**Abstract Title:** Exploring the acceptability of LISTEN: A telehealth program facilitated by health professionals to support adults with diabetes distress

**Background & Aim:** Diabetes distress, a common emotional concern among adults with diabetes, is often overlooked in routine care. LISTEN (Low-Intensity Mental Health Support via a Telehealth Enabled Network) is a brief, structured program using a 6-step problem-solving therapy approach, facilitated by trained diabetes health professionals. This study explored the acceptability of LISTEN among adults with type 1 (T1D) or type 2 diabetes (T2D) using the Theoretical Framework of Acceptability (TFA).

**Methods:** Adults (≥18 years) in Australia with self-reported T1D or T2D and at least mild diabetes distress (Problem Areas in Diabetes scale) were invited after completing at least one LISTEN session in a randomised controlled trial. Interview transcripts were analysed using deductive thematic analysis guided by the TFA’s seven constructs: affective attitude, burden, ethicality, intervention coherence, opportunity costs, perceived effectiveness, and self-efficacy.

**Results**: Twenty-four adults (T1D: n=10; T2D: n=14; median age: 55 years [IQR: 44–62]; range: 32–66) participated. They described LISTEN as valuable and supportive. The structured problem-solving approach was seen as practical and empowering, enhancing emotional wellbeing and self-management. Health professionals' empathy and diabetes knowledge were critical to building trust and promoting engagement. Telehealth delivery was widely appreciated for its convenience. Participants emphasised the need for clear communication about the program’s purpose and structure. Most viewed the effort required to participate as reasonable and were willing to recommend the program. Suggestions for greater flexibility, tailoring, and broader access were also offered.

**Conclusion:** LISTEN was viewed as acceptable and beneficial by adults experiencing diabetes distress. Support from diabetes health professionals was key to its success. Findings support broader implementation and highlight the need to maintain program fidelity while ensuring equitable access. This is the first study to apply the TFA to an intervention targeting diabetes distress, offering a theory-informed foundation for future refinement and scale-up.