

Supporting references

The following reference list provides sources for the facts presented in *Health Matters: Smoking and mental health*

Scale of the problem

Data	Sources
<p>Severe mental health condition: also referred to as severe mental illness, it covers a range of needs and diagnoses, including but not limited to: psychosis, bipolar disorder, ‘personality disorder’ diagnosis, eating disorders, severe depression and mental health rehabilitation needs – some of which may be co-existing with other conditions such as frailty, cognitive impairment, neurodevelopmental conditions or substance use</p>	<p>NHS, 2019: Mental Health Implementation Plan 2019/2020</p>
<p>Smoking rates are declining in England, with prevalence in adults (aged 18+) having decreased from 17.1% in 2013/14 to 14.5% in 2018/19.</p>	<p>PHE: Fingertips Tobacco Control Profiles (GPPS)</p>
<p>While a decrease in smoking rates has also been seen among adults with a long-term mental health condition – falling from 35.3% in 2013/14 to 26.8% in 2018/19 – prevalence remains substantially high, despite the same levels of motivation to quit.</p>	<p>PHE: Fingertips Tobacco Control Profiles (GPPS)</p>
<p>Infographic: Smoking and mental health prevalence in England</p>	<p>PHE: Fingertips Tobacco Control Profiles (GPPS)</p>
<p>However, more data and further analysis are needed to confirm these findings, as other population surveys, such as the Adult Psychiatric Morbidity Survey (APMS) suggest that smoking prevalence rates are declining for both groups, but the gap is remaining the same.</p>	<p>Richardson, McNeill, Brose. Smoking and quitting behaviours by mental health conditions in Great Britain (1993-2014) Addictive behaviours 2019, 90: 14-19.</p>
<p>The association between smoking and mental health conditions</p>	
<p>People with poor mental health die on average 10 to 20 years earlier than the general population, and smoking is the biggest cause of this life expectancy gap.</p>	<p>Chesney E, Goodwin GM, Fazel S. Risks of all-cause and suicide mortality in mental disorders: a meta-review. World Psychiatry 2014; 13 (2): 153-60.</p> <p>Chang CK, Hayes RD, Perera G et al. Life expectancy at birth for people with serious mental illness and other major disorders from a secondary mental health care case register in London. PLoS One 2011; 6 (5): e19590.</p>
<p>A third of cigarettes smoked in England are smoked by people with a mental health condition.</p>	<p>Royal College of Physicians, Royal College of Psychiatrists, 2013: Smoking and mental health</p>

<p>Research has found that having a mental health condition is associated with:</p> <ul style="list-style-type: none"> • current smoking • heavy smoking and high levels of tobacco dependence • desire to quit • difficulty remaining abstinent • perceived difficulty remaining abstinent 	<p>Richardson, McNeill, Brose. Smoking and quitting behaviours by mental health conditions in Great Britain (1993-2014) Addictive behaviours 2019, 90: 14-19.</p>
<p>In 2014/15, prevalence in all adults (aged 18+) was 16.4% and prevalence in adults living with:</p> <ul style="list-style-type: none"> • anxiety or depression was 28.0% • a long-term mental health condition was 34.0% • serious mental illness was 40.5% 	<p>PHE: Fingertips Tobacco Control Profiles (GPPS)</p>
<p>Infographic: Smoking as a risk factor for people with poor mental health</p>	<p>PHE: Fingertips Tobacco Control Profiles (GPPS and GPES)</p>
<p>Infographic: Mortality rate of people with severe mental illness</p>	<p>ASH, 2016: The Stolen Years</p>
<p>This relationship is also likely to impact on the prevalence of smoking in people with poor mental health because smoking is strongly associated with socioeconomic deprivation and can itself exacerbate socioeconomic deprivation.</p>	<p>ASH, 2019: Smoking and Poverty</p> <p>Langley T, University of Nottingham, Division of Epidemiology and Public Health, 2016: Mental health, smoking and poverty in the UK</p>
<p>Addressing higher dependence on tobacco is likely to support smoking cessation, and in turn, reduce health disparities.</p>	<p>Richardson S, McNeill A, Brose LS. Smoking and quitting behaviours by mental health conditions in Great Britain (1993-2014) Addictive behaviours 2019, 90: 14-19.</p>
<p>The government's commitment on mental health and smoking</p>	
<p>The NHS Long Term Plan set out that a new universal smoking cessation offer will be available as part of specialist mental health services for long-term users of specialist mental health, and in learning disability services.</p>	<p>NHS England, 2019: NHS Long Term Plan</p>
<p>The government's Prevention Green Paper also highlights that smoking rates remain stubbornly high among people living with mental health conditions.</p>	<p>Cabinet Office & Department of Health and Social Care, 2019: Advancing our health: prevention in the 2020s – consultation document</p>

