



# “Doctor, I am a smoker. Can we talk?” Prompting psychiatrists to engage in a conversation about smoking cessation among people with severe mental illness

Farah Zaidi, MD; Melanie Thomas, MD, MS; Hung Ming Chu, MD; John Herbert, MD; Sneha Modi, BS; James Dilley, MD; Christina Mangurian, MD, MAS



## Background

- According to the CDC, adults with mental illness or substance use disorders consume almost 40% of all cigarettes smoked by adults in the United States.
- People with severe mental illness (SMI) are twice as likely to be smokers than the general population.
- Smoking contributes to decreased life expectancy, which is 20-25 years less for those with SMI compared to others.
- Psychiatrists face multiple barriers in addressing smoking cessation in patients with SMI, including time constraints, low confidence in knowing how to address smoking cessation, and misperception regarding patients’ interest in quitting

## Objectives

- To implement and evaluate an innovative smoking cessation tool in a community mental health clinic, “South County Mental Health Clinic (SCMHC)” in Redwood City, California to engage psychiatrists in addressing smoking cessation.
- To determine how many patients smoke and what proportion of smokers are interested in quitting.
- To assess psychiatrists’ experience of using this simple, patient-initiated tool.

## Methods and Materials

- The pilot study was conducted in the first quarter of 2017.
- English and Spanish speaking patients registering for an appointment with a psychiatrist at SCMHC. Patients were given a simple 2-item questionnaire by administrative staff. (see Figure 1).
- Patients completed the form in the waiting room and brought the questionnaire to their psychiatrist who reviewed the patient response and entered intervention information.
- Questionnaires were collected, de-identified, and entered into a secure system.
- At the end of the initial implementation phase, we conducted a focus group with psychiatrists to assess their experience with this patient-initiated process.

Table 1. SCMHC Patient Characteristics

Demographics	% of patients (N= 842)
GENDER	
Male	54 (456)
Female	46 (386)
RACE/ETHNICITY	
White	53 (449)
Black	8 (67)
Asian	7 (55)
Native American	2 (17)
Pacific Islander	2 (14)
Other or Unknown	41 (347)
Hispanic or Latino	24 (200)
AGE	
18-50	77 (647)
51-89	23 (195)
PRIMARY DIAGNOSIS	
Mood Disorder	31 (261)
Schizophrenia / Psychosis	37 (311)
Anxiety Disorder	8 (67)
Miscellaneous or Deferred	24 (203)

Figure 1. Questionnaire for Patients and Interventions for Psychiatrists

**Client/ Cliente**

☐ Do you smoke cigarettes? / ¿Fumas?

☐ Yes / *Si*

☐ No / *No*

☐ Are you interested in quitting? / ¿Está interesado en dejar de fumar?

☐ Yes / *Si*

☐ No / *No*

☐ Maybe / *Tal Vez*

**Physicians' intervention**

☐ Educational handout

☐ Counseling

☐ Offered NRT:

☐ Nicotine Patch: ☐ 7mg /d  
☐ 14mg /d  
☐ 21mg/ d

☐ Chantix: ☐ 0.5 mg PO Daily  
☐ 0.5 mg PO BID  
☐ 1 mg PO BID

☐ Zyban: ☐ 100 mg PO Daily  
☐ 100 mg PO BID  
☐ 150 mg PO Daily  
☐ 150 mg PO BID

