

The SANE Guide
to
Good Mental Health

for people affected by
diabetes

sane
AUSTRALIA



Introduction

How to use this Guide

This SANE Guide is about maintaining good mental health when you have diabetes, especially when affected by depression or anxiety.

Having diabetes affects many areas of life, and it's not surprising that it has an impact on mental health as well. One in five Australians is affected by mental health problems at some time in their life, and people with diabetes can be especially vulnerable to depression or anxiety in particular.

This Guide explains the relationship between diabetes and mental health and what you can do to look after yourself. It also outlines what you can do to support someone affected by diabetes and a mental health problem such as depression or an anxiety disorder, and the help that family and friends need too. Finally, it provides an easy-to-understand explanation of how treatments for these conditions will help.



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Mental health and diabetes

diabetes affects how we think and feel

Living with diabetes can be tiring and worrying for the person affected and the whole family. Diabetes means having to look after yourself every single day. There is no chance for a break. This constant pressure takes its toll, and many people experience feelings of depression and anxiety at times.

Being diagnosed with diabetes means adapting to the practical challenges of managing the condition, such as being careful with foods, checking blood glucose levels and taking insulin. A key challenge faced by people with diabetes is staying motivated to manage their condition. Some days it seems like no matter what they do, no matter how careful they have been, their blood glucose levels become very high, or swing up and down.

It is no surprise, and very understandable therefore, that some people find this emotionally demanding, and may develop mental health problems as a result.

Type 1 Diabetes

Type 1 diabetes is mainly diagnosed in people under 40 and mostly in childhood and teenage years (although it may sometimes occur in middle aged and older people). It is an autoimmune disease which destroys the insulin-producing cells in the pancreas, leading to a build-up of glucose in the blood stream.

Over time, with the body unable to produce enough insulin, Type 1 diabetes is detected when the body shows distress through increased hunger and thirst, excessive urination, dramatic weight-loss and overwhelming tiredness. Type 1 cannot be prevented or managed by the food you eat and other lifestyle factors, although healthy living assists with blood glucose control. People with this form of diabetes need to check their blood glucose levels several times a day, and use insulin injections or a pump to keep their blood glucose at normal levels. They also need to adjust many other factors that affect glucose control – such as eating, sleeping, stress, physical activity and medication.

Because Type 1 diabetes usually starts in childhood, people with the condition will often have many years gaining experience in managing it. At different times they may feel more or less motivated and able to keep their blood glucose at target levels. However, lots of people describe experiencing diabetes ‘burn-out’ due to the unceasing, and sometimes unpredictable nature of the monitoring and maintenance of type 1 diabetes. This can lead to depression.

Another mental health issue for people with Type 1 diabetes is distorted thinking about body size, especially among young women, which can lead to eating disorders.

Type 2 Diabetes

Type 2 diabetes is mainly diagnosed in adults, usually in people over the age of 40, although it is increasingly being found in younger people. Most people with diabetes (approximately 95%) have Type 2. They are also at higher risk of developing depression or anxiety disorders.

Type 2 diabetes is a metabolic disorder (that is, relating to how food is taken in and stored in the body). As with Type 1, blood glucose levels are higher than normal. The body doesn't produce enough insulin, and can't use the insulin it does produce effectively. Type 2 diabetes can usually be managed with regular physical activity, healthy eating and losing excess weight. Tablets or insulin injections are often required as well.

People are more likely to develop it if they have a family history of Type 2 diabetes, are over the age of 40, or are not physically active. It is also more common among people from an Aboriginal, Torres Strait Island, Melanesian, Polynesian, or Indian sub-continent background. Type 2 diabetes often develops when a person is overweight and particularly if they have one of these other risk factors too.

Depression itself can lead to a higher risk of developing Type 2 diabetes. Depression makes it more difficult to be physically active and eat well. The fact that this may have led to diabetes can make the depression more severe. Monitoring blood glucose levels, taking medications, learning new ways to eat and possibly needing to start injecting insulin, can lead to increased anxiety.

Gestational Diabetes

During pregnancy some women develop a temporary insulin resistance and intolerance to carbohydrate, which usually returns to normal after the birth. More than one in five women with gestational diabetes mellitus (GDM) develop Type 2 diabetes in the following 10 years. As well as having a greater risk of birth defects, babies of women with gestational diabetes are more likely to develop obesity, glucose intolerance or even diabetes in later life. (Women with diabetes who then become pregnant are not included in this category.) Diagnosis and learning about these risks in the future can be a shock, and making the necessary adjustments and dealing with the uncertainty can be difficult.

After diagnosis

People with diabetes, and those who care about and for them, usually experience a range of emotions in response to the illness: shock, denial, sadness, fear, anger, frustration, tension, or loneliness, and sometimes many of these at the same time. Many people also talk about a grieving for their previous health, abilities and their life before diabetes.

MMartha's story

Martha's boyfriend was diagnosed with Type 1 diabetes at the age of 28. He was very depressed for about a month after diagnosis and was talking of suicide. Martha searched the Internet, giving him information about support available. 'He didn't use the support information but I listened when he talked, held his hand when he was upset and supported him by just being there. I was so worried about him. He's become more positive and optimistic about the future as time has progressed'. ●

Living with Diabetes

Some people with diabetes describe feeling frustrated, fed up, overwhelmed or 'burned out'. They may report feeling chronically angry, guilty, or fearful. Coping with major life events as well as the daily routine of dealing with diabetes can lead to less motivation to look after yourself.

It is important to recognise and acknowledge all of your feelings. It is helpful to talk about them with friends, family and members of your health team (such as a nurse or GP). Your health worker is specially trained to help you to understand your reactions. You don't have to feel that you are not coping by asking for help. This is an important way of coping.

It is important, too, to remember that each of us has the ability to learn new coping skills and develop relationships with people who can provide support. For many, the emotional impact can feel overwhelming and may go on and on. It can leave us experiencing anxiety and depression. It can stop us from doing the things we need to do in our daily lives, and from taking pleasure in things we usually enjoy. Depression is not just a low mood but a serious illness. People with depression and anxiety disorders find it hard to do normal activities, and get on with their day-to-day life. This can have a serious impact on their diabetes care and outcomes.

Depression and anxiety disorders are very common in people with diabetes, and affect family and friends who care for them too.

How many people are affected by mental health problems as well as diabetes?

Depression and anxiety disorders affect up to half of those living with diabetes at some time, although not all will be diagnosed. In addition, around half of all family members will also be affected by mental health problems. This includes children and young people as well as adults and older people.

