

What needs to happen in England



In England more than 3.2 million adults are diagnosed with diabetes¹. Living with diabetes can be tough, and keeping on top of it can be a struggle. People have told us that good emotional and psychological wellbeing is critical to managing their condition.

In a survey of more than 2,000 people living with diabetes across the UK, 7 in 10 told us that they feel overwhelmed by its day-to-day demands. They told us that they wanted more support for their emotional and psychological wellbeing as part of their routine diabetes care. Of those we surveyed who had felt they needed specialist care from a mental health professional, 7 in 10 couldn't access it.

Healthcare professionals echoed this call. But they need more backing to be able to offer this support to everyone affected by diabetes in England.

Things have to change. We want diabetes care that sees and supports the whole person. The emotional and psychological impact of diabetes should be recognised in all diabetes care. And everyone affected by diabetes must have access to the support they need, when they need it.

“To be asked how I am would be wonderful.”

Person with Type 2 diabetes

¹ NHS Digital (2018) Quality and Outcomes Framework 2017–18. Accessed at: digital.nhs.uk/catalogue/PUB30124



The emotional and psychological impact of diabetes to be recognised in all diabetes care, through systematic care and support planning and better conversations. To support this, we call for:

- Sustainability and Transformation Partnerships, Integrated Care Systems, and Clinical Commissioning Groups to ensure the rollout of personalised care. This includes action to improve emotional and psychological wellbeing support for people affected by diabetes, through systematic care and support planning².
- Healthcare professionals delivering diabetes care to ensure they provide the opportunity for conversations about emotional wellbeing during appointments. Resources such as our Information Prescription **Your Emotions and Diabetes**³ and the Diabetes UK and partners⁴ guide **Diabetes and Emotional Health**⁵ should be used within care and support planning conversations.
- NHS England to explore implementing person-centred outcomes, which encompass the emotional and psychological aspects of living with diabetes, into quality improvement programmes.
- NICE guidance on Type 1 and Type 2 diabetes to be updated to include further guidance on the importance of identifying emotional and psychological support needs in all diabetes care⁶.

- Local decision makers to monitor compliance with relevant NICE guidance on diabetes and person-centred care⁷.
- Diabetes structured education programmes to further recognise the importance of emotional and psychological wellbeing in diabetes, and signpost to other information and support.



The NHS and the third sector at a national and local level to work together to provide services such as peer support, community groups, education and self-help resources for people affected by diabetes. To support this, we call for:

- NHS England and local decision makers to increase access to social prescribing, including commissioning peer support services, and referring to Diabetes UK services.
- The third sector and local organisations to connect with national and local NHS services, ensuring healthcare professionals are aware of the services and support they offer for referral and signposting.
- Linkworkers – where they are in place – to be aware of the social prescribing options for diabetes in their area.



Services providing diabetes care to be supported by specialist mental health professionals, including psychologists and liaison psychiatrists, to ensure effective provision across all levels of need. To support this, we call for:

- Commissioners to ensure diabetes services include an integrated mental health professional with knowledge of diabetes who can both give advice and provide care.
- Increasing Access to Psychological Therapies for people with long term conditions (IAPT LTC) to be commissioned across England to provide services for anxiety and depression in the context of diabetes. IAPT is a programme that runs across England, through which most people access mental health services through primary care. Some areas have commissioned specific services to support mental health needs for people with long term conditions. The ultimate aim should be for physical and mental health services to be fully integrated, with appropriate training arrangements in place to ensure staff from both teams benefit from their counterparts' expertise.
- Commissioners to ensure that IAPT LTC services are available in every area, and care provision for more complex problems is also available to help people that IAPT LTC is not equipped to support.
- NHS England to facilitate data sharing between IAPT LTC teams and the long-term condition services they work with, for example diabetes teams. This would help ensure that both physical and mental health outcomes can be recorded, with both services supporting each other.
- NHS England to ensure diabulimia pilots in London and the South Coast are effectively evaluated, with scale-up plans then developed to ensure access to diabulimia services across England.



