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**Citation:** Mulligan, K. ORCID: 0000-0002-6003-3029, McBain, H. B., Lamontagne-Godwin, F., Chapman, J., Flood, C. ORCID: 0000-0001-5170-7792, Haddad, M. ORCID: 0000-0002-4822-5482, Jones, J. and Simpson, A. (2018). A survey of factors that influence diabetes self-management in people with severe mental illness. *Diabetic Medicine*, 35(S1), p. 134. doi: 10.1111/dme.33\_13571

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A survey of factors that influence diabetes self-management in people with severe mental illness.

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## Abstract

### **Aim**

To identify barriers and enablers to diabetes self-management experienced by people with SMI.

### **Methods**

Adults with type 2 diabetes and SMI completed a survey that asked about their: diabetes self-management behaviours; diabetes healthcare received; psychological distress; barriers to and enablers of diabetes self-management.

### **Results**

Seventy-seven people completed the survey; most had either bipolar disorder (42%) or schizophrenia (36%). Most participants (67.5%) took tablets to treat their diabetes. The number of days in the previous week that participants engaged in diabetes self-management behaviours was highest for medication (mean 6.1 (S.D. 2.0)) but lower for general diet (4.1 (2.3)), specific diet (3.6 (1.8)), blood glucose testing (3.8 (2.7)), exercise (2.4 (2.1)) and foot care (1.7 (1.8)). 44% of participants were smokers. Participants received a mean (S.D.) of 7.6 (3.0) of 14 diabetes healthcare essentials. At least moderate psychological distress was reported by 56% of participants.

In multivariate analyses, the significant ( $p < 0.05$ ) explanatory variables for each diabetes self-management behaviour were:

Blood glucose testing – level of psychological distress; perceived capability to establish a routine to manage diabetes (behavioural regulation)

General Diet – goal priority; beliefs about ability to manage diabetes, beliefs about consequences of diabetes management

Specific diet – goal priority; behavioural regulation

Exercise – goal priority; availability of services

Foot care – emotion, diabetes treatment

### **Conclusions**

Several aspects of diabetes healthcare and self-management were found to be suboptimal. This research identified factors that could be targeted to help support diabetes self-management in people with SMI.