

# SPECTRUM Response to Scottish Government Mental Health and Wellbeing Strategy

The SPECTRUM Consortium (SPECTRUM) is a research partnership of academic, public health agencies and advocacy groups working together to generate new evidence to inform the prevention of non-communicable diseases (NCDs). SPECTRUM provides a unique overview of NCD prevention strategies including action on price, availability and marketing of tobacco, alcohol and unhealthy food products, and industry influence on health policy. We investigate the conduct and influence of unhealthy commodity industries (UCIs) in driving unhealthy consumption, build understanding of the systems that perpetuate those drivers, and support the prioritisation of political, social and other measures to prevent harm to health and reduce the social health gradient.

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SPECTRUM is not linked with, nor does it collaborate or cooperate with members of the alcohol, tobacco or food industries.

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The Mental Health and Wellbeing Strategy consultation presents a welcome opportunity to contribute to policy that can improve outcomes in Scotland for people in need of support with their mental health. SPECTRUM's primary interest in the Mental Health and Wellbeing Strategy is in its potential to promote preventative action at a population level which will both support better mental health and wellbeing for all and contribute to reducing the burden of ill health from NCDs. SPECTRUM Work Packages undertake research to improve our understanding of the links between unhealthy commodities, mental ill-health and stigma, and to explore how these relationships can be disrupted over time. As part of this work, questions have been added to the Smoking and Alcohol Toolkit Studies<sup>1 2</sup> to assess mental health as it relates to smoking and alcohol consumption. Since October 2020 this survey has been extended into Scotland, giving us monthly data on the links between mental health and the consumption of tobacco and alcohol products. Our work on smoking and mental health is more developed than our work on alcohol and mental health, which is still in its early stage, with early findings not yet published. We have therefore chosen to provide broad comment on the proposed strategy drawing from the evidence that we have on smoking and mental health, and to provide detailed answers to only selected consultation questions relevant to our interests.

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<sup>1</sup> [Top Line Findings - Graphs - Smoking in England \(smokinginscotland.info\)](https://smokinginscotland.info)

<sup>2</sup> [Monthly Tracking KPI - Graphs - Alcohol in Scotland](#)

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## Summary of key points

- People with mental ill-health are more likely to smoke, smoke heavily and experience harm from smoking than people without mental ill-health.
- There should be policy coherence across the refreshed Mental Health and Wellbeing Strategy, the refreshed Tobacco Control Action Plan, other public health strategies, and the new National Planning Framework for Scotland to promote shared commitments to reducing the burden of NCDs on people's physical and mental health and wellbeing.
- The commercial determinants of health should be acknowledged in the Mental Health & Wellbeing Strategy alongside strengthened commitments population-level action to reduce exposure of people to health harming products.
- Routine data collection on the links between smoking, other health behaviours and mental health must be progressed in Scotland.
- Prevention and cessation support must be developed with targeted information and support for people living with mental health issues.

## Broad comment and evidence on the links between smoking and mental health

Smoking (tobacco) is the primary cause of preventable illness and premature death in the UK<sup>3</sup>. Smoking kills more people each year than alcohol use, drug use, high body mass index (BMI) and low physical activity combined<sup>4</sup>. Whilst the link between smoking and cancer is well established, the link between smoking and mental ill-health is of increasing concern. Research shows that people with mental ill-health are substantially more likely to smoke, smoke heavily and experience harm from smoking than people without mental ill-health<sup>5,6,7,8</sup>. In 2019, 17% of adults over the age of 16 in Scotland smoked<sup>9</sup>. Around one in three smokers in the UK are also living with a mental health issue<sup>10</sup>, compared with one in six of the general population<sup>11</sup>. Based on these statistics we can estimate that there are over 200,000 people in Scotland who are smokers, living with mental health issues. Data from the Smoking Toolkit Study in Scotland indicates that reports of moderate to severe

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<sup>3</sup> [Smoking cessation | Treatment summaries | BNF | NICE](#)

<sup>4</sup> Global Burden of Disease Study 2019 (GBD 2019). (2021). *GBD Compare*. Seattle: Institute for Health Metrics and Evaluation (IHME). Available at: <https://vizhub.healthdata.org/gbd-compare/>. Accessed: 30 June 2022.

