Adapting our consultations for people with a mental health condition

Lyndi Wiltshire

This article discusses issues that require consideration during consultations with people who have coexistent diabetes and a mental health condition. In these consultations, it is essential to review the communication style used by the individual and acknowledge with the individual that treatment changes may be appropriate. This article also considers the importance of addressing concerns relating to the timing and dose of medication to support adherence to the treatment plan. Treatment goals for these people may need to be very different to those without a mental health condition, in order to optimise continued engagement.

A vast amount of information needs to be uncovered in a diabetes consultation. In the short period of time available, we need to provide individual consultations and deliver care plans that support self-management and take the whole person and their needs into account.

When someone has both diabetes and a mental health condition, the treatment targets and discussions may be different and need to be considered on an individual basis (Hutter et al, 2010). It is important to recognise the concept of "right person, right drug, right dose and right time" when providing medication. It can be useful to apply the same concept when completing the diabetes review in someone who also has a mental health condition. This article will discuss some of the issues and anxieties that need consideration in such people.

Right person

It is hard to believe when sat in the clinic that the person in front of you has seen no improvement in glycaemic control, even though you have provided all the information that should deliver good results, several times. Often mental health is blamed for poor adherence to treatment regimens and lifestyle advice, but this may be too simplistic. In people with mental health problems, many complex facets need to be considered before the diabetes is addressed. Recognition of their social situation, cognitive ability and family support is important in addition to the mental health condition. These factors can have an impact on motivation and may influence a person's appreciation of the situation, for instance, when other elements of their health and lifestyle need addressing.

Using the most appropriate language to discuss concerns

If you do not choose appropriate language, there is a chance the person will nod, "agree" and respond with the words they think you want to hear. Some of the medications taken by a person with a mental health problem may also have a major impact on their cognitive ability, specifically, their ability to understand new information. To help with communication, some nurses find that using similar words or phrases can help get their message across. Consider how often we use different words to mean the same thing, for example, glucose, sugar, carbohydrate or energy. Using different words can quickly lead to confusion so it helpful to stick to some

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Article points

1. The intensive glucose targets, such as 48–58 mmol/mol (6.5–7.5%), outlined by NICE for people with diabetes may not be manageable in those who also have a mental health condition; instead individualised targets should be agreed.
2. The diagnosis of diabetes can be accompanied by negative emotions, which can impact on the ability to be concordant with medication and lifestyle advice. When starting medication in someone with coexistent diabetes and a mental health condition, all medications and the anxiety of injections should be considered.
3. Management goals for such people, including recommended diet and podiatry follow-up, need to be focused on the individual.

Key words

- Bipolar disorder
- Glycaemic goal
- Mental health practitioners
- Schizophrenia

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Page points

1. In someone who has diabetes and paranoid schizophrenia, adding more diabetes treatments can increase the burden on the individual without them fully comprehending the importance of the treatment.
2. People with bipolar disorder as well as diabetes will need different diabetes management in the acute and manic episodes of the mental condition. During the manic cycle, people may use much energy and need extra consideration of their risk of hypoglycaemia; during the depressed phase, they may be inactive for extended periods, potentially risking hyperglycaemia.
3. Holistic care of someone with both diabetes and a mental health condition requires a true understanding of the day-to-day issues the person faces. When elements of health and lifestyle need addressing, the person's motivation to adhere to treatment and appreciation of the need may be impaired.

key phrases. Furthermore, not everyone understands medical words such as titration, HbA_{1c}, urine or lipids, so it important to check understanding and explain certain terms frequently throughout the consultations.

If negative emotions are driving their concerns surrounding a diagnosis of diabetes (Suls and Bundle, 2005), it may be difficult to fully support the person's needs, even with the latest educational packages. An understanding of the coexisting mental health condition is needed when considering the management options.

Anxiety and depression often occur together and can markedly affect motivation to manage physical health problems. If someone is feeling anxious, their mind may be full of busy, repetitive thoughts, which make it hard to concentrate, relax, or sleep. They can have physical symptoms, such as headaches, aching muscles, sweating and dizziness, which can cause physical exhaustion and general ill health disturbances (Darton, 2012). Anxiety and depression in diabetes is particularly problematic due to the complex nature of diabetes management and the number of things to consider on a day-to-day basis.

