

## Training for NHS Stop Smoking Services on Extending Services to People with Mental Health Conditions: A Survey of NHS Stop Smoking Services in London

### Background

The high rates of smoking among those with mental illnesses is a major contributor to the excess mortality rates observed within this group<sup>1,2</sup>. Despite the evidence that around half of smokers with mental health problems in the UK have expressed a desire to quit<sup>3</sup>, it may be that professional, stop smoking support is not be easily accessible for this group. For example, a large survey of NHS staff revealed that mental healthcare professionals are significantly less positive about taking a role in supporting service users to quit smoking than their general healthcare colleagues<sup>4</sup>.

Recent Department of Health guidance highlights the need for NHS Stop Smoking Services to collaborate with specialist mental health services, as well as the importance of attention to issues such as the changes in the metabolism of certain psychotropic medications following smoking cessation<sup>5</sup>. A recent survey, however, highlighted a number of concerns<sup>6</sup>. Most notably, the majority of NHS Stop Smoking Services in London are not asking their clients about their mental health nor taking any appropriate actions when mental health problems are revealed.

There is therefore an urgent requirement for guidance and training on smoking and mental health aimed at Stop Smoking Services and other professionals delivering smoking cessation support in the community (eg – General Practitioners, Pharmacists). There is also a need for better collaboration between Primary Care Trusts and mental healthcare providers on the issue of smoking.

A training project aimed at NHS Stop Smoking Service in London was commissioned in order to address these needs. Dr. Lisa McNally (Smoke Free Minds) delivered the project,

### Aims of Project

- 1) To address important gaps in knowledge among NHS Stop Smoking Service Staff in the area of smoking and mental health.
- 2) To enable service staff to identify areas in their current service provision that could be improved in relation to clients with mental health problems.

- 3) To present a simple method for ensuring that appropriate screening, liaison, and service delivery takes place in relation to mental health was ('AIMS' Model).

### Overview of Training Sessions

The training sessions ran for a duration of three hours and utilised a variety of lecture-based content and interactive group work. The sessions covered:

- The Prevalence of Mental Health Problems in Society
- Smoking among People with Mental Health Problems: Prevalence, Influences and Impact
- Effectiveness of Stop Smoking Support among People with Mental Health Problems
- The Effects of Smoking Cessation on Psychological Well-Being
- The Effects of Smoking Cessation on Medication Metabolism
- The use of Pharmacotherapy among People with Mental Health Problems
- NHS Stop Smoking Services: Current Gaps in Service Provision (Survey Findings)
- The 'AIMS' Model: Ask, Inform, Medication and Support
- Smoking within the 'Culture' of Mental Healthcare

### Venues and Attendees

Five courses were delivered during January and February 2010 (see table one for venues and attendees. In total, there were 96 attendees from across London. Demand for most of the courses exceeded the capacity of training rooms and the number of attendees had to be limited. Therefore, places were allocated on a 'first-come' basis.

**Table 1: Venues and Attendees**

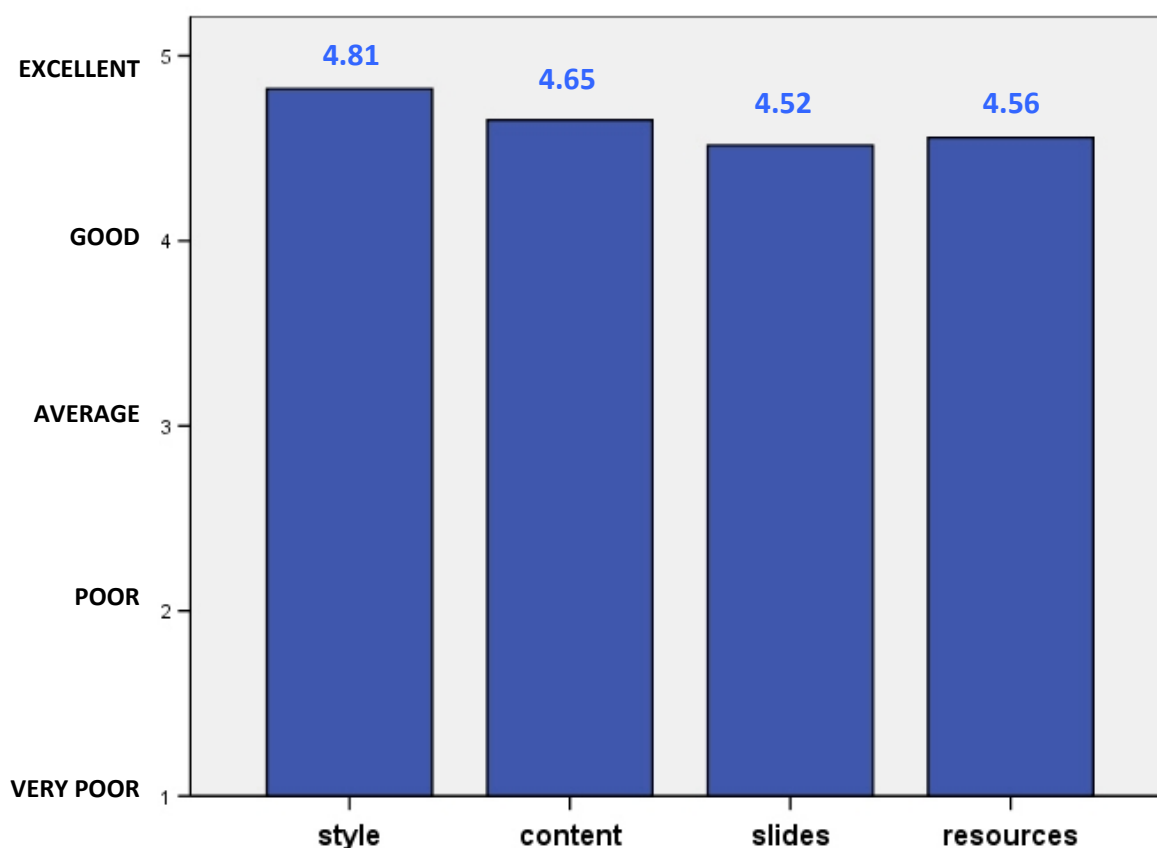
<b>Date</b>	<b>Venue</b>	<b>Trainees</b>
11 Jan 2010	South London & Maudsley Mental Health Trust	13
21 Jan 2010	London Metropolitan University	29
01 Feb 2010	St. Pancras Hospital, Camden	25
04 Feb 2010	Waltham Forest Stop Smoking Service	19
19 Feb 2010	Barking & Dagenham Stop Smoking Service	10

