



Entry Cover Sheet

Excellence in Innovation

Our Transform and Sustain strategy will over time transform the Hawke’s Bay health system. Transforming our health system requires us to think and work differently, to innovate and continuously improve.

	Entrants must complete all sections below:
<p>Title of entry Maximum of 70 characters Be specific eg “Improving health literacy of obese patients”. Title length must not exceed 70 characters.</p>	<p>Six Smokefree Best Practice Principles: National Guidance for Mental Health & Addiction Services</p>
<p>Synopsis of entry Maximum of 150 words A brief paragraph providing an overview of your entry. Synopsis must not exceed 150 words.</p>	<p>The aim of this Ministry of Health Smokefree 2025 Innovation funded project was to develop tailored national Smokefree Guidance for the mental health and addiction (MH&A) sector. Targeting MH&A services is important because tobacco dependence treatment remains a low priority despite a high smoking prevalence among service users and staff.</p> <p>Due to a strong historical culture that tolerated and encouraged tobacco use, the outcome of this project is a Smokefree culture change programme that has been informed by extensive national workforce engagement, a demonstration phase working group, a national reference group and expert peer review.</p> <p>A framework defined by six Smokefree principles and new tools that support practice changes underpin the delivery of sustainable Smokefree best practice across the MH&A sector. The Guidance Document has been endorsed by key MH&A stakeholders.</p>

<p>Name of organisation/s Is entry submitted on behalf of one or a number of organisations? It is very important that you describe who is involved in this entry. This information is used in promotional materials, acknowledgements and inscribed onto awards, plaques and certificates.</p>	<p>Hawke's Bay District Health Board (HBDHB), Healthy Populations Group, Smokefree Team.</p>
<p>Contact person Name of person/s who can be contacted in regards to this entry.</p>	<p>Kim Williams Smokefree Mental Health Project Manager Smokefree Team Population Health Group</p>
<p>Email of contact person/s.</p>	<p>kim.williams@hbdhb.govt.nz</p>
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Excellence in Innovation

Our Transform and Sustain strategy will over time transform the Hawke's Bay health system. Transforming our health system requires us to think and work differently, to innovate and continuously improve.

<p>Your organisation</p>	<p>The HBDHB provides public health services to 155,000 people resident in the wider Hawke's Bay region. Our health sector vision is for "Healthy Hawke's Bay Te Hauora o Te Mātau ā Maui - Excellent health services working in partnership to improve the health and wellbeing of our people and to reduce health inequities within our community.</p> <p>Our Smokefree Team is part of the HBDHB Healthy Population Group. The Smokefree Team is recognised regionally, nationally and internationally for its strong smokefree leadership. The Team is supported by a range of key people who have an extensive range of evidence-based skills and knowledge in the following areas: project management; change management; smoking cessation expertise; ABC smokefree practice; education and training; evaluation and research; strategic and operational skills; coaching and mentoring.</p>
<p>Excellence in Innovation</p>	<p>Transformational culture change Six Smokefree Best Practice Principles: Guidance for Mental Health & Addiction Services The HBDHB Smokefree Team was successful in gaining funding for the project "National Mental Health Services Smokefree Guidelines Development - Shifting the Culture". The purpose of this Ministry of Health fund is to invest in innovative efforts to reduce the harm and wider costs of smoking in our most vulnerable population groups and therefore make meaningful progress towards a Smokefree New Zealand by 2025.</p> <p>Why target Mental Health and Addiction Service (MH&AS) users? We know that smoking prevalence among MH&AS users is more than twice that of the general population¹ and smoking rates among MH&AS staff are much higher than in other areas of the</p>

¹Lawrence, D., Mitrou, F and Zubrick, S.A. (2009). Smoking and mental illness: results from population surveys in Australia and the United States. *BMC Public Health* 9:285.

health workforce². Yet, despite smoking related harm accounting for much of the reduced life expectancy of people with serious mental health disorders³ treatment of tobacco dependence remains a low priority⁴. These high smoking rates and poor health outcomes stem from a strong historical culture of acceptance and tolerance of tobacco use across the mental health and addiction sector⁵(the sector). These views and practices persist despite growing evidence that people with experience of mental health disorders *do* want to be smokefree⁶ and stopping smoking may improve mental health and addiction treatment outcomes⁷.

