



## Smoking Cessation within the Forensic Mental Health Service with Conditions of Special Security

### Executive Summary

#### Organisation

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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.**



## **Executive Summary**

### **1. Need for smoking cessation service**

In January 2002, 83% (193) of patients in The State Hospital used tobacco products. The Scottish Executive published a circular at this time (Health Department Letters, 2002 (64)) regarding NHS Smoking Cessation Services. The two directives of relevance to the State Hospital were:

1. "Health Boards and Trusts should ensure that smokers who wish to give up smoking have access to local smoking cessation services which provide required motivational support".
2. "Health Boards should also put into place arrangements for monitoring and evaluating the success of their smoking cessation services:

### **2. Introduction and background**

The State Hospital is one of four high-security Hospitals in the UK providing a forensic service for patients with mental illness and learning difficulties within Scotland and Northern Ireland. The Hospital is located in Lanarkshire in central Scotland, midway between the cities of Edinburgh and Glasgow. Employing just over 700 staff, we provide assessment, treatment and care in conditions of special security for up to 240 patients with mental disorder who, because of their dangerous, violent or criminal propensities, cannot be cared for in any other setting. Patients are admitted to the Hospital under the requirements of the Mental Health (Care and Treatment) (Scotland) Act 2003 and related legislation.

In 2004, the State Hospital was awarded £40,000 from the (then) Scottish Executive's Mental Health Division, as part of their National Programme for Improving Health and Mental Well-Being; this was used to establish a smoking cessation service within the Hospital. The three-year project was overseen by Partnership Action on Tobacco and Health (PATH), part of ASH Scotland, as one of eleven initiatives funded via its national Support Fund to develop new and innovative ways of reducing the proportion of people faced with health inequalities who smoke.

### **3. Aims and Objectives of the State Hospital's Smoking Cessation Service**

1. Provide a specifically tailored service for patients to reduce smoking rates
2. Provide a smoking cessation programme with identified smoking cessation practitioners
3. Develop smoking cessation interventions in line with Smoking Cessation Guidelines for Scotland (Health Scotland and ASH Scotland, 2004)
4. Provide training for staff in line with the new national Standards for Smoking Cessation training in Scotland (PATH, 2003)
5. Address restrictions on prescribing Nicotine Replacement Therapy (NRT) due to the secure environment within the State Hospital

6. Develop and deliver brief intervention training for members of the clinical team
7. Establish a system to monitor the implementation and evaluation of the service
8. Contribute to and support Dr. Eddie Duncan's research paper "Developing a smoking cessation intervention for patients within a high security psychiatric setting" (in press)
9. Link with other clinicians in mental health settings providing smoking cessation interventions, with a view to establishing and sharing best practice
10. Develop, produce and disseminate written and electronic ward information packs
11. Evaluate the service from a patient and smoking cessation advisor perspective

#### **4. Summary of Key Findings**

Whilst it was helpful to have an initial project plan that described the implementation, key milestones and timescales for the service, it did not cover all of the issues encountered over the three-year period, and there were hidden costs such as administrative support, training and backfill costs to release staff for training and delivering interventions.

At the start of the project there were national Standards for Smoking Cessation Training produced by PATH (2003). However, there were no recognised training programmes that staff could attend to gain the necessary skills and competencies that would equip them to provide the service.

It was apparent that patients really wanted to stop smoking, and this was evidenced by quit rates and overall reduction in smoking at the State Hospital by 9%. It should be further emphasised that a total of 82 patients tried to stop smoking. The fact that this was in an environment of high security is of great significance and should not be underestimated. This surprised many staff who did not anticipate that patients would want to stop smoking. Coupled with this, many staff anticipated and predicted an increased level of stress and violence where patients were not smoking; however, there was no evidence of this at any point throughout the project.

The steering group that was established to co-ordinate the project contributed to the overall implementation of the service, and its membership has gone a long way to ensuring its success.

The implementation of the service has been greatly enhanced due to the Hospital-wide support across all disciplines, departments and managers. Without this comprehensive commitment it would have been much more difficult to change practice and afford all patients the opportunity to stop smoking.

Whilst it was laudable and helpful to nominate staff to be trained as smoking advisors, it has become apparent over the period of the project that where staff nominate themselves to be advisors they are more motivated and there is less turnover of advisors.

Ward smoking cessation packs and computer-based information were developed and implemented across the Hospital. This proved to be invaluable, increasing awareness and knowledge of smoking cessation generally, and of the service in particular.

It was beneficial to link with others providing smoking cessation interventions. In the early stages of our project, unfortunately, few mental health units had implemented a cessation programme to share practice and benchmark. It is important to network and learn from others' experiences.

## **5. Recommendations**

1. A specific training programme should be developed for staff working in mental health environments and be available to staff on an on-going basis
2. All patients prescribed Clozapine and who make a quit attempt should be monitored using the Hospital's guidelines in respect of psychotropic medications
3. All newly appointed Smoking Cessation Advisors should shadow experienced advisors in either the Hospital or community setting
4. The smoking cessation service should continue to be led by the Practice Nurse and report on a quarterly basis to the Physical Health Steering Group
5. To complete and publish Dr. Eddie Duncan's research (in press) and explore and take forward other research opportunities
6. Continue to monitor the smoking cessation service through the use of the Access database and input data to the national smoking cessation database
7. Further research into factors influencing patients to stop smoking

## **6. Conclusion**

Before the smoking cessation service commenced in 2004, the smoking rate amongst patients at the State Hospital was 78%; by the end of the project's funding period in late 2007 this had fallen to 69% - a drop of 9%. This will bring measurable health gains to the patients who have successfully stopped smoking, as well as provide a sense of achievement and improved self-esteem to those who make a quit attempt, even if for relatively short periods of time.

Many successes have been borne out of the project; however the most significant outcome has been this reduction in smoking in an environment of high security, where patients are challenging and often lacking in motivation. This demonstrates that it is possible to successfully run such a service where there are complex health needs (both mental and physical) of service users to take into consideration.

The smoking cessation service has now been incorporated into general healthcare provision at the State Hospital, and is continuing to offer help, support and advice to all patients who wish to stop smoking.

## Acknowledgements

The Smoking Cessation Service is now viewed as a mainstream service within the Health Centre which is part of the Patients Activity and Recreational Service (PARS) at the State Hospital. The success of the service should be celebrated by all staff who contributed to its implementation.

### Smoking Cessation Group Membership:

Mr. Thomas Reid	Clinical Services Manager (Chair)
Mrs. Carol Ann Topping	Practice Nurse (Clinical Lead Smoking Cessation)
Ms Carol Anderson	Smoking Cessation Co-ordinator (from Jan 2006)
Dr Karen Moody	Clinical Effectiveness (until Dec 2005)
Mrs. Fiona Warrington	Pharmacist
Dr E Duncan	Postdoctoral Research Fellow and Senior Occupational Therapist
Mr. Douglas Guest	ASH Scotland (until March 2006)
Miss Tracey Norris	ASH Scotland (from June 2006)
Mrs. Roberta Henderson	Smoking Cessation Lead – NHS Lanarkshire

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Finally I would like to thank all of the patients for their participation, commitment and feedback. Without this, the service would not have flourished and been accepted by them in conditions of special security.

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