Higher weight and mental health and wellbeing in childhood

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Key messages

- Children with higher weight are at greater risk of negative physical and psychological outcomes than children in the normal weight range (as defined by body mass index [BMI]).
- Weight stigma (e.g. bullying, teasing and victimisation) and concerns about size and shape explain much of the relationship between higher weight and negative psychosocial outcomes.
- Professionals can help by considering their own attitudes to weight and working with families in positive ways that minimise stigma and shame.
- The language used to talk about weight can contribute to children's feelings of shame. It helps when practitioners work collaboratively to identify neutral, non-stigmatising language that families and children are comfortable with.
- A focus on weight and weight loss can negatively impact children's wellbeing and undermine efforts to improve children's physical and mental health.
- Whole-of-family interventions that focus on healthy lifestyles, reducing stigma and shame, and promoting healthy body image and body satisfaction can improve the wellbeing of children with higher weight.

Definitions

Mental health is not the same as a mental health condition, and positive mental health is more than just the absence of mental illness. It is our ability to adapt and respond to life's challenges, engage with others, and reach our full potential. Child mental health exists on a continuum, ranging from positive mental health, through to mental health vulnerabilities. It incorporates behavioural, social, cognitive and emotional strengths, and is a facet of child development.

Some definitions of 'mental health' consider it to be one part of a child's 'psychosocial wellbeing' or 'social and emotional wellbeing'. This resource adopts a broader definition of 'mental health' which encompasses a child's cognitive, emotional, social, cultural and spiritual wellbeing.

What is this resource about?

This resource aims to improve practitioners' understanding of the connections between higher weight and mental health in childhood. It provides guidance on how practitioners can support the physical and psychosocial wellbeing of children with higher weight.

Please note: this resource does not offer guidance on addressing weight in children.

Who is this resource for?

This resource is for health practitioners working with children experiencing higher weight and their families. This includes:

- general practitioners
- paediatricians
- psychologists
- dietitians
- exercise physiologists/physiotherapists.

A note on language

This resource aims to increase practitioners' understanding of the connections between childhood weight and mental health to support and improve children's wellbeing. We acknowledge that the language used when discussing weight, including the terms 'overweight' and 'obese', can be highly stigmatising and may further impact children negatively.

Health professionals' awareness of the importance of language is increasing, and it is identified as a key practice issue within this resource. When talking with families it is essential that practitioners use non-stigmatising, neutral language that focuses on health rather than weight.

However, weight is often categorised in both health practice and research using categories such as 'underweight', 'normal weight', 'overweight' and 'obese'. The classifications of 'overweight' and 'obesity' in children are often identified by measuring Body Mass Index (BMI). Z-scores – growth measures that are standardised by age and sex – are also commonly used. Children with a BMI between the 85th – 95th percentile are classified as 'overweight', while children with a BMI greater than the 95th percentile are classified as 'obese'.

It is important to note that BMI was not designed to measure an individual's physical health (Truu, 2022) and should always be used alongside other indicators of health status in a person to determine any potential wellbeing risks.

In the context of this resource, when findings relate to both higher weight categories, we have used the neutral term 'higher weight'. We have only included the terms 'obese' and 'overweight' when research has specifically differentiated between weight categories and reported different findings for these categories.

Introduction

Higher weight in childhood is a complex issue that is emerging as a significant public health challenge. The 21st century has seen an increase in non-communicable diseases (diseases that can't be passed from one person to another). As part of this increase, higher weight in childhood has been described as a pandemic with adverse consequences across the globe. Higher weight has been shown to affect both a child's physical and mental health (AIHW, 2020a; 2020b).

There has been an increased focus on the ways in which chronic physical conditions impact on mental health outcomes, how children feel about themselves and the ways in which they interact with others. While gaps exist in the literature, this resource presents an overview of higher weight in childhood and the mental health outcomes associated with it. The paper aims to increase practitioner knowledge and provide practical guidance to better support the wellbeing of children experiencing higher weight and their families.

How many Australian children experience higher weight?

In Australia in 2017–18, approximately 1 in 4 children aged 2–17 years were considered 'higher weight', with 17% classified as 'overweight' and 8% 'obese' (AIHW, 2020b). Australian research suggests that while children's weight can fluctuate, higher weight generally increases with age (up to 31% of adolescents aged 16–17 years; AIHW, 2020b).

