

# National Mapping Survey

## Diabetes Psychological Provision

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With thanks to:

Dr Francesca Mathias, Dr Miriam Green-Armytage, Dr Anna Lose,  
Dr Jessica Broughton.

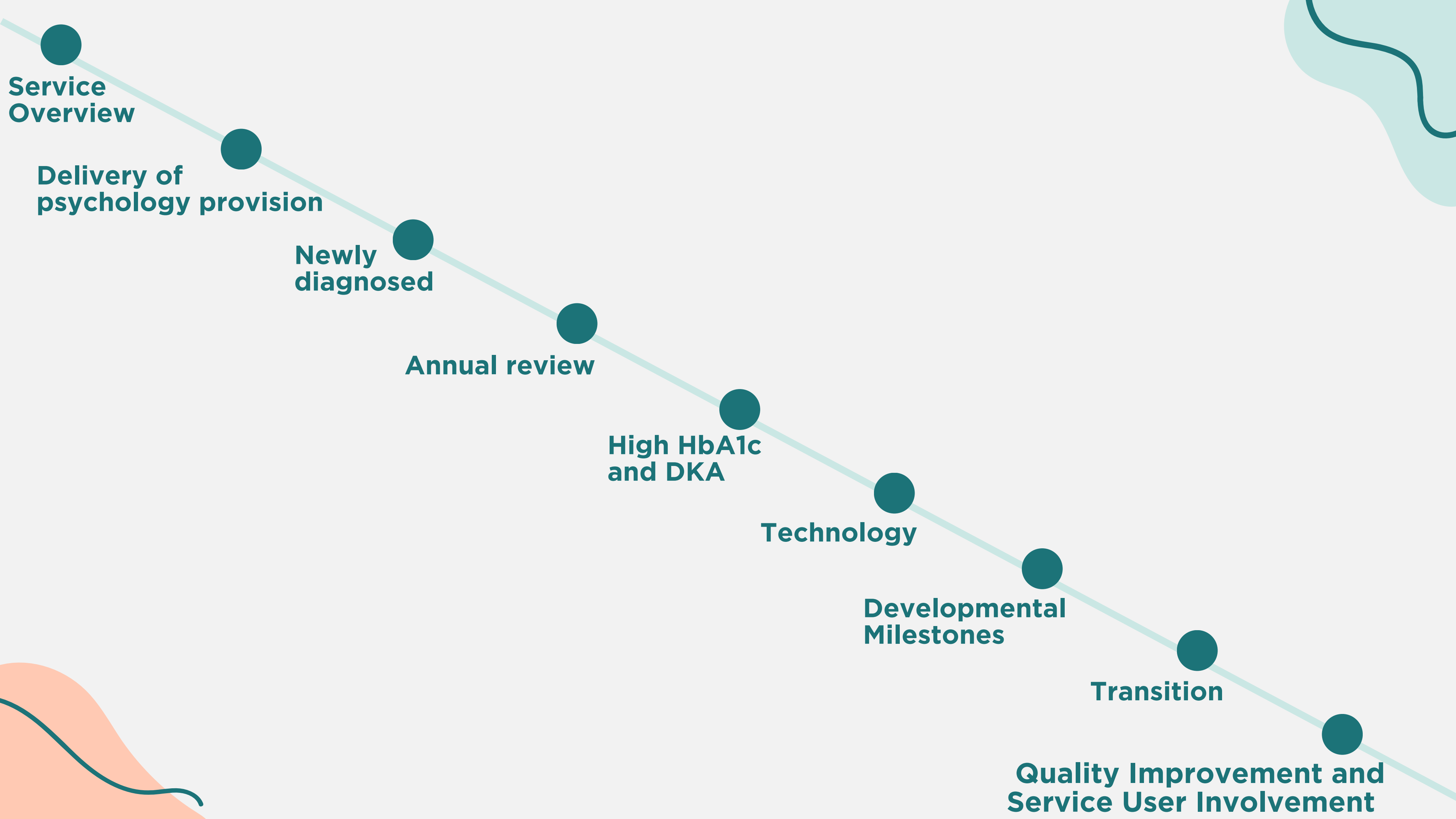
# Aims/Background

- Aim to understand current variation in services
  - Access to psychological services
  - Staff ratios
  - Variations in clinical practice
- In accordance with the aims of the National Children and Young People's Diabetes Network Delivery Plan 2020-2025
  - Aim 1: Equal access to diabetes care
  - Aim 3: Staffing ratios/standards
- Inspired by Yorkshire and Humber PDN conducted Diabetes Psychology Audit (2018)
- Diabetes Psychology Standards released
  - How closely are we meeting the standards?

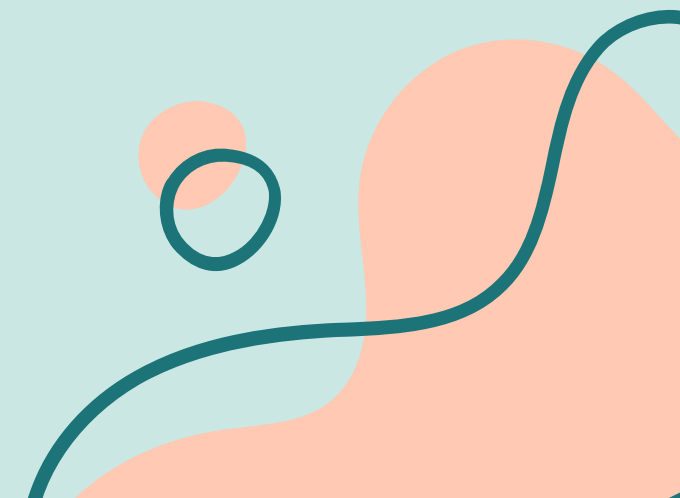


**Data collected between December 2021 - April 2022**

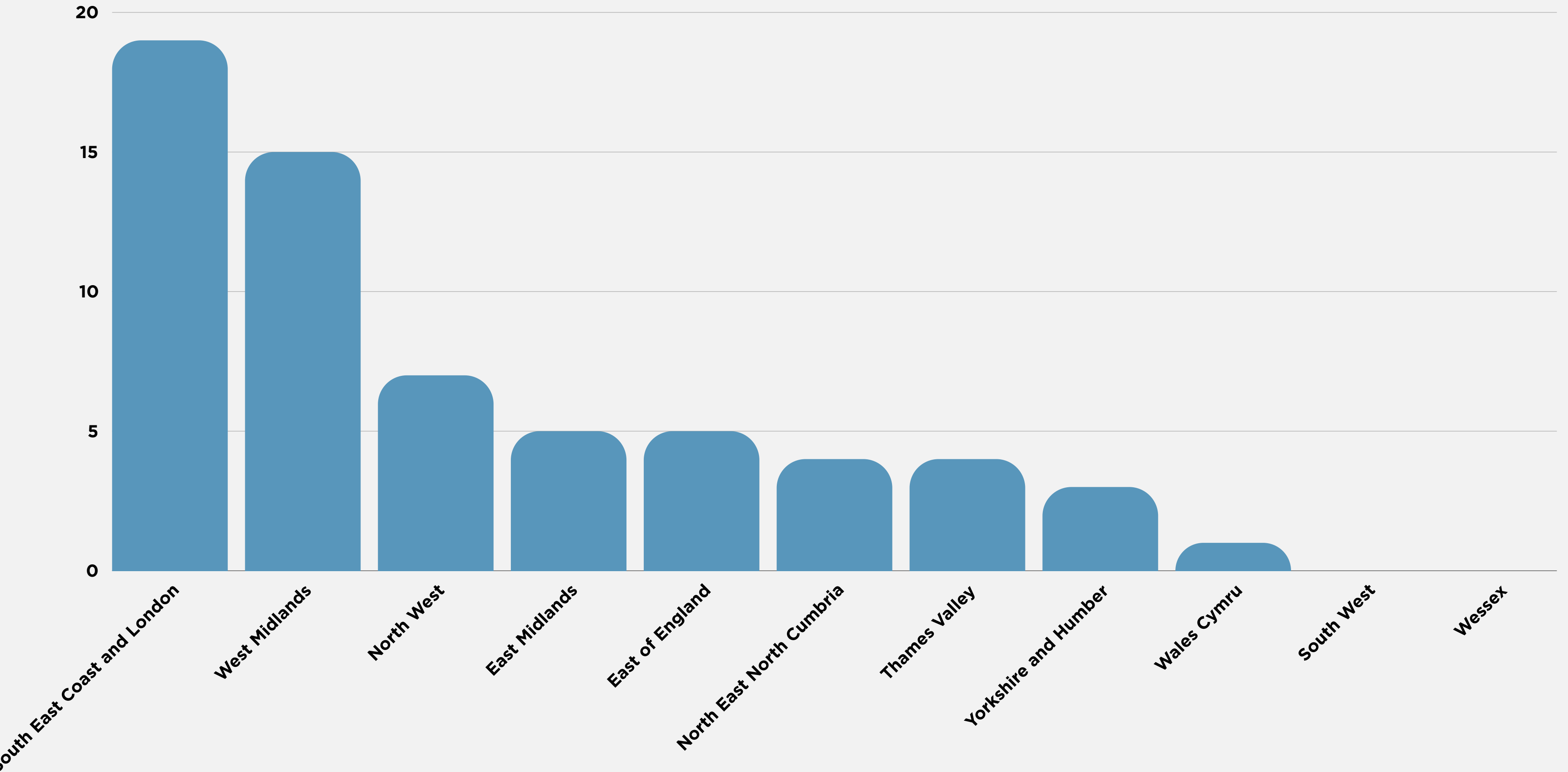
**Total responses: 63**



# SERVICE OVERVIEW



# Participating Networks



## Cohort Sizes (N=60)

**Type 1 Diabetes:** **52 to 505 patients**  
Mean: 198 Median: 180

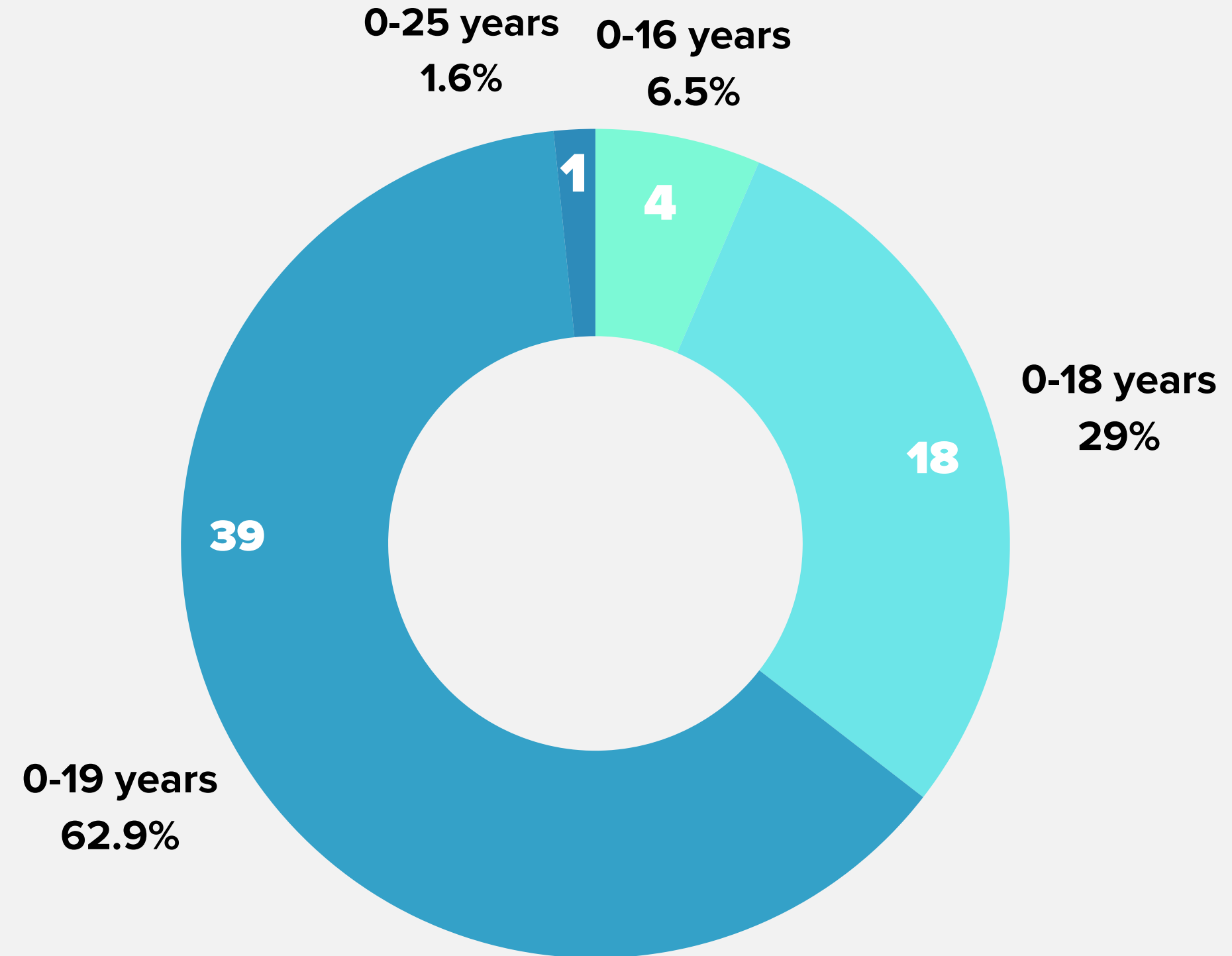
**Type 2 Diabetes:** **0 to 77 patients**  
Mean: 9.3 Median: 5