Improved MH&AS user experience – Implementing Smokefree Culture Change

The project manager led a national stakeholder engagement phase to explore the current barriers to providing MH&AS users equitable, consistent stop-smoking support. Six DHBs agreed to take part: Counties Manukau; Taranaki; Tairāwhiti; Invercargill; Dunedin; and Hawke's Bay. A wide range of DHB and NGO MH&AS staff across varied settings (Inpatient, Forensic, Acute Intervention Teams, and Community MH&AS Teams) agreed to participate in focus groups and key informant interviews. 150 staff from a variety of clinical, managerial and advocacy roles (psychiatrists, RNs, Clinical Nurse Directors, Consumer Advisors, and Family Advisors) contributed to the key findings.

In response to the engagement phase findings six key principles were developed to underpin an all-of-service approach:

1. All settings will have mandated Smokefree environment policies clearly outlining the organisation's Smokefree expectations for service users, staff, whānau and visitors.
2. All staff (including those in management & leadership roles) will be mandated to receive & attend Smokefree training that is both generic and tailored for the MH&AS context; attendance will be monitored.
3. All service users' tobacco use is routinely assessed as part of their full mental health & wellbeing assessment.
4. All service users are provided with a shared smokefree support plan defined as *documented Smokefree intervention demonstrating how the staff member has supported the service user to manage nicotine withdrawal in Smokefree settings and/or long term support to become Smokefree & communicated this plan to the service user's support network and stop-smoking service provider in the case of a stop-smoking attempt.*
5. All staff will role-model Smokefree behaviour at all times & the organisation will have a range of measures in place to support compliance.
6. All services will demonstrate how they support their staff to become Smokefree.

² Edwards, R., Bowler, T., Atkinson, J., and Wilson, N. (2008). Low and declining cigarette smoking rates among doctors and nurses: 2006 New Zealand Census data. *New Zealand Medical Journal* 121 (1284): 43-51.

³ Colton, C. and Manderscheid, R. (2006). Congruencies in increased mortality rates, years of potential life lost, and causes of death among public mental health clients in eight states. *Preventing Chronic Illness*, 3 1-14.

⁴ Nordin Olivier, D., Dan, I., and Fraser, R. (2007). Tobacco smoking within psychiatric inpatient settings: a biopsychosocial perspective. *Australian and New Zealand Journal of Psychiatry* 2007; 41:572-580.

⁵ Royal College of Physicians Nordin, A.S.A., Sellman, J.D., and Adamson, S.J. (2015). The Role of Psychiatrists in Tobacco Dependence Treatment. *ASEAN Journal of Psychiatry*, Vol. 16 (1). January – June.

