

Question: What are the most pressing issues that affect men and boys' mental health, and how are these different to the wider population?

1. Key facts – Mental health and missing

- Mental health issues are one of the most common reasons for the 125,000 incidents of adults going missing each year. They can be both a cause and a consequence of a person going missing.
- Adult men are more likely to go missing than adult women and mental health issues and mental distress are common: research shows that missing incidents ending in suicide are most common among men (up to 77% of all missing incidents which end in suicide are men.)¹
- Police record mental health issues as a reason that children and young people go missing in around one in ten of the 210,000 incidents each year; again this information is not available by gender. Information from Missing People's return home interview service identified around 23% of children and young people who had run away as having mental health issues. Incidence of mental health issues was slightly higher among girls than boys (24% versus 20%).
- People who are missing are vulnerable because they are hidden from help and at serious risk of harm including becoming a victim of crime². The risks for people experiencing mental ill health or distress can be even greater because they may struggle to look after themselves, or make safe decisions whilst away, or may miss their medication increasing their vulnerability further.

2. Scale of the issue

Each year 180,000 children and adults are reported missing in 340,000 incidents. Missing is something that can affect anyone and one missing report is made every 90 seconds across the UK.

Gender

Missing person statistics from National Crime Agency (NCA) police force data do not break down incidence of mental health issues by gender. However, the statistics show that men account for two in three missing incidents among people aged 18 and 59. It is unlikely to be a coincidence that the incidence of mental health and suicide markers are also much higher among men in this age group³.

Adults

Research and police statistics show that mental health issues are amongst the most common reasons for adults going missing. NCA missing person statistics for England and Wales show that a mental health issue, or signs of mental distress including risk of suicide or self-harm, were recorded in over half (52%) of adult missing incidents⁴. Research on the prevalence of mental health issues in police force missing person data by Missing People found similar figures, with around 50% of

¹ Newiss, Geoff. *Learning from Fatal Disappearances*. Missing People. (2011).

² Gibb, G. and Woolnough, P. *Missing Persons; Understanding Planning Responding* (2007)

³ Fundamental Facts about Mental Health. 2016. Mental Health Foundation.

⁴ National Crime Agency Missing Persons Data Report 2015/2016

individuals reported missing having a mental health record⁵. Mental health issues and mental distress including the risks of suicide or self-harm are also amongst the most common issues raised in conversations with adults and children contacting Missing People's free, confidential helpline for adults and children who are missing or thinking of running away.

As high as these figures are, they are still likely to be an underestimate of the extent of mental health issues among adults who go missing: one study of missing persons reports found that 80% of missing adults in the UK could be regarded as having some form of mental health problem at the time they went missing⁶. The discrepancy may in part be explained by the fact that mental health issues are not always known about or disclosed when reporting a person missing, or on return at a safe and well check. Mental health issues have not always been diagnosed and the missing incident itself could be the first indication of a mental health issue. There is also a lack of consistency in police recording of mental health in missing person investigations and reporting processes which make accurate estimates challenging.

Nevertheless, all of the measures demonstrate that mental health issues are prominent in the missing adult population and are higher than the estimated one in four people who will experience a mental health problem each year in the general population. Despite this, there is still relatively little known about the links between missing and mental health. This fact is reflected in the lack of statutory and operational guidance for responding to missing people who are experiencing mental health issues. Specialist support is rarely available and, when referrals are made, people often face challenges in navigating the complicated support pathways or long waiting lists before they actually access help.

Geoff's story below provides an illustrative example of a man experiencing mental health issues who was missing and contacted Missing People's helpline.

Geoff, a 34 year old man, had been reported missing by his partner. The local police force requested that Missing People send him a TextSafe message, the charity's proactive outreach service which is used to inform missing children and adults about the support available through 116 000.

Geoff responded to the TextSafe sent by the charity. At the point of contact, Geoff was homeless because his relationship had broken down and he had to leave the home. He had recently received a diagnosis for mental ill health and was on a waiting list to see a specialist. During the call he expressed suicidal thoughts and intentions.

Missing People was able to help Geoff explore his thoughts, feelings and options and try to identify a place of safety for him to go. He wanted the police to stop looking for him and he agreed to be supported by the charity on a three way call with the police to discuss his situation further. The police explained they would need to see Geoff to ensure he was safe and well before they could stop looking for him. Geoff did not feel able to go to the police station at that stage. After the call Missing People continued to support Geoff for several

⁵ Holmes, L. Woolnough, P. Gibb, G. Lee, R. and Crawford, M. *Missing Persons and Mental Health*. Paper presented to the 1st International Conference on Missing Adults and Children. June (2013)

⁶ Gibb, G. and Woolnough, P. *Missing Persons; Understanding Planning Responding* (2007)

hours, discussing his feelings and offering a three way support call with a homeless service. The next morning Geoff re-contacted the charity to ask them to inform the police of his whereabouts so they could carry out a safe and well check.

