

**Hume-Border Dual Diagnosis Symposium
for Mental Health-Alcohol & Other Drug workers**

*Tackling Tobacco
in Mental Health & AOD Settings*

Evaluation Report



Contents

About the Symposium	3
Rationale for Tobacco-MH-AOD theme	4
Program	5
Strategies to build cross sector relationships	6
Media coverage	7
Attendance by agency & sector	9
Outcomes - Participant Feedback & Commitments	11
Next steps	20
Acknowledgements	22
Appendices	
Certificate of attendance	23
Handouts	24
Key websites & resources	26

About the Symposium

Event:

Hume-Border Dual Diagnosis Symposium
for Mental Health-Alcohol & Other Drug workers
Tackling Tobacco in Mental Health & AOD Settings

Event held:

9 am–3.00 pm, Thursday, 15th February 2018
The [George Kerferd Hotel](#), Beechworth

Target audience:

Hume-Border mental health (Clinical & MHCSS) and alcohol & other drug workers

Principal sponsor:

Ovens Murray Area, East Division
[Department of Health and Human Services](#)



Auspecting services:



[Albury Wodonga Health](#)
North East Border Mental
Health



[Gateway Health](#)
Alcohol & Other Drug
Services



[Mind Australia](#)
Northern Regional Vic

Organised by:

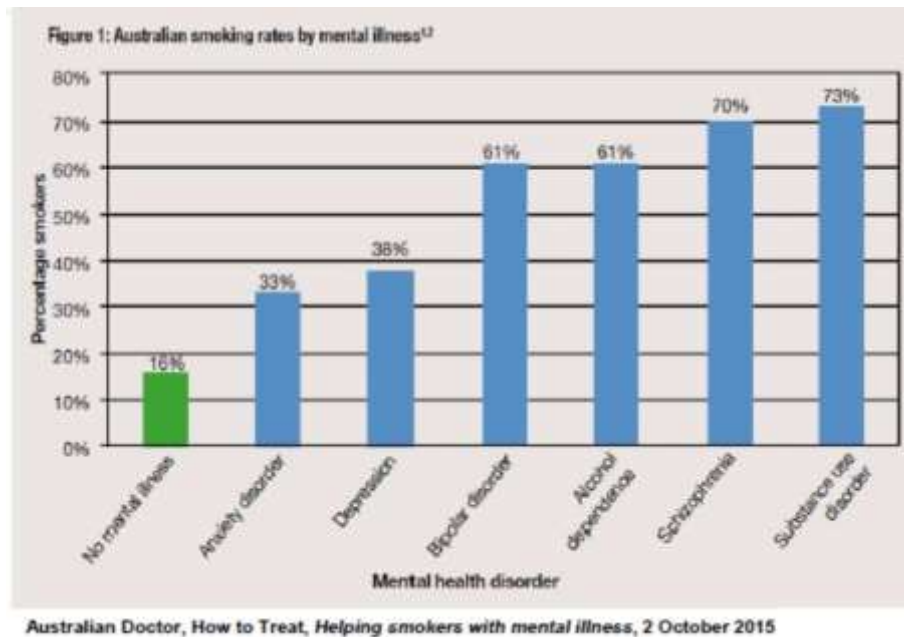
Hume-Border Dual Diagnosis Collaborative (HBDDC) is a cross-sector (Alcohol & Other Drug, Clinical Mental Health and Mental Health Community Support) group of AOD-Mental Health workers interested in improved outcomes for people experiencing co-occurring mental health-substance use issues (dual diagnosis). HBDDC organises cross-sector professional development events, both for the value of the learnings involved and also as a strategy to contribute to navigable treatment pathways, for people whose needs transcend traditional service system boundaries, through building formal and informal contacts between mental health and AOD workers.

Organising Committee:

- Charlotte Byrne
- Peter Humby
- Gigi Simpson
- Gary Croton
- Gateway Health AOD
- NEBMHS, AWH
- Mind Australia- Northern Regional Vic
- VDDI -NEBMHS, AWH

Rationale for 'Tackling Tobacco in Mental Health & AOD Settings' theme

- There are **disproportionally high smoking rates in people experiencing mental health and substance use disorders**
- **Smoking is the most significant contributor to poor physical health in people with mental illness** (Australian men with mental illness live 16 years less and women live 12 years less)



- People with mental illness or a lived experience of mental illness are **more likely to die from smoking-related diseases than as a result of their mental illness**
- Denormalisation of smoking in the general population means smokers are increasingly experiencing social **stigma**
- A cigarette addiction **is expensive** (\$,000s per annum) – ‘every disability support pension payment is predominantly spent on cigarettes’ report from mental health service staff
- People living with mental illness **do want to stop smoking and do attempt to quit** but often will not benefit from the latest evidence based practices

Program

Hume-Border Dual Diagnosis Summer Symposium

for AOD and Mental Health workers and General Practitioners.

