or quitting. In addition consumers are supported to use NRT to minimise symptoms associated with nicotine withdrawal and reduce contraindication of mental health symptoms.

There were two main components to the intervention - specialised staff training and working one-to-one with consumers to develop an individually tailored tobacco management plan.

Staff training

Training was informed by consumer experience gathered through interviews conducted at each site prior to training sessions. This supported staff to develop their understanding of consumer attitudes toward smoking cessation.

The staff training content included smoking cessation relevant to a mental health setting, behavioural strategies to support smoking cessation, and optimal use of NRT to support consumers to manage their smoking. The Kick the Habit approach was embedded in Neami's existing practice framework which is underpinned by the evidence informed Collaborative Recovery Model (CRM). As such all staff delivering KTH had also been trained in the CRM.

One-to-one work with consumers

Phase 1: Talk, Assess and Ask

The first step was to start a conversation about smoking to understand a consumer's attitudes towards their own smoking behaviour. As part of the initial conversation support workers would conduct an assessment of nicotine dependence using The Tobacco Dependence Assessment Form. This elicits important information about history of smoking and potential barriers to quitting as well as offering an opportunity for education.

As KTH takes a harm minimisation approach consumers didn't need to be ready to quit smoking, they simply needed to express a desire to manage their smoking better in order to participate. In cases where a consumer didn't want to address smoking, workers would affirm their choice, ideally allowing conversations about smoking to be normalised.

Phase 2: Educate, Plan and Support

Consumers who identified they'd like to manage their tobacco use more effectively were encouraged to make an appointment with their GP, as soon as possible, to prepare a script to access NRT patches via the PBS. Neami provided two weeks of NRT for free to anyone participating in KTH. Consumers were provided with information about NRT, harm minimisation, impacts of smoking cessation on medication, caffeine and alcohol consumption, as well as the health effects and financial implications of smoking.

It was important to identify whether the consumer was interested in managing their tobacco use from a harm minimisation perspective or actively seeking to reduce and stop smoking. Support workers assisted consumers to create Tobacco Management Plans (TMP) that reflected their goals and values. Personalised behavioural support to identify and plan for triggers, mindfulness exercises or distraction techniques to deal with cravings and cue-exposure. Linking in with additional support referral to Quitline Call Back Service was offered to all consumers interested in better managing their tobacco use.

Phase 3: Review

Support workers and consumers would ideally review progress and TMP's regularly. Continuing to work on identifying triggers and strategies for use in high risk situations and to cope with cravings.

In reality, the length of time that consumers received support under KTH could vary considerably. For the 12-week period when the Research Assistant (who was often a support workers at the site) was employed, consumers continued to receive support regarding KTH. After 12 weeks the research role was centralised and consolidated to one RA. At this time the level of support for KTH varied and was site/support worker dependent. Anecdotally, levels of follow-up on the TMP and support for KTH dropped off after the first 3 months. There was no data collected on the number of contacts/reviews made by the support worker during the period of the study.

Our Research Process

Late 2016

Phase 1 - Pilot Development

Development of CCTM - Collaboration with UWA - Design of Research Project - Ethics Approval

The intention of the program was to draw on what works from evidenced based smoking cessation literature - particularly the use of NRT - and integrate it with existing coaching strategies and techniques already used by Neami staff. The approach was developed by the Health Promotions (HP) team. CCTM aligns with Neami's core values, it takes a holistic view and encourages consumer driven decision making around interventions and management of health problems.

Neami partnered with researchers from the University of Western Australia to design a research project that could assess the effectiveness of this innovative approach to smoking cessation support. The pilot would compare results from people who have engaged in the Kick the Habit program (trial condition) as part of their support from Neami, against results from people who have received their usual support at Neami (control condition). These findings will be available in a future report.

Early 2017

Phase 2 - Pilot Launch

Research Assistants Employed - Consumer Interviews Conducted - Staff Training Rolled Out - Recruitment Begins

The Projects and Innovations team at Neami supported the roll out Kick the Habit. A Research Assistant (RA) was employed at each site in a part time capacity, all RA's were current Neami direct support workers and took on the dual role for the first 13 weeks.

RA's were to conduct interviews with 4 consumers about their experience of smoking and smoking cessation support before the commencement of KTH. The interviews were intended to be shared with site staff during training. It was hoped the learning would inform a site specific implementation plan and develop staff understanding of consumer attitudes toward smoking.

Staff training involved a group presentation of 1-2 hours in length and a staff resource pack to be read prior to the sessions. The training was delivered by members of the Projects and Innovations team. Research Assistants were provided with additional support from the Research and Evaluations team throughout the pilot study. There was variability in how the content was delivered across the sites.

