



Smoking Cessation Work within a mental health setting
Leeds NHS Stop Smoking Service

What we have done so far....

Leeds Stop Smoking Service has supported cessation work within a mental health setting for the past 3 years.

It is well documented that people with mental health problems face some of the greatest health inequalities and are at greater risk of chronic physical ill-health and premature death than the general population.

People with mental illness are far more likely to smoke than the general population and appear to experience greater difficulty attempting to stop. This is possibly due to an impaired capacity to do tasks that lead to the required outcome i.e. quitting, such as planning, remaining motivated and focused and retaining adequate support. Many other factors play a part too.

At Leeds Stop Smoking Service we feel it is paramount to address health inequalities and improve accesses to the service for hard to reach communities. Leeds has a dedicated smoking advisor for this vulnerable group working towards achieving better health for this client group.

Initially we ran a pilot drop in session at a forensic inpatient unit. A lot of background was done before the start of the pilot, planning, preparation and identifying a champion within the Leeds Partnership Foundation Trust(mental health trust). The drop in was facilitated by myself, a pharmacist from the unit and a member of staff, both of whom had been trained by myself in smoking cessation as part of the level 2 mental health training programme run by the service.

The drop in was run on the same day, same time and was informal with tea and coffee. It was also open to staff as well as service users.

The drop in was relatively successful. But we didn't get the numbers through that we would have hoped. We concluded that this was due to the fact the unit is secure and service users from other wards had to rely on staff been able to bring them to the drop in.

The power point presentation with all the results from the pilot is available on the BASSP website (www.brit-thoracic.org.uk)



As a result of the drop in pilot we formed a working group of staff and service users to look at the resources used. It was decided that the generic resources from the smoking service were unsuitable for this client group. So, we developed and printed our own specific mental health planners and posters, and referral forms. The planners have proved a great success and receive good feedback from the service users.

Since then we have also developed an information leaflet for clients with learning disabilities, using the easy read format. Again this has been well received.

A main focus of our work has been specialised training for staff working with this client group to enable them to deliver smoking cessation work at their place of work. As I am the only staff member delivering the work it was important that service users could access support easily and to establish robust referral pathways into the specialised service and the general community clinics.

This training has proved essential and has resulted in some staff members becoming really good advocates for smoking cessation. Two particular staff members have been really proactive and ran a drop in session at a unit within the foyer. They had a really good display and even dressed up as a cigarette!

We continue to work hard to meet the needs of this client group and recently have formed a great working partnership with the healthy living team for the mental health trust.

At the moment we offer one to one support, home visits, and drop in sessions and telephone/texting support both for in patients and community clients. Also we

regularly attend day centres and community venues to deliver informal information sessions for service users.

We continue to look for new ways and to make smoking cessation as accessible as possible. This is a client group that needs our input. Work in this field has a huge role to play in bridging the health inequality gap and cannot be judged on cost alone. The cost of offering smoking cessation support to clients with mental health problems can be significantly higher than the general population. This is often due to extended periods of nicotine replacement therapy. Judgements should be made from better mental health, improved diet and physical health, financial or social wellbeing.



In Leeds we have developed a toolkit to record health and wellbeing benefits for this client group and to use with young people. Success is only recorded in terms of a 4 week quit attempt and we felt it essential to be able to record any improvements during the cessation attempt no matter how small. A 4 week quit as not always an

achievable target and we needed a method of monitoring all the work done with this client group. This is proving a great motivational tool for the client.

A further in depth report of the work done so far in Leeds is available on the SCRn website (www.scrn.org) entitled 'Tip of the Iceberg'.

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