

Standard 4

People with diabetes should be assessed for the presence of psychological problems with expert help provided if required.

Key practice points

- People with diabetes are at higher risk of psychological problems, including depression and distress.
- Health care professionals should have skills to assess, manage or know how and where to refer for psychological problems.
- People accessing mental health services, especially those on antipsychotic medication, should be screened for diabetes.
- Ideally, psychological services will be delivered as part of the diabetes multidisciplinary team.

Read this standard in conjunction with the equality and diversity section in the Introduction to the Toolkit.

What the quality statement means for each audience

Service providers ensure that diabetes services can assess and appropriately manage psychological problems (such as depression, anxiety, distress, fear of low blood sugar, eating disorders and problems coping with the diagnosis) in people with diabetes.

Health care professionals ensure that diabetes services can assess and appropriately manage psychological problems in people with diabetes.

Funders and planners ensure that diabetes services can assess and appropriately manage psychological problems in people with diabetes.

People with diabetes are assessed for psychological problems and any problems identified are properly managed.



Introduction

Depression, anxiety, distress and other disorders causing serious psychological distress (SPD) are known to frequently complicate the health care of people with diabetes (Anderson et al 2001; Fisher et al 2012; Grigsby et al 2002). Among the spectrum of psychological disorders, there is considerable literature to support an association between depression and diabetes (Goldney et al 2004). Depression is frequently cited to be more common in people with diabetes than in the general population and the presence of complications is associated with a lower quality of life (**Scottish Intercollegiate Guidelines Network [SIGN] 2010**). Furthermore, depression in people with diabetes is associated with higher blood glucose levels, poorer adherence to therapeutic regimens (whether pharmacological or therapeutic lifestyle changes), more medical complications, and higher hospitalisation rates. According to Mitchell et al (2013) major depression is associated with an increased number of known cardiac risk

factors in people with diabetes and a higher incidence of coronary heart disease; therefore, attention should be paid to screening and treatment of depression in people with diabetes.

In 2001, the **Diabetes, Attitudes, Wishes and Needs (DAWN)** study showed that more than two in five people with diabetes reported poor psychological wellbeing; many people experienced emotional stress related to their diabetes; and more than a third of health care providers did not feel equipped to adequately address patients' psychological needs.

There may be a range of psychological and social factors that can impact on the ability of people with diabetes to manage their condition, and it is unclear whether the burden of managing diabetes causes psychological and social problems or vice versa. Therefore, assessment and appropriate management of psychological issues are important throughout the lifespan of people with diabetes, and should be a routine component of the diabetes consultation (Chiang et al 2014).

The National Institute for Health and Care Excellence (NICE) guidelines (2004) conclude children and young people with type 1 diabetes have a greater risk of emotional and behavioural problems than other children and young people. In particular, they are at higher risk of anxiety and depression, eating disorders, cognitive disorders, behaviour and conduct disorders and non-adherence. They highlight the importance of timely and ongoing access to mental health professionals for assessment of psychological dysfunction and the delivery of psychosocial support. In a study exploring the stress of parents of children with type 1 diabetes, Whittmore et al (2012) found that parents experience considerable stress related to the trauma of diagnosis and the demands of treatment management. Although many parents find ways to effectively manage this stress, others experience clinically significant levels of psychological distress, including symptoms of depression, anxiety, and posttraumatic stress. These symptoms have been shown to have negative effects on parenting, the child's quality of life, and the child's metabolic control. Therefore, screening and preventive interventions for parents as well as the child with diabetes are needed.

It is important to consider cultural variances in response to being diagnosed and living with a long term condition such as diabetes. Following her study exploring physical and psychological wellbeing among adults with type 2 diabetes in New Zealand, with a particular aim to identify the experiences of Pacific peoples, Paddison (2010) concluded that adults with type 2 diabetes who are young, overweight, have concerns about prescribed medications, and those of Pacific ethnicity, were most likely to experience adverse health outcomes, including poor metabolic control and diabetes-related distress. She concluded that among Pacific peoples in particular, there is a need to address concerns about medication and emotional distress about diabetes, while maintaining a focus on improving metabolic control.

