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Mental Health Professionals Network

Collaborative Care in Mental Health & Diabetes Webinar

An interdisciplinary panel discussion

Wednesday 16th November 2011

"Working together. Working better."

Supported by The Royal Australian College of General Practitioners, the Australian Psychological Society, the Australian College of Mental Health Nurses and The Royal Australian and New Zealand College of Psychiatrists

This webinar is co-hosted by

- MHPN is a Commonwealth funded project supporting the development of sustainable interdisciplinary collaboration in the local primary mental health sector across Australia

- Diabetes Australia-Vic is the peak consumer body and leading charity representing all people affected by diabetes and those at risk. Diabetes Australia-Vic is committed to minimising the impact of diabetes in the community, helping all people affected by diabetes and contributing to the search for a cure.

This webinar is presented by

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Panel

- Dr Ralph Audehm
- Professor Prasuna Reddy
- Catherine Prochilo
- Professor Tim Lambert

Facilitator

- Dr Michael Murray

Learning Objectives

At the end of the session participants will:

- ***Have an improved understanding of the bi-directional relationship between diabetes and mental health***
- ***Be able to identify the role of different disciplines in contributing to the screening and diagnosis, assessment and treatment of mental illness in people with diabetes***
- ***Have tips and strategies for interdisciplinary collaboration in supporting people with diabetes and mental illness***

To find out more about your disciplines' CPD recognition visit www.mhpn.org.au

Session outline

The webinar is comprised of two parts:

- Facilitated interdisciplinary panel discussion
- Question and answers fielded from the audience

Session ground rules

- The facilitator will moderate the panel discussion and field questions from the audience
- Submit your question/s for the panel by typing them in the message box to right hand side of your screen
- If your specific question/s is not addressed or if you want to continue the discussion, feel free to participate in a post-webinar online forum on MHPN Online
- Ensure sound is on and volume turned up on your computer
- Webinar recording and PowerPoint slides will be posted on MHPN's website within 48 hours of the live activity

For further technical support call **1800 733 416**

Bruce's initial presentation to GP

Initial observations

Middle aged man, recent divorce, significant stressors, shifted areas (change), alarm bells-risk of suicide(?)

Other concerns

Illicit drug use (long haul driver), alcohol use, looking unwell.
GP approach:"How are you going Bruce?" Reflect on the tough time he has been going through

Dr Ralph Audehm
General Practitioner

Information gathering

- **Past history**
- **Past medications**

Bruce needs a full assessment – new patients start with a double appointment – it will take some time to get to know him. He needs a full examination and work up (cancer, blood loss, pallid (grey of haemachromatosis?)

Dr Ralph Audehm
General Practitioner

Information gathering

Other issues - compliance with a TDS dosing, is he self monitoring? How does he feel??

Relationship building: balancing the questions with getting to understand someone in this situation can be challenging.

Organise pathology tests on the way out and make a follow up appt in 1 or 2 weeks depending on what is found.

Dr Ralph Audehm
General Practitioner

Follow up GP appointment/s

Arrange for a long appt and if he is agreeable to transferring over, organise a care plan next visit – this will give GP at least an hour with Bruce and nursing staff.

Balance the reluctance for all the "mucking around" with keeping him healthy enough so he won't lose his licence.

If an appointment is missed GP has an excuse to phone Bruce to make an appt to discuss the pathology results.

Dr Ralph Audehm
General Practitioner

Range of emotional and psychological needs of people with diabetes

Level 1:

General difficulties coping with the day-to-day reality of living with diabetes and the perceived consequences

Professor Prasuna Reddy
Health Psychologist

Range of emotional and psychological needs of people with diabetes

Level 2:

More severe difficulties with coping, causing significant anxiety or lowered mood, with impaired ability to care for self

Professor Prasuna Reddy
Health Psychologist

Range of emotional and psychological needs of people with diabetes

Level 3:

Psychological problems which are diagnosable but can be treated solely through psychological interventions

Professor Prasuna Reddy
Health Psychologist

Range of emotional and psychological needs of people with diabetes

Level 4:

More severe psychological problems that are diagnosable and require biological treatments, medication and specialist psychological interventions

Professor Prasuna Reddy
Health Psychologist

Range of emotional and psychological needs of people with diabetes

Level 5:

Severe and complex mental illness, requiring specialist psychiatric interventions

Professor Prasuna Reddy
Health Psychologist

Ref: Emotional and psychological support and care in diabetes.

www.diabetes.nhs.uk

Information gathering

- **Referral from GP:**
  - Pathology results
  - Relevant medical history
  - Current medications
- **Request for patient to bring to consult:**
  - All medications
  - Blood glucose meter and monitoring diary for review
- **Assumptions based on referral data and presentation**

Catherine Prochilo
Diabetes Educator

Assessment

- Observation of presentation of patient
- Current signs and symptoms, if any
- Past medical history
- Complication screening history
- Present complications including erectile dysfunction and depression
- Physical activity
- Food choices/ pattern
- Sleep patterns
- Alcohol
- Smoking

