

# Mental Health and GLP-1s

A DYNAMIC, COLLABORATIVE, and EVOLVING APPROACH



## Screen

- Disordered eating
- Mental health history and current symptoms
- Relationship with food, body image, and weight control behaviours
- Other risk and protective factors (e.g., family support, willingness to adopt/engage in normalized eating)



## Consent

- Discuss potential MH benefits and risks
- Set expectations for pace of weight loss
- Communicate plan for what will happen if problems arise
- Ensure youth and family understand and agree with expectations
- Remember: consent is ongoing



## Plan

- Plan for reduced hunger cues (normalized eating)
- Plan for what happens if concerns arise
- Discuss expectations for attendance at appointments and consequences for missed appointments
- Prepare for weaning and rebound coping strategies



## Monitor

- Normalized eating
- Pace of weight loss (i.e., <2lbs./week)
- Body/shape preoccupation
- Disordered eating red flags (e.g., increased body dissatisfaction, resistance to slowing weight loss, appointment avoidance, intense fear of weight gain)
- Obtain multiple informants

## Ongoing communication and collaboration

An iterative, not linear, process

Adjust as needed based on changing needs, risks, and goals