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## **Mental Health Inpatient Hospitalization and Smoking Cessation**

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# Mental Health Inpatient Hospitalization and Smoking Cessation



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## Purpose

Forty- four percent of cigarettes purchased, are by persons with serious mental illness. This population dies approximately twenty- five years earlier than the general population. In 1993, American hospitals were mandated to become smoke-free. At that time, psychiatric facilities requested variances amid concerns that their patients may present adverse behaviors due to nicotine withdrawal. Within the last five years, smoking bans have become more prevalent, resulting in many psychiatric facilities adhering to a no smoking policy. The Owatonna Mental Health Unit at the Owatonna hospital currently has a variance to allow smoking breaks for their mentally ill inpatients.

## Research Questions

Are there adverse effects or negative behaviors among mentally ill inpatients when there is a smoking ban in psychiatric institutions?

What are best practices for good outcomes for smoking cessation for mentally ill smokers?

## Methodology

A research of literature was completed using the library services through the Minnesota State University of Mankato. Topics were searched were smoking cessation, mental illness, psychiatric facilities and best practices for smoking cessation, through the Academic Search Premier database. A systematic review of the information was conducted on relevance to the key research questions.

## Literature Review

Smoking is disproportionately higher for smokers with mental illness than the general population. After many psychiatric hospitals implemented no smoking policies, it was discovered that Nicotine Replacement Therapy (NRT) worked well for this population. Nicotine Replacement Therapy reduces withdrawal symptoms in patients in psychiatric facilities and increases their chances to quit permanently (Schiffman, Brokwell, Piltter, & Gitchell, 2008).

Additionally, continued therapy is necessary for this population to achieve complete smoking cessation. Nicotine Replacement Therapy has been widely used in successful programming while in the hospital setting. However, after discharge additional support in the community is needed for those with severe mental illness to achieve best results (Lawn, 2008).

Population-based treatment is required specifically for smokers who have mental health problems and wish to quit. Population-based treatment focuses on one specific group of people and can include group therapy or behavior therapy. This treatment is proven to work for the mentally ill population and needs to take place in order for them to be successful in quitting smoking (Lawrence, 2011).

Tobacco Cessation programs should be comprehensive, including both Nicotine Replacement Therapy and Behavioral Therapy. Group Therapy or Behavior Therapy in combination with Nicotine Replacement Therapy has shown more success in complete cessation of cigarette use in people with severe mental illness (Jones, & Jones, 2008).

## Conclusions

The literature suggests the mentally ill population who smoke require more specific treatment for smoking cessation. Current research shows that Nicotine Replacement Therapy in combination with group therapy works well for this population with no adverse behaviors. A summary of Literature recommendations for psychiatric facilities includes the following:

- A consistent smoking cessation program needs to be in place
- Involvement of the patients' medical providers
- Offer each smoking patient Nicotine Replacement Therapy
- Provide educational information on benefits of not smoking
- Offer group therapy for continued smoking cessation

## Implications for Practice

This research focuses on a diverse group of people: mentally ill inpatients that wish to quit smoking. In order for this specific population to succeed at smoking cessation, a comprehensive program needs to be implemented. It is important for advanced general social workers to advocate for the best practices for this population to ensure success.

## References

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