

The Stolen Years

The case for action to reduce smoking prevalence among those with a mental health condition

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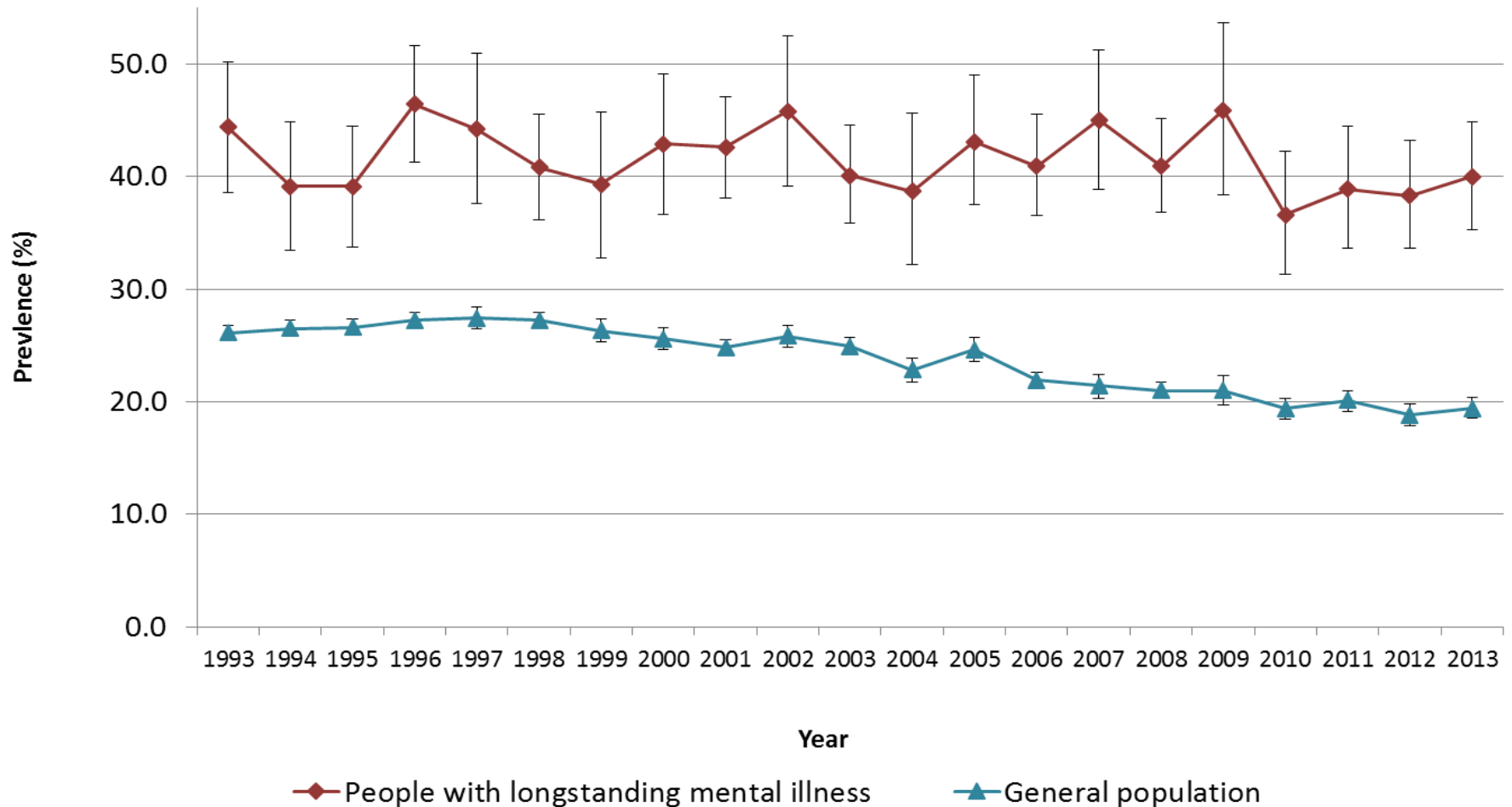
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action on smoking and health

Overview

- Why this report, why now?
- Report findings
- Report recommendations
- What next?

Why do we need this report?

