

Collaboration for
Leadership in Applied
Health Research and
Care South London
(CLAHRC South London)

**National
Addiction
Centre**

**Institute of
Psychiatry**

at The Maudsley

**KING'S
College
LONDON**

Evaluating the impact of smoke-free policies

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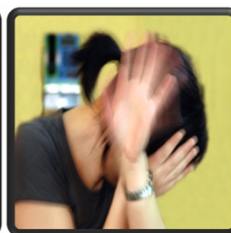
Overview

Case study – South London & Maudsley NHS
Foundation Trust

Evaluation of impact of implementing a smoke-free
policy, focusing on staff concerns



Mental Health Act



South London and Maudsley NHS Foundation Trust (SLaM)

Maudsley Hospital



Lambeth Hospital



Lewisham Hospital



Bethlem Hospital

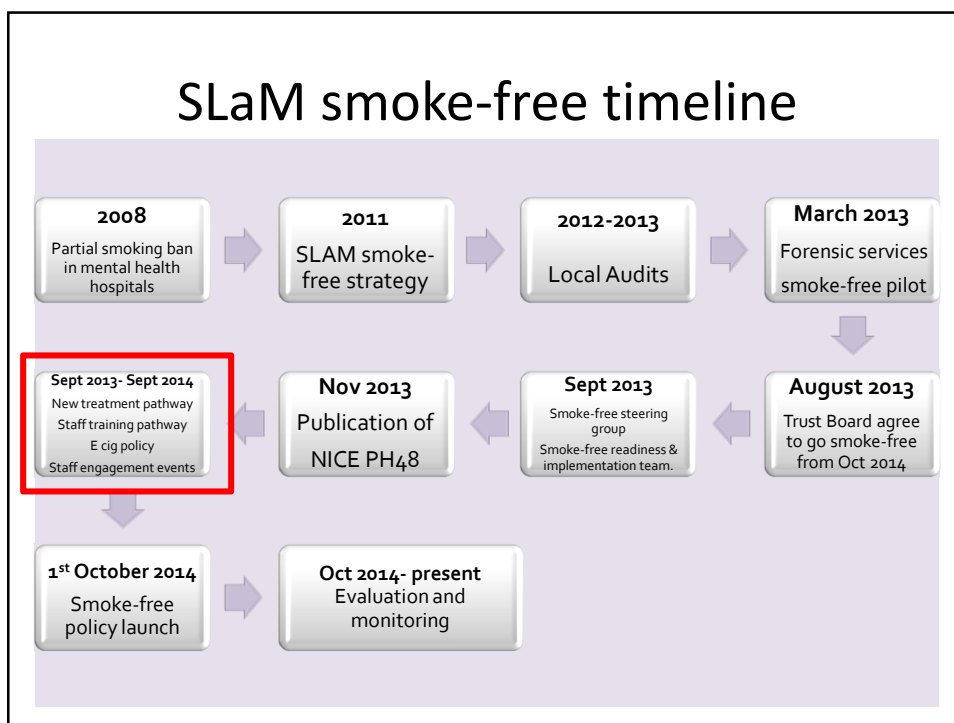


Serves London boroughs of Southwark, Lambeth,
Lewisham & Croydon + National Services

4 hospital sites: 49 wards: 800 beds –

200+ community services
specialist/national services

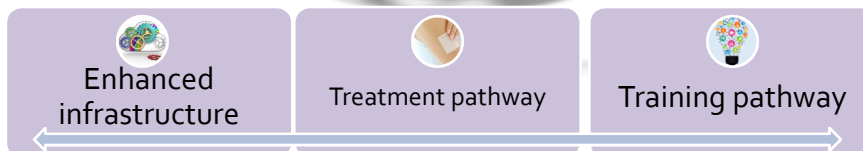
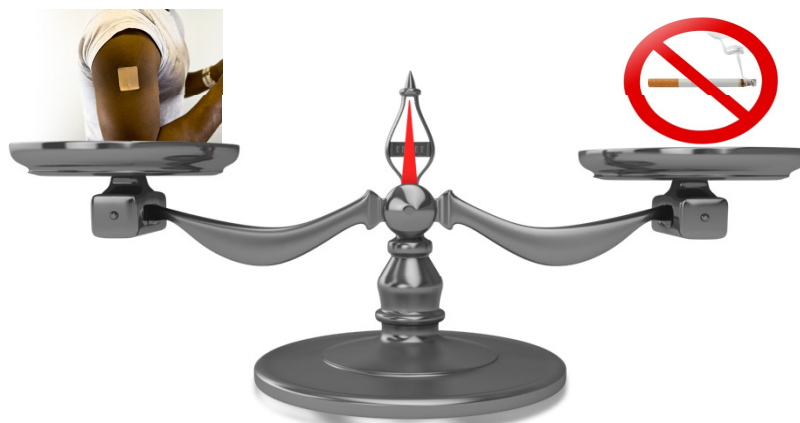
SMOKE-FREE POLICY started October 2014



