A decade of difference in diabetes
Mission
To provide a strong national focus for applied behavioral, psychological and social research in diabetes, to inform policy and practice, and improve the health and quality of life of all Australians affected by diabetes.

Strategic objectives
• To be a national research centre for applied behavioral, psychological and social research in diabetes, creating knowledge and impact, and training the next generation of researchers and health professionals.
• To be a national voice for applied behavioral, psychological and social issues in diabetes, raising awareness, and influencing policy and practice.
• To be a national resource offering applied behavioral, psychological and social expertise for people living with diabetes, clinicians, researchers and policy makers.

Established in 2010.
The Centre has 16 staff and students, specialising in health psychology, clinical psychology, biostatistics, administration and communications.

Who we are
The Australian Centre for Behavioural Research in Diabetes is a partnership for better health between Diabetes Victoria and Deakin University.

What we do
The only national research centre in the world focused on the behavioral and psychosocial aspects of diabetes.

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Among adults with type 1 or type 2 diabetes

1 in 5 have elevated anxiety/depressive symptoms
1 in 4 have severe diabetes distress
1 in 3 know their most recent HbA1c
1 in 5 infrequently or never eat a healthy diet
2 in 3 do not engage in recommended levels of physical activity
1 in 3 do not use an ‘app’ to help manage their condition

Among parents of children with type 1 diabetes

1 in 2 worry about their child experiencing ‘hypoglycaemia’
1 in 2 think about their child’s diabetes daily
1 in 3 do not have diabetes control that is ‘normal’ for them
1 in 5 feel guilty for having diabetes
Among adolescents with type 1 diabetes

1 in 2 have elevated anxiety/depressive symptoms
1 in 4 have severe diabetes distress
1 in 3 do not use an ‘app’ to help manage their condition
1 in 2 wish they could live ‘the normal life’
1 in 3 are ‘not at all willing’ to inject insulin if recommended

Among adults with type 1 diabetes

1 in 5 have had a severe ‘hypo’ in the past 6 months
1 in 5 have impaired awareness of hypoglycaemia
1 in 2 feel judged for their food choices
1 in 3 don’t tell others they have diabetes to avoid negative reactions
1 in 4 are ‘not at all willing’ to inject insulin if recommended
2 in 5 feel judged for their food choices
2 in 5 feel guilty for having diabetes
Among adolescents with type 1 diabetes

1 in 3 would like diabetes peer support
Among adults with type 2 diabetes

1 in 5 have had a severe ‘hypo’ in the past 6 months
1 in 5 have impaired awareness of hypoglycaemia
1 in 2 think more about their diabetes than their friends do
1 in 3 don’t tell others they have diabetes to avoid negative reactions

Why we do what we do

In 2011, the Diabetes MILES – Australia study set the scene. This national study established the unmet psychological, social, and behavioural needs of people with diabetes.

In 2013, Management and Impact for Long-term Empowerment and Success.

The subsequent Diabetes MILES Youth study (2014) and MILES-2 study (2016) provided further insights. Data shown here are from all three studies.

I used to manage my condition without the need of any medication, only with exercise and diet. However, during the last seven years, I have been taking medications. Although medication appears to be indispensable, for me it was always the psychological factor that counted the most. The necessity of maintaining a specific lifestyle, especially the dietary factor, is the most challenging one that I am dealing with. We all know how much change during the trigger for disordered eating and the only thing I can do to help myself is ask for support. Diabetes Victoria’s peer support groups are like a family and, over the last five years, I have been actively involved in participating and convening peer support groups and lately the Greek one. For me, research into diabetes stigma, mental health and the role of peer support for people affected by diabetes really matters. The ACBRD’s research and resources in this area are so important to my health and wellbeing and are appreciated. Thank you ACBRD!

Chrysi Polymeni
Living with type 2 diabetes for 18 years
In 2011, the Diabetes MILES – Australia study set the scene. This national study established the unmet psychological, social, and behavioural needs of people with diabetes.

Tony Seymour
Living with type 1 diabetes for 57 years

I remember those early, dark days of very primitive treatment and control methods, and coercive ‘advice’ from health professionals. The focus was on pragmatic management of the numbers – not my feelings or ability to positively manage the physical aspects of my condition over the decades. I have been supported by some great health professionals in the physiological aspects. I have noticed that my hardest challenges have been much more from within – my fragile self-worth, the stigma, the need for perseverance, determination, and compassion, and keeping the ‘Black Dog’ from my door. Support in these aspects was rare, and so I was frankly delighted when I became aware of the establishment of ACBRD and its work in understanding and supporting the psychological and motivational aspects of my life with diabetes. My first interaction was to volunteer for their survey work, and I have followed their work ever since. Congratulations on the anniversary and best wishes for your exceptional work and leadership.

