

SMOKING CESSATION IN MENTAL HEALTH INPATIENT SERVICES

— Final Project Report —

The Royal Edinburgh Hospital



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The views expressed in this report are those of the project team and do not necessarily reflect the views of the funding body.

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1. Introduction

The aim of the Smoking Cessation in Inpatient Mental Health Services Project was to develop and provide an effective smoking cessation service to patients who are admitted to the Royal Edinburgh Hospital for the treatment of substance misuse and/or mental health problems.

The need for a project targeting people who experience mental health problems and/or substance misuse is clearly evidenced by a number of sources:

Smoking Cessation & Substance Misuse

The National Institute on Alcohol Abuse and Alcoholism report that cigarette smoking and nicotine dependence commonly co-occur with alcohol dependence although treatment for tobacco is not routinely included in alcohol treatment program, because of concern that addressing both addiction concurrently would be too difficult for and would adversely affect recovery from alcoholism. To the contrary, research shows that smoking cessation does not disrupt alcohol abstinence and may actually enhance the likelihood of longer-term sobriety.¹

Smoking & Mental Health

“Smoking rates are much higher among people with mental health problems than among the general population”,²

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

- A survey on residents in British psychiatric institutions revealed high rates of smoking. 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. 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.
- Tobacco use is also high among people with substance abuse disorders

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 society. Those on low incomes are also more likely to smoke.
- 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 medications.

- 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.
- 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 policies
- Lack of information or support to encourage quitting - smoking is often overlooked by staff and carers working with people with mental health difficulties.”³

More recently, the document “**Delivering for Mental Health**”, **Scottish Executive, December 2006** was published and Commitment 5 is about improving the physical health of people with mental illness and states:

“Those who suffer from mental illness have greater risk of, and higher rates of heart disease, diabetes, respiratory disease and infections. They also have higher rates of smoking, alcohol consumption and drug misuse. They die younger and have a poorer quality of life. This is unacceptable.”

It also goes on to say:

“ We will ensure that people with severe and enduring mental illness have equity of access to health promotion and prevention services and the full range of free prevention services available to the general population. This means providing services in a way that is responsive to the needs of people with mental illness.”⁴

With this weight of evidence in mind the Substance Misuse Directorate and the Adult Mental Health Service at the Royal Edinburgh Hospital decided to look at ways of encouraging and supporting inpatients to quit smoking.

1.1 Background to the Royal Edinburgh Hospital

The Royal Edinburgh Hospital provides inpatient mental health services, predominantly for those living within the City of Edinburgh, although there are a number of regional and one national service located within the hospital. The Royal Edinburgh Hospital currently has more than 450 inpatient beds, which offer the following services:

Adult Acute Admission (18 ~ 65years)	125 beds
Substance Misuse (The Ritson Clinic)	12 beds
Intensive Psychiatric Care Unit (18 ~ 65 years)	12 beds
Young People’s Unit (12 ~ 18 years)	12 beds
Rehabilitation Services (18 ~ 65+ years)	c. 80 beds
Care of the Elderly Assessment (65+ years)	c.110 beds
Care of the Elderly Continuing Care (65+ years)	60 beds
Learning Disabilities Service	32 beds
Forensic Unit (18+ years)	50 beds

In addition there are a variety of outpatient services that are also provided from the hospital location.

Given the size of the inpatient Mental Health Service it was agreed that the project would initially concentrate on two areas: the inpatient ward of the Substance Misuse Directorate - the Ritson Clinic (formerly known as the Alcohol Problems Clinic) and the Acute Mental Health Service in the shape of two acute admission wards. Once effective ways of working had been developed for these areas, it was intended to roll these out to rest of the inpatient service as soon as possible.

1.2 Service Function

NHS Lothian Substance Misuse Directorate: Alcohol Problems Service

The specialist service for alcohol problems based at the Royal Edinburgh Hospital was the first in Scotland and provides services across the Lothians. It provides treatment, education and research. Strong links with the University, World Health Organisation and international evaluative projects, have kept it in the forefront of developments in the field.

Acute Mental Health Services, Royal Edinburgh Hospital

The Acute Mental Health Service provides short-term care for those aged 18-65 years of age who require inpatient admission for assessment, treatment & care as a result of acute mental health problems. A large number of the patients admitted are suffering from severe and enduring mental illness and a significant number of these will experience problems with substance misuse.

