

Emotional and Psychological Support for People with Diabetes

A session of the All-Party Parliamentary Group for Diabetes took place on 22nd March 2018 to discuss emotional and psychological support for people with diabetes. Key witnesses were:

- **Jess Croll-Knight** - Patient with Type-1 Diabetes who has suffered with mental health issues.
- **Dr Kirsty MacLennan** - Clinical psychologist at **MacLeod Centre for Diabetes, Aberdeen.**
- **Dr Chris Gillespie** - Consultant psychologist at **Royal Derby Hospital**
- **Anne Moore** - Group Nurse Director, Safer Care at **Northumberland Tyne and Wear Trust**
- **Dr Bucchi Reddy** with **Dr Amrit Sachar** and **Ruth Miller**, **North West London CCG**

Patient Perspective- Jess Croll-Knight

'I wonder how many people with diabetes pass as 'fine' and are actually coping with a range of complications' - Jess Croll-Knight

Diabetes and mental health can be difficult to separate which is why there is need for additional specialist support and understanding. Diabetes is different as it is purely self-managed, involved are thousands of decisions daily with no break.

Complications give additional stress and concerns for those with diabetes, worrying about long-term implications of their condition. Specialist support from mental health services helps many patients with diabetes. Although with changes to mental health funding it is unclear whether services like this would be consistently available across the country when needed.

Recommendation 1: End the postcode lottery in specialist mental health services for people with diabetes. Ensuring access to high quality care is available to all who need it irrespective of where they live.

Best Practice from NHS Grampian, Scotland- Dr Kirsty MacLennan

'Everyone working in diabetes has a duty to try to work more innovatively and effectively to best support the ever growing needs of this group of people' - Dr Kirsty MacLennan

Scotland's national diabetes database means the MacLeod Centre for Diabetes has access to information including what type of diabetes patients have, how good the level of control of diabetes is and other important health indicators. Showing that around 40% people struggle to gain optimal diabetes control (according to the National Scottish Diabetes Database). With this knowledge it is easier to intervene and help patients gain control of their diabetes and mental health.

NHS Grampian also offers an annual screening for anxiety and depression for patients with diabetes. It helps prioritise topics of care and allows the tailoring of treatment. The screening test helps raise awareness of emotional wellbeing for those with diabetes and the opportunity to discuss the use of further psychological support.

Recommendation 2: Adopt the NHS Grampian model across NHS England. Introduce a National Diabetes Database in England.

Causing and Preventing Diabetes Burnout- Dr Chris Gillespie- Consultant psychologist at Royal Derby Hospital

‘Professionals who work in partnership and jointly negotiate solutions to problems demonstrate greater change and client satisfaction’ - Dr Chris Gillespie

There are five psychological problems which can distress people with diabetes. **1: Diabetes burnout**- the feeling of being overwhelmed and defeated by the demands of diabetes. Depression is treatable. **2: Common fears**- fears of hypoglycaemia, complications and needles can undermine self-management. These fears can all be treated with psychological help. **3: Eating distress**- food is often used as a comfort, it is important for those with diabetes to find means of soothing without affecting metabolic control. **4: Insulin omission**- when struggling with an eating disorder insulin omission is another control mechanism. Through a therapeutic relationship these difficulties can be eased. **5: Communicating with health professionals**- the belief that healthcare professionals are the experts and have all the answers, it is important for the patient to feel as if they are experts of their diabetes.

Recommendation 3: Introduce twice yearly training for medical staff to specifically address diabetes and mental health.

Anne Moore- Group Nurse Director, Safer Care at Northumberland Tyne and Wear Trust

‘The risk factors for patients heightened by the drugs used to manage psychosis, create major risk factors of rapid weight gain, hypertension and pancreatic dysfunction leading to high levels of diabetes’ - Anne Moore

There is concern that the levels of premature deaths in people living with serious mental illnesses and diabetes are overlooked by healthcare professionals. Instances of diagnostic overshadowing are common and diabetes is treated as the secondary condition and mental health the primary concern putting diabetic control at risk.

To treat mental health and diabetes on an equal footing it is necessary to increase screening for those who have mental illnesses for diabetes, tailor treatment and education plans with the mental health team and inpatient mental health teams need to be aware of diabetes complications.

Recommendation 4: Implement a permanent and full-time clinical lead in every Clinical Commissioning Group for mental health and diabetes.

Dr Bucchi Reddy, Dr Amrit Sachar and Ruth Miller- North West London CCG

When treating people with diabetes and mental health issues it is important to understand various aspects of patient backgrounds. If there is support at home to help self-management and any changes which impact on the ability to self-manage. Adversity suffered in childhood is associated with higher rates of diabetes further impacting on diabetes management.

A range of needs, from adjusting diagnosis and diabetes distress to psychosis and dementia can affect diabetes. Pathways and services need to be made and maintained to meet and support these needs.

Recommendation 4: Introduction of the North West London CCG's 10 point training to health workers (below).

1.The Person

- Listen to the person: they live with their diabetes 365 days a year.

2.Diabetes & Mental Illness

- People with a diagnosis of mental illness and diabetes have worse outcomes
- Up to 15% of people with SMI have diabetes

3.Know the basic differences between types of diabetes

- People with Type 1 diabetes need insulin for life
- People with Type 2 diabetes can be on diet alone, diet and tablets and other injectable therapies, and also a combination of the three alongside insulin

4.Feet

- All people with diabetes MUST have a foot check

5.Low blood glucose below 4mmol (hypoglycaemia)

- Main symptoms: confusion, sleepiness, sweating, pallor, aggression, unconscious
- Can be confused with psychiatric symptoms
- Know the treatment pathway

6. High blood glucose (hyperglycaemia) consistently more than 13mmol

Hyperglycaemia is blood sugar above 11.1mmol

Elevated blood sugars above 13-16mmol (treatment dependant) can be problematic

- Main symptoms: thirst, blurred vision, increased urination, fatigue
- Consider causes: undiagnosed diabetes, infection, food
- Can be confused with psychiatric symptoms
- Can be serious and make the person very unwell
- Can result in medical emergency if prolonged
- Call specialist team ASAP

7. Blood glucose monitoring

- Every person should have individual target, check pre-meals if possible
- Seek specialist advice if blood glucose less than 4mmol
- Seek specialist advice if blood glucose is persistently above 11.1mmols/l (individual targets will apply)

8. Insulin & medication safety

- Be aware of common insulin, ensure prescribed correctly
- Know main diabetes tablets, action & side effects, ensure prescribed correctly
- Stopping insulin or diabetes medication without review can cause harm
- Inform specialist team ASAP

9. Ensure person has access to diabetes care & review

- HbA1c, kidney function, blood pressure, cholesterol blood tests
- Access to diabetes specialist practitioner/team
- Have a flu vaccination

10. Know how & when to refer to diabetes/foot team

- Always contact if unsure

