

The Link Between Diabetes and Emotional Well Being

November 12, 2025



Today's Agenda

10:30am: Welcome!

- **Announcements and Network Updates**
- **How to obtain CEUs**

10:45-12noon:

- **Presentation and Q&A**
- **Upcoming events**





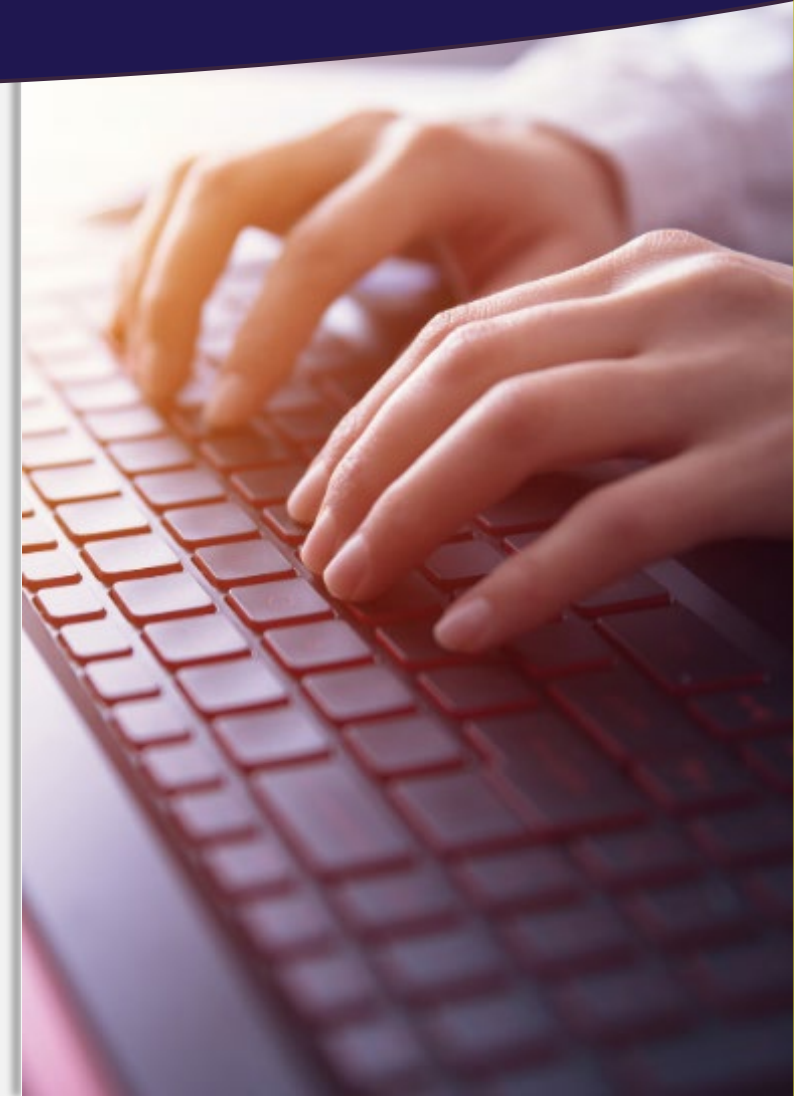
Join Us

Network Benefits

- Expand your professional network with diabetes professionals and organizations
- Receive and contribute to Network newsletters
- Earn CEUs for quarterly meeting presentations

Get Involved

- Join committees of interest
- Participate in collaborative meetings
- Connect with your peers



Network Office Hours

Connect with us on the first Tuesday of the month at 10am!

Registration link:

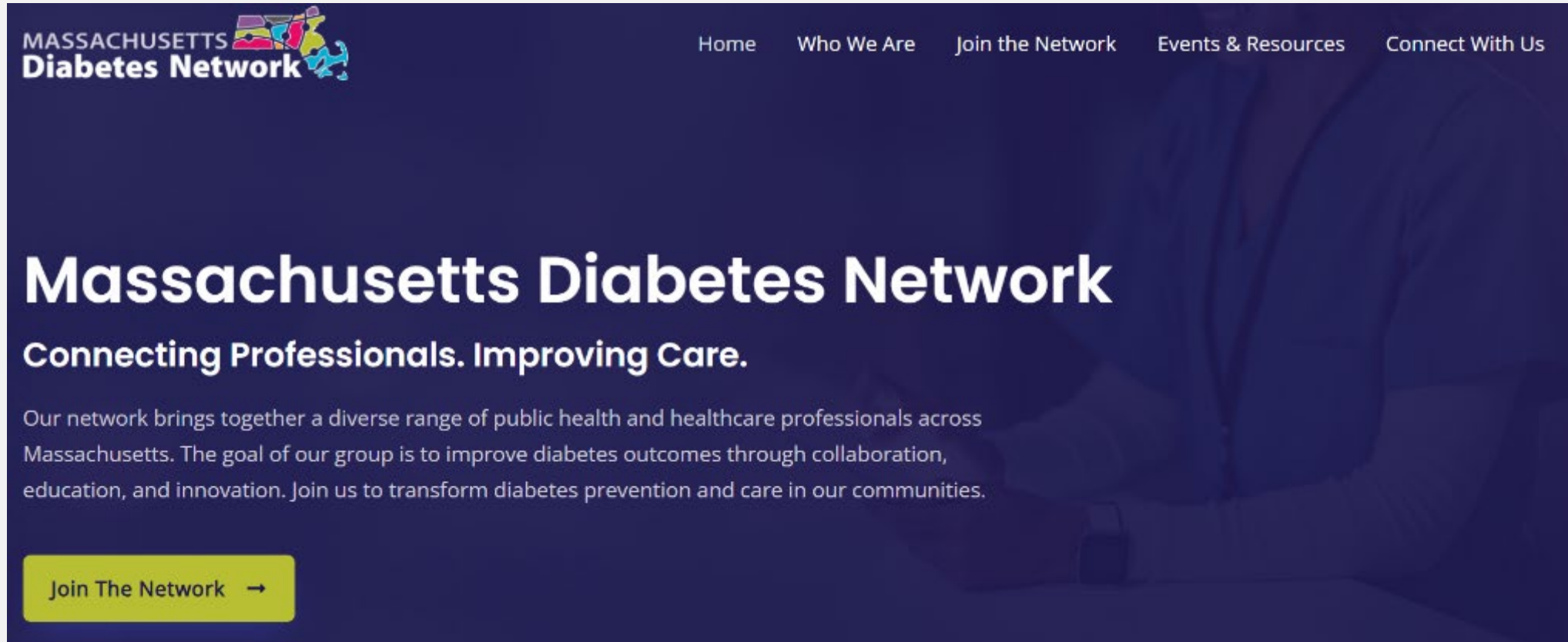
<https://www.zoomgov.com/meeting/register/GsihxfnVTFqrRdeGQ1jdKg#/registration>

