

**Practical
advice**



Mental Health & Diabetes

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Hello! And welcome.

I am so pleased to share this Mental Health and Diabetes book with you, because I know it's what South Africans with diabetes really need.

Accessing mental health services in South Africa is hard – particularly in the public sector, but even if you're on medical aid. Some of that is red tape, and some of it is that if you need help with your mental health, you probably don't have the energy to reach out for support.

Our goal with this book is to distill the wisdom of one of South Africa's most trusted clinical psychologists, Daniel Sher, who has not only lived with Type 1 diabetes for over 30 years but also works with people with diabetes every day. Daniel has generously shared his expertise with us so that even those who don't have access to a psychologist can benefit from his advice. And that advice is remarkably consistent.

Whether it's dealing with depression, anxiety, diabetes distress or stress, the tools are the same: we should all try to eat well, sleep, exercise, breathe consciously, connect with other people and solve our problems one small step at a time.

I really hope the advice in these pages will make that a little easier. And we look forward to connecting with you online through our website and social media.

Please let us know what you think! Here's to a healthy, happy life with diabetes.

Bridget



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Visit www.sweetlife.org.za to find out how to live a happy, healthy life with diabetes.

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South Africans with Diabetes



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Let's talk about Diabetes & Mental Health



Why are they so connected?

If you're living with diabetes, you'll know that it's... complicated. Especially when it comes to mental health. That's partly because diabetes is a chronic condition that never gives you a day off or a holiday, but also because diabetes itself is complex.

It's a tough condition to live with. There are just so many different things that we need to think about on a day-to-day basis: medication, checking blood sugar, food, exercise, stress, sleep...

On average, people with diabetes make 180 extra decisions about their health each day.

With that level of stress, and that level of preoccupation, and that level of planning and problem solving and troubleshooting and thinking ahead, it can be burdensome. It's a heavy mental load that can spill over into a heightened sense of stress, distress, exhaustion or even depression or anxiety. Mental health is a critical part of living with diabetes.

“I always like to bring the science into this conversation. Because it's not just that diabetes is a tough condition to manage – we are inevitably going to have blood sugar fluctuations, and when that happens, the quantity of glucose that is filtering into our brain is fluctuating.

Sometimes it's going to be low, sometimes it's going to be high. And we know it can have an actual impact on the neurons and certain areas of the brain that are linked to thinking skills and emotions. But it's also that much harder on us emotionally, because of the way that it affects our brains.

Daniel Sher,

Clinical Psychologist living with diabetes

”

Most common mental health conditions for people with diabetes

Anxiety and depression are the big challenges when it comes to diabetes and mental health. They show up much more often in people with diabetes than those without, and they're also the most common psychiatric conditions. In fact, people with diabetes are 2 to 3 times more likely to have depression than people without.

And then, of course, there's diabetes distress (the clinical term) or diabetes burnout, as it's often called. This is even more common than depression and anxiety. It's not a disorder and it doesn't need expert treatment: it's more of a side effect of living with diabetes. Those three are the most common, but there are other mental health conditions affecting people with diabetes too.



DID YOU KNOW?

33 to 50% of people with diabetes experience diabetes distress in any 18-month period. That means that, over the course of a year and a half, you have about a 1 in 3 to 1 in 2 chance of experiencing diabetes distress.

- CDC.gov.

Other mental health conditions to be aware of

Disordered eating is a big one, and diabulimia (not taking insulin to lose weight) is a major problem. But other forms of disordered eating also show up in people with diabetes, most often Type 1 diabetes, especially adolescent females. Eating disorders need expert assistance.

There is hope

It's true that living with diabetes makes you more likely to have a mental health condition, and that if you're struggling with your diabetes care, that can make mental health harder to manage. But it's also true that when one improves, the other often does too. Most importantly, those improvements don't have to be major. Small changes can make a big difference: to your blood sugar and the way you feel.



Life with type 1 diabetes just got easier.[^]

Ambar,
person living with
type 1 diabetes

MiniMed Go™ System
Remembers.
Reminds.
Recommends.
So you don't have to.*

 minimed

What does depression feel like?

The tricky thing about depression is that many of its symptoms overlap with diabetes distress. So sometimes people with diabetes are diagnosed with depression when it's actually diabetes distress.

Here are the most common depression symptoms to look out for...

The two main symptoms are:

1. Anhedonia: the loss of capacity for enjoyment

This is really debilitating, because it can feel like you've been robbed of joy. It's quite easy to spot because if you've always loved doing something and suddenly don't enjoy it any more, or no longer look forward to anything, that's likely to be anhedonia.

2. Persistent, sticky sadness that doesn't lift

A generalised sadness: you feel sad about life itself. Diabetes can make you feel down if your blood sugar is up and down, but you're not necessarily sad about having to go to work. Sadness in depression stays for long periods of time, doesn't lift and affects everything.

