

# North of England Mental Health Development Unit

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**As we welcome the first signs of spring we are pleased to bring you our February newsletter.**

This month our spotlight shines on the developing smoking cessation guidance for hospital settings. Due to be published by NICE in November this year, this guidance is likely to have a significant impact on people with mental health problems who are receiving care in secondary care settings.

It is essential that care providers and commissioners understand the impact of this forthcoming guidance, not least on the related changes to some medication dosages if people stop or cut down on smoking. See page 2 for more details.

We also bring you news of the early shoots of some new projects— dementia attitudinal recruitment tool, a participation programme for people with dementia; and a youth leadership programme —just part of our extensive and ever-increasing portfolio of projects.

In addition to our usual round-up of policy news and publications, we also feature the National Involvement Partnership this month—an initiative which aims to provide a platform that facilitates mental health service user and carer engagement wherever needed. And whilst this is a national initiative, the Partnership works across the country and there is currently a pilot site in Newcastle.

We are currently planning our first Annual General Meeting, which will be held on the afternoon of Monday 22nd April, starting at 1.30pm in Gosforth. If you would like to attend please do let us know for venue and catering purposes.

With our very best wishes for the coming month.

*Dave and Paul*

**Dave Belshaw and Paul Johnson  
Directors, NEMHDU**



Supporting better mental health

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## Spotlight on... Smoking Cessation and Mental Health Services

This month's spotlight feature is on the forthcoming NICE guidance on smoking cessation in secondary care, which is likely to have a significant impact on the care and treatment of people with mental health problems.

NICE are currently developing smoking cessation guidance. The initial proposal was to develop two separate pieces of guidance:

- Smoking cessation in secondary care; mental health services - to be split into two sections to address smoke free policies and smoking cessation in mental healthcare settings; covering assessment, care and treatment for people with severe mental illness in hospitals, outpatient clinics and the community, as well as intensive services in psychiatric units and secure hospitals.
- Smoking cessation in secondary care: acute and maternity services - to address smoke free policies and smoking cessation in hospitals and other acute or maternity care settings; covering emergency care, planned specialist medical care or surgery, and maternity care provided in hospitals, maternity units, outpatient clinics and in the community.

*Smoking cessation in secondary care: mental health services* is aimed at professionals and managers with mental healthcare or public health as part of their remit. It is particularly aimed at commissioners and providers of evidence-based stop-smoking services. It is also aimed at doctors, nurses, social workers and estates managers working in mental healthcare.

As smoking rates are much higher among people with mental health problems than in the general population, people with mental health problems are at greater risk of smoking-related disease. A third (33%) of people with mental health problems (McManus et al. 2010) and more than two-thirds (70%) of patients in psychiatric units smoke tobacco (Jochelson and Majrowski 2006). This compares with about one in five adults (21%) in the general population (NHS Information Centre 2010).

There are several possible explanations for the high rates of smoking among people with mental health problems, including a greater susceptibility to addiction or the belief that tobacco helps to alleviate mental health symptoms. Smoking may be used to self-medicate for anxiety or depression (Olivier et al. 2007).

However, some evidence suggests that long-term smoking can have a negative effect on mental health and the severity of mental illness (Olivier et al. 2007). Interactions between nicotine and some psychiatric medications make the medications less effective so that a higher dose is needed. In some instances, there is a need for a planned reduction of doses of medications during a quit attempt (Campion et al. 2010).

Continued overleaf...

## Smoking Cessation and Mental Health Services—continued...

Development of both pieces of guidance has been taken forward by a single Programme Development Group comprising experts in both areas. By January 2013, the group had met on 7 occasions since March 2012 and considered a wide range of evidence in developing the draft recommendations, many of which are the same or very similar for both areas.

Following discussion with the Programme Development Group, NICE has agreed that a single piece of guidance should be published covering all secondary care audiences, which includes specific recommendations for different settings and populations where appropriate.

For more information see: <http://guidance.nice.org.uk/PHG/51>

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## Dementia

NEMHDU is beginning two pieces of work with the North East Dementia Alliance to improve the lives of people living with dementia.

The first is a recruitment tool for assessing attitude in working with people with dementia, and the second is an involvement/participation programme for people with dementia.

This work is very timely, with 800,000 people living with dementia in the UK and leading scientists declaring the condition a global health concern on the same level as AIDS and cancer. (source: Alzheimer's Society: Low expectations - attitudes on choice, care and community for people with dementia in care homes)

This work is in its very early stages and we will update you on progress as it develops.

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## Youth Leadership

NEMHDU is working with the Regional Youth Work Unit North East, Young Minds and Change Ur Mind—the regional Youth Board—to develop a leadership programme for young people.

This work is being led by the Regional Youth Work Unit who will be working with young people and experts in the field of leadership to develop this exciting and innovative new programme.

We'll keep you updated on progress through this newsletter as the programme develops.

## Local involvement in the National Involvement Partnership

The National involvement Partnership (NiP) is a joint mental health involvement and influencing initiative led by the National Survivor User Network (NSUN).

The work is led by people with lived experience and includes:

- ⇒ the establishment of national involvement standards
- ⇒ development of an open involvement resource where references and examples of good practice can be found
- ⇒ work in local pilots to introduce the new standards, and
- ⇒ evaluation and monitoring of the spread and impacts of the standards.

