

## **Evidence Based Nursing – Commissioned Commentary**

**Author’s declarative title:** Delivering telephone-based health promotion to patients with mental health disorders can be challenging.

**Commentary on:** Rosa N, Feliu A, Ballbè M, Alaustre L, Vilalta E, Torres N, Nieva G, Pla M, Pinet C, Raich A, Mondon S, Barrio P, Andreu M, Suelves JM, Vilaplana J, Enríquez M, Castellano Y, Guydish J, Fernández E, Martínez C. Quitline nurses' experiences in providing telephone-based smoking cessation help to mental health patients: A mixed methods study. *Journal of Psychiatric and Mental Health Nursing*, 2024. <https://doi.org/10.1111/jpm.13012>

### **Commentary:**

#### **Implications for practice and research**

- Training nurses and other health professionals to provide evidence-based smoking cessation interventions to individuals with mental health conditions can increase their knowledge and motivation to help these patients quit smoking.
- However, delivering smoking cessation to individuals with mental health conditions by telephone presents unique challenges, particularly for non-mental health specialized professionals.

### **Context**

Quitlines can help people to quit smoking, including people with mental health conditions - a population in which smoking prevalence is high<sup>1</sup>. Training is needed to equip healthcare professionals with the knowledge and skills to provide smoking cessation to people with mental health conditions, particularly for those who are non-specialized in mental health. In the QUIT-MENTAL study conducted in Spain, Rosa and colleagues<sup>2</sup> evaluated the efficacy of a proactive telephone-based intervention for smoking cessation among smokers with severe mental health disorders. They considered the outcomes of the training in terms of changing healthcare professionals’ knowledge and readiness for delivering smoking cessation and explored any facilitators or barriers to delivery of the intervention.

### **Methods**

The study was a preliminary investigation using mixed methods. It included a pre-post questionnaire and in-depth interviews. The training itself was delivered over two days and details are reported elsewhere<sup>3</sup>. Of 15 healthcare professionals who took part in the training (including 8 nurses), 12 completed a 15-item questionnaire before and after, to assess any changes in knowledge, self-efficacy, motivation, and barriers to smoking cessation delivery. A year after the training, in-depth online interviews were conducted with two of the nurse training participants, who held roles as coordinators of the telephone intervention team. The purpose of the interviews was to explore any practical outcomes and impact of the training in ‘real-world’ practice.

### **Findings**

The pre-questionnaire showed that many of the training participants had received training on smoking cessation previously, but valued the acquisition of new knowledge, particularly relating to delivery of intervention with people who have mental health conditions. The training was positively evaluated and was perceived to meet participants’ needs. There were some positive changes identified, including an increase in the number of participants that were ‘ready’ to help people with mental health conditions quit smoking, and the number of

participants reporting that they had the knowledge about psychological strategies and resources required. However, the qualitative data revealed many challenges to implementing this knowledge in practice.

## Commentary

The concept of providing training to non-mental health specialists on how to deliver smoking cessation to people with mental health conditions is valuable. Since the global prevalence of mental ill-health is high<sup>4</sup>, a large proportion of individuals with mental health conditions smoke, and call Quitline for smoking cessation support<sup>5</sup>. However, while participants in the training reported that some aspects of their knowledge had increased about how to deliver smoking cessation to people with mental health conditions, their perceptions relating to how effective this intervention would be decreased after training. Nurses who were non-specialized in mental health identified many barriers to reaching people with mental health conditions by telephone, building rapport and maintaining conversations, and following up. They perceived themselves to be further hampered by a lack of knowledge about mental illness as non-specialists. This led to them doubting the feasibility of Quitline for reaching this vulnerable population. This evaluation is based on a very small sample in a single region. However, it seems that future research should consider ways to reduce these barriers, or reach people with mental ill-health through alternative routes.

## References

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## Competing interests

None to declare.