Participation in local food projects is associated with better psychological well-being: evidence from the East of England

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ABSTRACT

Background Studies suggest that local food may contribute to well-being, but do not use standardized measures, or control groups.

Methods An online survey compared participants of local food initiatives (n = 302) with members of the general population (n = 157) in terms of scores on standardized measures of well-being and distress. Using hierarchical ordinary least squares regression models, we explored the relationship between participation and well-being via four mediators—nature connectedness, psychological need satisfaction, diet and physical activity.

Results Participants scored higher than non-participants on life satisfaction (t(346) = 2.30, P = 0.02, ρr = 0.12) and the WEMWBS scale (t(335) = 2.12, P = 0.04, ρr = 0.10), but differences in psychological distress were insignificant. More actively engaged participants scored higher on positive well-being and longer duration participation was associated with higher life satisfaction and less psychological distress. Finally, we found that participation contributes to psychological need satisfaction, better diet and connection to nature, three known drivers of well-being.

Conclusions Well-being may be a co-benefit of local food initiatives beyond the physical and psychological benefits of growing food. Further research is needed to explore the mediators driving these effects, quantify benefits, and track impacts over time and across different social groups.

Keywords communities, food and nutrition, mental health

Introduction

The contribution of alternative modes of food production, provisioning and consumption to physical health¹–⁴ diets⁵,⁶ and social goods⁷,⁸ has been highlighted, but in the sphere of potential contributions to mental health, there is a lack of generalizable evidence.⁹

This gap is worth addressing, because psychological well-being generates benefits for individuals and societies, including good health, longevity, improved relationships, better productivity and civic citizenship.¹⁰,¹¹ Additionally, mental illness presents a growing global public health crisis,¹² with an estimated burden of 32.4% of years lived with disability and 13% of disability-adjusted life-years.¹³ In the UK, mental ill-health contributes to 28% of the total disease burden.¹⁴ Fostering well-being may confer a protective effect against the later onset of ill-health.¹⁵ Relevant drivers include diet,¹⁶–¹⁹ physical activity,²⁰,²¹ connection to nature,²² social connection²³ and the opportunity to fulfil basic psychological needs for autonomy, competence and relatedness.²⁴ Several of these drivers are potentially manifest in local food initiatives, as we outline subsequently.

Definitions of ‘local’ food vary²⁵ from 30 miles,²⁶ to 400 miles²⁷ between farm and fork. Our paper focuses on seven different types of local food initiative (Table 1), reflecting the diversity of the movement.

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Consumer interest in local food is growing. Two-thirds of consumers in the US and 80% in the UK express an interest in buying local produce. Over half of US consumers seek information on the provenance of their food and retail sales for local ranges have grown by 13% annually since 2008. In the UK, some 6 million are interested in having an allotment. The number of farmers’ markets has grown over 20-fold, from 340 in 1970 to 8,000 in 2011 and in the US, the number of community-supported agriculture schemes has grown from two projects in the 1980s to over 3,500 in 2009.

Growing food offers an opportunity for green exercise, which enhances both physical and mental well-being. Allotment gardeners report higher levels of physical activity, scoring better than non-gardeners on all measures of health and well-being, including better mood, self-esteem, general health and vigour, and less mood disturbance, depression and fatigue.

All forms of local food initiatives engage people with the physical context of food growing either directly or indirectly through a discourse of more sustainable production and a re-connection to the natural elements of its production. Nature connectedness is positively associated with vitality, subjective well-being and happiness, reduced physiological markers of stress and lower mental distress. Diet —and particularly the consumption of fresh fruit and vegetables—is important for mental well-being and engagement with food initiatives has also been shown to improve diets.

