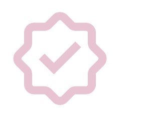
Smoke-free in a large mental health hospital: a complex challenge

The challenge

- **Large setting:** 815 beds, 855 staff, >700 patients/year.
- **High smoking prevalence:** ~80% in long-stay patients.
- **Severe mental disorders + long admissions:** weeks to years.
- **Legal context allows smoking in some cases** → need to go beyond law.
- **Balancing** autonomy, clinical stability and patient safety.

The action

- **Strong leadership** + smoke-free policy integrated since before national law.
- **No indoor smoking** + most **outdoor areas smoke-free.**
- **Systematic care:** screening at admission + brief advice + NRT from day 1.
- **28,957 units of nicotine replacement** therapy funded/year.
  522 patients/year receive tobacco intervention.
- Continuous **staff training** (457 professionals trained).
- **Integrated model:** inpatient + community programmes (CAS, CSMA).
- Support also offered to **staff** (screening + cessation support).



The result

- **High compliance** with smoke-free policy (no incidents in staff).
- Safe management of withdrawal → **better clinical stability.**
- Continuity of care **beyond hospitalisation.**
- Quit rates low (1–2%) but clinically meaningful in this population.

Key learning

- Harm reduction is essential
- Repeated interventions and long-term support work
- Smoke-free policy is feasible even in complex mental health settings