

# Response to Towards a Mentally Flourishing Scotland



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Diabetes UK Scotland is one of Scotland's largest patient organisations. Our mission is to improve the lives of people with diabetes and to work towards a future without diabetes through care, research and campaigning. With a membership of over 11,000, including over 600 health care professionals, Diabetes UK Scotland is an active and representative voice of people living with diabetes in Scotland. We welcome the opportunity to respond to this consultation and hope that our comments will feed in to the final document.

## FACTS ABOUT DIABETES

- There are 193,000 people with diabetes in Scotland, equivalent to just fewer than four per cent of the population.<sup>1</sup>
- Diabetes is set to increase. It is predicted that diabetes prevalence will double world-wide, rising to at least 5% by 2010, accounting for 300,000 people in Scotland<sup>2</sup>
- Diabetes affects the young and old, and has particularly poor outcomes in those of lower socio-economic status and in those from black and minority ethnic groups.<sup>3,4</sup>
- Evidence is available supporting the need for improved education of people with diabetes and their carers if better control and improved outcomes are to be achieved.<sup>5,6,7</sup>
- Diabetes, if undetected or not well managed, can lead to many complications, including heart disease, mental ill health, blindness and lower limb amputations, and have a devastating impact on quality of life.
- The number of people with diabetes is growing as a proportion of all long-term conditions<sup>8</sup>

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### DIABETES AND MENTAL HEALTH

Mental health problems occur frequently in diabetes; depression is the commonest disorder, but it is often unrecognised and untreated. It affects those with both type 1 and type 2 diabetes, but is more frequent in women.”<sup>1</sup>

Some studies suggest that depression and/or anxiety may affect up to 50 per cent of young people with poorly controlled Type 1 diabetes.<sup>2</sup>

Depression may also be a risk factor for diabetes (especially Type 2), due to its effects upon diet, exercise and smoking/drinking.

Between 20 and 30 per cent of people with diabetes will experience significant depression which is often associated with poor self-care.<sup>3</sup>

In adults with established type 1 and type 2 diabetes, the frequency of depression and anxiety are about twice as high as in the general population.<sup>4</sup>

Anxiety disorders are also more frequent in those with diabetes. Patients and doctors may find it difficult to distinguish anxiety problems from hypoglycaemia.<sup>3</sup>

Phobic disorders are more common in adults with diabetes than in the general population. Fear of blood and injury may lead to less blood-glucose self-monitoring and poorer control. Fear of hypoglycaemia is common.”<sup>4</sup>

The prevalence of type 2 diabetes is increased in those with schizophrenia.<sup>3</sup> The use of antipsychotic medication is associated with an increased risk of developing type 2 diabetes, which seems to be independent of the risk associated with schizophrenia itself.<sup>3</sup>

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<sup>1</sup> Chapter 64: *Mental health problems in people with diabetes*. L Green and J Catalan. In: *Textbook of Diabetes*, (ed) JC Pickup and G Williams. 2003 (3<sup>rd</sup> edition) Oxford: Blackwell Science Ltd.

<sup>2</sup> Fact Sheet 23: Depression and Diabetes, Diabetes Update, Winter 2001. (<http://www.diabetes.org.uk/update/winter01/fact.htm>)

<sup>3</sup> Diabetes: State of the Nations 2005: Progress made in delivering the national diabetes frameworks. A report from Diabetes UK In partnership with the All-Party Parliamentary Group for Diabetes and supported by the Hansard Society. December 2005. London: Diabetes UK

<sup>4</sup> Chapter 63: Psychological factors and diabetes mellitus, CM Ryan. In: *Textbook of Diabetes*, (ed) JC Pickup and G Williams. 2003 (3<sup>rd</sup> edition) Oxford: Blackwell Science Ltd

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*“It’s well recognised that depression has a huge capacity to feed itself, remorselessly, on personal misfortune. What better to feast on than a genuinely incurable, chronic medical condition? Equally, it’s well known that calamity and adversity can trigger depression, thus sparking off a vicious cycle.”<sup>5</sup>*

According to a Review of Psychology Provision to Adults & Children with Diabetes in Scotland<sup>6</sup>, the level of psychology provision to people with diabetes is inadequate amounting to about one psychologist for every 11 000 people with diabetes. Of the provision that does exist, most of it is dependent on good will, the personal interests of local psychologists and temporary funding. Psychology provision to primary care patients and staff is non-existent. The report also states that ‘psychology time is used in the most inefficient way, namely delivering psychological therapy to a small number of individuals with mental health problems’ and that ‘a more systematic approach to psychology provision is required.’

The Scottish Diabetes Framework Action Plan<sup>7</sup> (2006-09) commits to improving ‘access to psychological and emotional support for people with diabetes in all parts of Scotland. The focus of activity is on skilling diabetes specialist staff in behaviour change methods and psychological support. This includes the identification of depression and anxiety. The Scottish Diabetes Group, which oversees implementation of the Action Plan, remains committed to this objective. However, progress has been limited to date. **It is important that the action plan which emerges from this consultation generates additional momentum for improvements in emotional and psychological diabetes care. It is equally important that, as the consultation document states, provision of support outwith the healthcare system has relevance to target groups including people living with diabetes.**

For people living with diabetes, a mentally flourishing Scotland would include:

- Diabetes compounded by mental disorders can be a complex and life-threatening pathological condition putting people at high risk of acute complications. Depression in patients with somatic disorders such as diabetes is under diagnosed, which means the

