

Re-focusing weight-related public health initiatives to promote mental and physical health

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Acknowledgements: Renata Anderson and Amy Webster (Women's Health Victoria)

Influences on mental health care

Recovery model

- Connection
- Hope
- Identity
- Meaning
- **Empowerment**

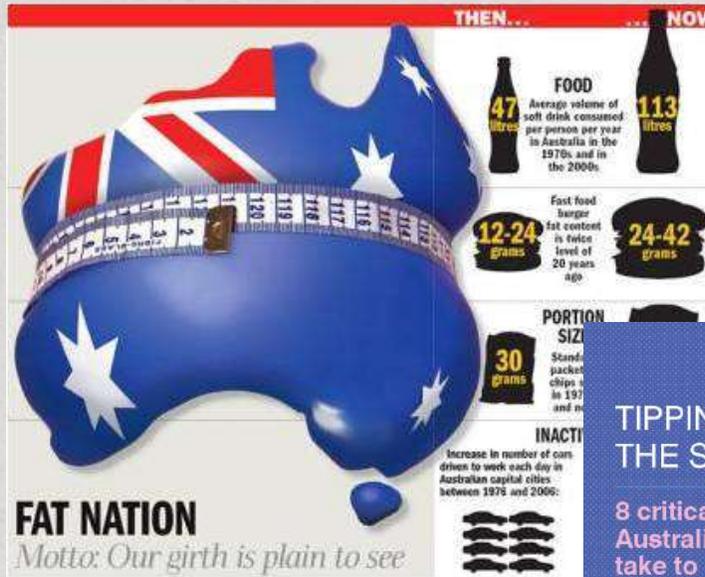
(Leamy et al., 2012)

Trauma-informed care

- Safety
- Trustworthiness
- Choice
- Collaboration
- **Empowerment**

(Blue Knot Foundation, 2012)

Public Health Initiatives



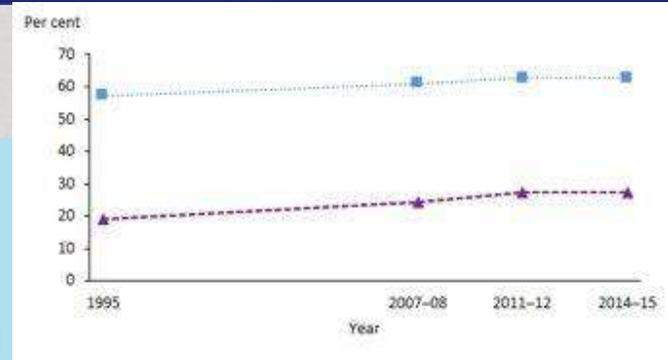
TIPPING THE SCALES

8 critical actions Australia must take to tackle obesity

- 1** Toughen restrictions on TV junk food advertising to kids
- 2** Set food reformulation targets
- 3** Make Health Star Ratings mandatory
- 4** Develop an active transport strategy
- 5** Fund public health education campaigns
- 6** Add a 20% health levy to sugary drinks
- 7** Establish a national obesity taskforce
- 8** Monitor diet, physical activity, weight guidelines

