



SMOKING CESSATION IN MENTAL HEALTH SERVICES

Review 5: Barrier and Facilitators of Smoking Cessation Interventions in Mental Health

APPENDICES

PRODUCED BY: UK Centre for Tobacco Control Studies (<http://www.ukctcs.org/>)

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November 2021: NICE guidelines PH45 (June 2013) and PH48 (November 2013) have been updated and replaced by NG209. The recommendations labelled [2013] or [2013, amended 2021] in the updated guideline were based on these evidence reviews. See www.nice.org.uk/guidance/NG209 for all the current recommendations and evidence reviews.

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APPENDIX 1A. SEARCH STRATEGY

AMED (ALLIED AND COMPLEMENTARY MEDICINE)

Database host: OVID

Database coverage dates: 1985-current

Search date: 3/2/2012

Number of records: 53

Date limits: 1985-2012

- 1 SMOKING CESSATION/ 135
- 3 SMOKING/ 245
- 4 1 OR 3 364
- 5 NEUROTIC DISORDERS/ OR PSYCHOTIC DISORDERS/ OR SCHIZOPHRENIA/ OR DELIRIUM/ OR AMNESIA/ OR ADJUSTMENT DISORDERS/ OR MENTAL DISORDERS/ OR exp PERSONALITY DISORDERS/ OR exp SOMATOFORM DISORDERS/ OR exp EATING DISORDERS/ OR exp DISSOCIATIVE DISORDERS/ OR exp DEMENTIA/ OR exp COGNITION DISORDERS/ OR exp CHILD MENTAL DISORDERS/ OR exp ANXIETY DISORDERS/ OR exp AFFECTIVE DISORDERS/ 16325
- 6 RETT SYNDROME/ 37
- 7 REHABILITATION CENTERS/ 258
- 8 MENTAL HEALTH/ 996
- 9 MENTAL HEALTH SERVICES/ OR COMMUNITY MENTAL HEALTH SERVICES/ 1152
- 10 ALZHEIMERS DISEASE/ 705
- 12 COGNITION DISORDERS/ 1495
- 13 ATTENTION DEFICIT DISORDER WITH HYPERACTIVITY/ 515
- 14 CHILD BEHAVIOR DISORDERS/ 362
- 15 MOTOR SKILLS DISORDERS/ 108
- 16 DYSLEXIA/ 230
- 17 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 12 OR 13 OR 14 OR 15 OR 16 18234
- 18 ("mentally ill" OR "obsessive compulsive" OR "panic disorder" OR "panic disorders" OR "pervasive developmental" OR "post traumatic" OR "seasonal affective" OR (affective ADJ1 disorder\$) OR (avoidant ADJ1 personalit*) OR (behavio* problem\$) OR (behavio* ADJ1 disorder\$) OR (conversion ADJ1 disorder\$) OR (eating ADJ1 behavio*) OR (eating ADJ1 disorder\$) OR (overactive ADJ1 disorder\$) OR (personality ADJ3 disorder\$) OR agoraphobia OR Alzheimer* OR (anankastic ADJ1 person*) OR (antisocial ADJ1 person*) OR anxiety OR anxious OR (person* ADJ1 asocial) OR Asperger* OR autism OR autistic OR (person* ADJ1 avoidant) OR bipolar* OR (borderline ADJ1 personalit*) OR bulimia OR catatonia OR catatonic OR compulsion* OR (compulsive ADJ1 person*) OR (conversion ADJ1 disorder\$) OR cyclothymia OR delusion* OR (dependent ADJ1 personalit*) OR depersonali?ation OR depression* OR depressive OR dereali?ation OR disintegrative OR (person* ADJ1 dissocial) OR dissociation* OR dissociative OR dysthym* OR fugue OR hallucination* OR hebephreni* OR (person* ADJ1 histrionic)).ti,ab 11528
- 19 (((histrionic ADJ1 person*) OR hyperkinetic OR hypomania OR hysteria OR mania* OR manic* OR (narcissistic ADJ1 person*) OR (person* ADJ1 narcissistic) OR neurasthenia OR neurosis OR neurot* OR (person* ADJ1 obsessive) OR (obsessive ADJ1 person*) OR oligophreni* OR paranoia OR paranoid OR (person* ADJ1 passive-aggressive) OR (passive-aggressive ADJ1 person*) OR phobia\$ OR phobic OR posttraumatic OR psychiatr* OR psychopath* OR psychos* OR psychot* OR rett OR (rett ADJ2 s) OR retts OR schiz* OR sociopath* OR somati?ation OR somatoform OR (secure ADJ1 unit\$) OR (secure ADJ1 hospital\$) OR amnesi* OR hypomania OR cyclothymia OR dysthymia

OR dementia OR delirium OR hallucinosis OR delusional OR (mood ADJ2 disorder\$) OR asthenic OR "emotionally labile" OR postencephalitic OR postconcussion* OR (trance ADJ1 disorder\$) OR (possession ADJ1 disorder\$) OR obsessional OR "severe stress" OR (adjustment ADJ1 disorder\$) OR dissociate OR "multiple personality" OR neurasthenia OR (psychological ADJ1 disturbance\$) OR (psychologically ADJ1 disturbed) OR suicid* OR parasuicid*).ti,ab 12423

20 (((self ADJ1 harm*) OR (self ADJ1 injur*) OR comorbid* OR bulimi* OR anorexi* OR neuros* OR OCD OR "psychological stress" OR "psychological distress" OR "mental stress" OR "adjustment disorder\$" OR "mental health" OR "mental healthcare")).ti,ab 5250

21 (((anankastic ADJ personalit*) OR "anorexia nervosa" OR (antisocial ADJ personalit*) OR ("attention deficit" ADJ disorder\$) OR "body dysmorphic" OR "conduct disorder" OR "conduct disorders" OR (cyclothymic ADJ personalit*) OR "endogenous depression" OR "folie a deux" OR "mental disorder" OR "mental disorders" OR "mental illness" OR "mental illnesses" OR "mental problem" OR "mental problems")).ti,ab 1637

22 17 OR 18 OR 19 OR 20 OR 21 32825

23 ("temporary abstinence" OR (temporar* ADJ1 abstain*) OR (abstain* ADJ1 temporar*) OR (controlled ADJ1 smoking)).ti,ab 0

24 ((fading ADJ2 smok*) OR (temporary ADJ2 smok*) OR (cessat* ADJ2 smok*) OR (withdraw* ADJ2 smok*) OR (ceas* ADJ2 smok*) OR (stop* ADJ2 smok*) OR (schedul* ADJ2 smok*) OR (quit ADJ2 smok*) OR (quits ADJ2 smok*) OR (quitt* ADJ2 smok*) OR (reduc* ADJ2 smok*) OR (abstain* ADJ2 smok*) OR (prevent* ADJ2 smok*) OR (abstinence ADJ2 smok*) OR (restrict* ADJ2 smok*)).ti,ab 247

25 ((fading ADJ2 tobacco) OR (temporary ADJ2 tobacco) OR (cessat* ADJ2 tobacco) OR (withdraw* ADJ2 tobacco) OR (ceas* ADJ2 tobacco) OR (stop* ADJ2 tobacco) OR (schedul* ADJ2 tobacco) OR (quit ADJ2 tobacco) OR (quits ADJ2 tobacco) OR (quitt* ADJ2 tobacco) OR (reduc* ADJ2 tobacco) OR (abstain* ADJ2 tobacco) OR (prevent* ADJ2 tobacco) OR (abstinence ADJ2 tobacco) OR (restrict* ADJ2 tobacco)).ti,ab 17

26 ((fading ADJ2 cigarette\$) OR (temporary ADJ2 cigarette\$) OR (cessat* ADJ2 cigarette\$) OR (withdraw* ADJ2 cigarette\$) OR (ceas* ADJ2 cigarette\$) OR (stop* ADJ2 cigarette\$) OR (schedul* ADJ2 cigarette\$) OR (quit ADJ2 cigarette\$) OR (quits ADJ2 cigarette\$) OR (quitt* ADJ2 cigarette\$) OR (reduc* ADJ2 cigarette\$) OR (abstain* ADJ2 cigarette\$) OR (prevent* ADJ2 cigarette\$) OR (abstinence ADJ2 cigarette\$) OR (restrict* ADJ2 cigarette\$)).ti,ab 8

27 (fading OR temporary OR cessat* OR withdraw* OR ceas* OR stop* OR schedul* OR quit\$ OR quitt* OR reduc* OR abstain* OR prevent* OR abstinence OR restrict*).ti,ab 28635

28 ("hand-roll" OR handroll* OR "hand-rolls" OR "hand-rolled" OR bidi OR bidis OR beedi OR beedis OR rolie OR rolies OR paan OR gutkha OR snuff OR betel OR cigar OR cigars).ti,ab 28

29 27 AND 28 3

30 ("hand-roll" OR handroll* OR "hand-rolls" OR "hand-rolled" OR bidi OR bidis OR beedi OR beedis OR rolie OR rolies OR paan OR gutkha OR snuff OR betel OR cigar* OR smok* OR tobacco).ti,ab 1106

31 ("give up" OR "gives up" OR "giving up").ti,ab 750

32 30 AND 31 2

33 4 OR 23 OR 24 OR 25 OR 26 OR 29 OR 32 449

34 22 AND 33 53

35 34 [Limit to: Publication Year 1985-Current] 53

ASSIA (APPLIED SOCIAL SCIENCE INDEX AND ABSTRACTS)

Database host: CSA Illumina

Database coverage dates: 1987-current

Search date: 31/1/2012

Number of records: 458

Date limits: 1985-2012

Search query: (((DE=("tobacco" or "cigarettes" or "cigars" or "snuff" or "ex smokers" or "heavy smoking" or "light smokers" or "moderate smoking" or "occasional smoking" or "smokers" or "smoking" or "tobacco smoke")) and(DE="cessation")) or((TI=("hand-roll" OR handroll* OR "hand-rolls" OR "hand-rolled" OR bidi OR bidis OR beedi OR beedis OR rolie OR rolies OR paan OR gutkha OR snuff OR betel OR cigar OR cigars) OR AB=("hand-roll" OR handroll* OR "hand-rolls" OR "hand-rolled" OR bidi OR bidis OR beedi OR beedis OR rolie OR rolies OR paan OR gutkha OR snuff OR betel OR cigar OR cigars)) and(TI=(fading OR temporary OR (give* up) OR "giving up" OR cessat* OR withdraw* OR ceas* OR stop* OR schedul* OR quit OR quitt* OR quits OR reduc* OR abstain* OR prevent* OR abstinence OR restrict*) OR AB=(fading OR temporary OR (give* up) OR "giving up" OR cessat* OR withdraw* OR ceas* OR stop* OR schedul* OR quit OR quitt* OR quits OR reduc* OR abstain* OR prevent* OR abstinence OR restrict*))) or(TI=(tobacco WITHIN 1 control) OR (smoking WITHIN 1 control) OR (smoking WITHIN 3 services) OR (smoking WITHIN 3 service) OR (anti WITHIN 1 smoking) OR (anti WITHIN 1 tobacco) OR (control WITHIN 1 tobacco) OR (control WITHIN 1 smoking) OR (smoking WITHIN 1 anti) OR (tobacco WITHIN 1 anti) OR AB=(tobacco WITHIN 1 control) OR (smoking WITHIN 1 control) OR (smoking WITHIN 3 services) OR (smoking WITHIN 3 service) OR (anti WITHIN 1 smoking) OR (anti WITHIN 1 tobacco) OR (control WITHIN 1 tobacco) OR (control WITHIN 1 smoking) OR (smoking WITHIN 1 anti) OR (tobacco WITHIN 1 anti)) or(TI=("temporary abstinence") OR (temporar* WITHIN 1 abstain*) OR (abstain* WITHIN 1 temporar*) OR AB=("temporary abstinence") OR (temporar* WITHIN 1 abstain*) OR (abstain* WITHIN 1 temporar*)) or(TI=("controlled smoking") OR AB=("controlled smoking")) or(TI=((fading OR temporary OR (give* up) OR "giving up" OR cessat* OR withdraw* OR ceas* OR stop* OR schedul* OR quit OR quits OR quitt* OR reduc* OR abstain* OR prevent* OR abstinence OR restrict*) WITHIN 2 (smok* OR tobacco OR cigarette*)) or(AB=((fading OR temporary OR (give* up) OR "giving up" OR cessat* OR withdraw* OR ceas* OR stop* OR schedul* OR quit OR quits OR quitt* OR reduc* OR abstain* OR prevent* OR abstinence OR restrict*) WITHIN 2 (smok* OR tobacco OR cigarette*)))) and((((DE=("psychiatric disorders" or "mental health" or "psychiatric nurses" or "psychiatric nursing" or "psychiatric social workers" or "mental illness" or "acrophobia" or "acute stress disorder" or "adjustment disorder" or "affective disorders" or "affective psychoses" or "agoraphobia" or "akathisia" or "alcoholic psychoses" or "alexithymia" or "anhedonia" or "animal phobias" or "anorexia nervosa" or "anthropophobia" or "anxiety disorders" or "asperger s syndrome" or "attachment disorders" or "attention deficit disorder" or "attention deficit hyperactivity disorder" or "autism" or "autistic spectrum disorders" or "behaviour

disorders" or "binge eating" or "bipolar affective disorder" or "bulimia nervosa" or "cacodemonomania" or "capgras syndrome" or "catatonia" or "cenesthopathy" or "character disorders" or "childhood depression" or "childhood disintegrative disorder" or "childhood separation anxiety" or "chronic posttraumatic stress disorder" or "chronic psychiatric disorders" or "chronic schizophrenia" or "claustrophobia" or "combat disorders" or "combat related posttraumatic stress disorder" or "communication disorders" or "community psychiatric nurses" or "community psychiatric nursing" or "compulsive buying" or "compulsive eating" or "compulsive foraging behaviour" or "conduct disorders" or "confusional states" or "conversion disorder" or "coprophagia" or "cotard s syndrome" or "death depression" or "delusional depression" or "delusional disorders" or "demonomania" or "dental phobia" or "depersonalization disorder" or "depression" or "disruptive behaviour disorders" or "dissociative disorders" or "dysmorphophobia" or "dysphagia" or "eating disorders" or "emotional disorders" or "erotophobia" or "folie a deux" or "forensic psychiatric nurses" or "forensic psychiatric nursing" or "fregoli syndrome" or "generalized anxiety disorders" or "head banging" or "heller s syndrome" or "hyperphagia" or "hypomania" or "impulse control disorders" or "infantile autism" or "insanity" or "koro" or "korsakoff s syndrome" or "liaison psychiatric nurses" or "liaison psychiatric nursing" or "litigious delusional disorders" or "mania" or "mass psychogenic illness" or "maternal depression" or "medium security units" or "melancholia" or "military psychiatric hospitals" or "mood incongruent psychoses" or "movement disorders" or "neurasthenia" or "neuroleptic malignant syndrome" or "neuroses" or "neuroticism" or "nocturnal panic disorder" or "obsessive compulsive neuroses" or "oppositional defiant disorder" or "organic mood syndrome" or "panic disorders" or "paranoia" or "paranoid schizophrenia" or "paranoid states" or "paraphrenia" or "parental depression" or "paternal depression" or "personality disorders" or "pervasive developmental disorders" or "phobias" or "pica" or "postabortion syndrome" or "postnatal depression" or "posttraumatic stress disorder" or "private psychiatric hospitals" or "psychiatric clinics" or "psychiatric day centres" or "psychiatric day hospitals" or "psychiatric hospitals" or "psychiatric morbidity" or "psychiatric nurse patient interactions" or "psychiatric services" or "psychiatric social work" or "psychiatric staff nurses" or "psychiatric units" or "psychogenic aspects" or "psychogenic polydipsia" or "psychoses" or "psychotic mood disorders" or "psychoticism" or "puerperal psychosis" or "purging" or "querulous paranoia" or "rapid eating" or "refractory depression" or "restlessness" or "rett syndrome" or "schizo affective disorder" or "schizophrenia" or "schizophreniform disorder" or "school phobia" or "seasonal affective disorders" or "sectioned patients" or "selective mutism" or "separation anxiety" or "shared paranoid disorder" or "snake phobia" or "social phobia" or "somatoform disorders" or "special hospitals" or "spider phobia" or "stage fright" or "thought disorder" or "transference neuroses" or "travelling psychiatric day hospitals" or "unipolar disorders" or "vascular depression" or "weight phobia")) or (DE=("community mental health professionals" or "community mental health services" or "managed mental health care" or "mental health" or "mental health care" or "mental

health perspectives" or "mental health professionals" or "mental health promotion" or "mental health services" or "mental illness" or "preventive mental health care" or "primary mental health care" or "student mental health services" or "anxiety" or "anxiety depression" or "childhood depression" or "death depression" or "delusional depression" or "depression" or "neuroticism" or "outpatient commitment" or "phobic anxiety" or "psychiatric services" or "psychiatric units" or "psychological services" or "psychoticism" or "sectioned patients" or "sectioning" or "social anxiety" or "support bed units"))

or(TI=((anankastic WITHIN 1 personalit*) OR "anorexia nervosa" OR (antisocial WITHIN 1 personalit*) OR ("attention deficit" WITHIN 1 disorder*) OR "body dysmorphic" OR "conduct disorder" OR "conduct disorders" OR (cyclothymic WITHIN 1 personalit*) OR "endogenous depression" OR "folie a deux" OR "mental disorder" OR "mental disorders" OR "mental illness" OR "mental illnesses" OR "mental problem" OR "mental problems") OR AB=((anankastic WITHIN 1 personalit*) OR "anorexia nervosa" OR (antisocial WITHIN 1 personalit*) OR ("attention deficit" WITHIN 1 disorder*) OR "body dysmorphic" OR "conduct disorder" OR "conduct disorders" OR (cyclothymic WITHIN 1 personalit*) OR "endogenous depression" OR "folie a deux" OR "mental disorder" OR "mental disorders" OR "mental illness" OR "mental illnesses" OR "mental problem" OR "mental problems")) or(TI=("mentally ill" OR "obsessive compulsive" OR "panic disorder" OR "panic disorders" OR "pervasive developmental" OR "post traumatic" OR "seasonal affective" OR (affective WITHIN 1 disorder*) OR (avoidant WITHIN 1 personalit*) OR (behavio* problem*) OR (behavio* WITHIN 1 disorder*) OR (conversion WITHIN 1 disorder*) OR (eating WITHIN 1 behavio*) OR (eating WITHIN 1 disorder*) OR (overactive WITHIN 1 disorder*) OR (personality WITHIN 3 disorder*) OR agoraphobia OR Alzheimer* OR (anankastic WITHIN 1 person*) OR (antisocial WITHIN 1 person*) OR anxiety OR anxious OR (person* WITHIN 1 asocial) OR Asperger* OR autism OR autistic OR (person* WITHIN 1 avoidant) OR bipolar* OR (borderline WITHIN 1 personalit*) OR bulimia OR catatonia OR catatonic OR compulsion* OR (compulsive WITHIN 1 person*) OR (conversion WITHIN 1 disorder*) OR cyclothymia OR delusion* OR (dependent WITHIN 1 personalit*) OR depersonali?ation OR depression* OR depressive OR dereali?ation OR disintegrative OR (person* WITHIN 1 dissocial) OR dissociation* OR dissociative OR dysthym* OR fugue OR hallucination* OR hebephreni* OR (person* WITHIN 1 histrionic)) OR AB=("mentally ill" OR "obsessive compulsive" OR "panic disorder" OR "panic disorders" OR "pervasive developmental" OR "post traumatic" OR "seasonal affective" OR (affective WITHIN 1 disorder*) OR (avoidant WITHIN 1 personalit*) OR (behavio* problem*) OR (behavio* WITHIN 1 disorder*) OR (conversion WITHIN 1 disorder*) OR (eating WITHIN 1 behavio*) OR (eating WITHIN 1 disorder*) OR (overactive WITHIN 1 disorder*) OR (personality WITHIN 3 disorder*) OR agoraphobia OR Alzheimer* OR (anankastic WITHIN 1 person*) OR (antisocial WITHIN 1 person*) OR anxiety OR anxious OR (person* WITHIN 1 asocial) OR Asperger* OR autism OR autistic OR (person* WITHIN 1 avoidant) OR bipolar* OR (borderline WITHIN 1 personalit*) OR bulimia OR catatonia OR catatonic OR compulsion* OR (compulsive WITHIN 1 person*) OR (conversion WITHIN 1 disorder*) OR cyclothymia OR delusion* OR (dependent WITHIN 1 personalit*) OR depersonali?ation OR depression* OR depressive

OR derealization OR disintegrative OR (person* WITHIN 1 dissocial) OR dissociation* OR dissociative OR dysthym* OR fugue OR hallucination* OR hebephreni* OR (person* WITHIN 1 histrionic)) or(TI=((histrionic WITHIN 1 person*) OR hyperkinetic OR hypomania OR hysteria OR mania* OR manic* OR (narcissistic WITHIN 1 person*) OR (person* WITHIN 1 narcissistic) OR neurasthenia OR neurosis OR neurot* OR (person* WITHIN 1 obsessive) OR (obsessive WITHIN 1 person*) OR oligophreni* OR paranoia OR paranoid OR (person* WITHIN 1 passive-aggressive) OR (passive-aggressive WITHIN 1 person*) OR phobia* OR phobic OR posttraumatic OR psychiatr* OR psychopath* OR psychos* OR psychot* OR rett OR "rett's" OR retts OR schiz* OR sociopath* OR somatization OR somatoform OR (secure WITHIN 1 unit) OR (secure WITHIN 1 units) OR (secure WITHIN 1 hospital*) OR amnesi* or hypomania OR cyclothymia or dysthymia or dementia OR delirium OR hallucinosis OR delusional OR (mood WITHIN 2 disorder*) OR asthenic OR "emotionally labile" OR postencephalitic OR postconcussion* OR (trance WITHIN 1 disorder*) OR (possession WITHIN 1 disorder*) OR obsessional OR "severe stress" OR (adjustment WITHIN 1 disorder*) OR dissociate OR "multiple personality" OR neurasthenia OR (psychological WITHIN 1 disturbance*) OR (psychologically WITHIN 1 disturbed) OR suicid* OR parasuicid*) OR AB=((histrionic WITHIN 1 person*) OR hyperkinetic OR hypomania OR hysteria OR mania* OR manic* OR (narcissistic WITHIN 1 person*) OR (person* WITHIN 1 narcissistic) OR neurasthenia OR neurosis OR neurot* OR (person* WITHIN 1 obsessive) OR (obsessive WITHIN 1 person*) OR oligophreni* OR paranoia OR paranoid OR (person* WITHIN 1 passive-aggressive) OR (passive-aggressive WITHIN 1 person*) OR phobia* OR phobic OR posttraumatic OR psychiatr* OR psychopath* OR psychos* OR psychot* OR rett OR "rett's" OR retts OR schiz* OR sociopath* OR somatization OR somatoform OR (secure WITHIN 1 unit) OR (secure WITHIN 1 units) OR (secure WITHIN 1 hospital*) OR amnesi* or hypomania OR cyclothymia or dysthymia or dementia OR delirium OR hallucinosis OR delusional OR (mood WITHIN 2 disorder*) OR asthenic OR "emotionally labile" OR postencephalitic OR postconcussion* OR (trance WITHIN 1 disorder*) OR (possession WITHIN 1 disorder*) OR obsessional OR "severe stress" OR (adjustment WITHIN 1 disorder*) OR dissociate OR "multiple personality" OR neurasthenia OR (psychological WITHIN 1 disturbance*) OR (psychologically WITHIN 1 disturbed) OR suicid* OR parasuicid*)) or(TI=((self WITHIN 1 harm*) OR (self WITHIN 1 injur*) OR comorbid* OR bulimi* OR anorexi* OR neuros* OR OCD OR "psychological stress" OR "psychological distress" OR "mental stress" OR "adjustment disorder" OR "adjustment disorders" OR "mental health" OR "mental healthcare") OR AB=((self WITHIN 1 harm*) OR (self WITHIN 1 injur*) OR comorbid* OR bulimi* OR anorexi* OR neuros* OR OCD OR "psychological stress" OR "psychological distress" OR "mental stress" OR "adjustment disorder" OR "adjustment disorders" OR "mental health" OR "mental healthcare")))) or(DE=("rehabilitation units" or "homeless mentally ill men" or "homeless mentally ill people" or "homeless mentally ill women" or "homeless mentally ill young people" or "insane people" or "long term mentally ill people" or "longterm mentally ill people" or "mentally ill boys" or "mentally ill children" or "mentally ill deaf children" or "mentally ill deaf people" or "mentally ill elderly men" or "mentally ill elderly people" or "mentally ill elderly women" or "mentally ill men" or

"mentally ill mothers" or "mentally ill older people" or "mentally ill parents" or "mentally ill people" or "mentally ill women" or "mentally ill young adults" or "mentally ill young children" or "mentally ill young people" or "psychopaths" or "violent mentally ill people"))

BRITISH NURSING INDEX

Database host: OVID

Database coverage dates: 1985-current

Search date: 13/2/2012

Number of records: 127

Date limits: 1985-2012

92 (((((histrionic ADJ1 person*) OR hyperkinetic OR hypomania OR hysteria OR mania* OR manic* OR (narcissistic ADJ1 person*) OR (person* ADJ1 narcissistic) OR neurasthenia OR neurosis OR neurot* OR (person* ADJ1 obsessive) OR (obsessive ADJ1 person*) OR oligophreni* OR paranoia OR paranoid OR (person* ADJ1 passive-aggressive) OR (passive-aggressive ADJ1 person*) OR phobia\$ OR phobic OR posttraumatic OR psychiatr* OR psychopath* OR psychos* OR psychot* OR rett OR (rett ADJ2 s) OR retts OR schiz* OR sociopath* OR somati?ation OR somatoform OR (secure ADJ1 unit\$) OR (secure ADJ1 hospital\$) OR amnesi* OR hypomania OR cyclothymia OR dysthymia OR dementia OR delirium OR hallucinosis OR delusional OR (mood ADJ2 disorder\$) OR asthenic OR "emotionally labile" OR postencephalitic OR postconcussion* OR (trance ADJ1 disorder\$) OR (possession ADJ1 disorder\$) OR obsessional OR "severe stress" OR (adjustment ADJ1 disorder\$) OR dissociate OR "multiple personality" OR neurasthenia OR (psychological ADJ1 disturbance\$) OR (psychologically ADJ1 disturbed) OR suicid* OR parasuicid*))).ti,ab 15217

93 (((((self ADJ1 harm*) OR (self ADJ1 injur*) OR comorbid* OR bulimi* OR anorexi* OR neuros* OR OCD OR "psychological stress" OR "psychological distress" OR "mental stress" OR "adjustment disorder\$" OR "mental health" OR "mental healthcare" AND)))ti,ab 11002

94 (((((anankastic ADJ1 personalit*) OR "anorexia nervosa" OR (antisocial ADJ1 personalit*) OR ("attention deficit" ADJ1 disorder\$) OR "body dysmorphic" OR "conduct disorder" OR "conduct disorders" OR (cyclothymic ADJ1 personalit*) OR "endogenous depression" OR "folie a deux" OR "mental disorder" OR "mental disorders" OR "mental illness" OR "mental illnesses" OR "mental problem" OR "mental problems" AND)))ti,ab 1801

95 ((("mentally ill" OR "obsessive compulsive" OR "panic disorder" OR "panic disorders" OR "pervasive developmental" OR "post traumatic" OR "seasonal affective" OR (affective ADJ1 disorder\$) OR (avoidant ADJ1 personalit*) OR (behavio* ADJ1 problem\$) OR (behavio* ADJ1 disorder\$) OR (conversion ADJ1 disorder\$) OR (eating ADJ1 behavio*) OR (eating ADJ1 disorder\$) OR (overactive ADJ1 disorder\$) OR (personality ADJ3 disorder\$) OR agoraphobia OR Alzheimer* OR (anankastic ADJ1 person*) OR (antisocial ADJ1 person*) OR anxiety OR anxious OR (person* ADJ1 asocial) OR Asperger* OR autism OR autistic OR (person* ADJ1 avoidant) OR bipolar* OR (borderline ADJ1 personalit*) OR bulimia OR catatonia OR catatonic OR compulsion* OR (compulsive ADJ1 person*) OR (conversion ADJ1 disorder\$) OR cyclothymia OR delusion* OR (dependent ADJ1 personalit*) OR depersonali?ation OR depression* OR depressive OR dereali?ation OR disintegrative OR (person* ADJ1 dissocial) OR dissociation* OR dissociative OR dysthym* OR fugue OR hallucination* OR hebephreni* OR (person* ADJ1 histrionic))).ti,ab 9380

96 92 OR 93 OR 94 OR 95 31158

99 PSYCHIATRIC DISORDERS/ OR exp AUTISM/ OR exp CHILD PSYCHIATRY/ OR exp DEMENTIA/ OR exp DEPRESSION/ OR exp EATING DISORDERS/ OR exp ELDERLY : MENTAL HEALTH/ OR exp NEUROSES AND PHOBIAS/ OR exp POST-TRAUMATIC STRESS/ OR exp PSYCHOSOMATIC DISORDERS/ OR exp SCHIZOPHRENIA/ OR exp SELF HARM/ OR exp SECURE PSYCHIATRIC HOSPITALS/ 12644

100 exp PSYCHIATRIC PATIENTS/ OR exp PSYCHIATRIC NURSING/ OR exp MENTAL HEALTH/ OR exp CHILD PSYCHIATRY/ OR exp ELDERLY : MENTAL HEALTH/ OR exp PSYCHIATRIC NURSING : EDUCATION/ OR exp PSYCHIATRIC PATIENTS/ OR exp MENTAL HEALTH : SERVICES/ OR PSYCHIATRIC REHABILITATION/ OR exp MENTAL HEALTH : COMMUNITY CARE/ OR exp SECURE

PSYCHIATRIC HOSPITALS/ OR exp COMMUNITY PSYCHIATRIC NURSING/ OR exp PSYCHIATRIC SERVICES/ 14154

101 96 OR 99 OR 100 33517

102 SMOKING/ 2432

103 (("temporary abstinence" OR (temporar* ADJ1 abstain*) OR (abstain* ADJ1 temporar*) OR (controlled ADJ1 smoking))).ti,ab 0

104 (((fading ADJ2 smok*) OR (temporary ADJ2 smok*) OR (cessat* ADJ2 smok*) OR (withdraw* ADJ2 smok*) OR (ceas* ADJ2 smok*) OR (stop* ADJ2 smok*) OR (schedul* ADJ2 smok*) OR (quit ADJ2 smok*) OR (quits ADJ2 smok*) OR (quitt* ADJ2 smok*) OR (reduc* ADJ2 smok*) OR (abstain* ADJ2 smok*) OR (prevent* ADJ2 smok*) OR (abstinence ADJ2 smok*) OR (restrict* ADJ2 smok*))).ti,ab 1064

105 (((fading ADJ2 tobacco) OR (temporary ADJ2 tobacco) OR (cessat* ADJ2 tobacco) OR (withdraw* ADJ2 tobacco) OR (ceas* ADJ2 tobacco) OR (stop* ADJ2 tobacco) OR (schedul* ADJ2 tobacco) OR (quit ADJ2 tobacco) OR (quits ADJ2 tobacco) OR (quitt* ADJ2 tobacco) OR (reduc* ADJ2 tobacco) OR (abstain* ADJ2 tobacco) OR (prevent* ADJ2 tobacco) OR (abstinence ADJ2 tobacco) OR (restrict* ADJ2 tobacco))).ti,ab 60

106 (((fading ADJ2 cigarette\$) OR (temporary ADJ2 cigarette\$) OR (cessat* ADJ2 cigarette\$) OR (withdraw* ADJ2 cigarette\$) OR (ceas* ADJ2 cigarette\$) OR (stop* ADJ2 cigarette\$) OR (schedul* ADJ2 cigarette\$) OR (quit ADJ2 cigarette\$) OR (quits ADJ2 cigarette\$) OR (quitt* ADJ2 cigarette\$) OR (reduc* ADJ2 cigarette\$) OR (abstain* ADJ2 cigarette\$) OR (prevent* ADJ2 cigarette\$) OR (abstinence ADJ2 cigarette\$) OR (restrict* ADJ2 cigarette\$))).ti,ab 8

108 (("hand-roll" OR handroll* OR "hand-rolls" OR "hand-rolled" OR bidi OR bidis OR beedi OR beedis OR rolie OR rolies OR paan OR gutkha OR snuff OR betel OR cigar OR cigars)).ti,ab 14

109 ((cigar* OR smok* OR tobacco) AND ("give up" OR "gives up" OR "giving up")).ti,ab 101

110 102 OR 103 OR 104 OR 105 OR 106 OR 108 OR 109 2558

111 101 AND 110 127

CDC SMOKING AND HEALTH RESOURCE LIBRARY DATABASE

Search date: 8/2/2012

Number of records: 24

Four separate searches undertaken and results scanned results on title, from this potentially relevant items were selected.