Office hours provide an opportunity to share tools and resources, discuss challenges and potential solutions, and meet others in the field.

Let us know what you think – should we continue these next year?

New Website!

<https://madiabetesnetwork.org/>



The screenshot shows the homepage of the Massachusetts Diabetes Network website. The background is a dark blue image of a person's hands holding a small object. In the top left corner is the logo, which includes the text "MASSACHUSETTS Diabetes Network" and a colorful graphic of the state of Massachusetts. To the right of the logo is a navigation menu with the following items: "Home", "Who We Are", "Join the Network", "Events & Resources", and "Connect With Us". The main heading in the center is "Massachusetts Diabetes Network" in large white font, followed by the tagline "Connecting Professionals. Improving Care." in a smaller white font. Below this is a paragraph of text: "Our network brings together a diverse range of public health and healthcare professionals across Massachusetts. The goal of our group is to improve diabetes outcomes through collaboration, education, and innovation. Join us to transform diabetes prevention and care in our communities." At the bottom left, there is a yellow button with the text "Join The Network" and a right-pointing arrow.

MASSACHUSETTS
Diabetes Network

Home Who We Are Join the Network Events & Resources Connect With Us

Massachusetts Diabetes Network

Connecting Professionals. Improving Care.

Our network brings together a diverse range of public health and healthcare professionals across Massachusetts. The goal of our group is to improve diabetes outcomes through collaboration, education, and innovation. Join us to transform diabetes prevention and care in our communities.

Join The Network →

Massachusetts Health Promotion Clearinghouse

<https://massclearinghouse.ehs.state.ma.us/>

Small Steps to Moving More

Getting regular physical activity lowers your risk for diabetes, high cholesterol, high blood pressure, and other health conditions.

We know that getting regular physical activity can take time, which is why we've created this guide to help you find ways to get active.

Set small steps to get more active: even a 10-minute walk can make a big difference for your health. Think of getting more active as a habit.

Most adults need 150 minutes a week of moderate-intensity activity, which is equivalent to walking briskly, pushing a lawn mower, or light gardening. Activities like yard work, dancing, or playing a sport are also good.

Break it down: 150 minutes a week is 30 minutes a day, 5 days a week. You can do 10 minutes in the morning and 20 minutes in the afternoon.

How can I get more active throughout the day?

- Take a break:** Get up and move for 30 seconds to 1 minute every 30 minutes. Use the stairs instead of the elevator, take a walk during your lunch break, or take a walk after dinner.
- Count your steps:** Walk away from the house to get to work, school, or the store. Use a pedometer or a smartphone app to track your steps.
- Track your progress:** Use an app or a journal to track your progress. Celebrate your successes.

You don't have to get 30 minutes of physical activity at one time. You can break up the movement throughout the day and still get the benefits!

For more resources, visit: massclearinghouse.ehs.state.ma.us/

Screen, Test, Refer Prediabetes & Diabetes

Is your patient at risk for prediabetes or diabetes?

Yes: A patient that is over 40 years old, has a family history of diabetes, is overweight or obese, or has a history of gestational diabetes.

No: A patient that is under 40 years old, has no family history of diabetes, is not overweight or obese, and has no history of gestational diabetes.

Has your patient been tested for diabetes in the past year?

Yes: Blood glucose levels are within the normal range (fasting glucose < 100 mg/dL, HbA1c < 5.7%).

No: Blood glucose levels are outside the normal range (fasting glucose ≥ 100 mg/dL, HbA1c ≥ 5.7%).

	Normal	Prediabetes	Diabetes
Hemoglobin A1c	< 5.7%	5.7% - 6.4%	≥ 6.5%
Fasting Plasma Glucose	< 100 mg/dL	100 - 125 mg/dL	≥ 126 mg/dL
Oral Glucose Tolerance	< 140 mg/dL	140 - 199 mg/dL	≥ 200 mg/dL

Make a Referral: Refer your patient to a diabetes educator, dietitian, or other healthcare provider for further evaluation and management.

Refer to a Diabetes Prevention Program: Refer your patient to a Diabetes Prevention Program if they are at high risk for developing type 2 diabetes.

Consider diagnosis by screening: Consider diagnosis by screening if you have a patient with a family history of diabetes, are overweight or obese, or have a history of gestational diabetes.

Diabetes Care Goals

Bring this to each visit with your provider or diabetes educator.

CEUs & Post-Event Evaluation

- Those who attend the full session are eligible for continuing education units (CEUs), provided by ADEPT Educational Institute.
- CEUs will be available for RNs, Dietitians and Social Workers.
- **We will share the CEU evaluation link after the presentation.**

Something New:

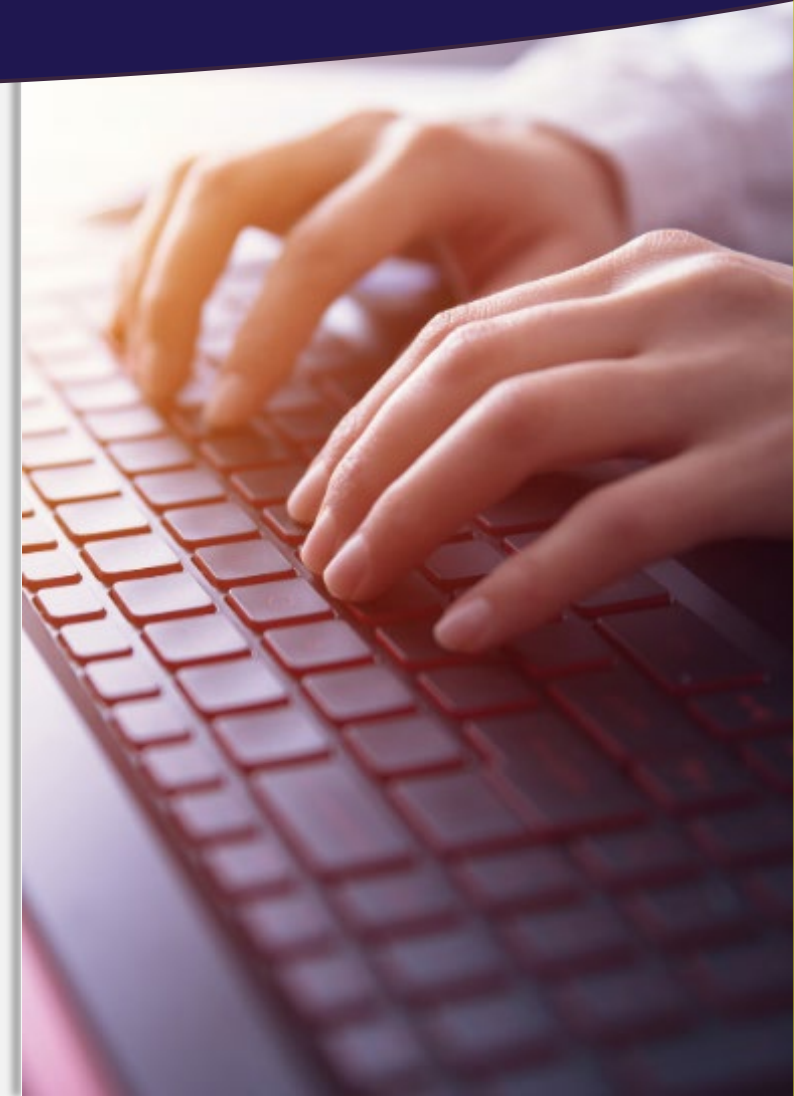
- We will be sharing a brief evaluation survey with everyone who attends MA Diabetes Network events, to gather your feedback. Thank you in advance for your responses!



Member Survey

Coming Soon: MA Diabetes Network Member Experience Survey

- Keep an eye out for the survey in your email inbox.
- Thank you for taking a few minutes to answer the questions.
- Your feedback will help inform our planning for 2026!



2025 Review and Looking Ahead

2025 Network activities:

- New Website!
- Increased attendance at quarterly events
- New monthly office hours
- Member survey

Plans for 2026? More to come!

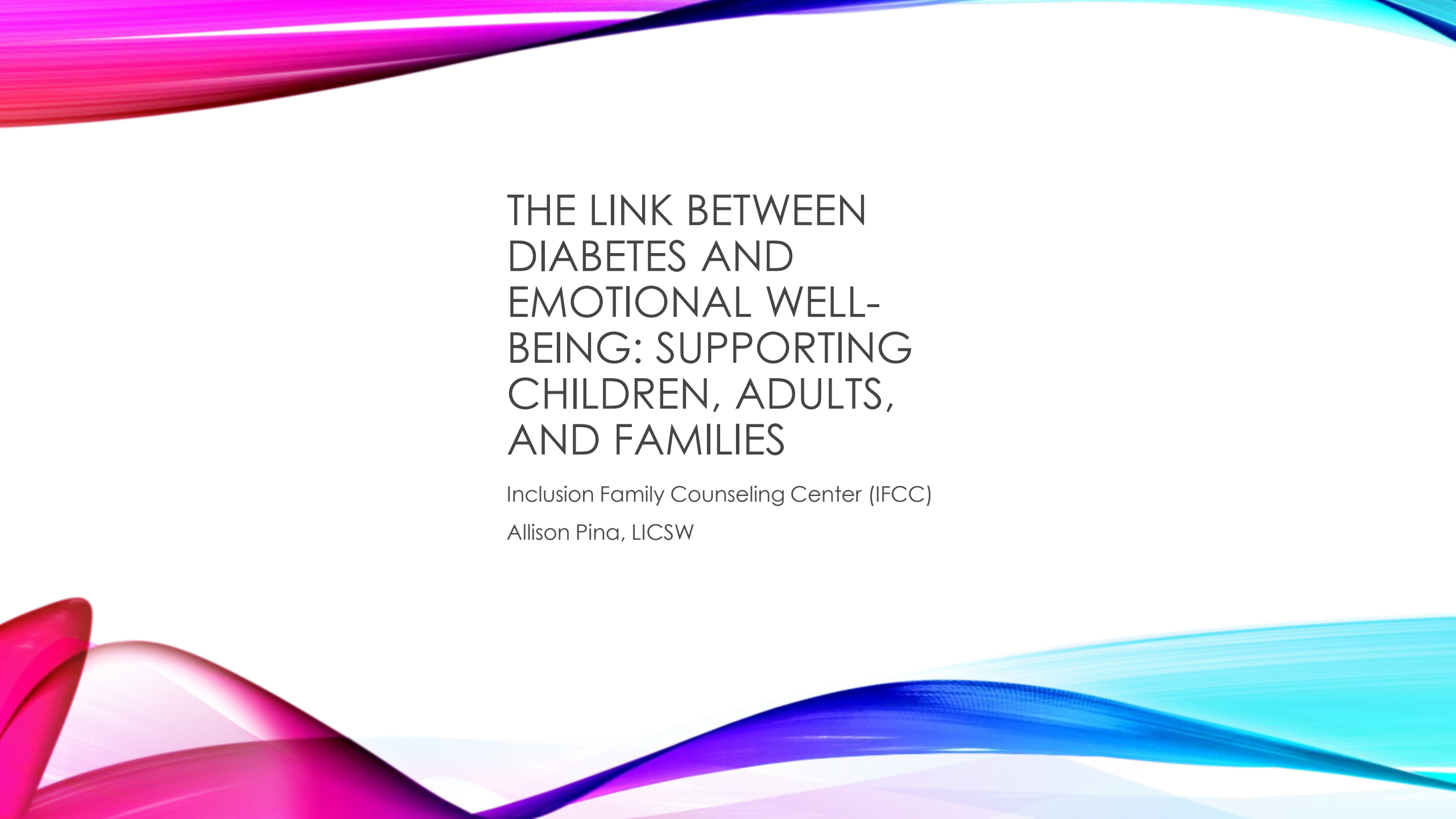
The Link Between Diabetes and Emotional Well Being

