

# **Smoking rates and health inequalities in people with SMI: how we made a difference in Bradford**

Jaspreet Sohal

Clinical Director of Pharmacy & Physical Health and  
Wellbeing Services

Health Equity Fellow

Core 20+5 Ambassador

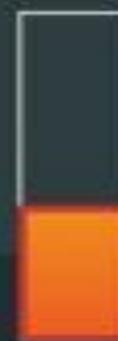


## Smoking as a risk factor for people with mental health problems



Smoking prevalence in the general population is

**14.9%**



amongst adults with severe mental illness\* is

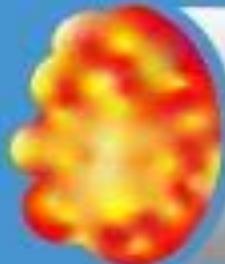
**40.5%**

\*People on GP lists with a diagnosis of schizophrenia, bipolar affective disorder or other psychoses

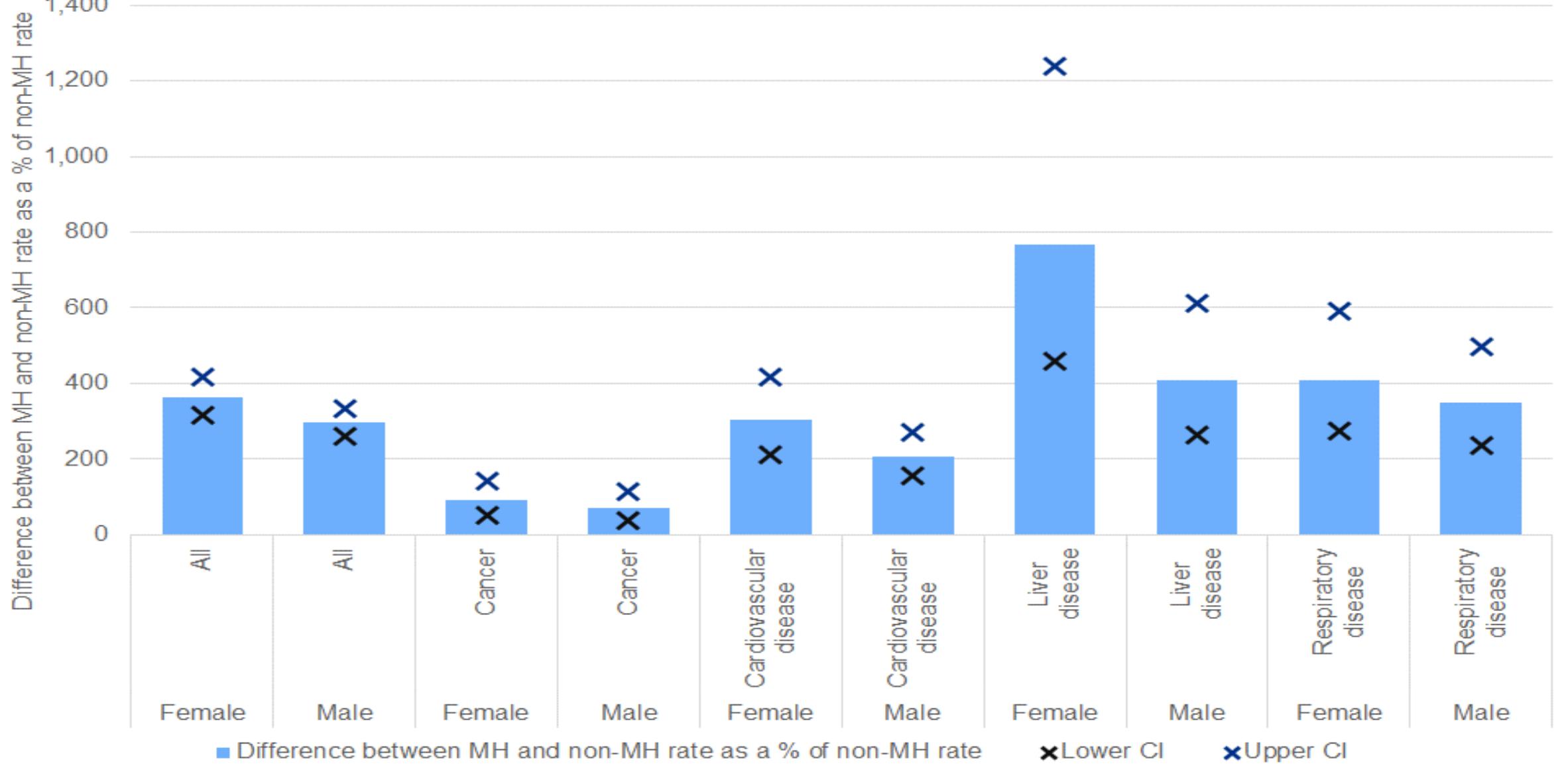
**1/3**

**of all cigarettes**

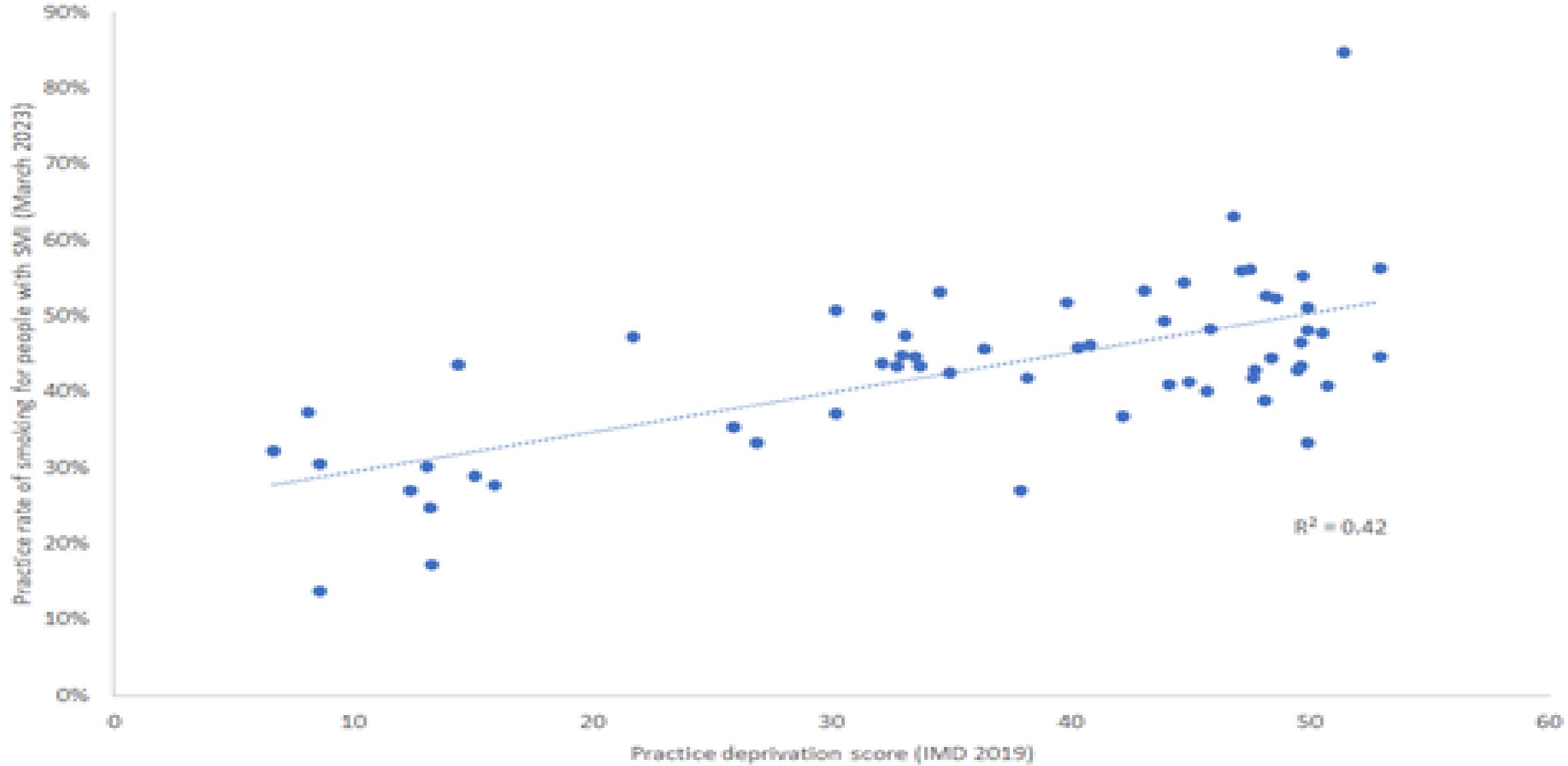
smoked are smoked by people with a mental health problem



## Excess mortality in SMI, Bradford 2018-2020



## Deprivation and smoking rates for people with SMI: Bradford and Craven GP practices



# **Improving physical health and reducing premature mortality for people with severe mental illness, learning disabilities and autism spectrum condition**

