



The Food
Foundation

POLICY
BRIEFING

Pushed to the brink: the UK's interlinked mental health and food insecurity crises

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ABOUT THE FOOD FOUNDATION

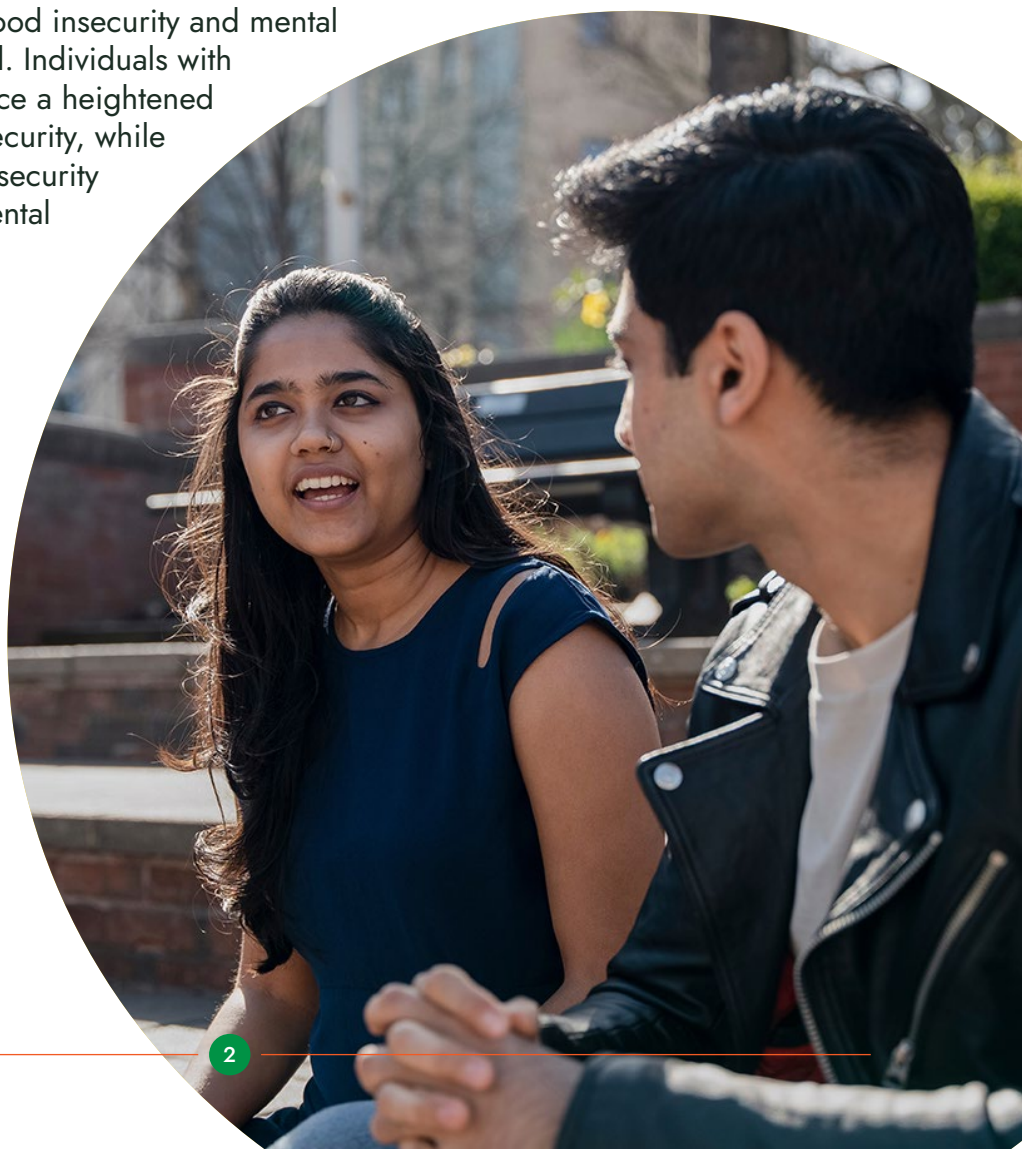


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SUMMARY

- In June 2024, people living with mental health conditions were over twice as likely to be living in food insecure households (28.0%) compared to those without mental health conditions (10.7%).
- The relationship between food insecurity and mental health is deeply intertwined. Individuals with mental health conditions face a heightened risk of falling into food insecurity, while those experiencing food insecurity are more prone to poor mental health.
- Government intervention is crucial to break the cycle of food insecurity and poor mental health. Preventive policies have the potential to enhance the wellbeing of the population while simultaneously benefiting the healthcare system.