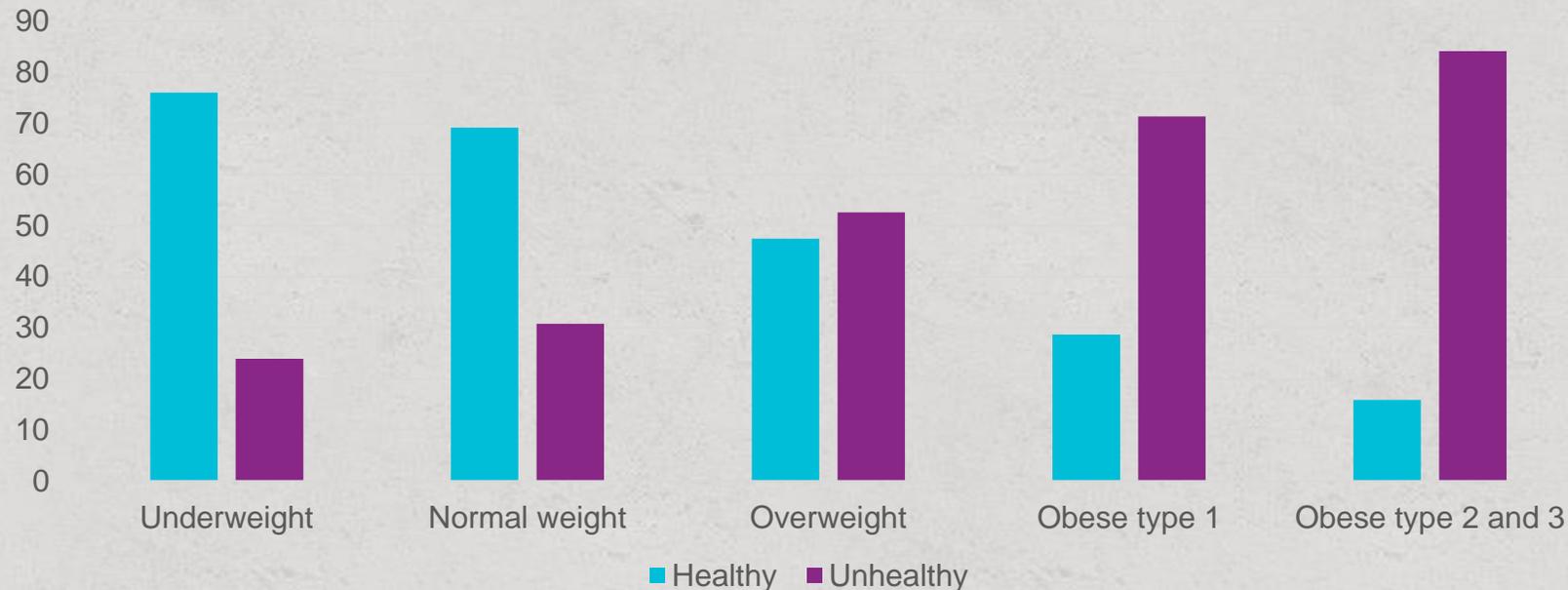
opc.org.au/tippingthescales
#TippingTheScales

Kilojoules on the menu. Check before you choose.



How does weight affect health?

Estimated population frequency of metabolic status %, stratified by BMI, of non-pregnant adults



- National Health and Nutrition Examination Survey (2005-2012)
 - 39 303 adults
 - Healthy = 0-1 metabolic abnormalities
 - Unhealthy = 2 or more metabolic abnormalities (blood pressure, fasting blood glucose, triglycerides, HDL-C, C-reactive protein)
- (Tomiya et al., 2016)

BMI and Waist circumference could not explain all the observed differences in diastolic blood pressure, HDL-C or triglycerides between the psychosis and general populations.

(Foley et al., 2013)

How effective are weight management interventions in the long-term?

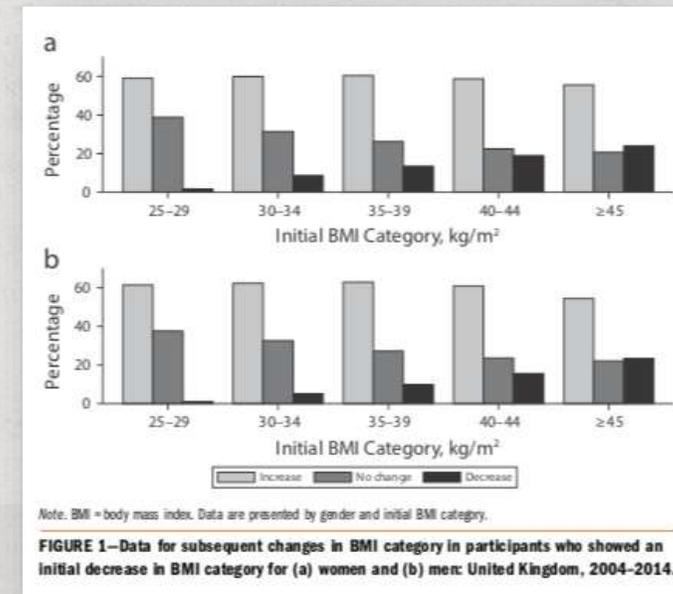
NHMRC (2013)

- Level A evidence = body of evidence can be trusted to guide practice

Fildes et al. (2015)

- Annual probability of 5% weight reduction = 1 in 8 for men and 1 in 9 for women

