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Citation for final published version:

Bharucha, Zareen Pervez, Weinstein, Netta , Watson, Dave and Boehm, Steffen 2020. Participation in local food projects is associated with better psychological well-being: Evidence from the East of England. *Journal of Public Health* 42 (2) , e187-e197. 10.1093/pubmed/fdz057

Publishers page: <https://doi.org/10.1093/pubmed/fdz057>

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1 **Participation in local food projects is associated with better psychological**
2 **well-being: Evidence from the East of England.**

3
4 Zareen Pervez Bharucha^{1*}, Netta Weinstein², Dave Watson³, Steffen Boehm⁴

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6 ¹Global Sustainability Institute, Anglia Ruskin University, 183 East Road, Cambridge CB11PT, UK.

7 Corresponding author. E: zareen.bharucha@anglia.ac.uk

8 ²School of Psychology, Cardiff University, Tower Building, 70 Park Place, Cardiff CF10 3AT, UK

9 ³Norwich Business School, University of East Anglia, Earlham Road, Norwich NR4 7TJ, UK

10 ⁴University of Exeter Business School, Penryn Campus, Penryn, Cornwall, TR10 9FE, UK

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13 **ABSTRACT**

14 **Background:** Studies suggest that local food may contribute to well-being, but do not
15 use standardised measures, or control groups.

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

21 **Results:** Participants scored higher than non-participants on life satisfaction ($t(346) =$
22 $2.30, p = .02, \rho r = .12$) and the WEMWBS scale ($t(335) = 2.12, p = .04, \rho r = .10$), but
23 differences in psychological distress were insignificant. More actively engaged
24 participants scored higher on positive well-being and longer duration participation was
25 associated with higher life satisfaction and less psychological distress. Finally, we found
26 that participation contributes to psychological need satisfaction, better diet and
27 connection to nature, three known drivers of well-being.

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

32 **KEYWORDS**

33 Communities, Food and nutrition, Mental health

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INTRODUCTION

The contribution of alternative modes of food production, provisioning and consumption to physical health^{1, 2, 3, 4} diets^{5, 6} and social goods^{7, 8} has been highlighted, but in the sphere of potential contributions to mental health, there is a lack of generalisable evidence⁹.

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 crisis¹², with an estimated burden of 32.4% of years lived with disability and 13% of disability-adjusted life-years¹³. In the UK, mental ill-health contributes to 28% of the total disease burden¹⁴. Fostering well-being may confer a protective effect against the later onset of ill-health¹⁵. Relevant drivers include diet^{16, 17, 18, 19}, physical activity^{20, 21}, connection to nature²², social connection²³ and the opportunity to fulfil basic psychological needs for autonomy, competence and relatedness²⁴. Several of these drivers are potentially manifest in local food initiatives, as we outline subsequently.

Definitions of ‘local’ food vary²⁵ from 30 miles²⁶, 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.

66 **Table 1: A brief outline of seven different types of local food initiative in the UK and their scale**
67 **in terms of number of initiative or number of consumers involved.**

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INITIATIVE	DESCRIPTION	SCALE
Supermarket ranges of specialist 'local' food	Consumers purchase locally-sourced food in a conventional retail environment. Consumer participation is limited to selecting items chosen by suppliers who curate ranges, manage stocks and set prices.	Local and regional food represents ≈6% of food and drink sales (Defra 2003). Between 2010 and 2011, local ranges in one supermarket chain alone increased by £130 million (Rohwedder 2011).
Community shops	Community-run retail outlets selling locally-sourced produce, with community members and business-owners typically interacting more frequently than is the norm in mainstream retail environments.	~337 community shops (Plunkett Foundation 2016).
Box schemes	Consumers are sent locally-produced food, usually weekly. Participants may exercise limited choice over the content of their boxes. Scheme sizes vary greatly, from 50,000+ customers to schemes with a few dozen participants.	Over 500 schemes (ethicalconsumer.org 2016).
Farmers' markets	Farmers sell locally-grown produce within farmers' markets.	~ 500 markets; 250 are FARMA-certified, guaranteeing the provision of ethically- or locally-produced food (DEFRA 2013)
Buying cooperatives	Groups self-organise to bulk-buy produce, choosing what to purchase, where to source goods and enjoying lower prices due to bulk purchases.	There are 6,796 cooperative businesses in the UK, owned by around 15 million people. 416 are retail cooperatives, and 621 are agricultural (Cooperatives UK)
Allotments	Individuals cultivate food on allotment plots, exercising sole discretion over their choices in line with allotment regulations, and are solely responsible for food production.	~330,000 plots; 90,000 more are needed to meet demand (National Allotment Society, 2016)
Community food growing	Collectively-run production in community-managed gardens. Small groups participate in joint decisions about what to grow, and collaborate to grow and distribute food.	~1000 community gardens (Federation of City Farms & Community Gardens, 2016).

