

# SMOKING CESSATION IN MENTAL HEALTH

## A CASE STUDY

### Merton Borough - South West London & St Georges Mental Health Trust

#### Introduction

This article outlines the work of the Merton stop smoking service in the SWLSTG mental health trust. The author describe the experience of working in mental health secondary care setting over the last six months exploring interventions and strategies that helped to engage staff, service users and carers in smoking cessation.

The recognise the unique place smoking occupies in mental health and identify the challenges encountered by the project group as a result of mixed messages about smoking. The importance of multidisciplinary and partnership working is identified as a key factor to the continued success of the project.

#### Background

Smoking is one of the most significant contributing factors to low life expectancy, health inequalities and ill health. It accounts for 87,000 deaths per annum in England. It is the primary reason for the gap in healthy life expectancy between the different socio-economic groups (NHS information centre 2007)

Smoking prevalence is much higher among people with mental health problems than among the general population (ONS 2002), [Reference: conference of royal pharmaceutical society in London, 9th November 2001.](#) and highest amongst those with psychotic and depression disorder. Despite this, people with mental health problems still report that they do not receive the advice and support needed when they want to stop smoking (Health Development Agency, 2004).

In Merton Borough of SWLSTG mental health Trust steps were initiated to implement a visible Stop Smoking Service (SSS) with the aim of providing support service users to stop smoking and address this health inequality.

The project is an Local Area Agreement (LAA) which is supported by the local PCT Stop Smoking Service. The local authority provides 50% funding towards the post of a full time Smoking Advisor employed by the mental health Trust to deliver the service and also promote other aspects of physical well being. The Smoking advisor is line managed by the Borough Associate director of Nursing and supported by PCT Stop smoking service staff.

## Planning

Project was initiated in 2008, as a three year project with the following outcomes and targets;

1. Enable reliable smoking treatment specific to users with SMI by developing a defined pathway with prescription and administering of Nicotine Replacement Therapy (NRT)
2. Deliver level 1 (Brief advice and motivation) smoking cessation training to 80% frontline staff to facilitate the generation of service users to the project.
3. Sustain the level of Smoking cessation awareness in staff, users and carers by organising three or more educational events for mental health.
4. To help 50 service users achieve a **4-week quit** period by the end of the project with baseline 7 quitters; 17 quitters in the 2008/9; 18 quitters in 2009/10 and 8 in the final year.
5. Provide service users with alternative physical well being programmes

## Operational Model

The NICE evidence for the effectiveness of a structured behavioural support programme together with the use of 2 NRTs provides the blueprint for the structure and the operating procedures for the Merton MH specialist stop smoking services. Moreover, evidence from the stop smoking services that have been operating in England since 1999 indicates that they have matched expectations from the scientific studies (L Bauld and co workers, unpublished data). In the first full year of operation, the specialist services were achieving end treatment (four week) abstinence rates verified by checking clients' expired –air CO concentrations of 43% (Department of Health 2001). It is known from extensive experience and research that this translates into long-term (12 months or more) continuous abstinence rate of 15 -20 %, and relapse after one year is rare (Krall et al 2002).

In addition to being effective for individual quitters smoking cessation treatment is also extremely cost effective when compared with many other health service interventions. The cost per life saved of a fully integrated comprehensive stop smoking service has been calculated at about £800, which is much cheaper than most other medical interventions (Stapleton, 2001). The median cost of a range of 300 medical interventions has been estimated at £17,000 per life year gained (Parrott et al, 1998). Helping people stop smoking who have not yet developed heart disease can preclude statins prescriptions and other medicines later on in life.

## **Stop Smoking Service in Merton**

Stop Smoking Advisor and frontline staff

- Have received appropriate training for their role
- Carry out the twelve week follow up promptly in accordance with the guidance
- Complete the minimum data set for each client
- Offer weekly support for at least twelve weeks of a quit attempt
- Attempt to confirm the smoking status of all clients reporting having quit for four weeks within the twelve week programme by use of an expired air carbon monoxide (CO) monitor

(NHS Smoking Cessation Services: service and monitoring guidance DH 2001b)

The PCT based at S&M PCT provide clinical supervision to the project.

The service was established and became operational in 2008, unfortunately it was destabilised as a result of mental health staff changes. Project has been revamped with the recruitment of a new Associate Director of Nursing and SS Advisor in January 2009.

