Psychotherapy and me: How does living with diabetes affect your mental health?

With Jackie Fosbury and Dan Howarth

Jenna:
Hello, and welcome to Psychotherapy and Me, a UKCP podcast where we discuss mental health and of course psychotherapy. In this, our first ever episode, our Head of Content and Engagement, Matt Nichols, sat down with Dan Howarth, the Head of Care at Diabetes UK, and UKCP psychotherapist and Psychotherapy Lead at Diabetes Care For You an NHS diabetes service Jackie Fosbury, to discuss diabetes and mental health.

Jackie:
Women become more depressed than men. But if men become depressed, that's more likely to tip into suicidal ideation. And we need to normalise psychotherapy in diabetes clinics. In our service, for example, my office is next to the podiatrist's office, which is next to the dietician's office. So, if you normalise psychological care, men feel less stigmatised about accepting the treatment and the support and the referral, and they will turn up for their appointment.

Jenna:
New research by Diabetes UK found that one in five people living with diabetes uses counselling from a trained professional to help them manage. Participants also told Diabetes UK about the effect of living with diabetes. 64% said that they often feel down because of their condition. And one in three said that it got in the way of them doing things that they or a family member wanted to do. So, let's find out more about the complexities of living with diabetes and the mental health challenges it can create.

Matt:
Dan, could you tell us a little bit about diabetes and what it is, please?

Dan:
Yeah, diabetes is a serious metabolic condition that culminates ultimately in blood sugars, the amount of sugar in your blood being too high for various different reasons. And there's a few different types of diabetes. Again, they all result in having too much sugar in your blood. And they can result in some horrendous, really harrowing complications, if not treated or managed properly. There are four main types of diabetes. But in the UK, we often really focus and talk abouttwo different types. That's type one, and type two diabetes. Type one diabetes is an autoimmune disorder. So, the body has attacked itself internally, and destroyed the cells that produce and release insulin. It's nothing to do with lifestyle. We don't know why we get it, but a lot of research is going on at the minute to find out why we do so that hopefully we will one day find a cure. Type two diabetes is much more associated with different risk factors. So, risk factors will include things like your ethnicity, your age, your family history, having different types of diabetes beforehand, particularly diabetes during pregnancy. And also, the most influential risk factor is your waist circumference or your BMI, how heavy you are, or not. So being overweight increases your risk of type two diabetes. Type two diabetes is much more common than type one diabetes, and of the 4.7 million people in the UK that have diabetes, roughly about 90% have type two, about 7% have type one. So, there is big variances there.

Matt:
I think talking to both you, Jackie, and to you, Dan, what are the specific mental health and emotional challenges facedby people living with diabetes? Jackie, what's from your perspective.

Jackie:
There are very specific recurring mental health difficulties. The three key ones are depression, depressive self-neglect, which means you feel unable or unwilling to look after your condition effectively, which leads to hyperglycemia and long-term complications if people don't get help. The second condition is a mental health condition, anxiety. So, often people feel very anxious about long term complications or managing their condition, especially when they don't receive adequate support. And if you've got type one diabetes, eating disorders is the third condition. So, if you have type one diabetes, you're twice as likely to develop life threatening diabulimia, which is when people omit their insulin to keep their weight down. Or type two diabetes. In type two diabetes, binge eating disorder is highly aspected. And there's a sort of pathway really leading from depression, to overeating, to binge eating disorders. So, three quite key serious mental health difficulties, which affect people's ability or willingness to look after themselves in the long-term.

Dan:
I think there's a really nice point that you mentioned about the support the as well, because whilst these are obviously huge, huge, huge important factors, there's also an element of the emotional support that people with diabetes require. Diabetes is a day-to-day condition that needs to have a lot of attention put onto it. And whether that's the attention from the person with diabetes, regardless of type, whether it's the mom and dad, whether it's brothers and sisters, families, colleagues, there's a lot of personal infrastructure, I suppose, is the way to think of it, that's focusing on diabetes. So, it is relentless. There is no holidays from diabetes. You can go on a lovely holiday yourself and forget about your stresses in your life, but you still take the stresses of diabetes with you. And so, whilst the three main mental health areas that Jackie spoke of them, there's still those elements that are steps before them, that people don't associate with being mental health, or wellbeing that, I think that they get an awful lot of neglect from themselves, from their own well-being to the health system that we live in, doesn't give them the right support I think sometimes.

