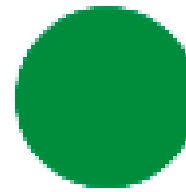




*22nd International Conference on Health
Promoting Hospitals and Health Services
25th April 2014 Barcelona*



International Network of
HHealth
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Smoking in mental health settings: overcoming resistance from patients and health professionals

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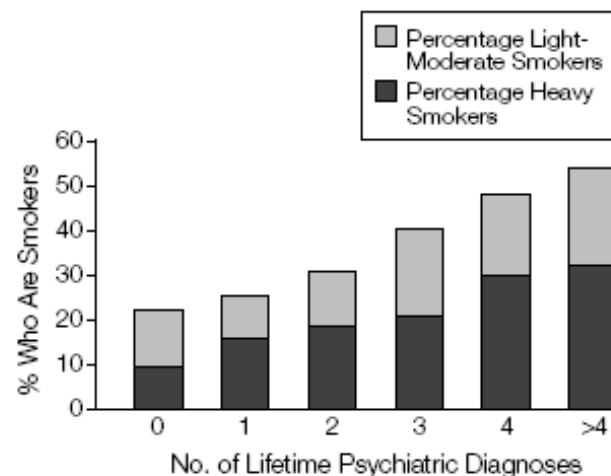
Smoking in people with mental illnesses

Higher prevalence than general population
higher nicotine dependence,
lower cessation rates.

Yet, as **motivated to quit** as general population, unfortunately, smoking interventions are seldom offered.

Smoke-free policies are being extended worldwide
... but psychiatric inpatients units are usually exempted.

Figure. Smoking Rates Compared According to the Number of Lifetime Diagnoses and the Proportion of Heavy Smokers



Mantel-Haenszel χ^2 , $P < .001$. Heavy smokers are defined as those whose peak consumption exceeded 24 cigarettes a day and moderate and light smokers as those whose peak consumption was 24 or less cigarettes a day.

Lasser et al., 2000

2007: the *Catalan Network of Smoke-free Hospitals* promoted the creation of a working group

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26 professionals
17 hospitals



The strategy of the working group

- Recruiting key professionals as **early adopters** in the Roger's change model
- Designed as a **bottom-up** strategy
- The working group received the **support** of the Government of Catalonia to effectively implement and disseminate the activities developed by **consensus** by the group

First: evaluate baseline situation

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

Montse Ballbè,^{1,2} Gemma Nieva,³ Sílvia Mondon,² Cristina Pinet,⁴ Eugeni Bruguera,³
Esteve Saltó,^{5,6} Esteve Fernández,^{1,7} Antoni Gual,² and the Smoking and Mental
Health Group*

n=186 managers 24 items questionnaire

Smoking intervention is offered to patients **41.0%**

Smoking pharmacotherapy is available **34.1%**

Follow-up at discharge is provided **48.9%**

Staff has enough knowledge on smoking interventions **52.7%**

There is indoor smoking areas **38.9%**

Second-hand smoke in mental healthcare settings: time to implement total smoke-free bans?

Montse Ballbè,^{1,2,3,4} Xisca Sureda,^{2,3,5} Jose M Martínez-Sánchez,^{1,3,5} Esteve Saltó,^{3,6,7} Antoni Gual⁴ and Esteve Fernández^{1,2,3,5*}

PM2.5 (µg/m³) depending on the type of smoking ban

	Indoor & outdoor ban	Indoor ban	Indoor smoking rooms	No smoking ban	p
Total (n) Geometric mean Maximum value	20 8.81 17.16	91 13.80 190.06	39 24.29 151.32	35 51.00 1293.24	p<0.001† p<0.001‡
Living room Geometric mean Maximum value	9.32 16.64	12.35 116.48	29.08 85.28	93.59 1293.24	p<0.001† p<0.001‡
Main corridor Geometric mean Maximum value	9.34 17.16	14.81 102.44	24.28 151.32	48.15 645.32	p<0.001† p=0.012‡
Staff's room Geometric mean Maximum value	7.70 15.60	14.50 190.06	20.03 111.80	29.29 190.06	p=0.003† p=0.020‡

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**Second: set principles of
good practice**

2009

Promote awareness-raising activities

Sharing experiences within hospitals

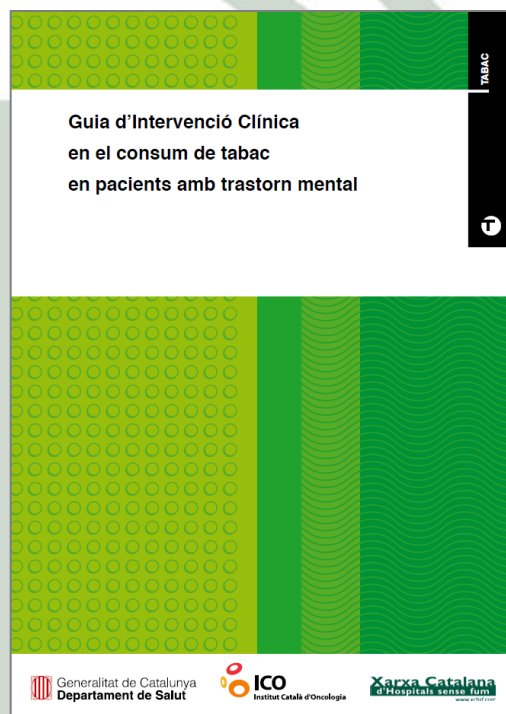
Participating in congresses

Organizing conferences

...

Improve staff's knowledge on smoking interventions

Training sessions in hospitals and in the Catalan Network's headquarters



2012



2013

Final ideas

- Current law has helped to implement changes
- The working group has promoted an improvement of tobacco control strategies in the Catalan hospitals
- New challenge: to assure a follow-up on smoking cessation after discharge (PDT-sm Programme)



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Thank you

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