Public Health Jersey

Mental Health Profile 2024

Improve. Prevent. Protect.

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Corrections

Data Update and Correction Notice: 13 Aug 2025

Following a detailed review of the primary care data, the previously reported number of dementia patients has been revised from 895 to 840. The change is due to a GP practice incorrectly coding a number of patient records, which have now been corrected to provide an accurate count.

Data Update and Correction Notice: 24 April 2026

At the time of publication, the Incapacity Allowance Claims data presented for 2024 was an incomplete year (covering the period Jan to August 2024). Data for the full year of 2024 is now available. Figures 12, 13 and references to the data in the body of the text have been updated accordingly.

All other sections of this profile remain unchanged.

Introduction

The importance of mental health and wellbeing

Mental health and wellbeing is profoundly important to quality of life and the capacity to cope with life's ups and downs. Mental wellbeing is more than the absence of mental illness and involves psychological attributes (such as confidence and good relationships) as well as emotional states (such as happiness and life satisfaction). Positive psychological functioning underpins healthy lifestyles and social equality, and as such, good mental wellbeing is protective against many other ailments.

"Public mental health" forms part of the wider public health discipline, and is the name given to the art and science of improving mental health and wellbeing and preventing mental illness amongst the population.[1]

What is the purpose of this report?

This profile aims to paint a picture of the mental health and wellbeing of Jersey's population.

The report includes population level wellbeing measures, including adult wellbeing scores, socialisation and loneliness, and perceptions on mental health. Measures of children's mental wellbeing are also included: children's wellbeing score, self-esteem and worries, and self-harm amongst children.

The impact of mental health problems on people's ability to work is also considered by looking at incapacity allowance claims for mental health problems. The number of referrals and contacts with Jersey Talking Therapies is shown, along with referrals to children and adolescent mental health services (CAMHS).

Data on emergency department attendances for self-harm and mental health-related issues is also provided, alongside local data on deaths by suicide. Data around the number of people being prescribed medications to treat mental health conditions is included. A summary of the burden of dementia on the Island population is also shown.

This report is the second publication of its kind in Jersey, and the Public Health Intelligence team welcome feedback on the contents, to support future development of the profile.

Contact us at healthintelligence@gov.je

[1] Faculty of Public Health - Why public mental health matters

Mental Health Profile 2024

96% of adults agreed or strongly agreed that **"anyone can have mental health problems"**

Around
1 in 4 children
had low or medium
self-esteem

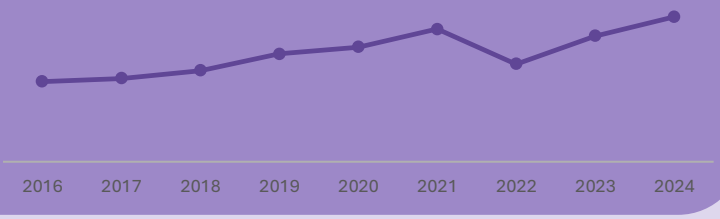
6% of adults often feel lonely

1 in 5 adults do not have relatives or friends in Jersey that they can count on in **times of need**

Nearly
1 in 4 young people
in years 10 and 12 had
thoughts of self-harm

young people **bullied** in the last 12 months were more than twice as likely to **self-harm**

The number of patients prescribed at least one antidepressant item has **risen by 22%** over the past nine years



Men were **2.5 times** as likely to have taken their own lives as women

Around **1 in 8 adults**
scored low for
- life satisfaction
- feeling worthwhile
- happiness

Population Level Wellbeing

Adult Population Mental Wellbeing

Adult Wellbeing Scores

In the 2024 Jersey Opinions and Lifestyle Survey (JOLS)[2], people were asked to rate the following out of 10

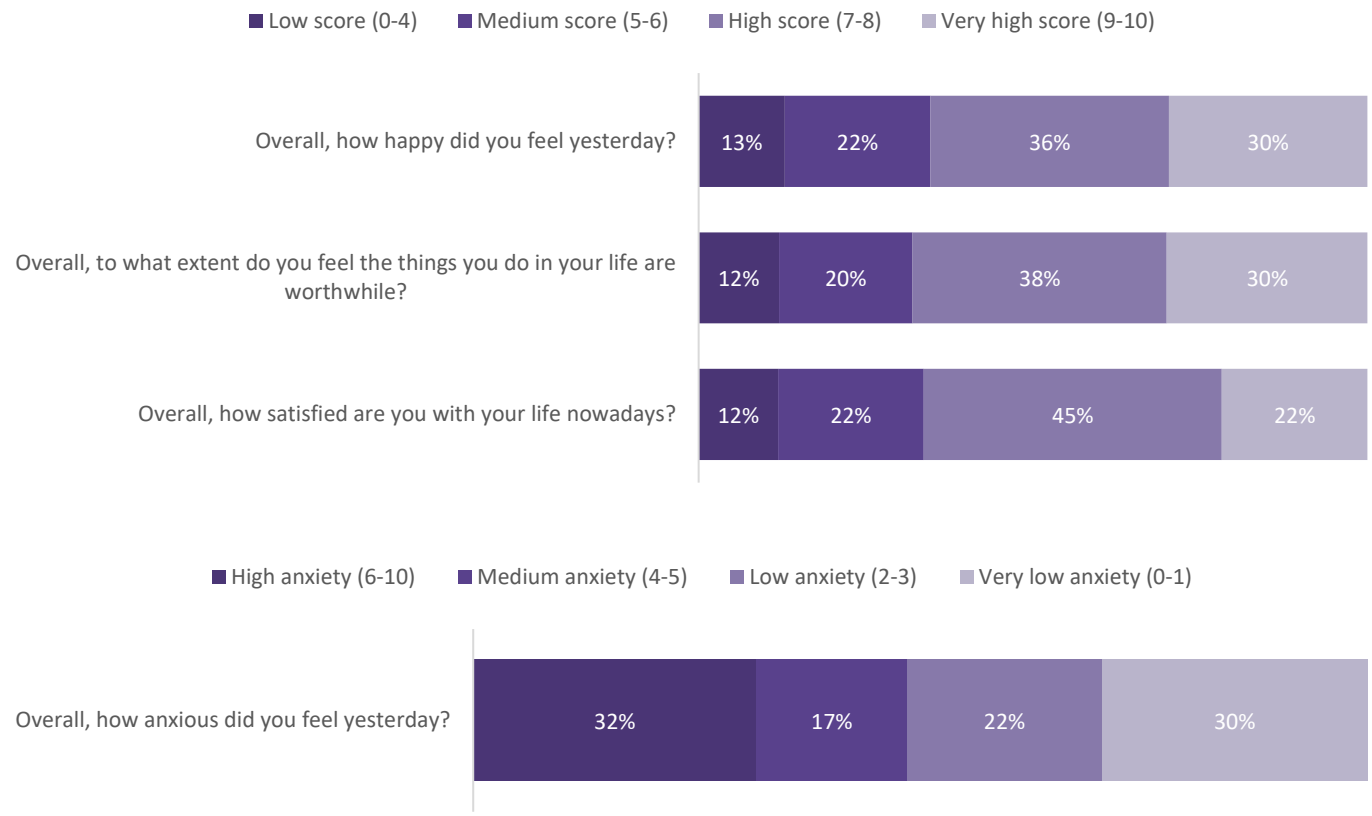
- their life satisfaction
- their happiness
- to what extent they felt their life was worthwhile

Scores of 0-4 were considered low, 5-6 were considered medium, 7-8 were considered high and 9-10 were considered very high.

The majority of people recorded high or very high scores for happiness (66%), satisfaction (67%) and feeling worthwhile (68%) (Figure 1). Around 1 in 5 people reported medium scores for each measure and around 1 in 10 scored low for satisfaction and feeling worthwhile (12% for each), whilst 13% of people scored low for happiness.

People were also asked how anxious they felt yesterday out of 10. Scores of 0-1 were considered very low, 2-3 were low, 4-5 were medium and 6-10 were considered high. Three in ten (30%) people overall scored high for anxiety.

Figure 1. Happiness, life satisfaction, feeling worthwhile, and anxiety in Jersey (JOLS 2024)



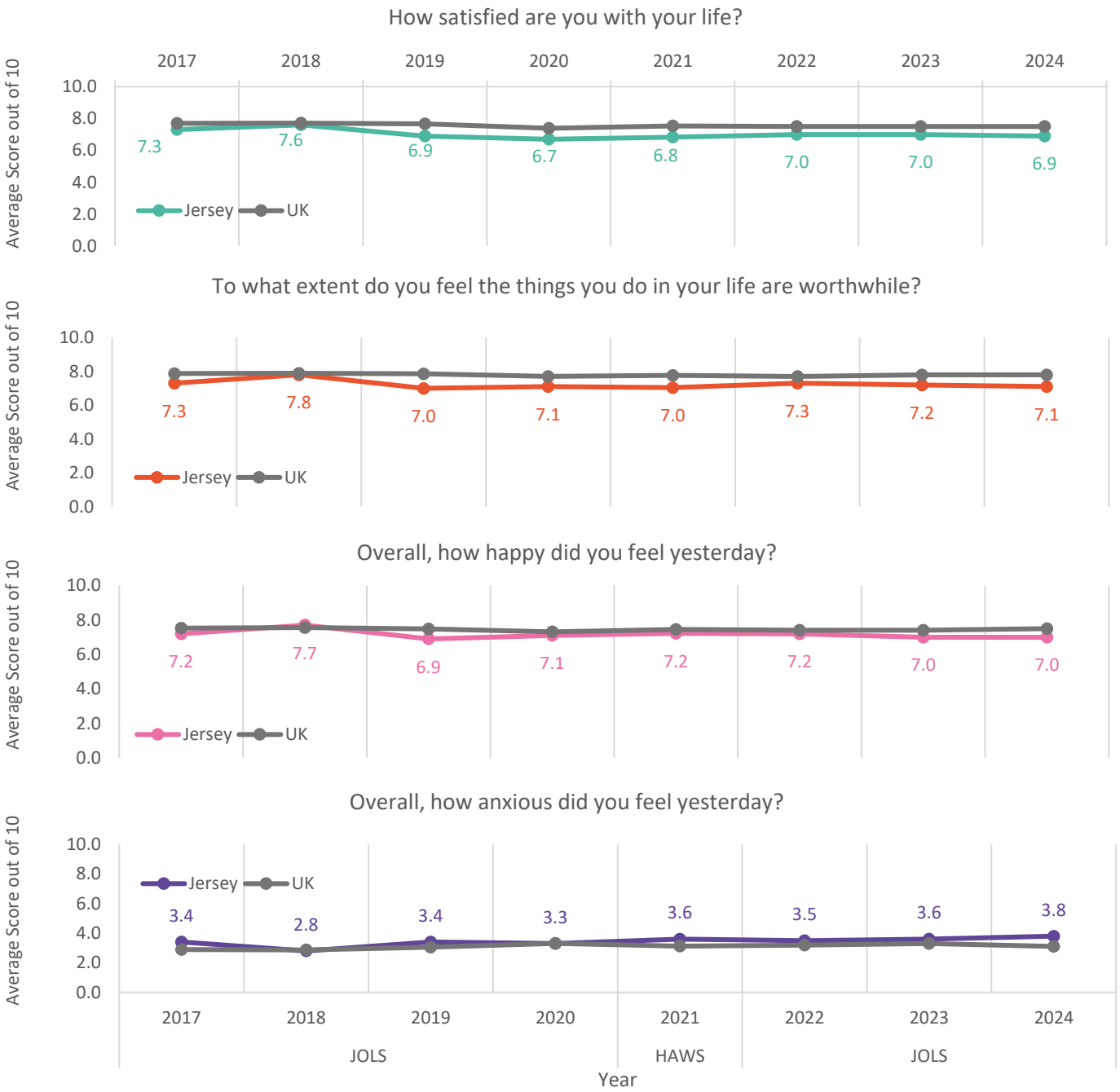
Source: JOLS 2024

[2] Jersey Opinions and Lifestyle Survey (JOLS)

Average (mean) scores out of 10 for the wellbeing measures were similar to that over the past 8 years, at around 7 out of 10 for happiness, feeling worthwhile and life satisfaction (Figure 2).