For people with diabetes, it is important to make a distinction between depression and distress. According to Fisher et al (2012), diabetes distress (DD) 'refers to the unique, often hidden emotional burdens and worries that are part of the spectrum of patient experience when managing a severe, demanding chronic disease like diabetes. High levels of DD are common (prevalence, 18–35%; 18-month incidence, 38–48%) and persistent over time, and they are distinct from clinical depression in their linkages with glycaemic control and disease management. High levels of DD have been significantly associated with poor glycaemic control, poor self-care, low diabetes self-efficacy, and poor quality-of-life, even after controlling for clinical depression' (p 246).

Therefore, **it is important to distinguish between depression and distress as different interventions will be required.** According to Gonzalez et al (2011), a comprehensive approach ‘that distinguishes clinical depression from disease related distress and that offers support for the management of emotional distress as an integral part of providing support for the behavioural management of diabetes will have the greatest likelihood of clinical benefit for the vast majority of patients with diabetes’ (p 238).



Guidelines

The **Scottish Intercollegiate Guidelines Network (SIGN)** Guideline for the Management of Diabetes (116) (2010) recommends the following:

Regular assessment of a broad range of psychological and behavioural problems in children and adults with type 1 diabetes:

- In children this should include eating disorders, behavioural, emotional and family functioning problems.
- In adults this should include anxiety, depression and eating disorders.
- Health professionals working in diabetes should have sufficient levels of consulting skills to be able to identify psychological problems and be able to decide whether or not referral to a specialist service is required.
- Validated screening tools widely used to assess psychological distress in the general population(eg, HADS) may be used in adults or young people with diabetes.
- Health care professionals should be aware of cultural differences in type and presentation of psychological problems within different ethnic communities living with diabetes and facilitate appropriate psychological/emotional support.
- Children and adults with type 1 and type 2 diabetes should be offered psychological interventions to improve glycaemic control in the short and long term.
- Health care professionals working with adults and children with diabetes should refer those with significant psychological problems to services or colleagues with expertise in this area www.sign.ac.uk/pdf/sign116.pdf.

National Institute for Health and Care Excellence (2004) guideline type 1 diabetes: diagnosis and management of type 1 diabetes in children, young people and adults, provides a number of recommendations for screening and attending to psychological issues (www.nice.org.uk/guidance/CG15/chapter/key-priorities-for-implementation-children-and-young-people).

The American Diabetes Association’s Standards of Medical Care in Diabetes (2014) states:

- it is reasonable to include assessment of the patient’s psychological and social situation as an ongoing part of the medical management of diabetes
- psychosocial screening and follow-up may include, but are not limited to, attitudes about the illness, expectations for medical management and outcomes, affect/mood, general and diabetes-related quality of life, resources (financial, social, and emotional), and psychiatric history
- routinely screen for psychosocial problems, such as depression and diabetes-related distress, anxiety, eating disorders, and cognitive impairment.



Implementation advice

In everyday practice

If problems are identified, there are options depending on the need:

- follow up with the nurse or medical practitioner
- referral via primary or secondary care mental health services or local psychology services
- an Employee Assistance Programme (EAP) if they are working and have this available to them
- online therapies eg, Beating the Blues, depression.org (see Resources section).

The **Scottish Intercollegiate Guidelines Network (SIGN)** Guidelines have provided the following checklist for the provision of information in daily clinical practice. This gives examples of the information patients/carers/family/whānau may find helpful at the key stages of the patient journey. The checklist was designed by members of the SIGN guideline development group based on their experience and their understanding of the evidence base. The checklist is neither exhaustive nor exclusive.

