

- A partnership of public health researchers across six Universities in the North East and North Cumbria
- Working with policy makers and practice partners to improve health and wellbeing and tackle inequalities
- A founding member of the NIHR School for Public Health Research (SPHR)

Helping people with Severe Mental Illness to quit smoking

People living with severe mental illness (SMI) - such as psychosis, schizophrenia, or bipolar disorder - have significantly higher smoking rates than the general public. They also experience more smoking-related health problems and a higher risk of early death, highlighting the need for more tailored and effective support to help them quit.

This study by Fuse, the Centre for Translational Research in Public Health, used a mixed methods approach, combining both quantitative data and qualitative insights, to understand how an enhanced stop smoking service worked for people with severe mental illness (SMI) at four pilot sites in the North East and North Cumbria (NENC) region of England.

The service supported individuals with SMI who were initially referred through primary care, although referral routes broadened over time. It followed a “cut down to quit” approach over 20 weeks and included both behavioural support and medication-assisted treatment. The enhanced model offered more intensive and tailored help than the approach provided by the local authority stop smoking service. The pilot ran from April 2022 to March 2024.

The study involved a range of stakeholders to explore what helped or made it harder to deliver the service successfully. It also gathered feedback on how people experienced the service - both those who delivered it and those who used it.

The evaluation included:

- Quantitative analysis of recruitment and outcome data.
- Review of NENC Smokefree Taskforce documents.
- A quantitative survey of service providers (staff involved in delivering the service).
- Qualitative interviews with both service providers and service users (people who received the service).

The study design and analysis were informed by the ‘Behaviour Change Wheel’, a framework for understanding and supporting behaviour change.

Participants were selected using ‘purposive sampling’, meaning they were specifically chosen based on relevant experiences or characteristics. This included service providers

directly involved in delivering the intervention and service users who had taken part in it.

Twenty service providers completed the survey. In addition, 14 service providers and four service users participated in qualitative interviews. A Lived Experience Advisory Panel (LEAP), consisting of five individuals with lived experience, contributed to the development of the study protocol and materials, and helped interpret the findings.

Key Findings

- Common strategies to support service implementation and behaviour change included medication-based aid, using leaflets, e-cigarettes and restructuring the environment, action planning, problem solving, outcome monitoring, and social support.
- Service providers reported having the capability, opportunity, and motivation to deliver the service and found it acceptable overall. However, views differed on the effort required to implement it.
- Key drivers for service providers included social support, positive feedback and quit outcomes, provider motivation, perceived service impact, and opportunities to expand the service.
- Mixed barriers and facilitators were noted, including outreach, referral pathways, identifying and reaching people with Severe Mental Illness (SMI), funding, staffing, communication systems, and training.
- Barriers included challenges with data recording, monitoring outcomes, demonstrating service impact, and links with primary care.
- Factors supporting service delivery and engagement included Stop Smoking Advisor support, understanding the broader needs of people with SMI, tailored user support, benefits of quitting, and goal setting.
- Mixed factors influencing service delivery and participation included service flexibility, external support, changes in users’ confidence, and motivation.
- For service users, continued engagement was supported by better physical and mental health, financial benefits, noticing unpleasant smoking-related smells, and not experiencing expected side effects (e.g. sleep issues, weight gain, mental health problems).

Policy relevance and implications

- **Strengthen primary care engagement** by simplifying referrals, increasing GP involvement, offering accessible training, and involving Primary Care Networks early.
- **Enhance training for Stop Smoking Advisors** by expanding mental health and smoking cessation beyond Severe Mental Illness, providing device updates and scaling up training.
- **Improve data systems and evidence gathering.** Clarify expectations with stakeholders, use structured feedback to inform service development, reinforce staff motivation, and test data processes in future pilots.
- **Increase service flexibility** through personalised appointments, simplified resources, and reduced engagement barriers (e.g. rural isolation, device issues).
- **Prioritise tailored support** with interpersonal skills training and consistent use of goal-setting and “cut down to quit” approaches to boost service user motivation.
- **Boost system-wide support for user motivation** with ongoing resources and follow-up mechanisms, including peer-trained champions.
- **Promote the evidence base** for tailored cessation services to ensure consistent messaging among providers and users.

It's worked, it does feel like it was a success."

Service user

BRIEF DESCRIPTION OF THE RESEARCH

This mixed methods evaluation examined the impact of enhanced stop smoking services on people with Serious Mental Illness (SMI), including psychosis, schizophrenia, and bipolar disorder.

Key barriers included challenges with data recording and monitoring, demonstrating service impact, and building strong links with primary care.

Enabling factors included input from Stop Smoking Advisors, strong interpersonal skills, awareness of the wider social context affecting people with SMI, and tailoring support to individual needs.

Recommendations for future delivery focus on strengthening referral pathways, enhancing training and skills, improving data systems, increasing service flexibility, providing ongoing tailored support, and using evidence to guide practice.

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FURTHER INFORMATION

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Fuse, the Centre for Translational Research in Public Health, is a collaboration of the six Universities in North East England and North Cumbria of Durham, Newcastle, Northumbria, Teesside, Cumbria, and Sunderland.

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The Centre for Translational
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This work was funded by the Smokefree NHS Taskforce and the NHS North East and North Cumbria Integrated Care Board.