

# HEALTH ACTION RESEARCH GROUP

because prevention is better than cure



## ANNUAL REVIEW 2024-2025

## Our vision

A country where people live longer, healthier lives - achieved through health policies which:

- Recognise that prevention is better than cure
- Are evidence-based rather than driven by ideology or lobbying
- Give priority to tackling deprivation, as the single biggest preventable risk factor for poor physical and mental health

## Our mission

As an independent health think tank we aim to encourage more preventative, evidence-based policies and approaches - to tackle the increasing mental and physical health issues the UK is facing.

## Our approach

- To identify the root causes of health issues, 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 like-minded organisations 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 mental and physical 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 free up potential, with more people able to contribute positively, more actively, for longer.

## Who we are

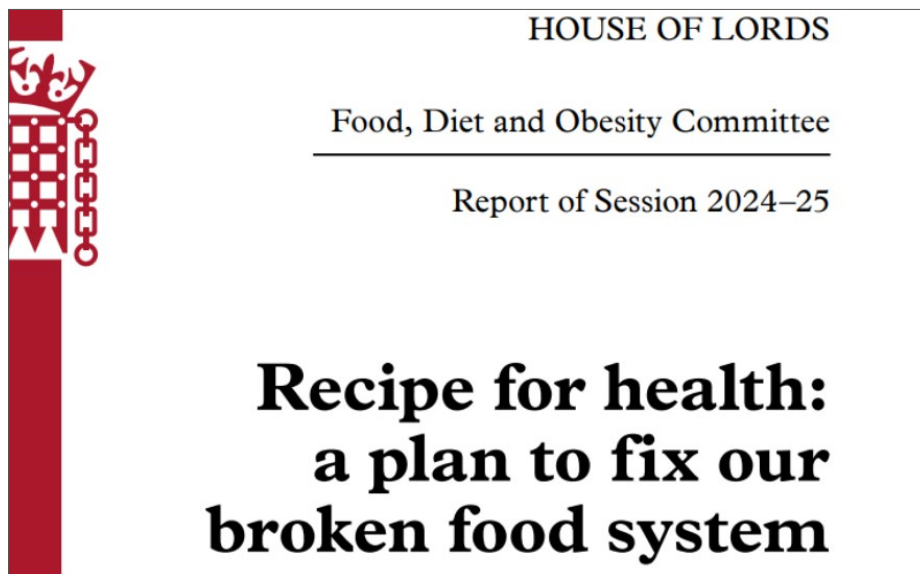
We're a health think tank, launched in 2015 and recognised as a charity for tax purposes by HMRC, with expert volunteers from a range of backgrounds, in particular health, education and medical research.

## Who we work with to help achieve our mission

We are a member of the Inequalities Health Alliance and the Obesity Health Alliance, and a supporter of Health Equals and Recipe for Change.

We also work in partnership with universities on research projects. In recent years university partners have included King's College London, Goldsmiths University of London, Greenwich University, Derby University and Ulster University.

## Working to influence health policy



We were pleased to be able to share findings from our research into obesity with the House of Lords Select Committee and pleased to see some of our evidence cited in its report e.g.

‘Health Action Research Group likewise noted that, while human physiology and psychology are unlikely to have changed significantly in a few generations, the food environment children are growing up in clearly has.’

‘Large food businesses routinely reformulate products in response to consumer tastes and regulatory pressure in different markets.’

We were also pleased to be invited to the parliamentary launch of the Committee’s Report.

### Publication of House of Lords Food, Diet and Obesity Committee report—Recipe for health: a plan to fix our broken food system

Thank you for your contribution to the evidence, work and findings of the House of Lords Food, Diet and Obesity Committee. The Committee was very grateful for your input to its inquiry

## Working to influence health policy

### HEALTH ACTION RESEARCH GROUP – WRITTEN EVIDENCE (FDO0007)

Written evidence for the House of Lords Select Committee on Food, Diet and Obesity from the Health Action Research Group

#### INTRODUCTION

Health Action Research Group is an independent health think tank, whose guiding principle is that prevention is better than cure. In this evidence we draw on our research into the underlying causes of obesity, the role of the food and drink industries, initiatives that have successfully begun to reduce childhood obesity in a number of different countries and what we can learn from them.

#### EXECUTIVE SUMMARY

1. Human physiology and psychology are unlikely to have changed significantly in a few generations. However, the environment children are growing up in clearly has – suggesting an increasingly obesogenic environment is the primary driver for obesity among both the general population and people living in deprived areas.
2. Obesity is a classic example of prevention being better than cure. Only 2-3% of obese adults currently achieve a healthy weight over a ten-year period, confirming the importance of action to prevent children and young people becoming obese in the first place.
3. Successive Conservative governments appear to have taken the lobbying of food and drink companies at face value, resulting in longstanding and continuing delays to the implementation of action to reduce the prevalence of obesity.
4. However, reformulation is a relatively routine process for the food industry, already undertaken to meet the tastes and regulatory requirements of different markets.
- Contingency plans have presumably also been made to respond as and when a government is elected which takes a more pro-active approach to reducing obesity. This was illustrated by the speed with which reformulated drinks were brought to market in response to the Soft Drinks Industry Levy (SDIL).
5. New technologies continue to emerge, making it ever-easier for food companies to mass-produce food lower in sugar, salt and fat without recourse to artificial ingredients. Examples include: salt microspheres, micro-aeration, adding salt aroma to reduced salt products, natural alternatives to sugar, flavour delivery particles, alternative reformulations, and the potential for dietary protein to encourage satiety.
6. Governments should therefore not be afraid to take action to ensure healthier mass-produced food in the UK. As McKinsey have persuasively argued, legislation to ensure a level playing field is in the interests of food companies themselves, by reducing perceived business risk.

Extracts from evidence provided to the House of Lords Select Committee

## Working to influence health policy – mental health

Our research into the reported mental health crisis in recent years has suggested that public perceptions and national policy have sometimes been based on flawed evidence and assumptions. For example, a narrative had taken hold that universities were unusually toxic for young people's mental health and that urgent action was therefore required to support student mental health. However, our review of the evidence found:

- University students had above average mental health
- University students had below average suicide rates
- More than 80% of university students with mental health problems reported their problems started at school not university

Similarly, during COVID the prevailing assumption was that this would be bad for young people's mental health. However, our review of the evidence suggested a much more nuanced picture, with some young people reporting improved mental health, while living in a deprived area was probably the biggest risk factor.

At the time our evidence-based approach appeared to be an outlier. However, in January the Centre for Social Justice published its *Change the Prescription* report, whose review of the evidence came to many similar conclusions to our own. March then saw Health Secretary Wes Streeting MP suggesting there has been an over-diagnosis of some mental health conditions.

To be clear, serious diagnosed mental health conditions (like schizophrenia, bipolar disorder and anorexia) are real and need prompt medical diagnosis and treatment. Mental distress is also real for those experiencing it and will often benefit from support and a listening ear from family, friends or pastoral staff. However, unless the distress is unusually long-lasting, has an unusually severe impact on people's daily life, and possibly has no obvious cause, it is a normal human emotion, not a mental health problem – and pathologizing it risks actual mental health problems, for instance through a nocebo effect.



We are therefore continuing our research into mental health, including exploring with university partners the feasibility of research into how the language around mental health has evolved and the implications for mental health. This follows up the literature review Costello Medical undertook for us in 2023 which identified, for instance, the phenomenon of 'looping' where researchers found young people took psychiatric labels, devalued and gave nuance to them, transforming them from diagnostic categories to cultural categories.

## Working to influence health policy – mental health

### Transforming the way mental health is understood

*Change the Prescription*, the recently published Centre for Social Justice report, asks a question we ourselves have been asking for a number of years. Is the UK over-diagnosing mental health conditions? There are many parallels with our own findings and recommendations, including:

### A medical response doesn't address the underlying causes

We both identify that, whilst government has recognised the seriousness of the reported mental health crisis, the reliance on an essentially medical response has failed to stem the tide. This is because it fails to take account of social determinants of health. For instance, our assessment is that deprivation is probably the single biggest preventable risk factor for serious mental health conditions. Similarly *Change the Prescription* notes a clear correlation between poverty and the increased risk of suffering from mental ill-health.

### The language around mental health

In our evidence to the House of Commons Health and Social Care Committee in 2021 we recommended the importance of clarifying the terms mental health, mental health problem, mental distress, mental health condition, mental illness and mental disorder – and who is therefore at serious risk and should be a priority for specialist support. *Change the Prescription* makes the same recommendation i.e. 'To turn the tide on over-medicalisation it is urgent that: NHS England work with all Mental Health Trusts to establish a shared definition for terms such as 'disorder,' 'illness,' 'wellbeing,' 'mental health,' and 'distress.'

### Major socioeconomic consequences

*Change the Prescription* recognises that the reported mental health crisis isn't just a health issue. It also has significant social and economic implications i.e. the current medical model is unaffordable. Along similar lines we have identified that, because the root causes of mental health issues are not being addressed, children are now carrying their mental health problems forward with them, from school to university to adult life and the world of work – with significant economic implications for the UK.

### An unhelpful conflation of mental health conditions and everyday worries

*Change the Prescription* suggests that, in a desire to support and enable individuals to have positive mental health, there is a danger that the pendulum has swung too far, and that the boundaries between distress and disorder have become blurred – which risks those who are unwell missing out on the treatment they deserve, and burdening others with unhelpful labels and prescriptions that can hold them back without addressing the root cause of their very real needs. Similarly, we have identified that well-intentioned campaigns to destigmatise mental ill health may unwittingly have led to an unhelpful conflation of clinically diagnosed mental health conditions and everyday worries (which are now being reported as mental health problems) creating an anxiogenic environment – with potentially harmful nocebo effects.

Extracts from a 2025 blog in which we identified a range of similarities between our findings in recent years and the findings in the *Change the Prescription* report.



## Working with others to influence health policy



The Prime Minister  
10 Downing Street  
London, SW1A 2AA

12th September 2024

Dear Prime Minister

On behalf of leading health charities, campaign groups, medical royal colleges and the thousands of healthcare professionals, patients, parents, and citizens that we represent, the Obesity Health Alliance is writing to express its full support for the development of new policy reforms, allowing the planning system to better support the creation of healthy, active local communities and reduce health inequalities.

The direction laid out in the National Planning Policy Framework which references addressing obesity and, in particular, preventing new hot food takeaways from opening near schools, is greatly appreciated and will tangibly improve the environments in which children grow up. To deliver on your most welcome ambition to create the healthiest generation of children ever, this announcement must be the first step: empowering local communities to make the places they live in healthier.

Across the country, especially for those living in more deprived areas, local leaders are eager to make their communities healthier, but often lack the powers and resources to do so. This potential can be realised by moving to a cross-Government, cross-society focus on preventing ill health developing in the first place. Today, we are launching our new position statement calling for the following:

- Ensuring that the prevention of ill health and the reduction of health inequalities is established as a primary purpose of the national planning guidance
- Only healthier food and drink to be advertised in outdoor spaces
- Local authorities to be protected against powerful commercial influences
- The restoration of the Public Health Grant with a £1.5 billion uplift
- Supporting the creation of Local Food Partnerships
- Ensuring that the National Child Measurement Programme is fully delivered, and families are supported when excess weight is identified.

**Extract from a letter to the Prime Minister which we co-signed, as a member of the Obesity Health Alliance.**

## Working with others to influence health policy



8 November 2024

Dear Prime Minister

Chancellor of the Exchequer, Rt Hon Rachel Reeves MP  
Secretary of State for Health and Social Care, Rt Hon Wes Streeting MP

To the Chancellor of the Exchequer and the Secretary of State for Health and Social Care,

On behalf of leading food, health, and children's advocacy groups, as well as experts and royal medical colleges, we are writing to explore how we can collaborate with you to ensure that the food and drink industry plays a stronger role in building a healthier nation.

We welcome the long overdue uprating of the Soft Drinks Industry Levy (SDIL) announced in the Budget. Uprating the levy charges to take account of inflation and announcing a review of both the current thresholds to SDIL and extending it to sugar-sweetened milk and milk substitute drinks are sensible proposals to make a successful policy even more effective.

However, we must not lose sight that preventable obesity and food-related ill health is costing billions each year in healthcare and lost productivity. To improve the nation's health and support economic growth we urge you to go further and faster to create the right financial incentives for companies to improve the food that they sell to us.....

We therefore encourage you to use the Comprehensive Spending Review and 2025 Budget process to set out a more ambitious plan to establish further financial incentives for a healthier food industry.

There is strong evidence which suggests the public wants the government to regulate further. Only 13% of the British public believe food companies will make their food healthier without Government intervention, according to new YouGov polling which surveyed almost 5,000 people.

**Extract from a letter to the Chancellor of the Exchequer and the Health Secretary, which we co-signed as a supporter of the Recipe for Change campaign – and which was a front-page news story for The Guardian in November.**

In our 2015 report *Healthy and Wealthy?* we identified a need to incentivize the food industry to produce healthier food. For example, we recommended that corporation tax relief on R&D for the food industry be amended to incentivise the research and development of healthier mass-produced food. Since then, we have continued to explore the food industry's role, including what is and isn't feasible when it comes to reformulation. So, we are pleased to now see wider recognition of the need to incentivize the food industry to improve the food they sell us.



## Working to influence health thinking and health policy

Our research reviews continue to suggest the importance of non-medical factors in reducing the risk of mental ill health for children and young people. Relying on a purely medical approach (i.e. waiting until symptoms appear and then seeking to diagnose and treat) is often too little, too late.

Where opportunities arise to share our findings, we continue to do so, as in the example here:

The screenshot shows the Lancet Psychiatry website. The article title is "Non-medical factors influencing mental health still need evidence" by Michael Baber, published in August 2024. The article is categorized as "CORRESPONDENCE" in "VOLUME 11, ISSUE 8, P587, AUGUST 2024". A "Download Full Issue" button is visible. The article text discusses the importance of non-medical factors in mental health care, mentioning that in an ideal world, it would be widely recognised that a range of factors influence mental health. It lists factors such as deprivation due to poverty and child maltreatment, physical activity, a healthy diet, unstructured play in childhood, spirituality, expressive arts, social interaction, and time spent in nature. It also mentions that unfortunately, politicians, pressure groups, and the media have tended to see mental health from a one-dimensional perspective focused on medical diagnosis and treatment. For example, in the UK, the Conservative government has focused on increasing the number of Mental Health Support Teams, while the Labour party's flagship mental health policy is to recruit an additional 8500 mental health staff. To encourage a more preventative and holistic approach, randomised controlled trials, such as the one conducted by Sebastian Wolf and colleagues, are necessary to complement the current medicalised approach to mental health care.

References

Article info

Linked Articles

Request your institutional access to this journal

ELSEVIER

15°C Mostly cloudy

Search

17:12 17/07/2024

Perhaps paradoxically, what research tells us is that to improve young people's mental health we may need to consider approaches which, at first sight, have no obvious connection with mental health. Examples include:

Active Play, with minimal adult supervision (which one study indicated proved particularly beneficial to the mental health of young people from lower income families during the COVID pandemic).

A Healthy Diet, which studies show is associated with less depression, whereas junk food appears to increase the risk of anxiety and depression.

Physical Activity, which is associated with a significant reduction in depression, anxiety, psychological distress and emotional disturbance – leading to the suggestion that it is as beneficial for mental health as cognitive behavioural therapy.

Being a Scout or Guide both seem to benefit young people's mental health, with longitudinal studies suggesting that being a Guide or Scout is associated with above average mental and physical health decades later, at age 50.

Research Programme

The implications of AI for mental health was one of the areas we have researched over the last year, including our findings published in *Exploration of Digital Health Technologies*.

Exploration of Digital Health Technologies

AboutArticlesSpecial Issue▼For Authors▼For Reviewers▼Focus

Search

Home > Exploration of Digital Health Technologies > Articles

Open Access

Mini Review

AI-based treatment of psychological conditions: the potential use, benefits and drawbacks

Michael Baber, Barbara Baker

Explor Digit Health Technol. 2025;3:101143 DOI: <https://doi.org/10.37349/edht.2025.101143>  
Received: November 26, 2024 Accepted: March 13, 2025 Published: April 03, 2025  
Academic Editor: Mirko Casu, University of Catania, Italy  
This article belongs to the special issue Digital Health Innovations in the Battle Against Psychological Problems: Progress, Hurdles, and Prospects

Abstract

Mental healthcare in a range of countries faces challenges, including rapidly increasing demand at a time of restricted access to services, insufficient mental healthcare professionals and limited funding. This can result in long delays and late diagnosis. The use of artificial intelligence (AI) technology to help to address these shortcomings is therefore being explored in a range of countries, including the UK. The recent increase in reported studies provides an opportunity to review the potential, benefits and drawbacks of this technology. Studies have included AI-based chatbots for patients with depression and anxiety symptoms; AI-facilitated approaches, including virtual reality applications in anxiety disorders; avatar therapy for patients with psychosis; AI humanoid robot-enhanced therapy, for both children and the isolated elderly in care settings; AI animal-like robots to help patients with dementia; and digital game interventions for young people with mental health conditions. Overall, the studies showed positive effects and none reported any adverse side effects. However, the quality of the data

Submit a Manuscript

Aims and Scope

Editorial Board

Author Instructions

PDFXML

CitationCite this Article

RISBibTex

Article Metrics

View: 35

Given the potential for cross-government approaches for health, we also researched the use of Health Impact Assessments in local authorities, to explore if there might be lessons here that could be applied more broadly, including at a national governmental level.

SocArXiv Papers

My PreprintsAdd a paperDonateSign UpSign In

Investigating the use of Health Impact Assessments to assess decisions made outside of town planning in UK local authorities

AUTHORS  
Jessica Taylor, Amber Nyoni, Nicole Musuwo, Joshua Greaves, and Jennifer Leggat

AUTHOR ASSERTIONS  
CONFLICT OF INTERESTNoPUBLIC DATANoPREREGISTRATIONNo

Download paper

Views: 50 | Downloads: 90

plaudit

Be the first to endorse this work

Abstract

Background: Population health across the UK has stagnated over the last 14 years, whilst health

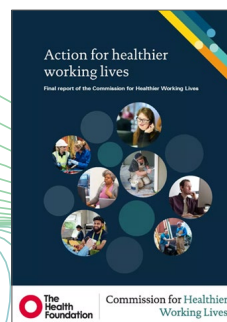
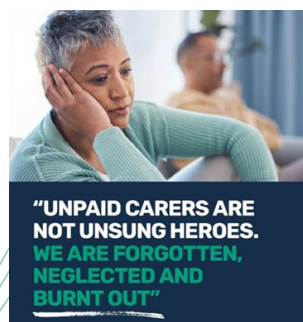
This website relies on cookies to help provide a better user experience. By clicking Accept or continuing to use the site, you agree. For more information, see our Privacy Policy and information on cookie use.

## Health News and Views

Our BlueSky and Twitter accounts (<https://bsky.app/profile/healthaction.bsky.social> and [https://twitter.com/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 included:

- A lost decade in health improvement as flatlining data shows no change since 2011 – with social renters, unpaid carers and people living in deprived areas most vulnerable.
- Racism can adversely affect health – but conversely, diagnosed ill health is lower among people of Chinese, Black African and Indian origin.
- A majority of people in Britain want new taxes imposed on companies that make either junk food or ultra-processed foodstuffs to help tackle the obesity crisis, polling suggests.
- A healthy lifestyle may offset the impact of genetics by more than 60% and add another five years to your life.
- A changing health landscape for teenagers. Less prone to traditional health risks (like smoking, drug use and alcohol) – but more prone to new health risks (like obesity and mental ill health).
- Physical exercise offers similar benefits for depression as psychotherapy and pharmacotherapy, a new systematic review suggests.
- Family economic insecurity can hurt children's mental health, through a knock-on effect from increased parental depression and relationship problems leading to harsher parenting.
- Around a third of global deaths are caused by ultra-processed foods, tobacco, and air pollution – according to The Lancet, which has been examining the commercial determinants of health.



# CONTACT

Health Action Research Group  
Dalton House  
60 Windsor Avenue  
London SW19 2R

[www.healthactionresearch.org.uk](http://www.healthactionresearch.org.uk)

[info@healthactionresearch.org.uk](mailto:info@healthactionresearch.org.uk)

Design by Ilona Szczepanczyk  
[www.ilonaszczepanczyk.com](http://www.ilonaszczepanczyk.com)

*Health Action Research Group is a not for profit limited  
company - number 10753014, recognised as a charity by HMRC*

**HEALTH ACTION  
RESEARCH GROUP**

because prevention is better than cure