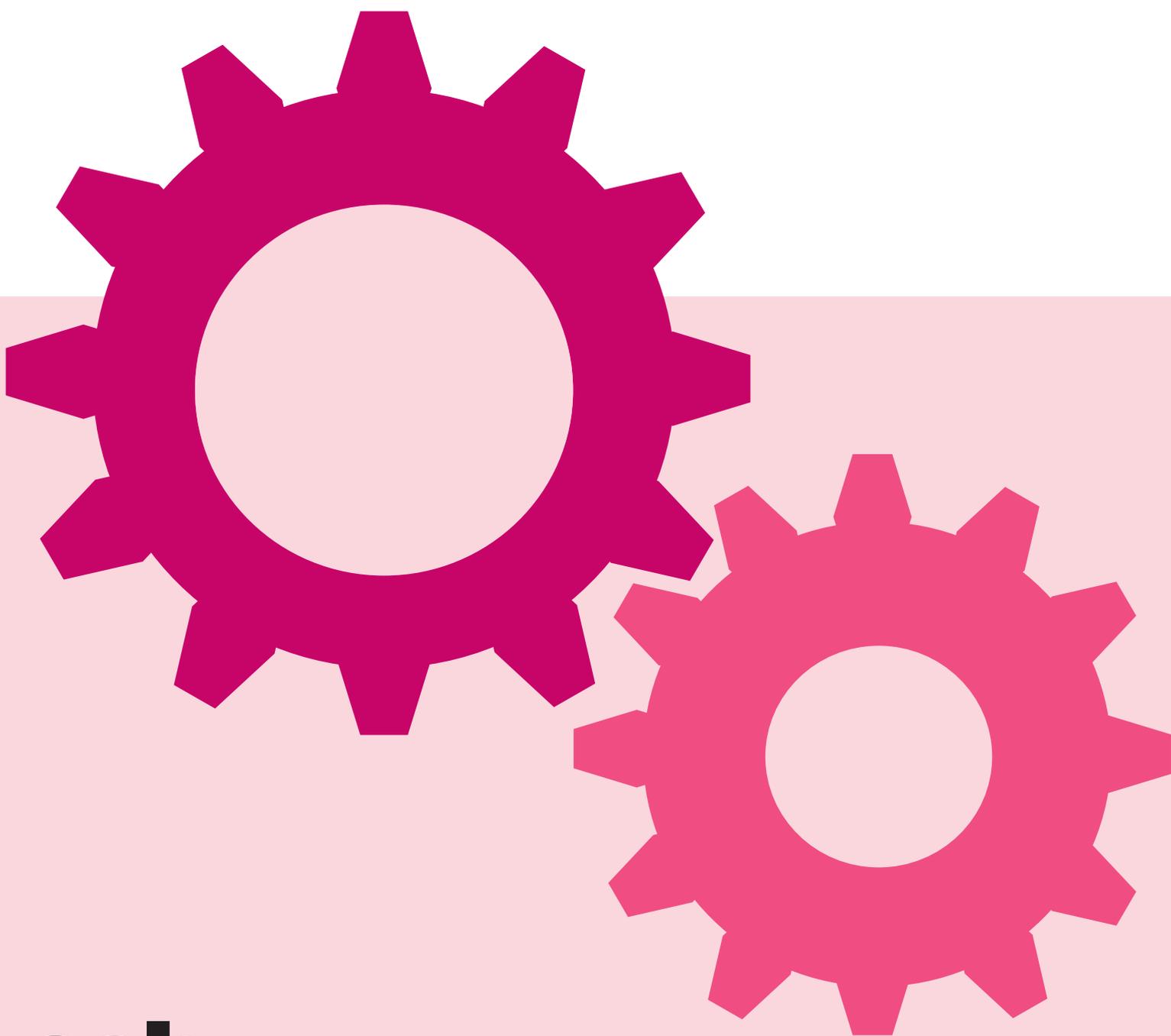


Smokefree skills:

Community mental health



Executive Summary

People with a mental health condition die on average 10 to 20 years earlier than the general population, and smoking is the biggest cause of this life expectancy gap.^{1,2}

Whilst smoking prevalence in the general population has decreased over time, prevalence amongst people with mental health conditions remains around 50% higher than among those without despite their higher desire to quit.³

To gauge the level and quality of support available to smokers with mental health conditions living in the community, ASH undertook a survey of community based mental health nurses and psychiatrists, and local authority stop smoking services. Further details of the surveys are included below.

Very Brief Advice

Very Brief Advice (VBA) is a model of support designed for opportunistic use by healthcare professionals in order to trigger a quit attempt among smokers.⁴

VBA is usually defined by a 3-step process: establishing and recording smoking status (ask); advising on the most effective way to stop (advise); and offering help by, for example, referral to a stop smoking service or prescribing medication (act). A VBA intervention is designed to be delivered in as little as 30 seconds.

Stop smoking medications such as varenicline⁵ and nicotine replacement therapy (NRT)⁶ are proven to increase smokers' likelihood of quitting successfully.

The survey of community mental health nurses and psychiatrists found that:

- » Only around a quarter of respondents said that they '*always*' or '*usually*' use VBA.
- » The most popular response for both nurses and psychiatrists was '*never*': the response chosen by 39% of community mental health nurses and 32% of community psychiatrists. Following open text comments, we believe that many respondents did not understand what VBA was.
- » However, the vast majority of nurses (88%) and psychiatrists (85%) said that they both asked and recorded clients' smoking status in line with the first step of the VBA model.

The survey also found that prescribing medications for smoking cessation is not common practice amongst community mental health professionals. Of those who responded:

- » 76% of nurses who were qualified to prescribe said they '*never*' prescribed stop smoking medications.
- » 59% of psychiatrists said they '*never*' prescribed stop smoking medications.