Children living in low socioeconomic areas, rural and remote regions, as well as those with disability are more likely to experience higher weight (AIHW, 2020a; 2020b). The National Health Survey indicates that 38% of Aboriginal and Torres Strait Islander children and adolescents were of higher weight in 2018–19, increasing from 31% in 2012–13 (AIHW, 2020b).

Factors contributing to higher weight in childhood

Research indicates that a key cause of higher weight is an energy imbalance (i.e. the child consumes more energy through food and drink than they use up through movement and physical activity). But the causes of higher weight are often more complex than this. The following factors all play a part (AIHW, 2020b; Russell-Mayhew, McVey, Bardick & Ireland, 2012):

- Biology (e.g. genetics, gender, physiology, metabolic dysfunction, medications)
- Behaviour (e.g. the amount of physical activity the child participates in, compared to their sedentary behaviour [including screen time] and their quality of sleep).
- Environmental factors, such as socioeconomic status and family context (including household income and parental education level), school-level academic performance, and ability to access parks and green spaces.

Modifiable environmental factors that have been shown to increase the risk of higher weight include (AIHW, 2020b; Weihrauch-Bluher & Wiegand, 2018):

- the accessibility and affordability of unhealthy eating options such as low-nutrient, energy dense foods and sugary drinks

- targeted marketing of calorie-dense and unhealthy food options through the media
- urbanisation and the urban design of communities that reduce physical activity; and
- increased use of technology, which further encourages sedentary behaviour.

Early experiences in a child's life can also play a significant role in establishing lifestyle habits. For example, children exposed to less supportive family environments at age one, such as households experiencing family stress and parental mental illness, are more likely to be of a higher weight at 21 years (Smith & Kobayashi, 2020). Home environments characterised by high chronic stress due to family and domestic violence or child maltreatment have also been linked to higher weight (Danese & Tan, 2014; Pizzi & Vroman, 2013).

Mental health outcomes associated with higher weight in children

While health professionals understand the links between higher weight and physical health conditions, there is less awareness of the relationship between childhood weight and and mental health. Often in addressing higher weight in childhood, the focus is on managing the physical condition and its consequences rather than the mental health impacts.

But children's physical and mental health cannot be separated. An increased understanding of, and support for, the mental health and wellbeing of children with higher weight will also increase the likelihood of improved physical health outcomes (Pont et al., 2017).

It is important to note that not all children with higher weight experience poor mental health (Pizzi & Vroman, 2013). It is crucial to understand children's individual circumstances and to assess their level of mental health and wellbeing as you would assess for co-occurring physical conditions.

The relationship between childhood weight and mental health is complex and may differ by age, gender and weight status (e.g. AIHW, 2020b; Lindberg et al., 2020; Sanders et al., 2015; Walker & Hill, 2009). Mental health conditions can contribute to higher weight and vice versa (Russell-Mayhew et al., 2012). For example, symptoms of depression may include decreased motivation for physical activity, increased sedentary behaviour and decreased or increased consumption of food, all of which may affect weight (Pizzi & Vroman, 2013). Finally, children with higher weight are at increased risk of experiencing multiple negative psychosocial or mental health outcomes (Rankin et al., 2016).

The following sections provide brief summaries of the links between higher weight in childhood and commonly reported psychosocial (e.g. health-related quality of life, self-esteem) and mental health (e.g. anxiety, depression, eating disorders) concerns.

Health-related quality of life

A child's health-related quality of life can be described as 'a multi-dimensional concept that includes domains related to physical, mental, emotional, and social functioning' (Office of Disease Prevention and Health Promotion, n.d.).

Children with higher weight report impaired health-related quality of life, particularly in the following domains (O'Connor, Warren & Daraganova, 2017; Rankin et al., 2016; Russell-Mayhew et al., 2012; Sanders et al., 2015):

- Emotional (e.g. felt angry, sad, afraid or scared, or had trouble sleeping).
- Social (e.g. had problems getting along with other children, being teased by other children).
- Physical (e.g. had problems walking more than one block, lifting something heavy).