Children and young people

For children and young people, NCA statistics show that mental health issues are recorded by police in around one in ten of the 210,000 incidents of children going missing each year. Relationship breakdown and problems at school are more commonly recorded as reasons for running away by the police, however, only one reason is recorded per incident and, therefore, we cannot rule out the possibility of other missing children also experiencing mental health issues. Indeed this might be supported by the fact that incidence of mental health issues is higher among children and young people who received a return home interview from Missing People: 23% of children who returned from missing had depression or another mental health issue. Ethan's story below provides an example of a young person with mental health problems who has gone missing from care.

Ethan, aged 15, was reported missing by his foster carers when he was away overnight. On return, Missing People carried out a Return Home Interview (RHI) with Ethan. This was not the first time Ethan had gone missing and he presented in a very low mood in the RHI; withdrawn and uncommunicative compared to previous RHIs. He explained that he had gone missing because he was trying to distract himself from all of the issues going around in his head, which he felt unable to cope with. He has received support from his GP and CAMHS in the past, but said he often felt too anxious to attend appointments. He has had periods of self-harming for a number of years.

3. Suicide

Suicide is a very real risk for missing people. Whilst not all individuals who attempt to end their own life necessarily have mental health problems, a large proportion do⁷. Research suggests that one in every twenty missing adults will have gone with the intention to take their own life⁸. In 2015/16 over 600 people⁹ who had been reported missing were found to have died – the most common single known cause of fatalities whilst missing being suicide¹⁰. Police responses to the recent APPG Inquiry into safeguarding missing adults who have mental health issues show that on average up to a third of missing incidents are recorded as involving suicide or self-harm¹¹. In some areas this figure can be even higher: one force reported that 42% of incidents had a suicide or self-harm marker attached.

Research carried out in 2011¹² found that in 57 cases of a missing person investigation ending in suicide, 45 of them involved a man. As with national statistics on suicide, men are hugely overrepresented.

⁷ See <https://www.mentalhealth.org.uk/a-to-z/s/suicide>, referencing 'Comorbidity of Axis I and Axis II Disorders in Patients who attempted Suicide. The American Journal of Psychiatry, 160 (8), 1494-1500'

⁸ Biehal, N., Mitchell F., and Wade J. *Lost from View* (2003)

⁹ National Crime Agency Missing Persons Data Report 2015/2016

¹⁰ Newiss, Geoff. *Learning from Fatal Disappearances*, Missing People (2011)

¹¹ [APPG for Runaway and Missing Children and Adults](#). *Inquiry into safeguarding missing adults who have mental health issues* (2018)

¹² Newiss, G. *Learning from Fatal Disappearances*, Missing People (2011)

Currently ongoing research suggests that men with no previous history of mental health issues or going missing are one of the groups at highest risk of suicide whilst missing. In these situations the family or reporting person's explanation of any recent low moods or changes in behaviour may be the only opportunity to identify a serious risk. If missed, incredibly vulnerable people may be at risk of being assessed as low or medium risk, which could have life threatening consequences.

4. Missing from hospital and mental health units

High numbers of adults go missing from hospitals and mental health units – up to 18% of missing incidents according to research carried out in 2014¹³. In some areas this proportion is even higher: one police force told the APPG inquiry that up to 29% of missing incidents in its area were reported from hospitals. Many of the police responses to the APPG Inquiry into safeguarding missing adults who have mental health issues raised concerns about how hospitals work with the police when responding to missing adults.

5. Risk of harm and return from missing

Missing episodes often signify a moment of crisis and should be understood as a warning sign of problems in someone's life. However, when a person is found or returns it is not the end of their missing journey. They may be unwell, have experienced harm, or the reasons they originally went missing may still be present or have worsened. Returning from missing can be difficult, frightening and isolating and these issues can be exacerbated for people experiencing mental ill health at this point.

