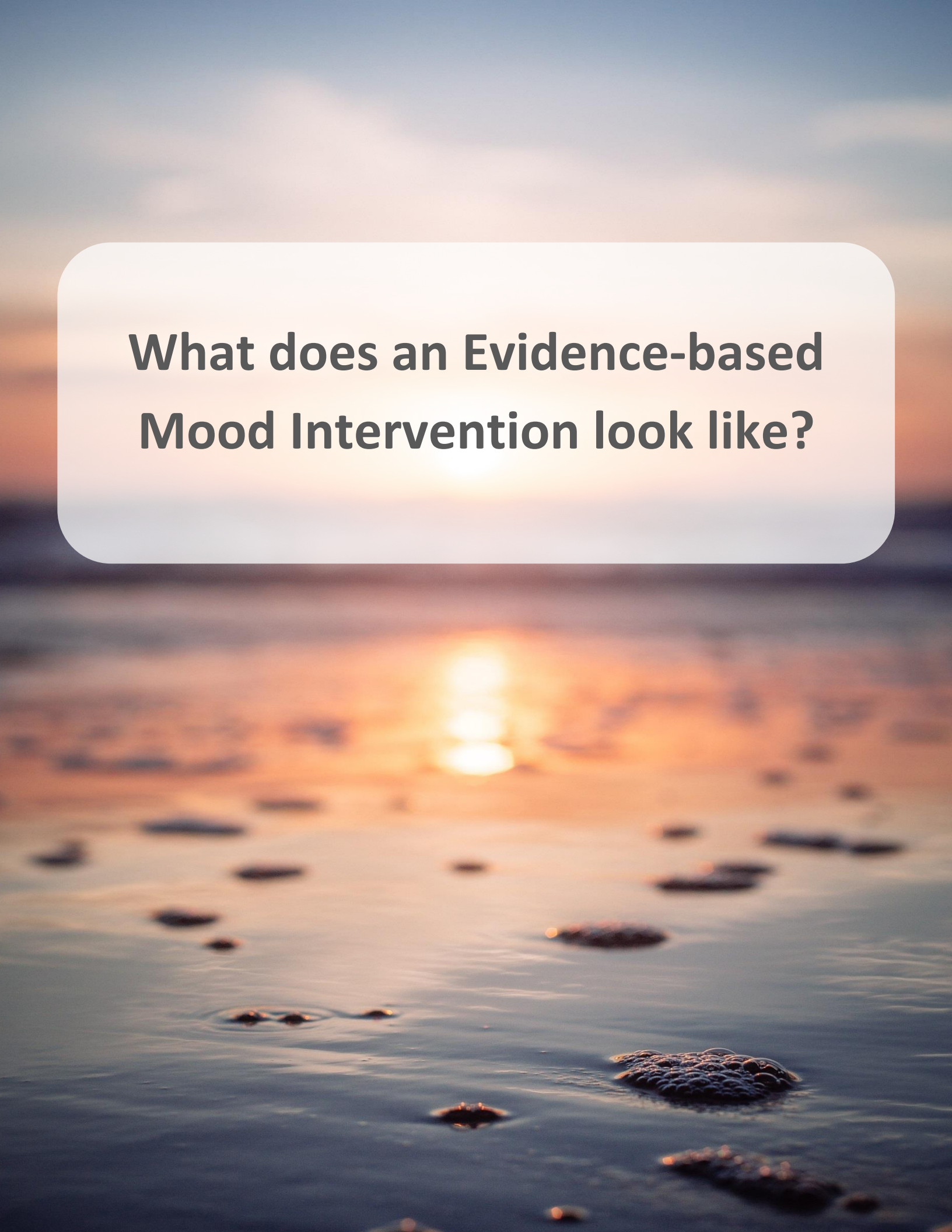

What does an Evidence-based Mood Intervention look like?

BACKGROUND

The relationship between tobacco use and mood disorders is complex.

