

Opinions and barriers to providing evidence-based tobacco treatment in an in-patient psychiatric facility

INTRODUCTION

- People with a mental illness (MI) have higher rates of tobacco use, with 41% being tobacco users as compared to 28% of those without in Kentucky (CDC, 2013)
- Mental Healthcare Clinicians (MHC) are strategically positioned to advocate for the use of the Brief Interventions (BI) (i.e., 5As-Ask, Advise, Assess, Assist, Arrange), an evidence-based approach to providing tobacco treatment (TT) (Fiore et al., 2008).
- MHCs may fail to even offer components of the BI to people with MI due to ill-informed beliefs and attitudes, and lack of confidence in their own skills and patients' ability to succeed (Guo, Wang, & Shu, 2015; Hitsman, Moss, Montoya, & George, 2009; Johnson et al., 2009; Mitchel et al., 2015; Sharma et al., 2017).
- The purpose of our study was to examine opinions, ability, barriers, and needs of MHCs in using evidence-based TT. Thus, our specific aims were to examine factors associated with:
 - opinions on the appropriateness, feasibility, desirability, and effectiveness of providing evidence-based TT,
 - self-efficacy in providing evidence-based TT,
 - provider, patient, and system barriers to addressing TT, and
 - training needs to enhance provision of TT.
- We further examined how outcomes differed by job roles.

METHODS

Procedure

- We surveyed a convenience sample of 205 MHCs in a Central Kentucky psychiatric facility from March 1st -June 30th, 2016 (see Table 1)

Measures

- Demographic variables included gender, age, education, ethnicity, marital status, primary discipline, work tenure, and ever had tobacco treatment training.
- Opinions on providing TT were assessed by determining MHC perceptions on the appropriateness, feasibility, desirability, and effectiveness of the BI in practice. Summary scores on each measure were assessed and those scoring 80% or higher were used to indicate a favorable opinion.
- Self-Efficacy in providing TT was assessed by determining MHC confidence in: 1) determining degree of tobacco dependence, 2) discussing reduction or quitting, 3) assessing readiness to quit or reduce, 4) recommending cessation medication and 5) explaining the effect of tobacco cessation on psychiatric symptoms. Those rating 8 or higher (on a scale of 0-10) were used to indicate self-efficacy.
- Barriers to delivering TT were assessed by eliciting MHC opinions on provider-, patient-, and system-specific barriers. Summary scores on each measure were assessed and those scoring 80% or higher were used to indicate degree of barriers.
- MHC needs for TT resources were assessed. Summary scores on each measure were obtained and scores of 80% or higher were used to indicate degree of perceived training needs.

Main Analysis

- An analysis of variance (ANOVA) test was used to assess differences in opinions, self-efficacy, barriers and needs for training by job role.
- Multivariate regression analyses were conducted to examine factors associated with opinions, self-efficacy, and perceived barriers to providing TT by regressing the total scores on these outcomes on demographic and job roles.

Sample Description

Participants were mostly female, white, had completed college, were single/never married, and worked at the facility for an average of 36.2 months.

Table 1: Sample Characteristics
Total (N=205)

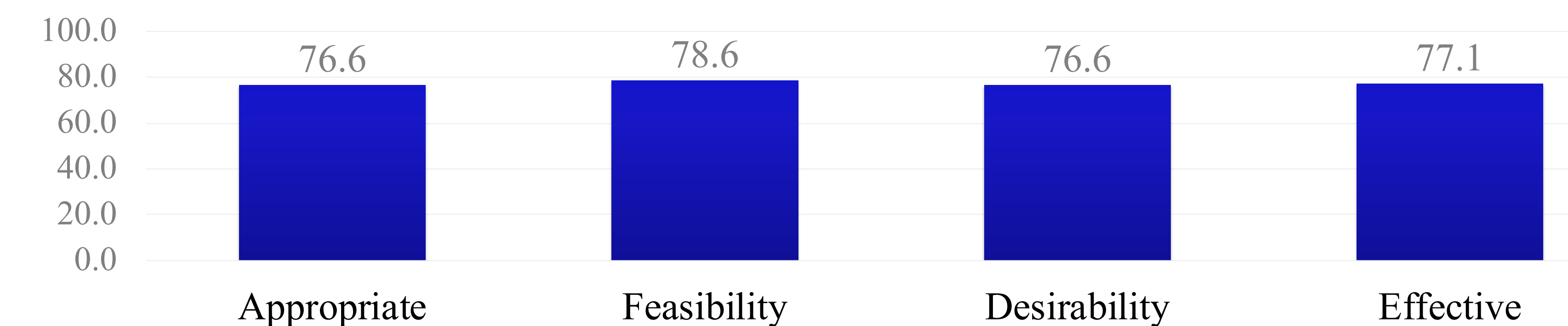
	N	%
Gender		
Female	164	80
Male	41	20
Ethnicity		
White	156	76.1
Non-White	49	23.9
Education		
High School	14	6.8
Some College/ Trade School	46	22.4
College Graduate	145	70.7
Marital Status		
Married/ Widowed	72	35.1
Unmarried Couple	15	7.3
Separated/ Divorced	20	9.8
Single/ Never Married	98	47.8
Ever Used Tobacco (yes)		
	95	46.3
Tobacco Treatment Training (yes)		
	13	6.3
Discipline		
Medical Staff (Physicians, APNP, Pharmacy)	17	8.3
Nursing Staff (RNs, LPNs)	54	26.3
Social Work and Psychology	21	10.2
Mental Health Associates and State Registered Nursing Assistants	90	43.9
Therapists (Recreational, Occupational, Music)	10	4.9
Other (Unit Clerks, Risk/Quality management, Security)	13	6.3
Age in years (M, SD)		
	35.7	12.6
Work tenure in months (M, SD)		
	36.2	62.7

