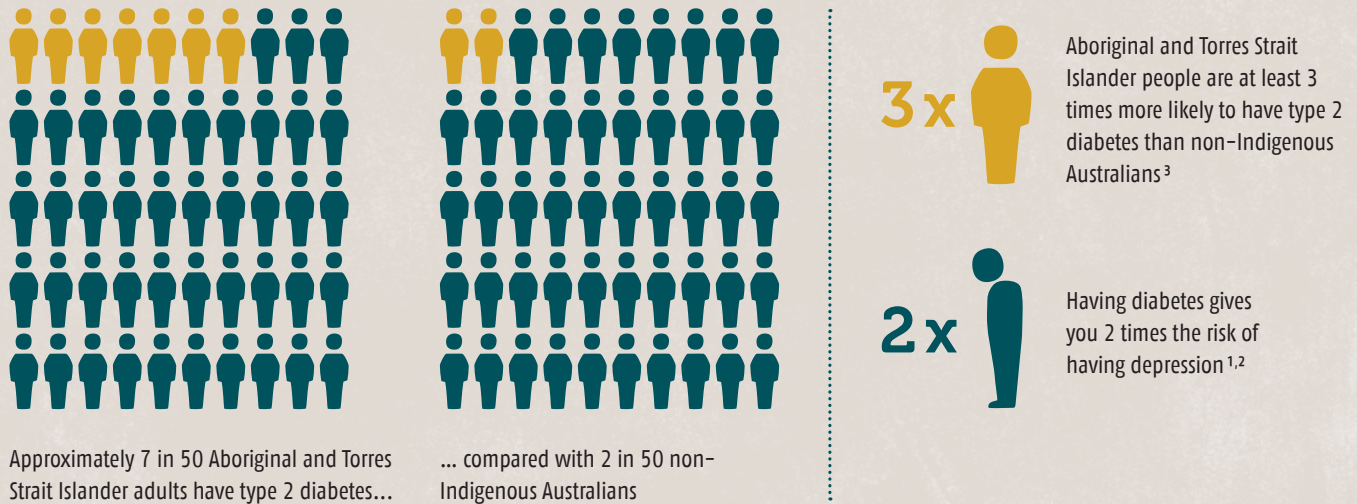


Diabetes and depression: Improving the quality of care for your community

A summary of research findings for Aboriginal and Torres Strait Islander Health Workers/Health Practitioners



This is a summary of important findings from a continuous quality improvement (CQI) program for type 2 diabetes care in Aboriginal and Torres Strait Islander primary health care (PHC) centres. The program has been in place for more than 10 years, with 175 health centres across Australia giving the ABCD National Research Partnership permission to analyse data from the program.

Researchers looked at data from audits of type 2 diabetes care in community controlled, government and non-government health services in very remote, remote, rural and urban areas. They found important messages about improving mental health and wellbeing care for Aboriginal and Torres Strait Islander people with type 2 diabetes. The messages are relevant to caring for people with other chronic illnesses, such as heart disease and kidney disease.

Key messages for action

- 1 People who have type 2 diabetes are at high risk for depression
- 2 Work to improve PHC systems for mental health and wellbeing care for your community
- 3 Participate in training in mental health and wellbeing screening, assessment, treatment, record keeping and referral

1

People who have type 2 diabetes are at high risk for depression

Evidence from general practice in Australia and other countries shows that approximately 30% of people who have diabetes suffer from depression.^{1,4} Guidelines for diabetes care and general practice worldwide recommend that clients with type 2 diabetes be screened for depression, and be given follow up and management that matches their mental health needs.

There are gaps in knowledge about the extent of depression in Aboriginal and Torres Strait Islander people who have type 2 diabetes. Given the high levels of mental distress among those with the disease compared with the general

population,⁵ we would expect that many Aboriginal and Torres Strait Islander people who have diabetes also experience depression.⁶ People with other chronic illnesses are likely to be at risk as well.

Despite what we know and expect, our research shows low rates of screening for social and emotional wellbeing with clients who have type 2 diabetes. Screening rates are even lower for clients with severe disease.⁷ Records over five years show the following statistics.

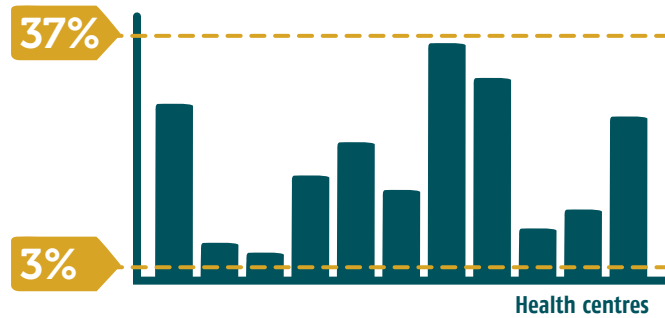
Health centres

No documented depression



About 1/4 of the health centres had **no documented depression** in the medical records of clients with type 2 diabetes⁶

Documented depression



In the other health centres **documented depression varied** from 3% to 37%⁶

Client health records with recorded symptoms of depression



1/3 of the client records had **no recorded diagnosis of depression**

Some clients had been prescribed Selective Serotonin Reuptake Inhibitors (SSRI) medication, which may have been to treat depression⁶

This raises questions. Why aren't more health practitioners documenting cases of depression in clinical records more often? Is the diagnosis not made? Is a diagnosis made, but not recorded?⁶

What questions about mental health and wellbeing screening and care for your clients who have diabetes are raised by your CQI data?

2

Work to improve PHC systems for mental health and wellbeing care for your community

Overall, health centres need to improve:

- social and emotional wellbeing screening and diagnosis
- recording of depression in the records of clients with diabetes who have complications or poorly controlled diabetes
- recording of PHC mental health and wellbeing services for clients who have type 2 diabetes
- strategies for depression care.^{6,7}

How well do your health centre systems work to provide these items of care?

3

Participate in training in mental health and wellbeing screening, assessment, treatment, record keeping and referral

In primary health care services there is a high burden of chronic disease and mental ill health, and high demand for 'sickness care'. Many health centre teams find it difficult to provide their communities with good quality mental health and wellbeing care.⁷

This is largely because health centre teams need training in mental health and wellbeing screening, assessment, treatment and referral to help them integrate it into primary

health care. They also need support and supervision from specialist mental health professionals.^{6,7}

In addition, the collection and use of information about service delivery and clinical indicators for mental health could be improved.^{6,7} This would provide more data for improving the quality of mental health and wellbeing care.

What are your team's training needs in mental health and wellbeing care?
Who do you go to when you need expert advice?

What the research shows

Most health centres could improve social and emotional wellbeing screening for clients with chronic illnesses such as type 2 diabetes

Depression diagnosis and care could be improved in many health centres

Most health centres need to improve systems for recording information about mental health and wellbeing services provided to clients (including clients with diabetes)

Many health centre teams need training in mental health and wellbeing assessment, treatment and referral

Training and specialist support can help your team to build mental health and wellbeing care into routine work^{6,7}

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