



MAGWATCH

UPDATED MENTAL HEALTH

ASSESSMENT

on

APP/23/00822/F

Magwatch – Updated Mental Health Assessment

Non-Compliance with Relevant Planning Guidance:

NPPF paragraph 96c: Enable and support healthy lives, through both promoting good health and preventing ill-health.

NPPF paragraph 198c: Limit the impact of light pollution from artificial light on local amenity, intrinsically dark landscapes and nature conservation.

EU Waste Framework Directive (2008/98/EC)

BCP Waste Plan Policy 13: Requires that health impacts be mitigated.

Objective 4 of the Waste Plan.

IEMA Health in EIA Guidance (2022).

IEMA Guide to Effective Scoping of Human Health in EIA.

Executive Summary

This objection highlights critical flaws in MVV's Environmental Statement: Chapter 14 Population and Health (and appendices), and the omission of any formal assessment of mental health impacts on a community already experiencing some of the highest rates of suicide and serious self-harm in England. Despite MVV's acknowledgement that Bearwood and Merley residents are especially vulnerable to environmental stressors, the applicant has misclassified the area as "low sensitivity," selectively presented deprivation data, and failed to consult with public health authorities, contrary to IEMA guidance on the scoping of human health, and contrary to planning policies. The precautionary principle should be applied in light of these failings and the severe mental health vulnerabilities identified.

Where there is credible risk of serious harm and insufficient evidence to prove safety, planning law obliges decision-makers to act to protect public health. On this basis, the precautionary principle should be invoked and the development should be refused.

Key findings:

- Bearwood & Merley have among the ***highest suicide and serious self-harm rates*** in England;
- Risk modelling projects the potential impact of the development would be ***between 4 and 13 preventable suicides and 14 and 41 serious self-harm incidents***;
- MVV's ES selectively presents deprivation data in a way that minimises concern;

- MVV's ES claims the area has low health sensitivity, despite its own assessment indicating the opposite. This is misleading and incorrectly weights health impacts as low instead of ***moderate to high, contrary to IEMA guidance***;
- MVV have ***not engaged with the NHS, Public Health Director or local stakeholders*** due to inappropriate sensitivity weighting for mental health and deprivation indicators.

This submission strongly recommends adoption of the precautionary principle and rejection of the application due to significant unaddressed public health concerns, which cannot be adequately mitigated if the development is approved. Moreover, this should weigh heavily against the proposal in the planning balance.

Background

1. MVV's Environmental Statement (Appendix 14.1) presents Bearwood & Merley as a relatively prosperous area with low deprivation and good health outcomes. However, data from the Index of Multiple Deprivation (IMD) 2019 evidences a *much wider disparity*, with ***parts of Bearwood ranking among the 15% most deprived areas in England***. This comparison highlights that MVV has selectively presented deprivation data in a way that minimises concern. Their aggregation and interpretation downplay genuine socio-economic and mental health risks, particularly in Bearwood. Whereas, a robust planning process should require LSOA-level consideration, not ward-wide averages that obscure high-need, high-risk areas.
2. The applicant (MVV) also acknowledges in Appendix 14.1 of their ES that the local population "*could be more vulnerable to changes to the environment and so this should be taken into consideration with the proposed development*"¹, but then fails to adequately assess or consider the mental health impacts.
3. The conurbation including Bearwood and Merley suffers amongst the highest suicide and serious self-harm rates in England:
 - **Suicide rates** - are 46% above the national average, adversely ranking in the top 10%, (15th of 151 Local Authorities (LA))²
 - **Serious self-harm rates** - leading to hospital admissions are 42% above the national average, adversely ranking in the top 12%, (19th of 151 LA)³.
 - **Long-term mental health illness** - Bearwood & Merley specifically suffer from higher rates of *long-term mental health illness, 23.5% higher than the national average*⁴.

These are statistically significant facts, based on official data, which also demonstrate that both suicide and self-harm rates are increasing year on year.

¹ Environmental Statement Technical Appendix 14.1 - Population and Human Health Baseline

² <https://www.zsabenchmarking.co.uk/maps/suicide-rate/2021-23?org=E06000058&tier=2>

³ <https://www.zsabenchmarking.co.uk/maps/emergency-hospital-admissions-for-intentional-self-harm/2023%2F24?org=E06000058&tier=2>

⁴ <https://www.nomisweb.co.uk/reports/localarea?compare=E06000058,E92000001> (search Bearwood)