Multivariate Analyses

In each multivariate analysis, job role was the most salient predictor of positive opinions, greater self-efficacy, and perceived barriers in providing evidence-based TT.

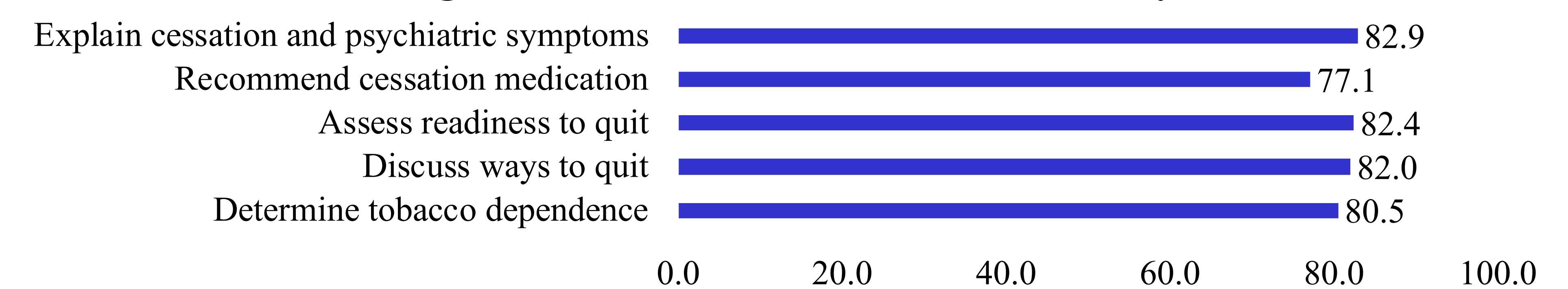
RESULTS

Figure 1: Opinions toward providing evidence-based tobacco treatment



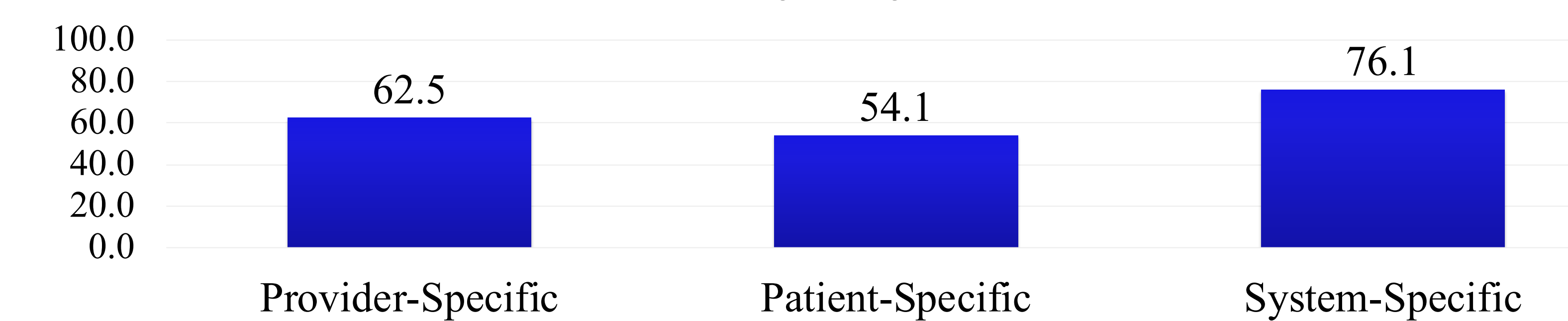
Opinions toward providing evidence-based tobacco treatment. As a whole, respondents had high opinions regarding the provision of evidenced-based TT, suggested by 76.6% endorsing appropriateness, 78.6% endorsing feasibility, 76.6% endorsing desirability, and 77.1% endorsing effectiveness. In each opinion category, medical staff had the highest endorsements and 'other' staff had the lowest.

