

**Consultation
Response Form**

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Question 1: The delivery plan continues to place a strong emphasis on improving mental health and well-being across all ages, would you agree with this approach?

Yes X	Partly	No
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Question 2: Could you please provide any further commentary on where you feel the approach works well or where alternative emphasis is required?

The *Together for Mental Health* delivery plan places a strong emphasis on prevention, which is the recognised and right approach to achieve a healthier Wales. However, we believe there are opportunities within the plan to strengthen the prevention approach.

ASH Wales fully supports the embedding of mental health into other Welsh Government plans including education, employment, poverty and crime and justice, however when considering mental health, other risky behaviours such as tobacco use need to be considered.

ASH Wales believes the focus on cross government working and developing a collaborative approach will support the delivery of a healthier Wales plan. However, due to the disproportionate impact smoking has on those with mental ill health, any plan to improve the quality of services needs to include tobacco control measures and tailored stop smoking support.

36% of adults in Wales with a mental health condition smoke compared to 17% of the whole adult population in Walesⁱ. Despite the high smoking prevalence amongst those with mental ill health there is a lack of targeted support services, in Wales there is an urgent need for:

- tailored support programmes for those with mental ill health outside of mental health services
- reporting on the take up of support on the NHS service for those with mental ill health
- a national target to drive action to support those with mental ill health to give up smoking.

Smoking is a major contributory factor to reduced life expectancy amongst those with mental ill health, with research showing that 53% of those with schizophrenia die from smoking-related diseases, including cardiovascular diseaseⁱⁱ.

At least one-third of all tobacco consumed in the UK is used by people with mental health issues; smoking is at least twice as common amongst people experiencing poor mental health than by the wider population (and this increases with severity of illness); over 60% of people who have a diagnosis of schizophrenia smoke tobaccoⁱⁱⁱ; almost 60% of people who experience a first episode of psychosis are smokers; smoking is linked with poorer outcomes and increased severity for those with bipolar disorder.

In addition, various medications are significantly affected by nicotine, and people who smoke who have severe mental illness often require higher doses of psychotropic medication and will spend more time in hospital compared to those who do not smoke.

It is not just a health issue; people with a mental illness are already economically disadvantaged due to high unemployment rates but added to this is the financial burden of purchasing tobacco.

People with mental ill health give back between one quarter to one third of their income to smoking, based on a 20 to 30 a day habit.

It's a recurring myth that smoking is beneficial to those with mental ill health – in reality, any additional heightened feeling of 'stress' can be attributed to nicotine withdrawal and would not exist if the person didn't smoke.

It is imperative that any plan to improve services needs to address smoking cessation support for those with mental ill health.

Prevalence remains stubbornly high in lower socio-economic groups and disadvantaged groups, including people with mental health problems, long-term conditions and those in the criminal justice system. Supporting action to tackle these inequalities is a core challenge for policy makers in the years ahead.

With more than 9% of 15-16 year olds still smoking on a regular basis^{iv} and 40% of adult smokers stating that they started smoking regularly before the age of 16^v; clearly tobacco control has a crucial role to play in preventing harm and helping to achieve a healthier Wales for all.

Within the delivery plan there are a number of priority areas for action, these are:

- Preventing poor mental health and maintaining mental wellbeing
- Improving access to support for the emotional and mental health well-being of children and young people
- Further improvements to Crisis and Out of Hours provision for children and adults
- Improving the access, quality and range of psychological therapies across all ages
- Improving access and quality of perinatal mental health services
- Improving quality and access to services whilst developing recovery orientated services
- Supporting vulnerable groups

Question 3: Do you agree with the priority areas identified? Are they fit for purpose?

Yes	Partly x	No
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Question 4: Could you please provide any additional information to support your response, relating to why you consider the priority areas to be appropriate or suggesting additional key areas or changes you would wish to see?

We agree that the priority areas are broadly correct and cover most of the key issues but suggest more focus on practical measures to address prevention – with appropriate outcomes attached. Any plan aimed at service improvements for those with mental ill health needs to include tobacco control measures.