Checking that a person is OK when they get back from a missing incident, identifying any issues and ensuring they can access the right support are crucial steps to prevent a further missing episode or other harm. For some adults the missing episode may be the first indication that anything is wrong and it is vital that they can access the right services to identify and support any mental health issues. Others may already have a mental health diagnosis but the missing episode can often be an indication that they need different or additional support. People who have returned from missing have told us about the importance of support on return from missing and the challenges of facing this alone whilst experiencing mental ill-health: *“You get back and you are going through a mental health issue, then guilt kicks in. That makes you even more anxious and anxiety kicks in. Then you think: ‘I’ve got to get the hell away again. I have got to get away.’ That triggers it. Repeat.”* (Returned adult contributing to the APPG inquiry into safeguarding missing adults who are experiencing mental health issues).

There is currently a statutory duty for return interviews to be provided for children and young people who have been missing across England and Wales to identify their reasons for going missing and any harm experienced whilst away. However, there is no similar requirement for them to be offered to adults and there is rarely any offer of support for an adult when they return from a missing episode. The opportunity for intervention and prevention of further harm is missed: people's welfare can further deteriorate and lives can be put at risk and lost. Missing people have spoken of the importance of support upon their return and the challenges of facing this alone and with mental

¹³ Shalev Greene, K. and Hayden, C. *Repeat reports to the police of missing people: locations and characteristics*. Centre for the Study of Missing Persons, (2014)

health issues: The case study below provides a stark example of what can happen when that opportunity is missed.

Simon, an ex-police officer, went missing in 2011 after experiencing extreme stress and bullying at his workplace. Going missing was completely out of character, and his wife was immediately concerned. Simon was duly reported missing. However, despite warning signs for vulnerability being recorded on the police report, he was not assessed as high risk.

Twelve days after he was reported missing Simon was located in a hotel near his family home. Two officers were dispatched to carry out a Safe and Well Check. When officers knocked they found Simon vulnerable and dishevelled but refusing to speak to them. He was recorded as safe and well. Four days later, with no intervening intervention or support, Simon took his own life.

6. Impact on the mental health of family and friends

The impact of missing on mental health can also extend to the families and friends of the people who have gone missing. They face practical difficulties and emotional trauma whilst they live without knowing what has happened to their loved one. Research carried out by Missing People shows that: *“Families of missing people experience a range of emotional and social impacts. These result not only from the emotional trauma of their family member’s disappearance, but also from the financial, legal and practical impacts and from their experiences dealing with the police, other agencies and the media.”* From feedback surveys with families and friends the charity has supported, we know that up to three in five say they have experienced mental health issues as a result of their loved one’s disappearance.

Question: What are the social and economic costs of poor mental health in men and boys?

- Each missing incident is estimated to cost the police almost £2,500.¹⁴
- There are 125,000 missing adult incidents each year. NCA data shows that 61% of these are male (76,250). Estimates suggest that between 50 and 80 per cent of missing adult incidents involve someone with a mental health issue, which based on the above estimates has an associated cost of between: £95 million and £153 million each year.

% of incidents where the person has a mental health issue	Number of male adult missing incidents	Estimate of male missing incidents where the person has a mental health issue	Cost per missing incident	Total cost estimate
Low estimate: 50%	76,250	38,125	£2,500	£95,312,500
Higher estimate: 80%	76,250	61,000	£2,500	£152,500,000

- Additionally, there are 210,000 missing child incidents each year. NCA data shows that 46% of these are boys (96,600). Estimates suggest that between 10 and 23 per cent of missing child incidents involve a mental health issue, which has an associated cost of between £24 million and £55 million.

% of incidents where the person has a mental health issue	Number of missing incidents among boys	Estimate of boy missing incidents where the person has a mental health issue	Cost per missing incident	Total cost estimate
Low estimate: 10%	96,600	9,660	£2,500	£24,150,000
Higher estimate: 23%	96,600	22,218	£2,500	£55,545,000

In summary, the cost of investigating missing incidents relating to poor mental health in men and boys is **between £119 million and £208 million each year**. This does not include any consideration of the economic or social costs of someone going missing, just the police investigation.

¹⁴ Shalev Greene, K. and Pakes, F. *Establishing the Cost of Missing Person Investigations*. Centre for the Study of Missing Persons (2012, 2013a)

Question: What is the effect of the following on men and boys' mental health:

As discussed, there is still relatively little research on the links directly between the issues which might cause someone to go missing and mental health. Information recorded and reported by statutory agencies is limited and, therefore, more needs to be done by the police, health and social care sectors to produce an accurate picture of the extent and nature of the issue. However, as the prevalence of mental health issues amongst those who do go missing is so high, it seems important to note some of the common factors. Our professional expertise suggests that it is likely that there is a strong correlation between the following issues and mental health which is why they are likely to cause people to go missing.