Search, using publication year 1985 – 1990:

1. psychiatric AND control (keywords)
2. psychiatric AND cessation (keywords)
3. mental AND cessation (keywords)
4. mental AND control (keywords)

CINAHL (CUMULATIVE INDEX OF NURSING AND ALLIED HEALTH LITERATURE)

Database host: OVID

Database coverage dates: 1981-current

Search date: 6/2/2012

Number of records: 1805

Date limits: 1985-2012

- 1 (("mentally ill" OR "obsessive compulsive" OR "panic disorder" OR "panic disorders" OR "pervasive developmental" OR "post traumatic" OR "seasonal affective" OR (affective ADJ1 disorder\$) OR (avoidant ADJ1 personalit*) OR (behavio* problem\$) OR (behavio* ADJ1 disorder\$) OR (conversion ADJ1 disorder\$) OR (eating ADJ1 behavio*) OR (eating ADJ1 disorder\$) OR (overactive ADJ1 disorder\$) OR (personality ADJ3 disorder\$) OR agoraphobia OR Alzheimer* OR (anankastic ADJ1 person*) OR (antisocial ADJ1 person*) OR anxiety OR anxious OR (person* ADJ1 asocial) OR Asperger* OR autism OR autistic OR (person* ADJ1 avoidant) OR bipolar* OR (borderline ADJ1 personalit*) OR bulimia OR catatonia OR catatonic OR compulsion* OR (compulsive ADJ1 person*) OR (conversion ADJ1 disorder\$) OR cyclothymia OR delusion* OR (dependent ADJ1 personalit*) OR depersonalization OR depression* OR depressive OR derealization OR disintegrative OR (person* ADJ1 dissocial) OR dissociation* OR dissociative OR dysthym* OR fugue OR hallucination* OR hebephreni* OR (person* ADJ1 histrionic)).ti,ab
- 2 (((histrionic ADJ1 person*) OR hyperkinetic OR hypomania OR hysteria OR mania* OR manic* OR (narcissistic ADJ1 person*) OR (person* ADJ1 narcissistic) OR neurasthenia OR neurosis OR neurot* OR (person* ADJ1 obsessive) OR (obsessive ADJ1 person*) OR oligophreni* OR paranoia OR paranoid OR (person* ADJ1 passive-aggressive) OR (passive-aggressive ADJ1 person*) OR phobia\$ OR phobic OR posttraumatic OR psychiatr* OR psychopath* OR psychos* OR psychot* OR rett OR (rett ADJ2 s) OR retts OR schiz* OR sociopath* OR somatization OR somatoform OR (secure ADJ1 unit\$) OR (secure ADJ1 hospital\$) OR amnesi* OR hypomania OR cyclothymia OR dysthymia OR dementia OR delirium OR hallucinosis OR delusional OR (mood ADJ2 disorder\$) OR asthenic OR "emotionally labile" OR postencephalitic OR postconcussion* OR (trance ADJ1 disorder\$) OR (possession ADJ1 disorder\$) OR obsessional OR "severe stress" OR (adjustment ADJ1 disorder\$) OR dissociate OR "multiple personality" OR neurasthenia OR (psychological ADJ1 disturbance\$) OR (psychologically ADJ1 disturbed) OR suicid* OR parasuicid*).ti,ab
- 3 (((self ADJ1 harm*) OR (self ADJ1 injur*) OR comorbid* OR bulimi* OR anorexi* OR neuros* OR OCD OR "psychological stress" OR "psychological distress" OR "mental stress" OR "adjustment disorder\$" OR "mental health" OR "mental healthcare")).ti,ab
- 4 (((anankastic ADJ1 personalit*) OR "anorexia nervosa" OR (antisocial ADJ1 personalit*) OR ("attention deficit" ADJ1 disorder\$) OR "body dysmorphic" OR "conduct disorder" OR "conduct disorders" OR (cyclothymic ADJ1 personalit*) OR "endogenous depression" OR "folie a deux" OR "mental disorder" OR "mental disorders" OR "mental illness" OR "mental illnesses" OR "mental problem" OR "mental problems")).ti,ab
- 5 ("temporary abstinence" OR (temporar* ADJ1 abstain*) OR (abstain* ADJ1 temporar*) OR (controlled ADJ1 smoking)).ti,ab
- 6 ((fading ADJ2 smok*) OR (temporary ADJ2 smok*) OR (cessat* ADJ2 smok*) OR (withdraw* ADJ2 smok*) OR (ceas* ADJ2 smok*) OR (stop* ADJ2 smok*) OR (schedul* ADJ2 smok*) OR (quit ADJ2 smok*) OR (quits ADJ2 smok*) OR (quitt* ADJ2 smok*) OR (reduc* ADJ2 smok*) OR (abstain* ADJ2 smok*) OR (prevent* ADJ2 smok*) OR (abstinence ADJ2 smok*) OR (restrict* ADJ2 smok*)).ti,ab
- 7 ((fading ADJ2 tobacco) OR (temporary ADJ2 tobacco) OR (cessat* ADJ2 tobacco) OR (withdraw* ADJ2 tobacco) OR (ceas* ADJ2 tobacco) OR (stop* ADJ2 tobacco) OR (schedul* ADJ2 tobacco) OR (quit ADJ2 tobacco) OR (quits ADJ2 tobacco) OR (quitt* ADJ2 tobacco) OR (reduc* ADJ2 tobacco)

OR (abstain* ADJ2 tobacco) OR (prevent* ADJ2 tobacco) OR (abstinence ADJ2 tobacco) OR (restrict* ADJ2 tobacco)).ti,ab

8 ((fading ADJ2 cigarette\$) OR (temporary ADJ2 cigarette\$) OR (cessat* ADJ2 cigarette\$) OR (withdraw* ADJ2 cigarette\$) OR (ceas* ADJ2 cigarette\$) OR (stop* ADJ2 cigarette\$) OR (schedul* ADJ2 cigarette\$) OR (quit ADJ2 cigarette\$) OR (quits ADJ2 cigarette\$) OR (quitt* ADJ2 cigarette\$) OR (reduc* ADJ2 cigarette\$) OR (abstain* ADJ2 cigarette\$) OR (prevent* ADJ2 cigarette\$) OR (abstinence ADJ2 cigarette\$) OR (restrict* ADJ2 cigarette\$)).ti,ab

9 (fading OR temporary OR cessat* OR withdraw* OR ceas* OR stop* OR schedul* OR quit\$ OR quitt* OR reduc* OR abstain* OR prevent* OR abstinence OR restrict*).ti,ab

10 ("hand-roll" OR handroll* OR "hand-rolls" OR "hand-rolled" OR bidi OR bidis OR beedi OR beedis OR rolie OR rolies OR paan OR gutkha OR snuff OR betel OR cigar OR cigars).ti,ab

11 9 AND 10

12 ("hand-roll" OR handroll* OR "hand-rolls" OR "hand-rolled" OR bidi OR bidis OR beedi OR beedis OR rolie OR rolies OR paan OR gutkha OR snuff OR betel OR cigar* OR smok* OR tobacco).ti,ab

13 ("give up" OR "gives up" OR "giving up").ti,ab

14 12 AND 13

15 1 OR 2 OR 3 OR 4

16 5 OR 6 OR 7 OR 8 OR 11 OR 14

18 SMOKING/PC [PC=Prevention And Control]

19 SMOKING CESSATION/ OR SMOKING CESSATION PROGRAMS/

20 16 OR 18 OR 19

21 SOCIAL WORK, PSYCHIATRIC/ OR EMERGENCY SERVICES, PSYCHIATRIC/ OR COMMUNITY MENTAL HEALTH SERVICES/ OR MENTAL HEALTH SERVICES/

22 MENTAL HEALTH/ OR HOSPITALS, PSYCHIATRIC/ OR COMMUNITY MENTAL HEALTH NURSING/

23 exp MENTAL HEALTH PERSONNEL/ OR exp PSYCHIATRISTS/

24 exp COMMUNITY MENTAL HEALTH SERVICES/ OR exp SOCIAL WORK, PSYCHIATRIC/ OR exp EMERGENCY SERVICES, PSYCHIATRIC/

25 MENTALLY ILL OFFENDERS/ OR MENTAL DISORDERS, CHRONIC/

26 HOSPITALS, PSYCHIATRIC/ OR PSYCHIATRIC EMERGENCIES/ OR PSYCHIATRIC UNITS/ OR PSYCHIATRIC TECHNICIANS/ OR exp PSYCHIATRIC PATIENTS/

27 MENTAL DISORDERS/ OR exp ADJUSTMENT DISORDERS/ OR exp MENTAL DISORDERS DIAGNOSED IN CHILDHOOD/ OR exp NEUROTIC DISORDERS/ OR exp ORGANIC MENTAL DISORDERS/ OR exp PERSONALITY DISORDERS/ OR exp PSYCHOPHYSIOLOGIC DISORDERS/ OR exp PSYCHOTIC DISORDERS/ OR exp PREGNANCY COMPLICATIONS, PSYCHIATRIC/

29 ALZHEIMER'S DISEASE/

31 exp DYSLEXIA/

32 exp DEVELOPMENTAL DISABILITIES/

33 AUTISTIC DISORDER/

34 NEUROBEHAVIORAL MANIFESTATIONS/ OR exp CONFUSION/ OR exp CATATONIA/ OR exp COMMUNICATIVE DISORDERS/

35 CONSCIOUSNESS DISORDERS/ OR exp MEMORY DISORDERS/ OR exp PERCEPTUAL DISORDERS/ OR exp PSYCHOMOTOR DISORDERS

37 exp FACTITIOUS DISORDERS/ OR exp MUNCHAUSEN SYNDROME/ OR exp SOMATOFORM DISORDERS/ OR exp NEUROTIC DISORDERS/ OR exp AFFECTIVE DISORDERS/ OR exp ANXIETY DISORDERS/ OR exp DISSOCIATIVE DISORDERS/

38 RETT SYNDROME/

39 ATTENTION DEFICIT HYPERACTIVITY DISORDER/

40 BULIMIA/ OR BULIMIA NERVOSA/ OR exp FEEDING AND EATING DISORDERS OF CHILDHOOD/ OR exp EATING DISORDERS/

- 42 exp CHILD DEVELOPMENT DISORDERS, PERVASIVE/ OR exp COMMUNICATIVE DISORDERS/ OR exp MOTOR SKILLS DISORDERS/ OR exp REACTIVE ATTACHMENT DISORDER/ OR exp SEPARATION ANXIETY/ OR exp DEVELOPMENTAL DISABILITIES/ OR exp ATTENTION DEFICIT HYPERACTIVITY DISORDER/ OR exp MENTAL DISORDERS DIAGNOSED IN CHILDHOOD/
- 43 IMPULSE CONTROL DISORDERS/
- 44 ASTHENIA/
- 45 exp DYSKINESIAS/
- 46 exp STRESS DISORDERS, POST-TRAUMATIC/
- 47 HALLUCINATIONS/ OR exp PSYCHOTIC DISORDERS/
- 48 PANIC DISORDER/
- 49 REHABILITATION CENTERS/
- 50 21 OR 22 OR 23 OR 24 OR 25 OR 26 OR 27 OR 29 OR 31 OR 32 OR 33 OR 34 OR 35 OR 37 OR 38 OR 39 OR 40 OR 42 OR 43 OR 44 OR 45 OR 46 OR 47 OR 48 OR 49
- 51 15 OR 50
- 52 20 AND 51
- 60 exp SUICIDE/ OR exp DELIRIUM, DEMENTIA, AMNESTIC, COGNITIVE DISORDERS/ OR exp HYSTERIA/ OR exp PSYCHOMOTOR DISORDERS/ 50654
- 61 exp SOCIAL BEHAVIOR DISORDERS/
- 62 SOCIAL ANXIETY DISORDERS/
- 63 50 OR 60 OR 61 OR 62
- 64 51 OR 63
- 65 64 AND 20 [Limit to: Publication Year 1985-2012]

COCHRANE CENTRAL REGISTER OF CONTROLLED TRIALS, COCHRANE DATABASE OF SYSTEMATIC REVIEWS, DATABASE OF ABSTRACTS OF REVIEWS OF EFFECTIVENESS, HEALTH TECHNOLOGY ASSESSMENT DATABASES

Database host: Cochrane Library

Search date: 30/1/2012

Number of records: 1009, of which:

- Cochrane Central Register of Controlled Trials, n=938,
- Cochrane Database of Systematic Reviews, n=32
- Database of Abstracts of Reviews of Effectiveness, n=15
- Health Technology Assessment database, n=3

Search strategy:

- #1 "hand-roll" OR handroll* OR "hand-rolls" OR "hand-rolled" OR bidi OR bidis OR beedi OR beedis OR rolie OR rolies OR paan OR gutkha OR snuff OR betel OR cigar OR cigars:ti,ab,kw
- #2 (fading OR temporary OR (give* up) OR "giving up" OR cessat* OR withdraw* OR ceas* OR stop* OR schedul* OR quit OR quitt* OR quits OR reduc* OR abstain* OR prevent* OR abstinence OR restrict*):ti,ab,kw
- #3 (#1 AND #2)
- #4 (tobacco NEXT control) OR (smoking NEXT control) OR (smoking NEAR/3 services) OR (smoking NEAR/3 service) OR (anti NEXT smoking) OR (anti NEXT tobacco) OR (control NEXT tobacco) OR (control NEXT smoking) OR (smoking NEXT anti) OR (tobacco NEXT anti):ti,ab,kw
- #5 "temporary abstinence" OR (temporar* NEXT abstain*) OR (abstain* NEXT temporar*):ti,ab,kw
- #6 (controlled NEXT smoking):ti,ab,kw
- #7 ((fading OR temporary OR (give* up) OR "giving up" OR cessat* OR withdraw* OR ceas* OR stop* OR schedul* OR quit OR quits OR quitt* OR reduc* OR abstain* OR prevent* OR abstinence OR restrict*) NEAR/2 (smok* OR tobacco OR cigarette*)) :ti,ab,kw
- #8 MeSH descriptor Smoking, this term only
- #9 MeSH descriptor Tobacco Use Cessation explode all trees
- #10 MeSH descriptor Smoking Cessation explode all trees
- #11 (#3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9 OR #10)
- #12 (anankastic NEXT personalit*) OR "anorexia nervosa" OR (antisocial NEXT personalit*) OR ("attention deficit" NEXT disorder) OR "body dysmorphic" OR "conduct disorder" OR (cyclothymic NEXT personalit*) OR "endogenous depression" OR "folie a deux" OR "mental disorder" OR "mental disorders" OR "mental illness" OR "mental illnesses" OR "mental problem" OR "mental problems" OR "mentally ill" OR "obsessive compulsive" OR "panic disorder" OR "panic disorders" OR "pervasive developmental" OR "post traumatic" OR "seasonal affective" OR (affective NEXT disorder) :ti,ab,kw
- #13 ((avoidant NEXT personalit*) OR (behavio* problem) OR (behavio* NEXT disorder*) OR (conversion NEXT disorder) OR (eating NEXT behavio*) OR (eating NEXT disorder) OR (overactive NEXT disorder) OR (personality NEAR/3 disorder*) OR agoraphobia OR Alzheimer* OR (person* NEXT anankastic) OR (anankastic NEXT person*) OR (person* NEXT antisocial) OR (antisocial NEXT person*) OR anxiety OR anxious OR (asocial NEXT person*) OR (person* NEXT asocial) OR Asperger* OR autism OR autistic OR (avoidant NEXT person*) OR (person* NEXT avoidant) OR bipolar* OR borderline NEXT personalit* OR bulimia OR catatonia OR catatonic OR compulsion* OR (person* NEXT compulsive) OR (compulsive NEXT person*) OR (conversion NEXT disorder*) OR cyclothymia OR delusion* OR (personalit* NEXT dependent) OR (dependent NEXT personalit*) OR depersonalization OR depersonalisation OR depression* OR depressive OR derealisation OR derealization OR disintegrative OR (person* NEXT dissocial) OR (dissocial NEXT person*) OR dissociation* OR dissociative OR dysthym* OR fugue OR hallucination* OR hebephreni* OR

(person* NEXT histrionic) OR (histrionic NEXT person*) OR hyperkinetic OR hypomania OR hysteria OR mania* OR manic* OR (narcissistic NEXT person*) OR (person* NEXT narcissistic) OR neurasthenia OR neurosis OR neurot* OR (person* NEXT obsessive) OR (obsessive NEXT person*) OR oligophreni* OR paranoia OR paranoid OR (person* NEXT passive-aggressive) OR (passive-aggressive NEXT person*) OR phobia* OR phobic):ti,ab,kw

#14 (posttraumatic OR psychiatr* OR psychopath* OR psychos* OR psychot* OR rett OR rett NEAR/2 s OR retts OR schiz* OR sociopath* OR somatization OR somatisation OR somatoform):ti,ab,kw

#15 (secure unit*) OR (secure hospital*):ti,ab,kw

#16 (amnesi* or hypomania OR cyclothymia or dysthymia or dementia OR delirium OR hallucinosis OR delusional OR (mood NEAR/2 disorder) OR asthenic OR "emotionally labile" OR postencephalitic OR postconcussion* OR (trance NEXT disorder) OR (possession NEXT disorder) OR obsessional OR "severe stress" OR (adjustment NEXT disorder) OR dissociate OR "multiple personality" OR neurasthenia OR (psychological NEXT disturbance) OR (psychologically NEXT disturbed) OR suicid* OR parasuicid* OR (self NEXT harm*) OR (self NEXT injur*) OR comorbid* OR bulimi* OR anorexi* OR neuros* OR OCD OR "psychological stress" OR "psychological distress" OR "mental stress" OR "adjustment disorder" OR "adjustment disorders") :ti,ab,kw

#17 "mental health" OR "mental healthcare":ti,ab,kw

#18 MeSH descriptor Mental Health Services, this term only

#19 MeSH descriptor Community Mental Health Services, this term only

#20 MeSH descriptor Emergency Services, Psychiatric, this term only

#21 MeSH descriptor Social Work, Psychiatric explode all trees

#22 MeSH descriptor Mentally Ill Persons, this term only

#23 MeSH descriptor Psychiatric Department, Hospital, this term only

#24 MeSH descriptor Hospitals, Psychiatric, this term only

#25 MeSH descriptor Psychiatric Nursing, this term only

#26 MeSH descriptor Mental Health, this term only

#27 MeSH descriptor Rehabilitation Centers, this term only

#28 MeSH descriptor Adjustment Disorders, this term only

#29 MeSH descriptor Amnesia explode all trees

#30 MeSH descriptor Attention Deficit and Disruptive Behavior Disorders explode all trees

#31 MeSH descriptor Binge-Eating Disorder, this term only

#32 MeSH descriptor Capgras Syndrome, this term only

#33 MeSH descriptor Child Development Disorders, Pervasive explode all trees

#34 MeSH descriptor Cognition Disorders explode all trees

#35 MeSH descriptor Communication Disorders explode all trees

#36 MeSH descriptor Coprophagia explode all trees

#37 MeSH descriptor Delirium explode all trees

#38 MeSH descriptor Dementia explode all trees

#39 MeSH descriptor Depressive Disorder explode all trees

#40 MeSH descriptor Developmental Disabilities, this term only

#41 MeSH descriptor Dyslexia, Acquired explode all trees

#42 MeSH descriptor Factitious Disorders, this term only

#43 MeSH descriptor Feeding and Eating Disorders of Childhood explode all trees

#44 MeSH descriptor Impulse Control Disorders, this term only

#45 MeSH descriptor Mental Disorders Diagnosed in Childhood, this term only

#46 MeSH descriptor Motor Skills Disorders, this term only

#47 MeSH descriptor Munchausen Syndrome, this term only

#48 MeSH descriptor Neurocirculatory Asthenia, this term only

#49 MeSH descriptor Obsessive-Compulsive Disorder explode all trees

#50 MeSH descriptor Pica explode all trees

- #51 MeSH descriptor Psychotic Disorders explode all trees
- #52 MeSH descriptor Schizophrenia and Disorders with Psychotic Features, this term only
- #53 MeSH descriptor Schizophrenia explode all trees
- #54 MeSH descriptor Stereotypic Movement Disorder, this term only
- #55 MeSH descriptor Stress Disorders, Traumatic explode all trees
- #56 MeSH descriptor Affective Disorders, Psychotic explode all trees
- #57 MeSH descriptor Anxiety Disorders explode all trees
- #58 MeSH descriptor Anorexia Nervosa, this term only
- #59 MeSH descriptor Bulimia Nervosa, this term only
- #60 MeSH descriptor Bulimia, this term only
- #61 MeSH descriptor Anxiety, this term only
- #62 MeSH descriptor Personality Disorders explode all trees
- #63 MeSH descriptor Alzheimer Disease, this term only
- #64 MeSH descriptor Attention Deficit Disorder with Hyperactivity explode all trees
- #65 MeSH descriptor Body Dysmorphic Disorders explode all trees
- #66 MeSH descriptor Catatonia, this term only
- #67 MeSH descriptor Child Behavior Disorders, this term only
- #68 MeSH descriptor Compulsive Behavior, this term only
- #69 MeSH descriptor Cyclothymic Disorder, this term only
- #70 MeSH descriptor Delirium, Dementia, Amnestic, Cognitive Disorders explode all trees
- #71 MeSH descriptor Dementia explode all trees
- #72 MeSH descriptor Dependency (Psychology), this term only
- #73 MeSH descriptor Depersonalization, this term only
- #74 MeSH descriptor Depression, this term only
- #75 MeSH descriptor Depressive Disorder, Major, this term only
- #76 MeSH descriptor Dysthymic Disorder, this term only
- #77 MeSH descriptor Dissociative Disorders explode all trees
- #78 MeSH descriptor Eating Disorders, this term only
- #79 MeSH descriptor Feeding Behavior, this term only
- #80 MeSH descriptor Hallucinations, this term only
- #81 MeSH descriptor Hysteria, this term only
- #82 MeSH descriptor Mental Disorders, this term only
- #83 MeSH descriptor Mood Disorders, this term only
- #84 MeSH descriptor Personality Disorders, this term only
- #85 MeSH descriptor Neurotic Disorders, this term only
- #86 MeSH descriptor Obsessive Behavior, this term only
- #87 MeSH descriptor Obsessive-Compulsive Disorder, this term only
- #88 MeSH descriptor Panic, this term only
- #89 MeSH descriptor Paranoid Disorders explode all trees
- #90 MeSH descriptor Psychiatry explode all trees
- #91 MeSH descriptor Psychophysiology Disorders, this term only
- #92 MeSH descriptor Psychotic Disorders, this term only
- #93 MeSH descriptor Rett Syndrome, this term only
- #94 MeSH descriptor Schizophrenia, Childhood, this term only
- #95 MeSH descriptor Shared Paranoid Disorder, this term only
- #96 MeSH descriptor Social Behavior Disorders, this term only
- #97 MeSH descriptor Somatoform Disorders, this term only
- #98 (#12 OR #13 OR #14 OR #15 OR #16 OR #17 OR #18 OR #19 OR #20 OR #21 OR #22 OR #23 OR #24 OR #25 OR #26 OR #27 OR #28 OR #29 OR

Review 5: Appendices

#30 OR #31 OR #32 OR #33 OR #34 OR #35 OR #36 OR #37 OR #38 OR #39 OR #40 OR #41 OR #42
OR #43 OR #44 OR #45 OR #46 OR #47 OR #48 OR

#49 OR #50 OR #51 OR #52 OR #53 OR #54 OR #55 OR #56 OR #57 OR #58 OR #59 OR #60 OR #61
OR #62 OR #63 OR #64 OR #65 OR #66 OR #67 OR

#68 OR #69 OR #70 OR #71 OR #72 OR #73 OR #74 OR #75 OR #76 OR #77 OR #78 OR #79 OR #80
OR #81 OR #82 OR #83 OR #84 OR #85 OR #86 OR

#87 OR #88 OR #89 OR #90 OR #91 OR #92 OR #93 OR #94 OR #95 OR #96 OR #97)

#99 (#11 AND #98)

#100 (#99), from 1985 to 2012

CONFERENCE PAPERS INDEX

Database host: CSA Illumina

Database coverage dates: 1982-current

Search date: 31/1/2012

Number of records: 83

Date limits: 2008-2012

Database: Conference Papers Index

Query: (((TI=((anankastic WITHIN 1 personalit*) OR "anorexia nervosa" OR (antisocial WITHIN 1 personalit*) OR ("attention deficit" WITHIN 1 disorder*) OR "body dysmorphic" OR "conduct disorder" OR "conduct disorders" OR (cyclothymic WITHIN 1 personalit*) OR "endogenous depression" OR "folie a deux" OR "mental disorder" OR "mental disorders" OR "mental illness" OR "mental illnesses" OR "mental problem" OR "mental problems") OR AB=((anankastic WITHIN 1 personalit*) OR "anorexia nervosa" OR (antisocial WITHIN 1 personalit*) OR ("attention deficit" WITHIN 1 disorder*) OR "body dysmorphic" OR "conduct disorder" OR "conduct disorders" OR (cyclothymic WITHIN 1 personalit*) OR "endogenous depression" OR "folie a deux" OR "mental disorder" OR "mental disorders" OR "mental illness" OR "mental illnesses" OR "mental problem" OR "mental problems")) or(TI=((histrionic WITHIN 1 person*) OR hyperkinetic OR hypomania OR hysteria OR mania* OR manic* OR (narcissistic WITHIN 1 person*) OR (person* WITHIN 1 narcissistic) OR neurasthenia OR neurosis OR neurot* OR (person* WITHIN 1 obsessive) OR (obsessive WITHIN 1 person*) OR oligophreni* OR paranoia OR paranoid OR (person* WITHIN 1 passive-aggressive) OR (passive-aggressive WITHIN 1 person*) OR phobia* OR phobic OR posttraumatic OR psychiatr* OR psychopath* OR psychos* OR psychot* OR rett OR "rett's" OR retts OR schiz* OR sociopath* OR somati?ation OR somatoform OR (secure WITHIN 1 unit) OR (secure WITHIN 1 units) OR (secure WITHIN 1 hospital*) OR amnesi* or hypomania OR cyclothymia or dysthymia or dementia OR delirium OR hallucinosis OR delusional OR (mood WITHIN 2 disorder*) OR asthenic OR "emotionally labile" OR postencephalitic OR postconcussion* OR (trance WITHIN 1 disorder*) OR (possession WITHIN 1 disorder*) OR obsessional OR "severe stress" OR (adjustment WITHIN 1 disorder*) OR dissociate OR "multiple personality" OR neurasthenia OR (psychological WITHIN 1 disturbance*) OR (psychologically WITHIN 1 disturbed) OR suicid* OR parasuicid*) OR AB=((histrionic WITHIN 1 person*) OR hyperkinetic OR hypomania OR hysteria OR mania* OR manic* OR (narcissistic WITHIN 1 person*) OR (person* WITHIN 1 narcissistic) OR neurasthenia OR neurosis OR neurot* OR (person* WITHIN 1 obsessive) OR (obsessive WITHIN 1 person*) OR oligophreni* OR paranoia OR paranoid OR (person* WITHIN 1 passive-aggressive) OR (passive-aggressive WITHIN 1 person*) OR phobia* OR phobic OR posttraumatic OR psychiatr* OR psychopath* OR psychos* OR psychot* OR rett OR "rett's" OR retts OR schiz* OR sociopath* OR somati?ation OR somatoform OR (secure WITHIN 1 unit) OR (secure WITHIN 1 units) OR (secure WITHIN 1 hospital*) OR amnesi* or hypomania OR cyclothymia or dysthymia or dementia OR delirium OR hallucinosis OR delusional OR (mood WITHIN 2 disorder*) OR asthenic OR "emotionally

labile" OR postencephalitic OR postconcussion* OR (trance WITHIN 1 disorder*) OR (possession WITHIN 1 disorder*) OR obsessional OR "severe stress" OR (adjustment WITHIN 1 disorder*) OR dissociate OR "multiple personality" OR neurasthenia OR (psychological WITHIN 1 disturbance*) OR (psychologically WITHIN 1 disturbed) OR suicid* OR parasuicid*)) or(TI=((self WITHIN 1 harm*) OR (self WITHIN 1 injur*) OR comorbid* OR bulimi* OR anorexi* OR neuros* OR OCD OR "psychological stress" OR "psychological distress" OR "mental stress" OR "adjustment disorder" OR "adjustment disorders" OR "mental health" OR "mental healthcare") OR AB=((self WITHIN 1 harm*) OR (self WITHIN 1 injur*) OR comorbid* OR bulimi* OR anorexi* OR neuros* OR OCD OR "psychological stress" OR "psychological distress" OR "mental stress" OR "adjustment disorder" OR "adjustment disorders" OR "mental health" OR "mental healthcare")) or(TI=("mentally ill" OR "obsessive compulsive" OR "panic disorder" OR "panic disorders" OR "pervasive developmental" OR "post traumatic" OR "seasonal affective" OR (affective WITHIN 1 disorder*) OR (avoidant WITHIN 1 personalit*) OR (behavio* problem*) OR (behavio* WITHIN 1 disorder*) OR (conversion WITHIN 1 disorder*) OR (eating WITHIN 1 behavio*) OR (eating WITHIN 1 disorder*) OR (overactive WITHIN 1 disorder*) OR (personality WITHIN 3 disorder*) OR agoraphobia OR Alzheimer* OR (anankastic WITHIN 1 person*) OR (antisocial WITHIN 1 person*) OR anxiety OR anxious OR (person* WITHIN 1 asocial) OR Asperger* OR autism OR autistic OR (person* WITHIN 1 avoidant) OR bipolar* OR (borderline WITHIN 1 personalit*) OR bulimia OR catatonia OR catatonic OR compulsion* OR (compulsive WITHIN 1 person*) OR (conversion WITHIN 1 disorder*) OR cyclothymia OR delusion* OR (dependent WITHIN 1 personalit*) OR depersonali?ation OR depression* OR depressive OR dereali?ation OR disintegrative OR (person* WITHIN 1 dissocial) OR dissociation* OR dissociative OR dysthym* OR fugue OR hallucination* OR hebephreni* OR (person* WITHIN 1 histrionic)) OR AB=("mentally ill" OR "obsessive compulsive" OR "panic disorder" OR "panic disorders" OR "pervasive developmental" OR "post traumatic" OR "seasonal affective" OR (affective WITHIN 1 disorder*) OR (avoidant WITHIN 1 personalit*) OR (behavio* problem*) OR (behavio* WITHIN 1 disorder*) OR (conversion WITHIN 1 disorder*) OR (eating WITHIN 1 behavio*) OR (eating WITHIN 1 disorder*) OR (overactive WITHIN 1 disorder*) OR (personality WITHIN 3 disorder*) OR agoraphobia OR Alzheimer* OR (anankastic WITHIN 1 person*) OR (antisocial WITHIN 1 person*) OR anxiety OR anxious OR (person* WITHIN 1 asocial) OR Asperger* OR autism OR autistic OR (person* WITHIN 1 avoidant) OR bipolar* OR (borderline WITHIN 1 personalit*) OR bulimia OR catatonia OR catatonic OR compulsion* OR (compulsive WITHIN 1 person*) OR (conversion WITHIN 1 disorder*) OR cyclothymia OR delusion* OR (dependent WITHIN 1 personalit*) OR depersonali?ation OR depression* OR depressive OR dereali?ation OR disintegrative OR (person* WITHIN 1 dissocial) OR dissociation* OR dissociative OR dysthym* OR fugue OR hallucination* OR hebephreni* OR (person* WITHIN 1 histrionic)))) OR (KW=(psychosis or depression) or DE=(anxiety or (mental disorders) or schizophrenia or bipolar or depression))) AND ((DE=smoking or "tobacco smoking" OR "cigarettes" OR "cigarette smoking") OR (((TI=("hand-roll" OR handroll* OR "hand-rolls" OR "hand-rolled" OR bidi OR bidis OR beedi OR beedis OR rolie OR rolies OR paan OR gutkha OR snuff OR betel OR cigar OR cigars)

OR AB=("hand-roll" OR handroll* OR "hand-rolls" OR "hand-rolled" OR bidi
OR bidis OR beedi OR beedis OR rolie OR rolies OR paan OR gutkha OR snuff
OR betel OR cigar OR cigars)) and(TI=(fading OR temporary OR (give* up) OR
"giving up" OR cessat* OR withdraw* OR ceas* OR stop* OR schedul* OR quit
OR quitt* OR quits OR reduc* OR abstain* OR prevent* OR abstinence OR
restrict*) OR AB=(fading OR temporary OR (give* up) OR "giving up" OR
cessat* OR withdraw* OR ceas* OR stop* OR schedul* OR quit OR quitt* OR
quits OR reduc* OR abstain* OR prevent* OR abstinence OR restrict*))
or(TI=(tobacco WITHIN 1 control) OR (smoking WITHIN 1 control) OR
(smoking WITHIN 3 services) OR (smoking WITHIN 3 service) OR (anti WITHIN
1 smoking) OR (anti WITHIN 1 tobacco) OR (control WITHIN 1 tobacco) OR
(control WITHIN 1 smoking) OR (smoking WITHIN 1 anti) OR (tobacco WITHIN
1 anti) OR AB=(tobacco WITHIN 1 control) OR (smoking WITHIN 1 control) OR
(smoking WITHIN 3 services) OR (smoking WITHIN 3 service) OR (anti WITHIN
1 smoking) OR (anti WITHIN 1 tobacco) OR (control WITHIN 1 tobacco) OR
(control WITHIN 1 smoking) OR (smoking WITHIN 1 anti) OR (tobacco WITHIN
1 anti)) or(TI=("temporary abstinence") OR (temporar* WITHIN 1 abstain*)
OR (abstain* WITHIN 1 temporar*) OR AB=("temporary abstinence") OR
(temporar* WITHIN 1 abstain*) OR (abstain* WITHIN 1 temporar*))
or(TI=("controlled smoking") OR AB=("controlled smoking")) or(TI=((fading
OR temporary OR (give* up) OR "giving up" OR cessat* OR withdraw* OR ceas*
OR stop* OR schedul* OR quit OR quits OR quitt* OR reduc* OR abstain* OR
prevent* OR abstinence OR restrict*) WITHIN 2 (smok* OR tobacco OR
cigarette*)) or(AB=((fading OR temporary OR (give* up) OR "giving up" OR
cessat* OR withdraw* OR ceas* OR stop* OR schedul* OR quit OR quits OR
quitt* OR reduc* OR abstain* OR prevent* OR abstinence OR restrict*)
WITHIN 2 (smok* OR tobacco OR cigarette*))))))

DATABASE OF PROMOTING HEALTH EFFECTIVENESS REVIEWS (DoPHER) AND
TRIALS REGISTER OF PROMOTING HEALTH INTERVENTIONS (TRoPHI)

Search date: 3/2/2012

Number of records: (59 DoPHER, 89 TRoPHI)

Search strategy:

- 1 Focus of the report: mental health
- 2 Focus of the report: eating disorder
- 3 Focus of the report: Suicide
- 4 Freetext (item record) "mental health*"
- 5 Freetext (item record) "psychiatr*"
- 6 Freetext (item record) "depressi*"
- 7 Freetext (item record) "disorder*"
- 8 Freetext (item record) "personalit*"
- 9 Freetext (item record) "schizo*"
- 10 Freetext (item record) "suicid*"
- 11 Freetext (item record) "comorbid*"
- 12 Freetext (item record) "mental*"
- 13 Freetext (item record) "anorex*"
- 14 Freetext (item record) "bulimi*"
- 15 Freetext (item record) "obsessive*"
- 16 Freetext (item record) "compulsiv*"
- 17 1 OR 2 OR 3 OR 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 12 OR 13 OR 14 OR 15 OR 16
- 18 Focus of the report: tobacco
- 19 Freetext (item record) "tobacco*"
- 20 Freetext (item record) "smoking"
- 21 Freetext (item record) "cigar*"
- 22 18 OR 19 OR 20 OR 21
- 23 17 AND 22

EMBASE

Database host: OVID

Database coverage dates: 1980-current

Search date: 9/2/2012

Number of records: 5989

Date limits: 1985-2012

2 (((histrionic ADJ1 person*) OR hyperkinetic OR hypomania OR hysteria OR mania* OR manic* OR narcissistic ADJ1 person*) OR (person* ADJ1 narcissistic) OR neurasthenia OR neurosis OR neurot* OR (person* ADJ1 obsessive) OR (obsessive ADJ1 person*) OR oligophreni* OR paranoia OR paranoid OR (person* ADJ1 passive-aggressive) OR (passive-aggressive ADJ1 person*) OR phobia\$ OR phobic OR posttraumatic OR psychiatr* OR psychopath* OR psychos* OR psychot* OR rett OR (rett ADJ2 s) OR retts OR schiz* OR sociopath* OR somati?ation OR somatoform OR (secure ADJ1 unit\$) OR (secure ADJ1 hospital\$) OR amnesi* OR hypomania OR cyclothymia OR dysthymia OR dementia OR delirium OR hallucinosis OR delusional OR (mood ADJ2 disorder\$) OR asthenic OR "emotionally labile" OR postencephalitic OR postconcussion* OR (trance ADJ1 disorder\$) OR (possession ADJ1 disorder\$) OR obsessional OR "severe stress" OR (adjustment ADJ1 disorder\$) OR dissociate OR "multiple personality" OR neurasthenia OR (psychological ADJ1 disturbance\$) OR (psychologically ADJ1 disturbed) OR suicid* OR parasuicid*)).ti,ab 756398

3 (((self ADJ1 harm*) OR (self ADJ1 injur*) OR comorbid* OR bulimi* OR anorexi* OR neuros* OR OCD OR "psychological stress" OR "psychological distress" OR "mental stress" OR "adjustment disorder\$" OR "mental health" OR "mental healthcare")).ti,ab 286348

4 (((anankastic ADJ personalit*) OR "anorexia nervosa" OR (antisocial ADJ personalit*) OR ("attention deficit" ADJ disorder\$) OR "body dysmorphic" OR "conduct disorder" OR "conduct disorders" OR (cyclothymic ADJ personalit*) OR "endogenous depression" OR "folie a deux" OR "mental disorder" OR "mental disorders" OR "mental illness" OR "mental illnesses" OR "mental problem" OR "mental problems")).ti,ab 57941

5 ("temporary abstinence" OR (temporar* ADJ1 abstain*) OR (abstain* ADJ1 temporar*) OR (controlled ADJ1 smoking)).ti,ab 139

6 ((fading ADJ2 smok*) OR (temporary ADJ2 smok*) OR (cessat* ADJ2 smok*) OR (withdraw* ADJ2 smok*) OR (ceas* ADJ2 smok*) OR (stop* ADJ2 smok*) OR (schedul* ADJ2 smok*) OR (quit ADJ2 smok*) OR (quits ADJ2 smok*) OR (quitt* ADJ2 smok*) OR (reduc* ADJ2 smok*) OR (abstain* ADJ2 smok*) OR (prevent* ADJ2 smok*) OR (abstinence ADJ2 smok*) OR (restrict* ADJ2 smok*)).ti,ab 26275

7 ((fading ADJ2 tobacco) OR (temporary ADJ2 tobacco) OR (cessat* ADJ2 tobacco) OR (withdraw* ADJ2 tobacco) OR (ceas* ADJ2 tobacco) OR (stop* ADJ2 tobacco) OR (schedul* ADJ2 tobacco) OR (quit ADJ2 tobacco) OR (quits ADJ2 tobacco) OR (quitt* ADJ2 tobacco) OR (reduc* ADJ2 tobacco) OR (abstain* ADJ2 tobacco) OR (prevent* ADJ2 tobacco) OR (abstinence ADJ2 tobacco) OR (restrict* ADJ2 tobacco)).ti,ab 3874

8 ((fading ADJ2 cigarette\$) OR (temporary ADJ2 cigarette\$) OR (cessat* ADJ2 cigarette\$) OR (withdraw* ADJ2 cigarette\$) OR (ceas* ADJ2 cigarette\$) OR (stop* ADJ2 cigarette\$) OR (schedul* ADJ2 cigarette\$) OR (quit ADJ2 cigarette\$) OR (quits ADJ2 cigarette\$) OR (quitt* ADJ2 cigarette\$) OR (reduc* ADJ2 cigarette\$) OR (abstain* ADJ2 cigarette\$) OR (prevent* ADJ2 cigarette\$) OR (abstinence ADJ2 cigarette\$) OR (restrict* ADJ2 cigarette\$)).ti,ab 1828

9 (fading OR temporary OR cessat* OR withdraw* OR ceas* OR stop* OR schedul* OR quit\$ OR quitt* OR reduc* OR abstain* OR prevent* OR abstinence OR restrict*).ti,ab 3423659

10 ("hand-roll" OR handroll* OR "hand-rolls" OR "hand-rolled" OR bidi OR bidis OR beedi OR beedis OR rolie OR rolies OR paan OR gutkha OR snuff OR betel OR cigar OR cigars).ti,ab 3349

