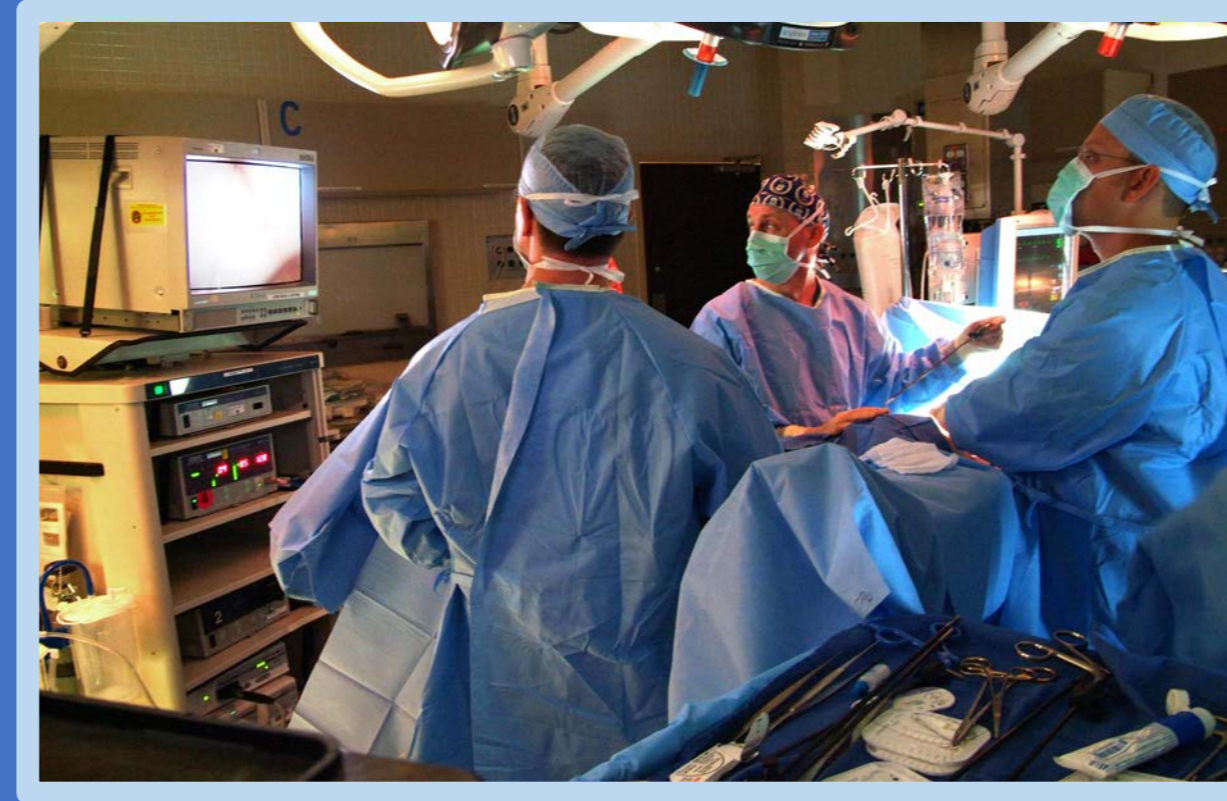
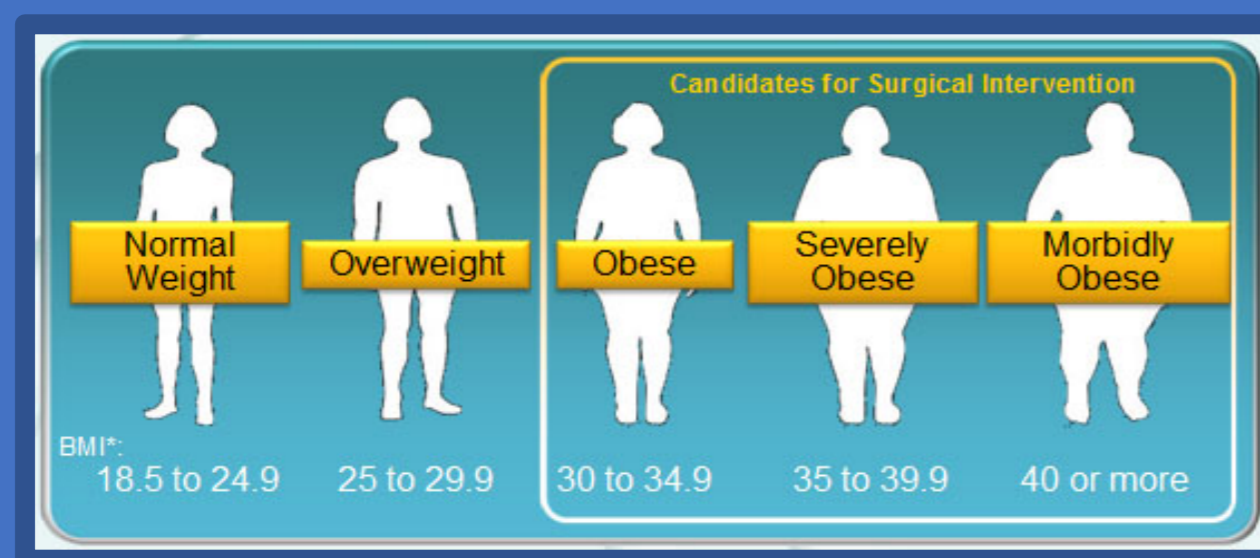


