



SUPPORT

Supporting individuals with diabetes



What is positive social support?

When they have support from loved ones, people can better manage their diabetes. However, what is the best way to support someone with diabetes? There is sometimes a fine line between caring and nagging. It is not always easy to know what to do or say.

Some tips for caregivers, family and friends of individuals with diabetes, and how you can be a positive support to them:

Learn About Diabetes

Be a Good Listener

**Learn What
Low Blood Sugar Is**

Do It Together



Help Ease Stress

**Know When to
Step Back**

**Coping with
Stigmatisation**

1. Learn about diabetes

Myths and misinformation about diabetes are common. For those whose loved ones have diabetes, you can provide better support if you have accurate information about the condition. Consider accompanying your loved ones if he or she is attending a diabetes education class.

Here are some key areas of diabetes management:

- Medication adherence
- Monitoring of blood sugar
- Eating habits/ diet
- Exercise - stay active
- Sleep patterns
- Stress management
- Skills for problem-solving
- Social support
- Spirituality – healthy sense of purpose and meaning in life



2. Be a good listener

- One of the most important things you can do to help someone with diabetes is to listen to them.
- Avoid making judgmental statements, just focus on what they are saying. They are more likely to be open when they are not being judged.
- Avoid giving advice, unless requested as unsought advice can damage your relationship.

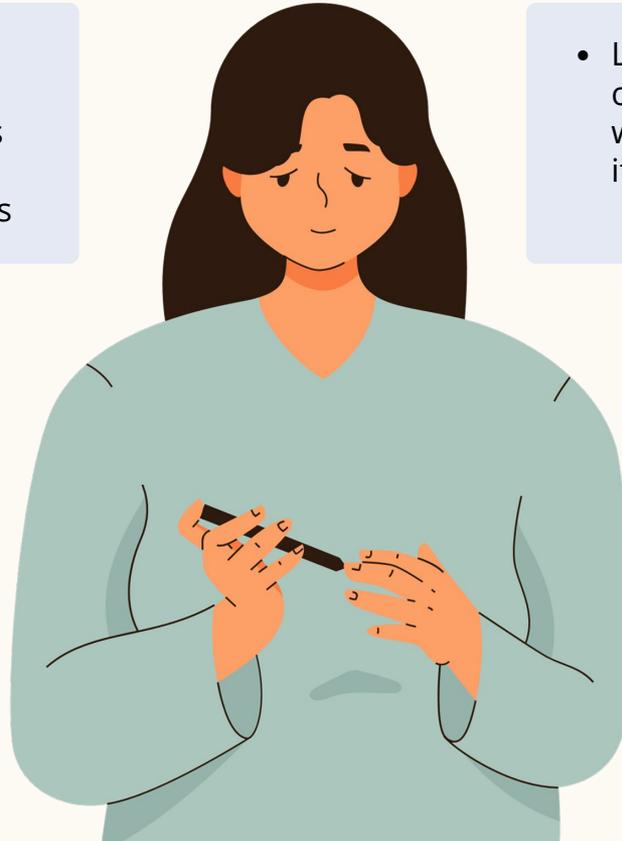


Here are some helpful questions you can ask when talking about diabetes with your loved ones:

- Would you like to share with me what the hardest part of managing your diabetes is?
- What can I do to help?
- Are there things I can do to help you make it easier to manage your diabetes (as your parent/spouse/friend/ colleague)?
- Would it be useful for me to help you:
 - ↳ Set up reminders to take your medications?
 - ↳ Prick your fingers for monitoring blood sugar?
 - ↳ Inject insulin?
- Would you like me to take you or accompany you to your doctor visits?

3. Learn what low blood sugar is

- People with diabetes can experience '**hypoglycaemia**' or low blood sugar (blood sugar less than 4.0 mmol/L) when they use insulin or certain oral medications



- Learn about the signs and symptoms of **low blood sugar**, how to treat it when it happens, and how to prevent it from happening

4. Do it together

- A diabetes diagnosis is a chance for everyone in the family to make lifestyle changes together to be healthier.
- For example, stop buying unhealthy snacks for the home. If you and your loved ones eat out at a hawker centre, make a decision to order healthier options. If you are going to someone's home, check ahead to help ensure there are healthy food and drink choices available. Discuss with the host on behalf of your loved ones, and avoid discussing it in front of the person with diabetes during the visit.
- Your role is not to be the food police but to support healthy choices, which can include a piece of cake every now and then. Plan for such occasions and go ahead to enjoy together once in a while.



5. Help ease stress



- Too much stress can raise blood sugar levels and make it harder to manage diabetes. Encourage your loved ones to talk about feelings and frustrations.
- Try doing things together like walking, gardening, watching a funny movie or attending a diabetes support group.
- Use creative ways to manage stress.
- Manage life problems together, have a positive mindset, and learn good problem-solving skills.

