



Mental Health  
Coordinating Council

## Information Sheet:

# Supporting someone with a mental health problem to address their smoking

*The smoking rate of the general Australian population is just less than 17%<sup>1</sup> however for people with a mental health problem the rate is about 32%<sup>2</sup>. In some cases this rate is much higher, such as for people with schizophrenia for who the smoking rate is about 62%.<sup>\*</sup>*

*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.*

There are strong beliefs about smoking and mental health. When we look at the evidence some of these views turn out to be more myth than fact. While we must take account of genuine issues we must also ask: should we be less concerned about smoking among people with a mental health problem than we have been about smoking among other people?

This information sheet looks at important questions about smoking and mental health, examines some beliefs about smoking and mental health and provides pointers for supporting people with a mental health problem to quit smoking.

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

The reasons people with a mental health problem smoke are largely 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.

But there are other reasons for smoking that relate not to the nature of mental health but the environment in which people with a mental health problem live.

#### **Smoking culture:**

unfortunately, historically, there has been a strong culture of smoking within the mental health sector where it has been accepted, encouraged, reinforced and/or ignored.<sup>3,4</sup>

**Assumptions:** it is a common belief that it is too hard for people with a mental health problem to quit smoking, therefore they have not been offered the same opportunities to quit as the rest of the population.

**Boredom:** smoking is used to pass the time because more meaningful activities are not available and not offered within hospitals or within the community, or not affordable for people with a mental health problem.

### *Do people with a mental health problem want to address their smoking?*

Yes. Many people believe that quitting smoking is too difficult for people with a mental health problem and that they are not interested in doing something about their smoking, but there is plenty of evidence that, just like everyone else, people with a mental health problem want to address their smoking.<sup>5</sup>

### *Can people with a mental health problem address their smoking?*

Yes. It can take a longer amount of time but the strategies to quit are the same as for anybody. 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.<sup>6</sup>

## *The effects of smoking on mental health*

Smoking not only affects a person's physical health it also greatly affects their mental health and overall wellbeing in a number of different ways.

Smoking can cause stress and affects the dosage of some medications, such as those taken for schizophrenia and depression. The effect is that some of these medications may need to be increased, some may need to be decreased and for others there is a variable or unknown effect.<sup>4</sup> This directly affects a person's mental health. Smoking also creates financial, social and various health burdens adding to further disadvantage an already vulnerable group of people.

## *How does someone give up smoking?*

Having a mental health problem is not an obstacle to giving up smoking. Because of the interaction between smoking and some medications it is important for a person on medication for their mental health to be monitored by a clinician. Any effect on medication is less harmful than smoking in the long term.

The strategies to give up smoking are the same as for anybody else.<sup>4</sup> Individual or group counselling can help with managing a quit attempt and pharmacotherapies can also assist a person to quit smoking by helping with withdrawals and cravings. Pharmacotherapies can be used by people with a mental health problem. These include: Nicotine Replacement Therapies (NRT), Bupropion (Zyban) or Varenicline (Champix); Bupropion and Varenicline should always be used with caution and close monitoring. For more information see the NSW Health pamphlet 'Products to help you quit'

[http://www.health.nsw.gov.au/pubs/2008/products\\_to\\_quit.html](http://www.health.nsw.gov.au/pubs/2008/products_to_quit.html)

There is evidence that combining these pharmacotherapies with individual or group support is one of the best ways to give up smoking<sup>7</sup> but pharmacotherapies are not a substitute for counselling.

## *How can you support someone to give up smoking?*

Giving up smoking is a lot harder if the people around you smoke and if people have a negative attitude towards an attempt to give up smoking.<sup>8</sup> Quitting is not easy for anybody and it can take on average 7-8 attempts at quitting before someone stops smoking for good. Relapse is a normal step in giving up smoking and so it is important to continue providing encouragement and support.

For more information contact:

- Quitline on 137 848 (13 QUIT);
- see the 'Smoking & Your Mental Health' information sheet on the MHCC website [www.mhcc.org.au](http://www.mhcc.org.au);
- The Tobacco and Mental Illness Project in South Australia has some useful resources and information which can be found at the Quit SA website [www.quitsa.org.au](http://www.quitsa.org.au);
- visit the SANE Australia website which has resources for supporting someone to quit smoking [www.sane.org.au](http://www.sane.org.au).



## Common Concerns about Smoking & Mental Health

Myths/Beliefs	Evidence
<ul style="list-style-type: none"> <li>Smoking helps people deal with their mental health problems</li> </ul>	There is weak evidence that smoking improves the neurological functioning of people with schizophrenia. Smoking is strongly related with first-ever incidence of a mental health problems such as anxiety and alcohol abuse.
<ul style="list-style-type: none"> <li>Smoking helps to ease stress</li> </ul>	Smoking may actually cause stress. Smoking only helps to ease the stress of withdrawal symptoms like sadness, anxiety, stress, depression and poor concentration in the short term. People who stop smoking report less stress and anxiety than they had before.
<ul style="list-style-type: none"> <li>People with a mental health problem have a right to smoke</li> </ul>	People with a mental health problem also have a right to the opportunity to do something about their smoking if they want to. Smoking has not only been ignored, it has been encouraged and reinforced in the mental health sector.
<ul style="list-style-type: none"> <li>People with a mental health problem are not interested in giving up smoking</li> </ul>	This is an assumption. Research and anecdotal evidence show that many people with a mental health problem are interested in giving up smoking.
<ul style="list-style-type: none"> <li>It is too hard for people with a mental health problem to give up smoking</li> </ul>	Giving up smoking can be hard for anybody to do and it can take on average 7-8 take of attempts before successfully stopping. It can take a longer amount of time for some people with a mental health problem to give up smoking and they may need more intensive support, but it is not impossible.
<ul style="list-style-type: none"> <li>Quitting smoking will cause a relapse in mental illness</li> </ul>	There is very little evidence that people with schizophrenia are at risk of psychosis if they give up smoking. Some people with a history of depression will not experience a relapse and some people will experience a relapse.
<ul style="list-style-type: none"> <li>Pharmacotherapies are not suitable for people with a mental health problem</li> </ul>	It is safe for people with a mental health problem to use NRT. It is also generally safe to use Bupropion or Varenicline for most people, but it is important to speak to your doctor first. All of these products should be used in conjunction with individual or group counselling.

For more information 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/projects-and-research/breathe-easy-project.aspx>



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