<sup>5</sup> Peacock, A., Leung, J., Larney, S., et al. (2018). Global statistics on alcohol, tobacco and illicit drug use: 2017 Status report. *Addiction*, 113(10), 1905–1926. <https://doi.org/10.1111/add.14234>.

<sup>6</sup> Royal College of Physicians, Royal College of Psychiatrists. (2013). *Smoking and Mental Health*. London: RCP. Available at: <https://www.rcplondon.ac.uk/projects/outputs/smoking-and-mental-health>. Accessed: 29 June 2022.

<sup>7</sup> Richardson, S., McNeill, A., & Brose, L.S. (2019). Smoking and quitting behaviours by mental health conditions in Great Britain (1993–2014). *Addictive Behaviors*, 90, 14–19. <https://doi.org/10.1016/j.addbeh.2018.10.011>.

<sup>8</sup> Myles, N., Newall, H.D., Curtis, J., Neilssen, O., Shiers, D., & Large, M. (2012). Tobacco use before, at, and after first-episode psychosis: a systematic meta-analysis. *The Journal of Clinical Psychiatry*, 73(4), 468–475. <https://doi.org/10.4088/jcp.11r07222>.

<sup>9</sup> Scottish Government. (2020). The Scottish Health Survey. 2019, edition, volume 1, main report. In The Scottish Health Survey Available from: <https://www.gov.scot/publications/scottish-health-survey-2019-volume-1-mainreport/>

<sup>10</sup> Royal College of Physicians, Royal College of Psychiatrists. *Smoking and mental health*. London: RCP, 2013

<sup>11</sup> Scottish Government, March 2017, Mental Health Strategy 2017–2027, pg 31, <https://www.gov.scot/publications/mental-health-strategy-2017-2027/pages/10/>

psychological distress in the month prior to the survey were approximately 17% higher for smokers compared with all adults<sup>12</sup>. The latest available data for England indicates that for those with a serious mental illness (SMI), that smoking prevalence is around 40.5% (2014/15)<sup>13</sup>. In 2019, smoking rates for those with and without mental illness in England were declining, the prevalence rate continues to be much higher – despite the level of motivation to quit being similar in both groups<sup>14</sup>. Comparable data for Scotland is not currently available (as far as we are aware). It was noted in the Tobacco Control Action Plan for Scotland in 2018 that better data recording of smoking status information amongst people engaging with mental health services would be very useful<sup>15</sup>. SPECTRUM would support this and would be happy to contribute data from the Smoking and Alcohol Toolkit Studies as part of this development. We would like to see this commitment to improved data collection reflected in the Mental Health and Wellbeing Strategy.

The relationship between mental ill-health and smoking is bi-directional: mental ill-health can lead to people smoking, smoking more and becoming addicted, whilst smoking can also lead to poor/worsening mental health<sup>16</sup>. A recent report from the Royal College of Psychiatry's Public Mental Health Implementation Centre and Action on Smoking and Health<sup>17</sup> describes this as a 'cycle of dependence'. Therefore, to help improve wellbeing at the individual and population levels, there should be a focus on effective tobacco control approaches for both people with and without mental ill-health. The former is needed to support people with mental ill-health to reduce or stop smoking and to remain smoke-free and address the substantial disparities in smoking rates between those with and without mental ill health, and the latter is important to help prevent the onset of mental ill-health. Ensuring that the Mental Health & Wellbeing Strategy joins up with and complements the refreshed Tobacco Control Action Plan for Scotland (currently under development) would contribute to the strategy's aims of addressing the underlying reasons behind poor mental health, helping to create the conditions for people to thrive and providing specialist help and support for mental illness. The Tobacco Control Action Plan 2018, identifies people with mental health issues as a priority group and along with four other linked public health strategies published in 2018, seeks to contribute to significant improvements in mental health and wellbeing. There are a number of actions outlined in the Tobacco Control Action Plan relating to mental health. It would be helpful to see connected commitments across the Mental Health and Wellbeing Strategy and the refreshed Tobacco Control Action Plan which seek to support the physical health of people with mental health issues by both putting in place routine data collection on smoking and mental health and developing smoking prevention and cessation support and information targeted at people living with mental health issues.

