

SEAS WRITTEN REPRESENTATION OF THEIR
ISH2 ORAL REPRESENTATION on
Health and Wellbeing

SEA LINK: EN020026
DEADLINE: 4 – 10 February 2026

SEAS IP: [REDACTED]
Date: 10 February 2026

This document constitutes SEAS oral representation at ISH2 on Health and Wellbeing

Introduction

1. I am Iryna Tulovska, I am a Counsellor and Psychologist MA, and I am representing Suffolk Energy Action Solutions on the specific issue of Health and Wellbeing impacts. Apologies I did not make the Issue specific hearing 2, I passed my notes to Dr Charlotte Fox, who spoke on my behalf at the hearing.
2. The actual SEAS' submission focusses on the health and wellbeing implications of the Sea Link project for Suffolk communities, which have been systematically overlooked in their Environmental Statement (henceforward - "the ES") and further comments.
3. Despite extensive engagement from SEAS, local residents, and local authorities, the Applicant in their documents:

[\[APP-058\]](#) **6.2.2.11 Part 2 Suffolk Chapter 11 Health & Wellbeing**

[\[REP1-111\]](#) **9.34.1 Applicant's Detailed Responses to the Relevant Representations identified by the ExA**

[\[REP2-034\]](#) **9.79 Applicant's Comments on Written Representations - Health & Wellbeing**

and the most recently

[\[REP1A-043\]](#) **9.34.1 Applicant's Detailed Responses to the Relevant Representations identified by the ExA**

have, in effect, **abused the very concept of mental health and wellbeing**, reducing it to procedural citations and generic environmental proxies.

Failure to meet National or Professional standards

4. The Applicant's Health & Wellbeing assessment, [[APP-058](#)], **fails to meet national or professional standards**. It does not reflect the **true mental health risks facing Suffolk's coastal and rural communities**, despite clear evidence from our own survey, the ***Suffolk Mind and East Suffolk Council Wellbeing Survey in Aldeburgh, Leiston & Saxmundham*** presented and submitted by *Councillor Sarah Whitelock* in her oral and written representations [[REP1A-087](#)], and testimony at Open Floor Hearings. Residents are **already** experiencing chronic stress, anxiety, disturbed sleep, fear of landscape loss, and cumulative emotional exhaustion from multiple NSIPs, including Sizewell C and other developments. Tragically, the local community has experienced **two recent suicides**, reflecting the severe mental health pressures in the area.

5. The Applicant's responses repeatedly:
 - I. **Ignore Suffolk-specific evidence:** by dismissing community surveys and local testimonies as "non-representative," while relying on their own generic ES assumptions.

 - II. **Rely on non-specialist judgement:** the Health and Wellbeing chapter was prepared by economic and environmental specialists with **no clinical, public health, or trauma expertise**. IEMA and national guidance require competent specialist input when assessing psychosocial impacts.

 - III. **Conflate physical determinants with mental health:** by treating noise, visual amenity, and access to services as proxies for complex psychological impacts, without assessing place attachment, identity erosion, or chronic stress.

 - IV. **Obscure cumulative and inter-project effects:** the ES does not capture sustained community stress caused by overlapping NSIPs, despite repeated community testimony.

 - V. **Engage in circular reasoning:** for example, the Applicant cites APP-058 itself to justify APP-058, providing no independent evidence of adequacy.

6. Specifically, the **narrowing of discussion** in the Issue Specific Hearing 26-28 January 2026 to core working hours, traffic, noise, and light pollution illustrates a pattern: the Applicant **reduces mental health to environmental trivialities**, and totally ignore such broader psychosocial impacts as:
 - cumulative disruption,
 - uncertainty,
 - erosion of community wellbeing, etc.

