



Smoking, Young People and Mental Health: Report for ASH Scotland

Exploring how youth services in Scotland could be supported to enhance young people's health and well-being through addressing smoking.

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Background and Acknowledgments

In autumn 2020, ASH Scotland commissioned a partnership of YouthBorders and Lothian Association of Youth Clubs (LAYC) to undertake a study to explore how youth services in Scotland could be supported by ASH Scotland to enhance young people's mental health and well-being through addressing smoking. YouthBorders and LAYC would like to express our appreciation to ASH Scotland staff for providing us with valued support, assistance and information throughout the project. Also, to the stakeholders for their time, input and feedback. Finally, to all the young people and youth work practitioners who responded to the online survey and took part in the focus groups from Canongate Youth, Youth 2000 Project, The Junction and Tweeddale Youth Action.

About the authors

YouthBorders is the network of voluntary and community-based youth organisations in the Scottish Borders, supporting and promoting good quality youth work. As a membership organisation YouthBorders facilitates networking opportunities and events, and provides information and advice to organisations, their volunteers, trustees, youth workers and other partners in the community. YouthBorders is recognised regionally as the strategic voice of third sector youth organisations and works closely with partners in the public sector to improve outcomes for young people.

LAYC (Lothian Association of Youth Clubs) is a network of 120 community-based youth and children's organisations covering East, Mid, West Lothian and the City of Edinburgh, providing services for 28,774 children and young people through 3,476 paid staff and volunteers. LAYC champions, strengthens and develops youth and children's work in this geographical area through the provision of support, information and training to the network of Member Groups engaging children and young people within their local communities. In addition to these services LAYC plays a representation role within local strategic decision-making processes that effect youth and children's work.

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Executive Summary

Introduction

The Scottish Government has committed to raising a tobacco-free generation, so that very few people in Scotland (5% or less) will be smoking by 2034. ASH Scotland wish to explore how their work on tobacco can contribute to this, so have commissioned YouthBorders and LAYC to explore how youth services (for young people 16-24) in Scotland could be supported to improve young people's health and well-being through addressing smoking.

Approach

A qualitative methodology was applied to conduct a series of structured stakeholder online interviews and youth project online focus groups, as well as online surveys for young people and youth work practitioners from across Scotland. Views and feedback from stakeholders and young people have helped inform these recommendations for ASH Scotland.

Findings

A total of 80% of stakeholders told us they had spoken to a young person about smoking in the past year, of which 66% of stakeholders expressed that these experiences of talking to a young person were associated to the young person's mental health or emotional wellbeing.

A total of 70% of stakeholders revealed that young people smoking is not a high priority in their work, mainly due to young people experiencing other more critical or immediate issues, including mental health issues. However, it is clear that the impact of COVID-19 restrictions on youth work is a major barrier to supporting young people as well as lack of funding, training, resources and information on smoking prevention and cessation.

Results showed that 69% of young people agree that adults should talk to young people about smoking and mental health. However, the current messaging is too negative, boring and does not help those who already smoke. Furthermore, young people highlighted that peer led messaging would be more interesting than learning from adults.

Some young people show that they do not understand the link between smoking and mental health. Additionally, feedback shows that young people are not fully aware on where to access smoking support.

Recommendations

Recommendation 1: Develop training sessions and resources for the youth work sector which takes a holistic approach to addressing smoking and mental health around young people.

Recommendation 2: Encourage young people to share their voice and lived experiences with their peers to change social norms and reduce stigma around mental health.

Recommendation 3: ASH Scotland should play an active role in partnership with youth and mental health services, so that smoking prevention messaging is integrated.

Further Research is needed to explore how ASH Scotland should connect and develop the youth worker role in smoking cessation through regional and national partnership with public health services.

Introduction

Smoking continues to be the greatest public health threat and accounts for over 9,000 deaths each year in Scotland (ScotPHO, 2020). While it is encouraging that the majority of young people today are smoke-free, 4% of 13 year olds and 13% of 15 year olds smoke tobacco regularly or occasionally, and prevalence increases to 19% for 16-24 year olds (Scottish Government, 2019). Although smoking prevalence in Scotland has decreased gradually over time, it still remains stubbornly high amongst those with mental health issues (ASH Scotland, 2017). Mental Health Foundation (2020) state that 75% of mental health problems will develop before the age of 24, with 50% of mental health difficulties established by age 14. Reducing smoking further remains a priority for improving health in Scotland (Scottish Government, 2018).