Allison Pina, LICSW

Clinic Director, Brockton and New Bedford

Inclusion Family Center





THE LINK BETWEEN DIABETES AND EMOTIONAL WELL- BEING: SUPPORTING CHILDREN, ADULTS, AND FAMILIES

Inclusion Family Counseling Center (IFCC)

Allison Pina, LICSW

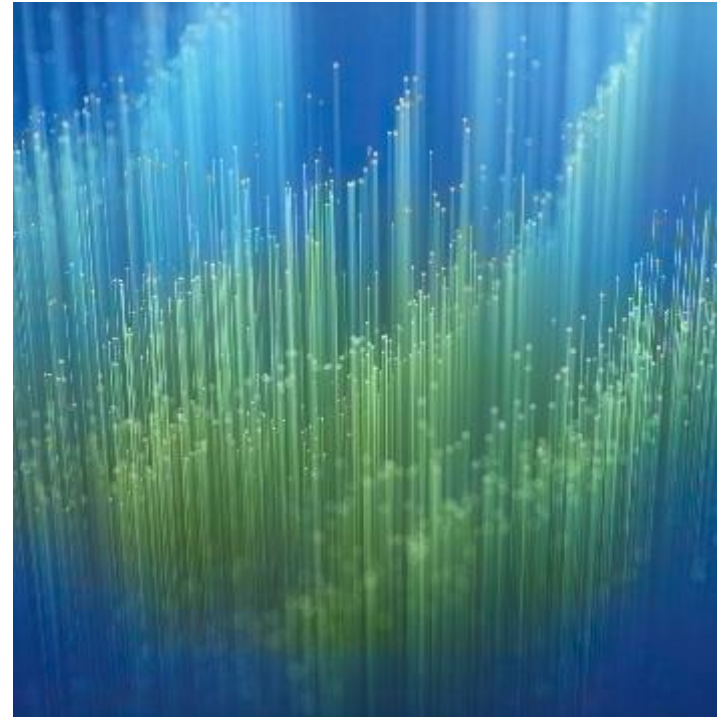


TRAINING OBJECTIVES

- Understand how emotional well-being impacts diabetes management.
- Identify symptoms of depression, anxiety, and diabetes distress.
- Learn how to use PHQ-9, GAD-7, and ADA behavioral screening tools.
- Practice discussing emotional health with clients.
- Know when and how to refer for behavioral health support.

UNDERSTANDING THE LINK

-
- Living with diabetes affects mental health through stress, stigma, and treatment burden.
-
- Depression and anxiety are 2–3 times more common in people with diabetes.
-
- Emotional well-being influences blood sugar control and adherence.



CHALLENGES FACED BY MEDICALLY COMPLEX CLIENTS

Depression & Anxiety

- Increased risk due to chronic illness, medical procedures, and uncertainty about health

Family Stress

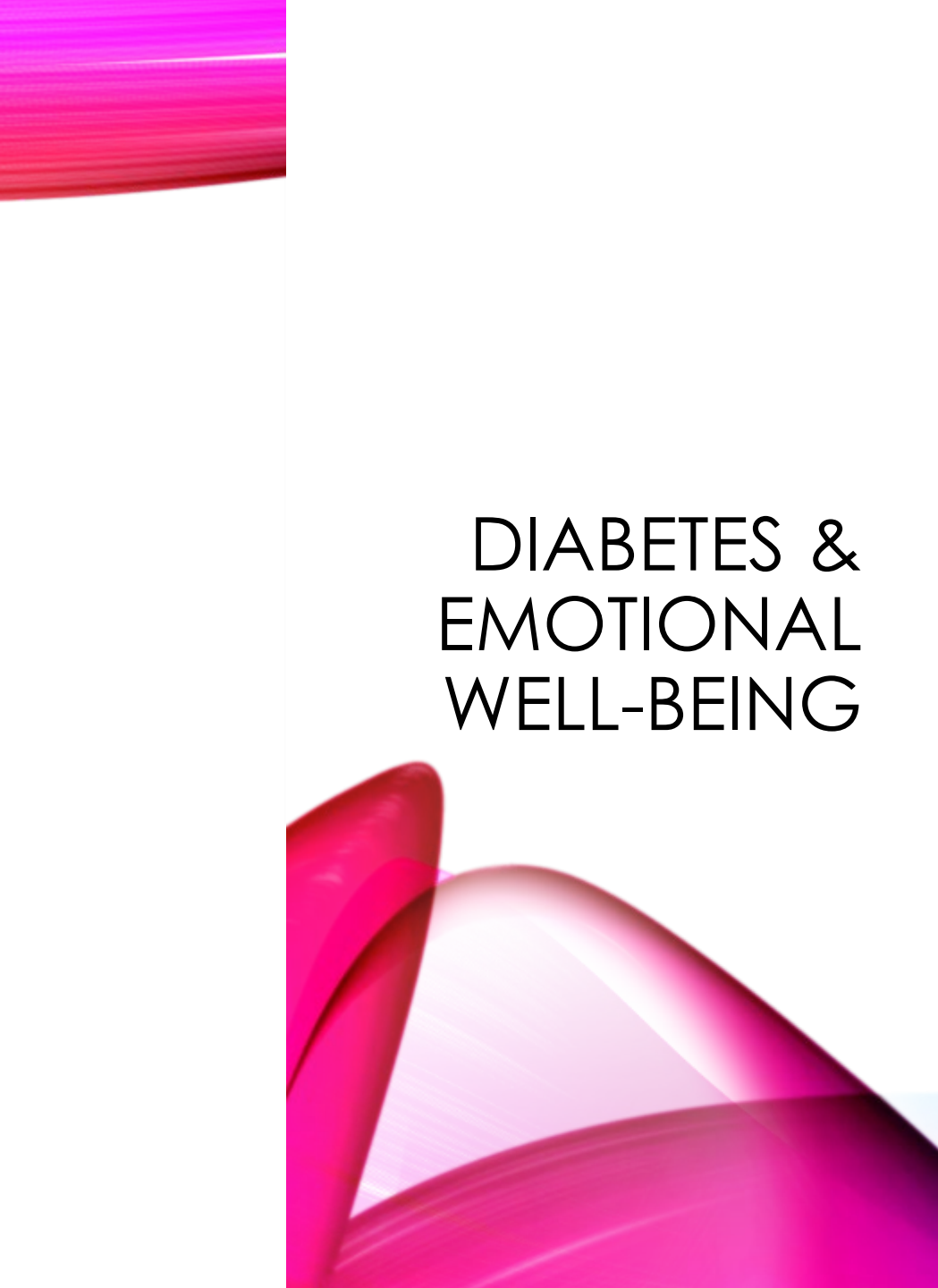
- Caregiver burnout, financial strain, and emotional toll on siblings

