

Identifying specific needs when working with hard-to-reach groups



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It is vital that diabetes nurses truly understand the full extent of the whole person sat in front of them when doing a consultation. Although diabetes has to be seen as the priority in development and knowledge progression, the importance of having a rounded understanding of other issues that impact on an individual is vital if we wish to continue to provide the highest standard of care possible.

There doesn't seem to be a day goes by when the NHS isn't criticised in the press for its lack of care of a vulnerable person, or inability to show respect or provide dignity when dealing with the "hard to reach" population.

As a diabetes specialist, I have been fortunate to be asked to lecture first-year student nurses at a local university on the basics of diabetes care. These nurses are at the start of their nursing career and are trying to understand holistic care. The session I deliver is to all fields of nursing, including adult and children's services, learning disabilities and mental health, so focuses on appreciating how diabetes will impact on a person's general wellbeing and the role the nurses will play in individualised diabetes care. We not only review the physiological and psychological elements of diabetes, but also how it impacts on environmental, socioeconomic, cultural and diversity elements.

While writing this editorial and delivering these sessions, it became obvious to me that we have great understanding of diabetes, but generally we still have a long way to go to truly recognise the impact diabetes has on someone. For example, we have to understand the impact diabetes can have on a young person's job choice, in terms of potential treatment options. We also have to consider their ability to be involved in social events, changes they may have to make in religious festivals or even their feelings about how their culture will react to their impending ill-health.

I always have much admiration for nurses working

in other specialities, such as learning difficulties and mental health. Working together with these colleagues has shown me time and time again how to truly help make a difference to someone's diabetes management.

The articles we have this month in the section show how joint working between different specialities can make a huge difference.

Our first article has been written by Michelle Denyer, who specialises in learning disabilities. Michelle and her colleagues in North Derbyshire identified gaps in diabetes services for people with learning disabilities and she describes what they did to address these issues. The problem she describes is humbling and the project is inspiring, but at the same time, Michelle and her colleagues recognise that all we have a long way to go in further supporting this vulnerable group of people. Their work is the "light at the end of the tunnel" and highlights the need for more good-quality individualised educational resources.

Our second article is written by Mahendra Patel and talks about the wonderful work in the South Asian community. The educational programme Mahendra and his colleagues have developed focuses on the diverse and unique needs of South Asian cultures, including common myths about diabetes, prejudices, language problems and access issues. This programme was successfully delivered by gaining support from local community leaders and family members. The aim of the programme was to improve engagement, which will have a positive impact on health outcomes.

Through my experience of teaching at the university and the positive response from the students, I am reassured the university has recognised the importance of diabetes. They have highlighted the importance of this education for all fields of nursing. Hopefully this learning and understanding will carry on through the rest of their training and the rest of their career for an improved service for our patients. ■