

Public Mental Health Learning Community Workshop

Welcome, and thank you for joining today's event!
We will start at 15:00

Our speakers today include:



Dr Megan Watkins
Head of Public Mental
Health Implementation
Centre (PMHIC)



Liz Tucker
Project Manager: Suicide Prevention &
Response Workforce Wellbeing Project
Public Health
East Sussex



Rachel Maynard
Senior Policy Officer (Mental Health)
Action on Smoking and Health (ASH)

Housekeeping points before we get started



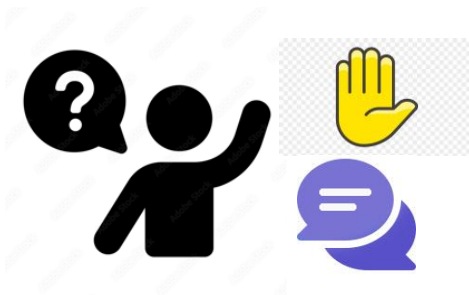
Recording the session



If not speaking, please mute

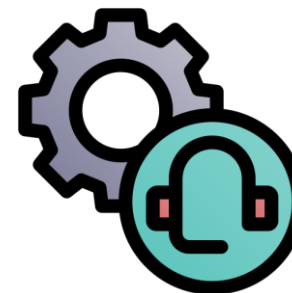


Camera on please,
if comfortable to



Please ask Questions

- Raise your hand
- Use the chat function



Tech issues, please contact
public.MH@rcpsych.ac.uk

Shared principles



Listen with respect and openness

We seek to value learning from different people and stay open to new ways of doing things.



Confidentiality

People may share something they wish to be kept confidential. We require everyone's agreement not to share anyone's information without their permission.



Collaborate

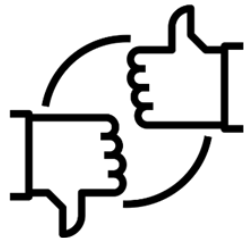
We seek to make decisions by consensus. Everyone's input is **equally** valued.

Shared principles



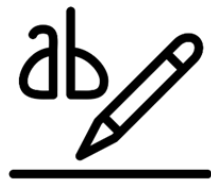
Contribute

We seek to share ideas, ask questions and contribute to discussions. We can also choose not participate at any stage.



Disagree with the point - not the person

We seek to resolve conflicts and tensions.



Use plain language

We seek first to understand, then to be understood. If possible, avoid using jargon and explain acronyms if they must be used.

Today's agenda

Time	Speaker	Affiliation	Topic
15:00-15:10	Dr Megan Watkins	Head of Public Mental Health Implementation Centre (PMHIC)	Welcome and introductions
15:10-15:30	Liz Tucker	Project Manager: Suicide Prevention & Response Workforce Wellbeing Project Public Health, East Sussex	Vicarious Trauma Training Programme
15:30-15:35	Break (5min)		
15:35-15:55	Rachel Maynard	Senior Policy Officer (Mental Health) Action on Smoking and Health (ASH)	Findings from the ASH survey of mental health trusts
15:55-16:00	Dr Megan Watkins		Thank you and closing remarks

