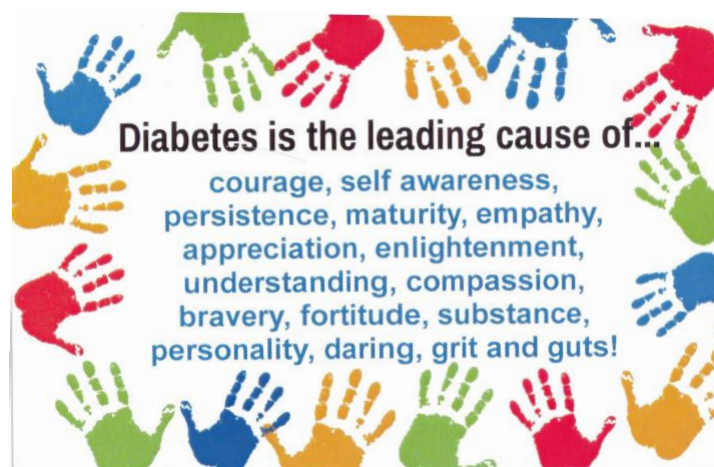


F: Emotional Well-being and the Diabetes Psychology Service

F1: Living well with Diabetes

A diagnosis of diabetes is a big change in most people's lives and it takes time to find the best ways of fitting diabetes into life. Finding your way of fitting diabetes into life enables you to live life to the full.

Children and young people with diabetes live very fulfilling lives and living with diabetes can even bring some positive such as strengthening family relationships, improving family health and developing greater resilience. Experience of working with children and young people with diabetes shows us that:



People with diabetes perform at the highest levels in sport, education, performing arts. Visit the celebrities page on Diabetes UK website and explore their experiences at <https://www.diabetes.org.uk/Guide-to-diabetes/Teens/Fun-stuff/Celebrities/>

F2: Emotional impact following diagnosis

There is no such thing as 'normal' following diagnosis, and you may even notice that everyone responds differently in your family. It is common to feel shock, fear, sadness, anger, frustration, fed-up, guilt, relief and many other feelings. We expect that these feelings will gradually reduce over time. Everyone finds their own way to fit diabetes into life, though this can feel impossible immediately following diagnosis.

Living with diabetes has its ups and downs, which are not the same for everyone. We know that getting off to a good start and having good support (from family, friends, school/college, and diabetes team) are really important. Times of change or transition can be tricky, such as transition to high school or leaving home, and you may need a bit more support at these times from family, friends and the diabetes team.

Fluctuating glucose levels can have a big impact on how people feel and behave. Changes in behaviour can be a good indicator that checking blood glucose is needed. Maintaining consistent age appropriate boundaries i.e. what children are and are not allowed to do (e.g. bedtimes, technology use, treats) is really important to help them to feel secure and for their development. It can be more challenging following diagnosis and balancing rewards and allowances with important boundaries can take practice and support. It is really important that diabetes is not used as reason for young people not being able to do things as this can build resentment. It can be helpful to think about what you would allow a child or young person to do if they did not have diabetes, and then to find a way for diabetes to fit into this - the diabetes team can often have ideas about ways of managing different situations so always get in touch to ask.

F3: Promoting emotional wellbeing for children and young people with diabetes

There are a number of ways that we can promote emotional wellbeing for children, young people and their families with diabetes. The way we (as family, friends, teachers, professionals) talk to young people about diabetes impacts how they think and feel about it, which in turn influence their self-care behaviour and their relationships with the adults in their life. It is really important to use strengths based language and to recognise the work that children, young people and their families put into caring for diabetes. Some ways of talking that are considered helpful are:

Checking blood glucose levels (rather than testing)

Person with diabetes (rather than diabetic)

In and out of range (rather than good or bad numbers)

Self-care (rather than control)

Building Resilience

Supporting children and young people to build resilience is really important:

- Talking about diabetes in a way that makes space for thoughts and feelings is really important (remember that listening to how children and young people feel is so important to them and you do not need to have all the answers: listening is not doing nothing).
- Making sure to pay attention to the child or young person as well as diabetes.
- Helping children and young people to build confidence and competence in diabetes care gradually overtime, by letting them get involved in parts of diabetes care that are appropriate for their age
- Making space for mistakes, this is how we learn and you cannot learn from others mistakes
- Practicing how to share about diabetes with new people can help with new situations (e.g. moving to a new school, starting a new club)

Team working

Caring for diabetes can be demanding and team work between children, young people and their families is really important. We know that positive, supportive, warm relationships have a positive impact on diabetes care. Team working can be more difficult to negotiate during teenage years. It can be hard to achieve a balance between care for diabetes and supporting the development of independence, which is a very important developmental task. At this time, teenage brains are undergoing a lot of changes, meaning that young people tend to be focused on the present, friends and activities they enjoy - which can mean that diabetes care struggles to be prioritised. It is really important to keep negotiating about how you can best work together as a family to continue to care for diabetes. This includes negotiating about reminders, checking in and managing if glucose checks or insulin has been missed.

Siblings can also be impacted by a diagnosis of diabetes, they may feel their needs come second, but it can also have a positive impact e.g. becoming more mature. It is important to include siblings in understanding about diabetes and can be important to provide opportunities for support as needed.

F4: Emotional support for children, young people and their families living with diabetes

Living with diabetes has ups and downs and this means that sometimes it can feel more difficult to live well with. Struggling emotionally can make it harder to care for diabetes and equally at times living with diabetes can contribute to emotional difficulties. Support is available at these times either via the diabetes team or your GP. You will be asked to complete an emotional wellbeing screen annually as a family, but are able to ask for additional emotional support at any time you feel it would be useful either by talking to any member of the team or calling the Diabetes Centre.

Within the diabetes team there are two clinical psychologists - Becky Waldron and Katrina Berwick. You will meet one of us in your clinic after diagnosis. There can be worries about accessing emotional support, but we work as part of the diabetes team because it is recognised that emotional health is an important part of diabetes care. Some of the reasons that children, young people or their families come and talk to us are:

- Feeling sad or down
- Feeling that diabetes has taken over life
- Feeling “stuck” in relation to diabetes.
- Arguments and relationship problems caused by diabetes at home
- Worries about weight or body image
- Stress around living with diabetes
- Fears or anxieties about diabetes
- Difficulties managing the treatment regime
- Feeling different
- Difficulties with diabetes in school/college or work
- many other reasons

We work together with families to make sense of what you are struggling with and to find ways to make changes to help things to move forward.

Please get in touch with us at the Children and Young People’s Diabetes Centre (Telephone: 0113 2064996), or via your named nurse, any time you would like to chat about living with diabetes or feel further support is needed for you or your family.