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ISSN: 2329-9088
Tropical Medicine & Surgery

Opinion Article

The Impact of Food Insecurity on Mental Health

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DESCRIPTION

Food Safety Network (FSN) and food security are critical components of global health and development. Healthy diets are increasingly reported to be out of reach and unaffordable for people of lower socioeconomic status, resulting in under nutrition (e.g., wasting, underweight, micronutrient deficiency, growth stalling) in Low- and Middle-Income Countries (LMIC) and Nutrition-Related Chronic Diseases (NRCD) in both LMIC and High Income Country (HIC). Despite progress in reducing overall hunger and food insecurity (particularly in Asia and Africa), one in every ten people experienced severe food insecurity, with some areas or populations experiencing much higher prevalence. However, improvements in food security have slowed or been reversed in most regions in recent years.

Linear growth rates are slowing in line with global development goals, and one out of every three people is overweight or obese. Each of these fields has changed over the last few decades. Both have moved beyond clinical and continuum of care frameworks to include influential factors from larger environments and contexts, resulting in a better understanding of complex and systems-driven aetiologies. Furthermore, the links between FSN and mental health are being studied more closely. Food insecurity has been linked to poor mental health in a variety of context. There is conflicting or insufficient evidence linking specific nutrients to mental health.

Dietary patterns and diet quality have been linked to depression and, in some cases, anxiety, though the heterogeneity of different measures and indices limits the conclusions. The relationship between BMI and mental health is perhaps the longest-standing topic of investigation. In some settings, poor mental health of parents, particularly mothers, has been linked to low dietary diversity, a lack of micronutrients, anthropometric outcomes, and other illness and care measures of their children, but not in others.

Systematic studies on these topics are frequently limited to specific populations and a subset of FSN and mental health indicators. Primary studies are frequently post-hoc or ad-hoc analyses of observational studies in which FSN and mental health relationships are not primary outcomes. This narrows the scope and quality of the available evidence. Taking stock of the literature on interrelated aspects of FSN and mental health in general will allow for better identification and use of the best available evidence, as well as more systematic efforts to investigate these intersections. It will also provide the opportunity to develop an empirical framework that will guide hypothesis testing and causal identification in the future.

The Export General Manifest (EGM) emphasizes the growing body of evidence linking many of the FSN and mental health constructs measured by included studies. Depression studies and BMI studies dominated the map overall. Anxiety, stress, and mental health, as well as Infant and Young Child Feeding (IYCF), were the least well-represented in the literature. Given that food insecurity, a lack of access to healthy, diverse diets, and poor clinical nutrition are all likely to exacerbate worry and stress, the paucity of studies linking FSN to dimensions of anxiety, stress, and well-being, rather than depression alone, is noteworthy. Food security, certain nutrients such as vitamin D, dietary patterns, and BMI may all be linked to depression. On the other hand, evidence on the relationships between other nutrients appears to be lacking.

In terms of study design, most experimental studies focused on nutrient intakes, with very few focusing on other FSN measures or mental health interventions with FSN outcomes. Experimental, quasi-experimental, and systematic reviews with meta-analyses were far less common than the abundance of cross-sectional and cohort studies. Most studies that measured FSN in one population group and MH in another were about mothers' mental health and the nutrition or growth status of their children. FSN indicators in children were rarely studied for their impact on the mental health of their parents. Fewer studies continue to focus on fathers or parents as a couple. They highlight the lack of studies from LMICs that examine the impact of mental health on women's nutritional status and vice versa, because studies among women in LMICs can sometimes focus on reproduction without paying enough attention to other aspects of women's health.

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Received: 10-Jan-2023, Manuscript No. TPMS-23-19722; **Editor assigned:** 13-Jan-2023, Pre QC No. TPMS-23-19722 (PQ); **Reviewed:** 27-Jan-2023, QC No. TPMS-23-19722; **Revised:** 03-Feb-2023, Manuscript No. TPMS-23-19722 (R); **Published:** 10-Feb-2023, DOI: 10.35248/2329-9088.23.11:286.

Citation: Jane M (2023) The Impact of Food Insecurity on Mental Health. Trop Med Surg.11:286.