

## Chapter Organization – Healthy Mind

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**Do not be ashamed of your story, it will  
inspire others!**





## **Diabetes and Mental Health**

### **2018 Clinical Practice Guidelines Summary**

#### **Key Messages**

- Living with diabetes can be associated with mental health concerns such as diabetes distress, psychological insulin resistance, and persistent fear of hypoglycemia
- There are several more severe mental health concerns that are more common in people living with diabetes compared to the general population
- Screening for diabetes distress and other mental health concerns should be done regularly
- When combined with mental health concerns people living with diabetes are less likely to perform diabetes self-care compared to those without mental health concerns
- cognitive behaviour therapy, patient centred approaches, stress management, and coping skills building are a few ways that mental health support can be incorporated into primary care
- People taking medications for mental health concerns may benefit from regular glucose metabolism screenings, some medications may attribute to weight gain and/or affect glucose control

#### **Key Messages for people with diabetes**

- Living with diabetes can be psychologically challenging and take a high emotional toll on a person
- It important to talk about your feelings, and seek support from family, friends, community, elders, and your diabetes

health care team to develop effective coping skills

- Mood, anxiety, eating, sleeping, and stress related disorders are common for people living with diabetes, please talk to somebody and seek help if you think you are experiencing one of these conditions
- Mental health can take a toll on your physical health and affect how you manage your diabetes. It is just as important to care for your mental health as it is to care for your physical health.
- People living with serious mental health illnesses are at a higher risk of developing diabetes compared to the general population

#### **More Information**

- "Diabetes distress," refers to negative emotions and burden of self-management related to living with diabetes
- Monitoring of treatment, concerns about complications, fear of hypoglycemia, and the potential effects on personal and professional relationships can contribute to this diabetes distress

#### **Psychological Effects of Diabetes in Adults**

Diabetes is an emotionally demanding condition, for this reason it is commonly associated with diabetes distress, major depressive disorder, and depressive symptoms.

- Three main topics of this section include 1) Diabetes distress, 2) Psychological Insulin Resistance, and 3) Fear of hypoglycemia.
- **Diabetes distress** includes 4 main domains. 1) The emotional burden of living with diabetes, 2) distress regarding diabetes self-management, 3) stress of social relationships, and 4) stress of the patient-provider relationship
- It is important to recognize diabetes distress and implement coping strategies

because this mental condition is associated with increased diabetes complications

- Psychological **insulin resistance** is when a patient has a strong negative response to recommendations to add insulin into their diabetes management plan. People may experience denial, feel that this is a sign of self-failure, or fear needing to perform self-injections

- **Fear of hypoglycemia** is common.

Sometimes people overcompensate out of fear and maintain higher than recommended blood sugar levels. Over time this can cause harmful complications.

### Major Depressive Disorder (MDD)

- People living with diabetes experience about twice as many cases of MDD compared to the general population affecting 10% of people with diabetes

- Risks of MDD increase the longer a person has been living with diabetes, this raises particular concerns for children affected by the condition

- There is also a greater risk for people living with depression to develop type 2 diabetes; at a rate of 40-60%

- Intense lifestyle interventions for people living with type 2 diabetes and obesity reduces risks of depressive symptoms by 15%

- Several conditions such as bipolar disorder, schizophrenia spectrum disorders, personality disorders, anxiety, feeding and eating disorders, sleep-wake disorders, and substance use disorders all share relationships with diabetes, these are described in the CGP 2018

### Children and Adolescents with Diabetes

- For children and adolescents it is important to identify and treat mental disorders as soon as possible, to prevent their progression

- Eating disorders and anxiety seem to be particularly prevalent in children and youth

- These conditions have shown to be successfully treated and prevented through psychosocial therapy

### Psychosocial Therapy

- Non medication related mental health and wellbeing promotion strategies

- Includes motivational interventions, development of coping and stress management skills, and self-efficacy improvement

### Screening

- There are several screening tools available to help identify if a person is suffering from a mental health concern, links to these resources are included in the CPG and will be listed on the Resource page of this chapter

### Recommendations

1. People with diabetes should be screened regularly for mental health concerns
2. If suffering from significant diabetes distress, regular fear of hypoglycemia, psychological insulin resistance, or psychiatric disorder please refer to a mental health care professional
3. Psychosocial interventions should be part of everyone's diabetes care plan
4. Metabolic conditions should be monitored; some mental health medications can interfere with metabolic health
5. Children and adolescents should be screened at diagnosis of diabetes for mental health concerns
6. Adolescents should be screened non-judgementally about weight and body image concerns, eating disorders, and insulin omission for weight loss.

