Falling through the cracks

Closing the gap in stop smoking support for people with common mental health conditions

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mental health & smoking partnership

ash. action on smoking and health

Contents

Foreword

Smoking remains the leading cause of preventable illness and premature death in the UK, and its impact is felt most acutely by people living with mental health conditions. Smoking rates among people with poor mental health range from two to four times higher than the general population, depending on the condition. As a result, people with mental health conditions die younger and experience worse health. These inequalities are entirely preventable.

Despite significant progress in reducing smoking prevalence across the wider population, people with poor mental health are too often overlooked. England has no national target for reducing smoking among this population, and the NHS hasn't published data on smoking among people with depression and anxiety since 2017. The limited data we have indicates that progress has flatlined in recent years.

There is a growing recognition that reducing smoking among people with poor mental health is pivotal to creating a smokefree society. Since 2019, we've seen the expansion of tobacco dependence treatment services in NHS mental health settings, alongside an emerging focus on people with mental health conditions in local stop smoking services.

The Mental Health and Smoking Partnership has welcomed and supported these efforts. However, this report demonstrates that we need to think bigger and be more ambitious to ensure that people with poor mental health are not left behind. There are an estimated 1.5 million people in Great Britain with depression and anxiety who smoke. This group is underserved by a postcode lottery in existing support, compounded by the lack of a national strategy or targets.

There are promising examples of innovation across the country, demonstrating what can be achieved through strong partnerships, targeted approaches, and a commitment to reducing inequalities. Local authorities, working in partnership with the NHS and the voluntary sector, are uniquely placed to lead a whole-system response to smoking among people with common mental health conditions.

But national government must play its part by developing a roadmap to a smokefree country which puts people with poor mental health front and centre.

The incoming generational tobacco sales ban and new funding for smoking cessation present an unprecedented opportunity to create a smokefree society for all. However, without a clear focus on supporting existing smokers, particularly those with mental health conditions, inequalities in smoking will persist. We urge the Government to act.

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Introduction

This report has been produced by Action on Smoking and Health (ASH) and the Mental Health and Smoking Partnership. It examines the relationship between smoking and common mental health conditions and sets out recommendations for national government, the NHS, local authorities and the voluntary sector to reduce smoking-related inequalities and improve access to support.

ASH is a public health charity that works to eliminate the harm caused by tobacco. ASH receives funding from Cancer Research UK and the British Heart Foundation. The Mental Health and Smoking Partnership is a coalition of organisations working to reduce the disproportionate impact of smoking on people with mental health conditions. The Partnership is jointly chaired by Mark Rowland, Chief Executive of the Mental Health Foundation, and Professor Ed Beveridge, Presidential Lead for Physical Health at the Royal College of Psychiatrists.

The connection between smoking and poor mental health is well established. Smoking prevalence among this population is significantly higher,[1] [2] and there is growing evidence to suggest that smoking not only exacerbates poor mental health but can play a causal role in its development.[3] [4] [5] [6] [7]

While some progress has been made in implementing quit support for people with SMI through targeted interventions in acute and inpatient settings, those experiencing common mental health problems such as anxiety and depression have been largely overlooked. There are around 1.5 million people in Great Britain (GB) with depression and anxiety who smoke, representing almost a third of all tobacco consumption.3 Supporting these people to quit smoking would dramatically reduce overall smoking prevalence, while narrowing the stark health inequalities experienced by those with poor mental health. People facing disadvantage are also more likely to experience poor mental health, so focusing on this population offers an opportunity to tackle multiple, overlapping health inequalities.

The government's ambition to create a smokefree country represents a major opportunity to reduce smoking prevalence and improve population health. However, without targeted and inclusive action, there is a real risk that people experiencing mental health problems will be left behind.

This report sets out recommendations for the NHS, national and local government, and third sector mental health services to improve engagement with people experiencing common mental health conditions and ensure equitable, sustained progress towards a smokefree country. These recommendations will be most impactful if they are part of a comprehensive national plan to drive down smoking across the population.

Throughout this report, the term "common mental health conditions" is used to refer to anxiety and depression.

1 GOV.UK. Health matters: smoking and mental health. 2020.

2 Walker, E. R., McGee, R. E., & Druss, B. G. Mortality in mental disorders and global disease burden implications: A systematic review and meta-analysis. JAMA Psychiatry. 2015. 72(4), 334–341. doi: 10.1001/jamapsychiatry.2014.2502

3 ASH. Public smoking and mental health: A framework for action. 2022.

4 Wootton R, Sallis H, Munafò M. Is there a causal effect of smoking on mental health: A summary of the evidence. Produced by MRC Integrative Epidemiology Unit, University of Bristol, on behalf of Action on Smoking and Health. 2022.

5 Taylor G, McNeill A, Girling A, et al. Change in mental health after smoking cessation: systematic review and meta-analysis. *BMJ*. 2014; 348:1151 doi:10.1136/bmj.g1151

6 Park, S.K., Oh, CM., Kim, E et al. The longitudinal analysis for the association between smoking and the risk of depressive symptoms. *BMC Psychiatry* 2024; 24:364. https://doi.org/10.1186/s12888-024-05828-7

7 Gurillo, Pedro et al. Does tobacco use cause psychosis? Systematic review and meta-analysis *The Lancet Psychiatry* 2015;2(8) 718 - 725

Methodology

This report incorporates insights from a series of roundtable discussions held in September 2024 with representatives from local authorities, NHS mental health services, academia and the third sector. It also draws on lived experience input from people with mental health conditions who smoke or have recently quit, survey data from the ASH/YouGov survey of local authority stop smoking services, insight work with local services, and expert input from members of the Mental Health and Smoking Partnership.

Summary of findings

National leadership and coordination are needed to ensure consistency and scale

- While some local authorities are taking proactive steps to reach people with mental health conditions, progress remains uneven and locally driven. Further support from the Government and NHS England would help to improve the coordination and quality of local activity.
- The lack of robust national data on smoking among people with common mental health conditions limits effective planning, target-setting and accountability.

Local government has a key role in leading a system-wide approach to reduce smoking among people with poor mental health

- There is significant variation in the extent and quality of stop smoking support for this population.
- Local authorities are uniquely placed to lead a whole-system, population-level response to smoking among people with common mental health conditions. This goes beyond commissioning specialist stop smoking services, to shaping a coordinated local system in which every organisation plays a role in supporting this population to quit. This means:
  - Developing a comprehensive local strategy with clear targets and accountability.
  - Building partnerships with local services that support people with high rates of smoking and poor mental health.
  - Running communication campaigns to improve public and professional awareness of the links between smoking and poor mental health.
  - Delivering tailored models of support informed by lived experience and local needs.

There are significant opportunities to integrate smoking cessation support into existing mental health services

- There is scope to increase quit attempts by providing smoking cessation support within existing mental health services, such as Talking Therapies.
- There is further opportunity for third sector providers of therapy and mental health support to provide stop smoking interventions.

Greater awareness of the link between smoking and poor mental health is needed

- Both the public and mental health professionals have limited understanding of the bidirectional relationship between smoking and poor mental health and the resulting cycle of dependency.
- National and local campaigns, alongside improved training for those providing smoking cessation and mental health support, are needed to raise awareness of the mental health harms of smoking and dispel the myth that smoking relieves stress.

Pharmacotherapies and vapes can boost quit success

- Vapes are being used to help people with poor mental health quit or reduce smoking, with evidence showing they are particularly valuable for this population.
- Pharmacotherapies, including varenicline and cytisine, are effective cessation aids, particularly when combined with behavioural support, and can be safely used by people with mental health conditions.

Recommendations

National government

- Publish a roadmap to a smokefree country, including a plan to address high rates of smoking among people with mental health conditions.
- Develop a national toolkit on delivering support to people with mental health conditions in stop smoking services.
- Fund wider roll out of smoking cessation support in Talking Therapies.
- Fund a financial incentive scheme to boost quit attempts among people with poor mental health, building on the success of financial incentives for pregnant smokers.
- Run national communication campaigns to increase awareness of the links between smoking and poor mental health and address the myth that smoking relieves stress.
- Maintain all current funding for local stop smoking services and intervene to protect funding for NHS tobacco dependence treatment services.
- Regulate vapes to reduce uptake among young people and non-smokers while ensuring vapes remain accessible as a quitting aid for adults who smoke, particularly those with mental health conditions.

