

RESCUE: Reducing self-harm and suicide ideation in people with diabetes

There have been a multitude of data showing mental illness, including depression, self-injury and suicidality are on the rise worldwide and are contributing to morbidity and mortality for many age groups. Given that diabetes adds a significant burden and increases the risk for depression, it should not be a surprise that suicidal ideation and attempts are considerably higher in people with diabetes than the general population.

With the recent advent of diabetes technologies that can track insulin dosage and glucose levels, healthcare professionals are able to more easily identify inappropriate insulin dosing or other unusual patterns of behaviour that could be intended as self-harm or suicidal attempt. Despite this, with the constraints of International Classification of Diseases (ICD) 10 coding, appropriate documentation and the stigma associated with suicidality, it remains difficult to fully grasp the incidence of suicide for people with diabetes.

Even with proper coding capabilities, many healthcare professionals (HCPs) feel uncomfortable broaching the topic with patients for a variety of reasons. The US-based Food and Drug Administration (FDA) RESCUE (reducing suicide rates amongst individuals with diabetes) Collaborative Community was developed with the goal of reducing intended self-harm and/or suicide among people with diabetes.

The group recently surveyed 113 HCPs in the US, UK, Slovenia and the Netherlands. The results showed widespread variability in HCPs' perceptions of depression, intended self-injury and suicide prevalence in people with type 1 or type 2 diabetes and the link to glycaemic control. Such results reinforce the need for further training, resources and support for HCPs to be able to adequately assess and treat suicidal ideation in people with diabetes.

A majority of the respondents (72%) reported that at least one of their patients had attempted suicide, but only 62% felt there was a correlation between suicidal intention or self-injury and glucose levels. HCPs who

felt comfortable asking about self-harm or suicide were more likely to be psychologists, social workers, and more recently trained. Lack of access to support resources, discomfort or lack of preparation in the conversations around suicidality or self-harm, concern over giving patients the "idea" of attempting suicide, and limited time in visits were common responses from HCPs who felt uncomfortable talking to their patients about suicidal ideation.

In order to properly identify and work to prevent self-harm and suicide in people living with type 1 diabetes, all key stakeholders who hope to improve the lives of people with diabetes need to work together. Regulatory bodies, advocacy groups, HCPs, industry groups, and academics need to work on multi-faceted solutions that will be needed to address this issue.

RESCUE is the first group of its kind that is working to reduce suicide rates in people with diabetes and will be publishing data from the HCP survey shortly and are in the process of distributing the patient survey to help further understand the prevalence of intended self-injury and suicidal ideation in people with diabetes.

RESCUE will also be utilising machine learning to identify patterns associated with predicting risk using electronic health data, producing educational videos and content to help increase awareness and risk assessment processes, and hopes to work with national and international registries to improve coding of events to ensure the data is being captured properly. Additionally, tools will be designed, studied and implemented in the clinical setting for identification and reduction of risk, and to improve awareness and understanding of the factors associated with self-harm and suicide and provide appropriate support resources. This is only the beginning, with much more work to be done. If you are interested in getting involved in the work of the RESCUE Collaborative Community please contact Professor Barnard-Kelly, Chair of the Governing Committee (Katharinebarnard@bhrltd.com). ■



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