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Uniquely positioned to conduct applied research to improve the lives of people with diabetes

When someone has diabetes, their body cannot maintain healthy blood glucose levels. This can make everyday life more challenging, and means they are at risk of long-term complications. Living with diabetes often involves a high emotional and self-care burden.

The Australian Centre for Behavioural Research in Diabetes focuses on what it is like to live with diabetes and how to improve both health and quality of life. This focus — on the psychological, social, and behavioural aspects — complements the strong biomedical research focus in Australia and internationally.

The Centre’s innovative research has highlighted issues such as emotional well-being, social stigma, language and communication, health beliefs, behavioural change, and the role of diabetes technologies. The Centre has created new knowledge and developed evidence-based resources to translate research findings into policy, clinical practice, and real health outcomes for people affected by diabetes.

The Centre has published widely. Our commitment to excellence has been acknowledged with multiple awards. Most importantly, our work is having international impact and our message is being heard.

As a partnership between Diabetes Victoria and Deakin University, the Centre is uniquely positioned to advise on, and respond to, the current needs of people with diabetes. Through strategic collaborations, and with generous supporters, we have attracted considerable research funding to support our talented team and the training of the next generation of researchers and health professionals.

We are delighted with the Centre’s decade of difference in diabetes. With the signing of a new agreement between Diabetes Victoria and Deakin University, we look forward to building on this solid foundation and continuing our mission.
It’s exhausting, it’s constant … the issues, the difficulties, the day-to-day dramas, and the toll it takes emotionally and psychologically … is not understood, and I think it needs to be.”

Adult with type 1 diabetes

Diabetes self-care is a ‘24/7’ activity, which needs to be balanced alongside other daily activities and priorities. This juggling act can, understandably, have an impact on emotional and mental health.

Our research aims to shed light on various emotional problems related to living with diabetes, and identify how to better support people experiencing these issues.

Diabetes distress
Diabetes distress refers to the negative emotional burden of the condition. It includes feeling overwhelmed, worried, frustrated, and/or guilty, specifically about living with and managing diabetes. It is the most common emotional problem experienced by people with diabetes — and it impacts both diabetes self-care and outcomes.

We were the first to highlight the prevalence of diabetes distress among Australian adults and adolescents. We have compared validated measures of diabetes distress to better understand how best to assess it in research and clinical practice.

We established the world’s first clinically meaningful cut-points for elevated diabetes distress in adolescents with type 1 diabetes. This highlighted that 1 in 3 have high diabetes distress. We have also shown there is a stronger link between diabetes distress and average glucose levels, than there is between depression and glucose levels. This has raised awareness among clinicians of the need to assess diabetes distress in adolescents.

Depression
People with diabetes are more likely than the general population to experience depressive symptoms. Experiencing this ‘double burden’ increases risk for major depressive disorder, and is associated with less engagement in diabetes self-care, higher HbA1c (average glucose levels), and lower quality of life.

Routine clinical assessment is essential to improve access to effective treatments. We have shown that a short, positively-worded measure of well-being (WHO-5) is valid and reliable as a screening tool for depression in adults with type 1 and type 2 diabetes.

Disordered eating
Eating disorders (and subclinical disordered eating behaviors) are more common in people with diabetes than those without diabetes. The combination of eating disorders and diabetes has significant health consequences.

Our research has shown that disordered eating behaviors are highly prevalent in female adolescents with type 1 diabetes. Body dissatisfaction is also common, irrespective of gender. We have shown a strong relationship between disordered eating and diabetes distress.

Fear of hypoglycaemia
The risk of hypoglycaemia (low glucose levels) can lead to a fear of hypoglycaemia, which affects diabetes self-care and quality of life. Our research investigates the ways in which people’s thoughts and behaviors can affect their fear and risk of hypoglycaemia.

We are part of an international, multidisciplinary, four-year research program: HypoRESOLVE (Hypoglycaemia – REdefining SOLutions for better liVEs), which will improve our understanding of the psychological impact of hypoglycaemia in people with diabetes and their families.

Support for people with diabetes
The Centre is working towards better support for people with diabetes experiencing emotional health problems.

For example, in collaboration with Diabetes Australia and the NDSS*, we have developed a suite of Diabetes and Emotional Health factsheets for people with diabetes. They provide tips for managing emotional problems and guidance on how to access appropriate support.