Training

A substantial proportion of both nurses and psychiatrists reported they had not had any training in smoking cessation:

- » Only 58% of nurses had received any smoking cessation training.
- » Only 43% of psychiatrists had received any smoking cessation training.

This falls short of NICE recommendations that Trusts should ensure all frontline staff are annually trained in delivering stop-smoking advice and referring patients to intensive support.⁷

Conclusion

Additional action needs to be taken to equip community mental health staff with the training and expertise they need to deliver VBA and prescribe appropriate stop smoking medications. This will help to close the gap in smoking prevalence between people with mental health conditions and the wider population.

Recommendations

We recommend that NHS Trusts:

1. Ensure all frontline staff are trained in VBA (i.e. to ask and record smoking status, advise about the best way of quitting and refer to specialist smoking cessation support or prescribe smoking cessation medications) as part of NHS mandatory training (in line with NICE guidance).
2. Monitor uptake of VBA training — provided free through the National Centre for Smoking Cessation and Training (NCSCT) or NHS Health Education England — amongst community mental health nurses and psychiatrists.
3. Ensure that mental health professionals know how and where to refer patients for stop smoking support.
4. Ensure that staff receive education and training about evidence-based interventions (including on e-cigarettes and stop smoking medications) to help manage clients' tobacco dependence and encourage them to quit.
5. Ensure clients have access to stop smoking medication and work with commissioners to seek adequate funding for the prescribing of stop smoking medicines in community mental health settings.

We recommend that all local authorities:

1. Ensure there is a tailored evidence-based pathway for smokers with a mental health condition to access local stop smoking services.
2. Ensure all smoking cessation advisors have undertaken the mental health speciality course provided free through the NCSCT.

Introduction

People with a mental health condition die on average 10 to 20 years earlier than the general population, and smoking is the biggest cause of this life expectancy gap.^{1,2} A third of cigarettes smoked are smoked by people with mental health conditions⁸ and whilst smoking prevalence in the general population has decreased over time, prevalence amongst people with mental health conditions remains around 50% higher than among those without despite their higher desire to quit.³

In 2013, the National Institute for Health and Care Excellence (NICE) published public health guideline [PH48] (smoking: acute, maternity and mental health services). This guidance set out a clear framework for action to improve smoking cessation treatment in primary and secondary mental health settings.

The recommendations for the community setting included:

- » Identifying people who smoke and offering help to stop.
- » Providing intensive behavioural support by trained staff and referral to local stop smoking services.
- » Offering weekly smoking cessation sessions, preferably face-to-face, for a minimum of 4 weeks after the quit date.

In 2017, the Government published the Tobacco Control Plan for England committing to implementing comprehensive smokefree policies in all mental health services by 2018. It also made a commitment to provide access to training for all health professionals on smoking cessation, particularly mental health professionals.⁹

But progress towards reducing the smoking prevalence of people with mental health conditions remains slow. Earlier studies in the UK reported mental health professionals' lack of knowledge of, and negative attitudes towards, tobacco dependence and treatment.^{10,11} One systematic review of mental health professionals' attitudes towards smoking and smoking cessation found that a 'significant proportion of mental health professionals held attitudes and misconceptions that may undermine the delivery of smoking cessation interventions'.¹²

There have been some positive developments. The Smoking Cessation Intervention for Severe Mental Illness (SCIMITAR+) trial showed that providing a smoking cessation intervention in the community to smokers with severe mental ill health by trained mental health professionals increased successful quits compared to usual care (most likely local authority stop smoking services).

However, the practice and training needs of mental health professionals on treating tobacco dependence in patients in community settings remains an under-researched area.

This report presents the findings of a survey of psychiatrists and mental health nurses working in the community setting, as well as results from a survey of stop smoking services. The findings are drawn from online surveys conducted in early 2019. The aim of this study is to understand current smoking cessation practice in community mental health settings, alongside barriers and facilitators to delivering effective smoking cessation support.

Methodology

ASH conducted online surveys with mental health nurses and psychiatrists working in the community, distributed via partners such as the Royal College of Psychiatrists and the Mental Health Nursing Association.

The stop smoking service (SSS) survey was disseminated through tobacco control leads within local authority public health teams as part of a broader survey on tailored smoking cessation support.

The surveys were conducted online using the Survey Monkey platform between 4 March 2019 and 8 April 2019. Respondents who indicated they did not work in community settings or indicated their role as anything other than a psychiatrist or mental health nurse working within English mental health trusts were excluded. In total, 103 valid responses were received from mental health nurses representing 33 trusts, and 171 from psychiatrists representing 48 trusts.

34 local authorities submitted responses to the survey about their SSS. Most responses were submitted by health improvement officers and service managers.

As all questions were optional, response rates to each question varied. Further, respondents to the survey were self-selecting and may represent the views of professionals with a particular interest in mental health and/or smoking cessation. These results are therefore indicative only and should not be considered representative of clinicians or local authorities in England.

Data were exported and analysed using Microsoft Excel and open-ended responses (free text) underwent content analysis and were quantified where appropriate.

Results: Mental health nurses and psychiatrists

Very Brief Advice

Very Brief Advice (VBA) is a model of support designed for opportunistic use by healthcare professionals in consultations with smokers in order to trigger a quit attempt.¹³

