
SUBMISSION

Draft National Obesity Prevention Strategy

Department of Health

sent via [electronic link](#)

3 November 2021



Lived Experience
A U S T R A L I A

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Submitted to Draft National Obesity Prevention Strategy
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Section 1: Privacy information

1 Do you consent to your submission being published on the Department's website, and accessible to the public, including persons overseas, in accordance with the following preference:

Publish response without my name but including my organisation's name

2 Please read and agree to the below declarations:

I have read, understood and consent to the above statements.:

Yes

Section 2: Introduction

3 What is your name?

Name:

Janne McMahon

4 What is your email address?

Email:

jmcMahon@livedexperienceaustralia.com.au

5 What is the name of your organisation?

Organisation (if not representing an organisation you can enter 'member of community'):

Lived Experience Australia

6 Are you completing this survey on behalf of your organisation?

Yes

7 What sector do you represent? You may select more than one option.

Health promotion

Section 3: Overarching concepts

8 Do you agree with the overall approach of the Strategy?

Strongly agree

You can explain your selection or provide comments in the text box if you wish. (250 word limit):

People with mental health challenges or mental illness are prescribed a multitude of psychotropic medications such as antipsychotics, antidepressants etc which inevitably lead to weight gain.

Additionally, people with mental illness often do not have awareness of good eating habits, rely on the DSP and hence have limited funds to purchase good choices of food, and have limited motivation or are too sedated to be able to engage in physical activities.

Furthermore, they are often isolated, and therefore have limited connection with health clubs, sporting clubs etc.

9 The current title is National Obesity Prevention Strategy. Does the title reflect the content of the Strategy?

Agree

You can explain your selection or provide comments in the text box if you wish. (250 word limit):

We think this explains the content well.

10 The Strategy includes two Guiding Principles outlined on page 11 of the draft. Do you agree with the Guiding Principles?

Guiding Principles - Equity:

Agree

Guiding Principles - Sustainable development:

Agree

You can explain your selections or provide comments in the text box if you wish.:

Having a strategy such as this, enables greater awareness to the issue of obesity. However, care should be taken to ensure people with eating disorders for example, are engaged within the strategy to ensure that any promotion does not make their situation worse by highlighting areas of self image.

11 The Strategy includes a high-level Vision outlined on page 12 of the draft. Do you agree with the Vision?

Agree

You can explain your selection or provide comments in the text box if you wish. (250 word limit):

LEA agrees with the Vision with the caveat of mental health challenges and eating disorders highlighted.

Also the fact that many people with mental illness or chronic/severe mental health challenges often do not have a regular GP, and certainly as part of their treatment team.

A lot is anticipated at the primary health care level, but obesity or weight gain needs to be acknowledged and recognised at all levels of the health system especially that of the mental health sector.

12 The Strategy includes a Target outlined on page 12 of the draft. Do you agree with the Target?

Agree

You can explain your selection or provide comments in the text box if you wish. (250 word limit):

LEA supports this approach.

13 The Strategy includes five Objectives outlined on page 12 of the draft. Do you agree with the Objectives?

Do you agree with the Objectives? - More supportive and healthy environments:

Agree

Do you agree with the Objectives? - More people eating healthy food and drinks:

Agree

Do you agree with the Objectives? - More people being physically active:

Agree

Do you agree with the Objectives? - More resilient systems, people, and communities:

Agree

Do you agree with the Objectives? - More accessible and quality support for people:

Agree

You can explain your selections or provide comments in the text box if you wish.:

Personal choice is important, and having more options to select from, clearly marked will go a long way to advising people of what to eat/drink in their own best interest.

However, clearly people on centrelink benefits, those in supported housing, or those who are homeless, must be prioritised.

14 Are there any Objectives missing?

You can provide comments in the text box if you wish.:

No we do not believe so, other than those mentioned previously.

