



Moving towards smoke-free mental health services in Scotland:

A report on the 2nd Mental Health and Tobacco Symposium

Perth Concert Hall
13 January 2009

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Symposium delegates

The 120 Symposium delegates represented a diverse group of stakeholders in mental health care provision from across Scotland. There were care staff representing eight of Scotland's health boards from Grampian to Ayrshire and Arran as well as the State Hospital, Carstairs.

Fourteen managers, twenty-seven stop-smoking specialists and forty-nine carers were present along with four service users and eleven patient advocates, representatives of voluntary organisations, government, NHS Health Scotland and ASH Scotland.

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1. Purpose of this report

This report is designed to provide a resource for those with a stake in improving the effectiveness of mental health care services. The report will provide:

- an overview of the issues that concern stakeholders in moving to smoke-free health care settings and how these may be addressed
- a preliminary response by delegates to the Scottish Government consultation on moving towards smoke-free mental health care settings
- website links to resources and information provided to delegates at the symposium
- additional reference material of value to those considering introducing smoke-free buildings and grounds.

This report represents the views gathered from delegates during the course of the symposium and does not necessarily represent the views of the event organisers.

2. Introduction

The second mental health and tobacco symposium was organised by ASH Scotland in partnership with the Scottish Tobacco Control Alliance (STCA) and funded by NHS Health Scotland.

In 2005 the first national symposium on Tobacco and Mental Health for Scotland was held in Glasgow. Its challenge was to encourage health, non-health and social care services to work in a joined-up way to address the unmet health needs of mental health services users in relation to tobacco.

Almost four years on, this year's event gave an opportunity to track the progress of tobacco control activities in Scotland in relation to mental health care services; the provision of stop-smoking services to people with mental health needs; access to training for practitioners; and the development of smoke-free policies.

The aims of the second symposium were to:

- facilitate a gathering of mental health care stakeholders and stop smoking service practitioners
- discuss smoking in the mental health community
- provide an opportunity for practitioners and service users to debate the benefits and challenges of introducing smoke-free buildings and grounds.

The event also aimed to facilitate networking, the sharing of local practice, knowledge and experiences; and to provide delegates with information on existing smoke-free services.

Delegates had the opportunity to hear about the Scottish Government consultation '*Achieving Smoke-free Mental Health Services in Scotland*' which had been launched the day before the symposium. Delegates were able to discuss the challenges and opportunities of going smoke-free in mental health services and how this might be achieved in Scotland. The symposium also provided delegates with an opportunity to learn from those who have successfully introduced smoke-free policies in mental health care settings, those who provide support and stop-smoking advice to smokers and who can provide training for staff to give such support.

Contact details for further advice on introducing smoke-free mental health care settings can be found at the end of this document.

3. Symposium content

These are the topics presented at the symposium with hyperlinks to PowerPoint slides or notes.

If you have difficulty accessing any of this material or wish to pursue any of the issues covered in more depth, contact the ASH Scotland information service.

Most of the resources referred to in this report including PowerPoint presentations may be accessed through this webpage:

<http://www.ashscotland.org.uk/ash/6405.html>

Ministerial and Chairperson's address

Shona Robison, Minister for Public Health and Philippa Bonella, Director of Information and Communications, ASH Scotland, provided an overview of the health challenge which confronts service users in the NHS and the professionals charged with improving health in respect of smoking. The Minister outlined the Government's aspiration that all health care settings should eventually become smoke-free.

Much of the evidence base associated with smoking by people with mental ill-health can be found in the ASH Scotland briefing on *tobacco and mental well-being* which you can download at: <http://www.ashscotland.org.uk/ash/3483.1049.html>

Presentation One: Scottish Government's consultation process on moving towards smoke-free in mental health services

Kerry McKenzie, Health Improvement Programme Manager (Tobacco) at NHS Health Scotland

An overview of the Scottish Government consultation launched on 12 January 2009 [*Achieving smoke-free mental health services in Scotland: a consultation*](#) was presented.

