



RESPONSE TO COMMENT ON POWERS ET AL.

# Diabetes Self-management Education and Support in Type 2 Diabetes: A Joint Position Statement of the American Diabetes Association, the American Association of Diabetes Educators, and the Academy of Nutrition and Dietetics. *Diabetes Care* 2015;38:1372–1382

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We agree with the letter from Bialo et al. (1) that the emotional health needs of people with diabetes need to be addressed. Indeed, increasing evidence shows that emotional health is a significant issue in people with diabetes. In this context, the American Diabetes Association (ADA) is committed to addressing *all* needs of people with diabetes and presents its recommendations in position statements and the *Standards of Medical Care in Diabetes* (2). Although every position statement has a particular focus, the newly published joint position statement on diabetes self-management education and support (DSME/S) (3) provides a continuous focus on identifying and responding to emotional health needs throughout the position statement and in the DSME/S algorithm of care. The algorithm of care specifically highlights emotional health by calling it out at the top of the algorithm. Due to the importance of

addressing emotional health needs in diabetes, in each of the four critical times to assess, provide, and adjust DSME/S described by the position statement, it is recommended that the primary care provider or specialist consider referral to mental health specialists to address such needs.

We recognize that these inclusions do not meet the proposal of Bialo et al. for “mandatory referrals for mental health assessment and treatment of patients with newly diagnosed diabetes” (1). We believe, however, that we have illuminated the attention needed on this component of care by calling for increased focus on it by providers and staff in DSME/S programs. Diabetes education is inadequate if it does not address the clinical, psychosocial, and behavioral needs of each individual. We trust that Bialo et al. will support the position statement’s inclusion of emotional health to help advance the best

care for each person with diabetes, including emotional health.

**Duality of Interest.** No potential conflicts of interest relevant to this article were reported.

## References

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