Optimal Health Program

Mental Health in Diabetes Optimal Health Program (MINDS OHP)
A Guide to using diabetes-specific material in MINDS OHP

This document provides instructions for exploring diabetes specific concerns with participants in MINDS OHP. This guide also highlights when additional diabetes-specific material may be helpful to use in sessions. Whilst it is intended that all facilitators use this guide for consistency, you are not required to incorporate every instruction given. Use you participant's needs as a guide to determine what is most relevant and practical on the day. If you have any questions regarding this guide please contact the research team or raise at the OHP group support meetings. Thank you.

Session 1: OHP

Personal and family beliefs about diabetes

This session requires a broader discussion of health which creates opportunity for exploring the participant's views about diabetes. Diabetes Australia has some useful information on 'what is diabetes' and the impacts on the body:

https://www.diabetesaustralia.com.au/what-is-diabetes

Opportunities to explore beliefs about diabetes:

- When facilitating the 'What is health' OHP topic incorporate questions such as
- *"how did you/your family adjust to your diagnosis of diabetes?" "do you/your family have particular beliefs about what it means to look after your diabetes?" "do you have a sense of why some people develop chronic conditions like diabetes?"*
- In the OHP section 'how do my behaviour and actions influence my health?' you can ask participants specifically about the positive and negative behaviours that may influence their diabetes or blood sugar levels.
- In the 'Understanding where I am today' participants may wish to log an aspect of their life related to diabetes, such as fluctuations in blood sugar levels and mood or the amount of effort it takes to engage in self-management, like monitoring sugar levels or attending diabetes care appointments

There are resources available to guide people on how to use language to empower people with diabetes. See this resource below for some ideas; through bear in mind each participant may have personal preferences about language:

https://static.diabetesaustralia.com.au/s/fileassets/diabetes-australia/9864613f-6bc0-4773-9337-751e953777cd.pdf

Session 2: I Can Do Model Part 1, Health Plan 1

Balancing hope with reality – coping with complications

This session starts to bring together personal strengths and challenges that contribute to wellbeing. The session deepens exploration of a participant's internal world via their talents, personality traits, wishes and pleasured activities. The session offers scope to discuss protective and vulnerability factors that may impact on a person's susceptibility to diabetes complications. To assist this exploration:

- Explore whether the participant has any current diabetes complications (e.g., visual, heart, foot damage, kidney problems) and/or is aware of the concept of complications
- A useful open-ended question *"Do you ever think about how your diabetes may go in the future?"* may facilitate discussion about complications or concerns about diabetes progression and impact on quality of life. A useful related question to promote hope *"How would you like your life to be in the future?"*
- When reviewing the 'I Can Do Model' incorporate diabetes-specific questions to help participants think about complications e.g., *'is there a family history of diabetes or other conditions that may make you more vulnerable to further difficulties with diabetes in future?'* For someone that has existing complications *'What strategies do you have for coping with the impact of your complications?"* For someone that doesn't have any complications *"Do you think there are any personal qualities you have that may help you prevent complications?'*
- As part of the strategies discussion, you may explore how the participant and his or her health care team monitor for complications. For example, do they have to attend specialist appointments to check/monitor for developing complications? Are there self-care activities they do themselves to check for any sign of complications? This discussion may also prompt participants to explore current areas of importance around their diabetes care.

Session 3: I Can Do Model Part 2, Health Plan 2

How anxiety affects your diabetes

A good point to introduce the relationship between anxiety/stress and diabetes is at the OHP topic 'What happens in the body' detailing the body's stress response. Once you have outlined the stress response and example, you might ask participants to connect this to diabetes e.g. *"Do you think that this stress response can influence how you diabetes is going, or vice versa?"* Usually they will say yes and this is a good point to take them through some specific information on diabetes and anxiety. Pages 153-156 of this resource http://www.journalslibrary.nihr.ac.uk/__data/assets/pdf_file/0004/58702/Appendices-hta14220.pdf can be used to guide this discussion (Ismail et al.,2010)

This session offers a number of options to helping participants identify stressful events and review coping strategies. There are a number of ways to tailor this to diabetes-specific concerns. For example, participants who may feel anxious about having a hypoglycaemia episode may wish to track this in the 'monitoring daily stress' log, to develop their awareness and identify coping strategies for this response. Participants who also find diabetes health care appointments stressful may also use this log to document their experiences and brainstorm possible coping strategies. In your role as Program Assistant, you are not expected to advise participants on diabetes treatments, rather to assist them to identify resources for themselves or to encourage them to seek support via their health care team.

