

# “MY WORLD WAS FALLING APART”

## The nature and scale of harm experienced by missing adults in the UK

### A lifeline when someone disappears

**missing  
people**

Registered charity in England and Wales (1020419)  
and in Scotland (SC047419)

## Information sheet 7: Findings related to mental health

Almost 400 adults are reported missing in the UK each day, however very little is known about why adults go missing, how and why they come to harm while missing, and the impact being missing has on their life when they return. There is a substantial gap in understanding of the wider nature and scale of harm experienced while adults are missing.

This research aims to:

1. Identify why adults go missing and how this links to harm or threats of harm
2. Identify the nature and scale of harm being experienced by adults while

they are missing and the impact of this harm after return

3. Identify how Missing People, the police and other agencies need to respond to missing adults to prevent and reduce harm.

A mixed methods approach has been used in this research. This included conducted a literature review, analysing 425 records held by the Missing People charity, analysing 125 police force records, and original research conducted with 64 adults who have been missing.

To read the full report please [click here](#).

## Why do adults go missing? Findings related to mental health

The most common influence for going missing provided by those completing a survey conducted for this research was their own feelings / mental health: 94% (60 of 64) reported that their own feelings / mental health had definitely or possibly influenced their decision to leave.

Adults whose own feelings / mental health influenced their decision to go were asked whether they were experiencing a list of different things at that time. The most common things being experienced are in the chart below.

While respondents detailed specific mental health aspects, including depression and feeling suicidal, the most common influences were associated with feelings of not being able to cope and wanting to get away.

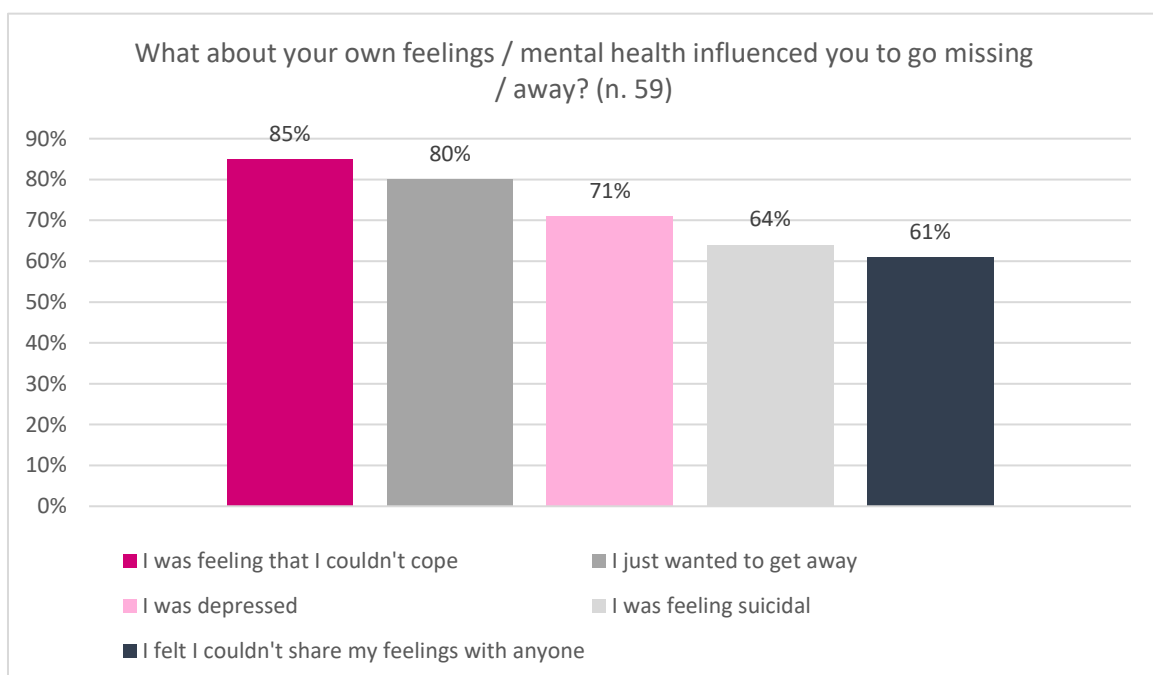
Some respondents gave detail about other feelings that influenced their decision to leave. These responses included fear for their personal situation, detail about specific mental health conditions, and feeling like

going away was the only way to cope with their situation. Some of these responses detail multiple and complex situations influencing the person going away, and the strength of feeling is clear in some open text comments.

