



University College Dublin
Ireland's Global University

Supporting the emotional wellbeing of people living with diabetes:

A brief guide for healthcare professionals in Ireland





Why was this booklet created?

This booklet has been created to assist healthcare professionals in identifying and addressing the emotional wellbeing needs of individuals living with diabetes. While diabetes management has traditionally focused on physical health markers, growing evidence highlights the emotional challenges associated with the condition, including diabetes distress, depression and anxiety. In some cases, a healthcare professional is the only person with whom an individual feels comfortable discussing the emotional impact of their condition. As such, they are in a unique position to recognise, support, treat, or refer individuals with diabetes experiencing emotional challenges.

Who is this booklet for?

This booklet is designed primarily for healthcare professionals working with people with diabetes. A version for people with diabetes is also available to download at www.ucdpathlab.com



Background

Diabetes mellitus is a chronic, multifactorial metabolic disorder characterised by elevated blood glucose levels resulting from either insufficient insulin production (Type 1) or the body's inability to effectively use insulin (Type 2)^[1]. Type 1 and type 2 diabetes are among the leading global causes of mortality and disability^[2]. The prevalence of diabetes was estimated to be 10.5% of the global population in 2021 and this percentage is set to rise to 12.2% by 2045^[3].

The reality of living with diabetes

Diabetes requires sustained behavioural, cognitive and emotional effort. While some people adapt well emotionally, many people living with diabetes experience emotional challenges such as diabetes-related distress and symptoms of anxiety and/or depression.

Individuals living with diabetes must make frequent, complex decisions about:

- ➔ Nutrition ➔ Glucose monitoring
- ➔ Physical activity ➔ Symptom
- ➔ Medication regimens management

These demands are not only time-consuming but can also be exhausting, especially when layered onto other life stressors. The vigilance required to prevent both acute and long-term problems can lead to psychological fatigue and disengagement from self-management activities, an experience often described as diabetes burnout^[4].

Emotional challenges specific to diabetes include persistent fears around hypoglycaemia, hesitancy about starting insulin therapy, a sense of isolation when managing the condition, and diabetes stigma.

People living with diabetes often experience stigma related to body weight, lifestyle assumptions, or the visible use of diabetes therapies such as insulin pens or pumps^[5]. This can result in feelings of shame, guilt, and social withdrawal, and may discourage support seeking or speaking openly about their condition. Diabetes

stigma can also be, at times, encountered within healthcare settings. Research has shown moderate to strong associations between the language used by healthcare professionals and levels of diabetes distress, depressive symptoms, and anxiety among people living with type 1 or type 2 diabetes^[6]. Being mindful of implicit biases, creating supportive environments and using respectful, non-stigmatising language, can significantly improve both the psychological and clinical outcomes for people with diabetes. In Ireland, this approach is supported by the Diabetes Language Matters initiative, which encourages person-centred, non-judgmental communication with and about people with diabetes. The Language Matters guide can be found here: <https://www.diabetes.ie/wp-content/uploads/2024/02/talking-about-diabetes.pdf>

Given these challenges, it is helpful for healthcare professionals to adopt a biopsychosocial lens, which considers the biological, psychological, and social factors that together influence a person's health and wellbeing, when supporting people with diabetes, to enable more holistic care. Early recognition of emotional distress, timely intervention, and appropriate referral pathways are important components of effective diabetes management.

The following section outlines some emotional difficulties that people living with diabetes may experience as part of managing their condition, such as diabetes distress, depression, and anxiety. These emotional difficulties do not always reach the threshold for a diagnosable mental health condition, however, even subclinical symptoms and distress can negatively impact diabetes self-management^[7, 8], HbA1c levels^[9, 10], and other metabolic markers such as increased BMI and blood pressure^[11]. Early recognition and intervention can improve not only mental well-being but also glycaemic control and long-term health outcomes. Incorporating mental health screening and support into routine diabetes care can lead to more holistic, patient-centred treatment plans and reduce the risk of complications^[12].

Diabetes distress

Diabetes distress is a term used to describe the emotional strain and mental fatigue that often come with managing diabetes over time^[13].