Paranoid schizophrenia brings its own problems, especially when someone is acutely unwell. The motivation to make and maintain healthy lifestyle choices, willingness to engage with healthcare professionals, high smoking risk and possible use of second-generation antipsychotic medication associated with the condition, can all interfere with the management of the individual's health (Connolly and Kelly, 2005). Adding more diabetes medication can further increase the burden on the individual without them truly understanding the importance or relevance of the treatment and lifestyle choices.

A condition like bipolar disorder will require different diabetes management in the manic and depressed phases of the condition. Someone in the manic cycle, for example, could use vast amounts of energy and experience disturbed sleep during periods of higher than normal activity (Timms, 2012). There needs to be a consideration of the risk of diabetes treatments (especially hypoglycaemia) for a person in the manic phase, as opposed to the depressive phase, which can involve extended periods of inactivity, lethargy or reduced motivation for a healthy lifestyle, and potentially hyperglycaemia.

Collaboration with healthcare professionals working in psychiatry is essential to provide the integrated care that these people need. When acutely mentally unwell, the diabetes medication and healthy lifestyle choices can often be the first things to disappear. These changes can have detrimental effects on the risk of long-term complications and confusion, or over-treatment when the medications are reintroduced (Weinger and Beverly, 2010).

Right drug

Diabetes is a complex condition; however, healthcare professionals can often forget how complex the medications can be, especially with the increasing number of agents available (Hill, 2013).

It is important to consider all medications, while recognising that, in particular, injecting medication can be an anxiety-provoking process. As it may be vital for some people that they are treated with injectable therapies, they may need additional support or reassurance to ensure they are treated correctly. Mental healthcare professionals are skilled at this type of supportive management, and whilst it is not advisable to go to the community psychiatric nurse with an insulin start request, they may be able to provide some advice on how best to manage the situation. Mental health professionals are often in a better position to support the individual with anxiety management and reassurance of outcomes, and to support the diabetes nurse with information regarding the social situation and what additional resources would be needed to support adherence.

Consideration also needs to be given to the impact on the diabetes when the person's mental health acutely worsens and the prompt changes that may be needed. For example, it would be appropriate to have a plan of action, including details of the appropriate healthcare professional to involve and the best method to manage the episode.

Providing holistic care is essential; however without truly understanding the day-to-day issues someone faces it can be difficult to identify the most appropriate treatment. During all consultations, and especially those with someone who has mental health problems, it is important to understand how their overall health and diabetes fit into their lifestyle. As diabetes healthcare professionals, we may forget that diabetes may not be the most important aspect of an individual's life. Diabetes practitioners should use tailored methods to ensure that treatment fits in with an individual's life. It may be helpful to gain insight

from carers about the individual in order to develop achievable goals and outcomes.

Bear in mind that individuals with mental health issues, as with other people, will worry about the risk of side-effects, and this concern may have a negative impact on their willingness to adhere to treatment. Increasingly, the use of sulphonylureas is dismissed (especially in relation to people with a mental health condition) due to the high, associated risk of side-effects (Campbell, 2009). It would be inappropriate to recommend a drug that is associated with a high risk of weight gain and hypoglycaemia when lifestyles of people with mental health issues can be chaotic, erratic or unpredictable.

When considering medication options, the simplified *Diabetes Update* guidelines (Diabetes UK, 2011; 2012) are available and provide a concise overview of information. These can help you:

- Revisit available medication options.
- Consider different treatment options, especially when given with mental health medication.
- Truly understand the side-effect profile and consider the additional risks and monitoring requirements that are achievable.
- Recognise and utilise combination treatments to reduce daily dose amounts to support the person's lifestyle and help engagement.

Before ending the consultation it is vital to review the information regarding all the medication choices with the individual and decide with them if the treatment choice will be suitable for their lifestyle.

Right dose

With the General Medical Services 2 contract, *Quality Outcomes Framework* points and NICE guidelines suggesting that the recognised HbA_{1c} target for diabetes is 48–58 mmol/mol (6.5–7.5%; NICE, 2009; NHS England et al, 2011), it can be tempting to push people with diabetes too far. For someone who has a mental disorder as well as diabetes, it can be extra difficult to maintain tight targets, and suboptimal readings can lead to them feeling that they are continually failing (Broom and Whittaker 2004). While some people with a long-term mental health problem may never be suited to perfect control, this should not be seen as negative. There are times when suboptimal doses are wholly appropriate to maintain safety.

Good management should involve understanding what is realistic, reachable and what has already been achieved. Achieving an HbA_{1c} of 68 mmol/mol (8.4%) from 108 mmol/mol (12%) is better than withdrawal of consent with a refusal for further cooperation, or multiple hypoglycaemic events, that impact on the individual's well-being and adherence to treatment.

