

Liaison in health setting

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Introduction

There are a number of factors to consider when discussing why Saudi children are obese. Broadly, these can be broken up into genetics, socio-economic factors and societal or cultural factors. When discussing the reasons for why obesity is so prevalent, one needs to make sure that the parameters of the discussion are strictly adhered to because this is a potentially very broad topic. For example, genetics includes a complex study of human genes that make a person more prone to obesity; however these will not necessarily be relevant to the discussion between the World Health Organisation and the Saudi Arabian health minister. The focus of this research therefore will be the examination of the socio-economic and cultural factors the development of childhood obesity and how best they may be treated by services offered in a mental health institute.

Research

The relevant research to the topic would include any primary and secondary sources of information on the topic. Firstly, it will be useful to uncover the socio-economic or cultural/social factors contributing to childhood obesity in order to determine a common thread between the U. K and Saudi weight trends. These can encompass anything from journal articles and reports to textbooks and studies. It will also be useful to determine the possible or probable advantages of using a mental health institution as a combatant to childhood obesity. This will include examination of primary and secondary sources of information about obesity as a mental health issue. There is a wide variety of literature on the relationship between

mental health and obesity. In this way the research will focus not only on the treatment as obesity as a mental health concern, but also the likely causes of obesity amongst children. It may then be useful to determine the successes and failure of mental health practices as a treatment for obesity, by examining research conducted on these methods and the outcomes. At this stage, the existing studies on the topic do not necessitate an independent research project, however with Western studies one must be mindful of the impact of cultural differences affecting Saudi.

Cultural or Other Information

Worth Noting

Whilst the possible genetic contribution to obesity as well as inherited lifestyle factors from a parent-child relationship are largely inconclusive and highly subjective, the relevance of these factors to the development of childhood obesity and ultimately adult obesity must be noted (Parsons et al, 1999). In noting these factors, one must acknowledge that they perhaps create a predisposition towards an obesity creating lifestyle, however for the purposes of this report these will not be dealt with.

Many socio-economic and cultural factors appear to adversely affect females more significantly than their male counterparts (Parsons et al, 1999).

It must be emphasized that childhood obesity plays a significant role in a large majority of adult obesity incidence and the implications for the health-services and economy of a country are largely affected but the development of an obese workforce (Parsons et al, 1999).

Externally, environmental and perinatal considerations have been indicated as the main contributing risk factors for development of childhood obesity

(Ebbeling et al, 2002) such as “ parental fatness, social factors, birth weight, timing or rate of maturation, physical activity, dietary factors and other behavioral or psychological factors” (Parsons et al, 1999).

There is some consensus that these environmental factors are the primary source of childhood obesity (Ebbeling et al, 2002) which can be combated by simple, yet politically difficult solutions. There is some evidence of this to be seen in Saudi Arabia with a significantly higher incidence of childhood obesity occurring in the more urban settings with a disparity of over 30% between these two environmental factors in some cases (al-Nuaim, 1996). These environmental factors include diet, physical activity, effects of dietary pattern, the practice of the food sector and television watching. It is clear therefore that there is a link between the urban setting of a child and the probability of developing childhood obesity. In the majority of circumstances therefore, mental health care will have little effect on preventing obesity on a large scale and there is a strong connection between poor environmental factors and obesity.

Obesity and Mental Health

There is a distinction to be drawn between a mental health concern as a cause of obesity and the associated psychological factors that accompany childhood obesity.

There is significant evidence conducted in studies around the world that contribute obesity as a result of a compulsive eating addiction disorder (Davis and Carter, 2009).

The psychological effects of compulsive overeating or food addiction are comparatively similar to those of more ‘ traditional’ substance abuse such as

drug or alcohol dependency. There is a similar clinical and behavioral pattern formation in the use of food as a kind of drug with severe psychological and physical effects from withdrawal and tolerance levels. One can see a similar loss of control with food addiction, cravings and relapse-potential being ultimately incredibly high (Davis and Carter, 2009). A very effective treatment of this food addiction has proven to be cognitive behavioral therapy which has a proven success rate in drug addiction patients with a low relapse rate relative to other treatment options. A mental health option of treatment for childhood obesity targeting this compulsive overeating disorder is necessary.

There is further a common experience of compulsive overeating being antecedent to some kind of sexual molestation or abuse in children. Whilst the compulsive overeating may be a manifestation of the trauma suffered by the child, there are obvious and very severe psychological complications associated with sexual abuse, therefore often in treatment thereof, one deals with the obesity as a part of the consequences of addressing the psychological repercussions of the abuse (Goldfarb, 1987). Mental health care facilities for the treatment of obesity may well be the most effective treatment as it may provide a certain level of trust and privacy for the patient or child in seeking early treatment.

