Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Implementation of Tobacco Free Campus Policy in an Irish Mental Health Service Using the Global Network Process

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September 14th 2018

Building a Better Health Service

CARE COMPASSION TRUST LEARNING

Who are we?

- Longford/Westmeath Mental Health Services, Ireland
- Population of approx. 127,500 people
- 2 In-patient Approved Centres
  - St. Loman's Hospital, 44 beds
  - Cluain Lir Care Centre, 42 beds
- 7 Community Mental Health Teams
  - 4 General Adult
  - 1 Psychiatry of Later Life
  - 1 Rehabilitation & Recovery
  - 1 Community Alcohol & Drug

Staff of LWMHS Approved Centres

- 9 Consultant Psychiatrists
- 12 Non Consultant Hospital Doctors
- 90 Nurses
- 16 Healthcare Assistants / MTA's
- 7 Clinical Psychologists
- 2 Occupational Therapists
- 1 Dietitian
- 5 Social workers

Cluain Lir Campus

Shared Campus

- Mental Health
  - Approved Centre (Mental Health)
  - PLL Day Hospital
  - CADS (addictions day services)
- Older Person Services
  - Community Nursing Unit
  - Day Hospital
- Acute General Hospital Services
  - Rehabilitation (CVA/Stroke Unit)
- Maintenance Department

Where are we?


MULLINGAR
PORTRUSH
COLERAINE
DERRY
LARNE
ANTRIM
BANGOR
BELFAST
LISBURN
LURGAN
PORTADOWN
NEWRY
DUNDALK
DROGHEDA
GORMANSTON
BALBRIGGAN
SKERRIES
RUSH & LUSK
MALAHIDE
DUBLIN
CONNOLLY
PEARSE ST.
HEUSTON
DUN LAOGHAIRE
BRAY
GREYSTONES
WICKLOW
RATHDRUM
ARKLOW
GOREY
ENNISCORTHY
WEXFORD
ROSSLARE STRAND
ROSSLARE EUROPORT
BRIDGETOWN
WELLINGTON BRIDGE
BALLYCULLANE
CAMPILE
WATERFORD
MUINE BHEAG
KILKENNY
THOMAS TOWN
CARLOW
NEWBRIDGE
KILDARE
ATHY
MONASTEREVIN
ENFIELD
MAYNOOTH
EDGEWORTHSTOWN
LONGFORD
CASTLEREA
ATHLONE
BALLINASLOE
CLARA
TULLAMORE
PORTARLINGTON
PORTLAOISE
ROSCREA
CLOUGHJORDAN
BALLYBROPHY
NENAGH
BIRDHILL
TEMPLEMORE
THURLES
CASTLECONNELL
LIMERICK
LIMERICK JUNCTION
TIPPERARY
CAHIR
CLONMEL
CARRICK ON SUIR
CHARLEVILLE
MALLOW
TRALEE
FARRANFORE
KILLARNEY
RATHMORE
MILLSTREET
BANTEER
CORK
GLOUNTHANNE
COBH
SLIGO
BALLINA
COLLOONEY
BALLYMOTE
CARRICK ON SHANNON
FOXFORD
BOYLE
DROMOD
CASTLEBAR
WESTPORT
MANULLA JTN
CLAREMORRIS
BALLYHAUNIS
ROSCOMMON
GALWAY
ATHENRY
ATTYMON
WOODLAWN
ENNIS