LONG-TERM WEIGHT MANAGEMENT					
<i>How effective are lifestyle interventions in maintaining weight loss in adults?</i>					
Weight loss following lifestyle intervention is maximal at 6–12 months. Regardless of the degree of initial weight loss, most weight is regained within a 2-year period and by 5 years the majority of people are at their pre-intervention body weight.					A
<i>Evidence base</i>	<i>Consistency</i>	<i>Clinical impact</i>	<i>Generalisability</i>	<i>Applicability</i>	
A	B	A	A	A	
REFERENCES: Dansinger et al. 2007; Schmitz et al. 2007; Stahre et al. 2007; Cussler et al. 2008; Martin et al. 2008; Svetkey et al. 2008; Cooper et al. 2010; Neve et al. 2010					



When we focus on weight as an indicator of health, are we empowering:

- ourselves?
- our clients?
- our community?



Evidence of harm

Mental health

- Body dissatisfaction
- Anxiety
- Depression
- Eating disorders

Physical health

- Health care avoidance
- Weight-cycling
- Metabolic consequences

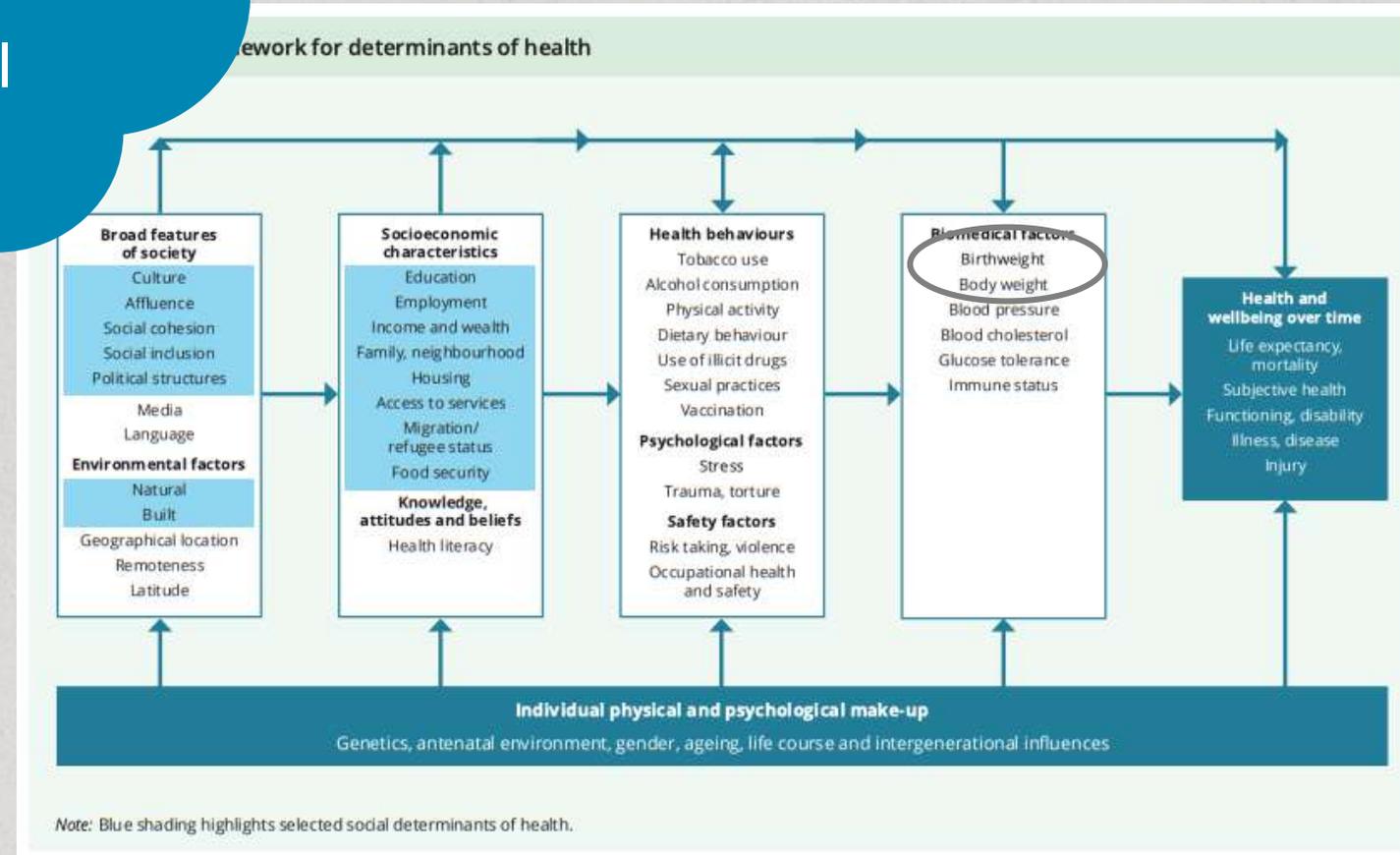
Social consequences

- Teasing, bullying, and harassment
- Lack of positive representation
- Education
- Employment
- Relationships

(Mensinger, Tylka, & Calamari, 2018; Puhl & Heuer, 2009; Wu & Berry, 2017)

Weight is only one of many determinants of health (AIHW, 2018)

What other determinants are relevant for people with serious mental illness?



Healthy habits, weight and mortality

Hazard ratio for all-cause mortality by body mass index (kg/m²) and number of healthy habits



- National Health and Nutrition Examination Survey III
 - 11761 US adults aged 21 years and older
 - Healthy habits
 - Consuming ≥ 5 fruits or vegetables a day
 - Not smoking
 - Engaging in physical activity
 - Drinking alcohol in moderation
- (Matheson et al, 2012)

Weight-neutral approaches to health care

Health At Every Size®

- **Weight Inclusivity:** Accept and respect the inherent diversity of body shapes and sizes.
- **Health Enhancement:** Support health policies that improve and equalize access to information and services, and personal practices that improve human well-being.
- **Respectful Care:** Acknowledge our biases, and work to end weight discrimination, weight stigma, and weight bias.
- **Eating for Well-being:** Promote flexible, individualized eating based on hunger, satiety, nutritional needs, and pleasure, rather than any externally regulated eating plan focused on weight control.
- **Life-Enhancing Movement:** Support physical activities that allow people of all sizes, abilities, and interests to engage in enjoyable movement, to the degree that they choose.

