

# Smoke-free mental health implementation guidance

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# Summary



- background to the development of the smoke-free mental health implementation guidance
- process for developing the guidance
- content and principles
- key elements for success

# Background



- in Scotland, smoking in enclosed premises prohibited since Smoking, Health and Social Care (Scotland) Act in March 2006
- designated rooms in residential psychiatric units continue to be exempt from the legislation
- England and Northern Ireland exemption for 12 month period
- highest smoking levels occur within psychiatric inpatient settings

# Consultation



- 2009 SG consultation sought views of stakeholders, service users and public
- views divided on whether exemption should remain
- 63% NHS bodies favoured removal
- 55% of individuals favoured retention

# Views on production of guidance



- compromise between retaining and removing existing exemption
- avoided legislative bureaucracy
- could effect change quickly
- facilitate local ownership of smoke-free implementation

# Ministerial statement



- March 2010 SG announced that guidance would be produced to help mental health services move to becoming smoke-free
- NHS Health Scotland to lead in consultation with stakeholders
- researcher commissioned
- advisory group established

# The advisory group



# Process



- Literature review to provide grounding for the development of the guidance and to establish transferable lessons for Scotland
- <http://www.healthscotland.com/documents/4744.aspx>
- Followed by a series of key stakeholder interviews/consultations to inform the Scottish guidance (July/August 2010)
- AG met 5 times between June and November 2010

# Stakeholder consultation



- 18 in-depth interviews conducted
- visits to The State Hospital, Leverndale Hospital
- consultation with service managers, nurses, smoking cessation practitioners, service users and their representatives
- explored their experiences of going smoke-free, views on going smoke-free, views on logistics, practicalities and firmly held beliefs

# Guidance timescales



- first draft – by end September 2010
- second draft – by end October 2010
- comments invited by stakeholders
- SG approval by end Dec 2010
- published online 18 February 2011
- hard copy distribution by 31 March 2011

# Who is the guidance for?



- primarily for mental health service providers within in-patient settings
- may also be useful in context of community mental health services
- may also be useful in setting involving service users with learning disabilities.

# Contents



- introduction: rationale; facts about smoking and mental health; meaning of smoke-free; purpose of the guidance
- lessons from previous implementation and useful texts
- important policy decisions
- implementation tool-kit: 10 step plan
- implementing the policy
- support following discharge

# Core principles



- firm push towards going smoke-free within context of existing exemption
- acknowledge progress already made
- acknowledge considerable barriers
- share information across establishments
- ground guidance in relevant lessons, past experience, tips, reassurance
- user-friendly, readable, useable
- encouragement, not prescription – “starting point rather than a recipe

# Key elements for success



- 5 elements of successful policies
  - leadership
  - time for planning
  - consultation and involvement of key groups
  - clear communication of the policy
  - consistency in application of policy
- ‘myth busting’

# Benefits of smoke-free mental health settings in Scotland



- commitment to provision of healthy, smoke-free environment for staff, service users and their families/carers
- acknowledge the hazards of smoking and passive smoking for staff, service users and their families/carers
- commitment to making cessation support readily available to service users and staff.



- <http://www.healthscotland.com/documents/5041.aspx>
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