



Salud mental

ISSN: 0185-3325

ISSN: 0186-761X

Instituto Nacional de Psiquiatría Ramón de la Fuente Muñiz

Barquera, Simón

Intersection of public health, nutrition, and mental health: Challenges to progress

Salud mental, vol. 45, no. 5, 2022, pp. 211-212

Instituto Nacional de Psiquiatría Ramón de la Fuente Muñiz

DOI: <https://doi.org/10.17711/SM.0185-3325.2022.027>

Available in: <https://www.redalyc.org/articulo.oa?id=58273026001>

- How to cite
- Complete issue
- More information about this article
- Journal's webpage in redalyc.org

UNAM  redalyc.org

Scientific Information System Redalyc

Network of Scientific Journals from Latin America and the Caribbean, Spain and Portugal

Project academic non-profit, developed under the open access initiative

Intersection of public health, nutrition, and mental health: Challenges to progress

Simón Barquera¹

¹ Instituto Nacional de Salud Pública de México, Morelos, México.

Correspondence:

Simón Barquera
Instituto Nacional de Salud Pública de México, Morelos, México.
Universidad 655,
Col. Santa María Ahuacatlán,
Cerrada Los Pinos y Caminera,
C.P. 62100, Cuernavaca, Morelos,
México.

Citation:

Barquera, S. (2022). Intersection of public health, nutrition, and mental health: Challenges to progress. *Salud Mental*, 45(5), 211-212.

DOI: [10.17711/SM.0185-3325.2022.027](https://doi.org/10.17711/SM.0185-3325.2022.027)



Proper nutrition is an essential part of healthy lifestyles and well-being. However, due to its multiple causes, malnutrition has become the factor that causes the greatest burden of disease in the world. Poor nutrition due to excess consumption of critical nutrients, alcohol, tobacco, and physical inactivity constitute the four main risk factors for the development of chronic diseases such as diabetes, cardiovascular diseases, cancer, respiratory, and liver diseases (Vos et al., 2015; GBD 2013 Risk Factors Collaborators, 2015; Murray et al., 2015; Gómez-Dantés et al., 2016). To date, no country has succeeded in reducing the growing prevalence of overweight and obesity that have progressively dominated the epidemiological panorama of middle- and high-income countries in the past four decades (Ng et al., 2014; Barquera et al., 2020b).

Eating patterns worldwide, particularly in developing countries, have been significantly transformed to the detriment of individual and global health. Centrally manufactured, ultra-processed, and packaged edibles have largely replaced the natural, local, and fresh foods that humanity has lived off throughout its evolution. These products contain ingredients that are harmful to health and others whose effects are still unknown (such as sweeteners, flavorings, aromatizers, texturizers, and colorants), as well as substantial amounts of added sugars, fat, and sodium. Mexico is one of the countries that consumes the most ultra-processed foods, estimated to account for over 25% of caloric intake. One of the products of greatest concern are sugary drinks (such as soft drinks, juices, sports drinks, and energy drinks), whose consumption contributes 70% of added sugars in the Mexican diet. They constitute the most widely consumed product associated with weight gain, the onset of diabetes and cardiovascular diseases, and other health problems such as fatty liver (Sánchez-Pimienta, Batis, Lutter, & Rivera, 2016). It is estimated that approximately 40,000 deaths each year are associated with the consumption of sugary drinks in Mexico (Singh et al., 2015).

One of the main components of population well-being is mental health. Chronic diseases directly affect mental health due to their long evolution and impact, representing one of the most common complications and largest burdens of disease and financial costs. Mental health disorders can also complicate nutritional status, as in the case of chronic depression or eating behavior disorders, in which the resulting changes in energy intake and expenditure have severe consequences that may require complex interventions.

There is a broad consensus on the role of the food environment as the main factor responsible for the difficulty in maintaining healthy lifestyles, which was previously attributed to exclusively individual choices. Acknowledging this has made it possible to identify a series of cost-effective, population-level interventions that can have a major impact on human, population, and global health. These interventions include: 1. fiscal measures (such as taxes on soft drinks and junk food and subsidies to improve access to healthy food consumption), 2. interventions in and around schools to eliminate access to junk food and their advertising strategies targeting children (including all kinds of sponsorships) and encourage physical activity, 3. a front of package labeling system that makes it easy to identify junk food and make healthier choices, 4. restrictions on the promotion and advertising of junk food at sales outlets and all types of media including digital ones,

5. promoting healthy food guidelines, 6. investment to ensure better access to free drinking water and 7. shielding research, education, and policy design from the interference of the industry that manufactures these products (Popkin et al., 2021). These and other measures are intended to facilitate healthy choices. It is worth mentioning that an additional benefit of regulating the use of public figures, celebrities, and declarations in junk food advertising is the elimination of strategies that create pressure and anxiety in consumers, specifically women and girls (for example, by using thin models to promote high-calorie foods, or declaring their potential usefulness for weight control when they have excess calories) and may be associated with an increased risk of eating disorders.

