

SUFFOLK ENERGY ACTION SOLUTIONS'**REBUTTAL TO NGET RESPONSE TO SEAS RELEVANT REPRESENTATION ON
HEALTH AND WELLBEING****SEA LINK: EN020026****SEAS IP:** [REDACTED]**DEADLINE: 2 – December 9, 2025****Date: 9 Dec 2025**

This document constitutes SEAS rebuttal to the Applicant's Response to SEAS Relevant Representation [\[RR-5210\]](#), as set out in:

**[\[REP1A-043\]](#) - 9.34.1 Applicant's Comments on Relevant Representations
Identified by the ExA - Specifically Table 2.61 SEAS – Health and Wellbeing****Procedural Introduction**

1. The Applicant's formal comments on SEAS's Relevant Representation were due by Deadline 1 on 18 November 2025.
2. These comments were not submitted or published until 26 November 2025, eight days late. This delay deprived Interested Parties of the opportunity to review and respond in good time. SEAS and other community groups submitted their Relevant Representations in June 2025 and have consistently met every procedural deadline.
3. The compressed timetable created by the Applicant's delay places an unreasonable burden on Interested Parties and undermines the fairness and transparency of the examination process. SEAS wishes to place on record its strong disappointment with the Applicant's approach. Rather than engaging with the substantive concerns raised by SEAS, the Applicant has largely relied on restating its original Environmental Statement.
4. These shortcomings are compounded by recurrent administrative failings, including late submissions, missing appendices, and incorrect APP referencing. Such errors have resulted in procedural delay, reduced time for review, and significant additional work and cost for SEAS as a community group.
5. SEAS formally reserves its position in respect of costs arising from the Applicant's late and defective submissions. These repeated failings raise concerns regarding the Applicant's diligence and respect for the Examination process.
6. SEAS therefore considers it necessary to protect its procedural rights to ensure fairness in the examination process. A formal complaint and claim will

be submitted in relation to the avoidable delays and undue burden placed on stakeholders.

Executive Summary

7. SEAS has reviewed National Grid's Health & Wellbeing assessment (APP-058) and the Applicant's detailed responses in Table 2.61. Our analysis demonstrates that the Environmental Statement fails to meet national policy requirements and does not provide a safe or reliable assessment of mental health or community wellbeing.

Key Findings:

- 8. No mental-health experts contributed to the assessment.**

The Health & Wellbeing chapter was written by an economist and an environmental manager, with no psychological or clinical qualifications. This undermines its credibility and renders all conclusions on stress, anxiety, community resilience or trauma risk professionally unsafe.

- 9. The Applicant used no mental-health indicators or psychosocial pathways.**

APP-058 includes no measures of stress, anxiety, depression, fear, trauma, or psychosocial harm, and contains no monitoring plan or triggers. This is incompatible with IEMA (2022) guidance.

- 10. Lived experience was not collected — and the SEAS survey was wrongly dismissed.**

The Applicant gathered no mental-health data from residents, did not attend Open Floor Hearings, and mischaracterised the SEAS survey. IEMA guidance states that qualitative evidence and community perceptions are essential, not optional.

- 11. The Applicant incorrectly substitutes social determinants for mental-health outcomes.**

This is a fundamental misunderstanding of psychological science. Access to greenspace or IMD data cannot measure fear, distress, loss of control, chronic stress, or emotional deterioration.

- 12. The cumulative psychosocial burden of Sizewell C, EA1N, EA2, LionLink and Sea Link has not been assessed.**

Instead, the Applicant uses environmental topic chapters as proxies—explicitly contrary to IEMA guidance.

13. Vulnerable populations have been overlooked.

Ward-level statistics mask the real vulnerabilities in Friston, Saxmundham and Aldeburgh, including elderly residents, neurodivergent individuals, carers, isolated rural households, and those with high place attachment.

14. Community cohesion baseline was misinterpreted.

The Applicant incorrectly claims that lower cohesion is “precautionary,” misunderstanding that higher cohesion increases psychosocial sensitivity.

15. Alternatives were not assessed against mental-health outcomes.

The offshore HVDC grid option, which would avoid almost all onshore harm, was not considered.

16. Introduction

This Rebuttal sets out SEAS’s formal response to the Applicant’s Health & Wellbeing assessment (APP-058) and the Applicant’s response in Table 2.61 of REP1A-043. After detailed review, SEAS concludes that the Environmental Statement (ES) does not meet the required standards for assessing mental health and community wellbeing under:

- ***NPS EN-1 & EN-5***
- ***IEMA Human Health Guidance (2022)***
- ***Public Health England (2020)***
- ***HUDU (2019)***
- ***NICE NG44***
- ***EIA Regulations 2017***

17. The Applicant’s responses in Table 2.61 confirm serious methodological, conceptual, and evidential failures which significantly undermine the reliability of the ES.

18. In summary:

- I. The Applicant did not use qualified mental-health professionals.
- II. The ES contains no mental-health indicators, no psychosocial pathways, and no lived-experience data, contrary to IEMA requirements.
- III. The Applicant repeatedly confuses determinants with outcomes, demonstrating a lack of psychological competence.

- IV. The Applicant's response misinterprets community cohesion, duration, cumulative stress, vulnerability profiles, and survey evidence.
 - V. The cumulative psychosocial burden of overlapping NSIPs (Sizewell C, EA1N, EA2, LionLink, Sea Link) has not been assessed.
 - VI. The Applicant's consultation record does not constitute community health engagement.
 - VII. The rebuttals provided in Table 2.61 rely heavily on template statements and do not substantively address evidence presented by SEAS.
19. The result is an ES that is not robust, not safe, and not aligned with national policy.
20. A new, independent, clinically led assessment is essential before any decision on the scheme can be made

21. Issue 3.1 - Mental health and community stress

22. The Applicant's response asserts that Health & Wellbeing has been assessed holistically and that engagement has occurred, citing IEMA (2022), the WHO definition of health and three thematic Health & Wellbeing meetings.
23. However, the guidance cited (IEMA 2022; HUDU; NICE NG44) requires demonstrable, engagement-informed scoping and the transparent operationalisation of mental-health determinants (indicators, methods, stakeholder inputs, and monitoring/triggers). The Applicant's reply does not provide the required documentary evidence to substantiate these claims.
24. In particular, the Applicant has not published the Health & Wellbeing scoping log or HIA methodology appendix; it has not made available minutes, attendee lists and outputs from the three thematic meetings nor the written responses from Public Health consultees showing how public-health advice informed scoping or indicator choice; it has not provided causal pathway diagrams linking predicted project effects to psychosocial endpoints; and it has not demonstrated that the cumulative assessments explicitly considered psychosocial endpoints or that REAC/CEMP measures contain monitoring triggers and enforceable responsibilities to detect and respond to psychosocial harm.
25. In the absence of these documents, SEAS maintains that the ES has not demonstrably applied an engagement-based scoping approach nor provided transparent evidence that psychosocial outcomes were identified, measured, mitigated and will be monitored in line with best practice. We therefore request

that the Examining Authority requires the Applicant to publish the documents listed below (items 1–9) as a matter of urgency and, where gaps are identified, to commit to further targeted HIA work or explicit, trigger-based monitoring and mitigation for psychosocial/mental-health outcomes (See requested evidence list in Appendix 1)

26. **Issue 3.2 - Limitations of Desk-Based Assessment (APP-058, Chapter 11)**

27. The Applicant's response does not address the methodological limitations identified. They conflate statutory consultation with health-focused community engagement, rely solely on secondary datasets, and fail to incorporate required psychosocial determinants in breach of HUDU (2019) and IEMA (2022) standards. Below is a detailed analysis:

28. Applicant's Response 1:

"Engagement has been undertaken at multiple stages of the DCO process... in accordance with HUDU 2019 and IEMA 2022 guidance."

