diabetes queensland

2 February 2022

Committee Secretary
Mental Health Select Committee
Parliament House
George Street
Brisbane Qld 4000

**Email**: mhsc@parliament.qld.gov.au

Dear Sir/Madam

Diabetes Queensland welcomes the Committee's inquiry into the opportunities to improve mental health outcomes for Queenslanders, and would like to offer the following submission.

Diabetes is an associated or underlying condition for many other conditions, not least in areas of mental health.

There are a few main points at which diabetes has a correlating, causal or consequential relationship with mental health issues: mental health contributing to the development of some cases of type 2 diabetes; the impact of diagnosis on mental health; the impact of the isolation and stigma of diabetes on mental health; the onset of complications; and diabetes 'burnout', depression and anxiety.

The co-existence of diabetes and mental health issues also works in both directions. Diabetes can cause mental health episodes, and these episodes can cause a decrease in the management of diabetes, leading to further health problems, both physical and mental. In surveys conducted by Diabetes Queensland, more than 30 per cent of respondents said they were less vigilant in their diabetes management when their mental health was flagging. Additionally, more than 65 per cent of respondents said that when their mental health was suffering, they either withdrew or carried on as normal – they did not seek help.

The RACGP has identified four areas of diabetes-related mental distress which require immediate intervention: significant distress related to diabetes management; persistent fear of hypoglycaemia; psychological insulin resistance; and psychiatric disorders (ie depression, anxiety, eating disorders).

People living with diabetes are two to three times more likely than those without diabetes to experience depression and anxiety. Diabetes distress is the situation where diabetes management, and a feeling of failure or fear can lead to burnout. Because diabetes is inherently unpredictable and influenced by so many external and internal factors, the



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frustration leads to exhaustion, and in the case of burnout, giving up of self-management. This increases the risk of complications and preventable hospitalisations.
A particular area of concern is youth, where the mental health impacts can combine with concerns over peer-opinions, and lead to neglect of the condition, or in extreme cases misuse of insulin.

In research undertaken by Diabetes Queensland examining the impact of diabetes on mental health, the following points were raised:

- For some people, anxiety, stress and/or depression pre-dated their diabetes. Adding diabetes, either type 1 or type 2, as a later diagnosis increased the levels of anxiety and stress.
- Most respondents reported recurrent or episodic instances of burnout, anxiety, stress or depression.
- There were a number of people who said that depression or anxiety co-existed with diabetes, being neither caused by diabetes or particularly affecting it. It was primarily related to other life events or everyday pressures, although it did bring an additional complication to living with diabetes.
- For those people who connected their diabetes to the occasions of anxiety or depression, the initial onset was shock at 'being sick' or having to take medication.
- For people with type 2, the most commonly reported anxiety was having to start injecting insulin. Injections generally caused a lot of anxiety.
- For people with type 1, the most common response was the unrelenting nature of diabetes, and the resultant burnout. The underlying effort of just living with diabetes exhausted the energy and resilience of many people, and there were many people said they were 'sick of being sick'.
- Stress and anxiety generally arose from the underlying effort required to manage diabetes. Hypos and the time to raise blood sugar levels caused high levels of stress, as did irregular blood glucose responses. The impact of hormones, exercise and other factors increased the complication. The frustration at doing everything right, but not having it reflected in levels, was a frequently repeated concern.
- Other factors exacerbated the stress caused by diabetes, especially workplace related factors, such as discrimination, shifts and dealing with diabetes in a workplace.
- There was a lot of anxiety over 'not being in control' of the diabetes. Repeated stressful incidents also led to a more generalised anxiety, and sometimes a sense of failure.
- Being constantly reminded of how things can go wrong, including complications and overnight hypos, caused a level of anxiety for some people.
- Attitudes and judgement caused a level of distress, particularly with constantly dispelling incorrect beliefs, or being judged as fat or lazy.
- Recurrent episodes of depression affected many people. The prolonged anxiety or stress over blood glucose levels, the exhausted energy and resilience from constantly dealing with diabetes, and the intensive mental and emotional effort resulted in regular instances of depression. For some people, it was virtually an annual occurrence, while others experienced it several times a year.



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- Anger at the diagnosis and constancy of diabetes, as well as guilt over being 'good' or bad' were also reported. People told of days of melancholy, extreme weariness, and crying. Some people said they had reached the point where they couldn't be bothered, or they felt 'drowned'.
- Complications greatly increased the mental impact, especially peripheral neuropathy and amputations.
- In terms of medical intervention and support, few people sought help for mental health specifically. Some people found difficulty when their health professional did not have a specific understanding of diabetes. People who lacked family support seemed more vulnerable to depression.
- In the public health system, waiting lists for mental health services were problematic. The period waiting for an appointment could cause a significant degree of deterioration. The fact that consultations were with different health professionals each time also caused difficulties. People also needed to know where to find help.

The isolation of diabetes is also a contributor to mental health issues, especially as concerns stigma, hiding the condition from peers, and a reluctance to seek help. As a cause, loneliness is a significant predictor of type 2 diabetes, particularly among males, and those less financially well off. One study identified an increase in the development of type 2 diabetes of more than 40 per cent as a result of the mental impact of loneliness.

All of these points highlight the need for a mental health system with an understanding of the impact of chronic conditions such as diabetes, as well as an effective and efficient pathway for engagement. The urgency of mental health interventions in getting diabetes management back on track means that help must be something easily accessible, quickly obtainable, and easily identifiable. Given the propensity for people to withdraw at the time they need help the most, it must also provide a comfortable interface, but with some degree of proactive approach. Information distributed through health services and hospitals with contact details and information, and more direct pathways to obtain help are needed, as well as active interventions.

If you would like any further information on these areas, please feel free to contact me.

Yours sincerely

Sturt Eastwood
Chief Executive Officer



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