1.3 Objectives & Benefits

The project objectives were as follows:

- To support a smoke free environment within the Ritson Clinic
- To support patients who want to make changes in their tobacco consumption within the Ritson Clinic and initially, two acute mental health wards
- Develop an effective model of treatment to roll out to the rest of the mental health inpatient wards
- To work closely with generic services to ensure that those patients who have quit or made plans to quit can continue their smoking cessation treatment within the community on discharge
- To provide ongoing clinical support to individuals or groups with complex needs who require ongoing mental health support during their smoking cessation journey
- To develop NRT Guidelines for use within the hospital environment

Large numbers of service users with severe and enduring mental health illness smoke, and have significant physical health problems, many of which can be linked to smoking. It has also been acknowledged that there is a prevalent 'smoking culture' within inpatient psychiatric units - this has been identified by the Health Department Agency.⁵ The majority of mental health service users are also on low incomes. The project aims to improve the physical health of service users by encouraging and supporting individual attempts to quit or significantly reduce their tobacco use; according to The Sainsbury Centre for Mental Health, studies carried out show evidence that providing smoking cessation interventions is highly effective in improving physical health and lifestyle of people with a severe mental illness. Quitting/reducing smoking can have the benefit of increasing their disposable income, which may then be available for better diet and improved social and

recreational opportunities. ⁶ It was hoped that the project would also have the following particular benefits:

- a) The tobacco control field will have the opportunity to reach a notoriously hard to engage client group, which cuts across all priority areas and to develop a model of working which can challenge traditionally held perceptions about smoking and mental health.
- b) The development of appropriate protocols to inform practice with a view to producing good practice guidelines for service provision that can be utilised across Lothian as part of a well resourced, long-term multi stranded national programme.

2. Methodology

Funding

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The bid to ASH (Scotland) for funding was successful and the project received £15,000 from the Tobacco & Inequalities Project Small Grant Fund. It was initially identified that the funding would be used for the following:

0.6 A&C 7/ 'G' Grade equivalent: £10,000 towards salary costs

0.1 Admin and Clerical support A&C 3: £3,000

Stationery, CO Monitors, Breathalyser, Sundries, £2,000

In addition to the ASH funding, the project was able to secure £30,000 non-recurring funding from NHS Health Promotion Services.

It was agreed that we would employ a dedicated full time worker with the following remit:

- Clinical work c.40%,
- Development work c.30%
- Research c.30%

It was intended that the worker would be split 0.8 wte for inpatient Substance Misuse/ Mental Health work and 0.2 wte for the South East Local Health Partnership (community based)

The Project

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As part of developing the proposal/ bid for the project a number of partners were identified, including the Patients' Council, staff from the multidisciplinary teams within the Substance Misuse Service, staff from the acute admission wards, generic smoking cessation services and a Public Health Practitioner. Representatives from these partners agreed to form a Steering Group to oversee the work of the project.

It was agreed that in the initial stages the project would confine itself to the Ritson Clinic (formerly known as the Alcohol Problems Clinic) and two of the acute admission wards. It was felt that this would enable the development of appropriate systems whilst offering a service to a designated group of patients. It was also intended to roll out the work to the wider inpatient service as soon as possible.

The Ritson Clinic

The 12 bedded Ritson Clinic (formerly known as the Alcohol Problem Clinic) offers in-patient care for patients who have been unable to detoxify in the community due to

the complexity of their needs or lack of social support. Patients must meet CRAG criteria for inpatient care. The clinic also provides an assessment service for patients with complex needs, such as dual diagnosis and polyaddiction. The average length of stay within the unit is 7 – 10 days and only in exceptional circumstances would someone be subject to detention under the Mental Health (Care & Treatment) (Scotland) Act 2003.

The ward closed its smoking room and became smoke free on the 26th March 2006.

Acute Mental Health Wards

Each of the five acute mental health admission wards has 25 beds and provides care for patients from a designated part of the city. The average length of stay within the acute admission wards is 3 – 6 weeks but some patients may only be in for a matter of days whilst others may stay several months. At any one time as many as 25 –30% of patients within an individual ward may be subject to the Mental Health (Care & Treatment) (Scotland) Act 2003 – in essence the individual does not choose or agree to be in hospital.

These wards continue to have a small smoking room for the use of inpatients only. Two wards initially indicated that they wanted to be a part of the project, but both of these subsequently withdrew during the early days of it.