Finally, well-being is associated with the satisfaction of three basic psychological needs—for autonomy, or an experience of choice and volition in one’s actions; competence, or the feeling one is efficacious and can achieve desired outcomes in the world, and relatedness, or the experience of closeness and connected with others. Need satisfaction is associated with greater happiness and life satisfaction and lower symptoms of depression and anxiety. Local food projects may offer opportunities to satisfy all three needs, by increasing ecological literacy and improving food preparation skills (autonomy and competence), providing a sense of belonging and shared goals.
(relatedness) and giving people the ability to participate directly in a social enterprise (competence and relatedness).

These benefits are implicitly recognized by practitioners but there is as yet no generalizable evidence on the links between participation in local food initiatives and mental health, with the exception of studies on food-growing that focus primarily on its contribution to green exercise. Existing studies have not used standardized measures of psychological well-being or distress, nor focused on the general (rather than the therapeutic) population. Initiatives that do not involve a food-growing component are largely unexamined.

To fill these gaps, we explored whether participation in a range of local food projects would be associated with higher well-being relative to a control group of non-participants, among a sample from the general population, and we examine, for the first time, the mechanisms that may underlie any association.

We hypothesize:

- Participants in local food projects would score higher on well-being and lower on measures of psychological distress than non-participants;
- Increased participation would be associated with increased well-being and lower levels of distress.
- Four mediators would indirectly influence the association between food project engagement and well-being — connection to nature, the satisfaction of basic psychological needs, diet and outdoor physical activity (Fig. 1).

**Methods**

A questionnaire was deployed using Qualtrics (qualtrics.com), an online tool for collecting, storing and analysing survey data. Online surveying was used in order to generate a large sample across three English counties—Essex, Norfolk and Suffolk—within the context of a time-bound research project.

**Participants**

Survey respondents were recruited via a mix of snowballing from known contacts and convenience sampling, using the following methods:

- We targeted local food participants by emailing the survey link to gatekeepers in local food projects. Recipients were asked to send the survey link to participants in their initiatives, onward through their wider networks, as well as to contacts who could give their views as non-participants. In cases where emails were unanswered and a contact number was available, we followed up with a phone call.
- We wrote a short post about the research on our project website, with a link to the survey, and advertised this using the project Facebook page and Twitter account, as well as the personal social media accounts of the researchers involved. These posts (website and social media) asked for people to share the link to the survey and highlighted that we were searching for both participants in local food projects as well as non-participants drawn from the general public.
- Finally, we wrote a short press release summarizing the project and calling for survey respondents. This was picked up by the online edition of a local newspaper, which helped to spread word within the study area.

The survey was not password-protected, allowing respondents to share it onward as widely as possible. No incentives were offered to participants for completing the survey.

**Variables**

The same survey instrument was used for both participants and non-participants, with some questions in common and others pertaining to the details of participation (these were restricted to respondents who had self-identified as such). Questions were put to all respondents in the same order, and are summarized in Table 2.

![Fig. 1 Model showing hypothesized links between participation in local food projects and well-being mediators of psychological need satisfaction, nature connectedness and outdoor physical activity.](image-url)
Table 2 Variables included in a survey comparing well-being scores of participants and non-participants in local food projects in the East of England and testing for potential mediators of any differences found

