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SPECTRUM

RESPONSE TO THE DEPARTMENT OF HEALTH AND SOCIAL CARE CONSULTATION

Mental health and wellbeing plan: discussion paper and call for evidence

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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Action on Smoking and Health (ASH) is a public health charity established in 1971 by the Royal College of Physicians to end the harms from smoking. ASH sets the agenda on tobacco control working closely with academia and front line professionals to ensure work is grounded in the evidence and the experience of delivery. ASH takes a dual approach:

- Information and networking: To develop opinion and awareness about the “tobacco epidemic.”
- Advocacy and campaigning: To press for policy measures that will reduce the burden of addiction, disease and premature death attributable to tobacco.

ASH leads the Smokefree Action Coalition, a network of more than 300 local and national organisations committed to ending the harm from smoking. ASH also co-ordinates a number of specific networks including the Mental Health and Smoking Partnership and the Mental Health and Smoking Information Network – which includes many of the major national mental health organisations including Royal College of Psychiatry, Mind, Mental Health Foundation, Rethink and Centre for Mental Health.

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Website: https://smokefreeaction.org.uk/smokefree-nhs/smoking-and-mental-health/

CHAPTER 1: HOW CAN WE ALL PROMOTE POSITIVE MENTAL WELLBEING?

How can we help people to improve their own wellbeing?

Key points from our response

- Smoking is the leading cause of preventable ill health and premature death. It is more common among people with mental health conditions, contributing to inequalities in health, income and employment.
- Smoking contributes directly and indirectly to the burden of poor mental health in society through increasing risk of some mental health conditions and contributing to circumstances which lead to poor mental health such as ill health and poverty.
- Action to address smoking for individuals and the population will reduce the burden of mental ill health in society and improve the wellbeing of people living with mental health conditions. Targeted action within mental health services and wider action across the population can secure change.
- The Government ambition is for smoking to be at less than 5% by 2030. As current rates are much higher among people with mental health conditions there is a risk that those still smoking by 2030 will be concentrated in the mental health population exacerbating the health inequalities and the stigma already experienced by this population.
- The 10 Year Mental Health Strategy can contribute to the change needed but setting aspiration for lower smoking among people with mental health conditions and noting the action needed to achieve this.
- The 10 Year Mental Health Strategy should heed the recommendation of the Independent Review of tobacco, the Khan Review[1] to "*Tackle the issue of smoking and mental health. Disseminate accurate information that smoking does not reduce stress and anxiety, through public health campaigns and staff training. And make stopping*

[1] https://www.gov.uk/government/publications/the-khan-review-making-smoking-obsolete/making-smoking-obsolete-summary

smoking a key part of mental health treatment in acute and community mental health services and in primary care."

- Locally and at ICS level the 10 Year Mental Health Strategy should secure implementation of the Public Mental Health Implementation Centre and Action on Smoking and Health public mental health and smoking framework[2].
- ASH and SPECTRUM are members of the Mental Health and Smoking Partnership. We would be very happy to talk further about how the 10 year mental health plan.

Smoking (tobacco) is the primary cause of preventable illness and premature death in the UK[3]. Smoking kills more people each year than alcohol use, drug use, high body mass index (BMI) and low physical activity combined[4]. 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[5],[6],[7],[8]. In 2020/21, around 14.4% of all adults, and 26.3% of adults with a long-term mental health condition, in England smoked[9]. For those with a serious mental illness (SMI), the latest available data indicates that smoking prevalence is around 40.5% (2014/15)[9]. Although smoking rates for those with and without mental illness in England have been declining in recent years, the prevalence rate continues to be much higher among those with mental illness – despite the level of motivation to quit being similar in both groups[10].