Local authorities

- Develop local strategies to implement a whole-system, population-level response to smoking among people with common mental health conditions. This should include clear targets and accountability for delivery.
- Build partnerships with local services that support people with high rates of smoking and poor mental health and ensure smoking cessation is embedded in existing support. This includes mental health services but also those providing family/income support, foodbanks, addiction support, social housing and homelessness. This should involve ensuring staff are trained in VBA and referral, and co-locating quit support within these settings.
- Ensure stop smoking support is tailored for those with mental health problems, for example by upskilling stop smoking advisors to support people with poor mental health, providing access to digital support, and implementing cut-down-to-quit approaches and increasing quitting timeframes (e.g. from 4 to 12 weeks). This should be informed by lived experience and local needs.
- Ensure people with mental health conditions have access to pharmacotherapy and nicotine vapes, as recommended by NICE. Local authorities should continue to facilitate access to vapes for NHS trusts and other services supporting people with high rates of smoking.
- Develop evidence-based comms campaigns addressing the link between smoking and poor mental health. These should be run at regional level to maximise their reach.

Recommendations continued

NHS

- ICBs should engage with local government in the development of system-wide plans to address the high rates of smoking among people with common mental health conditions.
- Reinstate the collection of data on smoking among people with common mental health conditions through the GP Patient Survey to address the current gap in national data and build a better picture of local population health needs.
- Integrate stop smoking support into usual care for Talking Therapies services.

Third sector providers

- Integrate stop smoking support into non-acute mental health care and other services for populations with high rates of smoking and poor mental health (e.g. homelessness and housing support, foodbanks, drug and alcohol support services, criminal justice services, refugee and migrant support services).
- Build links with ICBs, local authority stop smoking services and the National Centre for Smoking Cessation Training (NCSCT) to upskill staff and establish clear referral pathways.
- Put in place smokefree policies that support service users, staff and visitors to abstain from smoking. This should include provision of or referral to stop smoking support.

Mental Health and Smoking Partnership commitments

In support of these recommendations the Mental Health and Smoking Partnership will:

- Produce a practical toolkit to enable voluntary and community sector organisations to support people with mental health conditions to quit smoking. This will include information on engaging people with quit support, upskilling staff, delivering evidence-based support and building effective referral pathways.
- Convene cross-sector partners, including local authorities, NHS services and VCSE organisations, to share effective practice, address implementation challenges and strengthen collaborative approaches to reducing smoking among people with poor mental health.
- Track progress by monitoring emerging evidence, policy developments and implementation of priority actions, helping to identify gaps, highlight examples of good practice and inform future national and local action.

Smoking and mental health

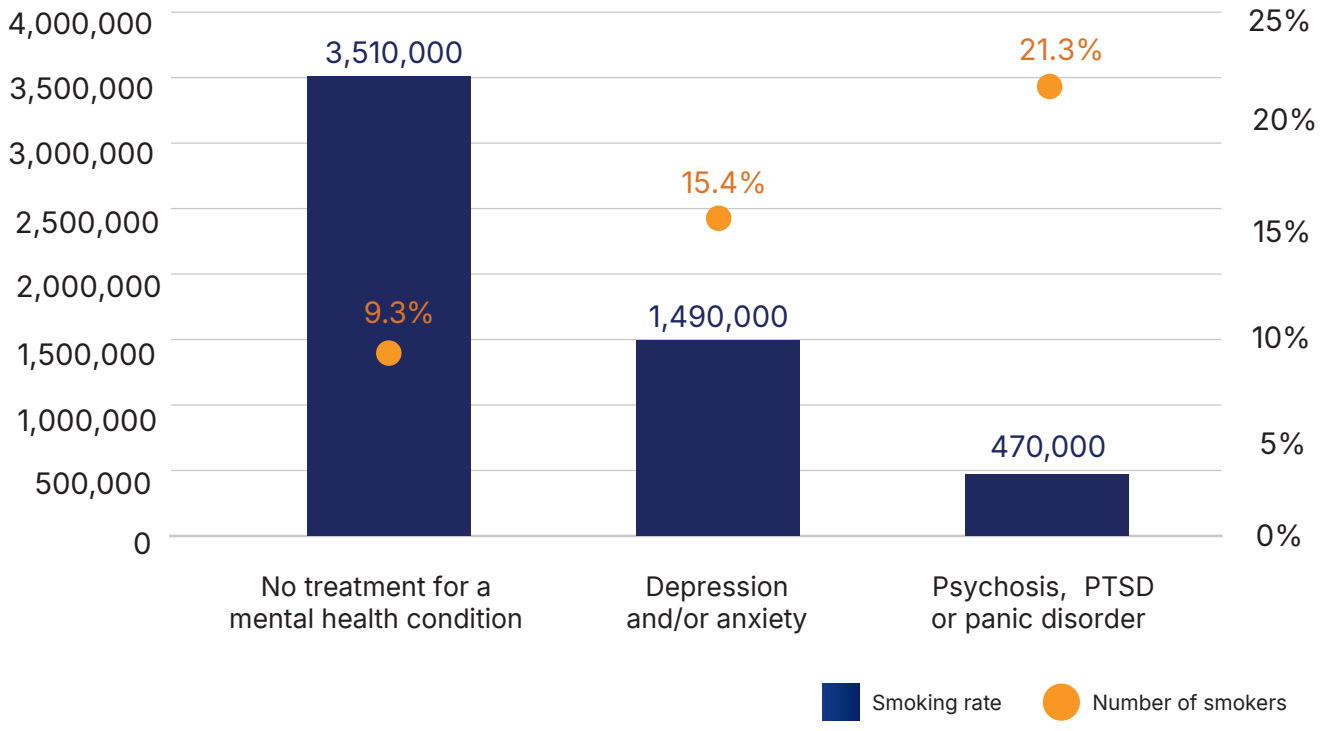
The scale of the problem

Smoking is a leading driver of the 7-25 year gap in life expectancy between people with mental health conditions and those without.[2] Smoking rates among people with a mental health condition are significantly higher than in the general population; accounting for around a third of overall tobacco consumption.[8] [9]

Smoking prevalence is highest among people with severe mental illness (SMI), with GP data from 2014/15 estimating smoking prevalence at over 40% in this population.[10] The NHS has not published data on smoking among people with SMI since 2015. However, the 2026 ASH/ YouGov Smokefree GB survey shows that smoking rates remain disproportionately high among those being treated for conditions such as psychosis (26%), post-traumatic stress disorder (23%) or panic disorders (21%) (see Appendix 1).

However, the largest number of people affected by smoking and poor mental health are those with depression and anxiety, amounting to around 1.5 million people in Britain.[9] Around 15% of this group smoke, compared to 9% among people who are not being treated for a mental health condition (Figure 1).

Figure 1 | Smoking prevalence among people being treated for mental health conditions in Britain



Smokefree GB Adult survey 2026. Unweighted base: Adult smokers (No MH condition = 857, Depression and/or anxiety = 348, Psychosis, PTSD or panic disorder = 111). Population estimates are based on the 2024 mid-year ONS estimate of 53,529,934 adults aged 18+ in GB, applied to the proportion of people in the Smokefree Adult survey who smoke and have the MH condition.

8 Khan J. The Khan review - Making smoking obsolete: Independent review into smokefree 2030 policies. 2022.

9 Smokefree GB Adult survey 2026. Total sample size was 13,259 adults. Fieldwork was undertaken between 18th February – 19th March 2026. The survey was carried out online. The figures have been weighted and are representative of all GB adults (aged 18+).

10 NHS England. General Practice Extraction Service, 2014-2015

Much of the progress in treating smoking among people with poor mental health has been centred on inpatient settings or hospital-based community care. People with depression and anxiety are much less likely to access these services, and while access to treatment has improved in recent years, only around half of adults with a common mental health condition are currently receiving medication and/or psychological therapy.[11]

Reducing smoking prevalence in this population requires a new approach that prioritises accessibility. This means embedding stop smoking interventions into mental health and other community services, tailoring support to meet the needs of this population, and building stronger referral pathways into existing stop smoking services.

