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Conference Abstract

What's mental health got to do with integrated diabetes care? The North West London Experience

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Abstract

Introduction: Mental health and diabetes self care

Supported self-management is key to good diabetes care, but the high rates of mental health difficulties in diabetes can hinder effective self-management. Addressing these issues has been demonstrated to improve health and financial outcomes.

Detection of mental health issues in diabetes

Detection rates for co morbid mental health issues in diabetes are poor. Many services integrate mental health into diabetes care but most require the diabetes team to determine case-ness and refer for mental health input therefore missing cases.

Theory: We proposed that integrating mental health into the core of diabetes care, rather than relying on professionals to refer, would improve detection rates of these disorders as well as improving confidence of all professionals who support people living with diabetes.

Practice: The North West London Integrated Care Programme (NWLICP) is a large scale virtual organisation. Since 2011, it has brought together acute and mental health trusts, social and community services and primary care with a view to providing better care for patients and reduce unscheduled care for people with diabetes and for the elderly frail.

A small cohort of patients with complex issues are discussed in monthly multidisciplinary groups (GPs, diabetes teams, social workers, community services, pharmacists, mental health consultants).

Highlights

1) improved detection

Mental health issues were discussed in 81% of all diabetes cases brought to the multidisciplinary complex case conferences. Less than half of these cases would have been identified in the absence of the psychiatrist.

2) common mental health issues

A significant proportion of the “mental health identified cases” were not effectively self-managing their diabetes despite having been through formal education about it.

The most common mental health issues discussed were cognitive impairment, depression, anxiety, interpersonal or attachment issues.

3) education and up skilling of wider multidisciplinary team

There was a demand for formal education sessions about self-management, cognition, capacity and mental illness. Motivational interviewing skills were identified as a learning need and the NWLICP is exploring formal training in this area for professionals within the programme.

4) identifying service gaps and areas for development

The multidisciplinary groups are a forum for identifying service gaps and service development/innovation opportunities.

The need for specialist services for complex diabetes/mental health cases was identified and a diabetes psychiatry clinic and specialised psychotherapy service has just been funded for this complex patient group.

Tranferability: The NWLICP has facilitated this work but transferring the learning would not need such large scale change.

This project has indicated that having a psychiatrist embedded within the multidisciplinary teams’ diabetes case conferences discussing all cases not just selected cases, can improve detection rates.

Conclusion: Mental health comorbidity is common in diabetes but is poorly detected. Embedding mental health within the service provision can improve detection rates and therefore mental and physical health outcomes.

Keywords

self-care, diabetes, mental health, integrated care

PowerPoint presentation:

http://www.integratedcarefoundation.org/content/integrated-care-practice-0