**CF-related Diabetes:** **0 to 20 patients**  
Mean: 1.3

**MODY Diabetes:** **0 to 10 patients**  
Mean: 2.3

**Other:** **0 to 31 patients**  
Mean: 1.8

## Age range covered by services



# Psychological Therapist Provision

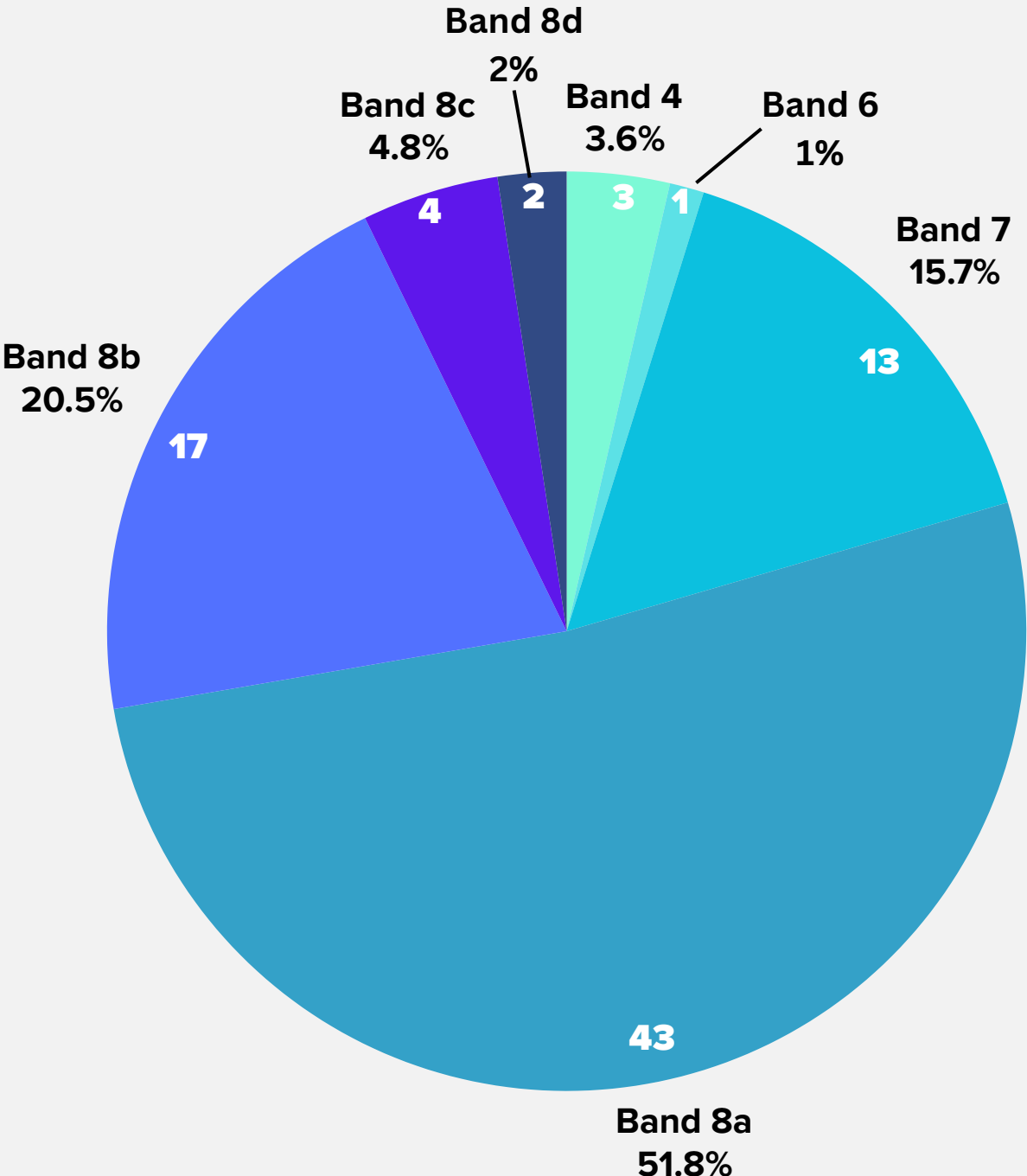
Psychology time per  
100 patients:

Range: 0.06-0.53

Mean: 0.29

Median: 0.28

Proportion of different bandings:



Network workforce  
recommendations (March 2024)

0.5WTE psychology  
per 100 patients

Only 3 out of 57 service met this  
minimum recommendation

## **Psychological provision primarily based:**

- **59%** Within a diabetes team
- **30%** Within a paediatric psychological therapies service
- **6%** Within CAMHS
- **5%** Other

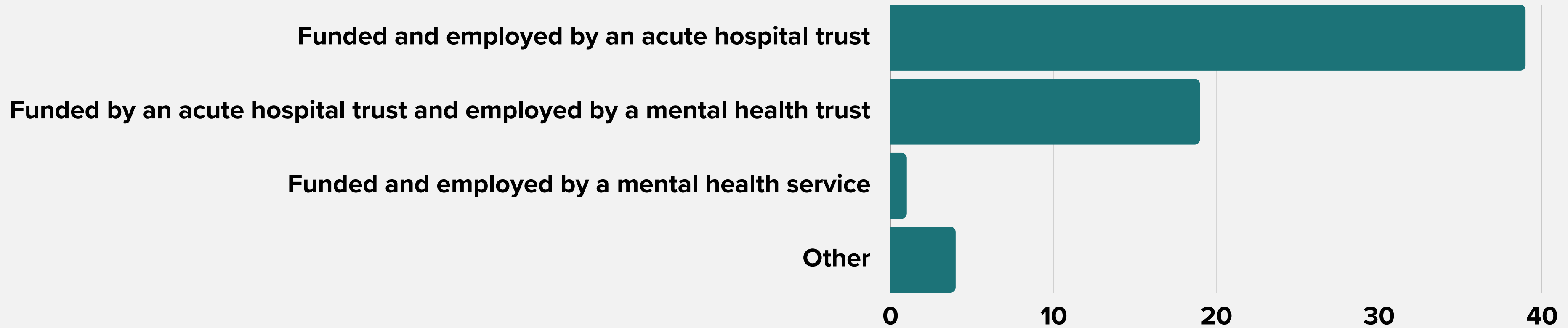
**87%**

reported receiving appropriate  
clinical supervision.



# Funding

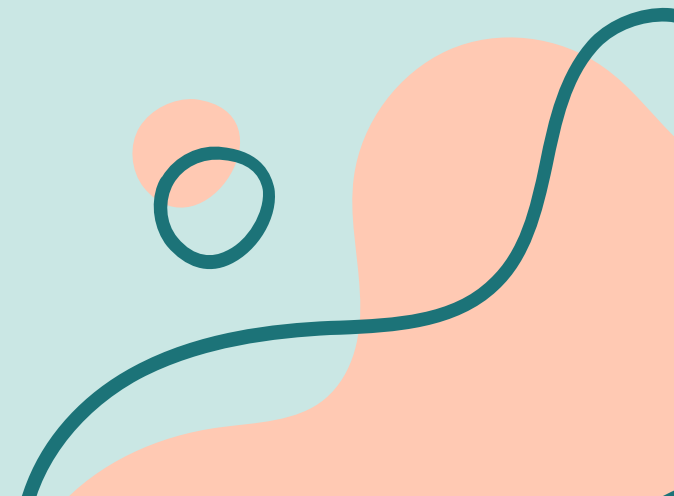
How diabetes psychological provision is funded:



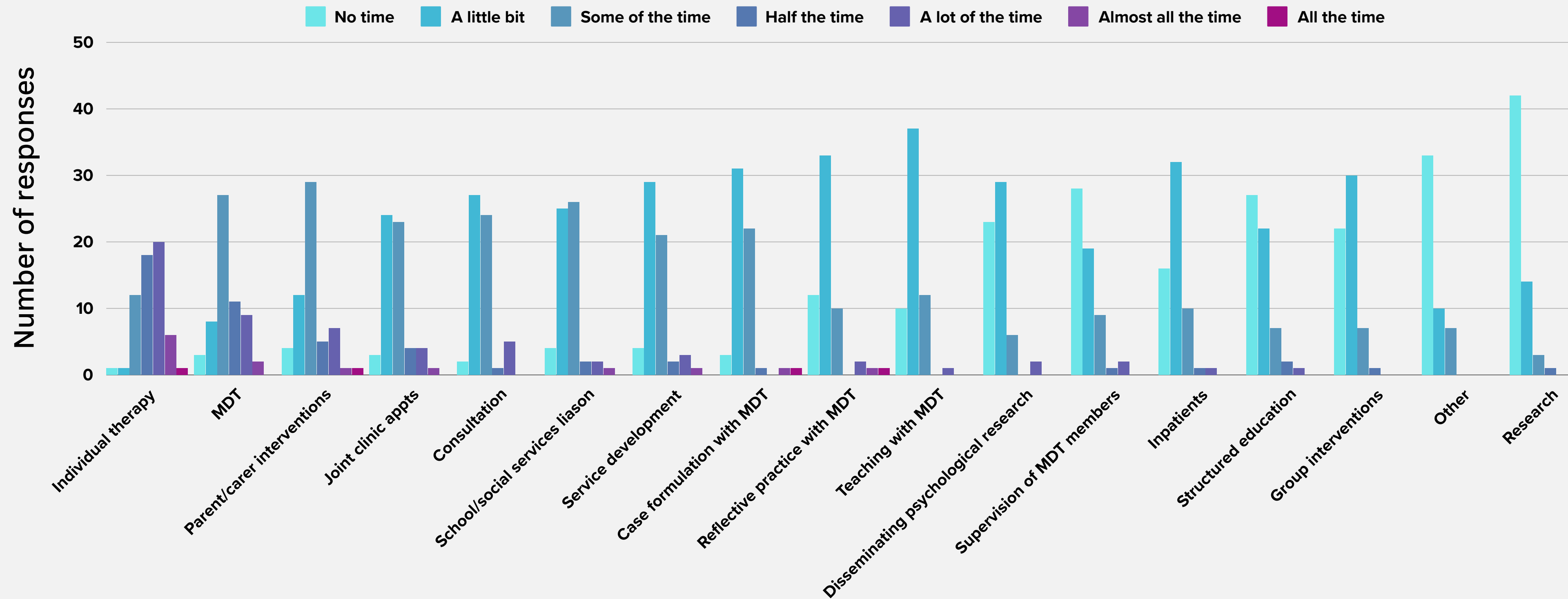
Service Level Agreement (SLA) to protect psychological provision for the diabetes team:



# **DELIVERY OF PSYCHOLOGICAL PROVISION**



# Proportion of psychological provision allocated to different activities



## Additional activities:

Psychiatry review

Needle anxiety/distress  
joint clinic with nurse

Neuropsychological assessments

Regional network lead roles

Staff wellbeing sessions  
for diabetes MDT

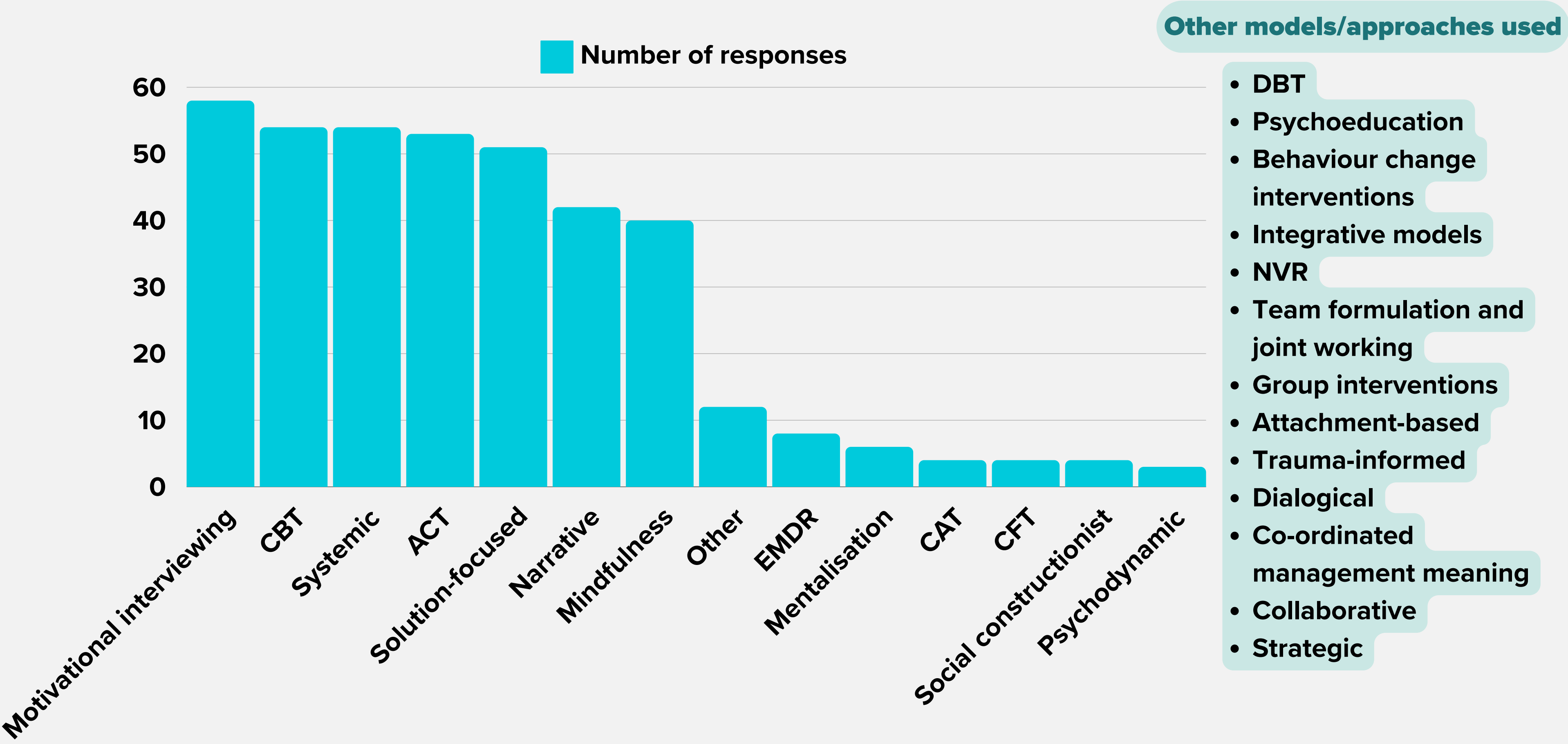
Safeguarding

Occasional input to related services e.g.,  
adult diabetes/weight management

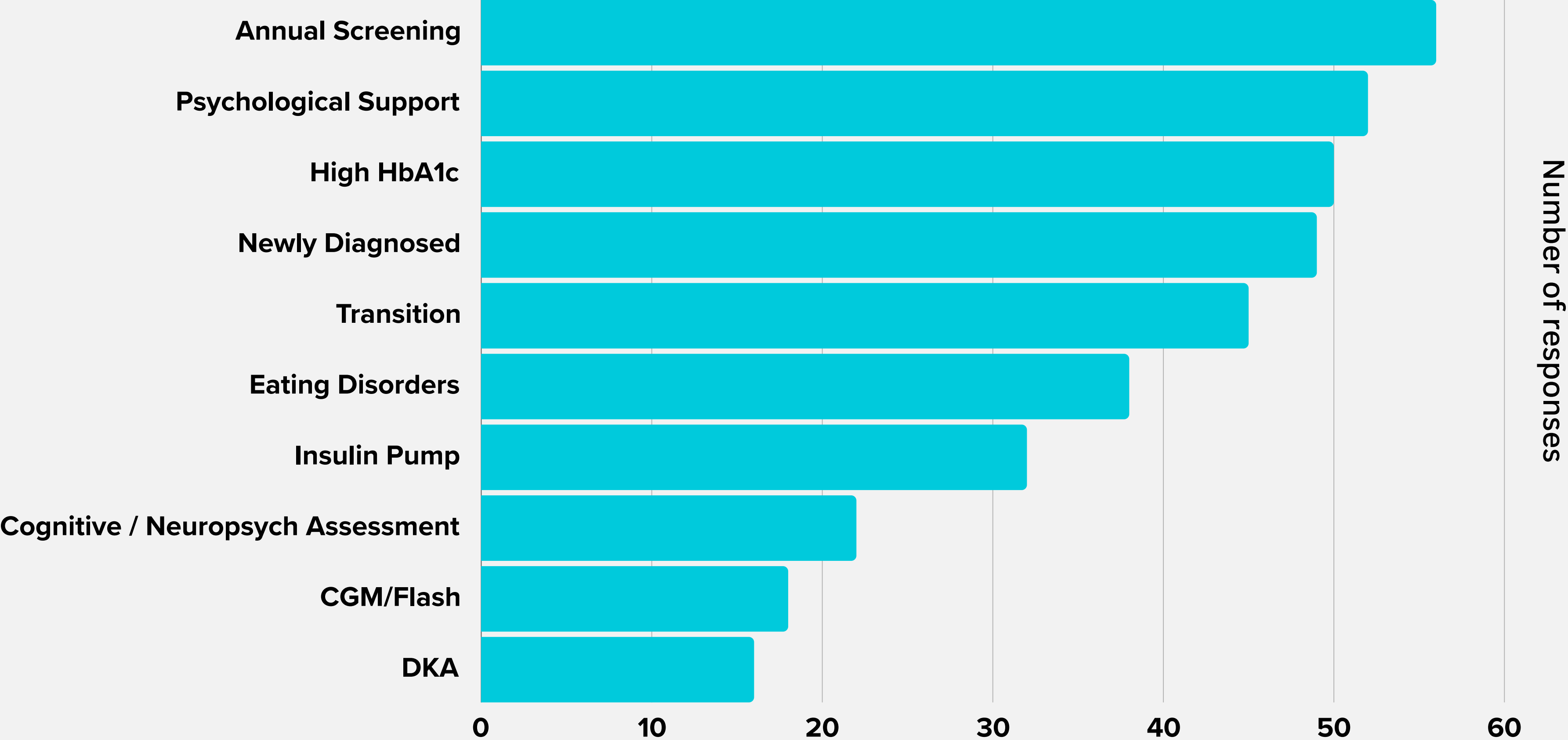
Liaising with mental health  
services

Creating patient  
resources

# Psychological models/approaches

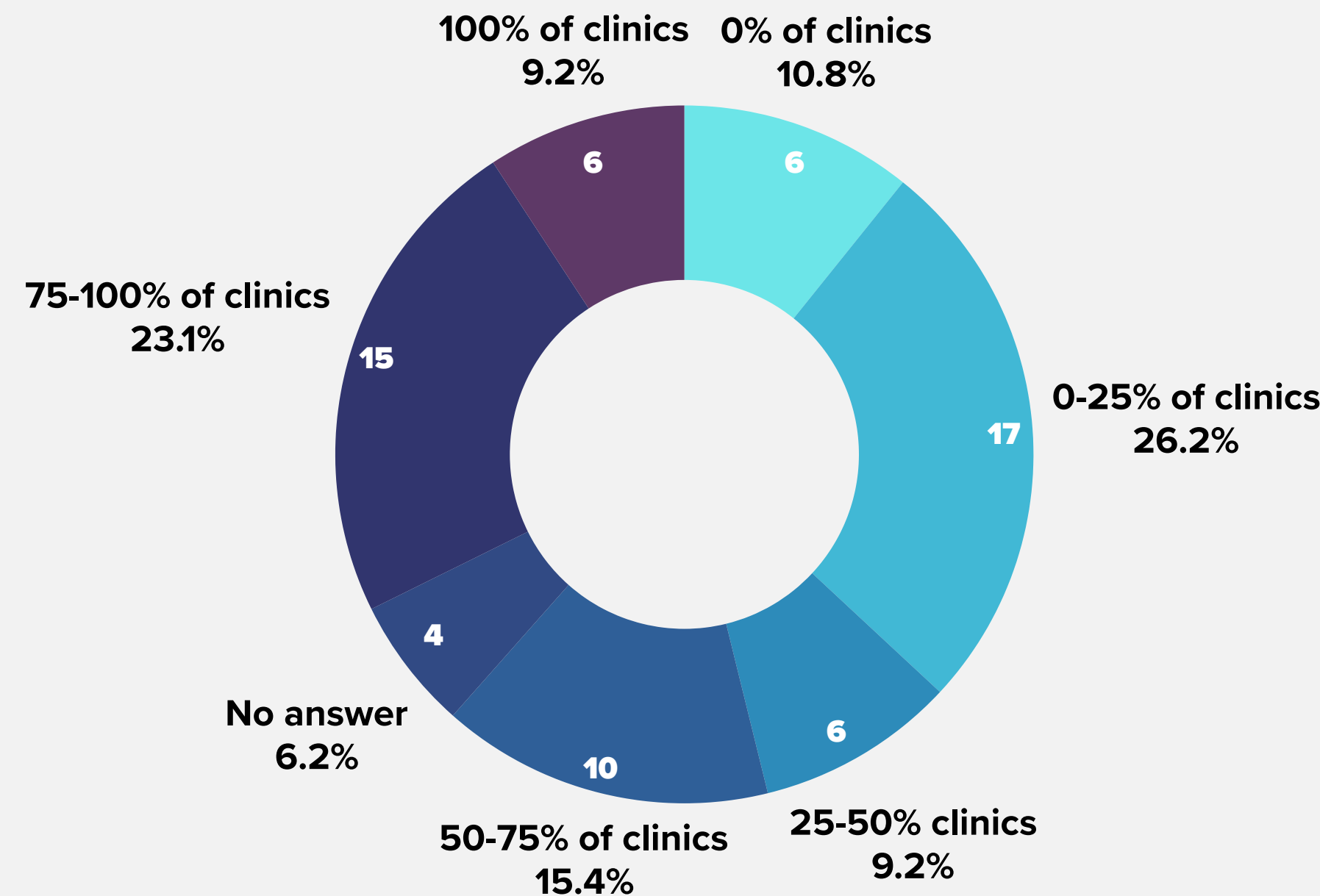


# Local diabetes pathways which include psychological provision

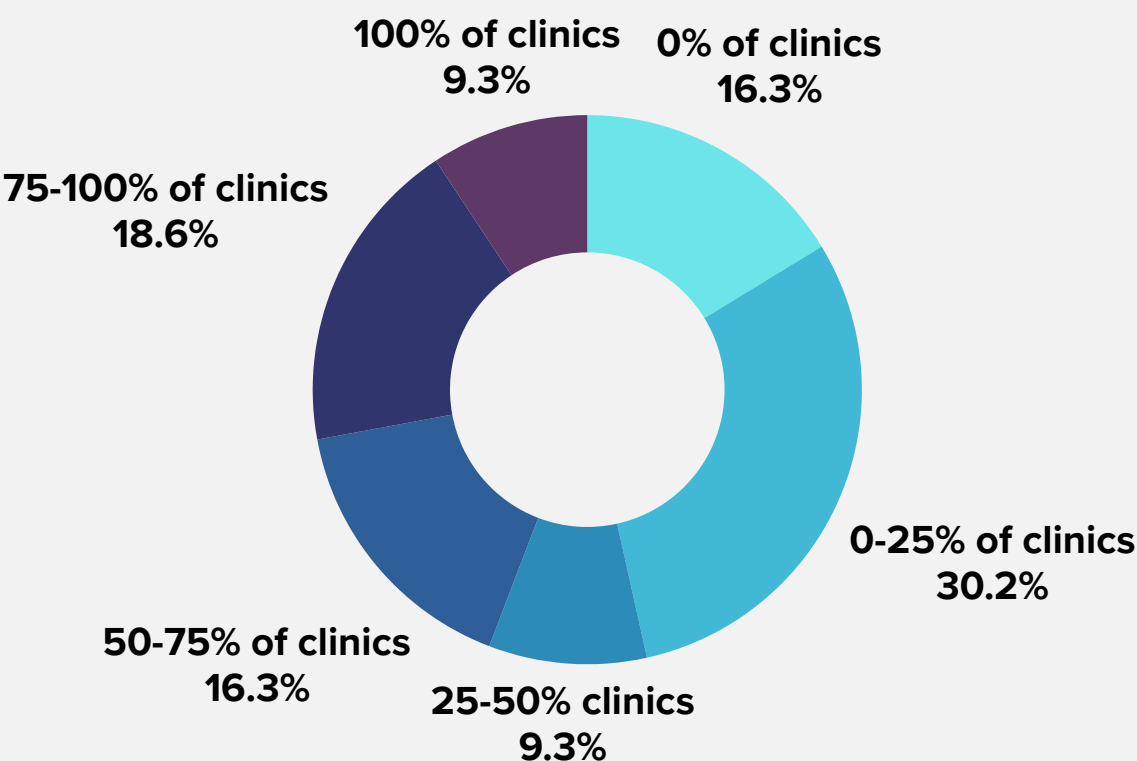


# Role of psychology in diabetes MDT

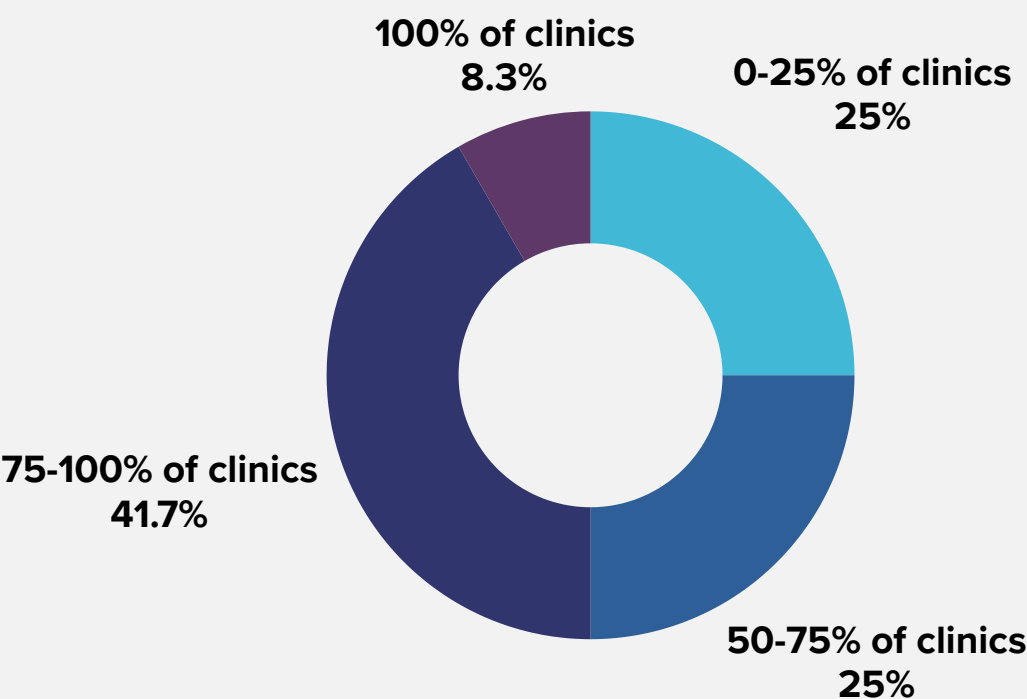
## Amount of clinics with a psychological presence:



## Low psychology time per 100 pts (n=43)

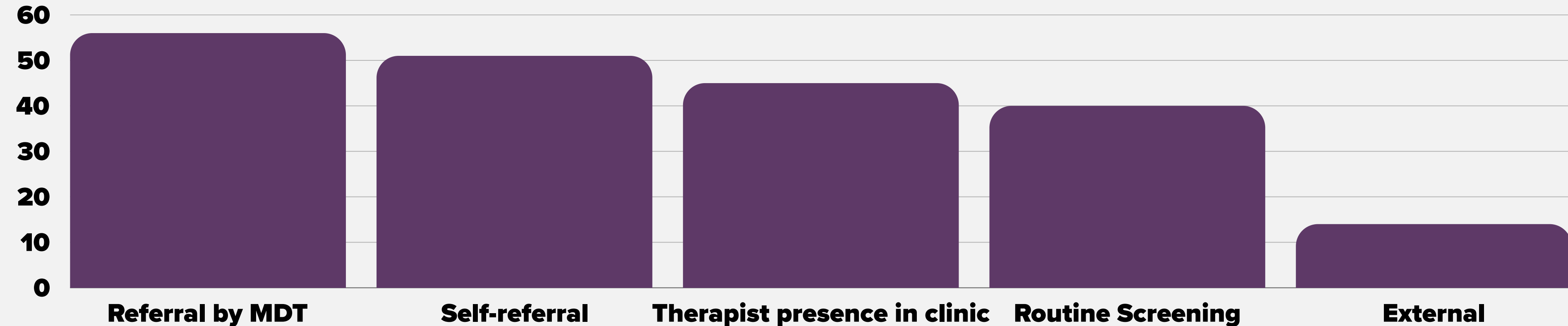


## High psychology time per 100 pts (above 0.4wte) (n=12)



**100% reported having a clear referrals process**

**Identifying need for psychological support:**



**Average wait time to be offered psychological support post-referral:**



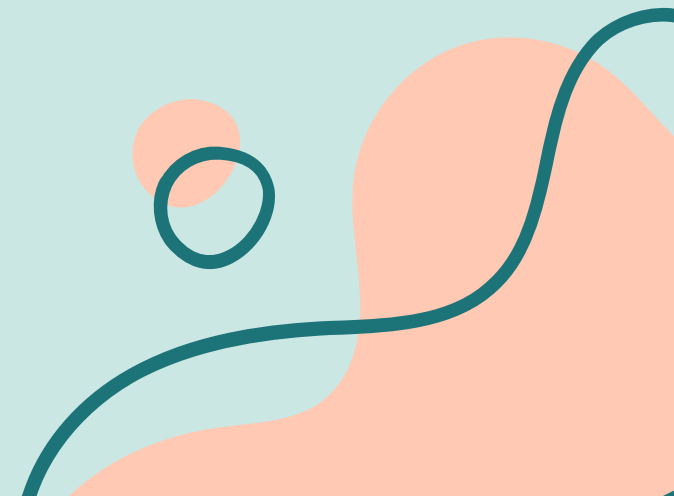
# Differential interventions for patients with type 2 diabetes

**Several reported following no differential approach for T2D patients (in some cases due to a small T2D cohort).**



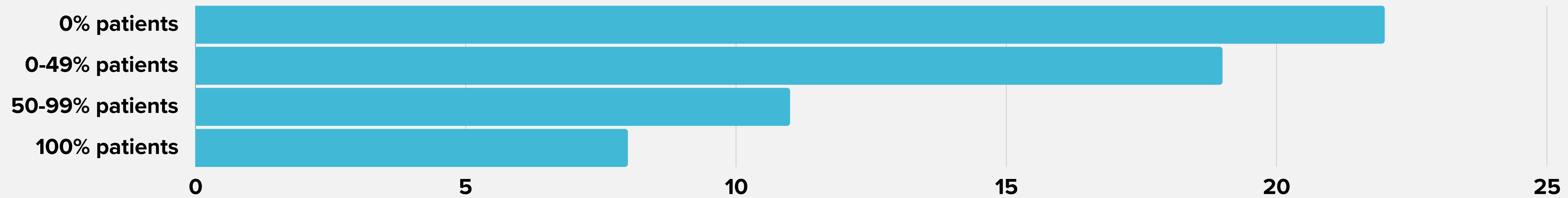


# NEWLY DIAGNOSED PATIENTS

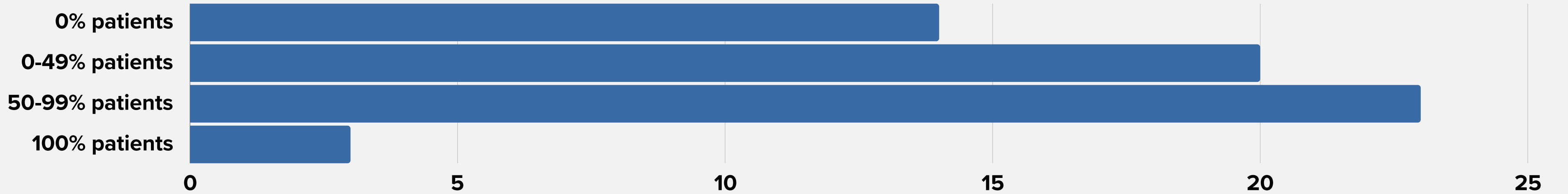


# First psychological contact with newly diagnosed patients

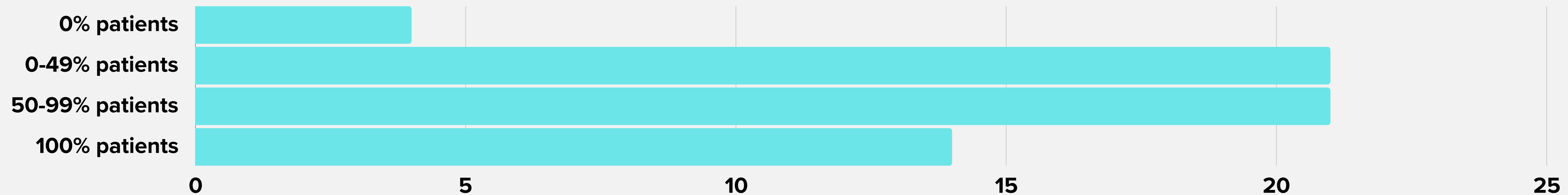
## % of patients seen on ward at diagnosis