29. SEAS' Response:

The Applicant equates statutory consultation compliance with meaningful health impact engagement, which is not what HUDU (2019) or IEMA (2022) require.

Both guidance documents explicitly state:

- Local community consultation is required as a source of health evidence.
- Lived experience should inform the assessment of psychosocial determinants, including sense of place, stress, anxiety, social cohesion, identity, emotional security, and perceived safety.
- Consultation should include communities most exposed to the impacts, not only institutional stakeholders

30. Thus, the Applicant's gross irregularities and omissions are as following:

- I. The Applicant consulted organisations, not the affected population. The examples provided (PHE, Local Authorities, themed meetings) are professional stakeholder engagement, not community engagement. This does not meet HUDU or IEMA requirements.
- II. HUDU 2019 states that community views are essential to understanding psychosocial pathways of harm. These are precisely the determinants absent in the Applicant's assessment.

III. IEMA (2022) emphasises that desk-based assessments alone are insufficient where the project is expected to impact emotional wellbeing or sense of place, both of which are central to this development.

IV. There is no evidence in APP-058 that community feedback on stress, fear, place attachment, identity, or local lived experience was systematically collected, analysed, or integrated.

31. Applicant's Response 2:

“Three health and wellbeing thematic meetings... enabled targeted discussion on community health, emotional wellbeing, and the potential psychosocial effects...”

32. SEAS' Response:

This statement is misleading. These alleged meetings (no proofs have been provided) were allegedly attended by professional representatives (public health leads, officers, organisations) not the public, parish groups, or directly affected residents.

33. Thus, the Applicant's methodological shortcomings and mischaracterisations are as following:

- I. The Applicant uses the term “community” to refer to institutions, not residents, which materially alters the meaning.
- II. Professional bodies cannot provide the lived experience evidence required by IEMA and HUDU.
- III. No notes, minutes, or outputs demonstrate that psychosocial concerns raised by public health stakeholders were incorporated into the ES.

34. Moreover, while taking into account the independent survey performed by SEAS among the local communities and Open Hearings held on 5 – 12 November 2025, if such meetings had captured meaningful emotional wellbeing data, APP-058 would definitely contain:

- themes of anxiety, uncertainty, anticipatory stress
- fear of cumulative infrastructure impacts
- loss of countryside identity and sense of place
- community fatigue from repeated energy proposals

Instead, these are absent.

35. It is also relevant to note that during the series of Open Floor Hearings held between 5–12 November, **no representatives of the Applicant were**

present in the room to hear directly from the affected community. This absence is material because Open Floor Hearings constitute one of the principal formal opportunities for residents to convey lived-experience impacts, including psychosocial and emotional determinants that cannot be captured through desk-based methods. The Applicant's non-attendance further illustrates that despite their claims of robust engagement, they have not sought to hear or understand the concerns of the people living in the proposed development area. This directly undermines the assertion that meaningful community health and wellbeing insights have been "fully embedded" within the assessment as required under HUDU (2019) and IEMA (2022) guidance.

36. Applicant's Response 3:

"The structured consultation process and comprehensive assessment methodologies have ensured that insights are fully embedded... consistent with IEMA best practice."

37. SEAS' Response:

This claim is not supported anywhere in APP-058.

The Health & Wellbeing chapter shows no identifiable incorporation of psychosocial determinants, which IEMA states must be:

- described explicitly
- assessed transparently
- evaluated through community-informed pathways

38. Thus, the Applicant's gross irregularities are as following:

- No mapping of perceived impacts, stressors, identity threats, or community sentiment.
- No analysis of qualitative psychosocial pathways.
- No narratives or testimonies.
- No evidence of triangulation with any resident-level data.

39. The methodology contradicts IEMA guidance by treating psychosocial effects as implicit within generic socio-economic indicators.

40. Applicant's Response 4:

"In terms of reliance on online sources... [APP-058] draws upon socio-economic and public health data, including self-reported health, long-term conditions, IMD, Community Life Survey, access to services..."

41. Response:

This response does not address the limitation raised.

Our original point was that **reliance on secondary datasets cannot substitute for local engagement or lived-experience evidence**, not that such datasets are inappropriate per se.

42. Thus, the Applicant's gross irregularities are as following:

- I. The Applicant lists general national datasets, none of which capture project-specific psychosocial determinants such as:
 - emotional security
 - anticipatory anxiety
 - community identity
 - cumulative emotional burden
 - landscape-based sense of place
 - perceived erosion of rural character
- II. Generic datasets cannot remotely approximate the unique emotional impact of a major grid-reinforcement project, and this is stated in both HUDU and IEMA guidance.
- III. The Applicant's methodology remains a desk-based literature review, not a health impact assessment informed by lived experience.

43. Applicant's Response 5:

"Therefore, APP-058 has been carried out... fully cognisant of relevant health issues... consistent with IEMA guidance."

44. SEAS' Response:

This conclusion is not supported by evidence and contradicted by the very content of APP-058.

45. Thus, the Applicant's gross irregularities are as following:

- Psychosocial determinants are not assessed, described, or measured.
- No pathways of emotional wellbeing or mental health impacts are modelled.
- No community-generated data is presented.
- No differential impacts on vulnerable or highly affected groups are identified.

46. **Rebuttal: Issue 3.3 – Misclassification of Duration and Significance**

47. Applicant's Response 6

"there are no standard definitions" of short-, medium- and long-term"

48. SEAS' Response:

While IEMA (2022) intentionally allows flexibility, the Applicant's response omits a key requirement: **the duration categories must be defined transparently and project-specifically**, as stated in IEMA Table 7.2 and accompanying text ("long-, medium-, short- and very short-term *should be defined for a given project*"). APP-058 does not define short-, medium- or long-term anywhere in the Health and Wellbeing chapter, nor in its methodological appendix. Instead, the Applicant applies the labels "short-term" and "temporary" without disclosing any rationale or duration thresholds. This omission means the classification of a multi-year construction programme as "short-term" is unsupported, non-transparent, and contrary to IEMA's explicit instruction.

49. Applicant's Response 7

applicant's term of construction stated: approximately 5 years

50. SEAS' Response:

The construction programme for the Suffolk onshore works is approximately five years, as stated by the Applicant in the project description. A period of this length is not self-evidently "short-term", particularly in the context of:

- psychosocial impacts,
- chronic stress,
- prolonged amenity loss, and
- disruption affecting daily life over multiple consecutive years.

51. Importantly, because the Applicant failed to define their duration categories (as required by IEMA (2022), which states that terms such as “short-”, “medium-”, and “long-term” must be specifically defined for each project) their duration judgements lack transparency and methodological grounding. As a result, there is no evidence or rationale explaining why a multi-year period equalling or exceeding a primary school cycle can be considered “short-term” in the context of psychosocial impacts.

52. Therefore, the classification is methodologically unsubstantiated and does not comply with the approach set out in IEMA (2022).

53. Applicant’s Response 8

Applicant’s claim “*duration is only one component of magnitude*”

54. SEAS’ Response:

This is correct in principle but irrelevant to the core concern.

Significance is determined by magnitude × sensitivity, and duration is explicitly one of the main magnitude criteria in IEMA (2022 Table 7.2).