The benefits of quitting smoking for mental health

Data	Sources
<p>One systematic review of mental health professionals' attitudes towards smoking and smoking cessation found that a 'significant</p>	<p>ASH, 2019: Smokefree Skills Community Mental Health</p>

<p>proportion of mental health professionals held attitudes and misconceptions that may undermine the delivery of smoking cessation interventions'. It also found that many report a lack of time, training and confidence as the main barriers to addressing smoking in their patients.</p>	<p>Sheals K, Tombor I, McNeill A, Shahab L. A mixed-method systematic review and meta-analysis of mental health professionals' attitudes toward smoking and smoking cessation among people with mental illnesses. <i>Addiction</i> 2016; 111 (9): 1536-53.</p>
<p>There is also the common misconception among both the public and health professionals that smoking relieves depression and anxiety, and that quitting will cause unnecessary discomfort for those with poor mental health.</p>	<p>Gilbody S, Peckham E, Bailey D et al. Smoking cessation for people with severe mental illness (SCIMITAR+): a pragmatic randomised controlled trial <i>Lancet Psychiatry</i> 2019; 6(5): 379–390.</p>
<p>Infographic: Benefits of stopping smoking for people with poor mental health</p>	<p>Taylor G, McNeill A, Girling A et al. Change in mental health after smoking cessation: systematic review and meta-analysis. <i>BMJ</i> 2014; 348.</p>
<p>Stopping smoking can be as effective as antidepressants</p>	
<p>A meta-analysis and systematic review of change in mental health after smoking cessation found that compared to continuing to smoke, quitting smoking was associated with reduced depression, anxiety and stress, and improved positive mood and psychological quality of life. The effect size seems as large for those with poor mental health as those without.</p>	<p>Taylor G, McNeill A, Girling A et al. Change in mental health after smoking cessation: systematic review and meta-analysis. <i>BMJ</i> 2014; 348.</p>
<p>Furthermore, the effect sizes are equal or larger than those of antidepressant treatment for mood and anxiety disorders.</p>	<p>Taylor G, McNeill A, Girling A et al. Change in mental health after smoking cessation: systematic review and meta-analysis. <i>BMJ</i> 2014; 348.</p>
<p>Although tobacco withdrawal can reduce happiness in the short term, staying quit is associated with greater happiness. Happier and less depressed smokers are more likely to quit successfully, and once they have quit report reduced depression.</p>	<p>Dawkins L, Acaster S, Powell JH. The effects of smoking and abstinence on experience of happiness and sadness in response to positively valenced, negatively valenced, and neutral film clips. <i>Addictive Behaviours</i> 2007; 32 (2): 425-31.</p> <p>West R. Tobacco smoking: Health impact, prevalence, correlates and interventions. <i>Psychology and Health</i> 2017; 32 (8): 1018–1036.</p>
<p>Watch these videos – produced by ASH in partnership with the University of Bath and University of York – which show the journey of smokers with mental health conditions who have successfully quit and call on health professionals to do more to help others do the same.</p>	<p>ASH: Smokers with mental health conditions</p>
<p>Stopping smoking can reduce the amount of psychiatric medication needed</p>	
<p>Tobacco smoke interacts with some psychiatric medicines, often increasing the rate of their metabolism. This makes them less effective, resulting in increased dosages being required and more side effects associated with these drugs.</p>	<p>Taylor G, McNeill A, Girling A et al. Change in mental health after smoking cessation: systematic review and meta-analysis. <i>BMJ</i> 2014; 348.</p>

Read more about this in ASH's fact sheet on smoking and mental health .	ASH, 2019: Fact sheet No. 12: Smoking and Mental Health
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Smoking cessation support for people with poor mental health

