# Supporting emotional wellbeing & making the most of limited resources



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# Managing diabetes is like beating you own heart.

# Psychological distress

## Burden of diabetes

General LTC burdens

Blood glucose monitoring

Carb counting

Hypos

Inherently unstable condition

Feelings of  failure & stigma

System around the person

## Personal vulnerabilities

Adverse Childhood Events

Attachment & parenting styles

Neurodevelopmental issues

Deprivation & discrimination

Trauma

Diagnosis experience

Life stage

DIABETES UK
KNOW DIABETES. FIGHT DIABETES.

# Too Often Missing report (DUK, 2019)



**4.6 million** people are living with diabetes in the UK

**4 in 10 of parents and carers we spoke to also reported not being helped by their diabetes teams to talk about how caring for someone affects their emotional wellbeing.**

**7 in 10 of those we spoke to living with diabetes felt overwhelmed by the demands of the condition.**

Of these, three quarters said it affects how they manage their diabetes.

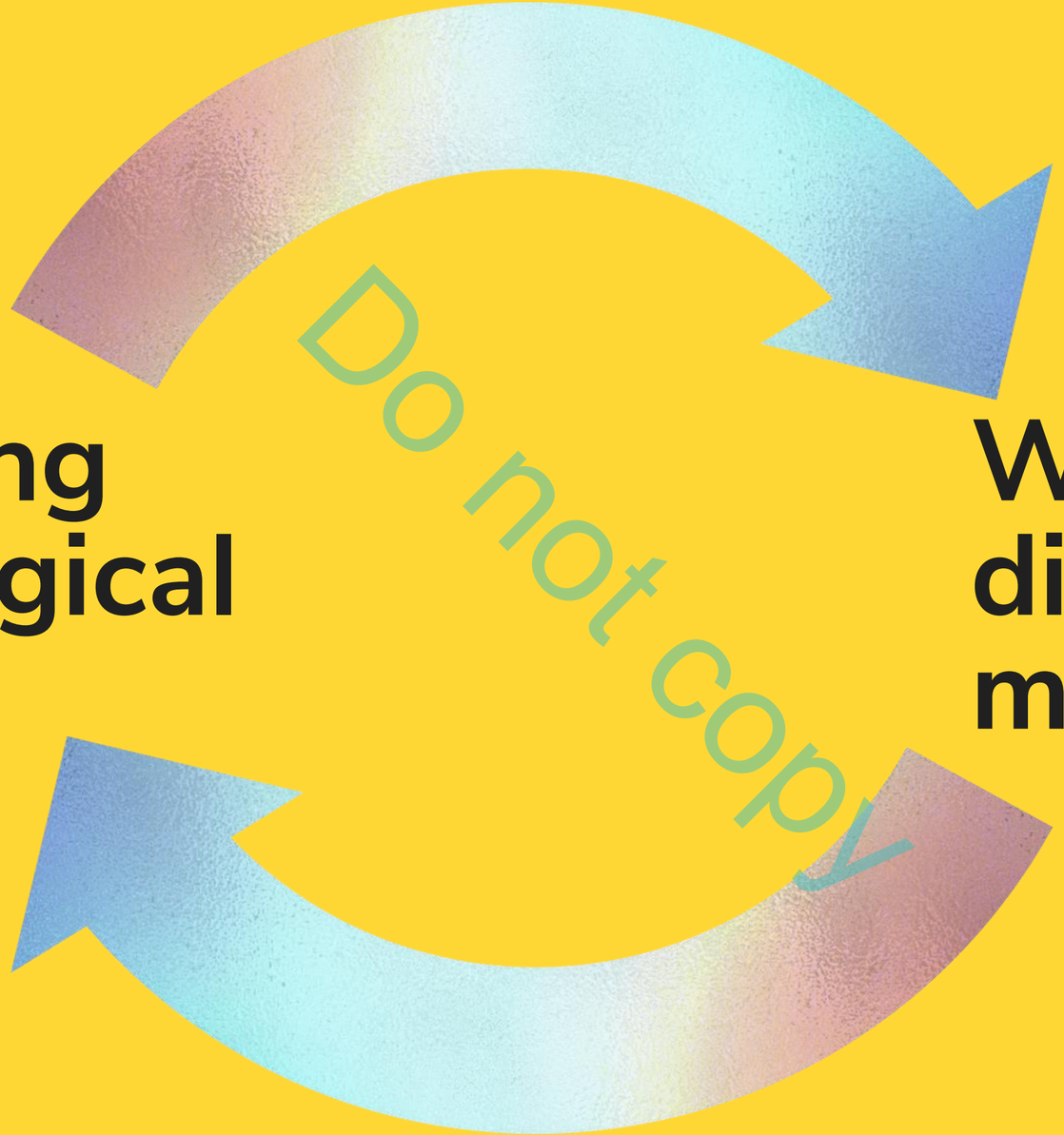
Of those we spoke to, three quarters of people with diabetes who felt they needed specialist support couldn't access it.