Average (mean) score out of 10 for feelings of anxiety was between 2.8 and 3.8 over the last 8 years (Figure 2).

Figure 2. Happiness, life satisfaction feeling worthwhile, and anxiety scores between 2017 and 2024 from annual social surveys in Jersey, and in the United Kingdom[3]

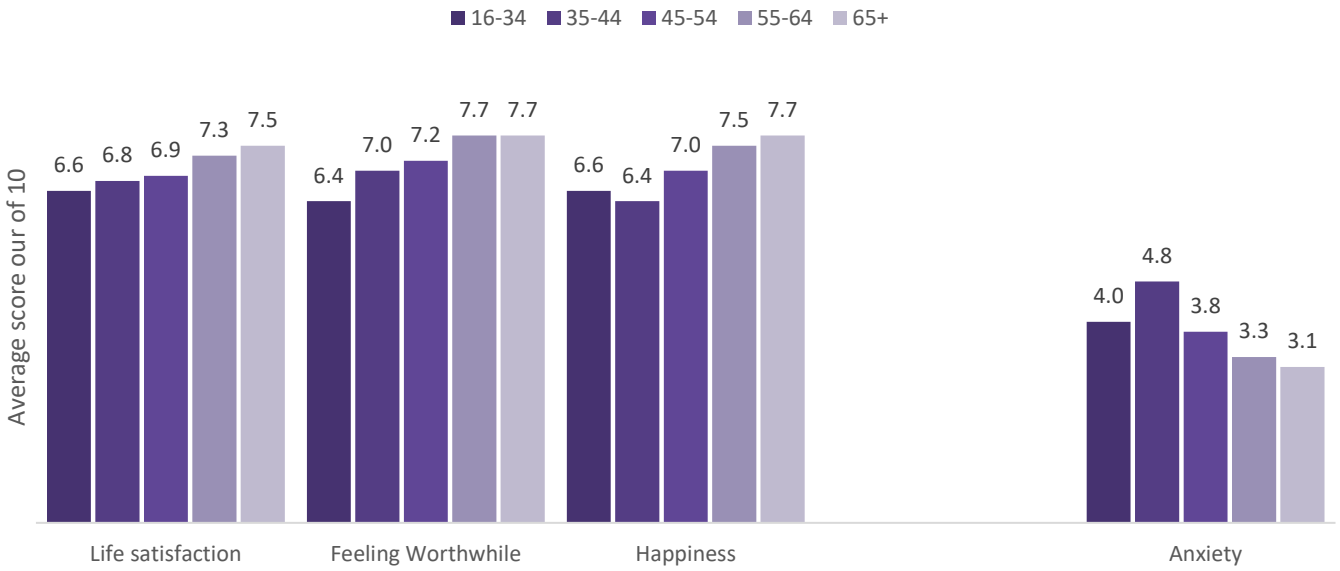


Source: JOLS 2024

[3] UK Measures of National Well-being Dashboard - Office for National Statistics

In 2024, younger adults were more likely to report lower levels of life satisfaction, feeling worthwhile and happiness than older adults. They were also more likely to report higher levels of anxiety (Figure 3).

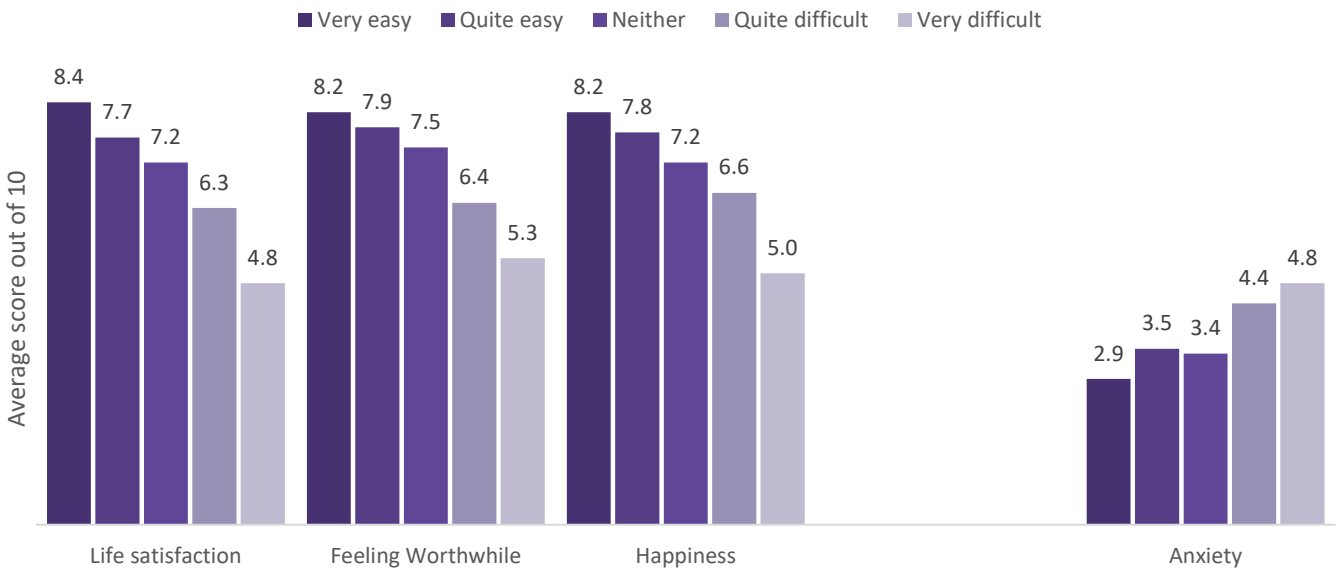
Figure 3. Life satisfaction feeling worthwhile, happiness and anxiety scores (2024)



Source: JOLS 2024

Average wellbeing scores were lowest for adults who found it difficult to cope financially. While adults who found it very difficult to cope financially had an average anxiety score of 4.8.

Figure 4. Average (mean) scores out of 10 for wellbeing measures, by ability to cope financially (2024)



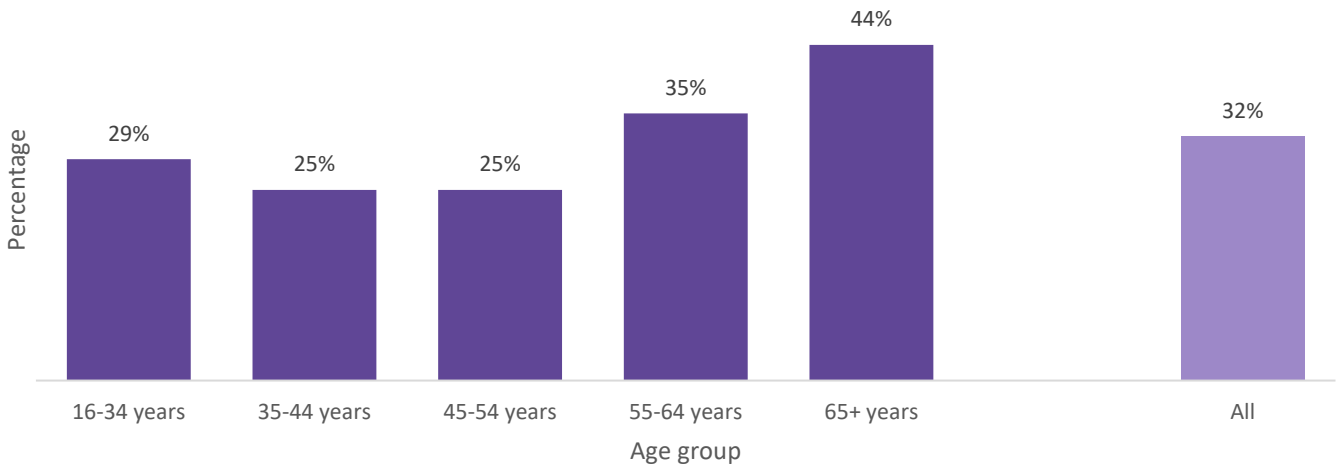
Source: JOLS 2024

Longstanding Conditions

Longstanding physical or mental health conditions can significantly impact an individual's overall wellbeing. Whether physical or mental, these conditions often bring ongoing challenges that may lead to feelings of frustration, stress, and isolation. In many cases, they are interconnected; physical health issues can influence mental health and vice versa contributing to anxiety, depression, and a reduced quality of life.

The proportion of adults with a longstanding health condition increased with age. Overall, a third (32%) of adults reported having a longstanding physical or mental health condition, with the highest proportion (44%) seen in those aged 65 years and older (Figure 5). No difference was seen between sexes.

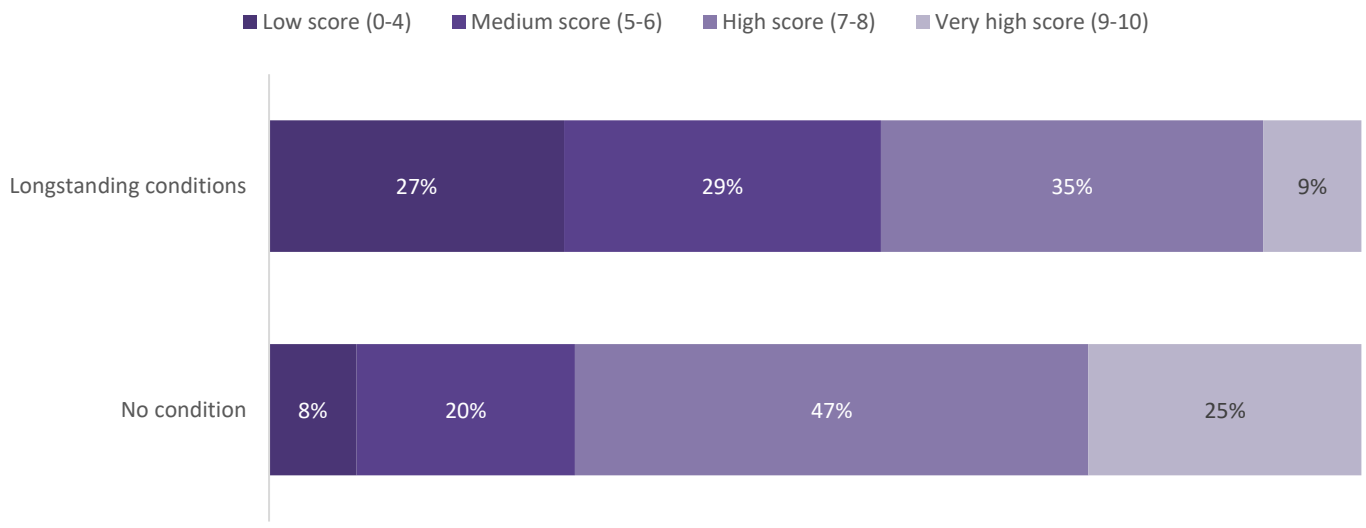
Figure 5. Proportion of adults with a longstanding physical or mental health condition or illness (2024)



Source: JOLS 2024

Around 1 in 4 adults (27%) with a longstanding condition scored low for life satisfaction compared to those with no conditions (8%).