## % of patients seen at first MDT appointment

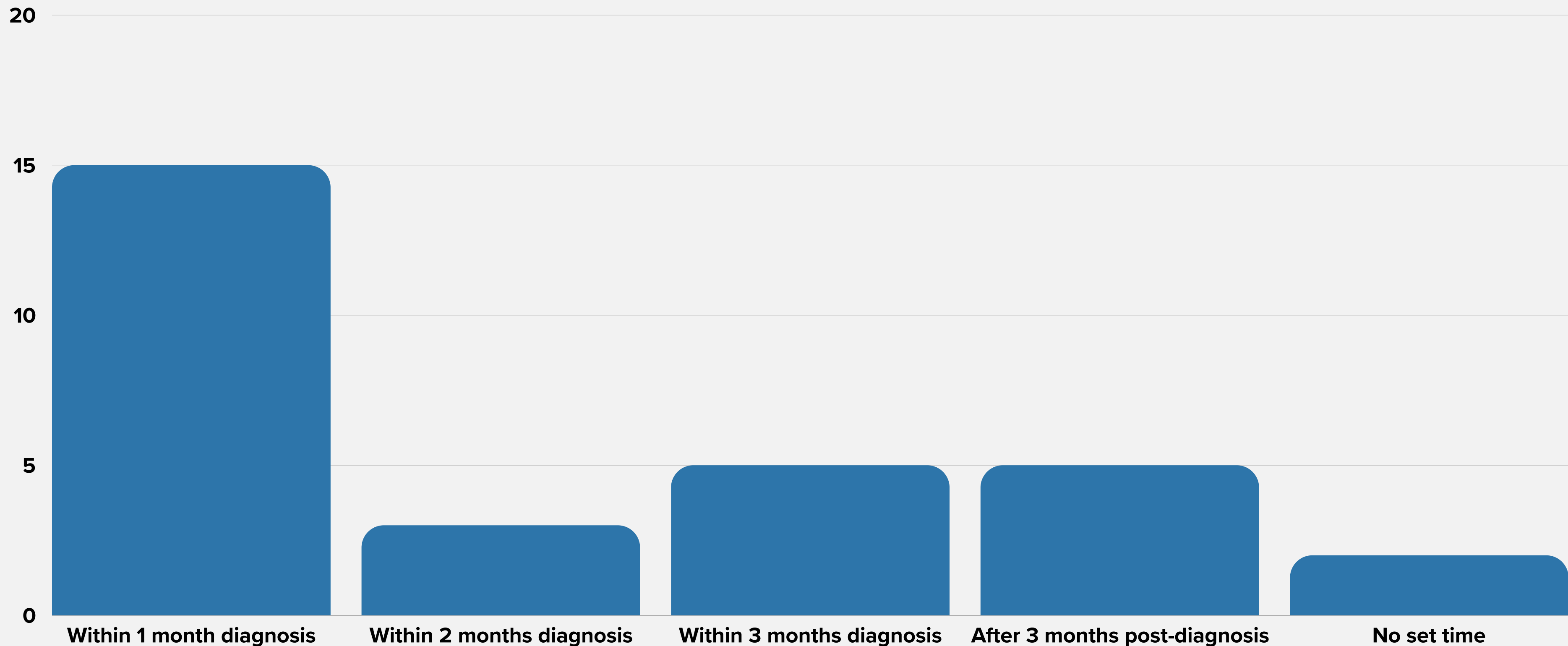


## % of patients seen within four weeks of diagnosis

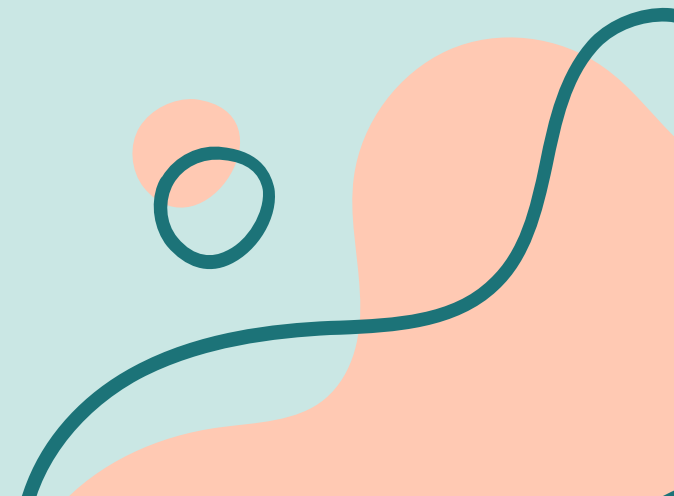


**48% routinely offer separate psychology appointments to newly diagnosed patients**

**Timeframe for patients to be offered separate psychology appointment (n=30)**



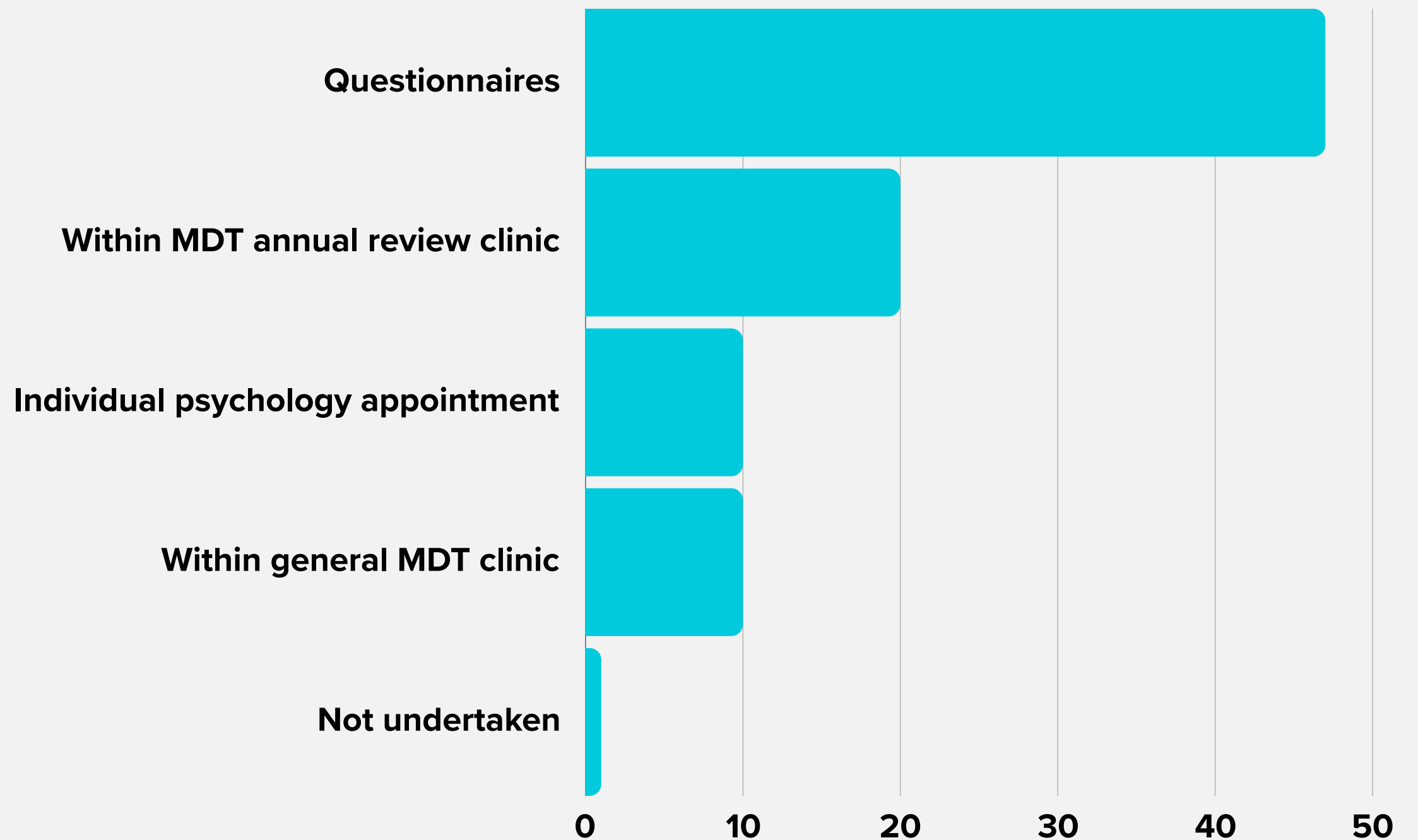
# ANNUAL REVIEW



# Annual Review

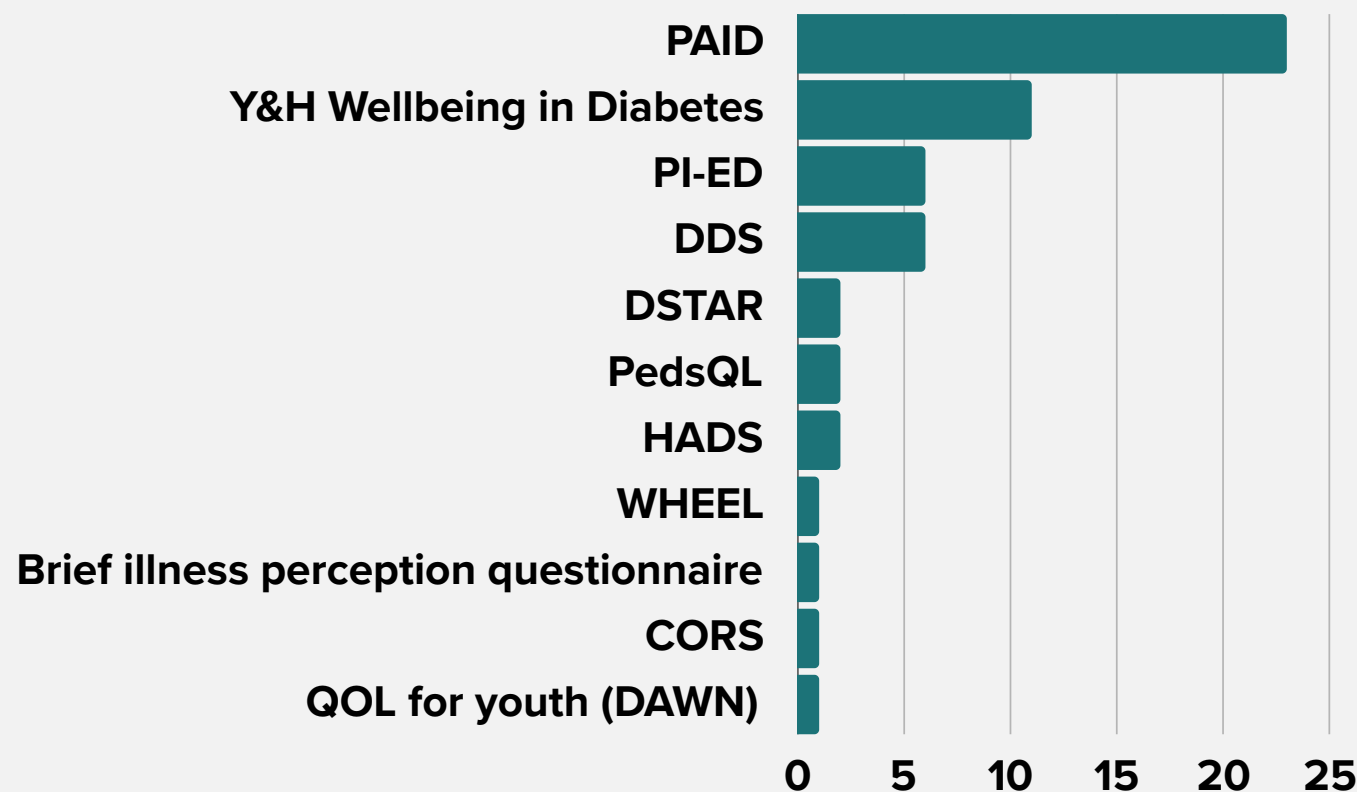
**61%** reported having  
a dedicated annual  
review appointment  
process