# Prevalence

PSYCHOLOGICAL ISSUES
IN PEOPLE WITH
DIABETES

- **Anxiety & depression 50% more prevalent in people with diabetes (Rotella et al., 2013)**
- **Eating disorders 3x more prevalent for young adults with T1 (Hanlan et al., 2013)**
- **Suicidal intent 3x higher in people with T1 (Elamoshy et al., 2018)**

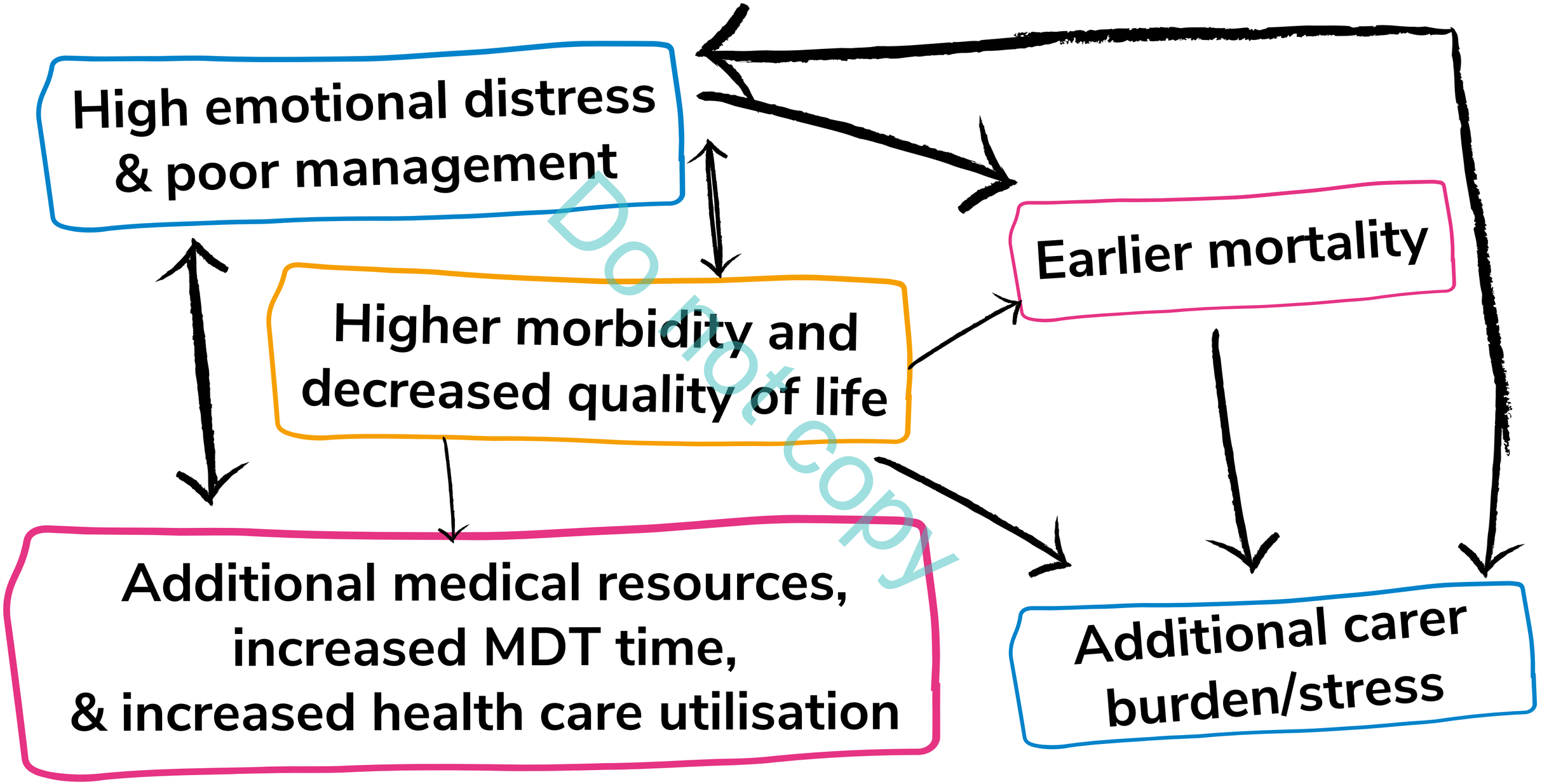
**Worsening psychological health**



**Worsening diabetes management**



Hessler et al., 2017, Fisher et al., 2010

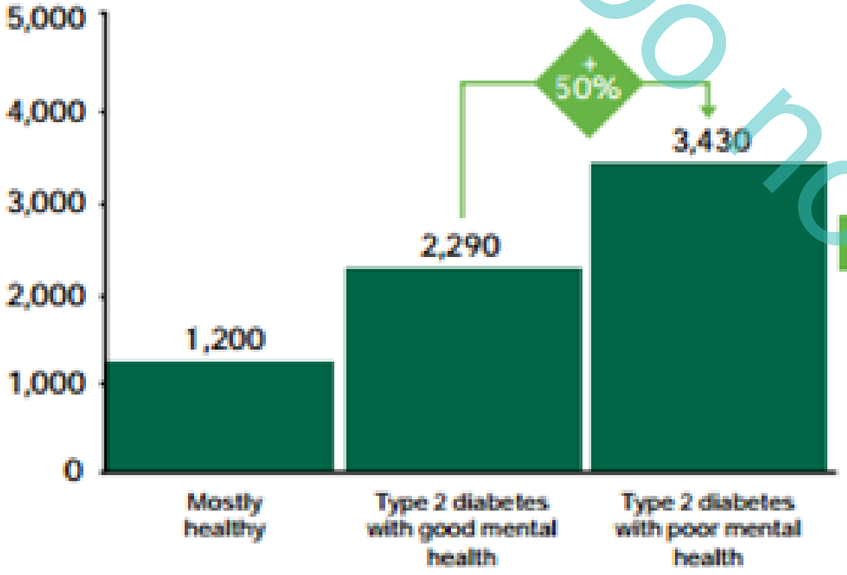

