

Advanced Brief Tobacco Cessation Intervention – Mental Health and Addictions

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 on brief tobacco cessation interventions for people who work with mental health and addiction service users. This is to help ensure that we achieve consistency in messages and align with current best practice.

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

Training Standard

Advanced Brief Tobacco Cessation Intervention – Mental Health and Addictions

The following information outlines benchmarks or competencies for those working with people with mental health and addictions service users in roles related to primary care, mental health inpatient and community services in a position to provide a brief intervention, including an offer of support to stop smoking.

This standard should be used alongside the current NTS Brief Interventions Training Standard, which is available at nts.org.nz/standards

<p>What: The need for stop smoking support for Mental Health and Addiction training standards</p>	<p>Stop smoking support is offered by a broad range of people working in the mental health and addictions sector. Those providing the brief intervention must successfully facilitate the process using proven approaches.</p>
<p>Who: The intended audience</p>	<p>Anyone who works with mental health and addictions service users who smoke which includes:</p> <ul style="list-style-type: none"> ● Stop smoking practitioners ● Community Support Worker (CSW) ● Inpatient Psychiatric Unit (IPU) / residential staff/ respite staff/ mobile staff ● Social workers ● Alcohol and Other Drugs (AOD) workers ● Peer / consumer support workers ● Registered health professionals, ● Psychologists / Psychiatrists / Psychotherapists ● General practitioners ● Practice nurses ● Pharmacists ● Occupational therapists (OT) ● Midwives
<p>Where: The location of services</p>	<p>A brief tobacco use intervention is provided wherever service users with mental health or addiction concerns connect with services including inpatient services, community services, primary health service and in client's homes.</p>
<p>When: The time the intervention is provided</p>	<p>A brief intervention is provided at the point of contact appropriate to context and circumstances in any of the settings in which a mental health or addictions service user is involved.</p>
<p>How: The way the intervention is delivered.</p>	<p>A brief intervention will typically be provided opportunistically during face-to-face interactions. The intervention may also be provided during other contact, such as telephone or video-based communication.</p>

<p>Benchmarks for Knowledge:</p>	<p><i>The service provider / professional is able to:</i></p> <ul style="list-style-type: none"> ● 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 health and the benefits of quitting; ● Describe different approaches to quitting (<i>i.e. stopping abruptly, reduce to quit, and flexible quit date</i>); ● Identify the flaws in the 'self-medication hypothesis' many people promote for mental health and addictions service users (<i>i.e. service user smokes to reduce anxiety and retain a "good" mood</i>); ● Identify learnable key phrases to use with mental health and addictions service users to facilitate "healthy lifestyle chats"; ● Describe the specific supports available to help people with mental health and addictions who smoke; ● Identify the roles in a wraparound service / continuity of care targeted for this service user group; ● Describe the range of stop smoking medicines available; ● Describe the impact of smoking and smoking cessation on the metabolism of some medicines that people may be using; ● Describe the process of providing advice and support through an inpatient stay to help manage tobacco withdrawal symptoms; ● Identify potential challenges faced by a service user trying to quit during admission to an in-patient unit, use of a community or mobile service; ● Describe the differences and similarities between tobacco withdrawal symptoms and mental health symptoms.
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<p>Benchmarks for Skills:</p>	<p><i>The service provider / professional is able to:</i></p> <ul style="list-style-type: none"> • Conduct a positive healthy lifestyle conversation addressing the mental health or addictions specific smoking issues or processes; • Initiate conversation and respond in a way to meet the needs of a mental health or addictions service user if cessation support is refused (<i>having a number of simple phrases of how to respond can be helpful</i>); • Follow-up conversation in future contacts to ensure the smoking status is reviewed, actioned and recorded accordingly; • Discuss the options to assist with quitting; • Ensure dosage of other medicines affected by smoking cessation (e.g. clozapine, olanzapine, warfarin, theophylline) is reviewed by the appropriate health professional when the service user stops smoking; • Able to identify the cessation support needed and encourage people to utilise them.
<p>Training and assessment consideration:</p>	<p>All training should include measurable learning outcomes and be delivered in a way that best suits the needs to the audience. 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. Any programme should have a mechanism to check the measurable learning outcome 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, <i>Describe three reasons for ...</i></p> <p>In this case the assessment should have learners each being able to <i>describe the three reasons for ...</i> 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>