

**Obesity Action Scotland's response to the consultation on
'Mental Health in Scotland – a 10 year vision'**

Questions

- 1. The table in Annex A sets out 8 priorities for a new Mental Health Strategy that we think will transform mental health in Scotland over 10 years.**

Are these the most important priorities?

Yes / No / Don't know

Yes. However, in the light of the proportions of overweight and obesity in Scotland (adults: 65% overweight and obese and 28% obese; children: 31% overweight and obese and 17% obese) and strong evidence for bi-directional association between obesity and poor mental health¹, there should be greater focus on addressing mental health consequences of obesity: low self-esteem, depression, anxiety, poor body image, maladaptive eating behaviours, exercise avoidance and stigma issues². The physical health care of people with mental health problems should include consideration, monitoring and support to ensure they stay a healthy weight.

If no, what priorities do you think will deliver this transformation?

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- 2. The table in Annex A sets out a number of early actions that we think will support improvements for mental health.**

Are there any other actions that you think we need to take to improve mental health in Scotland?

Priority 1 Early Actions

Add action:

'Improve education/support on healthy diet (incl. breastfeeding) and physical activity to protect pregnant women, new mothers and their children from putting on weight and promote optimal mental health'

Priority 2 Early Actions

Add action:

'Increase awareness about healthy attitudes towards weight in a sensitive way to avoid stigma and promote mental wellbeing.'

Comments:

'Key vulnerable populations' are not defined in the document; the definition should include overweight and obese infants, children and young people (both genders) as well as pregnant women and new mothers.

A recent report² recommended that policies aimed at improving the mental health outcomes of children and adolescents would also benefit from a focus on increasing awareness about healthy attitudes towards weight.

Early intervention programmes should allow co-treatment for mental health problems alongside other problems, as this is likely to reduce the burden of both conditions². For example, common mental health issues and obesity display similar symptoms (sedentary behaviour, sleeping problems, poorly controlled food intake); therefore addressing them as one health problem could lead to better treatment outcomes. This could be done by stress management, exercise or lifestyle modification.

Further actions to support health and wellbeing of children and young people (recognising the link between mental and physical health) should address changing public attitudes to obesity early^{3,4}.

Priority 5 Early Actions

Comments:

Computerised Cognitive Behavioural Therapy to be rolled out nationally should include modules addressing body image and stigma related to obesity.

Care providers should monitor weight of patients with mental health disorders and similarly mood should be monitored in overweight and obese patients. This awareness could lead to prevention, early detection and co-treatment.

Priority 6 Early Actions

Add actions:

'Access to weight control programmes and services should be included in prevention programmes.'

Comment:

Appropriate nutrition is just as important for mental health as it is for physical health. Actions to improve physical health of people with severe and enduring mental health problems should therefore include not only increasing physical activity but also address diet quality⁵. Nutrition and hydration should be guided by the Scottish Dietary Goals, individual dietary needs and Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 14 for those who use services.

Priority 7 Early Actions

Comments:

Mentally and physically healthy workplaces should allow and promote healthy food and drink choices and physical activity.

Development of more effective alignment with wider population health improvement (e.g. alcohol, diet, activity) should be more specific and measurable. For example committing to the points from the *Preventing Overweight and Obesity in Scotland. Obesity Route Map Towards Healthy Weight*⁴ by supporting specific programmes that can achieve this.

There is evidence that weight stigma could increase vulnerability to depression, low self-esteem, poor body image, maladaptive eating behaviours and exercise avoidance⁶. There is often a societal notion that stigma may serve a positive function on motivating healthy eating, but research challenges that thinking. It is therefore important to build into a national programme work that will challenge weight stigma. This may include how government policies refer to the issue and how the media report the issue.

3. The table in Annex A sets out some of the results we expect to see.

What do you want mental health services in Scotland to look like in 10 years' time?

Priority 2 Results

Comments:

Risk factors for poor mental health are not defined; BMI higher than 30kg/m² should be one of them for both adults and children and young people.

The improvements in partnership working between specialist CAMHS and other children's services, should be done especially within wider obesity strategy⁷.

References

1. Markovitz S, Friedman MA, Arent SM. Understanding the relation between obesity and depression: Causal mechanisms and implications for treatment. *Clinical Psychology: Science and Practice*. 2008;15(1):1-20.
2. Gatineau M, Dent M. Obesity and mental health. 2011.
3. Ali MM, Fang H, Rizzo JA. Body weight, self-perception and mental health outcomes among adolescents. *Journal of Mental Health Policy and Economy*. 2010;24(1):88-93.

4. RR Donnelley B62286 02/10. Preventing overweight and obesity in Scotland. A route map towards healthy weight. 2010.
5. Harbottle R. Healthy eating and depression. 2007.
6. Puhl RM, Heuer CA. The stigma of obesity: A review and update. *Obesity (Silver Spring)*. 2009;17(5):941-964.
7. Wille N, Erhart M, Petersen C, Ravens-Sieberer U. The impact of overweight and obesity on health-related quality of life in childhood - results from an intervention study. *BMC Public Health*. 2008;8(1):421.