<table>
<thead>
<tr>
<th>Variable</th>
<th>Survey component</th>
<th>Reason for inclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographics (All respondents)</td>
<td>• Location (County and name of town/city/village)</td>
<td>Location data were collected in order to clarify, in further analyses, the influence of residence in different sized towns and compare across our three case counties.</td>
</tr>
<tr>
<td></td>
<td>• Date of birth</td>
<td>Age (collected as date of birth), gender and income (collected as yearly earnings) are important mediators of well-being, to control for in our analysis.</td>
</tr>
<tr>
<td></td>
<td>• Gender</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Employment status (as a nominal variable, including the following options: Full-time work, part-time work, student, house-person, retired, other)</td>
<td>Employment status was collected in order to clarify, in later analyses, the influence of time-availability on participation in different types of food projects.</td>
</tr>
<tr>
<td></td>
<td>• Yearly earnings (as a categorical variable, with the categories: &lt; £10,000, £10–20,000, £20–30,000, £30–40,000, £40–50,000 and &gt; £50,000)</td>
<td></td>
</tr>
<tr>
<td>Well-being measures (All respondents)</td>
<td>• The Warwick-Edinburgh Mental Well-being Scale(^a) (WEMWBS)</td>
<td>WEMWBS includes hedonic elements (capturing positive affect) and eudaimonic elements (a sense of purpose). It has been validated for use in the UK among adults aged 16 and over,(^57) with a provisional mean score in validation studies of 50.7.</td>
</tr>
<tr>
<td></td>
<td>• Life Satisfaction (standardized 11-point single measure)</td>
<td>A single-point measure of life satisfaction was used for economy of survey length.</td>
</tr>
<tr>
<td></td>
<td>• The Duke Anxiety-Depression Scale (DUKE-AD(^b))</td>
<td>Such measures are reliable(^58) and valid,(^59) even when compared with multiple-item measures.(^60)</td>
</tr>
<tr>
<td>Mediators of well-being (All respondents)</td>
<td>• Diet: number of days per week respondents consumed five or more portions of fruit and vegetables</td>
<td>Good diet, physical activity, connection to nature and the satisfaction of basic psychological needs are known to be drivers of good mental health and multidimensional well-being. Existing studies and anecdotal evidence highlight a possible contribution to well-being via these mediators.</td>
</tr>
<tr>
<td></td>
<td>• Levels of physical activity, indoors or outdoors (number of minutes per week)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Connection to nature (measured by the ‘Inclusion of Nature in Self Scale’(^61)) and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• The satisfaction of basic psychological needs when procuring and preparing food.</td>
<td></td>
</tr>
<tr>
<td>Type of participation in local food projects (If applicable to the respondent)</td>
<td>• Duration of engagement with local food initiative, in years</td>
<td>We hypothesized that participants engaged for longer would score higher on positive well-being measures. We additionally sought to explore whether different types of engagement were associated with different well-being scores within the sample.</td>
</tr>
<tr>
<td></td>
<td>• Type of participation (organizational or administrative capacity or consumers)</td>
<td></td>
</tr>
</tbody>
</table>

\(^a\)The Warwick-Edinburgh Mental Well-being Scale was funded by the Scottish Executive National Programme for improving mental health and well-being, commissioned by NHS Health Scotland, developed by the University of Warwick and the University of Edinburgh, and is jointly owned by NHS Health Scotland, the University of Warwick and the University of Edinburgh.

Prior to data collection, ethical approval was sought via the Departmental Director of Research at Essex Business School. The questionnaire was piloted offline with ten respondents before deployment in order to test for clarity of the questions, time taken to answer them and to solicit general feedback. In its final version, the survey was prefaced by an overview of the study, and assurance to participants of confidentiality and anonymity. Respondents were briefed on our plans for storage of data, and assured that only the study team would have access to it. Finally, all respondents were given the researchers’ contact details and invited to express any concerns.\(^62,63\) The survey ran for a 3-month period and had a high completion rate (ratio of users who finished the survey)\(^63\) with only 19 respondents proceeding beyond the initial consent form and then omitting to answer any questions.
Results

Four hundred and fifty-nine sets of responses were retained for analysis after removing 93 sets of responses where participants had omitted to answer a majority of the questions. Response-sets containing sporadic unanswered questions were retained. 302 of these self-identified as ‘participants’ in some form of initiative (Fig. 2).

H1: participation in local food and scores on standardized well-being scales

Participants scored higher on measures of positive well-being – i.e. on life satisfaction, $t(346) = 2.30, p = 0.02, \rho = 0.12$ and on the WEMWBS scale, $t(335) = 2.11, p = 0.03, \rho = 0.12$. than non-participants. There was no statistically significant difference in Duke-AD scores between participants and the control group, $t(344) = -0.22, p = 0.82, \rho = 0.01$.

