Diabetes Community Team: Clinical Psychology Service

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Aims of today's session

- Why think about the psychological care of adults living with diabetes?
  - What the national guidance says
  - What the available research says
- Taking it forward:
  - Screening for/spotting signs of distress
  - Talking 'psychologically'
  - Which help and where from?

Setting the scene

- Being aware of ourselves and each other in the learning today.

Service Background
The Psychological Care of People Living with Diabetes: National Guidelines

- NICE says…”*members of professional teams providing care or advice to adults with diabetes should be alert to the development or presence of clinical or subclinical depression and/or anxiety, in particular where someone reports or appears to be having difficulties with self-management”.*

And goes on to call for:

- *skills in detection and basic management of non-severe psychological disorders in people from different cultures*

- *Familiarity with appropriate counselling techniques and appropriate drug therapy*

- *Arrangement of prompt referrals to specialists for those for whom psychological difficulties continue to interfere significantly with well-being or diabetes self-management.*

Why is this important?

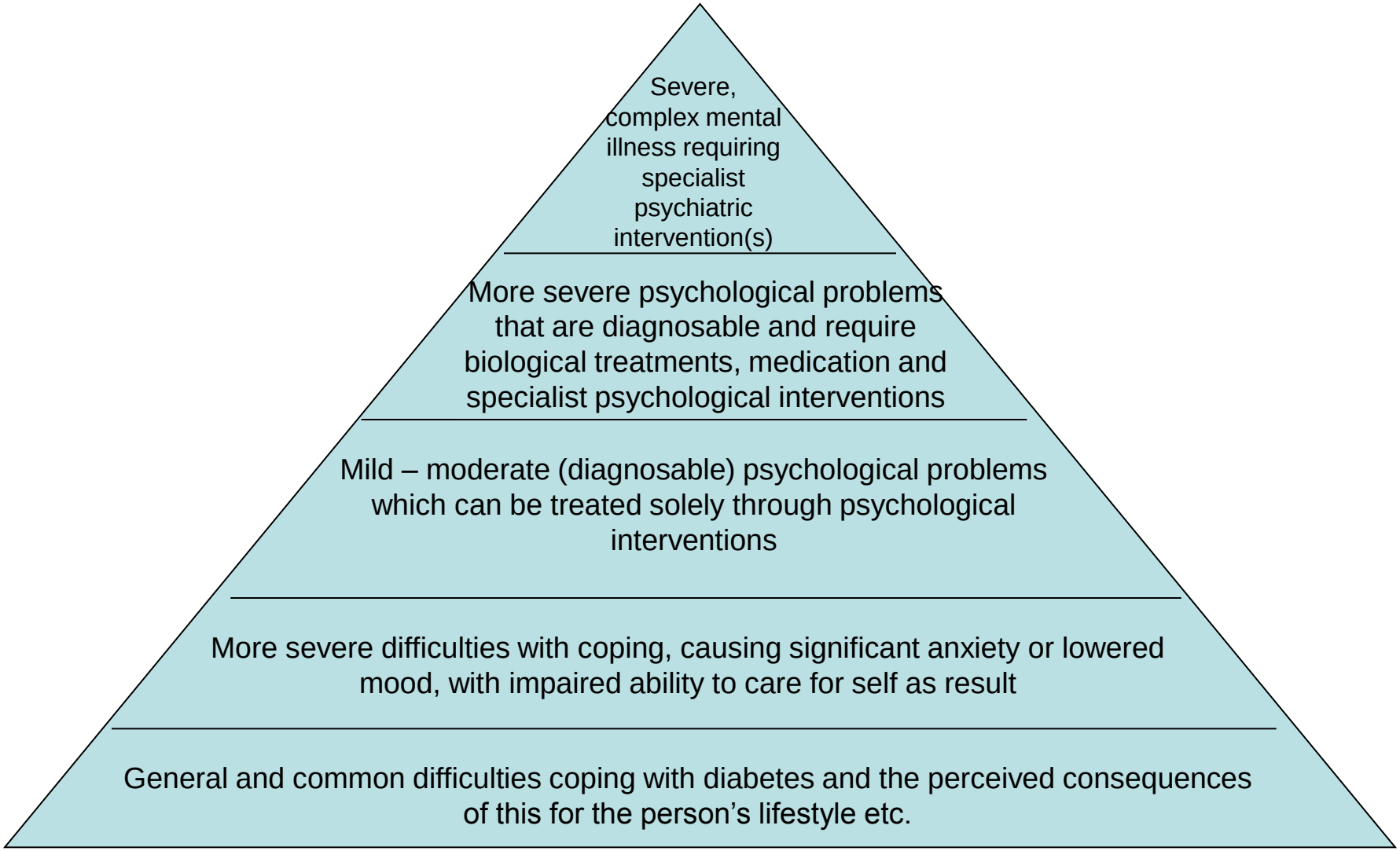
- What are some of the psychological challenges you think people living with diabetes may face?