Relationship and family breakdown

One of the most common reasons for children to go missing is conflict, abuse and neglect at home. It is estimated that more than half of missing children will experience this¹⁵. This is supported by the fact that the most common issue raised in conversations with Missing People's helpline is problems at home. Jay's story below illustrates how relationship breakdown within the family can be inter-related with mental health issues:

Jay, aged 14, contacted Missing People's helpline because he was feeling like running away from home. Jay presented with low self-confidence and low self-esteem. He felt like he could not manage his anger and this led him to hurt other people around him. He went on to describe that he had been subject to violence and neglect within the family home and although he was no longer living there it was still continuing to affect his thoughts, mood and actions.

Three in ten adults who go missing do so because of relationship breakdown. Again, conversations on Missing People's helpline reflect this with problems at home, specifically including relationship breakdown, being the third most common issue raised by adults.

Household finances

National Crime Agency statistics¹⁶ suggest that up to 1,500 people go missing each year because of financial difficulties. Other research puts the figure at nearer 2,000¹⁷. Staff at Missing People have anecdotally suggested that this group of missing people are more likely to worry about returning home which can mean they spend longer periods of time in dangerous environments, including sleeping rough.

Poor mental health can make it harder to manage financial affairs and in turn worrying about money can have a negative impact on someone's health¹⁸. It is likely that going missing may feel like the only option for some people in this situation. However, often this will only make the situation worse and, if people do return, it may be to an even worse situation than they left.

¹⁵ Biehal, N., Mitchell F., and Wade J. Lost from View (2003)

¹⁶ National Crime Agency Missing Persons Data Report 2015/2016

¹⁷ Biehal, N., Mitchell F., and Wade J. Lost from View (2003)

¹⁸ <https://www.mind.org.uk/information-support/tips-for-everyday-living/money-and-mental-health/#.XGbOwTrgqUm>

Question: What measures are needed to most effectively tackle poor mental health in men and boys and what are the barriers that prevent these being implemented?

The recent APPG Inquiry into safeguarding missing adults who have mental health issues makes several recommendations that are relevant to this consultation in terms of effectively tackling, supporting and preventing poor mental health in men and boys. We have summarised the relevant recommendations in this section under the following headings but much more detail can be found on each in the full inquiry report¹⁹:

1. Improvements to police risk assessments and investigations for missing people with mental health issues
2. Improved support on return from missing
3. Improved procedures and response to missing from hospital and mental health care settings
4. Standardise the recording and reporting of missing person reports to the police

1. Improvements to police risk assessments and investigations for missing people with mental health issues

When a person is reported missing, the assessment of the risk of them coming to harm informs the response from the police and other agencies. If risks have not been properly identified it can lead to tragic consequences as the corresponding response may not reflect the level of risk the person is actually facing. Inappropriate risk assessments can cost lives. This is particularly relevant to men because fatalities when missing, including suicide, are higher among men than women.

Current police Authorised Professional Practice (APP) suggests using a standardised set of questions when a person is reported missing. These have been adopted and adapted by the 46 police forces across the UK, however, little has been done to validate these questions empirically and assess their efficacy in accurately identifying risk levels.

The person reporting an individual missing is the main source of information for a police risk assessment and this tends to be a member of their family or a close friend. They may be the only ones aware of and able to flag concerns about the missing person, particularly if a missing person unknown to services is experiencing undiagnosed mental health issues. It is important that call takers have the skills to raise questions about mental health sensitively, listen carefully, take any concerns seriously and identify signs of poor mental health even when they are not explicitly stated.

Equally, friends and family may not know about any mental health issues the person is experiencing and, therefore, it is vital that police can access information from mental health professionals who can check medical records and provide invaluable insight into what it means for the risk assessment

¹⁹ [APPG Inquiry into safeguarding missing adults who have mental health issues](#). 2018

and level of investigatory response to the missing incident. Evidence submitted to the APPG Inquiry showed that mental health professionals provide assistance to police teams via a number of different models including street triage, co-located mental health staff embedded within force control rooms and access to mental health professionals via advice lines. There is some excellent practice, however, it is inconsistent and there is little guidance or oversight and mental health professionals are not always available for missing person investigations.

Without the necessary training and support from mental health professionals, the police may fail to identify a risk of suicide and therefore not dedicate the necessary resource to find someone before they end their life. As indicated earlier, this is particularly relevant to men because of higher suicide rates among missing men than women.

