Diabetes and Mental Health: What are the Issues?

Transcript:

CLINTON: Hello. This is Clinton Power from Australia Counseling, and it's my great pleasure to be speaking today with Carolien Koreneff, who's a diabetes educator and somatic psychotherapist. Hello, Carolien. How are you?

CAROLIEN: Fine, thank you Clinton. How are you?

CLINTON: I am very well. Great to be speaking with you today. I wanted to talk to you about this very interesting topic of diabetes and how it relates to mental health. Maybe just for people who don't know you, can you give us a little bit of the background as to how you got into working in the field of diabetes and therapy?

CAROLIEN: Yes. Straight after high school, I went into doing my nursing training, and shortly after I finished that training, I was still on the roller coaster of learning, and I got the opportunity of doing a diabetes educators course. This was back in the Netherlands, and I started working there as a diabetes educator in a ward setup, and then a bit later on, I immigrated to Australia and have been working here as a diabetes educator ever since.

A few years after I immigrated here, my relationship broke up quite traumatically and a friend of mine suggested some personal development program, which I did. From there, I learned about somatic psychotherapy. I did that training mostly to help myself, but also because I recognised the need for people with diabetes, and I thought it would be a great opportunity to be able to use those skills in my day-to-day work as a diabetes educator.

CLINTON: Maybe a good starting point for us is just to, can you tell us briefly about diabetes? What is it? Maybe give us a brief overview of the different types of diabetes.

CAROLIEN: Most people would probably know that there is at least two types of diabetes. Now commonly they're referred to as type I and type II diabetes. Type I diabetes used to be called juvenile diabetes because it tends to happen more in younger people. It's, I guess, a little bit more of a rarer form of diabetes because it only takes up about 10% to 15% of all people with diabetes worldwide. Most people that we would encounter in our day-to-day lives with diabetes would have type II diabetes or what used to be referred to as mature onset diabetes. That was because it tends to happen in people over the age of 35.

Now, of course, being 35 years of age or thereabouts is still quite young, so that's one of the reasons why we moved away from the term mature onset. There are quite a few differences between the two forms of diabetes. For example, type II diabetes is much more associated with an insulin resistance and insulin deficiency picture, whereas people with type I diabetes tend to have more of an autoimmune problem in their body. People with type I diabetes cannot produce any insulin in their own body at all anymore, or very, very, very little, and they're always relying on insulin

injections pretty much for the rest of their life. Whereas people with type II diabetes, they still make insulin. In fact, some even make more than what their bodies require because of that sort of resistancy picture. They're often initially treated with tablets, but eventually they, too, might need insulin injections.

CLINTON: Is type I diabetes, would that generally be considered a more serious case?

CAROLIEN: In many people, it would be, because of the need for insulin injections. Though, as a health care professional, I think both types of diabetes are equally bad, because they both can develop complications in the long term.

CLINTON: Let's talk about that. What are some of the ways that diabetes impacts wellbeing?

CAROLIEN: First of all, diabetes is a problem of the carbohydrate metabolism in particular. People can't metabolise carbohydrates, so breads, rice, pasta, fruit in a proper way, and therefore they don't get the energy out of what they need, so energy levels are affected. They need to follow quite a strict diet, which includes spreading out the carbohydrate across the day, so they have smaller amounts coming into the system at different times, and they need the medication so that also impacts on their financial situation, I guess. There is problems with people developing complications if diabetes is not well controlled, or after a long duration, and these complications can include kidney disease, eye damage, foot problems, macrovascular problems such as heart attacks and strokes. Quite a significant impact.

On top of that, when we start treating diabetes, people are at risk of developing what we call hypoglycaemia. This is when the blood glucose level at times might drop a bit too low. That would impact people's brain function at that time, so obviously, will impact their whole well-being.

CLINTON: Is there much evidence as the mental health of people who have diabetes? I know just kind of anecdotally, that type I can be very serious in that people can die if they don't have the insulin injections. Obviously, you've been drawn to working with combining diabetes and psychotherapy. What have you been noticing in the field with your knowledge of mental health?

