## Contents

**Acknowledgements** 2  
**Introduction** 3  
**Background** 3  
- Mental health and tobacco use 4  
- Mental health nursing workforce and tobacco control. 4  
- Health sector approaches to tobacco control. 4  
**Mental health nursing strategic goals and pathways** 5  
**Smokefree Nurses Aotearoa/New Zealand Mental Health Strategy** 6  
**Mental health nursing smoking cessation action plan** 7  
**References** 10  
**Appendix a Smokefree Nurses Aotearoa/New Zealand** 11
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Kaua e Kai Paipa, me Waiho
Smoke-free Strategy For Mental Health Nurses

He aha te mea nui te ao
Maku e ki atu
He tangata, He tangata, He tangata

What is the greatest thing of this world, I would say, tis people, tis people, tis people

Introduction

Kaua e Kai Paipa, Me Waiho is the mental health strategy for Smokefree Nurses Aotearoa/New Zealand (SNANZ). This strategy outlines how mental health nurses plan to work with Smokefree Nurses Aotearoa/New Zealand to encourage and support mental health nurses to quit smoking and to provide every service user and their whānau with support and encouragement to quit.

Mental health nursing focuses on supporting the mental health needs of people experiencing mental health and addiction issues. The mental health and addiction nursing workforce comprises some 3743 or 9.2 per cent of the total active registered nursing workforce in Aotearoa/New Zealand (Health Workforce, New Zealand 2009). Mental health nurses bring unique skill sets that allow them to make significant contribution to care across a variety of community and inpatient hospital settings that intersect physical, social, mental, and emotional health. Addressing nicotine dependence and supporting healthy lifestyles is the role of every mental health and addiction nurse. Service users and their family / whānau need encouragement and support to make positive changes towards becoming smoke-free. Mental health and addiction nurses can, and should play a pivotal role in making this happen.

While the overall prevalence of tobacco smoking is decreasing, premature deaths attributable to tobacco smoking are the single leading cause of preventable deaths in Aotearoa/New Zealand (Ministry of Health, 2008a). About half of all smokers who are killed by tobacco die in middle age and have a reduced life expectancy of between 13 and 16 years. Tobacco smoking has traditionally been part of the culture of mental health services. Mental health service users smoke tobacco at a much higher rate than the general population and more mental health nurses smoke tobacco than their non-mental health nursing colleagues (Oakley Browne et al, 2006; Wong et al, 2007). However smoking cessation interventions are successful for mental health service users and help them experience significant health benefits (Bradshaw et al, 2005; Ranney et al, 2006; USDHHS, 2000).

Aims and goals

The aims of this strategy are to increase smoking cessation interventions by mental health and addiction nurses and to decrease the incidence of tobacco smoking within the profession and by service users and so improve their overall wellness and wellbeing. These aims support SNANZ aims and encompass the following objectives:

• To decrease the incidence over the long term of illness and death associated to tobacco smoking. This includes respiratory diseases, circulatory diseases, heart diseases, and many cancers.

• To increase quit rates and decrease initiation and relapse among clients of health services and the public, thereby improving physical, social, emotional and mental well health.

• To increase quit rates and decrease initiation and relapse among nurses and student nurses thereby improving physical, emotional and mental well health.

The goals for the mental health strategy build upon and support the SNANZ strategy by targeting interventions that draw attention toward the mental health sector, and in particular the role of mental health and addiction nursing (Appendix A).

Background

Evidence shows that smoking prevalence is decreasing in Aotearoa/New Zealand and that only slightly more than one in five adults are current smokers (Ministry of Health, 2009). For nursing the overall prevalence of smoking is less then this rate with a little under fifteen per cent (Wong et al., 2007, Edwards et al., 2008). In spite of these
positive trends evidence also shows that diseases caused by tobacco smoking cause the death of around 5000 New Zealanders every year. Tobacco smoking is linked to major health conditions such as heart disease, stroke, chronic obstructive pulmonary disease, lung and upper airways cancers.

Decreases in smoking are not consistent across all socio-demographic groups. Māori and Pacific populations in particular carry a significant disproportion of New Zealand’s health burden with rates for tobacco smoking much higher than in the general population. Similarly people with mental health issues and disability are more likely to smoke tobacco and consequently are more vulnerable to smoking related diseases, poor physical health and decreased life expectancy related to tobacco then the general population (Oakley Browne et al., 2006).

Mental health and tobacco use

Users of specialist mental health services have much higher reported rates of tobacco smoking then the general population with some international figures reporting prevalence upward of 60 to 70 per cent among this population group (Ashton, 2006). Te Rau Hinengaro, New Zealand mental health survey found current national rates of smoking for non-institutionalised users of mental health services at 32 per cent compared with people without mental disorder (21 per cent). (Oakley Brown et al, 2006).

