

OBESITY AND MENTAL HEALTH

Is there a Link?



by Merrill Littleberry, LCSW, LCDC, CCM, CI-CPT

BEFORE WE BEGIN EXPLORING THIS TOPIC, ASK YOURSELF THESE QUESTIONS:

- *Does obesity cause issues with mental health?*
- *Can issues with mental health cause obesity?*
- *Which comes first?*
- *If I have one, will I develop the other?*
- *Can you have one and not the other?*

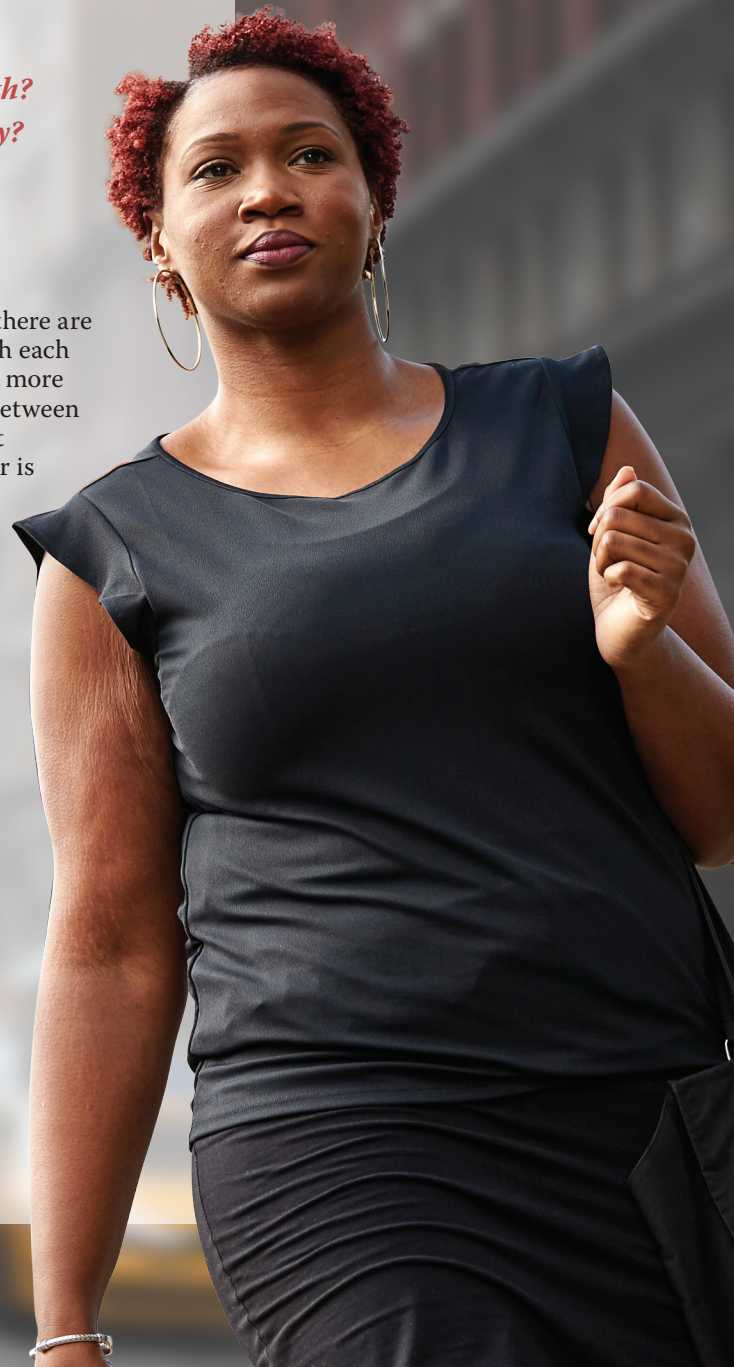
Right now, these questions have countless answers because there are multiple, cumulative and ever-changing factors involved with each human being. However, with each upcoming research study, more information is being discovered about the interconnection between obesity and mental health. Keep in mind that many different variables go into mental health and obesity, so no one answer is the perfect answer.

Today, what we know is that when obesity and issues with mental health are found to co-exist, they can create a negative spiral effect for any individual. Each condition will continually aggravate the other, which in turn only creates a vicious cycle. This makes it difficult to determine which condition was present first, which also makes the overall situation worse.

WHICH CAME FIRST?

Which should we first set out to tackle – obesity or issues with mental health? From my experience, I find it nearly impossible to try and address one without the other.

Research about the correlations between obesity and mental health seem to have a direct focus on which condition came first – similar to the old chicken or the egg dispute. Although it would be helpful in many cases to know the order in which they occurred, I'm more focused on today because we know what is right here, right now. So, what do we do about it?