H2: influence of intensity of participation on well-being scores

Controlling for demographics (Table 4), we found that participants who played an active role reported higher life satisfaction, $t(346) = 2.55, p = 0.01, \rho = 0.14$, and WEMWBS scores, $t(335) = 2.12, p = 0.04, \rho = 0.10$, than those who engaged solely as consumers. There was no link between participants’ roles and their Duke-AD scores, $t(344) = -0.70, p = 0.49, \rho = -0.04$. Those participating for longer

<table>
<thead>
<tr>
<th>Variable</th>
<th>Non-participants</th>
<th>Participants</th>
<th>Total sample</th>
<th>Statistically significant difference?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (mean years)</td>
<td>43.81 (n = 144, SD = 15.2)</td>
<td>47.63 (n = 280, SD = 13.9)</td>
<td>46.33 (n = 424, SD = 14.4)</td>
<td>No significant difference</td>
</tr>
<tr>
<td>Gender (n)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>58</td>
<td>96</td>
<td>154</td>
<td>No significant difference</td>
</tr>
<tr>
<td>Female</td>
<td>97</td>
<td>201</td>
<td>298</td>
<td></td>
</tr>
<tr>
<td>Income (n)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Below £10 000</td>
<td>37</td>
<td>78</td>
<td>115</td>
<td>No significant difference</td>
</tr>
<tr>
<td>£10–20 000</td>
<td>40</td>
<td>69</td>
<td>109</td>
<td></td>
</tr>
<tr>
<td>£20–30 000</td>
<td>31</td>
<td>58</td>
<td>89</td>
<td></td>
</tr>
<tr>
<td>£30–40 000</td>
<td>20</td>
<td>43</td>
<td>63</td>
<td></td>
</tr>
<tr>
<td>£40–50 000</td>
<td>12</td>
<td>20</td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>Above £50 000</td>
<td>10</td>
<td>23</td>
<td>33</td>
<td></td>
</tr>
<tr>
<td>Diet (7-point scale)</td>
<td>3.86 days/week</td>
<td>5.12 days/week</td>
<td>4.75 days/week</td>
<td>Participants score higher: $t = -5.558, P &lt; 0.0005</td>
</tr>
<tr>
<td>Nature connectedness (8-point scale)</td>
<td>3.73</td>
<td>4.5</td>
<td>4.28</td>
<td>Participants score higher: $t = -4.706, P &lt; 0.0005</td>
</tr>
<tr>
<td>Basic Need Satisfaction (7-point scale)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Autonomy</td>
<td>3.06</td>
<td>3.53</td>
<td>4.39 (n = 369, SD = 1.51)</td>
<td>Participants score higher: $t = -2.736, P = 0.007</td>
</tr>
<tr>
<td>Competence</td>
<td>2.84</td>
<td>3.58</td>
<td>4.36 (n = 368, SD = 1.45)</td>
<td>Participants score higher: $t = -2.736, P = 0.007</td>
</tr>
<tr>
<td>Relatedness</td>
<td>2.05</td>
<td>3</td>
<td>3.73 (n = 368, SD = 1.59)</td>
<td>Participants score higher: $t = -5.414, P &lt; 0.0005</td>
</tr>
<tr>
<td>Physical activity (days/week)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indoors</td>
<td>1.90 days/week</td>
<td>1.91 days/week</td>
<td>1.90 (n = 357, SD = 1.83)</td>
<td>No significant difference</td>
</tr>
<tr>
<td>Outdoors</td>
<td>2.75 days/week</td>
<td>3.10 days/week</td>
<td>2.99 (n = 382, SD = 2.17)</td>
<td>No significant difference</td>
</tr>
</tbody>
</table>
Table 4: Summary of three covariates included in all models and their association with scores for Life Satisfaction, WEMWBS, Duke-AD, Nature Connectedness, Need Satisfaction and Outdoor Physical Activity and diet