“ Optimal emotional health

*NDSS: National Diabetes Services Scheme – an initiative of the Australian Government administered with the assistance of Diabetes Australia.
When I was diagnosed I was given a meter by my GP and told to check my levels 4 times a day and sent away. Shocked, upset and confused, I had to learn what my medication was and what it did.”

Adult with type 2 diabetes

Despite considerable advances in medical treatments, technologies, and healthcare, around 50% of people with diabetes have glucose levels above the recommended targets known to prevent or delay complications. Many people also report difficulties performing daily diabetes management tasks and have barriers to self-care, e.g. medication taking, uptake of screening. Clearly, medical advances alone are not enough. Our research aims to understand, raise awareness about, and reduce psychological barriers, e.g. negative attitudes, unrealistic beliefs, emotional barriers. We also aim to identify how to better support people experiencing such barriers, so that they can sustain optimal physical health.

Optimal physical health

Preventing hypoglycaemia

Hypoglycaemia (low blood glucose) is a side-effect of insulin and some other glucose-lowering medications. Early detection is essential to prevent severe hypoglycaemia (i.e. needing the assistance of another person for recovery). We collaborated on the Type2COMPLIES trial, which established that hypoglycaemia awareness can be improved and severe hypoglycaemia reduced with insulin adjustments, psychosocial and ongoing clinical support. This showed that preventing severe hypoglycaemia does not have to mean increasing HbA1c or use of insulin pumps and continuous glucose monitoring devices. We have also shown that people’s beliefs about their diabetes and its treatment influence their ability to prevent severe hypoglycaemia.

Taking medications

Our research shows negative attitudes about insulin are common among adults with type 2 diabetes. For example, 58% think taking insulin means they have ‘failed’ in managing their diabetes. This can delay timely uptake of insulin therapy. We have shown that 1 in 4 Australians with type 2 diabetes are ‘not at all willing’ to start insulin if their health professional recommends it. Our work on the Stopping Up trial showed that adults with type 2 diabetes who were unwilling to use insulin at baseline were six times less likely to be using insulin one year later. We are now developing and testing a novel evidence-based web-based resource to reduce these psychological barriers.

Diabetes technologies

Our research technology includes the use of mobile applications (‘apps’), as well as glucose monitoring devices, insulin pumps, and ‘closed loop’ systems. We have found that a minority of people with diabetes use ‘apps’. Adolescents and adults with type 1 diabetes use ‘apps’ for self-management, e.g. carbohydrate counting apps to support insulin dosing. Most do not believe ‘apps’ can help their self-care. Adults with type 2 diabetes want ‘apps’ that assist with diabetes self-care: practical (e.g. tracking), cognitive (e.g. reminders) and emotional (e.g. motivation, support). In type 2 diabetes, our GP-OSMOTIC trial found short-term benefits from a 14-day sensor (professional-mode ‘flash’ glucose monitoring) used at three-monthly intervals in general practice.

In type 1 diabetes, we have investigated psychological processes and outcomes in Australia’s first multi-centre ‘hybrid closed loop’ trial, analyses are underway.

We are also researching how adults with type 1 diabetes navigate the challenges of building and using their own ‘open-source’ (“DIY”) diabetes technology systems.

Uptake of screening

Prevention of diabetes complications relies on keeping glucose within recommended target levels and regular screening. However, screening is often delayed. Our research has investigated the barriers to, and enablers of, eye health screening among various groups (e.g. younger and older adults with type 2 diabetes). We have developed evidence-based messaging to raise awareness and increase screening uptake.

In the ME-MaGDA study, we are applying the same principles and practice to improve uptake of screening for, and prevention of, type 2 diabetes among women who have had gestational diabetes (during pregnancy).
I have in the last two years developed complications and I have had medical professionals say to me ‘well, it’s your own fault because you’re diabetic’.

Managing diabetes requires self-care ‘24/7’. So, it is important that people have a supportive environment – not just at home with their families/friends, but also from their health professionals, in their workplaces and from society.

Our research aims to explore and understand the unmet needs of people with diabetes, highlighting, in particular, how health professionals and society can better support people with diabetes.

What people with diabetes want from their health professionals

The Centre has a focus on enhancing our understanding of the experiences of people with diabetes and their healthcare support needs.

Our research has highlighted that 46% of adults with diabetes attending specialist care want to talk about the emotional aspects of diabetes with their health professional. Those wanting to talk have higher levels of diabetes distress, suggesting that they have good reason for wanting to talk.

We have also identified that most people with diabetes and their health professionals had a better understanding of what it is to live with diabetes – that it’s ‘easier said than done’; that judgements, assumptions and negativity are not helpful; and that people are experts in their own diabetes.