When an adult is missing and at risk of suicide, the police focus has to be on finding the person quickly and safely. However, the police may not always be best placed to provide support to the person even whilst they are away. The Suicide TextSafe scheme run by Missing People is currently being piloted in several forces. Where a person is missing and considered to be at risk of suicide, police can share the mobile phone number and request that Missing People send a specially-worded text message to the missing person. At the same time, Missing People automatically refer the case to Samaritans who will telephone the person to offer support. West Mercia police started using the scheme in 2009 after 27 missing people had died whilst missing. In 2010, the number of deaths had dropped to 12. West Mercia police say: *“It is not possible to evidence that the fall can be totally attributed to the scheme but West Mercia feel that it had significant impact.”*

Therefore, our specific recommendations are:

- The standard risk assessment questions should be empirically validated by the College of Policing and the guidance updated accordingly.
- Training on mental health and identifying warning signs should be made available to all call takers.
- Training on mental health, missing, prevention interviews and working with families of missing people should be developed for response officers and, wherever possible use testimony from people who have been missing.
- The Home Office and Department of Health and Social Care should develop joint guidance on multi-agency working as part of the implementation of the ‘Missing Children and Adults Cross Government Strategy.’
- Mental health trusts must ensure that mental health professionals are available to assist the police at all stages of a missing investigation if deemed necessary.
- Extend the use of the Suicide TextSafe scheme to more police forces.

2. Improved support on return from missing

The links between mental health and missing have been detailed above. To effectively tackle the mental health needs of men and boys who go missing it is important that they are supported on return. Everything possible should be done to understand why they went missing, identify any mental health issues, and trigger interventions to help support their mental health and prevent them from going missing again. The availability of multi-agency support is necessary and it is vital that there is proper co-operation with mental health professionals at this stage to accurately identify and assess risks. Without this, people who are vulnerable, struggling with their mental health, and often in crisis will be unable to access adequate support. An inappropriate response from professionals could mean that safeguarding flags are missed and may result in significant harm or fatality.

Therefore we call for all adults to receive an offer of help on return from a missing episode, including mental health support if appropriate. There are a number of recommendations that could help achieve this, each of which is discussed below and more detail is available on each of these in the APPG Inquiry Report²⁰:

- Return interviews and other specialist support should be offered to adults
- High quality, independent return interviews should be offered to all children.
- Mental health professionals should be available to support the police in responding to a missing adult's return when mental health concerns are identified
- Pathways to support need to be made more accessible for adults who have been missing. This should be outlined in local protocols or practice agreements between the police, health and social services.
- Guidance should be made available for people who have returned from missing and their families and friends

Return interviews and other specialist support should be offered to all returned missing people

The response to missing people upon their return is currently inconsistent and does not always ensure that vital support is provided. Statutory guidance makes better provision for children who must at least be offered a return interview with the aim of:

- Identifying and dealing with any harm the child has suffered – including harm that might not have already been disclosed as part of the 'safe and well check' by the police – either before they ran away or whilst missing;
- Identifying underlying risks to the child, which may not previously have been disclosed, therefore ensuring that agencies can put the right support and safeguarding in place and improve future risk assessments;
- Understanding and trying to address the reasons why the child ran away;

²⁰ [APPG Inquiry into safeguarding missing adults who have mental health issues](#). 2018

- Helping the child feel safe and understand that they have options to prevent repeat instances of them running away;
- Providing them with information on how to stay safe if they choose to run away again, including helpline numbers.

These interviews do at least mean that children will be offered the opportunity to speak about why they went missing and what might have happened while they were away. However, research²¹ suggests that provision is patchy and that the quality of provision varies. Ongoing research by the English Coalition of Runaway Children has so far found that there is little understanding of what makes a good return interview and that they are not always offered to every child. This means that opportunities for identifying mental health issues, or for allowing a child to disclose them, could regularly be missed.

The situation is even more challenging for adults, with almost no guidance about the appropriate response either in statutory guidance, or generally for relevant agencies. This is despite missing being a warning sign of serious harm or mental ill health. The result is, that unless a person meets the thresholds for sectioning under the Mental Health Act, there is not much consistency in action taken and it is likely that for most, the only response will be provided by the police. The police will endeavour to carry out a check to ensure that these adults are safe and well – some are supported by mental health professionals in this – but few people will have an opportunity to talk at any length about what has happened to them, why they went missing and whether they need further support.

