Diabetes 101 for Behavioral Health

Partners in Health: The Role of Behavioral Health Providers in Diabetes Prevention and Management

November 3, 2022

Housekeeping

- All participants muted upon entry
- Engage in chat
- Raise hand if you would like to unmute
- Meeting is being recorded
- Slides and recording link will be sent via email

NCHPH
National Center for Health in Public Housing

Poll Question 1

Which best describes your type of organization?

National Center for Health in Public Housing

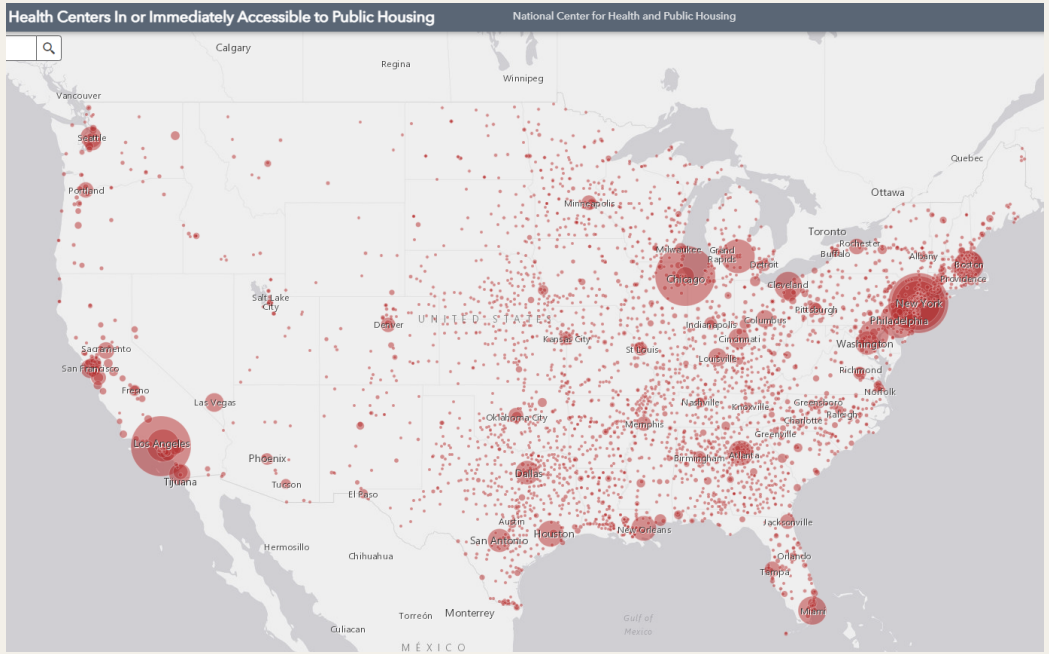
- The National Center for Health in Public Housing (NCHPH), a project of North American Management, is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U30CS09734, a National Training and Technical Assistance Partner (NTTAP) for $2,006,400 and is 100% financed by this grant. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
- The mission of the National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.

NCHPH
National Center for Health in Public Housing

Health Centers Close to Public Housing

+ 1,373 Federally Qualified Health Centers (FQHC) = **30 million patients**
+ 458 FQHCs In or Immediately Accessible to Public Housing = **5.7 million patients**
+ 108 Public Housing Primary Care (PHPC) = **911,683 patients**

