



1st National Symposium on Mental Health & Tobacco

May 2005

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There are a several reasons why it is important to consider mental health and tobacco use as a public health concern. Smoking is one of the principal reasons for the differences in death rates between those who are rich and those who are poor. Inequalities in health also extend to mental health. We know that the physical health of people with mental health problems tends to be poorer than that of the general population. People with schizophrenia, clinical depression and bipolar disorder have higher rates of physical illness. A person with schizophrenia can expect to live for ten years less than someone without a mental health problem. People with mental health problems have double the risk of dying of coronary heart disease, compared with the rest of the population. For respiratory disease the risk is four times that of the general population.

We also know that people with a mental health problem are more likely to smoke than those who do not have a mental health problem. In addition, smoking related fatal disease is more common among people with mental health problems especially those with schizophrenia, than in the general population.

The reasons people smoke are highly complex. Contributing factors can include: the experience of exclusion and disadvantage; using tobacco as a coping strategy; boredom and lack of meaningful activity; and social acceptability / peer pressure. It is alarming, therefore, that there is some evidence that people with mental health problems are less likely to be offered health promotion interventions from primary care including support with smoking cessation.

This National Symposium on Mental Health and Tobacco was a very valuable and timely opportunity to look further at these issues in the context of the introduction of the ban in smoking in confined public spaces, which is to come into effect on 26th March 2006. The legislation sets the framework for a change in culture. Putting that into practice in the services that support people with mental health problems presents multiple challenges:

- to ensure environments in NHS settings are therapeutic and health enhancing
- to support people with mental health problems to reduce and where possible cease smoking
- to protect the health and well being of care staff working in clients own homes

This symposium illustrated that there is considerable scope to learn from a range of initiatives that have been developed to support smoking cessation and smoking reduction, drawing on peer support models, the principles of recovery and community development approaches.

A clear message to emerge is the need to introduce greater flexibility to the supports and resources offered to people with mental health problems to address smoking. Current timescales for interventions and treatments tend to be too short-term. More attention needs to be paid to what works for people in real life.

The focus needs to be retained on what steps can be taken to promote the health and well being of people with mental health problems and address inequalities in health and in quality of life. The principle of reciprocity enshrined in mental health legislation presents a challenge for all of us to consider how best we can help bring about the required improvements in physical health and the health care and health promotion support offered to people with mental health problems. If the new smoking legislation is to lead to withdrawal of smoking spaces in many of the treatment centres available for people with mental health problems, there is an added onus on services to provide support to make smoking reduction/cessation more feasible.