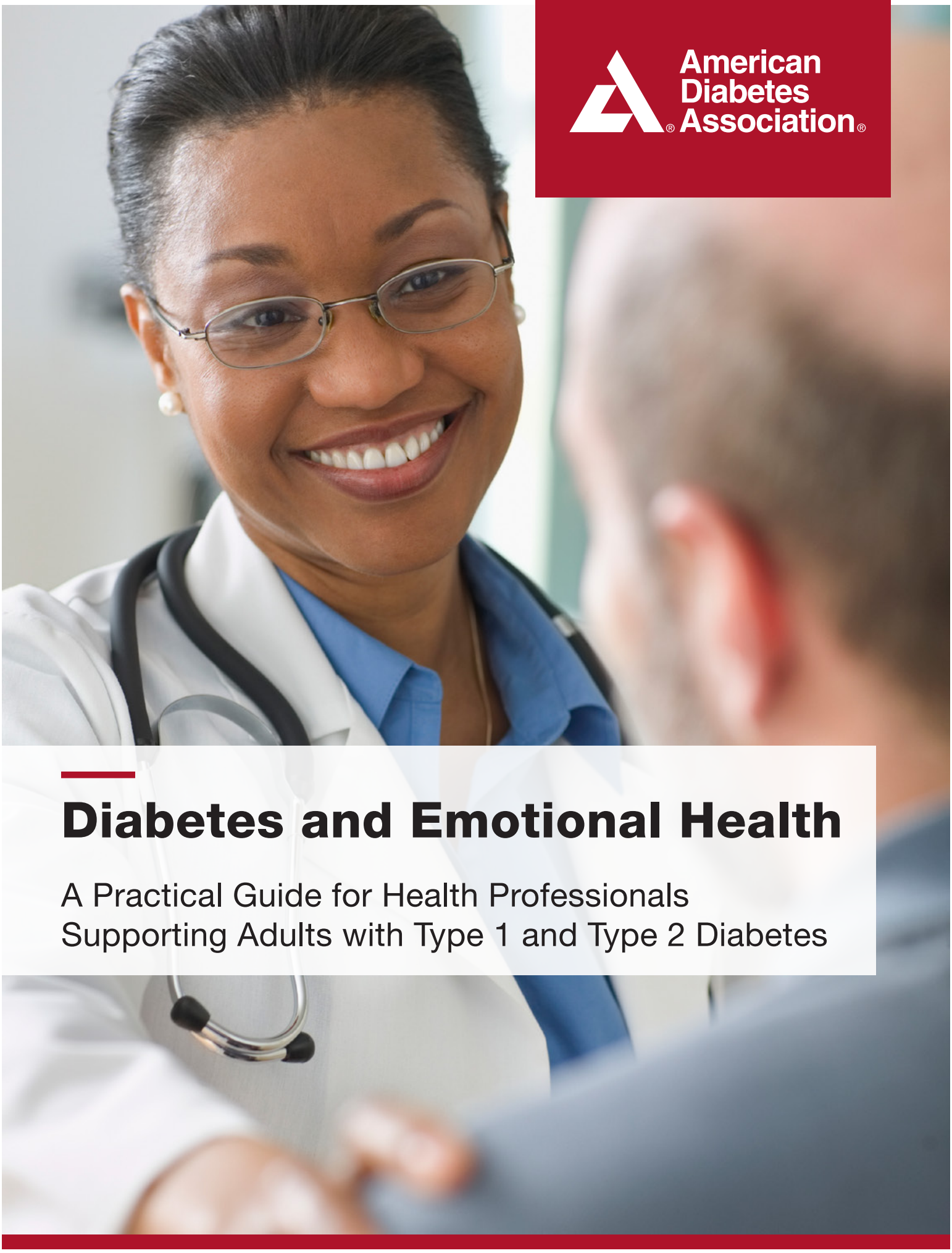

American Diabetes Association®

Diabetes and Emotional Health

A Practical Guide for Health Professionals Supporting Adults with Type 1 and Type 2 Diabetes

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This guide was originally developed as an activity of the Mental Health and Diabetes National Development Programme, which is funded as part of the National Diabetes Services Scheme (NDSS). The NDSS is an initiative of the Australian Government administered with the assistance of Diabetes Australia. Leadership for the Mental Health and Diabetes National Development Programme is provided by Diabetes Victoria.