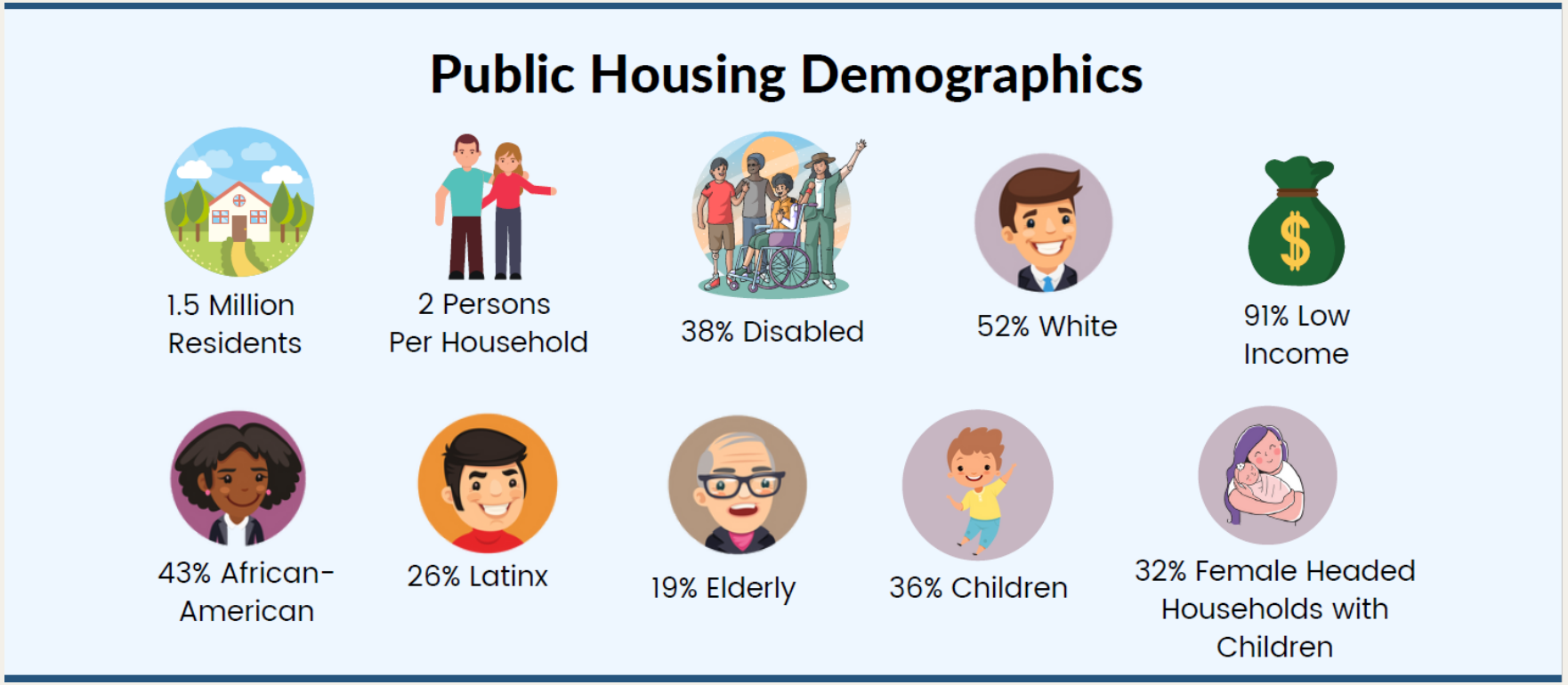
Source: 2021 Health Center Data



Source: Health Centers in or Immediately Accessible to Public Housing Map

NCHPH
National Center for Health in Public Housing

Public Housing Demographics



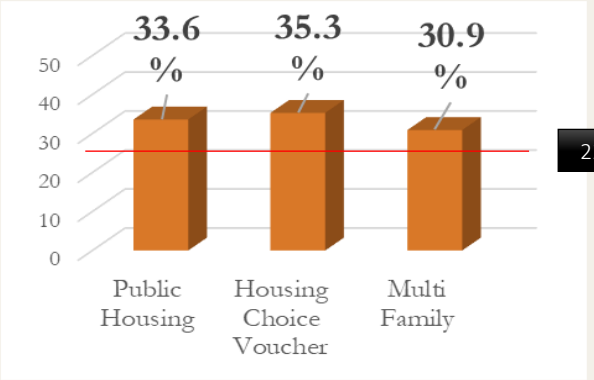
Source: [2022 HUD Resident Characteristics Report]

NCHPH
National Center for Health in Public Housing

A Health Picture of HUD Assisted Adults, 2006 -2012

Adults in HUD-assisted housing have higher rates of chronic health conditions and are greater utilizers of health care than the general population.

Adult Smokers with Housing Assistance



Source: Helms, V. E., 2017, Sperling, J., & Steffen, B. L.

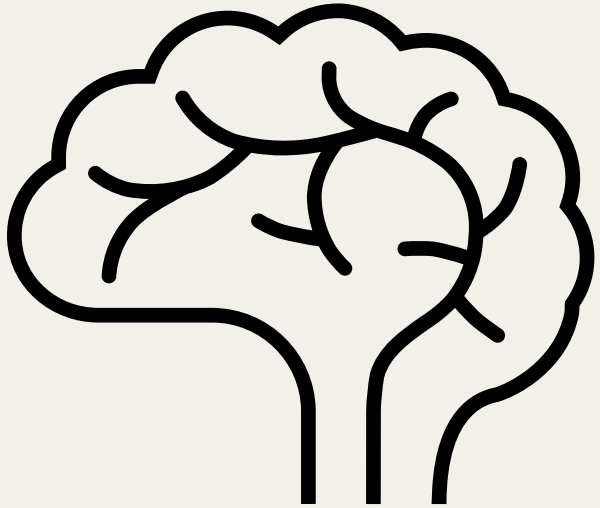
	HUD-Assisted	Low-income renters	All Adults
Fair/Poor Health	35.8%	24%	13.8%
Overweight/ Obese	71%	60%	64%
Disability	61%	42.8%	35.4%
Diabetes	17.6%	8.8%	9.5%
COPD	13.6%	8.4%	6.3%
Asthma	16.3%	13.5%	8.7%