For more information the presentation is available to download at:
<http://www.ashscotland.org.uk/ash/6405.html>

Resources

Moving towards smoke-free mental health services in Scotland
McNeill A, Bauld L, Ferguson J. NHS Health Scotland (February 2008)
This study was commissioned to explore a move towards smoke-free environments in mental health services in Scotland. It summarises available evidence on tobacco use and tobacco-related harm in psychiatric services and explores how different services have tackled the range of issues around smoking in mental health services. Download the full report at: www.healthscotland.com/documents/2387.aspx

Journal: Bauld L, Ferguson J, Kerr A et al 2007. Moving towards smoke-free mental health services. *Mental Health Review Journal*. 12 (30) 18-24

Presentation Two: Smoke-free environment – the south Glasgow experience

June MacLeod, Adult In-Patient Service Manager (Adult Mental Health)

A description of a hospital in South Glasgow (Leverndale Hospital) and its journey of moving towards smoke-free buildings and grounds, outlining the challenges of adapting and implementing the smoke-free policy.

For more information the presentation is available to download at:
www.ashscotland.org.uk/ash/6405.html

Presentation Three: What place does research have in helping people with a mental health problem to stop smoking?

Dr Susan Kerr, Reader, School of Midwifery and Community Health, Glasgow Caledonian University

An outline of the findings from research conducted by Glasgow Caledonian University to gather information to inform the content and delivery of evidence-based intervention/s designed to encourage and support stop-smoking quit attempts in people with mental health problems.

For more information the presentation is available to download at:
www.ashscotland.org.uk/ash/6405.html

Research referred to in the above has not been published yet. If you require further information on the research study and any future plans please contact the presenter directly by e-mail: s.m.kerr@gcal.ac.uk or, phone: 0141 331 8374

4. The workshops

The purpose of the workshops

Seven workshops were held and each was given the same set of tasks to perform over one hour:

- to state what workshop members' primary concerns were in relation to smoke-free buildings or grounds
- to consider the benefits and disadvantages to both smokers and non-smokers in moving to smoke-free buildings
- to identify key challenges for staff in psychiatric units/hospitals in changing to smoke-free buildings
- to consider how some of these challenges might be tackled
- to discuss the rationale for smoke-free grounds and what additional challenges this may present to service users and staff.

The information fed back from all workshops is summarised below.

Task One: Concerns

The main concerns that delegates had in relation to smoke-free buildings or grounds are summarised below.

Care management issues

A number of concerns relating to the care of service users were raised. These included how to manage service users who are under increased or special observations if they have to go outside to smoke; and the human resource issues associated with this, particularly if the smoking areas were some distance away.

There was some concern about the roll-out of smoke free grounds in some areas, and the potentially greater impact on management if the grounds are large (and therefore smoking service users have to go farther away).

Support for service users

The second main area of concern was ensuring that the appropriate support was in place to assist service users to stop smoking. It was considered essential that stop-smoking support was provided both in the hospital or unit and in the community. This would help reduce the likelihood of service users starting to smoke again once admitted, after they may have given up cigarettes when well in the community. One delegate described smoking as a *"lifeline when you are ill"* and said how difficult it was to give up smoking at this time.

Suggestions included training for staff in providing behavioural support and pharmacotherapy and a harm reduction approach for heavily dependent smokers. Boredom is often identified as a cause of relapse back into smoking or for heavier smoking by current smokers. There was also therefore a need expressed for increased diversionary activities for service users who are smokers and indeed service users generally when in hospital.

Staff issues

The third main area of concern related to staff attitudes and anxieties. There is a perception by some staff and service users that smoking is a right and they do not see the smoke-free legislation as a health promotion drive but as a smoking ban. As a significant number of psychiatric services staff smoke, it was felt there were 'smoking culture' issues which need to be tackled among staff. Other concerns were that some staff have fears, anxieties and uncertainty about removing smoking rooms and how to manage the consequences (for example, in one area, staff had been told they were not to accompany service users outside the grounds). Some delegates expressed concern that stop-smoking support needs were not being adequately addressed.