7. Light pollution, for example, is treated in isolation, however, it adds to sleep disturbance and stress already documented in local residents. These narrow references mask the sustained, and clinically significant mental health burden facing communities.
8. The ES fails to meet the substantive requirements of national health guidance. Local evidence, including the SAND survey, and Suffolk Mind and East Suffolk Council Wellbeing Survey, shows:
 - High levels of anxiety, chronic stress, disturbed sleep, and emotional exhaustion.
 - Disproportionate vulnerability among East Suffolk’s older population.
 - Loss of sense of security and control, and fear of landscape industrialisation, and many other.
9. However, these factors **have not been integrated** into baseline assessments, significance testing, or mitigation planning. Assertions that mental health impacts are “secondary” or “holistically considered” in environmental proxies are **insufficient and unsafe**.
10. Action Point 106 [\[EV6-033\]](#) confirms that working hours remain a live issue within the Examination; however, in a worst-case cumulative context involving multiple overlapping NSIPs, the issue extends beyond individual projects or bank holidays. As set out in SEAS’ Written Representation on Mental Health and Wellbeing [\[REP1-279\]](#), extended or misaligned working hours remove predictable periods of respite and risk creating continuous disturbance, a recognised driver of chronic stress, sleep disruption and psychological harm. Alignment with the working hour restrictions secured for EA1N and EA2 is therefore essential to prevent compounding cumulative mental health impacts on already vulnerable communities

In summary:

11. The Sea Link’s Health and Wellbeing assessment is **methodologically inadequate**, non-localised, and lacks clinical rigour.

Until an **independent, clinically-led Mental Health & Trauma Impact Assessment** is undertaken, **incorporating Suffolk-specific evidence, cumulative NSIP impacts, and expert psychosocial evaluation**, the ES conclusions cannot be relied upon.

12. Appended is SEAS’ detailed rebuttal to the Applicant’s [“\[REP2-034\] 9.79 Applicant’s Comments on Written Representations - Health & Wellbeing](#) demonstrating the inadequacy of the current Health and Wellbeing assessment.

13. We urge the Examining Authority to recognise these shortcomings and require a **professionally informed, evidence-based psycho-social assessment** before any decision on the Sea Link project is made. Suffolk communities deserve transparent, rigorous, and clinically robust evaluation of the mental health and wellbeing implications of this proposal.

End

APPENDIX

**REBUTTAL TO NGET RESPONSE TO SEAS WRITTEN REPRESENTATION ON
HEALTH AND WELLBEING**

SEA LINK: EN020026
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This document constitutes SEAS rebuttal to the Applicant's Response to SEAS Written Representation [[REP1-279](#)], as set out in:

[\[REP2-034\]](#) - 9.79 Applicant's Comments on Written Representations - Health & Wellbeing

Introduction

1. The SEAS Reference 2.1:

This submission sets out SEAS' concern that National Grid's Health & Wellbeing assessment does not comply with national standards and does not reflect the true mental health risks facing Suffolk's communities.

- 2. The Applicant's response** (referenced to their later responses to points 6.1 and 6.3 below, which in turns cross-referenced to the Table 2.61, References 3.1; 3.2; 3.5; 3.6; 3.8; and 3.9 of Application Document 9.34.1 Applicant's Detailed Responses to Relevant Representations identified by the ExA [[REP1A-043](#)]) relies primarily on procedural references, repeated citations of IEMA guidance, and assertions of "holistic consideration" without addressing the substantive failings of the Health & Wellbeing assessment identified by SEAS. Specifically:
- I. **Local evidence is omitted or discounted:** The ES fails to incorporate robust Suffolk-specific evidence, including community survey data, oral testimony from the Open Floor Hearings, and local mental health indicators. The Applicant's attempt to dismiss these sources as "non-representative" ignores the substantial qualitative and experiential evidence demonstrating chronic stress, anxiety, and place-based psychological harm.
 - II. **Specialist input is absent:** Despite acknowledging potential psychosocial effects, the ES was prepared without involvement from qualified mental health clinicians, public health specialists, or trauma-informed experts. IEMA guidance itself notes that assessment of mental health and psychosocial impacts requires specialist competence; this requirement has not been met.

SEAS – Rebuttal to Applicant's Response to SEAS WR of HEALTH & WELLBEING - Deadline 4 – 10 February 2026

AI Disclosure & Responsibility Statement: This submission is human-authored and human-verified. In preparing its evidence, SEAS in some instances utilises AI tools (ChatGPT, Google Gemini, Microsoft Co-Pilot) for the summarisation of Examination Library documents and for organisational assistance. SEAS maintains full responsibility for the factual accuracy of this content.

