

# Evidence into Practice

Smoking: Acute, maternity and mental health services NICE Guidance PH48

# Introduction

Smoking is the largest cause of preventable morbidity and mortality in England and half the difference in life expectancy between the richest and poorest is attributable to differences in smoking prevalence.

This briefing sets out the recommendations of National Institute for Health and Care Excellence (NICE) guidance PH48: *Smoking: acute, maternity and mental health services*, on the support that should be available to smokers accessing mental health services.

This briefing is aimed at professionals working in smokefree mental health services but may also be of use to people working in local public health teams and associated services who are supporting the implementation of PH48.

PH48 guidance aims to support [smoking cessation](#), [temporary abstinence](#) from smoking and [smokefree](#) policies in all secondary care settings. There are 15 recommendations, 14 of which relate to mental health services. The information below sets out these recommendations in more detail with case studies from mental health trusts that are effectively implementing key components of the guidance.

The recommendations are grouped into four categories:

1. **Leadership:** covering policies and commissioning
2. **Providing support to smokers:** covering the provision of advice, pharmacotherapy, embedding smoking in care plans and referral pathways
3. **Supporting staff:** covering encouraging staff to quit and providing them with training in smoking cessation
4. **Communication:** covering comprehensive communications plans to share the content of policies with all trust users.

The key points from each of these sections are summaries in the final section on [Key learning points for implementation](#), following the five [case studies](#).

## Case for action on smoking and mental health

Among the general adult population smoking prevalence has declined to 14.4% in England,<sup>1</sup> however smoking rates remain significantly higher among adults with a mental health condition. Smoking rates remained largely static among people with mental health conditions over the 20 years from 1993 to 2013.<sup>2</sup> While new figures suggest that prevalence is starting to decline, smoking rates among people with common mental health conditions remain around 50% higher than among the wider population.<sup>3,4</sup>

People with mental health conditions die on average 10 – 20 years earlier than the wider population<sup>5</sup> with high smoking rates one of the key reasons for this health inequality.<sup>6</sup> However, smokers with a mental health condition report wanting to quit at a similar rate to the general population, and evidence based smoking cessation treatments are effective for this population. There is also growing evidence that smoking cessation is beneficial to mental health, with the impact of quitting larger than that of some antidepressants. There is also emerging evidence that smoking is causal in the development of schizophrenia and depression and that this causal link may be stronger than that of cannabis smoking.<sup>7,8</sup>

Mental health services should be talking to service users about smoking and offering all smokers support to quit.

## Listen to...

Professor John Britton explain why implementing NICE PH48 is important:

<https://www.youtube.com/watch?v=IYge00S6Llc>

## Current picture of support provided in mental health trusts

The Five Year Forward View for Mental Health and Tobacco Control Plan set the ambition for mental health inpatient services to be smokefree by 2018. Research by ASH found that this ambition has not been met with nearly 20% of trusts not having a comprehensive smokefree policy in line with PH48 recommendations.

ASH's survey of Trust's implementation of NICE PH48, completed by 45 NHS mental health trusts, found that:

- » 82% of Trusts have a comprehensive smokefree policy in place
- » In just 45% of trusts smoking status was always asked on admission
- » All trusts offered NRT to patients, but only 47% offered choice of combination NRT or varenicline.
- » Staff behaviour often enables smoking, with staff accompanying patients on smoking breaks every day in 57% of trusts
- » Use of e-cigarettes by some or all patients was permitted in 91% of trusts

This illustrates that there is clear room for improvement in the support being provided to smokers by mental health services. The information and resources below should provide support to services looking to improve their offer to smokers.

ASH's report [Progress towards smokefree mental health services](#), sets out further information on the current implementation of PH48 in mental health trusts and recommendations to improve delivery. For trusts who participated individual reports are available.

# Implementing the recommendations of NICE PH48

NICE Guidance PH48 states that: “*Secondary care providers have a duty of care to protect the health of, and promote healthy behaviour among, people who use or work in their services. This duty of care includes providing them with effective support to stop smoking or to abstain from smoking while using or working in secondary care services.*”

NICE provides a range of [resources to support implementation](#) of this guidance. Trusts may want to start with the [Baseline Assessment Tool](#), establishing the individual(s) leading on particular elements of the guidance and the actions being taken to ensure implementation.

## 1. Leadership

### **NICE PH48 recommendations:**

- » Provide leadership on stop smoking support
- » Develop smokefree policies
- » Ensure local tobacco control strategies include secondary care
- » Commission smokefree secondary care services

Strong executive leadership is essential to the successful implementation and delivery of smokefree policies. Managers must be clear that they are responsible for ensuring the staff they line-manage are aware of and comply with the smokefree policy, including taking any appropriate disciplinary measures.

Trusts should appoint a smokefree programme manager, usually a clinical or medical director to provide senior oversight of smokefree implementation. In addition, services need a smokefree lead to deliver operational aspects of the policy and be a main point of contact for staff on smokefree.

Strong executive leadership should ensure delivery against the other recommendations set out below to deliver a comprehensive approach to the implementation of smokefree policies. This means ensuring that there are tobacco dependence treatment pathways in place as well as working towards smokefree premises.

### **1.1 Smokefree policies**

All trusts should have a comprehensive smokefree policy, meaning one that addresses each of the recommendations of PH48.

It is useful to convene a smokefree policy group or similar, to involve a range of stakeholders from across the trust and local authority in designing your policy. This should ensure that there are no issues overlooked in policy development and give the people involved in policy development a stake in ensuring its successful implementation.

Trusts should consider how they will involve service users, family members and carers in policy development to ensure their voices are reflected in the final product and to create champions for the policy with the service user community.