Self-esteem

Self-esteem influences children's wellbeing and ability to cope with difficult situations (Hosogi, Okada, Fuji, Noguchi & Watanabe, 2012). Children with higher weight are at increased risk of experiencing lower self-esteem (Moradi et al., 2020; Sikorski et al., 2015), with some research reporting that higher weight predicts low self-esteem (Harriger & Thompson, 2012).

The negative relationship seems to strengthen with age, though girls may experience lower self-esteem from a young age (Sanders et al., 2015; Walker & Hill, 2009).

Factors such as teasing from peers, weight-related criticism from parents, as well as beliefs that their weight is beyond their control, rather than weight status itself, may moderate the relationship between higher weight and self-esteem (Harriger & Thompson, 2012).

Anxiety and depression

Mixed findings have been reported in relation to higher weight and anxiety. Several meta-analyses and systematic reviews have reported no association or mixed findings in relation to higher weight and anxiety (Moradi et al., 2020; Sanders et al. 2015). However, a large study comparing children receiving treatment for obesity with children in the general population found increased rates of anxiety in the higher weight group. Rates remained high even when risk factors such as comorbid neuropsychiatric disorders and socioeconomic status were accounted for (Lindberg et al., 2020).

Similarly, certain studies have found little relationship between child weight status and depressive symptoms (e.g. Moradi et al., 2020), while others have shown that higher weight is related to an increased risk of depression (Harriger & Thompson, 2012; Lindberg et al., 2020; Sanders et al., 2015; Sutaria, et al, 2019). Findings on gender have also been mixed (Lindberg, et al., 2020; Sanders, et al., 2015; Sutaria et al., 2019).

Research suggests the relationship between weight and depression may work both ways. Common depressive symptoms such as decreased motivation to participate in activities, increased sedentary behaviour, and medications used to treat depression may affect children's weight (Pizzi & Vroman, 2013).

These varied findings serve as a reminder of the need to conduct personalised assessments of each child. Doing so ensures that they receive appropriate and individualised support for any mental health concerns.

Autism spectrum disorder (ASD) and Attention-deficit/hyperactivity disorder (ADHD)

Evidence is emerging that children experiencing childhood neurodevelopmental disorders, such as ASD and ADHD are more likely to also experience higher weight.

The prevalence of higher weight among children with ASD has been found to be greater than in the general child population. Children with ASD are more likely to develop obesity than typically developing children (Kahathuduwa et al., 2019; Zheng et al., 2017). Behavioural and lifestyle factors associated with ASD, such as excessive intake of certain foods and increased sedentary behaviour, may contribute to this increased likelihood (Dhaliwal et al., 2019). Medications used to treat ASD, sleep problems, and a range of other factors may also be involved.

The association between ADHD and weight is less clear (Cortese et al., 2016; Pulgaron, 2013; Rankin et al., 2016). While many studies have reported an increased chance of higher weight for children with ADHD, others have not, with one large scale study finding rates of ADHD were lower in the obese group (Pulgaron, 2013). However, factors associated with ADHD may increase the likelihood of children experiencing higher weight – for example, inattention may be associated with decreased awareness of food intake (Cortese et al., 2016).

Children with higher weight can benefit from being routinely assessed for possible underlying neurodevelopmental conditions, such as ASD and ADHD. Children with ADHD or ASD should have weight-related lifestyle and behavioural factors regularly assessed and monitored.

Disordered eating

Children with higher weight are at increased risk of disordered eating attitudes and behaviours (Harriger & Thompson, 2012; Sanders et al., 2015; Smith & Kobayashi, 2020). Disordered eating is also a risk for higher weight (National Eating Disorders Collaboration, 2011). For example, binge eating has been found to be both a consequence of, and a risk for, obesity (Harriger & Thompson, 2012).

Research has identified a trajectory from weight/shape concerns and dietary restraints through to more extreme weight control behaviours (e.g. binge eating, fasting), leading to an increased risk for eating

disorders (McLlelland et al., 2020). Intervening early to identify, assess and support children by focusing on factors that can be modified (e.g. concerns about shape/size) can potentially reduce the risk of children experiencing these poor outcomes.

Risk factors for poorer mental health outcomes in children with higher weight

Weight stigma

Weight stigma plays a critical role in negative mental health outcomes for children with higher weight. It is defined as 'negative weight-related attitudes and beliefs that are manifested through stereotypes, bias, rejection, and prejudice toward children and adolescents because they are overweight or obese' (Puhl & Latner, 2007, p.558).