- III. **Proxy measures are insufficient:** The ES repeatedly treats environmental determinants such as noise, air quality, traffic, and visual amenity as surrogates for mental health impacts. This conflates physical exposures with psychosocial outcomes and fails to assess cumulative, long-term, or trauma-related impacts.
 - IV. **Circular and defensive reasoning:** The Applicant cites [\[APP-058\]](#) and prior procedural engagements to justify conclusions, without providing independent evidence that the assessment is accurate, reliable, or clinically robust. The ES does not evaluate whether the proposed project could exacerbate existing mental health vulnerabilities in Suffolk communities.
 - V. **Cumulative NSIP impacts remain unassessed in practice:** While the Applicant references cumulative effects assessments, these rely on spatial and temporal proxies, not on clinically-informed evaluation of psychological harm. There is no consideration of the **sustained emotional burden** imposed by overlapping projects, which the SEAS evidence clearly demonstrates.
3. Therefore, the current Applicant’s Health & Wellbeing assessment remains **methodologically inadequate, non-localised, and unsafe for decision-making**. The Applicant’s reliance on process and guideline citations does not compensate for the absence of clinically-led evaluation or meaningful integration of lived experience. An **independent Mental Health & Trauma Impact Assessment**, conducted by HCPC-registered clinicians or senior public health specialists, is essential to provide the Examining Authority with a reliable basis to understand the real mental health risks of the Proposed Project for Suffolk communities.
 4. **The SEAS Reference 2.2**
According to the applicant’s Statement of Competence, the Health & Wellbeing chapter [\[APP-088\]](#), was prepared with no contribution from qualified mental health or public health professionals. Instead, it was authored by an economic development specialist and an environmental management professional. Neither holds clinical qualifications or expertise in assessing psychological risk, trauma, or community mental health.
 5. **The Applicant’s response** to this (also referenced to the Table 2.61, Reference 3.1 of Application Document 9.34.1 Applicant’s Detailed Responses to Relevant Representations identified by the ExA [\[REP1A-043\]](#)) does not address the substance of the concern raised, which relates to the absence of discipline-specific expertise in the preparation of the Health and Wellbeing assessment. While Regulation 14(4) of the EIA Regulations requires the use of competent experts, competence must be relevant to the topic being assessed. The Statement of Competence confirms that the Health and Wellbeing chapter

was prepared by environmental and economic specialists without qualifications or professional expertise in mental health or public health. Membership of IEMA and experience in DCO processes demonstrate procedural competence in environmental assessment, but **do not** in themselves constitute competence to assess **psychological risk, trauma, mental health pathways, or community wellbeing impacts**.

6. The Applicant has not demonstrated how the absence of qualified mental health or public health input does not affect the robustness or reliability of the assessment, nor how this deficit is remedied by subsequent response tables – their logic is circular: “We are competent because our Statement of Competence says we are competent.”

7. **The SEAS Reference 2.3**

This fundamental omission affects every conclusion within the ES. Without specialist input, the assessment fails to consider psychological vulnerability, cumulative stress, lived experience, or the recognised determinants of community wellbeing.

8. **The Applicant’s response.**

While cross-referencing their response to the Table 2.61, References 3.5; 3.6; 3.1; and 3.8 of Application Document 9.34.1 Applicant’s Detailed Responses to Relevant Representations identified by the ExA [[REP1A-043](#)], the Applicant in a copy-paste way asserts that Health and Wellbeing impacts have been fully assessed in accordance with IEMA guidance and WHO definitions, while not addressing the core concern regarding the absence of specialist mental health or psychosocial expertise. The Applicant still relies on environmental determinants (e.g. noise, visual amenity, access to services) and consultation processes to infer mental wellbeing, rather than undertaking a direct assessment of psychological vulnerability, cumulative stress, or lived experience. The Applicant further acknowledges that specific indicators of stress, anxiety, or resilience are not separately assessed, confirming that psychosocial impacts are not evaluated as a distinct impact pathway. In addition, the three health and wellbeing “thematic meetings” cited **were not meetings with affected local communities** but with organisations and representatives, and **no agendas or minutes have been provided** to demonstrate how local lived experience or emotional impacts informed the assessment. Consequently, conclusions of “no significant effect” are derived from a framework that **does not directly test for mental health harm or cumulative psychosocial burden**, and therefore do not substantively rebut the concern raised.

Suffolk's Documented Mental Health Vulnerabilities (Not Reflected in the ES)

9. The SEAS Reference 3.1

Public Health Suffolk, Suffolk Mind, and the NHS ICS all identify Suffolk's coastal and rural communities as having heightened mental health risks.