Staff concerns pre policy





Getting the balance right between treating tobacco dependence & implementing the smoke free policy



We don't have time to help people stop smoking"

Nicotine & Tobacco Research, 2016, 1794-1797
doi:10.1093/ntn/ntw103
Brief report
Advance Access publication April 16, 2016


Brief report

Time to Smoke: Facilitating Smoking Breaks in Mental Health Inpatient Settings

Debbie Robson PhD, RMN^{1,2}, Mary Yates MSc³, Tom J. K. Craig PhD^{2,3}, Andy Healey PhD², Ann McNeill PhD^{1,4}

- Cross sectional Survey with 67 staff from 25 wards in 4 hospitals
- 18 wards had designated daily supervised smoking breaks
- Average number of breaks per ward = 7.6 (sd 3.9)
- Average daily clinical time dedicated to supervising smoking was **2 hours 23 minutes** a day per ward
- Opportunity cost was £18, 503 £86, 870 per ward per year.

Key message to clinicians and mangers: every time staff facilitate smoking, clinical time is diverted away from therapeutic activities that contribute to improved health.



Patients will smoke in their rooms and there will be an increase in fires



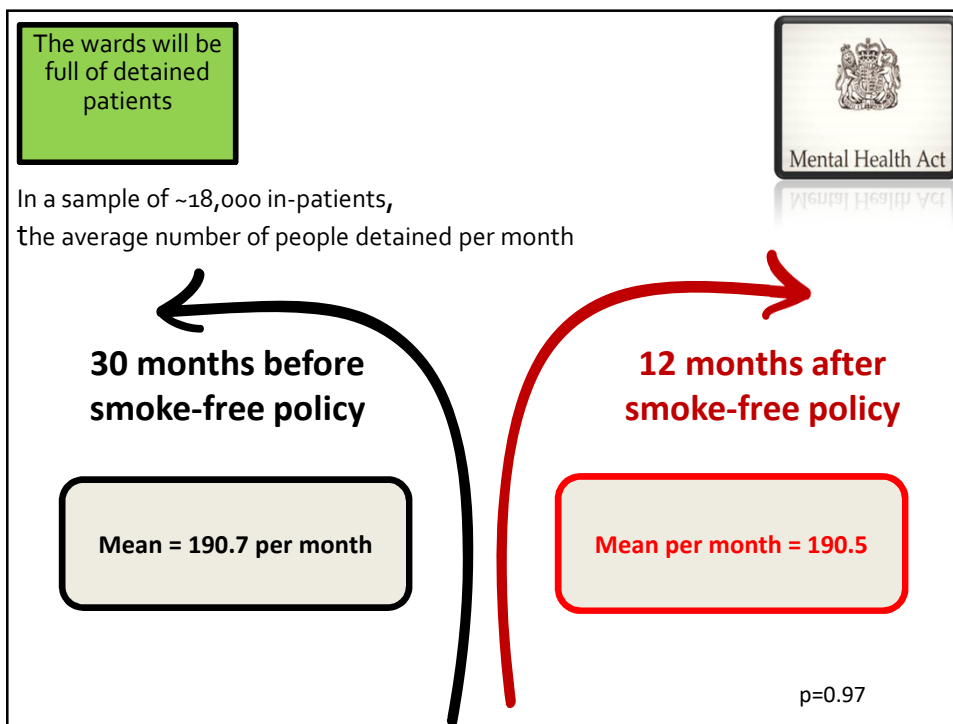
12 months before smoke-free policy

31% (13/42) of fire incidents were cigarette smoking related

12 months after smoke-free policy

23% (12/51) of fire incidents were cigarette smoking related

Fire incidents inc false alarms



Patients reactions to raising the issue of smoking ban (staff reports)