The impact of smoking on mental health and wellbeing

Smoking does more than damage physical health. There is a growing body of evidence that smoking causes poor mental health, particularly increasing the risk of developing bi-polar, schizophrenia and depression, with a weaker link between smoking and going on to develop ADHD and anorexia. [4] [12] [13] Quitting smoking is also linked with improvements in mental health and wellbeing which are comparable to the impact of taking anti-depressants.[14]

Smoking rates are highest in populations experiencing wider social disadvantage, including those in routine or manual jobs, those in contact with the criminal justice system, and LGBT+ communities[15] – groups that also experience poorer mental health.[16] [17] [18]

Smoking also fuels a cycle of dependence, poor health, financial strain, and inequality – all of which worsen mental health and wellbeing. People who smoke tend to be sicker, poorer and are more likely to be unable to work due to poor health. The average UK smoker spends around £2,338 a year on their addiction[19] – around 10% of average disposable income – with many heavy smokers spending far more. Those with poor mental health are already more likely to experience financial difficulties, with nearly half (48%) of those who are behind on one or more bills having experienced mental health problems.[20]

Supporting people with common mental health conditions to quit smoking will not only reduce their risk of preventable disease but is also a key opportunity to improve population level mental health, improve household finances and reduce health inequalities.

11 NHS England. Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2023/4. 2025.

12 Wootton RE, Richmond RC, Stuijfzand BG, Lawn RB, Sallis HM, Taylor GM, Hemani G, Jones HJ, Zammit S, Smith GD, Munafò MR. Evidence for causal effects of lifetime smoking on risk for depression and schizophrenia: a Mendelian randomisation study. Psychological medicine. 2020 Oct.

13 Vermeulen JM, Wootton RE, Treur JL, Sallis HM, Jones HJ, Zammit S, van den Brink W, Goodwin GM, De Haan L, Munafò MR. Smoking and the risk for bipolar disorder: evidence from a bidirectional Mendelian randomisation study. The British Journal of Psychiatry. 2021 Feb.

14 Taylor G, Lindson N, Farley A. et al. Smoking cessation for improving mental health. Cochrane Database of Systematic reviews. 2021. doi: 10.1002/14651858.CD013522.pub2

15 ASH. Health Inequalities and Smoking. 2019.

16 Office for National Statistics. Adult smoking habits in the UK: 2024

17 Cambridgeshire & Peterborough Insight. Mental Health Needs Assessment.

18 Stonewall. LGBT in Britain. Health report. 2018

19 ASH. ASH Ready Reckoner. 2025.

20 Money and Mental Health Policy Institute. Breaking the cycle: The case for integrating money and mental health support during the cost of living. 2023.

Figure 1 | The cycle of dependence

Community services

Local authority Stop Smoking Services

Key insights

- **Local authority stop smoking services play a critical role** in reducing smoking among people with poor mental health, with many actively prioritising this group.
- **Local authorities are uniquely placed to lead a whole-system, population-level response to smoking** among people with common mental health conditions. This goes beyond commissioning specialist stop smoking services, to shaping a coordinated local system in which every organisation plays a role in supporting this population to quit. This means:
  - **Developing a comprehensive local strategy** with clear targets and accountability.
  - **Building partnerships with local services** and VCSE organisations that support people with high rates of smoking and poor mental health.
  - **Running comms campaigns** to improve public and professional awareness of the links between smoking and poor mental health.
  - **Delivering tailored and flexible models of quit support** for people with poor mental health, for example by upskilling stop smoking advisors to support this group, providing access to digital support, and implementing cut-down-to-quit approaches and increasing quitting timeframes (e.g. from 4 to 12 weeks). This should be informed by lived experience and local needs.
- **Vapes remain an important quitting tool for adults who smoke,** particularly for people with poor mental health.
- **Financial incentives could increase engagement** among people with poor mental health by reducing cost barriers to quitting.

Building a system-wide approach

Local authorities play a central role in reducing smoking prevalence and tackling health inequalities. Through their responsibilities for public health and wider place-based services, they are uniquely positioned to lead a whole-system, population-level response to smoking among people with common mental health conditions. This goes beyond commissioning specialist stop smoking services, to shaping a coordinated local system in which every organisation plays a role in supporting this population to quit.

The Government has announced new national funding for local authority stop smoking services through the Public Health Grant – guaranteed for the next three years. This gives local authorities the opportunity to think strategically about how to reach people who smoke in every community and accelerate progress towards a smokefree future.

- **Strategic planning and target-setting –** Local tobacco strategies should include targets for reducing smoking prevalence locally and improving engagement with stop smoking support, particularly among target groups e.g. those with mental health conditions. Development and implementation of the strategy should involve all local partners, with clear lines of accountability and buy-in from senior leadership within the council.

- **Building partnerships –** System-wide collaboration between local authorities, the NHS, and VCSE organisations can achieve economies of scale, expand the reach of local activity (e.g. comms campaigns), enable sharing of learning and expertise, and reduce duplication. Nearly every region in England now has a regional tobacco control lead who can facilitate collaboration between local partners and develop a regional strategy.

- **Understanding population health need –** Local insight, service data, and lived experience are essential to identifying people with mental health conditions who have the highest smoking prevalence. This enables services to prioritise resources effectively and ensures interventions are focused where they will have the most impact.

- **Integration with wider tobacco control –** Efforts to reduce smoking among people with common mental health conditions should be embedded within broader local tobacco control activity, including public health campaigns, community outreach, smokefree homes, and efforts to tackle illicit tobacco.

Reaching underserved populations

People experiencing social disadvantage often face higher rates of poor mental health and smoking.[21] However, traditional stop smoking services are not always designed to support this population effectively. Embedding quit support within the services already accessed by these groups can improve engagement and access to support.

Local authority stop smoking services are increasingly leading efforts to reduce smoking prevalence among people with poor mental health and those facing wider social and economic stressors. In 2024, an ASH/Cancer Research UK survey asked local authority stop smoking services were asked to identify which populations, localities or groups their services targeted. This was the most recent survey to include this question, and found that:[22]

- 88% identified people with mental health conditions as a target population for their service.
- 87% identified people working in routine or manual occupations
- 68% targeted those with drug or alcohol problems
- 72% targeted people who live in social housing, alongside people who are unemployed (60%) and people on low incomes (57%)
- 57% targeted minority ethnic populations and 45% had done work to target the LGBT+ community

These findings show that not only are an overwhelming majority of local authority stop smoking services prioritising mental health, but that many are going beyond this to think holistically about who is at greatest risk of smoking-related harms.

21 NCSCT. Stop Smoking Services and Health Inequalities. 2025.

22 ASH, Cancer Research UK (CRUK). Local authority stop smoking services and wider tobacco control in England, 2024. 2024.

However, the survey also revealed that those with learning disabilities and refugees and asylum seekers were the groups least likely to have been targeted by stop smoking services. It also found a lack of targeted support for LGBT+ communities and those in touch with the criminal justice system – groups with higher prevalence of poor mental health who may still fall through existing service pathways.

Engaging with voluntary, community, and social enterprise (VCSE) organisations, such as food banks, debt advice services, housing support providers, substance use services, disability groups, and faith or cultural organisations, can be an effective way to reach these groups.

Local authorities are increasingly developing structured approaches to build VCSE capacity to extend the reach of stop smoking services and engage priority populations. These include grant-funded programmes, incentive-based referral schemes, and partnership models that enable trusted community organisations to identify and support people who smoke.[23] [24] [25] See examples from Sheffield and Wigan below.

Delivering smoking cessation support through these trusted settings can make it easier for people to access help without needing to navigate additional services or appointments.

