

POSITION PAPER **OPEN ACCESS**

Addressing Tobacco Use Disorder in Individuals With Mental Health Disorders: The Critical Role of Nurses

N. Boonstra^{1,2,3}  | S. K. Spoelstra^{1,4} 

¹NHL Stenden University of Applied Sciences, Leeuwarden, The Netherlands | ²KieN Early Intervention Service, Leeuwarden, The Netherlands | ³Departement of Psychiatry, Utrecht Brain Center, University Medical Center Utrecht, Utrecht, The Netherlands | ⁴Addiction Care North Netherlands, Groningen, The Netherlands

Correspondence: N. Boonstra (t.c.boonstra-2@umcutrecht.nl)

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ABSTRACT

Introduction: Individuals with mental health disorders tend to smoke more frequently and intensely than the general population; however, smoking cessation efforts are still often neglected in mental health care.

Methods: This position paper advocates for creating a more prominent role for mental health nurses in assisting individuals with severe psychiatric disorders to quit smoking.

Results: Given their extensive patient contact and holistic care approach, mental health nurses are uniquely positioned to lead smoking cessation initiatives. Consequently, there is an urgent need for increased awareness, mandatory professional training and policy support to empower nurses in this critical role.

Conclusions: Strengthening the involvement of mental health nurses in smoking cessation programs could lead to reduced premature mortality and improved overall health for individuals with severe mental illnesses.

1 | Introduction

Tobacco use disorder is prevalent in 33.4%–65% of individuals with severe mental illnesses (SMIs) (Fornaro et al. 2022). Although smoking rates have declined slightly among individuals with mental health conditions, the decrease is less pronounced than in the general population, leading to a growing gap in smoking prevalence between the two groups (GBD 2015 Tobacco Collaborators 2017). It has long been known that individuals with severe mental health disorders have significantly shortened life expectancies of 10–20 years, with approximately half of this attributed to premature mortality due to smoking-related diseases (i.e., cancer, respiratory and cardiovascular conditions), though we are still unable to implement sufficient measures and policy to address this issue (De Mooij et al. 2019; Plana-Ripoll et al. 2020; Tam, Warner, and Meza 2016; Brown,

Inskip, and Barraclough 2000). Despite global efforts to reduce smoking rates, it is concerning that, given its impact on mortality, smoking cessation is not given a higher priority and urgency in mental health care.

In our opinion, one of the potential reasons could be that none of the different disciplines in mental health care feels fully responsible for and takes ownership of this responsibility. Historically, mental health professionals believed that physical health and support were not within their scope of responsibilities but in the realm of ‘somatic’ medicine, leading them to feel unaccountable for addressing lifestyle aspects, including smoking behaviour (Ratschen, Britton, and McNeill 2011; Kleinman and Barnett 2024). This perception may have caused role confusion and contributed to a lack of urgency in addressing smoking cessation. Therefore, to enhance support for smoking cessation, it

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is essential to establish clear task prioritisation, enabling nurses to concentrate on cessation efforts more effectively (Derksen et al. 2019). In this opinion article, we argue that nurses in mental health care should play a predominant role in smoking cessation, adopting a holistic approach aimed at providing integral treatment for tobacco use disorder and other mental health conditions.

1.1 | Smoking in Mental Health Care: Myths Debunked

To understand why smoking is still not being fully addressed in mental health care, it is important to recognise that smoking has historically been deeply ingrained in the culture of mental health care, both among staff and patients (Ratschen, Britton, and McNeill 2011). It was not until the early 21st century that significant attention was directed towards smoking and smoking cessation within mental health care. Since then, our knowledge has grown significantly, and many myths about smoking and mental health disorders have been debunked (Prochaska 2011). For example, for a long time, smoking was seen as self-medication (self-medication hypothesis) for mental health symptoms and medication side effects (Manzella, Maloney, and Taylor 2015), while research meanwhile has shown that quitting smoking has positive effects on mood and anxiety (Taylor et al. 2021). Furthermore, smoking was also seen as a coping mechanism for stress and boredom and was used as a reward or to promote desired behaviour during hospitalisation in a psychiatric ward (Popova et al. 2023). The tobacco industry actively opposed smoking bans and funded research to downplay the harmful effects of smoking on people with mental health issues (Prochaska, Hall, and Bero 2008). Notably, around 25% of inpatient smokers in the 1980s and 1990s initiated smoking during their clinical admission (Masterson and O'Shea 1984). Nowadays, we also know that smoking has complex interactions with psychotropic medication, which can lead to either too low or too high medication levels and side effects (Husain-Krautter et al. 2016). Furthermore, individuals with SMIs tend to avoid general community smoking cessation services, and smoking cessation programs in psychiatric hospitals remain rare, as highlighted by a systematic review of RCT's (Kagabo, Gordon, and Okuyemi 2020; Gilbody et al. 2019). Additionally, a systematic review by Neven et al. (2019) have demonstrated that banning smoking in mental health hospitals, when proper precautions are taken, has only a limited effect on increasing aggressive behaviour.