Figure 6. Life satisfaction scores of adults with longstanding conditions (2024)



Source: JOLS 2024

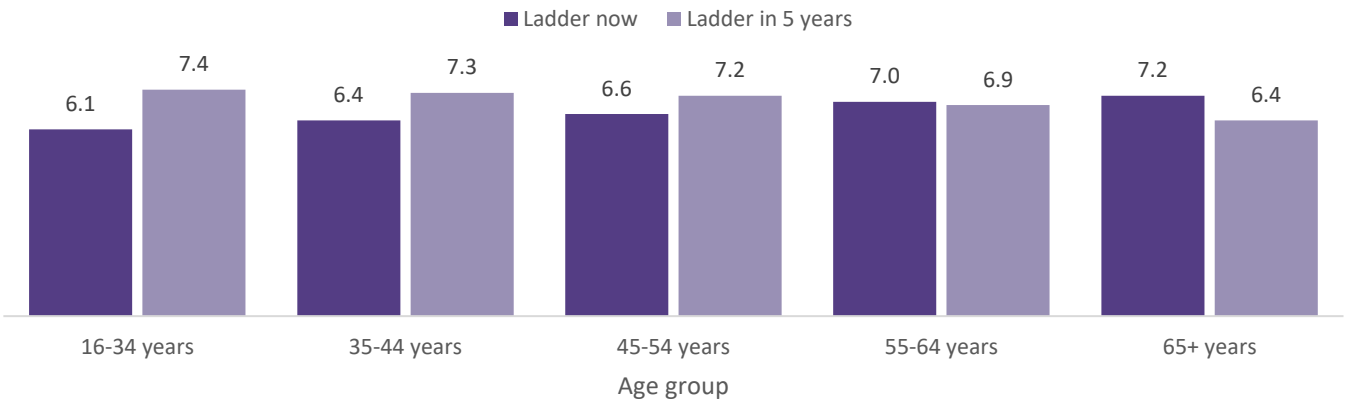
Overall self-assessment of life

Adults were asked to imagine a ladder, with steps numbered 0 at the bottom to 10 at the top. The top of the ladder represented the best possible life for themselves and the bottom of the ladder, the worst possible life for themselves. They were asked which step of the ladder they thought they were standing on now and which step they expected to be on in approximately five years' time.

Those aged between 16-54 expected to be higher up the life-ladder in five years' time than where they currently stood; however, adults aged 65 years and over generally expected to be on a lower step in five years. Adults aged 65 years and over also had the highest rating for their life currently.

The greatest difference over the five years was for adults aged 16 to 34 years who expected to be an average of 1.3 steps higher in five years' time. (Figure 7).

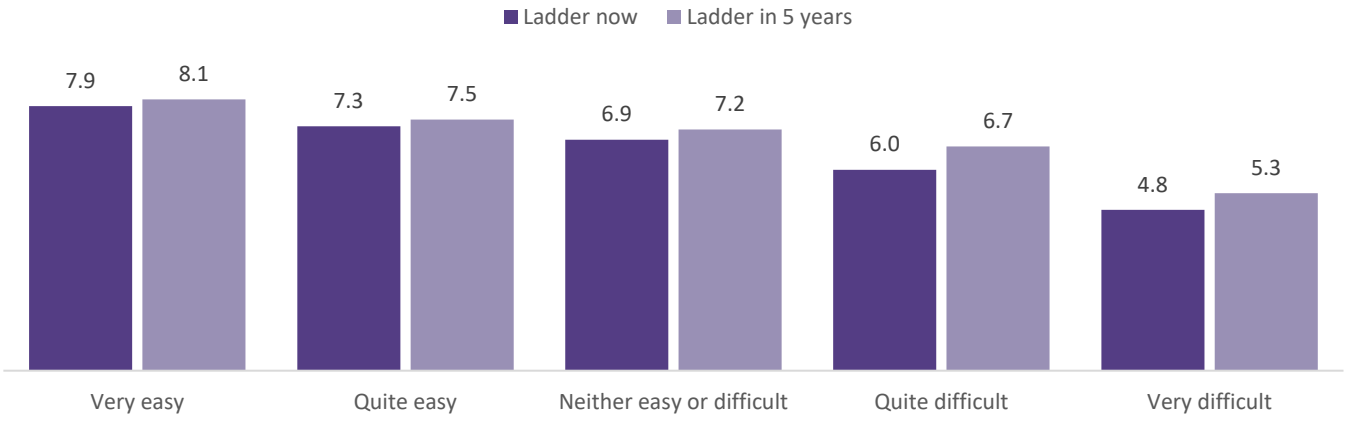
Figure 7. Average (mean) step of the ladder people felt they stood on now and five years in the future (2024)



Source: JOLS 2024

Adults who found it difficult to cope financially showed the largest increase between their current position on the life ladder and where they expect to be in five years. This suggests, that despite financial difficulties, many remain optimistic about their future (Figure 8).

Figure 8. Average (mean) step of the ladder people felt they stood on now and five years in the future, by ability to cope financially (2024)



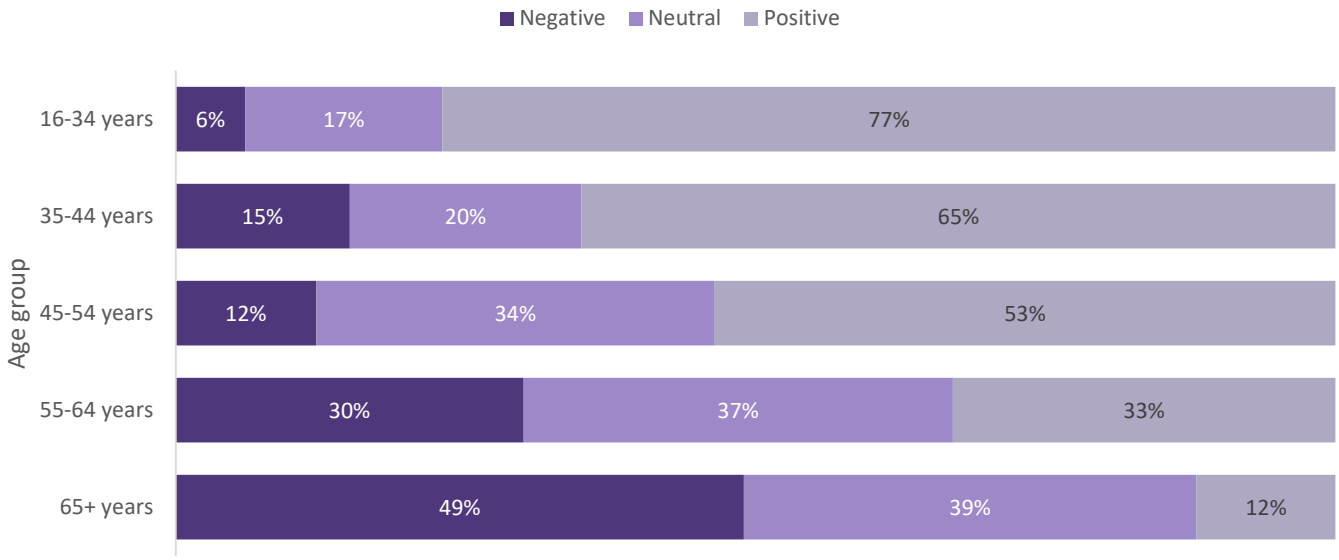
Source: JOLS 2024

The life ladders can also be assessed by exploring what proportion of adults had a negative difference between ladder scores (i.e. expected their life to get worse); a neutral difference (i.e. expected things to stay the same) or a positive difference (i.e. expected their life to get better).

Overall, around one in five (22%) adults had a negative difference in life ladder scores (i.e. expected their life to be worse in 5 years' time), while around half (49%) had a positive difference (i.e. expected their life to get better).

While more than three-quarters (77%) of 16- to 34-year-olds expected their life to be better in 5 years' time, only 12% of adults aged 65 and over had a positive difference in life ladder scores.

Figure 9. Difference in life ladder scores between now and five years' in the future (2024)



Source: JOLS 2024

Socialisation and Loneliness

The 2023 JOLS Survey[4] also asked people about how often they felt lonely, and how often they socialised face to face with people outside their own household.

Overall, in 2023, the majority (84%) of people socialised face to face with people outside of their household daily or weekly, ranging from 75% of those aged 45 – 55 years to 91% of those aged over 65 years (Figure 10a).

This represents, on average, an 11% increase compared to the last report in 2021. In 2021, Jersey was still under some Covid-19 lockdown measures, which may have contributed to the lower percentage that year.

Overall, 6% of people often felt lonely, which is lower than the 14% reported in 2021. The levels of loneliness were seen higher in younger age groups (Figure 10b).

[4] Jersey Opinions and Lifestyle Survey (JOLS)

Figure 10. Frequency of socialising face to face with people outside your household, by age and Frequency of feeling lonely, by age (JOLS 2023)

Source: JOLS 2023

Perceptions on Mental Health

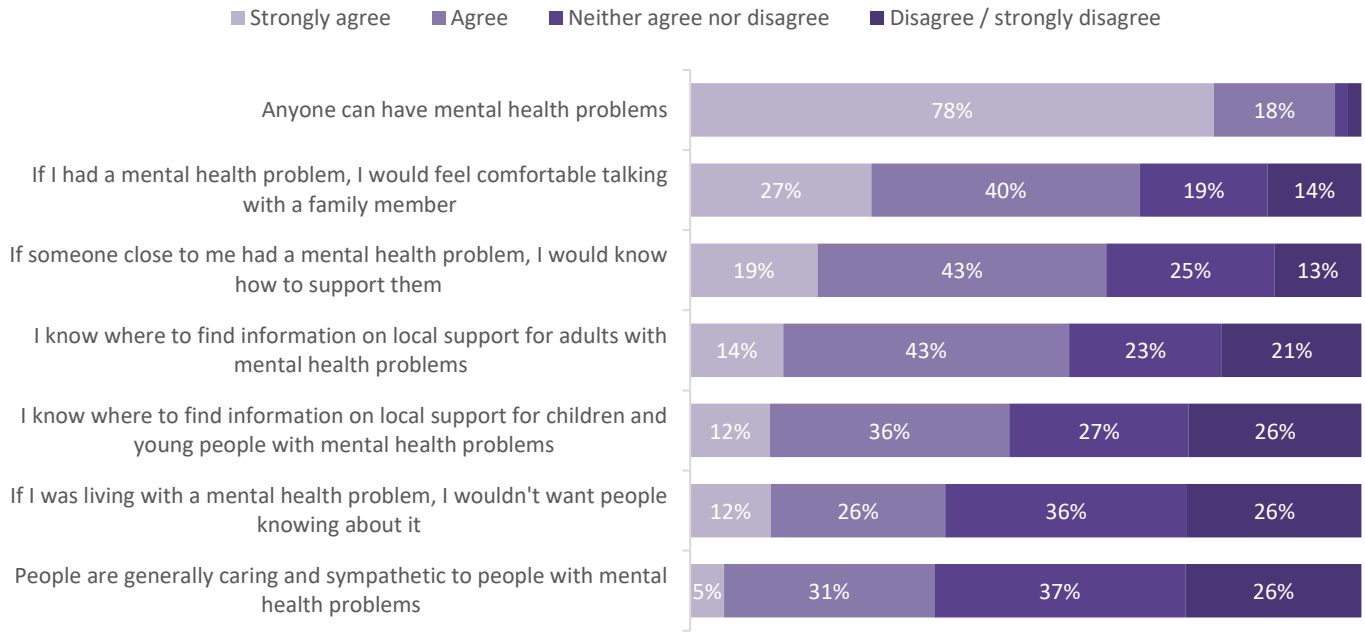
Almost all respondents to the JOLS 2024 Survey[5] (96%) agreed or strongly agreed that anyone can have mental health problems, but only one third (31%) agreed that people were generally caring and sympathetic towards people with mental health problems (Figure 11). Nearly two out of five (38%) of people agreed or strongly agreed that they wouldn't want people knowing about their mental health problem if they had one.

Just under half (43%) of people agreed that they knew where to find local information on mental health support for adults and around one third (36%) of people agreed that they knew where to find local information on mental health support for children and young people.

62% agreed or strongly agreed that if someone close to them had a mental health problem they'd know how to support them. 67% agreed they'd feel comfortable talking with a family member if they had a mental health problem, but around one in seven (14%) disagreed or strongly disagreed.

[5] Jersey Opinions and Lifestyle Survey (JOLS)

Figure 11. Responses to questions on perceptions of mental health and mental health support (JOLS 2024)



Source: JOLS 2024

The proportion of people agreeing with the perception statements in Figure 11 was generally similar between the HAWS 2021[6] and JOLS 2024 surveys, except that a higher proportion of people in 2024 agreed that they'd know how to support someone close to them with a mental health problem (62% in 2024 compared to 56% in 2021).

