Abstract

OBJECTIVES: Diabetes is a leading cause of death and disability in Canada. The co-occurrence of mental illnesses and diabetes is well documented, with diabetes being two to three times more prevalent among individuals with mental illnesses, compared to the general population. In clinical practices, diabetes management practices continue to be based on the chronic disease model which conceptualizes diabetes as a physiological and behavioral deficiency; therefore clinical and policy efforts are directed toward the enhancement of patient self-management techniques through compliance with pharmaceutical and lifestyle recommendations. Little attention has been given to the exploration of how well the biomedical model aligns with the everyday realities of individuals experiencing mental illness.

METHODS: This project explored everyday experiences of diabetes self-management among those diagnosed with severe mental illnesses through the lens of critical ethnography. RESULTS: This work demonstrated discordance between biomedical perspectives on diabetes management and the lived experiences of those with severe mental illness, such as schizophrenia spectrum, and bipolar disorders and diabetes. CONCLUSIONS: This work offers an alternative conceptualization of diabetes management that moves beyond idealized concepts of self-care to introduce the social realities of patients as they attempt to enact and negotiate around medical directives. This understanding encourages a shift towards social and contextual understandings of the lived realities of patients. Attention to how social context...
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