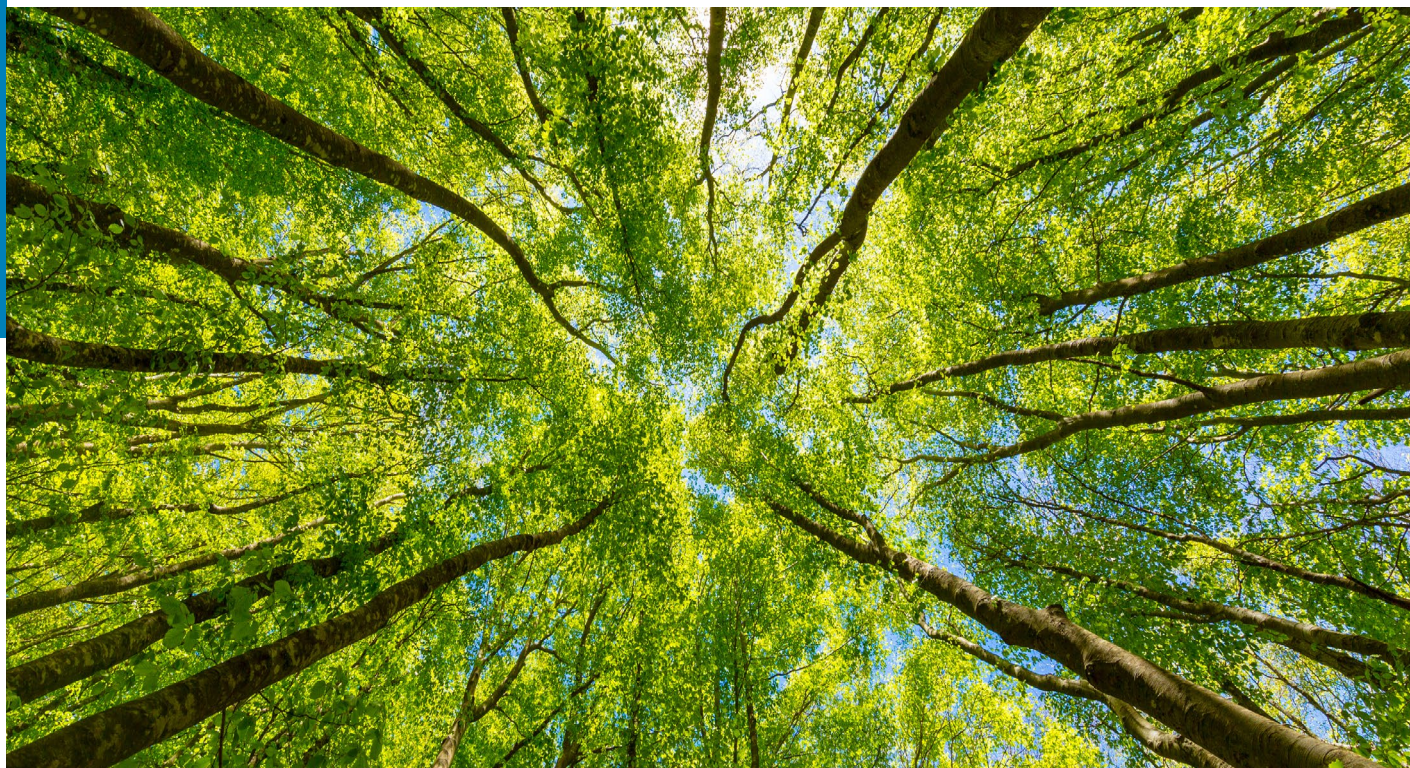


HEALTH ACTION CAMPAIGN

because prevention is better than cure



ANNUAL REVIEW

2022-2023

Our vision

A country where people live longer, healthier lives – instead of our health often being a postcode lottery.

Our mission

To encourage everyone who can (including government, businesses, employers and the NHS) to make healthy choices the easy choices for people – and to encourage ordinary people to make healthy choices a personal and political priority.