To meet the criteria for depression:

one of the initial two symptoms (anhedonia or sadness), along with at least five of the others, for at least two weeks.

Other symptoms include:

- Low energy.
- Changes in appetite: most often reduced, but sometimes increased.
- Weight changes (gain or loss).
- Insomnia, or changes in sleeping patterns.
- Irritability.
- Feelings of guilt or worthlessness.
- Hopelessness.
- Concentration problems.
- Psychomotor slowing: slower movements because your nervous system is depressed.
- Suicidality: suicidal ideation (thinking about suicide) or suicidal intent (planning) or action.



I would worry if you have one of the main two, but if you don't and have several of the other ones, that's less likely to be depression. Sadness and anhedonia are what differentiates depression from normal sadness or other psychiatric conditions. Sometimes life is hard and pushes you down, but your capacity for enjoyment is still preserved. When life is hard, you can lift out it for moments; with depression it feels impossible.

Daniel Sher,
Clinical Psychologist



Practical Advice for working through depression

How do you cope without access to a mental health professional?

Obviously the first prize is to see a mental health professional: a psychologist, psychiatrist or counsellor. If that's not an option, these tools might help.



Tool 1: Exercise

Exercise is medicine! It's a really important strategy to help ease depression, but the catch is that it's hard to exercise when you're already depressed. The key is to set realistic goals. If you've never exercised and decide to run a marathon, you're setting yourself up for failure.

Set the bar low enough to be sustainable. Moving your body in any way – even just stretching or going for a short walk – has psychological benefits.



Apart from the physical and neurological benefits, you're getting a sense of achievement and self-efficacy (your belief in your own ability to accomplish a task), even if it's in very small doses. This is linked to a concept called behavioural activation: doing things first, which allows a sense of achievement and self-efficacy to follow.

Daniel Sher,
Clinical Psychologist living with diabetes



The goal is to maintain neurological homeostasis: you want to minimise the fluctuations in your brain to keep the neurochemical process as stable as possible. The more stable you can keep your blood sugar, the less wear and tear there is on your brain. Rollercoaster blood sugar maintains depression on a neurological level and makes it worse.

Daniel Sher,
Clinical Psychologist



Tool 2: Manage your blood sugar

Anything that keeps your blood sugar levels in check is going to minimise the impact of depression. So if you're depressed and your blood sugar is out of whack, that's going to amplify the symptoms. If you're already lethargic (tired, with no energy or enthusiasm for anything) because you're depressed, and you have high blood sugar on top of it, that's a double whammy.

Stable blood sugar is very important but also really tricky because when you're depressed, you're more likely to have

high blood sugar. Both because you probably don't want to exercise and are probably craving carbs, and because there's a neurological component. Weight gain is a common symptom of depression. More weight means more insulin resistance, which makes it harder to manage your blood sugar. Just set small goals and try your best: aim for progress, not perfection.



Tool 3: Problem solving

It can be really helpful to try to work out whether anything specific is driving your depression and how you can be a bit softer on yourself. For example, could you loosen your diabetes goals for a while instead of beating yourself up when your blood sugar is out of range?

Try to focus on one thing at a time, otherwise it can become overwhelming. When you've got a whole list of things on your mind, it taxes your working memory and leads to a sense of overwhelm. Writing them down gives you a sense of agency and makes it easier to see which small problems you can try to solve.



Tool 4: Make healthy choices

Certain things make depression harder to manage. As far as possible, minimise the use of alcohol and marijuana, as those biologically exacerbate depression (they make it worse). Cutting back on caffeine also helps, as caffeine can worsen insomnia.



Tool 5: Protect your sleep

Prioritise your sleep and practice good sleep hygiene. This is really central for diabetes and mental health. If you're depressed, odds are your sleep isn't well regulated, but there are lots of things you can do to improve your sleep, and we've got a whole list of them later in the book!



Tool 6: Peer support

Connecting with friends or family is essential. It's so easy to withdraw when you're depressed and that contributes to depression. You don't have to spend a lot of time with people, but making an effort to be social on a small scale can make a big difference. Think quality over quantity.

We get it...

All of this is hard if you're feeling depressed. You don't have the energy to get out of bed, never mind exercise, manage your blood sugar, solve problems, make healthy choices and see friends. That's why very small, achievable goals are the way to go.



**What's one tiny
thing you could
do today to start using
these tools?**

See the BIGGER Picture

**Your glucose is more than a number.
It's a pattern.**

Food, movement, stress, sleep and everyday routines can all influence your glucose levels. Continuous Glucose Monitoring (CGM) gives you real-time visibility of your glucose readings and trends, helping you understand how your day impacts your glucose.



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In case you need to hear it...



This is so normal.

Diabetes distress, depression and anxiety are
common among people with diabetes.
We're all struggling in one way or another.

It's not your fault.
It's not a failure.