Weight stigma is a common experience for children and adolescents. Obesity has been described as 'the most stigmatising and least socially acceptable condition in childhood' (Schwimmer et al., 2003, p.1818), with children as young as three years attributing negative adjectives to those with larger body sizes (Harriger & Thompson, 2012).

Children with higher weight commonly experience teasing, bullying and relational victimisation (e.g. social exclusion) from other children about their body, weight and shape (Puhl & Latner, 2007). Australian research has found that children (aged six and 13 years) with higher weight were 4–8 times more likely to be bullied and teased than their 'normal' weight peers (Sanders et al., 2015).

Children have reported experiencing stigma not only from other children but also their parents, other family members, teachers, health care professionals and the media (Pont et al., 2017). There may be a misguided belief that inducing stigma and shame (e.g. through weight criticism and a focus on weight reduction) will motivate children to lose weight. In reality, weight stigma is associated with weight gain and plays a role in a range of negative outcomes for children, including (Harriger & Thompson, 2012; Mayhew, et al., 2012; Pont et al., Sanders et al., 2015):

- body dissatisfaction (defined as 'a negative attitude towards one's own body resulting from a perceived discrepancy between the actual body image … and the ideal body image' (Heider, Spruyt & De Houwer, 2018, p.158)
- depressive symptoms
- social isolation
- binge eating
- an avoidance of healthcare settings
- a reduction in physical activity; and
- suicidal ideation.

Further, the negative effects of weight-related stigma may have a greater influence on a child's psychosocial outcomes than their actual weight status (AIHW, 2020b; Harriger & Thompson, 2012). Adolescents who have experienced weight-related teasing and bullying from family and peers are more likely to report negative psychosocial outcomes, such as reduced health-related quality of life, low self-esteem and depressive symptoms. This is true regardless of the child's BMI, weight status or weight loss (AIHW, 2020b; Harriger & Thompson, 2012).

Parents of children with higher weight may also experience stigma in relation to their child's weight, particularly if they are themselves higher weight (Bradbury et al., 2018; Mikhailovich & Morrison, 2007).

Parental influences on children's weight and wellbeing

Parental weight-related beliefs, attitudes and behaviours can affect children's wellbeing. Parents' views of their children as being overweight, regardless of actual weight status, increase the risk of negative consequences (Robinson, Daly & Sutin, 2020).

Children whose parents identify them as being overweight are more likely to be actively trying to lose weight themselves and to view their body size negatively (Robinson & Sutin, 2017). A limited evidence base suggests that parental encouragement to lose weight and criticism of children's weight may be particularly detrimental to their wellbeing. For example, it may lead to poorer physical self-perceptions and greater dieting and dysfunctional eating attitudes and behaviours (Gillison et al., 2016).

Children's reports of their parent's weight-related behaviours, such as dieting or commenting about weight, have been linked to children's body dissatisfaction, weight concerns and dieting habits. These factors in turn have been linked to poor mental health outcomes for children (Haines, Neumark-Sztainer, Hannan & Robinson-O'Brien, 2008).

In contrast, parental encouragement of healthy lifestyles without explicit reference to weight is associated with better child wellbeing. Positive parental involvement, such as having conversations about improving health behaviours, may help avoid some of the negative outcomes associated with higher weight in childhood (Gillison et al., 2016).

The family, in particular parents, are also integral to treatment options to address higher weight and mental health concerns in children. Family-based interventions have been found to be effective when addressing the mental health impacts of higher weight (Hart et al., 2015; Diao, Wang, Yang & Li, 2020; Murray et al., 2019).

Body dissatisfaction and concerns about size and shape

Concerns about weight and shape and body dissatisfaction are potentially modifiable risk factors for negative childhood mental health outcomes (Russell-Mayhew et al., 2012). Children with higher weight are significantly more likely to report dissatisfaction with their weight or appearance (Austin, Haines & Veugelers, 2009; Moradi et al., 2020; Tatangelo, McCabe, Mellor & Mealey, 2016). Body dissatisfaction and weight concerns may be evident in children as young as preschool age (Harriger & Thompson, 2012; Tatangelo et al., 2016). Concerns about shape and size have been found to be more predictive of negative psychosocial outcomes than actual weight status (Russell-Mayhew et al., 2012).

