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ROYAL COLLEGE OF PSYCHIATRISTS

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Claire Morris
Committee Clerk
Children and Young People Committee
National Assembly for Wales
Cardiff Bay, CF99 1NA.

3 May, 2013

The Children and Young People Committee - inquiry into Childhood Obesity

Dear Ms Morris

Thank you for the opportunity to submit our views to the Committee on childhood obesity. The Royal College of Psychiatrists in Wales believes that this inquiry could provide a better understanding of its prevalence and how it can best be tackled. We do know that the underlying causes of obesity are complex and the solutions equally so. We therefore commend the Committee for holding this inquiry.

It is widely recognised that those with severe mental illness and those with a learning disability are more likely than the general population to suffer from overweight and obesity. Despite this trend, there is relatively little understanding and research into the correlation between mental health and over eating, particularly amongst children, which makes for finding a solution difficult but all the more necessary.

The College is committed to raising awareness of issues around psychiatry within the National Assembly and the Welsh Government. We look forward to engaging with the Committee in the future.

Sincerely,

Professor Rob Poole
Honorary Consultant Psychiatrist
Chair, Royal College of Psychiatrists in Wales

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Introduction

The Royal College of Psychiatrists in Wales is a Membership organisation representing over 500 Trainee and Consultant Psychiatrists in Wales. Our Members are medically trained in assisting and promoting the physical and mental wellbeing of patients.

We thank you for the opportunity to provide evidence to the Committee's inquiry into childhood obesity. The health risks of obesity are severe and multitudinous and well documented. Obesity is commonly classed as an "epidemic", which illustrates its magnitude and prevalence in the population world-wide. The exact risks and underlying causes of overweight and obesity amongst children is less understood and researched. We therefore commend the Committee for focusing on children in particular, recognising that this is an important issue which requires immediate investigation.

The statistics

The percentage of overweight and obese people of all ages in Wales is alarming. The UK has the highest percentage of overweight and obese people in Europe, and Wales has the highest percentage in the UK. 57% per cent of adults and 18% of children aged 13 in Wales is either overweight or obese[1]. 22% of Welsh children aged three were overweight and five per cent were obese.[2] Fortunately, the latest trend shows that the prevalence of childhood obesity in the UK is leveling off,[3] yet figures are still unacceptably high, and it is not known if this trend is true in Wales. The latest figures from Scotland show that the level of overweight and obesity of children is leveling off and remains at 15% for primary one pupils.[4] It is of great concern that overweight and obese children are more likely to stay obese into adulthood and to develop non-communicable diseases such as diabetes and cardiovascular diseases at a younger age.

The causes

Weight gain and obesity result from a combination of a lack of exercise and a poor and unhealthy diet. It is well known that sedentary lifestyles coupled with a diet of fatty, high-calorie food will lead to weight gain and poor physical health. Sedentary lifestyles were only associated with the aging, but the trend is now common amongst children. Few children get enough physical activity from playing outdoors, either because children prefer to watch television and go online, or because parents fear for their safety when left outdoors unsupervised.[5]

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[1] Public Health Wales (2009) Welsh Health Survey
[2] Welsh Government (2010) *Obesity Pathway*, pg.1.
[3] NICE (2013) *Managing overweight and obesity among children and young people: lifestyle weight management services*
[4] http://www.bbc.co.uk/news/uk-scotland-22351540
[5] Living Streets (2009), *No Ball Games Here (or shopping, playing or talking to the neighbours)*.

However, research shows that the reasons for an unhealthy lifestyle are more complex and multi-faceted, often determined by social deprivation, geographic location (urban/rural), racial background, poor mobility, and physical and/or mental illness. Albeit rare, some childhood genetic syndromes (such as Prader-Willi syndrome) are associated with excessive eating and would benefit from specific dietary advise. Tackling the causes of obesity is therefore not straightforward and requires careful consideration of a wide range of solutions, which must be tailored to the individual by taking into account the above factors.