Public Health England’s guidance on implementing PH48 sets out ten key areas to think about when designing a smokefree policy:

1. The policy is framed positively
2. It highlights the use of pharmacotherapy and other effective interventions
3. It facilitates coordination with community mental health services, primary care, NHS stop smoking services and other providers
4. It includes a clear statement about the use of electronic nicotine delivery systems (e-cigarettes)
5. It highlights the opportunities for staff education and training

6. It addresses staff smoking
7. It addresses staff assisted smoking
8. It addresses breaches of policy
9. It is clear about storage of tobacco and paraphernalia
10. It addresses capacity to consent

Read Public Health England's guidance on each of these priority areas [here](#).

Surveys of mental health trusts conducted by ASH have also highlighted issues around trust site boundaries. Trusts which share sites have reported problems with smokers from other healthcare services congregating at trust boundaries. If your trust is on a joint site, involving representatives from other organisations in policy development, or seeing if you can develop one joint policy should be considered.

Breathe 2025's PH48 Toolkit has produced a [template smokefree policy](#) which illustrates how these 10 key considerations can be addressed. This template is designed for acute services, but has key points which should be useful for mental health trusts.

The Care Quality Commission has produced guidance for inspectors around smokefree policies: [Brief Guide: Smokefree policies in mental health inpatient services](#). This clearly sets out that inspectors should not challenge smokefree policies but focus on how well service users are being supported to quit or temporarily abstain from smoking within services.

## 1.2 Commissioning smokefree secondary care services

Commissioners have a crucial role to play in enabling delivery against the other recommendations of PH48. This should involve requiring sites to be smokefree and considering the recommendations of NICE guidance with contractors and when setting key performance indicators. Providers should be required to demonstrate clear treatment pathways for smoking cessation, including for staff, and ensure that staff have been appropriately trained to deliver smoking cessation.

In addition, commissioners will want to think about the impacts that smokers quitting could have upon services, for example building into contracts the need to monitor people quitting and adjust medication dosages or enable service users to maintain a healthy weight.

Breathe 2025's Toolkit has a template [smokefree contract](#) for use with third party contractors. Public Health England has produced this [Guidance for Commissioners on PH48](#) which services should consult.

## 1.3 Ensuring Local Tobacco Control Strategies involve secondary care

A comprehensive approach to supporting smokers with mental health problems is needed from across local authority and NHS services. It is therefore important for senior leaders within mental health services, but also local authority public health teams and stop smoking services, to ensure that secondary care mental health services are included in local tobacco control strategies and partnerships.

A survey of local public health teams, conducted by ASH, found that in 2019 70% of local authority respondents reported targeting some form of support for people with mental health problems.<sup>9</sup> This demonstrates the priority being given to reducing smoking rates among people with a mental health problem, and highlights that there is a clear role for mental health services to engage with community practitioners.

However, ASH's survey of PH48 implementation in mental health trusts found that 51% of trusts, did not have a local authority funded stop smoking services that they could refer patients into, in some or all of the areas they covered. Clear communication is needed between mental health and local authority services to ensure that smokers with mental health problems living in the community, or being discharged from smokefree inpatient services, are able to access the support they need.

To enable this, secondary care services should be represented in local tobacco alliances or partnerships. Further information on local tobacco alliances see ASH's [Local Alliances Roadmap](#).

## 2. Providing support to smokers

### NICE PH48 recommendations:

- » Identify people who smoke and offer help to stop
- » Provide intensive support for people using acute and mental health services
- » Advise on and provide stop smoking pharmacotherapies
- » Adjust drug dosages for people who have stopped smoking
- » Make stop smoking pharmacotherapies available in hospital
- » Put referral systems in place for people who smoke

### 2.1 Identifying and supporting smokers to quit

It is crucial that healthcare practitioners remember a majority of smokers want to quit. Error! Bookmark not defined. This is true among all smokers, including among smokers with mental health problems.<sup>10</sup> An even larger majority (71%) of smokers wish they had never started.<sup>11</sup> Talking to smokers about their smoking status and offering them support to quit will help enable these smokers to quit.

Mental health services should ask all patients about their smoking status and record this in their notes. This should be done during the first face-to-face contact, but if a patient is unable or unwilling to discuss smoking this should be recorded, and they should be asked about smoking at the first available opportunity.

This first conversation should be delivered following the 'ask, advise, act' principles of very brief advice:

- » ask about smoking status,
- » advise that mental health services are smokefree and provide information on the support available to quit or temporarily abstain from smoking,
- » act, usually by referring a smoker to further support or prescribing pharmacotherapy and recording the conversation in their notes.

ASH's survey of mental health trusts found that all trusts with an active smokefree policy included 'identifying and recording smoking status on admission'. In practice, 55% of respondents said this did not always happen on an average adult mental health ward. In most trusts smokers were offered advice and nicotine replacement therapy (NRT) on admission by in only 10 trusts did respondents say smokers were always offered both advice and NRT.

This first contact is a significant point for staff to introduce smokers to the smokefree policy and ensure that they are comfortable and able to manage their nicotine withdrawal through pharmacotherapy or an e-cigarette. Ensuring that patients are always asked about smoking, and that advice and NRT, or in some trusts an e-cigarette, is always provided should be a priority for implementation of PH48 and will be facilitated by factors such as training discussed further down.

Mental health services should be providing intensive support to smokers, through trained stop smoking advisors. Ideally this is provided on site, but for people accessing community mental health services this could be done through a referral to a local stop smoking service.

