

Smokefree brief intervention
in mental health care:
Challenging the myths

Overview



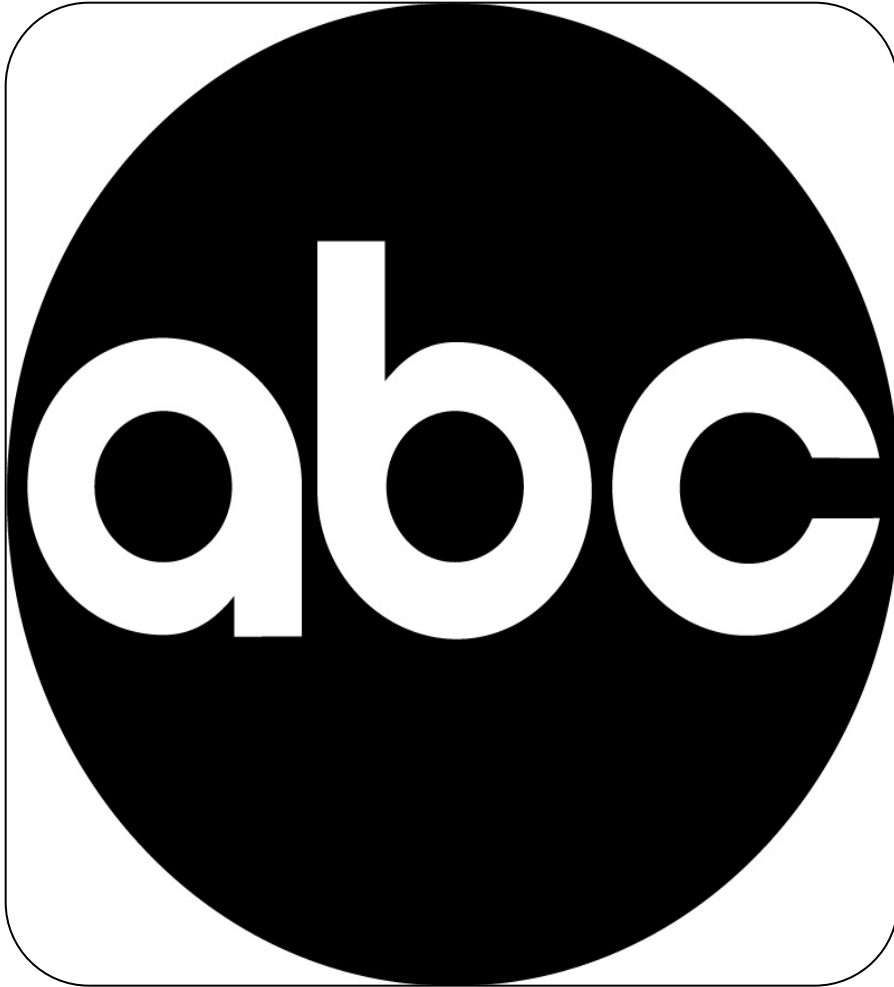
- Principles and practice
- Myths and realities
- Changing the culture

SF Practice in MH&AS: Why?



- Prevalence
- Consumption
- Mortality and morbidity

SF Practice in MH&AS: What?



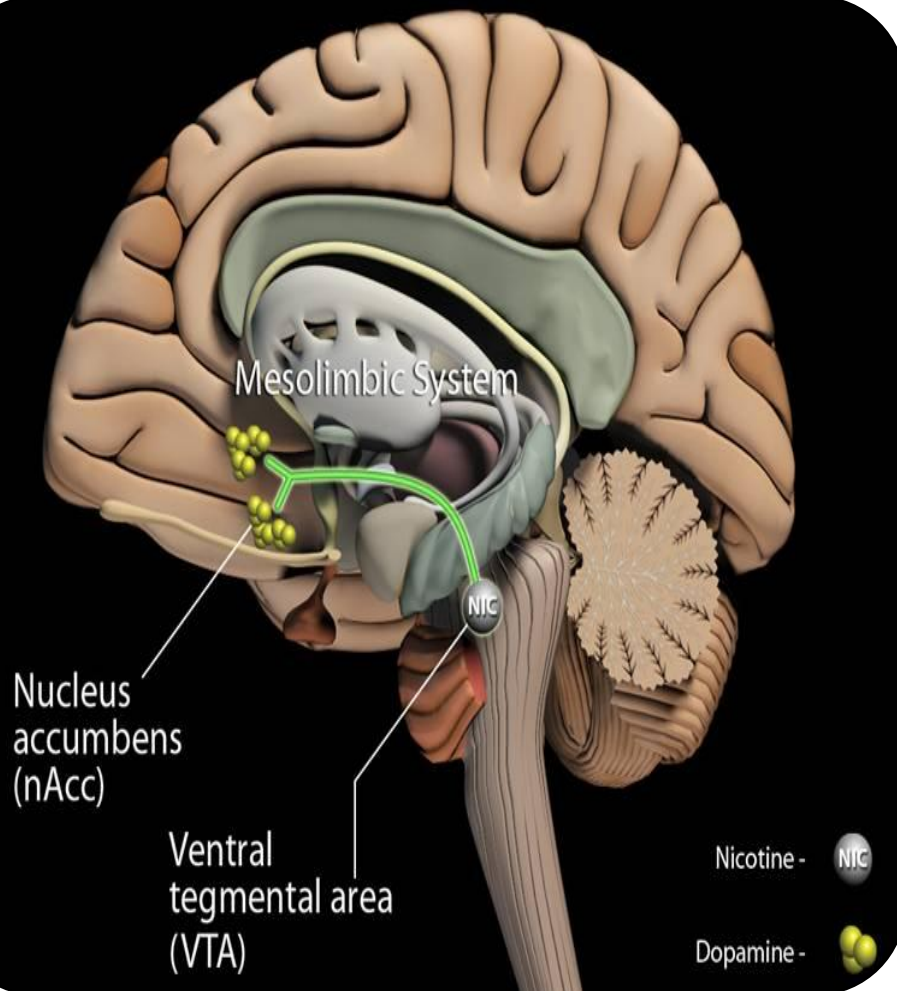
- Brief intervention
- Consistent
- Non-judging
- Installation of hope