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[11]. A recent report from the Royal College of Psychiatry's Public Mental Health Implementation Centre and Action on Smoking and

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[2] https://ash.org.uk/wp-content/uploads/2022/06/Public-mental-health-and-smoking.pdf
[3] Smoking cessation | Treatment summaries | BNF | NICE
[4] 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.
[5] 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.
[6] 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.
[7] 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.
[8] 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.
[9] Public Health England (2020). *Public Health Profiles*. *Local Tobacco Control Profiles*. Available at: https://fingertips.phe.org.uk. Accessed: 29 June 2022.
[10] Health matters: smoking and mental health - GOV.UK (www.gov.uk)
[11] 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.

Health[12] describes this as a 'cycle of dependence'. Therefore, to help improve wellbeing at an individual and population level, 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.

There is a growing body of evidence around effective models to help smokers with severe mental illness (SMI) to stop[13]. Tailored models need to be put in place to enable individuals to have the best chance of successfully quitting. The commitments through the NHS Long Term Plan to implement *"a new universal smoking cessation offer will also be available as part of specialist mental health services for long-term users of specialist mental health, and in learning disability services"* are welcome but the next 10 year plan for mental health needs to show commitment to maintaining and extending these. Currently, implementation is far from complete in inpatient mental health settings and hasn't commenced in community mental health settings.

Additionally, while these new services offer promise for people with SMI, they do little to address the more than a million smokers with common mental health conditions. While more research is needed into optimal models, there are already randomised control trials underway in Improving Access to Psychological Therapies (IAPT) settings[14] which appear to show promise for embedding support within these existing behaviour change services[15]. The next 10 Year Mental Health Strategy should commit to expanding such provision as part of addressing the inequalities in smoking rates and improve both mental health and physical health outcomes.

Do you have any suggestions for how we can improve the population's wellbeing?

The discussion paper sets out four challenges that need to be addressed in the next 10 years to improve mental wellbeing. Among these is the challenge to address: "*gaps in individuals', communities' and organisations' knowledge about factors that influence wellbeing and the steps they can take to support better wellbeing".* There are major gaps in understanding

[12] https://ash.org.uk/wp-content/uploads/2022/06/Public-mental-health-and-smoking.pdf

[13] Gilbody, S., Peckham, E., Bailey, D., et al (2019). Smoking cessation for people with severe mental illness (SCIMITAR+): A pragmatic randomised controlled trial. The Lancet Psychiatry, 6(5), 379–390. https://doi.org/10.1016/S2215-0366(19)30047-1

[14] Taylor, G., Aveyard, P., Bartlem, K. et al. Integrating Smoking Cessation treatment As part of usual Psychological care for depression and anxiety (ESCAPE): protocol for a randomised and controlled, multicentre, acceptability, feasibility and implementation trial. Pilot Feasibility Stud 5, 16 (2019). https://doi.org/10.1186/s40814-018-0385-2

[15] Taylor, GMJ, Sawyer, K, Kessler, D, Munafò, MR, Aveyard, P, Shaw, A. Views about integrating smoking cessation treatment within psychological services for patients with common mental illness: A multi-perspective qualitative study. Health Expect. 2021; 24: 411– 420. https://doi.org/10.1111/hex.13182

among individuals, health care professionals[16],[17] 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[18].

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[19].

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 the Khan Review[20]. This can be achieved by:

- Development of communications campaigns, such as No Smoking Day[21], 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 insights work undertaken by ASH with funding from the DHSC 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[17, 22].

Another key opportunity at a 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 an e-cigarette (vaping UK-

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[16] 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

[17] 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.

[18] https://www.gov.uk/government/publications/health-matters-smoking-and-mental-health/health-matters-smoking-and-mental-health

[19] 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

[20] https://www.gov.uk/government/publications/the-khan-review-making-smoking-obsolete

[21] https://ash.org.uk/media-and-news/press-releases-media-and-news/smokers-who-stop-happier-in-long-term-no-smoking-day-2021/

[22] https://ash.org.uk/wp-content/uploads/2020/12/MHTraining_FullReport.pdf

regulated, nicotine-containing products specifically) is important to enable them to remain smokefree. Currently neither smokers nor health professionals have accurate understanding of the relative harms from vaping compared to smoking[23,24,25,26]. Although there are still some risks associated with their use, specifically for people who have never smoked, evidence suggests that they are substantially less harmful than smoking. Increasing awareness and understanding of the evidence and implementing approaches such as access to free starter kits could speed the rate of decline.