> "I'm a single mum of six... I've been relying on food banks, help through the council, discretionaries, anything. All the charities that are available, I've literally been picking up just to get by, just to help feed my children."
>
> **Social Housing, 35–44, North England – (ASH, Smoking: Qualitative insights report. 2022)**

For people living in a "survival state", quitting smoking can feel like a low priority. Integrating stop smoking support into the places people already go – for instance, offering vapes at food banks or peer support groups at community centres – helps make quitting feel achievable and accessible.

Creating strong alliances and referral pathways

Joined-up working between local authorities, NHS partners, and the VCSE sector is vital to ensure consistent and proactive offers of support for people who may otherwise fall through the cracks. Moving beyond informal signposting, effective partnerships are characterised by structured and shared approaches that embed support into existing systems and trusted community settings.

Key features of strong partnership-based delivery include:

- Opt-out referral pathways, where individuals are routinely offered support rather than relying on ad hoc signposting, helps connect people quickly and reliably with the right service
- Co-located support, bringing stop smoking services into settings already accessed by priority populations
- Co-delivered support, where local authorities work alongside commissioned providers to engage, motivate and sustain quit attempts

Together, these approaches help ensure support is timely, visible, and tailored – improving engagement and reducing the risk that people fall between services.

23 Surrey County Council. Smokefree Generation Grant Award Scheme for VCSEs, Not-for-profit organisations and housing providers – welcome.

24 Hampshire County Council. Smokefree Generation Grant Award Scheme for Voluntary, Community and Social Enterprise (VCSE) Organisations in Hampshire.

25 Bolton County Council. New Stop Smoking Pathway Launched. 2025.

Example | Clarion Futures

Clarion Futures, the charitable foundation of Clarion Housing Group, is piloting an approach that embeds smoking cessation support within its money guidance service for residents experiencing financial hardship.[26] Staff have been trained by the National Centre for Smoking Cessation and Training (NCSCT) to deliver Very Brief Advice and initiate conversations about smoking as part of wider financial support. Residents who want to quit are then offered tailored support, including access to a digital cessation app and nicotine replacement therapy.

Example | Smokefree Sheffield

Smokefree Sheffield expanded its reach by embedding stop smoking support across existing community networks and creating strong, active referral pathways. Reducing smoking-related health inequalities, particularly among people with mental health conditions, was a core priority.

The service built formal partnerships with a wide range of organisations that support people with higher rates of mental health conditions, including drug and alcohol services, social landlords, housing projects, food banks, cost-of-living hubs, disability services and primary care providers. These connections enabled the team to deliver Very Brief Advice (VBA) directly in community settings and generate a greater volume of referrals into the service. The service also partnered with a local vape retailer with 18 shops to help identify and refer people who smoke. The importance of active referrals rather than simple signposting was highlighted.

The service saw a 67% increase in referrals, a 45% increase in quit dates set, and substantial improvements in outcomes, with four-week quits rising by 64% and twelve-week quits increasing by 83% (Appendix 2).

What this shows

- VCSE organisations can deliver VBA within community settings to increase reach and improves quit outcomes
- Active referral pathways are more effective than signposting alone
- Non-traditional partners (e.g. retailers) can support engagement.

26 Clarion Housing Group. Clarion Housing Group works with University of Oxford to explore ways to support smoking cessation for people living in social housing. 2023.

Example | Smoke Free Wigan

In Wigan, a Community Grant Programme was launched to empower voluntary organisations and community businesses to deliver stop smoking interventions directly to priority populations. Successful applicants included groups supporting homeless populations, people in recovery from substance misuse, LGBTQ+ communities, and those in contact with the criminal justice system. These projects offered behavioural support, NRT through an e-voucher scheme, e-cigarettes via Swap to Stop, and targeted outreach. Volunteers and staff completed NCSCT training to ensure quality and consistency. This "test and learn" approach has not only expanded local reach but is also informing future commissioning by identifying which community-led interventions are most effective for different populations (see Appendix 2).

What this shows

- Structured partnerships facilitated by grant funding can unlock the reach of community organisations
- VCSEs can deliver direct stop smoking support - not just referrals
- NCSCT training can equip community organisations with the skills to deliver support

Neighbourhood health

The development of the Neighbourhood Health Programme27 presents an opportunity to further embed smoking cessation into community-based care, particularly for people with poor mental health. The programme will initially be rolled out in the most deprived areas, where smoking prevalence and related harms are highest, and where people often face multiple stressors affecting mental wellbeing.

By aligning neighbourhood health services with local authority stop smoking services, the programme could provide opportunities for the systematic identification of smokers, delivery of very brief advice, and proactive referral into specialist support available within community settings.

27 UK Government, NHS. Fit for the future: 10 Year Health Plan for England. 2025.

Providing flexible, person-centred support

Understanding barriers and adopting a flexible approach

People with poor mental health are more likely to face social and economic barriers that make quitting difficult, from unstable housing to financial pressures and lack of access to mental health support. These barriers can make traditional models of stop smoking support difficult to engage with. A Cancer Research UK study exploring engagement with stop smoking services among people from lower socio-economic backgrounds found that participants faced a range of challenges, including physical barriers (session times, transport, accessibility), psychological barriers (fear of judgement, anxiety), and practical barriers (literacy and language).[28]

People with poor mental health also tend smoke more heavily, and experience higher levels of nicotine dependence, making quitting more challenging.[9 29 30 31] This underlines the importance of flexible, longer-term and psychologically informed support that can adapt to individual needs.

A flexible approach might include:

- Offering multiple modes of support such as face-to-face, telephone, or digital options
- Providing a choice of appointment times or drop-in options
- Using simple, clear communication and avoiding overly clinical settings
- Offering information and advice in multiple languages and accessible formats
- Following up with people who miss appointments to support re-engagement

For some, a face-to-face appointment may be most effective; for others, a phone call or app-based support may feel safer or more manageable. Recognising these preferences and offering different entry points helps ensure that people are not lost from the system before they have a chance to start.

Follow-up and recall systems can play an important role. Reaching out to people who miss appointments – for example, after three or six months – provides an opportunity to re-engage those who may be struggling.

Finally, measuring success solely by four-week quit rates can obscure the progress made by people with complex needs. Evaluation should reflect a broader range of outcomes, including 12-week or longer quit rates, cut down to quit approaches, and improvements in mental wellbeing.

28 Cancer Research UK (CRUK). Understanding how smoking cessation services can be adapted to improve the uptake and success of smoking cessation for people in low socioeconomic status groups. A mixed-methods exploratory study. 2024.

29 Brose LS, Brown J, Robson D, McNeill A. Mental health, smoking, harm reduction and quit attempts - a population survey in England. BMC Public Health. 2020;20(1):1237. doi: 10.1186/s12889-020-09308-x.

30 Richardson, S., McNeill, A., & Brose, L. S. Smoking and quitting behaviours by mental health conditions in Great Britain (1993–2014). Addictive Behaviors. 2019; 90, 14–19.

31 NICE. PH48 Expert paper 5 - Prevalence of smoking in people with mental health problems.

Evidence | SCIMITAR+ trial

Evidence shows that bespoke and flexible smoking cessation interventions can improve engagement and short-term outcomes among people with complex needs. The SCIMITAR+ trial demonstrated that a tailored smoking cessation programme for those with SMI, with adaptations such as extended pre-quit work, cut-down-to-quit, home visits and support from mental-health-trained practitioners, increased engagement and quit rates at six months compared with usual care.[32]

An NCSCT evidence review on tailoring stop smoking interventions to priority groups, including people with mental health conditions and those receiving treatment in drug and alcohol services, similarly found that flexible treatment models, including cut-down-to-quit approaches, tailored behavioural support and adapted modes of delivery, were associated with improved outcomes compared with standard approaches.[33]

Trauma-informed support

People with poor mental health often have experiences of trauma, stigma, or discrimination, sometimes within health services themselves. Taking a trauma-informed approach can help build trust and safety, creating an environment where individuals feel heard and respected. This means recognising that disengagement or missed appointments may reflect distress rather than disinterest and responding with flexibility and compassion.

