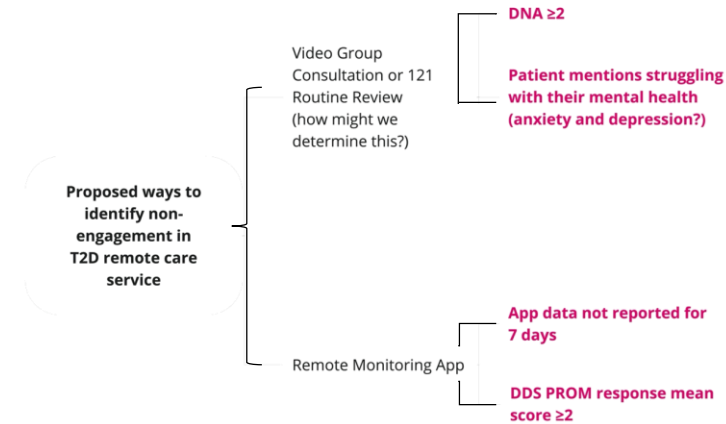


Protocols to identify patients on the service who may benefit from additional mental health support

- The pilot service will broach mental health related topics during the Video Group Consultations and within the Know Diabetes email campaigns. The Diabetes Distress Scale (DDS) PROM questionnaire will be used to capture patient reported outcomes related to distress and mental health amongst other topics.
- The pilot service will not be used to directly deliver formal mental health support, but these protocols will enable clinicians to identify service patients who potentially warrant further formal mental health support services.
- Patients with SMIs will be excluded from this early phase of the pilot.
- *Quick straw poll with PiD members, asking if they'd been asked to complete the PHQ4 or DDS 2/17 in the last year. The response was sadly as expected, only one had been asked - by a Harrow GP. This is what others said :*
 - *For what it's worth I have never been asked anything of this nature.*
 - *Neither my GP nor Diabetes Consultant have asked any questions on my mental health. This is no excuse, but my consultation today was on the phone. Maybe that's a reason the questions have not been included.*
 - *Regarding DDS form, no not in the last year. I was asked to complete one in my hospital clinic back in 2018 though.*
 - *I had a diabetes review with 2 nurses in my GP surgery just last week. Feet checked, BP taken, weight recorded and lots of blood tests but guess what – NO FORM nor any mention of diabetes distress.*
 - *It is recorded on my GP and diabetes clinic notes that I have depression, but no one ever asks me how I am feeling or asks me to complete a questionnaire. I just keep ordering my antidepressants online from my GP surgery.*

Proposed ways service patients will be identified as potentially benefiting from further mental health support:



DDS PROM CONSIDERATIONS

Consider nuancing DDS responses:

- Emotional burden = IAPT support services
- Physician-related distress = different clinician? clinician training
- Regimen-related distress = medicines education and medications review?
- Interpersonal distress = IAPT support services?

Following identification, need to agree:

1. Options available to patients and what support they provide
 1. IAPT?
 2. What else?
2. How to present options for providing additional support (patients would like a choice, not to be forced down a specific referral path)
3. How to refer once patient <> clinician decision is made

Non-SMI protocol (draft)

