





# A decade of difference in diabetes

#DiabetesPsychologyMatters


# Who we are



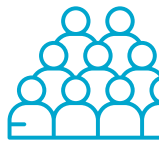
The Australian Centre for Behavioural Research in Diabetes is a partnership for better health between Diabetes Victoria and Deakin University.




Established in 2010.



The only national research centre in the world focused on the behavioural and psychosocial aspects of diabetes.




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



Based in Melbourne, Victoria.

# What we do

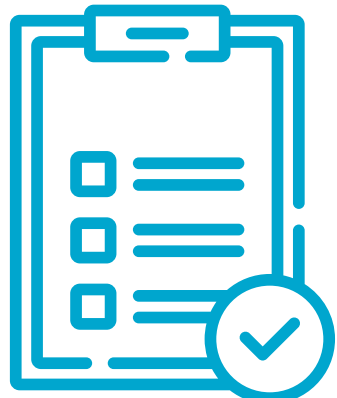


## Mission

To provide a strong national focus for applied behavioural, 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 behavioural, 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 behavioural, psychological and social issues in diabetes, raising awareness, and influencing policy and practice.
- To be a **national resource** offering applied behavioural, psychological and social expertise for people living with diabetes, clinicians, researchers and policy makers.



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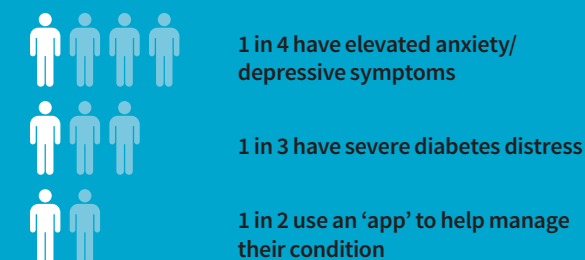
# Why we do what we do

In 2011, the Diabetes MILES – Australia study set the scene.<sup>1</sup> This national study established the unmet psychological, social, and behavioural needs of people with diabetes.<sup>2</sup>

## Among adults with type 1 or type 2 diabetes



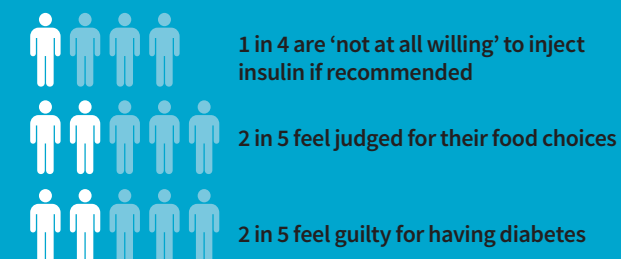
## Among adolescents with type 1 diabetes



## Among adults with type 1 diabetes



## Among adults with type 2 diabetes



## Among parents of children with type 1 diabetes



# 1.3 million Australians are living with diabetes

“ 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. In order 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.

**Tony Seymour**

Living with type 1 diabetes for 57 years

“ 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 more. The necessity of maintaining a specific lifestyle, especially the dieting factor, is the most challenging one that I am dealing with. We all know now that dieting is 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 is really needed. 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

