Redressing a gross mental healthcare inequity: Nurses taking the lead to manage tobacco addiction in the inpatient setting

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Background

- From a public health perspective, health equity is the notion that every person should have the opportunity to achieve their maximum health (Whitehead & Dahlgren, 2006)
- In tobacco control, health equity can be achieved by removing inequalities in tobacco use and exposure among disparate groups (Centers for Disease Control & Prevention, 2014a)
- Yet, the persistent disproportionate burden of tobacco use among people living with mental illnesses exposes serious healthcare inequities (Fiore et al., 2008, Prochaska et al., 2017)
- The Center for Disease Control & Prevention (CDC)'s best practices documents provide guidelines for tobacco control interventions with the strategic goals of:

1. Preventing tobacco use initiation
2. Promoting cessation of tobacco use
3. Eliminating exposure to secondhand tobacco smoke (SHS)
4. Identifying and eliminating tobacco related disparities among population groups

(Centers for Disease Control and Prevention, 2014b)

- Acute psychiatric hospitals/units are important settings to implement these strategic initiatives; and psychiatric hospitalizations present a crucial opportunity to address healthcare inequities in tobacco use and exposure among people living with mental illnesses
- This presentation provides examples of ways through which psychiatric nurses can implement the CDC best practices guidelines for tobacco control within a psychiatric setting.

Preventing Initiation

- People with mental illness have high social and environmental tobacco exposure that tends to increase susceptibility to tobacco use and can promote initiation (Prochaska et al., 2013)
- Facilities without comprehensive smoke-free policies (i.e., prohibiting tobacco use both within and outside the facility) become an 'exposure opportunity' for both tobacco users and non-users during hospitalization.
- Strategies to facilitate the prevention of initiation among non-tobacco users while hospitalized include:
  1. Assessment of susceptibility
  2. Assessment of 'social' & 'perceived' tobacco smoke exposure
  3. Reinforce education on the health risks associated with tobacco use, particularly links with mental illness

Smoking Susceptibility Questions (check one response per question):

	1 Definitely yes	2 Probably yes	3 Probably not	4 Definitely not
1. Do you think that you will smoke a cigarette/use tobacco products soon?	○	○	○	○
2. Do you think you will smoke a cigarette/use tobacco products in the next year?	○	○	○	○
3. Do you think that in the future you might experiment with cigarettes?	○	○	○	○
4. If one of your best friends were to offer you a cigarette/tobacco product, would you smoke/use it?	○	○	○	○

Key: A response other than 'definitely not' to any item will classify a respondent as "susceptible." To be 'non-susceptible', a respondent must indicate 'definitely not' to all 4 items.

Source:
Pierce JP, Farkas AJ, Evans N, Gilpin EA. An improved surveillance measure for adolescent smoking. *Tobacco Control* 1995; 4:S47-S56.
Pierce JP, Choi WS, Gilpin EA, Farkas AJ, Merritt RK. Validation of susceptibility as a predictor of which adolescents take up smoking in the U.S. *Health Psychology* 1996;15:355-361.

Social tobacco exposure questions:

Do any of the following people in your life currently smoke cigarettes/use tobacco products?

	Yes	No	Does not apply
Spouse/ Partner/ Boyfriend or girlfriend	○	○	○
Mother or Father/ Step-parent(s)/grandparents	○	○	○
Brother (s)/ Sister (s)	○	○	○
Children	○	○	○
Best/Close friends	○	○	○

Key: A summary score is calculated with 'yes' as '1' and 'no/does not apply' as '0'. Higher summary scores indicate higher 'social exposure'.

Source: Okoli, C. (2016). A comparison of survey measures and biomarkers of secondhand tobacco smoke exposure among nonsmokers. Public Health Nursing, 33(1), 82-89.

Perceived tobacco exposure question:

On a scale of 0-10 with 0 being "not at all" and 10 being "all the time", how often would you say you are exposed to secondhand tobacco smoke on average ? (Please circle one)

0 1 2 3 4 5 6 7 8 9 10

Key: Higher ratings indicated greater 'perceived' tobacco smoke exposure

Source: Okoli, C. (2016). A comparison of survey measures and biomarkers of secondhand tobacco smoke exposure among nonsmokers. Public Health Nursing, 33(1), 82-89.

Promoting Cessation

- Often contrary to clinician's notions, up to 70% of hospitalized patients with mental illnesses contemplate stopping smoking and desire help in doing so (Anzai, Young-Wolff, & Prochaska, 2015)
- Significant challenges that patients face in quitting (including stress, cravings, fear of failure), can increase their vulnerability to relapse after successful cessation (Tulloch et al., 2016)
- Strategies that can facilitate the promotion of cessation among hospitalized tobacco users include:

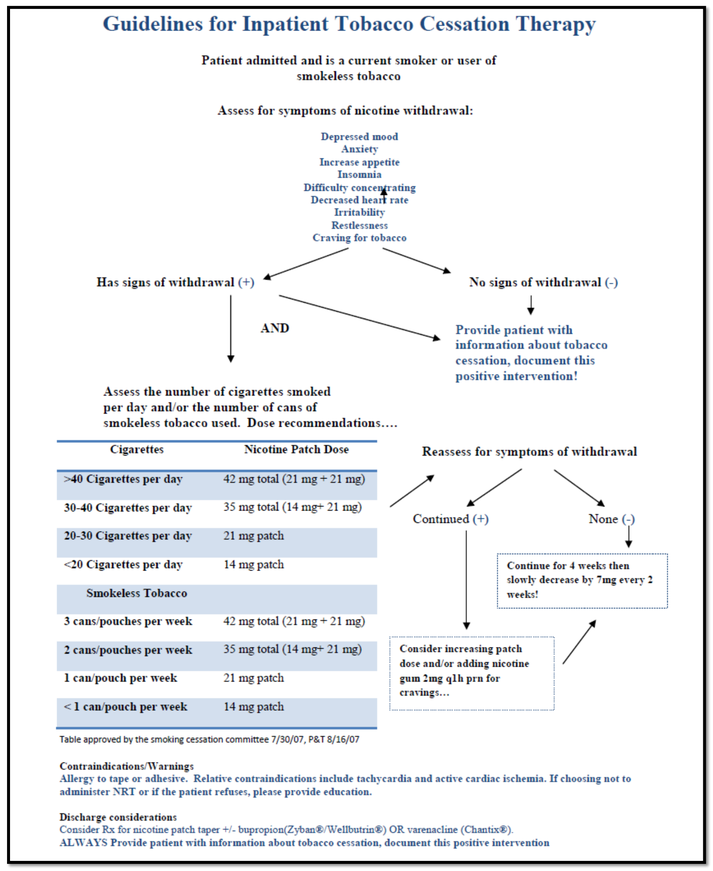
1. Using brief interventions for tobacco treatment (i.e., 5 A's model):
   - **Ask** about tobacco use
   - **Advise** to stop using tobacco
   - **Assess** readiness to stop tobacco use
   - **Assist** in quitting attempt by providing behavioral counseling and offering the use of tobacco cessation medications
   - **Arrange** to follow up on progress OR facilitate **Referral** to outpatient resources such as a *Quitline, community-based tobacco treatment program, or specialized health care provider*
2. Assessing for and managing Nicotine Withdrawal by:
   - Assessing nicotine withdrawal
   - Providing nicotine replacement therapy as required

MINNESOTA NICOTINE WITHDRAWAL SCALE

Please rate symptoms based on the last 24hrs	none	slight	mild	moderate	severe
Desire or craving to smoke	0	1	2	3	4
Depressed mood	0	1	2	3	4
Insomnia, waking at night	0	1	2	3	4
Anger, irritability, frustration	0	1	2	3	4
Anxiety	0	1	2	3	4
Difficulty concentrating	0	1	2	3	4
Restlessness	0	1	2	3	4
Increased appetite/weight gain	0	1	2	3	4

Key: Higher summary scores indicate greater nicotine withdrawal

Source: Hughes JR, Hatsukami D. Signs and symptoms of tobacco withdrawal. Arch Gen Psychiatry. 1986 Mar;43(3):289-94
Hughes J, Hatsukami DK. Errors in using tobacco withdrawal scale. Tobacco Control. 1998;7(1):92–93



Obtained from UKHealthcare Pharmacy Services, Tracy E. Macaulay, Pharm D.

Eliminating SHS Exposure

- Not only does environmental SHS exposure cause several adverse physical health conditions (USDHHS, 2014), recent research is linking it to mental health severity and symptoms (Kim et al., 2016; Taha & Goodwin, 2014) .
- There is a dearth of studies estimating the prevalence of environmental SHS exposure among people living with mental illnesses, but it is likely high.
- Strategies that can facilitate the elimination of SHS exposure among hospitalized tobacco users include:

1. Assess for environmental SHS exposure in living, work, and social environment
2. Advocate and enforce a comprehensive smoke-free policy within the hospital (to cover patients, staff, and visitors)
3. Educate patients on voluntary environmental SHS policies such as in the car and the home

Identifying/Eliminating Disparities

- As people living with mental illnesses are a disparate group in relation to tobacco use and exposure, understanding the causes for this disparity is of great concern (Williams et al., 2013).
- Disparities in tobacco use can be as a result of age, gender, geographical residence, in addition to having a specific mental health diagnosis (Centers for Disease Control and Prevention, 2014a)
- Strategies that can facilitate the identification/elimination of disparities among hospitalized tobacco users include:
  1. Promoting tobacco control advocacy in education groups
  2. Providing information on tobacco industry marketing strategies
  3. Providing tailored prevention/cessation information based on patient disparity risk profile (e.g., age, pregnancy, geographical residence etc)

Conclusions and Implications

- Psychiatric Mental Health Nurses (PMHNs) are well positioned to redress the tobacco related mental health inequities of people living with mental illnesses
- Using the CDC best practices framework as a guide, PMHNs can strategically align themselves with tobacco control efforts while providing care for patients
- Future research is needed to understand the reasons for tobacco related disparities from both patient and provider perspectives.

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