Research suggests that diabetes doubles the risk of depression compared to those without diabetes. The chance of developing depression also increases if diabetes complications worsen. Aboriginal and Torres Strait Island peoples have a high rate of diabetes and mental health problems, with generally poorer long-term outcomes following diagnosis than the general population.

Why are mental health problems more common among people living with diabetes?

Feelings of depression and difficulty coping are very common among people with diabetes and family carers. While this is mostly thought to be due to the difficulty of coping with all the life changes and tasks that accompany both forms of diabetes, it may also be due to the direct effects of the illness on how we think and feel.

Depression and anxiety disorders are medical conditions. As with many other conditions, some people are born with a genetic disposition to developing them. And certain things – for example, stress or difficult life events – can then trigger the onset of symptoms.

Adjusting to and coping with all the changes that accompany diabetes is stressful. Over time, managing diabetes (regular blood glucose checking, taking medication and insulin injections, watching what you eat, and fitting in regular physical exercise) may become stressful in itself. This can increase the risk of developing anxiety disorders or depression.

The good news is that these conditions are identifiable and effective treatments are available. Learning how to recognize and understand them and how they are treated – especially the things you can do to manage symptoms yourself – is a powerful way to start on the road to recovery. Recovery means that you will be among the many people living with diabetes who have been through this experience and are leading productive and satisfying lives.

What is depression?

Depression is a medical condition in which people experience a significantly low mood for a long time.

While everyone feels down from time to time, people with depression experience a persistent feeling of sadness, without reason, that cannot be shaken and that affects their capacity to get on with their daily lives. In addition to a deep sadness, other symptoms of depression may include:

- ④ feeling worried, guilty or worthless for no reason
- ④ having difficulty concentrating on tasks or decisions
- ④ losing interest in things which the person used to enjoy doing
- ④ moving or talking slowly
- ④ sleeping badly, or sleeping more than usual, and still feeling tired
- ④ either losing or gaining appetite and weight
- ④ losing interest in sex
- ④ thinking about killing oneself; feeling that life is not worth living.

Dysthymia is a milder but still serious form of depression which can go on for years. Those affected may be able to function in their day-to-day life, but have a persistent low mood, even saying they just don't know what it feels like to be happy.

Depression is potentially one of the most dangerous side effects of diabetes. For many people depression is not a once-off event. It tends to recur, and needs to be treated each time.

V Vijay's story

Adjusting to the news he had Type 2 diabetes was difficult for Vijay. One year on he was feeling very down, finding it difficult to get up and get to work on time. His wife noticed but he didn't want to talk about it. Vijay's evenings were spent watching TV and eating unhealthy snacks. He felt guilty about not being more use to the family and could not see how he would ever feel better. He could not sleep. His boss at work was worried about the changes he saw and persuaded Vijay to go to see his GP. Vijay agreed to see a psychologist and try some antidepressant medication. ●

What are anxiety disorders?

A person with an anxiety disorder feels distressingly worried a lot of the time for no apparent reason. This interferes with their ability to function and to take pleasure in life.

There are several types of anxiety disorders.

- ④ *Generalised anxiety disorder*
is characterised by worry that is persistent or excessive. It can be about almost anything – money, work, health, relationships or being harmed.
- ④ *Social anxiety disorder*
involves intense anxiety associated with social situations, and fear of being judged by others. For example, someone affected may become sick with fear at the thought of attending a work function or a family gathering.
- ④ *Obsessive compulsive disorders*
make people feel compelled to act or think in a certain way to avoid irrational feelings of anxiety. For example, someone with a clean house may become convinced it is dirty. They might react by obsessively cleaning the kitchen, making them late for work.

Other forms of anxiety disorders include panic disorder and phobias - unreasonable or excessive fears of everyday situations, or of needles, for example.

⊗ *Post-traumatic stress disorder*

is a form of anxiety disorder that occurs after a traumatic event such as physical abuse, being in a major accident or experiencing or witnessing violence, for example.

Other symptoms of an anxiety disorder may include:

- ⊗ worrying excessively or persistently and becoming emotional about things that do not warrant it
- ⊗ panic attacks or feeling frightened for no reason
- ⊗ breathing fast
- ⊗ racing heart, headaches or stomach aches.

Anxiety and stress can cause large jumps in blood glucose levels. Panic attacks may also resemble hypoglycaemic episodes (when the blood sugar level falls too low).

R

Rosa's story

In the first weeks back at work after a diagnosis of diabetes, Rosa was told off by her boss for creating a distraction during a staff meeting by testing her blood glucose levels. What he did not realize was that Rosa was anxious and fearful of having a hypoglycaemic episode (a 'hypo') and had trouble telling whether how she felt was related to her blood sugar level or an anxiety attack, as symptoms are often similar (for example, sweaty hands, nervousness, and shakiness). Rosa decided she would try to explain to her boss, and ask for his support in testing her levels at work when necessary. ●

Other mental health problems

People with Type 1 diabetes have a higher risk of developing an eating disorder – especially young people and young adult women. The causes are unclear, but it may be due to a combination of underlying vulnerability, stress, concern about the effects of eating on health, plus constantly having to monitor food and carbohydrate intake and insulin. The three main types of eating disorders are anorexia nervosa, bulimia nervosa and binge eating disorder. Diabetes Australia has a booklet specifically about this – call the Diabetes Helpline 1300 136 588 for more information.

A Andrea's story

Andrea was diagnosed with Type 1 diabetes at 8 years old. Between the age of 14 and 17 her weight dropped dramatically and Andrea was hospitalised. Five years after being treated for anorexia Andrea developed bulimia. Her weight increased beyond the healthy range and with it came depression. After encouragement from a friend, Andrea began still-life modelling for artists. This helped her self-esteem as she realised 'It didn't matter what size you are, you are still beautiful.' Andrea believes, 'Anorexia was my way of asserting my authority over a life where I felt I had no control. My recovery was due to my own hard work at finding my way and the good old treatment of time – growing up and accepting myself for who I was.' ●

Anxiety disorders and depression can be experienced at the same time as alcohol or drug problems. The *SANE Guide to Drugs* has useful information about dealing with alcohol and drug use when you have a mental health problem.

Like the rest of the population, of course, some people with diabetes also experience schizophrenia, bipolar disorder or another mental health problem unrelated to their diabetes. These conditions will have an impact on the control and management of their diabetes.

For more information about mental health problems and how they can be treated, call 1800 18 SANE (7263) or see www.sane.org

Why can depression and anxiety disorders be difficult to recognise sometimes?

