

# Smoking Cessation Support on Mental Health Wards: Staff Views and Suggestions

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## INTRODUCTION

- Around 40% of people with mental health conditions smoke<sup>1</sup>, and among patients hospitalised for mental health problems smoking prevalence can reach 80%<sup>2</sup>.
- In 2014 South London and Maudsley NHS Foundation trust (SLaM) was second in the UK to implement comprehensive Smokefree policy on Trust premises and grounds.
- Additional smoking cessation support for inpatients at Smokefree mental health services increases their chances to stay abstinent post-discharge<sup>3</sup>.
- We tested the feasibility of additional support for inpatients who smoke and asked staff for their thoughts about Smokefree policy and the additional support.

## AIMS

1. To learn from SLaM mental healthcare staff about challenges related to the implementation of comprehensive Smokefree policy.
2. To investigate staff views on the present and proposed smoking cessation support for inpatients who smoke.
3. To investigate suggestions from staff how better to support smoking inpatients at the hospital and when on short-term leave off-site.

## METHOD

- Semi-structured qualitative interviews with mental health staff from three acute wards within SLaM, analysed using thematic analysis and iterative categorisation<sup>4</sup>.
- Ethical approval was granted by Yorkshire & the Humber-Bradford Leeds Research Ethics Committee (IRAS 223407, CPMS 35593, REC 17/YH/0274).

## PARTICIPANTS

- Eleven mental healthcare nurses; 9 females.
- Smoking status: 8 never/former smokers, 3 smokers.
- Range of time working on a ward: 2 weeks–10 years; median = 1.5 years.

## RESULTS

### Changes due to Smokefree policy

*"Smoking is like part of their food, some of them they even prefer to smoke than to eat" (10SBF)*

- Staff had been apprehensive of the oncoming Smokefree policy, but transition period allowed to adjust to the changes  
*"You know, we were kind of up in arms and think 'oh, violence is going to increase and this is going to increase' and it hasn't. It kind of proved us wrong" (11SBF)*
- Staff empathised with patients who could no longer smoke on wards or hospital grounds.  
*"[Smokefree policy] was a decision of the people that often don't spend a time on a floor with the patients that are craving for their cigarettes" (5SAF)*
- Staff mentioned that many inpatients do not comply with Smokefree policy: refuse to take nicotine replacement therapy (NRT), hide cigarettes and lighters on hospital grounds and look at a short leave as an opportunity to smoke  
*"If they are on an unescorted leave, then they kind have a right to do what they will and to be honest, being really honest, most of patients on unescorted leave, they are hiding their cigarettes in various places and still going off and smoking" (11SBF)*
- Smokefree policy, however, reduced smoking among inpatients, prevented initiation of new smokers and positively affected inpatients' physical health and medication  
*"And smoking-free policy really worked out. It has reduced the amount of smoking on the ward and even within around the hospital grounds also. It has reduced a lot" (10SBF)*

### Current support for smoking patients

*"You just have to keep educating them, and advise them, and encourage them to stop. But we cannot force them" (6SBF)*

- On the ward patients are prescribed NRT and allowed to use personal e-cigarettes
- Staff who escort patients on a short leave feel they do not have authority and responsibility to stop patients from smoking once they are off the hospital grounds  
*"And no one from staff wants to embarrass themselves by saying 'stop it' when they are doing it, because you are then controlling a patient's life. It is their choice" (3SAM)*

### Staff views on the additional support

*"That is good, it is better than saying 'you can't smoke on the hospital grounds', cause that is a bit silly" (9SBF)*

- Session to plan a short leave, if done a day before a leave, would be important support for patients  
*"They might not know what else to do with themselves when they are outside, so having alternatives (...) is a good idea" (7SBF)*
- Additional nicotine for a short leave would not make a difference  
*"But a question is: that is not enough for them. They still crave" (3SAM)*
- Measuring and clearly explaining about carbon monoxide (CO) can educate inpatients about smoking harm  
*"So at least they would know, they would see it. Maybe that would discourage them from smoking. Because, you know, something you don't see, you don't know" (8SBF)*
- Rewards for not smoking on a short leave were endorsed as an effective support  
*"That is good, everybody likes rewards and incentives just to make them feel good about themselves" (2SAF)*

### Suggestions for better support

*"And the thing is, it is their choice, you can't take that from them, you know" (8SBF)*

- Inpatients should be given responsibility to decide for themselves about quitting
- Staff and inpatients need more education and visualisation about smoking effects on health
- In addition to NRT and e-cigarettes, inpatients should be offered alternatives for coping with urges
- Before discharge, patients should be encouraged and signposted where to seek continued support in the community  
*"I guess it is just encouragement and reassurance that you have not smoked whilst you were in hospital, you have done really well, you are using your replacement therapy, so continue using that just trying refrain from smoking. I think, it is easier said than done, isn't it?" (5SAF)*

## CONCLUSIONS

### Interviews with staff showed that:

- Despite the apprehension, transition to comprehensive Smokefree policy at SLaM was smoother than expected.
- Smokefree policy is contradictory: it restricts patients smoking on wards and hospital grounds but later staff escort patients outside the hospital territory to smoke.
- Staff currently lack capacity and options to support patients who crave for cigarettes.
- Additional support should focus on encouragement, education, coping with craving and enabling patients to choose or decline the support.

## References

1. Szatkowski & McNeill (2015) Diverging trends in smoking behaviors according to mental health status. *Nicotine & Tobacco Research*.
2. Royal College of Physicians (2013) Smoking and mental health.
3. Brose et al. (2017) Maintaining abstinence from smoking after a period of enforced abstinence – systematic review, meta-analysis and analysis of behaviour change techniques with a focus on mental health. *Psychological Medicine*.
4. Neale J. (2016) Iterative categorization (IC): a systematic technique for analysing qualitative data. *Addiction*.

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