- *“Psychosis, forced to stop my mental health medication, delusions, hallucinations, paranoia, feeling like home was suffocating, feeling my abusive support workers were going to kill me.”*
- *“Felt like voices were instructing me to do things.”*
- *“Huge pressure and abuse from [boyfriend] made me give up and do whatever he wanted.”*

Some people specifically mentioned their treatment from professionals or others as being a key influence in them leaving. This included not being able to access help, feeling as though professionals did not care about them, and being concerned about steps that may be taken if they tried to access help.

- *“I was [experiencing] very low moods and wanted to end it and I felt like there*



*wasn't enough support in place to be able to pick myself up."*

- *"Felt the hospital didn't help, they weren't bothered about my feelings."*
- *"No support."*

Some responses refer to 'push factors'; something or multiple things that make people want to leave the situation they are in.

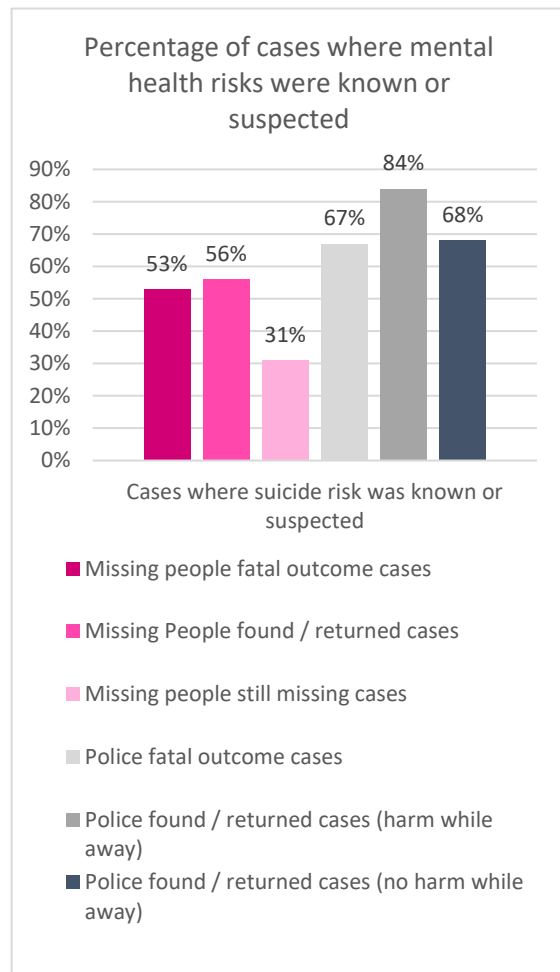
Others referred to feeling safer being missing than they did in the situation they were in, including feeling a real need to get away from their life or situation.

- *"Feeling like a burden so wanting to disappear and not bother anyone."*
- *"The thing I needed most in the world was to be left alone, and they didn't get it. So I left."*
- *"I just knew I had to get away. The only time I felt safe or OK was when I was missing."*
- *"Just wanted a new life."*

***"At certain points I was also worried about safeguarding procedures mental health professionals had instigated to try to keep me safe following disclosures, although it was causing more harm than good and was a massive trigger and stressor."***

## Mental health as a risk or vulnerability for missing adults

Mental health also emerged as a key theme in the analysis of Missing People's and the police records, where it was the most commonly identified risk or vulnerability:



The prevalence of evidence of known or suspected risks around mental health and suicide are stark in all types of cases. While the records provide less detail about what these adults were experiencing, it is clear that there are very strong links between mental health and going missing. In some records specific mental health conditions were referenced in the record: this included depression, anxiety, and conditions such as bi-

polar and schizophrenia. There was some evidence in records that individuals were being treated for mental health conditions, including references to medication, support workers and GP appointments.