Suggested citation: Hendrieckx C, Halliday JA, Beeney LJ, Speight J. *Diabetes and emotional health: a practical guide for health professionals supporting adults with type 1 or type 2 diabetes.* Arlington, VA: American Diabetes Association, 2021, 3rd edition (U.S.).

ISBN 978-1-58040-793-9

Cover image: Jose Luis Pelaez Inc/Getty Images.

Selected photographs from Shutterstock and Unsplash.

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Foreword

We are delighted to introduce *Diabetes and Emotional Health: A Practical Guide for Health Professionals Supporting Adults with Type 1 and Type 2 Diabetes*. This guide is a much-needed complement to the medical strategies offered by leading organizations worldwide, such as the ADA *Standards of Care*. Life with diabetes is complex and multi-faceted, and its management requires much more than medical treatment—it requires a whole-being approach.

As of the publication of this guide, there are over 34.2 million people living with diabetes in the United States, and 88 million more living with prediabetes. With those numbers growing, it is the commitment of the American Diabetes Association to create a life free of diabetes and all its burdens. While we aim to decrease the number of people developing diabetes, we are also committed to helping those living with diabetes thrive. Emotional health is a critical part of that commitment, since it is a contributing factor to both better diabetes clinical outcomes and overall quality of life. The scientific literature is clear regarding the negative predictive nature of poor emotional health, which is why we are thrilled that this valuable resource is available to professionals across the globe.

The toll associated with the consequences of diabetes affects more than just the person with diabetes. It is understandable that people, regardless of age and form of diabetes, often struggle to manage the ups and downs of blood glucose, personal advocacy, the financial cost of diabetes, emotions surrounding life with the disease, and overall quality of life. Connecting clinical and emotional care in diabetes is a necessary step in moving toward a more complete approach that focuses on the individual's journey with the condition and strives to help the person—and the family and caregivers surrounding them—thrive.

This guide has been developed from the *Diabetes and Emotional Health Handbook*, published by the National Diabetes Services Scheme in Australia and authored by a team of health professionals specializing in psychology and diabetes. It has been adapted for a U.S. audience by an equivalent expert group of U.S.-based clinicians and professionals. Throughout this guide you will find resources aimed at improving the overall knowledge of emotional health and strategies to best serve people with diabetes. We at the American Diabetes Association see this as a transformational moment in diabetes care. It is our hope that this book will become an indispensable tool for health professionals as they strive to help people with diabetes live their best life. The evidence is strong, and the need is great.

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Acknowledgements

The American Diabetes Association (ADA) would like to thank the following for their support in developing the U.S. edition of this practical guide:

- **Linda Cann**, Senior Vice President, Professional Services, American Diabetes Association
- **Kristine Paschalis**, Managing Director, Professional Services, American Diabetes Association
- **Douglas Tynan**, Mental Health Steering Committee Coordinator, American Diabetes Association
- The **Helmsley Charitable Trust** for its generous support.
- **Christel Hendrieckx**, Senior Research Fellow, The Australian Centre for Behavioural Research in Diabetes
- **Jane Speight**, Foundation Director, The Australian Centre for Behavioural Research in Diabetes

The ADA would also like to thank the many individuals and organizations who contributed to the development of the original practical guide, on which this U.S. version is based.

You can find the updated version of the Australian practical guide (2020), including the original Foreword, Acknowledgements, and Expert Reference Group at:

www.ndss.com.au/health-professionals-resources

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Acronyms and Abbreviations

7 A's	Aware, Ask, Assess, Advise, Assist, Assign, Arrange
A1C	Glycated Hemoglobin
ADA	American Diabetes Association
ADA MHPD	American Diabetes Association Mental Health Provider Directory
BMI	Body Mass Index
CAT	Crisis Assessment or Acute Treatment team
CBT	Cognitive Behavioral Therapy
CBT-E	Enhanced Cognitive Behavioral Therapy
DDS	Diabetes Distress Scale
DEPS-R	Diabetes Eating Problem Survey—Revised
DSMES	Diabetes Self-Management Education and Support
DSM-5	Diagnostic and Statistical Manual of Mental Disorders, fifth edition
GAD-2	Generalized Anxiety Disorder (questionnaire); two-item version
GAD-7	Generalized Anxiety Disorder (questionnaire); seven-item version
HFS-II W	Hypoglycemia Fear Survey version two: Worry Scale
ICD-11	International Statistical Classification of Disease and Related Health Problems, tenth revision
ITAS	Insulin Treatment Appraisal Scale
IPT	Interpersonal Therapy
JDRF	Juvenile Diabetes Research Foundation
MHPN	Mental Health Professionals Network
MSCOFF	Modified SCOFF (questionnaire)
PAID	Problem Areas in Diabetes (scale)
PCP	Primary Care Provider
PHQ-2	Patient Health Questionnaire; two-item version
PHQ-9	Patient Health Questionnaire; nine-item version
SPIKES	Setting up, Perception, Invitation, Knowledge, Emotions, Strategy, and Summary
SSRIs	Selective Serotonin Re-uptake Inhibitors
WHO-5	World Health Organization Well-being Index Five (questionnaire)

“Diabetes clinic consultations often feel like a one-way street, it’s the professional telling you what you need to do and there’s not a lot of exploration of how difficult that may be for you or how worried you may be about it… they don’t necessarily explore with you how you are managing, within yourself. Being able to talk about these things makes you feel that the health professional is actually interested in you as a person and in your situation, it’s very empowering and validating… it makes you feel that it’s okay for you to have these concerns and anxieties and fears and feelings, that it’s actually normal and okay.”

—Person with type 1 diabetes

Introduction

Diabetes self-management is demanding and complex. Activities such as monitoring blood glucose, injecting insulin, taking oral medications, regular physical activity, and healthy eating all require a comprehensive understanding of diabetes, as well as healthy coping, and skills in problem-solving and risk reduction.[1] Diabetes is more than a physical health condition, it has behavioral, psychological, and social impacts, and demands high levels of self-efficacy, resilience, perceived control, and empowerment.[2] Thus, it is unsurprising that living with diabetes negatively affects the emotional well-being and quality of life of many people living with the condition.

Emotional and mental health problems (collectively referred to as "psychological problems" from here on), such as diabetes distress and depression, are common among adults with diabetes and are associated with suboptimal self-management, diabetes-related complications, reduced quality of life, and increased healthcare costs.[3] As noted by Jones and colleagues: "maintaining or achieving good psychological well-being and quality of life is an important outcome of diabetes care in its own right."[4] This sentiment is shared by people with diabetes and health professionals, who recognize emotional health to be an important component of standard diabetes care.[5–9]

Why Is This Guide Needed?

> ***We must move beyond the tendency to place an artificial divide between the emotional and the physical aspects of diabetes management that can lead to labeling the emotional aspects of diabetes a pathological condition. The two are so intertwined and interrelated that simply calling the emotional side a comorbidity is counterproductive.***
>
> —Lawrence Fisher, Jeffrey Gonzalez, and William Polonsky[10]

Given that separating psychological care from the context of diabetes self-management is rarely easy nor desirable, there is a strong argument that basic psychological care needs to be incorporated into diabetes care pathways, including assessment and treatment of the psychological problems frequently faced by people with diabetes.[11]

American Diabetes Association and international guidelines reflect this view; recommending awareness and assessment of psychological problems in diabetes clinical practice (see **Box 1**).

Furthermore, mental health care for people with diabetes is recognized as a priority area in the "Psychosocial Care for People with Diabetes" position statement from the American Diabetes Association (**Appendix A**):

- Psychosocial care should be integrated with collaborative, patient-centered medical care and provided to all people with diabetes, with the goals of optimizing health outcomes and health-related quality of life.
- Providers should consider an assessment of symptoms of diabetes distress, depression, anxiety, and disordered eating and of cognitive capacities using patient-appropriate standardized/validated tools at the initial visit, at periodic intervals, and when there is a change in disease, treatment, or life circumstance.

—American Diabetes Association[12]

Despite the numerous guidelines, and recognition by health professionals and the American Diabetes Association, the emotional and mental health needs of people with diabetes are often undetected and unmet in clinical practice.[13,14] Furthermore, there is little evidence to demonstrate significant progress in the implementation of such recommendations.[15,16] Health professionals cite lack of skills, confidence, time, and limited access to practical resources as common barriers.[17] While existing guidelines acknowledge the importance of psychological problems in diabetes and some make recommendations for assessing them, most fall short in providing guidance about how to incorporate this into the daily clinical practice setting. This guide is designed to complement and facilitate the implementation of existing guidelines (see **Box 1**).

