

# 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

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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, Peer-reviewed Journal of the International Epidemiological Association

**Second-hand smoke in mental healthcare 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</sup> Esteve Saltó,<sup>1,3</sup> Antoni Gual,<sup>1,3</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>1,3,6</sup> Marcela Fu,<sup>1,3,5</sup> Esteve Saltó,<sup>1,3,8</sup> Antoni Gual,<sup>1,3</sup> Esteve Fernández,<sup>1,2,3,5</sup>

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

2016

**How can I help my patients quit smoking?**

*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

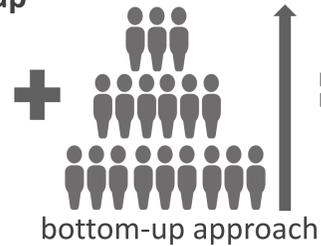
**2007: The Catalan Network of Smoke-free Hospitals launched a nationwide strategy in Catalonia.**

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.

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