

A12 Chelmsford to A120 widening scheme TR010060

6.3 ENVIRONMENTAL STATEMENT APPENDIX 13.4 MENTAL WELLBEING IMPACT ASSESSMENT

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ENVIRONMENTAL STATEMENT APPENDIX 13.4 MENTAL WELLBEING IMPACT ASSESSMENT

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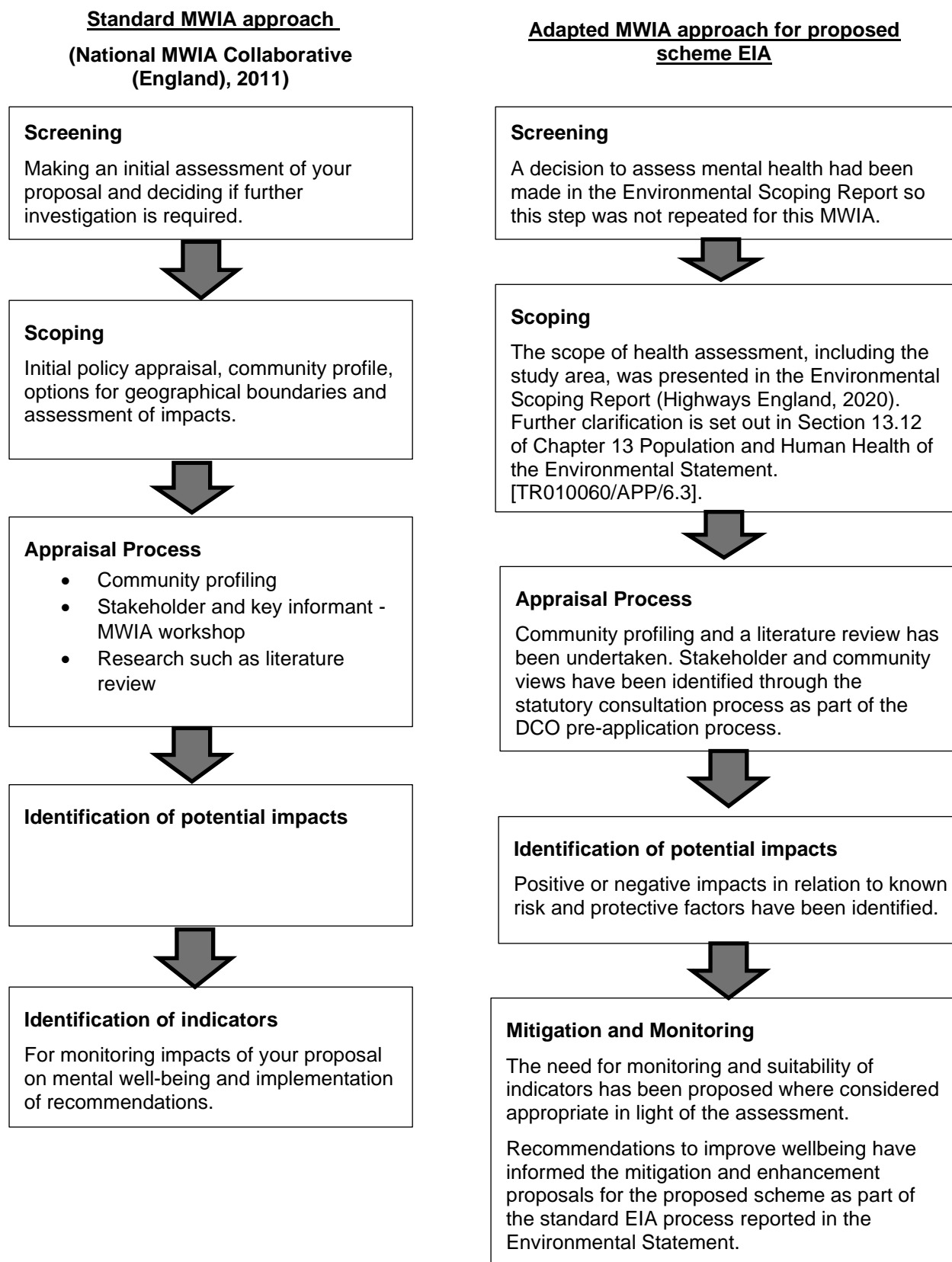
1 Introduction

1.1 Mental Wellbeing Impact Assessment (MWIA)

- 1.1.1 The proposed scope of the population and human health assessment for the proposed scheme was set out in the Environmental Scoping Report (Highways England, 2020), submitted to the Planning Inspectorate on 28 October 2020 to support a request for a Scoping Opinion (Planning Inspectorate, 2021) for the Environmental Statement.
- 1.1.2 The Planning Inspectorate consulted on the Environmental Scoping Report and took account of responses received from the consultation bodies. This included a response from Public Health England (PHE), dated 26 November 2020. The PHE response recommended that *'There should be parity between mental and physical health, and any assessment of health impact should include the appreciation of both. A systematic approach to the assessment of the effects on mental health, including suicide, is required.'* It went on to suggest that *'The Mental Well-being Impact Assessment (MWIA), could be used as a methodology.'*
- 1.1.3 This MWIA has been undertaken to help identify how the proposed scheme could affect risk and protective factors for mental wellbeing, and to identify recommendations to help promote positive mental health.

1.2 Approach

- 1.2.1 The approach to this MWIA has been guided by reference to an MWIA toolkit (National MWIA Collaborative (England), 2011). The process set out in the toolkit was adapted to align with the Environmental Impact Assessment (EIA) and development consent order (DCO) process required for the proposed scheme. The main difference in approach is that this MWIA has made use of the pre-application consultation process rather than held specific MWIA workshops. This is a limitation in terms of the ability to focus on issues of health and mental wellbeing but has helped to ensure that the stakeholder participation process for the proposed scheme was well-managed, taking into account the scope of the proposed scheme, and avoided duplication of effort in involving local communities in the pre-application consultation events. The approach undertaken is set out in Plate 1.1 below.

Plate 1.1 MWIA approach for proposed scheme compared with standard MWIA approach

1.3 Definition of mental health and wellbeing

- 1.3.1 The World Health Organization (WHO) describes mental health as *‘a state of wellbeing in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.’* (WHO, 2018).
- 1.3.2 This assessment applies that definition and uses the terms mental health and mental wellbeing interchangeably. Mental wellbeing is taken to include emotional, social and psychological wellbeing. Mental illness refers to clinically identifiable illness or conditions that affect cognitive functioning.