Data	Sources
The smoking cessation intervention for severe mental illness (SCIMITAR+) trial found that quit support is effective in this population. The incidence of quitting at 6 months shows that cessation can be achieved, but the waning of this effect by 12 months means more effort is needed for sustained quitting.	Gilbody S, Peckham E, Bailey D et al. Smoking cessation for people with severe mental illness (SCIMITAR+): a pragmatic randomised controlled trial Lancet Psychiatry 2019; 6(5): 379–390.
Smokers reporting depression or anxiety are more likely to be offered stop smoking support by their GPs, but this does not appear to translate into the use of quitting aids, despite high motivation to quit.	McGowan JAL, Brown J, West R et al. Offer and Use of Smoking-Cessation Support by Depression/Anxiety Status: A Cross-Sectional Survey . Journal of Smoking Cessation 2018, 13 (4): 207-215.
ASH's Progress towards smokefree mental health services report found that all surveyed trusts offered nicotine replacement therapy (NRT) to their patients, but only 47% offered the choice of combination NRT or varenicline in line with NICE best practice.	ASH, 2019: Progress towards smokefree mental health services
Very Brief Advice (VBA)	
VBA is a model of support designed for opportunistic use by healthcare professionals to trigger a quit attempt among smokers.	ASH, 2019: Smokefree Skills Community Mental Health
Varenicline	
One in four people in the UK who successfully quit smoking used varenicline prescribed by their GP or a stop smoking service.	Royal College of Psychiatrists, 2018: The prescribing of varenicline and vaping (electronic cigarettes) to patients with severe mental illness
With only 47% of mental health trusts offering the choice of combination NRT or varenicline, it is evident that this medicine is not being prescribed in significant amounts for patients in secondary care.	ASH, 2019: Progress towards smokefree mental health services
While prescriptions of varenicline have reduced, a study has suggested that varenicline is more effective than NRT for smoking cessation in patients with mental health conditions. Specifically, the study found that smokers with mental health conditions who were prescribed varenicline were 19% more likely to have successfully quit at 2-years follow-up, than NRT.	Taylor G, Itani T, Thomas KH et al. Prescribing Prevalence, Effectiveness, and Mental Health Safety of Smoking Cessation Medicines in Patients With Mental Disorders . Nicotine & Tobacco Research 2020; 22 (1): 48-57.
The Royal College of Psychiatrists' (RCPsych's) position is that psychiatrists should consider the prescription of varenicline when clinically indicated as one of the options to support	Royal College of Psychiatrists, 2018: The prescribing of varenicline and vaping (electronic cigarettes) to patients with severe mental illness

patients with severe mental health conditions to stop smoking.	
Read more about the RCPsych's position on the prescription of varenicline in their position statement .	Royal College of Psychiatrists, 2018: The prescribing of varenicline and vaping (electronic cigarettes) to patients with severe mental illness
E-cigarettes	
<p>ASH's Progress towards smokefree mental health services report found that in 91% of surveyed trusts, some or all inpatients were permitted to use e-cigarettes.</p> <ul style="list-style-type: none"> • 47% of surveyed trusts allowed all types of e-cigarettes to be used • 31% of surveyed trusts only allowed the use of non-rechargeable, disposable devices <p>Secondly, it found that all but one trust restricted where e-cigarettes could be used.</p> <ul style="list-style-type: none"> • 44% of surveyed trusts allowed the use of e-cigarettes indoors • 76% of surveyed trusts allowed the use of e-cigarettes in ward courtyards <p>Thirdly, it found that 42% of surveyed trusts provided e-cigarettes free to their patients.</p>	ASH, 2019: Progress towards smokefree mental health services
Infographic: The role of e-cigarettes in supporting smokefree mental health trusts	ASH, 2019: Progress towards smokefree mental health services
The Royal College of Psychiatrists' (RCPsych) position statement, The prescribing of varenicline and vaping (electronic cigarettes) to patients with severe mental illness , states that psychiatrists should advise patients who smoke that e-cigarettes may help them to quit, particularly when used in conjunction with stop smoking treatments, and that they are substantially safer than continued tobacco use.	Royal College of Psychiatrists, 2018: The prescribing of varenicline and vaping (electronic cigarettes) to patients with severe mental illness
In 2018, the NFCC published guidance – produced together with PHE – on the safe use of rechargeable e-cigarettes . The guidance explains the different types of e-cigarettes available, how batteries should be cared for, and how the devices can be charged safely.	National Fire Chiefs Council (NFCC), 2018: Smoking, Vaping and Tobacco Position Statement
It states that managers of NHS premises should support the risks of allowing e-cigarettes in smokefree settings, while managing the potential fire risks associated with charging e-cigarettes.	Primary Care Respiratory Society (PCRS), 2018: New guidance from fire chiefs on safe use of e-cigarettes
Read more in the Central Alerting System guidance on fire risk from personal rechargeable electronic devices .	MHRA, NHS: Central Alerting System – Fire risk from personal rechargeable electronic devices