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[27]).
- 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 (e.g., through the Local Tobacco Control Profiles) we have expanded on this in question on data.
- 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 (e.g., use of e-cigarettes) is consistent, accurate and accessible to people with mental ill-health[28].

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[23] McNeill, A., Brose, L.S., Calder, R., Simonavicius, E. and Robson, D. (2021). Vaping in England: An evidence update including vaping for smoking cessation, February 2021: a report commissioned by Public Health England. London: Public Health England.

[24] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/962221/Vaping_in_England_evidence_update_February_2021.pdf

[25] Smith, et al , Harm Perceptions of E-cigarettes Among Smokers With and Without Mental Health Conditions in England: A Cross-Sectional Population Survey, Nicotine & Tobacco Research, Volume 23, Issue 3, March 2021, Pages 511–517, https://doi.org/10.1093/ntr/ntaa020

[26] Smith et al (2019) Mental health professionals' perceptions, judgements and decision-making practices regarding the use of electronic cigarettes as a tobacco harm reduction intervention in mental healthcare: A qualitative focus group study. Addictive Behaviours Reports https://doi.org/10.1016/j.abrep.2019.100184

[27] 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

[28] 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.

- 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 tobacco 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[29].

How can we support different sectors within local areas to work together, and with people within their local communities, to improve population wellbeing?

Action to address smoking and mental health needs to be embedded synergistically within local authority and Integrated Care System strategies. The recent RCPsych/ASH report described above[30] 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 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.

CHAPTER 2: HOW CAN WE ALL PREVENT THE ONSET OF MENTAL ILL-HEALTH?

What is the most important thing we need to address in order to reduce the numbers of people who experience mental ill-health?

There is a growing body of evidence to suggest that smoking can cause mental illness (in

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Addiction, 117, 715-729. https://doi.org/10.1111/add.15657.

[29] fs-tobacco-use-and-mental-health-eng.pdf (who.int)

[30] https://ash.org.uk/wp-content/uploads/2022/06/Public-mental-health-and-smoking.pdf

particular, schizophrenia)[31]. 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, 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 department 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[32].
- 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[33].
- Increasing the need for unpaid carers in the population – over a million people receive informal care from loved ones due to smoking[34].

Strategies to reduce smoking will therefore have dividends for the goals of the 10 year mental health strategy but also require action from across government. The Government has pledged to publish a Tobacco Control Plan this year following the recommendations made in the Khan Review. Implementing these recommendations would substantially reduce smoking and its impacts during the lifetime of the 10 year mental health strategy, particularly if the Tobacco Control Plan has a strong focus on mental health. It would be welcome to see a call for strong action on smoking as part of the 10 year mental health strategy.

In 2016 the Five Year Forward View for Mental Health[35] called for all mental health settings

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[31] 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.

[32] https://ash.org.uk/information-and-resources/reports-submissions/reports/smoking-and-poverty/

[33] https://ash.org.uk/information-and-resources/reports-submissions/reports/smokingemployability/

[34] https://ash.org.uk/information-and-resources/reports-submissions/reports/costtosocialcare/

[35] https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

to be smokefree by 2019. ASH was commissioned by PHE[36] to survey Trusts to understand implementation of this commitment and found progress but gaps in implementation with a focus on preserving smokefree estates over providing support to enable staff and patients to be smokefree.

Such commitments in a national mental health strategy can drive cultural change. A renewed commitment in this strategy can help secure further cultural change and ensure the diverse population of people with mental health conditions who smoke are not left behind as the overall level of smoking falls in the population. Setting an aspiration within this strategy not for sites to be smokefree but for people, an aspiration that could be echoed and actioned through a new Tobacco Control Plan, would be a valuable step forward.

Do you have ideas for how employers can support and protect the mental health of their employees?

