FINDINGS FROM

THE NATIONAL CONVERSATION Café on SMOKING, MENTAL HEALTH & RECOVERY

HOLISTIC VIEW OF HEALTH

Co-produced content for campaign

Other Activities

Benefits of quitting

REAL CO-PRODUCTION

Management Engaging

Meaningful Consultation

Promoting Supports

THOSE WITH LIVED EXPERIENCE, SERVICE PROVIDERS & SUPPORTERS WORKING TOGETHER

STRONG LEADERSHIP

CULTURE CHANGE

Good Training Materials

INFORMATION

Choice

COMPASSIONATE APPROACH

CONSISTENT MESSAGING

Power of Personal Narrative

Change in Staff Attitudes

EDUCATION & TRAINING

Lead In Time

Community SUPPORTS

Contents

Mental Health Ireland

Feidhmeannacht na Seirbhíse Sláinte
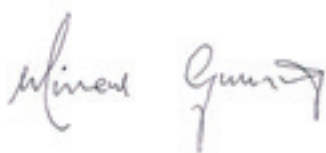Health Service Executive

hi Healthy Ireland

Foreword

Although smoking rates among the general population continue to fall, they have remained disproportionately high among people with lived experience of mental health challenges. The move towards recovery focused mental health services in Ireland has further highlighted the need to find a way to address nicotine dependence and improve the quality of care in all our mental health services to ensure no one gets left behind. Over the past year, Mental Health Ireland, the HSE Tobacco Free Ireland Programme and people with lived experience of mental health challenges have been working together to identify innovative ways to tackle this growing health inequality. The consensus is that this requires a social movement across the whole system. This will hardwire the voice and experience of people with mental health challenges and their supporters into a common endeavour; to assist people attending mental health services in living a smoke free life.
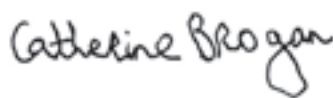
We adopted a co-production approach as a way to address this. In July 2019, we hosted the first *National Conversation Café: Smoking, Mental Health and Recovery* in order to have an open, honest and direct conversation where all perspectives on this issue were articulated and recorded. More than 70 stakeholders from lived experience of mental health challenges, services providers, supporters, smokers and ex-smokers came together on an equal footing, in the spirit of co-production, to tell the story of how things are now in terms of smoking and mental health and to contribute to a solution-focused plan for the future.

The cumulative feedback from the Conversation Café represents a strong mandate for a whole organisation co-produced approach with a clear focus on the provision of the right support, at the right time, in the right place. People with lived experience of mental health challenges do not lack motivation to quit but are more likely to be highly addicted and heavily dependent on tobacco. Therefore, they need consistent, intensive cessation support and a supportive environment along the continuum of care. The feedback indicated a strong desire to see an attitudinal shift in mental health services to address unhelpful ingrained beliefs and defeatist assumptions that addiction to nicotine among people with lived experience of mental health challenges is inevitable or intractable as it is not!

There is no quick fix but in creating the opportunity for conversation we have started the journey. With a collective effort from all stakeholders, we will develop a roadmap that will incorporate the latest evidence, International best practice processes together with the voice of lived experience to co-produce a mental health service that will support people who want to quit smoking/live a smoke free life.

Miriam Gunning
HSE Tobacco Free Ireland Programme

Catherine Brogan
Mental Health Ireland

CO-PRODUCTION =

ALL PERSPECTIVES COMING TOGETHER FROM THE BEGINNING.

EVERYONE IS ON AN EQUAL FOOTING

Introduction – Setting the Context

The issue of smoking, mental health and recovery is complex and challenging from all perspectives, i.e. people with lived experience of mental health challenges, supporters/family members and service providers. An equitable, sustainable and solution-focused response to this issue requires all perspectives coming together to co-produce and co-design recovery promoting supports that enable people with lived experience of mental health challenges to live a smoke free life.

It is well established that the rate of smoking among people with lived experience of mental health challenges is significantly higher in comparison to the general population. To put this into perspective, the most recent statistics from the Healthy Ireland Survey indicates that the current prevalence rate of smoking among the general population is now at an all-time low of 17%[1]. However, the rate of smoking among people with mental health challenges has remained disproportionately high and is estimated to be between 40-50%. This huge disparity in prevalence rates is exacerbating the health inequalities experienced by this population group. The reasons for this are complex and multifaceted. We know from research that people with mental health challenges are just as likely to want to stop smoking but often lack confidence in their ability to quit and historically have not routinely been offered specialist support to quit and live a smoke free life[2].

In 2016, a research study of service users in an inpatient mental health setting in Ireland found that 75% of those who smoked wanted to quit. However, only 6% had smoking cessation care clearly documented in their case notes[3]. Quitting smoking is not easy and people with mental health challenges face more barriers to quitting, are more likely to be dependant and therefore need more support[4]. It is therefore essential that mental health services remove any structural and cultural barriers to quitting for people who use the services and explore how best to support those who want to quit smoking to quit successfully. This will require a change in policy and practice for many mental health services. It will also require a change in attitude for some, as research shows there has been a belief among many service providers that little can be done about the smoking rate among people with mental health challenges[5].

