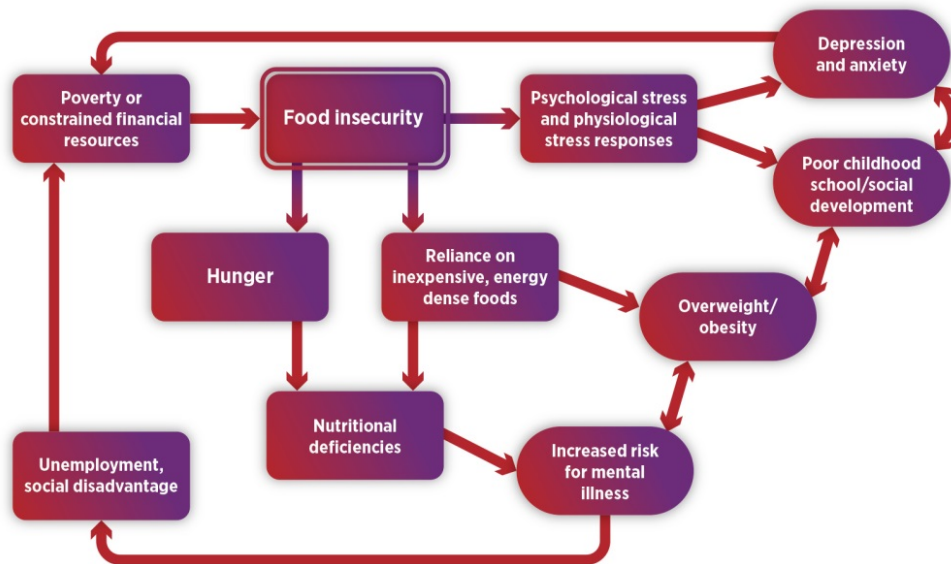


Child Food Insecurity and Mental Health

Household food insecurity is associated with heightened risk of child mental and behavioral health difficulties.



“Some of the Likely Links between Food Insecurity and Poor Mental Health”
Adapted from: Compton, M. T., & Shim, R. S. (Eds.). (2015). *The Social Determinants of Mental Health*. American Psychiatric Publishing, Inc.

Research Findings

Families considered “food insecure” do not have access to food that is nutritious, affordable, and safe and are not able to access food in ways that are considered socially acceptable with means that do not include use of food pantries, stealing, or begging for food or funds to purchase food.¹ A New York City Coalition Against Hunger analysis of the U.S. Department of Agriculture’s (USDA) most recent statistics² found that an estimated 435,899 children in New York City (23.6 percent) lived in food insecure households between 2011 and 2013.³

Childhood food insecurity poses considerable risks including adverse effects on health, growth, academic, and developmental outcomes.^{4,5,6,7} In *The Social Determinants of Mental Health*, Compton and Shim assert that **food insecurity and the psychological stress it produces** affect people in a myriad of ways,

including putting them **at risk for mental illnesses, and fostering poor childhood school and social development.**⁸ They also point to research indicating that nutritional deficiencies may be a cause of depressive disorders and increase risk of other mental illnesses. Significantly, they report that “**The effects**

of food insecurity on the mental health of children are even more profound than its effects on adults.”⁹

To gain greater insight on the relationship between food insecurity and adolescent mental disorders, McLaughlin and colleagues analyzed data from 6,483 adolescents ages 13 to 17 ‘guardians, who had participated in examining mental disorders among related measures, adolescents had disorders identified in the

Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-4), and both adolescents and adults had been screened for food insecurity. The researchers found that the greater the severity of reported household food insecurity, the higher the odds of adolescents having had a DSM-4 disorder in the past year. Even after controlling for other indicators of socio-economic status, a slight increase of one standard deviation in **food insecurity was found to be associated with 14 percent higher odds of a mental disorder—including mood, anxiety, behavior and substance disorders—in the past year.**