Cluain Lir Care Centre – Mullingar
Officially opened 16th of July 2012

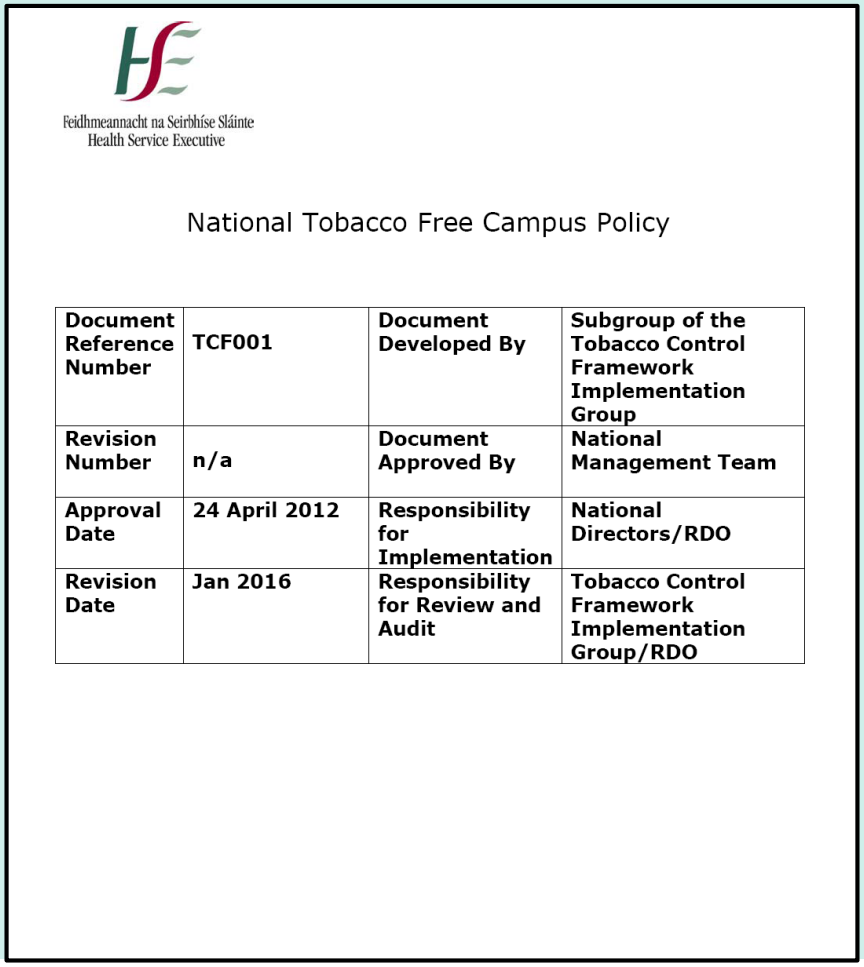
What did we do?

- De 2016 à 2017, nous avons mis en œuvre la politique de campus irlandais pour les services de santé irlandais (HSE) (2012).

What is a Tobacco Free Campus?

- No smoking by staff or visitors
- No smoking shelters for staff
- No staff purchasing tobacco for patients or distributing tobacco to patients
- Policy breaches being addressed by staff
- An active policy steering/working group
- Agendas/minutes/action points from meetings
- Annual completion/submission of ENSH on-line audit
- A Quality Improvement Plan to address policy implementation issues
- Staff trained in Brief Interventions Smoking Cessation
- Referrals to SC support/use of NRT
- Evidence of monitoring of policy implementation

Irish HSE National TFC Policy 2012



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National Tobacco Free Campus Policy

Document Reference Number	**TCF001**	**Document Developed By**	**Subgroup of the Tobacco Control Framework Implementation Group**
Revision Number	**n/a**	**Document Approved By**	**National Management Team**
Approval Date	**24 April 2012**	**Responsibility for Implementation**	**National Directors/RDO**
Revision Date	**Jan 2016**	**Responsibility for Review and Audit**	**Tobacco Control Framework Implementation Group/RDO**

- Aims
  - Treat tobacco use as a care issue thus providing a better outcome for patients
  - De-normalise tobacco use in healthcare settings

Why?

- Introducing a TFC provides an opportunity to address the health needs of a vulnerable and highly disadvantaged sector of society.
- 50% of persons with mental ill health smoke with this figure being as high as 70% in some acute settings.
- This cohort are much more likely to die of stroke or cardiovascular disease than the general population.

(Royal College of Physicians, 2013)

Some Facts…….

- 5,200 people die per year in Ireland due to tobacco use (Dept of Health, 2013)
- 200,000 of the 435,000 annual deaths in USA from smoking are people with Mental Health Difficulties (MHD) or substance use disorders
- 20% of US pop have MHD & 40 % of those smoke
- Americans with MHD represent 44.3% of US tobacco market (Lasser et al, 2000), with UK (McManus et al, 2010) and Australia (Access Economics, 2007) both at 42%
- People with MHD have up to 20yr lower life expectancy (Chesney et al., 2014)
- Dependency rates are 2-3 times higher than general population

- Smokers with MHD less likely to be offered support to quit – diagnostic overshadowing
- 40.5% of staff negative attitudes towards cessation efforts
- 45% of staff possess permissive attitudes towards smoking
- 42.2% of staff point to barriers (resources) to cessation efforts

(Sheals et al., 2016)

- Interviews with staff combined with participant feedback is critical in assessing value of a smoking cessation intervention (Lawn et al., 2002; Baker et al., 2006; Kerr et al., 2013)
- UK research suggested that people in both inpatient and community services are demanding support to quit (Parker et al 2012)

Healthy Ireland 2015 measured mental health and wellbeing utilising the Mental Health Index-5 (MHI-5),

Mental Health Problems	Current Smoker	Ex-Smoker	Never Smoker
Probable mental health problem	35%	24%	41%
No mental health problems	22%	28%	50%

The table above indicates that 35% of people with probable mental health problems were currently smoking, compared to 22% of those with no mental health problems ($p<0.0001$), a 1.6 fold difference.

