

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol ar anghydraddoldebau iechyd meddwl](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [mental health inequalities](#)

MHI 94

Ymateb gan: | Response from: Diabetes UK Cymru

Diabetes UK Cymru Response

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About us

Diabetes UK's vision is a world where diabetes can do no harm. We lead the fight against Wales' largest growing health crisis, which involves us all sharing knowledge and taking on diabetes together.

Over 209,015 people live with diabetes in Wales, equivalent to one in 13 people, the highest level of prevalence of any of the UK Nations. The last twenty years have seen a rapid increase in the diagnosis of diabetes; this is due in part to a growing rate of type 2 diabetes diagnoses, with an estimated 65,000 people in Wales living with undiagnosed type 2 diabetes.

The continued prevalence of obesity suggests that an estimated 580,000 people in Wales could be at risk of developing type 2 diabetes, the most common form of diabetes, accounting for 90% of all cases. By 2030 the number of adults with diabetes in Wales is likely to grow from 8% to 11%.

Further information on diabetes can be found on our website.¹

Groups affected by poor mental health.

The committee's inquiry into mental health inequalities has found significant concerns for those with long-term conditions. The same, unfortunately, has been found for those living with diabetes.

People living with diabetes often face enormous challenges across their lifetime. From diagnosis to management of their condition, the complexities of diabetes can lead to psychological and cognitive issues that can worsen without proper care and understanding of their health. Decisions that most of us make without any hesitation, such as going for a meal, trying out a new hobby or starting a new spin class, require careful thought and planning for people managing their diabetes. From deciding how much insulin to take with a meal, to remembering your hypo treatment as you head out of the door, there can be an overwhelming number of things to remember and decide on a daily basis.

There are also the stereotypes that many still face due to the lack of understanding of diabetes. Many confuse the different types of diabetes and associate negative connotations with the condition and the people living with diabetes. Such negative stereotyping can lead to people ignoring the symptoms of diabetes, and fear of the stigma associated with the condition can prevent them seeking the treatment and support they need.

People living with diabetes have double the risk of suicide or intentional self-injury compared with the general population. Unfortunately, most people with diabetes won't admit that they are feeling suicidal and will fail to inform health care professionals for fear of their response. Further, many suicide attempts might be mistaken for accidental hypoglycaemia or diabetic ketoacidosis. One study of 160 cases of insulin overdose leading to severe hypoglycaemia found that 90% were either suicidal or parasuicidal and only 5% accidental. (Parasuicide is serious, deliberate self-harm with or without suicide intent that does not lead to death).ⁱⁱ

A recent survey by RESCUE of healthcare professionals working in diabetes found that 95% believed it was their professional responsibility to ask about depression, self-harm, or suicide on an annual basis. However, only 35% of healthcare professionals felt very comfortable discussing those issues, with 24% uncomfortable.ⁱⁱⁱ

The cost-of-living crisis also impacts the mental well-being of individuals and families, as they juggle conflicting priorities to live well.

The poorest in our society are 2.5 times more likely to have diabetes at any age than the average person. Once they have the condition, those in the most deprived homes are twice as likely to develop complications than those in the least deprived.^{iv} Wales was found to have the second-worst levels of deprivation in the UK, with 22% of the population living in the most deprived fifth of the UK.^v

With increasing pressures on the cost of living, living healthily in the UK is not attainable for our most deprived, with the Food Foundation stating that the poorest fifth of homes with children would need to spend 42% of their disposable income to meet the Public Health 'Eatwell Guide'.^{vi} As well as the potential impact on development of type 2 diabetes, such pressures may negatively impact type 1 diabetes health, with research from the University of Edinburgh unveiling that poorer living circumstances increase blood sugar levels. Increasing the stresses and burdens of a family in a deprived area to support their children with type 1 diabetes to live well.^{vii}

Further, people from Black African, African Caribbean and South Asian (Indian, Pakistani, Bangladeshi) backgrounds are at a higher risk of developing type 2 diabetes from a younger age (your risk increases from 25 years old), which is much younger than the white population, as their risk increases from 40. The research is uncertain about the cause; however, further health support for ethnic groups should be encouraged.^{viii}

For the groups identified, what are the barriers to accessing mental health services? How effectively can existing services meet their needs, and how could their experience of using mental health services be improved?

Before the pandemic, we highlighted in our report "Too Often Missing" that seven in ten people living with diabetes felt overwhelmed by the day-to-day management of their condition.^{ix} The same amount of people also reported that they could not access the specialist care and mental health

support that they needed. Meaning that they could not access the care they needed to live well with their diabetes.