# **First Diagnosed – Diabetes & Your Emotions**

## **Teaching Tool**

When you are first diagnosed with diabetes, you will likely feel a wide range of emotions, such as shock, anger, sadness and fear.

It is normal to feel this way and to go through several emotional stages as you come to grips with having a chronic disease.

## **Common feelings about diabetes**

### **Shock/Denial**

You may feel overwhelmed, confused and perhaps a bit numb by your diagnosis. You may even pretend that the diagnosis is incorrect and refuse to take any steps to manage the disease. Recognizing that diabetes will play an important role in your life is a major step towards accepting your condition.

### **Fear/Anxiety**

You may be afraid because you don't know very much about diabetes and you are not sure what is going to happen next. Or you may fear the complications of diabetes. You can reduce your anxiety by taking charge of your health, learning about diabetes and understanding how you can postpone or prevent complications.

### **Anger**

You may feel that it's not fair that you have to deal with diabetes; you may resent the healthy behaviour changes that are an important part of diabetes management. Anger can also be a consequence of low blood glucose (sugar) levels. Talk to your health-care professional if anger is interfering with your diabetes management.

### **Grief**

After your diagnosis, you may feel grief similar to that experienced when a loved one dies. You may feel that your life has changed forever, and you mourn the loss of the lifestyle you had before your diagnosis. Having diabetes may make you feel vulnerable or weak, especially if you also have complications of the disease. Talking to someone who understands these feelings – perhaps another person with diabetes or a health-care professional/counsellor – can help alleviate your grief.

### **Depression**

Although a period of grieving is normal with the diagnosis of any chronic disease, prolonged sadness may be a sign of depression. Depression is twice as common in people with diabetes as

in the general population, and it is also associated with poorer blood sugar management, health complications and decreased quality of life.

Talk to your doctor if you continue to feel 'down' for more than a couple of months after your diagnosis or if you have other signs of depression, including feeling tired most of the time, changes in sleeping patterns, changes in eating habits, having trouble making decisions, and feeling hopeless or helpless. Depression can be effectively treated with medication, counselling or both.

### Acceptance

Accepting the realities of having diabetes won't happen overnight, or all at once. The most important thing to remember is that you are not alone. Talking to your spouse, a friend, someone else with diabetes or a health-care professional will help you deal with the ups and downs of your new life with diabetes.

Once you have accepted the realities of diabetes, it will be easier to make healthy behaviour changes – like increasing your activity level and making healthy food choices – that not only improve your diabetes management but your overall physical and emotional health as well.

To find out about opportunities in your community to learn more about diabetes and connect with other people living with it, check your local event listings.



## Depression & Diabetes – Teaching tool

Depression is more common in people with diabetes compared with the general population.

Symptoms of depression affect 30% of people with diabetes, while 10% of them experience major depression. A depressive mood leads to poorer physical and mental functioning, making it more difficult to manage diabetes leading to:

- Poorer blood glucose (sugar) management;
- Diabetes-related health problems;
- Decreased quality of life;
- Increased family problems; and,
- Higher health-care costs.

The association between depression and diabetes is unclear. Depression may develop because of stress and anxiety related to managing diabetes. Depression often goes undiagnosed and untreated. Individuals with diabetes should be regularly screened by their health-care provider for psychological distress and psychiatric disorders (e.g. depression and anxiety).

