

NHS red tape preventing treatment of diabetes in people with severe mental illness

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Credit: City University London

Greater integration of physical and mental health services and development of knowledge and skills in negotiating self-management are required to enable mental health professionals to effectively manage the increased rates of diabetes seen in people with severe mental illness, according to a new study from City University London.

Type 2 [diabetes](#) is two to three times more likely in people with [mental health problems](#) such as schizophrenia and [bipolar disorder](#), but despite this increased risk when the researchers spoke to a range of staff it was found that diabetes was not considered a priority over the management of mental health, which was often the primary focus.

This is despite the fact that people with severe mental illness and

diabetes have been found to die significantly younger than people without such conditions, while also experiencing a greater risk of [diabetes complications](#) that require specialist treatment.

Published in BMC Psychiatry, the findings suggest that interventions need to be targeted at both an organisation and individual level in order to change behaviour and improve understanding.

Professor Alan Simpson, co-author of the study and lead of the Centre for Mental Health Research at City University London, said:

"There is a hidden diabetes epidemic impacting on the lives of people with serious mental illness, as thousands of people with schizophrenia and bipolar disorder – along with other psychoses - are not having their diabetes properly managed, often causing complications which could have been avoided."

In particular, the team found that knowing how to manage and monitor type 2 diabetes was a significant barrier to implementation. There was poor awareness, particularly amongst [mental health professionals](#), about national and local guidelines for managing the condition. As a consequence training on effective diabetes management was identified as a need by all mental health professionals, not just mental health nurses.

The findings indicate a need for individual and organisational level interventions to support physical and mental [health professionals](#) in the delivery of [diabetes care](#) for people with SMI. At an individual level, increasing knowledge and optimism, improving skills and supporting healthcare professionals to develop action plans and intentions for their own practice could be effective in addressing disparities in care.

At an organisational level, creating links and pathways between mental

health and physical services to promote integrated care, prioritising diabetes within mental health settings and clearly defining the roles and responsibilities are identified as potentially important ways to intervene.

In the UK, 6.2 per cent of the adult population are estimated to have diabetes and although there is no single cause of the condition, one important risk factor is diagnosis of a severe [mental illness](#) (SMI), such as schizophrenia, bipolar disorder and other psychoses.

This increased risk has been attributed to a number of factors, including the effects of anti-psychotic medications, lifestyle factors such as poor diet, obesity and physical inactivity and high rates of smoking.

Care pathways for people with a SMI and diabetes are also often complex and fragmented, and as a result people with SMI are reported to be less likely to receive recommended diabetes care, including retinopathy screening; foot examinations; renal and cholesterol checks; and diabetes education. They are also less likely to meet recommended blood glucose targets than those without SMI.

Professor Simpson said:

"What we need to do is address the fact that diabetes is up to three times more likely in those with such [mental health](#) conditions, and therefore we need a comprehensive rethink about how we properly manage their mental and physical health in a way which ensures a high quality of care. To do this effectively interventions need to be targeted at both an organisation and individual level in order to change behaviour and increase knowledge and understanding."

More information: Hayley McBain et al. Implementation of recommended type 2 diabetes care for people with severe mental illness – a qualitative exploration with healthcare professionals, *BMC Psychiatry*

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