The aim of this guide is to promote awareness of, and communication about, psychological problems affecting adults with diabetes. The objectives are to:

- raise awareness among health professionals of the prevalence and consequences of psychological problems among adults with diabetes

- provide a set of practice points for how to identify, communicate about, and address psychological problems with adults with diabetes in clinical practice
- foster skills development among health professionals for communicating about psychological problems in diabetes care by providing examples of questions and responses, with case studies to demonstrate their implementation
- and provide the practical tools (e.g., questionnaires, information leaflets, and other resources) to support health professionals in this endeavor.

What Does this Guide Offer?

> *I'm really excited... it's really important and if any health professional reads even any chapter of [the guide], I think they'll come away with a lot more depth and understanding of what it's like to live with diabetes.*
>
> —Person with diabetes[a]

This guide is an evidence-based, clinically informed, practical resource to support health professionals in meeting the emotional and mental health needs of adults with diabetes. While the handbook is informed by evidence, it is not an evidence-based guideline. An early decision of the National Diabetes Services Scheme (NDSS) Mental Health and Diabetes National Development Program's Expert Reference Group in Australia, which first developed this guide, was that developing new guidelines would require several systematic reviews, which are time-consuming and resource intensive. Furthermore, as recommendations for routine monitoring of emotional well-being have existed in guidelines for more than 20 years,[18] there is little evidence that producing yet another guideline would benefit people with diabetes.

This practical guide was originally authored by a team with expertise in psychology and diabetes (see page iii). Their work was overseen by a multidisciplinary Expert Reference Group. The guide was also peer-reviewed by academic and clinical experts with relevant expertise, and by end users (people with diabetes and health professionals). To adapt the guide for a local audience, the American Diabetes Association engaged a team of reviewers to ensure the material was appropriate for the healthcare system, cultures, and values of the U.S. We acknowledge those involved on page iv.

Who Should Use This Guide?

This guide is expected to support health professionals working with adults with type 1 or type 2 diabetes.[b]

Such health professionals include primary care providers (PCPs), certified diabetes educators, nurses, dietitians, endocrinologists, and other health professionals supporting adults with diabetes. Mental health professionals including psychologists, psychiatrists, mental health nurses, and social workers may also find this practical guide to be a useful resource.

Thus, this guide has been written in a general format that can be adapted to individual needs and circumstances, and it can be used in many ways, depending on your level of knowledge, expertise, setting, and available time.

Information about how to use this guide is included on pages xiii to xvii.

What Is the Scope of the Guide?

The practice points in this guide have been developed for use specifically with adults with type 1 or type 2 diabetes, and adapted for the context of the American healthcare setting.

The scope of this guide does not extend to:

- Children and adolescents with type 1 or type 2 diabetes, as the advice may not be appropriate to their developmental stage.
- Adults with other types of diabetes (e.g., gestational, MODY, LADA). It may be appropriate to apply parts of this guide, but we advise you to use your professional judgement before doing so.
- People with language, cultural, cognitive, health literacy, or other barriers. It is beyond the scope of this guide to provide specific recommendations for each of these diverse groups, and for many groups the evidence base relating to mental health and diabetes is sparse. Where relevant resources exist for special populations, these are noted in the chapter. In the absence of evidence specific to particular groups, it may be reasonable to extrapolate from this guide and use your professional judgement.

a Participant of the stakeholder consultation for this guide during its development in 2015.

b In many instances it is appropriate to refer to type 1 and type 2 diabetes separately. However, for readability purposes, and because research studies often do not separate the two types, we refer to people with diabetes collectively in many parts of the guide. Where a research study has definitively specified the type of diabetes, we have also made the distinction.

BOX 1 What Do National and International Guidelines Say about Emotional and Mental Health?

Guidelines for both type 1 and type 2 diabetes clinical care

"Consider assessment for symptoms of diabetes distress, depression, anxiety, disordered eating, and cognitive capacities using patient-appropriate standardized and validated tools at the initial visit, at periodic intervals, and where there is a change in disease, treatment, or life circumstance."