Example | Quit Well Newham

Newham commissioned a specialist stop smoking service, Quit Well Newham, aimed at people with additional and complex needs. The service delivers both in-person and telephone support in multiple languages and has built a strong local network through its Smoke Free Alliance, bringing together the ICB, Talking Therapies services, and local Mind. The service also partnered with Thrive Mental Wellbeing to provide app-based cognitive behavioural support for quitters. Targeted outreach at workplaces and mental health hubs has further strengthened engagement, with 446 quit dates and 242 successful quits among people with mental health conditions recorded between 2021 and 2024 (see Appendix 2).

32 Gilbody, S et al. Smoking cessation for people with severe mental illness (SCIMITAR+): a pragmatic randomised controlled trial. The Lancet Psychiatry. 2019:6(5) 379 – 390.

33 NCSCT, Breathe. Targeting and tailoring stop smoking interventions to priority groups: A rapid evidence summary. Updated August 2025.

The role of vapes

Nicotine vapes are an effective smoking cessation aid and are recommended by NICE.[34] Vaping is substantially less harmful than smoking [35] [36] and can increase quit rates compared with traditional nicotine replacement therapies. ASH data shows that an estimated 2.4 million adults in Britain quit smoking with a vape in the last 5 years.[37]

Evidence shows that the use of vapes as a cessation aid is particularly important for people with mental health conditions, who are more likely to be heavier smokers and more nicotine dependent. Survey data shows that people with mental health conditions are significantly more likely to report using a vape during a quit attempt than those without (around 40% of people with anxiety and depression and 40-50% of those with SMI, compared to 25% of those without a mental health condition). [38] Local authorities also report that the Swap to Stop scheme, which provided free vape kits alongside stop smoking support, has been particularly valuable for people with mental health conditions.[39] 22 Now that funding for Swap to Stop has been integrated into the public health grant, councils should continue to ensure that people with mental health conditions have access to vapes for smoking cessation. Local authorities should also continue to facilitate access to the scheme for NHS trusts and other services where smokers are overrepresented (e.g. family support, income support, foodbanks, addiction, mental health, social housing and homelessness).

Vaping regulations should strike a balance between preventing uptake among young people and non-smokers, while ensuring that adults who smoke – particularly those with mental health conditions – can continue to access vapes for cessation.[39]

Prescribing pharmacotherapy as a quit aid

National guidance from NICE[34] outlines that pharmacotherapy including varenicline, cytisine and bupropion should be provided to all smokers, including those with mental health conditions. The Royal College of Psychiatrists has supported improved access to varenicline for people with severe mental illness, noting that it is generally safe and more effective than NRT or bupropion.[40] Evidence from clinical trials, including a large RCT of over 8,000 participants, shows that varenicline can increase quit odds by up to five times compared with placebo, without raising the risk of neuropsychiatric side effects.[41]

34 NICE. NICE guideline NG209: Tobacco: preventing uptake, promoting quitting and treating dependence. 2021. Updated February 2025.

35 OHID. Nicotine vaping in England: 2022 evidence update summary. September 2022.

36 Royal College of Physicians. E-cigarettes and harm reduction: An evidence review. 2024.

37 ASH. Use of vapes among adults in Great Britain. 2025.

38 Smokefree GB Adult survey 2026. Total sample size was 13,259 adults. Fieldwork was undertaken between 18th February – 19th March 2026. The survey was carried out online. The figures have been weighted and are representative of all GB adults (aged 18+). Unweighted base: ever smokers who have ever tried to quit (Those with anxiety and/or depression = 1,058, those with panic disorder or a phobia = 122, those with post-traumatic stress disorder = 166, those with psychosis = 50, those with no MH condition = 3,550).

39 ASH. Call for evidence on tobacco and vapes: ASH response. December 2025.

40 Royal College of Psychiatrists. Position statement: The prescribing of varenicline and vaping (electronic cigarettes) to patients with severe mental illness. 2018.

41 Anthenelli R, Benowitz N, West R, et al. Neuropsychiatric safety and efficacy of varenicline, bupropion, and nicotine patch in smokers with and without psychiatric disorders (EAGLES): a double-blind, randomised, placebo-controlled clinical trial. The Lancet. 2016;387(10037): 2507 - 2520

Expanding financial incentives

People with poor mental health are more likely to be out of employment and experiencing other financial difficulties, creating an additional barrier to quitting smoking. Providing financial incentives or free cessation aids can help overcome this barrier and keep people engaged with quit support.

A meta-analysis found that financial incentives increase treatment engagement among people with poor mental health with medium to large effect.[42]

In England, financial incentives for smoking cessation during pregnancy have been successfully implemented at scale and have been associated with record declines in smoking during pregnancy.[43] [44] [45]

Targeted use of financial incentives, alongside evidence-based behavioural and pharmacological support, should therefore be considered as a way increase quit attempts among those with mental health conditions and other disadvantaged groups.

Building a confident and informed workforce

The belief that smoking in some way helps people cope with poor mental health, or that quitting could make symptoms worse, continues to be widespread among those who smoke and health professionals.[46] [47] This is despite evidence showing that quitting smoking is associated with improvements in anxiety, depression and quality of life, with effect sizes comparable to those seen with antidepressant treatment.[48]

Another common misperception is that people with mental health conditions are less motivated to quit smoking.[47] However, this population are just as motivated to quit as those without mental health conditions, and many make repeated quit attempts.[49] [50]

Professionals therefore need to be equipped to have confident, informed conversations about smoking and mental health, challenging the "stress relief" narrative, and emphasising the mental health benefits of quitting.

Local media campaigns can also be effective for improving public understanding of the link between smoking and poor mental health (see mass media campaigns section below).

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42 Khazanova G, Morris P, Beed A. Do Financial Incentives Increase Mental Health Treatment Engagement? A Meta-Analysis. Consult Clin Psychol. 2022 Jun;90(6):528-544. doi: 10.1037/ccp0000737.

43 NHS England. National smoke-free pregnancy incentive scheme.

44 Notley C, Gentry S, Livingstone-Banks J, et al. Incentives for smoking cessation. Cochrane Database of Systematic Reviews. 2025; 1(CD004307). doi: 10.1002/14651858.CD004307.pub7.

45 Notley C, Bauld L, Cheeseman H, Waldron J. Reducing smoking in pregnancy in England—a public health success story. *BMJ*. 2025 May 12;389.

46 NCSCT. Tobacco Dependence and Mental Health: A briefing for front-line staff. 2025.

47 Sheals K, Tombor I, McNeill A, Shahab L. A mixed-method systematic review and meta-analysis of mental health professionals' attitudes toward smoking and smoking cessation among people with mental illnesses. Addiction. 2016 Sep;111(9):1536-53. doi: 10.1111/add.13387

48 Taylor G, McNeill A, Girling A, et al. Change in mental health after smoking cessation: systematic review and meta-analysis. *BMJ*. 2014 Feb 13;348:g1151. doi: 10.1136/bmj.g1151.

49 Richardson S, McNeill A, Brose LS. Smoking and quitting behaviours by mental health conditions in Great Britain (1993-2014). Addict Behav. 2019 Mar;90:14-19. doi: 10.1016/j.addbeh.2018.10.011. Epub 2018 Oct 10. Erratum in: Addict Behav. 2019 Jun;93:274. doi: 10.1016/j.addbeh.2019.04.005.

50 Brose LS, Brown J, Robson D, McNeill A. Mental health, smoking, harm reduction and quit attempts - a population survey in England. BMC Public Health. 2020 Aug 14;20(1):1237. doi: 10.1186/s12889-020-09308-x.

Workforce training and capability

Delivering effective, tailored support for people with mental health conditions requires a workforce that is confident not only in addressing smoking, but in understanding the wider context of mental health. While training should challenge persistent misconceptions, it also needs to equip staff with the practical skills to adapt support appropriately.

This includes understanding how smoking interacts with mental health and medication, recognising fluctuating motivation and readiness to quit, adapting communication styles, and offering flexible support. Training such as mental health-informed behavioural support and Very Brief Advice (VBA) can enable staff across local authority and community settings to engage effectively.

