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](#)

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RCPsych Wales response to the Health and Social Care Committee consultation 'Prevention of ill-health – Obesity'

About RCPsych Wales

The Royal College of Psychiatrists is the professional medical body responsible for supporting psychiatrists throughout their careers, from training through to retirement, and setting and raising standards of psychiatry. The College aims to improve the outcomes of people with mental illness and intellectual disabilities, and the mental health of individuals, their families and communities.

To achieve this, the College sets standards and promotes excellence in psychiatry; leads, represents and supports psychiatrists; improves the scientific understanding of mental illness; works with and advocates for patients, carers and their organisations.

Nationally and internationally, the College has a vital role in representing the expertise of the psychiatric profession to governments and other agencies. RCPsych Wales represents more than 600 consultant and trainee psychiatrists working in Wales.

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Introduction

RCPsych Wales welcomes this opportunity to respond to the Health and Social Care Committee's call for evidence on the prevention of ill-health and obesity.

Many of the public health risks that affect the population such as smoking, alcohol misuse and obesity disproportionately and negatively affect those with mental health disorders. This is particularly true of those with Severe Mental Illness (SMI).

The effects of poverty and inequalities on these three factors are most starkly demonstrated by the fact that those with SMI are likely to die on average 15-20 years earlier than the wider population.

The College has for a long period promoted the importance of public mental health and the contribution it can make to better health outcomes for those group of patients that our members seek to serve.

In this consultation response, we suggest some key recommendations that the Committee may wish to consider making to the Welsh Government. We also highlight an upcoming report co-authored by the College on Weight Management and Mental Health (to be released in September 2024), which will be highly relevant to the Committee's deliberations. Our response goes on to consider the relationship between obesity and mental health, current obesity care provision in Wales, and what good care looks like for people with SMI. We conclude by discussing the impact of the food environment.

Recommendations

RCPsych Wales has identified six key recommendations that we believe the Committee should make to the Welsh Government in its final report:

1. The Welsh Government should give due regard to the findings and conclusions of the upcoming report by RCPsych Wales and the NHS Wales' Joint Commissioning Committee on *Weight Management and Mental Health: A Framework for Action in Wales* when revising its strategy, regulations, and associated actions to prevent and reduce obesity in Wales.

2. The Welsh Government should commit to developing specific obesity care provision for people with SMIs, in collaboration with RCPsych Wales and the psychiatric profession. This must include implementing person-centred care across the treatment journey and optimising data and digital healthcare technologies.

3. Health boards should effectively monitor the implementation of personalised care planning through a comprehensive checklist. This checklist should encompass critical components, such as the joint agreement on personal physical health goals, strategies for self-care including health coaching, a roster of physical health referrals, social prescribing, or onward signposting, as well as follow-up over the next 12 months, and defining the roles and responsibilities of other supporting professionals.

4. The Welsh Government should examine alternative initiatives to mandatory calorie labelling on menus in the 'out of home' sector as a means of addressing the causes of obesity. This should include tackling health inequalities and improving public health literacy. Calorie labelling would have negative mental health impacts on those with eating disorders and disordered eating behaviours, and the evidence base for its effectiveness as a public health intervention is not clear.

5. The Welsh Government should commit to enhancing the 'Healthy Weight: Healthy Wales' Strategy by ensuring an alignment on both obesity and eating disorder prevention in its forthcoming Delivery Plan.

6. The Welsh Government should place a renewed focus on National Priority Area 4 of the 'Healthy Weight: Healthy Wales' Delivery Plan to ensure learners develop knowledge of a healthy balanced diet and its

importance to health and well-being and schools increase their offer of healthier foods and beverages.

Upcoming Report on Weight Management and Mental Health

The College has a formal partnership with the NHS Wales' Joint Commissioning Committee (JCC) through the Dyfodol Programme. This programme supports the enhancement of mental health services and the delivery of optimal care for people across Wales. The Dyfodol Programme is commissioned by the Minister for Mental Health and Early Years and enables Welsh Government and national partners to acquire valuable insights in order to plan and commission effectively.