1.4 Scope

- 1.4.1 This MWIA is targeted at community level mental health. It considers elements of the proposed scheme which may influence known risk and protective factors for mental health.
- 1.4.2 To identify groups that are at greatest risk of poor mental health, an indicative list of potential vulnerable groups was taken from guidance within the Wales Health Impact Assessment Support Unit (WHIASU, n.d.) as recommended by PHE in its scoping response. Relevant indicators of those groups were used to help identify the presence and/or clustering of these groups. The vulnerable groups were subsequently scoped in or out depending on whether the proposed scheme was likely to lead to differential or disproportionate effects on each group. The process for the identification of vulnerable groups is described in Section 13.12 in Chapter 13 Population and human health of the Environmental Statement [TR010060/APP/6.1].
- 1.4.3 The MWIA is focused on people in the communities who may be affected by the proposed scheme. It does not cover potential mental health and wellbeing issues of existing workers who may be involved in the planning and construction of the proposed scheme. Their health and wellbeing issues are addressed through the relevant companies’ occupational health and staff welfare initiatives.

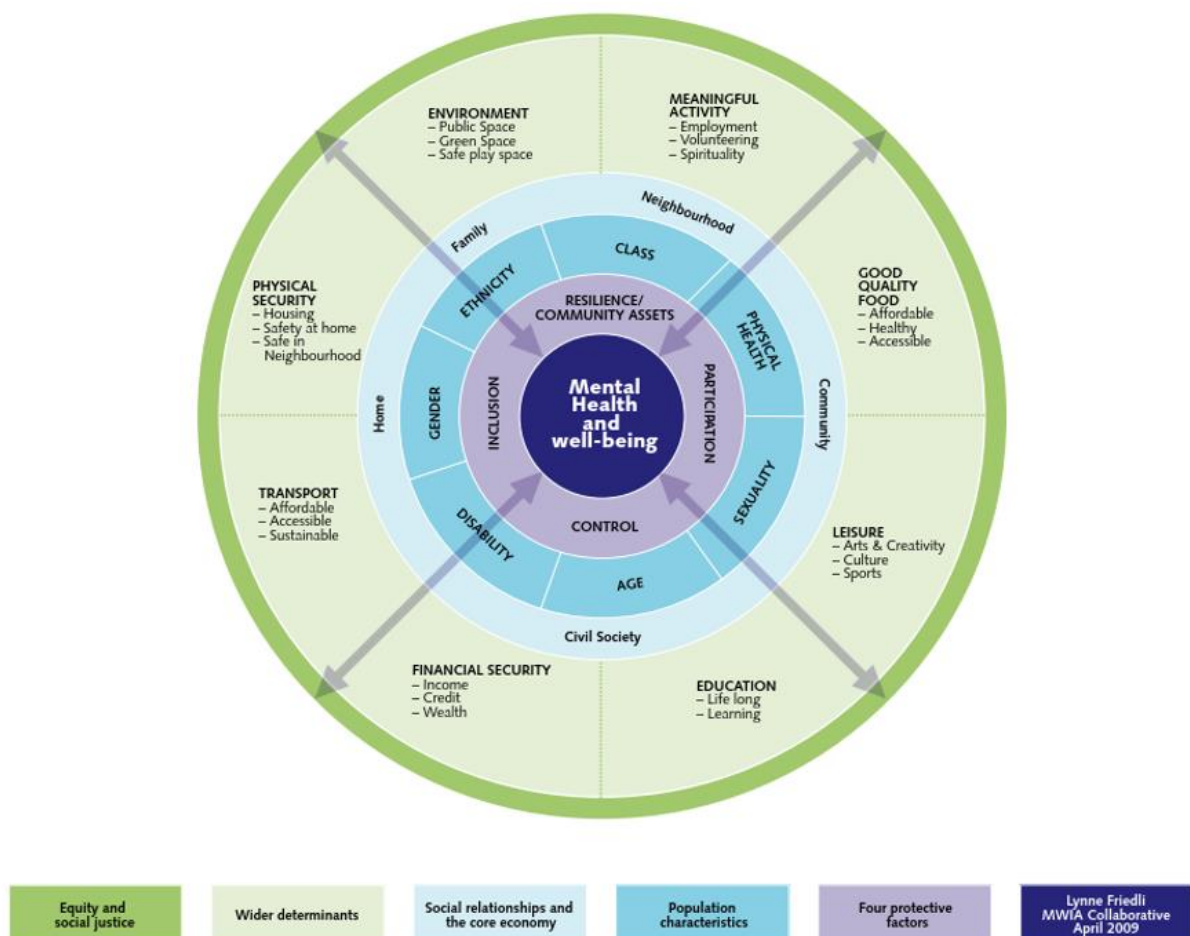
2 Research and evidence

2.1.1 The National MWIA Collaborative (England) MWIA Toolkit, which has guided this MWIA, includes an evidence base on what influences mental wellbeing. It provides evidence on the following relevant issues for MWIA:

- MWIA core protective factors (control, resilience/community assets, participation and inclusion)
- Population characteristics e.g. age, class, ethnicity
- Social relationships and the core economy (friends, family, neighbours and civil society)
- Wider determinants e.g. financial security, environment, transport, education
- Core values: equity and social justice

2.1.2 Based on these relevant issues, the MWIA Toolkit provides a conceptual model of mental wellbeing for MWIA (Plate 2.1).

Plate 2.1 A dynamic model of mental wellbeing for assessing mental wellbeing impact
(Source: Friedl L, April 2009, in National MWIA Collaborative, 2011)



- 2.1.3 Appendix 13.1 of the Environmental Statement [TR010060/APP/6.3] sets out a literature review and provides the evidence base for associations between wider determinants and mental and physical health outcomes.
- 2.1.4 The evidence from the MWIA Toolkit and the literature review in Appendix 13.1 of the Environmental Statement [TR010060/APP/6.3] has informed the following assessment of potential impacts from the proposed scheme on mental health and wellbeing. Evidence is added, where relevant, to the community profile set out in Section 3 of this appendix.