Smoking prevalence in England, 1993-2013



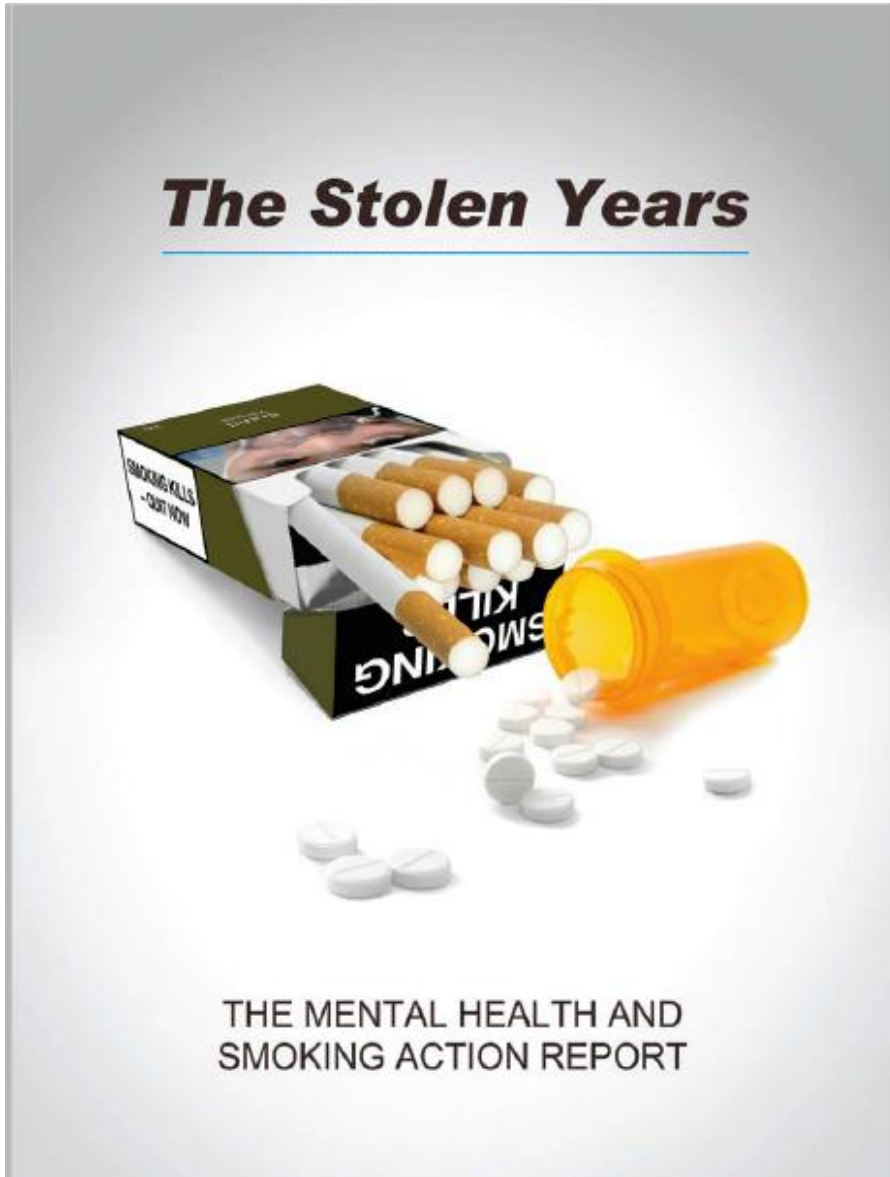
Entrenched Inequalities

- Among those with a Mental Health condition smoking rates have barely changed.
- **70% of those discharged from a psychiatric hospital are smokers. This compares to 12% of the most advantaged.**
- People with a mental health condition die on average 10-20 years earlier – smoking is the single largest cause.

Why do we need this report?

- Work being undertaken by NICE, RCP, RCPsych, Rethink, PHE etc
- Evidence of changing culture and attitudes in mental health around smoking, driven, in part, by an agenda of parity of esteem
- BUT: the challenge remains significant:
 - People with a MH condition are just as likely to want to quit but face more barriers to quitting
 - Change is too slow, inequalities are widening and people are being left behind
- Change requires action from many different stakeholders across the whole health and social care system.

The Stolen Years



The Stolen Years: mental health and smoking action report

- **Builds on existing work** (NICE Guidance, RCP/RCPsych report)
- **Informed by the input of a wide range of experts** (frontline staff, user groups, PHE academic network).
- **It was informed by 2 surveys** (for staff and those with a MH condition)
- **Commissioned new research** looking at the relationship between poverty and smoking in this population.

Report findings

- Impact of smoking on people with a mental health condition is extensive:
 - Low life expectancy and higher incidence of illness
 - poorer mental health
 - High levels of medication
 - Lower incomes.

