

# The role of mental health in diabetes care



**Lyndi Wiltshire**

Head of Diabetes Care at  
Birmingham and Solihull  
Mental Health Foundation  
Trust

It is an alarming inevitability that depression and other mental health issues can have a major impact on a person's well-being and can surely have an impact on their ability to cope with day-to-day life. We have recently seen the disturbing reality of the celebrity Robin Williams taking his own life due to the impact of having a mental health condition. In response to his death, our political leaders and relevant organisations have highlighted the truth of the difficulties we face when dealing with people with mental health issues, and the need to accurately recognise the connection between physical health and mental well-being.

As specialists in diabetes, in order to attain the best from our consultations, we need to understand that diabetes may not be that person's main priority. Depression, anxiety and stress have a way of taking over a person's thoughts. It is very difficult when one has a mental health condition to truly focus on other factors that require management. Life can continuously seem to get in the way of good diabetes management. Diabetes-related or diabetes-causing stress can have a major impact on management of the condition and can reduce the capacity to manage it in the optimal way.

Recently, the European Psychiatric Association, supported by the European Association for the Study of Diabetes and the European Society of Cardiology, proposed guidelines for screening and monitoring cardiovascular disease and diabetes in people with severe mental illness (De Hert et al, 2009). The World Psychiatric Association also reviewed the evidence for the association between severe mental illness and physical illness, and made recommendations both on an individual level and on a systems level to achieve a standard of healthcare that is on a par with that achieved in the general population (De Hert et al, 2011).

While we now recognise the importance of good collaboration between mental and physical health services, there are many barriers that need to be

overcome. Although we should be using our mental health services more, we still have potential obstacles to accessing these services. Sadly, the provision of mental health services is reducing with the ongoing NHS efficiency savings; therefore, as diabetes practitioners, we need to be very alert to the issues that people have, and to act promptly to support them in resolving these issues.

Evidence published in the *Health Service Journal* has revealed that there were 3640 fewer nurses and 213 fewer doctors working in mental health in April this year compared to staffing levels 2 years ago (Lintern, 2014). Dr Peter Carter, Chief Executive and General Secretary of the Royal College of Nursing, responded to this concern by saying the following (Royal College of Nursing, 2014):

*"A lot of good work has been done in recent years to understand mental health better and to encourage people to seek help when it is needed. If the NHS does not accept that it needs skilled mental health nurses to deliver that help, then we could squander every advance that has been made."*

Any help with mental health from the diabetes practitioner will always be welcome; however, to do this we need the knowledge and understanding of useful strategies to manage these complex conditions together. The mental health section in this issue of the *Journal of Diabetes Nursing* has valuable information to support us in this challenge. Dr Jen Nash has provided suggestions and advice on improving the time spent during diabetes consultations. This can help the practitioner support people with stressful elements in their life and corroborate with them to achieve the best diabetes outcomes. Finally, the article by Chaya Greenberger et al demonstrates the important link between good glycaemic control and depression. This is a valuable reminder of the need to include depression as an intervention target in people with diabetes. ■

De Hert M, Dekker JM, Wood D et al (2009) Cardiovascular disease and diabetes in people with severe mental illness position statement from the European Psychiatric Association (EPA), supported by the European Association for the Study of Diabetes (EASD) and the European Society of Cardiology (ESC). *Eur Psychiatry* **24**: 412–24

De Hert M, Correll CU, Bobes J et al (2011) Physical illness in patients with severe mental disorders. I. Prevalence, impact of medications and disparities in health care. *World Psychiatry* **10**: 52–77

Lintern S (2014) Analysis reveals mental health trust funding cuts. *Health Service Journal*, London. Available at: <http://bit.ly/1tPMB8> (accessed 19.08.14)

Royal College of Nursing (2014) *Mental health cuts threatening care*. RCN, London. Available at: <http://bit.ly/1w5eDEN> (accessed 19.08.14)