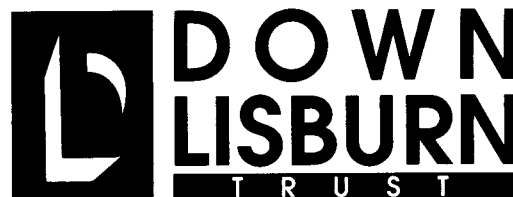
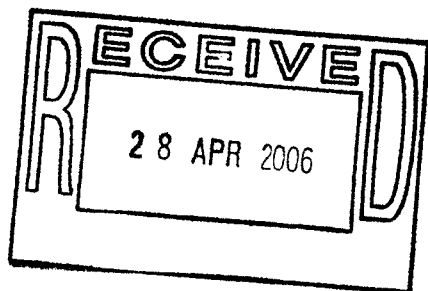


Derrigahy Centre
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Wednesday 26th April 2006

Dear Mr Woodward,

As a group of service users of Down Lisburn Trust mental health services we would like to respond to the Draft Smoking (Northern Ireland) Order 2006.

Although we wholeheartedly agree that smoking is a public health issue and one that needs to be tackled head on we have concerns about the proposed Order. The following is a list of concerns raised during workshops set up to discuss the proposed Order and its specific impact on the lives of people with mental health problems:

▪ **No smoking on all health trust grounds**

This we all found unacceptable, unrealistic and unworkable for the following reasons:

1. We feel that the department needs to consider the effects of a blanket ban on patient/staff relationships, particularly in hospital and residential settings. If for instance a member of staff is required to prohibit an acutely unwell patient from smoking and the patient does not a) understand or b) is unable/unwilling to stop, patient frustration may set in and any therapeutic relationship will be lost.
2. Service users and professionals tell us that for many patients smoking is a highly effective coping mechanism serving to reduce symptoms of mental ill health. Therefore any chance of healing may be jeopardised as the patient is denied their main coping tool - a cigarette.
3. Many of the mental health service users who participated in the groups informed us that they would not use mental health facilities if the no-smoking policy was imposed, without exception, on all trust grounds.
4. They also pointed out that a blanket ban would increase the risk of fire as some individuals would be forced to smoke secretly eg: on hospital beds.

There were also concerns raised about imposing a smoking ban during staff home visits. This again we found unrealistic. Given that mental health services are developing crisis response and home treatment teams, more people are being treated and responded to at home during crisis. Surely it is unrealistic to expect individuals with mental health problems to stop smoking while they are being seen as an emergency in their own home.

It is therefore our conclusion that smoking should be facilitated in mental health facilities to:

1. maintain good staff/patient relationships
2. to enable people to cope with their mental health problems
3. ensure the risk of fire is minimised
4. ensure that mental health service users continue to use facilities to meet their mental health needs

We also note that the Smoking Order implemented in the South of Ireland has been successful in tackling this public health issue. Without doubt, according to our counterparts in the South, making mental health facilities exempt from this order has turned, what would have been an intolerable situation for all involved in mental health services, into a tolerable and acceptable one. We therefore take our lead from the Southern government who have demonstrated common sense and a balanced approach to this issue and think that the Department of Health N.I. should follow suit.

The final point is that if the government is serious about reducing levels of smoking they should draw up a strategy and provide proper resources to enable members of the public who smoke to 'kick the habit'.

Yours sincerely,



Jim Walsh
Mental Health Alliance
Down Lisburn Trust