By incorrectly categorising a 5-year programme as “short-term,” the Applicant systematically downweights magnitude, which inherently downweights significance. This undermines the reliability of the significance conclusions in APP-058.

55. Moreover, for psychosocial determinants, including stress, loss of amenity, uncertainty, and diminished quality of life - just to mention a few - duration is not a minor variable but a *primary driver* of cumulative health harm.

56. Applicant’s Response 8

On the Applicant’s assertion that “*even if the duration were characterised as short-to-medium term, or conservatively reclassified as medium-term, this would not alter the assessment conclusions*”

57. SEAS’ Response:

This is an assertion without evidential support. Under IEMA (2022), duration is explicitly one of the core magnitude criteria (Table 7.2), and magnitude feeds directly into significance. If duration were correctly reclassified as medium-term:

- I. magnitude scores would increase for multiple determinants (noise annoyance, amenity loss, access disruption, community identity), and

II. several effects currently assessed as “not significant” would move into “potentially significant” or “significant” categories under IEMA’s own matrix.

58. The Applicant provides no worked example, no matrix sensitivity test, and no methodological justification to support their claim that reclassification would make no difference.

59. Without presenting (a) a recalculated magnitude, (b) any alternative duration category, or (c) a demonstration that the significance score is unchanged, the Applicant’s statement remains unsupported and cannot be relied upon.

60. Applicant’s Response 9

On the Applicant’s claim that APP-058 adopts a “*proportionate, receptor-focused*” approach

61. SEAS’ Response:

This claim is contradicted by the assessment itself. A receptor-focused approach requires:

- explicit duration definitions,
- justification for applying them to affected population groups, and
- consideration of chronic or cumulative psychosocial exposure over multi-year periods.

62. APP-058 provides none of these elements:

- I. There are no reasoning and **any receptor-specific justification** for why a 5-year period treated as “short-term”
- II. No assessment is provided for **households experiencing sequential impacts** from overlapping NSIP projects, where medium-term duration should be escalated to medium-high magnitude due to chronic exposure.
- III. No explanation is given for how a multi-year programme is “temporary” from the perspective of vulnerable groups (children, older adults, persons with existing and pre-existing mental health vulnerabilities)

63. Therefore, the assertion of a “receptor-focused” approach is not supported by the content of the assessment.

64. Thus, the Applicant's demonstrated irregularities regarding issue 3.3 are as following:

- I. Failure to define duration categories as required by IEMA (2022).
- II. Unsupported classification of a multi-year (5-year) period as "short-term."
- III. Unsupported assertion that reclassification would not change significance conclusions.
- IV. Lack of receptor-focused analysis, despite the Applicant's claims.
- V. Non-transparency, which contradicts the both IEMA guidance and the Examining Authority's expectations for robust EIA methodology.

65. Rebuttal: Issue 3.4 – Flawed Baseline on Community Cohesion

66. The Applicant's response does not address the core issue raised. The problem is not that the ES used 2021/22 Community Life Survey data, but that it misrepresented that data by characterising the East of England as having "comparatively low" community cohesion. Even the 2021/22 dataset cited in para 11.9.54 does not justify this conclusion. Therefore, the baseline was not simply outdated, it was inaccurately interpreted.

67. The Applicant's claim that this constitutes a "conservative" or "worst-case" baseline is methodologically inappropriate within a psychosocial and mental-wellbeing context. Overstating baseline vulnerability artificially reduces the assessed incremental impact of the project. A community with stronger cohesion is MORE sensitive, not less, and has more to lose from disruption, uncertainty, and loss of place identity.

68. Furthermore, the Applicant's assertion that the 2023/24 survey data would "reinforce" the ES conclusions is logically flawed: in psychosocial assessment, newer data showing higher community cohesion indicates HIGHER community sensitivity, because strong, trusting, well-connected communities experience greater psychological disruption when confronted with large, imposed infrastructure projects. This is a standard principle in mental-health impact assessment: stronger cohesion means there is MORE at stake in terms of identity, stability, predictability, emotional security, and sense of place. Therefore, higher cohesion INCREASES – not decreases! – the potential for psychosocial harm.

69. This inversion of risk demonstrates a fundamental misunderstanding of psychological and public-mental-health principles. It strongly suggests that the Health and Wellbeing chapter was produced WITHOUT adequate input from qualified psychologists or mental-health specialists. The error is not a minor interpretative slip; it indicates a gap in expertise relevant to psychosocial assessment in the Applicant's assessment team. As a result, the conclusions presented cannot be regarded as robust, reliable, or aligned with accepted

psychosocial impact methodology. Thus, paragraphs 11.9.54 and 11.9.59 depend on a mischaracterised baseline, and their conclusions are invalid and must be reconsidered.

70. Rebuttal: Issue 3.5 – Cumulative Impact Ignored

71. The Environmental Statement (APP-060) fails to assess cumulative psychosocial burden arising from the unprecedented concentration of simultaneous NSIPs affecting the same rural population: Sizewell C, EA1N, EA2, LionLink, and now Sea Link.

72. The Applicant claims this cumulative burden was assessed. However, their response demonstrates that the assessment was conducted using non-psychosocial methods, applying physical-environmental topic chapters as proxies for mental-health outcomes. This approach directly contradicts recognised public-health methodologies (NICE NG44, HUDU, IEMA 2022), which require evaluation of cumulative psychosocial stressors in their own right.

73. Applicant's Response 9:

“APP-060 assesses cumulative schemes based on the geographic extent of other topics... including landscape and visual, traffic and transport, air quality, noise, vibration, socio-economics, recreation, and tourism.”

74. SEAS' Response:

This confirms the central flaw: the Applicant uses topic-based environmental pathways (noise, air, traffic, etc.) as SUBSTITUTES for psychosocial impacts. However, cumulative mental-health effects cannot be inferred from individual physical parameters.

75. Psychosocial burden arises from the combined weight of multiple uncertainties, disruptions, losses of control, repeated consultations, prolonged anticipation stress, and the perceived erosion of place and stability over time. These determinants are not captured by environmental pathways and CANNOT be modelled via additive noise/traffic metrics.

76. This is directly contrary to:

- IEMA (2022): which defines psychosocial effects as a separate determinant requiring direct assessment.
- HUDU (2019): which requires cumulative stressors to be evaluated in terms of wellbeing, not emissions.
- NICE NG44: which states that cumulative burden must be understood through community engagement and analysis of psychological stressors.

77. By relying solely on physical-topic chapters, the Applicant's approach is NOT compliant with best practice guidance, even though they claim otherwise.

78. Applicant's Response 10:

"Each cumulative scheme has been assessed individually alongside the Proposed Project, followed by a combined assessment of all cumulative schemes."

79. SEAS' Response:

The Applicant's response gives the appearance of cumulative assessment but is not a psychological or wellbeing assessment, which requires:

- identifying interacting stressors,
- mapping overlapping temporal burdens,
- analysing community exhaustion,
- considering chronic anticipatory anxiety,
- and applying a multi-project exposure lens.

80. Simply stacking physical-topic data DOES NOT constitute a cumulative psychosocial assessment.

81. The Applicant evaluated projects side-by-side, not the community's combined lived exposure, which is the entire point of a cumulative wellbeing analysis.

82. Applicant's Response 11:

"The health and wellbeing CEA anticipates no significant adverse effects on mental health due to community severance, reduced visual amenity, noise disturbance... etc."

83. SEAS' Response:

The Applicant's response reveals a second methodological error: the Applicant equates "no significant noise/visual/traffic impacts" with "no mental-health impacts", which is methodological misapplication of environmental proxies to psychosocial outcomes.

