

Enhancing Evidence Based Tobacco Treatment in Mental Health Settings

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INTRODUCTION:

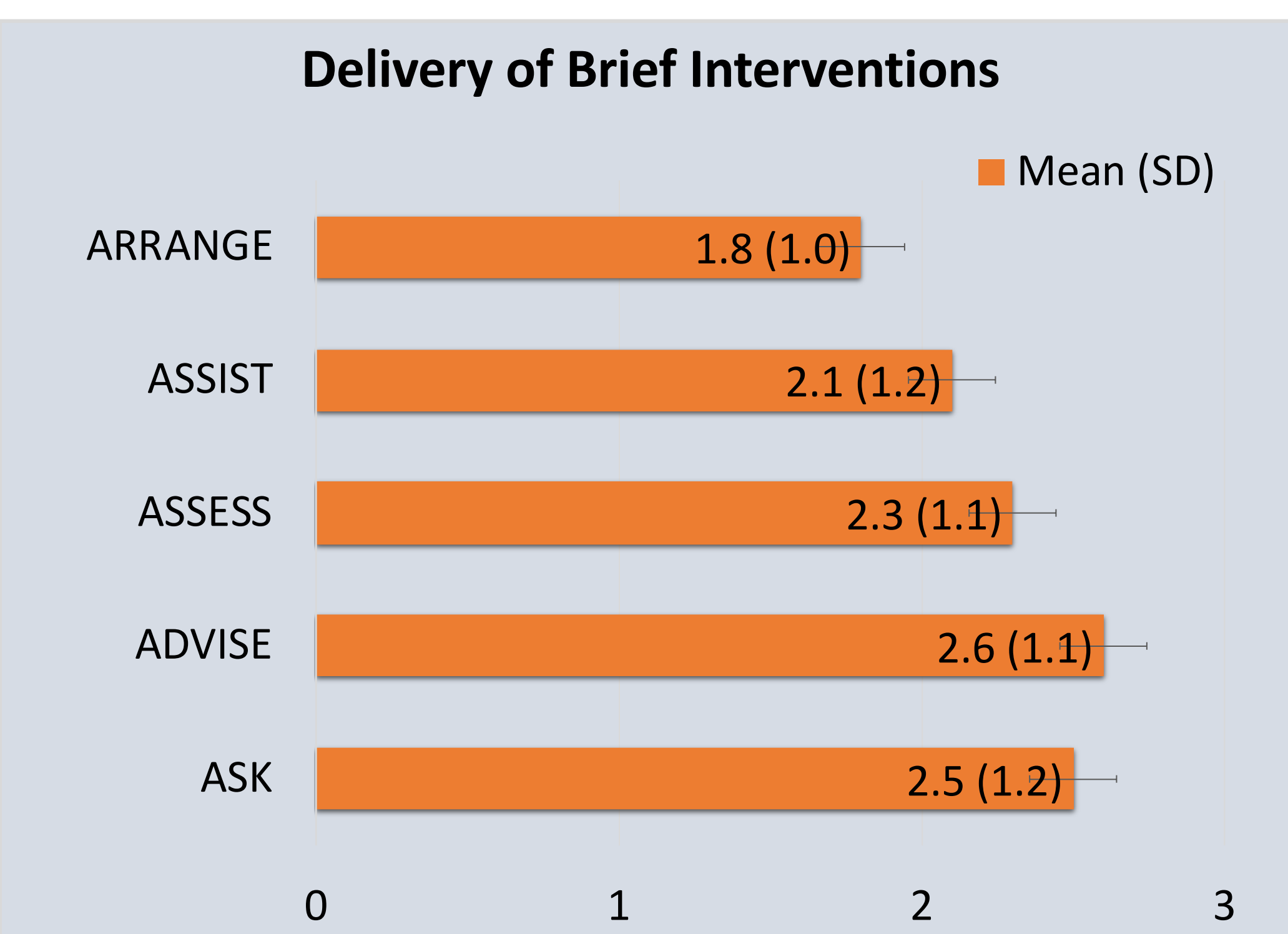
Persons with mental illnesses (MI) continue to experience high levels of tobacco use and related illnesses. Though current clinical practice guidelines recommend that mental health providers (MHPs) routinely engage clients with MI in tobacco treatment (TT), few MHPs provide this recommended treatment. This study examined behavioral intentions of MHPs to engage clients with MI in tobacco treatment.

METHODS:

Data analysis included 219 MHPs working in an inpatient facility in Kentucky. To be eligible, the MHP had to be 18 years of age and **older**, and currently employed at the facility on a part- or full-time basis. Multivariate regression analyses examined factors associated with adherence to brief interventions as best practices in TT delivery.

RESULTS:

Demographics	N=219
Age: Mean (SD)	35.7 (12.6)
Gender: Female	73.5%
Race/ ethnicity: non-Hispanic White	84.5%
College Graduate:	68.9%
Mean Work Tenure in months: Mean (SD)	60.1
Not Trained in Tobacco Treatment:	88.6%
Ever Used Tobacco Products	49.3%



If tobacco use is not addressed, clients with mental illnesses will continue to be disproportionately affected by tobacco-related illnesses and mortality

**Enhancing Evidence Based
Practice = Engaging tobacco
users with mental illnesses in
tobacco treatment!**

Provider attitudes, subjective norms and intentions to provide tobacco treatment were strong predictors of delivery of evidence-based tobacco treatment interventions.