These findings have informed our development of resources and training designed to upskill diabetes health professionals to better support people with diabetes using person-centred, holistic care.

Upskilling health professionals

Most health professionals recognise the importance of attending to both the psychological and physical aspects of diabetes. However, many lack resources, training, and confidence to provide such support.

In partnership with Diabetes Australia and the NDS*, we have developed Diabetes and Emotional Health, a handbook and toolkit for health professionals. This evidence-based practical guide provides information about how to identify and address emotional problems including diabetes distress, depression, fear of hypoglycaemia, and disordered eating.

We have developed, and are testing, a novel diabetes distress online training program for health professionals. We are also trialling a consultation tool, to promote holistic care and enhance communication between health professionals and adults with diabetes attending specialist care.

We are also working to identify workplace and systemic barriers impeding health professionals from providing psychological care. The findings will inform our future work in this area.

Diabetes stigma

Diabetes has an image problem. Our world-first research into diabetes stigma shows that people with type 1 and type 2 diabetes feel they are treated differently because of their diabetes, stereotyped, blamed and judged by others for their diabetes or the way they manage it. In addition, people with type 1 diabetes have ‘identity concerns’ (i.e. not wanting people to know they have diabetes), while people with type 2 diabetes internalise this stigma and blame themselves.

Our research shows that stigma is associated with emotional distress, hijacking the condition from others, and low self-care. For example, people with type 2 diabetes experiencing stigma have more negative attitudes to insulin, affecting their willingness to manage their diabetes with insulin.

Sources of stigma include the media, community, health professionals and diabetes organisations. In recent years, we have worked closely with diabetes organisations to raise awareness of this social stigma to improve campaigns and messaging, with a view to improving societal support for people with diabetes.

* NDIS: National Disability Insurance Scheme – an initiative of the Australian Government administered with the assistance of Diabetes Australia.
Milestones

2010
- May: Prof Jane Speight (Diabetes Foundation) gives a talk.
-Aug: Launch of ‘Evidence into action’ forum.

2011
- May: Launch of national Diabetes & Mental Health Network (Corten Marcantonio).
- Aug: 1st symposium ‘Evidence into action’ (pictured).
- Oct: (G8). (P) gives a talk. New CLP Project is launched on World Diabetes Day.

2012
- May: Launch of national Diabetes & Mental Health Network (Corten Marcantonio).
- Aug: 1st annual exhibit at ADS/ ADEA conference.

2013
- Jan: Launch of national Diabetes & Mental Health Network (Corten Marcantonio).

2014
- Feb: AHEM Enabling Care: Consultation (AHEM) launched (picture).  
- Sep: Diabetes Victoria and Deakin University renew 5-year collaboration to support the ACBRD.

2015
- Feb: AHEM Enabling Care: Consultation (AHEM) launched (picture).  
- Sep: NDSS/ AHEM ‘Enhancing your Consulting Skills’ handbook launched (picture).

2016
- Aug: 10th anniversary: 10 years of innovative research (picture).  
- Jan: 2020: A new diabetes website is launched.
- Mar: Prof Jane Speight gives a talk. New CLP Project is launched on World Diabetes Day.

2017
- May: 10th anniversary: 10 years of innovative research (picture).  
- Aug: 11th symposium ‘Let’s talk: emotions’ (picture).
- Sep: Diabetes Victoria and Deakin University renew 5-year collaboration to support the ACBRD.

2018
- April: Diabetes Victoria and Deakin University renew 5-year collaboration to support the ACBRD.
- Apr: Prof Jane Speight gives AHEM plenary lecture on communication in diabetes.
- Aug: 12th symposium ‘Supporting the emotional health needs of Australians with diabetes’ published (picture).

2019
- May: 11th anniversary: 11 years of innovative research (picture).  
- Sep: Diabetes Australia’s position statement: ‘Glucose self-monitoring in adults with type 1 or type 2 diabetes’ launched.

2020
- Jan: World-first review of diabetes stigma published.
- Apr: Diabetes Victoria and Deakin University renew 5-year collaboration to support the ACBRD.
- May: 12th anniversary: 12 years of innovative research (picture).  
- Sep: First PhD awarded to Dr Elizabeth Holmes-Truscott (picture).  

ACBRD: The Australian Centre for Behavioural Research in Diabetes; ADEA: Australian Diabetes Educators Association; ADS: Australian Diabetes Society; NDSS: National Diabetes Services Scheme: an initiative of the Australian Government administered with the assistance of Diabetes Australia.