- Individuals with major depressive disorder (MDD) are approximately **twice as likely** to become smokers.[1]
- Approximately **60%** of individuals with history of depression are current or past smokers.[2]
- Quitting tobacco use is associated with reduced symptoms of depression, anxiety and stress, and improved mood.[3]

SCREENING, BRIEF INTERVENTION AND REFERRAL TO TREATMENT (SBIRT)

SBIRT is an evidence-based approach to delivering early interventions and treatment services for individuals with substance-use disorders, and those at risk.[4] SBIRT aims to reduce the burden of disease, injury and disability related to substance use disorders through 3 main components: screening, brief intervention and referral to treatment.[4] In this resource, we will discuss how to provide **brief interventions** for mood management as part of smoking cessation programming.

Brief Interventions may include communicating with your client the link between smoking and mood, measuring readiness to change, and setting behaviour change goals for follow-up.[4] Psychoeducation and motivational interviewing can be applied throughout the session to address ambivalence.[4]

WHAT DOES AN EVIDENCE-BASED MOOD INTERVENTION LOOK LIKE?

- The type of intervention delivered will depend on the level of depression severity and symptoms
- The foundation of all treatment levels is **brief intervention and educational resources**[5, 6, 7]

Minimal Depressive Symptoms (PHQ score 5-9)

Educational resources (e.g., workbook)

Brief intervention (<5 minutes)

Major Depression, mild severity (PHQ score 10-14)

- With increased symptom severity, use clinical judgement about treatment
- Determine treatment plan based on patient's duration of symptoms and functional impartment [5,6,7]

Referral: Psychotherapy **AND/OR** Referral: Pharmacotherapy

Educational resources (e.g., workbook)

Brief intervention (<5 minutes)

Major Depression, moderate severity (PHQ score 15-19)

- With an increase in symptom severity, referral to specialty care is strongly advised
- Use clinical judgement to decide on individual vs. combination therapy [5,6,7]

Use clinical judgment about use of combination treatment
(i.e., psychotherapy and pharmacotherapy)

Referral: Psychotherapy **AND/OR** Referral: Pharmacotherapy

Educational resources (e.g., workbook)

Brief intervention (<5 minutes)

Major Depression, severe severity (PHQ score ≥20)

- Immediate referral to combination therapy is strongly advised
- Pay special attention to risk of suicide [5,6,7]

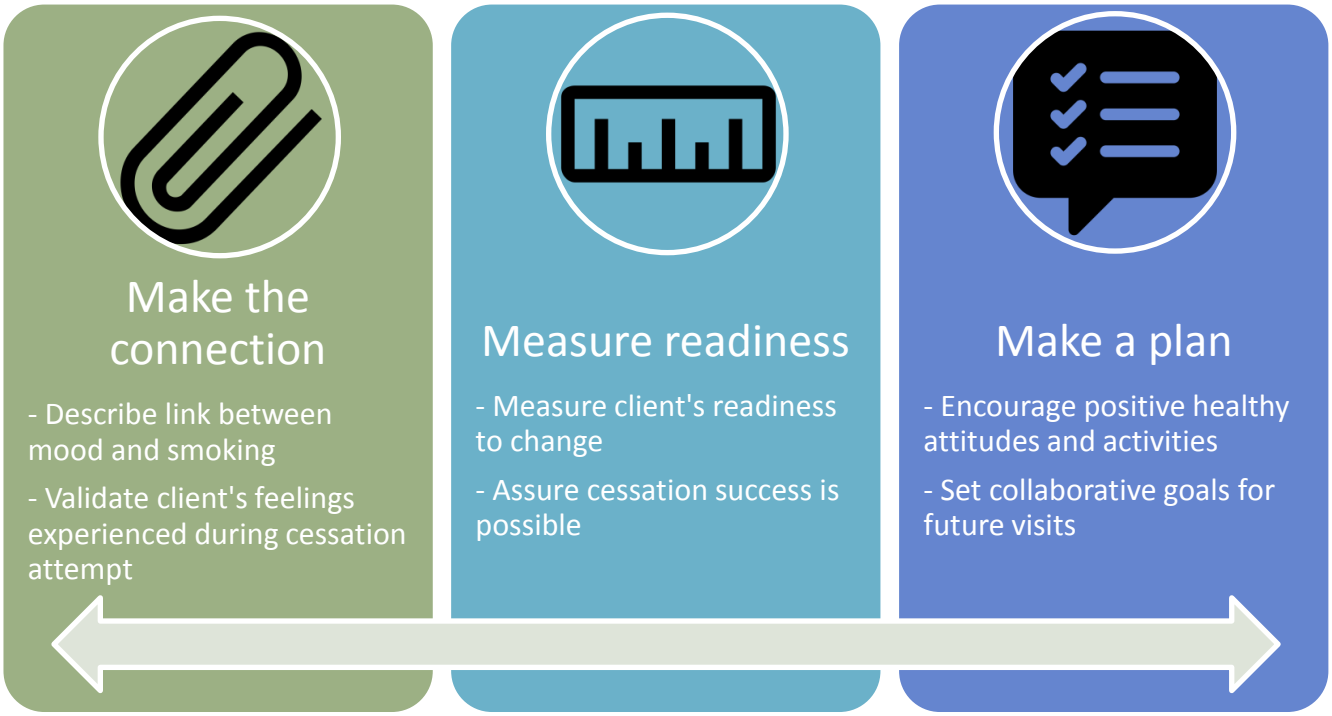
Combination treatment
(i.e. psychotherapy and pharmacotherapy)

