



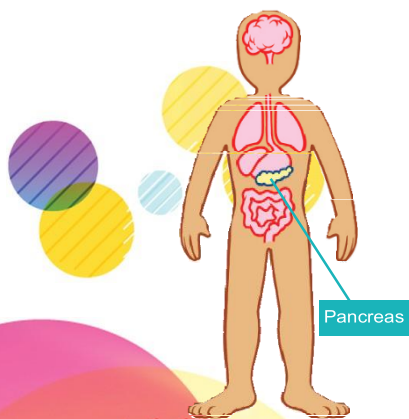
Diabetes and Emotional Wellbeing Toolkit

This resource is to be used primarily in an educational context to support the understanding of children's emotional well-being relating to diabetes. There are already many incredibly detailed and thorough resources on the physical health needs of children with diabetes – we have shared some of these at the back of this toolkit. If in doubt about a child's health needs, always make sure you contact their specialists so that you are able to support them in the best way possible.

1. Definition

Diabetes is a condition where your blood glucose (also sometimes referred to as 'blood sugar levels') are too high. Blood glucose comes from the food that you eat and is the main source of a person's energy. The pancreas makes a hormone called insulin which allows your cells to use that energy. For some people, their bodies do not make insulin, or not enough to be used effectively. For other people with diabetes the body becomes resistant to the insulin that is produced. This means that glucose then remains in their blood and doesn't get used by the cells in the way that it should.

Having too much glucose in your blood can have a number of health implications. Having diabetes and taking care of yourself can be difficult. Monitoring your blood glucose levels, understanding the role of food on your health and injecting insulin can affect your emotional well-being. Children and young people may also be worried about the long-term effects of diabetes and it can seem like a daunting task having to manage a chronic condition.



Make sure:

- You have a clear plan for what constitutes an emergency.
- You understand what the symptoms of hypoglycaemia are
- That you have due regard for the child or young person to be able to manage their condition independently, but also know when they may need help and support.
- That you understand that whilst diabetes is a physical health condition it can have affect the individual psychologically.

2. Key points

There are two main types of diabetes: Type 1 and Type 2 diabetes.

Type 1 diabetes is often caused when the body's immune system attacks and destroys the cells in your pancreas. These cells would normally make insulin. Without insulin, the glucose is unable to reach your cells and your blood glucose levels increases. People with Type 1 diabetes need to take insulin (which would normally be made and used in the body) to allow glucose to enter the cells.

Type 2 diabetes is when your body becomes resistant to insulin and therefore your body doesn't use it well. Type 2 diabetes is more frequent in middle age and in those with pre-existing factors such as obesity. It is less likely to be seen in children in the school community.

You may have heard of hypoglycaemia – sometimes referred to as a 'hypo'. It is when the glucose level in the blood falls below a certain level which can then expose the child or young person to potential harm. It is important that the parts of the Individual Healthcare Plan that focusses on the physical management of diabetes, is understood, updated and used. While there may be signs (symptoms) that a child's blood glucose levels have fallen below a certain level, there are occasions where this may have occurred without symptoms (asymptomatic).

There are different ways to check the blood glucose level increases in someone's blood. One such mechanism is a blood glucose monitoring kit; there are many different models but generally they are portable machines which require a drop of blood (typically from the tip of the finger) that is put on a small strip and then inserted into the machine to measure the blood glucose level. This information then lets the individual know if they are managing their levels and if they need to do anything in response (i.e. too high or too low will require a different response). Some children have a continuous sensor which they can use to scan their blood glucose levels.

It is important also to remember that educational visits can impact on a child's blood glucose monitoring levels due to the change in routine, food available, exercise or heat. To this end, it is important that a school considers the whole school experience and supporting every child's inclusion as best they can.



3. Information and assessment to inform planning for the individual

An individual healthcare plan is a document that supports in understanding, communicating and ensuring the health needs of the individual are met and that they are included in the school community. As part of this there are a number of individuals which can support with this process. Below is a guide on the individuals/groups that can be utilised to support the management of the health need in the school community. Some resources include general stories that might be used as a talking point (Cristea, 2020).



Home school

- | Where medication can be stored and accessible
- | Whether or not child/young person can manage their condition independently
- | To ensure that routines relating to lunch/access to water and sports are adhered to support the child/young person's monitoring.

Clinicians

- | Type of treatment
- | Symptoms of high or low blood glucose levels
- | Information for individual health care plan.

Other sources of information

- | The child/young person
- | The family
- | Catering services that support the school
- | Websites such; Well at School, Diabetes UK, www.diabetes.org.uk
- | Health Conditions in Schools Alliance www.medicalconditionsat school.org.uk has a diabetes IHCP
- | Books such as those found in the resources section

4. Impact of diabetes on learning

Being diagnosed with diabetes can affect a person's motivation, learning, and stress levels. There are a number of things they might have to do, that previously they did not think about (for example being aware of carbs in food, or monitoring their blood glucose levels). They may compare themselves with their friends who might not have the same restrictions relating to food. They might have to calculate the impact that the sugar in their food may have on how much insulin they need to use, and the effects this can have on their blood glucose levels.