☆ Right supports

⬇

☆ Right place

⬇

☆ Right time

[1] Department of Health. Healthy Ireland Survey, 2019. https://assets.gov.ie/41141/e5d6fea3a59a4720b081893e11fe299e.pdf. [2] HSE Tobacco Free Ireland Programme. Smoking Cessation and Mental Health – a briefing document for front-line staff. 2016. [3] Burns A, Lucey JV, Strawbridge J, Clancy L, Doyle F. Prospective study of provided smoking cessation care in an inpatient psychiatric setting. Journal of Psychosomatic Research Vol. 115, 2018: 24-31. [4] ASH. 'The Stolen Years – The Mental Health & Smoking Action Report' 2016. www.ash.org.uk ISBN 978-1-872428-99-4. [5] Jochelson, K. & Majrowski, B. 'Clearing the Air' King's Fund, 2006.

Quote from Dr. Paul Kavanagh (Tobacco Free Ireland) at the National Conversation Café

Taking a Recovery Focused Approach to the Issue of Smoking and Mental Health

Exploring the issue of smoking and mental health through a recovery lens is a paradigm shift for all stakeholders. However, it provides a framework and an opportunity to integrate this topic into the wider recovery journey, both personal and clinical, of the person using the services. This will require a commitment by all involved to be willing to engage in true co-production as a way of developing and integrating recovery promoting services. Co-production involves all stakeholders coming together to explore the issue of smoking, mental health and recovery, taking a collaborative approach, with an opportunity to enhance knowledge for all involved, sharing power and showing mutual respect . It takes a strengths-based approach from all perspectives and values the expertise that everyone brings to the table. If we are serious about changing the unacceptable high levels of tobacco related harm and nicotine addiction experienced by people with mental health challenges, it is essential we integrate the issue of smoking and mental health into the wider discourse on supporting a person's recovery.

The impact of Smoking on Mental Health and Recovery

The level of public awareness in relation to the negative impacts of smoking and second-hand smoke on physical health is extremely high; national and international campaigns have been very strong in their messaging in this regard. The evidence is overwhelmingly clear; unfortunately, we cannot get away from the fact that tobacco use is still the leading preventable cause of death and illness worldwide[7]. What is not as well known or discussed is the impact of smoking on mental health and recovery. We now know that smoking is harmful to mental health, is a risk factor for developing mental health challenges[8] and can exacerbate symptoms[9]. Smoking interferes with some psychotropic medications in ways that can result in higher amounts being needed to have the same therapeutic effect[10]. From a brain health perspective, smoking accelerates ageing of the brain[11], negatively affects sleep, contributes to insomnia[12] and causes changes in the brain creating an addiction[13].

There is consistent evidence that stopping smoking is associated with improvements in depression, anxiety, stress, psychological quality of life, and positive affect compared with continuing to smoke[14]. The positive impact of smoking cessation on anxiety and depression appears to be at least as large as antidepressants[15].

Quote from Martha Clark (Peer Support Worker) at the National Conversation Café

[6] A National Framework for Recovery in Mental Health Services 2018-2020, HSE 2018. [7] Prochaska, J. Das, S. Young-Wolff, K.C. "Smoking, Mental Illness and Public Health Annual Review Public Health 2017. 38:165–85. [8] NHS Scotland "Smoke- Free Mental Health Services in Scotland- Implementation Guide" 2011:4 [9] McDermott MS et al, 2013 & Taylor et al 2014 as cited in 'The Stolen Years – The Mental Health & Smoking Action Report'. ASH 2016. www.ash.org.uk ISBN 978-1-872428-99-4. [10] HSE Tobacco Free Ireland Programme. Smoking Cessation and Mental Health – a briefing document for front-line staff. 2016. [11] Karama, S. Ducharme, S. Corley, J. Chouinard-Decorte, F., Starr, JM. Wardlaw, JM. Bastin, JM. and Deary, IJ. 'Cigarette smoking and thinning of the brain's cortex' Molecular Psychiatry (2015) 20, 778–78. [12] Brook JS, Zhang C, Rubenstone E, Brook DW. Insomnia in adults: the impact of earlier cigarette smoking from adolescence to adulthood. J Addict Med. 2015;9(1):40–45. [13] https://smokefree.gov/quit-smoking/why-you-should-quit/health-effects. [14] ASH Scotland "Smoking and people with mental health problems: a neglected epidemic" June 2015. [15] ASH 'The Stolen Years – The Mental Health & Smoking Action Report'. ASH 2016:7. www.ash.org.uk ISBN 978-1-872428-99-4.