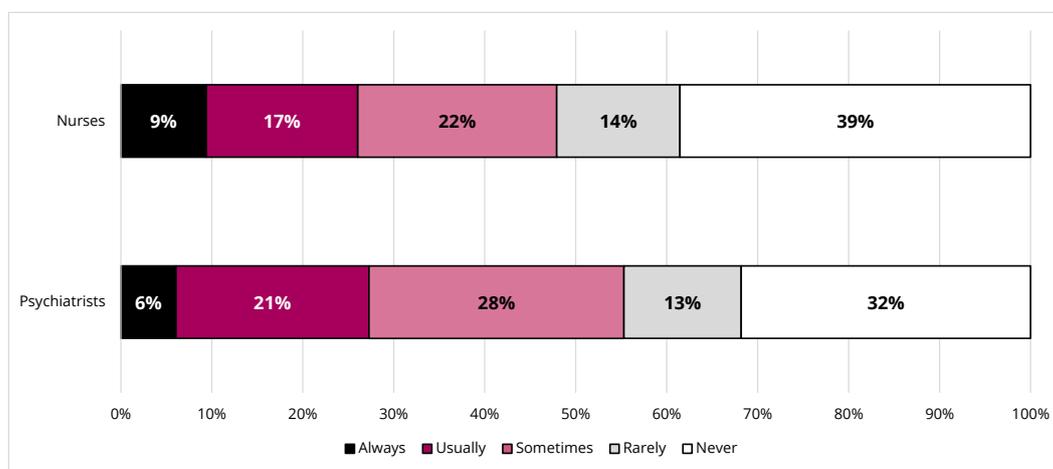
VBA is usually defined by a three-step process: establishing and recording smoking status (ask); advising on the most effective way to stop, or simply saying “do you know your chances of successfully stopping are greatly increased if you use evidence-based support?” (advise); and offering help by, for example, referral to a stop smoking service or prescribing medication (act). The intervention is designed to be delivered in as little as 30 seconds.

VBA is not designed to assess patients’ interest in quitting or determine how much they smoke and can therefore be delivered even in challenging circumstances.

VBA training is free to access through the National Centre for Smoking Cessation and Training (NCSCT) and NHS Health Education England.

Our results indicate that the regular provision of VBA is not commonplace amongst mental health nurses and psychiatrists in the community. When asked how often they use the ask, advise, act (AAA) model of VBA, only around a quarter said that they ‘always’ or ‘usually’ use VBA. The most popular response for both nurses and psychiatrists was ‘never’, the response chosen by 39% of community mental health nurses and 32% of community psychiatrists.

Figure 1: Proportion of nurses and psychiatrists providing very brief advice to patients



(96 valid responses from nurses; 132 from psychiatrists)

Whilst respondents were not required to give a reason as to why they did not use VBA, some commented in the free text box that they were unaware of all the elements of the VBA model. This indicates that awareness of VBA may be very low in these groups.

Several respondents remarked that even providing VBA via a very brief conversation did not always feel appropriate (see Box 1).

Box 1

“The patients are usually in a crisis situation, so [it] does not always feel appropriate to mention this”

“I assess at first meeting if appropriate, but sometimes there are other priorities to consider”

“Only when a patient is open to this discussion and when their mental health is stable”

“... it is not always appropriate to discuss this, but I do when I can”

Asking about smoking and recording smoking status

The majority of nurses and psychiatrists who responded to the survey said that they both asked and recorded clients' smoking status (88% and 85%, respectively); 7% of nurses and 8% of psychiatrists said they asked but didn't record smoking status. A further 5% of nurses and 8% of psychiatrists said that they didn't ask at all.

Prescribing stop smoking medications

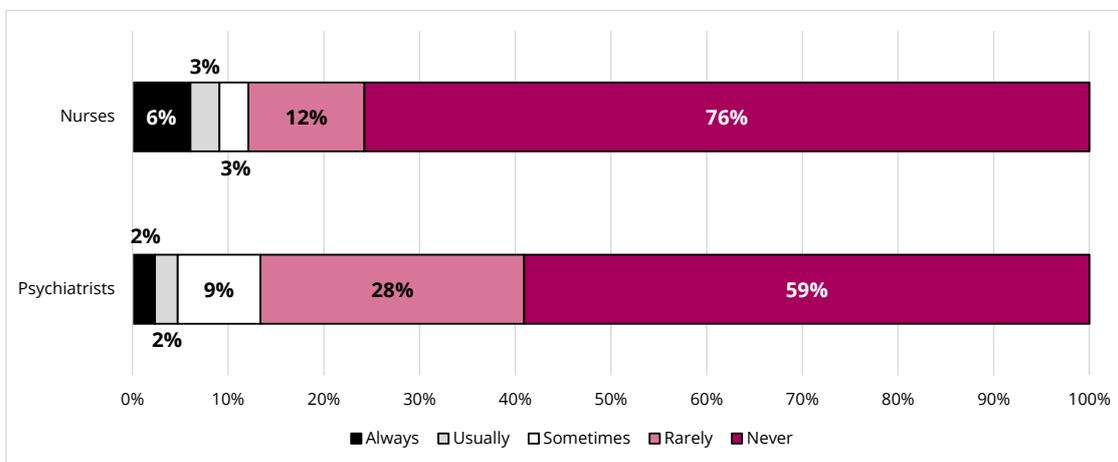
Respondents were asked how often they prescribe stop smoking medications to treat tobacco dependence. Nurses who answered that they were not qualified to prescribe were excluded from the analysis.

The results indicate that prescribing medications for smoking cessation is not common practice. Three quarters (76%) of nurses who were qualified to prescribe said they never prescribed for these medications, as did three fifths (59%) of psychiatrists.

Only around 1 in 20 psychiatrists and 1 in 10 nurse prescribers said that they either always or usually prescribe medications when treating patients with tobacco dependence. It should be noted that the nurse sample size was limited.

Of those psychiatrists who said they never prescribe stop smoking medications and went on to leave further remarks, many said this was because they referred patients to their GP.

Figure 2: Frequency of prescribing stop-smoking medications amongst nurses (prescribers) and psychiatrists



(33 valid responses from nurses; 127 from psychiatrists)

Additional Interventions

Respondents identified which additional interventions they offered from closed lists. Popular responses included:

- » Advising on how smoking reduction/cessation affects psychotropic medication dosages.
- » Providing smoking support information resources (hard copy/online).
- » Advice about cutting down with a view to quit.
- » Referring to GPs for support.
- » Following up on progress at subsequent visits.

Some discussed the need to maintain a smokefree home.

