

**HEALTH  
ACTION  
CAMPAIGN**

because prevention is better than cure

*The importance of the early years*

*Making healthy choices the easy choices*

*Rethinking mental health* *Prevention is better than cure*

*Health in all policies* *Health throughout the life course*

*Partnership working* *A true National HEALTH Service*

*Tackling health inequalities* *Healthy Ageing*

**ANNUAL REVIEW**  
**2021-2022**

## 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

**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.

**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 (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.

## Partnership working

Working in partnership increases our effectiveness. We currently work in partnership with:

**The Inequalities in Health Alliance**, to encourage a cross-government strategy to reduce health inequalities.

“

*While it may seem that health inequality is a matter for the Department of Health and Social Care or the NHS, health and social care services can only try and cure the ailments created by the environments people live in. If we are to prevent ill health in the first place, we need to take action on issues such as poor housing, food quality, communities and place, employment, racism and discrimination, transport and air pollution. All parts of government and public services need to adopt reducing health inequality as a priority.*

**Inequalities in Health Alliance**



**The Obesity Health Alliance**, to encourage the government to give higher priority to tackling obesity.

“

*Over the last 30 years levels of obesity have increased significantly across the UK. Piecemeal efforts by governments to turn this tide have been largely unsuccessful. However, the right strategy - one that takes a system-wide approach across everywhere we live, learn, work and play - will enable everyone to move towards attaining, sustaining and enjoying improved wellbeing and a healthy weight, regardless of age, ethnicity and background.*

**Obesity Health Alliance**

**WORKING TOGETHER  
TO REDUCE OBESITY**



**The Children's Alliance**, to help government understand the importance of investing in action upstream, in early childhood, both for the sake of children's health and to reduce preventable illness later in life.

“

*Most people don't realise how much a child's first five years will impact their physical and mental wellbeing for life. We want to change that.*

**The Children's Alliance**



**King's College London, Ulster University and Greenwich University** on research into student mental health.

“

*To better understand the underlying factors influencing student mental health, pilot research was undertaken with a sample of first year students at three universities, each with a different student demographic - King's College London, Ulster University and Greenwich University. The study investigated what this sample perceived to be mental health issues, possible underlying risk factors, and factors proven to be protective of mental health, to help identify potentially more positive approaches.*

**The Student Mental Health Crisis - a fresh perspective**



# Current Projects

## Student Mental Health

May 2022 saw the publication of our pilot study into student mental health, conducted in partnership with Greenwich University, King's College London and Ulster University. This suggested fresh perspectives, which we are now researching further - in particular the potential importance of what happens in young people's lives BEFORE they come to university for their mental health AT university.

Our thanks go to Natasha Airey, William Bate, Sophie Izzard, Nikita Sinclair and Elizabeth Walters for their contribution to our initial scoping review, to Ellen Ji and Katerina Vafeiadou (in particular for their analysis of the data from the pilot study), and to our university research partners for making the pilot study possible and ensuring the report accurately represents the study's findings.

4 The Student Mental Health Crisis  
A fresh perspective

## Executive Summary

### Mental health problems start pre-university for most students

The largest student mental health surveys conducted in the UK indicate that for 'the vast majority' of students who will report mental health problems at university, their problems started while they were still at school. This suggests that waiting for students to arrive at university to begin to tackle these problems is too little too late.

### University life is unlikely to explain the rise in student mental health problems

Most suggested risk factors have been true for generations of students, including the transition from home and school to university, coursework deadlines, exams, sexual orientation and access to alcohol and drugs. They may explain why some students in each generation experience mental health problems but not the recent increase in reported problems, which has led to its description as a mental health crisis. Even where risk factors are relatively new historically, such as widening participation or the move from grants to loans, these are university specific and do not explain why so many young people are arriving at university already predisposed to mental health problems.

