

Physical health of those with mental illness

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Overview

- Epidemiology
- Current guidelines
- Examples of good practice
- Research priorities



Introduction

- Association between diabetes and mental illness is well recognised
- Co-morbidity leads to worse outcomes for both conditions
- Evidence for effective interventions is limited and there are no consensus treatment guidelines
- Integrated care for these patients remains poor
- Inherent difficulties in delivering care across parallel organisational and operational boundaries
- Individuals with psychiatric disorders often struggle to access routine physical healthcare

Bi-directional relationship

- Nearly every category of ICD-10 Chapter F (mental disorders) is associated with diabetes (type 1, type 2 or both).
- In addition, many people with diabetes suffer from diabetes related worries, fears and distress such as fear of hypoglycaemia, complications, failing and the burden of the permanence of the condition

Serious mental illness

- SMI includes diagnoses that typically involve psychosis
- Associated with a 20 year reduction in life expectancy compared to the general population
- Largely driven by increased rates of CVD
- Also at increased risk of developing type 2 diabetes
- Risk seen irrespective of whether receiving antipsychotic medication
- Use of these medicines further increases the risk of developing type 2 diabetes and premature CVD
- Increased risk is multifactorial including increased rates of smoking, poor diet, obesity, lower levels of physical activity and antipsychotic medication in the context of institutionalisation even in the community

Diabetes Care

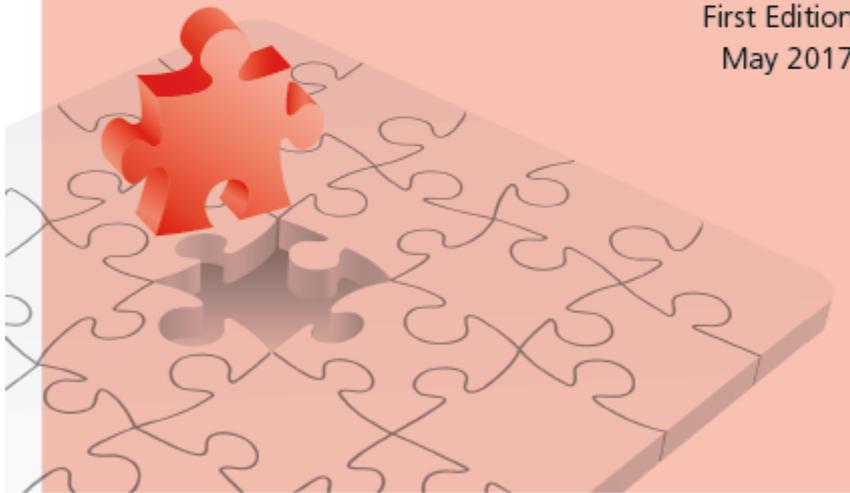
- The quality of the diabetes care provided for people with SMI is poor
- People are less likely to receive the full complement of recommended services and support
- Deaths from acute complications of diabetes in individuals with SMI but unrecognised diabetes have been reported
- These issues are not restricted to individuals with schizophrenia but have been recognised in every area of psychiatry including child and adolescent, learning disabilities, liaison psychiatry, eating disorders and older adult

JBDS-IP Joint British Diabetes Societies
for inpatient care



The management of diabetes in adults and children
with psychiatric disorders in inpatient settings

First Edition
May 2017



Guidelines

- First ever guidelines to be produced jointly by physicians and psychiatrists
 - Involved Royal College of Psychiatrists and Joint British Diabetes Societies
 - Arranged by type of in-patient psychiatric setting (OPMH, AMH including forensic, CAMHS, Eating Disorders, LD)
 - Aim is for parity of care for people with diabetes with and without SMI
 - Hope they will be used to start conversations with Trusts and commissioners
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Key recommendations

Commissioners

- Ensure the needs of people with diabetes and SMI are specifically addressed in contracts with providers of in-patient care
 - Avoid financial or other barriers to cross-organisational working
 - Ensure patient structured education is commissioned that meets the complex needs of people with diabetes and serious mental illness
 - Consider incentivizing good joint care for example through CQUINs
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Acute trusts

- Develop joint pathways with mental health providers
 - Facilitate MDT working with mental health professionals
 - Screen for mental ill health in those admitted with acute complications of diabetes whose aetiology is unclear or not medically explained and ensure staff are appropriately trained to do this
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Mental health trusts

- Create a diabetes register particularly in units where individuals may have prolonged in-patient admissions (for example secure hospitals)
 - Screen for diabetes particularly in those prescribed second generation antipsychotics
 - Implement diabetes-related competencies as part of mandatory training with particular focus on managing and avoiding hypoglycaemia and safe use of insulin
 - Audit current practices in diabetes care
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What have we done in Southern Health NHS Foundation Trust?