1. MILES: Management and Impact for Long-term Empowerment and Success.

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

# 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 unmet 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.

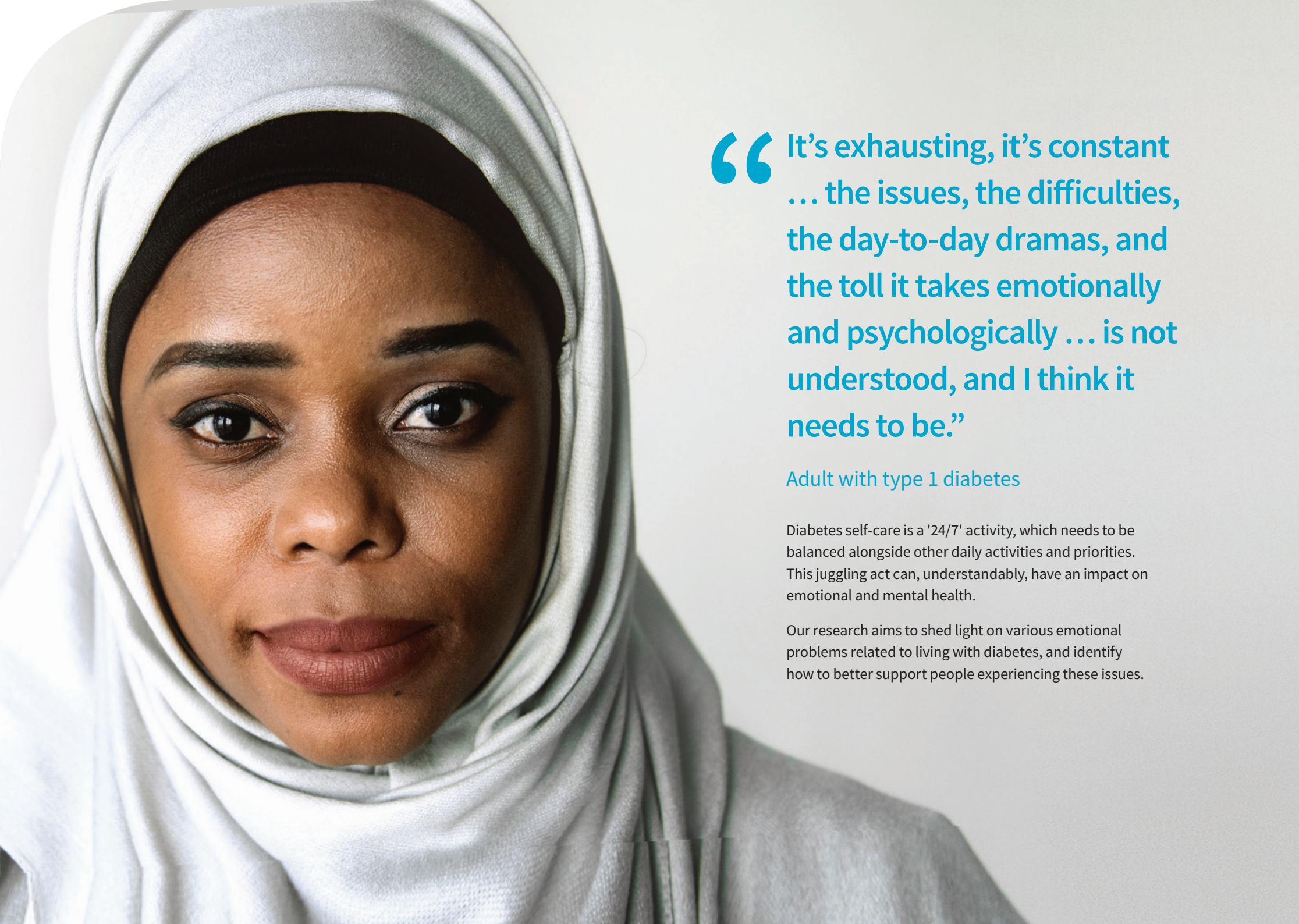


“The evidence that behaviour is the dominant element in successful management of diabetes is so overwhelming that we tend to ignore it.”

Professor Edwin Gale

# Innovative research





“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.

# Optimal emotional health

## 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 impairs 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 behaviours) 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 behaviours 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 behaviours can affect their fear and risk of hypoglycaemia.

We are part of an international, multidisciplinary, four-year research program: *HypoRESOLVE* (Hypoglycaemia – *RE*defining *SOL*utions for better *li*VEs), 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.

\* 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 *HypoCOMPaSS* trial, which established that hypoglycaemia awareness can be improved and severe hypoglycaemia reduced with insulin adjustments, psycho-education 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 influences 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 *Stepping 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 technology research 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’.”

Adult with type 1 diabetes

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.

# A supportive environment

## 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 wish their health professionals had a better understanding of what it is like 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 NDSS\*, 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

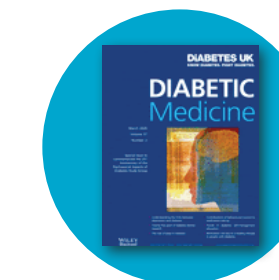
Diabetes has an image problem. Our world-first research into diabetes stigma shows that people with type 1 and type 2 diabetes feel they are treated differently because of their diabetes, stereotyped, blamed and judged by others for their diabetes or the way they manage it. In addition, people with type 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, hiding the condition from others, and less 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.

\* NDSS: National Diabetes Services Scheme – an initiative of the Australian Government administered with the assistance of Diabetes Australia.

