



# Psychological support for people with Diabetes

HPFT's Wellbeing (IAPT) Service

Michael Elkabbas



Regional and national award winning initiative....!!!!

**HPFT Wellbeing Team scoops national award for diabetes project**

THIS IS  
**LOCAL LONDON**



**Mental health and diabetes care teams through to final round in NHS70 awards**



## IAPT Long Term conditions pilot

- Improved Access to Psychological Therapies
  - 142 IAPT services in England
  - 22 of which selected by NHS England to pilot 'Integrated care for people with long term conditions'
  - Whole person approach



## Reminder why we did this: The impact of a MH problem

Long Term Condition (eg diabetes)

Depression, anxiety

Self care is compromised

Physical health deteriorates/ increased disability  
and distress, ability to stay in a job is compromised

Increased pressure on NHS



## Challenges we had to overcome

Overcoming resistance with stakeholders:

- *Our staff,*
- *Our service users*
- *Our colleagues in physical health care...*

Developing a pathway that caters for *everyone*

Demonstrating outcomes





## How we did it

- Dedicated team of therapists with LTC interest
- Specially commissioned training:  
Psychology for LTC

## What made it a success?

### ***Service user input from the start***

- How to overcome barriers to engagement
- Design of service promotion materials
- Finding creative ways of reaching out to people
- Offering routine screening for MH problems for *everyone* with diabetes



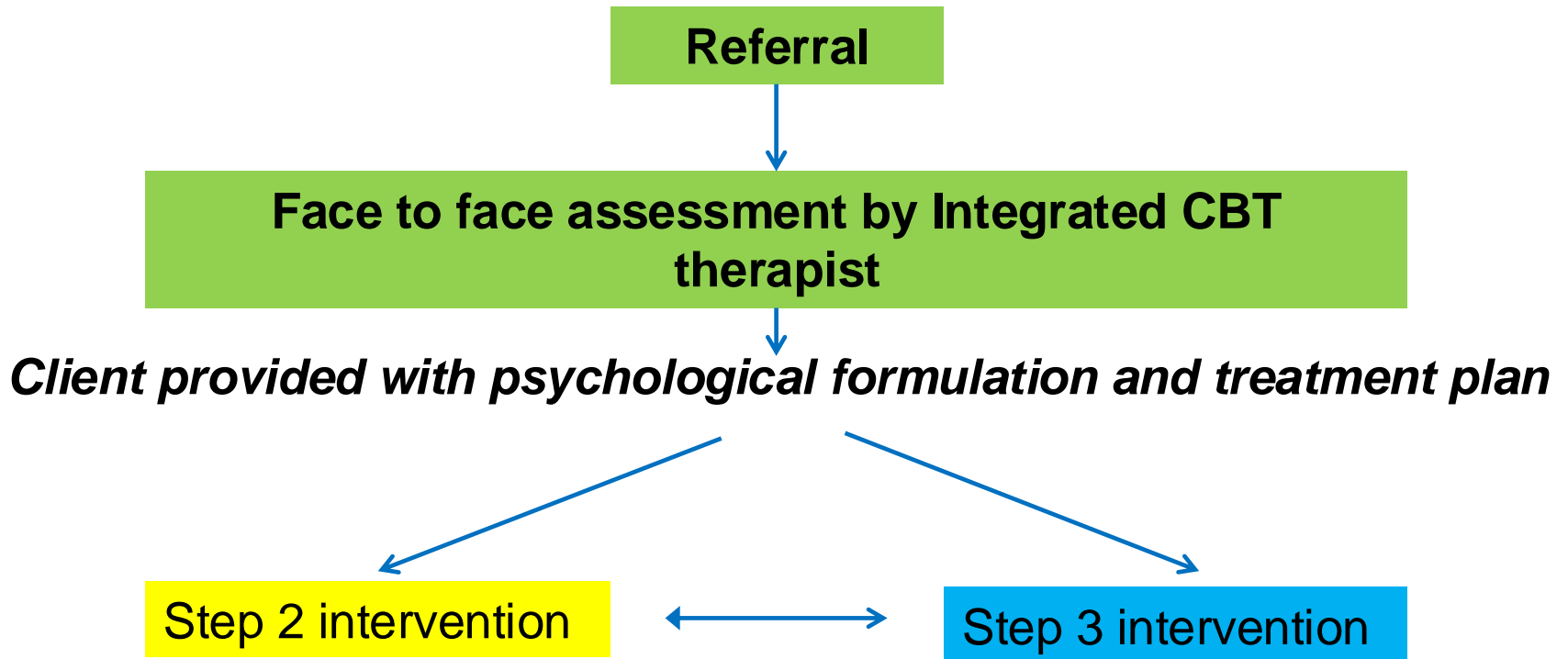
## Service users: “The *why* psychology challenge”?