4. Indeed, PHE (UKHSA) have published two key policy reports, the 'Local Suicide Prevention Planning' and the 'Preventing Suicide in England' reports both outline the National Strategy committed to tackling suicide in six key areas for action, with the scope of the strategy now expanded to include **addressing self-harm** as a new key area "*Reducing rates of self-harm as a key indicator of suicide risk*". This highlights the local and national policy significance and why significant weighting should be applied to sensitivity impacts and should be weighed accordingly in the planning balance.
5. In terms of public health, the waste incineration industry (including the applicant) generally and specifically leans on the 'PHE Statement on Modern Municipal Waste Incinerators (MWIs) Study' for public health mitigation. However, this study only relates to physical health harm. Magwatch have consulted UKHSA (formerly PHE). UKHSA confirmed that "*Mental health risks were not considered*" in the aforementioned study, which means that the publication cannot be relied on as any form of mitigation for mental health harms.
6. In the following section, using a comparative risk model grounded in public health methodology, the analysis within demonstrates that the development would potentially lead to up to **13 additional, preventable suicides, and up to 41 additional, preventable serious self-harm incidents** requiring hospital admissions, along with unmeasured, chronic psychological and other mental health harms. This presents a significant level of harm to public health and should weigh strongly against approval in the planning balance.
7. Academic sources acknowledge a research gap around the mental health effects of incinerators, while evidence from analogous industrial settings (a methodology also used by MVV) shows links to increased anxiety, psychological stress, and community distress as a result of environmental stressors, as discussed later in the section: Mental Health Impact from Environmental Stressors.
8. As stated in MVV's ES Chapter 13: Noise and Vibration, the facility will operate 24 hours a day, 365 days per year, and waste deliveries would take place between the hours of 07:00 and 20:00. Section 14.5.45 further states that due to the continuous nature of the on-site energy production, *there is potential for increases in noise exposure during the daytime period (from the facility itself and waste deliveries) and during the night-time period (from the facility itself but not waste deliveries as these would only occur during the daytime). As a result, the population and health assessment investigates potential health outcomes arising from both annoyance and sleep disturbance*. In other words, the applicant acknowledges that there will be an increase in noise and vibration, which will contribute as a material environmental stressor should the development be approved.
9. Real-world impact, anecdotally, there have been several local residents who have already publicly highlighted the impact of the development proposal on their current mental health, including anxiety. One individual's behaviour was so concerning that another resident made an intervention, signposting medical help. Others have expressed concern for their children attending schools in close proximity to the proposed site. This is a tangible insight into the existing mental health vulnerability and predisposition of the local population.

10. **The precautionary principle** – Where there is scientific uncertainty, but a serious risk to public health, *the precautionary principle must be applied*. In this case, there is strong evidence indicating that the incinerator would worsen already critical mental health outcomes. It is difficult to see how the application could be approved, as to do so would *almost certainly lead to outcomes of increased but preventable loss of life, serious self-harm incidents and other long-term mental health illnesses*. Moreover, MVV's omissions alone fail to assess the impact of the proposed development on already critical levels of suicide & self-harm rates⁵.
11. MVV have failed to prove that there would be no significant mental health harm resulting from the proposed waste incinerator. This should weigh heavily against the proposal in the planning balance.

Projected Increase of Suicide & Serious Self-Harm Rates

12. This section projects the potential increase in suicide and serious self-harm incidents, which could be associated with the proposed development as a result of environmental stressors on an already vulnerable population.
13. The methodology used is a comparative risk assessment (CRA) approach based on nationally recognised baseline rates and relative risk (RR) values for mental health impacts from long-term environmental stressors, such as industrial infrastructure, visual impact, odour, traffic, lighting, air pollution, vermin, flies and noise exposure etc.
14. Indeed, lighting would be impossible to mitigate as an environmental stressor, given the proposed 110m chimney stack would be illuminated at all times from the top of the stack and at intermittent intervals with lights emitting 2000 lumens, as required by the MoD for flight safety. (The CNEA 2005 amended section 79(1) of the Environmental Protection Act 1990 extends the statutory nuisance regime to include light nuisance stating the following:

'artificial light emitted from premises so as to be prejudicial to health or a nuisance'.

and NPPF paragraph 198 states:

"Planning policies and decisions should also ensure that new development is appropriate for its location taking into account the likely effects (including cumulative effects) of pollution on health, living conditions and the natural environment, as well as the potential sensitivity of the site or the wider area to impacts that could arise from the development. In doing so they should:

⁵ The UK government is a signatory to the 1992 Rio Declaration. Its definition of the precautionary principle states that 'where there are threats of serious or irreversible environmental damage, a lack of full scientific certainty shall not be used as a reason for postponing cost-effective measures to prevent environmental degradation'.

c) limit the impact of light pollution from artificial light on local amenity, intrinsically dark landscapes and nature conservation”.

15. Baseline for Bearwood and Merley:

- **Suicide rates:** 46% higher than the national average⁶.
- **Serious self-harm rates:** 42% above the national average⁷.
- **Long-term mental, physical and health conditions:** 23.5% above the national average⁸.
- **Bearwood LSOA – IMD** amongst the lowest 15% for most deprived areas nationally.

The table below demonstrates Suicide, Self-harm rates & Index of Multiple Deprivation (IMD)

Indicator	Bearwood & Merley	England Average	Deviation
Suicide Rate (per 100,000)	15.2	10.4	+46% (Significant)
Self-Harm Admissions	198 per 100,000	139 (average)	+42% (Significant)
Long-Term Mental Health Illness	23.5% above national rate	-	Significant
IMD (Worst LSOA – Bearwood)	Decile 2 (very deprived)	-	Among the lowest 15% nationally (Significant)

Long-term Mental Health conditions – Merley & Bearwood

16. The 2021 ONS census data evidence that Bearwood and Merley have higher rates of long-term physical or mental health conditions than the national average. The applicant has failed to perform a comprehensive assessment or consider long-term mental health vulnerabilities for Bearwood & Merley, which are *23.5% higher than the national average*.