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Introduction

Bariatric or weight loss surgery is currently the leading treatment of obesity. Bariatric surgery research has focused predominantly on weight loss outcomes and any complications of surgery in relation to the type of surgical procedure. The psychological impact of having bariatric surgery has received less attention. This study investigated whether patients who receive psychological counselling have better physical and mental well-being post-bariatric surgery.



Aims

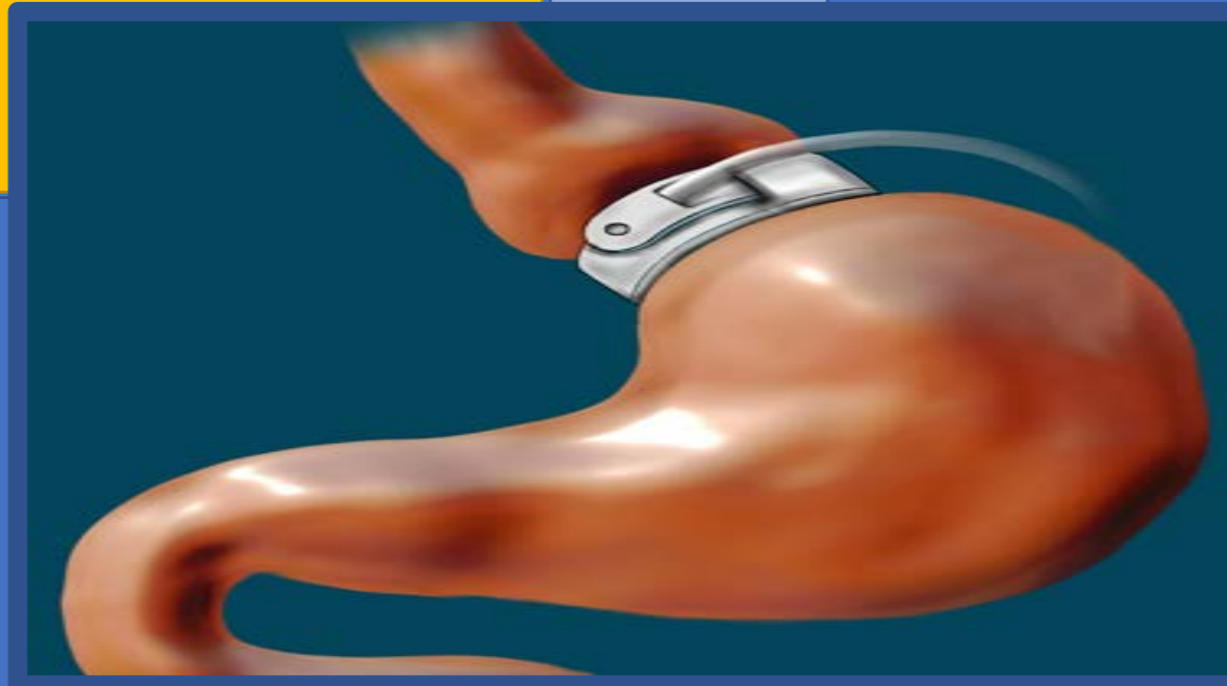
AIM This study sought to investigate whether patients who receive psychological counselling have better physical and mental well-being post-bariatric surgery

Method and Participants

Eighty-eight persons (81 female, 7 male, M age 43.99 years) who had undergone weight loss surgery were recruited from bariatric surgery and obesity online support groups to answer an electronic survey which included the widely known **Health Survey Short Form (SF-12)** to assess mental and physical well-being. Surgery types included Gastric Band, Gastric Bypass and Gastric Sleeve.