The Culture of Smoking in the Mental Health Services

It is fair to say that nationally and internationally, cigarettes have played a significant role in the provision of mental health services; they were used as currency between people using the services and in some cases, by staff as a patient management tool[16]. Paternalistic beliefs and attitudes also surround this issue, and these have not completely gone away. The *Clearing the Air* report in the UK published in 2006 found that some staff felt service users should be allowed to smoke because it was a 'comfort', and that they had 'nothing else to live for'[17]. There is anecdotal evidence that this is also true in an Irish context. Unfortunately, it is a reality that some people entered our mental health services as non-smokers and left as smokers due to the culture of smoking. Indeed, this is also the case for many staff working in the services. Smoking has simply been seen and accepted as part of the culture of mental health services[18].

The ongoing debate and discourse in relation to capacity, rights, choice and duty of care on this issue[19], in addition to the acceptance of the culture of smoking in the mental health services, has contributed to this issue being left in the wilderness, with very little leadership and engagement with all involved, until recently.

What is sometimes forgotten in the conversations around this topic is the role that the tobacco industry played in actively targeting people who used mental health services. It has been reported that in some countries during the 1980's and 1990's, the tobacco industry developed marketing campaigns and programmes specifically aimed at a number of marginalised groups. These included mental health services users and there are reports of donations of free cigarettes being made to mental health facilities[20].


Quote from Dr. Margaret Webb (Eve Services HSE) at the National Conversation Café

The Mental Health Services and the Workplace Smoking Ban in Ireland

In 2004, a workplace smoking ban was brought into Ireland by the then Minister for Health, Micheál Martin TD, but some mental health services were given a derogation. This meant that people using the services were exempt from the ban and could continue to smoke in designated areas in the services. In some ways, the derogation provided to the mental health services has inadvertently exacerbated the health, social and economic inequalities of people with mental health challenges and perpetuated cultural barriers and obstacles to addressing the issue within the services. It has also resulted in smoking cessation supports in the mental health services not being prioritised. Therefore people using the mental health services are also experiencing a smoking intervention gap. As we move to reach the bold and ambitious goal of a tobacco free Ireland in 2025[21], which is a population smoking rate of 5%, there is a real and substantial risk of leaving people with mental health challenges behind, further compounding the stigma and inequality experienced in their lives, which in-turn creates additional challenges and barriers in terms of recovery.

Internationally, Ireland is regarded as a trailblazer in relation to the workplace smoking ban and many countries have followed suit since then. We now need to demonstrate the same level of leadership and determination in relation to smoking, mental health and recovery, and prioritise the physical health of people with lived experience of mental health challenges.
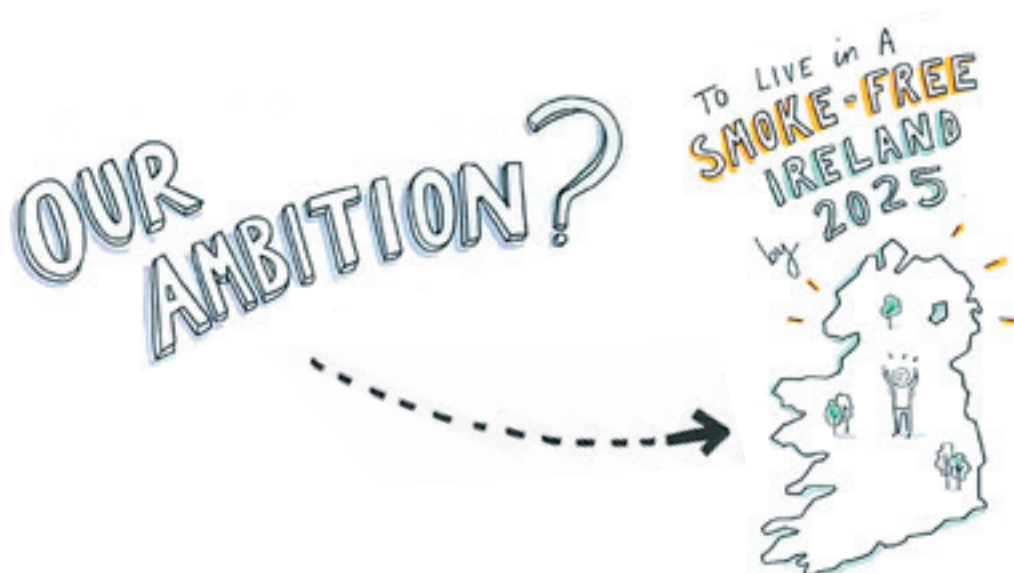
[16] Lawn, 2010 & Lawn, 2004 as cited in Lawn, S. & Campion, J. 'Achieving Smoke-Free Mental Health Services: Lessons from the Past Decade of Implementation Research' Int. J. Environ. Res. Public Health 2013, 10, 4224-4244. [17] Jochelson, K. & Majrowski, B. 'Clearing the Air: Debating Smoke-Free Policies in Psychiatric Units;' King's Fund, London, 2006. [18] Ibid. [19] Lawn, S. & Campion, J. 'Achieving Smoke-Free Mental Health Services: Lessons from the Past Decade of Implementation Research' Int. J. Environ. Res. Public Health 2013, 10, 4224-4244. [20] Truth Initiative https://truthinitiative.org/research-resources/targeted-communities/tobacco-social-justice-issue-mental-health. [21] Kavanagh, P. (2019) — Smoking, Mental Health and Recovery Conversation Café presentation-unpublished. [22] http://www.theworldcafe.com/