The majority (81%) of the trainees were staff from NHS Stop Smoking Service core teams. Service represented included Barnet, Barking & Dagenham, Bexley, Brent, Camden, Croydon, Ealing, Hammersmith & Fulham, Haringey, Hounslow, Kensington & Chelsea, Lambeth, Lewisham, Newham, Sutton & Merton, Waltham Forest, Wandsworth and Westminster. A further 8 trainees were mental healthcare professionals while another 10 represented a range of healthcare backgrounds including primary care and community pharmacy.

## Feedback

Attendees were asked to rate the training courses on four dimensions: Teaching Style, Course Content, Slides & Visual Aids and Handouts & Resources. Each dimension was rated on a five point scale ranging from 'very poor' (scoring 1) to 'excellent' (scoring 5). Trainees were not required to identify themselves on the evaluation sheet so as to enable anonymous feedback. Figure two summarises the mean ratings given for each dimension.

**Figure 2: Attendees' Feedback Ratings (mean score) (n=96)**



The evaluation questionnaire concluded with a space for free text 'overall comments'. Comments were very positive. Issues highlighted included the trainees' qualitative experience of the course (*"motivational", "inspiring", "engaging"*) as well as the appropriateness of the content (*"informative", "information should be compulsory for all stop smoking service staff"*).

Many trainees explicitly made reference to the significant potential for incorporating what they had learned from the course into their practice or service procedures. Comments suggesting this were made by trainees at all five sessions, and included:

*“I feel really enthusiastic about taking these initiatives forward.”*

*“Will definitely [be] taking this information back to my service and using it.”*

*“I will be incorporating AIMS into my work.”*

*“Has given a basis that can be used to improve our stop smoking service.”*

*“Feel driven to promote AIMS protocol to be used by all L2 advisors.”*

There was no negative feedback about the style or content of the course. A number of participants did comment on the size of the screen at one venue: suggesting that it was not large enough for the size of the room and group. One participant suggested that the course was not long enough – and that a whole day would have been more suitable. The suggestions for extra content included providing instruction in one-to-one, clinical skills and on the nature of mental health conditions and their care. A number of participants also suggested that the course be rolled out more widely, and beyond the core teams of NHS Stop Smoking Services (ie – to include any primary care, community pharmacy and mental health staff involved in smoking cessation).

1. Coultard M, Farrell M, Singleton N and Meltzer H, (2000) Tobacco, alcohol and drug use and mental health London: Stationery Office
2. Brown, S., Barraclough, B. & Inskip, H. (2000) Causes of the excess mortality of schizophrenia. British Journal of Psychiatry, 177, 212–217.
3. Jochelson, J. & Majrowski, B. (2006) Clearing the Air. Debating Smoke-Free Policies in Psychiatric Units. King's Fund.
4. McNally, L; Oyefeso, A; Annan, J; et al. (2006) Journal of Public Health, Volume 28, Number 3, 15 September 2006, pp. 192-196(5)
5. Department of Health (2009) NHS Stop Smoking Services: service and monitoring guidance 2009/10
6. McNally, L & Ratschen E (2010) The Delivery of Stop Smoking Support to People with Mental Health Conditions: A Survey of NHS Stop Smoking Services. In Press