

Beyond the smoke
Trevor Parry
rehabilitation support
program

for TPC residents wanting
to reduce or give up
NICOTINE

*Giving up smokes takes
more than willpower to
break the chain. It takes a
plan*

Beyond the smoke - Outline of presentation

- ▶ Around 11.2% of Australians over 15 years smoke, increasing to 32% for people who live with mental illness and up to 70% for those living with more complex mental health challenges.
- ▶ A survey of smoking habits at Trevor Parry Centre in 2024 found that **60%** of the residents were interested in reducing or quitting tobacco use.
- ▶ The TPC is an SA Health facility, and all SA Health facilities have a policy of no smoking on the premises.
- ▶ The TPC has developed its first program to support residents who are interested in quitting or cutting down to explore and create their own plan to address their tobacco use goals.

Common misconceptions about mental health consumers and smoking

“they don’t want to quit...”

- mental health consumers want to quit just as much as anyone else
- most have tried at some point

“quitting will make mental health conditions worse...”

- **anyone** who quits smoking is likely to feel better - physically, emotionally
- symptoms of withdrawal (irritability, restlessness, anxiety, difficulty sleeping etc) are often mistaken for indicators of deteriorating mental state
- there is no evidence to suggest quitting smoking makes symptoms of schizophrenia any worse

“it’s impossible to change...”

- consumers may be facing multiple other factors that add to the challenge of quitting (lack of access to meaningful occupation, social isolation, fewer resources available), but quitting **IS** possible with the right support and treatment

THE REALITY

- ▶ Most of these myths are **STIGMATISING** and capitalise on vulnerabilities that we are duty bound to address as mental health professionals
- ▶ Rates of smoking in the general population have reduced over time - but not for the mental health population - broadening the disparities
- ▶ Mental health consumers are already facing significant health disparities as compared to the non-mental health population, the health impacts from smoking cannot be ignored - just as like any other health concern
- ▶ By not addressing smoking as a health issue for our consumers, we perpetuate some of these unhelpful myths
- ▶ Smoking cessation support needs to become part of our **CORE BUSINESS**

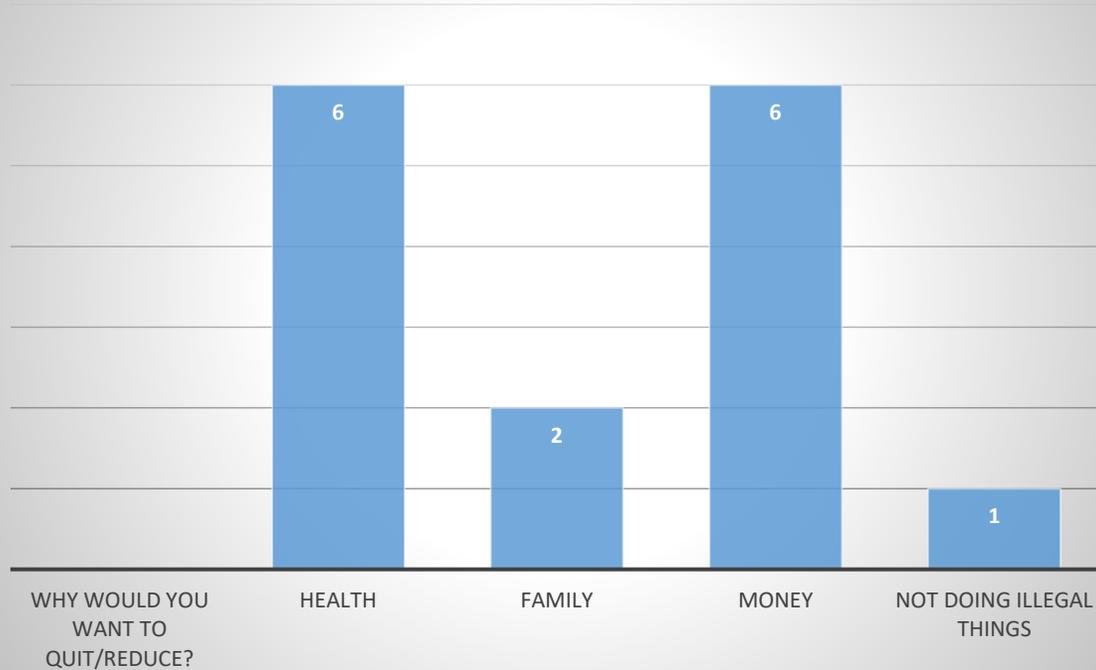
WHAT DOES THE EVIDENCE TELL US?