Results 1

Participants who underwent **Gastric Sleeve** surgery (n=51) had attended the largest number of sessions (**M = 3.54**) and participants who opted for the Gastric Band (n=15) had the least amount of counselling sessions (**M = 1.33**).



Results 2

Patients who had attended ≥ 6 counselling sessions after **Gastric Sleeve surgery** had better physical well-being scores, compared to those who attended <6 sessions. Patients who attended **one and four psychological counselling** sessions had significantly higher psychological well-being scores.

0 sessions group:

lowest mental and physical well-being score.

1-4 session group:

A significantly higher mental health component score (MCS) found for the one to four counselling session group ($M = 49.02$, $SD = 6.12$) reporting scores of 4.28, 95% CI [-7.47, -1.08] higher than the group who had no psychological counselling ($M = 44.74$, $SD = 6.44$), $t(70) = -2.67$, $p < .05$, $.009$ two tailed, $d = 6.34$.

5-10 session group:

mean MCS of 45.6 and a mean PCS of 43.8.

More than 12 sessions group:

mean MCS of 48.83 and a mean PCS of 48.05

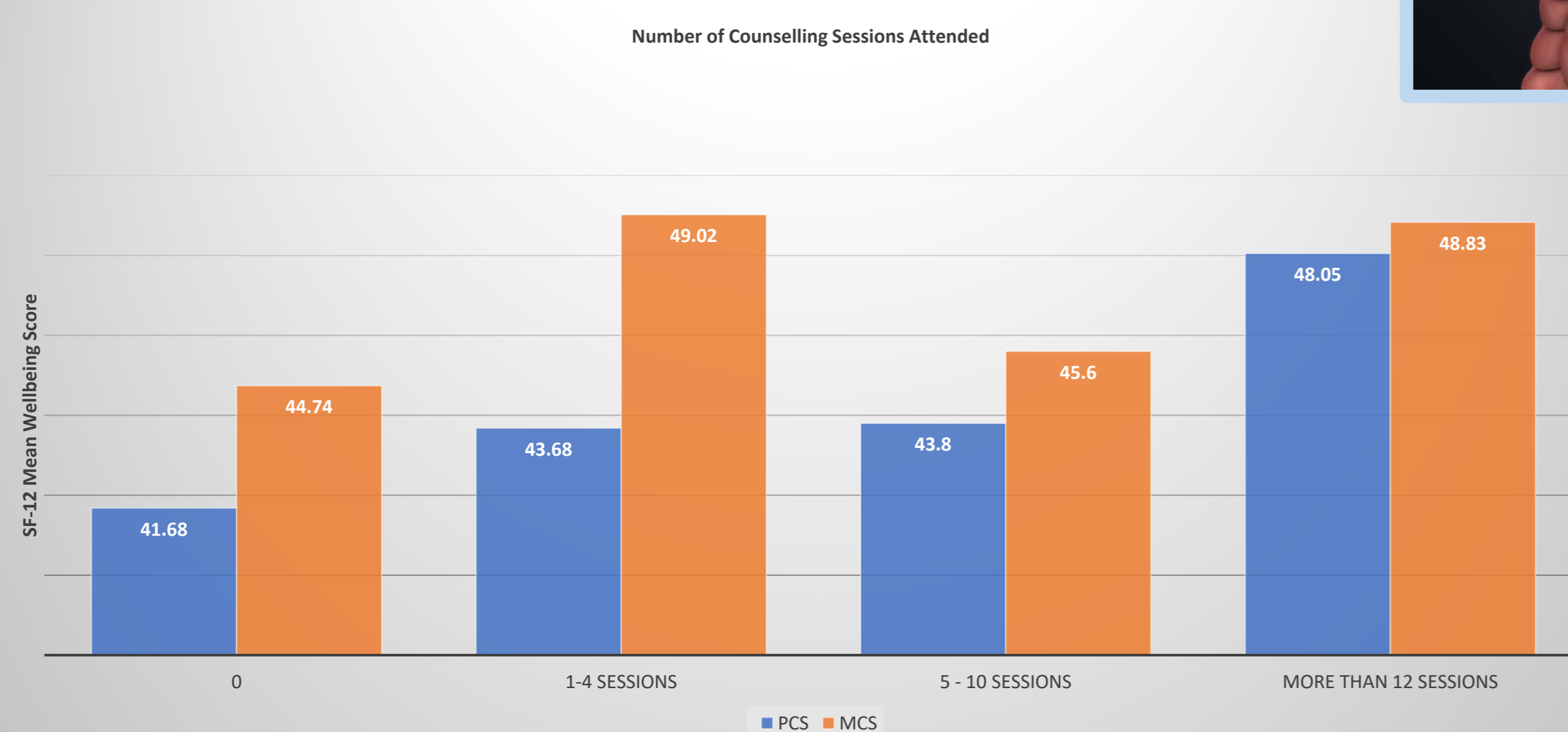


Figure 1. Number of Counselling Sessions Attended and SF-12 Mean Wellbeing Scores for group.