Our approach

- To identify the root causes of health issues and therefore where action is likely to prove most effective.
- To find examples of action that has proved successful in tackling the issues, drawing on lessons learned from around the world.
- To share our findings as widely as possible with opinion formers, to help encourage the changes needed here in the UK.
- To work in partnership with other organisations concerned to reduce health inequalities and strengthen the case for change.

Why this matters

Living in a less affluent area shouldn't mean you're likely to die younger and spend more years in poor health.

Whatever your background, you should have a reasonable chance of living a long and healthy life. Recognising that prevention is better than cure is key to achieving this.

This will also help free up potential – with more people able to contribute positively, more actively and for longer.

Who we are

We're a health charity, recognised by HMRC, launched in 2015, with expert volunteers from a range of backgrounds, in particular health and medical research.

Our guiding principle is that prevention is better than cure.

Our Long Term Priorities

More focus on child health – because what happens to us in the early years of life from conception onwards can influence our health for years to come (including reviewing current approaches to children and young people's mental health, to identify which approaches are most productive).

Greater support for those at risk – to avoid health inequalities being carried forward from one generation to another.

A true National HEALTH Service, which gives higher priority to preventing people from falling ill, not simply treating them once they fall ill.

Make healthy choices the easy choices for people – by making healthier food and drink more widely available and affordable, by increasing opportunities for mental and physical exercise, by encouraging active communities, and by continued initiatives to make it easier to stop smoking and to keep alcohol consumption to reasonably safe levels.

What we do



Researching the root causes of health issues, to identify where action is likely to prove most effective



Finding 'what works' - action that has proved successful in tackling these issues, including examples from other countries that can be adopted or adapted in the UK



Sharing our findings, to encourage a more preventative approach to reducing health risks

Young People's Mental Health

Last year we published the results of our pilot research into student mental health, conducted in partnership with King's College London, Ulster University and Greenwich University. This led to invitations to share our findings, including at a Westminster Higher Education Forum conference. Some of the slides from our presentation are provided below.

Prevention is better than cure

"There comes a point where we need to stop just pulling people out of the river. We need to go upstream and find out why they're falling in."

Archbishop Desmond Tutu

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WHEN do student mental health problems start?

- At school - for 81.6% of students (survey responses from 37,000 university students, published in 2019)
- One in six children aged 5-16 now identified as having a 'probable mental disorder.' (NHS Digital 2020)
- 450% increase in university applicants sharing a mental health condition over the last ten years (UCAS 2021)
- Across all mental disorders the peak age of onset was 14.5 years (Solmi et al, 2021 - a meta-analysis of 192 studies)

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Another Way?

No increase in Dutch student mental health problems
2007 - 2017 (van der Velden PG, Das M, Muffels R - 2019)

- Autonomy-supporting parenting (raising their children to be independent and to learn from their own experiences)
- Fewer student clubs & societies - more involvement in local activities outside the 'student bubble'
- Less tendency to compare themselves to others, academically and socially (so less fear of failure?)


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Young People's Mental Health

Some of the findings from our in-house research were also shared on SMARteN, a national research network funded by UK Research and Innovation, led by King's College, London, focusing on student mental health in higher education.

HELICOPTER PARENTING AND STUDENT MENTAL HEALTH

11/21/2022 0 Comments



Rachael Stanton, Research Associate, Health Action Campaign
Do different approaches to parenting influence students' mental health? One type of parental intervention which has garnered recent attention is 'helicopter parenting'.

What is helicopter parenting?
Hirsch and Goldberger (2010) define helicopter parenting as parents, "who 'hover' over their children to shelter them from stress, resolve their problems, and offer unwavering, on-the-spot support and affirmation."
Padilla-Walker and Nelson (2012), describe it as a distinct construct, which is low on granti while high on both control and warmth/support.

SMARTEN - Blog x +

← → ↻ 🌐 smarten.org.uk/blog


SMARTEN ABOUT TAKE PART STUDENT PODCASTS EVENTS MORE...

