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Hertfordshire Partnership NHS
University NHS Foundation Trust

iapt
Improving Access to Psychological Therapies
NHS

Integrated care for people with diabetes

Hertfordshire Wellbeing Service

The Wellbeing Service
APPTS ACCREDITATION PROGRAMME FOR PSYCHOLOGICAL THERAPIES SERVICES CCQI
Accredited April 2016

Our Values
Welcoming Kind Positive Respectful Professional

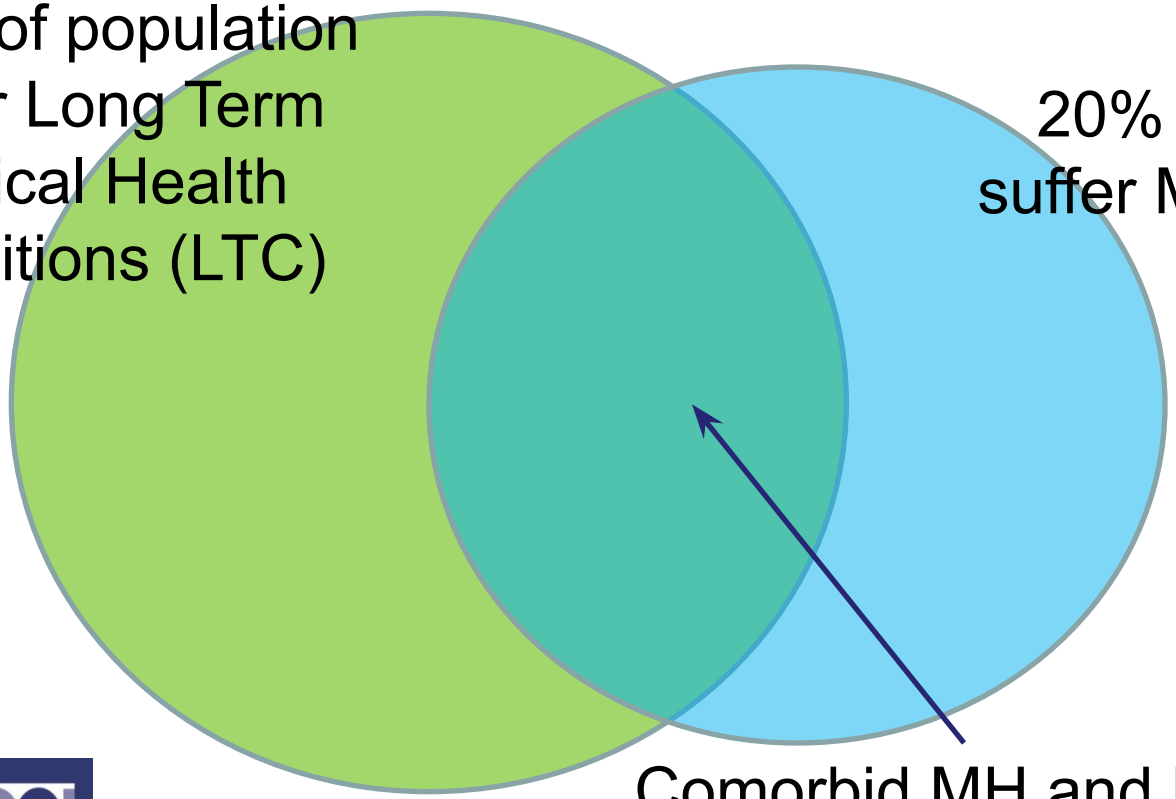
IAPT expansion for LTC

- Why IAPT input for diabetes?
- What is different:
  - For staff
  - For patients
  - For colleagues in physical health care
- Outcomes so far
- Referral pathway