3 Community profile

3.1 Introduction

- 3.1.1 Table 3.1 provides a summary of the health profile of the communities within the proposed scheme human health study area. Those members of the population with existing mental health conditions may be especially sensitive to changes brought by the proposed scheme. There are numerous Care Programme Approach (CPA) mental health centres and GP surgeries within the study area which will serve vulnerable members of the population.
- 3.1.2 Table 13.22 in Chapter 13: Population and human health, of the Environmental Statement [TR010060/APP/6.1] sets out indicators for mental health. These data are not available at ward level and the large area covered will mask some local variability. On the whole, the data show that the prevalence and incidence of mental health conditions within the districts and clinical commissioning groups (CCGs) that coincide with the human health study area are either lower, or in line with, the average for England and so no particular geographical areas of concern within the study area are identified for these indicators. The data do show, however, that depression in people aged 18 years and over is a relatively common condition in England, with 11.6% of people affected. Depression can occur for a variety of reasons, but some cases can be triggered by stressful events. People who are more vulnerable to depression include those with long term illness or disability, people who are isolated from family and friends, and those with a family history of depression (NHS, 2019).
- 3.1.3 The rate of suicide among men in Chelmsford, Braintree and Colchester are all above average for England, while the suicide rate for men in Maldon is 61% higher than the rate for England, and the highest rate among all districts in Essex (Essex County Council, 2019). Suicide rates for females in Braintree, Chelmsford and Colchester are lower than for men but slightly higher than the rates for both Essex and England (Essex County Council, 2019). Data on female suicide rates were not available for the Maldon district.
- 3.1.4 Maldon has the highest age-standardised mortality rate from suicide and injury of undetermined intent among persons aged over 10 years (14.52 per 100,000), which is significantly higher than the rate for Essex as a whole (10.88) and England (9.57) (Essex County Council, 2019). The above data appear to indicate an inconsistency between diagnosed mental health disorders (as indicated by prevalence and incidence rates) and severe mental health outcomes indicated by suicide.
- 3.1.5 An indicative list of potential vulnerable groups has been taken from guidance from the Wales Health Impact Assessment Support Unit (WHIASU, n.d.). The presence and distribution of these groups within the human health study area has been identified using available data, to support the understanding of the community profile relevant to the MWIA.

Table 3.1 Summary community profile: Wards in study area (within Chelmsford district)

Table key:

Significantly better than average for England		Similar to average for England					Significantly worse than average for England							
Lower		Similar					Higher							
Highest quintile				Similar						Lowest quintile				
Health Indicators		England Average	Chelmsford wards											
			South Hanningfield, Stock and Margaretting	Goat Hall	Bicknacre and East and West Hanningfield	Galleywood	Great Baddow East	Little Baddow, Danbury and Sandon	Chelmer Village and Beaulieu Park	The Lawns	Trinity	Springfield North	Boreham and The Leighs	Broomfield and The Walthams
1. Percentage of total resident population aged 0-15 years (2019)		19.2	17.7	18.8	15.6	19.2	16.8	18.3	21.1	18.6	19.3	20.6	21.4	21.4
2. Percentage of total resident population who are 65 and over (2019)		18.4	23.7	21.2	24.4	24.4	25.1	26.7	11.0	24.3	14.4	15.1	18.0	20.3

Health Indicators	England Average	Chelmsford wards											
		South Hanningfield, Stock and Margaretting	Goat Hall	Bicknacre and East and West Hanningfield	Galleywood	Great Baddow East	Little Baddow, Danbury and Sandon	Chelmer Village and Beaulieu Park	The Lawns	Trinity	Springfield North	Boreham and The Leighs	Broomfield and The Walthams
3. Percentage of people who reported long-term illness or disability (2011)	17.6	14.2	11.5	16.0	16.8	17.6	15.2	9.2	16.3	13.4	11.3	12.9	16.9
4. Percentage of total resident population who are lone parent families (2011)	7.1	5.4	7.9	7.2	9.6	8.7	7.2	8.2	7.6	8.3	9.1	8.3	7.5
5. Percentage of total resident population who are within black and minority ethnic groups (2011)	14.6	2.0	4.9	2.3	4.1	5.7	4.0	7.7	6.0	8.2	6.8	4.8	5.4
6. Unemployment (% of the working-age population claiming out of work benefits) (2019/20)	2.8*	0.9	1.0	0.9	2.3	2.1	1.0	1.3	1.2	1.9	1.3	1.2	1.4
7. Long-term unemployment – rate per 1,000 working age population (2019/20)	3.2*	0.9	0.0	1.9	5.0	4.4	1.6	1.3	2.8	2.4	2.0	2.1	2.3

Health Indicators	England Average	Chelmsford wards											
		South Hanningfield, Stock and Margaretting	Goat Hall	Bicknacre and East and West Hanningfield	Galleywood	Great Baddow East	Little Baddow, Danbury and Sandon	Chelmer Village and Beaulieu Park	The Lawns	Trinity	Springfield North	Boreham and The Leighs	Broomfield and The Walthams
8. Income deprivation (English Indices of Deprivation 2019) (%)	12.9	5.8	4.9	5.3	10.4	8.4	6.4	6.2	3.5	7.1	5.2	7.8	7.1
Sources of data: OHID. Public Health Profiles. 2021 https://fingertips.phe.org.uk © Crown copyright 2021 (Indicators 1-3, 5-8) Indicator 4. ONS 2011 Census: downloaded from NOMIS standard tables (KS105EW) (https://www.nomisweb.co.uk/)													

Table 3.2 Summary community profile: Wards in study area (within Braintree and Maldon districts)

Table key:

Significantly better than average for England				Similar to average for England								Significantly worse than average for England					
Lower				Similar								Higher					
Highest quintile						Similar								Lowest quintile			
Health indicators	England Average	Braintree and Maldon wards															
		Hatfield Peverel and Terling	Witham West	Witham South	Witham Central	Witham North	Wickham Bishops and Woodham	Great Totham	Silver End and Cressing	Kelvedon and Feering	Tolleshunt D'Arcy	Great Notley and Black Notley	Braintree West	Braintree South	Braintree Central and Beckers Green	Coggeshall	Bocking Blackwater
1. Percentage of total resident population aged 0-15 years (2019)	19.2	15.9	20.0	22.7	18.8	21.2	14.5	18.4	20.2	18.7	15.4	21.9	17.5	21.2	19.8	17.5	20.7
2. Percentage of total resident population who are 65 and over (2019)	18.4	27.1	18.7	14.3	20.5	15.6	30.7	26.3	19.8	21.9	26.9	15.8	23.2	14.9	14.5	25.7	17.1

Health indicators	England Average	Braintree and Maldon wards															
		Hatfield Peverel and Terling	Witham West	Witham South	Witham Central	Witham North	Wickham Bishops and Woodham	Great Totham	Silver End and Cressing	Kelvedon and Feering	Tolleshunt D'Arcy	Great Notley and Black Notley	Braintree West	Braintree South	Braintree Central and Beekers Green	Coggeshall	Bocking Blackwater
3. Percentage of people who reported long-term illness or disability (2011)	17.6	17.7	16.5	14.5	19.6	16.4	13.7	16.2	17.2	15.0	18.0	11.1	15.1	15.0	17.8	16.1	12.8
4. Percentage of total resident population who are lone parent families (2011)	9.6	7.9	12.1	11.6	8.7	12.2	5.2	6.3	11.8	9.4	5.1	7.9	10.3	11.5	9.0	6.6	8.4
5. Percentage of total resident population who are within black and minority ethnic groups (2011)	14.6	2.3	3.9	5.4	5.7	4.0	1.8	1.8	2.9	2.3	1.3	3.4	3.9	5.2	5.6	1.8	5.4