It's just part of a process: we have risk factors
that others don't have.

Most of the conditions we're talking about can be
treated. Anxiety, in particular, is the most
treatable psychiatric condition: not necessarily
with medication, just in general.

You are not alone.

Recognising the symptoms of anxiety



The word anxiety gets thrown around a lot...

What does it actually mean?

When it comes to anxiety, there's one big symptom: extreme worry. This is what differentiates it from stress. Just as sadness and depression are linked, worry is a core part of anxiety.

It's not that you're worried about something and then it passes – it seeps into everything. Although it can lift at times, it's heavier than it should be and feels harder to control than normal stress and everyday worry.

Other common signs of anxiety

While the main symptom is worry, anxiety also presents as:

- **Problems concentrating.**
- **Sleep difficulties.**
- **A feeling of impending doom.**
- **Restlessness.**
- **Irritability.**
- **Fatigue.**
- **Physical symptoms, including sweating, nausea, vomiting, muscle twitches, muscle tension, racing heart, shortness of breath, tremors, shaking and panic attacks.**

What does anxiety feel like?

Anxiety can be focused on one specific thing, or it can be more general. Social anxiety is a common example of specific anxiety: you feel anxious in certain social situations, but when those situations are over, you feel fine. Generalised anxiety is different. Instead of being worried about one thing, you feel anxious about many different things. Both can coexist. It's quite common to have acute intense anxiety on top of generalised anxiety.



In people with diabetes, anxiety can be more specific. It often presents as a fear of lows: hypoglycemia phobia. And fear of complications is a big one. Another example is needle phobia. This is when it's worth getting professional help, as these phobias can be debilitating and acutely dangerous.



Daniel Sher,
Clinical Psychologist

When should anxiety be treated?

If it's getting in the way of your ability to function and live your life.

If it affects your relationships, interferes with your medical management, or leads to unhealthy coping – for example, using substances like alcohol or drugs, binge eating or porn addiction.

If you're a student struggling to study, or social anxiety is making you isolated and lonely, or panic attacks are stopping you from leaving the house, or you're so anxious that you're not sleeping, it's time to get help.

Ask yourself: Is anxiety making it harder for me to live my life? Is it getting in the way?

Practical methods for managing anxiety

If going to a mental health professional isn't an option, what can you do about anxiety? These practical methods can be really helpful:

Conscious breathing

Yes, we're all breathing all the time, but specific breathing techniques can make a big difference.

- **Box breathing** is useful for generalised anxiety: breathe in for 4, hold for 4, breathe out for 4, hold for 4. Repeat.
- If you're feeling panicky, try the **physiological sigh**: a short double inhale and a long exhale (it's the same breathing pattern as laughing and crying).
- **Diaphragmatic breathing** is helpful for all kinds of anxiety: imagine a balloon expanding in your belly as you breathe deeply in and out.

Exercise

This will come as no surprise, but exercise is especially beneficial for anxiety because it helps to metabolise the stress hormones (specifically cortisol and adrenaline) that are produced when you're anxious. Yoga is also helpful for anxiety because it can help to calm the mind.

Journalling

Writing things down in free-flow journalling, where you just do a brain dump of everything you're worried about, can create a sense of calm. You can even 'schedule' a time for anxiety, picking a certain time every day when you can worry about all the things that keep popping up in your mind. Knowing that your anxiety will be allowed space and time to

surface can make it easier to manage during the rest of the day. Gratitude journals, which prompt you to make a habit of noticing what you're grateful for, are also very effective.

Journalling can also be valuable for problem solving. For example, if the source of your anxiety is a high HbA1c, you might be worried about needing better blood sugar management. But where do you begin? If you break it down into manageable tasks, you can do them one by one.

Worried about finances? Set up a budget. Worried about how much you have to get done this week? Write it all down and make a schedule. If you make a plan, it can help you feel a little more in control.

Meditation & Nature



Meditation of any kind, but mindfulness specifically, is a very effective technique for dealing with anxiety. Mindfulness can be as simple as doing 5 minutes of conscious breathing, or sitting quietly as you eat your lunch, savouring each bite, or going for a walk and noticing tiny details. It doesn't have to be a huge effort, just a few moments. There are a lot of free resources and guided meditations available online.

In a similar manner, immersion in nature is enormously helpful when it comes to anxiety. It doesn't matter where you go or for how long. Just being outdoors is so good for your mental health, particularly when it comes to anxiety.

Anxiety may be part of your life with diabetes, but the goal is to make it manageable.

What small step can you take today to minimise the effect of anxiety on your life?

How to cope with panic attacks:

Panic attacks are a cluster of symptoms that are a feature of many anxiety conditions.

A panic attack is an acute episode of overwhelm. It usually lasts between 5 and 10 minutes, and it's terrifying: your heart beats rapidly, you hyperventilate (breathe too quickly), and feel intense fear and panic. You may think you're having a heart attack.

