

Talking Therapies in a specialist community diabetes service: Helping people to live with diabetes

A significant number of people with diabetes experience difficulties with their diabetes self-management because of challenges with their mental health (The Lancet Diabetes Endocrinology, 2015; de Groot et al, 2016; Vallis et al, 2020). This can impact profoundly on their blood glucose control. While diabetologists, diabetes specialist nurses and dietitians can advise about adjustments to pharmacotherapy and diet/exercise, in most cases we do not have the skills or experience to formulate the psychological problems, nor to implement the appropriate treatment. A recent review described the benefit of cognitive behavioural therapy in improving short- and medium-term anxiety and depression, as well as long-term depression, in people with diabetes, with associated improvements in blood glucose control (Uchendu and Blake, 2017).

In our community-based diabetes service in Eastern Cheshire, an area of mixed social demography but predominantly white European ethnicity, we have worked with the local Improving Access to Psychological Therapies (IAPT) team, Talking Therapies Eastern Cheshire, to provide psychological assessment, advice and treatment to people with diabetes who are struggling to achieve or maintain satisfactory blood glucose control because of challenges with their mental health, both long-standing and short-term related to more recent life events.

The Talking Therapies Eastern Cheshire team includes psychological wellbeing practitioners, counsellors and cognitive behavioural therapists. They offer assessment and treatment for a range of difficulties, including depression, anxiety, stress, panic, sleep difficulties, phobias, post-traumatic stress disorder, obsessive-compulsive disorder, social anxiety, loss and bereavement, low self-esteem, trauma and abuse. Eating disorders are managed through a separate service, as are primary

addictions. Therapy can be delivered online or face to face, and may be individual or group-based in its configuration.

The development of the linked service between the specialist diabetes team and the IAPT team took some time as funding was not available. However, after many discussions over a period of around 3 years with the Clinical Commissioning Group and other stakeholders, we were able to start the monthly joint clinics. It was agreed that the face-to-face clinics could be 3 hours in duration, with half an hour of discussion prior to the clinic starting.

Following referral and screening triage by the Talking Therapies multidisciplinary team, the initial assessment is undertaken jointly in a one-hour appointment with a member of the community diabetes team and the Talking Therapies practitioner. At the end of the session, a management plan is agreed, with the options including cognitive behavioural therapy, stress/anxiety management, bereavement counselling, acceptance and commitment therapy, mindfulness, guided self-help, eye movement desensitisation and reprocessing, interpersonal therapy or counselling to facilitate a greater insight into feelings and thought processes and to build emotional resilience.

The service welcomed its first patients in May 2021. Since then, in a monthly clinic at Watersgreen Medical Centre in Macclesfield, we have seen a total of 23 individuals with a variety of mental health challenges in the context of type 1 and type 2 diabetes. The age range has been from 19 to 75 years. Of these individuals, 15 have accepted the offer of therapy with a Talking Therapies practitioner, four have been referred on to other services and four have declined any further input.

We are yet to evaluate fully the influence of the psychological intervention on blood glucose control, but initial feedback from the patients is

Adrian Heald

Salford Royal NHS Foundation Trust and University of Manchester

Linda Horne

Vernova Healthcare, Macclesfield

Ann Metters

Vernova Healthcare, Macclesfield

Tom Steele

Vernova Healthcare, Macclesfield

Gabriela Y Cortés Moreno

Coordinación Nacional de Investigación, Subdirección de Servicios de Salud, Petróleos Mexicanos, Mexico City, Mexico

Ella Simms

Talking Therapies Eastern Cheshire

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Figure 1. Word cloud of user experience feedback of the new liaison service.

good (Figure 1). While this is early days, the joint working approach has been welcomed by the diabetes specialist nurse team and patients alike. Furthermore, our diabetes nurses have found the opportunity to work with the IAPT team a very positive and professionally enhancing development as our service continues to grow and learn. ■

de Groot M, Golden SH, Wagner J (2016) Psychological conditions in adults with diabetes. *Am Psychol* **71**: 552–62

The Lancet Diabetes Endocrinology (2015) Poor mental health in diabetes: still a neglected comorbidity. *Lancet Diabetes Endocrinol* **3**: 393

Uchendu C, Blake H (2017) Effectiveness of cognitive-behavioural therapy on glycaemic control and psychological outcomes in adults with diabetes mellitus: a systematic review and meta-analysis of randomized controlled trials. *Diabet Med* **34**: 328–39

Vallis M, Tang T, Klein G (2020) Mental health in diabetes: never a better time. *Can J Diabetes* **44**: 453–4