We agree with the guidance from NICE which suggests that employers could promote stop smoking services[37]. Quitting smoking can have a significant improvement on the physical and mental health of individuals. Stopping smoking can reduce stress and anxiety[19] levels whilst increasing productivity. Employers should consider providing information on how to quit smoking, via their occupational health team (if they have one) or by providing written information or leaflets on the free cessation support that is available to those wishing to quit smoking. Research shows that interventions that are offered in the workplace have similar effects to those offered elsewhere[38].

What is the most important thing we need to address in order to prevent suicide?

No comment - this is not an area of expertise for our Consortium.

CHAPTER 3: HOW CAN WE ALL INTERVENE EARLIER WHEN PEOPLE NEED SUPPORT WITH THEIR MENTAL HEALTH?

- *Where would you prefer to get early support for your mental health if you were struggling? Please tick all that apply.*

- *What more can the NHS do to help people struggling with their mental health to access support early?*

[36] https://ash.org.uk/information-and-resources/reports-submissions/reports/progress-towards-smokefree-mental-health-services/
[37] https://www.nice.org.uk/guidance/ng209/chapter/Recommendations-on-promoting-quitting#promoting-stop-smoking-support
[38] https://www.cochrane.org/CD003440/TOBACCO_is-the-workplace-an-effective-setting-for-helping-people-to-stop-smoking

- *Do you have any suggestions for how the rest of society can better identify and respond to signs of mental ill-health? If yes, please share your ideas.*

- *How can we ensure that people with wider health problems get appropriate mental health support at an early stage if they are struggling?*

- *You might want to consider barriers faced by individuals, as well as how health and social care services engage with those people.*

As mentioned earlier, there is emerging evidence that there is a prospective association between smoking and mental health[39]. The opportunities we have outlined above in response to questions in Chapters 1 & 2 also apply to Early Intervention Mental Health Services. Surveys conducted in 2020/21 by the Royal College of Psychiatrist in all 55 Early Intervention Psychosis Services in England, found screening for smoking status varied from 45% to 100% across services and only 13% of patients who smoked were referred to a smoking cessation service[40].

CHAPTER 4: HOW CAN WE IMPROVE THE QUALITY AND EFFECTIVENESS OF TREATMENT FOR MENTAL HEALTH CONDITIONS?

What needs to happen to ensure the best care and treatment is more widely available within the NHS? We want to hear about the most important issues to address in order to improve NHS mental health care and treatment over the next 10 years.

What is the NHS currently doing well and should continue to support people with their mental health?

As noted above the commitment to implement support for smokers in secondary mental health services through the NHS Long Term Plan is very welcome. These services need to be maintained when funding is no longer 'transformational' but moved to business as usual. Support in the 10 year mental health strategy for these services will help to secure their longer term future.

[39] 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.

[40] Royal College of Psychiatrists (2021) National Clinical Audit of Psychosis – National Report for the Early Intervention in Psychosis Audit 2020/2021. London: Healthcare Quality Improvement Partnership. Available from: www.rcpsych.ac.uk/NCAP

What should be our priorities for future research, innovation and data improvements over the coming decade to drive better treatment outcomes?

There are gaps in all aspects of data relating to smoking and mental health to the point that it is challenging even to estimate the current size of the population with mental health conditions who smoke[41]. Better data recording and national reporting of smoking status within datasets such as the SMI health check could help to drive service improvements.

What should inpatient mental health care look like in 10 years' time, and what needs to change in order to realise that vision?

As noted above, the Five Year Forward View for Mental Health[42] made a valuable contribute to culture change in calling for implementing smokefree mental health sites.

However, it is time to move beyond this and to commit for larger scale change for the next decade. The disparities in smoking rates between all people with mental health conditions should be addressed. To secure change, it would be beneficial for this strategy to call for, or set clear targets for, improvements in smoking rates among people with SMI and those with other mental health conditions.

If achieved, the Government's ambition for England to have less than 5% of the population smoking by 2030 risks seeing smoking left almost only in disadvantaged populations and those with mental health condition[43]. This will not only exacerbate health and economic inequality but further entrench stigmatism.

