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PROFESSIONAL APPROACHES AND RESOURCES IN PSYCHOSOCIAL WORK WITH PEOPLE WITH DIABETES [4]

Assoc. Prof. Evgeniya Bratoeva, PhD
Department of Management and Social Activities
Faculty of Business and Management
University of Ruse "Angel Kanchev"
Phone: 0887 243 807
E-mail: ebratoeva@uni-ruse.bg

Abstract: *Diabetes mellitus is a chronic disease with a wide social impact, which requires complex interventions, including in the field of social work. The report presents the role of the social worker in the context of caring for people with diabetes. Emphasis is placed on the psychosocial challenges posed by the disease and the need for sustainable support through inter-institutional interactions. Through a theoretical review and a practical part, basic guidelines for effective social interventions and recommendations for policy development in this area are outlined.*

Keywords: *Psychosocial interventions; Social work; Diabetes mellitus; Chronic diseases*
JEL Codes: *I18, I31*

INTRODUCTION

Diabetes is a chronic metabolic disease characterized by elevated blood glucose levels, which contribute to serious damage to various vital organs such as the heart, blood vessels, eyes, kidneys, and nerves. According to the World Health Organization (WHO), approximately 828 million people worldwide suffer from diabetes. The prevalence of the disease has quadrupled since 1990, and around two million deaths each year are attributed to diabetes-related complications. The sharp increase in diabetes rates has been observed across countries with different income levels. The disease poses a significant burden on society through increased direct medical costs, loss of productivity, premature mortality, and intangible costs such as reduced social connectedness and lower quality of life. Despite the growing global expenditures on prevention and treatment, recent studies indicate that over 50% of individuals with diabetes are unaware of their condition, and approximately 177 million diagnosed patients are not receiving treatment. Research findings show that the global prevalence of diabetes among adults has risen from 7% to 14% between 1990 and 2022. Low- and middle-income countries have experienced the steepest increase, where diabetes rates have surged while access to treatment has remained persistently low. This trend has led to a striking global disparity: in 2022, nearly 450 million adults aged 30 and above - representing about 59% of all adults with diabetes - remained untreated, marking a 3.5-fold rise in untreated individuals since 1990. Ninety percent of these untreated adults live in low- and middle-income countries (Zhou, Bin et al., 2024). According to the International Diabetes Federation (IDF, 2021), the number of people affected by diabetes worldwide is projected to exceed 643 million by 2030. The organization has set a globally agreed target to halt the rise of diabetes and obesity by 2025. Following global trends, Bulgaria has also reported a steady increase in diabetes cases, including among young adults and children (NCSPHP, 2023).

Studies have shown that individuals with diabetes experience the impact of the disease more on a psychosocial than a physiological level, a perspective that differs from the way clinicians often perceive it. Patients frequently express dissatisfaction with the education and support they receive concerning the social, empirical, ethical, and financial aspects of living with the condition, as well as with the guidance provided at the time of diagnosis regarding disease management (Sarah I. et al., 2006). Many children and adults living with diabetes face not only health-related challenges but also poverty, social isolation, and discrimination. These factors significantly affect their quality of life and ability to manage the disease effectively. Consequently, social work emerges as a key instrument in addressing the broader social

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consequences of diabetes. The findings highlight the need for an interdisciplinary approach to diabetes care, in which social work plays a crucial and integrative role alongside medical and psychological interventions.

DISCUSSION

Diabetes is a chronic disease that requires continuous monitoring of clinical indicators, adherence to a specific dietary regimen, adjusted physical activity, and, in the majority of cases, pharmacological treatment. For these reasons, individuals living with diabetes are at a disadvantaged position in both medical and social terms compared to healthy individuals. From a medical perspective, diabetes is associated with an increased risk of complications such as cardiovascular diseases, renal failure, visual impairments, and partial or complete limb loss. From a social perspective, the constant need for treatment and specific care creates a significant economic burden, difficulties in social interaction, and dependence on family and institutional support. People with diabetes are vulnerable not only due to their health condition but also because of the economic, psychological, and social challenges that accompany the disease. Beck (2009) defines social vulnerability as a state of limited capacity to cope with risks and social challenges, which places individuals in a less favorable position compared to others. In the context of diabetes, social vulnerability is manifested through:

- Economic vulnerability – Individuals with diabetes face significant treatment-related expenses, including costs for medications, insulin, test strips, and monitoring devices. The financial burden of treatment, medical equipment, and specialized dietary requirements often becomes overwhelming, particularly for people with low incomes or retirees.
- Occupational vulnerability – Many individuals encounter difficulties in professional realization due to health-related limitations or discriminatory attitudes from employers. Such challenges can lead to reduced employment opportunities and early withdrawal from the labor market.
- Educational vulnerability – Children and young people with diabetes often experience difficulties in adapting to the educational environment, which can affect their academic performance and social integration within schools.
- Psychosocial vulnerability – Elevated levels of anxiety, depression, and social isolation are common among people with diabetes. Studies indicate that the risk of developing depression and anxiety disorders in this group is two to three times higher than in the general population (WHO, 2016).
- Institutional vulnerability – Individuals frequently face insufficient support from social and healthcare systems, including limited access to adequate medical, psychological, and social services.

Diabetes has a substantial adverse impact on the quality of life of affected individuals. Quality of life serves as an important indicator of social vulnerability, as it encompasses not only physical health, but also psychological well-being, social relationships, and economic stability. Among individuals with diabetes, quality of life is determined by a complex interaction of medical, psychological, social, and economic factors. The daily need to monitor blood glucose levels, adhere to medication regimens, and maintain strict dietary control places individuals under continuous pressure, often resulting in stress and emotional exhaustion. The presence or risk of diabetes-related complications - such as nephropathy, retinopathy, and cardiovascular diseases - further diminishes their sense of autonomy and equality with healthy individuals. Research indicates that people with diabetes are more likely to experience anxiety and depression compared to the general population (Anderson et al., 2001). The constant fear of hypoglycemia or hyperglycemia undermines self-confidence and creates hesitation in engaging in various daily or social activities. Furthermore, diabetes frequently limits participation in social, sports, and leisure activities. Negative societal attitudes and persistent stigmatization contribute to feelings of isolation and exclusion. Conversely, supportive family environments and participation in peer-support groups enhance individuals' sense of belonging and security. The requirement for continuous self-monitoring and disease management often leads to feelings of difference and alienation. Persistent societal prejudices toward individuals with chronic illnesses continue to affect employment opportunities, as some employers remain reluctant to hire people with diabetes, increasing the risk of unemployment and social isolation. The high cost of treatment, medications, and supplies undermines financial independence and may lead to compromises in diet quality and access to healthcare, negatively influencing overall well-being. According to data from the International Diabetes Federation (IDF, 2022), global diabetes-related healthcare expenditures are rising

annually, making the condition one of the most expensive chronic diseases to manage. This financial burden places significant strain on affected individuals and their families.

Social stigma associated with diabetes continues to represent a significant societal challenge. Employers, educational institutions, and even healthcare professionals often underestimate or restrict the rights of individuals living with diabetes (Todorova, 2018). Such attitudes contribute to diminished self-esteem, withdrawal from social life, and limited opportunities for personal and professional realization.

Social work with individuals living with diabetes represents a component of clinical social work, which remains underdeveloped within social practice in Bulgaria. Normatively, social support for people with diabetes in the country is regulated by the Social Services Act (SSA, 2020), the Health Act, the Act on People with Disabilities, as well as by regulations issued by the Ministry of Labour and Social Policy (MLSP) and the National Health Insurance Fund (NHIF). The right to access social services and financial assistance depends on an expert medical assessment of permanent reduced working capacity (TELK); however, in practice, this procedure often proves challenging for individuals affected by the disease. In this context, the social worker can play the role of mediator, advocate, and coordinator, ensuring that individuals receive appropriate support and protection of their rights. Researchers Bratoeva, Ruskova, and Kunev (2025) review the role and functions of clinical social work - of which social work with diabetic patients is an integral element - within the field of healthcare (Bratoeva, E., S. Ruskova, S. Kunev, 2025).