### A pilot study to better understand student mental health problems

To better understand the underlying factors influencing student mental health, pilot research was undertaken with a sample of first year students at three universities, each with a different student demographic - King's College London, Ulster University and Greenwich University. The study investigated what this sample perceived to be mental health issues, possible underlying risk factors, and factors proven to be protective of mental health, to help identify potentially more positive approaches.

### The influence of pre-university experience on student mental health

The pilot study suggests a number of associations between young people's experiences in their schooling/college years and aspects of their subsequent mental wellbeing at university:

- Students were more likely to report stress/anxiety at university where they considered their schooling/college habits provided a good preparation for university.
- Where they had spent more non-study time online during their A Level years they were three times as likely to often or always feel lonely at university.
- Future research should consider whether young people are being given access to sufficient resilience-building opportunities before they come to university.
- It may be of value to research the language young people use to describe and interpret negative feelings and emotions in a mental health context.

### Action to reduce student mental health problems

Taken together, the pilot study and wider research suggest the importance of upstream action in the school and college years, in particular the value of:

- Schools considering what they can do to help young people arrive at university better prepared for independent learning.
- Teachers and carers considering how they can help equip students to manage their time online.
- Research into resilience-building opportunities pre-university, to help with the subsequent transition to independent living and learning at university.
- Research into the ways people describe and interpret negative feelings and emotions being provided where needed, while at the same time not over-medicalising normal human responses.



## Introduction

### The reported student mental health crisis

A student mental health crisis was always being widely reported in the UK via social media, appearing in headlines from reported media sources, including the Guardian and the Financial Times<sup>1</sup>. The researchers have been more transparent in their use of language there has been a general acceptance that student mental health problems have been increasing. For example, a 2021 report from the Institute for Public Policy Research began by stating, 'Levels of mental illness, mental distress and low wellbeing among students in higher education in the UK are increasing, and are higher relative to other sections of the population'<sup>2</sup>. While in 2019, Batchelor<sup>3</sup> described student mental health as an issue of growing concern. 'The continuing focus on student mental health has moved it up the agenda for both the government and universities. In 2021 the Stourbridge Mentally Healthy Universities report was published and in September 2018 the Universities Minister wrote to university Vice Chancellors in England, calling on them to make the mental health of students a priority'<sup>4</sup>. The following year saw the publication of the University Mental Health Charter<sup>5</sup>. However, there are a number of questions regarding the reported student mental health crisis.

Many factors suggested by researchers as being the 'student mental health crisis' have been true for generations of students. For example, according to the University Mental Health Charter, 'It has long been recognised that, for many, the transition into higher education can be a stressful process'. If the transition has long been recognised as a potentially stressful experience then, by definition, it is not a new factor that might explain the reported increase in student mental health problems.

The same rationale applies to other risk factors suggested, for instance at

conferences on student mental health organised by the UK Education Forum and an national research report on student mental health. These other suggestions include childhood adversity, from university health care, private rented accommodation, pressures, sexual or break-downs and the alcohol and drugs. To why some students experience mental health problems the significant reported current students, university cannot see will return are finding these experiences challenging than the previous generation.

One generational change in levels of student, some research suggests significant a factor in health as had been generational change in the proportion of students in 2019/20 to 18.9%, another potential factor here, though, appears. For instance, a student London found that students expressed and higher stress levels in the academic year and conversely, with students had significant on neuroticism, which of neuroticism that with worse mental

A further factor regarding the idea health crisis is that health surveys may students who perceive to have a mental health problem the National Institute Care Excellence (NICE) 'People with mental health problems may be more resilient than people without overall prevalence artificially elevated that student suicide indicator of the severity

The Student Mental Health Crisis  
A fresh perspective 5

## HEALTH ACTION CAMPAIGN

because prevention is better than cure



## The Student Mental Health Crisis

A fresh perspective



To follow up these initial findings, a Health Action Campaign team is currently researching young people's experiences PRE-university, to explore these potential influences in more detail.