There is a growing body of evidence around effective models to help smokers with severe mental illness (SMI) to stop<sup>18</sup>. Tailored models need to be put in place to enable individuals to have the best chance of successfully quitting.

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<sup>12</sup> L.Kock, University College London, personal communication September 2022, <https://osf.io/k3pqz/>

<sup>13</sup> Public Health England (2020). *Public Health Profiles. Local Tobacco Control Profiles*. Available at: <https://fingertips.phe.org.uk>. Accessed: 29 June 2022.

<sup>14</sup> [Health matters: smoking and mental health - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

<sup>15</sup> [Supporting documents - Raising Scotland's tobacco-free generation: our tobacco control action plan 2018 - gov.scot \(www.gov.scot\)](https://www.gov.scot) (paragraph 87)

<sup>16</sup> Wootton, R., Sallis, H., & Munafo, M. (2022). *Is there a causal effect of smoking on mental health?* ASH. Available at: <https://ash.org.uk/wp-content/uploads/2022/06/Causal-effect-smoking-and-mental-health.pdf>. Accessed: 29 June 2022.

<sup>17</sup> <https://ash.org.uk/wp-content/uploads/2022/06/Public-mental-health-and-smoking.pdf>

<sup>18</sup> Gilbody, S., Peckham, E., Bailey, D., et al (2019). Smoking cessation for people with severe mental illness

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There are major gaps in understanding among individuals, health care professionals<sup>19, 20</sup> and community organisations about the role which smoking plays in driving poor mental health and the contribution which quitting can make to improved mental wellbeing<sup>21</sup>.

Alongside improved data collection, it is essential to educate and inform smokers that the common perception that smoking can be a stress-reliever or reduce anxiety is false. Individuals who stop smoking are known to realise an improvement in both their physical and mental health. It has also been estimated that the effect of stopping smoking can be equal to (or larger) than the effect of antidepressant treatment for mood and anxiety disorders<sup>22</sup>.

Challenging and dispelling the myth that smoking is an aid for people's mental health (rather than a cause of harm) was a key recommendation of the recent independent review of tobacco policy in England, the Khan Review<sup>23</sup>. This could be achieved by:

- Development of communications campaigns, such as No Smoking Day<sup>24</sup>, for the whole population about the benefits to mental health from stopping.
- By ensuring that stopping smoking is a standard part of advice to improve mental wellbeing. For example, it's welcome to see stopping smoking mentioned in this Every Mind Matters video: <https://www.nhs.uk/every-mind-matters/mental-wellbeing-tips/top-tips-to-improve-your-mental-wellbeing/#healthy-lifestyle> but it downplays the extent of the benefits of stopping smoking directly on mental health and alludes instead to the indirect impacts that smoking has.
- Through improving the understanding of health care professionals. Recent unpublished insights work undertaken by ASH in England with funding from the DHSC reinforced past research<sup>25</sup> which found that professionals too often reinforce the idea that smoking is a coping mechanism, rather than challenging it, and as a result do not connect people to support.

Another key opportunity at population level is to significantly improve access to alternatives to smoking. As noted above the population of smokers with mental health conditions are more likely to be heavily addicted to smoking, making quitting harder. Using sufficient levels of nicotine from a less harmful source such as pharmacotherapies (such as nicotine replacement therapy) or e-cigarettes

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(SCIMITAR+): A pragmatic randomised controlled trial. *The Lancet Psychiatry*, 6(5), 379–390.  
[https://doi.org/10.1016/S2215-0366\(19\)30047-1](https://doi.org/10.1016/S2215-0366(19)30047-1)

<sup>19</sup> Smith, C.A., McNeill, A., Kock, L. et al. Exploring mental health professionals' practice in relation to smoke-free policy within a mental health trust: a qualitative study using the COM-B model of behaviour. *BMC Psychiatry* 19, 54 (2019). <https://doi.org/10.1186/s12888-019-2029-3>

<sup>20</sup> Sheals K, Tombor I, McNeill A, Shahab L. A mixed-method systematic review and meta-analysis of mental health professionals' attitudes toward smoking and smoking cessation among people with mental illnesses. *Addiction*. 2016 Sep;111(9):1536-53. doi: 10.1111/add.13387. Epub 2016 May 3. PMID: 27003925; PMCID: PMC5025720.