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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^{28, 29}. Over half of US consumers seek information on the provenance of their food³⁰ and retail sales for local ranges have grown by 13% annually since 2008³¹. In the UK, some 6 million are interested in having an allotment³². The number of farmers' markets has grown over 20-fold, from 340 in 1970 to 8,000 in 2012³³ and in the US, the number of community-supported agriculture schemes has grown from 2 projects in the 1980s to over 3,500 in 2009³⁴.

Growing food offers an opportunity for green exercise, which enhances both physical and mental well-being³⁵. Allotment gardeners report higher levels of physical activity, scoring better than non-gardeners on all measures of health and well-being³⁶, including better mood, self-esteem, general health and vigour, and less mood disturbance, depression and fatigue³⁷.

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 production³⁸. Nature connectedness is positively associated with vitality, subjective well-being and happiness^{22, 39; 40; 41; 42; 43; 44; 45}, reduced physiological markers of stress⁴⁶ and lower mental distress⁴⁷. Diet – and particularly the consumption of fresh fruit and vegetables – is important for mental well-being^{19; 48} and engagement with food initiatives has also been shown to improve diets^{6; 49}.

96 Finally, well-being is associated with the satisfaction of three basic psychological needs – for
97 *autonomy*, or an experience of choice and volition in one’s actions; *competence*, or the feeling
98 one is efficacious and can achieve desired outcomes in the world, and *relatedness*, or the
99 experience of closeness and connected with others^{24, 50}. Need satisfaction is associated with
100 greater happiness and life satisfaction and lower symptoms of depression and anxiety^{51, 52, 53, 54}.
101 Local food projects may offer opportunities to satisfy all three needs, by increasing ecological
102 literacy and improving food preparation skills (autonomy and competence), providing a sense of
103 belonging and shared goals (relatedness) and giving people the ability to participate directly in a
104 social enterprise (competence and relatedness).

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106 These benefits are implicitly recognised by practitioners⁵⁵ but there is as yet no generalisable
107 evidence on the links between participation in local food initiatives and mental health, with the
108 exception of studies on food-growing that focus primarily on its contribution to green exercise⁴.
109 Existing studies have not used standardised measures of psychological well-being or distress,
110 nor focused on the general (rather than the therapeutic) population⁵⁶. Initiatives that do not
111 involve a food-growing component are largely unexamined.

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

117 We hypothesise:

118 (1) Participants in local food projects would score *higher* on well-being and *lower* on
119 measures of psychological distress than non-participants;

120 (2) Increased participation would be associated with increased well-being and lower levels
121 of distress.

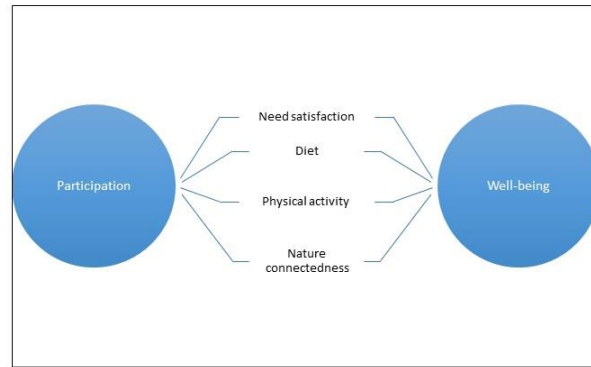
122 (3) Four mediators would indirectly influence the association between food project
123 engagement and well-being – connection to nature, the satisfaction of basic
124 psychological needs, diet and outdoor physical activity (Figure 1).

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128 **Figure 1: Model showing hypothesised links between participation in local food projects and**
129 **well-being mediators of psychological need satisfaction, nature connectedness and outdoor**
130 **physical activity.**
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136 **METHODS**

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

142

143 *Participants*

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

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

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

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164 *Variables*

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

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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.