This support should involve intensive behavioural support alongside pharmacotherapy. For anyone who is not interested in quitting completely or is unable to do so, services should follow NICE guidance on tobacco harm reduction,<sup>12</sup> to enable service users to be smokefree while accessing mental health services. This should include provision of NRT and advice on the use of e-cigarettes.

It is widely-accepted that smoking is a social activity, including evidence that some service users have taken up smoking when admitted to inpatient services due to the opportunities presented to socialise and to go outside for a break.<sup>13</sup> Participants in an ASH/Rethink run focus group, felt that there were simple steps trusts could take to help address this. One participant said: *"You're smoking because you're bored and you're isolated, so let's get a group — we can go for a walk, and you can address a few of those concerns all together."*<sup>14</sup>

Effective implementation of a smokefree policy needs to consider alternative activities to replace this social element of the culture around smoking in inpatient services.

Examples of where this is working effectively as part of a comprehensive smokefree strategy include South London and Maudsley NHS Foundation Trust (SLaM) which has used a range of 'boredom busters' to help with the implementation of their policy on wards. In the video below, staff at Devon Partnership Trust talk about the activities they have implemented in their trust to support the smokefree policy.

### Listen to...

Five people with different mental health conditions talk about their journey to quitting smoking. They talk about the benefits to their mental health and sense of achievement and control this gave them: <https://ash.org.uk/smokers-with-mental-health-conditions-videos/>

### Listen to...

Samantha Churchward and Jane Voke from Devon Partnership Trust talk about the importance of preparation for both staff and service users when going smokefree and the alternative activities that were introduced for patients to replace smoking breaks: <https://www.youtube.com/watch?v=BZIORNAbKrE>

## 2.2 Pharmacotherapies

Nicotine is the addictive chemical in cigarettes, though alone it is not particularly harmful, unlike the tar, carbon monoxide and other toxic chemicals in tobacco smoke. Nicotine is metabolised quickly, so smokers can start to experience withdrawal symptoms within 30 minutes of having their last cigarette.<sup>15</sup> Therefore when smokers are accessing smokefree services, pharmacotherapy should be available to them within 30 minutes to help manage nicotine withdrawal.

Smokers with mental health problems tend to smoke more heavily and are likely to be more dependent upon nicotine than other smokers, making it essential that their nicotine withdrawal is appropriately managed within services. Treatments to help people quit smoking that work for the general population are also effective for those with a mental health condition, regardless of the severity of the illness and do not have adverse effects on mental state.<sup>16,17,18</sup>

It is important that smokers have access to a broad range of pharmacotherapies, including medications on prescription such as varenicline and bupropion within smokefree services. Trusts should have a range of fast and slow acting nicotine replacement therapy (NRT) on their formularies. Overall prescriptions of stop smoking medications are declining,<sup>19</sup> and given smokers with mental health problems are more likely to be heavily addicted,<sup>6</sup> trusts must ensure that there are a comprehensive range of stop smoking medications on their formularies. For guidance on prescribing of these medications within hospitals see: [Why and how to prescribe varenicline in hospital.](#)

### Listen to...

Dr Debbie Robson, mental health nurse and tobacco addiction researcher at Kings College London, discussing the treatment options available for quitting or temporarily abstaining from smoking and how they should be used: <https://www.youtube.com/watch?v=IsMeSRu7Sol>

Below are short summaries of the key characteristics of the main stop smoking pharmacotherapies. For further detail on the prescribing of these medications see:

- » The National Centre for Smoking Cessation and Training (NCSCT) [Smoking cessation and smokefree policies: Good practice for mental health services](#), chapter on stop smoking medications and aids.
- » The Royal College of Psychiatrists: [The prescribing of varenicline and vaping \(electronic cigarettes\) to patients with severe mental illness](#)

## 2.3 Nicotine replacement therapy (NRT)

Nicotine replacement therapy (NRT), such as patches or gum, are licensed medicines which are safe and effective for people with mental health conditions. NRT is available on prescription or can be bought over the

counter. While use of NRT on prescription can increase the success of quit attempts, NRT bought over the counter has not been shown to increase a smoker's chances of quitting successfully,<sup>20</sup> emphasising the importance of clinicians actively supporting smokers' quit attempts.

Combining two NRT products (usually a nicotine patch plus one of the faster-acting products such as gum or mouth spray) is more effective than use of one product alone.<sup>21</sup> There are no safety concerns around combining NRT products, nor about combining NRT with varenicline, bupropion or e-cigarettes.<sup>21</sup>

There is no evidence that one NRT product is more effective than others so use of products should be given by patient choice, any contraindications and specific policies such as the ban on gum in forensic services.

Many of the NRT products come in different doses and flavours. For a summary of NRT products see: [NCSCT Stop smoking medications](#)

## 2.4 Varenicline (Champix) and bupropion (Zyban)

Varenicline, often sold under the commercial name Champix, and bupropion, often sold as Zyban, are prescription only medicines licensed for smokers over the age of 18.

Varenicline and bupropion are different to NRT and do not provide immediate relief from nicotine withdrawal. These medications work by blocking the nicotinic receptors in the brain that associate smoking with pleasure. Smokers will typically set a quit date within the first two weeks of taking varenicline, with the full course typically lasting 12 weeks, with the dosage adjusted throughout the course. Bupropion should be started at least one week prior to a smoker's quit date and continued for 8 -12 weeks with the dosage adjusted throughout the course. Bupropion is contraindicated in those with seizure disorders, eating disorders, and alcohol dependence.

Further information on both medications and recommended dosages see the NCSCT's [Good Practice Guide chapter on stop smoking medications and aids](#), with guidance on prescribing medications in hospital available from the London Clinical Senate's [Why and how to prescribe varenicline in hospital](#).

