

ASH Smoking and Mental Health Survey 2016:

An analysis of the views of people with a mental health condition and staff working in mental health services.

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Introduction

As part of a project looking at smoking and mental health, ASH carried out two surveys, one with people who have a mental health condition and one with staff working with those with a mental health condition. These surveys aimed to explore attitudes towards and links between smoking and mental health.

The results were used to inform the report “*The Stolen years: The Mental Health and Smoking Action Report*” which was developed in partnership with a number of organisations, including Rethink, the Royal College of Psychiatrists and the Royal College of Physicians.

Data collection methodology

Data was collected between 12th October 2015 and 4th January 2016 via Survey Monkey. Links to the surveys were distributed by mental health organisations through social media and online newsletters, and for staff through professional networks.

Sample size

Survey of people with a mental health condition: In total 386 people started the survey. Of these, 17 people did not have a mental health condition and an additional 14 respondents dropped out at the earliest stage. As such, data from 31 respondents was excluded, leaving an initial base of 355 respondents. In total 302 finished the survey.

Staff survey: In total 155 started the staff survey and 147 completed it.

Limitations

There are limitations in both surveys. Collection through professional networks and social media may lead to a potential selection bias in the results. As such they are samples of convenience rather than representative samples. The size of the staff sample is also small given the range of professionals responding to the survey. The findings should therefore be viewed as providing useful insights, identifying potential issues and areas for further research.

Key Findings

Survey of people with a mental health condition

- Over half of those who responded smoke. This includes 38% who smoke on a daily basis and 13% who smoke less frequently. This is significantly higher than the national average of around 19% ([ONS, 2014](#)), but more similar to levels found in mental health populations where 40% of people with a long standing mental health condition smoke (HSE, 2013).
- Respondents had a strong desire to quit smoking. Over 80% of respondents who were current smokers reported having attempted to quit smoking and 46% of current smokers said they had consistently felt they wanted to quit within the last year. This supports finding from other studies which report that people with a mental health condition are no less likely to want to quit smoking ([RCP and RCPsych, 2013](#)).
- When asked if a health professional had spoken to them about their smoking in the last year, 43% of current smokers reported that none had.
- 63% of respondents who smoked reported not being able to afford to buy tobacco at some point. Of these 16% reported collecting discarded cigarettes when they couldn't afford to smoke.
- The majority (over 80%) of respondents reported not purchasing any illicit tobacco, whilst 12% reported buying some or all of their tobacco from illicit sources.
- Of those with an inpatient experience:

- A third said smoking took place inside (after July 2008 when smoking was banned).
- Two thirds of inpatients who smoked said that nothing was offered to support a quit attempt.
- Over a third of respondents with an inpatient experience reported that they either started smoking or that their smoking had increased whilst they were in hospital.
- Two thirds (67%) said that staff having to take patients outside for smoking breaks reduced time for other activities.

Staff survey

- Smoking rates among mental health staff who responded to the survey were just below the national average at around 18%.
- Smoking rates were higher amongst nurses than other professionals working with those with a mental health condition.
- Staff who smoked were less likely to report discussing smoking with their patients.
- Staff who had received smoking cessation training were more than twice as likely to report discussing smoking with their patients, as opposed to those who had not received training.
- Most respondents supported tobacco control measures and the denormalisation of tobacco:
 - Over 90% agreed that staff should not smoke in the presence of patients
 - Over half (55%) said that smoking should be banned in the grounds of mental health hospitals, whilst just over a third (34%) opposed a ban. Support was greater amongst ex-smokers and never smokers than current smokers.
 - The majority (77%) identified smoking breaks as impinging on other activities
- In relation to training and understanding:
 - 45% of staff had received no smoking cessation training
 - Staff who had received training were more likely to think that hospitalisation was an opportunity to address smoking, less likely to believe that smoking cessation would have a negative impact on a therapeutic relationship, and less likely to believe that quitting would have a negative impact on a patient's recovery.
- In relation to pharmacological aids to quitting:
 - 21% of respondents reported being qualified to prescribe Nicotine Replacement Therapy (NRT).
 - 15% of respondents reported being qualified to prescribe bupropion and varenicline.
 - Whilst the majority of respondents agreed that NRT is a useful aid to help someone with a mental health condition quit smoking, only half of respondents agreed with the statement that there are few health risks for people with a mental health condition using NRT.
 - Two thirds of respondents said they neither agree nor disagree with the statement that there are few health risks for people with a mental health condition using bupropion and varenicline.¹

¹ Differentiation between the pharmacological agents Bupropion and Varenicline was not made clear in the survey. Therefore the interpretation of responses is generalising a possibly more nuanced issue.

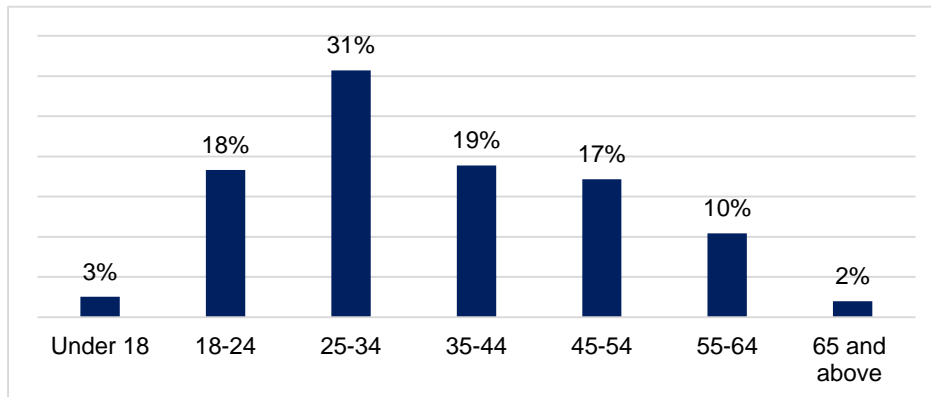
Results: survey of people with a mental health condition

Demographics of respondents

Gender and age range

Of the respondents 67% identified as female and 29% as male. 0.8% identified as Trans, 1.7% as other and 1.7% preferred not to say.

Figure 1.2: Age range of respondents of service users

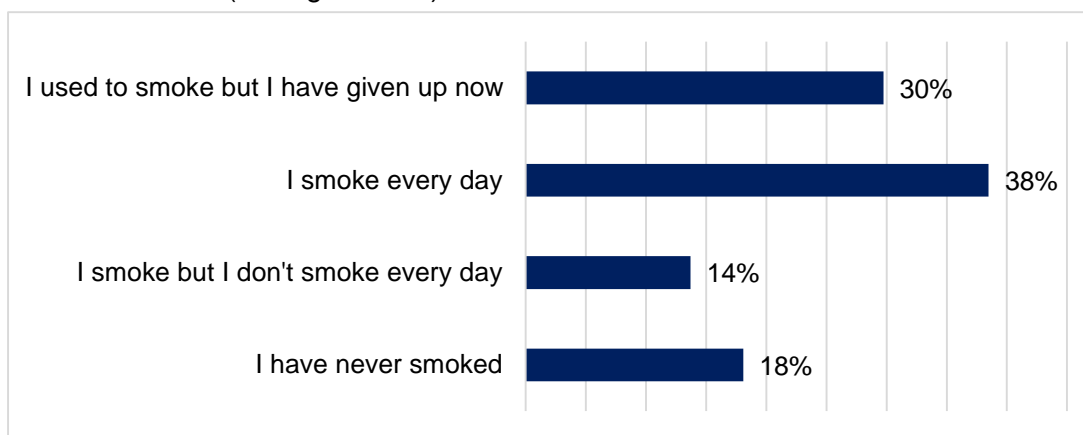


Base: 355

Smoking Status

Figure 2.1: Smoking Status

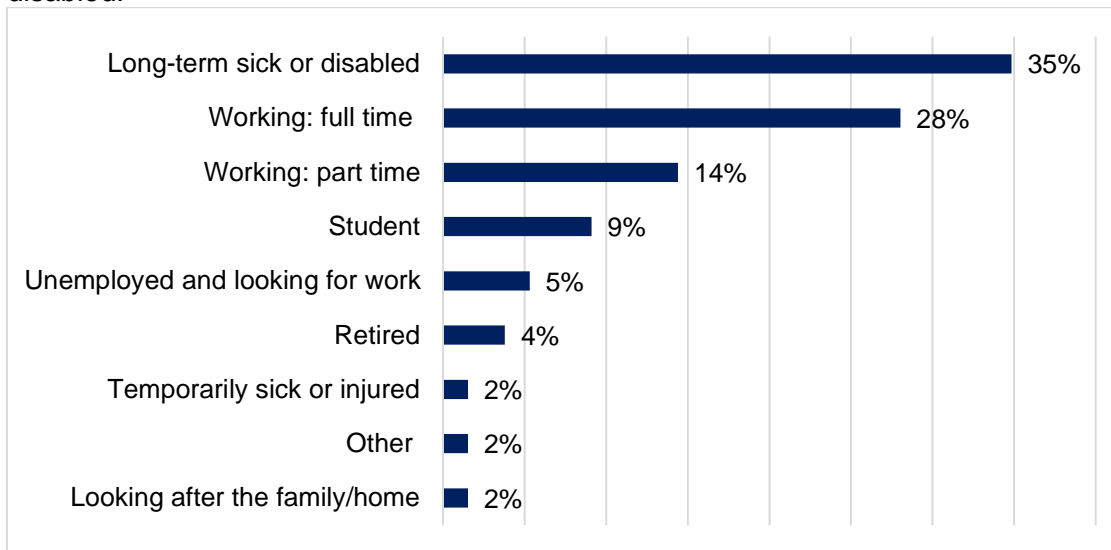
Over half of those who responded smoke. This includes 38% who smoke on a daily basis and 13% who smoke less frequently. This is significantly higher than the national average of around 19% ([ONS, 2014](#)). In comparison only 18% of respondents to the staff survey were current smokers (see figure 11.1).



Base: 343

Figure 2.2: Employment status of those who smoke everyday

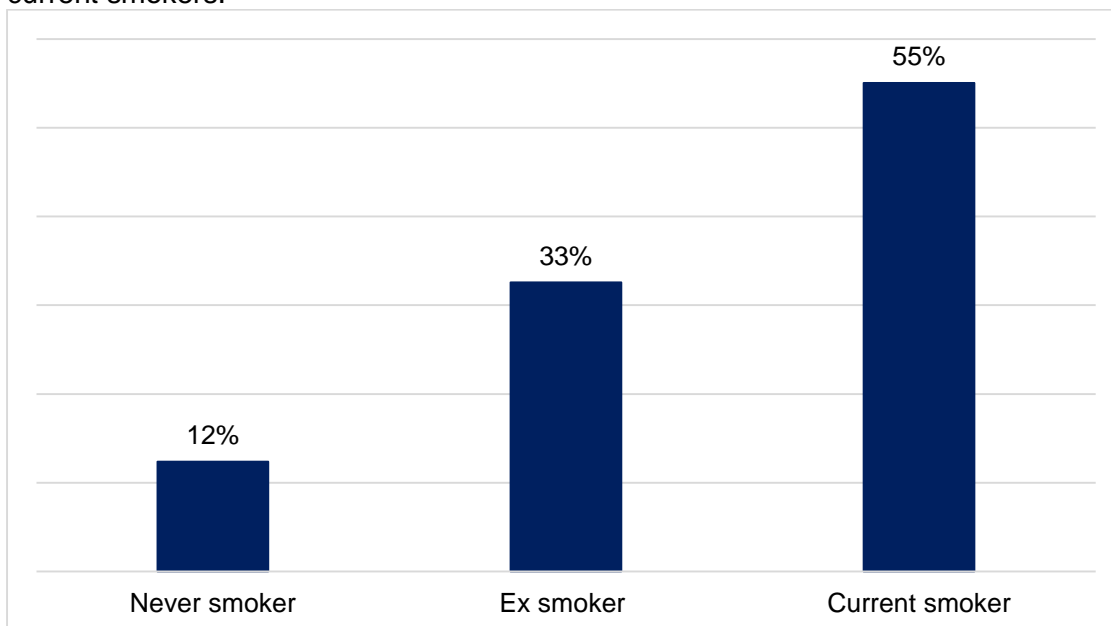
Over a third of respondents who smoked every day self-classified as long term sick or disabled.



Base: 132

Figure 2.3: Long term sickness/disability by smoking status

Of those who reported not working because of long term sickness or disability, over 55% were current smokers.

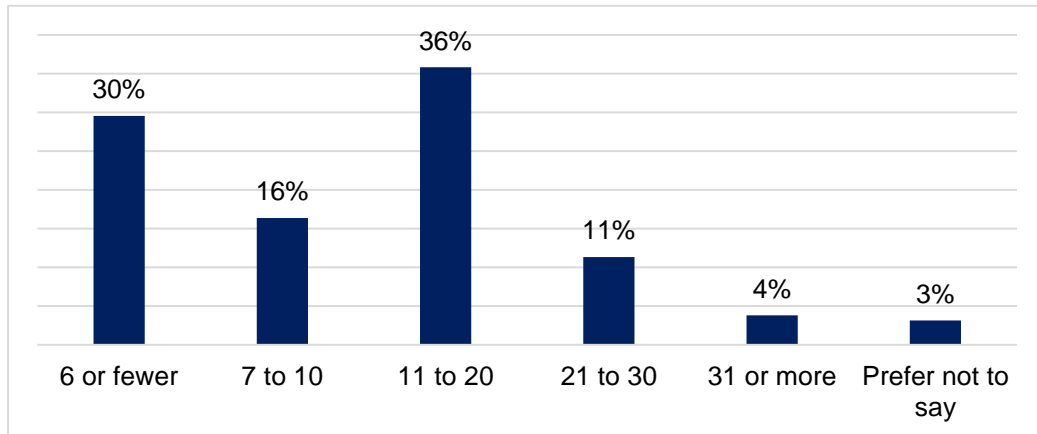


Base: 89

Smoking behaviour

Figure 3.1: Number of cigarettes smoked a day

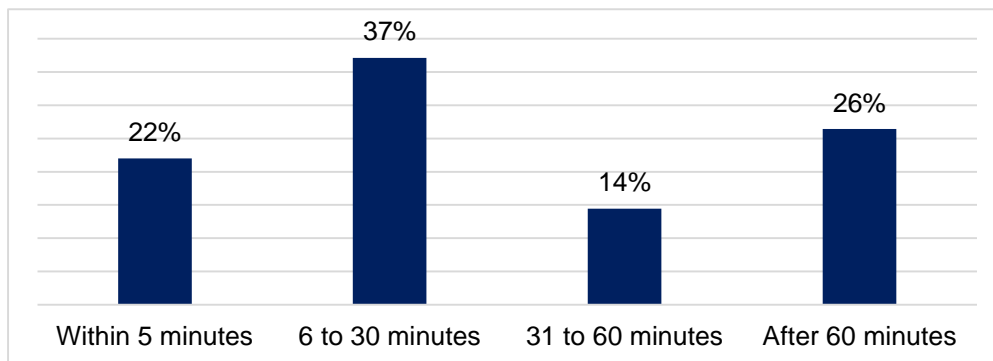
Over 35% of current smokers reported smoking between 11 and 20 cigarettes a day, over 11% smoke 21-30 cigarettes and almost 4% smoke over 31 cigarettes a day.