Comorbidity

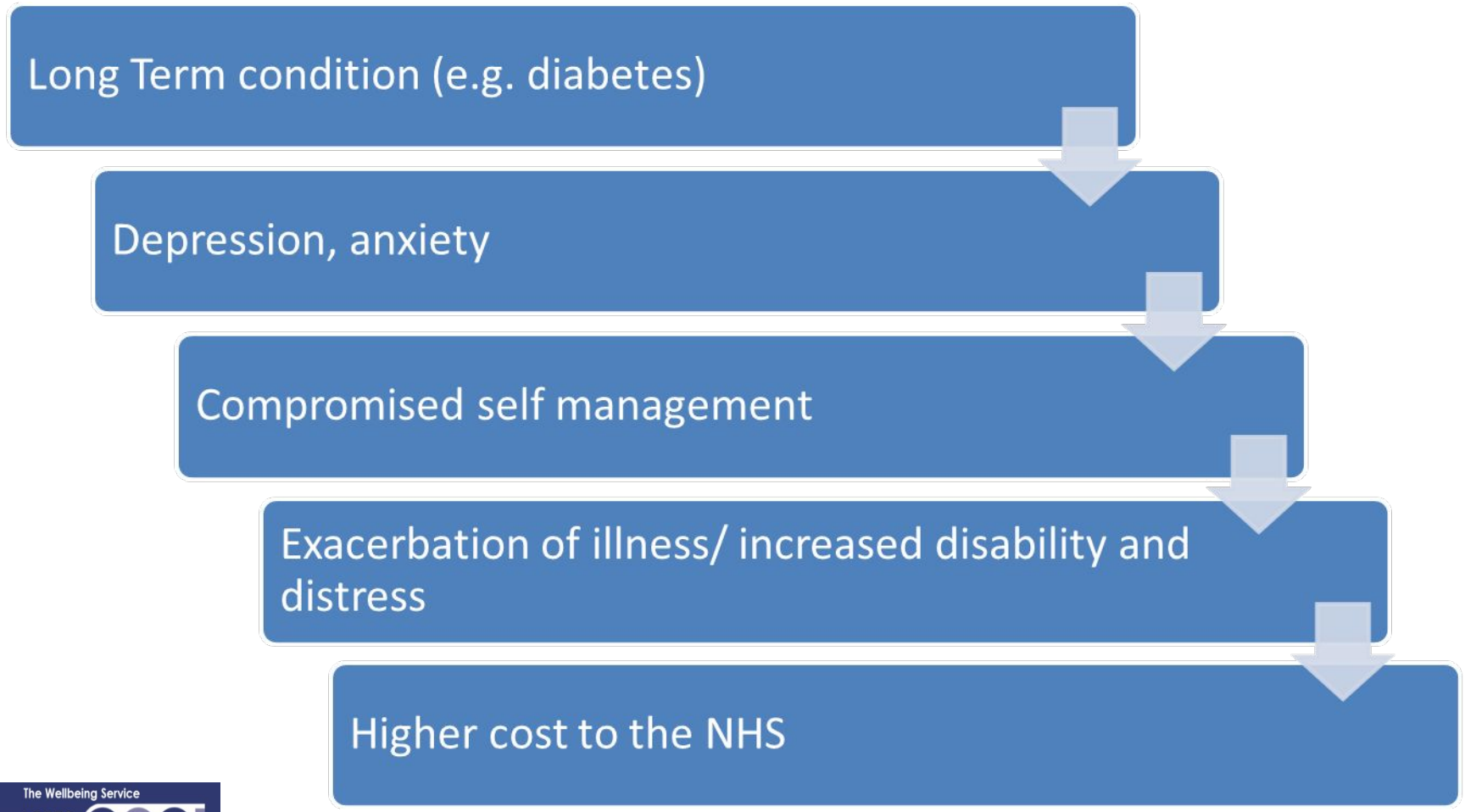
30% of population suffer Long Term Physical Health Conditions (LTC)

20% of population suffer Mental Health problems



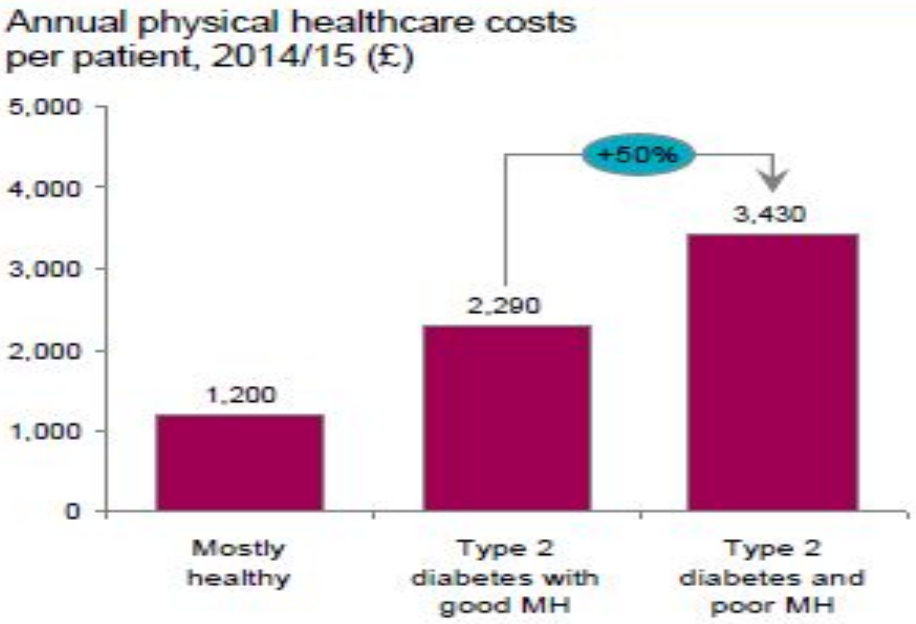
Comorbid MH and LTC

The impact of a comorbid MH problem:



