

PSYCHOLOGY PROVISION IN DIABETES: THE PiD/PaD PROJECT

Why does PiD/PaD exist?

- The primary aim of diabetes services is to help people with diabetes attain good control of blood glucose levels because this profoundly influences current and future health and wellbeing.
- Poor control can result in great cost in human terms (amputations; renal failure; premature death; lower quality of life) and in financial terms (at a cost five times greater to the NHS). Unfortunately about 50% of adults and young people with diabetes do not attain good control.
- Many of the barriers to improved control relate to beliefs that people with diabetes have about their condition; about themselves, and to their emotional wellbeing.
- In short, diabetes services are in the business of trying to change health-related behaviour. Unfortunately few diabetes professionals are trained in understanding and changing behaviour.
- Moreover, people with diabetes place psychological support at the top of their list of concerns.
- The recently published SIGN Guideline 116 on the management of diabetes, points to Grade A evidence that psychological interventions can improve HbA1c for people with diabetes.
- However, a survey in 2006 indicated that there was just 1.0 wte chartered psychologist for every 138,000 people with diabetes in Scotland.

What is PiD/PaD about?

- It involves the appointment of five p/t chartered psychologists in different health board regions across Scotland (three in adult diabetes services and two in paediatric diabetes services).
- The primary aim of these posts is to help diabetes staff develop their expertise in understanding and changing health-related behaviour (for adult posts this includes primary care staff).
- This project builds on the success of a Scottish Government initiative that delivered a 3-day training course on changing health-related behaviour to staff in diabetes services in Scotland.
- The main focus is in helping frontline staff improve health outcomes. Other aspects include designing and facilitating group-based interventions, and designing and implementing screening systems for psychological problems (as SIGN 116 recommends).
- Senior medical practitioners are responsible for training the psychologists in clinical diabetes.

How can diabetes and psychology services participate?

- We know there is limited psychology provision across the UK and therefore it is all too easy for psychologists to work inefficiently, continually re-inventing the wheel.
- We have scheduled meetings involving all psychologists appointed - monthly during the first year and bimonthly during the second - to pool experience and knowledge.
- We will invite all other psychologists working in diabetes in Scotland to join these meetings.
- There will also be twice yearly meetings which will be open to all diabetes MCNs – these will include senior diabetes clinicians and appointed psychologists

Who has been appointed?

Dr Wendy van Riet (Highland Diabetes MCN): Wendy is a clinical psychologist previously employed within cancer services in Inverness. She has a strong background in training and supervising colleagues in other professions and a breadth of training in different psychological therapies.

Dr Corrie Darbyshire (Grampian Diabetes MCN): Corrie is a clinical psychologist with a long-standing interest in diabetes. She has wide experience in paediatric medicine helping young people (and their families) who are struggling with difficult aspects of chronic illness.

Dr Gillian Affleck (Lothian MCN): Gillian is a clinical psychologist with a thorough grounding in working with children and families. Along with her clinical experience, she also brings solid academic credentials having worked as a part-time lecturer at Edinburgh University for the past four years.

Dr Leanne Nicklas (Lanark MCN): Leanne is a clinical psychologist with considerable experience of helping adults change health-related behaviour. She has previously been employed in chronic pain and cardiac rehabilitation services wherein she has been routinely involved in training colleagues.

Dr Karina Woldt (Dumfries & Galloway MCN): Karina is a clinical psychologist with particular expertise in motivating adults, having previously worked in an Addictions Service. She brings substantial research skills with her courtesy of her time with the MRC Cognition & Brain Sciences Unit, Cambridge.

This project is being managed by the Psychology Working Group (a sub-group of the Scottish Diabetes Group).

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