Friends who are former smokers are key to helping people with serious mental illness quit

August 23 2018

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People with serious mental illness (SMI) have a reduced life expectancy of up to 25 years compared to the general population. Smoking is one of

the primary reasons for this disparity. An estimated 53 percent of adults with SMI, including schizophrenia, schizoaffective disorder, bipolar disorder, and major depression, smoke cigarettes, whereas, only 18 percent of adults in the general population smoke. While studies have shown that most smokers with SMI want to quit, they are less likely to do so—or to take advantage of available smoking cessation treatments. In order to better understand why quit rates were so low among this group, researchers from Dartmouth College and Harvard Medical School explored how social networks (defined as social interactions and personal relationships) influenced smoking outcomes among people with SMI who participated in smoking cessation programs.

The researchers asked 41 people with serious mental illness, who participated in smoking cessation treatment in community mental health centers throughout New Hampshire, to identify their social contacts and their relationships, including whom they spent the most time with during a typical week. They were also asked to name up to five people who have said or done anything to influence their smoking in the past year. In total, each person named up 10 friends, family members, roommates, romantic partners, coworkers or others who they spent the most time with and/or who had influenced their efforts to quit smoking. They then were asked to give information on the type and strength of the relationship; whether and how often they had smoked cigarettes with the contact in the past 12 months; if the contact was a current, former or never smoker; and if the contact had ever helped them quit or gotten in the way of them quitting. They also were asked whether they thought the contact would approve of them using cessation counseling or medications to quit smoking.

Among their findings from a study published in the July 17th issue of *Translational Behavioral Medicine*:

- Study participants had an average age of 47; 49% were female;

42% had a psychiatric diagnosis of bipolar disorder; 32% had a diagnosis of major depressive disorder; 26% had a diagnosis of schizophrenia or schizoaffective disorder.

- Forty-four percent of the 243 contacts identified in the social network interviews were family members, with 12% identified as parents; friends comprised 45% of social networks—with coworkers, neighbors, peers at the mental health center, and members of a shared social group comprising the rest of the network.
- Participants reported contacts' smoking status as 52% current smokers; 30% never smokers; and 18% former smokers.
- Sixty-three percent of participants had smoked with a contact at least once per month during the past year.
- Fifty-seven percent of contacts had helped a participant quit smoking within the past year, whereas 14% of contacts hindered a participants' efforts to quit smoking.
- According to participant reporting, 90% of contacts approved of them using counseling to quit smoking, while 75% approved of using medications to quit.

The researchers say the strongest result they found was the association between contacts' smoking status and study participants' smoking status—having contacts who were former smokers decreased the odds that participant was still a smoker following cessation treatment. They also found that having a highly connected friend group was associated with decreased odd that the participant was still smoking post-treatment. The researchers noted that having former smokers in one's network may be a valuable resource for quitting, particularly for vulnerable groups where there is a high prevalence and acceptability of smoking. They also suggested that future cessation treatments could teach smokers with SMI effective skills for seeking support for quitting from people in their social networks.

"The clustering of health behaviors and outcomes, such smoking and obesity, in social networks is well-documented," says lead author and Assistant Professor at The Dartmouth Institute for Health Policy and Clinical Practice Kelly Aschbrenner. "As researchers and behavioral health specialists, it's important we investigate these social networks and their impact on our health, so we can design better public health programs and policies, particularly for vulnerable or disadvantaged groups like people with serious mental illness."

More information: Kelly A Aschbrenner et al, Egocentric social networks and smoking among adults with serious mental illness, *Translational Behavioral Medicine* (2018). DOI: 10.1093/tbm/ibx014

Provided by The Dartmouth Institute for Health Policy & Clinical Practice