### What are the Symptoms of Depression?

Symptoms of depression can be different person to person however some common symptoms can include:

- Feeling sad
- Feeling helpless and hopeless
- Feeling worthless and guilty
- Changes to sleeping habits: suddenly sleeping a lot or not being able to sleep (insomnia)
- No longer feeling happiness in previously enjoyable social and cultural activities
- Withdrawn behaviour
- Changes in eating habits: either over eating or loss of appetite
- Suicidal thoughts or actions of self-harm

### Treatment of depression

Treating depression with psychotherapy (“talk” therapy), medication or a combination of these treatments can improve a patient’s well-being and ability to manage diabetes. In people who have diabetes and depression, scientists report that psychotherapy and antidepressant medications have positive effects on both mood and blood sugar management. Prescription antidepressant medications are generally well tolerated and safe for people with diabetes. Specific types of psychotherapy can also relieve depression. However, recovery from depression takes time. Antidepressant medications can take several weeks to work and may need to be combined with ongoing psychotherapy. Not everyone responds to treatment in the same way. Prescriptions and dosing may need to be adjusted.

Therefore, treatment for depression in the context of diabetes should be managed by a mental health professional, such as a psychiatrist, psychologist or clinical social worker who is in close communication with the physician providing diabetes care. This is especially important when antidepressant medication is needed or prescribed, so that potentially harmful drug interactions can be avoided.

In some cases, a mental health professional who specializes in treating individuals with depression and co-occurring physical illnesses, such as diabetes, may be available. People with diabetes who develop depression, as well as people in treatment for depression who subsequently develop diabetes, should make sure to tell any physician they visit about the full range of medications they are taking.

Use of herbal supplements of any kind should be discussed with a physician before they are tried. Recently, scientists have discovered that St. John's wort, an over-the-counter herbal remedy promoted as a treatment for mild depression, can have harmful interactions with some other medications. It is important to remember that depression is a disorder of the brain that can be treated in addition to whatever other illnesses a person might have, including diabetes. If you think you may be depressed or know someone who is, don't lose hope. Seek help for depression.

## Diabetes Distress - Teaching tool

Diabetes distress is an experience of sadness, frustration and/or hopelessness that are related to the ways diabetes is affecting your life. This can include the ups and downs of managing your blood sugar levels, your self-management, attempts to adopt healthy behaviours, your job or school, your social life, and relationships. Developing a self-care routine, coping mechanisms, and having support can really help. Diabetes distress is temporary but when you are experiencing it this can interfere with your ability to handle stress. This means it is important to develop healthy coping behaviours to help you through to avoid diabetes distress.

### Depression

Diabetes distress can feel like depression however the feelings are as a direct result of diabetes and how it affects your life. There is however a correlation between mental illness and developing type 2 diabetes.



Major depression increases the development of type 2 diabetes by 60% and increases risks of early mortality. Rates of clinical depression are also higher in people living with type 2 diabetes affecting 10% of this population. Comorbid depression worsens clinical outcomes for patients with type 2 diabetes and is associated with lower levels of physical activity and reduced medical adherence. Features of depression include changes in:

- Sleep
- Appetite
- Energy levels
- Reduced joy in previously
- Agitation
- Slow movements
- Poor memory
- Reduced concentration
- Feelings of guilt
- Thoughts of self-harm

## Screening Tools for Depressive and Anxious Symptoms

- 1) Diabetes Distress Scale (DDS) → Diabetes specific

2) Problem Areas in Diabetes Scale (PAID) → Diabetes specific

3) Patient Health Questionnaire (PHQ-9) → Diabetes specific

\*Included in the following pages of this toolkit.

## **Cognitive Behaviour Therapy for Managing Fear of Hypoglycemia**

Below is a conversation guide to help talk a patient through fear of hypoglycemia.

**Determine the actual vs. perceived frequency and severity of hyperglycemic episodes.**  
Compare how often hypoglycemic episodes occur for your patient with how often the patient *feels* these episodes occur.