Report findings

Higher rates of smoking were found among those with a mental health condition who are below the poverty line

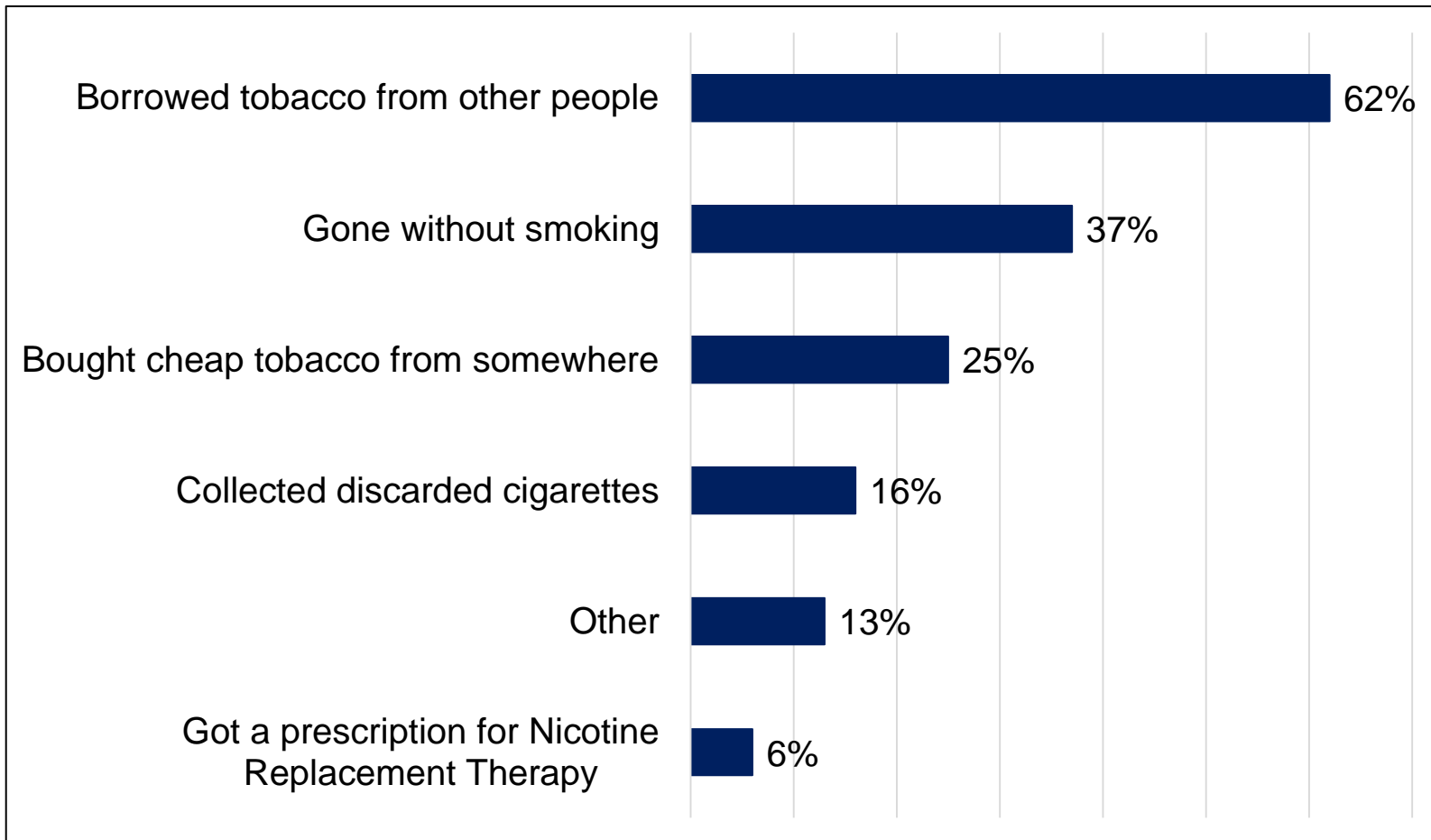
Type of disorder reported	Smoking prevalence overall	Prevalence of poverty overall	Smoking prevalence among those in poverty
Common mental health disorder	34%	36%	43%
Currently taking psychoactive medication	34%	40%	44%
Longstanding mental health disorder	40%	43%	53%

Report findings

The University of Nottingham research also looked at how many people in the UK might be drawn into poverty if spending on smoking was taken into account

- An additional 135,300 people with a common mental disorder are in poverty
- An additional 55,300 people currently taking psychoactive medication
- An additional 100,000 people with a long standing mental health disorder

