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action on smoking and health

Briefing

Smoking cessation and mental ill health

Overview

Smoking rates for people with mental ill health currently stand at 33% nationally - compared to 19% for the rest of the adult population in Wales[1]. It is a major contributory factor to reduced life expectancy, with research showing, for instance, that 53% of those with schizophrenia die from smoking-related diseases[2]. The Welsh Health Survey 2015 shows that among those with mental ill health smoking rates are almost double that of the general population, standing at 19% versus 33%. In keeping with the general population, men with a mental illness are more likely to smoke than women (36% vs 31%), however the gender difference is more marked among those with a mental illness.

Gender	General population	Those with mental illness
Male	21	36
Female	18	31
All	19	33

These shocking stats clearly demonstrate that more needs to be done to support those with mental ill health to become smokefree, especially as research shows smokers with mental illness are just as likely to want to quit as those without[3].

A huge gap in health inequalities has emerged and this puts those with mental ill health at higher risk from premature death - up to 25 years earlier[4] – as well as serious illness and a reduced quality of life. Various medications are affected by nicotine and people who smoke cigarettes who have severe mental illness often require higher doses of psychotropic medication[5] and will spend more time in hospital compared to those who do not smoke[6].
It is not just a health issue; those with a mental illness are already economically disadvantaged due to high unemployment rates[7] 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[8].

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

It is imperative smoking cessation and mental ill health is seen as a priority by key stakeholders including policy changers, health care workers and patients themselves. This can be done through various avenues; strategy groups, lobbying, tailored services – but at the core of all this is the need to change attitudes towards the provision of cessation services for those with mental ill health.

The situation in Wales

Smokefree policies in mental health units in Wales lag behind England, where residential units are required by law to enforce smokefree policies and have done so since 2008. In Wales designated rooms in mental health units are exempt from this ban. In addition many English and Scottish health boards have chosen to make their entire NHS sites smokefree zones.

There is significant public support for a change in policy in Wales. According to a 2015 YouGov survey commissioned by ASH Wales, 61% of the Welsh public support a similar law in Welsh mental health provisions.

61%

OF THE WELSH PUBLIC SUPPORT SMOKEFREE POLICIES IN WELSH MENTAL HEALTH PROVISIONS.

Wales Tobacco or Health Network (WTHN)

The Wales Tobacco or Health Network (WTHN) is a network for all individuals in Wales with an interest in tobacco and with an interest in the wider determinants of health and health inequalities. Increasingly, the links between tobacco use and a range of other health and well-being issues, such as mental illness, are being further researched and understood.

The network not only focuses on smoking and tobacco control but also on the wider issues surrounding smoking and tobacco use such as:

- Smoking cessation, smokefree spaces, illegal tobacco, electronic cigarettes, niche tobacco and prevention interventions
- The link between tobacco use and mental health
- Ensuring under-represented and non-represented groups can access health promotion and treatment services

The WTHN convened in 2017 and gathered 60 leading health professionals from a wide variety of backgrounds to discuss “Smoking cessation and mental ill health in Wales.”

The outcomes of these discussions are attached (Appendix 1) along with the key discussions points (Appendix 2) and the outputs of the discussions (Appendix 3).

Conclusion

It is imperative we see a change in attitude when treating someone who is mentally ill; the whole-person should be treated, not just the mental illness. Treating any physical ailments concurrently with mental ill health should be the norm because, as mentioned, smoking and the highly damaging diseases it causes puts people (especially those who have a mental illness) at a higher risk of premature death and a much lower quality of life.

In summary, there are four key points which will most help and support those with mental ill health to become smokefree. These are:

1. Set interim smoking cessation targets from now until 2035 to meet 5% smoking prevalence target (recommended in the Stolen Years report[9])

    - Cessation targets for mental illness should mirror general adult population targets
    - National targets need to be set for those with mental ill health accessing stop smoking services

2. Establish bespoke smoking cessation services specifically developed by and for those with mental illness

    - Identify and address barriers preventing those with mental illness from engaging with smoking cessation services e.g. drop-in sessions which are relaxed, flexible, and therefore easily accessible
    - Involve service users and the experiences of previous successful project's (such as the smoking cessation programme run by Mind Aberystwyth) in creating the right services
    - Upscale proven to work services

3. Specifically address smoking within the Welsh Government's "Together for Mental Health: Delivery plan: 2016-19"

    - Mandatory training for all mental health care professionals
    - Include discussions on smoking within all mental health care and treatment programmes in accordance with the recovery model
    - Use the Wellbeing of Future Generations Act as context to influence future generations with mental ill health