Introduction

In recent years, food insecurity and mental health have both substantially deteriorated in the UK. The Food Foundation's Food Insecurity Tracker shows that 13.6% of households experienced food insecurity in June 2024 affecting an estimated 7.2 million adults and 2.7 million children¹. Food insecurity (defined as the lack of reliable access to sufficient quantities of affordable, nutritious food) escalated drastically over the course of the cost-of-living crisis as increasing prices in all areas have squeezed people's food budgets, and the cost of food itself has risen rapidly and remains persistently high.

Mental health is another area where the situation in England has worsened at a rapid rate with over

1 million people now estimated to be on NHS waiting lists for mental health conditions². Of particular concern is that the prevalence of mental health problems in young people has increased by 50% in just five years (from 12% in 2017 to 18% in 2022)³ and mental health is one of the main causes of absenteeism of pupils from schools⁴.

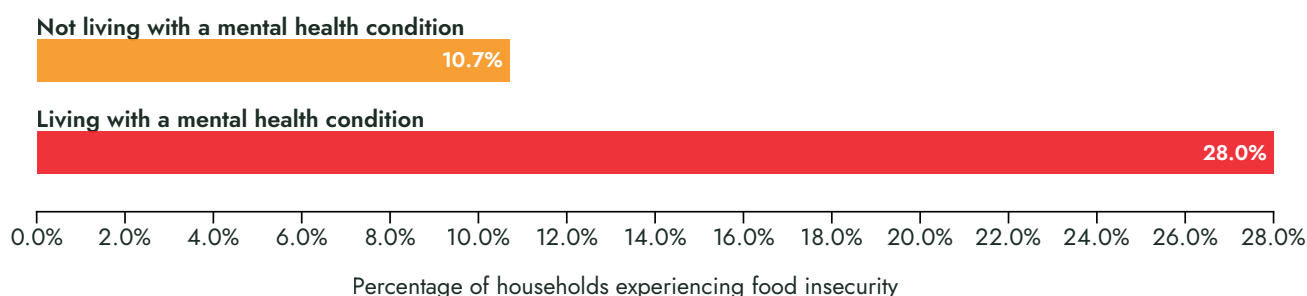
These two issues, while affected by a range of different factors, are inextricably linked. In this briefing we explore the relationship between food insecurity and mental health, and the policy solutions that could have co-benefits for tackling both of these serious and highly prevalent issues.

The co-existence of food insecurity and mental health issues

Poor mental health and food insecurity conditions and food insecurity often coexist, exacerbating each other. A new Food Foundation survey has found that 28% of people with a mental health condition are living in households experiencing food insecurity. In comparison, only 11% of people without a mental health condition are living in households experiencing food insecurity⁵.

The findings also highlight a number of specific ways in which not having reliable access to food can negatively impact on mental health. For instance, a high proportion of people facing food insecurity in the past six months reported to agree or strongly agree that not having reliable access to food makes them feel anxious (72.0%) or depressed (66.5%), makes them worried about the effects on their physical health (70.8%) and mental health (66.7%), and also resulted in levels of heightened stress (66.2%).

FIGURE 1
Presence of a mental health condition among households affected by food insecurity



MEASURING FOOD INSECURITY

The Food and Agriculture Organisation (FAO) of the United Nations states that a person is food insecure when 'they lack regular access to enough safe and nutritious food for normal growth and development and an active and healthy life' (FAO, 2023).

The Food Foundation have been conducting nationally representative surveys on food insecurity since March 2020 (The Food Foundation, Food Insecurity Tracker). Three questions are asked to assess whether people were food insecure. If a respondent answers yes to any of these three questions, they are classified as food insecure:

In the last month, have you/anyone else in your household:

1. had smaller meals than usual or skip meals because you couldn't afford or get access to food?
2. ever been hungry but not eaten because you couldn't afford or get access to food?
3. not eaten for a whole day because you couldn't afford or get access to food?