- Up to 80% of people with diabetes experience elevated levels of diabetes distress in at least one area.^[14]

It includes the ongoing concerns, frustrations, and fears related to daily self-management demands, risk of complications, and interactions with the healthcare system. Unlike clinical depression or anxiety, diabetes distress is not a psychiatric diagnosis but rather a psychological response to the burden of living with a chronic condition^[15]. It can present in many different ways, such as feelings of burnout, hopelessness, or fear of hypoglycaemia and it may differ by diabetes type, duration of illness, and individual life circumstances^[16].

Screening for diabetes distress: The Problem Areas in Diabetes [PAID] scale

Diabetes distress can be identified and assessed using the Problem Areas in Diabetes [PAID] scale^[17], among other tools. The PAID is a widely used self-report questionnaire created to capture the emotional challenges of living with diabetes. The PAID covers common sources of distress and each item is rated on a 5-point scale,

allowing users to measure the overall level of distress and identify specific problem areas that may need targeted intervention. The PAID is available in multiple versions including the original 20-item scale and shorter validated versions. As well as serving as a screening tool, instruments like the PAID can act as a conversation starter. For example, while a person may not meet the threshold for elevated distress overall, reporting high distress in one or two areas can highlight important issues that may need further exploring.

The brief, 5-item version of the PAID assesses the extent to which specific diabetes-related issues are currently problematic, including feeling scared when thinking about living with diabetes, feeling depressed when thinking about living with diabetes, worrying about the future and the possibility of serious complications, feeling that diabetes consumes too much mental and physical energy, and coping with existing complications.^[18]



Depression

According to the World Health Organisation, depression is a common and serious mood disorder characterized by persistent emotional, cognitive, and physical symptoms that interfere with an individual's ability to function across various aspects of life.

According to the Diagnostic and Statistical Manual 5 (DSM-5), major depressive disorder is defined by the presence of five or more of the following symptoms for two weeks:

- Depressed mood
- Anhedonia (loss of interest/pleasure)
- Insomnia or hypersomnia
- Psychomotor agitation or retardation
- Fatigue
- Feelings of worthlessness or excessive guilt
- Impaired concentration
- Indecisiveness
- Recurrent thoughts of death or suicide.

Systematic reviews and meta-analyses have shown that depression in people with diabetes not only adversely affects their mental well-being, but can also negatively affect diabetes self-care^[19]. It is also associated with higher HbA1c^[20], an increased risk of diabetes-related complications^[21], early mortality^[22] and cognitive decline in people with diabetes^[23].

The bi-directional association between diabetes and depression

Emerging evidence highlights a bidirectional relationship between diabetes and depression where each condition increases the risk of developing the other through a combination of behavioral, psychological, and physiological mechanisms. According to a systematic review of 20 high quality studies,

the risk for depression in those with diabetes is 33% higher than that of the general population^[24]. Another systematic review reported the risk of type 2 diabetes was 18% higher in people with depression compared to those without^[25]. Studies have found this bi-directional association to be stable across European countries for people aged over 50 years^[26, 27], while another study that included both younger and older adults reported that the association was particularly pronounced in countries with poorer quality of diabetes care^[28]. In this latter research report, diabetes prevention initiatives, range and reach of services (e.g. eye care, pharmaceuticals availability), access to treatment or care (e.g. patient education, coverage of diabetes supplies), procedures available (e.g. annual blood tests, eye exams) and diabetes outcomes were among the indicators of quality of diabetes care.

Screening for depression: The Patient Health Questionnaire-9 (PHQ-9)

Early detection of depressive symptoms is essential for improving health outcomes. Among other screening tools, the PHQ-9^[29] is a widely used, validated, and free-to-use screening tool for detecting and measuring depressive symptoms in clinical settings. It consists of nine questions and can be completed quickly by patients within primary or specialist care. The PHQ-9 supports clinical decision-making by helping to assess both the presence and severity of depressive symptoms, and it is recommended in many international and national diabetes care guidelines^[30]. While the PHQ-9 is useful for initial identification, a formal clinical diagnosis is typically made using standardised clinical interviews based on diagnostic criteria from the DSM-5, or the International Classification of Diseases, Eleventh Revision (ICD-11).