NCHPH
National Center for Health in Public Housing

Diabetes 101 for Behavioral Health Specialists

Session II

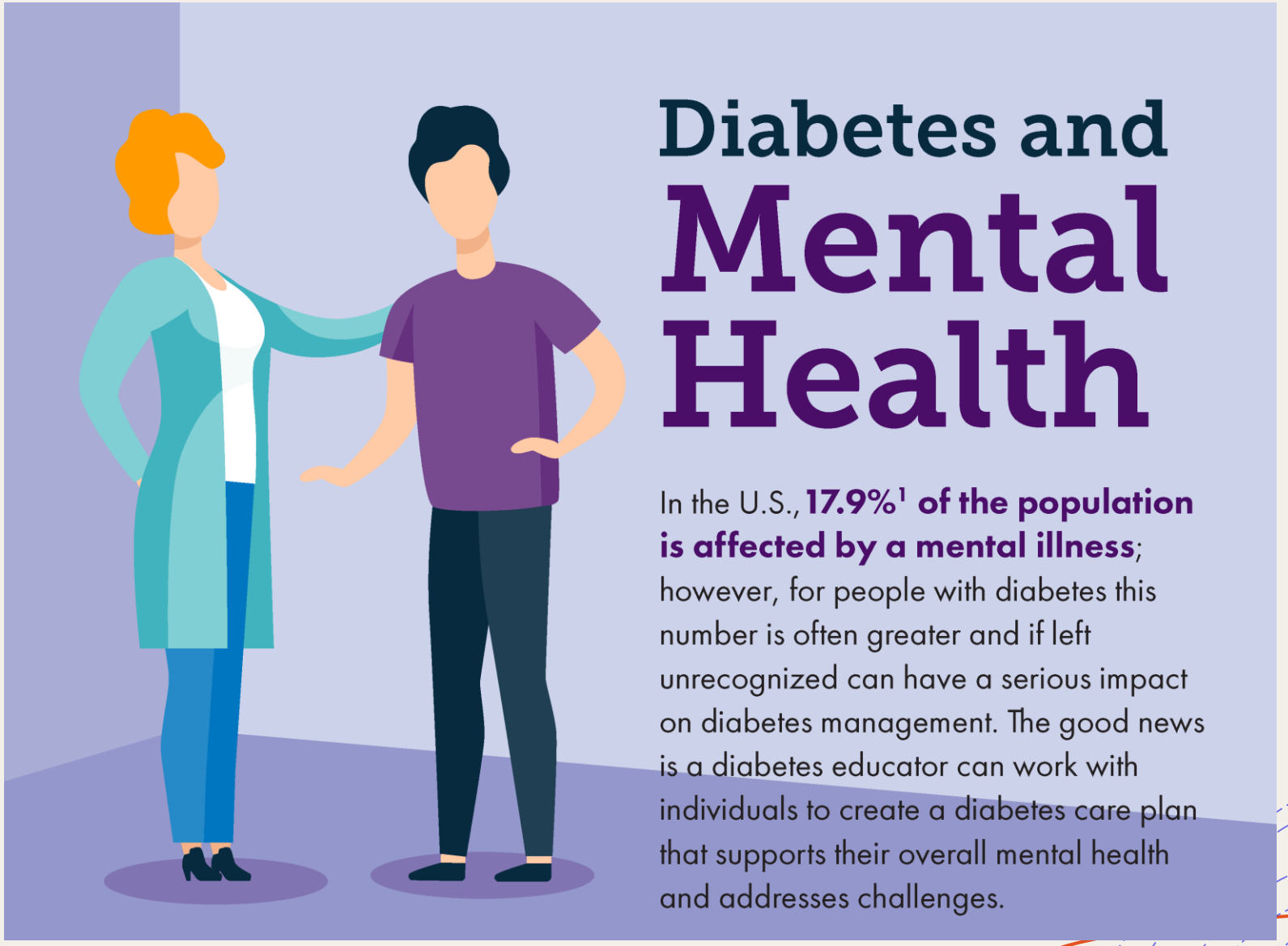
Partners in Health: The Role of Behavioral Health Providers in Diabetes Prevention and Management



Agenda

- Identify how mental health professionals can help patients with diabetes with their self-management.
- Compare depression and diabetes distress.
- Recall successful interventions that can be used for people with diabetes and depression.
- Identify common worries patients with diabetes experience.

