

**The Third Phase of
ASH Scotland's
Tobacco and Inequalities Project
2003 – 2006**



Mental Health Briefing Paper

Background

ASH Scotland is the leading voluntary organisation in Scotland tackling tobacco use. Established in 1973, the organisation holds a wealth of experience and knowledge on tobacco issues. We campaign to raise awareness of nicotine as an addictive drug, for the introduction of effective stop smoking support services, regulation of the tobacco industry and to reduce the number of young people taking up smoking.

The ASH Scotland's Tobacco and Inequalities (T&I) project is a national community development project that aims to develop capacity and sustainability, as well as challenging and changing practice and policy. To facilitate this, a project fund of around £175,000 will be available, spread over two years, for community groups to apply to. The project fund will be launched nationally in late 2004, following a mapping exercise and needs assessment to uncover the important issues and identify priorities for action. Regional seminars will be held to promote the uptake of the fund and partnership working across Scotland.

The three initial target areas are:

- Mental Health and Well-being
- Minority Ethnic Communities
- Older Adults

The current T&I project was developed following the conclusions and recommendations of ASH Scotland's previous Tobacco and Inequalities work. The first phase of this was the Women, Low Income and Smoking Project (WLISP), which operated between 1996 and 1999 and aimed to explore new ways of working to address smoking reduction among women living on low income. The second phase of work ran from 1999 to 2002 and built on the recommendations of the WLSIP.

Both projects stimulated significant interest in developing new approaches to tackling smoking and raised positive expectations and aspirations in the community about future work. Reports on the work so far are available from ASH Scotland and on-line at www.ashscotland.org.uk, inequalities section.

Time scale	Name of Project	of Target groups / Objectives
1996-1999	WLISP (phase 1)	<ul style="list-style-type: none"> - funding and supporting community based initiatives to address smoking reduction among women on low income - exploration of different approaches and methods of evaluation
1999-2002	T&I (phase 2)	<ul style="list-style-type: none"> - funding and supporting work that would support smoking reduction among people living on low income - developing evaluation approaches relevant to those working at community level undertaking smoking based work
2003-2006	T&I (phase 3)	<ul style="list-style-type: none"> - work in relation to Mental health and Well-being, Minority Ethnic Communities and Older Adults - funding and evaluation of community based work - support and training - capacity building and sustainability

Significant areas for future work have been identified, to be taken forward in close collaboration with appropriate individuals, staff, community groups and organisations who have an interest and/or expertise in the respective fields.

Aims of ASH Scotland Tobacco and Inequalities Project 2003-06

With specific reference to Mental Health and Well-being, Minority Ethnic Communities and Older Adults:

- To raise awareness of the issues and inequalities some communities across Scotland face in relation to tobacco and health
- To establish good practice that can be disseminated and implemented across Scotland
- To raise awareness, challenge preconceptions, and stimulate positive change in policy and practice
- To form partnerships that will increase capacity, maximise sustainability and keep tobacco and inequalities issues high on local and national agendas

Defining Mental Health and Well-being

Mental health and well-being are complex concepts and can be difficult to define. The concept of mental well-being encompasses many aspects, including behaviours, emotions, personality and relationships, and how these fit in with the wider culture in which a person lives. Mental health is often discussed negatively, in relation to mental health problems, which makes it particularly difficult to describe what is meant by good mental health. Good mental health is not just the absence of mental health problems – it is about feeling positive and being able to enjoy most aspects of life, to experience normal mood changes, to face life's difficulties and sustain meaningful relationships. Of course, everyone is different and will have a unique experience of what is 'normal' for them.

Aims and Objectives for Future Mental Health and Tobacco Work

- To ascertain the current needs of those working in the field of mental health in relation to information and resources, cessation support, and tobacco training.
- To involve service users in the design of tobacco interventions and services relevant to their needs
- To explore and develop tobacco education and training opportunities for mental health groups and organizations which work with them.
- To review relevant tobacco policies affecting staff and service users and involving service users and staff in this process.

Tobacco Use and Mental Health Research

Tobacco, health and inequalities

Tobacco use is the single biggest preventable cause of ill-health and premature death in Scotland and a major cause of health inequalities. In Scotland around 13,000 people die every year from tobacco-related diseases, including heart disease and many cancers¹. There are also serious health risks associated with passive smoking². At the end of the 1990s, smoking-related illnesses are estimated to cost the NHS £1.7 billion per annum³.

Tobacco use prevalence

Scotland has an estimated 1.4 million smokers, representing more than one third of the adult population⁴. Smoking prevalence is significantly higher among people with mental health problems⁵:

- A survey on residents in British psychiatric institutions revealed high rates of smoking⁶. 74% of people with schizophrenic disorders, 74% with neurotic disorders and 70% with affective psychosis (e.g. mania and bipolar disorder) were current smokers.
- Studies on people with mental illness living in the community have also found a higher than average prevalence of tobacco use^{7,8}. Smoking rates of 70% were found among people with schizophrenia, 56% for those with depressive episodes, 55% of people with panic disorder and 47% among those with a generalised anxiety disorder.
- People with severe mental illness tend to smoke more cigarettes per day compared to the general population^{6,7}.
- Tobacco use is also high among people with substance abuse disorders.