Some of the physical symptoms of depression and anxiety – such as feeling tired, poor sleep and loss of interest in sex – may be similar to those caused by diabetes or its treatment, so they can be difficult to tell apart. Panic attacks can feel like hypoglycaemic episodes (and vice versa). High blood sugars may also produce some symptoms of depression, including fatigue and changes in sleep, weight and appetite.

People with depression or anxiety may not realise that how they feel could be caused by a physical condition. On the other hand, people with diabetes may not realise that how they feel could be caused by a mental health problem. Sometimes a family member can give good feedback about any change they notice. A health professional can then work out which symptoms are related to the diabetes and which to the mental health problem, and how to treat them safely and effectively.

Symptoms of depression or anxiety disorders may also be hard to describe. Fear of being dismissed as 'neurotic' or not being listened to, can make people reluctant to discuss their symptoms. It takes courage to talk openly about how you feel and to ask for help. If you are able to discuss these feelings with your doctor, they can help to sort out whether a physical or mental health problem is responsible for them.

Sometimes we might disregard how we feel because we think that intense sadness or worry is simply to be expected with diabetes. This is not true. Even though the risk of developing depression or an anxiety disorder is higher, it does not mean that everyone with diabetes will do so, by any means.

Symptoms of mental health problems in children and older people are sometimes not recognised, as they are assumed to be inevitable as part of 'growing up' or 'growing older'. However, this is not the case. These conditions can emerge earlier or later in life. If you're worried about anyone's mental health – whatever their age – encourage them to talk it over with a GP, who can make an assessment, provide treatment, and refer, if necessary, to a psychiatrist or psychologist who specialises in this area.

The impact of depression and anxiety disorders on physical health

People who have diabetes need to take depression and anxiety disorders even more seriously than others, because of the effects of these, both direct and indirect, on the course of the illness.

Depression and anxiety disorders can affect how you make decisions regarding your treatment. As someone with diabetes is actively involved in their day-to-day treatment – monitoring blood glucose, medication, eating plan, physical activity, and so on – they need to have a clear mind in order to make the best decisions. Depression and anxiety can cloud thinking and make decision-making difficult.

If you are depressed and have no energy, you are likely to find such tasks as regular blood glucose checking more difficult. If you feel so anxious that you can't concentrate, it will be harder to keep up with a good eating plan. You may not feel like eating at all or might over-eat. This will, of course, affect your blood glucose levels. People who are anxious or depressed may find it more difficult to get motivated to do physical activity or even everyday tasks. Their ability to communicate and express emotion may be affected, placing additional stress on family and friends as well as themselves. Some of those affected are also more likely to engage in risky behaviours, in particular excessive use of alcohol and drugs.

Depression and anxiety disorders are not good for your physical health generally. They can affect immune function, making you more vulnerable to illness and infection. People with depression and anxiety disorders report more general physical discomfort and see their GPs over twice as often as the general population. Depression may also make medical symptoms, such as pain, feel less tolerable than they usually would be for that person.

All of these factors, then, mean it is especially important to look after your mental as well as physical health.

Mental health and diabetes

Looking after yourself

We all need to look after our mental health

Recognising that your mental health – how you think and feel about things – needs attention is the first step in getting treatment and support. Sometimes people are reluctant to seek help, feeling that if they are ‘strong enough’ they will get over it. But conditions such as depression and anxiety disorders need professional treatment, and getting help for this is no different to seeing a doctor for any other medical condition.

Hannah’s story

After years of dealing with Type 1 diabetes, depression and anxiety Hannah has learnt her triggers. ‘When I feel myself slipping a bit, I get more into exercise and meditation. It really helps my wellness to feel connected to the world and feel like I am contributing.’ When first diagnosed with depression Hannah was against taking medication but has now changed her mind – ‘It was helpful to get me functioning well enough to ask for counselling and support’.

Ask for help

The most important first step in dealing with depression or anxiety is to acknowledge to yourself and others how you are feeling, and ask for help. Talk to a doctor so that a diagnosis can be made and treatment planned. The treatments for these conditions are safe and effective – read more about them later in this Guide.

Only around one in three people with diabetes affected by depression are actually diagnosed and get the treatment they need for their mental health problem. It's important, therefore, to take the lead in asking for help, and not wait for the doctor to ask about it. Make some notes beforehand about what you want to say, and ask a family member or friend to visit the doctor with you if this would be helpful.

Check with your diabetes care-provider, local hospital, or community centre for diabetes support groups in your area. Contact Diabetes Australia, Diabetes Counselling Online or the SANE Helpline for more information (see contact details at the end of this Guide).

Don't cut yourself off

Depression and anxiety can make you feel like avoiding contact with other people. It can feel like you're inside a world of your own and everyone else is outside it. Not mixing with others can then make things worse, of course, as you then feel even lonelier.

Be aware of this and try to combat it by keeping up human contact – whether it's by making an effort to stay in touch with family and friends, joining in conversations when you're with other people, or simply by exchanging

a few words with someone when you go out to buy a newspaper. It's natural that this might feel an effort at times, but you'll feel the better for having done so afterwards.

If you're a member of a group in the community (such as a church or social club), try to stay involved so that you continue to meet people as well as do something you enjoy.

Having a pet can also be a positive sociable step. Taking a dog for a regular walk means you exercise and get to chat with other dog-owners. Dogs and cats can also be good company. They bring affection into our lives, and they're good listeners too!

Stay connected with family and friends

Diabetes, depression and anxiety can all cause a great deal of stress for you as well as your family. Family rules may change, routines can become disrupted and family members may need to take on different roles or tasks.

Understanding the stresses put on relationships is part of adapting to change. Staying in touch with family and friends is very important even if you don't feel your best. At first you may feel more detached from your family. Physical and emotional tiredness may also mean that you have less time and energy for them. It may seem that they

continue with their own lives and don't understand the problems you are experiencing. This can cause resentment towards the people you most care about. One of the most helpful things you can do is talk to them about how you feel. Even the people closest to you can't read your mind.

Asking a family member or friend to come along to appointments can be useful. They can help you remember what was discussed and the questions you want to ask. Friends and family can also struggle with the emotional aspects of diabetes and mental health issues, and often benefit from support themselves. Remember, you still have a lot to offer them, regardless of any health issues.

Don't be too hard on yourself

Try to develop a habit of being flexible rather than over-demanding on yourself or others. Don't try too hard to be perfect in everything you do. Remember that you'll never be able to control everything that happens, or what other people do and think, so why not accept this and concentrate on just being yourself in the here-and-now.