<table>
<thead>
<tr>
<th></th>
<th>Age</th>
<th>Gender</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>tt, p, pr</td>
<td>t, p, pr</td>
<td>t, p, pr</td>
</tr>
<tr>
<td>Life satisfaction</td>
<td>2.52, 0.01, 0.13</td>
<td>−0.32, 0.75, −0.17</td>
<td>−0.29, 0.77, −0.02</td>
</tr>
<tr>
<td>WEMWBS</td>
<td>0.29, 0.78, 0.06</td>
<td>0.73, 0.47, 0.06</td>
<td>1.15, 0.25, 0.1</td>
</tr>
<tr>
<td>Duke-AD</td>
<td>−3.56, 0.001, −0.19</td>
<td>0.38, 0.70, −0.02</td>
<td>−2.86, 0.004, −0.15</td>
</tr>
<tr>
<td>Nature Connectedness</td>
<td>3.36, 0.001, −0.18</td>
<td>−0.50, 0.62, −0.02</td>
<td>−3.78, 0.001, −0.2</td>
</tr>
<tr>
<td>Need Satisfaction</td>
<td>2.01, 0.04, 0.11</td>
<td>0.02, 0.98, 0</td>
<td>0.05, 0.36, −0.05</td>
</tr>
<tr>
<td>Outdoor physical activity</td>
<td>0.87, 0.39, 0.07</td>
<td>−1.01, 0.32, −0.08</td>
<td>−0.34, 0.73, −0.03</td>
</tr>
<tr>
<td>Diet</td>
<td>4.89, 0.001, 0.26</td>
<td>2.84, 0.005, 0.15</td>
<td>0.68, 0.50, 0.04</td>
</tr>
</tbody>
</table>

Fig. 2: Percentage of 491 respondents in seven different types of local food project: allotments, community food-growing, farmers’ markets, box schemes, buying cooperatives, community shops and community-supported agriculture.

scored higher on life satisfaction, \( t(148) = 2.02, \rho = 0.04, pr = 0.16 \) and lower Duke-AD scores, \( t(147) = −2.67, p = 0.008, pr = −0.22 \). Duration of participation did not influence scores on the WEMWBS scale, \( t(142) = 1.86, p = 0.07, pr = 0.15 \). While it could be argued that participants exposed to managerial tasks (e.g. accounting or sales) may have less direct exposure to nature than growers, it is also possible that such tasks provide opportunities for the satisfaction of basic needs as well as increased social interaction and thus facilitate well-being through these pathways.

**H3: mediators**

Participants felt more connectedness to nature than the control group \( t(339) = 4.90, p < 0.001, \rho r = 0.26 \) and also experienced greater need satisfaction around food \( t(339) = 5.18, p < 0.001, \rho r = 0.27 \). There were no significant differences between levels of physical outdoor activity between participants and non-participants \( t(340) = 1.27, \rho = 0.21, \rho r = 0.07 \), possibly because our sample included participants from a wide range of local food initiatives, not all of which include a food-growing component (across our sample, discounting overlaps, just under 25% of participants were engaged in initiatives with a food-growing component, namely allotments and community food-growing). Participants also consumed more fruits and vegetables than non-participants \( t(348) = 5.36, \rho = 0.001, \rho r = 0.28 \).

Finally, we tested for associations between levels of participation (intensity and duration) and these four mediators of well-being. Those who played a more engaged role in projects experienced greater connectedness to nature: \( t(339) = 3.11, \rho = 0.002, \rho r = 0.17 \), as well as greater need satisfaction, \( t(339) = 3.79, \rho < 0.001, \rho r = 0.20 \). There was no link between the duration of participation and psychological need satisfaction, \( t(145) = 0.48, \rho = 0.63, \rho r = 0.04 \), suggesting that even short-duration engagement with local food projects provided opportunities for autonomy, competence and relatedness, and associated well-being benefits. Finally, there was no link between outdoor physical activity and either the intensity of participation, \( t(340) = 1.30, \rho = 0.20, \rho r = 0.07 \), or the length of time participants engaged in local food projects, \( t(145) = 1.02, \rho = 0.31, \rho r = 0.08 \). Greater intensity of participation (i.e. taking part as an organizer) was associated with higher fruit and vegetable intake, \( t(348) = 2.86, \rho < 0.001, \rho r = 0.20 \), probably as a result of higher food and nutritional literacy and skilling, though the length of participation did not affect diet, \( t(149) = −0.36, \rho = 0.72, \rho r = 0.03 \).

