

North West Diabetes Psychology Service

The North West Diabetes Service offers Psychology Services for patients with Type 1 and complex Type 2 diabetes presentations. Patients may be referred by General Practitioners and Diabetes Educators with the following presentations:

- Symptoms of depression, anxiety, eating disorders, grief and loss, adjustment difficulties
- Addictions (smoking, alcohol, cannabis, other substances)
- Psychosocial stress (ie interpersonal conflict, poor social support)
- Poor communication, problem solving and coping skills
- Poor adherence to self management strategies and healthy behaviours

Please note that patients with Acute Mental Health presentations are not appropriate for this service and should be referred to the Mental Health Team.

Priority	Types of Conditions
1	<ul style="list-style-type: none">• Unstable Paediatric T1DM or frequent DKA admissions• Unstable adult T1/T2DM with frequent DKA admissions• Unstable adult T1DM/T2DM (40-60 years old) with co-morbidities• Unstable pregnant T1DM
2	<ul style="list-style-type: none">• Unstable adult T1DM/T2DM 18-40 and 60+ years old• Adult T1DM with DKA Risk• Paediatric T1DM with frequent school absences
3	<ul style="list-style-type: none">• Adult T1DM 18+• T2DM with HbA1c > 10% and co-morbidities.
4	<ul style="list-style-type: none">• T2DM with HbA1c > 8% and co-morbidities.• T2DM diagnosed before age of 30 years.

Please ask the patient to complete the **Depression, Anxiety and Stress Scale (DASS)** and fax this, along with the referral, to the Diabetes Centre on: **6421 7767**

Please contact the diabetes psychologist on 6430 6591 with any referral queries.

NORTH WEST AREA HEALTH SERVICE

Diabetes Centre

Ph: (03) 64 306591 Fax: (03) 64 306688

Email: diabetes.nw@dhhs.tas.gov.au

Accredited associated member of the NADC



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DASS₂₁

Name: _____

Date: _____

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you *over the past week*. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

- 0 Did not apply to me at all
- 1 Applied to me to some degree, or some of the time
- 2 Applied to me to a considerable degree, or a good part of time
- 3 Applied to me very much, or most of the time

1	I found it hard to wind down	0	1	2	3
2	I was aware of dryness of my mouth	0	1	2	3
3	I couldn't seem to experience any positive feeling at all	0	1	2	3
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5	I found it difficult to work up the initiative to do things	0	1	2	3
6	I tended to over-react to situations	0	1	2	3
7	I experienced trembling (eg, in the hands)	0	1	2	3
8	I felt that I was using a lot of nervous energy	0	1	2	3
9	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10	I felt that I had nothing to look forward to	0	1	2	3
11	I found myself getting agitated	0	1	2	3
12	I found it difficult to relax	0	1	2	3
13	I felt down-hearted and blue	0	1	2	3
14	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15	I felt I was close to panic	0	1	2	3
16	I was unable to become enthusiastic about anything	0	1	2	3
17	I felt I wasn't worth much as a person	0	1	2	3
18	I felt that I was rather touchy	0	1	2	3
19	I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	0	1	2	3
20	I felt scared without any good reason	0	1	2	3
21	I felt that life was meaningless	0	1	2	3

SCORING: Depression _____ Anxiety _____ Stress _____