East London NHS Foundation Trust

From: **Dr Kevin Cleary, Medical Director**

To: **Trust Board**

Date: **30 January 2014**

Subject: **Smoking and Mental Health**

1.0 Purpose of the Report

1.1 To provide an update on the Trust Board paper 'Smoke Free Policy Implementation: Progress Update' and respond to the questions set out in the recent 'Mental Health Network' briefing paper 'Smoking and Mental Health' and NICE Guidance - Smoking cessation in secondary care: acute, maternity and mental health services.

1.2 To provide options of how to test the feasibility of implementing a total smoking ban across all Trust sites.

2.0 Executive Summary

2.1 The report gives an overview of recent documents regarding smoking and mental health services, specifically the 'Mental Health Network' briefing paper 'Smoking and Mental Health' and NICE Guidance – 'Smoking cessation in secondary care: acute, maternity and mental health services'.

2.2 A brief survey of staff and patients was undertaken to understand better the smoking prevalence rates, the experience of smoking in inpatient services and opinions on the current and potential smoking ban. The findings presented indicate that the majority of both patients and staff believed that there is a therapeutic value to smoking and that a total smoking ban would impact negatively on service user's mental health.

2.3 A summary of Trust data regarding smoking cessation interventions and smoking related incidents is included.

2.4 An experience of implementing a total smoking ban in other mental health trusts is included.

3.0 Background / Introduction

3.1 A report was submitted to the Trust Board in July 2009 which gave an overview of progress and issues arising from the implementation of the Trust's partial smoking ban since July 2008. The report concluded that the overall picture within the Trust was mixed at the end of the first year

of implementation and recommended that the partial smoking ban should be continued.

3.2 Currently, patients who wish to smoke have to use designated smoking spaces typically in a garden or open area. Staff may be required to accompany patients to these spaces at designated times for example in forensic services. Time slots, e.g. once an hour, may also only be possible if staff are available.

3.3 A recent (September 2013) 'Mental Health Network' briefing paper outlined the current context of smoking and mental health as well as information from various trusts of their experiences of implementing partial and total smoking bans in their services. The briefing paper also included seven key questions for boards to consider. A number of these questions will be covered in this report.

- Full report: http://www.nhsconfed.org/Publications/briefings/Pages/Smoking-and-mental-health.aspx

3.4 The National Institute for Health and Care Excellence (NICE) has published new guidance 'Smoking cessation in secondary care: acute, maternity and mental health services' which aims to support smoking cessation, temporary abstinence from smoking and smoke free policies in all secondary care settings. It recommends:

- Strong leadership and management to ensure secondary care premises (including grounds, vehicles and other settings involved in delivery of secondary care services) remain smoke free – to help to promote non-smoking as the norm for people using these services.

- All hospitals have an on-site stop smoking service.

- Identifying people who smoke at the first opportunity, advising them to stop, providing pharmacotherapy to support abstinence, offering and arranging intensive behavioural support, and following up with them at the next opportunity.

- Providing intensive behavioural support and pharmacotherapy as an integral component of secondary care, to help people abstain from smoking, at least while using secondary care services.

- Ensuring continuity of care by integrating stop smoking support in secondary care with support provided by community-based and primary care services.

- Ensuring staff are trained to support people to stop smoking while using secondary care services.

- Supporting all staff to stop smoking or to abstain while at work.

- Ensuring there are no designated smoking areas, no exceptions for particular groups, and no staff-supervised or staff-facilitated smoking breaks for people using secondary care services.

Although NICE recommend NHS hospitals should ban smoking on hospital grounds and staff should not help patients who want to smoke, they acknowledge that, any final decision will lie with individual NHS trust.

Full report: http://guidance.nice.org.uk/ph48

4.0 Staff and Patient Survey

4.1 Below are the results of a brief survey of staff and patients working at or using ELFT Forensic and Acute Adult Inpatient services. The aim of the survey was to understand better smoking prevalence rates, the experience of smoking in inpatient services and opinions on the current and potential smoking ban. The full survey results, including qualitative data, are available in appendix 1

4.2 The survey was conducted in mid-November, prior to the release of the NICE Guidance on Smoking in Secondary Care Services.

