



# Enhancing Provider Delivery of Tobacco Treatment Within the Inpatient Psychiatric Setting



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## Background

Tobacco use among individuals living with mental illness is on the rise, leading to higher risk of developing tobacco-related illness or death. This high prevalence may be linked to gaps in tobacco treatment by mental health professionals (MHPs). Current practice guidelines recommend MHPs engage patients in tobacco treatment interventions. Increased opportunities to deliver evidence-based tobacco treatment is crucial to address health disparities and improve health outcomes in this population.

Individuals living with mental illnesses in the United States remain disproportionately impacted by tobacco use which contributes to significant health disparities. In Kentucky, adult tobacco use prevalence is 23%, compared to 17% in the U.S (Centers for Disease Control and Prevention, 2020; Cornelius, Wang, Jamal, Loretan, & Neff, 2020). Among patients in psychiatric hospitals, tobacco use is 63% with highest rates in those living with substance use, psychotic, and internalizing disorders (Okoli & Seng, 2019).

## Purpose

The purpose of this study is to explore the factors influencing providers' intentions and delivery of tobacco treatment for patients living with mental illness in an inpatient psychiatric setting.

This study examined:

1. Factors affecting mental health professionals' (MHP) intentions to provide tobacco treatment interventions.
2. Factors influencing MHP implementation of evidence-based tobacco treatment interventions (5A's: Advise, Ask, Assess, Assist, Arrange).

## Definitions

### Theory of Planned Behavior:

Suggests that attitudes, subjective norms, and perceived behavioral control influence intentions and behaviors (Ajzen, 1991). This theory can help design interventions that enhance delivery of tobacco cessation services.

**Mental Health Provider (MHP):** Any staff that provides direct care to patients in a mental health facility.

**Tobacco Use:** Use of any tobacco product (e.g., cigarettes, chewing tobacco, pipe), and/or electronic nicotine delivery devices (e-cigarettes or vaporizers).

# Study Design

The survey gathered data regarding age, gender, race/ethnicity, marital status, work tenure, and profession. The survey also assessed participant attitudes, subjective norms, perceived behavioral control, and intentions towards tobacco treatment. MHP delivery of brief interventions was also measured. Participants were recruited from a Kentucky state psychiatric facility.

## Results

### Sample Description

For the sample of 219 participants, descriptive data such as demographics and work-related variables were not significantly associated with provider intentions.

### Intentions to Deliver Tobacco Treatment

Attitudes, subjective norms, and perceived behavioral control were significantly associated with intentions to provide tobacco treatment. The strongest predictor of intentions was subjective norms.

### Delivery of Brief Interventions

Intentions, attitudes, subjective norms, and profession were significant predictors of delivering brief interventions. Perceived behavioral control was not significantly associated. For the 5A's used in brief interventions, Advise was the most used intervention, followed by Ask, Assess, Assist, and lastly Arrange. Overall, participants scored low on providing all components of brief interventions.

## Conclusion

- This study revealed that the rates in which providers deliver tobacco treatment to patients with mental illness are low, indicating a need to identify and address these gaps of tobacco treatment in mental health settings.
- Provider attitudes, subjective norms, and intentions are critical factors that significantly impact the delivery of evidence-based tobacco interventions. Understanding these factors can inform the development of policies and training programs to improve tobacco treatment in mental health settings.
- Targeted strategies to improve MHP attitudes, subjective norms, and perceived control can have a significant impact on tobacco treatment delivery for individuals with mental illnesses, addressing the health disparities in this vulnerable population.

## References

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