Base: 159

Figure 3.2: Time after waking first cigarette is smoked

Over 22% of current smokers reported smoking their first cigarette of the day within 5 minutes of waking. A further 37% of respondents reported smoking their first cigarettes of the day within half an hour of waking.

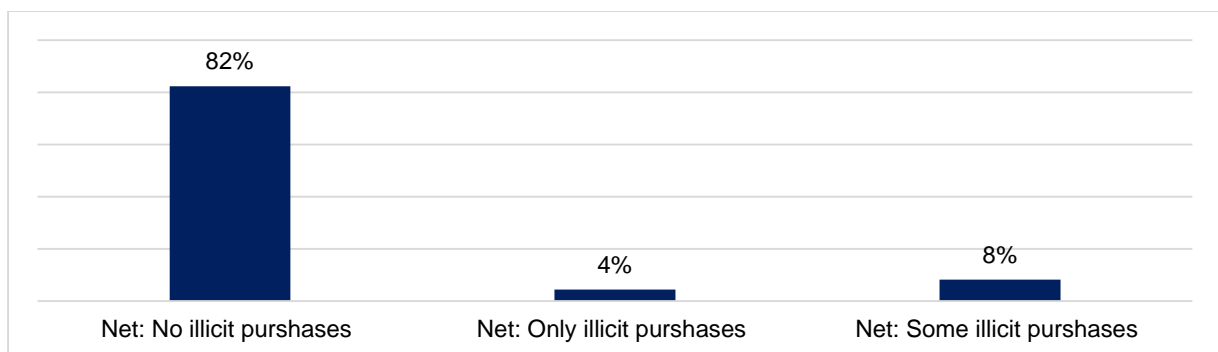


Base: 159

Acquiring cigarettes

4.1 Illicit and licit tobacco

The data collected suggests that over 80% of respondents do not any use illicit channels to purchase tobacco. 12% reported buying some or all of their tobacco from illicit sources.

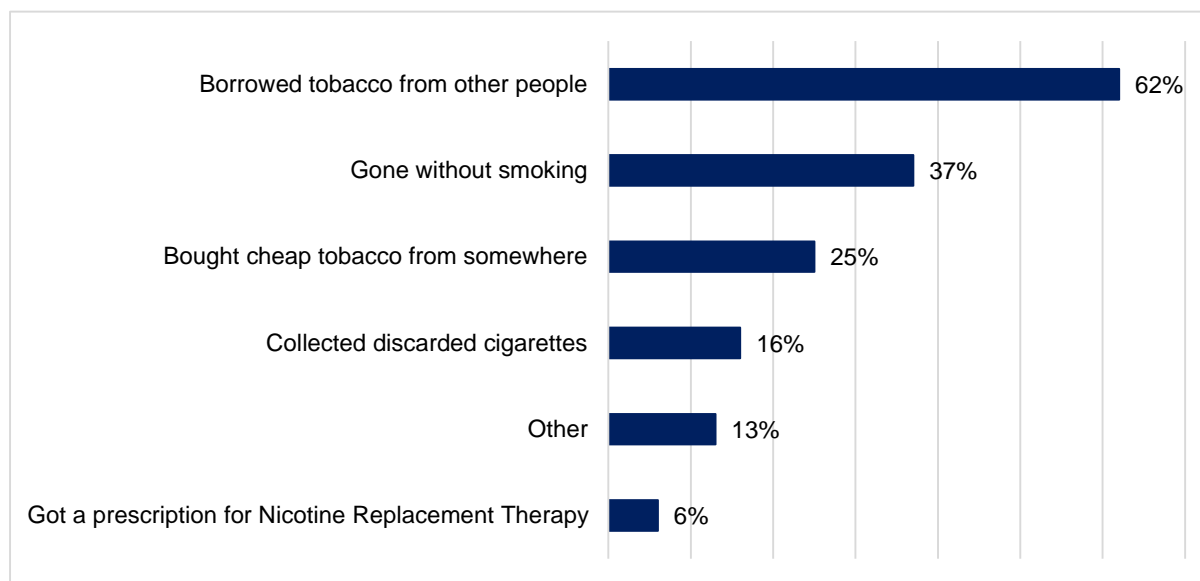


Base: 159

4.2: What smoking respondents report having done in the past if they have not had enough money to buy tobacco

63% of respondents who were current smokers reported not being able to afford to buy tobacco at some point.

Of these respondents, almost two thirds reported having “borrowed tobacco from other people”, a quarter had brought “cheap tobacco from somewhere else” and 16% of respondents said they had “collected discarded cigarettes” (respondents could give more than one answer).



Base: 102

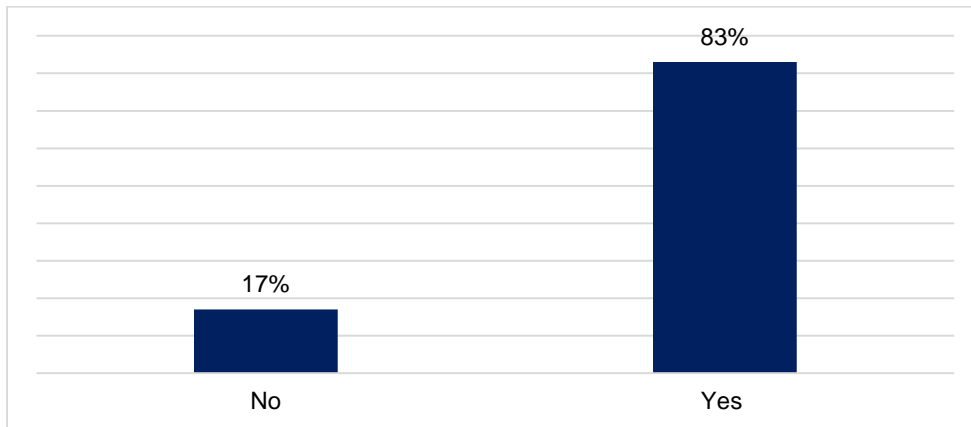
Box 1: 13% of respondents answered other to this question: qualitative responses included the following:

- “Borrowed money”
- “Bought cigarettes instead of food”
- “Collected tobacco from own stub ends and re-rolled or used e-cig”
- “Grown weed”
- “Re roll out of ash tray”
- “Stolen e-cigarettes”

Quitting smoking

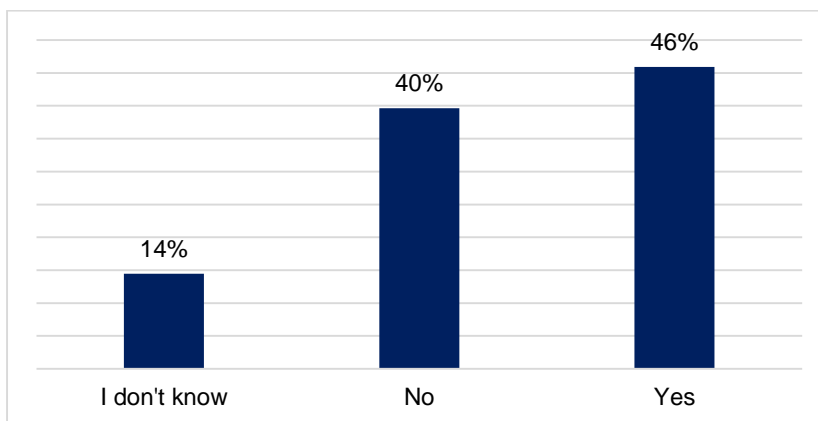
Existing evidence shows that people with a mental health condition are more likely to be heavily addicted to nicotine ([RCP and RCPsych, 2013](#)). However, respondents to this survey reported a strong desire to quit smoking, which is in line with other sources ([Health Survey for England, 2010](#)). Over 80% of current smokers reported having attempted to quit and 46% of current smokers said they consistently felt they wanted to quit within the last year.

5.1: Percentage of current smokers who have attempted to quit smoking



Base: 159

5.2: Percentage who report having had consistent feelings of wanting to quit smoking over the past year



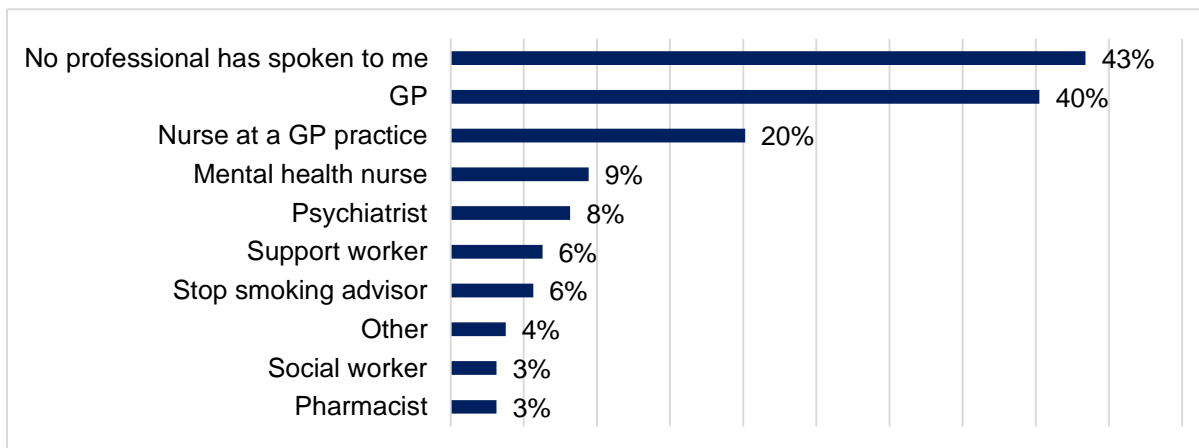
Base: 159

Methods used to support quit attempts

When current and former smokers were asked about the methods they used to support a quit attempt 53% reported using will power alone, 33% reported using NRT and 27% used electronic cigarettes (respondents could give more than one answer).

5.3: Has a health professional spoken to you about smoking in the past year? If so, who?

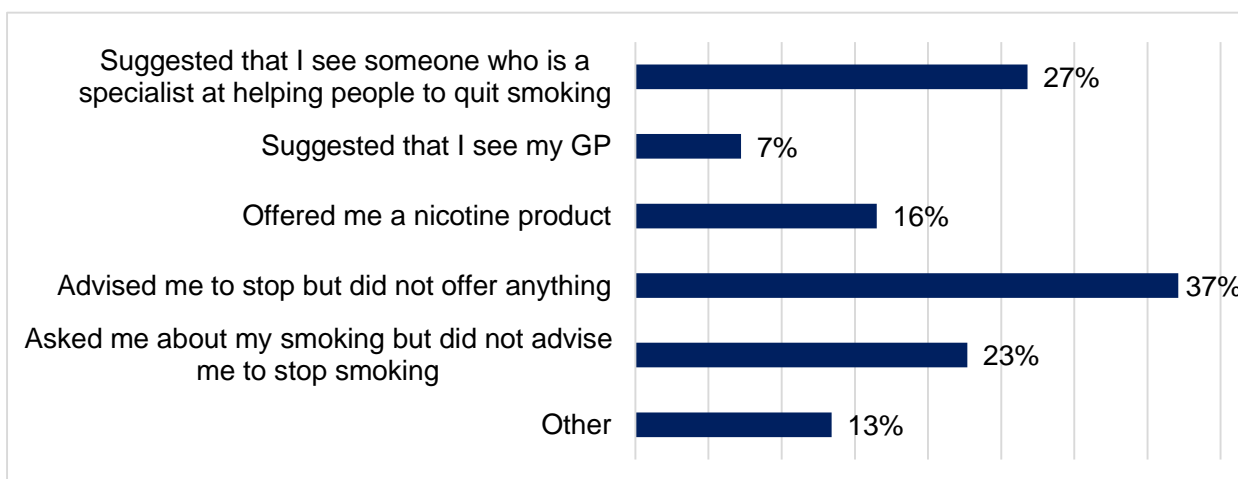
When current smokers were asked if a health professional had spoken to them about their smoking, 43% reported that none had. Although 40% of respondents had been spoken to by their GP, involvement of some professionals was low (respondents could give more than one answer).



Base: 159

5.4: If a health professional has spoken to you about smoking, what did they suggest/offer?

Of those who said a health professional had spoken to them about their smoking in the past year, 37% reported that they were not always offered anything and 23% were not always advised to quit. (Respondents could give more than one answer).



