Diabetes and Long Term Conditions and Mental Health

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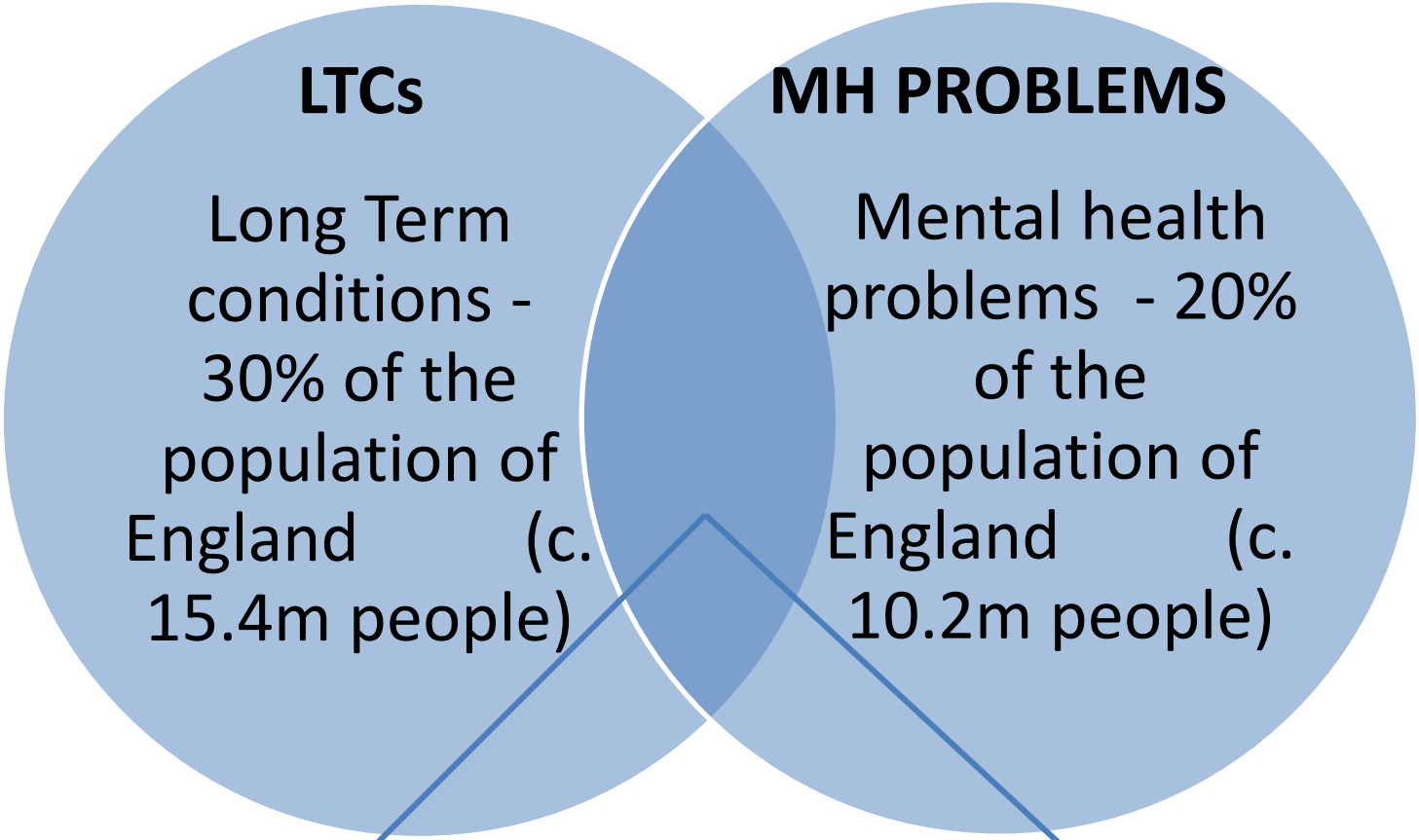


30% (c. 4.6m) of those with an LTC have a mental health problem

46% (c.4.6m) of those with a mental health problem have an LTC

Naylor et al. (2012)

Scale of the problem in the UK

- Diabetes fastest growing health threat
- Approx. 3 million people living with it & an estimated 7 million with prediabetes
- 10% of the NHS budget spent on diabetes – top of health agenda
- Poorer physical & emotional/psychological health
- Variations in care across the UK

Diabetes UK (2016) *State of the Nation* report

Primary barriers to diabetes management

- Depression (loss of motivation sig. barrier)
- Stress & anxiety
- Eating disorders
- Self-destructive behaviours
- Interpersonal/family conflicts
- Illness beliefs
- Financial barriers
- Experiences of care