<sup>21</sup> <https://www.gov.uk/government/publications/health-matters-smoking-and-mental-health/health-matters-smoking-and-mental-health>

<sup>22</sup> Taylor G, McNeill A, Girling A, Farley A, Lindson-Hawley N, Aveyard P et al. Change in mental health after smoking cessation: systematic review and meta-analysis *BMJ* 2014; 348 :g1151  
doi:10.1136/bmj.g1151

<sup>23</sup> <https://www.gov.uk/government/publications/the-khan-review-making-smoking-obsolete>

<sup>24</sup> <https://ash.org.uk/media-and-news/press-releases-media-and-news/smokers-who-stop-happier-in-long-term-no-smoking-day-2021/>

<sup>25</sup> [https://ash.org.uk/wp-content/uploads/2020/12/MHTraining\\_FullReport.pdf](https://ash.org.uk/wp-content/uploads/2020/12/MHTraining_FullReport.pdf)

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(vaping UK-regulated, nicotine-containing products specifically) is important to enable them to remain smokefree.

Additional opportunities to improve the population's wellbeing through addressing smoking includes:

- Implement evidence-based tobacco-control interventions, including tailored interventions for people with mental ill-health (e.g., tailored tobacco control mass media campaigns<sup>26</sup>).
- Conduct research to establish the most effective and cost-effective tobacco control interventions for people with mental ill-health. This is particularly important for populations outside mainstream secondary mental health services such as those with common mental disorder, people with PTSD and those with addictions to alcohol, drugs and gambling.
- Involve members of the public with lived experience of smoking and mental ill-health in the design, execution, evaluation and dissemination of tobacco control research and interventions.
- Improve data monitoring, including addressing gaps in data for people who smoke and have mental ill-health.
- Work cohesively (with people from the NHS, education sector, research sector, voluntary sector, media etc.) to ensure that public-facing information about tobacco-control interventions is consistent, accurate and accessible to people with mental ill-health<sup>27</sup>.
- Educate health professionals – particularly those working in mental health settings – regarding the benefits that stopping smoking has on those with mental ill-health, and tackling the misperceptions that those with mental ill-health are not motivated to stop.
- Protect people, including those with mental ill-health, from the influence of the tobacco industry. Whilst it is clear that a multi-stakeholder, multi-sector approach to improving the quality of life for those experiencing mental ill health is necessary, it is important to consider the role of private industry in subverting opportunities for improvement in mental health. For example, the WHO reports that the tobacco industry continues to share misconceptions about smoking and mental health risk as well as specifically targeting those with mental health conditions<sup>28</sup>.

Action to address smoking and mental health needs to be embedded synergistically within local authority and Health and Care strategies. The recent RCPsych/ASH report described above<sup>29</sup> set out a framework for local action to ensure these two entwined issues are not siloed. The framework highlights the importance of local joined up strategy being taken forward by leaders within mental health and public health who have a shared vision and action by staff who seek to join up practice rather than silo it. All of this must be underpinned by improved data quality and the setting of shared

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<sup>26</sup> Perman-Howe, P.R., McNeill, A., Brose, L.S., et al. (2022). The Effect of Tobacco Control Mass Media Campaigns on Smoking-Related Behaviour Among People With Mental Illness: A Systematic Literature Review. *Nicotine & Tobacco Research*, ntac079. <https://doi.org/10.1093/ntr/ntac079>

<sup>27</sup> Perman-Howe, P.R., Horton, M., Robson, D., et al. (2022). Harm perceptions of nicotine-containing products and associated sources of information in UK adults with and without mental ill health: A cross-sectional survey. *Addiction*, 117, 715-729. <https://doi.org/10.1111/add.15657>.