Research has found that varenicline is more effective than a single NRT product or bupropion for helping people with a mental health condition to stop smoking.<sup>22</sup>

There is evidence that despite this, varenicline is significantly under-prescribed for people with a mental health condition.<sup>23</sup> Clinicians have historically been concerned about prescribing varenicline to people with mental health conditions due to a 'black box' warning. However, this warning has been removed following recent research which shows that varenicline is safe and effective at supporting people with mental health conditions to quit smoking.

Several trials have found that bupropion is effective for supporting people with psychosis to stop smoking in the short term. The EAGLES trial found that it is similarly effective to nicotine patches for supporting people with mental health problems to quit, but less effective than varenicline.

## 2.5 E-cigarettes

E-cigarettes (also known as vapes or vaping products) are substantially less harmful than tobacco cigarettes, though not risk free. E-cigarettes do not contain or burn tobacco, meaning they do not produce carbon monoxide, tar or many of the other harmful chemicals found in tobacco smoke and, to date, there have been no identified health risks to bystanders.

Evidence suggests that e-cigarettes are effective at supporting smokers to quit,<sup>2024</sup> with one study showing using an e-cigarette alongside behavioural support was twice as effective as using NRT.<sup>25</sup>

For anyone who smokes, switching completely to vaping will ensure the greatest reduction in harm and deliver most benefit to health. Anyone who is using both cigarettes and e-cigarettes should be strongly encouraged to stop smoking as soon as they can. Support to quit from a trained stop smoking practitioner significantly improves the chances of quitting successfully.

Public Health England has produced guidance for mental health trusts on e-cigarettes: [Using electronic cigarettes in NHS mental health organisations](#)

For further information on e-cigarettes

- » Mental Health and Smoking Partnership: [Use of electronic cigarettes by people with mental health problems: A guide for health professionals](#)
- » Public Health England [Vaping in England: an evidence update including mental health and pregnancy, March 2020](#)

## 2.6 Adjusting drug dosages for people quitting smoking

Tobacco smoking increases the metabolism of some antipsychotic medicines, the dose of which may need to be reduced when people taking these medications stop smoking. As the increased metabolism is due to the action of tar and not nicotine, this effect will not be avoided by provision of NRT or the use of e-cigarettes.

Any person who is taking one of the medicines listed below and attempting to quit smoking, or is restricted from smoking their usual cigarette intake, should be regularly monitored to ensure there are no adverse effects from their prescribed medication and have their dose altered accordingly. For more information see the [Maudsley Prescribing Guidelines](#)

Benzodiazepines	Clozapine	Fluvoxamine	Olanzapine
Carbamazepine	Duloxetine	Haloperidol	Tricyclic antidepressants
Chlorpromazine	Fluphenazine	Mirtazapine	Zuclopentixol

For further information about the interaction between smoking and mental illness see the Royal College of Physicians report [Smoking and Mental Health](#).<sup>26</sup>

## 3. Supporting staff

### NICE PH48 recommendations:

- » Support staff to stop smoking
- » Provide stop smoking training for frontline staff

### 3.1 Supporting staff to stop smoking

Supporting staff to quit is an important part of implementing PH48, and how the trust will do this should be clearly set out in smokefree policies.

NICE recommends that staff should be offered in-house stop smoking support and be able to access support to quit within their working hours without losing pay. In addition, access to community based support should be provided for those who prefer that option.

It can seriously undermine the reasons for implementing smokefree policies to have staff coming onto wards smelling of tobacco smoke and is unfair on patients who might be experiencing withdrawal symptoms.

Senior leadership commitment to the smokefree policy is important to ensuring that staff are seriously engaged around this agenda and are provided with the support needed to help them quit.

### 3.2 Training

Providing training to staff is essential for ensuring that they are equipped to support smokers going smokefree, understand the impacts of smoking and smoking cessation on mental health and feel secure in their knowledge and understanding of their role in relation to the smokefree policy.

Evidence suggests that mental health service users are more likely to respond positively to smoking cessation support provided by a mental health professional compared with other health professionals,<sup>27</sup> meaning it is essential that staff are given proper training in smoking cessation

A small scale survey conducted by ASH found that staff who had received training around smoking cessation were more than twice as likely to report 'always' discussing smoking with their patients, and substantially more likely to think that hospitalisation was a good opportunity to address smoking cessation.<sup>28</sup> This illustrates the benefits of staff training for increasing staff engagement with smokefree policies.

Further, training is an opportunity to improve understandings of the impacts of smoking and smoking cessation on mental health. Nearly a quarter (23%) of respondents to ASH's survey felt that quitting smoking during treatment for a mental health condition would have a negative impact on recovery. In contrast, quitting smoking is associated with reduced depression, anxiety and stress as well as improved positive mood and quality of life compared with continuing to smoke.<sup>29</sup> The impact of smoking cessation on anxiety and depression appears to be at least as large as antidepressants.<sup>29</sup>

Staff will need different training depending on their role. All staff working in mental health services should be trained to deliver very brief advice, while staff delivering smoking cessation interventions will require further in-depth training.

### Listen to...

Dr Andy McEwen, Chief Executive of the National Centre for Smoking Cessation and Training talk about the training available to mental health staff and how this will support implementation of smokefree policies: <https://www.youtube.com/watch?v=XRGMIilSggs>

The case studies below set out how different trusts have been working to ensure their staff are well trained to support smokers to quit:

- » [West London NHS Trust](#) has worked hard to ensure their staff are receiving regular up to date training on smoking cessation, you can read their experiences here.
- » [Central and North West London NHS Foundation Trust](#) has worked with peer workers to create a range of new training materials.
- » [Tees Esk and Wear Valleys NHS Foundation Trust](#) and [Solent Mental Health Trust](#) also discuss the importance of training in their case studies on comprehensive PH48 implementation.