Diabetes and Mental Health



Diabetes and Mental Health

People with diabetes experience higher rates of mental health issues

Increased symptoms of **depression affect one in four adults with diabetes** with rates ranging from 21.3% in adults with type 1 diabetes to 27% in adults with type 2 diabetes.[2]

18-45%[3] of people with diabetes exhibit **diabetes distress** – a condition where the emotional burden and stresses of living with diabetes manifests in physical ways such as fatigue, tension and burnout.

Adults with diabetes have been found to have **elevated rates of anxiety symptoms** and conditions including generalized anxiety disorder (GAD) and anxiety symptoms that are specific to the experience of living with diabetes or diabetes complications (e.g. fear of needles, fear of hypoglycemia).[4]

Diabetes and Mental Health

Diabetes can have a greater impact on young people

27% of teenagers with type 1 diabetes exhibited moderate to high risk for depression and 8% endorsed thoughts of self-harm.[5]

Youth with type 2 diabetes are also at risk of depression with rates ranging from 8% to 22%.[6]

Diabetes and Mental Health

Diabetes can lead to disordered eating

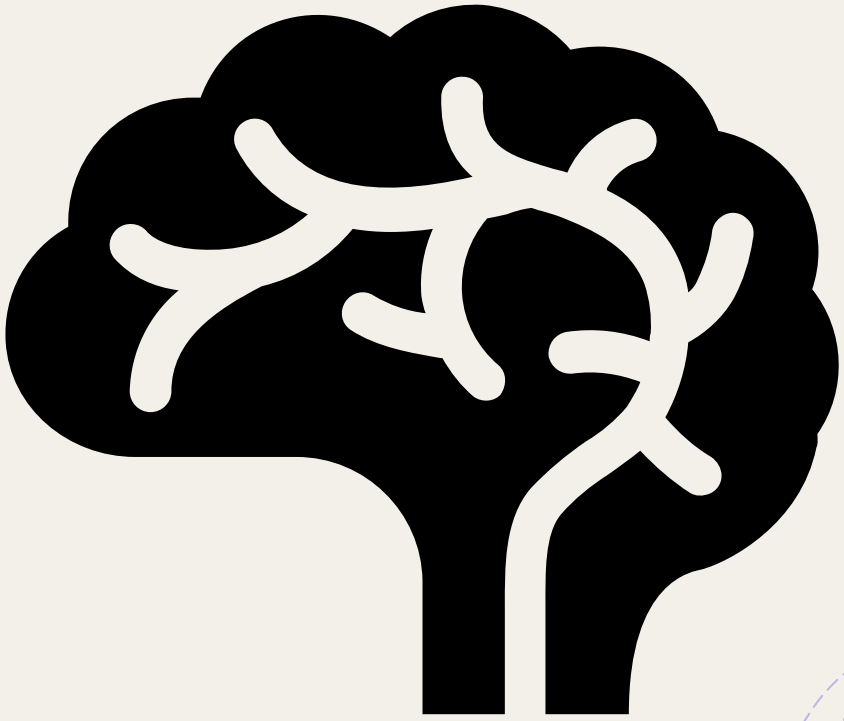
Rates of disordered eating behaviors are as high as **51.8% in women** with type 1 diabetes.[7]

Those with diabetes are at an elevated risk of developing a psychiatric eating disorder with 6.4% affected by bulimia, binge eating and anorexia.[8]

Psychosocial Issues

Recommendations

- Psychosocial care should be integrated with a collaborative, patient-centered approach and provided to all people with diabetes, with the goals of optimizing health outcomes and health-related quality of life. **A**
- Psychosocial screening and follow-up may include, but are not limited to, attitudes about diabetes, expectations for medical management and outcomes, affect or mood, general and diabetes-related quality of life, available resources (financial, social, and emotional), and psychiatric history. **E**
- Providers should consider assessment for symptoms of diabetes distress, depression, anxiety, disordered eating, and cognitive capacities using age-appropriate standardized and validated tools at the initial visit, at periodic intervals, and when there is a change in disease, treatment, or life circumstance. Including caregivers and family members in this assessment is recommended. **B**
- Consider screening older adults (aged ≥65 years) with diabetes for cognitive impairment and depression. **B** Monitoring of cognitive capacity, i.e., the ability to actively engage in decision-making regarding regimen behaviors, is advised. **B**



Poll Question 2: Is your HC assessing the psychological status of your patients with diabetes?

