

Smoking and Mental Health: Five Things Every Health Care Provider Should Know



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Providers who care for people with mental health conditions have an important role to play in reducing tobacco use among people with mental health conditions. There are five things that every provider should know before their next clinical encounter.

1. Cigarette smoking is more common among adults with mental health conditions than in the general population. People with mental health conditions smoke at rates that are at least two times higher than the general population.¹ They may also smoke more heavily and frequently, compared to those without mental health conditions. The Centers for Disease Control and Prevention estimates that nearly one third (31%) of all cigarettes consumed in the United States are smoked by people with mental health conditions.¹ The disproportionately high rates of smoking in this population are likely due to a combination of biological, psychological, and social factors that work together to create a unique vulnerability for tobacco dependence.² While the underlying causal mechanisms are not yet fully understood, one thing is clear - tobacco use among persons with mental health conditions can be prevented, and those who currently smoke can quit.

2. Smokers with mental health conditions get sick, become disabled, and die early from smoking-related diseases. The high rates of smoking among people with mental health conditions have devastating health consequences. Smoking-related diseases such as cardiovascular disease, lung disease, and cancer are among the most common causes of death among adults with mental health conditions.³ Despite the heavy disease burden, smoking cessation interventions are not routinely offered within mental health care settings. A US national survey of mental health treatment facilities found that only about one-quarter provided services to help patients quit smoking.⁴ There is a growing recognition among healthcare providers that the integration of tobacco dependence treatment into mental health care is an important part of mental health recovery and wellness. Many providers and facilities have made progress in reducing smoking in their facilities and among their patients; others are just now beginning to address tobacco use.⁵

3. Many smokers with mental health conditions want to, and are able to quit smoking. A common misconception among health care providers is that smokers with mental health conditions either cannot or will not give up smoking.⁶ However, research has shown that adult smokers with mental health conditions—like other smokers—want to quit, can quit, and benefit from proven smoking cessation treatments. In clinical studies, adults with mental health conditions are just as likely to want to quit smoking as those without such conditions.⁷ People with mental health conditions may face unique challenges in quitting smoking and may benefit from additional services, such as more intensive counseling and/or longer use or a combination of cessation medications. But with support, they can, and do quit smoking successfully.^{8,9}

4. Quitting smoking will not interfere with mental health recovery, and may have mental health benefits. Another common misconception among some providers is that smoking has mental health benefits and helps patients cope with their psychiatric symptoms.⁶ But research suggests otherwise; smoking is not an

effective mental health treatment strategy. On the contrary, smoking is associated with poor clinical outcomes, such as greater depressive symptoms, greater likelihood of psychiatric hospitalization, and increased suicidal behavior.^{10,11} Furthermore, smoking can complicate treatment by accelerating the metabolism of certain psychiatric medications, resulting in the need for higher doses to get the same therapeutic benefit.⁶ A large body of clinical research has shown that patients can quit without worsening their psychiatric symptoms, if they are given the appropriate support (e.g., behavioral counseling, cessation medication, and monitoring).^{8,9} Evidence also suggests that quitting smoking is associated with mental health benefits. In several clinical and epidemiological studies, smoking cessation has been associated with significant reductions in depression and anxiety, lower rates of re-hospitalization, and lower rates of suicide.^{10,11,12,13,14} A recent systematic review found that smoking cessation was associated with marked improvements in mental health over time, whereas continued smoking was associated with little change over the same period.¹⁵

5. Providing smoking cessation assistance is an important part of mental health treatment. Providers who care for people with mental health conditions are well positioned to help patients successfully quit tobacco use and enjoy the mental, emotional, and physical benefits of a tobacco-free life. Smoking cessation treatments work, and it's important to make them available to all people who want to quit, including people with mental health conditions. Providers can do their part by making tobacco cessation part of an overall approach to treatment and wellness.