There was also a slight decrease in the proportion of people agreeing that people are generally caring and sympathetic towards those with mental health problems, with 36% in 2021 agreeing, compared to 31% in 2024.

Incapacity Allowance Claims for Mental Health

As with physical health problems, mental health problems can impact on people's ability to work. Data for short term incapacity allowance (STIA) claims includes a primary reason (or "ailment code") for absence from work. This reason is recorded by the individual's General Practitioner when the claim is submitted.

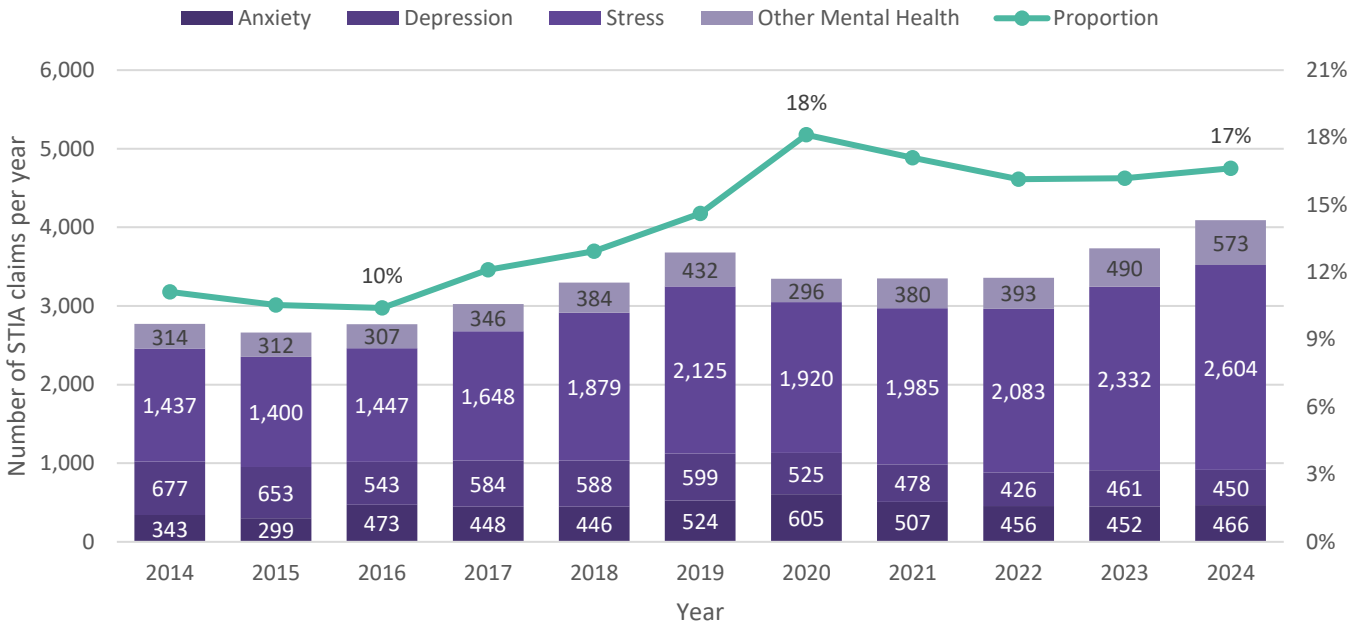
Based on Employment, Social Security and Housing (ESSH) data, for all claims that started in 2024,[7] mental health problems (such as stress, anxiety, depression, and others[8]) accounted for 17% of all STIA claims (Figure 12).

There has been an increase in the proportion of STIA claims that are mental health-related since 2016, when they accounted for 10% of claims.

This increase could be associated with rising awareness of mental illness, and perhaps a cultural shift; an increase in willingness to claim support for mental health problems as the stigma around mental health continues to diminish an awareness of the topic grows.

[6] Health, Activity and Wellbeing Survey 2021
[7] Note that ESSH Annual Report totals are based on claims *paid* in calendar year, and may differ to those presented here
[8] "other mental health" ailment codes include grief and bereavement, postnatal depression, and other mental illnesses.

Figure 12. The number and proportion of short-term incapacity allowance (STIA) claims annually that are primarily for mental health-related reasons (2014 to 2024)



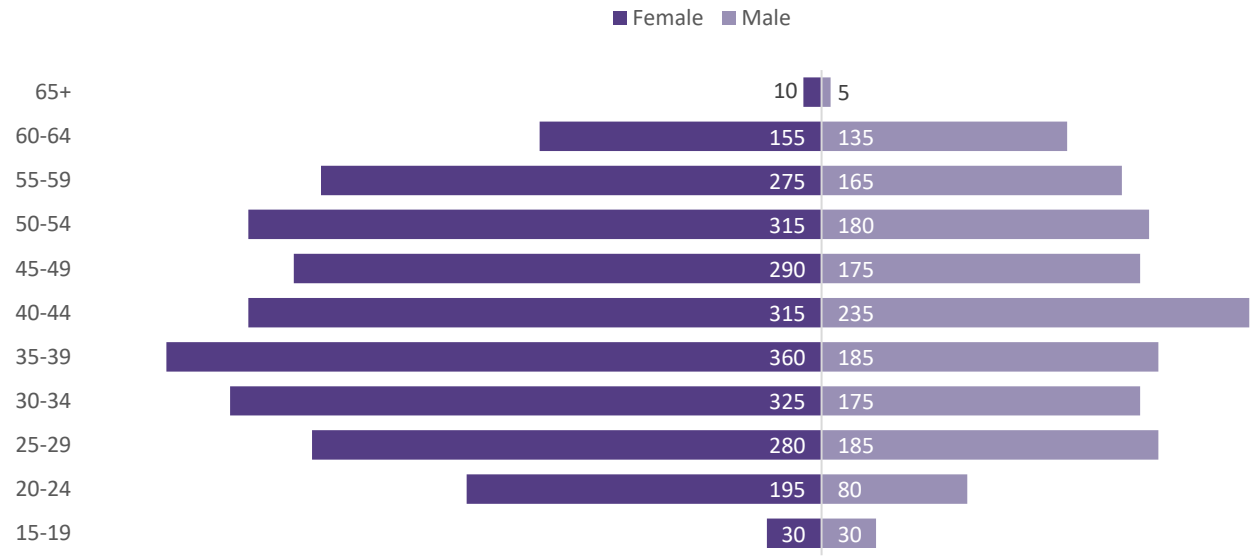
Source: Employment, Housing and Social Security (Data rounded to nearest 5)

The age and gender breakdown of mental health-related STIA claims in 2024 is shown in Figure 13. Overall, a higher number of females made mental health STIA claims than males.

The highest total number of claims occurred in the 35-39 age range, with females making the highest number of claims in that range, while males claims peaked in the 40-44 age range.

Please note that eligibility for STIA claims is dependent upon a person's social security contribution history, and that those in full-time education, long-term unemployment, or retired individuals will not be included.

Figure 13. Mental health related STIA claims, split by age group and gender (2024)



Source: Employment, Social Security and Housing (Data rounded to nearest 5)

Children's Population Mental Wellbeing

Data on the population level mental health and wellbeing of Jersey's children is captured as part of the Jersey Children and Young People's Survey[9], which takes place every 2 years. All pupils in Year 4, 6, 8, 10 and 12, including home-schooled pupils, are given the opportunity to take part in the survey during school time in the Autumn Term.

Enabling students to complete the questionnaire in school time ensured high response rates: 87% for years 4 and 8; 84% for years 6 and 10; and 78% for year 12. A total of 4,360 children took part.

Children's Wellbeing Scores

Secondary school age pupils were asked to rate the following out of 10:

- their life satisfaction
- their happiness
- to what extent they felt their life was worthwhile

Scores of 0-4 were considered low, 5-6 were considered medium, 7-8 were considered high and 9-10 were considered very high.

In the 2024 childrens survey, most pupils scored medium, high or very high for life satisfaction, feeling worthwhile and for happiness, with the average score being 6.6, 6.5 and 6.5 out of 10 respectively (Figure 14).

There were differences between age groups and gender groups, however, with females in Years 10 and 12 being most likely to score low on these wellbeing measures. For example, around 1 in 3 (37%) of Year 12 females scored low for happiness, compared to 1 in 6 (17%) males of the same age.

Pupils were also asked how anxious they felt yesterday out of 10. Scores of 0-1 were considered very low, 2-3 were low, 4-5 were medium and 6-10 were considered high.

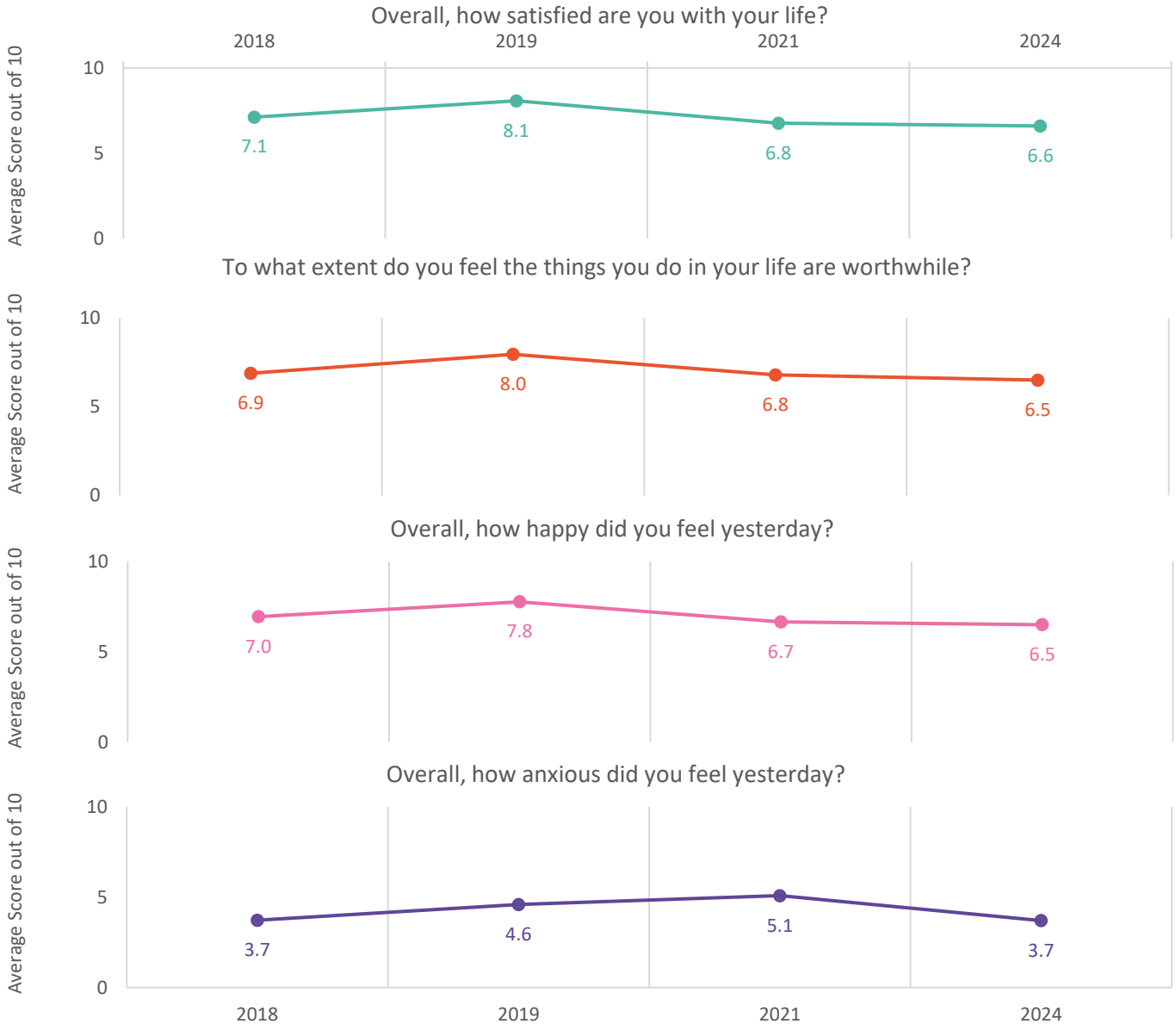
In the 2024 childrens survey, the average score for anxiety was 3.7 out of 10 overall. The proportion of pupils scoring high for anxiety ranged from 15% of Year 10 males to 43% for Year 12 females.

