

Tobacco use and mental health in Northern Ireland - shaping a policy response using local data and analysis of policy documents across the UK and Ireland

Joanna Purdy¹, Helen McAvoy², Lauren Rodriguez² and Ciara Reynolds²

1. Institute of Public Health, Belfast, Northern Ireland.
2. Institute of Public Health, Dublin, Ireland.

Introduction

This project was conducted by the Institute of Public Health for the Department of Health as part of a review of the Ten Year Tobacco Control Strategy for Northern Ireland (2012-2022). It aims to better understand the relationship between mental ill-health and tobacco use in Northern Ireland and configure a policy response.

Method/ approach

This project included two workstreams.

| Workstream 1 | Workstream 2 |
|---|---|
| <ul style="list-style-type: none"> Secondary analysis of the Health Survey Northern Ireland 2018-2019 Aimed to assess the relationship between smoking status and mental ill-health using: <ul style="list-style-type: none"> General Health Questionnaire (GHQ) <ul style="list-style-type: none"> score of ≥ 4 = possible psychiatric disorder Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) <ul style="list-style-type: none"> score of 41-44 = possible/ mild depression score of <41 = probable clinical depression Descriptive analysis and z-scores | <ul style="list-style-type: none"> Documentary analysis of current official tobacco control policy documents/ strategies in the UK and Ireland READ approach Content was extracted to pre-selected questions An assessment of commonalities and differences in the evolution of policy on tobacco and mental health was presented Key insights were reported |

