# Promoting Smoking CEssation and PrevenTing RElapse to tobacco use following a smokefree mental health inpatient stay: the SCEPTRE programme

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## Plain Language Summary

### Why we did this research

Tobacco smoking is still one of the biggest causes of disease and early death in the world. In England, people with mental health problems are much more likely to smoke than people without mental health problems. This increases their risk of having poorer physical health and shorter life expectancy. Although many people with mental health problems want to quit smoking, they can often find it difficult. They also tend to receive less support to stop smoking than people without mental health problems.

In England, NHS settings including mental health hospitals are smokefree by law. Patients who are admitted for an inpatient stay are encouraged and supported to reduce or quit smoking while they are in hospital, often using nicotine replacement therapy (like patches or gum) or electronic cigarettes. Whilst in hospital, many people change their smoking and express a wish to quit. Yet, most people return to smoking as much as they used to very soon after leaving hospital, within just a few days. Little is known about how best to support people at this point in their journey. The SCEPTRE programme was designed to address this gap.

### Research Aim

We wanted to develop and test a new support package to help people become or stay smokefree after being discharged from a smokefree mental health inpatient stay. We set out to:

1. Work together with patients, carers, staff and other partners to create a support package (the SCEPTRE intervention).
2. Test if the package could be delivered in NHS mental health inpatient settings, and whether people would engage with and benefit from it (feasibility study).
3. Check how well the support package helps people stop smoking, and whether it is good value for money using a clinical trial if the feasibility study is successful.
4. Explore the challenges and opportunities for rolling out the SCEPTRE support package across the NHS.

**What we did**

Creating the SCEPTRE support package

We developed the SCEPTRE support package based on strong theory and evidence and worked closely with a range of partners. People with lived experience of mental health services worked alongside the researchers at every stage to shape the design. The package included:

- Reflection and goal-setting sessions before discharge from hospital
- A bespoke personalised resource folder (the 'My-Try Kit')
- Support with obtaining nicotine replacement therapy or electronic cigarettes
- Personalised behavioural support (trained smoking cessation advisors and text messages)
- Access to a widely used digital app that supports people to quit (The Smokefree App), with 24/7 live advisor service.

Testing the SCEPTRE support package

We tested the support package in a feasibility study (a trial run of the study) to see whether people in six NHS mental health trusts in England would engage with it. The feasibility study was also designed to help us understand if it would be possible to collect enough data to do a larger study. We managed to include 38 patients from adult mental health inpatient wards in the study. They were all smoking at the time of admission or at any point after admission and were interested in quitting or reducing smoking after discharge. Participants were randomly split into two groups: one received the SCEPTRE package, and the other received standard NHS care. We then followed up with them three and six months after they were discharged.

**What we found**

Study participants and NHS staff involved in the feasibility study told us they found the SCEPTRE package acceptable, relevant, and helpful overall. The personalised My-Try Kit appeared well-liked. Participants highlighted how important it was to receive support during the transition out of hospital, when people often feel vulnerable and isolated. Staff valued having a structured package they could offer. They felt that it filled a gap in post-discharge care.

However, recruiting patients to the study and staying in touch with them to collect data was very difficult. Missing study data and a small sample size in our study meant that we could not formally test whether the SCEPTRE package worked as we hoped, to help people quit smoking

in the long term. We did not manage to meet the requirements for moving to a larger study because of the difficulties collecting enough data.

**What does this mean for future research and care?**

SCEPTRE showed us that working closely with service users to produce a support package is possible and essential. It also showed that the support provided made a real difference to some individuals in our small study sample. SCEPTRE resources are now available for wider use. Findings were/will be shared through dissemination events, academic publications, conferences, NHS networks and third sector organisations (e.g., the Action on Smoking and Health (ASH) Smoking and Mental Health Partnership). We hope they will inform future research and practice. The project highlighted barriers to research in our population that need to be addressed.

**Patient and Public Involvement (PPI)**

Patient and public involvement was central to SCEPTRE. People with lived experience were part of the core research team, and part of the SCEPTRE advisory group. The advisory group included five service users and one carer. Alongside the research team, they took part in design workshops and helped develop the My-Try Kit and other study resources. PPI members also appeared in videos and contributed to training resources, ensuring their voices reached a wide audience. This commitment to meaningful involvement has been one of the programme's greatest strengths, demonstrating the value of co-production in mental health research.

**Next steps**

SCEPTRE has drawn attention to a critical gap in smoking cessation support for people with mental health problems. The intervention package and materials can be refined and adapted for future research or practice. Lessons learned about recruitment, retention, and patient engagement are vital for designing future studies.