Vicarious Trauma Training Programme

Liz Tucker

Project Manager: Suicide Prevention & Response
Workforce Wellbeing Project

Public Health, East Sussex



Suicide Prevention And
Response Workforce Wellbeing

Sussex
Health&Care

Vicarious Trauma Training Programme

**part of the
Suicide Prevention and Response
Workplace Wellbeing Project
(SPARoWW) project**

Improving Lives Together



Pan- Sussex From Chichester - Hastings



Improving Lives Together

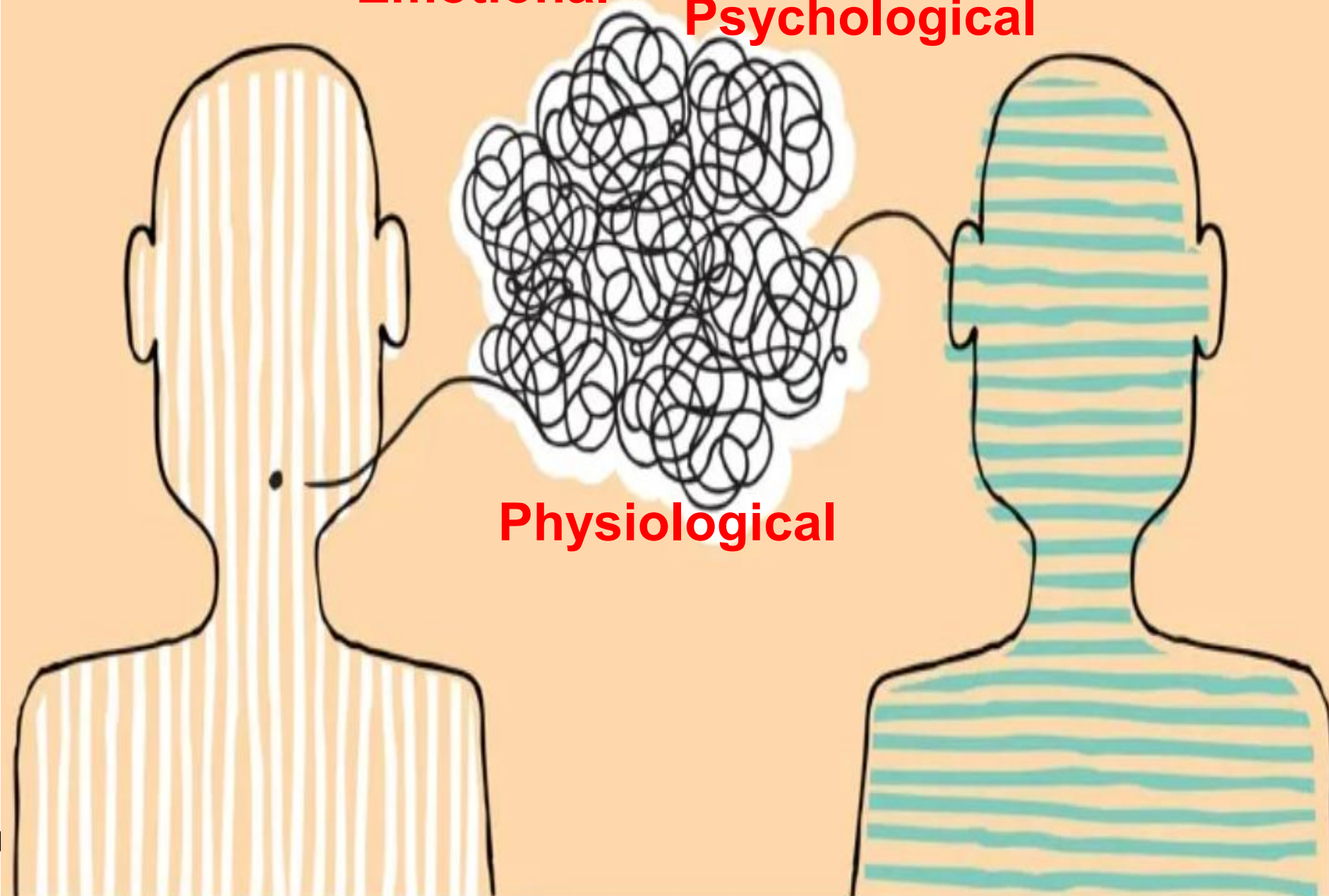
Some definitions of vicarious trauma

- ***Vicarious trauma*** is work related trauma that can be experienced by people working in roles where there is continuous exposure to victims of trauma and violence..... can occur from such experiences as listening to individual clients recount their victimisation; looking at videos of exploited children; reviewing case files; hearing about or responding to the aftermath of violence and other traumatic events day after day.
- Karen Lascelles, Nurse Consultant, Oxford Health NHS FT



Emotional **Psychological**

Physiological



What the literature says about how to reduce VT

- Organisational culture
- Strategies that address stigma around mental health
- Policies and guidelines are important in changing organisational cultures.
- Fair and honest recruitment is important.
- Induction and access to training are important for new recruits.