Environmental, health and safety issues

Environmental, health and safety issues were the fourth main area of concern for delegates. This included fire risks from covert smoking in buildings, and the potential for service users who are smoking outside hospital or unit grounds to be the target of anti-social behaviour by the public. There were also thought to be safety risks for staff going outside the grounds to accompany smokers and possibly a greater risk of service users absconding.

The environmental impact of ashtrays and smoking in indoor and outdoor public areas was also a concern, as was the responsibility for cleaning up smoking areas (for example emptying ashtrays). However, removing the smoking room would actually be a positive benefit to cleaning staff who would no longer be exposed to smoky conditions whilst going about their work.

Service users' rights

Another area of concern was the issue of service users' rights. There should be a clarification of whether detained patients or those who consider their place of care their home have a right to smoke in their place of residence. Delegates felt that service users should be fully consulted about changes to smoking policies as this had not happened in some areas.

Task Two: Identifying the benefits and disadvantages of moving to smoke-free buildings

The benefits and disadvantages of smoke-free buildings for both smoking and non-smoking service users are presented in Tables 1 and 2. For both groups the number of perceived benefits outweighed the number of disadvantages. The table may be useful as a focus for discussion and consultation with service users.

Table 1: Benefits and disadvantages of smoke-free buildings for service users who smoke

Benefits of smoke-free building for smokers:

- a better environment with cleaner rooms, improved air quality and more space
- less likelihood of smoking due to removal of triggers to smoke or re-start smoking in the ward
- reduced tobacco intake through lower passive smoking (and more fresh air)
- more opportunities for taking up stop-smoking support and to make changes to smoking behaviour and habits
- more interaction between service users and staff because service users are not segregated
- greater equality between service users
- financial benefits through less spending on cigarettes
- improved health through lower tobacco intake and possibly more immunity to infectious diseases
- improved safety due to reduced fire risk in the ward
- possibly reduced service user to service user aggression
- reduced exposure to illicit drugs
- more time for physical activities/families/positive life choices
- reduced dose of some medications and fewer side effects
- peer support from other service users.

Disadvantages of smoke-free building for smokers:

- potential negative effect on physical health of going outside for long periods in all weathers
- losing the socialisation aspect of smoking and feeling there is nothing to relieve boredom
- service users may feel they are being discriminated against, especially if confined to the ward.
- may be perceived as a removal of service users' rights or loss of control – impacting on relationship with staff as they are seen as banning smoking
- may suffer nicotine withdrawal (if NRT [Nicotine Replacement Therapy] not available, or not enough available)
- reduced safety and security, for example in going outside to smoke, covert smoking
- service users may feel it is harder to cope with their illness, or a reduced ability to relieve stress and anxiety
- smoking outside means service users may be more distant from staff - help is more readily available if you are inside the hospital
- there could be problems with aggression between service users.

Table 2: Benefits and disadvantages of smoke-free buildings for service users who are non-smokers

Benefits of smoke-free building for non-smokers:

- a better environment with cleaner rooms, improved air quality and more space
- improved health through a reduction in passive smoking
- more social contact (currently smoking rooms are often the social centre of a ward)
- calmer environment – less aggression
- more focus on recovery (as opposed to routines geared around cigarettes)
- less pressure to start smoking
- more interaction with staff because not segregated from smokers
- reduced fire hazard
- reduced risk of litigation from staff.

Disadvantages of smoke-free building for non-smokers:

- staff take longer breaks because they have to go outside to smoke
- fear of violence
- more exposure to smokers and their problems
- the fire risk of covert smoking
- the cost of providing smoking shelters and other activities may come from cost reductions somewhere else (applies to both smokers and non-smokers)

Task Three: The challenges for staff and managers of going smoke-free in buildings

A wide range of challenges for staff and managers in psychiatric service buildings going smoke-free were identified. These have been grouped according to themes and are summarised below.