An action plan for Bradford District and Craven  
2023-2026



# NHS Long Term Plan

NHS

Bradford District Care  
NHS Foundation Trust

NHS

- The third Long Term Plan commitment for tobacco is focused on ensuring tobacco dependency treatment services are available to people with a severe mental illness
- Funding has been made available from ICBs (Integrated Care Boards) to NHS Trusts to implement Tobacco Dependency Treatment Services in inpatient services (based on bed base)

The NHS Long Term Plan



#NHSLongTermPlan

[www.longtermplan.nhs.uk](http://www.longtermplan.nhs.uk)

# Challenges

- Funding Shortfalls: Reports indicate that funding for tobacco dependence treatment services in mental health trusts has been less than anticipated, with only 42% of trusts able to offer support to all patients who smoke.
- Organisational Barriers: Cultural factors and lack of mandatory training for staff in mental health trusts have been cited as barriers to implementing effective smoking cessation support.
- Variable Implementation: While progress has been made in acute and maternity services, mental health services lag behind.



**Findings from a survey of smokefree policies and tobacco dependence treatment services in NHS mental health trusts in England, 2024**

March 2025

# Addressing the Disparity

- Specialist Support: Offer bespoke smoking cessation services for people with SMI, incorporating behavioural support and pharmacotherapy.
- Integration: Training mental health professionals to provide smoking cessation support and integrating such services into routine mental health care can enhance quit rates
- Measures: Implementing smoke-free policies in mental health settings and ensuring access to cessation resources are critical steps

# Where did we start?

- Feedback from staff and service users to learn from previous attempts to go smoke free

*'Really believe this is a bad idea for both staff and service users and feel that smokers are yet again being demonised, and it makes me extremely angry'*

*'NHS Trusts should all be smoke free, I'm all for it'*

*'This can prove a healthier, better for patient and economic thing for the Trust in the long run'*

*'I feel the people who have made this decision are not likely to be on acute wards when staff have to face the consequences'*

# Where did we start?

- Learning from others
- Promote this as a **health improvement programme** rather than something we have to do and is being imposed upon us
- Set up the Tobacco Dependency and Treatment Service first then go smoke free



# Health Promotion

NHS

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- Based on Ottawa Model
- Very Brief Advice (VBA+) done on admission
- NRT within 30 minutes
  - Nursing staff are empowered to use protocol in place to offer NRT without a prescription or a vape
- Staff refer to the Tobacco Dependency and Treatment Service and a member of the team will see the patient the next working day
- Full assessment of needs undertaken, NRT/vape adjusted and recommendations made to ward team about management
- Service user seen at least weekly (to either support to quit or maintain NRT/vaping to remain smoke free)
- Behavioural support offered as needed

# The Team

- Healthy Hospital Manager
  - Project manager
- Health Improvement Lead
  - Direct engagement with wards and patients to embed policies and procedures
- Executive Director support and leadership
- Clinical Director of Pharmacy-overall lead for the programme
- Tobacco Dependency and Treatment Advisors
  - Deliver the service across all wards
  - Use of Pharmacy Technicians to support