# Milestones



2010

May: Prof Jane Speight becomes Foundation Director of ACBRD

Aug: Formal launch and 1st symposium 'Evidence into action' (pictured)

Oct: ACBRD's first researchers appointed: Elizabeth Holmes-Truscott, Dr Jessica Browne, Jennifer Halliday and Dr Christel Hendrieckx

2011

Aug: 1st annual exhibit at ADS/ADEA conference

Sept: 2nd symposium (ADEA) 'Talking the talk: how to engage people with diabetes'

Sept: Diabetes Australia's position statement: 'A new language for diabetes' launched (pictured)

Nov: Diabetes MILES – Australia 2011 survey report published

2012

Jul: Co-founded national Diabetes & Mental Health Network (1,050+ members)

Aug: 3rd symposium 'Let's talk emotions' (pictured)

Oct: @ACBRD joins Twitter

Nov: MJA Perspective published on World Diabetes Day

2013

Jan: World-first review of diabetes stigma published

Dec: 4th symposium 'Behavioural research in diabetes' – an official satellite meeting of the IDF World Diabetes Congress (pictured)

2014

Feb: NDSS / ADS Enhancing Your Consulting Skills launched (pictured)

Aug: 5th symposium (ADEA) 'Diabetes distress and depression'

Nov: Diabetes stigma featured in *The Washington Post*

2015

Apr: Diabetes Victoria and Deakin University renew 5-year collaboration to support the ACBRD

Apr: 5th anniversary '5 years of innovative research' (pictured)

June: Vision 2020 'Who is looking after your eyes?' leaflets launched (for younger and older adults with type 2 diabetes)

July: Diabetes MILES Youth survey report published

Aug: 6th symposium (ADEA) 'Better understanding the needs of young people: a behavioural perspective'

2016

Aug: 7th symposium (ADEA) 'Novel & emerging psychological issues in diabetes complications'

Aug: NDSS 'Diabetes & Emotional Health' handbook and toolkit launched

Nov: First PhD awarded to Dr Elizabeth Holmes-Truscott (pictured)

Dec: Diabetes MILES-2 survey report published

Dec: Type 2 Diabetes Stigma Assessment Scale (DSAS-2) published in *Diabetes Care*

2017

Feb-Apr: Dr Christel Hendrieckx takes NDSS 'Diabetes & Emotional Health' on a national tour (pictured)

Aug: 8th symposium (ADEA) 'Diabetes peer support in Australia'

Aug: Masterclass (ADEA) 'Tips & tricks to enhance your consultations'

Sept: Diabetes Australia's position statement: 'Glucose self-monitoring in adults with type 1 or type 2 diabetes' launched

Dec: Type 1 Diabetes Stigma Assessment Scale (DSAS-1) published in *Diabetic Medicine*

2018

May: HypoRESOLVE project commences (European Union IMI2 project) (pictured)

Aug: Prof Jane Speight gives ADEA plenary lecture on communication in diabetes

Aug: 9th symposium (ADEA) 'Supporting the emotional health needs of Australians with diabetes'

Nov: Diabetes stigma scales used in Diabetes New Zealand's survey and National Diabetes Month campaign

2019

Mar: Diabetes UK adaptation of 'Diabetes & Emotional Health' launched (pictured)

Mar: NDSS factsheet: 'Caring for Someone with Diabetes' launched

Aug: NDSS booklet: 'Starting Insulin' launched

2020

Mar: Prof Jane Speight is guest co-editor of *Diabetic Medicine's* special issue to commemorate 25 years of the PSAD Study Group; ACBRD contributes 4 papers (pictured)

Apr: Diabetes Victoria and Deakin University renew 5-year collaboration

May: 10th anniversary 'A decade of difference in diabetes'





“ 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

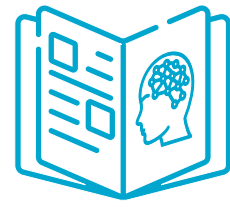
“ Change will not come if we wait for some other person or some other time. We are the ones we’ve been waiting for. We are the change we seek.”

Barack Obama

# International impact



# Excellence in research and dissemination



## Scientific publications



**162**

Publications in peer-reviewed academic journals<sup>1</sup>



**13%**

In top 5% most cited publications worldwide<sup>2</sup>



**93%**

Co-authored with researchers in other countries<sup>2</sup>



**23%**

In top 10% most cited publications worldwide<sup>2</sup>



**48%**

In top 10% of journals<sup>2</sup>



**1760+**

Citations of our research worldwide<sup>2</sup>



**94%**

In top 25% of journals<sup>2</sup>



**13**

Citations per publication (on average)<sup>2</sup>



**67%**

Our research is cited 67% more than expected for similar publications (same year, type, discipline)<sup>3</sup>



