

Providing a smoke-free environment in public mental health inpatient and residential units

health

Chief Psychiatrist's guideline

Key messages

- Smoking is a major health issue for people with a mental illness, many of whom want to quit and are able to do so with the right support.
- Smoking is prohibited in all enclosed work spaces under the *Tobacco Act 1987*.
- All people within hospital precincts must be protected from secondhand smoke.
- Health services must have policies and training initiatives to support smoke-free hospitals.

Contents

Purpose and scope	1
Related guidelines	1
Background	1
Tobacco laws relating to the workplace	2
Smoke-free policies in Victorian hospitals	2
Identifying and informing inpatients who are regular smokers	2
Assisting inpatients to quit smoking	2
Managing patients who wish to continue smoking while in an inpatient unit	3
Exemptions to a smoke-free mental health precinct	3
Effect of smoking on psychiatric treatment	3
Staff education	3
Responsibility for monitoring the smoke-free policy	4
Community support and follow up	4
Documentation standards	4
Quality improvement	4

Purpose and scope

This guideline provides advice about smoke-free environments in public mental health services. It is applicable to all mental health inpatient units, community care units (CCUs) and prevention and recovery care services (PARCS).

Related guidelines and resources

- Department of Human Services 2006, *Victorian drug strategy: improving health, reducing harm 2006–2009*, State Government of Victoria, Melbourne.
- *Tobacco Act 1987* (Vic.), including March 2006 amendments.
- State Government of Victoria 2006, *Smoke-free workplaces guide*, Melbourne.
- Prochaska J 2011, 'Smoking and mental illness: breaking the link', *New England Journal of Medicine*, vol. 365, no. 3, pp. 196–98.
- Allen et al. 2011, 'Effect of nicotine replacement therapy on agitation in smokers with schizophrenia', *American Journal of Psychiatry*, vol. 168, pp. 395–99.
- UK Medicines Information 2007, *Smoking and drug interactions*, Mersey Care, NHS Trust, Liverpool UK.

Background

Major health initiatives in recent years have focused on reducing contact with tobacco smoke and the harm it causes. Awareness of the risks of smoking to people in the workplace led to changes in law, via the amendments to the *Tobacco Act 1987*, and in occupational health and safety practices adopted by health facilities.

Alcohol and illicit drugs are banned in hospitals and their grounds, and a similar approach has been adopted towards smoking. Both consumers and employees have the right to a smoke-free environment, and current laws and local policies support this right.

Mental health services provide care and treatment for people who have high rates of smoking, with at least 50 per cent of regular smokers with a mental illness dying prematurely from smoking-related disease.

Services have a duty to support people with mental illness to reduce smoking-related harm. In addition, staff and visitors, including children, should not be exposed to smoke while in a hospital environment.

Tobacco laws relating to the workplace

Amendments to the *Tobacco Act 1987* made it illegal from 1 March 2006 to smoke in enclosed workplaces.

An enclosed workplace means an area, room or premises that is substantially enclosed by a roof and walls.

Exemptions relevant to mental health services are:

- areas in approved mental health services (within the meaning of the *Mental Health Act 1986*) declared by the Secretary of the Department of Health. This exemption, if used, would apply to an enclosed area within a service
- personal sleeping or living areas of residential care facilities that include types of residential care services, supported residential services and aged care services.

Although not required by law, services should display 'no smoking' signs to make people aware that smoking bans apply.

Penalties may apply to people who smoke in an enclosed workspace and also to a person in charge of the enclosed workplace at the time.

Smoke-free policies in Victorian hospitals

As well as adhering to the *Tobacco Act 1987*, most hospitals have extended their smoke-free zones to include outdoor areas within the hospital precinct, such as internal courtyards. Many hospitals do not allow smoking within a defined perimeter of the hospital. Restrictions on smoking apply to staff, patients and visitors.

Although personal living and sleeping areas in residential care facilities are exempt from the new tobacco laws, CCUs and PARCs do not allow smoking in enclosed areas. Most also require outdoor areas to be smoke-free, but there is some flexibility with this, depending on the physical layout of the facility.

In some localities, council laws have also banned smoking in certain public areas.

Identifying and informing inpatients who are regular smokers

Staff should identify patients who are regular smokers in order to:

- clarify each individual's smoking habits, including their intent to quit and any efforts to do so, and to discuss the benefits of a smoke-free lifestyle
- inform all patients about the smoke-free policy of the service and the smoke-free zone. This should occur prior to admission if possible
- discuss with nicotine-dependent people how they wish to be supported with the non-smoking policy.

Assisting inpatients to quit smoking

A large percentage of smokers who have a mental illness wish to quit. Support provided during an inpatient stay and in the community following discharge may assist them to do so. Others who are not contemplating quitting will require support and assistance to abstain from smoking while an inpatient.