While some respondents mentioned e-cigarettes as a positive cessation aid, others were more reluctant (see Box 2).

Box 2

"As I am unable to prescribe [e-cigarettes] at present I give them the link for the e-cig pilot"

"... I also discuss e-cigarettes, but I wouldn't say I advise them [to switch]"

"With our group the e-cigarettes are the most attractive [option]..."

"I am not convinced about the safety of e-cigarettes"

Although some mentioned ‘motivational interviewing approaches’ in their free text comments (see Box 3), the most recent evidence review concluded that there was insufficient evidence to show that this approach was more effective than other interventions or no interventions.¹⁴

Box 3

“I take a longitudinal approach and use a mental template from motivational interviewing approaches”

“I would not advise unsolicited as this harms rapport and is ineffective. Using motivational interviewing approach and evaluating their position on the cycle of change is better and allows them to put forward their own theories rather than receive premature advice”

Smoking cessation training

A substantial proportion of both nurses and psychiatrists reported they had not had any training in smoking cessation:

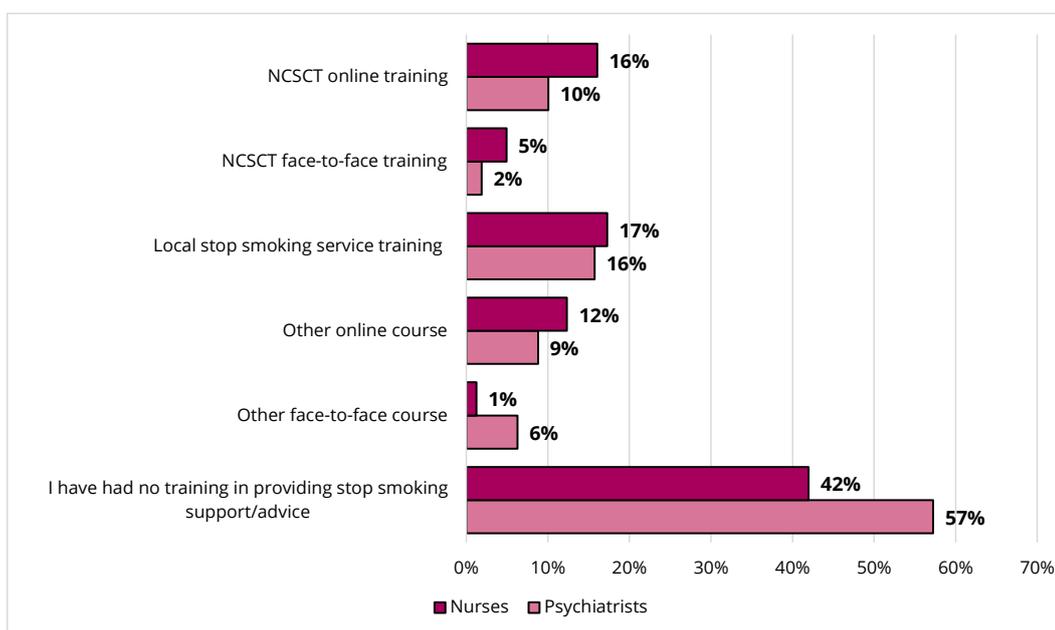
- » Only 58% of nurses had received any smoking cessation training
- » Only 43% of psychiatrists had received any smoking cessation training

This falls short of NICE PH48 recommendations that Trusts ensure all frontline staff complete annual training to deliver advice around stopping smoking and refer to intensive support as part of NHS mandatory training (for example, training provided by the NCSCT or Health Education England).

Among nurses and psychiatrists who indicated they had undergone training, the most commonly type undertaken was local stop smoking service training (17% of nurse respondents and 16% of psychiatrists) followed by NCSCT online training (16% of nurse respondents and 10% of psychiatrists).

These results indicate that community mental health nurses and psychiatrists may be facing a skills deficit pertaining to treating smoking dependence in patients.

Figure 3: Proportion of mental health nurses and psychiatrists who have taken smoking cessation training



(81 valid responses from nurses; 159 from psychiatrists)

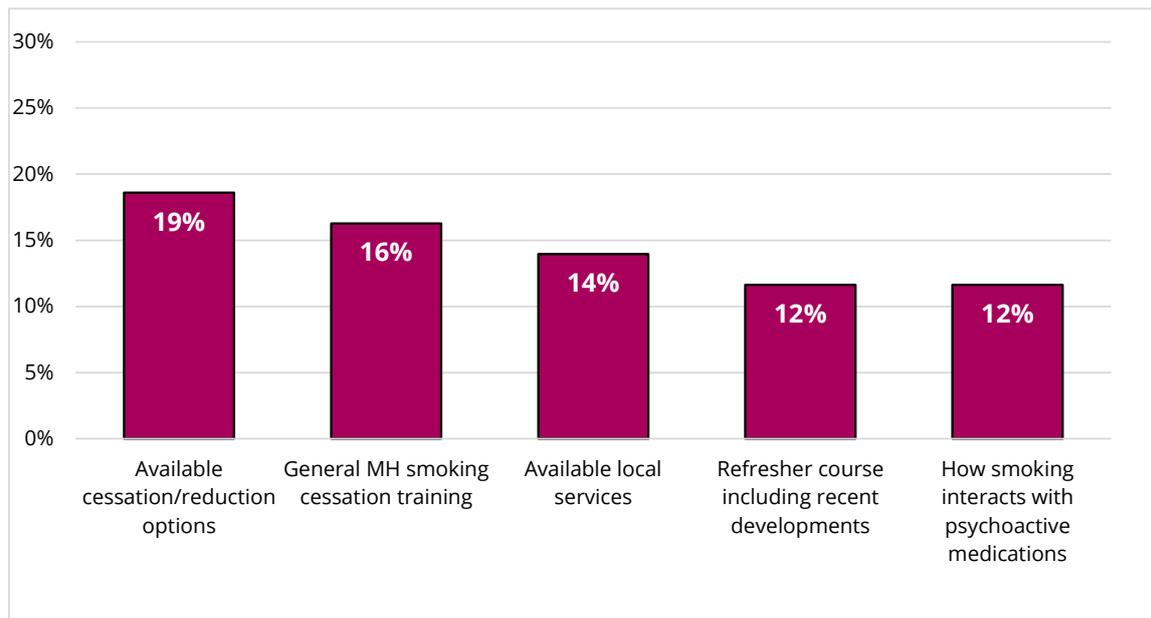
Further knowledge and skills

Respondents were also asked what further knowledge and/or skills they would like in relation to managing clients’ tobacco dependence. This was an open-ended question, with content analysis conducted in order to classify the responses.