Diabetes & mental health

- **4 in 10** people experience emotional & psychological problems
- Depression is **twice as common** (compared to general population)
- Physical **healthcare costs are 50% higher** for people with Type 2 diabetes with poor mental health.
- Access to **psychological support** can reduce psychological distress, improve outcomes and reduce healthcare costs
  - BUT less that ¼ have access to it
- Higher prevalence of **eating disorders**
  - Diabulimia most common in Type 1 (more common in women)
  - Binge eating more common in Type 2
- **Gender & cultural differences** in coping & adjustment

Diabetes & Depression

- One of the most **psychologically & behaviourally demanding** health conditions
- **Bi-directional** relationship
- Depression = increased likelihood of developing type 2 (lifestyle factors)
- Depression **twice as common** in people with diabetes
- Depression – ↓self-management, ↑complications, ↑mortality.
- Co-morbid diabetes & depression = **reduced QoL**, more **sick days**, longer hospital stays & more **hospital admissions**
- **Diagnosis of depression is tricky** - somatic symptoms similar to those for diabetes (e.g. changes in appetite, loss of energy, loss of concentration)

(Hermanns et al, 2013; Park, Katon & Wolf, 2013)

Reasons for referral

- Adjustment
- Diabetes Burnout
- Anxiety problems (particularly around hypos)
- Needle phobia
- Depression
- Body image issues
- Weight management
- Persistent non adherence

Does It Really Matter ?

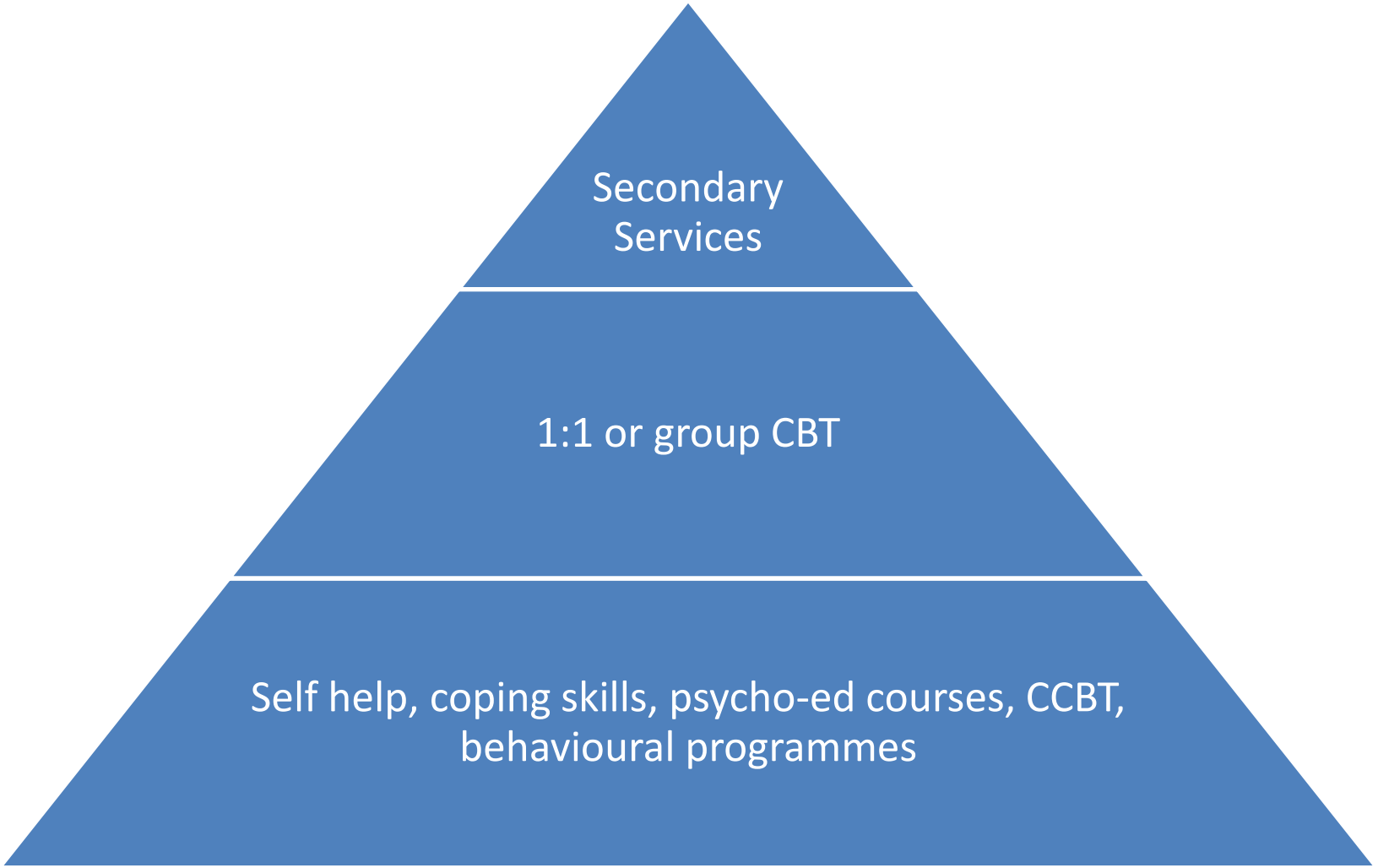
- Relationship between LTCs and mental illness is exacerbated by socio-economic deprivation:

  - greater proportion of people in poorer areas have multiple long term conditions
  - effect of this multi-morbidity on mental health is stronger when deprivation is also present

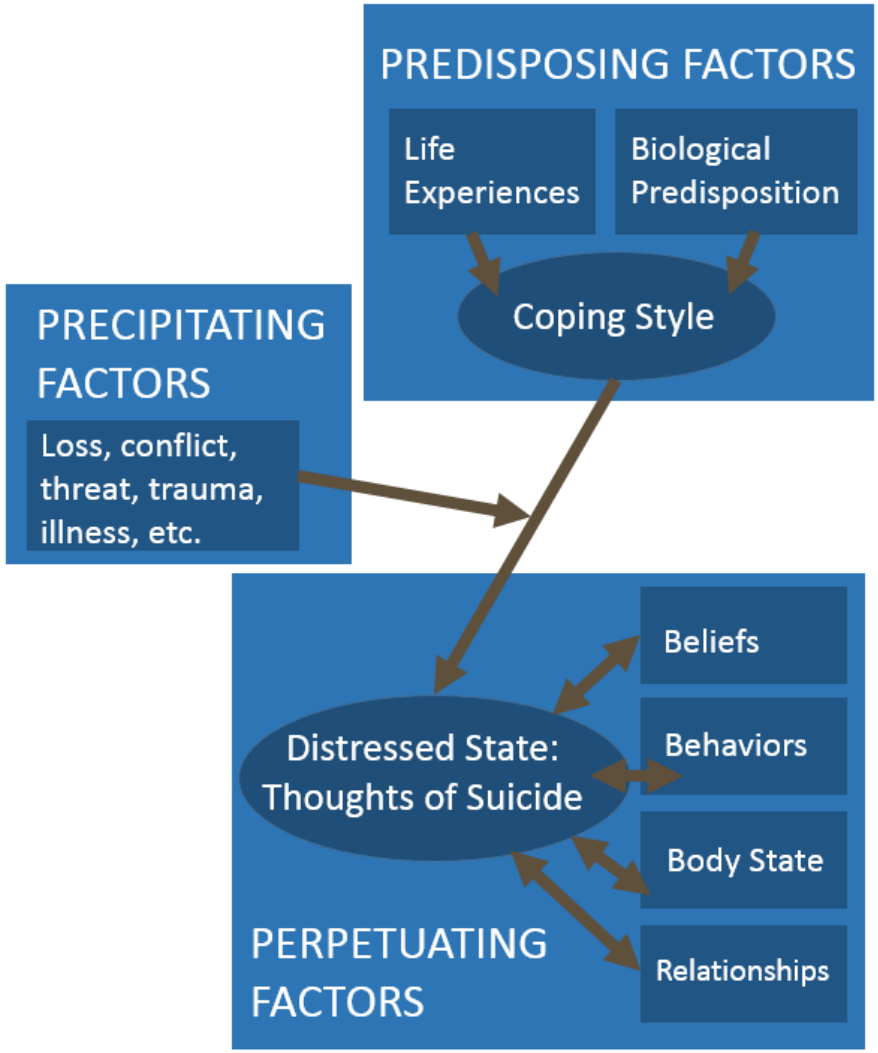
Why are Outcomes Worse ?

- Co-morbid mental health problems impair active self-management
- Reduced motivation and energy for self-management leads to poorer adherence to treatment plans DiMatteo et al 2000
- Cardiac patients, depression increases adverse health behaviours (eg. physical inactivity) and decrease adherence to self-care regimens such as smoking cessation, dietary changes and cardiac rehabilitation programmes Benton et al 2007; Katon 2003
- Poorer dietary control and adherence to medication Vamos et al 2009

