Tobacco dependency treatment services for people with severe mental illness

Individuals with severe mental illness (SMI) have higher rates of smoking, contributing to significant health disparities and a reduced life expectancy compared to the general population. Amid these inequalities, NHS England piloted tobacco dependency services for people with SMI across seven sites in England.

What were our study aims?

We conducted a rapid evaluation to better understand:

1. How tobacco dependency treatment services for people with SMI are delivered.
2. What referral pathways are in place and how these have changed over time.
3. How success of the services is understood and measured, and what measurement challenges are encountered.
4. How services are resourced and at what cost to the healthcare provider.

Methodology

- Engagement with key stakeholders and literature to inform the evaluation's aims and methodology
- Interviews with service leads including those with oversight of delivery alongside those with knowledge of costs (n=11)
- An online survey with questions relating to each of our study aims (n=42)
- Workshops with people with lived experience (n=15), as well as a workshop with NHS England and service leads

What did we find?

Services adapted their approach to meet the local needs of individual service users
Service delivery varied significantly across and within sites, with staff most often reporting phone and in-person consultations, and most sites adopting a flexible, user-centered approach that was highly valued by stakeholders with lived experience.

Most sites had adapted their referral pathways to reach more service users, but faced barriers in doing so
Referrals, including self-referral, were established from various services but faced barriers such as limited access to medical records, reluctance to label individuals with SMI, misconceptions about their ability to quit smoking, and short-term funding disincentives.

The 28-day quit rate, the measure widely used by tobacco dependency services, was considered less appropriate for this service for people with severe mental illness
Broader measures that captured the wider benefits the service brings to general health and wellbeing, as well as long term quit rates were preferred. This resonated with people with lived experience.

The availability and comprehensiveness of cost information varied by site
Staff costs were the primary expense for service delivery. Other costs, such as clinic rooms, travel, or training, were often covered by existing health or community services. Integrated commissioning or delivery models made it difficult to distinguish specific service costs.

Recommendations for services and policymakers

- A user-centred approach is key to the service's success for people with SMI.
- Sites should be assessed using wider outcomes beyond the 28-day quit rate, co-designed with users and staff, such as physical health, wellbeing, and engagement.
- Raising awareness among healthcare professionals and those with SMI is vital for referrals.
- There is a need for long-term, sustainable funding to ensure staff stability and establish sustainable care pathways.

Recommendations for future evaluation

- Capturing service users' views is essential, particularly for developing and designing outcome measures.
- Systematic and comparable data on costs and outcomes across sites should be recorded to evaluate cost-effectiveness and enable large-scale analysis.
- Longer term research with sites would help capture more detailed evidence about outcomes, and enable in-depth engagement with service users.
- Further study is needed to understand referral pathway facilitators and barriers and how to overcome them

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