Within this programme, we have focussed upon the relationship between physical and mental health through a series of reports and frameworks.

In March 2024, in partnership with the Public Mental Health Implementation Centre, we issued Smoking and Mental Health: A Framework for Action in Wales.

We are currently developing a highly relevant framework - *Weight Management and Mental Health: A Framework for Action in Wales*. This framework is anticipated for completion in **September 2024**, and we would be keen to share that detail with the Committee once available.

The framework will seek to understand and present several areas of key focus, namely:

1. Understanding weight management and mental health

a. Effects of weight gain among people with MHC (mental health conditions)
- Loss of healthy years
- Mortality gap
- Increased risk of diabetes, liver effects and CVD (cardiovascular disease)

- Effects on mental health
- Healthcare costs

b. Prevalence of overweight and obesity in people with MHC
- Wales
- Comparable Western countries
- UK

2. Factors contributing to weight gain among people with MHC

a. Bidirectional relationship between weight gain and poor mental health
b. Childhood obesity
c. Pathways to obesity in people with MHC
d. Medications that cause weight gain
e. Sociodemographic factors
f. Behavioural factors
g. Lack of integration of physical and mental health care
h. Wider context (obesogenic environment)

3. Rationale for weight management support in people with MHC and integrated care

4. Approaches to provide weight management support for people with MHC

a. Current evidence-based approaches
b. Challenges of delivering weight management support to people with MHC
- Difficulties in balancing medication.
- Unhealthy food environments in inpatient settings
- Barriers to physical activity
- Particular challenges for people with SMI
- Staff knowledge of how to deliver weight management support
c. Current evidence-based approaches in Wales
d. Gaps in provision of weight management in Wales for people with MHC including SMI

5. Supporting implementation of evidence-based weight management programmes

a. Adapting evidence-based strategies to better support people with MHCs
b. Scaling up weight management programmes
c. Addressing misperceptions among healthcare staff
d. Improving data and monitoring

Relationship between Obesity and Mental Health

The relationship between obesity and mental health is complex, with a variety of factors at play – sociodemographic, lifestyle, pharmacological, individual – as well as a lack of properly integrated physical and mental health care. For further information on any of these in advance of our upcoming report on weight management and mental health, please contact Dafydd.Huw@rcpsych.ac.uk.

People living with an SMI are at risk of 15-20 years of premature mortality (Chesney et al., 2014), and the causes of those deaths are predominantly from preventable physical health problems (Hennekens et al., 2005; Laursen et al., 2012; Subashini et al., 2011; Zareifopoulos et al., 2018; Zolezzi et al., 2017).

Evidence also demonstrates that higher BMI causes higher odds of depression and lowers well-being (Casanova et al., 2021) and that incidence of depression and anxiety is amplified by obesity (Fulton et al., 2022).

It is, however, important to distinguish that populations living with an SMI are going to have very different needs to those suffering with anxiety and depression, and that the interventions offered need to be tailored to the needs of the individual.

Obesity Care Provision in Wales

There is currently a lack of cohesive guidance on obesity provision for Welsh people living with SMI. For example, the current obesity care provision outlined by the Welsh Government in its 'Healthy Weight: Healthy Wales' (2019) strategy post-dates 2018 guidance by Public Health England around obesity care provision for people living with SMI (this guidance was refreshed in January 2024).

To facilitate the goals of 'Healthy Weight: Healthy Wales', particular efforts have been made within primary care to provide the necessary support for people living with obesity in Wales. For example, Welsh Government (2021) published the 'All Wales Weight Management Pathway' (AWWMP) which sets out the 'components, standards, and guidance to support the development and delivery of weight management services in Wales'. This guidance proposes that service design and delivery should be person-centred, psychologically, and behaviourally informed, should focus on long-term health change, and should provide integrated, co-ordinated, and ongoing support for the patient.