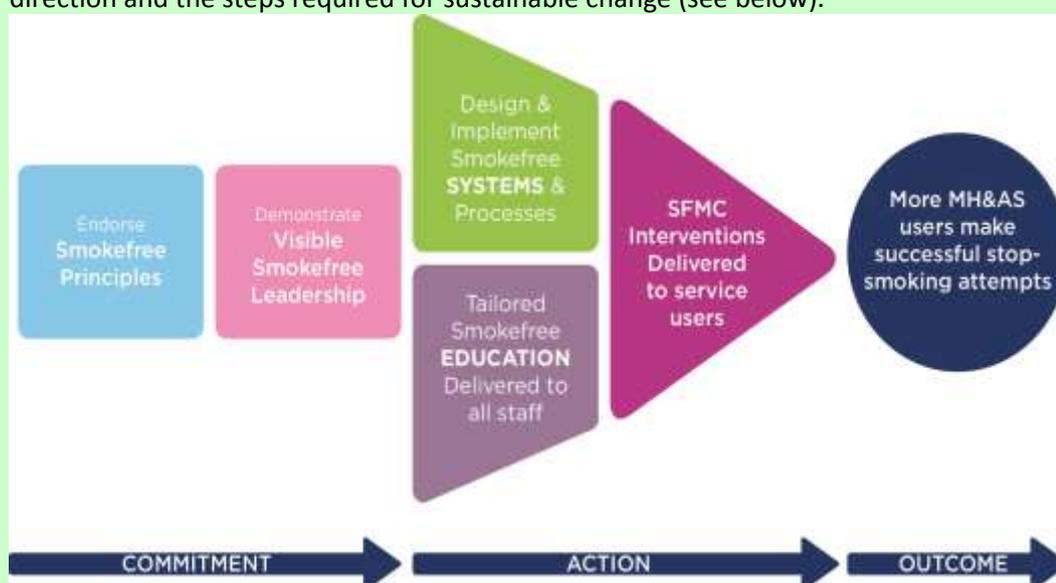
⁶ Siru, R., Hulse, G.K., Tait, R.J. (2009). Assessing motivation to quit smoking in people with mental illness: a review. *Addiction*. 104, 719-733.

⁷ Prochaska, J.J. (2013). Failure to treat tobacco use in mental health and addiction settings: A form of harm reduction? *Drug & Alcohol Dependence*, Vol 110, Issue 3, 177-182.

The need to embed these principles using a whole-of-support-network approach, significantly informed the decision to site the Hawke’s Bay demonstration phase across 16 DHB and NGO services. Representatives from each of these services participated in the Project Working Group tasked with developing the programme’s components and supporting their implementation. The aim of this new evidenced-based best practice framework is to enable the delivery of effective, sustainable smokefree support for service users *and* staff.

Improved MH&AS outcomes – Embedding a Smokefree Best Practice Framework

This new culture change programme will support smokefree attitudinal change across the sector in order to deliver consistent smokefree best practice defined by the six smokefree principles. The programme aims to change the way organisations think and behave by: challenging staff perceptions and attitudes that create inconsistent behaviour; engendering buy-in to organisational best practice principles; supporting visible leadership with the understanding that maintaining these principles is everyone’s responsibility; and providing systems and processes to support practice changes. The **model** on page one of the Smokefree Guidance Document represents the direction and the steps required for sustainable change (see below).



Managers and Team Leaders will find suggestions on how to embed this smokefree work within everyday practice throughout the document.

Please open the drop box link (see Appendices) to view the EBook version of the **Six Smokefree Best Practice Principles: Guidance for MH&AS** document.

Feedback from national mental health managers/directors, smokefree coordinators and endorsers has been very positive to date; comments range from:

- “An excellent resource that totally surpassed expectations” – Canterbury DHB.
- “We plan on making this Guidance a foundation document within regional MH&AS plans” – Waitamata DHB.
- “...concise and well condensed; we have formed a regional MH&AS Smokefree meeting and added this Guidance Document to the agenda” – Auckland DHB
- “I have a core group in mind to get around the table and form the working group” – Waikato DHB.
- “Congratulations on creating such a comprehensive, well presented document for our sector” – National DHB Family/Whanau Advisors.

- “I love this guideline and I am happy to say that the College will endorse it” – Clinical Nurse Director/President NZ College of MH Nurses.
- “I am very happy to endorse in my University NAC role” – National Addiction Centre.
- “...we need a meeting to discuss reporting against the new smokefree KPIs” – HBDHB.