Report findings

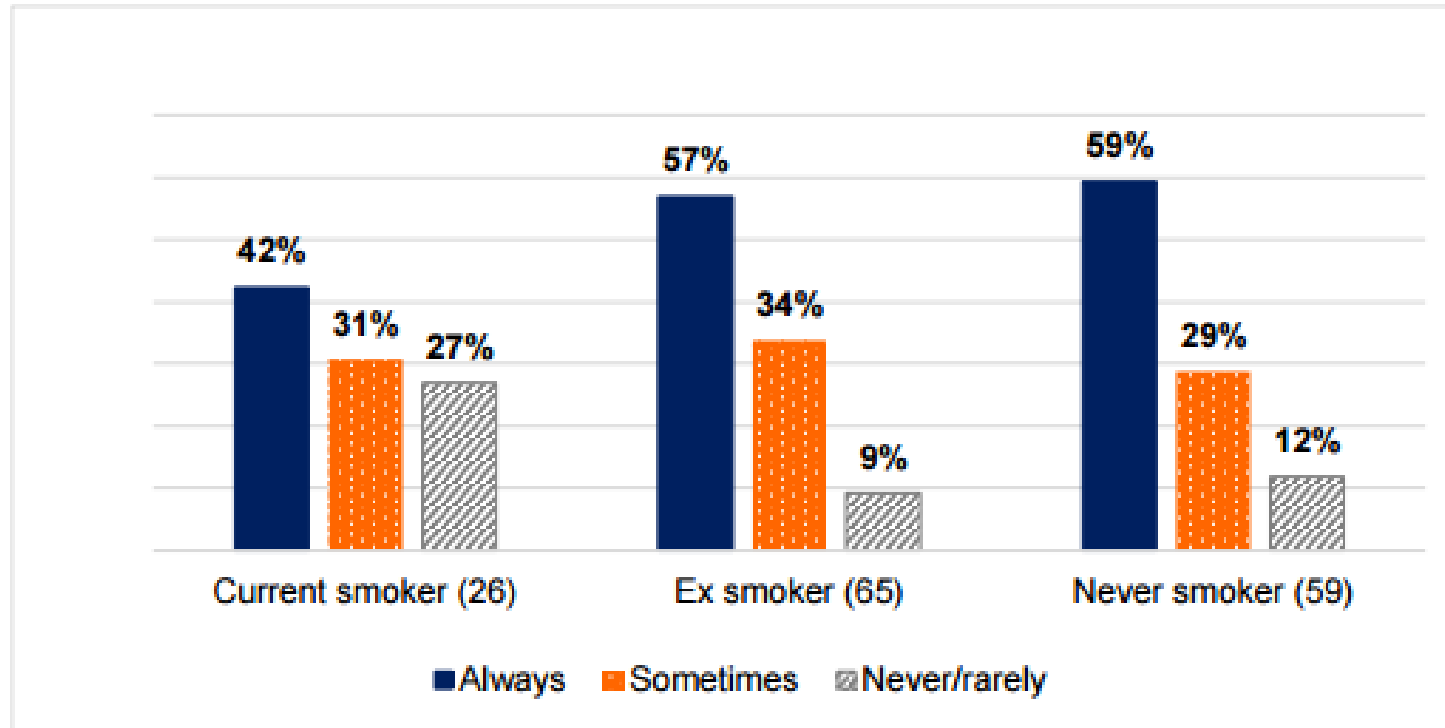


What respondent report having done in the past if they have not had enough money to buy tobacco

Report findings

- Staff attitudes are changing but there is evidence that too many see quitting smoking as incompatible with other therapeutic outcomes