11 9 AND 10 966

- 12 ("hand-roll" OR handroll* OR "hand-rolls" OR "hand-rolled" OR bidi OR bidis OR beedi OR beedis OR rolie OR rolies OR paan OR gutkha OR snuff OR betel OR cigar* OR smok* OR tobacco).ti,ab 223256
- 13 ("give up" OR "gives up" OR "giving up").ti,ab 2603
- 14 12 AND 13 743
- 15 SMOKING CESSATION/ OR SMOKING CESSATION PROGRAM/ 30596
- 16 SMOKING/pc 6748
- 17 TOBACCO DEPENDENCE/pc [pc=Prevention] 1105
- 18 PSYCHOGERIATRIC NURSING/ OR COMMUNITY PSYCHIATRIC NURSING/ OR PSYCHIATRIC NURSING/ 13716
- 19 PSYCHIATRIC DEPARTMENT/ OR PSYCHIATRIC DEPARTMENT, HOSPITAL/ 5358
- 20 MENTAL HEALTH CARE/ OR MENTAL HEALTH SERVICE/ OR exp MENTAL HOSPITAL [+NT]/ OR exp PSYCHIATRIC NURSING [+NT]/ 82551
- 21 COMMUNITY MENTAL HEALTH/ OR MENTAL HEALTH/ 56365
- 22 SUICIDE/ 35148
- 23 DISORDERS OF HIGHER CEREBRAL FUNCTION/ OR ALIEN HAND SYNDROME/ OR APRAXIA/ OR ATTENTION DISTURBANCE/ OR CATALEPSY/ OR COGNITIVE DEFECT/ OR DEVELOPMENTAL COORDINATION DISORDER/ OR DISORIENTATION/ OR DYSPRAXIA/ OR MILD COGNITIVE IMPAIRMENT/ OR exp AGNOSIA [+NT]/ OR exp CONFUSION [+NT]/ OR exp DELIRIUM [+NT]/ OR exp EMOTIONAL INCONTINENCE [+NT]/ OR exp MEMORY DISORDER [+NT]/ 145045
- 24 exp SOCIAL PHOBIA/ OR exp ANXIETY/ OR exp ANXIETY NEUROSIS/ 101762
- 25 HYSTERIA/ 5169
- 26 DAY HOSPITAL/ OR HALFWAY HOUSE/ OR MENTAL HOSPITAL/ OR MENTAL HEALTH CARE/ 39103
- 27 POSTTRAUMATIC STRESS DISORDER/ OR exp ANXIETY DISORDER/ 116510
- 28 PSYCHOSOMATIC DISORDER/ OR exp SOMATOFORM DISORDER/ OR exp BODY DYSMORPHIC DISORDER/ OR exp CARDIAC ANXIETY/ OR exp CONVERSION DISORDER/ OR exp DELUSIONAL PARASITOSIS/ OR exp DELUSIONAL PREGNANCY/ OR exp MASKED DEPRESSION/ OR exp PSYCHOGENIC PAIN/ OR exp SOMATIC DELUSION/ OR exp SOMATIZATION/ 27684
- 29 exp PARANOIA/ OR exp DELUSION/ OR exp PARANOID PSYCHOSIS/ 21153
- 30 exp SCHIZOPHRENIA/ OR exp SCHIZOAFFECTIVE PSYCHOSIS/ OR exp OBSESSIVE COMPULSIVE DISORDER/ OR exp PSYCHOSIS/ OR exp SCHIZOIDISM/ OR exp BIPOLAR DISORDER/ OR exp OBSESSION/ 218394
- 31 exp RETT SYNDROME/ OR exp AUTISM/ OR exp DEMENTIA/ 204375
- 32 HYPERVENTILATION SYNDROME/ OR PSYCHOSOCIAL WITHDRAWAL/ OR PSYCHOSOMATIC DISORDER/ OR exp FACTITIOUS DISEASE [+NT]/ 18894
- 33 MENTAL STRESS/ 49283
- 34 NEURASTHENIA/ 1486
- 35 exp PERSONALITY DISORDER/ 39808
- 36 exp NARCISSISM/ OR exp DEPRESSION/ 259332
- 37 exp DISSOCIATIVE FUGUE/ OR exp DISSOCIATIVE DISORDER/ OR exp DISSOCIATIVE AMNESIA/ 5118
- 38 exp DEPERSONALIZATION/ 2143
- 39 exp PSYCHIATRY/ 85817
- 40 exp DELUSION/ 16488
- 41 exp CYCLOTHYMIA/ OR exp BIPOLAR DISORDER/ OR exp DYSTHYMIA/ OR exp BIPOLAR II DISORDER/ OR exp MAJOR DEPRESSION/ 60125
- 42 exp CATATONIA/ 2732
- 43 exp EATING DISORDER/ OR exp APPETITE DISORDER/ OR exp BULIMIA/ 66605
- 44 exp ATTENTION DEFICIT DISORDER/ 28466
- 45 exp ALZHEIMER DISEASE/ 98856

- 46 REHABILITATION CENTER/ 7356
47 COORDINATION DISORDER/ OR DEVELOPMENTAL COORDINATION DISORDER/ 1264
48 exp ASTHENIA/ 15057
49 exp MUNCHAUSEN SYNDROME/ 1618
50 exp PSYCHOMOTOR DISORDER/ 41977
51 exp DEVELOPMENTAL DISORDER/ 21356
52 IMPULSE CONTROL DISORDER/ 1515
53 exp COMMUNICATION DISORDER/ 39414
54 exp COGNITIVE DEFECT/ 72350
57 5 OR 6 OR 7 OR 8 OR 11 OR 14 OR 15 OR 16 OR 17 46755
59 exp ANIMALS/ 1668187
60 NONHUMAN/ 3785601
61 EXP HUMAN/ 12891299
65 ("mentally ill" OR "obsessive compulsive" OR "panic disorder" OR "panic disorders" OR "pervasive developmental" OR "post traumatic" OR "seasonal affective" OR (affective ADJ1 disorder\$) OR (avoidant ADJ1 personalit*) OR (behavio* ADJ1 problem\$) OR (behavio* ADJ1 disorder\$) OR (conversion ADJ1 disorder\$) OR (eating ADJ1 behavio*) OR (eating ADJ1 disorder\$) OR (overactive ADJ1 disorder\$) OR (personality ADJ3 disorder\$) OR agoraphobia OR Alzheimer* OR (anankastic ADJ1 person*) OR (antisocial ADJ1 person*) OR anxiety OR anxious OR (person* ADJ1 asocial) OR Asperger* OR autism OR autistic OR (person* ADJ1 avoidant) OR bipolar* OR (borderline ADJ1 personalit*) OR bulimia OR catatonia OR catatonic OR compulsion* OR (compulsive ADJ1 person*) OR (conversion ADJ1 disorder\$) OR cyclothymia OR delusion* OR (dependent ADJ1 personalit*) OR depersonali?ation OR depression* OR depressive OR dereali?ation OR disintegrative OR (person* ADJ1 dissocial) OR dissociation* OR dissociative OR dysthym* OR fugue OR hallucination* OR hebephreni* OR (person* ADJ1 histrionic)).ti,ab [Limit to: Publication Year 1990-2012] 523278
70 CONDUCT DISORDER/ OR PSYCHOSOCIAL DISORDER/ 6975
73 exp SUICIDAL BEHAVIOR/ 57025
79 (MENTAL OVERSTIMULATION/ OR ORGANIC BRAIN SYNDROME/ OR ORGANIC PSYCHOSYNDROME/) AND 57 2
125 MOOD DISORDER/ OR AFFECTIVE NEUROSIS/ OR AFFECTIVE PSYCHOSIS/ OR BLUNTED AFFECT/ OR MAJOR AFFECTIVE DISORDER/ OR MINOR AFFECTIVE DISORDER/ OR SCHIZOAFFECTIVE PSYCHOSIS/ OR exp MANIA [+NT]/ 71967
126 MENTAL DISEASE/ OR ADJUSTMENT DISORDER/ OR ALEXITHYMIA/ OR EMOTIONAL DISORDER/ OR MENTAL INSTABILITY/ OR MENTAL OVERSTIMULATION/ OR ORGANIC BRAIN SYNDROME/ OR ORGANIC PSYCHOSYNDROME/ OR PSYCHOTRAUMA/ OR exp ANXIETY DISORDER [+NT]/ OR exp AUTISM [+NT]/ OR exp CONFUSION [+NT]/ OR exp DELIRIUM [+NT]/ OR exp DEMENTIA [+NT]/ OR exp DISSOCIATIVE DISORDER [+NT]/ OR exp LEARNING DISORDER [+NT]/ OR exp MEMORY DISORDER [+NT]/ OR exp NEUROSIS [+NT]/ OR exp PERSONALITY DISORDER [+NT]/ OR exp PSYCHOSIS [+NT]/ OR exp THOUGHT DISORDER [+NT]/ 726684
131 DEPRESSION/co,cn,di,dr,dt,ep,et,rt,si,su,th [co=Complication, cn=Congenital Disorder, di=Diagnosis, dr=Drug Resistance, dt=Drug Therapy, ep=Epidemiology, et=Etiology, rt=Radiotherapy, si=Side Effect, su=Surgery, th=Therapy] 101002
139 ABNORMAL BEHAVIOR/ OR BEHAVIOR DISORDER/ OR ATTENTION DEFICIT DISORDER/ OR AUTOMUTILATION/ OR CONGENITAL BEHAVIOR DISORDER/ OR COPROPHAGY/ OR DISRUPTIVE BEHAVIOR/ OR IMPULSE CONTROL DISORDER/ OR OPPOSITIONAL DEFIANT DISORDER/ OR exp EATING DISORDER [+NT]/ OR exp PERCEPTION DISORDER [+NT]/ OR exp PSYCHOMOTOR DISORDER [+NT]/ OR PSYCHOSOCIAL DISORDER/ OR exp SOCIOPATHY [+NT]/ OR exp SUICIDAL BEHAVIOR [+NT]/ 311562
140 36 not 131 158330
141 exp NARCISSISM/ 4049

144 ("mentally ill" OR "obsessive compulsive" OR "panic disorder" OR "panic disorders" OR "pervasive developmental" OR "post traumatic" OR "seasonal affective" OR (affective ADJ1 disorder\$) OR (avoidant ADJ1 personalit*) OR (behavio* ADJ1 problem\$) OR (behavio* ADJ1 disorder\$) OR (conversion ADJ1 disorder\$) OR (eating ADJ1 behavio*) OR (eating ADJ1 disorder\$) OR (overactive ADJ1 disorder\$) OR (personality ADJ3 disorder\$) OR agoraphobia OR Alzheimer* OR (anankastic ADJ1 person*) OR (antisocial ADJ1 person*) OR anxiety OR anxious OR (person* ADJ1 asocial) OR Asperger* OR autism OR autistic OR (person* ADJ1 avoidant) OR bipolar* OR (borderline ADJ1 personalit*) OR bulimia OR catatonia OR catatonic OR compulsion* OR (compulsive ADJ1 person*) OR (conversion ADJ1 disorder\$) OR cyclothymia OR delusion* OR (dependent ADJ1 personalit*) OR depersonali?ation OR depression* OR depressive OR dereali?ation OR disintegrative OR (person* ADJ1 dissocial) OR dissociation* OR dissociative OR dysthym* OR fugue OR hallucination* OR hebephreni* OR (person* ADJ1 histrionic)).ti,ab 629953
145 2 OR 3 OR 4 OR 18 OR 19 OR 20 OR 21 OR 22 OR 23 OR 24 OR 25 OR 26 OR 27 OR 28 OR 29 OR 30 OR 31 OR 32 OR 33 OR 34 OR 35 OR 37 OR 38 OR 39 OR 40 OR 41 OR 42 OR 43 OR 44 OR 45 OR 46 OR 47 OR 48 OR 49 OR 50 OR 51 OR 52 OR 53 OR 54 OR 70 OR 73 OR 79 OR 125 OR 126 OR 139 OR 140 OR 141 OR 144 1917356
146 145 AND 57 6234
147 59 OR 60 5437441
148 147 AND 61 1100352
149 147 NOT 148 4337089
150 146 NOT 149 6099
151 150 [Limit to: Publication Year 1985-2012] 5972

HEALTH EVIDENCE CANADA

Search date: 8/2/2012

Number of records: 42 items

Searched on pre-defined categories:

(Tobacco OR Smoking Cessation) AND (Community health centre OR Correctional institution OR Day care centre OR Health departments OR Hospice OR Hospital OR Nursing home/long-term care facility OR Residential centre)

Scanned records on title, and saved 42 records.

HMIC

Database host: OVID

Search date: 6/2/2012

Number of records: 250

Date limits: 1985-2012

1. (("mentally ill" OR "obsessive compulsive" OR "panic disorder" OR "panic disorders" OR "pervasive developmental" OR "post traumatic" OR "seasonal affective" OR (affective ADJ1 disorder\$) OR (avoidant ADJ1 personalit*) OR (behavio* problem\$) OR (behavio* ADJ1 disorder\$) OR (conversion ADJ1 disorder\$) OR (eating ADJ1 behavio*) OR (eating ADJ1 disorder\$) OR (overactive ADJ1 disorder\$) OR (personality ADJ3 disorder\$) OR agoraphobia OR Alzheimer* OR (anankastic ADJ1 person*) OR (antisocial ADJ1 person*) OR anxiety OR anxious OR (person* ADJ1 asocial) OR Asperger* OR autism OR autistic OR (person* ADJ1 avoidant) OR bipolar* OR (borderline ADJ1 personalit*) OR bulimia OR catatonia OR catatonic OR compulsion* OR (compulsive ADJ1 person*) OR (conversion ADJ1 disorder\$) OR cyclothymia OR delusion* OR (dependent ADJ1 personalit*) OR depersonali?ation OR depression* OR depressive OR dereali?ation OR disintegrative OR (person* ADJ1 dissociation) OR dissociation* OR dissociative OR dysthym* OR fugue OR hallucination* OR hebephreni* OR (person* ADJ1 histrionic)).ti,ab; 10775 results.
2. (((histrionic ADJ1 person*) OR hyperkinetic OR hypomania OR hysteria OR mania* OR manic* OR (narcissistic ADJ1 person*) OR (person* ADJ1 narcissistic) OR neurasthenia OR neurosis OR neurot* OR (person* ADJ1 obsessive) OR (obsessive ADJ1 person*) OR oligophreni* OR paranoia OR paranoid OR (person* ADJ1 passive-aggressive) OR (passive-aggressive ADJ1 person*) OR phobia\$ OR phobic OR posttraumatic OR psychiatr* OR psychopath* OR psychos* OR psychot* OR rett OR (rett ADJ2 s) OR retts OR schiz* OR sociopath* OR somati?ation OR somatoform OR (secure ADJ1 unit\$) OR (secure ADJ1 hospital\$) OR amnesi* OR hypomania OR cyclothymia OR dysthymia OR dementia OR delirium OR hallucinosis OR delusional OR (mood ADJ2 disorder\$) OR asthenic OR "emotionally labile" OR postencephalitic OR postconcussion* OR (trance ADJ1 disorder\$) OR (possession ADJ1 disorder\$) OR obsessional OR "severe stress" OR (adjustment ADJ1 disorder\$) OR dissociate OR "multiple personality" OR neurasthenia OR (psychological ADJ1 disturbance\$) OR (psychologically ADJ1 disturbed) OR suicid* OR parasuicid*).ti,ab; 14797 results.
3. (((self ADJ1 harm*) OR (self ADJ1 injur*) OR comorbid* OR bulimi* OR anorexi* OR neuros* OR OCD OR "psychological stress" OR "psychological distress" OR "mental stress" OR "adjustment disorder\$" OR "mental health" OR "mental healthcare")).ti,ab; 16420 results.
4. (((anankastic ADJ1 personalit*) OR "anorexia nervosa" OR (antisocial ADJ1 personalit*) OR ("attention deficit" ADJ1 disorder\$) OR "body dysmorphic" OR "conduct disorder" OR "conduct disorders" OR (cyclothymic ADJ1 personalit*) OR "endogenous depression" OR "folie a deux" OR "mental disorder" OR "mental disorders" OR "mental illness" OR "mental illnesses" OR "mental problem" OR "mental problems")).ti,ab; 3718 results.
5. ("temporary abstinence" OR (temporar* ADJ1 abstain*) OR (abstain* ADJ1 temporar*) OR (controlled ADJ1 smoking)).ti,ab; 3 results.
6. ((fading ADJ2 smok*) OR (temporary ADJ2 smok*) OR (cessat* ADJ2 smok*) OR (withdraw* ADJ2 smok*) OR (ceas* ADJ2 smok*) OR (stop* ADJ2 smok*) OR (schedul* ADJ2 smok*) OR (quit ADJ2 smok*) OR (quits ADJ2 smok*) OR (quitt* ADJ2 smok*) OR (reduc* ADJ2 smok*) OR (abstain* ADJ2 smok*) OR (prevent* ADJ2 smok*) OR (abstinence ADJ2 smok*) OR (restrict* ADJ2 smok*)).ti,ab; 1759 results.

7. ((fading ADJ2 tobacco) OR (temporary ADJ2 tobacco) OR (cessat* ADJ2 tobacco) OR (withdraw* ADJ2 tobacco) OR (ceas* ADJ2 tobacco) OR (stop* ADJ2 tobacco) OR (schedul* ADJ2 tobacco) OR (quit ADJ2 tobacco) OR (quits ADJ2 tobacco) OR (quitt* ADJ2 tobacco) OR (reduc* ADJ2 tobacco) OR (abstain* ADJ2 tobacco) OR (prevent* ADJ2 tobacco) OR (abstinence ADJ2 tobacco) OR (restrict* ADJ2 tobacco)).ti,ab; 156 results.
8. ((fading ADJ2 cigarette\$) OR (temporary ADJ2 cigarette\$) OR (cessat* ADJ2 cigarette\$) OR (withdraw* ADJ2 cigarette\$) OR (ceas* ADJ2 cigarette\$) OR (stop* ADJ2 cigarette\$) OR (schedul* ADJ2 cigarette\$) OR (quit ADJ2 cigarette\$) OR (quits ADJ2 cigarette\$) OR (quitt* ADJ2 cigarette\$) OR (reduc* ADJ2 cigarette\$) OR (abstain* ADJ2 cigarette\$) OR (prevent* ADJ2 cigarette\$) OR (abstinence ADJ2 cigarette\$) OR (restrict* ADJ2 cigarette\$)).ti,ab; 80 results.
9. (fading OR temporary OR cessat* OR withdraw* OR ceas* OR stop* OR schedul* OR quit\$ OR quitt* OR reduc* OR abstain* OR prevent* OR abstinence OR restrict*).ti,ab; 38005 results.
10. ("hand-roll" OR handroll* OR "hand-rolls" OR "hand-rolled" OR bidi OR bidis OR beedi OR beedis OR rolie OR rolies OR paan OR gutkha OR snuff OR betel OR cigar OR cigars).ti,ab; 55 results.
11. 9 AND 10; 25 results.
12. ("hand-roll" OR handroll* OR "hand-rolls" OR "hand-rolled" OR bidi OR bidis OR beedi OR beedis OR rolie OR rolies OR paan OR gutkha OR snuff OR betel OR cigar* OR smok* OR tobacco).ti,ab; 7327 results.
13. ("give up" OR "gives up" OR "giving up").ti,ab; 254 results.
14. 12 AND 13; 156 results.
15. SMOKING CONTROL/; 432 results.
16. SMOKING CESSATION/; 1527 results.
17. 5 OR 6 OR 7 OR 8 OR 11 OR 14 OR 15 OR 16; 2600 results.
18. exp MENTAL ILLNESS/; 6061 results.
19. MENTAL HEALTH OFFICERS/ OR MENTAL HEALTH SERVICES/ OR PSYCHIATRY/ OR ORTHOPSYCHIATRY/; 7464 results.
20. exp PSYCHIATRY/ OR exp PSYCHIATRIC TREATMENT/ OR exp PSYCHIATRISTS/ OR exp ORTHOPSYCHIATRY/ OR exp MENTAL HEALTH CARE/ OR exp MENTAL HEALTH/ OR exp MENTAL DISORDERS/; 27130 results.
21. exp MENTAL HEALTH CARE/ OR exp MENTAL HEALTH SERVICES/ OR exp MENTAL HEALTH UNITS/ OR exp PSYCHIATRIC PRISONS/ OR exp MENTAL HEALTH NURSING HOMES/ OR exp MENTAL HEALTH HOSPITALS/; 13660 results.
22. exp MENTAL HEALTH SOCIAL WORK/; 560 results.
23. exp MENTAL HEALTH UNITS/ OR exp PSYCHIATRIC EMERGENCY SERVICES/ OR exp PSYCHIATRIC TREATMENT/ OR exp MENTAL HEALTH DAY CENTRES/ OR exp MENTAL HEALTH HOSPITALS/ OR exp MENTAL HEALTH CARE/; 6388 results.
24. 1 OR 2 OR 3 OR 4 OR 18 OR 19 OR 20 OR 21 OR 22 OR 23 ; 44219 results.
25. SMOKING TREATMENT/; 99 results.
26. 17 OR 25; 2608 results.
27. 24 AND 26; 257 results.
28. 27 [Limit to: Publication Year 1985-Current]; 250 results.

INTERNATIONAL BIBLIOGRAPHY OF SOCIAL SCIENCES

Database host: CSA Illumina

Database coverage dates: 1951-current

Search Date: 3/2/2012

Date limits: 1985-2012

Number of records: 204

Query: ((DE=("alzheimer s disease" or "anxiety" or "dementia" or "depression" or "madness" or "mental deficiencies" or "mental health" or "mental hospitals" or "mental illness" or "mental stress" or "neuroses" or "personality disorders" or "post traumatic stress disorder" or "psychiatrists" or "psychoses" or "schizophrenia"))) or(TI=((anankastic WITHIN 1 personalit*) OR "anorexia nervosa" OR (antisocial WITHIN 1 personalit*) OR ("attention deficit" WITHIN 1 disorder*) OR "body dysmorphic" OR "conduct disorder" OR "conduct disorders" OR (cyclothymic WITHIN 1 personalit*) OR "endogenous depression" OR "folie a deux" OR "mental disorder" OR "mental disorders" OR "mental illness" OR "mental illnesses" OR "mental problem" OR "mental problems") OR AB=((anankastic WITHIN 1 personalit*) OR "anorexia nervosa" OR (antisocial WITHIN 1 personalit*) OR ("attention deficit" WITHIN 1 disorder*) OR "body dysmorphic" OR "conduct disorder" OR "conduct disorders" OR (cyclothymic WITHIN 1 personalit*) OR "endogenous depression" OR "folie a deux" OR "mental disorder" OR "mental disorders" OR "mental illness" OR "mental illnesses" OR "mental problem" OR "mental problems") or TI=((histrionic WITHIN 1 person*) OR hyperkinetic OR hypomania OR hysteria OR mania* OR manic* OR (narcissistic WITHIN 1 person*) OR (person* WITHIN 1 narcissistic) OR neurasthenia OR neurosis OR neurot* OR (person* WITHIN 1 obsessive) OR (obsessive WITHIN 1 person*) OR oligophreni* OR paranoia OR paranoid OR (person* WITHIN 1 passive-aggressive) OR (passive-aggressive WITHIN 1 person*) OR phobia* OR phobic OR posttraumatic OR psychiatr* OR psychopath* OR psychos* OR psychot* OR rett OR "rett's" OR retts OR schiz* OR sociopath* OR somati?ation OR somatoform OR (secure WITHIN 1 unit) OR (secure WITHIN 1 units) OR (secure WITHIN 1 hospital*) OR amnesi* or hypomania OR cyclothymia or dysthymia or dementia OR delirium OR hallucinosis OR delusional OR (mood WITHIN 2 disorder*) OR asthenic OR "emotionally labile" OR postencephalitic OR postconcussion* OR (trance WITHIN 1 disorder*) OR (possession WITHIN 1 disorder*) OR obsessional OR "severe stress" OR (adjustment WITHIN 1 disorder*) OR dissociate OR "multiple personality" OR neurasthenia OR (psychological WITHIN 1 disturbance*) OR (psychologically WITHIN 1 disturbed) OR suicid* OR parasuicid*) OR AB=((histrionic WITHIN 1 person*) OR hyperkinetic OR hypomania OR hysteria OR mania* OR manic* OR (narcissistic WITHIN 1 person*) OR (person* WITHIN 1 narcissistic) OR neurasthenia OR neurosis OR neurot* OR (person* WITHIN 1 obsessive) OR (obsessive WITHIN 1 person*) OR oligophreni* OR paranoia OR paranoid OR (person* WITHIN 1 passive-aggressive) OR (passive-aggressive WITHIN 1 person*) OR phobia* OR phobic OR posttraumatic OR psychiatr* OR psychopath* OR psychos* OR psychot* OR rett OR "rett's" OR retts OR schiz* OR sociopath* OR somati?ation OR somatoform OR (secure WITHIN 1 unit) OR (secure WITHIN 1

units) OR (secure WITHIN 1 hospital*) OR amnesi* or hypomania OR
 cyclothymia or dysthymia or dementia OR delirium OR hallucinosis OR
 delusional OR (mood WITHIN 2 disorder*) OR asthenic OR "emotionally
 labile" OR postencephalitic OR postconcussion* OR (trance WITHIN 1
 disorder*) OR (possession WITHIN 1 disorder*) OR obsessional OR "severe
 stress" OR (adjustment WITHIN 1 disorder*) OR dissociate OR "multiple
 personality" OR neurasthenia OR (psychological WITHIN 1 disturbance*) OR
 (psychologically WITHIN 1 disturbed) OR suicid* OR parasuicid*)
 or(TI=((self WITHIN 1 harm*) OR (self WITHIN 1 injur*) OR comorbid* OR
 bulimi* OR anorexi* OR neuros* OR OCD OR "psychological stress" OR
 "psychological distress" OR "mental stress" OR "adjustment disorder" OR
 "adjustment disorders" OR "mental health" OR "mental healthcare") OR
 AB=((self WITHIN 1 harm*) OR (self WITHIN 1 injur*) OR comorbid* OR
 bulimi* OR anorexi* OR neuros* OR OCD OR "psychological stress" OR
 "psychological distress" OR "mental stress" OR "adjustment disorder" OR
 "adjustment disorders" OR "mental health" OR "mental healthcare"))
 or(TI=("mentally ill" OR "obsessive compulsive" OR "panic disorder" OR
 "panic disorders" OR "pervasive developmental" OR "post traumatic" OR
 "seasonal affective" OR (affective WITHIN 1 disorder*) OR (avoidant
 WITHIN 1 personalit*) OR (behavio* problem*) OR (behavio* WITHIN 1
 disorder*) OR (conversion WITHIN 1 disorder*) OR (eating WITHIN 1
 behavio*) OR (eating WITHIN 1 disorder*) OR (overactive WITHIN 1
 disorder*) OR (personality WITHIN 3 disorder*) OR agoraphobia OR
 Alzheimer* OR (anankastic WITHIN 1 person*) OR (antisocial WITHIN 1
 person*) OR anxiety OR anxious OR (person* WITHIN 1 asocial) OR Asperger*
 OR autism OR autistic OR (person* WITHIN 1 avoidant) OR bipolar* OR
 (borderline WITHIN 1 personalit*) OR bulimia OR catatonia OR catatonic OR
 compulsion* OR (compulsive WITHIN 1 person*) OR (conversion WITHIN 1
 disorder*) OR cyclothymia OR delusion* OR (dependent WITHIN 1
 personalit*) OR depersonali?ation OR depression* OR depressive OR
 dereali?ation OR disintegrative OR (person* WITHIN 1 dissocial) OR
 dissociation* OR dissociative OR dysthym* OR fugue OR hallucination* OR
 hebephreni* OR (person* WITHIN 1 histrionic)) OR AB=("mentally ill" OR
 "obsessive compulsive" OR "panic disorder" OR "panic disorders" OR
 "pervasive developmental" OR "post traumatic" OR "seasonal affective" OR
 (affective WITHIN 1 disorder*) OR (avoidant WITHIN 1 personalit*) OR
 (behavio* problem*) OR (behavio* WITHIN 1 disorder*) OR (conversion
 WITHIN 1 disorder*) OR (eating WITHIN 1 behavio*) OR (eating WITHIN 1
 disorder*) OR (overactive WITHIN 1 disorder*) OR (personality WITHIN 3
 disorder*) OR agoraphobia OR Alzheimer* OR (anankastic WITHIN 1 person*)
 OR (antisocial WITHIN 1 person*) OR anxiety OR anxious OR (person* WITHIN
 1 asocial) OR Asperger* OR autism OR autistic OR (person* WITHIN 1
 avoidant) OR bipolar* OR (borderline WITHIN 1 personalit*) OR bulimia OR
 catatonia OR catatonic OR compulsion* OR (compulsive WITHIN 1 person*) OR
 (conversion WITHIN 1 disorder*) OR cyclothymia OR delusion* OR (dependent
 WITHIN 1 personalit*) OR depersonali?ation OR depression* OR depressive
 OR dereali?ation OR disintegrative OR (person* WITHIN 1 dissocial) OR
 dissociation* OR dissociative OR dysthym* OR fugue OR hallucination* OR
 hebephreni* OR (person* WITHIN 1 histrionic)))) and((((TI=("hand-roll" OR
 handroll* OR "hand-rolls" OR "hand-rolled" OR bidi OR bidis OR beedi OR
 beedis OR rolie OR rolies OR paan OR gutkha OR snuff OR betel OR cigar OR

cigars) OR AB=("hand-roll" OR handroll* OR "hand-rolls" OR "hand-rolled"
OR bidi OR bidis OR beedi OR beedis OR rolie OR rolies OR paan OR gutkha
OR snuff OR betel OR cigar OR cigars)) and(TI=(fading OR temporary OR
(give* up) OR "giving up" OR cessat* OR withdraw* OR ceas* OR stop* OR
schedul* OR quit OR quitt* OR quits OR reduc* OR abstain* OR prevent* OR
abstinence OR restrict*) OR AB=(fading OR temporary OR (give* up) OR
"giving up" OR cessat* OR withdraw* OR ceas* OR stop* OR schedul* OR quit
OR quitt* OR quits OR reduc* OR abstain* OR prevent* OR abstinence OR
restrict*)) or(TI=(tobacco WITHIN 1 control) OR (smoking WITHIN 1
control) OR (smoking WITHIN 3 services) OR (smoking WITHIN 3 service) OR
(anti WITHIN 1 smoking) OR (anti WITHIN 1 tobacco) OR (control WITHIN 1
tobacco) OR (control WITHIN 1 smoking) OR (smoking WITHIN 1 anti) OR
(tobacco WITHIN 1 anti) OR AB=(tobacco WITHIN 1 control) OR (smoking
WITHIN 1 control) OR (smoking WITHIN 3 services) OR (smoking WITHIN 3
service) OR (anti WITHIN 1 smoking) OR (anti WITHIN 1 tobacco) OR
(control WITHIN 1 tobacco) OR (control WITHIN 1 smoking) OR (smoking
WITHIN 1 anti) OR (tobacco WITHIN 1 anti)) or(TI=("temporary abstinence")
OR (temporar* WITHIN 1 abstain*) OR (abstain* WITHIN 1 temporar*) OR
AB=("temporary abstinence") OR (temporar* WITHIN 1 abstain*) OR (abstain*
WITHIN 1 temporar*)) or(TI=("controlled smoking") OR AB=("controlled
smoking")) or(TI=((fading OR temporary OR (give* up) OR "giving up" OR
cessat* OR withdraw* OR ceas* OR stop* OR schedul* OR quit OR quits OR
quitt* OR reduc* OR abstain* OR prevent* OR abstinence OR restrict*)
WITHIN 2 (smok* OR tobacco OR cigarette*)) or(AB=((fading OR temporary
OR (give* up) OR "giving up" OR cessat* OR withdraw* OR ceas* OR stop* OR
schedul* OR quit OR quits OR quitt* OR reduc* OR abstain* OR prevent* OR
abstinence OR restrict*) WITHIN 2 (smok* OR tobacco OR cigarette*))))
or(DE="smoking" or DE="tobacco"))

MEDLINE, INCLUDING MEDLINE IN PROCESS

Database host: EBSCO host

Date: 30 January 2011

Results: 3732

#	Query
S37	S33 NOT S36 (3732 records) Limiters - Date of Publication from: 19850101-20121231
S36	S35 NOT S34
S35	MH ("Animals")
S34	MH ("Humans") AND MH ("Animals")
S33	S16 AND S32
S32	S17 or S18 or S19 or S20 or S21 or S22 or S23 or S24 or S25 or S26 or S27 or S28 or S29 or S30 or S31
S31	AB ("mental health" OR "mental healthcare")
S30	TI ("mental health" OR "mental healthcare")
S29	AB (amnesi* or hypomania OR cyclothymia or dysthymia or dementia OR delirium OR hallucinosis OR delusional OR (mood W2 disorder#) OR asthenic OR "emotionally labile" OR postencephalitic OR postconcussion* OR (trance W1 disorder#) OR (possession W1 disorder#) OR obsessional OR "severe stress" OR (adjustment W1 disorder#) OR dissociate OR "multiple personality" OR neurasthenia OR (psychological W1 disturbance#) OR (psychologically W1 disturbed) OR suicid* OR parasuicid* OR (self W1 harm*) OR (self W1 injur*) OR comorbid* OR bulimi* OR anorexi* OR neuros* OR OCD OR "psychological stress" OR "psychological distress" OR "mental stress" OR "adjustment disorder" OR "adjustment disorders")
S28	TI (amnesi* or hypomania OR cyclothymia or dysthymia or dementia OR delirium OR hallucinosis OR delusional OR (mood W2 disorder#) OR asthenic OR "emotionally labile" OR postencephalitic OR postconcussion* OR (trance W1 disorder#) OR (possession W1 disorder#) OR obsessional OR "severe stress" OR (adjustment W1 disorder#) OR dissociate OR "multiple personality" OR neurasthenia OR (psychological W1 disturbance#) OR (psychologically W1 disturbed) OR suicid* OR parasuicid* OR (self W1 harm*) OR (self W1 injur*) OR comorbid* OR bulimi* OR anorexi* OR neuros* OR OCD OR "psychological stress" OR "psychological distress" OR "mental stress" OR "adjustment disorder" OR "adjustment disorders")
S27	AB ("secure unit#" OR "secure hospital#")
S26	TI ("secure unit#" OR "secure hospital#")
S25	AB ("anankastic personalit*" OR "anorexia nervosa" OR "antisocial personalit*" OR "attention deficit disorder#" OR "body dysmorphic" OR "conduct disorder" OR "cyclothymic personalit*" OR "endogenous depression" OR "folie a deux" OR "mental disorder" OR "mental disorders" OR "mental illness" OR "mental illnesses" OR "mental problem" OR "mental problems" OR "mentally ill" OR "obsessive compulsive" OR "panic disorder" OR "panic disorders" OR "pervasive developmental" OR "post traumatic" OR "seasonal affective" OR "affective disorder*" OR "avoidant personalit*" OR "behavio#r disorder*" OR "behavio#r problem*" OR "behavioral disorder#" OR "behavioural disorder#" OR "conversion disorder*" OR "eating behavio#r" OR "eating W1 disorder#" OR "overactive disorder#" OR (personality N3 disorder#) OR agoraphobia OR Alzheimer* OR (anankastic N1 person*) OR (antisocial N1 person*) OR anxiety OR anxious OR (asocial N1 person*) OR Asperger* OR autism OR autistic OR (avoidant N1 person*) OR bipolar* OR "borderline personalit*" OR bulimia OR

	catatonia OR catatonic OR compulsion* OR (compulsive N1 person*) OR (conversion W1 disorder*) OR cyclothymia OR delusion* OR (dependent N1 personalit*) OR depersonali?ation OR depression* OR depressive OR dereali?ation OR disintegrative OR (dissocial N1 person*) OR dissociation* OR dissociative OR dysthym* OR fugue OR hallucination* OR hebephreni* OR (histrionic N1 person*) OR hyperkinetic OR hypomania OR hysteria OR mania* OR manic* OR (narcissistic N1 person*) OR neurasthenia OR neurosis OR neurot* OR (obsessive N1 person*) OR oligophreni* OR paranoia OR paranoid OR (passive-aggressive N1 person*) OR phobia* OR phobic OR posttraumatic OR psychiatr* OR psychopath* OR psychos* OR psychot* OR rett OR rett?s OR retts OR schiz* OR sociopath* OR somati?ation OR somatoform)
S24	TI ("anankastic personalit*" OR "anorexia nervosa" OR "antisocial personalit*" OR "attention deficit disorder#" OR "body dysmorphic" OR "conduct disorder" OR "cyclothymic personalit*" OR "endogenous depression" OR "folie a deux" OR "mental disorder" OR "mental disorders" OR "mental illness" OR "mental illnesses" OR "mental problem" OR "mental problems" OR "mentally ill" OR "obsessive compulsive" OR "panic disorder" OR "panic disorders" OR "pervasive developmental" OR "post traumatic" OR "seasonal affective" OR "affective disorder*" OR "avoidant personalit*" OR "behavio#r disorder*" OR "behavio#r problem*" OR "behavioral disorder#" OR "behavioural disorder#" OR "conversion disorder *" OR "eating behavio#r" OR "eating W1 disorder#" OR "overactive disorder#" OR (personality N3 disorder#) OR agoraphobia OR Alzheimer* OR (anankastic N1 person*) OR (antisocial N1 person*) OR anxiety OR anxious OR (asocial N1 person*) OR Asperger* OR autism OR autistic OR (avoidant N1 person*) OR bipolar* OR "borderline personalit*" OR bulimia OR catatonia OR catatonic OR compulsion* OR (compulsive N1 person*) OR (conversion W1 disorder*) OR cyclothymia OR delusion* OR (dependent N1 personalit*) OR depersonali?ation OR depression* OR depressive OR dereali?ation OR disintegrative OR (dissocial N1 person*) OR dissociation* OR dissociative OR dysthym* OR fugue OR hallucination* OR hebephreni* OR (histrionic N1 person*) OR hyperkinetic OR hypomania OR hysteria OR mania* OR manic* OR (narcissistic N1 person*) OR neurasthenia OR neurosis OR neurot* OR (obsessive N1 person*) OR oligophreni* OR paranoia OR paranoid OR (passive-aggressive N1 person*) OR phobia* OR phobic OR posttraumatic OR psychiatr* OR psychopath* OR psychos* OR psychot* OR rett OR rett?s OR retts OR schiz* OR sociopath* OR somati?ation OR somatoform)
S23	MH (("Adjustment Disorders") OR ("Amnesia+") OR ("Attention Deficit and Disruptive Behavior Disorders+") OR ("Binge-Eating Disorder") OR ("Capgras Syndrome") OR ("Child Development Disorders, Pervasive+") OR ("Cognition Disorders+") OR ("Communication Disorders+") OR ("Consciousness Disorders") OR ("Coprophagia") OR ("Delirium") OR ("Dementia+") OR ("Depressive Disorder+") OR ("Developmental Disabilities") OR ("Dyslexia, Acquired+") OR ("Factitious Disorders") OR ("Feeding and Eating Disorders of Childhood+") OR ("Impulse Control Disorders") OR ("Mental Disorders Diagnosed in Childhood") OR ("Motor Skills Disorders") OR ("Munchausen Syndrome") OR ("Neurocirculatory Asthenia") OR ("Obsessive-Compulsive Disorder+") OR ("Pica") OR ("Psychotic Disorders+") OR ("Schizophrenia and Disorders with Psychotic Features") OR ("Schizophrenia+") OR ("Stereotypic Movement Disorder") OR ("Stress Disorders, Traumatic+"))
S22	(MH "Rehabilitation Centers")
S21	(MH "mental health")
S20	(MH "Affective Disorders, Psychotic") OR (MH "Agoraphobia") OR (MH "anankastic personality disorder") OR (MH "Anorexia Nervosa") OR (MH "Antisocial Personality Disorder") OR (MH "Anxiety Disorders") OR (MH "Anxiety") OR (MH "Alzheimer

	disease") OR (MH "Attention Deficit and Disruptive Behavior Disorders") OR (MH "Attention Deficit Disorder with Hyperactivity") OR (MH "avoidant personality disorder") OR (MH "Bipolar Disorder") OR (MH "Body Dysmorphic Disorders") OR (MH "Borderline Personality Disorder") OR (MH "Bulimia Nervosa") OR (MH "Bulimia") OR (MH "Catatonia") OR (MH "Child Behavior Disorders") OR (MH "Community Mental Health Services") OR (MH "Compulsive Behavior") OR (MH "Compulsive Personality Disorder") OR (MH "Conduct Disorder") OR (MH "Conversion Disorder") OR (MH "Cyclothymic Disorder") OR (MH "Delirium, Dementia, Amnestic, Cognitive Disorders") OR (MH "Delusions") OR (MH "Dementia+") OR (MH "Dependency (Psychology)") OR (MH "Dependent Personality Disorder") OR (MH "Depersonalization") OR (MH "Depression") OR (MH "Depressive Disorder") OR (MH "Depressive Disorder, Major") OR (MH "Dissociative Disorders") OR (MH "Dysthymic Disorder") OR (MH "Eating Disorders") OR (MH "Feeding Behavior") OR (MH "Hallucinations") OR (MH "histrionic personality disorder") OR (MH "Hysteria") OR (MH "Mental Disorders") OR (MH "Mental health services") OR (MH "Mental illness") OR (MH "Mood Disorders") OR (MH "Multiple Personality Disorder") OR (MH "narcissistic personality disorder") OR (MH "Neurasthenia") OR (MH "Neurotic Disorders") OR (MH "Obsessive Behavior") OR (MH "obsessive compulsive personality disorder") OR (MH "Obsessive-Compulsive Disorder") OR (MH "Panic Disorder") OR (MH "Panic") OR (MH "Paranoid Disorders") OR (MH "Paranoid Personality Disorder") OR (MH "passive-aggressive personality disorder") OR (MH "Personality Disorders") OR (MH "Phobic Disorders") OR (MH "Psychiatry+") OR (MH "Psychophysiologic Disorders") OR (MH "Psychotic Disorders") OR (MH "Rett Syndrome") OR (MH "Schizoid Personality Disorder") OR (MH "Schizophrenia") OR (MH "Schizophrenia, Catatonic") OR (MH "Schizophrenia, Childhood") OR (MH "Schizophrenia, Disorganized") OR (MH "Schizophrenia, Paranoid") OR (MH "Schizotypal Personality Disorder") OR (MH "Shared Paranoid Disorder") OR (MH "Social Behavior Disorders") OR (MH "Somatoform Disorders") OR (MH "Stress Disorders, Post-Traumatic")
S19	(MH "Psychiatric Department, Hospital") OR (MH "Hospitals, Psychiatric") OR (MH "Psychiatric Nursing")
S18	(MH "Mentally Ill Persons")
S17	(MH "Mental Health Services") OR (MH "Community Mental Health Services") OR (MH "Emergency Services, Psychiatric") OR (MH "Social Work, Psychiatric")
S16	S1 or S2 or S3 or S8 or S9 or S10 or S11 or S12 or S13 or S14 or S15
S15	TI ((fading OR temporary OR "give# up" OR "giving up" OR cessat* OR withdraw* OR ceas* OR stop* OR schedul* OR quit* OR reduc* OR abstain* OR prevent* OR abstinence OR restrict*) N2 (smok* OR tobacco OR cigarette#))
S14	AB ((fading OR temporary OR "give# up" OR "giving up" OR cessat* OR withdraw* OR ceas* OR stop* OR schedul* OR quit* OR reduc* OR abstain* OR prevent* OR abstinence OR restrict*) N2 (smok* OR tobacco OR cigarette#))
S13	TI ("Controlled smoking") OR AB ("Controlled smoking")
S12	(S5 AND S7) OR (S6 AND S4)
S11	AB (temporary abstinence OR (temporar* N1 abstain*))
S10	TI (temporary abstinence OR (temporar* N1 abstain*))
S9	AB ((tobacco N1 control) OR (smoking N1 control) OR (smoking N3 services) OR (smoking N3 service) OR (anti N1 smoking) OR (anti N1 tobacco))
S8	TI ((tobacco N1 control) OR (smoking N1 control) OR (smoking N3 services) OR (smoking N3 service) OR (anti N1 smoking) OR (anti N1 tobacco))
S7	AB (fading OR temporary OR "give# up" OR "giving up" OR cessat* OR withdraw* OR ceas* OR stop* OR schedul* OR quit* OR reduc* OR abstain* OR prevent* OR

	abstinence OR restrict*)
S6	TI (fading OR temporary OR "give# up" OR "giving up" OR cessat* OR withdraw* OR ceas* OR stop* OR schedul* OR quit* OR reduc* OR abstain* OR prevent* OR abstinence OR restrict*)
S5	AB ("hand-roll" OR handroll* OR "hand-rolls" OR "hand-rolled" OR bidi OR bidis OR beedi OR beedis OR rolie OR rolies OR paan OR gutkha OR snuff OR betel OR cigar OR cigars)
S4	TI ("hand-roll" OR handroll* OR "hand-rolls" OR "hand-rolled" OR bidi OR bidis OR beedi OR beedis OR rolie OR rolies OR paan OR gutkha OR snuff OR betel OR cigar OR cigars)
S3	(MH "Smoking/PC")
S2	(MH "Smoking Cessation")
S1	(MH "Tobacco Use Cessation+")

