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Obesity in Children and Adolescents: Caring for Physical and Mental Health

How is obesity linked to the mental health of children and adolescents, social stigma and bullying, and what are the ways of prevention and support by parents, educators, and mental health professionals?

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Many children and adolescents grow up in environments that promote weight gain, mainly due to the easy availability, low cost, and intensive marketing of unhealthy foods. At the same time, a lack of physical activity, an increasingly sedentary lifestyle, and extended screen time significantly limit movement and daily activity. Childhood and adolescent obesity is a growing public health concern. Studies indicate that the prevalence of childhood obesity in Greece is among the highest in Europe (e.g., Kostopoulou, Tsekoura et al., 2021; Lissau, 2004).

This article aims to present the relationship between childhood and adolescent obesity and mental health difficulties, the role of social stigma and bullying, and how parents can intervene and offer support. In addition, it describes how the training programmes of the Child & Adolescent Mental Health Initiative (CAMHI) for public sector professionals—including paediatricians and primary healthcare physicians, child and adolescent psychiatrists and psychologists, as well as educators—contribute to addressing this complex issue.

The relationship between childhood and adolescent obesity and mental health problems

Childhood obesity can affect both physical and mental well-being. A meta-analysis reports a 43% higher likelihood of depression among adolescents with obesity (Hoare et al., 2014). Studies show that adolescent obesity is associated with increased depressive symptoms and a higher risk of clinical depression. In general, increased body weight during childhood and adolescence contributes to the development of depressive symptoms and low self-esteem (Vowels et al., 2024). Children and adolescents may also experience peer bullying and difficulties with socialisation (e.g. Quek et al., 2017; Rankin et al., 2016).

Conversely, depression can contribute to weight gain, as changes in body weight are among the diagnostic criteria for depression. In addition, children with ADHD and increased body weight are likely to face a wide range of physical, psychological, and social stressors (Wong et al., 2026). The relationship between mental health problems and obesity appears to be stronger among adolescent girls compared to boys (Brumpton et al., 2013).

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The social consequences are more severe for girls, as they experience weight-related discrimination more frequently and are almost four times more likely to be diagnosed with major depressive disorder. In addition, adolescent girls are more likely than boys to use food as a source of comfort or as a way to distract themselves from negative emotions, further increasing the risk of weight gain.

Factors related to obesity that impact mental health

There are several factors beyond dietary habits that are associated with obesity and can significantly impact the mental health of children. The most influential factor is social stigma. Children with increased body weight are much more likely to be exposed to comments, teasing, or even bullying, which affects their self-esteem, their relationship with their body, and ultimately their relationship with food.

Another important factor is disrupted biological rhythms, including poor sleep, reduced physical activity, and sedentary behaviour, particularly excessive screen time. Specifically, there is a bidirectional relationship between sleep duration and obesity in adolescents (e.g., Morrissey et al., 2020; Fatima et al., 2016). Inadequate sleep disrupts the balance of hormones that regulate appetite and metabolism, increasing the likelihood of weight gain in children and adolescents. Sedentary behaviour, especially among adolescents, has increasingly been linked to negative effects on mental health and constitutes a risk factor for depression (Rodriguez-Ayllon et al., 2019). A positive correlation has been observed between screen time—which often includes engagement with social media, gaming, or television—and obesity, and it is associated with reduced mental well-being and decreased concentration. Therefore, disrupted biological rhythms affect not only weight but also mood, attention, and emotional stability.

Regular physical activity is recognized for its protective effects against both obesity and depression, as it improves mood and reduces stress. Exercise also contributes to enhanced cognitive function and emotional stability, providing a protective factor against depression.



The Child & Adolescent Mental Health Initiative (CAMHI) has developed specialized training for **mental health professionals**, including child and adolescent psychiatrists and psychologists. The therapeutic intervention for adolescent depression—based on Cognitive Behavioral Therapy (CBT)—includes a session focused on enhancing mood through body care. In this session, the therapist discusses with the adolescent the importance of sleep, balanced nutrition, and physical activity (**[more information here](#)**).

At a preventive level, the Initiative offers a training program for health professionals—including **pediatricians, general practitioners, and on-call physicians**—enhancing their ability to detect early behaviors that may indicate mental health difficulties, including eating disorders and emotional challenges often associated with obesity. This training is delivered online and health professionals from across the country can register their interest (**[more information here](#)**).

How can parents prevent obesity and low mood in children?

Parents play a crucial role in creating a supportive, non-judgmental environment. Children often feel guilty about their weight; parents need to ensure that the child does not feel “to blame” and encourage open communication so the child can express concerns about their body. It is also important for parents to avoid comments about the body, strict diets, or pressure around food, as these can have counterproductive effects. Maintaining a consistent meal routine and an environment where food is neither used as a reward nor as a punishment is helpful.

Additionally, parents should prioritise a consistent sleep schedule, encourage their child to participate in physical activities, and organise the daily routine with more engaging activities to reduce screen time. Parents can visit the **CAMHI website (camhi.gr)**, to access scientifically grounded, **[free guides](#)** specifically designed for them. This material empowers parents to support their children effectively and foster a healthier relationship with nutrition, sleep, and physical activity.