Even though we may still disagree about which condition came first, we know that just because there is a chicken, that doesn't necessarily mean there will be eggs. We know that just because there is an issue with mental health, that doesn't mean there will be obesity. Similarly, just because we see eggs, we know that doesn't mean that there will be a chicken. In other words, if there is obesity, it doesn't mean we'll also see issues with mental health. So, just as the old saying goes, don't count your chickens before they hatch because much is still to be learned.

I think those words are worth repeating so that you can fully understand this point. It can be scary to see research numbers that report correlations, odds and percentages of risk. These days, we will start self-diagnosing and planning our doom based solely on a Google search because we are afraid of what we don't understand. However, with researched-based information, we can better predict, plan and persevere in our lives.

OBESITY AND MENTAL HEALTH: A SNAPSHOT

Now, what is also very logical is that if you see chickens, the percentage of seeing eggs increases – right? And – no differently – if you see eggs, your odds of seeing a chicken will increase (well, if you're not in a grocery store, that is, but I'm sure you get my point). The same is found to be true with obesity and mental health issues. Research has found that having one condition can increase the chances of developing the other, and having both will intensify the negative effects on each spectrum.

In 2012, Call to Action, a national hot topic conference focused on obesity and mental health, took place that addressed these disturbing concerns:

- Individuals with both obesity and mental illness experience bias and stigmatization.
- People with enduring mental health problems are two to three times more likely to develop obesity and related disorders such as diabetes and heart disease.
- Obesity can negatively affect mental health, and the frequent association has a large impact on the length and quality of life.

The reports by the Centers for Disease Control and Prevention (CDC) further point out these concerns. Disability has two main areas of categorization: mental or physical. The numbers show that obesity rates for people with disabilities are 58 percent higher than adults without disabilities.

What we can see is the overlapping statistics of the disability rates in our country, and how these numbers nearly go state-by-state when obesity is high (see chart on opposite page). As a result, the disability rate is also higher (or vice versa). Higher

percentages of obesity resulted in higher percentages of disability. On the other hand, lower rates of obesity resulted in lower rates for disability. Please refer to the chart below for examples.

Information by the CDC for people with obesity and mental illness continues to show a significant relationship among the two conditions. In these studies, the blurred and uncertain area is the fact that patients would have likely been diagnosed, treated and on medication for some time prior to the data collection. To receive or to be classified as disabled is a long and rigorous process which alone could cause a person to feel depressed. Did people show to have obesity prior to the diagnosis and medication treatment, or did the majority of the weight gain come with the change of life limitations and medication regimen?

In 2015, a joint study by the National Center on Birth Defects and the CDC released a fact sheet showing that adults living with disabilities are more likely to have obesity – reporting that 38.4 percent of adults with a disability have this disease.

DISCLAIMER

By all means, this does not suggest that you should stop taking any medication because it could cause weight gain. It is not a fact that everyone on these medications will develop obesity. Working on a life plan and doing what I call, “An upgrade to your world” can play a huge factor in living a joy-induced, achievement-filled, meaningful life. Ask yourself, “What is my plan?” Keep in mind that your plan is like your fingerprint. We all have one, but each one is unique to us.

EXAMINING THE RELATIONSHIP

For now, I suggest that you don’t spend too much energy trying to figure out what condition came first. I encourage you to focus your efforts on mastering your “now.” Instead, ask yourself, “How do I feel?” Your feelings are derived from how you think, which in turn determines the choices you make or do not make. Throughout time, these choices will directly impact your overall health and state of wellbeing. When we lose vision or focus, we get lost as a result. And, when we get lost emotionally, we get depressed.

Depression is the most studied diagnosis when it comes to the correlation between issues with mental health and obesity. It is not categorized under the same umbrella as severe mental illness that usually focuses more on Bipolar Disorder and Schizophrenia. Longitudinal studies centered around depression revealed the associations in both directions: people with obesity had a 55 percent increased risk of developing depression over time, while people who were depressed had a 58 percent increased risk of developing obesity. That is enough to raise an eyebrow at! These findings give us even more of a reason to prevent, address and tackle either concern as soon as possible.

I have personally observed that as a patient’s weight decreases, their depression does appear to decrease as well. However, this does not happen in all cases. New levels of depression are identified when it is discovered that the weight was not the source of their sadness, but simply a symptom of it.



State	Obesity %	Disability %
Arkansas	35.9	31.3
West Virginia	35.7	31.3
Mississippi	35.5	30.7
Louisiana	34.9	29.3
Colorado	21.3	16.9
District of Columbia	21.7	21.6
Hawaii	22.7	15.8
Massachusetts	23.3	22.5

When dealing with severe mental illnesses such as Bipolar Disorder and Schizophrenia as mentioned earlier, studies have shown a higher increased risk of obesity. One study found that:

- In 50 percent of women and 41 percent of men, obesity was more prevalent with a serious mental illness.
- These numbers are much greater than in those individuals without a severe mental illness – reporting just 27 percent of women and 20 percent of men with obesity.