School or employment Impact

- Frequent absences, difficulty keeping up with academics, and social isolation
- Need for 504 plan or other accommodations

Overall Wellbeing

- Balancing medical needs with emotional, social, and developmental growth



DIABETES & EMOTIONAL WELL-BEING

Many factors can affect blood sugar levels. Stress and inadequate sleep directly raise blood sugar levels by increasing the production of stress hormones. Additionally, emotional well-being influences blood sugars indirectly by impacting an individual's ability to effectively monitor and manage their own health.

DIABETES DISTRESS

A form of emotional distress that can cause emotional exhaustion, frustration or burnout related to managing diabetes.



RECOGNIZING EMOTIONAL DISTRESS

Behavioral Changes:

- This may be one of the first signs of emotional distress in diabetes patients.
- withdrawal from social activities
- decline in motivation to manage their diabetes (such as neglecting to monitor blood sugar levels or adhere to dietary restrictions)
- increased irritability
- If a patient who was previously engaged in their care suddenly becomes disengaged, it may indicate underlying emotional issues.

Mood Swings:

- Patients with diabetes may experience significant mood fluctuations that impact their emotional well-being.
- They might go from feeling overwhelmed and anxious about managing their condition to feeling hopeless or depressed.

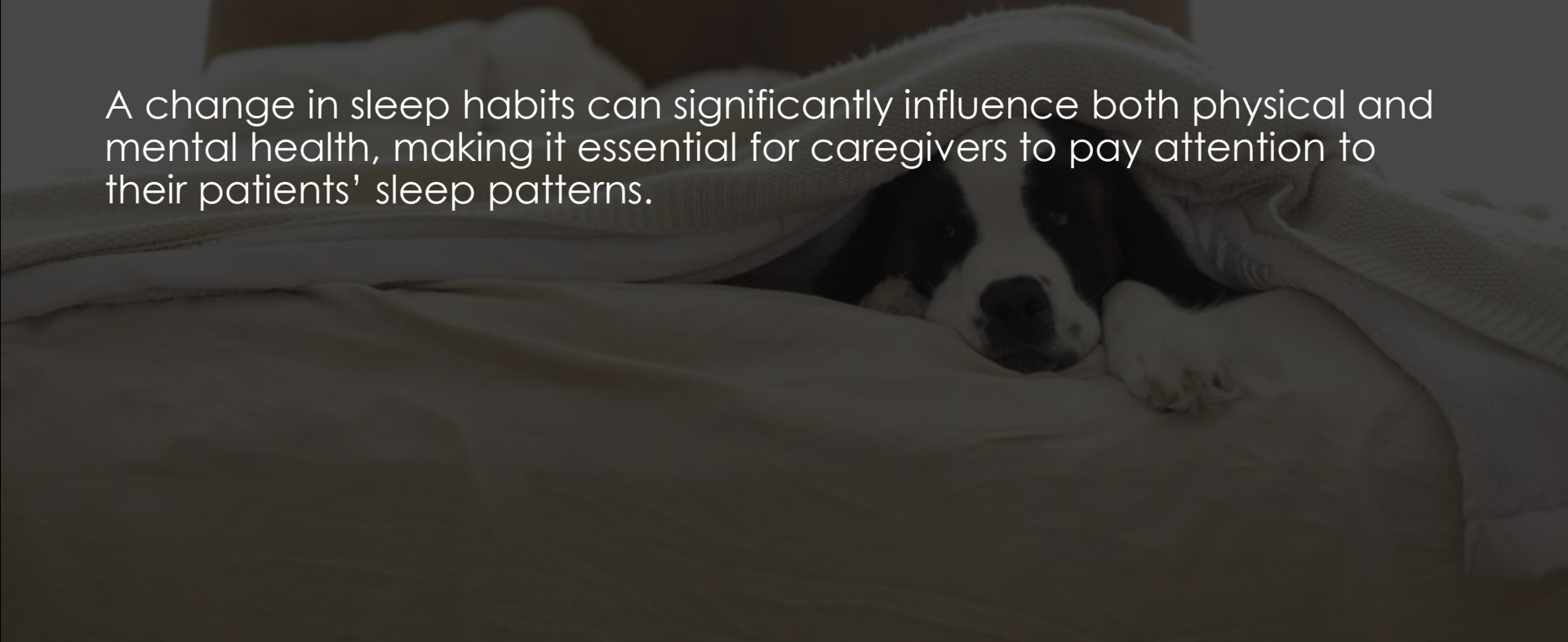
Observing these mood swings can be crucial for healthcare providers and caregivers, as emotional stability plays a vital role in diabetes management.

