Botswana Paediatric Diabetes Partnership Project: Reflections of Clinical Psychologists involved in the project

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Background

Cambridge Global Health Partnership (CGHP) aims to support and enable NHS staff from Cambridge University Hospitals to train and support health workers in low and middle income countries through global health partnerships. In collaboration with the East of England Paediatric Diabetes Network (EoE), a joint project was created to visit Botswana. The aim of the partnership project was to improve diabetes outcomes for young people from both countries and as a mutual exchange of knowledge and experiences for both young people and professionals (Nelson, Wilson & Williams, in prep).

Following the best practice tariff, the role of Clinical Psychologists has been seen as a fundamental in the delivery of care to patients (NHS Diabetes, 2012). As Clinical Psychologists, we were delighted to be invited to take part in the project joining a skilled team of professionals (including Doctors, Nurses, a dietician, and a parent representative) and twelve young people from the East of England who have type 1 diabetes (T1D). As psychologists, we were keen to understand the psychological strengths and difficulties experienced by CYP living with diabetes in Botswana as well as the current mechanisms through which psychological support was being provided.

Method

The project was broadly divided into two parts: the first part involved joining a two day diabetes camp for CYP co-facilitated by the Botswana Diabetes Association and the East of England CYPD Network. The second part involved delivering Botswana's first educational symposium to healthcare professionals working with children and young people with type 1 diabetes.

Residential Camp-Mokolodi, Botswana

- Camp takes place once/twice per year. The facilitation is dependent on charity funding and volunteering from healthcare professionals and Youth Leaders (who are young adult volunteers with T1D who volunteer with the Botswana Diabetes Association).
- The camp focuses on providing T1D education and socialisation (in the aid to reduce a sensed feeling of isolation when living with a health condition). Youth Leaders encourage young people to talk about the emotional impact of being diagnosed with T1D around a camp fire.
- Hearing the mixed experiences from young people and Youth Leaders was very influential in shaping our ideas about the teaching to professionals at the symposium. In collaboration with the Botswanan Youth Leaders, we added specific slides entitled *#iwishtheyknew*, which captured messages from CYP about what they would like their families, friends, healthcare professionals and society to know about their experiences.
- Participation in the diabetes camp enabled us to hear about the experiences of Botswanan CYP living with type 1 diabetes, as well as meeting with Youth Leaders to hear about their personal and professional experiences of type 1 diabetes.

Educational Symposium-Gaborone, Botswana

- A range of healthcare professionals working in Botswana attended the three day symposium. We were aware that the systems in place to access psychological support were minimal compared to the UK. Throughout we were mindful of our position of coming to offer training in Botswana, including maintaining cultural sensitivity in our delivery. Our teaching covered:

➢ An overview of psychological approaches used by Psychologists working in Paediatric Diabetes teams in the UK.

➢ An overview of psychological techniques and models that healthcare professionals could use, with the aim of building on their existing skillset to draw the best from their consultations with CYP. This included introducing the *biopsychosocial model* (Engel, 1977), *motivational interviewing techniques* (Miller & Rollnick, 2012) and *solution focused techniques* (e.g. Viner, Christie, Taylor & Hey, 2003).

➢ Incorporated feedback from CYP from Botswana on what they would like professionals to know about their experiences, and how this could inform their discussions with CYP attending their clinics.

Themes Captured #Iwishtheyknew

Isolation: CYP described a sense of not feeling understood by family members, friends and (sometimes) professionals.

Cultural Influences: A number of CYP reported seeking advice via religious, faith and spiritual organisations. For some, this encouraged resilience and served to improve diabetes care. For others, there was a mismatch between cultural recommendations and advice given by medical teams (e.g. using guava leaves to manage blood sugar levels).

Understanding of Type 1 Diabetes: Some CYP reported misunderstanding the cause of diabetes (e.g. eating too much sugar) and how to manage the condition (e.g. by only eating brown foods).

Feedback from Symposium

From the 130 delegates who attended the symposium, 80 people completed feedback forms. We were struck by how well the psychology teaching was received. Themes from the qualitative feedback included:

- The impact it would have on how delegates work with CYP within their consultations
- The novelty of a psychological approach
- The desire to have psychology work as part of their healthcare teams
- The usefulness of hearing about the experiences of children and young people living with type 1 diabetes

Reflections

We were struck by the privileged position we have in the UK where policies and systems are in place to ensure that the psychological wellbeing of a CYP and their family are considered as an integral part of holistic care. The overwhelming feedback from the symposium was bitter sweet; it highlighted the importance of the role of psychological wellbeing with CYP, but also the restraints within the country's system whereby changes in diabetes services to incorporate psychology is likely to take time.

One of the themes that stood out to us were the cultural references in relation to knowledge about type 1 diabetes (and being respectful of this), but also the openness of how difficult living with diabetes has been for some CYP. Having briefly met CYP on the camp, they were vocal about the hard and dark times they experienced with diabetes and how this (for some), led to severe depression, self harm and attempted suicide. There was a sense of feeling isolated and not understood by those who did not have type 1 diabetes. We were also grateful to delegates who were very reflective of their practice and spoke about times when they felt stuck and deskilled in knowing how to best support their patients.

What we would have done differently:

- In the long term we would have liked to support the professionals who are continuing to implement change through psychological thinking and techniques (i.e. use of biopsychosocial model or motivational interviewing techniques).
- We were aware of the strain on psychology resources in Botswana (with estimates of only one psychologist employed to support CYP with diabetes in Botswana). Ideally an exchange of experiences and knowledge with the psychologist would have been a rich learning experience for all parties. Indeed, we would have preferred to co-facilitate our teaching with mental health professionals from Botswana, however this was not possible due to resources.

What we have learnt:

- The model of Youth Leaders with type 1 diabetes supporting CYP is an approach that could be better utilised in the UK. The expert by experience model of peer support, peer facilitators of groups have shown to have positive experiential outcomes whereby there is a shared sense of feeling understood by someone having the same health condition (e.g. Casdagli, Flannery & Christie, 2019). The power of shared experiences and personal discourses was a theme that carried through the residential camp.

- There was a prevailing message throughout the project which was initiated by one of the Botswanan Consultant Paediatric Endocrinologists to sum up project, he quoted the African proverb;

'if you want to go fast, go alone; if you want to go far, go together'