Care Services Improvement Partnership CSIP

North West
Development Centre

An Evaluation of a Smoking Cessation Support project for Mental Health Service Users in the North West Region

August 2008

Author: Paul Kyprianou

Editor: Susannah Strong

CONTENT

	Page
Introduction	3
▪ Background	4
Methodology	7
▪ Approach	7
Evaluation findings	8
▪ Mental Health refresher training	8
▪ Training the trainer	10
▪ Smoking cessation training	13
▪ Regional workshops	14
▪ Web site and other resources	16
▪ Consultancy and other support	17
Emerging lessons	21
▪ Strategic level	21
▪ Operational level	22
▪ Delivery level	23
Conclusion	24
▪ Capacity to deliver smoking cessation services	25
▪ Enhanced on-going working relationships	26
Recommendations	27
▪ Strategic Level	27
▪ Operational Level	28
▪ Delivery Level	28
Appendix 1: Methodology	30

Acknowledgments

I wish to record my appreciation for all those who agreed to take part in this evaluation and for taking the time to complete surveys and interviews; particular thanks are due to Louise Warner for her assistance and advice throughout the evaluation

Paul Kyprianou, August 2008

An evaluation of a smoking cessation support project for mental health service users in the North West Region

INTRODUCTION

In 2007, Care Services Improvement Partnership (CSIP) North West Development Centre received Department of Health Choosing Health funding to run a project to support smoking cessation for people with mental health problems within the region. This report provides an evaluation of the impact and effectiveness of the project.

Icarus stakeholder engagement company was commissioned by the CSIP NWDC in March 2008 to evaluate the initiative as outlined in the North West Region Headline Management Plan 2007/08. The evaluation's aim was to assess the value and effectiveness of the initiative and whether it has:

- improved the capacity of local mental health and local Stop Smoking services to deliver sensitive services to mental health service users and,
- helped to develop and enhance on-going working relationships across mental health and local stop smoking services

This report includes the evaluation findings of each piece of work that was delivered as part of the project together with overall emerging lessons, conclusions and recommendations.

Background

The North West region already had an active Smokefree Mental Health Services regional network when this project began. The network was established following a regional conference engaging all mental health trusts in the region. The conference and network was co-ordinated by CSIP and the Regional Public Health Group (RPHG).

The project plan was developed by CSIP in conjunction with the RPHG and the network. It included:

- Appointment of a project co-ordinator
- Delivery of mental health refresher training for stop smoking service staff
- Delivery of stop smoking training for mental health staff
- Distribution of information and resources to staff
- Regional workshops to engage services
- Site consultancy visits to mental health services
- External evaluation

On 1 July 2007 new legislation was implemented in England to make all enclosed public places and workplaces smokefree. Among the few exemptions from compliance with this deadline were residential mental health units[1], where exemption was given until 1 July 2008. Care homes, hospices and prisons were also allowed to designate either individual bedrooms or rooms to be used only for smoking by over 18 year olds[2].

The introduction of smokefree legislation has taken place in the context of an increasing acceptance that smoking is the most preventable cause of

[1] Defined as any establishment (or part of an establishment) maintained wholly or mainly for the reception and treatment of persons suffering from any form of mental disorder, as defined in section 1(2) of the Mental Health Act 1983

[2] Everything you need to prepare for the new smokefree law on 1st July 2008; HM Government publication

death and disease in the UK and that second-hand smoke increases the risk of serious medical conditions among non smokers.

Compliance with the legislation is 97.7 per cent in the North West in the nine month period from July 2007 to March 2008 (?) and nationally, over three-quarters of the general public support smokefree law in workplaces and public places.[3]

People with mental health problems, have significantly higher smoking rates than does the general population. Individuals cared for in residential institutions have rates of smoking in excess of 70%[4], though as McNally[5] notes this group is generally not prioritised for smoking cessation programmes. Nor were people with mental health problems were not one of the target groups for smoking cessation within the National Tobacco Plan.

Social deprivation appears to be a key factor in the higher rates of smoking for people with mental health problems[6], with smoking strongly associated with social deprivation[7] and likewise, a similar relationship between mental health problems and social deprivation[8].

