



HenleyCentreHeadlightVision

**Paper 3:
Health and outdoor recreation**

A report for Natural England's
outdoor recreation strategy



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Executive summary

In May 2005 the outdoor Recreation Strategy Project Board made up of representatives from the Countryside Agency, English Nature and the Rural Development Service jointly commissioned Henley Centre to assess the future of outdoor recreation's links with health over the next 20 years. This report constitutes the third of six papers, proceeded by the introductory paper and the demand for outdoor recreation paper and followed by the supply of outdoor recreation paper, the planning of outdoor recreation paper, and the impact of outdoor recreation paper (see Paper 1, 'Background and introduction to research').

As part of the process, Henley Centre identified the key drivers of change, the uncertainties and the crucial questions that surround the links outdoor recreation has with health.

The workshop stage of the project process prioritised the following seven drivers out of a list of 38:

- Reconfiguring age
 - An ageing population, increasingly less inclined to be stereotyped combined with the changing lifestyles of children and young people.
- Risk averse society
 - An increasingly risk sensitive society.
- Social inclusion
 - The current under-representation of low income and ethnic minority groups and the political will to reverse this trend.
- Drive to greater physical activity
 - Increased public awareness of the health benefits of greater physical activity and sustained Government commitment to promote it.
- Wellbeing
 - A heightened interest in quality of life, encompassing health, physical activity levels and connection with nature.
- Declining mental health
 - The proliferation of mental health problems in the UK.
- Priorities in Public Spending
 - The changing priorities of Government policy and expenditure.

To ascertain the most uncertain drivers that will affect the future significance of the health agenda in relation to outdoor recreation, the prioritised drivers were analysed using a mapping process. This identified the following three drivers that both influenced and were influenced by the greatest number of other drivers, i.e. the most uncertain:

- Wellbeing

- Drive to greater physical activity
- Declining mental health

As a consequence of this research the following critical issues have emerged:

- How can Natural England avoid putting all its eggs in one 'physical activity basket'?
- Can outdoor recreation position itself as 'treatment' for mental health problems?
- Can the drive to greater physical activity and health be gentler?
- Or, should there be a more aggressive approach to the drive to greater physical activity and health?
- How far is the health agenda linked to the sport agenda?

These questions address potential areas where the future of outdoor recreation's association with the health agenda could be influenced or developed as well as the future direction that relationship might take over the next 20 years.

1. Background

Natural England will be a new organisation resulting from the merger of English Nature, the Rural Development Service, and the Landscape, Access and Recreation division of the Countryside Agency. These organisations commissioned Henley Centre to inform on the development of a strategy for outdoor recreation, focusing on the question:

"What are the main factors which will inform the development of outdoor recreation in England over the next 20 years and what are the implications of these for Natural England's outdoor recreation strategy between now and 2015?"

To answer this question, six different papers have been written, each of which focuses on one of the following dimensions of the future of outdoor recreation:

- Background and introduction to research
- Demand for outdoor recreation
- Health and outdoor recreation
- Supply of places for outdoor recreation
- Planning for outdoor recreation
- Impact of outdoor recreation

This paper is the third of these and addresses the following question:

"What role and contribution should Natural England's outdoor recreation strategy make over the long term in relation to public health and wellbeing outcomes, given the likely trends in this area over the next 20 years?"

The other five papers and the appendices, which accompany the series, are referenced throughout this report.

1.1 A definition of outdoor recreation

Outdoor recreation includes many different activities. As a result, a concise definition is difficult to establish. For the purposes of the papers, however, outdoor recreation can be broadly defined to include:

- Just being out doors
- Creative activities
- Health or relaxation
- Utility journeys
- Informal games and play
- High adrenalin, non-competitive activities

- Commercially run activities
- Study of the natural environment
- Educational activities and programmes
- Conservation volunteering
- Sustainable journeys to outdoor recreation

For a more detailed description of outdoor recreation please refer to 'Paper 1: Background and introduction to research'.

It has been recognised that outdoor recreation has significant links to health, given its provision of physical activity, fresh air, socialising and moments of solitude which can all be seen to have an impact on people's health and wellbeing.

Health and physical activity are significant priorities for Government at this present stage, as indicated by the Physical Activity Action Plan which 'sets out Government's plans to encourage and co-ordinate the action of a range of departments and organisations to promote increased participation in physical activity across England'ⁱ.

It therefore appears a natural marriage of the two agenda: outdoor recreation and health and wellbeing. This paper approaches this issue by identifying the key drivers of change for outdoor recreation's links with health, the key uncertainties surrounding that future relationship and the critical issues for Natural England.

2. Drivers of change

2.1 Introduction

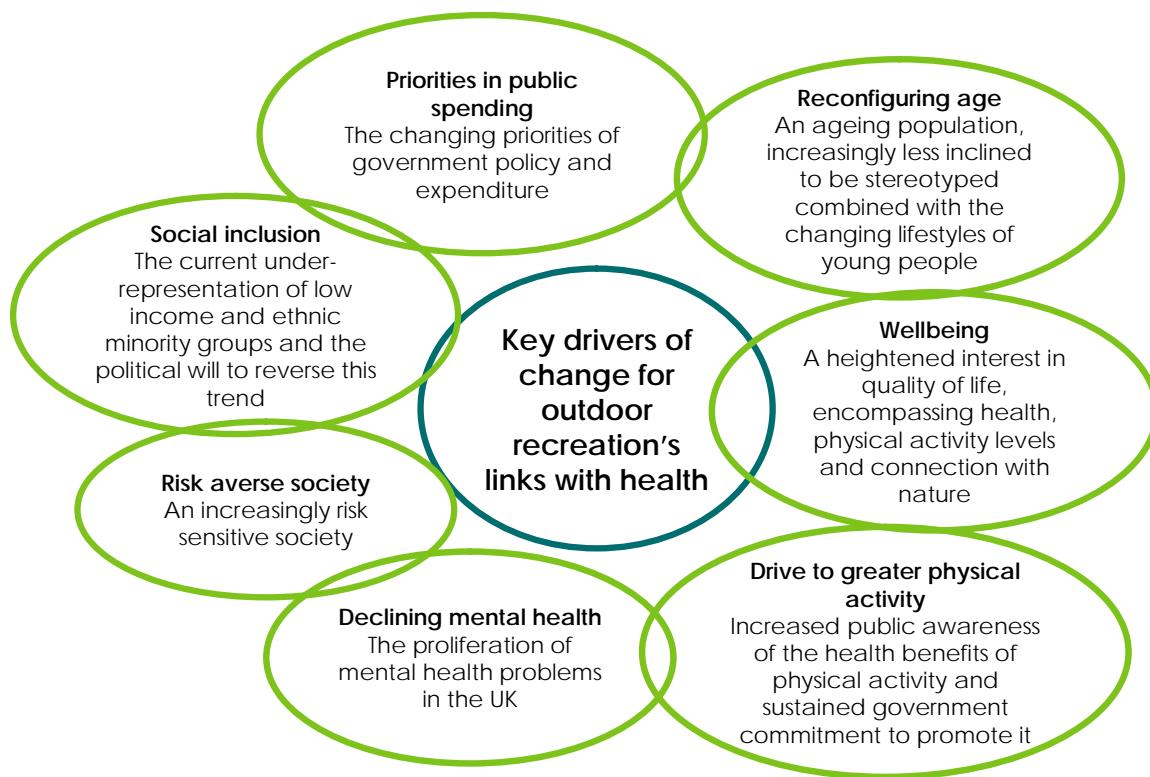
The following section of the report explores a number of 'drivers of change' (factors influencing the health and wellbeing links to outdoor recreation) in detail. The drivers to follow have been identified and prioritised as the most important factors determining health in relation to outdoor recreation in England to 2020.

A list of 38 drivers was developed through a combination of desk research, a review of Henley Centre's knowledge base, a review of sources nominated by the Natural England partner organisations and a series of in depth executive interviews. This list was supplemented by two workshops with key stakeholders and experts (see Paper 1, 'Background and introduction to research'). As part of the workshop process, drivers were prioritised according to how relevant they were; seven drivers were selected as the most important drivers of change in health in relation to outdoor recreation:

- Reconfiguring Age
- Risk averse society
- Social inclusion
- Drive to greater physical activity
- Wellbeing
- Declining mental health
- Priorities in Public Spending

The following discussion takes each driver in turn, providing some background information before going on to explore the possible implications for outdoor recreation. The threats, opportunities and additional challenges of each factor are clearly highlighted.

2.2 Drivers at a glance

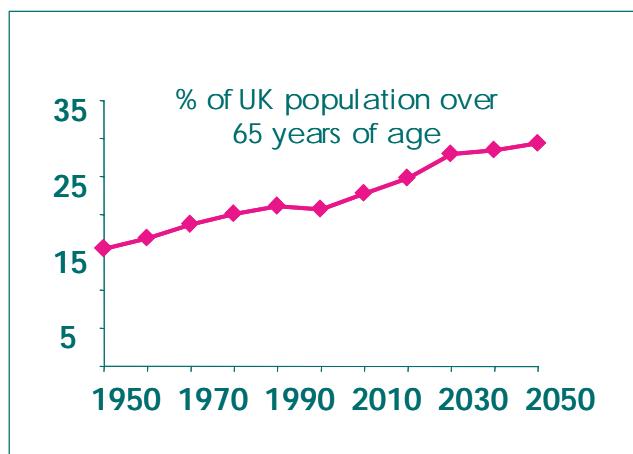


2.3 Reconfiguring age

2.3.1 Ageing society

By 2011 life expectancy will have increased to 82 for women and 77 for men (from 79.6 and 74.6 in 1997 respectively). With this trend expected to continue, the UN Population Division predicts that just under a quarter of the UK population will be over 65 years old by 2020.

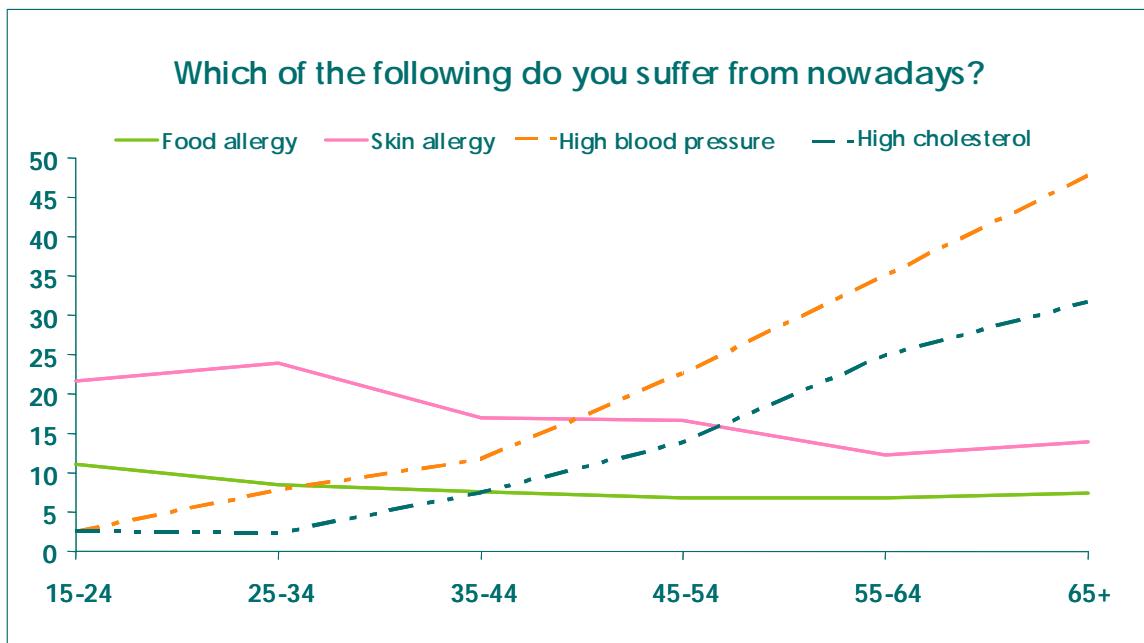
Percentage of UK population over 65 years of age



Source: UN Population Statistics, Revision 2004

Older members of society typically take a keener interest in their health, with 91% of over 55s agreeing that their physical health affects how they feel, compared with just 76% of 25-34 year olds who focus more on stress and work or family related issuesⁱⁱ. This is perhaps not surprising as it is later in life that health problems proliferate:

Percentage agreeing: "I suffer from the following"



Source: Henley Centre, PCC 2004

2.3.2 Changing lifestyles of children and young people

Children's lifestyles have changed dramatically over the past decades with an increasingly technologically engaged, 'urban', indoors, sedentary and consequently unhealthy cohort: one in ten six year olds is currently obese.

The rise of household IT and communications has played a part: in a study undertaken by the University of Otago, 41% of those overweight or obese by the age of 26 were those who had watched the most television in their childhoodⁱⁱⁱ.

Overall inactive habits have compounded the problem:

"Research shows that children actually don't eat any differently from the way they did 20 or 30 years ago...The difference is that they're not taking any exercise now, they're not playing in the street, they're not riding their bicycles, not walking to school - they're sitting, playing computer games and being driven."

Dr Dee Dawson, Medical Director of the Rhodes Farm Clinic for Eating Disorders

Children and young people are therefore less engaged with the concept of outdoors activity and recreating in green spaces.

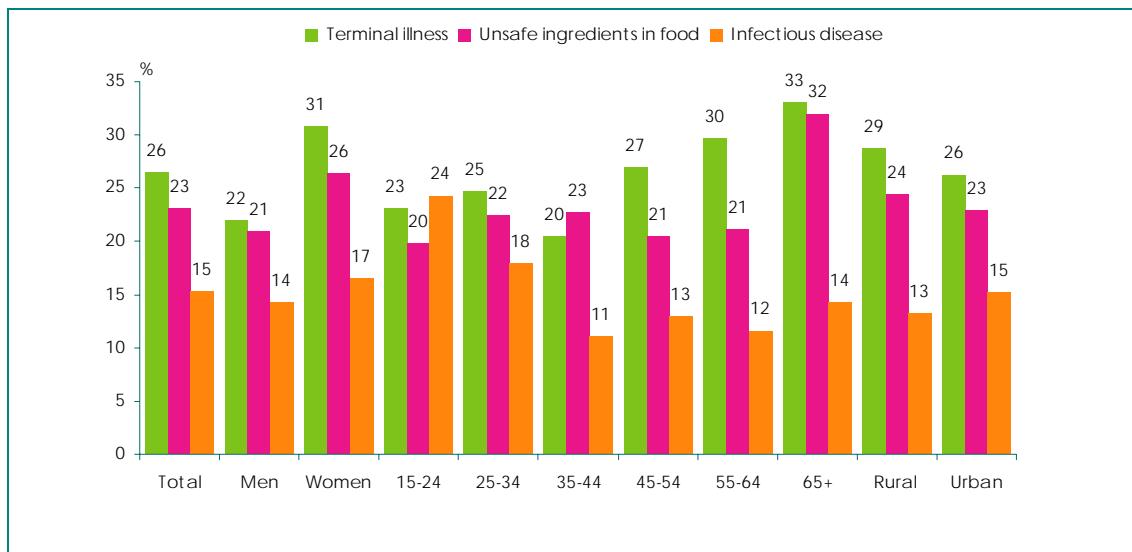
2.3.3 Exploring the effects on the health links to outdoor recreation

Opportunities	<ul style="list-style-type: none"> An older population means a greater proportion of health conscious people in the population. This presents an opportunity for outdoor recreation to position itself as an activity that improves health and combats the common problems of old age such as high blood pressure and high cholesterol.
Threats	<ul style="list-style-type: none"> The childhood lifestyles of a generation may have produced a cohort that are disconnected from the concept of outdoor recreation and that will be very difficult and resource-consuming to reach. There are more people reaching retirement age who do not have outdoor recreation as a high priority. Much participation from the older generation disappears as they grow older.
Additional challenges	<ul style="list-style-type: none"> It will be important to recognise the differences within the increasingly large ageing population, including income and ethnic background: A large portion of the elderly is less well-off and less engaged. An understanding of how to engage and facilitate communication (in its many forms) between Government, teachers, parents and children.

2.4 Risk averse society

People perceive an increasing number of risks in their lives, many of which centre around health. For example, the chart below shows that one in four people feels at significant risk from terminal illness and 15% of people feel the same in relation to infectious diseases.

Percentage agreeing: 'I feel at significant risk from the following'



Source: Henley Centre, PCC 2004

Such fears have a significant impact on people's willingness to engage in outdoor recreation. Fears of sustaining an injury, coming into contact with fast traffic or picking up an infectious disease (such as Weils disease) can discourage engagement with the outdoors. Added to this is the possibility of health (either physical or mental) being undermined by an attack on your person (which 35% of people consider a significant risk in life).

"It's not safe to go out these days"

Henley Centre HeadlightVision focus group, 2005

2.4.1 Exploring the effects on the health links to outdoor recreation

Opportunities	<ul style="list-style-type: none"> People's fears around health may act as a lever to encourage people to participate in outdoor recreation: If participation in outdoor activities is more widely understood to reduce risks of heart disease, obesity and respiratory problems, people may be more inclined to get involved.
Threats	<ul style="list-style-type: none"> Perceived risks in outdoor environments dissuade people from taking part in outdoor recreation. Many schools balk at the prospect of a trip involving outdoor recreation on account of fears of injuries or pupils contracting diseases picked up from, for example, contaminated water. The fear of litigation felt particularly by schools and organisers of outdoor recreation, dissuades many from taking the risk of

Additional challenges	<ul style="list-style-type: none"> • There is the possibility that this trend will shift, due to public and private sector interest in the trend: - E.g. Unilever's campaign around 'Dirt is Good' (as seen in Persil advertising) and the Home Office's working group which is currently looking at risk assessment.
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2.5 Social inclusion

2.5.1 Health inequalities

Low income correlates with poor health in the UK: In the most deprived fifth of local authority districts (LADs), there were 129 deaths from circulatory problems out of 100,000 of the population under 75, compared with just 77 for the least deprived LADs.^{iv}

Health problems are determined by a number of factors, including not only genetic predisposition but also lifestyle factors such as diet, levels of physical activity and mental engagement. Indicators suggest that the rate of uptake of healthy habits amongst more deprived areas is much lower than in less deprived areas: for example, between 2001 and 2003, 34% of people in the least deprived areas of the UK ate five portions of fruit and vegetables a day, compared with just 17% in the most deprived areas.^v

2.5.2 Ethnic diversity

The UK is a multicultural nation with 8.7% of the overall population and 28.8% of Londoners belonging to an ethnic minority.^{vi} Different ethnic groups have different attitudes to and associations with health and outdoor recreation: for some non-British born members of society, spending time in the countryside acts as a powerful reminder of their country of origin^{vii} yet for others, going to a farm is seen as 'unclean' or has other stigmas attached to it. An understanding of what is wholesome and healthy is shaped by a number of factors; these include an individual ethnic background and cultural reference points.

2.5.3 Exploring the effects on the health links to outdoor recreation

Opportunities	<ul style="list-style-type: none"> • The furtherance of the social inclusion agenda could be a key factor in closing the gap of health inequalities. • Reversing the current trend in health inequality is a key Government focus. If outdoor recreation is recognised as providing significant health benefits, there may be potential opportunities for funding.
Threats	<ul style="list-style-type: none"> • The concept of outdoor recreation providing health may have notably more resonance with particular ethnic groups:

	<ul style="list-style-type: none"> - In such a case, it will be important to avoid the charge of bias towards one ethnic and cultural group above another.
Additional challenges	<ul style="list-style-type: none"> • There are a large number of widely varying cultural-sensibilities and habits that it will be important to take into account: - It will be useful to understand how local successes can provide guidance on a regional and national level.

2.6 Greater Drive to Physical Activity

The UK population has some significant health problems with currently one out of five adults diagnosed as clinically obese. This is caused by a number of lifestyle factors; one of the most significant is physical inactivity which is estimated to cost the country £8 billion (mainly through sickness and absence from work)^{viii}.

A key Government response to this has been the launch of the Physical Activity Action Plan^{ix} which has pooled resources and support from across Government departments.

Evidence reflects the significant part outdoor recreation can play in achieving this objective. The following indicates a fraction of the available studies that support this:

- Brisk walking reduces risk of heart disease.^x
- Evidence from 'Health Walks' and 'The Green Gym' shows that being in contact with nature is an active encouragement for people to take exercise.^{xi}
- People maintain a better commitment to exercise if it takes place in a leafy environment.^{xii}

Some success has already been achieved with initiatives such as the 'Walking the way to Health Initiative'. Run between 2000 and 2005 with the aim of getting more people walking in their communities, this initiative has been successful in providing opportunities for outdoor recreation at a local level^{xiii}.

2.6.1 Exploring the effects on the health links to outdoor recreation

Opportunities	<ul style="list-style-type: none"> • Media influence has made people more aware of the health benefits of physical activity. • The Government has shown significant support through the Physical Activity Action Plan: - If a sufficiently strong link is made between outdoor recreation and health, there is the possibility of increased Government funding to Natural England.
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Threats	<ul style="list-style-type: none"> • There is a danger that this activity is not sustainable and does not become embedded in people's lifestyles. • Allying outdoor recreation too closely with physical activity may preclude appreciation of the softer, wellbeing benefits of it.^{xiv} • Presenting outdoor recreation as 'active' will put off many people who may want an inactive experience for relaxation, and potentially those who are elderly and those with disabilities.
Additional challenges	<ul style="list-style-type: none"> • There are some challenges for example in communicating a true and credible picture of the health benefits of outdoor recreation (as seen in the second paper 'Demand for outdoor recreation').

2.7 Wellbeing

Society is increasingly aware of the importance of wellbeing as a means to life fulfilment. Social, mental and 'softer' factors rank higher in people's minds than money: over 80% of people consider family and friends as well as their personal education and knowledge as important features of their life (compared with a mere 57% for wealth)^{xv}.

Part of the wellbeing equation is people's environment and what their daily lives consist of in terms of activities and experiences; 'taking time out', getting fresh air, being in open space, doing something outside of work and domestic chores and looking at different scenery are all important ways in which people gain wellbeing. The chart below reflects how important time spent outdoors is for maintaining wellbeing:

Percentage agreeing: 'Which of the following do you personally do to improve how you feel?'



Source: Henley Centre, HenleyWorld 2003

Government is also wise to the importance of wellbeing: one indication is the Cabinet Office Strategy Unit's research which shows that, beyond a certain point, there is no correlation between a country's GDP and the level of self-reported happiness of its citizens^{xvi}. It conjectured how a country's success could be more accurately gauged through the 'happiness index'.

2.7.1 Exploring the effects on the health links to outdoor recreation

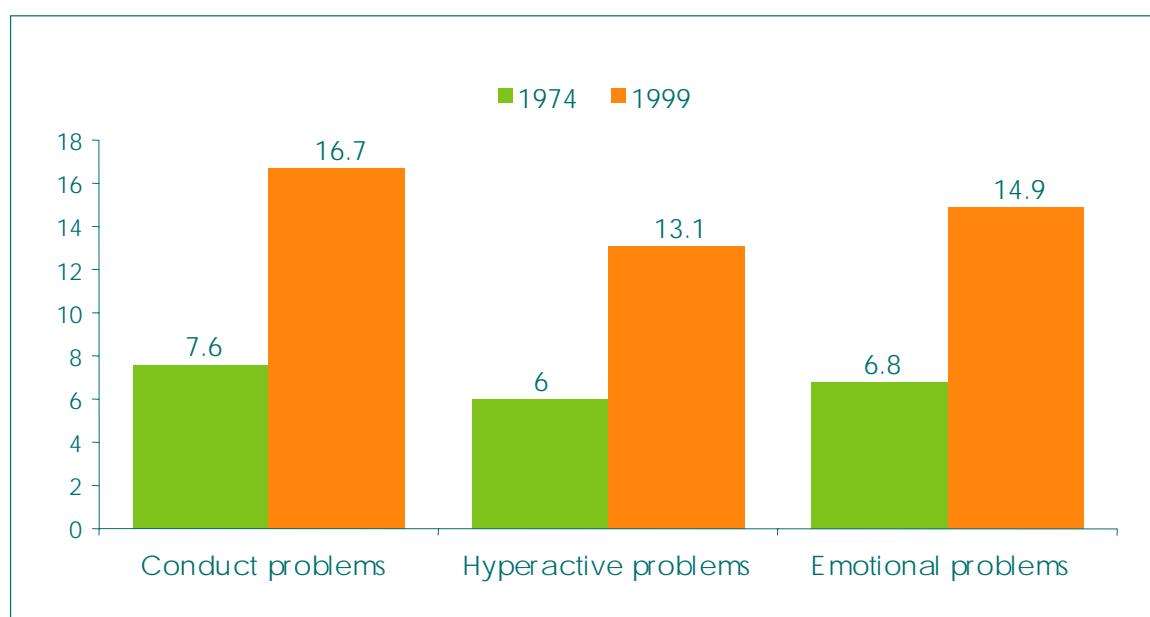
Opportunities	<ul style="list-style-type: none"> Outdoor recreation is able to provide people with the wellbeing that they crave through a combination of factors, encompassing fresh air, open space and a break from routine. If Government interest in the wellbeing agenda is sustained, there may be an opportunity for support and possible funding on the basis of the contribution outdoor recreation makes to quality of life.
Threats	<ul style="list-style-type: none"> The concept of wellbeing may lose its appeal if the term continues to be used by the commercial sector. Positioning outdoor recreation as a worthwhile activity purely on the basis of its connection to wellbeing makes it dependent on the sustained focus on wellbeing and therefore vulnerable.
Additional challenges	<ul style="list-style-type: none"> Wellbeing is a particularly personal issue which may be associated with factors other than health: - Communicating how outdoor recreation can

	provide wellbeing to a wide range of people will be a significant challenge.
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2.8 Declining Mental Health

There have been rising cases of diagnosed mental ill health in the UK, with 16% of adults of working age with a mental illness (of whom up to a half are seriously ill), according to the Psychiatric Morbidity survey^{xvii}. However, the increase is most pronounced amongst the younger generation, with reports of emotional and hyperactive problems in children having over doubled between 1974 and 1999^{xviii}.

Mental health trends in young people



Source: Time Trends in Adolescent Mental Health, Journal of Child Psychology and Psychiatry 45:8 (2004), S. Collishaw, B. Maughan, R. Goodman and A. Pickles (of Institute of Psychiatry, Kings College London, University of Manchester).

The trend is of considerable concern to society:

"Mental health matters because it causes massive suffering to patients and their families, because it prevents them from contributing fully to society, and because it imposes heavy costs on taxpayers"

Mental Health: Britain's Biggest Social Problem?, Richard Layard, December 2004

Outdoor recreation is a plausible antidote to this trend, with evidence that both physical exercise and the state of being outdoors combats mental ill health. As just one example, Kaplan's evidence suggests that green spaces reduce the effects of Attention Deficit Disorder and yet most sufferers of illnesses such as depression receive no treatment except drugs. This suggests that the possible beneficial impact of outdoor recreation has yet to register as a significant treatment amongst health professionals and policy makers.

2.8.1 Exploring the effects on the health links for outdoor recreation

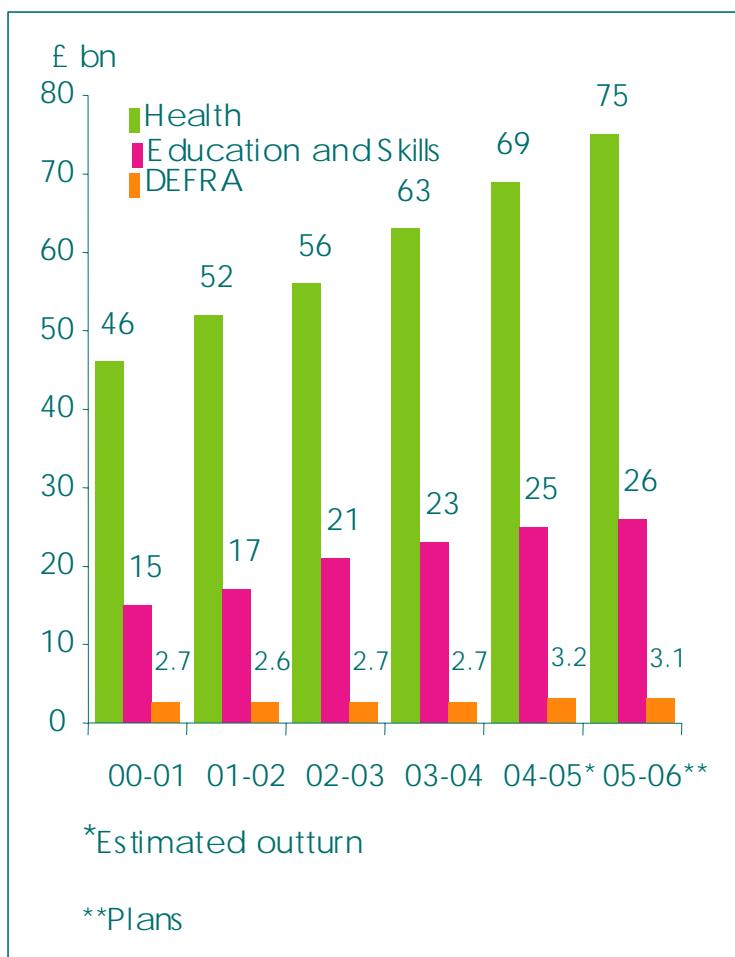
Opportunities	<ul style="list-style-type: none">• Outdoor recreation has the potential to reverse this alarming trend:<ul style="list-style-type: none">- This could make outdoor recreation a vital part of the lives of people who suffer from a variety of health problems such as depression, anxiety and neurosis.- It could additionally make outdoor recreation an increasingly important function of a healthy and efficient society.
Threats	<ul style="list-style-type: none">• Whilst concerns have been raised about the cost, safety and efficiency of using drugs to tackle mental health problems, they may continue to be the predominant treatment on account of the convenience they offer.
Additional challenges	<ul style="list-style-type: none">• A wider knowledge about the mental health benefits of activity outdoors (akin to that of an understanding of the physical health benefits of exercise) would be required to gain from this driver.• There is a lot of scepticism around the role of outdoor recreation and a need for better evidence, such as cost saving on prescription drugs.

2.9 Priorities in public spending

As pressure mounts on all key areas of public expenditure, the Government is obliged to prioritise; it must decide which policy area requires more attention than others.

The pressures have become particularly acute on account of the performance culture which increases demand for efficiency and effectiveness (which applies to outdoor recreation as much as other services). Pressures also rise on account of the political consensus around main UK parties that taxes should remain around 41-42% of GDP.

Increase in public expenditure



Source: HM Treasury, Public Expenditure, Statistical Analyses, PESA 2004;

The year on year percentage increase in expenditure on the Department of Health suggests health is a current Government priority. It is crucial that this remains the case if the health agenda within outdoor recreation is to have any resonance.

2.9.1 Exploring the effects on the health links to outdoor recreation

Opportunities	<ul style="list-style-type: none"> Given the current Government's interest in health, there is the potential for outdoor recreation to receive funding if it is seen to play a significant role in improving the nation's health and wellbeing. There is the possibility of tapping into funding from other bodies that are indirectly health related, such as from Sport England.
Threats	<ul style="list-style-type: none"> There is a danger that outdoor recreation allies itself too closely with health as a justification for funding and support when it may not remain a public spending priority over the next 20 years:

	<ul style="list-style-type: none"> - Government priorities may be unexpectedly reshuffled with health falling lower down the agenda and, for example, defence coming to the fore. • There may be something self-denying in a strategy that attaches worth to outdoor recreation ‘for its impact rather than its intrinsic value’^{xix}: - If outdoor recreation is advocated purely on the grounds that it has identifiable benefits in support of other objectives rather than because it is intrinsically good, it will always be viewed as an ‘add-on’. • The health sector is so involved in active care that there may be little room for another public body to take a role.
Additional challenges	<ul style="list-style-type: none"> • To benefit from Department of Health funding, a clear connection with their agenda will be required. • A significant, comprehensive body of evidence that shows how outdoor recreation achieves the Government’s health objectives will be required to secure funding: - A lot of information is currently buried in academia and not widely known or appreciated. - Advocates in the health sector may be required to take this evidence forward. • There is uncertainty around how money for outdoor recreation would be allocated (whether it would come through Department of Health or DEFRA funds): - There will need to be good inter-departmental working to access all funds available.

2.10 Review of prioritised drivers

These prioritised drivers have identified factors which will have the greatest influence on outdoor recreation’s link to health over the next 20 years. Perhaps unsurprisingly, some of the principal medical preoccupations of the current political climate have come to the fore: the drive to greater physical activity, the commitment to be more socially inclusive, the focus on wellbeing and the dramatic effect of declining mental health. Also emerging are the higher level issues, such as the ageing society and changes in public spending priorities. Finally, there is consideration of individual attitudes and behaviours, such as people’s perception of risk which has been selected an important determining factor in the relationship outdoor recreation has with the health agenda.

3. Uncertain outcomes

3.1 Introduction

The prioritised drivers that emerged from the workshops undertaken in July 2005 and that have been discussed in this paper have been mapped on to each other together with additional drivers to identify the links that exist between them (see Paper 1, 'Background and introduction to research').

It should be noted that the 'importance' and 'openness to influence' of each driver has been assessed within the context of the 'health' only. The 'importance' and 'openness to influence', and therefore, position of each driver on the impact matrix below may vary from paper to paper, as each paper and impact matrix focuses on a different area of outdoor recreation. (See 'Appendix J Comparison of impact mapping across papers 2 to 6' for more detail).

Impact matrix

High importance			Drive to greater physical activity and health Wellbeing Declining mental health
	Time and energy deficit Ageing population Risk averse society	Public health outcomes Social inclusion	
	Disparity in incomes Rise of ethnic diversity	Rise in cost of health	Priorities in public spending Changing lifestyles of children and young people
	Low influence	Some potential to influence	Significant potential to influence

Source: Henley Centre, 2005

3.2 Drivers over which there are few levers of influence

What this analysis tells us is that **time and energy deficit**, the **ageing population** and the **risk averse society** are important for health and outdoor recreation. However, they are issues over which there appears to be very little scope to significantly influence; only a shock event has the potential to reverse our ageing population and changing societal factors such as sense of risk and the feeling of insufficient time and energy are equally difficult drivers to manipulate.

The challenge with these drivers is to calculate a response which accepts that they will have a significant influence over the future of health and outdoor recreation and to develop a future strategy that takes them into account.

3.3 Secondary influences

The position of **priorities in public spending** and **changing lifestyles of children and young people** represents drivers that are of less importance in terms of their impact on the other factors, and their overall impact on health and outdoor recreation. This typically represents an issue that is influenced by a number of the other key factors in the system (i.e. the matrix), and will change direction according to these factors, but by itself is not a key influence on the overall future of health and outdoor recreation.

3.4 Critical uncertainties

The most uncertain drivers are the ones that have both high importance and a significant potential to influence the future of health and outdoor recreation (those that lie in the top right hand corner of the matrix). The following section identifies each of the uncertainties and highlights which of the drivers it is influenced by as well as those that it influences. At the end of the commentary around each uncertainty, there is an exploration of the best case and worst case outcome, illustrating how the uncertainty could play out in the next twenty years. It is a consciously provocative exercise which picks the two extreme poles of the possible future

3.4.1 Wellbeing

Wellbeing currently occupies a position of great importance in people's lives and on the Government's agenda. However, the future driver has a high level of uncertainty given the number of drivers it is dependent on as well as the number of drivers it influences.

The focus on wellbeing is driven by the **time and energy deficit** that exists in today's society. The majority of people feel they have insufficient time and energy at their disposal: 56% of people agree: 'I have less time than I need' and 57% of people agree 'I have less energy than I need'^{xx}. People pursue wellbeing as a means of regaining energy and taking the edge off the pace of life. However, if living and working patterns change so that there is no longer a deficit of time and energy, there is likely to be less interest in wellbeing.

The **social inclusion** agenda also has an influence on the future significance of wellbeing. Focusing on individuals' wellbeing is both a key indicator of and strategy for engagement; when considering new policies, the Government recognises a need for 'genuine responsibility nationally and locally for the impact on the wellbeing of others'^{xxi}. If the social inclusion agenda weakens, the importance of wellbeing would be likely to weaken with it.

The **drive to greater activity and health** will drive the future of wellbeing; the rationale for physical activity is that it improves both physical health and wellbeing. This works both ways, though: if there is less interest in wellbeing there will be less interest in the beneficial mental and mood effects of physical activity and health.

Declining mental health is another example of a driver that both influences and is influenced by wellbeing. If mental health worsens there will continue to be a high premium placed on wellbeing as a possible antidote (and the opposite could prove true if mental health improves significantly). However, wellbeing is also a dominant driver in relation to declining mental health as improving the nation's wellbeing would improve the nation's mental health.

Wellbeing is both dependent on and dominant over the **priorities in public spending**: as a largely consumer-driven trend, Government is obliged to respond and focus attention where there is most public interest. If interest in wellbeing falls, Government spending and policy is likely to be realigned. This works in both directions: if Government is obliged to redirect spending, society's focus on wellbeing is likely to fall.

Best case outcome	<p>A healthy economy allows people to value time and energy at the current level so that wellbeing remains a top-of-mind issue.</p> <p>There is sustained commitment to the social inclusion agenda which focuses on communities' wellbeing as an indicator of success. Commitment is also sustained for greater physical activity and health which is viewed as one of many strategies towards wellbeing.</p> <p>Mental health continues to be a key area of concern for Government and society at large; as a result wellbeing's profile rises.</p> <p>A combination of the above means that wellbeing continues to attract Government attention and funding. With outdoor recreation recognised as a key provider of wellbeing, greater resources are directed towards Natural England.</p>
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Worst case outcome	<p>Money and material belongings are prized over time and energy so that the importance of wellbeing fades in the public consciousness.</p> <p>Social inclusion is no longer a top priority, nor is the push towards greater physical activity and health nor the state of the nation's mental health. Wellbeing loses a lot of its relevance on the political agenda.</p> <p>As a consequence, funding for wellbeing initiatives dry up and outdoor recreation has limited interest for Government and limited appeal to the public.</p>
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3.4.2 Drive to greater physical activity and health

This driver affects and is affected by a web of other drivers. The relationship it has with **wellbeing** has already been described but it is also interdependent on **declining health outcomes** and **the increasing cost of public health**. The continued strength of the drive to greater physical activity and health is likely to impact on both physical outcomes and costs of health. This works in the other direction too: as public health declines and public expenditure on the NHS rises, there will be greater incentives to push greater physical activity and health (with possibly less incentive as health outcomes improve and costs fall).

This driver is also interdependent **on priorities in public spending**: it can only be sustained with Government support but at the same time Government support will be determined by the future success of the drive to greater physical activity and health.

The driver is currently propped up by the **ageing population**. As has been discussed above, the older members of society are more health conscious and more likely to respond to and encourage the drive to greater physical activity and health.

The driver appears dominant in relation to **declining mental health**: a greater focus on physical activity and health is likely to turn the tide on this driver. It also has an influence over the **changing lifestyles of children and young adults** as, over time, its continued strength is likely to bring about a more physically active lifestyle for young people. Similarly, a progressive weakening of the trend would have the likely effect of compounding the current indoors and sedentary nature of young people's lifestyles.

Best case outcome	<p>Wellbeing remains a priority for society and the drive to greater physical activity and health is propelled by the part it plays in providing wellbeing.</p> <p>Inadequate health outcomes and the rising cost of public health further push the drive to physical activity and health up the agenda, making it a priority in public spending.</p> <p>The population continues to be biased towards the health conscious older generations who embrace physical activity as a means of achieving health and longevity.</p> <p>Over twenty years, the sustained drive for physical activity reduces mental ill health and fosters a healthier and more active younger generation who are significantly more inclined to participate in outdoor recreation.</p>
Worst case outcome	<p>Wellbeing has paled alongside other more pressing Government issues and the rise to physical activity has fallen as a result.</p> <p>Strategies employed to improve health outcomes and lower health costs have tended towards drugs rather than the more time consuming and difficult to measure drive to physical activity. The older population responds to this by turning to drugs and medicine rather than physical activity to maintain their health.</p> <p>Meanwhile, the reduced levels of physical activity have caused mental health problems to soar and has produced a new generation with little or no interest in being active or recreating in the outdoors.</p>

3.5 Declining Mental Health

The interdependence that declining mental health has with **wellbeing** and the **drive to greater physical activity and health** has been explored above. Due to its close links with these drivers, its future uncertainty also pivots on similar issues. For example, **declining health outcomes** and **the increasing cost of public health** are both affected by the deterioration of mental health. In a similar way **priorities in public spending** will respond to declining mental health, just as declining mental health will respond to the priorities of public spending.

However, there is an additional link between these drivers. Public spending on tackling mental ill health is already being pushed up through the volume of NHS resources which goes on prescription drugs: expenditure on anti-depressants rose from 15 million to a staggering 395 million between 1991 and 2000^{xxii}. It is therefore likely that if mental health continues to decline a move is made away from drug consumption, towards greater involvement in activities such as outdoor recreation (in the interests conserving resources for other spending priorities). The interdependence of these two drivers is therefore a particularly strong one.

The declining mental health driver additionally mirrors wellbeing in that it is influenced by the **time and energy deficit**. The time deficit creates the sense of lack of control that leads to stress and poor energy management contributing to conditions such as depression.

The **risk averse society** is another influencer of declining mental health. As people's heightened anxiety about the world around them escalates, so their mental health deteriorates. Conversely, if the risk averse society weakens significantly as a trend, an improvement in mental health would be anticipated.

Declining mental health is dominant in relation to **social inclusion**. The greater the number of mentally unwell, the greater the number of people who will find it difficult to function as part of society and in a formal economy (of all people coming on to incapacity benefits, nearly 40% have mental health problems).^{xxiii}

Best case outcome	<p>The sustained support for the wellbeing and physical activity agenda has improved the nation's mental health.</p> <p>In addition, growing Government concern around poor health and rising health costs has made mental health a priority for public spending.</p> <p>The link between the time and energy</p>
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	<p>deficit and declining mental health continues so that 'taking time out' and energising activities associated with outdoors recreation gain greater importance.</p> <p>People start to assess risks more rationally, reducing instances of mental ill health.</p> <p>Moreover, the social inclusion agenda is progressed to the extent that there are fewer mentally unwell people and a greater number of people taking a full part in society.</p> <p>The combination of these drivers creates a society that is both healthier mentally and more in touch with activities (such as outdoor recreation) that maintain a sense of contentment and mental stability.</p>
Worst case outcome	<p>Wellbeing and physical activity are usurped by other pressing Government priorities and there is a continued decline in the nation's mental ill health.</p> <p>Additionally, tackling poor health outcomes and the rising cost of health focuses primarily on physical health, with the push for mental health sidelined.</p> <p>The time and energy deficit is no longer considered relevant for explaining aspects of mental ill health and the activities that outdoor recreation provides that alleviate stress and feelings of low energy are consequently considered less valuable.</p> <p>There is an intensification of feelings of risk and a consequent continued decline in mental health.</p> <p>This is further compounded by a</p>

reduced commitment to the social inclusion agenda. This produces a greater number of disaffected and mentally unwell people, living in a world where they are not encouraged to view outdoor recreation as a possible solution to their problems.

4. 'Critical Issues'

Based on the combined output of the research discussed in this paper, the following bullet points identify the issues which Henley Centre suggest Natural England needs to consider in the development of the strategy for outdoor recreation:

4.1 How can Natural England avoid putting all its eggs in one 'physical activity basket'?

The case for why outdoor recreation should marry itself to the health and physical activity agenda is a compelling one. The rise of obesity, decline in general health outcomes (including mental health) and soaring costs of public health have made increasing physical activity a key priority for Government policy and spending. However, the threats emerging from this study ought to be considered. The first danger is that physical activity can act as a key turn-off to participation in outdoor recreation and may lead to the alienation of certain groups. Secondly, whilst the Government's Physical Activity Action Plan has received significant attention and support, this may not remain the case in twenty years time; there is always the possibility that Government priorities shift substantially or the nature in which health is tackled changes significantly.

- What are the key reasons for participating in outdoor recreation, if health concerns are taken out of the equation?
- How far can the definition of wellbeing be stretched for outdoor recreation to be seen to offer benefits beyond the strictly health related ones?

4.2 Can outdoor recreation position itself as 'treatment' for mental health problems?

Declining mental health emerged as both a prioritised and uncertain driver in this study. The striking rise in the recognition of mental health problems over the past decade offers a significant opportunity for outdoor recreation to position itself as part of the solution. Both the physical side and the calming effect of being outdoors, surrounded by nature can be seen to counteract the effects of stress, depression, anxiety or emotional problems.

- Does the comprehensive body of evidence for the mental health benefits of outdoor recreation form a plausible case to the psychiatric medical profession?
- Should psychiatrists be prescribing walks (as GPs do) as well as other forms of outdoor recreation?
- Can Government be persuaded to direct a certain portion of the health budget to the recreation agenda, on the strength of its impact on mental health?

4.3 Can the drive to greater physical activity and health be gentler?

This paper has looked at the ageing population and the changing lifestyles of children and young people. These aspects to the reconfiguring age driver have highlighted the increasing number of older (and less physically able) people in the population as well as the increasingly indoors and sedentary lifestyles of young people. These trends sit somewhat uncomfortably with the drive to greater physical activity and health, whilst a laudable concept, may be too great a step for current non-participants.

- Are there any ways in which people's engagement with these health issues can be more subtle?
- What are appropriate transition activities for people who have never taken part in outdoor recreation?
- Playstations in the park, salsa in the park, chess in the park?

4.4 Or should there be a more aggressive approach to the drive to greater physical activity and health?

The health benefits of outdoor recreation have been heavily underlined in this study. Given the deteriorating health of the nation and rising public health costs, physical activity may become more of a necessity rather than something to be gently encouraged. In such a case, it would become a leveller of society – an activity shared by all income groups and ethnic minorities, with an anticipated positive impact on the social inclusion agenda.

- How could physical activity and outdoor recreation be more aggressively Incentive-based, e.g. paying less in tax / paying less for certain local services if (idea you are saving NHS in the long term).
- Is there room for 'functional inconvenience', e.g. car parks designed to be some distance from their building so that people have to walk through a green area to get into the office?
- Can the risk averse society driver be exploited to prompt greater physical activity?

4.5 How far is the health agenda linked to the sport agenda?

One of the prioritised drivers discussed in this paper was 'reconfiguring age' which highlighted the shift towards an older population. One of the notable threats emerging from this was the possible drop in participation as age increases. The trend is also reflected strongly in sports participation; people's involvement with sport falls off the cliff as they get older. This identifies an area where the challenges of the sport and outdoor recreation agenda converge.

- Can Natural England work with Sport England to provide the path which keeps older generations active?
- What Game Plan can be delivered from a dual approach?
- What are the other shared challenges that can help draw the sport and outdoor recreation agenda together?

4.6 Final words

The critical issues raised in this section have questioned how far a link with the health agenda is a safe and sustainable path for Natural England to take. Moreover, they look at how best to exploit the link with health, however far that relationship develops. It considers how gentle or aggressive promotion of the physical health links to outdoor recreation should be, as well as how far the potential for exploiting the link to mental health can be taken. Finally, there is a consideration of how best to maintain the connection with people as they grow older. In focusing on the ever larger older generation, a critical issue that emerges is how far coupling sport and outdoor recreation can help as a dual activity and health 'offer'.

i Best Practice Guidance, Department of Health, March 2005

ii Henley Centre, PCC 2004

iii The International Journal of Obesity, R Hancox and R Poulton, Dunedin Multidisciplinary Health and Development Research Unit, Department of Preventive and Social Medicine, Dunedin School of Medicine, University of Otago, Dunedin, New Zealand, December 2004

iv Tackling Health Inequalities, Update August 2005, Department of Health, figures for 2001-3

v Tackling Health Inequalities, Update August 2005, Department of Health

vi Office for National Statistics, Region in Figures, Census 2001

vii ETHNOS Report, Countryside Agency

viii Landscape, DEFRA, April 2005. This figure is currently being updated and is anticipated to be made available to the public by the Kings Fund by the end of 2005.

ix 'Choosing Activity: a physical activity action plan', March 2005 brings together all the physical activity commitments outlined in the Department of Health's Choosing Health White Paper, November 2004.

x Countryside Recreation: Enjoying the living countryside, Countryside Commission, 1999

xi Natural Fit, RSPB, October 2004

xii Therapi Project, REACT Outputs and Achievements 2003/4

xiii www.whi.org.uk, 2005

xiv 'Culture' faces a similar quandary, as set out by Tessa Jowell in 'Government and the Value of Culture', DCMS, 2004: 'Too often politicians have been forced to debate culture in terms of its instrumental benefits to other agendas – education, the reduction of crime, improvements in wellbeing – explaining – or in some instances apologising for – our investment in culture only in terms of something else.'

xv Henley Centre, HenleyWorld, 2003

xvi Life Satisfaction: The state of knowledge and implications for Government. Strategy Unit, UK Cabinet Office: UK.

xvii Mental Health: Britain's Biggest Social Problem?, Richard Layard, December 2004

xviii Time Trends in Adolescent Mental Health, Journal of Child Psychology and Psychiatry 45:8 (2004), S. Collishaw, B. Maughan, R. Goodman and A. Pickles (of Institute of Psychiatry, Kings College London, University of Manchester). The results are for 15-16 year olds. The data draws from 3 different sources, all of which include a similar proportion of boys to girls from a full spectrum of socio-economic backgrounds.

xix Capturing cultural value, John Holden, DEMOS, 2004

xx Henley Centre, PCC 2004

xxi Davd Blunkett, the then Home Secretary speaking in Sheffield about the New Local Government Network, January 2004

xxii Office for National Statistics, 2000, Psychiatric morbidity among adults.

xxiii Mental Health: Britain's Biggest Social Problem?, Richard Layard, December 2004