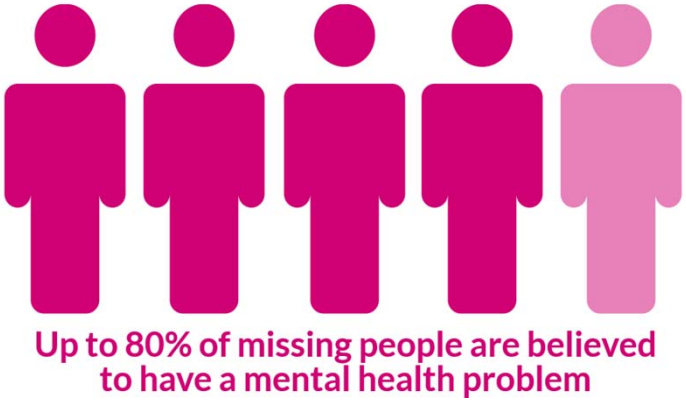
Mental Health and Missing

Key Points

- Research has shown that between 30 and 80 per cent of people who go missing may be experiencing some form of mental health problem, meaning that mental health problems are more prevalent in people who go missing than in the general population.



- The most common mental health problems amongst missing people are depression and anxiety.
- Young people who run away are around twice as likely to report that they 'often feel depressed'.
- Individuals may go missing when they abscond from psychiatric wards or other inpatient care settings. Patients are particularly at risk of going missing in the first 2 to 3 weeks of admission.

Background

In the general population, surveys have estimated that around one in four of the general population have at least one mental health problem. (Weich et al, 2009: 221). One in ten children between the ages of one and 15 years has a mental health disorder. (Office for National Statistics, 2005).

It is estimated that 252,000 individuals are reported missing each year in the UK. (UK Missing Persons Bureau, 2014: 16). Some studies have explored the issue and have sought to establish the nature of the relationship between missing and mental health. (Biehal et al, 2003; Gibb and Woolnough, 2007; Holmes et al, 2013, Holmes, 2014). More research needs to be done on the relationship between the two.

Numerical evidence

Collection and analysis of data about the relationship between missing and mental health is made difficult by the problematic nature of defining mental health problems. Not all people with mental health problems are diagnosed by medical professionals, and some individuals may define their own mental health in a different way to those around them, such as family members or carers.

Though studies show a clear link between mental health problems and going missing, the extent of this relationship is different in different samples. A degree of this variation may be due to the different methods of data collection and the aforementioned difficulties in providing a universally accepted definition of mental health problems.

One recent study found that, overall, 60 per cent of those in the sample reported some form of mental illness. (Holmes et al, 2013). An earlier study found that approximately 80 per cent of missing adults in the sample had some form of mental health problem, from mild depression to severe psychosis, at the time they went missing. (Gibb and Woolnough, 2007). Of more than 600 missing adult cases that were opened by Missing People in 2009, over 35 per cent were reported to be experiencing mental health problems. (Holmes and Diamond, 2011).

Recent qualitative research into the Geographies of Missing People interviewed 45 returned missing adults. Seventy six per cent of the interviewees reported having mental health problems, rising to 85 per cent if non-diagnosed but self-reported problems were included. (Stevenson et al, 2013: 34).

While studies show that fewer missing children than missing adults have a mental health problem, a sizeable proportion do. In 2005 a large self-report survey of young people found that young people who had run away were around twice as likely to say that they 'often feel depressed'. (Rees and Lee, 2005). More recent research suggests that between ten and 15 per cent of missing child incidents relate to a child with mental health problems. (Holmes et al, 2013).

Depression

Depression and anxiety are the most common mental health problems in England, with around 15 per cent of adults surveyed showing symptoms. Around half of these adults had symptoms of sufficient severity to warrant treatment. (Deverill and King, 2009).

A 2003 study found that over one fifth (22 per cent) of missing people surveyed had experienced depression. Those who reported depression were found to be more likely to be experiencing multiple difficulties at the time they went missing, including illness or alcohol and drug problems. (Biehal et al, 2003).

More recently, another study found that 26 per cent of the missing people in a sample of police cases had depression. (Holmes et al, 2013). A recent qualitative study of 45 returned missing adults found that of the 38 interviewees who disclosed their mental health status, two-thirds reported having a mood disorder (including bipolar and depression). (Stevenson et al. 2013).

In a study of fatal missing cases, the most common indicator of vulnerability was found to be depression (though not necessarily diagnosed) which was present in 44 per cent of cases. (Newiss, 2011: 9).

Suicide

Whilst not all individuals who attempt to end their own life necessarily have mental health problems, a large proportion do. Several studies have explored the relationship between suicide and missing and, as such, contribute to an understanding between mental health and missing. (Biehal et al, 2003; Tarling and Burrows, 2004; Newiss, 2011).

Lost from View found that six per cent of adults went missing to end their own lives (Biehal et al, 2003). In a separate sample study, 16 per cent of people who had gone missing were suspected of possibly ending their own life or harming themselves. (Tarling and Burrows). In the qualitative Geographies of Missing People research 42 per cent of the interviewed returned adults reported having suicidal thoughts whilst missing, and 33 per cent had attempted to end their own life whilst away. (Stevenson et al, 2013).

Learning from Fatal Disappearances found suicide to be the largest single known cause of death in police missing person cases. (Newiss, 2011). In 54 of the 186 police cases examined, the missing person had taken their own life. This accounted for 29 per cent of the police cases and rose to 56 per cent of police cases where the cause of death was known. 42 were males, 12 were females, with an average age of 42 years old. (Newiss, 2011). These findings are broadly in line with national rates of suicide which suggest that men are roughly three times more likely than women to end their own lives (ONS, 2010).

