

General Comments from the Royal College of Physicians of Edinburgh:

The Royal College is unequivocally opposed to smoking, but not to smokers. The College recognises the particular vulnerabilities of people with mental health problems and that addiction to tobacco may compound mental illness in a manner which makes it more challenging to achieve smoke-free mental health services.

The College also recognises the balance of rights between staff and patients to work and live in a smoke-free environment. The College's response therefore is to relate to evidence for health benefit, the consensus of mental health professionals that smoke-free services are desirable and achievable, whilst playing close attention to the views of people with mental illness as groups of individuals. Notwithstanding the rights of people in the present, there is overwhelming evidence that people with mental health problems have shorter life expectancy, and much of this is attributable to smoking-related disease.

Response form questions:

1. In order to achieve smoke-free mental health services in Scotland, how do you think we should proceed? (please tick **one** box)

Retain the status quo (leaving the current exemption)

Produce detailed guidance material without the need to amend existing legislation

Remove the existing exemption which permits smoking in designated rooms by amending the existing legislation

Don't know

Please provide any suggestions, reasons or other comments here.

We commend the explanatory material in introduction to the consultation. We believe that people who live and work in mental health services in Scotland have the same rights as anybody else. Therefore, on balance, mental health facilities should not be exempt from the ban. We recognise that some groups of psychiatric patients are more likely to smoke, more likely to be dependent on substances such as tobacco, and more likely to find it difficult to quit smoking. Nonetheless, we place an equal value on their physical, as well as mental, wellbeing. Smoking will play a prominent role in the development of physical illness that may curtail their lives subsequently. Therefore, on the basis of equal rights for people in mental health services, be they staff and patients, and the capacity to benefit from a smoke-free indoor atmosphere, we endorse the proposal to remove the existing exemption for designated rooms in mental health facilities.

2. (a) How extensive do you think smoke-free mental health services should be?

Complete i.e. both buildings and grounds

Partial i.e. buildings only

Don't know

Please provide any suggestions, reasons or other comments here.

The arrangements for smoke-free mental health services should be the same as for other health services, with a suitable lead-in time and staged implementation. We recommend that the smoke-free area should be implemented for buildings only as a first instance, with a clear expectation that there will be completely smoke-free areas in both buildings and grounds over a stated and finite time. We recognise the implications for psychiatric patients particularly, and in challenges with enforcement. However, see later questions for our response to the enhanced measures that mental health services might take in facilitating the necessary and difficult changes.

2. (b) If you think it should be complete, how should it be implemented?

In one step

Phased over a long period of time

Don't know

Please provide any suggestions, reasons or other comments here.

We note the evidence that the success of the smoking policy is greater if it is introduced in one step rather than phased over a period of time. However, we appreciate the challenges that mental health services will face. We recommend that each phase should be definite, with a clear explanation of intentions and well enforced implementation at each phase. It is important to emphasise that changes would be phased rather than gradual.

3. What type of support do you think is required to help achieve smoke-free mental health services in Scotland? (Examples – stop smoking support, training)

Please provide any suggestions, reasons or other comments here.

We strongly believe that enhanced measures are necessary to help achieve smoke-free mental health services. This should be a well planned and managed measure, with both clinical and general management leadership throughout the process, with patient/user involvement at each stage. Communication, training, support for people who smoke and wish to give up, and support for people who smoke and do not wish to give up/or have been unsuccessful, should all be carefully considered. There may be a need for more intensive smoking cessation advice for some patients in view of the difficulties which they may face in stopping smoking. Close liaison between mental health and addictions services, and the necessary resources, will be vital to success.

4. Please let us know about any other views that you have about smoke-free mental health services.

There remains the issue of the right to prohibit patients from smoking who are detained compulsorily - ie, they did not choose to enter hospital. Legal advice may be necessary in this area but, on the basis of equal rights, we believe that mental health services, as with other settings, should align with the spirit and letter of smoking restrictions in public places, as applied to all other settings. The rights of staff and other patients should not be influenced by the status of a patient under mental health legislation.

Annex B

Respondent information form consultation on achieving smoke-free mental health services in Scotland

Please complete the details below and return it with your response. This will help ensure we handle your response appropriately. Thank you for your help.

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1. Are you responding: (please tick one box)

(a) as an individual go to Q2a/b and then Q4

(b) **on behalf of** a group/organisation go to Q3 and then Q4

Individuals

2 (a) Do you agree to your response being made available to the public (in the Scottish Government library and/or on the Scottish Government website)?

Yes (go to 2b below)

No, not at all - We will treat your response as confidential

2 (b) Where **confidentiality is not requested**, we will make your response available to the public on the following basis (please tick **one** of the following boxes)

Yes, make my response, name and address all available

Yes, make my response available, but not my name or address

Yes, make my response and name available, but not my address

On behalf of groups or organisations:

3. The name and address of your organisation **will be** made available to the public (in the Scottish Government library and/or on the Scottish Government website). Are you also content for your **response** to be made available?

Yes

No We will treat your response as confidential

Sharing responses/future engagement

4. We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for the Scottish Government to contact you again in the future in relation to this consultation response?

Yes

No

Please email your response **by Monday 6 April 2009** to Lee-Anne.Smith@scotland.gsi.gov.uk or in hard copy to: Lee-Anne Smith, Scottish Government, Public Health Division, Mailpoint 3E North, Tobacco Control, Area 3EN, St Andrew's House, Regent Road, Edinburgh EH1 3DG