When looking at responses to the wellbeing questions over time (Figure 14), average scores for life satisfaction, feeling worthwhile and happiness, have remained similar between surveys in 2018 and 2024.

Average anxiety scores have shown fluctuations since 2018, with a notable increase between 2018 and 2021. However, the 2024 survey results were consistent with those of 2018, both showing a score of 3.7 out of 10. Anxiety scores have decreased in all age groups, but particularly amongst Year 12 females.

[9] Jersey Children and Young Peoples Survey

Figure 14. Happiness, life satisfaction, feeling worthwhile, and anxiety scores (2018 to 2024)



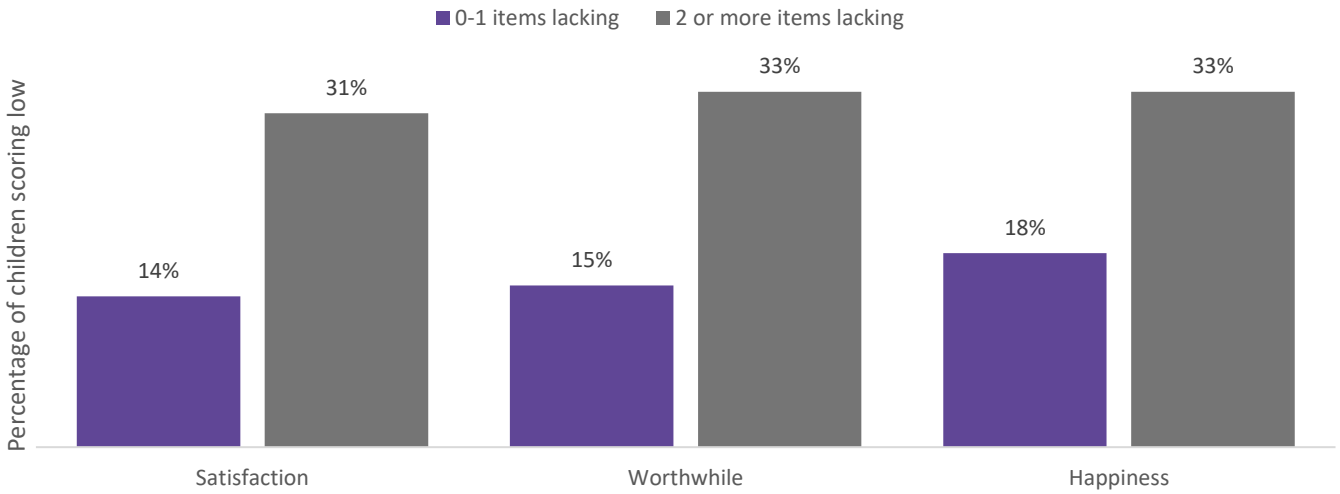
Source: Jersey Children and Young People's survey 2024. Data provided by Statistics Jersey

Material deprivation of children was also assessed in the survey by asking if the young people lacked any of 10 belongings/experiences that are considered necessary for a "normal kind of life".

This includes a garden or nearby park to play in, the right kind of clothes to fit in with peers and money you can save each month, for example.

The survey showed that those who lacked 2 or more of these necessary items were more likely to score low for life satisfaction, feeling worthwhile and happiness than those who lacked 0-1 items (Figure 15), highlighting the impact material deprivation has on children's mental wellbeing.

Figure 15. Proportion of children scoring low for life satisfaction, feeling worthwhile and happiness, split by whether they were lacking typical items



Source: Jersey Children and Young People's survey 2024. Data provided by Statistics Jersey

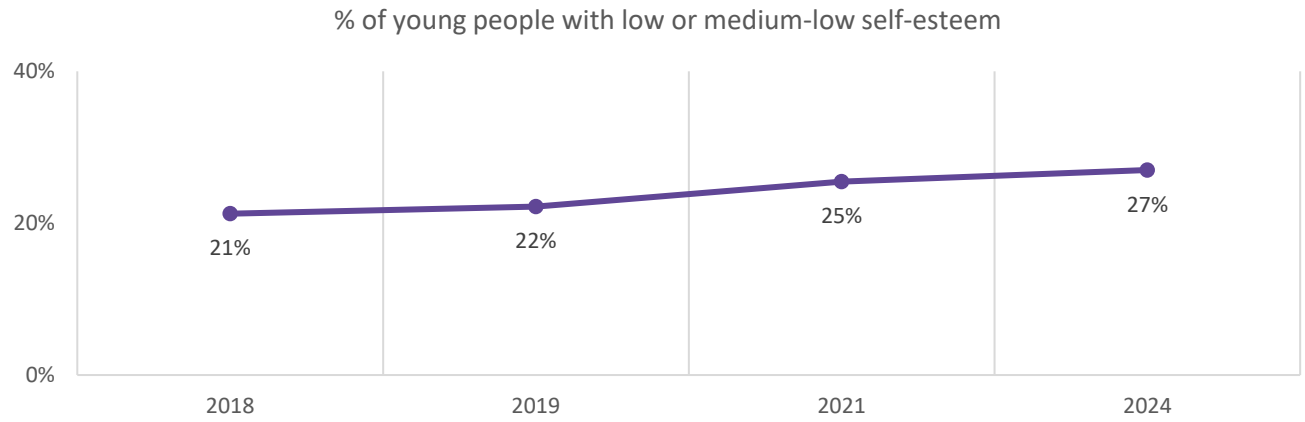
Children's Self Esteem and Worries

Pupils were also asked a set of nine standard[10] questions concerning social confidence and relationships with friends. The responses were scored to give an overall self-esteem score.

Overall, three quarters (74%) of pupils had medium high or high self-esteem. Young people in fee paying schools (41%) were more likely to have high self-esteem than those in non-fee paying schools (32%).

Those who specified a gender other than 'male' or 'female', or who did not wish to specify a gender, had lower levels of self-esteem than those who specified male or female. The proportion of pupils with low or medium-low self-esteem has shown a gradual increase over the years, rising from 21% in 2018 to 27% in 2024 (Figure 16).

Figure 16. Percentage of pupils with low or medium low self-esteem between (2018 to 2024)



Source: Jersey Children and Young People's survey 2024. Data provided by Statistics Jersey

[10] Lawrence, 1981 The Development of a Self-esteem Questionnaire

Young people who smoked occasionally or regularly were more likely to report low self-esteem, reduced happiness, and high anxiety.

The survey also presented young people with a series of issues that might be the subject of worry. They were asked how frequently they worried about each issue (never, rarely, sometimes, often, most days).

- for primary school students, the top four worries they reported worrying about 'often' or 'most days' were school tests (26%), schoolwork (24%), what people think of you (22%) and friendships (19%)
- females worried more than males for all worries apart from school work for which males worried slightly more
- for secondary school students, the top four worries they reported worrying about 'often' or 'most days' were workload (46%), school tests (45%), what people thought of them (39%) and the way they look (36%)
- over half (53%) of females worried often or every day about what people thought of them compared to less than a quarter (23%) of males
- two-fifths (38%) of females worried about the amount they ate, compared to 15% of males

Self-harm Amongst Children

In the 2024 Children and Young People's survey, pupils in Years 10 and 12 were asked questions about self-harm.

The survey found:

- overall, nearly one in four (22%) young people in years 10 and 12 had thoughts of self-harm in the last 12 months, whilst 14% report having self-harmed in the last 12 months
- young people who chose not to specify their gender or specified a gender other than male or female were more likely to have thought about self-harm or to have self-harmed in the last 12 months
- half (50%) of young people in years 10 and 12, who reported their health as bad or very bad, had thought about self-harm in the last 12 months, compared to around one in six (16%) whose health was good or very good
- young people bullied in the last 12 months were more than twice as likely to self-harm, with 27% doing so compared to 11% of those who had not been bullied

The proportion of young people who have self-harmed in the last 12 months has decreased since the last survey (2021).

Bullying Amongst Children

Bullying can have a significant impact on a child's mental health. It can lead to feelings of anxiety, depression, low self-esteem, and isolation. The constant stress from bullying can affect their emotional wellbeing, disrupt their social development, and even contribute to long-term mental health issues, such as self-harm. Early intervention and support are crucial to help mitigate these effects.

In the 2024 Children and Young People's survey, pupils were asked questions about bullying.

The survey found:

- year 4 students had the highest reported level of bullying in the last 12 months
- around one in four children in years 4, 6 and 8 reported having been bullied at or near school in the previous 12 months
- a lower proportion of year 10 and 12s (19% and 13% respectively) reported having been bullied at or near school in the previous 12 months

- around a third of those reporting low levels of feeling satisfied (36%), feeling worthwhile (32%) and feeling happy (35%) experienced bullying in the last twelve months, compared to around one in ten of those with very high levels of satisfaction (12%), feeling worthwhile (14%) and happiness (12%)
- a higher percentage of females (38%) than males (26%) reported feeling worried about going to school at least sometimes because of bullying

The Children and Young People Emotional Wellbeing and Mental Health Strategy 2022 to 2025

Over recent years the Government has been working to improve services to support children and young people's emotional wellbeing and mental health and has published the Children and Young People Emotional Wellbeing and Mental Health Strategy 2022 to 2025.[11] The strategy set out a number of actions to drive change over the past 4 years and detailed the metrics that were used to measure its success.

The Child and Adolescent Mental Health Service (CAMHS) Annual Report[12] 2024 is the third publication of its kind, highlighting the service's key developments, achievements, and performance.

In total, CAMHS received 1,145 referrals in 2024, including 934 new referrals. A further 211 referrals were for individuals already open to CAMHS. This may have been the result of presentations at hospital, or requests for additional assessments, such as neurodevelopmental evaluations. The service had a referral acceptance rate of 80% in 2024, slightly above the UK average of 78%, according to the latest NHS benchmarking data.

The CAMHS target for the completion of routine referrals is 36 days from the date the referral was received. Despite the significant volume of referrals, initial assessments of routine referrals were completed on average in 2024 in 31 days. Of neurodevelopmental diagnostic assessments completed in 2024, the average waiting time from referral to assessment was nearly 13 months.

Better Life Index

The Jersey Better Life Index[13] is published by Statistics Jersey and aims to provide a measure of the Island's "wellbeing". The framework developed by the Organisation for Economic Co-operation and Development (OECD) draws on social and environmental, as well as economic, factors to assess a nation's wellbeing and progress, rather than purely economic measures, such as GDP.

In 2023, Jersey had an overall Better Life Index score of 6.4 (out of 10), ranking 26th out of 41 nations, which placed it below the OECD average, the United Kingdom and France.

Jersey ranked highly for jobs and earnings, community, and personal safety, but ranked bottom for civic engagement and low for work-life balance and housing (32nd and 28th respectively out of 41 nations).

The results of the Better Life Index show that whilst Jersey is a safe and community-centred place to live, the wellbeing of our population may suffer due to the higher average cost of housing, the higher proportion of people working long hours, and civic disengagement.

[11] The Children and Young People Emotional Wellbeing and Mental Health Strategy 2022 to 2025

[12] Children and Adolescent Mental Health Service (CAMHS) Annual Report

[13] Jersey's Better Life Index.