Figure 2: Tobacco Treatment Self Efficacy



Tobacco Treatment Self Efficacy. Respondents reported high self-efficacy in providing evidenced-based TT, indicated by 82.9% endorsing their ability to explain cessation and psychiatric symptoms, 77.1% endorsing their ability to recommend cessation medications, 82.4% endorsing their ability to assess readiness to quit, 82.0% endorsing their ability to discuss ways to quit, and 80.5% endorsing their ability to determine tobacco dependence. In each self-efficacy question, medical staff rated the highest endorsements whereas 'other' staff rated the lowest.

Figure 3: Perceived Barriers for providing tobacco treatment



Perceived Barriers. Respondents indicated that system-specific barriers were the most severe with 76.1%. Endorsements for provider-specific and patient-specific barriers were 62.5% and 54.1%, respectively. In each self-efficacy question, medical staff rated the highest endorsements whereas 'other' staff rated the lowest.

Figure 4: Perception of Training Needs

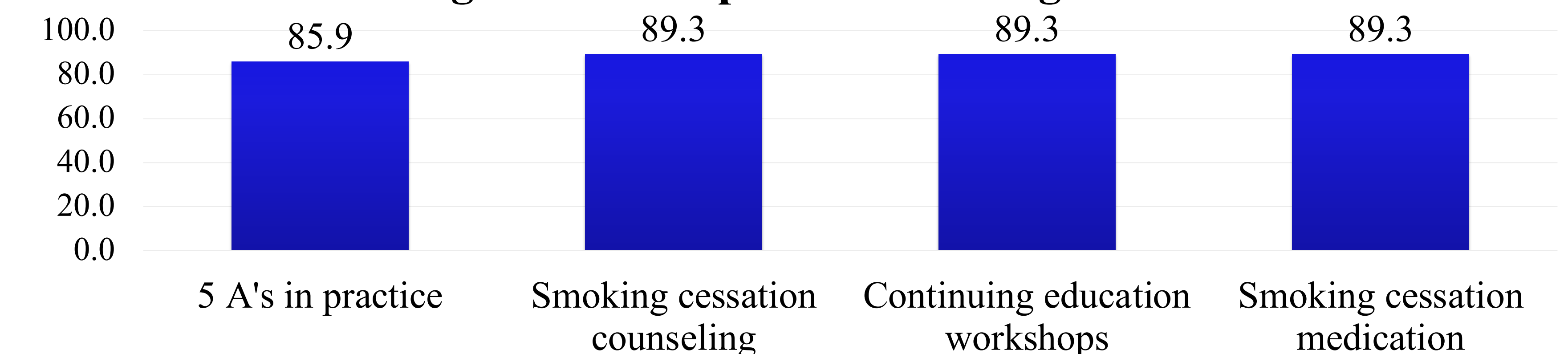


Figure 4: Perception of Training Needs. Respondents indicated a high degree of training needs, with 85.9% endorsing the need for 5 A's in practice, 89.3% endorsing the need for smoking cessation counseling training, 89.3% endorsing the need for continuing education workshops, and 89.3% endorsing the need for smoking cessation medication training. Differences in job roles were observed with social workers/psychology and therapists endorsing the highest need 'for updated material on smoking cessation interventions for patients with MI relevant to healthcare providers'; and with nursing staff and mental health associates endorsing the highest need for the 'usefulness of formal training on providing the brief interventions' and 'usefulness of effective cessation counseling'.

IMPLICATIONS

Implications for Psychiatric-Mental Health Nursing:

- Train MHCs based on current evidence to counter ill-informed attitudes and empower providers with the knowledge, confidence, and skills to effectively address tobacco use in patients
- Foster interprofessional collaboration to ensure patients receive all aspects of TT.
- Provide MHCs with necessary resources to enhance TT delivery specific to persons with MI.

Implications for Research:

- Further examine discipline-specific expectations in using evidence-based TT and suitability of various models of treatment.

References

- Centers for Disease Control and Prevention. (2013). Vital signs: Current cigarette smoking among adults aged ≥18 years with mental illness --- United States, 2009--2011. *Morbidity & Mortality Weekly Report*, 62(05), 81-87. doi:https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6205a2.htm
- Guo, S.-E., Wang, A.-L., & Shu, B.-C. (2015). Self-efficacy in providing smoking-cessation services among psychiatric nurses in central and southern Taiwan: An exploratory study. *International Journal of Mental Health Nursing*, 24(2), 158-168. doi:10.1111/inm.12119

