



# Together2Goal<sup>®</sup>

AMGA Foundation  
National Diabetes Campaign



# Monthly Campaign Webinar

## October 18, 2018

# Today's Webinar

- Together 2 Goal<sup>®</sup> Updates
  - Webinar Reminders
  - National Day of Action
  - 2018 Institute for Quality Leadership (IQL)
- Diabetes and Mental Health
  - Jasmine D. Gonzalvo, Pharm.D., BCPS, BC-ADM, CDE, LDE, FAADE of Purdue University and Eskenazi Health
  - Jay A. Hamm, Psy.D. of Eskenazi Health
- Q&A
  - Use Q&A or chat feature



# Webinar Reminders



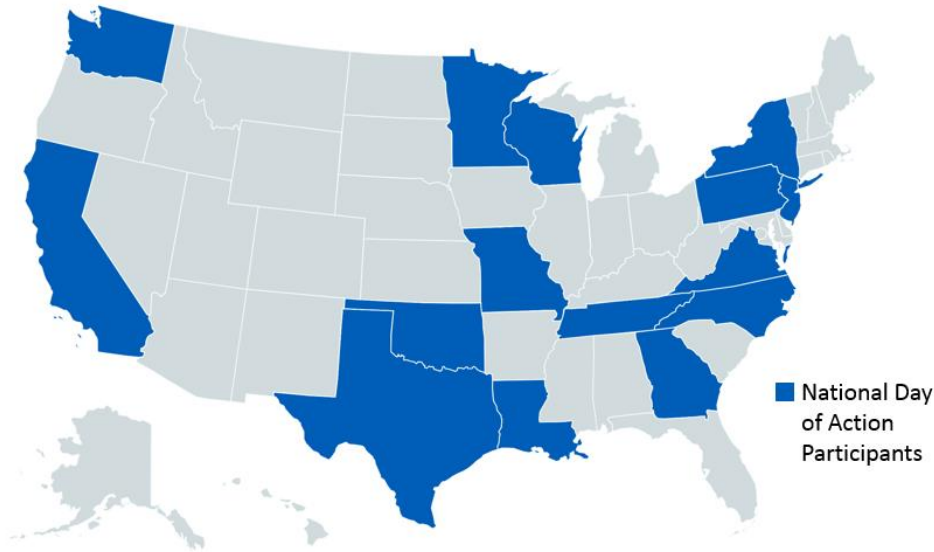
- Webinar will be recorded today and available the week of October 22<sup>nd</sup>
  - [www.Together2Goal.org](http://www.Together2Goal.org)
- Participants are encouraged to ask questions using the “Chat” and “Q&A” functions on the right side of your screen



# National Day of Action



November 8, 2018



## *T2G Talk & Taste*

- Watch and discuss our two-minute provider video over breakfast or lunch and your meal is on us!
- Downloadable kits with all the materials you'll need are on our [website](#).
- [RSVP](#) to let us know if your team plans to participate!

# 2018 Institute for Quality Leadership



**November 13-15, 2018**

San Antonio, Texas

- 
- Together 2 Goal® Peer-to-Peer Breakout Session: Taking Diabetes to Heart: Finding Value in the Medicare Population
  - Registration now open at [amga.org/IQL18](http://amga.org/IQL18)
  - Register by October 26 for the advance rate



# Today's Featured Presenters

Jasmine D. Gonzalvo, Pharm.D.,  
BCPS, BC-ADM, CDE, LDE, FAADE



Clinical Associate Professor  
College of Pharmacy | Purdue University  
Clinical Pharmacy Specialist  
Primary Care | Eskenazi Health

Jay A. Hamm, Psy.D., HSPP



Clinical Psychologist  
Eskenazi Health - Midtown Community Mental  
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# A Practical Approach to Mental Health for People with Diabetes

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# Objectives

1. List co-morbid mental health conditions associated with diabetes
2. Describe how medications and their pharmacologic effects can affect comprehensive diabetes management
3. Know when to refer people with diabetes to appropriate mental health services
4. Recognize and take appropriate steps in a mental health emergency

# Current State of Affairs

In the United States, 17.9% of individuals are affected by mental illness

Diabetes educators feel “somewhat comfortable” knowing when to refer a person to a mental health professional

