

## 7.1

# Social Treatment Dimensions

## Social Support

### Social Support & Health

An interest in how our social relationships may affect our health and well-being dates back at least as far as Durkheim's (1897) work on suicide, which has been cited as evidence that modern life disrupts social cohesion and results in a greater risk of morbidity and mortality—including self-destructive behaviours and suicide. Since then, our social networks, the support we receive from others, and the quality that we attribute to our social interactions, have all been identified as contributing to health and well-being.

### Social Support & Health Behaviour

One way in which social support and relationships may operate in this way is by their influence over behaviour, and in particular, over health related behaviour (including smoking, drinking and sexual behaviour) (Steptoe et al., 1996). Having a wide range of network ties may provide sources of information, help or just opinion that could influence health behaviours, resulting in better access or use of healthcare services, or simply helping one to avoid high-risk situations. In fact, several theories of health related behaviour have included social factors within their explanatory model (such as the inclusion of social norms as a factor in the theory of Planned Behaviour (Ajzen, 1988).

### Social Support in Stop Smoking Treatments

The harnessing of social support in stop smoking interventions is most explicitly delivered via group-based programmes. Current NHS Stop Smoking Service statistics suggest that group-based treatments generate quit rates between 15% higher than one-to-one interventions (HSCIC, 2009). In these 'quit groups' support is elicited not only from the professional leading the group, but also from other people quitting at the same time. Both practical and emotional support can be generated, leaving each quitter feeling 'part of a team'.

Attention to social support issues must go beyond the participants in an intervention however. At an early stage of the quit attempt, the service user should be encouraged to mentally 'review' the people that she knows and regularly interacts with (possibly making a written list). These may include family, friends, other service users and healthcare staff.

When reviewing one's network it is important to remember that not all support is 'supportive', at least in relation to the achievement of certain goals. Therefore, once the list of people is complete, it can be useful for the service user to decide whether each particular person will support, hinder or have no effect on their quit attempt. Those that will help the quit attempt are those that will encourage abstinence through support, advice, or simply by providing a 'good example' of a non-smoker. Those that will hinder a quit attempt may include other smokers constantly offering a cigarette, as well non-smokers who offer a negative opinion of the service user's chances of quitting.

It's unfortunately the case that many service users lack positive social support. In these cases, some work towards finding or creating new sources of support may be useful. For example, potential new support sources may be found in the taking up of regular physical activity (see Section 5.1).

## Social Support & Social Norms

The Theory of Planned Behaviour (TPB) (Ajzen, 1988) proposes a model about how human action is guided. According to the TPB, intentions and behaviour are predicted by three main factors. These are 1) Attitudes (ie - a person's overall evaluation of the behaviour and its consequences – discussed in Section 7.2); 2) Perceived Behavioural Control (the extent to which a person feels able to enact the behaviour – similar to the concept of self-efficacy discussed in Section 6.1) and 3) Subjective norms regarding the behaviour:

Subjective norms are a person's own estimate of the social pressure to perform or not perform the target behaviour. An individual's subjective norms are assumed to be made up of two related evaluations. The first relates to how other people around them would like them to behave (normative beliefs), and the second is the importance of conforming to what those people think. In relation to smoking this may be expressed as: "Others around me think smoking is a dirty habit" and "What others think about smoking is important to me".

Subjective norms are a particularly salient concept when it comes to smoking in mental health settings. As mentioned in Section 2.2, smoking occupies a unique place within the culture and social norms beliefs of mental healthcare settings. While smoking has become less central (or even acceptable) within the general population, in mental health settings it represents an entrenched process and central to social interactions. While for most smokers in society the decision to quit will take one from a 'minority group' in society to the majority, quitting smoking for many mental health service users requires a willingness to step outside of the majority and the prevailing social culture.

Therefore, attention to a service user's perception of social norms around smoking is an important element of stop smoking support. Whether in group-based or one-to-one work, the idea that smoking is a positive part of the culture should be (gently) challenged and other perspectives offered.

One alternative perspective that can be proposed to counter the positive place of smoking within the culture and norms of mental health settings is to highlight the issue of control. In recent years, and especially since the introduction of smoke free legislation, smoking has been promoted as a symbol of personal control. Negative views on smoking have been dismissed as 'nanny state' politics and the agenda of a controlling establishment. Choosing to smoke is held up as a way of asserting personal control and 'sticking two fingers up' to the system.

This is, of course, ironic given the fact that most of the money smokers spend on cigarettes goes directly to the tax-man and rich tobacco companies. The latter had marketed to marginalized groups, including mental health service users, to maximize profits (Apollonio & Malone, 2005). Therefore, rather than smoking being a symbol of control, it could alternatively be seen as a symbol of being controlled. In this respect, quitting can be proposed as a way to take back control and gain true independence. This perspective is reflected in some of the promotional resources contained in this guidance (see Resources section).

## References

- Ajzen, I. (1988). *Attitudes, Personality, and Behavior*. Chicago: The Dorsey Press
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