

We are all aware of the possible risks of metabolic syndrome associated with many of the physical interventions we prescribe, but awareness alone is of little help to our patients. The motto of the Royal College of Psychiatrist is 'No health without mental health', but we appear to be at risk of following an alternative motto, 'No physical health, only mental health'. I would welcome some advice from the College or the thoughts of other members who have been able to implement a more useful response to the observed problem in their own clinical institutions.

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doi: 10.1192/pb.35.4.156b

Bored and stressed in-patients smoke more

Similarly to Thakkar *et al*,¹ we carried out a survey enquiring about the smoking habits of in-patients on the general adult wards of a psychiatric hospital (in York) before the hospital closed each ward's smoking room.² We too were concerned to discover that the majority of patients (56%) smoked and that the majority of these (63%) reported smoking more after admission than in the week before. In keeping with Thakkar *et al*'s findings, we discovered that the main reason given for smoking more was boredom, with other key reasons being stress and the wish to socialise.

Rather more heartening was our finding that 17% of the smokers surveyed reported smoking less after admission,

citing improvement in mental state and a dislike of the smoking areas as the main reasons. Unlike in Thakkar *et al*'s survey, our in-patients did not think their smoking habits had changed because of medication side-effects.

We also felt that the issue of in-patient boredom should be addressed through active management of the ward environment and that our services should be better advocates of smoking cessation. There is the hope that the recent smoke-free legislation will lead to substantially lowered tobacco consumption in the general population. If so, it will become more important than ever for psychiatric wards to be activity-focused places. Some hospitals have improved the ward environment through hard work and investment. If such change for the better is not widespread then the physical health of people with mental illness who require hospital care – but experience it in a tedious, activity-free ward environment that finds them increasing their smoking habit – will drift further than ever from that of the rest of the population.

- 1 Thakkar PB, Garcia J, Burton L. Smoking and people with mental illness. *Psychiatrist* 2011; **35**: 30.
- 2 Ker S, Owens D. Admission to a psychiatric unit and changes in tobacco smoking. *Clin Pract Epidemiol Ment Health* 2008; **4**: 12.

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doi: 10.1192/pb.35.4.157