- An estimated 41% of people living with diabetes have poor psychological wellbeing
- Depression is twice as common as in the general population
- There are higher rates of anxiety and eating disorders than the general population
- 85% of people with diabetes in the UK have either no defined access to psychological support and care, or at best access to a local generic mental health service only.

e.g. Diabetes UK, 2007; Diabetes UK/NHS Diabetes, 2010

People may have different levels of need at different times in their lives; ideally within services we can recognise this and be flexible..

The pyramid model (from Trigwell et al; 2008).



Let’s look in more detail at the types of struggles that have been highlighted in research

- Low mood/depression
- Fears and anxiety
- Relationships with food

Low mood/depression

- A cluster of feelings and behaviours that last over several weeks and impacts in core areas of a person's life:
  - Physical
  - Cognitive
  - Emotional
  - Behavioural

Persistent low mood

Feelings of hopelessness, tearfulness and guilt.

Loss of interest in things that were enjoyable before.

Struggles with or changes in a person's sleeping, appetite, energy and sex drive.

Avoiding activities and social interactions.

- At least 1/3 of people living with diabetes are at risk of depression
  - It is a two-way link: people with diabetes are more at risk of depression, and people with depression are more at risk of developing type 2 diabetes.
- Numbers are thought to be much higher for those living with lower-level depressive symptoms

Low mood/depression

- Specifically relating to diabetes people may:
  - Have pre-existing depression that impacts on their diabetes care
  - Be struggling with their diagnosis. Consider the potential for grief and loss (e.g. of identity, a healthy self)
  - Adjustment to a demanding self-care regime
  - ‘Burnout’

Recognising the signs

- Initial screening. E.g. PHQ 2

- If this indicates some likelihood of depression, more specific screen (still not diagnostic). E.g. PHQ 9.
- How to think about referring on and where to.

Fears and anxieties

– ‘Nature’s power-up’:

- A primitive (old brain) response built for survival: fight-flight-freeze
  - Physical
  - Cognitive
  - Emotional
  - Behavioural

Fears and worries

- In diabetes we need to think about:
  - Fear of the diagnosis and all that comes with it (fear of hypoglycaemia and hyperglycaemia)
  - Social anxieties
  - Fear of the future
  - Needle phobia (less common?)

Fears and worries

- Stress has a direct and indirect impact on diabetes care:
  - Direct: Through insulin absorption and blood glucose spikes
  - Indirect: Through avoidance
    - » Of blood monitoring/diabetes management
    - » Deliberately running high or low

Spotting the signs

- Anxiety can be hard to spot.
  - A brief screening measure may help. E.g. PHQ SADS has two brief sections on anxiety

Relationships with food

- Nice says:
  - *Members of multi-disciplinary professional teams should be alert to the possibility of bulimia nervosa, anorexia nervosa and insulin dose manipulation in adults with type 1 diabetes with:*

    - *Over-concern with body shape and weight*
    - *Low body mass index*
    - *Poor overall blood glucose control*

Relationships with food

- *The risk of morbidity from the complications of poor metabolic control suggests that consideration should be given to early, and occasionally urgent, referral of adults with type 1 diabetes to local eating disorder services.*

- *Provision for high-quality professional team support at regular intervals with regard to counselling about lifestyle issues and particularly nutritional behaviour should be made for all adults with type 1 diabetes from the time of diagnosis.*

Relationships with food

- How as a team we link together
- Thinking about what we all hope for and expect for our patients

Screening measures

- Helpful for some to communicate their distress without having to find the words
- A range are available; we've talked about some already, and others are specific to diabetes, e.g.DEPS

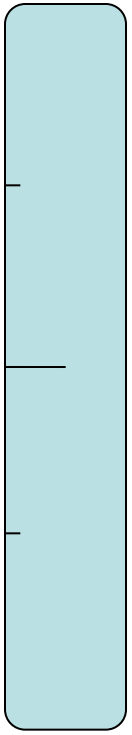
Though more important is empathy, compassion and helping someone to feel psychologically safe with you

- Awareness of the individuality of everyone's experience
- Reflective listening
  - Trying to understand and convey that understanding. Using our own words to reflect and summarise, and check whether we are 'getting it'
- Awareness of the potential impact of this on ourselves

- For example;
  - Open questions
    - “What’s on your mind today?”
  - Reflections
  - Summaries

    “So from what you’re saying you’re feeling you can’t talk to anyone about your diabetes, am I getting it right so far?”

The feelings thermometer



- E.g. How have you been feeling over the past few days?
- Over the past couple of weeks?
- Right now talking to me?

Developing skills and learning more

- For example further training in counselling approaches such as motivational interviewing, empathic and reflective listening

References and resources

- '*Emotional and Psychological Support and Care in Diabetes: Report from the emotional and psychological support working group of NHS Diabetes and Diabetes* UK' (published in 2010).
- Trigwell et al (2008) 'Minding the Gap: *The Provision of psychological support and care for people with diabetes'.* A Report from Diabetes U.K.
- NICE Guidance for depression, anxiety, eating disorders
- Nash, J. (2013) '*Diabetes and Wellbeing: Managing the Psychological and Emotional Challenges of Diabetes Types 1 and 2'*, Wiley-Blackwell.
- The York diabetes website psychology section – watch this space!