

Run Clubs as Mental Health Interventions: A Study of Psychological Well-being, Social Connectedness, and Community Running among Urban Youth in India

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Abstract

The mental health issues faced by Indian urban youth such as anxiety, depression, and social isolation are increasing with the growing screen time and the decrease in face-to-face interactions with the community. The community run clubs, a combination of structured physical activity with social interaction, have appeared as a low-cost, accessible intervention that simultaneously addresses physical and psychological well-being. This paper investigates the psychological benefits of attendance at run clubs on the mental health of Indian urban youth, and explores the correlation between social running, psychological well-being, community belonging, and behavioural consistency. Based on communication and behavioural theories such as Social Identity Theory, Theory of Planned Behaviour, and Cultivation Theory, with reference to the empirical evidence of the literature on parkrun studies, clinical psychology and literature on public health, this paper argues that run clubs should be considered informal yet effective mental health interventions. The study points to a motivation-behaviour gap, in which the young people report that they value mental wellness, but do not always pursue evidence-based strategies, as a way to bridge this gap. Recommendations are given to urban planners, wellness educators, mental health advocates, and fitness communities looking to tap into community running as a scalable and inclusive tool of public health.

Keywords: Run Clubs, Mental Health, Social Connectedness, Community Running, Indian Youth, Well-being, Anxiety, Depression, Physical Activity.

INTRODUCTION

Mental health has emerged as one of the most eminent public health issues of the urban youth population in India. Depression and anxiety disorders are listed as some of the major causes of disability worldwide with young adults aged 18-30 being disproportionately affected. The increased burden is further exacerbated by the high rates of urbanisation, academic and professional pressures, over exposure to social media, and the degradation of traditional community structures that previously offered informal social support.

It is against this backdrop that clubs run by communities have come out as a very surprising yet very strong response. A run club is a collective of people who meet regularly - usually once a week - to run together, at whatever speed, fitness or otherwise. Although the physiological advantages of running are well-known, the psychological health benefits of

running in a social group setting represent an unexplored but distinct dimension of community health. The psychological benefits of exercise that are magnified by the social scaffolding of a run club (the accountability, camaraderie, and shared purpose) cannot be achieved by solo running.

The urban youth in India are in a unique position to take advantage of this model. They are digitally linked, are becoming more health conscious, and are craving the real in-person community. However, they are not well served by formal mental health infrastructure, which is both expensive and stigmatised as well as unevenly distributed. Run clubs represent another channel: free or low-cost, stigma-free, and ingrained into daily life.

This study aims to learn how and why run clubs are used as a mental health intervention among Indian urban youth, what psychological processes they engage, and what hinders their greater use. The paper also focuses on how the concepts of consistency, peer accountability, and outdoor environment relate to the mental health outcomes of community runners.

RESEARCH PROBLEM

India is experiencing a mental health crisis that is poorly equipped by its healthcare system to respond to. The National Mental Health Survey of India (2016) was able to estimate that almost 150 million Indians need mental health care, but less than 30 million get any kind of treatment. The levels of anxiety, depression, and social isolation among the youths have increased after the COVID-19 pandemic, which disrupted mass educational, social, and physical routines.

Meanwhile, levels of physical inactivity have been higher than ever among urban Indian youth. Although there is now a greater awareness among the population of the benefits of exercise, most young people do not achieve the recommended 150 minutes of moderate physical activity per week, as recommended by the WHO. The barriers, namely lack of motivation, absence of social accountability, unsafe or inaccessible outdoor areas, and time constraints are well known but not sufficiently addressed by the current public health campaigns.

Run clubs fall in the overlap of these two crises. They are neither gym nor therapy nor academic programme but they meet the fundamental needs that all three are focused on. Nevertheless, the knowledge of run clubs as a mental health intervention is poorly developed among Indian youth, and the evidence base of run clubs in terms of mental health benefits has not yet been synthesised in the Indian context.

The present study has filled in a critical gap: although the international literature on social running and mental health has developed, there is limited scholarly research on how community run clubs could be used as a mental health tool among Indian youth in urban areas, and what are the most therapeutically important characteristics of run clubs.

OBJECTIVES

To explore the mental health advantages of frequent attendance to community run clubs amongst Indian urban youth.

To find out the contribution of social interaction and belonging to community in increasing the psychological impact of running.

To determine the most important psychological processes, such as mood regulation, anxiety reduction, and development of resilience, which social running activates.

Aim: To examine how run club attendance consistency is related to prolonged mental health outcomes.

To investigate barriers to participation among Indian youth and suggest ways of how to make community running more inclusive and accessible.

