



INNOVATION
network

Making a difference

Smoking cessation in
mental health settings

July 2016

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Summary

There is ample evidence that people with mental illness want to give up smoking, and can do so with the right help. Overall, the range of smoking cessation initiatives taken by the providers involved in the Innovation Network pilots have led to:

- a reduction overall in those who identify as a ‘smoker’. Some organisations had rates as high as 78% before the pilots, down to 23% afterwards,
- staff feel more confident about sharing smoking cessation information (twice as many smokers have been given smoking cessation information).

Learning from the evaluation suggests that other providers should:

- ensure that commitment to integrating smoking support within mental health services is embedded throughout the organisation,
- plan the journey towards becoming smoke free over a long period of time (at least 18 months), and involve individuals who use services in all decision-making,
- invest time in training staff,
- offer immediate nicotine replacement support to people who are newly admitted to smoke free settings.



Following the publication of the Schizophrenia Commission report *The Abandoned Illness*, Rethink Mental Illness made a commitment to take forward the recommendations it made. We formed the Innovation Network, a leading group of mental health care providers, committed to working collaboratively and bringing about change within their settings whilst involving people who use services in all levels of decision making.

We have been proud to be part of this progress over the past few years. These providers have gone above and beyond to support each other, to share resources, and to add value to their interventions.

People with mental illness still die 15 to 20 years earlier than the general population. One of the contributing factors to this disparity is related to the high rate of smoking among people with a mental illness.

The pilots described in this report aimed to integrate smoking cessation support within existing mental health care settings. Across the pilot sites we have seen positive results. We've heard about close working between staff members, people who use services and their carers. People have told us about the difference that an individualised support plan made to their decision to stop smoking. Staff members talk about the collaborative atmosphere on their ward.

During the evaluation period, many of the providers involved have gone beyond any progress we could have anticipated two years ago, and many of them have become completely smoke-free. This is a huge step forward, and it's important to consider the learning captured within this report to ensure that all individuals are offered the support they need at the time most appropriate in their recovery journey.

Mark Winstanley

Chief Executive, Rethink Mental Illness

Background

Our commitment to improving physical health

Rethink Mental Illness formed the independent Schizophrenia Commission in 2011 to examine care provision for people living with schizophrenia, psychosis and other severe mental illnesses.

The Commission's wide range of members were very concerned about physical health outcomes. In particular, the Commission was struck by the evidence that people living with mental illness die 15-20 years earlier than the general population, and tobacco use is the single largest contributor to reduced life expectancy. The Commission was very clear that action on high smoking levels should be "an absolute priority".

Specifically, the Schizophrenia Commission recommended:

“That each mental health provider works with the local Director of Public Health to ensure that there is targeted smoking cessation provision for smokers with schizophrenia and psychosis... Smoking cessation advice should be offered as standard and hospitals should be smoke-free environments.”



The role of the Innovation Network

Rethink Mental Illness established the Innovation Network with the aim of turning the Schizophrenia Commission's 42 recommendations into change. The Innovation Network brought together a group of mental health care providers committed to implementing a collaborative approach to practice improvement.

Today, the Innovation Network is a space in which mental health care providers can share experiences, discuss overcoming particular challenges, showcase examples of good practice and pilot new approaches.

Several Innovation Network members have sought to prioritise smoking cessation as an area for improvement.

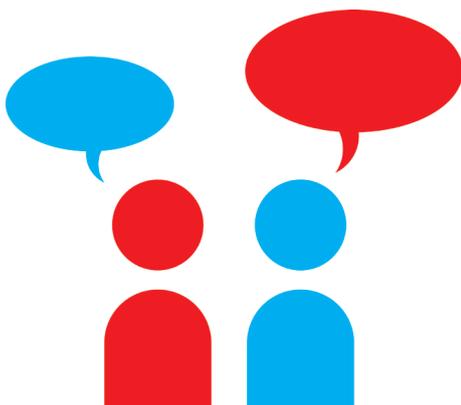
The smoking cessation intervention

The Innovation Network recognised that:

- nicotine withdrawal symptoms are often associated with worsening mental health, and cigarettes become associated with coping mechanisms and stress-relief,
- individuals become more addicted over time as the feeling of stress relief is temporary,
- cigarettes impact upon the ability to absorb some psychiatric medications, meaning individuals are on higher doses than they need to be, and are dealing with more side effects.

