



EMERALD: Improving diabetes outcomes for people with severe mental illness

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<https://www.york.ac.uk/healthsciences/research/mental-health/>

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Severe mental illness & diabetes

- The life expectancy of people with SMI is around 20 years lower than the general population
- Diabetes is 2-3 times more prevalent in people with SMI and this health inequality is likely to increase; health outcomes for this patient group (an estimated 44,000 people in England) are poorer
- Little is known about how various risk factors (medical, medication, lifestyle, socio-economic circumstances, co-morbidities, ambiguity in healthcare services) interact to create this health inequality

DIAMONDS: **DI**Abetes and **M**ental Illness:

Improving **O**utcomes a**ND** **S**ervices

Chief Investigator: Dr Najma Siddiqi

Who gets diabetes?

Why?

What are the
consequences for
mental and physical
health?



What is it like living
with diabetes
alongside having a
mental illness?

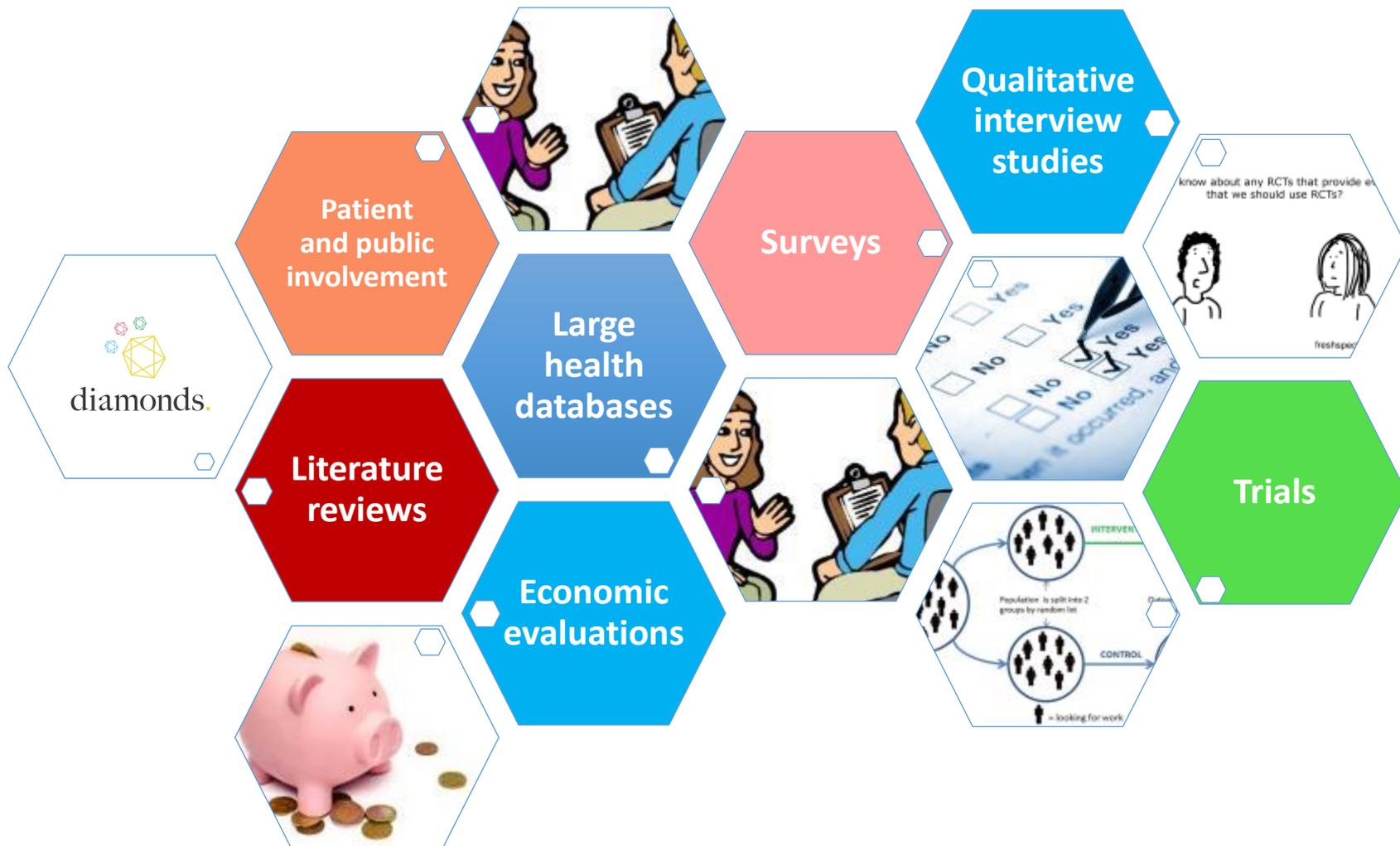


What works?
For whom?

