

**Submission Id:** 6459

**Title**

*Clinician perception of the relationship between mental health, health-related social needs, and diabetes outcomes*

**Priority 1 (Research Category)**

Diabetes and endocrine disease

**Presenters**

Andrea Nederveld, MD, MPH, Lauren Tolle, PhD, Caroline Tietbohl, PhD, MA, Carlee Kreisel, Rebekah Gomes, MA

**Abstract**

Context: Health-promoting behaviors are crucial for good outcomes in diabetes. However, mental health conditions and health-related social needs (HRSNs) can complicate patients' success. Addressing mental health and HRSNs can improve diabetes outcomes, but stigma surrounding these issues can make both patients and providers uncomfortable during clinical discussions. Consequently, clinicians may avoid these stigmatized topics and provide general recommendations that can't be followed by patients. Objective: To understand how clinicians perceive and discuss the relationship between mental health, HRSNs, and health-promoting behavior with patients with diabetes. Study Design and Analysis: An exploratory study using key informant interviews and content analysis to develop major themes. Setting or Dataset: Interviews with 21 primary care clinicians in Colorado who treat patients with diabetes. Population Studied: Clinicians across a range of roles and geographic locations, represented 11 different primary care clinics located in both rural and urban areas of Colorado. Intervention/Instrument: Semi-structured interview guide. Outcome Measures: Emergent themes. Results: Preliminary analyses revealed the following overarching themes: 1) diabetes, mental health and mental health conditions or challenges, and HRSNs contribute to a cycle of diabetes distress (i.e., a person's experience with problems associated with diabetes) that is made worse by experience of stigma and impacts clinical outcomes, 2) clinicians try to use empathetic and non-judgmental communication but often feel ill-equipped to discuss how these factors intersect during patient visits due to short appointments and variability in patients' responses to the same challenges and consequently helpless to break this cycle, and 3) implementing a team-based approach to care that involves diabetes-specific screening for mental health conditions and HRSNs and behavioral health and case management support and resources could help. Conclusions: This study highlights the complexities of treating chronic conditions like diabetes that involve a high degree of patient engagement and self-management over time, particularly among

patients who experience co-occurring mental health conditions and HRSNs. Screening for mental health and HRSNs that is specific to diabetes should be integrated into standardized workflows, but doing so successfully likely relies on the inclusion of an interdisciplinary care team.

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