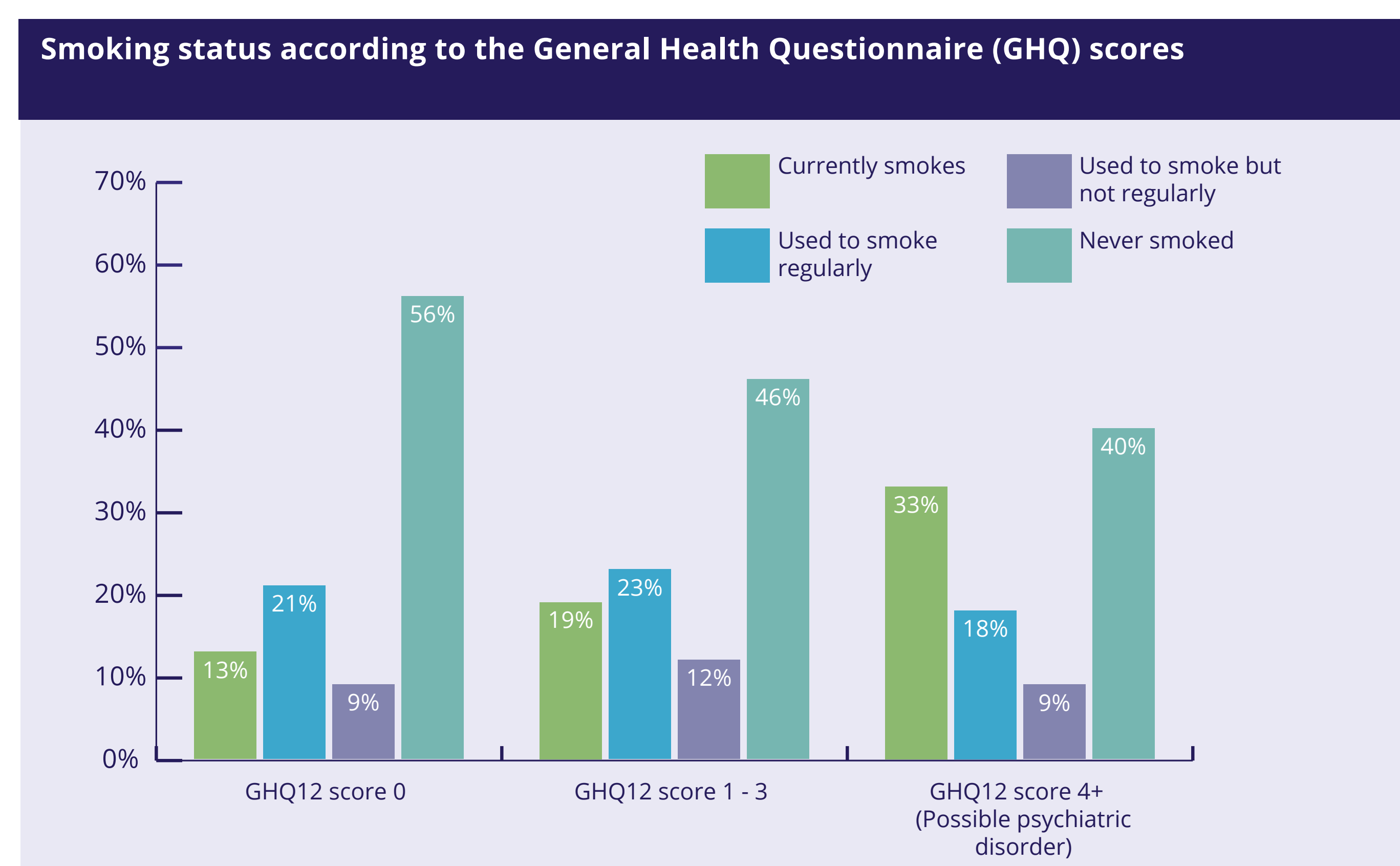
Results/Findings

Workstream 1

In 2018/19, health survey data from Northern Ireland showed that among the general population:

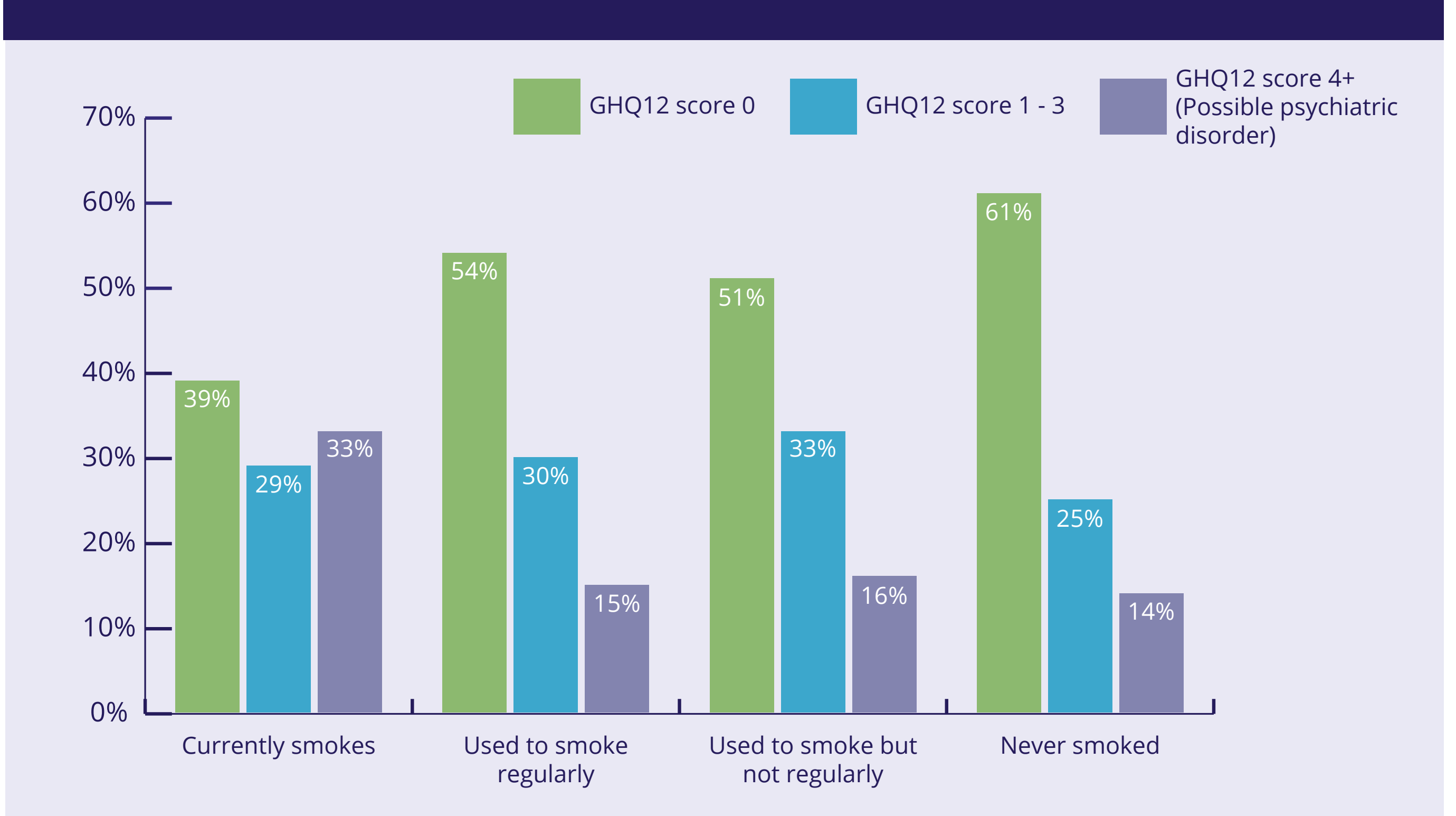
- 18% currently smoked
- 18% had a possible psychiatric disorder
- 9% had possible/mild depression
- 10% had probable clinical depression