1.2 | High Prevalence of Smoking Among Individuals With Psychosis

Individuals with mental health disorders smoke at a higher frequency and with greater intensity compared to the general population (Cook et al. 2014). Of all mental disorders, individuals with schizophrenia smoke the most frequently and at the highest rates, with prevalence rates varying from 50% to 90% (Isuru and Rajasuriya 2019; Brown et al. 2010). In a prospective, longitudinal cohort study by Vermeulen et al. (2019) approximately 67% of individuals with psychosis smoke, which is four times more than the general population, and they have a

higher level of nicotine dependence and smoke an average of 2–3 times as many cigarettes. Heavier smoking and obtaining more nicotine per cigarette are associated with a greater risk of substance abuse, more severe positive symptoms and increased hospitalizations (Kozak and George 2020). Notably, smoking often begins before the onset of psychosis (Myles et al. 2012), and nicotine may increase both the overall risk of psychosis and the risk of early symptoms (Ferreira and Coentre 2020). Once present, psychosis is associated with heavier smoking, greater nicotine dependence, more withdrawal symptoms when attempting to quit and less frequent success in quitting (Prochaska, Das, and Young-Wolff 2017).

2 | Mental Health Nurses and Smoking Cessation: Opportunities and Obstacles

Promoting self-management within a collaborative relationship between patient and nurse is deeply rooted in the core of the nursing profession, as demonstrated by various theoretical approaches. For example, according to Orem's (1985) self-care theory, nurses focus on promoting self-care skills in patients, such as educating them about the risks of smoking, teaching coping strategies for withdrawal symptoms and encouraging personal responsibility for health. Peplau's (1952) theory of interpersonal relations emphasises the importance of a supportive therapeutic relationship between nurse and patient, where understanding and empathy lead to personalised interventions tailored to the specific needs and motivations of the patient. Additionally, Johnson' (1982) behavioural system model approaches smoking cessation behaviour as a complex interplay of biological, psychological and environmental factors. Nurses can implement behaviour modification techniques, such as motivating interviewing, encouraging social support and identifying triggers, to assist patients in overcoming the challenges of quitting smoking. These three nursing theories together underpin the contemporary nursing practice.

2.1 | Critical Role of Nurses

We believe that nurses in mental health care should take a more prominent role as gatekeepers in smoking cessation efforts for several reasons. Firstly, nurses, comprising the largest group of mental healthcare providers, hold an important position in numerous patient interactions, thereby possessing considerable potential to significantly impact the reduction of tobacco use (Li et al. 2021; Youdan and Queally 2005). Secondly, their extensive and regular contact with patients positions them as primary caregivers in treatment interventions, enabling them to engage patients in smoking cessation, assess their readiness to quit and provide ongoing support and counselling (Sarna et al. 2005). Nurses can effectively raise the conversation on smoking with patients, provide insights into challenges using interview techniques such as motivational interviewing and guide them towards appropriate cessation options (Carlebach and Hamilton 2009). Nurses should explore patients' motivations regarding smoking cessation and identify their stage of change based on Prochaska and DiClemente's (1983) model. Contrary to the common belief held by many mental health professionals, including nurses, that individuals with SMIs lack

