



# ***Mental Health Issues in Diabetic Patients***

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*Reducing admissions through  
effective Case Identification*

Presented by The Wellbeing Service

# Workshop Aims

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- Gain an understanding of Wellbeing and our Diabetes Pathway
- Identify the common forms of psychological distress in patients with Diabetes
- Understand how effective case identification can reduce admissions
- How to refer

# IAPT and the Wellbeing Service

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- **IAPT - Improving Access to Psychological Therapies**
- Government NHS initiative implemented in 2006 to improve access to psychological therapies of working age adults.
- The Wellbeing Service is the local (Herts) name for IAPT
- Staffed by therapists qualified in cognitive behavioural therapy (CBT)
- The Wellbeing Service offers free and confidential short-term psychological, emotional and practical support.
- Those seeking help need to be registered with a GP in Hertfordshire and be over the age of 16 years.

# Who do we work with?

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- Those experiencing common mental health problems'. Typically anxiety and depression in a Primary care setting.
- Core group is adults over 16
- Active outreach with some groups:
  - **People with long term conditions (diabetes, COPD, chronic pain, MUS etc).**
  - Carers
  - Young people (16-18) and students
  - Older adults



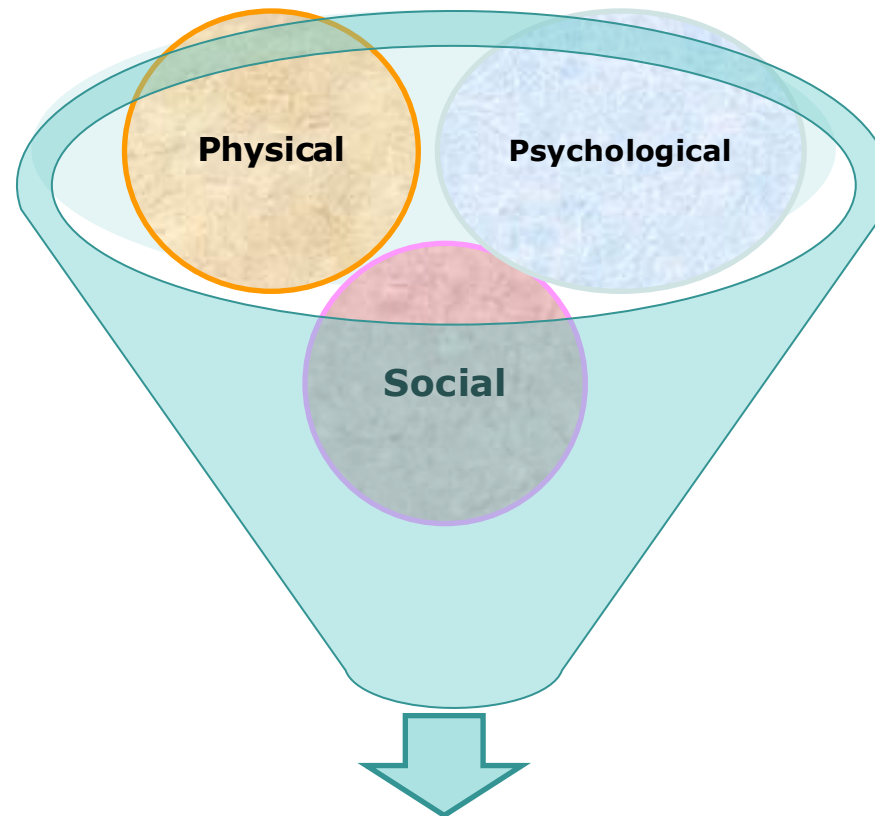
# The Long Term Conditions Expansion project

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- Hertfordshire one of 22 pilot sites across England
- Work commenced January 2017
- A dedicated team received specialist training in cognitive behavioural therapy (CBT) for Long-Term-Conditions
- Integration of physical and mental health care via community teams and GP Surgeries
- Routine screening for everyone with diabetes