Diabetes Educator

Psychologist Social  
Worker  
Psychiatrists

Diabetes  
Educator & Mental  
Health Provider  
Work Together

Appropriate referral does not end the interaction between diabetes educators and individuals identified with psychosocial conditions

Co-morbid mental health conditions are higher in people with diabetes than the general population

## Mental Health Conditions

Depression

Anxiety

Disordered eating/ Eating Disorders

Diabetes Distress

Cognitive Dysfunction and Dementia

Serious Mental Illness

# Depression

Depression has a bidirectional relationship with diabetes

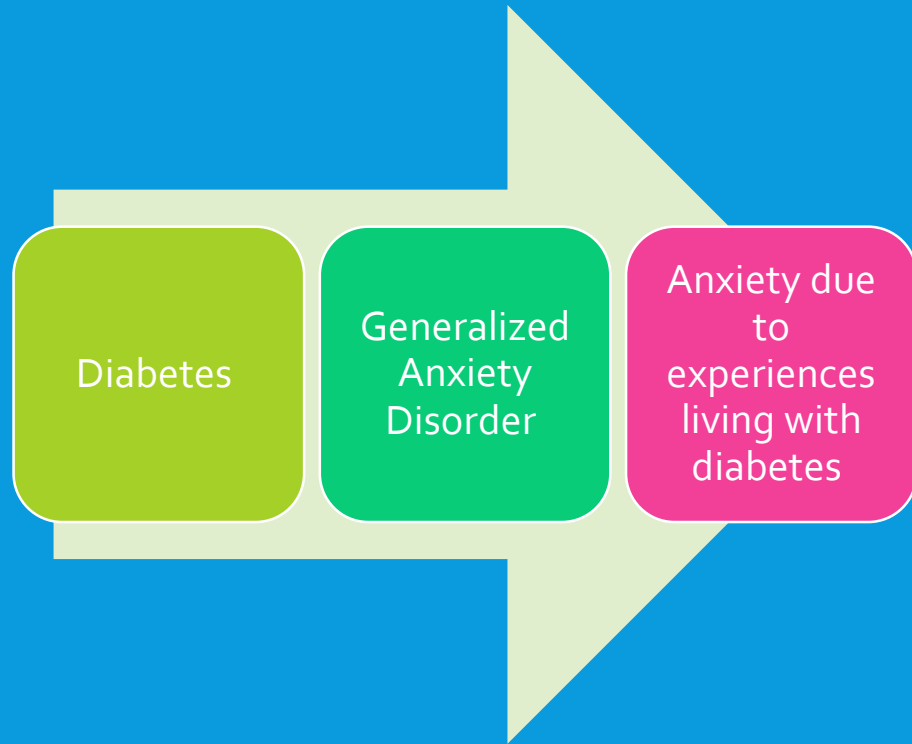
Development of diabetes confers an increased risk of developing depression

Depression prior to onset of T2DM confers a 38% increased risk of developing T2DM later in life