The reception of mental health treatment and the associated stigma must be addressed and considered. Whilst there is no stigma generally attached to a lifestyle change promoting weight loss in either target location, there is a general stigma to be addressed with the implication of labeling a patient as an addict and the associated behaviors that one attributes to this disorder. Particularly in Saudi Arabia, one must consider the societal challenges that a

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general perception or attitudes towards mental health care that may be presented in either case. Particularly so because children are a vulnerable group in terms of impression by peers and society generally and if this stigma is not addressed, it could lead to further psychological complications. One needs to be careful to avoid any excess attention or bullying of the child if treated in a mental health institution, particularly because there is a misconception as to the nature of obesity and the effects thereof.

It is important to also realize the effects of obesity on psychological factors independent of these 'causes', such as low self esteem and depression amongst children. There is research to indicate that not only is depression more frequent in obese children, however that there is a link between low self esteem and depression leading to increased experimentation with cigarettes, alcohol and drug-use (Strauss, 2000). These psychological effects, if untreated, will carry over into the adult lives of the patients which can lead to increased risk of suicide, self-harm and weight related health complications. This is particularly dangerous for female patients when considering that the prevalence of obesity is higher in females and much of global obesity is attributed to pregnancy and child-bearing generally. With the U. K and Saudi Arabia being countries that are closely linked to the idea of a family nexus, this is clearly a large risk for obese female children.

Glossary

Binge Eating Disorder (BED): also referred to as compulsive overeating addition disorder, compulsive overeating or food addiction. This disorder affects people by making a person feel compelled to overeat on a regular basis. This disorder is akin to other eating disorders such as anorexia nervosa,

bulimia nervosa and ED-NOS (eating disorder not other specified) (NHS, 2012). Reasons for the development of this disorder include anxiety and depression.

Cognitive Behavioral Therapy (CBT): a type of therapy that encourages change in the way that one thinks and acts in accordance to certain situations. Therefore, the therapy is cognitive in that it addresses how one thinks and behavioral in addressing how one acts (NHS, 2012).

Challenges

The challenge with this research is in the CBT and BED aspects of the respective countries. It is safe to assume that effective health care services can be given to those suffering depression, anxiety and low self-esteem with either party, however how does the establishment of a mental health care institute significantly improve the obesity statistics. A mental health care institution is highly advantageous to patients requiring in-patient care in the facility. Would it not be more efficient to provide a more effective out-patient mental health care facility where patients could receive long-term therapy without some kind of committal? This would save cost of building the facility allowing a reallocation of the budget to more staff to improve the reach of the institute and improve the research output of the institute.

The social stigma attached to mental illness is great in both the U. K and Saudi Arabia. However, the private and conservative cultural climate of Saudi Arabia may make the goals of the institute more challenging as it would require a dialogue on a topic that is considered 'taboo' in many societies, i.e. addiction and potentially sexual abuse. Particularly with relation to children and sexual abuse, it is foreseeable that there may be challenges in collecting data for research such as this. With children there is a large

element of parental control and with information as to the causes of obesity and the depth of CBT in psychological treatment, there may be hesitation on the part of the family to ‘allow’ treatment of the child.

What other support and partnerships are looking to be formed in the establishment of this institute There are a number of associated medical professions that are absolutely critical in combating childhood obesity, such as general medical practitioners, dietitians and nutritionists, exercise consultants and a large need for a form of liaison between the institute and parents. The entirety of obesity as a disease cannot be treated in isolation and how does one continue to have a large reach for research and treatment if there are financial limitations on these projects, as well as requiring a thorough and high level of expertise.

Conclusion

The use of mental health facilities as a treatment programme for childhood obesity is undoubtedly effective. The parameters of this institution must be carefully monitored and defined in order to determine the best possible solution to obesity crisis facing the world. It is recommended that these facilities provide a strong out-patient programme to allow for greater reach in the community that it is looking to serve in order to reach a larger number of patients and create awareness and education for these issues surrounding obesity. Education on the issue is absolutely vital. The stronger emphasis on an out-patient programme will also allow a reallocation of resources to employ more health care professional serving an overall purpose of the mental health care institute – being to target childhood obesity. This also allows for treatment that is minimally disruptive to the child’s everyday

activities and will not serve to isolate the child, as many in-patient programmes often do. One needs to be specifically mindful of the societal implications and stigma attached to mental health care services and in doing so look to mitigate any harmful societal or cultural effects that the treatment may have on the child or their relationships with peers and their family members, at the same time ensuring that there is an effective establishment of the required support network to aid the child in their journey.

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