The most common answer for both nurses and psychiatrists who answered this question was further knowledge about available cessation/reduction options. Around 1 in 5 nurses and 1 in 4 psychiatrists indicated an interest in this.

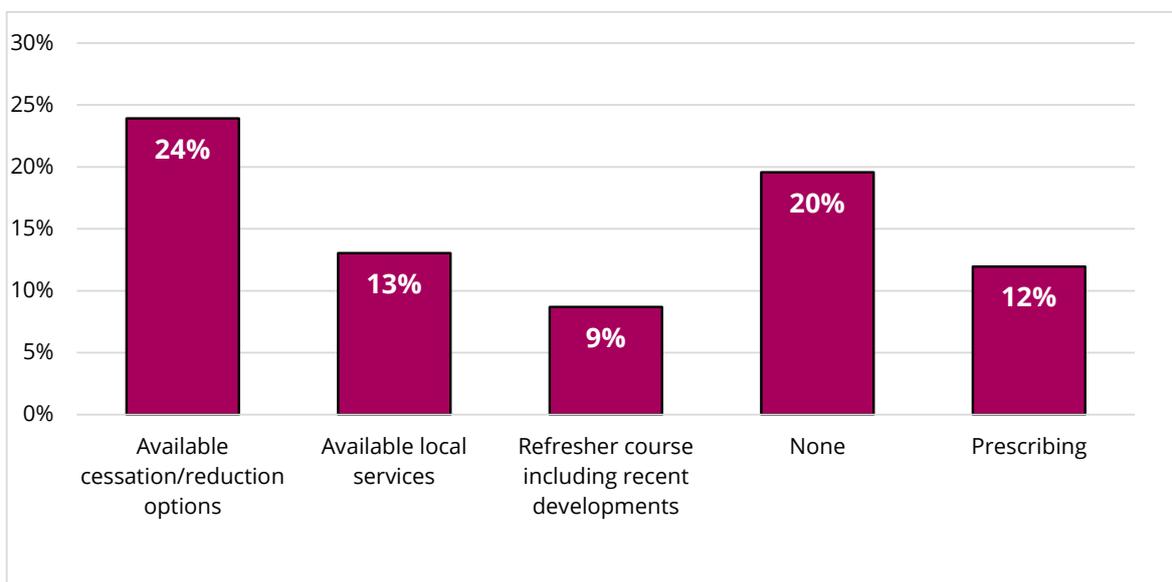
The second most common response from psychiatrists (given by 1 in 5) was ‘none’. This possibly indicates a limited appetite for further training among some psychiatrists.

Figure 4: Further knowledge and skills wanted by mental health nurses in relation to managing clients' tobacco dependence (top 5 responses)



(43 valid responses)

Figure 5: Further knowledge and skills wanted by psychiatrists in relation to managing clients' tobacco dependence (top 5 responses)



(92 valid responses)

Barriers and enablers to supporting smoking cessation

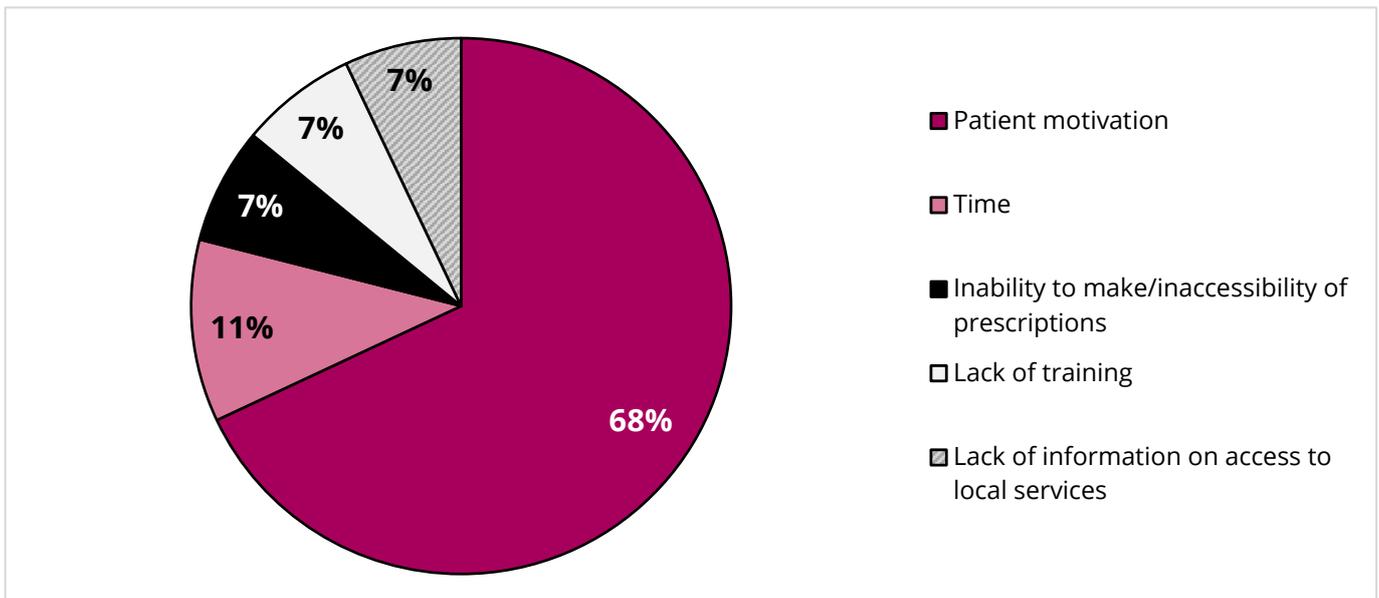
Respondents were asked whether they have experienced any difficulties and/or barriers in supporting their patients to stop smoking. As this was an open-question, responses underwent content analysis to allow for classification. Results are reported below for the top five barriers identified by each of the professional groups. The analysis excludes answers of 'none'.

