

Great North Road Solar and Biodiversity Park

Environmental Statement

Volume 4 – Technical Appendices

Technical Appendix A16.2: Mental Well-Being Impact Assessment Screening

Document reference – EN010162/APP/6.4.16.2

Revision number 1

June 2025

Infrastructure Planning (Applications: Prescribed Forms and Procedure) Regulations 2009, APFP Regulation 5(2)(a)

3. Population characteristics

Age, gender, class, race/ethnicity, disability, sexuality and physical health influence risk and protective factors for mental health and the ways in which mental health is expressed. The relative impact of population characteristics is in turn affected by wider factors. The experiences of childhood, old age, coming from a working class family, belonging to a Black or Minority Ethnic community, being gay or lesbian, living with a physical or learning disability or suffering from chronic illness vary considerably. For example, financial policy, welfare benefits, housing, education, legislation on age, racial and sexual discrimination all contribute to the mental health impact of growing old.

Please look at Table 1. Think about your proposal and the populations/communities you are targeting and consider the ones that you think are most important (although remember this is a brief assessment so you don't need to be too detailed). One specific MWIA question is included, but you might want to think of other relevant points in relation to positive, negative or indirect impacts – please add these in.

Table 1 Population Characteristics: Risk and Protective factors for mental well-being

Population characteristics	MWIA Key question	Likely impact? Positive,negative or is it an indirect impact?
Age		
Early Years: Foundations for good mental health lie in pregnancy, infancy and early childhood. Parenting style and attachment are the key factors. The quality of the 'home learning environment', quality of pre-school and the amount of time in pre-school are all associated with greater 'self regulation', an attribute strongly linked to improved educational outcomes.	Will this proposal enhance or diminish support for parents and families through pregnancy, childbirth and first years of life?	No, there is no identified relation between the Development and early years support.
Adolescence: Protective factors include: attachment to school, family and community; positive peer influence; opportunities to succeed and problem solving skills. 'Social capital' indicators (e.g. friends, support networks, valued social roles and positive views on neighbourhood) are closely related to risk and severity of emotional and behavioural disorders.	Will this proposal enhance or diminish feelings of security, significance, belonging and connection in young people?	No, there is no identified relation between the Development and these categories of feelings in young people.
Later Life: The key areas that influence mental health in later life are age discrimination, participation, relationships, physical health and poverty. Fear of crime and lack of transport are also consistent themes, with 'daily hassles' contributing more significantly to psychological distress than major life events.	Will this proposal impact positively or adversely on the five key areas known to influence mental health in later life?	Recreation resources impact - localised adverse during construction, localised beneficial during operation



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Gender		
Gender has a significant impact on risk and protective factors for mental health and the way in which the experience of mental distress is expressed. Depression, anxiety, attempted suicide and self harm are more prevalent in women, while completed suicide, drug and alcohol abuse, crime and violence are much more prevalent among men. Women are much more vulnerable to poverty and unemployment, and are more likely to suffer domestic violence, rape and child abuse.	Will the proposal impact differently on men and on women?	No. Employment effects on farm workers and construction job creation would historically affect men more than women, but not as a result of the Development
Race and ethnicity		
Race and ethnic differences in the levels of mental well-being and prevalence of mental disorders are due to a complex combination of socio-economic factors, racism, diagnostic bias and cultural and ethnic differences and are reflected in how mental health and mental distress are presented, perceived and interpreted. Different cultures may also develop different responses for coping with psychological stressors. However a major qualitative study found that expressions of distress bore great similarity across ethnic groups, although some specific symptoms were different.	Will the proposal impact differentially on different ethnic groups, including refugees, asylum seekers and newly arrived communities?	No, there is no identified relation between the Development and people of different race or ethnicity.
Socio-economic position and class		
Socioeconomic position (SEP) refers to the position of individuals and families, relative to others, measured by differences in educational qualifications, income, occupation, housing tenure or wealth. Socioeconomic position is generally analysed by quintile, for example comparing health or other outcomes of those in the poorest fifth of the population with those in the richest fifth. Socioeconomic position shapes access to material resources, to every aspect of experience in the home, neighbourhood, and workplace and is a major determinant of health inequalities. Different dimensions of SEP (education, income, occupation, prestige) may influence health through different pathways; SEP involves exposure to psychological as well as material risks and buffers, and structures our experience of dominance, hierarchy, isolation, support and inclusion. Social position also influences areas like identity and social status, which impact on well-being, for example through the effects of low-self esteem, shame, and disrespect .	How will the proposal impact on people in different social positions? Will it reinforce or reduce inequalities?	No identified impact will be different for people in different social positions, other than lease of the land from landowners.
Physical health		
Poor physical health is a significant risk factor for poor mental health; conversely, mental well-being protects physical health and improves health outcomes and recovery rates, notably for coronary heart disease, stroke and diabetes. Poor mental health is associated with poor self management of chronic illness and a range of health damaging behaviours, including smoking, drug and alcohol abuse, unwanted pregnancy and poor diet. Stress epidemiology demonstrates the link between feelings of despair, anger, frustration, hopelessness, low self worth and higher cholesterol levels, blood pressure and susceptibility to infection. For heart disease, psychosocial factors are on a par with smoking, high blood pressure, obesity, and cholesterol problems.	Will the proposal have an impact on or take into consideration the physical health of the communities likely to be affected? Does the proposal recognise the relationship between mental health and physical health?	Enhancement of recreational resources, including information boards, a community orchard and other facilities to encourage outdoor recreation are proposed, which will encourage an enhancement of physical and mental health.