“If you try and stop me from smoking I’ll carve your face up”

“I’m prepared to burn this place down if you think you’re going to stop me from smoking”

Effect of implementation of a smoke-free policy on physical violence in a psychiatric inpatient setting: an interrupted time series analysis



Debbie Robson, Gilda Spaducci, Ann McNeill, Duncan Stewart, Tom J K Craig, Mary Yates, Lisa Szatkowski

Summary

Background Smoke-free policies are important to protect health and reduce health inequalities. A major barrier to policy implementation in psychiatric hospitals is staff concern that physical violence will increase. We aimed to assess the effect of implementing a comprehensive smoke-free policy on rates of physical assaults in a large UK mental health organisation.

Lancet Psychiatry 2017
Published Online
June 14, 2017
[http://dx.doi.org/10.1016/S2215-0366\(17\)30209-2](http://dx.doi.org/10.1016/S2215-0366(17)30209-2)

Debbie Robson
Ann McNeill
Gilda Spaducci
Tom Craig

Duncan Stewart

Mary Yates

Lisa Szatkowski



Methods: setting and data collection

- 38 wards in 4 hospitals in South London
- Physical assaults perpetrated by patients -towards staff and other patients.
- Extracted data using Datix – online Patient Safety Reporting System
- Operationalised the definitions of physical assaults according to NHS Protect

- 1) physical contact must be made directly (person to person) or indirectly (use of a weapon, object, liquid or spittle)
- 2) an intentional act of assault that is unlawful, unwanted or unwarranted
- 3) incidents of assault with no visible injury
- 4) assaults occurring during restraint.

We further defined assaults related to smoking if the record of the antecedent to the assault included a smoking related term (e.g. smoke/cigarettes/tobacco/roll up)

Example of a smoking related assault pre policy

Patient AH persistently activated the panic alarm button. When staff asked him not to do that he said he should be taken out to smoke. Explained he needed to adhere to the 2-hourly smoking interval. While staff nurse SF was still explaining, AH spat thick mucous into the eyes and face of SF.

Datix report, 2012

Methods: design and analysis

Design: Interrupted time series

1/4/2012 to 31/9/2014 **1/10/2014 to 30/9/2015**

Analysis: quasi-Poisson generalised additive mixed model (GAMM) - model the monthly incidence of physical assaults whilst controlling several explanatory variables

Underlying time trend Month Bed occupancy	Potential confounders of violence on inpatient wards Male • Age • Diagnosis • Legal status Also accounted for smoking status
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Results

