

How to...

Have a quality conversation about emotional health and diabetes

Having a conversation about emotional health can sometimes feel challenging for both you and your patient.

This document will give you some hints and tips on how to effectively open the conversation, make the most of it and safely close it.

It's important to ask people about their emotional health at every appointment. Just because everything may seem okay the first time you ask, this can change over time.

Don't think of this as an added extra. If someone is struggling emotionally, they're going to find looking after their diabetes much more difficult.

Introduction

How the people you care for feel can affect how they manage their diabetes. And how they manage their diabetes can affect how they feel. Remember this is normal. But having conversations about emotional health might be difficult. It's important that both you and your patient feel able to have these conversations.

For a more detailed resource, please use **Diabetes and emotional health – a practical guide for healthcare professionals supporting adults with Type 1 and Type 2 diabetes.**

This resource includes more detailed chapters on the topics included in this document, as well as eating problems, depression, barriers to insulin use, diabetes distress, anxiety and adjusting to diagnosis.

Go to: www.diabetes.org.uk/up-emotion-prof-guide

Practical point Make your patients feel comfortable

Creating a positive, safe and friendly environment for appointments can help to create a level of trust between you and the people you're caring for.

Try and consider things from their perspective.

Sit in your waiting area as it is now. How does it feel? Simple changes can make your clinic far more of a welcoming place for your patients.

Some simple ideas

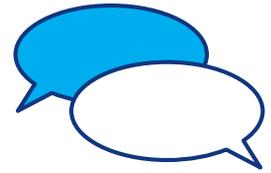
- **Put up posters and leaflets useful to your patients and not just about diabetes.**
- **Advertise any opportunities for meetings, events, social activities, clubs or peer support** meetings available through your clinic.
- **Create a meet the team board.** Helping people know more about who they'll be seeing at their appointment can put them at ease.

Try and walk into your consultation room or area with a fresh perspective and see what you think.

- **Is your desk clear or does it have piles of paper on it?** A clear desk gives the impression the focus is solely on your patient.
- **How is the chair placed?** What's the layout like? Are your walls covered with pictures of foot ulcers? Is it a private space for conversation? Consider where you and your patient will be sat.

All of these things will help to create a more comfortable environment that may help your patients to open up.

Step 1 Opening up a conversation



Ask “How are you feeling?”

Take the time to ask your patients this, wait for them to answer and don't rush them for a response. Listen to the answer. They may share something that may indicate there are other things going on. Although time may be tight, this is an effective way of starting a conversation.

Don't always take “fine” on face value.

Here are some ways people might describe how they're feeling that might indicate there are other things going on. These are all common things that people might express and it might be worth exploring further.

- tired or having problems sleeping
- feeling fed up
- stressed
- “I can't be bothered”
- physical symptoms, describing headaches, stomach aches
- feeling overwhelmed or struggling with their diabetes management.



Top tip

“Always ask about psychological and social issues even if you only have a 10 minute appointment. I would encourage people to find a way about asking about these issues that suits them as everyone's communication style is different.”

Amy-Kate Hurrell, Clinical Psychologist

Think about other ways of opening a conversation

Simply asking “How are you?” may work for some people, but others might struggle to answer this. If you feel there might be reluctance to answer this question, or more to explore, **think about interesting ways to open up the conversation.**

There are creative ways to do this.

Try out different approaches and see what works for you and them – what responses do you get?



Top tip

“If you’re struggling to get people to open up or talk about their relationship with their diabetes, I often ask my patients, if your diabetes was a person and you had to describe your relationship with it, how would you describe it?”

Samina Hassan, Specialist Psychological Therapist in Diabetes, Hackney Diabetes Centre, Homerton University Hospital NHS Trust

Be comfortable with silence

Wait for your patients to process their thoughts and have the confidence to speak. For many people, their diabetes may not be in the forefront of their daily lives. At their diabetes appointments, they may need some time to think before they answer any questions. It may feel like the silence is going on forever, but it isn't.