The relationship between smoking and mental health was bi-directional. Analysis showed that not only do one in three people with a possible psychiatric disorder smoke but also one in three people who smoke have a possible psychiatric disorder.








We also found that probable clinical depression was four times more common among people who currently smoke than among people who have never smoked (24% vs 6%) and almost three times as many people with probable clinical depression smoke compared to those without probable clinical depression (41% vs 14%) (data not in figures).

General Health Questionnaire (GHQ) scores by smoking status



In terms of quitting, our data indicated that overall, people with mental ill health have the same desire and intention to quit as people without mental ill health. One exception was people with probable clinical depression, where there was a lower proportion wanting to quit smoking compared to those without probable clinical depression (57% vs 70%). However, when we looked at whether they had ever tried to quit smoking previously, there were similar proportions to the rest of the population.

Workstream 2

-  knowledge gaps exist regarding smoking and chronic/life limiting mental illness, specific psychiatric diagnosis, and mental ill-health in children
-  more recent policy documents afford higher levels of recognition to mental health and frame responses at both the population and health service level
-  engagement with mental health service users within policy and programme development is growing but not universally or consistently applied
-  no policy set a specific target to reduce smoking prevalence among people with mental ill-health. None of the policies set a target for reducing smoking among people with mental ill-health
-  a focus on training of mental health service providers in delivering stop smoking support is evident across all jurisdictions

Discussion/Lessons Learnt

This project found that although all policies recognise the relationship between mental health and smoking there are inconsistencies in how it is both defined and understood. The most consistent action within the policies was training of mental health service providers in delivering stop smoking support however it was apparent that people with mental ill health do not always get the optimal or bespoke support they need to stop smoking. There are emerging examples of innovation, but further evaluation is needed.

Practical/Social/Research Implications

For too long, quitting smoking has been considered harmful or too challenging for people with mental ill health. This view is being challenged and there are opportunities to build on and expand existing prevention measures and treatment services, such as:

- effectively focusing attention and resources at policy level to reduce smoking-related harms among people with mental ill health
- building partnerships with mental health advocacy and professional organisations leading on delivering mental health services
- assessing 'best buys' for investment in training of service providers building on existing good practice
- modifying public awareness and messaging to engage people with mental ill health who smoke
- facilitating access to support
- enhancing assessment of risk from smoking-related harms among people with mental illness.