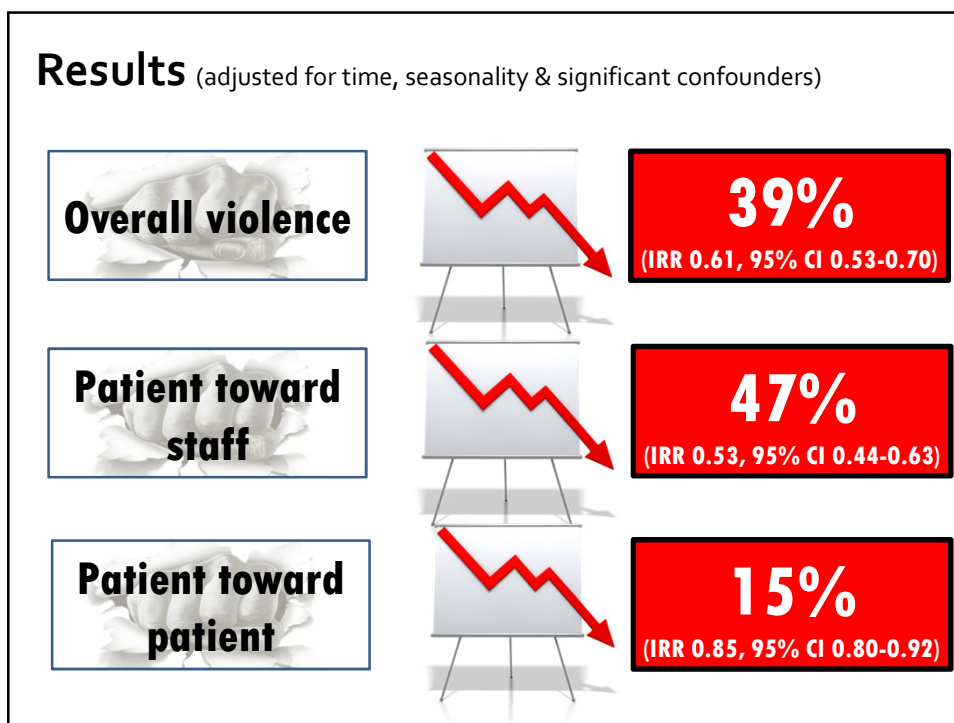
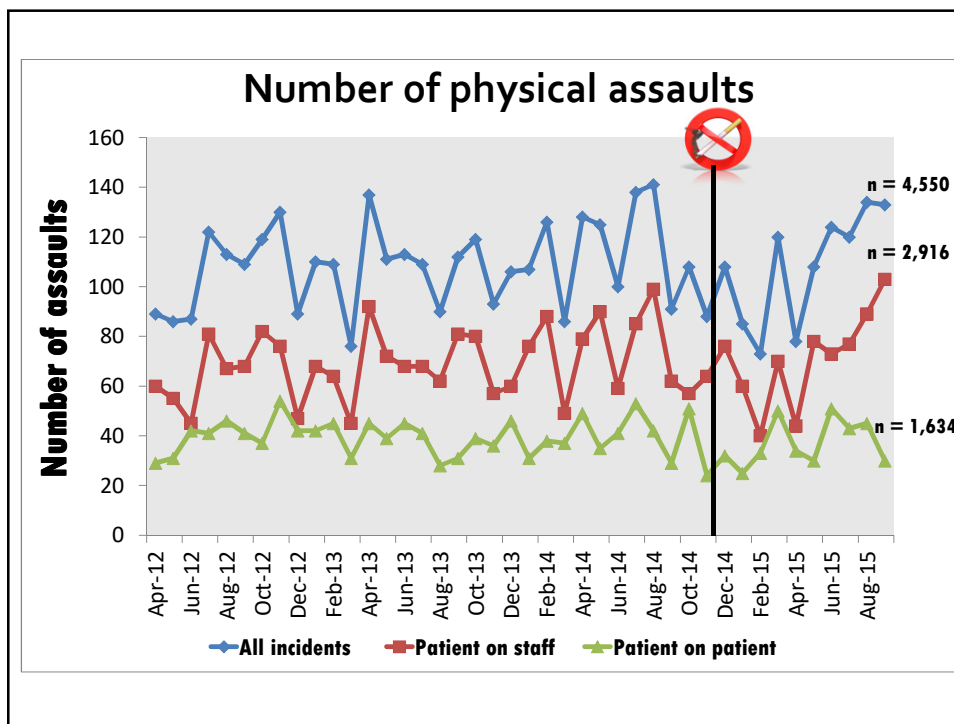
Number of assaults

Male: 10, 269, Female 7864
< 45 60%
Schizophrenia 40%
Mood disorder 20%
Legally detained 44%
Smoker 79%

4550

4.9%

Related to smoking



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thebmj

"It's time to draw a line under clinicians' belief that smoking is somehow therapeutic for mental health patients."

Debbie Robson *BMJ* 2017;357:j2958

"It's time to draw a line under the belief that captivity is "opportunity" for medics to impose their lifestyle choices on folks in crisis"

Several responders

SLaM staff views after the implementation of the policy

Why didn't we do it years ago?

It's been far easier than we imagined

The place is much cleaner

There is a noticeable drop in cannabis use

The patients are much calmer

Railing against the ban



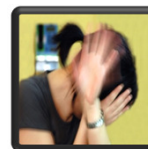
Take home messages



Recommended that
Mental health inpatient services should
be **smoke-free** by.....



- **Well resourced** smoke free policies (that include treatment for tobacco dependence and staff training)
 - Have the potential to release clinical time to invest in therapeutic activities that contribute to improved health (such as tobacco dependence treatment)
 - Do not appear to have an impact on the issues that most concern staff
 - Do not lead to an increase in violence, and can support other violence reduction strategies in inpatient mental health settings.



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