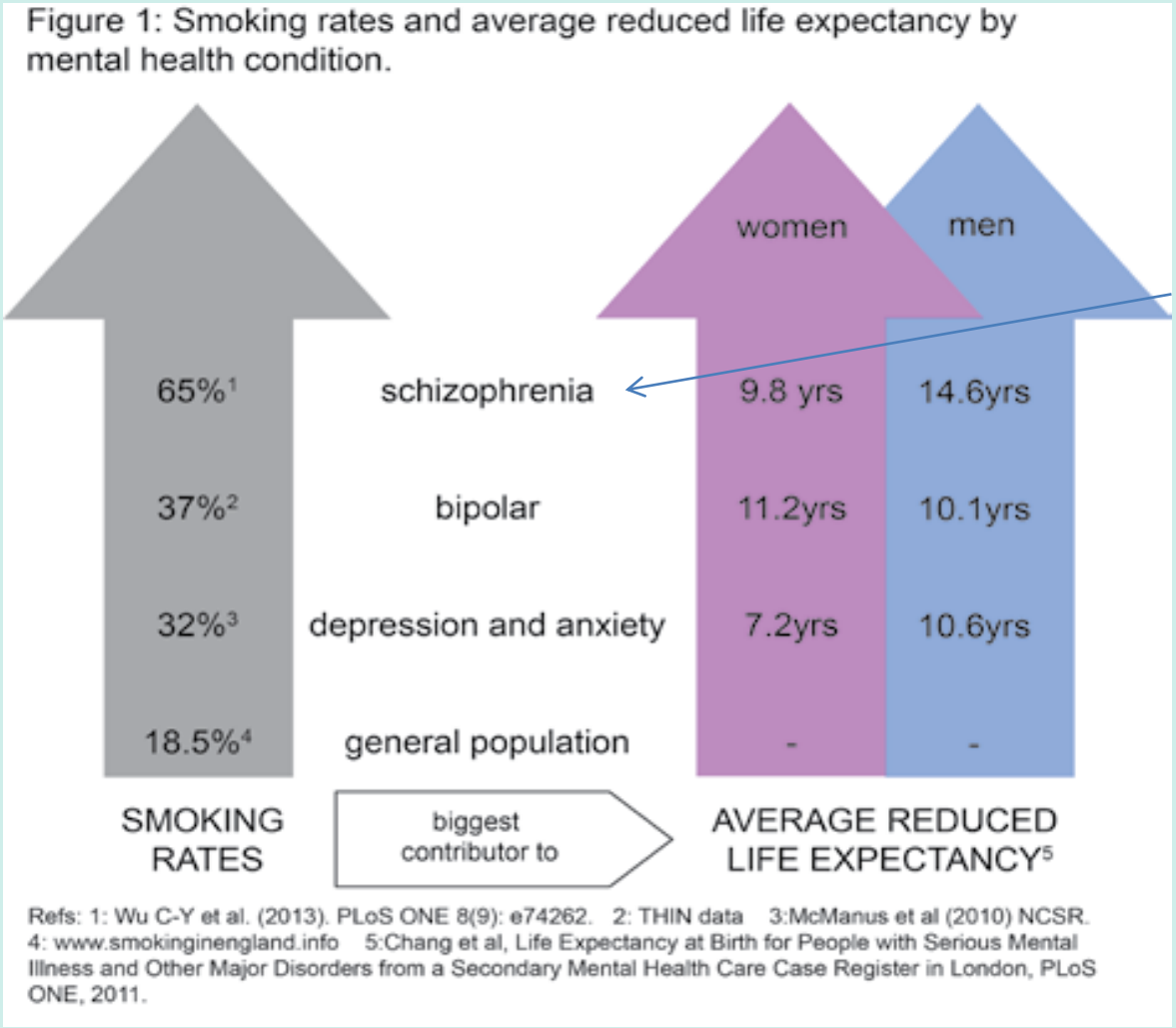
Smoking Status	Probable Mental Health Problem
Daily Smoker	14.5%
Occasional Smoker	14.4%
Ex-Smoker	8.1%
Never Smoker	7.7%

Ce tableau montre la prévalence des problèmes de santé mentale probables selon le tabagisme, Healthy Ireland 2015

- Current smokers were over 70% more likely to report distress indicative of probable mental health problems, compared to non-smokers, independent of age, gender and social class, (odds ratio=1.72, 95% CI: 1.41, 2.10, p0.0001).
- Similarly, among older adults, as per TILDA, current and former smoking was significantly associated with been classified as having depressive symptoms, using CES-D scale (a self-report depression scale for research in the general population).
- Current smokers were 1.5 times more likely as never smokers, to be classified as having depressive symptoms (Odds ratio=1.51, 95% CI: 1.49, 1.54, p0.0001).
- Ex-smokers were also more likely to be classified as having depressive symptoms compared to never smokers (Odds ratio=1.13, 95% CI: 1.12, 1.15, p0.0001), independent of age, gender and social class.