Other factors that are suggested by McNally[9] to account for the different rates of smoking between people with mental health problems and the general population include:

- self medication with tobacco; nicotine may help alleviate symptoms and the side-effects of medication

---

[3] Smokefree England one year on; Department of Health 2008
[4] Meltzer et al, 1996 as cited in 'Smoking and Mental Health; Helping smokers to quit in Mental Health setting'; GASP, Lisa McNally 2006
[5] Op cit 4
[6] The term patient rather than service user or client is used throughout this report, following the same terminology used in McNally's report op cit 4
[7] Jarvis and Wardle, 1999 as cited by McNally op cit 4
[8] Rasul et al, 2001 as cited by McNally op cit 4
[9] Op cit 4

- boredom; both to counter social isolation and lack of opportunity to take part other leisure activities , and a response to having little to do in hospital, and

- the culture of mental health care; the recognition that a large proportion of staff are smokers and that smoking-related interventions have been found to be less popular among mental health staff and that cigarettes can often '*be used to appease or engage patients*[10]'.

These factors clearly have relevance in developing initiatives to provide smoking cessation support for people with mental health problems. It is also perhaps relevant to note the outcome of a challenge to the implementation of smokefree legislation on the basis that it infringes the human rights of patients.

In May this year the High Court ruled that smoking is not a basic human right and that smokers can be prohibited from smoking even 'in the privacy of their own home'.[11] The Rampton ruling states that, '*a duty to protect others from smoking arises with respect to patients, some of whom may be vulnerable, and to staff*,' and that people with mental health problems should not be allowed to endanger their own and other's health by smoking. Security difficulties were identified as also justifying the inclusion of a ban on smoking in the grounds of the hospital.

---

[10] Mester, Toren, Ben-Moshe et al, 1993, as cited op cit 4
[11] Action on Smoking and Health; smoking is not a basic human right under EU convention; May 2008

METHODOLOGY

Within the overall aims of the evaluation the following specific evaluation objectives were set:

To evaluate:

- the effectiveness of the mental health refresher training for smoking cessation service staff and its impact on their practice
- the effectiveness of smoking cessation training for inpatient mental health service staff and its impact on their practice
- the use and value of the mental health smoking cessation website in the North West Region and other related resources
- the extent to which the mental health service and smoking cessation providers workshops have helped to develop policy and practice
- the use made, and impact of consultancy support to the North West Region's eight mental health trusts
- To identify the lessons that can be drawn from the evaluation that may inform the future development of policy and practice

Approach

A participative approach to the evaluation was adopted that was intended to achieve the active engagement of key stakeholders. This included involving members of the Smoke Free Mental Health Network[12] in:

- commenting on the proposed broad evaluation questions and suggesting additional questions and possible sources of evidence
- commenting on initial findings
- identifying lessons to be drawn from the initiative and priorities for the future

For more detail on the methodology and evaluation approach please see end of report on p30

---

[12] The network was viewed as being representative itself of a range of service providers and because of time and resource constraints presented a pragmatic way of involving a number of different stakeholders

EVALUATION FINDINGS

This section focuses on assessing the impact and effectiveness of the key elements of the initiative. The following section focuses on the lessons that can be drawn from this.

The effectiveness of the Mental Health refresher training

Key points:

- *six mental health training courses took place in each area of the region*
- *25 PCT Stop Smoking Services received training*
- *90 smoking cessation advisors were trained in supporting people with mental health problems*
- *most participants viewed the course positively, it equipped them with the skills and knowledge to help Mental Health patients*
- *the training packs and trainer were also rated highly*
- *there were improved working relations between smoking cessation and Mental Health services*

QUIT was commissioned to run six smoking and mental health refresher training courses. These were delivered at the end of 2007 for approximately 90 participants working in smoking cessation services.

The evaluator looked at results from two of these half-day sessions. Overall participants rated the training was rated as very good, with the content seen as good and all the participants agreeing that it had provided them with the knowledge and skills to enable them to help with Mental Health problems.

Participants rated the trainer highly and the training packs given out to them. Most participants commented that they wished the training session had been longer.

Respondents who completed the follow up survey in respect of this course also found the course useful and two of them said that it had helped them

quite a lot in delivering sensitive smoking cessation services and support to mental health service users.

When asked about possible omissions, or ways in which the training might be improved participants suggested there should be more advice on practical ways of dealing with the client group and also having more time.