An integrated care pathway for diabetes and emotional and psychological wellbeing to be developed and implemented in England. To support this, we call for:

- NHS England to work with mental health teams, diabetes teams, and people affected by diabetes to develop and endorse an integrated care pathway and indicators for diabetes and mental health. This will help to show what services and support are needed in all areas, and support implementation across the country.
- Local decision makers to commission services according to a nationally agreed framework and pathway. For example, specialised diabetes mental health professionals within diabetes multidisciplinary teams, and liaison psychiatry services, which specialise in the interface between physical and mental health in secondary care.
- Integrated Care Systems, Sustainability and Transformation Partnerships, Clinical Commissioning Groups and other local decision makers to assess, review and bolster availability of local services providing emotional wellbeing support, and specialist psychological services.

² Year of Care. Year of Care House. Accessed at link: <https://www.yearofcare.co.uk/house>

³ Diabetes UK Information Prescription: Your Emotions and Diabetes. Accessed at: www.diabetes.org.uk/professionals/resources/resources-to-improve-your-clinical-practice/information-prescriptions-qa

⁴ This resource was adapted from the original Diabetes and emotional health A handbook for health professionals supporting adults with Type 1 or Type 2 diabetes which was developed by the Australian Centre for Behavioural Research in Diabetes (ACBRD), the National Diabetes Services Scheme (NDSS) and Diabetes Australia in 2016

⁵ Diabetes UK (2019) Diabetes and Emotional Health – a practical guide for healthcare professionals supporting adults with Type 1 and Type 2 diabetes. Accessed at: www.diabetes.org.uk/emotional-health-professionals-guide

⁶ NICE. NG17 Type 1 diabetes in adults: diagnosis and management. NG28 Type 2 diabetes in adults: management.

⁷ NICE. CG91 Depression in adults with a chronic physical health problem: recognition and management. CG138 Patient experience in adult NHS services: improving the experience of care for people using adult NHS services. CG136 Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services. NG3 Diabetes in pregnancy: management from preconception to the postnatal period, NG17 Type 1 diabetes in adults: diagnosis and management, NG28 Type 2 diabetes in adults: management.



All healthcare professionals providing general diabetes care to have the training and skills to identify and support the emotional and psychological wellbeing of people affected by diabetes. To support this, we call for:

- Health Education England, academic institutions, and local commissioners to further develop and fund training for diabetes staff to include management of emotional and psychological care, and implementation of care and support planning.
- Healthcare professionals providing diabetes care to refer to the guide⁴ on providing emotional and psychological support **Diabetes and Emotional Health**⁵, and complete available training courses on diabetes.
- Mental health professionals who are integrated into diabetes services to support other staff by sharing their expertise.



Mental health professionals providing care for people affected by diabetes to have knowledge of diabetes and an understanding of the impact the condition can have on physical, emotional, and psychological wellbeing. To support this, we call for:

- IAPT services to ensure IAPT practitioners working with people affected by diabetes have training to understand the emotional and psychological impact of diabetes, and of associated mental health problems that can arise. Including diabetes distress or diabulimia.
- Commissioners to ensure Community Mental Health Teams, and other mental health professionals working mainly with people with severe mental illness have training to understand the emotional and psychological impact of diabetes. And of associated mental health problems that can arise and are specific to diabetes, such as diabetes distress, or diabulimia.
- Those providing mental health services for people affected by diabetes to refer to the guide⁴ on providing emotional and psychological support, **Diabetes and Emotional Health**⁵, and complete available training courses on diabetes.

Join us

We've spoken to thousands people affected by diabetes and they told us that when people are struggling, too often the support they need is missing.

Help us make emotional and mental health support a part of everyone's diabetes care.

Visit our website at: www.diabetes.org.uk/emotional-wellbeing