

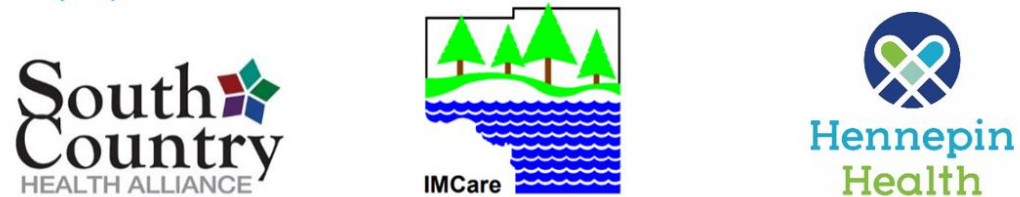


SUPPORTING INDIVIDUALS WITH CO-OCCURRING

DIABETES & DEPRESSION

PRESENTED BY: *MARY HOLLAND, MS, LPCC*

MN Health Plans Collaborative



Today's Presenters

- **Presenter: Mary Holland, MS, LPCC, Director of Behavioral Health Case Management, HealthPartners**

- Mary Holland is a Licensed Professional Clinical Counselor with 15 years of experience in the mental health field. Mary began her career by providing individual and group therapy to children and adolescents before moving into case management. Through her case management experience, Mary has supported adults with severe mental illness through community-based case management at Mental Health Resources, Inc., and as well as telephonically through HealthPartners. In each role, Mary has worked closely with individuals and families to educate them on mental health and assist in navigating care and resources with the goal of helping each person improve their health, independence, and overall well-being. Throughout the past 8 years, Mary has been using her case management expertise to lead the HealthPartners Behavioral Health Case Management team and aid in the facilitation and improvement of behavioral health initiatives throughout HealthPartners health plan.



- Importance of mental health
- The mind-body connection
- Addressing health holistically



1 in 5 U.S. adults & 1 in 6 U.S. youth aged 6-17 experience a mental health disorder each year.



50% of all lifetime mental illness begins by age 14, and 75% by age 24.