10. The Applicant's response (cross-referenced to the Table 2.61, References 3.5; 3.6; 3.1; and 3.8) of Application Document 9.34.1 Applicant's Detailed Responses to Relevant Representations identified by the ExA [[REP1A-043](#)]). does not address the evidence cited by Public Health Suffolk, Suffolk Mind and the NHS ICS regarding heightened mental health risk in Suffolk's coastal and rural communities. Instead, it repeats the general justification of the Health and Wellbeing Study Area and methodology set out in Reference 3.6, focusing on spatial coverage and compliance with IEMA guidance, while asserting that the assessment is sufficient **without providing supporting evidence or logical explanation**. This **does not show** how elevated baseline vulnerability was identified, weighted, or assessed, nor how place-based mental health risks specific to coastal and rural communities were considered. Generic sensitivity categories **do not demonstrate** engagement with the specific vulnerability concerns raised, and the response therefore **does not rebut** the point made.

11. The SEAS Reference 3.2

The Mind/ESC Survey Report identifies high levels of anxiety, chronic stress, disturbed sleep, reduced emotional resilience and low fulfilment of basic psychological needs.

12. The SEAS Reference 3.3

Sleep is the lowest-met emotional need across the region, and East Suffolk's disproportionately older population is particularly vulnerable to environmental and psychological disruption.

13. The SEAS Reference 3.4

None of this Suffolk-specific evidence was used to inform the ES health baseline [[APP-088](#)], rendering the assessment generic, incomplete and unsuitable for decision-making.

14. The SEAS Reference 3.5

It is important to note that the survey forming the basis of the Mind/ESC Survey Report was conducted between 13 June 2022 and 14 March 2023, prior to the

commencement of major construction works at Sizewell C. The substantial disruption now being experienced was therefore not reflected in the survey data. The testimonies provided at the Open Floor Hearings suggest that, were the survey repeated today, the results would show significantly higher levels of stress, anxiety, sleep disturbance and emotional exhaustion than those reported in 2022–2023. This further highlights the inadequacy of the Applicant’s reliance on outdated baseline assumptions and reinforces the need for an updated, clinically robust assessment of current community wellbeing.

15. The SEAS Reference 4.3

East Suffolk Councillor, Sarah Whitelock, articulated the findings of the Suffolk Mind & East Suffolk Council - Aldeburgh, Leiston & Saxmundham Wellbeing Report and illustrates the extent to which communities are experiencing cumulative psychological pressure that the Applicant has not acknowledged or assessed.

16. **The Applicant’s response** to the References 3.2, 3.3, 3.4, 3.5, and 4.3 (listed above) was copy/pasted “The SL response was the repeated “The applicant considers the assessment reported in Application Document 6.2.2.11 Part 2 Suffolk Chapter 11 Health and Wellbeing [[APP-058](#)] is robust, but in light of the latter raised the applicant will give this further consideration and will respond at Deadline 3 if necessary.”
17. Moreover, the Applicant’s response **does not engage** with Suffolk-specific evidence regarding high anxiety, chronic stress, disturbed sleep, and low fulfilment of psychological needs, nor does it explain how these data have informed the ES baseline. The Mind/ESC survey was conducted prior to major construction at Sizewell C, meaning current disruption and psychosocial stress are likely substantially higher. Furthermore, evidence from East Suffolk Councillor Sarah Whitelock highlights cumulative psychological pressure in the affected communities, which the Applicant has not assessed. Instead, the Applicant asserts the assessment is “robust” and may be considered at a later deadline. This non-substantive deferral **fails to demonstrate** that the Health and Wellbeing assessment adequately reflects local vulnerabilities or cumulative mental health impacts, leaving the ES generic, incomplete, and insufficient for informed decision-making.
18. The Applicant’s response reiterates that cumulative effects have been assessed and found to be “not significant,” but **does not engage** with the concern that residents are experiencing prolonged and overlapping disruption from multiple NSIPs, resulting in sustained community stress. The assessment relies on aggregating environmental topic conclusions rather than evaluating cumulative psychosocial burden arising from long-term disruption and uncertainty. This mirrors a **recurring pattern** in the Applicant’s responses,

whereby assertions of robustness and non-significance are **repeated without evidencing** how lived experience or cumulative mental health impacts have been meaningfully assessed.