4. Training of all staff in contact with individuals with a mental health condition and make sure it is not just a quick 'add-on' to other training

    - Increase pharmacy provisions of smoking cessation for those with mental ill health

Next steps

There are a variety of ways to implement the conclusions mentioned above:

- Join the current Welsh Assembly Cross-Party Group on Mental Health to add smoking cessation prominently to the agenda
- Lobby Welsh Government to include specific cessation targets for those with mental ill health
- Lobby for all mental health settings (firstly NHS) to become smokefree spaces, with staff and patients fully supported with training, education and cessation support tailored to their needs. *NB; The NHS needs to lead by example, and values-based evidence and planning is key. Private settings could have smokefree legislation written into their contracts, especially if supplied by NHS*
- Work with service providers to identify Welsh individuals to create focus groups to identify barriers and create aspirations they'd like to create a tailored service
- Support (eg source funding, share best practice) grassroots projects, such as Mind Aberystwyth, to expand and roll-out their proven-to-work service Wales-wide
- Call for revisions to the Welsh Government's "Together for Mental Health: Delivery plan: 2016-19" to include a section on smoking and to address; cessation targets, mandatory training for all mental illness professionals, include discussions on adding smoking within all mental health care and treatment programmes

Further reading

- Pharmacy Guidance on Smoking and Mental Disorder from RCPsych
- Together for Mental Health: Delivery Plan: 2016 – 2019 from Welsh Government
- Presentations and outcomes from ASH Wales' Wales Tobacco or Health Network (WTHN) event "Smoking cessation and mental health"
- A smoking cessation intervention for staff in mental health services (paywall)

References

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[3] Siru R, Hulse G K, Tait R J. (2009). Assessing motivation to quit smoking in people with mental illness: a review. Addiction; 104: 719–733.

[4] Colton CW, Manderscheid RW. (2006). Congruencies in increased mortality rates, years of potential life lost, and causes of death among public mental health clients in eight states. Prev Chronic Dis; 3: A42.

[5] Royal College of Physicians, Royal College of Psychiatrists. (2013). Smoking and mental health/ London: RCP. Royal College of Psychiatrists Council Report CR178.

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[7] Luciano A, Meara E (2014). The employment status of people with mental illness: National survey data from 2009 and 2010. Psychiatr Serv; 65(10): 1201–1209.

[8] McCreadie RG and Kelly C (2000). Patients with schizophrenia who smoke. Private disaster, public resource. Br J Psychiatry;176: 109.

[9] Action on Smoking and Health (ASH) (2016). The Stolen Years: The Mental Health and Smoking Action Report.

Appendix 1

WTHN
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WTHN – 31st January 2017

Perceptions and Challenges

MH = mental health SSS = Stop Smoking Services YP = young people

Perceptions
Do those with MH issues want to quit?
Smoking is a coping mechanism
Challenge for workers too – or is it easier than we perceive?
Myths around smoking as a stress reliever
Perception around number of quitters – where do you put resources that will have the most impact?
Smoking seen as a crutch by health professionals
Those with MH don't wish to quit – bigger problems / Quitting 'least of their concern'
Assumption that cessation support won't be wanted
Belief that patients MH will negatively suffer if they quit
Those who relapse into smoking again shouldn't be given second chance esp with NRT prescription
Belief that 'doctor knows best' so may be put off quitting by them
Social acceptability and social aspect of smoking, especially within residential accommodation
Preconceptions of SSS – may work for some MH patients
"Basic human right" to be allowed to smoke – Scottish just ruled this wasn't true

Challenges
Questions over Champix's safety in MH / Reluctance by GPs to prescribe Champix especially among severe MH cases
Self-confidence
Services not bespoke / Costly to provide bespoke support
Difficulties participating in large groups
Awareness around traditional SSS / around any assistance that may be available
Encouraging a reduction rather than a full quit not often done although would see huge health benefit
Culture change / buy-in from MH teams
Lack of evidence on: impact of quitting on MH and validity of large scale bespoke services
Building basic brief intervention training into everybody's role involved in supporting those with MH issues
BME – reaching different groups
What substances people are smoking
Late diagnosis of MH issues
Overlap / confusion over who should prescribe – GP? Nurse? SSS?
Expectations of smoker around effects & effectiveness of NRT not met eg side effects or usage not explained fully
Dual use of NRT not regularly suggested although shown to work better
Cuts to SSS
NRT not always readily prescribed twice if smoker relapses
Smoking rates high in residential accommodation – among staff as well as residents / social norm
Recognition of symptoms being withdrawal and not MH episode
Staff not readily trained / Reduced staff time with patients
Discharged from secondary care into community – less support & less regular checks on individuals
Medical approach not always best approach for people who already face a lot of medical intervention
GPs don't always ask MH patients about smoking status so records incomplete
Enforcement of smoking bans among patients, especially if smoking prolific among staff
Funding for NRT – who pays? Need more holistic budgets / Cuts to SSS