Members concluded that a pilot programme of staff training and provision of information for people using mental health services who smoke would help to encourage a behaviour change.

Rethink Mental Illness commissioned an evaluation of the pilots to analyse the impact of such training on the numbers of people using mental health services who smoke. The 18 month pilot programme began in September 2014 and a range of approaches was assessed.



What the pilots hoped to achieve

The pilots sought to evaluate whether a programme of staff education and provision of information to people using mental health services leads to:

- better recording of smoking status and any actions relating to smoking cessation in care records,
- reduced smoking rates among people in contact with secondary mental health services,
- an increased awareness and confidence among staff to initiate conversations about smoking, to signpost and offer support where possible.

What the pilots did

Each pilot site introduced the following:

- a programme of staff training,
- co-produced resources and materials to support individuals to be informed about the choices available,
- project steering groups involving people who use services.

Examples of how these elements were adapted to suit local needs and better support the individuals who use these services are included in this report.

Five providers, including three mental health trusts, took part in the evaluation across multiple sites.

How did the pilots measure improvement?

Improvements were measured across 3 outcomes.

1

Better recording of smoking status and any actions relating to smoking cessation in individual care records.

The pilots completed audits of smoking status and smoking cessation in a random sample of service support plans and Care Programme Approach (CPA) care plans. Tailored audit surveys for each pilot site at baseline and endpoint to collect case note information. This included specific data collection on smoking status and the number of cigarettes smoked. Governance information was collected to assess the process across the pilot site.

2

Reduced smoking rates among people in contact with secondary mental health services

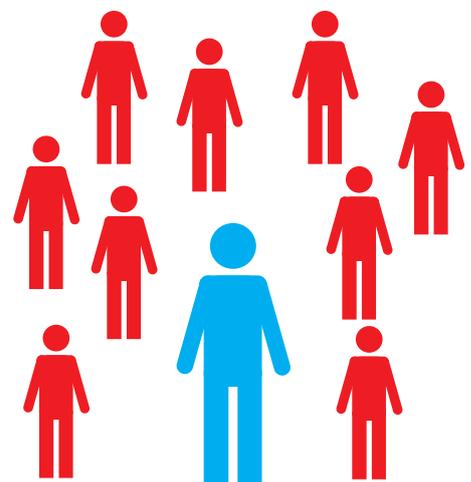
Pilot sites identified the percentage of people using mental health services who smoke, and the amount smoked per day. Information was collected through an audit at baseline and endpoint regarding the number of smokers.

3

Increased awareness and confidence among staff to initiate conversations about smoking, to signpost and offer support where possible.

The pilots measured the number of staff who have completed smoking cessation training and assessed staff views about the smoking cessation training. Interviews with trained members of staff were conducted at interim points to assess the impact of the training.

The results within this report have been aggregated across all 5 pilot sites.



Pilot sites and limitations

Our pilot sites

- Derbyshire Healthcare NHS Foundation Trust
- Leeds and York Partnership NHS Foundation Trust
- Priory Group
- Rethink Mental Illness
- Tees, Esk and Wear Valley NHS Trust

Limitations of the pilot

As with any pilot, there have been some limiting factors which have reduced the scope of the results detailed in this report. These can be summarised as:

- The absence of a control site has limited the scope for comparative data collection.
- Many of the providers involved in this intervention have gone smoke-free during the course of this evaluation. Some of the data related to smoking status and number of smokers has been affected by this change.
- It has not been possible within the scope of this evaluation to test different approaches to smoking cessation in different types of mental health settings. Although each of our providers took a different approach, they were consistent across their own evaluation sites.
- Small sample sizes and limited individual follow-up means we may have received data from individuals who have yet to benefit from the full intervention.



Spotlight on our pilot sites

Derbyshire Healthcare NHS Foundation Trust

A countdown calendar was prominent on the trust website to prepare staff, people using their mental health services and visitors for the smoke-free date.

Leeds and York Partnership NHS

A training pathway was developed identifying the necessary steps to become a Nicotine Replacement Therapy Advisor.