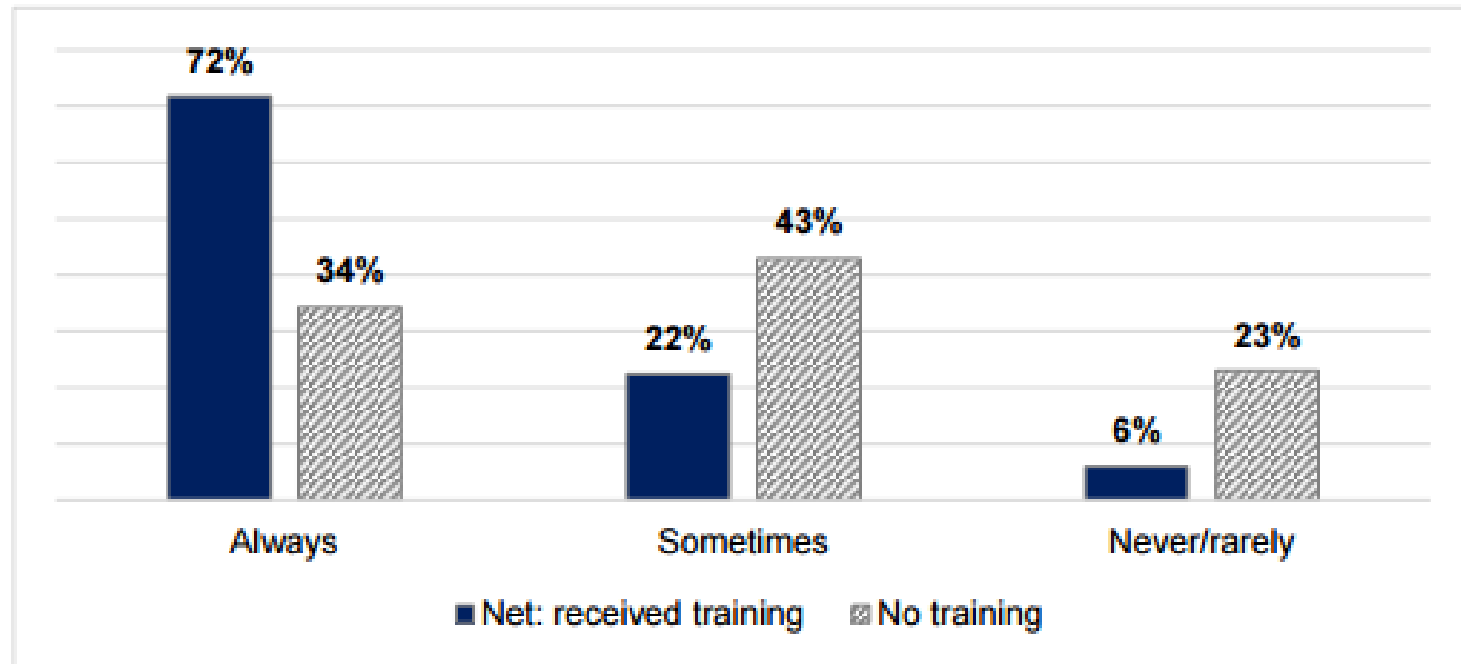
Report findings



Base: 155

Do you discuss smoking with your patients/ clients?