17. This is a critical point given the proposed 40-year lifespan of the plant and the long-term risks to the local population. This data, unique to Bearwood, has been omitted entirely in the applicant’s Environmental Statement.

⁶ <https://www.zsabenchmarking.co.uk/maps/suicide-rate/2021-23?org=E06000058&tier=2>

⁷ <https://www.zsabenchmarking.co.uk/maps/emergency-hospital-admissions-for-intentional-self-harm/2023%2F24?org=E06000058&tier=2>

⁸ <https://www.nomisweb.co.uk/reports/localarea?compare=E06000058,E92000001> (search Bearwood)

Long term health problem or disability

	Bearwood & Merley Ward (as of 2022)		Bournemouth, Christchurch and Poole Local Authority		England Country	
	count	%	count	%	count	%
All usual residents	14,025	100.0	400,196	100.0	56,490,048	100.0
Disabled under the Equality Act: Day-to-day activities limited a lot	920	6.6	30,616	7.7	4,140,357	7.3
Disabled under the Equality Act: Day-to-day activities limited a little	1,495	10.7	43,222	10.8	5,634,153	10.0
Not disabled under the Equality Act: Has long term physical or mental health condition but day-to-day activities are not limited	1,184	8.4	29,898	7.5	3,856,029	6.8
Not disabled under the Equality Act: No long term physical or mental health conditions	10,426	74.3	296,460	74.1	42,639,509	75.9

Source: ONS - 2021 Census (TS038)⁹

18. Other factors should also be taken into consideration when weighing the significance of local sensitivity to the proposal. These are articulated in the national strategy publication 'PHE - Local Suicide Prevention Planning Guidance (2020)'.

19. MVV's own Environmental Statement Appendix states: "*Mental health indicators show Bearwood and Merley to be below the regional and national averages, with more hospital stays for self-harm and a higher suicide rate. On this basis, individuals could be more vulnerable to changes to the environment, and so this should be taken into consideration with the proposed development.*"

20. Yet no adequate consideration has been made or proof provided that there would be no significant harm to public (mental) health.

Projected Increases in Preventable Suicide and Serious Self-Harm Rates

21. Projected increases in suicide and serious self-harm rates use the following formula:

$$\text{Projected Cases} = \text{Baseline Rate} \times \text{Relative Risk} \times \text{Population}$$

We then subtract the baseline cases (without the proposed incinerator) from the projected cases to estimate the potential additional number of cases attributable to the proposed development. Calculations are based against a 40-year lifespan for the development.

Baseline Rates:

- Population of Bearwood & Merley: 14,025 (2021 Census)
- Baseline suicide rate: 15.2 per 100,000 (UKHSA/ONS, 2021-2023 England average)¹⁰
- Baseline self-harm rate: 198 per 100,000 (Hospital Episode Statistics, 2023/24)¹¹

⁹ <https://www.nomisweb.co.uk/reports/localarea?compare=E06000058,E92000001>

¹⁰ <https://www.zsabenchmarking.co.uk/maps/suicide-rate/2021-23?org=E06000058&tier=2>

¹¹ <https://www.zsabenchmarking.co.uk/maps/emergency-hospital-admissions-for-intentional-self-harm/2023%2F24?org=E06000058&tier=2>

Relative Risks (RR):

- Low exposure scenario: RR = 1.05 (5% increase)
- Moderate scenario: RR = 1.10 (10% increase)
- High-risk scenario: RR = 1.15 (15% increase)

22. The methodology is consistent with using RR values with ranges used in public health and air pollution epidemiology (e.g., BMJ Open 2024 Scotland Study).

Suicide Risk Projection Additional Cases (Cumulative Over 40 Years)

Scenario	Baseline cases	Projected cases	Additional cases
Low (RR 1.05)	85.2	89.5	+4.3
Moderate (1.10)	85.2	93.7	+8.5
High (1.15)	85.2	97.9	+12.7

23. Under a moderate impact scenario, the facility could contribute to *8–9 additional suicides* in Bearwood & Merley over its 40-year operational lifespan. Under a high-impact case, this rises *to 13 additional suicides, all preventable deaths*.

Self-Harm Hospital Admission Projection – Additional Cases (Cumulative Over 40 Years)

Scenario	Baseline cases	Projected cases	Additional cases
Low (RR 1.05)	272.1	285.7	+13.6
Moderate (1.10)	272.1	299.3	+27.2
High (1.15)	272.1	312.9	+40.8

24. Under a moderate exposure scenario, approximately 27 to 28 additional self-harm admissions could occur over 40 years. A high-risk scenario would result in *over 40 additional serious self-harm incidents, many of which are preventable*.