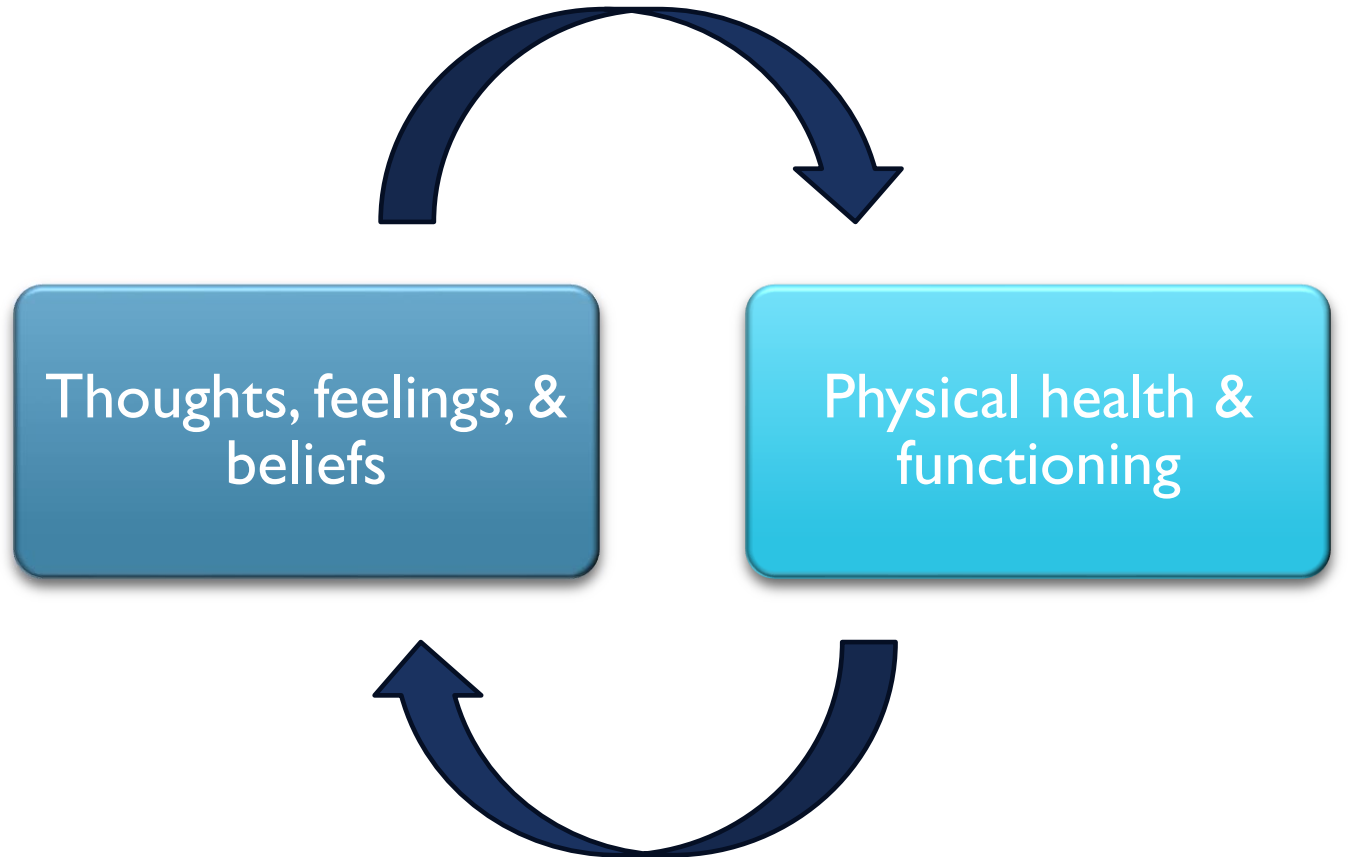
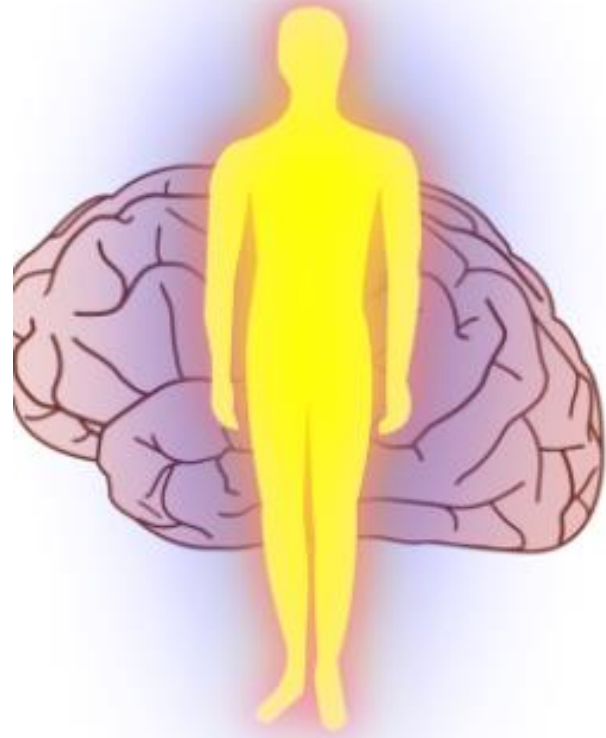
Caregivers of adults with mental health issues spend ~32 hours per week providing unpaid care.