**How psychological annual review is undertaken:**

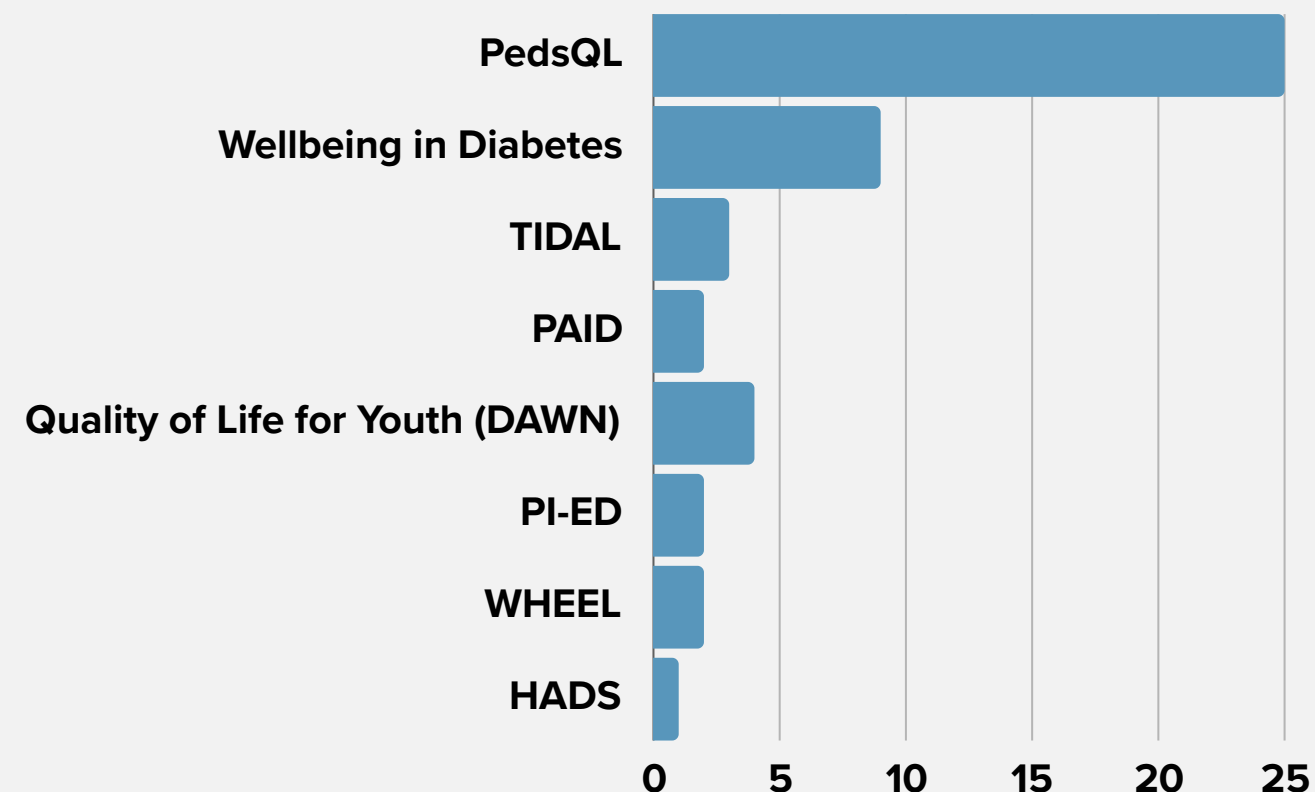


# Tools used to measure different psychological constructs:

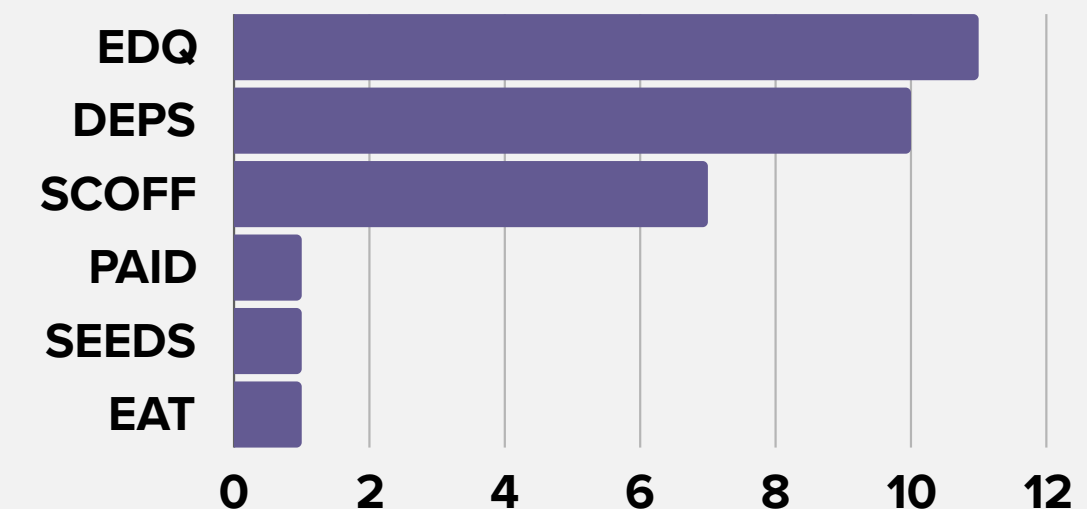
## Diabetes related distress



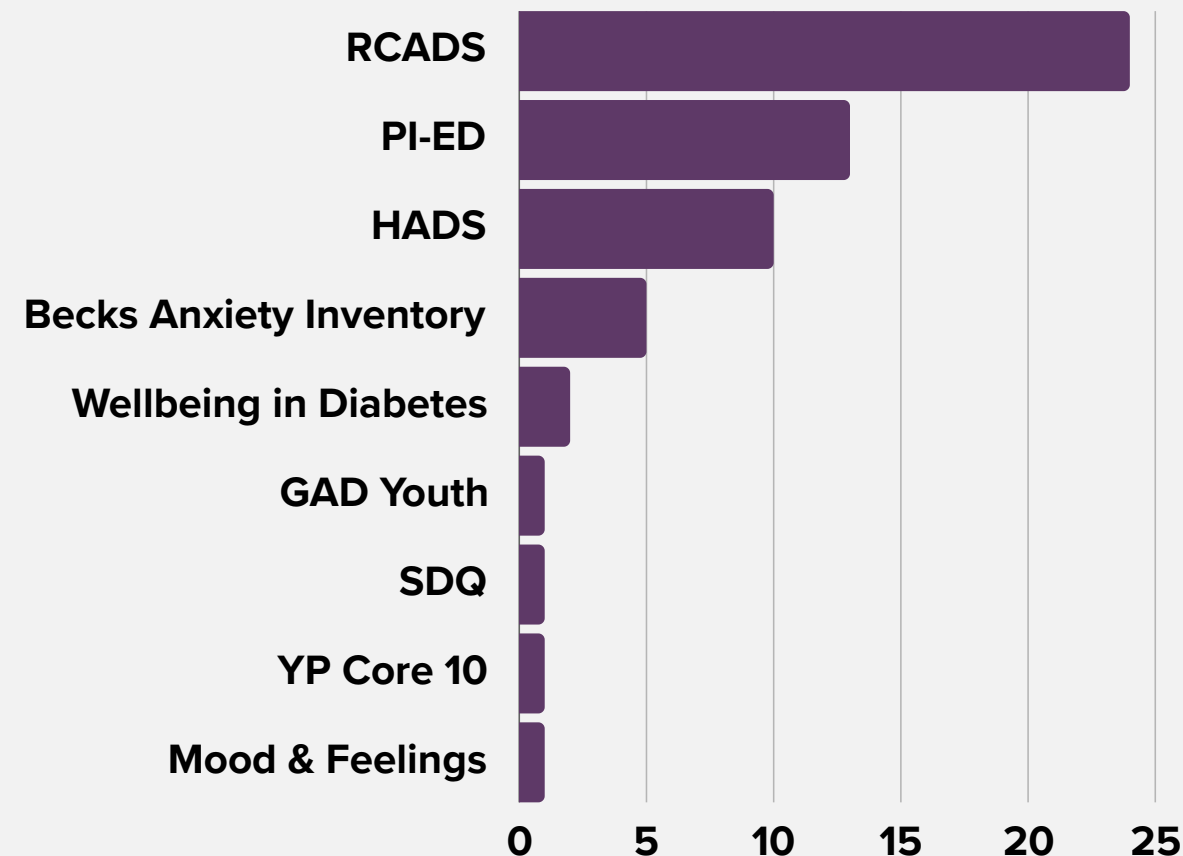
## Quality of Life



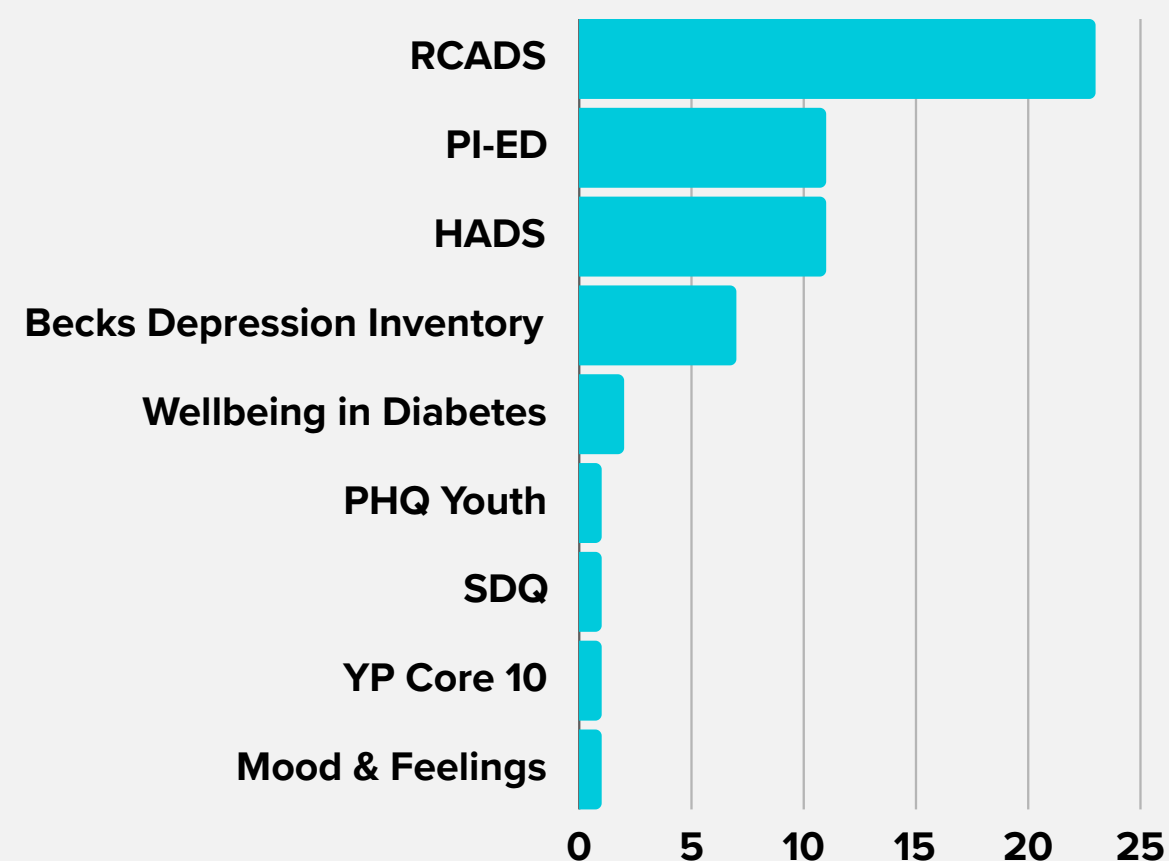
## Eating disorders



## Anxiety



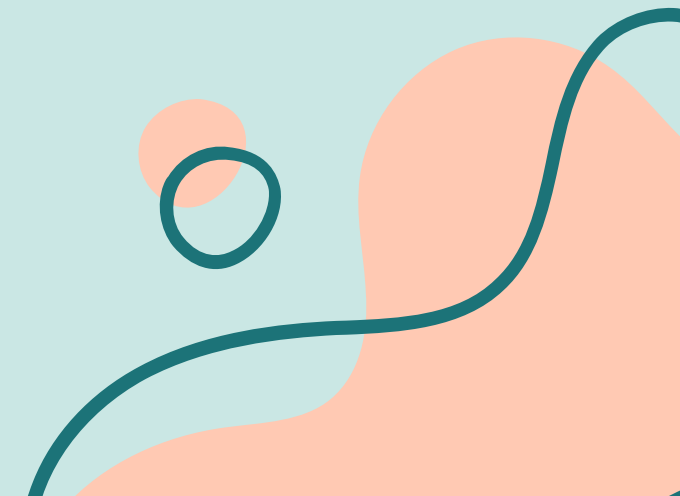
## Depression



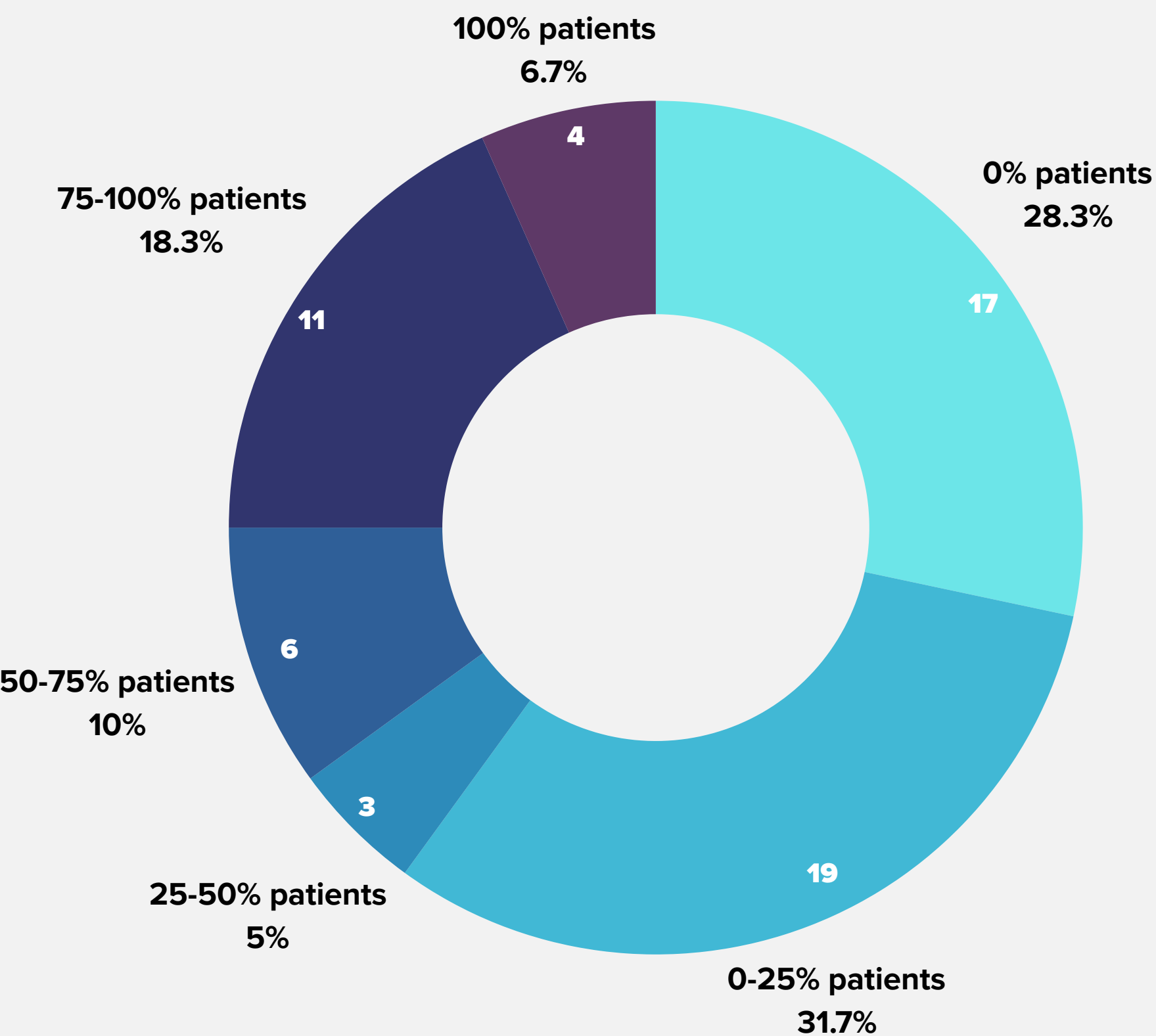
### Other tools used

- Beck Youth Inventory (BYI)
- Spence Children's anxiety scale
- Goal based outcomes measures (GBOs)
- WISC/WAIS
- Impact of Event Scale (IES)
- WHO-5
- Parent stress scale
- PHQ-2 for parents
- Outcome Rating Scale (ORS)
- Session Rating Scale (SRS)