<sup>28</sup> [fs-tobacco-use-and-mental-health-eng.pdf \(who.int\)](https://www.who.int/fs-tobacco-use-and-mental-health-eng.pdf)

<sup>29</sup> <https://ash.org.uk/wp-content/uploads/2022/06/Public-mental-health-and-smoking.pdf>

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targets for the local system. This includes a wide range of public services, including education settings, social care, the NHS, voluntary sectors, housing associations and businesses.

- Provide funding/support/training to implement cross-sector local tobacco control interventions (this is particularly important for health professionals).
- Conduct tobacco control research at the local level (findings from research conducted at a regional/national level may not translate to a local level).
- Involve members of local communities in the design, execution and evaluation of local-level tobacco control research/interventions.

There is a growing body of evidence to suggest that smoking can cause mental illness (in particular, schizophrenia)<sup>30</sup>. Smoking tobacco can inhibit the efficiency of some psychiatric medicines making less effective and requiring individuals to take higher doses that may also increase the side effects associated with these drugs<sup>31,32</sup>. This highlights the need for effective tobacco control approaches for people without mental ill-health, for those who are at high risk of mental ill-health and for those with mental ill-health. This is important to help prevent the onset of mental ill-health and to support people with mental ill-health to reduce or stop smoking and to remain smoke-free. Interventions that prevent smoking or encourage smoking cessation in school-age children are particularly important to prevent serious mental illnesses, which tend to start in late adolescence/early adulthood.

Action on Smoking and Health in England, the University of Bristol and University College London are working on an estimate for the contribution which smoking makes to the incidence of schizophrenia and depression following a recent yet to be published meta-analysis. The findings of this can be shared with the Scottish Government in due course.

In addition to the direct contribution which smoking makes to levels of poor mental health it also has indirect effects. These include:

- Increased levels of ill health in the population, which contributes to poor mental health.
- Increasing level of poverty for smokers and their households<sup>33</sup>.
- Reducing the likelihood smokers will be employed and reducing the salaries of those who do, likely as a consequence of impact on working age disability and poor health<sup>34</sup>.
- Increasing the need for unpaid carers in the population – over a million people receive informal care from loved ones due to smoking<sup>35</sup>.

Strategies to reduce smoking will therefore have dividends for the goals of the Mental Health and Wellbeing Strategy but also require action from across government.

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<sup>30</sup> Wootton, R., Sallis, H., & Munafo, M. (2022). *Is there a causal effect of smoking on mental health?* ASH. Available at: <https://ash.org.uk/wp-content/uploads/2022/06/Causal-effect-smoking-and-mental-health.pdf>. Accessed: 29 June 2022.

<sup>31</sup> <https://www.health.nsw.gov.au/tobacco/publications/tool-14-medication-intera.pdf>

<sup>32</sup> [ASH-Factsheet Mental-Health v3-2019-27-August-1.pdf](#)

<sup>33</sup> <https://ash.org.uk/information-and-resources/reports-submissions/reports/smoking-and-poverty/>

<sup>34</sup> <https://ash.org.uk/information-and-resources/reports-submissions/reports/smokingemployability/>

<sup>35</sup> <https://ash.org.uk/information-and-resources/reports-submissions/reports/costtosocialcare/>



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## Response to selected questions:

**Question 3.1: On page 9, we have identified four key areas that we think we need to focus on. Those were:**

- **Promoting and supporting the conditions for good mental health and mental wellbeing at population level.**
- **Providing accessible signposting to help, advice and support.**
- **Providing a rapid and easily accessible response to those in distress.**
- **Ensuring safe, effective treatment and care of people living with mental illness.**

**Do you agree with these 4 areas?**

Yes.