One-third of the returned adults interviewed for the Geographies of Missing People research reported that they had tried to take their own life whilst missing. In this group, however, almost twice as many women as men had tried to end their own life whilst missing. (Stevenson et al. 2013).

A recent Australian study found that missing people who had taken their own lives were more likely to have been institutionalised than others who had ended their own life, and more likely to have communicated their suicidal feelings and plans. (Sveticic et al, 2012: 1).

Going missing from hospitals and psychiatric wards

One of the key ways in which the issues of mental health and missing interact is where individuals with mental health problems go missing or abscond from a medical facility. Though adults ordinarily have a right to go missing, they do not if they are sanctioned under the 1983 Mental Health Act.

Research in 1999 showed that the average 20 bed psychiatric ward, working at full capacity, has about 120 absconding incidents every year. (Bowers, 1999). When a patient absconds from a psychiatric ward they may go missing, either for a short while until they return to the hospital or elsewhere, or occasionally for longer periods.

Patients who abscond from hospitals or psychiatric wards are at risk of harming both themselves and others. One study showed that four per cent of patients who absconded harmed themselves or others whilst away. (Bowers et al, 1999); another found that 27 per cent of inpatient suicides take place off the ward. (Manchester University, 2006). The National Mental Health Development Unit's *Strategies to Reduce Missing Patients: A Practical Workbook* (2009) notes that a key strategy in minimising the number of patients who abscond is to develop supportive alliances with patients, and not merely increase the physical security of psychiatric wards.

Many NHS Mental Health Trusts issue guidance or protocols to their care providers about how best to deal with missing or absconding inpatients. Research by Missing People shows that a significant proportion also have guidance for Community Mental Health Teams about how to respond when a patient receiving their care goes missing. (Rickford, 2015). The UK Missing Persons Bureau has responded to the issue of adults with support needs going missing from care with a national framework document: '*Missing from Care – A multi-agency approach to protecting vulnerable adults. A national framework for police and care providers*'. (UKMPB 2014).

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References

Biehal, N., Mitchell F., and Wade J. (2003) *Lost from View*, (Bristol: The Policy Press). Available to download at www.missingpeople.org.uk/publications

Bowers L et al (1999) 'Absconding: why patients leave' *Journal of Psychiatric and Mental Health Nursing*. 6, 3.1 99-206.

Deverill, C. and King, M. (2009) 'Common mental disorders' in *Adult psychiatric morbidity in England, 2007: Results of a household survey,* ed. By McManus et al (Leeds: NHS Information Centre for Health and Social Care).

Gibb, G. and Woolnough, P. (2007) *Missing Persons; Understanding Planning Responding* (Aberdeen: Grampian Police).

Holmes, L. and Diamond, F. (2011) *Missing People Information Sharing Protocol, Westminster Pilot Evaluation Report* (London: Missing People). Available to download at www.missingpeople.org.uk/publications

Holmes, L., Woolnough, P., Gibb, G.J., Lee, R.L. and Crawford, M. (2013), 'Missing Persons and Mental Health', paper presented to the *First International Conference on Missing Children and Adults,* University of Portsmouth, June 2013. Available to download at www.missingpeople.org.uk/publications

Holmes, L. (2014) 'Missing People' in Taylor, P., Corteen, K. and Morley, S. (2014) *A Companion to Criminal Justice, Mental Health and Risk* (Bristol: The Policy Press).

Home Office (2010) *The Missing Persons Task Force: A report with recommendations for improving the multi-agency response to missing incidents* (London: Home Office).

Missing Persons Bureau (2014), *Missing Persons: Data and Analysis 2012/13* (London: National Crime Agency).

Bartholomew, D., Duffy, D. and Figgins, N. (2009) *Strategies to Reduce Missing Patients: A practical workbook*. (London: National Mental Health Development Unit).

Newiss, Geoff. (2011) *Learning from Fatal Disappearances* (London: Missing People). Available to download at www.missingpeople.org.uk/publications

Rees, G & Lee, J (2005) Still Running II: Findings from the Second National Survey of Young Runaways. (London: The Children's Society).

Rickford, R. (2015) Community Mental Health Teams and the Response to Missing Patients (London: Missing People). Available to download at www.missingpeople.org.uk/publications from 12.05.2015.

Tarling, R. and Burrows, J. (2004) 'The nature and outcome of going missing: the challenge of developing effective risk assessment procedures', *International Journal of Police Science and Management*, Vol. 6, No. 1, 16-26.

Sveticic, J., Too, L.S. and De Leo, D. (2012) 'Suicides by persons reported as missing prior to death: a retrospective cohort study' in *BMJ Open* 2012: 2.

Office for National Statistics (2005) *Mental Health in Children and Young People in Great Britain* (Newport: Office for National Statistics).

Office for National Statistics (2010) *Suicide Rates in the United Kingdom 1991-2008. Statistical Bulletin.* (Newport: Office for National Statistics).

Weich et al (2009), 'Psychiatric Comorbidtiy' in *Adult psychiatric morbidity in England, 2007: Results of a household survey,* ed. By McManus et al (Leeds: NHS Information Centre for Health and Social Care).

UKMPB (2014) *Missing from Care – A multi-agency approach to protecting vulnerable adults. A national framework for police and care providers* (London: National Crime Agency).