

# Assessing Tobacco Treatment Engagement in Assertive Community Treatment Programs



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## Introduction

According to the Centers for Disease Control and Prevention, tobacco use is the leading cause of preventable disease, disability, and death in the United States. It accounts for more than 480,000, or about 1 in 5, deaths every year. The prevalence of tobacco use among individuals with serious mental illness (SMI) is nearly twice that of the general population. On average, individuals with SMI die several years earlier, compared to individuals without mental illness, with smoking being a major contributing factor. Additionally, fifty percent of deaths among individuals with SMI are due to conditions that can be caused and/or worsened by smoking such as cardiovascular conditions, cancers, and respiratory diseases (SAMHSA, 2019).

There is often a lack of tobacco treatment provision and utilization in mental and behavioral health settings. This is particularly evident within Assertive Community Treatment (ACT) programs that provide services for people living with SMI. ACT programs use an evidence-based, multidisciplinary team approach designed to provide comprehensive, community-based psychiatric care for individuals living with SMI. ACT programs offer intensive individualized services (e.g., medication management, therapy, housing support, vocational assistance) that promote recovery and reduce hospitalizations (Bond & Drake, 2015).

## Definitions

**Assertive Community Treatment (ACT):** Community-based mental health program that offers treatment, rehabilitation, and support services to individuals who have been diagnosed with serious mental illness (SMI) with the goal of lowering hospital stays and improving social functioning and independent living.

## Purpose

In this study, researchers surveyed ACT service providers and consumers, and assessed factors associated with:

1. Tobacco treatment delivery by ACT service providers.
2. Tobacco treatment engagement by ACT program consumers.

## Study Design

From November 1, 2021, to May 31, 2022, fifty-one ACT team providers and forty-three ACT team consumers (who used tobacco products), from four community mental health centers in Kentucky anonymously completed an online survey. Both providers and consumers were given surveys that assessed their attitudes (i.e., beliefs about the benefit of engaging in), subjective norms (i.e., social pressures to engage in), and perceived behavioral control (i.e., the perceived ability to engage in), and their intention (i.e., willingness to engage in) related to tobacco treatment services.

## Results

The ACT providers:

- Reported positive attitudes toward delivering tobacco treatment.
- Perceived poor subjective norms (i.e., felt a lack of social or professional support for providing tobacco treatment).
- Had a high degree of perceived behavioral control (i.e., felt capable of providing tobacco treatment).
- Showed low intentions to deliver tobacco treatment.

The ACT consumers:

- Expressed positive attitudes towards engaging in tobacco treatment.
- Perceived poor subjective norms (i.e., felt low social pressure to receive tobacco treatment).
- Reported a low level of perceived behavioral control (i.e. felt incapable of stopping tobacco use).
- Reported little interest in receiving tobacco treatment.

## Recommendations

- Support ACT service providers through training on tobacco treatment delivery.
- Advocate for tobacco-free policies in ACT service settings.
- Implement research to explore barriers and facilitators of tobacco treatment delivery in ACT service settings.

## References

SAMHSA. 2019. Implementing Tobacco Cessation Treatment for Individuals with Serious Mental Illness: A Quick Guide for Program Directors and Clinicians. [https://library.samhsa.gov/sites/default/files/pep19-02-00-001\\_0.pdf](https://library.samhsa.gov/sites/default/files/pep19-02-00-001_0.pdf)

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