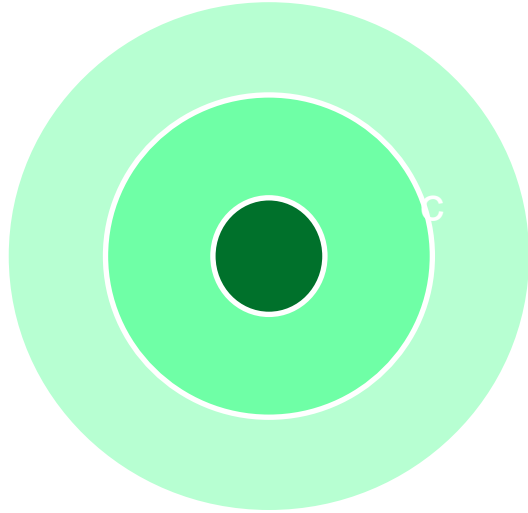
- Workload management techniques can be used to support and reduce the risk of Vicarious Trauma.
- Peer support including buddying

- Educate those who may be affected about what Vicarious Trauma is: signs and symptoms.
- Recognise the impact of frequency of exposure

- Supervision using an evidence-based model is likely to have positive effect.
- When conducted in a timely and appropriate way debriefing may be of value in reducing harm.
- Support in the form of counselling was used by many of those who were exposed to traumatic material.

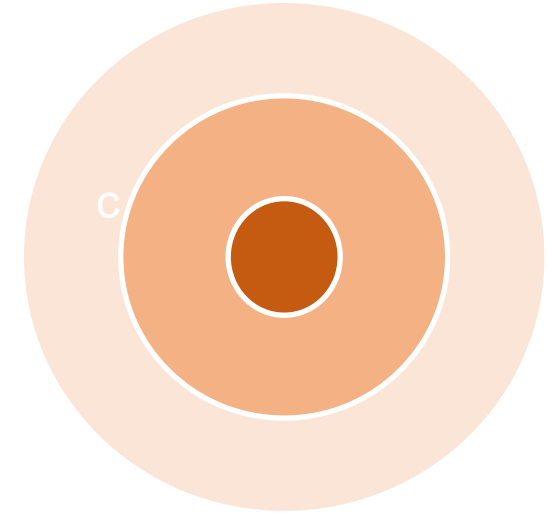


Workplace Wellbeing Reducing Exposure and Building a Positive Workplace



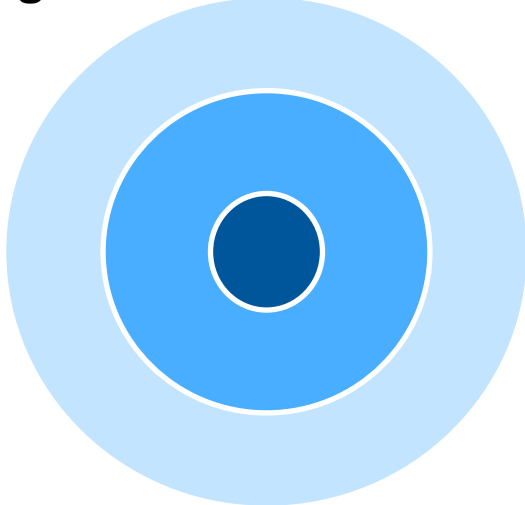
- 9 sessions
- 135 people
- Waiting list 189

Building Personal Resilience



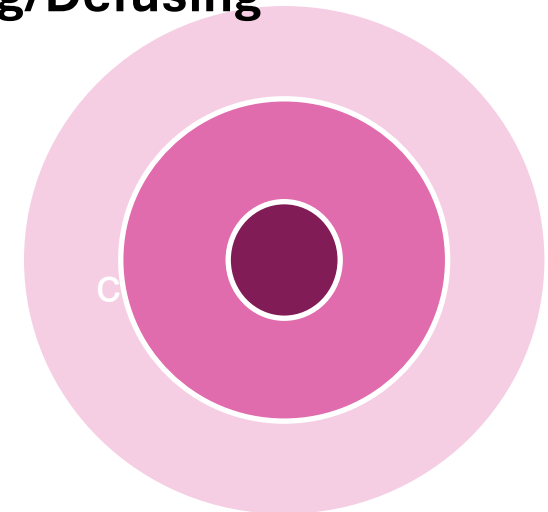
- 18 sessions
- 270 people
- Waiting list 708