🐦 Tweet

GUEST POST: FEAR OF FAILURE

9/22/2022 0 Comments

A guest post from Lindsey Stack on her experiences volunteering with the charity [Health Action Campaign](#) and conducting research to support a study into student mental health. Her focus area has been on how we can learn from failure and the impact fear of failure has on student mental health.



Fear of failure
Here in the UK girls rank fifth in the world for fear of failure [1], while the annual Good Childhood Report [2] from the Children's Society refers to "a particularly British fear of failure." Yet in recent years students in the UK have been less likely than ever before to experience failure – with both record A Level pass rates at school and record numbers of First Class degrees awarded at university.

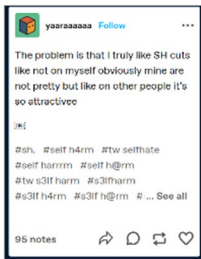
How can we explain this fear of failure during a period of unprecedented success? My research suggests three possible explanations.

In January our Director was interviewed about our research into student mental health as part of an Office for Students' funded Student Mental Health project.

Romanticising Mental Illness?

We have also been researching whether recent years have seen a shift on film, TV and social media from stigmatising people with mental illness to romanticising them. Our initial research has identified a number of ways in which mental health conditions may have been romanticised, including:

- Characters in film/TV presented as attractively quirky/cool because of their mental health condition.
- No consideration of the causes or any indication of the downsides to having a mental health condition.
- Evocative photography (including blades presented artistically in self-harm posts).



- Glorification of suicide in some TV series e.g. 13 Reasons Why and The Chilling Adventures of Sabrina.
- Glorification of anorexia e.g. 'She is a weight loss guru' and 'how I became a skinny legend.'

- Poetic language (e.g. on one post 'These days giving up looks more like paradise').
- Romantic music, cute animals or amusing cartoon characters used on social media posts relating to mental health conditions.
- Linking anxiety with a loving relationship, suggesting it makes you more 'cute' and 'loveable.'
- Depression presented as normal, in/fashionable, misunderstood, or 'hopelessly romantic'
- Links to the idea of freedom e.g. for self-harm - "You're free of it now.... All your troubles" e.g. suggestions that Robin William's suicide meant he was now 'free'.
- Celebrity influence e.g. the video for Taylor Swift's Anti-Hero, where the food on her plate becomes animated as she attempts to eat it, which motivates her to run away from the table, inadvertently reinforcing the observers' anxiety about eating. e.g. Margot Robbie's rib cage in Vanity Fair - 'the return of skinny'.
- Not recognising the potential seriousness of a mental health condition - making light of it.

Our thanks to Barbara, Hong, Lindsey, Lucy, Rachael, Rachel and Sophie for their research here.

Working to influence health policy

We are particularly concerned by the growing health inequalities in the UK, which were exacerbated during COVID, and also by the potentially harmful impact on young people's mental health of describing everyday worries and concerns as 'mental health problems' - as seen below:



Cutting preventable illness is crucial if the Government is going to tackle the NHS backlog, realise its targets to halve childhood obesity by 2030 and deliver on levelling up, as poor diet is a key driver of regional health inequalities. Population level policies - like the Soft Drinks Industry Levy and incentivising healthier food marketing - are more effective and more equitable than individual behaviour change policies. They are also popular with the public who want it to be easier to make healthier choices: 3 in 5 people are in support of unhealthy food and drink advertising restrictions being implemented in January 2023 as originally intended.

Extract from a letter to the Prime Minister in September 2022, signed by Health Action Campaign as a member of the Obesity Health Alliance.



We write as the UK's public health leaders to urge you to support the health and development of our children by expanding access to Free School Meals, the National School Breakfast Programme, and the Healthy Start scheme.

In September 2022 over a quarter (25.8%) of households with children experienced food insecurity, and the current cost-of-living crisis will increase this number. Childhood food insecurity contributes to increased anxiety, poor mental health, poor social and emotional development, and a reduced level of achievement in school. This is a serious public health issue that requires a coordinated and sustainable response.

Extract from a letter to the Prime Minister in February 2023, signed by Health Action Campaign as a member of the Inequalities in Health Alliance.



