
Chapter 9

Referring to a Mental Health Professional



Key Messages

- In general, people with diabetes tend to prefer their diabetes health professional to support them with the emotional aspects of diabetes (e.g., diabetes distress, psychological barriers to insulin, or fear of hypoglycemia).
- If the person is experiencing a mental health problem (e.g., eating disorder, depression, or anxiety) and you do not have the expertise to assist, a referral to a primary care physician (PCP) or mental health professional will be necessary.
- Some mental health problems require immediate attention and referral to a specialist or admission to the hospital (e.g., an eating disorder with direct risk for the person, or acute suicide risk). Contact emergency services immediately for crisis referrals.



Practice Points

- Talk with the person with diabetes about the reasons for the referral and ask them about their thoughts and feelings on this.
- Continue to see the person with diabetes after the referral to help reassure them that you remain interested in their ongoing care. Take this opportunity to check their progress and revise the action plan if needed. Post-referral follow-up is important.
- Maintain ongoing communication with the health professional to whom you made the referral to ensure a coordinated approach to the person's ongoing care.

Background

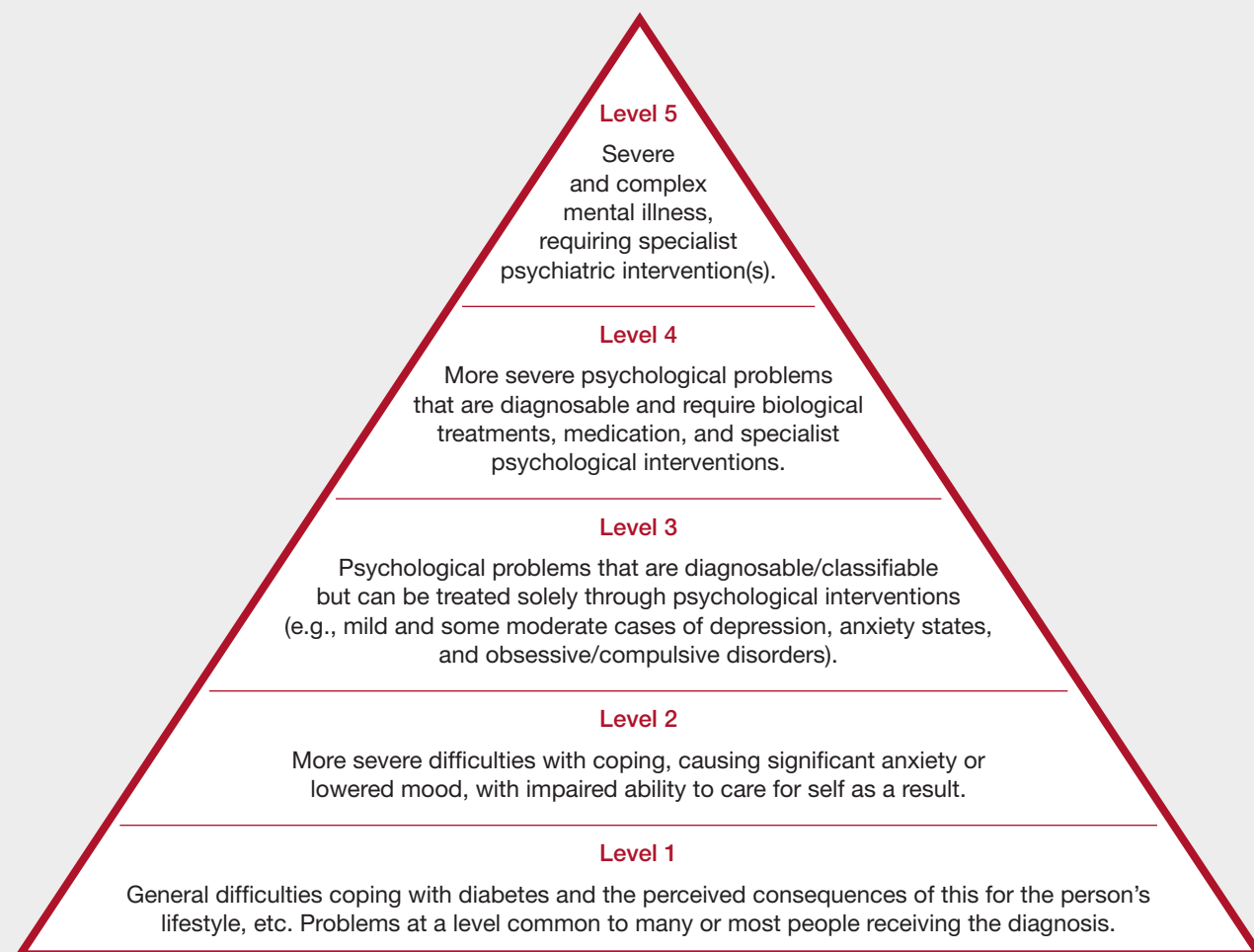
One of the challenges of attending to the emotional and mental health needs of people with diabetes is knowing which problems you can address as part of a person-centered approach to diabetes care and which problems need referral to a mental health professional.