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	Disability		
	Life chances (notably education, employment and housing), social inclusion, support, choice, control and opportunities to be independent are the key factors influencing the mental health of people with disabilities.	Will the proposal reinforce or reduce inequalities and discrimination experienced by people with disabilities?	No, the factors affecting people with disabilities will not be influenced by the Development.
	Sexuality and transgender		
	Some studies suggest that gay, lesbian, bisexual and transgender peoples are at increased risk for some mental health problems – notably anxiety, depression, self-harm and substance misuse – and more likely to report psychological distress than their heterosexual counterparts, while being more vulnerable to certain factors that increase risk, e.g. being bullied, discrimination and verbal assault.	Will the proposal impact positively or adversely on gay men, lesbians, bisexuals and transgender peoples?	No, the Development will not affect people differently depending on their sexuality and gender/transgender.
2	Other population groups Tick where appropriate		
3	Looked after children People with long term conditions People in residential settings Carers People experiencing violence or abuse People in the criminal justice system Ex-offenders Others	Will the proposal have an impact or take into consideration any of the groups mentioned?	No, the Development will not affect people in different population groups any differently to each other.
4	Settings		
5	Schools Workplace Neighbourhoods Prisons Hospitals Primary Care Others	Will the proposal have an impact on or take into consideration any of the settings mentioned?	No, the potential impacts on these have been considered in the ES chapters as appropriate, and no potential effects have been identified.
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4. Protective factors and wider determinants that have a particular impact on mental health and well-being

There are three main factors that are thought to promote and protect mental well-being distilled from the evidence base presented in section 2 of this MWIA Toolkit:

- Enhancing control
- Increasing resilience and community assets
- Facilitating participation and promoting inclusion

Wider determinants such as our physical health and more broadly employment, housing, poverty also affect our well-being.

Please look at Tables 2a-d. The first table covers the wider determinants at the socio-economic/environmental level. The remaining tables cover the above three protective factors at both the individual and community/social level. Thinking about your proposal and the populations/communities it affects – consider the factors that you think are most important (although remember this is a brief assessment so you don't need to be too detailed). One specific MWIA question is included, but you might want to think of other relevant points in relation to positive or negative impacts – please add these in. Then note down any comments or recommendations that occur to you.

You are unlikely to have an impact on every protective factor – please be selective and concentrate on those that appear to be most important for your proposal and client group, and mark those that seem to be a priority impact.

2a Wider determinants at a socio-economic/environmental level

MWIA uses a framework for assessing the three protective factors in the context of the wider determinants of mental well-being.

The wider determinants are the factors that are determined at a structural level and impact on a population or the whole of society. There is a dynamic relationship between the wider determinants, the three protective factors and mental well-being. Mental well-being is an outcome of the circumstances and experiences of our lives: individual psychological resources, for example, confidence, self efficacy, optimism and connectedness are embedded within social structures such as our position in relation to others at work, at home, and in public spaces. Mental well-being also influences a very wide range of outcomes – health behaviour, physical health and improved recovery rates, educational attainment, employment and productivity, relationships, crime, community cohesion, quality of life and, fewer limitations in daily living. Mental well-being may also be a factor in helping to explain why socio-economic disadvantage does not always correlate with health damaging behaviours.



MWIA question: How does the proposed development impact on the wider determinants?

WIDER DETERMINANTS	Likely impact?	Comments or
(often at a socio-economic/environmental level)	Positive, negative or is it an indirect impact? Select those most important	recommendations
 Access to quality Housing e.g. security, tenure, neighbourhood, social housing, shared ownership, affordable and appropriate 		
 Physical Environment e.g. access to green space, trees, natural woodland, open space, safe play space, quality of built environment 	Overall positive impact on access to green space - recreational routes	
 Economic security e.g. access to secure employment (paid and unpaid), access to an adequate income, good working conditions, meaningful work and volunteering opportunities 	Overall positive impact on employment, with opportunities both at construction stage and operation stage	
Good quality food e.g. affordable, accessible		
 Leisure opportunities e.g. participate in arts, creativity, sport, culture 	Overall positive impact on access to green space - recreational routes and	
 Tackling inequalities e.g. addressing relative deprivation and poverty 	a community orchard.	
 Transport access and options e.g. providing choice, affordability and accessibility 	No mechanism for the	
 Local democracy e.g. devolved power, voting, community panels 	Development to impact on other determinants has been	
• Ease of access to high quality public services e.g. housing support, health and social care	identified.	
Access to Education e.g. schooling, training, adult literacy, hobbies		
 Challenging discrimination e.g. racism, sexism, ageism, homophobia and discrimination related to disability, mental illness or faith 		
• Other?		