Tailored self-
management
education

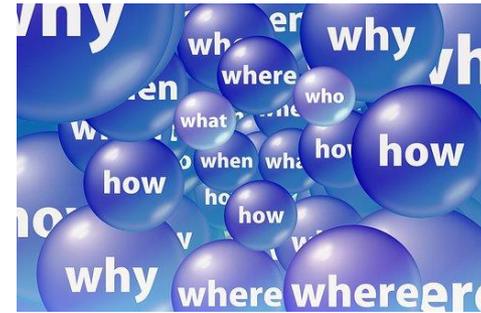
Organising
healthcare better

Developing the evidence



EMERALD

Research questions



What are the socio-demographic and illness-related risk factors associated with a) developing diabetes in people with SMI b) variation in diabetes and mental health outcomes in people with SMI and diabetes?

How do physical and mental health outcomes differ between people with SMI and diabetes in comparison with a) people with SMI and without diabetes b) people with diabetes but no SMI?

What factors influence access to and receipt of diabetes care for people with SMI and how are diabetes healthcare interventions experienced by people with SMI?

How and at what cost is diabetes monitored and managed in people with SMI compared to those without SMI?

What healthcare interventions are associated with better diabetes outcomes for people with SMI and diabetes?

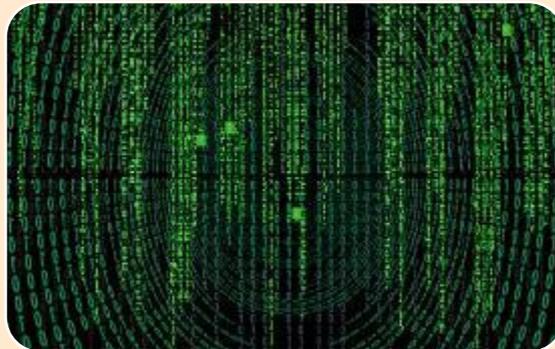
Theoretical Framework & Methods

- Theoretical framework: Social conditions as a fundamental cause of health inequality
- Focuses on effect of socio-economic disadvantage on health i.e. how reduced access to resources impacts on agency to navigate health care systems, take advantage of health promotion opportunities and healthcare interventions
- How does healthcare appear to generate further inequalities in this vulnerable population? How can healthcare delivery and organisation respond better to the health needs of people with SMI and diabetes?
- Method: Concurrent triangulation mixed methods design



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EMERALD study design



Work Package 1:

Evidence synthesis, integration, consultation & dissemination

Work Package 2:

Quantitative analysis of patient record data

Work Package 3:

Qualitative interviews with patients, relatives & healthcare staff

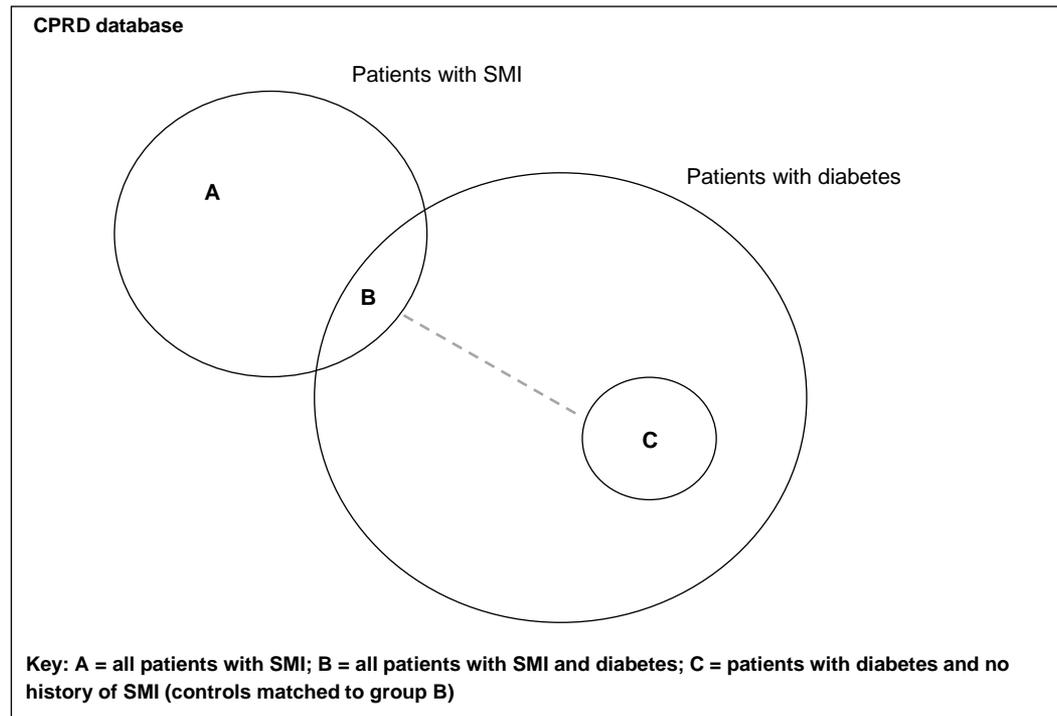
Work package 1



- Study co-ordination, integration & dissemination:
- Regular consultation with experts: PPI, Steering Group, Project Team, DIAMONDS team
- Evidence Synthesis
- Integration of WP2 and WP3
- Translating findings into policy/practice recommendations
- Ensure delivery of dissemination strategy