Engagement with staff from the acute mental health wards has been difficult due to the following:

- Staff turnover
- Staff shortages
- The level of activity and disturbance on the ward
- Ward staff not really able to see the integration of smoking cessation work within their role and as a result not able to prioritise this in terms of training and support to the co-ordinator when working with the patients on the ward

Fortunately, however, a different acute mental health ward indicated that it would like to become involved and did so early in 2007.

Rehabilitation Wards

The four Rehabilitation wards continue to have small smoking rooms. Staff and patients within the Adult Rehabilitation Wards were not included in the initial project proposal, but expressed such a willingness and keenness to be involved that two wards were added to the project phase. The length of stay in these wards may be anything from several months to several years. Several of the patients in each of the wards are subject to the provisions of the Mental Health (Care & Treatment) (Scotland) Act 2003

The Tasks

Although project funding was identified in February/ March 2006, internal recruitment procedures delayed the advertising and appointment someone to take the work forward. The project was finally able to employ a Smoking Cessation Co-ordinator to get the work started in May of 2006.

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In discussion with the Steering Group, the specific pieces of work that required to be done to enable the benefits were identified as follows:

1. Delivery of an existing or development and delivery of a general tobacco awareness programme for ward-based staff, to enable them to encourage and support inpatients in their efforts to stop smoking.
2. Drawing up of guidelines for staff to help them provide ongoing support to inpatients in their efforts to quit.
3. Assessment of all inpatient referrals of those who wish to quit (development of assessment tool)
4. Development of a quit smoking care plan for use in Acute Mental Health and Substance Misuse Services.
5. Advise staff on the prescription of NRT
6. Offer group support once/ twice weekly and some 1: 1 when required
7. Link patients to appropriate community based smoking cessation services
8. Offer an outpatient support group – perhaps in conjunction with mainstream worker – for those who are not suitable for mainstream groups.
9. Liaise with GPs re continued NRT prescription (Shared Care Protocols, Patient Group Directives and Nurse Prescribing).
10. Produce an appropriate Integrated Care Pathway

3. Outcomes

3.1.Overall Activity ~ May 15th 2006 – June 30th 2007

Activity Type	Numbers	Comments
No. of Referrals	95	18 of them decided to reduce
No. of Assessments	90	
No. of People who have set Quit Dates	60	Of 17 people successfully contacted - 8 had stayed stopped at 1 month. See para 3 p11 of the report.
No. of people followed up by Smoking Cessation Worker	28	
No. of people Linked into Generic Community Smoking Services	22	
Staff trained	17	Brief intervention (provided by REH smoking cessation co-ordinator and Health Promotion Services) and two have done in depth training (provided by Health Promotion Services)
Awareness Raising Events	14	Includes “national no smoking day” event Teaching & awareness sessions for staff in hospital & community. Stall at hospital fete
Tobacco and Health group	3 per week	The group is run on a weekly basis in APC, Ward 6 and The Hive. It mainly focuses on health risk of smoking, cost and the benefit of quitting and where to get help and support
Staff support group	7 sessions staff group	Ran for 7 weeks and plan to continue running staff group in future

It was deemed necessary that all the wards participating in the project phase of the development identify members of staff to undergo the “Brief Interventions” training prior to their participation in the project and then work closely with the co-ordinator – these staff have become “Link Nurses”. It is intended that these staff will then go on to the “In-Depth Interventions” training. Once the project phase is over and the Smoking Cessation Service is rolled out across all areas of the hospital, all wards will be expected to have several staff who undergo the “Brief Interventions” and at least one or two who undergo the “In-Depth” training. This is required to build ongoing capacity within the hospital.

The Smoking Cessation Co-ordinator has provided clinical input to the project wards at the same time as developing the nuts and bolts - guidelines, protocols and pathways - of the service. She offers the following to patients:

- Assessment
- Prescription advice
- Group Support whilst in hospital
- 1:1 Support whilst in hospital
- Linking with community smoking cessation services
- Support in the community until can be picked up by appropriate services
- Telephone support
- Scheduled awareness sessions/events
- Informal drop ins

Staff have been offered:

- The opportunity to attend training
- Awareness sessions
- Consultation and advice
- A support group for staff who want to quit smoking – they receive their NRT from their own GP

3.2. The Wards

It has been our intention from the outset to develop a service that is user-friendly, flexible and responsive to the needs of a group of service users who are notoriously hard to reach and engage and who may have very poor coping skills. In order to help this client group stop smoking and stay stopped the Smoking Cessation Worker has found that they require not only NRT and structured behavioural support but also healthier lifestyle changes and advice and support in structuring their day to help them maintain a smoke free lifestyle. She has been working very closely with other health professionals such as Occupational Therapists and Physiotherapists, referring patients for groups such as relaxation, exercise/gym, lifestyle changes group, tai chi classes and the horticultural project. These help patients to structure their day and avoid the temptation of the smoke room and is also an opportunity for them to develop new skills which can help them cope with cravings and withdrawal symptoms.