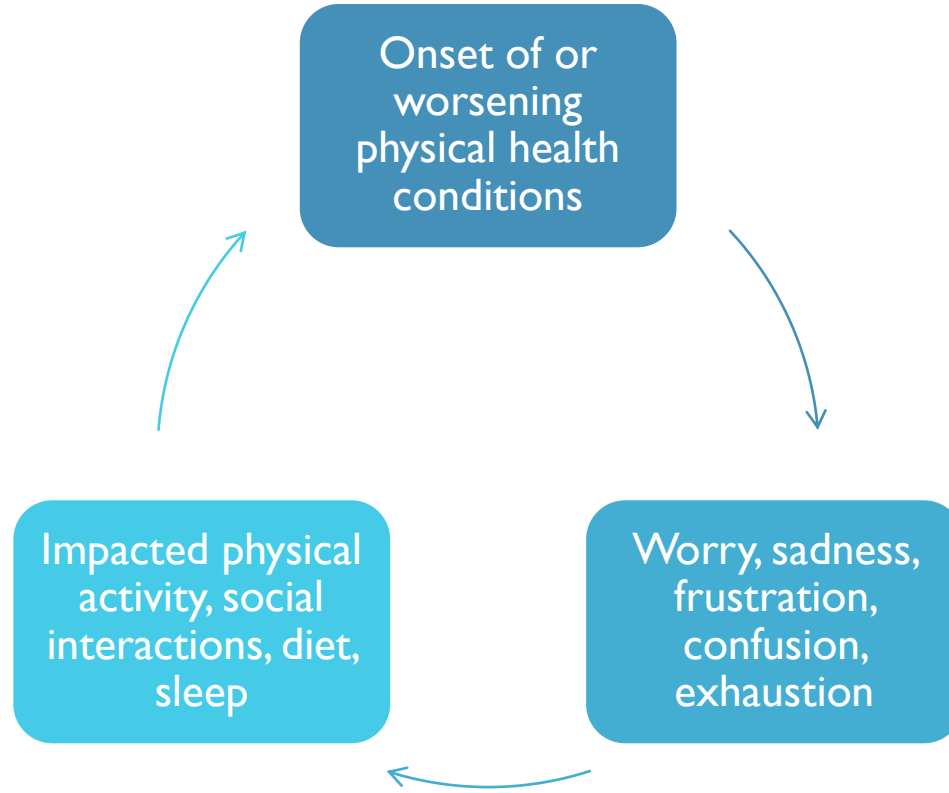


People with depression have a 40% higher risk of developing cardiovascular and metabolic diseases than the general population.

WHY SHOULD WE CARE ABOUT OUR MENTAL HEALTH?