ABCRD: The Australian Centre for Behavioural Research in Diabetes; ADEA: Australian Diabetes Educators Association; ADS: Australian Diabetes Society; NDSS: National Diabetes Services Scheme: an initiative of the Australian Government administered with the assistance of Diabetes Australia.
I am thankful for the advances in diabetes research … and to take each day as it comes, as free as possible from anxiety about what the future may hold. Indeed, I have every reason to believe that the future will prove to be even brighter … Your ongoing research is part of that brightness.”

Adult with type 1 diabetes

“Change will not come if we wait for some other person or some other time. We are the ones we’ve been waiting for. We are the change we seek.”

Barack Obama
Excellence in research and dissemination

Scientific publications
- 162 publications in peer-reviewed academic journals
- 13% of our publications cited worldwide
- 48% in top 10% of journals
- 94% in top 25% of journals
- 67% of our research is cited more than expected for similar publications in the same discipline
- 1760+ citations of our research worldwide
- 82% of our authors are from other countries

Presentations
- 241 invited presentations at local, national and international meetings
- 178 peer-reviewed abstracts presented at international conferences
- 9 national seminars/conferences

Grants & awards
- 70+ awards
- 714 Million dollars (total funding)
- 10 grants

Community dissemination
- 88 invitations to community seminars or community collaborations
- 1110 invitations to Research Briefings
- 34 invited presentations at community seminars for people affected by diabetes

In the media
- 23 press releases
- 127 members on general and health media
- 1600+ Twitter followers
- 570+ Facebook followers

Awards and recognition

2012
- Australia and New Zealand Obesity Society (ANZOS) Award for Outstanding Research: "First prize for clinical research" to Diabetes MILES study collaboration, paper led by Prof John Dixon (Monash University)

2013
- Victorian Government's Award for Outstanding Research: "Outstanding Clinical Research" to Dr Amelia Lake's PhD research included as a case study in Global Diabetic Retinopathy Advocacy Initiative's "Integrated Care For Diabetes And Eye Health: A Global Compendium of Best Practice" (pictured)

2014
- The Lancet Diabetes and Endocrinology publishes Prof Jane Speight's profile

2016
- The Lancet Diabetes and Endocrinology publishes Dr Amelia Lake's PhD research included as a case study in Global Diabetic Retinopathy Advocacy Initiative's "Integrated Care For Diabetes And Eye Health: A Global Compendium of Best Practice"

2018
- The Lancet includes Prof Jane Speight in #LancetWomen virtual collection for International Women's Day

2019
- Psychological Impact of Diabetes (PIDI) Study Group's Research Team Award to Dr Amelia Lake
- Deakin University’s Alfred Deakin Medal for Doctoral Thesis to Dr Virginia Hagger (pictured)

Full details of awards available on our website www.acbrd.org.au

1. Details of all publications and presentations available at www.acbrd.org.au
2. Metrics based on 137 publications indexed in Scopus.
3. SciVal Field Weighted Citation
4. Total funding awarded (including funds held by external collaborators).
Social stigma
Our world-first research program on social stigma has attracted international attention, including articles in the Washington Post (2014) and the Lancet Diabetes & Endocrinology (2014). It has influenced the public campaigns of Diabetes Victoria, Diabetes Australia, the American Diabetes Association, Diabetes New Zealand and Diabetes UK.

Our Diabetes Stigma Assessment Scales for type 1 and type 2 diabetes (DSAS-1 and DSAS-2) are making it possible to quantify the extent and impact of diabetes stigma on well-being, self-care, and clinical outcomes. The scales are used by researchers in China, Denmark, Japan, Singapore, Turkey, the UK, and the USA. This international effort will bring greater attention to the issue, and examine how to reduce stigma and its consequences.

Language and communication
In 2011, we led Diabetes Australia’s position statement: ‘A New Language for Diabetes’. This ignited a global movement to improve communication about diabetes. People with diabetes have shared powerful videos and blogs about their language experiences. Similar statements have been published by the International Diabetes Federation (2016), the American Diabetes Association and American Association of Diabetes Educators (2017), AMS England and Diabetes UK (2018) and in India (2018). Some academic conferences and journals now provide guidance on language to speakers and authors.

In 2019, Diabetes UK included stigma and language among 11 recommended research priorities for transforming the mental health of people with diabetes.

Emotional and mental health
Since 2001, our NDIS® Diabetes and Emotional Health handbook and toolkit has been freely available via the NDSS website. In March 2019, Diabetes UK launched an adaptation of this handbook and toolkit as an Online Practical Guide.

We have also contributed to three editions of the RCGP and Diabetes Australia ‘General Practice Type 2 Diabetes Guidelines’ and the Australian National Diabetes Strategy: 2016–2020.