Work package 2: Quantitative Analysis of CPRD data

Figure 1: Relationship between datasets



Work Package 3: Qualitative interviews

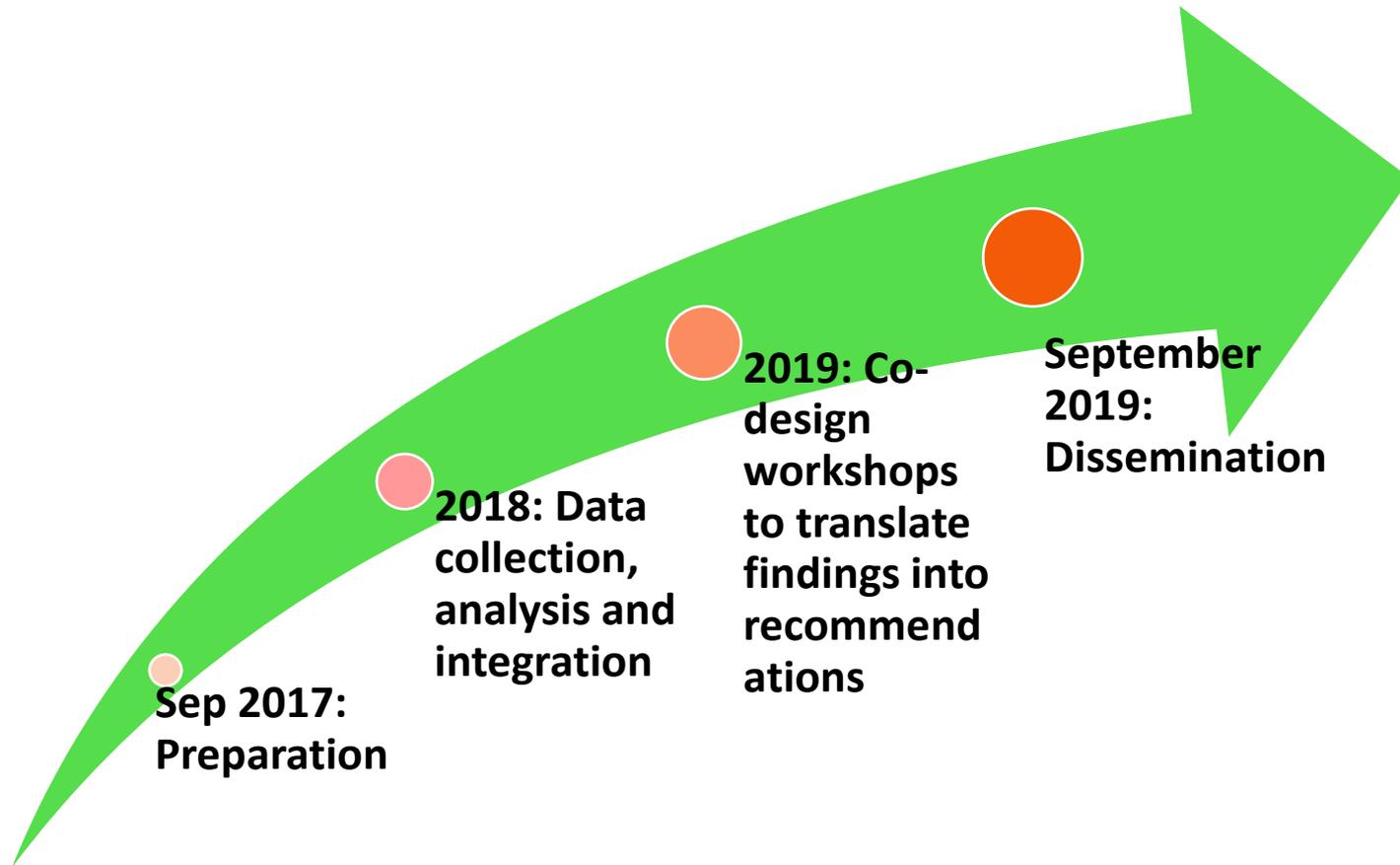


- Patients with SMI and diabetes (n=30-50)
- Relatives/ friends (n=15-20)
- Healthcare staff (n=15-20)

Study timeline



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DIAMONDS VOICE



DIAMONDS VOICE PPI Panel



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Goals and Purpose

1. To ensure meaningful service user and carer involvement into all aspects of Diamonds research programme, from design to dissemination.
2. To ensure the Diamonds research is relevant and addresses issues that matter to Service users and Carers.
3. To offer training opportunities for public service users and carers who have expressed an interest in active involvement in the Diamonds research programme.
4. To develop partnerships with key stakeholders, academic and clinical networks and organisations.
5. To ensure our research has impact outside academia and is transferred into practice.

Questions?



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- The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health.