A number of reports have been produced in an attempt to guide the effective implementation of the AWWMP obesity care pathway, such as the Primary Care Obesity Prevention Plan (Public Health Wales, 2022), a report on the primary care needs of people living with overweight and obesity (Hannah et al., 2021), and a report of behavioural insights of people supporting weight management that work in primary care (Pringle et al., 2021).

These reports provided a number of similar and independent recommendations based on their findings, which the Committee may find useful in its deliberations. These are summarised below:

- Shift obesity management paradigm to include greater responsibility for the long-term management of obesity by the health service.
- The importance of implementing person-centred care for people living with obesity, across their treatment journey.

- Consideration of the life course and how this impacts obesity development and obesity management.
- Support staff members working with those living with obesity, to improve their knowledge, skills, and confidence through education, training, and good communication.
- Increase staff members awareness of available services and resources to provide weight management support.
- Increase the understanding of specific roles that different professional groups can best play in supporting weight management.
- Challenge bias and stigma towards people living with obesity, within the care setting.
- Optimise overweight and obesity data usage and digital healthcare technologies, i.e., improve systematic data collection, better access to data, increased use of data to inform development of services and better understand the impact of weight management interventions.
- Consideration needs to be given as to how weight can be objectively and proactively assessed given the rapid move to digital health care following COVID-19.
- Accessibility and availability of weight management interventions need to be considered.
- To engage all those for whom weight management support is appropriate, the public also needs to recognise their weight status, and public awareness, acceptability and uptake of available support needs to be addressed.

What Good Care and Provision Looks Like for People with SMI

Several UK Government publications have been produced surrounding the issue of obesity and physical health in people with SMI (Public Health England, 2018; Office for Health Improvement and Disparities, 2022), and there has been an attempt to implement this guidance within the National Health Service (NHS England, 2016a; NHS England, 2018; NHS England, 2024). Much of the current policy on how to tackle obesity among people with SMI is based on data from Public Health England, and

guidance set out by the National Institute for Health and Care Excellence (NICE).

Current NICE (2015) guidance around the management of weight gain and obesity for people with SMI includes the development of healthy eating and physical activity programmes by the healthcare provider, particularly for those prescribed antipsychotic medication. The guidance also states that where weight gain is rapid or excessive, interventions in line with NICE guidance should be offered.

Early detection has been a primary focus for tackling the issue of obesity in people with SMI and is a key component of the Five Year Forward View for Mental Health (NHS England, 2016b). This independent report proposed an aim to increase early detection and improve access to evidence-based physical health interventions by the year 2020/21. This aim was reiterated in further documentation, such as the Next Steps on the NHS Five Year Forward View (NHS England, 2017) and Refreshing NHS Plans for 2018/2019 (NHS England, 2018). The general guidance set out by NICE and the Five Year Forward view shows an attempt to clarify what good quality of care looks like for people with SMI who also have obesity and how it should be commissioned.

This guidance suggests several fundamental aspects relating to the design and implementation of obesity care for people with SMI. Key elements of the design include:

- Collaborative design with input from service users and carers.
- Effective joint working should be implemented across primary and secondary care services, and protocols for addressing excessive weight gain and obesity should be clearly defined for staff members working across primary and secondary care.
- Communication between primary and secondary care services should be effective, and robust shared care arrangements should be in place.
- Provision should also ensure that at follow up that patients are receiving personalised care planning (i.e., inclusive of the full needs of the service users, taking steps to combat loneliness, isolation and

promoting of wider engagement in self-care, exercise, healthy eating, and lifestyle) and engagement, and psychosocial support.

- Where secondary physical health interventions are to be implemented, these should be enabled through an accessible referral system to specialist physical health care, and through clear and effective communications to both service users and carers (i.e., text and phone calls as well as letters).

- Social prescribing plays a pivotal role in advancing personalised care planning, fostering collaboration across a spectrum of healthcare and social organisations, voluntary groups, community initiatives, and faith-based communities. It's a process that hinges on shared decision-making between service users and the professionals aiding them.