Tackling Tobacco in Mental Health & AOD Settings

Twitter: [#HumeSmoking](#)

9 am–3.00 pm, Thursday, 15th February 2018

The [George Kerferd Hotel](#), Beechworth

PROGRAM

9.00	Registrations & networking	
9.20	Charlotte Byrne <i>Gateway Health</i>	Acknowledgment of Country Welcome
9.30	Neil Duggan <i>Dept. of Health and Human Services</i>	Reducing harm from smoking in vulnerable Hume populations
9.45	Emma Dean <i>Smokefree Lead Pharmacist Alfred Health</i>	Practical aspects of Pharmacotherapy for smoking cessation
11.00	Morning tea & networking	
11.15	Anthony Lunney <i>Tobacco Treatment Specialist Nurse Psychiatric Services Bendigo Health</i>	One size does not fit all ...
11.45	Jan Lang & Dr Christie Rodda <i>Murray PHN</i>	Mental Health & AOD HealthPathways
12.00	Klara Glaw <i>Occupational Therapist Albury Wodonga Health</i>	A breath of fresh air: switching cigarettes to sensory strategies
12.30	Lunch & networking	
13.30	Dr Cathy Segan & Filly Potter <i>Quit Victoria</i>	Smoking in Mental Health & AOD Services. 3-Step brief intervention model.
14.30	Charlotte Byrne	Summation
15.00	End	



Health
and Human
Services



Strategies to build cross-sector relationships

Impetus for the training day came from Hume-Border Dual Diagnosis Collaboratives recognition of the prevalence (*expectation not the exception*), harms and potentials for better outcomes associated with people experiencing co-occurring mental health-substance use disorders (dual diagnosis) in both AOD and mental health treatment settings.

A principle aim was to bring together workers from the 3 treatment sectors around common learning needs to build relationships, contacts and cross sector understanding and support. The Collaboratives belief is that strong cross-sector relationships are essential prerequisites to navigable treatment pathways and the provision of integrated treatment for people with dual diagnosis and other complex needs. That an effective integrated service system chiefly arises from the strengths of the personal relationships between workers in different sectors

One strategy to build cross-sector relationships was to colour code each person's name tag, thus:



and, in the introductory session, ask participants to introduce themselves to a person who they didn't know, from another sector, and to spend a few minutes getting to know them.

A further strategy was to ask participants to write on a post-it note ***One new thing I learned today about what it's like to work in AOD / Clinical MH / MHCSS (not your own sector) is:*** and place these notes on a wall poster (see summary of responses page 14)

Media

A joint media release from MIND, Gateway Health and Albury Wodonga Health was released on February 9th

2AY broadcast a short interview with the organisers on February 13th

The Border Mail ran the following article on February 14th

bordermail.com.au Wednesday February 14, 2018 THE BORDER MAIL 2

COMMUNITY NEWS

bordermail.com.au/community



DIFFERENT APPROACHES: As this 2007 photograph indicates, some campaigns to discourage people from smoking have been quite confronting.

A conversation to quit

BY JANET HOWIE

TREATING smoking as a medical issue rather than a lifestyle choice has helped change the way people are supported to quit.

Alfred Health's Emma Dean, who will speak at a Beechworth conference tomorrow, said more health services were now talking to all patients about smoking.

"We're bringing it up front and centre and putting it out there as a chronic disease where people need support to be able to manage that addiction or that dependency," she said.

Ms Dean, the acting population health and health promotion co-ordinator, said Alfred Health's 2014 digital campaign Start the Conversation reversed the traditional approach to quitting.

"Usually the thought is if someone wants to quit, they should seek support from a health professional," she said. "(Now) the call to action is actually to the health professionals."

"The whole purpose of the campaign is to emotionally compel health professionals to have these conversations with their patients and their clients."

The Beechworth conference for mental health and alcohol and other drug workers will explore effective ways to help people to quit smoking.

Organised by a partnership of mental health and substance treatment services, Albury Wodonga Health, Gateway Health and MIND, the event will also hear from Quit Victoria and the Department of Health and Human Services.

Albury Wodonga Health's Gary Croton, who works in dual diagnosis capacity building, said people dealing with mental health or substance abuse concerns were more at risk of a smoking-related issue.

"Most people who do smoke are interested in changing smoking and there's been lots of developments in terms of how well we can respond," he said.

Mr Croton said it was important people had "a menu of options" available to them.

"There's not one size fits all, everyone's issue with smoking is different to the next person and the solutions are often slightly different," he said.

"Just having the chance to have a conversation with somebody, an open conversation where you can discuss your issues with smoking that can be a really powerful thing towards change, being given that opportunity."