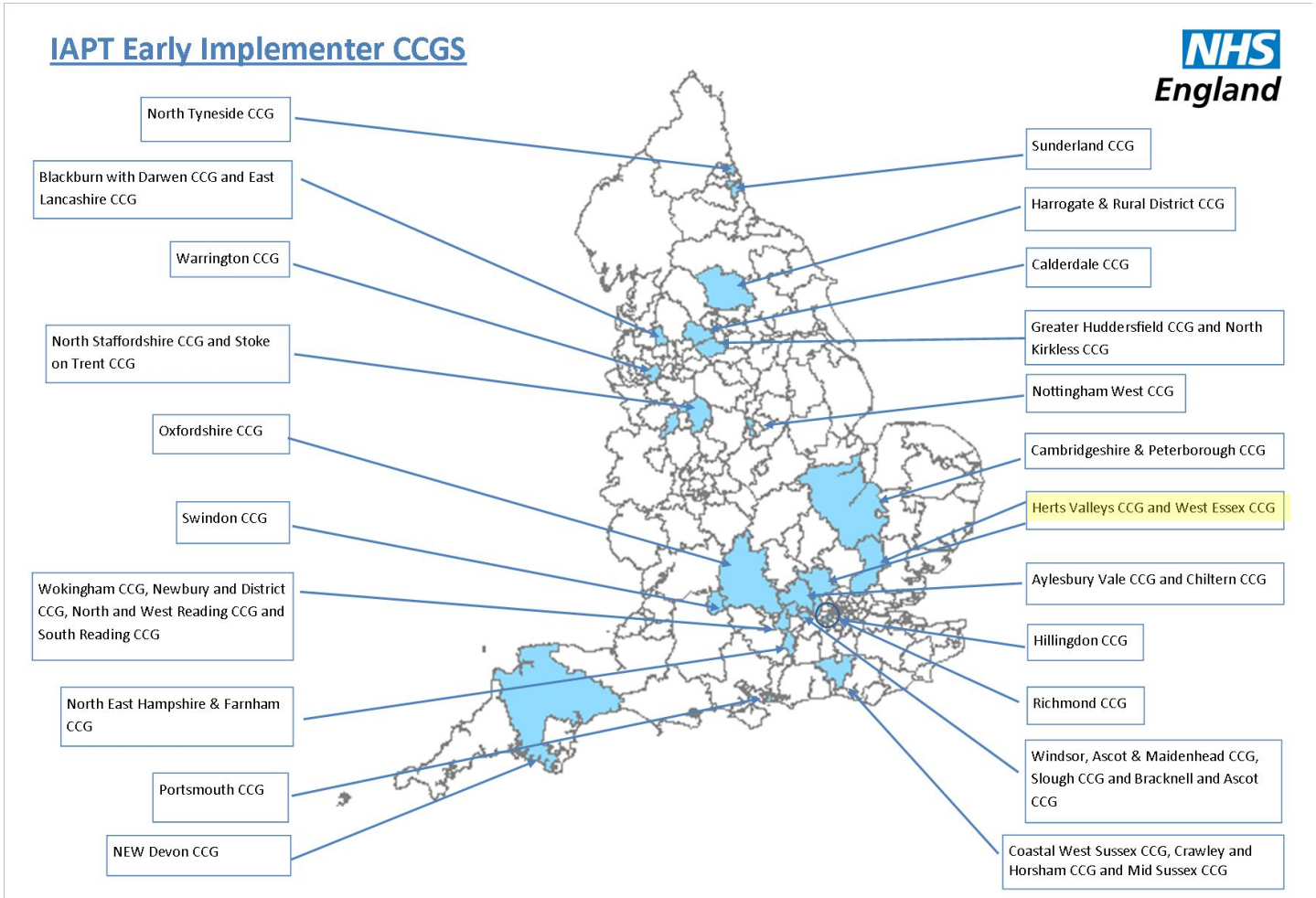
Poor MH responsible for £1.8bn of spend on type 2 diabetes