Variable	Survey component	Reason for inclusion
Demographics (All respondents)	<ul style="list-style-type: none"> Location (County and name of town/city/village) Date of birth Gender Employment status (as a nominal variable, including the following options: Full-time work, part-time work, student, house-person, retired, other) Yearly earnings (as a categorical variable, with the categories: <£10,000, £10-20,000, £20-30,000, £30-40,000, £40-50,000 and >£50,000) 	<p>Location data was collected in order to clarify, in further analyses, the influence of residence in different sized towns and compare across our 3 case counties.</p> <p>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.</p> <p>Employment status was collected in order to clarify, in later analyses, the influence of time-availability on participation in different types of food projects.</p>
Well-being measures (All respondents)	<ul style="list-style-type: none"> <i>The Warwick-Edinburgh Mental Well-being Scale*</i> (WEMWBS) <i>Life Satisfaction</i> (standardised 11-point single measure) <i>The Duke Anxiety-Depression Scale</i> ('DUKE-AD') 	<p>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.</p> <p>A single-point measure of life satisfaction was used for economy of survey length. Such measures are reliable⁵⁸ and valid⁵⁹, even when compared with multiple-item measures⁶⁰.</p>

* 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.

		The Duke-AD scale measures mental distress. Individuals attaining a raw score of 5 or more (of a possible 14) are at a high risk of clinically significant anxiety or depression.
Mediators of well-being (All respondents)	<ul style="list-style-type: none"> • Diet: number of days per week respondents consumed 5 or more portions of fruit and vegetables • Levels of physical activity, indoors or outdoors (number of minutes per week) • Connection to nature (measured by the 'Inclusion of Nature in Self Scale'⁶¹) and • The satisfaction of basic psychological needs when procuring and preparing food. 	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.
Type of participation in local food projects (If applicable to the respondent)	<ul style="list-style-type: none"> • Duration of engagement with local food initiative, in years • Type of participation (organisational or administrative capacity or consumers) 	We hypothesised 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.

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176 Prior to data collection, ethical approval was sought via the Departmental Director of Research

177 at Essex Business School. The questionnaire was piloted offline with ten respondents before

178 deployment in order to test for clarity of the questions, time taken to answer them and to solicit

179 general feedback. In its final version, the survey was prefaced by an overview of the study, and

180 assurance to participants of confidentiality and anonymity. Respondents were briefed on our

181 plans for storage of data, and assured that only the study team would have access to it. Finally,

182 all respondents were given the researchers' contact details and invited to express any concerns

183 ^{62; 63}. The survey ran for a 3-month period and had a high completion rate (ratio of users who

184 finished the survey)⁶³ with only 19 respondents proceeding beyond the initial consent form and
185 then omitting to answer any questions.

186

187 *Statistical analysis*

188 The aim of analysis was to identify significant differences between participants and non-
189 participants in terms of well-being scores, and, to test for associations between types of
190 participation and well-being outcomes. Qualtrics data was downloaded as an Excel file after the
191 survey was closed, and then transferred to the software package IBM SPSS Statistics.

192 Hierarchical ordinary least squares regression models were used to explore associations
193 between participation and well-being scores. In a first step, we co-varied out three potentially
194 relevant demographic variables: gender, age, and income (Tables 3 and 4). In a second step,
195 participation was included as a predictor (in different models, because these predictors were
196 highly collinear)⁶⁴. Scores on the three well-being scales were then each regressed on to
197 predictors.

198 **RESULTS**

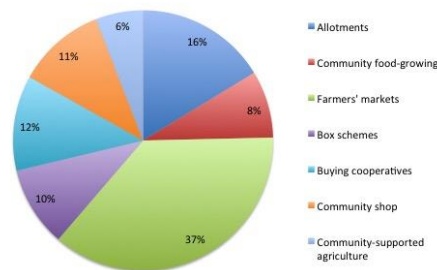
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200 459 sets of responses were retained for analysis after removing 93 sets of responses where
201 participants had omitted to answer a majority of the questions. Response-sets containing
202 sporadic unanswered questions were retained. 302 of these self-identified as 'participants' in
203 some form of initiative (Figure 2).