The most commonly cited barrier identified, by far, was patient motivation. Around 70% of nurses who cited at least one barrier identified this one, as did around 50% of psychiatrists. Other responses received a relatively small number of mentions.

VBA does not require assessing patient motivation, or readiness to quit, as this is not crucial to trigger a quit attempt, whereas offering support is.

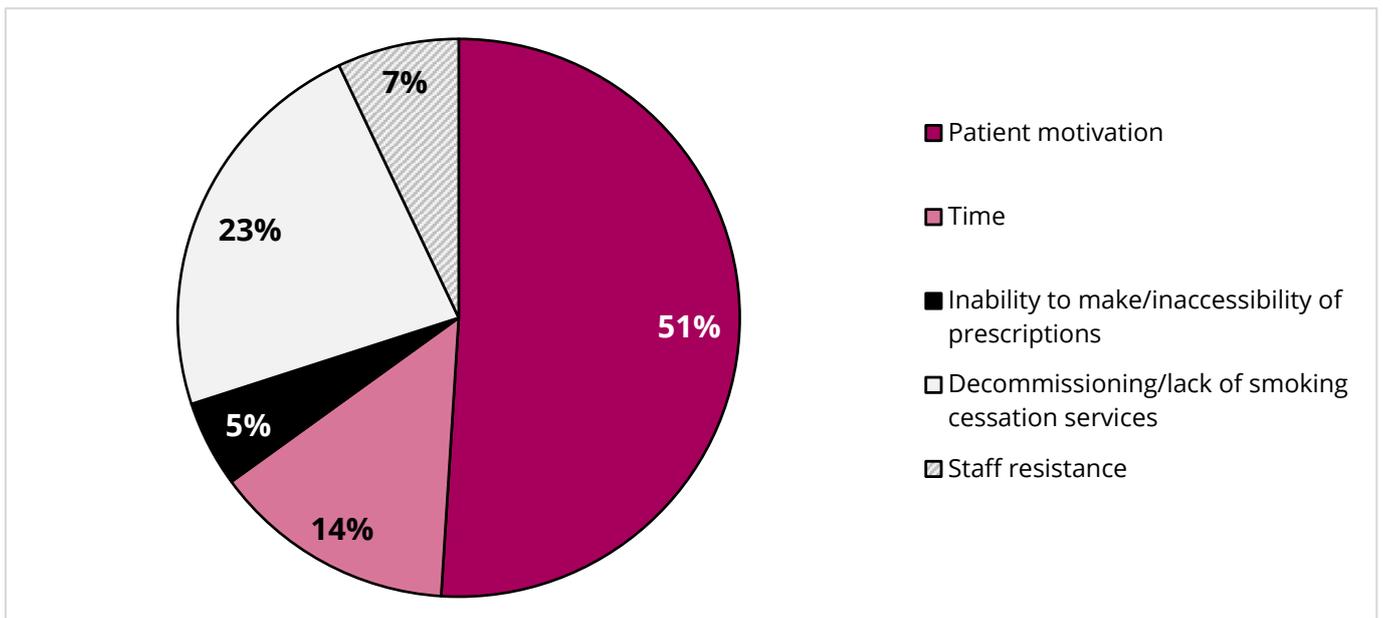
The next most common barrier amongst nurses was time and amongst psychiatrists, it was decommissioning/lack of smoking cessation services. Other cited difficulties/barriers included lack of training and staff resistance.

Figure 6: Barriers and enablers to supporting smoking cessation (nurses)



(63 valid responses)

Figure 7: Barriers and enablers to supporting smoking cessation (psychiatrists)



(129 valid responses)

Results: Stop smoking services

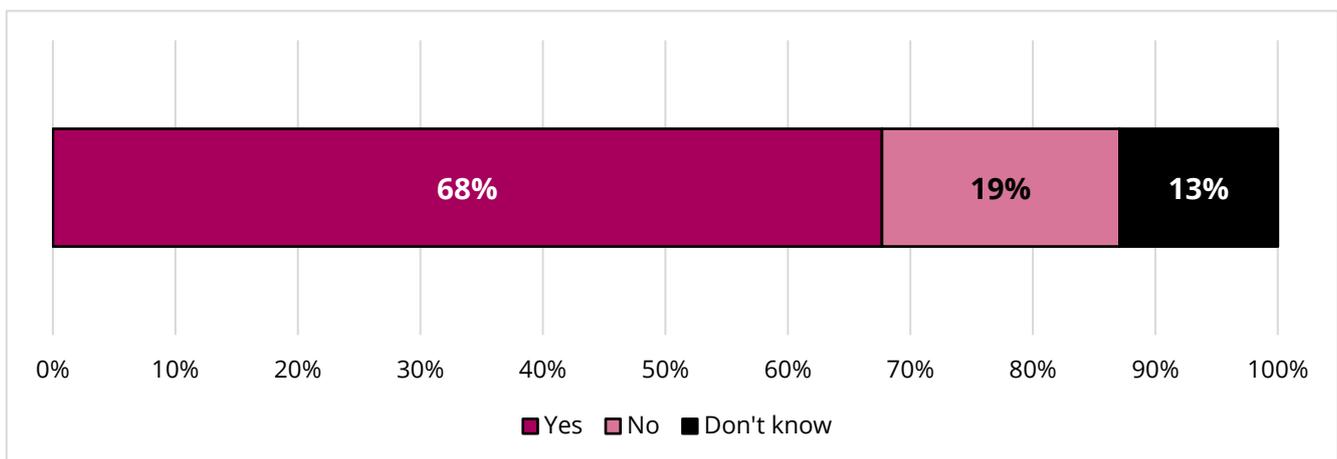
Stop smoking services provide smokers living in the community with pharmacotherapy and behavioural support to quit smoking, delivered by trained practitioners. Evidence shows that they are effective in helping people to quit smoking, and even more so when support is delivered by a dedicated stop smoking advisor rather than someone with a generalist role.^{15 16}