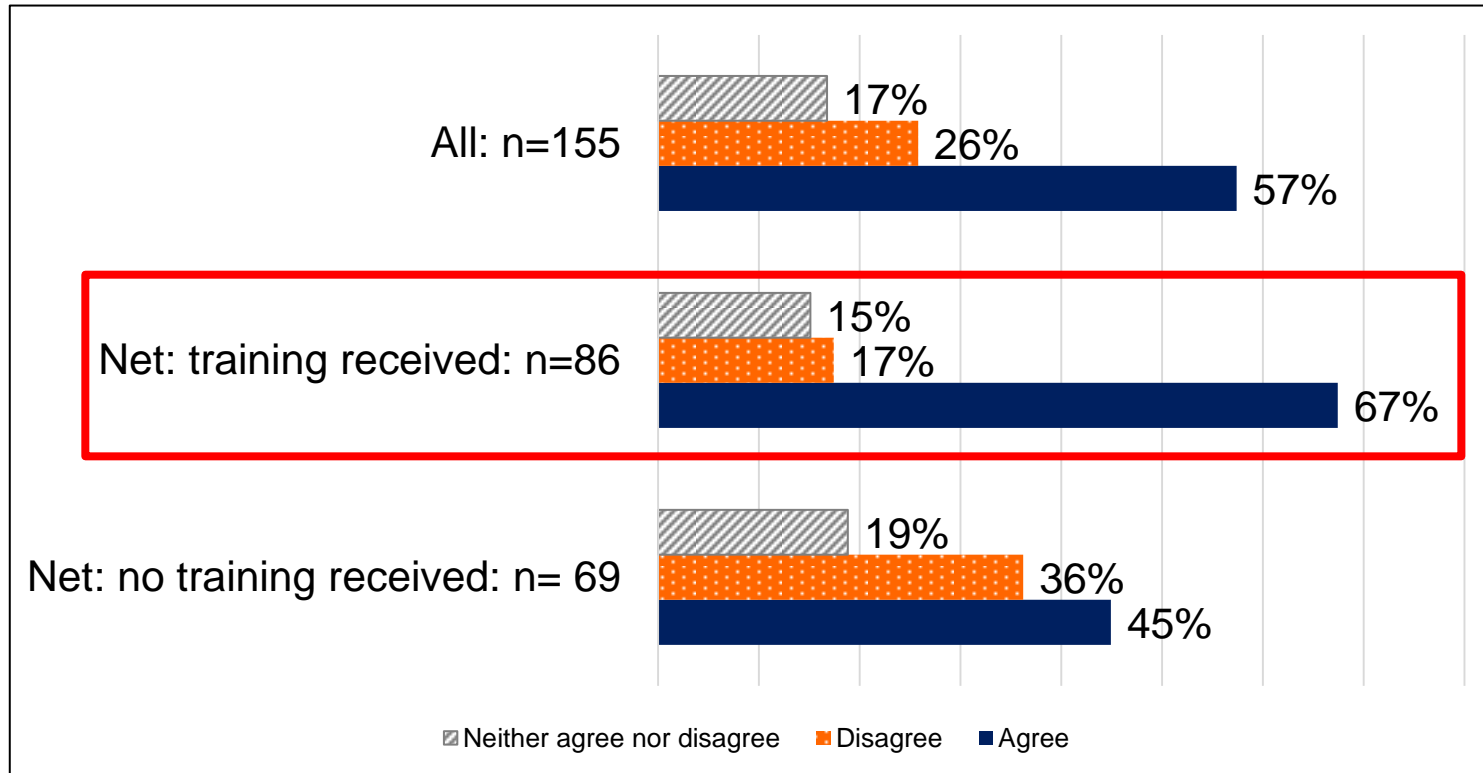
Report findings



Base: 155

Do you discuss smoking with your patients/ clients?