Community mental health services

Key insights

- **Most people with poor mental health who smoke do not access acute or inpatient services,** making community mental health services critical settings for identifying smokers and supporting quit attempts.
- **NHS Talking Therapies represent a major opportunity for smoking cessation,** reaching over one million people each year with common mental health conditions.
- **Integrating smoking cessation into Talking Therapies is feasible, acceptable and effective,** with evidence showing high acceptability among patients and therapists and improved quit attempts and quit rates when support is delivered alongside psychological treatment.
- **The third sector plays a vital role in mental health support,** reaching large numbers of people and complementing NHS provision.

Integrating smoking cessation into mental health support

Mental health services have an important role to play in identifying service users who smoke and supporting them to quit.

Most NHS inpatient mental health services have now implemented tobacco dependency treatment support for patients who smoke. Early implementer sites extending this to hospital-linked community mental health teams have shown promising results.[51]

A review of pilot training schemes carried out by Rethink Mental Illness in 2016 found some organisations reduced smoking rates from 78% to 23% after embedding smoking cessation support into routine care.[52] The pilots were delivered over 18 months across five providers that included NHS mental health trusts as well as independent and voluntary sector providers. The sites introduced a staff training programme, created co-produced resources to support and inform individuals using the service about smoking cessation, and established project steering groups involving those with lived experience. Evaluation focused on improvements in recording smoking status, staff confidence to initiate conversations and signpost support, and changes in smoking prevalence among those in contact with the service. Across the pilot sites, significant progress was observed in all of these measures, demonstrating that embedding smoking cessation within mental health services is feasible and effective.

However, most people with mild to moderate mental health conditions or well-managed severe mental illness do not access acute or crisis services. Focusing exclusively on people accessing these services risks missing the majority of those with poor mental health who smoke.

51 Royal College of Psychiatrists, ASH. Tobacco dependency community-based services for people with severe mental illness: An evaluation of NHS early implementer sites. 2024.

52 Rethink Mental Illness, Innovation network. Making a difference: Smoking cessation in mental health settings. 2016.

Outside of hospital-based care there are three main ways people access support for their mental health:

- Private therapy
- NHS funded therapy such as Talking Therapies
- Therapy delivered by the third sector

Private therapy is largely outside the scope of public commissioning and system-wide delivery. As such, this report focuses on NHS and third sector services, where there are clearer levers for integration of smoking cessation support.

NHS Talking Therapies

NHS Talking Therapies services were developed to improve the delivery of, and access to, evidence-based psychological therapies for depression and anxiety disorders. It receives around 1.8 million referrals annually and supported over 1.2 million people in 2023/24.[53] [54] The service has a clear mandate to reduce health inequalities, prevent people from falling out of employment, and relieve pressure on acute NHS services.

Smoking status is not routinely gathered by Talking Therapies services, and quit support is not built into the offer, despite these services providing support with other factors that impact mental health such as diet, sleep and exercise. Given the rates of smoking among people with common mental health conditions, it is likely that around one in four people accessing Talking Therapies are smokers. This means that integrating stop smoking support into these services could reach nearly half a million people annually.

A recent trial in the UK found that offering cessation support alongside regular psychological care delivered by Talking Therapies is feasible, acceptable and resulted in more quit attempts.[55] This could have a transformative impact on public health outcomes. Modelling from the US indicates that integrating cessation into psychological care for people with depression could prevent 125,000 deaths over 80 years.[56]

53 NHS England. NHS Talking Therapies, for anxiety and depression, Annual reports, 2024-25.

54 NHS England. News: NHS supports thousands more people back into work. 21 January 2025.

55 Taylor G, Sawyer K, Jacobsen P, et al. intEgrating Smoking Cessation treatment As part of usual Psychological care for dEpression and anxiety (ESCAPE): A randomised and controlled, multi-centre, acceptability and feasibility trial with nested qualitative methods. 2025;120(5): 922-936. doi: 10.1111/add.16718

56 Tam J, Warner KE, Zivin K, et al. The Potential Impact of Widespread Cessation Treatment for Smokers With Depression. Am J Prev Med. 2021;61(5):674-682. doi: 10.1016/j.amepre.2021.04.024

Evidence | ESCAPE Study

ESCAPE (Taylor et al., 2025) examined the integration of smoking cessation into routine CBT for depression and anxiety provided by Talking Therapies services. The study was a randomised controlled acceptability and feasibility trial in which the intervention group received behavioural support for cessation alongside 12 weeks of CBT, with smoking cessation medications prescribed as needed. The control group received standard CBT plus a leaflet with information about quitting smoking.

Outcomes:

- There was no evidence of worsening depression or anxiety symptoms in the intervention arm compared with control.
- 90% of participants were satisfied with the intervention.
- 83% of therapists were willing to deliver the intervention again.
- At six months, 15% of the intervention group had quit entirely, compared with 6% in the control group; the authors note that a larger trial would be needed to confirm the true effect size.

The role of the third sector

The Association of Mental Health Providers has calculated that mental health charities are supporting over 8 million people – that is 1 in 8 of the UK population.[57] The third sector is also the largest provider of commissioned NHS services, including Talking Therapies.

Local Minds alone supported over 660,000 people with their mental health in 2024/25, with 22 million people accessing information from Mind resources.[58] Third sector providers are therefore well positioned to complement NHS services by embedding cessation support into the care they already provide.

The New Philanthropy Council (NPC) found that involving charities in healthcare delivery can add value to existing NHS activity, reduce costs and relieve pressure on the system. It is therefore crucial that the NHS, ICBs, and local government continue to develop links with local VCSE services to build a comprehensive system-wide model of stop smoking support.[59]

57 Association of Mental Health Providers. #MHEqualityNow Campaign. 2023.

58 Mind. Annual report and accounts 2024/25.

59 NPC. Supporting good health: The role of the charity sector - A discussion paper & topics for future research. 2014.

Example | CPSL (Cambridgeshire, Peterborough and South Lincolnshire) Mind
CPSL Mind has recently begun offering tailored smoking cessation support for people with diagnosed mental health conditions across Cambridgeshire (excluding Peterborough). The service accepts referrals for individuals with a diagnosed mental health condition from within CPSL Mind, as well as external referrals from GP practices, SMI health checks, clozapine clinics, and other partner organisations.

Support focuses on delivering behavioural support to help individuals understand their smoking triggers and cravings, and to develop personalised coping strategies to manage these. This is offered alongside a range of pharmacotherapy options and free vapes available through the government's Swap to Stop scheme. Financial incentives are also available at key milestones, including setting a quit date, and at 4 weeks, 12 weeks, 6 months, and 12 months, subject to CO-verified abstinence (less than 6 ppm).

The programme offers either a 12-week quit pathway or a longer 20-week cut-down-to-stop option, recognising that some individuals may benefit from a more gradual approach. The service was co-designed with professionals working across health and social care, as well as people with lived experience of mental health conditions and smoking, to ensure it is accessible, relevant, and responsive to need.

Smoke free policies within NHS and VCSE settings

NHS and third sector providers can strengthen their role in supporting people with mental health conditions by implementing clear smokefree policies that apply to service environments, staff, and volunteers. These policies should go beyond simple restrictions and instead create supportive smokefree cultures, for example by combining smokefree spaces with access to quitting support, consistent messaging, and staff training.

Findings from a 2024 ASH survey on smokefree policies in mental health trusts in England found that organisational culture plays a critical role in whether smokefree policies translate into meaningful reductions in smoking.[60] While most NHS mental health trusts now have smokefree policies in place, breaches remain common where policies are not supported by access to alternatives such as vapes or nicotine replacement therapy, and where staff confidence is limited.

60 ASH. Space to breathe Findings from a survey of smokefree policies and tobacco dependence treatment services in NHS mental health trusts in England, 2024. 2025.

National government and the NHS

Key insights

- **Reducing smoking among people with mental health conditions requires sustained national leadership,** alongside local innovation, to ensure consistency, coordination and long-term impact.
- **A national toolkit could support more consistent practice,** by setting out how services tailor support for people with mental health conditions, collaborate across systems, and apply shared standards for training and evaluation.
- **Public understanding of the links between smoking and mental health remains poor,** with persistent myths that smoking relieves stress limiting motivation to quit.
- **Targeted national communications can increase quit attempts.**
- **National policy on vaping should balance preventing youth uptake with maintaining access for adults who smoke,** recognising the potential role of vaping in reducing smoking-related health inequalities.
- **The lack of robust national data on smoking among people with common mental health conditions** limits effective planning, target-setting and accountability.