Recruitment began in December, some sites where changed at this time due to low numbers of smokers.

Late 2017

Phase 3 - Pilot Delivery

Continued Recruitment - Delivery of NRT and KTH Coaching - Data Collection

Trial Sites

Consumers received 2 weeks free NRT and one-on-one coaching support to develop an individualised tobacco management plan.

- 5 Sites, 32 Neami consumers participated
- Follow up Interview: 1 month (26), 3 months (30) and 6 months (25). 19 completed all interviews.

Control Sites

Consumers received their usual support from Neami without access to KTH.

- 3 sites, 31 Neami consumers participated
- Follow up interview: 1 month (25), 3 month (21) and 6 month (20).
  16 consumers completed all interviews.

"I learnt that supporting consumers to have the awareness, the information and the opportunity to make their own choices is paramount.

As mental health workers we have to be accountable for our part in this, which to me means, we don't force people, but we need to provide the space for making informed choices.

Smoking related health issues are one of the key contributing reasons that this cohort die younger."

- Neami Research Assistant -

What we learnt

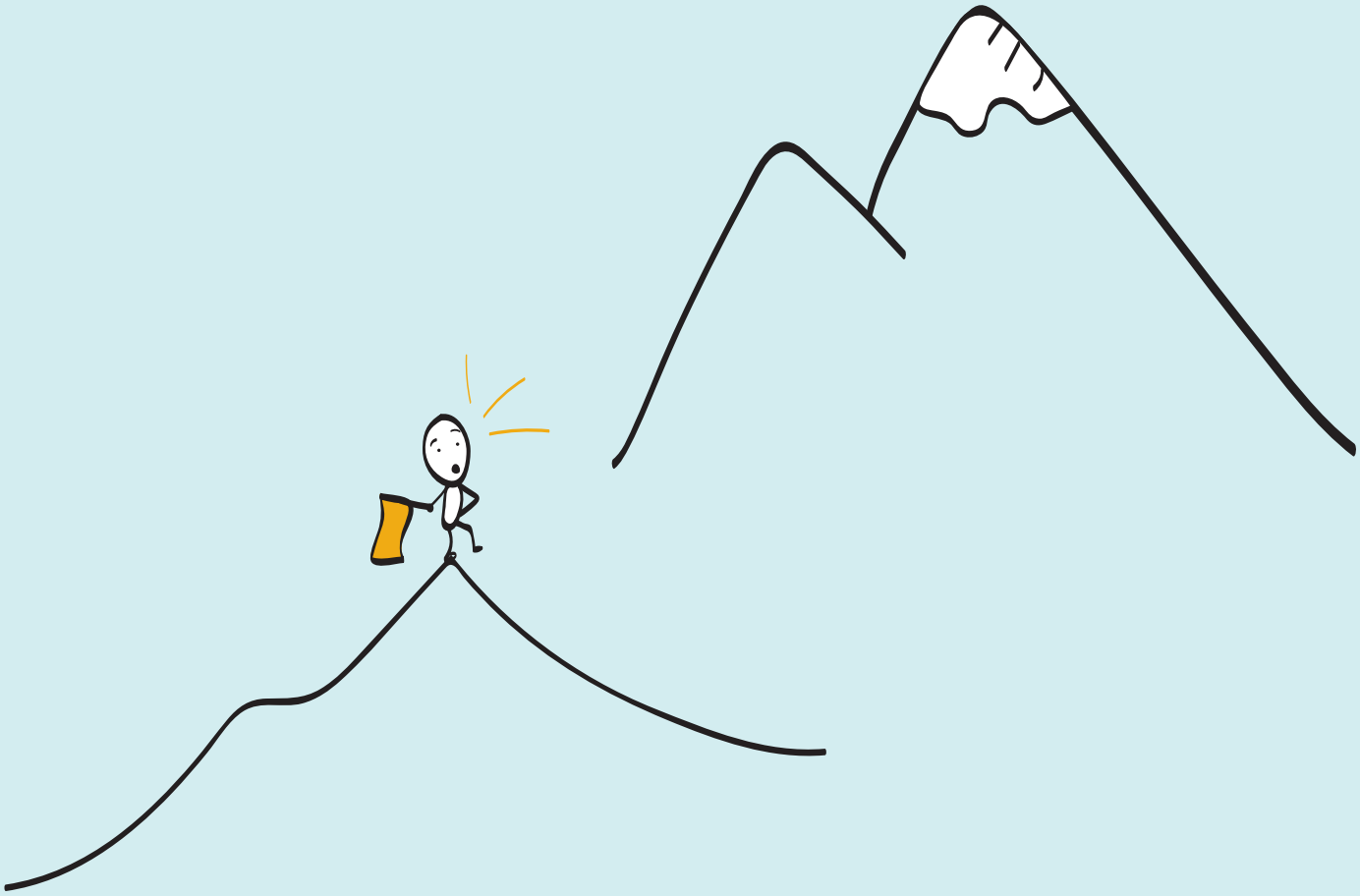
We came across a number of issues during the roll out of Kick the Habit. We'd like to use these as opportunities to improve the research design and implementation process.