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<sup>5</sup> Diabetes Blues. Balance magazine. March/April 2001, no 180

<sup>6</sup> A Review of Psychology Provision to Adults & Children with Diabetes in Scotland. A Report by the Psychology Working Group for the Scottish Diabetes Group. January 2006

<sup>7</sup> Scottish Diabetes Framework Action Plan. Scottish Executive. 2006

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condition remains untreated. **Early diagnosis and treatment, including access to emotional and psychological support, are essential.**

- We welcome the commitment in the consultation document to focus **preventive measures on the interaction between mental illness and conditions such as diabetes**
- Possible **target groups for the final action plan must include people living with long term health conditions**; and priority should be given to establishing **clear linkage with the national strategy for long term conditions**
- Stigma and discrimination have been features of living with diabetes over many years – children excluded from certain school activities, access denied to certain jobs, attitudes of colleagues and peers. **The double-bind of diabetes and mental illness in terms of stigma and discrimination needs to be recognised in the prioritisation of support**
- Mental disorders manifest themselves differently in children and young people than in adults. **Knowledge of developmental psychology is, therefore, important within the health and social care support systems that young people with diabetes benefit from**
- People with diabetes should have **access to a trained professional who can bring psychological expertise and experience, and knowledge of diabetes, to the overall package of care**
- The emerging emphasis in healthcare in Scotland on support for self management including patient education has been welcomed by Diabetes UK Scotland. However, traditional models of care have up until now failed adequately to address psychological needs. Without patients' psychological wellbeing, diabetes education will not work. **The final action plan should connect fully and in practical terms with self management developments in terms of supporting mental wellbeing.**
- Diabetes UK Scotland believes that all people with diabetes who are suffering from depression should have **access to psychological support from a healthcare practitioner with a specialist interest in diabetes.**
- Some people with diabetes have a capacity to self harm insofar as they neglect their own needs, take excessive risks and put themselves in hazardous situations (skipping insulin

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doses, for example). Also, 10% of young women with Type 1 diabetes have an eating disorder. This can have serious consequences in the short and long term. **Appropriate support needs to be targeted at these at-risk groups ensuring a balance of emotional and physical care.**

- Diabetes UK Scotland has over 40 local voluntary groups across Scotland. These groups provide a vital link for people with diabetes to access information and support at a local level. **The final action plan needs to support voluntary efforts at a local level as key contributors to emotional well-being.**

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### Shared objectives and actions for local delivery

- Linkage with the work of Diabetes Managed Clinical Networks in order to improve provision of emotional and psychological support with diabetes services.
- Linkage with the Living Better Project<sup>9</sup>. Focus on CHP activities

### National supports

- Coordination between national strategy for long term conditions and the final action plan
- Knowledge exchange between the Living Better project and Towards a Mentally Flourishing Scotland Action Plan

### Tracking and assessing performance

- The Living Better project will be gathering relevant information on targeted interventions in relation to people living with diabetes, depressions and anxiety.
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<sup>1</sup> Scottish Diabetes Survey 2006

<sup>2</sup> Amos AF, McCarty DJ, Zimmet P. The Rising Global Burden of Diabetes and its Complications: Estimates and Projections to the Year 2010. *Diabetic Medicine*. 5: Volume 14. 1997

<sup>3</sup> Chaturverdi N, Jarret J, Shipley MJ, Fuller JH. Socio-economic gradient in morbidity and mortality in people with diabetes: Cohort study findings from the Whitehall Study and the WHO multinational study of vascular disease in diabetes. *BMJ* 1998; 316:100-106

<sup>4</sup> Mather HM, Chaturverdi N, Fuller JH. Mortality and morbidity from diabetes in South Asians and Europeans: 11 year follow-up of the Southall Diabetes Survey, London, UK. *Diabetic Medicine* 15: 53-59

<sup>5</sup> UK Prospective Study Group (UKPDS). Effect of intensive blood glucose control with metformin on complications in overweight patients with type 2 diabetes (UKPDS 34) *The Lancet*. Vol 352, September 12, 1998

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<sup>6</sup> Diabetes Control and Complications Trial (DCCT) Research Group. The effect of intensive treatment of diabetes on the development and progression of long-term complications in insulin-dependent diabetes mellitus. *The New England Journal of Medicine*. Vol 329: 14. September 30, 1993

<sup>7</sup> UK Prospective Diabetes Study Group (UKPDS). Tight blood pressure control and risk of macrovascular and microvascular complications in type 2 diabetes (UKPDS 38). *BMJ* Volume 317, 12 September 1998

<sup>8</sup> The impairments most commonly reported by adults with long-term health conditions were related to heart, blood pressure or circulation problems and to arthritis. The figures suggest that both heart problems and diabetes (especially the latter) have increased over time. For example in 2001-2002, 30% of adults with long-term health conditions reported that their condition was related to heart problems, while 8% were related to diabetes. The comparable figures for 2005-2006 were 35.5% for heart problems and 12.2% for diabetes. *The Scottish Government Social Research, Characteristics of Adults in Scotland with Long-Term Health Conditions*. 2007.

<sup>9</sup> Living Better is a new project on improving the delivery of mental health promotion, service responses and outcomes for patients who have heart conditions and/or diabetes and co-morbidity of depression and anxiety. It involves a partnership between The Royal College of General Practitioners (RCGP Scotland) The Universities of Edinburgh, Glasgow & Stirling, The Scottish Development Centre for Mental Health, Depression Alliance Scotland, The British Heart Foundation (BHF Scotland) and Diabetes UK Scotland