# Impact of depression on diabetes outcomes is significant



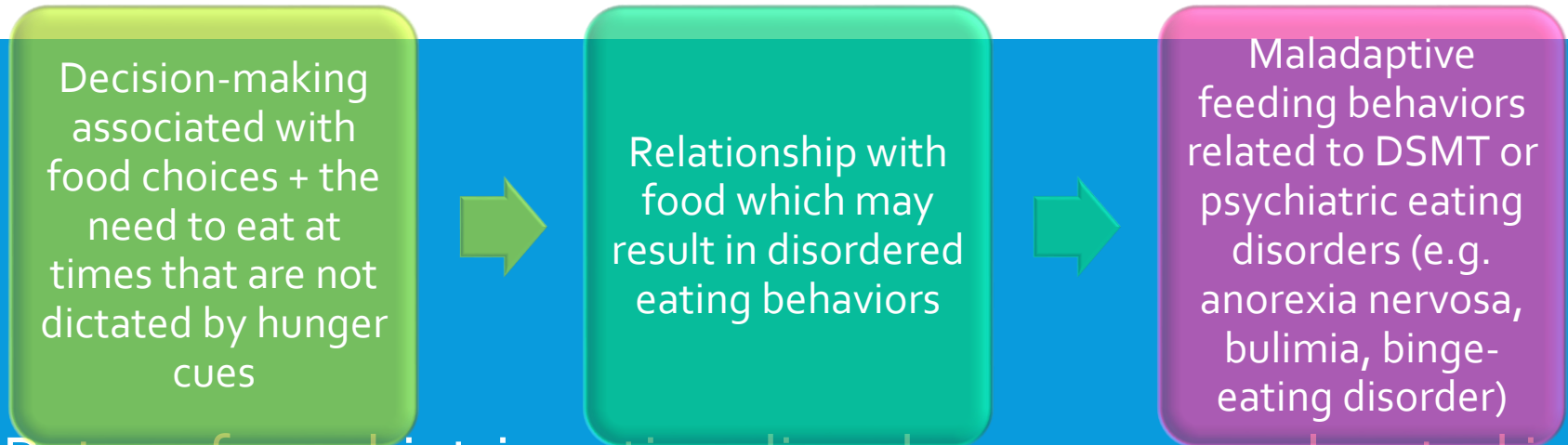
# Anxiety



Anxiety is associated with

- Worsened self-management behaviors
- Decreased quality of life
- Worsened A1C values

# Disordered Eating and Eating Disorders



Rates of psychiatric eating disorders are more elevated in adolescents and adults with type 1 and type 2 diabetes, compared to sample populations without diabetes



# Diabetes Distress

## Statistics

Prevalence: 18-45%

Have higher A1C and more difficulty maintaining healthy self-care behaviors

## Cause

Burden of diabetes and its self-management

Stress/anxiety about progression and complications

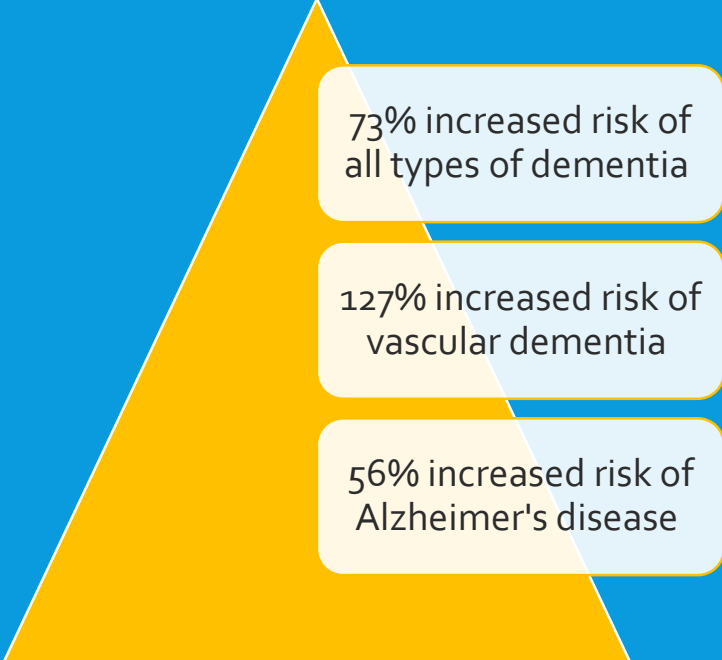
## Treatment

Problem-solving approaches to identify barriers and educational gaps

Identify strategies for proximal next steps

# Cognitive Dysfunction and Dementia

- Racial and ethnic minorities with diabetes have a higher risk of both mild cognitive impairment and dementia
- Changes in cognitive skills of information processing, fine motor skills, memory, and executive functions may impact the speed, accuracy, and/or reliability of diabetes self-management