motivation to quit smoking, research shows that people with SMIs are often just as motivated, if not more motivated, to quit smoking compared to the general population (Szatkowski and McNeill 2015; Siru, Hulse, and Tait 2009). Additionally, they can support patients in learning other coping strategies to deal with withdrawal symptoms. Their advice may be concise, or it could form a component of a more comprehensive intervention. They can also assist in directing patients to specialised smoking cessation programs or other healthcare providers for additional support if required. Thirdly, nurses specialised in mental health care have a unique ability to promote healthy lifestyles, including addressing smoking habits, through physical health screenings, delivering health education and implementing lifestyle interventions, including smoking cessation strategies (Fernández Guijarro et al. 2019). The role of the nurses consists of prevention and treatment, developing nursing knowledge within the team, implementing best practices, sharing best practices, ensuring support and structure and jointly fostering a smoke-free (accountable) culture. Fourthly, nurses may work with problem diagnosis, as well as with risk diagnosis and readiness diagnosis based on the NANDA (Heardman, Kamitsuru, and Takao Lopes 2021). Especially, risk diagnosis and readiness diagnosis are interesting regarding smoking cessation. Fifthly, nurses are trained in a holistic perspective that aligns with the integrated treatment of smoking and mental disorders, as well as social, spiritual and psychological needs (Ambushe et al. 2023). Sixthly, mental health nurses possess experience in managing co-occurring disorders like depression, anxiety and substance abuse, which are commonly associated with tobacco use disorder (Anandan et al. 2024). This expertise equips them to be integral in effectively addressing these complexities during smoking cessation interventions. Internationally, there is a desire to integrate smoking cessation treatment as an integral part of the care for patients with mental health disorders (Schroeder 2016; World Health Organization 2016; Hove et al. 2023).

The American Psychiatric Nurses Association (APNA) acknowledges tobacco use as a substance use disorder and emphasises the need of providing care for patients with tobacco use disorders in all clinical settings. Despite challenges in nursing education in teaching effective tobacco treatment, the nursing competencies for treating tobacco use and dependence are a key step in addressing this. APNA positions Psychiatric Mental Health Nurses as key advocates in applying evidence-based practices to effective tobacco use disorder treatment for every patient, at every visit and in every setting (Essenmacher et al. 2022).

2.2 | Barriers

On the other hand, mental health professionals, including nurses, encounter several barriers in delivering smoking cessation interventions and may have a negative attitude towards treatment aimed at reducing or quitting smoking (Derksen et al. 2019). These barriers include a lack of knowledge and skills related to smoking reduction or cessation (e.g., insufficient training, perceived ineffectiveness of smoking cessation attempts), a lack of time and resources, competing priorities, a lack of structured treatment options and the smoking behaviour of healthcare professionals themselves (Sheals et al. 2016). Addressing

these barriers and capitalising on these opportunities are crucial for successfully integrating smoking cessation interventions into nursing healthcare practice (Huddleston et al. 2022).

3 | Implications for Practice and Policy

Currently, nurses receive minimal training in delivering smoking cessation support. Integrating this education into mandatory courses would increase the sense of urgency of addressing tobacco use, ensuring that it is no longer seen as a secondary concern. It would also empower mental health nurses to advocate for patients, participate in the development and implementation of local, state and national tobacco treatment policies and guidelines and enhance their clinical skills and better equip them to help patients quit smoking (Essenmacher et al. 2022; Zhang et al. 2021; Hughes, Smith, and Garrett-Wright 2018). To effectively integrate nurses predominant into smoking cessation efforts, we think it is crucial to position mental health nurses as leaders, champions and experts, who disseminate evidence-based tobacco treatment practices, as suggested by the American Psychiatric Nurses Association (Essenmacher et al. 2022). A key role for mental health nurses involves defining their responsibilities and expectations specifically related to smoking cessation initiatives. Furthermore, policymakers and mental health organisations should prioritise the incorporation of comprehensive nursing approaches within smoking cessation programs, embedding these strategies into healthcare policies and everyday practices. There is a pressing need for a coordinated call to action aimed at policymakers and nursing management to provide stronger support for nursing staff to address tobacco use.

4 | Conclusions

Nurses in mental health care play a crucial role in combating smoking by promoting awareness, assisting patients through nicotine withdrawal and participating in decision-making for health policies (De Oliveira, Santos, and Furegato 2022). Their unique position allows them to engage with patients on a personal level, offer tailored support and integrate smoking cessation interventions into holistic patient care plans. With their expertise in fostering therapeutic relationships and addressing co-occurring mental health disorders, mental health nurses are well-equipped to tackle the complexities of tobacco use disorder. Consequently, by embracing the fundamental health promotion principles of nursing, mental health nurses become crucial partners in the fight against tobacco use. This is particularly crucial as it can significantly contribute to bridging the life expectancy gap for individuals with SMIs. It is time for mental health nurses to assert their voices heard and to prominently position themselves on the frontline of smoking cessation.

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N.B. made a substantial contribution to conception and design and was involved in drafting the manuscript critically before intellectual content. S.K.S. makes a substantial contribution to conception and design and writing and editing. We give final approval for publication.

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Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The authors have nothing to report.

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