

Food insecurity and mental health

Introduction

“Most simply, food insecurity is a lack of the financial resources needed to ensure reliable access to food to meet dietary, nutritional, and social needs.”¹

The causes of food insecurity (sometimes referred to as food poverty) are complex. It can affect those living on low incomes, but also people with limited access to transport, poor housing or physical or mental ill-health.

The BDA has [a policy statement on food poverty and food insecurity](#), in which we state that nobody in a nation as wealthy as the UK should be living in food poverty. Dietitians see the impact of such food poverty in their practice every day, and know the impact it has on wider health and wellbeing.

In this position statement we set out the issues facing people living with mental ill-health and make recommendations to ensure that healthcare practitioners working in mental health assess for food insecurity routinely as part of the care they provide.

Context

An estimated 8.4 million people in the UK are affected by food insecurity². In particular, adults with mental-ill health are disproportionately affected by food insecurity^{3, 4, 5}. The foods that individuals consume can have an impact on both physical and mental health⁶.

Individuals with mental ill-health are a marginalised population in terms of physical health conditions, many of which are preventable. People with severe mental illness (SMI) which includes Schizophrenia, Bipolar Disorder and other Psychoses are particularly vulnerable in terms of their physical health, which may result in a shorter life expectancy by 15 to 20 years compared to the general population⁷. Additionally, it is widely reported that obesity is more prevalent in people with mental-ill health than in the general population, with modifiable disease risk factors for physical health including physical activity, a healthy diet, and maintenance of a healthy body weight⁸.

Food insecurity can result in a poor-quality diet, overweight and obesity which are all linked to long-term health conditions including type 2 diabetes and cardiovascular disease⁹. Whilst the literature reports high levels of obesity in people with mental ill health, it is important to acknowledge that undernutrition may be present in people living with obesity and that some people with mental ill-health may experience a reduction in their BMI¹⁰.

People living with mental ill-health

People living with mental ill-health face a significant income gap compared to those without mental ill-health (as high as £8,400 per year), with just 11% of people living with psychosis being in employment in 2014¹¹. The Trussell Trust reports that mental ill-health is a concern reported by food banks, with on average, 38% of people accessing them having mental ill-health¹².

Food insecurity has also been exacerbated by the COVID-19 pandemic¹³. The Trussell Trust reported an 81% increase in emergency food parcels during the last two weeks of March 2020¹³; and food banks in

the Independent Food Aid Network (IFAN) reported an increase in need of 110% between February and November 2020 (compared to the same period in 2019)¹³.

Anecdotal evidence from Experts-by-Experience (people living with mental ill health) reports that food insecurity is increasingly prevalent for people with SMI. Experts-by-Experience describe examples of people with SMI prolonging their hospital stay to receive meals that they would struggle to purchase upon discharge home. Expert-by-Experience members of Equally Well-UK state the following¹⁴:

“Finance is also barrier – economic barriers to accessing fresh fruit and veg. A lot of users will have can of beans, toast, live on bread – cheapest available vegetables and meat.”

“I actually really like healthy food, it’s not that I don’t like it, and I love cooking, it’s just I think it’s more with my mental health, it’s just that when I’m depressed, I get really suicidal and I don’t care so I think right, I’m on the phone [for food] because I won’t go out when I’m depressed.”

There are very few studies reporting food insecurity in adults with mental ill-health, particularly those with an SMI. Therefore, the syndemic nature of having an SMI in conjunction with food insecurity concerns remains an under-researched area worldwide¹⁵.

This potentially leads to food insecurity being under-managed and under-supported in mental health clinical practice and across the wider health and social care system.

Recommendations

The BDA Mental Health Specialist Group is leading on our recommendations to ensure that healthcare practitioners working in mental health assess for food insecurity routinely as part of the care they provide.

Furthermore, when food insecurity is identified, we believe that practitioners should work with the individual to identify the support that they require to access food, as this is often a complex issue and needs to be person-centred.

Routine assessment

Healthcare practitioners should assess food insecurity as part of their routine assessment of a person with mental ill-health. This could include questions such as “do you have enough food in the house?” or “are you able to access enough food to stop you being hungry?”

Recognise food insecurity is a complex and sensitive issue

Healthcare practitioners should take into account that food insecurity is a complex and sensitive issue and people may need support with equipment or fuel poverty in order to prepare meals. Signposting may be therefore required to the local Food Power Alliance or the Citizens Advice website.

Provide peer support

A Peer Support model should be considered to help people with mental ill-health access existing initiatives such as food banks and eco-shops in the local community.

Consider skills and support needs

People may require support with their cookery skills. Healthcare practitioners should therefore consult a mental health specialist dietitian for further advice. Dietitians use the most up-to-date public health and scientific research on food, health and disease which they translate into practical guidance to enable people to make appropriate lifestyle and food choices.

END

Further references

BDA Policy Statement: Food poverty and insecurity

<https://www.bda.uk.com/news-campaigns/campaigns/food-poverty-and-insecurity.html>

BDA Policy Statement: Food security and sustainability

<https://www.bda.uk.com/trade-union/tu-campaigns/food-security-sustainability.html>

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