84. Mental-health effects from NSIPs emerge not only from environmental pathways but from:

- protracted uncertainty and prolonged decision timelines,
- repeated industrialisation of a rural coastline,
- loss of trust in institutions,
- disruption of place-identity,
- cumulative consultation fatigue, and
- fear of future schemes (a significant determinant in NICE, HUDU, and IEMA).

85. These determinants are NOT measured anywhere in APP-060.

86. Therefore, the Applicant's assertion that "no significant environmental effects = no psychosocial effects" is **methodologically unsupported and psychologically erroneous**.

87. Applicant's Response 12:

"The overall inter-project assessment... is not significant."

88. SEAS' Response:

This conclusion has been derived from a methodology that excludes the VERY determinants it claims to assess.

89. Additionally, the statement that this conclusion is "precautionary" is incorrect: a precautionary approach requires erring on the side of identifying risk, not systematically excluding psychosocial pathways.

90. The Applicant has NOT demonstrated precaution, they have demonstrated OMISSION.

91. The repeated use of physical-environmental proxies as stand-ins for psychosocial determinants strongly suggests that the assessment team lacked clinical or psychosocial expertise.

92. The result is an Environmental Impact Assessment chapter that:

- treats mental-health outcomes as secondary to emissions;
- excludes core psychosocial mechanisms recognised by NICE, HUDU, IEMA;
- misrepresents community vulnerability;
- cannot credibly claim to have assessed cumulative mental-health burden.

93. This is not a matter of professional disagreement; it is a methodological non-compliance arising from a LACK of appropriate expertise.
94. Therefore, the Applicant's "cumulative assessment" does not meet the requirements of IEMA (2022), HUDU (2019) or NICE NG44 for evaluating psychosocial determinants of health, and therefore its conclusion of "no significant cumulative impact" is methodologically unsupported, psychologically unsound, and CANNOT be relied upon by the Examining Authority.
95. **Rebuttal: Issue 3.6 – Vulnerable Populations Overlooked**
96. The Equality Impact Assessment (APP-362) recognises potential disproportionate risks to elderly, disabled and neurodivergent residents. However, the Human Health chapter (APP-058) does not identify or assess **localised** impacts in the specific communities of Friston, Aldeburgh or Saxmundham, the most affected by the projects.
97. The Applicant argues that the Human Health Study Area (defined at ward and district level). is appropriate and consistent with IEMA (2022) guidance, and that village-level impacts are implicitly encompassed because these geographies sit within the wider assessment boundary. They state that the methodology ensures an objective, proportionate evaluation and that vulnerable groups are considered through sensitivity classifications.
98. While the methodology may follow general guidance, it does not replace the need for meaningful, localised assessment of communities that may contain concentrated vulnerable populations. Simply stating that these villages fall within a broader Study Area DOES NOT demonstrate that their distinct demographic profiles, accessibility constraints, or specific exposure pathways have been examined.
99. Ward-level datasets can obscure significant intra-ward variation, particularly in small rural settlements. As a result, the Applicant provides no evidence that the elderly, disabled or neurodivergent residents of Friston, Aldeburgh or Saxmundham have been assessed for site-specific or disproportionate health and wellbeing impacts.
100. Therefore, the concern that vulnerable populations have been overlooked remains UNRESOLVED.

101. **Rebuttal: Issue 3.7 – Failure to Assess Alternatives or Avoidance**

102. APP-058 fails to comply with the requirements of NPS EN-1 paragraph 4.4.4 and EIA Regulations 14(2)(d), both of which require the assessment of avoidance strategies and a clear, evidence-based consideration of main project alternatives. Despite its relevance to reducing onshore health and wellbeing impacts, SEAS's proposed offshore HVDC grid alternative was NEITHER assessed NOR referenced in the Human Health chapter.
103. The Applicant responds that alternatives have allegedly been comprehensively addressed in Application Document APP-044 and that the design evolution process has incorporated avoidance wherever practicable.
104. However, the response does not address the specific concern that APP-058 itself FAILS to analyse how alternative configurations (particularly offshore transmission solutions!) could avoid or substantially reduce health and wellbeing impacts on affected communities.
105. Referring to APP-044 does not demonstrate compliance with NPS EN-1 or EIA Regulation 14(2)(d) unless:
- the alternative is actually assessed,
 - its avoidance potential is evaluated,
 - the implications for human health are transparently compared
106. SEAS's offshore HVDC grid proposal remains unassessed, and NO reasoning is provided for its exclusion. As a result, APP-058 does NOT meet the legal requirement to present a robust, transparent assessment of reasonable alternatives or avoidance strategies.

107. **Rebuttal: Issue 3.8 – Lack of Mental Health Indicators or Monitoring**

108. The Applicant's response confirms the core issue: NO mental-health-specific indicators were used.
109. Moreover, their position that generic socio-economic determinants can "implicitly" account for psychological outcomes reflects a fundamental misunderstanding of established psychological principles. Determinants such as deprivation indices, greenspace access, or employment patterns do NOT measure stress, anxiety, fear responses, loss of control, chronic strain, or psychological resilience, which are distinct constructs with well-defined pathways and validated measurement tools in mental health science (Appendix 2 gives explanation, why determinants cannot substitute for mental health outcomes).

110. The failure to distinguish between determinants and outcomes is a basic conceptual ERROR that would not occur in an assessment designed or reviewed by qualified mental health professionals. The assessment appears to have been undertaken without input from qualified mental-health professionals, such as psychologist, behavioural scientist, or mental-health specialist, and as a result the authors have conflated broad socio-economic conditions with actual psychosocial wellbeing, which is another methodological mistake that undermines the credibility of their conclusions.
111. This demonstrates a significant competence gap in the preparation of APP-058. Psychological impacts CANNOT be reliably assessed without appropriate indicators or professional understanding of how mental health is affected by prolonged uncertainty, disruption, and the cumulative burden of multiple NSIPs.
112. Consequently, APP-058's conclusions regarding mental health lack evidential basis, do NOT align with contemporary psychological science, and fail to meet the expectations of robust human-health assessment under IEMA guidance.
113. **Rebuttal: Issue 3.9 – No Lived Experience Included**
114. Issue 3.9.1 –The public survey shows measurable emotional and psychological harm is already occurring (Table 2 is added to the Appendix 3)
115. **SEAS' Response:**

Overall, the Applicant's claim that the survey "was circulated via social media groups for SEAS members" is **factually incorrect**, and is not a research finding but an unfounded allegation. The survey was distributed through multiple channels, including social media more broadly, community email lists, and local contacts – not exclusively within SEAS groups. Misrepresenting the survey in this way constitutes **manipulation of evidence** and an attempt to diminish the legitimacy of the ONLY substantive community-sourced data available. That volunteers, working solely on a not-for-profit basis, were able to conduct such a comprehensive and informative survey, underscores the inappropriateness and unfairness of the Applicant's attempt to downplay it. Among other shortcomings are:

Mischaracterisation of the Survey and Misunderstanding of Psychosocial Evidence:

116. The Applicant's response treats lived-experience evidence as though it must meet the standards of a probabilistic epidemiological dataset. This is a fundamental misunderstanding of psychosocial methodology and of IEMA (2022), which explicitly recognises the need for qualitative evidence,

importance of community perceptions, and role of psychosocial pathways including uncertainty, loss of control, and perceived threat.