Many people with diabetes (Level 1 of the pyramid in **Box 9.1**) experience only general or mild difficulties in coping with their diabetes and will benefit largely from the support and counselling that their usual diabetes health professionals can offer. Moving up the pyramid, the more severe and complex the psychological problem is, the more likely it is that the individual will need

specialist psychological support. Level 5 of the pyramid also demonstrates that severe and complex mental health problems are, fortunately, relatively rare among people with diabetes.

Psychological problems can coexist alongside or be caused by diabetes. Even when diabetes is not a contributing factor, the more severe the psychological problem, the more likely it is that diabetes management (and consequently, diabetes outcomes) will be impaired. In most circumstances, a multidisciplinary, collaborative care model is the best approach.

BOX 9.1 Pyramid of Psychological Problems



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Making the Referral

Before deciding whether to assist the person or to refer them to a mental health professional, consider the context and severity of the problem as well as your qualifications, knowledge, skills, confidence, time, and resources to address the problem. Most importantly, discuss these considerations with the person with diabetes, as they may also have their own preferences.



The information in this section applies to situations where there is no emergency or immediate risk of harm (to self or others). If you need information on what to do in the event of a crisis, see “Crisis Referrals” on pages 154–155.

Tips for Making a Mental Health Referral

Where you believe a referral is required, it is important to talk about the options and processes with the person with diabetes.

- › **Discuss the person’s preferences for the referral.** The person may have a preferred mental health professional (e.g., someone they have seen previously), or they may have specific requirements about whom they are willing to see (e.g., someone of the same gender or cultural background).
- › **Explain that finding the “right match” is important.** Every health professional has an individual consultation style and approach; some will suit the individual better than others will. If the person finds that the mental health professional’s style/approach does not meet their needs, or they do not feel comfortable, explain that this can happen and that you can assist them in exploring and accessing other specialists.²
- › **Prepare the person for what to expect at the mental health consultation.**² For example, if you have referred the person with diabetes to a psychologist for assessment, explain that they will probably be asked to complete questionnaires, and answer questions about their life, including family background, medical history, and relationships. If you have referred them to a psychiatrist, explain what a psychiatrist does and why you feel psychiatric intervention is necessary for their presenting problem. You may need to clarify the difference between a psychologist and a psychiatrist.
- › **Prepare the person for what will be expected of them.** Inform them that mental health interventions vary in their duration and course, depending on the type of problem. There will also be a time commitment required for the initial session (e.g., 45–60 minutes) and subsequent sessions; the duration of the therapy will be decided together with the mental health professional. There may also be tasks they need to complete between sessions (e.g., keeping a record of their mood). The person will usually be required to make their own appointments with the mental health professional, except in urgent situations.²
- › **Explain to the person why you believe a referral is needed.** Clarify what a mental health professional can offer that you cannot, and what the expected benefits of seeing a mental health professional will be for the person.² For example, will support from a mental health professional assist them with diabetes management? Or help to reduce their depressive symptoms? Or both?
- › **Ascertain how comfortable the person feels about being referred to a mental health professional.** You may prefer to take some time to first gauge an understanding of their emotional state and readiness to seek and accept such support.² Then, assist them in making an informed decision about whether to seek and access appropriate support when they feel ready to do so.³ If they feel nervous or unsure about whether they are ready, normalize this experience for them—let them know that it is common to feel this way and give them time to think about it.
- › **Be familiar with your local referral pathways.** If you can personally recommend a particular mental health professional or service (e.g., with a specific interest in diabetes) this can be reassuring for the person with diabetes.² Also see **Box 9.2** for tips about establishing referral pathways.