SPECTRUM welcomes the four key areas of focus in the Mental Health and Wellbeing Plan, and particularly notes the importance of promoting and supporting the conditions for good mental health and mental wellbeing at a population level. Further, we are pleased to note the proposed outcomes of:

- Through actions across policy areas, we will have influenced the social factors that affect mental health and wellbeing, to improve people's lives and reduce inequalities
- People feel a sense of belonging and connectedness with their communities and recognise them as a source of support
- People with mental health conditions, including those with other health conditions or harmful drug and alcohol use, are supported to have as good physical health as possible
- Communities have equitable access to a range of activities and opportunities for enjoyment, learning, participating and connecting with others

While we are pleased to see outcomes which acknowledge the importance of communities and the environment within which people live, we are concerned that these appear to be focused more on social factors which could affect mental health. We would like to see these outcomes expanded to acknowledge the commercial factors that affect mental health and wellbeing. Meeting Scotland's national strategic public health targets such as realising a tobacco-free generation by 2034<sup>36</sup> as well as reducing the availability of alcohol products, reducing alcohol consumption, and addressing alcohol-related harms, contribute to improving mental health and wellbeing for all and require policy action to restrict and/or regulate the activities of commercial actors to some extent. We would like to see particular acknowledgement of the role that unhealthy commodities play in driving NCDs, and the significant burden of poor mental and physical health these create in Scotland.

Controlling the availability of unhealthy commodities to reduce their consumption is recognised by the World Health Organisation (WHO) as one of the most effective and cost-effective approaches to reducing health harm, alongside increasing prices, and restricting marketing<sup>37</sup>. Addressing the availability of unhealthy commodities to reduce consumption, is one of the most promising policy opportunities for addressing NCDs globally.

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<sup>36</sup> <https://www.gov.scot/publications/raising-scotlands-tobacco-free-generation-tobacco-control-action-plan-2018/pages/2/#:~:text=Because%20of%20the%20significant%20financial,these%20children%20out%20of%20poverty.>

<sup>37</sup> [https://www.who.int/ncds/management/WHO\\_Appendix\\_BestBuys\\_LS.pdf](https://www.who.int/ncds/management/WHO_Appendix_BestBuys_LS.pdf)

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### **Q5.3 What are the main things in day-to-day life that currently have the biggest negative impact on the mental health and wellbeing of you, or of people you know?**

Consumption of unhealthy products is a significant contributory factor in the health and wellbeing of our people and our communities, and the health inequalities that we experience in Scotland. Our consumption is driven by complex systems of production, distribution and promotion. How we think about and plan our community spaces, towns and regions in Scotland can facilitate or constrain people's access and exposure to unhealthy products and environments, with the potential to affect health, wellbeing and inequalities either positively or negatively.

It is particularly important to protect children from easy availability of and exposure to unhealthy commodities (including alcohol, tobacco, fast food, dessert stores). SPECTRUM work has shown that all children in Scotland have high levels of exposure to unhealthy commodities, with children from the most disadvantaged areas experiencing seven times the frequency of exposure as children from the least deprived areas<sup>38</sup>. Exposure to unhealthy commodities during childhood is a key factor affecting uptake of unhealthy behaviours (smoking, alcohol consumption) during this formative period of the life course<sup>39</sup>.

Work by the SPECTRUM team over a number of years has shown consistently that high local availability of tobacco and alcohol products is detrimental to the health of communities across Scotland and contributes markedly to the recent increases in health inequalities<sup>40 41</sup>. SPECTRUM would like to see policy coherence across the Mental Health and Wellbeing Strategy, the new National Planning Framework for Scotland, and local alcohol licensing policies to promote action to limit the availability of health harming products in our communities.

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<sup>38</sup> <http://dx.doi.org/10.1136/tobaccocontrol-2018-054891>

<sup>39</sup> <http://dx.doi.org/10.1136/tobaccocontrol-2013-051473>

<sup>40</sup> Shortt N, Rind E, Pearce J, Mitchell R, Curtis S, 2018. Alcohol risk environments, vulnerability and social inequalities in alcohol consumption. *Annals of the Association of American Geographers* 108, 1210–1227.

<sup>41</sup> Pearce J, Rind E, Shortt N, Tisch C, Mitchell R, 2016. Tobacco retail environments and social inequalities in individual-level smoking and cessation among Scottish adults. *Nicotine & Tobacco Research* 18, 138–146.