The Scottish Government has committed to raising a tobacco-free generation, so that very few people in Scotland (prevalence of 5% or less) will be smoking by 2034 (Scottish Government, 2018). Since implementing this policy in 2013, several actions have been introduced to help prevent young people from taking up smoking. These include the ban on displaying tobacco products in supermarkets (2013); launching public campaigns such as 'Take It Right Outside' (2014), the ban on smoking in cars to protect children from exposure of second hand smoke (2016) and standardised packaging for tobacco packs (2016) (NHS Health Scotland, 2017).

The youth work sector is funded in a variety of ways, including by local authorities and philanthropic or grant funders. Youth work delivers services to help young people engage and re-engage with learning while helping young people learn about themselves, others and society through non-formal education activities (YouthScotland, 2021). Youth work has three essential and definitive features: young people choose to participate, youth work must build from where young people are at, and youth work recognises the young person and the youth worker as partners in a learning process (YouthLink Scotland, 2019). Youth Scotland's Youth Work Essentials provide youth workers with 'Tobacco Free Generation' information, activities and resources, to help them improve the lives of young people by incorporating smoking with wider health and wellbeing objectives and youth work practice (YouthScotland, 2021). Furthermore, the #BEFREE campaign by ASH Scotland also supports youth workers to protect and promote the health and wellbeing of young people by helping them to identify with being happier, fitter, financially better off and achieving more by being smoke-free (ASH Scotland, 2021).

In July 2019, The Children and Young People's Mental Health Taskforce published recommendations to the Scottish Government and COSLA, which provide a blueprint for how

children and young people's services should support mental health. One recommendation in particular highlight the importance of recognising the vital role of the third sector in supporting and improving the mental health of young people and that they should ensure they are fully involved and represented in strategic partnerships at a local and national level (Scottish Government, 2019).

The Mental Health Taskforce also consider that a whole system approach is important to help young people and their families receive the sufficient support, underpinned by 'Getting it Right for Every Child' (GIRFEC). The GIRFEC approach supports families by making sure children and young people can receive the right help, at the right time, from the right people. This approach is child focused, based on an understanding of the wellbeing of a child in their current situation, based on tackling needs early and requires joined-up working with other services (Scottish Government, 2020). Early intervention for protecting mental health is frequently recognised throughout public health policies to ensure future mental wellbeing and resilience (Scottish Government, 2017 and Public Health Scotland, 2020).

COSLA is working closely with Scottish Government and other key partners regarding the evolving situation with the outbreak of the Coronavirus, as they recognise this may be a worrying time for young people alongside further deteriorating their mental health (Public Health Scotland, 2020).

The Scottish Government have continued to co-fund ASH Scotland to provide important information, advice and training on smoking and health. ASH Scotland now wish to focus on developing an approach tailored to the specific context and needs of youth services and young people's mental health. In October 2020, ASH Scotland commissioned YouthBorders and Lothian Association of Youth Clubs (LAYC) to explore how youth services (for young people 16-24) in Scotland could be supported to improve young people's health and well-being through addressing smoking. This work builds from existing activity by ASH Scotland, and places a particular focus on the association of smoking and mental health. The intention of this report is to inform the activity and approach that ASH Scotland will take to support youth services in the future.

Approach

YouthBorders and LAYC applied a comprehensive and systematic delivery model to provide ASH Scotland with the insight they desire to inform future approaches to tobacco prevention and education work with youth services in Scotland, with a specific approach to the opportunities to associate tobacco work with the mental health agenda. This project was delivered in three parts using the *Inward – Outward – Forward* cycle of evaluation and planning.

YouthBorders and LAYC undertook an initial mapping session to identify key stakeholders in the youth and mental health field, including youth organisations, mental health services, service commissioners, and of course young people themselves to gather their views and perspectives on smoking, young people and mental health.

A qualitative methodology was applied to conduct a series of structured stakeholder online interviews and youth organisation online focus groups, as well as online surveys for young people and youth work practitioners from across Scotland. Views and feedback from stakeholders and young people have helped inform these recommendations for ASH Scotland.

Youth organisations who participated in the focus groups received £50 as well as £15 for each young people to thank them for their time and input. Survey participants were incentivised by the opportunity to win a Samsung TabA for giving their views. All participants were anonymised for reporting of results and these were kept confidential. Participants had the right to retract comments at any time point.

