



While the relationship between smoking and mental health is at times complex, the evidence shows that people with a mental health problem do want to quit and can do so safely.

The current rate of smoking in the Australian population is just less than 17%,¹ yet for people with a mental health problem the rate is about 32%.² In some cases, such as for people with schizophrenia, the rate is up to 62%. * The impact of this is that people with a mental health problem will experience a disproportionate level of health, financial and social burden.

Health professionals have a key role to play in supporting people with mental health problems reduce and quit smoking.

Why do people with a mental health problem smoke at a higher rate?

For many the reasons are the same as for anybody else - they tried it in adolescence and it is addictive. Other risk factors for smoking - *limited education, low-income, unemployment, adverse childhood experiences, having friends or family who smoke* - are more common among people with a mental health problem.

"I am very interested in quitting but at the same time it's such a friend to me that's been a part of my life for so long."

*Michael, 2009
breathe easy focus group participant*

There are other reasons for smoking that relate not to the nature of mental health but to the cultures in which people with a mental health problem are subjected - such as the smoking culture within the mental health sector.

There are a number of myths and assumptions surrounding smoking and mental health. A common and widely held belief is that smoking can help ease the symptoms of a range of mental health problems such as depression and schizophrenia, for example improving some people's ability to focus and perform tasks helping to correct some of the organisational deficits experienced by people with schizophrenia. While this may be biologically plausible, the evidence for this theory is not strongly supported; the risks of smoking far outweigh any perceived benefits of smoking, and the 'benefits' or improved focus may simply be due to relieving nicotine withdrawal between cigarettes.³

How can health professionals help with a person's quit attempt?

Support: Continued support and encouragement to anybody who is making a quit attempt is very important. It is often assumed that quitting smoking is too difficult for people with a mental health problem and that they are not interested. Yet research tells us that just like anybody else, people with a mental health problem want to address their smoking.^{4,5} It may take a longer amount of time and people with a mental health problem may need more intensive support, but having a mental health problem is not an obstacle to quitting smoking.

"[As a smoker] I feel like an outcast and if you've got a mental disorder, that's quite damaging because you take it more personally than you're average person."

*Jenny, 2009
breathe easy focus group participant*

Quit Smoking Advice: Making a quit attempt requires proper planning. There are a number of strategies people use to quit smoking and most people do so without any clinical intervention.³ If a person does use nicotine replacement therapies (NRT), such as patches or lozenges, or other non-nicotine medications, Zyban (Bupropion) and Champix (Varenicline), it is important to check that these pharmacotherapies are being used correctly. The most common problem with using pharmacotherapies is incorrect use which can lead people to mistake nicotine withdrawal symptoms for side-effects of the pharmacotherapies. There are a number of

contraindications with Zyban and Champix for people with mental health problems therefore some caution and close monitoring of their use needs to be exercised.

Pharmacotherapies are not a substitute for counselling or other support interventions and are in fact more effective when coupled with individual or group support programs.⁶

"I quit smoking 2 months ago and feel fine about it and my health is going well, even my medication has had to be reduced. I've also been saving money that I would be spending on smokes to save for a holiday."

*Kevin, 2009
breathe easy focus group participant*

Medication Review: It is important that any person who has either reduced or quit smoking and is taking any psychiatric medications undergo a medication review. The SANE guidelines for General Practitioners recommends closely monitoring changes in mental health and medication dosage.⁷

Smoking can affect the dosage of a number of psychiatric medications; some may need to be increased, some may need to be decreased and for others there is a variable or unknown effect.³ Some of these medications include clozapine, fluphenazine, decanoate, haloperidol and olanzapine.⁸

Monitor Changes in Mental Health: There is little evidence to suggest that people with a mental health problem will experience a relapse in their mental health - some people with a history of depression can experience a relapse, others will not.⁹ A number of nicotine withdrawal symptoms like sadness, anger, anxiety, depression, irritability, restlessness and poor concentration can be confused with symptoms of a mental health problem, but often subside after about two weeks.⁸ This range of withdrawal symptoms is normal for anybody giving up smoking and is not necessarily a symptom of a relapse in a mental health problem.

"I was spending \$70 a week and then I got sick of it. Now I just spend my money on DVD's or anything else but cigarettes."

*Nicole, 2009
breathe easy focus group participant*

Recommended Reading

Smoke and Mirrors: A review of the literature on smoking and mental illness

by Mark Ragg and Dr. Tanya Ahmed (2008).

Available at:

http://www.cancercouncil.com.au/html/prevention/smoking_tobacco/tacklingtobacco/downloads/Smoke_mirror_s_LR.pdf

For more information and other information sheets go to:

- Cancer Council NSW, Tackling Tobacco Program - <http://www.cancercouncil.com.au/tacklingtobacco>
- The Mental Health Coordinating Council, breathe easy project - <http://www.mhcc.org.au>



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¹ Australian Institute of Health and Welfare. (2007) *National Drug Strategy Household Survey: First results*. Drug Statistics Series Number 20. Cat. No. PHE 98. Canberra: AIHW.

² Australian Bureau of Statistics. (2006) *Mental Health in Australia: A Snapshot, 2004-05*. cat. no. 4824.0.55.001. Canberra: ABS

³ This figure is an average smoking rate for people with schizophrenia taken from studies across 20 countries.

⁴ Ragg, M. and Ahmed, T. (2008). *Smoke and Mirrors: A review of the literature on smoking and mental illness*. Tackling Tobacco Program Research Series No. 1. Sydney: Cancer Council NSW.

⁵ Moeller-Saxone, K., Tobias, G. & Helyer, K. (2005) Expanding choices for smokers with a mental illness: smoking rates, desire to change and program implementation in a day program. *New Paradigm Press*, June 2005: 45-52.

⁶ Baker, A., Richmond, R., Haile, M., Lewin, T.J., Carr, V.J., Taylor, R.L., Constable, P.M, Jansons, S., Wilhelm, K. and Moeller-Saxone, K. (2007). Characteristics of smokers with a psychotic disorder and implications for smoking interventions. *Psychiatry Research*, 150(2): 141-152.

⁷ Campion J, Checinski, K. and Nurse, J. 2008. Review of smoking cessation treatments for people with mental illness. *Advances in Psychiatric Treatment*, 14: 208-216.

⁸ Strasser, M. (2001) Smoking Reduction and Cessation for people with Schizophrenia: Guidelines for General Practitioners. SANE Australia and University of Melbourne.

⁹ Zwar N, Richmond R, Borland R, Stillman S, Cunningham M, Litt J. (2004) Smoking cessation guidelines for Australian general practice: practice handbook. Canberra: Commonwealth Dept of Health and Ageing.

⁹ el-Guebaly, N., Cathcart, J., Currie, S.R., Brown, D. & Gloster, S. (2002) Smoking Cessation Approaches for Person with Mental Illness or Addictive Disorders. *Psychiatric Services*, 53: 1166-1170.