The police response is not consistent across the UK and we know from responses to the APPG Inquiry that it will sometimes be limited to determining that the person has returned and is alive. There is little standardisation or guidance in terms of what intervention should take place, what questions should be asked and what information should be recorded. This means that safeguarding processes are unclear and referral pathways vary. There is a need for more guidance, improved processes and better training for the police when a missing person is found and clear expectations on the minimum information collected and recorded when someone returns from missing. Without this means that a potentially vulnerable person may be left without support and at crisis point.

Police Authorised Professional Practice (APP) does recommend that return interviews should be provided for returned missing adults. However, they **are currently not being offered to vulnerable missing adults in any police force areas in England, Wales or Northern Ireland**. Scotland is the only area in which return interviews are routinely offered to vulnerable adults. There is currently **no statutory duty** for return interviews to be provided for adults.

Evidence submitted to the APPG inquiry suggested strong police support for the introduction of return interviews for adults. As the interviews can be conducted by independent professionals, their use could reduce the resource requirement on the police of having sole safeguarding responsibility for returned missing adults.

We believe that on return from a missing episode, all adults should be offered the opportunity to have a conversation about why they went missing, what happened whilst they were away and identify any support needs to address what is wrong and help prevent them going missing again. It is

²¹ Chetwynd, H., Pona, I. *Making Connections*, The Children's Society (2017)

an opportunity to identify people who are experiencing mental ill health or mental distress but are otherwise off the radar of current services and safety nets and we feel this is particularly relevant for men. Returning can be an isolating experience and support can help to alleviate this as one formerly missing adult explained:

“If you return from missing, the place you are returning to is no longer a safe space because you have already proved you can go missing. Your relatives can’t trust you and you can’t trust yourself. Any space you have inhabited is all now tainted and fraught with difficulties...You have to try and do all of this alone.... There was not one easily identifiable route to access help or speak to other people who had been through the same thing.”

In 2017 Missing People ran a pilot return home interview (RHI) service for adults returning from missing in Wales, an initiative funded by Big Lottery Wales. RHIs were conducted as soon as possible after the adult returned following a missing episode. The RHI service was used to provide direct support to the missing adult. The pilot was independently evaluated²² and found that the return home interviews helped people who had been missing – many of whom had mental health issues - better understand their situation and feel better supported. A case study for a person who was experiencing mental health problems and received a return home interview is provided in the box below.

Case study: Adult experiencing mental health issues who received a return home interview from Missing People’s pilot service in Wales

Missing People was asked by the police to offer a return home interview to a high-risk adult following their return from a missing incident. The person had gone missing a number of times over several days and there were concerns for the adult’s safety and wellbeing. The adult had been taken to hospital immediately after being found.

Missing People spoke with them on their return home from hospital. They talked about a relationship breakdown that had led to several suicide attempts. The returning adult described the missing incidents as being a blur but that once they start feeling this way they would focus on ending their life.

During the interview the adult explained that following their last suicide attempt a referral had been made into a mental health team by the doctors at the hospital they had been taken to and that they were currently waiting to be contacted with an appointment. They were keen to get the correct type of support but were struggling with the length of the referral process. They were worried about their current emotional needs and felt that if that they didn’t get help soon their situation would spiral downwards.

As a result of the interview Missing People agreed with the adult to pass the information disclosed to the local Protection of Vulnerable Adults (POVA) team and communicated the urgency of the referral into the mental health unit and potential risks to the missing adult’s safety. Subsequently, POVA notified Missing People that they had been in touch with the mental health unit and contact

²² An evaluation of the Missing People Adult Return Home Interviews Pilot. Summary Report. September 2017.

had been made with the returned adult to confirm a time and date to suit them for a meeting to discuss further support.

The most significant change in this case was the offer of a space for the vulnerable adult to be able to take their time and explain what would be of help to them following the missing incident. Through this it was established that they did want help but the timescale was causing them anxiety and could possibly lead to a further incident if they felt there was no progress with this. The return home interview team were able to advocate for the returned adult and, as a result of this, the importance of the timing of the referral was recognised and acted upon. POVA indicated that the information from the RHI had been shared with the Local Community Health Team and that they had made contact with the returning adult in order for them to confirm when an appointment would best suit them to attend an assessment at the screening clinic.