There are many factors contributing to the high rates of tobacco use among those with mental illness. Socialisation is one very important factor and determinant; tobacco smoking has traditionally been part of the culture of mental health and addictions services (Lawn, 2004). Cigarettes have been used to reinforce behaviour, and tobacco has been seen as an acceptable substitute for other substance use and stress relief. People with mental disorders have not often been advised to stop smoking. This is despite the fact that they will often see significant benefit to their condition as a result of stopping smoking.

The positive health benefits of smoking cessation are well known and evidence suggests that those with mental illness or addictions have many of the same barriers for smoking cessation as other smokers—addiction and fear of withdrawal, weight gain and fear of failure. Evidence also suggests that people with mental illness and addiction face additional challenges. They tend to have more extensive histories with cigarettes. They have more severe nicotine dependence, in part possibly because their smoking has been positively reinforced. (Ministry of Health, 2008b)

On the upside there is evidence that interventions known to work in the general population (support and medications) are effective for mental health service users. Most people with mental health disorders do not experience a worsening in the symptoms of their illness when they stop smoking. Smoking cessation can precipitate a relapse of depression for some people, but this is rare and is not a sufficient reason to not support people to stop smoking. Smoking cessation may affect the metabolism of some medications, including those used to treat mental illness. Such people using these medications may need dosage adjustments (MOH, 2007). Based on evidence the following approaches to mental health tobacco control are recommended:

- Smoking cessation for people with mental illness or addictions should be integrated into existing mental health and addictions services.
- Service providers including health professionals need sufficient support and training to incorporate brief smoking cessation interventions into their practices. Education includes information that dispels myths about mental health and nicotine dependence and supports best practice evidence.
- Nicotine replacement therapy should be provided to all individuals with mental illness or addictions who want to quit or reduce their smoking.
- Individuals who are taking antipsychotic medications and quit smoking should have their medication dosages monitored in the first months following cessation.
- Multi-session intensive support, medication and follow-up for all hospitalised patients who smoke.
- Consistent approach to smoking cessation across hospital inpatient and community based services ensures service users receive care consistent with the care plan.

Mental health nursing workforce and tobacco control.

Overall, nurses’ smoking rates are decreasing (Edwards et al., 2008). However, for mental health nurses evidence suggests that tobacco control must begin with our own self awareness, self help and understandings of the serious physical health impact that tobacco smoking has for mental health service users. Mental health nurses are exposed to higher levels of tobacco use within their work places (directly and by second-hand smoke). As a professional group mental health nurses in New Zealand smoke at twice the rate of nurses overall with reported prevalence of 29 to 32 per cent. (Wong et al., 2007, Edwards et al., 2008, Connolly, 2009). This is also higher than the general population (21 percent).
Local research suggests that MH nurses believe strongly that smoking cessation is part of nursing practice (Connolly, 2009). Research undertaken by ASH and AUT further supports this and shows that nurses have positive attitudes about helping smokers including giving brief advice and providing treatment. Smoking status, gaps in nurse’s knowledge of effective smoking treatments, the role of nicotine, and knowledge of specialist cessation services and Aukati Kai Paipa services are barriers which could impede the delivery of effective services (Wong et al., 2007).

Resources and services to support smoke free mental health settings are needed to match the high levels of need for staff and service users in these areas. Mental health nurses who smoke should be supported to quit. It is imperative that they receive the levels of personal support and institutional support they need to quit.

Health sector approaches to tobacco control.

The Ministry of Health has identified tobacco smoking cessation as a priority area of focus nationally. They have developed a comprehensive approach involving public health policy, legislation, and personal health initiatives. The three key government health targets for tobacco control in New Zealand are:

- To reduce smoking initiation
- To increase quitting
- To reduce exposure to second-hand smoke.

Tobacco smoking and exposure to second-hand smoke is a significant health and safety issue. Most if not all District Health Board policies have now banned smoking on their grounds and facilities. Employees, patients and visitors are now being asked to refrain from smoking on hospital properties and grounds. Some mental health inpatient facilities and hospitals are already smoke-free and all mental health services are expected to become fully smoke-free. Community and service user consultation and discussion, careful planning, education and collaboration with employees (including nurses) are very important to implement this successfully.

Public health approaches to wellbeing give emphasis to healthy populations, community participation, community partnerships and collaboration. These approaches are consistent with recovery principles, whānau and nursing/consumer partnership approaches to wellbeing. A health living environment, and healthy lifestyle choices, such as healthy eating and healthy activities are important considerations to smoking cessation and treatment programs.