Building trust and rapport

Your patient is more than just a number. By understanding their day-to-day lives you can help them manage their diabetes better. Take a couple of minutes before your appointment to read their notes. **A simple question about their favourite football team or hobby, or what's going on for them right now can often make a huge difference and help to build rapport.**



It can be tricky, but try not to answer your own questions. It's important to understand the stories behind the numbers. Even though you might feel tight on time, it's important that your patient doesn't feel pressured.

This affects your consultation and paves the way for future interactions. Developing a relationship is key, and it is okay for diabetes to not always be the sole focus of the conversation, if that's what's needed to build trust.

Collaborative agenda setting

Collaborative agenda setting allows people to consider the purpose of their appointment and provides you with an insight into what is most important to them.

Consider using a simple form in the waiting area they can complete before they come into their appointment, or sending one out when you send the appointment letter that asks what they want to cover.



Top tip

“Break up your sessions with your patients into sections to keep on track. State the time allowed for the session. For example, ‘We have 30mins together today. What would you like to discuss?’”

Abeni Lüken, Psychological Wellbeing Practitioner, Sussex Community NHS Foundation Trust

Keeping to time

There may be key things you need to cover in appointments, but allow time for the things that are important to your patient also.

Try to factor in time to cover these upfront, to prevent people from telling you something they consider to be important at the last moment.



Top tip

“Keep to time boundaries and learn the art of interruption. Lead in non-confrontational way. For example, ‘There may be times where I have to interrupt you in order to cover everything on our agenda today.’”

Abeni Lüken, Psychological Wellbeing Practitioner, Sussex Community NHS Foundation Trust

Step 2 Making the most of the conversation



Once you have opened up the conversation of emotional health, it can feel difficult to continue and make sure that the conversation is effective and useful for both yourself and the person you're caring for.

The language healthcare professionals use can go a long way towards motivating a person with diabetes to manage their condition well.

Use the Language Matters guide from NHS England¹ to help improve relationships between healthcare professionals and people living with diabetes.



Top tip

“The language we use in our interactions with those we are caring for, who are living with diabetes is of paramount importance. It is vital that we use verbal and non-verbal language that is not judgemental and instead is respectful, inclusive and encouraging.”

Nicola Milne, Queen's Nurse RGN RM, Community Diabetes Specialist Nurse

Use open questions

Use open questions to encourage responses and conversation from your patient. Try asking “What difficulties are you experiencing?” instead of “Are you experiencing any difficulties?”.



Top tip

“In my clinical experience, there is usually something that isn't going right with diabetes! To word the question in the first way signals to the people living with diabetes that difficulties are expected, this helps people not to feel like they are failing when something goes wrong.”

Dr Rebecca Houghton, Consultant Clinical Psychologist

¹ Language Matters: Language and Diabetes, NHS England
https://www.diabetes.org.uk/resources-s3/2018-09/language-matters_language%20and%20diabetes.pdf

Reflect what your patient has told you

Use their language, to reflect back what they have been saying to you. This allows you to make sure you have understood correctly, but also shows you are actively listening to what they are saying.

For example

- “From what I understand...”
- “I hear that you’re saying...”
- “It sounds like... Have I understood what you mean?”



Top tip

“Use empathy to engage your patients. Use the same language and emotional level as your patient. It shows you’ve been listening to them. Reflect back. Try not to assume or say you know how they feel, or talk about your own feelings.”

Jackie Fosbury, Diabetes Psychotherapy Lead, Sussex Community NHS Foundation Trust

Be inquisitive

Find out what they want. What do they think needs to happen or would be useful to help their situation or how they are feeling? Often people may know what will help but might not say. Ask them and give them that permission to share this with you.

Familiarise yourself with what clinical measurement scales there are that could help monitor or identify difficulties with low mood, anxiety and diabetes specific difficulties. Find out what is out there to use in your service. This could help the conversation, provide structure or indicate that further support may be useful.

Use our Information Prescriptions

Use our Information Prescriptions² to talk to your patients about diabetes and create a care plan. You’ll give them the knowledge they need to manage their condition and some actions to work towards. This will also allow both of you to track progress, celebrate successes and identify where further support is needed.