73% increased risk of all types of dementia

127% increased risk of vascular dementia

56% increased risk of Alzheimer's disease

# Cognitive Dysfunction



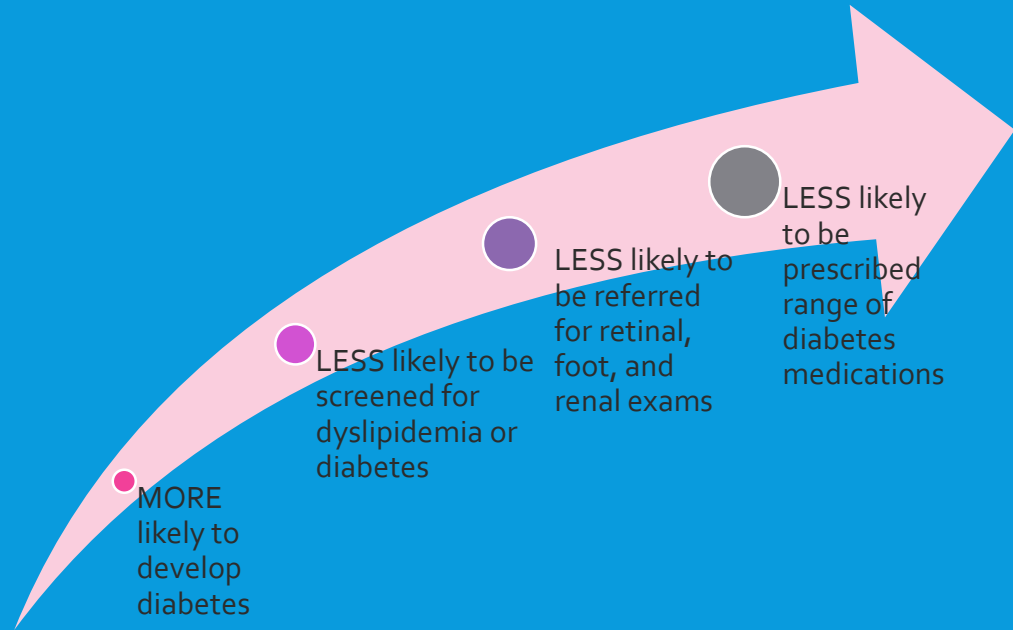
Presentation

- Self-reported concerns about thinking skills
- Family-reported concerns
- Changes in performance of ADL and self-management behaviors
- Changes in mood or personality

If changes in cognition are observed or suspected in a person with diabetes, refer to the appropriate provider (geriatrician, neuropsychologist, psychiatrist, occupational therapist) for further evaluation and treatment

# Serious Mental Illness (SMI)

Individuals with serious mental illness experience reduced life expectancy of 10-25 years, primarily due to poorer outcomes of cardiometabolic disease



**Stigma of mental illness is present in all quarters of society, including in health care. This likely contributes to unequal provision of diabetes care to people with SMI**

# Pharmacologic Effects of Medications

# Contributing Factors to Cardiometabolic Disease



# Emphasis on Antipsychotics

Metabolic syndrome seems to have a higher correlation with certain second-generation antipsychotics compared to others

- Higher likelihood: clozapine and olanzapine
- Lower likelihood: aripiprazole and lurasidone

The American Psychiatric Association recommends that all individuals receiving second generation antipsychotics should receive metabolic monitoring at baseline, 3 months, and annually thereafter



# Other Psychotropic Agents May Antagonize Cardiovascular Health

Class	Examples	Adverse Effects
Mood stabilization agents	Lithium Divalproex sodium/valproic acid	Increased appetite Weight gain
Antidepressants	Selective serotonin reuptake inhibitors (SSRIs) Serotonin norepinephrine reuptake inhibitors (SNRIs) Mirtazapine Tricyclic antidepressants (TCAs)	Weight gain

# Neuropsychiatric Adverse Effects of Smoking Cessation Treatments

disturbances, and depression have surfaced with the use of varenicline and bupropion, leading to Black Box Warnings.

Several studies have directly examined these effects and have not found significant increases in neuropsychiatric adverse effects.

Diabetes educators may consider the use of varenicline or bupropion in people with underlying psychological disorders.

# Cognitive Impairment Due to Statin Therapy

Underserved populations are less likely to be on a statin, although the exact prevalence of statin use in individuals affected by mental illness is unknown

The evidence on cognitive impairment or psychological disorders associated with statin use is mixed, ranging from forgetfulness to complete blackouts

Conflicting evidence should not prevent diabetes educators from recommending statin use in people with diabetes – the decision to avoid or discontinue statin therapy should be made on an individualized basis

# Assessment and Referral to Appropriate Mental Health Resources

# Effective Communication About Mental Health

- Stigma and negative attitude associated with seeking mental health care are barriers associated to treatment access and utilization
- Diabetes educators are in a position to either combat or reinforce stigmatizing views of mental illness
- Clinicians should reflect and identify personal biases regarding persons with mental illness

The same quality of diabetes education should be offered to persons with mental illness as would be to people with diabetes alone.

