

Table 3. The influence of training on clinical practice and attitudes relating to addressing tobacco dependence among young people with mental illness

Statement	Agreement (strongly agree/agree) (%)			Sig (2-sided) - χ^2 (<i>p</i>)
	All respondents	Training attended	Training not attended	
I feel it lies within the remit of my responsibility as a mental health professional to address patients smoking	51.6	64.0	48.8	$\chi^2=2.61$, <i>p</i> =.088
I routinely assess patients smoking status	62.7	62.5	62.8	$\chi^2=.001$, <i>p</i> =.595
I routinely ask patients about their motivation to quit smoking	36.8	54.1	24.2	$\chi^2=5.34$, <i>p</i> =.028*
I routinely signpost/refer patients to local stop smoking services	29.8	50.0	15.1	$\chi^2=8.06$, <i>p</i> =.008*
Access to stop smoking medication and support are readily available in my clinic/on my ward	22.4	16.6	26.4	$\chi^2=.778$, <i>p</i> =.526
Smoking is an important coping mechanism for patients.	53.3	80.0	34.3	$\chi^2=12.24$, <i>p</i> =.001*
Patients stopping smoking while on my ward/in my clinic would not interfere with recovery	81.3	75.0	85.7	$\chi^2=1.08$, <i>p</i> =.328
Addressing patients smoking would not have an adverse effect on the therapeutic relationship	86.6	88.0	85.7	$\chi^2=.066$, <i>p</i> =1.00

*Denotes statistical significance at $p < 0.05$