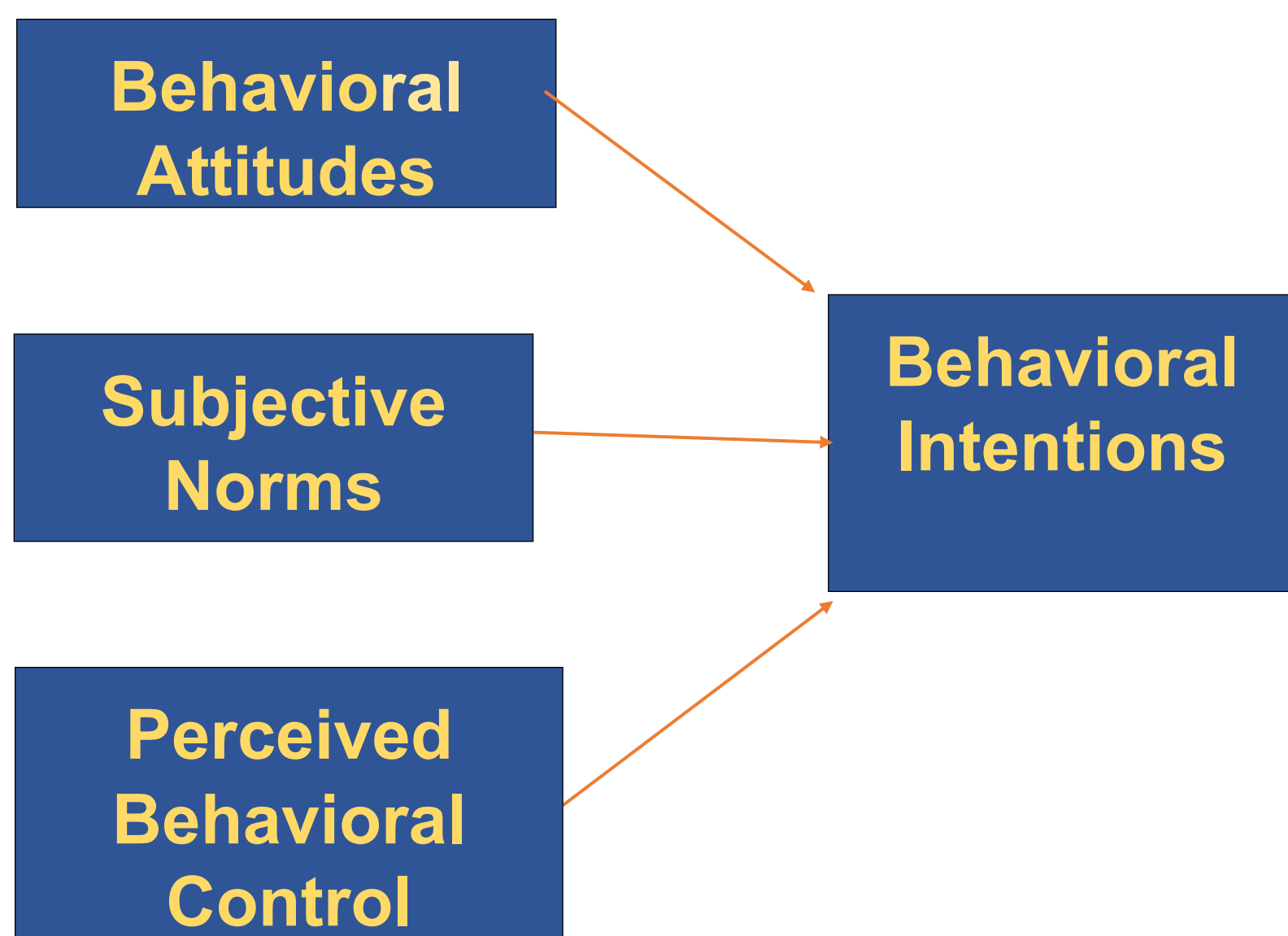
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THEORETICAL FRAMEWORK- THEORY OF PLANNED BEHAVIOR (TPB)

- As a guiding framework, this study **used** the TPB to examine factors associated with providers' intentions to deliver tobacco treatment for tobacco users with MI.



- Based on the TPB constructs we can assume that, if a provider has a more positive attitude (favorable attitude towards provision of brief interventions), stronger subjective norms (perceived social pressure to execute brief interventions), and greater perceived behavioral control (self-efficacy towards provision of brief interventions), they are likely to engage clients with MI in tobacco treatment.

SUMMARY OF KEY FINDINGS:

- Among key components of the brief interventions (5As), the most frequently **used** was Advice (Mean=2.6, SD=1.1), followed by Ask (Mean=2.5, SD=1.2), Assess (Mean=2.3, SD=1.1), Assist (Mean=2.1 SD=1.2), and lastly Arrange (Mean=1.8, SD=1.0).
- In adjusted regression models, provision of brief interventions was influenced by **attitudes** towards TT, subjective norms, and provider's **intentions** to deliver TT interventions ($r^2=.29$; $F=21.3$ [4, 214], $P<.0001$).

CONCLUSION:

- Understanding factors influencing provider intentions to deliver tobacco treatment and their treatment practices, can guide development of tailored interventions to enhance tobacco treatment in mental and behavioral health settings.