MWIA question: How does the proposed development impact on people's control?

PROTECTIVE FACTORS FOR ENHANCING CONTROL	Likely impact? Positive, negative or is it an indirect impact? Select those most important	Comments or recommendations
Individual		
 A sense of control e.g. setting and pursuit of goals, ability to shape own circumstances Belief in own capabilities and self determination e.g. sense of purpose and meaning Knowledge skills and resources to make healthy choices e.g. understanding what makes us healthy and being able to make choices Maintaining independence e.g. support to live at home, care for self and family 	Once consented, the Development will have no impact on this, other than increased recreational routes and a community orchard.	
 Community/organisation Self-help provision e.g. information advocacy, groups, advice, support Opportunities to influence decisions e.g. at home, at work or in the community Opportunities for expressing views and being heard e.g. tenants groups, public meetings Workplace job control e.g. participation in decision making, work-life balance Collective organisation and action e.g. social enterprise, community-led action, local involvement, trades unions Resources for financial control and capability e.g. adequate income, access to credit union, welfare rights, debt management 	The Development will not affect these factors other than through the community orchard, although the community benefit fund of £1m per year will enable substantial community-led action.	
Other?		



MWIA question: How does the proposed development impact on resilience and community assets?

ndividual		
Emotional well-being e.g. self esteem, self worth, confidence, hopefulness, optimism, life satisfaction, enjoyment and having fun		
e.g. problem solving, decision making, relationships with others, communication skills Have beliefs and values e.g. spirituality, religious beliefs,	The Development will not affect these factors, although the community benefit fund of £1m per year may enable learning and	
Learning and development e.g. formal and informal	development. Overall enhancement of recreational routes and the community orchard	
Healthy lifestyle e.g. taking steps towards this by healthy	will provide additional facilities for a healthy lifestyle	
ommunity/organisation		
Trust and safety e.g. belief in reliability of others and services, feeling safe where you live or work		
	The Development will not affect these factors, other than the proposed community orchard	
Emotional cupport or confiding relationships provision		
Shared public spaces e.g. community centre, library, faith settings, café, parks, playgrounds, places to stop and chat		
Sustainable local economy e.g. local skills and businesses being used to benefit local people, buying locally, using Time Banks		
Arts and creativity e.g. expression, fun, laughter and play		

MWIA question: How does the proposed development impact on participation and inclusion?

PROTECTIVE FACTORS FOR PARTICIPATION AND INCLUSION	Likely impact? Positive, negative or is it an indirect impact? Select those most important	Comments or recommendations
 Individual Having a valued role e.g. volunteer, governor, carer Sense of belonging e.g. connectedness to community, neighbourhood, family group, work team Feeling involved e.g. in the family, community, at work 	The Development will not affect these factors.	
 Activities that bring people together e.g. connecting with others through groups, clubs, events, shared interests Practical support e.g. childcare, employment, on discharge from services Ways to get involved e.g. volunteering, Time Banks, advocacy Accessible and acceptable services or goods e.g. easily understood, affordable, user friendly, non-stigmatising, non-humiliating Cost of participating e.g. affordable, accessible Conflict resolution e.g. mediation, restorative justice Cohesive communities e.g. mutual respect, bringing communities together 	Although the Development will not affect these factors, other than the community orchard, the community benefit fund of £1m per year may enable learning and development.	
Other?		



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5. Scale of impact and population

There are two more aspects to consider before determining if you will go on to do further MWIA assessment on your proposal.

a) Scale of the impact on mental well-being

If known (or suspected) at this stage, what is the duration of the likely mental health and well-being impacts of your proposal?

Please tick (this could be more than one period of time)

Brief

Weeks

Months

Years

Entire Life (of the proposal) X

Sustained beyond the proposal

Unclear

b) Scale of the population whose mental well-being is impacted

What is the scale of the population that your proposal will impact upon?

A few people

A small part of the population X

A majority of the population

The entire population

6. Having completed the screening assessment process the following sections will help you determine what to do next.

For each question in the central column, circle the appropriate answer

Favouring further appraisal	Question	Not favouring further appraisal
Yes/Don't know	Does your proposal affect in a negative way any of your population groups in Table 1?	No
Yes/Don't know	Does your proposal affect in a negative way any of the wider determinants and protective factors in Tables 2a-d	No
Yes/Don't know	For some of the wider determinants and protective factors of mental well-being, are some of the impacts of your proposal unknown?	No
Yes/Don't know	Are the impacts likely to be over a long period of time (one year or more)	Yes - beneficial
Yes/Don't know	Is there an opportunity to influence the delivery of the proposal you are screening?	No

If you have answered 'yes' or 'don't know' to at least two or more questions under the above question, then you are advised to consider further appraisal under the MWIA process. Use section four of this toolkit to plan and undertake your MWIA.