15 The Strategy includes three Ambitions outlined on page 12 of the draft. Do you agree with the Ambitions?

Ambitions - All Australians live, learn, work, and play in supportive and healthy environments.:

Agree

Ambitions - All Australians are empowered and skilled to stay as healthy as they can be.:

Agree

Ambitions - All Australians have access to early intervention and primary health care.:

Agree

You can explain your selections or provide comments in the text box if you wish.:

Again, this answer has the caveat around special acknowledgement for those with mental health challenges to have the affordability, knowledge, motivation and connections with the community and a regular GP are critical.

16 The Strategy includes three Enablers outlined on page 12 and pages 42-44 of the draft. Do you agree with the Enablers?

Enablers - Lead the way:

Agree

Enablers - Better use of evidence and data:

Agree

Enablers - Invest for delivery:

Agree

You can explain your selections or provide comments in the text box if you wish.:

LEA agrees that not only Govts but also the healthcare settings should lead the way in promoting good weight, better choices, greater affordability etc.

17 Are there any Enablers missing?

You can provide comments in the text box if you wish.:

LEA does not believe so.

Section 4: Ambition 1 - All Australians live, learn, work, and play in supportive and healthy environments.

18 Ambition 1 Strategies are outlined on pages 15-28 of the draft. Do you agree with the Strategies in Ambition 1?

Ambition 1 - Strategy 1.1 Build a healthier and more resilient food system.:

Agree

Ambition 1 - Strategy 1.2 Make sustainable healthy food and drinks more locally available.:

Agree

Ambition 1 - Strategy 1.3 Explore use of economic tools to shift consumer purchases towards healthier food and drink options.:

Agree

Ambition 1 - Strategy 1.4 Make processed food and drinks healthier by supporting reformulation.:

Agree

Ambition 1 - Strategy 1.5 Make healthy food and drinks more available and accessible and improve nutrition information to help consumers.:

Agree

Ambition 1 - Strategy 1.6 Reduce exposure to unhealthy food and drink marketing, promotion and sponsorship especially for children.:

Agree

Ambition 1 - Strategy 1.7 Build more connected and safe community spaces that inspire people of all ages, abilities and cultures to engage in regular physical activity.:

Agree

Ambition 1 - Strategy 1.8 Grow participation in walking, cycling, public transport, active recreation and sport by minimising cost and access barriers.:

Agree

Ambition 1 - Strategy 1.9 Build the capacity and sustainability of the sport and active recreation industry.:

Agree

Ambition 1 - Strategy 1.10 Enable school and early childhood education and care settings to better support children and young people to build a positive lifelong relationship with healthy eating and physical activity.:

Agree

Ambition 1 - Strategy 1.11 Enable workplaces to better support the health and wellbeing of their workers.:

Agree

Ambition 1 - Strategy 1.12 Enable government agencies, care facilities, tertiary and training institutions, sporting and recreation facilities, and community organisations to lead the way by supporting breastfeeding, providing access to healthy food and drinks, and encouraging more physical activity.:

Agree

You can explain your selections or provide comments in the text box if you wish.:

All strategies are critical for the reduction in obesity and better health and wellbeing.

LEA knows that with better health, mental health is often improved as well.

Having the choice and easily marked food/drink items will enable people to select better options.

An easily recognisable system that is well marked, easy to recognise and select will go a long way to making choices easier.

Having a connection with the community and the sporting and community clubs is important and should be easily access with members welcoming others including those from disadvantaged socio economic communities.

Having a welcoming environment, engaging with those more isolate, and supporting them to take better care of their physical health will be important.

19 Are there any Strategies missing in Ambition 1?

You can provide comments in the text box if you wish.:

LEA does not believe so.

Section 5: Ambition 2 - All Australians are empowered and skilled to stay as healthy as they can be.