Using Reflective Practice to support learning, and building team resilience



- 7 sessions
- 140 people
- Waiting list 159

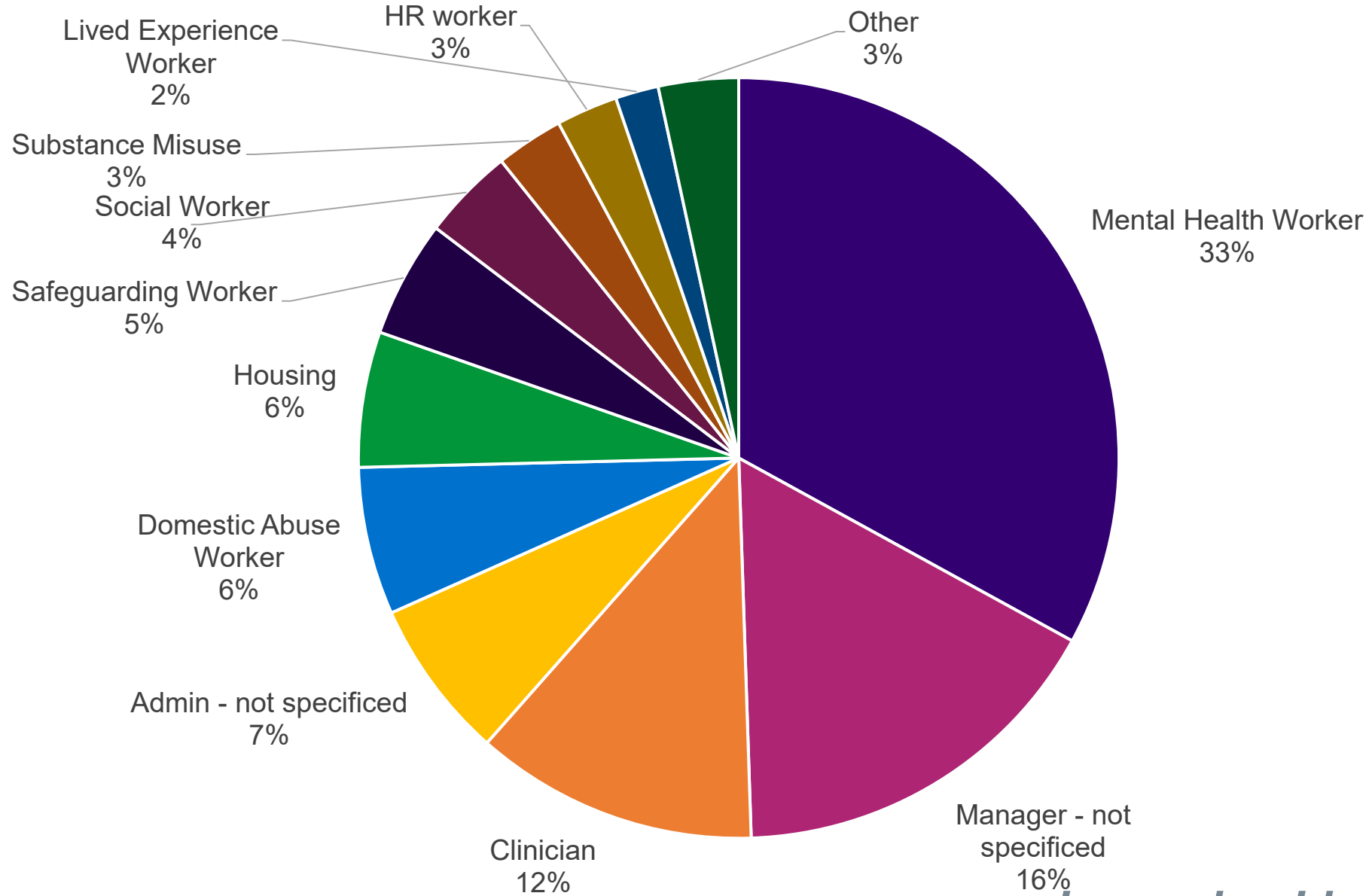
Using Debriefing/Defusing



- 3 sessions
- 45 people
- Waiting list - 94

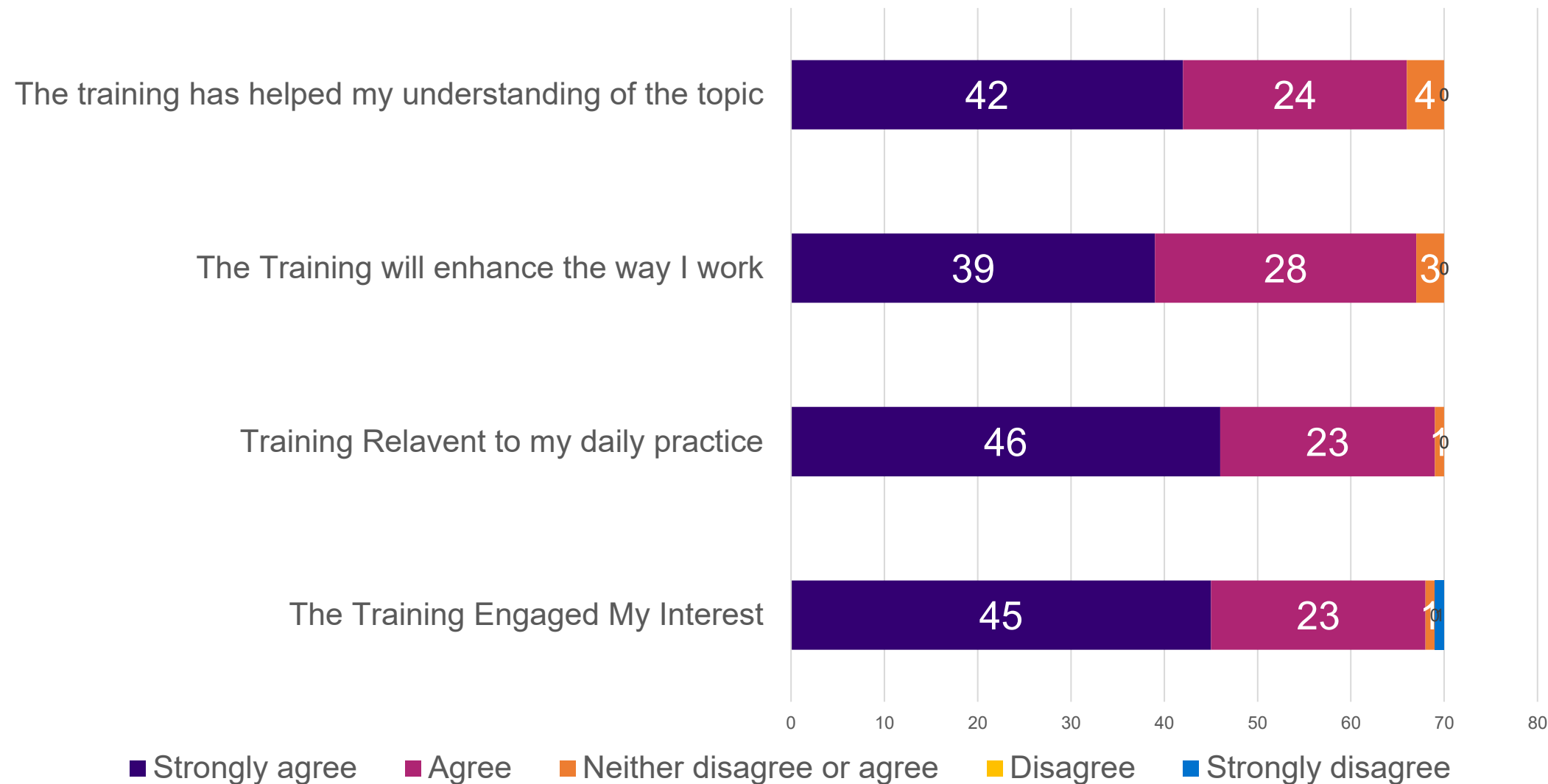
Improving Lives Together

Job Role/Title/Area of Practice of those Attending the VT Training



Improving Lives Together

Early Evaluation Findings n=70 responses



Legacy

- Good recordings of the training
- Workbooks
- 'Safety Belt' Resource for those reviewing distressing material
- Sharing of those resources



Questions from the audience

Time for a comfort break

See you all shortly



Findings from the ASH survey of mental health trusts

Rachel Maynard

Senior Policy Officer (Mental Health)

Action on Smoking and Health (ASH)

Findings from the ASH survey of mental health trusts

Rachel Maynard

Senior Policy Officer

rachel.maynard@ash.org.uk

June 2025

ASH receives funding from:

- Cancer Research UK
- British Heart Foundation

Who we are

- ASH is a public health charity set up by the Royal College of Physicians to end the harm caused by tobacco. We do much of our work on mental health through the Mental Health & Smoking Partnership.
- ASH coordinates the Mental Health & Smoking Partnership - a coalition of organisations committed to improving the health of people with mental health conditions.