CAROLIEN: Certainly, one of the first things I noticed already many years ago, before I started my psychotherapy training, is that people with diabetes get more depression, and people with depression develop a lot more diabetes. Then clinical studies have also shown that people with diabetes and depression get a lot more complications, and they get the complications a lot worse.

CLINTON: Okay. We're talking about some pretty serious mental health issues there.

CAROLIEN: Yes, and that's just talking about depression. Then the levels of anxiety and stress are a lot higher in people with diabetes, as well. In fact, not only the people with diabetes, but also their family members. Because if a person gets a hypoglycaemia that can really impact the rest of the family, as well.

CLINTON: How did it come about that you decided to combine your diabetes education work with your somatic psychotherapy work? Tell us a little bit about how you are combining the two.

CAROLIEN: That's interesting you should ask me that, Clinton, because it was actually you who suggested it to me. It was quite interesting. When I was working full time in a public hospital

educator, and when I finished my psychotherapy training, I started seeing some private clients in rooms. Somewhere along the line, I was asked to do some private diabetes education, and that's where it started growing and growing. Back in those days, I got my own practice in Glebe, and I had one room set up for diabetes education and one room set up for psychotherapy, but I was struggling a little bit to make ends meet, and it was after you suggested why don't you make that your niche that I combined the two. Business has been booming since.

CLINTON: I'm so glad to hear that. That's lovely feedback.

CAROLIEN: I'm grateful for you for that.

CLINTON: Tell us a bit more about how you're working with the two niches, how did you bring them together in your work as a somatic psychotherapist.

CAROLIEN: I don't just do somatic psychotherapy with my diabetes clients. Most of them, they just come in for what they think is a diabetes education session, but I can't help but use the skills that I've learned, so that would be things like active listening and showing empathy and understanding, and those sort of very standard approaches that we as therapists would all be quite familiar with. It becomes more interesting when I get referrals from doctors in regards to patients who might need to take insulin injections, but might have a needle phobia. That's, then, where the real somatic work kicks in, working with them on their fears will help them through those issues and often then be able to get through a place of acceptance.

CLINTON: That must be quite a dilemma if you have a needle phobia and you need to inject yourself every day.

CAROLIEN: Very hard, and it's not actually just the injections, either. Oftentimes, people have to monitor their own blood glucose levels, so that includes pricking the finger multiple times a day to check how much sugar is in their bloodstream to be able to figure out how much insulin they might need. There are multiple pricks happening for people with diabetes.

CLINTON: It sounds like people with diabetes can tend to be in some of these higher-risk groups that may suffer anxiety and depression. What, as psychotherapists and counsellors, should we be aware of, if we have clients that come in and say they are diabetic?

CAROLIEN: First of all, I think it's the mood changes that can happen with the changes in glucose levels. When sugar levels go quite high, and it's usually over 15 millimoles per litre on the home monitoring system, their mood can be quite severely impacted. They often get what I call is the cranky pants on, or at least that's how I refer to it in front of the patient. That's to try and normalise their experience. Similarly, when the sugar level drops down too low under millimoles, the brain function can get affected and it can cause mood swings. That could be something that might pop up in the therapy session.

CLINTON: What would be a warning sign that perhaps glucose levels are dropping? How would a client or patient know that they might be falling into that danger area?

CAROLIEN: Very interesting question. In the early stages of diabetes, these symptoms are usually quite clear. When the sugar level drops low, often the patient starts to get a bit of a shakiness, like a light tremor in their hands. They'll get a cold sweat and they often complain of headaches and hunger. As they have diabetes for longer, these symptoms will change, and not only do they change from person to person, but even within the person, it can change form one time to another. In some cases, it can be quite hard to know whether the sugars are dropping low.

I've had the experience myself with an ex-boyfriend who had type I diabetes that I recognised before he did, that his sugar levels were low and every time I pointed that out to him, we would have a World War III on our hands because he wouldn't accept it. That was part of those mood swings. I learned over time that instead of arguing the point, I would just make them a sandwich and put something in front of him, and he usually would grab without even realising. The subconscious kicks in and the subconscious kind of knows what this person needs is something to eat, something sugary.