The National Conversation Café: Smoking, Mental Health and Recovery

The National Conversation Café: Smoking, Mental Health and Recovery, which took place in July 2019, was the first ever nationally co-produced event held to address the topic of smoking, mental health and recovery. The event, which was based on the World Café™22 approach to engaging people in conversations that matter, was part of a wider national collaboration between Mental Health Ireland and the HSE Tobacco Free Ireland Programme. It was an innovative approach to really look at the issue of smoking, mental health and recovery. The aim of the Conversation Café was to create open and collaborative dialogue and engagement between all stakeholders on this issue. It was an opportunity for people to come together on equal footing, in the spirit of co-production, to tell the story of how things are now in terms of smoking and mental health, and to contribute to writing a recovery focused story for the future.

Invite to the National Conversation Café

YOUR INVITATION TO

NATIONAL CONVERSATION CAFÉ

SMOKING, MENTAL HEALTH AND RECOVERY
- Creating Conversations That Matter

Creating **open** and **collaborative** dialogue and engagement between service users, family members and service providers on the topic of 'Smoking, Mental Health and **Recovery**'

Mental Health Ireland

Thursday 25th July 10am - 4.30pm

Glenroyal Hotel Maynooth, Co. Kildare

This event is a collaboration between Mental Health Ireland and HSE Tobacco Free Ireland Programme

theworldcafe.com

Event Programme Overview

10-10.30AM: Registration. Tea/Coffee & refreshments on arrival

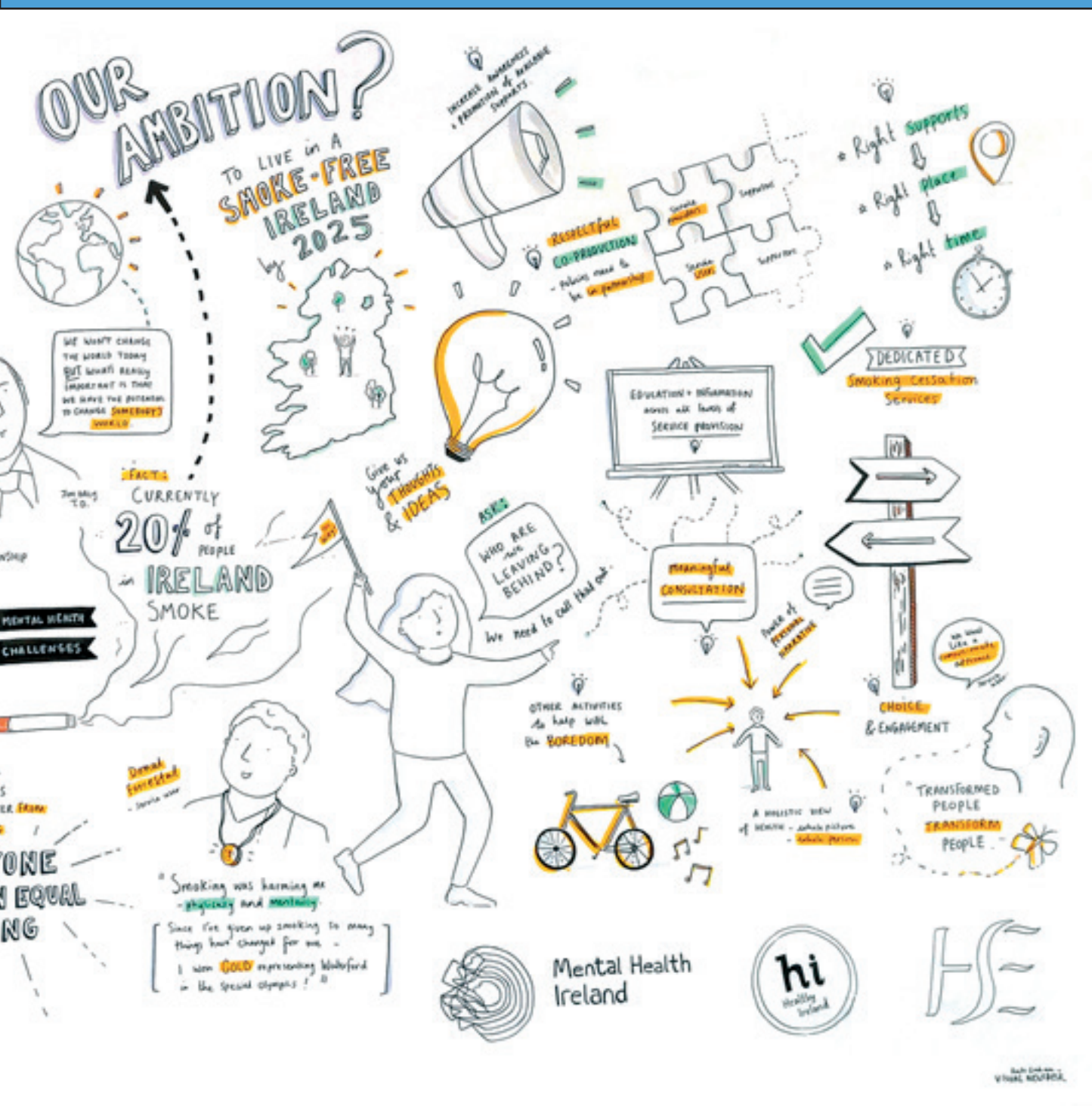|	
10.30-10.35am:	Welcome: Mrs. Catherine Brogan, National Development and Training Manager, Mental Health Ireland
10.35-10.45am:	Overview of the Day: Ms. Martina Blake, National Programme Lead, Tobacco Free Ireland Programme & Ms. Sonia Rennicks, Development and Training Officer MHI
10.45-11am:	Dr. Stephanie O'Keeffe, National Director, Strategic Planning & Transformation HSE
11-11.10am:	Official Opening: Mr. Jim Daly T.D. Minister of State for Mental Health and Older People

