GABE'S STORY

Reconnecting a missing adult experiencing mental health problems.

Gabe had been living with mental health problems for many years and, despite his family's concerns, had never had a formal diagnosis from a doctor or received any dedicated support. Gabe had been living on his own for some time, but relied on his family for financial support from time to time.

Gabe's family became concerned when he did not answer his phone for a regular Sunday afternoon call. On visiting his address, his family found that he had gone missing. His property had not been secured, and although Gabe's cash card and phone were missing, his passport was still present. Gabe's family reported his disappearance to the police immediately, and an investigation was undertaken.

The police contacted Missing People to request publicity and family support, as well as a TextSafe message to Gabe. The charity sent a text message to Gabe's mobile phone, saying **"Away from home? Please get in touch for free 24/7 confidential support or a message home. Call 116000 or text 116000. www.missingpeople.org.uk".** Missing People also circulated an appeal to Support Partners, asking them to be aware of Gabe's missing status, should he approach them for help.

Missing People circulated posters to the areas where police and Gabe's family felt he might be. The police investigation took place, and the family did some searching themselves, taking posters around the local area and contacting local organisations that Gabe might approach. Gabe's family felt frustrated that even though he was vulnerable, they were not able to access confidential information about any activity on his bank account because of data protection policies.

Gabe was found several days later, by police, sleeping rough in his local area. The police officers recognised Gabe from the missing person details that had been circulated in the force, and assisted him to return to his family. Gabe had been experiencing paranoid thoughts and anxiety.

After he was found, Gabe's family encouraged him to see his family doctor, who diagnosed Gabe's mental health problem and prescribed both medication and face-to-face therapy. Gabe's family relationships are gradually improving, and his family feel optimistic that, provided he continues to receive appropriate support, Gabe will be able to manage his mental health and wellbeing.

MENTAL HEALTH AND GOING MISSING

This case study explores the experiences of missing adults with mental health problems who are reconnected to family, carers or support services.

For a large proportion of adults who go missing, mental health problems are present and, for many, will be a contributory factor to the disappearance. Research estimates vary, but the figures suggest that mental health problems are present in between 45 and 60 per cent of all missing incidents (Holmes and Woolnough et al, 2013). Earlier research suggests that as many as 80 per cent of missing adults were thought to have "some form of mental illness" when they went missing (Gibb and Woolnough, 2007: 1). These estimates include both those people with a diagnosed condition, and those for whom there are concerns for their mental health.

Going missing and mental health may be related in a number of ways. For some missing people, a disappearance may be caused by a change in their mental wellbeing, such as an increase in the severity of their symptoms, or not taking medication. For some, their mental health may be reasonable when they go missing, but may deteriorate over time, particularly if medication is left behind. For some, the missing incident may be the first outward indication that anything is amiss (Holmes and Diamond, 2011: 13-16). Patients who go missing from mental health care services also represent a substantial number of missing person investigations for police forces (Holmes, 2014).

For this project, a representative sample of 230 vulnerable missing person cases were selected from the cases that Missing People worked on in 2011. The case files were examined and revealed that around half (48 per cent) involved a known concern for the missing person's mental health. The greatest number of cases with a mental health concern flag were in the 18-54 years age group. For this study, indicators of poor mental health included substance use, intellectual disability and a 'possible suicide risk' flag, as well as reports of particular mental health problems, because of the effect they may each have on either mental health or the cognitive and decision-making functions. Table 2 below illustrates the number of missing people who were flagged with each concern.

Table 2: Mental health concerns in a sample of 230 vulnerable missing people publicised by Missing People in 2011

MENTAL WELLBEING CONCERN	NUMBER*	PERCENTAGE OF THE SAMPLE (N=230)*
Possible suicide risk**	34	15
Mood related, depression, bipolar or related	30	13
Other or unspecified mental health problem	30	13
Substance use**	24	10
Schizophrenia, psychosis or related	15	7
Alzheimer's disease, dementia, amnesia or related	12	5
Antisocial behaviour, paranoia or related	9	4
Self harm	8	4
Hospitalised under the Mental Health Act	7	3
Intellectual disability**	7	3
Anxiety, panic attacks, phobias or related	2	1
Eating disorder	1	0

* This column is not additive because some people's cases were flagged with more than one concern.