Research also suggests associations between food insecurity and children’s psychosocial well-being. Howard found that **food insecurity is negatively correlated with children’s ability to make and maintain friendships, ability to express feelings and ideas in positive ways, control of one’s temper, respect for the property of others, and the ability to express empathy and positive regard for others.**¹¹ Slopen and colleagues investigated associations of poverty and food insecurity with internalizing and

externalizing behavior problems of 2,810 children (ages 4 to 14) over a 2-year period. Even after adjusting for sustained poverty and other potential confounding variables, **children from homes that were persistently food insecure were approximately one-and-a-half times more likely to have internalizing problems and two times more likely to have externalizing problems** compared to children from households that were never food insecure.¹² Whitaker and colleagues also found in their cross-sectional survey of 2,870 mothers of 3 year-old children that **the percentage of children with a behavior problem increased with increasing food insecurity** after adjustment of socio-demographic variables and maternal health and mental health indicators (including alcohol and drug use, prenatal smoking, prenatal domestic violence, major depressive disorder, and generalized anxiety disorder).¹³

Other studies have associated food insufficiency with difficulty getting along with other children among youth ages 6-11 and 12-16,¹⁴ and reports of thoughts of death, desire to die, and suicide attempts among teens.¹⁵

A growing body of research, including the studies cited above, illustrates the negative consequences of food insecurity for children's developmental, behavioral and mental health outcomes. We must strive to eliminate food insecurity among children, and programs like free school breakfast and lunch are necessary and vital to reach this goal.

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² Coleman-Jensen, A., Gregory, C., & Singh, A. (2015). *Household Food Security in the United States in 2013*. ERR-173, U.S. Department of Agriculture. Economic Research Service.

³ Friedman, M., & Berg, J. (2014). *The Unkindest Cuts 2014 Hunger Report*. New York, NY: New York City Coalition Against Hunger.

⁴ Cook, J. T., & Frank, D. A. (2008). Food security, poverty, and human development in the United States. *Annals of the New York Academy of Sciences*, 1136(1), 193-209.

⁵ Mammen, S., Bauer, J. W., & Richards, L. (2009). Understanding persistent food insecurity: A paradox of place and circumstance. *Social Indicators Research*, 92(1), 151-168.

⁶ Alaimo, K., Olson, C. M., & Frongillo, E. A. (2001). Food insufficiency and American school-aged children's cognitive, academic, and psychosocial development. *Pediatrics*, 108(1), 44-53.

⁷ Jyoti, D. F., Frongillo, E. A., & Jones, S. J. (2005). Food insecurity affects school children's academic performance, weight gain, and social skills. *The Journal of Nutrition*, 135(12), 2831.

⁸ Compton, M. T., & Shim, R. S. (Eds.). (2015). *The Social Determinants of Mental Health*. American Psychiatric Publishing, Inc.

⁹ Ibid.

¹⁰ McLaughlin, K. A., Green, J. G., Alegria, M., Costello, E. J., Gruber, M. J., Sampson, N. A., & Kessler, R. C. (2012). Food insecurity and mental disorders in a national sample of US adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry*, 51(12), 1293-1303.

¹¹ Howard, L. L. (2011). Does food insecurity at home affect non-cognitive performance at school? A longitudinal analysis of elementary student classroom behavior. *Economics of Education Review*, 30(1), 157-176.

¹² Slopen, N., Fitzmaurice, G., Williams, D. R., & Gilman, S. E. (2010). Poverty, food insecurity, and the behavior for childhood internalizing and externalizing disorders. *Journal of the American Academy of Child & Adolescent Psychiatry*, 49(5), 444-452.

¹³ Whitaker, R. C., Phillips, S. M., & Orzol, S. M. (2006). Food insecurity and the risks of depression and anxiety in mothers and behavior problems in their preschool-aged children. *Pediatrics*, 118(3), e859-e868.

¹⁴ Alaimo, K., Olson, C. M., & Frongillo, E. A. (2001). Food insufficiency and American school-aged children's cognitive, academic, and psychosocial development. *Pediatrics*, 108(1), 44.

¹⁵ Alaimo, K., Olson, C. M., & Frongillo, E. A. (2002). Family food insufficiency, but not low family income, is positively associated with dysthymia and suicide symptoms in adolescents. *The Journal of nutrition*, 132(4), 719-725.