Jackie:
Yeah, emotionally, people can feel very drained by the demands of the condition. And as Dan's saying, it's a 24-hour aday condition, diabetes, and its invisible people don't see you having diabetes. So, if we don't support people earlier,that can lead to formal mental health problems. And that can lead to diabetes burnout. And if people feel unsupported by their parents, or unsupported by people at work, or by their partners, then they're at risk really, of developing formal mental health problems.

Matt:
So, is there a case that perhaps the earlier interventions tend to help people?

Jackie:
Yeah, of course, I mean, any agency that's offering people diabetes support, I mean, there's an organisation called Diabetics with Eating Disorders, and they try and catch people before they've really fallen into a full-blown eating disorder, into diabulimia, because your physical health is seriously at risk.

Matt:
Dan, could you tell us a little bit about diabetes distress or diabetes burnout, as Jackie just mentioned, what is that?

Dan:
Yeah, well, happy if Jackie wants to throw in with her experience too. But diabetes, distress and burnout, it's not a fewdifferent names over the last few years, really, but it's really only started to come into its own, people are starting torecognise that this is a thing. In simplistic terms, it is not having the want, or the willingness to really focus on what you need to in order to get through your day-to-day management. And it's a little bit bigger than 'I just don't really want to test my blood sugar this lunchtime.' It's more about how it impacts your activities of diabetes living on a longer-term rather than that immediately there and that. It's understandable if people get a bit annoyed and frustrated with those actions of, like I say, testing your blood sugars. And but it's where you've got so much resentment towards this, that you stopped doing it for a longer period of time. Would you agree, Jackie?

Jackie:
Yeah. I mean, we sometimes call it diabetes specific distress. There could be another reason why somebody burns out with their diabetes. There could be a major bereavement in the family, and somebody is so distressed, and then what we know is they also have to manage their diabetes for 24 hours a day, sometimes overnight. So, they don't have the capacity, the emotional capacity to carry out all that physical health care that you have to do on yourself. So, people give up. And one of my ex-patients said I had a nice diabetes holiday for four days, and I felt so unwell I had to start looking after myself again. But it's really specific diabetes distress, which leads people to feel in the long term - and this is why we have to catch people very early in clinic and screen them for diabetes distress - it really leads to sort of acute complications, such as hyperglycemia. So, people start feeling incredibly thirsty and incredibly tired very quickly. And that cascades into feeling that they can't take their insulin, they don't check their blood glucose levels, or if they're hypoing, they don't have anything with them to stop the hypo. So, it cascades into multiple problems, and we need to, you know, again, we need to screen people very early and watch out for the signs of burnout. People say, 'I can't take any more, and I can't do it anymore.' So again, we have to offer an awful lot of support to those patients.

Dan:
It's worth pointing, it's a really good point that the people have diabetes, they're not immune to the stresses and the trials and tribulations of general life that we all do. From the bereavement to the stress of jobs, exams, moving home, moving countries, moving, whatever that may be, that's a nuisance and everybody maybe gets bit stressed about it, maybe a bit anxious about it. But when you've also got diabetes, that's quite an easy thing for you to put on the backburner, which will have a significant impact on your physical health. And also, in that vicious circle on your mental health as well.

Matt:
I think you've both just started to naturally touch on the impact of diabetes and the mental health and how it can affect the physical health. Could you elaborate and tell me a little bit more about how that can happen?

Dan:
As Jackie has mentioned, she mentioned a few big fancy Latin words there. Hyperglycemia is high blood sugars essentially, and when you aren't feeling motivated to do something, or you've got resentment towards something, so you avoid it, then this is mostly the consequences from not taking insulin or not taking medication that's there to bring your blood sugars down. It can also be a complication from just throwing the towel in short-term and saying, 'I'm just going to eat whatever I want,' and go overboard with that. And that, in turn, will cause too much sugar in your body. The sugar in your blood that flows around your system can damage the very, very small little blood vessels. If it's left too high for too long, another reaction happens in your body, particularly in type one diabetes, where ketones are released to help try and find energy from somewhere else. This results for people with type one in an acute complication, short-term complication called DKA or diabetic ketoacidosis.