Staff attitudes and culture

A series of potential challenges were identified in relation to staff attitudes and the pervading culture of some psychiatric services. These included the following issues:

- many staff are smokers themselves and may not agree with, or may be reluctant to implement, smoke-free policies
- some staff may not fully understand the health promotion message behind the smoke-free policy and their role in promoting the health of service users
- some staff may not feel safe to challenge those who won't adhere to the policy and fear an increase in service user aggression
- some staff may be reluctant to change their habits, to be exposed to adverse weather when escorting service users smoking outside
- there may be peer pressure from other staff and overall resistance to change.

Management

A range of challenges for managers were identified, including human resource issues, leadership challenges, financial issues and implementing and monitoring the policy. These are described below.

Human resource issues:

- the problems of managing staffing levels and cover, for example when escorting service users to smoking areas, managing service users under special or constant observation
- prioritising activities, for example between therapeutic vs escorting duties
- managing service users who are outside the secure internal environment
- staff who smoke needing longer breaks
- identifying where to locate and who uses outdoor smoking provision
- dealing with potentially increased levels of aggression or conflict management and having to write-up time consuming reports about this
- release of staff to attend smoking cessation training.

Leadership issues:

- leading the change and sustaining it
- dealing with/communicating change to staff/service users/visitors
- identifying individual roles in implementing tobacco policies including stop-smoking services and managers.

Implementing and managing the policy:

- monitoring and managing illicit or covert smoking (can't cover 100% of wards at all times)
- enforcing and policing smoke-free rule
- preventing smokers congregating at hospital entrances.

Money

Financial challenges for managers included:

- finding a budget to implement the policy
- the cost of providing external shelters
- the cost of providing alternative activities.

Service user behaviour and safety

Delegates identified a number of challenges for both staff and managers in relation to managing service user behaviour and safety. These were:

- managing potentially violent behaviour and absconding
- no longer being able to use smoking as reward to help control behaviour
- ensuring that service users outside are safe and observed/supervised
- managing potentially large numbers of service users outside at particular times, e.g. at lunchtime
- dealing with concern from service user groups
- changing service users' behaviour when they may be reluctant or stubborn in relation to reducing smoking
- managing potentially increased anxiety levels among service users

- supporting service users when they are acutely unwell and find it difficult to adhere to the smoke-free policies
- in wards where there are few planned admissions; the difficulty of advising service users in advance of no-smoking policy.

Providing stop-smoking services

Challenges in relation to the provision of stop-smoking services were:

- the capacity of stop-smoking services if demand increases because of the need to visit patients or provide more one to one behavioural support
- the cost of NRT and other pharmacotherapies
- monitoring patients whose medication may require adjustment when smoking is stopped or reduced
- a lack of stop-smoking resources to enable constant high level messages and support
- ensuring support for service users, management and other professionals in providing stop-smoking services.

Other challenges

Other challenges identified by delegates were:

- the difficulty of getting 'buy-in' from all areas of medical professions
- the difficulties of making the health benefits clear to service users
- the lack of a national standard i.e. smoking is allowed in some health boards and not in others.

Task Four: Tackling the challenges

Workshop delegates were asked how they might tackle some of the above challenges. The ideas from the workshops have been grouped together where they considered similar challenges.

Dealing with staff attitudes and culture

In changing to a smoke-free building, the following suggestions were made to help deal with the possible resistance of staff and the difficulties that might be encountered:

- allow plenty of time for preparation
- hold consultative meetings with service users and staff together
- avoid giving dictatorial messages to both staff and service users
- acknowledge the difficulties
- tackle boredom on the wards by providing alternative activities
- obtain advice from stop-smoking practitioner/s
- find leaders – managers and staff who will champion the change
- ensure that NRT and other support is routinely provided
- provide training for staff in stop-smoking advice and dealing with withdrawal

Managing the money

Delegates felt that there should be new money for funding the change to a smoke-free building (for example, for training, shelters and therapies), otherwise it would have to be cut from other budgets. It was felt that, without this money, it would be difficult to make the changes and persuade staff of the benefits, if they do not see a financial commitment.