Clinicians should not assume low intelligence or incomprehension.

# Referring Individuals to Mental Health Providers

- Mental health professionals have diverse areas of expertise
- It is important to identify the primary reason for a mental health referral so that the most appropriate resource can be selected
- The American Diabetes Association launched the Mental Health Provider Directory, an online directory of mental health professionals with a working knowledge about diabetes


## Mental Health Provider Directory Listing

The American Diabetes Association Mental Health Provider Directory lists individuals who treat the psychosocial/mental health needs of people with diabetes. Listing in the Directory is available to providers that certify that they meet the following criteria:

1. Currently licensed as a mental health provider
2. Professional member of the ADA (Associate, Professional 1, Professional 2); and
3. Demonstrated competence treating the mental health needs of people with diabetes by: (a) Successful completion the ADA-APA continuing education program ([Learn more.](#)) Or (b) Two or more years of experience addressing the mental health needs of people with diabetes. [Apply now.](#)

Disclaimer: The Association does not render medical advice nor recommend specific providers or treatment.

Click on the button below to edit your profile listed in the directory.

 [Edit my profile](#)

Search for **Telemedicine** providers

**Adult Services**

**Pediatric Services**

**Miles Radius**

**From Postcode**

- Any -

- Any -

25 Miles

Apply

Reset



# Mental Health Providers and Services Provided

<b>Clinical Psychologist</b>	Individual, family, and group therapy. May also conduct psychological assessments.
<b>Marriage and Family Therapist / Mental Health Counselor</b>	Individual, family, and marriage therapy
<b>Neuropsychologist</b>	Comprehensive diagnostic assessments to identify specific cognitive strengths and weaknesses
<b>Psychiatrist</b>	Prescription and management of psychotropic medication. May also provide counseling.
<b>School Psychologist</b>	Direct support and intervention for students experiencing challenges related to learning. Also conduct psychoeducational assessments to help determine if health or processing issues are significantly impacting the student's ability to learn.
<b>Social Worker</b>	Individual, group, and family therapy; help identify medical and financial resources. Often the designated medical team members who report concerns to the Department of Child and Family Services (Child Protective Services)

# Situations That Warrant Referral to a Mental Health Provider

If self-care remains impaired in a person with diabetes distress after tailored diabetes education

If a person has a positive screen on a validated screening tool for depressive symptoms

In the presence of symptoms or suspicions of disordered eating behavior, an eating disorder, or disrupted patterns of eating

If intentional omission of insulin or oral medication to cause weight loss is identified

If a person has a positive screen for anxiety or fear of hypoglycemia

If a serious mental illness is suspected

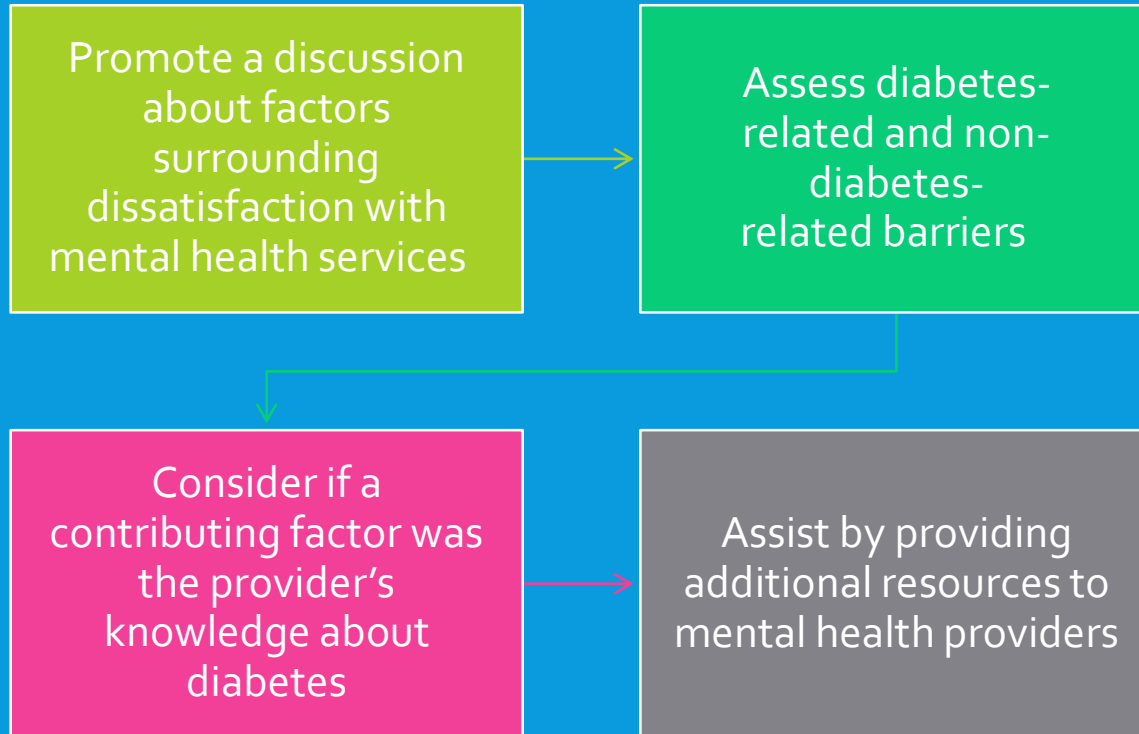
In youth and families with behavioral self-care difficulties, repeated hospitalizations for diabetic ketoacidosis, or significant distress