SF Practice in MH&AS: Principles?



- Do no harm
- Recognition of lethal chronic relapsing disorder
- Duty of care
- Addressing inequalities
- Normalizing and modelling healthy lifestyles

SF Practice in MH&AS: Myths



“It’s a lifestyle choice...”

Dependence, tolerance, sensitization and cravings

Nicotine dependence: the risks

SF Practice in MH&AS: Myths



“ Crisis is not the time...”

Usually high levels of skilled support available

Healthy coping strategies

Mental distress does not improve with tobacco consumption

Tobacco consumption; self medicating?

SF Practice in MH&AS: Myths



“ They don’t want to give up, it’s their only enjoyment...”

80% of people who aren’t smokefree want to be

Holistic health care?

Underlying; Damage to rapport?

SF Practice in MH&AS: Myths



“ One at a time...”

Alcohol

Cannabis

SF Practice in MH&AS: Myths

IT'S TIME TO
BE
HONEST

WhyQuit.Com



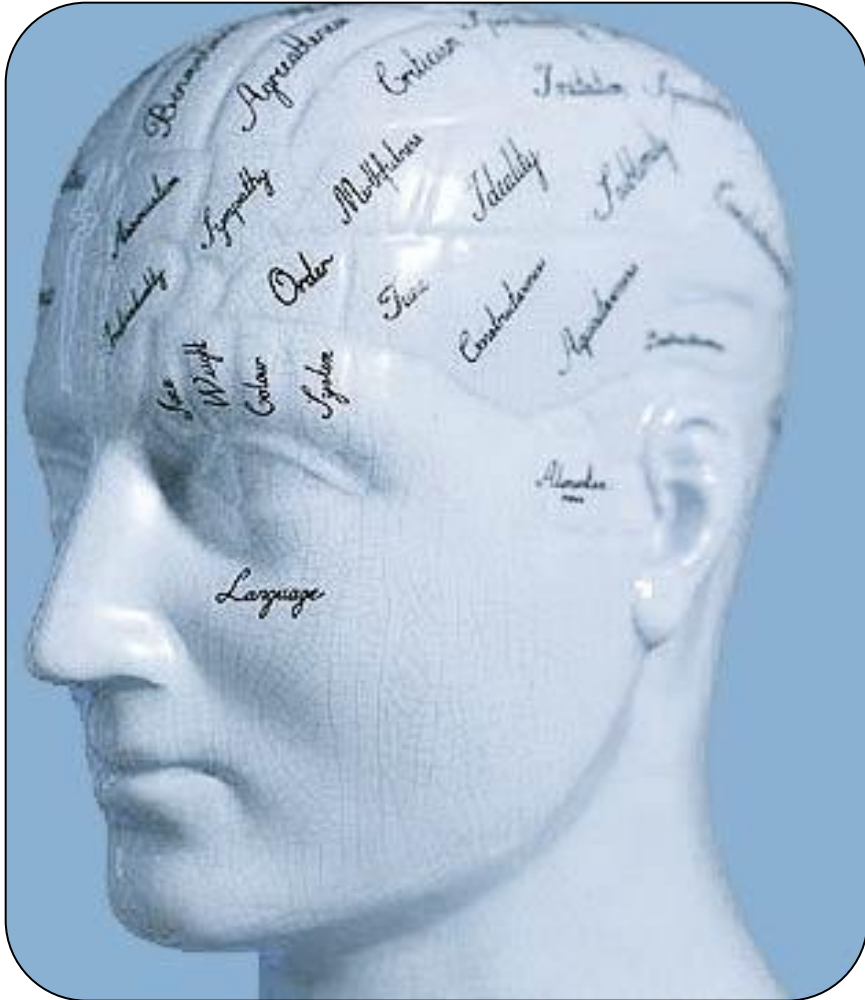
“ It’s the least of people’s worries...”

Physical and mental harm

Socio-economic implications

Tobacco and psychotropics

SF Practice in MH&AS: The skills



Reflection

Boundaries

Motivational

Empowering

Recovery

SF Practice in MH&AS: Future



Time

Consistency

Routine expert care