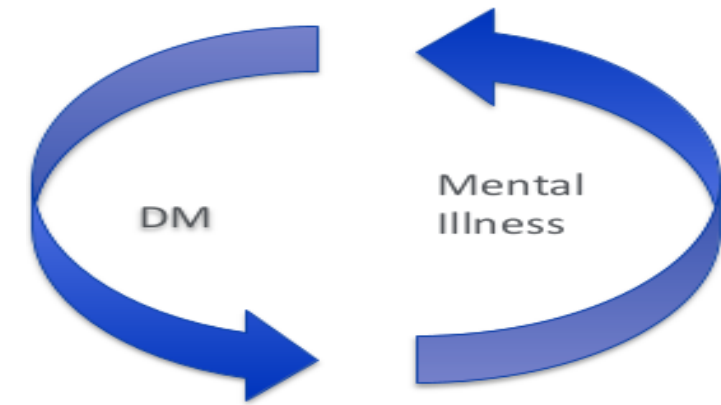


Abstract

Type 2 DM and psychiatric illnesses have a bi-directional relationship. This means that people with type 2 DM have elevated rates of depressive symptoms, and people with psychiatric illness have elevated rates of diabetes. This relationship causes an increased need for diabetes education among the patient population who have psychiatric illnesses such as depression, anxiety and schizophrenia. Due to the stigma associated with mental illness, some people do not receive the education or preventive care required to live a healthy life with diabetes. Two different community hospital certified diabetes educators came together to share their experiences with providing diabetes education to this vulnerable patient population.



Objectives

- To evaluate the effectiveness of Diabetes Self-Management Education and Support (DSMES) for patients with a diagnosis of diabetes and psychological illness via a QI project .
- To explain the purpose of Diabetes Self-Management Education.
- To describe the barriers of diabetes education with the patient population who have psychological illness.
- To describe how to assess readiness to learn when providing diabetes education to this patient population.
- To explain the importance of utilizing appropriate language when engaging in diabetes education with a person who has psychological illness.

Methods

Marie Rancy, RN, CDCES implemented a QI project over a time period of about 1 year and 5 months at her 226-bed urban psychiatric hospital. Marie was responsible for providing education to the staff on DSMES. She also helped to maintain and expand the hospital's Diabetes Champion program. Diabetes Champions provide expert diabetes education to the patients. Marie collaborated with the interprofessional team including medical, endocrinology, psychiatric, dietary, nursing, pharmacy, and social work teams to improve patient care and education. The method utilized for this QI project included 50 participants, who completed a pre and post survey to collect data using the DSMQ. The Diabetes Self Management Questionnaire (DSMQ) was useful in that it helped to identify patients' needs, and also assess the effectiveness of the DSMES provided.

Elizabeth Giordano RN, CDCES collaborated with the psychiatric nursing staff in order to promote timely and effective diabetes education to the patients on a 27-bed psychiatric unit. Through a presentation to the larger hospital network, she was able to help explain why patients with psychiatric illness have higher rates of diabetes. Smoking will increase a person's risk for diabetes between 30-40%. Sleep disturbances can also impair and disrupt a person's metabolism, increasing their risk for diabetes. Medications and low activity are also contributors to the increased risk of diabetes for this population. By recognizing these factors and educating both the caregivers and patients about their increased risk, we are better able to focus our education. Elizabeth was also able to provide expert clinical guidelines as to how to approach diabetes education with the psychiatric patient population. Elizabeth has worked with this patient population for several years and believes that understanding barriers to education, assessing readiness to learn, using sensitive language and collaborating with the psychiatric nursing team will greatly improve the effectiveness of the diabetes education with this vulnerable population. By addressing barriers to education such as stigma and one way communication, diabetes education flows much more easily. By systematically assessing a patient's readiness to learn, the time spent with the patient is more productive and valuable.