Counselling by staff and support services such as Quitline (phone 137 848) can promote the benefits of quitting or cutting back.

Nicotine withdrawal can be managed using a range of nicotine replacement products. Clinical staff and the local pharmacy service should work together to provide replacement options for patients to consider. Research has shown that nicotine replacement is very effective in reducing agitation related to nicotine withdrawal in the inpatient setting.

Managing patients who wish to continue smoking while in an inpatient unit

All enclosed spaces in hospitals and residential services managed by health services are smoke-free. In addition, all outdoor spaces in hospital and residential precincts (as determined by local health service policies) are generally smoke-free.

Having a smoke-free policy that covers the entire hospital precinct is unambiguous, promotes a health message to everyone who uses the space, and demonstrates that people have the right to work and receive care in a smoke-free environment.

There will, however, be circumstances when patients will continue to choose to smoke and will seek to do so outside the smoke-free zone. Staff must perform a risk assessment to ensure these patients are safe to leave the unit. Leave from the unit should be granted according to the identified and documented risks.

Each health service should have guidelines for staff, patients and visitors relating to leave for smoking purposes. Staff must ensure the guidelines are clearly understood by those who wish to smoke. The guidelines should include provisions for escorted leave. Staff, patients and visitors should not be exposed to secondhand smoke at any time.

Exemptions to a smoke-free mental health precinct

While exemptions to a smoke-free environment are discouraged, the Chief Psychiatrist acknowledges that maintaining a totally smoke-free environment can be challenging at times.

Difficulties can arise from the layout of the unit, the establishment of undesirable smoking zones near entrances and walkways outside the hospital precinct, and the management of agitated people who wish to smoke while in the smoke-free zone.

Psychiatric inpatient units must determine for themselves the pros and cons of requesting an exemption from their governing hospital to allow patients to smoke within the precinct (but not within an enclosed area). Any request for exemption needs to be balanced against the health benefits of applying a smoke-free policy throughout the hospital.

Effect of smoking on psychiatric treatment

As well as having many negative health impacts, smoking can influence psychiatric drug treatment. The tar-like components in cigarette smoke induce liver enzymes that can alter drug metabolism. This means that the blood level of some drugs may change significantly if a person starts or stops smoking, which could affect treatment efficacy and side effects. Clinical staff should be aware of these potential interactions, and also be aware that a change in drug metabolism can still occur even if nicotine replacement is used after a person stops smoking.

Staff education

All clinical staff should receive in-service education about:

- the health service's policies and procedures for maintaining a smoke-free environment
- the principles of helping people quit smoking and the resources available
- identifying and assessing people who smoke
- the use of nicotine replacement treatments
- guidelines relating to a smoke-free ward environment and leave arrangements for people who choose to smoke
- the effects of smoking on psychiatric treatment.

About Chief

Psychiatrist's guidelines

The information provided in this guideline is intended as general information and not as legal advice. Service providers should obtain independent legal advice if they have queries about individual cases or their obligations under the *Mental Health Act 1986*.

Accessibility

If you would like to receive this publication in an accessible format, please phone 03 9096 7571 using the National Relay Service 13 36 77 if required.

Acknowledgements

Authorised and published by the Victorian Government, 50 Lonsdale St, Melbourne. May 2012 (1205009)

Also available online at www.health.vic.gov.au/mentalhealth/cpg Document number: CPG1205009

Document review cycle

Guideline issued: May 2012

Scheduled for review/rewrite: May 2016

Responsibility for monitoring the smoke-free policy

All staff should promote the benefits of working in a smoke-free environment. If a staff member sees someone smoking in a smoke-free area, they should inform the person about the smoke-free policy and their options: that is, abstaining, using nicotine replacement or moving outside the smoke-free area where possible. This should be done in a respectful and informed manner.

No staff member should place themselves at risk of violence or injury. If a staff member feels unsafe approaching a person who is smoking, they should instead seek assistance and advice from senior staff.

Community support and follow up

Community mental health services should enquire about, and follow up, patient efforts to quit or cut down smoking while an inpatient. Community staff should receive training on how to help people quit smoking.

Documentation standards

Discussions with individual patients about their smoking patterns and support to help them quit should be documented in their treatment plan. The patient's response to managing within a smoke-free environment and any treatment or support provided should be documented in their clinical record.

Quality improvement

Providing a smoke-free environment and helping patients to quit or cut down should be part of mental health services' quality improvement plans. Reviews of the effectiveness of interventions should be undertaken regularly.

Further information

For further information contact the Chief Psychiatrist on 9096 7571 or 1300 767 299 (toll free).



Dr Ruth Vine
Chief Psychiatrist