Smoking and mental illness: A guide for health professionals

Around 32% of people with mental illness smoke cigarettes[1]. However, tobacco addiction is more common among people with low prevalence mental illnesses than those with high prevalence disorders[2]. International and Australian studies among people with psychotic illness such as schizophrenia have found rates of smoking between 60% and 73%[3,4].

The reasons people with a mental illness smoke are complex, but many seriously want to quit and are capable of doing so with the right support. They often feel they can't quit alone, but have difficulty finding a health professional who feels confident to help them with this task.

Some health professionals may view smoking as one of the few 'pleasures' for people with a mental illness, and don't see an immediate need to challenge this. However, for people with a mental illness there are additional physical, psychological and social risks involved in smoking. They have a lot to gain from quitting but they need support to achieve this.

Health professionals should offer people with a mental illness smoking cessation interventions that have been shown to be effective in the general population[5]. Mental illness is not a contraindication to stopping smoking but the illness and its treatment need to be monitored carefully during smoking cessation[5].

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Benefits of quitting

A healthier and longer life – Compared to the general community, people with a mental illness are more likely to smoke and have other risk factors leading to cardiovascular disease[6], complications of diabetes, cancers and respiratory illnesses. People with mental illnesses are less likely to be treated for their physical health conditions leading to a poorer quality of life[7].

Improved income – Smokers with a mental illness spend a large proportion of their income on cigarettes[8]. Quitting smoking means more money for necessities such as rent and bills and ordinary treats such as eating out and movies.

Breaking down barriers to socialising – With most public and work places now smoke free, being a smoker can increase barriers to socialising or getting work.

Less stress, better coping – Smokers have more stress because they are constantly dealing with the anxiety that cravings cause. Research has shown that three to six months after quitting, ex-smokers have less stress and anxiety than before they quit[2]. Quitting can provide an opportunity to develop new and effective coping strategies rather than smoking.

Studies have shown that many people with a mental illness want to quit and that smoking causes, rather than relieves stress in the long-term[2].

Helping someone with a mental illness to quit

People with a mental illness face specific issues when they try to quit smoking.

Potential interactions between smoking and medication mean that people need to be informed about the possible consequences of quitting on their mental health[2,5].

It is important that a range of approaches is considered including the role of nicotine replacement therapy (NRT) and other quitting medications, group and individual counselling and self-help materials[2].

NRT is safe and effective for people with a mental illness[5].

Sometimes withdrawal symptoms can be mistaken for symptoms of mental illness. It's important for health professionals to consider a smoker's history of depression, their ability to deal with stress, and the local availability of support for people who are trying to quit.

An exacerbation of depressive symptoms may be brought on by quitting. Appropriate coping strategies and support must be provided if this happens. Some people may experience a relapse in their mental illness but others will not[2].

As a health professional, you can offer support by:

- pointing out the positive health, financial and social benefits of quitting

- being pro-active and asking about smoking and its varied costs

- making quietly persistent suggestions about quitting and offering support

EVERY CIGARETTE YOU DON'T SMOKE IS DOING YOU GOOD

- offering patient and positive support with concrete suggestions and advice, including NRT (where appropriate) and other supports.

Helping smokers to quit using the 5As framework

This simple framework[5] has been developed for general practitioners but is useful as a quick reference for anyone working regularly with a client.

- **Ask** patients about their smoking at every visit or contact. Some will not be ready to change. Even for those who are motivated, quitting smoking can take time and many attempts.

- **Assess** the patient's nicotine dependence as well as their willingness and confidence to quit. The three questions to assess nicotine dependence are:
  1. Do you smoke within 30 minutes of waking?
  2. Do you smoke more that 10 cigarettes per day?
  3. What is your history of cravings and withdrawal symptoms?

  The three questions to assess readiness to change are:
  1. Where are you at with your quitting/smoking?
  2. Are you thinking about quitting in the near future?
  3. How confident/motivated do you feel about quitting?

- **Advise** patients to quit (or to stay smoke free after quitting) based on the health effects of smoking and the benefits of quitting. Mental illness is not a reason to avoid quitting.

- **Assist** patients with quitting dependent on where they are at with their smoking. This may be giving information, providing a smoking cessation course, or a referral to Quitline. Discuss any concerns around becoming unwell, nicotine withdrawal, weight gain and coping in stressful situations.

- **Arrange** for follow-up, and ask again at the next visit or contact. People trying to quit need ongoing support and encouragement.

Pharmacotherapy

From 1 February 2011, the Pharmaceutical Benefits Scheme (PBS) listing of nicotine patches (Nicorette®, Nicabate P® and Nicotinell®) was extended to all eligible Australians and concession card holders. The PBS listing also includes bupropion (Zyban®) and varenicline (Champix®) which was extended from a 12-week supply to a 24-week supply.

From 1 January 2012, two lower strength nicotine patches were listed on the PBS – Nicotinell Step 2® – 14mg over 24 hours and Nicotinell Step 3® – 7mg over 24 hours.

Further information on these PBS listings is available from **www.pbs.gov.au**.

Useful resources

Quitline

Quitline is a confidential telephone service that provides information, advice and counselling for people who want to quit smoking. Your patient can phone the Quitline on **13 7848** from anywhere in Australia for the cost of a local call. Quitline counsellors have training to enable them to provide advice to people with a mental illness.

Quit Now Calculator

The **Quit Now Calculator** calculates how much money your patient can save by quitting and the time it would take to reach a range of savings goals. Available on **www.quitnow.gov.au** and can be linked to other websites or intranets.

Interactive app

The Quit Now: **My QuitBuddy** is a personalised interactive app with quit tips, daily motivational messages, countdown to quitting reminders. **My QuitBuddy** can be downloaded free on an iPhone or iPad from iTunes.

Australian Government

Department of Health and Ageing

For more information or to download copies of this fact sheet visit www.quitnow.gov.au or www.sane.org

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Quitline 13 7848
australia.gov.au/quitnow

The Department of Health and Ageing, in partnership with SANE Australia, has developed this fact sheet. Most information has been derived from SANE Australia documents.

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