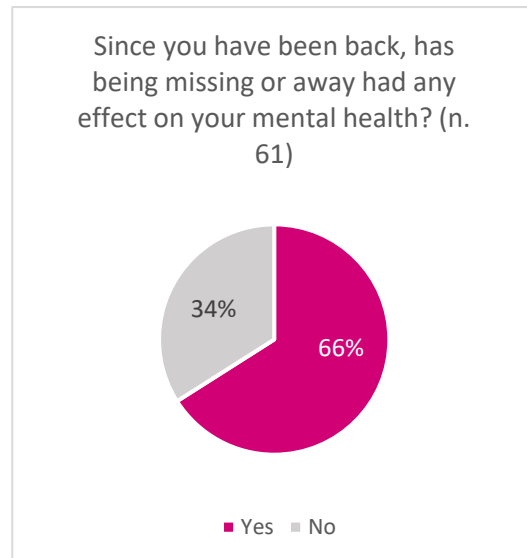
In other cases the references to mental health were less specific, with people reporting that their missing person was more generally experiencing 'poor mental health' or that they had been 'mentally unwell' when they were reported missing.

In NCA statistics mental health is the most commonly identified reason for adults going missing, but at a lower rate than disclosed in this survey: where a reason for missing was disclosed, in 25.5% of cases the reason was due to mental health.<sup>1</sup>

The NCA statistics are considered to be under-estimates due to limitations linked to disclosures to police and limitations around recording quality. Previous research has found that up to 80% of missing adults have a mental health issue when they go missing.<sup>2</sup>

### Mental health impact of being missing

Return can be one of the most difficult times in a missing person's experience, for both the missing person and their loved ones. The longer-term impacts of being missing can cause significant and varied harm to those adults who have returned, particularly when they are not able to access support to help them with why they went missing or what happened while they were away.



2 in 3 adults completing the survey for this research disclosed that being missing had impacted their mental health:

Where people gave details about this impact, the majority of responses specified that the impact on their mental health was negative.

Some responses spoke of the fact that returning and readjusting to their 'normal' life was difficult:

- *“Adjusting back to normal life as difficult and I found it more difficult to interact with peers as I had had negative and dark experiences they hadn’t and probably wouldn’t understand.”*
- *“It felt hard to get back to normal after returning and I felt guilty for causing worry to family”*

Some spoke of the impact on them of others knowing that they had been missing and knowing information about them:

<sup>1</sup> NCA 2019-20. Please note however that a specific reason for going missing was only identified in 79,389 missing reports in 2019-20. The 25.5% is based on the 38,949 adult incidents where a reason was identified for adults going missing.

<sup>2</sup> <https://www.missingpeople.org.uk/for-professionals/information-and-policy/information-and-research/key-information>.

- *“Having everyone knowing and talking about me made me suicidal [...] it made my mental health much worse”*
- *“Absolutely do not under any circumstances say where the person was found on social media. [... A public appeal...] was a massive invasion of my privacy”*
- *“The biggest impacts on my health is the way I am treated by others and how they make me feel. If anything, every time I run away, it only gets worse”*

For others, they spoke of their mental health having been negatively affected due to their missing episode, with impacts still being experienced today:

- *“I get flashbacks from experiences I’ve had from going missing”*
- *“I am not eating regularly I am depressed I have severe anxiety and it’s really hard to be around people”*
- *“I gained an eating disorder, fuelled by substance abuse disorder, and have been left with trauma that after several years I’ve been unable to fully recover from”*