Mental Healthcare

Primary Care Mental Health Register

A register of people with certain mental health conditions is maintained by GP's (General Practitioners) as part of the Jersey Quality Improvement Framework (JQIF). This register includes those who are coded by GP's with schizophrenia, bipolar disorder and other psychoses and other patients on lithium therapy, and who are considered "active" at the time.[14]

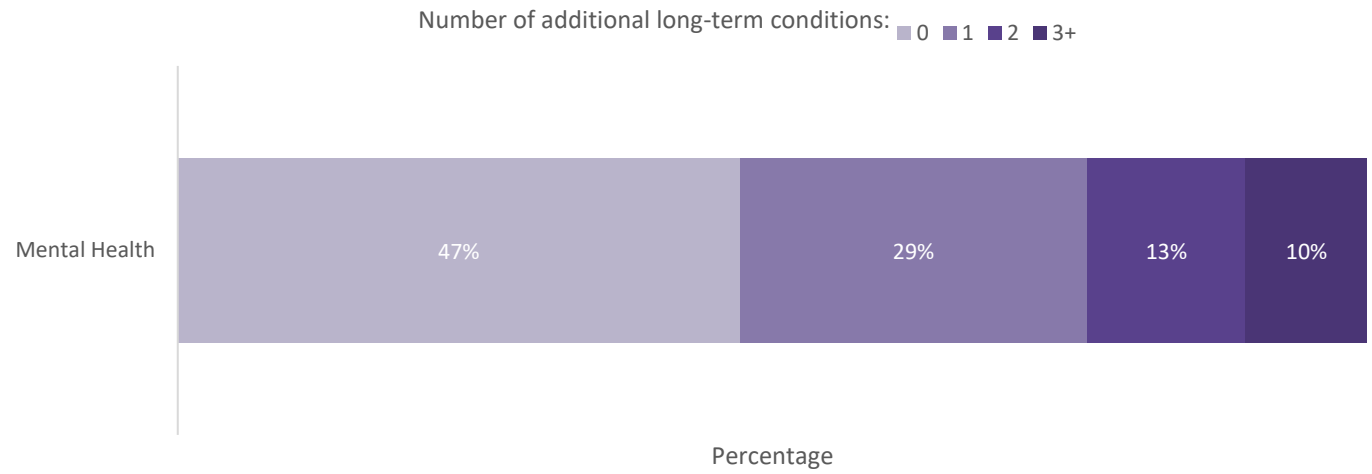
Note that the mental health register definition does not include milder and more common mental health problems such as depression, stress and anxiety.

As at year end 2024:

- there were 880 people on the mental health register, around 1% of Jersey's population[15]
- the prevalence in Jersey was comparable to data published in the Quality and Outcomes Framework (QOF) in England[16] for the time period 2023-2024, where England also reported 1% prevalence

The average age of patients on the register was 52, but those on the register ranged in age between 17 and 95 years old. Just under half of those on the mental health register were living with at least one additional long-term condition.[17]

Figure 17. Patients on the mental health JQIF register with 0, 1, 2 or 3+ additional long-term conditions, as at year end 2024. Data sourced from the GP administrative system (EMIS)



Source: JQIF register

[14] Active patients were those who'd had a consultation within the previous five years, or who had registered with a GP surgery in the previous six months
[15] see Notes section for information on the population denominators used
[16] Quality and Outcomes Framework, 2023-24 - NHS England Digital
[17] Long term conditions as defined in the JQIF – further details available in Multi-Morbidity 2024 Report

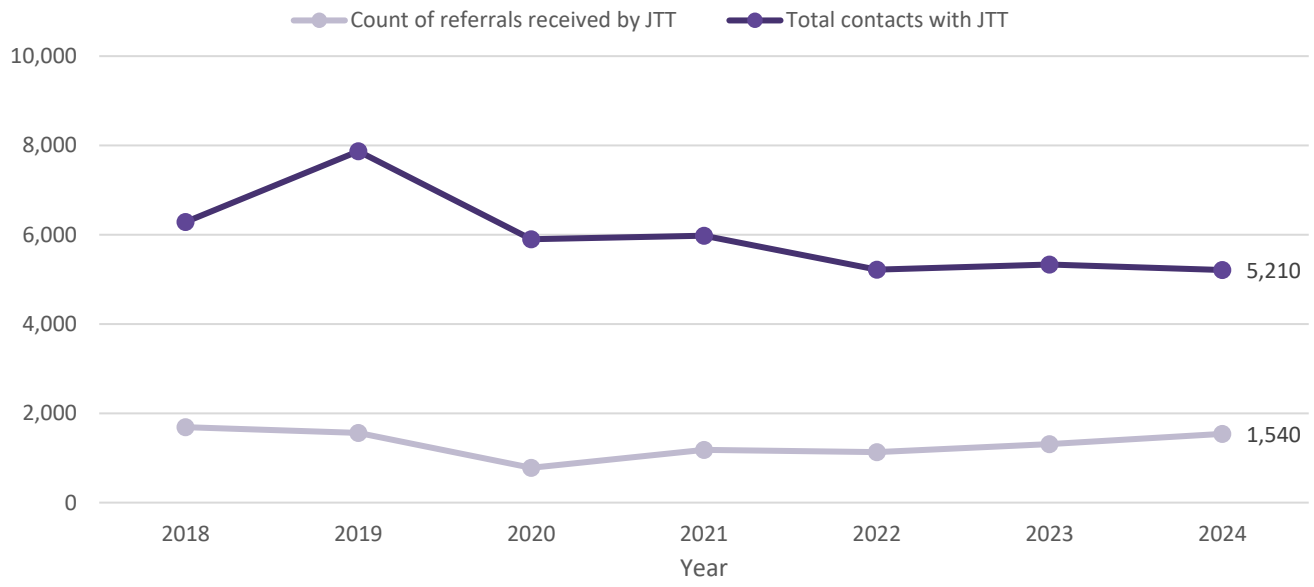
Adult Care for Mental Health

Jersey Talking Therapies

Jersey Talking Therapies[18] (JTT) provides confidential psychological interventions for resident adults in the community (aged 18 or over). The team comprises of psychological therapists, wellbeing practitioners and counsellors, and offers support for low mood, anxiety, stress and more. Patients can self-refer to JTT or be signposted to the service by other healthcare professionals.

In 2024, there were around 1,540 referrals to JTT, and around 5,210 contacts with the service in total over the year (Figure 18).

Figure 18. Annual referrals and total contacts with Jersey Talking Therapies (JTT) between (2018 to 2024)



Source: JTT & PATS electronic client record system, provided by HCJ Informatics

Emergency Department Attendances

Patients attending the emergency department (ED) are assigned a diagnosis category,[19] including categories for mental health related problems.

In 2024:

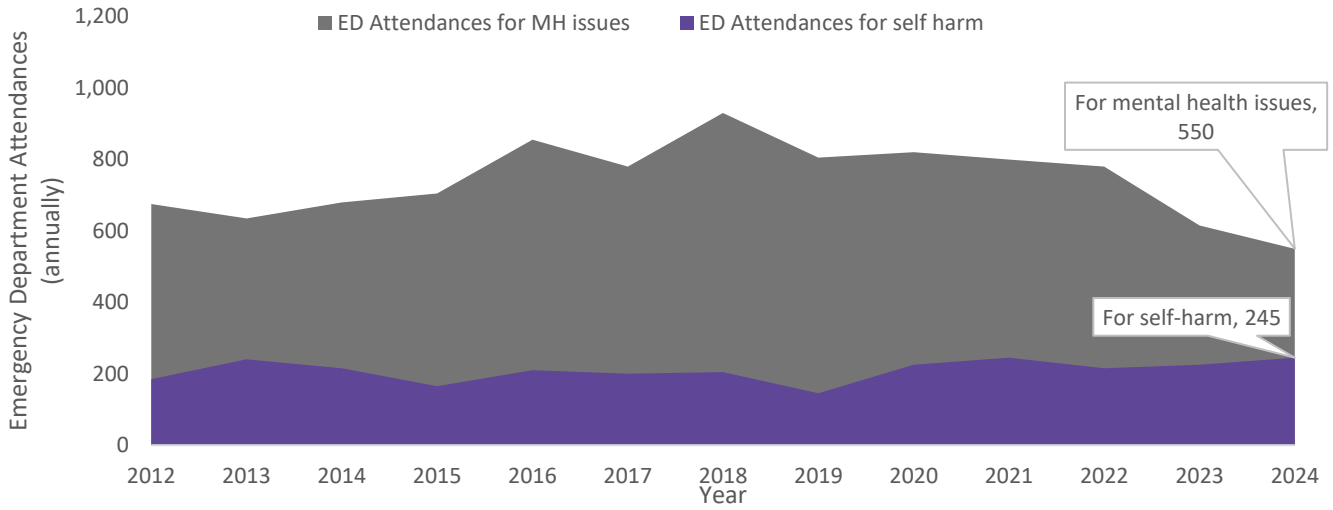
- there were 550 ED attendances for mental health-related problems[20]
- 245 of these ED attendances were related to self-harm

In 2018, Jersey saw its highest emergency department attendance for mental health issues, reaching 930 attendances. Since then, the numbers have been on a general decline, reaching 550 in 2024.

Emergency department attendances for self-harm in Jersey have shown a fluctuating trend over the past decade. After peaking at 240 in 2013, attendances dipped to a low of 145 in 2019. Since then, numbers have steadily increased, reaching 245 in both 2021 and 2024, the highest levels recorded in this period.

[18] gove.je Jersey Talking Therapies
[19] Note that this ED diagnosis category is not coded according to an official clinical system, and as such may be subjective
[20] Diagnosis categories include psychiatric, attempted suicide or deliberate self-harm

Figure 19. Emergency department (ED) attendances for mental health issues, and the number of which were self-harm related (2012 to 2024)



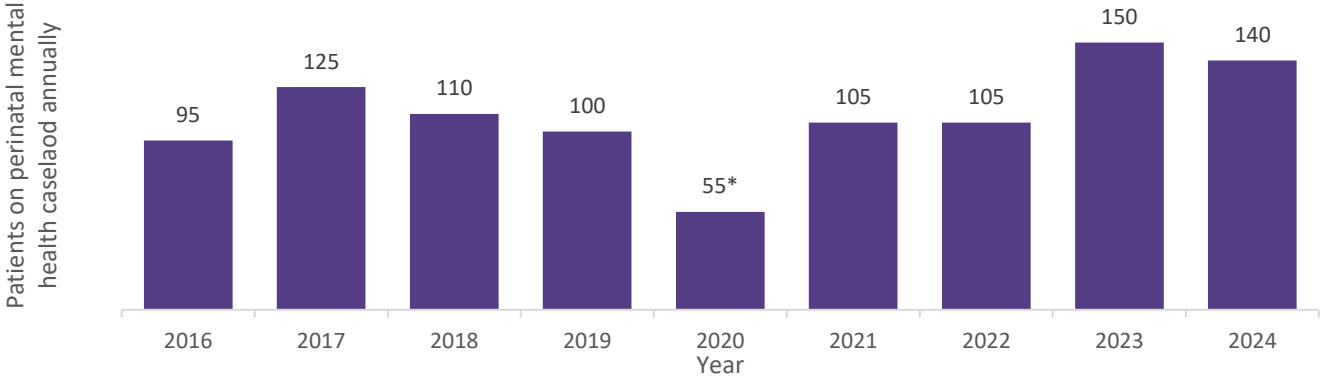
Source: Hospital administrative system, provided by HCJ Informatics. Numbers rounded to the nearest 5

Perinatal Mental Health

Perinatal mental health (PMH) problems are those which occur during pregnancy or in the first year following the birth of a child and cover a wide range of conditions.[21] Specialist PMH services provide care and treatment for women with mental health needs and support the developing relationship between parent and baby. In Jersey, the Perinatal Mental Health Team are trained professionals who provide support before, during and after pregnancy.

The number of unique patients* on the Perinatal Mental Health team caseload per year is shown in Figure 20. The average number of patients on the perinatal mental health caseload per year is 110.

Figure 20. The number of unique patients on the perinatal mental health caseload per year in Jersey. Data provided by HCJ Informatics (2016-2024)



Source: HCJ Informatics. Numbers rounded to the nearest 5

**In 2020, disruptions associated with the COVID-19 pandemic may have had an impact on the overall caseload recorded on the system*

[21] nhs.uk Perinatal Mental Health

In England, the Office of Health Improvement and Disparities (part of the Department of Health and Social Care) has produced prevalence estimates for perinatal mental health (PMH) conditions. The main findings show that for females in England that had a birth event in 2019, the estimated prevalence of PMH conditions was 25.8%. This estimate is derived from an analysis of primary care records from the Clinical Practice Research Datalink (CPRD). A cohort of 128,070 females aged 15 to 55 years with a birth outcome during 2016 in England were extracted from CRPD and formed the basis for these estimates.[22]

At present no regular indicator is published by public health authorities in the UK for direct comparison.[23] However, as an approximate benchmark, comparing the number of clients on the perinatal mental health pathway in Jersey between 2016 and 2024 with the number of Jersey births[24] suggests around 12% (or 125 per 1,000 maternities) received mental health support.