☐ Referral to Total Wellness's smoking cessation group

☐ None

Figure 2. Type of Intervention offered by psychiatrists to patients who smoke

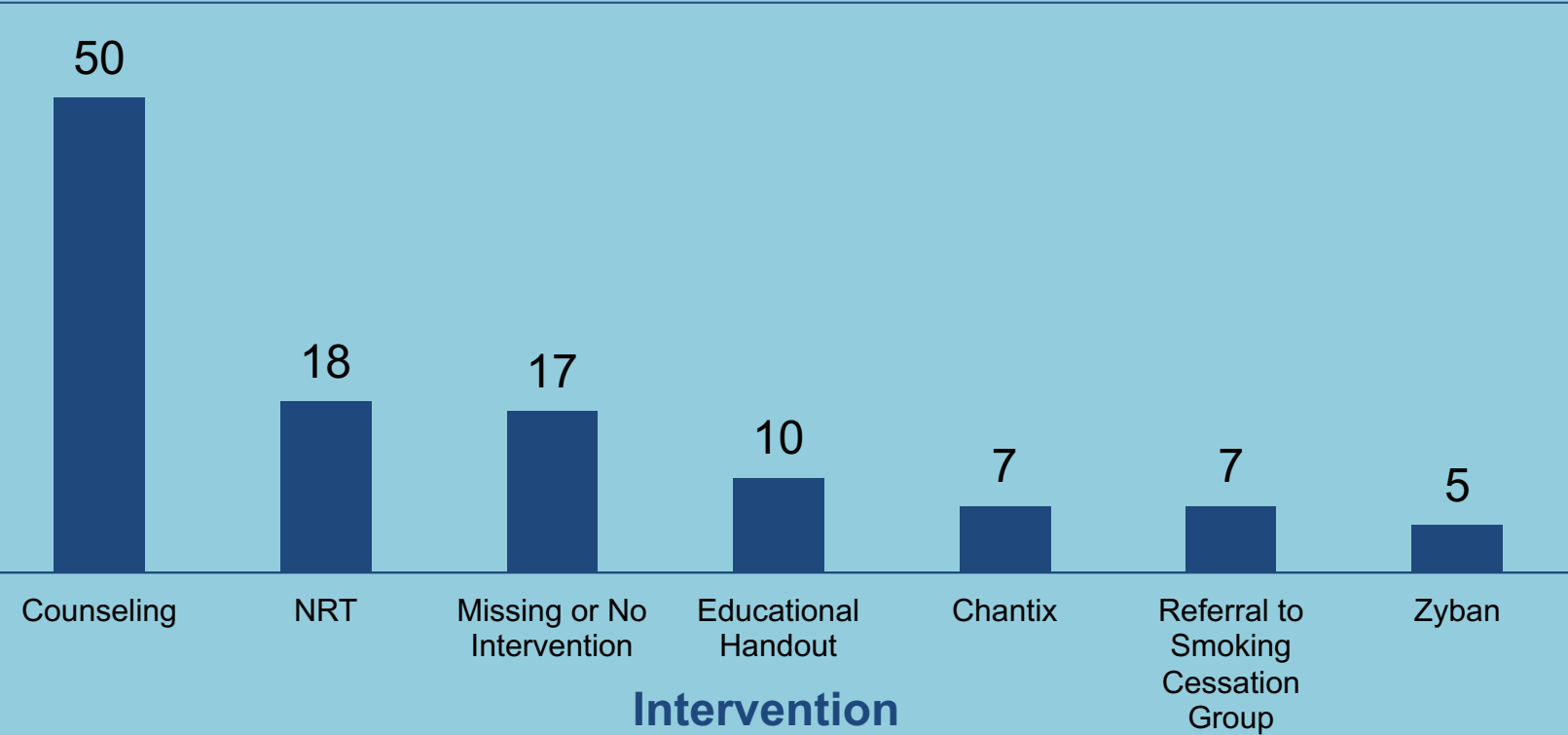
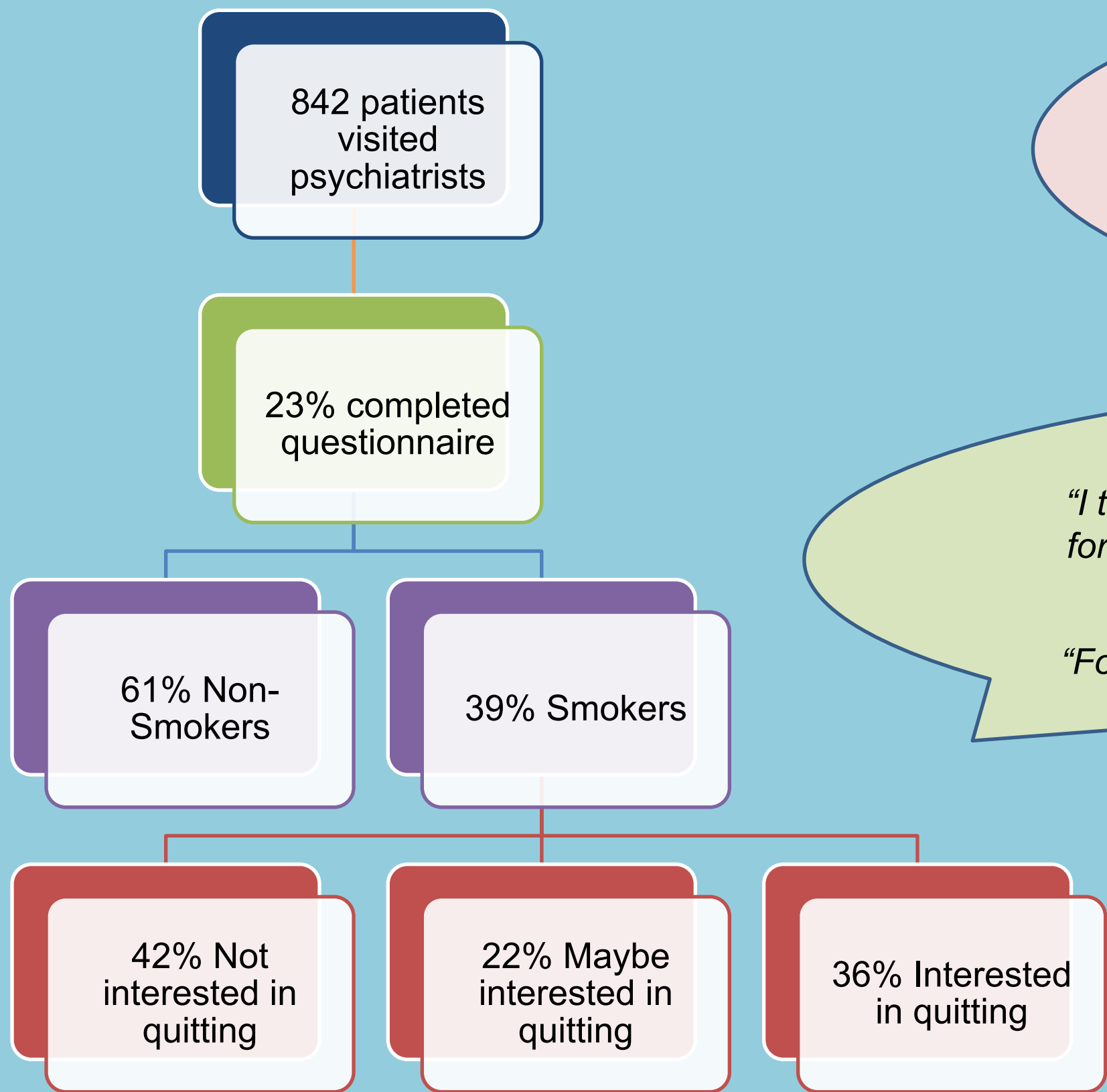