These questions are part of the United States Department of Agriculture's Food Security Survey module. This is a validated survey tool, used to measure and monitor household food insecurity in many high-income countries, including the UK. These questions capture moderate and severe experiences of food insecurity.

Results from a survey conducted at the University of Kent revealed that nearly half (49%) of students have experienced food insecurity, and more than two-thirds (67.5%) feel that their mental health has been negatively affected by the rising cost of living⁶.

Further evidence shows that adults with severe mental illness are nearly three times more likely to experience food insecurity compared to the general population⁷. A study conducted in the North of England revealed that half of people diagnosed with severe mental illness were unable to afford food (50%) and 31% were extremely food insecure⁸.

This strong connection between food insecurity and mental health is further illustrated through data on food bank users in the UK. Over half (56%) of people referred to food banks in the Trussell Trust network report to experience mental health conditions, in stark contrast to 15% of the general population⁹.

During the early pandemic, the percentage of food bank users with poor mental health increased from 51% in early 2020 to 72% by mid-2020¹⁰. Similarly, a report by the Independent Food Aid Network and the Joseph Rowntree Foundation found that many food bank users either developed new mental health problems or saw their existing conditions worsen due to food insecurity. Many food bank users expressed feelings of entrapment, hopelessness, and being a burden to others – emotions recognised within mental health services as critical warning signs of suicide risk¹¹.

The same patterns are seen in healthcare settings. A survey in UK community healthcare settings revealed that more than three quarters of healthcare staff had seen an increase in patients experiencing poor mental health due to hardship over the last two years. More than half also reported an increase in patients experiencing hunger over that time period¹².





“ Food insecurity has impacted my life in many ways far beyond what I thought imaginable. One of the major issues I have personally battled with, within my family, has been the lasting relationship we have with the food we eat.

I am a mother of four; each of my children have been impacted by food insecurity and food scarcity and, today, none of them have a healthy relationship with food. Nor do I. For so long, our diet was one of subsistence—cheap pastas, white rice, a tin of tomatoes, some cheap mixed herbs—our enjoyment of food was eroded, slowly stripped away. We couldn’t attend family meals to celebrate occasions, because we couldn’t afford the prices; we couldn’t enjoy participating in local food fairs; we didn’t have the luxury of being able to buy something as simple as a candy floss on a day out.

The exclusion of that time has left a significant scar, mentally, on how we perceive and consume food as a family. There’s not one of us who, now, doesn’t struggle with ‘reining it in’ and not binging when the food is available—it’s difficult as a parent to see the impact it’s had on my children, and something I’m not sure I’ll ever comes to terms with.”

Impact on frontline workers: coping with mental health strain amid growing food insecurity

The impact of food insecurity on mental health extends beyond those who are directly affected, with knock-on effects seen amongst many frontline workers in schools, healthcare and food banks who support struggling families.

Burnout and stress levels are reportedly increasing amongst food bank workers as they face expanding workloads and the emotional toll of assisting a growing number of destitute and emotionally traumatised clients reliant on food banks. This relentless pressure is contributing to a significant mental health crisis among those providing support. In response, Britain’s food bank charities are now investing in counselling, GP and mental health support services to help staff and volunteers cope with stress and exhaustion triggered by the explosion in demand for emergency food¹³.

Findings from a Joseph Rowntree Foundation report¹⁴ revealed that school and healthcare staff are

