



Psychological support for people with Diabetes

HPFT's Wellbeing (IAPT) Service

Michael Elkabbas



Regional and national award winning initiative....!!!!

HPFT Wellbeing Team scoops national award for diabetes project

THIS IS
LOCAL LONDON



Mental health and diabetes care teams through to final round in NHS70 awards



IAPT Long Term conditions pilot

- Improved Access to Psychological Therapies
 - 142 IAPT services in England
 - 22 of which selected by NHS England to pilot 'Integrated care for people with long term conditions'
 - Whole person approach



Reminder why we did this: The impact of a MH problem

Long Term Condition (eg diabetes)

Depression, anxiety

Self care is compromised

Physical health deteriorates/ increased disability
and distress, ability to stay in a job is compromised

Increased pressure on NHS

Challenges we had to overcome

Overcoming resistance with stakeholders:

- *Our staff,*
- *Our service users*
- *Our colleagues in physical health care...*

Developing a pathway that caters for *everyone*

Demonstrating outcomes





How we did it

- Dedicated team of therapists with LTC interest
- Specially commissioned training:
Psychology for LTC

What made it a success?

Service user input from the start

- How to overcome barriers to engagement
- Design of service promotion materials
- Finding creative ways of reaching out to people
- Offering routine screening for MH problems for *everyone* with diabetes

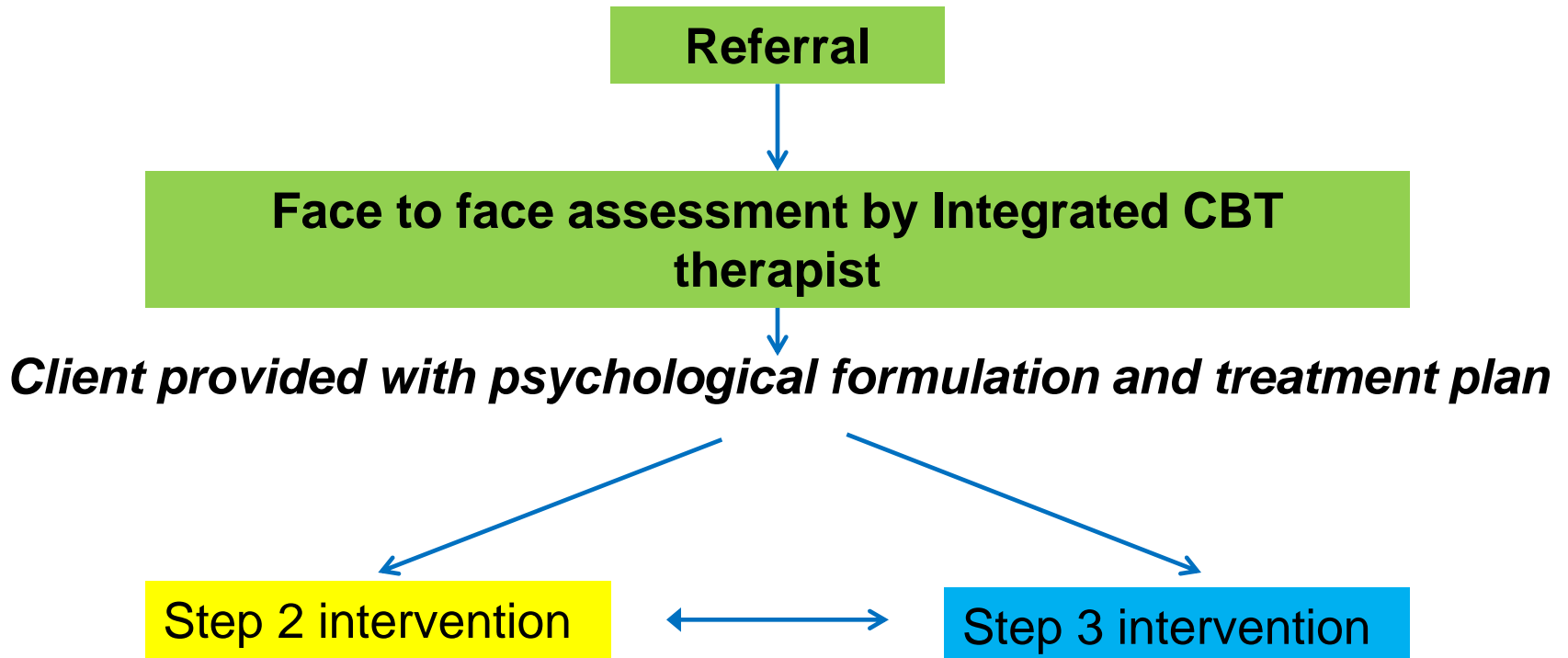


Service users: “The *why* psychology challenge”?