Barriers to providing smoking cessation support to people with mental health problems:

Participants were also asked about difficulties they encountered in providing smoking cessation support to people with mental health problems and how these might be overcome.

Three participants felt that there had been improvement in the on-going working relationships between mental health and smoking cessation services in their area. This success was attributed to having more smoking cessation trained mental health practitioners, better networking sharing of good practice.

The difficulties they reported included:

- limited knowledge and lack of confidence around mental health, including difficulty in assessing individuals' motivation to stop smoking. It was suggested that smoking cessation support services and training might include a specialist element on mental health.
- difficulty in maintaining contact with individuals who have begun to quit once they are discharged from services
- though mental health services are beginning to engage there had been limited involvement or impetus from them.
- the use of cigarettes as self-medication and to relieve boredom was an issue but could be addressed by being more positive about the smoking ban and by providing lots of recreational activities for service users, and

- getting service users to attend regularly , not having enough time to work with individuals over a sustained period

Training the trainer

A specialist regional training team was commissioned to deliver this training rather than Quit and this was seen as a positive step in developing local training capacity and a more sustainable approach for the North West region. One of the first steps was to run a training the trainer course delivered by Lisa McNally.

The effectiveness of training the trainer course

Key points

- *27 local smoking cessation trainers have been trained as specialist mental health trainers*
- *Training has taken place throughout the region from Carlisle in the North, to Chester and Crewe in the South and has been delivered mainly in Mental Health Trusts*
- *44 level 1 and 2 workshops have been delivered*
- *432 people have been trained: 180 at level 1 and 252 at level 2*
- *the training content of the training the training course is appropriate and the resource pack and other training materials are also mainly viewed as very good*
- *poor coordination and communication by some Trusts presents significant difficulties for trainers, this includes not booking staff to attend and providing poor venues*
- *Level 2 training is more effective when staff are already aware of the relevance of the training, having the basic background knowledge that attendance at a Level 2 course provides*
- *training courses do not provide the opportunity to address the policy issues that many staff have*
- *where level 1 was mandatory there was a greater uptake and overall a more positive approach to smoking*

Twenty seven people took part in two, one day Training the trainer smoking cessation and mental health training courses run in Manchester in February 2008 and in Cheshire in May 2008. Thirteen completed course evaluations for the first course.

All participants bar one rated the course as very good, with the remaining person rating it as good. There was also a positive view of the resource packs given out at the course with two people rating this as good and 11 as very good, while other teaching materials and slides were rated as either very good (8) or good (5). Overall the course was praised but there were a couple of constructive suggestions that a longer course or more time would be beneficial.

A more subsequent detailed survey of participants elicited just three responses, all of whom have subsequently delivered level 1 and 2 smoking cessation training to mental health staff.

One of these respondents felt the course had sufficiently equipped them with the knowledge and skills to deliver this training and the other two commented that the course confirmed existing knowledge and was useful in discussing what elements to include in training.

There were no significant omissions identified in the training. A number of difficulties encountered in delivering training were listed by this group:

- staff felt the course was inappropriate for their needs
- staff had unresolved policy issues but no help or time to deal with these on the course (not clear – related to the training?)
- level 2 attendees who had not attended level 1 course were frustrated at their lack of background knowledge
- some examples of poor communication and coordination with the Trusts, such as unsuitable training venues, multiple contacts involved, staff turning up without booking (there is a need for a minimum

number of bookings to run course), insufficient handouts and resources, and
- staff not being released to attend training

However, it was considered that the presence of a training co-ordinator could overcome these difficulties. The valuable role that the project coordinator had played was acknowledged and the trainer's nursing background was seen as a positive asset in understanding staff concerns.

A subsequent discussion with five practitioners who had completed the training the training course and were now part of the specialist regional training group was also held. This group reinforced the comments made above and suggested ways forward;

The importance of training was highlighted as one of the most effective ways of moving on smoking cessation work beyond 1 July 2008. Training was viewed as the way of getting staff involved. It was seen as important that community mental health teams were trained so they can support people with mental health problems in the community and many referrals come from the community teams.

The value of having smoking cessation training as part of the induction of staff was identified by one of this group, while the need for adequate support services and smoking aids was also recognised and specifically the use of more rigorous behavioural change techniques.

