



Advocacy Service Aberdeen

Survey of patients' views on Smoking in Royal Cornhill Hospital

BACKGROUND

Early in 2009 The Scottish Government conducted a consultation exercise to find out what people thought about "achieving smoke-free mental health services in Scotland, and how best we could reduce exposure to second-hand smoke in psychiatric hospitals and units."¹ There was considerable publicity about this consultation and it was conducted at the same time as NHS Grampian was consulting on its own 'Draft Tobacco Policy'. Consequently, there was information about these consultations in the form of posters, meetings etc in Royal Cornhill Hospital. The consultations stimulated much debate and Advocacy Service Aberdeen (ASA) was approached by several people who wished to make their views about smoking in the hospital heard. Because of the number of people who came to us expressing concerns and as these concerns seemed to be widespread, ASA's collective advocacy worker undertook a survey of patients' views on the proposals. This report covers the views of 35 patients. **All quotes contained within the report are from patients.**

METHODOLOGY

This survey is not intended to form the basis of a rigorous piece of academic research. Rather it aims to provide a collation of people's views in relation to psychiatric hospitals becoming smoke-free. Information was obtained through the completion of questionnaires, group discussion and discussions on a one-to-one basis. While the collective advocacy worker was talking to patients, a couple of members of staff were also keen to speak on behalf of a some patients who were unable to express their views but who would be affected if the hospital were to become smoke free. A copy of the questionnaire is attached to this report.

RESULTS OF THE SURVEY

The general belief of the patients we spoke to and of those who filled in questionnaires was that patients unable to leave their wards would effectively be unable to smoke and therefore be forced to stop or use nicotine replacements while in the hospital. The patients involved in this survey believe it is unfair to take away the choice of whether or not to smoke from the person detained when many other restrictions are already being imposed. Many of the patients pointed out they are under so much stress when they are admitted and

¹ The Scottish Government, Achieving smoke-free mental health services in Scotland: a consultation, covering letter, page 2

during their stay at hospital that it is not an ideal time to be forced to stop smoking.

"People have enough problems as it is without having to stop smoking."

"Smoking helps to calm me down when I'm stressed and hospital is stressful."

"If I'm angry and I have a cigarette it helps calm me down."

"Having smoked for a long time I prefer to decide myself when to smoke and make sure it does not affect other people."

"(becoming smoke-free) would caused chaos. Hospital is a very stressful environment and a smoke helps calm the stress. If you take that away there will be a lot more agitation and fights etc."

"I would refuse to come into hospital as a patient even if ill."

A number of themes emerged during the survey which will be examined in turn below.

Safety

A number of patients had anxieties which could be grouped together as concerns about safety. For example, some of the wards consulted were locked wards or had patients who were detained and couldn't leave the hospital grounds unescorted. Patients stated that they were concerned about where and how they will be able to have a cigarette if they choose not to stop smoking. Several safety concerns were raised in relation to having to smoke outside the hospital grounds:

- it was noted that a patient may feel anxious standing on the road side;
- Some people expressed the concern that it might provide an opportunity for a patient to abscond;
- Other people commented on potential problems caused by the need for staff to escort patients offsite - in particular they were worried that wards may be understaffed, causing anxiety for patients.

"If staff were with someone smoking and they ran off what could they do to stop them? Or if something happened back at (the ward) it would mean they were short staffed and people would have to make hard choices."

- Patients also expressed worries about the fear of increased violence on wards due to people not being allowed to smoke, some said they, or others may become aggressive,

"(I think it's an) infringement of my human rights which would be challenged. You would create an explosive situation."

"If smoking was stopped I would hit someone. I would tell them (staff) I'm not going to do anything you say if I can't have a fag."

"Mayhem in ward. People would be fighting each other."

- Another safety aspect discussed was fire risk. Patients said that people would smoke anyway in places like toilets or in their beds and that could lead to fires or at least fire alarms going off.

Social

Patients who smoke reflected on the social aspect of the smoking room, pointing out that it was a place staff didn't often go, which allowed them talk about problems and share worries.

"It's a chance to socialise. I have a good laugh and talk about problems. There is a radio in there too."

"It gets me through the day and helps me socialise with other patients."

Some rooms had televisions or radios while others did not, in those with patients said it was more like home. One pointed out,

"When I go for a smoke I don't feel like I'm in hospital."

Regarding those patients who were non-smokers it was pointed out that although smoking was confined to a room when the door was opened the smoke came out into the surrounding areas. In one ward the smoking room was located next to where they had to wait for medication, which the non-smokers said they didn't like. Also, the social aspect was a concern for two patients who pointed out they felt they can only chat privately in bedrooms and one requested if she could have a music room to relax in. However, despite this, the non-smokers overwhelmingly supported the fact that the smokers should have the choice of somewhere to smoke while in hospital.

'Long term' patients

There are apprehensions about the effect on long term patients some of whom have been in hospital for a large part of their lives. They point out that they regard the hospital as their home.

"It's our home. Stopping us smoking is taking our right away."

"We could smoke at home so when forced to stay we should be allowed to smoke."

"It's unfair on long term patients in particular. If possible smoking areas would allow people to smoke if they wish to at a difficult time for them."

Compromise

There was an overwhelming understanding of the smoking laws in place and needs/rights of non-smokers. Smokers said it felt unfair that their choice might not be respected. Although all of the smokers used smoking rooms as well as outside areas, all stated that, where possible, they would be happy to use an outside area if a proper shelter was provided.

"I would be happy with a shelter outside."

"I don't want to stop smoking. I would be happy outside with adequate shelter."

"I would smoke outside if there was a shelter for bad weather."

Help to give up smoking

A few patients said they had recently, are currently or would like to stop smoking. When asked all said it was because they had decided it was bad for them and had chosen to do so. They were in contact with the smoking cessation nurse who was suggesting strategies to help. All made it clear they stopped through choice and pointed out, *"others should have choice,"* whether they want to stop. Some patients revealed they had stopped before they were admitted to hospital and had subsequently started due to the stress of their situations and boredom. One of those who had restarted said,

"I would probably give up eventually if the no smoking policy was brought in."

"I'll smoke as long as I want to, I may give up one day, but it will be on my own decision."

Conclusion

Those consulted - smokers and non-smokers alike- think that smokers should have designated areas where they can smoke:

"Why change something that works? The smokers are happy they get somewhere to smoke. The non-smokers are happy that they are away from it and the staff are happy because they don't get any trouble."

Indeed, this view is also supported The Mental Welfare Commission in Scotland whose response to the government's consultation on a smoking ban states:

"We think that there should be a designated and well ventilated smoking area in each continuing care ward/unit. For admission wards/units we believe that these should be partially smoke free i.e. smoking only allowed in the grounds. We think that smoking should be allowed in hospital grounds in clearly designated, covered and safe areas"

The consensus among the people we spoke to was that although people could see why NHS Grampian might wish to implement the "Smoke-free policy" for people's health; by implementing this within the mental health hospitals it would be taking yet another aspect of someone's freedom of choice away from them. At a time they feel most vulnerable and more likely to feel they want to smoke. Patients felt more work should be done to support and encourage people to stop smoking in the community when they are not at crisis point.

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