And unfortunately, that's got so many risk factors in itself, you know, this is unfortunately, it's a fatal complication for some people. It's not very pleasant at all. It's an extremely painful complication that comes over, usually about three or four days, but that varies with many different people, and it does require hospitalisation. The other side effects or the other implications that will have on your physical health is that whilst you've got too much sugar in your blood, and it's damaging these very small blood vessels, these very small blood vessels are all over our body. So, it will usually affect the ends of the insignificant small blood vessels, the ones that aren't important. So, the ones that are important are in your brain, and in your heart, and then your liver. But the ones that are in the end of your feet, or in your reproductive areas, or in your kidneys, or in the back of your eyes, they take the brunt of having too much sugar in your blood. And that leads to the complications of diabetes that we all know and all fear, really, and I'll speak about.

Jackie:
But I think there are also, I mean, we're always hypervigilant. And hopefully our patients are being checked, their feet are being checked, their eyes are being checked. So those are the physical complications of hyperglycemia. But I think in, when we see people in the diabetes clinic, who do have emotional or mental health problems and aren't managing their condition effectively, they're also hypoglycemic. So, they are incredibly fatigued and unwell. And that actually affects, it's a physical complication when you have anxiety often. So, it's doubly difficult to engage that person in their self-care, and even get them to attend the diabetes clinic appointments, because they start to feel terribly unwell. So, there were the long-term complications, the physical health complications and diabulimia, of course, has been called the world's most dangerous eating disorder, which I think it is, because it can be fatal. But there are these quite immediate complications of hyperglycemia, which lead to extreme tightness.

Dan:
And that's the vicious circle there, isn't it?

Jackie:
Yeah.

Dan:
That you've got this immediate, 'I'll withhold my insulin' or 'I'm not taking my medication.' 'I've done something that'scaused my blood sugars to go up. And then I feel dreadful from that. And then I feel dreadful in my mind, because I feel dreadful in my body.'

Jackie:
Exactly.

Dan:
Absolutely. Yeah. I mean, it's worth saying that for the people – if the people that are out there listening, and they've just been told they've got diabetes or something – that having higher blood sugars does happen, and it's absolutely normal to have higher blood sugars, what we're talking about here is how long they stay high for. If you forget your insulin or something at lunchtime, because you were on your train, and you've just forgotten and things happen, things can be done. We're talking about the people that have missed their insulin because they felt that they needed to or that they wanted to, rather than that they've just forgotten. So, there is a, you know, you still have the same symptoms, and you still feel shocking, you'll be upset with yourself. But for the people that I think Jackie's talking about is people that are doing this as a way of coping with something else really.

Jackie:
Yeah. And I think that there's another factor, which is very anxious people often have very high blood sugar levels, and they can take quite a lot of insulin and - it because there's a lot of adrenaline going into the system - they find it very difficult to get those blood sugar levels down. So, I think it's, you can't, there's no health without mental health, you can't manage any of these situations without the mental health teams working closely with the diabetes teams, because you both have to be talking the same language in order to help the patient.

Jenna
So, what emotional impact can a long-term health condition have on someone. We spoke to people living withdiabetes to find out.

Speaker 1:
It's made me very self-conscious. When I was first diagnosed, when I ever had time to eat anything, somebody would be saying 'are you allowed that, can you eat that,' and it made me very self-conscious of what I was eating in front of people.

Speaker 2:
There are days at work where it does affect my mental health. And just like me being able to focus on tasks or just carry out some day-to-day tasks.

Speaker 3:
The emotional impact diabetes had on me, initially, when I was first diagnosed was I was angry, I was frustrated. I was actually resentful. I didn't want to be diabetic. And I didn't want to think about my diabetes. And I didn't want to think what it meant to my identity. So emotionally, I found it very hard to come to terms with. But in recent years, with my health seriously affected, I have now begun to see that I can actually manage my diabetes more effectively, and actually have a very good life.

Speaker 1:
I think diabetes is more of a family condition than an individual condition. And I think it's really important that you talk to someone. Whether it be the partner, whether it be your kids, the parents, or a professional, go and see your doctor. Unfortunately, there is such a lack of psychological support through the medical groups in my area in particular. It doesn't normally, you don't get referred on, there is nobody to refer on to. But there are other people, for example, a couple of mental health charities that I would advise people to go and talk to. Look at any local support groups. Look at online forums, because sometimes people just want to habitat by a text message.