Because there were no statistically significant links between participation and outdoor physical activity, further analysis focused only on links between diet, need satisfaction, connectedness with nature and participation. Indirect effects analysis tested for a significant indirect effect linking local food projects with well-being through these three pathways.
proposed mechanisms concurrently. Further, because both the act of participation and its intensity were linked to life satisfaction and mental wellness (and these two indicators were themselves strongly correlated, $r = 0.68$), the two indicators of mental well-being were standardized and combined into a single indicator of positive well-being.

We found that connection to nature, $t(326) = 3.92, p < 0.001, r = 0.21$, psychological need satisfaction, $t(326) = 5.57, p < 0.001, r = 0.30$, and diet, $t(326) = 3.03, p = 0.003, r = 0.17$ were positively associated with well-being. Controlling for these mediators resulted in the effect of local food on well-being, which we reported above, becoming non-significant, $t(324) = 0.76, p < 0.45, r = 0.04$, suggesting that it was through their impact on need satisfaction and nature connection that local food initiatives influenced participants’ psychological well-being.

Bootstrapping analysis indicated indirect effects were present between participation and well-being through both mediators; the estimate of the indirect effect for nature connection was 0.097 with a 95% bootstrap confidence interval of 0.036 to 0.181, for need satisfaction was 0.156 with a 95% confidence interval of 0.081 to 0.254, and for diet, 0.080 with a 95% confidence interval of 0.025 to 0.158. These indirect effects support our hypothesis that involvement in local food fostered a sense of well-being by encouraging people to feel a sense of connection with nature, improved diets and provided psychological need satisfaction.

Discussion

Main findings of this study

Our three key findings are, first, that participation in local food projects is associated with higher levels of positive well-being relative to a control group of non-participants. Within our sample, there were no significant differences between participants’ and non-participants’ levels of psychological distress—a finding we discuss at greater length below. Second, we find that increased intensity of participation—proxied by duration and role—is associated with higher well-being scores and lower levels of distress. Finally, our results suggest that these associations derive from the satisfaction of basic psychological needs, better diet and increased connection to nature.

The lack of significant differences in anxiety and depression scores between participants and the control group possibly stems from the fact that the sample was drawn from the general (rather than therapeutic) population. The absence of an effect does not however preclude the relevance of local food initiatives within discussions of anxiety and depression amongst the general public. First, in assisting positive well-being, local food initiatives may help to generate a protective effect, as levels of life satisfaction and positive well-being predict the later onset of depressive symptoms. Food-based interventions—primarily food-growing and horticulture—are already well-represented in the menu of nature-based activities partaken of by the general population, and provide an important means by which nature may be incorporated into daily life and harnessed as a means of health promotion. Our findings support the extension of these food-growing and food-related projects as a public health measure aimed at the general population.

Second, the presence of symptoms of psychological distress does not preclude the enjoyment or development of positive aspects such as positive affect or life satisfaction. In other words, it is possible for people experiencing mental ill-health to also enjoy positive mood, healthy self-esteem and meaningful and enjoyable activities. For those within our sample who experience intermittent or sub-clinical levels of anxiety or depression, the opportunity to participate in local food projects may still enhance well-being even if levels of distress are not directly affected. Finally, our results suggest that current and on-going participation increases perceptions of happiness, but that for the more serious symptoms of depression and anxiety, it is important for people to engage in the long term.