The National Centre for Smoking Cessation and Training provides a range of [online training modules](#) for practitioners including a [mental health speciality module](#).

## 4. Communication

### NICE PH48 Recommendations:

- » Provide information for planned or anticipated use of secondary care
- » Provide information and advice for carers, family, other household members and hospital visitors
- » Communicate the smokefree policy

Effectively communicating the smokefree policy is an important way of building support for the policy and boosting compliance. Communicating the smokefree policy to people using mental health services, their carers, families, household members and any visitors is important so they can prepare for being smokefree while accessing services and understand why the policy is being implemented.

Wherever possible, smokers should be informed about the smokefree policy and what it will mean for them before accessing mental health services. This is especially the case in examples of a planned admission to inpatient services. This also emphasises the importance of community mental health teams engaging with smokers around their smoking status.

During an expert by experience focus group hosted by ASH and Rethink Mental Illness, participants who had experience of being smokers admitted to smokefree inpatient services discussed the importance of explaining why policies were being implemented:

*“I didn’t realise about the policies, and nothing was said to the patients about why they couldn’t have them [cigarettes]. There were people coming in after me and they just took their cigarettes off them, saying ‘No you can’t’, and they never explained why.”*

Involving service users in the designing of communications materials and families, carers and visitors about the best way to communicate the smokefree policy to them in advance of implementation should help inform effective communications.

### 4.1 Communications examples

Trusts have developed a range of resources to communicate their policies to everyone accessing and using the trust.

Trusts have produced short videos explaining why they are going smokefree and the support available. Watch Leicester Partnership NHS Trust’s [video here](#) or Northumberland, Tyne and Wear NHS Foundation Trust’s [video here](#).

Trusts such as [South London and Maudsley](#) and [Tees Esk and Wear Valleys](#) have online FAQ and smokefree support pages.

### 4.2 Northumbria Healthcare NHS Foundation Trust

For a comprehensive communications campaign around going smokefree, lessons can be learned from Northumbria Healthcare NHS Foundation Trust (NHCT).

NHCT established a smokefree working group approximately 18 months before their smokefree date. This enabled time for engagement with senior management, staff and service users across the trust. This ensured that when the smokefree implementation date arrived, different teams had been able to highlight their concerns about implementation and work through challenges in advance.

It also allowed a comprehensive communications campaign, Change is in the Air, to be rolled out across the organisation, including on screens at entrances, on bedside TVs, in waiting areas and on the website. This meant that all service users and visitors were informed about the campaign and aware of the support available to them.

The successful implementation of NHCT's smokefree policy highlights the importance of allowing time in advance of implementation for communication, training and stakeholder engagement.

### **Listen to...**

Mary Yates, Matron at South London and Maudsley share her experiences of communicating their smokefree policy and what it would mean for staff and service users: <https://www.youtube.com/watch?v=fI7D0OI7LSo>

## CASE STUDY: Central and North West London NHS Foundation Trust

### Supporting staff to support service users

Central and North West London (CNWL) has developed innovative training approaches to assist staff in communicating with service users about smokefree requirements in the Trust's inpatient units. These approaches include a film and role play demonstrations showing different ways to tackle the challenges of implementing smokefree policies, alongside more traditional approaches.

The dramatic vignettes, which were co-produced by staff with peer worker input, demonstrate typical challenges faced by staff as they implement smokefree policies in mental health units, including:

- » 'How not to do it' – showing unhelpful ways of engaging with patients who are smoking/demanding to be permitted to smoke
- » Supporting a distressed smoker with strong urges to smoke
- » Handling an angry smoker with strong urges to smoke
- » What to do when a patient is caught smoking in their room

The dramas also engage with the reality of what smoking restrictions can feel like for service users who are heavily addicted smokers. The role plays were trialled in the level 2 smoking cessation training at the Harrow Mental Health Service site in CNWL, and there are plans to place them at the heart of the newly revised CNWL level 2 smokefree training. This material has also been shared with other CNWL sites.

A 7-minute film which was produced in 2016 to promote smoking cessation in CNWL's mental health units is also available for other Trusts to use: ["Smoking and Your Mental Health, CNWL"](#).

CNWL has also provided staff with key resources on e-cigarettes to help them understand the role they can play in supporting quit attempts and given staff the information they need to assist service users to select and use the devices appropriately. Making e-cigarettes available to service users on all CNWL's mental health units, via vending machines, has significantly reduced smoking related incidents and assisted service users to cope with smokefree restrictions on the wards.

This has been embedded alongside a 'Making Every Contact Count' approach to supporting service users to quit smoking. This approach uses very brief advice (VBA) as a basis for action and refers service users on to the stop smoking services, where locally available, as well as ensuring they have access to nicotine replacement therapy and psychological support to maintain their well-being while quitting.

By working closely with staff and patients to address any concerns, CNWL was able to make good trust-wide progress towards implementing best practice guidelines for smokefree mental health services.

*Di Hurley, Head Occupational Therapist and Physical Health Care Champion*

## CASE STUDY: Solent Mental Health Trust

### The importance of good preparation

Solent Mental Health Trust introduced smokefree policies in April 2015 and mental health inpatient services went smokefree on 1 August 2017, but key to its success was the detailed preparation that began months earlier.