Base: 97

Box 2: Some respondents report having been encouraged not to quit:

“Suggested I wait till my mental health problems and stressors have eased before giving up smoking”. **Male, current smoker, who has experienced depression and bipolar and spent time as an inpatient on a voluntary basis**

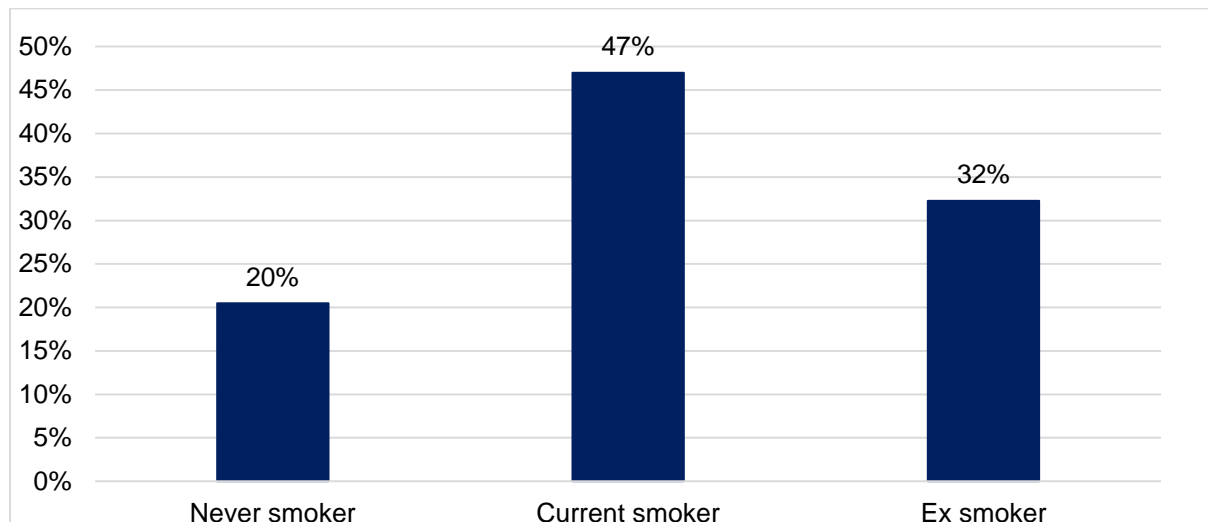
“Advised that due to home circumstances and the recent increase of medication I was advised not to quit until things had settled down.” **Male who has experienced depression, current smoker, wants to quit**

“Agreed I should stop trying to give up until I had managed to access psychotherapy” **Female, current smoker who is motivated to quit.**

Smoking in mental health patient inpatient settings

6.1 Smoking status by respondents who have had an inpatient experience

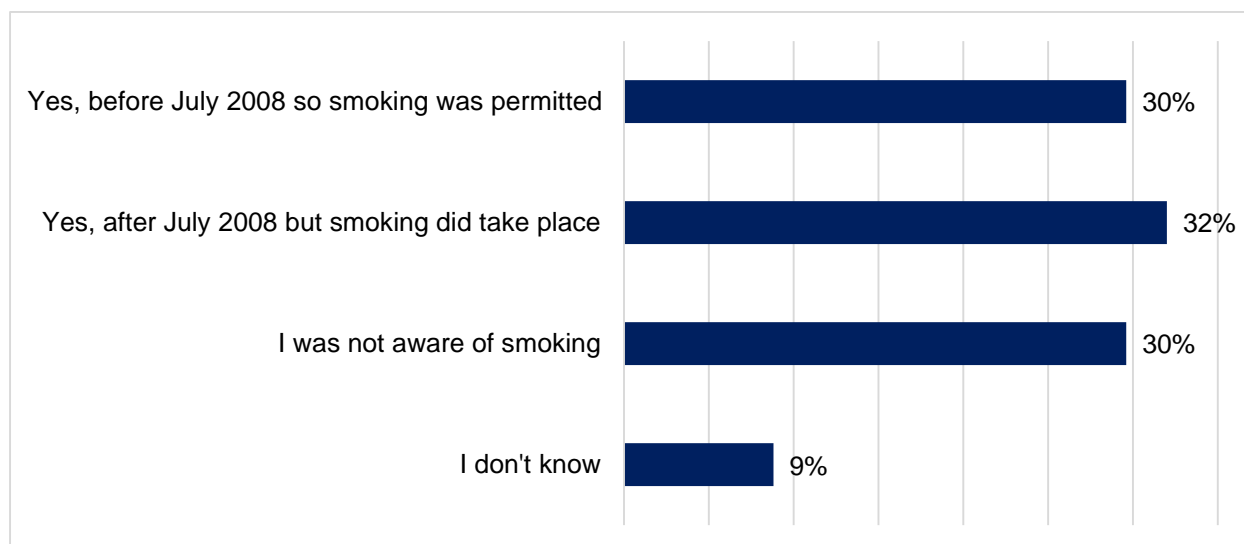
Just under half of respondents who had an inpatient experience in a mental health hospital reported that they were current smokers. Almost one third said they were ex-smokers and a fifth were never smokers.



Base: 127

6.2: Awareness of smoking inside

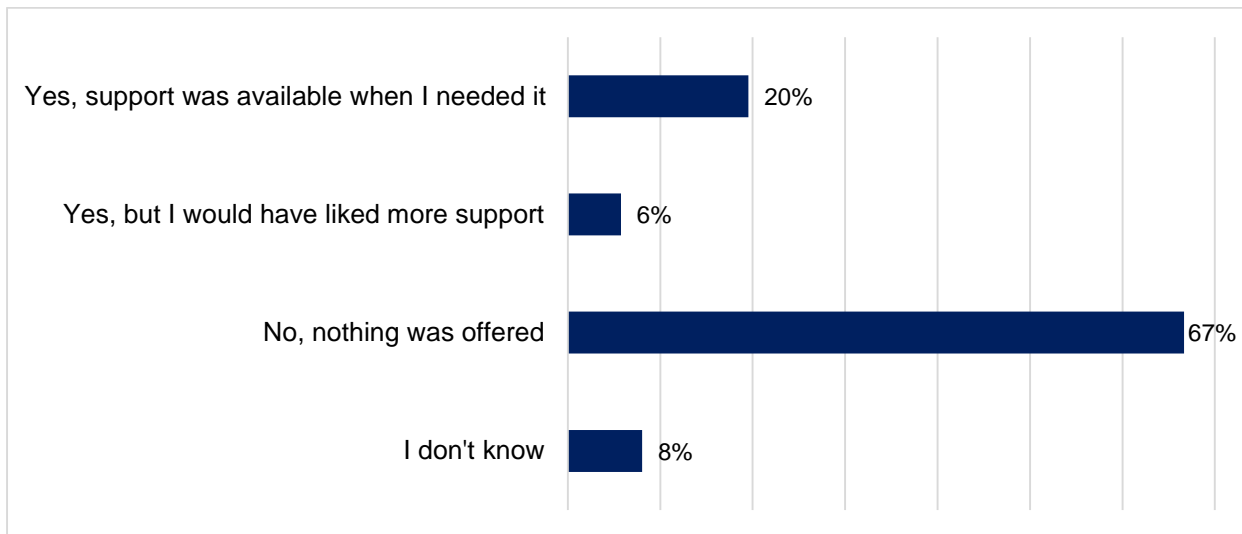
Over 60% of respondents who had been an inpatient reported that they were aware of smoking taking place inside. Almost a third of respondents report that smoking has been taking place inside since the smoking ban was implemented in July 2008.



Base: 125

6.3 Support to quit smoking

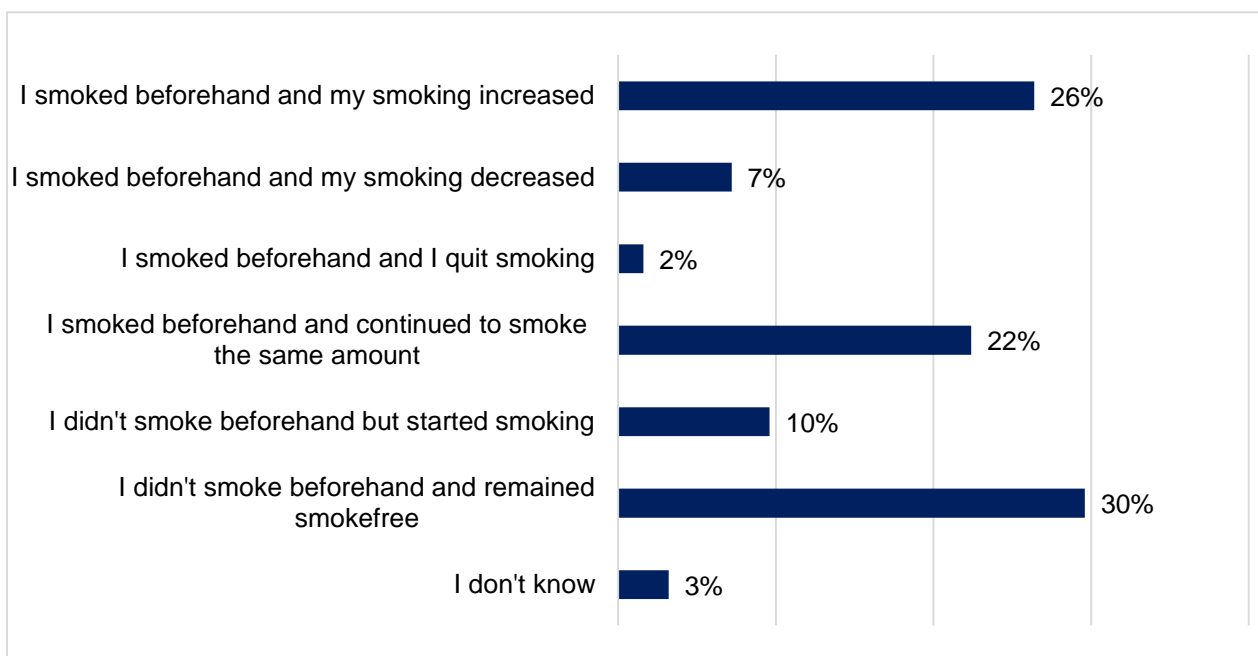
Only a fifth of smokers who had been an inpatient reported that support was available to help a quit attempt. Over two thirds of inpatients who smoked said that nothing was offered to support a quit attempt.



Base: 87

6.4: Changes in smoking habits whilst an inpatient in mental health setting

Over a third of people (36%) of people who had been an inpatient reported either starting smoking or that their smoking increased whilst in hospital.

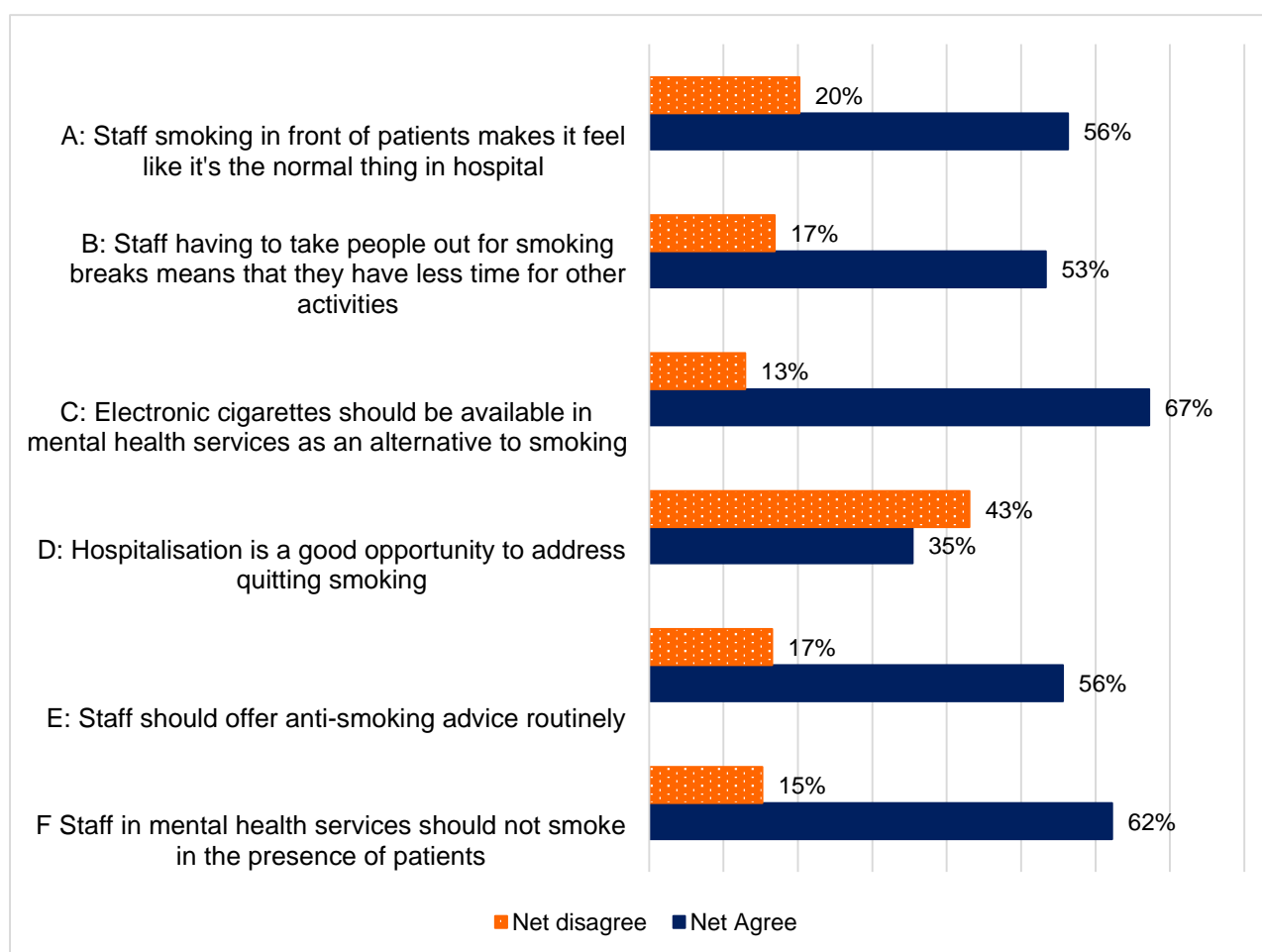


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Attitudes to smoking in mental health inpatient settings

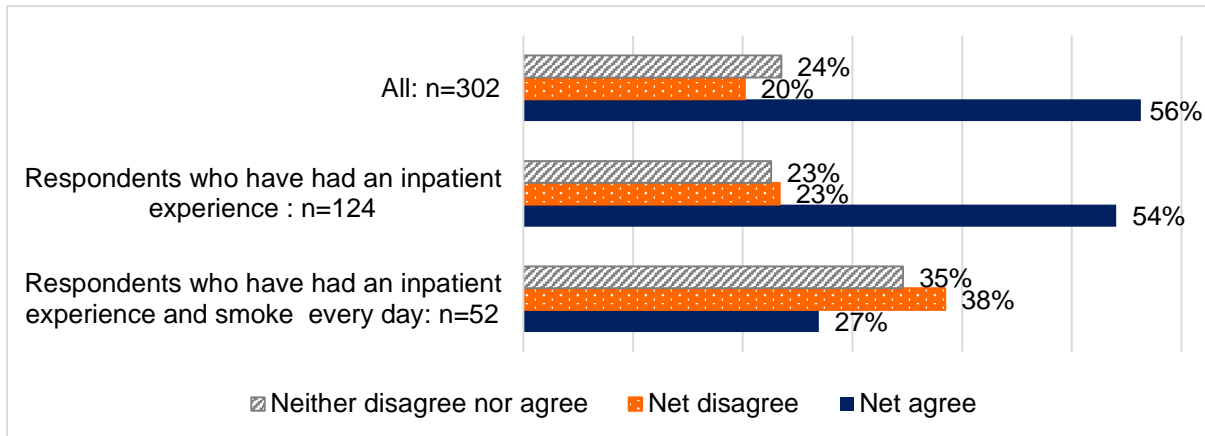
Measures to reduce and denormalise smoking are, in general, supported by those who have experienced a mental health condition, although smokers and people who have been an inpatient are less likely to be supportive.

Over two thirds of respondents (67%) agree that electronic cigarettes should be made available in mental health inpatient settings. Agreement was lower amongst those who had been an inpatient and also smoke with 55% supporting access. Where there was an opportunity to provide qualitative answers, electronic cigarettes were a common theme and on a number of occasions respondents said they should be made available. (See Box 3).