An observation was made that it was more cost-effective and appropriate to have mental health staff providing the support to patients and that the role of smoking cessation staff should be to support them.

The effectiveness of smoking cessation training

Key points

- *44 level 1 and 2 training courses have been delivered*
- *459 people have been trained*
- *All 8 mental health trusts have received training, as well as five independent providers*
- *both the level 1 and 2 training courses delivered to Mental Health practitioners were viewed very positively, providing useful information in an accessible and interesting way*
- *there were some issues in respect of information packs and handouts not always being available and complaints about the comfort of some venues*

Training for inpatient Mental Health service staff at level 1 / brief intervention and at level 2 has been delivered by the specialist regional training team.[13].

Course evaluations

Course evaluations for 203 participants were available to the evaluator up to the end of July 08, 150 were from level 1 and the remainder from level 2 courses.[14]

Level 1 / brief intervention training

The great majority of respondents found the content of the training to be either very good or good, with just three viewing it as average. Similarly the presentation of the content was rated as either excellent or very good, reflecting in part the teaching style which in all cases was considered good or very good.

---

[13] currently there are five members of the team, with another 22 who deliver training within their own areas

[14] the numbers completing the training was higher as not all participants completed evaluations. Variations in the evaluation forms meant it was not possible to simply aggregate all the responses, but rather they have been grouped and assessed to provide a broad view of participants comments

Most participants judged the learning materials and resource packs to be very good or good though some viewed them as average. One participant did not receive a resource pack.

Overall, nearly all those responding said that overall they found the course to be either excellent or very good with a number of positive comments given, including those referring to the interesting and useful nature of the training and praise for the trainers.

Level 2 training: Three quarters of respondents rated the content of this course as being very good, the remainder rating it as good. Results were the same for their rating the teaching style. The resource pack, learning materials and use of slides was judged to be very good or good with with one person rating these as average.

Overall, the level 2 course was seen in very positive terms. Participants commented that it was informative and enjoyable with good use of interactive teaching methods. Participants suggested a need for handouts on the day and more comfortable venues.

Regional workshops

Key points

- *58 participants attended the regional workshops*
- *the regional workshops were an effective way of raising awareness about smoking cessation and in turn influencing the development of policy and practice amongst participating agencies*
- *prior knowledge about the smoking cessation support for mental health service users was limited amongst the Cumbria participants*
- *while most agencies / services attending the second workshop have a smoking cessation policy in place, this is not always effectively implemented; key factors in this are limited time and resources including trained staff and a lack of commitment and support from senior managers*

There have been two regional workshops delivered in the North West Region as part of a national programme of workshops offered by the Tobacco Control Collaborating Centre (TCCC); these are aimed at professionals wanting to develop smokefree policies and services.

The first of these in February 2008 was held in Manchester, attracting 39 people, the majority being mental health service providers, with 12 from the independent sector. The co-ordinator reported very positive feedback from this workshop.[15]

Nineteen people attend the second regional workshop held in Kendal in June, in the main these were from the NHS and public sector within Cumbria[16].

All the participants said they felt the workshop would help to inform the development of smoking cessation policy and practice in their agency or organisation, with 12 saying it had been very useful in this respect and another five quite useful. It is worth mentioning that this workshop took place only a matter of a few days before the enactment of the legislation within residential Mental Health units on the 1 July 2008.

The workshop was viewed as being effective in raising awareness about mental health smoking cessation policy and best practice . Nearly two-thirds (12) commented that this was much improved and another six recording some improvement.

While the majority of participants said their agency or service had a smoking cessation policy in place (14) a few commented that their policy was limited including two that commented on having a smoking ban in place, but not a policy on cessation. One of the participant's whose service

[15] Coordinator's report May 2008
[16] It was decided to target this largely rural and relatively remote area in order to increase and spread the reach of the initiative

did not have a policy said this was because of, '*the many different client groups using the service*.'

While five people said their smoking cessation policy was very effective and two quite effective a majority (11) felt that their agency or service smoking cessation policy was not being implemented very effectively Participants offered a number reasons for this including too few trained staff, difficulty in accessing resources for mental health service users, no protected time for this work, a lack of support and commitment from senior managers and a failure to prioritise.