Mental Health tailored support

Only 4 out of 16 (25%) local authority respondents said that their service had a designated mental health lead, while 11 out of 16 (69%) said they did not. One respondent did not know whether or not their service had a dedicated mental health lead.

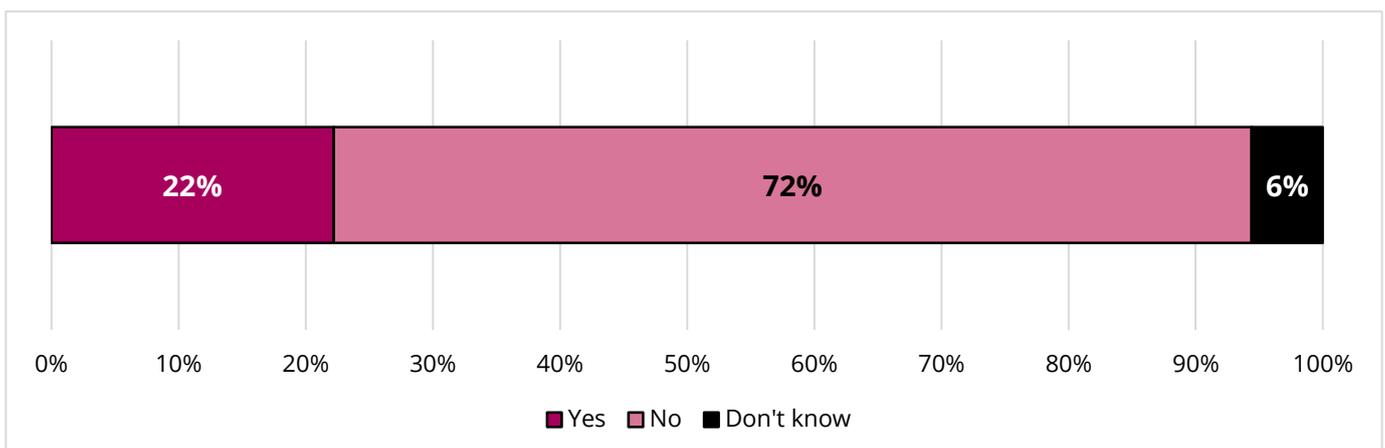
When respondents were asked whether their service captured clients' mental health conditions, 21 out of 31 (68%) said that they did, while 6 out of 31 (19%) said that they did not. 4 out of 31 respondents (13%) said that they did not know.

Figure 8: Capturing clients' mental health conditions



Respondents were asked whether their local authority delivered any dedicated activity (e.g. health promotion or stop smoking support) for smokers with a mental health condition. 4 out of 18 (22%) said they did, but the majority of respondents (13/18, 72%) said they did not. One respondent did not know.

Figure 9: Dedicated activity for smokers with a mental health condition



Support offered to mental health service users

Respondents were asked to identify which offers (out of a closed list) their service made to service users with a mental health condition.

The most popular offers were more frequent contact and advice on how smoking reductions/cessations can affect psychotropic medications, both indicated by around two thirds of respondents.

Longer periods of support and reach into mental health settings (e.g. inpatient wards) were also indicated as an offer by 29% of respondents.

The least popular offer was resources specific to mental health and smoking, offered by just 16% of respondents. This is in line with the responses to the mental health nurses and psychiatric surveys, where only a minority of respondents said they provided this.

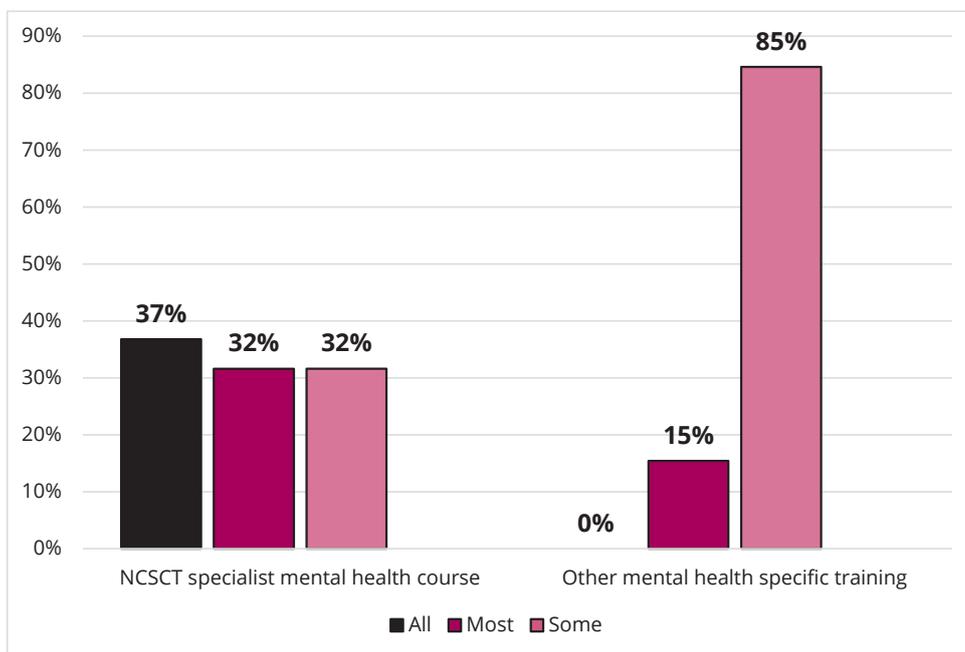
Training

Local authority respondents were asked what proportion of their stop smoking advisers have undertaken either the NCSCT specialist mental health online training or any other mental health specific training.

