

Smoking Cessation & Longford/Westmeath Mental Health Services



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



yourmentalhealth.ie
#littletthings



Background

- Introducing a Tobacco Free Campus provides an opportunity to address the health needs of a vulnerable and highly disadvantaged sector of society. At any one time some 50% of persons with mental ill health smoke with this figure being as high as 70% in some acute settings. For this reason many of these patients are much more likely to die of stroke or cardiovascular disease than the general population (Royal College of Physicians 2013).

Longford/Westmeath Mental Health Services

Two Approved Centres located in Mullingar

- **St. Loman's Hospital (Adult MHS)**
 - 44 beds in total
 - 24 bed Acute Admission unit
 - 20 bed Rehab & Recovery unit (St. Edna's)
- **Cluain Lir Care Centre (Psychiatry of Later Life)**
 - 42 beds in total
 - 22 bed unit (St. Bridget's ward)
 - 20 bed unit (St. Marie-Goretti's ward)

Cluain Lir Care Centre - Mullingar





Trevor Phillips CNM3 - June 2017



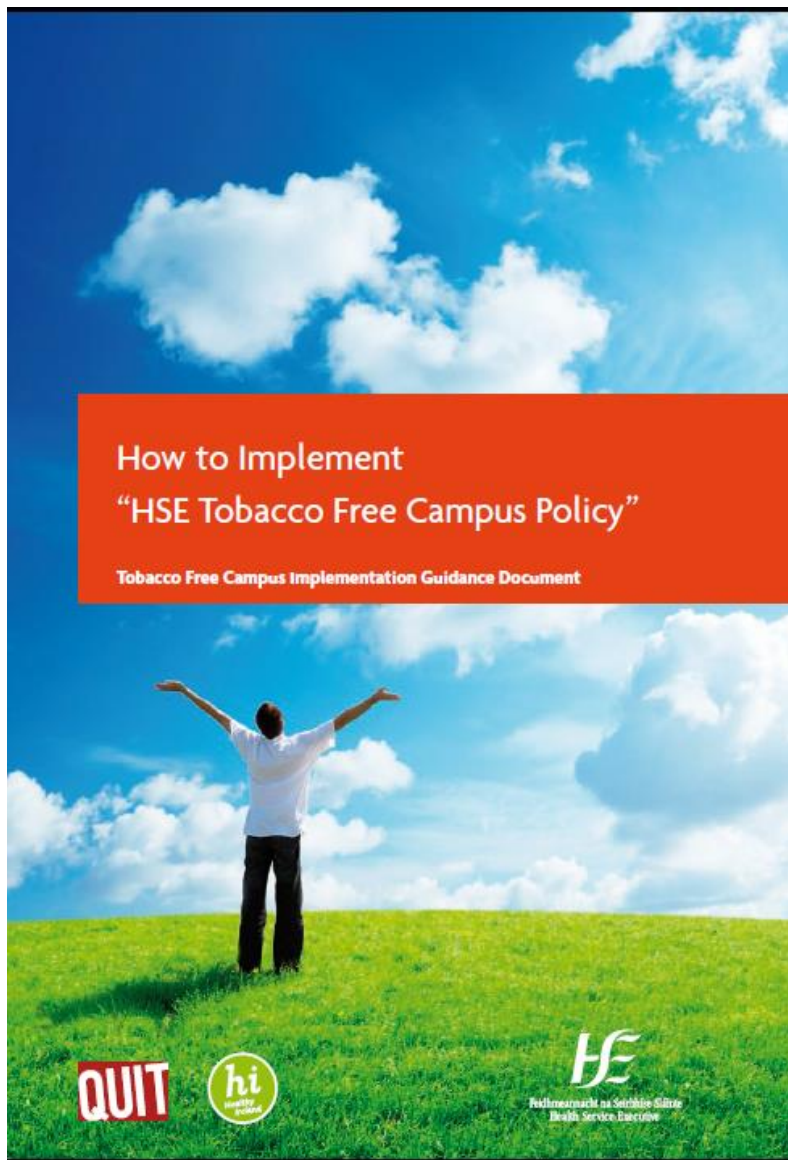
Trevor Phillips CNM3 - June 2017

Cluain Lir Campus

- Shared Campus
 - Approved Centre (PLL)
 - Care of the Older Person (CNU)
 - PLL Day Hospital
 - CADS (addictions day services)
 - Rehabilitation Unit (Midland Regional Hospital)
 - Maintenance Department

Cluain Lir Approved Centre

- Officially opened on July 16th 2012 by Minister for Health Dr. James Reilly TD
- Implementation of HSE TFC on March 5th 2014
- Approx. 10 patients who smoked at this time
- Consultation with staff, patients, relatives
- Closure of smoking rooms and use of external garden & courtyard areas for patients to smoke
- Smoking Rooms modified to facilitate storage on one unit, and a meeting room on the other
- Service Users on 1st floor offered smoking cessation support (NRT), with some success
- Remaining smokers transferred to ground floor ward to facilitate access to courtyards & garden areas