"Routinely monitor people with diabetes for diabetes distress, particularly when treatment targets are not met and/or at the onset of diabetes complications."

"Psychosocial care should be integrated with a collaborative, patient-centered approach and provided to all people with diabetes, with the goals of optimizing health outcomes and health-related quality of life."

—American Diabetes Association, 2019[19]

"Screening for depression should be performed routinely for adults with diabetes because untreated depression can have serious clinical implications for patients with diabetes."

"Patients with depression should be referred to mental health professionals who are members of the diabetes care team."

—American Association of Clinical Endocrinologists and American College of Endocrinology, 2015[20]

"Individuals with diabetes should be regularly screened for subclinical psychological distress and psychiatric disorders (e.g., depressive and anxiety disorders) by interview or with a standardized questionnaire."

"Psychosocial interventions should be integrated into diabetes care plans."

—Canadian Diabetes Association, 2018[21]

"People with diabetes are checked for psychological problems (such as depression, anxiety, fear of low blood sugar, eating disorders, and problems coping with the diagnosis) and any problems identified are properly managed… Treatment and care should take into account a patient's needs and preferences."

—U.K. National Institute for Health and Care Excellence, 2011[22]

"Regular assessment of a broad range of psychological and behavioral problems in… adults with type 1 diabetes is recommended… this should include anxiety, depression, and eating disorders."

"…refer those with significant psychological problems to services or colleagues with expertise in this area."

—Scottish Intercollegiate Guidelines Network, 2017[23]

Guidelines for type 1 diabetes clinical care only

"Clinicians should be aware that the co-occurrence of psychological disorders in type 1 diabetes is common… Consider the co-occurrence of psychological disorders, including clinical and subthreshold eating disorders, when assessing people with type 1 diabetes and suboptimal glycemic control, insulin omission, disordered eating behaviors, unexplained weight loss, or recurrent admissions for diabetic ketoacidosis."

"Diabetes care teams should have appropriate access to mental health professionals to support them in 1) the assessment of psychological functioning [and] 2) the delivery of psychological support."

—Australian Pediatric Endocrine Group and Australian Diabetes Society, 2011[24]

Guidelines for type 2 diabetes clinical care only

"Annually: patients with diabetes can be assessed for mental health issues, social isolation/networks, and family or work stress. Consider assessment of diabetes distress through the use of the PAID questionnaire and depression with the Patient Health Questionnaire-2 (PHQ-2). Enquire about possible diabetes complications as well as known comorbid conditions including psychological stress and/or depression."

—Royal Australian College of General Practitioners, 2014)[25]

"Explore the social situation, attitudes, beliefs, and worries related to diabetes and self-care issues. Assess well-being (including mood and diabetes distress) periodically by questioning or validated measures (e.g., WHO-5). Discuss the outcomes and clinical implications with the person with diabetes and communicate findings to other team members where appropriate."

"Counsel the person with diabetes in the context of ongoing diabetes education and care. Refer to a mental health-care professional with a knowledge of diabetes when indicated."

—International Diabetes Federation, 2014[26]

Guidelines for type 2 diabetes clinical care (of older adults only)

"Screening for and monitoring of depressive symptoms in older people with diabetes should be performed at diagnosis, be an integral part of standard diabetes care, and be part of the annual review."

—International Diabetes Federation, 2013[27]

Furthermore, we emphasize the importance of tailoring your approach to the needs of the person—this applies to all people with diabetes, not just those from diverse groups. Throughout this guide, we make suggestions for words you might say or strategies you might use to address psychological problems. Be guided by the suggestions but avoid using them as a checklist. Reflect upon how relevant the suggestion is for each individual, and tailor your approach to their priorities and preferences.

What Are the Expected Outcomes of the Guide?