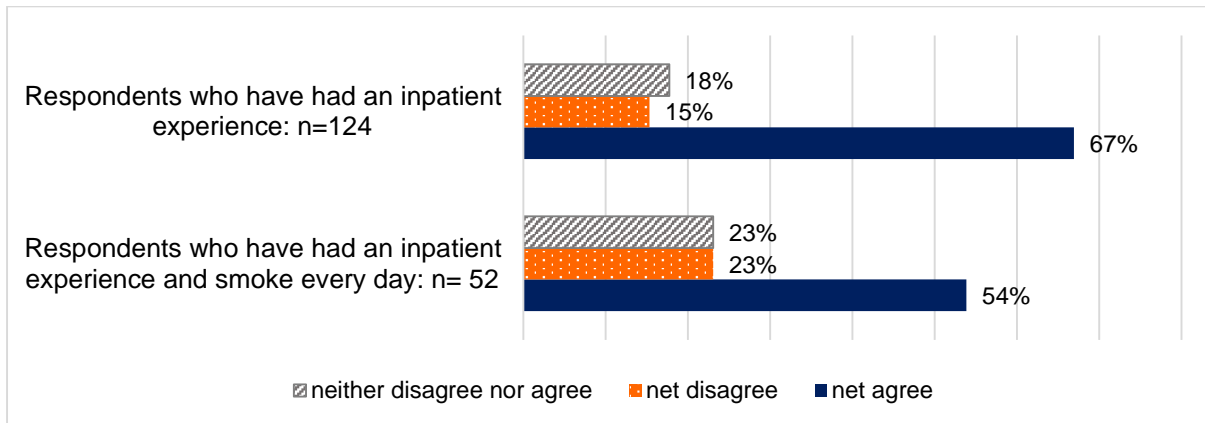


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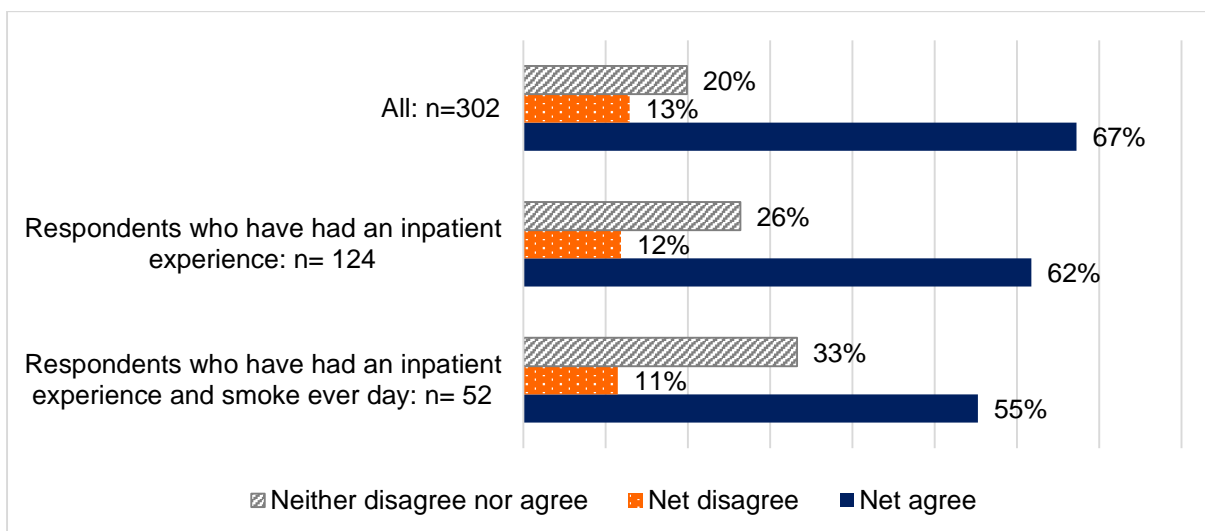
7.1a Staff smoking in front of patients makes it feel like it's the normal thing to in hospital



7.1b Staff having to take people out for smoking breaks means that they have less time for other activities



7.1c Electronic cigarettes should be available in mental health services as an alternative to smoking



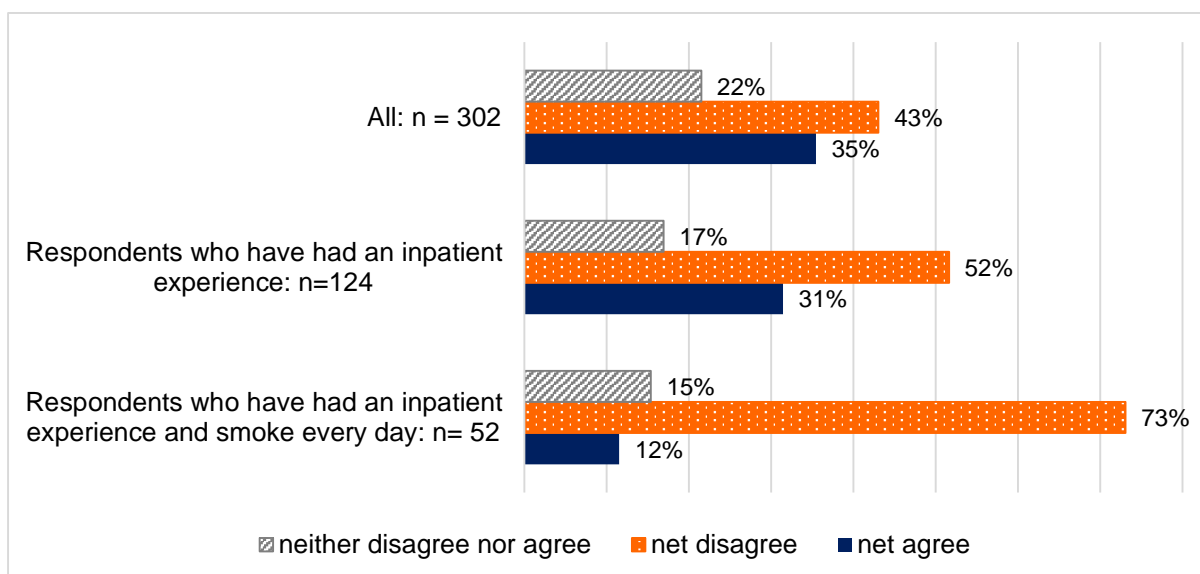
Box 3: Attitudes to electronic cigarettes

“Switching to electronic cigarettes has enabled me to have the comfort of smoking without the main risks to myself and others. I never smoke when well. I strongly support provision of e-cigarettes in mental health facilities.” **Female, ex-smoker, was an inpatient in a mental health setting on a voluntary basis.**

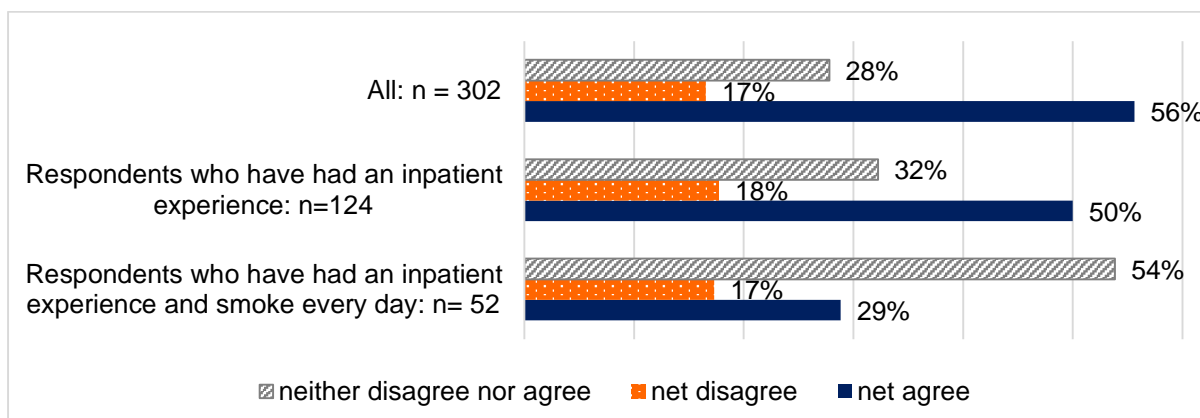
“I personally am massively in favour of e-cigarettes which I think are a great way to get people to smoke less but also do allow 'smoking'. Far better on the health side, too.” **Female, current smoker, has previously been detained under the Mental Health Act.**

“Giving people a range of options from NRT to using an e-cig will make them feel like they have a reasonable choice rather than being dictated to...encouraging them to move away from tobacco long term.” **Female, current smoker, has been an inpatient in a mental health setting on a voluntary basis after experiencing bi-polar disorder.**

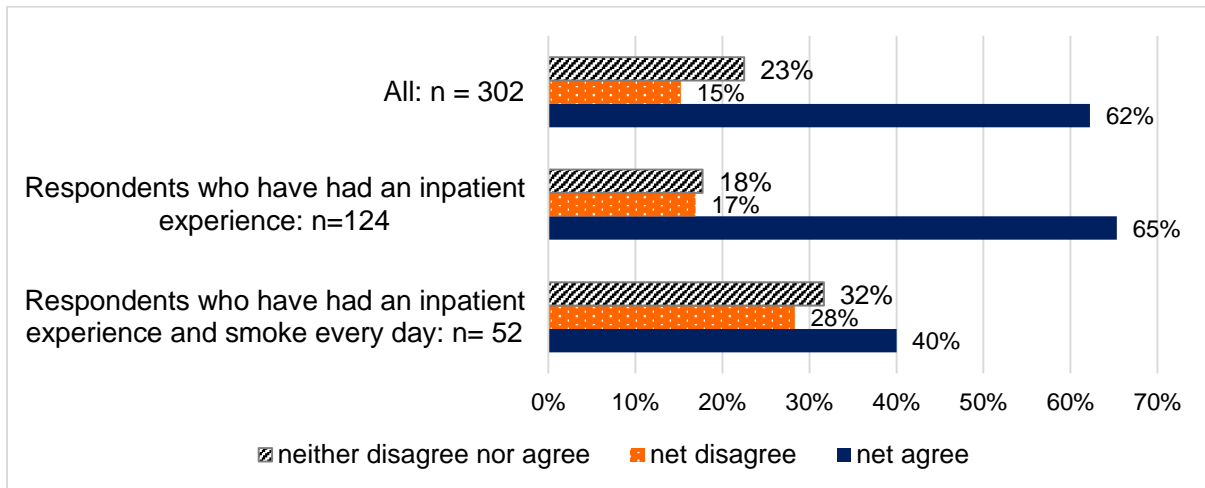
7.1d Hospitalisation is a good opportunity to address quitting smoking



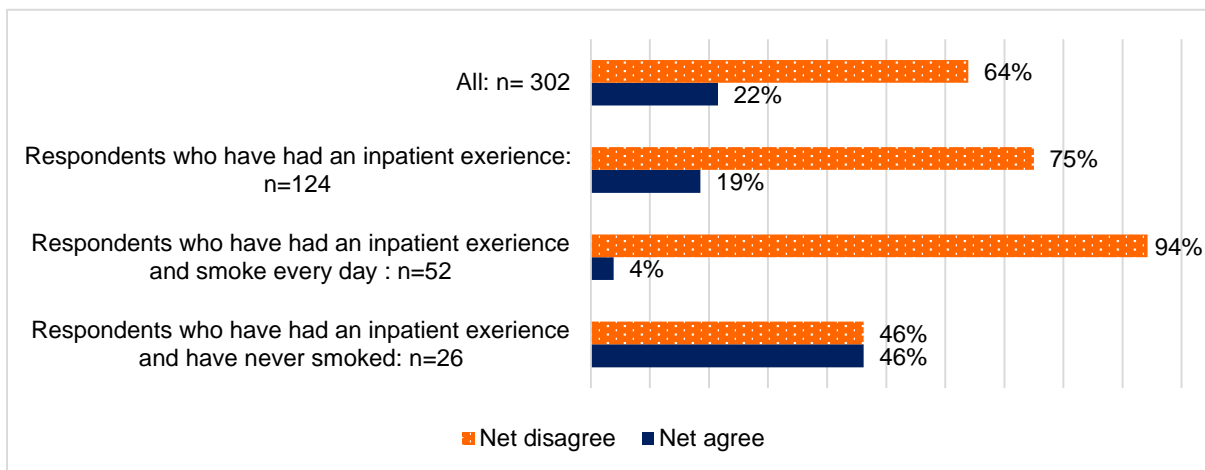
7.1e Staff should offer anti-smoking advice routinely



7.1f Staff in mental services should not smoke in the presence of patients



7.2 Smoking should be banned in the grounds of mental health hospitals



Questions regarding the introduction of measures to ban smoking in the grounds of mental health hospitals (outside) receive less support than other tobacco control measures. Only 22% of respondents agreed that smoking should be banned, this compares to 59% of mental health staff who felt smoking should be banned in hospital grounds (see figure 13.2).

Whilst support for a smoking ban amongst inpatients who have never smoked is higher at just under half, those who have had an inpatient experience and smoke everyday are much less likely to support such measures (at 4%).

Qualitative answers often describe smoking as a coping mechanism:

Box 5: Smoking as a coping mechanism

“When one is having a mental health crisis, the worst thing you can do is give them more stress by forcing them to give up smoking, it is often a coping mechanism”. **Female, smokes everyday, Asperger Syndrome and has had an inpatient experience.**

“Smoking is used as a coping mechanism in hospital and any pressure whether cessation or otherwise adds more stress to the individual, I chain smoked when admitted, we had a smoking room and if anyone had told me to stop or reduce smoking at the time of being manic I would have been most upset! I felt like all my rights had been taken away, so smoking was my only vice.” **Female, smokes everyday, has a range of mental health conditions and has had an inpatient experience.**

“People who are already stressed & vulnerable should not be put under more pressure. Advice & help should be made available, but not forced on people. Smoking can be detrimental to one’s physical health, but it can be beneficial to one’s mental health.” **Female, ex-smoker, has been detained under the Mental Health Act.**

Fears were also expressed about the removal of smoking from mental health hospitals:

Box 6:

“To take away smoking away from mental health patient is strongly inadvisable.... To impose a smoking ban will caused a conflict between staffs and patients... Their packet of ciggies are their sense of identities.” **Male, ex-smoker, has experience of being an inpatient in a mental health hospital.**

However, others highlighted the problematic relationship between smoking and mental health units.