More generally some people spoke of the struggles they had experienced with their mental health during and since their missing episode. In some of these responses the significant and varied impacts are very clear:

- *“I got hypothermia. I missed mental health medication. I suffered paranoia. I*

*suffered anxiety around the police searching for me and restraining me when they found me [...] I felt like I was treated like a child, who wasn’t given the right to make decisions about my own life.”*

- *“I became more depressed and suicidal”*
- *“Made mental health 10 [times] worse this time and physical pain”*
- *“Deep trauma and schizophrenia”*

While the majority of those responding to the survey gave information about their mental health being made worse by being missing, for a small number of people their missing episode had resulted in an improvement. These responses spoke of it being a trigger to being able to access support, or that going missing had meant they escaped a situation they were unhappy or unsafe. There was also a sense that being missing had allowed a fresh start in life:

- *“Getting away from everyone / thing did me a world of good – I don’t think I’d be who I am now had I not walked when I did / I do not regret that rainy Friday night ever – it was the best thing I did”*
- *“I returned once but the time away made me stronger and more able to stand up to the abuse. When I left the second time, I never returned [...] I’m content in my decision and my life is much better without the abuse”*

- *“It got me signposted to the right help”*

***“The period immediately after being missing was even worse than the period before in terms of my mental health, even if the reason I had left was due to a crisis. I would find coming home so hard that often it would leave me feeling worse than whatever had made me leave in the first place”***

# Recommendations

## Before missing / prevention

This research shows that people go missing in a myriad of different situations, experiencing a wide range of risks and vulnerabilities. And while it can be difficult to identify when someone is at risk of going missing, some groups have been identified as being at increased risk. This particularly includes people experiencing mental health issues, who may have come into contact with mental health professionals.

- Mental health professionals should be equipped with protocols to use when supporting someone who may be at risk of going missing. With similar aims to the Philomena Protocol and the Herbert Protocol, this should include talking to people about the risks of going missing, what would happen if they do go missing, where they might go if they do go missing, and what support they might need to prevent them from going missing.<sup>3</sup>
- Missing People should review how the charity's services are delivered and marketed, to ensure they are meeting the needs of adults who are thinking about going missing, especially adults with mental health issues

## Risk assessments

The identification of risk for each missing episode is critical in determining the steps to be taken when someone is reported missing. Risk assessment processes should enable consideration to be made of each individual's circumstances as well as standard questions around risk, recognising the complex nature of missing episodes. This research has found that most missing adults are at risk while missing, from mental health, to risks around suicide, to being a victim of assault or other crime. The police should try to understand as fully as possible the risks each adult faces when they are missing through detailed, effective risk assessment processes. They should therefore include:

- Using professional curiosity when assessing risk, including exploring risks around diagnosed and undiagnosed mental health, suicide, previous missing episodes, and previous harm experienced<sup>4</sup>
- Seeking information from other professionals, relatives and friends, particularly where the reporting person is not able to share a full picture of risk. This is in line with existing College of Policing Authorised Professional Practice guidance.<sup>5</sup>

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<sup>3</sup> For more information about both the Herbert and Philomena Protocols, please see Missing People's website: <https://www.missingpeople.org.uk/for-professionals/services-for-professionals/welcome-to-the-national-missing-persons-framework-toolkit-for-professionals-in-scotland/prevent-introduce-preventative-measures-to-reduce-the-number-of-missing-persons-episodes/the-herbert-protocol-purple-alert-and-the-philomena-protocol>

<sup>4</sup> The College of Policing's Curiosity guidelines: <https://www.college.police.uk/guidance/vulnerability-related-risks/curiosity>

<sup>55</sup> College of Policing Authorised Professional Practice, Missing Persons:

<https://www.app.college.police.uk/app-content/major-investigation-and-public-protection/missing-persons/>

"My world was falling apart": the nature and scale of harm experienced by missing adults, 2022