Top tip

“Information Prescriptions are a useful tool in promoting effective communication within consultations. They use clear simple language and allow for joint exploration and discussions around a person’s diabetes care and goals and how these might be achieved.”

Nicola Milne, Queen’s Nurse RGN RM, Community Diabetes Specialist Nurse

Think about your language

Be aware of the language that you use with the people you care for. Sometimes what you say may be interpreted in a more negative way than intended, and add to an already stressful situation.

The diagrams below show certain situations that the patient is already worried about, and different replies which are helpful and unhelpful.

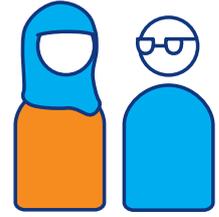
If you find that you are less confident, or whilst getting used to a new style of questioning, you could make prompt cards to have with you in your consultations, reminding you of different openers or ways to word your questions that you can refer to throughout.

What could be helpful to do in clinical practice?

Situation	Patient negative interpretation	Less helpful reply...	More helpful reply...
Avoiding appointments	I will be told off. I will be judged and criticised.	You didn't come to your last appointment. Your health doesn't seem to be your priority.	Is there anything we can do to make it easier for you to attend your appointments?
HbA1c checks	This is terrible. I'm failing in the management of my diabetes. I'll never get it right. What's the point of even trying?	The results are not perfect. You are not working hard enough to control your diabetes.	It seems that you have been struggling to manage your diabetes is there anything specific that you are struggling with, that we might need to work on?
Not carb counting	I am a failure. I will never get this right. It won't help in any way as I will be ill for life.	You have to help yourself or you won't get better with your diet.	Let's think about how we can help to improve your carb counting – what do you need from our service to enable you to do this?
Not testing blood sugars	It's not worth testing as I always get things wrong. Others manage better than me.	Things won't improve unless you put some effort into it.	What needs to change for you to begin to take more time checking your blood glucose – is this something we can help you with?

Developed by Julie Wood, and Tania Carvalho Marques, Cambridge University Hospitals NHS Foundation Trust

Step 3 Safely closing a conversation



Once you've asked someone to open up and tell you how their diabetes is affecting them it can be difficult to know how to close the conversation. You want the person to feel listened to and validated but you are also aware that their appointment time is limited. You may also feel apprehensive about what to do next, particularly if the person discloses something you have concerns about, like thoughts of suicide or self-harm.

This part of the document offers some hints and tips about how to effectively and safely close the conversation.

Agreeing actions

Work together with the person you're caring for to set goals, make decisions or change behaviours. Some questions that might help you to collaboratively set the goals are:

- "What would you like to change by the end of the year?"
- "What's the most important area of your diabetes to start working on?"
- "What part of your diabetes would it be easiest to try changing?"
- "Have you got any ideas about how to improve the way you're feeling?"



If you agree a goal ask them if they see any barriers to achieving this and discuss how these might be overcome.

Ask them to write their goal down and keep it somewhere they will see it every day. Suggest they also share it with a friend or family member who could provide support and encouragement.



Top tip

"Expect patients to change at their own pace and not yours."

Abeni Lüken, Psychological Wellbeing Practitioner, Sussex Community NHS Foundation Trust

Ask them to summarise

End your appointment by asking if they would like to summarise it. Check what they have heard and clarify any areas of misunderstanding. Sometimes people may find this difficult, so you may find it more helpful initially to summarise yourself.

Instead of asking patients if they have any questions, switch this to asking “What questions do you have?” This could increase the likelihood of a response and have a positive impact on the conversation.

End on a positive

Always end of your appointment on a positive note. This could be as simple as “Thank you for sharing with me how you are feeling.” If they’re struggling to achieve their goal then acknowledge they have tried and agree what the next steps will be.

Assure them that this isn’t the only time you’ll be asking about how they feel and emphasise that this is an important part of diabetes care.