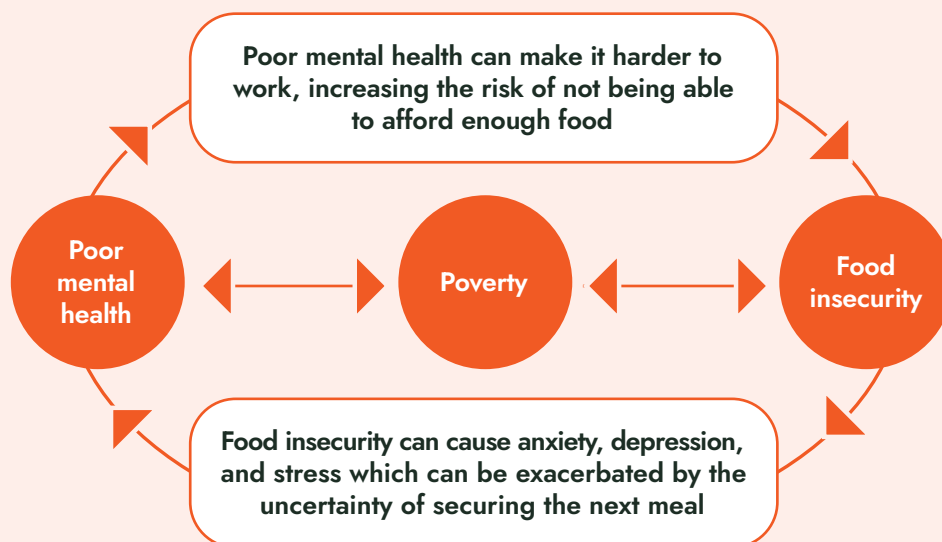
experiencing similar challenges. Across Britain, 73% of primary school staff identified supporting pupils whose families cannot afford essentials like food and heating as somewhat or very challenging, adding further pressure to an already stressful job. Around half (48%) reported that this situation is worsening staff mental health and well-being. These figures were even higher in areas identified as somewhat or very deprived, at 66% and 54% respectively.

Healthcare staff are also under mounting pressure due to rising hardship among patients which the report refers to patients going without basic essentials such as enough food because they cannot afford them. More than 6 in 10 (64%) healthcare workers said that they feel increasingly under pressure at work because of the number of patients experiencing hardship. In addition, half of the healthcare workers (49%) indicated that patients’ hardships were leading to increased stress and low morale among staff.

Cause and effect: The bidirectional relationship between food insecurity and mental health

The relationship between food insecurity and mental health is deeply intertwined, acting as both a cause and effect of each other. On the one side, individuals struggling with mental health conditions face a heightened risk of slipping into financial hardship, which can lead to food insecurity. On the other side, those dealing with food insecurity are more prone to experiencing poor mental health¹⁵. This dynamic can exacerbate both issues, creating a cycle that is difficult to break.

FIGURE 2
The intertwined cycle of food insecurity and mental health



PSYCHO-SOCIOLOGICAL IMPACT OF FOOD INSECURITY

Food insecurity can inflict significant stress, anxiety, and depression on individuals and families. Constant worry over not having enough food to meet basic nutritional needs can create an overwhelming sense of uncertainty and fear.

For parents, the inability to feed their children can be a particular source of distress, intensifying their mental health challenges¹⁶. This persistent state of stress and emotional tension can impair cognitive functions, disrupt sleep, and exacerbate pre-existing mental health conditions, sometimes heightening the risk of suicide attempts^{17,18,19}.

Furthermore, mental health conditions can lead to social withdrawal and isolation. The social implications

of food insecurity are equally profound, as it can cause feelings of shame, guilt, and helplessness when people struggle to provide for themselves and their families. This emotional burden is compounded by the social stigma associated with relying on food banks or other forms of assistance, further isolating individuals from their communities and support networks²⁰.

Adults facing food insecurity and not entitled to free prescription are more likely to skip or stop taking prescribed medications, including psychiatric drugs, due to cost. This can result in worsening symptoms and an increase in the need for more intensive mental health services²¹.



“The situation becomes worse for families with children. As a parent, not only do you have to worry about yourself, but your children who you want to provide with the resources and nutrition they need. I compromised my wellbeing, self-esteem and pride just so that I can have a decent meal for my child.

There is an interplay between poor mental health, food insecurity and nutrition. Constant worry about where the next meal will come from due to no income can lead to depression and other mental health issues. I experienced isolation, emotional hardship, and lack of the confidence to be in a relationship. Plus, weight gain which led to the bullying of my child at school.

The cycle impacts on your ability to maintain nutritious diet because you have to prioritise cost over nutritional value. It limits your choices and reduces your motivation and energy to do day-to-day activities. Everything becomes very daunting. I am not used to eating breakfast until recently due to the uncountable times I have had to skip breakfast just so that my child can have one.”