**Conclusion**

The SCEPTRE programme addressed an urgent health inequality. By working closely with partners, we created a theory- and evidence-informed support package with potential for future use. We need to understand more about how to conduct research in our study context successfully. However, SCEPTRE has generated valuable knowledge, resources, and partnerships that will shape future efforts.

**Research Inclusion**

From its inception, the SCEPTRE programme was designed to address health inequalities faced by people with mental health problems, a group often under-served in tobacco dependence treatment. Recognising the diversity within adult mental health inpatient populations, the research team took deliberate steps to ensure broad and equitable inclusion at every stage. Participants were drawn from six NHS mental health trusts that serve highly varied communities in terms of ethnicity, socioeconomic status, urban and rural populations. The inclusion criteria were kept purposely broad, encompassing all adult inpatients admitted to an acute ward, who smoked or had recently smoked, regardless of clinical or demographic background. This approach enabled recruitment of participants with a wide range of experiences related to smoking, quitting, and lived experience of mental ill health.

Patient and public involvement (PPI) was central: people with lived experience were equal partners in designing research questions, refining recruitment strategies, and developing intervention materials. Co-production workshops were structured to be accessible, providing plain language materials, flexible timing, and different ways for people to contribute (in person, by phone, or online). Special care was taken in qualitative data collection to capture voices from diverse groups including women and men, people from different ethnic backgrounds, and those with varying types and severities of mental illness.

To ensure research methods were fair and inclusive, the team worked closely with clinical staff to avoid exclusion by diagnosis, communication needs, or background. Consent procedures and materials were developed with PPI input for clarity and accessibility, and the team regularly consulted to check for cultural appropriateness. Feedback from participants, especially those seldom heard in research, helped refine both the support package and the research approach during the programme.

Findings and learning from our research are expected to be transferable across different NHS mental health settings, as the SCEPTRE intervention and materials were tested and iteratively improved in a range of trusts and with service users from diverse communities. However, we learned that persistent inequalities (such as digital exclusion or lack of post-discharge support) still require attention and tailored solutions. Context-specific barriers, like stigma or limited resources, can affect reach and impact for some groups more than others. To maximise

accessibility, research outputs include videos and plain language summaries circulated through NHS, public, and community channels. The team has presented findings at local and international events, with free online resources for staff, service users, and policy makers.

Reflecting on our experience, true diversity and inclusion require continued, active effort. SCEPTRE benefitted from strong partnerships with service users and community advocates; future work must continue to build trust, adapt to local needs, and make research participation genuinely possible for all.

**Research Capacity Development**

The SCEPTRE programme provided a supportive environment for professional growth and skill development among all involved. The multidisciplinary team included early career researchers, clinical staff seeking to expand their tobacco dependence expertise, and public contributors advancing their portfolios through research partnership. Several core researchers, including post-doctoral fellows and research associates, gained valuable experience in running a complex, multi-site feasibility trial, from ethics and data management to co-production with service users. Many team members undertook specialist training, including National Centre for Smoking Cessation and Training (NCSCT) modules, qualitative interview techniques, health economic evaluation, and the delivery of tailored behavioural interventions for people with severe mental illness. Core clinical interventionists trained as “My-Try Specialists”, a role requiring both behavioural and mental health skills, thus furthering their clinical practice and opening up new avenues for service delivery.

Patient and public contributors who took part in co-design, resource development, and dissemination activities described growth in confidence, transferable communication and presentation skills, and a greater understanding of health research processes. Their ongoing involvement has led several to seek further work or training in research and health advocacy.

The project created opportunities for new collaborations, across trusts, professions, and between the academic and public sectors. Several team members have advanced to new posts, including research project leadership, and in public engagement roles. Multiple academic outputs (conference abstracts, peer-reviewed journal papers) reflect the skill-building and knowledge exchange supported by SCEPTRE.

Among the lessons learned was the value of regular team debriefs, peer supervision, and input from experienced public contributors which helped to build a learning culture. Team members highlighted the importance of problem-solving, and ongoing professional support, skills that will continue to benefit their careers.

Overall, SCEPTRE fostered professional development by embedding capacity-building within its inclusive, co-productive way of working, and by supporting each contributor, regardless of background, to grow their skills and confidence for the future.

**Data sharing statement**

See link [https://www.nihr.ac.uk/documents/nihr-position-on-the-sharing-of-research-data/12253] for the NIHR position on the sharing of research data. The NIHR strongly supports the sharing of data in the most appropriate way, to help deliver research that maximises benefits to patients and the wider public, the health and care system and which contributes to economic growth in the UK. All requests for data should be directed to the award holder and managed by the award holder.

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