Physical healthcare costs 50% higher for type 2 diabetics with poor MH

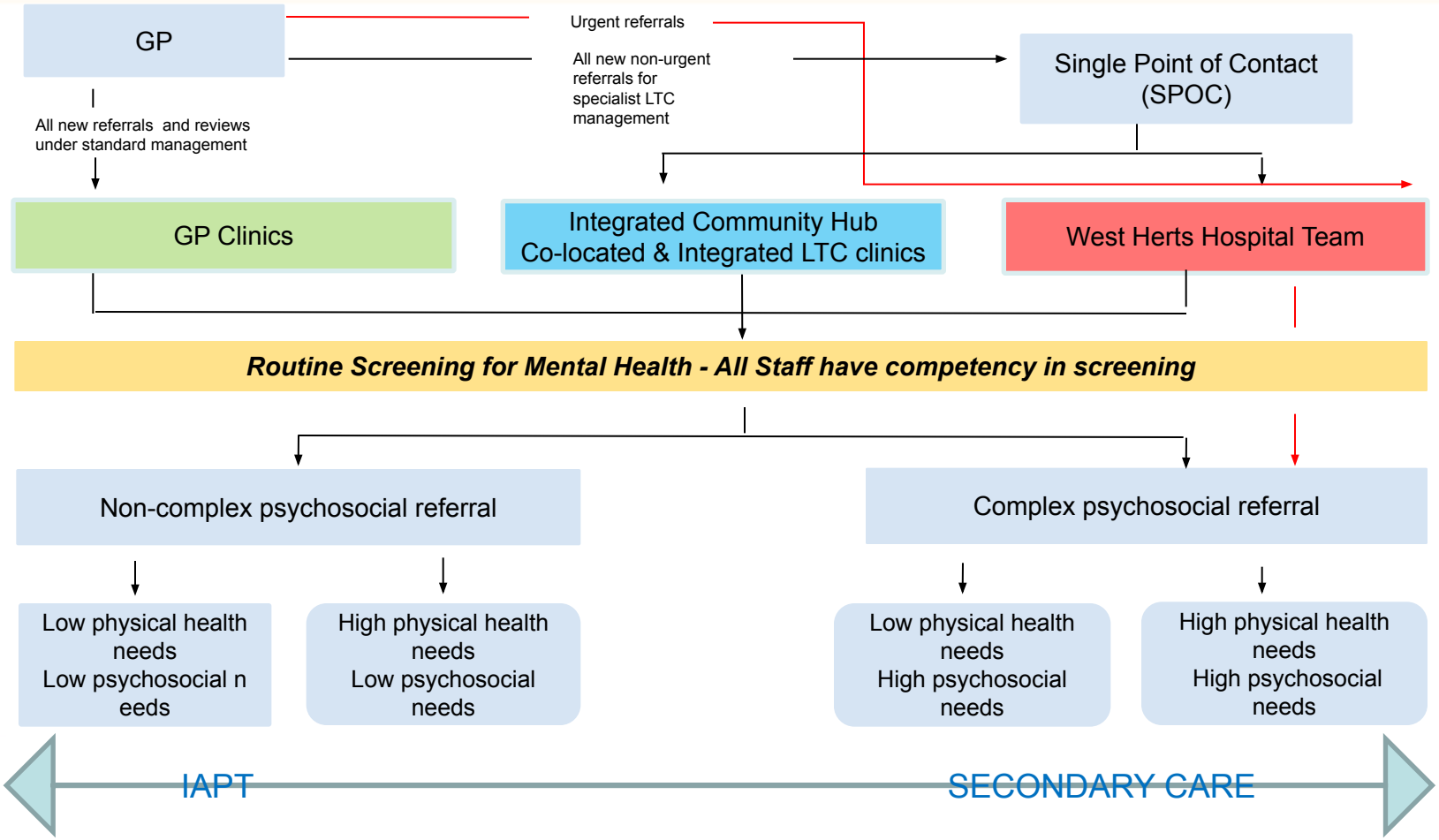


Source: Hex et all, 2012; APHO Diabetes Prevalence Model for England 2012; Long-term conditions and mental health: The cost of co-morbidities, The King's Fund

HPFT: One of 22 IAPT pilot sites for LTC



Diabetes Integrated Care Pathway



IAPT for LTC – what's different

Staff undergone LTC CPD

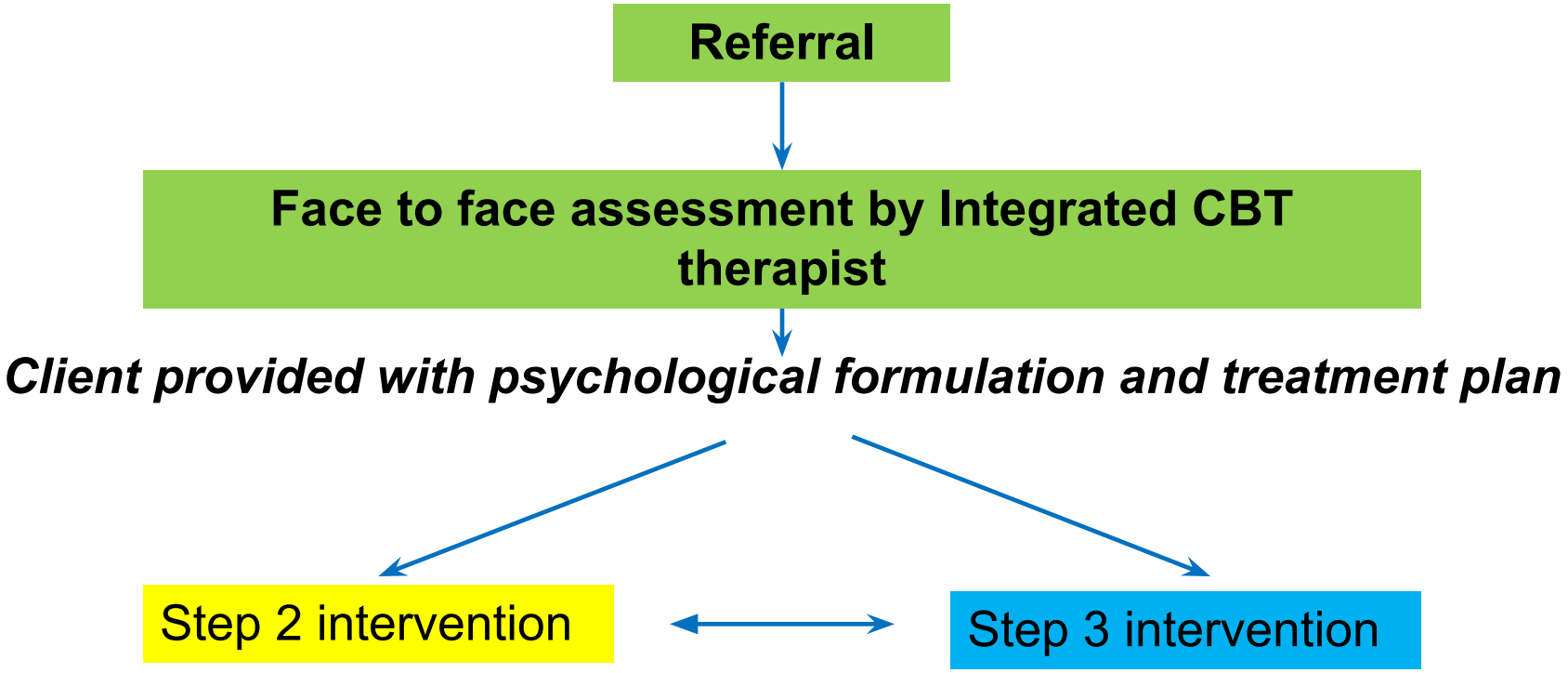
Modify psychological interventions: relevant to LTC