Anxiety

Anxiety disorders are the most commonly diagnosed mental health conditions worldwide, affecting millions of individuals across all age groups^[31]. An anxiety disorder is a mental health condition characterised by persistent, excessive fear or worry that is hard to control and disproportionate to a perceived stressful/threatening situation. Unlike everyday anxiety, which is a regular response to stress or uncertainty, an anxiety disorder interferes with daily functioning and causes significant emotional distress.

Symptoms can range from:

- Emotional (such as feeling nervous or on edge)
- Cognitive (such as trouble concentrating or racing thoughts)
- Behavioural (such as avoidance or restlessness)
- Physical (such as rapid heartbeat or nausea)^[32].

Anxiety disorders include conditions such as generalised anxiety disorder, social anxiety disorder, panic disorder, and specific phobias. Identification can initially be made via self-complete screening tools and, if required, a clinical diagnosis is typically made using standardised clinical interviews based on criteria from the DSM-5 or ICD-11.

The prevalence of anxiety in people living with diabetes is higher than that of the general population^[33].

- 1 in 6 people with type 1 or type 2 diabetes experience elevated anxiety symptoms^[34].



Some studies have also found a bidirectional link between anxiety and diabetes, with each condition potentially exacerbating the risk of developing the other^[35]. Those experiencing both anxiety and depressive symptoms often face more severe emotional challenges, slower recovery, and lower engagement in diabetes care^[36].

Screening for anxiety: Generalized Anxiety Disorder-7 (GAD-7)

The GAD-7^[37] is a validated and widely used screening tool commonly used in clinical settings to assess the severity of anxiety symptoms. It helps identify individuals who may require further evaluation or intervention and is recommended for use in people with chronic conditions like diabetes, where anxiety can impact self-management and outcomes.

The GAD-7 assesses the extent to which common anxiety symptoms have been experienced over the past two weeks, including feeling nervous or on edge, being unable to stop or control worrying, worrying about different things, difficulty relaxing, restlessness, becoming easily annoyed or irritable, and feeling afraid as if something awful might happen.

Lived experience in Ireland

In April 2025, a research team in Ireland hosted two workshops with individuals living with type 1 or type 2 diabetes. The workshops had the goal of sharing experiences related to living with diabetes in Ireland and emotional wellbeing.

The participants were asked a question: *What could healthcare professionals and policymakers do to better support your mental and emotional wellbeing?*

Their suggestions for healthcare professionals and policymakers can be summarised as:

- Looking beyond the physical symptoms and considering us as a whole person.
- Recognising that diabetes affects not only our bodies, but also our minds, which can be very tiresome.
- Understanding that our mental health is important for day-to-day diabetes management.
- Ask us “How are you feeling?”
- Integrating mental health with diabetes care.
- Following up more with us after diabetes is diagnosed.
- Working with us to better implement changes in our lives.

To capture the richness of the conversations during the workshops, an illustrator observed the focus groups and created a visual summary of the discussions in real time. The illustration that follows highlights the key themes and ideas shared by participants.

National clinical guidance on mental health and diabetes care

National guidance in Ireland highlights the importance of recognising and addressing the psychological aspects of diabetes care. Relevant documents include the National Clinical Guideline No. 17 for Adult Type 1 Diabetes Mellitus^[38] and the Health Service Executive Model of Integrated Care for Type 2 Diabetes^[39]. Together, these recommend that healthcare professionals:

- Remain alert to clinical and subclinical depression, anxiety, or other psychological difficulties, particularly where people experience challenges with diabetes self-management.
- Develop the skills to detect and provide basic support for non-severe psychological disorders, while recognising when referral for specialised input is required.
- Incorporate open conversations about emotional wellbeing into routine diabetes care, making use of validated screening tools, counselling approaches, and, where appropriate, pharmacological treatment.
- Ensure clear referral pathways and collaboration with psychology and mental health services to facilitate timely access to specialist support.
- Access training and practical resources, such as the *Diabetes and Emotional Health Practical Guide* [NDSS]^[40], to strengthen the ability to identify and address emotional health needs during consultations.

