



Exercise and life satisfaction: the case of Parkrun

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Lim (2021) pointed out that “there is growing evidence of a beneficial relationship between exercise and immunity in recreational individuals [J-shaped curve]” However “given the hypothesis that a moderate training load is associated with lower risks... certain individuals may push themselves, overdoing exercise and developing an unhealthy obsession with physical fitness.” Certainly among elite athletes and professional sports players there is ample evidence of both mental and physical stresses and disorders, not to mention the disorders directly resulting from brain injuries among players of contact sports [definitely an S-shaped curve]. The late Spike Milligan was, perhaps, correct in saying “Rugby ought to be strictly a spectator sport. No-one should play it.”

While accepting that, as with most human activities, excess is unhealthy, it is very clear that moderate exercise is good for both physical and mental health. Bergman et al. (2024), for example, noted that “exercise protects against somatic comorbidities and positively affects cognitive function” and that “exercise has a positive effect on psychiatric symptoms... depression and anxiety as well as on cognitive function.” Patients with severe mental illnesses are at increased risk from somatic disorders, so their life expectancy is far lower than that of the general population. Patients with mental disorders tend to have lower levels of physical activity. Bergman notes that the reasons for this are multidimensional, including both social and environmental factors – disorders in themselves can create apathy, institutionalism can discourage activity, some drugs have the side-effect of inducing inactivity, and illness may discourage patients from going out and meeting other people. Even quite moderate amounts of exercise can clearly make a difference. Orleans-Pobee et al. (2022) noted that a simple programme of gentle walking exercises can make “modest improvements in key parameters for individuals with schizophrenia...” Premature mortality in individuals with schizophrenia is largely due to high rates of chronic health conditions, so anything that can improve these is worth considering.

It is difficult to separate out the effects of physical exercises such as walking or running, from the effects of the environment in which the activity takes place. If people with mental disorders live or spend their days in a place which is noisy and polluted, and the walk or

run is in an area which is green and quiet this can, in itself, make a difference (Guha, 2022). If the residential location is near a main road frequented by emergency services, while the walk is in a quiet park, the difference will be quite considerable. Emergency service sirens (fire, police, ambulance) cause stress – that is what they are designed for. Much of the built environment is not conducive to mental health (Guha and Channon, 2020). This association between mental health and the natural environment has, of course, been recognised for a long time. Burton (1651) was not the earliest advocate of the benefits of access to the natural environment when, in *The Anatomy of Melancholy* he recommended “deambulo per amoena loca” [strolling amid pleasant scenery] as an aid to the treatment of what would now be called anxiety and depression.

Team-based sports would, on the face of it, appear to be especially useful for people with some mental disorders, encouraging a feeling of co-operation and group cohesiveness, as well as providing a level of physical exercise. Llewelly et al. (2022) rather tentatively explored the results of a programme of football sessions held in Welsh community centres, finding that, though the association between mental health and participating in a team-based sport is unclear, “individuals who participated in the programme reported psychosocial and physical benefits, such as improved mental health, improved social confidence and having a sense of purpose added to their day-to-day living,” clearly demonstrating the positive effects of sports-based therapy for some, but by no means all, people suffering from mental disorders.

It is, of course, not just patients who might benefit from outdoor physical activities: the same also applies to the clinicians themselves. An interesting study of the self-reported physical activity levels of delegates to the Royal Australian & New Zealand College of Psychiatrists annual conference 2017 showed that, “of 73 delegates, no less than 46 did not meet the Australian recommended guidelines for physical activity” (Fibbins et al., 2020). Psychiatry is, notoriously, one of the few medical specialities that can be practiced while sitting down, but this seems a clear case for “physician heal thyself.” Would psychiatric practice be better if psychiatrists got out more?

Parkrun

Parkrun is now an international movement, which has grown to have some 10 million participants, in thousands of locations world-wide, starting from its humble beginnings in 2004 as the “Bushy Park Time Trial” with thirteen runners and three volunteer marshals. Participants register on a central database and receive a barcode. No payment is involved – the minor costs of maintaining the website etc., are met from charitable donations. After registering, all they need to do is turn up at any parkrun world-wide, wait at the start line, run or walk a 5k route, and show their barcode at the finishing line to receive a confirmation of their personal time, or, if they don’t want to be entered on a database, just turn up and run or walk, without getting a personal timing. Scarcely surprisingly there is a high drop-out rate – an estimated 22% of the people who register only attend once, and 44% attend “only occasionally. A systematic review showed that, perhaps counter-intuitively, individuals with non-running backgrounds generally had much higher levels of participation (Peterson et al., 2022). Presumably, individuals with running backgrounds tend, on the whole, to have a more competitive attitude, even when not actually taking part in a race.