Catherine Prochilo
Diabetes Educator

Assessment

- Screen for anxiety and depression?
- Perform function test on blood glucose meter
- Check memory of meter
- Assess technique accuracy
- Review blood glucose diary results
- Check current blood glucose
- Check current blood pressure
- Inspect and assess feet

Catherine Prochilo
Diabetes Educator

Previous allied health referrals

- Diabetes educator
- Dietitian
- Podiatrist
- Exercise physiologist
- Endocrinologist
- Psychologist

Catherine Prochilo
Diabetes Educator

Safety information

- Inform VicRoads of diabetes status
- Inform employer of diabetes status
- Regular eye and vision checks
- Review vision during times of elevated BGLs
- Regular foot checks for sensation
- Regular heart checks
- Monitoring BGL before driving

Catherine Prochilo
Diabetes Educator

Key messages

- **Self management, especially with concurrent mental health issues, requires ongoing team support**
- **When caring for people with diabetes, issues of safety (personal and community) must always be considered**
- **Progressive nature of diabetes means that management is progressive and life long**

Catherine Prochilo
Diabetes Educator

Bruce

Bruce is experiencing physical and mental comorbidity.

The differential includes a mood disorder, a psychotic disorder, the unmasking of a previously trammelled PD. Independently, as a truck driver, there exists the possibility of substance misuse causing/complicating.

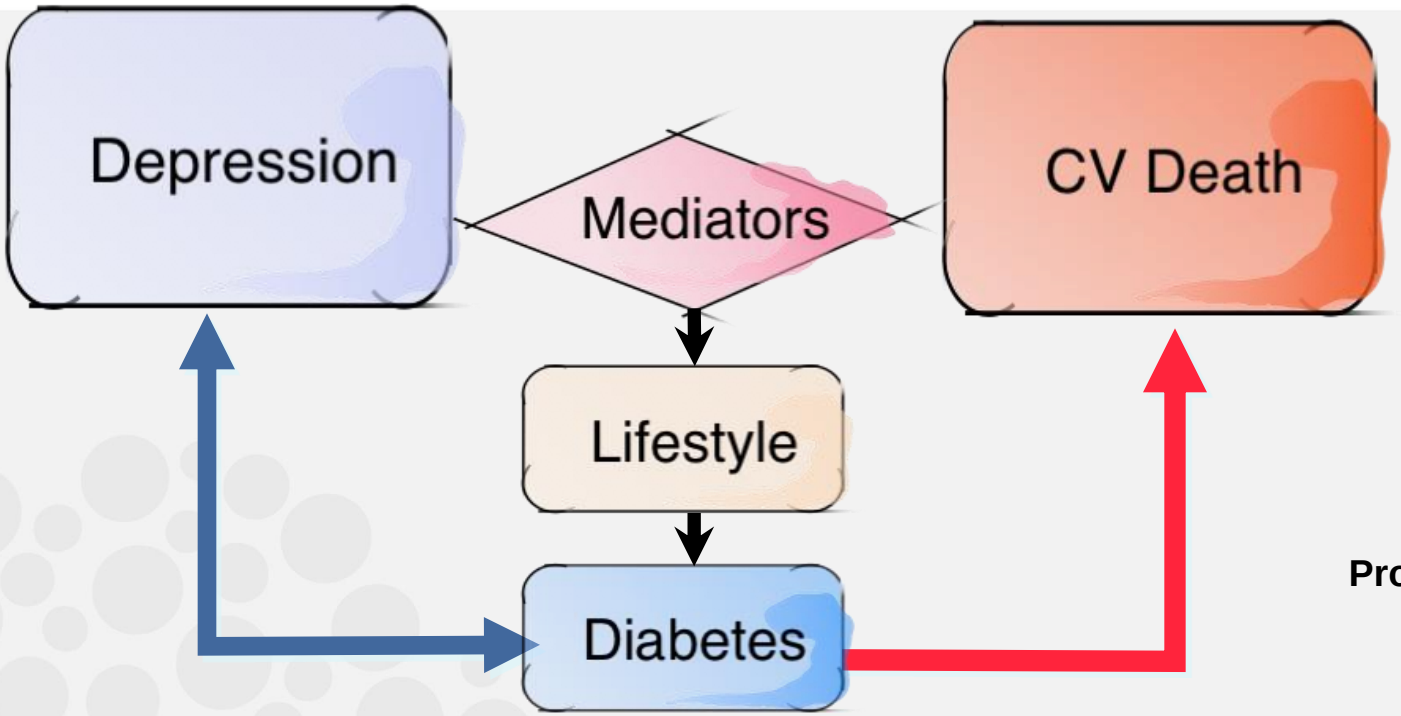
Within the context of today's discussion, let us assume that Bruce is suffering from depression

"18% of men and 28% of women with diabetes suffer from significant depressive symptoms. Depressed patients with diabetes are less likely to respond to depression care and more likely to have recurrences of their symptoms than other depressed patients. Diabetic patients with depression have poorer diabetes outcomes, and studies have linked depression to diabetic patients' self-care behaviours, including medication adherence and physical activity."[1]

Professor Tim Lambert
Psychiatrist

1 Piette, J. D et al. (2011). A randomized trial of telephonic counseling plus walking for depressed diabetes patients *Medical care*, *49*(7), 641–648.