Session 4: Medication

Adjusting to diabetes treatments

This session offers a good opportunity to explore how participants feel about their diabetes treatment including medications, diet and lifestyle changes, and for people on insulin - insulin delivery methods (insulin pumps or daily injections). Remember, our focus is to explore participant *experiences* of their treatment not to give advice. Participants may ask us whether or not a particular treatment or medication would suit them and we should always encourage them to re-direct these queries to their doctor.

Participants will be on a range of treatments and medication so a good way to begin this session is to ask about how their diabetes is treated now and how it has been treated in the past. This will help inform your discussion for the rest of the session.

Explore what the participant has been told by their health care team about current treatments, how the participant feels about these treatments (what works, what is challenging). If the participant has recently changed the treatment plan explore what it was like for them to adjust to the new plan, how much input into the plan they had, and whether there are any questions or concerns they need to raise with their doctor about the current plan.

For participants that were diagnosed with diabetes as a child (will be mostly type I diabetes), it can be useful to explore this further e.g. *"Who helped you manage your diabetes when you were younger?"* "*What was it like being at school, with friends/family and having diabetes?" "What was the easiest/most challenging part of having diabetes?"*

For participants who have an insulin pump, there is a booklet published by Diabetes Australia that provides a good overview of insulin pumps https://www.diabetesvic.org.au/images/resources/T1-060_Understanding_Insulin_Pumps_A5_1.pdf

Research has identified some particular issues that come up for people using insulin pumps and you may gently enquire about these: *"how is it for you to be attached to the insulin pump most of the time?" "how do you feel the insulin pump impacts your ability to keep within your blood sugar level targets?"*

For participants who have lifestyle and diet changes as key parts of their treatment plan, you may enquire about how the feel in the change process e.g. *"how ready do you feel to make changes in your diet/exercise regimen?" "what do you feel are the positive and challenges to making changes in these parts of your lifestyle?"*

In terms of the 'Metabolic Monitoring' topic it may be useful to ask participants what are the most important items that help them keep track of how they are going, whether that be indicators of personal interest or indicators that they discuss with the doctor and health care team. A useful question to explore *"when you go to the doctors are you interested in whether your health is on track generally or do you discuss any specific test results?" "are there regular tests you have with the doctor and do you have an idea of what these are*

measuring?" The focus here is helping the participant to see how active (or not) they are in tracking aspects of their diabetes and the reasons for this.

Session 5: Collaborative Partners & Strategies

Accessing peer and community support

This session offers an opportunity to reflect on participants' formal and informal supports. From a diabetes perspective, this is a great opportunity to explore personal and professional health care team supports and any gaps that may exist in participants' support needs.

To assist this exploration:

- Within the 'who are collaborative partners' topic ask specifically for participants to identify people that support them with diabetes (if they do not spontaneously talk about this).
- It may also be helpful to explore what participants have tried in the past to obtain support for coping with diabetes e.g. have they ever tried peer support, attended a diabetes support group or Diabetes Australia seminar? If so, how did they find this experience?
- To identify any potential gaps it can be useful to look at the completed exercise and ask if there is anything else they feel they need in terms of support with diabetes. This discussion may help with identifying any external referrals that could be made
- Explore whether there are any barriers to engaging in supports e.g., financial, accessibility
- If participants would like further information on community supports, with their permission you may direct them to community and peer resources including Diabetes Australian VIC website, HypoActive website (for type I participants interested in exercise activities with other people with diabetes), or the Type I Network on the internet (for type I diabetes).
- Encourage participants to discuss with their health care providers any gaps in their supports and also which supports are working well
- If participant is not interested in peer/community support it is important to respect this, but useful to explore what other things are more helpful

Websites:

Diabetes Australia VIC:	http://www.diabetesvic.org.au/
HypoActive (type I):	http://www.hypoactive.org/
Type I Network	http://t1dn.org.au/

Session 6: Change Enhancement

How problem solving can support self-management

This session offers opportunity to review the fluctuations in health over a specific period of time in the Timeline activity. This lends itself well to other session topics of envisaging the future and what changes the participant would like to make.