Promoting uptake of retinal screening
In 2017, we published two evidence-based leaflets (‘Who is looking after your eyes?’) designed to encourage retinal screening among younger and older adults with type 2 diabetes. The leaflets have been disseminated via Diabetes Victoria and Vision 2020. An invited case study was included in the Global Diabetes Registry Advisory Initiative (2018): ‘Integrated Care For Diabetes And Eye Health: A Global Handbook Of Good Practice’.

Starting insulin
Our work on barriers to insulin use led to a new NDIS® national priority area: Type 2 Diabetes – Starting Insulin. In the priority area leaders, we developed the Starting Insulin booklet (launched 2016) to support informed decision making among adults with type 2 diabetes.

Local research with global impact

Our evidence-based resources have been disseminated widely

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MOVING ON UP…

Diabetes Australia/NDSS* | 13,000+ | People affected by diabetes who took part in our research |
| Diabetes Australia/NDSS* | 1,050+ | Health professionals who are members of the national Diabetes & Mental Health Professionals’ Network. |

New language for diabetes
A new language for diabetes

Rudyard Kipling

We have also contributed to three editions of the RCGP and Diabetes Australia ‘General Practice Type 2 Diabetes Guidelines’ and the Australian National Diabetes Strategy: 2016–2020. **Promoting uptake of retinal screening**

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Local, national, and international collaborations

We are proud of the number and quality of our active academic collaborations across Australia, Europe, and the USA. We have also hosted several international academic visitors. Collaboration enables the exchange of ideas and resources, with less duplication, and greater dissemination of research outcomes. All of this benefits people affected by diabetes. We enjoy hosting academic visitors. If you are interested in visiting the ACBRD, please contact us.

Thank you to all our collaborators and visitors.

People and partnerships make the difference

Local collaborations
Baker Heart & Diabetes Institute
Carerimá Institute
Deakin University
LaTrobe University
Monash University
Swinburne University
University of Melbourne
University of Melbourne

National collaborations
Griffith University, Queensland
National Association of Diabetes Centres (NADC)
University of Queensland
University of Sydney
University of Western Australia

International collaborations / visitors
Amsterdam UMC, Netherlands
Hoag Diabetes Centre, US
Gutenburg University, Germany
Jangggi Centre for Diabetes Control, China
King’s College London, UK
NUI Galway, Ireland
Newcastle University, UK
Radboud UMC, Netherlands
Steno Diabetes Center, Denmark
Successful Diabetes, UK
Syddanmark University, Denmark
University of California, US
University College Dublin, Ireland
University College London, UK
University of Connecticut, US
University of Copenhagen, Denmark
University of Edinburgh, UK
University of Leicester, UK
University of Sheffield, UK
University of Surrey, UK
University of Virginia, US

No one can whistle a symphony. It takes a whole orchestra to play it.”
HE Luccock
Our next generation

Our trainees are our future. Capacity building is integral to our work. If we are to meet the challenges and opportunities presented by diabetes in the 21st century, we need to develop the skills of the next generation of researchers and health professionals.

Our doctoral graduates have been recognised with university and international awards. We congratulate them on their achievements:

Dr Elizabeth Holmes-Truscott
‘Receptiveness and resistance: perceptions of insulin use in type 2 diabetes’
PhD awarded without corrections (2016)
Deakin University
‘Dean’s Research Postdoctoral Fellowship’: 2018–2020

Dr Amelia Lake
‘Reducing Risk of Vision Loss for Young Adults with Type 2 Diabetes’
PhD awarded (2018)
PSAD and Novo Nordisk ‘Science Award’, 2019

Dr Virginia Hagger
‘Diabetes distress among adolescents with type 1 diabetes’
PhD awarded without corrections (2017)
Deakin University ‘Alfred Deakin Medal for Doctoral Thesis’: 2018

Dr Emanuelu Araia
‘Type 1 diabetes, disordered eating and body dissatisfaction in adolescents’
Doctorate awarded without corrections (2020)
Diabulimia Helpline ‘2018 Innovation in Research’ Award

Our current PhD candidates

Shaira Baptista
‘User preferences and engagement with, type 2 diabetes self-management apps’
PhD candidate (Deakin) since 2017

Ralph Geerling
‘The relationship between personality and weight management in adults with type 2 diabetes’
PhD candidate (Deakin) since 2018

Jasmine Schipp
‘Navigating the challenges of open-source (“do-it-yourself”) technologies among adults with type 2 diabetes’
JenniePhD candidate (Deakin/Copenhagen) since 2020

Jennifer Hallday
‘Supporting health professionals to support people with diabetes distress’
PhD candidate (Deakin) since 2020

We are also proud to co-supervise several current PhD candidates at Syddansk University, Denmark (EU IMI2 HypoRESOLVE study):

• Hannah Chatwin, Manon Coolen, Kevin Matlock, Uffe Søholm, Mette Valdersdorf Jensen

Our current team

Our trainees are our future. Capacity building is integral to our work. If we are to meet the challenges and opportunities presented by diabetes in the 21st century, we need to develop the skills of the next generation of researchers and health professionals.

