

## Perspective

# From Skills to Wellbeing: How Culinary Nutrition Education Supports Mental Health Across the Lifespan

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**ABSTRACT:** Culinary nutrition education (CNE) involves structured, experiential learning that combines cooking skills with nutrition knowledge. While traditionally evaluated for physical health and dietary outcomes, emerging evidence suggests that CNE may also confer psychosocial benefits, such as improvements in self-efficacy, social connectedness, mood, and quality of life. This perspective (1) discusses the latest evidence for the psychosocial impact of CNE across developmental stages, (2) articulates plausible psychosocial mechanisms, (3) highlights limitations in current research, and (4) proposes directions for future research, intervention design, and implementation. Overall, evidence points to potential psychosocial benefits across the lifespan, although current research quality is variable. This perspective suggests that CNE, as an experiential learning approach, may support mental health by fostering self-efficacy building, promoting autonomous decision-making, enhancing social connection, and contributing to social identity formation across the lifespan. Integrating CNE into schools, communities, and other settings has the potential to deliver scalable, equitable psychosocial benefits. Future research should further examine effects over time, dose-response relationships, and the underlying psychosocial mechanisms. CNE interventions should be evidence-based, systematically co-designed with consumers, and tailored to participants' developmental stage and needs to maximise their psychosocial benefits.

**Keywords:** Culinary nutrition education; Food skills; Mental health; Psychosocial wellbeing; Health promotion; Social connectedness

## 1. Introduction

Mental health and psychosocial wellbeing are shaped by experiences that support adaptive functioning across the lifespan, with childhood and adolescence representing particularly sensitive periods of consolidation [1,2]. During this developmental window, mental health is increasingly conceptualised not



merely as the absence of mental illnesses, but as a dynamic capacity for psychosocial functioning. This encompasses the capacity to manage life stressors, recognise personal strengths, and contribute meaningfully to one's community [3]. This shift towards a strengths-based understanding of mental health highlights the importance of interventions that actively build psychosocial capacities, rather than solely preventing or treating illness.

Culinary nutrition education (CNE) is one such possible intervention, with its impact on mental health yet to be fully established. CNE is a multifaceted intervention that integrates hands-on food preparation, nutrition knowledge, and collaborative learning [4]. Importantly, CNE extends beyond traditional food-based education, which typically focuses on cooking skills, and conventional nutrition education, which centres on knowledge acquisition. CNE is inherently social and emphasises the application of nutrition knowledge and food preparation skills within everyday contexts. It is well aligned with existing secondary school curricula (typically targeting adolescents aged around 12–18 years), with Australia [5], Hong Kong [6] and Norway [7] embedding CNE within subjects such as Home Economics [5,6] and Food and Health [7], for example. The inclusion of CNE in curricula across contexts reflects its value in supporting learning and wellbeing.

The mechanisms by which CNE may support psychosocial wellbeing can potentially be understood through Basic Psychological Needs Theory (BPNT). BPNT posits that the satisfaction of three basic psychological needs (autonomy, competence, and relatedness) is essential for psychological growth and wellbeing [8]. Within this framework, autonomy refers to the experience of volition and self-endorsement in one's actions; competence to feeling capable of mastering challenges; and relatedness to feeling connected to, cared for by, and valued by others. Consistent with BPNT, low self-efficacy and self-esteem/self-concept both contribute to and are affected by higher depression in adolescents [9], highlighting the importance of mechanisms that support these needs. Extending this to applied settings, CNE involves structured cognitive, motor, and social engagement that aligns with BPNT mechanisms. Through activities such as planning recipes and problem-solving during food preparation, participants engage in processes that can support autonomous decision making, build competence through skill acquisition and task completion, and foster relatedness through collaboration and shared experiences. These elements align with BPNT-informed mechanisms of mental health and wellbeing support [8]; however, the extent of these benefits may depend on the program's design, delivery, and the degree to which participants feel included and derive meaningful outcomes.