117. None of these require a randomised or statistically powered survey, but listening to affected people – something APP-058 did not do.
118. The assertion that qualitative, self-reported psychosocial harm is “subjective” and therefore dismissible AGAIN shows a lack of mental-health expertise. All psychological outcomes (stress, anxiety, fear, anticipatory grief, loss of place-identity) are by definition subjective experiences. Their subjectivity does not invalidate them; it is the entire basis on which psychosocial impacts are assessed.

Representativeness Is NOT the Standard Required:

119. The Applicant repeatedly argues that the SEAS survey is “not representative”, which is irrelevant and misdirected. For qualitative psychosocial evidence, representativeness is not required, and IEMA does NOT require community data to be statistically representative to inform an EIA.
120. Instead, requirements are:
- collection of lived-experience data,
 - proper engagement with affected communities,
 - transparent integration of community concerns into assessment.
121. By rejecting community evidence because it is not a population-level probability sample, the Applicant applies a standard that does not exist in EIA nor in mental-health research, thereby excluding precisely the type of evidence MOST relevant to psychosocial harm.

The Attacks on Survey Framing Are Factually and Methodologically WEAK:

122. The Applicant argues the survey questions are “leading” because they ask about concerns or worries, which is incorrect.
123. In psychosocial research:
- Asking “what concerns you?” is a standard, neutral elicitation method.
 - It does not introduce negative bias; it simply focuses on the domain of interest – wellbeing impacts.
 - This is entirely appropriate when investigating risk, fear, stress, or perceived harm.

124. Moreover, the claim that providing context about multiple energy projects “biases” respondents fails to acknowledge that this context is objectively true and forms the material conditions under which cumulative psychosocial harm arises.

125. It is not “biasing” to describe reality.

Misstatement: SEAS Survey Population is 0.8% of Study Area:

126. The Applicant calculates 131 respondents as 0.8% of a combined ward population. Even if true, the figure is irrelevant: psychosocial qualitative evidence does not rely on large proportions.

127. However, it should be noted that the relevant population for onshore impacts is NOT the entire ward population (including offshore oil workers, seasonal residents, dispersed hamlets, etc.), but the affected local communities, making the Applicant’s denominator inappropriate. This artificially dilutes the significance of the findings.

Community Concerns Are Evidence of Impact – Not Just “Perceptions”:

128. The Applicant frames the survey responses as “perceptions”, which again reveals a lack of psychological understanding:

- In mental health, perception of threat produces actual harm, regardless of whether the threat is realised.
- Anticipatory anxiety, uncertainty, loss of control, and erosion of place-identity are mechanisms of impact, not optional add-ons.

129. Dismissing perception-based evidence is equivalent to dismissing the CORE of psychosocial impact assessment.

Lack of Lived-Experience Data Contradicts IEMA Requirements:

130. The Applicant asserts that APP-058 “integrates” community concerns via general consultation.

However:

- No structured psychological data was collected.
- No mental-health indicators were used.
- No community narratives were analysed qualitatively.
- No engagement occurred in the villages most affected (documented by SEAS).

- No trained mental-health practitioner was included in the assessment team.
131. The result is an assessment without any lived-experience foundation, contrary to:
- IEMA (2022)
 - Public Health England (2019)
 - HUDU (2019)
 - standard psychosocial risk-assessment practice.

The “Non-Representative” Argument Is Self-Defeating:

132. The Applicant argues the survey is not representative of the wider population, but this very argument actually highlights the Applicant’s failure:
- If the Applicant wanted representative data, they could have collected it.
 - If they wanted structured psychosocial evidence, they could have commissioned it.
 - However, they did neither.
133. Instead, they are attempting to discredit the ONLY available evidence because they chose not to gather any of their own.

Claiming That Survey Evidence “Cannot Alter Conclusions” Is Pre-Determination:

134. The statement that the lived-experience evidence “cannot be considered sufficient to alter conclusions” indicates a predetermined stance, not an evidence-led process.
135. If community evidence – however inconvenient it is – is dismissed categorically, the assessment becomes unfalsifiable and therefore NOT methodologically sound.

Provision of a Telephone Helpline Is NOT Impact Assessment:

136. Highlighting a future helpline and communications team has no bearing on whether the ES adequately assessed psychosocial harm. This is mitigation by public relations, not health assessment.

Conclusion: Fundamental Methodological Gap

137. The Applicant’s dismissal of lived-experience evidence arises from a misapplication of sampling logic and a misunderstanding of mental-health science.

138. Because APP-058 did not include:

- mental-health indicators,
- psychological expertise,
- qualitative analysis,
- or meaningful engagement with those experiencing harm, the conclusion that “no significant effects are anticipated” is methodologically unsound and psychologically uninformed.

139. The SEAS survey therefore does not merely “offer insight” — it provides the only actual evidence of lived psychosocial harm available, which the Applicant failed to gather, and is now improperly disregarding.

140. **Rebuttal: Issue 3.9.2 – A summary of key inconsistencies between the Sea Link Environmental Statement and available evidence is presented in Table 3 (added in the Appendix 4)**

141. The Applicant asserts that the issues summarised in Table 3 of the Relevant Representation have been “addressed in detail” and that the ES methodology adheres to IEMA best practice. This statement misrepresents the situation for the following reasons:

142. **Methodology Gaps:**

- I. As demonstrated in responses to sections 3.1–3.9, APP-058 lacks mental-health expertise, fails to incorporate direct psychosocial indicators, and conflates social determinants with mental-health outcomes.
- II. The Applicant’s methodology is therefore incomplete and does not meet IEMA’s requirement to consider qualitative evidence, community perceptions, and psychosocial pathways, including uncertainty, loss of control, and perceived threat.

143. **Data Sources and Baseline Evidence:**

- I. APP-058 uses outdated and misinterpreted baseline data (e.g., 2021 Community Life Survey) while ignoring newer evidence that shows higher community cohesion and pre-existing psychosocial stress in the affected population.
- II. Reliance solely on desk-based determinants without lived-experience evidence results in an unsubstantiated assessment.

144. **Consultation and Engagement:**

- I. The Applicant's claims of extensive consultation do not address the absence of meaningful engagement with the most directly affected communities, such as Friston, Aldeburgh, and Saxmundham.
- II. The dismissal of the SEAS survey as "non-representative" is methodologically flawed, misapplies statistical logic, and mischaracterises the evidence channels through which the survey was distributed.
- III. Apparent mischaracterisation of the SEAS survey as "circulated via social media groups for SEAS members" **discredits the Applicant's procedural and ethical stance** in the EIA process per se.

145. **Misrepresentation of Best Practice Compliance:**

- I. While the Applicant references IEMA (2022) guidance, their interpretation systematically excludes standard psychosocial methods recommended for infrastructure projects.
- II. Claims of "robust" assessment are therefore not substantiated, as the ES ignores cumulative stress from overlapping NSIPs, lacks mental-health metrics, and disregards direct community input.

146. **Overall Assessment of Inconsistencies:**

- I. Table 3 of the Relevant Representation summarises the fundamental discrepancies between APP-058 and the actual psychosocial context of the affected communities.
- II. The Applicant's generic statement that "the issues are addressed" does not engage with the evidence of methodological gaps, misclassification of impact duration, neglect of vulnerable populations, or failure to consider alternatives or lived experience.
- III. As such, the ES CANNOT be considered comprehensive or robust in relation to mental health and psychosocial impacts.

147. Therefore, the Applicant's response in relation to Table 3 reflects dismissal rather than substantive engagement. It does not rectify or justify the methodological deficiencies, misrepresentations, and omissions identified throughout sections 3.1–3.9. The ES therefore remains incomplete, methodologically unsubstantiated, and not compliant with IEMA guidance regarding psychosocial health assessment.