Report findings

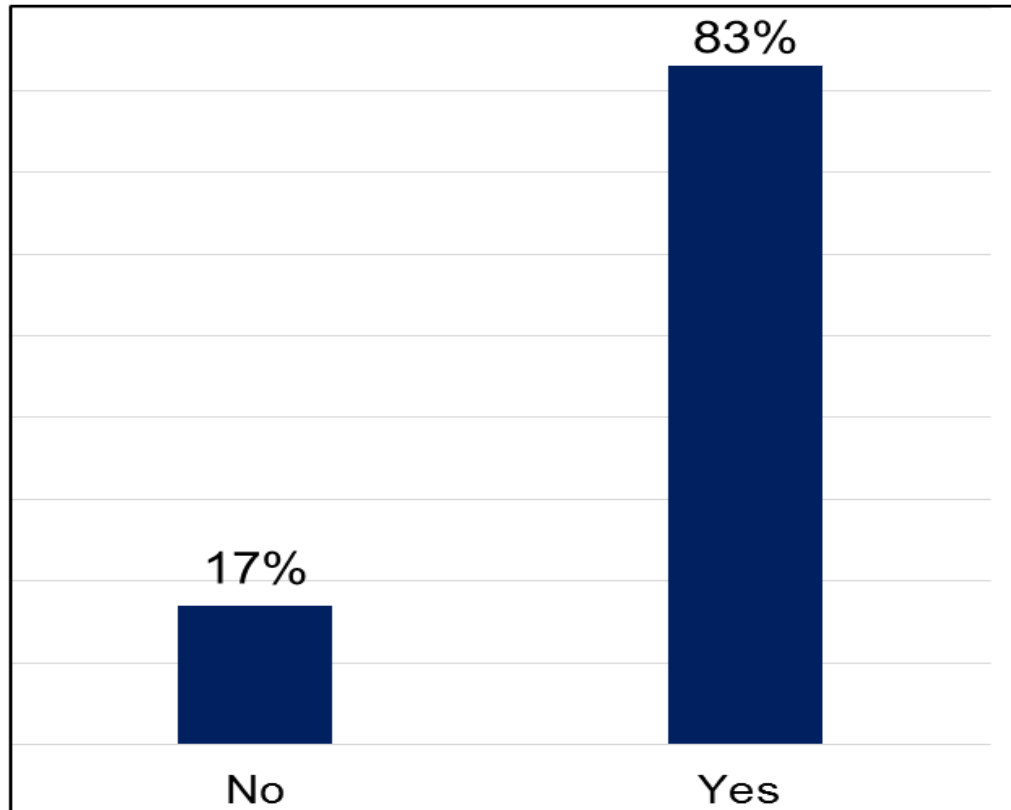


Hospitalisation is a good opportunity to address smoking cessation

Report findings

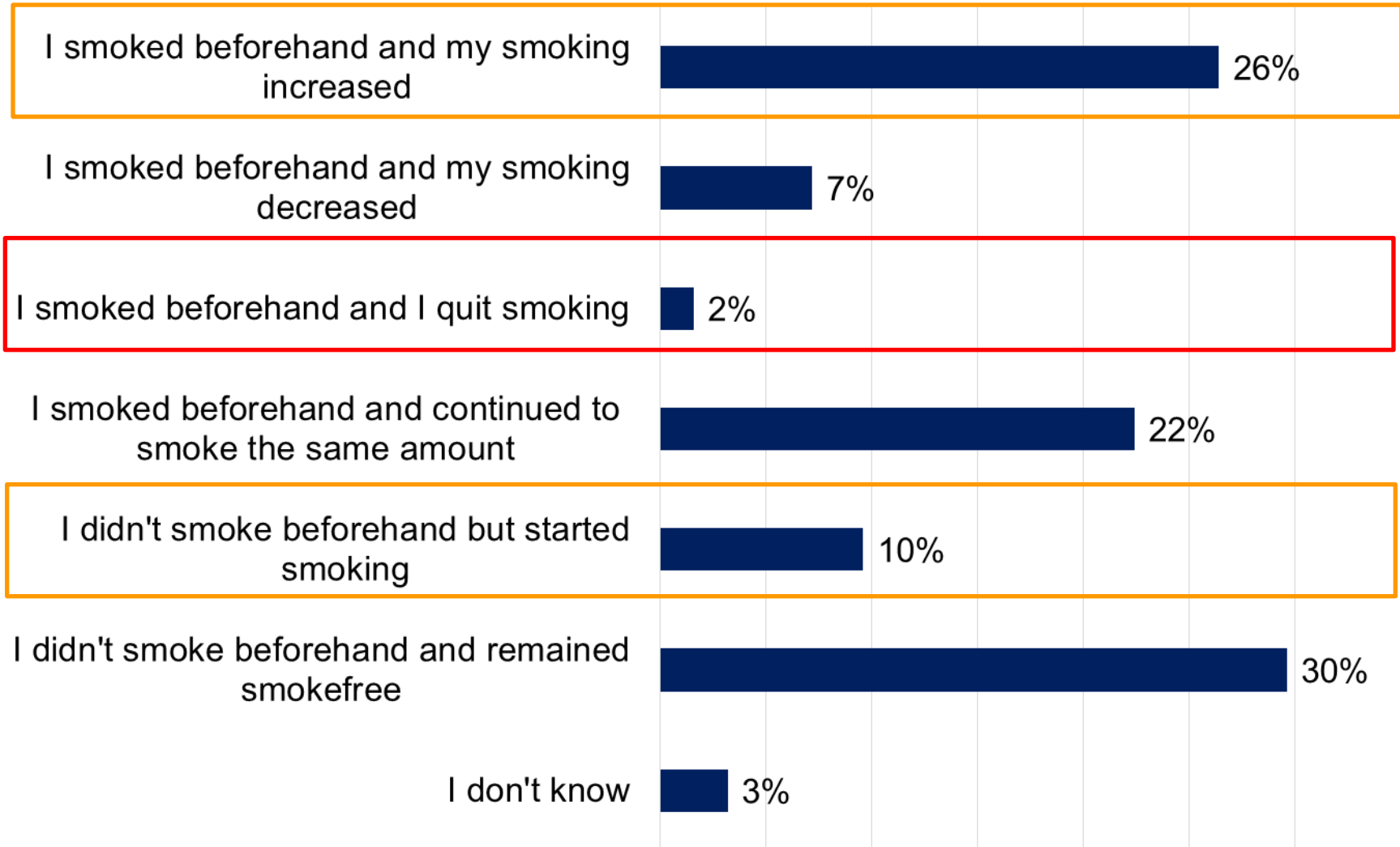
- People want to quit and often try and quit however, the culture and structure of services does not always support that choice.