Existing Emotional Burden & Cumulative Trauma Already Evident

19. The SEAS Reference 4.1

Residents are not encountering Sea Link in isolation. Years of disruption from Sizewell C, cable corridors, substation development and other upcoming NSIPs have already created high levels of community stress.

20. The Applicant's response (cross-referenced to the Table 2.61, Reference 3.5 of Application Document 9.34.1 Applicant's Detailed Responses to Relevant Representations identified by the ExA [[REP1A-043](#)]) reiterates that cumulative effects have been assessed and found to be "not significant," but **does not engage** with the concern that residents are experiencing prolonged and overlapping disruption from multiple NSIPs, resulting in sustained community stress. The assessment relies on aggregating environmental topic conclusions rather than evaluating cumulative psychosocial burden arising from long-term disruption and uncertainty. This **mirrors a recurring pattern** in the Applicant's responses, whereby assertions of robustness and non-significance **are repeated without evidencing** how lived experience or cumulative mental health impacts have been meaningfully assessed.

21. The SEAS Reference 4.2

At the Open Floor Hearings, residents consistently reported emotional exhaustion, anxiety, sleep disturbance, fear of loss of landscape and identity, and an overwhelming cumulative burden²

22. The SEAS Reference 4.4

A further illustration of community concern was provided by a resident of Friston, who spoke during the OFH1 Session 3, the person reflected the growing distress among residents who feel caught between multiple overlapping energy projects. Although individual circumstances varied, the person's testimony echoed a consistent pattern heard across the hearings, that local people are already living with heightened emotional pressure and that Sea Link let alone LionLink adds yet another layer to an already overwhelming burden."

23. **The Applicant's response** to the References 4.2 and 4.4 does not engage with lived experience evidence presented at the Open Floor Hearings, including testimony describing heightened emotional pressure arising from prolonged exposure to multiple overlapping energy projects. Instead, the Applicant repeats cross-references to the cumulative effects assessment and Study Area justification (the Table 2.61, References 3.5 and 3.6 of Application Document 9.34.1 Applicant's Detailed Responses to Relevant Representations identified by the ExA [[REP1A-043](#)]), relying on environmental topic conclusions and generic vulnerability categories to assert that effects are "not significant." This response **does not demonstrate** how repeated, consistent testimony regarding cumulative psychological burden, fear, and emotional exhaustion has been analysed or weighed. The repeated use of identical responses to distinct representations **highlights a pattern** whereby qualitative evidence of lived experience is not meaningfully assessed, but instead deflected through restatement of existing conclusions.

24. **The SEAS Reference 4.5**

These testimonies align closely with Suffolk Mind's findings on low "security" and "control," and increasing levels of worry and tension. Despite this, the ES did not examine any of this lived experience through recognised psychological methodologies, contrary to national guidance.

25. **The Applicant's response** ("A further detailed response will be provided at a later deadline.") does not engage with the substance of this representation and instead defers consideration to a later deadline. SEAS has identified a clear alignment between resident testimony at the Open Floor Hearings and Suffolk Mind's findings on low perceived security and control, and increasing worry and tension, which are recognised psychological determinants of mental health. The ES **does not assess** these factors using any recognised psychological or psychosocial methodology, and the Applicant **has not explained** why such assessment was omitted. Deferring a response **does not demonstrate** that these impacts have been evaluated or that the ES is currently adequate for decision-making, and instead reinforces the concern that lived experience and psychosocial harm pathways **have not been meaningfully assessed**.

Lack of Qualified Mental Health Expertise

26. **The SEAS Reference 5.1**

No clinical psychologists, psychiatrists, trauma specialists, or public health professionals contributed to the preparation of the [[APP-058](#)] *ES 6.2.2.11 Part 2 Suffolk Chapter 11 Health and Wellbeing*. Despite this absence of relevant SEAS Mental Health and Wellbeing WR – Deadline 1 4 expertise, the ES nevertheless seeks to interpret psychological stress, assess significance, and

propose mitigation measures, tasks that require specialist clinical and public health competence.

27. The SEAS Reference 5.2

The reliance on non-specialists to make these judgements raises a serious concern regarding the adequacy, accuracy, and reliability of the ES conclusions. Without appropriately qualified professional input, the assessment cannot be considered a sound basis for evaluating the mental health implications of the Sea Link project.