Right time

This section discusses the right time to explain about the issues of diabetes, including the right time to start a medication and the right time to give the prescribed medication. Providing a consultation at the wrong time of day, or in the wrong situation, for someone with a mental health problem can lead to poor retention of information or forgetfulness (Lieberman et al, 2005). During the first few weeks after diagnosis of any condition, the ability to truly take in new information about the condition is difficult (Davies et al, 2008). A type 2 diabetes diagnosis may be accompanied by guilt, judgement from peers and family, and a sense of blame (Dunn et al, 1986).

The choice of when to commence medication should be considered. Different people can be fully functional and most alert at different times of day and this will have an impact on the effectiveness of the treatment. Often, without thinking, we commence medication in the morning but this may be inappropriate; for example, someone with mental health problem may take a mental health medication that can make them groggy in the morning. I frequently see people who find it really difficult to take medication or food in the morning; therefore medication may be forgotten first thing and the person may feel anxious about whether to take it later or omit the dose if breakfast is delayed. A mental health condition may also have an impact on the person's body clock. Do we have to schedule medication first thing in the morning, or can we change this to 10.30 am or 11.30 am? Often this small change, or giving "permission" to have the medication to suit individual lifestyles, can improve self-management. The use of a dosette box can also help ensure people take the right treatments, the right amount and can check that the dosage has been taken.

Right goal

The complexity of having a mental health condition is multifaceted; often the diabetes goals that are recommended appear confusing to the individual or

Page points

1. When a person's mental health acutely worsens and quick changes, in medication for example, are needed, the impact on diabetes will need consideration. The "Diabetes Update" guidelines can provide a concise overview of treatment options.
2. NICE give clear guidance on dosing of diabetes medication. In the case of someone who has a mental health condition as well as diabetes, dosing may sometimes be rationalised to make it appropriate for the individual.
3. Glycaemic targets also need consideration in the case of people with diabetes who also have a mental health condition. Achieving an HbA_{1c} of 68 mmol/mol (8.4%) from 108 mmol/mol (12%) is better than multiple hypoglycaemic events or refusal to cooperate.

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1. The complexity of having co-existent diabetes and a mental health condition is multi-faceted. Recommended diabetes goals can seem confusing to the individual and become ignored.
2. Treatment goals need to be focused on the patient rather than the condition of diabetes. For instance, reviewing the person's favourite takeaway menu and suggesting healthy options can promote engagement rather than advising that only one takeaway meal is eaten a week.
3. Advising daily attendance at the day centre may be unrealistic in someone who is paranoid about walking to the bus stop alone. Advising attendance at two to three appointments may be more appropriate in such an individual.

too difficult to follow, and so are ignored.

Goals really need to be focused with the individual in mind, and not the condition, to ensure an appropriate management plan is reached (*Box 1*). We should be bold enough to recognise that, when targets set for someone with diabetes and a mental health problem are not achieved, the targets may be wrong rather than the individual being "non-concordant" with the treatment plan. Managing someone's diabetes when they have a mental health problem takes time, understanding and support from multiple organisations and agencies. Although the task can seem overwhelming to the diabetes practitioner, if managed well it can have the most positive effect on that person's life and wellbeing.

Mental health should not be seen as a barrier to good management but as an additional feature, which, if conquered, can provide the most rewarding outcome for both the professional and the person with diabetes. ■

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Box 1. Suggestions to tailor the treatment and management plan of someone with diabetes who also has a mental health condition.

- The target of a person taking a metformin tablet with a supermarket ready meal is a better target than three healthy meals a day – especially if the person has no means, or skills, for cooking within the home.
- Reviewing the person's favourite takeaway menu and suggesting the healthiest options can promote engagement instead of advising only eating one takeaway on a weekly basis.
- The target of booking a podiatry review in the afternoon once the mental health medication is settled would have better outcomes than criticising the lack of appropriate footwear.
- Good communication with the mental health practitioners and supporting them to manage physical health is helpful. Mental health specialist occupational therapists are the cornerstone of supporting the skills needed to carry out activities of daily living, such as functioning in a kitchen.
- A target of attending the day centre (which involves a walk to the bus stop) two or three times a week is more appropriate than suggesting a daily walk to the day centre for someone with paranoia, someone who lacks motivation due to depression, or someone with an anxiety disorder.
- Collaboration with other support services can lead to the person recognising why diabetes-related appointments are important and support long-term management.