Dealing with safety issues (staff, service users and building):

- ensure management buy in/responsibility
- undertake risk assessments
- develop protocols
- raise awareness among service users and staff of new policies
- provide training for staff
- financial investment
- provide NRT and effective/ timeous treatment
- ensure changes are well-communicated to service users, staff and visitors
- implement monitoring of service users on certain medication as necessary.

Managing the change from smoking to non-smoking

Delegates in workshops said that the following were needed to effectively manage the change to smoke-free buildings:

- ensure you have a good leader with the authority to manage the change, in advance of involving staff and service users
- plan and communicate well with staff and service users
- develop an organised structure for taking the policy forward including key players
- ensure that the language used is understandable
- draw up a realistic implementation timetable (planned in stages), but allow for flexibility about the timing of stages, possibly different times for different sites
- be inclusive – take people with you
- adopt a public health approach stressing the benefits of going smoke-free (not a smoking ban)
- develop good practice guidelines which cover how to manage possible consequences
- provide effective education to service users and training for staff
- implement strategies to support the change, for example the provision of NRT and smoking cessation support
- identify who has the responsibility for stop-smoking support and provide training in how to deal with aggression etc.

Task Five: Smoke-free grounds

Why go smoke-free in grounds?

The main reasons for moving to smoke-free grounds identified by workshop delegates were to promote greater equality between service users and staff in general hospitals and psychiatric hospitals/units. This removes a potential stigma of psychiatric service users having different rules. Also, as health service premises,

smoke-free grounds set an example in promoting health and provide a role model to other organisations.

One delegate said *“It is an addiction like alcohol or drugs and we need to set goals and move forward to a healthier Scotland for all inhabitants”*. However, another feared it was an example of the *“nanny state”* and another that it was *“one step too far”*, especially in the short term.

The benefits to service users and staff of smoke-free grounds were identified:

- a nicer, healthier environment
- better health through less smoking and passive smoking
- less likelihood of management being held responsible for ill-health of staff
- refurbishment costs reduced
- greater job satisfaction.

The challenges associated with moving to smoke-free grounds:

- not knowing where service users are if they are smoking outside grounds – a potential safety risk for service users, staff, organisation and community
- lack of clarity as to what counts as the grounds
- hospital shop selling cigarettes to service users who can't go outside
- impact of long-term resident service users being forced to go outside the grounds
- risk of fire from covert smoking
- service users ignoring rules
- staff having to go further to smoke
- more time spent on accompanying service users outside to smoke and less staff on ward.

Some suggestions for introducing smoke-free grounds:

- have a plan from the outset with management involved in implementation
- consult with stakeholders (service users, staff etc)
- clearly communicate the benefits
- train staff
- hold an awareness day with multi-agency input
- provide clear (and positive) signs designed in conjunction with service users
- promote smoke-free grounds as part of service user recovery
- communicate to GPs and to service users and relatives prior to admission
- provide resources for stop-smoking support and harm reduction
- provide access to NRT (including through the night) as part of symptomatic relief.

Some of the issues not fully explored during the workshops were addressed and discussed in other sessions during the symposium.

5. Seminar reports

The three seminars held during the symposium demonstrated different approaches to reducing tobacco-related harm through policy and practice.

Seminar One: Experiences of going smoke-free England and Scotland

Stop-smoking service provision in mental health and learning disability hospitals in Northumberland: English perspective

Kent Flanighan provided a brief overview of the experiences of a stop-smoking specialist tasked with providing support and treatment to service users and staff working in the three mental health hospitals in Northumberland.

The presentation highlighted some of the successes, failures, barriers and turning points experienced along this journey. It also identified strategies and the rationale underpinning the plans for ongoing support and treatment together with pilot projects for providing accessible staff training.