Participants

The impact of COVID-19 meant that the nature of youth work delivery changed from face-to-face sessions to online and phone communication with young people. As a result, there were fewer opportunities to engage with young people which therefore, had an impact on number of participants involved in this project.

- A total of 8 strategic stakeholders were interviewed on Zoom (Appendix 1 and 3).
- There were 4 youth organisations that took part in focus groups, which included 12 young people and 4 youth workers, which also took place on Zoom (Appendix 2 and 4).
- There were a total of 13 young people who responded to the young people's online survey (Appendix 5).
- In total, there were 44 respondents to the youth work practitioner online survey (Appendix 6).

Findings

This section describes the key findings from the online surveys, focus groups and interviews.

Why Do Young People Smoke?

We asked respondents 'why do young people smoke'. Comments from stakeholders show that they perceive young people to be more vulnerable to smoking due to inequalities, mental health issues, boredom and experimenting with friends, alcohol and drugs.

"It's an activity to go do something if you are bored or feeling isolated. It's a great escape if you need a break, skive or some head space. Going outside for a smoke is an excuse for some fresh air".

"If you drink and take drugs, you are more likely to smoke".

"Easier than going to a doctor to talk about stress and to get medication – cigarettes are easier to access for coping mechanism".

"If they have grown up in poverty or have a poor background".

"Most young people simply like to try new things and experiment".

"Age has big impact on when young people start, for example teens to early 20s experience puberty and exam stress so this is a quick stress release".

"They see smoking as a way of rebelling and showing independence".

"Some people smoke because they believe that it helps them cope with personal problems or boredom. Other smokers say that their habit relaxes them".

Young people revealed that they choose to smoke as a coping mechanism for stress and anxiety. Peer pressure was also a great factor as well as smoking socially to fit in with a peer group and to look 'cool'. As a young person adjusts to school, college, or a new job, they are forming new friendships and investigating personal identity and ways of socialising.

"I think a lot people are attracted to the aesthetics of cigarettes, it's quite a weird one but you see it quite a lot represented in the grunge, punk rock culture it feels like it's in pictures a lot, people just like the idea of having a cigarette in their hands, like out with their friends, the image of smoking".

"It releases me of stress".

"When I was younger I had friends who were older than me and they offered me a cigarette when I was 7, ever since then I've been off and on smoking. Personally I think I'm heavily addicted to smoking, I can't get up in the morning unless I vape or have a cigarette really".

"I think it's something some people do to relax with their friends".

"Social smoking is a huge thing these days".

"Because I'm anxious".

Because at school if some of their friends do then they're associated with it and there's peer pressure, they feel like they have to fit in".

"Living with people who smoke encourages you, my parents smoke".

"People think they're cool cause they can do donuts, be like look at me I can do hoops, I'm cool...that's why I think vape was popular for a while all these videos on the internet".

Youth Workers as Trusted Adults

Stakeholders and young people highlight how the youth work sector can play an important role in smoking prevention and cessation, offering support and advice from a different perspective from teachers and parents. Young people value the trusted relationship they have with their youth work practitioners and are more open with them as youth workers generally tend to be less judgemental and more accepting due to the inherently equal partnership between a young person and their youth worker.

"The youth worker might be the only person that has that discussion with the young person, which makes our role vital".

"I think our role is to be good role models and to give information to young people without overdoing it enabling them to ask questions and to come to their own conclusions".

"We have positive relationships with young people and often they would prefer to get support directly from us rather than a strange face in a strange place".

"Youth workers are able to provide important information and interventions where schools might be too formal, family too emotionally involved, and friends being neither informed and not motivated to do so".

"Most approachable would be a youth worker, who know you and wouldn't judge you".

"Make sure it's not patronising and pick the right time – plant seeds to initiate the conversation, but let the young person lead the conversation and express themselves".

Priority

We asked stakeholders, 'on a scale of 0-10 how high a priority is young people smoking in your work? (0 being no priority and 10 being extremely high priority)'. A high proportion (70%) of survey respondents voted between 0-6. Furthermore, 100% of interviewees expressed that this was also not a current priority in their work. Reasons for this explain that young people may be experiencing other more significant or immediate issues in their lives that they felt were important to tackle first.

"We need to understand why it's not a priority – is it because not as many young people are smoking now? Is it because there are more significant issues in young people's lives that need to be addressed first - smoking has fallen much further down the priority list or they just can't be bothered dealing with it?"