**82**

Number of countries our research has been cited in<sup>2</sup>



## Presentations

**241**

Invited presentations at local, national and international meetings

**178**

Peer-reviewed abstracts presented at (inter)national conferences

**9**

National annual symposia convened by the Centre



## Community dissemination

**88**

Issues of ACBRD's free monthly e-newsletter: *Research Round-Up*

**1110**

Subscribers to *Research Round-Up*

**34**

Invited presentations at community seminars for people affected by diabetes

**35**

Community and unranked professional publications



## Grants & awards



**70+** Grants awarded



**71+** Million dollars (total funding)



**10** Awards



## In the media

**23**

Press releases

**127**

Mentions in general and health media

**1600+**

Twitter followers

**570+**

Facebook followers

# Awards and recognition



**2012**

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



**2013**

Deakin University 'Vice Chancellor's Award for Outstanding Contribution to Partnerships': to ACBRD team (pictured)



**2014**

Finalist (Highly Commended) in Victorian Public Healthcare Awards: 'Excellence in Supporting Self-Managed Healthcare': OzDAFNE program collaboration led by Dianne Harvey (Diabetes Victoria)

Council of Academic Public Health Institutions of Australia (CAPHIA) Inaugural Team Award for 'Excellence and Innovation in Public Health Research': to ACBRD team (pictured)



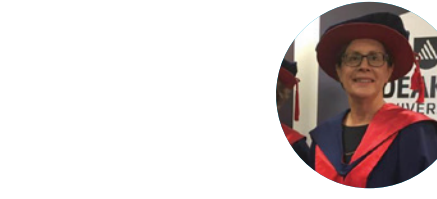
**2016**

Australian Association for Academic Primary Care (AAPC) 'Most Distinguished Paper': to Stepping Up trial collaboration led by A/Prof John Furler (University of Melbourne)



**2017**

Finalist in VicHealth Awards 'Research into Action': Dr Christel Hendriekx and colleagues for NDSS Diabetes and 'Emotional Health Handbook & Toolkit' (pictured)



**2018**

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

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'

Fellowship of the British Psychological Society (FBPS) awarded to Prof Jane Speight

Diabulimia Helpline 2018 Innovation in Research Award to Dr Emanuel Araia



**2019**

PsychoSocial Aspects of Diabetes (PSAD) Study Group & Novo Nordisk 'Science Award' to Dr Amelia Lake

Deakin University 'Alfred Deakin Medal for Doctoral Thesis' to Dr Virginia Hagger (pictured)

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



# Local research with global impact

## 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* (2018). 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 #LanguageMatters, an international movement to improve communication about diabetes. People with diabetes have shared powerful videos and blogs about

#LanguageMatters. Similar statements have been published by the *International Diabetes Federation* (2014), the *American Diabetes Association* and *American Association of Diabetes Educators* (2017), *NHS England* and *Diabetes UK* (2018) and in India (2020). 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 2016, our NDSS\* *Diabetes and Emotional Health* handbook and toolkit has been freely available via the NDSS website. In March 2019, *Diabetes UK* launched an adaptation of the handbook and toolkit as an *Online Practical Guide*. It is now also being adapted by the *American Diabetes Association* and *Diabetes New Zealand*.

We co-founded the national 'Diabetes and Mental Health Professionals' Network' (>1,050 members in six states/territories). Members meet regularly to exchange insights about supporting people with diabetes.