**Ask the person about their fears in developing hypoglycemic episodes during the day and during the night**



**Normalize the fear response, empathize, ask for permission to look at the possibility of reducing fear as a means of improving diabetes control**



**Ask the person how fear/anxiety has been successfully managed in other situations**



**Determine the person's comfortable range of glucose levels (both highs and lows)**



**Use a gradual approach to nudge the person's range of comfort to the medically safe ranges of glucose by staying within the comfort zone for an agreed upon period of time, then making small regular changes.**

# A Handy Guide to Motivational Interviewing



**The key to motivational communication?** Get away from the "teach and tell" perspective and move towards one of collaboration and empowerment. Share your expertise while understanding the patients' experience and, together, negotiate options.

This is why asking questions, demonstrating empathy and respecting autonomy are key to motivational communication. A simple way of staying true to the spirit of motivational communication is to use the following as a guide:

## Steps to Motivational Interviewing

### 1. Ask Permission

"Do you mind if we discuss...?"  
"Can we talk about...?"



### 2. Listen

"Tell me about..."  
"What makes you think it might be time to change...?"



### 3. Summarize

"It sounds like..."  
"What I hear you saying..."  
"Many people report that..."  
"That is not unusual..."



### 4. Invite

"Do you mind if we talk about...?"  
"Are you interested in learning more?"  
"What would you like to see different about...?"



## Techniques & Strategies:



Asking Permission



Eliciting/Evoking Change Talk



Exploring Importance & Confidence



Open-Ended Questions



Reflective Listening



Normalizing



Decisional Balance



Columbo Approach



Supporting Self-Efficacy



Readiness to Change Ruler



Affirmations



Advice/Feedback



Summaries



Therapeutic Paradox



# Using the Diabetes Distress Scale

## Why Bother?

Diabetes distress focuses on the emotional distress linked directly to diabetes. It is much more common than symptoms of depression and much more directly related to diabetes management. Diabetes distress tends to cluster around diabetes itself (emotional burden and regimen distress) and people impacted by diabetes (providers as well as family and friends)

## Your Role

Screening for diabetes distress does not mean that it becomes your job to reduce the distress. The person with diabetes will benefit if you establish a collaborative relationship, use reflections and empathy, and encourage self-management and empowerment.

Administer 2-Item Screener from the Diabetes Distress Scale

- Score is less than 3 ➤ No further action this visit
- Score is 3 or greater ➤ Administer full DDS

## Use these 4 easy steps:



The items of the scale can be seen as a template to an interview, or a form of guided discovery.



**1. ASK** Ask permission to explore sources of Diabetes Distress

**"Do you mind if we talk about (insert source of diabetes distress)?"**



**2. INTRODUCE** Introduce each scale by name

**"I have a scale that I'd like to use to help me understand what you're experiencing. The first one is called *Feeling Overwhelmed by the Demands of Living with Diabetes.*"**



**3. APPLY** Use a digital or printed copy of the scale to show to your client. Ask if any of the items are a source of distress for him or her. This will help you understand his or her experience.

**"Using this scale (show scale), pick a number that best reflects how much of a problem the following have been (read distress statement)."**



**4. INTERPRET** Determine if the stress is diabetes-specific, due to a mental health disorder, or related to problems of living

**Diabetes-specific distress** Distress management should occur through diabetes care, support, and management

**Mental health disorder distress** Referral to a mental health professional is appropriate if distress is due to a mental health disorder or not related to diabetes.

Refer to CDA's "Steps to Stress Management" handout for more information on what to do next

**Problems of living distress** General stress management or other support (e.g. community-based services) can be used





DDS

**DIRECTIONS:** Living with diabetes can sometimes be tough. There may be many problems and hassles concerning diabetes and they can vary greatly in severity. Problems may range from minor hassles to major life difficulties. Listed below are 17 potential problem areas that people with diabetes may experience. Consider the degree to which each of the 17 items may have distressed or bothered you DURING THE PAST MONTH and circle the appropriate number.

Please note that we are asking you to indicate the degree to which each item may be bothering you in your life, NOT whether the item is merely true for you. If you feel that a particular item is not a bother or a problem for you, you would circle "1". If it is very bothersome to you, you might circle "6".