"It's not a priority compared to other mental health issues".

"Young people will try new things like smoking, drugs and alcohol - they know the risks but still experiment. It's just a faze".

"If a young person is experiencing things like abuse at home, self-harm, suicidal thoughts, drugs or alcohol, the last thing you're going to do is discuss smoking".

Current Needs and Barriers

We asked stakeholders, 'what do youth workers need to be able to address smoking prevention and cessation to improve young people's mental health and emotional wellbeing?'. Responses highlighted a need for training, ready available resources/activities and information to upskill youth workers on smoking prevention and cessation. Furthermore, stakeholders suggest playing an active role in partnership with schools, parents, charities and youth organisations etc. would be important to build connections and convey the same consistent messages.

"Training which is realistic. Young people smoking are often the furthest away from mainstream services and lack the motivation to change. Training needs to understand their needs before trying to support youth workers to support young people to change".

"I believe we should be certified youth clinics to provide young people with stop smoking kits and put them through a course like the NHS does. Similar to the C-Card it would enable youth workers to provide first hand support and guidance".

"We should always have up to date information and knowledge of where young folk can access services for smoking cessation".

"There should be more activities, the right staff/volunteers to talk to, welcoming and comfortable environments for more young people to attend".

"Information about the effects as they sometimes have myths or lack of knowledge. Stopping the cycle of parents smoking and then the children. The reality of smoking starting very young and so addiction well embedded by 16. Signposting to other services who can support this".

"It would be good to have poster similar to one's like free condoms/free patches (can young people use patches?) information of where to go for support, would be good to have visuals to help start those conversations along with planned interventions programme".

Stakeholders went on to discuss what barriers they think exist that are stopping the youth work sector from playing this role in smoking prevention and cessation to improve young people's mental health. It is clear that the impact of COVID-19 restrictions on youth work is a major barrier as well as a lack of funding, training, information and resources.

"Threats and ultimatums don't scare people – these don't matter – it won't change their mind if in a bad health place. Like threatening a young people with an eating disorder that they could become infertile won't make them stop".

"Being able to run youth groups face to face, and not being able to access or use resources due to COVID-19 restrictions".

"I think the confidence to focus on the development of positive strategies rather than focusing on the stopping of negative ones - we do not need to be experts in smoking".

"Lack of resources; double-standards if Coordinators or youth-workers smoke too; lack of understanding of behavioural interviewing or how to reinforce positive behaviours; lack of understanding of facts and information about the benefits of stopping smoking".

Young People and Adult Communication

A total of 80% of stakeholders told us they had spoken to a young person about smoking in the past year, of which 66% of stakeholders expressed that these experiences of talking to a young person were associated to the young person's mental health or emotional wellbeing. Frequent reasons for these conversations were to discuss how smoking was affecting their finances and how it helps them cope with feelings of stress and anxiety.

"The young person was concerned about their finances and believed that smoking was costing them too much".

"Young person increased the habit to deal with anxiety".

"A lot of kids have mental health issues now and have started smoking, so its combined as they have been told by adults and young people that it's a stress reliever and it will help them".

"Smoking was affecting their health and finances".

"They openly spoke to me about using smoking as a coping strategy".

We asked young people whether they think adults should talk to them about smoking and mental health. Results showed that 69% of young people responded 'yes' however, they frequently mentioned that messaging was always negative, and this does not help those who already smoke.

"It impacts on your physical health which can then impact on your mental health. Because if you become unfit and unhealthy from smoking it can stop you from doing other stuff. Especially if you were a sporty person".

"Yes, but whenever we get spoken to about smoking it school we just get told that you shouldn't and why you shouldn't, that doesn't really help someone who already smokes".

"Yes but it's always negative".

"People just do it for the sake of it, I don't think people smoke then get mental health issues, they do it because they have mental health issues. So like smoking might not help but in their head it will help them for various reasons like stress relief but people who are telling them that don't actually know. It's not a stress relief".

Young people that voted 'no' elaborated on their answer, explaining that young people will not be interested to learn about the negative effects of smoking. However, they would be more inclined to listen to someone their own age.

"I think it should be someone around your age because when adults speak to you drinking and smoking. You just take it as a laugh you don't actually take it seriously but when its someone around your age talking to about it you take it seriously".

"It should be more someone their age so as when adults speak to them they take it as a laugh".

"I wouldn't speak to my doctor in case my family doctor told my gran".

"Because a lot of young people won't care".

