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Submitted online via https://www.aph.gov.au/Parliamentary_Business/Committees/OnlineSubmission

Dear Committee Secretariat,

APS Response to the Inquiry into the prevention, diagnosis and management of all forms of diabetes, and obesity and its effects on the Australian population, including prevention, diagnosis and management.

The Australian Psychological Society (APS) welcomes the opportunity to provide a submission to the Inquiry into Diabetes in Australia. The feedback provided below is specific to each of the Terms of Reference (ToR) and draws on APS policies, evidence-informed practice, psychological research, and consultation with APS members who are highly experienced and qualified in the prevention and management of diabetes.

The APS promotes the importance of maintaining a healthy lifestyle, including the benefits of psychological health and wellbeing. As with all our work, we consider our response to this Inquiry in light of the Sustainable Development Goals (SDGs).¹ Of relevance to the current Senate Inquiry is SDG 3: Good health and well-being that is focused on ensuring healthy lives and well-being for all at all ages.²

1. *The causes of diabetes (type 1, type 2 and gestational) in Australia, including risk factors such as genetics, family history, age, physical inactivity, other medical conditions and medications used.*

The APS does not have specialised medical expertise in all areas of diabetes, although we are aware of the variety of factors that influence the development of this condition. We note that ToR 1 provides examples of some of these factors.

It is our understanding that Type 1 diabetes cannot currently be prevented, and the cause is likely associated to autoimmune processes, genetics, and environmental factors (i.e., viruses);^{3 4} whilst the cause of Type 2 diabetes is associated with a range of predisposing and precipitating factors, many of which relate to lifestyle behaviours and unhealthy living that can often be appropriately managed to prevent or delay the development of the disease. This includes excessive body fat, poor diet and nutrition, and poorly managed blood pressure and cholesterol levels.^{3 4}

APS members, particularly those with expertise in health services, community settings, sport and exercise, or in private practice, have raised specific concerns about the impact of sedentary behaviour and unhelpful coping strategies for emotional distress as risk factors that predispose and precipitate diabetes as well as other related health issues. For example, APS members that work within health settings reported that people with diabetes often present with highly complex psychosocial backgrounds and may have experienced trauma, and tend to use food, drugs or alcohol for emotional regulation.

We also note the variety of social, economic and environmental factors associated with poorer health outcomes, including diabetes.^{5 6 7} It is important that the Committee consider these factors from a health equality and equity perspective, and reflect on the association between diabetes and the social determinants of health. Given the wide variety of factors that impact the development of diabetes, it would be useful to engage in a holistic and multi-disciplinary approach at the individual, community and government level to drive the improvement of health outcomes.

2. New evidence-based advances in the prevention, diagnosis and management of diabetes, in Australia and internationally

The APS is not aware of any emerging advances in the prevention, diagnosis, and management of diabetes. However, the APS regularly promotes the importance of healthy living and we remain concerned about the risk factors that predispose, precipitate and perpetuate this condition.^{3 4} Appropriately managing certain lifestyle behaviours can be a significant protective factor to support the prevention of diabetes and assist with its management, particularly Type 2.

Psychologists are routinely involved in the modification of lifestyle behaviours (i.e., improving physical activity, nutritional intake, and improving adherence to treatment protocols), providing psychological support and assistance with adjusting to lifestyle changes. This includes adjusting to the diagnosis of diabetes, which can be stressful and emotionally demanding. Living with diabetes can present daily challenges that take a toll on a person's wellbeing and impact their motivation to follow a treatment plan. Indeed, APS members report that adherence to treatment protocols can present as a significant barrier in diabetes management, a position which is also supported within the research literature.^{8 9}

It is also important to highlight the role of adaptive coping strategies, which aim to reduce distress and improve health and wellbeing. Healthy coping strategies are associated with both the prevention and management of diabetes. For example, they assist with improving mood and increase peoples' ability to manage blood sugar levels. However, adjusting to living with diabetes is often an on-going process. Psychologists can support clients to understand and overcome the barriers experienced in relation to managing this disease.

Further, we note recent Australian research that has considered the stigma associated with diabetes.¹⁰ This research demonstrates that the predominant experience for people with diabetes is one of guilt and shame which can be risk factors for experiencing mental health conditions. This highlights an increasing medicalisation of health and wellbeing and the growing demand for individuals to assume responsibility for their health, both of which are relevant to the social stigma attached to diabetes.

Generally, there appears to be an increased assignment of individual responsibility for managing one's health. In relation to diabetes, this relates firstly to factors that predispose and precipitate the condition and secondly, to factors that perpetuate the condition.¹¹ If the development of diabetes progresses to a point where subsequent disability results (i.e., renal failure, amputations, eye disease), stigma can then be further exacerbated.¹⁰

Given the increased role of sedentary behaviour and poor nutrition in the development of Type 2 diabetes, those with the condition tend to experience more negative judgement, and stigma, for poor lifestyle choices, such as being blamed for eating too much, not eating the right foods, not exercising enough, being overweight and failing to follow medical, nursing and dietetic advice. Educational campaigns are needed to address negative community attitudes and to shift the perception of individual fault towards recognising the impact of social, economic and environmental factors associated with the development of Type 2 diabetes.