# Working towards Integrated care

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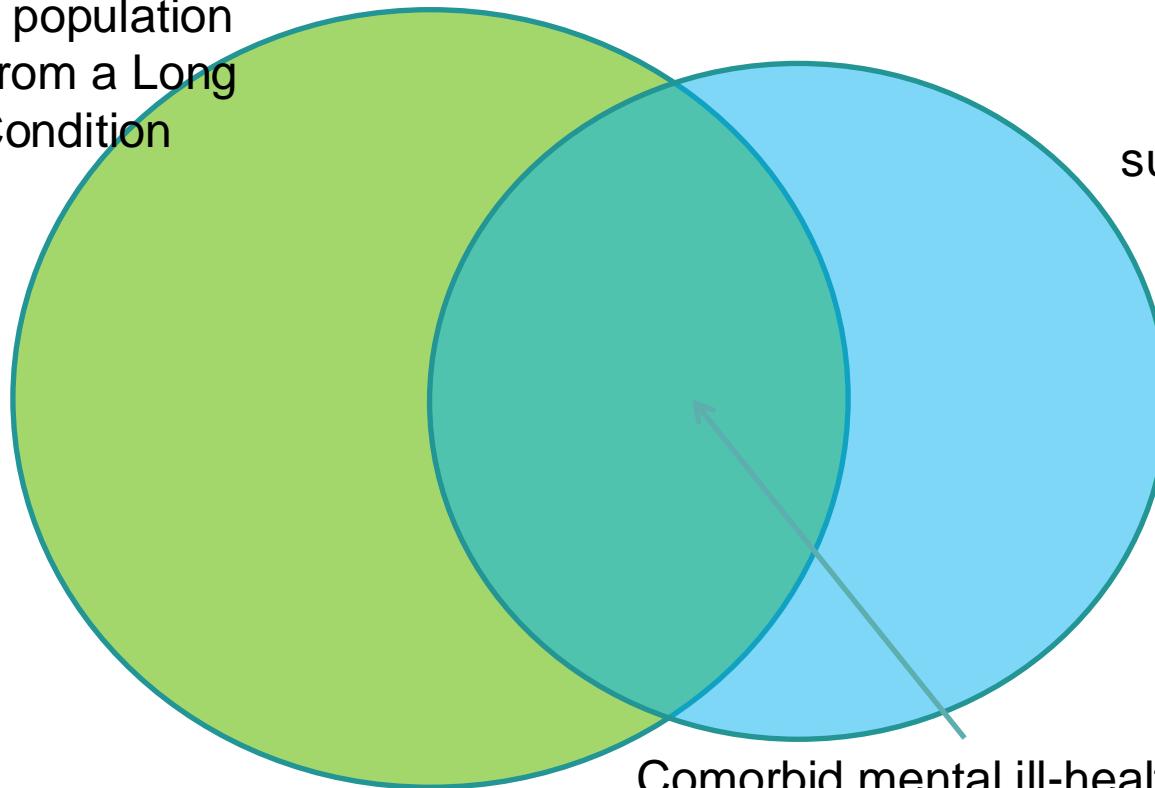
**Mental health difficulties impact on successful self-care in Diabetes**

# The Wider Context

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30% of population  
suffer from a Long  
Term Condition  
(LTC)

20% of population  
suffer Mental Health  
problems



Comorbid mental ill-health and LTC –  
here we see the greatest suffering in  
approx 15% total population

# The impact of a comorbid MH problem

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Long Term Condition (eg diabetes)

Depression, anxiety

Compromised self-management

Exacerbation of illness/ increased disability and distress

Higher cost to the NHS



# Case Identification

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“How do I know which of my diabetic patients might benefit from a Wellbeing intervention?”