	Not a Problem	A Slight Problem	A Moderate Problem	Somewhat Serious Problem	A Serious Problem	A Very Serious Problem
1. Feeling that my doctor doesn't know enough about diabetes and diabetes care.	1	2	3	4	5	6
2. Feeling that diabetes is taking up too much of my mental and physical energy every day.	1	2	3	4	5	6
3. Not feeling confident in my day-to-day ability to manage diabetes.	1	2	3	4	5	6
4. Feeling angry, scared and/or depressed when I think about living with diabetes.	1	2	3	4	5	6
5. Feeling that my doctor doesn't give me clear enough directions on how to manage my diabetes.	1	2	3	4	5	6
6. Feeling that I am not testing my blood sugars frequently enough.	1	2	3	4	5	6
7. Feeling that I will end up with serious long-term complications, no matter what I do.	1	2	3	4	5	6
8. Feeling that I am often failing with my diabetes routine.	1	2	3	4	5	6

	<b>Not a Problem</b>	<b>A Slight Problem</b>	<b>A Moderate Problem</b>	<b>Somewhat Serious Problem</b>	<b>A Serious Problem</b>	<b>A Very Serious Problem</b>
9. Feeling that friends or family are not supportive enough of self-care efforts (e.g. planning activities that conflict with my schedule, encouraging me to eat the "wrong" foods).	1	2	3	4	5	6
10. Feeling that diabetes controls my life.	1	2	3	4	5	6
11. Feeling that my doctor doesn't take my concerns seriously enough.	1	2	3	4	5	6
12. Feeling that I am not sticking closely enough to a good meal plan.	1	2	3	4	5	6
13. Feeling that friends or family don't appreciate how difficult living with diabetes can be.	1	2	3	4	5	6
14. Feeling overwhelmed by the demands of living with diabetes.	1	2	3	4	5	6
15. Feeling that I don't have a doctor who I can see regularly enough about my diabetes.	1	2	3	4	5	6
16. Not feeling motivated to keep up my diabetes self management.	1	2	3	4	5	6
17. Feeling that friends or family don't give me the emotional support that I would like.	1	2	3	4	5	6

## DDS17 SCORING SHEET

### INSTRUCTIONS FOR SCORING:

The DDS17 yields a total diabetes distress score plus 4 subscale scores, each addressing a different kind of distress.<sup>1</sup> To score, simply sum the patient's responses to the appropriate items and divide by the number of items in that scale.

Current research<sup>2</sup> suggests that a mean item score 2.0 – 2.9 should be considered 'moderate distress,' and a mean item score  $\geq 3.0$  should be considered 'high distress.' Current research also indicates that associations between DDS scores and behavioral management and biological variables (e.g., A1C) occur with DDS scores of  $\geq 2.0$ . Clinicians may consider moderate or high distress worthy of clinical attention, depending on the clinical context.

We also suggest reviewing the patient's responses across all items, regardless of mean item scores. It may be helpful to inquire further or to begin a conversation about any single item scored  $\geq 3$ .

Total DDS Score:      a. Sum of 17 item scores.      \_\_\_\_\_  
    b. Divide by:                17            
    c. Mean item score:      \_\_\_\_\_  
    Moderate distress or greater? (mean item score > 2)      yes\_\_ no\_\_

A. Emotional Burden:      a. Sum of 5 items (2, 4, 7, 10, 14)      \_\_\_\_\_  
    b. Divide by:                5            
    c. Mean item score:      \_\_\_\_\_  
    Moderate distress or greater? (mean item score > 2)      yes\_\_ no\_\_

B. Physician Distress:      a. Sum of 4 items (1, 5, 11, 15)      \_\_\_\_\_  
    b. Divide by:                4            
    c. Mean item score:      \_\_\_\_\_  
    Moderate distress or greater? (mean item score > 2)      yes\_\_ no\_\_

C. Regimen Distress:      a. Sum of 5 items (6, 8, 3, 12, 16)      \_\_\_\_\_  
    b. Divide by:                5            
    c. Mean item score:      \_\_\_\_\_  
    Moderate distress or greater? (mean item score > 2)      yes\_\_ no\_\_

