

SNANZ

Long term goal & objectives

- To decrease the incidence over the long term of illness and death caused by tobacco smoking.
- To increase quit rates and decrease initiation and relapse among clients of health services and the public.
- To increase quit rates and decrease initiation and relapse among nurses and student nurses thereby improving physical, emotional and mental well health.

Strategic objectives

- Partnership with nurses.
- Increase health equity.
- **Create MH strategy.**
- Normalise smoking cessation in nursing education and practice settings.
- Reduce smoking among nurses.
- Support public health tobacco control.

Mental Health Strategy

RATIONALE

Premature deaths attributable to tobacco smoking are the largest single source of preventable deaths in Aotearoa/New Zealand.

Tobacco use has traditionally been part of the culture of mental health services.

Mental health service users smoke tobacco at a much higher rate than the general population.

Significantly more mental health nurses smoke tobacco than their non-mental health nursing colleagues.

Smoking cessation interventions are successful for mental health service users and help them experience significant health benefits.

Kaua e kai paipa, me waiho

Three Leading Challenges

MENTAL HEALTH NURSING LEADERSHIP

Nurses working in mental health and addiction services are role models and incorporate smoking cessation into their daily practice.

EDUCATION

Nurses in mental health and addiction have knowledge about the harm caused by tobacco smoking, the benefits of cessation and the tools used for cessation, and are confident to pass this onto consumers and their whānau.

CESSATION

Smoking cessation must be part of the care plan of every consumer who smokes tobacco and continues when consumers transition to and from other services.

Activities

MH ACTION PLAN OBJECTIVES

Increase awareness about smoking cessation among mental health nurses.

Ensure alignment with Mental Health nursing ethos and professional standards.

Decrease smoking among mental health nurses.

Encourage research into smoking cessation.

Increase numbers of mental health nurses undertaking the on-line ABC course or a face-to-face course.

Break down barriers, dispel the myth that smoking is helpful to consumers and create smoke-free culture.

Make more specialist, advanced clinical information available.

Non-mental health smoking cessation staff more informed of the mental health setting.

Smoking cessation is an organisation-wide intervention.

Partnerships formed with mental health workforce, consumers and family/whānau to support smoking cessation.

Smokefree Nurses Aotearoa/New Zealand Mental Health Strategy



SMOKEFREE NURSES
AOTEAROA / NEW ZEALAND

This strategy outlines how mental health nurses plan to work with Smokefree Nurses Aotearoa/New Zealand (SNANZ) to encourage and support mental health nurses to quit smoking and to provide every service user and their whanau with support and encouragement to quit.

The aims of this strategy are to increase smoking cessation interventions by mental health and addiction nurses and to decrease the incidence of tobacco smoking within the profession and by service users and so improve their overall wellness and wellbeing.

Evidence shows that slightly more than one in five New Zealanders are current smokers¹. For nursing, the overall prevalence is less at a little under 15%². However, smoking is not consistent across all socio-demographic groups. Maori and Pacific populations in particular have smoking rates much higher than the general population. Similarly, people with mental health issues are more likely to smoke tobacco and so are more vulnerable to smoking related diseases.

Users of specialist mental health services have much higher rates of tobacco smoking with some international figures reporting prevalence of upward of 60 to 70 per cent among this population group³. Te Rau Hinengaro, New Zealand mental health survey found current national rates of smoking for non-institutionalised users of mental health services at 32%⁴.

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¹ Ministry of Health 2009; ² Wong et al., 2007, Edwards et al., 2008; ³ Ashton, 2006; ⁴ Oakley Brown et al., 2006