

Protecting and improving the nation's health

Mental health and smoking

Y&H sector-led improvement conference 29th March 2019

Workshop outline

- Why is mental health and smoking a priority?
- Complex systems approach a refresher
- Mapping the system
- Next steps

Tobacco control – a success story

Significant gains in tobacco control over the past 20 years:

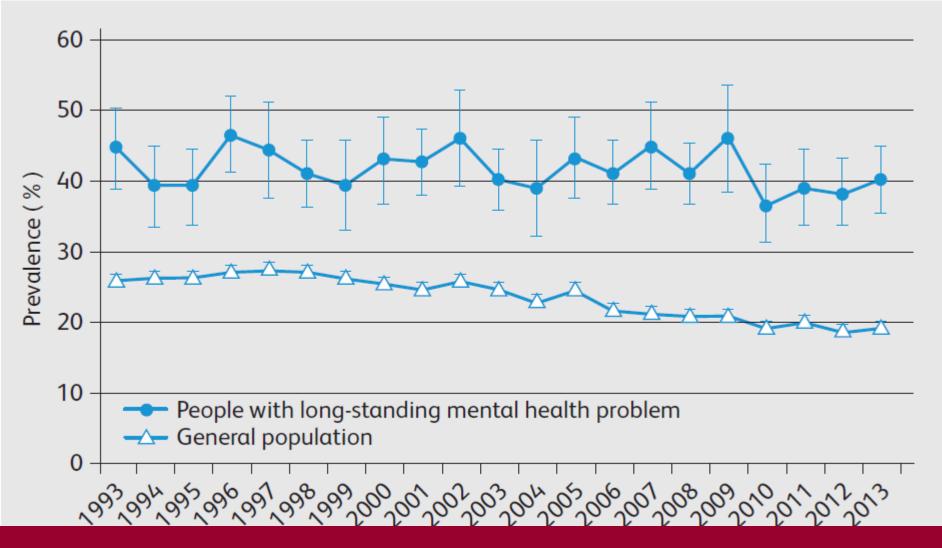
- Advertising ban, 2002
- Introduction of smoke free legislation, 2007
- Prohibition of vending machines, 2011
- Prohibition of "point of sale" displays, 2015
- Bans on smoking in cars with children, 2015
- Introduction of standardised packs, 2016



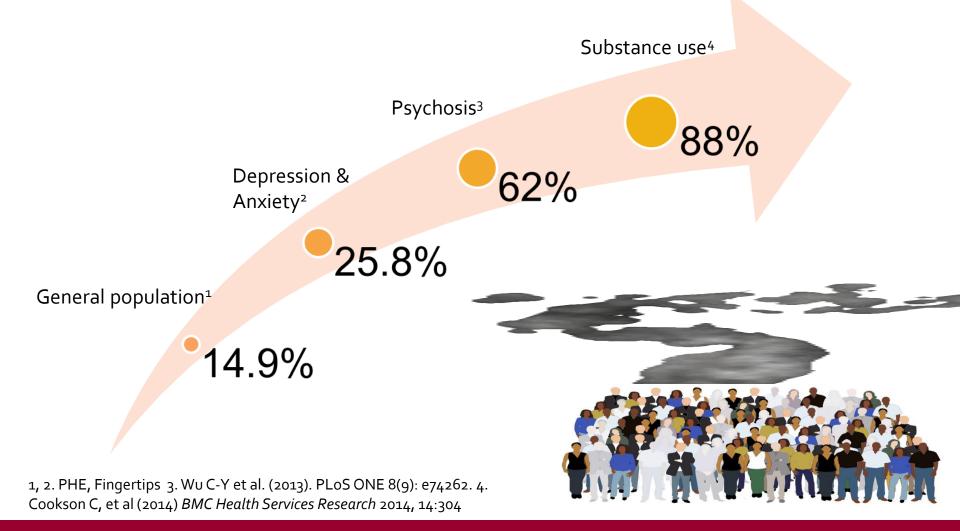
But not for everybody ...

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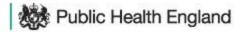
Smoking & long-standing mental health problems over time (Szatkowski & McNeill, 2014; Royal College of Physicians, 2016)



But not for everybody...