Speaker 3:
The advice I would give to everybody who has been diagnosed with type two diabetes is talk. Talk to someone about it. Face up to the fact that it has got an emotional aspect. You are as a human being emotionally affected by the fact that you have got a potentially life-limiting condition. So, the more you talk about it, and I have found in recent months, the more I talk about my diabetes, the better my management becomes. The more I own the how I am feeling. It's challenging every day managing my diabetes, talking about it has helped me so much.

Speaker 2:
Go and see your doctor. I think your doctor is probably the main one because they need to know what is going on. And they can best advise, you know, who you should go and see what counsellors you can go to. There're loads of training therapies out there that you can do, which I've actually done and still doing.

Matt:
Jackie, you touched on something quite nicely there. How might psychotherapists help diabetes teams and vice versa, how can diabetes teams help psychotherapists share that knowledge?

Jackie:
I obviously am a firm believer that all diabetes services have to have integrated mental health professionals in those services. So, in the service I work in, we sit in on clinics, we're asked to sit in with the specialist nurses for example, we have an eating disorder pathway. So, myself, one of the dietitians see patients together. We use the NHS appointment system, patient record system called System One. So, there's an appointment slot every week for one of the non-psychologists in the diabetes team to put their name down on that, to have supervision with us, for us to help them manage some difficulties they may be having with some of their patients. So, psychotherapy is very much integrated into all levels of the patient care pathway. And we speak to primary care and secondary care colleagues, because some of our patients are transferring on to insulin pump therapy, for example. But conversely, we're attending all the diabetes multidisciplinary team meetings, and we are learning about diabetes all the time and new techniques in diabetes, long-acting insulins, freestyle libre, insulin dose titration. We're learning from my colleagues all the time. So, if we're in all the clinics with the other members of the diabetes care team, we're learning from them all the time, and we're learning from our patients too.

Matt:
Jackie, that's a really brilliant model. But I'm guessing, Dan, this isn't the case everywhere. And the Diabetes UK report highlights that quite often this is missing in the service.

Dan:
Yeah, you're absolutely right, Matt. We know that 72% of people that we recently spoke to have felt overwhelmed by the demands of living with diabetes. And we've also known that psychological support or mental health support for people with diabetes has been missing for an awful long time. And so, in the report that you just mentioned, that's really what we're asking for. The diabetes teams have got so much to deal with that we've been trying to learn from our specialist colleagues. And like Jackie said, they've been learning from us. But rather than just doing a kind of hatchet job of the diabetes nurse trying to deal with something that's extremely complex, as well as dealing with everything else that's complex. Now's the time to really for the country, and for people with diabetes, to get the care that they deserved. And so, our report does call for diabetes teams to have access to specialist services, be it the psychology support, or mental health support. And it's something that we are very passionate about. And we know that people with diabetes also are very passionate about this.

Jackie:
Yeah, I'm working with NHS England in diabetes as well, trying to formulate an action plan really for integrated care pathways in diabetes. And I think that psychology is everybody's business. The diabetes specialist nurses and the dietitians, for example, need to be able to offer psychological care and support to their patients. But when we go over into the area of mental health, even low levels of depression and anxiety, we need to be able to have teams which can refer patients internally within the diabetes teams to those psychotherapist or mental health professionals. So that the patient doesn't feel so stigmatised about having a mental health or an emotional difficulty with their diabetes when they're sent out of the diabetes centre into a mental health team. And that's particularly important for male patients.

Matt:
Why is that so important for male patients?

Jackie:
Because women become more depressed than men, but if men become depressed, that's more likely to tip into suicidal ideation. And we need to normalise psychotherapy in diabetes clinics. In our service for example, my office is next to the podiatrist's office, which is next to the dietician's office. So, if you normalise psychological care, men feel less stigmatised about accepting the treatment and the support and the referral, and they will turn up for their appointment. 41% of our people on the psychotherapy waiting list are men, and that's a very high level, because nationally it's 23-28%, depending on the service.

Matt:
So, in what you say in your model is that you made sure that you're part of the full care.

Jackie:
We're part of the team.

Matt:
And it's that sort of normalisation that makes people feel that there is no stigma attached to saying they have an issue with their mental health when living with their diabetes. It feels like the formal care package. And that would be the ideal, I presume across the board.

