ASSIGN

Learning outcomes
At the end of this module, you will be able to:

• Recognise situations where it may be preferable to ASSIGN to another health professional or a mental health professional
• Recognise ‘best practice’ examples of how to ASSIGN to a mental health professional
• Identify common barriers to mental health referral and strategies to overcome them

Voiceover script for ASSIGN module
In the previous module you learned how to ASSIST with diabetes distress. In most cases, you will be able to do this, as diabetes distress is intertwined with diabetes management. This makes us, as diabetes health professionals, the best people to ASSIST, because it falls within our scope of practice. In fact, we know that people with diabetes often prefer their diabetes health professional to ASSIST them with diabetes distress. Often they simply need someone to listen, someone who understands diabetes and who is on their side. Who better to do that than their diabetes health professional?

Before deciding whether to ASSIST the person or to refer them to another diabetes or a mental health professional, consider the context and severity of the problem as well as your own qualifications, knowledge, skills, confidence, time, and resources to ASSIST. Most importantly, talk about these considerations with the person with diabetes, as they may also have their own preferences. But there may be exceptional circumstances where you are not the best person to help. In such cases you may need to ASSIGN, that is, refer the person to another diabetes or mental health professional. Let’s take a moment to consider the reasons why we, as diabetes health professionals, should ASSIST a person with diabetes distress.

We know from the previous modules that diabetes distress is closely related to a person’s diabetes management – and that addressing their individual sources of distress can help them to overcome their personal barriers to diabetes management and reduce their stress levels, both of which can improve their diabetes outcomes. So we should consider diabetes distress as part of our remit. Importantly, the person with diabetes has confided in you for a reason. This suggests that they want to talk and that that they trust you. There is no point in ASKING about emotional health if we are not going to do something about it. That is not helpful for the person, as it could potentially raise problems.

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they have not thought about before and leave them feeling unsupported. But the good news is, by completing this training course you will have a good understanding of how to ASSIST with diabetes distress and feel more confident doing so. However sometimes you will need to refer the person.

Diabetes is a complex condition and collaborative care is recommended to manage it well. So a referral to another relevant diabetes specialist could help the person with their diabetes distress. Or the person may prefer someone else to help, for example because that health professional has helped them before, or has been recommended. Mental health professionals can also help in some circumstances. For instance, if you’ve done everything you can to ASSIST with diabetes distress, but the severity has not reduced, you may need to suggest a referral. Another example is when a person has ongoing severe distress unrelated to diabetes (which they’re not receiving help for elsewhere), or they have talked about harming themselves or others - this could indicate a chronic mental health problem, such as depression or anxiety. Because you are, most likely, already quite comfortable making referrals to other diabetes health professionals, this module will focus on making referrals to mental health professionals.

Try not to let time be your barrier to ASSISTING. Naturally, you may not have time to cover everything in one standard consultation. But you can continue the conversation at a subsequent appointment - decide together about when they will return to see you, and encourage them to book an extended consultation timeslot.
Take some time to read this quote which demonstrates the importance of having conversations about emotional issues. Matthew’s health professional did not see the signs that Matthew needed help. And they did not ASK. Matthew did not ask for help directly, because he felt ashamed. Mental health stigma is a very real and very common barrier to people asking for, and accessing, psychological support. So it is important to talk about mental health regularly, in a non-judgemental way. This includes the way that we raise the idea of, and talk about, mental health referral with a person with diabetes. We will talk more about this in a moment.

“I wanted to ask for help, like a counsellor, but I didn’t want to do it directly, because in my mind there was a bit of stigma and shame related to that. So I dropped big hints on how alone I was feeling and how I wasn’t coping very well…”

Matthew, age 40, type 1 diabetes.
As Matthew suggested, health professionals often feel uneasy talking about a mental health referral. And people with diabetes may feel reluctant to consult one. This may be because of previous experiences or because of misconceptions about what a mental health professional has to offer. So the way that we introduce the idea of a mental health referral can influence the person’s acceptance of this suggestion. Here are some tips for what to say when you believe that a person with diabetes needs a mental health referral.

- First, explain to the person why you believe a referral is the preferred option and how a mental health professional can support them with their problems. Help the person to understand how this support will differ from, and compliment, the support that you will continue to provide them.

- Normalise the referral pathway and check how comfortable the person feels about being referred to a mental health professional. In fact, before you suggest that they see one, it may be helpful to take some time to understand their emotional state and readiness to seek and accept psychological support. If the person feels nervous or unsure about whether they are ready, normalise this experience for them – let them know that it is common to feel this way and give them time to think about it.

- Ask the person about their preferences for the referral. For example, they may have seen a mental health professional in the past who they prefer to see, or not to see, again.

