



NSW Consumer Advisory Group – Mental Health Inc.
ABN 82 549 537 349

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Dear Chin Yin,

**Re: NSW Health Smoke-Free Health Care Policy 2010 – Draft for Consultation
December 2010**

As the peak body representing the views of mental health consumers in NSW at a policy level, the NSW Consumer Advisory Group – Mental Health Inc. (NSW CAG) is pleased to have this opportunity to comment on the draft *NSW Health Smoke-Free Health Care Policy 2010* (the Policy). Our review of the draft Policy has been from the perspective of mental health consumers, and the impact of the Policy on mental health consumers. NSW CAG is concerned that the draft Policy does not support the NSW Department of Health's mental health smoke-free strategy, is focused on the inpatient setting and therefore does not provide direction for health services provided in the community setting, and fails to put emphasis on the improvement of the physical health of consumers of health services.

Our review of the draft Policy has been informed by our broad consultative work. In 2010 over 220 consumers were consulted with face to face around the state. A further 44 consumers sent correspondence to us specifically relating to this policy issue. We have further heard from consumer workers throughout the state who have been in contact with NSW CAG about this policy issue.

Please find below our recommendations regarding the further development of this Policy.

Consistency with the NSW Health Mental Health Smoke-Free Strategy

The NSW Health Mental Health Smoke-Free Strategy has three aims:

1. Addressing the institutionalised ambivalence around smoking cessation
2. Exploring a harm reduction approach to smoking as well as a quit approach
3. Focusing on smoking cessation from a physical health care viewpoint
4. Working towards a collaborative and coordinated approach to smoking cessation and harm reduction across NSW for mental health consumers

It is NSW CAG's view that aims 2, 3 and 4 have not been incorporated within the draft Policy. To do so the following changes are recommended:

To incorporate aim 2: exploring a harm reduction approach to smoking as well as a quit approach:

- It is recommended that the Policy reference the range of ways in which people's health care can be improved through harm reduction approaches to smoking as well as quit approaches
- It is recommended that the Guidelines describe what a harm reduction approach to smoking entails and how this can be enacted within the health care setting

To incorporate aim 3: focusing on smoking cessation from a physical health care viewpoint

The draft Policy is still written from a medico-legal perspective with a focus on the OH&S responsibilities of Health. While these OH&S responsibilities are acknowledged by NSW CAG to be highly important, it is also important that the Policy recognises, both explicitly, and implicitly, in the way it is written and the emphasis of the document, that the Policy is also about improving the physical health of patients and the community. This emphasis is critical to ensure the engagement of consumers, patients and the community in working with NSW Health. This indeed is reflected in the two purposes of the Policy of

“Reduce the risks to health associated with tobacco use by staff, patients, visitors and the community and exposures to ETS” and

“Provide leadership in the community for reducing the harm associated with smoking”.

However, the current draft does not achieve these two aims. There is a need to place emphasis on the role of the policy in improving physical health. To achieve these goals, key changes need that could be included, are:

- Incorporation of key values and principles underlying the policy that reflect the value of the health and safety of all in the community, including patients, clients, staff and visitors. It is recommended that the development of such principles is done in consultation with consumers.
- A clear statement at the beginning of the document noting that NSW Health has as its primary focus the improvement of the health of the community and of its patients. As smoking is a key risk factor for ill health and contributes to early mortality, NSW Health has a range of strategies in place to assist people to improve their health by reducing or ceasing smoking. This Policy is one component of these broader strategies and relates specifically to the issue of smoking on the grounds of NSW Health facilities. It will be paramount that other strategies to assist people to improve their health by reducing or ceasing smoking are mentioned and made available at the time of the publication of this policy. These additional policies must focus on the improvement of health by reducing or ceasing smoking for people in the community.
- While this Policy clearly relates to the specific issue of smoking on NSW Health grounds, it must also reflect the responsibilities of Health to support people to reduce or cease smoking in the community prior to any contact with Health services or prior to any admissions, planned or unplanned. This is critical for people with a mental illness. Further, it must also document how Health will continue to support people when they return to the community to reduce or cease smoking. These two features provide one key mechanism for shifting the focus

from an OH&S issue to being genuinely about the physical health of people. Ways to support this that need to be considered within this document are:

- Provision of Nicotine Replacement Therapy after discharge from a service for a period equivalent to the support provided to staff (currently four weeks within the Policy). Provision only for staff perpetuates the view that this Policy is purely about the OH&S requirements of the service.
- Community health services providing ongoing interventions and support for people to reduce, quit or “remain quit”
- The role of community health services in promoting smoking reduction or cessation
- The role of community health services in monitoring levels of smoking and the impact on medication
- The role of inpatient services in providing adequate referral to community health and other services for follow up support
- The role of inpatient services in providing follow up carers, including General Practitioners, information about current smoking levels of the person being discharged, the need for ongoing monitoring of smoking levels particularly for their impact on medication efficacy
- For medium to long term inpatient units, the provision of ongoing, more intensive interventions relating to reducing or quitting smoking
- Provision of options for patients of Community Health Services and people who are discharged from inpatient services to have the same access as staff to *“any type of NRT held in pharmacy stock at cost price (plus small charge for freight and handling) and for an unlimited period of supply”* (p 21). It is acknowledged that this will have significant cost implications, but the provision of this service only to staff and not consumers provides further evidence that this Policy is about OH&S issues. It would be reasonable for NSW Health to consider placing some form of restrictions around this, related to people who hold a Health Care, Pension or other such card.