There was a much more divided response in terms of participants' assessment of the level of joint working and cooperation between public, independent and voluntary sector agencies concerned with mental health and smoking cessation in their area. Three people said (ed - felt is not an appropriate verb) this was excellent. two said it was and the rest of the responses were evenly spread between these two positions.

The mental health smoking cessation website and other related resources

Key points

- *451 CD resource packs and 280 books have been distributed*
- *although the responses are based on a small sample they are very positive.*
- *the web site and CD resource pack are in the main viewed as useful*
- *Lisa McNally's book, the smoke free newsletter and course training materials are generally seen as very useful*

Comments about the usefulness of the web site and other smoking cessation resources (funded through the initiative) were given by people completing the survey, members of the smoke free Mental Health services network, the training the trainers survey and the Mental Health refresher course.

Web site:

People who had used the 'smoke free minds' web site found it quite useful and in one case very useful. Work is now underway to develop the website to include a page on North West region which will be helpful in sharing best practice and other information.

Smoking and mental health:

A total of 300 copies of Lisa McNally's book have been purchased through the initiative, with 280 distributed to lead people. Everyone said that Lisa McNally's book was very useful.

CD resource pack:

500 CD resource packs have been purchased, with 451 distributed to date. All respondents had found this to be quite or in one case very useful.

Smoke free newsletter

Most respondents found this very useful, the remainder finding it quite useful and in one instance not useful.

Course training materials:

Participants in general found these to be good or very good and similarly the information packs given out during the training.

Apart from the comments relating to the course training materials, it should be noted that this assessment of the usefulness of the web site and other resources is based on a low number of responses.

Consultancy and other support to Mental Health Trusts

Key points

- *Five Mental Health Trusts and one independent provider have received consultancy visits*
- *site visits were still on going but the one completed visit reported on was seen as very useful*
- *other support provided to Trusts through the initiative have been of value, not least the training*

- *variations in the experience of the support provided by smoking cessation services ranging from excellent to patchy and sporadic*
- *each Trust interviewed was able to point to examples of good practice*
- *the three Trusts interviewed face challenges in implementing smoking cessation policy, including organisational culture, monitoring compliance and continuing staff concerns*

Eight site visits have taken place across five of the eight Mental Health Trusts in the North West region including Cumbria, Manchester Health and Social Care Trust, Blackpool – Regency Lodge, Pennine Care, Lancashire Care Trust, Merseycare Trust.. Contact was made with the mental health trust leads by phone and three phone interviews took place.

Each interviewee commented on the value of the smoking support for Mental Health service users' initiative to the Trust. One Trust said it had found the site consultancy visit useful and it would ask for a further visit, another Trust was about to have a visit.

Comments included:

"It's been very good in training staff and increasing awareness amongst some staff…. All the PCTs in the area have got involved with the initiative. All patients are assessed on admission as to their smoking behaviour and offered advice and support if they wish to give up smoking".

Support provided by smoking cessation services to the Trust varied - one interviewee rated it as excellent and another as very good with the PCTs being very interested and supportive. One Trust described support as patchy and sporadic. Reasons for this were that the Trust covered more that one PCT area, another factor was the strength of the relationship with the PCT / key individuals.

Each Trust reported challenges in implementing its policy on smoking cessation:

"*We offer smoking cessation / reduction to all service users who smoke. We have specific areas in our own gardens for people with no leave and*

high risk factors, who do not wish to use the cessation service to have a cigarette, supervised by staff. This policy is supported by both the user and carer rep at Board level and is based on feedback from users and staff within the service. One of the challenges is that we are based on acute hospital sites so often our users (along with other people) still smoke in the main grounds undetected. Due to this, it could be perceived by users that we are being over-restrictive by not allowing general smoking in our own gardens".

"…*at present patients can only smoke in designated outdoor areas. We explained the policy to the acute Trusts and they were fine about it, though it was a difficulty for one site as they do not have outside area. Dealing with inside implementation felt quite challenging itself, which was reason for not including outside areas from outset".*

In one case the Trust felt its policy was only partially effective and it needed a whole cultural shift. It had been expected that the Rampton court ruling would have resulted in the Mental Health exemption and this had '*created a shadow'* in respect of implementation. The Trust had done good work with service users but faced management issues including resource constraints on wards.