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205 **Figure 2: Percentage of 491 respondents in seven different types of local food project:**
206 **allotments, community food-growing, farmers' markets, box schemes, buying cooperatives,**
207 **community shops and community-supported agriculture.**

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211 **Table 3: Respondents' characteristics across the sample, presenting demographic background**
212 **of the sample as a whole and comparing participants in local food projects with a control**
213 **group of non-participants.**

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Variable	Non-participants	Participants	Total sample	Statistically significant difference?
Age (mean years)	43.81 (n = 144, SD = 15.2)	47.63 (n = 280, SD = 13.9)	46.33 (n = 424, SD = 14.4)	No significant difference
Gender (n)				
Male	58	96	154	No significant difference
Female	97	201	298	
Income (n)				
Below £10,000	37	78	115	No significant difference
£10-20,000	40	69	109	
£20-30,000	31	58	89	
£30-40,000	20	43	63	
£40-50,000	12	20	32	
Above £50,000	10	23	33	
Diet (7-point scale)	3.86 days/week	5.12 days/week	4.75 days/week	Participants score higher: t = -5.558, p <0.0005
Nature connectedness (8-point scale)	3.73	4.50	4.28	Participants score higher: t = -4.706, p <0.0005
Basic Need Satisfaction (7-point scale)				
Autonomy	3.06	3.53	4.39 (n = 369, SD = 1.51)	Participants score higher: t = -2.736,

				p = 0.007
Competence	2.84	3.58	4.36 (n = 368, SD = 1.45)	Participants score higher: t = -2.736, p = 0.007
Relatedness	2.05	3	3.73 (n = 368, SD = 1.59)	Participants score higher: t = -5.414, p < 0.0005
Physical Activity (days/week)				
Indoors	1.90 days/week	1.91 days/week	1.90 (n = 357, SD = 1.83)	No significant difference
Outdoors	2.75 days/week	3.10 days/week	2.99 (n = 382, SD = 2.17)	No significant difference

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H1: Participation in local food and scores on standardised well-being scales:

223 Participants scored higher on measures of positive well-being – i.e. on life satisfaction, $t(346) =$
 224 2.30, $p = .02$, $pr = .12$ and on the WEMWBS scale, $t(335) = 2.11$, $p = .03$, $pr = .12$. than non-
 225 participants. There was no statistically significant difference in Duke-AD scores between
 226 participants and the control group, $t(344) = -0.22$, $p = .82$, $pr = .01$.

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228 *H2: Influence of intensity of participation on well-being scores:*

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230 **Table 4: Summary of three covariates included in all models and their association with scores**
 231 **for Life Satisfaction, WEMWBS, Duke-AD, Nature Connectedness, Need Satisfaction and**
 232 **Outdoor Physical Activity and diet.**

233

	Age		Gender		Income	
	<i>t, p</i>	<i>ρr</i>	<i>t, p</i>	<i>ρr</i>	<i>t, p</i>	<i>ρr</i>
Life satisfaction	2.52, .01	.13	-0.32, .75	-.17	-0.29, .77	-.02
WEMWBS	0.29, .78	.06	0.73, .47	.06	1.15, .25	.10
Duke-AD	-3.56, .001	-.19	0.38, .70	-.02	-2.86, .004	-.15
Nature Connectedness	3.36, .001	-.18	-0.50, .62	-.02	-3.78, .001	-.20
Need Satisfaction	2.01, .04	.11	0.02, .98	.00	0.05, .36,	-.05
Outdoor physical activity	0.87, .39	.07	-1.01, .32	-.08	-0.34, .73	-.03
Diet	4.89, .001	.26	2.84, .005	.15	0.68, .50	.04

234

235 Controlling for demographics (Table 4), we found that participants who played an active role
 236 reported higher life satisfaction, $t(346) = 2.55, p = .01, \rho r = .14$, and WEMWBS scores, $t(335) =$
 237 $2.12, p = .04, \rho r = .10$, than those who engaged solely as consumers. There was no link between
 238 participants' roles and their Duke-AD scores, $t(344) = -0.70, p = .49, \rho r = -.04$. Those participating
 239 for longer scored higher on life satisfaction, $t(148) = 2.02, p = .04, \rho r = .16$ and lower Duke-AD
 240 scores, $t(147) = -2.67, p = .008, \rho r = -.22$. Duration of participation did not influence scores on
 241 the WEMWBS scale, $t(142) = 1.86, p = .07, \rho r = .15$. While it could be argued that participants
 242 exposed to managerial tasks (e.g. accounting or sales) may have less direct exposure to nature
 243 than growers, it is also possible that such tasks provide opportunities for the satisfaction of basic

244 needs as well as increased social interaction and thus facilitate well-being through these
245 pathways.

