



Emotional rescue

Many people with diabetes would benefit from having psychological support, but existing services are often lacking. The failure to meet people's needs perplexes Simon O'Neill, Director of Care, Information & Advocacy Services at Diabetes UK

Diabetes is a complex condition that requires motivation and behaviour change to achieve the best possible self-management and quality of life (see also 'Fact sheet' No.53, this issue). However, when compared with the general population, people with diabetes are significantly more likely to have psychological conditions such as depression, anxiety and eating disorders¹.

Depression is at least twice as common among people with diabetes², but often goes undetected in 30–50 per cent of the population in primary care³. It is estimated that 41 per cent of people with diabetes experience poor psychological wellbeing⁴.

The former Healthcare Commission's report, *Managing diabetes: Improving services for people with diabetes* (July 2007), showed clearly that while biomedical targets were largely being achieved, targets around discussing needs and planning care were not well developed. Likewise, the recent Diabetes UK survey of the provision of psychological support services for people with diabetes and their carers, *Minding the gap*, found that 85 per cent of people with diabetes in the UK have either no defined access to psychological support and care, or at best only in the form of local generic services.

The provision of emotional and psychological treatment and support has been found to reduce distress⁵ and improve health-related outcomes⁶. Studies have also demonstrated reduced healthcare costs⁷ as a result of treating conditions such as depression in people with diabetes. A systematic review of healthy coping, negative emotions and diabetes management identified several interventions that have led to improvements in quality of life, including: cognitive behavioural treatment of depression; coping/problem solving interventions with young people and adults; support groups and co-ordinated case management; support of medication use; and problem-solving counselling⁸.

So why are the emotional and psychological needs of people with diabetes not being met, even though they are clearly identified and included in the various service frameworks across the UK? A discussion paper produced by Diabetes UK, 'Prioritising emotional wellbeing' (December 2007), highlighted the need to train and support healthcare professionals – as well as allocate sufficient time for

consultations – as key requirements for developing emotional and psychological support and care. This is often referred to as the fear of opening a can of worms and having neither the time nor the skill to put the lid back on.

The importance of emotional and psychological support in general is coming to the fore. Improving Access to Psychological Therapies is a service providing cognitive behavioural therapy-based interventions for depression and anxiety in accordance with level of need. Benefits at two demonstration sites have been observed in 52 per cent recovery rates among those who were unwell for at least six months previously. The Department of Health is funding this initiative in England to the sum of £170m by 2011.

Although such moves are to be welcomed, they do not necessarily meet all the needs of the majority of those who have diabetes and some degree of emotional or psychological distress. More has to be done to train all staff in dealing with these issues. Diabetes UK is currently piloting a two-day training course, 'Dealing with sensitive issues in consultations', to increase healthcare professionals' confidence in, and comfort with, their ability to raise and discuss such concerns with their patients. NHS Diabetes is also looking at the issue and how these services can be better commissioned in the future.

We have good evidence that emotional and psychological issues can have a negative impact on an individual's ability to self-manage their diabetes, increasing the risk of complications. We have good evidence of the lack of service provision to address these issues. We also have evidence of ways to address the problems and deliver better outcomes. Isn't it time that we really started to address a greatly neglected complication of diabetes?

For a referenced version of this article, visit www.diabetes.org.uk/pmupdate005

Further information

- *Minding the Gap*: www.diabetes.org.uk/mindingthegap
- Improving Access to Psychological Therapies: www.iapt.nhs.uk/about/new-improving-access-to-psychological-therapy-sites-2008

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