

Designing a smoking cessation intervention

Background

Researchers investigated changes in mental health after smoking cessation compared with continuing to smoke.

Focusing on the treatment and epidemiology of smoking in people with mental health problems, this study, published by BMJ, aims to contribute to:

- reducing smoking rates
- improving quit rates
- reducing health inequalities in people with mental health problems

The learnings from the study have been used to form a smoking cessation intervention for people with common mental health problems in psychological services settings.

Summary

The study found that stopping smoking is associated with mental health benefits that are as effective as taking anti-depressants. [This project was a systematic review](#) and meta-analysis of longitudinal studies, involving 17,060 participants.

Changes in mental health outcomes after people quit smoking were examined and compared to people who continued smoking, with follow-ups ranging from 7 weeks to 8 years.

This project is relevant to public health as it has a clear message – many people and clinicians feel that smoking benefits mental health, alleviates stress or is the only pleasure for people with mental health problems. This misunderstanding contributes to maintaining a smoking culture for people with mental health problems and undermines smoking cessation treatment delivery. The work undertaken in this study clearly tackles this misunderstanding and can be used to evidence the association between stopping smoking and improvements in mental health.

How the programme works

Dr Gemma Taylor, author of the report, holds a £500,000 Cancer Research UK fellowship award to design a smoking cessation intervention for people with common mental health problems and test the intervention integrated into [NHS psychological services \(IAPT\) protocol](#) (Improving Access to Psychological Therapies).

Commissioners are interested in this intervention. Data so far indicate that

the intervention is feasible and acceptable. The trial is ongoing and due to publish in 2020. If the trial findings indicate that smoking cessation treatment can be integrated into routine IAPT care, the NHS could ensure that people who access IAPT for mental health care are offered an integrated smoking cessation treatment to give them the best chances to stop smoking.

Dr Gemma Taylor said:

“People with mental illness are at least twice as likely to smoke and, as a result, suffer from serious health inequalities compared to people without mental illness. It’s never too late to quit smoking for improving one’s health. Stopping smoking is linked to improvements in mental health, the size of this improvement is as large as taking anti-depressants. Smoking cessation treatment is 1 of the most cost-effective health care interventions available. If our study shows that IAPT is a suitable and effective platform for smoking cessation treatment, I strongly urge commissioners to consider integrating smoking cessation treatment into IAPT services – the patients will benefit, the services will benefit, the NHS will benefit – it’s a no brainer.”

Next steps

The feasibility and acceptability [trial is currently ongoing](#) and will lead to submitting a grant application to run a full-sized effectiveness trial. If we find that the intervention is feasible, acceptable and effective, this will likely lead to changes in service delivery in NHS IAPT settings, and help reduce smoking prevalence in people with common mental health problems.

To date, the feedback from patients, IAPT services and psychological wellbeing practitioners indicates that smoking cessation treatment, delivered as part of routine IAPT care, is acceptable and feasible. Some trial participants who’ve failed to quit using conventional routes state that the integrated treatment has helped them to quit smoking and improve their overall mental health.