These are particularly important considerations for people with a mental illness.

It has been noted by consumers that the current Policy fails to truly show concern for the ongoing improvement of their physical health care. This is evidenced in the current draft by the statement *“Incorporating these steps into routine patient care in all health care settings will significantly contribute to the health and wellbeing of our patient and client population...”* (page 18). Consumers argue that significant contributions to their health and wellbeing cannot be achieved by the withholding of cigarettes for the short period in which they are in hospital, often shorter than two weeks. It is therefore critical, if this Policy is to argue that it serves a role in improving health and wellbeing, for it to take a more holistic approach and consider how support will be provided to consumers within the community, prior to and after any inpatient admissions.

To incorporate aim 4: Working towards a collaborative and coordinated approach to smoking cessation and harm reduction across NSW for mental health consumers:

It is recommended that the Policy and Guidelines reference the need to work collaboratively with local consumers to implement the Policy. This includes, at a minimum, consultations with consumers about how best to implement the strategy and how to minimise any negative impact of the Policy. It also requires a collaborative approach with each individual consumer in terms of providing as much choice as possible, and assessing for barriers/issues compounding their smoking behaviours. This may relate to the provision of choice around which type of NRT to use or whether to use combinations of NRT.

Consideration of the Policy within all Health settings

Currently the Policy focuses on smoking and smoking reduction within the context of inpatient facilities. While it is acknowledged that this health setting is where there are greatest limitations on people's ability to smoke and therefore the greatest implications for Health staff, it is important that the Policy reflect the entire spectrum of Health settings.

As detailed above, it is important to include within this Policy the responsibilities of Community Health Services to promote smoking reduction or cessation, provide ongoing interventions and support for people to reduce or quit smoking or "remain quit" and in monitoring the levels of smoking in patients of the Community Health Service and the impact on medication.

Additional Considerations:

Within the Policy document itself, it is recommended that reference be made to the needs of different population groups and the specific challenges for these population groups. It is recommended that the specific situation of mental health consumers, where some may be hospitalised against their will and where some may be in hospital settings for extended periods to the extent where the hospital setting is their home, be referenced here.

It is imperative that this Policy and Guidelines reference the provision of reduced cost NRT via the Pharmaceutical Benefits Scheme for concession card holders. In particular this should be referenced at Sections 4.2.1, 4.2.3, 5, as well as the provision of information about this scheme in section 6, *Additional resources and information*.

While it is noted in the Guidelines that staff should be provided with access to the Quitline during work hours, there is no mention of this for patients. It should be stated that patients should be provided with access to the Quitline for their duration of stay in hospital, and a phone should be provided to enable this access. Likewise the considerations made for Aboriginal staff and staff from culturally and linguistically diverse communities on pages 22 and 23 are also reiterated for patients.

In conjunction with rolling out this Policy, it is imperative that other strategies be implemented to support people to not smoke while on hospital grounds. In particular, for mental health consumers the provision of meaningful activities on the ward throughout the day including on weekends is critical.

It is also essential that follow up processes be more rigorously adhered to. As noted in the Policy, tobacco can impact on the metabolism of certain psychotropic medications. Therefore while a person is not smoking a reduced dose of the medication is required. If a person does not smoke while in hospital and therefore the medication dosage is lowered, a return to smoking on discharge may lower the efficacy of the medication. To prevent unnecessary relapses and readmissions to hospital as a result of this, follow up on discharge is critical. Currently in NSW follow up in the community is poor. Strategies and funding must be provided to enhance this to enable this Policy to achieve better outcomes for consumers.

As noted below, it is crucial that consumers be provided with as much choice as possible. While they may not have the choice of whether or not to smoke while in hospital, choices around the type of NRT to be provided including the choice to use combinations of NRT.

The Guidelines note that “*The best results are achieved when [NRT is] combined with behavioural advice and follow up*” (p. 40). It is therefore recommended that the Policy and Guidelines include the provision of behavioural advice and follow up for patients as a requirement of Health Services. Such groups should be facilitated not just by nurses, but by other qualified health providers with experience in assisting people with withdrawal symptoms and in quitting or reducing smoking. Sensitivity should also be given to which nursing staff may be involved in such groups and interventions. For example, it would be inappropriate for a nurse who smelled of cigarette smoke to be leading such groups.

