Mental health in BME groups with diabetes: an overlooked issue?

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Mental health attracted much attention globally following the World Health Organization's (2005) strong statement, "there can be no health without mental health." The importance of 'mental health' has been further recognised in the Sustainable Development Goals (SDGs), namely (Goal 3, target 3.4) to reduce premature mortality by one third from non-communicable diseases (NCDs) through prevention, treatment and promote mental health and well-being.

A recent commentary in *The Lancet* emphasised the effect of mental health on diabetes.[1] We would particularly like to stress mental health issues of BME populations with diabetes in the UK, as there is a considerably higher prevalence of diabetes and mental illness among BME populations compared to the national average.[2]

The UK prevalence of diabetes of 6.2% (4 million are living with diabetes) is three times higher than the prevalence of all types of cancers combined.[3] Diabetes (mostly Type 2) prevalence is up to six times higher among UK's BME populations.[3] The 2012-2013 National Paediatric Diabetes Audit reported that children of Asian origin are nine times more likely to

have Type 2 diabetes and children of Black origin are six times more likely to have diabetes than their white counterparts.[4] Diabetes among BME populations is therefore increasingly a public health issue especially since the BME population itself has doubled from 6% in 1991 of the total population to 14% in 2011.[5] By 2051, it is estimated that BME communities will represent one third of the UK's population.

Diabetes and mental health status have a two-way relationship. People living with diabetes have relatively high levels of depression[6] which is associated with increased risk for all-cause mortality.[1] This suggests that effectively managing one can have a positive effect on the other. Therefore, mental health is an essential consideration in diabetes prevention and management. Currently less than 15% of people with diabetes in the UK have access to psychological support,[7] a proportion even lower in BME communities. However, 'mental health' within the BME population is yet a matter of self-interpretation and affected by racial discrimination. Further to the need to look into mental health issues in the UK, cost of dedicated mental health support and services is £34 billion each year, a figure that is currently more than expenditure incurred due to diabetes and cancer combined.[7]

Since depression and diabetes-distress can substantially reduce adherence to healthier lifestyles, treatment and ability to effectively self-monitor blood glucose, mental health should be a clinical priority for BME populations with diabetes to help minimise the risk of short-term (e.g. hypoglycaemia, ketoacidosis) and long-term complications (e.g. coronary heart disease, blindness, amputation). This, however, requires appropriate knowledge and skills to support people to manage their condition. Unfortunately, the uptake of health information in the BME populations is limited by language, cultural stereotypes of mental health and low levels of literacy (especially in the elderly). Societal experience of racism and discrimination, structural discrimination with mental health services are other reasons frequently reported for disparity in accessing to mental health services.

We feel that properly integrated and increased universal care will give BME population with diabetes control over their condition. This will improve care and reduce the risks of mental health complications. One good example could be the NHS's move away from a follow 'blanket approach' for the treatment, care and self-management of BME population with diabetes. Moreover, better targeted research is needed to understand the intersection of diabetes and mental health among BME populations that are currently at high risk of both conditions.

We declare no competing interests.

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