PHYSIOLOGICAL IMPACT OF POOR NUTRITION

An increasing number of studies underscore the pivotal role of diet and nutrition, not just in shaping the body's physical health but also in influencing mood and mental well-being.

Data from the Food Foundation's Food Insecurity Tracker in January 2024 highlights that food insecure households are facing difficulties accessing nutritious food. The survey shows that 60% of food-insecure households reported cutting back on purchasing fruit, compared to just 11% of food-secure households. Similar trends were observed with vegetables (44% of food-insecure households cutting back versus 6% of food-secure households) and fish (59% versus 15%)²². Despite their best efforts, reliance on donations means that food banks can not always provide adequate food parcels that meet nutritional needs of people reliant on them.

Scientific evidence consistently demonstrates the beneficial impact of specific nutrients like EPA, DHA, magnesium, alpha-tocopherol, and folic acid in maintaining normal brain function²³. These nutrients are essential for neurotransmitter synthesis, neuronal communication, and overall brain health. A healthy diet can act as a protective factor against stress-related diseases²⁴. Therefore, by providing the necessary nutrients for proper brain chemistry and physiological function, a nutrient-rich

diet plays a crucial role in reducing the likelihood of mental health disorders. Conversely, a nutrient-poor diet can lead to deficiencies closely linked to mental health issues.

Emerging evidence shows that one of the ways the diet can impact on mental health is via the gut microbiome. The human body hosts trillions of microbes, including bacteria, fungi, and viruses, primarily residing in the gastrointestinal tract. This complex ecosystem is known as the microbiome. Our gut microbiome significantly impacts digestion, immune responses, mood, cognitive abilities, and overall mental health^{25,26}. A well-fed gut microbiome has neuroprotective properties, influencing the brain through multiple pathways. These include neurotransmitter synthesis (e.g. serotonin), activation of the immune system, production of neuroactive metabolites (e.g. short-chain fatty acids), and stimulation of the vagus nerve²⁷. Furthermore, several environmental factors that affect brain health and psychiatric risk, such as stress exposure, medications, and diet, have also been shown to impact the gut microbiome²⁸. Poor mental health can contribute to poor nutrition, especially in the context of food insecurity. Low mood and lack of energy, common symptoms of mental health issues, can impair people's ability to plan, shop, and prepare nutritious meals from scratch. This exacerbates both health and financial challenges^{29,30}.



“The easiest and most affordable food was chicken and chips. I could not afford or access raw ingredients to make decent meals. This reduced my ability to prepare a balanced diet and meant relying on prepackaged, less nutritious options, which further compromised my overall health at the time.

Thank goodness that I sought help early enough, before mental health really declined. I managed to do this despite the stigma associated with mental health issues.”

REDUCED ABILITY TO WORK AND EARNING CAPACITY

Mental health issues can also significantly contribute to food insecurity by reducing work capacity and creating financial instability.

People with mental health conditions often face significant challenges with employment. In 2018/19, less than half of individuals with mental health problems in the UK were employed compared to nearly four in five of those without mental health issues (48% vs 79%). When employed, individuals with mental health problems are more likely to work part-time (37% vs 24%) and are disproportionately represented in low-paying roles. This reduced earning capacity is reflected in income disparities; for example, in 2021, people with anxiety and depression had a median gross annual income of £8,400 less than those without these conditions^{31,32}.

The reduced ability to work among people with mental health conditions often leads to a reliance on benefits. These benefits are not set at a level that adequately covers the cost of essentials, including food. This financial shortfall exacerbates food insecurity, as individuals struggle to meet their basic nutritional needs³³.

POVERTY AND MENTAL HEALTH

Poverty can increase the risk of both food insecurity and mental health conditions. A national poll by the Money and Mental Health Policy Institute revealed that nearly four in ten (39%) people with mental health



problems report that their financial situation has exacerbated their mental health issues. Furthermore, almost a third (32%) of respondents indicated that their mental health problems had worsened their financial situation³⁴.

Researchers from the University of Liverpool have identified food insecurity as an independent contributor to poor mental health, irrespective of socioeconomic disadvantages or underlying financial instability³⁵ (pre-publication). These findings strongly suggest that interventions or policies aimed at alleviating food insecurity could also improve the mental health of the population.

