

# A networking model to enhance tobacco control in hospital mental health settings

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2009



*Tobacco and mental health: Best hospital practice guidelines*

Tobacco Control 2012; 21(6):549-54

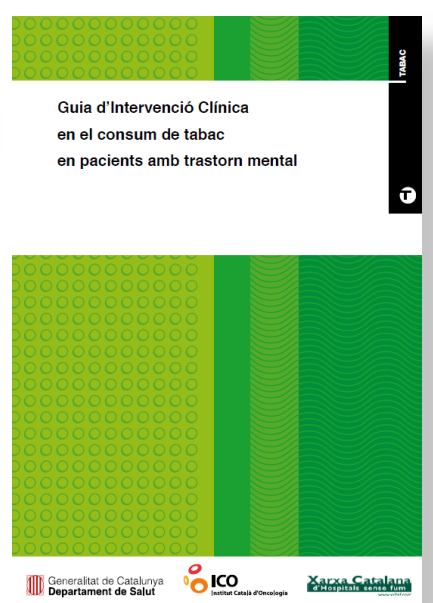
## Smoke-free policies in psychiatric services: identification of unmet needs

Montse Ballbè,<sup>1,2</sup> Gemma Nieva,<sup>3</sup> Sílvia Mondon,<sup>2</sup> Cristina Pinet,<sup>4</sup> Eugeni Bruguera,<sup>3</sup> Esteve Saltó,<sup>5,6</sup> Esteve Fernández,<sup>1,7</sup> Antoni Gual,<sup>2</sup> and the Smoking and Mental Health Group\*

2011

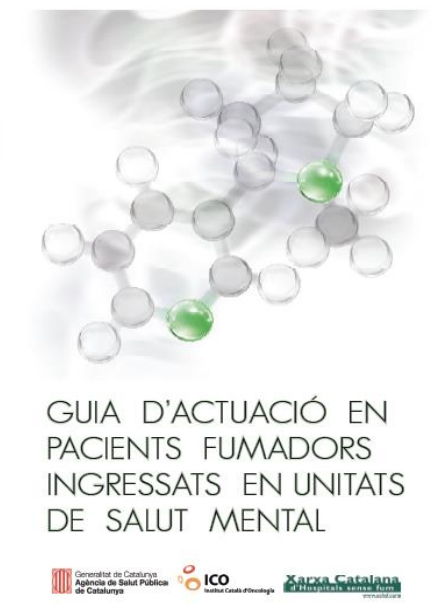
**Smoking Law 42/2010. Smoking is banned in mental health units both indoor and outdoor.**

2012



*Guide to clinical intervention in tobacco use by patients with mental disorders*

2013



*Action guide in patients who smoke admitted to mental health units*

2015

Published in Tobacco Control: Prevalence of second-hand smoke in mental health settings: time to implement total smoke-free bans?

Montse Ballbè,<sup>1,2,3</sup> Xisca Sureda,<sup>1,3,4</sup> Jose M. Martínez-Sánchez,<sup>1,3,4</sup> Esteve Saltó,<sup>1,3,5</sup> Antoni Gual,<sup>1,3,5</sup> and Esteve Fernández,<sup>1,3,5</sup>

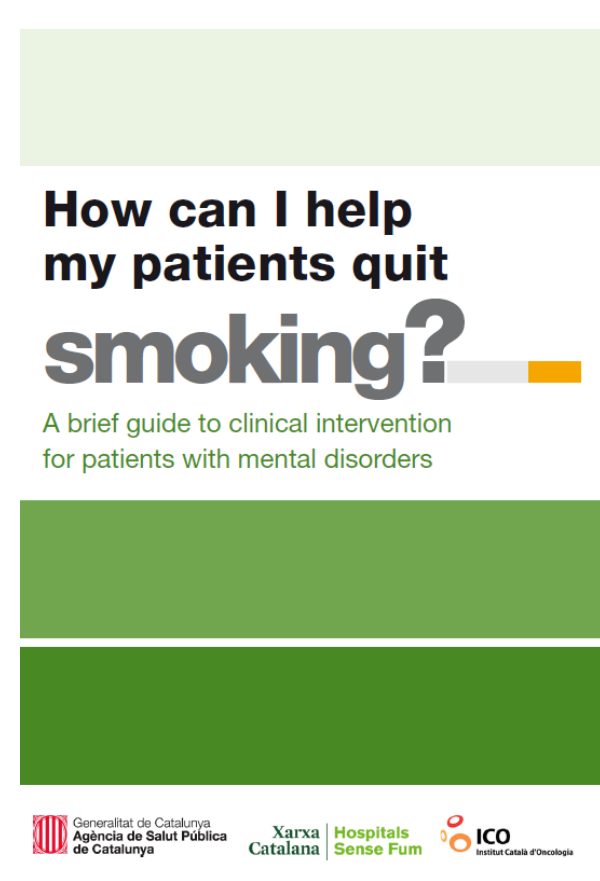
International Journal of Epidemiology 2013; 42(3):886-893

Secondhand smoke in psychiatric units: patient and staff misperceptions

Montse Ballbè,<sup>1,2,3,4,5</sup> Xisca Sureda,<sup>1,3,5</sup> Jose M. Martínez-Sánchez,<sup>1,3,4</sup> Marcela Fu,<sup>1,3,5</sup> Esteve Saltó,<sup>1,3,4</sup> Antoni Gual,<sup>1,3,4</sup> Esteve Fernández,<sup>1,2,3,5</sup>

Tobacco Control; 2015; 24(e3):e2012-20

2016



*A brief guide to clinical intervention for patients with mental disorders*

Gac Sanit. 2016;30(5):389-392

Special article

Deconstructing myths, building alliances: a networking model to enhance tobacco control in hospital mental health settings

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2018



*Psychoeducational materials for groups of patients*



Up to 75% of patients admitted in mental health wards are smokers.



