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DIABETES DISTRESS DEMANDS MORE:
A Systems-Level Solution for Whole-Person Care

Advancing Team-Based Strategies to Address the Emotional and Clinical Burden of Complex Diabetes

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This white paper aims to:

- ***Deepen understanding*** of diabetes distress and its impact on patient outcomes
- ***Explore the systemic challenges*** that complicate diabetes management
- ***Highlight the essential role*** of the entire care team in supporting patients
- ***Present tactical, real-world approaches*** to improving care delivery
- ***Examine the broader implications*** for providers, caregivers, payors, and employers
- ***Demonstrate how*** utilizing patient-centered remote monitoring can simplify diabetes management and empower patients

The emotional toll of living with diabetes — and the relentless burden of daily self-management — is more than just frustrating. For nearly one in three people with diabetes, it manifests as diabetes distress, a significant psychological strain that affects between 18% and 40% of patients at any given time. Within an 18-month period, up to 48% of patients will experience this challenge.[1]

Despite its prevalence and impact, diabetes distress remains an underrecognized and underaddressed issue. It demands more than a simple behavioral health referral. Addressing this challenge effectively requires a holistic, systems-level approach — one that integrates care pathways, streamlines provider communication, but also educates clinicians to spot and validate diabetes distress, empowers patients to speak openly (without shame), and fosters a culture of ongoing dialogue across the entire care team.

The Mental Health Crisis Hidden in Diabetes Care

Studies show that individuals living with type 1 or type 2 diabetes are at increased risk for depression, anxiety, and eating disorder diagnoses.[2] There are nearly 30 million people[3] in the United States diagnosed with diabetes. And there are more than 57 million people[4] who are living with a mental health disorder. Despite the magnitude of these numbers, however, and the fact that these groups will naturally overlap significantly, the healthcare system is just starting to recognize the fact that mental health status plays a huge role in a person's ability to understand, accept, and manage their diabetes.

While people with diabetes are up to three times more likely[5] to have depression than other populations, only about half ever receive treatment for their mental health concerns. The numbers may be even lower among Medicaid beneficiaries, who are more likely[6] to experience mental health concerns but often lack access to timely and affordable resources.

There's not enough attention being paid to this high-risk diabetes population with diagnosable mental health conditions, such as major depression, even though their mortality risk is up to four times higher[7] than people with either condition alone. And there's even less attention being devoted to the gnawing distress experienced by a large proportion of the 30 million people with diabetes who may not raise red flags on their PHQ-9s but are still living every day with the relentlessly complex self-care needs that are the default state for people with a chronic disease.

What Is Diabetes Distress — and Why Does It Matter?

The insidious toll of diabetes distress on patients and providers

Diabetes distress is a state in which the emotional, logistical, and interpersonal burdens of living with diabetes start to feel frustrating, defeating, and overwhelming, leading to reduced efficacy in self-management.

Diabetes distress isn't strictly a mental health disorder, though it often overlaps with other mental health conditions like depression, particularly in underserved populations such as Medicaid beneficiaries. More importantly, it isn't just a comorbidity; it's often an inherent part of living with diabetes due to the disease's relentless demands and stress.

"Diabetes distress isn't just burnout. It's chronic stress tied to living with a demanding condition that can feel overwhelming emotionally, socially, or logistically.

Addressing it improves both mental and physical health. The mind and body are truly interconnected. Validating patients' emotional experiences, screening for distress, and offering support — like behavioral health integration — can strengthen treatment engagement."

— Jairo Arce Morales, Ph.D., Assistant Professor of Psychiatry and Behavioral Health, Montefiore Einstein

What Triggers Diabetes Distress?

While every experience is unique, common stressors include:

- **Daily management:** Medications, glucose monitoring, and physical discomfort from fingersticks/injections
- **Emotional impact:** Mood swings, stress, and limited emotional support
- **Healthcare barriers:** High costs, insurance issues, appointment delays, and DME access
- **Complications:** Risk of DFUs, vision loss, kidney disease
- **Life strain:** Financial pressure, job challenges, and family tension

For more, see the ADA's practical guide:
Diabetes and Emotional Health

Diabetes Distress at a Glance

will experience distress within 18 months[1]

report some level of distress[8]

Diabetes distress is rarely screened

$3K/YEAR HIGHER HEALTHCARE COSTS WHEN DISTRESS IS PRESENT[4]