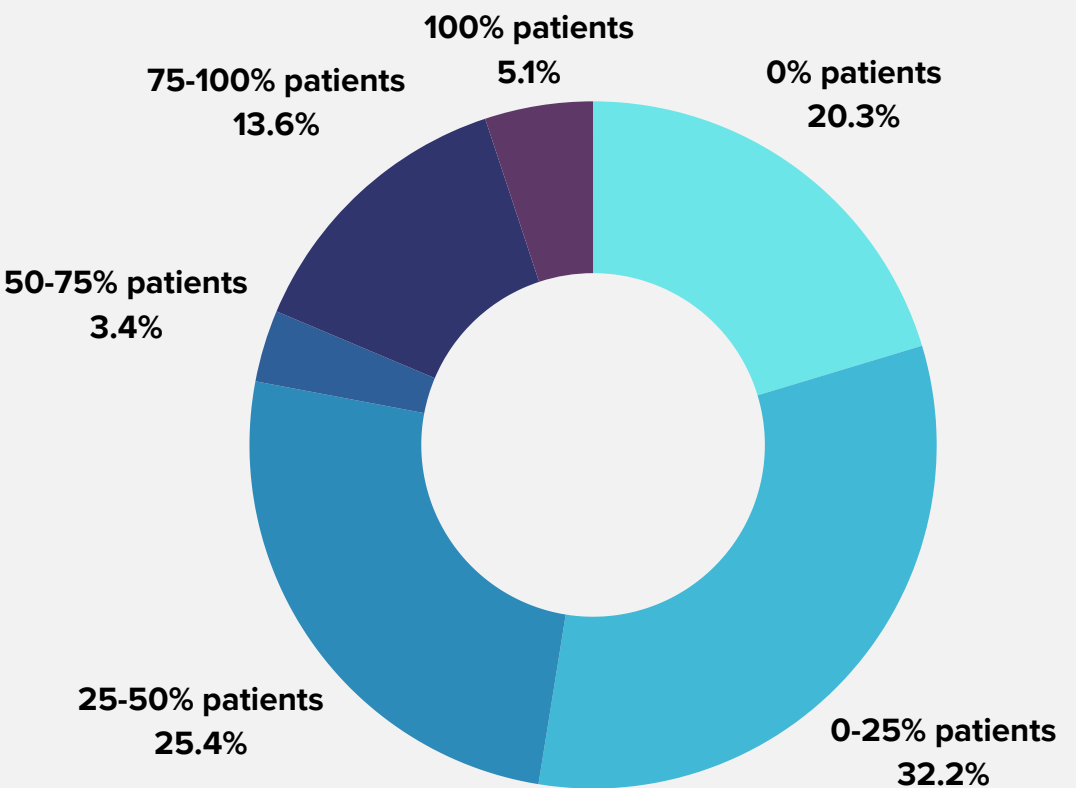
# HIGH HBA1C AND DKA



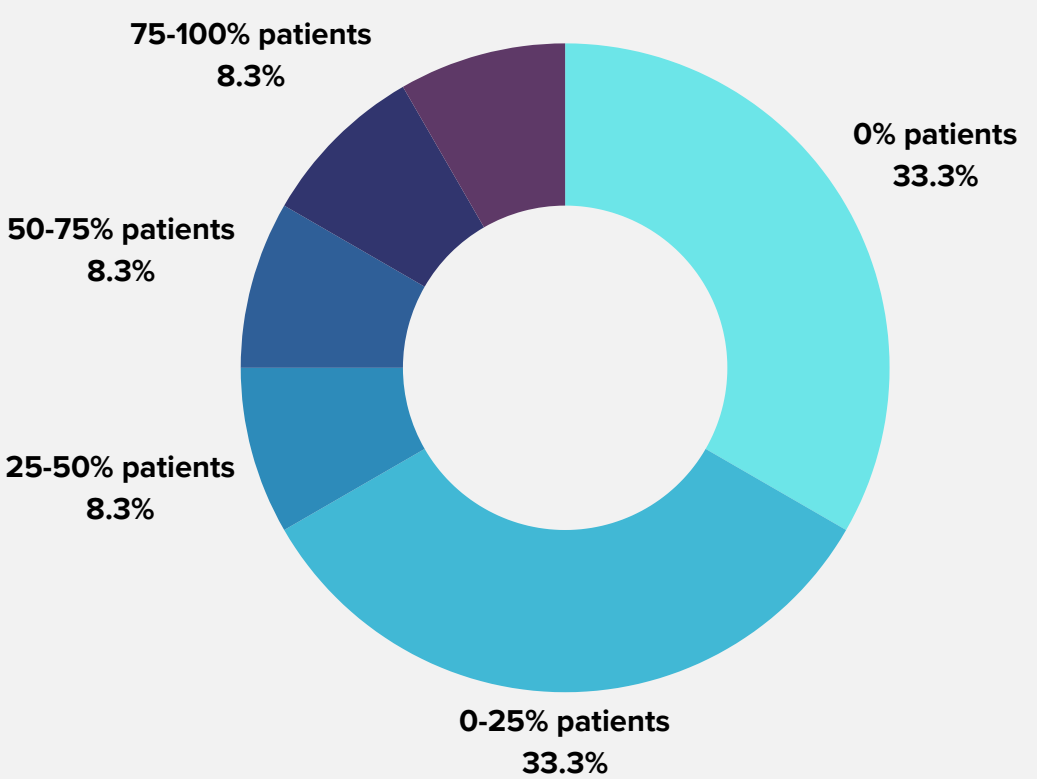
# Percentage of patients seen by psychologist when admitted with DKA or high blood glucose levels



## Low psychology time per 100 pts

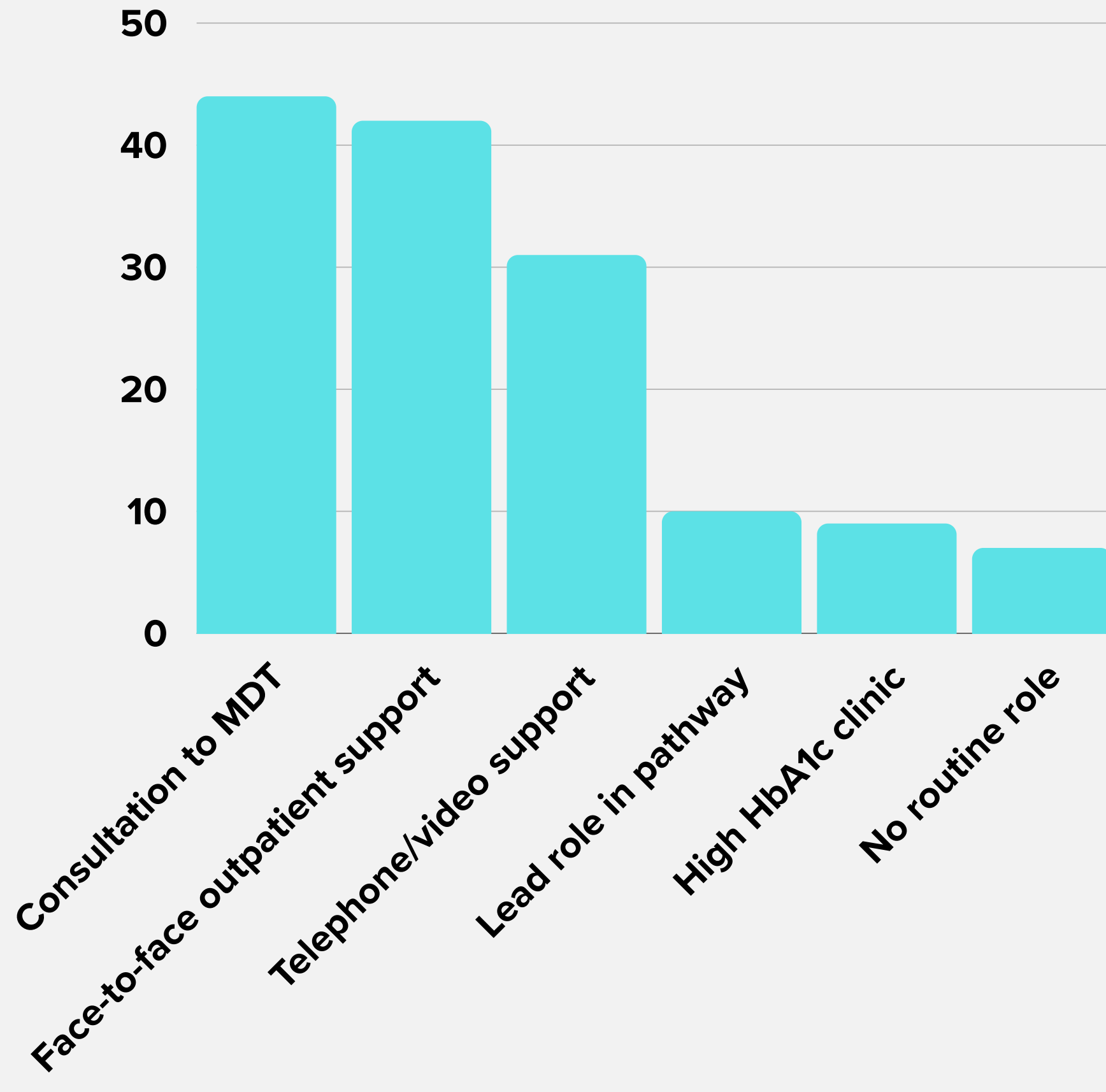


## High psychology time per 100 pts (above 0.4wte)

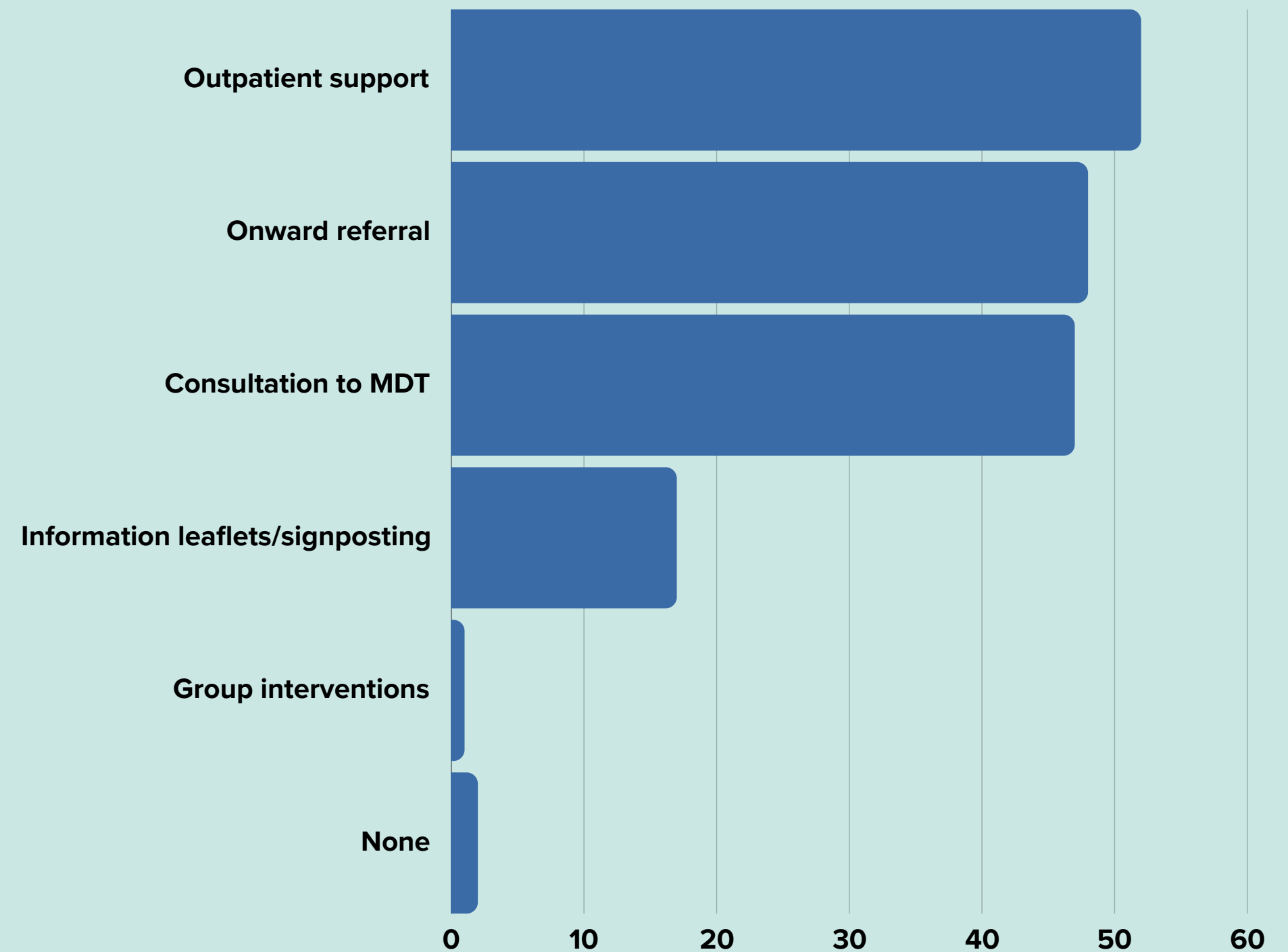




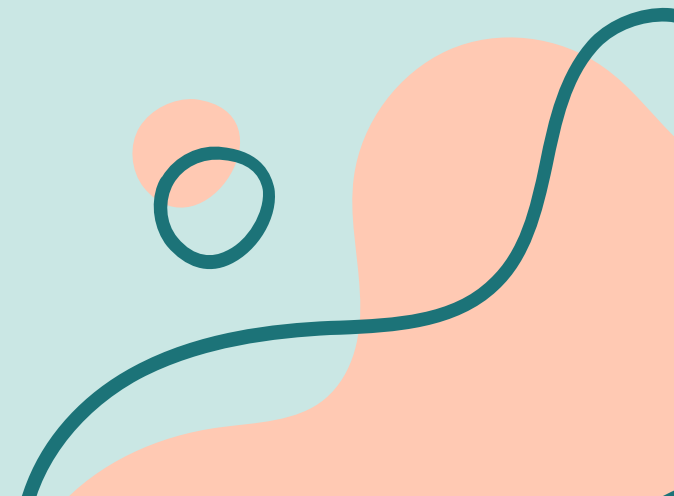
## Psychologist role with high HbA1c patients



