

# Smoking

*Smoking is one of the most significant causes of poor physical health and is the single largest cause of premature death for people living with serious mental illness (SMI). This booklet contains information and resources to support quit attempts or avoid starting smoking altogether.*

In England, 40.5% of people living with SMI are smokers, compared to approximately 15.5% in the general population [1]. People living with SMI are also likely to smoke more heavily. Smoking increases the risk of various physical health conditions (such as cardiovascular disease, cancer and type 2 diabetes). In turn, these increase the risk of further mental ill health and reduce wellbeing and life expectancy.

People living with severe mental illness have failed to benefit from population efforts to reduce smoking. Smoking rates remain high across this population. This is despite a steady decline in the general population over the past 40 years. Innovation is required to unite sectors and healthcare settings to increase stop smoking advice coverage and interventions in the most cost effective and meaningful way possible.

Reducing smoking rates in people with SMI is probably the single most important activity to reduce the mortality gap. It is a national priority outlined in NHS Five Year Forward View, Five Year Forward View for Mental Health and Five Year Forward View for Public Health.

Creating change and addressing the unacceptable gap in life expectancy will require a whole-system approach. It will need to support the delivery of smoking interventions to address culture and stigma, screening rates, treatment rates and treatment efficacy. We also need to ensure interventions are implemented to prevent the uptake of smoking in the first place. These would include providing information, extra support, training of professionals, smoke-free environments and role modelling non-smoking behaviour.

## Tools to help you

- [Smoking cessation in secondary care: mental health services](#). Includes briefings and guidance for commissioners, National Institute for Health and Care Excellence (NICE) guidance, provider implementation documents and self-assessment tools
- [NHS Acute Trust self-assessment tool](#) – this tool breaks down the NICE guidelines to develop local action to reduce smoking prevalence and the use of tobacco
- [Action on Smoking and Health \(ASH\) Website](#), including:

- [ASH smoking statistics 'facts at a glance'](#)
- [The Stolen Years: the mental health and smoking action report \(2016\)](#)
- [Smoking and Mental Health Factsheet](#)
- [National Centre for Smoking Cessation and Training](#). Deliver programmes and smoking cessation programmes that are evidence based and provided by local services. Available on the website are online training modules, clinical tools, commissioning and secondary care resources, and tobacco control statistics.
- There is also a Stolen Years booklet on [Prevention](#) with additional recommendations and resources.

### Related policy

- ['No health without mental health: implementation framework'](#). Encourages services to address mental health service users' physical health and local public health campaigns to target people with mental health problems.
- [Local Tobacco Control Profiles](#). Public Health England publish Local Tobacco Control profiles for each CCG, to help local government and health services to assess the effect of tobacco use on their local populations. This is particularly relevant for people with SMI.

### References

[1] [PHE Local Tobacco Control Profiles](#). Original data from the HSCIC: [Smoking rates in people with serious mental illness](#). (By Clinical Commissioning Group) (Dataset 1.23)

## Working better together

Creating change and addressing the unacceptable gap in life expectancy will require a whole-system approach that supports the delivery of smoking interventions to address culture and stigma, screening rates, treatment rates and treatment efficacy. We need to work together to scale up coverage of stop smoking advice and provide interventions in the most cost effective and meaningful way possible.

### Recommended actions to take

- Take a strategic cross-sector/setting approach and deliver multilevel interventions from health promotion to cessation treatment.

- Optimise interfaces with other prevention initiatives, voluntary sector organisations and government agencies to maximise impact.
- NHS commissioners and providers should work with public health and local authorities to ensure that full pathways from screening, referral to interventions for smoking are available and able to effectively support those living with serious mental illness (SMI).
- Utilise the enhanced role and availability of community pharmacists through the Pharmacy Integration Fund and GP Access Fund as outlined in the [GP Forward view](#), increasing screening and treatment opportunities.

### Tools to help you

- [‘Making Every Contact Count’](#). NHS England provides a framework and training to support all staff to contribute to this agenda. This is a framework that can be rolled out to involve more professionals or staff across government agencies and voluntary sector organisations to reinforce messages and interventions to reduce smoking.
- [Make Every Contact Count- Healthy London Partnership Programme](#)

## Recording and sharing data

### Recommended actions to take

- Perform an audit of existing services in relation to smoking in the serious mental illness (SMI) population to: a) Establish current provision. b) Acknowledge levels of unmet need.
- Identify interventions needed to improve data, services and outcomes using results of the audit.
- Evaluate smoking cessation coverage and impact upon key outcome measures, and then adjust accordingly.