# What to look for

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- Unhelpful emotions
  - Feelings, expressed as a single word
- Unhelpful thinking patterns
  - Beliefs and ideas, expressed as sentences
- Unhelpful behaviours
  - Actions and activities – what people do
- Uncomfortable sensations
  - Physical symptoms



# What **emotions** might your diabetes patients experience?

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- Depression
- Anxiety
- Anger
- Grief
- Guilt
- Shame
- Frustration
- Failure
- Worry

# What **thoughts /beliefs** might a patient express?

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- “I feel hopeless about managing blood sugars”
- “I’m sick and need to take it easy”
- “Its all my fault”
- “I’ll be to blame if I get complications”
- “I am worried about my sugars, and terrified of hypos”
- “I’ll never cope with the injections”
- “No matter what I do I will die from complications of diabetes”

# What **behaviours** might your patients exhibit?

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- Excessive or infrequent GP Practice visits
- Missing medications
- Sporadic blood tests or no testing at all
- Reduced general activity
- Using junk food and alcohol to manage emotions
- Self harm
- Poor sleep pattern
- Days off work
- Lack of general motivation



# What **symptoms** might your patient experience?

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- Dry mouth
- Dizziness
- Palpitations
- Aches
- Pain
- Headaches
- Tension
- Fatigue

# Thinking, Behaving, Feeling

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## BEHAVIOUR

Comfort eating.  
Stopped taking dog for daily walks.

**Situation:** recent diagnosis of type 2 diabetes

## THOUGHTS

It's all my fault.  
No matter what I do I will die from diabetes complications

## EMOTIONS AND SYMPTOMS

Guilty, anxious, dizziness, dry mouth, lower back pain.

# Exercise

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- Small groups.
- Read your case study. Identify examples of the three areas and write these in the appropriate part of the model diagram.
- Think about the way these are connected.
- 15 minutes.



# Review of exercise

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- What do maintenance cycles look like? – share
- How helpful was it to identify thoughts /feelings /behaviours?
- Were you able to see how these items influence one another?
- How would you feel about referring this person to Wellbeing?



# Another way in: the 6q tool



## The 6q Screening Tool

- Identify key symptoms of depression, anxiety and social avoidance with only 6 items
- Quick and easy to administer
- Provides an early indication that referral to Wellbeing may be indicated

### Wellbeing Service Brief Screening Tool

We would be grateful if you could complete the following six questions. Your responses could indicate that you may be struggling with difficulties commonly experienced by people living with a long term condition. If this is the case, the NHS is now able to provide free, additional support through the Hertfordshire NHS Wellbeing service.

**Over the last 2 weeks, how often have you been bothered by the following problems?**

	Not at all	Several Days	More than half the days	Nearly everyday
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3

**During the past month, how often have you been bothered by the following problems?**

	Not at all	Several Days	More than half the days	Nearly everyday
Feeling down, depressed or hopeless	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3

**During the last month, how often are you affected by the following?**

	Not at all	Several Days	More than half the days	Nearly everyday
Do you find yourself avoiding social situations or activities?	0	1	2	3
Are you fearful or embarrassed in social situations?	0	1	2	3

# Patient declines a referral

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- Suitable patients may sometimes decline to be referred
  - Time /logistical concerns
  - Stigma, and other unhelpful beliefs about therapy
- Explore reasons for declining when appropriate.
- Respect their choice, revisit if concerns persist

# Yes – suitable and consenting

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- Also for 'no concerns' patients requesting a referral anyway
  - Concerns difficult to articulate
  - May not wish to disclose
- Referral to Wellbeing
  - [www.talkwellbeing.co.uk](http://www.talkwellbeing.co.uk)
- Professional referral form

# Professionals referral form available on DXS



## INTEGRATED CARE DIABETES REFERRAL FORM

OFFICE USE: Dear SPA Colleagues – If for Wellbeing please allocate to Team admin account once risk reviewed

Name & Surname		Gender	
NHS number		Ethnicity	
Telephone		DOB	
Patient Address	GP Name & Practice		
GP informed of referral?	Yes/No	Patient aware of referral?	Yes/No
Is your patient:	Pre-diabetic <input type="checkbox"/>	Diabetic (type 1) <input type="checkbox"/>	Diabetic (type 2) <input type="checkbox"/>
Most recent HbA1c level:	(mmol/l%) Date of reading:		