- *Merit of psychological intervention questioned*
- Co-production essential



Model sensitive to engagement challenges





Treatment options tailored to individual needs

Not “just” Cognitive Behavioural Therapy

- *Interpersonal therapy (IPT)*
- *Couples therapy for depression*
- *Dynamic interpersonal therapy (DIT)*



How we achieved integration

- Persuading busy physical healthcare colleagues this is a good idea...!
- ***Relationship building crucial***: pairing up therapists with healthcare staff
- Required (non clinical) time investment
- Co-education → highly appropriate referrals





Outcomes - Shoulder to shoulder work

“Running a clinic with a therapist was inspiring...they very skilfully engaged my patients in a conversation about their difficulties in a way that was reassuring and de-stigmatising. My patients have self referred and are getting great support”

KF Diabetes Specialist Nurse



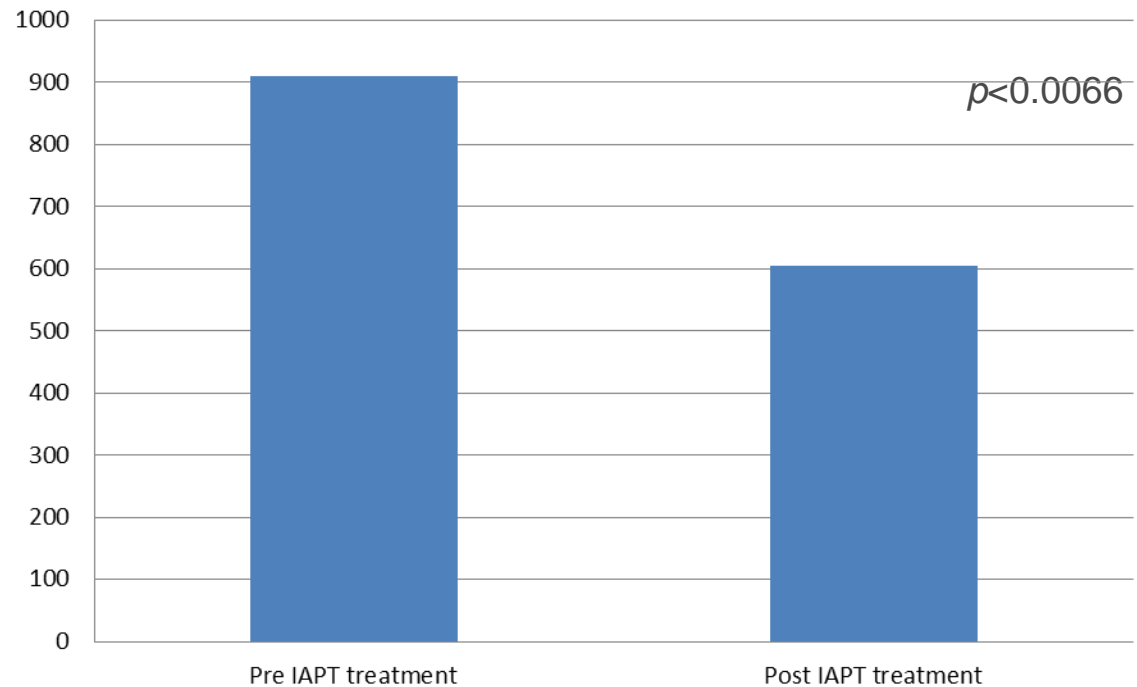
The outcomes – our service users

- Discharge data show high recovery on measures of depression and anxiety
- Staggering 33% reduction in physical healthcare appointments following treatment
- Better self management of diabetes



CSRI: Impact on healthcare utilisation

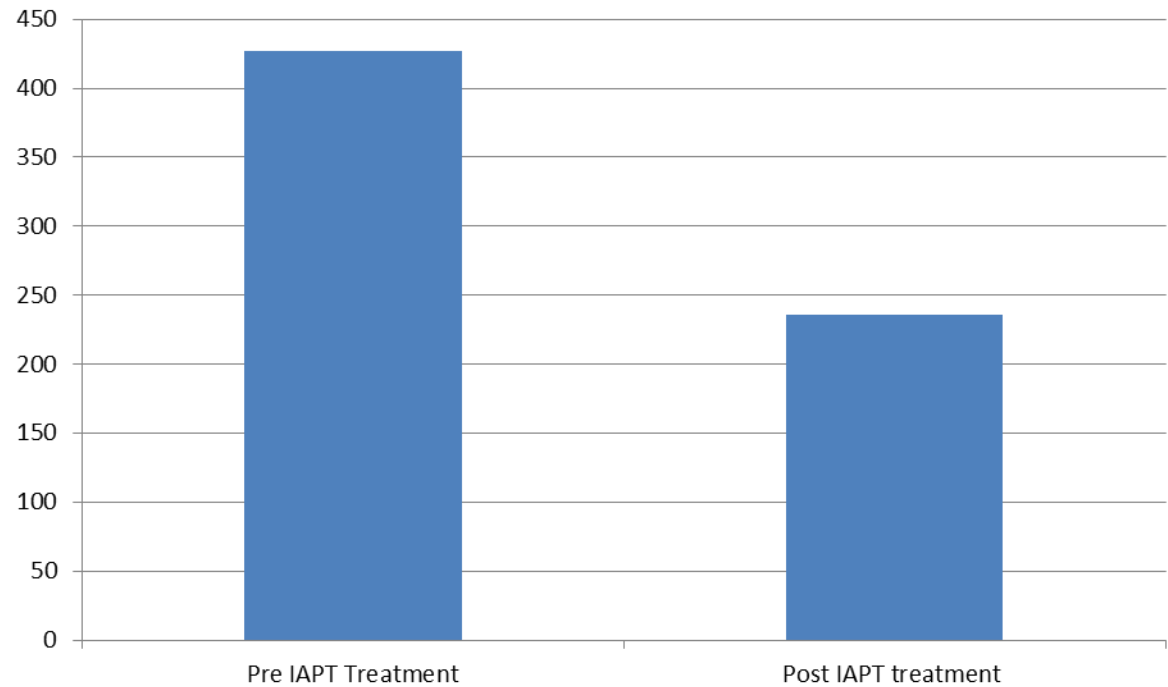
34% drop in physical health appointments
53% clinical recovery