THE MIND-BODY CONNECTION





DEPRESSION-DIABETES CONNECTION

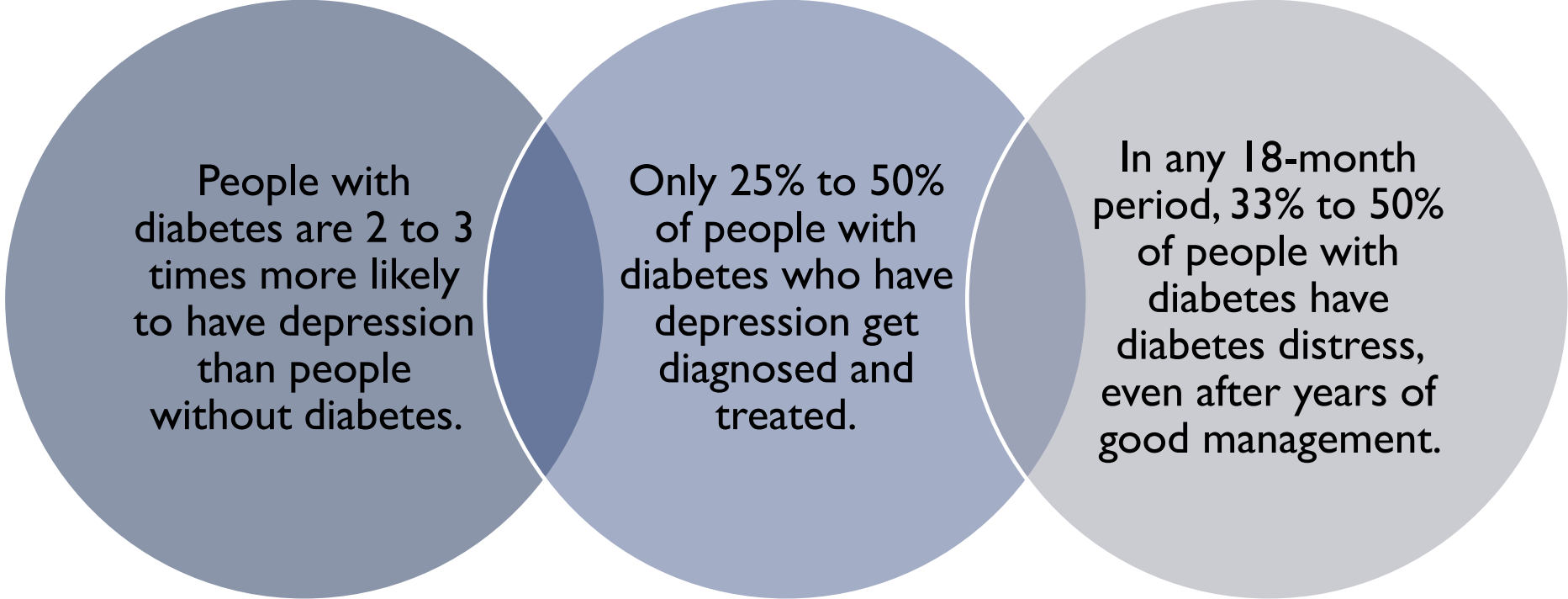
Diabetes

- Feeling thirsty more than usual
- Frequent urination
- Changes in weight
- Feeling tired and weak
- Irritability or other changes in mood
- Blurry vision
- Slow healing sores
- Frequent infections

Depression

- Sadness or hopelessness
- Irritability, even over small matters
- Loss of interest or pleasure
- Changes in sleep
- Lack of energy
- Change in appetite and/or weight
- Trouble concentrating or making decisions
- Thoughts of death/suicide and/or attempts
- Unexplained physical complaints such as headaches or back pain

DIABETES OR DEPRESSION?



People with diabetes are 2 to 3 times more likely to have depression than people without diabetes.

Only 25% to 50% of people with diabetes who have depression get diagnosed and treated.

In any 18-month period, 33% to 50% of people with diabetes have diabetes distress, even after years of good management.



CONNECTION & RAPPORT

FEELINGS & THOUGHTS

SELF-MANAGEMENT

CARE & SUPPORT



ADDRESSING HEALTH HOLISTICALLY



ESTABLISHING CONNECTIONS



01

Manage the feeling

- Breathe
- Sit down
- Walk

02

Name & validate the feeling

- *Anger*
- *Frustration*
- *Sadness*

03

Identify thoughts behind the feeling

- *“I’m afraid it won’t get better.”*
- *“I miss the way things use to be.”*

ADDRESSING THOUGHTS AND EMOTIONS

TALKING ABOUT MENTAL HEALTH

Don't

- Offer unsolicited advice
- Use insensitive or mental health terms to explain behavior such as “*Psycho*” or “*I’m so ADD.*”
- Use dismissive statements such as “*It could be worse,*” or “*Everyone feels that way sometimes.*”

Do

- Respect peoples’ wishes for how and when they choose to discuss their health
- Use open-ended questions such as “*How can I help?*” or “*How are you feeling today?*”
- Use reflective, validating statements such as “*Thanks for sharing,*” or “*That’s upsetting to you.*”