We should be wary of describing everyday worries, stresses and anxieties as mental health problems, because:

- *These are normal human feelings and emotions - which only become mental health conditions when they become abnormal in their severity, impact and duration.*
- *Describing them as mental health problems may have a nocebo effect, subconsciously driving up levels of mental distress in a way that is harmful to young people's mental health and wellbeing.*
- *Conversely, positively reframing how negative feelings and emotions are perceived has been shown to often have benefits for mental health and wellbeing.*
- *We risk devaluing the seriousness and significance of mental illness if we conflate it with normal everyday worries and concerns under a catch-all 'mental health problem' label.*

Extracts from Health Action Campaign's responses to government consultation on mental health.

Working to influence health policy

With a General Election due in 2024, we have also been seeking to influence the Labour Party's health policy, in particular to help them consider how they can implement their stated commitment to a more preventative approach to health. For example:

We suggested to Kim Leadbeater MP that a practical way of ensuring that health and wellbeing move to being at the heart of everything the government does, would be through the government's existing Regulatory Impact Assessment for proposed legislation. This already includes an assessment of the impact on international trade and investment and on the environment. Adding an assessment of **the impact on health** would ensure that every policy proposal, across every government department, would need to be considered from a health perspective.

We are pleased that Kim included this proposal in her [Healthy Britain](#) report, published by the Fabian Society in March 2023.



Successive governments have interpreted 'health' as being primarily about diagnosis and treatment rather than prevention. However, the NHS (with the honourable exception of vaccinations) doesn't have a remit to prevent illness by tackling the underlying causes... Unless a cross-government approach is taken to prevention, then the major levers for tackling prevention will not be available - leaving prevention side-lined and suggested measures to encourage prevention, however compelling the evidence presented, vulnerable to dismissal, delay or dilution.

For example, what happens in the first 1000 days of life can have long term mental and physical health implications, with health inequalities evident from birth, due to the economic, environmental and psychosocial conditions children grow up in. This is therefore a key period when it comes to prevention.

It is also a potentially ideal area for different government departments to work together, and one we suggest the National Policy Forum consider in more detail, including the potential for a First 1000 Days inter-departmental Task Force, including Education, Health & Social Care, and Levelling up, Housing and Communities.

Extracts from our response to Labour's 2023 National Policy Forum (NPF) consultation on prevention, early intervention and better public services for all.

Tackling Health Inequalities

We continued to research the significant differences between people's health in deprived versus affluent areas – and to share our findings on how these health inequalities can be reduced.

What Hospitals Can Do to Help Tackle Inequalities in Health and Care



Make every contact count

- Our research suggests there are potential triggers in people's lives (sometimes described as teachable moments), when they are more open to health advice. These include pregnancy/ having young children and when they or someone close to them is diagnosed with a serious illness.
- An example of making every contact count is the government's pre-Covid plan to implement the Ottawa model of smoking cessation in hospitals. The aim was that by 2023 to 2024, all people admitted to hospital who smoke would be offered NHS-funded tobacco treatment services, including a new smoke-free pregnancy pathway for expectant mothers and their partners. Treating the patient rather than just the condition they present with may save time (and lives) in the longer term.

Work with charities and social enterprises

- This is particularly important to help address the underlying causes of health inequalities. Local charities and social enterprises may be better placed to support vulnerable and at-risk groups. For example, Pathway (initially a University College London Hospitals initiative, now a national charity) helps the NHS to create hospital teams to support homeless patients – resulting in fewer A & E attendances and a significant reduction in bed days.
- The NHS has recognised this kind of innovation will need to be encouraged and supported by ICSs to address health inequalities in their populations.

Tackle childhood obesity

- Childhood obesity is particularly prevalent in deprived areas and can lead to lifelong obesity. It is both a symptom of existing health inequalities and a cause of longer-term health inequalities – increasing health risks such as type 2 diabetes, heart attack, stroke, cancer and depression.
- The success of the Children's Obesity Clinic in Holbaek, Denmark, suggests hospital-based individualised treatment plans can make a difference, with the TCOCT treatment protocol successful independent of factors such as social class, degree of obesity and an obesity linked genetic risk score. Importantly the results have been achieved with just 5 hours per patient per year.

