Australian Counselling Association Inc - ABN 12 242 711 378

Submission on Obesity
to
National Mental Health Commission

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1. Executive Summary

This submission to the National Mental Health Commission (NMHC) follows the recent discussions between the Australian Counselling Association (ACA) Chief Executive Officer and Ms Rebecca Hardin, Senior Adviser to the Federal Minister for Health on the weight issue[1] in Australia. Ms Hardin recommended that we send this submission to the NMHC for action.

The Australian government is concerned with the obesity epidemic and its negative economic consequences, and is currently developing an updated food policy strategy. However, it does not wish to be seen as promoting a "nanny state" with over regulation. Therefore, the purpose of this Australian Counselling Association submission is to assist the government to combat this epidemic rather than add to the burden of over regulation.

The submission first overviews the issues underpinning the current obesity epidemic. It then highlights the research findings which demonstrate the correlation between emotional and psychological associations among individuals with weight issues. Examples are the food addictive component to the weight issue, inability among overweight/obese persons to make informed food choices, the need for a holistic approach towards weight management, and the need to integrate weight management counselling. Then the submission moves on to discuss the role and effectiveness of registered and trained Weight Management Counsellors within weight management programs. An example of such a program is the Healthy Weight Program (HWP), and the role of Weight Management Counsellors in this program is discussed. The submission concludes with two recommendations to address this current obesity epidemic.

2. Aims of the submission

The rates of overweight and obesity amongst adults have doubled over the past two decades with Australia now being ranked as one of the fattest developed nations (Ref.1). Therefore this submission aims to:

- Increase awareness among leaders and government policy makers of the key association between mental health and weight issues;
- Identify the current gaps in client access to appropriately trained and registered weight management counsellors in government funded weight management programs;
- Increase awareness among leaders and policy makers of registered counsellers and their ability to deliver counselling components in weight management programs;
- increase awareness of the Healthy Weight Program (HWP), as an example of a weight management program where counselling is used, and
- Provide practical recommendations for consideration.

3. The issue of overweight and obesity in Australia

The government of Australia is well aware of the current alarming overweight and obesity epidemic and of the associated financial costs to the government health and social services due to the epidemic and its adverse health outcomes (Refs 2, 3,4,5,6 and 7). Statistical data published in 2009 by the Australian

[1] Refers to overweight and obesity epidemic in Australia

Bureau of Statistics projected that there would be 4.6 million obese people in year 2025. However this number has now reached 5.2 million persons in year 2014, far exceeding the projected number. This means that either the earlier projections were too low or that there is an obesity epidemic in Australia. This obesity epidemic can in turn lead to an epidemic of chronic diseases such as diabetes, cardiovascular diseases including hypertension and stroke, musculoskeletal diseases and certain forms of cancer. Its negative health consequences range from increased risk of premature death, to serious chronic conditions that reduce quality of life, and cost the Australian government health services billions of dollars for provision of physical and mental health services.

In the past, the government relied on traditional approaches, such as public health community nutrition campaigns and health education programs, through medical professionals such as General Practitioners (GPs) and dieticians to deliver the message of good nutrition and regular exercise to the community. However in many instances, these messages were relatively ineffective for the following reasons:

- Most GPs do not have the time to counsel clients on overweight and obesity and refer such clients to dieticians who have long waiting lists and who are not trained in counselling techniques, unlike trained and registered weight management counsellers;

- Nutrition messages given by GPs/dieticians are often counteracted by the powerful media which has been identified by consumers as an important source of nutrition information (Ref 8). Thus, commonly advertised food messages are used by poorly informed consumers to make food decisions and promote the purchase of processed foods, canned and bottled foods containing high content of sugar, salt and preservatives (Ref.9).

- Most obese clients are addicted to food and unless the addiction is managed with counselling, they will continue to be resistant to health advice and resistant towards changing their lifestyle and eating patterns;

- Most government funded weight management programs are population based with public health messages to improve nutrition, reduce food intake and exercise more to increase energy utilization. Very often the need for counselling is not mentioned and the client often drops out of the program as it does not have a holistic approach and a maintenance phase.

According to the Australian Health Ministry website, in an effort to better inform consumers and the food industry of types of foods available at supermarkets, the Health Star Rating (HRS) Advisory Committee of the Australian Health Ministry has recently developed a Health Star Rating style guide[2] and calculator with New Zealand. This will be made available on the Australian Health Ministers' Advisory Council website. The purpose of this website is to educate consumers and the food industries, especially small businesses in the food industry. While it is an exciting new development, various potential anomalies have already been identified in relation to the HSR Calculator, where a star rating may be inconsistent with the Australian Dietary Guidelines, or when it is used to make comparisons within a food category or across comparable food categories, the star rating may mislead consumers (Ref. 10). Therefore educating consumers or clients through mass media or through websites can be a challenging task, and relying only on one type of intervention may not lead to expected outcomes. Most mass media campaigns have the effect of increasing awareness, but do not educate clients/consumers. The best way of encouraging clients to select appropriate healthy food choices is by individual counselling by registered weight management counsellors to whom overweight and obese clients are referred through General Practitioners.