Overall, diabetes distress may affect up to two-thirds of people[8] with diabetes, with severe distress in approximately one in five.[9] At the same time, a recent Podimetrics survey of Medicaid beneficiaries with diabetes revealed that 65% are also living with behavioral health conditions, including depression, anxiety, and loneliness. Four in 10 feel that these conditions exacerbate challenges with diabetes management, making it difficult for them to stay adherent to medications, maintain healthy diet and exercise habits, or even see a doctor for help staying on track.[10]

Why Referrals Alone Aren't Enough

As a result of this complex interplay of conditions, clinicians who care for people with diabetes often feel their version of frustrated and defeated when their patients aren't fully engaged in their care, and providers may not understand why their referral to behavioral health services isn't solving the problem.

> ***"As a podiatrist, I often see patients more regularly than others on their care team. I work to establish trust, identify barriers to care, and support ongoing dialogue. If the patient is unable, I help establish a suitable support system. When family members acknowledge the disease process and witness my commitment to the patient's improvement and education, engagement usually follows."*** — Dr. Levy

While getting patients connected to behavioral health services is an essential part of mitigating many forms of diabetes distress, even the best mental health professionals cannot fully address the issues on their own. That's because it is not purely a mental health problem. It's a systemic problem rooted in our inefficient, overly convoluted, poorly personalized healthcare system,[11] which contributes to the challenges instead of solving them. While behavioral health professionals are best equipped to diagnose and treat mental health conditions, diabetes distress demands broader support. Every member of the care team — not just mental health providers — must recognize their role in addressing this challenge, offering empathy, reducing system complexity, and supporting patients in their day-to-day care journey.

When Therapy Isn't the Only Answer: Tapping Into Diabetes Education

Certified Diabetes Care and Education Specialists (CDCESs) play a critical — and often underutilized — role in supporting patients experiencing diabetes distress. As trusted "diabetes coaches," CDCESs are specially trained to help patients understand their condition, build confidence in self-management, and navigate the emotional ups and downs of life with diabetes. Unlike behavioral health specialists, their expertise spans both the clinical and psychosocial aspects of diabetes care.

Referring patients to a CDCES can be a highly effective step toward reducing distress — especially for those who may not meet criteria for mental health services but still need emotional support and personalized education. Most healthcare systems have a Diabetes Education department staffed by CDCESs, and resources to find one are available through organizations like the Association of Diabetes Care & Education Specialists (ADCES). When providers and caregivers understand how and when to refer to a CDCES, they expand the toolkit for supporting patients — helping them feel more informed, empowered, and less alone.

Therefore, the solution doesn't always lie in making yet another referral that requires yet another series of actions. Instead, a significant part of the answer is to reduce complexity as much as possible in every interaction with the patient, every step of the way.

Removing Barriers to Diabetes Distress Care

Systemic gaps still hinder routine identification and treatment of diabetes distress.

Lack of Routine Screening

Despite ADA recommendations, tools like the Diabetes Distress Scale (DDS) and Problem Areas in Diabetes (PAID) are rarely used in routine care. Providers often rely on general depression tools (e.g., PHQ-9), which can miss diabetes-specific distress.[13,14]

Limited Provider Training

Many clinicians report inadequate preparation to recognize or manage diabetes-related emotional challenges, leading to underdiagnosis and limited intervention.[15]

Time Constraints During Appointments

Short visit times and competing priorities mean emotional and behavioral health issues are often overlooked in favor of biomedical targets.[14,16]

Inadequate Integration of Mental Health Services

Few diabetes care settings include behavioral health providers in care teams, limiting access to timely, specialized support. This lack of integration hinders comprehensive care that addresses both the medical and psychological aspects of diabetes.[17]

Emphasis on Biomedical Metrics Over Psychosocial Needs

Healthcare systems often focus on biomedical targets like HbA1c levels, overlooking emotional distress and its impact on self-management. Patients in distress are often labeled "non-compliant" instead of receiving psychological support.[13-17]

All members of the care team have a responsibility to reexamine their processes and eliminate barriers so that patients can regain enough emotional and mental bandwidth to consistently tackle all the items on their to-do list.

