

## IMPROVING PSYCHOLOGICAL SUPPORT IN DIABETES RECOMMENDATIONS FROM THE PSYCHOLOGISTS IN DIABETES GROUP

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*The Psychologists in Diabetes Group are a mix of psychologists working across paediatric and adult diabetes services, and researchers working in health psychology and health services research in Ireland. One of our aims is to advocate for improved psychosocial care for people with diabetes in Ireland*

**Executive summary** People with type 1 and type 2 diabetes (PwD) should have access to appropriate psychological support. We summarised existing audit and qualitative data known to the Psychologists in Diabetes Group demonstrating current psychological care provision for PwD in Ireland. There is evidence of critical unmet need for psychology services for PwD in Ireland. We recommend psychological care becomes an integral part of diabetes care in Ireland and funding of diabetes psychology posts in paediatric and adult diabetes services.

### Psychological burden of diabetes and how psychology can help

Psychological problems, including depression anxiety, eating problems, and diabetes-specific emotional difficulties i.e. diabetes-distress, are common among PwD. In Ireland:

- In 2009-2011, one in six PwD aged over 50 years had depression symptoms or a history of depression diagnosis versus one in eight non-diabetic counterparts<sup>1</sup>
- Of 245 children (aged 3-11 years) with T1D in Ireland, almost one third were at moderate and high psychosocial risk<sup>2</sup>

The presence of any of these psychological problems can impair diabetes self-management, increase risk for diabetes-related complications, including early mortality; and, increase healthcare use and costs.

Psychologists play a critical role in diabetes care by supporting; diabetes related lifestyle changes, adherence to self-management activities, and optimal use of diabetes technologies (e.g. insulin pumps) using individual or family based psychological and behavioural interventions and by providing psychosocial education to diabetes teams

### What we did

- Collated existing data from paediatric and adult diabetes services in Ireland, known to the Psychologists in Diabetes Group. Data sources were: an audit of diabetes services in acute hospitals<sup>3</sup>, a survey of the 19 centres providing paediatric diabetes care<sup>4</sup>, qualitative survey data informing development of the national model of care for children and young people with type 1 diabetes<sup>4</sup> and interview data collected as part of an evaluation of the national clinical programme for diabetes<sup>5</sup>
- Psychologists in Diabetes Group discussion of the collated data and clinical experiences of group members informed the development of the recommendations presented.



### National and international psychosocial care guidelines for diabetes

Service	Organisation	Year	Key message
Adult	ADA <sup>6</sup>	2019	Psychosocial care should be integrated with medical care and provided to all PwD
Adult	IDF <sup>7</sup>	2017	Screening for depression with a validated tool should be encouraged in primary care diabetes clinics. There should be referral access to psychology
Adult	NICE <sup>16</sup>	2009	Diabetes care providers should be alert to possible depression and follow a stepped care approach to management of psychological problems
Adult	DoH <sup>17</sup> HSE <sup>18</sup>	2018	<i>Providers should be alert to possible psychosocial problems and have referral access to psychology</i>
Paed*	ISPAD <sup>19</sup>	2018	Psychology should be part of the interdisciplinary team
Paed*	NCPDP <sup>20</sup>	2018	<i>Diabetes centres should be staffed with psychological support</i>

\*Paed = Paediatric. ADA = American Diabetes Association. IDF = International Diabetes Federation. NICE = National Institute of Clinical Effectiveness. DoH = Department of Health. HSE = Health Service Executive. ISPAD = International Society for Paediatric and Adolescent Diabetes. NCPDP = National Clinical Programme for Paediatrics and Diabetes. *Italics denotes recommendations for Ireland. Italics denote recommendations produced in Ireland.*

# Reality in Ireland; at odds with guidelines for care

In Ireland, there is a 95% deficit (18/19) of diabetes psychologists in adult diabetes services in acute hospitals<sup>3</sup> (Table 1). In paediatric diabetes clinics, there is 1 WTE diabetes psychologist per 1636 children with diabetes. , recommended staffing is 1 WTE per 150-300 children<sup>4</sup> (Table 2).

**Table 1.** Recommended vs actual WTE per hospital group (adult services)

Hospital group	Rec	Act
Ireland East	4.14	0.2
Dublin Midlands	3.3	0.3
RCSI Hospitals	3.6	0.2
University of Limerick	1.4	0
South/South West	3.7	0
Saolta	2.9	0.2

\*adapted from O'Donnell et al (Data Provided 2016)<sup>3</sup>

**Table 2.** Recommended vs actual WTE per region (paediatric services)

Paediatric clinic	Rec	Act
Drogheda	0.5	0.1
Cork	1.5	0
Limerick	1	0
Galway	0.5	0
Dublin	4	1.5

\*adapted from NCPPD (Data Provided 2014)<sup>4</sup>

## Lived experience of the psychological burden of diabetes in Ireland<sup>4,5</sup>

There's a huge psychological barrier for people in being diagnosed with diabetes  
*Health care professional<sup>5</sup>*

it's hard to remember everything to do. I get upset and need to talk at times I feel so sad. My parents try to help me but it's not easy  
*Teenager (type 1 diabetes)<sup>4</sup>*

Crushed.. When you start to find out the information... that freaks you out  
*Adult (type 2 diabetes)<sup>5</sup>*

## Wishes for increased access to psychological services in Ireland<sup>4,5</sup>

they should look at the bigger picture and not just look at the HbA1c result. Teenage life is hard enough without having diabetes...wish that they could keep that in mind  
*Teenager (type 1 diabetes)<sup>4</sup>*

Psychological care of diabetics... it's not provided for in the pathways at all  
*Health care professional<sup>5</sup>*

## Conclusion

All PwD are entitled to appropriate psychological care. There is evidence of critical unmet need for psychology services for PwD in Ireland. Access to diabetes psychology services is at odds with recommended care<sup>3,4</sup>. This was reflected in the experiences of PwD and diabetes health care professionals who expressed a need for improved access to psychology services and a greater emphasis on psychological aspects of diabetes as part of diabetes care.

## Recommendations

Reduce the deficit of diabetes psychologists by:

- ensuring each hospital group and paediatric diabetes clinic provides psychological support for PwD

Psychological support should be an integral part of care for all PwD by:

- ensuring access to appropriate psychological services
- diabetes care providers attending to physical and emotional aspects of diabetes

Support funding to provide and audit the above.

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