The overall purpose of this guide (and related toolkit) is to enhance opportunities for people with diabetes to talk about their emotional well-being with their health professionals and, if problems are present, to identify and address these. This conversation informs a shared decision about appropriate management strategies. It is an important and positive step toward holistic healthcare. We expect the following outcomes:

- Health professionals will feel supported, confident, and skilled to:
  - "have the conversation" about emotional and mental health generally or, specifically, how diabetes is affecting the person's emotional well-being
  - address psychological problems that are within their skillset and authority
  - and make referrals to specialist care providers, as needed.
- People with diabetes will appreciate that their health professionals ask how diabetes is affecting their emotional well-being, and that they are offered support to address identified psychological problems.
- Health professionals and health services will approach psychological problems in diabetes in a consistent and systematic way.
- Emotional and mental health will be integrated into routine diabetes consultations as part of "usual care."
- People with diabetes will be active participants in a person-centered approach to care for their psychological problems.

Organizational Culture and Considerations

This guide focuses on the skills and resources of the individual health professional, but most work in teams rather than in isolation. We recognize that the service, practice, or department you work in may influence your capacity to implement the practices recommended in this guide. However:

> ***Change will not come if we wait for some other person or some other time. We are the ones we've been waiting for. We are the change that we seek.***
>
> —Barack Obama

You can be the agent of change in your healthcare setting by implementing the following actions to promote holistic care:

- Model the behaviors you would like to see in others; you can be an example to others in your service, practice, or department by demonstrating that psychological problems are at least as important as other aspects of diabetes care.
- Ensure all staff have a copy or access to this guide and related toolkit.
- Provide opportunities for all staff to enhance their communication skills using a person-centered approach.
- Arrange ongoing training for staff relating to psychological problems and diabetes.
- Actively support supervision and mentoring to build skills in addressing psychological problems in people with diabetes.
- Support junior staff to observe discussions about psychological problems and diabetes, and help them review and reflect on the care they provide.
- Consider having an appropriate member of your team join the American Diabetes Association Mental Health Provider Directory (ADA MHPD)[c]—and identify specialists in that network who can support you in providing holistic care.
- Incorporate a holistic approach to diabetes care in:
  - staff position descriptions
  - staff induction programs
  - and staff performance reviews.

c The ADA MHPD brings together mental health professionals working in the diabetes care sectors to discuss how to better support people with co-existing diabetes and psychological problems. Virtual monthly meetings feature guest speaker presentations, case study discussions and networking opportunities. For more information, visit: https://professional.diabetes.org/mhp_listing

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How to Use this Guide

The Practical Guide

This guide includes information about emotional problems that may be experienced by adults with diabetes. Designed for health professionals working with people with diabetes, it offers strategies and tools for how to recognize and have conversations about emotional problems, as well as for providing appropriate support.

There are nine chapters:

- **Chapter 1:** Communication and engagement
- **Chapter 2:** Facing life with diabetes
- **Chapters 3–8:** each focuses on an emotional problem experienced by adults with diabetes
- **Chapter 9:** Referring to a mental health professional

There are four appendices:

- **Appendix A:** American Diabetes Association's position statement on psychosocial care
- **Appendix B:** Peer support
- **Appendix C:** Examples of strategies to address diabetes distress
- **Appendix D:** Examples of strategies for overcoming psychological barriers to insulin use.

This guide has been written with a multidisciplinary audience in mind. Therefore, the format has been developed for the reader to use according to their own needs, knowledge, expertise, setting, and available time. You may choose to:

- read the guide from cover to cover, to gain an in-depth understanding
- read the key messages and practice points, then read the relevant detailed sections in the guide as you need them
- or dip in-and-out of the specific chapters on a need-to-know basis.

For further information about the guide, including the aims and objectives, scope, and expected outcomes, refer to the Introduction on page vii.

Structure of Chapters

Chapters 1 and 2 provide background information on communication and engagement, as well as on the experience of diagnosis and how the health professional can best support a person at this time.

As Chapters 3 to 8 focus on specific emotional problems, they are all presented in a similar structure to make it easier for you to navigate the content and find the information you need. This common format is explained on pages xiv–xvi.

Boxes and symbols are used throughout (see below).

Boxes and Symbols

Shaded boxes contain additional information that is relevant but not "key" to the topic.

Important information is highlighted by the use of symbols.

BOX 3.2 Taking a Safe Break from Diabetes

It is unrealistic to expect people with diabetes to monitor their health vigilantly 24 hours a day, seven days a week.

An "exclamation mark" symbol indicates a key practice point.

A "note" symbol draws attention to specific points not to be overlooked.

Quote

Key Messages and Practice Points

Each chapter begins with a summary of the core content of the chapter. This is accompanied by "practice points," offering applied advice for health professionals to consider.