4.3 A total of 19 staff from forensic (n=7) and adult acute (n=12) wards, and 12 patients from forensic (n=4) and adult acute (n=8) wards completed the survey.

4.4 The majority of both patients and staff believed that there is a therapeutic value to smoking (68%) and that a total smoking ban would impact negatively on service user's mental health (74%).

Positive themes	Negative themes
A third of respondents identified potential positive impacts on mental health. These generally concerned an increase in mood and physical wellbeing	Service users and staff were concerned about an increase in negative emotions, such as anxiety and anger
Out of all respondents 58% saw some benefits of a total smoking ban. These mainly concerned health benefits, but some also mentioned financial gains	Service users and staff highlighted ward atmosphere related issues, such as aggression, distress, friction between staff and patients and an unstable environment.

	Out of all respondents 65% stated that they would not want a total smoke ban. However the majority of these were service user and smokers.

5.0 CQUIN - Smoking Cessation

5.1 In 2012/13 the Trust was required to implement a number of CQUINs which focused on the physical health of patients using adult mental health services.

5.2 One element of this included improving the physical health of users of mental health service by providing smoking cessation support, specifically:

a. Mental Health Trusts to implement a comprehensive programme of training in smoking cessation for staff so that at least a third of professional staff have been trained in a recognised brief intervention protocol.
b. Smoking status of service users recorded in at least 75% of electronic patient records
c. At least 2% of service users on CPA are involved in agreeing and adopting a care plan intervention for smoking cessation

5.3 At the end of the year, the Trust had achieved all CQUIN targets.

6.0 Provision of Nicotine Replacement Therapy (NRT):

6.1 Nicotine Replacement Therapy is available across the Trust on prescription. The take up of NRT by patients varies by borough, however, feedback from the pharmacy teams indicates the numbers are low.

7.0 Feedback from Other Trusts

7.1 The 'Mental Health Network' briefing paper 'Smoking and Mental Health' includes case studies focusing on the implementation of total smoking bans in three mental health trusts, specifically South West London and St. George's, St. Andrew's Healthcare and Rampton Hospital. Details are available in the full report: http://www.nhsconfed.org/Publications/briefings/Pages/Smoking-and-mental-health.aspx

7.2 As a result of the recent NICE Guidance on smoking cessation in secondary care, a number of public statements have been released. A summary of these statements is available in appendix 2.

8.0 Feasibility of implementing a total smoking ban

8.1 As a result of the introduction of the Health Act 2006, a number of articles have outlining different experiences of implementing the smoking ban in mental health settings.

8.2 A list of articles is available in appendix 3, however, below is a summary of the key findings from these articles relating to the successful implementation:

- Management and clinicians should work closely to develop and coordinate the implementation strategy
- Consultation with service users, carers and staff is required to gain support for the policy
- Set a clear timeframe and criteria for implementation
- Implement the policy in both inpatient and community settings to ensure a consistent approach
- Use dedicated staff resources to provide ongoing mentorship and support to staff teams implementing the policy and the provision of training for all staff
- Routine and ongoing incorporation of nicotine withdrawal management into clinical care, and management of "high risk" smokers by smoking cessation specialists
- Ongoing assessment of smoking cessation processes that include collection of clearly defined and evidence-based performance indicators

8.3 Prior to implementing a total smoking ban across all Trust sites, it would be recommended that the Trust undertakes a pilot study in small number of services to understand better the factors influencing a trust wide smoking ban. Most experience of total bans has been gained from Forensic Services.

8.4 Two possible options are presented below which would be required to run for a minimum of six months:

OPTION 1: Implementation of total smoking ban in John Howard Forensic Centre

Advantages: Self-contained site, lower resource implications

Disadvantages: Difficult to generalise findings

OPTION 2: Implementation of total smoking ban in John Howard Forensic Centre and all City and Hackney Mental Health Services (Community and Inpatient)

Advantages: Possible to generalise findings

Disadvantages: Higher resource implications

9.0 Summary

9.1 In the last few months a number of documents have been released which emphasise the importance of implementing smoking cessation programmes in mental health care services.