Implementing smoke-free within forensic settings with both low and medium secure care: Scottish perspective

Tommy Harrison, Forensic Nursing Projects Coordinator at Rowanbank Clinic in Glasgow described the steps taken to reduce and then remove smoking from the wards at Leverndale Hospital and Rowanbank Clinic.

For more information the presentations are available to download at www.ashscotland.org.uk/ash/6405.html

Insights

From experience in Northumberland:

It is helpful to plan a gradual move to smoke-free facilities, involve staff and service users, learn from pilot projects and ensure that cessation support and smoking shelters are in place well before the designated smoking areas (rooms) are removed.

A reduction in the opening hours of the designated smoking area was found to be a helpful prelude to closure. Having access to safe areas in the grounds for smokers was found to address many of the objections that smokers had to losing the designated smoking area.

From experience in a Scottish forensic service:

- overall improvement to hospital ward environment
- hospital grounds are cleaner
- service users have more access to fresh air
- more staff-service user therapeutic interaction
- increase in physical activity
- reduction in service user and staff smoking
- less medication required for some service users
- no smoking-related incidents reported within forensic services
- majority of service users who continue to smoke are happy to go outside.

Seminar Two: Stopping smoking - an all round perspective

This was an opportunity to learn more about how service users can be supported in a quit attempt with contributions from NHS Lanarkshire's: Jean Girvan, Smoking Cessation Specialist Nurse and Ian Macer, Senior Charge Nurse, Mental Health Unit, Wishaw General Hospital; Francesca Aaen, Senior Clinical Pharmacist, and Denise Meldrum, Smoking Cessation Link Practitioner (Mental Health).

Two case studies of service users with severe and enduring mental health problems were highlighted. These raised issues relating to the interactions of medication and smoking with someone who was a stop-start smoker and addressed the availability of NRT to meet patient needs.

Insights

What are the particular challenges faced by service users who may also be receiving support to recover from mental ill-health?

- managing interaction of medication and smoking (particularly if they don't tell you they have started/stopped smoking again)
- service users getting support at times they need it and from people who they can relate to
- managing changes of prescription levels and types – e.g. inhalator, patches etc (having a supportive GP helps)
- getting service users involved in community-based support where possible, because smoking cessation advisers are not always available in hospitals
- escorting service users to smoking areas - one hospital is using peer escorts.

Seminar Three: smoking and mental health care training

Karen Gibb, Acting Clinical Nurse Specialist, at Kinghorn Health Centre, Kirkcaldy and Levenmouth CHP described work led by her team to develop stop-smoking support for mental health service users and a training programme and resource pack for staff on tobacco and mental health for local delivery.

Mary-Grace Burinski, Senior Training and Development Officer at ASH Scotland and Sue Downie, Health Promotion Officer and Health Psychologist in Training at NHS Ayrshire and Arran outlined the new national training package on raising the issue of smoking, designed for local delivery to mental health practitioners in Scotland.

For an update and more information on the national training package for mental health care settings please access the ASH Scotland website at:

www.ashscotland.org.uk/ash/6166.1008.1220.html

For more information the presentation is available to download at

www.ashscotland.org.uk/ash/6405.html

Insights

It is important to maintain clear links (e.g. referral pathways) between mental health and cessation and to work in partnership to allow sharing of skills, knowledge and expertise.

One suggestion was for a smoking cessation advisor to shadow a mental health nurse.

A First Aid for Mental Health training course is available - see website for further information
<http://www.wellscotland.info/mentalhealth/campaigns/mental-health-first-aid.html>

It is useful for stop-smoking workers to have some knowledge of mental health but even if this is their area of specialism, working in partnership with other mental health care staff will provide the necessary confidence and support.

In Kirkcaldy and Levenmouth trainers did not experience resistance from staff towards learning about how to give brief advice but when trainers went to deliver training wider than that area there were some issues. Face-to-face discussion with staff, with a presence on the wards can help to minimise any issues. It is important time is taken to fully explain to mental health care staff the purpose of the training. By having protected time for those undergoing training and the training providers, good links were established between stop-smoking practitioners and the mental health care unit.