Recognise changes in yourself

Diabetes, depression and anxiety can all cause fatigue and a lack of motivation and interest in life. As energy levels go up and down, the ability to concentrate, manage the tasks of daily living, and be social are also affected. This can stop people from doing important and pleasurable

activities that would make them feel better. For example, they may stop going out, being physically active, or seeing friends – the very things that help our mental health.

Recognising these changes means you can start doing something about them. Encourage yourself to start being physically and socially active especially, however gently. This can lift your mood and make you feel more in control. Start with things you've always enjoyed in the past – like going to see movies with a friend, for example – and try to make them a habit.

Depression and anxiety can come and go. This means we need to recognise early warning signs, so that we can work on prevention. It can be helpful to anticipate a situation that will be particularly stressful and plan how you will manage this. Stress can make blood glucose levels rise sharply as well as trigger an episode of depression or extreme anxiety.

Are you starting to have certain thoughts or attitudes associated with periods of depression or anxiety? Do you notice yourself becoming more short-tempered, for example? If others observe a change in you, take these concerns seriously and don't dismiss them. Try to do things you know will relax you, and make an appointment to see a GP so that action can be taken early if needed.

Break activities down

Break down things you have to do (such as shopping or cleaning the house) into steps or manageable 'chunks' and tackle these one at a time. Start with easier tasks and then progress to more difficult ones. This will help you to regain confidence. Be realistic and allow yourself more time to do fewer things. Allow yourself to feel pleased at what you have achieved and reward yourself.

Learn to relax

We all cope with stress better when we're relaxed. Yet many of us forget to make a space in our lives for relaxation. Getting plenty of regular sleep is essential for everyone, of course. Going for a walk, having a massage, listening to a relaxing CD or simply immersing yourself in a book, movie or music can all be relaxing. How we relax can be a very individual thing. Think about things that help you to unwind and feel comfortable, then plan how to fit them into your day.

Many people stop breathing properly when they are stressed. When you notice that you are feeling stressed take a deep breath in for five seconds, hold it for another five, and then breathe out slowly. Don't rush the breaths, and repeat for a minute or so. This will help you to relax your mind and body.

Cathy's story
Cathy went to the doctor with a sore shoulder, mentioning that she was very stressed. Work had been very busy and she was forgetting to regularly test her blood glucose. After recommending Cathy go to a physiotherapist and have a follow-up meeting with a diabetes educator the doctor suggested she practice breathing deeply ten times regularly throughout the day. At first this just seemed like another thing to fit into her day, but Cathy realised how tense her whole body was, especially her shoulder. The deep breathing started to become second nature when Cathy felt stressed, and really helped. ●

Keep moving

Physical activity is a proven way of improving mood because of healthy changes this brings about in the brain and the rest of the body. Movement – even if it is only for a short time each day – helps people feel better, stronger, less tired and more in control of their health. There are lots of ways to be active when you have diabetes. Some people enjoy exercise such as walking, yoga or Tai Chi. An important part of enjoying physical activity for many people is being simply being outdoors and enjoying nature – walking in the park or on a beach. Others welcome the chance to play sport and take part in more vigorous exercise. Before beginning any new physical activity, be sure to check with your doctor.

Begin slowly and remember that physical activity does not need to be strenuous to be helpful. When you have built

up fitness more strenuous exercise will be more beneficial. Being active with a friend or group will provide good support. If you smoke, giving up will greatly help your overall health and your ability to be physically active – but check first with your doctor, as quitting may have an effect on symptoms and medication. For information and assistance, visit www.quitnow.info.au or call Quitline on 131 848.

Enjoy healthy food and drink

Having diabetes involves monitoring food and drink, which can be very frustrating. Depression, anxiety and diabetes can also lead to a lack of appetite, or even cravings for food and drink that are not healthy. Paying attention to what you eat can make you feel physically and mentally better. A hungry or malnourished person will feel irritable, tired, weak and lacking in motivation. Over-eating, on the other hand, can lead to feeling stressed, guilty and worse about yourself.

Our physical and mental health interact continually. Getting enough sleep, eating healthy meals and avoiding recreational drugs and excessive alcohol not only does your body good, but will help you feel good too. Too much caffeine can contribute to feeling anxious, so try reducing your coffee or other drinks that contain caffeine, such as cola. Try not to drink alcohol to make yourself feel better. This makes anxiety and depression worse, as well as harming your physical health.

See the Diabetes Australia factsheets, *Eating out and diabetes* and *Food choices for people with diabetes*. Diabetes Australia recommends that everyone with diabetes visit a dietitian for personal advice, and can give information on where to find one.

M

Mark's story

Mark was diagnosed with Type 2 diabetes when he was 53. Changing his eating habits was hard, but together with his wife, he learned more about types of food and how to work out what to eat and when. Mark says 'It's not all bad. I've started walking in the evenings and that has been great. My wife and I head out after dinner. We walk and talk. I don't think we've ever felt closer in all our time together. We feel better physically too and have lost some weight.'

Suicidal thoughts

Depression affects the way people think and feel, and sometimes this means they experience thoughts about self-harming or suicide. These thoughts can be intense and almost overwhelming. It's not uncommon for people to have thoughts about harming or killing themselves when they are depressed. It's important to remember that such thoughts are just thoughts, and you do not have to act on them, that they will pass, and that you shouldn't keep them to yourself.

Be open with your doctor if you have any thoughts about self-harm or suicide. They are a clear sign that your treatment needs to be improved, by a change in medication or in some other way.

Make an agreement with family or friends that you'll call them if you're in danger of taking action on these thoughts, so that help can be called. Keep a list of essential telephone numbers with you, including that of your doctor, someone you've promised to call if you feel suicidal, and the number of Lifeline (13 11 14).

If you are concerned about thoughts of self-harm or suicide, see www.sane.org for Factsheets on this topic or contact the SANE Helpline on 1800 18 SANE (7263). If there is an immediate risk to life, do not hesitate to call 000 for emergency services.



Looking after yourself

Supporting someone

How to help someone with depression or anxiety

Helping someone who is depressed or anxious means learning skills and attitudes that will help you as well.

When someone you care for develops a mental health problem, it can be worrying for everyone involved. The most important things are to encourage them to discuss this with a doctor, and also to look after your own needs as a carer.

Time with family and friends doing ordinary things is an important part of life. Keep doing those things as much as possible and try not to just focus on the diabetes or mental health problem.

What do I do if I'm worried about someone?

It is often a friend or relative who first notices anxiety or depression coming on. However, only a doctor can make a diagnosis. If you are concerned about someone, it is important that you do not ignore the symptoms you have noticed or assume that they will just go away. Get help early. The sooner someone receives treatment, the better the outcome is likely to be. Offer to go with them to a doctor's appointment, but take care not to take over – everyone needs to make their own decisions as much as possible. It may take some time to get a diagnosis. Try to help the person not to give up.

