

The Behavioral Health Quit and Win (BH Q&W) Contest: Promoting Tobacco Cessation in a Community-Based Mental Illness Recovery Program

INTRODUCTION

- People living with mental illnesses (MI) are disproportionately affected by tobacco use and its related disease burden
- The Incentive Theory (Bindra, 1974) purports that positive reinforcements can motivate behavior. Evidence supports using incentives for engaging in tobacco treatment among those with MI
- The purpose of this study was to examine the effectiveness of incentive-based program for stopping smoking by conducting:
 - 1) a review of effective community-based incentive-driven tobacco cessation programs, and
 - 2) a pilot evaluation of implementing such a program within a peer-led community-based mental health program

METHODS

Phase 1: Systematic Review

- We conducted a literature search for Quit and Win Studies that were conducted after the review of Cahill & Perera, 2008, guided by the following research questions:
 - What are the outcomes of “Quit and Win” programs in the community settings?
 - What are the effective components of “Quit and Win” programs in the community settings?
 - How are Quit and Win contest outcomes different among those with and without MIs
- A comprehensive search of the CINAHL, PsycINFO, and PubMed databases was conducted with the following keywords: *Quit and Win AND Smoking Cessation and Quit and Win AND Quitting Smoking.*

Phase 2: Pilot Quit and Win Contest

- We conducted a feasibility study of a Behavioral Health Quit & Win (BHQ&W) contest among people with MI. Specifically, we examined:
 1. Participation and
 2. Success rates in the BHQ&W Contest

RESULTS

Phase 1

- **Characteristics of selected studies**
 - ❖ 9 included studies (Cohort=4; RCT=5)
 - ❖ Represented 40,951 participants in Quit and Win trials
 - ❖ From 6 countries (U.S.=3; Hog Kong=2; Iran, New Zealand, and the Netherlands=1 each)
 - ❖ 6/9 studies biochemically verified smoking status
 - ❖ 6 studies=1 month duration, 1 study= 2 months, and 2 studies= 3 months
 - ❖ Study incentive values ranged from \$34.00 to \$8,000
- **Cohort Studies (n=4)**
 - ❖ Total participants=37,022
 - ❖ Mean end-of-contest quit rate=76.8% (Range=35.8%-92.8%)
 - ❖ Mean follow-up quit rate=69.4% (Range 10.0% to 91.0%)
 - ❖ No cohort study assessed the mental health status of participants or examined behavioral health populations
- **RCT Studies (n=5)**
 - ❖ Total participants=3,929
 - ❖ Mean end-of-contest quit rate=28.3% (Range=9.5%-40.1%)
 - ❖ Mean follow-up quit rate=10.4%
 - ❖ No RCT study assessed the mental health status of participants or examined behavioral health populations

Phase 2

- **Sample Description**
 - ❖ 7 participants (4 females, 3 males)
 - ❖ 4 Caucasians, 1 African American, 1 Asian American
 - ❖ Primary mental health diagnosis included: Autism, PTSD, MDD, Bipolar Disorder, Schizoaffective Disorder
 - ❖ Mean exhaled expired carbon monoxide=15.4ppm (SD=7.5)
- **Participation rate**
 - ❖ 4/7 (57.1%) could be contacted at end of program
- **Success rate**
 - ❖ 1/4 (25%) was successful in cessation at end of program

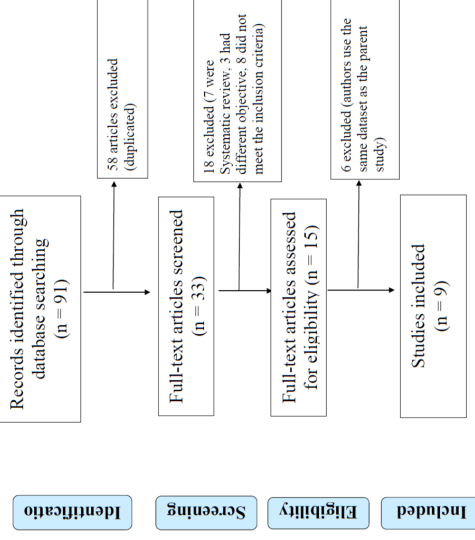
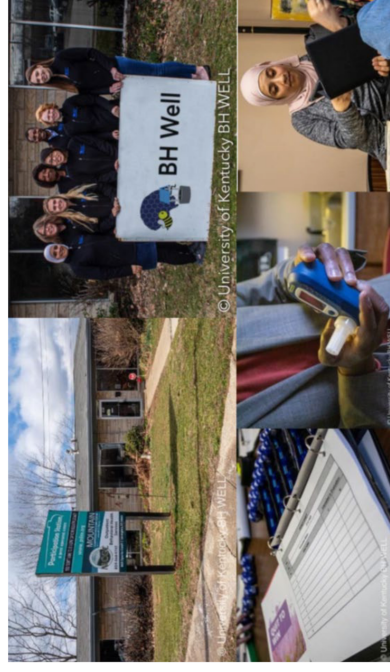


Figure (1): Literature Search Flow Chart.

IMPLICATIONS

Implications for Psychiatric-Mental Health Nursing:

- Psychiatric-Mental Health nurses should support community based interventions to support tobacco use among people with MI
 - Collaborating with community-based recovery programs can be effective in to promote tobacco treatment adoption in behavioral health settings
- ### Implications for Research:
- Future research is needed to evaluate Quit and Win programs in behavioral health settings
 - Testing Quit and Win programs in different behavioral health settings may provide further evidence to support their adoption

References

Bindra, D. (1974). A motivational view of learning, performance, and behavior modification. *Psychological review*, 81(3), 139

Cahill, K., & Perera, R. (2008). Quit and Win contests for smoking cessation. *Cochrane Database Syst Rev*(4), CD004986. doi:10.1002/14651858.CD004986.pub3

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