20 Ambition 2 Strategies are outlined on pages 29-36 of the draft. Do you agree with the Strategies in Ambition 2?

Ambition 2 - Strategy 2.1 Improve people's knowledge, skills and confidence.:

Strongly agree

Ambition 2 - Strategy 2.2 Use sustained social marketing.:

Strongly agree

Ambition 2 - Strategy 2.3 Enable parents, carers and families to optimise healthy child development and lifelong healthy habits for children and adolescents.:

Strongly agree

Ambition 2 - Strategy 2.4 Engage and support young people to embed healthy behaviours as they transition to adulthood.:

Strongly agree

Ambition 2 - Strategy 2.5 Engage and support local communities and organisations to develop and lead their own healthy eating and physical activity initiatives.:

Strongly agree

Ambition 2 - Strategy 2.6 Support targeted actions that enhances active living and healthy food and drink opportunities within priority populations.:

Strongly agree

Ambition 2 - Strategy 2.7 Enable and empower priority populations to have the same opportunities as others by supporting relevant sectors to reduce the structural and social barriers.:

Strongly agree

You can explain your selections or provide comments in the text box if you wish.:

LEA considers all strategies mentioned here, to be critical for people with mental health challenges.

With the implementation of some of these strategies will go a long way to assisting them.

LEA recognises that this will no doubt be a staggered implementation and request that the issues and needs of minority, disadvantaged, disability groups be considered as a separate area on how best to implement some of these strategies which are need now.

21 Are there any Strategies missing in Ambition 2?

You can provide comments in the text box if you wish.:

LEA does not believe so other than what we have mentioned above.

Section 6: Ambition 3 - All Australians have access to early intervention and primary health care.

22 Ambition 3 Strategies are outlined on pages 37-41 of the draft. Do you agree with the Strategies in Ambition 3?

Ambition 3 - Strategy 3.1 Enable access to primary health care and community-based practitioners and services in the community and at home.:

Strongly agree

Ambition 3 - Strategy 3.2 Increase clarity and uptake of models of care and referral pathways that focus on the individual.:

Strongly agree

Ambition 3 - Strategy 3.3 Support health, social and other care services to enable positive discussion about weight.:

Strongly agree

Ambition 3 - Strategy 3.4 Strengthen the confidence and competence of the primary health care workforce to prioritise the prevention of obesity.:

Strongly agree

You can explain your selections or provide comments in the text box if you wish.:

LEA strongly supports these strategies.

As mentioned, implementation early will assist many people as part of early identification and early intervention strategies.

Having mental health clinicians focus more broadly on how to manage weight gain from medications will be crucial.

LEA has just completed a national survey of our members and friends together with Equally Well, around how much emphasis mental health clinicians actually address physical issues.

The Report will be published in due course and this will be an important piece of research that LEA would be pleased to discuss in more detail, including how this reflects or interacts with this strategy.

23 Are there any Strategies missing in Ambition 3?

You can provide comments in the text box if you wish.:

LEA does not consider there to be any further.

24 What do you think are the 5 most important Strategies and the 5 least important Strategies, considering all Strategies across each of the 3 Ambitions, to address overweight and obesity? Please select 5 only in each column.

5 most/least important strategies - Strategy 1.1 Build a healthier and more resilient food system.:

5 most/least important strategies - Strategy 1.2 Make sustainable healthy food and drinks more locally available.:

5 least important Strategies

5 most/least important strategies - Strategy 1.3 Explore use of economic tools to shift consumer purchases towards healthier food and drink options.:

5 least important Strategies

5 most/least important strategies - Strategy 1.4 Make processed food and drinks healthier by supporting reformulation.:

5 least important Strategies

5 most/least important strategies - Strategy 1.5 Make healthy food and drinks more available and accessible and improve nutrition information to help consumers.:

5 most/least important strategies - Strategy 1.6 Reduce exposure to unhealthy food and drink marketing, promotion and sponsorship especially for children.:

5 most/least important strategies - Strategy 1.7 Build more connected and safe community spaces that inspire people of all ages, abilities and cultures to engage in regular physical activity.:

5 most important Strategies

5 most/least important strategies - Strategy 1.8 Grow participation in walking, cycling, public transport, active recreation and sport by minimising cost and access barriers.:

5 most/least important strategies - Strategy 1.9 Build the capacity and sustainability of the sport and active recreation industry.:

5 most/least important strategies - Strategy 1.10 Enable school and early childhood education and care settings to better support children and young people to build a positive lifelong relationship with healthy eating and physical activity.:

5 most important Strategies

5 most/least important strategies - Strategy 1.11 Enable workplaces to better support the health and wellbeing of their workers.:

5 least important Strategies

5 most/least important strategies - Strategy 1.12 Enable government agencies, care facilities, tertiary and training institutions, sporting and recreation facilities, and community organisations to lead the way by supporting breastfeeding, providing access to healthy food and drinks, and encouraging more physical activity.:

5 least important Strategies

5 most/least important strategies - Strategy 2.1 Improve people's knowledge, skills and confidence.:

5 most/least important strategies - Strategy 2.2 Use sustained social marketing.:

5 most/least important strategies - Strategy 2.3 Enable parents, carers and families to optimise healthy child development and lifelong healthy habits for children and adolescents.:

5 most/least important strategies - Strategy 2.4 Engage and support young people to embed healthy behaviours as they transition to adulthood.:

5 most/least important strategies - Strategy 2.5 Engage and support local communities and organisations to develop and lead their own healthy eating and physical activity initiatives.:

5 most/least important strategies - Strategy 2.6 Support targeted actions that enhances active living and healthy food and drink opportunities within priority populations.:

5 most/least important strategies - Strategy 2.7 Enable and empower priority populations to have the same opportunities as others by supporting relevant sectors to reduce the structural and social barriers.:

5 most important Strategies

5 most/least important strategies - Strategy 3.1 Enable access to primary health care and community-based practitioners and services in the community and at home.:

5 most important Strategies

5 most/least important strategies - Strategy 3.2 Increase clarity and uptake of models of care and referral pathways that focus on the individual.:

5 most important Strategies

5 most/least important strategies - Strategy 3.3 Support health, social and other care services to enable positive discussion about weight.:

5 most/least important strategies - Strategy 3.4 Strengthen the confidence and competence of the primary health care workforce to prioritise the prevention of obesity.:

You can explain your selections or provide comments in the text box if you wish.:

LEA believes that all strategies above should be strongly considered. It was difficult to select the most appropriate for either category with restrictions to just 5.

LEA has outlined the various aspects within this Submission which we believe to be most relevant to the people we represent, ie people with mental health lived experience as either consumers or carers.

Section 7: Making it happen

25 Part 4 Making it happen is outlined on pages 45-46 of the draft. Do you have any comments on Part 4 Making it happen?

You can provide comments in the text box if you wish.:

The success of this strategy is dependent upon multiple factors, however there needs to be urgency in addressing this issue.

To make it happen depends upon the following:

- 1) individuals making good choices
- 2) individuals being aware of their choices and managing their weight
- 3) individuals having their own responsibility to manage their weight, exercise and any medication side effects
- 4) individuals asking for help
- 5) all governments taking the lead in what they can do in terms of promotion, enabling levers they control
- 6) The health providers and clinicians making their clients/patients aware of the health issues associated with obesity
- 7) the health system, mental health system in particular where side effects of medications are a real issue including metabolic syndrome

26 Do you have any additional comments on the draft Strategy?

You can provide comments in the text box if you wish.:

Lived Experience Australia is a national representative organisation for Australian mental health consumers and carers, formed in 2002 with a focus on the private sector. Our core business is to advocate for systemic change, empowerment of consumers in their own care, promoting engagement and inclusion of consumers and carers within system design, planning and evaluation and most importantly, advocating for consumer choice and family and carer inclusion.

LEA welcomes the opportunity to provide input into this strategy, and there has been some aspects of the strategy that we wished to highlight for your consideration below.

Given the side effects of psychotropic medications, LEA would welcome further engagement.

Please contact: Professor Sharon Lawn, Board Chair and Executive Director

slawn@livedexperienceaustralia.com.au