Box 7:

“I know some adults who only started smoking in their 30s when they were sectioned. I firmly believe everyone in hospitals should be encouraged and supported to give up smoking during their stay.” **Female, ex-smoker.**

“I have asthma so I can't be around people smoking. This makes me really isolated in hospital, and I would have taken it up by now if it didn't stop me breathing.” **Female, never-smoker who has experienced Schizophrenia and been detained under the Mental Health Act.**

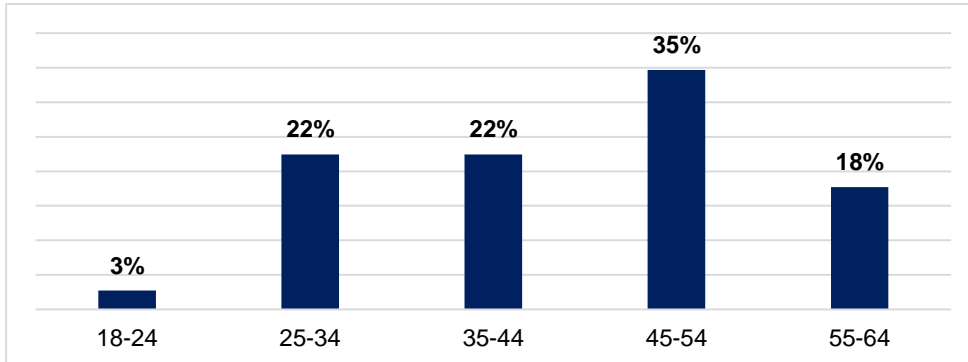
“I'm currently sectioned in hospital and prior to admission I had been smoke free for 2 years but using an electronic cigarette. However in the second hospital I was moved to, e- cigs were banned so I started smoking again and plan to stop when I am eventually discharged.” **Female, smokes every day is currently detained under the Mental Health Act.**

Results: analysis of staff survey

Demographics of respondents

Of the respondents 67% identified as female and 30% as male, 3% preferred not to say.

Figure 8.2: Age range of mental health staff

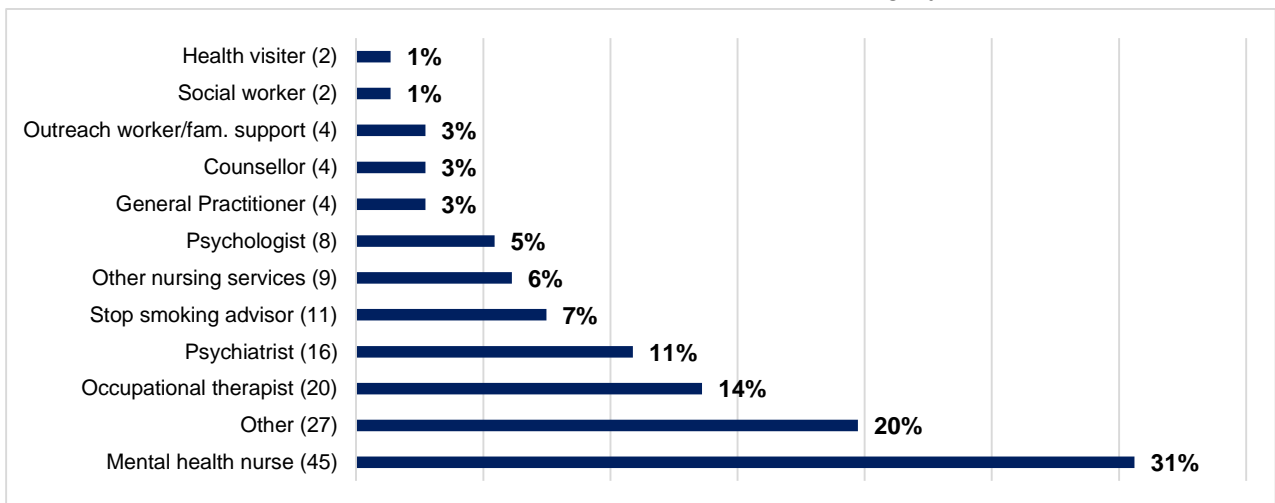


Base: 147

Role & Setting

Figure 9.1: Occupation of staff members

31% of respondents to the survey were mental health nurses, occupational therapists made up 14% of the sample, 20% of respondents fell into the “other” category.

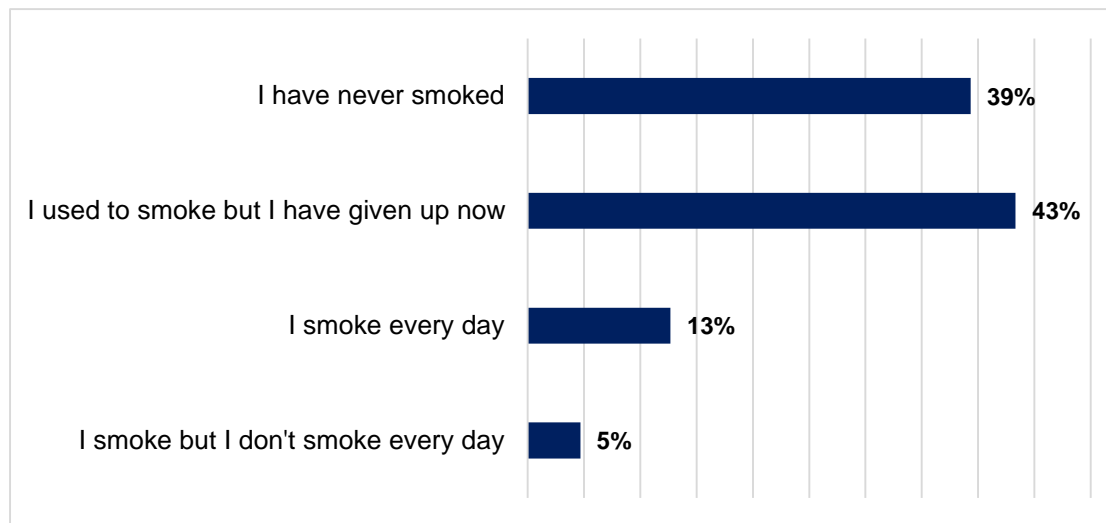


Base: 147

Smoking Status

Figure 10.1: Smoking Status

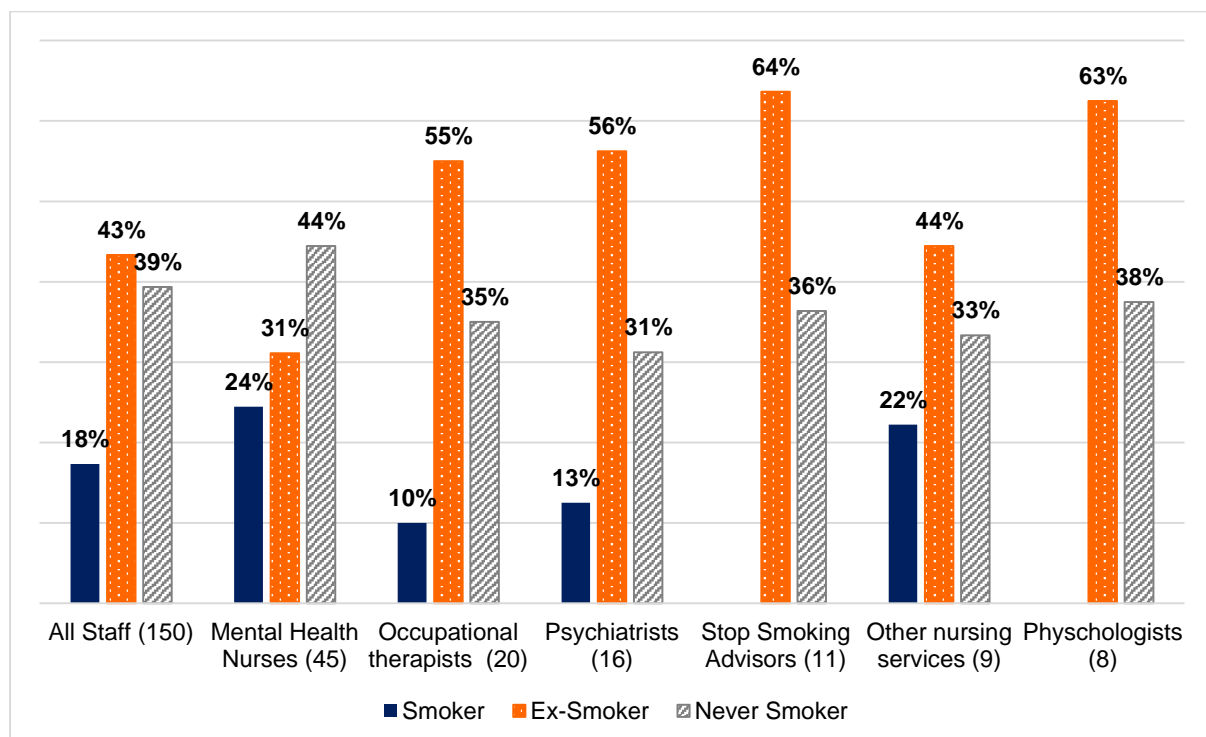
18% of staff surveyed were current smokers. This is slightly lower than the national average of 19% ([ONS, 2014](#)).



Base: 150

Figure 10.2: Smoking status by role

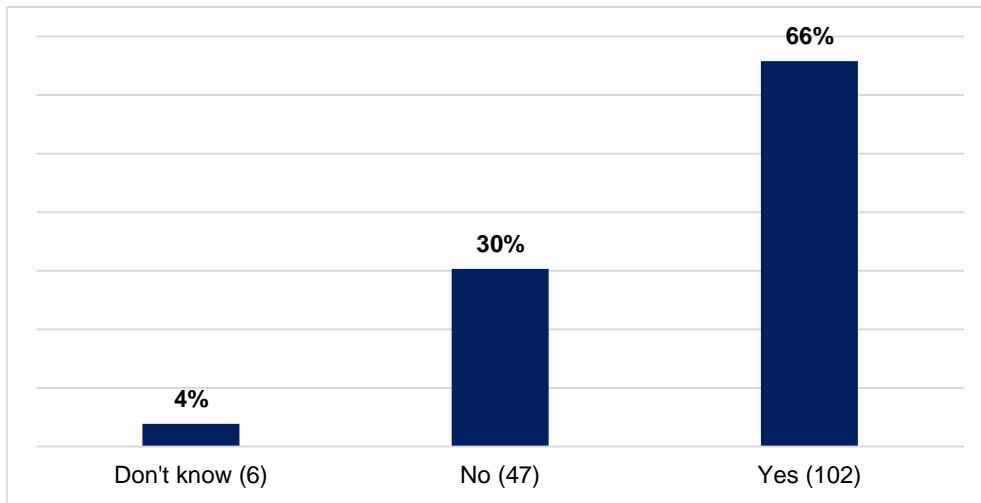
Whilst 18% reported smoking overall, smoking amongst nurses was higher, at 24% amongst mental health nurses and 22% amongst other nursing staff.



Base: 150

Figure 10.3: Smokefree Grounds

66% of respondents reported that their place of work had implemented smokefree grounds.

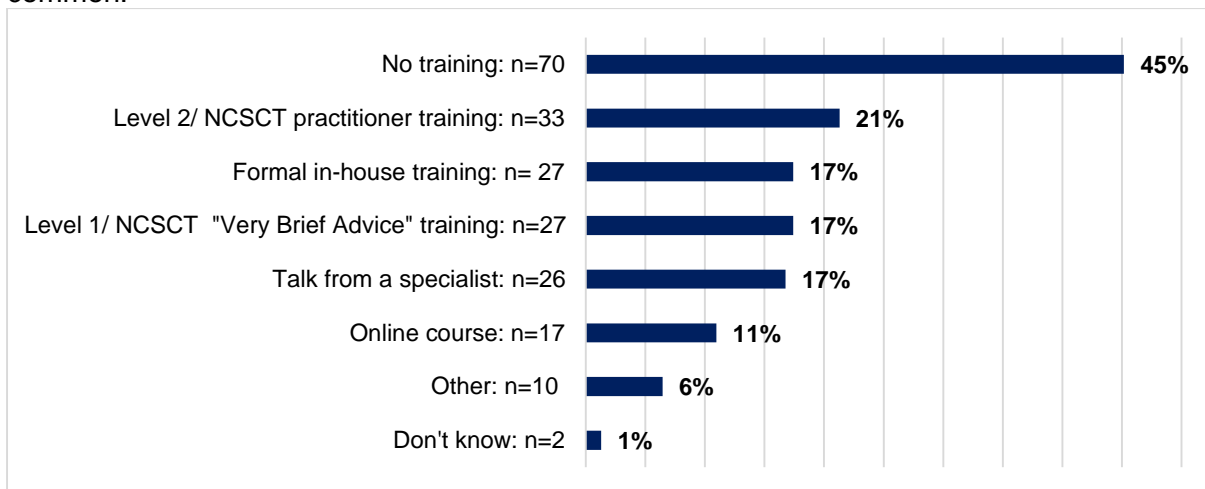


Base 155

Training

Figure 11.1: Training to support smokers to quit

45% of respondents reported having received no smoking cessation training. The remaining 55% had received at least one form of training, with NCSCT Level 2 Training the most common.

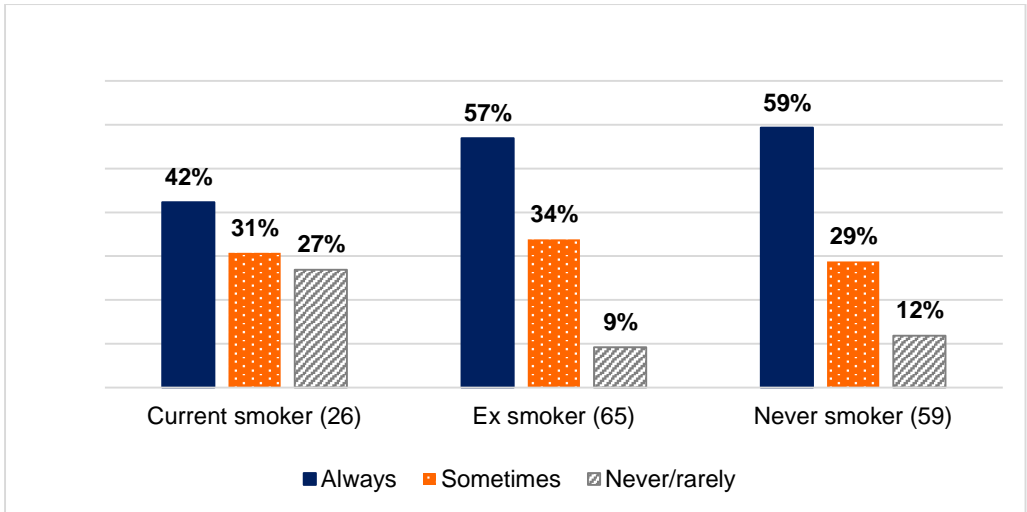


Base: 155

Discussing smoking with patients

12.1 Discussing smoking with patients by staff smoking status

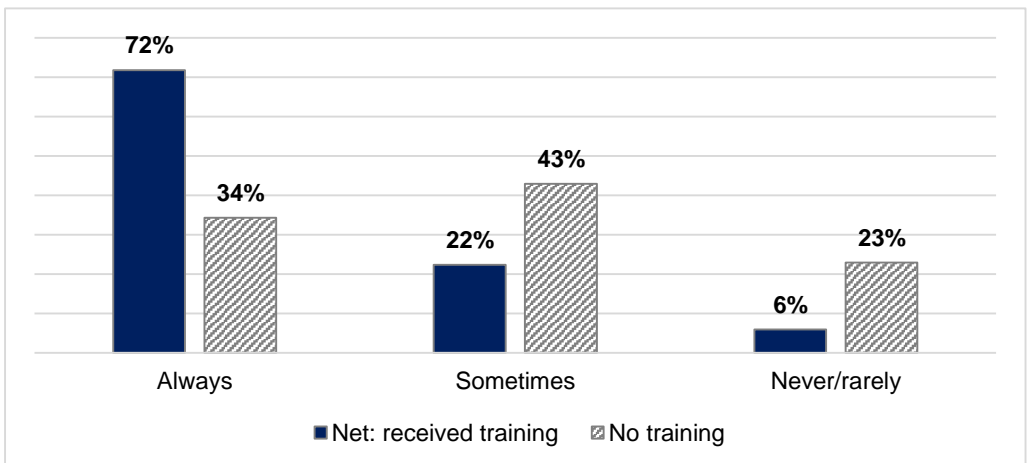
55% of staff report always discussing smoking with their patients. However, staff who smoke are less likely to "always" discuss smoking with their patients (42%) compared to ex-smokers (57%) and never smokers (59%). They were also more likely to "never" discuss smoking with their patients.