If you've had panic attacks before and recognise the symptoms, remind yourself: "This is a panic attack. It feels frightening, but it will pass." Then try to focus on slow breathing: exhaling slower than you inhale. If you can pace your breathing and breathe out for a longer period of time, it will bring your heart rate down. Try 4-8 breathing: breathe in for 4, breathe out for 8. Repeat.

HOW'S THE WEATHER INSIDE OF YOU?



Living with diabetes is a lifelong journey. Some days are sunny, but the constant management can bring unexpected clouds of stress, exhaustion, or depression. Your mental health needs looking after, too.

**IF THE HEAVY DAYS OUTNUMBER
THE BRIGHT ONES, TALK TO YOUR
HEALTHCARE PROFESSIONAL
FOR SUPPORT.**

Cipla  **SADAG 24-hour mental health helpline:**



0800 456 789



076 882 2775

When to seek help



Sometimes it's possible to manage your mental health on your own, or with the help of family and friends. But sometimes you need to seek professional help.

Here's what to look out for:

- ☞ If you're so depressed that you're having frequent thoughts about hurting yourself. Self-harming (hurting your own body on purpose) may be a way of self-regulating and feeling in control, but it's a red flag.
- ☞ If you're struggling with eating disorder behaviours, including bingeing, purging, severe restriction or intentionally skipping insulin doses to lose weight.
- ☞ It's a warning sign for diabetes distress when things get so bad that you keep cancelling your doctor's appointments or running your blood sugar persistently high to protect yourself from the fear of lows.
- ☞ If anxiety is stopping you from fulfilling your responsibilities or it's at a point where it's destroying your life – you can't get to work, you can't get out of the house, you're not seeing other people – and it's very hard to manage on your own.
- ☞ If you're hallucinating (seeing things that aren't there).
- ☞ If you're having manic episodes: periods where your energy is unusually high, you're talking and thinking extremely quickly, engaging in risky behaviour, feeling overly optimistic in an irrational way, and functioning on very little sleep.
- ☞ If you're using substances (alcohol or drugs) to cope with difficult emotions.

Remember:

You can call a helpline for anything.

There are lots of highly skilled mental health professionals on these lines who are there to talk. You don't have to be suicidal to call a crisis line.

How to access mental health care

You've realised that you need professional help. What now?

Call 080 567 567

24 hours a day, seven days a week. All official languages of South Africa are supported. You can also **WhatsApp 076 882 2775** from 8am to 5pm, Monday to Sunday.

Cipla SADAG Crisis Line

Call SADAG (South African Depression and Anxiety Group) to speak to someone yourself or on behalf of a loved one, colleague or friend. Trained counsellors are there to help and refer you to local counsellors, facilities and support groups.

8am to 8pm: 0800 21 22 23

8pm to 8am: 0800 456 789

Or SMS 31393

Akeso Crisis Helpline

Akeso Crisis Helpline's 24/7 service offers help to anyone requiring emergency psychiatric assistance, crisis containment or information about mental health and mental health services in South Africa.

Call 0861 435 787

If you specifically need help with your diabetes, you can reach out to DESSA and they can connect you to a trained diabetes educator in your area.

Email: desa.national@desa.org.za or visit them on **www.desa.org.za**

**SADAG also has over
180 free support groups.**

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“For a long time, I thought I had to carry diabetes and depression on my own. I later discovered that healing begins the moment we stop suffering in silence. My greatest strength wasn’t hiding my struggles. It was finding the courage to speak about them.”

Siyabonga Kwanele Zuma, living with diabetes



“I experienced diabetes burnout in my early twenties, and at the time I had no idea it even existed. I wish someone had told me that what I was feeling had a name and that it was normal. It wasn’t until much later that I realised diabetes burnout is a very real and common experience for people living with diabetes.

One of the things that helped me most was sharing my story online and connecting with others in the diabetes community who truly understood what I was going through...”

Kirsten de Klerk, living with diabetes



The signs of diabetes burnout



Feeling burnt out about diabetes? Here are the common symptoms to look out for.

Sooner or later, most people with diabetes experience diabetes burnout. Essentially, it's being sick and tired of the routine and lifestyle that managing diabetes requires, and just wanting a break from it all. If you're experiencing a period of diabetes burnout, you may feel as if you've done something wrong, but that's not the case.

Diabetes burnout is not a mental disorder. It's simply a natural, emotional response to a very difficult situation.

The four types of diabetes distress and burnout:

1. Emotional burnout
2. Doctor-related distress
3. Regimen distress
4. Interpersonal burnout

Let's take a closer look at each of them.

1. Emotional burnout

Some of the common emotional responses that are red flags for diabetes burnout include: frustration, anger, sadness, guilt, resentment, worry, hopelessness and overwhelm. So we're not just feeling overwhelmed, resentful and worried. We're also having thoughts along the lines of: "There's just no point

in doing this. This is so hard, I'm failing, and I'm never going to be able to do this correctly."