High emotional distress
& poor management
Higher morbidity and
decreased quality of life
Earlier mortality
Additional medical resources,
increased MDT time,
& increased health care utilisation
Additional carer
burden/stress

# 80% of the diabetes budget is spent on avoidable complications

# Presence of poor mental health drives a further 50% increase in costs

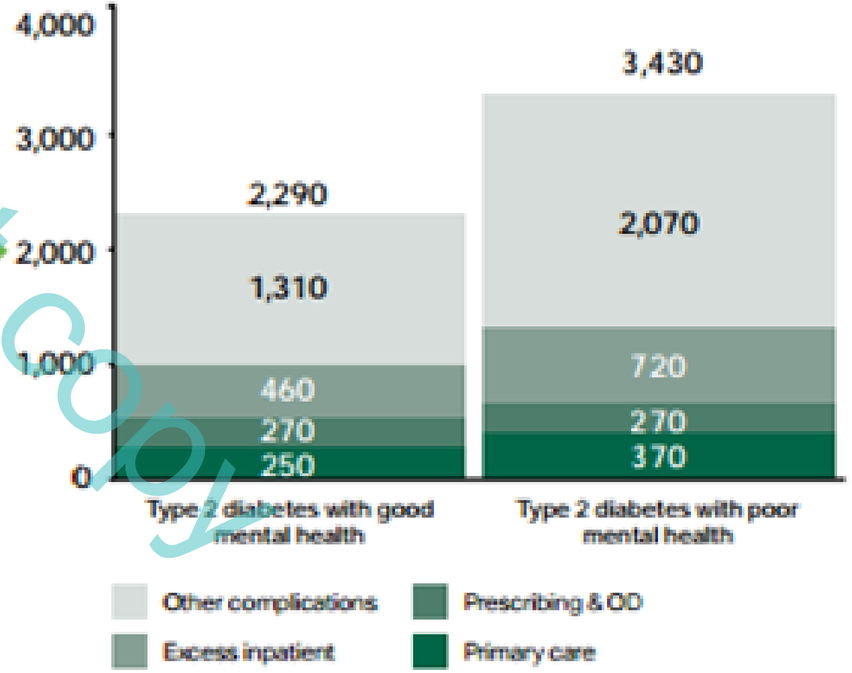
## Physical healthcare costs 50% higher for type 2 diabetics with poor mental health