In parallel, Social Identity Theory (SIT) offers a framework for understanding how CNE supports social identity formation and therefore psychosocial wellbeing. Social identity refers to "a person's sense of 'who they are' based on their group memberships, with an individual's self-identity viewed in terms of meaningful relations with others in group contexts" [10,11]. Like BPNT, which posits that relatedness is one of the fundamental psychological needs, SIT suggests that group belonging and shared experiences are central to wellbeing. Aligning with SIT, interventions that built social identification were associated with reductions in anxiety and depression, alongside enhanced quality of life [12]. Through its group-based and social nature, CNE may support psychosocial development through 'in-group' cooking experiences that recognise and validate participants' identities [13], mirroring BPNT's emphasis on relatedness as a key driver of wellbeing. These benefits may be strengthened when perceptions of being 'out-group' are minimised [13]. Together, BPNT and SIT offer two potential frameworks for understanding how CNE may support psychosocial wellbeing. However, wellbeing is inherently multifaceted and may also be informed by other theoretical perspectives. Building on these frameworks, this perspective explores CNE as a potential intervention for mental health promotion and prevention.

## 2. Culinary Nutrition Education for Wellbeing Across Lifespan

### 2.1. CNE as an Experiential Learning Approach

CNE exemplifies experiential learning through hands-on culinary activities and may support core psychosocial capacities fundamental to wellbeing outlined by BPNT. For instance, it builds practical skills that foster competence in everyday food-related tasks, a focus traditionally associated with Home Economics. However, rather than being curriculum-bound, CNE is typically delivered as a flexible, community- or school-based intervention that can be adapted to diverse contexts and populations. Importantly, CNE extends beyond skill acquisition by incorporating nutrition education to improve knowledge of healthy eating. Program delivery typically includes collaborative elements, such as shared cooking tasks, which foster social interaction and collective participation, while hands-on experimentation encourages exploration, problem-solving, and personal expression. By combining knowledge and skill development with social and cognitive engagement, CNE equips individuals to make informed food choices while supporting self-efficacy and social connection. Overall, early CNE experiences lay the groundwork for the needs described by BPNT, with possible effects on wellbeing.

### 2.2. Developmental Considerations and Psychosocial Benefits of CNE Across the Lifespan

The psychosocial benefits of CNE manifest differently across the lifespan, with childhood representing a time of heightened capacity for learning and skill acquisition. Childhood, defined as the period between the end of infancy (about 2 years of age) and the onset of puberty (about 10–12 years) [14], is characterised by the development of autonomy, initiative, and industry [15]. During childhood, individuals gradually learn to assert independence, take on purposeful activities, and acquire the skills and competence needed to engage successfully with their environments. Positive experiences in childhood can yield enduring benefits for physical health [16], interpersonal behaviours, and mental health outcomes across the lifespan [17]. Accordingly, CNE delivered in childhood has the potential to offer a structured, developmentally appropriate approach to building cooking competence and food skills. A systematic review of school-based CNE programs for children (4–12 years) reported improvements in cooking self-efficacy and food literacy, with larger effects observed in interventions with more than six hours of classes [18]. Similarly, a nationally representative cross-sectional survey in Ireland found that individuals who learned cooking skills in childhood (<12 years) spent more time preparing food and were less reliant on convenience foods or takeaway in adulthood than those who learned during adulthood (18+ years) [19]. Furthermore, compared to adult learners, both children and adolescent learners demonstrated greater food skills and confidence, more frequent cooking practices, more positive attitudes toward cooking, and better overall diet quality and general health [19]. Together, these findings illustrate that early exposure to CNE can establish durable behavioural and psychosocial foundations crucial to wellbeing.

Adolescence, defined as the years between the onset of puberty and the beginning of adulthood [20], spans from 10 to 19 years of age [21]. It is a critical period for psychosocial development, during which individuals experience biological and sexual maturation, the formation of personal identity, the development of capacity for intimate sexual relationships, and the building of independence and autonomy [22]. This stage is marked by heightened sensitivity to social and experiential learning, with meta-analytic evidence showing that self-related capacities, such as self-efficacy, self-regulation, and social competence, are linked to lower depression mental health outcomes in adolescents [9]. A nationally representative survey in New Zealand found that adolescents with greater self-reported cooking ability had lower depressive symptoms, greater mental wellbeing, and stronger family connections when compared to peers with less cooking ability [23]. These psychosocial benefits may align with BPNT through the potential development of competence and autonomy. In addition, a 2025 systematic review highlighted the potential short-term psychosocial benefits of school- and/or community-based culinary education programs for adolescents,

through enhancing relatedness and social identity formation [4]—mechanisms directly aligned with BPNT’s need for relatedness and SIT’s emphasis on group belonging and social connectedness. Collectively, these findings suggest that CNE provides an approach to strengthen psychosocial capacities in adolescence, laying the foundation for continued wellbeing into adulthood.