PSYCINFO

Database host: EBSCO host

Database coverage dates: 1887-current

Search date: 31 January 2011

Results: 2077

#	Query
S26	S15 AND S25 (2077 records) Limiters - Publication Year from: 1985-2012; Population Group: Human
S25	S16 or S17 or S18 or S19 or S20 or S21 or S22 or S23 or S24
S24	DE "Acrophobia" OR DE "Acute Psychosis" OR DE "Acute Stress Disorder" OR DE "Adjustment Disorders" OR DE "Adolescent Psychiatry" OR DE "Affective Disorders" OR DE "Affective Psychosis" OR DE "Agoraphobia" OR DE "AIDS Dementia Complex" OR DE "Alcoholic Hallucinosis" OR DE "Alcoholic Psychosis" OR DE "Alexithymia" OR DE "Alzheimer's Disease" OR DE "Amnesia" OR DE "Anencephaly" OR DE "Anorexia Nervosa" OR DE "Anterograde Amnesia" OR DE "Antisocial Personality Disorder" OR DE "Anxiety Disorders" OR DE "Anxiety" OR DE "Aphasia" OR DE "Aspergers Syndrome" OR DE "Athetosis" OR DE "Attempted Suicide" OR DE "Attention Deficit Disorder with Hyperactivity" OR DE "Attention Deficit Disorder" OR DE "Auditory Hallucinations" OR DE "Autism" OR DE "Autistic Thinking" OR DE "Avoidant Personality Disorder" OR DE "Balint's Syndrome" OR DE "Behavior Disorders" OR DE "Binge Eating Disorder" OR DE "Biological Psychiatry" OR DE "Bipolar Disorder" OR DE "Bipolar Disorder" OR DE "Body Dysmorphic Disorder" OR DE "Body Image Disturbances" OR DE "Borderline Personality Disorder" OR DE "Borderline States" OR DE "Brain Damage" OR DE "Brain Disorders" OR DE "Brain Neoplasms" OR DE "Bufotenine" OR DE "Bulimia" OR DE "Capgras Syndrome" OR DE "Castration Anxiety" OR DE "Catatonia" OR DE "Catatonic Schizophrenia" OR DE "Cerebral Palsy" OR DE "Cerebrovascular Accidents" OR DE "Child Psychiatry" OR DE "Childhood Neurosis" OR DE "Childhood Psychosis" OR DE "Chronic Alcoholic Intoxication" OR DE "Chronic Mental Illness" OR DE "Chronic Psychosis" OR DE "Claustrophobia" OR DE "Clinical Psychologists" OR DE "Cognitive Impairment" OR DE "Commitment (Psychiatric)" OR DE "Community Mental Health Centers" OR DE "Community Mental Health Services" OR DE "Community Mental Health" OR DE "Community Psychiatry" OR DE "Conduct Disorder" OR DE "Confabulation" OR DE "Consciousness Disturbances" OR DE "Consultation Liaison Psychiatry" OR DE "Conversion Disorder" OR DE "Coprophagia" OR DE "Crisis Intervention Services" OR DE "Cyclothymic Personality" OR DE "Death Anxiety" OR DE "Deinstitutionalization" OR DE "Delirium Tremens" OR DE "Delirium" OR DE "Delusions" OR DE "Dementia with Lewy Bodies" OR DE "Dementia" OR DE "Dependent Personality Disorder" OR DE "Depersonalization" OR DE "Developmental Disabilities" OR DE "Diaschisis" OR DE "Dissociation" OR DE "Dissociative Disorders" OR DE "Dissociative Identity Disorder" OR DE "Dysexecutive Syndrome" OR DE "Dyspraxia" OR DE "Dysthymic Disorder" OR DE "Eating Disorders" OR DE "Elective Mutism" OR DE "Encephalitis" OR DE "Encephalopathies" OR DE "Epilepsy" OR DE "Epileptic Seizures" OR DE "Experimental Neurosis" OR DE "Experimental Psychosis" OR DE "Factitious Disorders" OR DE "Fantasies (Thought Disturbances)" OR DE "Folie A Deux" OR DE "Forensic Psychiatry" OR DE "Fragmentation (Schizophrenia)" OR DE "Fugue Reaction" OR DE "General Paresis" OR DE "Generalized Anxiety Disorder" OR DE

	"Geriatric Psychiatry" OR DE "Global Amnesia" OR DE "Hallucinations" OR DE "HallucinosiS" OR DE "Histrionic Personality Disorder" OR DE "Hydrocephalus" OR DE "HyperkinesisiS" OR DE "Hyperphagia" OR DE "Hypnagogic Hallucinations" OR DE "HypochondriasiS" OR DE "Hypomania" OR DE "Hysteria" OR DE "Hysteria" OR DE "Hysterical Paralysis" OR DE "Hysterical Vision Disturbances" OR DE "Impulse Control Disorders" OR DE "Institutional Release" OR DE "Intracranial Abscesses" OR DE "Judgment Disturbances" OR DE "Kleine Levin Syndrome" OR DE "Kluver Bucy Syndrome" OR DE "Koro" OR DE "Korsakoffs Psychosis" OR DE "Leukoencephalopathy" OR DE "Lysergic Acid Diethylamide" OR DE "Magical Thinking" OR DE "Major Depression" OR DE "Mania" OR DE "Memory Disorders" OR DE "Mental Disorders" OR DE "Mental Health Personnel" OR DE "Mental Health Programs" OR DE "Mental Health Services" OR DE "Mental Health" OR DE "Microcephaly" OR DE "Munchausen Syndrome" OR DE "Narcissistic Personality Disorder" OR DE "Neurasthenia" OR DE "NeurodermatitiS" OR DE "Neuropsychiatry" OR DE "NeurosiS" OR DE "Obsessions" OR DE "Obsessive Compulsive Disorder" OR DE "Obsessive Compulsive Personality Disorder" OR DE "Occupational NeurosiS" OR DE "Ophidiophobia" OR DE "Organic Brain Syndromes" OR DE "Orthopsychiatry" OR DE "Outpatient Commitment" OR DE "Panic Disorder" OR DE "Panic" OR DE "Paranoia (Psychosis)" OR DE "Paranoia" OR DE "Paranoid Personality Disorder" OR DE "Paranoid Schizophrenia" OR DE "Passive Aggressive Personality Disorder" OR DE "Personality Disorders" OR DE "Pervasive Developmental Disorders" OR DE "Phantom Limbs" OR DE "Phobias" OR DE "Pica" OR DE "Postpartum Psychosis" OR DE "Posttraumatic Stress Disorder" OR DE "Presenile Dementia" OR DE "PseudocycySiS" OR DE "Pseudodementia" OR DE "Psychiatric Aides" OR DE "Psychiatric Clinics" OR DE "Psychiatric Hospital Admission" OR DE "Psychiatric Hospital Discharge" OR DE "Psychiatric Hospital Programs" OR DE "Psychiatric Hospital Readmission" OR DE "Psychiatric Hospital Staff" OR DE "Psychiatric Hospitalization" OR DE "Psychiatric Hospitals" OR DE "Psychiatric Nurses" OR DE "Psychiatric Patients" OR DE "Psychiatric Social Workers" OR DE "Psychiatric Symptoms" OR DE "Psychiatrists" OR DE "Psychiatry" OR DE "Psychological Stress" OR DE "Psychosis" OR DE "Psychosocial Rehabilitation" OR DE "Purging (Eating Disorders)" OR DE "Reactive Psychosis" OR DE "Retrograde Amnesia" OR DE "Rett Syndrome" OR DE "Rett Syndrome" OR DE "Schizoaffective Disorder" OR DE "Schizoid Personality Disorder" OR DE "Schizophrenia" OR DE "Schizophrenogenic Family" OR DE "Schizotypal Personality Disorder" OR DE "School Phobia" OR DE "Seasonal Affective Disorder" OR DE "Self Mutilation" OR DE "Semantic Dementia" OR DE "Senile Dementia" OR DE "Senile Psychosis" OR DE "Separation Anxiety" OR DE "Social Phobia" OR DE "Social Psychiatry" OR DE "Somatization Disorder" OR DE "Somatization" OR DE "Somatoform Disorders" OR DE "Somatoform Pain Disorder" OR DE "Suicide Prevention Centers" OR DE "Tay Sachs Disease" OR DE "Thought Disturbances" OR DE "Toxic Psychoses" OR DE "Transcultural Psychiatry" OR DE "Traumatic NeurosiS" OR DE "Vascular Dementia" OR DE "Wernicke's Syndrome"
S23	AB ("mental health" OR "mental healthcare")
S22	TI ("mental health" OR "mental healthcare")
S21	AB (amnesi* or hypomania OR cyclothymia or dysthymia or dementia OR delirium OR hallucinosiS OR delusional OR (mood W2 disorder#) OR asthenic OR "emotionally labile" OR postencephalitic OR postconcussion* OR (trance W1 disorder#) OR (possession W1 disorder#) OR obsessional OR "severe stress" OR (adjustment W1 disorder#) OR dissociate OR "multiple personality" OR

	neurasthenia OR (psychological W1 disturbance#) OR (psychologically W1 disturbed) OR suicid* OR parasuicid* OR (self W1 harm*) OR (self W1 injur*) OR comorbid* OR bulimi* OR anorexi* OR neuros* OR OCD OR "psychological stress" OR "psychological distress" OR "mental stress" OR "adjustment disorder" OR "adjustment disorders")
S20	TI (amnesi* or hypomania OR cyclothymia or dysthymia or dementia OR delirium OR hallucinosis OR delusional OR (mood W2 disorder#) OR asthenic OR "emotionally labile" OR postencephalitic OR postconcussion* OR (trance W1 disorder#) OR (possession W1 disorder#) OR obsessional OR "severe stress" OR (adjustment W1 disorder#) OR dissociate OR "multiple personality" OR neurasthenia OR (psychological W1 disturbance#) OR (psychologically W1 disturbed) OR suicid* OR parasuicid* OR (self W1 harm*) OR (self W1 injur*) OR comorbid* OR bulimi* OR anorexi* OR neuros* OR OCD OR "psychological stress" OR "psychological distress" OR "mental stress" OR "adjustment disorder" OR "adjustment disorders")
S19	AB ("secure unit#" OR "secure hospital#")
S18	TI ("secure unit#" OR "secure hospital#")
S17	AB ("anankastic personalit*" OR "anorexia nervosa" OR "antisocial personalit*" OR "attention deficit disorder#" OR "body dysmorphic" OR "conduct disorder" OR "cyclothymic personalit*" OR "endogenous depression" OR "folie a deux" OR "mental disorder" OR "mental disorders" OR "mental illness" OR "mental illnesses" OR "mental problem" OR "mental problems" OR "mentally ill" OR "obsessive compulsive" OR "panic disorder" OR "panic disorders" OR "pervasive developmental" OR "post traumatic" OR "seasonal affective" OR "affective disorder*" OR "avoidant personalit*" OR "behavio#r disorder*" OR "behavio#r problem*" OR "behavioral disorder#" OR "behavioural disorder#" OR "conversion disorder*" OR "eating behavio#r" OR "eating W1 disorder#" OR "overactive disorder#" OR (personality N3 disorder#) OR agoraphobia OR Alzheimer* OR (anankastic N1 person*) OR (antisocial N1 person*) OR anxiety OR anxious OR (asocial N1 person*) OR Asperger* OR autism OR autistic OR (avoidant N1 person*) OR bipolar* OR "borderline personalit*" OR bulimia OR catatonia OR catatonic OR compulsion* OR (compulsive N1 person*) OR (conversion W1 disorder*) OR cyclothymia OR delusion* OR (dependent N1 personalit*) OR depersonali?ation OR depression* OR depressive OR dereali?ation OR disintegrative OR (dissocial N1 person*) OR dissociation* OR dissociative OR dysthym* OR fugue OR hallucination* OR hebephreni* OR (histrionic N1 person*) OR hyperkinetic OR hypomania OR hysteria OR mania* OR manic* OR (narcissistic N1 person*) OR neurasthenia OR neurosis OR neurot* OR (obsessive N1 person*) OR oligophreni* OR paranoia OR paranoid OR (passive-aggressive N1 person*) OR phobia* OR phobic OR posttraumatic OR psychiatr* OR psychopath* OR psychos* OR psychot* OR rett OR rett?s OR retts OR schiz* OR sociopath* OR somati?ation OR somatoform)
S16	TI ("anankastic personalit*" OR "anorexia nervosa" OR "antisocial personalit*" OR "attention deficit disorder#" OR "body dysmorphic" OR "conduct disorder" OR "cyclothymic personalit*" OR "endogenous depression" OR "folie a deux" OR "mental disorder" OR "mental disorders" OR "mental illness" OR "mental illnesses" OR "mental problem" OR "mental problems" OR "mentally ill" OR "obsessive compulsive" OR "panic disorder" OR "panic disorders" OR "pervasive developmental" OR "post traumatic" OR "seasonal affective" OR "affective disorder*" OR "avoidant personalit*" OR "behavio#r disorder*" OR "behavio#r

	problem*" OR "behavioral disorder#" OR "behavioural disorder#" OR "conversion disorder*" OR "eating behavior#" OR "eating W1 disorder#" OR "overactive disorder#" OR (personality N3 disorder#) OR agoraphobia OR Alzheimer* OR (anankastic N1 person*) OR (antisocial N1 person*) OR anxiety OR anxious OR (asocial N1 person*) OR Asperger* OR autism OR autistic OR (avoidant N1 person*) OR bipolar* OR "borderline personalit*" OR bulimia OR catatonia OR catatonic OR compulsion* OR (compulsive N1 person*) OR (conversion W1 disorder*) OR cyclothymia OR delusion* OR (dependent N1 personalit*) OR depersonali?ation OR depression* OR depressive OR dereali?ation OR disintegrative OR (dissocial N1 person*) OR dissociation* OR dissociative OR dysthym* OR fugue OR hallucination* OR hebephreni* OR (histrionic N1 person*) OR hyperkinetic OR hypomania OR hysteria OR mania* OR manic* OR (narcissistic N1 person*) OR neurasthenia OR neurosis OR neurot* OR (obsessive N1 person*) OR oligophreni* OR paranoia OR paranoid OR (passive-aggressive N1 person*) OR phobia* OR phobic OR posttraumatic OR psychiatr* OR psychopath* OR psychos* OR psychot* OR rett OR rett?s OR retts OR schiz* OR sociopath* OR somati?ation OR somatoform)
S15	S1 or S8 or S9 or S10 or S11 or S12 or S13 or S14
S14	TI ((fading OR temporary OR "give# up" OR "giving up" OR cessat* OR withdraw* OR ceas* OR stop* OR schedul* OR quit# OR quitt* OR reduc* OR abstain* OR prevent* OR abstinence OR restrict*) N2 (smok* OR tobacco OR cigarette#))
S13	AB ((fading OR temporary OR "give# up" OR "giving up" OR cessat* OR withdraw* OR ceas* OR stop* OR schedul* OR quit# OR quitt* OR reduc* OR abstain* OR prevent* OR abstinence OR restrict*) N2 (smok* OR tobacco OR cigarette#))
S12	TI ("Controlled smoking") OR AB ("Controlled smoking")
S11	AB ("temporary abstinence" OR (temporar* N1 abstain*))
S10	TI ("temporary abstinence" OR (temporar* N1 abstain*))
S9	AB ((tobacco N1 control) OR (smoking N1 control) OR (smoking N3 services) OR (smoking N3 service) OR (anti N1 smoking) OR (anti N1 tobacco))
S8	TI ((tobacco N1 control) OR (smoking N1 control) OR (smoking N3 services) OR (smoking N3 service) OR (anti N1 smoking) OR (anti N1 tobacco))
S7	S3 and S5
S6	S2 and S4
S5	AB (fading OR temporary OR "give# up" OR "giving up" OR cessat* OR withdraw* OR ceas* OR stop* OR schedul* OR quits OR quitt* OR quit OR reduc* OR abstain* OR prevent* OR abstinence OR restrict*)
S4	TI (fading OR temporary OR "give# up" OR "giving up" OR cessat* OR withdraw* OR ceas* OR stop* OR schedul* OR quits OR quitt* OR quit OR reduc* OR abstain* OR prevent* OR abstinence OR restrict*)
S3	AB ("hand-roll" OR handroll* OR "hand-rolls" OR "hand-rolled" OR bidi OR bidis OR beedi OR beedis OR rolie OR rolies OR paan OR gutkha OR snuff OR betel OR cigar OR cigars)
S2	TI ("hand-roll" OR handroll* OR "hand-rolls" OR "hand-rolled" OR bidi OR bidis OR beedi OR beedis OR rolie OR rolies OR paan OR gutkha OR snuff OR betel OR cigar OR cigars)
S1	DE "Smoking Cessation"

SOCIOLOGICAL ABSTRACTS

Database platform: CSA Illumina

Database coverage dates: 1952-current

Date: 31/1/2012

No. of records 191

Date limit 1985-2012

Query: (((TI=("hand-roll" OR handroll* OR "hand-rolls" OR "hand-rolled" OR bidi OR bidis OR beedi OR beedis OR rolie OR rolies OR paan OR gutkha OR snuff OR betel OR cigar OR cigars) OR AB=("hand-roll" OR handroll* OR "hand-rolls" OR "hand-rolled" OR bidi OR bidis OR beedi OR beedis OR rolie OR rolies OR paan OR gutkha OR snuff OR betel OR cigar OR cigars)) and(TI=(fading OR temporary OR (give* up) OR "giving up" OR cessat* OR withdraw* OR ceas* OR stop* OR schedul* OR quit OR quitt* OR quits OR reduc* OR abstain* OR prevent* OR abstinence OR restrict*) OR AB=(fading OR temporary OR (give* up) OR "giving up" OR cessat* OR withdraw* OR ceas* OR stop* OR schedul* OR quit OR quitt* OR quits OR reduc* OR abstain* OR prevent* OR abstinence OR restrict*))) or(TI=(tobacco WITHIN 1 control) OR (smoking WITHIN 1 control) OR (smoking WITHIN 3 services) OR (smoking WITHIN 3 service) OR (anti WITHIN 1 smoking) OR (anti WITHIN 1 tobacco) OR (control WITHIN 1 tobacco) OR (control WITHIN 1 smoking) OR (smoking WITHIN 1 anti) OR (tobacco WITHIN 1 anti) OR AB=(tobacco WITHIN 1 control) OR (smoking WITHIN 1 control) OR (smoking WITHIN 3 services) OR (smoking WITHIN 3 service) OR (anti WITHIN 1 smoking) OR (anti WITHIN 1 tobacco) OR (control WITHIN 1 tobacco) OR (control WITHIN 1 smoking) OR (smoking WITHIN 1 anti) OR (tobacco WITHIN 1 anti)) or(TI=("temporary abstinence") OR (temporar* WITHIN 1 abstain*) OR (abstain* WITHIN 1 temporar*) OR AB=("temporary abstinence") OR (temporar* WITHIN 1 abstain*) OR (abstain* WITHIN 1 temporar*)) or(TI=("controlled smoking") OR AB=("controlled smoking")) or(TI=((fading OR temporary OR (give* up) OR "giving up" OR cessat* OR withdraw* OR ceas* OR stop* OR schedul* OR quit OR quits OR quitt* OR reduc* OR abstain* OR prevent* OR abstinence OR restrict*) WITHIN 2 (smok* OR tobacco OR cigarette*))) or(AB=((fading OR temporary OR (give* up) OR "giving up" OR cessat* OR withdraw* OR ceas* OR stop* OR schedul* OR quit OR quits OR quitt* OR reduc* OR abstain* OR prevent* OR abstinence OR restrict*) WITHIN 2 (smok* OR tobacco OR cigarette*))) or(DE=("smoking")) and((TI=((anankastic WITHIN 1 personalit*) OR "anorexia nervosa" OR (antisocial WITHIN 1 personalit*) OR ("attention deficit" WITHIN 1 disorder*) OR "body dysmorphic" OR "conduct disorder" OR "conduct disorders" OR (cyclothymic WITHIN 1 personalit*) OR "endogenous depression" OR "folie a deux" OR "mental disorder" OR "mental disorders" OR "mental illness" OR "mental illnesses" OR "mental problem" OR "mental problems") OR AB=((anankastic WITHIN 1 personalit*) OR "anorexia nervosa" OR (antisocial WITHIN 1 personalit*) OR ("attention deficit" WITHIN 1 disorder*) OR "body dysmorphic" OR "conduct disorder" OR "conduct disorders" OR (cyclothymic WITHIN 1 personalit*) OR "endogenous depression" OR "folie a deux" OR "mental disorder" OR "mental disorders" OR "mental illness" OR "mental illnesses" OR "mental problem" OR "mental problems")) or(TI=("mentally ill" OR

"obsessive compulsive" OR "panic disorder" OR "panic disorders" OR "pervasive developmental" OR "post traumatic" OR "seasonal affective" OR (affective WITHIN 1 disorder*) OR (avoidant WITHIN 1 personalit*) OR (behavio* problem*) OR (behavio* WITHIN 1 disorder*) OR (conversion WITHIN 1 disorder*) OR (eating WITHIN 1 behavio*) OR (eating WITHIN 1 disorder*) OR (overactive WITHIN 1 disorder*) OR (personality WITHIN 3 disorder*) OR agoraphobia OR Alzheimer* OR (anankastic WITHIN 1 person*) OR (antisocial WITHIN 1 person*) OR anxiety OR anxious OR (person* WITHIN 1 asocial) OR Asperger* OR autism OR autistic OR (person* WITHIN 1 avoidant) OR bipolar* OR (borderline WITHIN 1 personalit*) OR bulimia OR catatonia OR catatonic OR compulsion* OR (compulsive WITHIN 1 person*) OR (conversion WITHIN 1 disorder\$) OR cyclothymia OR delusion* OR (dependent WITHIN 1 personalit*) OR depersonali?ation OR depression* OR depressive OR dereali?ation OR disintegrative OR (person* WITHIN 1 dissocial) OR dissociation* OR dissociative OR dysthym* OR fugue OR hallucination* OR hebephreni* OR (person* WITHIN 1 histrionic)) OR AB=("mentally ill" OR "obsessive compulsive" OR "panic disorder" OR "panic disorders" OR "pervasive developmental" OR "post traumatic" OR "seasonal affective" OR (affective WITHIN 1 disorder*) OR (avoidant WITHIN 1 personalit*) OR (behavio* problem*) OR (behavio* WITHIN 1 disorder*) OR (conversion WITHIN 1 disorder*) OR (eating WITHIN 1 behavio*) OR (eating WITHIN 1 disorder*) OR (overactive WITHIN 1 disorder*) OR (personality WITHIN 3 disorder*) OR agoraphobia OR Alzheimer* OR (anankastic WITHIN 1 person*) OR (antisocial WITHIN 1 person*) OR anxiety OR anxious OR (person* WITHIN 1 asocial) OR Asperger* OR autism OR autistic OR (person* WITHIN 1 avoidant) OR bipolar* OR (borderline WITHIN 1 personalit*) OR bulimia OR catatonia OR catatonic OR compulsion* OR (compulsive WITHIN 1 person*) OR (conversion WITHIN 1 disorder\$) OR cyclothymia OR delusion* OR (dependent WITHIN 1 personalit*) OR depersonali?ation OR depression* OR depressive OR dereali?ation OR disintegrative OR (person* WITHIN 1 dissocial) OR dissociation* OR dissociative OR dysthym* OR fugue OR hallucination* OR hebephreni* OR (person* WITHIN 1 histrionic))) or(TI=((histrionic WITHIN 1 person*) OR hyperkinetic OR hypomania OR hysteria OR mania* OR manic* OR (narcissistic WITHIN 1 person*) OR (person* WITHIN 1 narcissistic) OR neurasthenia OR neurosis OR neurot* OR (person* WITHIN 1 obsessive) OR (obsessive WITHIN 1 person*) OR oligophreni* OR paranoia OR paranoid OR (person* WITHIN 1 passive-aggressive) OR (passive-aggressive WITHIN 1 person*) OR phobia* OR phobic OR posttraumatic OR psychiatr* OR psychopath* OR psychos* OR psychot* OR rett OR "rett's" OR retts OR schiz* OR sociopath* OR somati?ation OR somatoform OR (secure WITHIN 1 unit) OR (secure WITHIN 1 units) OR (secure WITHIN 1 hospital*) OR amnesi* or hypomania OR cyclothymia or dysthymia or dementia OR delirium OR hallucinosis OR delusional OR (mood WITHIN 2 disorder*) OR asthenic OR "emotionally labile" OR postencephalitic OR postconcussion* OR (trance WITHIN 1 disorder*) OR (possession WITHIN 1 disorder*) OR obsessional OR "severe stress" OR (adjustment WITHIN 1 disorder*) OR dissociate OR "multiple personality" OR neurasthenia OR (psychological WITHIN 1 disturbance*) OR (psychologically WITHIN 1 disturbed) OR suicid* OR parasuicid*) OR AB=((histrionic WITHIN 1 person*) OR hyperkinetic OR hypomania OR hysteria OR mania* OR manic* OR (narcissistic WITHIN 1 person*) OR (person* WITHIN 1 narcissistic) OR neurasthenia OR neurosis

OR neurot* OR (person* WITHIN 1 obsessive) OR (obsessive WITHIN 1 person*) OR oligophreni* OR paranoia OR paranoid OR (person* WITHIN 1 passive-aggressive) OR (passive-aggressive WITHIN 1 person*) OR phobia* OR phobic OR posttraumatic OR psychiatr* OR psychopath* OR psychos* OR psychot* OR rett OR "rett's" OR retts OR schiz* OR sociopath* OR somati?ation OR somatoform OR (secure WITHIN 1 unit) OR (secure WITHIN 1 units) OR (secure WITHIN 1 hospital*) OR amnesi* or hypomania OR cyclothymia or dysthymia or dementia OR delirium OR hallucinosis OR delusional OR (mood WITHIN 2 disorder*) OR asthenic OR "emotionally labile" OR postencephalitic OR postconcussion* OR (trance WITHIN 1 disorder*) OR (possession WITHIN 1 disorder*) OR obsessional OR "severe stress" OR (adjustment WITHIN 1 disorder*) OR dissociate OR "multiple personality" OR neurasthenia OR (psychological WITHIN 1 disturbance*) OR (psychologically WITHIN 1 disturbed) OR suicid* OR parasuicid*)) or(TI=((self WITHIN 1 harm*) OR (self WITHIN 1 injur*) OR comorbid* OR bulimi* OR anorexi* OR neuros* OR OCD OR "psychological stress" OR "psychological distress" OR "mental stress" OR "adjustment disorder" OR "adjustment disorders" OR "mental health" OR "mental healthcare") OR AB=((self WITHIN 1 harm*) OR (self WITHIN 1 injur*) OR comorbid* OR bulimi* OR anorexi* OR neuros* OR OCD OR "psychological stress" OR "psychological distress" OR "mental stress" OR "adjustment disorder" OR "adjustment disorders" OR "mental health" OR "mental healthcare")) or(TI=("mentally ill" OR "obsessive compulsive" OR "panic disorder" OR "panic disorders" OR "pervasive developmental" OR "post traumatic" OR "seasonal affective" OR (affective WITHIN 1 disorder*) OR (avoidant WITHIN 1 personalit*) OR (behavio* problem*) OR (behavio* WITHIN 1 disorder*) OR (conversion WITHIN 1 disorder*) OR (eating WITHIN 1 behavio*) OR (eating WITHIN 1 disorder*) OR (overactive WITHIN 1 disorder*) OR (personality WITHIN 3 disorder*) OR agoraphobia OR Alzheimer* OR (anankastic WITHIN 1 person*) OR (antisocial WITHIN 1 person*) OR anxiety OR anxious OR (person* WITHIN 1 asocial) OR Asperger* OR autism OR autistic OR (person* WITHIN 1 avoidant) OR bipolar* OR (borderline WITHIN 1 personalit*) OR bulimia OR catatonia OR catatonic OR compulsion* OR (compulsive WITHIN 1 person*) OR (conversion WITHIN 1 disorder*) OR cyclothymia OR delusion* OR (dependent WITHIN 1 personalit*) OR depersonali?ation OR depression* OR depressive OR dereali?ation OR disintegrative OR (person* WITHIN 1 dissocial) OR dissociation* OR dissociative OR dysthym* OR fugue OR hallucination* OR hebephreni* OR (person* WITHIN 1 histrionic)) OR AB=("mentally ill" OR "obsessive compulsive" OR "panic disorder" OR "panic disorders" OR "pervasive developmental" OR "post traumatic" OR "seasonal affective" OR (affective WITHIN 1 disorder*) OR (avoidant WITHIN 1 personalit*) OR (behavio* problem*) OR (behavio* WITHIN 1 disorder*) OR (conversion WITHIN 1 disorder*) OR (eating WITHIN 1 behavio*) OR (eating WITHIN 1 disorder*) OR (overactive WITHIN 1 disorder*) OR (personality WITHIN 3 disorder*) OR agoraphobia OR Alzheimer* OR (anankastic WITHIN 1 person*) OR (antisocial WITHIN 1 person*) OR anxiety OR anxious OR (person* WITHIN 1 asocial) OR Asperger* OR autism OR autistic OR (person* WITHIN 1 avoidant) OR bipolar* OR (borderline WITHIN 1 personalit*) OR bulimia OR catatonia OR catatonic OR compulsion* OR (compulsive WITHIN 1 person*) OR (conversion WITHIN 1 disorder*) OR cyclothymia OR delusion* OR (dependent

WITHIN 1 personalit*) OR depersonalization OR depression* OR depressive
OR derealization OR disintegrative OR (person* WITHIN 1 dissocial) OR
dissociation* OR dissociative OR dysthym* OR fugue OR hallucination* OR
hebephreni* OR (person* WITHIN 1 histrionic))) or(DE=("affective illness"
or "anorexia nervosa" or "anxiety" or "attention deficit disorder" or
"autism" or "bulimia" or "community mental health" or "community mental
health centers" or "comorbidity" or "compulsivity" or "defense
mechanisms" or "deinstitutionalization" or "depersonalization" or
"depression psychology" or "eating disorders" or "emotionally disturbed"
or "hysteria" or "mental health" or "mental health services" or "mental
hospitals" or "mental illness" or "mental patients" or "narcissism" or
"neurosis" or "neuroticism" or "paranoia" or "personality disorders" or
"phobias" or "posttraumatic stress disorder" or "psychiatry" or
"psychosis" or "schizophrenia" or "senility" or "sociopathic
personality")))

SOCIAL POLICY AND PRACTICE

Database host: OVID

Date searched: 10/2/2012, issue 201201

Number of records: 273

- 1 (hospital or hospitals).af. (14403)
- 2 (mental* or Psychiatr* or disorder or disorders or schiz* or Rett or Retts or hysteria or hallucin* or dysthymi* or dissociativ* or depression or depressive or dependency or delusion* or dementia* or cyclothymic or delirium or rehabilitation or affective or psychot* or psychos* or anorexi* or anankastic* or anxiety or anxious or alzheimer* or "attention deficit" or avoidant or bipolar or dysmorphi* or (borderline adj1 personalit*) or bulimi* or catatoni* or "child behavior" or "child behaviour" or compulsive or pica or munchausen or "impulse control" or asthenia or "stereotypic movement" or dyslexi* or "binge eating" or capgras or "developmental disabilities" or "developmental disability" or "child development" or factitious or somatoform or somatic* or sociopath* or posttraumatic or "post traumatic" or phobic or phobia* or "passive aggressive" or paranoid or paranoia or oligophreni* or obsessive or antisocial).af. (89985)
- 3 ("folie a deux" or panic or avoidant or "behavior problem*" or "behaviour problem*" or asperger* or autism or autistic or compulsion* or dereali?ation or depersonali?ation or disintegrative or dissociative or dissociat* or fugue or hebephreni* or histrionic or hyperkinetic or hypomania or mania* or manic* or narcissis* or neurasthenia or neurosis or neurot* or oligophreni*).af. (9412)
- 4 "secure unit* ".af. (718)
- 5 (amensi* or hypomania or cyclomania or dysthymia or asthenic or "emotionally labile" or trance or postencephalitic or postconcussion or possession or obsessional or adjustment or dissociate or "multiple personal*" or (psychological* adj disturb*) or suicid* or parasuicid* or "self harm*" or "self injur*" or comorbid* or neuros* or OCD or "psychological stress" or "psychological distress" or adjustment).af. (8779)
- 6 1 or 2 or 3 or 4 or 5 (104831)
- 7 (fading or temporary or "give up" or "gives up" or "given up" or "giving up" or cessat* or withdraw* or ceas* or stop* or schedul* or quit* or reduc* or abstain* or prevent* or abstinence or restrict*).ab,de,ti. (47600)
- 8 ("controlled smoking" or "tobacco control" or "smoking control" or (smoking adj3 service*) or "anti smoking" or "anti tobacco" or "temporary abstinence" or (temporar* adj abstain*)).ab,de,ti. (179)
- 9 "cigar* ".ab,de,ti. (333)
- 10 smoking.ab,de,ti. (2436)
- 11 tobacco.ab,de,ti. (790)
- 12 9 or 10 or 11 (2698)
- 13 7 and 12 (970)
- 14 8 or 13 (1038)
- 15 6 and 14 (275)
- 16 ((mental adj health*) or mentally or (mental* adj ill*) or (mental adj problem*) or (mental adj disorder*) or Psychiatr* or disorder or disorders or schiz* or Rett or Retts or hysteria or hallucin* or dysthymi* or dissociativ* or depression or depressive or dependency or delusion* or dementia* or cyclothymic or delirium or rehabilitation or affective or psychot* or psychos* or anorexi* or anankastic* or anxiety or anxious or alzheimer* or "attention deficit" or avoidant or bipolar or dysmorphi* or (borderline adj1 personalit*) or bulimi* or catatoni* or "child behavior" or "child behaviour" or compulsive or pica or munchausen or "impulse control" or asthenia or "stereotypic movement" or dyslexi* or "binge eating" or capgras or "developmental disabilities" or