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Profiles of current staff and PhD candidates can be found on [www.acbrd.org.au](http://www.acbrd.org.au)
Our supporters

Strong governance
The ACBRD has a dedicated management committee, which meets quarterly with the Director to ensure the Centre’s activities are meeting its stated objectives.

The current members of the ACBRD management committee are:

- Professor Craig Bennett, CEO, Diabetes Victoria
- Professor Rachel Holody, Executive Dean, Faculty of Health, Deakin University
- Professor Greg Johnson, CEO, Diabetes Australia
- Professor Jane McIlwraith, Head, School of Psychology, Deakin University.

We also acknowledge contributions of previous members of the ACBRD management committee: Professor John Calder, Professor Brendan Grout ARMed, Professor Michael Duke, and the late Professor Greg Toohey.

Strong founding partners
Diabetes Victoria
Since 2013, Diabetes Victoria has been the leading charity and peak consumer body working to reduce the impact of diabetes in the Victorian community. Diabetes Victoria works to support, empower, and campaign for all Victorians affected by diabetes.

It provides education, information, and support to promote and empower self-management for people with all types of diabetes, as well as programs for those at risk of type 2 diabetes. Diabetes Victoria is committed to funding research to improve the lives of all those affected by diabetes.

Deakin University
With more than 50,000 students, Deakin University is Australia’s largest university. Deakin combines excellent research and teaching with a strong commitment to the communities it serves through effective partnerships, which are relevant, innovative and responsive. Deakin’s Faculty of Health is one of Australia’s largest multidisciplinary health faculties and has five Schools.

Deakin’s School of Psychology, in which the Centre is located, is one of the largest and most research active in Australia. In 2019, Deakin University received a maximum rating of 5+ (well above world standard) for the discipline of psychology in the Excellence in Research Australia rankings.

Competitive research grants and unrestricted grants
Abbott Diabetes Care
Astra Zeneca
ADEA Research Foundation
Australian Government Department of Health
Australian Research Council (administered by JDRF Australia)
Deakin University’s President’s Doctoral Fellowship
Diabetes Australia
Diabetes Australia Research Program
European Union Innovative Medicines Initiative 2
Ian Potter Foundation
JDRF International
Medtronic
National Health and Medical Research Council
Novo Nordisk Regional Diabetes Support Scheme
Royal Australian College of General Practitioners
Roche Diabetes Care
Royal District Nursing Service
Sanofi
UK National Institute for Health Research
Vision 2020 Australia
Whitehorse Community Health Service

Support for our symposia
Abbott Diabetes Educators Association
Abbott Diabetes Care, Eli Lilly Australia, Medtronic, MSD, Novo Nordisk, Roche Diabetes Care, Sanofi

Strong finances

INCOME 2010 - 2020: $12,237,304

Diabetes Victoria contribution: $4.58m
Deakin University contribution: $1.48m
Consultancy / reimbursements: $0.55m
Research grants: $5.60m
$4.59m
$1.50m

EXPENSES 2010 - 2020: $12,237,304

Academic / research salaries: $7.53m
Professional salaries: $0.43m
Direct research costs: $0.45m
Conferences / meetings: $0.41m
Office / marketing: $0.35m
Rent: $0.87m
$9.73m

10 years of core funding
Since 2010, Diabetes Victoria and Deakin University have been strong, continuous supporters of the Centre, providing funding for a core team of staff and activities:

- Diabetes Victoria: $4.50 million
- Deakin University: $1.50 million

A strong return on investment
Overall, the Centre’s staff have collaborated on many successful national and international, multidisciplinary, research grants, attracting more than $70 million (from the EU IMI2, NHMRC, ARC, and UK NIHR) for diabetes research involving psychological and behavioral aspects. Of this, $15.5 million (competitive research grants and other income) directly supports work conducted at the Centre. This includes $1.5 million awarded by Diabetes Australia (NDSS) for translational work on mental health, starting insulins, youth and pregnancy; and a new 3-year $750k grant from Diabetes Australia, 2018-2021.