CHAPTER 5: HOW CAN WE ALL SUPPORT PEOPLE LIVING WITH MENTAL HEALTH CONDITIONS TO LIVE WELL?

What do we (as a society) need to do or change in order to improve the lives of people living with mental health conditions?

The WHO reports[44] that nearly two thirds of individuals with mental ill health never seek help from a health professional. Society must move away from the stigmatisation of individuals with mental health conditions. There are a number of factors in society, whether social, economic, or environmental, which can impact (and alter) our individual mental health status.

What things have the biggest influence on your mental health and influence

[41] https://ash.org.uk/wp-content/uploads/2022/06/Public-mental-health-and-smoking.pdf
[42] https://www.england.nhs.uk/publication/the-five-year-forward-view-for-mental-health/
[43] https://smokefreeaction.org.uk/wp-content/uploads/2021/05/MHSP-TCP-reccommendations-DESIGNED-V1.pdf#
[44] The World Health Report 2001: Mental Disorders affect one in four people (who.int)

your quality of life?

What more can we do to improve the physical health of people living with mental health conditions? This will support our ambition to reduce the gap in life expectancy between people with severe mental illness and the general population.

Smoking causes poor mental health across the population. It reduces a person's level of physical health and increases the risk of mental ill health conditions. People with mental ill-health die on average 10-20 years earlier than those without[45]. This reduction in life expectancy is mostly due to cardiovascular disease caused by smoking[46]. Research conducted among 21, 000 patients in mental health services in South London, found that the life expectancy gap was 15.1 years for female current smokers and 7.8 years for non-smokers. In men, the differences were 15.2 years for current smokers and 10.2 years for non-smokers. Smoking, in this study, therefore accounted for around 48% of the life expectancy gap in women and 33% in men[47]. Smoking cessation can substantially decrease the risk of physical illness and increase life expectancy. Therefore, it is important that more is done to prevent smoking among people with mental ill-health and support those who smoke to stop.

Smoking tobacco can inhibit the efficiency of some psychiatric medicines making them less effective and requiring individuals to take higher doses that may also increase the side effects associated with these drugs[48,49,50]. Supporting people who smoke to quit allows for the reduction of doses of some medicines, thereby improving physical health problems associated with antipsychotic medication and reducing prescribing costs

Reducing the smoking prevalence rate to 5% or less, as outlined in the UK Government ambitions to be smokefree by 2030 will assist in reducing the burden of mental ill health

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[45] Chesney, E., Goodwin, G.M., & Fazel, S. (2014). Risks of all-cause and suicide mortality in mental disorders: a meta-review. *World psychiatry: official journal of the World Psychiatric Association (WPA)*, 13(2), 153–160. https://doi.org/10.1002/wps.20128.

[46] 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.

[47] Chesney E, Robson D, Patel R, Shetty H, Richardson S, Chang CK, McGuire P, McNeill A. The impact of cigarette smoking on life expectancy in schizophrenia, schizoaffective disorder and bipolar affective disorder: An electronic case register cohort study. Schizophr Res. 2021 Dec;238:29-35. doi: 10.1016/j.schres.2021.09.006. Epub 2021 Sep 23. PMID: 34563995; PMCID: PMC8653908

[48]Taylor D, Barnes TRE and Young AH (2021) The Maudsley Prescribing Guidelines in Psychiatry. 14th Ed. Wiley Blackwell London

[49] ASH-Factsheet_Mental-Health_v3-2019-27-August-1.pdf

[50] RCPsych 2013 (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.

whilst increasing physical health. The upcoming tobacco control plan must include a focus on tacking smoking in those with mental ill-health which will lead to an improvement in both their mental and physical health.

How can we support sectors to work together to improve the quality of life of people living with mental health conditions?

Implementing the RCPsych/ ASH framework for action[24] locally and at ICS level would support cross-sector action through securing a shared strategic approach to these overlapping challenges.

