



## **VOX's response to the Achieving Smoke Free Mental Health Services - Public Consultation**

***“Don't they understand that it's about how we feel; smoking can help to provide comfort, why would you take that away from someone when they are a point in their life when they most need comfort”***

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## **1. Background/Context**

### **1.1 Purpose of VOX**

VOX is a national mental health service user led organisation based within Scotland which aims to give a voice to those who have or have had a mental health problem. We aim to drive policy and practice, facilitate partnership working and strengthen the voice of people who have or have had a mental health problem. We aim to do this by using a range of innovative and accessible consultation methods to involve members.

### **1.2 Mental Health Service Users, a key stakeholder**

There has been much discussion around the fact that people with mental health problems want to give up smoking and the health inequalities which are faced by those who have or have had mental health problems, in addition to this there is a feeling from mental health service users that their views are not properly heard in relation to mental health and smoking and that messages are being confused in order to achieve smoke free environments.

This lack of clarity has encouraged VOX to come together with their membership and local service user led groups to try and understand what the views of mental health service users are.

VOX felt as though the consultation paper didn't provide much scope for exploring the topic in any depth, and that if you wished the status quo to remain (maintaining the exemption on psychiatric hospitals and wards) that there wasn't much else being asked which would help decision makers to understand the issues and concerns that those with mental health problems may have in relation to smoking.

The following questions were used to explore the issues around mental health and smoking, and formed the basis to generate a response to the consultation. Although there are set questions within the official consultation, we have decided to focus on some key areas which we feel are of most importance.

The questions which were chosen were developed by VOX and the Highland Users Group (HUG) members. Additional comments from the Greater Glasgow Network were also utilised to develop the following questions;

1. What do you think are the important issues in relation to mental health and smoking?
2. There is a drive to improve the health of those with mental health problems, what do you think is the best way to do this?
3. What would make it easier for people with mental health problems to give up smoking, and how could we achieve this?

4. Is it appropriate to ask someone to stop smoking when in crises and in hospital?
5. What additional support would be needed for smokers who have been made to stop smoking in hospital if a ban was imposed?
6. Is the right to smoke a basic human right? Is taking the right away to smoke in hospital a violation of our human rights
7. Does the fact that most people want to give up smoking justify making hospitals smoke free?
8. Do you think it would be good if all public places were ultimately smoke free?
9. Are psychiatric hospitals more like public places or people's homes?
10. Would making hospitals smoke free prevent people from admitting themselves to hospital?
11. Could you tell us about your experiences of smoking in a psychiatric hospital/unit, good and bad?

These questions were sent to 32 mental health groups to support them to generate a discussion around smoking and mental health in addition to the inclusive approach described below.

### **1.3 Inclusive approach taken**

To be as inclusive as possible VOX utilized a range of approaches to consult with those who have or have had a mental health problem. This included running two sessions with Perth Plus in the Royal Murray Hospital, one session with the Greater Glasgow Network where we held a focus group for smokers and one for non smokers. In addition to this VOX asked their membership to complete a questionnaire which was based around the same questions used at the focus groups. HUG also asked these questions at its Friday Forum. Other information in the form of letters and comments from local groups was utilized to inform the response. This ensured that a national response from mental health service users could be formed, and that people who didn't want to come along to a local group could still have their views heard.

As explained above the methods adopted included focus groups and questionnaires. From this the main ideas were coded and the most commonly repeated responses are the key '*themes*' which emerged from the discussions, we have quoted responses when available to exemplify the repeating ideas. In addition to this we have included issues to illustrate minority opinions which were given. Altogether around 86 people were involved; all of those who took part either have or have had a mental health problem, and were a mixture of smokers and non smokers. We carried out one session where we separated out smokers and non smokers to see if there were any differences.

## **2. Key themes – an overview**

### **2.1 Timing – It's not appropriate to remove people's right to smoke on admission to a psychiatric hospital/ward.**

It was generally felt that this was an inappropriate time for people to have to start thinking about giving up smoking, or indeed reduce smoking levels. There was a strong feeling expressed about the fact that this was already a very difficult time for most people, if they have been admitted to a psychiatric hospital/unit they already have a lot of stress, upset and other things on their mind, and for this reason it would be a very bad time for most people to suddenly have to stop smoking (if there was a complete ban).

*"It would be a terrible time to have to stop smoking, it would make me really angry, you already have your freedom taken away!"*

*"It would make me feel a lot worse"*

*"Stopping smoking is an individual decision, nobody should be asking people to stop smoking at any time"*

Some members also mentioned that they would find it would negatively affect their mood, and increase their levels of agitation which could have implications for staff.

*"I think there would be a safety issue for staff, this would need to be thought about"*

For others it was felt that the comfort that can be obtained from smoking would be removed, and that this would be unfair and cruel at this time.

When we asked if people felt as though the ban may affect people's choice to admit themselves to a psychiatric hospital/unit there was an overwhelming response that this would be another factor which would definitely be off-putting for people and that it may lead to some people not seeking help.

#### **Important Minority View**

It may be appropriate if a lot of support is provided (this response was only given by 5 people out of about 86 people that we have involved in this response). It was clearly mentioned that this should never be as a form of punishment.

## **2.2 Alternative suggestions for helping people to reduce smoking**

Having alternative things to do was a repeating theme which came up on a number of occasions in relation to how we can improve people's health and make smoking easier to stop. The kind of activities people mentioned varied from taking part in discussions which interest them, helping with the running of the hospital to using the computer, taking part in art work and making things.