Annual physical healthcare costs per patient, 2014/15 (£)




## Additional costs due to increased hospital admissions and complications

Annual physical healthcare costs per patient, 2014/15 (£)




**Presence of poor mental health responsible for £1.8bn of spend on type 2 diabetes pathway**

Note: Does not include spend on prescribing psychiatric drugs and other mental health services

Source: Hex et all, 2012; APHO Diabetes Prevalence Model for England 2012; Long-term conditions and mental health: The cost of co-morbidities, The King's Fund

Diabetes Psychology is not about creating a mini mental health services in diabetes settings. Diabetes creates it's own issues

# Diabetes specific issues

- Diabetes Distress
- Diabetes Burnout
- T1ED
  T2ED
- Fear of hypoglycaemia
- Needle phobia
- Repeat DKA
- Psychological insulin resistance
- Coping with complications
- Technology
- Neurocognitive issues

# Type 1 disordered eating (T1DE)



Disturbance in perception of weight/shape & fear of weight gain

The deliberate omission or manipulation of insulin for the purposes of weight loss or control

- Across ages
- Across genders
- Across BMIs

# T1DE risk factors

## SOCIETAL STIGMA

''Can you eat that?', 'Were you fat as a kid?' T1D/T2D

## DRIVE FOR PERFECTION & CONTROL

Parents, diabetes team, social media,

## NATURE OF T1D

'Good' & 'Bad' foods, hypo eating cycles, inherently unstable condition

## TRIAL & ERROR

Discovering link at diagnosis/ period of reduced BG managment

# Tell-tale signs of psychological distress

- SELF-CRITICAL 'FAILURE' TALK
- CONSISTENT HIGH HBA1C / FREQUENT HYPOS
- TENSION/ 'SHUTDOWN' IN CLINIC
- DISENGAGEMENT FROM DIABETES TEAM

# What can I do?

PSYCHOLOGY SKILLS YOU CAN USE TODAY



- Psychological care needs to be embedded in to team routines – regularly considering psychological aspects of care in discussions, including it in paperwork and thinking about your own wellbeing.
- Asking about emotional wellbeing (e.g. ‘what’s one thing about your condition that’s really getting to you?’)
- Active listening, open questions, position of curiosity
  Normalising, not minimising the person’s issues
- Signposting for informal support and further professional help when required. Link in with specialist teams when people ‘out in the cold’
- Language Matters

# Language Matters- which would you prefer?

- A NON-ADHERENT POORLY CONTROLLED DIABETIC
- A PERSON WHO IS STRUGGLING TO MANAGE THEIR DIABETES
- YOU MUST GET BETTER CONTROL OR YOU WILL GO BLIND
- YOUR DIABETES IS IN AN UNSAFE PLACE - WHAT CAN WE DO TO HELP YOU WITH THAT?