"I feel young people would be like, I don't want to be lectured on stopping smoking. They know what they are doing and what it does, and how it affects your lungs they're making a conscious choice to smoke".

Smoking and Mental Health

Interestingly, some young people also demonstrated that they did not fully understand the link between smoking and mental health therefore, it is important young people are educated on this so they can make informed decisions.

"Adults should talk to young people to let them know it does affect your mental health, as I personally had no idea that smoking could make you depressed and effect your mental health, nobody ever told me about that".

"I don't think it has a massive impact on mental health".

"Because I don't see how smoking impacts your mental health. But adults should talk to young people about the other dangers of smoking e.g. Cancer".

"Not really sure, maybe, if you're dependent on something, it's going to make you really anxious and stuff, if you can't get a fag and maybe the financial impact depending on how much you are smoking".

Smoking Cessation Awareness

We also asked young people 'what support is there for you to talk about smoking and mental health?'. Feedback shows that young people are not fully aware of the current supports and assume they will get in trouble if they were to discuss smoking with an adult.

"The message is 'don't smoke'...rather than 'if you do we're here to help'".

"I spoke to my mum about it but there wasn't too much she could do for me".

"They aren't many people. I think people would be more comfortable to speak to someone in school about their mental health but probably wouldn't say they smoked".

"Don't assume we know that we can talk to you about certain thing be more explicit...show us and tell us how to we can talk to you about smoking".

"I wouldn't go to teacher, parent or doctor".

"Most likely talk to their friends about this stuff, other young people at youth work places, other students, older kids supporting young kids in high school 'you get me so I can talk to you kinda thing".

"There needs to be more information for young people, where to get the info, how to bring it up with an adult".

"I was told never to smoke. If I did I wouldn't want to talk to anyone as there is a fear that you will get in trouble, in their heads young people with be thinking, will I be punished and made to speak to the police...I think that's a big worry. Even though it's a minuscule thing it holds a lot of people back from talking about it".

"I only know about Nicorette gum".

Peer Led Messaging

Stakeholders stated that getting young people on board, in smoking prevention and cessation strategies, would be beneficial to help drive change with their peers.

“Use young people direct experiences - case studies, voice recordings of young people to show real life stories as this is more realistic and a good way to encourage others”.

“Speak to the class/groups collectively about how to fix it as some people don’t know where to get help or how to”.

“Mini group discussions so it’s coming from other young people so it’s not adults telling what you can and can’t do”.

“Upskill senior young people or have local ambassadors to talk to young people about smoking”.

“Educate young people with a group of young people – not from adults as young people tend to listen to their peers over adults”.

E-Cigarettes

Young people were asked to discuss their thoughts on e-cigarettes after stakeholders mentioned that they do not know the harms and long term effects of this. However, young people told us that ‘vaping’ is not as popular as smoking and is therefore, not a current issue.

“People see vaping and smoking as different things”.

“A while back people had vapes but now people smoke cigarettes, vapes were more of a trend and you found out they’re not that much better”.

“If you only smoke when you’re out with a group, you probably won’t vape”.

“Cigarettes more common than vaping”.

Recommendations

The intention of this project is to inform the activity and approach that ASH Scotland should take to support youth services to improve young people's mental health and well-being through addressing smoking. Recommendations have been made below for further exploration and future action.

Training and Resources

Taking a holistic approach to smoking prevention and cessation views physical health in conjunction with emotional, mental and social wellbeing. There are many different interlinking factors that make a young person more vulnerable to the uptake of smoking and experience difficulties with their mental health. It would therefore, not be effective to tackle smoking as a single topic, and it is important to understand inequalities within this area of work.

Recommendation 1: ASH Scotland should develop training sessions and resources for the youth work sector which takes a holistic approach to addressing smoking and mental health around young people.

- 1.1 Upskill youth workers to understand the link between smoking and mental health, the current pressures and reasons why young people smoke in a wider context. Actively 'de-bunk' myths that smoking is a stress reliever or helps with anxiety.
- 1.2 Develop resources that are tailored to young people and youth work practitioners in order to increase their confidence in initiating a conversation around smoking and mental health. Create visual conversation starter examples for young people and youth work practitioners on smoking and mental health that are easily interpreted and accessible.
- 1.3 Develop fun, interactive and positive youth work activity ideas which can be used during youth work drop-ins or planned group sessions which;
 - i. Link smoking and mental health with other higher priority and associated topics such as drugs, alcohol, finances, physical health, achievement, employability etc.
 - ii. Support young people to navigate decisions about tobacco needs in relation to other positive benefits such as self-care, self-esteem, body confidence, fitness, cleanliness, personal finances etc.