If a person screens positive for cognitive impairment

Declining or impaired ability to perform diabetes self-care behaviors

Before undergoing bariatric surgery and after if assessment reveals an ongoing need for adjustment support

# Exploring Resistance to Mental Health Services



# Example Questions to Help Explore Resistance

Can you tell me more about your experience with the mental health provider?

What did you find helpful?

What was not helpful?

Did you feel that the mental health provider understood and was receptive to addressing your needs?

Would you consider sharing your concerns and continuing to work with your current provider?

Would you consider working with a provider that you feel better suits your needs?

# Emergent Situations

- A mental health emergency is defined as any time a person is in immediate danger to others or themselves
- People with diabetes may be at an increased risk of suicide
- Every diabetes educator should be able to recognize an individual at increased risk of suicide or mental health emergency, as well as how to seek urgent help and available resources

# Signs and Symptoms of an Impending Mental Health Emergency

Looking for a way to kill themselves, like searching online or buying a gun

Talking about feeling hopeless or having no reason to live

Talking about feeling trapped or in unbearable pain

Talking about being a burden to others

Increasing the use of alcohol or drugs

Acting anxious or agitated; behaving recklessly

Sleeping too little or too much

Withdrawing or isolating themselves

Showing rage or talking about seeking revenge

Extreme mood swings

# Taking Action When Risk for Self-harm is Identified

- Refer the person to your team's designated team member (e.g., social worker, psychiatrist) to help determine if an involuntary psychiatric assessment is warranted
- Discuss strategies for creating safety plan with individual (and caregiver/support person when available)
- If your healthcare team does not have a designated staff person and/or if the staff person is not available, call 911 or arrange for the individual to be transported to the closest emergency room for a self-harm risk assessment

# Strategies for Psychosocial and Behavioral Support

Address the whole person

Assess and address emotional and psychosocial concerns, such as diabetes-related distress and depression

Present that diabetes-related distress and a range of emotions are common and that stress can raise blood glucose and blood pressure levels

Discuss that diabetes self-management is challenging but worth the effort

Support self-efficacy and self-confidence in self-management decisions and abilities



# Strategies for Psychosocial and Behavioral Support

Support action by the person to identify self-management problems and develop strategies to solve those problems, including self-selected behavioral goal setting

Note that it takes about 2-8 months to change a habit/learn/apply behavior

Include family members and/or support system in the educational and ongoing support process

Refer to community, online, and other resources

# Looking Ahead

- The available mental health resources must continue to expand to help diabetes educators meet the needs of people with diabetes
- Additional involvement of mental health providers, including psychologists, social workers, psychiatrists, and case managers would benefit the field of diabetes education

# A Practical Approach to Mental Health for People with Diabetes

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# November 2018 Webinar



Date/Time: November 15, 2018 from 2-3pm Eastern

Topic: How to Succeed in Your Diabetes Prevention Program

Presenter: Tony Hampton, M.D. of Advocate Medical Group

# Questions

