

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol ar Atal iechyd gwael - gordewdra](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [Prevention of ill health - obesity](#)

OB11 : Ymateb gan: Cross Wales Psychologists in Weight Management

| Response from: Cross Wales Psychologists in Weight Management

Consultation Response – Prevention of Ill-Health (Weight Management)

Cross Wales Psychologists in Weight Management

To discuss anything further in our response please contact: TOPWMPsychology@wales.nhs.uk

Who are we?

As a group of practitioner psychologists working within weight management services across Wales, supporting adults, young people and their families living with overweightness, we are submitting this response to the current consultation for prevention of ill-health (weight management) under our professional remit as psychologists.

This response is based on the current strategy document Healthy Weight Healthy Wales (2019, updated 2023). As practitioner psychologists, we use our specialist skills to assess and create a shared, biopsychosocial understanding of difficulties that can then guide specialist person-centred therapeutic interventions. We aim to bring people together, be inclusive, and holistic in our work in weight management.

What is our current understanding of weight management?

We know that weight management is a complex issue that requires a holistic, biopsychosocial and person-centred approach. Weight management is also associated with childhood adversity; chronic stress also adversely impacts our biology in such a way that leads to increased weight gain and reliance on coping using food. The relationship between overweightness and mental health is bidirectional, which means these issues also need great consideration (BPS, 2019). Furthermore, weight management is an area of great changes on a national but also worldwide scale, particularly in respect to new medications being offered. This requires a thoughtful yet dynamic approach to understanding and supporting our patients.

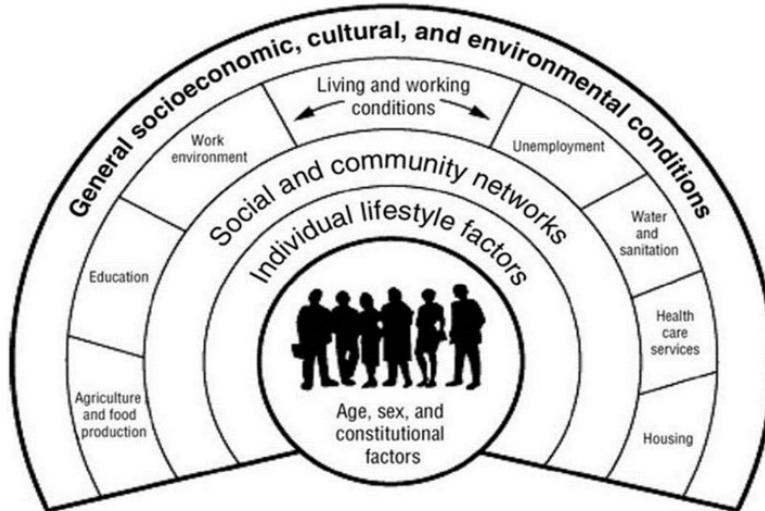


The Roots of Obesity (World Obesity Federation)

Our Concerns about Current Policy

Our concerns and recommendations are underpinned by the model of social determinants of physical health, and social and commercial determinants discussed by WHO (2023). This model shows how individual, community and wider socioeconomic, cultural and environmental factors impact on our health through opportunities and experiences.

The broad social and economic circumstances that together determine the quality of the health of the population are known as the 'social determinants of health'

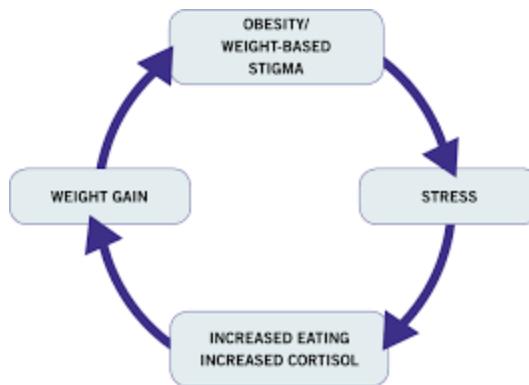


Source: Dahlgren and Whitehead (1991)

Language and Stigma (social and cultural conditions)

There is considerable debate about the most appropriate language to describe weight. There is evidence to suggest that neutral terms like 'weight' are preferred over less acceptable and potentially stigmatizing terms like 'fat' or 'obese' (Puhl, 2020). Our response aims to use person-first, non-stigmatizing, or neutral language such as person living with overweightness or obesity, rather than 'obese person', and all strategies, policy and communications associated with weight management should aim to do the same.

