Reducing smoking in mental health

Hilary Wareing, Director, Tobacco Control Collaborating Centre
Dr Lisa McNally, Consultant in Public Health, Bracknell Forest Council
The nation's health

Trends in Life Expectancy (LE) in England and Wales 1940-2010

- LE in women increased by about 19 years
- Over this period LE in men increased by about 20 years

This corresponds to LE in 1950s in general population!

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Male Life Expectancy (95% CI, number of deaths)</th>
<th>Difference from male UK population*</th>
<th>Female Life Expectancy (95% CI, number of deaths)</th>
<th>Difference from female UK population*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Serious Mental Illness(^\wedge)</td>
<td>64.5 (63.3–65.6, n = 243)</td>
<td>-12.9</td>
<td>69.9 (68.7–71.0, n = 203)</td>
<td>-11.8</td>
</tr>
<tr>
<td>Schizophrenia (F20)(^\wedge)</td>
<td>62.8 (61.6–64.10, n = 196)</td>
<td>-14.6</td>
<td>71.9 (71.0–72.8, n = 126)</td>
<td>-9.8</td>
</tr>
<tr>
<td>Schizoaffective disorder (F25)(^\wedge)</td>
<td>69.4 (68.3–70.5, n = 16)</td>
<td>-8.0</td>
<td>64.1 (60.9–67.2, n = 28)</td>
<td>-17.5</td>
</tr>
<tr>
<td>Bipolar affective disorder (F31)(^\wedge)</td>
<td>67.3 (66.1–68.5, n = 43)</td>
<td>-10.1</td>
<td>70.4 (69.5–71.4, n = 65)</td>
<td>-11.2</td>
</tr>
<tr>
<td>Substance use disorders (F10–F19)(^\wedge)</td>
<td>63.9 (62.7–65.0, n = 254)</td>
<td>-13.6</td>
<td>66.9 (65.5–68.3, n = 94)</td>
<td>-14.8</td>
</tr>
<tr>
<td>Depressive episode and recurrent depressive disorder (F32–F33)(^\wedge)</td>
<td>66.8 (65.6–67.9, n = 284)</td>
<td>-10.6</td>
<td>74.4 (73.5–75.3, n = 336)</td>
<td>-7.2</td>
</tr>
</tbody>
</table>

*Life expectancy at birth 2006–08 in UK: Male = 77.4 years; Female = 81.6 years [27].
Significant difference between genders.
doi:10.1371/journal.pone.0019590.t002
Greatest reduction in CVD

Changes in smoking prevalence between 1993 and 2012 in participants with or without longstanding mental health conditions (with 95% confidence intervals (CIs); data from the Health Survey for England (HSE)).

Reference: Royal College of Physicians Smoking and Mental Health, page 23 fig.2.1
This is not surprising. The prevalence of modifiable risk factors is much higher for people with mental health problems and increases with severity.

1. Source: Health Survey for England (2010). Those with common mental health problems are identified by the EQ-5D questionnaire. 2. Source: Adult Psychiatric Morbidity Survey (2007). Note that those with psychotic disorders are also likely to be included among those with long term mental health problems. 3. Answers positively to the question “Do you smoke cigarettes nowadays?” 4. Weekly alcohol consumption ≥21 units (men), ≥14 units (women). 5. Body Mass Index ≥30. 6. Weekly physical exercise does not exceed 30 minutes on five days.
... prevalence of risk factors continued

**High blood pressure**

- General Population
- Common mental health problems
- Long Term Mental Health Problems

**Diabetes**

- General Population
- Common mental health problems
- Long Term Mental Health Problems

**High Cholesterol-HDL ratio**

- General Population
- Common mental health problems
- Long Term Mental Health Problems

---

20% of the general population smoke

Amongst people with mental health disorders it is 40% (and even higher in those with severe mental health disorders)

42% of tobacco consumption in England is by people with a mental illness

Most say they want to give up BUT smokers who have a mental health disorder are more likely to report they expect to find it difficult
• The NHS spends approximately £720m per annum in primary and secondary care treating smoking-related disease in people with mental health disorders.

• These costs arise from an annual estimated 2.6 million avoidable hospital admissions, 3.1 million GP consultations and 18.8 million prescriptions.

• The majority of these service costs arise from people diagnosed with anxiety and/or depression.

• Smoking increases psychototropic drug costs in the UK by up to £40m per annum.

Reference: Royal College of Physicians Smoking and Mental Health
• Addressing the high prevalence of smoking in people with mental disorders offers the potential to realise substantial cost savings to the NHS, as well as benefits in quantity and quality of life.

• Harm reduction through lifelong substitution with medicinal nicotine is highly cost-effective when compared with continuing smoking, at around £8,000 per QALY gained for lifetime nicotine patch use and £3,600 per QALY for inhalators.

Reference: Royal College of Physicians Smoking and Mental Health
The Mental Health Strategy ‘No Health without Mental Health’ made a commitment to parity of esteem between mental and physical health and a comment to improve the physical well being of those with a mental health disorder.
What is the Guidance?

PH48
Smoking cessation in secondary care: acute, maternity and mental health services

PH45
Tobacco: harm-reduction approaches to smoking
Premature Mortality and Serious Mental Illness

People with SMIs represent 5% of total population... People with SMIs face a **3.6 times higher mortality rate** than the general population and even higher in some parts of the country.

But 18% of total deaths

**44,000 fewer deaths** would occur if people with SMIs had the same mortality rates as the general population.

Almost half of the excess mortality is due to the ‘Big Killer Diseases’
- 12,000 from Cardiovascular Diseases
- 1,000 from Cancer
- 6,000 from Respiratory Diseases
- 1,000 from Liver Diseases

---

1. People with SMIs are defined in this slide as people in touch with secondary mental health services (for example with a psychiatrist).
2. Source: Mental Health Bulletin (Health and Social Care Information Centre, 2013) publication based on the Mental Health Minimum Dataset (2011/2012)
SMOKING ON THE WARD

Ligh on the ward is skewwed by early mornings
and early mornings skewwed by a trolley man
for treats as a reward for getting out of bed
brings me milk to skewwer the nurses in yr
heart,
and we all sit into the smoke-room leaving
the TV taking to fast in the enormous room
all in the smoke-room turning the air blue
and sneezing too at the facts of food,
and nurses and unrecognizable doctors
and about the fact that there's nothing else to
do.

By Jo Twist

Reference: Bright Sparks Collection of
Poems, courtesy of NHS Leicester City