Implementing a diabetes service in a medium secure unit



Ravenswood House

- Medium secure units care for people who are detained under mental health legislation and pose a serious danger to the public
 - 79 bedded unit
 - All patients male
 - Out patient attendances require two staff escorts and a secure vehicle
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What we found

- Diabetes prevalence 14 per cent
 - No access to retinal screening
 - No access to diabetes education
 - Well equipped gym with trained staff
 - Tuck shop
 - Good range of foods in canteen
 - Smoking ban
 - Staff keen to learn
 - High prevalence of learning disabilities
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What we did

- Aim was to improve access to specialist care for diabetes and weight management
 - Regular consultant diabetologist in reach
 - Supported by DSN and dietitian
 - Development of pathways, protocols, referral guidelines and staff education
 - Diabetes link nurses
 - On site weight watchers group for staff and patients
 - Arranged for retinal screening visits
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Patients with diabetes

- Mean (SD) age 41 (10) years
 - Median (IQR) duration of diabetes 2 (0.5, 6) years
 - HbA1c was median (IQR) 50 (46, 62)
 - Body weight mean (SD) 103 (22) kg
 - BMI 35 (7) kg/m²
 - Extraordinary appetite and weight gain following admission
 - Good response to GLP1 therapy
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Blake

- 38 year old man
 - Bipolar affective disorder
 - Patient in Ravenswood House
 - Admitted January 2015
 - On admission weight 100 kg, HbA1c 36
 - Started clozapine on admission
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3 months later

➔ Weight 127 kg

➔ Single fasting glucose 8 mmol/l

➔ HbA1c 36

➔ What now?



- ➡ Started Exenatide LAR 2 mg once weekly sc
- ➡ 3 months later 13 kg weight loss



What next

- L.O.S.E Weight Trial
 - Liraglutide and the management of overweight and obesity in people with schizophrenia: a pilot study
 - A double blind randomised pilot study of the use of liraglutide (max dose 3mg daily) in comparison to placebo in 60 obese people with schizophrenia, schizoaffective disorder or first episode psychosis
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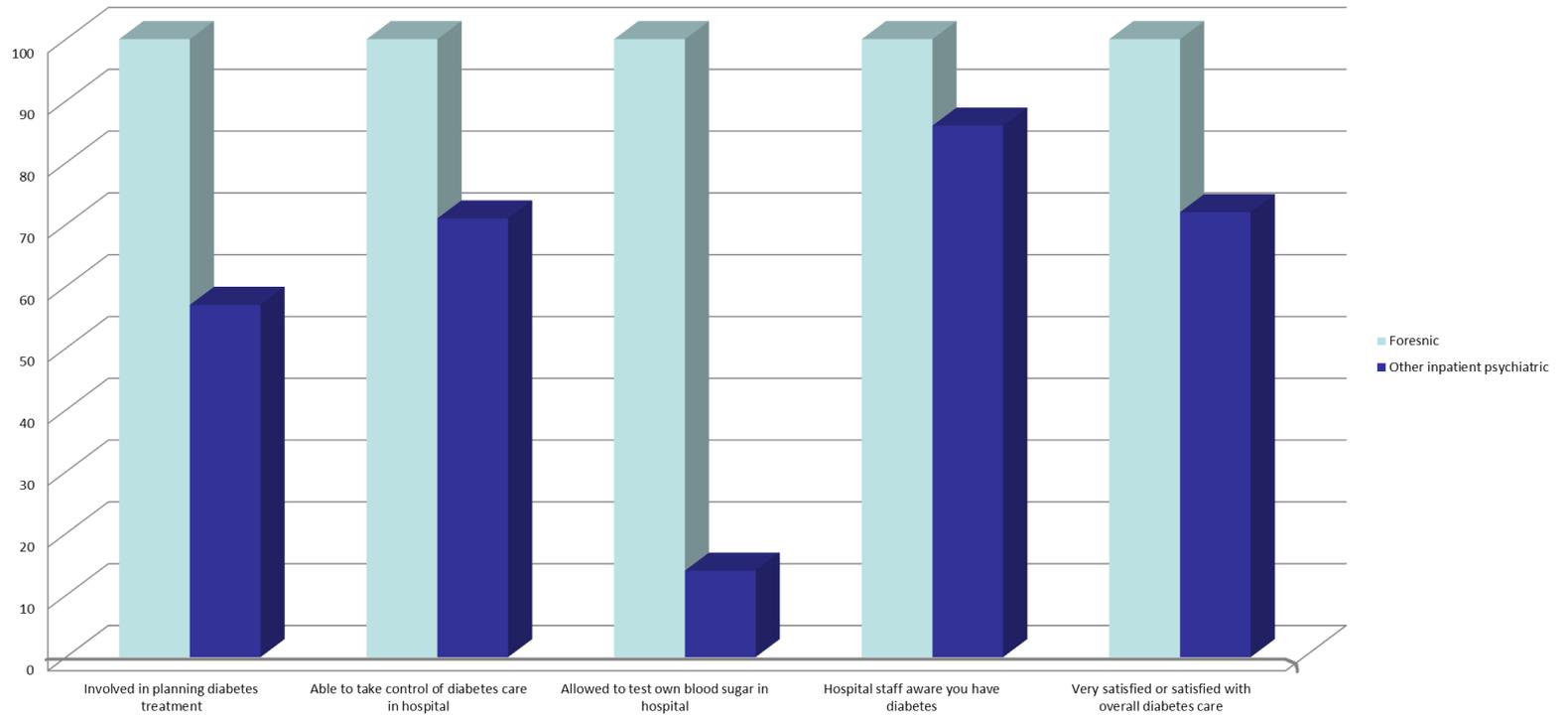
National Diabetes In-patient Audit