246

247 *H3: Mediators*

248 Participants felt more connectedness to nature than the control group ($t(339) = 4.90, p < .001,$
249 $\rho r = .26$) and also experienced greater need satisfaction around food ($t(339) = 5.18, p < .001, \rho r$
250 $= .27$). There were no significant differences between levels of physical outdoor activity between
251 participants and non-participants ($t(340) = 1.27, p = .21, \rho r = .07$), possibly because our sample
252 included participants from a wide range of local food initiatives, not all of which include a food-
253 growing component (across our sample, discounting overlaps, just under 25% of participants
254 were engaged in initiatives with a food-growing component, namely allotments and community
255 food-growing). Participants also consumed more fruits and vegetables than non-participants
256 ($t(348) = 5.36, p = .001, \rho r = .28$).

257

258 Finally, we tested for associations between levels of participation (intensity and duration) and
259 these four mediators of well-being. Those who played a more engaged role in projects
260 experienced greater connectedness to nature: $t(339) = 3.11, p = .002, \rho r = .17$, as well as greater
261 need satisfaction, $t(339) = 3.79, p < .001, \rho r = .20$. There was no link between the duration of
262 participation and psychological need satisfaction, $t(145) = 0.48, p = .63, \rho r = .04$, suggesting that
263 even short-duration engagement with local food projects provided opportunities for autonomy,
264 competence and relatedness, and associated well-being benefits. Finally, there was no link
265 between outdoor physical activity and either the intensity of participation, $t(340) = 1.30, p = .20,$
266 $\rho r = .07$, or the length of time participants engaged in local food projects, $t(145) = 1.02, p = .31,$
267 $\rho r = .08$. Greater intensity of participation (i.e. taking part as an organiser) was associated with

268 higher fruit and vegetable intake, ($t(348) = 2.86, p < .001, \rho r = .20$), probably as a result of higher
269 food and nutritional literacy and skilling, though the length of participation did not affect diet,
270 $t(149) = -0.36, p = .72, \rho r = .03$.

271

272 Because there were no statistically significant links between participation and outdoor physical
273 activity, further analysis focused only on links between diet, need satisfaction, connectedness
274 with nature and participation. Indirect effects analysis tested for a significant indirect effect
275 linking local food projects with well-being through these three proposed mechanisms
276 *concurrently*. Further, because both the act of participation and its intensity were linked to life
277 satisfaction and mental wellness (and these two indicators were themselves strongly correlated,
278 $\rho r = .68$), the two indicators of mental well-being were standardised and combined into a single
279 indicator of positive well-being.

280

281 We found that connection to nature, $t(326) = 3.92, p < .001, \rho r = .21$, psychological need
282 satisfaction, $t(326) = 5.57, p < .001, \rho r = .30$, and diet, $t(326) = 3.03, p = .003, \rho r = .17$ were
283 positively associated with well-being. Controlling for these mediators resulted in the effect of
284 local food on well-being, which we reported above, becoming non-significant, $t(324) = 0.76, p <$
285 $.45, \rho r = .04$, suggesting that it was through their impact on need satisfaction and nature
286 connection that local food initiatives influenced participants' psychological well-being.

287 Bootstrapping analysis^{65, 66} indicated indirect effects were present between participation and
288 well-being through both mediators; the estimate of the indirect effect for nature connection
289 was .097 with a 95% bootstrap confidence interval of .036 to .181, for need satisfaction was
290 .156 with a 95% confidence interval of .081 to .254, and for diet, .080 with a 95% confidence
291 interval of .025 to .158. These indirect effects support our hypothesis that involvement in local

292 food fostered a sense of well-being by encouraging people to feel a sense of connection with
293 nature, improved diets and provided psychological need satisfaction.

294

295 **DISCUSSION**
296

297 ***Main findings of this study***

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

306

307 The lack of significant differences in anxiety and depression scores between participants and the
308 control group possibly stems from the fact that the sample was drawn from the general (rather
309 than therapeutic) population. The absence of an effect does not however preclude the
310 relevance of local food initiatives within discussions of anxiety and depression amongst the
311 general public. First, in assisting positive well-being, local food initiatives may help to generate a
312 protective effect, as levels of life satisfaction and positive well-being predict the later onset of
313 depressive symptoms⁶⁷. Food-based interventions – primarily food-growing and horticulture –
314 are already well-represented in the menu of nature-based activities partaken of by the general
315 population, and provide an important means by which nature may be incorporated into *daily life*

316 and harnessed as a means of health promotion⁶⁸. Our findings support the extension of these
317 food-growing and food-related projects as a public health measure aimed at the general
318 population.