WHAT IS AN EFFECTIVE APPROACH IN SERVICES SIMILAR TO OURS?

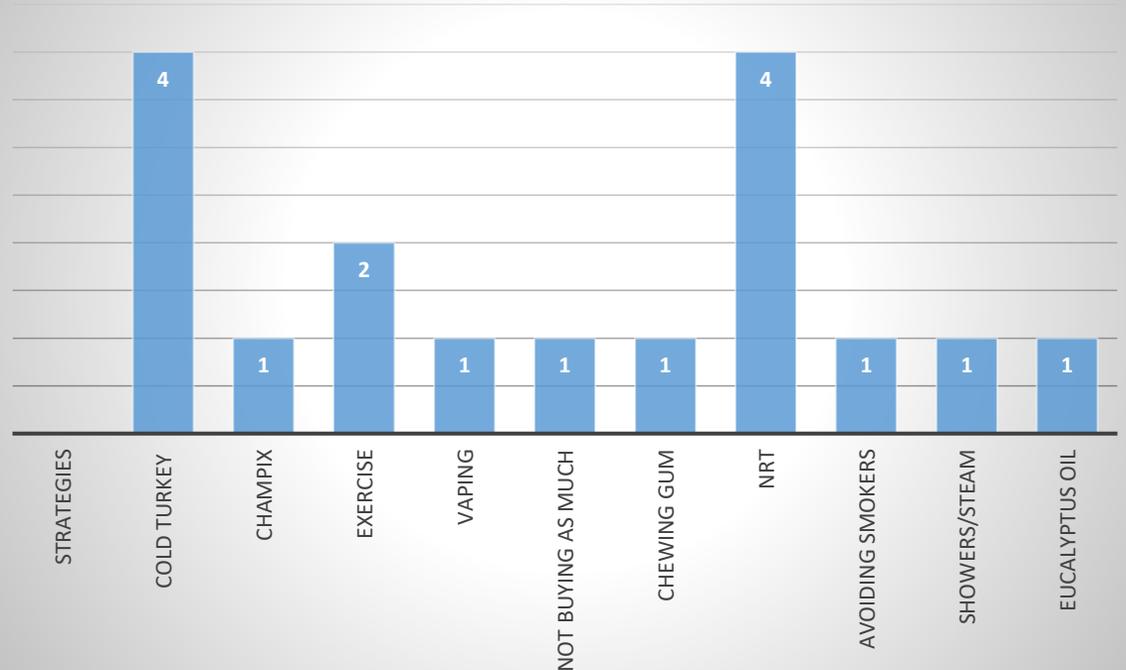
- taking **repeated opportunities** to check in with people about their smoking, in a non-judgmental way
- a **structured** approach to assessment and treatment
- assessing **nicotine dependence**, **willingness to quit**, **motivational factors**
- offering **education**, **behavioural support**, plus **pharmacological** intervention
- arranging **follow up** to support motivation and assess progress

Trevor Parry Survey Results:

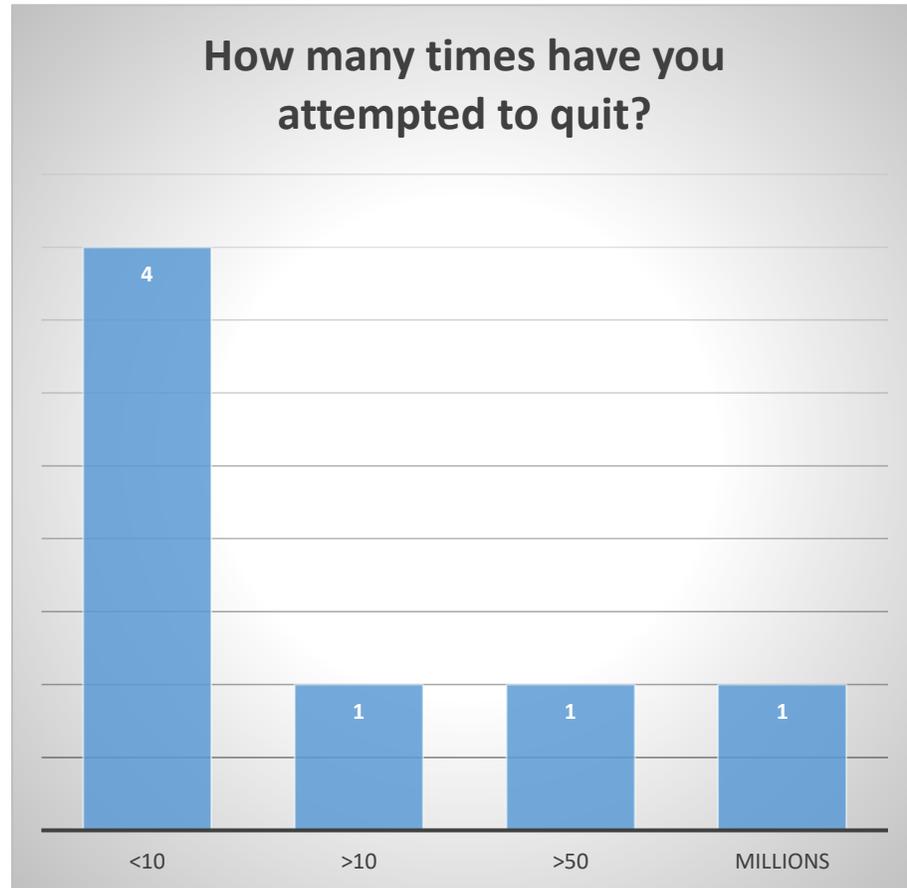
Why would you want to reduce/quit?



What strategies have you used in the past?



