

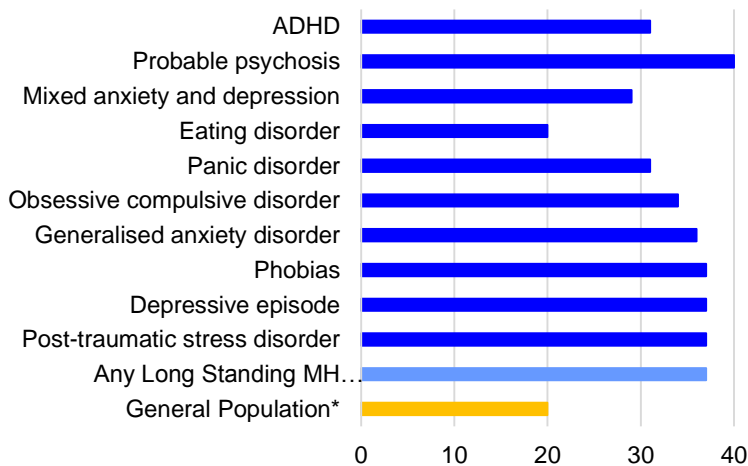
Smoking: Mental Health

- People with mental health conditions are more likely to smoke and may need more intensive and tailored support to quit.
- Smoking is the main cause of reduced life expectancy in those with a mental health condition.
- Stopping smoking is one of the best things people with mental health conditions can do to improve both their physical and mental health.
- Staff should always ask people if they smoke and refer those that do to stop smoking support.
- All mental health settings should develop a policy for smokefree grounds.

Smoking levels are much higher in those with a mental health condition

Smoking prevalence by mental health (MH) condition

(The Adult Psychiatric Morbidity Survey, 2007)



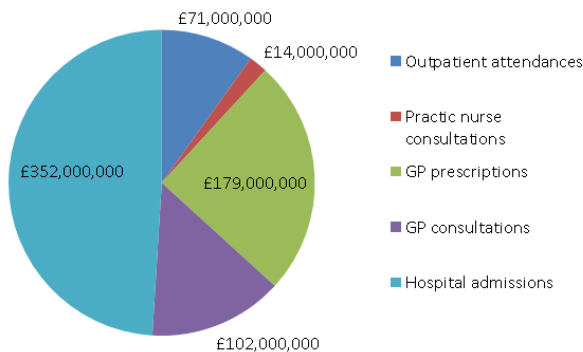
Those with a long standing mental health condition are three times as likely to smoke as those without (PHE, 2015 A).

A third of all cigarettes smoked in England are smoked by people with a mental health condition (RCP and RCPsych, 2013).

There is evidence to suggest that some people take up smoking for the first time whilst engaged with secondary mental health services (NICE PH48 Expert paper 8).

*Comparison taken from the Health Survey For England 2010

Smoking in those with mental health conditions reduces life expectancy and costs the NHS millions



The NHS spends £720 million per annum treating smoking-related disease in people with mental health conditions (RCP and RCPsych, 2013).

Life expectancy among people with mental health conditions has been shown to be between 8 and 17.5 years lower than that of the general population (Chang et al. PloS One, 2011).

Costs due to smoking related diseases among people with mental health conditions (RCP and RCPsych, *Smoking and mental health* 2013).

Those with a mental health condition need more support to quit

The prevalence of smoking in the general population has fallen over time. However, prevalence in those with a long standing mental health condition has remained high (Szatkowski & McNeill, 2014.):

- Smokers with mental health conditions are more heavily addicted to cigarettes, and therefore smoke more (Adult Psychiatric Morbidity Survey, 2007).
- People with mental health conditions are no less likely to want to quit smoking, but they expect to find it more difficult and are less likely to succeed than the general population (RCP and RCPsych, 2013).
- In many secondary mental health settings, smoking is engrained in the culture for both the patients and the staff (McNally, 2006) and mental health staff who smoke should also be supported to quit.

The benefits of a person with mental health conditions quitting are not only physical:

- Quitting smoking can reduce the dose of some medications needed (D Taylor, 2015).
- Quitting smoking is associated with reduced depression, anxiety, stress and improved positive mood and quality of life compared with continuing to smoke (Taylor et al. 2014).

Steps to take to reduce smoking in this population

1. Mental health trusts, CCGs and local authorities should work together to ensure this population has access to appropriate stop smoking support.
2. Mental Health settings should implement NICE guidance on smoking in secondary care [[NICE PH48](#)].
3. Professionals working with people with mental health conditions should:
 - Deliver “very brief advice” on quitting smoking.
 - Signpost support for those who want to quit.
 - Encourage people to use alternative sources of nicotine, including NRT (NICE).
 - Support those who want to use electronic cigarettes to quit smoking to do so (PHE, 2015 B).



Photo credit:
Huw Briscoe for
the RCPsych
Website, 2009.