Why This Approach Matters

25. This model addresses a major gap in the developer's Environmental Statement, the lack of mental health and LSOA level deprivation impact analysis, despite MVV's own admission that Bearwood & Merley are especially vulnerable to environmental change.

26. By using a comparative risk model grounded in public health methodology, these projections:

- Use conservative and evidence-based assumptions;
- Clearly shows serious public health risks;
- Justify the application of the precautionary principle under planning law.

MVV's Misleading Classification vs Evidence

27. MVV's weighting of Bearwood & Merley as "low sensitivity" in their Environmental Statement (ES) is not aligned with the Health Impact Assessment (HIA) guidance from IEMA (Institute of Environmental Management & Assessment) and is therefore contested as neither accurate nor justified.
28. Chapter 14, s14.2.5 of MVV's ES states: *The guidance ensures that the EIA health chapter will align to Health Impact Assessment (HIA) principles and normally satisfy policies or validation requirements to undertake a HIA, without the need for a standalone HIA. This can be assured by early engagement with public health and planning stakeholders and the general public during scoping.*
29. However, no such engagement has taken place with public health officials or the general public on matters concerning mental health that would satisfy the IEMA guidance, despite MVV concluding this vulnerability needs to be considered (ES Appendix 14.1).
30. The applicant's assessment also does not take account of local and national level policies. The PHE - Local Suicide Prevention Planning report (2020) highlights the multiplying impact to mental health harm, which has not been considered and are outlined below:
- **Suicides take a high toll** - for every person who dies, there are likely to be 135 people who will have known them and therefore may be affected in some way. [*this would mean that with an additional 13 suicides over the plant's lifespan, 1,755 people could be adversely affected- a significant consideration*]
 - **There are specific factors that increase the risk of suicide** - People in the lowest socio-economic group and living in the most deprived geographical areas are 10 times more at risk of suicide than those in the highest socio-economic group living in the most affluent areas. [*this applies to Bearwood*]
 - **There are specific factors that increase the risk of suicide** - The strongest identified predictor of suicide is *previous episodes of self-harm*. Mental ill-health and substance misuse also contribute to many suicides.

IEMA Guidance on Sensitivity (2022):

31. IEMA's "Health in Environmental Impact Assessment" guidance defines sensitivity should be based on the following criteria:
- Health status: e.g. high rates of chronic disease, mental illness, suicide;
 - Vulnerability: e.g. deprivation, unemployment, age profile;
 - Existing inequalities: e.g. differences in access to healthcare, education, housing;
 - Exposure pathways: proximity to source, cumulative impacts.
32. IEMA guidance also includes a sensitivity matrix where communities with multiple vulnerability indicators (e.g. poor mental health, deprivation, unemployment) should be classified as **Medium to High sensitivity**.

Table 4.1: Generic indicative EIA significance matrix

		Sensitivity			
		High	Medium	Low	Very Low
Magnitude	High	Major	Major/moderate	Moderate/minor	Minor/negligible
	Medium	Major/moderate	Moderate	Minor	Minor/negligible
	Low	Moderate/minor	Minor	Minor	Negligible
	Negligible	Minor/negligible	Minor/negligible	Negligible	Negligible

33. IEMA s5.6. states: *“While the average local health circumstance across a defined population may be considered good, there may be groups of individuals within that defined population who are particularly sensitive and could experience disproportionate or differential effects. On this basis it may be appropriate to consider relevant sub-populations, i.e., groups of more sensitive individuals”.*
34. 5.7. *“Following a public health perspective in relation to the distribution of an effect, health in EIA should consider both populations and differential or disproportionate effects to relevant sub-populations”.*
35. As the table below demonstrates, MVV have failed to meet the aforementioned IEMA guidance. The table is a comparison of IEMA expectations vs MVV’s classification. It demonstrates MVV’s low classification of population sensitivity to environmental stressors misleads and does not align with IEMA guidance.
36. Indeed, based on health and socio-economic data, the classification should be *medium to high*. It further highlights that the applicant has not engaged with public health officials contrary to IEMA guidance.

Criteria	IEMA Expectation	MVV's Classification	Reality (Bearwood & Merley)
Suicide & Self-Harm Rates	High sensitivity	Low	Suicide rate is 46% above national average Serious Self-harm rates are 42% above the national average
Deprivation (IMD)	Medium-high sensitivity	Low	One LSOA is in decile 2, another in decile 1 (education)
Mental illness prevalence	High sensitivity	Not assessed	23.5% above national long-term illness rate
NHS/public health engagement	Required	None	No engagement with NHS or Public Health officers
Community context	Should influence weighting significantly	Ignored	Multiple schools, residential housing, public, known inequality hotspots

MVV's Use of Averages in Classification Weighting is Misleading

37. MVV averages data across the ward (Bearwood & Merley), *masking severe deprivation in Bearwood* (e.g. IMD decile 2, poor education and employment outcomes). Moreover, it downplays and misclassifies significant mental health factors.
38. MVV's Environmental Statement presents Bearwood & Merley as a relatively prosperous area with low deprivation and good health outcomes. However, official data from the Index of Multiple Deprivation (IMD) 2019 shows a much wider disparity, with parts of Bearwood ranking among the (15%) most deprived areas in England.
39. This comparison demonstrates how MVV selectively averages or downplays key deprivation indicators contrary to IEMA guidance, which specifically warns against using ward-wide or LA-wide averages that obscure small area inequalities.
40. The tables below evidence IMD data, highlighting deprivation factors impacting Bearwood and demonstrating how MVV claims have misrepresented deprivation data.