In our most recent report, 'Diabetes Can't Wait', people living with diabetes found that not much had changed, and for some, access to services had worsened.^x During the pandemic, 35% of people living with diabetes experienced poor mental health, with a third feeling that they did not have sufficient access to emotional and psychological support. Access to services to manage diabetes is crucial to maintaining a healthy mindset, as regular check-ups are critical to keeping diabetes under control in reducing the chances of amputations, stroke, heart failure and degenerative conditions such as wet macular degeneration. Services such as eye screening are vital to prevent conditions that can lead to permanent sight loss for people with diabetes. During the pandemic, eye statistics for all measures for the activity of sensory services were remarkably lower than in previous years, while the number of eye care and hearing specialist practitioners increased in 2020-21. During 2019 – 20, 36% of patients eligible for Diabetic Eye Screening Wales service did not attend the service, and out of those who did, 30.3% were found to have some degree of diabetic retinopathy.^{xi} Unfortunately, access to services is still causing anxiety for many people living with diabetes, who may fear irreparable damage to their eyesight when they cannot access routine care.

Diabetes UK Cymru has heard from many parents concerned about their children's safety and emotional wellbeing throughout the pandemic. The most recent National Paediatric Diabetes Audit found lower completion rates of all recommended health checks than previous years.^{xii} This also led to an increase of children and young people with type 1 diabetes (46.5% compared to 43.9% in 2019/20) assessed as requiring additional psychological support in the UK.^{xiii}

To what extent does Welsh Government policy recognise and address the mental health needs of these groups? Where are the policy gaps?

The Diabetes Delivery Plan estimates that 41% of people living with diabetes in Wales have poor psychological well-being; however, none of the key service actions of the plan related to mental health.^{xiv} The gap in the delivery plan needs to be addressed by a successor Quality Statement and any Action Plan following that focuses on the delivery of mental health services within the diabetes multi-disciplinary team. Currently, no further update to the delivery of quality statements to support the National Clinical Framework has been given since February 2022.^{xv}

In March 2021, the Welsh Government announced funding for the development of an All-Wales Diabetes Prevention Programme. The Programme will contribute to the implementation of the Healthy Weight Healthy Wales Delivery Plan, with healthcare practitioners delivering brief interventions to people who have been identified as at risk of type2 diabetes. The interventions will include positive behaviour change techniques to support people at risk of developing type2 diabetes to engage with the intervention programme and achieve positive outcomes.^{xvi}

Development of the Programme is a positive step and is very much welcomed, but the level of activity and support will be lower than other UK prevention programmes in Scotland and England.^{xvii} As noted in the introduction, Wales has the highest prevalence of diabetes in the UK, and more needs to be done to reduce the growth of diabetes which is predicted to increase from 8% to 11% of the adult population by 2030. It is still too early to review the impact of the Programme in Wales, and Diabetes UK Cymru will support Public Health Wales to ensure the programme is as effective as possible. We look forward to a robust evaluation of the Programme's effectiveness, and commitment to roll out across the whole of Wales. Developing effective prevention mechanisms is essential to reduce the prevalence of the continued mental and physical harm of diabetes in Wales.

Tackling the general stigma associated with type 2 diabetes is also needed; by reducing misconceptions about the condition, more people need to be encouraged to seek help and assistance when presented with symptoms. We would like to support the development of awareness campaigns focused on positive messages around the actions and support available to individuals to reduce their risk of type 2 diabetes. Diabetes UK Cymru would welcome the opportunity to work with the Welsh Government to develop an awareness programme to reduce the harm of diabetes in Wales.

Diabetes UK Cymru welcomes measures such as healthy and balanced Free School Meals to help reduce the financial burdens of Welsh families and ensure that all children receive a healthy balanced diet.^{xviii} Nonetheless, we are concerned that nutritional information needed for the good management of diabetes will not be readily available and call for further support for all children with conditions such as diabetes that require nutritional information to manage their condition well. This will help reduce pressure on families with children who have diabetes and avoid families having to consider sending their children with a packed lunch to avoid any complications.

Current National Institute for Healthcare Excellence (NICE) Guidelines are:

- Type 1 Diabetes:^{xix}
 - Members of diabetes professional teams providing care or advice to adults with type 1 diabetes should be alert to possible clinical or subclinical depression and/or anxiety, particularly if someone reports or appears to be having difficulties with self-management. [2004]
 - Diabetes professionals should:
 - ensure they have appropriate skills to identify and provide basic management of non-severe mental health problems in people from different cultural backgrounds
 - be familiar with appropriate counselling techniques and drug therapy, while arranging prompt referral to specialists for people whose mental health problems continue to interfere significantly with their wellbeing or diabetes self-management
- Type 2 Diabetes:^{xx}
 - Reference to psychological Support for:
 - Concerns around the use of Continuous Glucose Monitoring (1.6.25)
 - Erectile dysfunction (1.8.20)

The Welsh Government's Programme for Government refers to:

- Reform primary care, bringing together GP services with pharmacy, therapy, housing, social care, mental health, community and the third sector.
- Prioritise investment in mental health.
- Prioritise service redesign to improve prevention, tackle stigma and promote a no- wrong door approach to mental health support.
- Roll out child and adolescent mental health services 'in- reach' in schools across Wales.^{xxi}

What further action is needed, by whom/where, to improve mental health and outcomes for the groups of people identified and reduce mental health inequalities in Wales?