These thought processes feed into the sense of emotional burnout, and can actually set you up in a vicious cycle where things become increasingly difficult.

2. Doctor-related distress

If you don't feel understood by your doctor, or feel judged and afraid of how they're going to speak to you, you might postpone or cancel appointments repeatedly. This is doctor-related distress.

3. Regimen distress

Regimen distress is feeling exhausted by all the things we need to do every day to look after our condition. Checking blood sugar, taking medicine, injecting and carb counting, responding to CGM alarms, checking again... It's too overwhelming.

4. Interpersonal distress

Feeling isolated and disconnected, like no one understands what you have to deal with. It can be very hard for somebody who doesn't know the day-to-day management requirements of diabetes to actually understand what it means to have this condition.

How to cope with diabetes burnout



How is diabetes distress different from depression?

Diabetes distress can make you feel exhausted, affect your sleep and appetite, and leave you feeling worthless or self-critical.

The key difference is that these feelings are mainly related to diabetes. If you can still enjoy other parts of your life and are not persistently low for at least two weeks, it is less likely to be depression.



Daniel Sher,

Clinical Psychologist

So how do you move through burnout?

Here are some helpful tips...

Dealing with diabetes burnout is complex. There's no one-size-fits-all solution because the experience isn't the same for everyone. Each person lives with diabetes in their own way, and needs different kinds of support.

Where to begin

Start by asking yourself these questions to identify what needs problem solving (there's that phrase again!):

- What does my diabetes burnout look like?
- What is causing or increasing my burnout?

- Are these things I'm able to change in any way?

Sometimes, when you're feeling completely overwhelmed, the last thing you're able to do is think about more skills and strategies to add to your life. It can make it even more overwhelming. It's okay if that's how you're feeling. Consider this your permission slip to think less about diabetes for a while. But if you're looking for some steps out of burnout, here are some suggestions...

Share how you're feeling

Share your frustrations with someone – a friend or family member, a member of the online diabetes community, your doctor or a therapist. Sometimes venting and being heard is enough to make you feel a little better. Sometimes you need to think of practical ways to ease your burden for a while.

MINDFULNESS =

AWARENESS



ACCEPTANCE
WITHOUT JUDGEMENT

Mindfulness

There's that word again! Mindfulness is the art of learning to become aware of how you are feeling emotionally in a non-judgemental way. In practice, mindfulness might be realising, "Huh, I don't seem to care about diabetes at the moment... That's interesting." Once you recognise it, you can gently start moving through it.

When you're in a mindful state, you're simply noticing without judging. The elements are awareness and acceptance without judgement.

Mindfulness is helpful because it gives you a moment's pause. Think about the last time you felt agitated when you checked your blood sugar. That agitation can lead to a negative spiral – judging, blaming and beating yourself up. What if, instead of falling into the spiral, you took a moment to be mindful instead?

Take a diabetes holiday

One of the hardest things about diabetes, of course, is that you never get a holiday. But you can give yourself permission to ease off your diabetes management for a

few days. Maybe this looks like relaxing your goals around the numbers you want to see on your glucometer or CGM. Maybe it means eating foods you usually avoid because they spike your blood sugar, or eating more than you usually would. Or maybe it just means thinking less about diabetes for a few days... Speak to your doctor about how you could safely ease off on your diabetes control for a short while.

Treat yourself

This will depend on who you are and where your life is at the moment. It might be spending some time in nature, alone or with loved ones. Perhaps it's self-care in the form of a bubble bath, a movie marathon or a massage. Maybe it's a delicious home-cooked meal or a night out with friends.

Reach out

Connecting with other people with diabetes can make all the difference. As soon as you realise you're not alone, you begin to realise just how normal diabetes burnout is. You can also recognise that there's no such thing as perfection when it comes to blood sugar: fluctuations happen, even when you're trying your best. Allowing yourself to be out of range without judging yourself can make a big difference to your mental health.

Everyone with diabetes will go through periods of diabetes burnout – it's part of the price we pay for living with a chronic condition (that none of us signed up for). The most helpful ingredient for moving through it is acceptance. "Oh, there you are again! Please come in. Don't stay long."

How (and why) to do it:

Simply take a breath, and notice how it feels. Notice the sensation of that breath going in, whether it's warm or cool in the nose, how it travels down your throat and into your chest.

Then do it again. Just breathe. Your mind will wander, and that's to be expected.

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“Teenagers with Type 1 diabetes need support, not constant criticism. When every meal, glucose reading and mistake is scrutinised, they may begin hiding their diabetes and develop shame around their bodies and the management of their condition. That loss of trust and self-worth can increase the risk of dangerous behaviours such as diabulimia. Parents should aim to build confidence, autonomy and responsibility, while remaining a safe, non-judgemental space through both the highs and the lows.”