Parkrun is most definitely not a race. In 2024 a deliberate decision was made to remove some performance statistics from the parkrun web-site, to make it seem less competitive and therefore more open to potential participants with limited experience or ability. All the organisers, time-keepers, course marshals etc are volunteers, making Parkrun, like Wikipedia, a prime example of “peoples innovation”, driven by users rather than by producers, by volunteers not by professionals. Surprisingly perhaps, parkrun volunteering in itself appears to carry some health benefits (Haake et al., 2022a). Ashdown-Franks et al. (2023) surveyed 1661 parkrun participants with mental health conditions, and found statistically significant differences between those who just ran or walked, and those who also volunteered. Participants reported that volunteering made them feel more part of a community and facilitated meeting new people on an informal basis. Ashdown-Franks et al. concluded that “it is not simply the physical engagement in recreation that may play a part in recovery, but also the volunteering aspect.” On a personal note, I haven’t benefitted so much from meeting people on an informal basis because I run so slowly that by the time I reach the finishing line nearly everyone has gone home, except the volunteer timekeepers. I console myself with the fact that, according to Peterson et al, the physical and mental health benefits appear to be the same regardless of running time.

Cost/benefits and life satisfaction

There are various ways of measuring life satisfaction: it is clearly associated with age, education, marital status,

and, especially, health (Fernandez & Kulik, 1981). A measure of life satisfaction can be used to evaluate the economic value of initiatives like parkrun, using the “Wellbeing Adjusted Life Years [WELLBYs] approach advocated by Sport England, using UK Treasury guidance [<https://www.sportengland.org/news-and-inspiration/sport-and-physical-activity-generates-over-100-billion-social-value>]”. In this a life satisfaction change of one point per person per year was worth between £10,000 and £16,000 at 2019 prices (Layard & Oparina, 2021). At 2024 prices Haake, Hext & Benkowitz (2025) estimated that the benefit of completing 39 parkruns in a year was £75 per person, while the associated increase in activity was estimated at £137 per person, giving a total of £212. For the 969,478 UK participants in 2024 they estimated a total value of £462.7 million. Given that nearly all the organisation and administration are done by volunteers, and that public parks and footpaths are not normally charged for, the total cost of the operation is very small, so the benefit to the British economy of having a slightly healthier population is quite considerable.

It would, obviously, be an advantage to extend these benefits to a wider population. At the moment, participation is skewed towards the whiter and more affluent, in spite of being free and open to all. A comparison of two parkruns in the most prosperous and least prosperous areas of Sheffield showed that the prosperous area attracted five times the number of participants (Haake et al., 2022c). Parkrun Ambassadors have tried engagement strategies varying from opportunistic promotion to strategic interventions at higher community decision-making levels. Working with and alongside community-based health initiatives might contribute to greater levels of participation (Quirk, 2024). It is debatable whether “social prescribing” by general practitioners would help or hinder participation.

Medicalisation and commercialisation

Given the clear physical and mental health benefits, it is scarcely surprising that physicians have been encouraged to prescribe parkrun as a “simple cost-effective solution for sustainability, improving wellbeing, reducing loneliness and disease prevention” (Khanji et al., 2022). An online survey of over 45,000 parkrun participants, supported by the Royal College of General Practitioners [RCGP], found that approximately 10% of participants had at least one long-term health condition – specifically noting arthritis, obesity, depression, hypertension, chronic pain, anxiety, type 2 diabetes and asthma (Haake et al., 2022b). The health benefits of participation are so obvious that the Royal College of General Practitioners developed an initiative to link general practices to local parkruns

(parkrun practices: Prescribing parkrun | RCGP Learning), and are encouraging GPs to “prescribe parkrun not drugs” (Iacobucci, 2018). This has raised controversy: “Prescribing encapsulates power and command – “I have the authority to prescribe...” Turning parkrun into a prescription makes it less about pleasure and fun, more like work and compliance. This approach does not support patient autonomy or embedding social resources for a community. Instead it grapples with gatekeeping and, literally, medicalises a walk in the park” (McCartney, 2025). On the other hand such social prescribing could be taken as exemplifying the demedicalisation of health provision, and that framing community physical activity as a prescription may encourage participation among marginalised groups (Al-Zubaidi & Fallows, 2025). This is, perhaps, part of a growing awareness among general practitioners that many of the problems they have to deal with are, at the very least, exacerbated by living in an unhealthy society.

Coupled with this is the issue of commercialisation. Ever since it started parkrun has been encircled by commercial organisations anxious to cash in on a market for health insurance, sports wear, vitamin supplements etc. (For most of the year a 5k walk or run in the park should generate a day’s supply of vitamin D without the need for supplements). Most of the organising of parkruns is done by volunteers, but there are costs involved in maintaining the data base, and buying minor items of equipment – course marker flags, volunteer tabards etc, which have to be met while fending off would-be sponsors.

To summarise then: An obsession with fitness can be unhealthy, and contact physical sports can, sometimes, have severe long-term effects. However there is an enormous and ever-growing collection of evidence that both mental and physical health are affected by the environment – getting out of doors in natural surroundings, as far as possible away from the sound and pollution of traffic is good for you. A moderate amount of physical exercise is very good for both physical and mental health. Taking part in non-competitive communal activities, away from commercial interference and, perhaps, not relying overmuch on medical prescription is very good for mental health. Parkrun would appear to exemplify all of these.

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