Referral source (please tick): Primary care  HCT  Hospital

Referrer Details (name/contact number/ bleep):  
Consultant name:



Reason for referral (please tick as many as apply):

Frequent attendor (e.g. A&E, drop in, calls) <input type="checkbox"/>	Multiple unscheduled admissions <input type="checkbox"/>
Poor self management of diabetes <input type="checkbox"/>	Adjustment to initial diagnosis <input type="checkbox"/>
Anxiety about managing diabetes <input type="checkbox"/>	Non compliance with meds or diet <input type="checkbox"/>

Depression/ low mood <input type="checkbox"/>	Health anxiety <input type="checkbox"/>	Anger Management <input type="checkbox"/>
Generalised anxiety <input type="checkbox"/>	Stress <input type="checkbox"/>	Pain management <input type="checkbox"/>
OCD <input type="checkbox"/>	Panic <input type="checkbox"/>	Sarcasm <input type="checkbox"/>
PTSD <input type="checkbox"/>	Phobia <input type="checkbox"/>	Self harm <input type="checkbox"/>
Social Anxiety <input type="checkbox"/>	Needle Phobia <input type="checkbox"/>	Eating Disorder <input type="checkbox"/>

Other (please specify):

Please state any medical complications as a result of diabetes: (e.g. eye, kidney, foot, cardiovascular)

Mental Health history:  
Does the patient have a formal psychiatric diagnosis? Yes/No  
(e.g. Schizophrenia/ Bipolar Affective Disorder/Personality Disorder/Eating Disorder) please circle

Is your patient currently under the care of mental health services? Yes / No	Is your patient currently prescribed medication for mental health problems? Yes / No	Has your patient been an inpatient on a psychiatric unit? Yes/No
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If yes to any of the above please provide details.

Please give history of Alcohol and/or Drug Use  
e.g. units of alcohol typically consumed, name and frequency of use of illicit drugs

RISK ASSESSMENT:

Does the patient have a history of self-harm or suicide attempts?	Yes/No
Does the patient present a risk to others (includes forensic history)?	Yes/No
Is the patient at risk from harm/abuse from others?	Yes/No

If yes to any of the above please provide detail (e.g. level of risk, protective factors):

1. If your patient is being cared for within primary care or Herts Community Trust please refer to: WELLBEING: Please hand the completed referral to your allocated Wellbeing therapist or email this referral form to: [hpft.spa@nhs.net](mailto:hpft.spa@nhs.net)
2. If your patient is under the care of West Herts Hospital Diabetes Team please refer to: Complex Diabetic Mental Health Team, 2<sup>nd</sup> floor, Shredds Building, Watford General Hospital, Watford, WD18 0HB email: [watford@nhs.net](mailto:watford@nhs.net) or Fax: 01923 436123 Phone: 01923 436124

