

Assisting people with diabetes to access professional psychological support: a practical guide for health professionals

- » **Diabetes self-management is complex:** it requires psychological resources, e.g. resilience, self-efficacy, motivation.
- » **Emotional problems are common in diabetes:**
 - 1 in 4 people have severe diabetes distress
 - 1 in 2 have depressive/anxiety symptoms.
- » **Emotional problems are associated with:**
 - less diabetes self-care, unhealthy eating patterns and sleep problems
 - elevated HbA1c
 - impaired quality of life.
- » **Emotional care is often overlooked but essential:** people feel more able to meet the demands of diabetes, achieve better health outcomes, and feel more satisfied with their health care.

Whose role it is to provide emotional care?

Health professionals: First line of care

- » Emotional care starts with you. You can help people feel understood, capable and supported. For many, this is all the emotional care for diabetes they'll need.

Mental health professionals: Second line of care

- » If a person is significantly distressed, involve a mental health professional in their diabetes care team.
- » Psychologists provide counselling, coaching and practical strategies that can lead to positive changes in:
 - lifestyle and relaxation
 - behaviours for diabetes management
 - emotion regulation and coping
 - relationship management
 - eating habits or body image.

When appropriate, refer people with diabetes to the NDSS fact sheet: **When and how psychologists support people with diabetes** (ndss.com.au/accessing-diabetes-support-from-psychologists-fact-sheet).



Box 1: Signs of distress

Behavioural:

- avoiding self-care or appointments
- withdrawal from work or social activities
- eating problems
- conflicts with friends or family
- sexual health problems.

Emotional:

- loss of interest in activities
- feeling overwhelmed by diabetes self-care
- feeling defeated or helpless
- persistent worrying or irritability.

Physical:

- recurrent diabetic ketoacidosis
- unexplained blood glucose fluctuations.

When to refer someone to a psychologist

- » Consider suggesting a psychologist, if you observe, or a person reports:
 - persistent distress (see Box 1)
 - a high score on a validated scale, such as the Problem Areas in Diabetes (PAID) Scale or the Patient Health Questionnaire-2 (PHQ-2).

How to approach the topic

The idea of talking with a psychologist may provoke feelings of shame, worry, or discomfort for some.

To reduce barriers:

Practice emotional care regularly

1. Normalise talking about emotions

» Make emotional health a regular topic during diabetes consultations.

- **Say:** *'Managing diabetes is hard and many people feel overwhelmed by it.'*

2. Assess for signs of distress

» Be aware of signs of distress (Box 1).

- **Ask:** *'What is the most difficult part of living with diabetes for you?'*

- **Ask:** *'Have there been any changes in how you have been feeling over the last couple of weeks?'*

3. Provide integrative emotional care

» When discussing self-care, show empathy and discuss coping strategies.

Have a conversation about a referral

1. Normalise seeking psychological support

» Explain that psychologists provide support in many ways.

2. Ask about and address barriers

- **Ask:** *'Would you be open to talking to a psychologist? [If not] What are your concerns?'*

» Address any misconceptions (Box 2).

3. Clarify the process

» Explain that a GP referral can enable access to Medicare subsidies.

» Note that psychologists usually support people over several sessions.

4. Make an appropriate referral

» Ask about the person's preferences (e.g. diabetes expertise, location, cost, and linguistic or cultural background).

» For some people, it can be empowering to do their own research (e.g. online search).

Box 2: Addressing common misconceptions

Psychologists only treat serious problems.

Say: *'People from all walks of life see psychologists for all different reasons, not just those with serious mental health conditions.'*

Psychologists tell people what to do.

Say: *'Psychologists work collaboratively; they ask what you want to get out of your sessions.'*

Talking about emotions will make me feel worse.

Say: *'Sometimes talking about difficult feelings can make people feel worse at first. Over time, talking usually provides relief and opens up solutions.'*

Seeing a psychologist is a sign of weakness.

Say: *'It's a sign of strength. Accepting support means being proactive about your health.'*

I've seen a psychologist before and it didn't help – they're all the same.

Say: *'Sometimes "trial and error" is needed to find a psychologist that is the right fit for you. You will have a say over who you see.'*

Box 3: Resources

NDSS Diabetes and emotional health a practical guide: ndss.com.au/diabetes-and-emotional-health

Australian Psychological Society (APS) directory for psychologists: psychology.org.au/FaP

Local community health services to access no/low cost mental health care.

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