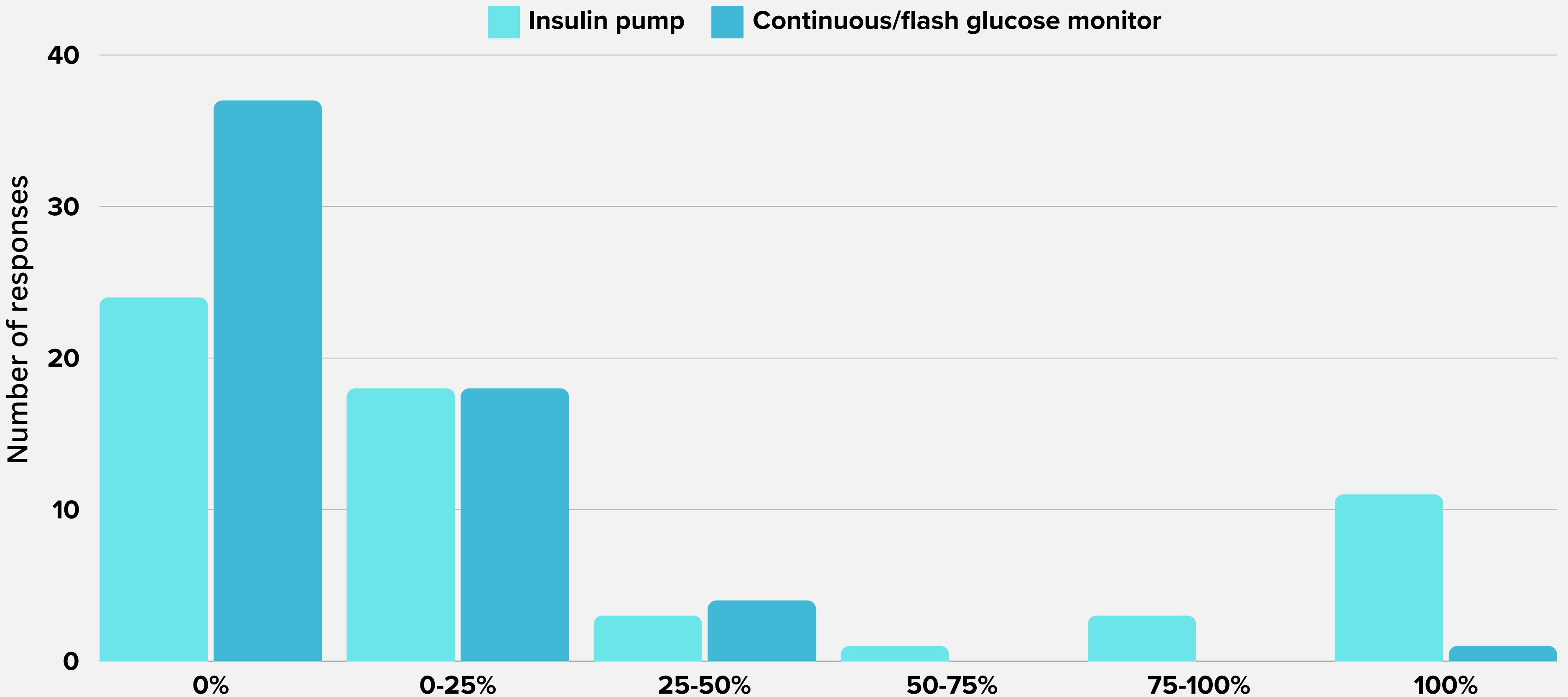
## Additional psychological support offered to patients admitted with DKA or high blood glucose levels



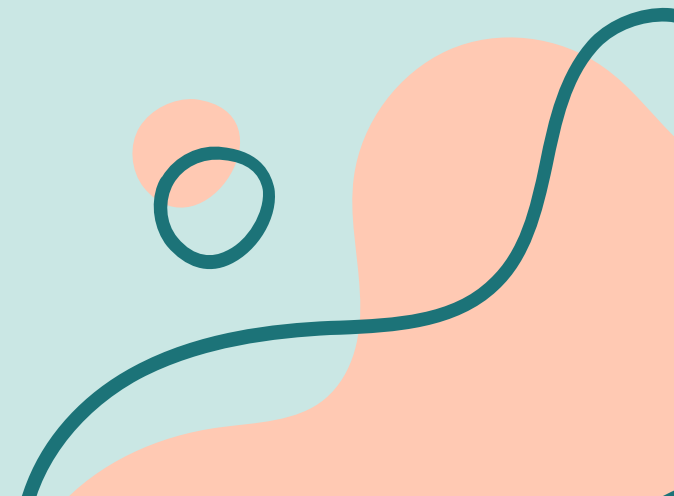
**TECHNOLOGY**



## Percentage of patients completing specific psychological assessments prior to starting an insulin pump or continuous/flash glucose monitor:



# DEVELOPMENTAL MILESTONES

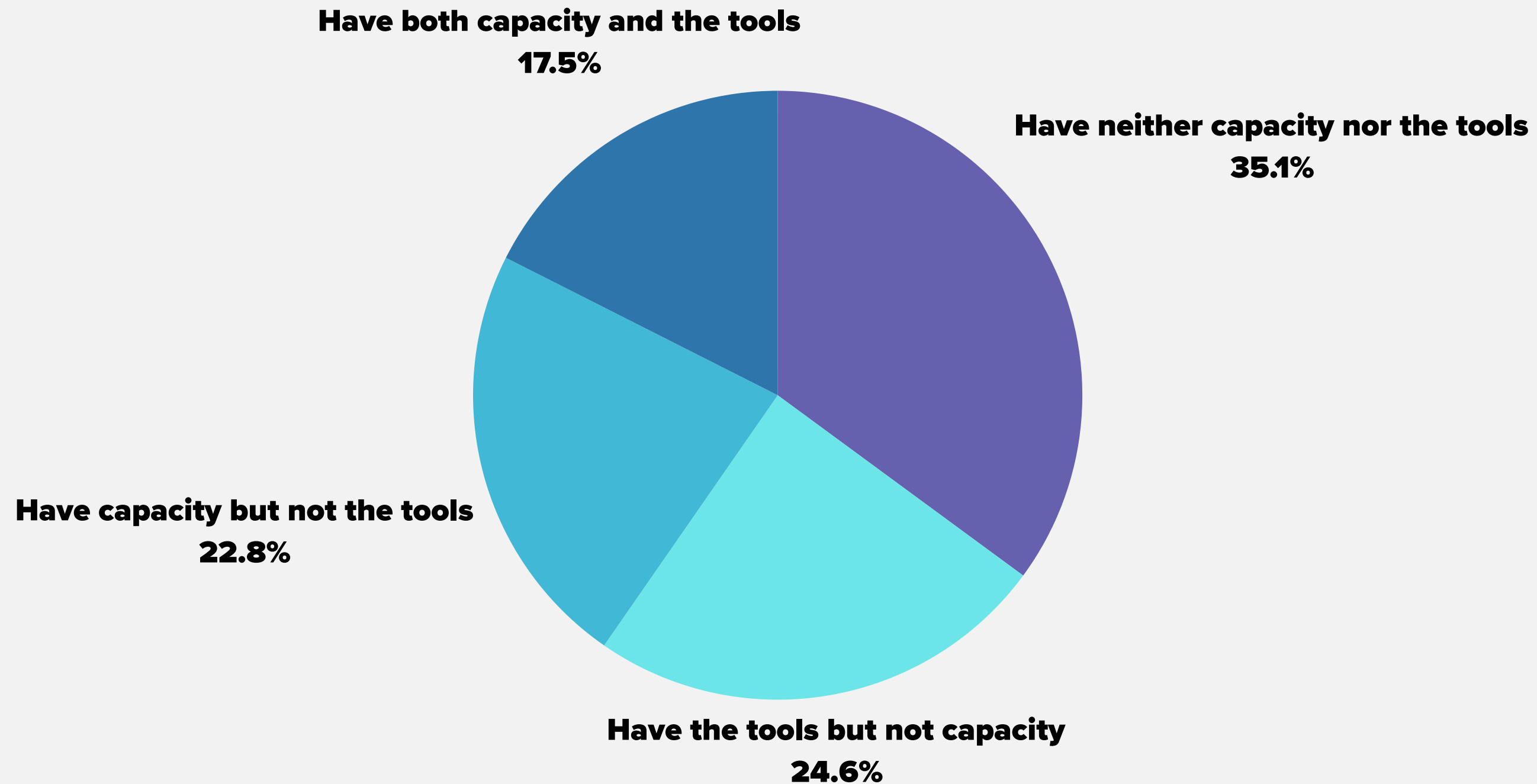


# Cognitive Assessments

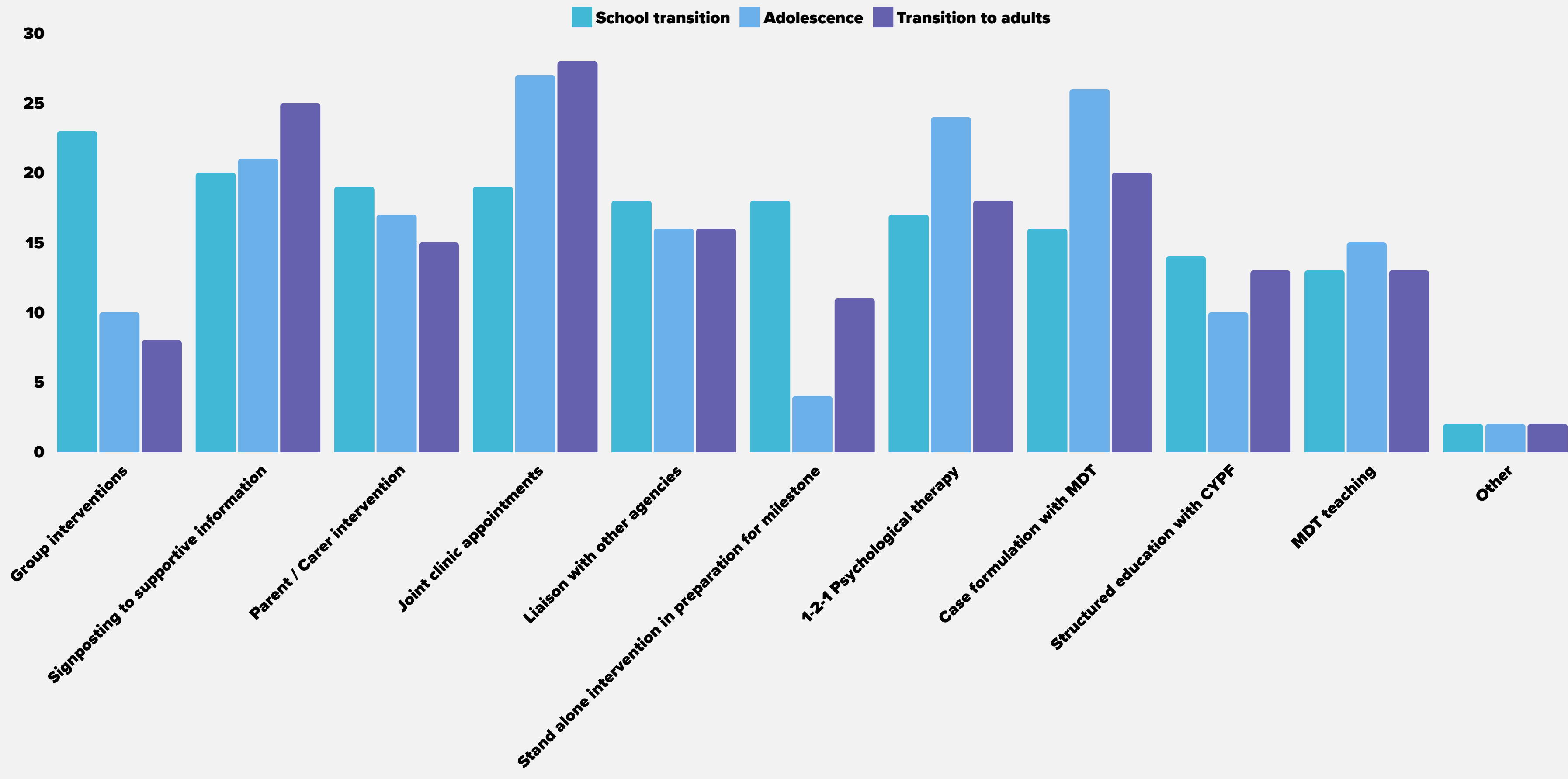
Proportion of cognitive assessments provided by psychological provision within MDT:

**59%** do not complete any cognitive assessments in their role

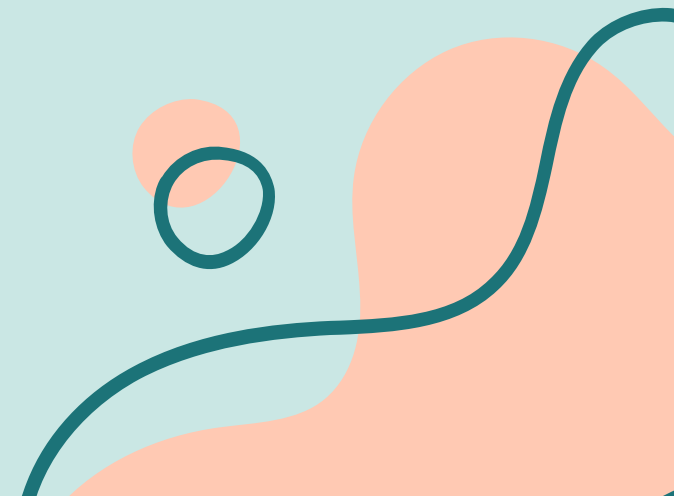
Capacity of psychological provision within MDT to provide cognitive assessments (n=57)



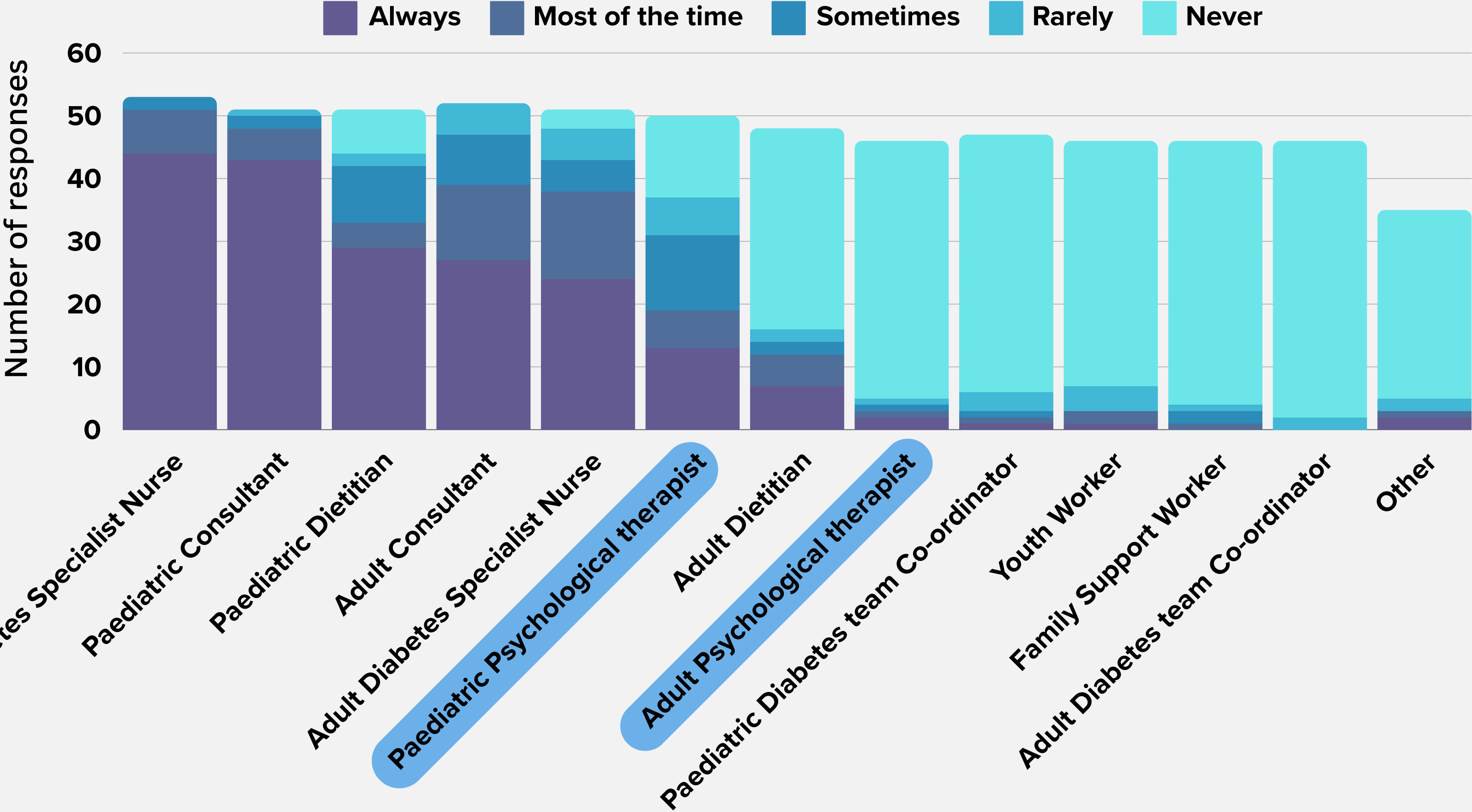
# Types of psychological support routinely delivered at key developmental milestones to promote coping and resilience