In January the project team devised a work plan to meet the project outcomes. Table 1 reflects the work plan.

**Table 1 Project work plan**

<b>Objectives</b>	<b>Action</b>	<b>By when</b>
Recruit Stop smoking and Physical health lead	Recruited to post	<b>08/01/09</b>
80% Care Co-ordinators and Registered Nurses is trained to Level 1 smoking cessation	AA to deliver 1 hour Level 1 smoking cessation training course to every team with SMI service users  Road show in SPH staff restaurant to raise smoking cessation awareness in Mental health	<b>25/02/09</b>  <b>11/03/09</b>
Every User of Merton Services has a Physical health screen that addresses smoking and considers healthier alternatives	Liaise with the physical Health Champions for each service to work alongside the newly created Stop Smoking Clinics in promoting better physical health outcomes for service users	<b>30/02/09</b>
All users have an opportunity to attend a Local Stop smoking clinic or well being group	- One to one sessions on the Merton Wards. Recruited and following up with treatment.  - Established clinics at the Wilson and Nelson hospitals running every Wednesdays and Thursdays respectively .  - Clinics set up within Norfolk Lodge and Bradshaw close.  -The Merton HTT and Assertive outreach team host a breakfast meeting with the Smoking clinic every 2 months to recruit provide information, support and treatment services.  - Appointment clinic at SPH gymnasium	<b>20/02/09</b>
Establish a communication structure that supports and informs carers, family members and staff about smoking cessation  In view of the fact that most carers also have smoking problems and influence the patient, while on the positive front they are the best link to reducing relapse after treatment.	A slot has been requested at the Carers forum to speak on Smoking Cessation and the role of carers  Contact has been made with Rethink Carers and Users (S&M) and S&M wellbeing services	<b>20/05/09</b>
Staff to be provided with opportunities to further develop skills and competencies in Smoking cessation	Workshop on Smoking Cessation planned for May and quarterly updates for staff trained at level 1.	<b>20/05/09</b> <b>quarterly</b>
Evaluate implementation of Project	Review of all the service units	<b>quarterly</b>

## Progress to date

The Merton Stop Smoking Service have run into third year and currently have adequately met the aims and needs of the commission. Presently the employed Advisor has spent six months in the post, within which time the project have successfully trained over one hundred and eighty six health professionals working within the Mental Health Trust. The training provides mental health staff with adequate knowledge that helps them carry out effective early intervention services within the service users' core assessment and proceed to make referrals to the Specialist Advisor for treatment.

To date there is effectively tailored publicity and communication links established, which links the Mental health team, Stop Smoking Service staff and the Users in the various service units within the Mental health service.

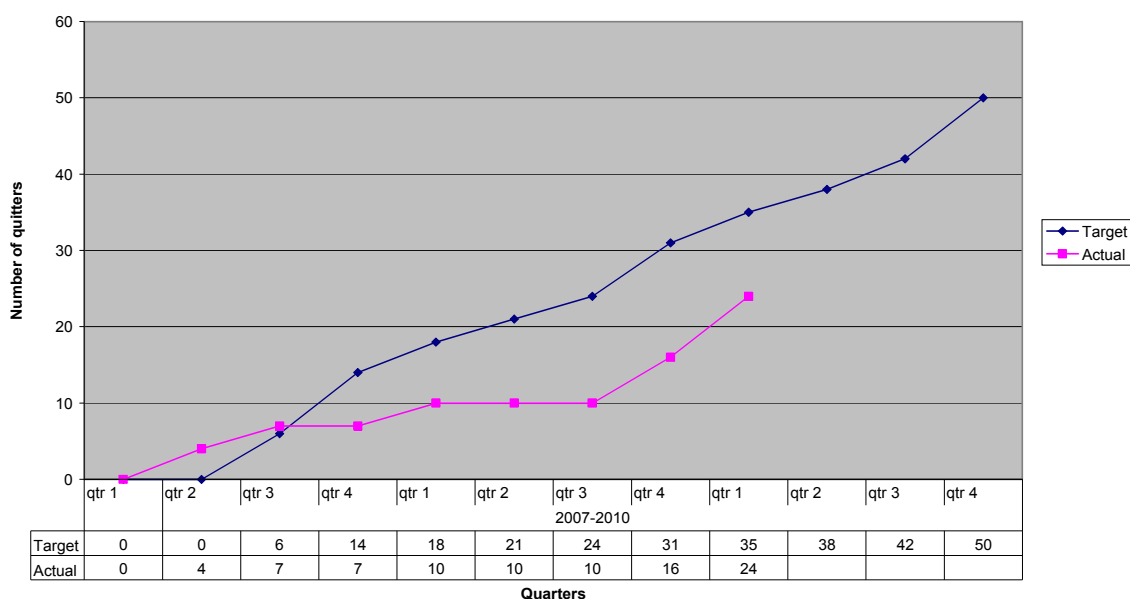
The Project have also developed a Standard operating policy in collaboration with its partners, which provides a clear pathway for accessing the service and prescriptions in conformity with the NICE Guidelines. This is also replicated within the Community with a development of Prescription request system which enables the Users to access their repeat prescriptions within a convenient time frame. The system provides for continued services within the care plan of the User irrespective of their location within their treatment phases to ensure compliance.