# Typical referrals

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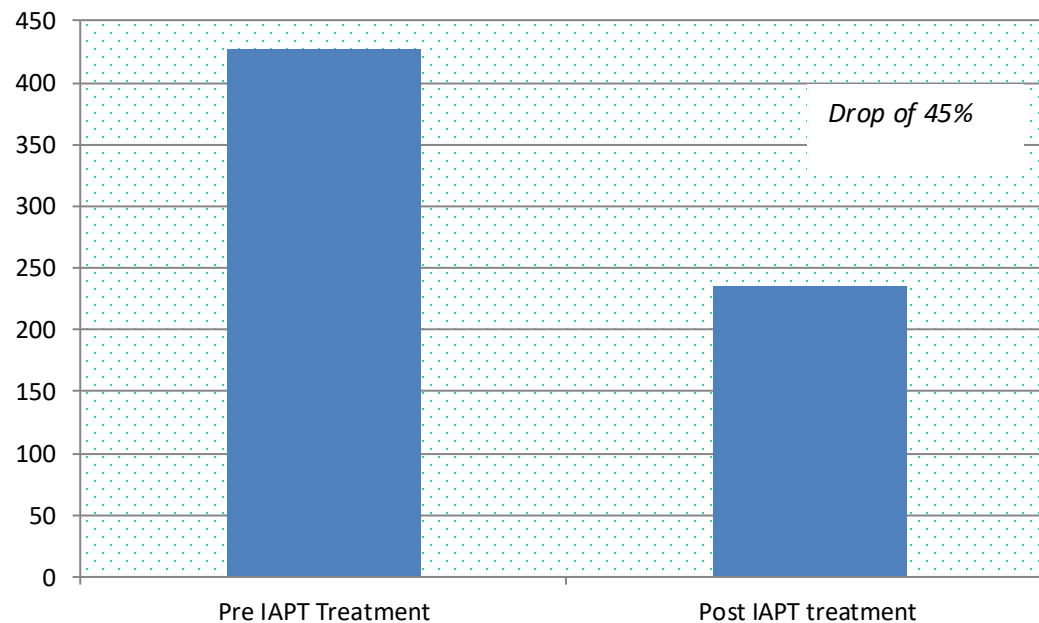
- Difficulty adjusting to new diagnosis (stress, anxiety, sense of loss)
- Needlephobia
- Low motivation to adhere to self management (*including attending Desmond /Dafne*)
- Hopelessness or low mood related to chronicity
- Common mental health problems unrelated to diabetes.



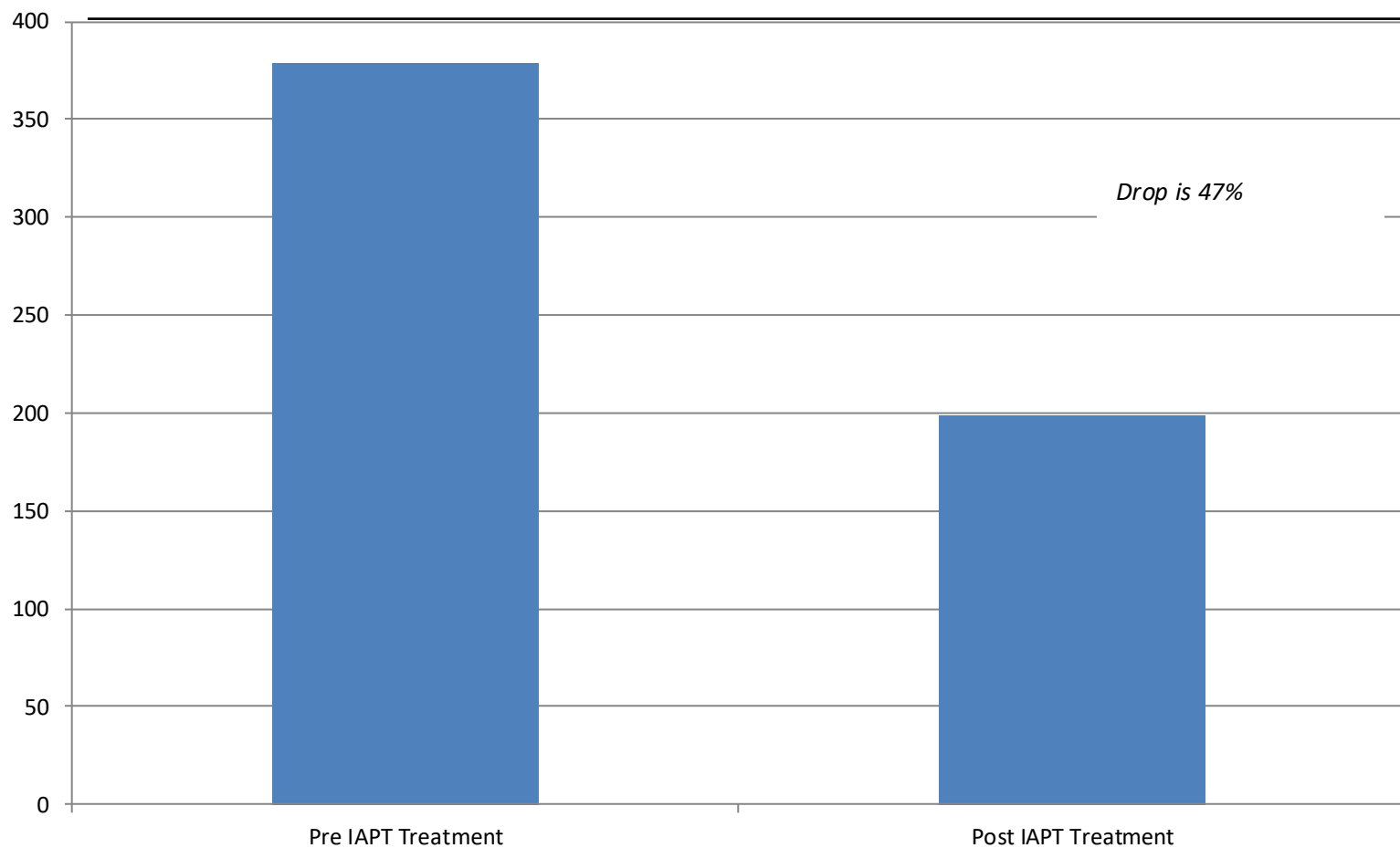
# Does effective case identification reduce admissions?