IMD Data

Metric	Finding
IMD Decile Range (by LSOA)	2 (very deprived) to 10 (least deprived)
Merley LSOAs	Ranked in decile 9–10 (among England's least deprived)
Bearwood LSOAs	Range from decile 2 to 5 , including one ranked 4,669/32,844
Education Deprivation (Bearwood)	Bottom 6% nationally in one LSOA
Health & Employment Deprivation	Bearwood LSOAs: ranked 10th–20th percentile (IMD decile 2)

MVV Report Claims vs IMD Data

Claim in MVV Report	Reality Based on IMD Data
“Bearwood and Merley is not considered deprived”	Misleading – the ward includes an LSOA in the most deprived 15% nationally
“IMD score is 11.7 – better than regional and national averages”	Accurate as an <i>average</i> , but masks local extremes in Bearwood and does not take into account subpopulation in accordance with IEMA guidance
“Ward performs better on deprivation indicators than all comparators”	Oversimplified – true for Merley, but Bearwood shows deprivation in income, health, and education
“Good physical health and life expectancy”	True overall , but not reflective of sub-area differences in health and hospital admissions in Bearwood
“Mental health concerns noted”	Downplays risk – hospitalisation for self-harm in Bearwood & Merley is significantly above the national average
“Long-term unemployment higher than national average”	Accurately reported, but its implications are underplayed in the overall vulnerability assessment

41. The consequences of MVV’s approach include:

- **Averaging Conceals Vulnerability:** MVV’s use of a single IMD score (11.7) misrepresents the ward’s internal disparities. The range from decile 2 to 10 requires a more nuanced assessment.
- **Neglect of Key Domains:** IMD places greater weight on income, employment, health, and education. One Bearwood LSOA scores in the bottom 6% for education, a vital concern in assessing socio-economic resilience to environmental change.
- **Health Risks Soft-Pedalled:** While the report acknowledges elevated self-harm rates, it fails to correlate this to broader deprivation or recognise how ***mental health vulnerabilities heighten harm from industrial stressors.***

- **Selective Framing:** Positive health indicators like life expectancy are over-emphasised, while negative indicators (long-term unemployment, education deprivation) are downplayed, *a clear bias in presentation*.

Evidence Summary

42. MVV's "low sensitivity" to the development classification:
- Misrepresents the evidence on suicide, self-harm, deprivation and mental illness;
 - Fails to recognise the intra-ward deprivation in Bearwood;
 - Incorrectly applies weight domain scores according to IMD methodology, not anecdotal positives;
 - Disregards known intra-ward inequalities;
 - Lacks supporting professional input from public health stakeholders;
 - Does not provide any evidence that the incinerator would not increase suicide, self-harm, or broader psychological and mental health harm.
43. IEMA guidance *specifically warns against using ward-wide or LA-wide averages that obscure small area inequalities*. A robust planning process should require LSOA-level consideration, not ward-wide averages that obscure high-need, high risk areas.
44. As such, MVV's low sensitivity classification is neither justified nor compliant with IEMA's 2022 Health in EIA guidance and should be considered unreliable.

Mental Health Impact from Environmental Stressors

45. Waste incinerators and industrial developments have been linked to elevated stress, anxiety, and community distress due to concerns over air pollution, health risks, noise, odour, traffic, economic impacts and other environmental stressors.
46. Key mental health effects include:
- **Increased Anxiety and Stress:** Uncertainty about long-term health effects and exposure to pollutants leads to chronic stress.
 - **Sense of Powerlessness:** Residents often feel unheard in planning decisions, contributing to frustration and psychological distress.
 - **Community Division:** Controversial developments create social fragmentation, increasing local tensions and feelings of alienation.
 - **Perceived Stigma and Decline in Community Identity:** Industrial developments can alter the public image of an area, leading to reduced community pride and a lower sense of well-being among residents.
 - **Mental health impacts:** from air pollution exposure¹².
47. There is current evidence of mental health impacts on many online anti-waste incineration social media platforms, with individuals directly citing harm to their mental health. Indeed, at least one intervention has been necessary in the case of the Canford proposal, with several others citing feelings of anxiety or worry.

¹² <https://bmjopen.bmj.com/content/bmjopen/14/12/e084032.full.pdf>

48. Moreover, the 2024 BBC report - *Flies, rats and offers of hush money - the price of living next to a 'monster' incinerator*¹³ included an interview with Eddie Thompson MBE, who runs a busy food bank in Runcorn, which is sited nearby to a large incinerator, who stated:

"Mentally, people feel as though, in some cases, they are worthless. They have no sense of a future that they can see ahead of them".