Sheridan A, O'Farrell A, Evans D.S., Kavanagh P. Adult Smoking in Ireland: A Special Analysis of the Healthy Ireland Survey and the Irish Longitudinal Study on Ageing (TILDA). Health Service Executive, May 2018.

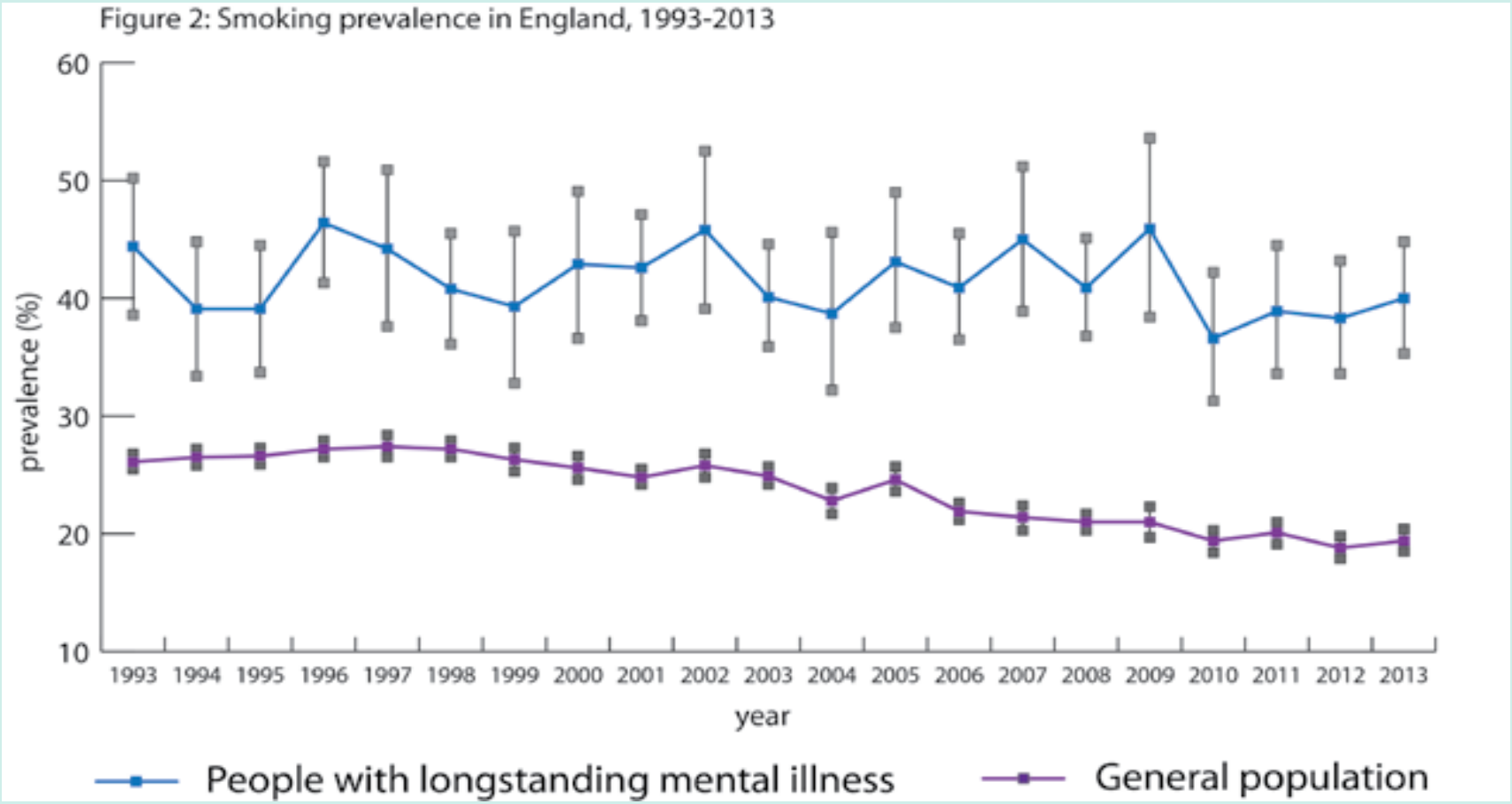
“The Stolen Years” - Parity of esteem?