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Health Matters

Smoking as a risk factor for people with mental health problems

Smoking prevalence in the general population is

14.9%

amongst adults with severe mental illness* is

40.5%

*People on GP lists with a diagnosis of schizophrenia, bipolar affective disorder or other psychoses



Resulting health impact

- Life expectancy for people with severe mental illness (SMI) up to 15–20 years shorter than the general population, mainly due to preventable physical health conditions such as CVD
- Tobacco related conditions make up
 53% of deaths of people with schizophrenia
 48% of deaths of people with bipolar disorder

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- CVD risk present at earlier age than general population
- **Smoking** is the single largest contributor to the difference in life expectancy
- Growing evidence daily tobacco use associated with increased risk of psychosis and an earlier age at onset of psychotic illness (Gurillo et al, 2015, Lancet Psychiatry)
- Smoking exacerbates poverty for large proportion people with a mental health condition (Langley T, 2016. Euro JPH)

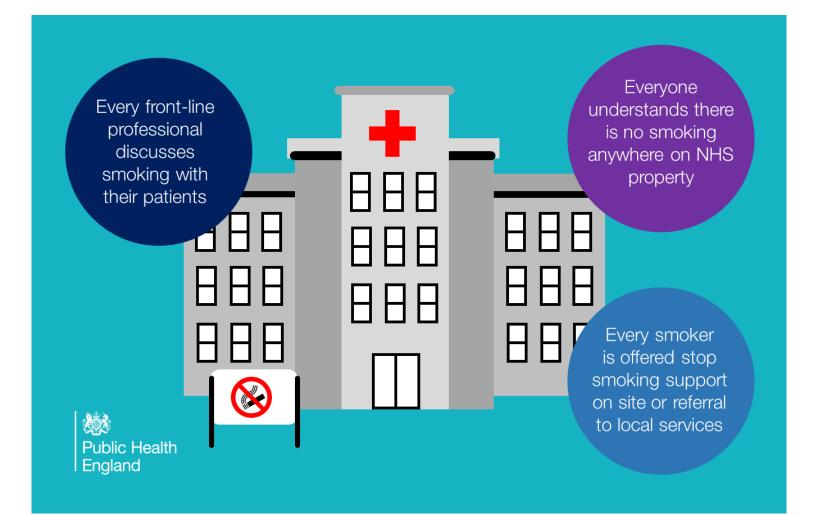
Smoking cessation: a mental health intervention

Systematic review and meta-analysis found:

- strong evidence that smoking cessation is associated with reduced depression, anxiety, and stress and improved positive mood and quality of life
- effect size seems as large for those with mental health problems as those without.
- effect sizes are equal or larger than those of antidepressant treatment for mood and anxiety disorders

Taylor et al (2014). Change in mental health after smoking cessation: systematic review and meta-analysis. *BMJ* 348:g1151

A smoke free NHS



A national ambition

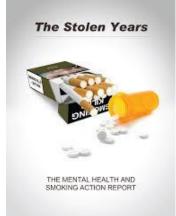
Towards a Smokefree Generation

A Tobacco Control Plan for England

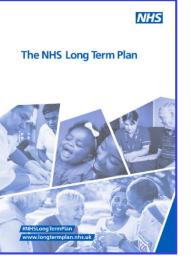
3. Parity of esteem for those with mental health conditions

People with mental ill health should be given equal priority to those with physical ill health, so we aim to:

- Improve data collected on smoking and mental health to help us to support people with mental health conditions to quit smoking.
- Make all mental health inpatient services sites smokefree by 2018.







...a new universal smoking cessation offer will be available as part of specialist mental health services... On the advice of PHE, this will include the option to switch to e-cigarettes while in inpatient settings





Challenges

Myths

- Smoking relieves stress
- Quitting smoking will cause relapse, deterioration in mental health, admission to hospital.....it is never a good time to quit
- 'Its their last pleasure, its not ethical to encourage people to quit'
- Smoking relieves the side effects of medication
- People who use mental health services just aren't interested in quitting. No point asking, since nothing works

Smoking relieves stress



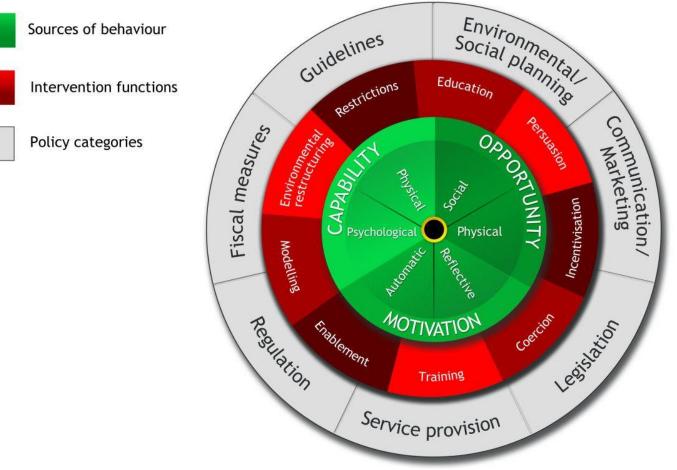
- Research into smoking and stress has shown that instead of helping people to relax, smoking actually increases anxiety and tension.
- Nicotine creates an immediate sense of relief from withdrawal so people smoke in the belief that it reduces stress and anxiety.







