The Importance of Collaborative Mental Health Care in Weight Loss Surgery

By Bren Chasse, LMFT

In the United States, obesity has become a crisis—a public health epidemic. It's a common understanding in the medical and mental health fields that obesity continues to consistently increase in both prevalence and severity (Strum, 2002). Physicians and clinicians see daily the dire consequences of obesity and the impact a dysfunctional relationship with food has on their patients' lives.

In many circumstances, obesity and chronic overeating are symptoms of greater life challenges that may be difficult for patients to cope with effectively. Bariatric surgery has quickly become a leading intervention for addressing morbid obesity and associated conditions. Each year, more and more people are seeking weight loss surgery (Davis et al., 2006). Not only does this open the door of opportunity for therapists; we have a responsibility to respond appropriately to the unique needs of this population, many of whom may initially come through our doors reporting other challenges.

Bariatric surgery is an aggressive medical intervention, and it typically constitutes an irreversible lifetime commitment. As both a licensed marriage family therapist and a Roux-en-Y bariatric patient, I have discovered a great gap exists between this potentially lifesaving medical intervention and an overall understanding of the dramatic psychosocial impact this type of surgery can have on an individual.

In the United States today, patients are typically required to complete a psychological assessment in order to qualify for bariatric surgery. However, there is currently no standard requiring that patients undergo any individual therapy to address their relationship with food or their body prior to or following surgery. In this respect, the odds may be stacked against a bariatric patient even before they undergo the procedure.

The requirement of completing a psychological assessment is intended to flag those with a mental health condition that, combined with an invasive surgery, could have a devastating outcome. In my experience both as a clinician and as a patient, this has become, for many, just a box to check off on the long list of pre-surgical requirements one must complete—and this poses a huge risk for clients.

Research has consistently shown that most patients seeking bariatric surgery struggle with dysfunctional eating patterns. Specifically, Sarwer et al. (2006) found that binge eating is one of the most common psychiatric conditions in patients seeking bariatric surgery. Additionally, it has been my experience that little concern overall is shown for some of the other common comorbid conditions like posttraumatic stress (PTSD), depression, anxiety, low self-worth, and a history of trauma. It is important for a patient to feel as though there is integration among their own body, mind, heart, and spirit. In order for bariatric patients to achieve long-term weight loss success,

it's important a patient process the cause of their original weight gain, thus affording them insight into the way they may use food to cope with the life challenges they face.

While I am not suggesting that individuals with mental health concerns, or even a clinical diagnosis, are not appropriate candidates for surgery and can't go on to experience great post-surgical success, it is vital that clinicians and surgeons begin to work collaboratively to address any potential barriers to a patient's success. Just as medical conditions do not occur in a vacuum, neither can mental health conditions be understood or treated effectively in this way.

Our physical health and our mental well-being are uniquely intertwined. In order to provide a gold standard of care for each patient, we must treat the whole patient, not just attend to our own independent roles as surgeons and clinicians. A comprehensive approach is called for when treating individuals with such complex and varied needs.

Patients that undergo bariatric surgery are likely to experience an emotional journey before, during, and following surgery. Surgery alone is simply not enough to ensure their long-term success in most cases. Now is the time for all members of the professional bariatric community to come together to provide the level of support and care our patients need and to establish a gold standard of care that places the overall wellness of our patients as our greatest priority. They are counting on us and, in one capacity or another, their life might just depend on it!

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