D. Interpersonal Distress:      a. Sum of 3 items (9, 13, 17)      \_\_\_\_\_  
    b. Divide by:                3            
    c. Mean item score:      \_\_\_\_\_  
    Moderate distress or greater? (mean item score  $\geq 2$ )      yes\_\_ no\_\_

1. Polonsky, W.H., Fisher, L., Esarles, J., Dudl, R.J., Lees, J., Mullan, J.T., Jackson, R. (2005). Assessing psychosocial distress in diabetes: Development of the Diabetes Distress Scale. *Diabetes Care*, 28, 626-631.  
 2. Fisher, L., Hessler, D.M., Polonsky, W.H., Mullan, J. (2012). When is diabetes distress clinically meaningful? Establishing cut-points for the Diabetes Distress Scale. *Diabetes Care*, 35, 259-264.



# Making an Action Plan & Setting SMART Goals

## Handout

You and a person living with diabetes can identify key diabetes self-management goals and set specific steps to achieve them. It is important to set realistic goals and break them down into small steps to celebrate accomplishments along the way. A few small changes can have a big impact on your overall health – this can apply to diabetes prevention & management.

Ask if the person you are working with is ready to change? What specific behaviour would they like to change? Why would they like to change this behaviour?

## Setting Goals

Focus on one goal at a time. Setting “S.M.A.R.T.” goals can help people you are working with reach their goals.

**Specific:** What exactly will you accomplish? Clearly state the what, why, and how.

**Measurable:** Identify where you are now and where you wish to be. How will you track your progress and record accomplishments/setbacks?

**Achievable:** Especially when dealing with behaviour changes (eating patterns, becoming physically active) you may have to set small goals. Multiple small achievable goals will be more successful than one large daunting goal.

**Relevant:** Is the goal going to help prevent development of type 2 diabetes? Or will the goal help manage type 1 or type 2 diabetes? Make sure all of the small goals align with the large ideal outcome.

**Time specific:** When would you like to achieve this goal by? Set check in points and deadlines to keep yourself accountable.

\*printable handout provided in the following pages of this toolkit.

# Managing My Diabetes - Setting S.M.A.R.T Goals

Handout

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Specific:** What I would like to accomplish \_\_\_\_\_

Why this goal is important: \_\_\_\_\_

How I am going to get there: \_\_\_\_\_

**Measureable:** I will track my progress by: \_\_\_\_\_

I will know I have achieved my goal when: \_\_\_\_\_

**Achievable:** I know I can do this because \_\_\_\_\_

(If you have a large goal, try breaking it down into smaller pieces)

**Relevant:** this will help me prevent or manage my diabetes because:

\_\_\_\_\_

**Time specific:** I plan to complete this goal by: \_\_\_\_\_

I am making this commitment to myself.

Signature: \_\_\_\_\_

# Managing My Diabetes – My Action Plan

**Date:**

---

**The change I want to make happen is:**

---

**My goal for the next month is:**

---

**Action Plan:**

The specific steps I will take to reach my goal (what, when, where, how often):

---

**Things that could make it difficult to achieve my goal:**

---

**My plan for overcoming these challenges are:**

---

**Support and resources I will need:**

---

**How important is it to me that I achieve my goal?**

(scale of 0 to 10, with 0 being not important at all and 10 being extremely important):

---

**How confident am I that I can achieve my goal?**

(scale of 0 to 10, with 0 being not confident at all and 10 being extremely confident):

---

**Follow-up date:**

---

**DIABETES  
CANADA**

diabetes.ca | 1-800 BANTING (226-8464) | info@diabetes.ca

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# "ABATE" the stress:

## understanding the stress response

These are the 4 elements of the stress response:



**B** BODY  
(Physiology)



**A** ACTIONS  
(Behaviour)



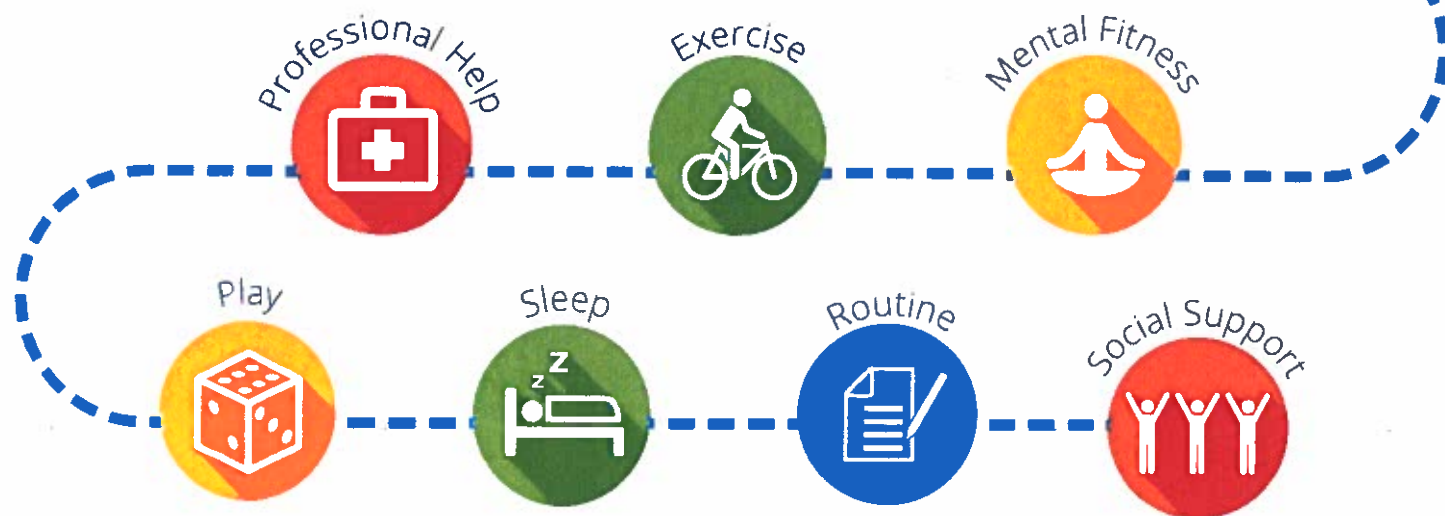
**T** THOUGHTS  
(Cognition)



**E** EMOTIONS  
(Affect)

Identifying which element of the stress response will help us understand what purpose it is serving - even though it might be a unhealthy coping strategy.

## Healthy Coping Strategies:



**DIABETES  
CANADA**

diabetes.ca | 1-800-BANTING (226-8464) | guidelines.diabetes.ca

Diabetes Canada is making the invisible epidemic of diabetes visible and urgent. Eleven million Canadians have diabetes or prediabetes. Now is the time to end Diabetes - its health impacts as well as the blame, shame and misinformation associated with it. Diabetes Canada partners with Canadians to End Diabetes through education and support services, resources for health-care professionals, advocacy to governments, schools and workplaces, and funding research to improve treatments and find a cure.

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# Diabetes, mental health, stigma and discrimination

## Diabetes and mental health are connected.

Being diagnosed with diabetes and then living with its demands often leads to anxiety and stress. People with diabetes experience stigma and discrimination at work, school and in public places. Those with mental health conditions are also at higher risk for developing diabetes.



