Government of **Western Australia**
Department of **Health**

Guidelines for supporting involuntary mental health inpatients

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Contents

Policy context

The Smoke Free Policy (MP 0158/21) (the Policy) allows that some patients, in certain circumstances, may be exempted from specific aspects of the Policy at the discretion of Health Service Providers until 1 July 2022. After this date the partial exemption will no longer be available.

The North Metropolitan Health Service elected to no longer provide the exemption and became completely smoke free from 27 August 2019. The Fiona Stanley Fremantle Group within the South Metropolitan Health Service became completely smoke free on 4 January 2021.

This document provides guidelines for the support of involuntary mental health inpatients where the partial exemption is not available and for the transition to fully smoke free services following the removal of the exemption from 1 July 2022.

Background

The prevalence of smoking among people with mental illness is higher than that of the general population.[1] They are also more likely to smoke more heavily and have higher levels of nicotine dependence.[2]

Those very dependent on nicotine will likely experience withdrawal symptoms when they are admitted to a mental health service and are unable to smoke at all or as much as usual. Pharmacological and behavioural strategies are successful in supporting smoking cessation in people with mental illness and should be a routine part of care.

Removal of previously offered partial exemption

Health Service Providers which offer the partial exemption as specified in *Implementation of the partial exemption for involuntary mental health inpatients* should plan for the removal of the partial exemption and establish procedures to support patients upon this occurring.

Planning

Health Service Providers should convene a working party or committee to oversee the withdrawal of the partial exemption. All relevant service areas should be represented, including but not limited to: mental health, pharmacy, nursing, health promotion, and consumer and carer representatives.

A working party or committee should oversee the development of relevant procedures for mental health inpatients which addresses:

- communication of the policy change;
- gaining support of clinical staff;
- non-compliance;
- assessment and recording of smoking status on admission;
- managing nicotine dependence;
- pharmacotherapy;
- behavioural supports; and
- discharge planning.

The experiences and lessons learnt by other Health Service Providers and services who have already ceased to offer the partial exemption should be considered.

[1] Australian National Survey of Mental Health and Wellbeing. ABS 2008 2. Cooper J. Aust NZ J Psych 2012 3. AIHW. National Drug Strategy Household Surveys 3. Bowden J. ANZJ Psych 2011

[2] Bowden JA. ANZ J Psych 2011 2. Lasser K. JAMA 2000; Campion J. Adv Psychiatr Treat 2008

Health Service Provider and site level procedures will already exist regarding the Smoke Free Policy for patients who have not had access to the partial exemption. However, these procedures should be assessed for relevance to mental health involuntary inpatients and modified where necessary.

Communication

The removal of the partial exemption should be communicated to staff and patients in a timely and well-planned way to provide a smooth transition for staff and patients.

A communication plan should be developed that provides significant notice of the intent to no longer offer the partial exemption. Reminders and relevant updates should be provided at regular intervals.

The availability of patient supports should be emphasised.

Supporting nicotine dependent inpatients

Nicotine dependent involuntary inpatients may be assessed and supported as described in the *Guidelines for the implementation of the Smoke Free Policy*.

However, Health Service Providers should consider factors specific to mental health settings and ensure that procedures to address these are in place. These may include:

- staff skills and knowledge to manage nicotine dependence;
- availability and awareness of training for staff;
- addressing smoking in patient treatment support and discharge plans;
- increased access to treatment team to address issues related to nicotine dependence;
- collaboration with support services;
- patient access to distraction activities and behavioural supports;
- support during leave from a ward (for both patients who choose to smoke and patients who do not choose to smoke during leave);
- procedures for documenting usage of nicotine replacement therapy;
- provision of supports in a timely manner;
- medication interactions with smoking and impact of abstinence during admission;
- management of patient aggression and distress; and
- environmental conditions such as existing cigarette litter and cigarette related equipment.

Discharge planning

Abstinence during admission presents a positive opportunity for sustained quitting following discharge. During discharge planning the patient's intention regarding smoking and quitting should be discussed. If the patient is receptive and it is clinically appropriate, they should be offered pharmacotherapy to continue at home and a referral to Quitline. The discharge summary should include actions taken to support smoking cessation and advice to general practitioners for continuation of care.

Compliance

Patients who are not compliant with the Policy should be approached in an educative manner and informed the service is smoke free.

Assistance should be offered again to the patient at this time, including a review of their management plan for nicotine withdrawal if relevant.

Where a patient is visibly distressed or known to be in crisis, it may not be appropriate to address non-compliance at that time. Clinical judgement and risk management should be applied in these circumstances. This should be applied in isolated occurrences and not become business as usual for a particular patient or service.

In these circumstances Health Service Providers should also consider their responsibility to ensure staff are not exposed to second-hand smoke under occupational safety and health legislation.

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