



Research Article

Feasibility of remote delivery of a smoking cessation intervention for people with severe mental illness: a telephone consultation

Baha Ul Haq,¹ Faiza Aslam,¹ Papiya Mazumdar,² Sadananda Reddy,³
Mariyam Sarfraz,¹ Nithyananda Srinivasa Murthy³ and Cath Jackson^{4*}

¹Institute of Psychiatry (IOP), Rawalpindi, Pakistan

²Department of Health Sciences, University of York, York, UK

³National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore, India

⁴Valid Research Limited, Wetherby, UK

*Corresponding author cath@validresearch.co.uk

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Plain language summary

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During the COVID-19 pandemic, services supporting people to quit smoking could not be delivered face to face. This meant that our research study in India and Pakistan that was testing a programme to help people with severe mental illness quit smoking needed to change.

We decided to ask people with severe mental illness, their family members and mental health professionals what they thought about the programme being delivered remotely, for example by telephone or online. These people were part of 'Community Advisory Panels' at two mental health hospitals in India and Pakistan. Thirty-two people took part (16 India, 16 Pakistan): 10 people with severe mental illness (2 India, 8 Pakistan), 5 family members (3 India, 2 Pakistan) and 17 professionals (11 India, 6 Pakistan). We telephoned them and asked their general opinions about remote delivery and their ideas on how we might deliver nine parts of the programme, for example, providing information about quitting smoking and using a flipbook during sessions with the advisor.

Remote delivery of the programme was seen as possible with people preferring telephone sessions, with some online video support, in 30-minute sessions during the morning. Apart from measuring carbon monoxide (in people's breath), all parts of the programme were seen to be possible to deliver remotely, especially in India. Communicating over the phone was seen as the greatest challenge for people with severe mental illness or low education levels. Phone connection, some people not owning a phone, and providing support for taking medication were other challenges. Ideas included ensuring that all the information is easy to understand and family members attending all the sessions.

Based on this valuable feedback, the programme was adapted to be a mix of remote and face-to-face delivery.