What can we change at a system level to ensure that individuals with co-occurring mental health and drug and alcohol issues encounter 'no wrong door' in their access to all relevant treatment and support? *This includes people in contact with the criminal justice system.*

It is important that this provision also links to delivery of smoking cessation support. Smoking rates are very high in populations with a co morbid mental health condition and substance use disorder. Smoking prevalence increases with the level of alcohol consumption and those at risk of alcohol dependence have higher levels of cigarette dependence than drinkers not at risk. Therefore, all smokers at risk of alcohol dependence are a high priority group to target to reduce smoking prevalence. Furthermore, continuing to smoke during treatment for drug use impairs outcomes[51] and stopping smoking during treatment increases the chances of successful outcome by 25%[52] . There should be no 'wrong door' for support with all the addictions that are damaging a person's physical and mental health. Local authority commissioned substance use services, and substance use services within prisons should all offer integrated tobacco dependence treatment interventions. OHID, via its National Drug Treatment Monitoring System (NDTMS) already collects data on the number of clients who smoke who are offered smoking cessation support during treatment for their primary drug use. In the most recent NDTMS Report (2020/21) 56% of people who had attended a substance use service in England smoked and only 2% were recorded as having been offered support to quit[53].

CHAPTER 6: HOW CAN WE ALL IMPROVE SUPPORT FOR PEOPLE IN CRISIS?

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[51] Weinberger AH, Platt J, Esan H, Galea S, Erlich D, Goodwin RD. Cigarette Smoking Is Associated With Increased Risk of Substance Use Disorder Relapse: A Nationally Representative, Prospective Longitudinal Investigation. J Clin Psychiatry. 2017 Feb;78(2):e152-e160. doi: 10.4088/JCP.15m10062. PMID: 28234432; PMCID: PMC5800400.

[52] Prochaska et al (2004) A meta analysis of smoking cessation interventions with individuals in substance abuse treatment or recovery. Journal of Consulting and Clinical Psychiatry 72 (6) 1144-1156 DOI: 10.1037/0022-006X.72.6.1144

[53] https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2020-to-2021/adult-substance-misuse-treatment-statistics-2020-to-2021-report

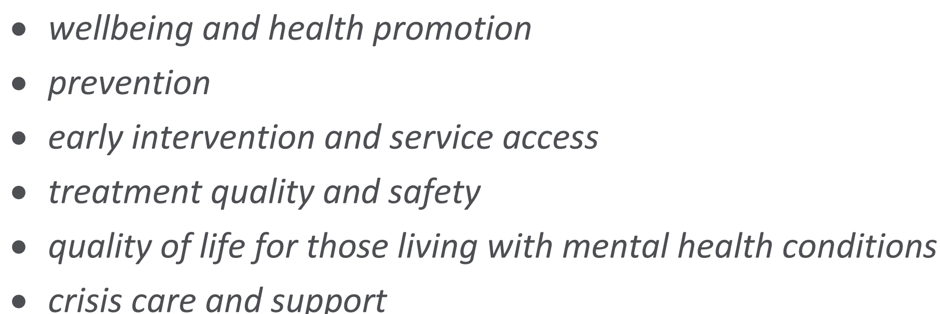
No comment - this is not an area of expertise for our Consortium.

- **What can we do to improve the immediate help available to people in crisis?**
- **We want to hear from people who have experienced a mental health crisis, to understand what help you need.**
- **We also want to hear from those who work or have worked within services who support people experiencing a mental health crisis.**
- **We are interested in ways to embed 'best practice' of multi-agency working, considering the role of the NHS, social work and social care, the voluntary and community sector, local government, education settings and the police.**
- **How can we improve the support offer for people after they experience a mental health crisis?**
- **We want to hear from people who have experienced a mental health crisis, to understand what help you need.**
- **We also want to hear from those who work or have worked within services who support people experiencing a mental health crisis.**
- **What would enable local services to work together better to improve support for people during and after an experience of mental health crisis?**
- **We would like you to consider the range of public services involved in crisis support, including the police and NHS services, as well as voluntary and community sector and businesses.**

NEXT STEPS AND IMPLEMENTATION

Developing a national mental health plan

What do you think are the most important issues that a new, 10-year national mental health plan needs to address?