SELF-MANAGEMENT

Good nutrition

Avoid tobacco, alcohol, and other substances

Physical Activity

Positive/Healthy Thinking

Adequate Sleep

Positive social interactions

Do one thing or a few things at a time

Rest

Get active

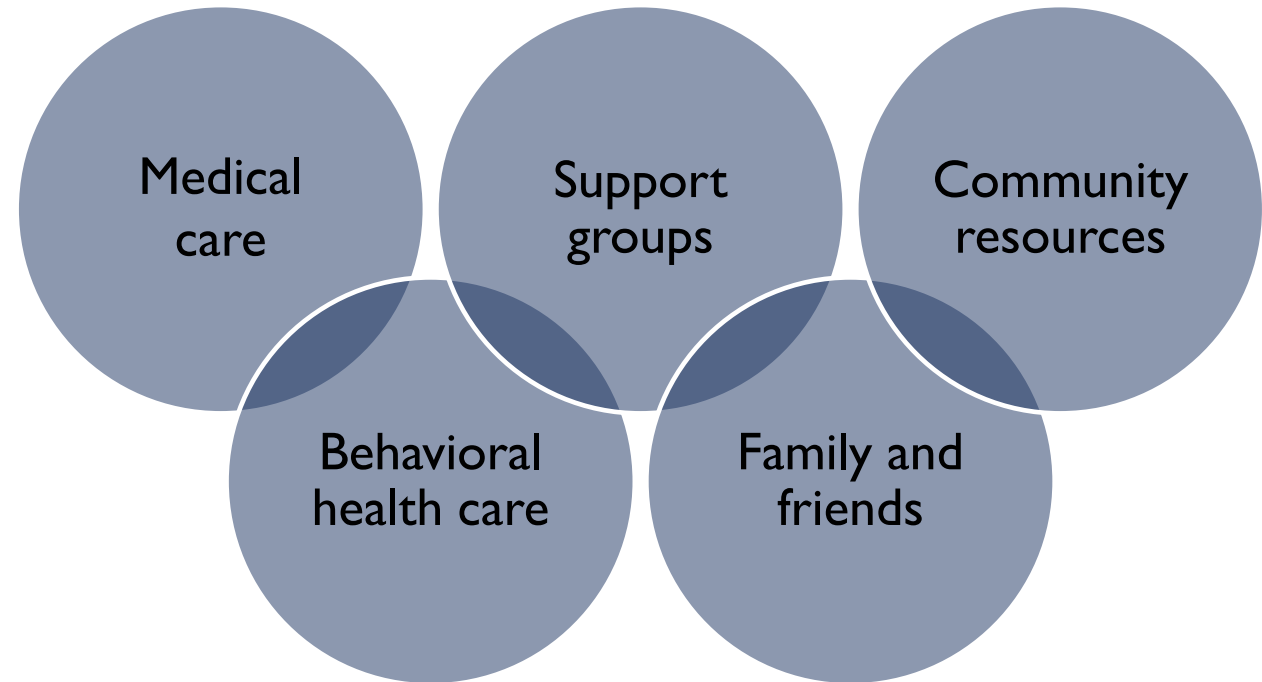
Connect with others

Be alone

Change your environment

Focus on surroundings & senses

-
- Identify needs and preferences
 - Speak up and ask questions
 - Explore and connect with available care and support options
 - Collaborate for mutual understanding and coordination