Smokefree mental health trusts

<p>In 2016, NHS England's Five Year Forward View for Mental Health recommended that all inpatient mental health services should be smokefree in 2018.</p>	<p>Mental Health Taskforce, 2016: Five Year Forward View for Mental Health</p>
<p>The government's Tobacco Control Plan for England then set out a commitment to implement comprehensive smokefree policies, including integrated tobacco dependence treatment pathways, in all mental health services by 2018.</p>	<p>Department of Health and Social Care, 2017: Smoke-free generation: tobacco control plan for England</p>
<p>By April 2019, 82% of trusts that responded to a survey of mental health trusts in England had a fully comprehensive smokefree policy in operation.</p>	<p>ASH, 2019: Progress towards smokefree mental health services</p>
<p>There are 3 things that make a trust smokefree:</p> <ol style="list-style-type: none"> 1. every frontline professional discussing smoking with their patients 2. stop smoking support offered on site or referral to local services 3. no smoking anywhere in buildings or grounds 	<p>ASH, 2019: Progress towards smokefree mental health services</p>
<p>The National Institute for Health and Care Excellence (NICE) has guidance on establishing smokefree policies and supporting patients to quit in mental health care settings.</p>	<p>NICE, 2013: Smoking: acute, maternity and mental health services</p>
<p>A study evaluating the experience of 12 mental health wards before and after implementing the NICE guidance found:</p> <ul style="list-style-type: none"> • an increase in patients being offered smoking cessation advice • a decrease in challenging behaviour incidents • patients reporting positive changes in their smoking behaviour • patients reporting motivation to maintain change after discharge 	<p>Huddleston L, Sohal H, Paul C, Ratschen E. Complete smokefree policies in mental health inpatient settings: results from a mixed-methods evaluation before and after implementing national guidance. BMC Health Services Research 2018; 18: 542.</p>
<p>Where progress is still required</p>	
<p>Action on Smoking and Health's (ASH) Progress towards smokefree mental health services report, commissioned by PHE and published in November 2019, found that:</p> <ul style="list-style-type: none"> • 1 in 5 mental health trusts still do not have a comprehensive smokefree policy in place, despite the government deadline for implementation having passed in 2018 • in 57% of trusts, staff accompany patients on smoking breaks every day 	<p>ASH, 2019: Progress towards smokefree mental health services</p>

<ul style="list-style-type: none"> in 55% of trusts, patients were not always asked if they smoked on admission only 47% of trusts offered the choice of combination nicotine replacement therapy (NRT) or varenicline in line with NICE best practice 	
<p>The most commonly identified barriers to smokefree policy implementation were:</p> <ul style="list-style-type: none"> staff resistance patient resistance insufficient resources lack of senior management leadership 	ASH, 2019: Progress towards smokefree mental health services
Infographic: Progress towards achieving smokefree mental health trusts	ASH, 2019: Progress towards smokefree mental health services

Stop smoking services in community mental health settings

An ASH survey of community-based mental health nurses and psychiatrists and local authority stop smoking services was carried out to gauge the level and quality of support available to smokers with mental health conditions living in the community.	ASH, 2019: Smokefree Skills Community Mental Health
Very Brief Advice (VBA)	
<p>The survey found that:</p> <ul style="list-style-type: none"> only around a quarter of respondents said that they 'always' or 'usually' use VBA the most popular response was 'never', chosen by 39% of community mental health nurses and 32% of community psychiatrists <p>However, 88% of nurses and 85% of psychiatrists said that they both asked and recorded clients' smoking status in line with the first step of the VBA model.</p>	ASH, 2019: Smokefree Skills Community Mental Health
A free online training module on delivering VBA is provided through the National Centre for Smoking Cessation and Training (NCSCT) or NHS Health Education England.	National Centre for Smoking Cessation and Training (NCSCT): Very Brief Advice training module
Infographic: Very Brief Advice (VBA) for smokers with poor mental health	ASH, 2019: Smokefree Skills Community Mental Health
Training	
<p>The survey found that:</p> <ul style="list-style-type: none"> only 58% of nurses had received any smoking cessation training 	ASH, 2019: Smokefree Skills Community Mental Health

