

Oceania Tobacco Control Conference

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UNIVERSITY  
of  
OTAGO



*Te Whare Wānanga o Otāgo*

NEW ZEALAND

**Too-hard basket or health for all?  
Getting to know New Zealand smokers  
with mental health issues**

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# Background

- Smoking over-represented among people experiencing mental illness (32% cf 21% with no mental disorder) (Oakley Browne et al 2006)
- NZ: estimated 33% of cigarettes consumed by people meeting criteria for 12m mental disorder (Tobias et al 2008)
- Negative health, social, and economic consequences
- Key contributor to ill health and mortality
- Smoking is entrenched for this group

# (Targeted) Interventions in NZ

- Primary care, hospitals: ABC
- Inpatient psychiatric units *going* smokefree
- Psychiatrists
- Community mental health
  - Clinical
  - NGO services
- Prisons have become smokefree (high % smoke, high % affected by mental disorder)

Smokefree inpatient units urged

'Issue' in mental health

Hospital smoking ban labelled 'torture'

Otago mental health units to ban smoking

Smoking ban challenged by Hillmorton patients

Ban on smoking upsets patients

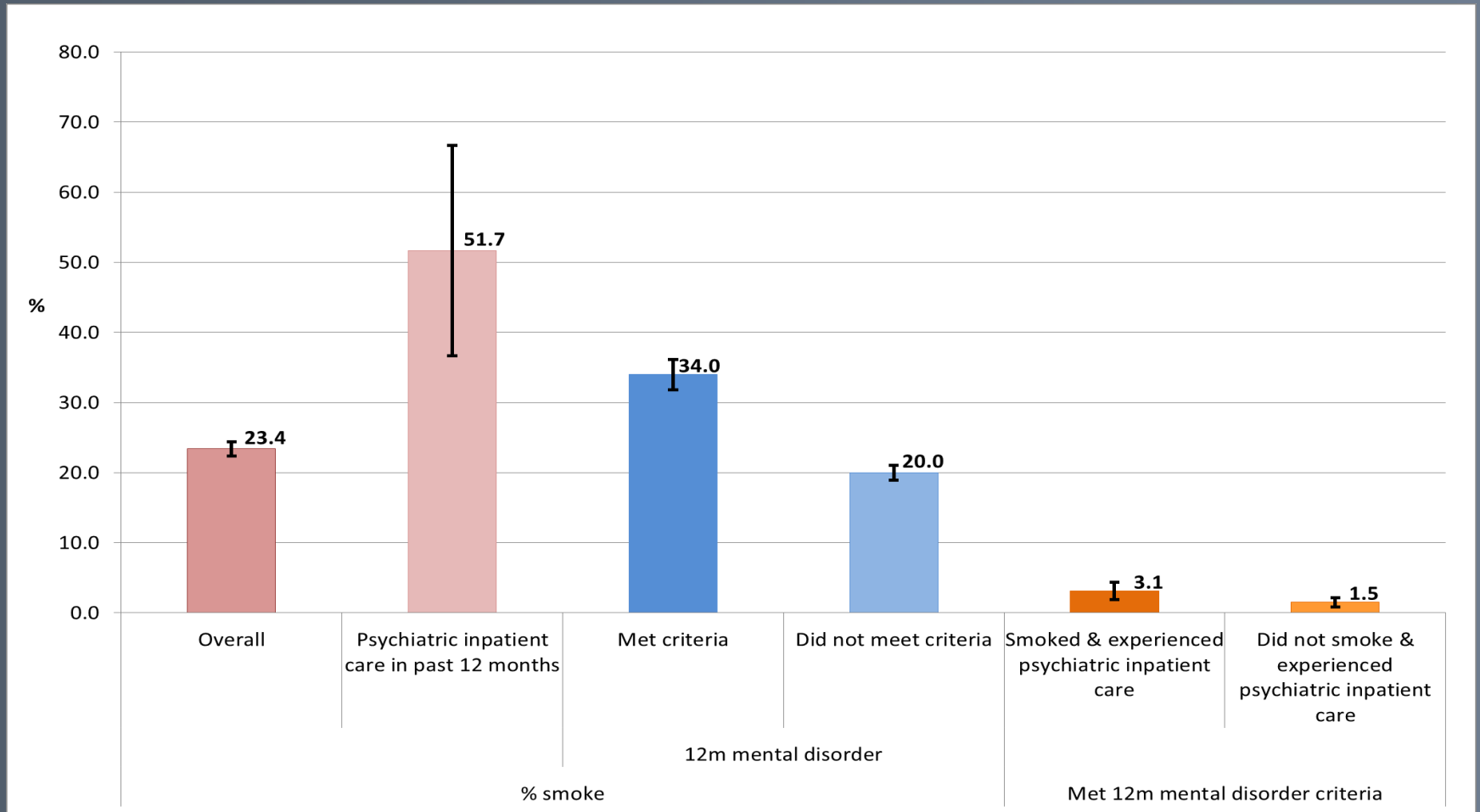
# Objective and Data Sources

- **To what extent can we reach tobacco users with mental health issues users via SECONDARY and PRIMARY care services?**
- Te Rau Hinengaro or NZ Mental Health Survey (N=12,992 NZ adults)
- New Zealand Health Survey 2011-12 (N=12,596 adults)
- **Preliminary findings**