RESEARCH QUESTIONS

1. What are the main mental health gains to be observed when Indian urban youth are engaged in community run clubs?
2. What is the difference and improvement of social interaction in a run club set-up over single running?
3. Which psychological processes underlie a connection between community running and better mental health?
4. What is the association between consistency of run club attendance and mental health outcomes?
5. Which structural and social characteristics of run clubs render them effective informal mental health interventions?

LITERATURE REVIEW

The association between physical activity and mental health is among the most well-substantiated discoveries in health psychology. A 2023 systematic review in *The Lancet* affirmed that regular physical activity is linked to a very low risk of depression and anxiety. It is noteworthy that the MOTAR study in the Netherlands (n=141) found that running as an intervention produced similar effects on the depressive symptoms of those who received it, as did antidepressant medication - which has since incited renewed interest in exercise-based mental health interventions across the globe (eClinicalMedicine, 2025).

Most importantly, but, the study is more and more indicating that social context is a key moderating variable. It was found by the American Journal of Public Health (2025) that what makes a run club a better choice than solo running is the social interaction: the accountability structures, shared identity, and community bonds that are formed through regular attendance at group activities. Longitudinal review of social connectedness research found that the strong social support networks protect adults against depression and anxiety disorders, with community belonging emerging as a key protective factor (Wickramaratne et al., cited in AJPH, 2025).

The parkrun programme the free, weekly, timed 5km community run, boasts the largest real-world evidence base of the mental health impact of social running. A 2024 survey of 78,662 UK parkrunners found that health status, specifically mental health had the largest non-linear effect on life satisfaction of any variable measured (Haake, Hext & Benkowitz, PLOS Global Public Health, 2025). A six-month longitudinal study of parkrun participants found that the level of life satisfaction improved significantly after joining, moving the participants, who were below the national average at baseline, above that average (PLOS Global Public Health, 2024).

A cross-sectional survey of 60,000 participants of a community run event found those with pre-existing mental health conditions (primarily depression and anxiety) were more motivated than participants with no health issues to join a community run event to manage their condition. They started with lower scores on their mental wellbeing scales but

converged to the normal range of population with consistent participation, indicating a buffering effect of therapy (Dunne et al., IJERPH, 2021).

A number of theoretical frameworks can explain these findings. The Social Identity Theory (Tajfel and Turner, 1979) is the theory that states that membership in a social group is a basic contributor to self-concept and self-esteem. Run clubs generate group identities - through shared goals, collective rituals, and mutual support - which provide a sense of belonging which protects against depression and social isolation. This is especially relevant when it comes to Indian urban youth who have to cope with identity formation in the rapidly shifting social environments.

The reason behind the higher adherence to group-based exercise than to individual exercise is explained in the Theory of Planned Behaviour (Ajzen, 1991). The intentions to exercise are reinforced when they are institutionalized in the social norms and are backed by peer pressure. A member of a run club will be more likely to turn up on a cold morning, not because he or she has the strength of willpower, but because other people expect it of him or her, and because he or she is socially rewarded by doing it.

The Cultural Industry Theory (Gerbner, 1969) provides a prism through which one can understand how the run club culture when maintained over time may lead to a change in the self-perception and worldview of those participating in the culture. The gradual normalisation of the well-being practices and the re-framing of exercise as something other than a chore but a marker of social identity gradually normalises the well-being practices and re-frames the concept of exercise as something not to be treated as a chore but as the marker of the social identity.

Lastly, the notion of green exercise, which is physical activity in natural settings, provides an extra dose of psychological value. Environmental psychology studies have continually revealed that outdoor exercise produces more mood enhancement and stress reduction than indoor activities, as a result of exposure to natural light, reduced cortisol levels due to exposure to natural stimuli, and the restorative effect of open spaces (Barton and Pretty, 2010). The majority of run clubs are held outside which increases their therapeutic value.

RESEARCH GAP

Although the international evidence base on social running and mental health is expanding, current research has multiple gaps which the current study fills:

Most of the studies are carried out in Western settings (UK, Netherlands, USA) and cannot be directly applied to the Indian urban environment where cultural attitudes towards mental health, exercise and gender norms as well as community are vastly different.

The literature in the mental health field of running is mostly centered around individual running as opposed to the group dynamics and community processes unique to run clubs.

The research on the functioning of run clubs among the people with different socioeconomic statuses in Indian cities has not been extensively researched.

The impact of digital community-building, e.g. WhatsApp groups, Instagram communities, etc., on the continued participation in run club and downstream implications on mental health has not been studied.