- Health boards can effectively monitor the implementation of personalised care planning through a comprehensive checklist. This checklist encompasses critical components such as the joint agreement on personal physical health goals, strategies for self-care including health coaching, a roster of physical health referrals, social prescribing, or onward signposting, as well as follow-up over the next 12 months, and defining the roles and responsibilities of other supporting professionals.

- It's essential to consider individuals grappling with pre-existing co-morbid physical and mental health issues, whose ability to self-manage their conditions may vary, and who may encounter additional social challenges. To ensure active engagement in physical healthcare, services must provide reasonable adjustments, such as longer appointment times for physical health assessments, engage in proactive follow-up on assessment results, and offer outreach support with assistance from peer support and voluntary sector organisations, particularly for those facing difficulties in attending appointments or participating in activities aimed at enhancing their overall health and well-being.

The Food Environment

In 2022, the Welsh Government sought views on proposed plans to make calorie labelling on menus mandatory in the out-of-home sector as part of its strategy to tackle obesity. Responding to this call for evidence, RCPSych Wales cautioned against the introduction of mandatory food calorie labelling, citing concerns around a lack of evidence to support the policy and its negative impact on those with eating disorders.

While recognising that the intent of the proposals is to improve the overall health and wellbeing of the people of Wales, the evidence base for calorie labelling delivering such benefits is not clear. Looking to the UK Government's evaluation of its impact (UK Government, 2020), the lead study it utilises (Sinclair et al., 2014) explicitly states that calorie labelling alone did not have a meaningful impact. Moreover, while the study suggests some reduction in calories when set alongside wider nutritional information, this would be to the detriment of the patient population who present at eating disorder services.

Eating disorders are serious mental illnesses, estimated to affect around 1.25 million people in the UK (BEAT, n.d.). Research also suggests that the COVID-19 pandemic has both exacerbated the number of young people presenting with eating disorders and the severity of their condition (Taquet et al., 2021).

Alongside the clinical view that College members provide, we have worked with eating disorder charity BEAT to ensure that the voice of lived experience of eating disorders has also informed our view. A survey of over 100 participants was conducted in response to the Welsh Government's proposed introduction of mandatory calorie labelling. This revealed a variety of reasons as to why 98% of those surveyed felt that the introduction of mandatory food calorie labelling would have a negative or very negative impact on them (Royal College of Psychiatrists, 2022).

The current 'Healthy Weight: Healthy Wales' Strategy and 2022-24 Delivery Plan are silent on the matter of eating disorders. This is a disappointing omission given that obesity and eating disorders have similar risk factors

and present significant physical and mental health impacts. Several studies have pointed to the potential for integrated prevention of obesity and eating disorders (da Luz et al., 2018; Irving et al., 2002; Sánchez-Carracedo et al., 2012). We therefore urge the Welsh Government to rectify this anomaly by coordinating both obesity and eating disorder prevention strategies in the next iteration of its 'Healthy Weight: Healthy Wales' Delivery Plan.

Given the dearth of evidence of the impact of calorie labelling on systemic issues, such as social determinants and psychosocial factors, RCPsych Wales believes that greater attention should be paid to broader interventions aimed at tackling health inequalities and promoting public health literacy.

In particular, we consider that a renewed focus is needed by the Welsh Government on National Priority Area 4 of the 'Healthy Weight: Healthy Wales' Delivery Plan – 'Enable our education settings to be places where physical and mental health remains a priority'. Given the potential of school-based interventions for preventing and treating childhood obesity and overweight (Lavelle, 2012; Marsigliante, 2022), the curriculum must do more to empower learners to develop knowledge of a healthy balanced diet and its importance to health and well-being.

Moreover, given recent concerns regarding the quantity and quality of school meals in Wales (Children's Commissioner for Wales, 2024), more concerted action is needed to ensure that schools increase their offer of healthier foods and beverages to learners. We hope that the Welsh Government's ongoing review of the guidance and regulations in this space will meet the challenge.

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