Benefits and results

Due to the nature of transformational culture change the expected benefits of this innovation project are largely long term. However, interim benefits such as bringing 16 Hawke’s Bay DHB and NGO services together to develop the programme and gaining buy-in at the most senior levels locally and nationally, are strong indicators that the process of systemic smokefree culture change across the sector has begun. This is further supported by strong endorsement from these key national stakeholders:

- Mental Health Foundation of New Zealand
- National Addiction Centre
- DANA (Drug & Alcohol Nurses Australasia)
- Te Ao Maramatanga NZ College of Mental Health Nurses
- National Family/Whanau Advisors Association
- Te Pou/Matua Raki
- National MHS Consumer Association

Based on the six best practice principles the following HBDHB processes and systems were developed and implemented:

1. New Smokefree Best Practice Checklist – demonstrates to what extent each service provides evidence-based Smokefree best practice as defined by the six Smokefree principles. Regular revisiting of this checklist ensures sustainable practice and the Guidance Document content supports managers and team leaders to make the changes required.
2. New Smokefree education tailored for the MH&AS sector – two online training modules have been developed with the aim of changing organisational behaviour to ensure all staff understand that supporting service users to be Smokefree within everyday practice is both important and possible:
 - Module 1 is designed for all staff working within a MH&AS – from staff whose primary work involves face-to-face contact with service users, to administration staff and management whose primary roles are often behind the scenes, though none-the-less important.
 - Module 2 is designed for all staff who have face-to-face contact with service users and therefore best placed to deliver the Smokefree Motivational Conversation (SFMC) Interventions.
 - Modules are supported by role-play DVDs.
 - The training has been transferred to a new format and national access is being provided by our HBDHB Learning and Development services; DHBs continue to request access.
3. Team Competition
 - The MHS Management Team and the Smokefree Team sponsored team prizes to the first registered MH&AS Teams to complete the online training; all 16 services competed.
 - This fostered a team approach lead by 16 managers/team leaders (DHB and NGO) who demonstrated visible smokefree commitment by completing the online training first; in total 67% of the MH&AS workforce successfully completed it within the six week timeframe. All new staff will be mandated to complete it during orientation and existing staff will have regular refreshers.



Central Health/Te Poutama Tautoko – competition winner



Glenns Pharmacy – competition winner

4. New Smokefree Motivational Conversation (SFMC) Interventions

- All service users currently smoking to have an *initial* SFMC (timeframe to be set)
- All service users who accepted Smokefree support to have the SFMC follow-up intervention within 14 days and a mandatory review SFMC at 3 months.
- All service users who declined Smokefree support to have a 3 month mandatory review SFMC – documented within their 'My Well 1 Plan' (revised/standardised Recovery Plan).
- Templates accessed via the CTR Tool.

5. Smokefree Conversation Framework for Team Leaders to Staff

- Provides Leadership with an empathetic, non-judgemental conversational framework; to be provided and documented at staff 1.1s as appropriate.

6. New Smokefree codes (3) in ECA to record Smokefree encounters

- Reporting functions will generate 3 monthly mandatory review dates to appear in clinical caseloads.

	<p>7. <u>New Smokefree KPIs for MH&AS</u></p> <ul style="list-style-type: none">• Currently being developed by Allison Stevenson and David Warrington and IT services.
Future plans	<ol style="list-style-type: none">1. A proposal has been sent to John Crawshaw (Mental Health Director at the Ministry of Health) to consider a 6 month robust face-to-face national roll out of this culture change programme in order to share the Hawke's Bay demonstration and implementation phase experience.2. A business case has been prepared for EMT to consider funding a .5 dedicated Smokefree MH&AS work stream for 12 months. This role is to support MH&AS Leadership Teams to embed the 6 Smokefree Principles as best practice and continue to develop Smokefree Pathways.3. This project has identified that further support to embed Smokefree culture change should be prioritised at the Manger/Team Leader level. <p>Appendix One EBook link – scroll down to next page.</p>

Smokefree Guidance Document EBook link:

https://dl.dropboxusercontent.com/u/67467039/eBooks/HBDHB_Smokefree_eBook/Smokefree_Guidelines.html

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