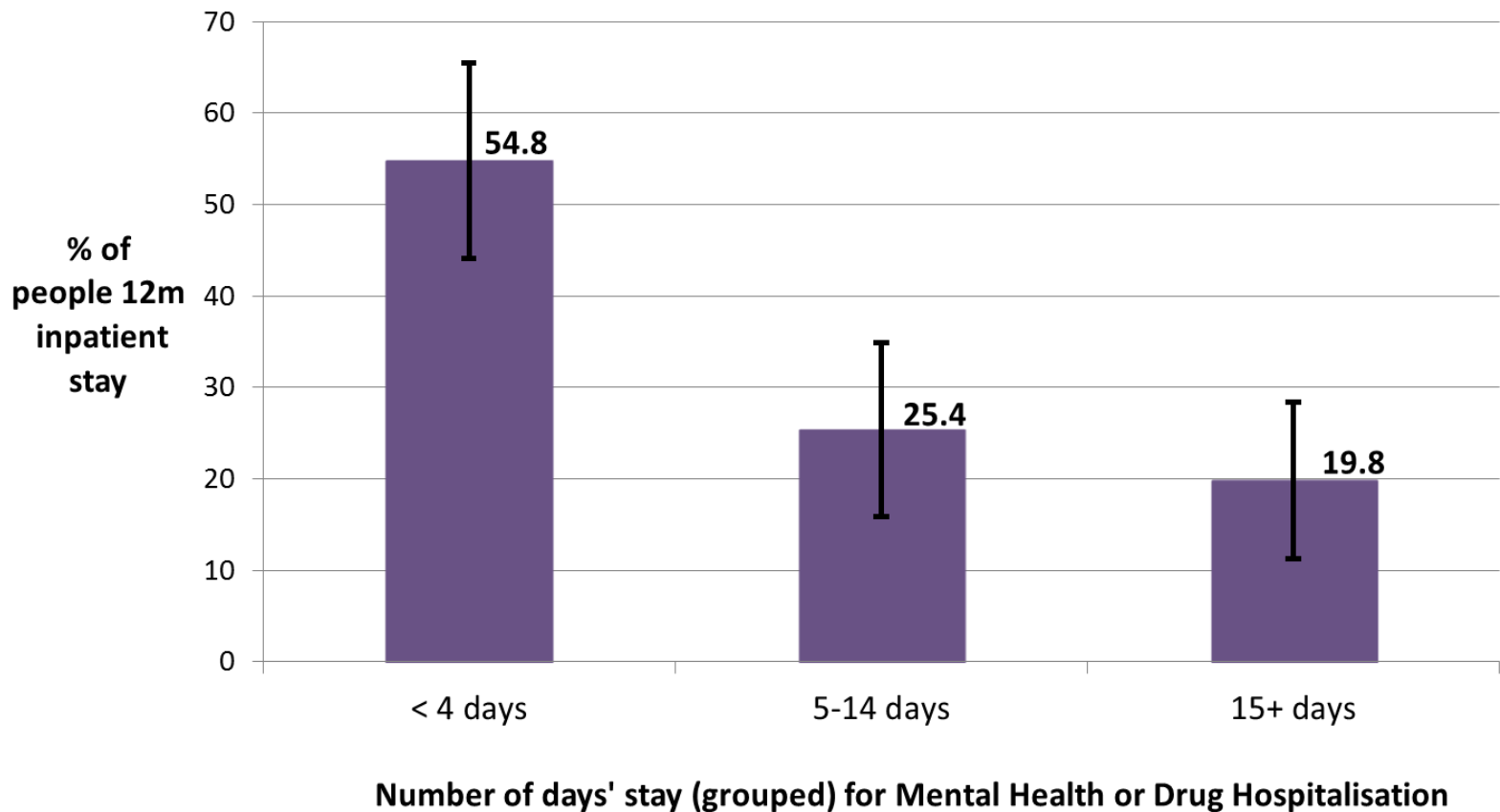
# Te Rau Hinengaro 2003-04

- Large population survey with mental health focus
- Special design to provide strong estimates for Māori and Pacific groups
- Can assess probable recent mental disorder (12-month mental disorder)
- Self-report information about psychiatric hospitalisation