Diabetes UK Cymru continuously calls for psychological support to be a routine part of diabetes care. The stresses associated with self-management, especially for people who use insulin to treat their diabetes, require care and support from diagnosis throughout a person's life as they live with diabetes. Currently, for many, those living with diabetes are not given the opportunities to discuss their emotional or psychological issues with their diabetes team because current consultations focus on other clinical outcomes .

The ideal would be for specialist adult clinical psychology services to be available in every health board in Wales, but we are some way from achieving this ambition. Where specialist services exist, their current workload exceeds the team available to support people with their condition. Further, it can be difficult for diabetes teams to secure sustained funding for psychological input into multi-disciplinary teams, even when the evidence supports further investment, and indicates clear benefits for patient care and long-term health in reducing complications and further pressures on the NHS. Diabetes UK Cymru is therefore calling for further action by:

- Improving workforce planning to prioritise increasing the number of trainee physical health psychologists.
- Developing an integrated pathway for diabetes that includes emotional support and access to specialist psychological services for those who need it.
- Providing emotional wellbeing training for all healthcare professionals supporting general diabetes care to help identify psychological distress.

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- ⁱ Diabetes in Wales, accessed April 2022, https://www.diabetes.org.uk/in_your_area/wales/diabetes-in-wales.
- ⁱⁱ Diabetes UK, 2022, Reducing the Risk of Suicide in People with Diabetes, https://www.diabetes.org.uk/about_us/news/reducing-risk-suicide-people-diabetes
- ⁱⁱⁱ RESCUE, 2022, <https://www.rescuediabetes.com/publications>
- ^{iv} Diabetes UK Cymru, 2009, https://www.diabetes.org.uk/about_us/news_landing_page/uks-poorest-twice-as-likely-to-have-diabetes-and-its-complications
- ^v Abel GA, Barclay ME, Payne RA Adjusted indices of multiple deprivation to enable comparisons within and between constituent countries of the UK including an illustration using mortality rates BMJ Open 2016;6:e012750. doi: 10.1136/bmjopen-2016-012750
- ^{vi} BBC, 2018, Families ‘can’t afford to follow healthy diet guidance’, <https://www.bbc.co.uk/news/education-45420295>.
- ^{vii} Diabetes Times, 2019, Deprivation ‘negatively impacts’ type 1 diabetes health, <https://diabetestimes.co.uk/deprivation-negatively-impacts-type-1-diabetes-health/>
- ^{viii} Diabetes UK, 2022, Ethnicity and Type 2 Diabetes, <https://www.diabetes.org.uk/preventing-type-2-diabetes/diabetes-ethnicity>
- ^{ix} Diabetes UK Cymru, 2019, Too Often Missing: ‘Making Emotional and Psychological support in routine diabetes care – What needs to happen in Wales’. [Diabetes UK emotional wellbeing policy document \(Wales\).pdf](#)
- ^x Diabetes UK Cymru, 2021, Diabetes Can’t Wait; The importance of diabetes care and prevention in building back a better health system’. [Layout 1 \(amazonaws.com\)](#)
- ^{xi} Welsh Government Statistics, September 2021, Sensory Health (eye care and hearing statistics): April 2019 to March 2021, <https://gov.wales/sensory-health-eye-care-and-hearing-statistics-april-2019-march-2021-html>.
- ^{xii} Royal College of Paediatrics and Child Health (2022), National Paediatric Diabetes Audit – National Report 2020/21: Care Processes and Outcomes
- ^{xiii} Royal College of Paediatrics and Child Health (2022), National Paediatric Diabetes Audit – National Report 2020/21: Care Processes and Outcomes
- ^{xiv} Welsh Government, 2016, Diabetes Delivery Plan 2016 – 2020, <https://gov.wales/diabetes-delivery-plan-2016-2020>
- ^{xv} Senedd Record, January 2022, Written Question, Russell George MS, WQ84300 (e), <https://record.senedd.wales/WrittenQuestion/84300>
- ^{xvi} NHS Wales, 2021, Developing the Intervention for the All Wales Diabetes Prevention Programme, <https://phw.nhs.wales/publications/publications1/developing-the-intervention-for-the-all-wales-diabetes-prevention-programme/>
- ^{xvii} NHS England, NHS Diabetes Prevention Programme, <https://www.england.nhs.uk/diabetes/diabetes-prevention/> | Scottish Government, 2018, A Healthier Future: Type 2 Diabetes prevention, early detection and intervention: framework, <https://www.gov.scot/publications/healthier-future-framework-prevention-early-detection-early-intervention-type-2/pages/10/>.
- ^{xviii} Welsh Government 2022, <https://gov.wales/25m-kick-start-free-school-meals-all-primary-school-children-wales>.
- ^{xix} NICE, 2015 (updated 2022), Type 1 diabetes in adults: diagnosis and management <https://www.nice.org.uk/guidance/ng17/chapter/Recommendations>
- ^{xx} NICE, 2015 (updated 2022), Type 2 diabetes in adults: management, <https://www.nice.org.uk/guidance/ng28/chapter/Recommendations>
- ^{xxi} Welsh Government, 2021, Programme for Government.