Implementing A Brief Intervention for Smoking Cessation in an Inpatient Psychiatric Facility

Date: July 10, 2024
Time: 9:00 AM
Place: Seton Hall

Abstract

Problem: Smoking is a leading cause of various preventable diseases, and those who experience mental illness smoke cigarettes at a higher rate than the general population. Brief intervention is a type counseling that has proven successful in encouraging smokers to quit. The “5 A’s” is a type of brief intervention which stands for: Ask, Advise, Assess, Assist, Arrange. Addressing the smoking epidemic among individuals with mental illness is not only essential for improving their overall well-being, but also for reducing health disparities and enhancing the effectiveness of existing mental health interventions.

Methods: The approach to this project was a quality improvement initiative. Specifically, the design of this study was descriptive and survey based. Participants were selected from a convenience sample of adult patients hospitalized on an inpatient psychiatric unit. The flowsheet collected information regarding participants’: interest in quitting smoking, self-reported rating of their readiness to quit, interest in receiving pharmacologic and non-pharmacologic cessation tools, and receipt of follow-up information.

Results: The number of self-identified smokers that received the full 5 A’s brief counseling intervention was 15 (n = 15), comprising 44.1% of all patients who reported smoking cigarettes (n = 34). Mean readiness to quit ratings were similar for each psychiatric diagnosis. Furthermore, findings suggest that diagnosis and 5 A’s receipt could be independent of one another.

Implications for Practice: Patients on the inpatient psychiatric unit should be offered opportunities to receive education and support regarding smoking cessation. Smoking cessation initiatives may be equally beneficial to psychiatric patients regardless of diagnosis.

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