148. **Rebuttal: Issues 4.1-4.4 – Concerning the Cumulative Emotional and Mental Health Consequences of the Sea Link Project and Related Large-Scale Energy Infrastructure in East Suffolk**

149. The Applicant acknowledges the Psychological Impact Statement and the 2025 survey of 131 residents but dismisses both as “limited, self-selected, and non-representative,” claiming that the responses are subjective and leading. This response is methodologically flawed, misleading, and inconsistent for the following reasons:

150. Survey as legitimate lived-experience evidence:

- I. The survey provides direct, contemporary evidence of real psychosocial harm, including chronic stress, decreased resilience, helplessness, and even suicidal ideation. These are precisely the outcomes that the Applicant’s ES methodology (APP-058) is intended to capture under IEMA (2022) guidance.
- II. Dismissing lived-experience evidence on the basis of self-selection contradicts IEMA (2022), which explicitly recognises the need for qualitative evidence, the importance of community perceptions, and the role of psychosocial pathways such as uncertainty, loss of control, and perceived threat.

151. Expert testimony substantiates cumulative impact:

- I. The 2021 expert statement by Dr. Jane McNeill, a clinical psychologist and Associate Fellow of the British Psychological Society, predicted psychosocial harm arising from long-term uncertainty, environmental degradation, and institutional disregard. The 2025 survey demonstrates that these predicted harms have materialised, providing an evidence-based link between NSIP activity and cumulative mental-health impacts.
- II. Ignoring this testimony and the survey undermines the credibility of the Applicant’s “no significant effect” conclusion.

152. Misunderstanding of cumulative psychosocial pathways:

- I. The Applicant’s reliance on APP-060 for cumulative assessment focuses on environmental and socio-economic parameters (landscape, noise, transport, air quality), but fails to capture cumulative mental-health burdens, psychosocial stress, or the compounding impact of multiple NSIPs on vulnerable populations.
- II. Their assessment methodology misinterprets the psychological principles of cumulative stress and perceived threat, which are non-linear and can intensify with overlapping projects.

153. Dismissal of survey evidence is manipulative:

- I. The claim that the survey was “self-selected” is misleading; distribution occurred via multiple channels and represents a substantive portion of the directly affected population. Downplaying this denigrates a volunteer-led,

professionally-informed community effort to document mental-health impacts.

- II. Such mischaracterisation constitutes inappropriate dismissal of available evidence, and highlights the absence of mental-health expertise in the Applicant's team.

154. Therefore, the Applicant's dismissal of both expert psychological opinion and lived-experience survey evidence demonstrates a pattern of methodological inadequacies to capture cumulative mental-health and psychosocial effects, contrary to IEMA (2022) guidance and best practice in human-health EIA.

155. The evidence presented by SEAS is methodologically valid, directly relevant, and compelling, revealing that cumulative harms are occurring and are likely to intensify with each additional NSIP.

156. Consequently, APP-058 CANNOT be considered robust or comprehensive in relation to cumulative psychosocial impacts.

157. **Rebuttal: Issues 4.5, 4.5.1 – Summary of key data via thematic clusters and Headline Results.**

158. The Applicant acknowledges the headline results but dismisses them as "limited, self-selected, and non-representative," claiming that questions were leading and that the survey cannot be used to assess prevalence or magnitude. This response is factually and methodologically flawed:

159. **Survey legitimacy and representation:**

- I. The survey reached 131 residents across Saxmundham, Aldeburgh, and Friston, representing a substantive proportion of the directly affected population.
- II. Distribution occurred via multiple channels, including social media broadly, community contacts, and local networks, not exclusively through SEAS groups. The Applicant's claim to the contrary is unfounded, misrepresentative, and unethical.

160. **Lived experience is valid evidence under IEMA (2022):**

- I. IEMA guidance explicitly recognises the importance of qualitative evidence, community perceptions, and psychosocial pathways (including uncertainty, loss of control, and perceived threat) in assessing human health impacts.
- II. Dismissing lived-experience data in this context ignores established best practice, particularly for infrastructure projects with long-term psychosocial consequences.

161. **Substantive mental-health impact documented:**

- I. The SEAS survey demonstrates high levels of anxiety, frustration, sadness, depression, insomnia, and perceived helplessness directly linked to Sea Link and cumulative NSIPs.
- II. 69% of respondents report significant negative effects on mental wellbeing, which is consistent with predictions from expert psychological testimony (Dr. Jane McNeill, 2021).
- III. These findings provide concrete evidence of psychosocial harm that APP-058 fails to adequately capture or mitigate.

162. **Misinterpretation of qualitative and self-reported data, and dismissal of evidence:**

- I. The Applicant incorrectly frames the survey as “anecdotal” and claims it cannot establish prevalence. While qualitative in nature, the survey quantifies trends across multiple psychological and emotional dimensions, producing meaningful insights into community-wide psychosocial impacts.
- II. The dismissal of volunteer-led data demonstrates a lack of understanding of psychological principles and qualitative methodology, revealing a gap in the Applicant’s assessment expertise.

163. Thus, as proved above, the SEAS survey results are methodologically valid, relevant, and directly pertinent to assessing cumulative psychosocial harm in the affected communities. Taken together, expert testimony, survey data, and cumulative impact analysis **reveal substantial, ongoing mental-health and psychosocial harms** that APP-058 fails to adequately assess, mitigate, or monitor.

164. And the Applicant’s dismissal represents misrepresentation and minimisation of lived-experience evidence, undermining the credibility of APP-058. The Environmental Statement is therefore **not robust, not comprehensive, and inconsistent with IEMA (2022) guidance** regarding qualitative, psychosocial, and cumulative human-health impacts.

165. **Rebuttals to:**

- **Issues 4.5.2 – Thematic Analysis and Community Voices**
- **Issues 4.5.2.1-4.5.2.2 – Emotional Exhaustion and Chronic Stress**
- **Issues 4.6-4.6.2 – Mental Health Deterioration: Clinical Concerns**
- **Issues 4.7-4.7.4 – Powerlessness as a Primary Psychological Driver of Harm, and Institutional Betrayal**
- **Issues 4.8.1-4.8.2 – Environmental Grief and Eco-Trauma**
- **Issues 4.9.1 – Disruption of Daily Life and Loss of Safety**
- **Issues 4.10.1 – Socio-economic Instability and Relocation Stress**

166. The Applicant's responses to SEAS's concerns regarding psychosocial and mental health impacts of the Sea Link project demonstrate a systemic pattern of inadequate engagement and methodological shortcomings:

167. **Template-Style Responses:**

Across multiple issues (4.5.2–4.10.1), the Applicant repeatedly references Paragraph 3.9 and Table 2.10.31, providing nearly identical wording for each point. This shows no bespoke consideration of the actual qualitative and quantitative evidence provided by SEAS.

168. **Neglect of Qualitative Evidence and Lived Experience**

Despite SEAS providing detailed survey data, personal testimonies, and thematic analysis demonstrating chronic stress, helplessness, environmental grief, and other psychosocial impacts, the Applicant bluntly dismisses this evidence as “non-representative” or “self-selected.” This ignores the explicit recognition in IEMA (2022, Determining Significance for Human Health in EIA) that qualitative evidence, community perceptions, and psychosocial pathways are relevant and necessary for assessing mental health outcomes.