9.2 The documents provided guidance, evidence and examples of how these programmes can be employed successfully.

9.3 Local information indicates the availability and uptake of smoking cessation is limited. Although there is generally support for further development of these programmes, there are significant concerns around the implementation of a total smoking ban across all hospital sites.

9.4 The evidence of implementing a total smoking ban from other trusts is mixed, however, there is a growing body of literature which draws attention to factors that impact on the success of the implementation of the ban.

9.5 The sample size in the survey of staff and patients is too small to draw any valid conclusion. The survey needs to cover a large cohort and the results used for further discussion.

10.0 Risk

10.1 The Trust is currently compliant with national minimum standards.

11.0 Action being requested

11.1 The Board is asked to **RECEIVE** and **DISCUSS** the findings of the report.

Survey - Smoking in ELFT Inpatient services

Below are the results of a brief survey of staff and patients working at or using ELFT Forensic and Acute Adult Inpatient services. The aim of the survey was to understand better smoking prevalence rates, the experience of smoking in inpatient services and opinions on the current and potential smoking ban.

The survey was conducted in mid-November, prior to the release of the NICE Guidance on Smoking in Secondary Care Services.

1. Staff

A total of 19 staff from forensic (n=7) and adult acute (n=12) wards completed the survey.

1.1 Own smoking habits: Seven of the 19 staff (37%) stated that they did smoke and five of these had considered giving up. However only two out of seven believed that a smoke free work place would help them to give up.

1.2 Therapeutic value: Twelve staff (63%) believed that there is a therapeutic value to smoking.

1.3 Impact on mental health: Sixteen staff (84%) stated that they believed a smoke ban would affect service user's mental health. Fifteen of these identified negative effects and six of these responses identified both positive and negative consequences. One response was purely positive.

- **Positive:**
  - Improved health and wellbeing 5 (often long-term)
  - Depends on individual 1

- **Negative:**
  - Increase anger/distress 8
  - Restriction of liberty 2
  - May pick up another habit 1
  - Taking away valued routine 1
  - Smoking can help de-escalate volatile situations 1
  - Negative impact on therapeutic relationship 1
  - Increase boredom 1
  - Taking away coping mechanism 1

1.4 Concerns: Seventeen (89%) staff members had concerns about a potential total smoke ban:

- Unethical/Restriction of liberty 7

- Difficulty implementing 6
- Aggression and violence 5
- Weight gain 2
- Irritability 1
- Increase in medication 1
- More smoking related incidents 1
- Distress to patients 1
- Distress to staff 1
- Prison atmosphere/trading 1

1.5 Advantages: Thirteen (68%) staff members identified advantages:

- Physical Health benefits 12
- Financial gains 4
- No passive smoking 3
- Encouraging cessation 2
- Less initial smokers 1
- More therapeutic time 1
- Less pressure on staff 1

1.6 Preferences: Seven (37%) staff members stated that they would prefer a smoke free service. Two of these were smokers themselves.

2. Service Users

A total of 12 patients from forensic (n=4) and adult acute (n=8) wards completed the survey.

2.1 Own smoking habits: Nine out of 12 service users (75%) stated that they were smokers and four of these had considered to give up at some point. Only two service users believed that a total smoke ban would help them to give up smoking, whilst one person was unsure.

2.2 Therapeutic value: Nine service users (75%) believed that there is a therapeutic value to smoking. One service user stated that they were uncertain about this.

2.3 Impact on mental health: Eight service users (67%) believe that a total smoke ban would have an impact on mental health and two people were unsure. All eight people identified negative impacts, whilst three people mentioned positive consequences.

- **Positive:**
  - Improved well-being/uplifting on mood 2
  - Depends on individual 1

- **Negative:**
  - Anxiety and distress and aggression 3
  - Weight gain 1

2.4 Smoking cessation support: Five service users (42%) stated that they might need support with smoking cessation if their ward was completely smoke free. However several people stated in the comment field that they did not wish to give up.