Mental health nursing strategic goals and pathways

This strategy highlights three leading challenges that support and build upon SNANZ’s objectives, with an accompanying action plan to meet these challenges. The challenges are,

- Nursing leadership
  Nurses working in mental health and addiction services are role models and incorporate smoking cessation into their daily practice

- Education/Practice change
  Nurses in mental health and addiction have knowledge about the harm caused by tobacco smoking, the benefits of cessation and the tools used for cessation, and are confident to pass this onto consumers and their whānau.

- Smoking cessation
  Smoking cessation must be part of the care plan of every consumer who smokes tobacco and continue when consumers transition to and from other services.

The logic chart on the following page maps out the critical pathway and objectives for this plan.
# Smokefree Nurses Aotearoa/New Zealand (SNANZ) Mental Health Strategy

## SNANZ

### Long term goal & objectives
- To decrease the incidence over the long term of illness and death caused by tobacco smoking.
- To increase quit rates and decrease initiation and relapse among clients of health services and the public.
- To increase quit rates and decrease initiation and relapse among nurses and student nurses thereby improving physical, emotional and mental well health.

### Strategic objectives
- Partnership with nurses.
- Increase health equity.
- **Create MH strategy**
  - Normalise smoking cessation in nursing education and practice settings.
  - Reduce smoking among nurses.
  - Support public health tobacco control.

## Mental Health Strategy

### RATIONALE
Premature deaths attributable to tobacco smoking are the largest single source of preventable deaths in Aotearoa/New Zealand.

Tobacco use has traditionally been part of the culture of mental health services.

Mental health service users smoke tobacco at a much higher rate than the general population.

Significantly more mental health nurses smoke tobacco than their non-mental health nursing colleagues.

Smoking cessation interventions are successful for mental health service users and help them experience significant health benefits.

## Three Leading Challenges

### MENTAL HEALTH NURSING LEADERSHIP
Nurses working in mental health and addiction services are role models and incorporate smoking cessation into their daily practice.

### EDUCATION
Nurses in mental health and addiction have knowledge about the harm caused by tobacco smoking, the benefits of cessation and the tools used for cessation, and are confident to pass this onto consumers and their whānau.

### CESSATION
Smoking cessation must be part of the care plan of every consumer who smokes tobacco and continues when consumers transition to and from other services.

## Activities

### MH ACTION PLAN OBJECTIVES
- Increase awareness about smoking cessation among mental health nurses.
- Ensure alignment with Mental Health nursing ethos and professional standards.
- Decrease smoking among mental health nurses.
- Encourage research into smoking cessation.
- Increase numbers of mental health nurses undertaking the on-line ABC course or a face-to-face course.
- Break down barriers, dispel the myth that smoking is helpful to consumers and create smoke-free culture.
- Make more specialist, advanced clinical information available.
- Non-mental health smoking cessation staff more informed of the mental health setting.
- Smoking cessation is an organisation-wide intervention.
- Partnerships formed with mental health workforce, consumers and family/whānau to support smoking cessation.
## Mental Health Nursing Smoking Cessation Action Plan

**Challenge 1 - Mental health nursing leadership**

Nurses working in mental health and addiction services are role models and incorporate smoking cessation into their daily nursing practice.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action</th>
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<tbody>
<tr>
<td>Increase awareness about smoking cessation among mental health nurses.</td>
<td>Draft and instigate communication strategy&lt;br&gt;Presentation/promotion at key Mental Health nursing events, conferences&lt;br&gt;Present to Directors of Mental Health Nursing&lt;br&gt;Present to Te Ao Māramatanga, NZNO, etc</td>
</tr>
<tr>
<td>Ensure alignment with Mental Health nursing ethos and professional standards</td>
<td>Work nationally with professional groups to ensure smoking cessation is included in national documents&lt;br&gt;Work locally with services to ensure policies, protocols, guidelines and other documentation includes smoking cessation&lt;br&gt;Link in locally at each DHB with the national DHB target work on smoking cessation</td>
</tr>
<tr>
<td>Decreased smoking among mental health nurses</td>
<td>Work with employers and unions to get support for nurses to quit as a health and safety and wellness measure&lt;br&gt;Ensure resources are readily available for nurses who want to Quit&lt;br&gt;Encourage establishment of peer support groups for nurses wanting to Quit</td>
</tr>
<tr>
<td>Encourage research into smoking cessation</td>
<td>Identify if any nurses are working on smoking cessation research in Aotearoa and support that research&lt;br&gt;Identify if any nurses are working on smoking cessation research in other countries and support replication here&lt;br&gt;Work with staff on nursing programmes to support smoking cessation research</td>
</tr>
</tbody>
</table>
### Mental Health Nursing Smoking Cessation Action Plan Continued

**Challenge 2-Education**

Nurses working in mental health and addiction services have knowledge about the harm caused by smoking, the benefits of cessation and the tools used for cessation and are confident to pass this onto consumers and their families.