Base: 155

12.2 Discussing smoking with patients by training received

Staff who had received training, were more than twice as likely to report discussing smoking with their patients.



Base: 155

Attitudes to smoking and cessation in mental health inpatient settings

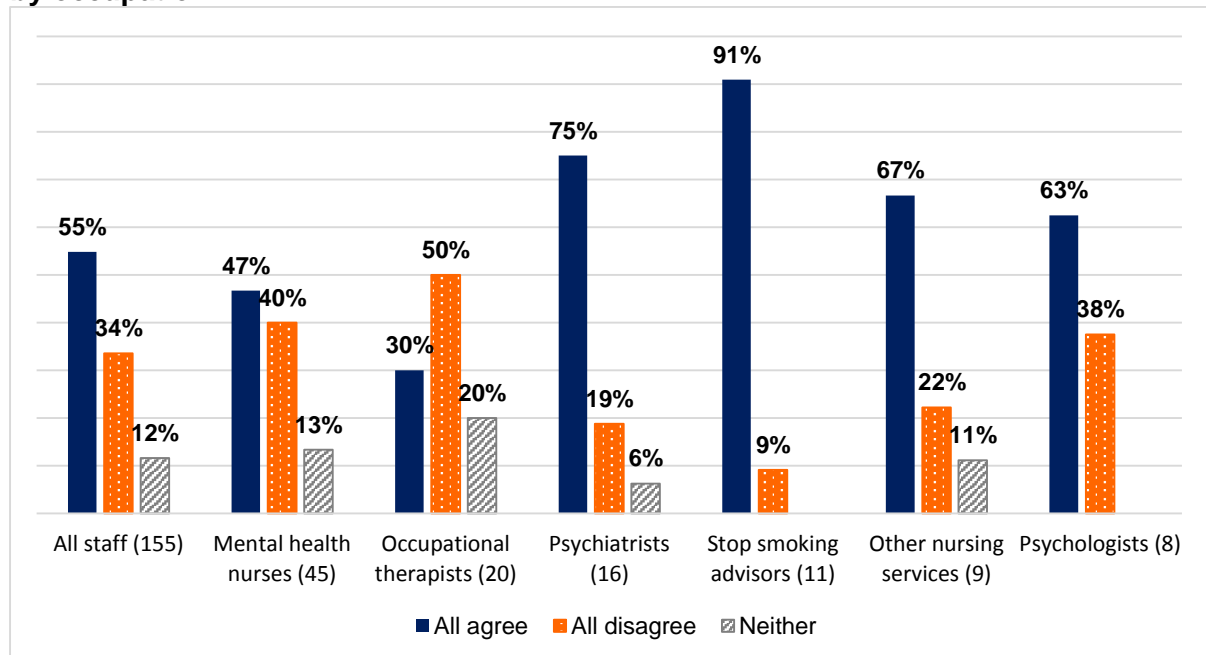
The data and analysis below explores attitudes to smoking and smoking cessation amongst staff working in the mental health sector. The results suggest that measures to reduce and denormalise smoking are, in general, supported by staff working with mental health patients.

- Over half (56%) of respondents support the introduction of a ban on smoking in the grounds of mental health hospitals.
- The vast majority (92%), said that staff in mental health services should not smoke in the presence of patients.

The survey also suggested that the majority (75%) of staff did not feel that addressing smoking during treatment would have an adverse effect on the therapeutic relationship between staff and patient.

It is also interesting to note that two thirds of respondents felt a qualification in smoking cessation would be useful. This includes over 50% of respondents who reported they had received no training.

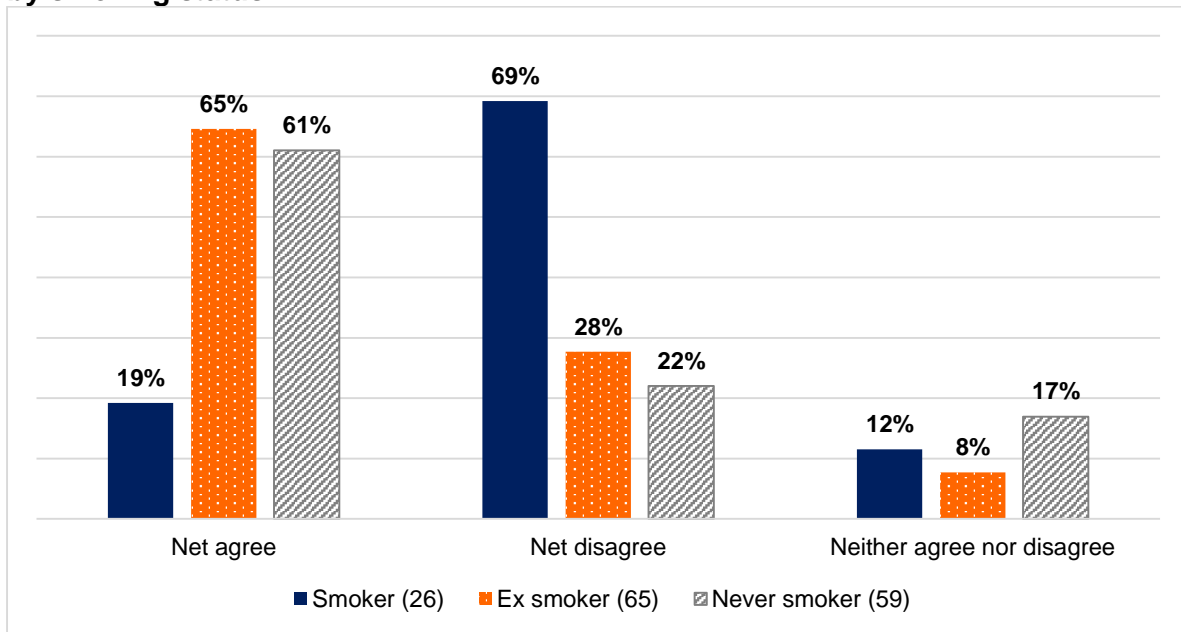
13.1 Smoking should be banned in the grounds of mental health hospitals (outside) by occupation



Base: 155

Over half of respondents support measures to ban smoking in mental health hospitals. Support is particularly high among psychiatrists, stop smoking advisors, and other nursing services (this does not include mental health nurses).

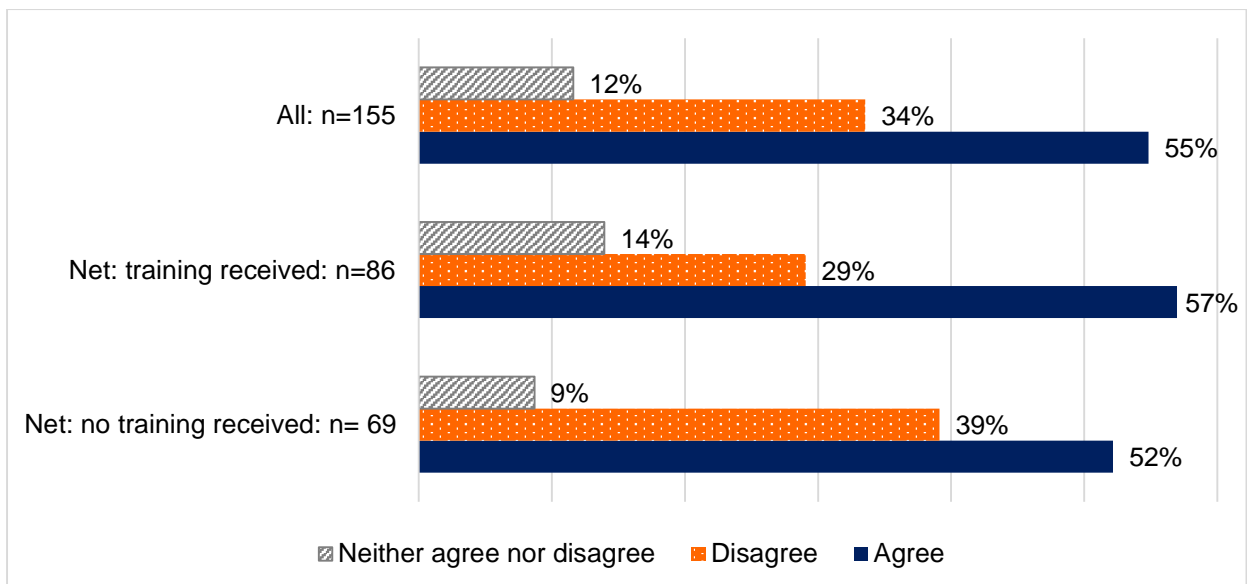
13.2 Smoking should be banned in the grounds of mental health hospitals (outside) by smoking status



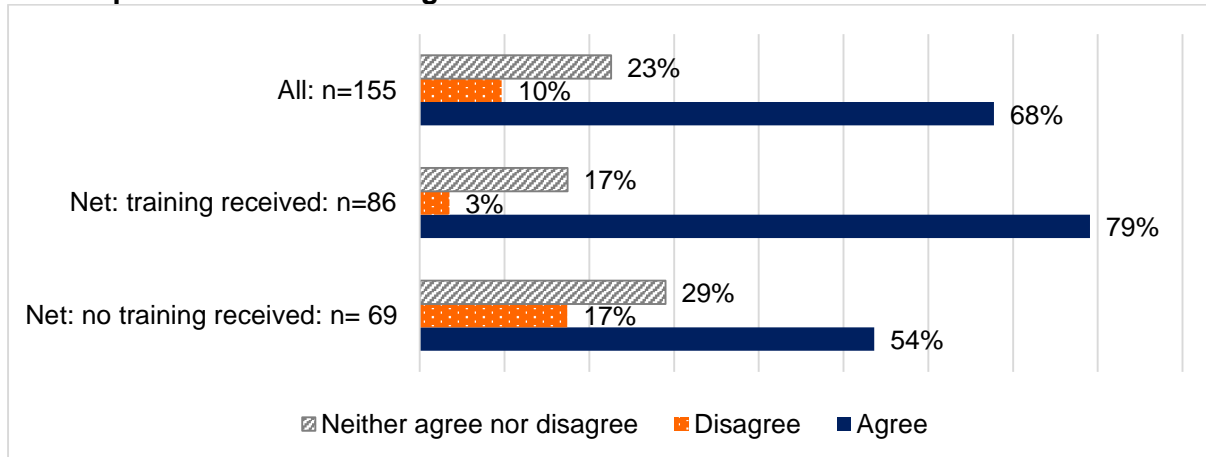
Base: 150

Whilst 55% of staff agree with the statement “smoking should be banned in the grounds of mental health hospitals”, support is much greater amongst ex-smokers and never smokers. Only 19% of current smokers think that smoking should be prohibited in the grounds of hospitals.

