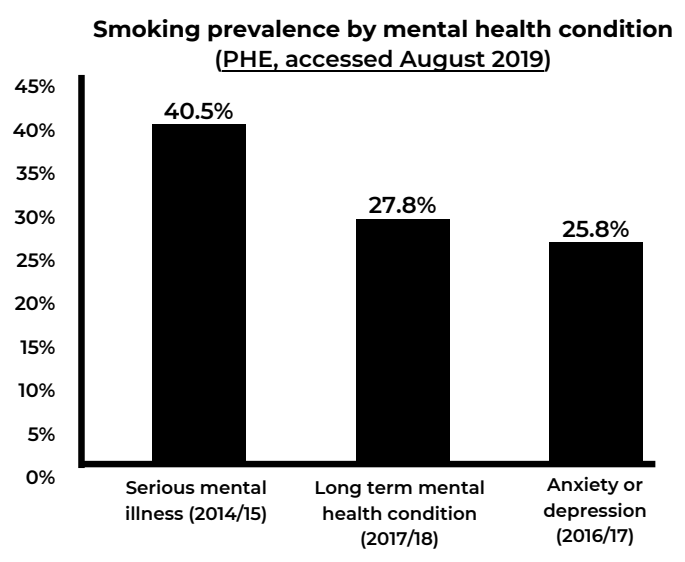


# Smoking: Mental health conditions

- People with mental health conditions are approximately twice as likely to smoke as the general population and need more intensive support to quit.
- Smoking is the biggest contributor to the 10-20 year reduced life expectancy for people with a mental health condition.
- Stopping smoking improves both physical and mental health.
- Healthcare staff should always ask people if they smoke and refer those that do to stop smoking support.
- For more information take a look at ASH's [Smoking and Mental Health](#) fact sheet.

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



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

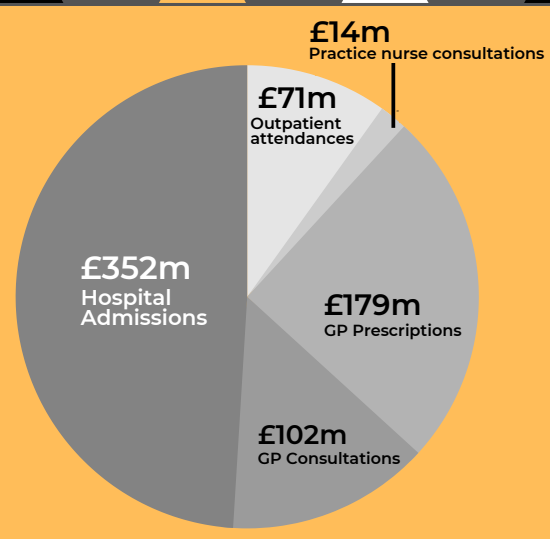
Among people in inpatient mental health services, smoking rates can be as high as 70% (Jochelson K. et al. 2006). Whilst rates in the general population have declined over the years, rates for people with serious mental health conditions have barely changed (Szatkowski L & McNeill A, 2014).

Smokers with a mental health condition often smoke more and are more addicted, making it harder for them to quit (RCP and RCPsych. 2013).

## Smoking reduces life expectancy and costs the NHS millions

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

Life expectancy among people with mental health conditions has been shown to be between 10 and 20 years lower than that of the general population (Chang CK et al, 2011).



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

# People with a mental health condition need more support to quit

Smoking prevalence among the general population has declined consistently over the last 20 years, but has remained high, at around 40%, among people with a mental health condition ([Szatkowski & McNeill, 2014](#)).

Two thirds of smokers with a mental health condition report wanting to quit ([Health Survey for England, 2010](#)), however:

- Smokers with mental health conditions smoke more and are therefore more heavily addicted and find it harder to quit ([Adult Psychiatric Morbidity Survey, 2007](#)).
- Despite progress implementing smokefree policies in mental health services, **breaches of policy remain universal** and patient smoking is sometimes enabled by staff ([ASH, 2018](#)) – some people report taking up smoking for the first time whilst engaged with secondary mental health services ([NICE PH48 Expert paper 8](#)).
- Despite frequent contact with primary care services, smokers with mental health conditions are **less likely to be advised to quit per consultation** than those without mental health conditions ([Szatkowski & McNeill 2013](#)) and are also less likely to be prescribed varenicline, the most effective pharmacotherapy for smoking cessation ([Taylor et al, 2019](#)).

The benefits of quitting smoking are not only physical:

- Quitting smoking can reduce the necessary dose of some anti-psychotic medications ([Taylor G. et al 2014](#)).
- Quitting smoking is associated with **reduced depression, anxiety, stress and improved positive mood and quality of life** compared with continuing to smoke ([Taylor G. et al. 2014](#)).

## Steps to reduce smoking in this population

1

Mental health trusts, CCGs, local authorities and the local voluntary sector should work together to ensure this population has access to appropriate stop smoking support, such as the [SCIMITAR+](#) model for smoking cessation support for people with severe mental illness.

2

Mental Health settings should continue to comprehensively implement NICE guidance PH48 and ensure smokefree policies are enforced without exemptions such as inappropriate use of section 17 leave to facilitate patient smoking ([MHSP/ASH/CRUK, 2019](#)).

3

Professionals working with people with mental health conditions should:

- Deliver “very brief advice” on quitting smoking.
- Signpost to support for those who want to quit.
- Encourage people to use pharmacotherapy for smoking cessation, including varenicline.
- Support those who want to use electronic cigarettes to quit smoking to do so ([PHE, 2018](#)).