Weight stigma plays a key role in the relationship between weight and body dissatisfaction (Harriger & Thompson, 2012). For instance, weight-related teasing or criticism can lead to poor body image or dissatisfaction and disordered eating behaviours, as well as depression and suicidal ideation. In contrast, high body satisfaction (i.e. feeling confident and positive about your body) has been linked to healthy weight related behaviours (Austin et al., 2009).

How to support the mental health and wellbeing of children with higher weight

You may feel concerned about discussing a child's weight in relation to their mental health and wellbeing. But many families will want to have these conversations, particularly if they have concerns about their child. It is critical, however, that you can do so in a way that supports families' efforts and children's wellbeing.

This section includes a range of practice considerations related to working with families where there is a child experiencing higher weight.

Consider your own attitudes

Healthcare professionals can be a potential source of weight bias and stigma (Pont et al., 2017) and have reported negative attitudes towards patients with higher weight (Mikailovich & Morrison, 2007). The risk of a biased response may increase if parents of children with higher weight are higher weight themselves.

Australian medical professionals have reported that barriers to paediatric weight management include (Mihrshahi, Gow & Baur, 2018):

- difficulties in raising the issue
- a lack of confidence in providing treatment for people with higher weight
- a lack of referral pathways; and
- a need for further training.

Both weight and mental health can be highly sensitive issues. Parental attitudes and behaviours strongly influence their children's attitudes and behaviours, and therefore a strong relationship with parents is also essential to supporting children (Bradbury, et al., 2018). If parents feel judged or shamed, they are less likely to engage with, and follow through with, any proposed intervention.

Consider the following strategies:

- Critically reflect on your attitudes and beliefs towards food, weight and health. Consider how your beliefs may be affected by broader cultural and societal attitudes – for example, how websites, games and the mainstream and social media portray diverse body shapes.
- Build a strengths-based therapeutic relationship with families by demonstrating care, warmth and trust (Bradbury et al., 2018; Small & Aplasca, 2016). Parents' attitudes and behaviours strongly influence their children's attitudes and behaviours; therefore, a strong relationship with parents is essential to supporting children (Bradbury, et al., 2018). If parents feel judged or shamed, they are less likely to engage with, and follow through with, any proposed intervention.
- Use empathic and empowering counselling techniques, such as motivational interviewing to avoid parents feeling judged or shamed (Pont et al., 2017).

Use non-stigmatising language

Negative attitudes and weight bias may be expressed through language. The way you talk about weight can contribute to families' feelings of stigma and shame and poor outcomes for children (Bradbury et al., 2016). Simply labelling children by weight category can be stigmatising (Harriger & Thompson, 2012). Research has found that terms such as 'obese', 'weight problem' and 'fat' are linked to feelings of shame, embarrassment and sadness in adolescents, particularly if used by their parents (Pont et al., 2017).

It is important to discuss weight stigma, bullying and teasing with parents, highlighting how their own negative weight-related language may affect their children's mental health and wellbeing. The research clearly indicates that identifying a child as overweight, focusing on losing weight and weight-related criticism are all linked to poorer mental health outcomes (Harriger & Thompson, 2012; Sanders et al., 2015). But parents may incorrectly believe that focusing on their child's weight will help to motivate them. Parents may also feel their own shame and stigma, and it may be necessary to work with them to ensure that they do not blame themselves for their child's weight status.

Consider the following strategies:

- Focus on health rather than weight and use neutral words such as 'weight' or 'body mass index' rather than 'obesity' or 'fat'.
- If you do need to talk about weight, work with families to understand the language they find acceptable and feel comfortable with (Mihrshahi et al., 2018; Pont et al., 2017).
- Discuss weight stigma, bullying and teasing with parents, highlighting how their own negative weight-related language may impact their children's wellbeing.
- Work with parents separately to the child, if necessary. They may need to be referred to further supports (e.g. psychologist) for their own concerns, to be able to support their child's wellbeing.

Explore children's and parents' needs

It is important to provide psychoeducation for families, as many parents are unaware of the links between child weight and mental health. Understanding that both weight and mental health can be sensitive issues, it is important to be prepared for a wide range of parental responses, including strong emotions and denial of the concerns (Provvidenza et al., 2017).