In advance of implementation, the trust's mental health services established working groups and action plans covering the following areas:

- » Training
- » Communications
- » Service user and staff involvement
- » Ongoing support

#### Training

- » The Trust's Mental Health service ensured **all** members of the mental health clinical inpatient team attended training provided by pharmacy services, on prescribing nicotine replacement therapy (NRT) and stop smoking medications. Staff were supported to handle non-compliance with the smokefree policy in a robust and effective way, including with clear legal guidance.
- » The Trust created a Standard Operating Policy (SOP) to aid the delivery of smokefree services and trained all staff in its delivery.
- » Staff were supported to access various training opportunities including NCSCT training on providing VBA to stopping smoking to people with mental health conditions.
- » The Trust was supported by the Portsmouth Wellbeing service who ran weekly presentations for two months to prepare staff for implementation and upskill them in supporting service users to quit.

#### Communication

- » Letters were sent to all service users and potential future service users in the area (including those in touch with community mental health teams) informing them that that the Trust was going to go smokefree and asking them to get in touch if they had any questions.
- » Community crisis teams were provided with information leaflets and training to inform all their service users of the smokefree policy well in advance of any inpatient treatment

#### Service user and staff involvement

- » Quitting smoking is on the agenda for every mental health inpatient service user community meeting, allowing service users to raise any concerns with the policy, understand the breadth of the quit support offer and understand the importance of the smokefree policy.
- » Staff were also offered individual support to stop smoking including being given access to NRT prescriptions. Many staff members have successfully quit smoking as a result.
- » Champions were recruited amongst staff members when the Trust went smokefree to ensure staff and service users adhered to the smokefree policy. Over time, all staff have become champions of supporting the policy.

#### Ongoing support:

- » Service users are offered two free e-cigarettes during their admission, and are supported to buy more if this is the quit aid they choose to use.
- » When service users arrive at the Trust's inpatient services with tobacco it is held securely for them until they are discharged, it is not returned to them when they go on short term leave
- » Service users who have quit smoking are referred directly to the Wellbeing Service on discharge, to ensure they receive the support they need once they are no longer in a smokefree environment.

*Kim Thome, Quality Improvement Matron*

## CASE STUDY: Tees, Esk and Wear Valleys NHS Foundation Trust

### The rewards of a comprehensive approach

Tees, Esk and Wear Valleys NHS Trust has adopted a comprehensive approach to implementing smokefree policies, covering:

- » Training;
- » E-cigarettes;
- » Communications; and
- » Community stop smoking support.

As a result of this approach, smoking rates within adult inpatient services have dropped from 62% to 48% and staff smoking rates have dropped from 10% to 8%. The Trust anticipates further drops in both numbers in future years.

#### Training

The trust aims for all front-line staff to complete the NCSCT module on VBA on smoking. In the 9-months prior to the implementation of the Trust's smokefree policy over 1500 staff completed this training to move towards that goal. Further, all new staff are offered level 1 smokefree training with their induction package. As a result, around 90% of Trust staff have now been trained. In total, over 3800 training sessions have been delivered since 2015.

This training is supplemented by accessible videos, supportive communications around the Trust's smokefree policy, and level 2 training offered to specialists like occupational therapists and other key frontline staff.

#### E-cigarettes

The Trust is a strong promoter of e-cigarettes as a harm reduction or quitting aid and offers all service users who smoke a free rechargeable starter kit upon admission. Over 2,400 of these kits have been given out since February 2019, with 46% of adults identified as smokers admitted to the ward accepting a pack.

The Trust has very few restrictions on the types of e-cigarettes can be used, and where they can be used and has not found this to cause any problems among service users or staff. The most common concern is smoke detectors being set off by the vape clouds. The use of e-cigarettes is changing the culture around smoking at the Trust, and incidents of service users smoking in their bedrooms, or in the gardens appears to be falling within some services. Staff have also been empowered to challenge those who break the smokefree policy, driving smoking incidents down further.

The Trust has also made available to staff Public Health England's advice on e-cigarettes following the recent vaping related health concerns from the US.

#### Communications

Both before and after implementation of the smokefree policy, the Trust delivered a broad communications campaign to inform service users of the policy, and promote stop smoking support. This included:

- » Visiting every ward to speak to patients and staff
- » Sending questionnaires to patients to ask them about their experiences of the smokefree policies, and preferred quitting aids
- » Distribution of new leaflets, flyers and posters
- » Weekly communications to staff on the smokefree policy and implementation
- » Regular distribution of new resources
- » Including a question on smokefree in the 'Friends and Family test'

This approach helped prepare service users and staff for the smokefree implementation and helps to remind them of the importance of stopping smoking to the Trust.

### Community stop smoking support

The Trust also runs a series of community stop smoking services for people with a diagnosed mental health condition. Service users are referred to these clinics via community teams or when they leave inpatient facilities. The clinics provide stop smoking medications and behavioural support, and have seen real quit success, including a 12-month quit rate of more than 30% for one clinic. This likely also reflects the long-term support offered by the clinics which can support service users to choose either a harm reduction or full quit pathway. This programme is available for up to 9 months for those service users who require enhanced support.

The Trust is in the process of rolling this support out further, with 10 areas expected to have a local clinic within the next year. This approach was supported by the SCIMITAR+ research programme, which trialled giving people with mental health conditions tailored support to quit in the community.

*Lesley Colley, Smokefree Lead*

## CASE STUDY: Norfolk and Suffolk NHS Foundation Trust

### The importance of good communication

Norfolk & Suffolk Foundation Trust (NSFT) recognises the importance of good communications to reducing smoking prevalence among its patients. The Trust is delivering a multi-level communications strategy, aimed at both patients and staff, to aid the implementation of its comprehensive smokefree policy.