- Collects data each year regarding the care of people with diabetes in acute hospitals
 - Currently does not include psychiatric hospitals
 - We used audit tool to audit three local in-patient units including RWH and two units with no diabetes in-reach service
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Audit

- 🔄 30 bedside audit questionnaires (15 in the forensic setting) and 13 patient experience questionnaires (5 in the forensic setting) were completed
 - 🔄 Forensic patients
 - all were male,
 - median age was 48 years
 - 58% were of White British ethnicity.
 - 67% (11 patients) had been an inpatient for more than one year
 - 33% were insulin treated
 - 44 % had at least one glucose value of ≥ 11 mmol/l and this tended to be persistent
 - 🔄 Other inpatient psychiatric settings
 - 53% were male,
 - median age was 69 years
 - 93% were White British.
 - 13% (2 patients) had been an inpatient for more than one year
 - 20% were insulin treated
 - 58% had at least one glucose value of ≥ 11 mmol/l and this tended to be persistent
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Patient experience questionnaire



Conclusions

- Diabetes is common in psychiatric hospitals
 - Hyperglycaemia is common and frequently untreated
 - However the Forensic Unit supported by the specialist diabetes in-reach service had less patients with hyperglycaemia All 100% patients with diabetes in the Forensic Units said they were involved in planning their diabetes care compared to 57% of patients in the other units which suggests that an in reach specialist diabetes service may be vital for all units
 - The psychiatric hospital admission represents a window of opportunity to improve diabetes management in a population at high risk of complications and premature mortality
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Future plans and aspirations

- 🌀 The audit results show that the in-reach diabetes service to the Forensic Units helps reduce Hyperglycaemia and improve patients satisfaction yet we are unable to offer this to other units
 - 🌀 A joint position statement by Diabetes UK Trend and the RCN (2014) state that there should be at least on inpatient diabetes specialist nurse per 300 beds
 - 🌀 In Southern Health we have 560 in-patients beds but no diabetes in-patient nurse at this time
 - 🌀 In the absence of this service the Glucoheroes project supports healthcare professionals to become champions of diabetes in their own work setting
 - 🌀 We want to recruit more Glucoheroes in the mental health settings
 - 🌀 The Glucohero project is focussing on key areas which have been identified through the audit which we believe need developing to improve diabetes awareness and care
 - 🌀 We want to continue working closely with the Mental Health services which we are able to do being a for both Mental and Physical Health and ensure a joint model of care for diabetes is followed
 - 🌀 We hope to re audit the Mental health units again and would hope in the future that they are include in NaDIA
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Thank you

 Any questions?

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