One of the most significant challenges to achieving greater progress in preventing and controlling poor nutrition may be interference from industry, which produces junk food and has hundreds of thousands of dollars more than what the state has to promote healthy eating. These companies have employed strategies to delay policy implementation, financed academic groups that support their products, and sponsored educational events aimed at health professionals, in addition to their advertising directed at the general public (Barquera & Rivera, 2020). A new trend has recently been documented, whereby these companies partner with influencers who divert attention from the harm caused by their products. This minimizes the importance of their health impact and bends the discourse to link it with movements such as feminism, racism, and weight stigma, to encourage the continued consumption of their harmful products. This strategy seeks to polarize health professionals and other groups interested in the issue. To cope with these challenges, it is essential to strengthen public health ethics, to declare conflicts of interest, and to utilize a gender perspective to address all causes of the malnutrition problem (Barquera et al., 2020a; 2022).

REFERENCES

- Barquera, S., Balderas, N., Rodríguez, E., Kaufer-Horwitz, M., Perichart, O., Rivera-Dommarco, J. A., & Grupo de profesionales e investigadores Código Nutricia. (2020a). Código Nutricia: nutrición y conflicto de interés en la academia [Nutricia Code: nutrition and conflict of interest in academia]. *Salud Pública de México*, 62(3), 313-318. doi: 10.21149/11291
- Barquera, S., Hernández-Barrera, L., Trejo-Valdivia, B., Shamah, T., Campos-Nonato, I., & Rivera-Dommarco, J. (2020b). Obesidad en México, prevalencia y tendencias en adultos. Ensanut 2018-19 [Obesity in Mexico, prevalence and trends in adults. Ensanut 2018-19]. *Salud Pública de México*, 62(6), 682-692. doi: 10.21149/11630
- Barquera, S., & Rivera, J. A. (2020). Obesity in Mexico: rapid epidemiological transition and food industry interference in health policies. *The Lancet. Diabetes & Endocrinology*, 8(9), 746-747. doi: 10.1016/S2213-8587(20)30269-2
- Barquera, S., Véjar-Rentería, L. S., Aguilar-Salinas, C., Garibay-Nieto, N., García-García, E., Bovecchio, A., ... Rivera-Dommarco, J. (2022). Volviéndonos mejores: necesidad de acción inmediata ante el reto de la obesidad. Una postura de profesionales de la salud. *Salud Pública de México*, 64(2), 225-229. doi: 10.21149/13679
- GBD 2013 Risk Factors Collaborators. (2015). Global, regional, and national comparative risk assessment of 79 behavioural, environmental and occupational, and metabolic risks or clusters of risks in 188 countries, 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013. *Lancet (London, England)*, 386(10010), 2287-2323. doi: 10.1016/S0140-6736(15)00128-2
- Gómez-Dantés, H., Fullman, N., Lamadrid-Figueroa, H., Cahuana-Hurtado, L., Darney, B., Avila-Burgos, L., ... Lozano, R. (2016). Dissonant health transition in the states of Mexico, 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013. *The Lancet*, 388(10058), 2386-2402. doi: 10.1016/S0140-6736(16)31773-1
- Murray, C. J., Barber, R. M., Foreman, K. J., Ozgoren, A. A., Abd-Allah, F., Abera, S. F., ... Del Pozo-Cruz, B. (2015). Global, regional, and national disability-adjusted life years (DALYs) for 306 diseases and injuries and healthy life expectancy (HALE) for 188 countries, 1990–2013: quantifying the epidemiological transition. *Lancet (London, England)*, 386(10009), 2145-2191. doi: 10.1016/S0140-6736(15)61340-X
- Ng, M., Fleming, T., Robinson, M., Thomson, B., Graetz, N., Margono, C., ... Gakidou, E. (2014). Global, regional, and national prevalence of overweight and obesity in children and adults during 1980–2013: a systematic analysis for the Global Burden of Disease Study 2013. *Lancet (London, England)*, 384(9945), 766-781. doi: 10.1016/S0140-6736(14)60460-8
- Popkin, B. M., Barquera, S., Corvalán, C., Hofman, K. J., Monteiro, C., Ng, S. W., ... Taillie, L. S. (2021). Towards unified and impactful policies to reduce ultra-processed food consumption and promote healthier eating. *The Lancet. Diabetes & Endocrinology*, 9(7), 462-470. doi: 10.1016/S2213-8587(21)00078-4
- Sánchez-Pimienta, T. G., Batis, C., Lutter, C. K., & Rivera, J. A. (2016). Sugar-Sweetened Beverages Are the Main Sources of Added Sugar Intake in the Mexican Population. *The Journal of Nutrition*, 146(9), 1888S-1896S. doi: 10.3945/jn.115.220301
- Singh, G. M., Micha, R., Khatibzadeh, S., Shi, P., Lim, S., Andrews, K. G., ... Global Burden of Diseases Nutrition and Chronic Diseases Expert Group (NutriCoDE). (2015). Global, Regional, and National Consumption of Sugar-Sweetened Beverages, Fruit Juices, and Milk: A Systematic Assessment of Beverage Intake in 187 Countries. *PloS One*, 10(8), e0124845. doi: 10.1371/journal.pone.0124845
- Vos, T., Barber, R. M., Bell, B., Bertozzi-Villa, A., Biryukov, S., Bolliger, I., ... Brugh, T. S. (2015). Global, regional, and national incidence, prevalence, and years lived with disability for 301 acute and chronic diseases and injuries in 188 countries, 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013. *The Lancet*, 386(9995), 743-800. doi: 10.1016/S0140-6736(15)60692-4