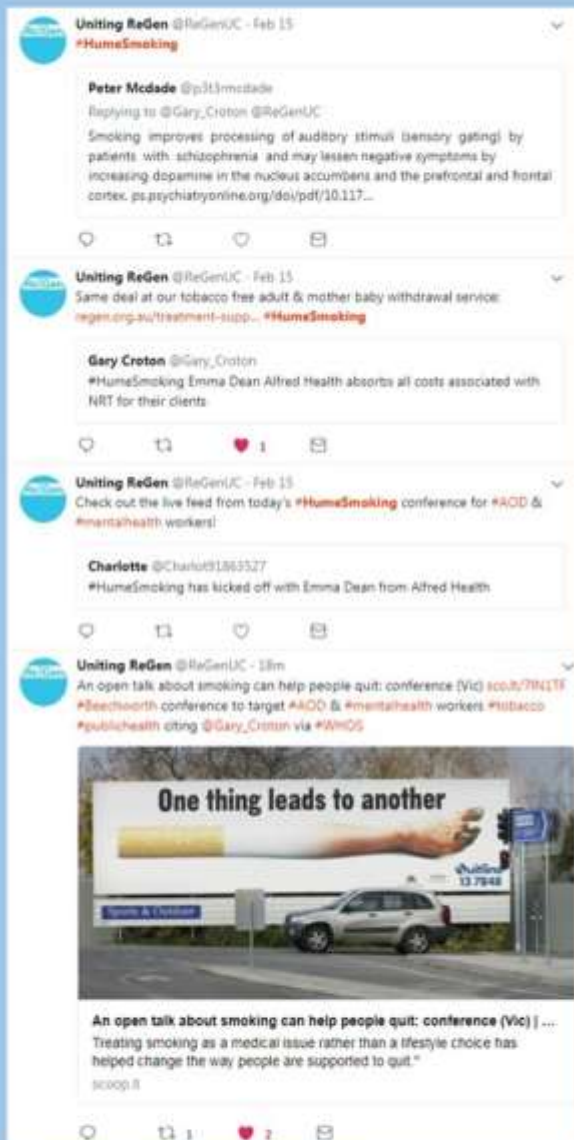
Ms Dean said a combination of medical and behavioural supports gave clients the best chance of quitting smoking, which remains a leading cause of preventable death and disease in Australia.

"When you catch up with someone that you've seen previously and they've managed to quit, it gives you that warm, fuzzy feeling inside must say," she said.

Twitter

The Symposium's Twitter handle was **#HumeSmoking**

Twitter traffic excerpts:



Attendance by agency & sector

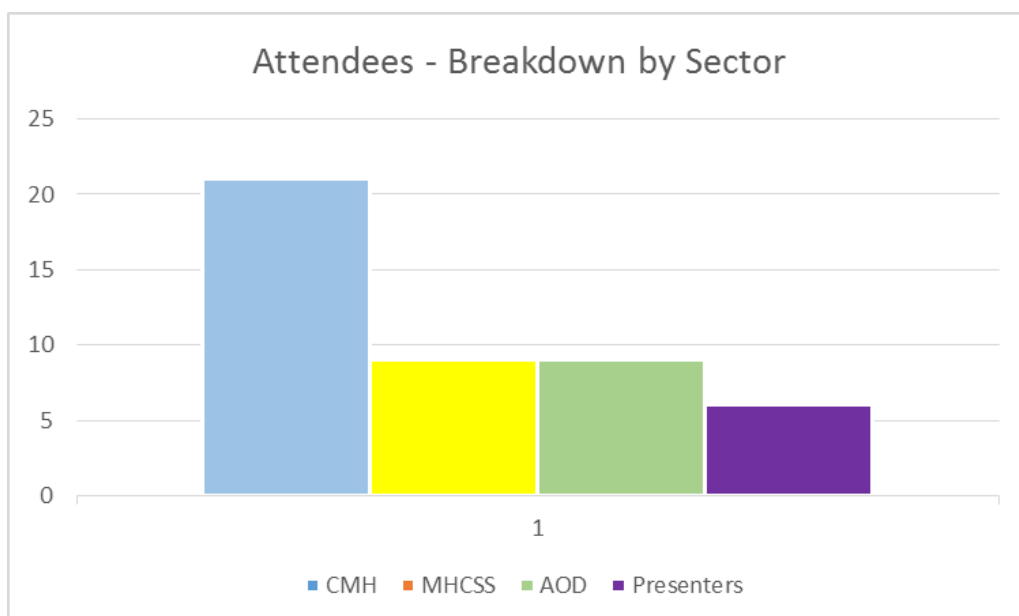
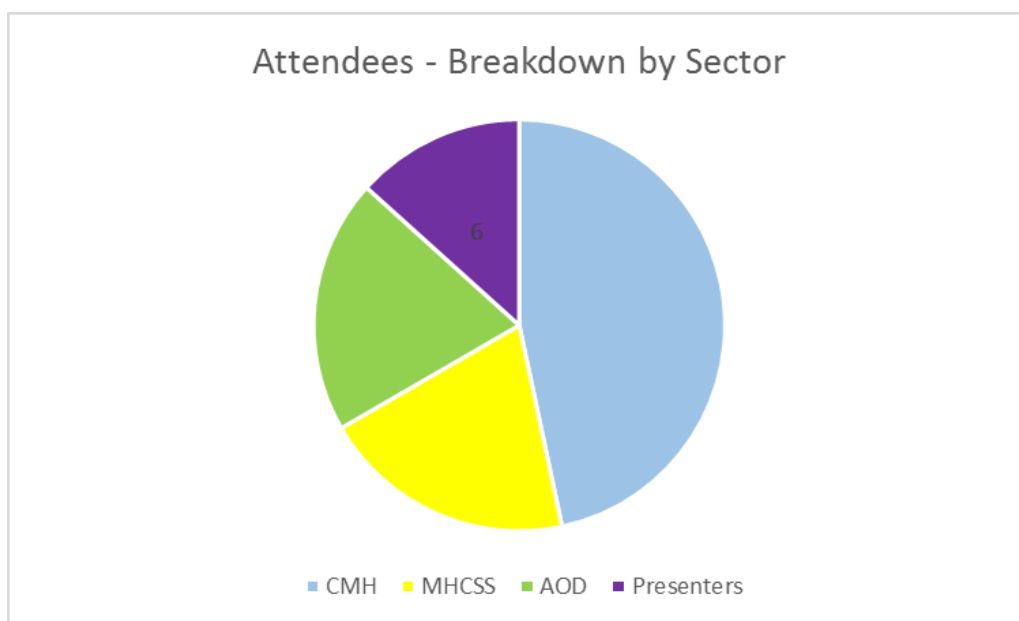
There were 51 registrations for the symposium including 6 presenters (numbers were capped at around 50 for budgetary reasons). 5 people who registered for the symposium did not attend on the day – 1 rang to apologise as unwell. Of the other 4 one was from CMH and 3 were from MHCSS.