2.5 Concerns: Ten service users (83%) identified concerns:
- Negative/unstable environment 3
- Friction between staff and patients 2
- Aggression 2
- Deprivation of liberty 2
- Distress 2
- More incidents/restraints 1
- Smoke other substances 1
- Smoking as a social activity 1
- Challenging to give up 1

2.6 Advantages: Five people (42%) identified advantages:
- Health benefits 4
- No passive smoking 2

2.7 Preferences: Four people (33%) stated that they would prefer a smoke free service. Two of these were smokers.

3. <u>Summary:</u>

3.1 The majority of both patients and staff believed that there is a therapeutic value to smoking (68%) and that a total smoking ban would impact negatively on service user's mental health (74%). The main theme for both service users and staff was an increase in negative emotions, such as anxiety and anger:

"More stressed and agitated plus boredom on the ward" –Service Staff 9

"Many people have been smoking since childhood and there not being an alternative activity it increases agitation" –Service Staff 12

3.2 Ten respondents (32%) identified positive impacts on mental health. These generally concerned an increase in mood and wellbeing:

"…it could work well and have a positive impact on mental health and physical health and wellbeing." –Service Staff 13
"It could be uplifting mood-wise"-Service User 3

3.3 Almost all staff and patients (87%) provided some form of information on concerns they had in relation to a potential smoke ban. The strongest theme for staff (41%) was that of ethics and deprivation of liberty. Such comments were featured also amongst service users:

"The main concerns would be the feeling and lack of freedom for patients" –Service User 4

"Smokers have rights just like everyone else" –Service User 7

"It is not ethical. It is everybody's decision whether or not they smoke – even those with significant mental health problems"-Service Staff 11

3.4 Other strong themes for staff concerned increased violence/aggression and difficulty implementing the ban:

"How to police the ban. Nurses will be used to police lighters" –Service Staff 3

"Patients becoming agitated due to wanting to smoke, but not being allowed to, so may become aggressive and violent" –Service Staff 8

3.5 Service users concerns were around a range of issues, such as aggression, distress, friction between staff and patients and altogether an unstable environment:

"It would cause an uproar because some service users don't have leave and they look forward to smoking…" –Service User 9

"They would kill for their next fix. People would become aggressive and lash out on each other, making the environment horrible. They would not be able to calm down. Then they would have to bring in rapid and there would be more restraints. –Service User 12

3.6 Out of all respondents 58% saw some benefits with a smoke ban. These mainly concerned health benefits, but some also mentioned financial gains:

"Advantages for everyone, no passive smoking" –Service User 3.

3.7 Out of all respondents 35% stated that they would prefer a total smoke ban. However the majority of these were service staff and non-smokers

Appendix 2.

Summary of Comments and feedback re: NICE Guidance

Stephen Dalton, chief executive of the NHS Confederation's Mental Health Network, said: "We welcome the publication of Smoking cessation in secondary care, which aims to promote not smoking as the norm for people using acute, maternity and mental health secondary care services. "We recognise the challenge of implementation, but there is a need for a step change in smoking cessation support across primary and secondary care settings to significantly reduce health inequalities. Smoking is a major contributory factor to health inequalities in people with mental health problems. We know people with severe mental illness die up to 25 years earlier than the general population. We also know that many people with mental health problems would like to stop smoking and, with the right support, they can. "The report recommends commissioning smoke free secondary care services and for strong leadership to promote stop smoking support - for patients and for staff - to initiate a cultural change within an organisation. Our recent briefing Smoking and mental health identified the good work some of our members are doing in this area. "A total ban on smoking in the buildings and grounds of secondary care services complements the duty of care on healthcare staff and the organisation to protect the health of people in their care and promote healthy behaviour."
Professor Mike Kelly, of Nice, said the guidance was about a culture shift rather than creating a penal culture
Sue Bailey, President of the Royal College of Psychiatrists, said: “There is a common but mistaken belief among some mental health professionals that it’s alright for patients in their care to smoke. This is wrong. Patients with mental health problems are far more likely to smoke than the general population, they suffer disproportionately higher rates of physical illnesses, and they die earlier. It’s a disgrace that this section of our NHS patient population is left to suffer the consequences of smoking.
The Lancet - Helping smokers quit in secondary-care services The landscape for cigarette smokers in the UK has changed almost beyond recognition in the past decade, but about a fifth of the adult population still smokes, and many of those who need hospital admission smoke. The prevalence of tobacco smoking is particularly high in those with mental health problems—a third smoke, and more than two thirds of those in psychiatric units smoke. To promote smoking cessation in secondary care, particularly in acute, maternity, and mental health services, the National Institute for Health and Care Excellence (NICE) published comprehensive guidance on Nov 27.