Health care professionals should:

- on those occasions where significant psychosocial problems are identified, explain the link between these and poorer diabetes control. If possible, it is good practice to also give suitable leaflets. They should advise patients where best to obtain further help, and facilitate this if appropriate
- be mindful of the burden caused by psychosocial problems (such as clinical and subclinical levels of depression) when setting goals and adjusting complex treatment regimens (typically adults and children will be less able to make substantial changes to their lives during difficult times).

People with diabetes (or parents/guardians) should:

- try to speak to their general practitioner or diabetes team if they feel they (or their children) have significant psychosocial issues
- be mindful that many psychosocial problems make diabetes self-care more difficult and also that many difficulties can be successfully treated with the right help.

American Diabetes Association (ADA) position statement type 1 diabetes (Chiang et al 2014) recommends: Special attention should be paid to diabetes-related distress, fear of hypoglycaemia (and hyperglycaemia), eating disorders, insulin omission, subclinical depression, and clinical depression. These factors are significantly associated with poor diabetes self-management, a lower quality of life, and higher rates of diabetes complications.

Screening – which tool to use?

Holt et al (2012) undertook a systematic review to determine if there was evidence for a particular screening tool for depression in people with diabetes. They concluded that although a range of depression screening tools have been used in research, there remains few data on their reliability and validity. Information on the cultural applicability of these instruments is even scantier. Further research is required in order to determine the suitability of screening tools for use in clinical practice and to address the increasing problem of co-morbid diabetes and

depression. The abstract for the article can be found at:
www.ncbi.nlm.nih.gov/pubmed/21824180.

The National Clearing House Institute for Clinical Improvement provides evidence to suggest the Patient Health Questionnaire 2, a shortened version of the PHQ 9, is an effective tool for screening for depression in adults in primary care. Either the Patient Health Questionnaire-2 (PHQ-2) or the PHQ-9 can be used to screen for depression. There is stronger evidence supporting the use of the PHQ-9 in patients with chronic disease. The PHQ two-question tool (PHQ-2) should be used in routine screening settings. If the patient answers 'yes' to either of the two questions, the full PHQ-9 depression instrument should be administered. Further information can be found at:
www.qualitymeasures.ahrq.gov/content.aspx?id=47457

The Hospital and Anxiety Scale (HADS) is a widely used tool. It is designed as a measure of depression and anxiety for hospital, out-patient, and community settings. As well as being useful as a screening device, HADS can be repeated at weekly intervals to chart progress and is relatively unaffected by physical illness
([www.scalesandmeasures.net/files/files/Hospital%20Anxiety%20and%20Depression%20Scale%20\(1983\).pdf](http://www.scalesandmeasures.net/files/files/Hospital%20Anxiety%20and%20Depression%20Scale%20(1983).pdf)).

The prime-MD two question screen with the addition of a help question has been shown to be effective by Arroll et al (2005) in general practice in New Zealand for screening for depression in the general population. Nineteen general practitioners in six clinics in New Zealand participated in the study which included 1025 consecutive patients receiving no psychotropic drugs. They concluded that adding a question inquiring if help is needed to the two screening questions for depression improves the specificity of a general practitioner diagnosis of depression (www.ncbi.nlm.nih.gov/pubmed/16166106).

The prime-MD plus the help question is now included in eCHAT for lifestyle and mental health screening in primary care. eCHAT is a research-validated screening tool for the systematic screening of risky behaviours and mood problems that negatively impact on patients' health and wellbeing (www.myhealthscreenrx.com/; www.annfammed.org/content/11/5/460.full.pdf).

Diabetes distress

The Diabetes Distress 2 is another useful screening tool to rapidly assess diabetes distress in practice. Fisher et al (2012) describes the DDS2 as a 2-item diabetes distress screening instrument asking respondents to rate on a 6-point scale the degree to which the following items caused distress: (1) feeling overwhelmed by the demands of living with diabetes, and (2) feeling that I am often failing with my diabetes regimen. The DDS17 can be administered to those who have positive findings on the DDS2 to define the content of distress and to direct intervention (www.annfammed.org/content/6/3/246.full.pdf+html).