They may need to consider the effects of exercise and remember particular moments of routine throughout the day. This can interrupt and change a person's daily routine and also have a fundamental impact on their motivation.

A person's relationship with diabetes may not be the only effect it has on learning; the effectiveness of brain functions which are core to learning (e.g., retention of information and learning new skills) are linked to glucose levels and how well the brain is able to use it. In the case where there is not enough glucose available, neurotransmitters are not produced and thus communication between neurons breaks down. Hypoglycaemia can also lead to loss of energy and has been linked to poor attention span and cognitive functions. There is growing evidence that diabetes and its complications are associated with both psychological and psychiatric difficulties (Kalra, Jena, & Yeravdekar, 2018). Children with diabetes may report being thirsty, have frequent urination and have unintended weight-loss. Understanding how you might support a child who is showing these symptoms is an important part of the individual healthcare plan, as well as planning for low or high blood sugar levels.



“Being diagnosed with diabetes can affect a person's motivation, learning and stress levels.”

5. Interventions



Frequent urination

Make sure that a child has access to the toilet when needed (e.g. toilet pass)

"X will be issued a toilet pass to ensure that they are able to use the toilet whenever it is needed".



Denial of need

Make sure there is effective communication with parents as well as young person.

"X's allocated worker will write in contact book any concerns".

"X will be encouraged to speak to allocated worker at the end of the day around blood glucose levels".

"X has indicated that they want privacy when monitoring levels, a room will be made available to support this".



Thirstiness

Ensure water is easily accessible and there aren't restrictions to accessing water when wanted.

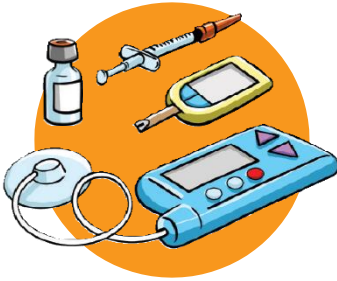
"X will be encouraged to drink water during the day and be allowed to have a bottle of water at their desk to drink when they want"



Fear of injecting

"X will be provided a quiet space in which to inject insulin. This will be made available throughout the day."

"X will be allocated a key member of staff that can be used as distraction when injecting and have opportunity to talk/colour/ or use another method that they find supportive "

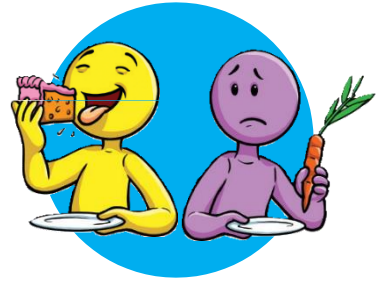


Anxiety over blood glucose levels

Reiterate that anxiety is normal, a process to know their body and how it reacts

"X's allocated member of staff will meet with X three times a day to talk through their blood glucose monitoring levels and make sure they feel comfortable"

"X will be provided a timetable, including food content to ensure that they know what is coming up during the day and the impact it may have on their blood glucose levels"

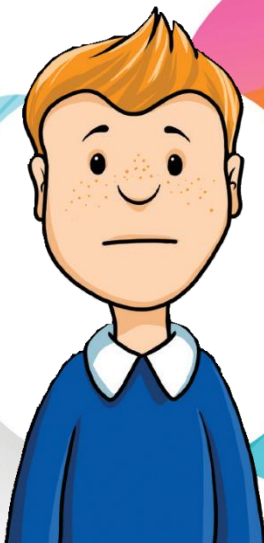


Distress relating to different food options

Reiterate that being upset about the wider option choices of others is normal; try to develop independence when choosing own food

"X will be provided with the catering list so they can make informed choices at home and be able to plan insulin levels accordingly"

"The school will encourage use of 'class book' rather than birthday sweets as part of overall health plan"



6. Scripts

We talked about you coming to the school office without being asked to let them know your blood glucose levels.
Do you feel okay giving this a try this week?

What are your top three worries about x (e.g. school visit, PE etc)?



I can see how hard you have been working on managing your blood glucose levels by making sure you write down your levels/know your timetable

Is there anything we can do to make things easier for you?

We have a school trip coming up, shall we check the individual healthcare plan and make sure we know how to support you?

7. Progress

What might achievement and progress look like?

- Able to attend to own insulin needs
- Able to manage own blood glucose monitoring with less support
- Able to choose appropriate meals with minimal support
- Able to communicate when they have symptoms of being unwell, perhaps as a result of hypoglycaemia
- Frequent meetings with key worker with little or no prompting



8. Resources

Cristea, C.-L. (2020). Pash and the Blue Bicycle. London.

East of England Children and Young People's Diabetes Network. (2018). Schools Pack Diabetes Guidelines for Schools, Colleges and Early Year Settings.

Kalra, S., Jena, B. N., & Yeravdekar, R. (2018). Emotional and Psychological Needs of People with Diabetes. Indian journal of endocrinology and metabolism, 696–704.

Raedwald Trust. (2020, December 21). Medical Needs in School. Retrieved from Raedwald Trust - MNIS in Suffolk: <https://www.raedwaldtrust.com/mnis/>

Well at School. (2020, December 12). Well at School. Retrieved from Diabetes: <https://www.wellatschool.org/diabetes>