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What can we do?

- Spread the word!
- Women's Health Victoria hosted a symposium in collaboration with Swinburne University of Technology
- 'We need to talk: How public health discourses around obesity impact women's health'
- 38 key stakeholders in mental, physical and community health sectors attended

Symposium Speakers

- Diverse and multidisciplinary perspectives on weight stigma and its effects on women's health
- Ms Renata Anderson (Women's Health Victoria)
- Ms Fiona Willer (Advanced Accredited Practicing Dietitian, QUT)
- Dr Natalie Jovanovski (Sociologist and author, SUT)
- Ms Kate Russell (Lecturer – Indigenous Health, VU)
- Ms Robyn Delbridge (Lecturer - Dietetics, SUT)
- Dr Carolynne White (Occupational Therapist and Lecturer – Health Promotion, SUT)

Feedback from the symposium

- Overwhelmingly positive
- Attendees expressed a desire to work together to raise awareness around the harms of weight stigma and positive approaches to health promotion messages

Several examples of collaboration:

- Submission to the Senate 'Select Committee into the Obesity Epidemic Australia'
- Upcoming project on raising awareness in health professionals about the harms of weight stigma
- Collaborations with people who have a lived experience of weight stigma



Re-focus health care on well-being, not weight

Community forums



Position statements

- Royal Australian College of Physicians (2018)
 - End weight bias and stigmatization
 - Optimise health at any weight
- RANZGP (2019)
 - Focus health messages on gaining health, not losing weight
 - Reduce the stigmatization of obesity
- Equally Well Consensus statement?

Main messages

- Focusing on weight as a means to improve physical health is disempowering and negatively impacts on mental health
- There are alternatives to weight-focused health care and public health policy, which are empowering and effective in supporting people's long-term physical and mental health, without contributing to stigma.
- Mental health advocates are well positioned to address the health inequalities faced by people living with mental illness by challenging weight stigma and helping shift the focus of public health discourse and clinical practice from weight to wellbeing.

For more information...

- Dr Carolynne White crwhite@swin.edu.au
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- Learn more about Health at Every Size
 - HAES Australia: www.haesaustralia.org.au
- Training and workshops in non-diet approaches to health
 - Health, Not Diets: www.healthnotdiets.com