<ul style="list-style-type: none"> only 43% of psychiatrists had received any smoking cessation training 	
This does not meet the NICE recommendation that trusts should ensure all frontline staff are annually trained in delivering stop smoking advice and referring patients to intensive support.	NICE, 2013: Smoking: acute, maternity and mental health services
Prescribing stop smoking medicines	
<p>The survey also found that prescribing stop smoking medicines is not common practice among community mental health professionals:</p> <ul style="list-style-type: none"> 76% of nurses who were qualified to prescribe said they 'never' prescribed stop smoking medicines 59% of psychiatrists said they 'never' prescribed stop smoking medicines 	ASH, 2019: Smokefree Skills Community Mental Health
Infographic: Stop smoking medicines	ASH, 2019: Smokefree Skills Community Mental Health

Call to action

Data	Sources
All mental health practitioners	
<p>All mental health practitioners should support quitting smoking routinely as part of mental health care to improve physical and mental health outcomes. This must involve:</p> <ul style="list-style-type: none"> asking all patients if they smoke and recording the data using tobacco dependence treatment pathways for support 	ASH, 2019: Progress towards smokefree mental health services
The Mental Health and Smoking Partnership has developed a suite of resources that can support health professionals in their role to reduce smoking among people with mental health conditions.	Smokefree Action: Partnership resources
<p>The NCSCT also provides a range of free online training materials including their mental health specialty module and briefings:</p> <ul style="list-style-type: none"> Smoking cessation and smokefree policies: Good practice for mental health services Smoking cessation and mental health: A briefing for front-line staff 	<p>NCSCT: Training</p> <p>NCSCT: NCSCT Mental Health Speciality Module</p> <p>NCSCT: Smoking cessation and smokefree policies – Good practice for mental health services</p> <p>NCSCT: Smoking Cessation and Mental Health: A briefing for front-line staff</p>
Mental health services	

Importantly, all mental health trusts without a comprehensive smokefree policy in place should implement one as a matter of priority.	ASH, 2019: Progress towards smokefree mental health services
To achieve this, there are several calls to action for NHS Trusts (although these go beyond inpatient settings and are relevant for all mental health services).	ASH, 2019: Smokefree Skills Community Mental Health
Mental health trusts should also consider how best to use e-cigarettes in acute settings to reduce the harm of smoking.	ASH, 2019: Progress towards smokefree mental health services
Local authorities	
<p>There are several leading calls to action for local authorities:</p> <ul style="list-style-type: none"> • work with mental health services to ensure that people with mental health conditions in the community can access appropriate specialist support to enable them to quit • ensure there is a tailored evidence-based pathway for smokers with a mental health condition to access local stop smoking services • ensure all stop smoking advisors have undertaken the mental health speciality course provided free through the NCSCCT 	ASH, 2019: Smokefree Skills Community Mental Health
Commissioners	
PHE has guidance for commissioners on smoking cessation in secure mental health settings . Commissioners should encourage services to monitor and evaluate the impact of smokefree policies and this guidance includes some examples of good practice.	PHE, 2015: Smoking cessation in secure mental health settings: Guidance for commissioners
NICE's public health guideline on smoking in mental health services can also be used by commissioners as it includes recommendations on commissioning smokefree secondary care services.	NICE, 2013: Smoking: acute, maternity and mental health services
Care Quality Commission (CQC) inspectors	
The Care Quality Commission (CQC) guide on smokefree policies in mental health inpatient services informs its inspectors on how to assess smokefree mental health trust policies in a consistent way.	CQC: Brief guide: Smokefree policies in mental health inpatient services
Ongoing assessment of progress towards smokefree mental health services	
Each finding from ASH's Progress towards smokefree mental health services survey acts as a potential indicator for ongoing assessment	ASH, 2019: Progress towards smokefree mental health services

of progress towards successful implementation of smokefree policy, locally and nationally.	
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