# Intervention: inpatient services



# Length of stay: inpatient services

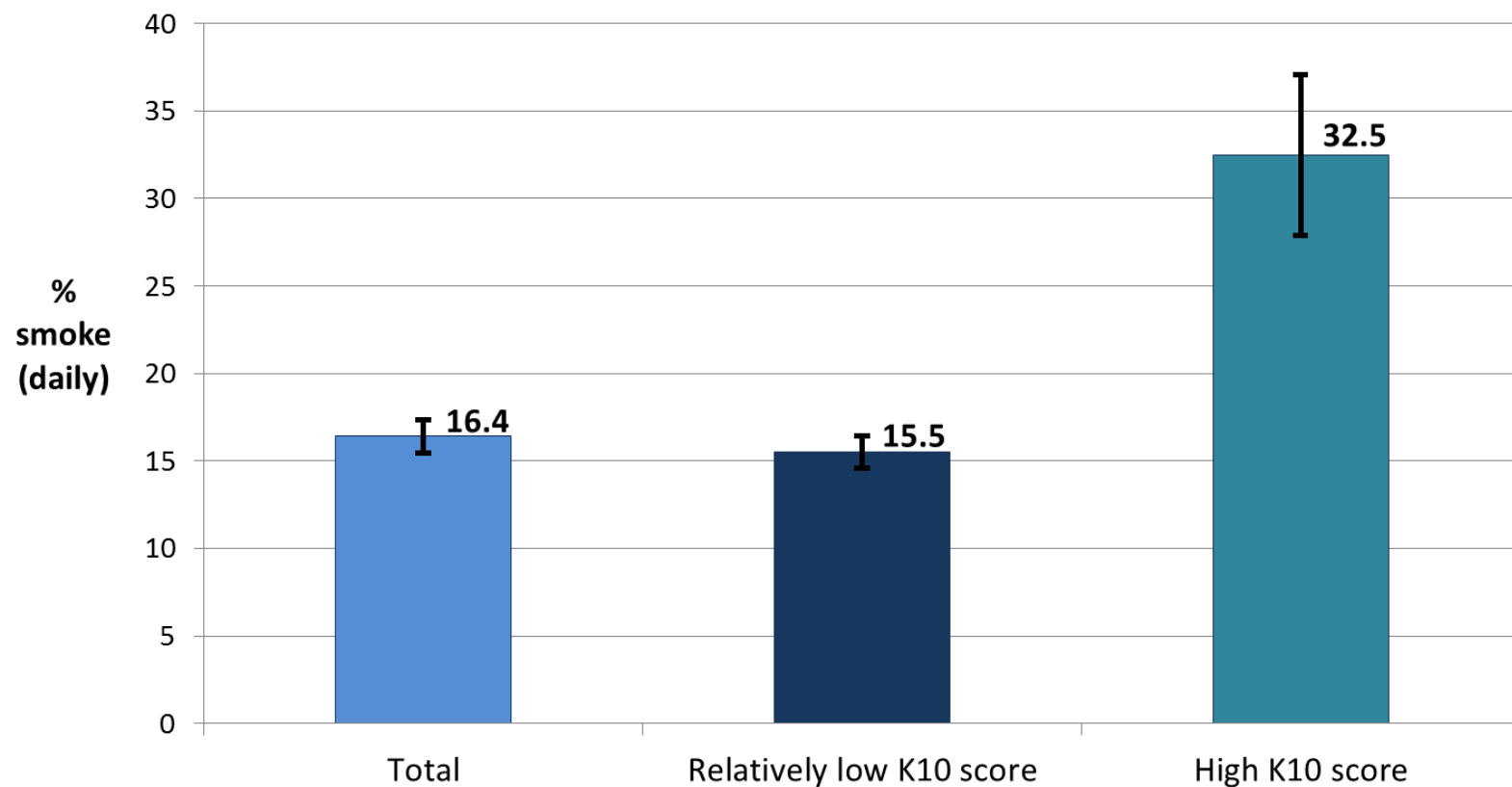




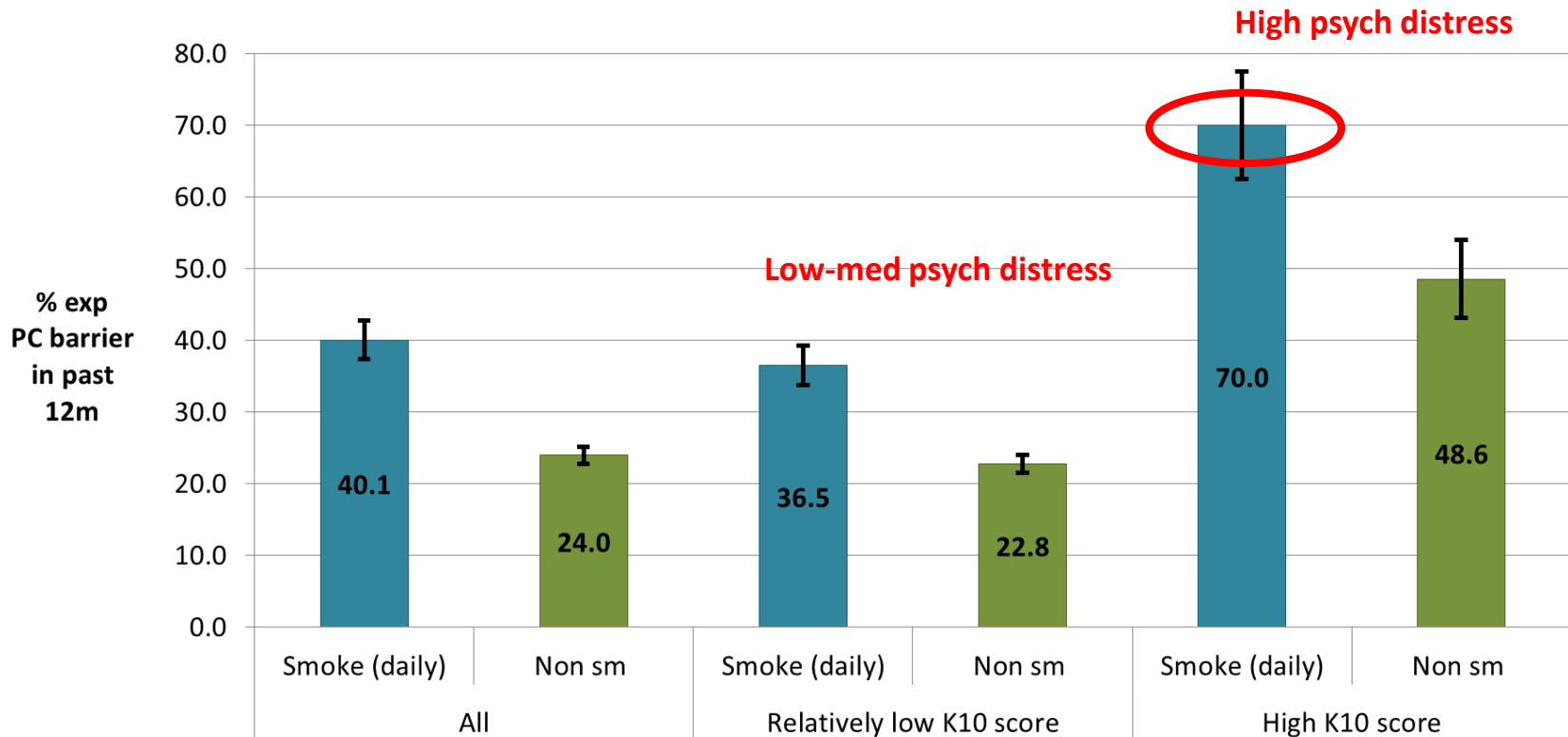
# NZ Health Survey 2011-12

- Large population survey with general health focus, includes general measure of psychological distress, explores tobacco use.
- Special design to provide strong estimates for Māori and Pacific groups.

# Smoking and Psychological Distress



# Experience of barriers to primary care



# Limitations

- Temporary or supported accommodation settings are less likely to be captured in community surveys → under-estimates
- Some mental illness groups with low prevalence but high impact on lifestyle (eg. psychotic disorders) are difficult to capture in these surveys
- Do not assess change over time or quit smoking interventions that people may have received in these settings

# Summary thoughts

- Important population group that receives less attention than other groups with high smoking rates
- Mental health (...ill health) an important factor in all our tobacco control efforts?
- Less than ideal reach: inpatient stay “infrequent” but important opportunity and primary care barriers evident
- Future steps: more data published about NZ smokers experiencing mental distress/illness

# Acknowledgements and Notes

- Thank you to the Ministry of Health and Statistics New Zealand for access to data under the CONZUL agreement.
- Thank you to Dr Kristie Carter, Dr James Stanley, Rob Templeton (Ministry of Health) and Dr Elisabeth Wells for advice and SAS support.
- **The results presented in this presentation are the work of the authors.**
- Te Rau Hinengaro & the New Zealand Health Survey 2011-12: the copyright of the data is owned by the Crown.
- Te Rau Hinengaro: the Ministry of Health, Health Research Council of New Zealand, Mental Health Research and Development Strategy, and the Alcohol Advisory Council funded data collection.
- New Zealand Health Survey 2011-12: the Ministry of Health funded data collection.