

Psychosocial aspects of child and adolescent obesity



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ABSTRACT

In addition to counselling families about regular physical activity and healthy nutrition, clinicians need to identify and help them to address the psychosocial factors that may be contributing to their child's or adolescent's obesity. Affected individuals may suffer from depression, low self-esteem, bullying, and weight bias, experiences that can make achieving desired health outcomes more difficult. Clinicians should try to identify these underlying stressors and ensure that appropriate counselling is implemented.

Key Words: *Child; Mental health; Obesity; Psychosocial*

RECOMMENDATIONS

To improve the well-being of obese children and youth, the Canadian Paediatric Society (CPS) makes the following recommendations:

Clinicians need to:

- Counsel children, youth and families in their practices to accumulate the recommended level of daily physical activity, and to restrict sedentary behaviour as outlined in national guidelines.
- Explore psychosocial issues when counselling overweight patients and their families.
- Use motivational interviewing to help families adopt and maintain lifestyle changes, including:
 - Encouraging all primary caregivers to be present for counselling sessions. A written summary of goals and action items should be provided to those unable to attend, to help maintain consistency.
 - Identifying sources of stress within the patient's family and making referrals to mental health professionals as needed, before or in tandem with lifestyle counselling.
 - Recognizing stress in the patient, screening for anxiety, depression, low self-esteem and reduced quality of life, and making referrals to mental health professionals as indicated.
 - Identifying patients who are being bullied and recommending appropriate resources and supports.
- Advocate for national policies to achieve health equity for children and youth new to Canada, including the promotion of healthy active living.
- Advocate for national strategies that seek to eliminate health disparities for First Nations, Inuit and Métis children and youth.
- Work with other community leaders to improve nutrition and physical activity opportunities through community centres, child care facilities, schools and children's hospitals.

Government public policy-makers need to:

- Collaborate to develop evidence-based, multisectoral, multidisciplinary healthy living strategies for each stage of life, including the prenatal period (eg, nutrition in pregnancy).
- Increase access to and monitor availability of affordable healthy food and recreational opportunities for low-income families and families living in remote communities.
- Continue to develop and implement a national mental health strategy, with a particular focus on economically disadvantaged families.
- Develop strategies specific to First Nations, Inuit and Métis children and youth – in collaboration with Aboriginal groups – with a particular focus on psychosocial and environmental contributors to obesity, such as poverty and lack of access to affordable healthy foods, community recreation and housing.
- Legislate to prohibit advertizing that promotes unhealthy foods and physical inactivity during children's television programming.
- Mandate school-based health literacy, healthy eating and daily physical education, as well as school programs that promote an anti-bullying environment.

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