Our important work continues
Our research has had considerable impact but there is still so much more to do. Until there is a cure for all types of diabetes, we will continue our research to make a difference to all people affected by diabetes. Our research will focus on three interacting themes, guided by three key questions: What matters? What works? What translates?

A supportive environment
Under the leadership of Professor Jane Speight
Optimal emotional health
Under the leadership of Dr Christel Hendrieckx
Optimal physical health
Under the leadership of Dr Elizabeth Holmes-Truscott

People and partnerships underpin our future success. Conducting and communicating meaningful research is only possible if we have partners and donors who share our vision to make a difference. If you would like to support our future vision of making a difference in diabetes, please contact Professor Jane Speight at +61 3 9244 5601 or jspeight@acbrd.org.au.

"Diabetes is a personal journey. One where you can learn a lot about yourself, your strengths, your ability to tolerate (or not) life's challenges. One thing I've learned is that diabetes itself shouldn't be disabling. With good management, I can still live well and enjoy most things other people can."

Adult with type 2 diabetes
“Congratulations to Professor Jane Speight and her talented team of researchers at the ACBRD for a very successful first 10 years - leading, shaping and improving our understanding of the many psychosocial dimensions of living with diabetes. I look forward to more high-quality and impactful research from the ACBRD in this important area over the next 10 years.”

Professor Craig Bennett: CEO, Diabetes Victoria

“On behalf of Deakin University, I’d like to congratulate the entire team at ACBRD. Under Professor Jane Speight’s excellent leadership, the centre’s research is directly benefiting the lives of so many people living with diabetes both in Australia and internationally.”

Professor Rachel Huxley: Executive Dean, Faculty of Health, Deakin University

“Congratulations to Prof Jane Speight, the team and all involved with the ACBRD, which has made a strong national and international impact over its first 10 years. It has been, by any measure, an outstanding success.”

Professor Greg Johnson: CEO, Diabetes Australia

“I heartily congratulate the team at ACBRD for their longstanding work in enhancing the well-being of people affected by diabetes and in championing the critical role of psychology in this mission.”

Professor Jane McGillivray: Head, School of Psychology, Deakin University

“Congratulations for a hugely successful 10 years. Your passion and dedication has had an enormous impact on our understanding and you have had the appropriate positive effect on clinical practice. Your contribution to the field with projects/resources including the MILES study, the Diabetes Australia position statement on language, diabetes stigma scales and the Diabetes and Emotional Health handbook are all commendable and worthy of noting. Congratulations and I hope the next 15 years are even more successful.”

Associate Professor Sof Andrikopoulos: CEO, Australian Diabetes Society

“ADEA congratulates the ACBRD on 10 years of innovative and applied research. During this time, the ACBRD has become the foremost Australian authority on the psychosocial and behavioural aspects of diabetes, has led and been involved in pioneering Australian and international research, and has also led the way in developing important resources for people living with diabetes and health professionals, which are highly valued.”

Susan Davidson: CEO, Australian Diabetes Educators Association

“Congratulations from all at JDRF and the type 1 diabetes community to the ACBRD on your 10th anniversary. The work you do in relation to the role of beliefs, attitudes and emotions and their effect on outcomes for people with diabetes is so important, and your voice has been critical to making sure that is widely known.”

Mike Wilson OAM: CEO, JDRF Australia

“The ACBRD has contributed hugely to raising the profile of the challenges and needs faced by people living with diabetes across families and communities across many parts of the world. Diabetes UK is immensely grateful for their research for healthcare professionals, for their research insights and for their leadership in advancing a future where mental health support is part of everyone’s diabetes care.”

Chris Askew: CEO, Diabetes UK

“Under the leadership of Professor Jane Speight, the ACBRD has grown to become one of the leading research centres in the field of diabetes psychology; with a strong focus on improving the wellbeing of people living with diabetes in Australia and beyond.”

Professor Frank Snoek: Founding Chair, PsychoSocial Aspects of Diabetes (PSAD) Study Group of the European Association for the Study of Diabetes (EASD)

“Diabetes New Zealand is grateful to have worked with the ACBRD to assess, and begin to address, the stigma experienced by Kiwis with diabetes. This played a pivotal role in addressing our country’s biggest health issue as part of our annual major public health campaign. We continue to look to ACBRD for the latest research and development of resources that help us address these important issues, and provide a new level of emotional support for our diabetes community, in New Zealand.”

Heather Verry: CEO, Diabetes New Zealand

Reflections

Thank you for taking an interest and helping all of us living with diabetes of all kinds. It is appreciated!”

Adult with type 2 diabetes
Thank you
to everyone who is helping us to make a difference