There remain many unhelpful, discriminatory and stigmatizing narratives in society about people living with overweightness, including that they lack willpower or self-discipline. These narratives and stigmatizing language lead to blaming individuals and focusing on calories in/calories out, rather than looking at a holistic bio-psycho-social understanding and wider public health policies. We know these narratives are unhelpful and are part of a vicious cycle of weight gain through emotional eating, avoidance of meaningful activity, reduced mental wellbeing and disordered eating. It also impacts the relationship between patient and healthcare providers. There needs to be a more compassionate approach to weight management in policy, public health campaigns and across healthcare services.



Cycle of Weight Stigma (Tomiyama, 2014)

Equitable Access (Health care services, living conditions, education and employment)

In Wales, we have a pathway set out for weight management services, but services through Wales are currently variable in terms of team make up and resources due to funding, leading to inequity between areas. Wales has a varied population and landscape mixed between rural and urban areas, with varied economic opportunity. This is often not taken into account when considering the service provision. Also, this means that individuals and families, particularly in more deprived areas, are often limited by time, opportunity, and finances when it comes to making choices around food and activity to support health and seeking support on a community level for mental health and physical health.

Furthermore, weight management is an ever-changing area in terms of understanding and treatments. An example of this is the recent medications (GLP1 agonists) available for some individuals. This has quickly increased interest and referrals. Demand therefore outstrips supply, without consideration of resources and robust pathways to consider this big change in working. This increase in referrals has impacted timely and effective access to services, for those both seeking medication and not. The current strategy does not acknowledge or support these accessibility issues.

A More Holistic and Complex Understanding (socioeconomic factors)

The current strategy has a focus on diet and activity, and although we recognise these are important parts of the picture, they are by no means the whole picture. There is a lack of understanding of the social determinants of physical and mental health, and how these are incredibly relevant to weight management. It is a complex issue that is affected by social and economic factors, and links with other issues including mental health, other physical health services, eating disorders, and trauma. We're concerned the current strategy does not acknowledge and address these issues and is very individually focused, when weight management is a systemic public health issue. Furthermore, this holistic and complex approach required more integrated care between services, pathways for which currently are unclear.

Our Recommendations

With these concerns in mind, we would recommend the following:

1. Incorporating a wider understanding of the complexity of weight management to current policy and strategy, including the social determinants of physical and mental health, the links with mental health, eating disorders and trauma (including ACE's) and considering individuals with additional needs such as learning disabilities and neurodivergence.
2. Interventions tackling social determinants of physical and mental health including supporting parents to be responsive, building community and belonging, and reducing burden of chronic stress such as through socio-economic factors.
3. Public health campaigns that highlight the complexity of weight management including the factors above.
4. Changing language around policy and campaigns to acknowledge and reduce stigma and encourage a compassionate approach to how we talk about weight management.
5. Revisiting the MECC training which can be variable to ensure this is used compassionately and effectively, and ensuring focus is on behaviour not appearance.
6. A need for clearer and more integrated care pathways between services, including calling for clearer communication and referrals pathways. This is even more important for children and young people who are supported by networks around them.
7. Encouraging consultation and liaison between services for better joined up care.
8. Detailing training, support and supervision needed for health professionals both within weight management services and health professionals coming into contact with individuals and families affected, and training to increase understanding of the factors above and supporting compassionate, person-centred approaches to weight management.
9. Taking a focus similar to that in trauma and mental health services – not about what's wrong with a person but what's happened to them?
10. A strategy that acknowledges inequity between services and access difficulties for patients, and funds greater equitability and access including looking at the make-up of services and support offered, and access to psychological therapies.

Reference List

Dahlgren, G., & Whitehead, M. (1991). Policies and strategies to promote equity in health. Stockholm: Institute for Futures Studies.

Healthy Weight; Healthy Wales Strategy (2019, updated 2023) Welsh Government.

Perriard-Abdoh, S., Chadwick, P., Chater, A. M., Chisolm, A., Doyle, J., Gillison, F. B., ... & Snowden-Carr, V. (2019, September). Psychological perspectives on obesity: addressing policy, practice and research priorities. British Psychological Society.

Puhl, R. M., Himmelstein, M. S., & Pearl, R. L. (2020). Weight stigma as a psychosocial contributor to obesity. *American Psychologist*, 75(2), 274.

Tomiyama, A. J. (2014). Weight stigma is stressful. A review of evidence for the Cyclic Obesity/Weight-Based Stigma model. *Appetite*, 82, 8-15.

WHO (2023) Commercial determinants of health. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/commercial-determinants-of-health>

World Obesity Federation (2019) The roots of obesity. Retrieved from <https://www.worldobesity.org/what-we-do/our-policy-priorities/the-roots-of-obesity>