** These are included despite not being mental health problems, because of the effect they may each have on either mental health or cognitive and decision making functions.

Some families of missing people find that the missing person's mental health problems not only raise concerns for them, but also enable the family to understand and contextualise the disappearance. This may have an important effect on the family's wellbeing, as families' perceptions of a disappearance can have a strong influence on their behaviour and emotional response (Holmes, 2008: 29-30).

"I am trying to look forward now, and put that dreadful time behind me. My son did not mean to hurt me by going missing; he had what is known as a psychotic break. I just want to get on with life now, and am so happy that my son is alive and in contact with me, and I just live each day as it comes - although things are not perfect, they could have been so much worse."

(Parent of a formerly missing adult, Family Feedback Survey 2012 respondent)

PRACTICE EXAMPLE: SUICIDE RISK TEXTSAFE®

This new service has been developed in partnership by Missing People and Samaritans. It provides a way of proactively reaching out to missing adults via text message and telephone call, when there is concern that they might be planning to take their own life.

Police investigating a missing incident are able to request a TextSafe message is sent to the missing person. Following this text message about the services of Missing People and Samaritans, the missing person will be telephoned by a volunteer Samaritan and offered emotional support. This lets the missing person know that the charities care for their safety and want to help and encourage them to get in touch, thus contributing towards statutory safeguarding requirements and duty of care to vulnerable people.

MENTAL HEALTH AND RECONNECTION

A recent research project, entitled The Geographies of Missing People, included interviews with 45 returned missing adults, many of whom had experienced mental health problems. Interviewees described their return, and what life was like afterwards. Returned adults described how they and their families found it difficult to readjust after a missing incident. For some, the attention and caring efforts by family members felt stifling. Some returned adults felt under pressure to justify their actions, and too soon after returning. For some, family members simply didn't understand, and weren't felt to be the best people to provide support. Few, however, received support from external services (just 22 per cent of participants), despite many saying it would have been helpful (Stevenson et al, 2013: 90-94).

Emotional responses

"He was absolutely horrified"

In some instances, a returned person may feel shocked, surprised or angry about being reported missing, and some people exhibit frustration towards the person who reported them missing. In cases where the returned person has also experienced mental health problems, this may also be related to ongoing paranoia or fears about the possible consequences of being forced to accept treatment or surveillance.

"And that was the rage, you see. Who had reported him missing? Of course it was me. […] He now knows that I was the one who contacted them. So we're back to square one, with me being the bad one".

(Parent of a formerly missing adult, project interviewee)

"When my partner was found he was in hospital far away so I would have appreciated support for me when he was found."

(Partner of a formerly missing adult, Family Feedback Survey 2014 participant)

"I could see how counselling would be useful. It took me a long time to get over the month of his missing."

(Sibling of a formerly missing adult, Family Feedback Survey 2014 participant)

Seeking help

"You're sent from pillar to post"

The Association of Chief Police Officers (ACPO) provides guidance to police officers about managing a missing person's return. The guidance is clear about the need to make sure that any place of return is safe and that missing adults are allowed to make choices about what information is revealed to informants. This police guidance emphasises that all missing people should receive a 'safe and well' check as soon as possible on return, and should be conducted as soon as possible on return (ACPO, 2010: 54-55). Ideally the checks involve a face-to-face meeting with a police officer, wherein the officer checks whether the missing person has experienced any harm, and seeks to find out information about their movements whilst missing (ACPO, 2010: 54).

Police guidance also suggests that more in-depth return interviews are also "relevant to all missing persons" and should be conducted within 72 hours of a missing person being found (ACPO, 2010: 55-56). As stated earlier, best practice and statutory guidance recommend that these interviews be conducted by an independent person rather than a police officer (DfE, 2014).

Analysis of four sweeps of Missing People's annual Family Feedback Survey shows that a substantial proportion of families would appreciate additional support after the missing person was found. When prompted, almost half (48 per cent) of family members of a found missing person said they would have been 'very or fairly likely' to use support after their missing relative was found. Research involving returned missing adults has also emphasised the need for service interventions to ease swift return and to prevent future incidents (Stevenson et al, 2013: 81).