Referral: Psychotherapy **AND/OR** Referral: Pharmacotherapy

Educational resources (e.g., workbook)

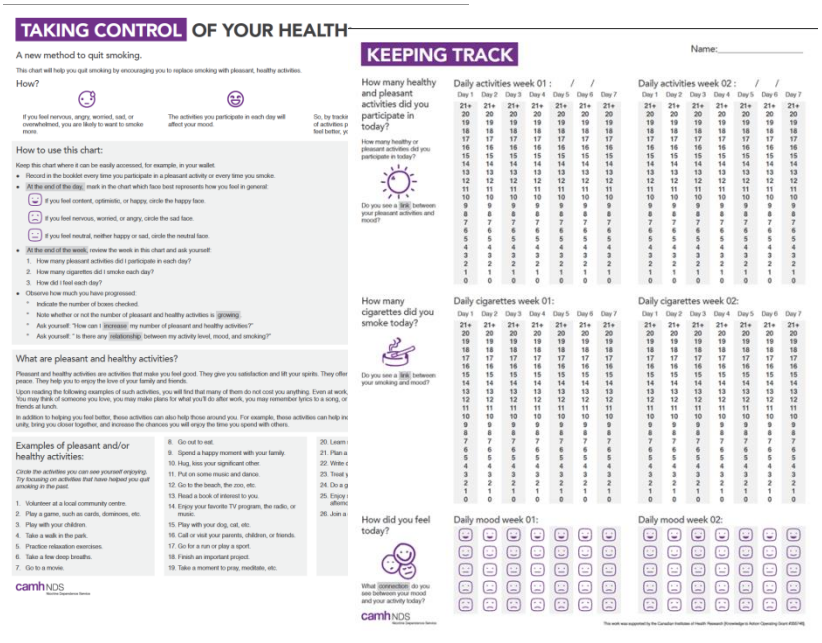
Brief intervention (<5 minutes)

BRIEF MOOD INTERVENTION (≤ 5 MINS): THE 3 M'S



OFFERING A MOOD-BASED EDUCATIONAL RESOURCE

Delivering evidence-based educational resources for self-management can increase a patient's skills and confidence in managing their mood.[8] The STOP Portal offers a **Self-Awareness Workbook** for mood management, which can be found under the "Resources" tab. This workbook provides guidance, tips and resources to help manage depressive symptoms while trying to reduce or quit smoking. The workbook also includes a daily tracking sheet used to record participation in positive activities, cigarettes smoked and mood, so that patients can begin to see the link between their smoking, activities and how they feel.


TAKING CONTROL OF YOUR HEALTH

A new method to quit smoking.

KEEPING TRACK

Name:

How many healthy and pleasant activities did you participate in today?

Daily activities week 01 :

Daily activities week 02 :

How many cigarettes did you smoke today?

Daily cigarettes week 01:

Daily cigarettes week 02:

How did you feel today?

Daily mood week 01:

Daily mood week 02:

camh NDS

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