- 1.4 Upskill the youth work sector on cessation advice specifically for young people, including alternative methods of coping with stress and anxiety.
- 1.5 Broaden the idea of tobacco as addiction, and educate youth workers and young people on the core pathology that drives the development and maintenance of an addiction.

Peer Led Messaging

Young people are more likely to listen and engage with someone their own age that they can relate to, with lived experience, rather than an authoritative figure.

Recommendation 2: ASH Scotland should encourage young people to share their voice and lived experiences with their peers to change social norms and reduce stigma around mental health.

- 2.1 Train young people as Peer Mentors with the aim of working with younger peers to prevent the uptake of smoking; work alongside existing mental health ambassador programmes to align messaging.
- 2.2 Encourage young people to share real life examples of smoking experiences through case studies, videos or voice recordings to help inspire other young people to access support to quit smoking.
- 2.3 Capacity building of existing local ambassador's or community champions - support young people by providing relevant materials and resources to deliver ASH Scotland messages whilst they carry out wider community leadership roles.

Partnership Working

Recommendation 3: ASH Scotland should play an active role in partnership with youth and mental health services, so that smoking prevention messaging is integrated.

- 3.1 Create contact links between youth services and mental health charities, who already have connections with young people, resources and up-to-date knowledge of young people's mental health; work with these organisations to map existing work and carry the desired tobacco message within their work.

3.2 Focus on ASH Scotland's current adult audience to access young people who smoke via their Trusted Adult. Educate parents and grandparents on smoking prevention and cessation messaging so they can reiterate the same messaging back to their young people and set a good, informed example.

Further Research: Public Health Approach to Smoking Cessation

Further research is needed to explore how ASH Scotland should connect and develop the youth worker role in smoking cessation through regional and national partnership with public health services.

Although prevention messaging is key in reducing the uptake of young people smoking, it is taking over cessation messaging and therefore, not supporting those young people who already smoke and wish to quit. A public health approach to smoking cessation deserves further implementation and investigation as findings from this project highlight that a cultural change is needed to support smoking cessation messaging to young people.

One model recommendation suggested by a youth work practitioner proposes that youth organisations should be certified youth clinics which would enable them to provide young people with first-hand guidance and support such as a clear pathway for smoking cessation and access to medicine/products such as nicotine replacement therapy.

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Appendix

Appendix 1: Zoom Interview Schedule with Stakeholders

Interviewee Job Title and Organisation	Date
Suicide Prevention Lead Officer, The Convention of Scottish Local Authorities (COSLA)	5 th November 2020
Children and Young People's Mental Health Engagement Officer, Scottish Government	9 th November 2020
Director, Lothian Association of Youth Clubs	11 th November 2020
Network & Events Manager, YouthLink Scotland	12 th November 2020
Development Lead (Children & Young People), ASH Scotland	18 th November 2020
Children & Young People Development Manager, SAMH	19 th November 2020
Development Lead (Inequalities), ASH Scotland	24 th November 2020
Development Officer, ASH Scotland	26 th November 2020

Appendix 2: Zoom Interview Schedule with Focus Groups

Youth Organisation	Date
Canongate Youth	20 th November 2020
Youth 2000 Project	25 th November 2020
The Junction	26 th November 2020
Tweeddale Youth Action	3 rd December 2020