How can I bring the subject up?

If you think that someone you know may be depressed or anxious and needs help, let them know that you are concerned about them and are willing to help.

Be available to talk when they are ready. If the person doesn't feel comfortable talking to you, encourage them to discuss how they are feeling with someone else.

Suggest that they talk about their feelings and what is going on in their mind. If the person says that they are feeling sad or very worried, you should ask them how long they have been feeling that way. Listen to them without expressing judgement. Be an 'active listener'; reflect back what the person has said to you before responding with your own thoughts.

Don't assume that they know nothing about depression or anxiety as they, or someone else close to them, may have experienced it before. Offer some information. The pamphlet, *When sadness won't go away*, available from SANE Australia, can help at this stage.

Tips for friends and family

- ④ Treat the person with respect. Respect, too, the person's privacy and confidentiality, unless you are concerned that they are at risk of harming themselves or others.

- ④ Remind the person that depression or anxiety disorders are medical conditions, and that they are not to blame for how they are feeling. They may need reassurance that you don't think less of them, or think they are weak, faking or a failure.
- ④ Give the person hope for recovery. Explain that depression and anxiety are very common in people with diabetes, and that, with help, they can get better.
- ④ Encourage eating a healthy diet and help them to avoid drinking too much alcohol.
- ④ Ask the person if they would like any practical assistance with tasks. Be careful not to take over or encourage dependency.
- ④ Help break tasks into small steps, so that gradual progress can be made.
- ④ Offer emotional support and understanding. It is more important for you to be genuinely caring than for you to say all the 'right things'.
- ④ Talk about the feelings you both are having. Acknowledge how they feel and ask them to acknowledge yours. Keeping the lines of communication open is very important to prevent misunderstandings.
- ④ Learn as much as you can about mental health problems, treatments and what services are available in your local area. Encourage the person who is experiencing the illness to be involved in this process as much as possible.

When a young person is affected

Children can experience depression and anxiety disorders too. With a young child, you may not wish to express all the emotions you are feeling for fear of burdening them. Remember, however, that children are very aware. If they ask, do not deny your feelings. If you do deny them, they may take this as a cue that they shouldn't talk about such things either. Children should be encouraged to discuss their thoughts and feelings. You can then help them understand and deal with them. This is a valuable process for children and can boost confidence in their ability to handle difficult times. Your child will feel much more secure knowing they can talk to you and look for solutions.

Developing diabetes as a teenager can be especially difficult. For some, big nights out mean meal-times are less predictable, so taking insulin and monitoring blood glucose can be difficult. And risks associated with drinking and taking drugs are even more significant for a young person with diabetes. For parents, there is a delicate balance needed of giving guidance and support, and also knowing when to hold back. It is important that you plan together to gradually shift the control of the diabetes management from you to the young person. When the time feels right talk openly with them about the challenges they may face as they become more independent. A diabetes educator, GP or endocrinologist will be able to provide more detailed advice.



Javier's story

Javier is a young man juggling a busy life of work, play, diabetes and alcohol. Having an active social life means Javier has to keep up his food intake, blood glucose testing and insulin. 'If I'm going out, I make sure I eat something, because with dancing and drinking alcohol it is a perfect recipe for my sugars going low. I often eat a pizza with a group of friends beforehand. That way I don't have to think about my sugars dropping low when I might be in the middle of something, and have to stop due to my sugar levels dropping.'

Diabetes may also have an impact on young people's self-confidence and general mental health. Many young people with diabetes feel isolated from others of their age, and experience misunderstanding or even discrimination at school or in the workplace. This has an effect in turn on their ability to cope.

What if someone says they don't want help?

If someone doesn't want professional help, find out if there are specific reasons for this. For example, the person might be concerned about finances or not having a doctor they like. These reasons may be based on mistaken beliefs, or you may be able to help the person overcome their worry about seeking help.

If the person still doesn't want help after you have explored the reasons with them, let them know that if they change their mind they can always contact you. While encouraging the person to seek help, respect their wishes unless you believe that they are at risk of harming themselves or others.

What if the person is suicidal or self-harming?

SANE Australia has Factsheets about how to help someone who is suicidal or who is harming themselves. Call the SANE Helpline on 1800 18 SANE (7263) or visit www.sane.org If there is an immediate risk to life, do not hesitate to call 000 for emergency services.

Develop a plan for crisis situations

Work out a plan for coping day-by-day and for when a crisis occurs. Involve the person with the illness and the treating health professionals in the process. Discuss strategies for when symptoms begin to recur or if the person talks about suicide, for example. Such thoughts should always be taken seriously and discussed with the treating health professionals. Mental health problems often create a feeling of powerlessness - developing a plan helps everyone regain a sense of control over the situation. The *SANE Guide for Families* can help with this process.

Help for family and friends

Carers need looking after too

When someone becomes depressed or anxious, it's not surprising that this has an effect on family and friends, and they need support too.

When someone develops a mental health problem, family members or friends may have to take on added responsibilities. There may be confusion and tensions as everyone tries to cope with the demands of the illness, the anxiety of treatment and disruption to everyday life.

Family members may feel overwhelmed at times – especially if they have not faced a major crisis before and the diagnosis was unexpected. They may feel helpless because they cannot do anything about the illness. They may be confused and frustrated at changed behaviour. They may be angry that diabetes or a mental health problem has happened in their family. They may feel guilty if they did not realise the serious nature of the illness. They may feel anger or resentment.

They are also likely to feel guilty about reacting in these ways. They may feel that they are responsible for the illness in some way; that they are not helping the person enough, or even that the illness is the fault of the person who has it. Family and friends can feel isolated and helpless at these times.

The important thing to remember about these emotions is that they need to be expressed. Do not feel you need to suppress or hide them, and do not be ashamed for having them. Not giving these emotions an outlet will make them more powerful, and feelings of guilt may increase.

If the person you care for has diabetes and depression or an anxiety disorder, you've gone through the same ups and downs in your own way. You may feel tired and worn out. Sometimes family members or friends are so involved in taking care of the other person, they forget to take care of themselves. Remember that you need to take some time for yourself, whether it's a short break during the day or a trip away somewhere.

When someone has depression or an anxiety disorder, it is not uncommon for those who care for them to also develop these conditions. It is important to be aware of this possibility, keep an eye on how you're coping, and get help for yourself. After all, you are just as important.