Figure 3. Project flow chart



## Results

- During our three month study period, a total of 842 patients were seen at the clinic by nine different psychiatrists.
- Only 23% (194) of the total patient population completed the the 2-item questionnaire, indicating some difficulty in the feasibility of implementing this protocol.
- Of the 194 patients that completed the questionnaire, 39% (76) indicated they were smokers.
- Of the patients who self-identified as smokers, a majority (58%) indicated they were maybe or definitely interested in quitting.
- Psychiatrists were more likely to offer counseling than any of the other intervention modalities (see Figure 2).
- Qualitative feedback from psychiatrists about the intervention was somewhat mixed, but overall positive.

## Discussion and Future Directions

- Our results are consistent with previous findings that many patients who smoke are interested in quitting and that the psychiatrist visit may be an important missed opportunity for smoking cessation intervention.
- Attending psychiatrists expressed primarily positive views, including enthusiasm for the patient-initiated aspect of the process; trainees were more likely to emphasize barriers such as time constraints, the burden of additional documentation and lack of training.
- Implementing innovative changes in patient care within community mental health settings may be limited by lack of resources and staff.
- Future directions include formal training of psychiatrists and systemic policy changes to better address smoking cessation needs of patients with SMI.

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**Was this tool helpful?**

*“There were some people I forgot who smoked, because they didn’t reek of tobacco or their fingers weren’t yellow...it was like, ‘oh that’s right, you’re a smoker.’ I caught some people that I don’t normally harass about that.”*

**What was the biggest barrier in using this tool?**

*“I think that the front desk being responsible for handing out the forms was a barrier, because they just get too busy, and it does not happen.”*

*“For me, a barrier was that I feel like I have so much paperwork, so it was like another document to do.”*

**What could be more helpful in the future?**

*“If they changed the EMR simultaneously to putting a policy in place and having some training for all the doctors, all of a sudden it would be something that would be pretty easy and kind of built-in to our practice.”*