BOX 9.2 Establishing Referral Pathways

It can be challenging to build referral pathways. For providers who work in settings with integrated behavioral health within the primary care setting, referrals may take place with an in-person introduction (i.e., a warm hand-off). Also, be aware of co-located behavioral health services that may exist within your health system but separate from your primary care or specialty practice.

In addition to asking people in your existing networks for recommendations, you might also choose to develop new networks.

Many of the mental health professional organizations, including state psychological associations, have directories on their websites, through which you can search for a relevant mental health professional by location, interest area (e.g., chronic disease or depression), and other characteristics. For example:

- › American Diabetes Association Mental Health Provider Directory: https://professional.diabetes.org/mhp_listing
- › American Psychological Association website: <https://locator.apa.org/>
- › National Association of Social Workers website: <https://www.socialworkers.org/practice/behavioral-health>

Also consider community resources that may serve patients, including pastoral counseling.

Finally, people with diabetes with significant eating disorders would benefit from referral to a multidisciplinary eating disorder clinic that is designed to simultaneously address the emotion, nutritional, and medical needs of these patients.

- › **Inform the person of any potential financial costs to them.** For example, costs can vary significantly based on coverage and there are usually out-of-pocket expenses and/or specialist co-pays to access a psychologist or psychiatrist.² Local state psychological associations will typically list which plans are accepted by individual psychologists, and it is helpful to have a list of mental health professionals who are part of your insurance network for referrals. Plan websites will also often list in-network providers, which can then be matched to professionals on the American Diabetes Association Mental Health Provider Directory (https://professional.diabetes.org/mhp_listing).

- › **Explain waiting times and service limitations.** You may need to continue to see the person until they can see the mental health professional so that they remain supported and do not fall between service gaps.
- › **If the person is reluctant or chooses not to consult a mental health professional at this time,** explain the limitations of your expertise (e.g., you are not an expert in managing mental health problems) and provide them with basic support (e.g., give them the opportunity to talk about how their problems are impacting on their diabetes).² Monitor the person and make a plan to revisit the option of a mental health referral at another time, as needed.

Writing the Referral

After agreeing with the person with diabetes that referral is the best option, you can then request a referral within your healthcare system, if applicable, or to a mental health provider outside your system. In addition, you may also choose to have a more detailed conversation about the problem (by telephone or video conference) with the mental health professional to whom you are referring the person.

Retain a copy of the plan/letter in the patient's medical record.

Referral Letter

If you are a diabetes health professional, you will need to write a referral letter to arrange further assessment (with a clinical interview) and treatment for identified mental health problems. It is usually best to first refer the person to a PCP.

PCPs can assess for mental health problems and make referrals. PCPs can also prescribe medications for mental health problems. Keep in mind that PCPs' individual levels of interest and expertise in mental health assessment and treatment vary.

You may already have a standardized template for the referral letter, or a template built into your electronic medical records platform that will auto-fill with pertinent information. If not, a general guide about what to include is offered in **Box 9.3**.²

BOX 9.3 Checklist of Suggested Content for a Mental Health Referral Letter

<input type="checkbox"/> Identifying information	<p>The person's:</p> <ul style="list-style-type: none"> • name • gender • age • date of birth • address • and patient record number (if applicable).
<input type="checkbox"/> Purpose of the referral	<p>Your reason for writing the referral (e.g., to establish a diagnosis, improve adherence to a diabetes regimen, or to treat major depression).</p>
<input type="checkbox"/> Presenting problem	<p>A brief summary followed by a more detailed description (i.e., what the person reports and what you observe). Be concise but include enough detail for the health professional to know how to approach the initial consultation and to provide optimal care to the person.</p> <p>Respect the person's privacy—first check whether there are any parts of your conversation that they would prefer not to be included in the referral.</p> <p>Document any safety concerns you have (i.e., risk to themselves or others).</p>
<input type="checkbox"/> Assessment results	<p>Where available, include validated questionnaire scores (and/or a copy of the completed questionnaire), and interpretation of the results of any suicide risk assessment.</p>
<input type="checkbox"/> Medical history	<p>Relevant details of the person's broader medical history. For example:</p> <ul style="list-style-type: none"> • diabetes type, duration, and treatment • current medications • known allergies • history of mental health problems, including details about severity, duration, and treatment (e.g., names of medications, types of psychological therapy, and contact details of their mental health professional).
<input type="checkbox"/> Follow-up plan	<p>Include a projected timeframe for the person's medical treatment. Clarify who will be responsible for follow-up. You may also like to request written updates of the person's progress and treatment.</p>
<input type="checkbox"/> Consent	<p>Document that the person has provided consent for the referral.</p>
<input type="checkbox"/> Your contact details	<p>For example, your:</p> <ul style="list-style-type: none"> • name • practice name • address • telephone • fax • and email address.
<input type="checkbox"/> Your signature and the date	<p>Complete the referral with your signature and the date.</p>