Participants analysed by sector

Of actual attendees:

- 21 came from Clinical Mental Health
- 9 came from MHCSS
- 9 came from AOD
- 6 were presenters (including 1 x CMH, 1 x GP, 4 x Other)

These ratios broadly align with the relative size of the sectors

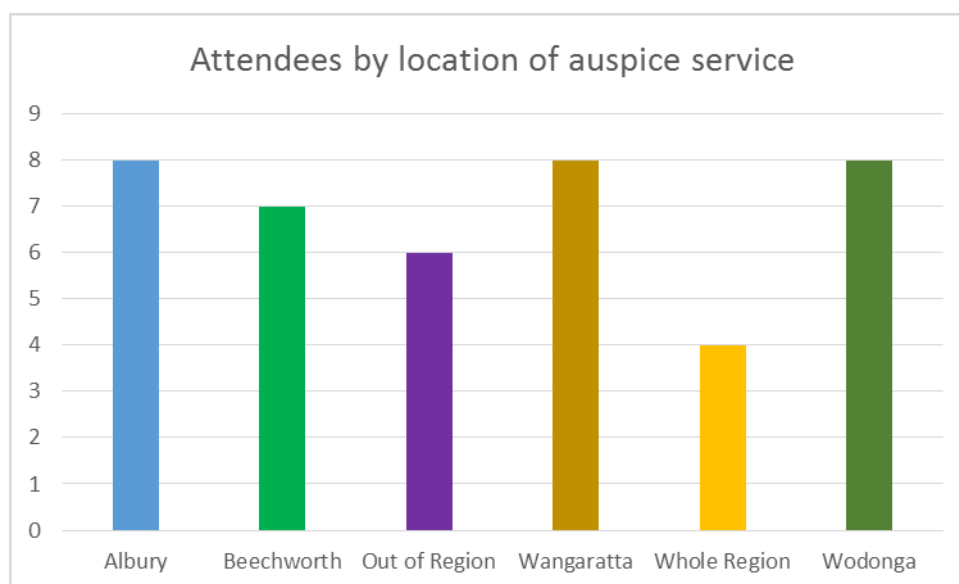


Participants analysed by auspice agency

Agencies with one or more workers at the forum included:

- Albury AOD
- Albury Community Mental Health
- AWH AOD Consultation Liaison Service
- Benambra
- Blackwood
- Gateway AOD
- Gateway Mental Health
- Jarrah Retreat
- Kerferd Inpatient Unit
- Mental Health Emergency Consultation Service
- MIND
- MIND Wangaratta
- MIND-RRR
- Older Persons Mental Health
- Primary Mental Health Services
- Victorian Dual Diagnosis Initiative
- Wangaratta Community Mental Health
- Wellways Albury
- Willows
- Wodonga Community Mental Health

Participants analysed by location of auspice service



In addition to the out of area presenters there were 3 out of area attendees (from Bendigo, Mildura and Shepparton).

