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Implementing a Stop Smoking Service Who Should be Involved?

Partnership Working

As health professionals we operate not in isolation but within a complex network of other professionals, services and organizations. No more is this true than within the mental healthcare system, with its complex web of nurses, medics, psychologists, occupational therapists and social workers (to name but a few). Therefore, in supporting mental health patients' quit attempts, we must be fully aware of what other care or treatment is currently being provided.

The Golden Rule

Whether a stop smoking service is to operate trust-wide or in just one mental health service, in the community or in a residential setting, or in a mental health or primary care context, there is one 'golden rule' to adhere to. That is, smoking cessation support should be incorporated into the rest of a service users' care. In particular, if a service user has a care coordinator, then that person should be informed and involved in the quit attempt.

Not attending to this will, at best, lead to opportunities being lost for the reinforcement of smoking cessation support by other professionals working with the patient. Staff at the patient's community mental health team, day centre, general practice surgery or place of residence are likely to have regular contact with the patient and, as such, can provide invaluable support for a patient quitting smoking if they are brought on side. This support can range from prescribing pharmacological supplements through to simply supporting the patient through a severe craving that may be being experienced while they are present.

At worst, poor partnership working may result in smoking cessation support 'colliding' with other treatment in a way that is detrimental to the patient's well being. An obvious example is if a patient is taking a medication that will be metabolized differently on cessation of smoking (see Section 4.2). If the prescribing clinician is unaware that the patient has quit smoking (and please let's not depend on the patient to inform them) he or she may not be in position to appropriately monitor, interpret and act upon any side effects that result.

Establishing a 'Steering Group'

Like any healthcare intervention, a smoking cessation service aimed at mental health patients will only be as good as those involved in its implementation and delivery. Therefore, it is important that, from the outset, the right people are identified and brought together to make things happen. These people should form a 'steering group' that can meet on occasion to review the service.

Whether a stop smoking service is to apply to a single mental healthcare unit, or a whole mental health trust, it will require a coordinator. This should be someone who is willing and able to devote time to the service, drawing people and resources together, and generally ensuring things happen. This person may be a staff member from the mental health trust, or from the local NHS Stop Smoking Service. What is more important than their professional background, is the time and effort they are able to invest in making the service succeed.

Also critical to the success of a service will be the identification of a service 'Champion'. This person should operate (preferably within the mental health trust) at a senior level. They should be able to influence the allocation of financial and human resources, preferably at board level, as well as be able to offer advice on the operation of the service.

The other people one may consider bringing on board will be determined by what the service is trying to achieve and how far its 'catchment area' spreads. In all cases, however, one should try to ensure that all 'perspectives' on the service are covered and represented. For example, there can be great value in involving a service user representative, who may be able to offer a view on how the service should operate that simply won't come up if only professionals are referred to. In addition, it will be important to ensure that both medical and nursing staff are represented, as opinions on how services should operate can often differ significantly between these professional groups.

Stop Smoking Services

In addition to the above professionals, unless one is seeking to 're-invent the wheel', the local NHS Stop Smoking Service (usually run by the Primary Care Trust) should be brought on board (if indeed, they are not already coordinating the service). Stop Smoking Service staff have a wide experience in smoking cessation treatments and will be able to advise and offer training in new developments in the area. They are also experts on health promotion issues, and will be able to provide not only promotional resources, but advise on how key messages are best put across.

One issue to bear in mind is that it's relatively unusual for one mental health trust to map directly on to one primary care trust. Rather, in many cases, a mental health trust will serve a geographical area covered by two, three or even more primary care trusts. The implication of this is that, in setting up a smoking cessation service for mental health service users, representatives from several different NHS stop smoking services will need to be brought on board and work in close collaboration. This really shouldn't be a problem as long as certain discussions take place very early on in the process.

For example, while NHS stop-smoking services tend to operate according to nationally agreed guidelines; there will inevitably be subtle differences in the working methods of neighboring services. These differences may emerge in relation to staff training, intervention delivery or assessment procedures. It is important that these differences are identified early on and that sufficient consistency is achieved when the services begin to operate across the mental health trust.

NHS Stop Smoking Services must ensure that they liaise effectively with mental healthcare providers when a smoker with mental health problems approaches them. At first contact, the Service can follow a simple 'AIMS' procedure as outlined below:

Ask:

Ask all clients requesting stop smoking support about any past or current mental health problems. If appropriate, ask about mental health service use (support or medication).

Inform:

Inform the professional leading on the client's care mental healthcare of the intended quit attempt. This may be a care-coordinator, psychiatrist or general practitioner.

Medication:

Ensure that mental healthcare providers are aware that smoking may effect medication metabolism and request that this issue be addressed through tests and/or monitoring.

Support:

Consider tailoring the stop smoking support programme to the needs of the individual (eg – with additional telephone support or advice on mood management).