Their life expectancy may decrease by up to 25 years.

**However, smoking has usually been neglected in mental health care settings.**

**The objective** of this work is to describe a strategy to improve tobacco control in hospital mental healthcare services of Catalonia.



## Methods

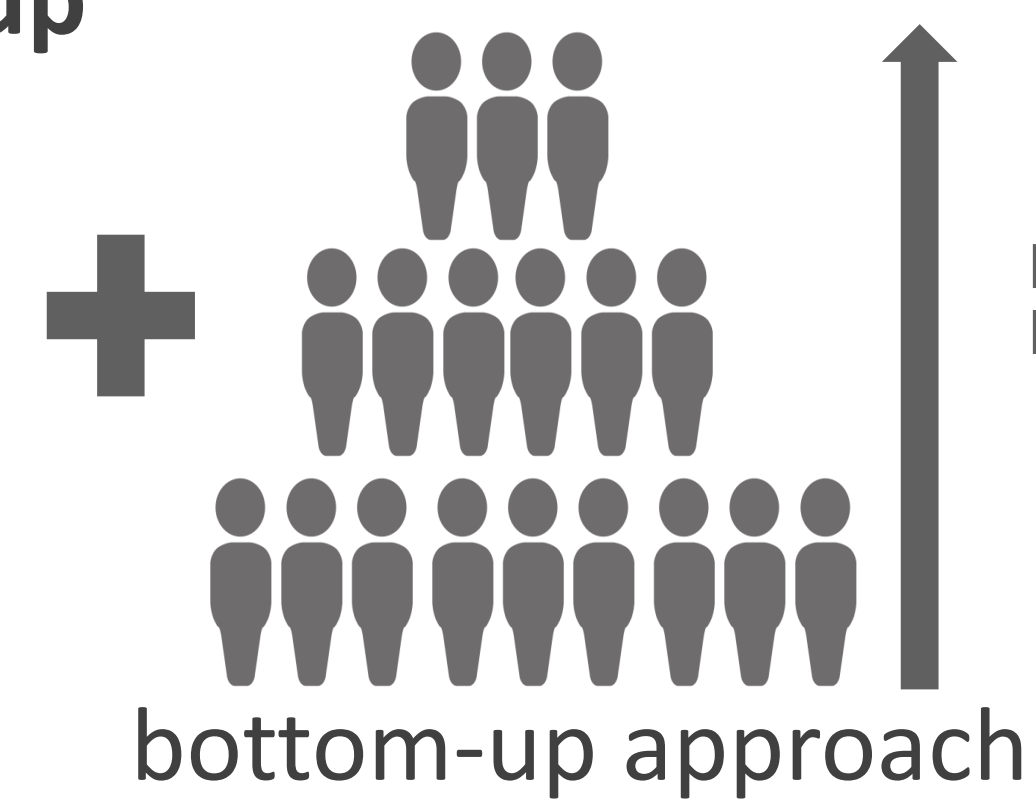
**2007: The Catalan Network of Smoke-free Hospitals launched a nationwide strategy in Catalonia.**

Based on Rogers' Theory of the Diffusion of Innovations.

### Creation of a working group

- the early adopters -

- Supported by the Catalan Ministry of Health
- Intended to influence the entire country of Catalonia (7.6 million inhabitants).



- To analyze the situation
- Decide priorities
- Joint decision making
- Joint actions
- Dissemination of results

## Results

**A working group of 30 professionals** from 20 institutions has been created:

- 13 psychologists
- 10 psychiatrists
- 7 nurses

*The group comprises 70.8% (n=17) of all Catalan hospitals with acute mental health inpatient units (n=24).*

**Tobacco control has improved in different areas through various strategies such as:**

### Training professionals

- Training on smoking cessation interventions (face to face / on-line / training the trainers programme).
- Producing and disseminating materials and guides.

### Programmes

- Programmes for post-discharge smoking cessation treatment with free medication (PDT-sm)

### Total smoke-free bans

- Advising for the Law 42/2010
- Air quality measurements in all Catalan mental health wards (n=67) to evaluate second-hand-smoke.

### Communication

- Organizing seminars every 2 years
- Sharing experiences between hospitals
- Scientific articles
- Communications in congresses

## Conclusions

- This initiative has improved tobacco control in these settings, however, some areas of tobacco control within mental health services still require significant development.
- This new scenario could enhance the quality of life and reduce morbidity and mortality of mental health patients.

Declaration of competing interest: All authors declare that no conflicts of interests exist.

This study has been supported by the Directorate of Public Health, Ministry of Health from the Government of Catalonia (grant number GFH 20051); the Ministry of Educational Research 2017SGR399 and by the Instituto de Salud Carlos III, Subdirección General de Evaluación, Government of Spain (INT16/00211 and INT17/00103).