Cause of death
1:10 Suicide
7:10 CVD

AND
- Multi-morbidity
- Poverty
- Stigma

Parity of Esteem?



How did we do it?

- We used the Global Network Process!
- Prior to TFC policy there was 10 (4.1%) smokers in Cluain Lir
- Today there is 1 (0.42%) smoker who smokes off campus

Why address this? ……It's a Rights Issue

- ✓ Right to accurate information regarding tobacco use and options for quitting
- ✓ Right to achieve optimal health and well being
- ✓ Right to achieve personal recovery

Groundwork

- TFC working group established in 2016
- Monthly meetings with MDT representation
- Review of Local TFC policy
- HSE TFC Toolkit
  - De-normalise tobacco use
  - reduce, minimise, eliminate
- GNTH (Global Self-Audit Tool)
  - 56/144

- The aim of this initiative was to implement the HSE TFC policy

- The objectives were to:
  - up skill staff by accessing training on ‘brief interventions for smoking cessation’,
  - empower service users, or those advocating on their behalf, to make informed decisions and choices with regard to their tobacco use as part of their personal journey to wellness and recovery
  - establish parity of esteem with acute healthcare services
  - reduce, minimise and eliminate tobacco use in the long term.

GNTH Standard 1
Governance & Commitment

- Development of a TFC Working Group with Multidisciplinary representation
- Regular TFC working group meetings with an agenda, SMART goal setting and minutes recorded
- Training of key staff on brief interventions for smoking cessation BISC to act as ‘champions’
- Availability of NRT from service pharmacy

- The TFC policy reviewed in 2016 & 2018
- Inclusion of TFC policy on service ‘service user satisfaction survey’ SUSS to inform continuous improvement
- TFC is a standing item on the agenda of monthly service clinical governance meetings
- Best Practice Guidance for Mental Health Services (HSE, 2017)
- Mental Health Commission – Compliance with Reg 19 (General Health) & Reg 22 (Premises)

GNTH Standard 2
Communication

- TFC policy is included as part of the induction of newly recruited staff
- TFC service policy is available to the public online
- All service users are informed of TFC policy
  - Planned admission: beforehand by source of referral
  - Unplanned admission: by in-patient handbook, ‘QUIT’ leaflets, posters,

- Weekly service user meetings
- Auto-signatures on service email include QUIT information

GNTH Standard 3
Education & Training

- Key staff have received Level 1 BISC training
- Additional staff have completed Level 3 to develop behavioural support skills
- Routine screening for tobacco use as part of physical health assessment was incorporated into individualised care plans
- Making Every Contact Count MECC training for staff (A Health Behavioural Change Framework & Implementation Plan for Health Professionals in the Irish Health Service)

GNTH Standard 4 Identification/Diagnosis/Cessation

- Development and review of individual risk assessment of service users
- Utilising the 30 second Stop Smoking Advice
  - Ask; Advise; Act
- Prescribing for Tobacco Dependence
  - Provision of behavioural support
  - Combination NRT
- Development of care plan templates for smokers and ex-smokers
- Support from colleagues in Health Promotion who facilitated smoking cessation programmes for follow up post-discharge

GNTH Standard 5
Tobacco Free Environment

TFC Policy (2012)

- Clear signage at all entrances
- Closing of internal smoking rooms
- Removal of ashtrays and ash bins at entrances
- No selling, storing or distribution of tobacco products (including e-cigarettes/vapes)
- Clearly defined external are for exempted service users
- Clear signage and availability of supports available to quit and associated leaflets

GNTH Standard 6
Healthy Workplace

- TFC policy is communicated to all staff who sign that they have read, understand and will adhere to the policy.
- Staff are facilitated to undertake BISC/smoking cessation training
- Staff are supported to quit and are offered access to smoking cessation and free NRT is offered (Healthy Ireland)
- Staff report being happier working in a smoke free environment

GNTH Standard 7
Community Engagement

- Offer of supports to other healthcare sites to learn form our experiences
- Liaising with regional mental health engagement officer, and advocacy services as service user representative – to promote co-production
- Services/supports are offered to all our community mental health teams

GNTH Standard 8
Monitoring & Evaluation

- TFC policy is reviewed at least two yearly, or more often as required
- Breaches of policy are reported and discussed at local level to provide additional supports with a solution focus
- Service user safety is our priority, exemptions are available in such cases following clinical risk assessment