11.10-12pm Plenary Session

11.10-11.20am:	Ms. Martha Clark, Peer Support Worker, Currently Smokes
11.20-11.35am:	Dr. Paul Kavanagh, Tobacco Free Ireland Programme (TFIP)
11.35-11.50am:	Dr. Margaret Webb, EVE Services HSE
11.50-12 noon:	Mr. Donal Forristal, Living a Smoke Free Life
12 – 1.15pm:	Round Table Conversations (4 Questions -15 mins per question)

1.15-2.15pm: Lunch

2.15-3pm:	'Here's what you've said' – feedback from the Conversations
3-4pm:	Panel Discussion and Q&A - Ms. Martha Clark -Peer Support Worker, Dr. Sadlier, Psychiatrist; Dr. Webb, Eve Services HSE, Mr. Ed Murphy - TFIP, Ms. Karen McHale – Family Peer Support Worker and Peer Recovery Educator
4-4.15pm:	Summary and Close - Dr. Paul Kavanagh - TFIP & Catherine Brogan - MHI

4.15pm Evaluations and Home

Mental Health Ireland

Programme for the National Conversation Café

Quote from Karen McHale (Family Peer Support Worker & Peer Educator, Mayo Recovery College) at the National Conversation Café

The event was targeted at people with lived experience of mental health challenges, service providers and supporters from across every HSE Community Healthcare Organisation in Ireland. We used the local and national structures to target all stakeholders that had an interest in, and a responsibility for addressing this topic. Just over 70 people attended the event, which was officiated by the Minister with responsibility for Mental Health, Mr. Jim Daly T.D. The keynote address was delivered by Dr. Stephanie O'Keeffe, National Director, Strategic Planning and Transformation in the HSE.

Quote from Minister Jim Daly (Minister of State for Mental Health & Older People) at the National Conversation Café

Quote from Donal Forristal (Living a smoke free life) at the National Conversation Café
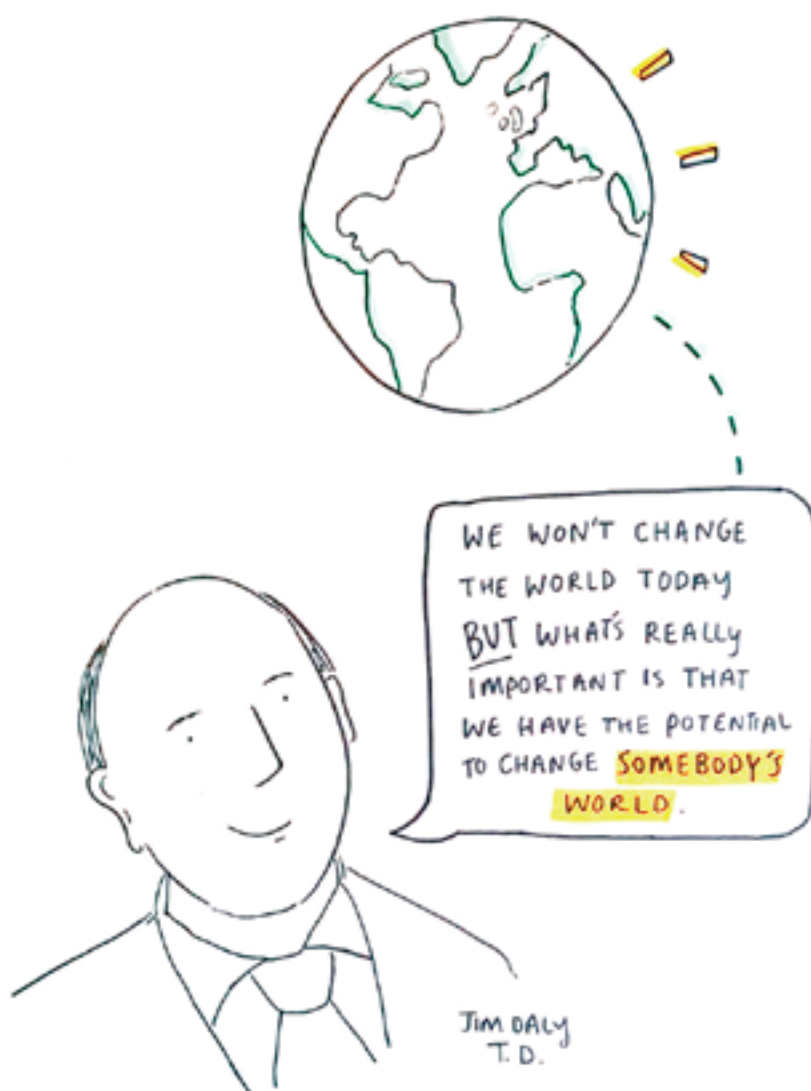
The Questions for the Table Conversations

