

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
BY DEPUTY M.R. LE HEGARAT OF ST. HELIER
ANSWER TO BE TABLED ON TUESDAY 22nd OCTOBER 2019**

Question

Will the Minister state –

- (a) what provision, if any, is made for clinical psychologists specialising in diabetes to support those children, adolescents, adults and families affected by this disease;
- (b) whether it is his assessment that any such provision is sufficient and, if that is not the case, whether there will be an increase in such support proposed as part of the new diabetes strategy;
- (c) whether he is aware of how such care and support provided in Jersey compares with that provided in the U.K. and, if so, whether that care and support is in line with that found in the U.K.; and
- (d) whether any of the funds allocated to Mental Health will be utilised for this provision?

Answer

Diabetes is a common and challenging condition that is often associated with emotional and psychological health problems. Living with diabetes can include other issues, for example, experiencing diabetes distress, psychological insulin resistance and the persistent fear of hypoglycaemic episodes. The condition can also be accompanied by eating problems.

It is recognised that having a diagnosis of diabetes is associated with a higher incidence of other mental health problems. For example, the rates of Major Depressive Disorder for adults with diabetes are double those of people without a chronic illness. NICE (National Institute for Health and Clinical Excellence) guidelines state: *Practitioners should be aware that patients with a chronic physical health problem are at a high risk of depression, particularly where there is functional impairment*¹

Physical and mental health should be considered together, and many people with diabetes prefer their diabetes health professional to support them with the emotional aspects of diabetes where possible.

- a) There have been significant developments in the service with the appointment of a full-time dedicated paediatric nurse, currently involved in the care of 43 children living with diabetes. However, there is currently no standard psychology provision in the package of care that an adult or child with diabetes receives in Jersey.
- b) CAMHS (Child and Adolescent Mental Health Service) is currently undergoing review and would welcome recognition of the need for an enhanced psychosocial service offer for children, not just for children with diabetes but for those with a wide range of paediatric difficulties. It is suggested that young people with paediatric difficulties would benefit from psychological support offered by clinicians embedded within their healthcare teams, for example, paediatric psychology is a specialism well-recognised in the UK which has never been offered in Jersey. This proposal will be submitted for consideration to the Diabetes Strategy Working Group. It is suggested that developing the skills of professionals on-island will increase the resilience of our health care offering and reduce dependence on off-island provision.

¹ <https://www.nice.org.uk/guidance/CG91/chapter/1-Guidance#step-1-recognition-assessment-and-initial-management-in-primary-care-and-general-hospital>

- c) Standard 3 of the National Service Framework for Diabetes (Department of Health 2001) highlights emotional and psychological support as integral to the diabetes care package in helping people with diabetes to self-manage their condition. This should include an initial assessment and ideally a whole family approach.

The National Paediatric Diabetes Audit 2017/18 states:

Psychological assessment and access to psychology services should be available to all children and young people and their families with diabetes. Diabetes teams should be aware that children and young people with diabetes have a greater risk of emotional and behavioural difficulties. All children and young people with diabetes and their family members or carers (as appropriate) should be offered emotional support after diagnosis, which should be tailored to their emotional, social, cultural and age-dependent needs.

- d) Currently, adults living with diabetes who need more specialist support from a mental health professional can be referred to Jersey's stepped mental health services. Jersey Talking Therapies is available for psychological help with mild to moderate problems. Access can either be through referral by a health professional, for example a GP, or an individual can self-refer. The specialist Adult Mental Health teams can provide support for more severe or urgent problems once the individual is referred by their GP. At all levels of the mental health service, an individual's diabetes and other physical health conditions will be taken into account as a routine part of assessing needs and planning and delivering the support they need. There is eating disorder specific expertise within the service. There is also a full-time equivalent Clinical Health Psychologist for ages 18 to end of life who focuses on the physical and mental health wellbeing of individuals living with chronic illnesses.

Jersey's provision for adults matches the guidance recently produced by Diabetes UK in their 2019 guide: *Diabetes and Emotional Health* (Hendrieckx, C et al 2019)².

² **Hendrieckx C, Halliday JA, Beeney LJ, Speight J.** *Diabetes and emotional health: a practical guide for healthcare professionals supporting adults with Type 1 and Type 2 diabetes.* London: Diabetes UK, 2019, 2nd Edition (UK).