

Smoking Cessation Intervention for People with Severe Mental Ill Health: SCIMITAR+ Trial

The SCIMITAR+ trial, led by the University of York, has demonstrated that when people with severe mental ill health (SMI) are provided with a bespoke smoking cessation intervention, smoking quit rates were doubled compared to those who received usual care. The result was attenuated at 12 months indicating that more effort is needed to sustain the effects of the intervention in the longer term.

Background to SCIMITAR+

Smoking is a known health hazard and people who have experienced (SMI) are three times more likely to smoke than the wider population and are therefore more at risk to health inequalities. People with SMI tend to smoke more heavily and have not historically engaged with NHS smoking cessation services, yet, when asked, over half of people with SMI who smoke express a desire to cut down or quit smoking. The provision of services that are specifically designed for people with SMI could therefore address this health inequality and unmet need. Such innovative services need to be underpinned by rigorous research evidence, but there have been few trials to date in this area.

The SCIMITAR+ trial

The SCIMITAR+ trial which was designed to test a bespoke smoking cessation intervention for patients with SMI compared to standard NHS care. SCIMITAR+ is the largest trial of its kind ever undertaken. Participants were heavy smokers that said they would like to cut down or quit smoking. Those allocated to the bespoke smoking cessation intervention received support to help them quit from a mental health professional who had undergone brief but rigorous training. This support was based on National Centre for Smoking cessation and Training level 2 training with enhanced levels of contact and support. People in usual care were signposted to local smoking services. People were followed up six and 12 months later where they completed questionnaires that asked about their smoking status as well as giving a carbon monoxide breath measure to verify this.

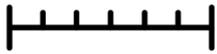
Conclusions from SCIMITAR+

The SCIMITAR+ Trial demonstrates that bespoke smoking cessation interventions encourage engagement with services and help people with SMI to quit. Therefore, health systems should provide smoking cessation interventions that are tailored and responsive to the needs of people who use mental health services.

526 People were daily smokers with tobacco dependence



46 Mean age



41% Female



Located in the UK



People were randomised

265 People received the **Bespoke Intervention**

Tailored behavioural support and NRT delivered by a mental health professional



261 People received **Usual Care**

Local smoking cessation services



Outcome measure

Biochemically confirmed abstinence from smoking



Abstinence from smoking at **6** months

14.2% vs **6.5%**
of people receiving the Bespoke Intervention vs of people receiving Usual Care

Abstinence from smoking at **12** months

15.2% vs **10%**
of people receiving the Bespoke Intervention vs of people receiving Usual Care