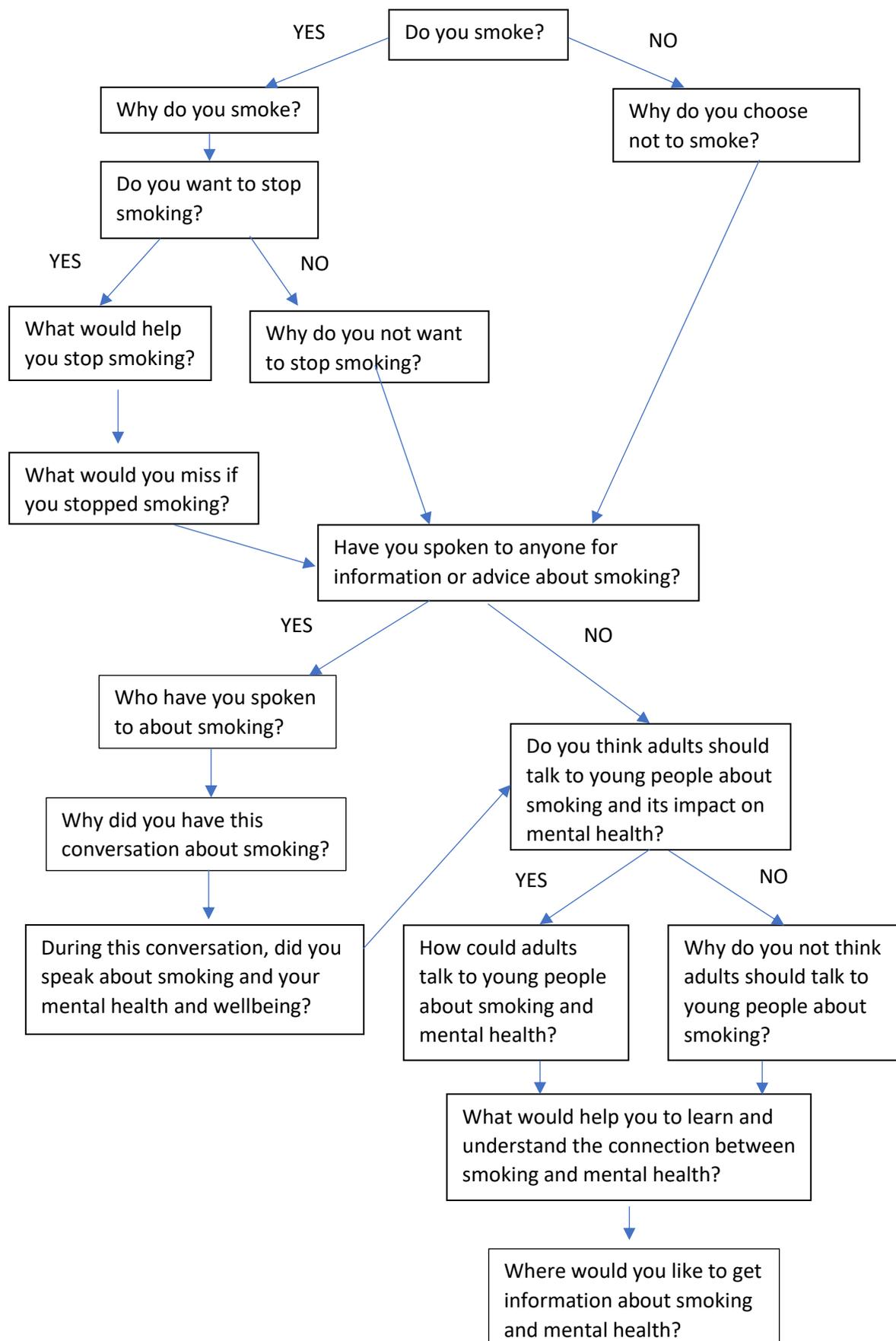
Appendix 3: Stakeholder Interview Questions

Question No.	Question
Question 1	Please can you tell me a little about your role and how it contributes to young people, mental health and/or smoking?
Question 2	This project is interested in understanding public health priorities for young people and how they interact with one another – in particular smoking prevention and cessation with the priorities for mental health. From your perspective how do these two areas interact? (smoking and mental health)
Question 3	Where does tobacco currently fit? - Is it current policy/service priority?
Question 4	There is a significant body of work currently being undertaken nationally and locally to improve mental health services and outcomes for young people – in your knowledge of this work, where could tobacco education potentially contribute to improving these mental health outcomes?
Question 5	Anecdotal experiences shared to us by youth workers suggests that tobacco is not a current priority for their work with young people, and that they are unlikely to initiate a conversation about stopping smoking with a young person – what do you think would change this?
Question 6	We are aware that youth service practitioners may not challenge the myth that “smoking is a coping mechanism” when young people who smoke are struggling with their mental health. What would you like to see happen to support these practitioners to bust this myth?
Question 7	The project aims to advise ASH Scotland about what support youth service practitioners need to know and do to improve young people’s mental health in connection with tobacco. Do you have any suggestions of what ASH Scotland should be doing?