- Step 1 Very Brief Advice (VBA)
- Step 2 Brief Interventions
- Step 3 NCSCT “Assessment of Core Knowledge and Key Practice Skills”
- Step 4 Level 2 Advisor Training

Priory Group

A 12 week smoking cessation programme was made available providing assessment, preparation and a number of quit clinics. Information providing rationale for quitting alongside practical support and advice was provided. Supporting information included posters advertising the quit club, a smoke-free date poster, and a smoke-free information leaflet.

These were all designed to inform staff and people using their services of the smoking cessation support available.

What did the smoking cessation pilots tell us?

The smoking cessation pilots resulted in overall positive results across all measures.

In summary:

- A decrease from 63% to 55% of individuals who identify as a smoker.
- Smoker status was recorded in 100% of service user records. This demonstrates the checking and recording of smoking status.
- Double the amount of smokers are now given smoking cessation information (up from 45% to 90%).
- An increase from 40% to 89% of smokers who were given additional information to consider stopping smoking.
- A total of 91% of smokers are now engaged in discussions about smoking cessation, up from 54% at the start of the pilots.

Reduced smoking rates

There was an overall decrease in the total number of identified smokers during the course of the pilots. Several of the organisations involved became smoke-free during this time, and that is likely to have an impact on these results, particularly within inpatient and secure settings. However, the number of individuals identified as smokers within community settings has also fallen.

Individuals with lived experience of mental illness who smoke are just as likely to want to make a quit attempt as the general population, but may require more intense support for a longer period of time.¹ The pilots have equipped more staff members with the skills and confidence to be able to offer smoking cessation support at the right time for the

individual involved, and this has driven down the number of identified smokers within this evaluation.

Increased access to support

All pilot sites saw an increase in the training of front-line staff to deliver smoking cessation support and signposting. This has been undertaken in different ways by different organisations, but all have committed to large numbers of staff members receiving the Level 1 NCSCT training (or equivalent), and attempts have been made to ensure that there is at least one member of staff trained to Level 2 on each shift.

Some organisations have also looked to utilise existing elements of peer support to deliver smoking cessation support, such as the training of peer support workers, or offering very brief advice interventions at support group sessions.



Hearing reports of success stories left the staff feeling more motivated and confident in supporting people to consider quitting.

¹ Action on Smoking and Health – 'The Stolen Years' (2016)

Organisational change

There was a huge shift in commitment across all 5 providers compared to the start of the evaluation. We witnessed co-produced journeys towards organisations becoming smoke-free, with staff given protected time to complete smoking cessation training. We also saw staff members decide to make their own quit attempt after experiencing the training sessions.

For many staff, smoking is seen as a right of the individual using the service, and as such should not be ‘taken away’ by a staff member. In response to this, the organisations involved in pilots worked together to provide additional support for staff concerned about discussing smoking with individuals.

Both staff and individuals who use services talked to us about the different atmosphere they feel within their services. There is a sense of cooperation towards a common goal, which has brought together different teams across the organisation with the aim of improving the lives of all involved.

Barriers to change

Our providers have spoken to us about the challenges they faced during the pilots.

Many of these concerns relate to fragmented working between different departments, for example between clinical teams, training departments and administrative support. This can mean that progress in one area is not embedded throughout the organisation. Many professionals noted that the impact of this could be reduced by increased buy-in from senior staff members to coordinate across different teams.



Spotlight on our pilot sites

Tees, Esk and Wear Valley NHS Trust

The Trust established a comprehensive reporting process regarding smoking cessation progress, which included a detailed smoke-free project plan with clear objectives, recommendations and actions with identified deadlines. A monthly project monitoring form was shared with the project group to identify priority actions via a RAG (Red, Amber and Green) rating.

Rethink Mental Illness

“Hearing first hand about the timescales for notable symptom improvement (which were far shorter than some staff imagined) and hearing reports of success stories left the staff feeling more motivated and confident in supporting people to consider quitting. As a result of their visit, I personally now include in my Assessment packs, not just the ‘Quit’ leaflet and ‘Devon Stop Smoking Service’ leaflet, but also the sheet on ‘What happens after you quit’, so that I can engage people who smoke in a discussion around their hopes and fears regarding quitting. I now plan to devote more time to this both within the assessment process, and at 3-monthly reviews, and believe that my increased motivation and confidence will inspire the same in our people using mental health services.”

Jane, mental health recovery worker

What can providers learn from the pilots?

