



NMHCCF Advocacy Brief

Issue: Smoking and Mental Illness

Background

People with a mental illness are significantly more likely to smoke cigarettes than the general population; an estimated 32% of people with a mental illness smoke, compared to just 18% of the general Australian population.¹ Australian research reports the rate of smoking as 73% in men and 56% in women with a severe psychiatric illness.²

It is commonly believed that smoking can improve a person's ability to focus and perform tasks and can help correct some of the symptoms of mental illness, however the evidence for this is not strong and these 'benefits' may simply be due to alleviating nicotine withdrawal.

In recent years, legislation has been passed to prevent smoking within the grounds of most mental health services. This can be problematic for mental health consumers who smoke and are subject to a ban but who are unable and/or unwilling to stop smoking.

Even with a number of anti-smoking programs available, people with a mental illness are less likely to be able to give up smoking. Research has shown that when people are disadvantaged in ways such as unemployment, low income or they have a mental illness, they find it more difficult to quit smoking, they have less support and resources to quit, and smoking is more normalised in their environment.³

The laws and policies on smoke free areas in hospitals and health care facilities vary within each Australian jurisdiction:

- In general, all jurisdictions have banned smoking indoors at any health facility. Clients, staff and visitors may only smoke in a single nominated smoking place, which is outside and only if the health facility has one; determined by their policy.

¹ SANE Australia. (2009). Smoking and Mental Illness: SANE Factsheet 16.

http://www.sane.org/factsheets/smoking_and_mental_illness.html

² Australian Government, Preventative Health Taskforce. (2008). Technical Report 2, Tobacco control in Australia: making smoking history. Prepared by the Tobacco Working Group.

³ Mental Health Coordinating Council. (2008). Smoking and Disadvantage: The relationship between smoking and disadvantage and what community services can do.

<http://www.mhcc.org.au/documents/Articles%20and%20Press%20Releases/Information%20Sheet%20on%20Smoking%20and%20Disadvantage.pdf>

- In Victoria, exemptions to the ban include a designated area in an approved mental health service (within the meaning of the Mental Health Act 1986) for mental health consumers using the facility. The Northern Territory also implements a ban with exceptions for some inpatients in the designated outdoor smoking areas.
- Whilst smoking is currently permitted in designated smoking areas in most states, legislation was implemented on the 31st May 2010 in South Australia, banning smoking in all hospital and health services buildings and grounds.⁴

Key Points for Consumers and Carers

- Research from the UK has found that approximately 71% of inpatients support a general non-smoking policy in hospitals with designated smoking areas. Although support was given to this general policy, the majority viewed it as impractical for people with severe and chronic mental illnesses. Those surveyed also thought that the banning of smoking in psychiatric facilities could be dangerous for both patients and their carers. Risks can include increased aggression of inpatients associated with withdrawal, as well as with inpatients having to leave the grounds to smoke and therefore being removed from a safe environment.
- Consumers in psychiatric residential units, which can become their home for extended periods of time, are frequently subjected to a complete smoking ban. Many who find themselves in psychiatric inpatient units are there as involuntary patients and often have no option to move freely to a designated smoking area.⁵
- Research shows that anti-smoking programs do not adequately address the needs of people with specific mental health problems, especially not whilst they are receiving treatment in a mental health unit where smoking is banned completely. The lack of such programs and a policy that considers consumers places further strain on the person with the mental illness as well as their carers, families and friends.
- Smoking bans imposed on mental health units should bring *opportunities* for people with mental health problems to quit smoking. Whilst quitting smoking has many benefits, it is not ideal for every inpatient to be subjected to a complete ban whilst receiving treatment for severe mental illness.

Key Issues for the Future

The National Mental Health Consumer & Carer Forum (NMHCCF) believes that whilst there are obvious health benefits of smoking cessation, it is not always ideal to enforce such bans on mental health inpatients requiring immediate treatment and care for a serious mental illness.

⁴ Government of South Australia, Department of Health. (April 2010). Media Release: 'Smoke-Free' Public Hospitals by May 2010. <http://www.dh.sa.gov.au/Default.aspx?tabid=53&mid=454&ctl=ViewDetails&ItemID=1948&PageIndex=0&DisplayDateIndex=3>

⁵ Miller, B. (Interviewer), & Crosbie, D. (Interviewee). (19 March, 2009). Smoking Ban Angers Mental-Health Groups [Interview transcript]. <http://www.abc.net.au/worldtoday/content/2008/s2520766.htm>

Whilst staff and non-smokers have the right to breathe smoke free air, patients with a serious mental illness – especially involuntary patients – should be allowed to smoke in outside, designated smoking areas.

The NMHCCF supports:

- Designated outdoor smoking areas for involuntary patients, who do not have the option to leave the facility (e.g. involuntary patients in secured extended care facilities).
- Approaches to lessening the number of mental illness inpatients who smoke that are carried out in a holistic, dignified and respectful manner and at a time when the mental health consumer is not in their most distressed and vulnerable state.
- The development of a uniform national policy which details the regulations regarding smoking and is mindful of the needs of mental health patients.
- The inclusion of people with a mental illness as a high risk group in any national preventative health initiative.
- Greater availability of subsidised nicotine replacement therapy for people with a mental illness.

Name of Nominated NMHCCF contact on this issue

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Please contact NMHCCF Secretariat (details below)