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"developmental disability" or "child development" or factitious or somatoform or somatic* or sociopath* or posttraumatic or "post traumatic" or phobic or phobia* or "passive aggressive" or paranoid or paranoia or oligophreni* or obsessive or antisocial).af,ab,ti. (86975)

17 1 or 3 or 4 or 5 or 16 (102186)

18 14 and 17 (273)

SOCIAL SCIENCE CITATION INDEX AND CONFERENCE PROCEEDINGS CITATION INDEX,
(SCIENCE, AND SOCIAL SCIENCE AND HUMANITIES)

Database platform: Web of Science

Date searched 31 January 2012

Records: 3614

Search strategy:

Timespan=1985-2012

Lemmatization=Off

15 #14 AND #5

14 #13 OR #10 OR #9 OR #8 OR #7 OR #6

13 #12 AND #11

12 TS=("hand-roll" OR handroll* OR "hand-rolls" OR "hand-rolled" OR bidi OR bidis OR beedi OR beedis OR rolie OR rolies OR paan OR gutkha OR snuff OR betel OR cigar OR cigars)

11 TS=((fading OR temporary OR (give* NEAR/1 up) OR "giving up" OR cessat* OR withdraw* OR ceas* OR stop* OR schedul* OR quit\$ OR quitt* OR reduc* OR abstain* OR prevent* OR abstinence OR restrict*))

10 TS=((fading NEAR/2 tobacco) OR (temporary NEAR/2 tobacco) OR ("giving up" NEAR/2 tobacco) OR (cessat* NEAR/2 tobacco) OR (withdraw* NEAR/2 tobacco) OR (ceas* NEAR/2 tobacco) OR (stop* NEAR/2 tobacco) OR (schedul* NEAR/2 tobacco) OR (quit NEAR/2 tobacco) OR (quits NEAR/2 tobacco) OR (quitt* NEAR/2 tobacco) OR (reduc* NEAR/2 tobacco) OR (abstain* NEAR/2 tobacco) OR (prevent* NEAR/2 tobacco) OR (abstinence NEAR/2 tobacco) OR (restrict* NEAR/2 tobacco)) OR TS=(((("give* up") NEAR/2 tobacco))

9 TS=((fading NEAR/2 cigarette\$) OR (temporary NEAR/2 cigarette\$) OR ("giving up" NEAR/2 cigarette\$) OR (cessat* NEAR/2 cigarette\$) OR (withdraw* NEAR/2 cigarette\$) OR (ceas* NEAR/2 cigarette\$) OR (stop* NEAR/2 cigarette\$) OR (schedul* NEAR/2 cigarette\$) OR (quit NEAR/2 cigarette\$) OR (quits NEAR/2 cigarette\$) OR (quitt* NEAR/2 cigarette\$) OR (reduc* NEAR/2 cigarette\$) OR (abstain* NEAR/2 cigarette\$) OR (prevent* NEAR/2 cigarette\$) OR (abstinence NEAR/2 cigarette\$) OR (restrict* NEAR/2 cigarette\$)) OR TS=(((("give* up") NEAR/2 cigarette\$))

8 TS=(((("give* up") NEAR/2 smok*))

7 TS=((fading NEAR/2 smok*) OR (temporary NEAR/2 smok*) OR ("giving up" NEAR/2 smok*) OR (cessat* NEAR/2 smok*) OR (withdraw* NEAR/2 smok*) OR (ceas* NEAR/2 smok*) OR (stop* NEAR/2 smok*) OR (schedul* NEAR/2 smok*) OR (quit NEAR/2 smok*) OR (quits NEAR/2 smok*) OR (quitt* NEAR/2 smok*) OR (reduc* NEAR/2 smok*) OR (abstain* NEAR/2 smok*) OR (prevent* NEAR/2 smok*) OR (abstinence NEAR/2 smok*) OR (restrict* NEAR/2 smok*))

6 TS=("temporary abstinence" OR (temporar* NEAR/1 abstain*) OR (abstain* NEAR/1 temporar*) OR (controlled NEAR/1 smoking))

5 1,293,776 #4 OR #3 OR #2 OR #1

4 TS=((self NEAR/1 harm*) OR (self NEAR/1 injur*) OR comorbid* OR bulimi* OR anorexi* OR neuros* OR OCD OR "psychological stress" OR "psychological distress" OR "mental stress" OR "adjustment disorder\$" OR "mental health" OR "mental healthcare")

3 TS=((histrionic NEAR/1 person*) OR hyperkinetic OR hypomania OR hysteria OR mania* OR manic* OR (narcissistic NEAR/1 person*) OR (person* NEAR/1 narcissistic) OR neurasthenia OR neurosis OR neurot* OR (person* NEAR/1 obsessive) OR (obsessive NEAR/1 person*) OR oligophreni* OR paranoia OR paranoid OR (person* NEAR/1 passive-aggressive) OR (passive-aggressive NEAR/1 person*) OR phobia\$ OR phobic OR posttraumatic OR psychiatr* OR psychopath* OR psychos* OR psychot* OR rett OR (rett NEAR/2 s) OR retts OR schiz* OR sociopath* OR somati?ation OR somatoform OR (secure NEAR/1 unit\$) OR (secure NEAR/1 hospital\$) OR amnesi* or hypomania OR cyclothymia or dysthymia or dementia OR delirium OR hallucinosis OR delusional OR (mood NEAR/2 disorder\$) OR asthenic OR "emotionally labile" OR postencephalitic OR postconcussion* OR (trance NEAR/1 disorder\$) OR (possession NEAR/1 disorder\$) OR obsessional OR "severe stress" OR (adjustment NEAR/1 disorder\$) OR dissociate OR "multiple personality" OR neurasthenia OR (psychological NEAR/1 disturbance\$) OR (psychologically NEAR/1 disturbed) OR suicid* OR parasuicid*)

2 TS=("mentally ill" OR "obsessive compulsive" OR "panic disorder" OR "panic disorders" OR "pervasive developmental" OR "post traumatic" OR "seasonal affective" OR (affective NEAR/1 disorder\$) OR (avoidant NEAR/1 personalit*) OR (behavio* problem\$) OR (behavio* NEAR/1 disorder\$) OR (conversion NEAR/1 disorder\$) OR (eating NEAR/1 behavio*) OR (eating NEAR/1 disorder\$) OR (overactive NEAR/1 disorder\$) OR (personality NEAR/3 disorder\$) OR agoraphobia OR Alzheimer* OR (anankastic NEAR/1 person*) OR (antisocial NEAR/1 person*) OR anxiety OR anxious OR (person* NEAR/1 asocial) OR Asperger* OR autism OR autistic OR (person* NEAR/1 avoidant) OR bipolar* OR (borderline NEAR/1 personalit*) OR bulimia OR catatonia OR catatonic OR compulsion* OR (compulsive NEAR/1 person*) OR (conversion NEAR/1 disorder\$) OR cyclothymia OR delusion* OR (dependent NEAR/1 personalit*) OR depersonali?ation OR depression* OR depressive OR dereali?ation OR disintegrative OR (person* NEAR/1 dissocial) OR dissociation* OR dissociative OR dysthym* OR fugue OR hallucination* OR hebephreni* OR (person* NEAR/1 histrionic))

1 TS=((anankastic NEAR/1 personalit*) OR "anorexia nervosa" OR (antisocial NEAR/1 personalit*) OR ("attention deficit" NEAR/1 disorder\$) OR "body dysmorphic" OR "conduct disorder" OR "conduct disorders" OR (cyclothymic NEAR/1 personalit*) OR "endogenous depression" OR "folie a deux" OR "mental disorder" OR "mental disorders" OR "mental illness" OR "mental illnesses" OR "mental problem" OR "mental problems")

UK CLINICAL RESEARCH NETWORK PORTFOLIO DATABASE

Search date: 17/2/2012

Number of records: 3

Search:

All topic areas,

Title/ research summary: smoke, smoking, tobacco, smoke-free, smokefree (one of the words)

APPENDIX 1B. WEBSITES SEARCH SUMMARY

	Websites searched	Results
1.	Smoke free http://smokefree.nhs.uk	0
2.	NHS Centre for Smoking Cessation and Training http://www.ncsct.co.uk/	4
3.	Action on Smoking and Health (ASH) http://www.ash.org.uk	5
4.	Treat tobacco.net http://www.treattobacco.net/en/index.php	0
5.	Society for Research on Nicotine and Tobacco http://www.srnt.org	0
6.	International Union against Cancer http://www.uicc.org	0
7.	WHO Tobacco Free Initiative (TIF) http://www.who.int/tobacco/en	0
8.	International Tobacco Control Policy Evaluation Project http://www.itcproject.org	0
9.	Tobacco Harm Reduction http://www.tobaccoharmreduction.org/index.htm	0
10.	Current controlled trials www.controlled-trials.com	0
11.	Association for the treatment of tobacco use and dependence (ATTUD) www.attud.org	0
12.	National Institute on drug abuse- the science of drug abuse and addiction http://www.nida.nih.gov/nidahome.html	1
13.	NICE	0
14.	Public health observatories	1
15.	Scottish Government	1
16.	Welsh Assembly Government	0
17.	NHS Evidence	15
18.	Joseph Rowntree Foundation	0
19.	UK Centre for Tobacco Control Studies	8
Total no of articles found		35
Total no. of new articles entered into ER4^a		15

Note. ^a Twenty of the documents found through web searches had already been captured by the electronic search of databases.

APPENDIX 2. INCLUSION DECISION QUESTIONS APPLIED AT TITLE AND ABSTRACT SCREENING STAGE

Criterion	Guidance notes	Decision
1. YEAR: Was the document published during or after 1980?	Include studies published during or after 1980, exclude studies before 1980.	If yes, proceed to 2. If no, use EX1 – NOT YEAR
2. EMPIRICAL RESEARCH: does document report on a piece of research?	This can include primary research, in that data have been collected during that study through interaction with or observation of study participants, or secondary research, such as systematic reviews of the literature. MUST have methodology section. Examples of non-research documents include opinion pieces, commentaries, or legislation	If yes, proceed to 3. If no, use EX2 – NOT EMPIRICAL RESEARCH
3. SMOKING CESSATION: Does the title or abstract refer to smoking cessation interventions/ services?	This includes smoking cessation or temporary abstinence approaches, and any approaches used by, or with, health professionals to increase recording, identification and/or referral to stop smoking services or mental healthcare-based stop-smoking services. We will include any pharmacological, psychological or self-help intervention that aims to assist with smoking cessation or temporary abstinence. Interventions of relevance can include pharmacological interventions, administered alone or in combination with other interventions; psychological interventions, including behavioural support, counselling and advice (with and without a pharmacological intervention); self-help approaches to smoking cessation or temporary abstinence without additional support. Psychological interventions could include concomitant use of pharmacological interventions to assist with cessation prior to the target quit date; however, use of pharmacological interventions needs to be equivalent in the active and comparator groups before and after cessation. Psychological interventions could be offered with the pharmacological intervention; however, the type and intensity of support needs to be comparable between the active and comparator groups. Pharmacological interventions that have not been currently licensed for temporary abstinence will also be eligible for inclusion. We will include any strategies, protocols or systems used by relevant health professionals to help identify smokers, record advice given and refer them to services, alone and share information between different groups of health professionals and across the care pathway.	If yes, proceed to 4. If no, use EX3 – NOT SMOKING CESSATION
4. MENTAL HEALTH: Is the study	This includes assessment, care and treatment for people with severe mental illness in hospitals,	If yes, proceed to 5.

<p>(or a component of it) conducted in a mental health secondary care setting, or does it include patients or workers in mental health services, or family/friends/visitors of mental health patients?</p>	<p>outpatient clinics and the community, as well as intensive services in psychiatric units and secure hospitals.</p> <p>This includes people who use secondary care mental health services (including those who are in the process of being referred to, or have recently been discharged from: child, adolescent, adult and older people’s mental health services inpatient, residential and long-term care for severe mental illness in a hospital, psychiatric and specialist unit or secure hospital).</p> <p>This includes those who live in the same household as someone who is using secondary care mental health services, such as partners, parents, other family members and carers. Includes those who visit people in secondary care mental health settings.</p> <p>This includes those who work in secondary care mental health settings, in particular, those who have direct contact with people using the services (also includes support staff, volunteers, those working for agencies or as locums, and staff employed by contractors.)</p>	<p>If no, use EX4 – NOT MENTAL HEALTH</p>
<p>5. RESEARCH DESIGN: Is the study design a comparison (e.g., controlled trials, before-and-after) and/or views or process evaluation (e.g., interviews, surveys)?</p>	<p>The study must be a comparison design or include views/process data on barriers and facilitators. Eligible comparison designs: reviews of reviews, systematic reviews and guidelines (including NICE guidelines), randomised controlled trials, controlled trials, controlled before and after studies, interrupted time series, and uncontrolled before and after studies.</p> <p>Eligible views/process evaluations: This includes trials (controlled and non-controlled), descriptive studies (including questionnaire surveys, and process evaluations), qualitative studies (including, but not restricted to, ethnographies, phenomenologies, and grounded theory studies), discussion papers or reports, and ‘views studies’ (which are written based on a multiple perspective approach with an emphasis on guidance for health professionals).</p> <p>Single case studies should be excluded.</p>	<p>If yes, proceed to 6.</p> <p>If no, use EX5 – NOT RESEARCH DESIGN</p>
<p>6. EFFECTIVENESS: Does the study evaluate the effectiveness of an intervention?</p>	<p>The study must evaluate the effectiveness of intervention (or interventions) either through a comparison with a control group or comparison across time, or through reviews of the evidence. Specifically: reviews of reviews, systematic reviews and guidelines (including NICE guidelines), randomised controlled trials, controlled trials, controlled before and after studies, interrupted</p>	<p>If yes, use IN1 - EFFECTIVENESS. Then proceed to 6.</p>

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	time series, and uncontrolled before and after studies.	If no, proceed to 7.
7. BARRIERS/FACILITATORS: Does the title or abstract include barriers or facilitators (including knowledge, attitudes and beliefs) of using or implementing smoking cessation interventions/ services?	This includes trials (controlled and non-controlled), descriptive studies (including questionnaire surveys, and process evaluations), qualitative studies (including, but not restricted to, ethnographies, phenomenologies, and grounded theory studies), discussion papers or reports, and 'views studies' (which are written based on a multiple perspective approach with an emphasis on guidance for health professionals)	If yes, use IN2 - BARRIERS/FACILITATORS. End of criteria.

APPENDIX 3. CHECKLIST FOR SCREENING OF FULL TEXT ARTICLES AND DATA EXTRACTION FORMS

CHECKLIST FOR SCREENING OF FULL TEXT ARTICLES

Criterion	Guidance notes	Decision
1. Type of Participant	To include mental health staff and participants with a current mental health diagnosis which meets diagnostic criteria to be included: schizophrenia, schizotypal and delusional disorders; mood (affective) disorders; neurotic, stress-related and somatoform disorders; Eating disorders; specific personality disorders, mixed and other personality disorders, enduring personality changes; pervasive developmental disorders; hyperkinetic disorder, conduct disorder, mixed disorders of conduct and emotions.	
2. Phenomena of Interest	To consider barriers or facilitators (knowledge, attitudes and beliefs) of using or implementing smoking cessation or temporary abstinence approaches, and any approaches used by, or with, mental health professionals/care providers/the wider care team to increase recording, identification and/or referral to SSS or mental healthcare-based SSS.	
3. Study design	To include qualitative and quantitative evidence and systematic reviews. To include trials (controlled and non-controlled), descriptive studies (including questionnaire surveys, and process evaluations), qualitative studies (including ethnographies, phenomenologies, and grounded theory studies), discussion papers or reports, and 'views studies' (based on a multiple perspective approach with an emphasis on guidance for health professionals). To consider other paradigms if not based on the interpretative paradigm.	

DATA EXTRACTION FORMS

REVIEW 5 DATA EXTRACTION FORM (qualitative data)

Reviewer name:

Date form completed:

Study Author and Year:

Title:

	Details	Score
Design of study (Quantitative/qualitative) – is a qualitative approach appropriate?		Appropriate Inappropriate Not sure
Study Aim (testing an intervention or opinion/view based) – is the study clear in what it seeks to do? Is the purpose of the study discussed? Is there adequate/appropriate reference to the literature? Are underpinning values/assumptions/theory discussed?		Clear Unclear Mixed
Study design How defensible/rigorous is the research design/methodology? Is it appropriate? Is the rationale given? Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? Is the selection of cases/sampling strategy theoretically justified?		Defensible Indefensible Not sure
Context of study Is the context clearly described? Are the characteristics of the participants and settings clearly defined? Were observations made in a sufficient variety of circumstances? Was context bias considered? (Inpatient/community/unknown)		Clear Unclear Not sure
Participants – inclusion and exclusion criteria (MH diagnosis /demographics/sample size)		Clear Unclear Not sure / inadequately reported
Methods How well was the data collection carried out? Are the data collection methods clearly described? Were the appropriate data collected		Appropriately Inappropriately

to addressed the research question? Was the data collection and record keeping systematic?		Not sure / inadequately reported
Were the methods reliable? Was data collected by more than one method? Is the justification for triangulation, or for not triangulating? Do the methods investigate what they claim to?		Reliable Unreliable Not sure
Role of Researcher Is the role of the researcher clearly described?		Clearly described Unclear Not described
Reflexive statement given?		Yes No

Themes

1. Staff knowledge, skills, and competencies
2. Systems and policies
3. Illness related issues
4. Environmental /psychological issues
5. Cessation i) intervention related ii) services related

<u>Barriers</u>	
<p>Themes</p> <p>For cessation or abstinence.</p> <p>Used by MH professionals/care providers/care teams/referrals to SSS. Community, primary, and secondary care mental health care providers</p> <p>Evidence or opinion based.</p>	<ol style="list-style-type: none"> 1. 2. 3. 4. 5. i) ii)

<u>Facilitators</u>	
Themes For cessation or abstinence. Used by MH professionals/care providers/care teams/referrals to SSS. Community, primary, and secondary care mental health care providers Evidence or opinion based.	1. 2. 3. 4. 5. i) ii)

<u>Quality</u>	
Is the data analysis sufficiently rigorous? Is the procedure explicit, how systematic is the analysis, is it clear how the themes were derived?	Rigorous Not rigorous Not sure/not reported
Are the data 'rich'? How well are the contexts of the data described? Has the diversity of perspective and content been explored? How well has the detail and depth been demonstrated?	Rich Poor Not sure/not reported
Is the analysis reliable? Did more than one researcher theme and code transcripts/data? If so, how were differences resolved?	Reliable Unreliable Not sure/not reported
Are the findings convincing? Are the findings clearly presented? Are the findings internally coherent?	Convincing Not convincing Not sure
Are the findings relevant to the aims of the study?	Relevant Irrelevant Partially relevant
Conclusions How clear are the links between data, interpretation and conclusion? Are the conclusions plausible and coherent? Have alternative explanations been	Adequate Inadequate Not sure

<p>explored and discounted? Does this enhance the understanding of the research topic? Are the implications of the research clearly defined? Is the adequate discussion of any limitation encountered?</p>	
<p>Ethics How clear and coherent is the reporting of ethics? Have ethical issues been taken into consideration? Are they adequately discussed Have the consequences of the research been considered, i.e. raising expectations, changing behaviour? Was the study approved by an ethics committee?</p>	<p>Appropriate inappropriate Not sure/not reported</p>

<p><u>Policy and Practice</u></p>	
<p>Generalisability To what extent are the study findings generalisable? What is the country of study? How applicable are the study findings to the system in the UK?</p>	
<p>Implications for policy</p>	
<p>Implications for practice</p>	
<p>Overall assessment As far as can be ascertained from the paper, how well was the study conducted?</p>	<p>++ + -</p> <p>++ all or most of the checklist have been fulfilled, where they have not been fulfilled the conclusion are very unlikely to alter + Some checklist criteria have been fulfilled, where they have not been fulfilled, or not adequately describe, the conclusion are unlikely to alter - Few or no checklist criteria have been fulfilled and the conclusions are likely or very likely to alter</p>

REVIEW 5 DATA EXTRACTION FORM (Survey data)

Reviewer name:

Date form completed:

Study Author and Year:

Title:

Study Design

Design of study		Appropriate Inappropriate Not sure
Study Aim (testing an intervention or opinion/view based) – is the study clear in what it seeks to do? Is the purpose of the study discussed? Is there adequate/appropriate reference to the literature? Are underpinning values/assumptions/theory discussed?		Clear Unclear Mixed
Study methods How defensible/rigorous is the research design/methodology? Is it appropriate? Is the rationale given?		Defensible Indefensible Not sure
Context of study Is the context clearly described? Are the characteristics of the participants and settings clearly defined? Were observations made in a sufficient variety of circumstances? (Inpatient/community/unknown)		Clear Unclear Not sure

Population and setting

Is the source population or source area well described? Was the country (e.g. developed or nondeveloped, type of healthcare system), setting (primary schools, community centres etc.), location (urban, rural), population demographics etc. adequately described?		++ + - NR NA
Do the selected participants or areas represent the eligible population or		++

<p>area? Was the method of selection of participants from the eligible population well described? What % of selected individuals agreed to participate? Were there any sources of bias? Were the inclusion/exclusion criteria explicit and appropriate?</p>		<p>+</p> <p>-</p> <p>NR</p> <p>NA</p>
<p>Type/s of mental illness the study/staff members/carers are dealing with (Schizophrenia/depression/mood affective disorder)</p>		
<p>Data collection How well was the data collection carried out? Are the data collection methods clearly described? Were the appropriate data collected to address the research question? Was the data collection and record keeping systematic?</p>		<p>Appropriately</p> <p>Inappropriately</p> <p>Not sure / inadequately reported</p>

Overall applicability/relevance of context/findings for review 5*:

High_ medium low marginal

Results

Number of participants	
Age (mean, SD, range):	
Sex (n, % male):	
Mental Illness / Staff grade break down.	

Analysis

<p>Are there clear accounts of the data analysis techniques used?</p>		<p>Clear</p> <p>Unclear</p> <p>Not sure</p>
--	--	---

Themes

1. Staff knowledge, skills, and competencies
2. Systems and policies

Review 5: Appendices

3. Illness related issues
4. Environmental /psychological issues
5. Support needed/suggested (facilitators)
6. Cessation i) intervention related ii) services related

<u>Barriers</u>	
Themes	<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6.

<u>Facilitators</u>	
Themes	<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6.

****For surveys: reference to table (table number/topic/page number)*:**

<p>Is the data analysis sufficiently rigorous? Is the procedure explicit, how systematic is the analysis, is it clear how the themes were derived? Triangulation? More than one researcher?</p>	<p>Rigorous Not rigorous Not sure/not reported NA</p>
<p>Are the findings generalisable to the source population (i.e. externally valid)? Are there sufficient details given about the study to determine if the findings are generalisable to the source population? Consider: participants, outcomes, resource and policy implications.</p>	<p>++ + - NR NA</p>
<p>Applicability to UK setting?</p>	<p>High Medium Low</p>

Policy and practice

<p>Implications for policy</p>
<p>Implications for practice</p>

<p>Further Comments (to include any links with other papers in R5)</p>	
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Overall scoring

++ + - not sure

Scoring from NICE guidelines

Checklist items are worded so that one of five responses is possible:

++ Indicates that for that particular aspect of study design, the study has been designed/conducted in such a way as to minimise the risk of bias.

+ Indicates that either the answer to the checklist question is not clear from the way the study is reported, or that the study may not have addressed all potential sources of bias for that particular aspect of study design.

- Should be reserved for those aspects of the study design in which significant sources of bias may persist.

Not reported (nr) should be reserved for those aspects in which the study under review fails to report how they have/might have been considered.

Not applicable (na) Should be reserved for those study design aspects which are not applicable given the study design under review.

APPENDIX 4. REFERENCES TO INCLUDED STUDIES

PRIMARY STUDIES

Apodaca 2007: Apodaca Timothy, Abrantes Ana, Strong David, Ramsey Susan, Brown Richard (2007) Readiness to change smoking behaviour in adolescents with psychiatric disorders. *Addictive Behaviours*. 32(6):1119-1130.

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Lawn 2006: Lawn Sharon, Condon Judith (2006) Psychiatric nurses' ethical stance on cigarette smoking by patients: determinants and dilemmas in their role in supporting cessation. *International Journal of Mental Health Nursing*. 15(2):

Lubman 2007: Lubman Dan I; Jorm Anthony F; Morgan Amy J; (2007) Psychiatrists' views of the helpfulness of reducing cigarette use for young people with mental disorders. (Correspondence). *US: Informa Healthcare*.

Lucksted 2000: Lucksted Alicia, Dixon Lisa B, Sembly Joseph B; (2000) A focus group pilot study of tobacco smoking among psychosocial rehabilitation clients. *Psychiatric Services*. 51(12):1544-1548.

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DISCUSSION PIECES

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APPENDIX 5. EVIDENCE TABLE FOR INCLUDED STUDIES

Study details	Research parameters	Population and sample selection	Outcomes and methods of analysis Results	Notes
<p>Authors: Adopaca Year: 2007 Quality score: +</p>	<p>What was/were the research questions: To identify factors that are related to readiness to quit smoking among adolescent smokers</p> <p>What theoretical approach does the study take (if specified): Not reported</p> <p>How were the data collected:</p> <p>What method(s): Survey By whom: Not reported What setting(s): Inpatient When: Not reported</p>	<p>What populations where the sample recruited from: Private psychiatric hospital in north-eastern USA</p> <p>How were they recruited: Identified from participants enrolled in clinical trial evaluating motivational interviewing to reduce smoking among adolescents hospitalised for a psychiatric disorder</p> <p>How many participants were recruited: 191</p> <p>Were there specific exclusion criteria: Having a current psychotic disorder</p> <p>Were there specific inclusion criteria: 13-17 years of age, reported smoking at least one cigarette per week for the</p>	<p>Brief description of method and process of analysis: Bivariate correlations were examined to assess which factors were correlated with readiness to change. Multiple regression was then used to examine the unique effects of the predictors</p> <p>Key themes (with illustrative quotes if available) relevant to this review:</p>	<p>Limitations identified by author: Lack of generalisability to smoking adolescents in general</p> <p>Limitations identified by team: Participants enrolled in RCT</p> <p>Evidence gaps and/or recommendations for future research: Not reported</p> <p>Source of funding: National Cancer Institute</p>

Review 5: Appendices

		four weeks prior to hospitalisation, and had access to a telephone		
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Study details	Research parameters	Population and sample selection	Outcomes and methods of analysis Results	Notes
<p>Authors: Ashton Year: 2010 Quality score: +</p>	<p>What was/were the research questions: The aims of this study were to assess mental health workers' attitudes to addressing patients' tobacco use, to identify any perceived barriers that prevent people with mental illness from receiving the support they require to tackle tobacco use, and to determine the workers' recommendations for policy and practice change within mental health services in South Australia.</p> <p>What theoretical approach does the study take (if specified): Not reported</p> <p>How were the data collected:</p> <p>What method(s): Questionnaire survey with open ended questions.</p> <p>By whom: Not reported</p>	<p>What populations where the sample recruited from: Mental health workers from government and non-government adult mental health services in Adelaide, South Australia. Government mental health services.</p> <p>How were they recruited: The list of government adult mental health services was obtained from the White Pages telephone directory, and a list of all non-government mental health services was provided by the Mental Health Coalition, the South Australian non-government mental health peak body.</p> <p>How many participants were recruited: 324 completed questionnaires were returned from mental health workers of various occupations –</p>	<p>Brief description of method and process of analysis: Descriptive statistics for demographics and ratings were computed using SPSS version 15.0. Qualitative data were analysed using interpretive analysis, which involved two key stages of grounded theory, open coding and categorization. For this process, data were coded by three independent researchers, two with extensive clinical mental health experience and expertise in tobacco research with these populations and one with extensive experience in tobacco control research and evaluation. Responses were coded into categories identified by the researchers, and where a response fitted into more than one of the categories, multiple categories were allowed.</p> <p>Key themes (with illustrative quotes if available) relevant to this review: Staff attitudes and beliefs regarding smoking in patients</p> <p>A. Smoking as a personal choice</p> <p>Staff attitudes towards smoking cessation in patients</p> <p>B. Postive beliefs regarding quitting <i>"Tobacco use leads to long term poor health and financial problems"</i></p> <p><i>"Clients are in crisis and are often long term smokers, I think it is difficult but important."</i></p>	<p>Limitations identified by author: Conducted only within the Adelaide metropolitan area and therefore only provides feedback from mental health workers in this location. 24% of the responses were received from organizations where the team leader failed to describe the type of organization and number of staff, this meant comparisons between organisations and information about the proportion of staff completing the questionnaire is not available. The study asked workers to report their feelings about tobacco use within mental health services; it did not measure actual worker practices. The study was only conducted in 2007 and since that time many mental health workers in South Australia have been involved in training about</p>

	<p>What setting(s): Inpatient & Community. When: August 2007</p>	<p>across 45 organisations (60% response rate)</p> <p>Were there specific exclusion criteria: Mental health workers from private and child and adolescent mental health services were not included as their needs were considered to differ to those of government and non-government adult mental health services.</p> <p>Were there specific inclusion criteria: Included acute and extended care inpatient units, rehabilitation, community care, and assessment and crisis intervention services. Non-government mental health services included supported accommodation, respite, personal care, drop-in centres, supported employment and other support services.</p>	<p><i>"I believe people should have a choice if they want to smoke or not."</i></p> <p><i>"Important if client wishes to make changes."</i></p> <p>D. Roles and responsibilities of staff in quitting</p> <p><i>"My patients are not interested; I do not think I am the smoking police."</i></p> <p>Perceived barriers and facilitators to quitting in patients</p> <p>A. Motivation, nicotine dependence, psychosocial, and environmental factors</p> <p><i>"Mental health clients [were] already highly stressed and vulnerable"</i></p> <p>Systems and policies</p> <p>B. Time and other resources</p> <p><i>"Time restraints often mean other issues increase in priorities"</i></p> <p>Staff perceptions regarding interventions for smoking cessation in patients</p> <p>D. Information and accessibility of support for patients</p>	<p>helping people with mental health to address tobacco use.</p> <p>Limitations identified by team: None identified.</p> <p>Evidence gaps and/or recommendations for future research: Finding indicates some mental health workers are still ambivalent about addressing tobacco use or lack the skills and confidence and it suggests there is a need for professional development for all mental health workers. This finding also indicates there is a need to incorporate asking about tobacco use in standardized assessments and address it within the development of mental health care plans.</p> <p>Source of funding: Funded by the South Australian Department of Health.</p>
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Study details	Research parameters	Population and sample selection	Outcomes and methods of analysis Results	Notes
<p>Authors: Dickens Year: 2004 Quality score: +</p>	<p>What was/were the research questions: Aimed to examine differences in attitudes and beliefs about smoking between nurses and other professional groups in mental health settings.</p> <p>What theoretical approach does the study take (if specified): Not reported</p> <p>How were the data collected:</p> <p>What method(s): Cross sectional survey. By whom: Not reported What setting(s): Inpatient. When: January 2003</p>	<p>What populations where the sample recruited from: All full and part time clinical employees working at a specialist charitable-status psychiatric hospital in the UK – registered nurses, nursing assistants, other health professionals</p> <p>How were they recruited: Employees were invited to opt out of receiving a questionnaire but none did so. Questionnaires and return envelopes were distributed in January 2003; all materials were unmarked so the researchers were not able to identify individual respondents in any way.</p> <p>How many participants were recruited: 690 staff members (50.3%).</p> <p>Were there specific exclusion criteria: Bank and agency staff.</p>	<p>Brief description of method and process of analysis: Responses from completed questionnaires were analysed using SPSS 11.0. Chi-square with Yates' correction for continuity was employed to detect significant differences in; Fishers' exact test was utilized where expected cell frequency was less than 5. All chi-square tests were 2-tailed, reflecting the nondirectional hypotheses of the study. For comparisons between smokers and non-smokers, ex-smokers of 12 months or less ($n = 7$) were excluded, and ex-smokers of 12+ months duration were categorized as non-smokers. Differences in age between groups were analysed using the non-parametric Mann–Whitney U-test. Additional comments related to each question were transcribed, collated and subjected to a basic content analysis.</p> <p>Key themes (with illustrative quotes if available) relevant to this review: Staff attitudes and beliefs regarding smoking in patients A. Smoking as a personal choice <i>"If they choose to."</i> <i>"Up to the individual."</i> <i>"They are adults and can decide for themselves."</i> Staff attitudes towards smoking cessation in patients</p>	<p>Limitations identified by author: Low response rate. Restricted demographic information (to promote uptake). Self report issues; under-reporting of unhealthy behaviours.</p> <p>Limitations identified by team: None identified.</p> <p>Evidence gaps and/or recommendations for future research: This survey indicates that nurses' attitudes may have further to move in order to accept these premises and that educational resources and change management may need to be concentrated on this group. In a local context, our next steps will be to continue to build upon our staff and patient smoking cessation campaigns.</p> <p>Source of funding: Not reported.</p>

		<p>Were there specific inclusion criteria: None reported.</p>	<p>C. Influence of staff smoking status on patients</p> <p>E. Perceived impact of quitting on mental health</p> <p>Staff perceptions regarding interventions for smoking cessation in patients</p> <p>D. Information and accessibility of support for patients</p> <p><i>"[Patients] should be educated to give them an informed choice."</i></p>	
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Study details	Research parameters	Population and sample selection	Outcomes and methods of analysis Results	Notes
<p>Authors: Dickens Year: 2005 Quality score: +</p>	<p>What was/were the research questions: Views and beliefs of psychiatric inpatients about smoking in hospital.</p> <p>What theoretical approach does the study take (if specified): Not reported</p> <p>How were the data collected:</p> <p>What method(s): Questionnaire survey, plus patients were invited to comments/ expand on their individual answers.</p> <p>By whom: Researchers What setting(s): Inpatients When: March – April 2004.</p>	<p>What populations where the sample recruited from: Inpatients from the forensic wards of a large independent psychiatric hospital – Northampton, UK.</p> <p>How were they recruited: Invited to be interviewed.</p> <p>How many participants were recruited: 45 agreed (44.1% response rate).</p> <p>Were there specific exclusion criteria: advised by ward teams not to approach 16 patients due to current mental state. N=102 invited to be interviewed.</p> <p>Were there specific inclusion criteria: All patients in the adult forensic mental health division of St Andrews</p>	<p>Brief description of method and process of analysis: Two of the researchers were on hand to ensure that participants' additional comments were accurately collected. Results were analyzed using Epi- Info. The c2 (with Yates' correction) and the Independent Samples <i>T</i>-tests were used to compare the demographic details of participants and those who declined to take part. Comparisons of the views of smokers and non-smokers were made using Fisher's exact test. Additional interview material from the notes were transcribed and subjected to a basic content analysis.</p> <p>Key themes (with illustrative quotes if available) relevant to this review: Patients views, attitudes and perceptions regarding smoking</p> <p style="padding-left: 20px;">A. Reasons for/triggers of smoking: Psychological, environmental, and neurological factors</p> <p><i>"It's [smoking] therapeutic for us. The nurse calms you down having a one to one in the smoke room."</i></p> <p><i>"It helps break down barriers."</i></p> <p>Patients views, attitudes and perceptions regarding making a quit attempt</p> <p style="padding-left: 20px;">A. Perceived barriers to making a quit attempt</p>	<p>Limitations identified by author: Low participation rate. Participants were not entirely representative of the patient population, difficulty recruiting older men and smokers. The study setting is in the independent sector, cannot necessarily be generalized to the National Health Service.</p> <p>Limitations identified by team: None identified.</p> <p>Evidence gaps and/or recommendations for future research: None identified.</p> <p>Source of funding: Not reported.</p>