For one Trust there were some concerns about monitoring non-compliance:
"Monitoring has been an issue; at first staff were recording using incident forms, but this takes time and they stopped doing it. We have changed policy to overcome this, so that minor infringements are monitored on a daily basis, otherwise they are recorded using Serious Untoward Incident form as part of standard governance arrangements – the intention has been to reduce the level of bureaucracy. There is need to get staff to record and at the same time reassure them that they have evidence to address anxieties about legal responsibilities re non-compliance and that they are doing everything that can reasonably be expected of them."

Two interviewees said staff felt uncomfortable or did not know what to do when an individual persistently smoked despite being asked not to. Each of the Trusts reported that significant numbers of their staff had received smoking cessation training. At one Trust all new staff received basic training in smoking cessation as part of their induction and the Trust had a target of 40% of its in-patient staff being trained as smoking cessation advisors by 08/09.

Amongst the good practice identified by interviewees within their Trusts were:

- training of staff to allow the prescribing of nicotine patches from the moment of admission and work with pharmacy re NRT, including guidance provided on drug interaction with NRT by the pharmacist
- a Trust wide care plan for services to use when working with patients in respect of smoking cessation
- the development of a 'hip to quit' campaign and also 'road shows' visiting all site and involving all service users including voluntary organisations and care groups
- smoke free champions in some high security settings
- having a lead director so that smoking cessation remains on the Board's agenda and including it within the Trust's performance assessment framework, and
- setting targets for training advisors

EMERGING LESSONS

This section also draws on the survey and facilitated workshop with the smoke free Mental Health Service Network members in July 08, and interviews with the initiative coordinator, CSIP regional public Mental Health lead and the regional tobacco policy manager for the Department of Health. The learning that has emerged from the initiative is considered in relation to those most applicable at the strategic, operational and delivery levels.

Strategic level

- There is increasing recognition that smoking cessation support for mental health service users should be seen as part of the Health Inequalities agenda. There is a known relationship exists between mental illness and deprivation and given the relatively high levels of deprivation in the North West, this is particularly relevant

- While in general there has been 'buy in' from chief executives and senior managers, competing priorities and a lack of resources work against effective implementation of smoke free policy. One way of helping address this is by having a smoking cessation champion at Board level who can help ensure this work remains a priority

- It is important to recognise and address any organisational cultural issues that exist that work against smoking cessation work within Mental Health Trusts at a senior level. For example there needs to be a strong communication strategy, staff engagement, board level commitment.

- There is also a need for a continuing lead to be given by senior management and this also has relevance for PCTs

- There is evidence of effective working and good relationships between stop smoking services and mental health trusts beginning.

Operational level

- Training has a crucial part to play in effective implementation of smoke free policy and support to mental health service users. There has been added value provided in developing a specialist regional training group, which understands local issues. The trainer's professional background enabled her to identify with the experiences and difficulties faced by front-line staff. There is a good argument that training at level 1 should be mandatory for all staff.

- There is now a good opportunity for Trusts to share and learn from each other and the Smoke Free Mental Health network and the smoke free newsletter and web site can help to facilitate this learning

- The introduction and implementation of smoke free policy has varied between mental health Trusts. Most have banned smoking in and outdoors, one Trust indoors only, while one Trust has no policy at all on non-compliance.

- The monitoring of non-compliance has raised issues in relation to staff concerns about their legal liability and also about the time needed to formally record instances, where this has been identified a reasonable and pragmatic approach has been adopted by management.

- One suggestion for simplifying monitoring is to integrate the procedure within existing mechanisms e.g. incident reporting

- Effective co-ordination with Stop Smoking services, pharmacies and mental health services is important in helping front-line staff in supporting smoking cessation with service users. This includes ensuring that staff understand the effects of Nicotine Replacement Therapy on medication and that service users have access to it as appropriate.

Delivery level

- It is very positive that that none of the anticipated difficulties with service users in newly smoke free areas have been realised, These is no evidence to suggest that implementation of smoke free policy has resulted in increased violence or aggressive behaviour. However, some staff continue to be concerned with how to respond to persistent non-compliance and low staffing levels remains a significant issue in smoking cessation work with patients

- Where service users have been included in developing policy and Trusts have been proactive in implementation e.g. by changing a smoking room into a recreational facility, positive outcomes have been achieved

CONCLUSION

In assessing the value and impact of this smoking cessation support for mental health service users initiative in the North West region it is important to place it within context. Mental Health wasn't one of the priorities within the National Tobacco Plan and there was no specific funding allocated to support mental health trusts.

