



Diabetes Training



Community Support Workers



1

The Person

- Be non-judgemental: listen to the person, they live with their diabetes 365 days a year
- Diabetes is challenging and can impact wellbeing
- Don't blame the person:
Type 1 diabetes is an autoimmune condition. Ethnicity, family history and adversity are the strongest factors for Type 2 diabetes
- Type 2 diabetes is 6 times more common in South Asian and 3 times in African-Caribbean people



2

Know the differences between types of diabetes

- People with Type 1 diabetes need insulin every day, even in the last days of life
- Not injecting insulin can result in serious harm and emergency hospital admission
- People with Type 2 diabetes may be on diet alone, diet plus tablets, injectable therapies, insulin or a combination of these

The image shows two stylized human figures in shades of purple. The figure on the left has a large white number '1' on its chest, representing Type 1 diabetes. The figure on the right has a large white number '2' on its chest, representing Type 2 diabetes. The figures are simple, with circular heads and rounded bodies.

1

2

3

Diabetes and Serious Mental Illness (SMI)

- SMI is schizophrenia, bi-polar affective disorder, severe depression, psychosis
- 20% of people with SMI have Type 2 diabetes and of those 70% are unaware of their diagnosis
- People with SMI may die 20 years earlier (mainly due to heart disease)
- People with diabetes have an increased risk of dementia
- Antipsychotic medication increases the risk of Type 2 diabetes
- If a person's mental state is affecting their ability to self-medicate – talk to their mental health team



4

Safe storage of insulin and medication safety

- Stopping or missing insulin or diabetes medication can result in harm
- Alert GP or diabetes team if your client misses diabetes medication or insulin
- Insulin can stay at room temperature for up to one month
- Avoid exposing insulin to freezing or very hot temperatures: it will become damaged and stop working
- **Insulin can be used to self-harm and even commit suicide: include in care and risk plans**



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Eating with diabetes

- There is no special 'diabetic diet'
- Meal plans will vary according to person's circumstances
- This will depend on person's weight, gender, ethnicity and economic situation
- Know about the different types of carbohydrate foods and drinks and impact on blood glucose
- Be mindful that people may use food to manage stress



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Low blood glucose (hypoglycaemia) below 4mmol: '4 is the floor'

- Ask your client to check their blood glucose
- Low blood glucose can kill and must be treated immediately
- Common symptoms: confusion, drowsiness, frequent falls, sweaty, pale, aggression, loss of consciousness, seizures
- Low blood glucose can be mistaken for psychiatric symptoms or being drunk
- Know the low blood glucose treatment pathway

Step 1: If able to swallow safely give: 200mls Lucozade original OR small carton of fruit juice OR 4-5 dextrose tabs OR 4-5 jelly babies

Step 2: Follow this up with a starchy snack:
e.g. 2 digestive biscuits, a banana or sandwich

- If unable to swallow or unconscious, put in recovery position and call 999
- Hypoglycaemia is more likely if your client is injecting insulin and more serious if alcohol or substance abuse is involved
- Ensure you have hypo treatment available at all times (see low blood glucose pathway)



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High Blood Glucose (hyperglycaemia: in double figures for more than 24 hours)

- Ask your client to check their blood glucose
- High blood glucose can kill if left untreated, especially in Type 1 diabetes
- Common symptoms: thirst, increased urination, recurrent infections, weight loss, blurred vision, sleepiness, incontinence
- High blood glucose can be mistaken for psychiatric symptoms
- High blood glucose increases the risk of infection and emergency hospital admission
- Common causes: **virus eg COVID-19**, infection, being unwell, missed insulin or medication, newly prescribed or increased steroids or anti-psychotic medication, diet related, alcohol or drugs, undiagnosed diabetes
- Long duration of high blood glucose can lead to diabetes complications (heart, kidneys, eyes, nerves, feet, brain)



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Feet

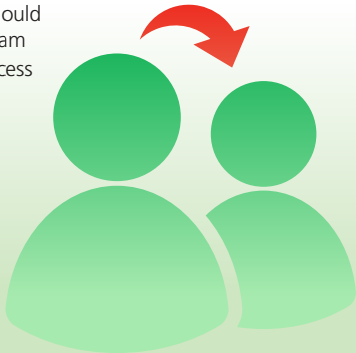
- All people with diabetes should have an annual foot examination
- A foot ulcer is a medical emergency requiring urgent same day referral to GP or specialist team
- Refer to the GP or specialist team if you notice a problem with your client's feet
- Advise clients to: check feet, be aware of sensation loss, look for changes in the shape of their foot, wear shoes that fit properly



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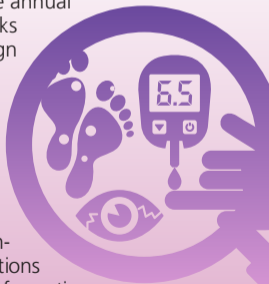
When and how to refer to the specialist diabetes / mental health or podiatry team

- All people with Type 1 diabetes should be seen by a specialist diabetes team
- Ensure you enable your client's access to specialist advice if needed or requested
- Very low or high blood glucose
- New foot symptoms: redness, swelling, hot, pain, infection
- Any foot wound
- Talk to mental health team if a person's mental state is affecting ability to self-medicate



Ensure your client has access to information and proactive diabetes screening

- Ensure clients with **Type 1** and **Type 2** diabetes know what to do when they are ill (Sick Day Rules)
- Everyone with serious mental illness should be screened for undiagnosed diabetes by GP
- Everyone with diagnosed diabetes should have annual blood tests, blood pressure, eye and foot checks
- Non-attendance of annual checks may be a sign of self-neglect.
- Your client should have access to supported training about their diabetes, dietetic advice, specialist input if needed, smoking cessation advice and flu vaccines
- Some people have achieved partial or full remission of their Type 2 diabetes by losing weight, and blood glucose levels fall in the non-diabetic range without taking diabetes medications
- Visit **www.knowdiabetes.org.uk** for more information
- Visit Diabetes UK website: **www.diabetes.org.uk**





See www.knowdiabetes.org.uk

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