Poorer Mental Health in Many New Zealand Smokers: National Survey Data

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Introduction

A better understanding of the complex relationship between mental health and smoking may be relevant to improving the effectiveness of quitting services. We therefore aimed to examine any such associations for New Zealand (NZ) smokers.

Methods

The NZ arm of the International Tobacco Control Policy Evaluation Survey (ITC Project) has surveyed a nationally representative sample of adult smokers (n=1376 in Wave 1, n=923 in Wave 2). We measured their mental health and alcohol use status using the SF-36, the Kessler-10 (K10), and the AUDIT. We also assessed smoking-related beliefs and behaviours, including quit rates (in 2 survey waves). Comparisons were made with participants in the nationally representative NZ Health Survey (from which the ITC Project sample is derived). All results are weighted and adjusted for the complex sample design. Further details of the methods (including response rates, attrition and weighting processes) are available in online reports [1].

Results

Overall mental health: These smokers had significantly lower SF-36 (mental health) scores than the general adult population (80.6, 95%CI: 79.6 – 81.6; vs 82.2, 95%CI: 81.9 – 82.6). Reporting ever having been diagnosed with a mental disorder was significantly more common than for adult non-smokers in NZ (from the NZHS) ie, for any diagnosis from a list of 8 items: 20.3% (95%CI: 17.4 – 23.1) vs 11.5% (95%CI: 10.8 – 12.2).

Anxiety or depressive disorders: These smokers also had a significantly higher prevalence (20.3%) of having “a moderate probability of anxiety or depressive disorder” (K10 score of 6-11) compared to the adult non-smoker population (13.6%) (see Figure). This was also the pattern for ever being diagnosed with a “drug-related disorder” (1.5% vs 0.2%).

Associations with quitting: Despite the above patterns there were no significant differences in smoking cessation intent, occurrence of previous quit attempts or quitting status at either wave 1 or wave 2 between smokers with higher K10 scores (6+) and other smokers.

Discussion

The findings on mental health are limited to some extent by the cross-sectional nature of some of the results. However, they are consistent with other NZ evidence [2] for an association between poorer mental health and smoking. Whatever the causal pathways involved, this association highlights the importance of advancing population-level tobacco control (and alcohol control) to protect this vulnerable population and to reduce health inequalities.

The finding that quitting intention and behaviour does not appear to be associated with mental health status is encouraging. Nevertheless, the high prevalence of mental health problems among NZ smokers suggests the need for:

• further work to integrate smoking cessation and community and primary care mental health services;
• training smoking cessation workers in mental health issues.

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References


Figure: Psychological distress as measured by the Kessler 10-item scale (K10) in this national sample of smokers compared to the adult non-smoker population of NZ

* Moderate probability of an anxiety or depressive disorder.
** High to very high probability of an anxiety or depressive disorder.

Drug use: There was a significantly higher prevalence of AUDIT scores in the hazardous alcohol use range among smokers (33.1% vs 13.1% in the adult non-smoker population for score ≥8). This was also the pattern for ever being diagnosed with a “drug-related disorder” (1.5% vs 0.2%).