Key Messages

Practice Points

How Common...?

An estimate of how common the emotional health problem is among people with diabetes.

The symbols indicate an approximate proportion of people with diabetes who might be expected to be experiencing the emotional problem (e.g., one in five adults with insulin-treated type 2 diabetes experience diabetes distress).

Underneath the symbols are descriptions of the population to whom the statistic applies. Typically, this refers to three groups: people with type 1 diabetes, people with type 2 diabetes who use insulin, and people with type 2 diabetes who do not use insulin.

These estimates are based on the best evidence available. Keep in mind that your own clinic population may vary from the study population in terms of demographic and clinical characteristics. This information is intended as a guide only.

How Common Is Fear of Hypoglycemia?

Type 1 diabetes

What Is...?

Background information about the emotional health problem and its consequences.

WHAT IS Diabetes Distress?

How Can I Identify...?

These are the signs to look for, "open-ended questions" to ask, and information about how to use validated questionnaires as part of your routine clinical consultation.

It describes the first three of the 7 A's (see page xvi): Be **AWARE**, **ASK**, and **ASSESS**.

HOW CAN I IDENTIFY Diabetes Distress?

- Be **AWARE**
- **ASK**
- **ASSESS**

How Can I Support...?

Strategies and actions to support people with diabetes who are experiencing emotional health problems and referral options.

It describes the final four of the 7 A's (see page xvi): **ADVISE**, **ASSIST**, **ASSIGN**, and **ARRANGE**.

HOW CAN I SUPPORT a person with Depression?

- **ADVISE**
- **ASSIST**
- **ASSIGN**
- **ARRANGE**

Case Studies

Examples of how the 7 A's model can be applied in clinical practice. Keep in mind that they are illustrative; they are not applicable to, nor representative of, every person or circumstance. In each case, the content is a snapshot of a conversation, for example, to demonstrate how to ask questions or introduce the use of a questionnaire.

The characters in the case studies are fictional, though the content of their stories have been inspired by clinical practice.

CASE STUDY

Anna

62-year-old woman, living with her husband

Type 2 diabetes for 10 years; overweight

Oral medications for diabetes, high blood pressure, and high cholesterol

Health professional: Dr. Andrew Sutter (PCP)

Questionnaires

If a validated questionnaire is described in the **ASSESS** section, it is provided with brief guidance for scoring and interpretation.

Questionnaire: Problem Areas In Diabetes (PAID) Scale

Instructions: Which of the following diabetes issues are **currently** a problem for you? Tick the box that gives the best answer for you. Please provide an answer for each question.

		Not a problem	Minor problem	Moderate problem	Somewhat serious problem	Serious problem
1	Not having clear and concrete goals for your diabetes care	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
2	Feeling discouraged with your diabetes treatment plan?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
3	Feeling scared when you think about living with diabetes?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
4	Uncomfortable social situations related to your diabetes care (e.g. people telling you what to eat)?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
5	Feelings of deprivation regarding food and meals?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
6	Feeling depressed when you think about living with diabetes?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

Resources

Lists of key resources are included for:

- health professionals (e.g., books, peer-reviewed articles, and guidelines)
- and people with diabetes (e.g., support services, websites, and information leaflets).

Resources

For Health Professionals

For People with Diabetes

Select one or two resources that are most relevant and appropriate for the person. Providing the full list is more likely to overwhelm than to help.