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		Hospital, Northampton, England.	B. Perceived facilitators to making a quit attempt Patients views, attitudes and perceptions regarding successfully quitting B. Perceived facilitators to successfully quitting	
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Study details	Research parameters	Population and sample selection	Outcomes and methods of analysis Results	Notes
<p>Authors: Dickerson Year: 2011 Quality score: +</p>	<p>What was/were the research questions: To better understand the experiences of persons with serious mental illnesses who have quit smoking – motivation to quit and strategies used, willingness to assist strategies used, willingness to assist peers in smoking cessation</p> <p>What theoretical approach does the study take (if specified): Not reported</p> <p>How were the data collected:</p> <p>What method(s): Structured interviews By whom: Not reported What setting(s): Community When: Not reported</p>	<p>What populations where the sample recruited from: Mental health agencies that serve adults with serious mental illnesses, psychiatric rehabilitation programmes, research centre for schizophrenia, USA</p> <p>How were they recruited: Convenience sample, solicited from announcements at sites</p> <p>How many participants were recruited: 78</p> <p>Were there specific exclusion criteria: Currently an inpatient, inability to engage in give and take of verbal communication</p> <p>Were there specific inclusion criteria: Former smokers with serious mental illnesses who had been abstinent for at least 4 months, at least 18</p>	<p>Brief description of method and process of analysis: Not reported</p> <p>Key themes (with illustrative quotes if available) relevant to this review: Patients views, attitudes and perceptions regarding making a quit attempt C. Perceived facilitators to making a quit attempt <i>“I got fed up with it [smoking]. It causes lung cancer”, “I’d rather quit now than when I die. It’s a nasty, dirty habit.”</i></p> <p><i>“I had a bad cough and took a day off from smoking. I never smoked since.”</i></p> <p>Patients views, attitudes and perceptions regarding successfully quitting B. Perceived facilitators to successfully quitting</p>	<p>Limitations identified by author: Convenience sample, no direct comparison groups of quitters who were not mental health consumers</p> <p>Limitations identified by team: Lack of details regarding methods and analysis</p> <p>Evidence gaps and/or recommendations for future research: Used to educate both clinicians and consumers that quitting is possible and to change pessimistic beliefs about the potential of consumers to quit smoking</p> <p>Source of funding: Maryland Quitting Use and Initiation of Tobacco (MDQuit) Research centre</p>

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	years of age, receiving outpatient mental health services, English speaking		
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Study details	Research parameters	Population and sample selection	Outcomes and methods of analysis Results	Notes
<p>Authors: Edmonds Year: 2007 Quality score: ++</p>	<p>What was/were the research questions: i) Evaluation of training package for mental health workers to deliver one to one stop smoking support to people with mental health illnesses ii) Exploration of the experiences of people with mental health problems who receive one to one stop smoking support iii)</p> <p>What theoretical approach does the study take (if specified): Not specified</p> <p>How were the data collected:</p> <p>What method(s): Semi-structured interviews By whom: Researchers What setting(s): Outpatients When: October 2005 to June 2006</p>	<p>What populations were the sample recruited from: Mental health service users accessing UK based specialised one to one stop smoking support (West Surrey Stop Smoking Service)</p> <p>How were they recruited: Not reported</p> <p>How many participants were recruited: 20 users, 40 workers</p> <p>Were there specific exclusion criteria: Users that experienced deterioration in their mental health following quit programme</p> <p>Were there specific inclusion criteria: Users that were ready to start a quit programme</p>	<p>Brief description of method and process of analysis: Analysed using inductive thematic networks</p> <p>Key themes (with illustrative quotes if available) relevant to this review: Patients views, attitudes, and perceptions regarding smoking A. Reasons for/triggers of smoking: Psychological, environmental, and neurological factors <i>"Yeah, because it was my thing that I did was smoked...It was like a bereavement, it was... big hole, big, big hole."</i></p> <p>Patients views, attitudes and perceptions regarding making a quit attempt B. Perceived facilitators to making a quit attempt</p> <p>Patients views, attitudes and perceptions regarding successfully quitting A. Perceived barriers of successfully quitting <i>"I don't do well in big groups. I get a little bit pensive. I wouldn't have been able to handle that. Too much stress for nothing. Which would make me want to go outside for a cigarette."</i></p> <p><i>"I did have this little picture of going into one of these groups, where you all sit around, a bit like</i></p>	<p>Limitations identified by author: None reported</p> <p>Limitations identified by team: None reported</p> <p>Evidence gaps and/or recommendations for future research: Stop Smoking Services should work with primary care and mental health professionals to ensure mental health users are routinely offered access to Stop Smoking Services</p> <p>Source of funding: Not reported</p>

		<p>AA [Alcoholics Anonymous]. I did have a thought that I might end up in one of those.”</p> <p>B. Perceived facilitators to successfully quitting</p> <p><i>“It’s got to be a one to one for you to be able to get it through your head.”</i></p> <p><i>“It all needs to be all free option, as many options as possible, and people to choose.”</i></p> <p><i>“It felt informal, not like you were going to a clinic or anything like that or any kind of rehab. It is like a homely environment.”</i></p> <p><i>“Going to a group or the hospital or somewhere like that... would have been a bit anxious about that.”</i></p> <p><i>“...the home environment is much better...”</i></p> <p>C. Outcomes following successfully quitting</p> <p><i>“I feel really proud of myself.”</i></p> <p><i>“Found we sat and talked quite a lot a more... I’d say it has been positive experience.”</i></p> <p>Staff attitudes towards smoking cessation in patients</p> <p>A. Negative beliefs regarding quitting</p> <p><i>“Many have the attitude that people with mental health problems ‘can’t stop smoking’, ‘can’t give up’, will ‘never be able to stop.’”</i></p>	
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			<p>C. Influence of staff smoking status on patients</p> <p>Staff skills and abilities</p> <ul style="list-style-type: none">A. Confidence in providing smoking cessation supportB. Adequacy of training <p>Staff perceptions of systems and policies</p> <ul style="list-style-type: none">A. Priority of smoking cessationB. Time and other resources	
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Study details	Research parameters	Population and sample selection	Outcomes and methods of analysis Results	Notes
<p>Authors: Essenmacher Year: 2008 Quality score: +</p>	<p>What was/were the research questions: Determine staff's characteristics that are associated with attitudes about providing cessation services to veteran patients with psychiatric illness. Seek suggestions and insight from staff about what would be important to include in a tobacco cessation program.</p> <p>What theoretical approach does the study take (if specified): Not reported</p> <p>How were the data collected:</p> <p>What method(s): Cross sectional survey and interviews.</p> <p>By whom: Researchers.</p> <p>What setting(s): Inpatient</p> <p>When: No reported.</p>	<p>What populations where the sample recruited from: Staff members at a primary psychiatric veterans affairs (VA) hospital.</p> <p>How were they recruited: Surveys were handed out to staff directly during shift reports or left for day and midnight shift staff to complete and collected within a short time. SA convenience subsample of eight of the surveyed staff members were interviewed.</p> <p>How many participants were recruited: Survey n=150 (97%) and 8 staff members were interviewed.</p> <p>Were there specific exclusion criteria: None reported.</p>	<p>Brief description of method and process of analysis: Means and frequencies were conducted for all variables. Bivariate analyses were conducted using χ^2 or Fisher's exact tests to determine associations between the independent variables of staff's characteristics and to compare staff's characteristics to the six tobacco cessation service delivery dependent variables. Spearman correlations were used to assess possible collinearity between the independent variable staff's characteristics. After reviewing the bivariate analyses and any collinearity between the independent variables, multivariate analyses were conducted to determine the association between education, staff position, and smoking status and staff's responses to the six tobacco cessation service delivery variables.</p> <p>The transcripts of staff interviews were reviewed by two researchers. Common themes that would be useful in developing an inpatient cessation program at the VA were noted. Qualitative data from the interviews were used to further explain the quantitative data from the survey results.</p> <p>Key themes (with illustrative quotes if available) relevant to this review: Staff attitudes and beliefs regarding smoking in</p>	<p>Limitations identified by author: Cross sectional and does not take into account changes over time. Is not a random sample and is therefore not a representative sample. Responses to face-to-face interviews may have been biased due to the provision of socially desirable answers. The sample size was small, limiting the types of analyses that could be conducted.</p> <p>Limitations identified by team: None identified.</p> <p>Evidence gaps and/or recommendations for future research: The delivery of cessation services in VA psychiatric hospitals may be improved by addressing smoking among staff caregivers and</p>

		<p>Were there specific inclusion criteria: Both clinical and non clinical staff were surveyed.</p> <p>patients</p> <ul style="list-style-type: none"> A. Smoking as a personal choice <p>Staff attitudes towards smoking cessation in patients</p> <ul style="list-style-type: none"> A. Negative beliefs regarding quitting B. Influence of staff smoking status on patients D. Roles and responsibilities of staff in quitting <p>Perceived barriers and facilitators to quitting in patients</p> <ul style="list-style-type: none"> A. Motivation, nicotine dependence, psychosocial, and environmental factors <p>Staff skills and abilities</p> <ul style="list-style-type: none"> A. Confidence in providing smoking cessation support B. Adequacy of training <p>Staff perceptions of systems and policies</p> <ul style="list-style-type: none"> B. Time and other resources <p>Staff perceptions regarding interventions for smoking cessation in patients</p> <ul style="list-style-type: none"> D. Information and accessibility of support for patients 	<p>by educating caregivers about the importance of providing cessation services. Environmental and cultural changes may also be needed to improve cessation rates among veterans serviced by VA psychiatric facilities.</p> <p>Source of funding: The Department of Veteran Affairs.</p>
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Study details	Research parameters	Population and sample selection	Outcomes and methods of analysis Results	Notes
<p>Authors: Goldberg Year: 1996 Quality score: ++</p>	<p>What was/were the research questions: To identify reasons why persons with mental illness smoke, why it is hard to quit, and their beliefs about the type of support required to facilitate change in their smoking behaviour</p> <p>What theoretical approach does the study take (if specified): Not reported</p> <p>How were the data collected:</p> <p>What method(s): Survey and focus groups By whom: Not reported What setting(s): Community When: Not reported</p>	<p>What populations where the sample recruited from: Patients with schizophrenia from psychiatric rehabilitation programme</p> <p>How were they recruited: Identified from psychiatric rehabilitation programme</p> <p>How many participants were recruited: 105 (93% response rate)</p> <p>Were there specific exclusion criteria: Not reported</p> <p>Were there specific inclusion criteria: Not reported</p>	<p>Brief description of method and process of analysis: Qualitative data were coded to identify emergent themes, which were then enumerated to identify response trends.</p> <p>Key themes (with illustrative quotes if available) relevant to this review:</p> <p>Patients views, attitudes and perceptions regarding smoking</p> <p>A. Reasons for/triggers of smoking: Psychological, environmental, and neurological factors</p> <p><i>"I know all the negative things that smoking does. If I had something to look forward to during the day, activities would keep my mind of the cigarettes."</i></p> <p><i>"It is the only thing I do that I really enjoy."</i></p> <p><i>"[It's a] cheap thrill – [the] longer you go without, the more you enjoy it when you have it."</i></p> <p><i>"The voices I hear make me nervous, so I smoke to relax," and "Smoking and worry things are connected I use smoking to relax from the worry things, can't get rid of the worry things, can't stop smoking."</i></p> <p>Patients views, attitudes and perceptions regarding making a quit attempt</p> <p>A. Perceived barriers to making a quit attempt</p> <p><i>"It is your best friend... when I tried to quit, my</i></p>	<p>Limitations identified by author: None reported</p> <p>Limitations identified by team: Potential for lack of generalisability</p> <p>Evidence gaps and/or recommendations for future research: Develop smoking cessation services which are specialised to the needs of patients with schizophrenia</p> <p>Source of funding: Not reported</p>

		<p><i>thoughts go crazy and I start thinking about smoking cigarettes all the time."</i></p> <p><i>"After I have a cigarette, I say to myself, I've got to stop smoking, but it doesn't materialize. It's hard because it becomes a routine."</i></p> <p><i>"Even if my live-in boyfriend asked me to quit or move out, I'd move out"</i></p> <p><i>"Even if the price went way up, I'd give up other things to still smoke"</i></p> <p>B. Perceived facilitators to making a quit attempt</p> <p><i>"Looking at a picture of blackened lungs and people who could only breathe with a respirator."</i></p> <p><i>"When I feel my health is going bad – it doesn't bother my throat much [now] and I smoke a lot."</i></p> <p><i>"If I was told by my doctor that I couldn't smoke anymore or I'd die."</i></p> <p><i>"[I] didn't want to be the perfect picture of a psychiatric patient – they all smoke."</i></p> <p>Patients views, attitudes and perceptions regarding successfully quitting</p> <p>D. Suggested interventions for smoking Cessation</p>	
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Study details	Research parameters	Population and sample selection	Outcomes and methods of analysis Results	Notes
<p>Authors: Green Year: 2005 Quality score: +</p>	<p>What was/were the research questions: To examine the attitudes of people with mental illness toward smoking reduction and cessation</p> <p>What theoretical approach does the study take (if specified): Not reported</p> <p>How were the data collected:</p> <p>What method(s): Focus groups By whom: Not reported What setting(s): Community When: October to November 2001</p>	<p>What populations where the sample recruited from: Various psychiatric outpatient programmes, Winnipeg, Canada</p> <p>How were they recruited: Participants invited via posted letter</p> <p>How many participants were recruited: 21 (66% of those completing questionnaire)</p> <p>Were there specific exclusion criteria: Inability to participate in group process due to poorly controlled psychiatric symptoms</p> <p>Were there specific inclusion criteria: Self-reported diagnosis of mental illness, aged 18+ years, treated in psychiatric outpatient department, able to understand English, able give informed consent</p>	<p>Brief description of method and process of analysis: Not reported</p> <p>Key themes (with illustrative quotes if available) relevant to this review: Patients views, attitudes and perceptions regarding smoking A. Reasons for/triggers of smoking: Psychological, environmental, and neurological factors <i>"It [smoking] relieves boredom."</i> <i>"Stress makes me smoke more."</i> <i>"If you smoke, you can join the gang."</i></p> <p>Patients views, attitudes and perceptions regarding making a quit attempt A. Perceive barriers to making a quit attempt <i>"[You will] stop towards the end of [your] life."</i></p>	<p>Limitations identified by author: Small sample size, potential for selection bias due to honorarium</p> <p>Limitations identified by team: Analysis details not reported</p> <p>Evidence gaps and/or recommendations for future research: None reported</p> <p>Source of funding: Nursing grant from the Health Sciences Centre Foundation</p>

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Study details	Research parameters	Population and sample selection	Outcomes and methods of analysis Results	Notes
<p>Authors: Himelhoch Year: 2003 Quality score: +</p>	<p>What was/were the research questions: To determine how often psychiatrists offer smoking cessation counselling to their patients who smoke, and to determine which factors are independently associated with a psychiatrist offering smoking cessation counselling to their patients who smoke</p> <p>What theoretical approach does the study take (if specified): Not reported</p> <p>How were the data collected:</p> <p>What method(s): Cross-sectional analysis of National Ambulatory Medical Care Survey By whom: National Center for Health Statistics What setting(s): Community</p>	<p>What populations where the sample recruited from: Psychiatric patients under the care of physicians.</p> <p>How were they recruited: Systematic sampling, mainly patients under the care of non-academic physicians. National probability sample survey conducted by the National Center for Health Statistics, annually collects information</p> <p>How many participants were recruited: 573 psychiatrists (6400 visits to psychiatrists in patients who smoked). Response rate not reported.</p> <p>Were there specific exclusion criteria: The survey does not include physician visits in federally based and hospital-based outpatients settings</p>	<p>Brief description of method and process of analysis: Physicians completed a one page form for a sample of office visits. Chi-squared tests and logistic regression analysis. Analysis based on un-weighted data. Assessed for presence of clustering</p> <p>Key themes (with illustrative quotes if available) relevant to this review:</p>	<p>Limitations identified by author: Old time period, current interventions were not available, lack of information regarding length of time and number of cigarettes smoked per day by patients, couldn't assess the effect of visit acuity on the receipt of smoking cessation counselling, small sample size</p> <p>Limitations identified by team: No further limitations identified</p> <p>Evidence gaps and/or recommendations for future research: Interventions to increase awareness of smoking cessation counselling by psychiatrists may be warranted</p> <p>Source of funding: Robert Wood Johnson Foundation</p>

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	<p>When: A random 1 week period between 1992 and 1996 for each service</p>	<p>Were there specific inclusion criteria: Aged 18+ years, psychiatric diagnoses based on ICD-9 codes (psychotic disorders, depressive disorders, bipolar affective disorders, anxiety disorders, and substance abuse disorders)</p>		
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Study details	Research parameters	Population and sample selection	Outcomes and methods of analysis Results	Notes
<p>Authors: Johnson Year: 2009 Quality score: +</p>	<p>What was/were the research questions: To describe community base mental health care providers attitudes about tobacco use and confidence in providing effective smoking cessation interventions, personal smoking status, incorporation of smoking cessation interventions in practice</p> <p>What theoretical approach does the study take (if specified): Not reported</p> <p>How were the data collected:</p> <p>What method(s): Survey By whom: Not reported What setting(s): Community When: February to April 2006</p>	<p>What populations where the sample recruited from: Mental health providers employed by Vancouver Community mental health services</p> <p>How were they recruited: Not reported</p> <p>How many participants were recruited: 282 (approx 38% response rate)</p> <p>Were there specific exclusion criteria: Adminstrators and other non-direct care or specialised population service providers (e.g. geriatric, child, or adolescent services, emergency services)</p> <p>Were there specific inclusion criteria: Paid employees who provided direct services, including support and programming, to persons with severe mental illness living in the community</p>	<p>Brief description of method and process of analysis: Descriptive analyses, chi-squared anmd t-tests, multiple logistic regression</p> <p>Key themes (with illustrative quotes if available) relevant to this review:</p>	<p>Limitations identified by author: Low response rate</p> <p>Limitations identified by team: No further limitations identified</p> <p>Evidence gaps and/or recommendations for future research: Not reported</p> <p>Source of funding: National Cancer Institute of Canada, Centre for Addictions Research of BC, Michael Smith Foundation for Health Research Senior Scholar Award</p>

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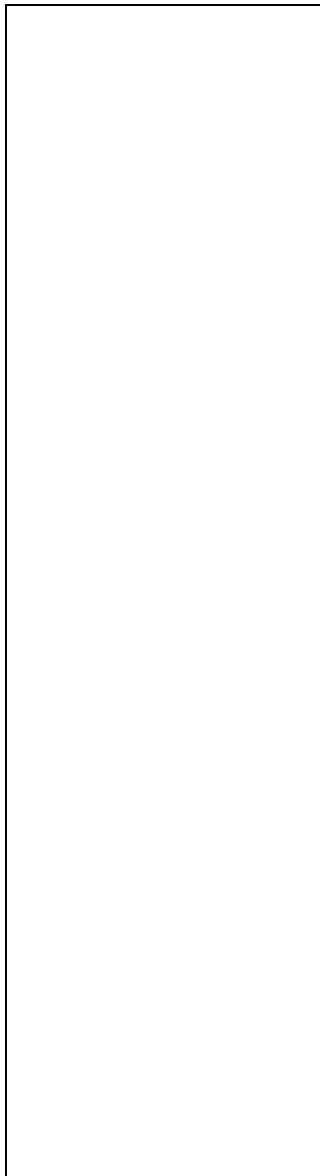
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Study details	Research parameters	Population and sample selection	Outcomes and methods of analysis Results	Notes
<p>Authors: Kelly Year: 2010 Quality score: -</p>	<p>What was/were the research questions: To examine the views and attitudes regarding health risks of cigarette smoking and motivation for cessation in smokers with schizophrenia and smokers without a psychotic disorder</p> <p>What theoretical approach does the study take (if specified): Not reported</p> <p>How were the data collected:</p> <p>What method(s): Case-control study By whom: Not reported What setting(s): Not reported When: Not reported</p>	<p>What populations where the sample recruited from: Not reported, but based in the USA</p> <p>How were they recruited: Not reported</p> <p>How many participants were recruited: 100 cases and 100 controls (response rate not reported)</p> <p>Were there specific exclusion criteria: Not reported</p> <p>Were there specific inclusion criteria: Smokers who were not currently trying to quit smoking , aged 18-65 years. Cases diagnosed with schizophrenia, healthy controls</p>	<p>Brief description of method and process of analysis: No methods or analysis details reported</p> <p>Key themes (with illustrative quotes if available) relevant to this review: Patients views, attitudes and perceptions regarding making a quit attempt</p> <ul style="list-style-type: none"> A. Perceived barriers to making a quit attempt B. Perceived facilitators to making a quit attempt <p>Patients views, attitudes and perceptions regarding successfully quitting</p> <ul style="list-style-type: none"> D. Suggested interventions for smoking cessation 	<p>Limitations identified by author: None reported</p> <p>Limitations identified by team: Lack of information regarding methods and analysis reported in the abstract (from poster presentation)</p> <p>Evidence gaps and/or recommendations for future research: Not reported</p> <p>Source of funding: Not reported</p>

Study details	Research parameters	Population and sample selection	Outcomes and methods of analysis Results	Notes
<p>Authors: Landow Year: 1995 Quality score: -</p>	<p>What was/were the research questions: To learn how physicians approach the problem of high smoking rates in psychiatric populations</p> <p>What theoretical approach does the study take (if specified): Not reported</p> <p>How were the data collected:</p> <p>What method(s): Survey By whom: Not reported What setting(s): Inpatient When: Not reported</p>	<p>What populations where the sample recruited from: Chairs of US academic psychiatry departments, USA</p> <p>How were they recruited: Not reported</p> <p>How many participants were recruited: 74 (58% response rate)</p> <p>Were there specific exclusion criteria: Not reported</p> <p>Were there specific inclusion criteria: Not reported</p>	<p>Brief description of method and process of analysis: Not reported</p> <p>Key themes (with illustrative quotes if available) relevant to this review: Staff attitudes towards smoking cessation in patients E. Perceived impact of quitting on mental health</p>	<p>Limitations identified by author: None reported</p> <p>Limitations identified by team: Lack of methods and analysis, low response rate (presented in abstract form)</p> <p>Evidence gaps and/or recommendations for future research: None reported</p> <p>Source of funding: Not reported</p>

Study details	Research parameters	Population and sample selection	Outcomes and methods of analysis Results	Notes
<p>Authors: Lawn Year: 2002 Quality score: ++</p>	<p>What was/were the research questions: Aims to describe the experiences of mental health clients as they relate to smoking behaviour, the relationship of smoking behaviour to the course of their mental illness and its management, and to their attempts to quit smoking.</p> <p>What theoretical approach does the study take (if specified): Grounded theory approach.</p> <p>How were the data collected: Interviews either at participants home or in a secure setting due to nature of illness.</p> <p>What method(s): Semi structured open ended interviews.</p> <p>By whom: Researchers</p>	<p>What populations where the sample recruited from: Community based psychiatric population in Adelaide, Australia.</p> <p>How were they recruited: The method of sampling used throughout the study was 'purposive' in that Key Workers (case managers), following a thorough understanding of the selection criteria</p> <p>How many participants were recruited: 24 participants.</p> <p>Were there specific exclusion criteria:</p> <p>Were there specific inclusion criteria: (a) the person was a current smoker and met the addicted smoker criteria set out by the FTND, achieving a score of six or more (b) the person be a current client of the service; (c) the person's</p>	<p>Brief description of method and process of analysis: All interviews were audiotaped for accuracy and transcribed verbatim except where participants requested that taping not done, usually for reasons related to delusions and paranoia about the taping process. Two participants chose this option and extensive notes were made of their responses during the interview. The researcher made extensive field notes and memos based on spoken and observed information from participants, as well as notes about consultations with experts in the fields of mental health and drug and alcohol abuse. A reflective journal was also kept throughout the course of the study.</p> <p>Triangulating data sources by drawing from interviews, memos, observations, supervision discussions, consultation with experts, feedback from presentations and from participants.</p> <p>Qualitative thematic analysis of the transcribed interviews followed the Grounded Theory process of constant comparative analysis. Initially, transcribed interviews were read and summary memos written. The interviews and memos were then read and re-read, and assigned first-level (open) codes. At this stage intercoder reliability testing was performed with one of the researcher's supervisors (RGP) to enhance credibility of coding. Two transcribed interviews from each of the four diagnostic groups were selected at random and codes were</p>	<p>Limitations identified by author: Due to the small size and method of sampling used, the findings of this study cannot be generalised to the total population using community mental health services, nor can reliable generalisations be made based on and comparing diagnostic subgroups.</p> <p>Limitations identified by team: None identified.</p> <p>Evidence gaps and/or recommendations for future research: These findings also suggest that there may be differences in smoking needs and patterns, according to the person's psychiatric diagnosis and that it would be worthwhile to take this into account when attempting to help people to quit, or cut.</p> <p>Source of funding: None reported.</p>

	<p>What setting(s): Community</p> <p>When: Over a period of 4 months.</p>	<p>mental state was stable at the time of interview, this being confirmed by reference to the person's case notes, key workers and doctors; (d) participants could be at any stage of the change process according to Prochaska and DiClemente's (1984) Transtheoretical Model of Change; and (e) the person's diagnosis was determined, accurate, and uncomplicated by a secondary (axis two) diagnosis of personality disorder, except where this was the criterion.</p>	<p>compared. More than 80% agreement was found between the researcher's coding and the supervisor's coding following manual counting. These codes were then clustered into categories with accompanying descriptive and axial coding notes to explain the decision-making processes followed by the researcher. Inductive and deductive questioning occurred throughout this process, in the search for causal links and unique data. These categories were then clustered into themes allowing more abstraction and checking of negative cases. Three column logic diagrams were used to assist the coding process (Theme, Transcript, Theoretical Note/Link).</p> <p>Key themes (with illustrative quotes if available) relevant to this review:</p> <p>Patients views, attitudes and perceptions regarding smoking</p> <p>A. Reasons for/triggers of smoking: psychological, environmental, and neurological factors</p> <p><i>"I've been trying to find the word for my smoking. It's sort of condolence. Like, I don't have much in my life, and smoking's been with me for a long time...When you don't have much in your life, it's a bit hard giving up something so familiar... And I think 'Well, why do I have to quit? I deserve something'."</i></p> <p><i>"Who else have I got? They're always there. They're good friends and they don't criticise you."</i></p> <p><i>"When I'm well, I can do without a smoke for ages. I can stop smoking just like that! When I'm unwell, I'll smoke my head off."</i></p> <p><i>"You have to keep it a level up... like it's</i></p>	
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<p><i>something your brain and body's doing automatically to let you know that your nicotine level is dropping... it's a physical thing of actually needing it."</i></p> <p>B. Priority of smoking <i>"The first time when I had no money... I used to go around the street looking for butts... I don't know where or who they came from but I'd unroll them and join them all up again in one.... I've been that bad.... I would have done anything for one at the time."</i></p> <p>C. Cigarettes as a currency and mechanism of control <i>"Sometimes the smokes were almost used like blackmail so that, if you didn't do the right thing, the cigarettes were denied you. So if you're someone who usually smokes a cigarette every twenty minutes or so, you'd be frantic. It takes away your sense of being a person."</i></p> <p>Patients views, attitudes and perceptions regarding making a quit attempt</p> <p>A. Perceived barriers to making a quit attempt <i>"I'm just not sure what else there is. What would I do with myself? I don't expect my current situation to be any different.... Seems like I've got an illness, like, it would be good to go wouldn't it. I wouldn't have the illness no more... Even if I did give up smoking, I've still got schizophrenia, haven't I?"</i></p> <p>B. Perceived facilitators to making a quit attempt</p>	
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			<p><i>"I'd like them to take me to hospital for 3 to 4 days and tie me down and give me a sleeping drug for that time and I'd probably wake up and not want a smoke... To quit I think I'd need the magic pill."</i></p> <p>Patients views, attitudes, and perceptions regarding successfully quitting</p> <ul style="list-style-type: none">A. Perceived barriers of successfully quittingD. Suggested interventions for smoking cessation <p>Staff attitudes towards smoking cessation in patients</p> <ul style="list-style-type: none">C. Influence of staff smoking status on patients	
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Study details	Research parameters	Population and sample selection	Outcomes and methods of analysis Results	Notes
<p>Authors: Lawn Year: 2004 Quality score: ++</p>	<p>What was/were the research questions: To test the generalisability of results of the study by comparing two settings in Australia</p> <p>What theoretical approach does the study take (if specified): Ethnographic</p> <p>How were the data collected:</p> <p>What method(s): Participant observation and interviews with staff and inpatients By whom: Researchers What setting(s): Inpatient When: Over two periods initially over 6 months between 2000 and early 2001</p>	<p>What populations where the sample recruited from: Stand alone psychiatric hospitals within metropolitan South Australia and metropolitan Queensland</p> <p>How were they recruited: Not reported</p> <p>How many participants were recruited: South Australia – 350 inpatients Queensland – 150 inpatients</p> <p>Were there specific exclusion criteria: Not reported</p> <p>Were there specific inclusion criteria: Not reported</p>	<p>Brief description of method and process of analysis: Visited wards several times at random for 3 to 5 hours at various times during the day and evening, Monday to Sunday. Ceased further visits when repetition of patterns of behaviour and observation of environmental aspect occurred four or more times. 43 visits made in total. Data collection and analysis occurred simultaneously during the initial research using the constant comparative method of checking and cross-referencing the data from each observation period. Extensive journal notes were kept, recording observations, interactions, and reflections from each setting and each visit, either as the settings were being observed or as soon as possible after this took place. Standard data observation sheets were used, sheets ordered chronologically so that all data pertaining to each setting could be read and re-read several times, reflected upon and coded for recurrent themes and pattern and any leads were followed-up. An independent psychiatrist acted as a second coder for the data, regular meetings occurred with an independent auditor throughout the participant observation period</p> <p>Key themes (with illustrative quotes if available) relevant to this review: Patients views, attitudes and perceptions regarding smoking</p> <p>A. Reasons for/triggers of smoking: Psychological, environmental, and</p>	<p>Limitations identified by author: None reported</p> <p>Limitations identified by team: None identified</p> <p>Evidence gaps and/or recommendations for future research: Not reported</p> <p>Source of funding: Flinder Mental Health/FMC, Cancer Council of South Australia</p>

		<p>neurological factors <i>"It was just good being around other people but they all used to smoke, so I just joined in. It was a real social thing. Some of the nurses used to come out and have a smoke and talk to you. They'd be talking to you just as a friend, not like when you were talking to the doctor."</i></p> <p>C. Cigarettes as a form of currency and mechanism of control <i>"When you're locked up and treated like animals in a cage, you choose to smoke because there's not much else you can choose. If you fight back, they throw you in seclusion. When other things are so restricted on you, smoking is one thing you can decide to do to nark them, to show them that they're not totally controlling you... You feel very powerless."</i></p> <p><i>"Occasionally we have entrepreneurial people who charge considerably more than the cost of cigarettes, or they'll actually use cigarettes in order to get sexual favours."</i></p> <p>Patients views, attitudes and perceptions regarding successfully quitting B. Perceived facilitators to successfully quitting</p> <p>Staff attitudes and beliefs regarding smoking in patients A. Smoking as a personal choice <i>"In my hearts of hearts, with patients with schizophrenia, I feel that they haven't got much left for them, so good luck to them. If they want to smoke, let them."</i></p>	
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			<p>C. Smoking as a shared activity to build Rapport <i>“Part of working with really difficult clients is trying to find an entry point where you can develop rapport with them. And what was more easy than sitting around with them and having a smoke.”</i></p> <p>D. Cigarettes as a mechanism of control <i>“If they didn’t smoke, they wouldn’t come back to the door every half-an-hour either. There’s something about having a closed door between us that makes a difference. It’s a real power thing... Staff seems to adopt a certain mentality of control just because of the environment. It’s very easy to give people cigarette. It’s easier than not giving them.”</i></p> <p><i>“From both a nurses and client management perspective, if you can keep the ward running smoothly and minimising the amount of aggression, by allowing them to smoke, then allowing them to smoke facilitates that. By all means, I’d rather have a smoother running ward than go home with a broken arm.”</i></p> <p>Staff attitudes towards smoking cessation in patients</p> <ul style="list-style-type: none">A. Negative beliefs regarding quittingE. Perceived impact of quitting on mental health <p>Perceived barriers and facilitators to quitting in patients</p> <ul style="list-style-type: none">A. Motivation, nicotine dependence, psychosocial, and environmental	
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			<p>factors</p> <p><i>“In the locked ward I don’t think there’s much in the way of one-to-one therapeutic activity that happens. It’s kind of, ‘Let’s wait for the medication to work’. There’s just nothing to do. The only normal thing to do at the time is to smoke”</i></p>	
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Study details	Research parameters	Population and sample selection	Outcomes and methods of analysis Results	Notes
<p>Authors: Lawn Year: 2006 Quality score: ++</p>	<p>What was/were the research questions: To investigate the ethical thinking of a small sample of nurses with regard to smoking by mentally ill patients</p> <p>What theoretical approach does the study take (if specified): Grounded theory approach</p> <p>How were the data collected:</p> <p>What method(s): Semi-structured interviews By whom: Not reported What setting(s): Inpatient and community When: Not reported</p>	<p>What populations where the sample recruited from: Nursing staff of a public, government-funded mental health service, Australia</p> <p>How were they recruited: Purposive sample</p> <p>How many participants were recruited: 7</p> <p>Were there specific exclusion criteria:</p> <p>Were there specific inclusion criteria: Nurses willing to participate, qualification as registered nurse, at least 10 years of professional experience</p>	<p>Brief description of method and process of analysis: Comprehensive approach towards data collection, including supporting observational, feedback seminars, and audit trial. Thematic analysis using constant comparative</p> <p>Key themes (with illustrative quotes if available) relevant to this review: Staff attitudes and beliefs regarding smoking in patients</p> <p>A. Smoking as a personal choice <i>"I just think everyone has got the right to choose to do what they want to do.... They were smoking before they were detained so what rights have we to stop them from smoking once they're detained."</i></p> <p>B. Smoking as a means of self-medication</p> <p>C. Smoking as a shared activity to build Rapport</p> <p>D. Cigarettes as a mechanism of control <i>"If you wanted the patient to do something, you could give them a cigarette and they'd probably do it. In fact, I can remember my first ward, the charge sister saying, 'Go and run this errand and I'll give you a cigarette. Go and make your bed and I'll give you a cigarette...' It was how you go</i></p>	<p>Limitations identified by author: None reported</p> <p>Limitations identified by team: Very small sample size</p> <p>Evidence gaps and/or recommendations for future research: Not reported</p> <p>Source of funding: Not reported</p>

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		<p><i>things done.”</i></p> <p><i>“I accept that [smoking] affects their health in a derogatory way; however, I think the greater priority is the immediate client and staff safety. And if withholding cigarettes is going to increase client irritability and the potential for aggression and violence, I think the long-term decline in their health is the lesser of the two evils, because of the potential that the immediate violence can cause.”</i></p>	
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Study details	Research parameters	Population and sample selection	Outcomes and methods of analysis Results	Notes
<p>Authors: Lubman Year: 2007 Quality score: -</p>	<p>What was/were the research questions: Beliefs of Psychiatrists and general practitioners in the helpfulness of cutting down on smoking cigarettes for young people with mental disorders.</p> <p>What theoretical approach does the study take (if specified): Not reported</p> <p>How were the data collected:</p> <p>What method(s): Questionnaire survey. By whom: Not reported. What setting(s): Community When: September 2006 – January 2007.</p>	<p>What populations where the sample recruited from: Psychiatrists and general practitioners in Australia.</p> <p>How were they recruited: Not reported.</p> <p>How many participants were recruited: Approx. 598/1710 (35%) of psychiatrists. 480/2000 (24%) of GPs.</p> <p>Were there specific exclusion criteria: Not reported.</p> <p>Were there specific inclusion criteria: Not reported.</p>	<p>Brief description of method and process of analysis: Not reported.</p> <p>Key themes (with illustrative quotes if available) relevant to this review: Staff attitudes towards smoking cessation in patients A. Negative beliefs regarding quitting</p>	<p>Limitations identified by author: None identified.</p> <p>Limitations identified by team: Very low response rate, limited methods and analysis reported, low relevance to the questions of the review</p> <p>Evidence gaps and/or recommendations for future research: None identified.</p> <p>Source of funding: Not reported.</p>

Study details	Research parameters	Population and sample selection	Outcomes and methods of analysis Results	Notes
<p>Authors: Lucksted Year: 2000 Quality score: ++</p>	<p>What was/were the research questions: Explored the perceived advantages and disadvantages of tobacco smoking and quitting among clients in psychosocial rehabilitation programs.</p> <p>What theoretical approach does the study take (if specified): Not reported</p> <p>How were the data collected: Focus groups were held at the program site, one researcher guided the discussions, second operated the tpe recorder, took themantic notes and acted as a secondary facilitator. Sessions lasted 60-70 minutes.</p> <p>What method(s): Focus groups By whom: Not reported What setting(s):</p>	<p>What populations where the sample recruited from: Persons attending mental health programs.</p> <p>How were they recruited: Staff posted sign up sheets and also individually invited clients they know had a particular interest in the topic.</p> <p>How many participants were recruited: 40 participants.</p> <p>Were there specific exclusion criteria: None reported.</p> <p>Were there specific inclusion criteria: Had to be clients of the program, willing to take part and able to give informed consent.</p>	<p>Brief description of method and process of analysis: After each group, the audiotape was transcribed, and the transcript was checked against the tape. During transcription and correction, personal names and identifying details were removed or replaced by pseudonyms. The transcripts were then subjected to thematic analysis, in which a pair of the researchers read each transcript independently and noted important potential answers to the guiding global question, “What are the important issues regarding smoking or not smoking for these participants?” The pair then compared notations for each transcript and resolved differences through discussion until they reached a consensus coding for each group’s transcript. The codes for the five group transcripts were then compared and discussed until the researchers agreed on an overall, comprehensive outline of issue categories across all groups. The five transcripts were then recoded using this final consensus outline. In addition, as we proceeded, similarities and differences were noted, along with unusual, common, and emphasized issues. In all stages of analysis we focused on capturing a wide range of ideas and experiences rather than converging on a few.</p> <p>Key themes (with illustrative quotes if available) relevant to this review:</p>	<p>Limitations identified by author: Small and non representative sample.</p> <p>Limitations identified by team: None identified.</p> <p>Evidence gaps and/or recommendations for future research: None identified.</p> <p>Source of funding: Not reported.</p>