Data on Prescribing

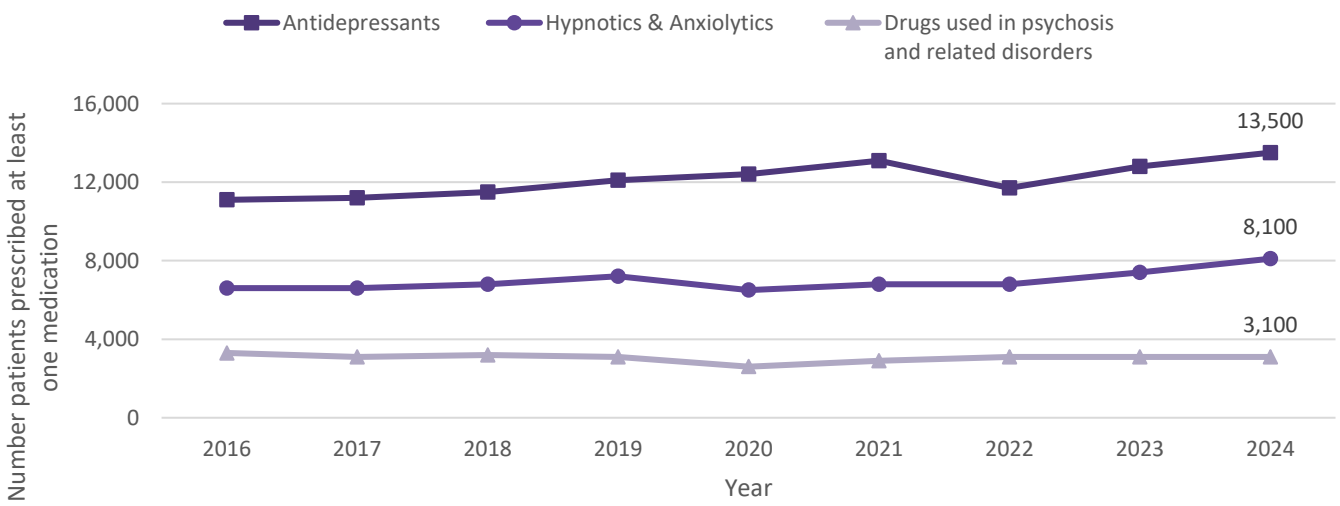
This section reports on the number of identified patients that have received prescribing for medicines used to improve mental health. Three of the main categories of medicines for the treatment of mental health problems are:

- antidepressants (to treat major depression)[25]
- hypnotics & Anxiolytics (used to treat insomnia and anxiety)
- drugs used in psychosis and related disorders (to treat psychoses and related disorders)

Please note that the medicines are classified according to their main original licensed use. However, some drugs are used for reasons other than their original licensed indication,[29] and the prescription data presented cannot be disaggregated by reason for prescription. This prescription data should therefore be considered indicative only.

- the number of patients prescribed at least one antidepressant item has risen by 22% over the past 9 years
- the number of patients prescribed at least one hypnotics, and anxiolytic item has risen by 23% over the past 9 years
- the number of patients prescribed an antipsychotic has fallen by 6% over the past 9 years

Figure 21. Number of patients prescribed at least one item from the three drug groups (2016 to 2024)



Source: Data sourced from the General Practitioner Central Server (GPCS), EMIS. Numbers rounded to the nearest 100

[22] Estimated prevalence of perinatal mental health conditions in England, 2016 and 2019
[23] fingertips.phe.org.uk/perinatal-mental-health
[24] Births and Breastfeeding Profile 2023
[25] antidepressant drugs can be used for indications other than depression (e.g. migraine, chronic pain & ME)

In England, NHS data shows that in 2022, 15% of the population in England received, and had dispensed, one or more anti-depressant prescriptions.[26] This compares to around 13% of the Jersey population being prescribed an antidepressant medication in 2024.[27]

Prescribing rates for hypnotics and anxiolytics were notably higher in Jersey, at 8%, compared to 3% in England. Drugs used in psychoses and related disorders had remained similar since the last report in 2021.

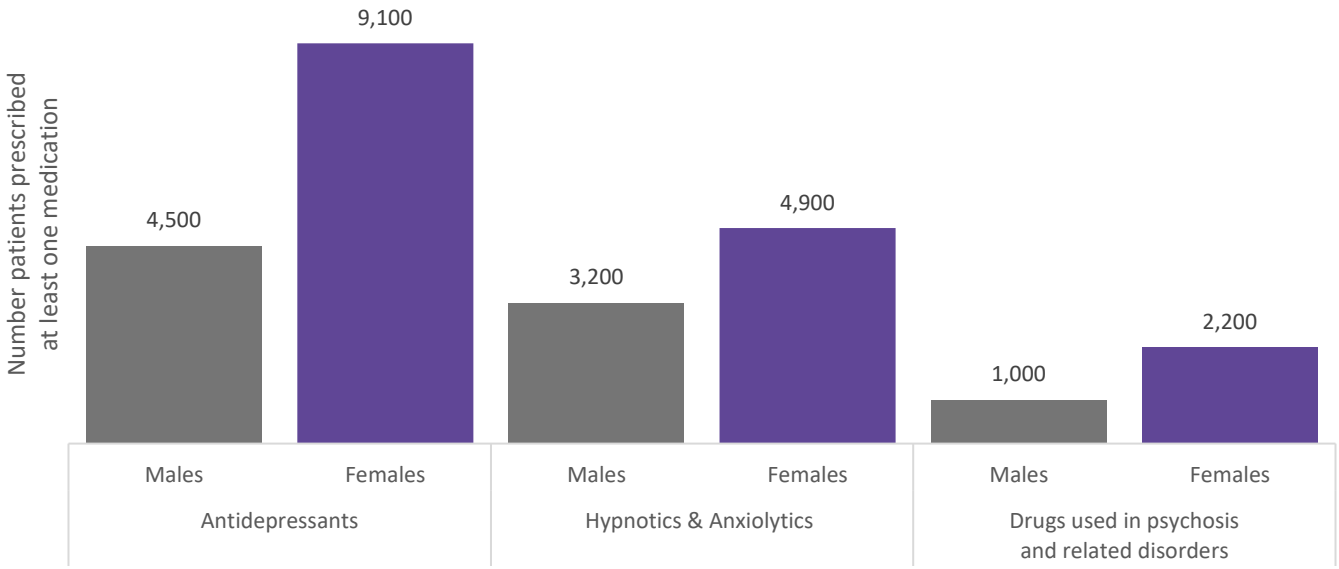
Table 1: Proportion of population prescribed at least one item from the three drug groups (Jersey 2024, England 2022)

Medicines used in Mental Health	*% Population Jersey (2024)*	*% Population England (2022)*
Antidepressant drugs	13%	15%
Hypnotics and anxiolytics	8%	3%
Drugs used in psychoses and related disorders	3%	1%

Source: General Practitioner Central Server (GPCS), EMIS

Figure 22 shows that more medicines were prescribed to females than males across the three drug groups considered.

Figure 22. Number of patients prescribed at least one item from the three drug groups, split by gender (2024)



Source: Data sourced from the General Practitioner Central Server (GPCS), EMIS. Numbers rounded to the nearest 100.

[26] Medicines Used in Mental Health – England – 2015/16 to 2022/23 | NHSBSA
[27] see Notes section for information on the population denominators used

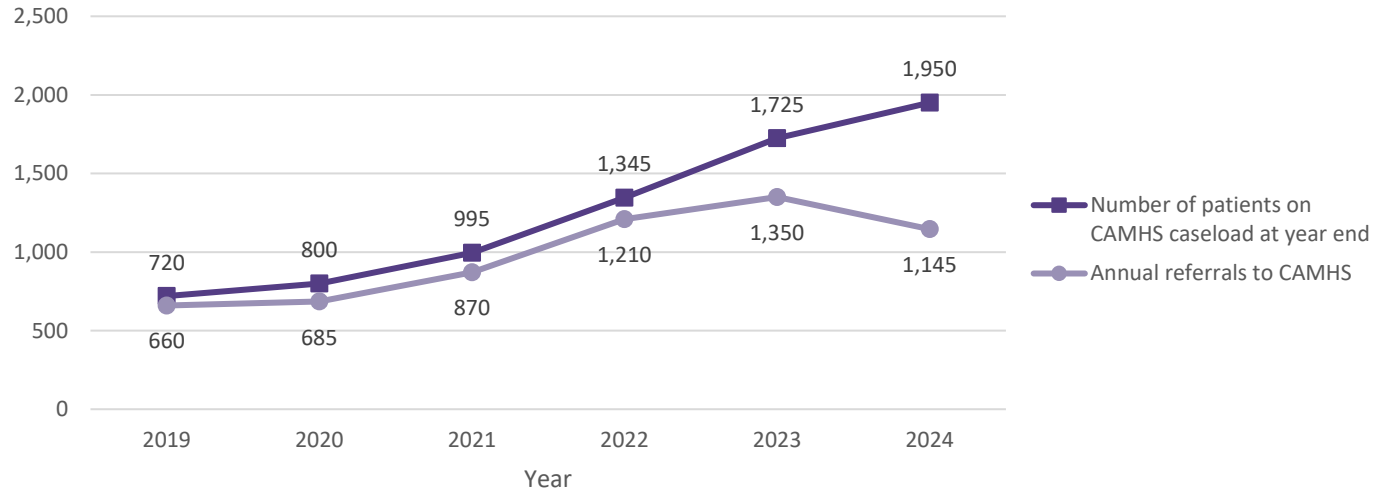
Child and Adolescent Mental Health Services

Referrals and Caseload

In Jersey, the child and adolescent mental health services (CAMHS) is a government body that provides mental health assessments and therapies for children and young people (up to their 18th birthday). The CAMHS service accept referrals from GP's, paediatricians, school councillors and others who work with children and young people. Children and young people can be referred for any mental health concern, including for assessment of ADHD or autism.

The number of annual CAMHS referrals over the last six years is shown in Figure 23, alongside the number of patients on the CAMHS caseload at year end. Demand for CAMHS services has increased over recent years.