For ***patients***:

Digress from core IAPT model

Step 3 face to face assessment to maximise engagement

Model sensitive to engagement challenges



IAPT for LTC – what's different

- Persuading busy physical healthcare colleagues this is a good idea:

  – *Benefits to their patients*
  – *Will reduce their workload*

Relationship building

- Relationship building: pairing up therapists with healthcare staff (DSNs)
- Required (non productive) time investment our side

- Co-education highly appropriate referrals

- *Ongoing*: DSNs attending IAPT supervision

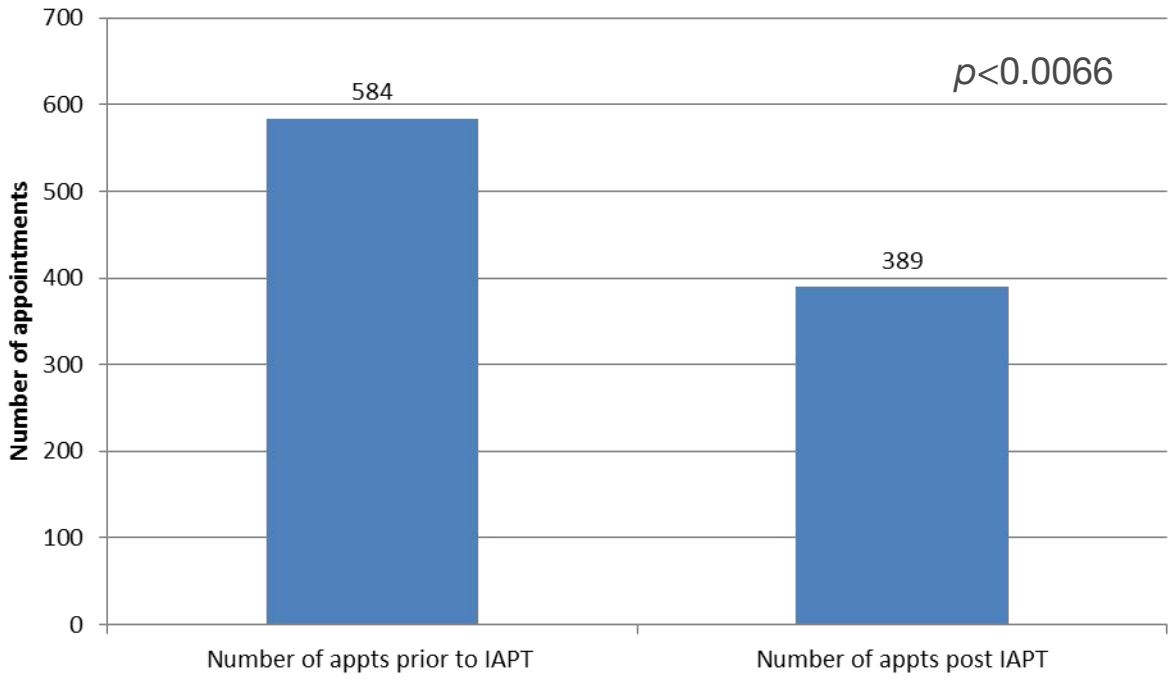
Shoulder to shoulder work

"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

CSRI: Impact on healthcare utilisation

33% drop in physical health appointments
53% clinical recovery



Typical referrals

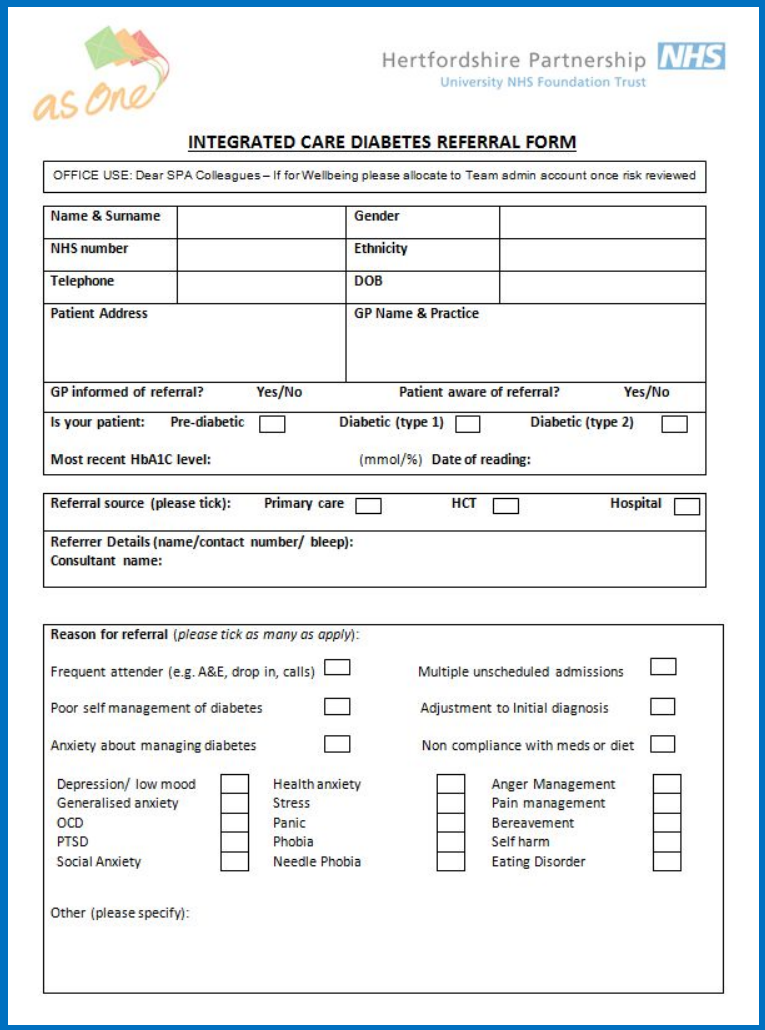
- Common mental health problems related/unrelated to DB
- Adjustment to new diagnosis (*stress, anxiety, sense of loss*)
- Needlephobia
- Motivation to adhere to self management *(including attending Desmond/Dafne)*

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

Easy to refer…