These findings resonate with recent evidence showing that engaging in pro-social behaviour enhances well-being, likely through the mediating effects of autonomy and competence need satisfaction. The implication for practitioners is that giving people the opportunity to participate more actively, such as by rotating organizational and leadership roles, may contribute to greater well-being benefits.

What is already known about this topic

The influence of environmental ‘harm’ to public mental health have been well-studied (e.g. for air quality; the effect of climate change on health, the food-borne toxins and poor diets, there is now a growing recognition of the potential co-benefits of sustainability for positive well-being, with scholars going ‘beyond toxicity’, to assess the benefits of engaging with the natural environment and in initiatives that seek to ‘re-green’ the human environment. Local food initiatives are exemplars of such initiatives. Accordingly, previous studies have found that direct involvement in food growing in particular has clear relevance for well-being, particularly as a result of green exercise and connection to nature.

What this study adds

Our results extend the existing literature on the impacts of food-growing, focusing attention on the impacts of a broader array of local food initiatives, including those that do not involve a food-growing component. Across our sample, we...
find statistically significant differences in life satisfaction and WEMWBS scores between participants and non-participants across a range of different types of local food project, with participants scoring higher than non-participants. We have also found that longer duration participation is associated with higher life satisfaction and lower levels of distress, while higher intensity participation is associated with relatively higher levels of positive well-being.

The lack of an association between participation and outdoor physical activity is an important point of divergence between existing studies on food-growing and well-being. Our cohort of participants, engaging in community shops, community-supported agriculture and farmers’ markets in addition to allotments and community gardens, may not have had the opportunity to engage directly in the physical activity of growing food, but as a group still have better well-being scores than non-participants. This is particularly relevant in urban areas, where planners may be hard-pressed to allocate land to new food-growing activities, or where practitioners may come up against difficult zoning or planning regulations while at the same time, the potential of local food initiatives is increasingly investigated as a means of improving food self-sufficiency and delivering social and environmental goals.79

**Limitations of this study**

Local food initiatives are complex interventions,80 consisting of multiple, interacting components, where outcomes are sensitive to the local context and with complex causal chains linking interventions with outcomes. We have made a start towards understanding the influence of mediators within our sample, but do not claim to have determined the extent of reverse causality—i.e. the extent to which connection to nature and high levels of well-being may be predisposing engagement in initiatives such as local food projects, and what, if any measures can be taken to increase participation. Instead, we have been able to present correlational evidence linking the broad spectrum of local food initiatives to well-being scores on standardized instruments, and highlighted the statistically significant role of three mediators in driving this association within our sample. A second limitation is that given the relatively low (albeit growing) numbers of participants in local food projects, our sampling approach relied in part on the use of known contacts, snowballing and convenience sampling to recruit respondents. Convenience sampling entails the risk of selecting a biased or unrepresentative sample. We were mindful of this during our communication with gatekeepers and contacts, limiting our recruitment efforts to publicizing the survey and instructing email recipients to spread the survey link as broadly as possible amongst their networks of participants and non-participants. Combined with the use of print and social media to spread word of the survey, we thus received a wide range of responses from beyond our own networks.

Further research would need to include in-person surveys with a larger and more gender-balanced sample, exploration of differences between types of initiative, as well as international comparisons in comparable contexts. These comparisons would need to be structured to account for differences in key demographic characteristics, particularly socioeconomic status, which might play a significant role in enabling or constraining access to local food projects, or shape the role that participants are able to play. Differences between participants might be further explored by collecting data on location linked to, for example, the Index of Multiple Deprivation, as well as exploring differences in type of employment (affecting time availability and social capital). Finally, we suggest that longitudinal and multi-cohort studies are needed to explore mechanisms behind the impacts we have found within the sample, and testing the influence of additional mediators of well-being such as improved diet and social contact – both important determinants of well-being.

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**References**

PARTICIPATION IN LOCAL FOOD PROJECTS IS ASSOCIATED WITH BETTER PSYCHOLOGICAL WELL-BEING