Members



- Action on Smoking and Health (ASH)
- Association of Directors of Public Health
- Association of Mental Health Providers
- Cancer Research UK
- Centre for Mental Health
- Chartered Institute of Environmental Health
- College of Mental Health Pharmacy
- Fresh
- Groundswell
- King's College London
- Mental Health Foundation
- NSUN Network for Mental health
- National Centre for Smoking Cessation and Training (NCSCT)
- Royal College of Nursing
- Royal College of General Practitioners
- Rethink Mental Illness
- Royal College of Occupational Therapists
- Royal College of Psychiatrists
- Yorkshire Smokefree
- Mental Health Nurses Association
- University of York: Department of Health Sciences
- Mind
- SPECTRUM
- Turning Point
- Primary Care Respiratory Society (PCRS)

Why does smoking matter?

- Leading cause of preventable death and disease - **74,000 deaths annually in England**
- Smoking prevalence among people with a mental health conditions is more than 50% higher than in the general population - for those with SMI rates are even higher at 40.5%
- People with SMI are much [more likely](#) to have smoking-related diseases such as asthma, COPD, heart disease, stroke
- Smoking linked to development of [schizophrenia and depression](#)
- Smoking is the largest contributor to the gap in life expectancy between those with/without MH conditions

ASH survey of mental health trusts

- Repeat of 2019 survey
- 80% of trusts in England responded
- Conducted between October and December 2024
- Smokefree policies, tobacco dependence treatment, vaping and other quit support



[View report](#)

