

**Royal College of Psychiatrists NI (RCPsych NI) Response to:
DoH Consultation on
Strategic Framework to Prevent the Harm Caused by Obesity
and Improve Diets and Levels of Physical Activity**

1.0 Introduction about RCPsych NI:

The Royal College of Psychiatrists (RCPsych) is the statutory body responsible for the supervision of the training and accreditation of Psychiatrists in the UK and for providing guidelines and advice regarding the treatment, care, and prevention of mental and behavioural disorders. Among its principal aims are to improve the outcomes for those with mental illness and to improve the mental health of individuals, families and communities.

The College has approximately 450 Members in Northern Ireland (including Doctors in training) who provide the backbone of the local Psychiatric service, offering inpatient, day patient and outpatient treatment, as well as specialist care and consultation across a large range of settings.

This response is submitted on behalf of the Devolved Council of the Royal College of Psychiatrists in Northern Ireland.

2.0 General Comments:

We will make some general and specific comments in response to the Consultation rather than answering the specific questions in the Consultation, as it will better address the needs of our Patients.

- 2.1 In general, we welcome this Strategic Framework and broadly agree with the principles and proposals described in it.**
- 2.2 We also support the establishment of the Obesity Prevention Strategy Project Board.**
- 2.3 Some of the language is technical and difficult to understand eg obesogenic (not well described on P27) nor what ultra processed food is (P38-9). In other parts of the document, it is very "wordy" which impinges on easy reading of a Consultation.**

3.0 Specific Comments:

- 3.1 The document goes into detail about how complex obesity is, but it misses some of the important points that are relevant to our Patients with a Mental Disorder or a Learning Disability - and some of this could apply to other Patient Groups as well.**

Special consideration should be given to Adult Patients with Mental Health issues, especially *Severe Mental Illness and Learning Disability*, since these Patients are at increased risk of Physical Health problems (including and derived from being overweight or obese). Due to the nature of Mental Illness and Learning Disability, some of these Patients present with lack of motivation or cognitive impairment, which in turn leads to them not being physically active or being able to participate in diets - as well as losing cooking skills. These Patients also tend to make unhealthy choices, including poor diet using readily available food (e.g. processed foods, ready meals, takeaways, sugary and fizzy drinks), smoking, alcohol and substance use. Clinicians need to be aware of this in order to try and reduce the impact on weight gain - and also in order not to put the Patient under pressure or set targets that they cannot easily achieve.

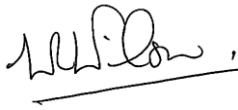
Given those factors, as well as the fact that many of the prescribed medications (anti-depressant and antipsychotic medication) stimulate appetite and result in weight gain as a side effect, *this Patient Group should be a target/priority Group of the Strategy.*

- 3.2 The focus of this Consultation is on education and primary and secondary prevention. Secondary prevention should be more rigorously addressed in this document through actions for physical health monitoring - especially of Patients who are overweight or obese. The monitoring needs to *identify and intervene* where appropriate, particularly with the cholesterol and triglyceride management, blood pressure, sugar levels etc, if raised. Those with a Mental Disorder will often not attend appointments as readily as the general population, due to the impacts of the Mental Disorder itself. There needs to be therefore more proactive engagement with these Patients who are obese - and this needs to be agreed between Primary Care and Mental Health services.**
- 3.3 Hospitals can influence our opportunities for eating well, physical activity and weight management. Special consideration and resources should be given to Acute Mental**

Health Units, Learning Disability Residential Units and Mental Health Rehabilitation Wards and Community Residential Units.

- 3.4 The role of Carers, Supporters and Families of obese Patients with a Mental Disorder should be harnessed through training, in order to assist Patients to better manage their weight and introduce the relevant changes in their lives.**
- 3.5 As well as Mental Health stigma, this population group also has to often face obesity stigma.**
- 3.6 We are concerned that there is no mention of recognising people with a *Primary Eating Disorder*, who may present with being overweight - for example with binge eating or bulimia nervosa. People who are underweight may also have an Eating Disorder. Clinicians should be alerted to and be aware of the risks of a Patient who is experiencing pathological perspectives on their weight and their need, where appropriate, to be referred to Eating Disorder services for assessment.**
- 3.7 Similarly, obesity can be a common consequence of feeding disorders such as Avoidant Restrictive Food Intake Disorder (ARFID), commonly experienced by autistic individuals. It is important that all such Patients are identified early, in order that they receive the appropriate therapy and do not inappropriately go down a medical/surgical pathway. There needs to be an enhanced awareness of any Patients presenting with obesity and who have any form of distorted perception of their body image. There should be good working relationships with the local Eating Disorder and Learning Disability services - and the College is happy on request to provide more information to DoH on how this could be achieved.**
- 3.8 With specific regard to Eating Disorders, Eating Disorder Questionnaire (and we would favour EDE-Q – please see link by way of example: [Eating Disorder Examination– Questionnaire \(EDE–Q\): Norms for Clinical Sample of Female Adolescents with Anorexia Nervosa, - PMC \(nih.gov\)](#)) should be incorporated into any screening process and the College is happy on request to provide signposting/detail of the Regional Commissioning Pathway for Bulimia Nervosa and Binge Eating Disorder to DoH if that would be helpful.**

Dated: 14 February 2024

A handwritten signature in black ink, appearing to read 'Richard Wilson', with a horizontal line underneath it.

**Dr Richard Wilson Chair RCPsych NI & Vice President RCPsych
- on behalf of RCPsych NI**

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