Screening for depression in children and adolescents

According to Hamrin et al (2010), screening for depression and gender-specific presentation is an important component of health assessment. The US Preventative Services Task Force (2009) recommends that primary care providers screen adolescents for depression annually from 12 through 18 years of age during routine visits. If the clinician notes any symptoms of depression, parental concerns about their child's mood, or a family history of mood disorders, or concerns about substance use, younger children should be screened and evaluated. A variety of screening tools exist to screen for depression, including written assessments to be completed by the parent or teen and interview style assessments to be administered by the practitioner. Hamrin et al have identified a variety of age specific tools as presented below.

Name	Age range	Number of items	Source	Cost in US dollars	Test/re-test reliability
Beck Depression Inventory II (BDI)	13 to 18 years	21	www.psychcorp.com	\$75 for manual and 25 record forms	Good to high reliability – 0.93 to 0.96
Patient Health Questionnaire-Adolescent Version (PHQ-A)	13 to 18 years	83 (9 items to diagnosis depression)	http://ww3.depression-primarycare.org/	Free	Good reliability – 0.76
Children's Depression Inventory	7 to 17 years	27	http://psychcorp.com	\$100 for manual and 25 record forms	Good reliability – 0.66 to 0.82
Paediatric Symptom Checklist	3 to 16 years	35	http://psc.partners.org	Free	Good to high reliability – 0.80
Guidelines for Adolescent Preventative Services Questionnaire	11 to 21 years	72 Younger adolescent 61 – middle/older adolescent	www.uvpediatrics.com/health-topics/stage.php#GAPS	Free	Good reliability – 0.72

Sources: Beck et al 1996; Bethell et al 2001; Craighead et al 1998; Fann et al 2005; Finch et al 1987; Navon et al 2001; Sprinkle et al 2002.

Risk appraisal for psychosocial issues in adolescents

The **H**ome and environment, **E**ducation and employment, **E**ating, **A**ctivities/ambition, **D**rugs and alcohol, **S**exuality and relationships, **S**uicide and depression and **S**afety (HEEADSSS) tool is widely used in adolescent services (see Standard 16). Initially developed by Goldenring and Cohen in 1988, further iterations have been made. According to Goldenring and Rosen (2004), the HEEADSSS interview is a practical, time-tested, complementary strategy that health professionals can use to build on and incorporate the guidelines into their busy clinical consultations. One of the best qualities of the HEEADSSS approach is that it proceeds naturally from expected and less threatening questions to more personal and intrusive questions. This gives the interviewer a chance to establish trust and rapport with the teenager before asking the most difficult questions in the psychosocial interview

(www2.aap.org/pubserv/psvpreview/pages/files/headss.pdf).

Bradford et al (2012) undertook a systematic review of psychosocial assessments for young people, in particular to examine the acceptability, disclosure and engagement, and predictive utility. They identified a number of potential tools; however, which tool is most appropriate for a clinician will depend on the domains they are most interested in, their preferred mode of delivery or available resources, available timeframe, and whether they work in a multidisciplinary environment. They concluded that the only tool, which is currently available in a self-administered format, covers all domains relevant to most young people, has been tested in multiple contexts, and can be completed in a short period, is the Adolescent Health Review (AHR). The full article can be accessed at: www.dovepress.com/psychosocial-assessments-for-young-people-a-systematic-review-examinin-peer-reviewed-article-AHMT-recommendation1.



Implementation examples / innovations



Massey University Health Conditions Psychology Service

Massey University Health Conditions Psychology Service for adults and young people with long-term health conditions and their families/whānau.