NHS

Improving data on smoking among people with mental health conditions

Effective planning, target-setting and accountability are currently limited by the lack of robust national data on smoking among people with common mental health conditions. The GP Patient Survey previously collected data on smoking among adults with anxiety and depression, but this has not been reported since 2016/17. Instead the survey now pools together all adults with a "long-term mental health condition".[61] As a result, there is currently no consistent national measure of smoking prevalence among people with common mental health conditions, making it difficult to accurately assess need, monitor inequalities, track progress over time, or set meaningful targets. Improving the availability and use of this data is essential to support more effective national and local planning.

National government

Ending the disproportionate impact of smoking on people with mental health conditions requires sustained national leadership from the Government. Local innovation and best practice can demonstrate what is possible, but a coordinated approach – anchored in a national strategy with consistent guidance and clear communication – is essential for achieving long-term change. This section outlines the national action needed to embed smoking and mental health as a shared public health priority, supported by a clear strategy, strong systems and effective messaging.

61 Department of Health and Social Care. Public health profiles: Smoking profile. Accessed April 2026.

Publish a roadmap to a smokefree country

The Government's ambition for a smokefree country will not be achieved without targeted action to reduce smoking among people with mental health conditions. Despite persistently high smoking rates, there is currently no national strategy or targets for addressing smoking in this population or other priority groups. The Government should publish a national roadmap that places people with mental health conditions at the centre of efforts to achieve a smokefree future, with clear actions, accountability mechanisms and expectations across the NHS, local government and voluntary sector. This should include commitments on data, workforce development, communications, service integration, and reducing inequalities in access to effective quitting support.

Develop a national toolkit on delivering support to people with mental health conditions

There is extensive national guidance for NHS tobacco dependence treatment, including NICE guidance and training frameworks developed by the National Centre for Smoking Cessation and Training (NCSCT). However, there is currently no single, practical framework focused on how local authority stop smoking services, VCSE mental health services or NHS Talking Therapies can adapt and deliver smoking cessation support for people with mental health conditions.

While many local authorities, NHS partners and third sector organisations are developing effective, locally tailored approaches, this activity is uneven and often dependent on local leadership, funding and expertise. A national toolkit is needed to provide a coherent, consistent framework for delivering smoking cessation within mental health and community settings.

This toolkit should:

- **Set out how services can be tailored to people with mental health conditions** and outline how services (local authorities, NHS, and the VCSE sector) can collaborate effectively to create joined-up support, shared referral routes, and consistent messaging.
- **Highlight specific training requirements,** including recommending completion of National Centre for Smoking Cessation (NCSCT) training for all practitioners delivering Very Brief Advice (VBA), ensuring staff have the confidence and skills to address smoking in those experiencing mental health problems.
- **Provide clinical and communication resources** to help services tailor smoking cessation support to the needs of people with mental health conditions, aligning language, tone, and approach across all care settings.
- **Consolidate learning from pilot programmes** and evidence-based interventions to provide practical templates and case studies for scaling up success.
- **Include tools for data collection and evaluation,** enabling services to monitor smoking status, quit attempts, and outcomes over time, supporting local improvement and national benchmarking.

Improve understanding of links between smoking and mental health

A sustained communications effort is needed to improve public understanding of the links between smoking and mental health, challenge myths and motivate quit attempts.

Mass media campaigns

Mass media campaigns are well evidenced as an effective public health tool for raising awareness of the harms of smoking, increasing quit attempts, and shifting social norms around tobacco use. Large-scale evaluations consistently show that well-designed stop smoking campaigns increase motivation to quit and prompt quit attempts across the population.[62] [63]

While the evidence base is more limited for campaigns specifically targeted at people with mental health conditions, emerging evidence suggests campaigns can also increase quit attempts and intention to quit among this group, provided that they specifically address the links between smoking and poor mental health.[64] Local insight research should inform campaign messaging. Messages that have been used in local campaigns include:

- Smoking traps people in a stress cycle - smoking to manage stress increases dependency, financial pressure, and health harms, which in turn heighten stress and anxiety.
- Smoking can contribute to depression - growing evidence suggests that tobacco use may play a causal role in worsening mental health symptoms.
- Quitting improves mental wellbeing - the effect of quitting has been shown to be equivalent to antidepressant treatment for some smokers.
- Quitting saves money, reducing financial stress - a 20-cigarette-a-day habit costs over £4,500 annually. Reducing financial strain can have a direct and positive impact on mental health.

Campaigns plan should include multiple formats (e.g. real stories, animations, information-led), have assets across a range of media types (TV, social media and print) and target messaging specifically to those with mental health conditions.[65] [66]

62 Wakefield MA, Durkin S, Spittal MJ, et al. Impact of tobacco control policies and mass media campaigns on monthly adult smoking prevalence. Am J Public Health. 2008;98(8):1443-50. doi: 10.2105/AJPH.2007.128991.

63 Kuipers MAG, West R, Beard EV, Brown J. Impact of the "Stoptober" Smoking Cessation Campaign in England From 2012 to 2017: A Quasiexperimental Repeat Cross-Sectional Study, Nicotine & Tobacco Research, 2020; 22(9):1453–1459.

64 Perman-Howe PR, McNeill A, Brose LS, et al. The Effect of Tobacco Control Mass Media Campaigns on Smoking-Related Behavior Among People With Mental Illness: A Systematic Literature Review. Nicotine Tob Res. 2022;24(11):1695-1704. doi: 10.1093/ntr/ntac079.

65 Durkin S, Brennan E, Wakefield M. Mass media campaigns to promote smoking cessation among adults: an integrative review. Tobacco Control 2012;21:127-138.

66 Nogueira SO, McNeill A, Fu M, et al. Impact of anti-smoking advertising on health-risk knowledge and quit attempts across 6 European countries from the EUREST-PLUS ITC Europe Survey. Tobacco Induced Diseases. 2018;16(2):5. https://doi.org/10.18332/tid/96251

Example | South East Smokefree Alliance

The South East Smokefree Alliance's "Quit Smoking, Feel Happier" campaign[67] demonstrates the impact of messaging that directly addresses the relationship between smoking and mental health. Delivered across TV, radio, social media and community roadshows, the campaign focused on explaining how smoking affects the brain, highlighting that nicotine disrupts dopamine regulation and can increase stress, while quitting can improve mood and wellbeing. Independent evaluation found that 24% of smokers recalled the campaign, and among those, 87% reported taking action, including setting quit dates, attempting to quit, or seeking support. The campaign is estimated to have prompted around 168,000 people to take action and over 73,000 to set a quit date or intention to quit.

Example | Smokefree Sheffield

Smokefree Sheffield demonstrates how combining targeted communications with service integration can increase readiness to quit and engagement with stop smoking support among those with poor mental health. Local insight work identified widespread misconceptions about smoking and mental health, including beliefs that smoking reduces stress and that quitting would worsen mental wellbeing. In response, the service delivered a coordinated approach that paired a regional mass media campaign (Smokefree Starts), focused on breaking the "stress cycle" of smoking, with strengthened community referral pathways and active outreach across mental health, housing, substance use and primary care services.

The campaign in Sheffield developed a range of materials including a leaflet with key facts for professionals, a leaflet for the public with key messages (available in 12 languages), social media comms and a TV and radio ad. The TV ad was seen by over 18,000 people, and over 460,000 people saw paid social media ads. Insight work from the Smokefree starts campaign found that not stating timelines for quitting and ensuring messaging made quitting feel manageable were important for a campaign targeting people with poor mental health (See Appendix 2).