Help for family and friends

Children

Parenting a baby, toddler or young child can be stressful enough, with Type 1 diabetes adding to the worry. Trying to get a boisterous toddler to eat at a certain time, and chasing them around for blood checks or injections can be an emotional rollercoaster. Worrying about hypos can also cause on-going sleep disturbance. It can be hard to leave your child with others, but it is important you get a break sometimes. Finding other parents to share experiences with can be very helpful too.

S Sharon's story

Sharon's son, Josh, was 10 months old when he was diagnosed with diabetes. She was immediately thrust into checking his blood sugar four times a day and during the night, giving him injections, monitoring everything he ate and carefully watching his exercise. It completely changed her life, but Sharon coped with the support of her family. When Josh turned six years old, Sharon started to feel overwhelmed with trying to keep Josh's blood sugars normal. She secretly feared he would face kidney failure, heart disease or even amputations.

When Sharon said to her doctor 'I'm so tired and miserable. Sometimes it just hits me: my kid's a diabetic. Sometimes I resent all the work and then I feel so guilty. I don't know if I can go on'.

When Sharon's GP heard her speak like this he did an assessment and diagnosed depression. Sharon was relieved to hear that there were treatments to get her back on track, cope better and enjoy life again. ●

Brothers and sisters

Brothers and sisters of the child with diabetes need to know what is going on and be given a simple explanation of diabetes. Some may fear that they too will get diabetes or some other illness. Some may feel guilty and wonder if recent fights or conflict caused their brother or sister to become ill. They may feel that their needs are being neglected because of the attention that diabetes demands, and will probably spend many hours sitting in waiting rooms for appointments. Try to be conscious of their need for support and reassurance.

Parents

For young children, having a parent with diabetes or a mental health problem can be confusing and even distressing. Emotional contact is especially important for the young, and mental health problems often affect how well we are able to relate and communicate our feelings to other people. Children may need reassuring, therefore, that the parent with the illness has not changed how they feel towards them. If at all possible, the illness should be explained to the child by a parent, using words and concepts that they will find familiar and understand.

You're not alone: A SANE Guide to Mental Illness for Children may be helpful. It explains through a simple picture-story what mental health problems are, how they are treated, and how to cope on a day-to-day basis. It is intended to provide information, which helps children to understand and cope better with their situation.

For older children and teenagers, *Joe's Diary: A SANE Guide for Young People* is an illustrated storybook, which was written specially to help young people who have a parent or other person close to them with a mental health problem.

Diabetes Helpline 1300 136 588 can also help with resources for children and young people.



Help for family and friends

Older people

With elderly parents who need care it is important to discuss expectations. Do they expect a family member to be their primary caregiver or would they prefer someone else? Adult children are sometimes surprised their parents are more comfortable with someone from outside the family helping them with day-to-day tasks, while still wanting regular social contact with family members. Parents may not wish to be 'a burden' on their children, or may simply prefer the carer relationship to be non-emotional and professional. Discuss these issues if they arise, to avoid misunderstandings and hurt feelings.

Finding information and support

Don't forget that being a carer includes taking care of yourself too. Talk to your GP or other health professional about where you can find support for yourself as well as the person affected. Family, friends and others make a big difference to the lives of people affected by mental illness, but you have to make sure you look after your own mental health as well.

Contact the Diabetes Australia Helpline 1300 136 588 or the SANE Helpline 1800 18 SANE (7263), to discuss what support you need and to ask for information and referral to a support group of others dealing with a similar situation. They may also be able to refer you to agencies providing education and training in looking after yourself as well as the person with the illness, and finding respite care so you can take a break and have time for yourself.

The *SANE Guide for Families* has been developed specially for families of those affected by mental illness. As well as information and tips, it explains the importance of dealing with your own reactions to someone developing a mental health problem, will help you find support, explains the skills which will help you to help the person improve their level of recovery, and looks at what needs to be done to plan ahead. See www.sane.org or call 1800 18 SANE for details.



Help for family and friends

How treatments help

Depression and anxiety are treatable

Once depression and anxiety disorders are diagnosed, there is much that can be done to treat them. With treatment and support, we feel better mentally, emotionally and physically, and more able get on with our lives again.

The treatments for mental health problems and diabetes involve a coordinated approach that monitors both diabetes control and the mental health-related symptoms. It is about finding the treatment that works best for each person. For example, people with Type 2 diabetes and mild depression may find that regular physical activity improves depressed moods and also helps with blood glucose control.

Effective treatment combines psychological therapy and medication, medical monitoring, individualized diabetes education and adequate support. Your doctor or health professional will take into account several factors when suggesting the most suitable treatment for you. Regular contact and assessment by your doctor to check that your treatments are working effectively is an important part of becoming and staying well.

Finding help

The first step is talking to a health professional. Many people find talking to their nurse or diabetes educator helpful. They have a wide range of knowledge and experience about most aspects of diabetes, including the emotional impact. You could also speak to your specialist or social worker. Remember, asking for help is not a sign of weakness, but of your desire to get better.

The person you choose to speak to will probably suggest a medical check-up with a GP. Sometimes persistent or excessive sadness, moodiness or worry are related to a physical condition. In other cases they are the result of depression or an anxiety disorder.

If the GP identifies depression or an anxiety disorder, they will be able to provide treatment, or make a referral to a specialist mental health professional such as a psychiatrist or psychologist. GPs often work closely with these specialists.

Psychiatrists

Psychiatrists are medically-qualified doctors who specialise in the study and treatment of mental health problems. They have expertise in diagnosis, providing psychiatric treatment including prescribing medication, and referral to other services. If you are referred to a private psychiatrist, most of the cost can be claimed through Medicare. Visits to a psychiatrist at a local Community Health Service or Community Mental Health Service are usually free of charge.

Psychologists

Clinical and counselling psychologists specialise in the treatment of mental health problems, including depression and anxiety disorders. They provide psychological therapies which are often very effective – reducing symptoms and helping you to find ways of managing them better. Psychologists cannot prescribe medication.

Ask your GP about a Mental Health Care Plan, which allows for referral to a psychologist, or other suitably qualified health professional, where most of the cost of visits can be claimed through Medicare.

Helping the health professional to help you

Help each health professional to help you by giving as much information as possible. We all know what it's like to leave a doctor's surgery and remember something we forgot to say or ask. Make sure this doesn't happen by writing down a list of key facts beforehand and taking it with you, or taking a friend to help you remember.

Note down, for example, the exact symptoms concerning you, how long you have been experiencing them, recent stresses, if sleep or work are being affected, and any physical symptoms or other illnesses for which you are being treated. It is also useful to request a longer appointment, giving you both time to talk.

