
POSTER ABSTRACT**Evaluation of a Collaborative Care Approach to Mental Health in Type 1
Diabetes Mellitus**

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Background: Psychiatric and psychosocial co-morbidity is prevalent in Type 1 Diabetes Mellitus (T1DM). It is implicated in poor glycemic control, increased risk of diabetes-related complications and increased mortality.**Aims:** To identify existing pathways of secondary care between inpatient liaison psychiatry and endocrinology in a tertiary referral hospital and to evaluate and meet the mental health needs of patients attending the T1DM day service using a multi-disciplinary collaborative care model (CCM). Secondary aims were to characterise the patients availing of this service and quantify diabetes related outcomes.**Setting:** The CCM for chronic disease management is anchored within a multidisciplinary team (MDT) approach. Healthcare professionals from endocrinology, psychiatry, specialist nursing, dietetics and social work attended a monthly, newly developed, trans-disciplinary MDT forum at our centre.**Participants:** MDT consultation and onward referral was based on the following criteria; >18 years of age, diagnosis of T1DM, suboptimal diabetes control or frequent diabetic ketoacidosis, not currently attending a mental health service and were consenting to discussion of their care with mental health professionals in an MDT setting.**Service intervention:** A stepped care model was developed applying three pathways of care within our service; education and support of diabetes clinicians to identify and screen for mental health or psychosocial issues, discussion of individual care plans (ICP) at monthly MDT forum with development of an ICP to include and address unmet mental health needs contributing to poor diabetes related outcomes and assessment or intervention with a mental health professional in the MDT (group psychology, psychiatry).**Outcome measures:** The primary diabetes outcome measure was HbA1c. Service evaluation measures included the number and of patients receiving this CCM approach, the clinical baseline and outcome measures (presence of mental health diagnosis, tier of care needs in stepped care model, ongoing mental health needs)**Results:** Eight collaborative care MDT meetings were attended by seven healthcare disciplines from August 2020 to March 2021. ICPs were agreed for 21 patients with a mean duration from diagnosis of 10 years. ICPs were updated with consideration for mental health needs. 60% of patients availing of the service were female. 42% (n=9) were offered individual psychiatric review following consultation at MDT and 28% (n=6) were referred for group psychology intervention.

58% (n=12) met criteria for a mental health or substance use disorder during the study period. The mean reduction in HbA1c from baseline to 12 months was -6.895 mmol/mol ($t = 1.414$, $p = 0.1744$). This improvement was sustained in 29% (n=6) at 18 months.

Conclusions: The CCM is applicable to biopsychosocial healthcare in T1DM and effectively uses existing clinical resources. There was a high level of psychiatric co-morbidity within our cohort and these patients received appropriate specialist care to address these unmet needs. Improvements in HbA1c were made but not always sustained beyond 12 months, which would support the need for ongoing integration of mental health practitioners within the T1DM MDT. Service models could be developed with consideration for this approach in T1DM.