Long-Term Mental Health Risks for Vulnerable Groups

49. Certain groups within the community are more vulnerable to the psychological impact of environmental stressors, including children, the elderly, and individuals with pre-existing mental health conditions.

Mental Health Risks for Children

50. Children's mental health is particularly sensitive to environmental changes. Living near industrial sites has been linked to:

- **Higher levels of anxiety and depression** due to concerns about pollution and health risks.
- **Cognitive and developmental stress** linked to environmental factors that can impact attention, mood, and learning outcomes.
- **Feelings of insecurity and reduced community attachment**, as children become aware of negative perceptions surrounding their living environment.

Increased Psychological Strain on the Elderly

51. Older adults often experience heightened anxiety about health risks and environmental changes. A large-scale industrial project like a waste incinerator may contribute to:

- **Increased isolation and loneliness** due to fear of going outdoors or engaging with the community.
- **Worsening of pre-existing mental health conditions**, including depression and anxiety¹⁴.
- **Heightened stress and sleep disturbances**, particularly in those who already suffer from chronic stress or mental health issues.

Exacerbation of Mental Health Issues in At-Risk Individuals

52. For residents already struggling with mental health disorders such as anxiety, depression, or post-traumatic stress disorder (PTSD), the introduction of a waste incinerator could:

- **Trigger or worsen symptoms of anxiety and depression** due to environmental concerns.
- **Increase social withdrawal and feelings of hopelessness**, particularly in those with a history of self-harm or suicidal ideation.
- **Contribute to chronic stress-related illnesses**, as prolonged stress is a known risk factor for various psychological disorders.

¹³ <https://www.bbc.co.uk/news/articles/cwylepd79d5o>

¹⁴ <https://www.samvednacare.com/blog/invisible-harm-how-air-pollution-affects-the-mental-health-of-older-adults/>

Application of the Precautionary Principle

53. From a planning law perspective, the precautionary principle exists to protect public health and the environment where scientific certainty is lacking but serious harm is likely.

In this case:

- The development could lead to 13 additional, preventable suicides and up to 40 serious self-harm incidents.
- The projected increased suicide rate could adversely affect up to 1,775 individuals.
- The applicant has not adequately assessed mental health harm.
- The public health baseline is already severely compromised.
- There is no evidence provided by the applicant that the development is safe and would not cause significant mental health harms.

54. This should weigh significantly in deciding to invoke the precautionary principle on public health grounds.

Conclusion

55. The evidence presented demonstrates that the applicant has failed to adequately assess or address the significant mental health vulnerabilities present in the Bearwood and Merley communities. MVV's Environmental Statement misclassifies local health sensitivity, relies on misleading deprivation averages, and omits any formal assessment of mental health impacts, despite acknowledging elevated suicide and self-harm rates.

56. These omissions are not minor technicalities but critical flaws that breach key planning policies and guidance, including:

- National Planning Policy Framework (NPPF Paragraph 96c) – which requires support for healthy communities;
- BCP Waste Plan Policy 13 – which mandates that health impacts be mitigated;
- IEMA 2022 Health in EIA Guidance – which defines proper methodology for health sensitivity classification and stakeholder engagement.

57. Moreover, no consultation has taken place with NHS bodies, public health professionals or the public regarding mental health. The absence of this engagement directly undermines the credibility of the applicant's conclusions and further breaches IEMA's guidance. Furthermore, the 'PHE Statement on Modern Municipal Waste Incinerators (MWIs) Study' for public health mitigation only relates to physical health harm. Therefore, it cannot be relied upon for mitigation as "*Mental health risks were not considered*".

58. This objection does not speculate; it presents credible, evidence-based risk projections indicating that approval of this facility could lead to a measurable increase in suicide,

serious self-harm incidents and other mental illnesses over the 40-year operational lifespan. For a population already statistically vulnerable, this risk is unacceptable and should weigh heavily against the proposal in the planning balance.

59. The precautionary principle should therefore also apply. Where there is the potential for serious harm, particularly to life and mental well-being, planning law requires decision-makers to act in the public interest and refuse the development¹⁵.

Paul Brelsford
(on behalf of Magwatch)