Jackie:
Well also, all clinic members, the dietitians, the podiatrist, the consultants, the nurses screen for psychological problems at every single appointment. So, they're saying, by definition, we know that there could be a problem and we're here to help you with it.

Dan:
This is a really good example of how it can work and how it should it work.

Jackie:
Yeah.

Dan:
I think your people that come to your service are obviously super lucky. Because we know that right across the country, that there is this lacking in support. Now, whether that's from the specialist members, like yourself, or whether it's from the rest of the team, just not acknowledging, not having the skills, the training to talk about it, or even then signpost on somewhere else. And I totally agree that it should be part of, absolutely, just be part of the care.

Jackie:
The care package.

Dan:
Just for the people with diabetes themselves to not feel recognize. But then also, that we recognize right across the country that there are people that need extra support and it's absolutely understandable that, you know, if they needto put the hand up and say, 'I'm after extra support', that people can do that.

Matt:
Jackie, we talked a bit about diabetes distress and diabetes burnout, but how can psychotherapy actually help someone who is experiencing that?

Jackie:
So, diabetes burnout involves cognitive weariness, and it means that people don't feel able to look after themselves, and they can't think straight, and therefore they can't act on their diabetes self-care requirements. So, we need to give people a lot of intensive emotional support at that time, normally we would be providing it weekly. We need to listen to what's gone wrong for them, because burnout is very personal to each individual person, there's not a template for burnout. And we need to find out what their tipping point was. It could be lack of support, or the development of complications. So, we look at their emotional resilience issues. And then although diabetes, psychotherapists aren't providing diabetes education, we plan a number of sessions and we might say, 'what could you do over the next week that would keep you safe in terms of your diabetes?' Because we're doing a risk management job in diabetes psychotherapy. So, it could be, 'do you think you could take some short acting insulin? Do you think you could blood glucose monitor during the week? What is it you feel you've got the capacity to do? And what could we do to help you achieve that before your next appointment?' You know, say I saw somebody on a Tuesday, I might say, 'would you like me to book a telephone appointment with you, with the duty specialist nurse on Friday to see how you're getting on before next week?' So, it's emotional support. It's scaffolding the therapy sessions, finding out what the tipping point is,working with, you know, that emotional conversation and popping in some very specific practical strategies to keep that person well and hopefully keep them out of hospital.

Matt:
And are there other areas in which psychotherapy can benefit someone living with diabetes?

Jackie:
If you're working with people with diabetes, you have to be able to work with three key areas, which is, as I already mentioned, depression, anxiety, diabulimia and binge eating disorder, because that's what's going to be coming through your door every day. So, we know that psychotherapists would be trying to find out what the particular emotional relationship is that that person has with their diabetes, but it's very holistic. So, we wouldn't just be having a conversation about diabetes management and diabetes management problems if somebody is depressed. There could be other aspects of their lives that are problematic. Problems in a relationship, problems in the family, problems at work. So, we would be having that conversation weekly, and working on strategies to think and feel differently.

Matt
It's about more than just looking at the conditions. All those external factors that can affect it as well.

Jackie:
But not everybody who's finding it difficult to manage their diabetes struggles with their diabetes alone. They're struggling with other issues. We've got to find those other issues and treat those because then that enables somebody to look after themselves properly.

Matt:
So, if someone is listening and is living with diabetes, how might they go about accessing talking therapies?

Jackie:
I mean, if there are no integrated psychotherapists in your diabetes team, it's the first port of call is normally to ask your, you know, diabetologist, or whoever you're seeing who's involved with your diabetes care. Most of our patients normally go to their GP and ask for counselling. It's often not suggested by the GP because of the long waiting times. And often those people don't see therapists who've got diabetes knowledge, which is a big problem for them. And they will only normally be offered one type of therapy.

Matt:

Dan, I imagine what you're finding from your report is, it is really difficult to access the services.