# **TRANSITION TO ADULT DIABETES TEAMS**

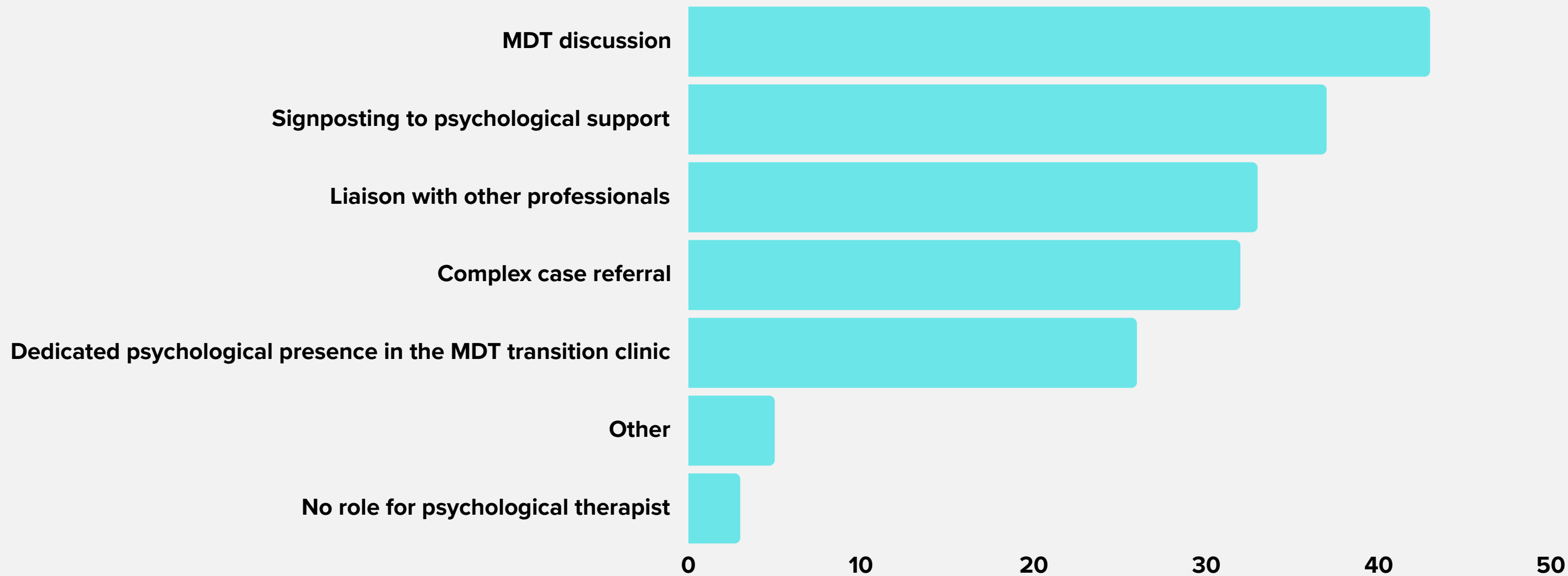


# Frequency that different MDT members join transition clinics:





# Role of psychological therapist(s) in transition pathway:



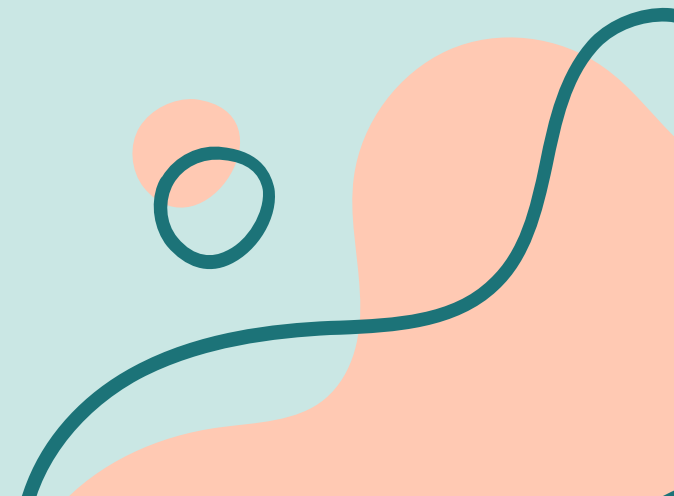
## Other roles:

- Consultation and team supervision on transition cases
- Offering psychological support around emotional difficulties relating to relationships
- Audit and service evaluation of transition clinics
- Running groups for those 15 years+ to cover transition-related topics

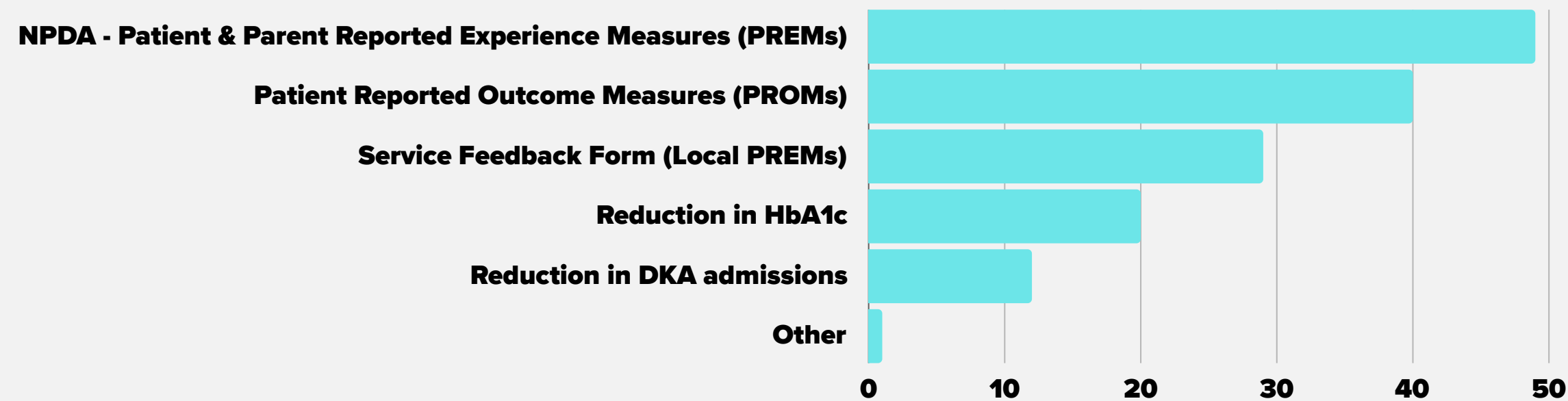
**29.8%**  
reported there is dedicated  
psychological therapy presence in  
adult diabetes services

Of those with a dedicated psychological therapy presence in  
adult diabetes services,  
**58.8%**  
have a locally agreed pathway to transfer psychological care

# **QUALITY IMPROVEMENT AND SERVICE USER INVOLVEMENT**



## Tools currently used to review effectiveness of psychological provision in Paediatric Diabetes:

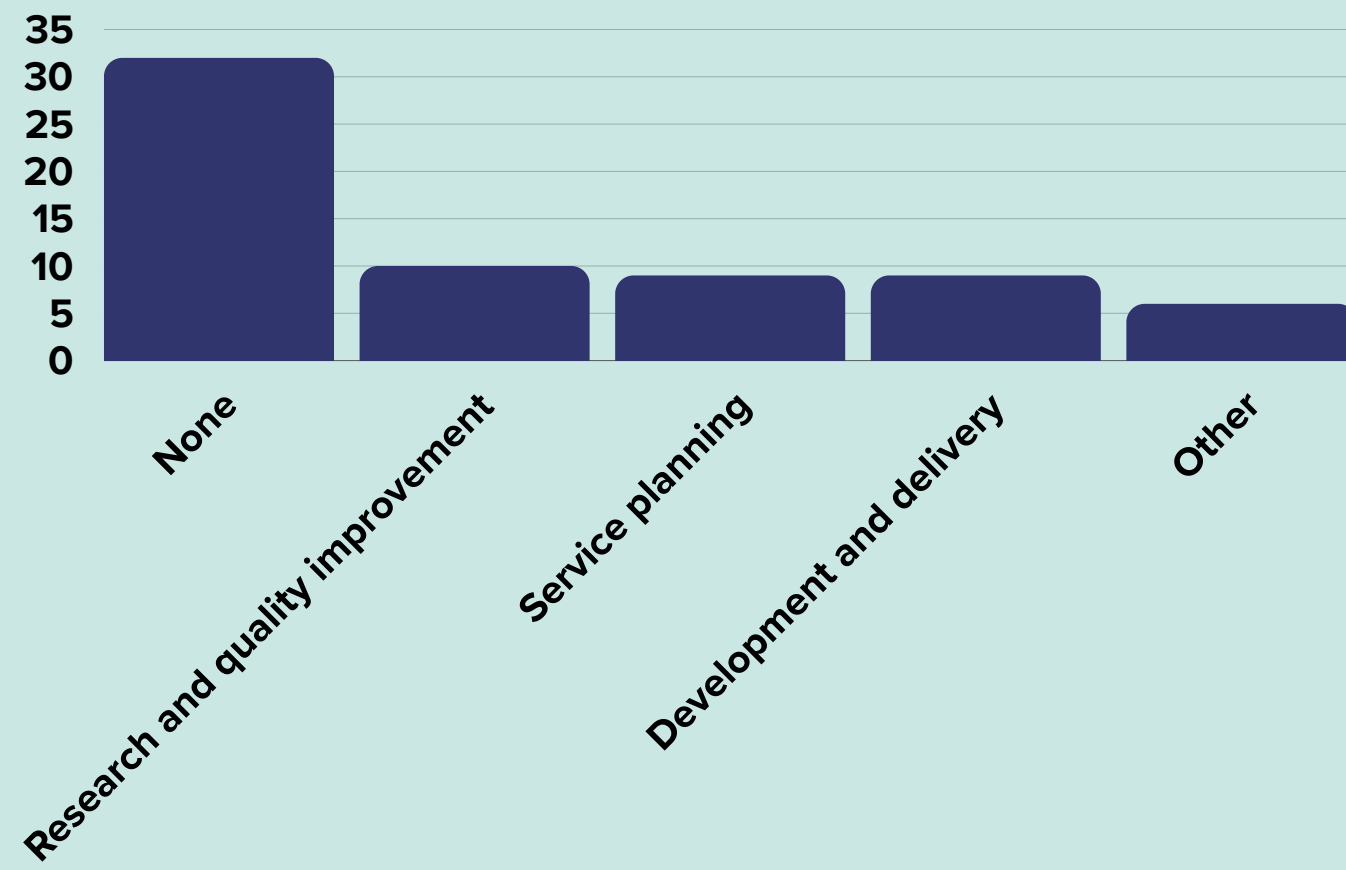


## Involvement of psychological provision in quality improvement projects

**52.38%** reported being currently involved in quality improvement projects

## Involving CYP and their families in co-designing psychological provision

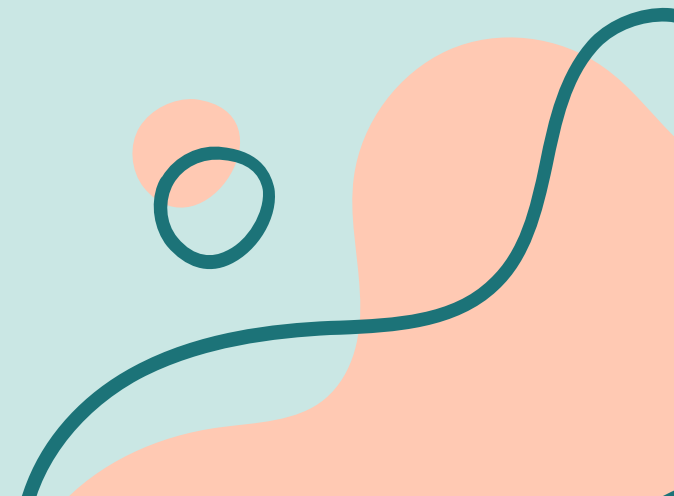
### What aspects have CYP and families been involved in?



### Examples of CYP/families involvement:

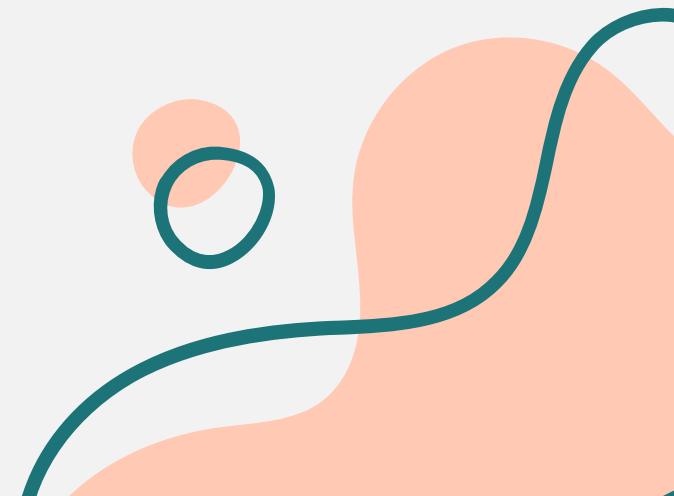
- Reviewing psychology leaflets
- Parent representative regularly invited to MDT meetings
- Peer mentor service
- Young people co-deliver transition to high school groups
- Expert parents help with newly diagnosed group
- Invited to management meetings
- Parent Voice team to give feedback on ward and outpatient clinic experiences
- Ongoing feedback from families informs psychological service delivery
- Involvement in 'healthy relationship with food' working group, including national surveys sent out to parents

# **LIMITATIONS AND REFLECTIONS**



# Limitations and Reflections

- The data collected provides a snapshot from 2021 during the COVID-19 pandemic, various aspects may look quite different now.
- Equality and diversity
  - Did not record demographics of the population
  - Unable to explore accessibility of the service
- Vacant posts at time of completion impacting upon provision
- Data unable to reflect nuanced ways diabetes psychologist may work
- Unable to neatly map onto standards but instead gives a snapshot of diabetes psychology before standards launched
- Not fully representative of all services
- Advertised around psychology networks, so if not psychologist in post at time unlikely to get completed
- Working group involved in mapping exercise changed over time





**Any Questions?**

**Thank you for listening**