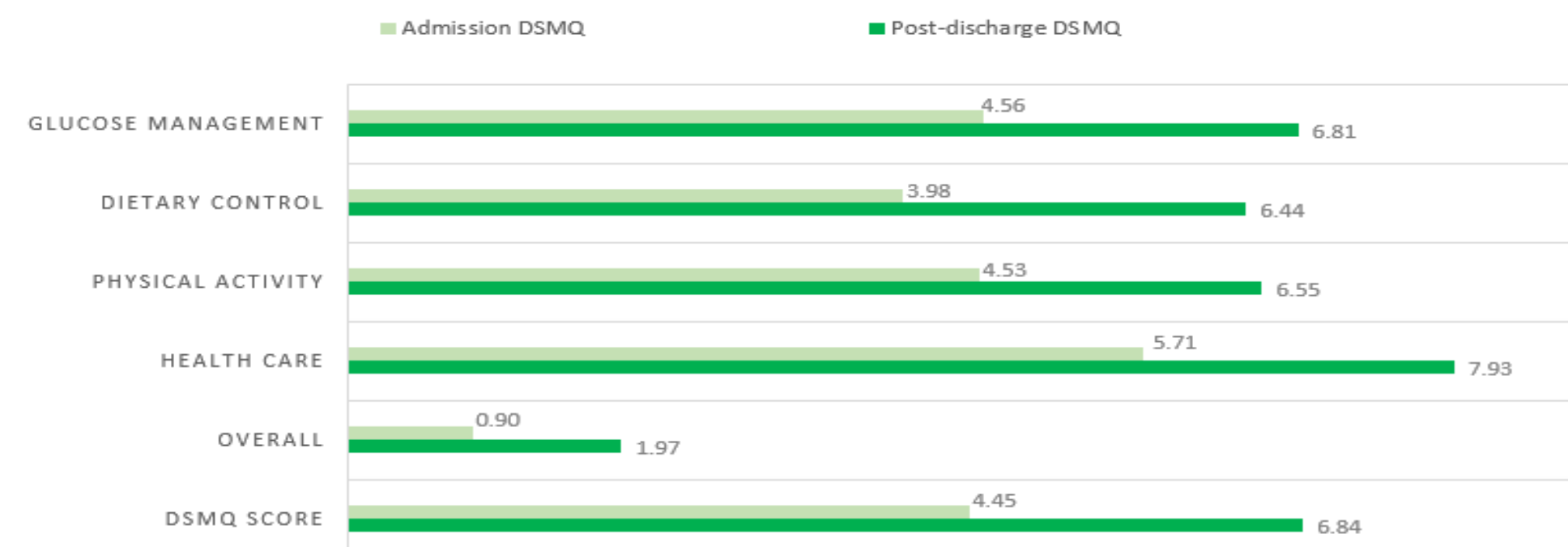
Results

Elizabeth continues to work with the psychiatric nursing team at her hospital to better improve the quality of diabetes education. By individualizing patient education and continually assessing patient's readiness to learn, diabetes education has become a standard of care. Working as a team to provide the best education possible may require more planning, but this approach benefits the patient in the long run. By modeling the utilization of sensitive language, each patient is better able to learn in a non-judgmental, caring environment.

Marie's implementation of diabetes education and collaboration with the medical team created a positive learning environment for her patients. Marie's pre and post DSMQ scores showed a statistically significant improvement in these areas: physical activity, healthcare use and overall self care (see results below). By drawing on these results, Marie was able to redesign improvements needed for diabetes education with the psychiatric patient population. Marie continues explore better ways to help this specialized patient population.

DSMQ SURVEY RESULTS

AVERAGE SCORES



Conclusions

Both Marie and Elizabeth continue to work with the psychiatric patient population and find this education to be both rewarding and intriguing. Finding ways to improve education and care with this vulnerable population provides challenges that they will both continue to explore. Marie is continuing her own research while Elizabeth is continuing to investigate new ways of promoting early diabetes education with the psychiatric patients.

Acknowledgements

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REFERENCES