Spotlight on children's mental health

Relationship between food insecurity, poverty and children's mental health

In the UK, one in five children and young people have a probable mental health disorder³⁶. In addition, it is estimated that 2.7 million children were experiencing food insecurity in June 2024, with 18% of households with children affected. This increases to 23% of households with 3 children and 26% with 4 or more children³⁷.

The psychological toll of food insecurity is evident, with 31% of food-insecure children feeling stressed or worried every day, compared to 10% of food-secure children³⁸. In 2022, 11.8% of children with a probable mental disorder lived in households unable to buy enough food or had to use a food bank, compared to 4.4% of those unlikely to have a mental disorder³⁹. Among 17 – 22-year-olds with a probable

mental disorder, 14.8% reported living in households experiencing food insecurity or relying on food banks in the past year, compared to just 2.1% of their peers unlikely to have a mental disorder⁴⁰.

Evidence from Canada demonstrates that severe food insecurity is associated with a 6.5 times higher risk of suicidal thoughts and a 2.6 times higher risk of anxiety disorders among children and young people⁴¹. Similarly, surveys conducted in Leeds, UK, in 2018 and 2020 found that children experiencing food insecurity also faced higher rates of self-harm, ranging from 40-69%, compared to the national prevalence of around 20%⁴².

In the UK, 29% of children are living in poverty (defined as having a household income after housing costs of 60% below the median income)⁴³. Poverty is also a risk factor for adverse childhood experiences (ACEs), which are more common among people living in deprived areas and are strongly linked with mental ill health^{44,45}. Difficulties in affording essentials, such as food, can put pressure on families and increase the odds of a child experiencing ACEs⁴⁶.





“ Food poverty and mental health are two things that are so often interlinked yet rarely spoken about, and we need to change that. Both food insecurity and mental health have a major impact on what you eat and how you eat it, I know this from personal experience. Growing up in a household struggling with food insecurity is exhausting, and for me, this had a direct link to severe depression and a lifelong eating disorder.

The food environment around my family resulted in not being able to afford anything but freezer staples, cheap easy frankenfood that we could afford. Naturally, this leads to malnutrition and obesity in the same breath. However, the physical side of things didn't even come close to the mental. As food was so limited, we had to eat what we were given - there was no guarantee it would be there tomorrow, and no young person should need to worry about whether they are going to eat. Unfortunately, I was a severe case, stress led to a multitude of suicide attempts, and still the food environment never changed, and the cycle is repeating as we speak.

It breaks my heart to see young people writing my story in their own words, when there is one main catalyst. Mental health problems in children have a direct link to food insecurity and needs to be fixed before we lose more lives.”

Impact of insufficient nutrition on brain development, attainment and behaviour

Studies highlight a significant relationship between a high-quality diet and better mental health outcomes in children and adolescents⁴⁷. This correlation emphasises the importance of adequate nutrition from early stages of development to support optimal brain function and emotional resilience.

However, the poor nutritional quality of children's diets is evident. Only 8.5% of children over 11 years meet their daily recommended intake of fruit and vegetables, 8% meet the recommended intake of fibre, and only 5.5% consume the recommended amount of oily fish. These numbers are even lower among low-income groups, where the figures drop to 0.3%, 3.4%, and 2.7%, respectively^{48,49}. These deficiencies

deprive children of vital nutrients essential for their brain development.

Childhood malnutrition is linked to impaired neurodevelopment, academic achievement and cognition⁵⁰. School leaders have warned that “desperate” poverty is driving problems with behaviour, persistent absence, and mental health among students⁵¹. Hungry children are also more prone to behavioural problems^{52,53}.

Improving access to nutritious food at school and making sure that no child goes to school hungry offers a promising strategy for enhancing mental health of children⁵⁴, as well as their broader development and well-being.



“ The impact of Food insecurity within a school setting can be torturous for the children experiencing it. It would be naïve to pretend school is easy, even at the best of times. For children growing up in poverty, it can feel like a place of exclusions and judgement. When your clothes are ‘wrong’ and your shoes aren’t ‘right’, and your bag isn’t the latest fashion trend, things are already hard to cope with before having to sit at a lunch table and either have nothing to eat, or have a lunchbox filled with ‘Value’ items.