Appendix 1 – Suicide & Self-Harm Data

Appendix 2 – Bearwood & Merley Ward – IMD 2019 Overview

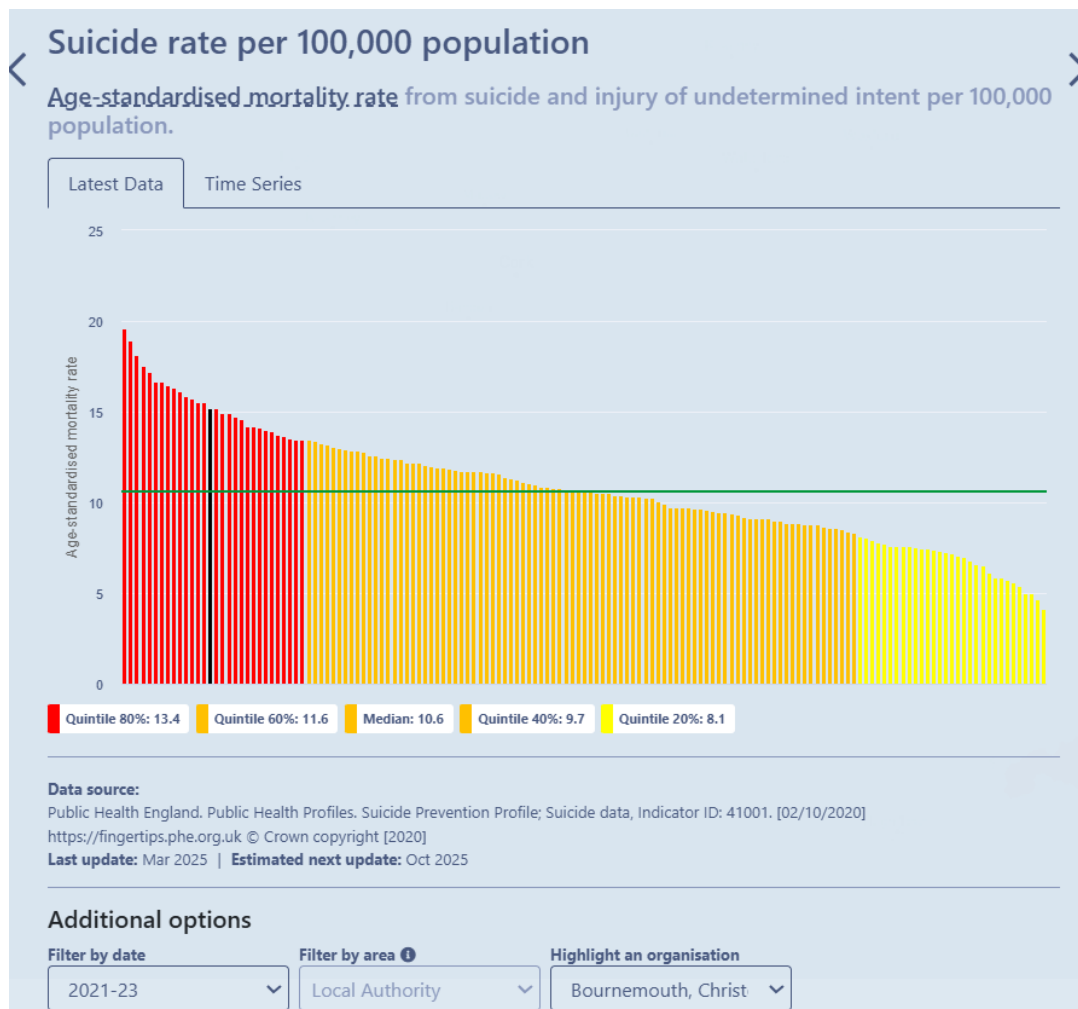
¹⁵ The UK government is a signatory to the 1992 Rio Declaration. Its definition of the precautionary principle states that 'where there are threats of serious or irreversible environmental damage, a lack of full scientific certainty shall not be used as a reason for postponing cost-effective measures to prevent environmental degradation'.

Appendix 1 – Suicide & Self-Harm Data

Suicide and Self-Harm Data

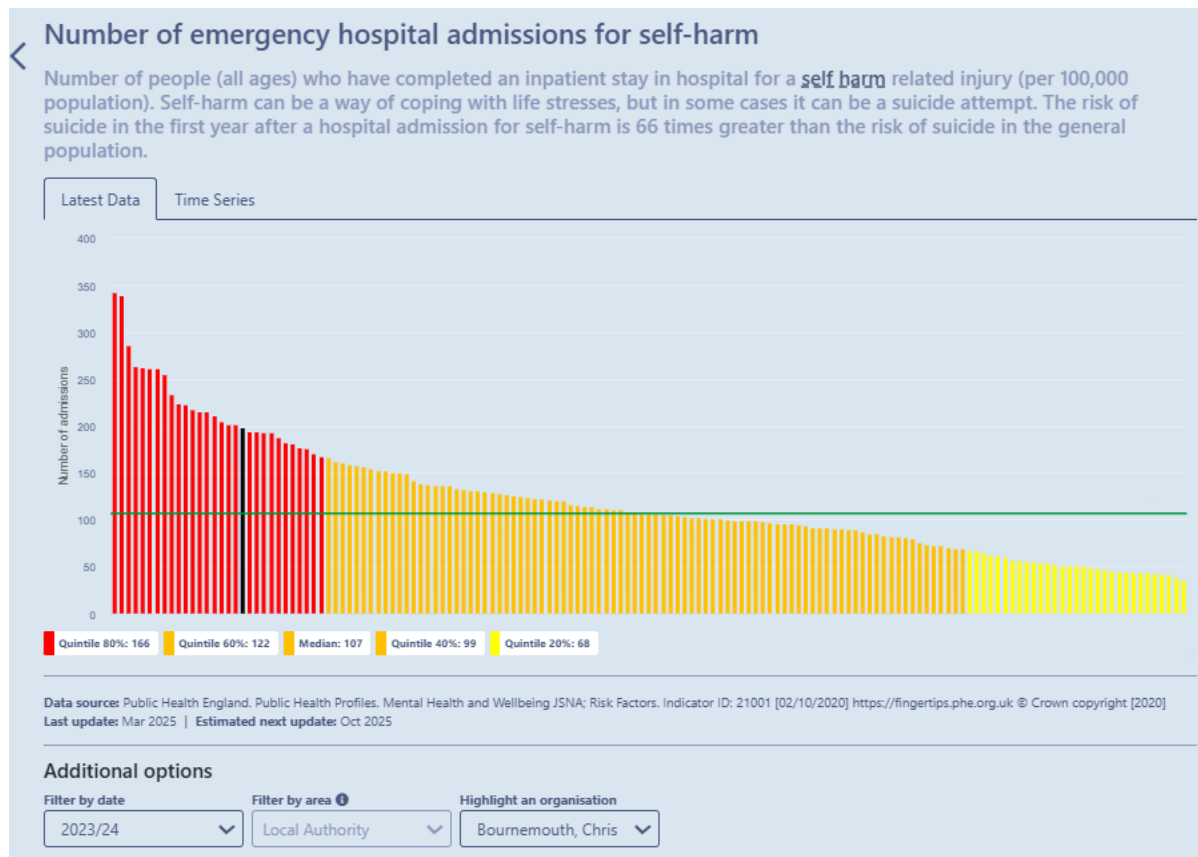
The Suicide and self-harm Data Maps below were established through consultation with clinical expertise, with the data itself drawn from a number of sources, including the Office for National Statistics (ONS), health and local authority datasets, bespoke sector specific benchmarking, national audits and surveys.