ENLISTING SUPPORT & CARE

MENTAL HEALTH SUPPORT CONTINUUM



- Community resources
- Religious organizations
- Peer support groups



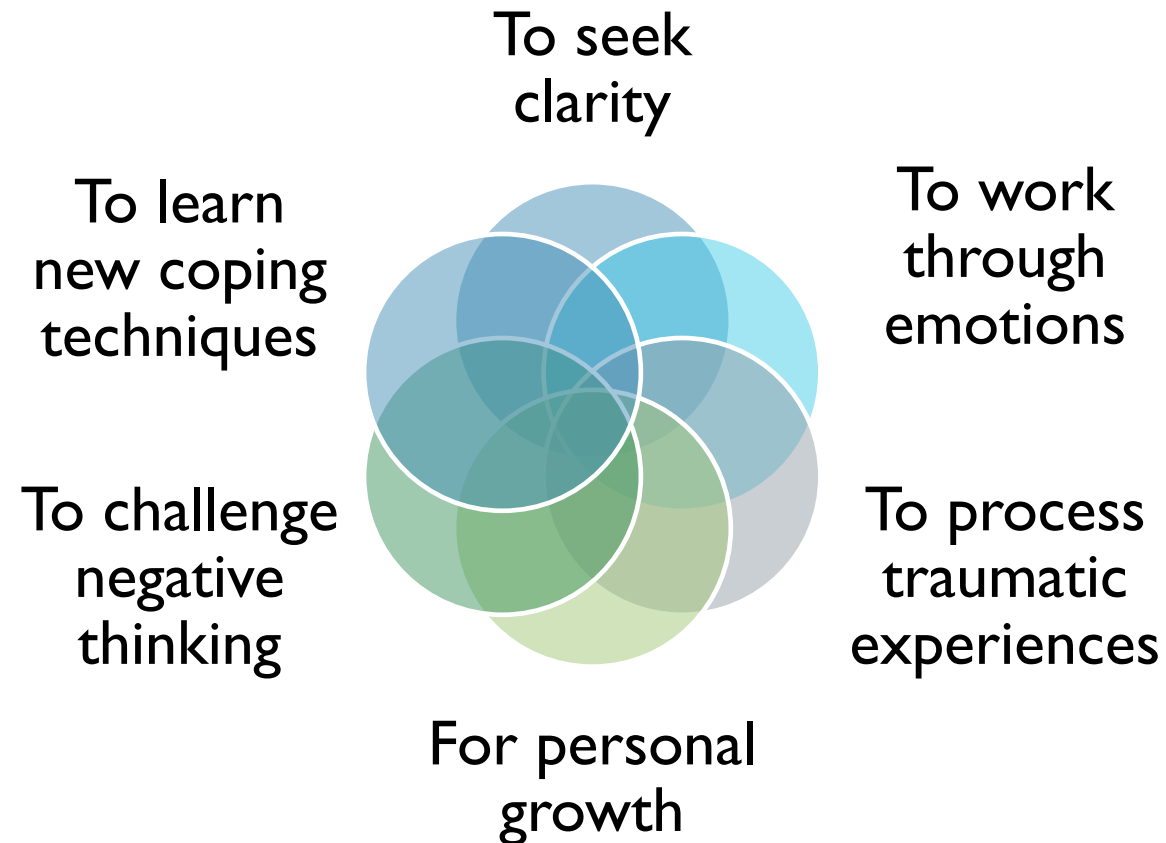
- Primary care
- Therapy
- Psychiatry



- Crisis
- Inpatient hospital care
- Residential treatment



REASONS PEOPLE GO TO THERAPY



MENTAL HEALTH RESOURCES

Make It OK

- <https://makeitok.org/>

National Alliance on
Mental Illness (NAMI)

- <https://namimn.org/>

Suicide & crisis
prevention

- Call or text 988
- Chat at 988lifeline.org



QUESTIONS

SOURCES

- [Diabetes and Mental Health | CDC](#)
- [American Diabetes Association | Research, Education, Advocacy](#)
- [Patient-Provider Therapeutic Alliance Contributes to Patient Activation in Community Mental Health Clinics - PMC \(nih.gov\)](#)
- [Motivational Interviewing: An Evidence-Based Approach for Use in Medical Practice - PMC \(nih.gov\)](#)
- [The association between Diabetes mellitus and Depression - PMC \(nih.gov\)](#)
- [The Intersection of Mental Health and Chronic Disease | Johns Hopkins | Bloomberg School of Public Health \(jhu.edu\)](#)
- [Chronic Illness and Mental Health: Recognizing and Treating Depression - National Institute of Mental Health \(NIMH\) \(nih.gov\)](#)

Thank You!

Evaluation – link at sign-off



Certificate of Participation –upon completion of Evaluation



Recording can be found at the following Web link-
Improving Care for people with Co-Occurring Diabetes and Depression