Health indicators	England Average	Braintree and Maldon wards															
		Hatfield Peverel and Terling	Witham West	Witham South	Witham Central	Witham North	Wickham Bishops and Woodham	Great Totham	Silver End and Cressing	Kelvedon and Feering	Tolleshunt D'Arcy	Great Notley and Black Notley	Braintree West	Braintree South	Braintree Central and Beekers Green	Coggeshall	Bocking Blackwater
6. Unemployment (% of the working-age population claiming out of work benefits) (2019/20)	2.8*	1.3	2.9	2.2	2.8	3.0	1.1	0.8	2.2	1.5	1.0	0.9	2.2	2.9	3.0	1.1	1.5
7. Long-term unemployment – rate per 1,000 working age population (2019/20)	3.2*	0.8	0.0	0.0	0.2	1.1	0.0	1.5	0.0	1.1	0.7	0.0	1.4	2.3	1.9	1.4	0.8
8. Income deprivation (English Indices of Deprivation 2019) (%)	12.9	6.9	12.4	8.9	12.6	13.5	5.0	5.2	10.3	6.0	7.1	4.8	7.1	11.0	14.1	7.6	6.9

Health indicators	England Average	Braintree and Maldon wards														
		Hatfield Peverel and Terling	Witham West	Witham South	Witham Central	Witham North	Wickham Bishops and Woodham	Great Totham	Silver End and Cressing	Kelvedon and Feering	Tolleshunt D'Arcy	Great Notley and Black Notley	Braintree West	Braintree South	Braintree Central and Beckers Green	Coggeshall
Sources of data: OHID. Public Health Profiles. 2021 https://fingertips.phe.org.uk © Crown copyright 2021 (Indicators 1-3, 5-8)																
Indicator 4. ONS 2011 Census: downloaded from NOMIS standard tables (KS105EW) (https://www.nomisweb.co.uk/)																

Table 3.3 Summary community profile: Wards in study area (within Colchester district)**Table key:**

Significantly better than average for England		Similar to average for England			Significantly worse than average for England						
Lower		Similar			Higher						
Highest quintile			Similar					Lowest quintile			
Health Indicators			England Average	Colchester Wards							
				Marks Tey and Layer	Tiptree	Stanway	Lexden and Braiswick	Rural North	Castle	Mile End	Highwoods
1. Percentage of total resident population aged 0-15 years (2019)			19.2	19.9	16.3	18.5	17.9	17.2	17.5	23.2	23.0
2. Percentage of total resident population who are 65 and over (2019)			18.4	20.8	26.4	22.3	23.6	23.8	15.5	8.9	10.4
3. Percentage of people who reported long-term illness or disability (2011)			17.6	15.9	17.7	18.2	17.0	15.5	14.7	12.2	11.8
4. Percentage of total resident population who are lone parent families (2011)			7.1	8.4	8.7	9.3	9.4	-	9.1	8.9	11.8

Health Indicators	England Average	Colchester Wards							
		Marks Tey and Layer	Tiptree	Stanway	Lexden and Braiswick	Rural North	Castle	Mile End	Highwoods
5. Percentage of total resident population who are within black and minority ethnic groups (2011)	14.6	2.1	1.4	4.9	4.9	2.7	13.2	13.0	15.4
6. Unemployment (% of the working-age population claiming out of work benefits) (2019/20)	2.8*	1.2	1.3	1.4	1.2	0.8	2.7	1.6	1.9
7. Long-term unemployment – rate per 1,000 working age population (2019/20)	3.2*	0.8	1.2	1.8	1.4	1.6	3.5	2.4	2.0
8. Income deprivation (English Indices of Deprivation 2019) (%)	12.9	5.6	6.9	4.6	5.8	5.9	10.5	7.4	11.0
Sources of data: OHID. Public Health Profiles. 2021 https://fingertips.phe.org.uk © Crown copyright 2021 (Indicators 1-3, 5-8) Indicator 4. ONS 2011 Census: downloaded from NOMIS standard tables (KS105EW) (https://www.nomisweb.co.uk/)									

3.2 Age related groups

Children and young people

- 3.2.1 The early childhood phase is an important foundation for good mental health and so impacts which may affect this age-group are potentially important for mental health. In adolescence, protective factors for mental health include attachment to school, family and community, positive peer influence, opportunities to succeed and problem solving skills (National MWIA Collaborative (England) (2011)). The coronavirus pandemic has potentially disrupted many of these factors for young people, increasing susceptibility to poor mental wellbeing and health outcomes.
- 3.2.2 There is a variation in the population age across wards within the study area. There is a notably higher than average for England proportion of those aged 0-15 within the following wards of the study area:
- Witham South
 - Chelmer Village and Beaulieu Park
 - Mile End
- 3.2.3 Schools, nurseries and playgrounds within the study area will offer places where children and adolescents congregate, and so potential impacts on these facilities are important considerations for mental health and wellbeing.

Older people

- 3.2.4 The five main areas that influence mental health in later life are discrimination, participation, relationships, physical health and poverty (National MWIA Collaborative (England) (2011)).
- 3.2.5 Wards with a notably higher than average population aged 65 years and over are:
- Hatfield Peverel and Terling
 - Wickham Bishops and Woodham
- 3.2.6 Both of these wards have very low levels of income deprivation and so the influence of poverty is less of a factor at a population level in the study area than for other regions. Hatfield Peverel and Terling has average levels of people who report long-term illness or disability, while Wickham Bishops and Woodham has significantly lower than average levels of people who report long-term illness or disability. Income deprivation, disability and ill-health are often interrelated, and so the indicators for these wards suggest a relatively more resilient population in terms of these factors which influence mental health.
- 3.2.7 Care homes located within settlements surrounding the proposed scheme indicate locations where higher concentrations of the elderly will be located. Some of these fall within the study area for human health and are receptor locations used for the air quality and noise assessments, as reported in Chapter

6: Air quality, and Chapter 12: Noise and vibration, of the Environmental Statement [TR010060/APP/6.1].