Holly Rey, living with diabetes



“Life with diabetes needs to be enjoyable. The responsibilities that come with living with diabetes build a mental load that few understand. Sometimes I need to switch off. And I do. I silence the information from fingerstick tests and CGM data when it becomes overwhelming.

If you’ve ever done the same, please don’t feel guilty. Sometimes we have to step away to gain a newfound strength so that we can show up better for ourselves: diabetically and mentally.”

Sane Mazibuko, living with diabetes



Other mental health conditions related to diabetes

While depression, anxiety and diabetes distress are the primary mental health challenges that affect people with diabetes, there are some others to be aware of – all of which require professional help.

Diabulimia

Diabulimia is acutely pressing. It's specifically related to insulin omission (skipping or reducing insulin to lose weight), but can also involve other symptoms of bulimia such as purging (making yourself vomit), taking laxatives or exercising excessively.

Hypoglycaemia anxiety

Technically a phobic disorder, hypoglycaemia anxiety is the severe fear of low blood sugar, to the extent that it makes a person constantly run their blood sugar high so that there's no option of blood sugar going low.

PTSD

PTSD (Post Traumatic Stress Disorder) occurs after exposure to a traumatic situation, and results in ongoing intrusive memories and nightmares about the incident that play through your head like a movie. It can be very destabilising.

especially around traumatic diagnosis experiences, episodes of DKA (Diabetic Ketoacidosis), traumatic hypos (low blood sugar) and being in hospital. It's important to seek professional help for PTSD because it's driven by avoidance, and that can be incredibly difficult to overcome alone. The same avoidance and trauma can also filter through in your life in more subtle ways that you might not be picking up on.

You are not alone in this!

If you're experiencing any of these mental health conditions, please call one of the helplines listed on page 16 of this book.



It's not uncommon for people with Type 1 diabetes to end up with PTSD,

Balance, Backed by Science.

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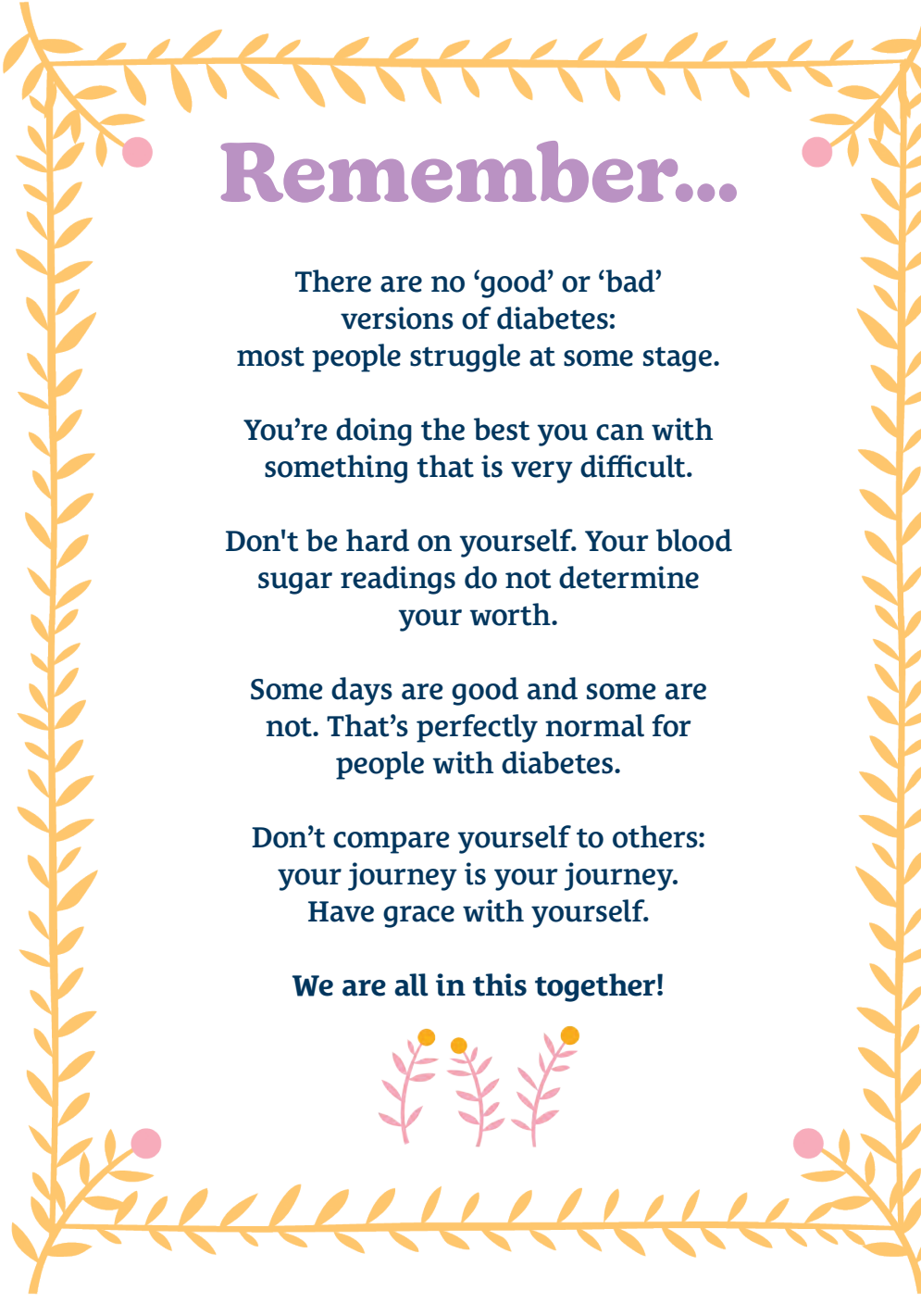
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Remember...