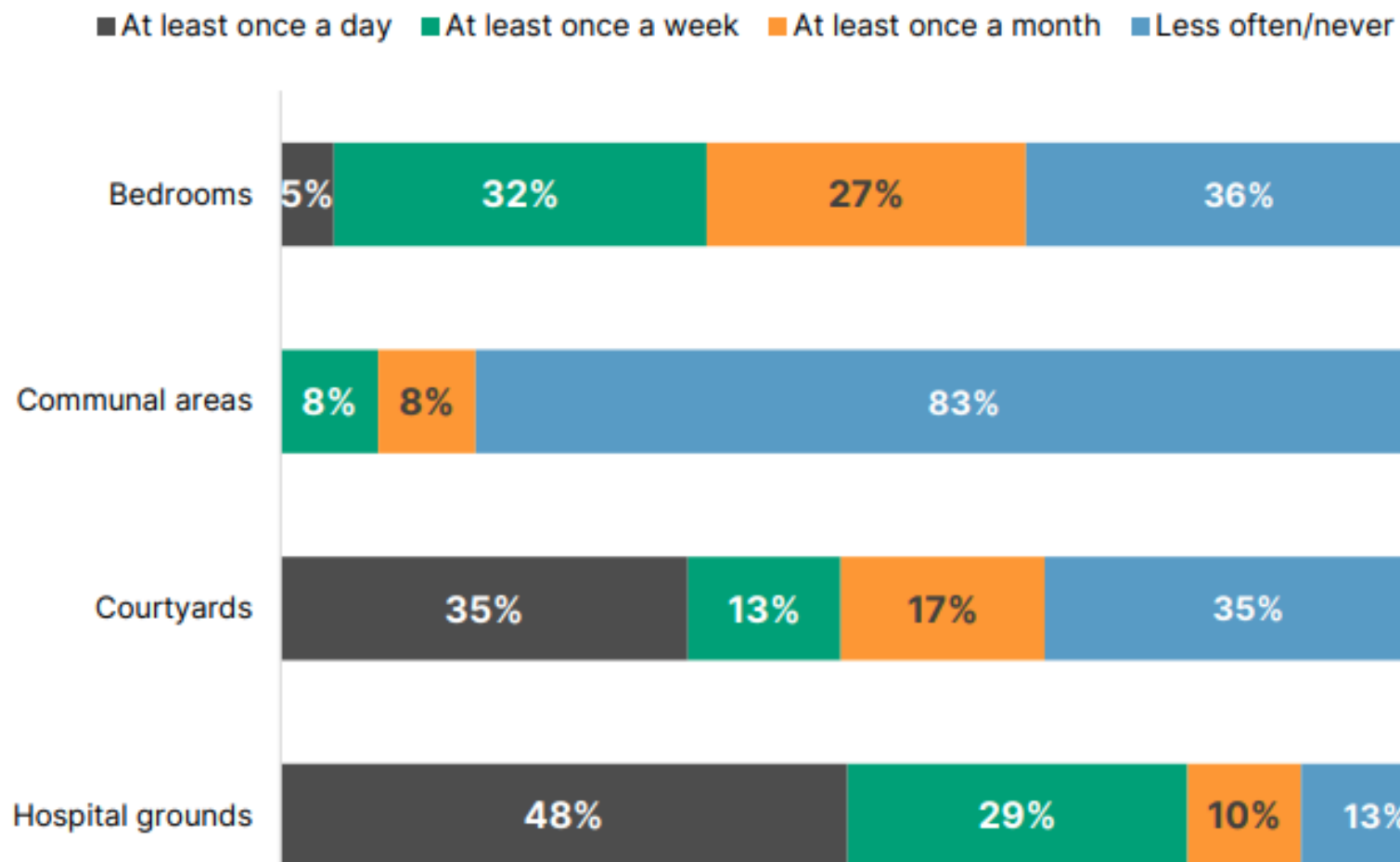
Tobacco dependence treatment

- 70% of mental health trusts now offer quit support to patients who smoke. However, only 42% of trusts report that they offer support to all patients who smoke.
- Where the service was in place for some but not all mental health inpatients, this was mainly due to the constraints of the programme of implementation and the challenges presented by different wards.
- 39% of trusts offered ongoing support from the TDT service on discharge.
- 46% of trusts offered stop smoking support to staff.
- Good progress but more to do!

Smokefree policies

- Little change in smokefree policy implementation since 2019. 85% of trusts reported they had a policy in 2024, compared to 82% in 2019. Smoking was still permitted onsite in 15% of trusts.
- 50% reported that staff escorted patients to smoke daily, contradicting NICE guidance.
- Section 17 leave was used to facilitate smoking breaks in 33% of trusts, despite CQC guidance stating that this undermines smokefree policies and “the principles of the duty of care to protect health.”
- Major variation across trusts. Some trusts don’t have smokefree policies and offer very little support to patients who smoke. For others this is a key priority. Most somewhere in the middle and doing their best in difficult circumstances.

Figure 1. Frequency of smoking on an average inpatient mental health ward, reported by trust, 2024



Vaping

- Access to vaping products was seen as an important way to support smokefree policies and help patients stay smokefree.
- All surveyed trusts permitted adult mental health inpatients to use vapes.
- 65% of trusts permitted vaping inside as well as outside but mostly only in private bedrooms.
- 78% of trusts provided vapes free but this was often only for a limited period.
- Disposable vapes were the product used most often on mental health wards.

Medications

- All surveyed trusts offered smokers nicotine replacement therapy. However, only a minority offered generic varenicline (15%), Cytisine (13%) or Bupropion (8%).
- Generic varenicline was removed from the market in October 2021 and reintroduced in August 2024.
- This period off the market has clearly affected its availability: in 2019, 49% of trusts offered varenicline compared to 15% in 2024.
- There is a clear lack of provision of effective stop smoking medications to this population.

Barriers

- Staff attitudes and beliefs
- Lack of capacity, insufficient funding, and uncertainty about future funding
- Lack of leadership
- Inadequate or poorly enforced smokefree policy
- Lack of training, and lack of time or willingness of staff to undertake training
- Inconsistent practice across wards
- Storing tobacco on site

Staff attitudes

“Staff views, culture, own smoking habits, staff not implementing the policy. Need to improve ownership and adherence of the policy within clinical teams.”

“Opinions and personal perceptions of smoke free in mental health. We are often told it is unfair or makes mental health worse which we know is not the case. Also individuals with these perceptions will (knowingly or unknowingly) resist or sabotage efforts to implement the service.”

“Negative attitudes of some staff towards smoke free premises policy. Misinformation regarding use of treatment aids (specifically vapes) has been unhelpful. Lots of myth busting needed.”