The Ritson Clinic has successfully achieved a smoke free environment.

Prior to admission to the Clinic, patients are advised that the clinic is completely smoke free and are offered support and NRT if they would like to stop smoking.

All nursing staff currently working within the Ritson Clinic have been trained in “Brief Interventions Training in Smoking Cessation”. Patients who choose not to stop smoking on admission are offered NRT overnight, as they are unable to leave the ward environment between 10pm – 6am for safety reasons.

Two members of staff have completed the “ In-depth Interventions Training in Smoking Cessation” via NHS Health Promotion Services and have now been identified as link nurses enabling them to assess patients and offer 1:1 or group support and development of NRT Guidelines in partnership with pharmacy staff means that they are able to advise patients appropriately. The link nurses have access to the Scottish Database to record figures for further evaluation purposes. As

such the Ritson is preparing to carryout all the smoking cessation 'in house' only utilising the Smoking Cessation Co-ordinator for advice on complex cases.

Ward 6 – an acute admission ward – has a identified link nurse who runs the weekly 'smoking and health' group with the Smoking Cessation Co-ordinator. The link nurse is also carrying out assessments with the Co-ordinator with the aim of doing these in her absence and also offering some of the 1:1 support that is required.

Craiglea & North Wing – two rehabilitation wards – have link nurses who work with the Smoking Cessation Co-ordinator to provide support and encouragement for patients who wish to give up smoking. These efforts are being linked to a wider programme of healthier lifestyles across the Rehabilitation Service.

3.3. Wider Aspects

In addition to the ward specific work carried out by the Smoking Cessation Co-ordinator as detailed above the following has also been undertaken:

- Information sharing and awareness raising sessions in conjunction with workers from Scottish Association of Mental Health (SAMH) in "The Hive" – a recreation service for both inpatients and former patients.
- The establishing of regular awareness raising and information sharing sessions with the staff across the hospital.
- The establishment of a rolling programme of "Brief Interventions in Smoking Cessation" which aims to run two monthly.
- Development of a multidisciplinary "NRT Guidelines" Group to produce the protocol for the prescription of NRT across the service. The protocol was approved by the Hospital and Special Services Medicines Committee in March 2007,
- Working with Clinical Information Systems administrator to develop a means of keeping a record of individual patients' use of the smoking cessation service.
- Participating in the PATH/ISD national electronic smoking cessation audit database
- Visits to smoking cessation services both in Lothian and in other areas of Scotland to find out what they are doing
- Consultation, advice and smoking cessation support for 2 patients (and the staff working with them) who have particularly complex needs and challenging behaviours outwith the project wards.
- Support group for staff who want to stop smoking (Staff access NRT from their own GPs.)

The following documents have all been developed:

Comment [AU1]: Suggest attach these?

- Referral Pathways for smoking cessation within the Royal Edinburgh Hospital
- Cessation Pathway in the absence of the smoking cessation co-ordinator
- Patient information leaflet
- Referral, history and discharge templates
- Group Outline
- Posters
- Development of mental health aspects for inclusion in existing Health Promotion Services' Brief Interventions in Smoking Cessation training pack
- NRT Guideline

4. Discussion/Conclusion

We found a number of commonly held perceptions about smoking and mental health which are consistent with a King's Fund survey in 2006 in which 151 psychiatric units took part.⁷

Attitudes about patients smoking whilst in hospital included:

- People with mental illness smoke as a form of self-medication to alleviate social and emotional stress and anxiety.
- Some people would much rather smoke than take psychiatric medication
- Quitting may result in patients becoming irritable, agitated and aggressive and therefore more difficult for staff to care for
- The patient's primary focus should be his or her mental health
- Smoking rooms are often the social centre for patients where they get peer support
- Some patients come into hospital against their will, why should they be forced to give up smoking?
- Poor souls - what else have they got?

The Kings Fund survey also confirmed that many staff working with mentally ill patients share these beliefs and this has contributed to the development of a "smoking culture" within many psychiatric hospitals. We have heard anecdotally from many patients that they started smoking when they came into hospital.