Evidence shows smoking does not support good mental health, and stopping smoking is associated with improvements in conditions such as depression, stress and anxiety. Many smokers use cigarettes to relieve stress, and do not know the damage their habit could be doing to their mental health and wellbeing. The common misbelief that smoking aids relaxation often prevents smokers from successfully quitting.

Research has shown that people with mental health problems including anxiety, depression and schizophrenia are much more likely to smoke than the general population, they tend to smoke more heavily and die on average 10 to 20 years earlier than those who don't experience mental health problems – smoking plays a major role in this difference in life expectancy. There is also evidence that smoking can interfere with some antipsychotic medicines, leading some people to need higher doses of antidepressants.^{vi}

Smoking addiction has a significant impact on recovery from other forms of substance misuse, the future health of a person suffering from a substance misuse disorder, the financial resilience of families, illegal activity in communities, and the needs of service users.

Tobacco use is the leading cause of all health inequalities and accounts for more than half of the difference in the risk of premature death between social classes. Policies designed to reduce health inequalities will have limited success unless smoking prevalence in the most deprived groups is reduced. By overlooking smoking related issues, we risk leaving vulnerable people without the support they need to live sustainable healthy lives.

As with drug and alcohol addiction, smoking cannot be dismissed as a lifestyle choice, with 6 out of 10 smokers reporting that they would like to quit.^{vii}

In addition to the priority areas, we also have a number of overarching work streams which will also need to be prioritised but will continue beyond the life of this plan. These include:

- Implementing the core data set to improve consistency, robustness and the focus on outcomes across all-age mental health services.
- Developing a workforce plan in partnership with the NHS Mental Health Network and Health Education and Improvement Wales (HEIW) to support medium and longer-term services improvements and to ensure a stable and sustainable mental health workforce.
- Strengthening service user and third sector engagement across policy and service improvements.
- Improving access to welsh language mental health services.

Question 5: Do you agree these are appropriate work streams to prioritise?

Yes X	Partly	No
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Question 6: Could you please provide any additional information to support your response, relating to why you consider these work streams should be prioritised or suggesting additional work streams or changes you would wish to see?

We would welcome the development of robust data collection and analysis, to support evidence-based decision-making.

Together for Mental Health is an ambitious plan and an agile, fully staffed and trained workforce will be needed to ensure success.

As a third sector organisation, we would welcome more engagement with Welsh Government departments and other organisations, to share knowledge and best practice to support a healthier Wales. We would recommend the earlier involvement of the third sector in work plans and consultations.

ASH Wales is an established leader on the issues of Tobacco Control in Wales, our Tobacco Control Alliance brings together third sector organisations including Cancer Research UK, The British Heart Foundation and the Royal College of Nurses to provide leadership and support for tobacco control in Wales.

Having recently responded to the Substance Misuse consultation, which focused heavily on drugs and alcohol, but did not include tobacco addiction, there is an opportunity to broaden the scope of harm reduction plans to incorporate tobacco control to address key health inequalities in Wales.

When developing harm reduction plans, we strongly recommend the development of specific smoking cessation services to support those people suffering from multiple risky behaviours including drug and alcohol misuse. Including tobacco addiction in the delivery plan would help to ensure that people struggling with complex multiple needs are not left to fail.

Question 7: Within each key theme, we have identified a number of key actions and milestones. Do you feel these are the right ones?

With regard to prevention- the plan could be strengthened by including steps to build a better understanding of what good mental health looks like for adults and children, with research into the multiple factors which can contribute to good mental health, such as physical health, education and community cohesion to tackle loneliness and isolation.

More needs to be done to emphasise the responsibility of all Government departments to consider the impact of policies on mental health and well-being, the current plan appears to place the heaviest burden on the Health sector.

Question 8: If there are any key actions or milestones that we are missing can you tell us what you feel is missing and what you recommend we add?

Tobacco use is the leading cause of all health inequalities and accounts for more than half of the difference in the risk of premature death between social classes. Policies designed to reduce health inequalities will have limited success unless smoking prevalence in the most deprived groups is reduced. By overlooking smoking related issues, we risk leaving vulnerable people without the support they need to live sustainable healthy lives.