The Trust engages with patients by:

- » Distributing leaflets to patients and their families setting out the negative health consequences of smoking, and the support available to quit
- » Using 'no smoking' signs with advice to quit or referral information on them
- » Establishing an educational pathway 'Promote, Prevent & Protect' for all NSFT clinicians to build professional support for patients, service users' families and friends for quitting smoking
- » Presenting to the inpatients' forums on quitting smoking and nicotine replacement therapy to build their buy-in
- » Performing physical health screening - obtaining smoking status and providing VBA, NRT and offering support and referrals to stop smoking cessation services.

The trust engages with staff by:

- » Running a Nicotine Management Group to track and enable the implementation of the Trust's smokefree policy and ensure staff are supportive of the policy rollout
- » Publishing a regular Health Promotion Newsletter to share positive stories about smoking cessation, and challenge myths around patients' desire to quit smoking
- » Distributing advice from PHE on topical issues such as the recent vaping related lung illnesses in the US
- » Encouraging staff to stop facilitating patients' smoking by accompanying them on smoking breaks/using Section 17 leave to facilitate smoking
- » Stop smoking problem solving event was organised and promoted by the NSFT Physical Health Team and hosted by the Medical Director.
- » Providing teaching sessions on NRT for inpatient services
- » Delivering a Physical Health Education Pathway, which includes mandatory e-learning on VBA and face to face training for inpatient and community clinicians

The Trust builds partnerships with local stakeholders by sharing and cross-promoting stop smoking campaigns such as Stoptober. These partnerships include:

- » Public Health England (both nationally and regionally)
- » Neighbouring NHS trusts (such as Peterborough Mental Health Trust)
- » Local stop smoking cessation services (such as Smokefree Norfolk/One Life Suffolk)
- » Local authorities (such as Norfolk and Suffolk County Councils)
- » National charitable groups (such as Action on Smoking and Health)

The impact of this work has been:

- » Smoking related incident reports state that there has been a gradual decrease in Smokefree related incidents from 111 reported incidents in September 2018 to 45 reported incidents in June 2019, increased to 69 reported incidents in July (due to one of the NSFT locality relaunching its smokefree policy in July) and decreasing to 63 reported incidents in August.
- » Patients after participating in smokefree forums were requesting additional access to NRT to improve their likelihood of quitting.
- » The Health Promotion Newsletter has been 'mainstreamed' and will be distributed in future by the 'Making Every Contact Count' programme.
- » A reduction in staff opposition to the trust's comprehensive Smokefree Policy.

*Nataliya May, Health Promotion Lead*

## CASE STUDY: West London NHS Trust

### Pushing training up the agenda

West London Trust has a relatively high turnover of staff and relies on bank staff to ensure service users have the support they need. That's why it is particularly important to ensure that the trust's smokefree training programmes is of the highest quality and reaches as many staff as possible.

To drive higher training attendance, the Trust has taken a variety of approaches including:

- » Booking all new staff on to 6 training sessions over 6 weeks;
- » Holding training away from the wards, but on site, to maximise attendance;
- » Encouraging friendly co-operation between wards to drive higher attendance;
- » Run training every quarter (up from every year);
- » Deliver training face-to-face (not online);
- » Keep the training up to date and relevant all year; and
- » Recruiting internal champions to encourage attendance and promote smokefree policies.

This level 1 training covers: VBA, access to NRT, the Trust's smokefree policies, and access to wider smokefree resources and support. It includes role plays around access to pharmacotherapy and tackling breaches of the smokefree policy. It is also available to staff at all levels from receptionists to ward managers across inpatient and community settings.

As a result of this approach 202 staff have attended level 1 smokefree training over the last year 2018-2019. There has also been a marked increase in the discussion of stop smoking support on the wards.

The Trust uses a similar approach with level 2 training, taking many of the above steps to encourage attendance. These include:

- » Collecting regular feedback from staff attendees to ensure the training remains as useful as possible;
- » Embedding smokefree implementation in staff's development plans to ensure they can be recognised for their work in this area;
- » Running follow up sessions with staff to help them embed their learning in their day jobs – delivered both via 1:1s and group support;
- » Nominating and rewarding an 'advisor of the month' to recognise staff achievement around smokefree implementation; and
- » Holding meetings every three months with stop smoking advisors to share best practice.

As a result of Level 2 training, this has resulted in 52 staff trained during 2019 as stop smoking advisors. This has led to in-house stop smoking clinics on individual wards to provide more accessible and available support for patients.

The Trust also provides e-cigarette vending machines and promotes the use of e-cigarettes as a quitting aid.

*Cheryl Malhotra, Integrated Lifestyle Practitioner and Smokefree Lead*

# Key learning points for implementation

## NICE PH48 Recommendations:

- » Provide information for planned or anticipated use of secondary care
- » Provide information and advice for carers, family, other household members and hospital visitors
- » Communicate the smokefree policy

Effectively communicating the smokefree policy is an important way of building support for the policy and boosting compliance. Communicating the smokefree policy to people using mental health services, their carers, families, household members and any visitors is important so they can prepare for being smokefree while accessing services and understand why the policy is being implemented.

Wherever possible, smokers should be informed about the smokefree policy and what it will mean for them before accessing mental health services. This is especially the case in examples of a planned admission to inpatient services. This also emphasises the importance of community mental health teams engaging with smokers around their smoking status.

During an expert by experience focus group hosted by ASH and Rethink Mental Illness, participants who had experience of being smokers admitted to smokefree inpatient services discussed the importance of explaining why policies were being implemented:

*“I didn’t realise about the policies, and nothing was said to the patients about why they couldn’t have them [cigarettes]. There were people coming in after me and they just took their cigarettes off them, saying ‘No you can’t’, and they never explained why.”*

Involving service users in the designing of communications materials and families, carers and visitors about the best way to communicate the smokefree policy to them in advance of implementation should help inform effective communications.

