

## **Draft Smoke-free Regulations 2007 – E-Consultation on-line response**

### **Response from Royal College of Psychiatrists - NI Division**

Q1: YES

Q1a: If you wish to comment, please do so here

Q2: YES

Q2a: If you wish to comment, please do so here

Q3: YES

Q3a: If you wish to comment, please do so here

Q4: YES

Q4a: If you wish to comment, please do so here

Q5: NO

Q5a: Limited exemptions for smoking in “designated rooms” for situations of extreme difficulty in clinical management should be extended to include all residential Mental Health facilities, regardless of length of stay. COMMENT -

We support the need for balance between allowing people to smoke in their residential space and protecting others from exposure to second hand smoke, including the other people for whom it is their home and the people who work there.

There is concern that unlimited exemption for Mental Health inpatients (long stay or short stay) is a collusion with stigma i.e., a lesser standard will do them and psychiatric staff. There is a growing concern about the poor physical health of Mental Health patients and their increased rates of mortality and morbidity in comparison with the general population. The staff and patients in psychiatric facilities deserve the same access to a smoke free environment and smoking cessation helps that people in other parts of the HPSS will receive.

Mental Health patients are currently required not to smoke in wards and are confined to designated smoking rooms when they smoke. This situation could be improved upon with the pending smoking legislation by further refining guidance on smoking in these settings.

The rights of Mental Health patients and staff in inpatient facilities, whether detained under the Mental Health Order or not could be upheld by using the following choices and options.

a). Offering nicotine replacement therapy while an inpatient, as occurs currently in Medical and Surgical wards.

- b). Providing dignified adjacent outside areas to smoke e.g. verandas, patios or porticos in view of staff or supervised as necessary. This already occurs in some settings and a little more creativity would provide acceptable solutions.
- c). Limited short-term exemptions for extreme clinical situations in “designated rooms”.

With these choices Mental Health inpatients would have an opportunity to stop or reduce smoking and improve health. Smoking in wards would be the unusual exception rather than the rule, to the benefit of all patients and staff. This has already been achieved in some long-stay psychiatric facilities in N. Ireland

This was the subject of conclusions and recommendations in paragraph 15.12 of the Alcohol and Substance Misuse Section of the Review of Mental Health and Learning Disability Northern Ireland.

“The Study of Smoking among Mental Health Service Users in Northern Ireland (Jeffers et al, 2003). concluded with a number of recommendations for Mental Health Services Provision to include Policy changes, specific therapeutic interventions and support structures to promote smoking cessation. These were set out in Annex 15.

101. In both hospital and community mental health facilities the smoking status of clients should be ascertained at the time of assessment and monitored thereafter by mental health and primary care services.

102 All mental health staff should be trained to offer brief advice to clients at a stage when they are likely to be receptive to its import.

103 A staff training programme should be instituted to address staff attitudes to smoking and their own knowledge about smoking and mental health.

104 Specialist staff should be appointed to plan support services for smoking cessation aimed at those with mental health problems.

105 Staff training would also include counselling skills, group leadership skills and a full knowledge of the evidence base related to smoking and cessation methods. It should also include knowledge of the likely barriers to access smoking cessation services by these clients.

106 Health promotion leaflets and particularly those on smoking and other cessation materials should be readily available in facilities accessed by people with mental health problems including primary care services.

107 Nicotine Replacement Therapy (NRT) or other pharmacotherapies should be prescribed as required as part of a cessation programme with specialist support. This is important as there is evidence that some people with mental health disorders continue to smoke in conjunction with taking NRT and so experience distressing effects.

DR C E CASSIDY, CHAIR, ROYAL COLLEGE OF PSYCHIATRISTS - NI DIVISION

Q6: YES

Q6a: If you wish to comment, please do so here

Q7: YES

Q7a: If you wish to comment, please do so here