Our thanks to Anna Frey, Barbara Baker, Darmina Manta, Harrison Prince, Lindsey Stack, Mikael Leidenhag, Rachael Stanton, Sophie Izzard, Tracy Scott and William Bate for their contribution to this phase of our research.

This pre-university research will then be used to help draft a bid for research grant funding, with our university partners, for a proposed longitudinal study to commence in Autumn 2023, following students through their Sixth Form years to their first year at university.

## Health Inequalities

Health inequalities in the UK are real. How long we're likely to live and how many years of good or bad health we're each likely to enjoy is often a postcode lottery.

- A man in affluent Kensington and Chelsea will live, on average, 11 years longer than a man in Glasgow.
- Women in affluent Richmond upon Thames can expect to enjoy an average of 18 years more good health than women in Tower Hamlets.

And these health inequalities are getting worse.

- 3.7 times more working age adults died from Covid-19 in the poorest areas of England compared with people living in the richest areas.
- Even before Covid, the North/South divide in the nation's health was wider than it had been for forty years.

That's why we're focusing on health inequalities - what is causing these inequalities and how best to reduce them. For example, we have researched and reported:

- The importance of early intervention, as significant health inequalities are already clear in the early years, due to the economic, environmental and psychosocial conditions children often grow up in, in deprived areas.
- The potential of education to increase the chances of living a long and healthy life and to reduce health inequalities.
- The need to tackle environmental health inequalities, with local and national investment in urban and transport planning needing to be prioritised in deprived communities.
- The need for partnership working, locally and nationally, to make public health a priority for everyone.
- Targeting support for those with the greatest needs is usually more effective than a one-size fits all approach.
- Social prescription presents local authorities, and the NHS, with an opportunity to make use of existing local resources, facilities and community services to improve the health and wellbeing of their local population.
- The value of a Health in all Policies approach by both local and central government - as housing, education, leisure, transport and the environment are just some of the factors influencing health, but each is usually the responsibility of a different department and health isn't always an obvious priority for them.

With thanks to the members of our Health Inequalities research team: Lorraine Boulting, Maysa Elsayedkarar, Nicole Musuwo, Pauline Stroud, Sara Meriouma, Sigrun Clark and Viknesh Akilan.

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

*Michael Baber is Director of Health Action Campaign and a Fellow of the Royal Society for Public Health. Health Action Campaign encourages government, businesses and health professionals to make healthy choices easier for people and is a member of the Inequalities in Health Alliance convened by the Royal College of Physicians. Michael is currently leading Health Action Campaign's work on health inequalities, and will be speaking on this topic at the Hospital Standards Conference.*

*(Source - Inside Government 2021)*

## Health throughout the life course

### Children's mental and physical health

We submitted evidence on children and young people's mental health to the House of Commons Health and Social Care Committee. This included:

- The need to clarify what mental health means
- The importance of the early years for long term mental health
- Factors reducing resilience and predisposing to mental distress
- Factors increasing resilience and reducing mental distress

We also contributed to the Children's Alliance report on the Physical Health of Children and Young People. For example, we advised on the importance of a cross-government approach, given the potentially important role of government departments other than health, in particular:

- Education
- Environment and Food
- Housing, Communities and Local Government
- Digital, Culture, Media and Sport



### Healthy Ageing

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

- Preventing falls as you get older
- Reducing the effects of ageing on the senses
- Risk factors for Dementia - and which of these can be changed
- Staying physically, mentally and financially healthy in retirement
- Where people live longest in the UK and why

The website has received over 280,000 hits in the last twelve months. Our thanks to John Revington for his editing expertise and to our researchers, in particular Barbara Baker, for their contribution.

# CONTACT

Health Action Campaign  
Dalton House  
60 Windsor Avenue  
London  
SW19 2R

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

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

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

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

**HEALTH  
ACTION  
CAMPAIGN**

---

because prevention is better than cure