‘We offer short to medium term (usually 6–8 sessions) psychology services for adults and young people and families/whānau. We tend to focus on specific goals which we decide on in collaboration with you and we also refer to other services if needed. Our service is completely confidential. Our team is made up of experienced clinical psychologists. We assist people diagnosed with a long-term health condition and their families/whānau cope with, and adjust to, their illness. We see people who live in the MidCentral region, who are dealing with or adjusting to a long term medical condition. These include:

- diabetes
- asthma
- COPD
- cystic fibrosis
- heart conditions
- renal failure
- other illnesses affecting children and adolescents
- family/whānau members including husbands, wives, partners, parents, sisters and brothers.

There are a number of challenges you might face with a long-term health condition. For example you might feel distressed or overwhelmed, or you might be having some trouble adjusting to your condition. These issues can really affect people, making it hard to cope. Psychological skills are important resources which will help you (and your family/whānau) to:

- manage stress associated with the condition
- deal with physical symptoms like pain, panic attacks and sleep problems
- manage fears, anxiety or depression
- improve relationship skills and build up support networks
- work with your health professionals
- make decisions and solve problems around living with the condition
- provide balance in dealing with health difficulties and getting on with everyday life.’

For more information: www.massey.ac.nz/massey/learning/departments/school-of-psychology/psychology-services/manawatu/services/health-conditions-service.cfm.



Assessment tools

Structure

Evidence of local arrangements to ensure that people with diabetes are assessed for psychological problems, which are then managed appropriately.

Process

- (a) The proportion of people with diabetes assessed for psychological problems in the past 12 months.

Numerator	The number of people in the denominator receiving an assessment for psychological problems with at least a two item scale in the past 12 months
Denominator	The number of people with diabetes

- (b) The proportion of people with diabetes and psychological problems linked in to a local long term conditions programme.

Numerator	The number of people in the denominator who have been linked in to a long term condition programme
Denominator	The number of people with diabetes

Structure

Evidence of local arrangements for screening people with mental health conditions for diabetes.

Process

The proportion of people with mental health conditions on an antipsychotic medication who have been screened for diabetes in the past 12 months.

Numerator	The number of people in the denominator who have been screened for diabetes in the past 12 months
Denominator	The number of people with mental health conditions on an antipsychotic medication



Resources

- **Depression.org**
Depression is more than just a low mood – it can be a serious illness. But with the right help and support it is possible to get through it. This website has been created to help people understand more about depression so they can find a way through it. Everyone’s experience of depression is different so take some time to explore the site and find what is going to work for you.
<http://depression.org.nz/>.
- **Best Practice Advocacy Centre (BPAC)**
news page www.bpac.org.nz/BPJ/2013/June/news.aspx.

- **Beating the Blues:** online cognitive behavioural therapy for mild to moderate depression. Beating the Blues® is an evidence-based, online cognitive behavioural therapy (CBT) programme for the treatment of people with mild and moderate depression. The Ministry of Health has funded the Beating the Blues® E-therapy tool for the assessment and treatment of mild to moderate depression for use in primary care nationwide. Beating the Blues® is offered free of charge to general practices and some non-government organisations involved in primary care services. The benefits of the Beating the Blues® E-therapy tool include:
 - immediate access to CBT for patients with depression and/or anxiety
 - evidence-based therapy with no known adverse effects
 - clinical outcomes achieved similar to those of face-to-face therapy
 - requires minimal clinical input – supports clinical oversight
 - higher patient satisfaction with treatment than with usual care.

For assistance on how to register or for further information, please contact Andy Whittington of the E-Therapy Project Team: awhittington@medtechglobal.com or visit: www.beatingtheblues.co.nz/.

- **eCHAT** is a research-validated screening tool for the systematic screening of risky behaviours and mood problems that negatively impact on patients' health and wellbeing. The eCHAT is the electronic Case-finding and Help Assessment Tool. It can be accessed at: www.myhealthscreenrx.com/.
- **The Diabetes Attitudes, Wishes and Needs (DAWN) Study/Programme**
A variety of validated tools to support effective dialogue with people with diabetes and for assessing and addressing psychological needs are available from the DAWN study website: www.dawnstudy.org/ToolsAndResources/DialogueTools.asp.