There are times when we have been surprised at the strength of the belief held by some colleagues that psychiatric patients should be allowed to continue to smoke irrespective of the risks to their own health and that of others, and the fact that they are not more actively discouraged from smoking. It is fair to say that we underestimated this pro-smoking culture. In order to change this we have had to work not only with the patients to help them stop smoking but also with staff to challenge and change the culture within the wards. It should also be said that it is noticeable that many of our colleagues smoke and perhaps some of the cultural resistance may be associated with their own ambivalence about quitting,

As a result of the project we have begun to raise awareness within the hospital that offering smoking cessation to psychiatric patients is something that should be done as a matter of course. In addition the Smoking Cessation Co-ordinator is offering support for staff who want to stop smoking in the form of group support within the Royal Edinburgh Hospital.

Open information sessions in the hospital social centre and on the last two No Smoking Day Events have been extremely well received by service users from all over the hospital, who are keen to give up smoking and improve their health. When talking informally with them about previous attempts to quit or even get information, we have been surprised and disappointed at how confusing and difficult it can be for service users to access mainstream smoking cessation services for example some service users have found it difficult to contact a Stop Smoking Advisor – this may be due to illness, annual leave or in some cases there was no Advisor in post and sometimes when he or she had managed to speak to someone, if a support group had just started or there was a waiting list, then it may be several weeks before the patient could get on to the next group.

Many of the patients who have severe and enduring mental health problems can have significant difficulties in engaging with any service. Some of the patients that the Co-ordinator has been working with over the past year have experienced some or even all of the following:

- Social isolation – poor social networks and lack of family support
- Stigma as a result of mental illness and perhaps because of some illness driven behaviours
- Side effects of some prescribed medication e.g. sedation
- Psychosis
- Lack of motivation
- Lack of meaningful activity whether it be paid work or hobbies
- Low income
- Chaotic lifestyles
- Poor coping skills

All of these can make it difficult for some to attend appointments regularly or at specific times of the day, or indeed to sit in a group for a period of time. Although group work is offered, much of the support requires to be offered on a 1:1 basis and for an extended period of time. This can be very difficult to access from generic smoking cessation services.

We have also had some problems in gathering follow up data from clients once they have been discharged from the service. So we have been unable to get complete data on how many people have remained stopped at one month and so on. This is partly due to the patient group, but also to the fact that we did not identify this as an issue early enough. We now have a system in place whereby all patients are seen, contacted by telephone, or if these fail, written to at the one-month stage. Where at all possible the Smoking Cessation Co-ordinator will talk to the individual as there is generally a very poor response to written questions.

A year on from the beginning of the project awareness about the need to support patients with substance misuse and/or ongoing mental health problems has risen throughout the service. This can be demonstrated by the fact that in the year (11 months 2 weeks) May 15th 2006 - April 30th 2007, the Smoking Cessation Service had received 72 referrals and trained 11 staff. As the project phase drew to a close in May 07, the Service was opened up to the rest of the hospital and by the June 30th 07 the number of referrals had increased by 23 and the number of staff coming forward for training had increased by 6. The referrals and staff are coming from all of the wards within the Acute & Rehabilitation Service. However we feel that we have only just begun and that there is still much to be done to tackle smoking in a mental health inpatient service.

5. Recommendations for Future Work or Research

Funding for the project phase runs out on the 31st June 2007. However we have managed to secure further funding until 31st March 2008. We will then be considered for future funding on the same basis as other smoking cessation services on condition that the service works in line with the evidence base on smoking cessation, which currently promotes total cessation rather than cutting down tobacco use.

For the future we must:

- Continue to roll out the active smoking cessation support to all of the clinical areas
- Continue to provide support for those service users who do not feel able to access generic smoking cessation services
- Prepare for the removal of exemptions in relation to smoking rooms within psychiatric hospitals in Lothian
- Continue to improve the linkages with generic services
- Develop joint working with generic services
- Continue with the awareness raising for staff and service users
- Provide specialist advice
- Integrate smoking cessation with other healthy lifestyle initiatives
- Continue to offer staff support with their own quit attempts
- Develop evidence base

NHS Health Scotland and Action on Smoking & Health (ASH) Scotland do not currently support or endorse the 'cut down to quit' approach to smoking cessation, as they do not feel the existing evidence base is robust enough to merit such a change in cessation practice. New guidance for health professionals dealing with smokers which has been issued by ASH (England) and which suggests that although smokers should always be advised that quitting is the healthiest option, they should also be helped to use nicotine replacement therapy (NRT) where appropriate if they intend to cut down their consumption. This guidance, based on pharmaceutical industry recommendations, has been met with mixed reactions from the NHS England smoking cessation services.