Participants were seated at round tables in a café style set-up, where we aimed to have all three perspectives represented at every table during the conversations. Each table had four colour coded large circular mats placed one on top of the other, which were the same size as the table. The question for each round was printed in the centre of the mat, which had several concentric circles marked on it. Each table had a designated host and scribe to capture the content from the conversations. Participants could also write their own contributions directly on to the table mats. The participants were asked to vote on their top three priorities based on the conversations. These were then collected and collated and fed back to the group in the afternoon.

The Conversation Café Questions & Feedback

Question 1.
Smoking, Mental Health & Recovery: Where are we now and where would we like to be?

Question 2.
If we were co-producing a mental health service that supported people who want to quit smoking/live a smoke free life, what supports would the service include/provide?

Question 3.
What do you think are the key areas a mental health service should prioritise when preparing to go smoke free from all perspectives i.e. Service User, Family Members and Service Providers?

Question 4.
What would a co-produced recovery focused campaign that promoted living a smoke free life include/look like?

Question 1: Smoking, Mental Health and Recovery: where are we now? Where would we like to be?

The following top five themes emerged from the Conversation Cafe feedback. These are ranked from highest score down. Scores were calculated based on the priority allocated to the theme by participants and the frequency in which it appeared.

1 AWARENESS, EDUCATION & TRAINING

Participants highlighted the need for education and accessible information.

"Education for staff/service user... Increase awareness, promotion of services... Family education & involvement... Awareness in the community."

2 CULTURE IN MENTAL HEALTH SERVICES

Participants reported an attitudinal shift is needed in mental health services as there are some unhelpful ingrained beliefs.

"Staff attitudes need to change; engrained culture... Resistance among staff, saying unfair on patients... Cigarettes are currency in the unit... We were exempt before, why now?... Leeway given to people with mental health issues."

3 RIGHTS DISCOURSE

The feedback included a strongly felt discourse about the rights of service users who smoke and those who don't in the units, including staff.

"Rights Issue... Implementation of policy is an abuse of rights... Human Rights & Parity... Competing rights... Balancing rights of service users and staff... Power struggle."

4 TREAT AS HEALTHCARE ISSUE

Participants highlighted a need for a whole person recovery approach.

"Whole-person approach... Link to care plan/treat as a health care issue... Frustration that it's not being recognised as a health care/care plan issue... addiction... Physical health not being prioritised in mental health."

5 LACK OF ACTIVITIES

Services need more activities.

"Lack of activities an issue... Lack of other activities to meet the needs of service users when smoking tobacco is removed... offering alternative activities is important... What replaces the cigarettes?"

Question 2: If we were co-producing a mental health service that supported people who want to quit smoking/live a smoke free life, what supports would the service include/provide?

The following top five themes emerged from the Conversation Cafe feedback. These are ranked from highest score down. Scores were calculated based on the priority allocated to the theme by participants and the frequency in which it appeared.

1 ON-SITE CESSATION SUPPORTS
Strong feedback on need for on-site cessation supports including dedicated cessation staff.

"Cessation supports in house... Dedicated smoking cessation staff to support service users and staff... free/easy access to NRT... Advertise supports... Both behavioural support and tobacco dependance treatment... Accessibility."

2 EDUCATION & INFORMATION
Participants identified a need for education and information for service users, staff, family, supporters and the wider community.

"Education & Information in primary care, community and on all units... Education on the effects of smoking on health for service user and family members... Dispel the myths... Staff trained in MECC and NCSCT... Peer support training."