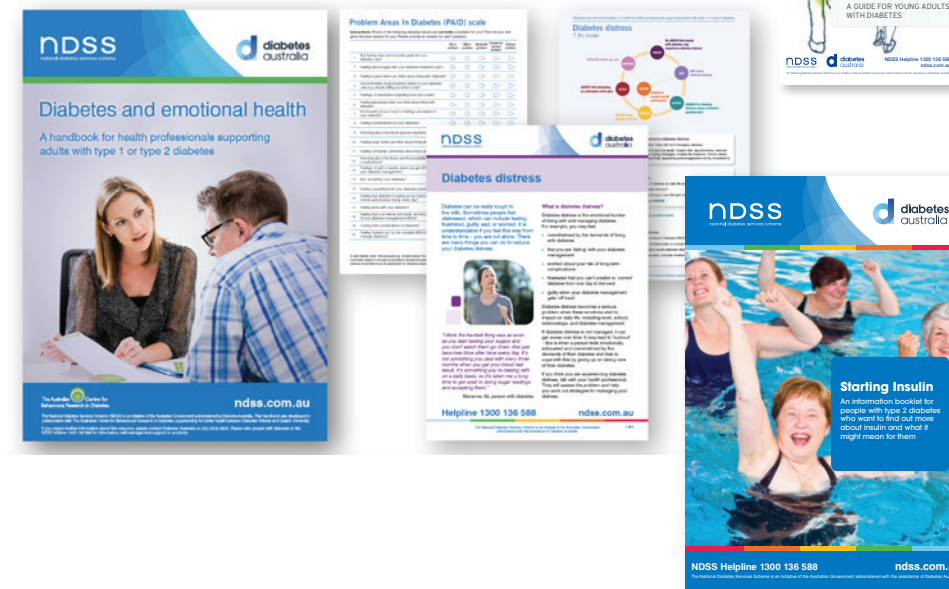
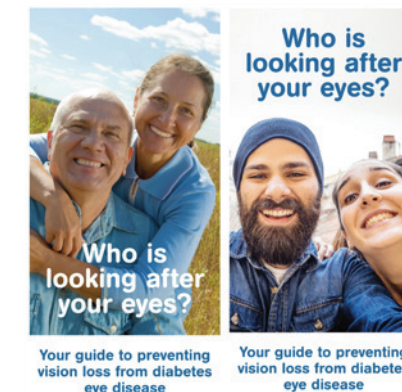
We have also contributed to three editions of the *RACGP* and *Diabetes Australia* 'General Practice Type 2 Diabetes Guidelines' and the Australian National Diabetes Strategy: 2016-2020.

## 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 Diabetic Retinopathy Advocacy Initiative's* (2018) 'Integrated Care For Diabetes And Eye Health: A Global Compendium Of Good Practice'.

## Starting insulin

Our work on barriers to insulin use led to a new NDSS\* national priority area: Type 2 Diabetes – Starting Insulin. As the priority area leaders, we developed the *Starting Insulin* booklet (launched 2019) to support informed decision making among adults with type 2 diabetes.



**13,000+** People affected by diabetes have taken part in our research



**1,050+** Health professionals are members of the national Diabetes & Mental Health Professionals' Networks

## Our evidence-based resources have been disseminated widely

**70,000+**

Copies distributed of the Vision 2020 Who is looking after your eyes? leaflets for adults with type 2 diabetes

**2,000+**

Copies distributed/downloaded of the Diabetes Australia/NDSS\* *Diabetes & Emotional Health* handbook

**2000+**

Copies distributed/downloaded of the Diabetes Australia/NDSS\* *Diabetes & Emotional Health* factsheets for adults with type 1 or type 2 diabetes

**1,100+**

Copies downloaded of Diabetes UK's adaptation: *Diabetes & Emotional Health* practical guide

**500+**

Copies distributed/downloaded of the Diabetes Australia/NDSS\* *Moving On Up* guide for young adults with diabetes

**3,500+**

Copies distributed/downloaded of the Diabetes Australia/NDSS\* *Starting Insulin* booklet for adults with type 2 diabetes



## 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**



### Local collaborations

Baker Heart & Diabetes Institute  
Cairnmillar Institute  
Deakin University  
LaTrobe University  
Monash University  
Swinburne University  
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  
Gutenberg University, Germany  
Jiangsu Centre for Disease Control, China  
King's College London, UK  
NUI Galway, Ireland  
Newcastle University, UK  
Radboud UMC, Netherlands  
Steno Diabetes Center, Denmark  
Successful Diabetes, UK  
Syddansk 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

# People and partnerships make the difference

# Our current team



ABOVE: Professor Jane Speight (Foundation Director), Dr Christel Hendrieckx (Deputy Director), Dr Elizabeth Holmes-Truscott, Shaira Baptista, Ralph Geerling, Dr Shikha Gray, Jennifer Halliday, Dr Edith Holloway, Hanafi Husin, Dr Amelia Lake, Sienna Russell-Green, Jasmine Schipp, Ally Stock, Christopher Todaro, Ameilia Williams, Victoria Yutronich

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

## We also acknowledge the valuable contributions of past staff and higher degree (by research) students:

Dr Emanuala Araia, Dr Andrea Bennet, Dr Jessica Browne, Dr Virginia Hagger, Dr Dianna McDonald, Dr Kylie Mosely, Dr Steve Trawley, Dr Adriana Ventura, Caitlynn Ashton, Stacey Black, Anna Edwards, Claudia Gasch, Rachel Isaacs, Nicola Ivory, Eloise Litterbach, Beth Martin, Lucy Morrish, Lucinda Poole, Stacey Rodgers, Jasmin Schabert, Anna Scovelle, Laura Smith, Sharm Thuraisingham