Mental health professionals should be available to support the police in responding to a missing adult's return when mental health concerns are identified

While the police will often be the first agency involved when a missing person is found or returns, they should not be the only agency with responsibility for providing support. Police identify that they are not always the most appropriate service to connect with a missing person; North Wales response to the APPG Inquiry suggested: *"Vulnerable persons may not trust police and a better service may be provided by the third sector who can gain the support and trust of the missing person and explore the root cause of the missing episode."* Peer support was also raised as a potentially useful resource by a formerly missing person because it provides an opportunity to speak with someone who has experienced similar thoughts, feelings and situations: *"It can often be easier to talk to someone who is a peer. They understand where you are coming from without you having to explain."*

Pathways to support need to be made more accessible for adults who have been missing. This should be outlined in local protocols or practice agreements between the police, health and social services.

There are standard procedures in place for a response when someone returns from missing and is in acute mental health crisis but there is little on offer for the majority of missing people who may be unwell or vulnerable but would not meet the high thresholds for immediate medical intervention or referral to adult social care. Responses to the APPG Inquiry showed that referral pathways are not always clear or effective and many returned missing adults do not have the opportunity to access support. Some adults will feel vulnerable and unwell and need short-term support to navigate the system and access services, as one returned adult told the APPG Inquiry: *"I returned very vulnerable and having to fight my corner to seek the help that was so badly required."*

The APPG Inquiry heard an example of good practice from Norfolk police force, where a community psychiatric nurse who is embedded in the force control room and works close with the Multi Agency Safeguarding Hub (MASH), can provide short term help to missing adults at risk of going missing again to assist them in accessing services, checking in before and after appointments and monitoring any positive or negative effects of medication on their mood and actions. The charity Missing People

ran a pilot Aftercare Service in Wales which provided a mechanism for returned adults to access support and also delivered practical and emotional support to families struggling with issues raised by the missing incident and return of their loved one. Returned adults say that they can often feel like going missing again a few days after returning. Shane Hemsley, the Aftercare Service Manager at Missing People said: *“Having the support and realising that there is still a lot of work to be done is critical at that time. This type of service can’t fix everything but where necessary, the service can provide a warm handover to those better placed to respond.”* The service was able to provide ongoing contact for returned adults and sometimes simply by listening, staying in touch and providing a gentle guiding hand made a big difference to individuals. Again, this might be particularly beneficial for men who have not previously accessed any support services.

National guidance and local protocols between agencies should be developed to include how concerns about vulnerability can be raised by the police, what steps will be taken by the relevant agencies, how concerns can be escalated and how information will be shared back with the police where appropriate. This would ensure that all agencies understand their role and that good practice is consistent throughout the UK. It would also mean that inspection frameworks for both Her Majesty’s Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) and the Care Quality Commission (CQC) could include the response to missing to ensure that it is being addressed effectively.

In addition, a greater emphasis on missing within both **Crisis Care Concordat** and **Suicide Prevention Plans** would be a good first step in ensuring that local strategies and action plans include responsibilities for the relevant agencies when a person with mental health issue goes or returns from being missing.

Although the APPG Inquiry focussed specifically on the response for missing adults, we know there are similar issues for children. Staff in our frontline services have reported significant concerns about the number of children they are in contact with who are experiencing serious mental health issues but are unable to access CAMHS or are facing long waiting lists before accessing any help.

Research Missing People is carrying out with the families of children who have been criminally exploited has found similar issues. The research, which is yet to be published, involved in-depth interviews with five families, four of whom had sons. All four of these families identified that their son has developed mental health issues because of being a victim of exploitation. They spoke about frustrations in getting a referral to CAMHS, and even when it happened, the lack of flexibility in how children can access treatment which caused their children to disengage.

Guidance and support to navigate services should be made available for people who have returned from missing and their families and friends

It is important to support both the person at the centre of the missing incident, and the family and friends in their network, after a missing incident. Some families need guidance on how they can provide appropriate support to their missing loved one, ensure they can access help (for themselves and their relative) and help prevent the person going missing again, or better know how to get help and stay safe if they do so.

Missing People piloted a service, supported by Big Lottery Wales, which provided support to families of returned adults and children to help build their resources, understanding and resilience to cope with their situation and support the recovery of their loved one. Benefits mentioned by the families when providing feedback on this service included feeling more confident, supported and better informed about the issue of missing, what to expect and how to get support: *“The Aftercare Support Worker was really supportive and helped direct me to other organisations and he was always able to email me links that were relevant. It really showed me he was listening.”* (Family supported by Missing People’s pilot Aftercare service).

3. Missing from hospital and mental health care settings

Given that around 18% of missing adults go missing from hospital or mental health care settings, it is essential that effective protocols are in place between NHS trusts and local police forces to ensure there is an effective risk assessment and investigation to find the missing person, as well as an appropriate response on return to help prevent a repeat missing episode and the associated risk of harm.