28. **The Applicant's response** again in a copy/paste way refers to their response to point 2.2, which is cross-referenced to the Table 2.61, Reference 3.1 of Application Document 9.34.1 Applicant's Detailed Responses to Relevant Representations identified by the ExA [[REP1A-043](#)], without actually responding to the SEAS' references above.

29. SEAS does not dispute that the ES meets the procedural requirements of Regulation 14(4) in being prepared by competent EIA practitioners. However, this **does not address** the substance of References 5.1 and 5.2. Chapter 11 interprets psychological stress, resilience, significance and mitigation **without** input from clinical psychologists, psychiatrists, trauma specialists or public health professionals. Competence in EIA coordination and membership of IEMA **does not equate** to discipline-specific expertise required to evaluate mental health impacts. The Applicant has therefore relied on **non-specialist** judgement to draw conclusions on mental health significance, raising concerns about the adequacy and reliability of the assessment as a basis for decision-making.

30. As with earlier references, the Applicant's response relies on cross-referencing generic statements of compliance rather than engaging with the specific expert competence issues raised. This reinforces SEAS's concern that substantive mental health evidence **is being addressed procedurally** rather than analytically.

Failure to Meet National Guidance

31. The SEAS Reference 6.1

Public Health England's Health Impact Assessment in Spatial Planning (2020) requires assessments to use local health evidence, identify vulnerable population groups and consider the full range of mental, social, and psychosocial pathways through which major developments affect wellbeing.

32. The SEAS Reference 6.2

IEMA's Guidelines for Health in EIA (2022) similarly require a holistic, evidence based appraisal of mental, psychological, and social wellbeing, including explicit consideration of cumulative impacts, local inequalities, and the need for competent specialist input.

33. The SEAS Reference 6.3

The Sea Link ES does not meet these standards. It treats mental health as a secondary matter, relies on generic assumptions rather than Suffolk-specific data, and fails to assess cumulative or locally relevant determinants of psychological wellbeing. As a result, the ES lacks the depth and professional rigour required for sound decision-making.

34. **The Applicant's response** is a copy/pasted cross-reference to the Table 2.61, References 3.1; 3.2; 3.5; 3.6; 3.8; and 3.9 of Application Document 9.34.1 Applicant's Detailed Responses to Relevant Representations identified by the ExA [[REP1A-043](#)].

35. And this Applicant's response again relies on repeated assertions of alignment with IEMA guidance but **does not demonstrate compliance** with the substantive requirements of national health guidance. Public Health England (2020) and IEMA (2022) require explicit assessment of mental, social and psychosocial pathways, use of local health evidence, consideration of cumulative psychological burden, and appropriate specialist input. Chapter 11 instead **treats mental health as secondary and derivative** of physical environmental determinants, relies on **generic datasets** rather than Suffolk-specific lived experience, and **does not apply** recognised psychological or psychosocial methodologies. The dismissal of qualitative evidence further conflicts with HIA guidance. As such, the ES **does not meet** the depth, methodological rigour, or holistic intent of national guidance for assessing mental health and wellbeing impacts.

Suffolk's Rural Identity and Psychological Stakes

36. The SEAS Reference 7.1

The Suffolk landscape plays a crucial role in residents' sense of identity, wellbeing, and emotional stability. This relationship is strongly evidenced in the local wellbeing report and by the oral evidence heard at the Open Floor Hearings.

37. The SEAS Reference 7.2

Landscape industrialisation, prolonged uncertainty and loss of tranquillity can trigger chronic stress and erode residents' sense of security and place attachment.

38. The SEAS Reference 7.3

The ES treats these impacts solely as “visual effects,” failing to consider their psychological dimensions.

39. The Applicant responds the References 7.1, 7.2 and 7.3 in a copy/pasted way, while keep pointing back to the very document whose adequacy is under challenge, and Inspectors notice that.

The Applicant's response conflates assessment of landscape and visual effects with assessment of psychological impacts. While Chapter 11 references visual amenity and community identity as determinants, it **does not analyse** place attachment, loss of tranquillity, identity erosion or chronic stress as psychological mechanisms, nor does it apply recognised psychosocial frameworks or Suffolk-specific lived evidence. Reliance on “professional judgement” without specialist mental health input or transparent methodology **does not meet national guidance**. The **response further relies on the conclusions of APP-058 itself, which is the subject of SEAS's challenge, and therefore does not substantively address the identified failure** to assess the psychological dimensions of landscape industrialisation.