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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 ☐ Diabetic (type 1) ☐ Diabetic (type 2) ☐

Most recent HbA1C level: (mmol/%) **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 attender (e.g. A&E, drop in, calls) ☐ Multiple unscheduled admissions ☐

Poor self management of diabetes ☐ Adjustment to Initial diagnosis ☐

Anxiety about managing diabetes ☐ Non compliance with meds or diet ☐

Depression/ low mood	☐	Health anxiety	☐	Anger Management	☐
Generalised anxiety	☐	Stress	☐	Pain management	☐
OCD	☐	Panic	☐	Bereavement	☐
PTSD	☐	Phobia	☐	Self harm	☐
Social Anxiety	☐	Needle Phobia	☐	Eating Disorder	☐

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/ BipolarAffective 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**

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*):

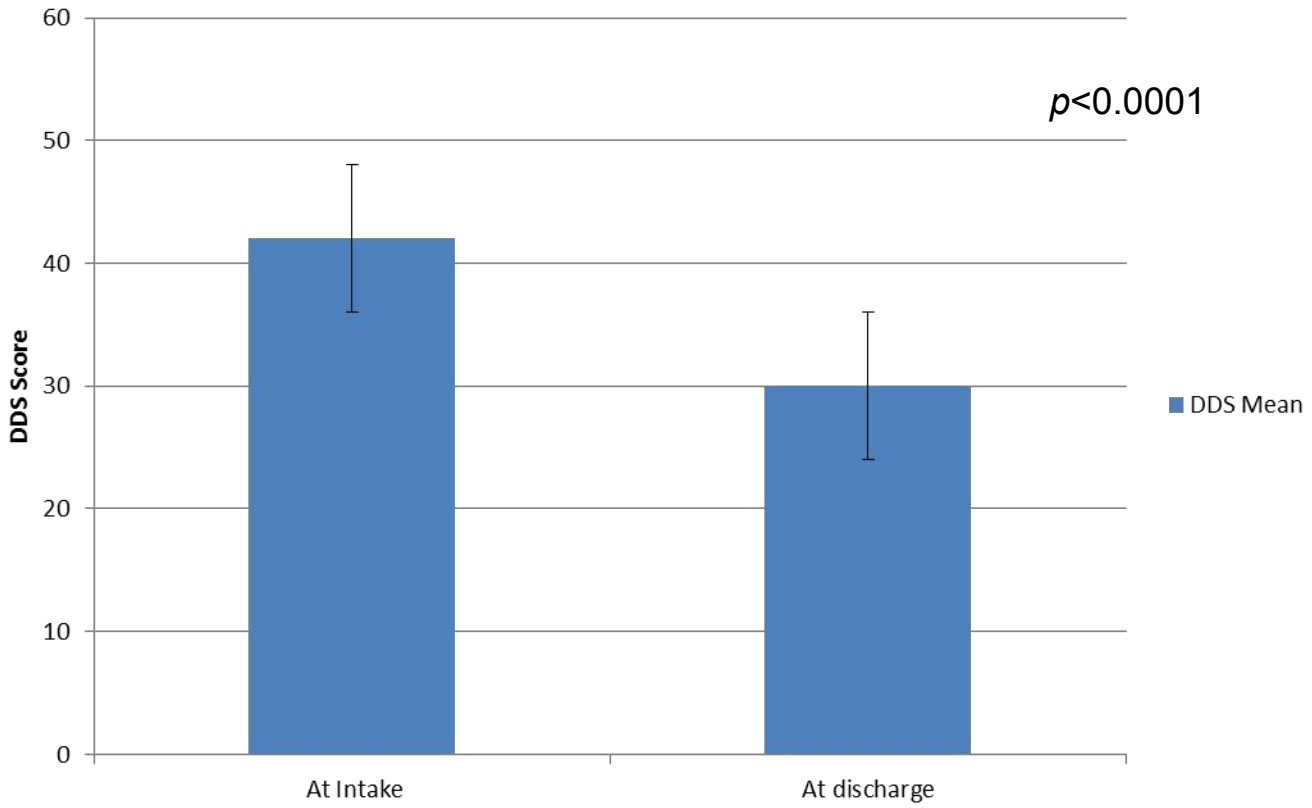
1. **If your patient is being cared for within primary care or Herts Community Trust please refer to:**
WELLBEING: Please hand the completed referral to your allocated Wellbeing therapist or email this referral form to: hpft.spa@nhs.net