Social work plays a crucial role in mitigating social vulnerability among individuals living with diabetes. Practical interventions in this area encompass a wide range of support and advocacy activities, including:

- Social counselling and support for individuals with diabetes and their families.
- Mediation between institutions, healthcare professionals, and patients to facilitate effective communication and coordination of care.
- Organization of peer support and self-help groups, as well as psychological support initiatives.
- Assistance in accessing social services and exercising social rights guaranteed by national legislation.
- Advocacy for equal treatment and promotion of anti-discrimination policies protecting the rights of people with diabetes.
- Development of preventive programs, including campaigns promoting healthy nutrition, regular physical activity, lifestyle adaptation to the disease, and prevention of complications.

In the course of professional practice with individuals living with diabetes, the social worker is required to perform the roles of mediator, counsellor, and advocate. Their activities are directed toward achieving a balance between the needs of the individual and the capacities of the institutions involved. The social work professional strives to foster a more inclusive social environment in which people with diabetes can lead fulfilling and independent lives. The practical interventions of the social worker are focused on:

- Organizing educational programs aimed at enhancing self-management and self-control of the disease.
- Assisting clients in accessing social benefits, obtaining expert assessments of work capacity, and completing all related administrative procedures, including facilitating access to free or subsidized medications.
- Providing support for career guidance and workplace adaptation, ensuring that individuals with diabetes can remain active in the labor market under appropriate and safe conditions.
- Working within school environments to support children with diabetes by informing teachers, ensuring proper conditions for blood glucose monitoring, and promoting healthy eating practices.

The focus of community social work should be directed toward:

- Ensuring access to free or subsidized medications and medical supplies necessary for diabetes management.
- Developing national programs aimed at supporting individuals with chronic illnesses.
- Raising public awareness and promoting prevention initiatives related to healthy lifestyles and early detection of diabetes.

Diabetes mellitus is a condition that requires daily care and continuous monitoring, and this inevitably affects not only the individual's physical health but also their psychological well-being and social

relationships. In this context, social work aims to provide comprehensive support by addressing the psychosocial needs of individuals living with diabetes. Psychosocial support is directly linked to the improvement of quality of life. When patients feel psychologically stable and socially supported, they are more likely to adhere to treatment, reduce the risk of complications, and achieve better social integration. The interventions of the social worker that have a direct psychosocial focus include:

- Individual and family counseling aimed at addressing emotional challenges associated with the illness.
- Referral to a psychologist or psychiatrist in cases of depressive symptoms or psychological distress.
- Group work, including the establishment of support groups and peer exchange networks for individuals with diabetes.
- Advocacy for the creation of a more supportive social and occupational environment for people living with diabetes.

Some of the aforementioned interventions, such as emotional counseling, stress management, and peer support groups, are carried out by the social worker in collaboration with a psychologist. Among the modern approaches and innovations in social work with individuals with diabetes are various technological solutions, including training in the use of mobile applications for monitoring health status and receiving support; the application of the case management model - an individualized approach in which the social worker coordinates all services required by the patient (Milcheva, 2020); and the implementation of integrated social and health services, which involve joint efforts by social workers, medical professionals, and institutions within a shared service framework.

CONCLUSION

Social work with individuals living with diabetes is an integral component of the contemporary holistic approach to health. It requires commitment, professionalism, and sensitivity to each person's unique needs. Through social engagement, advocacy, and personalized care, the social worker can play a decisive role in enhancing the quality of life of people affected by diabetes. The social vulnerability of individuals with diabetes is a multifaceted issue that demands an interdisciplinary approach - medical, social, and political. Only through effective coordination among institutions, healthcare professionals, and social workers can the full social integration of people with diabetes be ensured. Reducing social vulnerability not only improves individual quality of life but also strengthens overall social cohesion.

To enhance the effectiveness of social work with individuals living with diabetes, it is necessary to: develop and implement educational programs for social workers in the field of healthcare; integrate social work into healthcare institutions; introduce regulatory changes to ensure faster access to services for those in need; and promote cross-sectoral cooperation among the Ministry of Labour and Social Policy, the Ministry of Health, non-governmental organizations, and local authorities.

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