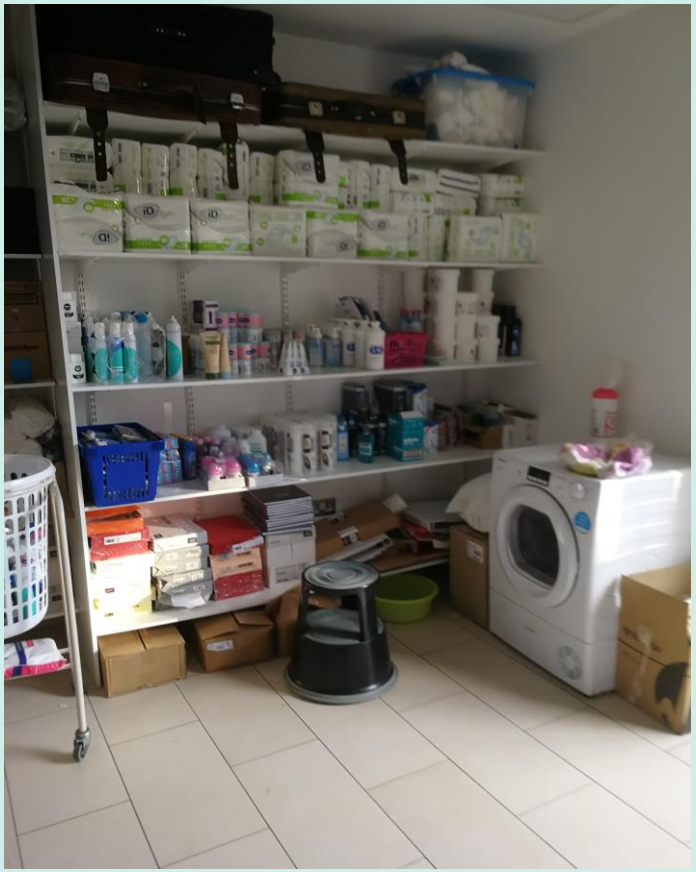
Success to Date

- Reduced the number of smokers from 10 to 1, (who smokes off campus)
- Closed our indoor smoking rooms, protection from second hand smoke, making it a healthier environment for all
- Developed the skills and the scope of professional practice of key staff who engaged in BISC training
- GNTH scores:
  - 56/144 (2016)
  - 105/144 (2017)
  - 115/144 (2018)

- Empowering service users to make informed decisions on their personal journey of recovery and improving the quality of care and outcomes
  - "I smoked for 40 years, I feel much better since I gave up smoking, I'll never go back on them" *Margaret*
- Making the healthy choice the easy choice
- TFC policy is enshrined in both clinical governance and individualised care planning
- Making TFC 'the new norm'

Before TFC
‘Smoking Room’

After TFC
Store Room



After TFC
Meeting Room

What were the challenges?

- Refusal of medical colleagues to sign ‘exemption’ forms
  - National phenomenon
  - Lack of engagement in TFC process by some clinicians
- Reluctance of medical staff to prescribe Varenciline/Champix or Bupropion/Zyban on mental health grounds
- Personalisation “Trevor’s Policy”!
- Losing ‘TFC champions’ at ward level
  - Due to redeployments and maternity leaves!
- Staff Attitudes

Next steps…

- On a national level looking at a holistic approach to lifestyles assessment by all staff, to include tobacco use as opposed to tobacco use in isolation - MECC programme
- Extend TFC implementation for the full campus
- Possibly removing the facilitation of exemptions
  - All new HSE buildings must now be tobacco free
- Offer support and guidance to colleagues who wish to implement TFC policy – locally and nationally
- Apply for GNTH Gold Forum membership!

Advice for others on implementing a TFC

GNTH Process

Leadership:

- Having a senior level commitment to creating organisational and cultural change
- Harnessing the energy from local stakeholders, providing ownership establishing local implementation teams

Engagement with staff

- Taking proactive steps to address staff attitudes and concerns
- Providing easy access to resources and training