- Prepare the person for what to expect at the mental health consultation, and what will be expected of them. For example, they may need to complete questionnaires, answer questions about their life, thoughts, and feelings, and keep records of their mood.

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• If there is likely to be out-of-pocket expenses, as is often the case for private psychology referrals, explain this to the person and check whether this is okay for them. Be familiar with the current mental health initiatives and assess whether the person with diabetes is eligible to access it. If they are eligible, explain the initiative to the person and help them to access it, for example through their General Practitioner.

• Explain that sometimes there can be waiting times for psychology services. Encourage the person to keep seeing you for support if there is a long wait. Or you may need to refer them to someone else. It is important that the person remains supported and does not fall between service gaps.

• If the person is reluctant or chooses not to consult a mental health professional at this time:
  • Explain the limitations of your expertise, that is, that you are not an expert in managing mental health problems; what support you can and can’t offer.
  • Provide them with basic support, such as giving them time to talk about how their problems are impacting on their diabetes
  • Monitor the person’s diabetes distress and make a plan to revisit the option of a mental health referral at another time if they need it.
  • Try to move forward with addressing their diabetes distress in another way. There may be another strategy you could try, for the problem at hand. Or, together, you might go back to their completed PAID form & select another priority issue to work on. This bring a positive, solution-based focus back to the consultation.
Here is an analogy which could be helpful when talking to a person with diabetes about a potential mental health referral. Encourage the person to momentarily compare themselves with a professional tennis player. The tennis player is out on the court by themselves, playing the tennis match to the best of their ability and training. Much like the way a person with diabetes, self-manages their diabetes the best they can. A tennis ‘pro’ has a team of experts behind them, supporting and encouraging them to be the best they can be. They have coaches with expertise in technical skills, much like the way a person with diabetes receives support from an endocrinologist, diabetes educator, or GP. Professional tennis players also have sports psychologists to help them with mental strategy and overcoming their own psychological barriers. Just like a tennis ‘pro’, a person with diabetes can benefit from having a team of experts, including a psychologist, to support them.
It is likely that you are familiar with making referrals to other diabetes health professionals. So in this module we will focus more specifically on referrals to mental health professionals.

When we consider making a mental health referral, there are many things to consider. Importantly, we want to try to find the most appropriate mental health professional for the person with diabetes, someone who will meet their individual needs. As you well know, there are many types of mental health professionals, including psychologists, psychiatrists, social workers, mental health occupational therapists, and mental health nurses. So we need to consider who is most likely to have the appropriate skill-set to support the person with diabetes.

We also need to consider individual differences. Each professional will have different areas of interest and consultation styles, and specialise in different techniques. Some of these may suit the person with diabetes better than others. Some people with diabetes will have sought psychological support before, and they may have had a good or a bad experience with this. They may prefer to see that psychologist again, or not. They may feel more comfortable with a psychologist who uses a specific type of therapy, or who is of the same gender as them, or from the same cultural background. So ask the person about their preferences, and use your professional judgement.

Ideally the psychologist should have an understanding about diabetes, because, as we well know by now, diabetes management is complex, and intertwined with physical and emotional health. However, there may not always be a diabetes psychologist within your network. We will cover strategies to overcome this barrier later in this module.

If you would like to learn more about the referral process, such as what to write in a mental health referral letter, refer to the Diabetes and Emotional Health handbook.
As diabetes management is closely linked to a person’s emotional health, mental health professionals, such as psychologists, can be a useful resource to people with diabetes. But some people may wonder exactly how they can help someone with diabetes distress. So here are some suggestions.

Psychologists provide a safe, supportive environment for people to talk about feelings. They work collaboratively with people to help them overcome challenges or issues that are holding them back – these may be based in their behaviours, thoughts, or emotions. Psychologists provide a listening ear, and help a person explore their thoughts and feelings about diabetes and how it affects their life. They help the person identify and explore their personal barriers to diabetes management and self-care. They diagnose mental disorders and provide specialist psychological therapy for identified problems. Finally, psychologists help people to develop their skills and problem solve, manage stress, practice relaxation or mindfulness, develop healthy coping skills, set goals, and change health-related behaviours.

The role of a psychologist in diabetes care

A psychologist can help with diabetes distress in many ways:

- Safe, supportive environment to talk
- Work collaboratively to overcome challenges
- Explore thoughts and feelings (e.g. about diabetes or life)
- Explore and overcome personal barriers (e.g. to self-care)
- Diagnose mental disorders (e.g. depression, anxiety)
- Provide therapy (e.g. Interpersonal Therapy, Cognitive Behavioural Therapy) for mental disorders and emotional problems
- Skill development and problem-solving, e.g.:
  - stress management and relaxation
  - mindfulness
  - healthy coping skills
  - goal setting
  - behaviour change