- *Merit of psychological intervention questioned*
- Co-production essential





## Model sensitive to engagement challenges





## Treatment options tailored to individual needs

Not “just” Cognitive Behavioural Therapy

- *Interpersonal therapy (IPT)*
- *Couples therapy for depression*
- *Dynamic interpersonal therapy (DIT)*



## How we achieved integration

- Persuading busy physical healthcare colleagues this is a good idea...!
- ***Relationship building crucial***: pairing up therapists with healthcare staff
- Required (non clinical) time investment
- Co-education → highly appropriate referrals





## Outcomes - Shoulder to shoulder work

*“Running a clinic with a therapist was inspiring...they very skilfully engaged my patients in a conversation about their difficulties in a way that was reassuring and de-stigmatising. My patients have self referred and are getting great support”*

KF Diabetes Specialist Nurse



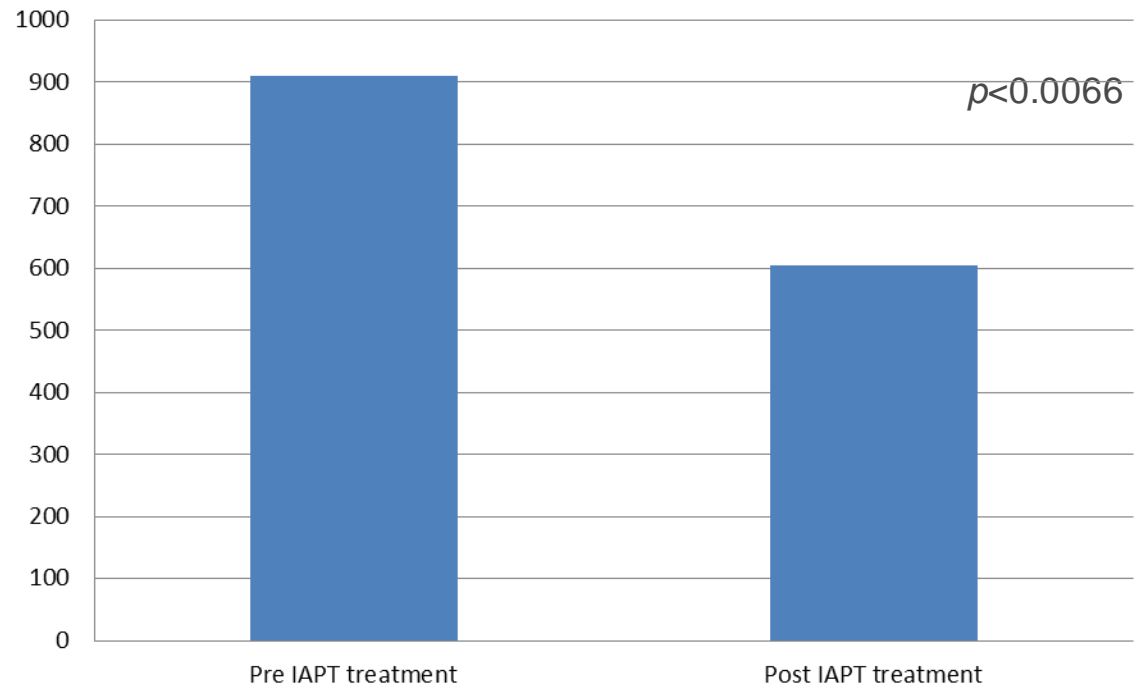
## The outcomes – our service users

- Discharge data show high recovery on measures of depression and anxiety
- Staggering 33% reduction in physical healthcare appointments following treatment
- Better self management of diabetes



## CSRI: Impact on healthcare utilisation

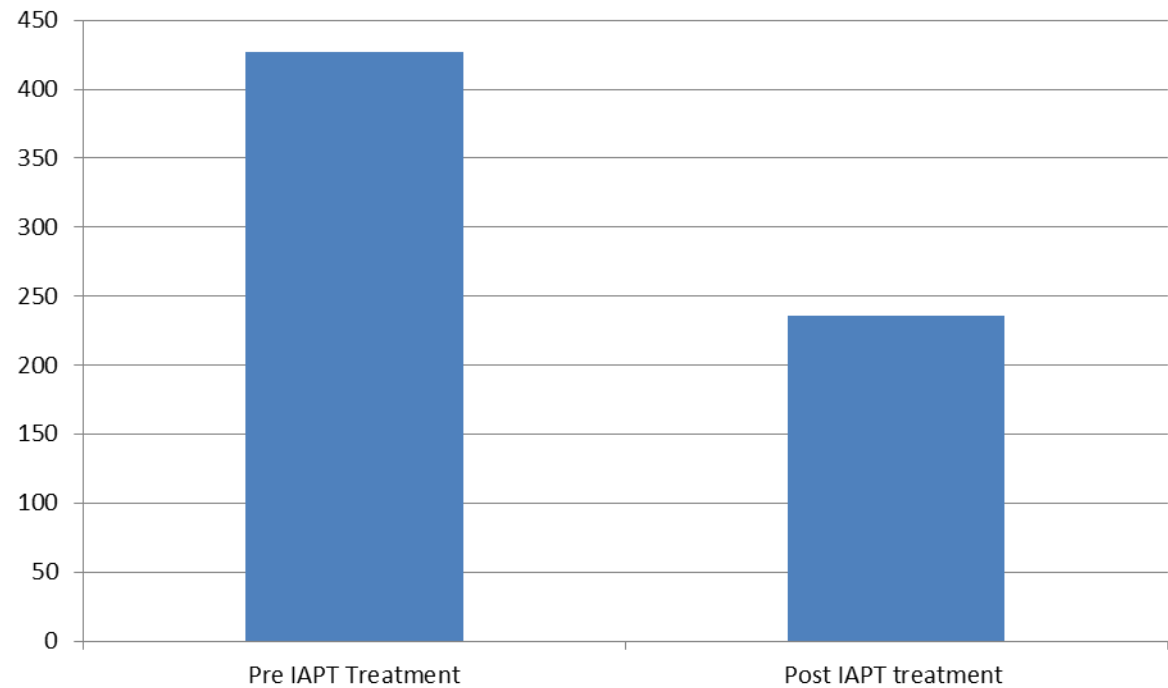
34% drop in physical health appointments  
53% clinical recovery