- Ask patients if they smoke cigarettes or use other forms of tobacco; if they do, strongly advise them to quit.
- Assist patients who are ready to quit by offering proven quitting treatments, including tailored cessation assistance.
 - Refer patients interested in quitting to the "I'm Ready to Quit!" page on the Tips website, 1-800-QUIT-NOW, www.smokefree.gov, or other resources.
 - Provide counseling, support, and stop-smoking medicines.
- Monitor and adjust mental health medicines as needed in patients trying to quit smoking.
- See www.cdc.gov/tipsmentalhealth for more information and free downloadable tools to help patients quit smoking.
 - Learn more about how to help people with mental health conditions quit smoking: <http://www.ctri.wisc.edu/providers-behavioral-health.htm>
 - Download free smoking cessation guides and toolkits designed for providers who care for patients with mental health conditions: <https://smokingcessationleadership.ucsf.edu/behavioral-health/resources/toolkits>
 - Watch a brief video with step-by-step instructions for offering smoking cessation assistance in health care settings: <https://www.youtube.com/watch?v=3VvA1x10pY>

1. Centers for Disease Control and Prevention. (2013). Vital signs: Current cigarette smoking among adults aged ≥ 18 years with mental illness—United States, 2009–2011. *Morbidity and Mortality Weekly Report*, 62(5), 81–7. 2. Zedonis, D., Hitsman, B., Beckham, J. C., Zvolensky, M., Adler, L. E., Audrain-McGovern, J., Breslau, N., et al. (2008). Tobacco use and cessation in psychiatric disorders: National Institute of Mental Health report. *Nicotine & Tobacco Research*, 10(12), 1-25. 3. Druss, B. G., Zhao, L., Von Esenwein, S., Morrato, E. H., & Marcus, S. C. (2011). Understanding excess mortality in persons with mental illness: 17-Year follow up of a nationally representative US survey. *Medical Care*, 49(6), 599-604. 4. Substance Abuse and Mental Health Services Administration. (2014). The National Mental Health Services Survey (NMHSS) data spotlight report, November 25, 2014. http://www.samhsa.gov/data/sites/default/files/Spot148_NMHSS_Smoking_Cessation/NMHSS-Spot148-QuitSmoking-2014.pdf. Accessed January 15, 2016. 5. Christianson, B. (in press). Measuring the integration of tobacco policy and treatment into the behavioral health care delivery system: How are we doing? *Journal of Health Care for the Poor and Underserved*. 6. Prochaska, J. J. (2011). Smoking and mental illness — Breaking the link. *New England Journal of Medicine*, 365(3), 196-198. 7. Siru, R., Hulse, G. K., & Tait, R. J. (2009). Assessing motivation to quit smoking in people with mental illness: a review. *Addiction*, 104(5), 719-733. 8. Tidey, J. W. & Miller, M. E. (2015). Smoking cessation and reduction in people with chronic mental illness. *British Medical Journal*, 351: h4065. 9. Evins, A. E., Cather, C., & Laffer, A. (2015). Treatment of tobacco use disorders in smokers with serious mental illness: Toward clinical best practices. *Harvard Review of Psychiatry*, 23(2), 90-8. 10. Khaled, S. M., Bulloch, A. G., Williams, J. V., Hill, J. C., Lavorato, D. H., & Patten, S. B. (2012). Persistent heavy smoking as risk factor for Major Depression (MD) incidence: Evidence from a longitudinal Canadian cohort of the National Population Health Survey. *Journal of Psychiatric Research* 46(4), 436-443. 11. Berlin, I., Hakes, J. K., Hu, M. C., & Covey, LS (2015). Tobacco use and suicide attempt: Longitudinal analysis with retrospective reports. *PLoS ONE*, 10(4): e0122607. 12. Cavazos-Rehg, P. A., Breslau, N., Hatsukami, D., Krauss, M. J., Spitznagel, E. L., Gruzza, R. A., Salyer, P., et al. (2014). Smoking cessation is associated with lower rates of mood/anxiety and alcohol use disorders. *Psychological Medicine*, 44(12), 2523-2535. 13. Kahler, C. W., Spillane, N. S., Busch, A. M., & Leventhal, A. M. (2011). Time-varying smoking abstinence predicts lower depressive symptoms following smoking cessation treatment. *Nicotine & Tobacco Research*, 13(2), 146–150. 14. Prochaska, J. J., Hall, S. E., Delucchi, K., & Hall, S. (2014). Efficacy of initiating tobacco dependence treatment in inpatient psychiatry: A randomized controlled trial. *American Journal of Public Health* 104(8), 1557-1565. 15. Taylor, G., McNeil, A., Girling, A., Farley, A., Lindson-Hawley, N., & Aveyard, P. (2014). Change in mental health after smoking cessation: systematic review and meta-analysis. *British Medical Journal*, 348: g1151.