A principle behind the new NICE guidance is that no concessions are made to smokers who use secondary care services, no matter what their level of mobility or freedom might be. So, for example, the guidance recommends that those compulsorily detained in psychiatric units should not be allowed to smoke tobacco, and that no designated smoking areas or staff-facilitated smoking breaks are to be provided in any type of secondary care. Instead, smokers should be offered licensed nicotine-replacement therapies, or varenicline, or bupropion as appropriate, and support from a smoking cessation adviser during their hospital admission. Intensive stop smoking support, including exhaled carbon monoxide measurements, is recommended for those in acute, mental health, or maternity services. Family members will also be provided with information about the dangers of smoking and second hand smoke, and referral to a stop smoking adviser if they wish. The NICE guidance recommends that secondary-care staff should not be allowed to smoke at work at all, and should instead be offered pharmacotherapy or behavioural support.

The group who developed the NICE guidance, led by John Britton, has concluded that all the recommended approaches are cost effective. Whether the guidance proves acceptable, workable, and effective in practice remains to be seen. Few foresaw the dramatic impact that banning smoking in enclosed public or workplaces would have when the Health Act in July, 2007, came into force in England. Tackling smoking in secondary care could prove to be a further big step towards a tobacco-free country.

Appendix 3:

Literature regarding the implementation of the smoking ban in mental health and forensic settings:

- How to implement a smoke-free policy: http://apt.rcpsych.org/content/14/3/198.full
- Smoke-free policy in acute mental health wards: avoiding the pitfalls: http://www.sciencedirect.com/science/article/pii/S0163834308002132
- Implementation of smoke-free policies in mental health in-patient settings in England: http://bjp.rcpsych.org/content/194/6/547#BIBL
- Smoke-free legislation and mental health units: the challenges ahead: http://bjp.rcpsych.org/content/189/6/479#BIBL
- Achieving Smoke-Free Mental Health Services: Lessons from the Past Decade of Implementation Research: http://www.mdpi.com/1660-4601/10/9/4224
- Implementing Smoke-Free Policies in Mental Health Inpatient Units: Learning from Unsuccessful Experience: http://apy.sagepub.com/content/16/2/92.long
- The impact of smoke-free policies on inpatient psychiatric units : an ethnographic study: https://circle.ubc.ca/handle/2429/44018
- Impact of a total smoking ban in a high secure hospital: http://pb.rcpsych.org/content/34/10/413.full.pdf+html
- The experience of a smoke-free policy in a medium secure hospital: http://pb.rcpsych.org/content/34/7/287
- Implementation of a smoke-free policy in a high secure mental health inpatient facility: staff survey to describe experience and attitudes: http://www.biomedcentral.com/content/pdf/1471-2458-13-315.pdf

Further reading:

- ASH fact sheet: http://ash.org.uk/files/documents/ASH_120.pdf

- Smoking Culture and Psychiatry: http://bjp.rcpsych.org/content/198/1/6.full.pdf

- Mental Health implications of the smoking ban: http://www.mentalhealth.org.uk/content/assets/PDF/publications/taking_a_deep_breath.pdf

- NHS Confederation: http://www.nhsconfed.org/priorities/latestnews/Pages/smoking-disproportionate-impact-mental-health-services-and-users-new-report.aspx

- Smoking and mental health Endorsed by: A joint report by the Royal College of Physicians and the Royal College of Psychiatrists: http://www.rcpsych.ac.uk/mediacentre/pressreleases2013/smokingandmentalhealthreport.aspx