13.3 Smoking should be banned in the grounds of mental health hospitals (outside) by training.

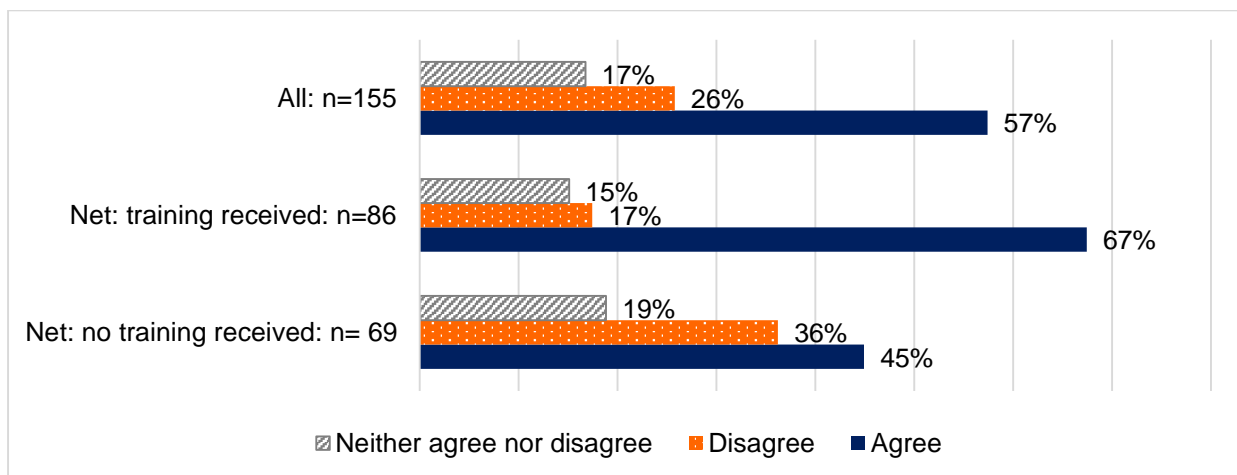


13.4 A qualification in smoking cessation would be useful for me

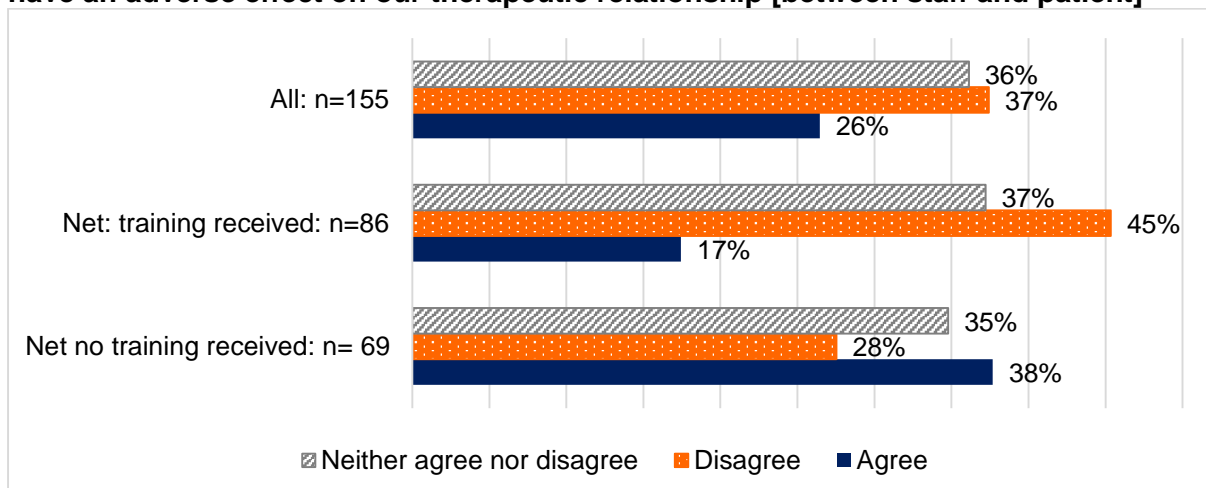


13.5 Hospitalisation is a good opportunity to address smoking cessation

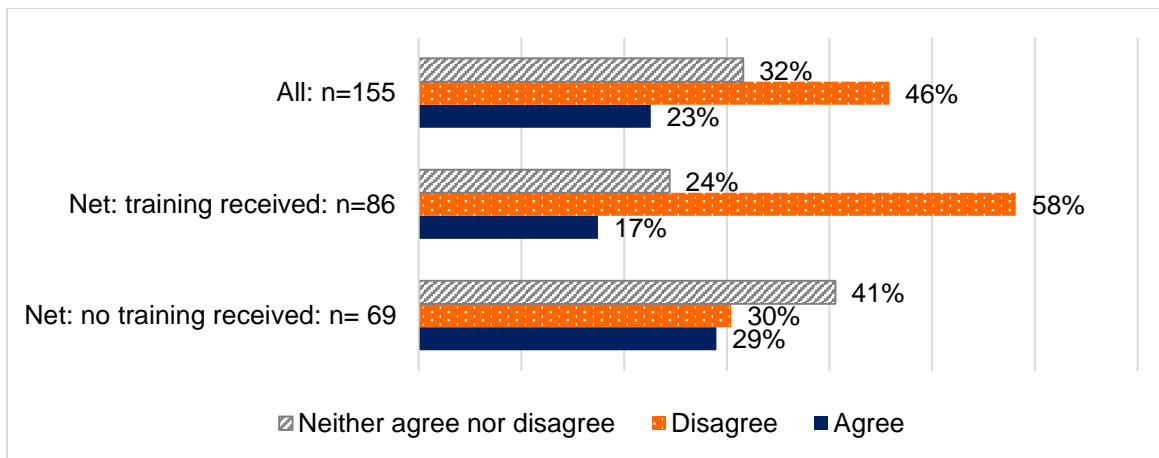
Staff who had received training were more likely to think that hospitalisation was an opportunity to address smoking, less likely to believe that smoking cessation would have a negative impact on a therapeutic relationship and less likely to believe that quitting would impact a patient’s recovery.



13.6 Addressing smoking during treatment for a mental health condition is likely to have an adverse effect on our therapeutic relationship [between staff and patient]

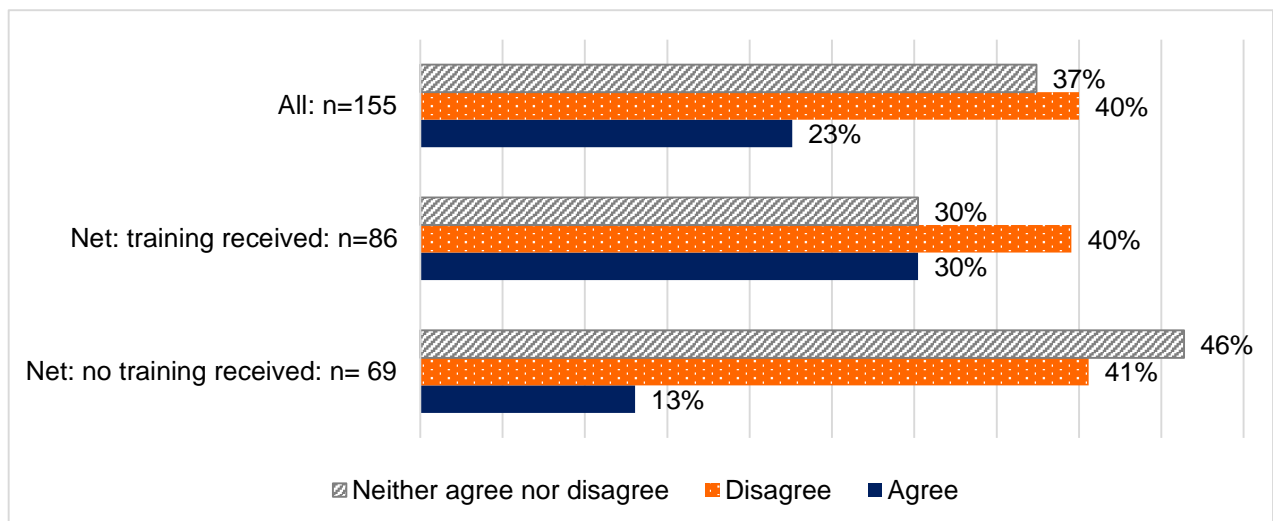


13.7 Quitting smoking during treatment for a mental health condition is likely to have a negative impact on my patients' recovery



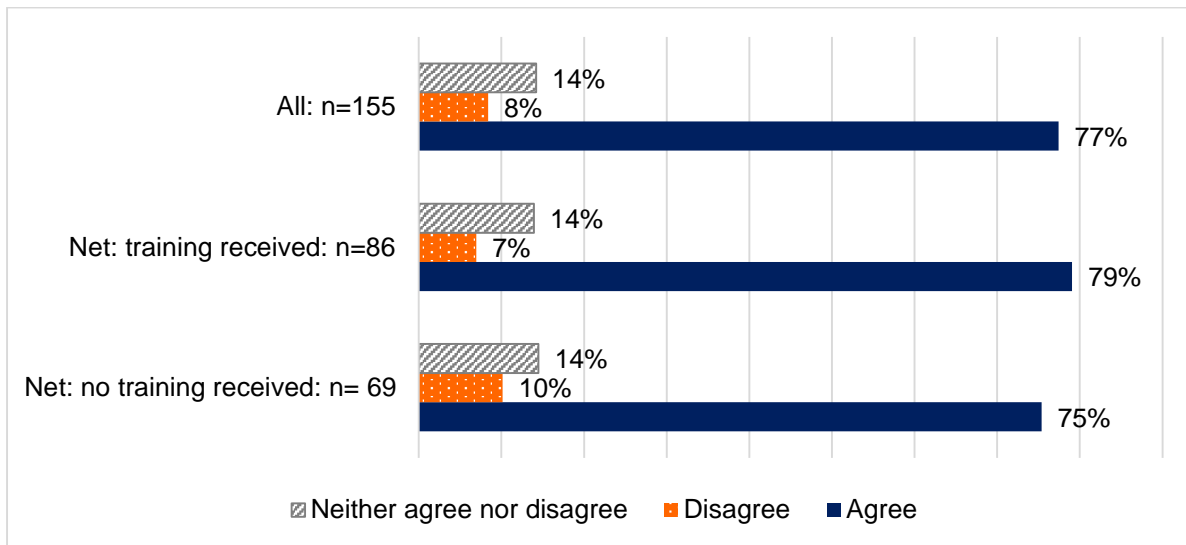
13.8 Most of the smoking patients I see would like to quit, by training received

Staff who had received training were more likely to believe that smokers wanted to quit. [Just over half of smokers in the survey of people with a mental health condition said that they had consistently felt they wanted to quit in the last year].



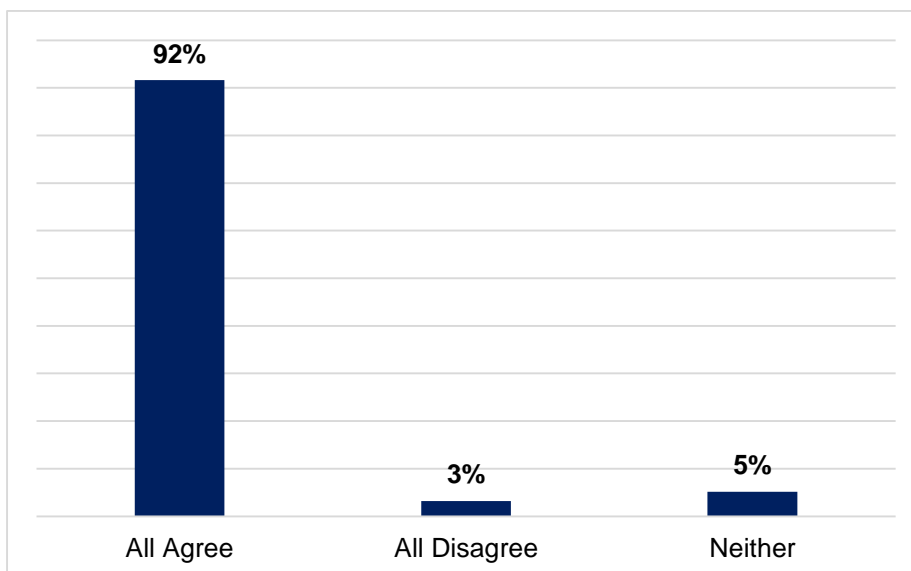
13.9 Staff having to take people out for smoking breaks means that they have less time for other activities

The majority (77%) of staff who responded to this survey identified smoking breaks as impinging on other activities. Similarly 67% of people with a mental health condition who had an inpatient experience said that staff having to take patients for smoking breaks reduced the time for other activities.



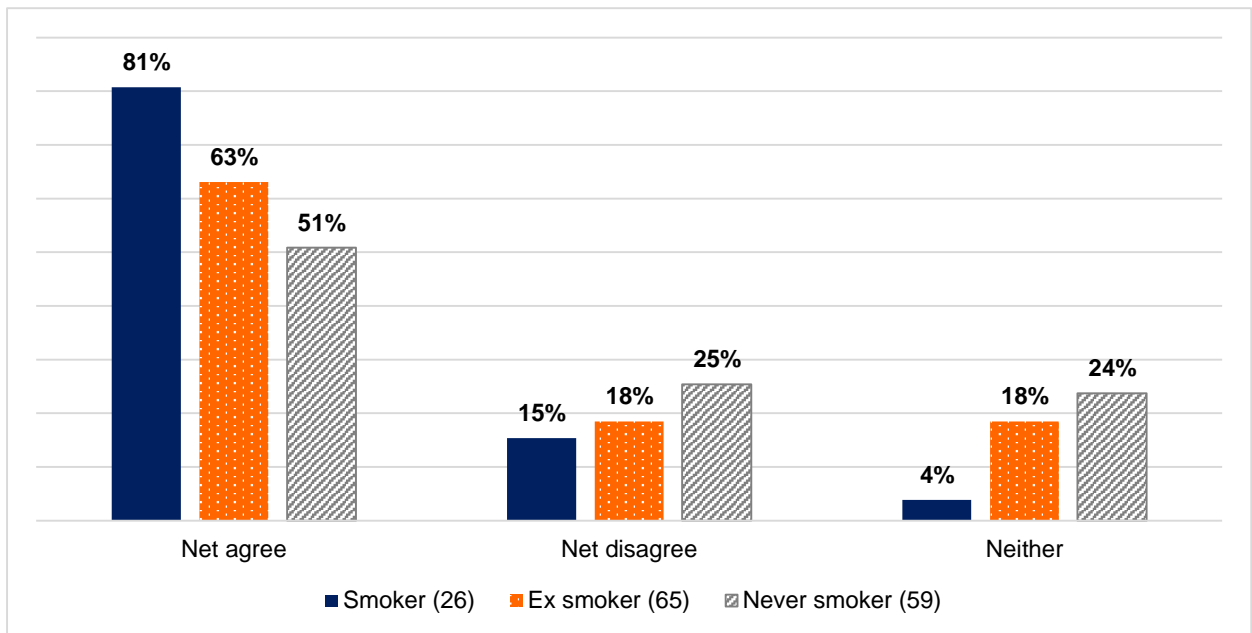
3.10 Staff in mental health services should not smoke in the presence of patients

There is a strong sense that staff should not smoke in front of patients, with 92% of respondents in agreement.



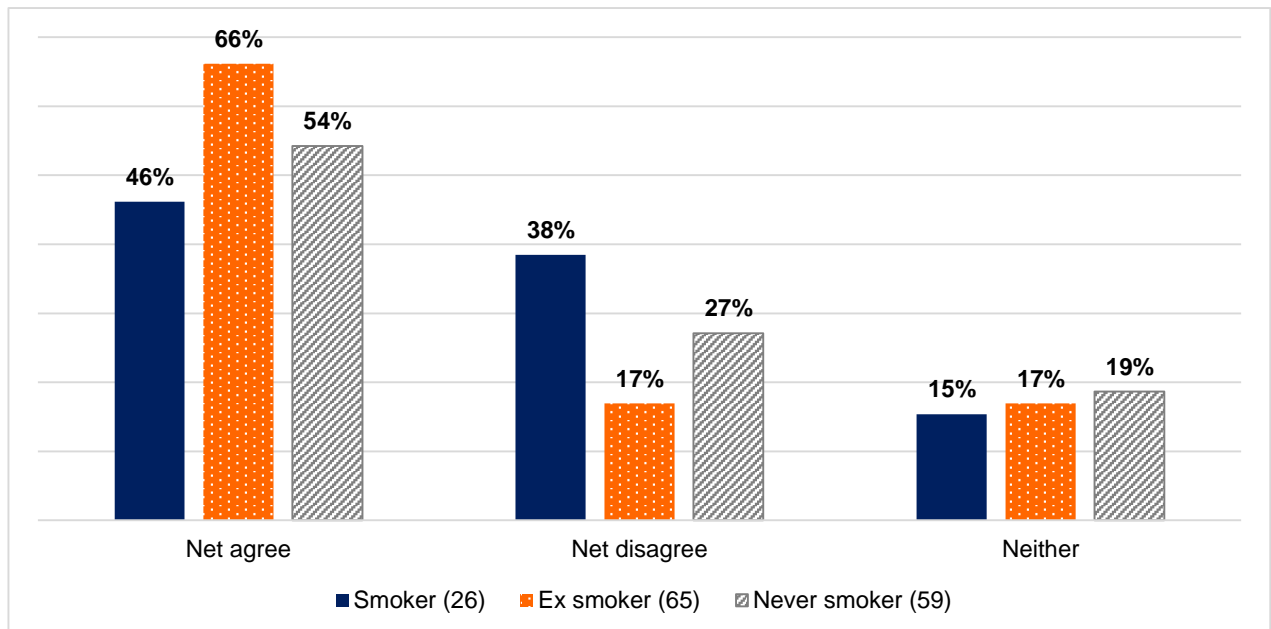
Base: 155

13.11 Electronic cigarettes should be available in mental health hospitals as an alternative to smoking (by smoking status)



Base 155

13.12 Helping patients to quit smoking is in the remit of my responsibility



Base: 150

Some qualitative answers expressed support for smokefree grounds and smoking cessation.