6. Know when to step back

- Remember that the person with diabetes is responsible for managing it, not you. Living with diabetes can be difficult. By having the positive support of family and friends, they are better able to make the best possible choices about their diabetes.
- Sometimes less can be more. Know when to give your loved ones the space to reflect on their own, and make mistakes. Be sensitive if they are experiencing any diabetes distress or burnout from managing it. Learn what the signs are, and gently encourage them to seek help instead of blaming or scolding them for poor management.



A photograph showing a caregiver in blue scrubs sitting on a bed, holding a black tablet. The caregiver is holding the hand of an elderly patient who is wearing a beige cardigan over a white shirt. The patient's hands are resting on the caregiver's lap. The scene is set in a clinical or hospital environment.

CAREGIVER STRESS AND TIPS

Am I experiencing caregiver stress?

Common signs and symptoms



Finding **no meaning** in caregiving



Loss of **appetite**



Insomnia



Chronic **fatigue**



Feeling **hopeless and helpless**



Withdrawal from family and friends

How can I manage caregiver stress?

Practise self-care



Get enough **rest**



Positive self-talk



Physical activities
and other hobbies



Meditation, yoga, taichi,
or **qigong**

Seek support



Talk to supportive
friends and family



Join **support groups**



Make use of **respite care**



Seek **professional help**

How can I manage caregiver stress?

Practise self-care

- Positive self-talk
- Tell yourself daily that you are helping the person in your care even if you do not do everything well; you are doing everything with love and you are improving

Make use of respite care

- Take a rest first so you are more able to care for others



Join support groups

- Hospital support groups
- Community support groups
- Online communities

Seek professional help

- From a therapist, counsellor or spiritual advisor

A woman with dark hair tied back, wearing a dark blue shirt with white polka dots, is smiling as she looks at a white document she is holding. She is sitting at a desk with a laptop in front of her. The background shows a home office setting with a bookshelf, a window with grey curtains, and a brass desk lamp.

FINANCE

How your outpatient bill may be covered



● Government subsidies

Offset your bill with government subsidies first

E.g., Government subsidies at public specialist outpatient clinics and polyclinics, Community Health Assist Scheme (CHAS), Pioneer Generation (PG) and Merdeka Generation (MG) outpatient subsidies

Then, if available, **further reduce your bill by tapping on employee benefits or private medical insurance**

You can then **use your MediSave** through the **Chronic Disease Management Programme (CDMP)** to reduce out-of-pocket costs

After deduction from the sources above, you may still need to **cover the remaining bill with out-of-pocket payment**

How your outpatient bill may be covered



1. **Government Subsidies**

Available at public specialist outpatient clinics (SOCs), polyclinics and CHAS GPs
[Refer to government subsidy pages for more information](#)

2. **Employee benefits/Private Medical Insurance (PMI)**

3. **MediSave/Chronic Disease Management Programme (CDMP)**

[Refer to MediSave pages for more information](#)

4. **Out-of-pocket payment (OOP)**

This is determined after deducting government subsidies, available employee benefits and private medical insurance, and the amount that the patient wishes to deduct from MediSave

Government subsidies at subsidised specialist outpatient clinics (SOCs) and polyclinics

Households with income				
Household Monthly Income Per Person	Subsidy at subsidised SOCs [^]		Subsidy at polyclinics	 Additional PG / MG subsidy
	Subsidised services	Subsidised medications	Subsidised medications for adults ⁺	
\$1,200 and below	70%	75%	75%	PG: Additional 50% off the remaining bill
\$1,201 to \$2,000	60%			
Above \$2,000/ Unassessed	50%	50%	50%	MG: Additional 25% off the remaining bill

Households with no income				
Annual Value [#] (AV) of Home	Subsidy at subsidised SOCs [^]		Subsidy at polyclinics	 Additional PG / MG subsidy
	Subsidised services	Subsidised medications	Subsidised medications for adults ⁺	
\$13,000 and below	70%	75%	75%	PG: Additional 50% off the remaining bill
\$13,001 to \$21,000	60%			
Above \$21,000/ Unassessed	50%	50%	50%	MG: Additional 25% off the remaining bill

Government subsidies at subsidised specialist outpatient clinics (SOCs) and polyclinics



^To receive subsidies for public SOC visits, you will first need to be assessed and referred by a CHAS clinic or polyclinic. The doctor will refer you to a public SOC as a subsidised patient where eligible.