The Mental Health Act 1983 and associated Code of Practice already outline requirements for local protocols to be put in place and for a review to take place if a patient goes missing. However, without explicit inclusion in inspection frameworks and more oversight of multi-agency working, it is currently unclear how regularly these duties are being upheld. In practice, collaborative working depends largely on whether there are good relationships at a local level.

Hospitals, mental health units and other healthcare settings should take joint responsibility with the police when someone in their care goes missing. This should include having agreed actions for both parties when someone is reported missing, supporting the risk assessment process; and supporting the person’s return. At a minimum accurate reporting on numbers and the profile of people missing from hospital – including gender – should be monitored, recorded and inspected.

Adults who return, or who are admitted to inpatient psychiatric care after their missing episode report mixed experiences and have varied opinions about the support they receive. A missing experience might initiate a one-to-one discussion with their care givers and some find this beneficial. Others are more cautious about speaking openly and fear that it will impact their care plan adversely, or simply do not believe anything will change as a result. One returned adult explained: *“If someone is being treated in psychiatric care, their going missing is assumed to be because of being unwell. There is no chance to discuss (and possibly it wouldn’t be believed) if there is another reason for going, for example, unhappiness with the care that they are being given.”* A good example of how a missing incident can be prevented is provided by a man who called Missing People’s helpline from his psychiatric hospital in a distressed state. He was thinking of running away because he had become extremely anxious about a prospective room move. Missing People was able to listen to his concerns, help him feel calmer and encourage him to speak to staff at the hospital to talk through his concerns.

One possible additional method of preventing missing episodes from psychiatric hospitals or other mental health settings may be to introduce a scheme similar to the Herbert Protocol²³. Use of such a tool in mental health settings would need to be very carefully considered to ensure the rights and views of the vulnerable person are protected. When the Protocol is used for people living with dementia the form tends to be completed by a carer on their behalf. If used with adults with mental health issues it should be completed in collaboration with the person. Many returned missing people explained that they did not know that they were missing, or were unhappy with being reported as such, so this collaborative conversation could help to clarify and give an opportunity to discuss what might cause someone to go missing and could potentially mitigate some of those triggers. The discussion in itself, if carried out in an appropriate way, could be a preventative measure. It could also allow for better multi-agency understanding, improved risk assessments, and more power being given to vulnerable people to understand their situation and the implications of going missing.

Specific recommendations, each of which is presented in more detail in the [APPG Inquiry report](#) are:

- The Care Quality Commission should enhance their inspections of patient safety to include the response to adults who go missing whilst under NHS care.
- Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services should include specifically the response to missing people who are vulnerable because of their mental health in their inspections.
- The benefits of a joint inspection should be considered and both agencies should ensure that the Mental Health Act 1983 and Code of Practice, which already outline requirements for local protocols to be put in place and for a review to take place if a patient goes missing, are being upheld.
- When someone is being treated within a health care setting there should be joint responsibility for carrying out the risk assessment, similar to current expectations for children in care.
- Pilot a mechanism similar to the Herbert Protocol in mental health settings.

4. Standardise the recording and reporting of missing person reports to the police

It is essential that more is known about the extent of the issue of mental health and missing. Standardising how information about missing individuals and incidents is recorded and reported by the police would be a useful first step in this. As highlighted in our response to Question 1 of this consultation, **National Crime Agency statistics do not breakdown the incidence of mental health**

²³ The Herbert Protocol is a tool currently used for people living with dementia. Carers, family or friends are encouraged to complete a form that contains information about a person at risk that can be passed to the police at the point when the person is reported missing. The form can include vital details, such as medication required, mobile numbers, places previously located, a photograph etc. It enables forward planning of a response to people with dementia who may go missing and are at high risk.

issues as a reason for going missing by gender so it is not possible to get an accurate measure of the extent of the issue among men and boys, information that is vital to be able to address the issue.

As part of the APPG inquiry into safeguarding missing adults with mental health problems, two roundtable discussions were held with experts from relevant agencies and stakeholders including formerly missing adults and their families. At these, there was broad agreement on the necessity of standardised consistent and accurate data on missing incidents and individual across all police forces as a basis for effective multi-agency strategic planning so that the scale and nature of issues can be properly understood and appropriate responses developed. Police missing records should be created and reported consistently across all classification variables including the identification and categorisation of mental health issues.