At the regional level the Tobacco policy manager and CSIP lead worked together to make this a priority, initiating the smoke free Mental Health service network in the spring of 2006. However funding to support mental health services did not become available from DH 'Choosing Health' national mental health budget until mid-September 07 and time was then needed to decide how to make best use of this up until end March 08. The initiative came together in November and the co-ordinator was appointed in December 07.

The coordinator felt like she was '*running after a lorry*' in respect of the time available to develop and implement action before the July 08 deadline. Given that she was appointed on a one day a week basis, this must have seemed all the more daunting; it's important to recognise the relatively limited resources going into this initiative especially as there is general acknowledgement that undertaking smoking cessation work with Mental Health service patients is particularly challenging.

Among the barriers or difficulties the initiative also had to overcome or deal with were:

- the stigma and ignorance about mental health, including that amongst health professionals
- what can be seen as the institutionalised practices within mental health settings with cigarettes having been offered as ways of calming and rewarding individuals
- the attitudes of some mental health staff towards smoking in general and their own use of tobacco and more specifically, a their own questioning of whether mental health service users can quit

- the low priority given to smoking cessation with mental health service users within many PCTs, possibly informed by a recognition of the difficulties involved and the easier option of meeting Quit targets with other groups of patients
- not seeing smoking as a long term health inequality issue in mental health settings
- a loss of momentum once the rest of the health service had gone smoke free, leaving mental health in its wake and the subsequently slow development of relationships between Stop Smoking services and mental health services
- the work pressures, lack of resources and competing pressures that mental health staff have to cope with

Capacity to deliver smoking cessation services

There is good evidence to say that this initiative has helped to improve the capacity of local Mental Health and local Stop Smoking services to deliver sensitive smoking cessation services to mental health services users.

The evidence is stronger in respect of mental health services due to the more limited evaluation data on Stop Smoking services. A caveat to this is that the data in respect of local Mental Health services applies almost exclusively to the NHS; it would be surprising if there was much evidence of the initiative impacting on the voluntary sector given its limited involvement.

The main vehicle in achieving this improvement has been the training delivered by the specialist regional training group and within this, the key part played by the initiative coordinator. With limited time and resources a considerable amount has been achieved. However given the size of the Mental Health workforce within the North West region there is a compelling argument for increasing the training provided and the resources allocated to this on an on-going basis.

The two regional workshops have also been of value, though their impact will have been restricted by the numbers involved; further events of this

kind would help to give smoking cessation work with mental health patients a higher profile and provide opportunities for sharing best practice. Consideration could be given to specifically targeting and running workshops for voluntary / not for profit mental health agencies.

Enhanced on-going working relationships

Though the smoke free Mental Health Services Network predated the funding of the initiative, it as an important part of it and one that has contributed to improved working relations between mental health and local stop smoking services. It may also be argued that this is also the case in respect of the regional workshops.

Overall, the extent to which this initiative has helped to raise awareness within PCTs and mental health trusts about the need to provide smoking cessation support to mental health service users and to train staff in relation to this, should have contributed to enhanced working relations.

Certainly, a number of respondents and interviewees commented on an improved working between these services. It is also certainly the case that staff at all levels within PCTs and mental health trusts should recognise the importance of working collaboratively in the interests of mental health service users.

It is relevant to note that the co-ordinator and the initiative has been extended beyond April 08 and a new work plan has been agreed; at the last meeting of the Mental Health smoke free network in July 2008, the group recognised the value of the network and decided it wanted to continue. There are also plans to develop new initiatives including user led training to address some of the ongoing resistance to smoking cessation and to also begin a buddying system for Mental Health service users.

Finally, given the context in which this initiative has operated, including its limited time and resources, it has been able to largely achieve its objectives and its broad aims. The role played by the coordinator within this was commented on by more than one person. It’s also the case that

there are a number of mental health practitioners who are committed to this work and have made an important contribution to this initiative.

RECOMMENDATIONS

The recommendations have been grouped under those that apply at the strategic, operational and delivery level, though it's acknowledged that there is considerable overlap between these.