Stepped Care

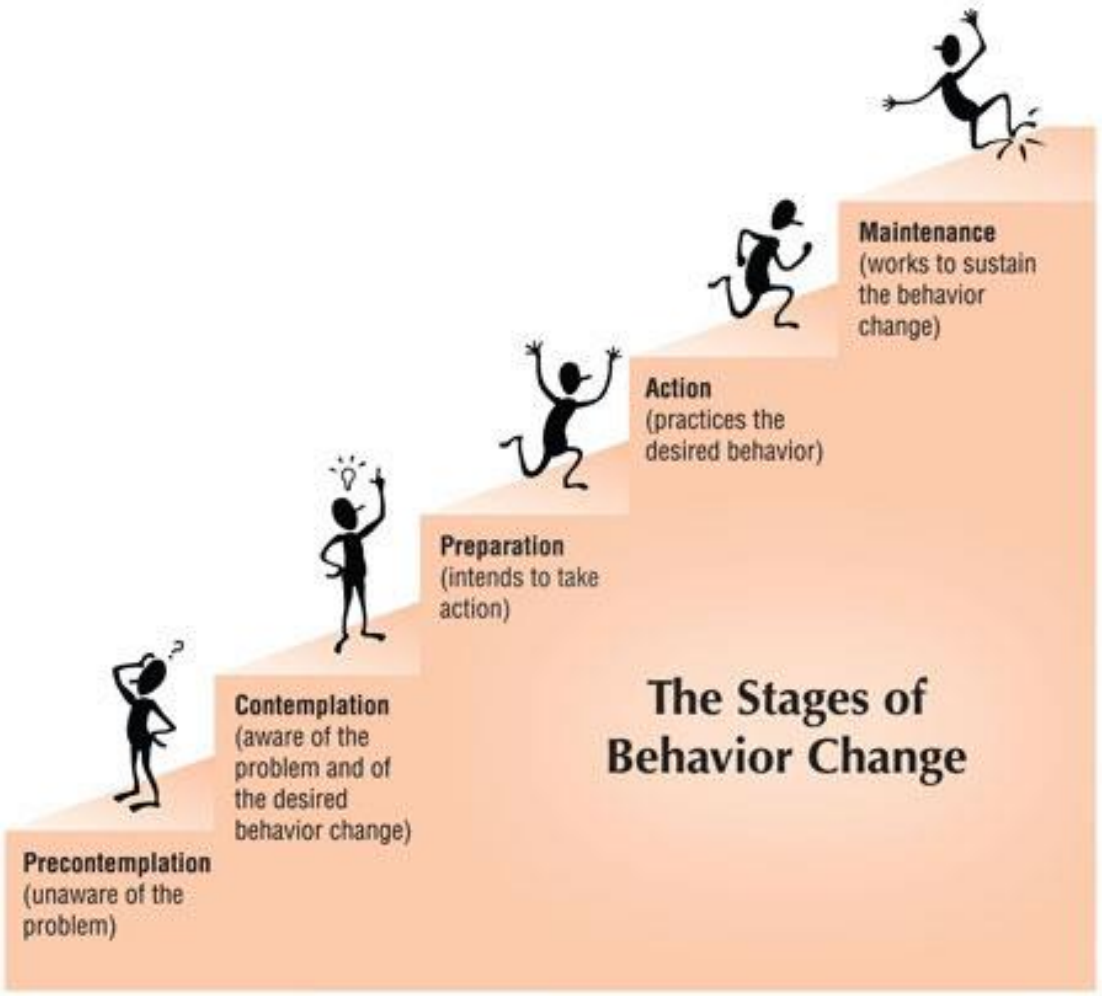


Generic Health Model



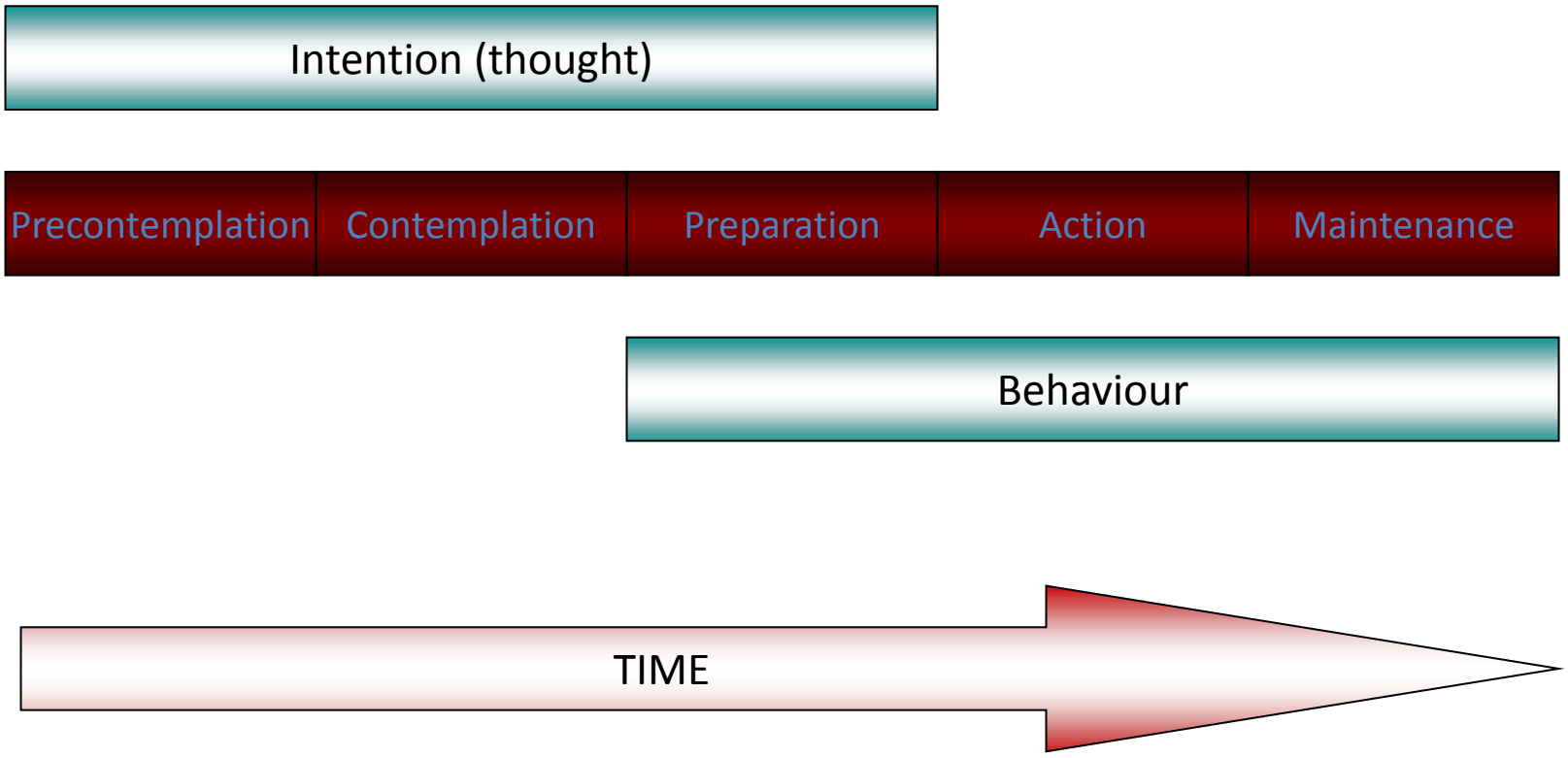
Identity – Erikson (1950s)

Age	Ego quality	Tasks	Question
0-1	Trust vs. mistrust	Trust in caregiver and in own ability to make things happen	Can I trust the world?
2-3	Autonomy vs. shame	New physical skills, toilet training, learns control but may develop shame if handled incorrectly	Is it okay to be me?
4-5	Initiative vs. guilt	Goal directed activities, more aggressive and assertive, Oedipus complex may lead to guilt	Is it okay for me to do, move, act?
6-12	Industry vs. inferiority	Absorbs cultural skills and norms including social skills	Can I make it in the world of people and things?
13-19	Identity vs. role confusion	Adapt to pubertal changes, occupational choice, adult sexual identity, new values	Who am I, who can I be?
20-39	Intimacy vs. isolation	Form intimate relationship beyond adolescent love, form family groups	Can I love?
39-64	Generativity vs. stagnation	Children, occupational achievement, train next generation	Can I make my life count?



