Louise Ross: why shouldn't people with poor mental health have the same opportunities as everyone else?

Does this give people with poor mental health the same opportunities as everyone else?

A new guest blog from Louise Ross, Leicester Stop Smoking Service Manager, showing the way with humanity, empathy and humility (previous posts: Let there be light! and Who's health are we talking about?). Her new guest blog starts now:

Co-creating new opportunities for people with mental ill health

In the last few weeks, we've taken some great strides forward with getting ready for vaping (as part of the smokefree strategy) in our local NHS mental health unit.

It must have been a year ago when I was exploring how easy or hard it would be to change the smokefree policy to permit the use of ecigs, for in-patients particularly, and it's taken this long to move forward. But there has been lots going on in the meantime, and I thought you might like to hear about this, and maybe offer suggestions.

I soon realised that as a lone voice, I wasn't going to make any headway at all, and that I had to gather fellow advocates (some of whom had to be convinced in the first place) to also make noise about harm reduction. My favourites are listed here:

- The Charge Nurse (a vaper himself, he has joined me at talks to other staff, and has given me the support I needed, talking from a user's own experience, but with the added value of his position as a key senior member of staff – someone who is respected and listened to)
- The Psychiatrist (urgently wanting to find a way of reducing smoking among his patients, but initially 100% hostile to the idea of ecigs. I asked for a meeting with him and he opened his eyes to the potential of ecigs to benefit his patients within the hour)
- The Medical Director (along with the Chief Executive and the rest of the Executive Team, truly committed to improving the mental and physical health of the Trust's patients, but unsure of how vaping would be perceived in an NHS Trust. They took a leap of faith and signed off my proposal)
- The other Psychiatrist (assigned to work with me to make this a reality; he was able to use his own experiences of patients in crisis, seeing that the availability of a vaporiser could have a huge benefit for someone who needed nicotine during a difficult time, helping the person be able to stay calm and in control)
- The Patient (who told me that when she was admitted, she wasn't allowed to use her vaporiser but was left to start smoking again; she has given up her time freely to review documents I have written to get the right approach from a patient's perspective)
- The Fire Officers (who have shown such patience when it would have been easier just to not allow vaping on the wards; one of their jobs is to make sure patients and staff are protected from harm from preventable fires, and they have worked with me to source fire-safe charging cabinets, and to test whether vapour will set off smoke detectors – not as easy to answer as you'd think, as optical detectors can be set off by an obscuring presence!)
- The Stop Advisor (who visits the wards and gently and calmly encourages patients when they first show an interest in stopping smoking; she can confidently talk to them about all the choices available, which include

licensed products and using their own ecigs)

- The Communications manager (who helped me set up a staff survey about attitudes to vaping, and will be working with me to make sure the message is heard consistently across the Trust)
- The Senior Matron (who shows commendable honesty and patience by challenging me on all the issues she is concerned about, because she cares about her patients, and doesn't want them self-harming with nicotine liquid and broken bits of vaporisers, and who also has to consider the needs of non-smokers; she asks those questions up-front that allow me to prepare answers and solutions for problems that would have arisen further down the line and which could threaten the success of the strategy)

So what have we got? Is it a policy? Is it a strategy? Those who have worked in the NHS will know how complex and prescriptive policies can be and I wanted to give the Trust an opportunity to try out new approaches, and learn from the results. This is an unprecedented change of culture, and one where the outcomes cannot be predicted. Practical issues will have to be addressed: How do patients in secure wards get their ecigs? What type to get into the supply-chain? Where should people be allowed to use ecigs? Bedrooms only? Or will this cause self-isolation? Communal areas? Or will this upset other patients? Outside only? Won't this destroy one of the key benefits of encouraging a non-smoked/legally permitted product? Then what about staff who want to switch from smoking to vaping, how are their needs to be met?

The main aim though, it must be remembered, is to give people with poor mental health the same opportunities as those in the general population – a chance to stop using smoked tobacco (which harms health and can take up almost all the disposable income of people with mental health problems). We know there are other Trusts wanting to know how it goes, and I'm proud that we can show the way.

Louise Ross

Stop Smoking Service Manager

New Nicotine Alliance Associate

Board of Advisers of CASAA