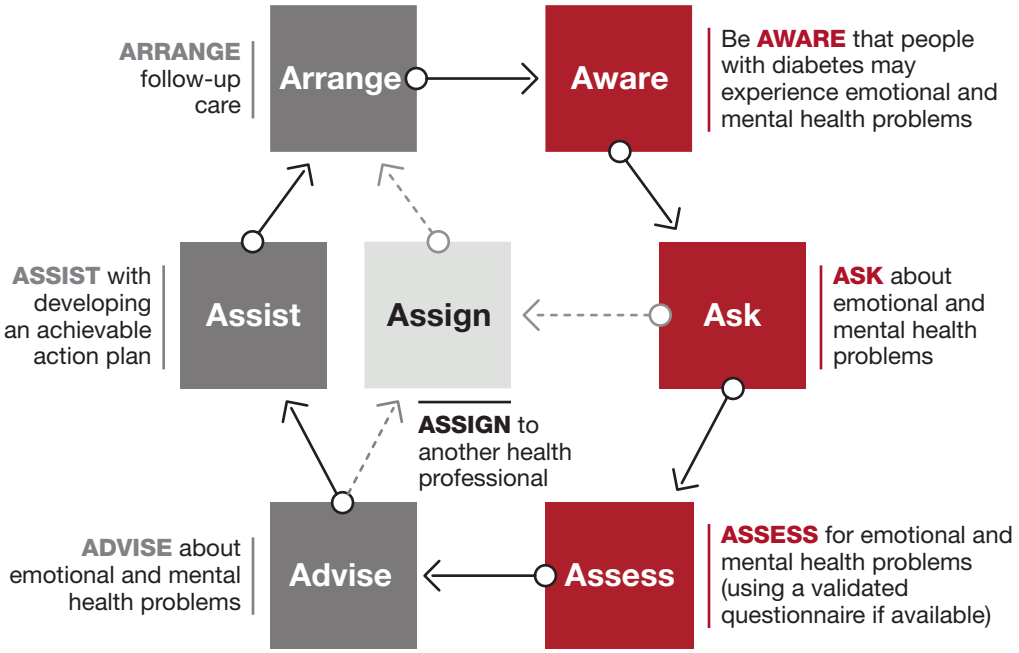
References

The reference list includes all evidence cited in each chapter.

References

1. American Association of Diabetes Educators. AADE7 self-care behaviors. Diabetes Educator. 2008;34(3):445-9.

7 A's Model



A key feature of the guide is a practical 7 A's model (see above). This dynamic model describes a seven-step process that can be applied in clinical practice as part of a person-centered approach. This model is adapted from the 5 A's model.[1,2]

The original model included: "Ask," "Assess," "Advise," "Assist," and "Arrange." Our additions to the model, "be Aware" and "Assign," reflect the need for vigilance about emotional distress and the potential need for referrals to specialists.

The 7 A's model provides a consistent structure for Chapters 3 to 8. This part of the chapter starts with an image of the model, followed by two sections: "How can I identify…?" and "How can I support…?" (see below).

Within each section, the sub-headings refer to one step of the 7 A's (e.g., **Be AWARE**, **ASK**), providing guidance about how to apply each of the steps within a clinical setting. The steps have been color-coded to facilitate ease of use.

The model is designed to be flexible and dynamic. When applying the model in clinical practice, health professionals need to take into account their own characteristics (e.g., their role, qualifications, and skills) and the context (e.g., the needs and preferences of the person with diabetes, the severity of the problem, the setting, and resources).

The arrows around the perimeter of the circle show the path that a health professional can follow if they are the appropriate person to undertake all seven steps themselves.

The dotted arrows through the middle of the circle show places where the health professional may diverge from the main path, for example by **ASSIGN**ing to another health professional because they do not have the necessary skills (or confidence) to undertake all of the step themselves.

The Practical Guide Toolkit

A toolkit has been developed to complement the guide and contains practical resources for health professionals to support people with diabetes. This material can be accessed at https://professional.diabetes.org/meetings/mentalhealthworkbook.

The 7 A's Model Summary Cards

"Quick reference" cards for easy access. Using the 7 A's model, each card provides a summary of an emotional health problem: how to recognize it and how to support the person experiencing it.

Information Handouts (for People with Diabetes)

Each handout focuses on a specific psychological problem, corresponding with the guide chapters. The handouts include tips and resources that people with diabetes may find helpful.

They can be used in various ways:

- keep copies in your clinic waiting room where people with diabetes can access them easily
- use a copy to facilitate a conversation about emotional health
- or give a copy to the person to take home with them after having a conversation about an emotional health problem.

Questionnaires

Master copies of the questionnaires referred to in the practical guide are provided so that you can reproduce them for use in your routine clinical practice.

References

1. Fiore M, Jaén C, et al. Treating tobacco use and dependence: 2008 update. Rockville (MD): 2008.
2. The Royal Australian College of General Practitioners (RACGP). Smoking, nutrition, alcohol and physical activity (SNAP): a population health guide to behavioural risk factors in general practice. South Melbourne, VIC, Australia: 2004