	<p>Community When: Summer of 1999.</p>		<p>Patients views, attitudes and perceptions regarding smoking</p> <p>A. Reasons for/triggers of smoking: Psychological, environmental, and neurological factors</p> <p><i>"[Patient reported the staff member told them] You have so few pleasures in your life, hold on to those you do have, including smoking."</i></p> <p><i>"If you're going through a rough time, [mental] illness-wise... and you're getting an enormous amount of activity in your brain, and you just want to take a break, take five, you have a cigarette, and It helps focus you, calms your thinking."</i></p> <p>C. Cigarettes as a currency an mechanism of control</p> <p>Patients views, attitudes and perceptions regarding making a quit attempt</p> <p>A. Perceived barriers to making a quit attempt</p> <p><i>"You have so many troubles, why worry about this one too?"</i></p> <p><i>"It would be too stressful [to quit]."</i></p> <p>B. Perceived facilitators to making a quit attempt</p>	
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Study details	Research parameters	Population and sample selection	Outcomes and methods of analysis Results	Notes
<p>Authors: McNally Year: 2010 Quality score: +</p>	<p>What was/were the research questions: To examine whether smoking cessation services are following guidance on delivery of services to patients with mental health illness</p> <p>What theoretical approach does the study take (if specified): Not reported</p> <p>How were the data collected:</p> <p>What method(s): Survey with semi-structured interviews By whom: Not reported What setting(s): Community When: Not reported</p>	<p>What populations where the sample recruited from: Service managers or senior staff nominated at mental health leads of all of the NHS Stop Smoking Services in London, UK</p> <p>How were they recruited: Initial email and follow-up telephone call</p> <p>How many participants were recruited: 27 (93% response rate)</p> <p>Were there specific exclusion criteria: Not reported</p> <p>Were there specific inclusion criteria: Not reported</p>	<p>Brief description of method and process of analysis: Basic descriptive statistics and thematic analysis of transcribed responses to open questions</p> <p>Key themes (with illustrative quotes if available) relevant to this review: Staff perceptions of systems and policies A. Priority of smoking cessation</p>	<p>Limitations identified by author: Not reported</p> <p>Limitations identified by team: Small sample size though high response rate</p> <p>Evidence gaps and/or recommendations for future research: To examine ways in which appropriate mental health screening and liaison with mental health service providers can be best incorporated into the routine operation of NHS Stop Smoking Services</p> <p>Source of funding: London Development Centre, part of Commissioning Support for London</p>

Study details	Research parameters	Population and sample selection	Outcomes and methods of analysis Results	Notes
<p>Authors: Mikhailovich Year: 2008 Quality score: -</p>	<p>What was/were the research questions: An evaluation of a smoking cessation program 1) To examine the value of NRT within the programme. 2) To identify changes to behaviour, wellbeing and other factors associated with the health of participants. 3) To document programme factors and strategies that contributed towards programme success</p> <p>What theoretical approach does the study take (if specified): Not reported</p> <p>How were the data collected:</p> <p>What method(s): Document analysis, Pre- and postintervention data</p>	<p>What populations where the sample recruited from: Mental health service operated by a local government health department offering services for people with moderate to severe mental illness.</p> <p>How were they recruited: Not reported</p> <p>How many participants were recruited: Semistructured interviews with key informant, n= 5. Narrative interview with program participant, n=6.</p> <p>Were there specific exclusion criteria: Not reported</p> <p>Were there specific inclusion criteria: Not reported</p>	<p>Brief description of method and process of analysis: <i>Document analysis</i> - The analysis included content reviews of all program documentation, original funding applications, progress reports and data collection instruments. <i>Pre- and postintervention data collection.</i> Retrospective post intervention data was collected for participants in the 2004–2005 cohort at program completion and at 6 months postintervention. In 2006 pre- and postintervention data was collected from program participants. <i>Semistructured interviews with key informants</i> - were taped and transcribed. <i>Narrative interview with program participants</i> – were taped and transcribed</p> <p>Key themes (with illustrative quotes if available) relevant to this review: Patients views, attitudes and perceptions regarding making a quit attempt</p> <p style="padding-left: 20px;">A. Perceived barriers to making a quit attempt</p> <p>Patients views, attitudes and perceptions regarding successfully quitting</p> <p style="padding-left: 20px;">A. Perceived barriers of successfully quitting</p> <p style="padding-left: 20px;">C. Outcomes following successfully quitting</p>	<p>Limitations identified by author: None identified.</p> <p>Limitations identified by team: Lack of detail regarding settings, marginal relevance to review questions, lacks generalisability to other services, data analysis unclear in places, demogrphatics of respondents not reported</p> <p>Evidence gaps and/or recommendations for future research: An evaluation of the Cancer Council ACT under more controlled conditions.</p> <p>Source of funding: Not reported.</p>

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	<p>collection, semistructured interviews with key informants, narrative interview with program participants (only drawn from people in drug and alcohol services). By whom: Not reported. What setting(s): Inpatients and community services. When: Not reported.</p>			
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Study details	Research parameters	Population and sample selection	Outcomes and methods of analysis Results	Notes
<p>Authors: Morris Year: 2009 Quality score: +</p>	<p>What was/were the research questions: The objective of this study was to qualitatively understand the factors that impede and support tobacco cessation efforts from the perspectives of both community mental health patients and providers. The findings will be utilized to adapt evidence-based tobacco cessation interventions to meet the unique physiological, psychological, and social challenges facing persons with mental illnesses.</p> <p>What theoretical approach does the study take (if specified): Not reported</p> <p>How were the data collected:</p> <p>What method(s): Focus groups</p>	<p>What populations where the sample recruited from: Persons with psychiatric disorders, mental health clinicians, and community mental health administrators. The focus groups included participants representing both urban and rural regions in Colorado’s public mental health system.</p> <p>How were they recruited: Participants were recruited via community flyers, internet, and direct communication. Each participant received \$15 for the hour-long group.</p> <p>How many participants were recruited: 62 mental health consumers participated</p> <p>Were there specific exclusion criteria: None identified.</p>	<p>Brief description of method and process of analysis: Focus groups were digitally recorded for later transcription. NVivo 7 qualitative data analysis software. Used an editing process of analysis which encourages interpretation of the data using a team approach. Through an iterative process, performed thematic audit to track code usage across transcripts and examine consistency in application of codes by different coders. Each of four team members initially read and coded the data. Regular consensus meetings were used to create the codebook of themes and definitions.</p> <p>Key themes (with illustrative quotes if available) relevant to this review: Patients views, attitudes and perceptions regarding smoking</p> <p style="padding-left: 20px;">A. Reasons for/triggers of smoking: Psychological, environmental, and neurological factors</p> <p><i>“Give me something to occupy my time. There is nothing to do....except smoke, sleep, and shower.”</i></p> <p><i>“I more or less became a smoker because I was told it would help me with my illness. I was taught more about it helping with my illness than I was about cancer and stuff like that.”</i></p> <p>Patients views, attitudes and perceptions</p>	<p>Limitations identified by author: Limited generalizability to other populations or settings. Used a convenience sample, and did not use probability or stratified sampling procedures.</p> <p>Limitations identified by team: None identified.</p> <p>Evidence gaps and/or recommendations for future research: This qualitative exploration suggests that ongoing study is needed to determine the most effective tobacco cessation strategies for persons with mental illnesses</p> <p>Source of funding: Not reported.</p>

	<p>By whom: Not reported. What setting(s): Community When: Not reported.</p>	<p>Were there specific inclusion criteria: Over 18 years of age. Cognitively able to participate in the discussion and be able to provide consent.</p>	<p>regarding making a quit attempt</p> <p>A. Perceived barriers to making a quit attempt <i>"They [mental health providers] have to not smoke or they're not a good example for me. If they smoke, they've got nothing to tell me."</i></p> <p>B. Perceived facilitators to making a quit attempt</p> <p>Patients views, attitudes and perceptions regarding successfully quitting</p> <p>B. Perceived facilitators to successfully quitting <i>"...maybe a peer advocate, maybe somebody that's smoked and quit smoking and they have ideas of how they dealt with stress at that time and how they deal with it now."</i></p> <p><i>"I think support groups would be helpful. The more people that are trying to quit you can feed off each other's need to quit, or motivation to quit."</i></p> <p>Staff attitudes and beliefs regarding smoking in patients</p> <p>A. Smoking as a personal choice <i>"They [mental health consumers] don't care how much they spend on cigarettes. Their cigarettes are so important to them, it doesn't matter."</i></p> <p>D. Cigarettes as a mechanism of control</p> <p>Staff attitudes towards smoking cessation in patients</p> <p>A. Negative beliefs regarding quitting</p>	
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			<p>C. Influence of staff smoking status on patients <i>"I'm busy talking to my folks about better health maintenance overall, including smoking cessation and weight loss and exercise, and they're out there smoking with their case manager."</i></p> <p>Perceived barriers and facilitators to quitting in patients</p> <p>A. Motivation, nicotine dependence, psychosocial, and environmental factors <i>"If they [mental health patient] stop and their friends are still smoking, who do they hang out with?"</i></p> <p>Staff skills and abilities</p> <p>B. Adequacy of training <i>"[Smoking is] something that you just keep coming back to. You talk about it every single time you see the consumer."</i></p> <p>Staff perceptions of systems and policies</p> <p>A. Priority of smoking cessation</p> <p>Staff perceptions regarding interventions for smoking cessation in patients</p> <p>A. Perceived effectiveness and safety of interventions <i>"The problem is that there isn't actually evidence that it [cessation strategies] works."</i></p> <p>C. Lack of re-imburement</p>	
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Study details	Research parameters	Population and sample selection	Outcomes and methods of analysis Results	Notes
<p>Authors: O'Donovan Year: 2009 Quality score: +</p>	<p>What was/were the research questions: To examine nurses' smoking prevalence and their role in smoking cessation, particularly their attitudes towards health promotion (including the hypothesis that attitudes will differ significantly between smokers and non-smokers)</p> <p>What theoretical approach does the study take (if specified): Not reported</p> <p>How were the data collected:</p> <p>What method(s): Survey. By whom: Not reported. What setting(s): Inpatient. When: Not reported.</p>	<p>What populations where the sample recruited from: Sample of qualified nurses in a large university teaching hospital in the city of Cork, Southern Ireland. Included psychiatric and non-psychiatric specialties.</p> <p>How were they recruited: A letter of introduction, explaining the purpose of the study, assuring anonymity and confidentiality was provided to all respondents of the questionnaire. The questionnaire was distributed personally to all the applicable areas and a request was made to complete and return to a designated collection point on each ward.</p> <p>How many participants were recruited: 430 (70% response rate).</p> <p>Were there specific</p>	<p>Brief description of method and process of analysis: Data from the completed questionnaires were analysed using the Statistical Package for the Social Sciences (2000) for Windows version 13. Frequency tables and measures of central tendency (mean, median, standard deviation) were generated to explore the data using descriptive statistics. The researcher used Pearson's chi-square test for independence to explore the relationship between respondents' smoking status and attitudes towards smoking, smoking cessation and the introduction of the smoking ban in the Republic of Ireland in 2004. This test was used as the variables in question contained only categorical data. The chi-square test is used to determine if two categorical variables are related to each other, i.e. if the value of one affects the value of another. the Cramer's V statistic was generated as it is a measure of the strength of association between two categorical variables used when one or both of these variables has more than two categories; the Phi statistic is used when both variables have only two categories.</p> <p>Key themes (with illustrative quotes if available) relevant to this review: Staff attitudes towards smoking cessation in patients A. Postive beliefs regarding quitting</p> <p>Staff skills and abilities</p>	<p>Limitations identified by author: Self report survey method, providing no opportunity to expand on answers. The smaple does not fully represent the nursing population in the Repulic of Ireland as only one large teaching hospital used.</p> <p>Limitations identified by team: Low relevance to review questions</p> <p>Evidence gaps and/or recommendations for future research: None identified.</p> <p>Source of funding: Not reported.</p>

		<p>exclusion criteria: Nurses working in certain areas of the hospital excluded as they would not be giving smoking cessation because of the acute condition of the patients.</p> <p>Were there specific inclusion criteria: None identified.</p>	<p>B. Adequacy of training</p> <p>Staff perceptions in systems and policies</p> <p>B. Time and other resources</p>	
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Study details	Research parameters	Population and sample selection	Outcomes and methods of analysis Results	Notes
<p>Authors: Parker Year: 2012 Quality score: +</p>	<p>What was/were the research questions: To implement a tailored tobacco dependence service in mental health settings and assess its impact, and barriers and facilitators to implementation</p> <p>What theoretical approach does the study take (if specified): Not specified</p> <p>How were the data collected:</p> <p>What method(s): Audit of clinical notes, weekly recording of barriers and facilitators</p> <p>By whom: Smoking cessation advisors</p> <p>What setting(s): Inpatient and community</p> <p>When: October 2010 to June 2011</p>	<p>What populations where the sample recruited from: Patients recruited through direct contact with advisors, inpatients and community psychiatric nurses. Additionally, community patient could also be recruited via mail-drop to all patients advertising the service</p> <p>How were they recruited: As part of a pragmatic pilot project</p> <p>How many participants were recruited: 2038 community based patients, 4 acute and 2 rehabilitation wards containing a total of 129 beds</p> <p>Were there specific exclusion criteria: Not specified</p> <p>Were there specific inclusion criteria: Eligible if smoked and wanted to address smoking. If</p>	<p>Brief description of method and process of analysis: Integrative service model in the UK's largest mental health trust. An audit of current procedures (detailing policies and information relating to treatment of smoking within patients' care pathways) was documented. Two full time mental health professionals were recruited to support patients and staff who smoked to follow a structured quit programme and assisted with reduction programmes.</p> <p>Key themes (with illustrative quotes if available) relevant to this review:</p> <p>Percived barriers and facilitators to quitting in patients</p> <p>A. Motivation, nicotine dependence, psychosocial, and environmental factors</p> <p>Staff perceptions regarding interventions for smoking cessation in patients</p> <p>A. Perceived effectiveness and safety of interventions</p>	<p>Limitations identified by author: Only used a pragmatic design as not possible to do a randomised controlled trial design. Only looked at NRT, did not consider bupropion or varenicline</p> <p>Limitations identified by team: No further limitations identified</p> <p>Evidence gaps and/or recommendations for future research: Recommended that smoking status was recorded in the community to improve service uptake and quit rates. Identified the need for research into effective relapse prevention strategies</p> <p>Source of funding: UK Centre for Tobacco Control Studies, and Department of Health</p>

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		inpatient, then also needed to be stable enough as assessed by clinical staff		
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Study details	Research parameters	Population and sample selection	Outcomes and methods of analysis Results	Notes
<p>Authors: Price Year: 2007a Quality score: -</p>	<p>What was/were the research questions: To explore psychiatrists' perceptions and practices relating to treating smoking in patients, and to examine whether these perceptions and practices varied by psychiatrists' characteristics</p> <p>What theoretical approach does the study take (if specified): Not reported</p> <p>How were the data collected:</p> <p>What method(s): Questionnaire survey By whom: Not reported What setting(s): Community When: Spring and Summer of 2005.</p>	<p>What populations where the sample recruited from: Mental health centers with Ohio Department of Mental Health (ODMH) certification.</p> <p>How were they recruited: The researchers conducted phone calls to all mental health centers to collect the names of at least two adult psychiatrists on staff. In some cases, where centers were small, only one name was provided by the office staff. In order to maximize the response rate a three-wave mailing procedure was used. The first wave consisted of a personalized, hand-signed cover letter explaining the intent of the study, a green-colored questionnaire in booklet format, a self-addressed stamped envelope, and a</p>	<p>Brief description of method and process of analysis: Survey data were analyzed using the SPSS 12.0 for Windows. The questionnaires were coded to reduce survey costs and duplicate responses. Descriptive statistics, including frequencies, means, standard deviations, and medians were calculated on most variables. Other data analysis included t-tests, chi-square tests, and Fisher's exact test</p> <p>Key themes (with illustrative quotes if available) relevant to this review:</p> <p>Staff attitudes towards smoking cessation in patients</p> <ul style="list-style-type: none"> A. Negative beliefs regarding quitting B. Postive beliefs regarding quitting D. Roles and responsibilities of staff in quitting <p>Staff skills and abilities</p> <ul style="list-style-type: none"> A. Confidence in providing smoking cessation support B. Adequacy of training <p>Staff perceptions in systems and policies</p> <ul style="list-style-type: none"> B. Time and other resources <p>Staff perceptions regarding interventions for</p>	<p>Limitations identified by author: Limited to community mental health center psychitarists only in Ohio. Internal validatly threatened by participants answering in a socially desireable way. Cross sectional, therefore cause and effect can not be drawn. The response rate was limited.</p> <p>Limitations identified by team: Potential for selection bias, low relevance to review questions</p> <p>Evidence gaps and/or recommendations for future research: None identified.</p> <p>Source of funding: Not reported.</p>

		<p>\$1 incentive. The second wave, another questionnaire and return envelope, was sent two weeks subsequent to the first wave non-respondents. The third wave, a color-matched postcard, was sent approximately two weeks after the second wave.</p> <p>How many participants were recruited: 78 agreed to participate (53% response rate).</p> <p>Were there specific exclusion criteria: Facilities with only child or adolescent psychiatrists.</p> <p>Were there specific inclusion criteria: Not reported.</p>	<p>smoking cessation in patients</p> <ul style="list-style-type: none"> A. Perceived effectiveness and safety of interventions B. Awareness of staff of services C. Lack of re-imburement 	
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Study details	Research parameters	Population and sample selection	Outcomes and methods of analysis Results	Notes
<p>Authors: Price Year: 2007b Quality score: +</p>	<p>What was/were the research questions: Practices and perceptions of smoking cessation activities among child and adolescent psychiatrists</p> <p>What theoretical approach does the study take (if specified): Not reported</p> <p>How were the data collected:</p> <p>What method(s): Questionnaire survey By whom: Not reported. What setting(s): Community When: Summer 2005</p>	<p>What populations where the sample recruited from: The 2003 membership list of the American Academy of Child and Adolescent Psychiatry (AACAP). As of 2003, AACAP had 6,634 members that resided within the continental United States.</p> <p>How were they recruited: This list was used to randomly select 500 subjects for the study. A four-wave mailing procedure was used.</p> <p>How many participants were recruited: 184 (47% reponse rate)</p> <p>Were there specific exclusion criteria: Not eligible for the study - retired, deceased, or not currently seeing child and adolescent patients. .</p> <p>Were there specific inclusion criteria: Not reported.</p>	<p>Brief description of method and process of analysis: A series of x2 tests examined the relationships among age, sex, and practice location and placement in relationship to their stages of change. A series of t tests were calculated to examine the relationship among sex, age, and practice location and use of the 5 A's. A series of t tests were calculated to determine the relationship between sex, age, practice location, stage in the stages of change model, and the number of barriers identified by psychiatrists. A series of Pearson product moment correlation coefficients were calculated to examine the relationships between the level of confidence and perceived preparedness of the psychiatrists for addressing smoking cessation and the number of barriers identified.</p> <p>Key themes (with illustrative quotes if available) relevant to this review: Staff attitudes towards smoking cessation in patients</p> <ul style="list-style-type: none"> A. Negative beliefs regarding quitting D. Roles and responsibilities of staff in quitting <p>Staff skills and abilities</p> <ul style="list-style-type: none"> A. Confidence in providing smoking cessation support B. Adequacy of training 	<p>Limitations identified by author: Response rate was much lower than ideal. The AACAP did not have available comprehensive demographic data (age, race/ethnicity, years in practice, or location of practice) to assess representativeness. Because of the widespread awareness of the 5 A's as a major evidence-based protocol for smoking cessation, some psychiatrists may have felt the need to respond to some questionnaire items in a socially desirable way. The assessment of child and adolescent psychiatrists' perceptions and practices regarding smoking cessation were cross-sectional, using only one point in time to assess associations between the responses and the characteristics of the psychiatrists. Thus, this study cannot be used to draw conclusions regarding cause-and-effect</p>

		<p>Staff perceptions of systems and policies</p> <ul style="list-style-type: none"> A. Priority of smoking cessation B. Time and other resources <p>Staff perceptions regarding interventions for smoking cessation in patients</p> <ul style="list-style-type: none"> A. Perceived effectiveness and safety of interventions C. Lack of re-imbursement 	<p>relationships between the responses and the respondents' characteristics. The variety of choices given to measure the various constructs on the closed-format questionnaire could have been a threat to the internal validity should any important alternative options not have been listed. This study was limited only to child and adolescent psychiatrists who were members of the AACAP during 2003.</p> <p>Limitations identified by team: None identified.</p> <p>Evidence gaps and/or recommendations for future research: There is a dearth of large-scale investigations into what really works, particularly among adolescents with comorbid psychiatric illnesses, to help adolescents quit smoking.</p> <p>Source of funding: Not reported.</p>
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Study details	Research parameters	Population and sample selection	Outcomes and methods of analysis Results	Notes
<p>Authors: Prochaska Year: 2005 Quality score: +</p>	<p>What was/were the research questions: The purpose of this study was to assess the need for and interest in tobacco cessation curricula in psychiatry residency training. We surveyed psychiatry residents (staff) on their knowledge, attitudes, and behaviors regarding interventions for treating tobacco dependence in clinical practice.</p> <p>What theoretical approach does the study take (if specified): Not reported</p> <p>How were the data collected:</p> <p>What method(s): Questionnaire survey By whom: Not reported What setting(s): Inpatient When: Not reported.</p>	<p>What populations where the sample recruited from: Residents (staff) from five psychiatry residency programs in Northern California.</p> <p>How were they recruited: Residency lists provided by program training directors defined the recruitment pool. The survey was mailed and/or emailed to the 155 identified residents. A cover letter explained the purpose of the survey and requested voluntary participation. Completion was considered consent. Nonresponders were sent a second survey.</p> <p>How many participants were recruited: 105 participants (68% response rate)</p> <p>Were there specific</p>	<p>Brief description of method and process of analysis: Descriptive analyses (means, frequencies) were used to summarize residents' survey responses. Correlations tested associations among the constructs.</p> <p>Key themes (with illustrative quotes if available) relevant to this review:</p> <p>Staff attitudes towards smoking cessation in patients</p> <ul style="list-style-type: none"> C. Influence of staff smoking status on patients <p>Staff skills and abilities</p> <ul style="list-style-type: none"> A. Confidence in providing smoking cessation support B. Adequacy of training 	<p>Limitations identified by author: Representativeness of the sample is unknown.</p> <p>Limitations identified by team: Medium relevance to review questions</p> <p>Evidence gaps and/or recommendations for future research: A focus on training the next generation of psychiatrists may help ensure that changes in clinical practice are achieved and that tobacco interventions are delivered to this high risk group of smokers.</p> <p>Source of funding: National Institute of Drug Abuse San Francisco Treatment Research Centre, National Institute on Drug Abuse grants, and the National Institutes of Mental Health grant an a</p>

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		<p>exclusion criteria: Not reported.</p> <p>Were there specific inclusion criteria: Not reported.</p>		<p>Postdoctoral Fellowship from the Tobacco Related Disease Research Program.</p>
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Study details	Research parameters	Population and sample selection	Outcomes and methods of analysis Results	Notes
<p>Authors: Prochaska Year: 2006 Quality score: +</p>	<p>What was/were the research questions: The purpose of the current study was to evaluate, in a national survey of residency training directors, the need for and interest in tobacco cessation training in psychiatry residency programs across the United States.</p> <p>What theoretical approach does the study take (if specified): Not reported</p> <p>How were the data collected:</p> <p>What method(s): Questionnaire survey By whom: Not reported What setting(s): Inpatients. When: Participants were instructed to refer to the 2004-2005 academic year.</p>	<p>What populations where the sample recruited from: Training directors of psychiatry residency training programs across the United States.</p> <p>How were they recruited: Identified from the online American Medical Association’s Fellowship and Residency Electronic Interactive Database (FREIDA). Surveys were emailed and/or mailed to the 181 identified psychiatry residency training directors. A cover letter explained the purpose of the survey and requested voluntary participation. Survey completion was considered consent to participate. Respondents were provided \$50 gift certificates to national bookstores for personal or professional use.</p>	<p>Brief description of method and process of analysis: Descriptive analyses (means, frequencies) were used to summarize survey responses. Correlations, chi-square, and independent sample t tests were used to evaluate associations among the constructs.</p> <p>Key themes (with illustrative quotes if available) relevant to this review:</p> <p>Staff skills and abilities B. Adequacy of training</p> <p>Staff perceptions of systems and policies A. Priority of smoking cessation</p>	<p>Limitations identified by author: Reliance on self report survey and not having a full representation of the psychiatry residency training programs.</p> <p>Limitations identified by team: Response rate not optimal, medium relevance to review questions</p> <p>Evidence gaps and/or recommendations for future research: The findings of the current study demonstrate the need for and interest in tobacco cessation curricula in psychiatry residency training programs. A focus on training the next generation of psychiatrists may help ensure achievement of changes in clinical practice and delivery of tobacco</p>

	<p>How many participants were recruited: 114 (63% response rate).</p> <p>Were there specific exclusion criteria: None reported.</p> <p>Were there specific inclusion criteria: None reported.</p>		<p>interventions to this high risk group of smokers.</p> <p>Source of funding: Supported by the American Cancer Society, the State of California Tobacco – Related Disease Research Program and the National Institute on Drug Abuse.</p>
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Study details	Research parameters	Population and sample selection	Outcomes and methods of analysis Results	Notes
<p>Authors: Ratschen Year: 2009a Quality score: ++</p>	<p>What was/were the research questions: To investigate staff knowledge and attitudes relating to smoking prevalence, dependence, treatment, and the relationship between smoking and mental illness</p> <p>What theoretical approach does the study take (if specified): Not reported</p> <p>How were the data collected:</p> <p>What method(s): Survey By whom: Not reported What setting(s): Inpatient When: Not reported</p>	<p>What populations where the sample recruited from: Staff from 25 NHS mental health trust in City Centre catchment area of Nottingham, UK</p> <p>How were they recruited: Ward managers provided names of all clinical staff on wards, and invitations to participate were posted out</p> <p>How many participants were recruited: 459 (68% response rate)</p> <p>Were there specific exclusion criteria: Not reported</p> <p>Were there specific inclusion criteria: Clinical staff involved in patient treatment and care</p>	<p>Brief description of method and process of analysis: Piloted questionnaire in two wards. Chi-squared and t-tests, Mann Whitney U tests, multiple logistic regression</p> <p>Key themes (with illustrative quotes if available) relevant to this review:</p> <p>Staff attitudes and beliefs regarding smoking in patients</p> <ul style="list-style-type: none"> B. Smoking as a means of self-medication <p>Staff attitudes towards smoking cessation inpatients</p> <ul style="list-style-type: none"> D. Roles and responsibilities of staff in quitting <p>Staff skills and abilities</p> <ul style="list-style-type: none"> A. Confidence in providing smoking cessation support B. Adequacy of training <p>Staff perceptions in systems and policies</p> <ul style="list-style-type: none"> B. Time and other resources <p>Staff perceptions regarding interventions for smoking cessation in patients</p> <ul style="list-style-type: none"> A. Perceived effectiveness and safety of interventions E. Other factors influencing the provision of smoking cessation interventions 	<p>Limitations identified by author: None reported</p> <p>Limitations identified by team: Potential for selection bias</p> <p>Evidence gaps and/or recommendations for future research: Deficiencies in clinician's knowledge and awareness need to be addressed</p> <p>Source of funding: Institution funded</p>

Study details	Research parameters	Population and sample selection	Outcomes and methods of analysis Results	Notes
<p>Authors: Ratschen Year: 2009b Quality score: +</p>	<p>What was/were the research questions: To explore the practical implications of, and problems arising from, the implementation of a comprehensive smoke-free policy</p> <p>What theoretical approach does the study take (if specified): Social-cognitive theory</p> <p>How were the data collected:</p> <p>What method(s): Semi-structured interviews By whom: Researcher What setting(s): Inpatient When: February to April 2008</p>	<p>What populations where the sample recruited from: Staff from two mixed gender adult mental health wards, in one local mental health trust, Nottingham, UK</p> <p>How were they recruited: Chosen by sampling within strata defined on purpose to captures full range of staff groups</p> <p>How many participants were recruited: 16</p> <p>Were there specific exclusion criteria: Not reported</p> <p>Were there specific inclusion criteria: Not reported</p>	<p>Brief description of method and process of analysis: Interviews recorded for transcription. Analysed using thematic analysis</p> <p>Key themes (with illustrative quotes if available) relevant to this review:</p> <p>Staff attitudes and beliefs regarding smoking in patients</p> <p>A. Smoking as a personal choice <i>"I have the impression with those patients that, often, they are really fixated on the nicotine, and they look forward to going to smoke, and it's one of their main things in life."</i></p> <p>Staff attitudes towards smoking cessation in patients</p> <p>A. Negative beliefs regarding quitting <i>"They're poorly and they're going through enough as it is. For them to have to stop smoking as well is even more traumatic. I always say...[] you need to get yourself right before you can stop smoking."</i></p> <p>B. Postive beliefs regarding quitting</p> <p>Perceived barriers and facilitators to quitting in patients</p> <p>A. Motivation, nicotine dependence, psychosocial, and environmental factors</p> <p>Staff skills and abilities</p> <p>B. Adequacy of training</p>	<p>Limitations identified by author: Limited generalisaility</p> <p>Limitations identified by team: Small sample size</p> <p>Evidence gaps and/or recommendations for future research: Training should be provided to staff on smoking and nicotine dependence, its treatment and relationship with mental illness</p> <p>Source of funding: Institution funded</p>

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			<p>Staff perceptions regarding interventions for smoking cessation in patients</p> <p>D. Information and accessibility of support for patients</p>	
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Study details	Research parameters	Population and sample selection	Outcomes and methods of analysis Results	Notes
<p>Authors: Ratschen Year: 2010b Quality score: ++</p>	<p>What was/were the research questions: To explore patients' experiences, smoking behaviour and symptoms of nicotine withdrawal in the context of a smoke-free policy on mental health acute wards, and to identify options for the future to promote and support smoking cessation and/or reduction in these settings</p> <p>What theoretical approach does the study take (if specified): Not reported</p> <p>How were the data collected:</p> <p>What method(s): Semi-structured interviews By whom: Researcher What setting(s): Inpatient When: May to June 2008</p>	<p>What populations where the sample recruited from: Two acute mental health wards, Nottingham, UK</p> <p>How were they recruited: criterion sampling, recruitment continued until saturation was reached</p> <p>How many participants were recruited: 15</p> <p>Were there specific exclusion criteria: Not reported</p> <p>Were there specific inclusion criteria: Smokers, who was capable to giving informed consent and participate in the study without this posing risks to the patients' condition or to the researcher</p>	<p>Brief description of method and process of analysis: Interview guide, contained both structured and semi-structured exploratory parts, interview guide adapted as appropriate depending on patients' condition, and to allow for flexibility where it was hard to maintain structured conversations. Short-hand notes were taken during the interviews by assistant. Noted transcribed verbatim and analysed in a framework approach</p> <p>Key themes (with illustrative quotes if available) relevant to this review: Patients views, attitudes and perceptions regarding smoking</p> <p>A. Reasons for/triggers of smoking: Psychological, environmental, and neurological factors</p> <p><i>"If I do exercise, I don't want to smoke at all. If I could go to the gym here, I could stop immediately"</i></p> <p><i>"I see that it works as a mild sedative. It keeps me calm when I'm under stress. When I'm under stress, I use cigarettes to help me relax."</i></p> <p>Patients views, attitudes and perceptions regarding making a quit attempt</p> <p>A. Perceived barriers to making a quit</p>	<p>Limitations identified by author: Sample size</p> <p>Limitations identified by team: No further limitations identified</p> <p>Evidence gaps and/or recommendations for future research: Teachable moment of hospitalisation could be used to promote health in this population, but the potential to promote smoking cessation or at least smoking reduction, in this vulnerable population is not being realised</p> <p>Source of funding: Institution funded</p>

		<p>attempt</p> <p><i>“Yes, but what would be the benefit of giving up? If it’s important for me to give up smoking, I have to understand the reason why I should give up smoking. My quality of life won’t change if I gave up. My life is sitting watching TV, sitting around, having teas, and then sleeping. There’s no motivation to give up, is there?”</i></p> <p>B. Perceived facilitators to making a quit attempt</p> <p>Patients views, attitudes and perceptions regarding successfully quitting</p> <p>A. Perceived barriers of successfully quitting</p> <p><i>“Last time I went on patches I smoked three times as much – I don’t know why.”</i></p> <p><i>“I don’t know what they’ve got on the market now, but I wouldn’t want to take any medication, but I would try the patches or inhalers.”</i></p> <p><i>“No [I would not attend a support programme on the inpatient ward] because if I wanted to give up I would.... I’m only smoking a lot because I’m in hospital.”</i></p> <p>B. Perceived facilitators to successfully quitting</p> <p>D. Suggested interventions for smoking cessation</p> <p><i>“Just reduce smoking really, because I’m not bothered how much I smoke, but while I’m on the ward I do worry about it, because I haven’t got</i></p>	
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		<p><i>much money to keep buying cigarettes and toiletries, and when I leave I have to find accommodation, and I have to sacrifice something, and sacrificing cigarettes is better than sacrificing my toiletries or food or anything.”</i></p>	
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Study details	Research parameters	Population and sample selection	Outcomes and methods of analysis Results	Notes
<p>Authors: Sarna Year: 2009 Quality score: -</p>	<p>What was/were the research questions: To describe the frequency that psychiatric nurses' self-reported interventions to address smoking, and to explore associatios between nurses' demographics and professional characteristics and awareness of Tobacco Free Nurses and the 5A's</p> <p>What theoretical approach does the study take (if specified): Not reported</p> <p>How were the data collected:</p> <p>What method(s): Survey By whom: Not reported What setting(s): Inpatient When: Not reported</p>	<p>What populations where the sample recruited from: Nurses who provide care in a Magnet-care facility, USA</p> <p>How were they recruited: Not reported</p> <p>How many participants were recruited: 100</p> <p>Were there specific exclusion criteria: Not reported</p> <p>Were there specific inclusion criteria: Being a nurse (registered or licensed practical), providing care for adult inpatients, self-reported working in psychiatric settings</p>	<p>Brief description of method and process of analysis: Descriptive and non-parametric statistics</p> <p>Key themes (with illustrative quotes if available) relevant to this review: Staff attitudes towards smoking cessation in patients C. Influence of staff smoking status on patients</p>	<p>Limitations identified by author: Relatively small sample size, self-selection of population, reported use of interventions could not be validated, couldn't determine if the nurses work with patients with mental health or substance use disorders</p> <p>Limitations identified by team: Lack of detail regarding population sampled, limited generalisbility, errors in figures presented in tables</p> <p>Evidence gaps and/or recommendations for future research: None reported</p> <p>Source of funding: The Robert Wood Johnson Foundation and the Smoking Cessation Leadrnship Centre, University of California, San Francisco</p>

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Study details	Research parameters	Population and sample selection	Outcomes and methods of analysis Results	Notes
<p>Authors: Scherer Year: Unpublished Quality score: +</p>	<p>What was/were the research questions: To describe the opinions of hospitalised patients, their relatives and care team members about tobacco use in the hospitalised environment and smokers' dependence level</p> <p>What theoretical approach does the study take (if specified): Not reported</p> <p>How were the data collected:</p> <p>What method(s): Survey and semi-structured interviews By whom: Not reported What setting(s): Inpatient When: Not reported</p>	<p>What populations where the sample recruited from: Acute psychiatric inpatients at a medical school, Brazil</p> <p>How were they recruited: Not reported</p> <p>How many participants were recruited: 25 inpatients, 25 relatives and care givers, 48 care team members</p> <p>Were there specific exclusion criteria: Not reported</p> <p>Were there specific inclusion criteria: Not reported</p>	<p>Brief description of method and process of analysis: Qualitative data submitted for content analysis. Fisher's exact test for quantitative data</p> <p>Key themes (with illustrative quotes if available) relevant to this review:</p> <p>Patients views, attitudes and perceptions regarding successfully quitting</p> <p style="padding-left: 20px;">A. Perceived barriers of successfully quitting</p> <p><i>"I believe that the patch does not work, it doesn't solve anything." (inpatient)</i></p> <p><i>"I think it [NRT] doesn't solve anything, a medicine that made you feel disgust would be better." (relative)</i></p> <p>Staff attitudes towards smoking cessation in patients</p> <p style="padding-left: 20px;">E. Perceived impact of quitting on mental health</p> <p>Staff perceptions regarding interventions for smoking cessation in patients</p> <p style="padding-left: 20px;">A. Perceived effectiveness and safety of interventions</p> <p><i>"I know the nicotine patch and I know that it doesn't work."</i></p>	<p>Limitations identified by author: None reported</p> <p>Limitations identified by team: Small sample size, lack of information regarding methods</p> <p>Evidence gaps and/or recommendations for future research: None reported</p> <p>Source of funding: Fundação de Amparo à Pesquisa do Estado de São Paulo</p>

Study details	Research parameters	Population and sample selection	Outcomes and methods of analysis Results	Notes
<p>Authors: Secker-Walker Year: 1994 Quality score: +</p>	<p>What was/were the research questions: Assess and compare the smoking cessation counselling activities of six health professional groups – one being community mental health counselors.</p> <p>What theoretical approach does the study take (if specified): Not reported</p> <p>How were the data collected:</p> <p>What method(s): Cross Sectional Survey By whom: Not reported What setting(s): Community When: Between May 1990 and Novemeber 1991</p>	<p>What populations where the sample recruited from: Community mental health in four counties in the northeastern United States.</p> <p>How were they recruited: Community mental health counsellors were identified in each state through telephone directories and use of local informants. Letters sent to eligible participants with questionnaire, one follow up letter sent after 1 months to all.</p> <p>How many participants were recruited: N=80. 67% response rate</p> <p>Were there specific exclusion criteria: All practitioners except those identified as specializing in emergency services, substance abuse rehabilitation, and services for the elderly.</p>	<p>Brief description of method and process of analysis: X² contingency tables, one way analysis of variance. Student Newman-Kuels multiple comparison procedures/ Spearman's correlation coefficient.</p> <p>Key themes (with illustrative quotes if available) relevant to this review: Staff skills and abilities B. Adequacy of training</p>	<p>Limitations identified by author: The low response rate for the Mental health counselors detracts from the generalizability of the results.</p> <p>Limitations identified by team: None identified.</p> <p>Evidence gaps and/or recommendations for future research: Highlights education and training needs. Training in the provision of brief patient or client centred smoking cessation counselling would probably help many of the providers, particularly those spending 5 or less minutes with a client.</p> <p>Source of funding: Supported by the National Institute of Health Grants.</p>

