

## **Advanced Competencies – Helping Mental Health and Addiction Service Users Stop Smoking**

This training standard was developed for the National Training Service (NTS) Alliance in consultation with subject matter experts.

The purpose of this training standard is to provide a benchmark for knowledge and skills that should be included when providing training in smoking cessation treatment for mental health and addiction service users. This is to help ensure consistency in training content and alignment with best practice.

This standard is not designed to be prescriptive of how, when, or in what format training is delivered.

Version 1.1 (August 2017)

## Training Standard:

### Advanced competencies – Helping Mental Health and Addiction Service Users Stop Smoking

The following information outlines benchmarks or competencies for those working as stop smoking practitioners with mental health and addiction service users.

These are in addition to the *Core Competencies – Smoking Cessation Fundamentals* and it is expected that those being trained in accordance with this standard will already be qualified stop smoking practitioners.

<b>What:</b> The need for stop smoking support for Mental Health and Addiction training standards	All Stop Smoking Practitioners need to be able to demonstrate fundamental smoking cessation knowledge and skill. Working with Mental Health and Addiction Service users requires some additional knowledge and skills.
<b>Who:</b> The intended audience	Primarily Stop Smoking Practitioners, but may include other health practitioners who are assisting Mental Health and Addiction Service users to stop smoking.
<b>Where:</b> The location of services	All health practitioners need to provide high quality stop smoking support in all settings where they are helping people to stop smoking. This may include: Healthcare settings, public health settings, community settings and in people's homes.
<b>When:</b> The time the services are offered	At the point of contact
<b>How:</b> The way the sessions are delivered	The service user should be offered a range of options including face-to-face, electronic message, or by telephone at the point of contact.

**Benchmarks for Knowledge:**

***The practitioner is able to:***

- Describe the prevalence of smoking in those with mental health illness and addictions
- Describe the barriers to quitting for those with mental illness and addictions
- Describe the impact of smoking on mental and physical health
- Identify the flaws in the 'self-medication hypothesis' many people promote for mental health and addictions patients (*i.e., service user smokes to reduce anxiety and retain a "good" mood*)
- Describe the benefits of quitting for mental health and addiction service users, including, but not limited to:
  - On the individual as a catalyst for other positive behaviour change and cost savings
  - On others in the family
- Describe what is needed to help a person with mental illness or addictions quit smoking
- Describe different approaches to quitting including but not limited to:
  - cut down then quit
  - flexible quit date
- Identify and describe the extended and more frequent support needed by mental health and addictions service users
- Describe the effects of smoking on the metabolism of some medicines used to treatment mental illness and the changes seen when stopping smoking
- Describe the differences and similarities between tobacco withdrawal symptoms and mental health symptoms
- Describe the cautions in using some stop smoking medicines in mental health and addiction service users
- Describe the signs of worsening mental state and, in accordance with the Privacy Act, what actions could be taken which may include:
  - contacting the GP
  - the mental health team

<p><b>Benchmarks for Knowledge:</b> (cont'd)</p>	<ul style="list-style-type: none"> <li>• Identify the roles in a wrap around service / continuity of care for with mental health and addictions service users</li> <li>• Describe the process of providing advice and support through an inpatient stay regarding tobacco withdrawal</li> <li>• Describe the process of providing advice and support through mobile and respite care in regard to tobacco withdrawal</li> <li>• Identify the potential challenges that can undermine any attempts for the service user to quit</li> </ul>
<p><b>Benchmarks for Skills:</b></p>	<p><b><i>The practitioner is able to:</i></b></p> <ul style="list-style-type: none"> <li>• Use different approaches to quitting including but not limited to: <ul style="list-style-type: none"> <li>○ cut down then quit</li> <li>○ flexible quit date</li> </ul> </li> <li>• Provide extended and more frequent support as needed by mental health and addictions service users</li> <li>• Advise the service user of stop smoking medicines and any cautions with their use</li> <li>• Recognise and differentiate between the signs of worsening mental state and tobacco withdrawal symptoms and in accordance with the Privacy Act, take necessary actions, which may include contacting: <ul style="list-style-type: none"> <li>○ The GP</li> <li>○ The mental health team</li> </ul> </li> <li>• Liaise and communicate effectively with the clients' mental health team and GP where appropriate</li> <li>• Ensure the service users GP, specialist, or healthcare team reviews dosage of other medications that are affected by smoking cessation</li> </ul>
<p><b>Existing training:</b></p>	<p>There is currently a core competencies stop smoking practitioner programme which needs to be completed before this advanced training is completed.</p>
<p><b>Considerations:</b></p>	<p>Training should align with the New Zealand Guidelines for Helping People to Stop Smoking, service specifications and other relevant Ministry of Health documents.</p>

<b>Training and assessment consideration:</b>	<p>All training should include measurable learning outcomes and be delivered in a way that best suits the needs to the audience.</p> <p>Attendees should be actively engaged in the learning rather than just sitting listening. This could include, for example, discussion groups, case studies, problem solving card sorts etc where the learner is actively learning rather than passively listening. Trainers may need to take into consideration that many trainees are busy people and need engaging and efficient training options.</p> <p>Any programme should have a mechanism to check the <b>measurable learning outcome</b> was met or provide a reference tool the attendee can use in future.</p> <p>The verb of the learning outcome dictates what the learner is able to do, for example, <b><i>Describe three reasons for ...</i></b></p> <p>In this case, the assessment should have learners each being able to <b><i>describe the three reasons for...</i></b> and this could be achieved in group discussions, a multiple choice quiz (which has the learner identify the three correct descriptions), a take home handy reference card etc.</p> <p>An important aspect to remember is that training has not worked unless learning has been checked.</p>
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