3. The broader impacts of diabetes on Australia's health system and economy

Diabetes is reported to cost the Australian health system \$2.7 billion annually.¹² From a psychological perspective, people with diabetes are at a higher risk of depression, anxiety and a lower quality of life.^{8 13 14} They also appear to have a higher prevalence of neurodevelopmental disorders, such as Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) than the general population.¹⁵

In addition, there is an association between eating disorders and diabetes, with research suggesting that up to 40% of young people with diabetes experience disordered eating or engage in disordered behaviours.¹⁶ ¹⁷ Anxiety disorders such as obsessive-compulsive disorders are also known to influence diet and monitoring.

Additionally, the day-to-day management of diabetes can be demanding and lead to distress, avoidance of tasks, feeling overwhelmed and difficulties coping. Diabetes distress is a common term used to describe the emotional burden of living with and managing diabetes and may affect up to a third of all adults with the condition. Other issues, such as needle phobia, can also impact on the management of the condition. Hypoglycaemic episodes have been reported to feel like panic attacks and untangling symptoms of mental and physical health in diabetes can be challenging.

APS members report the potentially negative impact of diabetes on family systems, including the financial burden for parents of children with diabetes. Given that the development of diabetes can be associated with social, economic and environmental disadvantage,^{7 6 7} many families experience financial difficulties associated with managing the condition. Further, the nature of regular clinic and specialist appointments can be disruptive to day-to-day life for children and parents (i.e., impacting participation in school, sport, work and other important areas).

Overall, the presence of mental health conditions can increase the risk of diabetes related complications and associated mortality, with a significant cost to the health system, productivity, and other key economic and social areas.¹⁸ Given the association of diabetes with mental health, it is critical for individual, community and government policy interventions to be designed around prevention, early detection and early intervention, with a particular focus on improving access to support, particularly for those at higher risk and within vulnerable communities.^{10 12}

4. Any interrelated health issues between diabetes and obesity in Australia, including the relationship between type 2 and gestational diabetes and obesity, the causes of obesity and the evidence-base in the prevention, diagnosis and management of obesity.

We draw the Committee's attention to the APS submission to the draft National Obesity Prevention Strategy 2022-2032,¹⁹ which discusses the considerable body of evidence from weight and psychological science to inform policy development for effective health behaviour change. We believe that part of the concerns raised in ToR 4 can be addressed through the development of a health-centric paradigm based on contemporary weight science. This includes adopting the health at every size approach which focuses on encouraging and measuring improvements in nutrition and exercise (i.e., factors that people can influence), rather than a focus on weight loss per se to address obesity.

We also highlight the importance of using supportive and non-stigmatising language when addressing these issues.²⁰ For example, the National Eating Disorders Collaboration suggests the use of phrases such as "people living in a larger body" rather than negative language such as "obese people", language which is supported by APS members and people with lived experience.²¹

5. The effectiveness of current Australian Government policies and programs to prevent, diagnose and manage diabetes.

As discussed throughout this submission, psychologists are actively involved in assisting people to manage lifestyle behaviours that improve healthy living. At an individual level, this work has demonstrable effectiveness in the prevention and management of the risks associated with the development of diabetes.

However, given the association of diabetes with mental health and its impact on the health system, productivity, and other key economic and social areas,²² it is critical that interventions are not only aimed at the individual level, but also at the community and government policy level. They need to be designed around prevention, early detection, early intervention, shifting community attitudes, and have a specific focus on improving access to support, particularly for those at higher risk and within vulnerable communities.^{10 12}

From the APS perspective, we are concerned that resourcing of appropriately trained psychologists in this area is limited and as such, referrals to psychologists with appropriate expertise in managing diabetes within the community can be challenging. That is, whilst psychologists are competent with assisting people to improve lifestyle behaviours, treating people who have diabetes requires specialised knowledge. There is a need for increased support and education to improve access to psychologists with specific expertise and experience to better assist people living with diabetes. It is critical that appropriate resources are available to enable the risks associated with diabetes to be minimised.

Improving resourcing for the prevention, early detection, and treatment of diabetes will require policy shifts at the broader health system and government level.^{12 12} There are a range of social, economic and environmental factors associated with the prevention and management of diabetes that require consideration from a health equality and equity perspective.^{7 6 7}

The APS considers it critical to ensure that any Australian Government and health policies developed and implemented are appropriately evaluated. The effectiveness of policy to address the key risk factors associated with diabetes will largely be determined by how well they are implemented. It is important to understand the extent to which any such programs achieve their desired outcomes. As such, we strongly recommend that any future policy or programs be well-informed, based on independent research and evidence, enable early detection and early intervention, and seek to protect the most vulnerable from the risks associated with diabetes.

We thank the Committee for the opportunity to respond to this important consultation. If any further information is required from the APS, Dr Zena Burgess can be contacted through the office on (03) 8662 3300 or by email at z.burgess@psychology.org.au.

Yours sincerely,

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Chief Executive Officer

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