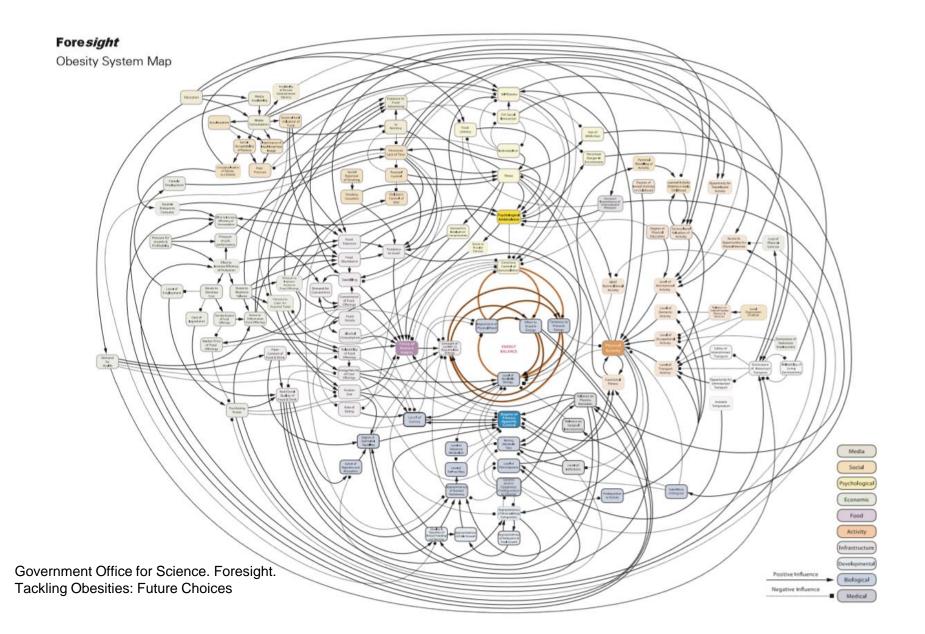
The Behaviour Change Wheel

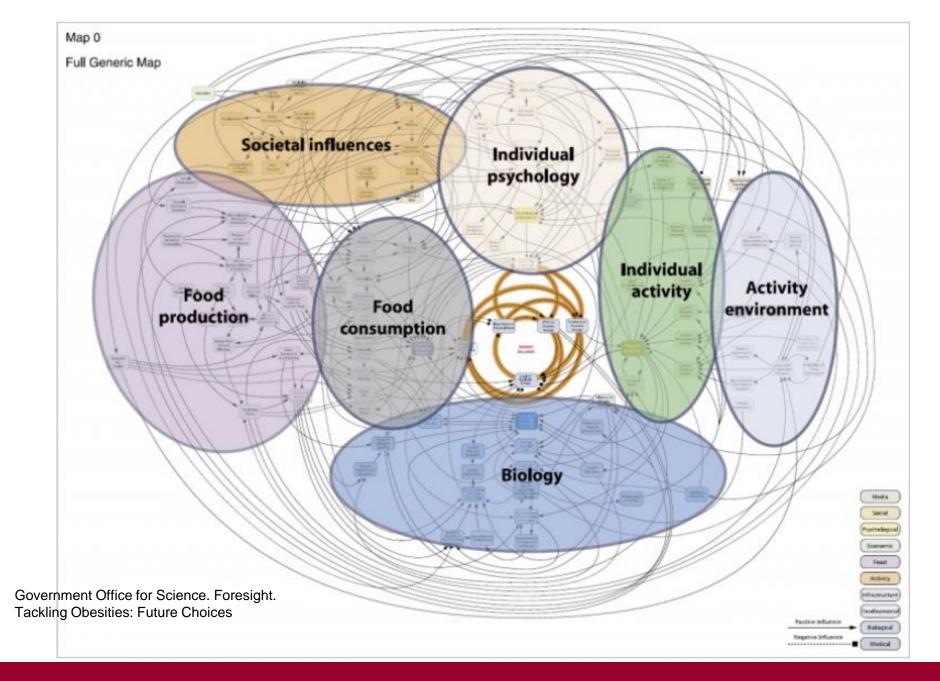


Michie S, van Stralen M, West R. 2011



Complex systems approach





Systems mapping: activity one

- Write down factors that are associated with smoking and mental health
- Think initially about your work and its contribution to smoking and mental health
- Then think more broadly about the full range of influences on smoking and mental health

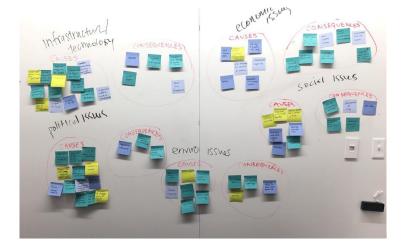


Systems mapping: activity two

 Arrange the factors into any groupings that make sense (eg health services, environment, home and family, housing)

If you have time...

 What are the connections between each factor?





Volunteers to continue this work to develop a system map and identify potential action points

Please leave your details on a post-it and give to one of the facilitators.