

Statewide program helps mental health consumers quit tobacco, improve wellness

September 23 2011, By Tom Hughes

Individuals living with severe and persistent mental illness are among the people most likely to smoke, with tobacco-related diseases a main cause of death for people living with severe and persistent mental illness. Yet, few services exist to help those wanting to quit smoking through the mental health system.

UNC researchers tested the implementation and impact of a model curriculum (“Learning About Healthy Living”) to promote wellness and motivation to quit [tobacco](#) use in psychosocial rehabilitation clubhouses. Results published in the September issue of [BMC Public Health](#) show that the curriculum, using support groups to motivate and share skills in clubhouses, helped clubhouse members cut down on tobacco use as well as advanced smoke-free policy change in the clubhouses. Further, the curriculum proved feasible to implement and, according to clubhouse staff, generated momentum for other healthful policies and practices (e.g., walking groups, sponsored YMCA memberships, tobacco-free areas).

“The results of this evaluation are really encouraging given that tobacco use among those with serious mental health issues is so difficult to treat,” said Dr. Adam Goldstein, professor of family medicine and director of the UNC Tobacco Prevention and Evaluation Program, “this research has national potential for use in addressing tobacco among people living with mental illness.”

Through interviews with staff and surveys of 271 clients at nine

clubhouses across North Carolina, researchers with UNC's Tobacco Prevention and Evaluation Program examined the effectiveness of this model wellness curriculum, implemented by the North Carolina Evidence-Based Practices Center at Southern Regional AHEC. John Bigger, program director at the center, said, "We focused this project on positive sides of sharing strategies, strengths, and successes, -- important contributing factors in the curriculum's national potential."

Results also showed that technical assistance proved critical to the success of the intervention. "This project demonstrates the positive impact of university engagement with traditionally underserved and often neglected populations in our health system," said Joseph Lee, project manager, at the UNC School of Medicine's Tobacco Prevention and Evaluation Program.

Despite the successes, the evaluation showed substantial barriers still existed for the promotion of medications that could assist clubhouse members with tobacco cessation. For instance, staff reported barriers due to complicated and limited insurance coverage of nicotine replacement therapy for smoking cessation.

The North Carolina Health & Wellness Trust Fund (HWTF) provided seed funding for the program and evaluation. The North Carolina Evidence Based Practices Center modified the curriculum, originally developed at the University of Medicine and Dentistry of New Jersey, to allow for broader dissemination and testing of outcomes in real world settings.

"This research shows that a structured group approach to promoting healthful living and tobacco cessation can be an important tool in addressing the high tobacco use prevalence among people living with serious [mental illness](#). Revision, dissemination, and a randomized controlled trial evaluation of the model curriculum should now occur,"

said Dr. Goldstein.

Provided by University of North Carolina at Chapel Hill School of
Medicine

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