Strategic level

- secure funding over the medium term (3 to 5 years) for PCTs in the region to provide coordination and support in respect of smoking cessation for mental health services; in the long term there is a need for continued investment in smoking cessation work in mental health

- work to get smoking cessation work with mental health service users a priority and to prioritise this within local Health Inequalities strategies. Similarly mental health trusts need to recognise the importance of addressing Health Inequalities.

- monitor and assess the performance of PCTs' mental health smoking cessation work in the light of funding they are receiving in 08/09 to provide an additional level of leadership at the sub-regional level, with mental health being one aspect of this

- Each mental health trust should have a smoking cessation champion at Board level and progress should be monitored and reported as part of the Trust's care improvement plan. All Trusts should already have an implementation plan in respect of the smoking cessation policy

- Increased engagement with and support for voluntary and independent sector

Operational level

- find the necessary funding to continue employing the coordinator, preferably with enhanced hours, in order to take forward the recommendations

- all new mental staff working with in-patients and in the community should receive smoking cessation training at Level 1 and each mental health trust should set a target for ensuring all current staff receive this training by the end of March 2010 and have an agreed target in respect of level 2 / advisor training

- funding and other support should be made available to enable the specialist regional training group to continue its work, including an increase in the number of trainers able to deliver both level 1 and 2 training

- there is a continued need to strengthen and develop working relations between stop smoking services and mental health services, one way that this might be facilitated is by having a specialist Mental Health smoking cessation worker

- service users in the community should be a focus for smoking cessation work, as well as inpatients

- there is little information about the development and implementation of policy within the voluntary sector, which has had limited involvement with this initiative, consideration should be given as to how this can be addressed and this also applies to mental health service user groups

Delivery level

- ensure close collaboration with stop smoking services to carry on work with patients who have started to quit prior to their discharge from hospital and in the community as part of an individual's care pathway

- Staffing levels need to be adequate so as to provide staff with the time to undertake smoking cessation work with patients

Appendix 1: **Detailed Methodology**

This was done through two facilitated workshops at the start of the evaluation and towards the end of the process. Stakeholders lacked representatives from the voluntary sector and also service user / patient groups. (why?)

As well as helping to make sure that the different perspectives of key stakeholder groups inform the identification of evaluation questions and, as far as possible, the assessment of findings, a participative approach helps to ensure ownership of the outcomes of the evaluation. It can also help facilitate the evaluation process, encouraging participation and improving access to information.

Methods

A number of qualitative and quantitative methods have been employed within this evaluation:

- desk review including relevant policy and research documents both national and regional, the minutes of the Smoke Free Mental Health Network, Smokefree Mental Health newsletters, and a report by the initiatives coordinator (May 08)
- monitoring data collected from training courses
- questionnaire surveys of:
- members of the North West. Smoke Free network
- the training the trainer courses
- the mental health refresher training course for smoking cessation staff
- the smoking cessation training course for Mental Health staff
- participants attending the two regional workshops
- semi- structured interviews with Mental Health Trust leads
- semi-structured interviews with CSIP North West Public Mental Health lead , the regional Tobacco Policy Manager for Department of Health, and the project coordinator

It should be said that in general the response rate to the questionnaire surveys administered as part of this evaluation has been poor, the only exception being the regional workshop held in Cumbria in July 2008.

In part this reflects the often low response rates to postal and electronic surveys; the second regional workshop questionnaire was completed at the end of the event, accounting for its good response rate. A number of other factors may also account for the poor response rate:

- for many participants on the training courses, the questionnaire would have been received a considerable time afterwards and was possibly viewed as simply duplicating the course evaluations (not all of these were available, particularly from the early training sessions)
- some people receiving more than one survey e.g. where they were both a member of the network and also a training participant
- the timing of the evaluation, at a point where people may have felt its relevance was now limited given the implementation of smokefree policies by Mental Health Trusts and the 1 July 2008 deadline
- simply the time and other pressures on staff time and the relative priority they felt able to give to completing a questionnaire

It has been possible to overcome the low response rate to the questionnaire surveys, in the case of the training courses by supplementing these with the evaluations completed by participants at the end of training. The interviews with the Mental Health Trust leads and the other key informants and the two facilitated workshops have also helped to address other potential limitations in the evaluation data, which it has been possible to gather.