3.3 Groups who suffer discrimination or other social disadvantage

People with physical or learning disabilities/difficulties

- 3.3.1 Data from the 2011 Census for England shows there is a higher proportion of the population with long term illnesses and/or disability compared to the average for other areas within England in the following ward within the study area:
- Witham Central
- 3.3.2 The only Special School identified within the study area is Doucecroft School, Abbotts Lane, Eight Ash Green, Colchester, CO6 3QL, which provides a day and residential school for children with autism. It is over 340m from the Order Limits and unlikely to be directly affected by the proposed scheme. The nearest other Special School is Southview School on Conrad Road in the northern part of Witham. Most children with special educational needs in Essex are catered for within mainstream school education. No other locations where people with physical or learning disabilities may be concentrated have been identified, and so it is concluded that these groups will be distributed throughout the study area, with a potentially higher presence in Witham Central based on the census data indicator.

Refugee groups and people seeking asylum

- 3.3.3 In response to an information request to the Director of Public Health for Essex, Essex County Council has confirmed that there is planned rehoming of refugees from the conflicts in Afghanistan within parts of Essex, and this includes intended rehoming within Colchester Borough and Chelmsford City Council area, parts of which are within the human health study area. Since the human health study area only overlaps with the urban areas of Chelmsford and Colchester to a limited extent, and that the number of refugees and asylum seekers involved is small, it is considered unlikely that there would be potentially significant impacts on such groups from the proposed scheme, based on current information. The Equality Impact Assessment [TR010060/APP/7.5] is a live process and includes a recommendation to review the situation on refugees in Essex as the proposed scheme progresses through the detailed design stage, particularly in light of the conflict in Ukraine.

Travellers

- 3.3.4 A number of studies have identified the poor health experiences of gypsy and traveller groups compared with the general population, including higher rates of mortality, morbidity and long-term health conditions, low child immunisation levels, and a higher prevalence of anxiety and depression. The contributory factors are complex and often interrelated, but may include deprivation, social exclusion and discrimination (Cromarty, 2019).

- 3.3.5 Within the human health study area, the following allocated gypsy and traveller sites have been identified:
- One site on Cranham Road, north-east of Bulls Lodge Quarry, Russell Green near Chelmsford
 - Proposed site off Drakes Lane, north of Bulls Lodge Quarry, Russell Green near Chelmsford
 - Four small, allocated sites off B1023 within Tiptree
 - One small, allocated site south of the A12 off Turkey Cock Lane near Colchester
 - One small, allocated gypsy and traveller site is located off Severalls Lane, Colchester
- 3.3.6 There are also informal sites within the study area. This includes a site used by show people at Fair Rest off Braxted Road, south of Rivenhall End. This site is within the land use and accessibility study area and impacts on land use have been assessed as part of that assessment.
- 3.3.7 The sites on Drakes Lane and Cranham Road are some 3.0km and 2.6km north of the Order Limits respectively and the only pathway to impacts from the proposed scheme would relate to potential changes in traffic flows on Cranham Road and the proposed Chelmsford North East Bypass for which a planning application was submitted in October 2021.
- 3.3.8 Although the site on Turkey Cock Lane immediately abuts the Order limits, it is not likely to be significantly affected by the proposed scheme as there is no work proposed to Turkey Cock Lane Bridge. Works in this area would likely be restricted to some work to signage within the existing A12 corridor, which would be isolated, temporary impacts.
- 3.3.9 The site off Severalls Lane is some 8km from the Order Limits and the only pathway to health impacts would be via changes to traffic flows on the A12 itself which is some 120m south of the site.
- 3.3.10 The sites in Tiptree are some 720m south of the Order Limits on Inworth Road where localised widening works are proposed. Again, the likelihood of any significant impact is very low and would relate to changes in traffic flows and potentially frustration during construction due to proposed highway works on the B1023. Access would remain available to the sites.

Single parent families

- 3.3.11 This group is potentially more susceptible to impacts on mental wellbeing due to greater likelihood of social exclusion or isolation. There are a number of wards within the study area of the proposed scheme which have higher percentages of lone parent families with dependent children within the population relative to the county of Essex (Chelmer Village and Beaulieu Park within the district of Chelmsford, Mile End within the district of Colchester, Silver End and Cressing, Witham Central, Witham North, Witham South, and Witham West all within the

Braintree district). However, all of these wards are still lower than the average proportion for England.

Lesbian, gay, bisexual and transgender (LGBT) people

- 3.3.12 The MWIA Toolkit notes that some studies suggest that LGBT peoples are at increased risk for some mental health problems - notably anxiety, depression, self-harm and substance misuse - and are more likely to report psychological distress than their heterosexual counterparts, while being more vulnerable to certain factors that increase risk, e.g. bullying, discrimination and verbal assault (National MWIA Collaborative (England), 2011).
- 3.3.13 An estimated 2.7% of the UK population aged 16 years and over identified as lesbian, gay or bisexual (LGB) in 2019, an increase from 2.2% in 2018 (ONS, 2021). ONS does not currently produce estimates of the number of transgender people living in the UK. It is likely that there are individuals identifying as LGBT throughout the study area, but no information has been identified on whether there are specific locations where people from these communities may meet, socialise or access support networks and services.

Black and minority ethnic groups

- 3.3.14 Differences in levels of mental wellbeing and prevalence of mental disorders between different ethnic groups are '*due to a complex combination of socio-economic factors, racism, diagnostic bias, and cultural and ethnic differences, in the way in which both mental health and mental distress are presented, perceived and interpreted.*' (National MWIA Collaborative (England), 2011).
- 3.3.15 Using Census data from the wards in which the proposed scheme runs through, several wards have proportions of the population from black and minority ethnic groups greater than the average for Essex (Witham Central within the district of Braintree, Mile End, and Lexden in the district of Colchester, and Chelmer Village and Beaulieu Park within the district of Chelmsford). However, these proportions are lower than the average for England as a whole. This may mean that people from black and minority ethnic groups in these wards have less support than those from areas with higher ethnic diversity.

Religious groups

- 3.3.16 The MWIA does not set out evidence specifically relating to religious groups, although the WHIASU guidance identifies religious groups as potentially experiencing discrimination. While there is a risk that people from religious groups may experience discrimination or abuse which may make them more vulnerable to poor mental health, the social capital, social networks and participation in worship associated with belonging to a religious group may also be a protective factor for mental health.
- 3.3.17 As indicated in Table 3.4 a very small proportion of residents identified with any religion other than 'Christian' or 'no religion' at the time of the 2011 census. Some churches have been identified within the land use and accessibility study area, including a Mormon church, but no places of worship associated with other religions have been identified.

- 3.3.18 This may suggest that Christians within the study area are relatively well supported, but people from other religious groups may feel more isolated. This issue may be interrelated with ethnicity.

