**Psychological and social adjustment of obese children and their families**

HEATHER TWEDDLE BANIS 1 JAMES W. VARNI 1 [, JAN L. WALLANDER](http://www3.interscience.wiley.com/journal/119463892/abstract?CRETRY=1&SRETRY=0" \l "c1) [2](http://www3.interscience.wiley.com/journal/119463892/abstract?CRETRY=1&SRETRY=0" \l "c1) [, BARBARA M. KORSCH](http://www3.interscience.wiley.com/journal/119463892/abstract?CRETRY=1&SRETRY=0" \l "c1) [3](http://www3.interscience.wiley.com/journal/119463892/abstract?CRETRY=1&SRETRY=0" \l "c1) [, SUSAN M. JAY](http://www3.interscience.wiley.com/journal/119463892/abstract?CRETRY=1&SRETRY=0" \l "c1) [3](http://www3.interscience.wiley.com/journal/119463892/abstract?CRETRY=1&SRETRY=0" \l "c1) [, ROBERT ADLER](http://www3.interscience.wiley.com/journal/119463892/abstract?CRETRY=1&SRETRY=0" \l "c1) [3](http://www3.interscience.wiley.com/journal/119463892/abstract?CRETRY=1&SRETRY=0" \l "c1) [, ERLINDA GARCIATEMPLE](http://www3.interscience.wiley.com/journal/119463892/abstract?CRETRY=1&SRETRY=0" \l "c1) [3](http://www3.interscience.wiley.com/journal/119463892/abstract?CRETRY=1&SRETRY=0" \l "c1) [VIDA NEGRETE](http://www3.interscience.wiley.com/journal/119463892/abstract?CRETRY=1&SRETRY=0" \l "c1) [3](http://www3.interscience.wiley.com/journal/119463892/abstract?CRETRY=1&SRETRY=0" \l "c1)

  1 University of Southern California, Los Angeles, USA   2 Sparks Center and Department of Psychology, University of Alabama, Birmingham, USA   3 Children's Hospital of Los Angeles and University of Southern California, Los Angeles, USA

 Correspondence: James W. Varni PhD, Behavioural Paediatrics Programme, Orthopaedic Hospital, 2400, S. Flower Street, Los Angeles, CA 90007–2697, USA.

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**ABSTRACT**

Summary The psychological and social adjustment of 30 obese children and their families was examined. Mothers completed the Child Behaviour Checklist and the Family Environment Scale; children completed the Self-Perception Profile for Children. The results consistently indicate that the obese children were less socially competent, had more behaviour problems, and had poorer self-perceptions than the non-obese normative samples. Families of obese children differed significantly from families in the non-distressed normative sample in that they interacted in a more negative way. The findings are discussed in terms of an 'at risk profile' and the implications for the behavioural Teasing and Emotional Well-being Among Adolescents," August 2003)

treatment of obese children.

**Obesity can be harmful to your child's mental health**

***Research shows significant risks, impacts***

Children who are obese are at increased risk for emotional problems that last well into adulthood, according to several studies and experts on the subject. Obesity and the mental disorders they contribute to should be considered as serious as other medical illnesses, they say.

The American Psychiatric Association joins others in the medical and public health community in calling attention to the mental health impacts of childhood obesity--a burgeoning public health crisis in the U.S.

A study at the University of Medicine and Dentistry of New Jersey found that obese girls ages 13 to 14 are four times more likely to experience low self-esteem than non-obese girls.

The study also reported that obese boys and girls with low self-esteem had higher rates of loneliness, sadness and nervousness. These children were more likely to smoke and drink alcohol compared with obese children with normal self-esteem. Depression, often an outcome of low self-esteem, affects as many as 750,000 teens in the U.S. (Source: Pediatrics, "Childhood Obesity and Self-Esteem," January 2000.)

Untreated depression can be both the cause and effect of obesity. "As a practicing child psychiatrist, I see a clear association between obesity and depression and anxiety disorders among children and teens," notes David Fassler, M.D., an APA Trustee and child and adolescent psychiatrist from Burlington, Vermont.