2. **If your patient is under the care of West Herts Hospital Diabetes Team please refer to:**
Complex Diabetic Mental Health Team, 2nd Floor, Shrodells Building, Watford General Hospital, Watford, WD18 0HB email: r.watford@nhs.net or Fax: **01923 436123** **Phone:** 01923 436124

- Thank you

Diabetes Distress Scale

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



NICE Recommended Treatments

Condition: Mild – moderate severity	**Treatment**
Depression	CBT – First line treatment of choice •IPT •Couples counselling •Brief Psychodynamic (DIT) •Counselling for depression
Anxiety disorders (ALL)	Specialised forms of CBT
PTSD	Trauma focused CBT and EMDR
Eating Disorders	CBT

• Herts Valleys CCG and West Essex CCG

Meet Amanda*

Amanda is 22. She is a single mum to a 4 year old daughter. She works in a bank, is in a relationship with a new partner and has a good social life. In her spare time Amanda enjoys swimming and horse riding. Life was good for Amanda until 2017 when she was diagnosed with type 1 diabetes (DM1). This was extremely distressing and problematic for her because she suffered with a pre-existing blood-needle-injury phobia.

Amanda was referred to the Wellbeing Team for treatment of needle phobia by the RAID Team at the General Hospital. She had presented in A&E due to severe dehydration and high risk of Diabetic Ketoacidosis. Her HbA1c level was 104 mmol/mol.

Amanda's goals:

Amanda's compliance with self-management of her DM1 was good in most areas: She adhered to her diet plan, enjoyed a good and varied exercise regime and was able to carry out finger pricks to test blood glucose levels.

At the time of referral she was prescribed 5 insulin injections per day. She was unable to comply with this and at best managed one injection per day. Prior to coming into treatment she might not inject for weeks at a time.

Her goal for therapy was to overcome her fear of injections such that she could manage her DM1 well.

What did the psychological therapy entail?

Psychological formulation considers how early life experiences can lead to unhelpful belief systems. Amanda recalled how as a child she had been forcibly held down when inoculated, instilling a fear of injections. She recalled subsequently avoiding blood tests by crying and violently protesting. As a consequence she successfully avoided needles for most of her childhood and adolescence and never really learnt that, while unpleasant, injections were not dangerous.

The formulation identified beliefs in the here and now which were prohibitive: "*I will be sick; I will faint*". It also identified how she would generate "permissive thoughts" to avoid injecting "*I do not need to do this, I am well*". Her therapist helped her see how her very strong all or nothing beliefs ("*I must do everything perfectly/completely or not do it at all*") were maintaining the problem: "*If I miss one injection I might as well not do any*". Therapy explored how combined these thoughts and beliefs triggered unhelpful behaviours (avoidance, procrastination). She learnt that while in the short term avoidance of injections reduced her anxiety, in the long term avoidance maintained her fear and compromised her health. As a consequence her fasting blood glucose remained chronically high.