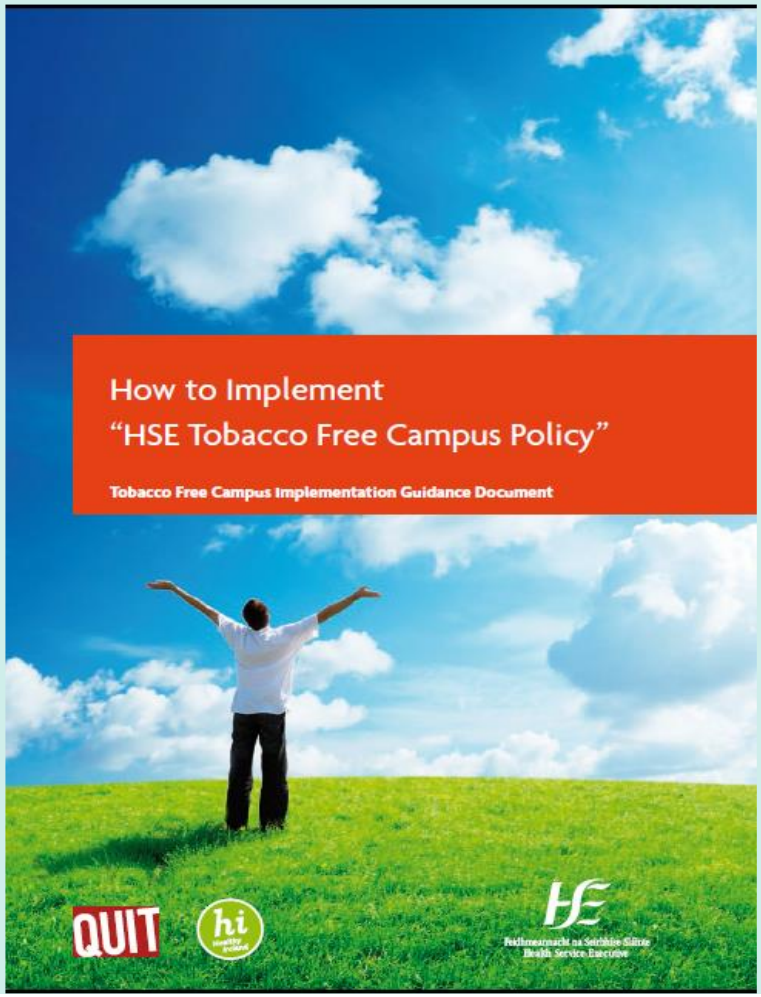
Engagement with Service Users

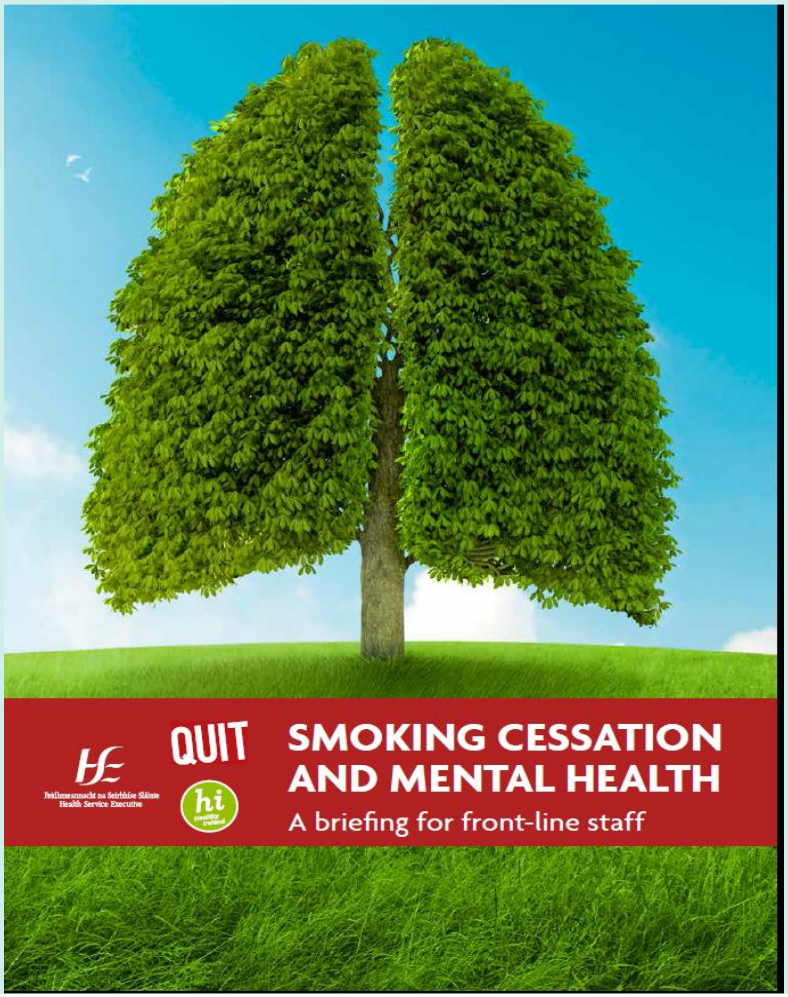
- Facilitating ‘co-production’ underpinned by recovery principles

Promotion:

- Organisationally embedding an on-going “health and wellness” strategy
- Utilising existing supports: Health Promotion/ MECC

Useful Resources





30 second Stop Smoking Advice

When you only have 30 seconds the most effective thing you can do is ASK, ADVISE and ACT

ASK

ASK every patient about tobacco use at every healthcare contact, including on hospital admission and record smoking status.