+1. True

+2. False

Poll Question 3: What percentage of your patients with diabetes have a psychosocial issue?

a) 0% - 10%

b) 11% - 20%

c) 21% - 30%

d) 31% - +

Opportunities to Assess Psychosocial Status

+ At diabetes diagnosis
+ Regularly scheduled management visits
+ Hospitalizations
+ Onset of complications
+ Significant transitions in care
+ Problems achieving A1c goals
+ When assessing SDOH

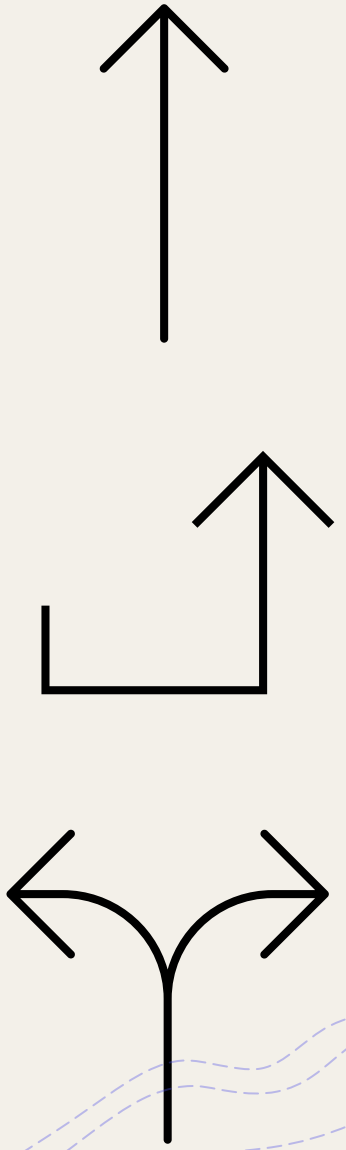
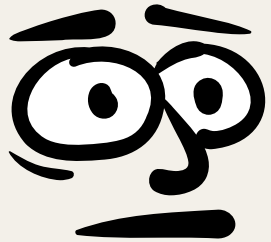


Table 5.2—Situations that warrant referral of a person with diabetes to a mental health provider for evaluation and treatment

- Self-care remains impaired in a person with diabetes distress after tailored diabetes education
- A positive screen on a validated screening tool for depressive symptoms
- The presence of symptoms or suspicions of disordered eating behavior, an eating disorder, or disrupted patterns of eating
- Intentional omission of insulin or oral medication to cause weight loss is identified
- A positive screen for anxiety or fear of hypoglycemia
- A serious mental illness is suspected
- In youth and families with behavioral self-care difficulties, repeated hospitalizations for diabetic ketoacidosis, or significant distress
- A positive screening for cognitive impairment
- Declining or impaired ability to perform diabetes self-care behaviors
- Before undergoing bariatric or metabolic surgery and after surgery, if assessment reveals an ongoing need for adjustment support

Diabetes Distress



- Diabetes distress refers to significant negative psychological reactions related to *emotional burdens and worries* specific to an individual's experience in having to manage a severe, complicated, and demanding chronic disease such as diabetes

*medication dosing, frequency, and titration; monitoring of blood glucose, food intake, eating patterns, and physical activity

- Recommendation 5.40
  Routinely monitor people with diabetes for diabetes distress, particularly when treatment targets are not met and/or at the onset of diabetes complications.
  B.

Diabetes Distress Scale

About Diabetes Distress Scale (DDS)

This questionaire is 17 questions long and covers the Legacy Diabetes Distress Scale

DIRECTIONS: Living with diabetes can be tough. Listed below are a variety of distressing things that many people with diabetes experience. Thinking back over the past month, please indicate the degree to which each of the following may have been a problem for you by circling the appropriate number. For example, if you feel that a particular item was not a problem for you over the past month, you would circle "1". If it was very tough for you over the past month, you might circle "6".

	Not a Problem	A Slight Problem	A Moderate Problem	Somewhat Serious Problem	A Serious Problem	A Very Serious Problem
1. **Feeling that diabetes is taking up too much of my mental and physical energy every day.**	1	2	3	4	5	6
2. **Feeling that my doctor doesn't know enough about diabetes and diabetes care.**	1	2	3	4	5	6
3. **Not feeling confident in my day-to-day ability to manage diabetes.**	1	2	3	4	5	6
4. **Feeling angry, scared and/or depressed when I think about living with diabetes.**	1	2	3	4	5	6
5. **Feeling that my doctor doesn't give me clear enough directions on how to manage my diabetes.**	1	2	3	4	5	6

Diabetes and Anxiety Disorders

- Anxiety symptoms and diagnosable disorders (e.g., generalized anxiety disorder, body dysmorphic disorder, obsessive compulsive disorder, specific phobias, and posttraumatic stress disorder) are common in people with diabetes
- the lifetime prevalence of generalized anxiety disorder to be 19.5% in people with either type 1 or type 2 diabetes