# Developing resources in Wales

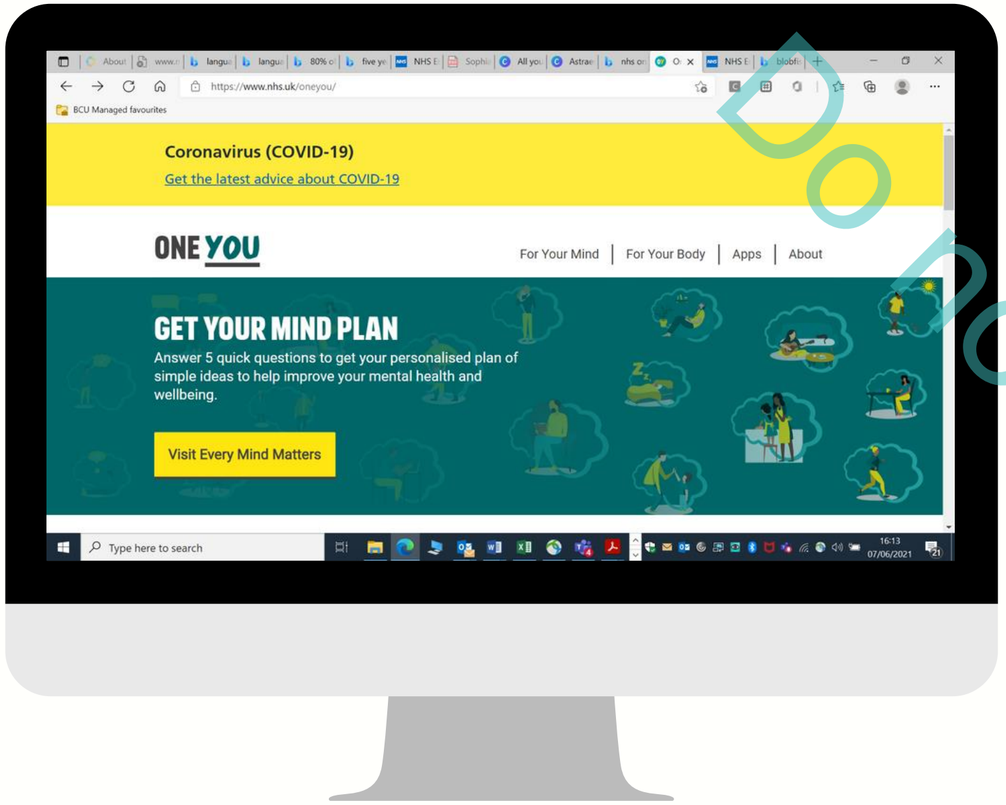
# It takes a toll

- Weight gain
- Disrupted sleep
- Change in diet
- Disconnection from family & friends
- ++ Screen time
- Boundary blurring
- Compassion fatigue
- Burnout