What to do if you identify an issue

If you identify an issue like depression, anxiety or an eating disorder there are usually three possible next steps:

- 1 No current action required** but make a note to follow-up on this and monitor it in a subsequent routine appointment with the team.
- 2 Make another appointment** to explore the issue in more detail in the near future and then decide if further action is required.
- 3 Refer them to a specific service or organisation** that will be better suited to support them with their issue like a specialist clinical health psychologist, the local Improving Access to Psychological Therapies (IAPT) service, Citizen’s Advice Bureau or local charity.

If you are unsure what the next best step is then ask the person you’re caring for what they think and talk to a colleague about it.



If you are at all concerned about risk of suicide or self-harm then you must contact your local crisis team immediately to discuss it with them. Familiarise yourself with your trust safeguarding process if you have concerns. If you don’t know how to do that, then find out.

Think about the time in between appointments

Make the most of any possible communication in between or after appointments too. Consider writing personalised follow up letters. If you have sufficient time or administrative support, consider whether you could even call people a few days before their appointment. This serves as a reminder of the appointment and also as a prompt to think about what they may want to discuss.

Signposting and resources

Find out what support is available in your area for people with emotional, psychological and mental health needs. This may be from other teams in your local NHS organisation, from social care or from a charity or voluntary organisation. Examples of support available include:

- talking therapies like IAPT
- peer support
- local Diabetes UK groups
- Diabetes UK Helpline
- Diabetes UK Support Forum
- therapy, education or support groups like those provided by MIND
- helplines, like Samaritans.

Knowing what they can offer your patients and how to refer to them means you can help people find things that will support them in between appointments.

Next steps

Having these conversations may bring up some training needs or things you might need extra support with. Find out what is available and how you can access it. Voluntary organisations like MIND or statutory services such as IAPT often offer training that might help. For example if there are conversation skills that you feel would be useful for you, consider what local talking therapies or IAPT could do in the way of training. Could they come in and train your staff in motivational interviewing or conversational skills?

Take a look at Diabetes and emotional health – a practical guide for healthcare professionals supporting adults with Type 1 and Type 2 diabetes³. The aim of this guide is to promote awareness of, and communication about, psychological problems affecting adults with diabetes. The objectives are to:

- Raise awareness among health professionals of the prevalence and consequences of psychological problems among adults with diabetes.
- Provide a set of practice points for how to identify, communicate about, and address psychological problems with adults with diabetes in clinical practice.
- Develop skills among health professionals for communicating about psychological problems in diabetes care, by providing examples of questions and responses, with case studies.
- Provide the practical tools like questionnaires, information leaflets, and other resources to support health professionals do this.

Focusing on emotional health may highlight the importance of having some specialist psychological support in your diabetes team. See the British Heart Foundation guide to making a case for change and writing a business case for help and tips <https://www.bhf.org.uk/for-professionals/healthcare-professionals/resources-for-your-role/business-case-toolkit>.

You don't need to have all the answers

You can't prepare for everything so there will be times when you feel like you don't know what to say or that you don't know how to help the person you're caring for. People don't always need you to solve their problems, just knowing that someone has listened to them is enough. It's fine to say "I don't know". But if it's something you could find out about like resources or support groups then tell them you will share the information with them. Follow through with the action and let them know what you have found out.



Top tip

"It takes a while to learn that you can't fix everyone, you just have to listen. It's OK not to fix things and just give the person permission to say it's not working."

Jacqui Troughton, Senior Clinical Research Associate (Dietitian), Leicester Diabetes Centre, University Hospitals of Leicester

Take it step by step

Finally, you can't do everything all at once. Making whatever changes you can will start to build your confidence in talking to your patients about how they feel.

Whilst this may feel like a big change to practice, you are more than likely doing most of these things already. This guide will help you reflect on what you're doing and what changes you could make.

For more information visit: www.diabetes.org.uk/psychological-care



You can download this and our other guides at www.diabetes.org.uk/how-to-guides



Used this resource? We'd love to hear what you've done as a result. Get in touch at sharedpractice@diabetes.org.uk

www.diabetes.org.uk

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