Over a third (38%) of respondents said all their advisers have taken the NCSCT training, with just under a third (31%) saying 'most' and an equal number to this saying 'some'. When it came to 'other' training, 15% of respondents said all of their advisers had taken this, with the remaining 85% saying some of their advisers had. No respondents submitted a response for none in either question.

These results are positive insofar as most respondents (around 7 in 10) indicated that all or most of their advisers had taken the mental health specialty course. However, improvements should be made to ensure that every time a smoker with a mental health condition accesses a stop smoking service, they are advised by somebody who has had training in managing tobacco dependence in service users with mental health conditions.

Figure 10: Proportion of stop smoking advisers who have had mental health specific smoking cessation training



(19 responses submitted for 'NCSCT' question; 13 responses submitted for 'other')

Barriers and facilitators

Respondents were asked in an open question to identify any challenges their organisation faced in providing mental health service users with specialist/tailored smoking cessation support. 16 valid responses were submitted and fell broadly into two categories:

- » Maintaining continuity of care when patients are moving between the care of different services
- » Lack of resources

Representative excerpts are given in Box 4, below.

Box 4

"The service doesn't offer a cut down to quit program, which the client may benefit from giving them a longer lead time to their quit date... The service is commissioned to 12 weeks medication and does not have a harm reduction approach built into this."

"The smokefree lead at the local mental health service has two days per week to do a director role and lead the smokefree policy implementation process."

"... the referrals into the service and mental health practitioners being trained in smoking cessation support"

"Availability to support on a more regular basis, manpower is limited to one advisor who works in all the inpatient sites."

Respondents were then asked what kind of support or resources could improve their organisation's provision of smoking cessation support to clients with a mental health condition. Excerpts representative of the 14 valid responses submitted to this question are reported in boxes 5-7, below.

Box 5

"Maintaining continuity of support with MH patients when they are discharged from hospital"

"Engagement with clients (lost to follow-up, keeping them engaged).

"Challenges when referring clients back into the community for ongoing support, particularly when they are discharged into a new area and may be registered with a GP elsewhere"

"We have had issues in ensuring a clear pathway is made available to patients who are discharged from hospital..."

"Consistent and continuity of support from a dedicated SSS. SSS settling after new provider, often means provision starts again from base level"

"...working in partnership with [redacted trust name] is complex and they also have different culture to local government and stop smoking providers"

Better knowledge and/or resources relating to smoking reduction/cessation options:

Box 6

"Learning from elsewhere about use of e-cigarettes in MH settings"

"The offer of a harm reduction programme"

"Up to date info on NRT – evidence of what works for this target group".

"We are interested in the forthcoming evidence review around e-cigarettes and mental health"

Specialised staff to provide better quality care for mental health service users:

Box 7

"Funded stop smoking specialist for mental health"

"Extra funding or support... to maintain a highly trained specialist advisor"

"More training for qualified staff who support people..."

"Dedicated in-house stop smoking service provision..."

"Establishing local specialised support... at community venues"

Conclusion

This study provides an indication of current smokefree practice in community mental health settings in England.

A minority reported delivering VBA but some reporting not being aware of all the elements of the VBA model. However, most nurses and psychiatrists said that they ask and record clients' smoking status.

A key area for concern was the poor rates of prescriptions for stop smoking medications amongst nurse prescribers and psychiatrists. Enabling these professionals to prescribe stop smoking medications in the community may increase the number of successful quit attempts made by patients.

Around half of nurses and less than half of psychiatrists who responded said they had not received any training in providing stop smoking support/advice. This is another obstacle to triggering quit attempts amongst mental health patients.

The findings from the survey of local authority stop smoking services found that, whilst the majority of respondents said that they record clients' mental health conditions, the majority had no dedicated mental health lead or dedicated activity to cater for smokers with mental health conditions.

Only a minority of respondents said that all their stop smoking advisors had taken the NCSCT mental health speciality course, which falls short of what is needed to provide effective support to this client group.

Smoking prevalence amongst people with mental health conditions remain disproportionately high and cessation support remains inadequate in the community, where most people with a mental health condition receive mental health care.

If smoking inequalities between the general population and people with mental health conditions are to be reduced in line with government ambitions for England to be smokefree by 2030,¹⁷ then community mental health professionals and smoking cessation services must be properly resourced and trained.

We recommend that NHS Trusts:

1. Ensure all frontline staff are trained in VBA (i.e. to ask and record smoking status, advise about the best way of quitting and refer to specialist smoking cessation support or prescribe smoking cessation medications) as part of NHS mandatory training (in line with NICE guidance).
2. Monitor uptake of VBA training — provided free through the National Centre for Smoking Cessation and Training (NCSCT) or NHS Health Education England — among community mental health nurses and psychiatrists.
3. Ensure that mental health professionals know how and where to refer patients for stop smoking support.
4. Ensure that staff receive education and training about evidence-based interventions (including on e-cigarettes and stop smoking medications) to help manage clients' tobacco dependence and encourage them to quit.
5. Ensure clients have access to stop smoking medication and work with commissioners to seek adequate funding for the prescribing of stop smoking medicines in community mental health settings.

We recommend that all local authorities:

1. Ensure there is a tailored evidence-based pathway for smokers with a mental health condition accessing local stop smoking services.
2. Ensure all smoking cessation advisors have undertaken the mental health speciality course provided free through the NCSCT.

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