A recent University of Minnesota study reveals that children who were teased about being overweight were more likely to have poor body image, low self-esteem, and symptoms of depression. The study found that 26 percent of teens who were teased at school and home reported they had considered suicide, and 9 percent had attempted it. Suicide is the third leading cause of death among adolescents. (Source: Archives of Pediatrics and Adolescent Medicine, "Associations of Weight-Based Teasing and Emotional Well-being Among Adolescents," August 2003)

Obese children between the ages of 10 and 13 have an 80 percent chance of being obese adults. Children are considered obese when their weight is at least 10 percent higher than recommended for their age and height. (Source: American Academy of Child and Adolescent Psychiatry, Facts for Families, January 2001.)

**Signs and Symptoms of Emotional Distress**

According to Dr. David Fassler, parents should be alert to the following signs and symptoms that might indicate an overweight child or teen is experiencing emotional distress:

* Your child seems to have reduced energy or interests and is reluctant to enter into social relationships or other activities;
* Your child seems increasingly sad, lonely, angry or withdrawn;
* Your child has few friends;
* Your child has thoughts of hurting him/herself or others;
* Your child is obsessed with eating and/or food;
* Your child is sleeping too much or not enough; and
* Your child is reluctant to go to school.

**How to Help Your Child**

It is important for parents to understand the problems and risks for obese children. Dr. Fassler offers these suggestions:

* Help children understand that being overweight can undermine physical and mental health and is more than an appearance issue;
* Talk to children about why they overeat and how they feel about themselves. Identify feelings and situations that cause them to overeat, and discuss coping strategies;
* Criticizing an obese child or trying to humiliate them into losing weight will increase the child's emotional difficulties. The child may become lonelier, more depressed, and less likely to make changes that might help;
* Praise your child's strengths and accomplishments;
* Help children gain control over their weight by discussing and encouraging healthy food choices and exercising regularly with them. Individualize food and exercise plans according to the child's interests and your commitment level;
* Set an example--make healthy eating and exercise a family affair;
* Encourage children to make smart choices and understand the benefits of feeling better and being healthier. Explain the long-term medical impacts of a healthy lifestyle;
* Limit access to high-calorie, high-fat and sugary foods, including soda and juices--especially at home;
* Limit sedentary activities including television and computer time; and
* Do not use food to reward or punish children. Establish a system to reward weight goals and help the child get back on track when they fall off.

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* The American Psychiatric Association is a national medical specialty society, founded in 1844, whose 35,000 physician members specialize in the diagnosis, treatment and prevention of mental illnesses including substance use disorders. For more information, visit the APA Web site at <http://www.psych.org>.
* Surgeon General: Overweight in children and adolescents is generally caused by lack of physical activity, unhealthy eating patterns, or a combination of the two, with genetics and lifestyle both playing important roles in determining a child's weight.
* Our society has become very sedentary. Television, computer and video games contribute to children's inactive lifestyles.
* 43% of adolescents watch more than 2 hours of television each day.
* Children, especially girls, become less active as they move through adolescence.

**DETERMINATION OF OVERWEIGHT IN CHILDREN AND ADOLESCENTS**

* Doctors and other health care professionals are the best people to determine whether your child or adolescent's weight is healthy, and they can help rule out rare medical problems as the cause of unhealthy weight.
* A Body Mass Index (BMI) can be calculated from measurements of height and weight. Health professionals often use a BMI "growth chart" to help them assess whether a child or adolescent is overweight.
* A physician will also consider your child or adolescent's age and growth patterns to determine whether his or her weight is healthy.

**GENERAL SUGGESTIONS**

* Let your child know he or she is loved and appreciated whatever his or her weight. An overweight child probably knows better than anyone else that he or she has a weight problem. Overweight children need support, acceptance, and encouragement from their parents.
* Focus on your child's health and positive qualities, not your child's weight.
* Try not to make your child feel different if he or she is overweight but focus on gradually changing your family's physical activity and eating habits.
* Be a good role model for your child. If your child sees you enjoying healthy foods and physical activity, he or she is more likely to do the same now and for the rest of his or her life.
* Realize that an appropriate goal for many overweight children is to maintain their current weight while growing normally in height.

**PHYSICAL ACTIVITY SUGGESTIONS**

* Be physically active. It is recommended that Americans accumulate at least 30 minutes (adults) or 60 minutes (children) of moderate physical activity most days of the week. Even greater amounts of physical activity may be necessary for the prevention of weight gain, for weight loss, or for sustaining weight loss.
* Plan family activities that provide everyone with exercise and enjoyment.
* Provide a safe environment for your children and their friends to play actively; encourage swimming, biking, skating, ball sports, and other fun activities.
* Reduce the amount of time you and your family spend in sedentary activities, such as watching TV or playing video games. Limit TV time to less than 2 hours a day.