Many medications to treat serious mental illness also have a side effect of weight gain, which again leaves us with another grey area to consider. Did one situation create the other? Did the medication treatment cause obesity, or was the patient affected by obesity prior to the diagnosis?

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IDENTIFYING THE REPERCUSSIONS

As a therapist in the world of weight-loss and bariatrics, what I have observed is that the fear of being denied for surgery prohibits many individuals from being openly honest on the questionnaires which assess issues with mental health. Once I explain my role in their surgical process, many individuals admit that they were afraid to be honest for fear that they would not be approved for bariatric surgery.

My role as a therapist is not to find a reason to prevent an individual from having surgery. If they are not ready for surgery, it is my job to prepare them. For many, this is not always the case because some individuals are simply not in a safe place to undergo this kind of procedure. In the majority of these situations, this is because many individuals have unrealistic expectations or unmanaged and severe problems with mental health.

I mention this fact because there are thousands of undiagnosed individuals who go untreated in fear of the repercussions that come with being labeled and stigmatized. A high percentage of sexually abused patients in their adulthood confide with me for the first time ever – speaking out loud of the abuse they suffered as a child. So much work is still to be done about the stigma of mental health and obesity, and in the end, it all comes down to our environment that makes matters worse because we try to hide what can't be hidden.

WHERE DO WE GO FROM HERE?

It is my belief that one of the best changes in the current procedure for bariatric surgery is the integration of mental health considerations. Many of my referrals request to come back on a regular basis so they can work through and “clean out” their storage units of emotional issues. Once they discover the mental exhaustion they created by carrying all of this emotional baggage, they want change. It is like a lightbulb that goes off with the caption, “This emotional FAT has been as detrimental and debilitating to my health just as my excess physical FAT. No more! I am breaking the bond!”

I also believe that a team approach is instrumental if we are to help patients achieve a healthy body and brain. Means of prevention and eradication for obesity and issues with mental health require each professional to look at the whole person all of the time – not just one piece some of the time! Mental health is a key component of this team approach because what you think is what you do.

There are mental health issues that are genetic, chemical and/or environmental, but that does not exclude you from finding a place that is happy and healthy! However, in many cases, it does require you to put more energy toward it. It's important to understand your capacity today. Are you maximizing that capacity? Are you doing the best you can with what you know?

In mental health patients with and without obesity, I see two things that stay the same. Increased depression comes when too much energy is channeled into what they did or didn't do in the past. Anxiety is similar in that it increases when too much energy is placed on what may or may not happen in the future. In either case, with that much energy wasted, we miss the most important time of our lives to make a difference – the NOW! Being mindful about your current thoughts and behavior is the single most effective thing that can directly improve (and possibly prevent) both obesity and many issues with mental health in the future. Ask yourself every night, “What did I do today that will make me healthier tomorrow?”

About the Author:

Merrill Littleberry, LCSW, LACD, CCM, CI-CPT, aka “Vitamin M” as many know her, is a motivator and healthcare professional specializing in the area of mental, emotional and physical well-being through balance. As a motivational speaker, psychotherapist, personal trainer, friend, mother and many other assorted roles she lives, one thing always remains the same in her world. She believes that mental and physical healthcare are equally important, stating that “One cannot function optimally without the other.”



ABOUT THE OBESITY ACTION COALITION (OAC)

The Obesity Action Coalition (OAC) is a National non-profit organization dedicated to giving a voice to individuals affected by obesity and helping them along their journey toward better health. Our core focuses are to elevate the conversation of weight and its impact on health, improve access to obesity care, provide science-based education on obesity and its treatments, and fight to eliminate weight bias and discrimination.



VIBRANT COMMUNITY



NATIONAL AWARENESS CAMPAIGNS



ANNUAL CONVENTION



ADVOCACY



PUBLIC EDUCATION

LEARN, CONNECT, ENGAGE

The OAC knows that the journey with weight can be challenging but we also know that great things happen when we learn, connect and engage. That is why the OAC Community exists. Our Community is designed to provide quality education, ongoing support programs, an opportunity to connect, and a place to take action on important issues.

Through the OAC Community, you can get access to:

- Weight & Health Education • Community Blogs
 - Community Discussion Forum
 - Ongoing Support • Meaningful Connections
- AND MUCH MORE**



JOIN TODAY: GO TO [OBESITYACTION.ORG/JOIN](https://obesityaction.org/join)

info@obesityaction.org

(800) 717-3117 | (813) 872-7835 | Fax: (813) 873-7838



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