[2] The fundamental purpose of the Health Star Rating (HSR) System is to provide convenient, relevant and readily understood nutrition information and/or guidance on food packs to assist consumers to make informed food purchases and healthier eating choices.

4. The association between mental health and weight issues

There is increasing evidence that there is a strong association between the weight issue and mental health (Refs 11, 12, 13, and 14). Poor diet and exercise habits are commonly driven by emotion. Research reviews of body image and dieting programs by the Australian Counselling Association (ACA) have found that:

- Body image dissatisfaction and extreme dieting is associated with depression in both adolescents and adults. Through its effects on eating behaviour and reduced physical activity, body dissatisfaction is likely to contribute to binge eating and dieting and development of unhealthy weight gain;
- Longitudinal studies also indicate that body dissatisfaction predicts the later development of depression, anxiety and low self esteem;
- Hedonic hyperphagia-the scientific term for eating to excess for pleasure, rather than to satisfy hunger, or recreational over eating which can occur in a chronic form among various population groups and cultures;
- A review of 31 studies by Mann and Tomiyama found that dieting is a consistent predictor of future weight gain as dieters regain more weight than they lost on their diets and these studies demonstrate that dieting is counterproductive (Ref. 14);
- Health authorities believe that the accumulation of unhealthy messages, communicated to children and adults through food advertising in the media is a leading cause of unhealthy consumption (Refs.15,16,17 and 18).

In addition, the following psychological disorders are found to be linked to obesity (Ref 19). They are:

- Depression is often associated with smoking and drinking, dopaminergic deficits, an increase in cortisol levels, low grades of inflammation and abnormal levels of leptin and adiponectin;
- Both sexual and physical abuse have been associated with increased body mass index and waist circumference in adults, possibly as a result of an increase in levels of the stress hormone, cortisol.

5. Discussion on the role of counselling interventions in delivery of weight management programs

A Cochrane Review by Shaw et al,(Ref 21), provides an update on the effectiveness of psychological interventions in the management of individuals who are overweight or obese.

This review concluded that psychological interventions in combination with changes to diet and physical activity, is optimal in producing weight loss. This review was based on studies conducted in outpatient community settings, including hospital clinics, medical centers and primary care settings. The effective psychological treatments included stimulus control, reinforcement, self monitoring and goal setting. The studies varied in intensity, with a median duration of 12 weeks. Increased intensity, through longer duration, more frequent contact, or more behavioural strategies was associated with increased effectiveness.

Another study by Sacks et al in 2009 compared weight loss diets with different compositions of fat, protein and carbohydrates (carbs) and found no real evidence to reflect that high carb, low carb, high protein, low protein or low GI diets are any better than each other. After two years the large majority who had lost weight had put it back on again. These same studies showed that participants who attended counselling as part of the diet program lost more weight and the more counselling they attended the more weight they lost (Ref. 22).

Therefore there is a rational need to utilise weight management counselling as part of the diet and exercise program to increase the effectiveness of the program.

The ACA registered Weight Management Counsellors engage in a holistic approach by using a variety of interventions over an 8 week period to ensure an effective program outcome. They include:

- Psycho-education (including marketing strategies)
- Information on nutrition
- Address behavioural issues, habits and emotional triggers, personal issues
- Introduce physical activities and routines
- Life skills
- Support/counselling
- Meditation
- Self reflection- journaling
- Networking with other disciplines e.g; dietetic, sports psychologists, available on Medicare
- Encourage mid week contact through SMS, etc
- Encourage active participation in physical activities such as group walks and other group activities.

Therefore the ACA registered counsellor who has a strong applied focus, including mandatory training in evidence-based therapies such as Cognitive Behaviour Therapy (CBT) and Solution Focussed Therapy and special training in weight control management, is in a unique position to facilitate and counsel high risk clients on weight management. It is to be noted that counsellors have delivered services to the Australian public for several decades. Prior to the introduction of the Better Access Initiative (BAI) in 2006, General Practitioners in Australia readily referred patients to counsellors. An earlier submission by ACA has discussed this issue in detail and has been separately submitted to the National Mental Health commission for consideration in April 2014 (Ref 24).

6. Weight Management Counsellors in the Healthy Weight Program (HWP)

The Healthy Weight Program (HWP) is an example of a modulised psycho-social and dietary program designed specifically for delivery by Weight Management Counsellors and was released by ACA to its registered counsellors in October 2013. The HWP represents an opportunity for registered counsellors to participate in weight management training and deliver an effective niche product within the $832 million weight loss industry.