# 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 (2018)

*Deakin University* ‘Alfred Deakin Medal for Doctoral Thesis’, 2019

## Dr Emanuala Araia

‘Type 1 diabetes, disordered eating and body dissatisfaction in adolescents’

Doctorate awarded without corrections (2019)

*Diabulimia Helpline* ‘2018 Innovation in Research’ Award

## OUR CURRENT PhD CANDIDATES

### Shaira Baptista

‘User preferences of, and engagement with, type 2 diabetes self-management apps’

PhD candidate (Melbourne) 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 1 diabetes’

Joint PhD candidate (Deakin/Copenhagen) since 2019

### Jennifer Halliday

‘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 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 Huxley: Executive Dean, Faculty of Health, Deakin University
- Professor Greg Johnson: CEO, Diabetes Australia
- Professor Jane McGillivray: Head, School of Psychology, Deakin University.

We also acknowledge contributions of previous members of the ACBRD management committee: Professor John Catford, Professor Brendan Crotty AM, Professor Maxine Duke, and the late Professor Greg Tooley.

## Strong founding partners

### Diabetes Victoria

Since 1953, 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 eighth 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. The 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

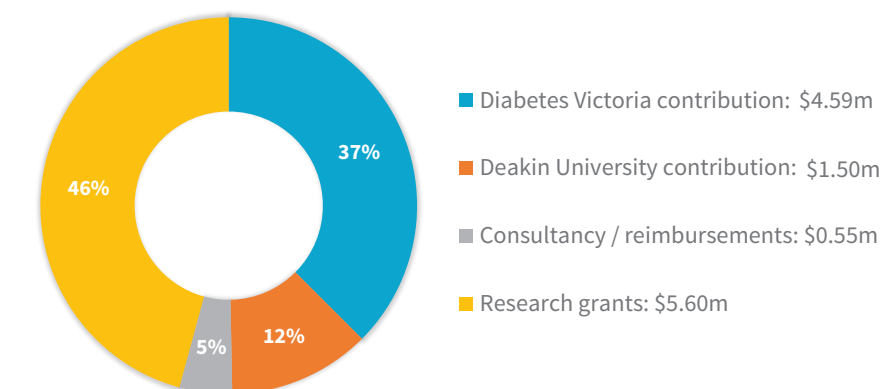
Abbott Diabetes Care  
Astra Zeneca  
ADEA Research Foundation  
Australian Government Department of Health  
Australian Research Council (administered by JDRF Australia)  
Deakin University Dean's Postdoctoral Fellowship  
Diabetes Australia/NDSS  
Diabetes Australia Research Program  
European Union 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

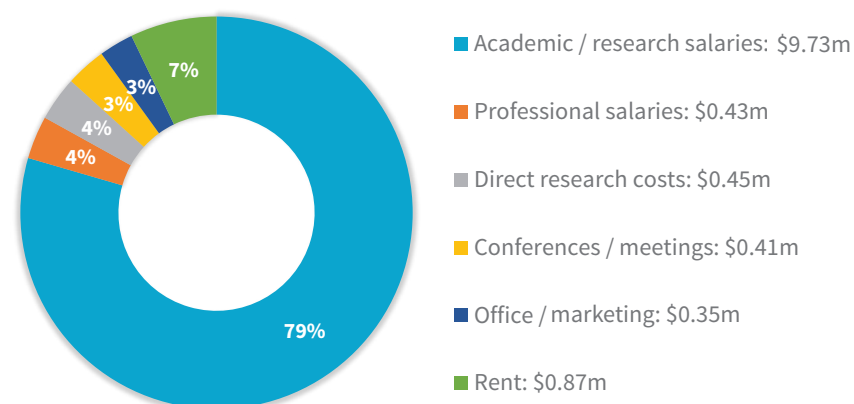
Australian Diabetes Educators Association  
Abbott Diabetes Care, Eli Lilly Australia, Medtronic, MSD, Novo Nordisk, Roche Diabetes Care, Sanofi