Dan:

Yeah, very much so. I mean, to answer your question, Matt, the first kind of point of call is that we would say is to your GP. You're right, you know, when people with diabetes have good relationships, hopefully with their diabetes teams, their nurses, dietitians, and doctors. But we're starting to see that people are then being almost passed from pillar to post, and that they need to go to their GP to access an IAPT appointment, and sit and wait. And I think that for people that aren't the complex cases, then I think that's probably the right place to start with, just to get the ball rolling. But being aware and being open to the rest of your diabetes team that you are needing some extra support, so that if there is another way within their services that they can access it. Many people might not know if they've got an integrated service, many people might not know if they've got a team relationship with the mental health team or so on and so forth. So, just being open and frank about it, I think is very much the way. We speak to a lot of people who tell us that they're seeing a therapist from one degree or another and they just don't think it's working. They're not getting on, they've not got the right relationship and it's very much worth saying don't give up on it there. There is other options, isn't there Jackie? And surely, the relationship between you and your therapist is vital.

Jackie:
Crucial.

Dan:

And so, if you haven't got the feeling, if you just don't feel it's right, put your hand up and say, 'this isn't right,' and you know, nobody will be offended, people will understand this. There is also another option for when people need to just have that extra support, and they just want to speak to somebody that does understand diabetes, and that can help you with some emotional support there and then, and that's Diabetes UK's helpline. The number is 0345 123 2399. And these are trained counsellors that will help to speak toyou about. They understand living with diabetes and its complexities and how hard it is. Jackie mentioned earlier on thecharity Diabetics with Eating Disorders, so if you want more signposting through to them call our helpline and they'll sort that out. If you want to just talk about how rough things are feeling and just get it off your chest. They're really, really good service for that as well.

Matt:

And also, I think it's good to note for any psychotherapists who may be seeing someone outside of perhaps the NHS framework or have not got the experience of someone living with diabetes, that they can also call the helpline and talk to find out more about living with the condition. There's free resources and trained people at the end of the phone as well.

Jackie:

I mean, we recommend Diabetes UK a lot to our patients, and we've got a psychotherapy service in the diabetes centre. Because they could support people while they're waiting to see us, and we also use Diabetics with Eating Disorders, and they've got a very good website. We also like peer support groups, and in some of our local areas, there appear support groups, particularly for the young adult with diabetes. So, we push where it moves really, we try and offer them whatever there is available that we think provides high level care.

Matt:
It is important to know that there is some support out there.

Dan:
Absolutely, there is support or that whether that be the online diabetes community, where you'll get some peer support. So obviously, don't expect to be given diagnosis from some person at the end of a tweet chat, or whatever that may be. But know that there are people there that will listen, counterparts that have been through similar things to you and will be able to just understand, the right way to speaking to trained professionals. There is absolutely support out there. Unfortunately, it's just not widely used, it's not widely known and there's a lot more that can be done.

Matt:
And also, if you go to the UKCP website psychotherapy.org.uk, we do have the resource where you can find a therapist.

Dan:
While we're talking about resources. I think it's worth mentioning that we've developed a series of resources called information prescriptions and particularly for this case, the information prescription for diabetes and mood. It's where healthcare professionals can start to facilitate conversations with people living with diabetes around particular areas, and they can be accessed not only through our website at diabetes.org.uk, but also through the primary care IT systems.

Matt:
I wanted to touch on a little bit, and talk about stigma, because we've mentioned it a bit earlier, but people living with diabetes, and particularly those with type two, can often feel quite an impact of stigma due to, perhaps sometimes due to society's perceptions of the condition. But how does this affect someone?

Dan:
Yeah, I think when someone is given a diagnosis of type two diabetes, there's a portrayal and there's a perception that they have brought this on themselves. That they've been eating the wrong things, they've not been working out, you know, they've been too lazy to do anything about it themselves, that they have literally eaten themselves into getting type two diabetes. And I've never ever in my working career ever met anybody that has set out to try and get type two diabetes. So, it's a complete prejudice really, that people want to get it, that they're just not healthy. And that's absolutely rubbish. It's ridiculous. If we believe that people with diabetes are more at risk due to being overweight, not everybody who is overweight develops type two diabetes. So, it can't be just because you've been a little bit too excessive with certain types of food. It's much more complex than this. When you've got this guilt, or this shame of having this condition that people have got a misbelief about, and you've also potentially got some mental health worries or concerns going on, then they've got an awful lot to deal with. I mean, the big thing, I think, is society's perception of diabetes is just so horrendous. You know, we often hear complaints about journalists, we hear complaints about TV programmes that use diabetes as a joke. And people use Homer Simpson, because he's funny, because he's overweight, and you know, it looks like he's going to get diabetes. But diabetes isn't funny. A disease that causes all of these problems isn't funny.