- **Site Selection** - Before selecting sites time should be taken to gauge capacity of the site to deliver support and the number of current smokers at the site. This should minimise the need to change sites during recruitment.
- **Recruitment** - Longer recruitment time to allow for consumers who might need more time to think about participating. Varied recruitment strategies, staff suggested information sessions could work well at sub acute services.
- **Communication** - Leadership, clear role definition and communication imbedding research as part of practice. It was sometimes confusing for staff and consumer to separate what was KTH and what was research.
- **Training as change management** - Capacity building at sites prior to rolling out KTH. The more work that is done in educating staff before commencing KTH the more likely it is to succeed.

Understanding the consumer experience

Consumers in the trial found Kick the Habit was a valuable and enjoyable approach to smoking behaviour change. Their feedback suggests a range of financial, health and social benefits. Looking at the group experience of Kick the Habit over the trial we see positive change with consumers reporting they are generally smoking less cigarettes daily, spending less on tobacco products and have decreased their dependency on tobacco.

Positive results were most noticeable in the first month after Kick the Habit. Conversations with consumers at the final interview indicate many were no longer talking with their workers about smoking or hadn't in some time. Findings indicate that sustaining smoking behaviour change may be improved by maintaining coaching conversations over a greater length of time.



What were the barriers?

Before Kick the Habit

When asked what made it difficult to consider their smoking behaviour prior to commencing Kick the Habit most consumers identified the physical nicotine addiction as a barrier. The social benefits, boredom and the pleasure of smoking were also significant in sustaining and motivating smoking behaviour.

"Smoking peps me up when I am feeling a bit down, it gives me a buzz."

"I feel I'm a person that will always have an occasional cigarette"

Associated behaviours

Once consumers had engaged with KTH and developed a tobacco management plan other barriers emerged. The association of smoking with another activity, like their morning coffee or drinking alcohol, became a challenge. Some consumers found to give up they needed to address these associated behaviours as well.

"I live with 3 heavy smokers and many other friends smoke... I have formed many habits around smoking, like spending some time in the sun, and I miss them when I try to quit."

"Having a beer; having a coffee in the morning; I like having a cigarette after eating; stress generally and especially stress relating to my daughter; on cold days I feel like a warm cigarette; having friends who smoke; smoking provides comfort"

"Craving goes away but the desire doesn't. I've had to cut out things that I associate with smoking."

Mental health and medication

For people living with mental illness changing smoking behaviour is further complicated by the use of medications and the episodic nature of mental health symptoms. Some consumers experienced adverse side effect while reducing due to the complex interaction of medication and nicotine. Many also identified they use smoking to alleviate medication side effects like drowsiness or increased appetite. Experiencing a period of poor mental health or distressing life event further complicates behaviour change for consumers. Several stated they started smoking again while in hospital or to manage stress.

Acknowledging the likelihood of encountering periods of increased stress while addressing smoking behaviour and building skills to manage stress, other than smoking, could allow relapses to be seen as learning opportunities rather than setbacks.

"I start smoking again every time I go into hospital because I get bored. I've been the supplier of cigarettes when in hospital."

"When my mental health is bad, I find it difficult to go without. It's a coping tool."

"I smoked less for about a week after the program but my mental health issues meant I couldn't focus on it. I want to try again when I'm in a better place."

"I started smoking again because I've been feeling depressed and the side effects from meds were getting unbearable. Smoking helps with my side effects so I started again. I'm having a lot of trouble convincing my Psychiatrist that side effects increase when I stop smoking and they won't change my medication."

What worked well?

NRT and Allied Health support

Access to free NRT for two weeks was a huge support for consumers able to take advantage of it. These consumers reported feeling more confident to reduce or quit smoking knowing they would not have to worry about managing physical nicotine cravings. In addition to actually receiving the patches, using NRT prompted conversations about quitting with GPs, psychiatrists and other supports. In situations where consumer resumed their smoking habit several mentioned they now felt confident to talk to their GP when they were ready to cut down again. Others reported their GP now brings up smoking with them more often, prompting them to review their progress.

"It was good that KTH facilitated a conversation with my GP, now it's easy to talk about smoking with them."

