Commentary

Tackling household food insecurity to protect the mental health of children and youth in Canada

Lynn McIntyre CM MD MHSc

■ Cite as: *CMAJ* 2023 July 24;195:E960-1. doi: 10.1503/cmaj.230849

See related research at www.cmaj.ca/lookup/doi/10.1503/cmaj.230332

Household food insecurity is rightfully a source of substantial public interest in Canada. One of its derivative markers, use of food banks, is an indicator of households' inability to meet their basic needs. In related research, Anderson and colleagues[1] found that household food insecurity — as reported across 5 waves of the food security module of the Canadian Community Health Survey, covering the years 2005–2014 — was associated with increased use of mental health services among affected children and adolescents in Ontario. Both household food insecurity (1 in 6 households) and outpatient and acute visits for mental health disorders (1 in 10 children of such households) were prevalent at the time the data were collected. The prevalence of both of these problems has increased since 2014.

Research on household food insecurity, which is monitored annually by Statistics Canada, has shown that people who are most likely to report household food insecurity are those on low incomes, those living in rental accommodations and, particularly, those with children.[2] Household food insecurity is racialized and households at socioeconomic disadvantage are at high risk.[2] Health outcomes associated with household food insecurity include acute and chronic conditions, excess consumption of health services and higher mortality.[3]

The authors of the related research considered potential confounders for their findings.[1] They discuss that it may not be food insecurity per se but other poverty-related effects that account for excess use of mental health services. They also discuss that, for the most vulnerable children, health care use may underestimate clinical need. Given the diverse mental health conditions examined, it is unlikely, however, that the mechanism of harm is lack of specific nutrients or poor diet quality.[4] Much more likely is that food insecurity contributes to mental distress among those living in difficult circumstances, as has been shown in studies of the relationship between severity of household food insecurity and mental health disorders among adults.[5]

It may be time to stop accumulating a literature of voyeuristic epidemiology on household food insecurity and its adverse effects on the health of any human body, and instead invest in research on interventions to reduce household food insecurity and quantify resultant health gains at the population level. The only interventions that have been shown to reduce household food insecurity to date are those related to income, including seniors' pensions[6] and, to an extent, the Canada Child Benefit.[7] No evidence has shown charitable food programs, including school food programs, to be effective in reducing household food insecurity. People have a right to food; those who are food-insecure need income to meet their basic needs, and inadequacy of the social safety net, inflation (including food prices) and rising income inequality are among the drivers of worsening household food insecurity rates. Basic income is a promising and not cost-prohibitive intervention that merits such examination.[10]

Key points

- The adverse mental health effects of food insecurity on children and youth are most likely related to the distressing effects of financial strain and not dietary compromise.
- The most appropriate clinical response to food insecurity is to ensure that families receive the income supports to which they are entitled.
- Physicians can also advocate for public policy to augment income supports to families with children.

Physicians confronted with the problem of household food insecurity in their practice have a natural inclination to try to support their patients. Activist providers who prescribed food supplementation through welfare programs in the past faced reprisals.[11] Social prescribing has been touted as a means of addressing health concerns without medical intervention. A systematic review showed that food prescriptions for people with type 2 diabetes mellitus improved diabetic control.[12] However, no diet-based intervention would be a sufficient or sustainable means of addressing the range of mental health conditions for which household food insecurity increased the risk among the children and adolescents in the related study.

Household food insecurity is modifiable, and reducing it would surely reduce its related strain on children's mental health. Clinicians should advocate as vociferously about the

need for income security for families who are food-insecure as they do for solutions to emergency departments being filled with patients who need primary health care. Some jurisdictions have proposed that practitioners screen patients for financial strain and take steps to ensure that those identified as such receive their financial entitlements.[13] Lobbying for the Canada Child Benefit to increase the amounts paid to the most disadvantaged households, even through a redistribution of current resources, is another way to advocate for patients at risk of poor health because of food insecurity. If physicians reflect on the root causes of household food insecurity, they may consider supporting policies that would reduce income-related inequities.

References

1. Anderson KK, Clemens KK, Le B, et al. Household food insecurity and health service use for mental and substance use disorders among children and adolescents in Ontario, Canada. *CMAJ* 2023;195:E948-55.
2. Tarasuk V, Li T, Fafard St-Germain AA. Household food insecurity in Canada, 2021. Toronto: Research to identify policy options to reduce food insecurity (PROOF); 2022. Available: https://proof.utoronto.ca/resource/household-food-insecurity-in-canada-2021/ (accessed 2023 June 22).
3. Men F, Gundersen C, Urquia ML, et al. Association between household food insecurity and mortality in Canada: a population-based retrospective cohort study. *CMAJ* 2020;192:E53-60.
4. Hutchinson J, Tarasuk V. The relationship between diet quality and the severity of household food insecurity in Canada. *Public Health Nutr* 2022;25:1013-26.
5. Jessiman-Perreault G, McIntyre L. The household food insecurity gradient and potential reductions in adverse population mental health outcomes in Canadian adults. *SSM Popul Health* 2017;3:464-72.
6. McIntyre L, Dutton DJ, Kwok C, et al. Reduction of food insecurity in low-income Canadian seniors as a likely impact of a guaranteed annual income. *Can Public Policy* 2016;42:274-86.
7. Men F, Fafard St-Germain A-A, Ross K, et al. Effect of Canada child benefit on food insecurity: a propensity score matched analysis. *Am J Prev Med* 2023;64:844-52.
8. PROOF. Food insecurity: a problem of inadequate income, not solved by food; 2022. Available: https://proof.utoronto.ca/resource/food-insecurity-a-problem-of-inadequate-income-not-solved-by-food/ (accessed 2023 June 21).
9. Power E, Brady J, Day D. A national school food policy is no substitute for reducing food insecurity. *Policy Options* 2023 Jan. 13. Available: https://policyoptions.irpp.org/magazines/january-2023/a-national-school-food-policy-is-no-substitute-for-reducing-food-insecurity/ (accessed 2023 June 21).
10. *Costing a guaranteed basic income during the COVID pandemic*. Ottawa: Office of the Parliamentary Budget Officer; 2020:1-21. Available: https://www.pbo-dpb.gc.ca/web/default/files/Documents/Reports/RP-2021-014-M/RP-2021-014-M_en.pdf (accessed 2023 June 22).
11. Eggertson L. Ontario minister says doctors among those to blame for cut in special diet allowance. *CMAJ* 2010;182:E329-30.
12. Tarasuk V, McIntyre L. Reconsidering food prescription programs in relation to household food insecurity. *J Nutr* 2022;152:2315-6.
13. *Identification of food insecurity in healthcare settings: recommendations for nutrition services*. Edmonton: Nutrition Services, Alberta Health Services; revised June 2022:1-56. Available: https://albertahealthservices.ca/assets/info/nutrition/if-nfs-pph-evrev-fullreport-hfi-healthcare-settings.pdf (accessed 2023 June 22).

Competing interests: None declared.

This article was solicited and has not been peer reviewed.

Affiliation: O'Brien Institute for Public Health and Department of Community Health Sciences Cumming School of Medicine, University of Calgary, Calgary, Alta.

Correspondence to: Lynn McIntyre, lmcintyr@ucalgary.ca