- **Recommendations**
- **5.41** Consider screening for anxiety in people exhibiting anxiety or worries regarding diabetes complications, insulin administration, and taking of medications, as well as fear of hypoglycemia and/or hypoglycemia unawareness that interferes with self-management behaviors, and in those who express fear, dread, or irrational thoughts and/or show anxiety symptoms such as avoidance behaviors, excessive repetitive behaviors, or social withdrawal. Refer for treatment if anxiety is present. **B**
- **5.42** People with hypoglycemia unawareness, which can co-occur with fear of hypoglycemia, should be treated using blood glucose awareness training (or other evidence-based intervention) to help re-establish awareness of symptoms of hypoglycemia and reduce fear of hypoglycemia. **A**

TABLE 3

GAD-7 Screening Tool for GAD

Over the past two weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as though something awful might happen	0	1	2	3

Total score: _____ = _____ + _____ + _____ + _____

Note: Total score for the seven items ranges from 0 to 21. Scores of 5, 10, and 15 represent cutoffs for mild, moderate, and severe anxiety, respectively. Although designed primarily as a screening and severity measure for GAD, the GAD-7 also has moderately good operating characteristics for panic disorder, social anxiety disorder, and posttraumatic stress disorder. When screening for anxiety disorders, a recommended cutoff for further evaluation is a score of 10 or greater.[14]

GAD = generalized anxiety disorder; GAD-7 = Generalized Anxiety Disorder 7-item screening tool.

Adapted with permission from Spitzer RL, Williams JBW, Kroenke K, et al., with an educational grant from Pfizer Inc. GAD-7. Accessed August 9, 2021. https://www.phqscreeners.com/images/sites/g/files/g10060481/f/201412/GAD-7_English.pdf, with additional information from reference 14.

Diabetes and Depression

History of depression, current depression, and antidepressant medication use are risk factors for the development of type 2 diabetes, especially if the individual has other risk factors such as obesity and family history of type 2 diabetes

Elevated depressive symptoms and depressive disorders affect one in four patients with type 1 or type 2 diabetes

Recommendations

5.43 Providers should consider annual screening of all patients with diabetes, especially those with a self-reported history of depression, for depressive symptoms with age-appropriate depression screening measures, recognizing that further evaluation will be necessary for individuals who have a positive screen. B

5.44 Beginning at diagnosis of complications or when there are significant changes in medical status, consider assessment for depression. B

5.45 Referrals for treatment of depression should be made to mental health providers with experience using cognitive behavioral therapy, interpersonal therapy, or other evidence based treatment approaches in conjunction with collaborative care with the patient's diabetes treatment team. A

TABLE 1

Risk Factors for Depression

Internal factors

Female sex

History of anxiety

Low self-esteem

Neuroticism*

External factors

Conduct disorder

Substance use

Adverse life events

Childhood sexual abuse

Chronic medical conditions

Disturbed family environment

History of divorce

Lifetime trauma

Low educational status

Low social support

Parental loss

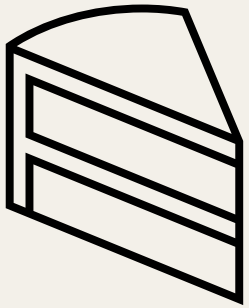
*—A dimension of temperament marked by elevated stress reactivity resulting in frequent negative emotions.[9]

Information from references 7 through 9.

Disordered Eating Behaviors

- Recommendations
- 5.46 Providers should consider reevaluating the treatment regimen of people with diabetes who present with symptoms of disordered eating behavior, an eating disorder, or disrupted patterns of eating. B
- 5.47 Consider screening for disordered or disrupted eating using validated screening measures when hyperglycemia and weight loss are unexplained based on self-reported behaviors related to medication dosing, meal plan, and physical activity. In addition, a review of the medical regimen is recommended to identify potential treatment-related effects on hunger/caloric intake. B