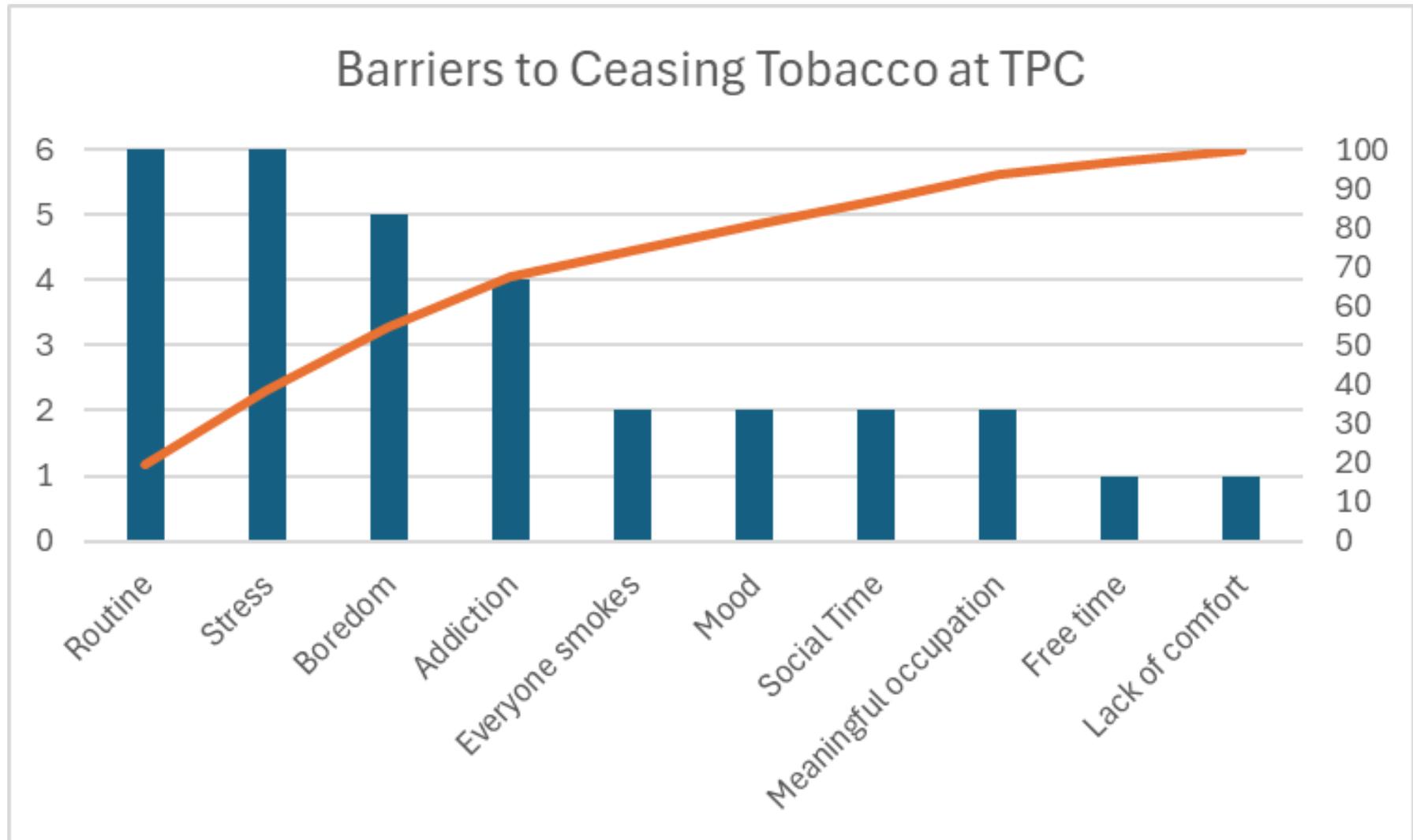
Trevor Parry Survey Results:



What benefits do you get from smoking?



WHAT HAVE RESIDENTS TOLD US?



Best Practice Smoking cessation/change

Recovery orientated approach: The principles of a recovery-oriented approach include understanding that each person is different and should be supported to make their own choices, listened to and treated with dignity and respect.

Residents can attempt to go cold turkey vs developing their own plan and supports, such as:

Information & brochures on managing

Different ways to cut down

“Quit your way” or alternative support groups, apps, Quitline, involvement in TPC Beyond the Smoke Peer support group.

Education and information: provided in a range of formats and is relevant and accurate.

Beyond the Smoke program process

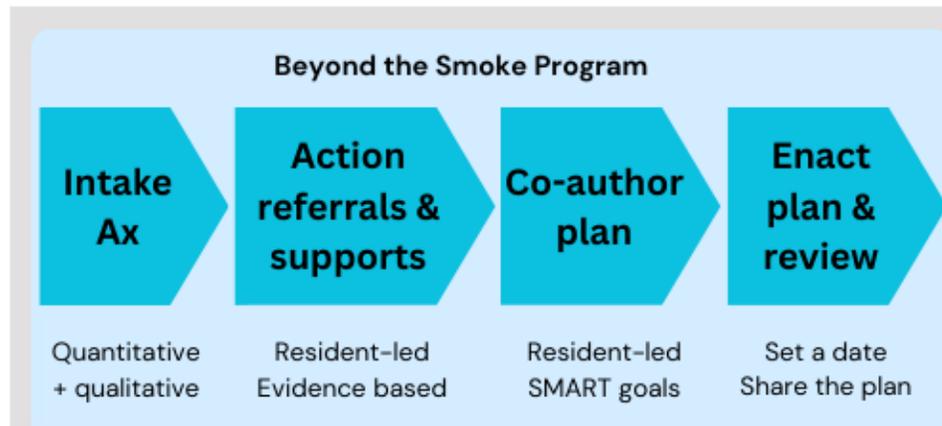
Connection: to the right material & supports