Table 3.4 Percentage usual resident population by religious group (source: 2011 Census)

Local authority	% Resident population by religion								
	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other	None	Not stated
Braintree	61.3	0.2	0.3	0.1	0.5	0.1	0.4	30.0	7.1
Chelmsford	61.9	0.3	0.7	0.2	1.2	0.1	0.3	28.2	7.0
Colchester	57.7	0.6	0.7	0.2	1.6	0.1	0.5	31.4	7.3
Maldon	65.0	0.2	0.1	0.2	0.3	0.0	0.3	26.6	7.3

3.4 Income related groups

- 3.4.1 A social gradient in health exists in that better social and economic position results in better health (Marmot, 2010). Those people in the lowest 20% of household income have an almost three times greater risk of mental illness (McManus et al., 2009).
- 3.4.2 As indicated by Tables 13.19 to 13.21 in Chapter 13: Population and human health, of the Environmental Statement [TR010060/APP/6.1], levels of unemployment across the wards in the human health study area are generally below average for England. There are no wards where levels of unemployment are significantly worse than average for England. The highest rates of unemployment in the study area are for Witham North (3%), Witham West (2.9%) and Witham Central (2.8%). Although these are in line with the average for England (2.8%), they are notably higher than the other wards in the study area and this issue is likely interrelated to the higher levels of income deprivation compared to average for Essex, found in these same wards.

4 Community views

- 4.1.1 Public responses to the statutory pre-application consultation have revealed a number of concerns, which are summarised below. It should be noted that these concerns are not necessarily representative of views across the communities as a whole as those with stronger opinions towards the proposed scheme, and certain groups of the community, are more likely to respond.
- 4.1.2 The greatest number of expressed concerns were regarding potential increases in noise and air pollution resulting from both construction activities and traffic, and potential detrimental impacts of this on residents' health and quality of life. While such concerns were expressed by the public across the entire proposed scheme, concerns appeared to be more prevalent in the Hatfield Peverel area, concerning proposals for junction 21 (Witham South interchange).
- 4.1.3 There were concerns regarding loss of local landscape/countryside which many local residents use for walks and leisure activities. Residents were concerned for their mental wellbeing with the potential loss of countryside. These concerns were only briefly mentioned by the surrounding communities in regard to proposals for junction 21 and junction 24 (Kelvedon North interchange).
- 4.1.4 There were general concerns expressed across the entire proposed scheme regarding increased traffic during construction on surrounding smaller country roads leading to frustration for road users.
- 4.1.5 There were a number of concerns expressed regarding the disruption/impact to the biodiversity of the study area including the need for identification of habitats, the need to consider wildlife during the construction/design of attenuation ponds, and a reduction in habitat fragmentation, alongside the impact on specific species such as dormice, badgers, water vole and bats. While such concerns were expressed by the public across the entire proposed scheme, concerns appeared to be more prevalent in the Boreham area, concerning proposals for junction 19 (Boreham interchange), and by the surrounding communities concerning proposals for junction 24.
- 4.1.6 Other concerns raised less frequently by the public included:
- Concern that the proposed drainage mitigation features are either insufficient or would have a large impact on existing land uses
 - Concern regarding light pollution and loss of darkness at night (most frequently mentioned by the surrounding communities in regard to proposals for junction 21 and junction 24)
 - Concern regarding preservation of protected lanes/areas within the boundary of the proposed scheme
 - Concern regarding potential loss of large/mature trees and shrubs which take years to regrow. Some people did not believe a replanting initiative would be enough to replace the loss of the larger trees.

- Concern regarding loss of farmland and associated loss of local grown produce which was especially recognised in the surrounding area of the proposals for junction 24

5 Identification of potential impacts on mental wellbeing

- 5.1.1 This assessment brings together the consideration of the research and evidence, community profile and community concerns, as well as the likely impacts of the proposed scheme on relevant health determinants, to allow a judgement of likely mental wellbeing risks and impacts and how these can be managed and mitigated.

Table 5.1 Identification of impacts on mental wellbeing protective factors

Protective factors	Description of impact	Vulnerable groups affected	Potential mental wellbeing outcome
Wider determinants of mental wellbeing (from National MWIA Collaborative (England) (2011))			
Access to quality housing (e.g. security, tenure, neighbourhood)	The proposed scheme would not have a significant effect on the housing resource as a whole and therefore not affect access to quality housing at a community level.	N/A	N/A
	During construction a small number of individual households would be impacted by temporary and permanent land-take from gardens and drives, and in some cases, compulsory purchase of homes (see land use and accessibility assessment in Section 13.8 of Chapter 13: Population and human health, of the Environmental Statement [TR010060/APP/6.1]).	These impacts would affect small numbers of households in Hatfield Peverel, Witham, Rivenhall End and Marks Tey. The affected properties are within Hatfield Peverel and Terling, Witham South, Silver End and Cressing, and Marks Tey and Layer wards. The community profiling shows that these are wards which have good levels of general health and socio-economic status and so on average would be expected to be relatively resilient. However, the personal health and wellbeing circumstances of the individuals within the homes affected by the proposals may vary considerably from the average community profile reported for the relevant wards in Tables 3.1 to 3.3 and cannot be inferred from this data.	Negative (construction) - Moving house is widely acknowledged to be a stressful life event, and there is evidence to suggest that moves which are not made out of choice are linked to development of negative mental health outcomes in affected adults (Vasquez-Vera et al. 2017, Hoke and Boen, 2021) and children (Morris et al., 2017). A degree of stress and inconvenience is likely for all those affected by land acquisition, or whose properties may be blighted by the proposed scheme. Uncertain (future year scenario) – The compensation code aims to match the financial position for people, however the longer term individual circumstances and responses cannot be accounted for in this assessment.
Physical environment (access to greenspace, countryside, outdoor recreation and quality of built environment)	During construction there would be adverse impacts on access to greenspace, the countryside, outdoor recreation and quality of the built environment. This would be due to the combination of construction haul roads, borrow pits, construction compounds and laydown areas, areas of construction activities, construction noise, construction lighting, dust and traffic (refer to Section 13.10 of Chapter 13: Population and human health, of the Environmental Statement [TR010060/APP/6.1]).	No specific vulnerable groups have been identified. Children and people who spend more time in their homes (e.g. older, retired residents, and those with limiting health conditions and disabilities) may be more vulnerable to any loss of greenspace close to homes. Communities most likely to be adversely affected by impacts on greenspace would be people who currently live along Inworth Road nearby proposed junction 24 and those who live immediately south of the proposed new A12 alignment at Rivenhall End.	Negative (construction) - It is considered that this impact of the proposed scheme presents a moderate risk of short to medium term adverse mental wellbeing outcomes such as psychosocial stress due to concerns over construction effects on trees, vegetation and greenspace. Uncertain (future year scenario) - No clear evidence has been identified of a link between these types of impacts and effects on longer term mental health outcomes, despite a substantial number of major construction projects of similar scale having taken place in the UK.
	During operation of the proposed scheme, it is considered that overall, there would be improved access to greenspace and outdoor recreation. This would be where there are improved crossing points of the A12 trunk road as a consequence of new walking, cycling and horse riding provision included in the proposed scheme. There would also be the creation of a circular route around the Essex County Fire and Rescue Service Headquarters near Rivenhall End, which would improve the recreational value of the Public Rights of Way (PRoW) network in that area and provide more varied green and blue space. These impacts would be long-term (refer to Section 13.10 of Chapter 13: Population and human health, of the Environmental Statement [TR010060/APP/6.1] for more information on impacts on walking, cycling and horse riding infrastructure).	No specific vulnerable groups have been identified in the baseline who would be more exposed to this impact. Recreational walkers and cyclists who would travel beyond the immediate influence of the A12 corridor (i.e. would use the extensive PRoW and lane networks after crossing the proposed scheme) are expected to benefit. Improvements to PRoW around the Essex County Fire and Rescue Service Headquarters would most likely benefit workers at the headquarters, and some local residents. Residents of Rivenhall End (north of the proposed new alignment) are anticipated to have an improved quality of environment due to the de-trunking of the A12 which currently passes through the village.	Positive (future year scenario) – once landscaping becomes established, the proposed scheme offers some opportunities for improved mental wellbeing, such as the creation of the circular route through an area of landscaping at Essex County Fire and Rescue Service Headquarters. However, there is no evidence to support this would affect a significant improvement in mental health outcomes.

