

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

OB46 : Ymateb gan: Mary Williams | Response from: Mary Williams

Prevention of Ill Health - Obesity

Name: Mary Williams



Writing response in a personal capacity.

I am over 18 years old.

Permission given to publish name.

No permission given to publish home address or email.

Permission given to publish written evidence.

1. The is a personal contribution from an individual who has struggled with weight issues from the age of 12 to my present age of 51. I am not an expert in any area of this but have lived experience of having obesity, however am now feeling more confident of speaking about it.
2. I believe the first step when speaking about prevention of ill-health (obesity) is around language. Currently people are defined by their weight. 'I am overweight.' 'I am obese.' One of the questions of this consultation says '...people who are overweight/obese'. Experience has thought me to explain it differently. **The language should change** to 'I have obesity.' Changing from defining myself by it to something I have, and therefore can treat, was liberating.
3. Gaps in current policy: **Attention should be given to people who currently have obesity and want to improve their health outcomes.** I agree with interventions in pregnancy and early years, however it is never too late to want change no matter what season of your life you are in. Body image confidence is key in life but getting older with obesity has an impact on the body which can lead to other issues.

4. **It is very difficult talking about weight because of the stigma and judgments.**
It is a subject I have avoided, becoming an expert in changing the conversation whenever it came up. I think I am like most people who are dealing with weight issues.
5. After decades of having obesity, I have developed osteoarthritis in my knees and it is painful. When I made an appointment with my local GP to talk about the pain, I made the decision to ask for help. It was really difficult to admit that I needed help. My hesitation in talking to my GP comes from the fact the cost of dealing with obesity in the NHS is always a prominent feature either in the media or in political arguments. Because obesity is considered a lifestyle issue, it implies the person who has it can easily change if they really wanted to. If it was that easy, then the statistics around weight loss and maintaining a healthy weight following weight loss would be different. After years of dieting, trying different approaches, I was getting nowhere. As I said I have never spoken about my weight, so this was a moment which I avoided all my adult life and now felt very vulnerable. When I asked for help, the GP asked what my weight was. When I said it out loud, they responded 'knees were never designed to carry that kind of load'. I was then told that I would be entitled to free Slimming World vouchers and if I wanted a link would be sent to me about Weight management services by the health board. I left the GP surgery humiliated. I have wondered if this is a common experience for people. I don't believe the GP was being unkind, just not sure of how to talk about it. **GPs should have guidance on how to talk to people who ask for help in this area.**
6. That evening I looked at the Slimming World website. I had never tried Slimming World but had tried Weight Watchers or now as it is called WW. When so much effort is given to understanding healthy food, the idea that through Slimming World, I would have to consider 'free food', 'healthy extras' and 'syns' seemed odd. Nothing is free, healthy should be never be extra and syns has negative connotations. **Healthy food decisions require a different kind of education which should include an understanding or awareness of why you may choose an unhealthier option (the psychology of it).**
7. Regarding the link which the GP spoke about, I signed up to receiving information. Shortly after that I was contacted by the service and was placed in a group with other individuals who met online once a week for a number of weeks. The group was supportive and I learned so much and believe that my current ability to speak about my situation is down to the encouragement, skills, patience and kindness that I experienced in the group. **I believe more group sessions which create environments which are open and safe to discuss issues of having obesity should be available.** I am still part of this pathway and am grateful for it.
8. **Emphasis is given to food and exercise which is correct, however a third element is psychology.** Understanding how the mind works in relation to weight loss should be given more support. I hope that academics/practitioners in this field are submitting or have been consulted on how weight gain occurs and how difficult it is to lose weight once it has been gained.
9. I think more people need to be empowered to speak about it and hopefully rather than feeling stigma or shame, we can treat it.

10. Social media is filled with images of perfection however when it comes to weight loss, the narrative of the 'before' and 'after' is overwhelming. It is nothing new. Photos juxtaposed of people before and after they have lost weight is common place, but I really feel that the 'in-between' of these 2 points (before and after) needs to be documented more. It can be lonely, but the thing I know for certain is that there are many, many people who want and need help to change.