169. **Misapplication of Psychosocial Principles**

The Applicant fails to account for key psychosocial mechanisms, including:

- Chronic stress from long-term, uncontrollable environmental threats
- Feelings of powerlessness and institutional betrayal
- Environmental grief and loss of place attachment
- Sensory stressors affecting vulnerable populations
- Economic insecurity and forced relocation effects

Their reliance on procedural adherence to IEMA guidance as a blanket justification is methodologically unsubstantiated, as IEMA explicitly requires consideration of these psychosocial pathways when assessing health and wellbeing.

170. **Disregard for Community Effort**

The Applicant's repeated dismissal of the SEAS survey and volunteer-led evidence as biased or insufficient demonstrates lack of respect for local engagement. These contributions reflect real, current psychological harm, which the Environmental Statement (APP-058) has otherwise ignored.

171. Furthermore, the Applicant's reliance on copy-and-paste, template-style responses does not merely disregard the community's evidence; it also places an unnecessary burden on the Examining Authority. This pattern of repetitive, non-specific replies not only overlooks substantive community evidence, but also risks undermining the diligence and integrity of the Examining Authority's review process, which approaches each submission with thoroughness and impartiality. By failing to provide bespoke, evidence-led responses, the Applicant prevents meaningful evaluation of psychosocial and mental health impacts, obscuring both the severity of harm experienced by the affected communities and the methodological deficiencies in the Environmental Statement.

172. Collectively, these failings demonstrate that the Applicant's methodology and responses are insufficiently evidence-led, fail to capture lived experience, and misinterpret psychosocial principles, undermining the robustness of the Environmental Statement regarding mental health and wellbeing impacts.

173. For ease of reference, **Appendix 5 – Summary Table: SEAS Arguments vs Applicant Responses (Psychosocial & Mental Health)** presents a summary table comparing SEAS arguments with the Applicant's responses. The table highlights areas where the Applicant's replies rely on standard template statements rather than engaging substantively with qualitative evidence, lived experience, or established psychosocial principles. It also provides a professional critique of methodological shortcomings in relation to mental health and psychosocial impacts, demonstrating where the Environmental Statement fails to adequately recognise chronic stress, environmental grief, powerlessness, sensory stressors, and economic insecurity as contributors to community harm.

174. **Rebuttal: Issue 5.1-5.4 – Study Conclusion – Public Mental Health Crisis**

175. SEAS clearly highlighted that the survey evidence aligns with prior clinical expert predictions, showing serious, pervasive, and ongoing psychological harm in communities affected by Sea Link and associated NSIPs, including chronic stress, depression, powerlessness, environmental grief, disruption of daily life, and socioeconomic insecurity. This indicates the potential for cumulative psychosocial impacts of significant concern that is currently unfolding in East Suffolk.

176. However, the Applicant bluntly dismisses the findings by demonstrating the following:
177. **Template Repetition:** The Applicant's reply is identical to prior responses, referencing Paragraph 3.9 and Table 2.10.31. There is no engagement with the specific survey findings, qualitative testimonies, or the cumulative nature of harm highlighted in SEAS's conclusion. This demonstrates the systemic "copy-paste" approach noted across previous entries, which fails to address the evidence substantively.
178. **Dismissal of Real Harm:** The Applicant treats the evidence as "concerns" rather than acknowledging it as demonstrable psychosocial harm, thereby ignoring IEMA (2022) guidance, which explicitly recognises the need to integrate lived experience and psychosocial pathways, including uncertainty, loss of control, perceived threat, and cumulative stress, in assessing health and wellbeing impacts.
179. **Ethical Oversight:** By failing to account for the cumulative, long-term, and immersive nature of psychosocial impacts, the Applicant overlooks both the human and environmental dimensions of harm. SEAS's conclusion rightly emphasises that respect for the environment and respect for local communities are inseparable, a principle absent in the Environmental Statement.
180. Therefore, the Applicant's response demonstrates the same methodological shortcomings identified throughout previous entries: reliance on procedural adherence rather than evidence-led evaluation, disregard for lived experience, and a misinterpretation of psychosocial principles.
181. Consequently, the Environmental Statement cannot be considered a robust, ethical, or valid foundation for decisions affecting both people and place.
182. **Rebuttal: Overall Conclusion**
183. The Environmental Statement (APP-058) fails to provide a reliable or ethically sound assessment of the mental health and wellbeing impacts of the Sea Link and associated NSIP projects. Despite clear evidence from SEAS's community-led survey and qualitative testimonies, the Applicant has dismissed lived experience as "non-representative," overlooked cumulative and chronic psychosocial stressors, and neglected vulnerable populations. Desk-based and secondary data approaches cannot substitute for primary, community-informed evidence, nor do they capture real, ongoing psychological harm. A new, independent, cumulative health and wellbeing assessment is therefore essential to safeguard public health, ensure methodological integrity, and ethically inform decision-making.

184. The following points summarise the key failings of the Applicant's assessment, highlighting why the Environmental Statement cannot be considered fully substantiated to protect community mental health and wellbeing.
1. **Community-Led Evidence Overlooked:** SEAS has presented extensive, primary, community-led survey data and detailed testimonies demonstrating measurable psychological and emotional harm. The Applicant's dismissal of these as "non-representative" ignores the lived experience of the affected population.
 2. **Cumulative and Chronic Psychosocial Impacts:** The Environmental Statement (APP-058) fails to account for ongoing, cumulative psychosocial stressors, including:
 - a. Chronic stress and emotional exhaustion
 - b. Feelings of powerlessness and institutional betrayal
 - c. Environmental grief and eco-trauma
 - d. Disruption of daily routines, safety, and psychological stability
 - e. Socioeconomic insecurity, forced relocation, and loss of home stability
 3. **Failure to Apply Psychosocial Principles:** Despite IEMA (2022) guidance explicitly recognising the importance of qualitative evidence, community perceptions, and psychosocial pathways, the Applicant has relied predominantly on desk-based or secondary data, missing critical pathways that amplify mental health impacts.
 4. **Vulnerable Populations Neglected:** Elderly residents, neurodivergent individuals, carers, and those with pre-existing conditions face heightened risks that are not adequately captured by the ES methodology.
 5. **Methodological and Ethical Deficiencies:** Procedural adherence to IEMA guidance does not compensate for the substantive failure to engage with communities meaningfully or consider real, ongoing psychosocial harm. The ES thus lacks both methodological robustness and ethical validity.
 6. **Need for Independent Assessment:** A new, independent, community-informed cumulative health and wellbeing assessment is fully justified. Such an assessment should include:
 - a. Primary data collection
 - b. Detailed qualitative and quantitative evaluation
 - c. Explicit consideration of vulnerable groups
 - d. Realistic avoidance and mitigation strategies

185. Overall Conclusion:

The current Environmental Statement does not provide a reliable, evidence-led, or ethically sound basis for decision-making. The psychological and emotional harm is real, ongoing, and significant, and failure to address it properly undermines both the credibility of the ES and the protection of community wellbeing.

Appendix 1

REQUESTED EVIDENCE

According to the UK's Freedom of Information Act 2000, the Examining Authority is kindly requested to require the Applicant to publish the following evidence to verify that mental-health and psychosocial pathways have been appropriately scoped, assessed and provided for:

1. HWB Scoping Log / Scoping Rationale (appendix to APP-058 Chapter 11);
2. Minutes, attendee lists and outputs of the three Health & Wellbeing thematic meetings (labelled Meeting 1/2/3) and any materials circulated;
3. Public Health Consultation Responses and Action Log (all written responses from PHE/UKHSA and local public health teams and how each was addressed);
4. HWB Methodology and Indicators Appendix (operational indicators, data sources, decision rules for significance);
5. HWB Causal Pathways and Uncertainty Statements (diagrams and narrative);
6. HWB CEA — psychosocial endpoints extract (from APP-060 and relevant discipline CEAs).
7. HWB Monitoring and Triggers (REAC / CEMP extract showing monitoring methods, trigger thresholds and responsible parties) — APP-341 / APP-342;
8. REAC/CEMP psychosocial mitigation text and contractual/enforcement mechanism references; and
9. HWB Evidence Cross-Reference Table (Applicant claim → ES location → supporting document).