Mental Health
Obesity is more common in people with learning disabilities and those who have mental illness such as major depression, bipolar disorder, panic disorder and agoraphobia. People with LD and mental illness are also likely to have physical health problems associated with their weight. The reasons for this are the same as for the general population; lack of exercise coupled with a high-calorie diet. However, people who suffer from mental illness or those with a learning disability are further disadvantaged because they are at even greater risk than the general population of the following:

- social deprivation - those with poor mental health are more likely to have low incomes. Poverty can contribute to poor mental health;
- lacking motivation and opportunity;
- needing medical treatment that can cause weight gain (typically some antipsychotics can cause weight gain, however, these are not commonly prescribed in childhood);

We know that poor mental health can underly risk behaviours, including lack of exercise, unhealthy eating and obesity. Unhealthy lifestyles are associated with depression and anxiety and severe mental illness, and physical illnesses can be associated with psychological distress. To date, less is understood about the causes of obesity in children with mental illness or with a learning disability although figures show that 40% of children aged under 8 years old with a limiting illness and learning disability are obese or overweight compared to 22.4% of children who have neither condition.[6]

Policy

The National Obesity Pathway set up by the Welsh Government in 2010 is designed to ensure that a multi-agency approach is used to address local issues and ensure that programmes are implemented. The focus of the Pathway, as well as other Welsh Government policies into managing weight for children and young people concentrates on BMI, exercise, diet, nutrition, education and the role of the family and the school. However commendable they are, it is difficult to ascertain the success of these initiatives due to a lack of performance data and evidence. Furthermore, we are unaware of any policies that address the issue of obesity and mental health, including those specifically designed for children. The Obesity

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[6] ChiMat (2013) *Disability and obesity: the prevalence of obesity in disabled children,* pg. 3 http://www.obesitywm.org.uk/resources/Disabilityandobesitytheprevalenceofobesityindisa.pdf

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Pathway merely states that certain groups, including those children and adults with learning difficulties, *may* require additional services and planning.

The National Institute for Health and Care Excellence has recently published draft guidelines on overweight and obese children and young people - lifestyle weight management services for consultation. In it are recommendations which we believe are of importance. These include the following:

Recommendation 2: Commissioning lifestyle weight management programmes for children and young people

"Ensure (individual weight loss) programmes have been designed and developed with input from a multi-disciplinary team that specialises in children and young people and can provide expertise for each component of the programme. For example:

- a state registered dietician or registered nutritionist
- a physical activity specialist
- a behaviour-change expert such as a health psychologist, health promotion specialist or exercise psychologist, with input from a child psychologist."

Recommendation 4: Developing a tailored programme that meets the individual's needs, in particular:

Identify any concerns about their mental wellbeing which may be related to their weight, for example, psychological distress, depression, bulimia or self-harming. Provide opportunities, in either a group or one-to-one session, for the child or young person to talk about any victimisation or distress (including any history of bullying or teasing).

Refer them to their GP if appropriate, for onward referral to child and adolescent mental health services (CAMHS). (Note: such concerns may be identified at any stage of a weight management programme.)"

Recommendation 9: Formal referrals to lifestyle weight management programmes

If the child or young person shows signs of psychological distress, depression, bulimia or self-harming and meets the local referral criteria, refer them to child and adolescent mental health services.

The above recommendations highlight the importance of programmes that not only focus upon diet and exercise but also take into consideration psychological aspects. Russel Mayhew et al suggest that "a focus on weight could increase psychological discontent for children/youth who struggle with body issues or eating problems by encouraging unhealthy self-monitoring or unhealthy weight control practices."[7] They suggest that interventions should consider the "whole"

[7] Russel-Mayhew, Shelly. et. al. (2012) *Mental Health, Wellness and Childhood Overweight/Obesity*, Journal of Obesity, Volume 2012, Article ID 281801, pg. 5

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child and that significant improvements in physiological measures, health behaviours, and psychosocial outcomes (such as self-esteem and body image) have been found to result from approaches that focus on weight-neutral rather than weight-loss goals.

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