The value of collaborative working

One of the unique elements of the Innovation Network is the opportunity for different providers to come together with a common aim. In this case, the aim was to embed smoking cessation support throughout mental health care settings. Throughout this project, we have found all individuals involved to be hugely supportive of their colleagues in different organisations, and their openness and honesty about the challenges they face should be commended.

Without collaboration, trial and error work is done simultaneously across many organisations. In this case, we have been able to streamline the process through the generosity of the organisations involved. This has had a huge impact upon the success of this project, and would likely have a similar impact upon other projects in the future.

Involving people who use services

All the pilot sites embedded the voice of individuals who use services through the evaluation period. This has been overwhelmingly helpful, and a valuable contribution towards the success of this

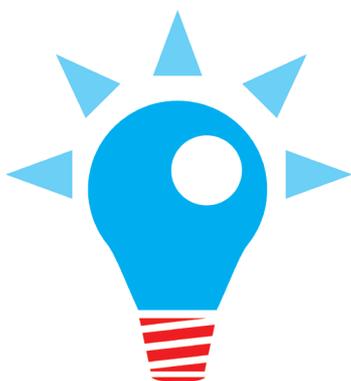
project. This being said, involving individuals who use services has also been difficult at times, both in terms of access and in terms of logistics.

Through this project, we have never seen a lack of motivation from either party, but often the barriers to involving people using the services have been frustrating for all involved. Organisations who realise the irreplaceable value of this involvement will overcome those barriers, but should also look to understand the reasons why they are there, perhaps with a view to removing them for future involvement opportunities.

The right support at the right time

The pilots suggest that the impact comes from offering someone the right advice at the right time. This is not to say that during the course of the intervention we have not offered the wrong support at the wrong time.

The key is to continue to keep the lines of communication open, and to make clear the opportunities which services offer, so that all individuals are supported to make a different decision when the time is right for them. This can be frustrating, and we have learnt from our providers that staff support is crucial in delivering this intervention.



Recommendations to other providers

Embed support throughout the organisation

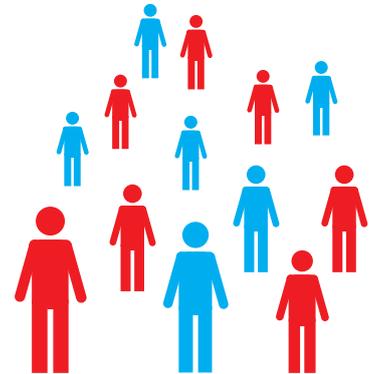
It is important that as many staff members receive training as possible in order to provide comprehensive support to individuals. To make this happen, this intervention needs to have dedicated support within senior management. This level of oversight can reduce fragmented working between different teams, and can reduce blockages in terms of data collection.

This high-level support should also encompass lived experience governance structures, to ensure that views are represented throughout the decision making process.

Plan the journey towards becoming smoke-free

Although this was not the intention of this intervention, we have been able to gather insights from our colleagues at those organisations who have been going through their own smoke-free journeys during this evaluation period. They told us that timing and planning are key. A decision to go smoke-free needs at least a year, but ideally eighteen months of preparation in order to be successfully embedded.

A key element at the very initial stage of this journey is to establish a lived experience steering group to guide the organisation from the outset.



Invest time in training staff

Staff training has been a critical element of the success of this intervention. Our recommendation is that very basic advice and signposting training are available for free to all staff members – perhaps as part of an e-learning or induction package.

Staff members should be recruited for formal training in a way that ensures all shift patterns included trained staff members where possible. Staff should be given protected time to complete all types of smoking cessation training.

Offer immediate support on entry to smoke free settings

An unplanned admission to a mental health setting can be a difficult experience, and for some this experience will be made worse if the setting prevents that individual from smoking. It is crucial that all are offered NRT within 30 minutes of an admission.

Some of our organisations have taken steps towards establishing individualised advanced directives – a document in which an individual would be able to select the NRT support to be supplied in the event of any unplanned admissions.

The Innovation Network brings together 13 mental health providers, including Rethink Mental Illness. We share a desire to achieve better outcomes for people affected by mental illness. We do this by sharing good practice and piloting new ways of working.



**Leading the way to a better
quality of life for everyone
affected by severe mental illness**

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