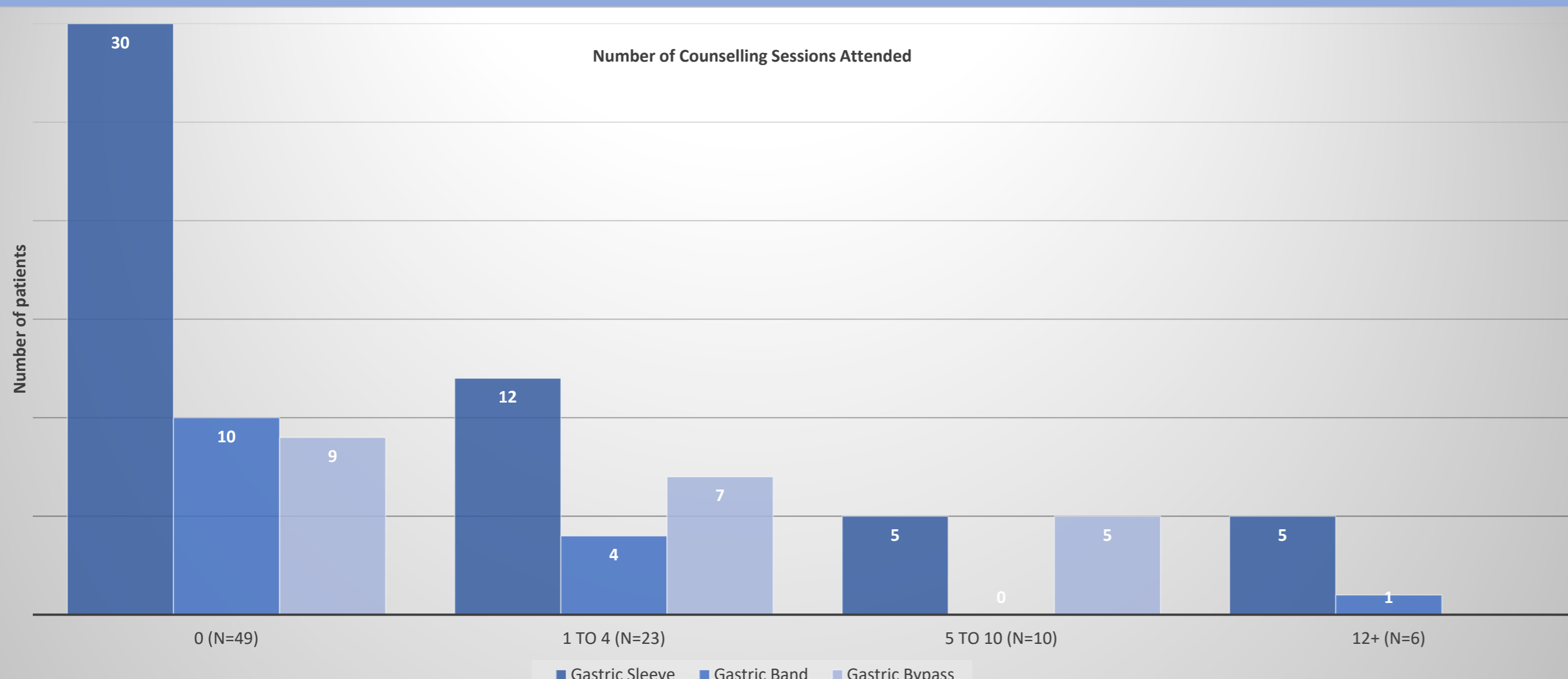


Figure 2. Number of Counselling Sessions Attended and Type of Surgery of Participant

Discussion and Future Implications

- If a participant had attended **between one and four sessions** (n= 23) their **mental well-being score was significantly improved**. Psychological support for the mental health needs of obese patients post-surgery requires more attention.
- Australian Government; **Better Access to Mental Health** Scheme improvements to include bariatric patients -The APS submission to increase the previous allotment of up to **10 sessions has recently been increased to 40 sessions** for more severe disorders such as eating disorders. If Bariatric patients were included in this category we may see an increase in well-being post surgery.

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