What this shows

- Campaigns that directly address the link between smoking and mental health can drive high levels of engagement
- Clear, science-based messaging (e.g. the impact of smoking on the brain) can challenge misconceptions and prompt behaviour change

67 South East Smokefree Alliance. 'Stop Smoking, Feel Happier' awareness. 2026.

Maintain investment in stop smoking services

Local Stop Smoking Services need long-term, stable investment to develop and maintain the specialist expertise required to support people with poor mental health and other priority groups. Predictable funding allows services to plan strategically, retain skilled staff, and embed smoking cessation within wider community and mental health pathways. The recent government commitment to provide ringfenced, three-year funding for local stop smoking services through the Public Health Grant will provide much needed stability after years of uncertainty. It is important that this funding is maintained to ensure councils can play their part in delivering a smokefree country and reducing health inequalities. As one respondent to the 2025 ASH survey of local authorities noted:[68]

> "Thanks to the additional funding, Birmingham has been able to extend stop smoking support into a wider range of settings. This includes integration within existing drug and alcohol services, provision of support in mental health settings—both inpatient and community—and increased outreach within the wider community. These developments have enabled us to reach more individuals in need of support, particularly those in vulnerable or underserved groups."
>
> **Birmingham City Council**

68 ASH. Breaking new ground: Local authority stop smoking services and wider tobacco control in England, 2025. December 2025.

Appendix 1
Ash/YouGov 2026 Smokefree GB survey

Below is the full question on mental health conditions in the Ash/YouGov 2026 Smokefree GB survey. Only those answering 'None of these' are counted as having no MH condition.

The following question is about your health.

We understand that this is a highly sensitive topic and would therefore like to remind you that any information you give is strictly confidential and will be used for research purposes only.

In the last 12 months, which of the following conditions, if any, have you had any treatment or taken any prescribed medication for? (Please select all that apply)

- ☐ **Depression**
- ☐ **Anxiety**
- ☐ **Obsessive Compulsive Disorder**
- ☐ **Panic Disorder or a phobia**
- ☐ **Post-traumatic Stress Disorder**
- ☐ **Psychosis**
- ☐ **Personality Disorder**
- ☐ **Neurodiversity, including Autism Spectrum Disorder or ADHD**
- ☐ **An Eating Disorder**
- ☐ **Alcohol Misuse or Dependence**
- ☐ **Drug Use or Dependence**
- ☐ **Problem Gambling**
- ☐ **None of these (fixed Xor)**

Appendix 2
Case studies

Case study | Smoke Free Sheffield

Smokefree Sheffield have undertaken a series of projects aimed at reducing smoking prevalence amongst people with poor mental health. This follows some insight work they carried out which found that 43% of people who smoke in South Yorkshire believe smoking can improve stress levels, 36% felt quitting would worsen mood and quality of life and 57% felt having a mental health condition would impact your ability to quit. They also carried out insight work into barriers and enablers to quitting which found that their service would need to do two things:

- Increase readiness to quit
- Increase uptake of stop smoking services

In order to achieve this, Smokefree Shefield have taken two key approaches:

Increasing uptake by reaching out across services
Smokefree Sheffield strengthened its community outreach by embedding stop smoking services within existing local networks and creating robust referral pathways. They prioritized reducing smoking-related health inequalities, especially among people with mental health conditions, by working closely with GPs and integrating this goal into the city-wide Physical and Mental Health Partnership strategy.

The service established formal connections with a wide range of community services and centres that support people with higher rates of mental health conditions. These included alcohol and drug services, social landlords and Shelter, HOLT and Target housing projects, food banks, cost of living and other community centres, disability services, and a range of primary care providers. These connections throughout the community meant that the service was able to reach more people, both delivering VBA and gaining referrals into their service.

Sheffield noted the importance of having a system set up for active referrals, not just signposting. They also contracted a local vape company with 18 shops in the area to support their work and refer customers into the service.

The results:

- 67% increase in the number of referrals into the Service
- 45% increase in quit date's set
- 64% increase in four week quits and 83% increase in 12 week quits

Smokefree Starts Campaign
Smokefree Sheffield also took part in a regional campaign to address smoking and mental health across South Yorkshire. This was done under a stand-alone brand 'Smokefree Starts' and aimed to increase awareness of the impact of smoking on mental health, the benefits to quitting for mental health, tackle myths and direct smokers to local services- therefore increasing readiness to quit in this population. The campaign

developed a range of materials including a leaflet with key facts for professionals, a leaflet for the public with key messages (available in 12 languages), social media comms and a TV and radio ad. The TV ad was seen by over 18,000 people, and over 460,000 people saw paid social media ads. Smokefree Starts original campaign centred on breaking the 'Stress Cycle' created by smoking and have recently launched a new campaign which tackles poor mental health and smoking amongst men.

Case study | Quit Well Newham

The London Borough of Newham has a smoking rate around twice the national average, and is the 3rd most deprived in the country, a factor they recognise as contributing to poor mental health in the borough. To tackle smoking in this population, Newham commissioned a specialist stop smoking service, Quit Well Newham, aimed at people with additional and complex needs. The service offers option of weekly telephone and fortnightly drop-in sessions in delivering smoking cessation. Culturally sensitive advice and support available in English, Bengali, Urdu, Gujrati, Lithuanian and British Sign Language.

Newham has employed a number of strategies to improve quit rates including:

- Hosting a Smoke Free Alliance which meets quarterly to ensure a coordinated approach to supporting people with tobacco dependency. Key partners in the Alliance include the relevant ICB, New Talking Therapies and local Mind.
- Developed a partnership with Thrive Mental Wellbeing which host an app which provides digital support for mental health, including app-based CBT informed sessions and modules. They also developed comms on the link between smoking and mental health which prompted people to use the app to support them in their quitting journey.
- Delivered outreach events at live construction and manufacturing sites and a workshop at local Talking Therapies locations.

Newham had 242 quits and 446 quit dates set by people with mental health conditions in Newham from Jan 21-August 24.

Top tips from Newham:

- Understand your local population, which populations might have high levels of stress and mental health issues
- Frequent and consistent reminders to people who have come into contact with the service that support is available, and they can try another quit attempt
- Any other key approaches for Newham?
- Strengthening partnership and pathways with relevant mental health partners to reduce smoking rates across the system such as East London NHS Foundation Trust and Talking Therapies.

Case study | Smoke Free Wigan

A Stop Smoking Community Grant Programme has been launched for community groups, voluntary organisations or not for profit community businesses to apply. Groups and organisations were invited to submit project applications that identified and engaged priority populations within the borough and demonstrated the ability to deliver smoking cessation interventions directly to these groups.

Possible interventions include:

- Smoking cessation behavioural support using an asset-based approach.
- Providing Nicotine Replacement Therapy (NRT). NRT products are available through an e-voucher scheme via pharmacy platform to allow residents to receive their NRT treatment products from a pharmacy of their choice.
- E-Cigarettes through the National Swop to Stop Scheme.
- 1:1 support and/or group support.
- Digital support.
- Smoking health awareness and education, including brief interventions.

The priority groups identified in the grant application process were:

- Deprived Communities
- Carers & People with Disabilities
- Gypsy, Irish Traveller & Roma Communities
- Care Leavers
- Criminal Justice / Probation Service Users
- Employers with Higher Smoking Rate e.g. Routine & Manual Workers
- Homeless population
- LGBTQ+ population
- Substance Misuse
- Wider Groups - applicants were asked to identify any other groups that face smoking health inequalities (including data/intelligence in application).

Wigan Council's Communities Team, who support the Voluntary, Community, Faith and Social Enterprise sector in the Borough sent out the Grant Fund application details, facilitated the attendance of a webinar on the programme which was delivered by the Public Health Team in partnership with the Local Authority Stop Smoking Service Manager.

Five organisations were successful including organisations supporting homeless populations, people in or recently in contact with the criminal justice system, people in recovery from substance misuse and the LGBT+ population.

The Local Authority Stop Smoking are working with the organisations to mobilise the projects in the early stages of project implementation. Staff and volunteers from the organisations are undertaking the NCSCT e-learning modules, some completing the Very Brief Advice module and some undertaking the NCSCT practitioner training and assessment.

The projects are being viewed as a "test and learn" exercise, so innovation and interventions that specifically meet and are tailored to the needs of the target populations are highlighted to inform future work.