EXPERIENCE DISTRESS[18]

EXPERIENCE SEVERE DISTRESS[9]

Team-Based Support: Meeting Patients Where They Are

Offering help where and when it's most needed

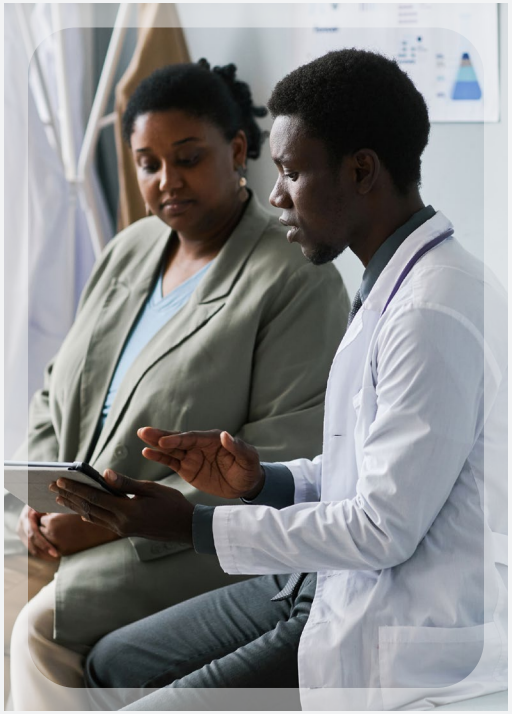
Severe diabetes distress can send people into crisis mode, leaving them feeling paralyzed at moments that might not match up directly with the ideal "refer to behavioral health and follow up later" workflow. To avoid the risk of immediate disengagement, each clinician must have the tools and competencies to address feelings of cognitive fatigue or overwhelming disbelief at a challenging diagnosis whenever they occur.

Healing Beyond the Wound:
A Social Worker's Journey Through Diabetes Distress After Toe Amputation

After several toe amputations due to diabetic foot complications, a 46-year-old social worker began withdrawing from her care. Despite her background in mental health, she resisted psychotherapy, citing a self-described "hyper-independence" shaped by raising two children.

It was the trusted relationship with her podiatrist that made the difference. With steady encouragement and validation, the podiatrist emphasized the value of behavioral health support while empowering the patient to reengage with her integrated care team. This compassionate approach helped restore her sense of agency during a deeply vulnerable time.

Gradually, she moved beyond the initial shock and distress, taking an active role in her care. With renewed confidence, she ultimately chose to pursue additional mental health resources to strengthen her self-management.



Provider Tactics to Ease Diabetes Distress

Addressing the roots of diabetes distress starts by reframing the discussion of diabetes-related tasks at the point of care. For example, instead of asking a person with a DFU if it's hard to wear a special boot every day — the answer will almost always be "yes" — a provider can ask, "What's the hardest part about wearing the boot, and how can we make it less difficult?"

This simple rewording supports communication for those who may struggle to articulate their needs, facilitates collaborative problem-solving, and offers a clear path toward eliminating challenges. It also opens up opportunities to discuss how one issue may lead to another, giving providers additional insight into how they can work with other care team members to align on action steps to simplify shared processes.

By recognizing the widespread presence of diabetes distress and acknowledging that it can be made worse by inefficiencies within the healthcare system, providers can collectively work to make small but powerful changes in the way they work with patients to enhance self-care capacity and alleviate the inherent clinical, socioeconomic, and emotional burdens of living with diabetes.

"I identify gaps in care — emotional, provider-related, or family-based — and work to reconnect the support system through positive reinforcement.

I meet patients where they are and set common goals. When goals are met, I acknowledge progress and provide education. What may appear as 'bad behavior' is often just a lack of understanding — and that's usually an easy fix." — Dr. Levy

Addressing diabetes distress in every care setting, every time

- Reframe questions to invite problem-solving.
- Foster collaboration across care teams.
- Simplify care—don't add complexity.
- Acknowledge that living with diabetes is hard.
- Celebrate small wins, like A1C trending toward target.

Tech-Enabled Support That Lightens the Load

Technology can play a meaningful role in reducing diabetes distress when it's designed with empathy and integrated thoughtfully into care. Remote patient monitoring (RPM) solutions like continuous glucose monitors, smartwatches with medication reminders, and caregiver-connected tools can help ease the cognitive and emotional load of diabetes by offering structure, timely insights, and greater peace of mind.