Explanations for high smoking rates

Several theories have been suggested to explain the high smoking rates amongst people experiencing mental health difficulties:

- Deprivation and social exclusion - there are higher rates of severe mental disorder among the most deprived sectors of society⁹. Those on low incomes are also more likely to smoke⁴.
- Smoking as a coping mechanism or a form of self-medication - smoking is used to deal with stress, or to alleviate the symptoms of mental illness or side effects of medications⁵.

- The environment and culture of mental health services - those living in psychiatric institutions have higher rates of smoking than those with similar illnesses living at home^{6,8}.
- Suggestions as to why so many patients in psychiatric hospitals smoke include boredom and lack of recreational activities, smoking as a social activity, the use of cigarettes as incentives, staff smoking and lack of smoking policies⁵.
- Lack of information or support to encourage quitting - smoking is often overlooked by staff and carers working with people with mental health difficulties¹⁴.

The effects of smoking

People with mental health difficulties are susceptible to the same smoking related illness as everyone else, although respiratory disorders and heart disease are more common among people with severe mental illness than in the general population¹⁰. In addition to excess mortality related to smoking, tobacco use affects the general health and well-being of people with mental health difficulties, and can aggravate some of the symptoms of psychotic and anxiety disorders⁵. Other problems associated with smoking include the financial costs (which are proportionately greater to those on low incomes) and the risk of burns or fires.

Benefits and challenges of smoking cessation

Giving up smoking has immediate and long-term benefits for all smokers. Smoking cessation treatments are cost effective in improving health and reducing the risk of mortality from smoking related diseases¹¹. Approximately half of smokers with mental health problems in Britain want to quit^{6,7,8}. Yet rates of smoking cessation among adults with mental health problems remain low. Reasons include:

- Many people find it difficult to quit – nicotine is an addictive drug and smoking becomes an integral part of a smoker’s daily routine.
- People experiencing mental illness often feel excluded from mainstream stop smoking programmes or feel that existing health promotion campaigns are ‘not for them’¹². It has been suggested that specific concerns - such as side effects of medication, weight gain, or coping with anxiety/stress - are not always taken into account by mainstream services¹³.
- Mental health staff and carers often do not offer smoking cessation advice to service users¹⁴. This may be because of low expectations of clients’ desire or ability to quit, or because tobacco use is seen as a low priority. Staff may lack the skills, knowledge or training to discuss tobacco use.
- Many psychiatric nurses and other caregivers are smokers themselves, representing a barrier to the implementation of cessation and tobacco control initiatives.
- There is concern that stopping smoking could have an impact on mental illness – such as disrupting treatment, affecting medications or leading to relapse. Staff working in residential settings often express concern that introducing initiatives to combat smoking could lead to behavioural problems¹⁵.

Examples of good practice

Despite the above concerns, research suggests that mental health problems do not undermine the ability to stop smoking. Studies indicate that stopping smoking does not appear to exacerbate psychotic symptoms¹⁶ and that experience of depression does not affect quit rates¹⁷. To continue to make exemptions for people experiencing mental health difficulties is discriminatory and will continue the risk of smoking related disease in this community. Recommendations and examples of good practice in tobacco work with mental health service users include:

- Involving all health and social care services in responding to the unmet physical health needs of mental health service users. This includes both primary and secondary care, and non-health services. Initiatives to tackle tobacco use are an integral part of any such strategy.
- Providing tobacco education and smoking cessation training for nurses and other caregivers.
- Provision of smoking cessation information and services that are clearly relevant to people with mental health problems and that involve service users in their development, pre-testing and piloting
- Targeted health promotion campaigns and printed resources that are focused towards people with mental health problems and specifically address mental health service users' diagnoses, symptoms and treatments.
- The implementation of policies designed to restrict the times and places which service users, staff and visitors are allowed to smoke. These help to make non-smoking the norm, potentially encourage smokers to quit and reduce the harmfulness of passive smoking for both service users and staff. Smoke free policies have been successfully implemented in the USA¹⁵.

Overview of Strategy

The Scottish Executive has given ASH Scotland agreement to continue funding the Tobacco and Inequalities work. The project commenced November 2003. Areas to be covered include awareness raising, support and training, funding and evaluation of community based work, capacity building and sustainability. Funding will be available in years two and three of the project, to undertake project work that involves the target groups. The T&I Project will link in closely with the work of the ASH Scotland led Partnership Action on Tobacco and Health (PATH) initiative, which focuses on tobacco training, cessation evaluation and best practice. It will also draw upon the specialist information support available from the ASH Scotland Information Service.

The project has completed a literature review phase and these will be available shortly on-line at www.ashscotland.org.uk.

A needs assessment and mapping exercise are currently being undertaken relating to community based tobacco work within the three target areas. The needs assessment aims to cover the important issues and to identify priorities for action. The mapping exercise aims to find out what services and resources already exist in relation to the three target areas. It is anticipated that these will be completed and reported on-line by Autumn 2004.

The funded projects will be supported by the Community Development Manager and it is hoped they will commence in 2005.

For further information or application forms please contact –

Douglas Guest, Community Development Manager

douglas.guest@ashscotland.org.uk

0131 220 9465

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