



TELEBEHAVIORAL HEALTH CENTER OF EXCELLENCE

Behavioral Health Integration Webinar Series: Diabetes & Mental Health in Integrated Settings: Depression & Anxiety

Lori Raney, M.D.

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Lori Raney, M.D., BH2I Integration Consultant



- Board-certified psychiatrist and owner of Collaborative Care Consulting in Dolores, Colorado.
- Leading authority on the collaborative care model and the bidirectional integration of primary care and behavioral health.

Dr. Raney worked for 15 years as the medical director of a rural community mental health center, where she fostered the development of a full range of evidence-based services, including starting integrated care programs. She also works as a staff psychiatrist at the Ute Mountain Ute Health Center in Towaoc, Colorado, and has more than 20 years of experience working with IHS in clinics in the Southwest.

Andre Peri, Ph.D.



- Clinical psychologist specialist
- 10+ years of clinical, supervisory, data analytics, program development, and evaluation skills in improving health and wellness of patients from a whole health perspective.

For the last seven years, Dr. Peri has worked with Native/Indigenous communities in both reservation and urban settings. He is passionate about value-based care/patient-centered medical home. Dr. Peri is currently the Mental Health Department Director at Community-University Health Care Center, a federally qualified health center serving immigrant and refugee communities in South Minneapolis.

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Learning Objectives

At the end of this presentation, participants will be able to

1. Identify at least 2 screening tools for anxiety and depression.
2. Examine the role of behavioral health providers in working with patients with diabetes.
3. Apply the use of measurement-based care in monitoring depression and anxiety care outcomes.

The Relationship Between Diabetes and Depression

Diabetes and American Indians/Alaska Natives (AI/ANs)

- AI/AN adults are almost three times more likely than non-Hispanic white adults to be diagnosed with diabetes.
- In 2018, AI/AN were 2.3 times more likely than non-Hispanic whites to die from diabetes.
- In 2017, AI/AN were twice as likely to be diagnosed with end stage renal disease than non-Hispanic whites.

Which comes first – Diabetes or Depression?

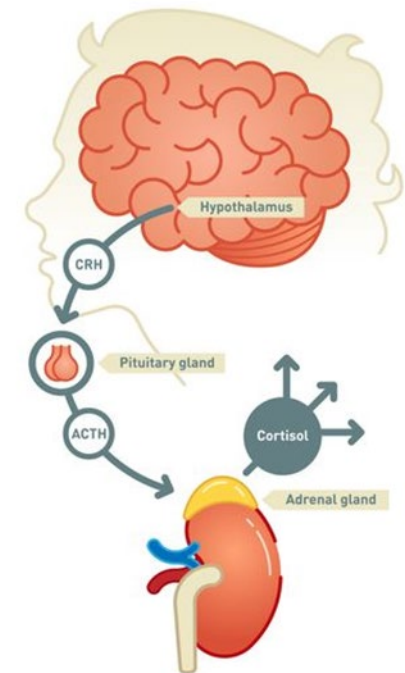
Could be either

- Stress causes increased insulin resistance through excess cortisol production and inflammation.
- Increased insulin resistant causes changes in the hypothalamic pituitary axis that can lead to depression and anxiety.



Hypothalamic Pituitary Adrenal Axis

Altered function of the hypothalamic–pituitary–adrenal (HPA) axis in type 2 diabetic patients, a condition preceded by pre-diabetes, has been shown to increase the risk of depression as well as cause downstream effects resulting in upregulation of gluconeogenesis and dyslipidemia.



Rural and Remote Area Considerations

- Access to healthy food
- Access to health care including behavioral health care
- Stigma regarding treating behavioral health conditions
- Distances to health care
- Social issues

Screening for Depression in patients with diabetes with a validated tool: PHQ-9

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: John Q. Sample DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Somewhat days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	✓ 2	3
2. Feeling down, depressed, or hopeless	0	✓ 1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	✓ 2	3
4. Feeling tired or having little energy	0	1	2	✓ 3
5. Poor appetite or overeating	0	✓ 1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	✓ 2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	✓ 2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	✓ 2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	✓ 0	1	2	3

add columns: 2 + 10 + 3

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card). TOTAL: 15

PHQ-9 Scores

< 5 = remission
 5 – 9 = mild
10 – 14 = moderate
 15 – 20 = moderate severe
 > 20 = severe

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____

Somewhat difficult _____

Very difficult _____

Extremely difficult _____

Screening for Anxiety in Diabetes

Generalized Anxiety Disorder 7-item (GAD-7) scale

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
<i>Add the score for each column</i>	+	+	+	
Total Score (<i>add your column scores</i>) =				

Score ≥ 10 indicates possible diagnosis

Treatment for Depression and Anxiety

- Medications
 - SSRIs
 - SNRIs
 - bupropion
- Therapy
 - Cognitive behavioral therapy
 - Behavioral activation
- Stress management (next webinar)
- Address social contributors to health

Diabetes Treatment Strategies

Dietary
Improvements

Increase in
Activity

Oral
Medication

Injectable
Medication

Behavioral
Health
Support

How Can Behavioral Health Providers Help?