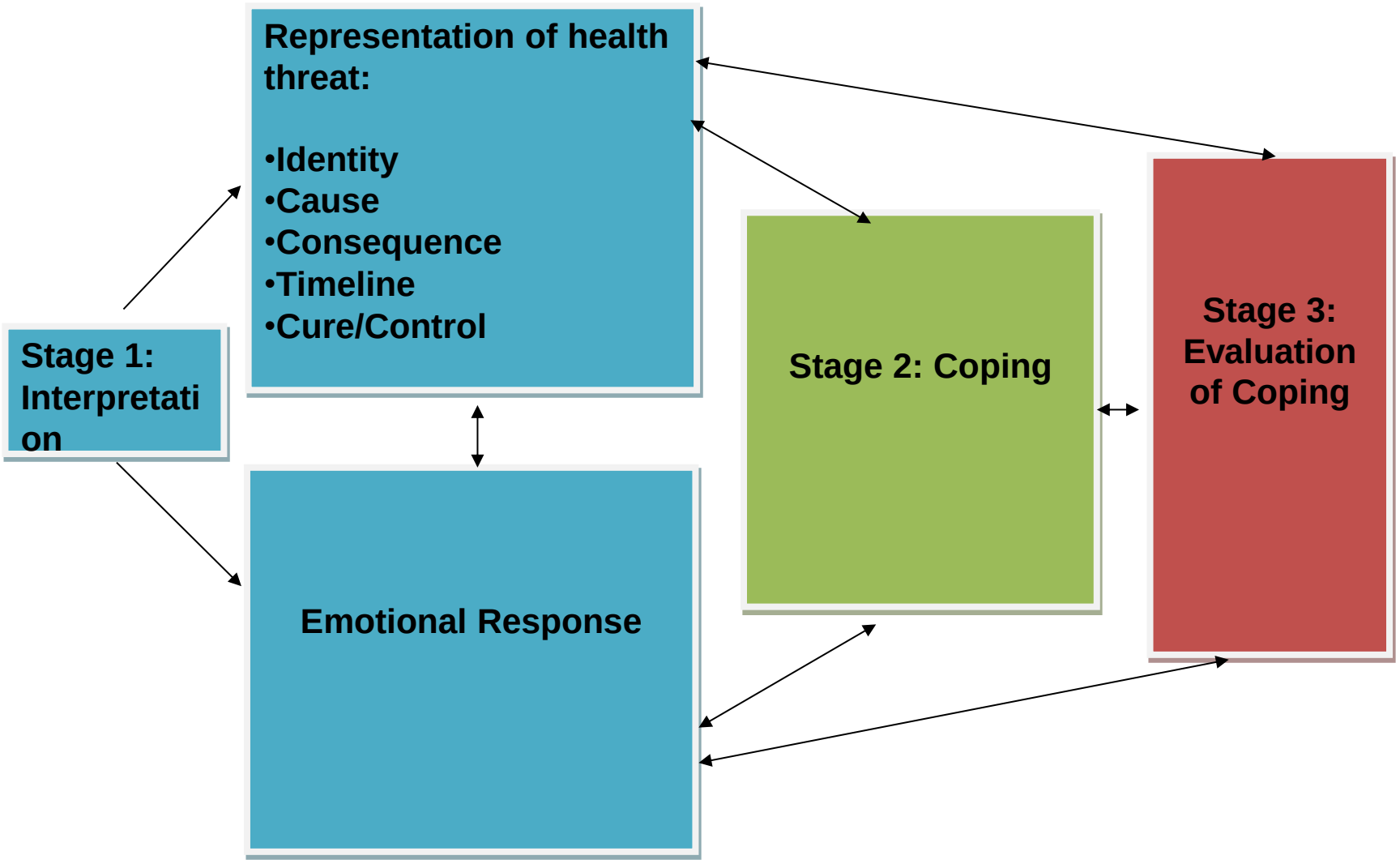
Sources: Grimley 1997 (75) and Prochaska 1992 (148)

Temporal Nature of Changes



Model of self-regulation: The Self-Regulatory Model

Leventhal, Meyer & Nerenz, 1980



Interpretation/Understanding

- 5 dimensions to Illness Cognitions/beliefs:
  - **Identity:** the label or name given to the condition & symptoms that 'appear' to go with it.
  - **Cause:** what does the person think caused their condition/illness?
  - **Consequences:** How/when does the condition affect them & their life, & for how long. Use of diaries could here?.
  - **Timeline/duration:** How long does the person think the condition will last?
  - **Cure/controllability:** How much control does the person think:
    - they have (personal control)
    - Others have (external): e.g. healthcare team, medication etc.
- Illness beliefs provide the individual with an interpretative framework
- Changing: new condition information is adopted, rejected, adapted.
- Influenced by experiences (own or others)

Emotional Representation

- Illness cognitions are formed alongside emotional representations via ‘parallel processing’; together these guide coping.

  Useful questions:

  – How does the person feel about it [health threat]?
  – What do/could they do to make themselves feel better?
- Higher prevalence of mental health problems (specifically anxiety & depression).
- Mental health problems can contribute to or be a consequence of LTCs.

- Collect information on current/previous mental health problems

Interpretation/understanding of significant others

- Who else is involved? – the systems
- How do they understand/respond to the condition?
- What role is this having on the person with the LTC?
- What are the wider social/cultural norms, attitudes &