Depression and CVD



Professor Tim Lambert
Psychiatrist

Atlantis, E., et al. (2011). Chronic medical conditions mediate the association between depression and cardiovascular disease mortality *Social psychiatry and psychiatric epidemiology*. doi:10.1007/s00127-011-0365-9

Bimodal associations

- For a group of older persons (>50 years ?!?!) having depression was significantly related to developing CVD, diabetes and arthritis (but no cancer) in the following 12 years[1]
- For those developing a diabetic foot ulcer (i.e. advanced disease state) for those who are depressed there is a two-fold increased risk of death at the 5-year census[2]
- Diabetic peripheral neuropathic pain (DPNP) is significantly improved by treating comorbid depression[3]
- Having a chronic physical illness is a risk factor for depression

Professor Tim Lambert
Psychiatrist

1 Karakus, M. C., & Patton, L. C. (2011). Depression and the onset of chronic illness in older adults: a 12-year prospective study *The journal of behavioral health services & research*, *38*(3), 373–382.

2 Winkley, K. et al. (2011). Five-year follow-up of a cohort of people with their first diabetic foot ulcer: the persistent effect of depression on mortality *Diabetologia*. doi:10.1007/s00125-011-2359-2

3 Jain, R.et al. (2011). Painful diabetic neuropathy is more than pain alone: examining the role of anxiety and depression as mediators and complicators *Current diabetes reports*, *11*(4), 275–284. s11892-011-0202-2

Intervention required - not just screening

- **Diabetes pts with an elevated depression score randomised to CAU, or written feedback to the patient and their GP/specialist.**

- **Depression screening with written feedback**
  - does **not** improve depression scores and
  - has a limited impact on mental healthcare utilisation, compared with CAU.

- **More intensive depression management is required to improve depression outcomes in patients with diabetes.**

Professor Tim Lambert
Psychiatrist

Pouwer, F., et al (2011). Limited effect of screening for depression with written feedback in outpatients with diabetes mellitus: a randomised controlled trial. *Diabetologia*, *54*(4), 741–748.

What can we do?

- **Groups work well in reducing diabetes-related stress[1]**
  - This is independent of the level of glycaemic control (by HBA1C)
  - The effects persist at 12+ months
- **Telephone CBT and pedometer-monitored walking programme[2]**
  - did not improve A1c values, but
  - decreased patients' blood pressure,
  - increased physical activity, and
  - decreased depressive symptoms.
  - Enhanced patients' functioning and quality of life.

Professor Tim Lambert
Psychiatrist

1 Due-Christensen, M.,et al (2011). Can sharing experiences in groups reduce the burden of living with diabetes, regardless of glycaemic control *Diabetic medicine* doi:10.1111/j.1464-5491.2011.03521.x
2 Winkley, K. et al. (2011). Five-year follow-up of a cohort of people with their first diabetic foot ulcer: the persistent effect of depression on mortality *Diabetologia*. doi:10.1007/s00125-011-2359-2

In addition to the patient & family...

Profession	Potential Activity
Dieticians	A critical role in educating staff, and carers, as well as patients on healthy living
GP	Work in close liaison with public sector
Medical specialists	Consult on relevant difficult cases
Nurse	Organise ± perform blood taking; history of CMRs; coordinate whole shooting match
OT	Working on activities that focus on self management of CMRs; exercise; diet
Pharmacists	Advising team members of key hi-risk (orexigenic) medications, drug interactions, PBAC community prescribing rules
Psychiatrist	Take the global responsibility to ensure the patient's health needs are met
Psychologist	Groups; motivational interviewing regarding smoking, alcohol, food binging; managing comorbid mood disorders
Registrar	Practical role in assessing risks; help educate other staff, patients, and fx; goferism
Social Workers	Work with families and patients regarding optimising healthy lifestyle in situ/ex hospital
Exercise Physiologist	To support and provide advice on exercise prescription and all exercise related issues. Can assist in development and facilitation of lifestyle change programs

Professor Tim Lambert
Psychiatrist

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Developing Sustained Systematic Interventions to manage cardiometabolic risks for those with severe mental illness

Concord Centre for Cardiometabolic Health in Psychosis

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Concord Centre for Mental Health

Assoc Prof Roger Chen
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Prof Tim Lambert
Director, ccCHIP:
University of Sydney
CCMH and BMRI

Http://www.ccchip.com.au

Professor Tim Lambert
Psychiatrist

Thank you for your participation

- Please complete the **exit survey** before you log out
- To continue the interdisciplinary discussion please go to the online forum on *MHPN Online*
- Each participant will be sent a link to online resources associated with this webinar within 48 hours
- The next MHPN webinar, **Bipolar Mood Disorder: working together, working better** will be held at 7.45pm (AEDT) on **December 5th 2011**
- For more information about MHPN networks and online activities visit www.mhpn.org.au
- For more information about Diabetes Australia-Vic www.diabetesvic.org.au

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Warren O'Brien
Not titled (white, pink arches on blue), ***2009***
ink on handmade paper
44 x 38cm
WOB08-0004

Thank you for your contribution and participation