319

320 Second, the presence of symptoms of psychological distress does not preclude the enjoyment or
321 development of positive aspects such as positive affect or life satisfaction¹⁵. In other words, it is
322 possible for people experiencing mental ill-health to *also* enjoy positive mood, healthy self-
323 esteem and meaningful and enjoyable activities. For those within our sample who experience
324 intermittent or sub-clinical levels of anxiety or depression, the opportunity to participate in local
325 food projects may still enhance well-being even if levels of distress are not directly affected.

326 Finally, our results suggest that current and on-going participation increases perceptions of
327 happiness, but that for the more serious symptoms of depression and anxiety, it is important for
328 people to engage in the long term.

329

330 These findings resonate with recent evidence showing that engaging in pro-social behaviour
331 enhances well-being, likely through the mediating effects of autonomy and competence need
332 satisfaction⁶⁹. The implication for practitioners is that giving people the opportunity to
333 participate more actively, such as by rotating organisational and leadership roles, may
334 contribute to greater well-being benefits.

335

336 ***What is already known about this topic***

337 The influence of environmental ‘harms’ to public mental health have been well-studied (e.g. for
338 air quality⁷⁰; the effect of climate change on health^{71, 72}; food-borne toxins and poor diets^{18, 73,}
339 ⁷⁴), there is now a growing recognition of the potential co-benefits of sustainability for *positive*

340 *well-being*, with scholars going ‘beyond toxicity’⁷⁵, to assess the benefits of engaging with the
341 natural environment and in initiatives that seek to ‘re-green’ the human environment^{76, 77, 78}.
342 Local food initiatives are exemplars of such initiatives. Accordingly, previous studies have found
343 that direct involvement in food growing in particular has clear relevance for well-being^{4, 36, 37},
344 particularly as a result of green exercise and connection to nature.

345

346 ***What this study adds***

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

355

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

364 local food initiatives is increasingly investigated as a means of improving food self-sufficiency
365 and delivering social and environmental goals⁷⁹.

366

367 ***Limitations of this study***

368 Local food initiatives are complex interventions⁸⁰, consisting of multiple, interacting
369 components, where outcomes are sensitive to the local context and with complex causal chains
370 linking interventions with outcomes. We have made a start towards understanding the influence
371 of mediators within our sample, but do not claim to have determined the extent of reverse
372 causality – i.e. the extent to which connection to nature and high levels of well-being may be
373 predisposing engagement in initiatives such as local food projects, and what, if any measures
374 can be taken to increase participation. Instead, we have been able to present correlational
375 evidence linking the broad spectrum of local food initiatives to well-being scores on
376 standardised instruments, and highlighted the statistically significant role of three mediators in
377 driving this association within our sample. A second limitation is that given the relatively low
378 (albeit growing) numbers of participants in local food projects, our sampling approach relied in
379 part on the use of known contacts, snowballing and convenience sampling to recruit
380 respondents. Convenience sampling entails the risk of selecting a biased or unrepresentative
381 sample. We were mindful of this during our communication with gatekeepers and contacts,
382 limiting our recruitment efforts to publicising the survey and instructing email recipients to
383 spread the survey link as broadly as possible amongst their networks of participants and non-
384 participants. Combined with the use of print and social media to spread word of the survey, we
385 thus received a wide range of responses from beyond our own networks.

386

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

399

400 **FUNDING**

401 This work was supported by grants from the East of England Cooperative Society and the British
402 Academy/Leverhulme Trust Small Research Grants Scheme [SG120771]. The East of England
403 Cooperative Society funded salary costs for the lead author as a Research Officer on the project,
404 and the British Academy funded research costs associated with the project. Neither funder
405 influenced the design, execution or reporting of the study.

406 **ACKNOWLEDGEMENTS**

407 The authors extend sincere thanks to three anonymous referees for comprehensive reviews that
408 have greatly strengthened the paper. We thank the journal editor and editorial assistant for
409 their support during the submission and review process, the two funding bodies for generous
410 support and our research participants for taking the time to engage with the study. We also
411 thank Jules Pretty and colleagues at the University of Essex for collegial engagement with our
412 ideas, and Mark Cruickshank for thorough proofreading of the final version of the manuscript.

413

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