The aim is to create a feasible infrastructure for the involvement of service users and carers to contribute to mental health policy development. The project has been based on years of work from within the survivor movement and aims to bring together all that knowledge and expertise in one place.

In 2012 the NiP was successful in securing a grant from the Department of Health for a three year project called 'Involvement for Influence - Influence for Improvement.'

The first stage of the work includes a literature and resource review, consultation on the principles in order to develop the framework and an involvement and influencing event.

Focused work will be happening in different areas around the country but the long term aim is to build an independent service user-led national involvement infrastructure that does not disappear or disintegrate when statutory services are restructured.

Newcastle is one of the pilot sites for the National Involvement Partnership work, which includes:

- ⇒ Producing a map of influencing routes & opportunities
- ⇒ Identifying baseline involvement activity
- ⇒ Designing a questionnaire for targeted interviews
- ⇒ Organising/co-ordinating local communications and events

Keep up to date on the work of the National Involvement Partnership at:  
<http://www.nsun.org.uk/about-us/national-involvement-partnership/>



## Triangle of Care: Carers Included Membership Scheme Launched

Carers Trust was delighted to launch the formal Triangle of Care membership scheme at the Houses of Parliament in October last year, offering an opportunity to promote the project on a national platform and recognise the enormous amount of work already undertaken across the country.

By signing up to the new Membership Scheme, Mental Health Trusts can show their commitment to working with Carers Trust to support carers. As part of their membership, they will assess the way they support carers, and develop an action plan to improve services. This means that carers and service users will be able to look out for the logo to see which providers are committed to improving their services.



To discuss joining the membership scheme or for information about the forthcoming Triangle of Care Good Practice Conference in Manchester on 8th & 9th May, contact Ruth Hannan: [rhannan@carers.org](mailto:rhannan@carers.org).

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## Policy News

The next few pages give a quick round-up of recent national policy announcements and publications, with links to the relevant pages on the Department of Health and partner organisation websites.

### **Low expectations: Attitudes on choice, care and community for people with dementia in care homes**

Published by the Alzheimer's Society; 26 February 2013

This report provides new evidence on the key issues affecting people with dementia living in care homes. The report summarises evidence from surveys of family members, care home staff and people with dementia about their views on care in care homes. Read more and download from:

[http://www.alzheimers.org.uk/site/scripts/news\\_article.php?newsID=1498](http://www.alzheimers.org.uk/site/scripts/news_article.php?newsID=1498)

### **Launch of consultation on legislation on indemnity insurance**

22 February, 2013

A consultation is launched on legislation that would mean all regulated healthcare professionals have to hold indemnity or insurance to practise.

The consultation will run from 22 February to 17 May 2013 on draft regulations on the requirement for all regulated healthcare professionals to hold an insurance or indemnity arrangement as a condition of their registration with the relevant regulatory body.

<http://www.dh.gov.uk/health/2013/02/indemnity-i/>

## Policy News—continued

### **A call for organisations to better support young people starting their first job to look after their health**

21 February, 2013

The health at work network is announcing a new pledge that all employers can sign up to – to better support young people lead healthier lives when they start their working career. The network's Chair Dame Carol Black is pleased to announce that a number of companies and organisations have signed up to the Young People in the Workplace pledge including, Mars, dairy company Rodda's, leading foodservice supplier 3663, contract caterer Bartlett Mitchell and the Department of Health. **They are also joined by Mental Health First Aid England, Community Interest Company (MHFA), along with 15 local primary schools and sports clubs in the North East.**

MHFA will work with these 15 organisations to provide Youth Mental Health First Aid, a training programme designed specifically for those people that teach, work, live with or care for young people aged 11-18. This will help to promote the health and wellbeing of attendees who will already be or soon be making the transition into the workplace. These organisations will also make a similar commitment for their own staff – as part of their Responsibility Deal pledge.

<http://responsibilitydeal.dh.gov.uk/2013/02/21/young-people-pledge/>

### **Independent Mental Capacity Advocacy service – fifth annual report**

18 February, 2013

The Department has published the fifth annual report on the Independent Mental Capacity Advocacy (IMCA) service which also provides an overview of the last five years. It provides statistical information on the continued increase in referrals to this statutory advocacy service and makes recommends to clinical commissioning groups and local authorities about its use for those who lack capacity.

<http://www.dh.gov.uk/health/2013/02/imca-service-fifth-report/>

### **Regulations on procurement, patient choice and competition published**

13 February, 2013

Following the public consultation carried out in August 2012, the government has now laid regulations. These regulations are to help ensure that commissioners' decisions on buying clinical services are transparent and fair, and that they improve the quality and efficiency of health care services for patients.

<http://www.dh.gov.uk/health/2013/02/ppcc-regulations-2013/>

### **Department seeks views on NICE standards to improve quality of social care;** 1 February, 2013

Care and Support Minister Norman Lamb, today launched a 12 week consultation to establish a full set of NICE quality standards and guidance for social care.

The Department is seeking ideas from care users, their families and carers, service commissioners, care providers and front line staff to help decide on future topics for NICE guidance and standards. The aim is to establish a full set of NICE quality standards and guidance in order to improve the quality of social care.

Some of the potential NICE standards for discussion in the consultation include falls; deprivation of liberty safeguards; and medicines management in home-based settings. The 12 week consultation ends on 26 April 2013.

<http://www.dh.gov.uk/health/2013/02/nice-socialcare-2/>