If the documents reveal deficiencies, the Applicant should be required to either undertake targeted HIA follow-up work (proportionate to the gap identified) or to provide explicit, enforceable monitoring/triggers and mitigation committed in the DCO Requirements that address psychosocial endpoints.

Appendix 2:

Why Determinants Cannot Substitute for Mental Health Outcomes

The Applicant asserts that socio-economic determinants (such as deprivation indices, self-reported general health, or greenspace access) allow mental health impacts to be “implicitly recognised.” This is contrary to established psychological and public-health methodology.

1. Determinants describe conditions, not psychological states

Socio-economic determinants (e.g., IMD scores, transport access, employment rates, etc) are not valid proxies for mental health outcomes because they describe *contextual factors*, not the individual’s cognitive, emotional, or behavioural responses. They do not measure stress, anxiety, psychological resilience, fear of harm, or changes in quality of life—nor can they detect deterioration in community mental wellbeing during construction or operation. Two communities with identical determinants can show completely different levels of anxiety, distress or resilience depending on lived experiences and social meaning.

2. Psychological outcomes require direct measurement

Stress, anxiety, depression risk, resilience, and perceived quality of life are OUTCOMES. They must be measured via:

- validated scales (e.g., GAD-7, PSS-10, WHO-5),
- structured qualitative evidence,
- triangulated psychosocial indicators.

None were used in APP-058.

3. NSIP-related anxiety is perceptual and anticipatory

These are recognised psychological processes which cannot be inferred from broad indicators. Anticipatory stress about construction, fear of loss of landscape, cumulative uncertainty, and erosion of control are well-established predictors of mental-health deterioration.

4. Generic determinants remain static while psychological harm rises

A population can have unchanged deprivation indices or service access while experiencing:

- heightened anxiety,
- chronic uncertainty,
- family stress,
- reduced resilience,
- diminished sense of safety.

Determinants do NOT capture these shifts.

5. Without mental-health expertise, errors become baked into the methodology

Therefore, the absence of psychologists or mental-health specialists has resulted in:

- conflation of determinants and outcomes,
- invalid assumptions about “implicit” assessment,
- lack of psychosocial exposure pathways,
- omission of standard psychological metrics.

This constitutes a methodological gap that renders APP-058’s mental-health assessment incomplete and unable to detect the very forms of harm most relevant to communities affected by multi-year infrastructure projects.

Appendix 3:

Table 2. SEAS/SAND Mental Health and Wellbeing Survey – Key Quantitative Findings

Survey Indicator	% of Respondents
Very aware of Sea Link	93%
Aware of multiple NSIPs	98%
Anxiety or worry	85%
Frustration or anger	85%
Sadness or disappointment	80%
Uncertainty or helplessness	72%
Depression	40%
Insomnia	21%
Significant negative impact on mental health	69%
Mild negative impact	26%
No impact	2%
Positive effect	0.8%

Source: SEAS/SAND Survey, May 2025

Appendix 4:

Table 3. Inconsistencies in Sea Link Environmental Statement – Mental Health and Wellbeing

ES Claim or Conclusion	Source (APP Ref)	Contradictory Evidence	Source
5-year construction is "short-term"	APP-058, para 11.9.18	1–5 yrs = medium-term	Lanpro (2023), IEMA (2022)
Low community cohesion	APP-058, para 11.7.22	2023/24 survey shows stronger cohesion	DCMS Community Life Survey 2023/24
Desk-based baseline is sufficient	APP-058, para 11.4.30	SEAS/SAND survey shows direct harm	SEAS 2025 survey
Cumulative effects are minor	APP-060, Sec. 13.4	Multiple NSIPs affect same communities	APP-060, Tables 13.31–13.34
Mitigation will manage risks	APP-341 to APP-350	No mental health monitoring or support	SEAS review of APPs

Appendix 5:

Summary Table – SEAS Arguments vs Applicant Responses (Psychosocial & Mental Health)

SEAS Argument / Evidence	Applicant Response	Critique / Observations
4.5.2 – Thematic Analysis & Community Voices (4.5.2.1–4.5.2.2) Chronic emotional exhaustion and stress; hypervigilance, sleep disturbance, tearfulness, irritability, intrusive thoughts; respondents feel life out of control.	Template reference to Paragraph 3.9 and Table 2.10.31; asserts IEMA methodology compliance.	Repetitive, non-specific response shows lack of engagement with qualitative evidence. Ignores psychosocial pathways including chronic stress, helplessness, and trauma precursors.
4.6 – Mental Health Deterioration (4.6.1–4.6.2) High prevalence of depression, anxiety, panic, physiological distress, suicidal ideation; vulnerable groups disproportionately affected.	Same template response, referencing Paragraph 3.9 / Table 2.10.31.	Fails to address real clinical concerns, dismisses lived experience, misapplies IEMA guidance, ignores psychosocial evidence.
4.7 – Powerlessness & Institutional Betrayal (4.7.1–4.7.4) Helplessness, injustice, disempowerment, social withdrawal; repeated mentions of being ignored.	Template response, references Paragraph 3.9 / Table 2.10.31.	Does not acknowledge institutional betrayal as a psychological driver of harm; fails to consider cumulative trauma effects.
4.8 – Environmental Grief / Eco-Trauma (4.8.1–4.8.2) Destruction of environment provokes grief, existential anxiety; >70% reference natural world as source of identity, safety, recovery.	Template response, references Paragraph 3.9 / Table 2.10.31.	Ignores eco-psychology evidence and emotional significance of place attachment; misinterprets psychosocial pathways.

SEAS Argument / Evidence	Applicant Response	Critique / Observations
<p>4.9 – Disruption of Daily Life / Sensory Stressors (4.9.1–4.9.2) Noise, light, dust, traffic, sensory triggers exacerbate pre-existing conditions (OCD, autism).</p>	<p>Template response, references Paragraph 3.9 / Table 2.10.31.</p>	<p>Ignores how environmental stressors worsen mental health, particularly for neurodivergent individuals; misapplies “non-significance.”</p>
<p>4.10 – Socioeconomic Instability / Stress (4.10.1–4.10.2) Forced relocation, unsellable Relocation homes, equity loss, insecurity; impacts retirees, land-based livelihoods, tourism workers.</p>	<p>Template response, references Paragraph 3.9 / Table 2.10.31.</p>	<p>Fails to consider economic stress as psychosocial driver; template response demonstrates lack of contextual understanding.</p>
<p>5.1–5.4 – Study Conclusion: Public Mental Health Crisis Survey confirms chronic stress, depression, powerlessness, environmental grief, disruption of routine, socioeconomic insecurity; pervasive, cumulative, ongoing.</p>	<p>Template response referencing Paragraph 3.9 / Table 2.10.31; asserts methodology aligns with IEMA guidance, dismisses survey as non-representative.</p>	<p>Copy-paste response ignores real-time lived experience, cumulative psychosocial harm, ethical considerations; misinterprets psychosocial principles; ES methodology insufficient to capture actual community harm.</p>