3 MORE CESSATION SUPPORT OPTIONS
Individualised supports were highlighted as an important move away from 'a one size fits all' approach.

"More options... Psychiatry... Counselling & CBT... Behavioural Supports... Addiction support, Mindfulness... One-to-one person centred support... Free, accessable NRT, Ongoing support... Group programmes."

4 RESPECTFUL CO-PRODUCTION
An appetite for working in true co-production was expressed across all tables.

"Respectful co-production... Equality of representation... An active working group that involves the service user... Shared stories.... Meaningful buy in from all stake-holders, management, staff, service users, family."

5 MORE ACTIVITIES
Services need more activities.

"Wide range of activities available to service users based on their needs and interests... Not just physical... Try to replace what smoking gives you, try... Provide distractors, new activities to help with boredom & withdrawals."

Question 3: What do you think are the key areas a mental health service should prioritise when preparing to go smoke free from all perspectives i.e. Service Users, Family Members and Service Providers?

The following top five themes emerged from the Conversation Cafe feedback. These are ranked from highest score down. Scores were calculated based on the priority allocated to the theme by participants and the frequency in which it appeared.

1 INFORMATION & EDUCATION
Participants identified the need for information and education for service users and providers in advance of going smoke free.

"information & Education for service users and providers... Increased E&T for HCPs on smoke free leadership... Q&A sessions with HP and MH staff... Family education... Cessation information in many formats... Trained staff in MECC. Learning & Sharing Events."

2 CHOICE
Participants fed back that choice should be built in when a mental health service is going smoke free.

"Choice/Opportunity to smoke somewhere In initial stages... Choice... Designated Smoking Areas... Choice Approach - Choice/Consultation... Respect choice to smoke... Promote choice by increasing awareness of supports/resources for clients, family & staff."

3 CONSULTATION & DISCUSSION
Feedback highlighted open dialogue and consultation in advance of going smoke free as important.

"Open Discussion... To voice concerns... Open Dialogue... Meeting with all parties... Consultation with service users and families... Meaningful consultation... Focus on rationale, principles, rights and legislation."

4 SUFFICIENT LEAD IN TIME
Participants suggested long lead in times and phased introductions.

"Lead in time... Prepare (people) before... Gradual Introduction... A timeline for phasing it in... Sufficient time. Communication that an area is due to go tobacco free WELL in advance to give people time to prepare for change..."

5 COMMS
The plan and what it means should be communicated

"Communication with service users and families... Let those in community and residential know... Clarity - what exactly does this mean... Open communication of plans - Communications Policy and supports available."

Question 4: What would a co-produced recovery focused campaign that promoted living a smoke free life include/look like?

The following top five themes emerged from the Conversation Cafe feedback. These are ranked from highest score down. Scores were calculated based on the priority allocated to the theme by participants and the frequency in which it appeared.

1 TAILORED INFORMATION

Participants strongly emphasised the need for a campaign specifically tailored for the mental health services.

2 HOLISTIC APPROACH

Participants advised focussing on the whole person, why we smoke and how quitting improves physical and mental wellbeing.

3 INCLUDE PERSONAL NARRATIVES

The importance of personal narratives to any change promoting campaign was highlighted.

4 EDUCATION & TRAINING

Participants fed back that a recovery focused campaign would include education and training.

5 CO-PRODUCE CAMPAIGN

Campaign and materials need to be co-produced.

"Confidence building approach... Keep the message simple... Adapted/targeted approach for mental health setting... Promote the positive effects for the service, family and society... Show negative and shock factor too... Jargon Free - Inspired by someone with lived experience. Compassionate."

Holistic view of health... Promoting both physical & mental health benefits of quitting tobacco... Equal access to good physical health... Based on a positive approach to overall health... Thinking how stopping smoking links with your goals and objectives..."

"Sharing personal stories... Role Modelling - Power of Personal Narrative/Peer Support... Honest real stories of struggles, successes, failures... Realistic & relevant... Stories of both staff and service users."

"Specific education and training for mental health services... Education based... Education... Mental health staff training... Upskill all staff..."

"Co-produced group to develop content of campaign... Genuine co-production... Focus groups regarding what the campaign would entail.

Word Cloud Summary of Feedback

Panel Discussion Feedback

The following is a snapshot of some of the issues raised and discussed during the panel discussion at the National Conversation Café, which the audience participated in and contributed to.