- *wellbeing and health promotion*
- *prevention*
- *early intervention and service access*
- *treatment quality and safety*
- *quality of life for those living with mental health conditions*
- *crisis care and support*

- *stigma*
- *other – please specify*

Please explain your choice.

Access to effective healthcare is a determinant of health. Investment in prevention and in addressing health and healthcare inequalities had already been largely stagnant since the 2008 recession, and has been compounded by the COVID-19 pandemic. This has increased the need for preventive and primary care services, increased the screening backlog and impacted on quality of life through delays to treatment for pre-existing and suspected new health conditions, including mental health problems. There are insufficient data publicly available to determine if the existing healthcare inequities have worsened during the pandemic but ONS data on the increase in avoidable mortality indicates that this is likely.

The COVID-19 pandemic has resulted in an increase in mental health issues across society[54]. Support services and resources that are accessible and community based which address the needs of those on low incomes are strongly encouraged whist action to address stigma will make these services available to those that need them.

It is essential to move away from the stigmatisation of the individual and focus on addressing the determinants of unhealthy behaviours, including the role of unhealthy commodity industries in creating and maintaining those behaviours, while investing in prevention and mitigation that is based on existing evidence or new approaches designed in partnership with communities to create new evidence.

Wellbeing and quality of life will be improved by stopping smoking (e.g. physical health, financial). There should be a focus on preventing co-occurring smoking and mental ill-health. There should be a focus on reducing stigma (and perceived stigma) pertaining to smoking and mental ill-health.

The 10 year mental health strategy must make a commitment on smoking that can shape the culture in the sector in the next decade and aid the speed of change. It must show commitment to maintaining and extending the ambition of the NHS Long Term Plan, which states *"a new universal smoking cessation offer will also be available as part of specialist mental health services for long-term users of specialist mental health, and in learning disability services…This will include the option to switch to e-cigarettes while in inpatient settings."* Currently, implementation is far from complete in inpatient mental health settings and hasn't commenced in community mental health settings.

[54] https://www.who.int/news/item/02-03-2022-covid-19-pandemic-triggers-25-increase-in-prevalence-of-anxiety-and-depression-worldwide

These new services offer promise for people with SMI, but do not adequately address the more than one million smokers with common mental health conditions. While more research is needed into optimal models there are already randomised control trials underway in IAPT settings which appear to show promise for embedding support within these existing behaviour change services. The next 10 Year Mental Health Strategy should commit to expanding such provision as part of addressing the inequalities in smoking rates and improve both mental health and physical health outcomes.

What 'values' or 'principles' should underpin the plan as a whole?

Locally owned and driven mental health plans.

No comment.

How can we support local systems to develop and implement effective mental health plans for their local populations?

No comment.

Cross-cutting data priorities

How can we improve data collection and sharing to help plan, implement and monitor improvements to mental health and wellbeing?

While national surveys give an indication of smoking prevalence in people living in households, they omit groups with the highest smoking prevalence and will not allow monitoring of effectiveness in underserved populations such as those in prison, hospital, community mental health services and those who access services for people experiencing homelessness.

Primary care data includes information on smoking status and mental health which is not routinely analysed. This would be a valuable source of information if collected.

The health checks delivered to people with SMI record (or should record) smoking status. This data does not appear to be collated nationally or made available but would appear amenable to be made available for research and improvement purposes.

The maternity services dataset[55] has improved in recent years and analysis of smoking data within this dataset has allowed for a richer understanding of the inequalities in smoking rates during pregnancy by SES, age and geography. Improving the quality of the mental health

[55]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/844210/Health_of_women_before_and_during_pregnancy_2019.pdf

services dataset to allow for national reporting on smoking could allow for a similarly rich analysis and understanding.

We are grateful for the opportunity to respond to the consultation and hope we have demonstrated that the implementation of widespread tobacco control interventions will contribute to improving the overall mental health of the population.