RECOGNIZING EMOTIONAL DISTRESS

Changes in Sleep Patterns:

- Patients may experience insomnia, difficulty falling asleep, or excessive sleeping as a way to escape their feelings.

A change in sleep habits can significantly influence both physical and mental health, making it essential for caregivers to pay attention to their patients' sleep patterns.



RECOGNIZING EMOTIONAL DISTRESS

Physical Symptoms:

- Emotional distress can manifest in physical symptoms such as headaches, fatigue, or gastrointestinal issues.
- Patients may also experience increased blood sugar levels, as emotional stress can affect glycemic control. Identifying and discussing these symptoms with patients can provide insight into their emotional state.



RECOGNIZING EMOTIONAL DISTRESS

Diabetes management is complex, and many patients may feel overwhelmed by the demands of their condition. If a patient expresses feelings of frustration, helplessness, or being overwhelmed, it is important to recognize these feelings as valid emotional distress. Open communication can help patients feel supported and understood.

Anxiety about complications: patients may exhibit heightened anxiety about potential complications of diabetes, such as neuropathy, retinopathy, or cardiovascular issues. This anxiety can lead to avoidance behaviors or excessive focus on their health, affecting their quality of life. Gently discussing these fears and providing education can help alleviate some of these concerns.

RECOGNIZING EMOTIONAL DISTRESS

Diminished Coping Skills: If a patient seems to struggle with everyday stressors more than usual, it might be an indication that they are experiencing emotional distress. A diminished ability to cope with stress can affect their overall diabetes management, leading to neglect of self-care practices.

Changes in Appetite: Emotional distress can also affect a patient's eating habits. They may eat more than usual as a form of comfort, or conversely, lose interest in food entirely. Monitoring these changes can provide valuable insights regarding the patient's emotional state and their approach to managing diabetes.

Recognizing these signs of emotional distress is essential for fostering an environment of support and understanding, which can ultimately lead to improved diabetes management and overall quality of life for patients.

BEHAVIORAL HEALTH SCREENING TOOLS



- PHQ-9: Depression screening (9 items, patient self-report).

<https://integrationacademy.ahrq.gov/sites/default/files/2020-07/PHQ-9.pdf>



- GAD-7: Anxiety screening (7 items, patient self-report).

https://adaa.org/sites/default/files/GAD-7_Anxiety_updated_0.pdf



- ADA Behavioral/Mental Health Screen: Recommends annual screening for distress, depression, and anxiety.



- Embed links/forms for PHQ-9, GAD-7, ADA screening in this slide.

AMERICAN DIABETES ASSOCIATION



- provides educational tools and trainings for professionals who work with this population.
- **Diabetes Education 101 for the Behavioral Health Professional**
 - This program is intended for behavioral health providers who treat people who are at-risk or living with diabetes. Learn about the unique challenges of living with diabetes and how to incorporate supportive terminology into your practice.
- **Diabetes and Emotional Health Workbook**
(<https://professional.diabetes.org/professional-development/behavioral-mental-health/MentalHealthWorkbook>)
- **A Practical Guide for Health Professionals Supporting Adults with Type 1 and Type 2 Diabetes.**
 - 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 having conversations about emotional problems, as well as for providing appropriate support.

- ADA Behavioral Health Toolkit Main Link
- <https://professional.diabetes.org/professional-development/behavioral-mental-health/behavioral-health-toolkit>
- Toolkit Questionnaires
- https://professional.diabetes.org/sites/default/files/media/ada_mental_health_toolkit_questionnaires.pdf
 - PAID-Problem Areas in Diabetes Scale
 - DDS-17-Diabetes Distress Scale
 - T1-DDS
 - HFSIIW-The Hypoglycemic Fear Survey
 - ITAS-Insulin Treatment Appraisal Scale
 - PHQ-9
 - GAD-7

WHEN AND HOW TO SCREEN

At diagnosis, annually, or if emotional symptoms emerge.

If the screen is positive, continue to screen at regular intervals

Introduce screening in a supportive way:

“Many people with diabetes feel stressed or down sometimes—can we check in on how you're feeling?”

If possible, integrate it into practice for universal screenings beginning at a certain age.

Use results to guide care planning and referrals.

REFERRAL

Score/Result	Staff Action	Next Step
PHQ-9 $\geq$ 10 or GAD-7 $\geq$ 10	Validate feelings; review items	Refer to outpatient behavioral health or supervisor
Mild symptoms	Continue monitoring	Re-screen in 3–6 months
Severe symptoms/safety concerns	Crisis protocol	Immediate referral/emergency response

EVIDENCE-
BASED
INTERVENTI
ONS

Cognitive Behavioral Therapy (CBT) adapted for medically complex patients

Family Systems Therapy & Psychoeducation

Skill-building for resilience and coping

Language access: interpreters, bilingual staff, culturally responsive materials

- **Goal:** Help clients identify and change unhelpful thoughts that affect mood and self-care.

- **Focus Areas:**

- Negative thinking ("I'll never manage this")
- All-or-nothing beliefs about diet or glucose readings
- Avoidance of medical routines due to fear or shame

- **CBT Techniques:**

- Cognitive restructuring (replace negative thoughts with realistic, hopeful ones)
- Problem-solving and goal-setting
- Behavioral activation — increase pleasant, health-supportive activities
- Coping skill rehearsal (relaxation, self-talk, mindfulness)

- **Benefits:**

- Improves mood and diabetes self-management
- Reduces distress, promotes confidence and adherence



Family Systems Therapy

- Views the child's challenges within the context of the whole family system
- Improves communication and problem-solving among family members
- Reduces conflict and caregiver stress that can worsen child symptoms
- Supports parents, siblings, and extended family in adjusting to medical demands

Psychoeducation

- Provides families with knowledge about illness, treatment, and mental health impact
- Normalizes emotional responses and reduces guilt or blame
- Enhances coping skills and empowers families to advocate for their child
- Helps families partner more effectively with medical and school teams

Together, Family Systems Therapy and Psychoeducation strengthen resilience, reduce isolation, and improve outcomes for children with medical complexities

FAMILY SYSTEMS THERAPY & PSYCHOEDUCATION

WHO CAN PROVIDE THESE SERVICES?