## Engage senior leadership

Senior leadership buy-in to the smokefree policy is key to success. Generating this leadership can be challenging at times when other issues such as workforce pressures, seem more pressing and immediate.

There is no set formula for generating this leadership. In every trust there will be people who are more supportive than others, utilising these voices and developing champions in different parts of your trust will be important. Engaging service users in the call for senior leaders to support the policy can also be important in ensuring that senior managers see this as an issue that matters to patients and not just a tick-box exercise.

While the evidence base around the harms from smoking is compelling and should be reason to act. There is also evidence that smoking is costing trusts both time and resources that would otherwise be better spent. The Royal College of Physicians report *Hiding in Plain Sight: Treating tobacco dependence in the NHS* highlights that smoking among people with mental health problems costs NHS secondary care services approximately £204 million a year at 2015/16 prices.<sup>30</sup> These costs are preventable and could be saved through effective smoking cessation support. For example, the report estimates that cost savings from smokers with mental health problems quitting could include approximately £28 million from reduced prescriptions of psychotropic medicines.<sup>30</sup>

While ASH’s survey found that staff were still accompanying smokers on smoking breaks every day in 57% of trusts, previous research has illustrated that this carries a serious resource burden. Research has found that the facilitation of these smoking breaks in four mental health wards took up 6000 hours of staff time over a period of 6 months.<sup>31</sup> Further research has estimated the opportunity cost of supervising smoking was between £50 to £238 per ward per day, or £18,250 to £86,870 per ward per year, depending on the seniority of the staff supervising smoking breaks.<sup>32</sup> Smoking cessation could release hours of clinical time better used to provide therapeutic care and return much needed funding to the NHS.

Pursuing senior leadership buy-in, working to get reports on smokefree implementation onto meeting agendas and as part of key performance indicators can significantly help implementation and engagement from other members of the trust.

### Identify champions

Identifying champions for the smokefree policy across different wards can support implementation and reduce pressure on the smokefree lead. Solent Mental Health Trust's case study highlights that the trust recruited staff champions to support implementation of the policy.

Bringing together a smokefree policy or nicotine management group to write and oversee the trust's policy, can be a good way to start identifying champions.

Trusts should also consider identifying service user champions to help their peers adapt to policy implementation and feedback into the trust's management of the smokefree policy and support options available for patients.

### Prepare in advance

The case studies above emphasise the importance of preparing for implementation of a smokefree policy well before the implementation date. Those trusts that have not yet implemented a policy in line with PH48 should think about this approach to ensure that the policy is effectively implemented from day one. Trusts that are effectively implementing policies have taken up to 18 months to prepare for comprehensive smokefree implementation.

Among the majority of trusts that currently have a policy in place, these principles are important for thinking about updating or refreshing the smokefree policy. How long trusts' will need to prepare for changes to their smokefree policy will vary depending on the makeup and complexity of the service provided, and the extent of changes being proposed.

The time before implementing a new policy or revising the policy currently in place should be used to communicate the policy or changes, update staff training, ensure that formularies contain the full range of pharmacotherapies and that e-cigarette policies are in place.

The case studies highlight the importance of engaging with staff and service users in advance of implementation, and this approach should also be taken to engaging in advance of policy changes. Where policies are changing, it will be important to ensure that the changes and reasons for these changes are widely communicated so staff, service users and visitors know what is expected of them. This may also involve writing out to former inpatients to ensure that people who experienced the previous policy know what to expect if admitted again.

In this video, Samantha Churchward and Jane Voke from Devon Partnership Trust talk about the importance of preparation: <https://www.youtube.com/watch?v=BZIORNAbKrE>

### Communicate the policy widely

Norfolk and Suffolk NHS Foundation Trust's case study illustrates the varied ways in which to communicate the smokefree policy with staff and service users. This communication should clearly set out the support that is going to be provided to help smokers quit or stay smokefree when accessing trust services.

Sharing this information widely should minimise confusion around the policy and reduce the number of people accessing services or visiting trusts who are unaware of the smokefree policy.

Experts by experience have emphasised that in this communication it's really important to clearly communicate why the policy is being implemented.

## Train staff and engage with their concerns

All the five case studies above highlight the importance of engaging with staff to address their concerns about implementation of the smokefree policy and provide training in advance of implementation.

During the ASH/Rethink expert by experience focus group, participants highlighted that inconsistent implementation of a smokefree policy by staff can make it more challenging for service users. CNWL's case study notes that peer workers were engaged in the production of staff training materials, illustrating how involving service user voices can be important in staff training. This could also be an effective way of debunking myths and misunderstandings around issues such as patient interest or motivation around quitting smoking.

In addition to providing training in advance of policy implementation and for new staff, it's important to refresh training for staff on an ongoing basis. West London's case study highlights how they have introduced a rolling programme of training for staff.

The case studies from West London, CNWL and Tees Esk and Wear Valleys illustrate that trusts have used a mixture of materials in staff training drawing on both [NCSCT online training resources](#) and producing the trusts' own materials.

## Further resources

- » [NICE Guidance PH48](#) and the [Tools and Resources](#) sitting alongside the guidance.
- » Breathe 2025: [NICE Guidance PH48 Toolkit](#)
- » Public Health England: [Smoking Cessation in Secondary Care Mental Health Settings](#)
- » National Centre for Smoking Cessation and Training: [Good Practice Guide Smokefree Mental Health Services](#)
- » Public Health England: [Mental health deep dive self-assessment tool](#)
- » Mental Health and Smoking Partnership: [Resources](#)

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