*"Smoking breaks up the day; I want other activities which fill up my day"*

*"I managed to cut down smoking by helping out, cleaning up and stuff, you need to do something that's worthwhile"*

*"People need to be active all the time and not have time to dwell on having a smoke"*

*"Encourage exercise and activity. Socialising is also very important"*

It was felt that this was central to helping people to give up smoking as it allowed there to be another focus. There was an acceptance that the culture tends to reinforce smoking as a way of interacting with others, and that we have to find alternatives to this. Again it was strongly suggested that although the culture can reinforce smoking it should not be made as a reason to ban smoking, the first step should be that we look at how to support people.

### **Important Minority View**

Some people felt as though it wasn't about being bored, it was more about the comfort and/or enjoyment they gained from smoking.

## **2.3 Therapeutic effect/links between mental health and smoking**

People suggested that they felt as though mental health problems were not really understood, and that the links between any addiction and mental health were not given the consideration they should be.

*"Don't they understand that it's about how we feel; smoking can help to provide comfort, why would you take that away from someone when they are a point in their life when they most need comfort"*

*"Smoking has a calming effect on the mind but a bad effect on the body"*

*"Don't force non-smoking at times when we need to smoke and which would make it more likely for us to need to smoke more"*

*"Smoking can be a small pleasure in an otherwise difficult life"*

The most common response was that in situations where you experience more stress you tend to smoke more, coming to a psychiatric unit is a very stressful experience, so you add additional stress by preventing someone from smoking at a time where they would want to smoke more.

Other areas of concern were the links between smoking, diet and mental health. Some felt that if they were unable to smoke the same amount, or if it was banned that this may lead to an increase in their weight which can already be a problem for many people who are on medication which causes weight gain as a side effect.

*“You can end up replacing one addiction (smoking) with another (food); your health will still suffer either way”*

#### Important minority view

Some people felt that there wasn't a therapeutic value, and thought that it was habit and addiction; however, they still felt that this habit and addiction was a good reason not to remove the exemption.

*“You just think smoking makes you feel better but it doesn't really”*

## **2.4 Improving Health in other ways**

There were a range of suggestions in relation to this theme, some of them related to within psychiatric hospitals/units and others related to opportunities out-with (on discharge).

Within psychiatric hospitals it was suggested that balanced information could be provided, and that anything which encourages people to stop smoking should be done gradually and only if the individual feels ready to do so.

It was suggested that Occupational Therapists could do even more to help those with mental health problems to achieve healthier lifestyles, and this should be done in the community, it was also suggested that all health care professional should have a role to play in this.

*“Knowing that they could have support and counselling could help”*

*“Greater availability of walking groups, cycling groups, gardening, etc”*

The role of peer support (informal or formal) was suggested as a way of helping people to improve their health. The role of the peer support worker would be to link the individual into healthier lifestyles, appropriate projects and groups to support them in moving forward.

### Important minority views

Another suggestion which was mentioned by a large minority was that if you let people see the financial costs of smoking it might help them to give up.

Stopping people from using illegal drugs within psychiatric hospitals was also a concern for some.

## **2.5 Too paternalistic – What happened to choice?**

Respondents felt that the decision to make a negative health choice should be up to them, and felt that the idea of enforcement was paternalistic.

*“What will they will get us for next...eating chocolate”*

People felt as though the argument that we are trying to improve health can be a slippery slope, and that other areas of health could also end up being controlled, this was felt by a large majority to be unacceptable.

### Important minority view

There was agreement by a minority of people that sometimes we need a push to stop behaviors which are harming us, however it was also very clear that this push should only be at appropriate times.

A minority of people also stated that health doesn't matter to everyone, it was mentioned that this is an assumption which is made.

## **2.6. Why do we need to change the status quo?**

A number of times there was a query about why we needed to change the status quo, in particular that either a smoke room or an area outside should be appropriate, and that this avoids staff and others being exposed to passive smoking, and that it still allows for choice.

*“Smoking was well tolerated in a designated place with no “hassle” from staff or non smokers”*

Other areas of concern which were raised included the fact that there could be a lot of practical issues which would need to be clearly worked through. For instance if someone is confined to a ward it wont always be possible to go outside.

## **3. Smokers and Non-smokers Views**

**3.1 Commonalities**, both smokers and non smokers felt that the timing of asking people to stop or reduce smoking was wrong, that there were better ways of

reducing health inequalities, and that people should have the choice to decide what they want to do.

**3.2 Differences**, there were differences on the importance placed of having meaningful activities to do with smokers feeling that this was more important than non smokers, and in the therapeutic effect of smoking and the role smoking plays in social interactions, again felt to be more important by smokers.

#### **4. Other Comments**

There were a number of concerns about the name of the consultation document, and it was felt that the very clear and obvious slant was wrong. Although people felt that the physical health benefits of quitting smoking could not be denied, and agreed that yes it would be nice to give up smoking they also felt that this drive towards smoke free demonstrates a lack of understanding of mental health problems and their interaction with smoking.

#### **5. Summary**

To summarise, 86 people who have or have had a mental health problem contributed to the response on smoking and mental health, we took an approach that we felt helped to explore the area of smoking and mental health.

Of those who took part an overwhelming majority stated that when people are in a psychiatric hospital or psychiatric unit that this was the wrong time to expect people to have to reduce or stop smoking. Having other activities which are meaningful was felt to be important in helping to change the culture of smoking, and the links between mental health and smoking were felt to be poorly understood. Finally the issue of choice was important to many of the people who contributed to this response.