The Policy and Guidelines note that the cost of the provision of NRT to staff for free or at a reduced cost, and for patients during their stay in hospital and upon discharge is to be borne by the Local Health Networks/Clusters. To ensure that this does not result in a reduction in funds being available for the provision of services and treatment, additional funds need to be provided to the LHNs and Clusters.

Within the document, there appears to be some confusion as to whether or not, under this new Policy, outdoor designated smoking areas can be retained for specific patient groups. Clarification is required.

Clarity is also required as to whether the Policy is to be implemented by other bodies such as non-government organisations which are funded by Health. If this is the case, it also needs to be clarified as to whether staff and clients within such non government organisations are also able to access NRT for free or at cost price

Section 4.2 – Key elements for sustainable Policy implementation

It is recommended that a sixth element of “follow up” is added.

Section 4.2.1 – Identification of nicotine dependence and the provision of support for patients and clients

It is recommended that an additional point is added that, where an admission is planned in pre-admission checks information is provided to the patient about the Smoke Free Policy and the interventions offered while in hospital, and on how best to prepare for a period of not being able to smoke, for example, strategies to reduce smoking prior to admission, relaxation and other strategies for managing withdrawal symptoms and cravings.

It is recommended that the provision of strategies to manage cravings is added to the list of requirements of staff and support provided at discharge.

Section 4.2.2 – Supporting staff who smoke

It is a concern that it is noted that “Not all pharmacies retain stocks of the range of other NRT products available, while most do stock patches” (p. 20). It is important that patients and consumers have as much choice and option around the use of NRT and therefore all hospital pharmacies should retain stocks of the full range of NRT products available. The full range of NRT products should be made available to staff and patients, and patients provided with the choice of product.

Section 4.2.3 – Information, education and training for staff

It is recommended that in section ii. training for staff in the interaction between tobacco and medications, particularly psychotropic medications, and how to monitor these interactions is included.

It is also recommended that the provision of information to staff about diet and nutrition relating to reducing or quitting smoking is included in the list of training for staff. This is particularly pertinent to mental health consumers who are on psychotropic medications that can, of themselves result in dramatic increases in weight. Training of staff on the provision of information to consumers about diet and nutrition when reducing or quitting smoking is also recommended.

4.2.4 – Communicating about the Policy

It is important that when communicating about the strategy patients and consumers are informed that they are not being forced to quit smoking, but rather that the Policy stipulates that while on the hospital grounds, smoking is not permitted. During this conversation, it must be explained what assistance is available to help people to not smoke while on the grounds.

Section 5, point 10 – Do people with mental health issues want to quit smoking?

It is recommended that the statement “and in some cases a disability which impairs their willingness and ability to seek help” be removed. It is further recommended that the additional factors contributing to the higher prevalence of smoking amongst mental health consumers of often low socio economic status, and utilising smoking as a mechanism to control symptoms including anxiety as well as to relieve boredom are added.

Section 5, point 34 – Who is responsible for ‘policing’ the Policy?

It is recommended that the following sentence “*It should be remembered that smokers are often dependent on the highly addictive drug in tobacco, nicotine and that a compassionate approach is preferred*” (p. 49) be replaced with “*It should be remembered that smokers are often dependent on the highly addictive drug in tobacco, nicotine and that a compassionate approach is **required***”.

While NSW CAG supports the need to work with consumers to improve their physical health, and as a component of this, address smoking by mental health consumers, we remain concerned of the impact of this Policy on the mental state and wellbeing of consumers. In particular, consumers express that inpatient facilities are not the appropriate place to enforce the cessation of smoking, when many consumers do not have the liberty to exercise their freedom by leaving health premises. From our consultations, consumers express that the appropriate time to attempt to cease smoking is often when they are out of hospital and living in the community in their own environment and recovered from their acute phase of illness. Forcing consumers to quit at a time when they are most vulnerable does not acknowledge the need to make a choice about smoking cessation advocated by NSW Health (2007), or the impact of forcing consumers to quit on their success in doing so. Further, consumers in involuntary settings are in an extremely vulnerable situation as a consequence of their dependence on health care professionals. Our consultations indicate people experience coercive treatment, restraint and violation of personal integrity due to their involuntary placement in these facilities. As a result of this environment, many consumers have expressed that smoking remains the only choice they have left to freely make as an individual. The

inability to exercise this right to smoke is considered by some as detrimental to their mental health and wellbeing.

We also acknowledge, however that for some mental health consumers, the ban on smoking on Health grounds has assisted them in quitting or reducing smoking, and for this they are grateful. We therefore strongly advocate for a collaborative approach to be taken in each local service to determine the best way to assist mental health consumers to reduce or quit smoking.

We trust that these recommendations will be considered in the further development of this Policy, and we look forward to receiving further drafts of the NSW Health Smoke-Free Health Care Policy 2010.

Please do not hesitate to contact me with any enquiries you may have.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'K Oakley', with a flourish at the end.

Karen Oakley
Executive Officer