Diabetes Care in an Acute Psychiatric Inpatient Setting –
A Logic Model For Service Delivery

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Introduction
People with severe mental illness have a shortened life expectancy [1,2,3], with cardiovascular disease the main cause. [4] Diabetes is a major risk factor for this. [5] The aim of the project was to develop a logic model that illustrates the steps needed to develop an effective intervention for diabetes management in a psychiatric inpatient setting, as the point of admission to a psychiatric inpatient unit may present as an opportune time for improving diabetes care.

Methods
We undertook (i) a survey of diabetes care among inpatients in a Mental Health Trust in England, comparing care to the National Health Service (NHS) Core National Diabetes Standards [6] (ii) interviews with key clinical staff to understand challenges in delivering good diabetes care (iii) a review of current UK guidance on standards for diabetes care. Based on the findings, we developed an initial logic model for service delivery.

Results
Among 163 inpatient records reviewed, 44 (27%) had a diagnosis of diabetes, and only 3 (7%) had all three National Institute for Health and Care Excellence (NICE) treatment targets of HbA1c, cholesterol and blood pressure within range. Staff identified needs for regular training, better understanding of roles in shared care, and good quality IT support. We developed a logic model that illustrates the steps needed to develop an effective intervention for diabetes management in a psychiatric inpatient setting.

Discussion
The results of the survey demonstrate a need for better diabetes care in the inpatient psychiatric setting. The problem in care is likely to include patient factors such as understanding of disease and need for treatment, adherence to treatment and mental state alongside shared care and referral pathways. Key themes of the logic model include developing staff training to help improve knowledge, skills and understanding of roles within mental health professionals, as well as cohesive shared care between medical specialties and services and identifying barriers to good care in order to achieve longer-term outputs.

Conclusion
Admission to a psychiatric inpatient setting provides an opportunity in which diabetes care may be optimised. The quality and understanding of diabetes care will need to be enhanced if this opportunity is to be exploited.

References