For many, these tools foster a sense of control and connection, which can reduce distress, improve engagement, and prevent complications. Programs like the **Podimetrics SmartMat™ Program**, for example, help patients monitor foot health from home and allow care teams to proactively intervene before small issues escalate. This kind of support can be especially impactful for patients managing complex conditions or facing mobility barriers.

At the same time, it's important to recognize that not every patient experiences technology in the same way. For some, too many alerts or constant data can contribute to feelings of overwhelm or "device fatigue." That's why personalization matters. Supporting patients in choosing the tools — and the pace — that work for them is essential to fostering trust, reducing distress, and achieving better outcomes.

3 Ways to Reduce Distress Through Technology

1. Choose simplicity over complexity
   Tech should solve problems — not add to them.

2. Use tech to foster connection
   Patients are more engaged when they feel seen and supported.

3. Honor the human experience
   Offer flexibility and breathing room. Even the best tools aren't helpful if they create more stress.

The Impact of Diabetes Distress Across the Care Ecosystem

How Employers Can Make a Difference

Diabetes distress doesn't stay in the exam room, it follows patients into the workplace. Employees living with diabetes are twice as likely to experience depression, anxiety, and stress, all of which contribute to reduced productivity and increased absenteeism. In fact, the annual cost of lost productivity due to diagnosed diabetes in the U.S. is estimated at **$90 billion.**[19] Diabetes distress exacerbates this impact by impairing self-management and increasing the risk of costly complications. Employers can play a pivotal role by offering integrated wellness programs that combine physical health management with accessible behavioral health support, ultimately protecting both their workforce and their bottom line.

Supporting Caregivers to Improve Diabetes Outcomes

Family caregivers of individuals with diabetes, especially those dealing with advanced complications, often experience significant emotional and logistical strain. For example, studies show that when caregivers experience high levels of stress, patients have worse diabetes management behaviors and metabolic control.[20] When caregivers are overwhelmed, the quality of support diminishes, which can negatively affect patient outcomes. To break this cycle, caregiver support initiatives should include mental health resources, respite options, and practical education about managing complex diabetes care. Addressing the emotional needs of caregivers is a crucial step in stabilizing the patient-care ecosystem.

Empowering Clinicians to Tackle Diabetes Distress

Frontline clinicians are often the first to sense that a patient is overwhelmed, yet many lack the tools or time to formally assess and address diabetes distress. They feel unprepared to address patients' emotional concerns and often lack training or time.[15] This confidence gap limits timely intervention and contributes to provider burnout when patients appear disengaged. Empowering clinicians with training, validated assessment tools like the Diabetes Distress Scale (DDS), and team-based workflows for behavioral integration can help mitigate distress and improve overall care quality.

Help Payors Drive Better Outcomes, Lower Costs

Diabetes distress drives poorer adherence, worse glycemic control, and higher complication rates — all of which translate to significantly higher costs. People with both diabetes and a behavioral health condition cost the healthcare system nearly **$3,000 more per year** than those with diabetes alone.[4] For payors, this makes a compelling case for covering integrated behavioral and medical care models. Value-based strategies that reimburse for proactive interventions — including remote monitoring, mental health screening, and team-based care coordination — can reduce downstream costs and improve quality metrics. Supporting simplification is not only good care, it's good business.

Key Takeaways

- ***Diabetes distress is common***, clinically significant, and often overlooked.
- ***Systemic complexity*** — not just individual behavior — fuels disengagement.
- ***Behavioral health referrals*** are necessary but insufficient on their own.
- ***Every care team member plays a role*** in recognizing and reducing distress.
- ***Employers, caregivers, providers, and payors*** each have a stake — and an opportunity — to act.
- ***Patient-centered, tech-enabled solutions*** can simplify care and foster connection.

The Path Forward: Team-Based, Person-Centered, and Proactive

Addressing diabetes distress is not only a clinical necessity, it's a shared responsibility across the entire healthcare ecosystem. By adopting a more integrated, empathetic approach to care, we can empower patients, support overburdened providers, and reduce the cost and complexity of diabetes management. Organizations that simplify care through data-driven insights, seamless team collaboration, and patient-centered tools will lead the way. Podimetrics is proud to support these efforts as part of our broader mission to transform complex diabetes care into a more connected and compassionate experience.

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