# Strong finances

## INCOME 2010 - 2020: \$12,237,304



## EXPENSES 2010 - 2020: \$12,237,304



## 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: \$4.59 million
- Deakin University: \$1.50 million

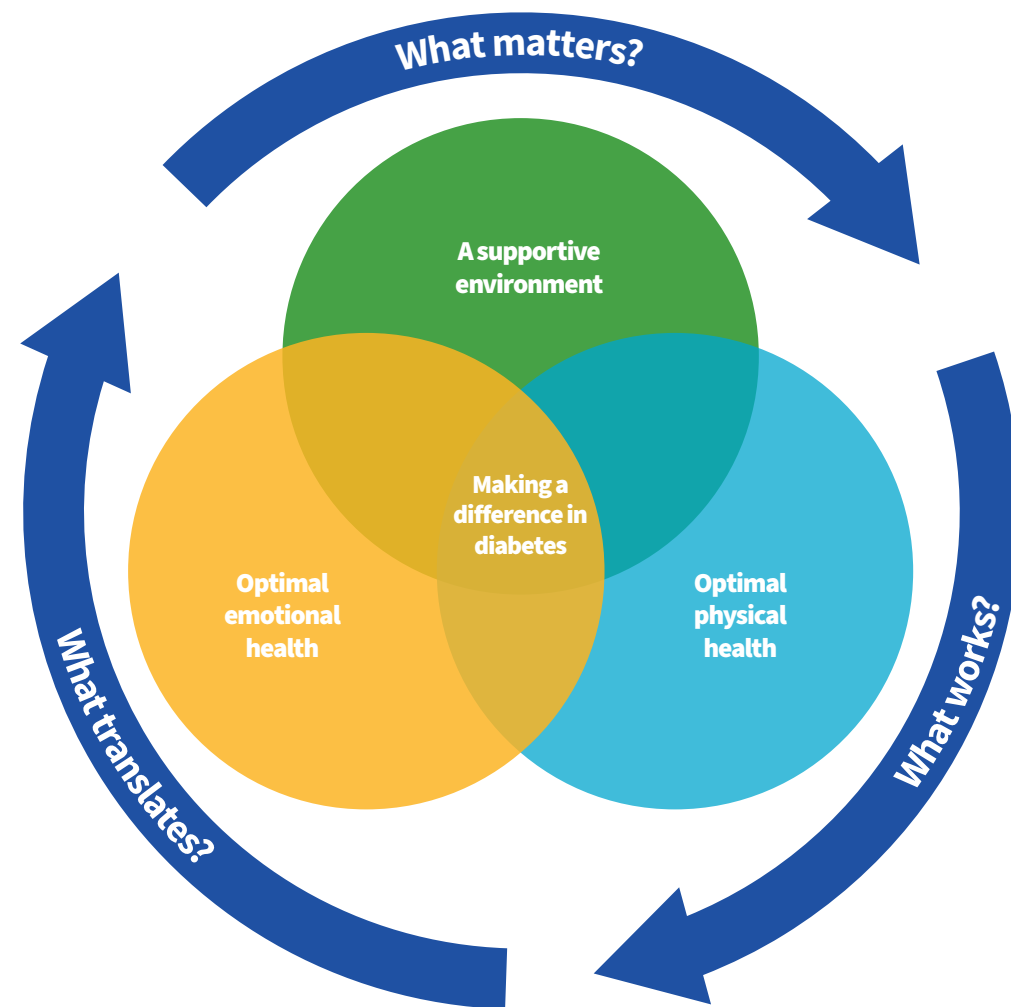
## A strong return on investment

Overall, the Centre's staff have collaborated on many successful national and international, multidisciplinary, research grants, attracting more than \$71 million (from the EU IMI2, NHMRC, ARC, and UK NIHR<sup>1</sup>) for diabetes research involving psychological and behavioural aspects. Of this, \$5.6 million (competitive research grants and other income) directly supports work conducted at the Centre. This includes \$2.5 million awarded by Diabetes Australia (NDSS<sup>2</sup>) (for translational work on mental health, starting insulin, youth and pregnancy); and a new 3-year \$750k grant from Diabetes Australia, 2019-2022.

1. European Union Innovative Medicines Initiative 2; National Health and Medical Research Council; Australian Research Council; UK National Institute for Health Research.

2. The National Diabetes Services Scheme is an initiative of the Australian Government, administered with the assistance of Diabetes Australia.