This criteria is relevant to the contribution that the forum made to the further development of local networks. Whilst some participants clearly had relationships outside the physical location of their auspice agency this data does seem to indicate an even spread across the whole Hume-Border region.

Outcomes - Participant Feedback & Commitments

Strategy One: Participants were asked to post-it note their comments/ responses to 3 prompts displayed on wall posters spread around the venue. The prompts were

- 1. One new thing I learned today about smoking is:**
- 2. One new thing I learned today about what it's like to work in AOD / Clinical MH / MHCSS (not your own sector) is:**
- 3. Today I really liked:**



1. One new thing I learned today about smoking is:

- *There are choices and multiple aids. No reason not to give up*
- *Too High. Just right. Too Low.*
- *No reason for weaning/ decreasing strength of patches!*
- *Evidence based NRT.*
- *It is much more complex than I thought to quit smoking*
- *Combination Therapy*
- *Time to 1st cig is reliable indicator of dependence*
- *Pharmacological support is very expensive.*
- *Withdrawal symptoms peak in first day or two*
- *I did not know smoking increased liver metabolism, affecting rate of metabolising other drugs such as caffeine*
- *↑understanding of how NRT works. What ↑the efficacy of the intervention*
- *How to use the replacement products*
- *Quitline provides ongoing follow-up*
- *To start the conversation about smoking and ways to go about addressing the issue*
- *Horrible statistics for people with MH conditions*
- *Why do we/services go so softly on this activity?*
- *3 step model*
- *Correct use of NRT*
- *Combination therapy is more effective than mon-therapy*
- *Quitline Referral form!*
- *The role of nicotine addiction- how it works & withdrawal*
- *Nicotine has a short half-life*
- *Update! My knowledge of NRT*
- *How to use NRT products effectively*



- *Quitting smoking can aid ceasing other substances.*
- *Correct way to use the NRT products*
- *Nicotine is not carcinogenic*
- *Having conversations ↑likelihood of people quitting smoking*
- *Linking to support & what supports are out there. E.g. Quitline & apps & texts.*
- *Look at the meaning behind smoking*
- *The variety of NRT that is available as well as behavioural techniques*
- *Murray Health Pathways*
- *12-13% of people smoke ABS.*
- *The legal position in Victoria – VCAT – no right to smoke but cannot put someone into withdrawal without support*
- *It is best to use several interventions concurrently including dual pharmacotherapy*

2.

One new thing I learned today about what it's like to work in AOD / Clinical MH / MHCSS (not your own sector) is:

- *Quitline Motivational interviewing call back if need to*
- *Murray PHN*
- *Calming + alerting*
- *Starting the conversation*
- *Klara Sensory strategies. Individualised program to assist*
- *AoD*
- *Murray Health Pathways Website*
- *How resilient & focused on the needs of their clients the workers are*
- *Emma's presentation – was fantastic – well presented – informative & inspiring. Excellent*
- *Anthony Lunney. Great approach with lived experience. Makes you think!!*
- *The importance of knowing how to use NRT*
- *We need to work together to work better*
- *Murray Pathways. *Resource available on line *Detailed information Useful tool
Localised resources
- *Learnt about best practice for smoking cessation*
- *Emma. Articulate. Knowledgeable. Well spoken. Amicable. Great information to use NOW*
- *Health Pathways. Looks like a great resource. I will be keen to check it out*



3.

Today I really liked:

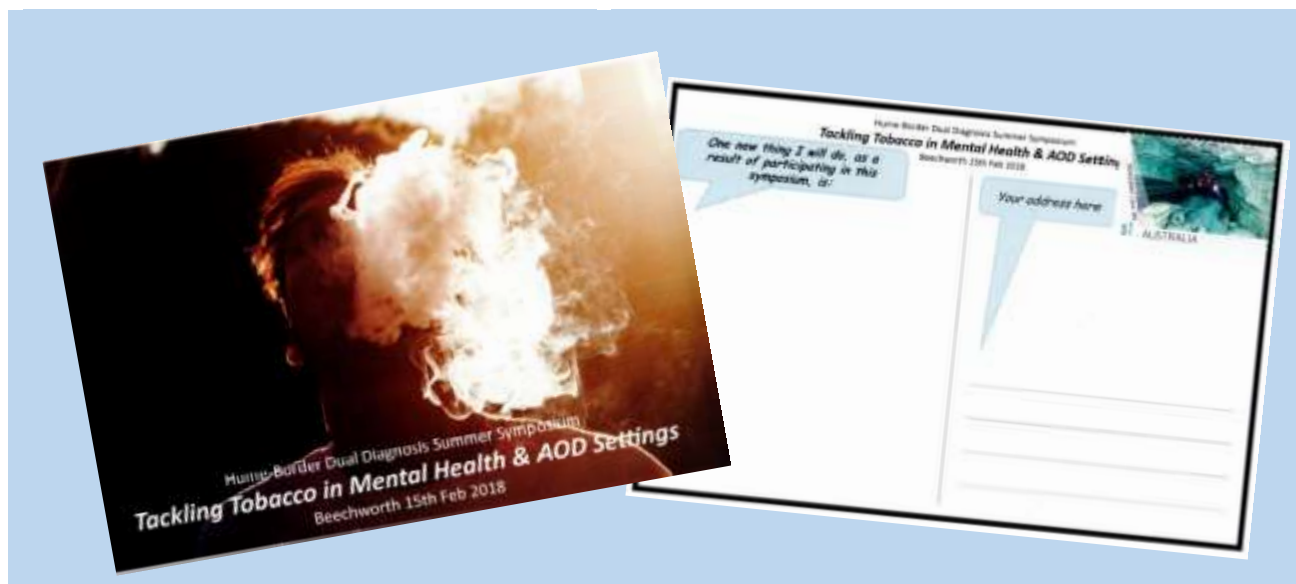


- *Not having to complete an evaluation sheet at the end of the forum*
- *All the interesting data around new/current treatment for support for smoking cessation*
- *The Murray Health Pathways – fantastic website resource*
- *All Presentations- very informative & Motivating*
- *Emma Dean Anthony Lunney fantastic presentations*
- *Emma Dean Brilliant – great info great presenter So interesting*
- *Quitting smoking is as important as quitting other substances & should take same priority*
- *16-100 when everyone works together*
- *The Chocolate Brownie at morning tea ☺*
- *Emma Absolutely brilliant, informative, interesting & relevant. Looking forward to the slides. Made me want to find out more.*
- *I got a lot out of combining engaging speakers with NRT medications on table with us*
- *ATOD not just AOD*
- *Klara Very interesting. Would like to know more, maybe some examples.*
- *Emma Dean's comprehensive session on NRT*
- *Everything! Thank you. This was highly valuable and I think will benefit my clients greatly.*
- *Sensory modulation*
- *Much knowledge & an incentive to learn more*
- *Enjoyed learning how different products work to support ceasing smoking excellent*
- *Anthony Very interesting & entertaining. Very knowledgeable. Sometimes a little difficult to hear. Great ideas for working with patients.*
- *Smoking Assessment*
- *The venue the food the audience mix*

- *Practical aspects of Pharmacotherapy by – Emma Dean.*
- *I have learnt more about the link of smoking & mental health*
- *Really interesting re new development of the health pathways that have been made available*
- *- I feel way more informed*
- I will approach "users" differently
 - 1. Keep/not avoid conversations but add or*
 - 2. Introduce support options such as NRT + Monitoring + coaching*
- *There was a good variety of speakers who all tied in with each other*
- *So much new + practical information*
- *Jan & Christie Very exciting. Love to hear their excitement & passion. I want to get into this ASAP. Thanks so much*
- *How AWESOME is the Alfred:*
 - *EVERY CLIENT in ALL SITES screened for smoking within 30 minutes of presenting!*
 - *BRIEF INTERVENTIONS provided to ALL smokers where indicated*
 - *FREE NRT – ALL modalities*
 - *\$200k cost of NRT worn by the Alfred – they can see the VALUE!*

Strategy Two: Participants were supplied with a stamped, blank, postcard in their satchels and were asked to

1. Self-address their postcard
2. Write one new thing they will do, as a result of participating in this symposium
3. Hand it end at the end of the day
 - a. To be used as a de-identified component of this evaluation
 - b. For it to be mailed back to them in 3-weeks' time as a reminder of their key learning from the symposium



Completed postcards were received from all but 3 eligible participants (i.e. a % return rate)

Actions nominated included

- 1) *Encourage clinician to have conversation about smoking with clients more often*
- 2) *Review our internal protocols about support for clients wanting to quit smoking*

Ask the question during intake & follow up

Keep encouraging smoker to be free from nicotine

Start the discussion with clients regarding their readiness to quit and supporting them to link with appropriate resources

Refer more pts to QUITLINE

I will have more confidence talking about nicotine replacement therapy and encouraging people to speak to their GPs. Also increased confidence in raising conversation about quitting smoking.

To include a caffeine question in my client assessment

Stop smoking myself

Educate patients about how to correctly use NRT and in particular the on-demand/intermittent NRT options

Introduce the idea of quitting early in therapeutic rapport. Psychoeducation

Be more considerate and resourceful to persons who have the intention to manage their tobacco use

Have the smoking cigarettes conversation with more clients as the norm rather than the exception

*Hey D#@&
Get off the darts!*

Start the conversation with my participants rather than set it aside as not as important as mental health issues

Talk up evidence based NRT in my workplace

Initiate a virtual Hume-Border Smoking in MH-AOD Interest group

*Dear G#\$@
When enquiring about smoking add the next step of advice and support options, then follow up. Well done.*

Work actively towards helping clients to stop smoking – promote use of NRT at Willows

I'm willing to encourage my clients in the residential unit and community to take up a journey to give up smoking with newly learned knowledge and skills

Understand the challenges for those who are wanting to QUIT smoking. Use info in pathways

*Hi J#@&
You really enjoyed today and learnt about recognising states of arousal. Please talk to your clients and ask them if they are thinking of quitting. You were going to look up Murray Health website.*

Share what I have learned today with our team

Support the MH IPU with community support to become smoke free in line with policy. [LINK POLICY TO PRACTICE](#)

Have the conversation

*Remember to use MPHNL website
Smoking cessation advice*

Ask more people if they would like to quit smoking

Look up quitting programs & find out more about effects of cigarettes etc.

