Mental Health
ASH Scotland

Key messages

Our focus in this response is on question 8, highlighting the key role the next mental health strategy must play in supporting people with mental health issues to quit smoking. We were pleased to see that the draft strategy includes a specific commitment to the physical health of people with a mental health diagnosis. Tobacco use must always be a central focus when dealing with the physical health of people with mental ill-health.

It should make a clear statement that smoking must not be sanctioned as a coping mechanism or support for people with mental health issues but instead be acknowledged as taking a dreadful toll on the physical, mental and financial health of the most vulnerable, generally against their wishes – like most smokers, the majority of people with mental ill-health who smoke want to quit.

Background

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.

People with poor mental health smoke more and die sooner

While the general smoking rate is declining, smoking rates among those with mental health problems have changed little, if at all, during the past 20 years: one in three people with mental health problems in the UK smoke, as compared with one in five of the general population. Smoking is a crisis for people with mental ill-health:

- smoking contributes to the general poor physical health of individuals with severe mental ill health. People with disorders such as schizophrenia die on average 20–25 years earlier than do those without severe mental ill health, and smoking is the biggest modifiable risk factor for this health inequality.
- the Royal College of Psychiatrists has calculated that more than a third of the tobacco smoked in the UK is used by people with mental health problems.
- smoking increases psychotropic drug costs in the UK by up to £40m per annum, as tobacco interferes with the operation of some drugs and therefore requires higher doses. It is not well known that these increased doses can result in increased severity of side effects and sharing this information needs to be mainstreamed, as the equivalent relationship between alcohol and medication already is.
people living with mental illness are as likely to want to quit as the general population (67%)\(^1, 3\) and are able to quit successfully without risk to their long term psychological well-being. In fact, smoking cessation is associated with reduced depression, anxiety, and stress and improved positive mood and quality of life compared with continuing to smoke. The effect size seems as large for those with psychiatric disorders as those without, and is equal to or larger than those of antidepressant treatment for mood and anxiety disorders\(^4\).

- 59% of people who experience a first episode of psychosis are smokers, and about 70 per cent of people who have a diagnosis of schizophrenia smoke tobacco\(^5\).
- smoking is associated with an increased risk of suicidal behaviours\(^7\).
- an addiction to or habitual use of tobacco keeps people in poverty: on average a smoker in Scotland has 13 cigarettes a day, costing around £1,500 a year\(^8\).

Meeting the Scottish Government target of a 5% adult smoking rate by 2034 will require substantial effort to reduce tobacco use among all demographic groups. To achieve that goal, we must break the link between mental health and smoking.

**National symposium on smoking and mental health – recommendations**

On the 23\(^\text{rd}\) February 2015, ASH Scotland and the Scottish Tobacco-free Alliance (STA) held the third national symposium on smoking and mental health. During the event, participants were given the opportunity to make recommendations for the future of policy in this area.

The following recommendations were asserted as key to successfully achieving this:

- **Compassion:** this was a very strong theme throughout the course of the day and prevalent in several of the main plenary presentations as well as discussions within the parallel sessions

  *Recommendation:* compassion should be the foundation for and intrinsic to all decisions and approaches which impact on those with lived experience

- **Leadership:** there was a strong feeling that support at both national and local level was still lacking as smoking remained a lesser priority within mental health

  *Recommendation:* leadership and responsibility for addressing smoking and mental health must happen at both a national and local level

- **Consistency:** remains an issue throughout the country. Each health board area has a different approach regarding referral processes to stop-smoking services and the priority of smoking within mental health also varies between areas.
Recommendation: the national mental health strategy must provide clear direction and guidance to ensure consistency in approach across the country.

- Person centred services: it was recognised that those with mental health conditions who access services have an individual and unique set of circumstances which would require a tailored approach and variety of options for support.

Recommendation: services should consider a holistic approach focusing on self-esteem and empowerment, rather than having the one goal of supporting a quit attempt (although stopping smoking may be part of building self-esteem).

- Resources: budgets, staff time and training remain ongoing issues.

Recommendation: in order to provide a person centred service and a nationally consistent approach; there needs to be a commitment by national and local senior staff to invest in staff training and resources.

References