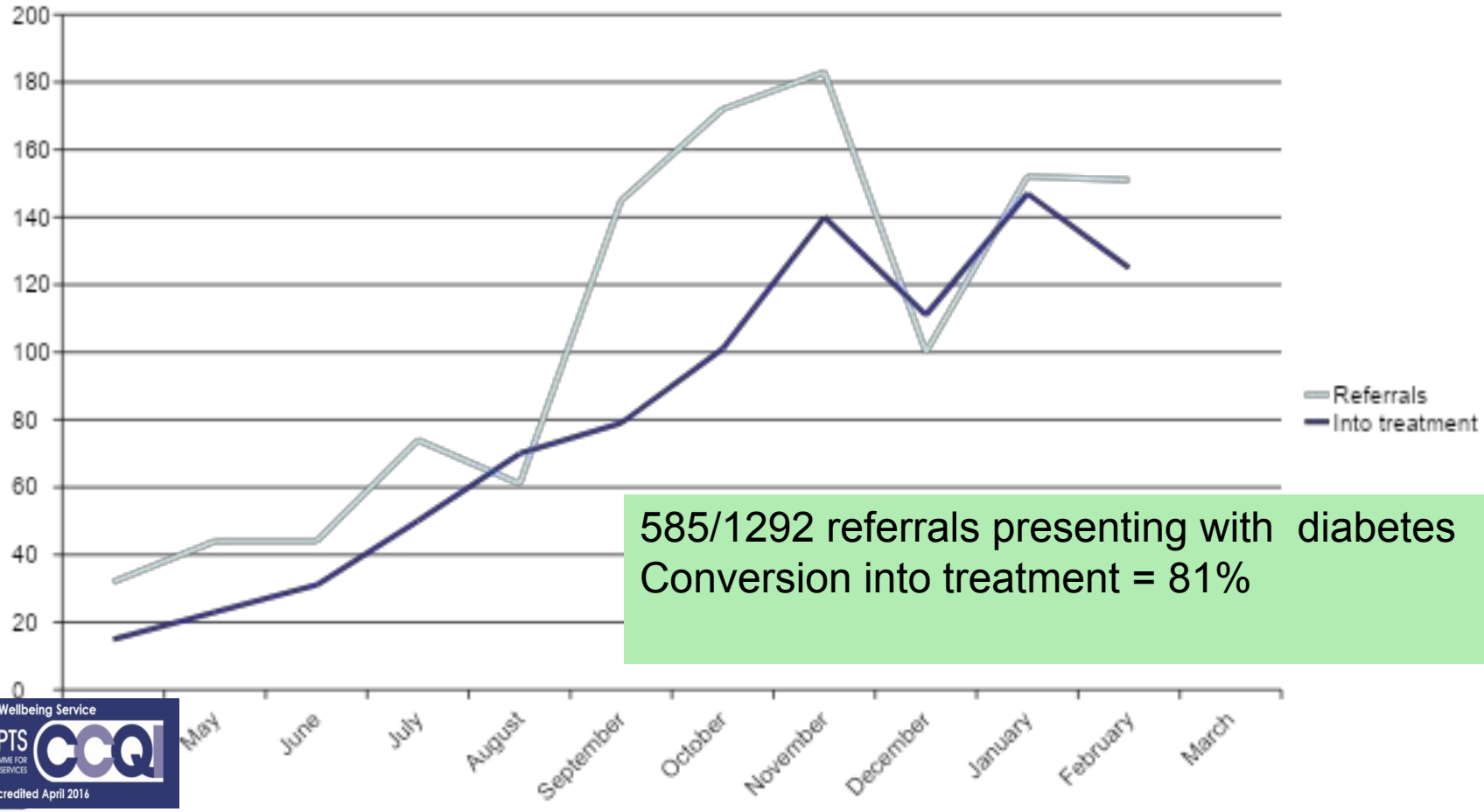
Therapy included learning applied tension techniques (to combat feelings of faintness) alongside a programme of graded exposure which included watching videos of people with diabetes self-injecting and culminated in Amanda doing an injection in session. Cognitive work focused on developing adaptive beliefs and challenging her all/nothing thinking.

Outcome of treatment –As therapy progressed Amanda overcame her debilitating fear and is now administering 5 insulin injections a day. This resulted in blood glucose (from finger prick tests) reducing from over 30 to between 4 and 10). Amanda has also changed her thoughts from *"I do not need to do this, I am well"* to *"I need to do this to live the life I want to live."*. She feels empowered. She no longer feels defined by her diagnosis but is living with a condition that she is proud of managing well.

Considerations and learning

This was not a straightforward piece of work. There was a significant level of medical risk and so it was essential to work closely with Amanda's Diabetes Specialist Nurse (DSN) and keep her informed at all times. Through this co-working the therapist gained additional knowledge around her condition and so for instance was taught to check that Amanda was using long-acting insulin when she was only injecting once every 2 days in the early stages of therapy. Overcoming a lifelong fear required considerable courage and at one stage Amanda dropped out of treatment. Once re-engaged her therapist's compassion and encouragement to persevere ("*I am not giving up on you*") helped Amanda to not give up on herself either. If anything, overcoming this temporary set-back provided powerful learning and helped drive towards a successful outcome..

HVCCG: Integrated pathway



585/1292 referrals presenting with diabetes
Conversion into treatment = 81%

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Diabetes

Wellbeing Service

Long term conditions support

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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.