Let's Talk:
Mental Health & Diabetes

Mental health is part of every conversation about diabetes

Mental health and well-being are essential aspects of diabetes care. Regardless of your specialty as a healthcare provider, being prepared to discuss mental health and proactively screening for concerns is key to facilitating improved outcomes.[1]

Discussions about mental and behavioral health can often feel stigmatizing, complicated, and even harmful to a person's relationship with their identity, loved ones, care providers, or diabetes management plan if not considered thoughtfully. This guide can help you navigate these conversations in a more respectful and individualized way, empowering people with diabetes with the tools they need to make informed choices and adapt to changing circumstances.[2,3]

Having stigma-free conversations about mental health

Be mindful of past experiences; approach conversations with empathy, compassion, and curiosity.

1

Aim to meet people where they are and create an environment that normalizes honest discussions around mental health and emotional well-being. Take into account a person's previous experiences, challenges in diabetes self-management, healthcare access, day-to-day lives, personal health goals, and your own biases around mental health (such as who may or may not be likely to live with a mental health condition or what support they need).[4]

Be proactive with mental health screening, be an active listener, and ask questions that can help guide the discussion and encourage open sharing. When possible, provide evidence-based recommendations and resources. Support people in setting individualized and realistic goals. Make an active effort to engage in collaborative decision-making.

Choosing stigma-free language

Diabetes stigma and mental health stigma can intersect and negatively impact care outcomes.[4] How we talk about mental health can transform the conversation and improve care outcomes. **Choose to use language that:**

- is neutral, nonjudgmental, and based on facts, actions, or physiology/biology[2,3]
- is strengths-based, respectful, inclusive, and imparts hope[2,3]
- is person-centered[2,3]
- fosters collaboration between people with diabetes and their healthcare teams[2,3]

For more language guidance, explore the **resources at dstigmatize.org**.

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Connect people with community support resources and help foster resilience.

2

Self-stigma or internalized shame and guilt can be a major, but often invisible, challenge of living with diabetes.[4] If a person expresses feelings of self-doubt or stigma, prioritize building resilience, the ability to adapt to changing circumstances, to help support a positive self-concept and defend against diabetes stigma.[1,5]

Engaging with role models, increasing accurate and respectful representations of diabetes in the media, and connecting people with community resources or mental and behavioral healthcare providers who specialize in promoting resilience can be beneficial.[1,4]

Acknowledge the challenges and provide referrals.

3

Discussing mental and behavioral health can be complicated, especially when factors like comorbid conditions, affordability, access, cultural considerations, or pregnancy are involved.

Validate each individual's experience when discussing emotional well-being and provide recommendations for speaking with a mental or behavioral health provider who specializes in diabetes and the unique challenges it may pose. Other providers, such as a nutrition professional specializing in diabetes and disordered eating, may help.[1] Find great provider directories here and here.

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Making Sense of Diabetes

dStigmatize

It takes all of us to end diabetes stigma.

The first step to addressing diabetes stigma is to understand what it is and how it affects people. Visit the dStigmatize Resource Library at **dstigmatize.org/resources** to learn more.

Citations:

1. American Diabetes Association Professional Practice Committee (2025). 5. Facilitating Positive Health Behaviors and Well-being to Improve Health Outcomes: Standards of Care in Diabetes-2025. Diabetes care, 48(Supplement_1), S86–S127.
2. Dickinson, J. K., Guzman, S. J., Maryniuk, M. D., O'Brian, C. A., Kadohiro, J. K., Jackson, R. A., D'Hondt, N., Montgomery, B., Close, K. L., & Funnell, M. M. (2017). The Use of Language in Diabetes Care and Education. Diabetes care, 40(12), 1790–1799.
3. J, S., T C, S., T, D., T, B., G, K., C, L., R, S., & G, J. (2021). Our language matters: Improving communication with and about people with diabetes. A position statement by Diabetes Australia. Diabetes research and clinical practice, 173, 108655.
4. Speight, J., Holmes-Truscott, E., Garza, M., Scibilia, R., Wagner, S., Kato, A., ... & Skinner, T. C. (2024). Bringing an end to diabetes stigma and discrimination: an international consensus statement on evidence and recommendations. The Lancet Diabetes & Endocrinology, 12(1), 61-82.
5. Weissberg-Benchell, J., Shapiro, J. B., Bryant, F. B., & Hood, K. K. (2020). Supporting Teen Problem-Solving (STEPS) 3 year outcomes: Preventing diabetes-specific emotional distress and depressive symptoms in adolescents with type 1 diabetes. Journal of consulting and clinical psychology, 88(11), 1019–1031.

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