Enablers

- Institutional support including leadership, funding, strong smokefree policy, governance, and consistent messaging
- The commitment and presence of dedicated tobacco dependence treatment advisers
- Engagement with wards and staff, provision of information and resources, staff training, and nurse/adviser prescribing of NRT
- Provision of vapes
- Staff and patient involvement in policy development
- Support and funding from ICBs and partnerships with local authorities, academics and NGOs
- Networking among mental health trusts

Recommendations

1. Provide secure funding for tobacco dependence treatment services in mental health trusts.
2. Ensure healthcare settings are prepared for any changes in the law and provide national guidance to support this.
3. **Ensure that comprehensive implementation of tobacco dependence treatment services and smokefree policies is a priority for all staff.**
4. **Improve access to varenicline and cytisine, which are under-prescribed to people with mental health conditions, alongside consistent access to vapes and NRT.**
5. **Ensure all staff working in mental health trusts receive mandatory training to address widely-held misconceptions about the impact of smoking on mental health.**

Conclusion

- Good progress on tobacco dependence treatment services, but this has been constrained by funding uncertainty, lack of leadership in some areas and challenges with staff attitudes and organisational culture.
- Most trusts have smokefree policies but little progress since 2019. Challenges with implementation are widespread and small minority of trusts have nothing in place to support patients to be smokefree.
- Vaping is playing an important role in supporting patients to be smokefree. More support is needed to help trusts adapt to changing legislation around disposables, vending machines etc.
- **Despite all the challenges we found lots of enthusiasm and support for smokefree policies and helping service users to improve their health and wellbeing by quitting smoking.**

Links

- [Space to breathe: Findings from a survey of smokefree policies and tobacco dependence treatment services in NHS mental health trusts in England, 2024](#)
- Coverage in the Health Service Journal: [Patients routinely smoking in hospitals, despite ban](#)
- Op ed in the Health Service Journal by Sir Norman Lamb, chairman of the South London and Maudsley Foundation Trust: [Mental health trusts must get tougher on smoking](#)

Questions?

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Email



enquiries@ash.org.uk

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www.ash.org.uk

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action on smoking and health



Questions from the audience

Upcoming Events in 2025

➤ **Learning Set (virtual)**

Wednesday 16th July 2025, 10.00-12.00

➤ **Learning Set (virtual)**

Thursday 18th September 2025, 14.00-16.00

If you would like to share your experiences of public mental health practice, including challenges and best practice at one of our future events, please email us at

public.mh@rcpsych.ac.uk

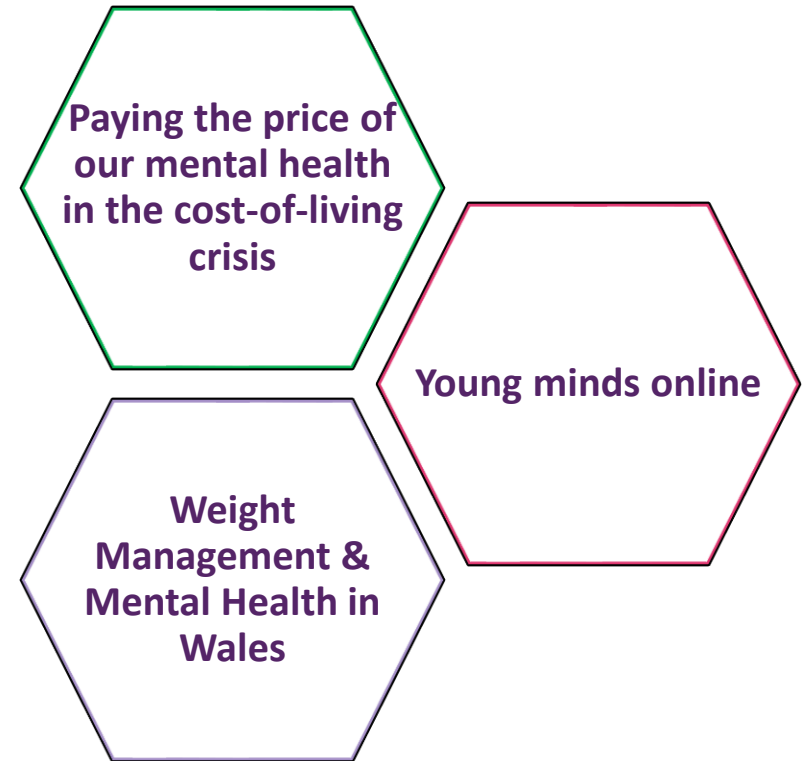


PMHIC Blog Series: Perspectives on public mental health

Aims to highlight the voices of public health experts, promote public mental health as an intrinsic part of psychiatry, and support College members and the wider public

Authors/Co-authors are invited to write blog posts that address current and relevant topics in public mental health

Format – co-produced and including a call to action that encourages reader engagement



Thank you and closing remarks

Dr Megan Watkins

Head of Public Mental Health Implementation
Centre (PMHIC)