



Public Health
England

Protecting and improving the nation's health



Health Matters

Smoking and mental health

Smoking and mental health

1. Prevalence

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.

Research has found that having a mental health condition is associated with:

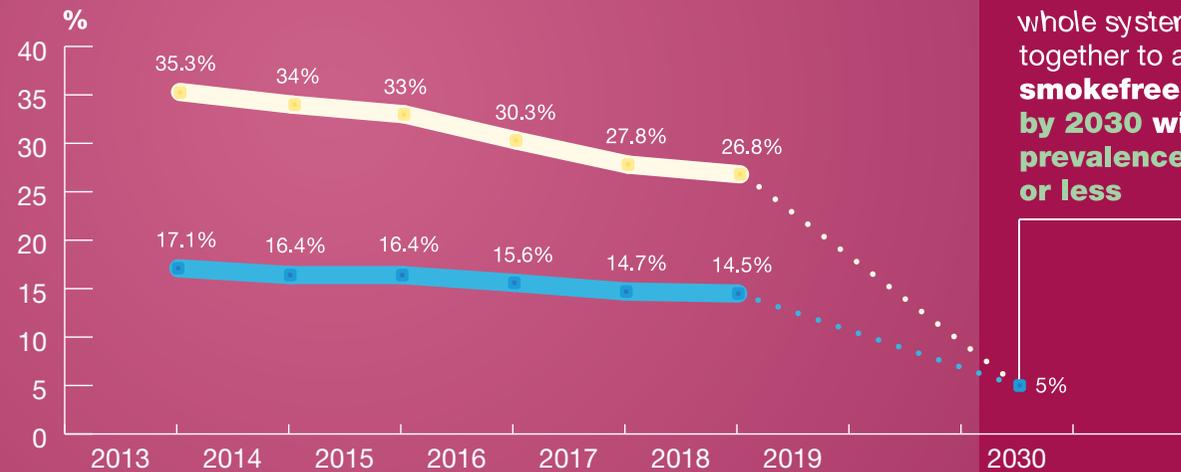
- current smoking
- heavy smoking and high levels of tobacco dependence
- desire to quit
- difficulty remaining abstinent
- perceived difficulty remaining abstinent

This is the same for all mental health conditions individually, but the strength and significance of the associations vary depending on the condition.

Smoking and mental health prevalence rate in England

Smoking prevalence in adults with a long-term mental health condition (18+)
General Practice Patient Survey (GPPS), 2013/14 - 2018/19

Smoking Prevalence in adults (18+)
General Practice Patient Survey (GPPS), 2013/14 - 2018/19



PHE is calling for the whole system to work together to achieve a **smokefree society by 2030 with adult prevalence of 5% or less**

Smoking and mental health

2. Risk factors for people with poor mental health

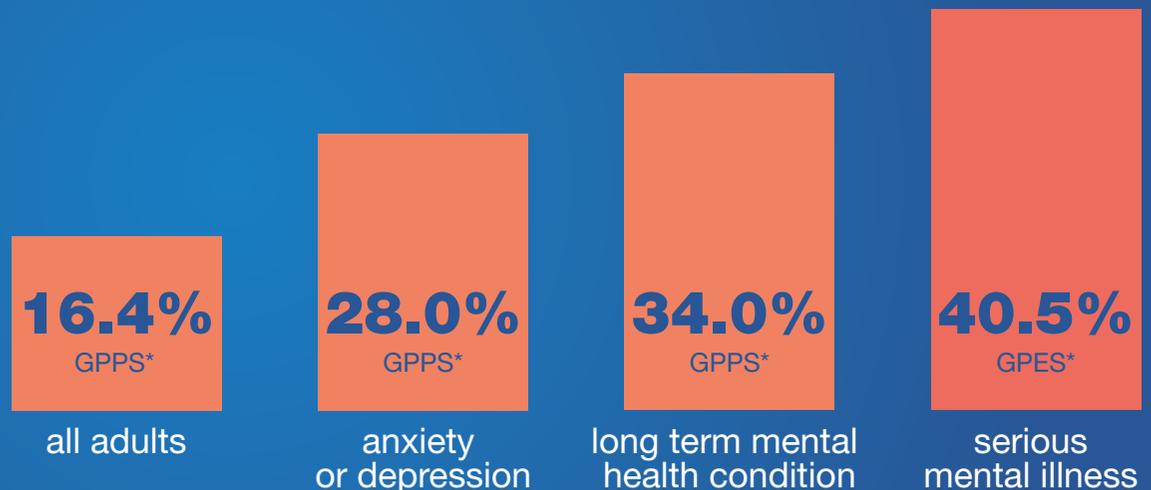
PHE's Local Tobacco Control Profiles for England have 3 indicators that report smoking prevalence depending on the severity of mental health conditions. These show that as the severity of mental health conditions increases, smoking prevalence is higher.

The NHS Long Term Plan acknowledges that people with a long-standing mental health conditions are twice as likely to smoke.

To address this, the Plan says that by 2020/21, the NHS will ensure that at least 280,000 people living with severe mental health conditions have their physical health needs met. By 2023/24, the NHS will further increase the number of people receiving physical health checks to an additional 110,000 people per year.

Smoking as a risk factor for people with poor mental health

Smoking prevalence in adults (18+)



Source: ***GPPS** - GP Patient Survey, 2014-2015

***GPES** - General Practice Extraction Service, 2014-2015

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3. Benefit of quitting smoking on mental health

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.

Furthermore, the effect sizes are equal or larger than those of antidepressant treatment for mood and anxiety disorders.