**HEALTHY EATING SUGGESTIONS**

* Follow the Dietary Guidelines for healthy eating (www.health.gov/dietaryguidelines).
* Guide your family's choices rather than dictate foods.
* Encourage your child to eat when hungry and to eat slowly.
* Eat meals together as a family as often as possible.
* Carefully cut down on the amount of fat and calories in your family's diet.
* Don't place your child on a restrictive diet.
* Avoid the use of food as a reward.
* Avoid withholding food as punishment.
* Children should be encouraged to drink water and to limit intake of beverages with added sugars, such as soft drinks, fruit juice drinks, and sports drinks.
* Plan for healthy snacks.
* Stock the refrigerator with fat-free or low-fat milk, fresh fruit, and vegetables instead of soft drinks or snacks that are high in fat, calories, or added sugars and low in essential nutrients.
* Aim to eat at least 5 servings of fruits and vegetables each day.
* Discourage eating meals or snacks while watching TV.
* Eating a healthy breakfast is a good way to start the day and may be important in achieving and maintaining a healthy weight.

**IF YOUR CHILD IS OVERWEIGHT**

* Many overweight children who are still growing will not need to lose weight, but can reduce their rate of weight gain so that they can "grow into" their weight.
* Your child's diet should be safe and nutritious. It should include all of the Recommended Dietary Allowances (RDAs) for vitamins, minerals, and protein and contain the foods from the major Food Guide Pyramid groups. Any weight-loss diet should be low in calories (energy) only, not in essential nutrients.
* Even with extremely overweight children, weight loss should be gradual.
* Crash diets and diet pills can compromise growth and are not recommended by many health care professionals.
* Weight lost during a diet is frequently regained unless children are motivated to change their eating habits and activity levels for a lifetime.
* Weight control must be considered a lifelong effort.
* Any weight management program for children should be supervised by a physician.

**Opening Quote:** "Predominantly, kids become overweight because our society isstructured to create overweight," Christoffel, of Children’sMemorial, said. "Recreation is sedentary, transportation issedentary. We don’t cook at home, but eat fast foods fullof fat in large portions. If you were to design a society tofoster obesity, ours is the society you would come up with."

Are our child care centers designed to foster obesity, is our home? Is our parenting? Is our care? An environment to foster obesity-vanessa

***The articles on obesity in the August* Archives of Pediatrics& Adolescent Medicine *are posted on the Web at*** [***http://archpedi.ama-assn.org/content/vol157/issue8/index.dtl.***](http://archpedi.ama-assn.org/content/vol157/issue8/index.dtl.%20)

**Mental health professionals must do more to tackle childhood obesity

Posted: 22 June 2005 |** [Subscribe Online](http://www.reedbusiness.co.uk/rb2_products/rb2_products_community_care.htm)

Strategies to help obese children reduce their weight will not work unless their psychosocial and mental health needs are met too, a childhood obesity expert has warned.

Dr Andrew Hill, chartered psychologist and senior lecturer in the academic unit of psychiatry and behavioural sciences at Leeds University School of Medicine, dismissed the idea that the answer to childhood obesity was simply to eat less and exercise more.

“If it was so easy we wouldn’t be here,” he told a childhood obesity conference in London last week. “That simple equation misses out a key thing: the person. We shouldn’t just focus on children’s physical well-being. We need to ask them how they are feeling and we need to work with those who are not feeling good about themselves.”

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Hill said the psychosocial status of children was absolutely integral to any weight management programme. However, he told 0-19 that child and adolescent mental heath services (CAMHS) often lacked the commitment to work with obese children and their families.

“There is a reluctance by some mental health professionals to have an active interest in childhood obesity, and that’s about capacity, training and familiarity. A lot [of CAMHS] professionals are not skilled in weight loss management, but they should have a greater role here and in helping to ameliorate the distress children and young people suffer and make behavioural changes.”

Article continues below the advertisement

Primary care trusts should be delivering speciality services for obese children, he said, and practice nurses could be “key players here in identifying and referring children on”.

Hill said the government had moved the issue of childhood obesity up the talking agenda, but not high enough up the “doing agenda”, adding that the public health white paper published last year was “all talk and no money”.