

# Consultation on Mental Health in Scotland – ASH Scotland Response

September 2016



## Key points:

- we welcome the recognition that people with mental ill-health suffer from poorer physical health
- the close connection between mental and physical health should be emphasised
- tailored, integrated stop-smoking services must be available to people with poor mental health in order to bring the smoking rate down
- tobacco use is never an effective ‘coping mechanism’ and should always be treated as the serious health risk it is.

## Introduction

ASH Scotland is the independent Scottish charity taking action to reduce the harm and inequality caused by tobacco. Our activities include an expert information service, campaigning for political action on tobacco and health, supporting community groups to help their service users affected by tobacco use, building public support and awareness for making Scotland free from tobacco and supporting charities, enforcement agencies, the NHS and others to contribute to achieving that goal.

### Question 1: Are these the most important priorities?

Largely, yes. We welcome the explicit reference to improving the physical health of people with mental health issues (Priority 6), which is a very positive step forward. With this group dying 10-20 years earlier than the general population this is a clear priority.

However we do feel that the strategy needs to more clearly set out that physical and mental health are not just issues that sit alongside each other, but are closely interconnected. The physical health problems suffered by this group are closely bound up with their mental health issues, for example through the use of smoking as a coping mechanism for stress, anxiety and boredom. But although it is commonly used, smoking is a harmful and ineffective coping mechanism and so there is no trade-off where physical health problems are the price paid for a perceived alleviation of mental health symptoms.

Stopping smoking does not just improve physical health but is associated with reduced depression, anxiety and stress and improved positive mood and quality of life. The effect size seems to be as large as that of antidepressant treatment for mood and anxiety disorders. Furthermore stopping smoking can also lead to reduced

dosage of psychotropic drugs and improved personal finances, each bringing further positive impact on mental health and well-being.

### **Question 2: Are there any other actions that you think we need to take to improve mental health in Scotland?**

Yes. It is not enough that prevention programmes, such as stop smoking support, are accessible to people with mental health issues – it could be said that such services are already available. To be effective such services must be both tailored to the particular needs of this group and in the right places where they will engage with them. In our recent focus groups people with lived experience called for services to be integrated with the mental health support they already engage with, rather than be separately located.

With people with mental health issues consuming a third of all tobacco, and forming a significant and growing proportion of the smoking population, the contribution of this strategy to delivering on the Scottish Government's goal of a tobacco-free generation should be clearly set out, and the mental health strategy must integrate with the next tobacco strategy (expected in March 2018). To do this we will need some means of measuring smoking rates and behaviours amongst people with mental health issues in Scotland, so that targets can be set and progress measured.

### **Question 3: What do you want mental health services in Scotland to look like in ten years' time?**

We would like to see the integration of physical and mental health considerations into a more holistic approach that aims to see the whole person and the sum of their issues. As one of the biggest health inequalities experienced by this group we would like to see tobacco use accepted as a burden upon those who are already disadvantaged and no longer tolerated as a perceived coping mechanism. To put tackling tobacco use at the heart of efforts to close the life expectancy gap we need to see:

**Leadership** – clear messaging at national/strategic level that smoking is part of the problem and should be addressed as part of the solution

**Information** – core information on smoking/mental health links made available in clear, user-friendly materials. This to include links between smoking, mental health and mortality, impact of stopping smoking on mental health, financial/social implications, impact on dosage of medications and other relevant information

**Support** for service users – stopping smoking as part of the support mix proactively offered to people. This should be clearly set out in service-level agreements, with stop smoking services to be tailored if provided in mainstream NHS settings, or provided in mental health settings themselves, including those in the third sector.

**Training** and guidance for staff – staff provided with the knowledge, understanding and skills to address smoking behaviours amongst the people they support

**Raising the issue** – every opportunity taken throughout the system to engage with smoking behaviours, including at GP and other health service appointments but also in wider life support such as finances or independent living.

**Access** to the full range of stop smoking aids and support for people with mental health issues who smoke, particularly when attending appointments at smoke-free venues.