Emotional and psychological support for people with diabetes

Position Statement (Updated: July 2018)

Why have we produced this position statement

Diabetes is a complex and demanding condition with potentially debilitating complications. Effective management is largely dependent on how people care for themselves; this requires constant personal motivation and changes in behaviour and routine. Not surprisingly, the impact of diabetes on emotional and psychological wellbeing can be profound.

How did we develop this position?

We developed this through our knowledge and insight gained from:

- Reviewing the current literature around diabetes and emotional health
- Reviewing national guidance around diabetes and emotional health
- Undertaking a national survey of people with diabetes (baseline 3000 responses)
- Discussions with expert clinicians through Diabetes UK’s Council of Healthcare Professionals

What we say about this issue

The psychological and emotional wellbeing of people with diabetes must be an integral part of diabetes care and, to an appropriate degree, the responsibility of commissioners and care providers alike. Support must not be limited to people with ‘diagnosable/classifiable’ psychological disorders, as common problems such as diabetes distress or ‘sub-threshold’ depressive symptoms also have a negative impact on self-management, quality of life and health outcomes. Diabetes UK welcomes the Independent Mental Health Taskforce strategy (2016) but this strategy must now be backed by clear leadership, practical action and appropriate funding at both a national and local level.

Recommendations

NHS England should:

- Drive system-wide integration of physical and mental health, making sure that this is a priority for new models of care and commissioning approaches.
- Increase access to evidence-based psychological therapies, with a focus on people who are living with long-term physical health conditions such as diabetes.
Health Education England should:

- Work with stakeholders to develop and deliver a comprehensive workforce strategy to ensure that the right staff with the right skills are available to meet the emotional and psychological needs of people living with diabetes.
- This should include core training in mental health skills for all healthcare professionals working in diabetes, expanding the psychological workforce with expertise in diabetes, so that specialist psychological expertise is routinely available as part of the diabetes multi-disciplinary team (MDT) in both primary and specialist care.

Commissioners and service providers should:

Work together to ensure:

- Emotional and psychological support for people with diabetes of all ages is embedded in each step of the diabetes care pathway and is not limited to people with ‘diagnosable/classifiable’ psychological problems.
- Appropriate services are available locally to meet the varying emotional and psychological needs of people with diabetes of all ages. This should include timely access to Improving Access to Psychological Therapies (IAPT) interventions, with specific care pathways for diabetes.
- Interventions to support self-management are designed to consider and address the emotional and psychological impact of diabetes.
- Healthcare professionals working in diabetes, in both primary and specialist care, have training and ongoing supervision to identify and provide proactive support for psychological and emotional problems as part of routine clinical care – including through the use of screening tools and care planning.
- Diabetes specialists have specialist psychological expertise integrated into the MDT, both for referral and to supervise/support the team to identify and provide care for emotional and psychological problems.
- GPs and primary care professionals have access to specialist psychological expertise for advice, support, and collaborative case management as needed.
- Mental health professionals providing emotional and psychological support for people with diabetes, such as IAPT workers, have specific training in diabetes.
- Healthcare professionals have the time and resources to work in partnership with people with diabetes through the care planning process.

Healthcare professionals in both primary and secondary should:

- Consider emotional and psychological support as part of the remit of the whole MDT.
- Ensure they have adequate training and supervision to identify psychological problems in people with diabetes and deliver an appropriate level of proactive...
support as part of ongoing diabetes care, including through the care planning process

- Be familiar with the emotional and psychological support services available to their patients, both locally and through national organisations such as Diabetes UK

- Deliver a diagnosis of diabetes without blame or stigma, and give sources of support and information at diagnosis. Time should be allowed to agree a care plan

*Specialist psychological expertise: mental health professionals who can deliver complex psychological interventions i.e. clinical or counselling psychologists, in some services liaison psychiatry.

Evidence and analysis

At least four in ten people with diabetes experience emotional or psychological problems, such as depression, anxiety and diabetes-related emotional distress. Poor emotional and psychological wellbeing is associated with poorer quality of life, greater difficulties with self-management, sub-optimal glycaemic control and an estimated 50% increase in healthcare costs.

It is estimated that around 40 per cent of people with diabetes experience poor psychological wellbeing at any one time. Depression is twice as common in people with diabetes as in the general population, and people who experience depressive symptoms tend to have difficulties with self-management, even if they do not meet the diagnostic criteria for clinical depression.

There are also specific psychological conditions relating to diabetes. Diabetes distress may be as high as 42 per cent of adults with Type 1 diabetes and 36 per cent in adults with Type 2 diabetes. Needle phobias, fear of self-injecting and eating disorders also lead to poor glycaemic control and subsequent complications. It is suggested that eating disorders affect over 30 per cent in women in their early twenties with Type 1 diabetes. Diabetes UK’s Future of Diabetes report found that 64% of people living with diabetes sometimes or often feel down about their diabetes, and one third of people were interested in counselling from a trained professional.

An enquiry held by the All Party Parliamentary Group for Diabetes heard from a number of people living with both Type 1 and Type 2 diabetes and their carers, as well as healthcare professionals and researchers. It found that the current provision of psychological care is inadequate and extremely variable, and there has been little improvement in the past ten years. While there are pockets of good practice, there is a need for systemic change to break down the divide between physical and mental health in diabetes care.

The importance of emotional and psychological support for people with diabetes is recognised at a national level. NICE sets out a stepped care model for managing depressive symptoms in adults with chronic physical health problems. For children and young people, the Paediatric Best Practice Tariff and NHS England’s Diabetes
Transition Service Specification\(^{19}\) stipulate that access to psychological support should be integral to the diabetes multi-disciplinary team. Despite this, a 2015 survey by Diabetes UK found that 76 per cent of people with diabetes had not been offered emotional or psychological support when they needed it\(^{19}\).

Evidence suggests that emotional distress should be included as part of ongoing comprehensive care for all patients with diabetes and not addressed as a separate co-morbid ‘condition’ that is diagnosed and treated only when detected\(^{16}\). A collaborative care approach can improve physical outcomes, including HbA1c, as well as management of depression and quality of life\(^{17}\).

References

1. Mental Health Taskforce (2016). *The Five Year Forward View for Mental Health: A report from the independent Mental Health Taskforce to the NHS in England*
13. NICE (2009). *NICE guideline CG91: Depression in adults with a chronic physical health problem*