# Tobacco Dependency and Treatment Service at BDCFT

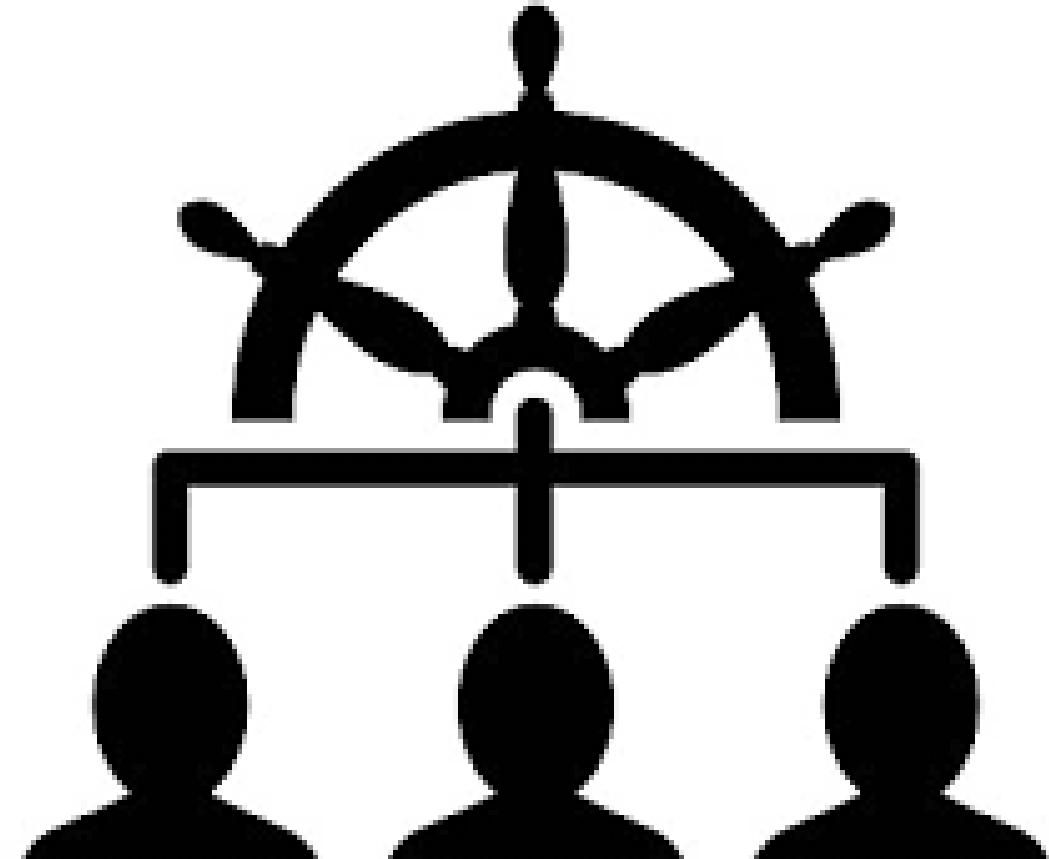
**NHS**

**Bradford District Care**  
**NHS Foundation Trust**



# Steering Group

- Staff side representative
- Estates and Facilities
  - Fire officer
  - Waste management
  - Deputy Director of Estates
- Service user representation
- Operational leads
- Ward managers
- Tobacco Dependency and Treatment service members
- Head of Nursing (Mental Health)
- Executive director chair



# Critical Success Factors

- Strong Executive Director support
- Steering group with appropriate representation from all relevant stakeholders
  - Accountability for decision making
- Clear policies and procedures that are practical and embedded at ward level
- Becoming comfortable with the fact that smoke free policies are very difficult to implement in mental health settings and there will not be 100% compliance immediately and it requires constant reinforcement of policies and procedures with staff
- Engagement with ward managers to support with a Quality Improvement approach
- Health promotion activities with service users

# Critical Success Factors

- Effective vaping policies and procedures
  - Safe use of vapes, flavours that patients enjoy
- Engagement with CMHT teams
  - Preparing service users pre-admission
- Engagement with AMHPs to advise patients during MHA assessments that they will not be able to smoke on admission, but they will have access to NRT/vapes

# Critical Success Factors

- Mandatory training for all clinical staff on VBA+ and required training as per role e.g. NCSCT training for relevant staff
- MAV Team input to support conversations around de-escalation and management of violent behaviour related to the smoke free policy
- Physical Health Clinics and Clozapine Clinics
  - Swap to Stop scheme in collaboration with the Local Authority
  - 12 weeks of free vapes, including liquid, and offers personalised support to help individuals transition to vaping as a less harmful alternative to cigarettes

# Success?

*'Thank you for your time it has really helped, I have started having conversations with staff in a positive manor around the smoke free and how we can improve our current practice. I have spoken with the ward manager, and she has given some great feedback, so I am feeling positive about getting change to happen'*

*"While we initially feared the non-smoking policy would lead to conflict and distress, patients adapted better than expected. With support like puff boxes and NRT, the hospital is now cleaner, safer, and far more pleasant for both staff and patients."*

*'the smell of stale tobacco is no longer on the wards'*

# Success?

*“The positive initiative that is being promoted by your tobacco team across the wards may have been met with some scepticism in the initial stage. Over the last 6 months service users have shared the positives they have experienced. Namely feeling better for cutting down or quitting altogether the number of cigarettes they smoked. A service user shared that he was in better health directly after quitting smoking due to engaging with your tobacco dependency advisor and shared some statistics which he had remembered related to smoking. I hope this continues to be part of the ongoing drive to provide a holistic approach for each service user”.*

## 24/25 statistics

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**352 patients referred into the service**

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**35 patients have successfully quit**

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**Quit rate of 10%**

# Challenges

- Unclear about long term funding for the service
- Not enough Tobacco Dependency and Treatment Advisors
- Vape management
- Data collection
  - Work in progress!
  - Issues with EPR templates
- Training
  - Significant pressure on the team to deliver training

# Next Steps

- Increase use of oral medications
  - Varenicline and cytisine
- Further engagement with CMHT and AMHPs to prepare patients prior to admission
- Local Authority have provided funding for two additional Tobacco Dependency Advisors to work in CMHT
- Enhance Swap to Stop scheme in CMHTs and clozapine clinics
- Lung Health Checks in mental health settings?

# References

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