"I found my doctor took it more seriously when a support worker was saying I wanted to quit too."

Developing the skills and confidence to cut down

Changing behaviour around smoking whether to quit or reduce is rarely a linear process, most people will attempt change several times. For consumers who engaged with Kick the Habit the act of practicing to see what works for them, and what didn't, had far reaching value. Consumers spoke about feeling more confident to approach their GP and implement the strategies they'd developed with their worker on their own in the future. The confidence to address habits also extended beyond smoking for some consumers who found it supported change in other areas of their life.

"Doing KTH gave me the confidence to use NRT myself (with the support of my doctor) after I started smoking again. KTH made me realise just how much smoking impacts my anxiety, when I took up smoking again I notice the negative effect on my mental health symptoms."

What could be improved?

Greater variety of NRT and for longer

Only patches are available on PBS. These didn't suit everybody. Several consumers preferred lozenges, gum or sprays. Some were put off by the high costs of other forms of NRT because it minimised the financial incentive to quit.

"Was using the spray but it was more expensive than the cigarettes. So I stopped using it and started smoking more."

More talking, more check-ins

Consumers found one-on-one support vital for staying motivated and assessing progress. Many wanted their worker to ask them about smoking more often and to review their Tobacco Management Plan if progress slowed or they resumed smoking. Comments from consumers indicated addressing smoking behaviour can fall off the agenda for a variety of reasons; a period of poor mental health, disengaging from support, changing workers and/or more pressing issues. Many felt they needed their worker (or other supports) to keep them on track with their Tobacco Management Plan.

Consumers often saw follow up calls from researchers at 1, 3 and 6 months as part of the program and commented on how helpful they found it having someone check in. General feedback indicated consumers would like regular phone coaching as a part of the program.

"I'd like the worker to focus specifically on smoking rather than it being added onto current sessions. I need consistent support."

"I'd like to have more frequent talks over the phone with a support person. I finds these calls motivating. Talking about the program helps me stay focused."

"I use to have a smoke as soon as I woke up,
now I wait 30 minutes.

This is a huge achievement for me.

I mean twenty years of wake up an' have a ciggie.
Now that I'm really thinking that I want to reduce,
I feel hopeful I can."

- Neami Consumer -

What do staff need to deliver Kick the Habit?

1. Belief that it works

Feedback from site managers indicates it's crucial to communicate Kick the Habit's unique approach and distance it from being 'another smoking cessation program'. Considering tobacco control campaigns have been rolled out since the early 90's with relatively little impact for people living with mental illness it's not surprising staff assume Kick the Habit will be more of the same. Communicating how this approach differs from past and general smoking cessation program approaches is essential to overcome negative attitudes, stigma and resistance to change.

Site Manager: "Sometimes it seems to be that the staff have less motivation than the participants. Sentiments like "These people don't want to give up" and "It's the one vice they have to manage distress" came up often in the beginning. This was a very disappointing attitude and I'm not sure why it's so prevalent.

2. The right training at the right time

Staff felt they needed training that develops their confidence to approach conversations about smoking. Training for this pilot study focused on increasing staff understanding of smoking behaviour and its impacts on consumers. This is vital to address attitudes and assumptions but doesn't build a practical skill set. Feedback overwhelmingly cited the lack of hands on learning activities such as role-plays, workshopping issues and practice creating tobacco management plans. Additional to the issue of training content, some sites had up to 5 months between training sessions and the launch of Kick the Habit. This lag between learning and action resulted in staff forgetting much of what was learnt and feeling underprepared to deliver the program.

Support Worker: "Our team ran a practice session on how to engage consumers in a conversation about smoking in a team meeting... staff found this built their confidence to speak with consumers."

Site Champion: "There was initial reluctance (mainly due to other work pressures and uncertainty), and it took some encouragement and repetition of process to get staff to engage. Once they had done one tobacco management plan, they appeared to be ok and rapidly gained confidence in further delivery of the programme."

3. Ongoing support and leadership

Direct service support workers have a demanding role. They are required to address a myriad of conflicting priorities in their limited time with consumers. Kick the Habit became one more tool in an already crowded toolkit. Feedback highlighted the difficulty of implementing Kick the Habit amongst the existing demands of crisis driven consumer priorities, organisational requirements and changes in the mental health sector such as the NDIS.

Support Worker: "One difficulty is that there are a lot of tools support workers are expected to use with consumers, so there is competing demands for the types of conversations support workers can have with consumers."

Support Worker: "I met with a new consumer who is living in high risk circumstances. I need to prioritise developing a risk support plan with the consumer our appointments together. I plan to introduce Kick the Habit once a risk and safety plan has been created."

