The imperative to tax ultra-processed food if political parties are serious about improving mental health in future generations

Julia J Rucklidge, Roger T Mulder

There are good health reasons for making fruits and vegetables more affordable through removing GST. Fruit and vegetables are central to diets identified as being essential for optimising brain health, including protection from developing depression and anxiety as well as reducing the incidence of behavioural problems in children.[1] However, the focus on making fruit and vegetables more affordable overshadows a potentially more important contributor to poor mental health: excess consumption of ultra-processed foods (UPFs). UPFs are foods that are chemically processed, shelf stable, contain cosmetic additives as well as added sugars and salt, and consistently account for more than 50% of daily dietary energy.[2] Consumption of these foods not only leads to excessive sugar consumption, but also results in nutritional displacement from freshly prepared, minimally processed foods, while impeding the ingestion of nutrients identified as essential for optimising brain health, such as vitamins, minerals, omega-3 fatty acids and amino acids.[1]

Global research has consistently reported that UPFs lead to both poorer physical and mental health outcomes.[1] Of greatest concern is research showing that UPFs are contributing 45%, 42% and 51% of energy intakes to diets of infants and children at 12, 24 and 60 months in New Zealand.[3] Meanwhile, 2022 figures from Manatū Hauora – Ministry of Health show that only 4.3% of boys and 7.2% of girls (2–14 years) eat the recommended servings of vegetables and fruit each day. At the same time, we see a doubling of children being diagnosed with psychiatric problems over a decade. From 2012 to 2022, the number of children 2–14 years diagnosed with an emotional or behavioural problem rose from 4.4% to 8.6% in boys and 2.1% to 3.8% in girls. These percentages represent an increase from 26,000 children in 2012 to 53,000 children in 2022.

Given the impact of the early years of life on long-term health outcomes, the studies associating poor quality diet during pregnancy with poorer mental health outcomes in offspring are of particular concern. The Growing Up in New Zealand cohort revealed that only 3% of pregnant women in New Zealand fully adhere to the Manatū Hauora – Ministry of Health's food and nutrition guidelines in pregnancy, with 25% consuming the recommended daily number of servings of vegetables and fruit (≥6).[4] Maternal low adherence to a "healthy dietary pattern" in the third trimester is significantly associated with children's depression and anxiety symptom trajectories from 3 to 8 years (OR=1.87; 95% CI=1.40–2.51).[5] High consumption of a "Western diet" during pregnancy is associated with higher trajectories of hyperactivity and inattention from 3 to 8 years in offspring (OR=1.67; 95% CI=1.13–2.47).[6] Every additional serving of sugar-sweetened beverages (including diet sodas) consumed per day in pregnancy is associated with an average lowering of child IQ between 1.2–1.7 points in mid-childhood (3–7 years).[7]

Changing the diets of women during pregnancy, especially reducing consumption of UPFs, will have a substantial positive effect on the mental health of the next generation. At the time of writing, the only election promise that is aimed at improving long-term health for offspring is increasing paid parental leave, acknowledging that parental presence in early life is a significant contributor to better outcomes for children.[8] However, pregnancy is a more cost-effective time for a government to allocate its resources[9] and it is surprising that it has never been addressed. Nutritional inequity during pregnancy puts offspring at a neurological disadvantage from conception. Overseas initiatives have shown that ensuring mothers receive adequate nutrition during pregnancy, especially fish, leads to better mental health outcomes for her offspring.

As one example, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) programmes in the USA provide state funding for supplemental food, healthcare referrals and nutritional education for low-income pregnant, breastfeeding and non-breastfeeding postpartum women for infants up to 5 years identified as nutritionally at risk. Children whose mothers participate in WIC while pregnant score higher on assessments of mental development and cognition at age 2 and later performed better on reading assessments while in school, had a lower incidence of ADHD and other common childhood mental health conditions, and had lower incidence of grade repetition compared to non-participating WIC siblings.[10] Providing some type of food subsidy during pregnancy, as well as education on what to eat, has the potential to offer greater returns than policies that focus on post-pregnancy only. Ka Ora, Ka Ako | Healthy School Lunches Programme represents a comparable type of strategy by introducing healthy lunches in low-decile schools; however, healthy food during pregnancy would have an even greater long-term effect on the health of our tamariki by reducing risk of mental health problems in the first place.

How do we fund such subsidies? Given the research is clear that UPFs are contributing to poor health outcomes, the true cost of food needs to be shared at the cash register. Taxpayers are compensating for the negative health consequences of cheap food through escalating health costs. When heavy taxes were introduced on cigarettes, along with smokefree environments and targeted education on health implications of smoking, consumption went down. Governments are well placed to consider implementing similar taxation strategies and marketing campaigns for UPFs, with evidence suggesting a minimum of 20% tax on sugar-sweetened beverages to have the greatest health impact.[11] Indeed, when other countries have implemented "junk food taxes" or "sugar taxes" there has been a decrease in consumption of those foods,[12] with greater effects observed for lower socio-economic status families.[13] Implementation of restrictions on outdoor UPF advertising led to 6.7% reduction in purchases of products high in energy, sugar and fat in the UK.[14]

If our politicians really want to get serious about the mental health crisis, they need to address our toxic food environment as a substantial contributor to poor wellbeing and adjust the fiscal levers to lower the cost of healthy foods relative to UPFs. Indeed, compared to other predictors of poor mental health in adolescents (like screen time, physical activity and bullying), poor eating (defined by skipping breakfast, eating less than five portions of fruit and vegetables a day, often eating take-aways) has been identified as a larger contributor to poor adolescent mental health.[15] Remarkably, there is no government-funded mental health information site that stresses the role of nutrition as providing the foundations for mental health.

What else could be done? Mandatory reporting of sales of UPFs in supermarkets as a proportion of all sales. Address direct UPF marketing to children, front of package warning labels and limit unhealthy food outlets in low socio-economic status neighbourhoods. There is now ample local research highlighting that young people living in health-constraining environments in New Zealand (e.g., more fast-food outlets) are more likely to experience poorer emotional and mental health.[16] Improving the food environment enables people to make healthier choices more easily and is vital for tackling the mental health crisis.

Successive governments have been silent about the role of our toxic food environment in our deteriorating mental health. A well-nourished brain leads to improved resilience.[1] Having a nourishing food environment is central to improving our wellbeing and that of the next generation's. All citizens should have equitable access to those factors that positively impact on good health across the lifespan.

COMPETING INTERESTS
Nil.

AUTHOR INFORMATION
Julia J Rucklidge: Professor of Clinical Psychology, School of Psychology, Speech and Hearing, University of Canterbury, Christchurch, New Zealand.
Roger T Mulder: Professor of Psychiatry, University of Otago, Christchurch, New Zealand.

CORRESPONDING AUTHOR
Julia J Rucklidge: Professor of Clinical Psychology, School of Psychology, Speech and Hearing, University of Canterbury, Christchurch, New Zealand.
E: julia.rucklidge@canterbury.ac.nz

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