There are several opportunities to include Tobacco Control measures in the plan, below are some examples, ASH Wales would be very happy to work with other agencies to highlight further examples.

There is an opportunity to promote and support Smokefree Spaces via **Priority area 1.1v (Welsh Government to work with Public Service Boards to encourage and support participation in cultural and sporting activity at a local level).**

ASH Wales works closely with a wide range of partners, including the Football Association of Wales Trust (FAW Trust) to encourage parents and carers not to smoke on the side-line- to help encourage healthy behaviours in children and young people, and support people to quit smoking. We would welcome the opportunity to share knowledge and best practice with other organisations and community groups, to help support a healthier Wales.

There is an opportunity to work with third sector organisations to support healthy workplaces via the signposting of smoking cessation services and the running of workplace cessation programmes **Priority 1.3ii (Welsh Government (HSS and ESNR) and Public Health Wales to support and encourage employers to promote good mental health and well-being in the workplace through Healthy Working Wales and the Economic Contract).**

There is an opportunity to include a commitment to raising awareness of the harmful effects of tobacco addiction, the effects of smoking during pregnancy, the impact of tobacco addiction on personal finances and signpost smoking cessation services via **Priority area 2.1i (Welsh Government (Education and HSS) to develop and**

implement a multi-agency whole school approach to mental health and emotional well-being).

There is an opportunity to raise awareness of the financial cost of smoking via **Priority 1.3vi (Welsh Government (Prosperous Futures) through its financial inclusion and advice services and working with key stakeholders ...to help people to access debt and money advice and support improved mental health.** Cigarettes are £10 a packet and cost a 20 a-day smoker over £3,000 a year.

There are a number of opportunities to develop community-based smoking cessation support and to promote community pharmacy provisions via **Priority 2.2i (Welsh Government to provide funding to Regional partnership Boards to support the development of local approaches to improve access to community based services.**

Question 9: In your view, does the proposed Delivery Plan link well with other relevant policy and service areas?

Yes	Partly X	No
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Question 10: Please can you provide further commentary on where you consider the Delivery Plan to link well with other policy and service areas, and tell us how you think the Plan could link better with other areas?

- The Tobacco Control Delivery Plan for Wales 2017-2020 (with work already taking place to develop a follow up strategy)
- Illegal Tobacco programme
- Safer Communities
- Substance Misuse Delivery Plan
- Healthy Weight: Healthily Wales
- A Healthier Wales
- Well-being of Future Generations Act
- Prosperity for All

Question 11: In your view, which elements of the proposed delivery plan are likely to have the greatest impact?

We would like to know your views on the effects that the *'Together for Mental Health Delivery Plan 2019-22'* would have on the Welsh language, specifically on opportunities for people to use Welsh and on treating the Welsh language no less favourably than English.

Question 12: What effects do you think there would be? How could positive effects be increased, or negative effects be mitigated?

Question 13: Please also explain how you believe the proposed delivery plan could be changed so as to:

- have positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language,
- have no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

Question 14: Do you think the actions contained within the delivery plan will provide a positive impact for people with the following protected characteristics:-

- Disability
- Race
- Gender and gender reassignment
- Age
- Religion and belief and non-belief
- Sexual orientation
- Human Rights
- Children and young people

Yes	Partly	No
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Question 15: Please can you provide further information as to how the actions will provide a positive impact for people with protected characteristics or where you consider improvements could be made?

Question 16: We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them:

Please enter here:

Responses to consultations are likely to be made public, on the internet or in a report. If you would prefer your response to remain anonymous, please tick here:

i [ASH Wales smoking and mental health](#)

ii [King's College London](#)

iii [Smoking in Schizophrenia: an Updated Review PubMed](#)

iv [Student Health and Wellbeing in Wales: Report of the 2017/18 Health Behaviour in School-aged Children Survey and School Health Research Network Student Health and Wellbeing Survey](#)

v [Smoking \(General Lifestyle Survey Overview- a report on the 2011 General Lifestyle Survey\), Office for National Statistics](#)

vi [Stopping smoking is good for your mental health, NHS](#)

vii [National Survey for Wales](#)