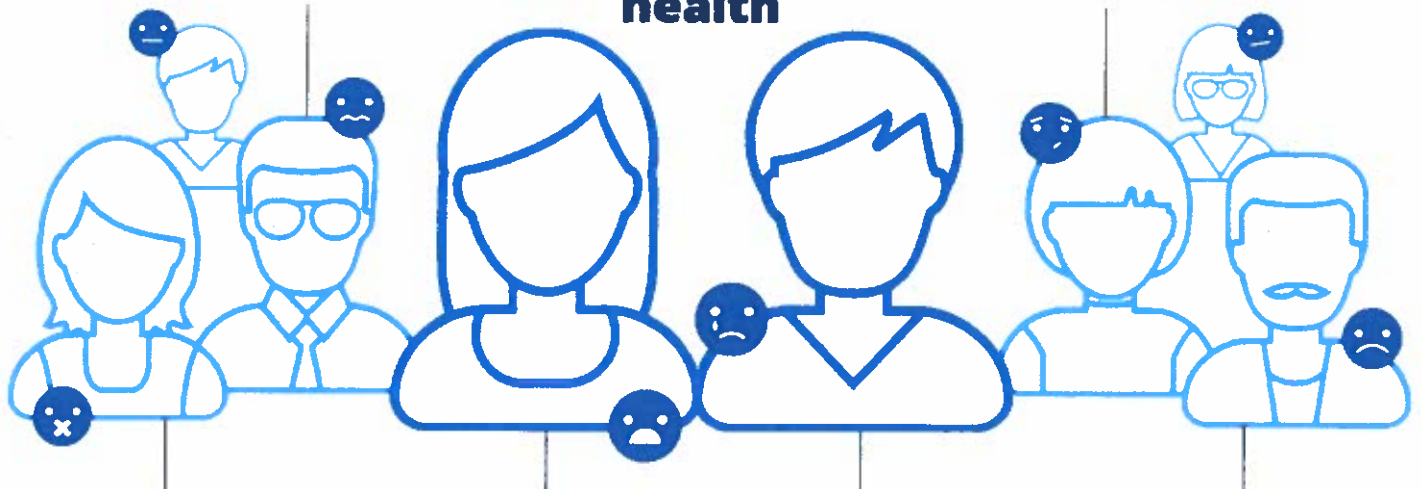
**33%**

feel anxious thinking about their diabetes

### Mental health

**33%**

hesitate to disclose their diabetes



**33%**

have no one to talk to about their diabetes-related stress

**28%**

experience hopelessness and emotional turmoil

**26%**

feel overwhelmed

**15%**

feel discrimination due to their diabetes

## Making a difference together – mental health

Diabetes Canada is working to reduce the mental health toll, stigma and discrimination against people with diabetes by:

**Raising awareness** through accurate information

**Advising** governments about policies that support people with diabetes in workplaces and schools

## Join us to End Diabetes

Join us to help people with diabetes get the support they need! Diabetes Canada relies on generous donations from people like you to help Canadians with diabetes or prediabetes and to End Diabetes. Donate now at [diabetes.ca/donate](https://diabetes.ca/donate).



[diabetes.ca](https://diabetes.ca)  
1-800-BANTING (226-8464)

**DIABETES CANADA** | **END DIABETES**



# Mental Health Resource Bank

disorders, stress, suicide,  
depression, and healthy living

## Screening scales

- [www.outcometracker.org/scales\\_library.php](http://www.outcometracker.org/scales_library.php)
- [www.phqscreeners.com](http://www.phqscreeners.com)

## American Association of Diabetes Educators

- Webpage: <https://www.diabeteseducator.org>
- Resources:
  - o Mental Health & Diabetes handouts on anger, stress, depression, distress
  - o Healthy coping printable handout
  - o Problem solving printable handout

## Canadian Mental Health Association

- Webpage: <https://cmha.ca/>
- Resources:
  - o Printable pamphlets on anxiety, childhood depression, bipolar disorder, eating disorders, anger, mental illness, stress, schizophrenia, preventing suicide, and supporting loved ones

## Mood Disorders Society of Canada

- Webpage: <https://mdsc.ca>
- Resources:
  - o Printable factsheets on depression, helping children cope, building resilience, & risk of suicide

## Canadian Psychological Association

- Webpage: <https://www.cpa.ca>
- Resources: Factsheets
  - o Diabetes & mental health, anxiety, sleep disorders, eating

## Centre for Disease Control – National Diabetes Prevention Program (USA)

- Webpage:
- Resources:
  - o Manage stress module (printable teaching tool)
  - o Take charge of your thoughts module (printable teaching tool)
  - o Get support (printable teaching tool)

## Support Lines:

- Available 24 hours a day