Box 8: Support for smoking cessation in mental health setting.

“All mental health services should be smoke free.” **Female, never smoker, nurse in Foundation Trust.**

It is essential that the offer of smoking cessation is given to every mental health client engaging with services”. **Male, never smoker, stop smoking advisor.**

“Considering the evidence smoking cessation should be a requirement on admission and care planned”. **Male, never smoker, student nurse in Mental Health Trust.**

Others noted concerns over insufficient training to support the implementation of smokefree grounds.

Box 9: Insufficient training

“Our staff have not been trained adequately to support patients go Smoke free...” **Female, ex-smoker, occupational therapist at a Foundation Trust.**

“Whilst offering smoking cessation in mental health settings should be a priority, imposing smoke free grounds in in-patient mental health settings is not safe without significant extra resources, preparation and bespoke training. It should also be done compassionately, carefully and respectfully, within a recovery model approach”. **Female, ex-smoker, occupational therapist at a Foundation Trust.**

Views regarding stress and smoking as a relief were also expressed.

Box 10: Smoking and stress

“Generally, people are stressed enough when they experience mental health problems, they do not need extra pressure putting on them to stop smoking.” **Male, current smoker, occupational therapist at an NHS Foundation Trust.**

“...I do not think that this is the right time for a person to be forced to stop smoking as this is likely to be the only pleasure and stress reliever on an inpatient ward.” **Female, current smoker, mental health nurse at a Mental Health Trust.**

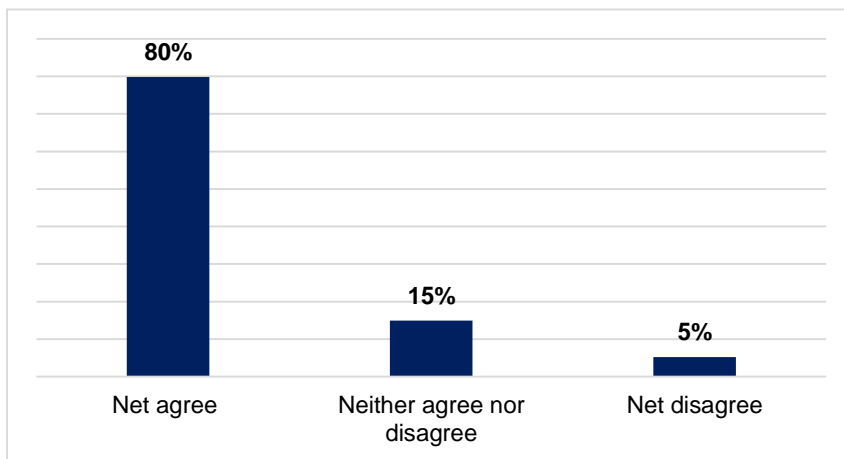
Nicotine Replacement Therapy (NRT)

Whilst the majority of respondents correctly identified NRT as a useful tool to support a quit attempt, the analysis suggests some misunderstanding of the evidence regarding the delivery of NRT to someone with a mental health condition among respondents.

21% of respondents were qualified to prescribe NRT. Confidence in prescribing NRT amongst these qualified respondents was high at 85%.

14.1 NRT is a useful aid to help someone with a mental health condition quit smoking

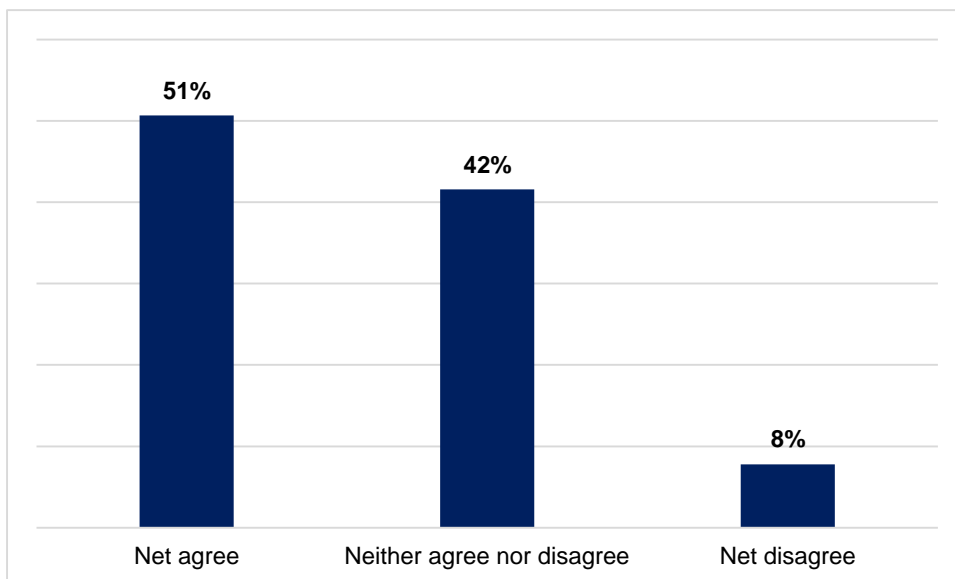
Four fifths of staff agreed that NRT is useful to help someone with a mental health condition quit smoking.



Base 154

14.2: There are few health risks for people with a mental health condition using NRT

Just over half (51%) of mental health staff correctly answered that there are few health risks for someone with a mental health condition using NRT. However, almost half were either unsure or thought there were risks. This suggests a serious knowledge gap around the delivery of NRT to patients with a mental health condition among respondents.

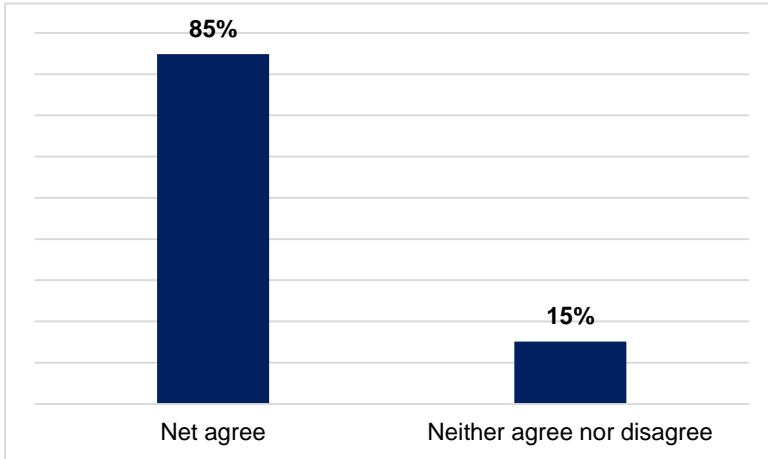


Base: 154

Box 11: Of 154 respondents only 21% or 33 were qualified to prescribe nicotine replacement therapy. This included 10 stop smoking service advisors, 11 psychiatrists, 3 occupational therapists and 4 mental health nurses.

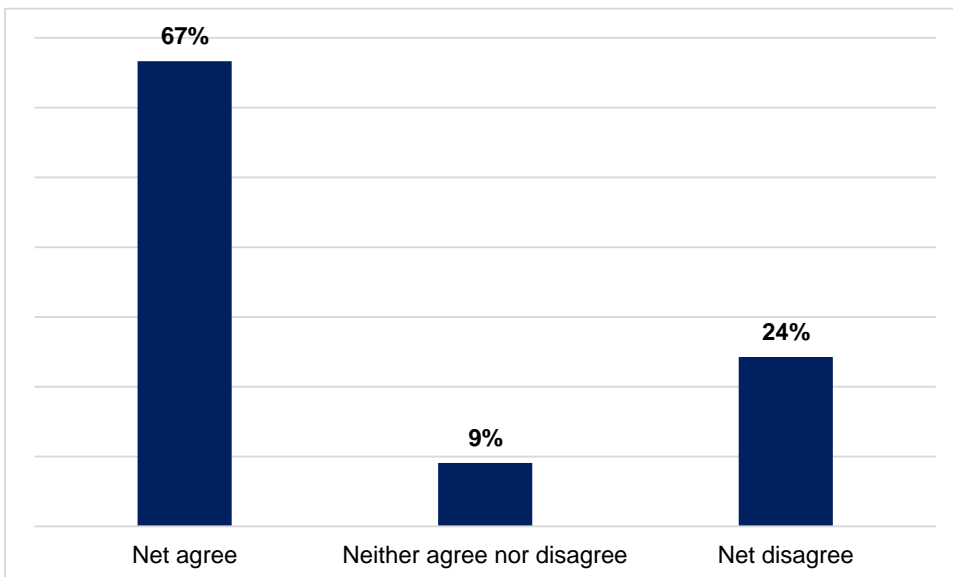
14.3 I feel confident in prescribing NRT to patients with Mental Health conditions

Of the respondents qualified to prescribe NRT, 85% said they felt confident to prescribe and 67% said they did so regularly.



Base: 33

14.4 I regularly prescribe NRT to patients with mental health conditions



Base: 33

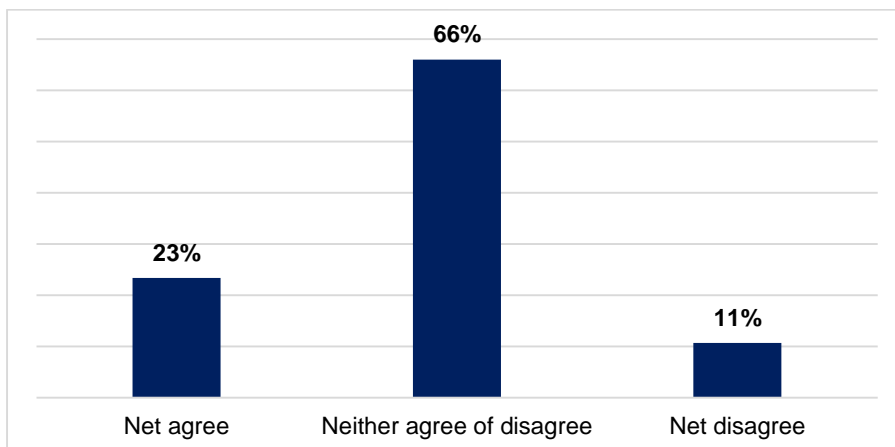
Bupropion and Varenicline

Both bupropion and varenicline are cautioned for use in smokers with mental health problems. However, both are safe to use when prescribed and monitored appropriately.

- Two thirds of respondents said they neither agree nor disagree with the statement that there are few health risks for people with a mental health condition using bupropion and varenicline.
- 15% of respondents reported being qualified to prescribe bupropion and varenicline.
- Of those qualified to prescribe bupropion and varenicline the majority (83%) reported feeling comfortable in prescribing them.

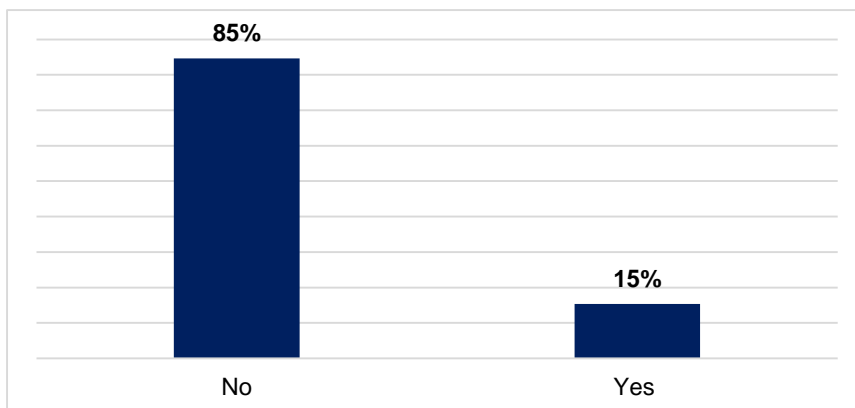
15.1 There are few health risks for people with a mental health condition using bupropion and varenicline

Two thirds of respondents answered they neither agree nor disagree with the statement that there are few health risk for people with a Mental Health condition using bupropion and varenicline.



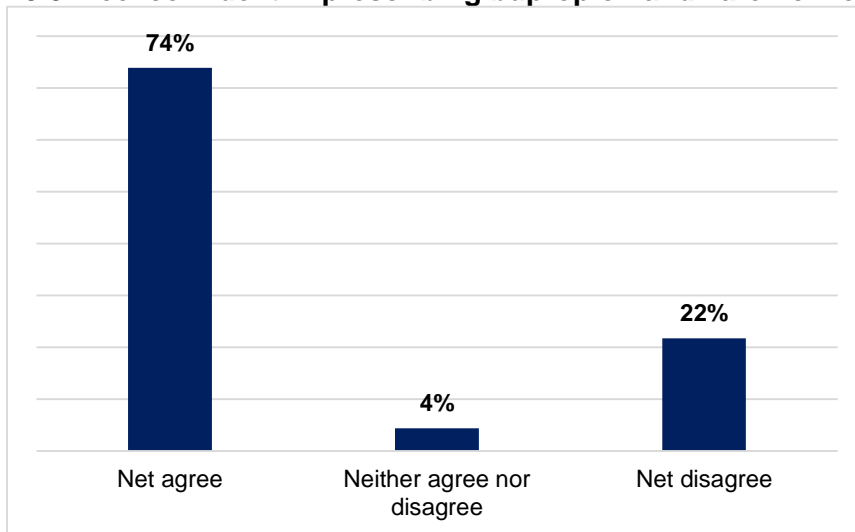
Base: 150

15.2 Are you qualified to prescribe bupropion and varenicline?



Base: 150

15.3 I feel confident in prescribing bupropion and varenicline?



Base: 23