POLICY STATEMENT 1

SMOKING BY MENTAL HEALTH PATIENTS WITHIN HOSPITAL SETTINGS

Background

People with mental health conditions often have a higher ratio of cigarette smokers and tend to smoke more heavily than the general population. People with severe mental illness are likely to be more inclined to smoke heavily than those with milder mental health problems.

Nicotine addiction is caused by cigarette smoking and nicotine withdrawal is difficult for most people. For those with mental health issues, quitting smoking is a complex and difficult process rather than a single event.

Smoking in a hospital environment is an issue for all non smoking patients, staff and visitors. There are particular issues though for mental health patients who *do* smoke that need to be considered separately as part of any broader measures.

Complicating the matter further are the legislative differences between jurisdictions on the restrictions applicable to smoking, including within hospitals environs. There are significant and growing difficulties especially for private hospitals in managing the health and legislative considerations raised by smoking in a hospital setting. In addition, although smoking is legal, there are associated problems created by allowing smoking in a hospital setting.

Having a Smoke Free Zone requires a plan to determine the best way to support a person during and after a hospital admission.

There is a significant body of evidence demonstrating that smoke-free policy has many positive benefits for the units, staff and patients concerned [i] :

- policy implementation is less burdensome than staff initially fear;
- staff and patient physical wellbeing is improved;
- staff perceptions of patients' capacity to quit smoking expand;
- clinical and recovery-focused care is enhanced;
- nicotine dependence is addressed;
- patients' quality of life and long-term mental health outcomes improve;
- fears about increased aggression are likely to be unfounded (they decline in some instances);
- concerns about patients absconding and requesting discharge against medical advice are unfounded;
- rates of seclusion do not increase (in some instances they decrease);
- staff smoking rates decline;
- exposure to environmental tobacco smoke declines; and
- patients gain capacity and belief in their own ability to quit or cut down their tobacco consumption.

Policy

Lived Experience Australia believes that to require a mental health patient (who is most likely already in a sufficiently vulnerable state to require hospitalisation) to cease smoking during their stay could cause extreme distress and possibly impede recovery. The provision of nicotine patches alone would be insufficient to address all aspects of smoking withdrawal.

Lived Experience Australia does acknowledge, however, that a number of strategies should be considered for implementation to ensure the minimising of the adverse factors of smoking in a hospital environment. Lived Experience Australia recommends:

1. That nicotine patches are routinely offered to all patients who smoke and that other forms of nicotine replacement therapy, gum, lozenges, be considered in combination with the use of patches and or e-cigarettes.

2. Where hospitals have capacity, that a dedicated smoking area for patients, one that is functional yet discourages lengthy personal interactions or individual isolation, be considered, not as a permanent measure, but as a stepping stone or transition to future planning for a totally smoke-free hospital environment. Where hospitals do not have capacity for a designated area, we recognise the clear need for the person's nicotine withdrawal to be comprehensively addressed and their needs supported by the treating team as part of providing clinical care.

3. Patients are routinely referred to the National Quitline of 13 78 48, available between 8am and 8pm Monday to Friday.

4. That hospitals establish dedicated program/s for mental health patients to promote withdrawal, assist abstinence and encourage alternatives within the context of the management of their mental illness and psychosocial needs.

5. That hospitals establish dedicated programs for mental health staff who smoke, to promote their smoking cessation or supportive management of their smoking while at work.

6. That all visitors to hospitals be made aware of the smoke-free policy and encouraged to support it while they are on hospital premises, for the health and wellbeing of patients, other visitors and staff there.

History:
Policy approved: February 2013
Policy amended: October 2013
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i   (Adapted from Lawn and Campion (2013) Achieving smoke-free mental health services: lessons from the past decade of implementation research. International Journal of Environmental Public Health 10, 4224-4244. Available free at: http://www.mdpi.com/1660-4601/10/9/4224)