Appendix 2

Suggested Outcomes

- Set national targets for reduced smoking rates among people with a mental health condition- less than 5% by 2035
- National statistics to monitor intervention and smoking prevalence
- A national and local leadership model to drive action that reduces smoking among those with a mental health condition
- Smoking cessation services targeted at the specific needs of those with a mental health condition
- A nationally mandated programme for training all professionals to tackle smoking for those with a mental health condition
- Adoption of smokefree policies on all NHS premises including mental health care institutions

Appendix 3

WTHN
Welsh Tobacco or Health Network

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WTHN – 31st January 2017

Recommendations

MH = mental health SSS = Stop Smoking Services YP = young people

Smoking cessation and harm reduction
Set interim smoking cessation targets from now until 2035 to meet 5% smoking prevalence target - cessation targets for mental illness should mirror general adult population targets
Establish bespoke smoking cessation services e.g. drop-in sessions - relaxed + flexible = accessible. Service user's involvement key in creating right service
Reframe 'stop smoking' as managing nicotine addiction / withdrawal - may make addressing smoking easier
Incorporate smoking cessation into current mental illness services e.g. mandatory training for all mental illness professionals, not just an add-on
Increase pharmacy provisions of smoking cessation for those with mental ill health
Support staff in all mental ill health settings to quit smoking
Identify and address barriers to engagement with smoking cessation services among those with a mental illness
Offer advice and then evidence based interventions to stop or reduce smoking among those in prisons, homelessness services and other settings with a high prevalence of mental ill health conditions
Produce more research on the use of e-cigarettes among those with mental ill health – professionals should not shy away from encouraging their use
Provide carers, friends and family members of those with mental ill health with advice and information on how best to address, reduce and stop their smoking

National measures to tackle smoking prevalence among those with a mental ill health
Undertake national audit of current demand for, and provision of, smoking related advice/information among those with mental ill health to identify unmet needs and aid better collaboration
Establish national dataset to ensure there is a clear picture of smoking rates in this population and set up systems to allow information sharing between mental ill health service providers
Specifically address smoking within the national mental ill health strategy and delivery plan for Wales
Identify leaders / champions with sufficient influence at both a national and local level
Use the Wellbeing of Future Generations Act as context to influence future generations with mental ill health. Commissioner to collaborate with Chief Medical Officer
Set national target for those with severe mental ill health accessing stop smoking services
Make it easier for organisations to share best practice based on collated targets, as opposed to simply collating stats for the sake of it – i.e. make it easy for successful schemes to share their knowledge

Training of staff in contact with individuals with a mental health condition
Train all staff within generic stop smoking services on mental illness issues
Train staff involved in mental ill health service delivery so they can offer stop smoking advice and signpost service users to the appropriate cessation provider
Train staff in other services accessed by people with mental illness such as social services, debt advice, job centre and probation so they can offer stop smoking advice and signpost service users to the appropriate cessation provider
Make NCSCT more accessible and ensure as many health professionals as possible are aware of the training available via conferences, intranet, forums, etc – easy to complete and done online

Service delivery
Include discussions on smoking within all mental health care and treatment programmes in accordance with the recovery model
Make information on companies offering funding for smoking cessation training and new projects available to smaller organisations including local Minds
Establish a clear referral pathway for those with a severe mental illness who require tailored stop smoking services
Increase Welsh Government funding for specific projects and to reach national targets – focus on success not cost – need to see the long-term gains
Upscale proven to work services, such as the MIND Aberystwyth smoking cessation service, and integrate these with pharmacy provision
Implement a process of moving to a fully smokefree service among all providers of mental health services
Establish a nicotine dependence treatment strategy that includes access to a wide range of alternative sources of nicotine for all providers of mental ill health services moving towards being smokefree
Identify those at risk of inpatient admission and help them to make adequate preparation for their stay in a smokefree environment while they are still in the community
Make appropriate smoking cessation or reduction support available from primary care and other sectors upon discharge from secondary care