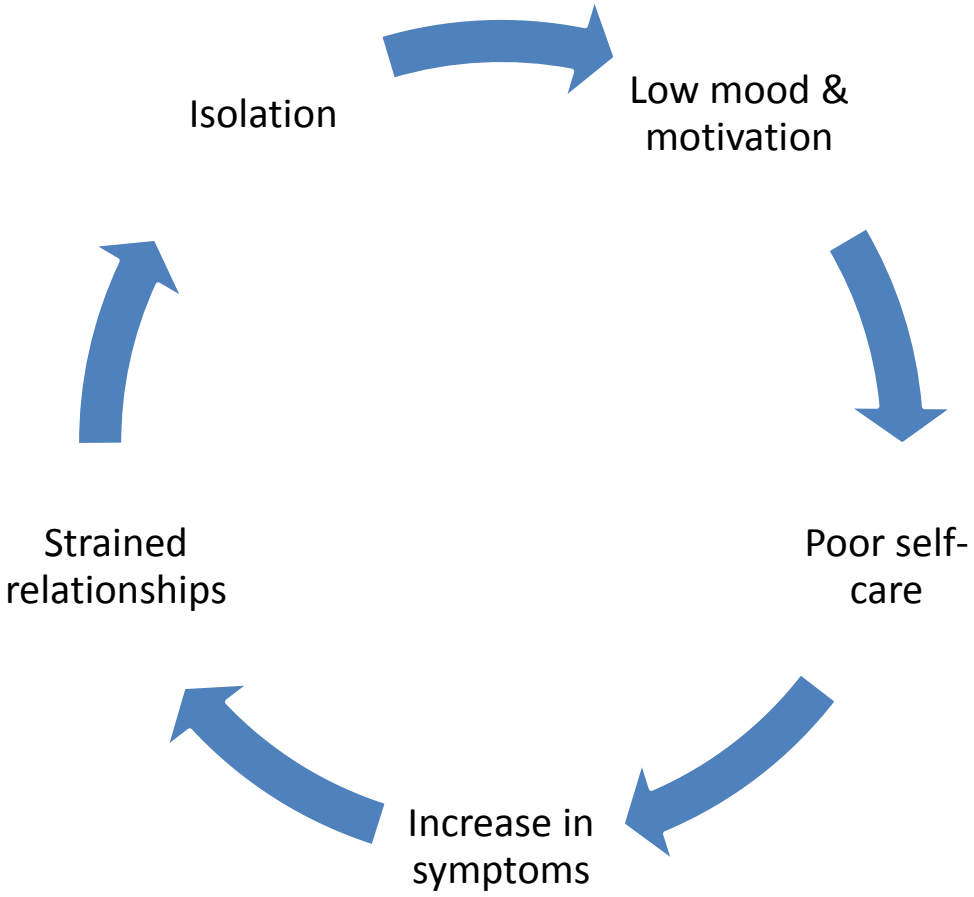
Assumptions relating to:

  - What it means to be well/unwell
  - About certain health problems/LTCs/MUS
  - About treatment
  - What it means to be a patient/healthcare professional/carer

Coping styles
(Skinner, Edge, Altman & Sherwood, 2003)

- Link between higher order families of coping & adaptive processes
- 12 potential core families of coping:
  - Problem solving
  - Information seeking
  - Helplessness
  - Escape (cognitive & behavioural)
  - Self reliance
  - Support seeking
  - Delegation
  - Isolation
  - Accommodation
  - Negotiation
  - Submission
  - Opposition

Vicious Cycle of escalating risk



Biopsychosocial Assessment: checklist

- The problem/s (as the client sees it & significant others) & who's problem is it?
- History of the problem
- Psychosocial history
- Impact (physical, behavioural, emotional, psychological, social)
- Management/coping (self & others)
- Risk
- Hopes/goals for the future & your work together
- Strengths & resources
- Signposting?