Increase in-house resources.

I am going to utilise the Murray Pathways information

I will speak with clients more about their nicotine addiction. Ask if they want to quit more often.

Use the Murray Health Pathways organise a login and password

Refer more clients to Quitline & download their resources

- research Murray Health Pathways*
- Behavioral Interventions*
- Quitline (clinician can refer)*

Hi R#@^

Make sure you continue to engage in /attend slick, informative & invigorating symposiums, lectures, TED's & embrace your professional self! Love R#@^ xx

Think / provide resources to clients for distraction

- activities*
- sensory strategies*
- education*

- Ask my clients if they would like to quit smoking*
- Have a conversation with clients around quitting supports emotion / habit / chemical*
- How much caffeine do you drink*
- Refer to Quitline / make call, e-referral or fax*
- Ask Advise Help*
-

Education to clients in regards to NRT. Strategies to regulate emotions

I will endeavour to make my clients aware of the many options available to help them reduce their nicotine intake

Next steps

The **Hume-Border Dual Diagnosis Collaborative** has developed a calendar of time-lined, post-symposium, actions to support and reinforce learnings from the symposium.

A conference participant's email distribution list (with a Subscribe-Unsubscribe facility) has been developed to facilitate these steps

Tackling Tobacco in MH-AOD Settings actions

Date	Period post-symposium	Action
March 1 st	2 weeks	Certificates of completion emailed to participants
April 4 th	7 weeks	Participant's postcards snail-mailed to them (highlighting the various actions that people had identified in their postcards to themselves)
April 11 th	8 weeks	Workshop Evaluation emailed to participants
April 18 th	9 weeks	PDFs of symposium presentations emailed to participants
April 25 th	10 weeks	Emailed invitation (opt-in basis) emailed to participants to join a virtual Tackling Tobacco in MH-AOD Settings interest group (see over). Members will receive occasional papers, resources & local news relevant to addressing Tobacco use in MH-AOD Settings
May 12 th	11 weeks	Emma Dean paper emailed to members of virtual group
Subsequent		Papers, resources, opportunities & local news relevant to addressing Tobacco use in MH-AOD Settings emailed to interest group as they are identified Collaborative encouragement for local initiatives that address tobacco use in Hume-Border MH-AOD Settings

Systemic dual diagnosis capability actions

The **Hume-Border Dual Diagnosis Collaborative** will meet in April to consider theme & timing of next, dual diagnosis-focused, workshop

Next steps

Would YOU like to join a Hume-Border Tackling Tobacco in MH-AOD Settings virtual interest group?

Are you interested in helping people affected by smoking-mental health–substance use to change their smoking?

Why not join the Hume-Border *Tackling Tobacco in MH-AOD Settings* virtual interest group?



Members will receive occasional papers, resources & local news relevant to tackling tobacco in mental health and AOD settings

Our first resource, to be sent April 12th, is a new paper by Emma Dean that summarises and provides clear directions around the key issues in developing smoke-free services.

Cost is FREE

**Click Here to
SUBSCRIBE**

You can [Unsubscribe](#) at any time

Folks outside Hume-Border are most welcome to subscribe

Acknowledgements

The organisers wish to express especial gratitude to:

The presenters – Anthony, Cathy, Charlotte, Christie, Emma, Filly, Jan and Klara for their knowledge, guidance, presentation skills and generosity

Charlotte Byrne for being a gun facilitator ☺

The presenter's auspice agencies Albury Wodonga Health, Alfred Health, Bendigo Health, Gateway Health, MurrayPHN, Quit Victoria for giving their workers time to present

All participants – for their vision and enthusiasm

Hume DHHS for their support, both financial and practical for the running of the forum

MIND, Gateway Health and Albury Wodonga Health for their ongoing support and partnership

Shane Sweeney of SUMITT for his knowledge and guidance in the development of the content of the symposium







Ray Stephens – for his (ever-calm) IT support

Bek Fogg from Studio Art Mania, for her design and print on the bags.

George Kerferd Hotel for providing such a great atmosphere, venue and catering

Appendices – 1. Certificate of attendance

Sent to each participant:



Certificate of Attendance

This certifies that

Joe Blow

.....