As you are no doubt aware, poor diet and exercise habits are commonly driven by emotion. The HWP employs a unique and powerful approach in that it simultaneously addresses the core emotional issues that result in both poor eating and exercise habits. The program is delivered over an eight week period under the guidance of a professional counsellor trained in weight management. Over the eight weeks the client applies, and is educated about, better dietary and exercise habits, whilst also dealing with their emotional barriers. The HWP aims to achieve desired outcomes based on clear understanding of targeted health behaviours, and the environmental context in which they occur.

The maintenance program in the HWP is of critical importance to its outcomes. As with all similar types of programs, the post program time is the time where clients tend to relapse back to their old eating patterns. To ensure this does not occur, the counsellor encourages the client to commit to a maintenance program. The maintenance component of the program is delivered through:

- Group meetings and activities
- Skype contact
- Webinars
- SMS
- Further counselling
- A combination of the above.

The Table given below attempts to compare the range of fees and costs charged by different ancillary health practices in private settings.

Summary of approximate fees to consult various health practitioners in Australia

Fees $	Registered Counsellor	Dietician	Private Nutritionist	Private Naturopathist	Clinical Psychologist	Counselling Psychologist	Consultant Psychiatrist	Psychologist
1hour consultation	$85	$75 to $120	$120 to $180	$200	$225.50	$ 225.50	$ 312.20	$ 120-150
8 sessions of 1hr	$680	$ 600 to $960	$960 to $1440	$1600	$1804	$1804	$2497.60	$960 - $1200
10 clients per week	$850	$750 to $1200	$1200 to $1800	$2000	$2255	$2255	$3122	$1200 -$ 1500
Total costs for 8weeks	$6800	$6000 to $9600	$9600 to $14400	$16000	$18040	$18040	$24976	$ 9600 -$12000

Notes: The data in this table is taken from various sources such as Medicare. All providers listed above except the Counsellors receive Medicare rebates for their clients through Medicare

Counsellor- refers to a registered counsellor with Australian Counselling Association and trained in weight management.

Dietician – refers to an Accredited Practising Dietician (APD) who is accredited by the Dieticians' Association of Australia. An APD is eligible for a Medicare, Department of Veterans' Affairs or private health fund rebate on services.

Nutritionist – members of the Nutrition Society of Australia. Only nutritionists who are Accredited Practising Dieticians are registered with Medicare.

Clinical psychologist and Psychologist- data for psychologists and clinical psychologists taken from Australian Psychological Society APS 2014-2015 Schedule of recommended fees and item numbers for psychological services**,** 1 July 2014 to 30 June 2015

In summary, the use of weight management trained counsellors through this program would be very cost effective with a potential savings of over $4,000 per client as each counsellor would cost only $ 14,400 per client for 8 weeks while a psychologist would cost approximately $ 18,800. When compared to the huge costs for treatment of chronic conditions resulting from obesity mentioned in various economic reports, these costs seem miniscule indeed.

7. Recommendations

Public health initiatives such as diet and exercise by themselves cannot control obesity and there continues to be a significant rise in the rates of obesity. This is because most of these initiatives fail to recognize underlying factors, such as:

- emotional issues;
- psychological issues;
- food addictions and
- mental illnesses.

Therefore, it is recommended that the National Mental Health Commission take urgent steps to mitigate this current obesity epidemic by supporting the inclusion of counsellors trained in weight control management by granting them provider numbers combined with Medicare rebates to overweight and obese clients who need to readily access registered weight management counsellors through this program.

We request that the Mental Health Review Commission consider two recommendations. They are:

Recommendation 1: That the Mental Health Review Committee recommend to the Commonwealth Department of Health that Government provide Medicare rebates at $ 65 .00 per session for 8 sessions per client to consult ACA Weight Management Counsellors. This should extend over a maximum 10 week period, with three follow up sessions with the client after six months to make sure they are still following the HWP, and to reinforce motivation.

Recommendation 2: That the rebates for HWP (as per option 1) be implemented as a pilot program for three states (Queensland, South Australia and NSW) as they have suffered the largest increases in obesity. The pilot project should be implemented for a study period of 3 yrs. A detailed project proposal, budget and work plan could be developed if requested.

To ensure implementation of recommendations 1 or 2 or both, high risk clients would first need to be identified as being eligible for the program via a mental health plan prepared by their General Practitioner(GP). The GPs should be informed by the National Mental Health Commission that ACA Weight Management Counsellors are included as being eligible for Medicare Provider rebates and that high risk children and adults should be referred to ACA registered counsellors. Such registration would confirm that the counsellors have completed an ACA authorised course of training leading to registration as Weight Management Counsellors under the Healthy Weight Program and competent to deliver the program.

8. Conclusion

The ACA looks forward to National Mental Health Commission support to enable the trained and registered ACA Weight Management Counsellors to expand the Healthy Weight Program to high risk clients who need counselling assistance to overcome their weight issues and associated psychological disorders.

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