Mental Health and Smoking

A position statement

Implications for public health

Smoking has a significant impact on the health of people with mental health problems, with higher levels of smoking responsible for a large proportion of the excess mortality of people with mental illness.[1] Smoking cessation strategies aimed at people with mental health problems can significantly reduce health inequalities for this vulnerable group of people. As well as improving the physical health of individuals, reducing smoking in mental health service users will also significantly improve health and wellbeing in wider populations that experience disproportionate levels of ill-health. As of 1 July 2008, all enclosed areas of mental health premises in England[i] became smokefree, protecting people receiving treatment and those working in these settings from the damaging health effects of secondhand smoke.

Health impacts

Smoking is the largest cause of preventable illness in the UK, with one in two smokers dying on average 15 years earlier than in the general population.[2] Those with mental health problems smoke significantly more, have increased levels of nicotine dependency and are therefore at even greater risk of smoke-related harm.[3] Smoking increases the risk of developing a mental health problem,[4] is associated with an increased prevalence of all mental illness[5] and with higher suicide rates.[6]

A clear relationship exists between the amount of tobacco smoked and the number of depressive/anxiety symptoms in both people with existing mental illness and those without mental health problems. However, symptoms reduce after cessation and wellbeing improves, with anxiety reducing as soon as one week after cessation.[7] Smoking cessation medication and other non-pharmacological support, such as support and advice from individuals or groups, healthcare professionals or via the telephone/internet, can increase abstinence rates in those with mental health problems to as high as those in the general population.[8,9] Although weight can increase after cessation, there is little evidence of worsening of psychiatric symptoms and no major effect on behaviour or aggression.[7] Smoking also increases the metabolism of a number of medicines, including anti-depressants and anti-psychotics, meaning that larger doses may be required. However, significant reductions in the medication dose may be needed following cessation.[9]

Health inequalities

The highest levels of smoking in any population group occur among inpatients in mental health units where up to 70% smoke (with 50% smoking heavily).[10] Life expectancy is 20% less for those with schizophrenia compared to the general population. Higher rates of smoking are likely to be linked to a ten-fold increase in risk of death from respiratory disease in people with schizophrenia compared with the general population.[11] Much chronic disease in people will mental illness, in particular respiratory and cardiovascular disease, is preventable with the appropriate smoking cessation support – in the past, their physical health has often been overlooked. Those with mental illness already experience considerable health inequality and a large proportion of this group's excess mortality is due to their increased smoking.[1]

[i]In Scotland, smokefree legislation provides guidance on exempted areas in psychiatric settings; in Wales, designated rooms in residential mental health treatment settings are currently exempt from smokefree legislation. However, psychiatric hospitals are not exempted. In Northern Ireland, temporary exemption for mental health units granted by smokefree legislation ended in April 2008.

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www.nhsconfed.org/mental-health/

RCGP Royal College of General Practitioners

www.rcgp.org.uk

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What needs to happen?

Smoking cessation in people with mental health problems should be made a priority:

- **Smokefree policies adapted to fit the local context:**[7] guidance exists to support mental health trusts implement smokefree policies, working with staff and patients to overcome their concerns. This guidance advises that smoking cessation treatment for both staff and patients is critical for successful implementation of smokefree policy.[12]
- **Training:** all staff in mental health settings should receive training on brief interventions for smoking cessation, with medical and nursing staff receiving more extensive training in smoking cessation. This should also include training staff in primary care settings, in particular GPs and primary care nurses. Such training would advise on best practice for assisting those with mental health problems to successfully give up smoking.
- **Specialist cessation treatment provision:** specialist cessation services for those with mental illness appear to achieve the best results.[8,9]
- **Creation of a wider health promoting culture:** smokefree mental health units should be an integral part of a more health promoting culture within mental health settings by providing alternative, meaningful activity during the day as well as other health promoting activities such as healthy eating and exercise.

Recommendations for government and health services

- **Tailored education campaigns** aimed at service users, carers and health professionals (both specialist mental health and primary care) about the effects of smoking on mental heath, as well as on physical health.
- **Effective coordination of smoking cessation service provision** between inpatient and outpatient settings; following discharge from hospital, ongoing smoking community cessation support should occur to prevent relapse.
- **Sustained, long-term funding for specialist smoking cessation services** in mental health settings and continuity with community-based smoking cessation services following discharge.
- **Smoking cessation targets to include settings with mental heath service users** to improve cessation rates in this group, comparable to those of the general population.
- **Funding of research** into smoking and cessation in those with mental health problems since there are relatively few studies in this area.
- **Encouraging the extension of smokefree policy** to make mental health premises completely smokefree, including provision of appropriate support mechanisms for clients and staff.

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RESOURCES

Guidance for smokefree hospital trusts
Health Development Agency
www.nice.org.uk/nicemedia/documents/smokefree_guidance.pdf

Department of Health - information on tobacco
www.dh.gov.uk/tobacco

Health Scotland - information on tobacco
www.healthscotland.com/topics/health/tobacco/index.aspx

Moving towards smoke-free mental health services in Scotland
McNeill A, Bauld L, Ferguson J
Published by NHS Health Scotland
www.healthscotland.com/documents/2387.aspx

Quality and Outcomes Framework - mental health
British Medical Association
www.bma.org.uk/ap.nsf/Content/qof06~clinincalind~mentalhealth

Smoking cessation services - England & Wales
NICE
www.nice.org.uk/PH010

Support pack for smokefree mental health services (CD)
Tobacco Control Collaborating Centre
tcc@tobaccocontrolcentre.org.uk

Tobacco control
National Public Health Service for Wales
www.wales.nhs.uk/sites3/page.cfm?orgId=719&pid=23208

Tobacco information
Health Promotion Agency, Northern Ireland
www.healthpromotionagency.org.uk/Work/Tobacco/menu.htm

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