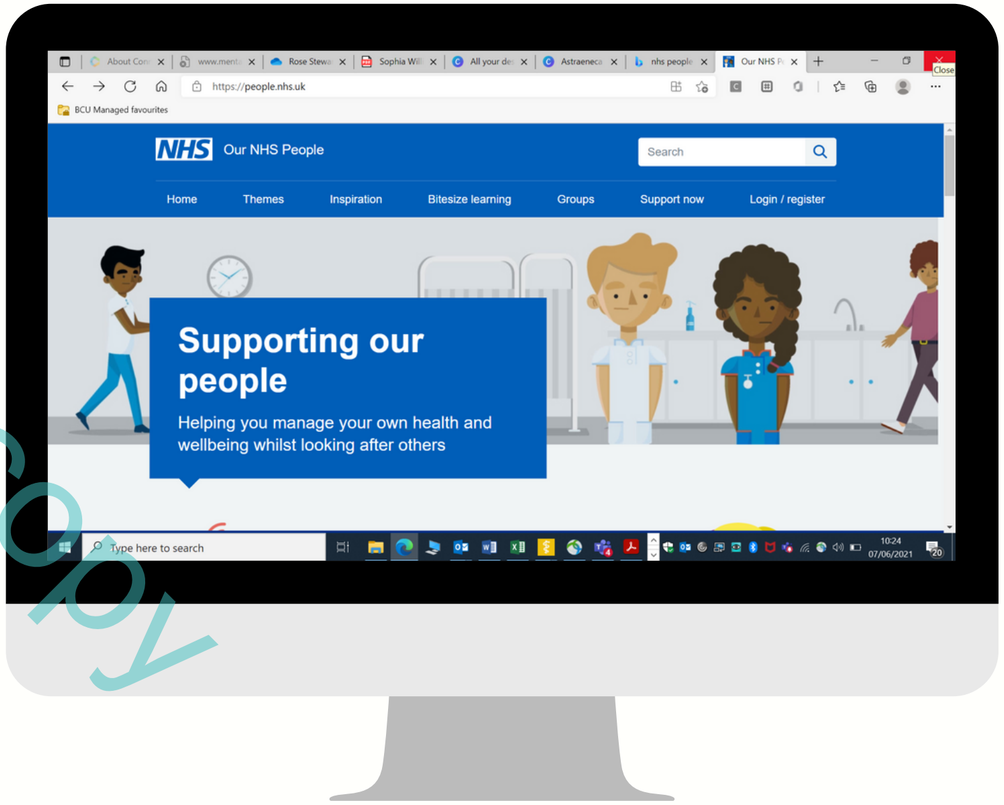


THIS IS COMPLETELY NORMAL

# Visit these sites

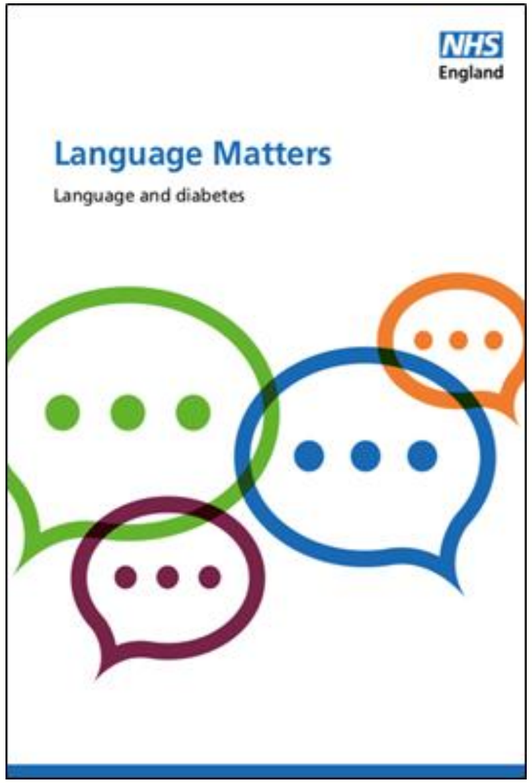



nhs.uk/oneyou




https://www.england.nhs.uk/supporting-our-nhs-people/

# Further learning resources







team diabetes 101

DIABETES PSYCHOLOGY MATTERS.COM

BD

vioral Diabetes Insti

diabetes psychology network

# Conclusions

TAKE HOME MESSAGES

- Psychological distress is the most prevalent complication of living with diabetes that there is
- Specialist diabetes psychology input is overwhelmingly missing from services, and this gap needs to be addressed
- Psychological well-being is everybody's business. Developing skills and knowledge in this area can help you provide better support and achieve better outcomes
- The most important resource the NHS has is it’s people.




# 'How do we get a diabetes psychologist for our service?'

www.diabetespsychologymatters.com

# References


- Diabetes UK. (2019). Too Often Missing: Making emotional and psychological support routine in diabetes care. London: Diabetes UK.
- Rotella, F. &. (2013). Diabetes mellitus as a risk factor for depression. A meta-analysis of longitudinal studies. . Diabetes Res. Clin. Pract., 99, 98–104. doi:https://10.1016/j.diabres.2012.11.022
- Hanlan ME, Griffith J, Patel N, Jaser SS. Eating disorders and disordered eating in type 1 diabetes: prevalence, screening, and treatment options. Current diabetes reports. 2013 Dec;13:909-16.
- Elamoshy, R. B. (2018). Risk of depression and suicidality among diabetic patients: a systematic review and meta-analysis. Journal of Clinical Medicine, 7(11), 445. doi:https://10.3390/jcm7110445
- Hessler, D. M. (2017). Diabetes distress is linked with worsening diabetes management over time in adults with type 1 diabetes. Diabetic Medicine, 34(9), 1228-1234.
- Fisher, L. M. (2010). Diabetes distress but not clinical depression or depressive symptoms is associated with glycemic control in both cross-sectional and longitudinal analyses. Diabetes Care, 33(1), 23-28.
- Hex N, Bartlett C, Wright D, Taylor M, Varley DJ. Estimating the current and future costs of Type 1 and Type 2 diabetes in the UK, including direct health costs and indirect societal and productivity costs. Diabetic medicine. 2012 Jul;29(7):855-62.
- GIRFT - Getting It Right First Time. (2020). Diabetes: GIRFT Programme National Speciality Report. London: GIRFT. Retrieved from https://www.gettingitrightfirsttime.co.uk/wp-content/uploads/2020/11/GIRFT-diabetes-report.pdf
- Dhatariya KK, Vellanki P. Treatment of diabetic ketoacidosis (DKA)/hyperglycemic hyperosmolar state (HHS): novel advances in the management of hyperglycemic crises (UK versus USA). Current diabetes reports. 2017 May;17:1-7.
- Allcock B, Stewart R, Jackson M. Psychosocial factors associated with repeat diabetic ketoacidosis in people living with type 1 diabetes: A systematic review. Diabetic Medicine. 2022 Jan;39(1):e14663.
- Gibb FW, Teoh WL, Graham J, Lockman KA. Risk of death following admission to a UK hospital with diabetic ketoacidosis. Diabetologia. 2016 Oct;59:2082-7.
- Petit JM, Goueslard K, Chauvet-Gelinier JC, Bouillet B, Vergès B, Jollant F, Quantin C. Association between hospital admission for ketoacidosis and subsequent suicide attempt in young adults with type 1 diabetes. Diabetologia. 2020 Sep;63:1745-52.

# Q&A



**Twitter**

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