



## 1st National Symposium on Mental Health & Tobacco

May 2005

### **Executive Summary**

#### **Introduction**

The ASH Scotland Phase 3 Tobacco and Inequalities Project is a national community development project that aims to develop capacity and sustainability, as well as challenging and changing practice and policy around tobacco use amongst three groups facing inequalities in health: Mental Health and Well-being, Black & Ethnic Minority Communities and Older Adults.

A challenging part of the Project's work has been to undertake research including a Mapping Exercise and Needs Assessment for each of the three target groups to find out more from services users and service providers (health professionals and practitioners) about the main issues and to identify priorities for action.

The 1<sup>st</sup> National Mental Health and Tobacco Symposium in Scotland emerged from the research gathered which clearly indicated, amongst others, that there was a need to involve all health and non-health services and social care services in a joint effort to respond to the unmet health needs, relating to tobacco, of mental health service users. The most obvious way to go about achieving this is through strong partnership working cutting across a range of key services, organisations and groups to tackle positively and pragmatically the needs of services users and providers from both mental health and tobacco services

#### **The event**

Generous in-kind and monetary contributions from the symposium planning group funded this event. The planning group was comprised of the Scottish Tobacco Control Alliance (STCA), the Scottish Association for Mental Health (SAMH), the Scottish Development Centre for Mental Health (SDCMH), Healthy City Glasgow and Smoking Concerns (NHS Greater Glasgow).

The event was attended by over 200 members of the public, tobacco and mental health professionals and was significantly oversubscribed.



## **Aim**

The aim of the event was to raise the profile of tobacco and mental health which cuts across the whole public health improvement agenda; to stimulate discussion about the needs; to form partnerships and to generate a list of initial national actions and planning to tackle the challenges facing the mental health field, in terms of tobacco use. And to tackle the challenges facing the tobacco control field, in terms of mental health, through interactive dialogue workshops and through feedback from the symposium evaluation.

## **Speakers**

The presentations looked at the issue of tobacco and mental health from 3 perspectives:

- *Talking to Service Users*  
Carol Brown, Information and Research Officer, ASH Scotland
- *A Practitioner's Experience*  
Brian Pringle, Tobacco Issues Worker, West Lothian Drug and Alcohol Service
- *Policy and Organisation Level*  
Shona Neil, Chief Executive, Scottish Association for Mental Health

Presentations and the workshops/evaluation may be accessed at [www.ashscotland.org.uk](http://www.ashscotland.org.uk) - follow the links for Inequalities/ Mental Health Symposium.

## **Workshops**

The facilitated workshops explored the barriers to reducing tobacco use amongst people with mental health problems. The experiences related were used to provide an insight into the difficulties faced by professionals already engaged in helping people with mental health problems. This generated discussion, from which important challenges for policy and service development were highlighted and some suggestions were made to overcome those challenges identified.

## **The issues / needs identified:**

- Targeting of services in the mental health field to clients and staff, both in hospitals and community settings, and monitoring of these services to develop an evidence base of what works. Involving clients and staff in service design will go some way to ensuring local needs are met.
- Need for long term engagement with clients and patients that is flexible in approach, that allows choice and also takes into account variations of clients/setting, e.g. consideration of a reduction in smoking being a

success too, as well as quitting completely (dispelling the myth that smokers are being forced to quit).

- Training for mental health professionals and Smoking Cessation Services on attitudes, skills, culture and preconceptions.
- Partnership working is key as well as using existing networks, care planning or contracts processing and the multi-disciplinary approach.
- The importance of working to a Holistic model of health that incorporates exercise, healthy eating and lifestyle choices, alternative coping mechanisms and rewards is essential. This would be complimented by looking into Nicotine Replacement Therapy, long term use and/or dual medication therapy, activities in hospitals, client education in the form of pre-quit courses, and possibly Patient Group Directives to provide smooth patient pathways, whilst taking into account psychiatric and other medication interactions and the need to monitor these closely.
- Legislation – involve clients and move towards smoke free environments.

## **Recommendations for future action**

To drive forward these key actions, the plenary highlighted the need to capitalise on the momentum and enthusiasm of the delegates representing health and non-health services and social care services to develop services, resources, training and involve users and carers. Cross-sector and multi-level partnerships will help to achieve this.

### Summary of the key actions:

- Need for a Service Users and Carers Event so that they are involved in the decision and service design process.
- Appropriate training for mental health professionals in smoking cessation has been developed and this could be easily made available to all NHS Boards.
- The need to pilot service provision and not wait for drug product licensing changes was highlighted by a speaker and the plenary discussed that this may involve a degree of experiment and risk taking.
- The need for Statutory bodies including the Scottish Executive to view this area of tobacco control and mental health as cross cutting organisations and departments and for mental health and tobacco control divisions to work together in developing an action plan to move towards smoke free environments would benefit service users, staff and carers.

- The fact that Scotland is doing a lot of great work in this area and a national conference to highlight the good work/practice would be very beneficial to moving the agenda along.
  - There is an argument for hypothecated tobacco taxes. These could be used to address the causes of mental health problems and of smoking, promote health and well-being among people with mental health problems and find new strategies to replace smoking.
  - Ninety-six delegates fed back their 3 choices on how they would like to see the developments leading on from the symposium progress. The highest ranked choices are shown below.
1. Training opportunities = 68
  2. Facilitated meetings between cessation and mental health organisations at Health Board level = 63
  3. Forum for Tobacco and Mental Health = 36
  4. Short-life working group National Action Plan = 23