Protective factors	Description of impact	Vulnerable groups affected	Potential mental wellbeing outcome
Impacts on economic security	<p>During construction the land use and accessibility assessment has assessed that overall, there would be no significant effect on employment land. However, it should be noted that there would be impacts on some individual businesses as reported in Appendix 13.3 of this Environmental Statement [TR010060/APP/6.3]. These impacts would fall into two broad types:</p> <ul style="list-style-type: none"> Direct loss of business land and property for a small number of businesses Indirect effects on business use due to effect on local amenity due to construction noise and general disruption (for example, if the business is a wedding venue or recording studio which would be sensitive to visual or noise impacts from the proposed scheme) <p>For each of the above impacts, there is potential for loss of employment at each individual business affected.</p>	<p>No specific vulnerable groups have been identified in the baseline who would be more exposed to this impact.</p> <p>These impacts affect a small number of businesses in the baseline and characteristics of individuals affected by the proposals cannot be inferred by the community level data for the ward.</p>	<p>Negative (construction) - A degree of stress and inconvenience is likely for all business owners and employees adversely affected by the proposed scheme. In the case of the business affected by direct acquisition of its premises, it would be possible to relocate. However, the business premises are relatively new and so the proposed scheme would likely cause additional disruption to staff when there has already been a relocation of the business in the recent past.</p>
	<p>Any temporary or permanent employment opportunities arising during the proposed scheme construction as a result of the contractor's involvement would be advertised locally, including in local job centres such as Witham. This would provide new employment opportunities for local residents. It is currently uncertain as to how many jobs would be made available during the construction of the proposed scheme, as that would depend on which contractor is involved in the construction stage, and which skill gaps are identified at that time.</p>	<p>Income related groups. Groups where there is higher than Essex average unemployment and income deprivation, such as communities in Witham Central, Witham West and Witham North wards, may be disproportionately benefited by the employment opportunities due to the commitment to advertise permanent positions locally, including local job centres such as Witham job centre.</p>	<p>Positive (construction and up to the future year scenario) – The creation of new job opportunities to be advertised by the Principal Contractor responsible for the construction of the proposed scheme would potentially have positive mental health outcomes. The potential benefits of this would depend on the quality of the jobs available, including level of control, job security, variety of tasks and level of pay. However, given that the Principal Contractor and its supply chain would need to have demonstrated commitment to social value, training, health & safety and staff welfare to meet National Highway's contract requirements, it is likely that good quality employment opportunities would be available.</p>
	<p>During operation, the proposed scheme is expected to have an overall beneficial effect on economic security by supporting improved transport capacity and journey reliability for businesses. This would support economic growth in the region.</p>	<p>No specific vulnerable groups have been identified in the baseline who would be more exposed to this impact. The impact is likely to benefit the general population in the study area.</p>	<p>Positive (operation up to the future year scenario).</p>
	<p>During operation, the proposed scheme could have adverse indirect effects on some businesses such as loss of passing trade where a business would be by-passed by the proposed scheme.</p>	<p>These impacts affect a small number of businesses in the baseline and characteristics of individuals affected by the proposals cannot be inferred by the community level data for the ward.</p>	<p>Negative (short to long term) - The risk of a reduction in trade may result in financial insecurity, which is associated with psychosocial stress, and may also trigger or exacerbate other mental health outcomes. However, it is not feasible in an assessment of this type (which considers population level effects) to accurately assess the impact on individuals affected.</p>
Transport access and options	<p>During construction access for all forms of transport would be disrupted to an extent, such as by traffic management proposals including diversions for pedestrians, cyclists and vehicular traffic.</p>	<p>People with disabilities, adolescents, parents with young children and older people are likely to be inconvenienced the most although provision will be in place to meet all users needs as set out in the Outline Construction Traffic Management Plan [TR010060/APP/7.7].</p>	<p>Negative (short term) – Disruption to usual routes, requirements to take detours and potential confusion over temporary routes may dissuade some people from making journeys or cause delay. This may increase levels of psychosocial stress.</p>