Hope: affirming your goals and aspirations

Identity: actioning your new habits and behaviours

Meaning: design and co-author your tailored plan

Empowerment: choice and control over your direction, goals and engagement



TPC Program process

Session 1: Intake assessment

Appointment with TPC nurse to determine your level of dependency and considerations around medications

Exploration of reason why you might smoke and where you want to change your relationship with smoking

Getting Information about Smoking & Quitting

Making your own decision

Next steps: Involvement of and conversations with your preferred team, including psychiatrist/GP and TPC staff on developing a tailored program

TPC Program process

Session 2: Getting ready

Identifying triggers, short- and long-term strategies, including nicotine replacement (NRT), Quit buddy/Quitline (free) programs and apps and having support from your nominated buddies

Ideas and plans for change, including slips, setting a date and starting out

WHAT DOES THE EVIDENCE TELL US?

BARRIERS AND ENABLERS TO SUPPORTING SMOKING CESSATION IN MENTAL HEALTH SETTINGS

BARRIERS	ENABLERS
No smoking support	Well trained staff
Family & friends who smoke	Working with fluctuations in motivation
No access to NRT	Integrated approach
Smoking “culture” and “norms”	Preference-based support
Staff attitudes, implicit bias	Bespoke smoking cessation programs
Consumer stress, boredom	Interventions targeting specific alternative coping strategies
“task rich time poor” staff	Protected time/space for smoking cessation to be discussed

WHAT IS OUR CURRENT STATE?

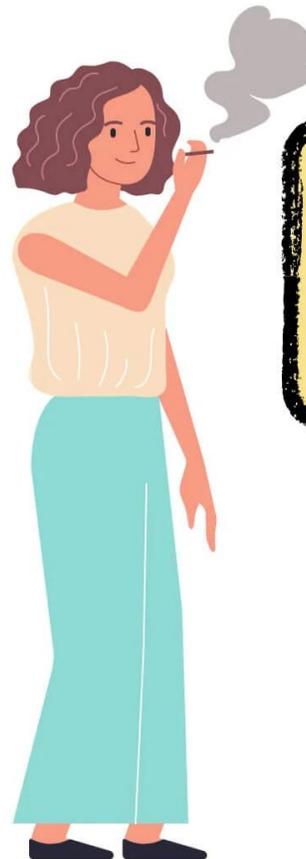
Audit of 12 discharges in CBIS. This looked at the first Physical Health Assessment compared to the final Physical Health Assessment :

- 2 residents had reduced tobacco consumption since being at TPC
- 4 residents had increased tobacco consumption since being at TPC
- 1 resident had remained the same in tobacco consumption since being at TPC

Things to note from the audit:

- 5 patients had information gathered at one Physical Health Assessment but not the other
- There is a lot of variation in the way smoking information is collected:
 - Grams per week/fortnight
 - \$\$\$ spend per week/fortnight
 - Cigarettes smoked per day/week
- If a patient has a short admission, smoking information is not collected

LIVED EXPERIENCE PERSPECTIVE



But I can't quit smoking.
Whenever I smoke, I
experience instant relief
from stress and feel calm.



Positive Intention

Trevor Parry - Exercise

Equipment

Early Stages

Client Involvement

Exercise Physiology

Exercise Programs

Client Participation