In East Ayrshire a mental health nurse delivered a presentation/workshop to staff within the stop-smoking service on mental health to increase their awareness of mental health issues.

For those delivering or developing mental health training stop-smoking training for mental health services handout materials in the PATH training pack provide some useful information on the myths and challenges of stopping smoking for people with mental health problems. The training would be co-delivered by a mental health worker and a stop-smoking trainer. The rationale for this is that the pack contains information on medication used to treat individuals with mental health problems, and other related issues and therefore makes sense for that part of the training to be delivered by a mental health specialist. The other elements of the training pack relating to smoking and the stopping smoking would be delivered by the stop-smoking worker as they will be more familiar with this.

6. Voting

What did symposium delegates think of the Government consultation on moving towards smoke-free mental health care?

Delegates were asked to vote and submit comments to a public display board in the symposium meeting area and Tables 3, 4 and 5 show the results and a selection of the comments provided.

Table 3: Voting results Question 1

I favour the following approach to smoke-free provision:	Number of votes
Option 1 – Retain the status quo (leaving the current exemption that allows an indoor smoking room in psychiatric hospitals and psychiatric care homes*	4
Option 2 – Produce detailed guidance material without the need to amend existing legislation	0
Option 3 – Remove the existing exemption which permits smoking in designated rooms in psychiatric rooms in psychiatric hospitals and psychiatric units, by amending the legislation*	36
Comments <ul style="list-style-type: none"> • Give people with mental health problems a choice as to whether they want to stop smoking or not. Definitely no total ban for indoors <u>and</u> outdoors too. People with mental health problems have suffered enough disempowerment. • Completely smoke-free: England has done it without major problems so no reason we can't. • No smoking would be ideal, however we work in an area where it is a unique two storey building next to busy road and shopping centre with no grounds to utilise. When our designated area was removed smoking in the ward increased. 	

*Note: Wording for option 1 and 2 in the consultation pack were expanded for the purpose of this exercise to provide clarity for delegates attending who were not familiar with the existing exemptions.

Table 4: Voting results Question 2

Smoke-free provision in mental health services should be:	Number of votes
Complete i.e. both buildings and grounds	11
Partial i.e. buildings only	27
Comments <ul style="list-style-type: none"> • Many mental-health hospitals/units have extensive grounds. To not allow smoking in grounds may mean having to walk/travel a considerable distance – Not practical for staff/safety difficulties/impact on time for escorting etc'. • Although hospitals may be 'non-smoking', service users are still smoking indoors, particularly in hospitals where there are no enclosed gardens. Staff's future health is very much at risk. • People with mental health problems should be treated equally in relation to the general population. Smoking is not just a problem in mental health. 	

Table 5: Voting results Question 3

If you want to be completely smoke-free, how should this be implemented?	Number of votes
In one step	24
Phased over a long period of time	10
What type of support do you think is required to help achieve smoke-free mental health services in Scotland? <ul style="list-style-type: none">• Dedicated help for staff and service users managed within mental health services.• Specialist services for service users with mental health issues in the community not just wards.• Involvement of all service providers, especially medical staff, and service users.• Staff training and ongoing support for service users in hospitals and community.• Training, inclusion, effective communication, individual unit assessment addressing the issues and adequate resources.• Resources and Government advice with legislative change.• Staff buy-in, suitable physical environments (secure outside) and cleaning services, funded pharmacological and stop-smoking advice available freely.	

7. Summary

The 2009 Tobacco and Mental Health Symposium gave delegates an opportunity to discuss the Scottish Government's consultation on the challenges of mental health services going smoke-free by involving health care staff, support groups and service users. In addition delegates learned from those who have already implemented smoke-free policies in mental health care settings and supported the many staff and patients who choose to quit smoking every year across Scotland. From the event evaluation over 90% of delegates said that they had learned something useful and got what they were hoping from the event. In addition, most would like to attend a similar event in the future to review progress.