Overarching Theme	Sample of contributions from both the panel and participants
Adult Acute Mental Health Units - Specific issues	• *My smoking commenced when I was in the unit* • *Issues arise if you are involuntarily detained* • *The challenges of the layout of units/centres that make it very difficult to provide for individual exceptions* • *Why is there no designated area?* • *Issues in relation to litigation e.g. medics unwilling to write up to say people could have a cigarette* • *The risk that service users may not engage/seek support from services due to their previous experiences of the practices connected with the smoking cessation policy* • *It has happened that people, on admission to a unit/service have not been informed of the smoking cessation policy*
Smoking and its impact on Mental Health	• *Link between mental health (direct psychotropic effect) & smoking, the interaction smoking has with the brain. Smoking can lead to depression, anxiety & bi-polar disorder. How the effects of smoking figure in long-term mental health and the onset of vascular dementia in particular* • *Does smoking impact on cause of mental illness? Research and evidence are supporting that this link is there. This is a strong point for mobilisation of action* • *Mood scores will improve with smoking cessation. Smoking affects sleep, with the normal restorative benefits to the brain during sleep compromised*

Overarching Theme	Sample of contributions from both the panel and participants
Boredom in the Units	• Lack of activities and boredom on the units is a big issue • Patients gathering to smoke for something to do
Timing of smoking cessation is a factor	• That a person's choice should be provided for and that they will choose when to quit, at a time when they are ready and have the resources and motivation. That trying to quit when… extremely unwell is far less likely in achieving a good outcome • Right support, right time, right place (right resources)
The importance of the approach used	• (That any approach) must also be informed by compassion, tolerance, partnership and compatibility with a recovery ethos • Empathy, understanding – don't shame • Focus on a strengths-based approach • Genuine recovery approach looks at causes not symptoms
Supporting smoking cessation efforts in the services	• A feedback loop/method to provide for the achieving of a national standard, that will highlight good practice, but also supports people/services in achieving, and most importantly, maintaining the standard. Open & progressive culture • Vital element of communication to provide information, generate resources and the facts with integrity and to 'myth bust', so as to achieve movement in the right direction. Not to under-estimate the importance of the local conversation, in any initiative or campaign • The opportunity in our interactions using MECC, to influence/nudge and explore motivations and priorities for each person. Opportunity to re-focus • Review of current policy, if it's meeting quality standards. To adopt a learning approach capable of change and adopting new approaches in response to measurable indicators of the efficacy of the policy (effective feedback loop) • A policy should not be punitive/give rise to punishment or hyper-critical • Culture change is completely needed
Supporting smoking cessation efforts in the services	• Can we reframe so the policy focus is on healthy options for people? Being clear on the support. Everyone is different. We need to learn from others who have made this work • No two locations are the same, the importance of communication with implementation. Forums may help with engagement, shared goals & purpose • The opportunity presented to stop smoking when supported by a service/unit, an opportunity for meaningful/well informed intervention. The inclusion of activity and supports to form part of an integrated approach in a person's care plan, and not an ad hoc add-on
The importance of communication and Language used	• Conversation about health and health promotion. Good physical health = work, education and active life….Co-production – couching within health • It's not about the policy – it's about support • Communication – How we use language needs to be looked at. Engagement is important… Solution-focused, what can we do better? • 2 years ago, a co-produced module on smoking was developed. It was advertised but no one came. This year – the programme name was reframed to 'Smoking – Let's Talk' and 14 people attended

Acknowledgments

R-L: Miriam Gunning, Sonia Rennicks, Catherine Brogan, Nicola Morley, Dr. Paul Kavanagh, Martina Blake, Minister Jim Daly, Edward Murphy, Martha Clark, Dr. Stephanie O'Keeffe, Karen McHale, Donal Forristal

Glossary of Terms

NRT- Nicotine Replacement Therapy. A medication that gives you a low level of nicotine through patches, gums, lozenges, inhalers, mouth sprays or pills to assist in smoking cessation.

MECC- Making Every Contact Count. HSE training programme for healthcare professionals to provide tools and knowledge to carry out a brief intervention with service users.

NCSCT- National Intensive Tobacco Cessation Training. A training programme for smoking cessation specialists to provide skills and knowledge about the factors involved in smoking and smoking cessation.

TFIP- Tobacco Free Ireland Programme (HSE)

TFCP- Tobacco Free Campus Policy

HCP- Healthcare Professional

CBT- Cognitive Behavioural Therapy. Cognitive behavioral therapy is a psycho-social intervention that aims to improve mental health.

FURTHER INFORMATION:

Overview of Event - https://www.youtube.com/watch?v=sdayr-PZfMM

Minister Jim Daly's Address - https://www.youtube.com/watch?v=Ltsy9JCren4

HOLISTIC VIEW OF HEALTH

Co-produced content for campaign

Other Activities

Benefits of quitting

REAL CO-PRODUCTION

Good Training Materials

CULTURE CHANGE

Management Engaging

Promoting Supports

THOSE WITH LIVED EXPERIENCE, SERVICE PROVIDERS & SUPPORTERS WORKING TOGETHER

STRONG LEADERSHIP

Meaningful Consultation

CONSISTENT MESSAGING

INFORMATION

Choice

COMPASSIONATE APPROACH

Power of Personal Narrative

Change in Staff Attitudes

Lead In Time

EDUCATION & TRAINING

Community SUPPORTS

Mental Health Ireland

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

hi Healthy Ireland