International clinical practice guidance for assessing and managing diabetes distress

The European Association for the Study of Diabetes's (EASD) first clinical practice guideline on the assessment and management of diabetes distress^[41] was presented at the EASD 2025 Annual Meeting in Vienna (September 17, 2025) and will be published in *Diabetologia* in 2026. These guidelines are anticipated to become the primary reference for screening and management once published. Central to this are a set of Good Practice Statements which emphasise that:

- The emotional side of diabetes should be discussed routinely at every consultation as part of person-centred diabetes care.
- Diabetes distress should be explored using open-ended questions and assessed with validated, reliable tools at regular intervals.
- Findings should be acknowledged, documented, and discussed with the person and relevant members of the care team.
- Where distress is identified, a joint plan for next steps should be agreed.
- Healthcare professionals should have the competencies to provide basic psychological support and know when and how to refer for specialist input.



Taking action: Supporting emotional wellbeing in diabetes care

Effectively addressing emotional challenges such as anxiety, depression, or diabetes distress in people living with diabetes requires a flexible, person-centred approach. Inspired by the 7 A's model^[42], the framework below outlines seven steps healthcare professionals can use to guide their diabetes care:

- 1 Aware**- be aware that psychological issues can arise in people with diabetes.
- 2 Ask**- ask about psychological wellbeing in a sensitive manner. Use open-ended questions to encourage openness.
- 3 Assess**- a thorough assessment helps determine the nature and severity of the issue. This can be done using common assessment tools such as the PAID scale for diabetes distress, the PHQ-9 for depression, and the GAD7 for anxiety.
- 4 Advise**- if an issue is apparent, healthcare providers can offer advice and assistance, which might include practical support or education on coping strategies. A guide for people living with diabetes and their loved ones is also available.
- 5 Assist**- where possible, develop an achievable action plan to help the person overcome the issue.
- 6 Assign**- We recognise that not all healthcare professionals have the training, or resources, to advise or assist. In such cases, the ability to assign or refer individuals to appropriate specialists or support services becomes essential. These referrals may include psychologists, counsellors, peer support networks, or charitable organisations that offer expertise in managing the emotional aspects of diabetes.
- 7 Arrange**- arranging follow-up and ongoing support ensures that emotional wellbeing is continuously monitored and addressed as part of holistic diabetes care.

Another way to support emotional wellbeing in diabetes care is for healthcare providers to discuss some self-help strategies for self-compassion, such as mindfulness, relaxation, and goal setting. However, these strategies may not be appropriate or effective for all individuals. In cases where indications of broader mental health issues are present, such as trauma, it is important to prioritise onward referral to specialists.

Self-compassion

Practicing self-compassion is particularly important for people with diabetes as its management can sometimes become overwhelming. When self-care goals don't go to plan, self-compassion can help ease the feelings of guilt and failure that are often reported by people with diabetes. The following exercises can be helpful in allowing people with diabetes to be self-compassionate and take care of their emotional health, and you may find it useful to suggest them as part of your conversations with patients:

Mindfulness

Mindfulness involves staying focused on the present moment while keeping a non-judgmental state of complete awareness of one's thoughts, emotions, and bodily sensations. Practicing mindfulness can help reduce stress, enhance focus, and increase self-awareness. Examples of practicing mindfulness include:

- **The 5-4-3-2-1 method.** This involves naming 5 things you can see around you, four things that you can feel, three things that you can hear, two things that you can smell, and one thing that you can taste. This is a great way to ground yourself in overwhelming situations.
- **The five finger breathing exercise.** This technique involves holding up one hand with your fingers spread and using the index finger of your other hand to slowly trace the shape of each finger. Inhale as you trace up a finger, and exhale as you trace down. Continue this process along all five fingers,

focusing on the movement and your breath. This is a great technique to help bring a sense of calm and reduce stress.

Relaxation

Practicing relaxation techniques involves methods that help calm the mind and body. A good example includes focusing on slowly tensing and then relaxing each muscle group, starting from your toes and ending at your head. When we are in a relaxed state, functions such as decision-making and problem-solving are more effective.

Paying attention to feelings

Being aware of your feelings, and naming them - for example, "I feel anxious" or "I feel overwhelmed" - can help you cope with them more effectively. This simple act of bringing attention to and labelling your emotions can ease stress, and help you to respond to situations with intention.

Goal setting

Setting clear, realistic goals helps to break down overwhelming tasks into manageable steps. This approach is especially helpful when it comes to diabetes management, making it easier to build healthy routines and stay motivated. Goals are more effective when they are:

- Well defined and achievable - For example, "After work tomorrow, I will walk 20 minutes in the park" rather than simply saying "I'll exercise more".
- Anchored to an already existing habit - For example "When I brush my teeth in the evening, I will check my blood glucose levels".