My children were bullied mercilessly for the food they ate at school. We didn’t meet the criteria for free school meals, so a school lunch wasn’t an affordable option. Instead, I would make pasta salads, or fajitas, because it worked out cheaper than buying bread, sandwich fillings, crisps and chocolate.

It was also arguably healthier, but kids don’t care about how healthy that lunch might be. They want to fit in with their friends and buy a panini or a wrap at the school canteen. The mental strain of being known to be ‘too poor’ to access the canteen has had a negative, and lasting, mental impact on my family.”



“ Overall wellbeing and the ability of an individual (especially children) to thrive can be greatly impacted by mental health and food insecurity.

Access to healthy nutritious food for my child through Free School Meals alleviated some stress associated with mental health and this is why it would make such a difference if the new government commit to auto-enroll children onto Free School Meals to ensure that at a minimum, children can eat a decent daily meal, including those who are waiting on a Home Office decision over their status in the UK.

The burden of financial insecurity on wellbeing cannot be over emphasised. Therefore, addressing these issues holistically is very crucial to enhancing overall wellbeing and enabling individuals, especially children, to thrive in all parts of their lives.”

Implications for the new government

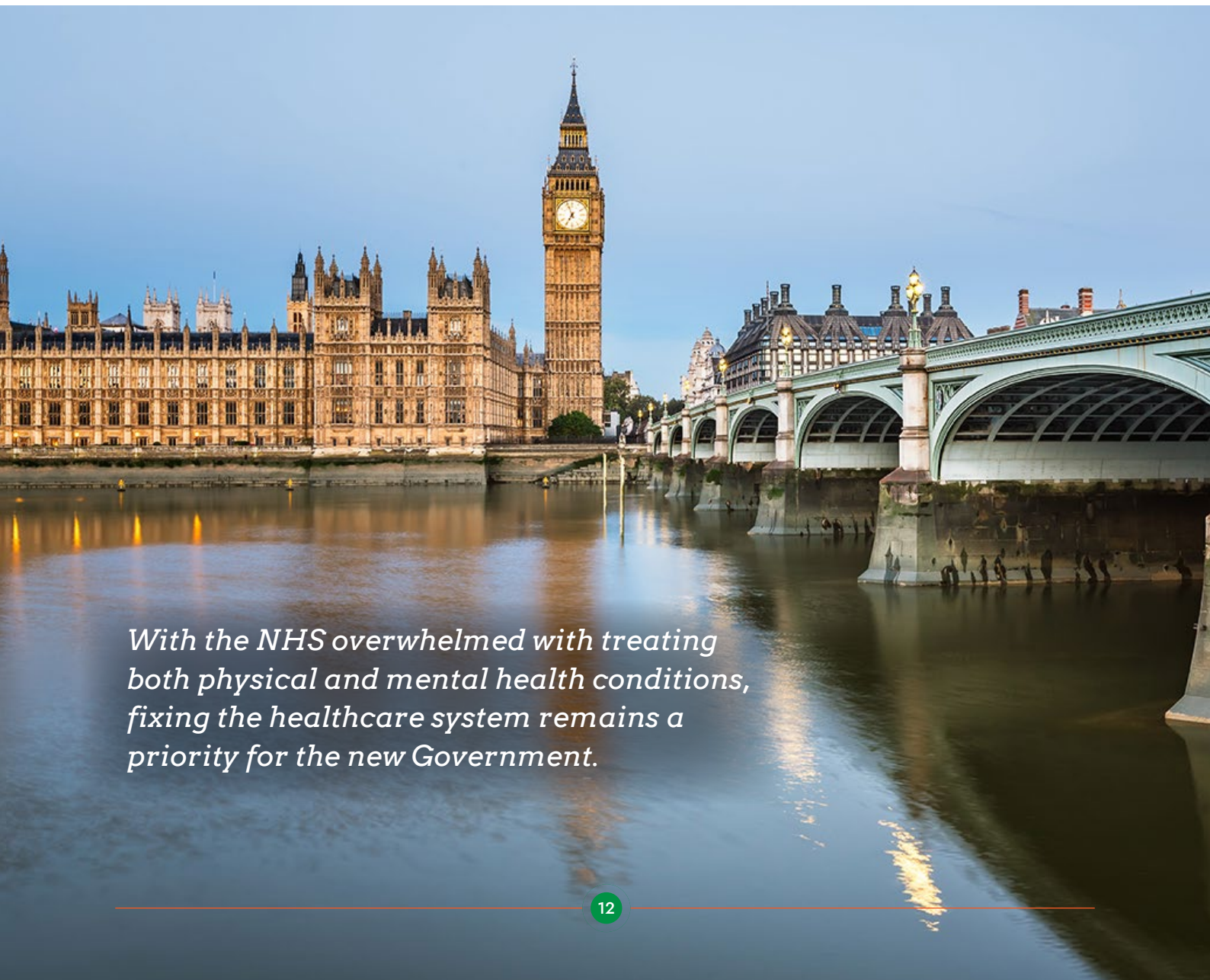
Poor mental health and food insecurity both negatively impact on individuals' quality of life, as well as on wider society due to the implications for the economy and our healthcare system.