Impact on GP appointments

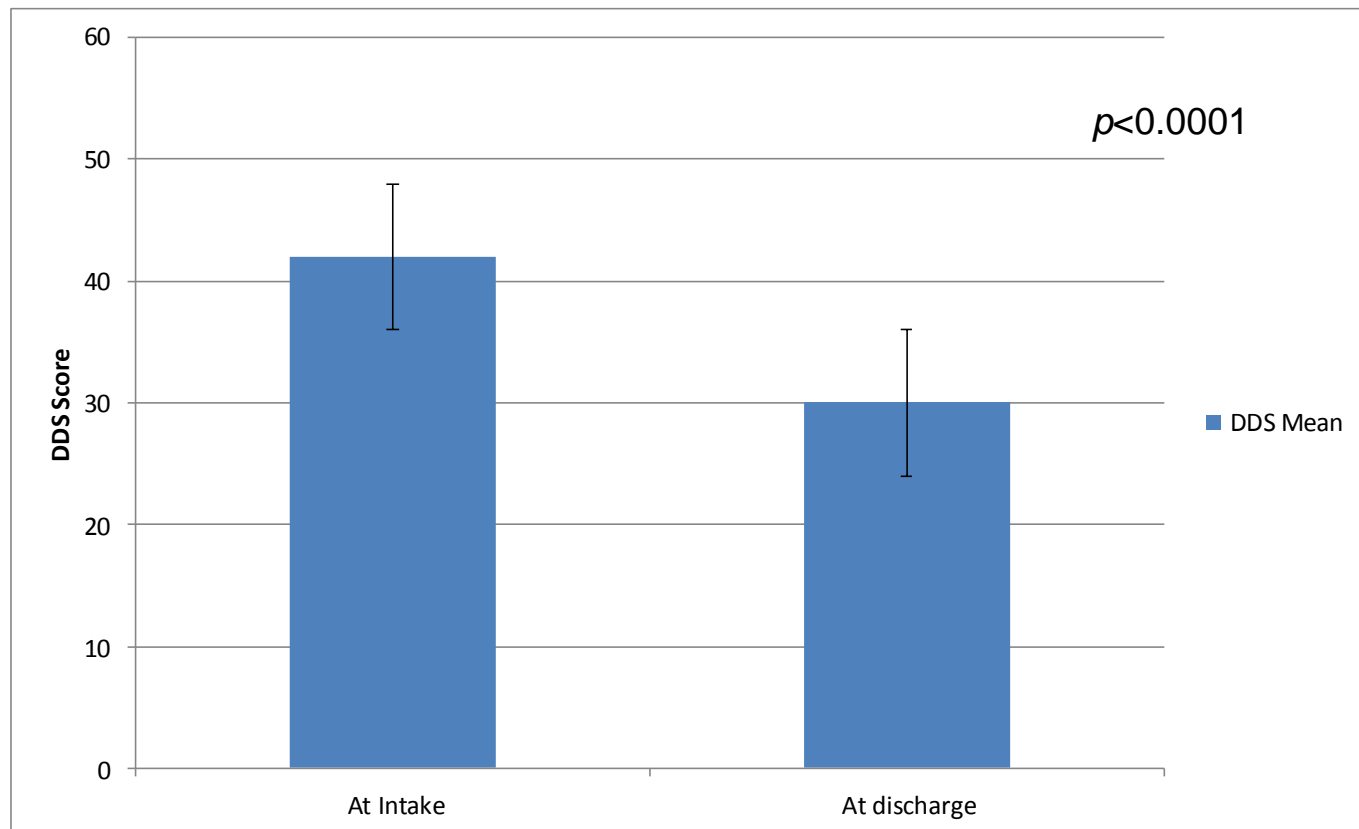
45% drop in GP appointments





Diabetes Distress Scale

DDS correlated with HbA1c (*Todd et al., 2017*)





Service user feedback

“This service provided me with the space to talk about worries about my diabetes no one else has asked me about before I really valued that ..as well as the subsequent support...”

LS Service User



Any questions?