# Future directions



## 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

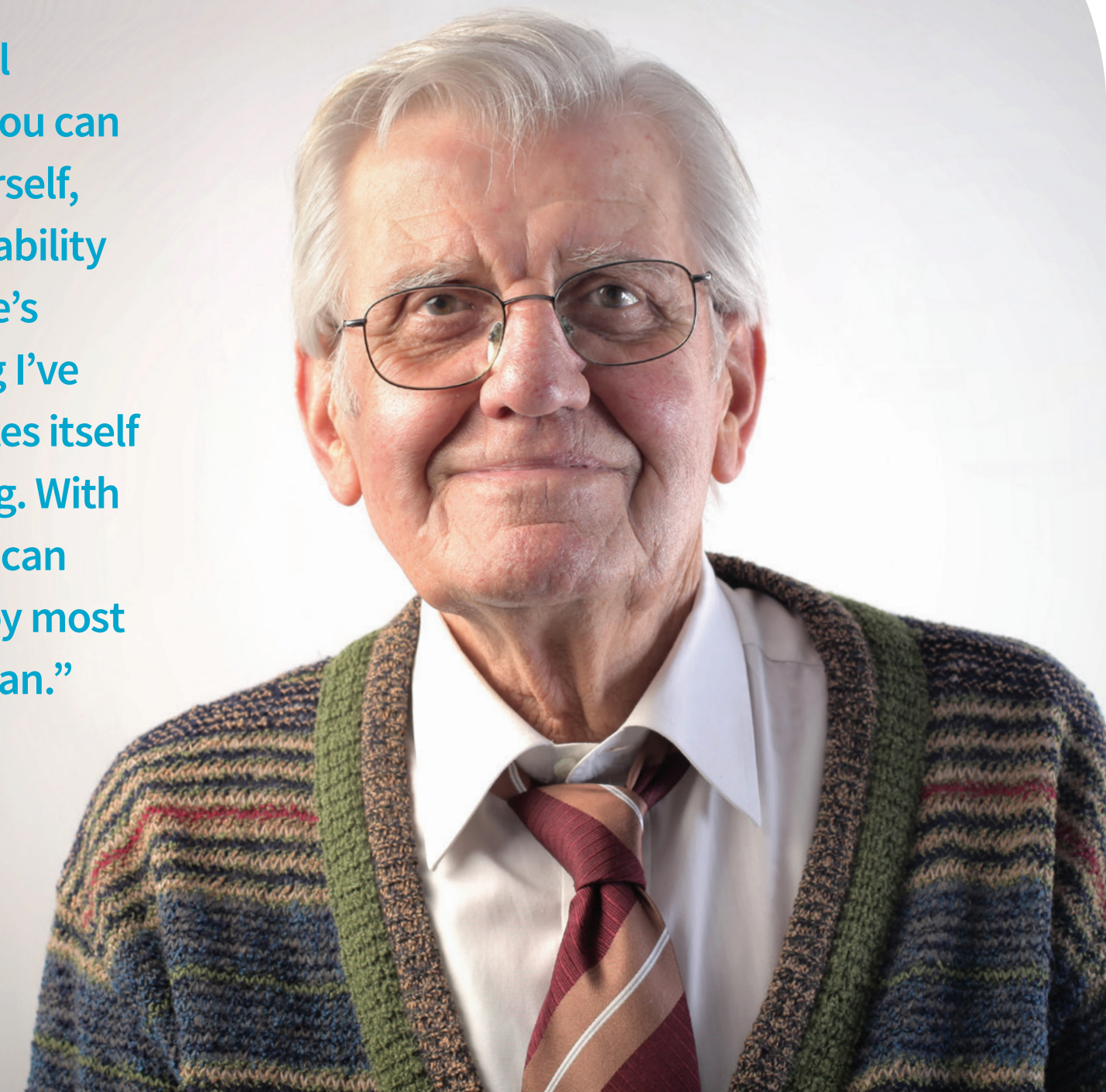
Under the leadership of Dr Elizabeth Holmes-Truscott

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](mailto: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





# 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



*“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 has 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 10 years are even more successful.”*

**Associate Professor Sof Andrikopoulos: CEO, Australian Diabetes Society**

*“ADEA congratulates the ACBRD on 10 years of innovative 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 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 and their families every day, across many parts of the world. Diabetes UK is immensely grateful for their resources for healthcare professionals, for their research insights and 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**

# Thank you

to everyone who is helping us to make a difference

**E:** [info@acbrd.org.au](mailto:info@acbrd.org.au)

**W:** [acbrd.org.au](http://acbrd.org.au)

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**Facebook:** [www.facebook.com/ACBRD](http://www.facebook.com/ACBRD)

**LinkedIn:** [www.Linkedin.com](http://www.Linkedin.com) and search for ACBRD

**#DiabetesPsychologyMatters**



The Australian Centre  
for Behavioural Research  
in Diabetes

Partners for better health