Services for Children and Adults:

- • Outpatient Therapy: Address depression, anxiety, and motivation through CBT and other evidence-based interventions.

Services for Children under 21 with Mass Health (some agencies also accept some private insurances):

- • In-Home Therapy (IHT): Support family adjustment, teach coping strategies, integrate treatment routines.
- • Therapeutic Mentor (TM): Assists client in utilizing the coping and social skills learned from clinical services. (HUB dependent. Must have a Clinical Service)

WHERE DO I FIND THESE PROVIDERS?

IHT and TM

- Massachusetts Behavioral Health Website (MABHA)
<https://www.mabhaccess.com/>
- Search for IHT, TM and IHBS
- Also has listings for OP open access

OP

- Contact insurance for providers of op services.

Why Collaboration Between Mental Health & Medical Teams Matters

(For Children with Medical Complexities)

- ◆ **Holistic Care** – Treats the whole child: emotional, behavioral, and physical health.
- ◆ **Improved Adherence** – Supports families in following medical treatment plans.
- ◆ **Reduced Family Stress** – Coping tools decrease caregiver burnout.
- ◆ **Early Intervention** – Addresses anxiety, depression, and trauma early.
- ◆ **Continuity of Support** – IHT, TM, and outpatient therapy extend care into the home & community.
- ◆ **Better Communication** – Shared care plans strengthen medical + mental health alignment.
- ◆ **Equity in Care** – Ensures culturally responsive services for diverse families.

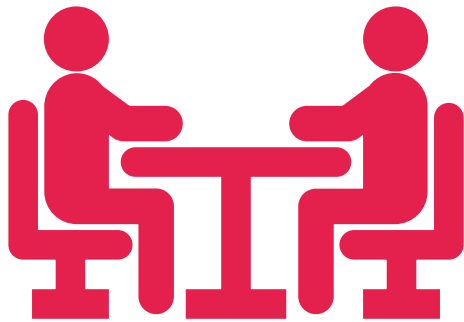
BEST PRACTICES FOR COLLABORATION

Work with medical providers, schools, and community agencies

- IHT-The team has the ability to collaborate with primary and specialty medical providers
 - Assist family in understanding diagnosis (psychoeducation), assist family in advocating for themselves in medical appointments, assisting the family to integrate medical treatments and recommendations in a way that can effectively meet the families needs.



BEST PRACTICES FOR COLLABORATION



- Establish Clear Communication Channels-
- Set up regular meetings or check-ins between mental health and medical teams to discuss patient progress and treatment plans.



BEST PRACTICES FOR

- Create Integrated Care Plans - Develop comprehensive care plans that include input from both mental health and medical professionals. This ensures a holistic approach to patient care, addressing both physical and mental health needs



BEST PRACTICES FOR COLLABORATION

- Involve Family and Caregivers - Engage families in discussions about the care plan, especially when they may feel overwhelmed. This helps them understand the integrated approach and how they can support the patient's recovery.





BEST PRACTICES FOR COLLABOR ATION

Share Resources and Expertise –
Organize workshops or seminars where
medical and mental health professionals
can share their expertise and resources,
fostering a better understanding of each
discipline's role in patient care.

BEST PRACTICES FOR COLLABORATION

- Understand and respect cultural differences in how patients perceive mental health and medical care. Tailor approaches to meet the diverse needs of patients and their families



Case Example #1: Type 1 Diabetes

Patient: 15-year-old boy, newly diagnosed with Type 1 Diabetes, struggling with insulin management.

Medical Team Need: Education on insulin use, blood sugar monitoring, diet management.

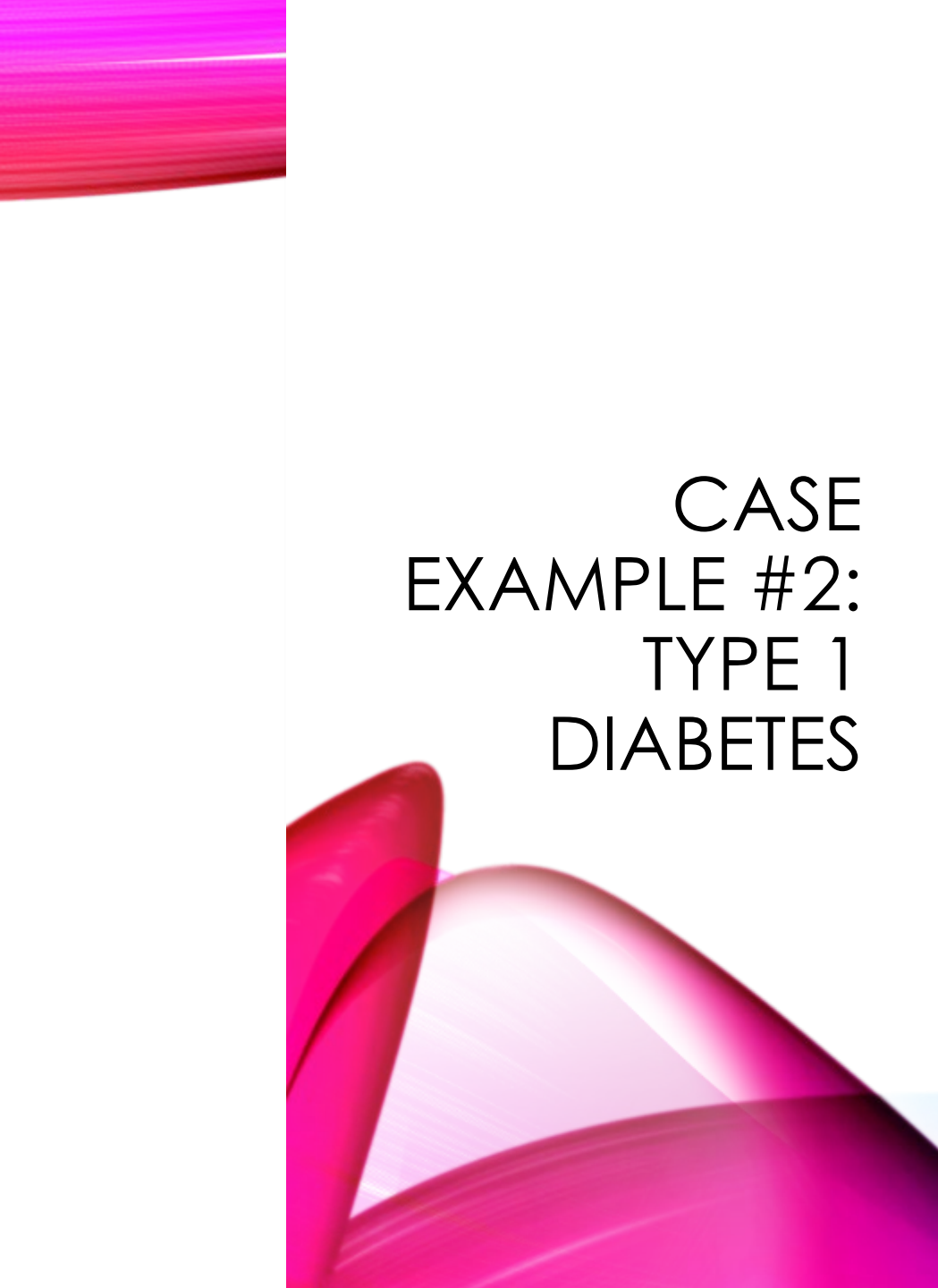
Mental Health Collaboration:

Outcome: Improved treatment adherence, decreased family stress, increased teen self-efficacy in managing his condition, and improved school participation.

In-Home Therapy (IHT): Supports family adjustment, reduces conflict around dietary restrictions and injections.

Therapeutic Mentor (TM): Works with the teen to build independence and confidence in checking blood sugars and administering insulin.

Outpatient Therapy: Addresses depression and social anxiety stemming from feeling "different" from peers.



CASE EXAMPLE #2: TYPE 1 DIABETES

A 10-year-old child is experiencing anxiety about finger pricks and is refusing to undergo glucose tests. This situation is causing frustration for the family, and as a result, the child is missing school.

Follow-Up Questions:

1. In what capacity are you involved with this case? Are you providing care at the time of the child's initial diagnosis, serving as a school nurse, or in another role?
2. What strategies would you consider to effectively address the child's anxieties regarding glucose monitoring and encourage compliance with necessary medical checks?
3. How would you engage with the family to help them navigate this challenging situation and improve the child's experience with diabetes management?
4. What resources or support systems could you recommend to aid both the child and the family in overcoming these challenges?

CASE EXAMPLE #3: ADULT WITH TYPE 2 DIABETES

45-year-old adult feels tired, unmotivated, and skips medication.

PHQ-9 score = 12 (moderate depression).

Staff approach: Validate feelings, discuss support options, refer for therapy.

Discuss: What next?

BRINGING IT ALL TOGETHER — THE LINK BETWEEN DIABETES & EMOTIONAL WELL-BEING



Whole-Person Care: Diabetes management succeeds when emotional, behavioral, and physical health are all supported.

Early Recognition: Screening with PHQ-9, GAD-7, and ADA behavioral tools helps identify distress before it becomes crisis.

Empathy in Every Interaction: Compassionate listening and culturally responsive communication build trust and adherence.

Collaboration: Medical and behavioral teams working together ensure coordinated, effective care.

Your Role Matters: Each nurse, doctor, and community health worker contributes to an improved quality of life for clients and their families.

**TAKEAWAY
MESSAGE:**

Supporting emotional health
is
diabetes care.

Small, consistent efforts make a
lasting difference.

REFERENCES

American Diabetes Association. (n.d.).

Alexander DS, Saelee R, Rodriguez B, et al. Diabetes Distress Among US Adults With Diagnosed Diabetes, 2021. *Prev Chronic Dis.* 2025;22:240287.

Cognitive behavior therapy for diabetes distress, depression, health anxiety, quality of life, and treatment adherence among patients with type-II diabetes mellitus: a randomized control trial. *BMC Psychiatry.* 2023;23:86.

Franquez MJ, Wanger R, et al. Interventions for depression and anxiety among people with diabetes mellitus: Review of systematic reviews. *J Psychosom Res.* 2023.

Psychosocial and Behavioral Health Among Youth and Adults With Diabetes. 2024.

Screening for diabetes distress and depression in routine clinical care for youth with type 1 diabetes. *J Pediatr Psychol.* 2024.

CEUs

- Those who attend the full session are eligible for CEUs provided by ADEPT.
- CEU Evaluation link:
<https://www.surveymonkey.com/r/Diab11225Eval>
- Please complete the evaluation by **November 19**





State of
Diabetes

FRIDAY, NOVEMBER 14
FREE HEALTH & FOOD RESOURCES
Roxbury YMCA

Join us for a day of community access and education!

The State of Diabetes is a **NO COST** event where the public can receive screenings, education, and resources from ADA partners during the vendor fair. Drop-in throughout the day to learn from leading diabetes experts on how to better manage your health. All are welcome!

**NO COST
ADMISSION!**

WHAT TO EXPECT:

FREE HEALTH SCREENINGS

- Blood Pressure
- Dental Health Checks
- Foot Health Checks
- Eye Health Checks
- Flu Vaccines

FREE FOOD & GIVE AWAYS

- Diabetes Education
- Healthy Food Bags
- Health Resources more!



3pm-6pm
Roxbury YMCA
285 M.L.K. Jr Blvd

Free Meal Provided



Upcoming Event 2025 State of Diabetes – Boston

November 13: For Professionals

[https://stateofdiabetes-
diabetes.donordrive.com/sodboston](https://stateofdiabetes-diabetes.donordrive.com/sodboston)

November 14: For individuals at-risk for
Diabetes – at Roxbury YMCA

2026 Events

Stay tuned for details about the next MA Diabetes Network event!

Contact Us

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<https://www.linkedin.com/groups/14430584/>



<https://madiabetesnetwork.org/>

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