A number of key messages arose from the various discussions, the workshops and seminars, many of which are reflected in the findings of the research and report commissioned by NHS Health Scotland *'Moving towards smoke-free mental health services in Scotland'*.

The messages from the day were clear. When implementing a change to policy and practice it is important that services properly consult with staff and service users, in advance and at appropriate times, to ensure that they are properly involved in any proposed change. This may also help to maximise a service's chance of gaining trust and support from staff and service users. Good planning is necessary as this will ensure that all required processes and procedures have been considered, that there are sufficient resources in place and that sufficient lead-in time is factored into the planning process for implementation.

To ensure that services have the skills, knowledge, and capacity to meet the needs of individuals who want advice and support on stopping smoking, access to brief advice training is essential. It was also recognised that staff need support from managers and health boards to deliver health improvement policies in relation to tobacco. Therefore leadership at a national level is necessary to give services clear guidance on the direction that policies should be moving and practical support for implementing smoke-free policies locally at grass roots level.

Almost four years ago, at the first National Symposium, several calls were made to improve and enhance mental health care delivery in relation to tobacco use. Calls included providing mental health professionals, across all health board areas with easy access to appropriate tobacco training; development of a national forum or event for service users and carers so that they are included in decision and service design processes; and for mental health and tobacco control sectors to work together collaboratively to develop an action plan on moving towards smoke-free services.

To date we must recognise that there has been some progress in taking these actions forward. Progress has been steady in some areas but quite slow in others. Brief advice in stop smoking training for mental health practitioners in Scotland is being developed and will be launched in spring 2009. A mapping exercise conducted by ASH Scotland has also revealed that the majority of health boards in Scotland have taken, or are in the process of taking, steps to review and implement smoke-free buildings and grounds policies. Some areas have adopted smoke-free policies in wards already, or are piloting the removal of designated smoking areas on wards.

Around 13,500 people die in Scotland every year from tobacco-related illness. This figure represents 25% of all deaths and people with mental health problems are overly represented in this group. Raising the issue of tobacco use and smoking is everyone's responsibility. A healthier, smoke-free Scotland can be effectively achieved through partnership working between service users, mental health and health promotion services.

8. Additional resources and information

All presentations from the symposium can be downloaded from the ASH Scotland website at:
www.ashscotland.org.uk/ash/6405.html

Journal article examining progress to smoke-free health services:
Pritchard C, McNeill A. 2008. Are smoke-free buildings and grounds in mental health units a realistic aspiration? *Mental Health Review Journal*. 13 (4) 27- 32

Final project report from The State Hospital, PATH funded tobacco pilot:
Smoking cessation within the forensic mental health service with conditions of special security. 2008. [online] ASH Scotland. Available from:
www.ashscotland.org.uk/ash/4397.html [Accessed 5 February 2009]

Enquiries relating to *Achieving Smoke-free Mental Health Services in Scotland* consultation and to download the pack visit the Scottish Government website:
www.scotland.gov.uk/Publications/2008/12/22094350/0
Email: Lee-Anne.Smith@scotland.gsi.gov.uk or, 0131 244 2169

Enquiries relating to the ASH Scotland Information service
Website: www.ashscotland.org.uk/ash/3802.html
Email: enquiries@ashscotland.org.uk or, 0131 220 9479

Enquiries relating to the tobacco programme of work at NHS Health Scotland
Contact: Kerry McKenzie, Health Improvement Programme Manager (Tobacco)
Email: kerry.mckenzie@health.scot.nhs.uk or, 0141 354 2977

Enquiries relating to the Smoking and Mental Health Working group (STCA Topic group)
Email: john.sim@ashscotland.org.uk or, 0131 220 9463

Scottish Tobacco Control Alliance web page:
www.ashscotland.org.uk/ash/3357.1142.html

Tobacco Information Scotland:
www.tobaccoinscotland.org.uk
Email: tis@ashscotland.org.uk

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Website www.clarity-scotland.co.uk