- ASK FOR:
- Insulin omission
- Bingeing

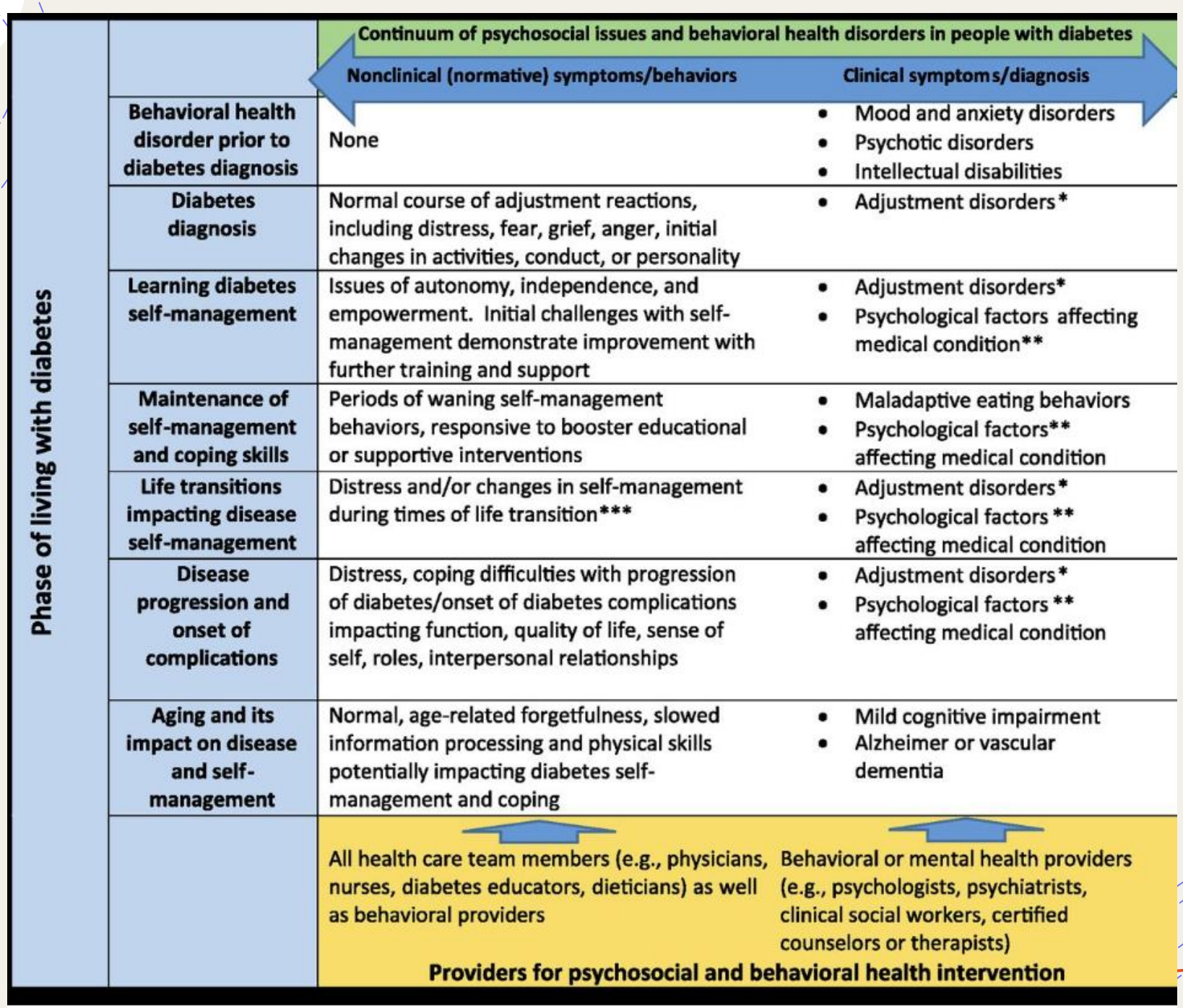


Other Conditions to Keep in Mind

Serious Mental Illness: Schizophrenia

Cognitive Impairment


10
WAYS TO STOP DEPRESSION
1
DAILY SELF-CARE
Shower. Brush teeth and hair, wear clean clothes.
2
GET ENOUGH SLEEP
Your body needs restorative sleep to recover from depression. Make sleep a priority.
3
NOURISH YOUR BODY WITH HEALTHY FOOD
Don't try to stuff painful emotions with food. "Comfort foods" will deplete you further.
4
AVOID ALCOHOL AND DRUGS
Alcohol is a depressant and will make it much harder to recover. Drugs don't help you feel in control of your health.
5
EXERCISE
Even 1 hour per week of exercise can prevent and treat depression.
6
MANTRAS TO COMBAT NEGATIVE THOUGHTS
Interrupt negative thinking patterns by using positive mantras to shift your thoughts.
7
RELAXATION, MEDITATION, MINDFULNESS
Use stress management and grounding techniques to bring yourself back to the current moment
8
MAKE POSITIVE CHOICES, SAY YES MORE
If you would do something if you weren't depressed than continue to do it now.