From the outset the project has set out to provide a user friendly, flexible approach to both encourage patients with mental health problems who smoke to at least think about stopping and support those who want to stop smoking. As a part of this we remain keen to look at the option of “Nicotine Assisted Reduction to Stop” or “Cut Down to Quit” and this may form the basis of research project in the future.

6. Dissemination

It is intended that this report be shared widely with the Mental Health Services within Lothian.

7. References

1. Gulliver et al (2007): Smoking Cessation and Alcohol Abstinence: What Does the Data Tell Us? p1, para 1, NIAAA, 2007
2. Smoking and Patients with Mental Health Problems, NHS Health Development Agency 2004
3. Mental Health Briefing Paper, The Third Phase of ASH Scotland's Tobacco and Inequalities Project 2003 – 2006. ASH Scotland
4. Delivering for Mental Health, Scottish Executive, December 2006
5. Smoking and Patients with Mental health problems HDA 2004,p4 para 2-4
6. Samele et al (2006): A Systematic Review of the Effectiveness of Interventions to Improve the Physical Health of People with Severe Mental Health Problems, 2006, p13-16 para 9.
7. Jochelson and Majrowski (2006): Clearing the Air Debating Smoke-Free Policies in Psychiatric Units, Kings Fund,

Appendix 1

**Nicotine Replacement Therapy Guidelines for Inpatients,
Royal Edinburgh Hospital - Please see separate document**

Appendix 2

Smoking Cessation Referral Pathway

For Ritson Clinic, Acute & Rehabilitation Wards REH

1. At admission interview: ask all patients their smoking status
2. Are they interested in trying to stop and would they like help
3. Provide brief advice on the effects of smoking to health and benefits of stopping smoking
4. Assess motivation to stop smoking

Is the patient motivated to stop smoking?

YES – Patient requests help and is motivated to stop

Contact Sue Kheda
Smoking cessation Co-ordinator
On 46525

Patient seen by Smoking Cessation
Co-ordinator

NO

Not motivated to stop at present

- Inform patient of support and help available
- Give designated leaflet and contact number for future use in hospital

↓

Wants to quit

- Assessment carried out,
- Agree quit date
- Notify other relevant professionals, if receiving Clozapine or other anti-psychotics
- Notify relevant professionals prior to quit attempt (Ward Staff)
- NRT prescribed

Regular monitoring of quit attempt (ward staff). 1:1 counselling with co-ordinator

Hospital discharge

- Notify GP.
- Follow up arrangement: Smoking Cessation Co-ordinator or Primary Care service
- Give one-week supply of NRT on discharge

Appendix 3

ROYAL EDINBURGH HOSPITAL SMOKING HISTORY

PERSONAL INFORMATION

Name: Date:

Address:

.....

..... Post Code:

Date Of Birth:

Telephone No:

GP Name & Address:

.....

1. How many cigarettes do you smoke daily?

2. How long have you been smoking regularly?

3. How old were you when you started smoking regularly?

4. How much do you want to give up smoking (scale 1-10)?

1 2 3 4 5 6 7 8 9 10

Not at all Quite a lot A lot

5. How confident are you about succeeding (scale 1-10)?

1 2 3 4 5 6 7 8 9 10

Not at all Quite a lot A lot

6. Have you tried to stop before? Yes:..... No:.....
If yes, how many times?

Appendix 3

7. What is the longest period you have stopped for?

8. What do you think made you start again?

9. Have you asked for help from your GP or Smoking Cessation Nurse before?

Yes: No:

10. Do you have any health problems, which you think are related to your smoking?

Yes: No:

11. If yes', please

specify.....

.....
.....

12. Is the person most important to you a smoker? Yes: No:

13. What does this person feel about your smoking?

A. Objects strongly

B. Doesn't mind

C. Encourages you to smoke

14. Which of the following categories describes what kind of smoker you are?

A. Contented

B. Thinking about stopping

C. Trying to stop

Appendix 3

15. What are your main reasons for wanting to stop?

- A. Health
- B. Expense
- C. Not fair on others
- D. Work policy
- E. Other reasons

Please specify:

.....
.....
.....

16. Do you have any problems or fears about stopping Yes No

If 'yes' please state what

.....
.....
.....

Medical history :

Are you being treated for any medical problems?

Are you being treated for any mental health problems either currently or in the last 12 months

Current medications:

Plan: