

This submission is a transcript of an exposition given at the Issue Specific Hearing taking place on 15th January (Health and Visual Impacts). This submission is provided at the request of the Inspector presiding

Thank you for the opportunity to speak. I am Ray Stansfield happy to be referred to as Ray. I am a resident of West Lindsey and a member of the 7000 acres group. As this is a session devoted to health, safety and wellbeing I'd like to address the effect of the visual environment on mental health. My background is one of half a century in mental health care, the first 30 years of which were in clinical practice as a registered mental health nurse and the last 20 years as a nursing academic at a university in the north of England. This campus is the largest provider of education for professions allied to medicine in Britain.

I was initially rather jealous of 7000acre colleagues (I have redacted) and (I have redacted) as their objections as power generation engineers seemed so much more straight forward and easily evidenced than the nebulous issue of mental health. I was wrong in that of course (physics are not straightforward something the proposers use to advantage) I think we all recognise that psychological health in relation to the environment is hard to define and capture. Though I argue its very elusive nature makes it even more important to recognise and that it deserves much more weighty consideration in the light of that.

Ever since humans stood upright on two legs on the savanna vision has become the predominant sense. There is only one picture of Myra Hindley that you will ever have and every one of you is thinking of it now

The ongoing inquiry into the effects of lockdown reveals the damage done by isolation from the natural world and the depressive effect of being captured in a place where you can only see a monotonous vista.

When I first entered psychiatric care disturbed patients were nursed in what we thought was de stimulated isolation and it has since become clear that the blank walls of a single room actually made some people psychotic. In some regimes it's a form of torture.

Please consider then the potential effect that prairies of black glass will have upon the residents of West Lindsey. There is a move away from pharmacological interventions in psychiatric care towards what is generically known as social prescribing. This very often involves active engagement with the natural world and the outdoors. The reason this is therapeutic is because the visual environment has a profound effect on emotional and mental wellbeing. This is being increasingly recognised in psychiatry and increasingly employed as therapy.

**National Academy for Social Prescribing,*

**The Academy's report to Parliament*

Supports these interventions (References cited at end)

There is in mental health care an intervention called the Snoezelen (Reference cited at end) room often used to decompress anger and frustration. Here the patient can choose the kind of environmental stimulation they wish to have. It can be lights or

sounds. The value is not so much the kind of experience but that the patient determines for themselves what they experience.

My last role before joining the University was as senior nurse on a Regional secure unit. An RSU is one step down from a special hospital like Broadmoor or Rampton. Regimes to promote pro social behaviour often included rewarding desired behaviour with reinforcements the patient desired. The RSU being in the vast estate of a former Victorian asylum had rural grounds in which we could take patients on escorted parole. Without doubt the most valued and potent reward was the chance to engage in nature – generously equipped as the RSU was with gymnasia, football pitches it was this that patients prized.

The examples above serve to illustrate the importance of being able to choose what you see and the profound effect the visual world has on the internal emotional state.

Developers often argue that no one has an unconditional right to a view. The residents could of course look else where and choose another view. There will be corridors of greenery between these 4 contiguous proposed developments. It would however be like tearing a strip of the middle of Constables the Hay Wain and saying it's ok you still have some good bits at the side. We do not see our world in discreet boxes but we see it holistically. When you do make your decision please include this in your consideration of the cumulative effects.

The good bits at the side would easily fall into the newly created category of grey belt with all that entails

Till Bridge solar factory would be on the horizon for me and another one of these projects would be staring at me from two of the upper windows of my cottage. There are many residents who would be much much more emersed than I would and cannot look somewhere else. The suggested screening would take decades to develop and is termed "mitigation" by the proposers. This in itself speaks volumes if it was not ugly it would not need mitigating. The promotional material produced by the 4 developers gives illustrations of waist high stock fencing surrounding the sites. Existing solar developments provide a grimmer reality of 8 foot high industrial palisade security fencing in which the public are corralled in dismal canyons between prairies of black glass.

Given that rural populations and farmers in particular have a much higher rate of suicide then the general population have there been any address by the developers or Inspectorate of the effect detachment from the natural world that prairies of black glass will have?

I haven't seen it. I have sent representations giving links to the reports from the:-
The University of Oxford's report to Parliament on Mental Health Risks to Farmers in the UK

And the Commons Committee Report on Rural Mental Health.

Both of which highlight the vulnerability of rural and farming populations.

(Citations below)

Dr Procter spoke last night at the Open Floor meeting of the absence of any real population specific assessment of the residents.

Have you witnessed any real health assessment commissioned by the developers or the inspectorate? Not a desk top search. A 7000 acres colleague Dr (I have redacted) who is a GP and public health practitioner, has sent a letter to Ed Milliband which has not been acknowledged much less responded to asking the same questions. What we seem to get is cut and pasted desk top responses from planners and none that is derived from public health experts specific to the population in and around West Lindsey with its elderly, its veterans, its disabled, its neuro diverse, and those with a myriad of other vulnerabilities.

The Inspectors can only be expected to have a deep but narrow expertise. I have no real knowledge of town planning or the structure of buildings. You have knowledge and acumen in these things.
But have you been given a thorough exposition of the effects of the visual environment on the residents of West Lindsey?

When you make your judgement which strikes a balance between all the evidence will you be in a position to give enough weight to an issue which is hard to define, easy to dismiss as nimbyism but could have a profound effect on the well being of the people of West Lindsey?

Farm worker suicides

[REDACTED]

[REDACTED]

[Dowrick,C., Francis,A \(2013\)](#) Medicalising unhappiness: new classification of depression risks more patients being put on drug treatment from which they will not benefit. British Medical Journal. (Lay Access via Pub Med [REDACTED]
[REDACTED] [REDACTED])

National Academy for Social Prescribing (2023)
(Lay access via)

[REDACTED]

and

[REDACTED]

[REDACTED]

Rural Mental Health

[REDACTED]

Information on Snoezelen technique

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