Adulthood is the period during which full physical growth and maturity are attained and when biological, cognitive, social, and personality changes emerge. During adulthood, identity integration continues through the navigation of increasingly complex social and occupational roles [24,25]. This ongoing developmental process can align with Antonovsky’s Salutogenic Model, which emphasises a sense of coherence, defined as perceiving life as comprehensible, manageable, and meaningful; and conceptualises General Resistance Resources as the characteristics of individuals, groups, or communities that facilitate effective coping with stressors and promote the development of a sense of coherence [26]. This framework complements BPNT and SIT by offering an additional lens through which CNE may be understood as a General Resistance Resource that supports stress-buffering and sense of coherence, with evidence indicating that its psychosocial benefits extend beyond dietary change. A 2018 systematic review reported that cooking interventions in inpatient and community settings were associated with improvements in socialisation, self-esteem, quality of life, mood, and affect among adults [27]. Consistent with these findings, a 2019 review reported that cooking interventions were linked to enhanced self-efficacy among adults [28]. As individuals move into older adulthood, processes of identity integration, social engagement, and competence development are ongoing. However, they are re-shaped by a changing landscape of age-normative social roles, functional capacity, and opportunities for social participation and contribution, in line with Identity Integration Theory [15]. Engagement in baking or cooking activities in older adulthood has been associated with lower odds of depressive symptoms, highlighting the potential protective role of purposeful, skill-based engagement with food [29]. Overall, these findings suggest that culinary activities represent accessible, socially embedded opportunities that support competence, social participation, and shared purpose, which may promote psychosocial wellbeing and adaptive functioning across the life span.

### **3. Implications for Research, Intervention, and Implementation**

#### *3.1. Research Implications*

CNE may serve both preventive and promotive roles in mental health across the lifespan and therefore warrants consideration as a potential intervention strategy. Longitudinal studies are beneficial for determining whether psychosocial gains persist over time and for establishing the temporal relationships and sequences of effects on mental health. Incorporating mediation and moderation analyses will clarify the mechanisms through which culinary activities enhance wellbeing. Examining dose parameters, such as session frequency and total instructional hours, may help identify the level of engagement required to achieve meaningful psychosocial outcomes.

The benefits of culinary programs can be influenced by multiple factors across levels. At the individual level, the feasibility and acceptability of CNE interventions can be shaped by personal factors, with time availability, financial concerns, and caregiving responsibilities identified as some of the barriers to cooking (even without the education aspects); whereas accessibility is more specifically relevant to participation in CNE interventions [30]. At the community level, contextual factors such as perceived safety and broader health needs may further shape participation and implementation [30]. Social environments, cultures, and norms also influence dietary preferences and food choices [31]. To ensure the program effectively meets participants’ needs, future research should explore context-specific adaptations, including tailored curricula and age-appropriate designs. Co-design and participatory approaches could be used to ensure CNE programs are inclusive and acceptable, with the potential to produce meaningful and sustainable benefits across diverse populations.

### 3.2. Intervention Design

CNE programs should be designed to support key psychosocial processes by embedding opportunities for autonomy, competence, relatedness, and identity formation throughout the curriculum [4]. While developmental considerations provide guidance on age-appropriate approaches, there is no one-size-fits-all solution, and program design must be tailored to the needs and contexts of specific populations to maximise its feasibility, acceptability, and effectiveness. Specific to young people (aged 12–25), evidence further underscores the need for approaches that recognise and accommodate their distinct clinical, neurobiological, and psychosocial needs [1]. Achieving this requires multiple stakeholders, such as researchers, health professionals, and consumers, to ensure the relevance and adaptability of interventions [32]. Structured frameworks can support this adaptation process by providing systematic guidance for modifying evidence-based programs while preserving their core components, maintaining fidelity, and aligning content with local needs and resources. One such framework is the ADAPT Guidance, a tool specifically developed to support the systematic adaptation of evidence-based interventions [33]. Applying such frameworks enhances the likelihood that CNE interventions are applicable, effective, and scalable across diverse populations and settings.

To capture the full impact of CNE, interventions should measure psychosocial outcomes alongside traditional nutrition and behavioural metrics. A 2025 umbrella review highlighted the need for stakeholder-informed, context-aware standardisation of outcome reporting in school-based nutrition programs to improve comparability of findings, support evidence synthesis, and facilitate translation into policy and practice [34]. Validated tools such as the Warwick Edinburgh Mental Wellbeing Scale [35], PsyCheck [36], and the University of California and Los Angeles Loneliness scale [37] may be considered in this context, depending on the developmental stage of participants. Complementing outcome measurement with rigorous process evaluation, such as program fidelity, participant engagement, group dynamics, and facilitator training, can provide insight into how and why interventions succeed, supporting continuous program adaptation.