You can ask your mental health and diabetes health professionals to share information about your treatment – about medication for example – so that it is coordinated and as effective as possible.

What are the treatments for depression and anxiety disorders?

The most effective treatment for many forms of depression and anxiety disorders is a combination of medication and psychological therapy. Sometimes medication may be prescribed for a while or longer-term. Individuals respond to different treatments in different ways. What works well for one person may not work well for another.

Discuss with your doctor how these treatments work, how effective they are, how they may interact with any diabetes medications, and what possible side-effects are. Your doctor may need to check with your endocrinologist. You will then be able to make a decision together on which is the best for you. Effective treatment of depression can improve diabetes control. Glucose levels have been shown to improve as depression lifts.

What are psychological therapies?

Psychological therapies play a vital role in the treatment of depression and anxiety disorders. This type of treatment can help by giving an opportunity to talk about thoughts and feelings with a psychiatrist, psychologist, social worker or other specially-trained health professional in a structured way. There is a range of psychological treatments, of which Cognitive behavioural therapy (CBT) is helpful for many people. Other forms of therapy may also be useful.

Cognitive behavioural therapy (CBT)

CBT is a form of treatment that focuses on how you think about yourself, the world and other people, and how what you do affects your thoughts and feelings.

CBT supports you to try new ways of thinking (cognitive) and acting (behaviour). These changes can help you to feel better. When people are depressed or anxious they usually find themselves thinking negative thoughts about themselves and the world. Treatment helps people to see things in a more balanced way. CBT can be done individually, with a group of people, or even by yourself with a book or computer program. Many people find a course of 10-15 sessions helpful to learn to manage symptoms. While there is always a possibility that the anxiety or depression will return, the CBT skills should make it easier to control them. It is important, therefore, to keep practicing these skills.

Other psychological therapies

There are other forms of psychological therapy which may be helpful for some people in dealing with issues related to depression or the anxiety disorder. These include Interpersonal therapy (IPT) and Psychodynamic therapy among others. What they have in common is working with a psychiatrist, psychologist, or other suitably-qualified health professional to improve understanding of how you relate to other people and the world around you, and to develop more positive ways of thinking and feeling.

What about medication?

Most people find that psychological therapies make a big difference to their mental health, but medication is also an option to discuss with the doctor. Medication can speed up the process of recovery or help to relax you while starting psychological therapy, and so for some people this is an important component of treatment.

Depression and anxiety disorders are associated with changes in brain chemistry, and medications have been found to help the brain restore its usual chemical balance – reducing symptoms so that the person feels better.

Antidepressants

Antidepressant medication can help relieve the symptoms of both depression and anxiety. The doctor may manage your medications, or they may prefer that you see a psychiatrist. Prescribing doctors should work in conjunction with your endocrinologist or specialist to find an antidepressant that is right for you.

It usually takes a few weeks for antidepressant medication to have a helpful effect, and this effect should increase over the following months. There may be some side-effects, such as a dry mouth or stomach upset – these are normal and show the medication is starting to have an effect. Side-effects generally fade away with time. If they don't, or are causing you concern, always tell the doctor so that action can be taken to deal with them.

Modern antidepressant medications are not chemically addictive, and are less harmful in overdose than older antidepressants. They may interact with other medications, so – as when prescribed any drug – tell the doctor if you are taking other medications (including herbal supplements) and take the tablets exactly as the prescription describes. If you have any questions, ask the doctor or pharmacist.

Antidepressants not only help the symptoms of depression, they can also lead to substantial improvement in glycaemic control, decreasing the progression of diabetic complications by about a third.

Sedatives

Sedatives such as diazepam (*Valium*), alprazolam (*Xanax*) and sleeping pills are sometimes prescribed as a short-term treatment for symptoms of anxiety disorders. They may be prescribed in addition to an antidepressant while waiting for it to take effect. These can provide immediate relief of the symptoms of anxiety or insomnia, but don't treat the underlying condition that causes the anxiety disorder. Long-term use is generally not recommended as they also cause drowsiness, can be addictive, and symptoms usually return once someone stops taking them.

What about admission to hospital?

In extreme cases of depression or anxiety, in-patient hospital treatment may be appropriate. This could occur when the condition has proven to be resistant to treatment, and when someone is so severely affected that they cannot cope at home, or where they are assessed as being at a high risk of suicide.

Hospital admission can provide a severely depressed or anxious person with levels of care that could not be provided at home. It can give medical staff the opportunity to accurately assess a person's condition over a period of time if it is complex, and to provide a broader range of treatment than might be possible at home. Being an in-patient in the psychiatric unit of a hospital can make managing your diabetes more difficult. Ask for support from your diabetes educator.

Most people who are admitted to hospital go in voluntarily. However, in some urgent situations you can be admitted to hospital involuntarily under the terms of a State Mental Health Act, for your own health or safety, or that of others.

B Beth's story

After 33 years with Bipolar disorder and 20 years with Type 1 diabetes Beth has had a lot of different experiences. At one stage being hospitalised 15 times in 15 months with depression, Beth has since found a good combination of medication and healthy lifestyle. 'After having my babies I started walking regularly. Since then I have lost 20 kilos through walking and eating well. My GP who keeps an eye on my diabetes stays in contact with my psychiatrist and the mental health team'.

Can ECT help?

Electro-Convulsive Therapy (ECT) is a method of treating severe depression where drug treatment has failed to lift the depression and in very urgent cases, as the response is much quicker than drug treatment. ECT involves being given an anaesthetic and a muscle relaxant, then a small electric current is passed through the brain. While some people experience side-effects such as short-term memory loss, this treatment can be very effective in treating severe depression.

What about alternative therapies?

These are ways of treating illness that have developed outside the mainstream of modern science, such as herbal 'medicines'. If you are considering using an alternative therapy, it is important to gather as much information as possible and to ask questions so that you clearly understand the consequences, especially in relation to diabetes. While some people find these helpful, as yet there is no conclusive evidence to indicate that such therapies have any positive effect.

It is essential to speak with your doctor before using any herbal substances, over-the-counter medicines or dietary supplements, as they may interact with prescribed medications. It is potentially dangerous to use alternative therapies without consulting a doctor, as substances used in them are not required to undergo the same rigorous tests for safety and efficacy as prescribed medications.

What other support is there?

Social workers maybe able to help resolve any related issues such as relationships or family conflicts, disabilities, benefits or violence, for example. They may also be able to find help relating to housing, financial difficulties or work-related problems, and connect people with agencies able to help them. Ask at your diabetes centres or community mental health service about talking to a social worker.