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		Were there specific inclusion criteria: Not reported.		
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Study details	Research parameters	Population and sample selection	Outcomes and methods of analysis Results	Notes
<p>Authors: Sharp Year: 2009 Quality score: +</p>	<p>What was/were the research questions: To assess psychiatric nurses' perspectives concerning tobacco dependence intervention. Beliefs, perceived skills, education, and clinical behaviors of psychiatric nurses regarding tobacco dependence. To report the findings from the survey and to describe practice, education, research, and policy implications.</p> <p>What theoretical approach does the study take (if specified): Not reported</p> <p>How were the data collected:</p> <p>What method(s): Cross Sectional Survey By whom: Not reported What setting(s): Inpatient & Outpatient When: Early 2008.</p>	<p>What populations where the sample recruited from: A total of 4000 American Psychiatric Nurses Association members.</p> <p>How were they recruited: Questionnaire emailed to those with known, valid e-mail addresses- one time mailing with two follow up email reminders. Participants responded anonymously, completion implied consent.</p> <p>How many participants were recruited: 1381 (31.6%) of psychiatric nurses responded.</p> <p>Were there specific exclusion criteria: Not reported.</p> <p>Were there specific inclusion criteria: A valid email address.</p>	<p>Brief description of method and process of analysis: Descriptive statistics were used to describe the main study variables. <i>t</i> Tests, chi-square (χ^2), and Kendall's tau (τ) were used to compare those who referred patients with cessation resources with those who did not.</p> <p>Key themes (with illustrative quotes if available) relevant to this review: Staff attitudes towards smoking cessation in patients</p> <ul style="list-style-type: none"> A. Negative beliefs regarding quitting B. Postive beliefs regarding quitting <p>Perceived barriers and facilitators to quitting in patients</p> <ul style="list-style-type: none"> A. Motivation, nicotine dependence, psychosocial, and environmental factors <p>Staff skills and abilities</p> <ul style="list-style-type: none"> A. Confidence in providing smoking cessation support B. Adequacy of training <p>Staff perceptions of systems and policies</p>	<p>Limitations identified by author: Low response rate. It is likely that the nurses that are not represented in this sample are less interested in delivering and perhaps not as knowledgeable about and/or motivated to deliver, tobacco dependence treatment.</p> <p>Limitations identified by team: A valid email address was needed to complete the questionnaire.</p> <p>Evidence gaps and/or recommendations for future research: The findings from this survey underscore the importance of strengthening nursing curriculum content and expanding continuing education opportunities so that nurses can build their knowledge and skills in tobacco dependence</p>

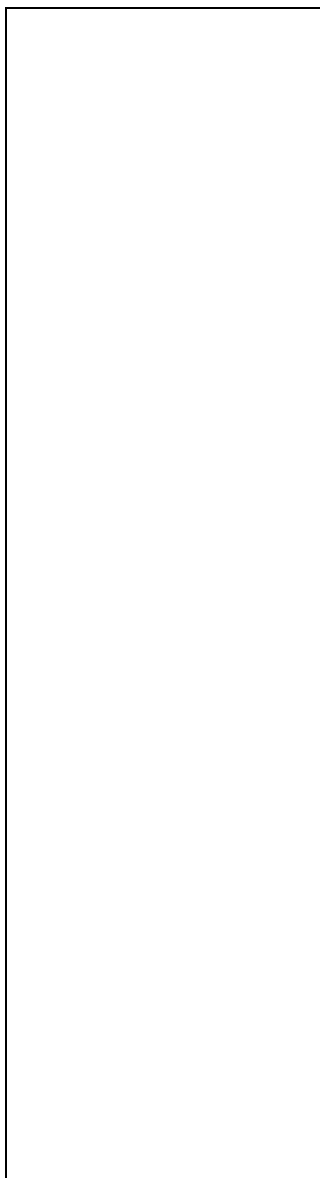
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		A. Priority of smoking cessation	interventions. Source of funding: Not reported.
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Study details	Research parameters	Population and sample selection	Outcomes and methods of analysis Results	Notes
<p>Authors: Sidani Year: 2011 Quality score: +</p>	<p>What was/were the research questions: To examine the smoking cessation beliefs of clinical mental health counselors and their practices with clients.</p> <p>What theoretical approach does the study take (if specified): Not reported</p> <p>How were the data collected:</p> <p>What method(s): Cross Sectional Survey By whom: Not reported What setting(s): Inpatient and community When: Not specified.</p>	<p>What populations where the sample recruited from: A nationally representative sample of 700 clinical mental health counselors were selected from among the clinical members of the American Mental Health Counselors Association (N=2987).</p> <p>How were they recruited: The representartive sample of 700 clinical mental health counselor were mailed a questionnaire with a \$1 bill monetary incentive.</p> <p>How many participants were recruited: 330 mental health counselors.</p> <p>Were there specific exclusion critera: Not reported.</p> <p>Were there specific inclusion criteria: Regisitered clinical mental health counselors.</p>	<p>Brief description of method and process of analysis: Descriptive statistics and non parametric statistics using SPSS for Windows.</p> <p>Key themes (with illustrative quotes if available) relevant to this review: Staff attitudes towards smoking cessation in patients</p> <ul style="list-style-type: none"> A. Negative beliefs regarding quitting B. Postive beliefs regarding quitting E. Perceived impact of quitting on mental health <p>Staff skills and abilities</p> <ul style="list-style-type: none"> A. Confidence inproviding smoking cessation support B. Adequacy of training <p>Staff perceptions in systems and policies</p> <ul style="list-style-type: none"> B. Time and other resources <p>Staff perceptions regarding interventions for smoking cessation in patients</p> <ul style="list-style-type: none"> A. Perceived effectiveness and safety of interventions C. Lack of re-imbusement 	<p>Limitations identified by author: 1.Use of mail surveys may result in under- or over- reporting of certain behaviours, beliefs, or perceptions, which could undermine the internal validity. 2.Survey instrument had a closed format, may not yield as much information as an open format. 3.Monothematic nature of the survey instrument might sensitise some subjects to think about the topic in an uncharacteristic way. 4.Because cross sectional survey, no cause of effect relationship can be drawn. 5.The 53.1% response rate might be considered low enough to be a threat to external validity.6.The majority of the respondents were Caucasian (90.7%) and female (73.3%) which limits generalizability.</p> <p>Limitations identified by team: None identified.</p>

			<p>Evidence gaps and/or recommendations for future research:</p> <p>1.Suggests that an investigation should look at the types of smoking cessation interventions counselors do use using qualitative methods. 2.An investigation into efficacy expectations for asking clients about smoking status and advising them to quit smoking – might give more information on how they shape smoking cessation counseling behaviour. 3.Research on what lessons had been learnt from patients who smoke, especially what worked for patients who quit might be useful for addressing smoking cessation with clients with mental health diagnoses.</p> <p>Source of funding: Not reported</p>
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Study details	Research parameters	Population and sample selection	Outcomes and methods of analysis Results	Notes
<p>Authors: Snyder Year: 208 Quality score: ++</p>	<p>What was/were the research questions: To identify personal, social and environmental factors that affect smoking cessation in persons with serious mental illness</p> <p>What theoretical approach does the study take (if specified): Not reported</p> <p>How were the data collected:</p> <p>What method(s): Focus groups By whom: Not reported What setting(s): Inpatient When: Not reported</p>	<p>What populations where the sample recruited from: Patients from two psychiatric rehabilitation centres located in Midwestern City in the USA</p> <p>How were they recruited: Researcher announced study at client council meetings and other regular informational group sessions held at each program site</p> <p>How many participants were recruited: 25 (76%)</p> <p>Were there specific exclusion criteria: Not reported</p> <p>Were there specific inclusion criteria: 24-55 years of age, willingness to discuss views, nicotine dependent, score of at least 25 on the Mini Mental Health State Examination</p>	<p>Brief description of method and process of analysis: Transcripts analysed using iterative process between researchers to identify key ideas, themes and relevant quotations.</p> <p>Key themes (with illustrative quotes if available) relevant to this review: Patients views, attitudes and perceptions regarding smoking</p> <p>A. Reasons for/triggers of smoking: Psychological, environmental, and neurological factors</p> <p><i>"I did quit for a few days, and that makes me a person [who] chooses; nobody is forcing me."</i></p> <p><i>"When I'm sitting around doing nothing, I smoke more; it fills the time."</i></p> <p><i>"[Not smoking would mean having] nothing to look forward to."</i></p> <p><i>"I wouldn't know how not to smoke. I can't remember what it was like without smoking."</i></p> <p><i>"Smoking is a crutch for people being lonely. Begging for cigarettes gets you connected. You get introduced, and it draws attention to you. It helps you get to know people. It's some kind of security."</i></p> <p>B. Priority of smoking</p> <p><i>"Once I was in hospital and I didn't smoke for 8</i></p>	<p>Limitations identified by author: None reported</p> <p>Limitations identified by team: Small sample size, lack of generalisability across settings</p> <p>Evidence gaps and/or recommendations for future research: Further research needed on the impact of smoke-free environments and severe mental illness smokers' behaviour</p> <p>Source of funding: International Society of Psychiatric-Mental Health Nurses</p>



<p><i>days. I felt good. A couple [of] hours after leaving, my case worker offered me some money, and then I snapped in my head, 'I'm gonna buy some cigarettes'. I didn't have anything else to fall back on. There wasn't anything else affordable."</i></p> <p>Patients views, attitudes, and perceptions regarding making a quit attempt</p> <p>A. Perceived barriers to making a quit attempt</p> <p><i>"I need something to knock it out of my mind completely."</i></p> <p><i>"I was never able to quit longer than a few weeks. All three times I quit I really didn't have the desire to quit."</i></p> <p><i>"I have a friend who doesn't smoke or drink, yet he coughs and coughs. He's a young guy, so I know it isn't just the smoking."</i></p> <p>B. Perceived facilitators to making a quit attempt</p> <p><i>"I think the government is trying to change the majority to the minority, and when you have the majority of people doing a certain thing, you're gonna choose to go with the majority.... If the majority of you guys didn't smoke cigarettes, I probably would not smoke. I would go with the majority."</i></p> <p><i>"I would need to drag my momma, my grandmother, everybody, even my dog, to encourage me not to smoke."</i></p>	
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			<p><i>"It is interesting to me that I am able to not smoke for several weeks when I stay at my mom's house, but the minute I am back in my apartment, I light up."</i></p>	
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Study details	Research parameters	Population and sample selection	Outcomes and methods of analysis Results	Notes
<p>Authors: Solty Year: 2009 Quality score: +</p>	<p>What was/were the research questions: To determine the prevalence of cigarette smoking and the degree of nicotine dependence, and to assess smokers attitudes towards smoking, motivation to quitting, and the frequency that advice to quit was provided.</p> <p>What theoretical approach does the study take (if specified): Not reported</p> <p>How were the data collected:</p> <p>What method(s): Questionnaire survey By whom: Not reported What setting(s): Inpatient When: November 2004 – May 2005</p>	<p>What populations where the sample recruited from: Inpatients in the Foothills medical centre in Calgary, Alberta. Canada.</p> <p>How were they recruited: Patients were referred to participate in the study by their inpatient psychiatrist.</p> <p>How many participants were recruited: 211 (62% response rate).</p> <p>Were there specific exclusion criteria: Not reported.</p> <p>Were there specific inclusion criteria: Aged 18 and over. Adequently</p>	<p>Brief description of method and process of analysis: Analysis was performed on SPSS version 9 software (SPSS Inc, Chicago, IL, 2006). Descriptive statistical and chi-square analysis of categorical. Chi-square analysis compared stages of change, and perceived pros and cons of smoking. Comparisons of continuous variables were conducted using ANOVA procedures with primary diagnostic groups</p> <p>Key themes (with illustrative quotes if available) relevant to this review: Patients views, attitudes and perceptions regarding smoking</p> <p>A. Reasons for/triggers of smoking: Psychological, environmental, and neurological factors</p> <p>Patients views, attitudes and perceptions regarding making a quit attempt</p> <p>B. Perceived facilitators to making a quit attempt</p> <p>Patients views, attitudes, and perceptions regarding successfully quitting</p> <p>A. Perceived barriers of successfully quitting</p>	<p>Limitations identified by author: Limited by its focus on primary psychiatric diagnosis without attention to comorbidity. Use of biological markers to vaerify self reported smoking behaviours would have improved its valiaidity.</p> <p>Limitations identified by team: Lower than optimal response rate, potential for selection bias</p> <p>Evidence gaps and/or recommendations for future research: Future studies should examine factors limiting the amount of smoking cessation advice given to motivated psychiatric inpatients and determine the interventions that are</p>

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	psychiatrically stabilized and within 1 to 2 weeks of anticipated discharge from hospital.	B. Perceived facilitators to successfully quitting	most effective for them. Source of funding: Calgary Health Region Tobacco Cessation Committee.
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Study details	Research parameters	Population and sample selection	Outcomes and methods of analysis Results	Notes
<p>Authors: Stubbs Year: 2004 Quality score: +</p>	<p>What was/were the research questions: Was to examine staff views on smoking at work in a large psychiatric hospital.</p> <p>What theoretical approach does the study take (if specified): Not reported</p> <p>How were the data collected:</p> <p>What method(s): Cross sectional survey By whom: Not reported What setting(s): Inpatients When: January 2003.</p>	<p>What populations where the sample recruited from: All clinical staff of St Andrew's Hospital, Northampton, England.</p> <p>How were they recruited: Sent a postal questionnaire</p> <p>How many participants were recruited: 599 (40.7% response rate).</p> <p>Were there specific exclusion criteria: None identified.</p> <p>Were there specific inclusion criteria: All clinical staff.</p>	<p>Brief description of method and process of analysis: The chi-squared (with Yates' correction) and Fisher's exact tests were used to test for differences in responses between smokers and non-smokers, and between psychiatrists and nurses.</p> <p>Key themes (with illustrative quotes if available) relevant to this review: Staff attitudes and beliefs regarding smoking in patients D. Cigarettes as a mechanism of control</p> <p>Staff attitudes towards smoking cessation in patients A. Negative beliefs regarding quitting B. Postive beliefs regarding quitting E. Perceived impact of quitting on mental health</p>	<p>Limitations identified by author: The distinction between smokers and non-smokers – those who had recently quit might call themselves non-smokers and their responses might be expected to differ from those who are lifelong non-smokers. Small sample size, smokers and nurses appeared to be under represented. Findings relate to those working in a specialist independent hospital with many long stay patients and therefore cannot be generalized to National Health Service acute units.</p> <p>Limitations identified by team: None identified.</p> <p>Evidence gaps and/or recommendations for future research: None identified.</p> <p>Source of funding: Not reported.</p>

Study details	Research parameters	Population and sample selection	Outcomes and methods of analysis Results	Notes
<p>Authors: Tidey Year: 2009 Quality score: -</p>	<p>What was/were the research questions: To compare positive and negative smoking expectancies, and examined relationships between expectancies and intention to quit smoking, in smokers with schizophrenia, smokers with schizoaffective disorder, and smokers without psychiatric illness.</p> <p>What theoretical approach does the study take (if specified): Not reported</p> <p>How were the data collected:</p> <p>What method(s): Questionnaire survey. By whom: Clinicians. What setting(s): Not reported. When: Not reported.</p>	<p>What populations where the sample recruited from: Those who had enrolled in one of four laboratory studies of smoking behaviour.</p> <p>How were they recruited: Not reported.</p> <p>How many participants were recruited: Schizophrenia n=46. Schizoaffective n= 35 (response rate not reported)</p> <p>Were there specific exclusion criteria: Not reported.</p> <p>Were there specific inclusion criteria: Participants were heavy smokers with schizophrenia, schizoaffective disorder or no psychiatric disorder, At least 18 years of age,</p>	<p>Brief description of method and process of analysis: Group comparisons on demographic, clinical and smoking history measures were conducted using one-way analyses of variance tests (ANOVAs) and chi-square tests for categorical variables. Internal consistency reliabilities of the 7 SEQ scales were determined by calculating Cronbach's alpha coefficients for each group (SCZ, SCZAFF, CON). Values greater than 0.70 were considered acceptable (Kaplan and Saccuzzo, 2005). To examine how positive and negative smoking expectancies were related to intention to quit smoking within each group, between-groups 3x3 analysis of covariance tests (ANCOVAs) were first used to examine the effects of Group and Stage of Change (Precontemplation, Contemplation, Preparation) on importance scores from the 7 SEQ scales.</p> <p>Key themes (with illustrative quotes if available) relevant to this review: Patients views, attitudes and perceptions regarding making a quit attempt C. Perceived facilitators to making a quit attempt</p>	<p>Limitations identified by author: Low participation rate.</p> <p>Limitations identified by team: Response rate not reported, low relevance to review questions.</p> <p>Evidence gaps and/or recommendations for future research: A logical next step for this research would be to examine whether expectancies predict smoking cessation outcomes and withdrawal symptom severity in people with schizophrenia and schizoaffective disorder, as shown in nonpsychiatric smokers.</p> <p>Source of funding: Supported by NIDA grants and J.W.T. and a Senior Research Career Scientist Award from the Department of Veterans</p>

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	smoked at least 20 cigarettes per day and had scores of at least 6 on the Fagerstrom Test for Nicotine Dependence.		Affairs to D.J.R.
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Study details	Research parameters	Population and sample selection	Outcomes and methods of analysis Results	Notes
<p>Authors: Tong Year: 2010 Quality score: +</p>	<p>What was/were the research questions: Objective was to describe the smoking prevalence, smoking cessation practices, and beliefs for multiple types of health professionals across the United States. Also examined common factors associated with the self-reported delivery of tobacco dependence treatments, while controlling for health professional and practice demographics.</p> <p>What theoretical approach does the study take (if specified): Not reported</p> <p>How were the data collected:</p> <p>What method(s): Questionnaire survey. By whom: Not reported What setting(s): Inpatient and community When: July 2003-</p>	<p>What populations where the sample recruited from: Seven health care professional groups; primary care physicians, emergency medicine physicians, psychiatrists, registered nurses, dentists, dental hygienists, and pharmacists. In the USA.</p> <p>How were they recruited: Letters, signed by The Robert Wood Johnson Foundation and endorsed by seven national health professional societies, were mailed describing the survey prior to the interviewers' first call. - American Psychiatric Association. Nationwide sampling frames were obtained from professional sampling companies that maintain databases.</p> <p>Primarily by computer-assisted telephone interview (68%) and</p>	<p>Brief description of method and process of analysis: The seven health professional groups were compared in terms of demographics, smoking-related behavior, conduct of the PHS smoking cessation guideline 5 A's, and beliefs regarding smoking cessation services using an adjusted <i>F</i> test suitable for complex survey data. Multivariate logistic regression was used to examine factors associated with health professionals self-reportedly performing each of the 5 A's. Independent variables in the regression analyses included health professional smoking status, health professional subgroup, and beliefs about smoking cessation. Statistical analyses were performed with STATA 9.0 (College Station, TX) using the "svy" command.</p> <p>Key themes (with illustrative quotes if available) relevant to this review:</p> <p>Staff attitudes towards smoking cessation in patients</p> <p style="padding-left: 40px;">B. Postive beliefs regarding quitting</p> <p>Staff skills and abilities</p> <p style="padding-left: 40px;">B. Adequacy of training</p> <p>Staff perceptions regarding interventions for smoking cessation in patients</p> <p style="padding-left: 40px;">A. Perceived effectiveness and safety of interventions</p> <p style="padding-left: 40px;">C. Lack of re-imbusement</p>	<p>Limitations identified by author: Heavily relies on self report responses. Smoking status is not biochemically validated. Lower reponse rate for certain health professional groups. Only offered monetart incentives for physicians, dentists, and registered nurses who initially refused the interview may have introduced a selection bias.</p> <p>Limitations identified by team: None identified.</p> <p>Evidence gaps and/or recommendations for future research: None identified.</p> <p>Source of funding: The Robert Wood Johnson Foundation</p>

	<p>February 2004.</p>	<p>supplemented by mailed questionnaires (32%) for those who could not be contacted or participate by telephone.</p> <p>How many participants were recruited: 2,804 participants – 400 psychiatry.</p> <p>Were there specific exclusion criteria: Not reported.</p> <p>Were there specific inclusion criteria: The survey was limited to health professionals providing patient care 20 or more hours per week in a non-federal practice setting.</p>		
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Study details	Research parameters	Population and sample selection	Outcomes and methods of analysis Results	Notes
<p>Authors: Tsourtos Year: 2011 Quality score: ++</p>	<p>What was/were the research questions: Focuses on why it is that non-smokers (never-smoked and ex-smokers) are 'resilient' to smoking in a population (people diagnosed with depression) where there is a high prevalence of smoking and high perceived stress levels, in comparison with current smokers?</p> <p>What theoretical approach does the study take (if specified): Components of Grounded Theory were adopted</p> <p>How were the data collected:</p> <p>What method(s): Interviews.</p> <p>By whom: Researchers.</p> <p>What setting(s): Community</p> <p>When: 2008 -2009</p>	<p>What populations where the sample recruited from: From the metropolitan Adelaide who were medically diagnosed with depression.</p> <p>How were they recruited: Participants were identified and recruited predominantly from general practice and a range of mental health services. The process of recruitment involved liaison with mental health case workers and general practice staff.</p> <p>How many participants were recruited: Thirty-four adults with a medical diagnosis of depression.</p> <p>Were there specific exclusion criteria: Not reported.</p>	<p>Brief description of method and process of analysis: Data were collected until data saturation was achieved. All interviews were audio recorded and transcribed. Analysis commenced after the first two interviews were completed as part of discovering emerging themes and further developing the interview schedule for the remaining interviews (Ezzy 2002). All data were analysed for emerging themes and patterns through the use of NVivo version 8 (a qualitative software package).</p> <p>Key themes (with illustrative quotes if available) relevant to this review: Patients views, attitudes and perceptions regarding smoking</p> <p>A. Reasons for/triggers of smoking: Psychological, environmental, and neurological factors <i>"I started smoking 90 a day because of boredom."</i></p> <p><i>"Smoking has been a fall back for me because it has helped me in different situations; I just needed something that was going to get me through a hard time."</i></p> <p>B. Priority of smoking <i>"It's like a security blanket."</i></p>	<p>Limitations identified by author: Limited regarding the extent to which there is interplay between the individuals internal psychological properties and the external social environment.</p> <p>Limitations identified by team: None identified.</p> <p>Evidence gaps and/or recommendations for future research: Better understanding of what facilitators should be employed and barriers that need to be overcome when implementing public health programmes with regards to tobacco use.</p> <p>Source of funding: Minister for Health, Department of Health (Government of South Australia).</p>

		<p>Were there specific inclusion criteria: Not reported.</p>	<p>Patients views, attitudes and perceptions regarding making a quit attempt</p> <ul style="list-style-type: none">A. Perceived barriers to making a quit attempt <p><i>“Smoking stresses my body but giving up increases stress to the max.”</i></p> <ul style="list-style-type: none">B. Perceived facilitators to making a quit attempt	
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Study details	Research parameters	Population and sample selection	Outcomes and methods of analysis Results	Notes
<p>Authors: Weinberger Year: 2008 Quality score: -</p>	<p>What was/were the research questions: The current study examined the attitudes of clinicians regarding smoking cessation for psychiatric and substance abusing patients.</p> <p>What theoretical approach does the study take (if specified): Not reported</p> <p>How were the data collected:</p> <p>What method(s): Cross sectional survey By whom: Not reported What setting(s): Inpatient When: September – October 1999.</p>	<p>What populations where the sample recruited from: Mental health clinicians at the Connecticut Mental Health Center (CMHC) in New Haven.</p> <p>How were they recruited: Not reported.</p> <p>How many participants were recruited: 34 completed the survey for a response rate of 53%.</p> <p>Were there specific exclusion criteria:</p> <p>Were there specific inclusion criteria: Mental health clinicians at the Connecticut Mental Health Center (CMHC) in New Haven were eligible to participate Included treatment teams for patients with affective</p>	<p>Brief description of method and process of analysis: Chi-square tests were used to compare groups on demographic measures by smoking status. The Kruskal-Wallis test was run for each of the ten Clinician Attitude Survey items with smoking group as an independent variable. Mann-Whitney U Tests were run to compare responses on the Clinician Attitude Survey by gender. Nonparametric tests were run to account for the unequal sample sizes within independent variables of interest. For all analyses, statistical significance was defined with $p < .05$. Analyses were performed using Statistical Packages for Social Sciences (SPSS) software v.12.0 for Windows.</p> <p>Key themes (with illustrative quotes if available) relevant to this review:</p> <p>Staff attitudes towards smoking cessation in patients</p> <ul style="list-style-type: none"> B. Positive beliefs regarding quitting E. Perceived impact of quitting on mental health <p>Perceived barriers and facilitators to quitting in patients</p> <ul style="list-style-type: none"> A. Motivation, nicotine dependence, psychosocial, and environmental factors <p>Staff perceptions regarding interventions for</p>	<p>Limitations identified by author: Small sample size and low response rate.</p> <p>Limitations identified by team: Potential for selection bias, medium relevance to review questions</p> <p>Evidence gaps and/or recommendations for future research: To repeat this study with a larger independent sample of mental health clinicians.</p> <p>Source of funding: Supported in part by National Institute of Drug Abuse grants.</p>

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		disorders, psychosis, anxiety and personality disorders, co-occurring disorders, residential programs and brief treatment.	smoking cessation in patients B. Awareness of staff of services	
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Study details	Research parameters	Population and sample selection	Outcomes and methods of analysis Results	Notes
<p>Authors:Williams Year: 2009 Quality score: +</p>	<p>What was/were the research questions: A program evaluation study was designed to determine the effectiveness of our training on knowledge acquisition (via a pretest/posttest) and feedback about the quality and usefulness of the training (via a training evaluation). The study also included a baseline survey of participants' demographic information in addition to attitudes and current practices in treating tobacco dependence in smokers with mental illness.</p> <p>What theoretical approach does the study take (if specified): Not reported</p> <p>How were the data collected:</p> <p>What method(s): Questionnaire survey</p>	<p>What populations where the sample recruited from: The 71 participants who registered at attend a 2 day training course focused on training mental health treatment providers to address tobacco dependence.</p> <p>How were they recruited: Training was advertised via brochures, mailings, and internet listings.</p> <p>How many participants were recruited: 71 who attended the course (response rate not reported)</p> <p>Were there specific exclusion criteria: None reported.</p> <p>Were there specific inclusion criteria: None reported.</p>	<p>Brief description of method and process of analysis: All analyses were undertaken with SAS version 8.2. Possible associations of policies and procedures both with assessment of smoking status and with provision of smoking care were investigated by using chi square analyses (checking for multicollinearity) and stepwise logistic regression, in which variables with a p value of <.25 in the chi square analyses were included.</p> <p>Key themes (with illustrative quotes if available) relevant to this review:</p> <p>Staff attitudes and beliefs regarding smoking in patients</p> <ul style="list-style-type: none"> A. Smoking as a personal choice <p>Staff attitudes towards smoking cessation in patients</p> <ul style="list-style-type: none"> D. Roles and responsibilities of staff in quitting <p>Staff skills and abilities</p> <ul style="list-style-type: none"> B. Adequacy of training <p>Staff perceptions of systems and policies</p> <ul style="list-style-type: none"> A. Priority of smoking cessation B. Time and other resources 	<p>Limitations identified by author: Not able to assess actual changes in treatment practices of these professionals who completed this training.</p> <p>Limitations identified by team: Response rate not reported, medium relevance to review questions</p> <p>Evidence gaps and/or recommendations for future research: Future initiatives might include actual chart review of cases seen by practitioners receiving such training in order to better demonstrate the effect of this educational experience on specific clinical behaviours.</p> <p>Source of funding: Not reported.</p>

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	<p>By whom: Not reported What setting(s): Inpatient & outpatients When: November 2006-March 2007.</p>			
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Study details	Review search parameters	Review population and setting	Results	Notes
<p>Authors: Williams Year: 2011 Review design: Critical review Quality score: -</p>	<p>Databases and website searched: Not reported</p> <p>Other search methods undertaken (e.g. reference checking): Not reported</p> <p>Years searched: Not reported</p> <p>Study type inclusion criteria: Not reported</p> <p>Study type exclusion criteria: Not reported</p> <p>Number of studies included: Not clear</p> <p>Method of synthesis: Narrative synthesis</p>	<p>Included populations: Mental health populations</p> <p>Excluded populations: Not reported</p> <p>Setting of included studies: Inpatient and community based</p> <p>External validity score: -</p>	<p>Key themes (with illustrative quotes if available) relevant to this review:</p> <p>Patients views, attitudes and perceptions regarding successfully quitting</p> <p>A. Perceived barriers to successfully quitting <i>“Many do not believe that NRT improves a smoker’s chance of quitting despite an abundance of evidence to the contrary... These same barriers are even greater in the mental health system.”</i></p> <p><i>“Smokers are often mis-informed, mistakenly believing that nicotine is a carcinogen and that NRT poses more cardiovascular threat than smoking.”</i></p> <p>Staff skills and abilities</p> <p>B. Adequacy of training <i>“In order for cessation programmes to develop and be successful, staff need to be education about evidence-based tobacco dependence treatment practices. Education can also help to improve attitudes about the hope for successful treatment and encourage providers to offer alternatives to smoking”</i></p> <p>Staff perceptions regarding interventions for smoking cessation in patients</p> <p>B. Awareness of staff of services <i>“Referral to a community of state-funded tobacco treatment may also not be likely given that psychiatrists lack awareness about these</i></p>	<p>Limitations identified by author: None reported</p> <p>Limitations identified by team: Very limited information regarding the methods of the critical review</p> <p>Evidence gaps and/or recommendations for future research: None reported</p> <p>Source of funding: American Legacy Foundation, the New Jersey Department of Human Services, Division of Mental Health Services, the Cancer Institute of New Jersey, and unrestricted educational grant from Pfizer, Inc.</p>

			<p><i>programmes more often than other medical colleagues”</i></p> <p>D. Information and accessibility of support for patients</p> <p><i>“Practical matters like not having a telephone or internet access could also be barriers to using telephone or internet-based services effectively”</i></p>	
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Study details	Research parameters	Population and sample selection	Outcomes and methods of analysis Results	Notes
<p>Authors: Wye Year: 2009 Quality score: ++</p>	<p>What was/were the research questions: To identify smoking policies and procedures in public psychiatric inpatient settings</p> <p>What theoretical approach does the study take (if specified): Not reported</p> <p>How were the data collected:</p> <p>What method(s): Survey By whom: Not reported What setting(s): Inpatient When: 2006</p>	<p>What populations where the sample recruited from: Unit managers, New Scout Wales, Australia</p> <p>How were they recruited: Identified from all publicly funded psychiatric inpatient units</p> <p>How many participants were recruited: 123 (94% response rate)</p> <p>Were there specific exclusion criteria: Not reported</p> <p>Were there specific inclusion criteria: Not reported</p>	<p>Brief description of method and process of analysis: Mailed questionnaires to nurse unit manager of each unit. Chi-squared tests and stepwise logistic regression, checking for multicollinearity</p> <p>Key themes (with illustrative quotes if available) relevant to this review: Staff skills and abilities B. Adequacy of training</p>	<p>Limitations identified by author: Inaccurate reporting if unit manager was not actively involved in daily smoking care activities, self-reported questionnaire (respondent bias)</p> <p>Limitations identified by team: No further limitations identified</p> <p>Evidence gaps and/or recommendations for future research: Recommended all psychiatric facilities move towards being smoke-free institutions. Staff training is part of the solution for ensuring consistent enforcement of smoking restrictions and provision of smoking care</p> <p>Source of funding: Commonwealth Department of Health and Ageing</p>

Study details	Research parameters	Population and sample selection	Outcomes and methods of analysis Results	Notes
<p>Authors: Wye Year: 2010 Quality score: ++</p> <p>Please note: Same study as Wye 2010</p>	<p>What was/were the research questions: To identify smoking policies and procedures in public psychiatric inpatient settings</p> <p>What theoretical approach does the study take (if specified): Not reported</p> <p>How were the data collected:</p> <p>What method(s): Survey By whom: Not reported What setting(s): Inpatient When: 2006</p>	<p>What populations where the sample recruited from: Unit managers, New Scout Wales, Australia</p> <p>How were they recruited: Identified from all publicly funded psychiatric inpatient units</p> <p>How many participants were recruited: 123 (94% response rate)</p> <p>Were there specific exclusion criteria: Not reported</p> <p>Were there specific inclusion criteria: Not reported</p>	<p>Brief description of method and process of analysis: Mailed questionnaires to nurse unit manager of each unit. Chi-squared tests and stepwise logistic regression, checking for multicollinearity</p> <p>Key themes (with illustrative quotes if available) relevant to this review: Staff attitudes and beliefs regarding smoking in patients</p> <ul style="list-style-type: none"> A. Smoking as a personal choice C. Smoking as a shared activity to build rapport <p>Staff attitudes towards smoking cessation in patients</p> <ul style="list-style-type: none"> A. Negative beliefs regarding quitting B. Positive beliefs regarding quitting <p>Staff perceptions of systems and policies</p> <ul style="list-style-type: none"> A. Priority of smoking cessation E. Other factors influencing the provision of smoking cessation interventions 	<p>Limitations identified by author: Inaccurate reporting if unit manager was not actively involved in daily smoking care activities, self-reported questionnaire (respondent bias)</p> <p>Limitations identified by team: No further limitations identified</p> <p>Evidence gaps and/or recommendations for future research: Recommended all psychiatric facilities move towards being smoke-free institutions. Staff training is part of the solution for ensuring consistent enforcement of smoking restrictions and provision of smoking care</p> <p>Source of funding: Commonwealth Department of Health and Ageing</p>

Study details	Research parameters	Population and sample selection	Outcomes and methods of analysis Results	Notes
<p>Authors: Ziedonis Year: 1997 Quality score: -</p>	<p>What was/were the research questions: An evaluation of a smoking cessation programme for 24 smokers with Schizophrenia.</p> <p>What theoretical approach does the study take (if specified): Not reported</p> <p>How were the data collected: Not reported</p> <p>What method(s): Narrative evaluation of a pilot smoking cessation program.</p> <p>By whom: Not reported</p> <p>What setting(s): Community</p> <p>When: Not specified.</p>	<p>What populations where the sample recruited from: From the Connecticut Mental Health Centre (CMHC) smoking cessation program evaluation.</p> <p>How were they recruited: Not reported.</p> <p>How many participants were recruited: 24 individuals</p> <p>Were there specific exclusion criteria: Not reported.</p> <p>Were there specific inclusion criteria: Enrolled on the Connecticut Mental Health Centre (CMHC) smoking cessation program evaluation.</p>	<p>Brief description of method and process of analysis: Not reported.</p> <p>Key themes (with illustrative quotes if available) relevant to this review: Staff attitudes towards smoking cessation in patients E. Perceived impact of quitting on mental health</p>	<p>Limitations identified by author: Not reported.</p> <p>Limitations identified by team: Very limited information relating to methods and analysis. Small sample size, response rate not reported.</p> <p>Evidence gaps and/or recommendations for future research: The role of motivation as a prognostic and outcome factor requires further study.</p> <p>Source of funding: Supported in part by the L.P Markey Physician Scientist Training Program at Yale University School of Medicine.</p>

Study details	Research parameters	Population and sample selection	Outcomes and methods of analysis Results	Notes
<p>Authors: Zvolensky Year: 2005 Quality score: -</p>	<p>What was/were the research questions: Gauge the degree of basic cessation counselling provided by practitioners specialising in anxiety disorder treatment. Bench mark the level of smoking cessation knowledge among anxiety specialists. Assess whether practitioners who had received formal training in smoking cessation in the past 3 years, compared to those who didn't, spent more time counselling patients to quit smoking.</p> <p>What theoretical approach does the study take (if specified): Not reported</p> <p>How were the data collected:</p> <p>What method(s): Cross Sectional Survey By whom: Not reported What setting(s): Inpatient</p>	<p>What populations where the sample recruited from: Mental health professionals – especially those dealing with anxiety disorders.</p> <p>How were they recruited: Two methods used – surveys manually disseminated in a one on one basis by trained research assistants at three professional conferences that included or focused exclusively on anxiety disorder research, the second included having a web based portal located on the primary author's lab website to advertise the study and collect responses survey online.</p> <p>How many participants were recruited: 75 mental health professional took part (55% response rate).</p> <p>Were there specific</p>	<p>Brief description of method and process of analysis: Not reported</p> <p>Key themes (with illustrative quotes if available) relevant to this review: Staff skills and abilities B. Adequacy of training</p>	<p>Limitations identified by author: Self selection bias due to the voluntary selection criteria. Due to time restraints no descriptive information on participants (e.g. age) was collected. Reporting error though self report methods.</p> <p>Limitations identified by team: Low response rate, lack of details relating to analysis</p> <p>Evidence gaps and/or recommendations for future research: Findings should serve to prompt mental health training programs to recognise the lack of attention to smoking cessation practices among anxiety treatment specialists.</p> <p>Source of funding: Not reported.</p>

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	and community out patients. When: Not reported.	exclusion criteria: Not reported Were there specific inclusion criteria: Not reported.		
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APPENDIX 6. COLLABORATORS

Professor Sarah Lewis (University of Nottingham)

Dr Rachael Murray (University of Nottingham)

Dr Hayden McRobbie (Queen Mary, University of London)

Dr Katie Myers (Queen Mary, University of London)

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