DAWN for health professionals

- **DAWN experiment**
To practice patient-centred communications skills, you may want to try out 'The DAWN experiment'. Effective communication is also empathetic communication: it involves listening to patients in a way that ensures that they feel understood.
- The 5-item World Health Organization wellbeing index **WHO-5 questionnaire**
Depression is common among persons with diabetes, affecting 10–20% of the patient population. Unfortunately, the diagnosis of depression is often missed, but using a short questionnaire, such as the WHO-5, can help to monitor emotional wellbeing in patients as part of clinical routine.
www.dawnstudy.com/News_and_activities/Documents/WHO-5.pdf
- **Problem Areas In Diabetes (PAID) Diabetes distress questionnaire**
It is vital that clinicians are able to identify diabetes-related emotional distress in their patients. One tool that has proven very helpful to health care professionals is the Problem Areas in Diabetes (PAID) scale, a simple, one-page questionnaire.
www.dawnstudy.com/News_and_activities/Documents/PAID_problem_areas_in_diabetes_questionnaire.pdf
- **DAWN: Plans to change your life with diabetes**
'Your plans to change your way of living' provides a quick overview of each person's needs and readiness to change. The tool has been developed and tested as part of a decision-making method called Guided Self-Determination (GSD).
www.dawnstudy.com/News_and_activities/Documents/DAWN_Your%20plans%20to%20change%20your%20way%20of%20life_example.pdf

- **DAWN: Room for Diabetes in Your Life tool**

‘Room for diabetes in your life’ is a simple dialogue tool to help patients distinguish between negative and positive ways that diabetes can take up room in their life. The tool has been developed and tested as part of a decision-making method called Guided Self-Determination (GSD).

www.dawnstudy.com/News_and_activities/Documents/DAWN_Room_diabetes_in_your_life_example.pdf

DAWN tools to use with young people with diabetes

- **DAWN Youth Quality of Life tool**

The achievement of good metabolic control is difficult in children, and particularly in adolescents. Having diabetes requires a complex, intrusive and highly demanding daily programme for families/whānau, which may have a negative effect on Quality of Life (QOL).

www.dawnstudy.com/News_and_activities/Documents/Quality_of_Life_tool.pdf

- **DAWN Youth Circle tool**

The children’s circle tool is designed to stimulate dialogue between the diabetes support team, children and young people with diabetes and their families/whānau. It focuses on non-medical issues which impact upon quality of life and diabetes self-management.

www.dawnstudy.com/News_and_activities/Documents/Childrens%20circle%20tool.pdf

All available at: www.dawnstudy.org/ToolsAndResources/DialogueTools.asp.

DAWN for people with diabetes

- **A Good Life with Diabetes**

The evidence-based diabetes self-help coping programme, A good life with diabetes, is based on cognitive behavioural therapy. It is a multi-session coached programme to instil coping skills based on the CBT model and inspire a positive mentality about diabetes.

- **Nora’s Notes**

Nora’s Notes are written by a teenager with diabetes who understands daily life with the disease. The Notes are genuine, honest, and frank, and something any young person or those who care for someone with diabetes should understand. They can be accessed at:

www.dawnstudy.org/toolsandresources/norasnotes.asp.

- **The Insulin Interview**

The Insulin Interview offers help to better deal with concerns or fears about starting insulin. It is a tool to enable people with diabetes to make confident treatment choices with minimal anxiety. Six short questions invite people with diabetes to identify their level of agreement or disagreement with statements about different aspects of starting insulin. Based on the responses a personalised result will appear with a video providing facts to address and counter the concerns. These can be allayed by informed discussion with a health care professional. It can be accessed at: http://dawnstudy.com/barriers_to_insulin/take-charge/insulin-interview.aspx.



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