Consider the following strategies:

- Talk with parents about the complexity of the issue: for example, the biological, environmental and societal factors that can influence a child's weight; the potentially bi-directional nature of the relationship between weight and mental health', and the roles stigma and body concerns may play in mental health difficulties.
- Provide children and parents with clear and simple information, preferably in visual or written formats.
- Work with parents to understand their knowledge and beliefs about weight, health and wellbeing (Mikhailovich & Morrison, 2007). This is especially important when working with families from a cultural background different to your own.
- Consider the family's specific context (i.e. family stressors, family functioning) and how this may affect their child's health and wellbeing.
- Explore children's wishes and goals, along with parents' hopes for their family and children, and consider who should be involved in any discussions. Depending on their age, capacity and preference, children may wish to be involved in weight-related conversations too. You might also involve other family members or people who provide care for the child (Provvidenza et al., 2017).
- Explore any barriers and readiness for change (Mikhailovich & Morrison, 2007).
- Showing concern, communicating empathy and understanding, and role modelling unbiased language, attitudes and behaviours will support these efforts.

Intervene early

Early intervention mental health strategies can be part of integrated family-based interventions that involve addressing health strategies to the entire family rather than just the child.

Consider the following strategies (adapted from: Austin et al., 2009; Harriger & Thompson, 2012; Pont et al., 2017; Russell-Mayhew et al.,2012; Walker & Hill, 2009):

- Use whole-of-family interventions that have been found to improve quality of life for children. Include a focus on wellbeing (building self-confidence, self-esteem and body image) as part of any intervention (Murray et al., 2019).
- Consider family-based approaches such as (Australian Psychological Society, n.d.; Provvidenza et al., 2017; Small & Aplasca, 2016):
    - coaching
    - motivational interviewing
    - goal setting
    - self-monitoring
    - parenting skills training
    - effective problem solving; and
    - cognitive-behavioural approaches.
- Focus on healthy lifestyle approaches – healthy eating, physical exercise, sleep quality, etc. – rather than the child's weight. This includes encouraging families to participate in activities they enjoy, as this is more likely to support child wellbeing and sustained behaviour change. The following section includes links to ideas on how to support a healthy lifestyle for children.
- Promote healthy body image and body satisfaction as well as an acceptance of diverse body shapes. This can be supported by
    - taking the focus off weight
    - identifying and taking steps to prevent child weight and shape concerns, regardless of the child's weight status; and
    - providing psychoeducation on topics such as healthy lifestyles and factors that affect weight and body diversity.

  The following section lists further resources on promoting positive body image.

- Target adult role models, such as parents and teachers, and encourage them to address stigma and display body positive and healthy lifestyle attitudes in their respective environments.

Information on aspects of a healthy lifestyle

You can use these links to inform your own practice, and to share with parents.

Healthy eating

- *Healthy eating for children* – Healthdirect
- *Healthy eating habits for children* – Raising Children Network
- *Healthy eating habits for teenagers* – Raising Children Network
- *Cooking with kids and teenagers* – Raising Children Network

Sleeping

- *Sleep tips for children* – Healthdirect
- *Babies: Sleep* – Raising Children Network
- *Toddlers: Sleep* – Raising Children Network
- *School-age: Sleep* – Raising Children Network
- *Sleep and teenagers: 12–18 years* – Raising Children Network

Physical activity

- *Benefits of physical activity for children* – Healthdirect
- *Healthy and active children* – Healthdirect
- *Physical activity* – Raising Children Network
- *Get Up & Grow – Healthy eating and physical activity for early childhood* – Resource collection – Australian Government Department of Health and Aged Care

Promoting positive body image

- *Body image* – National Eating Disorders Collaboration
- *Body image: Pre-teens and teenagers (9–18 years)* – Raising Children Network
- *Confident body, confident child (2–6 years)* – Body Confident Collective
- *Body image – tips for parents* – Better Health Channel
- *Developing positive body image* – Kids Helpline

Next steps

If you have concerns about the mental health and wellbeing of a child with higher weight but are unsure of how to raise them with the family, we have created a resource that offers a step-by-step process to have these conversations. It will support you to work with families in a way that maintains engagement and:

- avoids further stigmatising children
- shifts the focus from weight to healthy living; and
- supports children's body positivity and self-esteem.

