

SUPPLEMENTARY MATERIALS

Survey questions

1. Trust name (*free-text response*)
2. Date of completion (*date*)
3. What is your job role? (*free-text response*)
4. Does your Trust offer tobacco dependence treatment to patients **admitted to acute adult mental health wards**? (*Yes/ No/ Unsure*)
 - 4a. If 4 is Yes, Is the tobacco dependence treatment provided by the Trust known by a particular name? For example, QUIT, Swap and Stop etc. (*Yes, please specify: free-text response/ No/ Unsure*)
5. If 4 is Yes, What are the key features of the support offered to patients **admitted to acute adult mental health wards**? Please select all that apply.
(**Behavioural support:** *Brief advice/ Behavioural support delivered by a specialist advisor/ Other, please specify: free-text response/ Unsure*)
(**Pharmacological therapy:** *Licensed nicotine replacement therapy/ Varenicline/ Bupropion/ Unsure*)
(**E-cigarettes:** *E-cigarettes provided free of charge/ E-cigarettes for sale/ Other, please specify: free-text response/ Unsure*)
(**Other support:** *A smartphone application to support smoking cessation, Please state which smartphone application(s) are offered to support smoking cessation: free-text response/ Recommendation of an app to support smoking cessation, Please state which smartphone application(s) are recommended to support smoking cessation: free-text response/ Peer support/ Referral to local tobacco dependency service on discharge/ Other, please specify: free-text response/ None of the above/ Unsure*)
6. Who supports patients in this service? Please select all that apply. (*Specialist smoking cessation advisors/ Healthy living advisors/ Mental health worker trained in smoking cessation/ Pharmacist/ Other, please specify: free-text response/ Unsure*)
7. To what level are the individuals providing support trained? Please select all that apply. (*National Centre for Smoking Cessation Training (NCSCT) Practitioner training/ National Centre for Smoking Cessation Training (NCSCT) specialist module in mental health and smoking/ Other including any in-house training modules or sessions, please give details: free-text response/ Unsure*)
8. Does your Trust offer tobacco dependence support to adults **following discharge** from an acute mental health inpatient stay? (*Yes/ No/ Unsure*)

- 7a. If 7 is Yes, Is the tobacco dependence treatment provided by the Trust known by a particular name? For example, QUIT, Swap and Stop etc. *(Yes, please specify: free-text response/ No/ Unsure)*
- 7b. How long is the post-discharge support offered for? Please select only one answer. *(Ongoing support/ Over a fixed period. Please provide the number of weeks support is provided: free-text response/ Unsure)*
9. What are the key features of the support offered to adults **following discharge** from an acute mental health inpatient stay? Please select all that apply.
- (Behavioural support: Behavioural support in person/ Behavioural support by phone/ Behavioural support by text-message/ Other, please specify: free-text response/ Unsure)*
- (Pharmacological therapy: Licensed nicotine replacement therapy/ Varenicline/ Bupropion/ Unsure)*
- (E-cigarettes: Free of charge e-cigarettes/ Unsure)*
- (Other support: A smartphone application to support smoking cessation, Please state which smartphone application(s) are offered to support smoking cessation following discharge: free-text response/ Recommendation of an app to support smoking cessation, Please state which smartphone application(s) are recommended to support smoking cessation following discharge: free-text response/ Referral to local tobacco dependency service / Other, please give details: free-text response/ None of the above/ Unsure)*
10. Who provides support to patients? Please select all that apply. *(Specialist smoking cessation advisors/ Healthy living advisors/ Mental health worker trained in smoking cessation/ Pharmacist/ Other, please give details: free-text response/ Unsure)*
11. To what level are the individuals providing support trained? Please select all that apply. *(National Centre for Smoking Cessation Training (NCSCCT) Practitioner training/ National Centre for Smoking Cessation Training (NCSCCT) specialist module in mental health and smoking/ Other, please give details: free-text response/ Unsure)*
12. Do you feel that the tobacco dependence treatment provision in the Trust meets the needs of service users? *(Yes, please give details: free-text response/ No, please give details: free-text response/ Unsure)*
13. Is there anything else you would like to add? *(Free-text response)*