### Tools to help you

- [Public Health Outcomes Framework for England 2013 to 2016](#). Identifies the desired outcomes for public health and how they will be measured.
- [NHS CCG outcomes tool and explorer](#). Provides interactive access to data from the Clinical Commissioning Group (CCG) Outcomes Indicator Set and the NHS Outcomes Framework as well as

demographic and disease prevalence (Quality and Outcomes Framework – QOF) data. Particular outcomes of relevance are:

- [‘No health without mental health’ strategy dashboard \(Dec 2013\)](#). The dashboard brings together information about progress towards the objectives of the strategy.
- [Public Health England: Fingertips tool – co-occurring substance misuse and mental health issues](#). “developed to support an intelligence-driven approach to understanding and meeting need. It collates and analyses a wide range of publicly available data around tobacco smoking, alcohol use and drug use, including data on prevalence, risk factors, treatment demand and treatment response. The tool also features indicators around mental health prevalence and services”.
- [Reducing smoking through improved system collaboration mapping tool \(.pdf\)](#)

## Screening, interventions and treatment

The [NHS Five Year Forward View](#) says that by 2018, all inpatient units should be smoke free. This provides an opportunity to:

- increase quit rates
- release time through reduction in escorted smoking breaks
- start the required cultural change towards smoking cessation
- extend the learning, skills, leadership and systems required to deliver this organisational level change to community settings.

There is still more that can be done to achieve a reduction in smoking rates among people living with serious mental illness.

### Recommended actions to take

- Improve preventative messaging.
- Commissioners and providers to look to more evidenced-based interventions, increasing coverage. and uptake of tailored services across a number settings, including stop smoking services.
- Develop simple and clear systems to support local referrals to stop smoking services.
- Adjust contracts for stop smoking services to support those living with SMI who may have different needs (e.g. longer treatment

courses) and different targets (e.g. smoking reduction rather than quit targets) to the general population.

- Develop a strategy using existing levers to scale up and improve quality of multi-level stop smoking interventions across sectors, ensuring it includes work to address:
  - Population planning
  - Leadership and oversight mechanisms for delivery
  - Indicator development, data quality and data sharing
  - Pathway mapping including: health promotion, screening, referral and treatment interventions across sectors and settings
  - Workforce strategies to skill up and scale up statutory, non-statutory, professionals and non-professionals in the stop smoking agenda
  - Innovation to optimise other preventative agendas and initiatives across organisations, communities and government agencies
  - Mapping and quality review of existing services for the presence of reasonable adjustments so those living with SMI can benefit equally.
- Primary care and community services need to ensure ongoing support and interventions are continued once individuals are discharged, to further build on the impact of inpatient efforts.

## Tools to help you

- [The Smoking Cessation Intervention for Severe Mental Ill Health \(SCIMITAR\) Trial](#) This paper is the first to present a highly promising bespoke intervention for smokers with severe mental health disorders. Further research is now required to examine both bespoke programs and general smoking cessation interventions for those with mental ill health to determine the most clinically effective and cost-effective form of treatment.
- [Right From The Start – y-QUIT: Keeping Your Body In Mind](#): a guide for people experiencing psychosis or other mental health issues & want to quit smoking.
- [Brief guide: Smoke free policies in mental health inpatient services \(Care Quality Commission, 2017\)](#). This document sets the context,

provides the evidence, highlights what you need to consider, and identifies linked regulations.

- [Public Health England Smokefree mental health services in England-implementation document for providers of mental health services.](#) Provides guidance and a self-assessment framework for mental health trusts to reduce smoking use and prevalence through developing local actions.
- [The Royal College of Physicians and Royal College of Psychiatrists 2013 report- Smoking and Mental Health.](#) Provides an overview of the substantial evidence indicating that only a minority of smokers with SMI are receiving successful interventions provided by the NHS. "This report covers the incidence of smoking in people with mental health disorders; cessation interventions; smoking in special circumstances such as forensic psychiatric services, secure units and prisons; costs to the NHS; and the ethical and legal aspects of smoking in people with mental health disorders."
- [Lester UK Adaptation \(2014 update\) Positive Cardiometabolic Health Resource.](#)
- [National Audit of Schizophrenia.](#) A clinical resource aiming to support the implementation of the physical health Commissioning for Quality and Innovation (CQUIN) to improve the physical health monitoring of people living with SMI.

## Clinical Guidance

There are a range of pharmacotherapies and behavioural interventions that are effective in supporting the management of nicotine addiction.

NICE has identified these in successive guidance, most notably PH10, PH28, PH45 and PH48. These, and other commonly delivered interventions, are described and the evidence for them is rated in the [NCSCT local stop smoking service and delivery guidance 2014.](#)

- [NICE guidance PH48](#) = support in mental health settings
- [NICE guidance PH45](#) = for those who find it difficult to give up completely

## Economic Analysis

Cost effectiveness evidence of smoking cessation interventions

- [Priorities for Mental Health: Economic report for the NHS England Mental Health Taskforce](#)

- [Investing in recovery – making a business case for effective interventions for people with schizophrenia and psychosis.](#) A Rethink Mental Illness resource.
- [Local Resources](#) on Action on Smoking and Health (ASH) website, including:
  - [Making the case for strong local tobacco control](#)

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