Participation numbers and feedback indicates leadership is an important factor in engagement for workers and consumer. Sites with managers and/or Kick the Habit champions who were enthusiastic about Kick the Habit and proactive in supporting staff found motivation to promote the program increased. Workers confidence to talk about smoking with consumers grew as they started seeing the positive impact Kick the Habit could have. This highlights the importance of a change management process that properly supports all levels of staff to connect with the rationale, build skills and workshop issues as they arise.

Site Manager "As the weeks have gone on, staff's understanding of what the actual program is has developed which has flowed into more confidence in having the conversation about smoking."

"Sharing the changes was wonderful, we would discuss their achievements, and I was mindful to make sure that they were recognising their effort, determination/commitment (strengths).

In particular, one participant telling me it was the first time in 20 years they were able to stay and watch a movie (at the cinema) in its entirety.

Imagine how good that must have felt."

- Neami Support Worker -

The Conversation

Asking about smoking can feel uncomfortable...

...but I want to talk about it!

Starting the conversation...

How it felt for workers

"I'm nervous to bring up this conversation, I'm not confident I know what to say or how to facilitate the program if they want to change their smoking behaviour."

"It was difficult to talk to consumers about their smoking behaviour without feeling as though they would be pressured to change"

How it felt for consumers

"Having a worker bring it up gave me a chance to give it a go. Talking about quitting made me think about my habit."

"Having the conversations made me more aware, accountable in a good way."

A new understanding...

Workers' perceptions can limit opportunities for consumers

"I was concerned about raising the subject of smoking because the consumer was experiencing a crisis"

"Talking with consumers has highlighted the importance of providing information regardless of my 'hunch' that someone isn't in the 'right place' to talk about their smoking habit."

Keep the conversation going...

What consumers want

"I'd like my worker to focus specifically on smoking rather than it being added onto current sessions. I need consistent support. Worker shouldn't assume you already know this stuff."

I find the follow up interviews motivating. Talking about the program helps me stay focused. I'd like to have more frequent talks over the phone with a support person.

It's about so much more than smoking!

"Even if the consumer doesn't change their habit, there is value in the conversation. It is a chance to articulate their desire to change and discuss the difficulties they're currently facing in a non-judgmental environment. This may set them up for more success in the future "

Consumers liked having non-judgmental conversations. They felt empowered by the individualised approach.

It was interesting to learn more about people's smoking habits/ the range and commonalities in people's reasons for use and reasons to quit. Interviewing people who used to smoke was a powerful reminder of the changes it can spark in other life areas.

"Talking about smoking highlighted the desire consumers have to improve and better themselves but how difficult it is when coping skills are limited and situations challenging.

Self- judgement was a major barrier and holding that positive non-judgemental space was essential."

- Neami Support Worker -

Next steps

- **Dissemination of findings**
    - Share qualitative report with Neami Health Promotions Officers, Service Development Team and Site Managers.
    - Develop journal article to share the findings of the study.
- **Embed data collection**
  Review and standardise how smoking data in captured in Carelink across Neami support services.
- **Funding of NRT**
  Explore state based opportunities to fund NRT for consumer e.g. government funding, collaboration with other organisations.
- **Modification to program and research design**
    - NRT: Offer a greater variety of free NRT and offer over a longer period.
    - Emphasise Harm Minimisation: Changing the emphasis from smoking cessation (as indicated by the program name 'Kick the Habit') to one that incorporates all stages of readiness to change. This would serve to widen the reach to all smokers in contact with Neami by giving them the opportunity to talk about and learn about smoking even if they're not ready to change.
    - Tailor KTH to service program: Tailor KTH according to length of program delivery e.g. differently for sub-acute sites as opposed to longer term outreach services.
    - Formalise Tobacco Management Plans: Require staff to review and record against periodically, which should in turn should create greater staff accountability and keep the conversation going with consumers. This will also provide a means to accurately record the intensity and length of follow up support provided to each consumer, together with an accurate record of NRT dispensed by Neami, or purchased independently by the consumer.
    - Research: Modify the questionnaires based on limitations noted in the Technical Report. Complete these questionnaires in person if possible and link in with support visits. Embed data collection and evaluation as part of KTH roll out.
- **Integrate training**
  Implement a national approach to training staff in smoking cessation support and embed KTH in everyday practice. Develop resources to support consumers and staff.
- **Look for opportunities to embed in practice**
  There are several projects underway at Neami that could contribute to KTH being embedded in practice. These include the CRM Development and Getting the Data Right projects conducted by Research & Evaluation and an Implementation Process being designed by the Projects and Innovations team.

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