*Children (18 years or younger) and elderly (65 or older) already receive 75% subsidy for subsidised medications at the polyclinics

#The AV of your home is the estimated annual rent if it is rented

Government subsidies at CHAS GPs

From 1 November 2019



PCHI (Per Capita Household Income)	Above \$2,000	\$1,201 to \$2,000	\$1,200 and below	All Merdeka Generation seniors receive CHAS benefits, regardless of income or AV of home	All Pioneers receive CHAS benefits, regardless of income or AV of home
AV (Annual Value) of Home (For households with no income)	Above \$21,000	\$13,001 - \$21,000	\$13,000 and below		
Acute (common illnesses)	-	Up to \$10 per visit	Up to \$18.50 per visit	Up to \$23.50 per visit	Up to \$28.50 per visit
Simple Chronic	Up to \$28 per visit, capped at \$112 per year	Up to \$50 per visit, capped at \$200 per year	Up to \$80 per visit, capped at \$320 per year	Up to \$85 per visit, capped at \$340 per year	Up to \$90 per visit, capped at \$360 per year
Complex Chronic	Up to \$40 per visit, capped at \$160 per year	Up to \$80 per visit, capped at \$320 per year	Up to \$125 per visit, capped at \$500 per year	Up to \$130 per visit, capped at \$520 per year	Up to \$135 per visit, capped at \$540 per year
Dental	-	\$50 to \$170.50 subsidy per procedure (denture, crown, root canal treatment only)	\$11 to \$256.50 subsidy per procedure (dependent on procedure)	\$16 to \$261.50 subsidy per procedure (dependent on procedure)	\$21 to \$266.50 subsidy per procedure (dependent on procedure)
Recommended Health Screening under Screen for Life (SFL)	A fixed fee of \$5 with SFL Invitation letter, for recommended screening test(s) and first post-screening consultation, if required	A fixed fee of \$2 with SFL Invitation letter, for recommended screening test(s) and first post-screening consultation, if required		A fixed fee of \$2 with SFL Invitation letter, for recommended screening test(s) and first post-screening consultation, if required	Free with SFL Invitation letter, for recommended screening test(s) and first post-screening consultation, if required
	Free for all Healthier SG Enrollees at their enrolled clinic, for recommended screening test(s) and first post-screening consultation, if required (from Jul 2023)				



Government subsidies at CHAS GPs

Type of visit

Pioneer Generation eligibility

- Born on or before 31 December 1949
- Received citizenship by 31 December 1986

Merdeka Generation eligibility

- Born from 1 Jan 1950 to 31 Dec 1959; and
- Received citizenship on or before 31 Dec 1996

OR

- Born on or before 31 Dec 1949; and
- Received citizenship on or before 31 Dec 1996; and
- Did not receive Pioneer Generation Package

Acute (common illnesses)

- Capped at 24 visits for common illnesses per patient per calendar year, across all CHAS clinics, from 2020 onwards

Simple

- “Simple” refers to visits for a single chronic condition

Complex

- “Complex” refers to visits for multiple chronic conditions, or a single chronic condition with complication(s)

[Refer to MediSave pages for the list of chronic conditions under the Chronic Disease Management Programme \(CDMP\) for CHAS Chronic conditions](#)

Screen for Life

- Recommended health screening refers to screening for diabetes, high blood pressure, high blood cholesterol, colorectal cancer and cervical cancer

MediSave for outpatient bills



Chronic Disease Management Programme (CDMP)

- Covers 23 chronic conditions
- Requires 15% co-payment
- Part of MediSave500/700, i.e., can use up to \$500 or \$700 per year, depending on complexity of chronic condition
 - ↳ Patients can tap on accounts of immediate family members (i.e., spouse, parents and children)
 - ↳ Patients who are SC/PR can tap on grandchildren's and sibling's MediSave



Flexi-MediSave

- For patients ≥ 60 years old
 - Can be used for the 15% co-payment under CDMP
- Up to \$300 per patient per year**
- ↳ Patient's own and spouse's accounts may be used, provided spouse is also ≥ 60 years old

MediSave for outpatient bills



MediSave

- National medical saving scheme
- Can help to pay for personal or immediate family members' hospitalisation, day surgery, and certain outpatient expenses



MediSave 500/700

- Can help to pay for outpatient treatment of CDMP conditions and approved vaccinations and screenings



Flexi-MediSave

- Can be used at Specialist Outpatient Clinics (SOC) in public hospitals and national specialty centres, polyclinics, and participating Community Health Assist Scheme (CHAS) GP clinics

MediSave for outpatient bills

Chronic Disease Management Programme (CDMP)

23 conditions for outpatient treatment

- Diabetes (including pre-diabetes)
- Hypertension
- Lipid disorders
- Stroke
- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Schizophrenia
- Major depression
- Bipolar disorder
- Dementia
- Osteoporosis
- Benign Prostatic Hyperplasia (BPH)
- Anxiety
- Parkinson's disease
- Chronic kidney disease (nephrosis/ nephritis)
- Epilepsy
- Osteoarthritis
- Psoriasis
- Rheumatoid arthritis
- Ischaemic heart disease
- Allergic rhinitis
- Chronic hepatitis B
- Gout

Patients can tap on CDMP after

- Certification by a doctor that they have at least one of the listed chronic conditions
- Authorising the use of MediSave through the Medical Claims Authorisation Form