ADVISE

"Quitting is the single best thing you can do to improve your health. We need to do two things – give you support and start you on medication. With medication and support you are up to **4 times** more likely to be successful."

Combined pharmacotherapy and behavioural support is 4 times more effective when compared with quitting unaided

KEY MESSAGES:

- Tobacco dependence is a chronic relapsing disease, WHO (ICD-F17.2) classification
- Smokers expect to be asked about smoking as it shows concern for their overall health
- Tobacco dependence treatments are both clinically effective and cost effective
- No other clinical intervention produces the same significant results for such a small investment in time

ACT

PRESCRIBE

"The first few days and weeks after you quit can be the hardest. Many people will go back to smoking unless they get extra help. You will now get the medication and support to help you." (see prescribing information on page 2).

REFER

"I would also like you to call the **HSE Quit Team @ 1800 201 203 www.quit.ie***, which is a free service. They will give you tips on dealing with cravings, withdrawal symptoms, smoking medications and help in staying motivated. Are you happy to do that now?"

* as per local arrangements

Make every contact count

National Cancer Control Programme

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Building a Better Health Service

CARE COMPASSION TRUST LEARNING

PRESCRIBING FOR TOBACCO DEPENDENCE

Tobacco use remains the leading preventable cause of illness and death in our society. Smokers who quit reduce their risk of many diseases, including cardiovascular disease, respiratory disease and cancer. Quitting increases life expectancy. Some smokers make many attempts to quit before they succeed.

TREATMENT

NICOTINE REPLACEMENT THERAPY (NRT)*

- PATCH
- GUM / LOZENGE
- INHALER
- MOUTH SPRAY

COMBINATION NRT
A combination of nicotine patch and a faster acting intermittent form along with behavioural support is more effective than monotherapy and should be considered the standard treatment

- PATCH + GUM
- PATCH + LOZENGE
- PATCH + INHALER
- PATCH + MOUTH SPRAY

SET QUIT DATE: SAME DAY AS STARTING NRT

KEY MESSAGES:

- Quit rate is double placebo
- NRT is available to purchase over the counter
- NRT is available for medical card holders
- NRT should be prescribed to all patients ON ADMISSION to hospital, including day cases, to help them manage nicotine withdrawal symptoms

VARENICLINE (CHAMPIX)*

SET QUIT DATE: 7-14 DAYS AFTER STARTING VARENICLINE

KEY MESSAGES:

- This is the most effective medication; quit rate is triple placebo
- Available only on prescription
- There is no good evidence that combining NRT with Varenicline improves success rates

BUPROPION (ZYBAN)*

SET QUIT DATE: 7-10 DAYS AFTER STARTING BUPROPION

KEY MESSAGES:

- Quit rate is double placebo
- Available only on prescription
- There is no good evidence that combining NRT with Bupropion improves success rates

FREEPHONE 1800 201 203
FREETEXT QUIT TO 50100
EMAIL US SUPPORT@QUIT.IE
TWEET US @HSEQUITTEAM
FACEBOOK US FACEBOOK.COM/HSEQUIT
GET STARTED ON WWW.QUIT.IE

* for comprehensive information on these medications consult your prescribing manual.

This guideline was developed in line with the evidence available. This guidance does not, however, override the individual responsibility of health professionals to make decisions appropriate to each patient. The guideline will be reviewed as new evidence emerges.

Acknowledgement: Developed with the assistance of Dr Andy McEwen, Executive Director, National Centre for Smoking Cessation and Training. www.ncsct.co.uk

Possible Research Opportunities

- Service User Perspective
  - Health & wellbeing
  - Drug efficacy/reduction in medication
  - Facilitating rehabilitation & recovery
  - Individual Care Planning (ICP) development
- Staff Perspective
  - Health & wellness
  - Morale/culture
  - Incidences of violence & aggression
- Organisational (HSE)
  - Inform HSE TFC policy review
  - Inform Judgement Support Framework review
  - Replicate national/international studies
  - Comparative study with international modalities e.g. South London Maudsley Model/No Exemptions model
- Organisational (Locally)
  - Local TFC policy/Risk Management policy/Admission policy
  - Culture; changing hearts & minds
  - Continuous Professional Development (CPD) opportunities for staff e.g. 3 levels of training in Tobacco Cessation
  - Model of good practice/practice development/Quality Improvement initiative
  - Health Promotion site
  - Local Outcomes from Global Gold Forum Process

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Thank you for listening…
…any questions?

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