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Childhood and Adolescent Obesity: Stigma and Bullying

Research has shown that children with obesity are less frequently considered “best friends” and have lower peer acceptance. Moreover, their classmates often perceive them as more socially isolated, less likely to take on leadership roles, more aggressive in behavior, less physically attractive, more fatigued, and less athletic, with social relationships that differ from those of children with a healthy weight.



Students with obesity are more likely to experience bullying compared to their peers of healthy weight (e.g., Gray et al., 2019). Bullying can range from verbal teasing, insults, demeaning comments, and mockery to physical harassment, such as hitting, kicking, or pushing. Overweight or obese children who experience bullying show significantly higher levels of depression and are five times more likely to adopt unhealthy weight-management practices. They also report lower satisfaction with their body image, reduced quality of life, and poorer academic performance.

It is also important to consider the frustration children feel when they struggle to follow a diet plan or do not achieve weight loss despite their efforts. In such cases, children and adolescents often experience guilt and shame, while simultaneously facing criticism from family members and peers for their “failure.”

Collaboration with parents and mental health professionals strengthens prevention efforts and enables timely psychological support for children. The Child & Adolescent Mental Health Initiative (CAMHI) offers a training program for **teachers** and **school staff** on students’ mental health issues and challenging situations they may encounter in the school environment (e.g., school bullying). This training is conducted online and is open to public sector school staff across the country (more information [here](#)).



Conclusion

Childhood and adolescent obesity is a complex health issue with serious consequences for both the physical and mental well-being of children and adolescents. Increased exposure to unhealthy foods, limited physical activity, a sedentary lifestyle, and excessive screen time create an environment that promotes weight gain. At the same time, social stigma and school bullying worsen mental health outcomes. Prevention and support for children require the active involvement of parents, educators, and health and mental health professionals, aiming to create a supportive, nonjudgmental environment, promote positive behaviors, encourage regular physical activity, and improve daily routines. The training programs offered by the Child & Adolescent Mental Health Initiative (CAMHI) have proven to be valuable tools for preventing and managing eating-related problems and their psychological consequences, contributing to a culture of acceptance, inclusion, and psychological support in schools and the broader community.

References

- Brumpton, B., Langhammer, A., Romundstad, P., Chen, Y., & Mai, X.-M. (2013). The associations of anxiety and depression symptoms with weight change and incident obesity: The HUNT Study. *International Journal of Obesity*, 37(9), 1268–1274.
- Gray, W. N., Kahhan, N. A., & Janicke, D. M. (2009). Peer victimization and pediatric obesity: A review of the literature. *Psychology in Schools*, 46(8), 720–727.
- Fatima, Y., Doi, S. A., & Mamun, A. (2016). Sleep quality and obesity in young subjects: A meta-analysis. *Obesity Reviews*, 17(12), 1154–1166.
- Hoare, E., Skouteris, H., Fuller-Tyszkiewicz, M., Millar, L., & Allender, S. (2014). Associations between obesogenic risk factors and depression among adolescents: A systematic review. *Obesity Reviews*, 15(1), 40–51.
- Kostopoulou, E., Tsekoura, E., Fouzas, S., Gkentzi, D., Jelastopulu, E., & Varvarigou, A. (2021). Association of lifestyle factors with a high prevalence of overweight and obesity in Greek children aged 10–16 years. *Acta Paediatrica*, 110(12), 3356–3364.
- Lissau, I., Overpeck, M. D., Ruan, W., & Health Behaviour in School-aged Children Obesity Working Group. (2004). Body mass index and overweight in adolescents in 13 European countries, Israel, and the United States. *Archives of Pediatrics & Adolescent Medicine*, 158(1), 27–33.
- Morrissey, B., Taveras, E., Allender, S., & Strugnell, C. (2020). Sleep and obesity among children: A systematic review of multiple sleep dimensions. *Pediatric Obesity*, 15, e12619.
- Quek, Y. H., Tam, W. W., Zhang, M. W., & Ho, R. C. (2017). Exploring the association between childhood and adolescent obesity and depression: A meta-analysis. *Obesity Reviews*, 18(7), 742–754.
- Rankin, J., Matthews, L., Cobley, S., Han, A., Sanders, R., Wiltshire, H. D., & Baker, J. S. (2016). Psychological consequences of childhood obesity: Psychiatric comorbidity and prevention. *Adolescent Health, Medicine and Therapeutics*, 14 (7), 125–146.
- Rodriguez-Ayllon, M., Cadenas-Sánchez, C., Estévez-López, F., Muñoz, N. E., Mora-Gonzalez, J., Migueles, J. H., Molina-García, P., Henriksson, H., Mena-Molina, A., Martínez-Vizcaíno, V., & Catena, A. (2019). Role of physical activity and sedentary behavior in the mental health of preschoolers, children and adolescents: A systematic review and meta-analysis. *Sports Medicine*, 49(9), 1383–1410.
- Vowels, M. J., Vowels, L. M., & Gibson-Miller, J. (2024). Longitudinal evidence over 2 years of the pandemic shows that poor mental health in people living with obesity may be underestimated. *PLoS ONE*, 19(7), e0305627.
- Wong, R. S., Zhou, Z., Tung, K. T. S., Ho, F. K., Pell, J. P., & Ip, P. (2026). Depressive symptoms, overweight/obesity, and ADHD from childhood to adolescence: A cross-cohort study of cultural and timing effects. *Journal of Affective Disorders*, 393, 120343.

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