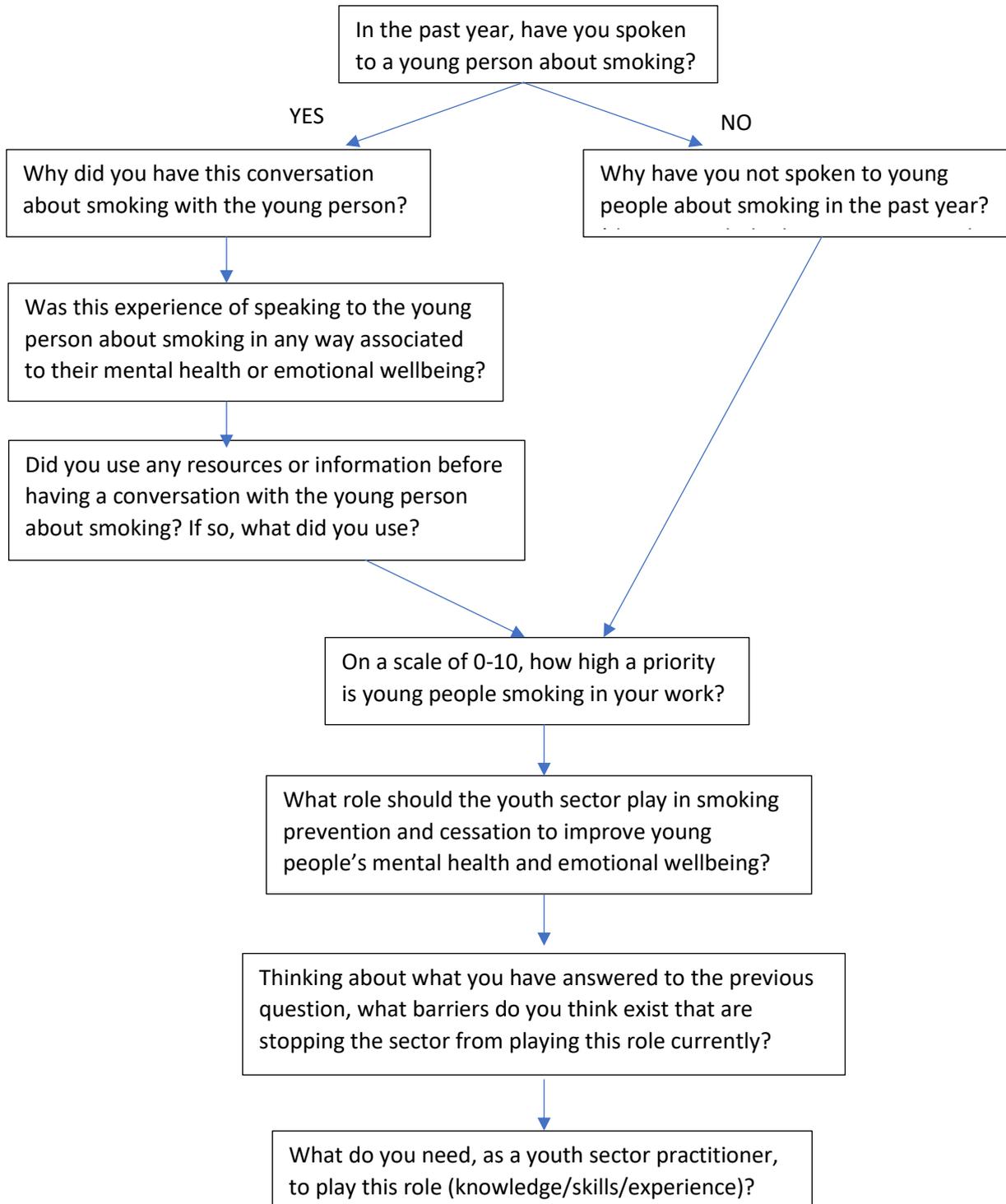
Appendix 4: Focus Group Interview Questions

Question No.	Question
Question 1	Why do young people smoke?
Question 2	Do young people smoke cigarettes or vapes?
Question 3	Do you think it’s easy to stop smoking?
Question 4	What support is there for you to stop smoking?
Question 5	Is there a link between smoking and mental health?
Question 6	Who can young people speak to about this?
Question 7	Should adults be talking to young people re smoking and mental health?
Question 8	Has anyone ever spoken to an adult about smoking?
Question 9	Should adult be talking to young people?
Question 10	Who should be providing young people with this support?

Appendix 5: Young People Online Survey Questions



Appendix 6: Youth Work Practitioner Online Survey Questions



For further information about this work please contact:

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