Identify Clinical / Subclinical BH Problems / Substance Use

Helping patient with Realistic Goal Setting

Identifying Barriers and Solutions

Providing Individual and Group Support

Helping improve communication with Medical Provider

Motivational Interviewing & Patient Engagement

- Depression/Anxiety/Substance use Screening
- Realistic Goal Setting/Readiness for Change
 - “How is your current weight affecting your life right now?”
 - “What concerns do you have about ----- (losing weight, eating healthier, exercising)?”
 - “On a scale of 1 to 10, how ready are you to make this change?”
“You said a blank, why not a (lower number)?”
- Barriers and Solutions
 - “What things stand in your way of taking a first step/succeeding?”
 - “Are there things that you have found helpful in previous attempts to change?”
- Individual and Group Support
- Improve Communication with Medical Provider
 - “How do you feel about sharing your goals with your doctor?”

Possible Behavioral health consultant tasks and interventions for patient with DM

Prior to an appointment with PCP

- Selection & recruitment of patients for groups and registries
- DM support or psychoeducational group (newly dx with DM or chronic pts)
- Pts for DM Chronic Care patient registry

Possible Behavioral health consultant tasks and interventions for patient with DM (cont.)

Morning of appointment with PCP/pre-visit planning

- Scrub schedule, pre-visit planning & morning huddle.
- Pts with elevated A1c levels, and elevated PHQ-9, GAD7 or the diabetes distress scale (DDS2).
- Pts identified as having problems with DM management i.e., accepting the diagnosis, negative mood/grief re DM condition.
- Difficulties making lifestyle/health behavior changes (i.e., related to physical exercise, diet, medication use and adherence, blood sugar monitoring, tobacco cessation, and SBIRT).

Possible Behavioral health consultant tasks and interventions for patient with DM (cont.)

During the appointment with PCP

- Assess: SDOH, emotional health (i.e., PHQ-9, GAD7), health behaviors and habits (i.e., blood sugar monitoring, physical activity, foot care, tobacco & alcohol use) and social support
- Advise: psychoeducation on DM management, stress management, and links between depression & DM
- Agree: deploy MI strategies to agree on goals and increase motivation.
- Assist: with behavior/lifestyle change including diet, physical activity and blood sugar monitoring, provide support for those having difficulties with managing DM, help set and meet smart goals, depression and stress management, address needle phobia, tobacco and alcohol use.
- BHC appointments can also occur in the community via either home-visits with CHWs or telehealth visits when CHWs are conducting home visits.

Possible Behavioral health consultant tasks and interventions for patient with DM (cont.)

Post visit interventions & Activities

- Feedback to PCP and primary care team regarding the appointment.
- For those pts on DM registry, track pts' progress.
- Follow-up with patient, days/weeks later regarding tasks & goals from the appointment.
- Co-facilitate with DM educators/ nutritionist DM group.

Measuring progress on both DM and Depression/Anxiety side-by-side

PHQ-9	A1c
17	9.6
8	8.4
2	7.3

- Try tracking the PHQ-9 or GAD 7 with the A1c to see what could happen for patients with depression or anxiety with diabetes!
- Consecutive PHQ-9 (monthly) and A1c is required to get these results. Allows for quicker treatment adjustments if the person is not improving.

In Summary

People with DM have high rates of anxiety and depression and should be screened regularly.

Integrated BH Services are Standard of Care by the ADA, but not consistently available.

If not addressed, BH conditions can negatively impact DM management.

BH Providers can be indispensable members of the Diabetes Care Team.



Next webinar:

Seminar Title:

Diabetes & Mental Health in Integrated Settings: Stress Management

Date:

February 23, 2023

Time:

10:00 am (Mountain Time)



Questions?

Resources

- IHS Special Diabetes Program [Division of Diabetes Treatment and Prevention | Indian Health Service \(IHS\)](#)
- [Special Diabetes Program for Indians \(SDPI\) | Indian Health Service \(IHS\)](#)
- [Diabetes and Mental Health | CDC](#)
- Reference: Hunter, C. L., Goodie, J. L., Oordt, M. S., & Dobmeyer, A. C. (2022). Diabetes. In *Integrated Behavioral Health in Primary Care: Step-by-step guidance for assessment and Intervention* (pp. 113–123). essay, American Psychological Association.
- [The association between Diabetes mellitus and Depression - PMC \(nih.gov\)](#)

Presenter Contact Information

Please contact the BH2I T/TA Team for any questions/feedback regarding the presentation at:

[Request Technical Assistance – Behavioral Health Integration Initiative \(bh2itoolkit.com\)](http://bh2itoolkit.com)