Rebuilding the economy is one of the first challenges faced by the new Government. According to the ONS, almost 3 million working-age people are economically inactive because of long-term sickness⁵⁵. An increase in mental health conditions preventing people from being able to work, particularly among young people, is thought to be one of the main driving factors⁵⁷.

With the NHS overwhelmed with treating both physical and mental health conditions, fixing the healthcare system remains a priority for the new Government. To do this, it is crucial that the government not only addresses mental health services, but also prioritises the

prevention of poor health. Focusing on mental health and food are two clear areas where preventive action will have a sizeable benefit to the healthcare system.

The new Government has highlighted a number of priorities and legislative processes around poverty, children's health and mental health, and it is crucial that the interactions between these factors are considered in the policies and actions that follow. For instance, the government has committed to creating the "healthiest generation of children ever," and has also set up a Child Poverty Taskforce. It is vital that preventing the damage to children's mental and physical health caused by food insecurity is addressed within both of these priorities, and in particular that addressing child food insecurity is made a goal of the taskforce.



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Recommendations

The impact of food insecurity on mental health shows that tackling food insecurity should be an important consideration in any Government strategy to improve the mental health of the nation. The newly announced Child Poverty Taskforce must also have reducing food insecurity as a core goal to improve children's wellbeing. Specially, Government should:

1 Improve the social security system so that everyone is able to afford the food they need to be physically and mentally healthy.

- Require that the cost of healthy diets be taken into account when setting benefits levels (Universal Credit and Personal Independence Payments) and the minimum/national living wage.
- Remove the two-child limit on benefits.

2 Ensure school children can access healthy food.

- Expand Free School Meals to all children, and as an urgent first step to all children in families in receipt of Universal Credit and auto-enrol all eligible children so that all children are guaranteed at least one hot, nutritious meal a day during school days.
- Ensure that children who are unable to attend school due to mental health problems receive supermarket vouchers in place of a Free School Meal.
- Extend the Holiday Activity Food Programme (HAF) to ensure that all children eligible for free school meals continue to get a nutritious meal during the school holidays.

3 Ensure our youngest children have the chance to grow and develop healthily.

- Expand Healthy Start eligibility to families in receipt of Universal Credit (as in Scotland), auto-enrol eligible families and increase the value of Healthy Start Scheme.



About this Policy Briefing

This policy briefing draws on research commissioned by The Food Foundation which focusses in-depth on the experiences of people living in food insecurity in the UK. Through this research, The Food Foundation aims to re-shape the public narrative on food insecurity and to catalyse purposeful action from policy makers and businesses.

SURVEY

- The online survey was conducted with 6177 adults in the United Kingdom commissioned by The Food Foundation and conducted by YouGov Plc between 26th June-2nd July 2024.
- The figures have been weighted and are representative of all UK adults 18+. The figures presented from the online survey have been analysed independently by The Food Foundation and Genevieve Hadida, the London School of Hygiene & Tropical Medicine.
- To assess mental health, respondents were asked if they were living with a mental health condition, that is, an emotional, nervous or psychiatric problem, as diagnosed by a health professional.

CASE STUDIES

The quotes in this briefing are verbatim and the names of participants have been changed.



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