### 3.3. Implementation

Across the lifespan, CNE can be conceptualised as both a mental health prevention and promotion strategy within an upstream public health framework. The World Health Organization defines disease prevention as measures that reduce exposure to risk factors, prevent disease onset, arrest its progress, and reduce its consequences once established [38]. In contrast, health promotion is defined as the process of enabling individuals to gain greater control over, and improve, their health [38], reflecting a strengths-based, upstream orientation. Evidence demonstrated that school-based social and emotional learning programs that integrated competence promotion and youth development frameworks to reduce risk factors and foster protective mechanisms produced significant improvements in students' social and emotional skills, attitudes, behaviour, and academic performance compared with control conditions, from kindergarten through high school [39]. Importantly, these benefits are sustained over time; a meta-analysis of follow-up outcomes assessed between 6 months and 18 years post-intervention found enduring benefits in social-emotional skills, attitudes, and indicators of wellbeing [40]. Accordingly, by engaging participants in experiential activities that integrate practical skill development with social interaction, CNE may foster psychosocial resources that support adaptive functioning and wellbeing over time. These resource-building processes align with life-course models of mental health, which posit wellbeing as the cumulative product of repeated opportunities to develop competence, autonomy, and social integration [41] rather than merely the absence of disorder. This positions CNE as a form of salutogenic health promotion, oriented toward strengthening the conditions that sustain wellbeing. As such, CNE aligns with approaches outlined in the World Health Organization Comprehensive Mental Health Action Plan 2013–2030, which prioritises the

implementation of strategies for universal mental health promotion and targeted prevention for populations at elevated risk [42].

Realising CNE's health promotion potential may depend on where and how it is delivered. While the home environment is a natural context for early culinary learning and early acquisition of cooking skills is associated with more durable culinary competence [19], reliance on it alone has notable limitations. For instance, family-based learning opportunities are unevenly distributed, partly due to a decline in regular home cooking and the tendency for culinary knowledge to be shared primarily through mothers [19], which risks limiting intergenerational knowledge transfer and perpetuating inequities in skill acquisition [19]. Embedding CNE within broader contexts such as schools, communities, and workplace settings is essential. Within schools, CNE can be integrated into existing health and wellbeing curricula, such as Home Economics, using existing facilities. Embedding CNE into schools supports cumulative skill-building, and peer learning, and allows programs to reach larger groups while aligning with existing learning outcomes such as health literacy, teamwork, and problem-solving. Integrating activities into the school day also creates repeated opportunities to practise desired behaviours and model social norms, which may increase the likelihood of sustained dietary and psychosocial benefits.

Beyond schools, community and workplace programs broaden the reach and impact of CNE. Evidence indicates that community-based CNE initiatives improve social interactions [43] and confidence in cooking [44]. In the workplace settings, wellness programs incorporating CNE have been associated with higher cooking self-efficacy, greater comfort in the kitchen, and improved overall wellbeing [45]. Cross-sector collaboration between education, public health, and mental health services may further strengthen sustainability by aligning goals, sharing resources, and embedding routine evaluation. Therefore, CNE may represent a potentially scalable and context-sensitive approach to improving nutrition and psychosocial wellbeing across diverse settings.

#### **4. Conclusions and Future Directions**

CNE represents a strengths-based, theory- and evidence-informed approach to mental health promotion and prevention. By fostering autonomy, competence, relatedness, and social identity formation and integration, such programs may support psychosocial development across the lifespan. Further longitudinal and interdisciplinary research integrating CNE with mental health outcomes is needed to clarify mechanisms and optimise intervention design across contexts. Future work should examine developmental and contextual adaptations, assess long-term psychosocial and functional outcomes, and explore the integration of culinary programs within broader health promotion strategies. Framing CNE through a developmental and psychosocial lens positions it as a potential vehicle for supporting mental health and wellbeing across the lifespan.

#### **Statement of the Use of Generative AI and AI-Assisted Technologies in the Writing Process**

During the preparation of this manuscript, the authors used ChatGPT to refine sentence structure and improve clarity. The intellectual content, ideas, and conclusions are entirely those of the authors, and appropriate citations were added where relevant. The authors reviewed and edited the content as needed and take full responsibility for the published article.

#### **Author Contributions**

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Not applicable.

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Not applicable.

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Not applicable.

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## Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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