<table>
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<tr>
<th>Objective</th>
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| Increase numbers of mental health nurses undertaking the on-line ABC course or a face-to-face course | Work with Ministry of Health and national associations to ensure adverts are in all relevant journals etc  
Encourage everyone who does the course to get at least 2 others to do the course.  
Advocate for a mental health and smoking cessation module in the ABC online education |
| Break down barriers, dispel the myth that smoking is helpful to consumers and create a Smokefree culture | Provide the facts to mental health nurses emphasising the health benefits – in different ways e.g., develop a short PowerPoint presentation that can be used in teams, staff meetings etc  
Identify what current resources are available and relevant to the mental health setting and circulate them, advise nurses how to get them  
Encourage uptake of smoking cessation education by all other mental health service workers e.g., non-regulated workforce  
Advocate that smoking cessation is included in all mental health organisational orientation and in-service programmes locally  
Advocate that smoking cessation is included in all Professional Development and Recognition Programmes  
Work locally with undergraduate programmes to get mental health issues and smoking cessation included in the undergraduate course. |
| Make additional more specialist, advanced clinical information available | Develop resources for post-ABC education |
| Non-mental health smoking cessation staff more informed of the mental health setting | In partnership with consumers provide mental health first aid, recovery principles and anti-discrimination training to specialist non-mental health smoking cessation staff |
## Challenge 3- Smoking cessation interventions

Smoking cessation is part of the care plan of every consumer who smokes and continues even when consumers transition to and from other services.

<table>
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<th>Objective</th>
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<tr>
<td>Smoking cessation is an organisation-wide intervention</td>
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<tr>
<td>Partnerships formed with mental health workforce, consumers and family/whānau to support smoking cessation</td>
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<tr>
<td>Work with and support the work of the DHB smoke-free coordinators, community and Aukati Kai Paipa programmes</td>
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<td>Advocate that smoking cessation is on the agenda at every multi-disciplinary team mental health nurse meeting</td>
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<tr>
<td>Advocate that discharge Letters, transfer forms and all documentation going with a consumer when they transition from one service to another refers to smoking status and cessation interventions</td>
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<tr>
<td>Support in-patient smoke-free polices</td>
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<td>Encourage use of processes such as micro-counselling and therapeutic engagement in smoking cessation</td>
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<tr>
<td>Advocate that smoking cessation is discussed at all family/whānau meetings</td>
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<tr>
<td>Mental Health and addiction service users, and their whānau/families are fully informed and encouraged to participate in planning, and evaluating smoke-free initiatives.</td>
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References


Appendix A
Smokefree Nurses Aotearoa/New Zealand

Long term goal
To decrease death and disease caused by smoking in New Zealand

Objectives
To increase quit rates and decrease initiation and relapse among nursing clients and the public.
To increase quit rates and decrease initiation and relapse among nurses and student nurses.

Strategy objectives

<table>
<thead>
<tr>
<th>Work in partnership with nurses and tobacco control advocates</th>
<th>Increase health inequity</th>
<th>Normalise smoking cessation education in nursing</th>
<th>Normalise smoking cessation interventions in nursing practice</th>
<th>Reduce smoking among nurses and nursing students</th>
<th>Support public health tobacco control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities</td>
<td>Create an expert leaders group of representatives from National Nursing Associations</td>
<td>Create a Māori strategy and deliver service</td>
<td>Promote ABC education to student and registered nurses</td>
<td>Create key messages encouraging nurses to deliver smoking cessation interventions</td>
<td>Provide information about smoking cessation services</td>
</tr>
<tr>
<td>Work with the Global Nurses Alliance for Tobacco or Health</td>
<td>Create a Pacific peoples strategy and deliver service</td>
<td>Scope web-based post ABC education for nurses</td>
<td>Support nurses delivering smoking cessation interventions</td>
<td>Campaign to promote nurse smoking cessation activity</td>
<td>Advocate for cessation services in tertiary settings</td>
</tr>
<tr>
<td>Work with nurses in DHBs, PHOs and tertiary institutions</td>
<td>Create a mental health service users strategy and deliver service</td>
<td>Provide web-based education resources for nurse lecturers</td>
<td>Support and conduct research about tobacco control and nurses</td>
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<tr>
<td>Work with smokefree coordinators, Smokefree Coalition, MoH, NGOs</td>
<td>Advocate for embedding smoking cessation education in curricula</td>
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<td>Write submissions supporting smokefree nursing activity at all levels including prescribing</td>
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Reduce smoking among nurses and nursing students

Activities
- Provide information about smoking cessation services
- Advocate for cessation services in tertiary settings

Support public health tobacco control

Activity
- Make submissions supporting tobacco control activity
Kaua e Kai Paipa, Me Waiho
Smokefree Strategy for Mental Health Nurses
Aotearoa/New Zealand
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