In the 'Creative Problem Solving ' topic this resource material http://www.journalslibrary.nihr.ac.uk/__data/assets/pdf_file/0004/58702/Appendices-hta14220.pdf (pages 167-169) can be used as a supporting resource for the facilitator as it offers examples of some diabetes-related problems. Do not provide this material to participants as it outlines a different problem solving method and may confuse participants. Stick to the OHP problem solving instructions. If the participant wishes to explore an example that is not specific to diabetes care that is fine also.

Session 7: Visioning & Goal Setting

Becoming more assertive in your care

This session is great for helping participants shape vague goals (e.g. 'I want to lose weight') into more concrete steps.

If the participant identifies a diabetes-related goal this is a good opportunity to discuss how he/she feels about speaking to their doctor about it. If you feel they might benefit from some input around assertiveness you might introduce this by saying something like *"Sometimes there are lots of things to get through in your appointments and you may find is hard to express and say what you need to. Would you like to discuss how you might talk to your doctor about these changes you wish to make?"* Use the http://www.journalslibrary.nihr.ac.uk/__data/assets/pdf_file/0004/58702/Appendices-hta14220.pdf material pages 171-177 as a guide.

Remember for some participants they may not relate to the word 'assertive' so check their understanding of it first.

The above material on assertiveness may also work well if the participant's concern or change goal relates to communicating more effectively with a family member, partner or friend. You do not need to use all pages of the material just those that are most relevant.

Session 8: Building Health Plans

Building rewards into the health plan

This session provides opportunity to review the health plans including plans relating to diabetes care.

The generic OHP content will cover you for this session. However, as it is a session for reviewing it may be useful to ask participants to recall whether anything has changed for them since the first session with respect to diabetes e.g., *"do you feel your beliefs about diabetes have changed in any way or stayed the same since session 1?"*

Introduce the concept of rewarding or acknowledging progress made towards goals. If you wish you can explore a diabetes-specific goal that has been identified. Explore whether participants have ever considered the idea of using rewards to improve progress, what they feel about this idea, and how they have rewarded themselves in the past. Emphasis is that rewards don't need to be big, expensive items but can be smaller, non-material things e.g., taking a long bath after a day of hospital appointments.

Session 9 Booster

The generic OHP content will cover you for this session. However, as it is a session for reviewing it may be useful to ask participants to recall how they have been managing without regular OHP contact. This is also an opportunity to review whether there are any external referrals that may be required as participants finish with their facilitators. It is important that throughout the program the eventual ending is discussed through exploring e.g., *"we are at Session 6, with 3 sessions to go, how are you feeling about the program coming to an end?"*

As such this session is an opportunity to say goodbye, allow participants to talk about their experience in the program (especially with diabetes support) and for you as facilitator to provide the participant with some positive feedback about their participation.

Components of the ADaPT (A Diabetes and Psychological Therapy Study) material (Ismail et al, 2010) are used and recommend in this resource with the permission of Professor Khalida Ismail, Dept of Psychological Medicine, King's College London.

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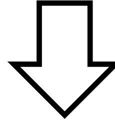
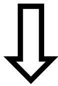


Session 1

Optimal Health – Health Wheel: Six domains of health

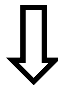
Personal and family beliefs about diabetes



Session 2

I Can Do Model Part 1 – Strengths and Vulnerabilities (Understanding the balance)

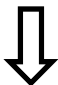
Balancing hope with reality - coping with complications



Session 3

I Can Do Model Part 2 – Strategies and Stressors (Understanding and monitoring impact)

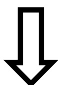
How anxiety affects your diabetes



Session 4

Medication – Medication and Physical Health (Metabolic Monitoring)

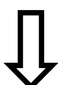
Adjusting to diabetes treatments



Session 5

Collaborative Partners & Strategies – Identification of key partnerships (Connecting with key people)

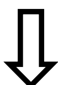
Accessing peer and community support



Session 6

Change Enhancement – Understanding past events and defining change

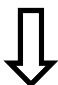
How problem solving can support self-management



Session 7

Visioning and Goal Setting – Creative problem solving and planning (Developing, setting and celebrating goals)

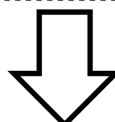
Becoming more assertive in your care



Session 8

Building Health Plans – Health Plan I, II &, III (Maintaining Well-being)

Building rewards into the health plan



Booster