Apps and self help guides

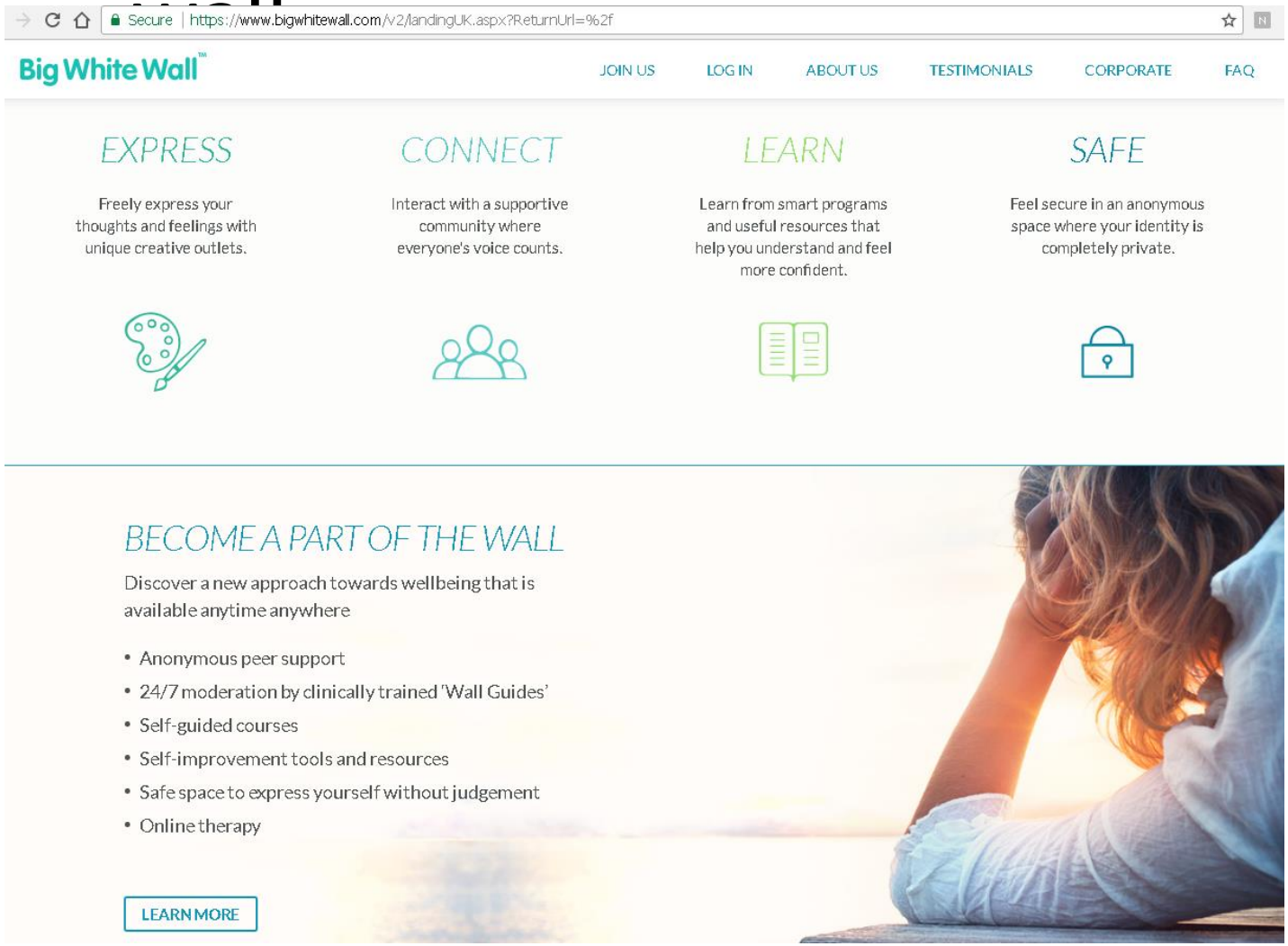
- Here are the ones we suggest and have a good evidence base.
- Choose **one** that best fits with you.
- They all use Cognitive Behavioural approaches.
- There is a lot of others apps on the internet. Currently these have not been evaluated. Most do have a financial cost and therefore we cannot recommend any particular ones.

Northumberland guides

https://web.ntw.nhs.uk/selfhelp/

NTW's Self Help for iPad / iPhone and Android app gives you easy access to the full range of 23 mental health self-help guides. These guides, three of which have been commended at the British Medical Association Patient Information Award, have been written by NHS clinical psychologists with contributions from service users and healthcare staff. Covering common mental health issues from anxiety, depression and panic to anger, domestic violence and sleeping problems. Our guides contain useful tips and hints as well as self-help techniques. Each guide has an introductory video as well as audio versions available to stream. Guides can also be downloaded free of charge to your iPad for offline reading and can even be printed directly from your device

Big white wall



IAPT APP

DON'T PANIC (AUDIO SELF-HELP GUIDES)

The Don't Panic series of audio self help guides is designed to provide people with easily accessible information about common mental health difficulties.

They are based on Cognitive Behavioural Therapy (CBT) principles, an approach that has been shown to be effective by the National Institute for Clinical Excellence.

The guides should be listened to at least once a day for at least a week, to be of the most benefit.

The series of six essential audio self help guides focuses on:

- Dealing with Panic Attacks
- Dealing with Stress
- Dealing with Anger
- Dealing with Social Anxiety
- Dealing with Negative Thinking
- Dealing with Worry

The guides are available, free of charge, a number of ways:

- Mobile Phone App
- Download from Google Play and Apple App Store (Blackberry coming soon).
- Download via **www.tryaudioselfhelp.com** (if using Internet Explorer version 9 and above)

https://www.covwarkpt.nhs.uk/relaxation

For short and long relaxation.

Self help guides from iapt

- https://www.covwarkpt.nhs.uk/iapt
  - Managing Anxiety Self Help Guide V2.pdf [pdf] 2MB
  - Managing Stress Self Help Guide V2.pdf [pdf] 1MB
  - Managing Depression Self Help Guide V2.pdf [pdf] 837KB

GREAT DREAM

Ten keys to happier living

G IVING

Do things for others

R ELATING

Connect with people

E XERCISING

Take care of your body

A PPRECIATING

Notice the world around

T RYING OUT

Keep learning new things

- **D** IRECTION
  - Have goals to look forward to
- **R** ESILIENCE
  - Find ways to bounce back
- **E** MOTION
  - Take a positive approach
- **A** CCEPTANCE
  - Be comfortable with who you are
- **M** EANING
  - Be part of something bigger

Thank you….

- You can refer yourself to iapt on :
- 0247 667 1090.
- Initial assessment is usually by phone.
- Questions