HEALTH ACTION CAMPAIGN

because prevention is better than cure



ANNUAL REVIEW 2020-2021

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.

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.

Partnership working

We are currently working in partnership with:

- King's College London, Ulster University and Greenwich University on research into student mental health.
- SMaRteN, the national student mental health research network.
- The Obesity Health Alliance, to encourage the government to give higher priority to tackling obesity.
- The Inequalities in Health Alliance, to encourage a crossgovernment strategy to reduce health inequalities.
- The Health Creation Alliance, to encourage local people and health professionals to work together as equal partners in creating healthy communities.

Our Long Term Priorities

Make healthy choices the easy choices for people – by making healthier food and drink more widely available, 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.

More focus on child health – because what happens to us in the early years of life from conception onwards can influence our health and our weight for years to come.

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.

Current Projects

Health at Work

Initiatives here can be good for both employers and employees, potentially reducing sickness absence, boosting morale and productivity and improving staff retention.

Our Employers Guide to Health at Work was updated in 2021, to reflect changes post- pandemic. It includes:

- The business case for health at work initiatives
- A questionnaire to help employers identify where they are starting from
- Managing the main physical and mental health risks as an employer
- Quality of work and its effect on health
- Case studies from different types of employer
- FAQs
- Useful resources

I thought the guide was really useful, and I'm definitely going to use this to benchmark what my organization has to offer.



HR Adviser

Student Mental Health

The UK media have regularly reported on what they see as a growing student mental health crisis. However, our research suggests some alternative ways of understanding what is happening.

Fresh Perspectives

For the vast majority of students who'll experience mental health problems there's growing evidence that symptoms first start BEFORE university.

Four factors may have combined to make today's students less prepared for the transition to university and more predisposed to mental health problems once there:

- A safeguarding, 'spoon-feeding' culture in schools.
- Over protective or over indulgent parenting.
- The lure of social media.
- The medicalization of normal feelings and emotions.

Reversing these trends is therefore likely to benefit student mental health.

Our Recent Research

In partnership with researchers at King's College London, Ulster University and Greenwich University we tested our hypothesis, in a pilot survey with a sample of first year students at each of the three universities.

Initial results support the hypothesis. For instance, regarding parenting, 49% of students reported their parents had intervened at their school and 66% of students living away from home reported daily phone calls or multiple calls per week, mainly initiated by their parents.

Special thanks go to our research partners at King's College London, Ulster University and Greenwich University, for making this study possible.

'SPOON-FEEDING': A CONTRIBUTOR TO STUDENT MENTAL DISTRESS?

9/30/2020 0 Comments



Despite A-level results improving steadily since the 1990s there has been a surge in reported levels of student mental distress at UK universities, often resulting from academic pressures. (1) How can it be that students are leaving school with higher grades than ever, yet are struggling more at university, with knock on effects on their mental health?

One factor may be the phenomenon of 'spoon-feeding'.



7/16/2020 <u>0 Comments</u>



There's a lot of focus on the mental health risks for widening participation students. That's what I'm researching, on behalf of Health Action Campaign. I'd welcome feedback on this from fellow researchers.

Student Mental Health

Sharing our findings

We have shared our research findings:

- In Perspectives in Public Health through our article 'Student mental health - a public health challenge?'
- Via SMaRteN, the national network for research into student mental health - including blogs on the potential mental health implications of widening participation and of a spoon-feeding approach to learning.
- Through written evidence to the House of Commons Health and Social Care Committee's inquiry into children and young people's mental health.

Perspectives in **Public Health**

Student mental health – a public health challenge?

Half of young people in the UK now go to university, where a significant increase in demand for counselling and mental health-related services has been reported. Baber and Bate's assessment suggests that most mental health issues start before university. This short article considers the scale of the public mental health challenge.

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Our assessment suggests that most mental health issues start before university. A survey of 21,000 students published in 2020 suggests that for the vast majority of students the onset of their mental health problem started in school 1 This correlates with its predecessor, the largest ever survey of student mental health, where 81.6% of

emotions previously viewed as normal responses to the challenges everyday life can present, particularly as young people navigate adolescence

and early adulthood for example, feeling stressed, anxious, panicky, worried, lonely, unsupported, or overwhelmed. The proportion of university students with diagnosed mental

health conditions has not risen significantly, other than can be accounted for by an expansion of definitions of mental illness (including an expansion of the ways 'generalised anxiety disorder' was defined in 2013) 4 Students do not usually have backgrounds that predispose them to

There are record numbers of both international and widening participation students widening participation and suggestions they are at increased risk

prepared for them than their predecessors. There are record numbers of both international and students and suggestions they are at increased risk - but often little hard evidence to

prove they are experiencing greater mental distress, although evidence from the US suggests students from disadvantaged backgrounds, whose transition to university is effectively being thrown in at the deep end, tend to fare less well than those helped to prepare for what can sometimes



Tackling Health Inequalities

Health inequalities in the UK are real and increasing. Even before Covid-19, people in the most deprived areas were spending 19 more years in poor health, compared with their counterparts in the least deprived areas - and during the pandemic, death rates were twice as high in the most deprived areas

To help consider how best to tackle health inequalities in the UK, the project team is currently researching seven questions:

- What can we learn from other countries? 1.
- 2. Is it possible to reduce health inequalities without reducing financial inequalities?
- З. What contribution is Public Health making to tackling health inequalities in the UK?
- 4. What environmental changes (in people's immediate environments, at work and more generally) are needed to begin to reduce health inequalities?
- How can we break the cycle of deprivation 5. in communities? Is focusing on mothers/ families, the education system, employment, or empowering local communities likely to prove most effective?
- Which of the policies of the main political parties 6. in the UK are most likely to help reduce health inequalities and why?
- 7. Do dental health inequalities contribute to other health inequalities and, if so, how can this be tackled?

Our thanks to Haddija, Hajer, Lile, Lori, Maysa, Nicole, Paulina, Sally, Sara and Sigrun for kindly volunteering to help with this new project.

RSPH

Guest Blog: The Impact of Climate Change on Public Health

The became interested in the influence of the main-hade environment in health while working as a Trainee Safety Consultant, gaining insight to environmental health protection within the nuclear, oil and gas ndustry. This has led to her current research, on the wider influence of

ange on public health. Here, she outlines the significant nate change could have on UK public health.



Encouraging physical activity: what works

Most people in the UK know they should be doing more physical activity, even if they may not always know why or tend to overestimate how much exercise they are taking. However, many are not acting on what they know. For example, research by Sport England found that 75% of women surveyed said they wanted to do more exercise - but often weren't.

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SUCCESSFUL INITIATIVES This short article considers which

more than 14,000 workplaces and community organisations; Park Run, with around 350,000 people taking part each week; Fit at the Free, whose results included a team of facilities staff at the Royal Free Hospital walking up Mount Snowdon; Fujitsu UK and Ireland's participation in Global Challenge, with more than 1000 employees taking part in 2017, 80% of whom ended the challenge with a daily average in excess of 10,000 steps, compared to 18% before the challenge; This Girl Can, which in just 1 year encouraged 2.8 million women to do more exercise; and Race for Life, which has resulted in 8 million women taking part to raise money for Cancer Research UK. Our analysis suggests that a number of factors help explain this success (Table 1).



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Girl Can's successful formula was based on market research that revealed the major obstacle to female participation was fear of being judged - for their appearance (e.g. being sweaty, having a red face and how their body looks during exercise); their ability; and spending time exercising instead of being with family friends, studying or working. This Girl Can therefore helped women deal with this fear of judgement in a number of ways, from positive role models to providing a strategy for dealing with the judgement they feared. This fits with cognitive behavioural therapy, which suggests that to beat a fear, you have to face it. Most successful initiatives also provide what we describe as ExercisePLUS. In

Health throughout the life course

We continue to support action to tackle childhood obesity, including as a member of the Obesity Health Alliance.

Our research into student mental health has identified factors placing mental health at risk from school through to university, continuing into the world of employment.

We have updated our Employers Guide to Health at Work, to take account of likely longer-term trends accelerated by the pandemic.

Our Age Watch project continues to provide evidence-based information to help people increase their chances of living a long and healthy life.



The Next Steps

We look forward to reporting further progress in our next Annual Review, in particular on our three current projects:

- Tackling Health Inequalities
- Reducing the Risk of Student Mental III Health
- Health at Work

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