See *Raising child mental health concerns with parents of children with higher weight*.

As a healthcare professional, you are well placed to work collaboratively with parents to identify and consider what may be contributing to their child's mental health concerns.

Further, if you are an allied health professional and you have concerns about the mental health of a child with higher weight, you may wish to refer the family to a GP or paediatrician for further assessment and support.

Finally, further practice strategies for supporting the wellbeing of children with higher weight can be found in the online course: *Supporting the mental health and wellbeing of children with higher weight*.

Further resources

More from Emerging Minds

Supporting the mental health and wellbeing of children with higher weight online course

This online training course examines practice strategies for supporting the psychosocial wellbeing of children with higher weight. It aims to improve your understanding of the connections between higher weight and mental health and wellbeing in childhood.

Raising child mental health concerns with parents of children with higher weight practice paper

This resource offers a step-by-step process for beginning to work with the families of children with higher weight and potential wellbeing concerns. It outlines ways to raise your concern that avoid further stigmatising the child and family, shift the focus from weight to healthy living, and support children's body positivity and self-esteem.

Higher weight and mental health in children: Parent guide

This resource can be shared with parents who have a child with higher weight when there are concerns about the child's mental health. It provides information on the causes of higher weight and the impact of weight-based attitudes, beliefs and behaviours on children's mental health. It also offers tips to help parents support their child's wellbeing.

Childhood higher weight and mental health fact sheet

This fact sheet provides basic information about the links between higher weight in children and mental health difficulties.

Understanding child mental health and chronic physical conditions online course

This online training course highlights the links between chronic illnesses/conditions in childhood and associated mental health difficulties.

Further information on higher weight and related topics

The National Eating Disorders Collaboration is a government initiative that aims to implement a consistent, evidenced-based approach to the prevention and treatment of eating disorders. It provides information on eating disorders and support for people living in larger bodies. The website explains eating disorders, including prevention, early intervention, treatment and recovery. Support is available on 1800 334 673.

The Australia & New Zealand Academy for Eating Disorders (ANZAED) is the peak body for eating disorder professionals involved in research, prevention, treatment and advocacy in Australia, New Zealand and beyond. ANZAED fosters networking and professional development in the eating disorder field. It aims to provide leadership and advocacy to improve the understanding, prevention and treatment of eating disorders.

Confident Body, Confident Child is an evidence-based resource providing parenting strategies to promote positive body image, healthy eating and physical activity in children aged 2–6 years. The resource aims to support and guide parents or guardians to create an environment in which their children can develop body satisfaction and healthy eating patterns. Although developed for use in early childhood, the ideas in the resource will also be valuable for older children.

The *Developing a positive body image resource* from Kids Helpline offers information and tips for children and teens on developing positive body image.

The resource *Self-esteem in children: 1–8 years* from Raising Children Network offers guidance to parents looking to build their children's self-esteem. It contains information and tips designed to support children aged 1–8 years.

Support services for children and families

Families can consult with their local GP or other health professional to get access to specialised support. There are also a number of national and state-based organisations that can support children with higher weight and their families.

Beyond Blue provides information and support to help everyone in Australia to achieve their best possible mental health. The service supports people experiencing depression, anxiety or who are just going through a difficult time. The phone service 1300 224 636 operates 24/7, while the website offers online chat, email support and online forums.

Healthdirect is a national, government-owned, not-for-profit organisation supporting Australians in managing their own health and wellbeing. Healthdirect offers a range of virtual health services, including information, health advice (via their Symptom Checker), a service finder and a free helpline (1800 022 222).

Kids Helpline is a free, private and confidential 24/7 phone and online counselling service for children aged 5–12 years and young adults aged 18–25 years. Qualified counsellors are available via phone on 1800 551 800 or via chat or email.

Lifeline is a national charity providing all Australians experiencing emotional distress with access to 24/7 crisis support and suicide prevention services. Help is available via phone on 13 11 14 or via chat or text.

Parentline is a confidential telephone service providing professional counselling and support in Queensland and the Northern Territory. Available via phone on 1300 301 300.

Raising Children Network is a comprehensive and trusted online resource for parenting information. Their website includes information on children's health and wellbeing across the ages. It includes videos, fact sheets and downloadable toolkits on child development, behavioural problems and health issues.

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