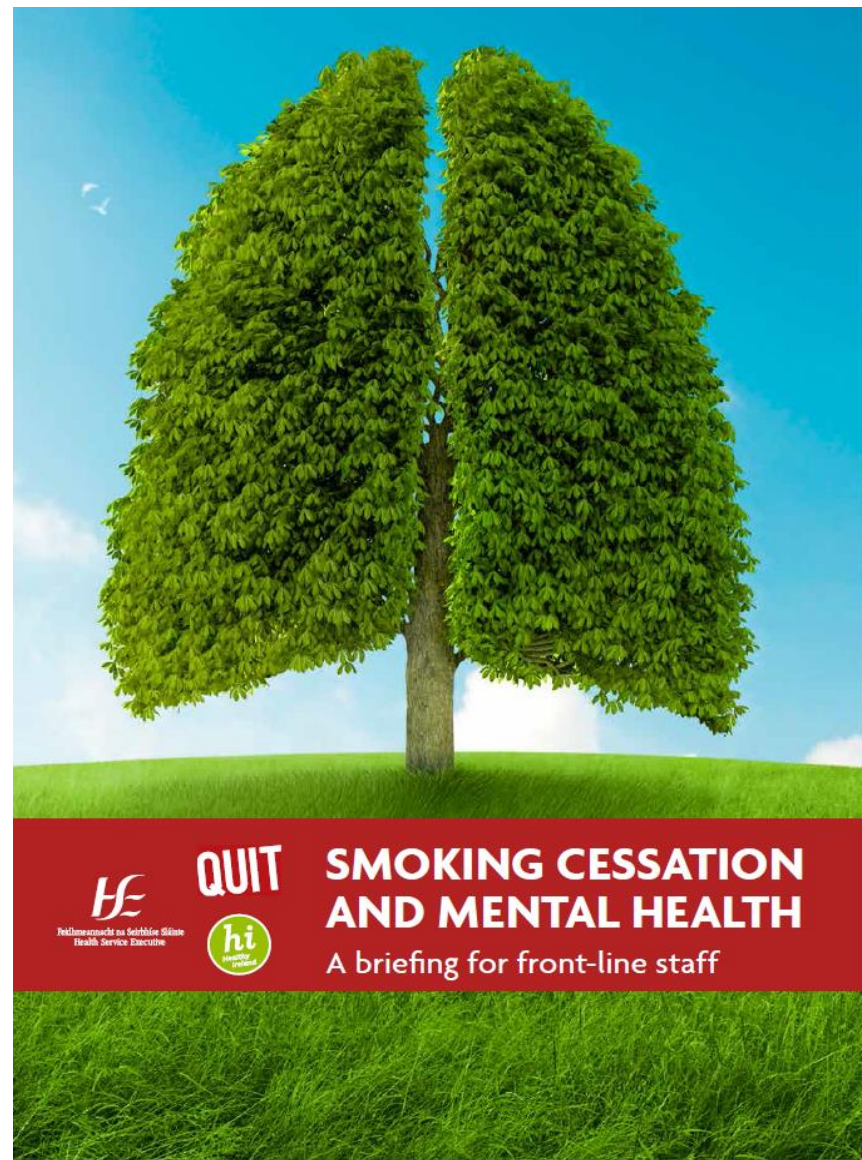
How to Implement “HSE Tobacco Free Campus Policy”

Tobacco Free Campus Implementation Guidance Document

QUIT



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QUIT



SMOKING CESSATION AND MENTAL HEALTH

A briefing for front-line staff

TFC - Local 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
- European Network Smoke-free Hospital ENSH (Global Self-Audit Tool)
 - ENSH score of 56/144
- Three on-site meetings with Ms Miriam Gunning including;
 - On-site meeting in May 2017 with Prof Joan Davis (US Academic Expert) Mr. Ed Murphy (PM HSE TF Ireland) & Ms Geraldine Cully (TFC Co-Ordinator HSE)

- *“We are treating tobacco addiction as a care issue and are actively promoting smoking cessation to support patients to quit. We are urging all doctors, nurses, allied healthcare workers, and support staff to support the tobacco free campus policy initiative. We want to create environments that promote wellness and prevent illness.”* (Health Promotion, HSE)

30 Stop Smoking Advice

second 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

nccp National Cancer Control Programme



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QUIT
We can help



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

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.

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



We're
here to help!



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.**

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

Current Situation – June 2017

- One(1) service user who chooses to smoke - at the 'blue line'
- ENSH Score of 105/144
 - Working group – monthly meetings and SWOT analysis
 - Staff education & training on BISC
 - Service user SC support/advice from health promotion colleagues
 - TFC Policy on-going review
 - Tobacco not sold/distributed/advertised
 - Signage
 - Individual Care Plans - include 'tobacco use'

Next Steps...

- Service User Involvement (IAN)
- Pharmacy involvement
 - Nicotine replacement
- HR involvement
 - Staff support
- Increased Signage
- Establishing on-site sustainable intensive behavioural support services
- Promoting 'let's talk about smoking' module in GMIT for ARI/service users
- Establishing links with HSE 'Values in Action Teams'

- *Service Users who have a planned admission to an approved centre and who currently use tobacco are encouraged to talk to their GP, Pharmacist or health care professional on the treatments or supports available to them prior to admission. They are also advised to inform staff of their tobacco use on the day of admission in order to ensure that they will be provided with the necessary advice and supports as part of their ICP development*

Thank you for listening...
...any questions?

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