Barriers to Integrating Mood Interventions into Smoking Cessation Programming

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BACKGROUND

- Strong evidence supports the integration of mood management interventions in smoking cessation programs to improve long-term quit success among smokers with current and past depressive symptoms [1].
- Despite the benefits of mood management on smoking cessation outcomes, research has shown that healthcare providers do not always address mental health as part of tobacco dependence treatment [2, 3].
- Several barriers are reported to influence a healthcare provider's ability to implement mood interventions as part of smoking cessation services [3, 4].

In this resource we will describe common perceived barriers to delivering treatment for mood management within primary care settings, and offer suggestions for how you and/or your organization can overcome these barriers.

BARRIERS TO INTEGRATING MOOD INTERVENTIONS IN PRIMARY CARE

Time

Within primary care settings, lack of time is often reported as a major barrier to addressing multiple health issues at once [5, 6].

- While some clinics have a designated lead implementer for smoking cessation counselling, other providers assume this role in addition to managing other programs within their organization [3].
- Counselling sessions are often timed and clinicians may have appointments scheduled back-to-back [6]. This can make it seem difficult to adequately address patient mood in addition to providing regular cessation services, such as discussing pharmacotherapy options and dispensing medication.

Integrating Brief Mood Interventions

Given the competing priorities that healthcare providers face, brief interventions can be a time-efficient and effective approach to delivering evidence-based treatment for tobacco dependence and depression [7]. Brief mood interventions can be as little as **2-5 minutes** in length and include the following [7]:

Making the connection between your patient's mood and their smoking behaviour.

Measuring readiness to change and assuring your patient that cessation success is possible.

Making a plan for future visits by setting collaborative goals and encouraging healthy attitudes and activities.

Capacity and Training

Lack of adequate knowledge, skills and resources is another commonly reported barrier to counselling smokers with mood and anxiety disorders [3, 5, 6, 8].

- Some primary care providers believe addressing mental health issues with patients goes beyond the scope of their practice, which is often tied to misconceptions regarding the impact of tobacco use on mental health [5, 6, 8].
- A 2017 study in the Journal of Substance Abuse Treatment found that **two thirds** of practitioners agreed with the misconception that smoking helped improve mood-related symptoms, while almost **50%** agreed that smoking cessation would negatively impact patient mental health status [3].
- Practitioners in smoking cessation services admit to having limited knowledge on how to support their patients with mental health issues, but are interested in improving their skills [3]. Training needs identified include:
    - how to ask clients about their mental health,
    - the impact of smoking and cessation on psychiatric medication,
    - how to provide tailored interventions for smokers with mental illness [3].

Brief Screening and Referral to Treatment

While you may not specialize in treatment for mental health, there are still ways that you can offer mood management support as part of your role in tobacco cessation counselling. The Canadian Action Network for the Advancement, Dissemination and Adoption of Practice-informed Tobacco Treatment (CAN-ADAPTT) recommends that practitioners conduct regular, **brief screenings** for changes in patient mood, as this may influence their ability to quit smoking [9].

The STOP baseline questionnaire allows you to screen patients for a history of depression, as well as current depressive symptoms using the 9-item Patient Health Questionnaire (PHQ-9).

Simply **explaining** the relationship between tobacco use and mood can help your patient understand the benefits of mood management for increasing their chances of quit success [5, 7].

Referring your patient to a specialist in your organization or within the community can further help your patient manage their mood and support their quit attempt [5].

Offering your patient a self-help **educational resource** on mood management can serve as a great add-on to pharmacotherapy or treatment through specialty care [10, 11]. The last section of the STOP baseline questionnaire allows you to provide your patient with a take-home resource:

- **The Self-Awareness: Managing your Mood** workbook is an evidence-based resource intended to help patients manage their depressive symptoms, while trying to reduce or quit smoking.

Professional Development

Professional development and training can help improve your capacity and confidence in delivering interventions for smokers with mental illness [5], including depression. The **Training Enhancement in Applied Cessation Counselling and Health (TEACH) Project** offers online educational programs and resources to help healthcare providers build capacity in tobacco dependence treatment.

Below are a list of TEACH resources you may be interested in viewing to help support the integration of mood management as part of your cessation programming:

- **TEACH Specialty Course:** Tobacco Interventions for Clients with Mental Illness and/or Substance Use Disorder (MISUD)

- **TEACH Educational Rounds Webinars:**
  - ✓ Integrating a Mood Intervention into Smoking Cessation Programming: A Practical Approach (Part 1)
  - ✓ Integrating a Mood Intervention into Smoking Cessation Programming: A Practical Approach (Part 2)
  - ✓ Tobacco, Depression and Anxiety: Evidence-Based Treatment Approaches
  - ✓ Boiling the Ocean: Working with client's who have multiple behaviour change goals
  - ✓ Trauma Informed Care

- The **TEACH Listserv** is a community of practice that allows you to network and share new research, complex cases and treatment approaches to tobacco cessation counselling with over 700 practitioners across Canada. Join the Listserv here.

Organizational Barriers

While you may be willing to integrate mood interventions as part of your approach to treating smokers with depression, there may be barriers at the organization level that prevent you from doing so. Limited funding, lack of support by administrative staff, and program policies are all reported barriers to implementation within primary care settings [3-5, 8]. While these barriers may be more challenging to overcome, here are a few suggestions on how you can approach barriers within your program/organization:

Collaboration and Policy Development

- Become or nominate a lead implementer for providing smoking cessation services to patients with co-occurring mood disorders [3, 5].
- Work with other clinicians on your team to review best-practice guidelines and revise current policies for offering cessation services [3, 5]; this may include training staff on how to tailor interventions for patients with mood disorders, and developing protocols for assessing and managing at-risk patients (i.e. patients presenting suicidal ideation).

- Partner with local agencies, such as public health units and mental health services to assist in the provision of treatment [5].
- Build a network of key stakeholders within your community, or across the province, to advocate for more funding opportunities and implementation strategies for integrating mood interventions into smoking cessation programming [5].

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