

Frequently asked questions

1. Why is the Health Board implementing smoke-free policies?

Smoking and second-hand smoke from other people is damaging to health. We want to help all patients in our mental health settings improve their health and wellbeing.

Around one in seven people in Wales smoke, and smoking is much more common amongst people with mental health issues. We know that smoking causes serious medical problems and people who smoke have a lower life expectancy.

Smoking in all mental health settings, as well as across our wider hospital sites, will be against the law from September 1st 2022.

2. How will patients' behaviour be affected if they are told they cannot smoke?

Mental health settings in England are already smoke-free. Reviews of the implementation have shown no deterioration in behaviour amongst patients.¹ A number of mental health settings have even seen a reduction in disruptive behaviour.^{2,3}

Support to go smoke-free will form part of each patient's care plan, with any risks identified and managed as normal.

People with mental health issues are much more likely to smoke and to be exposed to the harm caused by second-hand smoke. Studies have shown they are just as likely to want to stop as the wider population, and can be supported to stop by evidenced-based support.³

Going smoke-free during their stay in mental health settings can help prompt patients to stop smoking in the longer term.

3. Will stopping smoking increase patients' stress and anxiety?

With the right support and as part of an individual care plan, going smoke-free helps to reduce stress and anxiety.⁵ We will help patients who smoke reduce cravings for nicotine in other ways, including using nicotine patches, and other replacement therapies.⁶

People who stop smoking say they feel much better and healthier after they quit. There is evidence that patients with mental health conditions like psychosis, depression and anxiety have less severe symptoms after stopping smoking.

The benefits of stopping smoking for people with mood and anxiety disorders can be at least as significant as an antidepressant.⁷

When correctly used as part of an individual care plan, nicotine patches and other nicotine replacement therapies can reduce cravings and other withdrawal symptoms. We will provide NRT (Nicotine Replacement Therapy) to inpatients who are smokers are wish to treat or prevent withdrawal symptoms associated with nicotine dependence as soon as possible upon admission. This will be subject to their individual needs and circumstances.

4. How can patients be distracted from smoking?

All patients in our inpatient mental health settings are offered a range of therapeutic activities to improve their health and make them feel better. As part of their individual care plans, patients who smoke will be offered access to appropriate therapeutic activities.

When smoke-free policies have been implemented in other areas, patient engagement in therapy programmes has improved. Patients attended more sessions and stayed for longer.⁸

5. Do patients have a legal right to smoke in inpatient mental health settings?

Smoking is harmful and damages the health of others. Patients have no legal right to smoke in inpatient mental health settings or across hospital sites.⁹

Going smoke-free will help all patients in our mental health settings improve their health and wellbeing.

We have a responsibility to protect all our patients, staff, carers and all visitors to our sites from the damage caused by smoking.

6. What if patients are concerned about the effect on their weight?

Smoking is harmful to our patients. It is not an appropriate way to manage a patient's weight.

Concerns about healthy weight or weight gain can be addressed as part of the patient's individual care plan.¹⁰

7. Does stopping smoking have an impact on a patient's medication?

Patients who go smoke-free or stop smoking may need to reduce their medication. This can be beneficial for patients, who may experience reduced side effects as a result.

Full details of changes to patient medications are available to prescribing staff and will be communicated to patients impacted.

8. Is being an inpatient the right time to stop smoking?

Admission to inpatient wards is an opportunity to change smoking behaviour.^{11,12}

This is a difficult change for patients to make, but being an inpatient presents an opportunity to receive enhanced support around stopping smoking.

Our wider hospital sites have been smoke-free since March 2021. Inpatients who smoke at our acute and community hospital sites are routinely offered support to stop smoking during their stay, including nicotine replacement therapies and ongoing personal support.

People with mental health issues are much more likely to smoke and to be exposed to the harm caused by second-hand smoke. Studies have shown they are just as likely to want to stop as the wider population and can be supported to stop by evidence-based support.^{5,13}

9. What mental health settings are impacted by this change?

At Cardiff and Vale University Health Board, impacted sites will include Hafan Y Coed, Park Road, Phoenix Community and St Barruc's Ward at Barry Hospital. Our wider hospital sites have been smoke-free since March 2021.

10. Why may guidance around smoke-free legislation and implementation differ across different Health Board areas?

Health Boards have been tasked with implementing the legislation locally. There are a number of factors that can mean there is potential for slight variation in how this looks, including the layout of mental health settings and smoke-free support

mechanisms. Health Boards will utilise their local smoking cessation mechanisms and tailor support to best meet the needs of patients in different areas and as individuals.

11. How can patients seek support?

Support will be offered to smokers as part of individual care plans upon admission, based on their individual requirements.

Additionally, patients can seek support by calling the University Hospital Llandough Smoking Cessation Service on 02920 715240, or by texting HMQ to 80818 to access support from 'Help Me Quit'.

1. Lawn S, Pols R (2005) Smoking bans in psychiatric inpatient settings? A review of the research. *Australian and New Zealand Journal of Psychiatry*, 39, 866 -885
2. Ratschen E, Britton J, McNeill A (2009) Implementation of smokefree policies in mental health in-patient settings in England *The British Journal of Psychiatry*. 194 (6) 547-551
3. Ratschen E, Britton J, McNeill A (2009) Implementation of smoke-free policies in mental health in-service user settings in England. *The British Journal of Psychiatry*. 194 (6) 547-551
4. McManus S, Meltzer H, Campion J (2010) Cigarette smoking and mental health in England. Data from the Adult Psychiatric Morbidity Survey. National Centre for Social Research. Available from: <http://www.natcen.ac.uk/media/21994/smoking-mental-health.pdf>
5. Nagaya T, Yoshida H, Takahashi H, Kawai M. (2007) Cigarette smoking weakens exercise habits in healthy men. *Nicotine Tobacco Research*. 9(10): 1027-32
6. Kisely S, Campbell LA (2008) Use of smoking cessation therapies in individuals with psychiatric illness: an update for prescribers. *CNS Drugs*. 2008;22(4):263-73
7. Taylor GMJ, Girling A, McNeill A, Aveyard P (2015) Does smoking cessation result in improved mental health?: A comparison of regression modelling and propensity score matching. *BMJ Open*, 5(10)
8. Day M, Garnham H (2015) Smoking cessation in secure mental health settings. *Public Health England*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/432222/Smoking_Cessation_in_Secure_Mental_Health_Settings_-_guidance_for_commis....pdf
9. *R (on the application of N) v Secretary of State for Health and others and R (on the application of E) v Nottinghamshire NHS Trust* [2009] EWCA Civ 795
10. National Institute for Health and Clinical Excellence (2006) Obesity: Guidance on the prevention of overweight and obesity in adults and children. NICE Clinical Guidelines CG43. Available at: <http://www.nice.org.uk/guidance/cg43/chapter/guidance>
11. Ratschen E, Britton J, Doody G, McNeill A. (2010) Smoking attitudes, behaviour and nicotine dependence among among mental health acute inpatients: an exploratory study. *International Journal of Social Psychiatry*, 56:107–18

12. Keizer I, Eytan A (2005) *Variations in smoking during hospitalization in psychiatric in-service user units and smoking prevalence in service users and health-care staff. International Journal of Social Psychiatry* 51:pp. 317– 28

13. Siru R, Hulse GK, Tait RJ (2009) *Assessing motivation to quit smoking in people with mental illness: a review. Addiction* 104: pp719–33