What to Do After Making a Referral

Once you have made a referral, it is your responsibility to ensure that it has been received and accepted. If the person with diabetes is placed on a waiting list, both service providers should agree who is responsible for monitoring the individual. It is important that the person is not left waiting for their appointment without anyone to support them, especially if you have concerns for their well-being or safety.

Continue to support the person with regular appointments especially while they are establishing a therapeutic relationship with the mental health professional. When you see the person with diabetes:

- › Talk about their experience of the mental health intervention. For example, *“You had a few sessions with Julia. How is that working out for you? How have things been since you’ve been seeing her?”* Keep in mind that the issues discussed with the mental health professional may be highly sensitive and respect the person’s right to privacy.²
 - If the person with diabetes does not feel the intervention is helping them, find out why. Let them know that there are other options and that you are happy to explore these options with them.² For example, you might say something like, *“It can take time to find a [psychologist] that you feel comfortable with. Sometimes, it takes a bit of trial and error to find the right person; this is normal and there is no need for this to stop you from seeking help.”*

- › If psychotropic medication(s) have been prescribed, enquire about these. For example, *“How have you been feeling since starting your medication(s)? Have you noticed any changes in how you feel—positive or negative?”* Some psychotropic medications can affect blood glucose levels, so check that the medication has not had a negative impact on the person’s diabetes management.²
- › Maintain ongoing communication with the referring health professional to review the referral and person’s progress, and to ensure a coordinated approach.

Crisis Referrals

Keep a completed mental health crisis referral template in an accessible location. Refer to the template in emergencies. A blank copy of a template is included in **Box 9.4**.

Also, read **Box 6.3** about suicide on page 97 for more information about what to do if a person is in immediate danger of suicide.

BOX 9.4 Mental Health Crisis Referral Template

If a person is at immediate risk of harming themselves or others, telephone 911 for police, ambulance, or fire services IMMEDIATELY for emergency assistance.

Where there is immediate risk of harm and the person consents to attending emergency services, contact your nearest hospital (with emergency services) and make the necessary arrangements with the hospital and the person with diabetes.

Nearest Hospital (with Emergency Services)	
Name:	
Address:	
Phone:	Triage:

As an alternative to hospitalization, contact the nearest Crisis Intervention services to arrange emergency psychiatric care in the community. Each county and state has their own system for mental health emergencies—please contact your county office of mental health or social services to find out your contact phone numbers. In some areas these services are carried out by police or EMS services.

Crisis Intervention Services	
Name of Service:	
Contact person:	Phone:
Additional contact:	Phone:

When the person is not at immediate risk, but you have concerns for their welfare and/or the welfare of others, consider consulting a mental health professional for advice.

Mental Health Professional Contacts	
Name:	
Phone:	Availability:
Name:	
Phone:	Availability:
Other contacts	
Note the contact details of other resources (e.g., help lines) in your area that may be suitable in the event of an emergency/crisis:	

References

1. Emotional and Psychological Support Working Group of NHS Diabetes and Diabetes UK. Emotional and Psychological Support and Care in Diabetes. NHS Diabetes and Diabetes UK, London: 2010 [cited 20 June 2016]. Available from: www.diabetes.org.uk/About_us/What-we-say/Diagnosis-ongoing-management-monitoring/Emotional-and-Psychological-Support-and-Care-in-Diabetes.
2. Conn JJ, Silberberg CL, et al. Enhancing your consulting skills – supporting self-management and optimising mental health in people with type 1 diabetes. Canberra: National Diabetes Services Scheme; 2014.
3. Gilbert K, Dodson S. Diabetes burnout: adults with type 1 diabetes describe specific symptoms and successful strategies for prevention and management. Australian Society for Psychological Research into Diabetes; 2008.

I told my doctor that I was struggling. After that, every time we would get together he asked, *‘Mentally, how are you doing?’* Asking that question was really, really helpful... then I didn’t have to bring it up every time, you know, when I didn’t really want to.

—Person with type 2 diabetes