Conclusion

40. The SEAS Reference 8.1

The evidence presented demonstrates that the Sea Link Environmental Statement significantly underestimates the health and wellbeing impacts on SEAS Mental Health and Wellbeing WR – Deadline 1 5 Suffolk communities. The area's well-documented mental health vulnerabilities, combined with the sustained and cumulative burden of multiple major infrastructure projects, make a clinically robust and locally informed assessment essential.

41. The SEAS Reference 8.2

Until such an assessment is undertaken, the conclusions of the [\[APP-058\]](#) ES 6.2.2.11 Part 2 Suffolk Chapter 11 Health and Wellbeing⁴ cannot be considered reliable. The assessment was not prepared or reviewed by qualified mental health or public health specialists, it omits essential Suffolk-specific evidence, and it fails to recognise or evaluate the cumulative psychological harm already being experienced.

42. The SEAS Reference 8.3

SEAS therefore asks the Examining Authority to recognise these shortcomings and to conclude that the current Health & Wellbeing assessment does not provide a safe or sound basis for decision-making.

43. The SEAS Reference 8.4

An independent, clinically led Mental Health & Trauma Impact Assessment undertaken by HCPC-registered clinicians or senior public health specialists is required. This assessment must incorporate local mental health data, cumulative NSIP impacts and the significant lived experience evidence presented through community surveys, written submissions and the Open Floor Hearings.

44. The SEAS Reference 8.5

Only such a rigorous and professionally informed assessment can provide the Examining Authority with the reliable foundation necessary to understand the true implications of the Sea Link proposal for community health, wellbeing and resilience.

45. **The Applicant's response** to the References 8.1, 8.1, 8.3, 8.4, and 8.5 is routinely copy/pasted cross-reference to the Table 2.61, references "*Overall Conclusion*", of Application Document 9.34.1 Applicant's Detailed Responses to Relevant Representations identified by the ExA [\[REP1A-043\]](#), and **relies entirely on repetition** of procedural assurances, general methodological references, and circular claims regarding APP-058 itself, **without addressing the substantive failings** identified by SEAS. Despite asserting adherence to IEMA guidance and a holistic definition of health, the ES continues to:

- I. **Ignore Suffolk-specific evidence**: Local survey data, Open Floor Hearing testimonies, and the Mind/ESC report demonstrating high levels of stress, anxiety, disturbed sleep, and emotional exhaustion have not been meaningfully incorporated into baseline assumptions or significance testing.

- II. **Rely on non-specialist judgement:** The ES attempts to assess psychological stress, cumulative trauma, and mental health significance without input from clinical psychologists, psychiatrists, trauma specialists, or public health experts. IEMA guidance and national best practice explicitly require competent specialist input when evaluating psychosocial impacts.
- III. **Conflate physical determinants with mental health:** Landscape change, visual amenity, noise, and traffic are treated as proxies for psychological impacts. There is no operationalised assessment of place attachment, loss of tranquillity, identity erosion, chronic stress, or cumulative emotional burden, all of which are well-evidenced in the Suffolk context.
- IV. **Misrepresent survey reliability:** The Applicant dismisses community evidence as non-representative, while simultaneously treating its own generic ES assumptions as sufficient. This double standard undermines the credibility of the baseline and significance assessment.
- V. **Obscure cumulative and inter-project effects:** Despite repeated assurances, the ES limits its spatial analysis and does not assess the psychological consequences of overlapping NSIPs in a clinically-informed way. The claim of “no significant cumulative effect” is unsubstantiated and directly contradicted by community testimony.
- VI. **Engage in circular reasoning:** The Applicant repeatedly cites [\[APP-058\]](#) and its own conclusions to defend APP-058. This provides no independent evidence that the assessment adequately captures mental health impacts and is procedurally inadequate

46. The SEAS Conclusion

Therefore, until an independent, clinically-led Mental Health & Trauma Impact Assessment is undertaken, incorporating Suffolk-specific evidence, cumulative NSIP impacts, and expert psychosocial evaluation, the ES conclusions cannot be relied upon. The current Chapter 11 assessment remains generic, methodologically flawed, and unsafe for decision-making, providing no defensible basis for the Examining Authority to assess the true health and wellbeing implications of the Sea Link project.

End