Suicide Graph in comparison to national average:



<https://www.zsabenchmarking.co.uk/maps/suicide-rate/2021-23?org=E06000058&tier=2>

Self-Harm Hospital Admissions Graph in comparison to national average:



<https://www.zsabenchmarking.co.uk/maps/emergency-hospital-admissions-for-intentional-self-harm/2023%2F24?org=E06000058&tier=2>

Appendix 2 – Bearwood & Merley Ward – IMD 2019 Overview

Bearwood & Merley (a ward in the Bournemouth, Christchurch and Poole council area) contains several Lower-layer Super Output Areas (LSOAs) whose Index of Multiple Deprivation 2019 results vary widely. No official IMD score is calculated at the whole-ward level, but LSOAs within the ward can be reviewed in more detail.

Overall IMD Ranks & Deciles: The ward's LSOAs range approximately from rank 4,700 (out of 32,844, where 1 is most deprived) to rank 29,300 (out of 32,844).

In other words, **the most deprived area of Bearwood & Merley ward falls around the 15th percentile most deprived in England** (IMD decile 2), nationally.

LSOAs in the Ward: Bearwood & Merley ward is composed of multiple LSOAs (small neighborhoods). Based on the 2019 IMD data, these include areas historically labeled Poole 001A, 001B, 001C, 001D (covering Merley) and Poole 002A, 002B, 002C, 002D (covering Bearwood) under the 2011 definitions (now referenced as BCP LSOAs).

The range of deciles across the ward thus spans roughly 2 through 10, reflecting different levels of deprivation.

Domain Scores (Subdomains): The IMD is composed of 7 domains (Income; Employment; Education, Skills & Training; Health & Disability; Crime; Barriers to Housing & Services; Living Environment).

The ward's domain scores vary by locality: generally, Income and Employment deprivation are low in this ward (most areas are in relatively high deciles, indicating few residents on low income or joblessness).

By contrast, Education & Skills is a weaker domain in parts of Bearwood & Merley. For example, one of the more deprived LSOAs in ***Bearwood ranks among the worst 6% in England for the Education domain (only "better off" than 6% of areas)***, which aligns with lower educational attainment in that neighborhood.

Its Income and Employment domain ranks are around the 10th–15th percentile (i.e. decile 2, somewhat deprived), and Health Deprivation is around the 16th percentile (also decile 2).

The Crime domain in that area (around the 17th percentile, decile 2), indicating crime rates are moderately higher than the national average.

Sources: The statistics come from the official English Indices of Multiple Deprivation 2019 published by the Ministry of Housing, Communities & Local Government.

The data for individual LSOAs (ranks, deciles and domain breakdowns) were obtained from the open 2019 IMD dataset and local area analysis tools.

For example, one Merley LSOA is ranked 29,326th (decile 10) nationally, while a Bearwood LSOA indicates ***a more deprived neighborhood with an overall rank of 4,669 (decile 2)***

with a very poor Education domain score (within the most deprived 6% in that domain).

These figures illustrate the mixed deprivation profile of the ward where an averaged, one size fits all approach to risk assessment is inadequate.

All data are from the 2019 IMD release (Lower-layer Super Output Area level).

The full datasets (ranks, deciles and domain scores for each LSOA in England) are available on the UK government open data site and ONS portals, and BCP Council's analytics dashboard also provides an interactive view of local deprivation patterns.