Many people find it helpful to meet at support groups with others who have the same diagnosis and had similar experiences. Discussing symptoms and tips for dealing with them in a relaxed, understanding environment such as this can be a great support.

Contact the SANE Helpline on 1800 18 SANE (7263) or at www.sane.org for information and referral related to mental illness. You can also call the Diabetes Australia Helpline on 1300 136 588 or visit www.diabetesaustralia.com.au Specialised diabetes counselling and support are available at www.diabetescounselling.com.au

Ask your treating health professionals or enquire at your council offices about other support programs available, and ask others what services they would recommend. The SANE Helpline can give details of services in your local area for people affected by mental illnesses, including supported accommodation, rehabilitation,

recreation and employment, as well as support for carers too. Some States and Territories offer more of this type of support than others. Metropolitan areas also tend to have more services available than rural areas.

The important thing to remember is that you are not alone. Your health care team will work together with you and your family and friends to get through this challenging time and successfully make the changes needed in your life.

How treatments help



Contacts

SANE Australia

- ④ *Helpline*
1800 18 SANE (7263)
- ④ *Website*
www.sane.org
- ④ *Helpline Online*
helpline@sane.org

Diabetes Australia

- ④ *Helpline*
1300 136 588
- ④ *Website*
www.diabetesaustralia.com.au

Diabetes Counselling Online

- ④ *Website*
www.diabetescounselling.com.au

Australian Diabetes Educators Association

- ④ *Website*
www.adea.com.au

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Diabetes Australia is the national peak body for diabetes in Australia providing a single, powerful, collective voice for people living with diabetes, their families and carers.

Diabetes Australia works in partnership with diabetes health professionals and educators, researchers and health care providers to minimise the impact of diabetes on the Australian community.

Diabetes Australia is committed to turning diabetes around through awareness, prevention, detection, management and a cure. They have a wide range of information and can be reached via www.diabetesaustralia.com.au or by calling the Helpline on 1300 136 588.

Diabetes Counselling Online

This service is for people living with diabetes, their families and friends. It includes private counselling via email, a group discussion forum, chat rooms, blog, resources and information, specific group programs, and an opportunity to share your story and read other stories about life and diabetes. See www.diabetescounselling.com.au

Australian Diabetes Educators Association (ADEA)

The ADEA is the leading organisation for health professionals working in diabetes education and care. Credentialed diabetes educators have completed advanced study in diabetes care and can provide individualised education and support. They work in diabetes centres in hospitals, community health centres, in general practice, or in private practices. See www.adea.com.au





SANE Australia is a national charity working for a better life for people affected by mental illness through education and research and campaigning.

SANE relies on the generosity of donors to continue its work helping people affected by mental illness – including the SANE Helpline, the only national Freecall 1800 number helping people concerned about mental illness.

You can help by making a donation today . . .

- ④ Donate online at www.sane.org
- ④ Complete the form on the next page, detach and send to SANE Australia, PO Box 226, South Melbourne VIC 3205
- ④ Complete the form on the next page, copy and fax to 03 9682 5944

The SANE Guides



SANE Guide to Anxiety Disorders

ISBN 1 875182 19 5

Everyone experiences anxiety at some time – it's a normal reaction to everyday worries and stressful situations, such as an exam or interview, for example. For some people, however, it can become intrusive, constant and distressing, and lead to the development of an anxiety disorder.

The SANE Guide to Anxiety Disorders explains the range of conditions covered by this term, from Generalised Anxiety Disorder through to phobias, panic attacks, obsessive compulsive disorder and others. The range of treatments is also described, and also – importantly – what people can do to help themselves.

Visit the SANE Bookshop at
www.sane.org

or call 1800 18 SANE (7263) to order by telephone.

The SANE Guides



SANE Guide to Depression

ISBN 1 875182 59 4

The SANE Guide to Depression describes what depression actually means, explains how the various treatments for depression help, and gives practical steps to take in looking after yourself.

Depression is very common. Around one in five of us will be affected at some time in our lives. Yet despite this, it remains a much-misunderstood illness. Learning about the causes, symptoms, treatments – and especially the things we can do to fight back against depression – is a powerful way to start taking action to help ourselves.



SANE Guide to Medication and other Treatments

ISBN 1 875182 84 5

The SANE Guide to Treatments explains how people affected by mental illness can be helped.

Treatment of mental illness can be a complex business, involving clinical care, medication and a range of supports in the community, as well as people with the illness helping themselves.

Written with a focus on the needs of people affected by mental illnesses such as schizophrenia and related disorders, bipolar disorder and major depression, this Guide explains how all the different aspects of treatment work, so that the best possible benefit can be drawn from it.

Visit the SANE Bookshop at
www.sane.org

or call 1800 18 SANE (7263) to order by telephone.

The SANE Guides



SANE SmokeFree Zone Guide

ISBN 1 875182 29 2

The SANE SmokeFree Zone Guide has been written specially for people affected by mental illness who want to give up smoking.

The Guide covers all aspects of quitting, from just 'thinking about it' through to working out the health, financial and other benefits, and the practical steps you can take – all written with the special perspective of people affected by mental illness in mind.

The Guide also comes with information and tips for a support person too, so they can give the best help possible for someone working to give up smoking.



SANE Guide for Families

ISBN 978 1 875182 19 5

The SANE Guide for Families is intended to help family, friends and other carers of people who have been affected by mental illness.

The Guide explains the way everyone in a family can be affected, and the support they need, when someone develops a mental illness.

It explains the importance of dealing with your own reactions, and of developing a positive attitude to caring; the skills needed to care for someone with a mental illness; the support which you as well as the person with the illness need, and finally, what needs to be done to plan ahead for care when you are no longer able to provide it yourself.

Visit the SANE Bookshop at
www.sane.org

or call 1800 18 SANE (7263) to order by telephone.

The SANE Guides



SANE DVD Kits

The SANE DVD Kits cover a growing range of topics, including depression, anxiety disorders, schizophrenia, and bipolar disorder.

Each Kit includes a DVD of frank, helpful interviews with those affected by these conditions and their families and other carers, plus a complementary SANE Guide on the same topic.

Sample clips from the DVDs can be seen in the Video Showroom on the SANE website at www.sane.org



The SANE Guide to Good Mental Health for people affected by diabetes

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sane A national charity
helping people affected by mental illness
A U S T R A L I A www.sane.org

SANE Australia produces a wide range of guides and other useful publications on mental illness – for consumers, carers, health professionals, students and the general community.

For details, see the SANE website or call 1800 18 SANE (7263).