Protective factors	Description of impact	Vulnerable groups affected	Potential mental wellbeing outcome
	Once operational, the proposed scheme would improve access across several modes – private car, travel by bus, cycling and walking. This includes meeting current accessibility standards. These impacts are described in Section 13.8 of Chapter 13: Population and human health, of the Environmental Statement [TR010060/APP/6.1].	<p>People without access to a car would benefit, including people with disabilities, income deprived groups and children and adolescents. This is because of the improved standard of shared use footways/cycleways and other pedestrian facilities, as well as the improved accessibility of bus stops.</p> <p>People who depend on car use would also benefit, including those in more isolated villages who are not well served by public transport.</p>	<p>Positive (short to long term) - It is expected that there would be positive impacts on wellbeing through reduced instances of stress and frustration associated with adverse traffic conditions. This is because the proposed scheme is expected to reduce journey delay from traffic congestion, reduce fear of collisions (for people using all modes of transport), and increased separation for walkers and cyclists from the presence of high volumes of traffic.</p> <p>There is not a reliable method of measuring the scale or significance of these mental health impacts. However, given the large population who travel along and around the A12 corridor in the vicinity of the proposed scheme, the benefits would be widespread.</p>
Impacts on people's control			
<p>Two ways in which the proposed scheme would impact on people's control at community level have been identified:</p> <ul style="list-style-type: none"> • Opportunities to influence decisions • Opportunities for expressing views and being heard 	<p>In accordance with the requirements of the Planning Act 2008, extensive consultation with local communities has been undertaken during pre-application stages of the proposed scheme. Details of the consultation undertaken are set out in Chapter 4: Consultation, of the Environmental Statement [TR010060/APP/6.1].</p> <p>The process has provided people with the opportunity to influence the proposals and express their views.</p> <p>Some of the responses received suggest a low level of trust among some individuals that the consultation processes are meaningful. For example, one individual commented, <i>'I have no belief that anyone will actually read this email or even provide proper solutions to our points raised'</i>.</p> <p>However, the pre-application consultation has resulted in many amendments and refinements to the proposed scheme. The evolution of the proposed scheme design as a result of consultation feedback, is set out in Chapter 3: Assessment of alternatives, of the Environmental Statement [TR010060/APP/6.1].</p>	<p>No specific vulnerable groups have been identified in the baseline who would be more exposed to this impact.</p> <p>Groups most affected would be the individuals who would be most directly affected by the proposals. This includes some residents affected by increased traffic on Inworth Road, as well as those individuals directly impacted on by land acquisition as described above.</p>	<p>Uncertain (short to medium term) - Many individuals who have inputted into the proposals are likely to gain a degree of satisfaction where changes have been made to the proposals which have addressed their concerns. However, there are likely to be people who would consider themselves adversely affected by the proposals, and for whom would feel their concerns have not been listened to. These people are more likely to feel a lack of control over the outcomes and are more vulnerable to adverse mental wellbeing outcomes as a result.</p>
Impacts on resilience and community assets			
Shared public places	The land use and accessibility assessment has identified a number of impacts on community assets during construction. However, these impacts would be confined to the construction stage and relate more to additional distance to access some facilities (e.g. Whetmead local nature reserve) or slight land-take. No impacts on the social network function of these facilities is likely. Effects would be neutral in operation. Therefore, this is not considered a key impact for the mental wellbeing assessment.	N/A	N/A

Protective factors	Description of impact	Vulnerable groups affected	Potential mental wellbeing outcome
Facilitating participation and promoting inclusion			
Cohesive communities	The health assessment of impacts on community severance and social networks found impacts were likely to be neutral for health during construction but that positive impacts were anticipated during operation for Boreham and Rivenhall End (but not likely to be significant). A negative impact was identified for Inworth but also not likely to be significant due to relatively high traffic levels in the baseline situation. On this basis the proposed scheme is not likely to have a key impact on the protective factor of facilitating participation and promoting inclusion, such as through supporting 'cohesive communities'.	N/A	N/A

6 Summary of risk to mental health and wellbeing

- 6.1.1 This MWIA has identified the key impacts on wider determinants of health which are likely to be associated with impacts on mental wellbeing. This includes potentially positive impacts through improved transport access and options, and provision of job opportunities in areas where there is higher than average (for Essex) levels of unemployment and income deprivation.
- 6.1.2 There has been substantial pre-application consultation, and feedback has been carefully considered, with improvements made to the proposed scheme where feasible. This has allowed members of the community to have some say in the final proposals submitted for the DCO application.
- 6.1.3 Nevertheless, there would be some individuals adversely affected by the proposed scheme, with impacts on their housing or businesses. There is also considerable community concern regarding impacts on trees and greenspace, other environmental impacts (air pollution, noise and light pollution), as well as traffic increases in some locations. Many of these individuals may feel that their views have not been taken into account, or feel that they have had no control over the outcomes.
- 6.1.4 Such impacts are typical of any major development proposal where it is unlikely that a solution that would benefit everyone can be found.
- 6.1.5 The proposed scheme has been designed to limit impacts on communities as far as practicable, but as recognised by paragraph 5.83 of the National Networks National Policy Statement (NNNPS), *'for nationally significant infrastructure projects of the type covered by this NPS [National Policy Statement], some impact on amenity for local communities is likely to be unavoidable.'*
- 6.1.6 No research was identified through the literature review that assessed any level of association between major infrastructure construction projects of the nature of the proposed scheme, and mental health outcomes. In the absence of scientific evidence, it is judged probable that, despite proposed mitigation, there is a moderate to high risk of adverse mental wellbeing outcomes, such as psychosocial stress, among those individuals most adversely affected by the proposals. This is indicated by the concern expressed through the community consultation and having to move house or impacts on financial security for business owners, which are known risk factors for adverse mental health outcomes. However, while some individuals may be at risk of adverse mental wellbeing outcomes, there is little evidence to support a judgement that this may lead to a change in mental health status at a population level or in the longer term.
- 6.1.7 It is not considered that the proposed scheme is likely to be substantially different from similar scale projects in this regard.

7 Mitigation and monitoring

- 7.1.1 There has been ongoing engagement with individuals and their representatives most affected by the proposed scheme to reach agreement in terms of compensation, design amendments or mitigation commitments to be included in the Register of Environmental Actions and Commitments (REAC), within the first iteration of the Environmental Management Plan (EMP), and DCO Requirements.
- 7.1.2 Cases would be handled with sensitivity and good communication on process and progress would be provided.
- 7.1.3 A Community Liaison Manager (CLM) responsible for leading engagement with affected communities and their representatives would be appointed. Appropriate mechanisms to communicate with local residents would be set up to highlight potential periods of disruption through the construction phase.

Acronyms

Abbreviation	Term
CCG	Clinical commissioning groups
CPA	Care Programme Approach
CLM	Community Liaison Manager
DCO	Development consent order
EIA	Environmental Impact Assessment
EMP	Environmental Management Plan
LGBT	Lesbian, gay, bisexual, transgender
MWIA	Mental wellbeing impact assessment
NNNPS	National Policy Statement for National Networks
PHE	Public Health England
PRoW	Public right of way
REAC	Register of Environmental Actions and Commitments
WCH	Walking, cycling, horse riding
WHIASU	Welsh Health Impact Assessment Support Unit
WHO	World Health Organisation

Glossary

Term	Definition
Protective factor	Within the MWIA, a protective factor is a wider determinant of health or individual factor such as enhancing control, improving community resilience and assets, and facilitating participation and promoting inclusion, which are associated with positive mental wellbeing.
Care Programme Approach (CPA)	An NHS package of care for people with mental health problems.

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