The interface between run clubs and existing mental health stigma in India, and how the physical and social framing of run clubs circumvents the stigma, has not been investigated.

METHODOLOGY

This research paper uses descriptive style of research to investigate the mental health benefits of community run club participation among Indian urban youths aged between 18 and 30 years. The descriptive method is suitable since it allows the systematic collection and analysis of data regarding the experiences, perceptions and behaviours of the participants without manipulating variables.

The target group is Indian urban youth who are current and former members of a community run club as well as young people who are aware of run clubs but not yet members. The geographical area of interest is on Tier-1 Indian cities such as Bengaluru, Mumbai, Delhi, Hyderabad and Chennai, where the run club culture has been increasing at the fastest rate in the recent years.

Participants were selected through convenience sampling as the study had practical limitations due to the use of students as the participants. A structured questionnaire was used to collect primary data using Google Forms and incorporating both closed and Likert-scale questions. The questionnaire was subdivided into sections that covered: demographic background, current levels of physical activity, mental health self-assessment, history of participation in run clubs, perceived social and psychological benefits of running in groups, and barriers to sustained participation.

Secondary data was obtained based on what the parkrun Research Board published as well as what the WHO published as the official guidelines on physical activity in terms of public health.

Open-ended survey questions where the respondent was invited to describe their personal experience with regard to community running and its effects on their mood, stress and sense of belonging were used to gather qualitative insights. These answers were thematically analysed.

FINDINGS

The primary and secondary data analysis results in several important conclusions regarding the fact that community run clubs and the mental health of Indian urban youth are connected.

Exercise Gap and Mental Health Awareness.

About 71% of the respondents indicated that they had experienced moderate to high levels of stress, anxiety or low mood in the last six months. Nonetheless, in terms of regular physical activity, only 34 percent admitted to any kind of regular physical activity. This disparity between the need to work on mental health and the behaviour of physical activity is the motivation-action gap identified in the literature of the Theory of Planned Behaviour. Interestingly, respondents who were asked what prevented them regular exercise, the most frequent responses were lack of motivation (58%), lack of social support (47%), and absence of a structured community (41%).

Perceived Advantages of Run Club Doing.

Among respondents who had attended a run club, 84% stated that they felt better after sessions, 76% stated that they felt less anxious and 69% stated that they felt more belonging and connected. These numbers were significantly greater than those of solo runners, 52% of whom said they felt better and only 31% of whom said they felt less anxious. The social

aspect of run clubs running with other people, post-run discussions, WhatsApp check-ins became the most frequently mentioned reason behind these high outcomes.

Social Connectedness and Belonging.

The study found a strong correlation between frequency of run club attendance and self-reported sense of belonging. The respondents who attended three or more times per month obtained much higher social connectedness scores as compared to the respondents who attended less frequently. This is in line with longitudinal research that has demonstrated that it is the regular participation in the community that does not occur as a one-time event but that produces lasting gains in mental health. Some of the qualitative answers explained that the run club was their main face-to-face social group, especially in the respondents who had just moved to a new city.

Accountability and Consistency

One of the most important findings was a contribution of social accountability that contributed to the consistent participation. Three out of every four run club members said that their awareness of being expected to turn up by others was one of the main motivating factors that had helped them stick to their running habit. This result justifies the use of the Theory of Planned Behaviour to group exercise: social norms in a community produce a strong impact on behavioural intentions of individuals.

Barriers to Participation

Although perceived benefits were strong, there were numerous barriers to run club participation identified. The most frequently mentioned were: the safety of the women when running early mornings or late evenings (63% of female respondents), perceived pace-based marginalization or harassment by the faster runners (49%), lack of awareness about the local run clubs (38%), and time constraints of the work or academic schedules (44%). The results of this discussion suggest that despite the mental health argument in support of run clubs, structural and perceptual barriers are still of great concern.

Stigma Bypass Effect

One qualitative observation that stood out was what the respondents referred to as the stigma bypass attribute of run clubs. Several of the respondents said that they would not even think of attending a therapy session or mental health supportive group, but they would be completely comfortable attending a run club - though they did admit that the mental health benefits is a major factor in their decision to attend a run club. This is to suggest that this physical framing of run clubs enables participants to access community based mental health support without facing the stigma of explicitly mental health labelled interventions.

DISCUSSION

The results of this paper provide a strong argument in support of community run clubs as informal yet effective mental health services in support of Indian urban youth. They also pose some pertinent questions concerning how these benefits could be maximised and made available to a larger number of people.

The difference between the mental health need and the physical activity behaviour that was detected in the data represents the pattern that has been well-documented in the global literature: knowing that the exercise is good does not automatically translate into doing it. This gap is explained in the Theory of Planned Behaviour (Ajzen, 1991) as the concept of perceived behavioural control - individuals may not lack information, but the structural support to transform

intention into action. Direct attempts to solve this issue would include run clubs, which would incorporate exercise within a social agreement. The others looking over your shoulder, the mutual calendar, the WhatsApp notification at 5:45am - these are not accidental characteristics of a run club. They form the fundamental mental health process.

The fact that the AJPH (2025) identified as central to the therapeutic effect of running is dramatically supported by the fact that the rates of mood improvement and anxiety reduction under the influence of run clubs are significantly higher than when it comes to solo runners. There is a lot of implication concerning the prescription of exercise as a mental health approach. Such generic prescriptions as to exercise more can be much less effective than tailor-made recommendations to join a structured social running community.

The finding of belonging is enlightened by the Social Identity Theory. When participants refer to a run club as their people, or first community I have found in this city, they are describing the development of a group based identity which in turn is protective of depression and social isolation. To the Indian youth that have either migrated to be educated or work, which is rapidly increasing in all the cities in India such as Bengaluru, Pune, and Hyderabad, this community-formation role may be as valuable as any neurochemical impact of the physical activity involved.

It is possible that the most policy-relevant finding of this study is the stigma bypass effect. In a nation where stigmatisation of mental health is a major barrier to help-seeking, run clubs are a rare source of help-seeking; a socially normalized, physically framed, community-based space in which emotional well-being can be improved without any explicit labelling of mental health. This is what makes them uniquely suited to the Indian context where the social cost of being seen to have a mental health problem is an even greater deterrent to help-seeking behaviour across all demographic groups.

The obstacles highlighted such as the safety concerns of women and pace-based intimidation are the areas where run club organisers and urban authorities should intervene to make sure that the mental health benefits of community running are fairly distributed. An implicitly competitive run club that is de facto and male dominated, does not serve as an inclusive mental health resource.

CONCLUSION

This study explored the use of community run clubs as a mental health intervention of the Indian urban youth basing on primary surveys data and a review of the international literature on mental health intervention, clinical psychology, and social behaviour. The results confirm that run clubs provide a potent, accessible and non-stigmatizing avenue to enhanced psychological well-being - one that integrates the neurochemical benefits of aerobic exercise with the social and identity benefits of community belonging.

The research indicates that the key mechanism which transforms a personal intention to health into a lasting behaviour is social accountability. It is other people who make participants revisit, their expectations, their encouragement, their collective rhythm. It is consistency, rather than any one session, which yields long-term mental health benefits.

The stigma bypass effect that has been identified in this research has significant implications to Indian mental health policy. In a time when the formal mental health system is already saturated and stigma remains a powerful force, community based clubs are providing an alternative infrastructure of mental health: one that is already in place in most major Indian cities, is already low cost to operate and requires no clinical expertise to join.

Yet, to realise this potential, there needs to be action taken. Run clubs should be structured so as to be inclusive rather than competitive. Women need to be better equipped in terms of safety infrastructure. The awareness campaigns should target the youth who are struggling yet do not know that a run club can be of help. And the mental health fraternity needs

to start to realise community running as not a trendy lifestyle activity, but as a valid and evidence-based community-based intervention programme.

To sum up, the run club is not just a fitness club. To most of these urban Indian youth, the community they were seeking, the accountability they needed and the mental health assistance they did not realize they were getting.

RECOMMENDATIONS

According to the findings and conclusions of this research, the following recommendations are suggested:

Urban mental health advocates and NGOs can collaborate with the existing run clubs to formalise their involvement as community mental health resources, but not medicalise or stigmatise the experience.

- Run organisers at run clubs must explicitly embrace the use of inclusive design: multiple pace groups, onboarding for beginners, women-only run options, and friendly language, which stresses participation over performance.

The urban planners and city governments should invest in safe, lit, publicly accessible running infrastructure, especially in areas with high density of youth, to reduce the safety barriers to women and first-time runners.

Universities, colleges and employers should also encourage or sponsor run clubs as part of student and employee well-being programmes, with awareness of evidence base of their mental health impact.

Mental health professionals are recommended to consider social prescribing of club run locally as a complement to clinical care and particularly in patients presenting with mild or moderate depression, anxiety or social isolation.

Further studies are required to investigate the long-term mental health consequences of continuing run club membership in the Indian context, the relative effect by gender, income, and city size, and the involvement of digital community tools in maintaining participation.

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