There are no 'good' or 'bad'
versions of diabetes:
most people struggle at some stage.

You're doing the best you can with
something that is very difficult.

Don't be hard on yourself. Your blood
sugar readings do not determine
your worth.

Some days are good and some are
not. That's perfectly normal for
people with diabetes.

Don't compare yourself to others:
your journey is your journey.
Have grace with yourself.

We are all in this together!



Let's talk about stress

It's an inevitable part of daily life, but when it comes to diabetes, we need to keep an eye on stress.

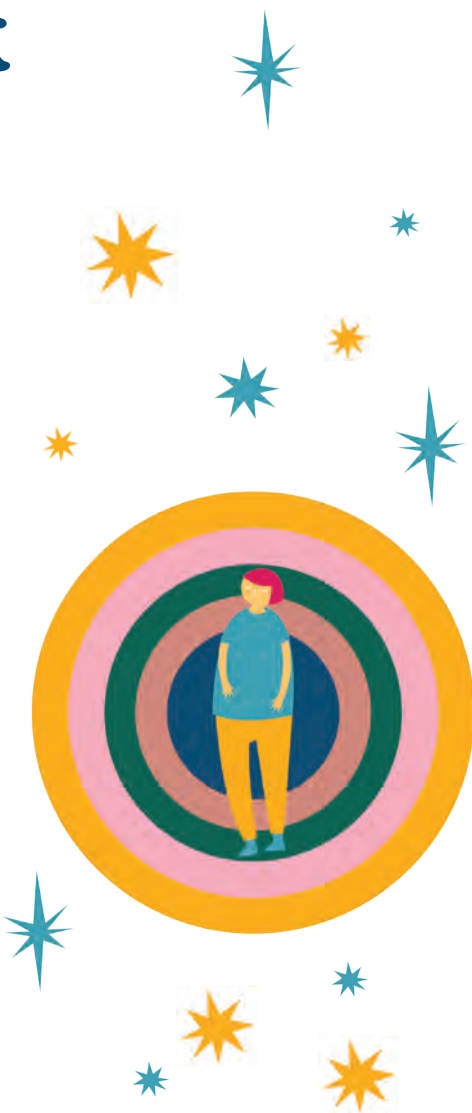
Why is it so important to manage your stress when you have diabetes?

Because it has a direct impact on your blood sugar.

How stress affects your body

When you're feeling stressed, your body releases stress hormones like cortisol and adrenaline – and glucagon, which we all know as the emergency medication that raises low blood sugar. This made biological sense when stress was caused by the appearance of a wild animal: cortisol and adrenaline give you an energy boost for a 'fight or flight' response, which makes it easier for you to respond to a threat (and run away!)

Unfortunately, modern-day stress is very different. Not only can we not run away from it, but it's also chronic. This means we're constantly receiving a dose of stress hormones – whether we're late for work, rushing to pick up kids, speaking up in a stressful work situation or dealing with any of the hundreds of other stressors life throws at us.



Add diabetes to the mix, and things get even more complicated. Who hasn't felt a surge of stress hormones when your blood sugar reading is higher than anticipated, or when you realise you forgot to take your medicine, or narrowly escape a bad low? Stress is part of living with diabetes.

How can we minimise stress?



There's no way to make stress disappear (unfortunately!), but you can do a few things to minimise its impact...

The necessity of self-care

When it comes to diabetes and stress, you're not trying to eliminate the feeling: the feeling is a side effect of living with diabetes, and it's completely appropriate. But the additional stress does mean you need to take care of yourself in other ways, including prioritising your wellbeing.

Self-care isn't a nice-to-have for people with diabetes, it's a necessity.

Pull out your toolkit

These tools will sound familiar by now, because it's the same advice we've been giving throughout this book.