Diabetes Ireland now offers Emotional Wellbeing Workshops for people with Type 2 diabetes, those newly diagnosed with Type 1 diabetes, and parents or carers of children with diabetes. These workshops focus on the coping strategies mentioned above.

You can learn more or refer your patients to www.diabetes.ie for more information.

The doctor-patient relationship: Building trust to support emotional wellbeing

The relationship between healthcare professionals and people living with diabetes plays an important role for managing diabetes and emotional wellbeing. Effective, empathetic communication can not only support better self-management but can also decrease diabetes distress and improve quality of life [43, 44, 45].

Individuals with diabetes often express the importance of being treated and recognised beyond their diagnosis. Mixed

experiences with healthcare providers were reported during our previously mentioned diabetes and emotional wellbeing workshops. While many people reported being happy with the care they received, one participant shared, by way of example, “*We are more than just a number,*” while another said, “*Treat me as a person, not a series of numbers.*” A person-centred approach, where emotional wellbeing is recognised as an essential aspect of diabetes care, can encourage open dialogue about emotional challenges.



Communication strategies for supporting emotional wellbeing

Ask open-ended questions

Try creating space for patients to share their emotional experiences. For example: "How have you been feeling lately?", "How is diabetes fitting into your life at the moment?", "What's the hardest thing about managing your diabetes?" or "Can you give me an example".

Normalise emotional conversations

Let patients know it's common to experience emotional ups and downs when living with diabetes, which may make them more comfortable opening up.

Listen without judgement:

Try to avoid focusing solely on 'control' or targets. Instead, try to understand the life context behind high or low glucose readings, and try to create a diabetes care plan accordingly. Diabetes stigma can sometimes be perpetuated by healthcare professionals, where judgmental attitudes or language can further undermine trust and engagement. Being mindful of implicit biases, using respectful, non-stigmatising language, and creating supportive environments can significantly improve both the psychological and clinical outcomes for people with diabetes. To help people, including healthcare professionals, communicate in a way that is respectful and non-judgemental, the Diabetes Language Matters movement provides

good guidance [previously referenced in *The reality of living with diabetes* section].

Collaborate on solutions:

Work together to set goals that feel achievable and relevant to the life of the person with diabetes. People with diabetes are more likely to engage in diabetes care plans they've helped shape.

Know when to refer:

Try to be aware of when additional mental health support may be needed and be prepared to signpost to appropriate services.



Signposting/ referring

Diabetes Ireland

Helpline: Mon-Fri, 9 am-5 pm



Phone: 01 842 8118

Email: info@diabetes.ie

About: Diabetes Ireland is a national charity dedicated to supporting people with diabetes through education, advocacy, and community services. Established in 1967, it aims to improve the quality of life for those affected by diabetes by providing resources, raising awareness, and influencing health policy. The organization operates helplines, care centers, and educational programs across Ireland.

The Samaritans

Phone: 116 123



Email: jo@samaritans.org

About: The Samaritans are a charity organisation that provides free, confidential emotional support to people who are struggling, especially those experiencing distress, crisis, or suicidal thoughts.

HSE Counselling in Primary Care (CIPC)

The CIPC service provides short-term counselling for adults who have a medical card. It is designed to support people experiencing mild to moderate psychological difficulties, including those related to living with diabetes.

HSE National Counselling Service



Self-referral: Patients can self-refer by completing the CIPC referral form. A GP signature/stamp is required.

HCP referral: With the patient's consent, GPs and other primary care professionals can complete and submit the referral form on the patient's behalf.

More information about this service and the referral form can be found on the HSE website at: <https://www.hse.ie/eng/services/list/4/mental-health-services/counsellingpc/cipc-national-evaluation/>

Thriveabetes

Email: info@thriveabetes.ie



About: Thriveabetes is a volunteer-led community and biennial conference focused on supporting people living with type 1 diabetes in Ireland. Founded in 2014, it offers peer support, education, and inspiration, emphasizing the psychological and social aspects of diabetes beyond medical management. Thriveabetes connects individuals through events, online platforms, and local support groups to foster resilience and wellbeing.

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