Information sheet 7: Findings related to mental health

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## During missing

An accurate identification of risk is crucial in determining what happens when someone is reported missing, meaning that the police can appropriately allocate resourcing based on each individual missing incident. Missing adults may need additional support while missing, particularly where they have gone missing in high-risk situations. Those offering this type of support should ensure that it is reaching missing adults and that it is meeting their needs:

- Missing People should review their support offer to missing adults, including rolling out the provision of Suicide Risk TextSafe® across the country
- Police forces should maximise the use of TextSafe® and Suicide Risk TextSafe® to ensure missing adults are aware of Missing People's confidential, anonymous, free to access support

## Return

This research has found that very few adults will seek help while missing. It also shows that rates of disclosures of harm are higher when disclosed directly from adults who have been missing than were made on return to the police in the records reviewed for this research. Rates of harm experienced were significantly higher than is currently evidenced in national statistics on missing.

While this research did not examine the effectiveness of police Safe & Well checks / prevention interviews, they are a key opportunity to identify harm suffered and any support needed for returned missing adults. To encourage disclosures from returned adults, Safe & Well checks should be delivered in a way that enables returned missing adults to share why they went missing, what happened while away, and what help they need to prevent them going missing again.<sup>6</sup> The police should be able to direct them to further support if needed.

Prevention interview / Safe & Well check delivery should include:

- Ensuring that returned missing adults are given a safe and supportive space and enough time to talk about their missing episode, including any harm they may have come to while missing
- Having access to referral routes for further support for issues including mental health, personal safety and financial support. This could include details of charities like Missing People and Citizens Advice Bureau, and established referral routes to local support services and to community mental health teams

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<sup>6</sup> This is in line with the College of Policing's Curiosity guidelines:

<https://www.college.police.uk/guidance/vulnerability-related-risks/curiosity>

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- Local authorities and Health and Wellbeing Boards should consider piloting return discussions for returned missing adults. These could be delivered by independent providers, giving adults an opportunity to disclose more about their experiences and access support from a non-police partner

The evidence in this report suggests that harm is often not disclosed in safe and well checks and is much more common than the figures in current national statistics. This suggests that people are left dealing with experiences of harm including suicide attempts, abuse, assaults and worsening mental health without support.

The complexity of people’s experiences, both in what drove them to go missing and in what they experienced while they were away, show that there is not a single existing pathway into support for this group: the support needed will hugely vary depending on the individual and the police will not be the right agency to support many returned people, including those with financial issues and mental health issues. While police have a central role to play when someone returns from being missing, responding to missing adults should be understood to be a multi-agency responsibility. All areas should have a local protocol in place to outline how local agencies will work together to safeguard and support missing and returned people:

- Local authorities and multi-agency partners in England, including the police and the NHS, should review

their responses to missing adults in light of the 2020 ‘multi-agency response for adults missing from health and care settings: A national framework for England’<sup>7</sup>

- Local authorities and multi-agency partners in Scotland should review their responses to missing adults in light of the 2017 National Missing Persons Framework for Scotland<sup>8</sup>
- Missing People should work with partners in Wales to develop a multi-agency framework outlining how local agencies will work together to safeguard and support missing and returned adults, similar to that developed in England

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<sup>7</sup> Home Office & Missing People, *The multi-agency response for adults missing from health and social care settings: A national framework for England*, October 2020, [https://www.missingpeople.org.uk/wp-content/uploads/2021/08/The\\_multi-agency\\_response\\_for\\_adults\\_missing\\_from\\_health\\_and\\_care\\_settings\\_A\\_national\\_framework\\_for\\_England\\_Web\\_Oct\\_2020.pdf](https://www.missingpeople.org.uk/wp-content/uploads/2021/08/The_multi-agency_response_for_adults_missing_from_health_and_care_settings_A_national_framework_for_England_Web_Oct_2020.pdf).

<sup>8</sup> National Missing Persons Framework for Scotland, May 2017: <https://www.gov.scot/publications/national-missing-persons-framework-scotland/>