Problem solve: identify the source of your stress and put strategies in place to make it more manageable. Jot down what is stressing you out specifically (an upcoming doctor's appointment, unexplained high blood sugar when you wake up or spikes after certain exercise)

and think about how to reduce the source of that stress. Try to pinpoint exactly what's causing stressful feelings, rather than focusing on a general sense of overwhelming anxiety. Writing things down is a great way to get to the bottom of what's really going on.

The same tools at the heart of all mental healthcare apply here too:

- Eating well
- Getting enough sleep
- Meditation
- Breathing
- Peer support

The recipe for less stress

It turns out that as humans, our needs are pretty straightforward. We want to be fed and rested, our minds to be calm, plenty of oxygen, and some support. And if we give ourselves all of those things, we cope more effectively.



**Find a Diabetes
Specialist Nurse
near you:**

**www.dessa.org.za
dessa.national@dessa.org.za**



**The Diabetes Education Society of
South Africa**

How caregivers can help

It is so hard to care for someone with diabetes who is struggling with their mental health!

Here's how you can help...

“There are some obvious things you can do to help. Most importantly? Don't judge. Avoid blame. Ask how you can help.”

Daniel Sher,
Clinical Psychologist



It can be nice to ask: **“What can I do to help? Do you want to talk about it? Can I do something about it for you? Do you want to take action on it? Or do you not know?”**

Other helpful questions include: “How are you feeling?” And, “Are you coping?”

Sometimes, the person doesn't know what they need. That's fine, you just sit with that. You can make suggestions, but you don't have to. You can just listen.

Empathy rather than judgement

The goal is empathy rather than judgement; asking rather than assuming.

Just being heard is a big part of the

healing process. We don't talk to other people because we want them to solve the problem, but because we need to share. If someone feels comfortable expressing what they're going through, that's enough. If you're trying to solve the problem, you might be setting yourself up for failure.

“If you notice a red flag, encourage the person to seek professional help. In these situations, it's probably better to risk nagging than to say nothing. Wherever possible, though, the goal is for the person themselves to reach out, as this usually leads to better engagement with treatment.”

Daniel Sher,
Clinical Psychologist

Mental health

myth busting



Clinical Psychologist Daniel Sher clarifies a few misconceptions around diabetes and mental health:

1. Scaring people won't prevent complications.

Some doctors need to hear this! It's so counter-intuitive: we know that scaring people doesn't result in better blood sugar management.

2. Having good blood sugar levels doesn't equal good mental health.

You can have perfect levels, all the numbers that look good to your doctor and to you, but how much is it costing you? Particularly for perfectionists and over-achievers with diabetes: what's your quality of life like, really? Doctors will often only see the numbers, so this is an important question to ask yourself.

3. Having good blood sugar doesn't equal a 'good diabetic' or a 'good person'.

Blood sugar readings are just data, not indicators of moral virtue – even if it sometimes feels that way!

4. Laziness is not a clinical term, it's a moral judgement.

If we actually look deeper into behaviour that's described as lazy, there's usually an underlying struggle present. People think laziness is a character trait, but it's a judgement. Maybe the person doesn't care about their blood sugar right now. Then the real question is: Why don't they care? That's where the struggle lies.

5. Struggling is not the same as non-compliance

Non-compliance (not taking your medication as you should, or not checking your blood sugar) is a completely useless descriptor. Struggling can be you doing your best, it's just not very good right now.

**If you're burnt out,
it doesn't mean
you don't care.**

Sleep Hygiene



Not sure what it means? It's a few golden rules that can help you sleep better tonight...

1. Get outside for a bit of daylight and include physical activity.
2. Don't drink caffeine late in the day or alcohol before bed. Both interfere with sleep. Try to keep large meals and nicotine away from bedtime too.
3. Keep your bedroom dark and avoid screens one to two hours before bed.
4. Aim for roughly the same bedtime and wake-up time every day so your body knows when to sleep. Don't deprive yourself of sleep all week and then "catch up" on the weekend.
5. Keep your bedroom cool – a lower room temperature signals to your body that it's time to sleep.
6. Create a short wind-down routine that you can repeat every day, so your body begins to associate it with sleep.
7. Don't stay in bed awake: you want to train your brain to think of your bed as a place for sleep. Read a book under dim light in another room until you get sleepy again.

Or try meditating – studies show it can help you fall asleep faster and improve sleep quality.





“You can't stop the waves, but you can learn to surf.”

Dr Jon Kabat-Zinn, international mindfulness expert

Join us at a FREE WhatsApp

Support Group for young adults living with Diabetes

(18 – 35 years old)

When Daily, Monday to Sunday

Where WhatsApp

Time 8am to 6pm



For more info contact
Courtney 079 940 0987



You're not alone in this!

Please join our community
on Facebook:
South Africans with Diabetes.

Or visit **www.sweetlife.org.za** for
answers to your questions about
life with diabetes.

sweetlife