Report findings



Percentage of current smokers who have attempted to quit smoking

Report findings

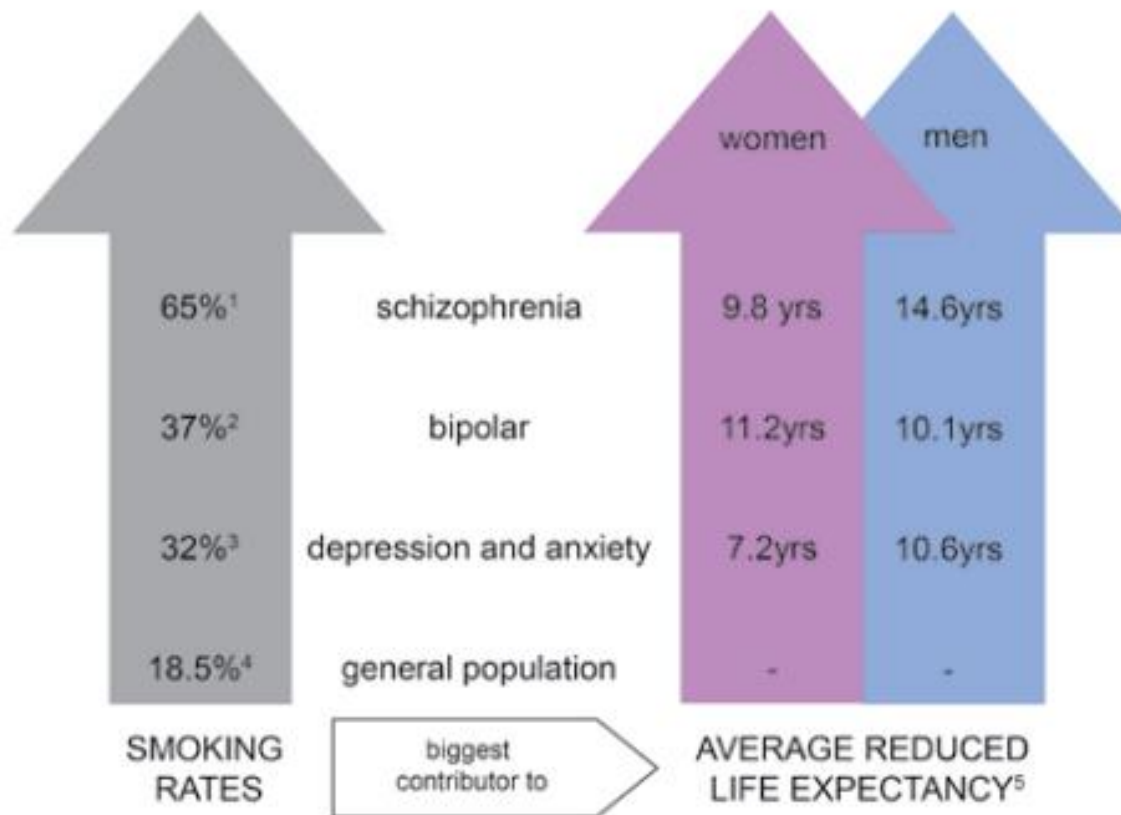


Report findings

- While the highest inequalities are among those with the most acute illnesses high smoking rates are found in nearly all groups with a MH condition.
- Effective solutions need to reach all of those whether they are accessing inpatient care, community care, primary care or no mental health support at all.

Report findings

Figure 1: Smoking rates and average reduced life expectancy by mental health condition.



Refs: 1: Wu C-Y et al. (2013). PLoS ONE 8(9): e74262. 2: THIN data 3:McManus et al (2010) NCSR. 4: www.smokinginengland.info 5:Chang et al. Life Expectancy at Birth for People with Serious Mental Illness and Other Major Disorders from a Secondary Mental Health Care Case Register in London, PLoS ONE, 2011.

Report findings

- Change is needed across the system and will be driven by:
 - Improved training of staff
 - Better communication and involvement of service users
 - Targeted support and services
 - Inclusion of a harm reduction approach alongside conventional quit models

Ambition

Smoking among people with a mental health condition declines to be less than 5% by 2035, with an interim target of 35% by 2020.

Report ambitions

- AMBITION 1: National and local **leadership drives forward action** that reduces smoking among those with a mental health condition.
- AMBITION 2: People with a mental health condition are **empowered to take action** to reduce their smoking.
- AMBITION 3: Staff working in all mental health settings see reducing smoking among service users as **part of their core role**.
- AMBITION 4: **Services for people with mental health conditions** provide effective advice and support to quit smoking and access to appropriate specialist stop smoking models.
- AMBITION 5: **Local Authority funded stop smoking services** (SSS) effectively support those with a mental health condition to quit smoking.
- AMBITION 6: People with mental health conditions who access **mainstream physical health services** are routinely advised to quit smoking and sign-posted to effective support.

Report ambitions

AMBITION 7: People with mental health conditions who are not yet ready or willing to quit are supported through **harm reduction strategies**.

AMBITION 8: All inpatient and community **mental health sites are smokefree** by 2018, through full implementation of NICE PH48 guidance and embedding support for service users who smoke.

AMBITION 9: Support to quit smoking for those with **complex multiple needs** and across different settings is appropriate and consistent.

AMBITION 10: **Data** regarding smoking status and progress towards quitting are collected in a timely and appropriate way in all settings and appropriately shared.

AMBITION 11: Populations at risk of developing mental health conditions are identified and appropriate interventions put in place to **prevent uptake** of smoking.

AMBITION 12: **Robust evidence** into the most effective means to sustainably reduce smoking rates among those with a mental health condition is available.

Progress to date

- Mental Health Taskforce Report
- Improving the physical health of people with mental health problems: Actions for mental health nurses
- Child and Adolescent Mental Health
- Tobacco Control Plan for England development

What next?

- Mental health and Smoking Partnership
 - Research with service users
 - Briefing on medication
 - ‘Make the case’ suite of tools

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