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.

Benefits of stopping smoking for people with poor mental health

For people with a mental health condition, smoking cessation improves both physical and mental health and reduces the risk of premature death



Stop smoking support is effective for people with poor mental health

Stopping smoking can be as effective as antidepressants & reduce the amount of psychiatric medication needed

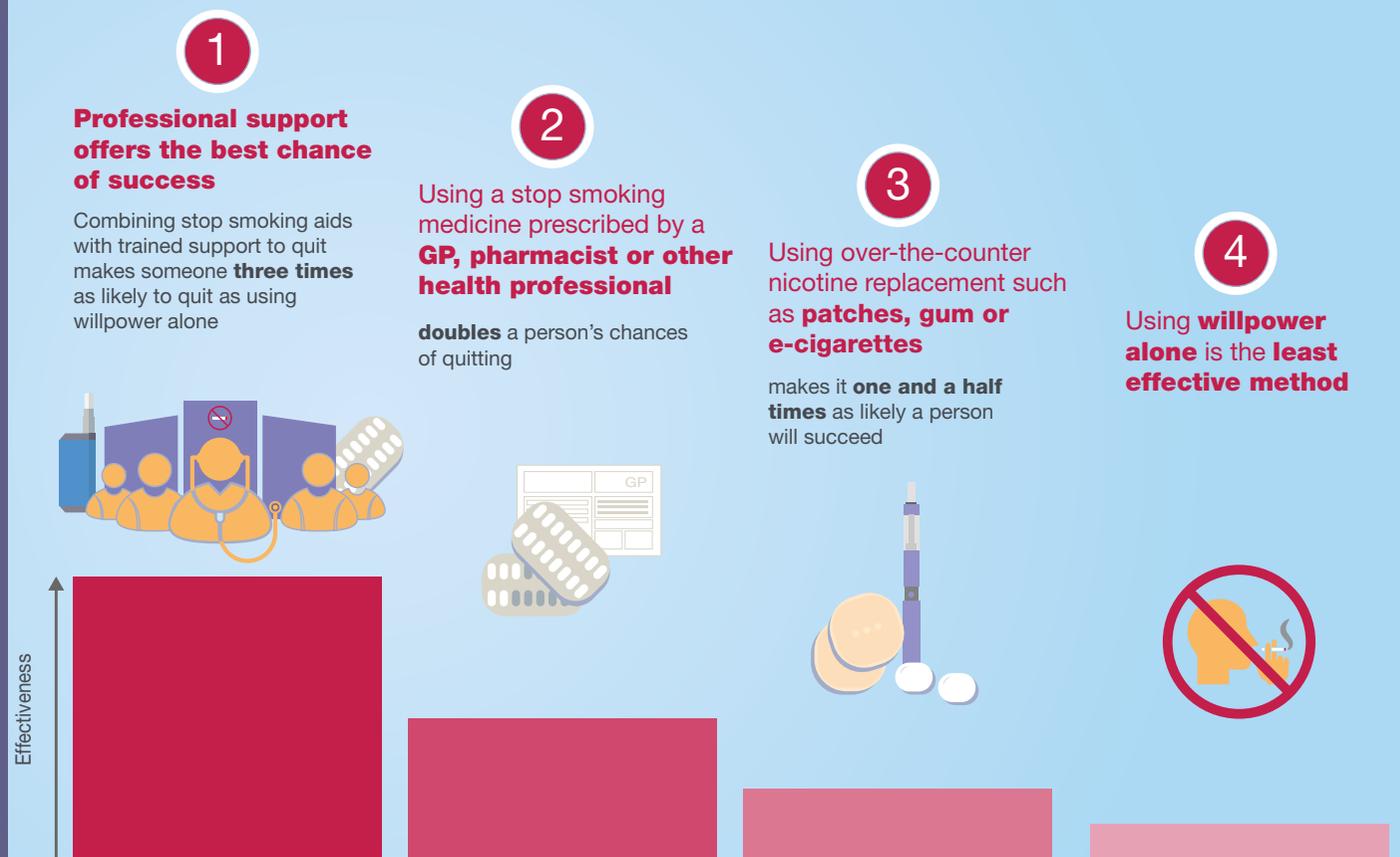
Smoking and mental health

4. Effectiveness of quitting methods

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.

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. As higher tobacco dependence is seen among this group, mental health-specific support may need to be offered and more must be done to make this offer attractive.

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.





Smoking and mental health

5. Role of e-cigs in supporting MH trusts

E-cigarettes are now widely used within acute mental health services but their use is restricted in a variety of ways. 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.

There are resources available to inform the safe use of e-cigarettes in inpatient settings, covering the use and charging of e-cigarettes, which can provide reassurance to Health Fire Officers and Health and Safety Officers.

The National Fire Chiefs' Council (NFCC) has published guidance on E-cigarette use in smokefree NHS settings. The guidance explains the different types of e-cigarettes available, how batteries should be cared for, and how the devices can be charged safely.

The role of e-cigarettes in supporting smokefree mental health trusts



in **91%** of surveyed trusts, some or all inpatients **were permitted to use e-cigarettes**

47%

of surveyed trusts allowed

all types of e-cigarettes to be used

31%

of surveyed trusts allowed

the use of non-rechargeable, disposable devices



44%

of surveyed trusts allowed

the use of e-cigarettes indoors

76%

of surveyed trusts allowed

the use of e-cigarettes in ward courtyards

42% of surveyed trusts **provided e-cigarettes free to their patients**

Source: Action on Smoking and Health (ASH), Progress towards smokefree mental health services, October 2019