"Talking is really, really important, but it needs time. Just having an initial period of silence was important when I tried to work out what I wanted to say about going missing. Then the doctor asked me questions in such a way that it made it easy to open up to him. For me it's important to talk about being missing with someone who understands." (Johnny's story of being reported missing from psychiatric care).

(Parr and Stevenson, 2013: 12)

This research, however, has found that many families did not receive sufficient support either for themselves or for the person who has returned, and many adults did not receive a return interview. Return interviews would provide an opportunity to assess the returned person's mental wellbeing, as well as gauging their risk of further missing incidents, gathering intelligence about their experiences whilst away, and assessing what onward referral would be appropriate, if any. This can affect the ongoing wellbeing of everyone concerned.

"I would like more help with the mental health of my son after he was found"

(Parent of a formerly missing adult, Family Feedback Survey 2014 participant)

"You don't get guidance about what to do, and if you haven't encountered this […] it's very difficult to tap into it"

(Parent of a formerly missing adult, project interviewee)

"You just get paralysed trying to get the mental health services involved"

Previous research findings suggest that access to mental health services has long been problematic for missing people: "Some adults experiencing mental health difficulties or depressive illness reported difficulties gaining access to appropriate therapeutic services. Problems with obtaining treatment were identified by some as a contributory factor to going missing, while for one or two adults who had already gone missing, it affected their ability to re-stabilise their lives." (Biehal et al, 2003: 31).

This is reflected in the findings of this study, both before and after a missing incident. Families may experience difficulty in accessing help for someone who is unwilling to engage with support, or whose behaviour has not triggered a crisis response.

"He wasn't diagnosed with any mental health [problems] prior to going. It's almost, like, so difficult to try and get on that track of trying to find the help that perhaps they do need".

(Sibling of a formerly missing adult, project interviewee)

"I've been trying to get help for my son for at least ten years."

(Parent of a formerly missing adult, project interviewee)

This study similarly identified potential problems with the assessment of formerly missing people with mental health problems.

"I had concerns about his mental health and I was worried that they didn't do a full assessment of him when they found him."

(Partner of a formerly missing adult, Family Feedback Survey 2014 participant)

"It might be an idea, because of what happened in our case, that if the police find someone who they believe has mental health issues and is obviously in distress, they liaise with local health services and also check the missing persons database before they relinquish custody of that individual."

(Sibling of a formerly missing adult, Family Feedback Survey 2012 participant)

For people in receipt of mental health support, a period of going missing may lead to missed appointments and support packages being cancelled. Further research is required to explore how mental health support services approach this issue. Further research should explore the experiences of mental health patients who go missing; whether they are discharged from services, and how they re-engage on their return. Research should also explore whether local protocols are in place and what they say, and whether returned missing people are treated as 'non-compliant', or vulnerable.

RECOMMENDATIONS

8. Many returned missing adults do not receive professional guidance or support after a missing incident, although this and other research suggests would this be beneficial to their wellbeing. All returned missing adults should be offered a return interview, in line with ACPO guidance (2010) and best practice principles, and with the aim of identifying harms and risk, addressing the reasons for the disappearance, and preventing a repeat incident. Return interviews should be available to people who have been reported missing from inpatient care and adults with dementia. As is good practice with children and young people, return interviews would be best delivered by staff from independent agencies who have undertaken training in missing and related issues. This is important because some returned people and their families may find it easier to develop trust with non-statutory services, and services with specialist knowledge about their circumstances.

9. More effective multi-agency work would ensure smoother referral of returned adults from police into other local statutory and voluntary services. While statutory guidance on children who go missing has been available for many years (DCSF, 2009; DfE, 2014), no such guidance exists for missing adults. Statutory guidance on adults who go missing from home and care would provide much needed clarity on different agencies' responsibilities for responding to a missing incident and for providing support when people return. Such guidance could be based upon Missing from Care – a multi-agency approach to protecting vulnerable adults – A national framework for police and care providers, being developed by the National Crime Agency.