Participated in the 5-hour, Dual Diagnosis Summer Symposium


Tackling Tobacco in Mental Health & AOD Settings

held at Beechworth on

February 15th 2018

Presentations included:

- Emma Dean, Smokefree Lead Pharmacist, Alfred Health
Practical aspects of Pharmacotherapy for smoking cessation
- Anthony Lunney, Tobacco Treatment Specialist Nurse, Psychiatric Services Bendigo Health
One size does not fit all ...
- Jan Lang & Dr Christie Rodda, Murray PHN
Mental Health & AOD HealthPathways
- Klara Glaw, Occupational Therapist, Albury Wodonga Health
A breath of fresh air: switching cigarettes to sensory strategies
- Dr Cathy Segan & Filly Potter, Quit Victoria
*Smoking in Mental Health & AOD Services.
3-Step brief intervention model.*

Signed 
For the Hume-Border
Dual Diagnosis Collaborative

Appendices – 2.Handouts

Each participant's pack included (most icons are hyperlinked – click to download)

Benefits of quitting: consumer poster

Highlights the mental health and financial benefits of quitting. Promotes seeking help and advice.



Poster Ask Advice Help

Putting it into practice



Benefits of quitting: staff poster

A poster for staff to highlight the importance of talking about smoking with consumers



Quit because you can booklet

A practical A5 booklet providing facts, ideas & tips about the different stages of quitting.



My quit plan brochure

Discusses smoking triggers and provides strategies to deal with these situations. It provides space to develop a quit plan.



Quit for cash postcard

A postcard that shows the weekly, monthly and yearly costs of smoking. Highlights what consumers could buy instead



Nicotine replacement therapy products poster

A3-sized poster listing the different nicotine replacement therapy product options - raises the issue of combination therapy



Quitline Fax Referral Sheet



Policy

AWH 2018 Nicotine Dependency Among Patients – Clinical Management of



Stress cycle of smoking poster

Shows how smoking causes, rather than alleviates, stress. Stopping smoking can improve mood and has mental health benefits



A wealth of other resources can be downloaded or ordered from the **[QUIT Victoria website](#)**

See also the **[Quit Victoria Resources Order Form](#)**



Appendices – 3. Key websites and resources

These are some of the most useful current websites and resources (all images are hyperlinked)



start the conversation
<http://starttheconversation.org.au/>



An ABCD approach to supporting people who smoke: A guide for health services
http://starttheconversation.org.au/downloads/ALH25385_Smoking-Cessation-Resource_ABCD-approach_d3a.pdf



Pharmacotherapy for smoking cessation
http://starttheconversation.org.au/downloads/ALH26911_Pharmacotherapy-for-Smoking-Cessation_FA.pdf



Quit Victoria

<https://www.quit.org.au/>



Quitline 13 7848

<https://www.quit.org.au/articles/what-quitline/>



Quit online Brief Intervention module for health professionals (15 min course).

<https://www.quit.org.au/resources/quit-education/quit-training/>



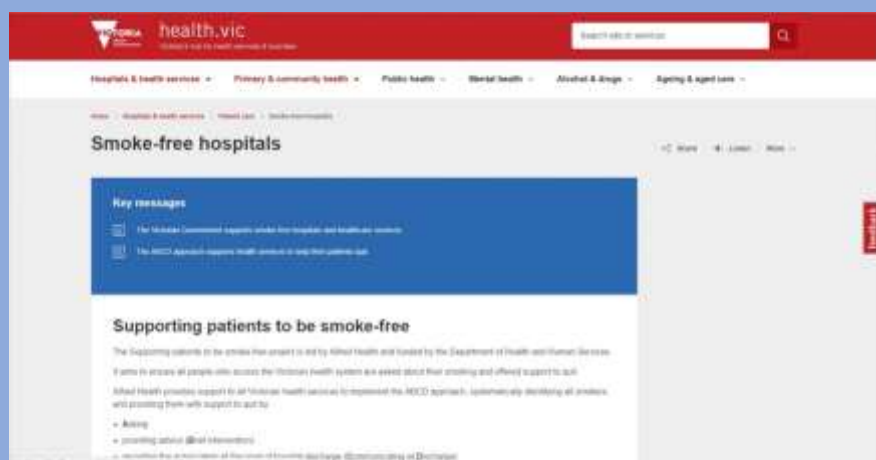
Victorian Network of Smoke-free Health Services.

<http://smokefreevictoria.com.au/>



Tobacco Reforms website - Public hospitals and health centres - smoke-free.

<https://www2.health.vic.gov.au/public-health/tobacco-reform/smoke-free-areas/building-entrances-smoke-free/public-hospitals-and-health-centres-smoke-free>



Smoke-free hospitals

<https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/smoke-free-hospitals>



MurrayPHN Health Pathways

<http://www.murrayphn.org.au/information-and-resources-for-health-professionals/pathways>