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### Total number of GP appointments



## Total number of days off work due to illness





as one

Hertfordshire Partnership  
University NHS Foundation Trust



# Diabetes



**Wellbeing Service**  
Long term conditions support

**Our values**  
Welcoming Kind Positive Respectful Professional



## Diabetes and Wellbeing:

Whether you have been recently diagnosed with Diabetes or have been living with this health condition for a long time, managing Diabetes can be tough. Some people report feeling overwhelmed having to manage their medication and attend medical appointments. Others report finding it difficult to make some of the lifestyle changes necessary to cope with Diabetes.

It's very common to feel worried, anxious or low in mood at times, however having Diabetes does not mean you shouldn't be able to enjoy life.

## Do you ...

Have problems adjusting, don't like needles and feel overwhelmed by the stress of it all?

Struggle with increased responsibility for self-management and self-care or can't seem to stop obsessively self-monitoring?

Feel that your mood has changed, that you've become isolated, lost your confidence, and quality of life?

Find it difficult to manage your weight, change your diet and alcohol intake and to exercise?

## How we can help:

The Wellbeing Team are working closely with GPs, Diabetic nurses, Dieticians and other health professionals to provide better support and overall healthcare to patients with Diabetes.

Treatment offered within the Wellbeing Team is based on Cognitive Behaviour Therapy (CBT). CBT is an evidence based treatment recommended by NICE and is effective at reducing symptoms of low mood, anxiety and other emotional problems. For many people, improving how we feel can lead to improved self care and management of conditions like Diabetes.

CBT is a goal focused treatment, aiming to teach you strategies and techniques which can help you feel better and more in control of your Diabetes.

## What to Expect:

If you or your health care professional have identified you could do with some support, after getting in touch, you will be invited to have an appointment with one of our specially trained clinicians. This appointment will usually take up to an hour and will involve completing some questionnaires to help the clinician understand your concerns. Please do not be alarmed by these questionnaires. They may be sent to you in the post for you to complete before your appointment. If you need help completing these questions, our clinicians will be happy to do this with you at your appointment.

At the end of your appointment along with the clinician, you will make a decision about what type of support could be most helpful to you and a plan will be agreed to start treatment.

It is important for us to know whether we have helped you to make improvements, so after your treatment has finished, you may be contacted to help us evaluate whether you have benefited from our support and this has made a difference to your Diabetes care.

# Questions?

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Professional referral form - download via:  
<http://www.hpft.nhs.uk/wellbeing-service>

# talkwellbeing.co.uk

Single Point of Access: 0300 777 0707



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