New clinics have been established within all the various services representing the various users within the borough of Merton. These are run weekly and have the support of the frontline staff and the Advisor.

The Project has also carried out local awareness campaigns and notably a recent workshop with Gay Sutherland, who made a very unique and empowering presentation of her paper, which considered the specialised treatment and available NRTs for the treatment of users in Mental Health.

It was also an open forum, which deliberated on evidence surrounding the success of quitting and reviewed the current practice within the mental health settings. The success of the project is reflected in the trajectory below.

LAA MH smoking trajectory



### Challenges

There have been number of factors mitigating against the success of the project such as the fact that smoking occupies a unique place within mental healthcare (Brown 2004), with high smoking rates among both patients and staff.

A major obstacle is staff’s knowledge about and attitudes to smoking cessation. Cigarettes continue to be used to reward or engage patients thus undermining the known hazards to the service users health and well being.

Often staff report that service users are too ill to consider giving up smoking. Their beliefs prevent them from referring users to the SSS and supporting their attempts to give up smoking. Myths associated to the stress relieving properties of cigarettes are still widely held by staff.

A strategy used to overcome this obstacle lies in ensuring the ownership of treatment lies within the mental health services. The appointment of a senior nurse within Mental health to oversee the project helps ensure the effective delivery of the service. Another intervention contributing to the success is the fact that mental health frontline staff are trained to level 1 (brief advice and motivation) and this way they are better prepared to support the SS advisor deliver the service.

Another obstacle to the success of the project has been the timely access to NICE approved pharmacotherapies. Timely access to NRT is pivotal to the user’s success in quitting .... Motivation .. ambivalence.. We have attempted to address this via dialogue with prescribers, creation of SOP and letters to the GPs highlight smoking cessation best practice in Mental health. The stop smoking service SOP offers step by step guidance on how the service should be delivered and clarifies the role of the prescriber within this.

### Areas for future development

The future plans of the project will see the service extended to Users who are home-bound as well as the expansion of the existing referral pathways and introduction of a website to meet with the needs of the current technological demands of the new age. Also with the recognition of the Merton SSS at the Regional level as best practice example in Mental Health 2009, we expect to improve the quality of service offered to our Users and improve involvement of all mental health practitioners' more into the core area of providing treatment.

### Conclusion

We are proud to state that the Merton SSS project, has made tremendous progress within its short span. The project has achieved a lot from January 2009:

- Training of over 187 staff through brief intervention courses,
- Road shows and promotional events
- Establishment of 10 clinic venues which cover the inpatient services and the CMHT services in Merton.
- The quit status Trajectory has also improved by 100%,
- Clear SOP outlining a clear pathway for the provision of NRT products
- Beginning of a vibrant relationship with Carers and wellbeing groups in the community

Evidence suggests that Mental Health service Users would like to be assisted to give up their smoking habit. Most of them are well aware of the health implications of smoking on their well-being but require the assistance from the health staff to quit the habit. Unfortunately, most are still discouraged by the provision of alternative avenues for patients in Mental Health settings to have the choice to sustain their habit with the provision of designated smoking areas.

Our experience confirms that the most inhibiting factor to the success is contributed by Health professionals who do not accept that the Users in the Mental health setting can sustain their quit status or are in the best stage within their treatment to embark on their quit process, hence creating a double standard negative to the concept of early intervention services and to the treatment of smoking and prevention of smoking related illness.

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