# Impact on GP appointments

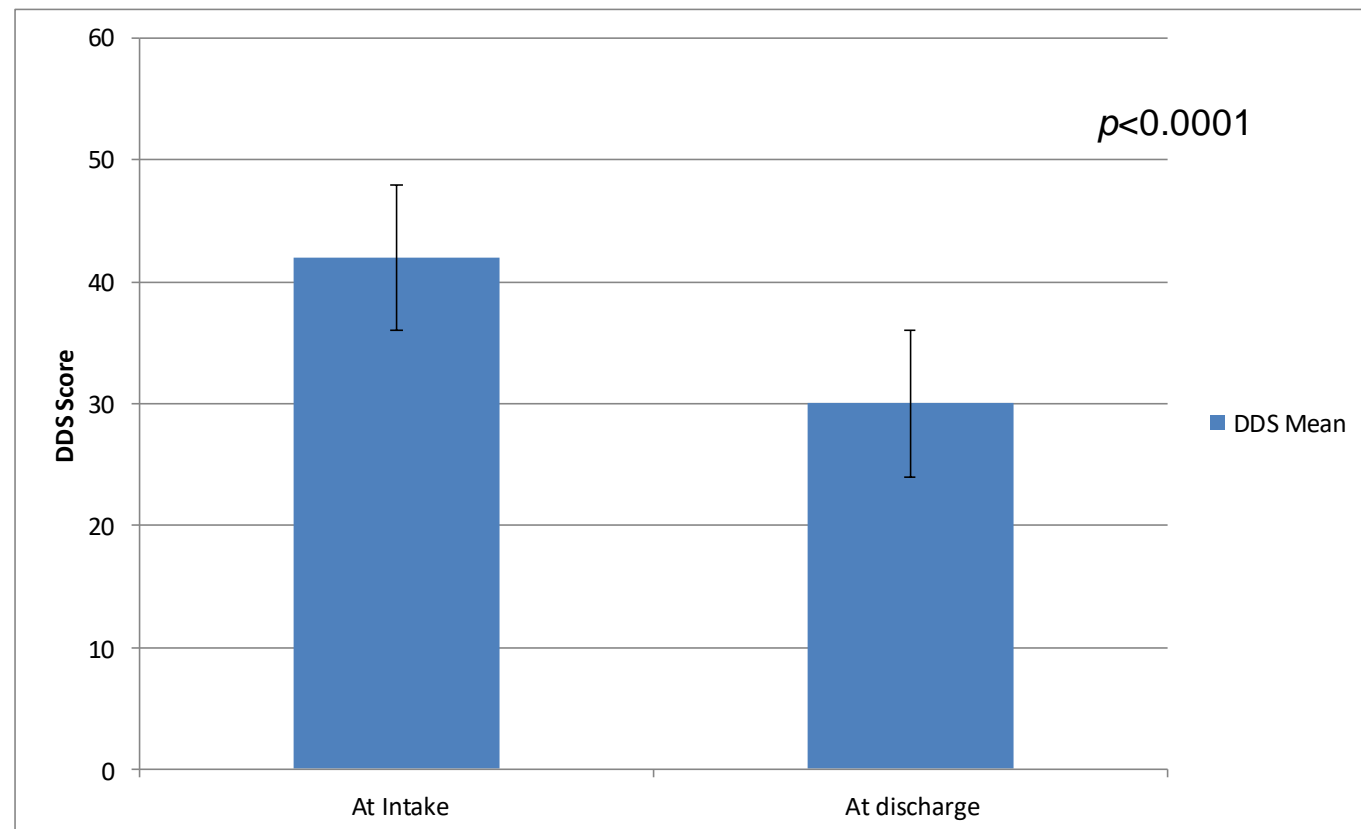
45% drop in GP appointments





# Diabetes Distress Scale

DDS correlated with HbA1c (*Todd et al., 2017*)







## Service user feedback

*“This service provided me with the space to talk about worries about my diabetes no one else has asked me about before .... I really valued that ..as well as the subsequent support...”*

*LS Service User*





Any questions?