CLINTON: This is fascinating. Obviously, mood regulation is very important for people suffering from diabetes, not only to monitor their own moods, but also I guess with partners and friends and family of those that are diabetic to also notice if there's a sudden shift in mood, because that could indicate that they're suffering from a decrease in glucose. Is that what you're saying?

CAROLIEN: Absolutely. The change in when people get a hypo, when the sugar level does drop low, it impacts on their autonomic nervous system. Of course, that would be impacting on the therapy then, as well.

CLINTON: Are you noticing in your clients that people with diabetes are experiencing relationship issues sometimes because of these mood changes?

CAROLIEN: Absolutely, and besides all the mood changes, there is another complication that can occur, of course, particularly in men. When they get macro-vascular and micro-vascular complications, so these are where the larger and the smaller blood vessels get affected by the abnormality in the sugar levels over years, for example, sexual function can be affected. A man might develop erectile dysfunction, but even in women, it's now in recent studies have shown that their sexual function can be affected. Of course, that would also impact the relationship.

CLINTON: How are you using your knowledge of somatic psychotherapy with the patients that perhaps they do want to go deeper into some of the issue, and they might be diabetic. Are you finding that there's some kind of connection between the two in being aware of the body, increasing body awareness, and also tuning into what your body is telling you?

CAROLIEN: Absolutely, yes. I think it's very crucial to be able to read the clients rightly to see what is going on.

CLINTON: What might be some of the signals that you teach your clients to tune into?

CAROLIEN: Yes, so it's very important for me to explain to the patient the changes in glucose levels that can occur and how that might impact them so that if their sugar goes high, that they might develop mood swings as a result of that, but also that they're more at risk of infections and in feeling

hungry and things like that, and similarly, when the sugar drops low, that that can cause difficulty in concentrating, and if not treated, it could even lead to a loss of consciousness. We need to educate the patients on the importance of trying to keep their sugars in a normal range so they don't have to worry too much about those side effects, at least. Then it's also working with them on the general life stresses that we all encounter.

CLINTON: What kind of resources are available in Australia, Carolien, for those people who are suffering from diabetes and maybe want some more support?

CAROLIEN: There is heaps and heaps out of course online, you have to be a little bit careful with that because as you no doubt know, there is more information on the line than it's probably good to know sometimes, but, for example, Diabetes Australia or Diabetes New South Wales is a patient organisation, which has lots of great resources available. For people with type I diabetes, there's JDRF, Juvenile Diabetes Research Foundation, which does research in trying to find a cure for diabetes, and they have got all sorts of patient information available, as well.

There is private diabetes educators, such as myself, available, and they can be found through find a CDE function on the website of the Australian Diabetes Educators Association. That's the ADEA website, and CDE stands for credentialed diabetes educator. When you get a credentialed diabetes educator, you know that you're getting somebody who has done ongoing studies and continues to study ongoing, as well. It's quite a rigorous credentialing process that we have to go through to get the credentialing status, we have to undergo that every year.

CLINTON: That's good to know. What does the future hold for you, Carolien?

CAROLIEN: Good question. I'm in the prime of my life, so I can see myself working for at least another 20 or so years, and hopefully continue to build my practice in supporting people with diabetes and psychological issues in particular. Generally speaking, I just love working with people, so as long as I can do that, I'll be a happy camper.

CLINTON: Wonderful. Sounds like you're doing really important work there in the diabetes field in incorporating important education and support around mental health, as well. How can people contact you, maybe, if they're listening to this podcast and they'd like to contact you, maybe have a further discussion?

CAROLIEN: Absolutely. They can find me on the Internet, as well. I've got my own website with my practice here in Sutherland, which is www.shiretotalhealth.com.au I can also be contacted via my mobile phone, which is also my work number.

CLINTON: Fantastic. We'll put those links on the replay page, as well. Thank you so much for speaking with us today and hope we can speak again sometime.

CAROLIEN: Thank you for the opportunity, Clinton. Nice talking to you, as always.

CLINTON: Bye for now.

CAROLIEN: Bye.