Phase of living with diabetes
Continuum of psychosocial issues and behavioral health disorders in people with diabetes
Nonclinical (normative) symptoms/behaviors
Clinical symptoms/diagnosis
Behavioral health disorder prior to diabetes diagnosis
None
Mood and anxiety disorders
Psychotic disorders
Intellectual disabilities
Diabetes diagnosis
Normal course of adjustment reactions, including distress, fear, grief, anger, initial changes in activities, conduct, or personality
Adjustment disorders*
Learning diabetes self-management
Issues of autonomy, independence, and empowerment. Initial challenges with self-management demonstrate improvement with further training and support
Adjustment disorders*
Psychological factors affecting medical condition**
Maintenance of self-management and coping skills
Periods of waning self-management behaviors, responsive to booster educational or supportive interventions
Maladaptive eating behaviors
Psychological factors** affecting medical condition
Life transitions impacting disease self-management
Distress and/or changes in self-management during times of life transition***
Adjustment disorders*
Psychological factors ** affecting medical condition
Disease progression and onset of complications
Distress, coping difficulties with progression of diabetes/onset of diabetes complications impacting function, quality of life, sense of self, roles, interpersonal relationships
Adjustment disorders*
Psychological factors ** affecting medical condition
Aging and its impact on disease and self-management
Normal, age-related forgetfulness, slowed information processing and physical skills potentially impacting diabetes self-management and coping
Mild cognitive impairment
Alzheimer or vascular dementia
All health care team members (e.g., physicians, nurses, diabetes educators, dieticians) as well as behavioral providers
Behavioral or mental health providers (e.g., psychologists, psychiatrists, clinical social workers, certified counselors or therapists)
Providers for psychosocial and behavioral health intervention

How can Counselors Support Clients with Diabetes?

- Learn about diabetes
- Include diabetes management in the treatment plan
- Convey diabetes information and reinforce diabetes management behaviors
- Use of printed and digital resources
- Reinforce the importance of steady adherence
- Emphasize the importance of eating according to their diabetic meal plan
- Reinforce education regarding potential adverse effects of alcohol
- Coach clients to address the psychosocial issues related to living with diabetes by using problem focused coping (identifying a specific source of stress and determining

Key Messages

- People with diabetes want supportive health professionals with whom they can discuss any aspect of living with and managing the condition.
- An open, empathic communication style is important in enabling people with diabetes to talk about their emotional and mental health.
- The language that health professionals use can affect people's willingness to talk about the challenges of living with diabetes, their motivation, self-confidence, self-management skills, and diabetes outcomes.
- As with any skill, communication skills can be acquired and improved with practice, and confidence increases over time.

Practice Points

- Seek to "meet the person" where they are in their life—rather than where you would like them to be, where you think they should be, or where you are.
- Active listening and open, empathic communication (verbal and nonverbal) improves the quality of the interaction and is essential for best clinical practice.
- Reflect on the proportion of the appointment time that you spend talking rather than listening. Is the balance right? Appointments are typically more effective when the person with diabetes talks more than the health professional.

Upcoming Webinar

- **Partners in Health: The Role of the Behavioral Health Providers in Diabetes Prevention and Management**
- **Date:** November 3, 2022 from 12:00 – 1:00 pm EDT
- **Learning objectives:**
  • Identify how behavioral health professionals can help patients with diabetes with their self-management.
  • Compare depression and diabetes distress.
  • Recall successful interventions that can be used for people with diabetes and depression.
  • Identify common worries patients with diabetes experience.

NCHPH
National Center for Health in Public Housing

Q&A

If you would like to ask the presenter a question, please submit it through the chat box on your control panel or use the “raise hand” icon in the reactions tab and your line will be unmuted.

Complete Post-Evaluation Survey!

NCHPH
National Center for Health in Public Housing

Visit Us at NCHPH.org

- PHPC COVID-19 Weekly Updates
- Webinars
- Toolkits
- Publications
- Interactive Maps
- Provider and Resident-Centered Factsheets
- Training Manuals
- Blogs
- Learning Collaboratives

NCHPH
National Center for Health in Public Housing

Join Our Mailing List at NCHPH.org/contact and Receive:

- HRSA Updates
- Medicare Updates
- Senior Programs
- Resources and Services
- T/TA Notifications

NCHPH
National Center for Health in Public Housing

Contact Us

Robert Burns
Program Director
Bobburns@namgt.com

Jose Leon, M.D.
Manager of Clinical Quality
jose.leon@namgt.com

Kevin Lombardi, M.D., M.P.H.
Manager of Policy, Research, and Health Promotion
Saqi.cho@namgt.com

Fide Pineda Sandoval, C.H.E.S.
Health Research Analyst
Fide@namgt.com

Chantel Moore, M.A.
Manager of Communications
Cmoore@namgt.com

Please contact our team for Training and Technical Support
703-812-8822

NCHPH
National Center for Health in Public Housing

Thank you!