Jackie:
I think the other thing about stigma is - I mean, I completely agree with that Dan - it leads to concealment, and it leads to hiding things. Because often people with type one diabetes are treated as if they've got type two diabetes, and they've brought it on themselves. So, when people hide, when they feel stigmatised, they feel ashamed and guilty, so they hide their condition. So, they won't take the insulin out with them, for example, they won't be looking after themselves properly, they won't tell people at work that they've got diabetes, because they feel judged. So, it's a massive area that we work with, with people with diabetes who feel ashamed, and they're hiding their condition.

Matt:

It's almost like a duel shame, this sort of stigma of the condition, but also the stigma of saying 'I have a mental health challenge at the moment.' And bringing those together can probably really affect someone living with diabetes, I wouldhave thought.

Jackie:

Well, I think that's one of the crucial reasons why you need to have integrated psychology into diabetes teams. Because when you say, this is normal for us to deal with mental health difficulties, a lot of our patients feel ashamed that they've got diabetes. When we normalise it, it really does diminish the shame and guilt and the concealment of the condition because people who feel stigmatised don't always attend their appointments because they're acting as if they don't have the condition. So, if you're attending your appointments, you're by definition, saying to your work colleagues, 'I've got a hospital appointment, I've got a clinic appointment.' So, we've got to do everything we can to minimise that double dose of shame, because it makes people feel as if they're failing. They should cope with something, but they can't cope with anything.

Jenna:

We took to the streets to find out if the negative media perceptions of diabetes were also the perceptions of the public. Here's what they said.

Speaker 4:

I think living with diabetes, because it's quite a common illness, it's really sort of acceptable now and people have learned how to adapt to live with it.

Speaker 5:

Stigma is probably, I don't know whether it's the right word to use, I think it's a challenge for people that have diabetes. I think not anymore. I think maybe there has been, but it's become a lot more research, a lot more people aware of it. And there's a lot more medical help for people who are living with diabetes.

Speaker 4:

I think living with diabetes can be quite shocking change to people's lives. Because a lot of the time it comes along in later life when people are used to doing what they do. So, trying to control it, when you're maybe in your 40s or 50s, is a lot harder than trying to live with it when you're very, very young. So, I think there has to be a lot of support, so people canactually adapt and live their life with minor adaptations really.

Matt:

I think we often talk about with mental health challenges, the importance of talking openly and I just wondered, Dan, is there anything you wanted to add in summary to this?

Dan: To summarise, I think that we need to recognise – society, our listeners – that diabetes comes with so many, so many challenges. That there is help out there when you're ready, and when you're feeling, if you're just on the edge and you're wanting to speak to somebody. And please, I would urge people to call our helpline. It is a confidential helpline so please do ring to speak to somebody. Speak to someone about how you're feeling, about your diabetes,

about everything in general. And know that we are there to help and support you too.

Matt:
There is no shame in saying 'I'm struggling.' Jackie, what would you like to add in conclusion?

Jackie:
Well, I think you have to be very brave to say you're struggling. I think it's the opposite of shameful dialogue. I'm obviously passionate about integrated care pathways in all aspects of diabetes care.

But I think psychology and psychological care is everybody's business, not just the psychologist's business. And it's too expensive, not just in terms of healthcare costs, but in terms of the development of complications, to not provide psychotherapy to people with diabetes.

Matt:
If you do want to download the report that's on the Diabetes UK website, that's diabetes.org.uk. It's called Too Often Missing. I know there's a campaign I think you're asking people to sign up for as well. If you are struggling, please do speak to their helpline. Or if you want to find a therapist, you can do so through the UKCP website or to speak to your GP. Thank you, Dan. Thank you, Jackie. It's been a really interesting conversation.

Jackie:
Thank you.

Dan:
Thank you.

Matt:
Thank you very much.

Jenna:
That was UKCPs Head of Content and Engagement Matt Nichols talking to psychotherapist Jackie Fosbury and Head of Care at Diabetes UK Dan Hower. If you've enjoyed this episode, make sure you subscribe to our channel, leave a like on this episode and comment down below if you've got anything to say. You can also keep up to date with new episodes by following us on social media. Find us on Twitter @ukcp_updates on Facebook at UK Council for Psychotherapy or keep up to date with us on Instagram @psychotherapiesuk. Until next time, take good care of yourselves.