Extracts from a blog we were asked to write by *Inside Government*, ahead of their planned Hospital Standards conference, at which we were invited to speak.

Health Information

Our Twitter account [@HealthAction_UK](https://twitter.com/HealthAction_UK) continued to provide a regular source of health news and reports, focusing on what is needed to reduce the risk of poor health. Examples from the past year included:

For physical health

- 70 years ago, people in the UK had one of the highest life expectancies in the world. Why had we slipped to 29th place by 2021?
- Ultra-processed foods associated with increased risk of obesity, type 2 diabetes, heart disease, depression, and possibly bowel cancer - in studies in the UK, France and Spain.
- What recent shifts have there been in poverty here in the UK - and what are the implications for people's health?
- Are we underestimating the potential of large, well established community organisations to promote good health and prevent disease in their neighbourhoods?

Mental health

- Are young people today growing up in an anxiogenic environment - a mental health equivalent to the obesogenic environment for physical health?
- Are many young people's mental health problems the result of childhood being rewired - away from resilience building, unsupervised play to over-protection and development-blocking smartphone addiction?
- Links between UK air pollution and mental ill-health
- Can the risk of depression in young people be reduced through healthy diets, physical activity, a good night's sleep and opportunities to build resilience?

Healthy Ageing

Our Age Watch website continued to provide evidence-based health information to help people age healthily, including information on:

- Cold weather health risks
- The potential health benefits of Adult Education
- The pros and cons of a vegetarian diet
- Why active brains are more resistant to dementia
- Sleep in later life

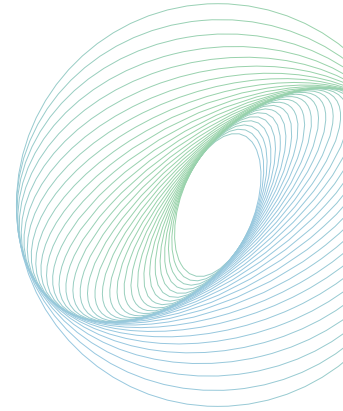
The website has received over 350,000 hits in the last twelve months. Our thanks to John for his editing expertise and to our researchers, in particular Barbara, Harrison and Karen, for their contribution.



Sample infographics used to illustrate our tweets

HEALTH ACTION RESEARCH GROUP

because prevention is better than cure



Health Action Research Group – the new name for Health Action Campaign!

From 1st June 2023, we'll be known as the Health Action Research Group.

This will help us communicate more clearly that we are a health think tank, researching how best to improve the nation's health, rather than being a traditional single-issue campaigning charity. This change in name reflects how we have evolved over time and better highlights the significant contribution of our research volunteers.

So, whilst our name will change, we'll continue to research the major health issues facing the UK today, from childhood obesity and young people's mental health, to health at work and healthy ageing, from as many angles as possible. Our purpose remains to:

- identify the root causes of health issues and therefore what action is likely to prove most effective
- find examples of 'what works' - action that has proven successful in helping tackle the issues, including examples from other countries that can be adopted or adopted in the UK.
- consider the implications for different stakeholders, to increase the chances of achieving changes in policy and practice.

Our guiding principle will always be that prevention is better than cure. This is important both in itself and because it distinguishes our work from that of other well-known health think tanks primarily focused on the work of the NHS (where the main focus remains on diagnosing and treating ill health, rather than preventing it). We will therefore continue to work with our partners, including our university research partners and also fellow members of the Obesity Health Alliance and the Inequalities in Health Alliance.

We hope this explicit focus on research designed to inform health policy and practice will prove even more attractive to the researchers who make such an important contribution to our work - without losing our existing edge, contacts and influence. In fact, we think it will help us attract more volunteers, build on our existing work and provide opportunities to engage more fully with policy makers and partner organisations.

We unanimously agreed the change of name at our Board meeting in May and are very much looking forward to achieving more of our potential with a name that more clearly communicates our contribution to health thinking in the UK.

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