Figure 23. The number of annual CAMHS referrals and the number of patients on the CAMHS caseload at year end (2019 to 2024). Data provided by CYPES. Numbers rounded to the nearest 5



Source: CYPES

Mental Health Online Support – "Kooth"

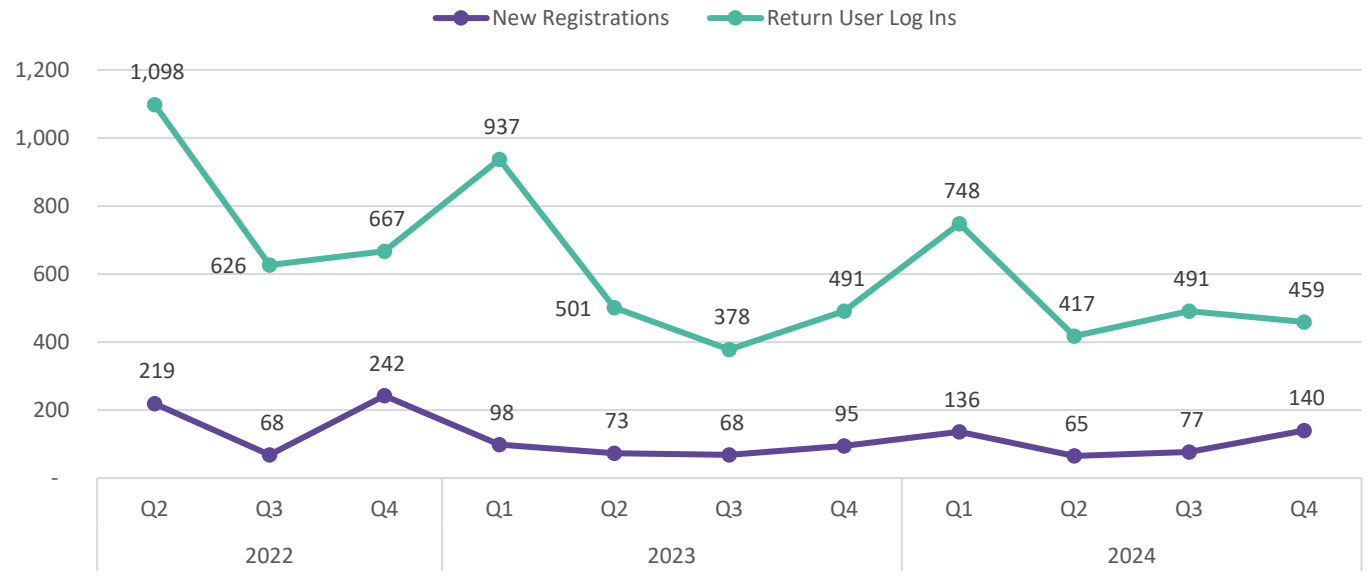
The Government of Jersey commissioned Kooth (a digital service accredited by the British Association for Counselling and Psychotherapy) to provide young people in Jersey with free, safe and anonymous online mental health and wellbeing advice and support. The scheme is open to all Islanders aged between 10 and 17 and overseas Jersey students, on or off Island, without the need for a referral, and has been running since November 2020.

Due to recent changes, the Kooth data is no longer reported in the same format as it was from November 2020 to May 2022. As a result, the data can no longer be presented in the same way. For data covering this period, please refer to the Mental Health Profile 2021.[28]

As of the end of December 2024, the digital service had over 1,000 cumulative new registrations and an average of 620 returning users per quarter (Figure 24).

[28] Mental Health Profile 2021

Figure 24. Quarterly number of new registrations of young people using the "Kooth" digital service (2022 to 2024)



Source: Data provided by CYPES

Suicide

Deaths by suicide

Suicide and self-harm are not mental health disorders in themselves, but they are linked to mental distress. Suicide is a very complex and sensitive issue, with many factors combining to push someone to take such drastic action.

- in 2022, there were 11 suicides registered in Jersey[29]
- during the three-year period 2020 to 2022, the age-standardised mortality rate (ASMR) for suicide in Jersey was 7.1 deaths per 100,000 people. For comparison in England the ASMR for suicide over the same period was 10.3 per 100,000[30]

Between 2007 to 2022:

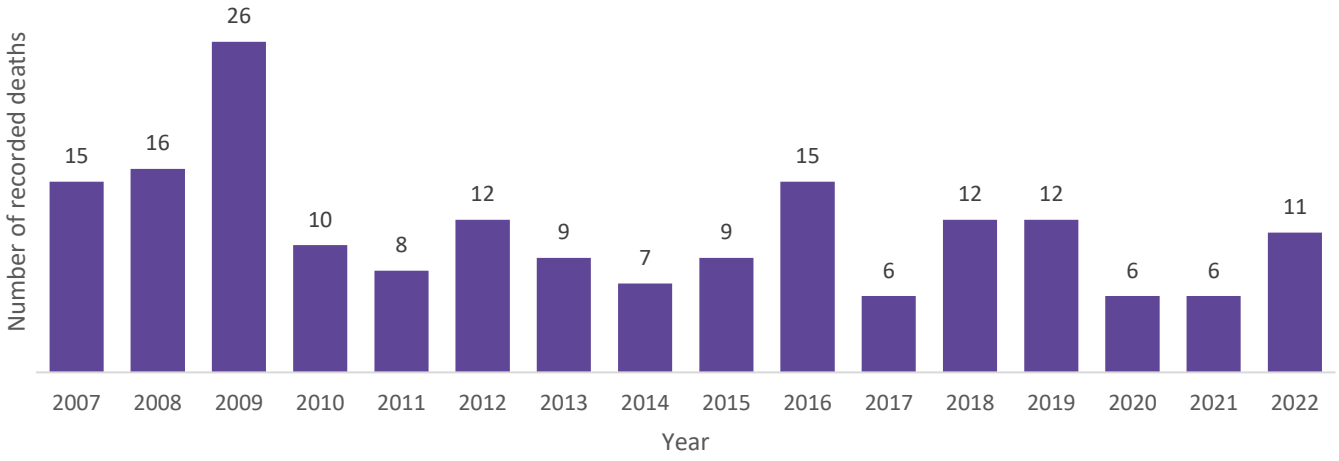
- whilst there have been some variations in the number of suicides in Jersey between 2010 and 2022, the numbers recorded annually have remained statistically similar
- in Jersey seven in ten suicides involved men (71%), meaning men were 2.5 times as likely to have taken their own lives as women; for comparison, around three-quarters of registered suicide deaths in England in 2022 were for men[31] (74%)
- people aged 40 to 49 had the highest incidence of suicide in Jersey, one in four of all suicides (26%) were of people in this age group; a similar trend was observed in England, where people aged 45 to 54 had the highest incidence of suicide

[29] In Jersey, all deaths by suicide are certified by a coroner and cannot be registered until an inquest is completed. This results in a delay between the date the death occurred and the date of registration. There are a small number of 2022 deaths waiting on an inquest verdict and clinical coding, so the figure for 2022 may be updated when new information becomes available. Similarly, data for 2023 cannot be provided due to a number of outstanding inquests.

[30] Fingertips | Department of Health and Social Care

[31] Suicides in England and Wales - Office for National Statistics

Figure 25. The number of suicides and injury/ poisoning by undetermined intent (2007 to 2022)



Source: Public Health mortality database

Dementia

Dementia is not a mental health disease in itself, but is a collection of symptoms that result from damage to the brain caused by different diseases, such as Alzheimer's.[32] Whilst it may not be considered a typical mental illness, the disease affects memory and mental functioning (including psychological and emotional functions). As such is sometimes considered a mental health condition.

Dementia Register

A register of people with dementia is maintained by GP's (General Practitioners) as part of the Jersey Quality Improvement Framework (JQIF). This register includes those who are considered "active" at the time.[33]

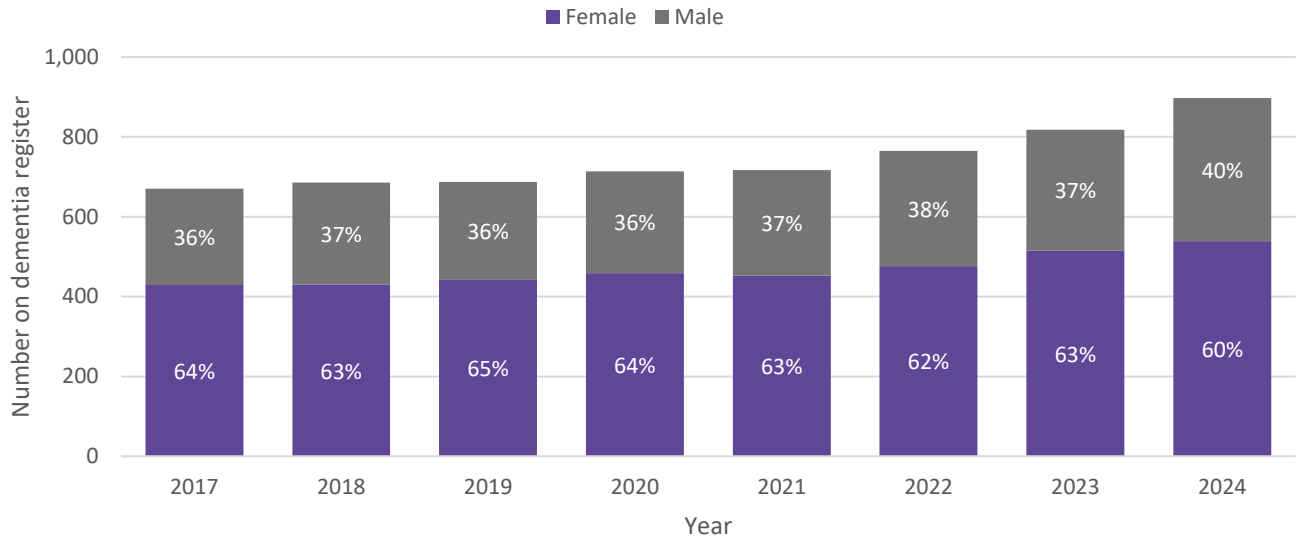
As at year end 2024:

- there were 840 people on the dementia register, under 1% of Jersey's population[34]
- the prevalence in Jersey was comparable to data published in the Quality and Outcomes Framework (QOF) in England[35] for the time period 2023-2024, where England also reported just under 1% prevalence
- the average age of patients on the register was 82.[36]

A higher proportion of patients on the dementia register were female (60%) compared to male (40%), and this is likely to be due to the older age profile of the condition, as there are more females than males overall in older age groups.

[32] https://www.nhs.uk/conditions/dementia/symptoms/
[33] Active patients were those who'd had a consultation within the previous five years, or who had registered with a GP surgery in the previous six months
[34] see Notes section for information on the population denominators used
[35] Quality and Outcomes Framework, 2023-24 - NHS England Digital
[36] Long term conditions as defined in the JQIF – further details available in Multi-Morbidity 2024 Report

Figure 26. Patients on the dementia JQIF register split by gender (2017 to 2024)



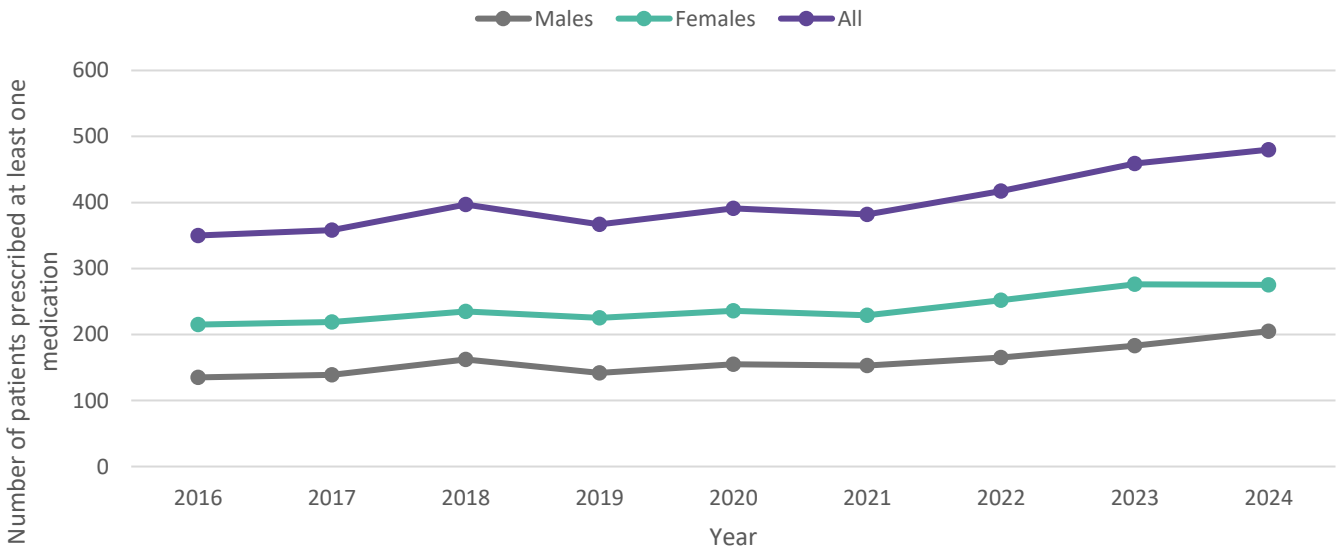
Source: JQIF register

Prescriptions for dementia medications

Data is also held on the number of patients being prescribed drugs used in treatment of dementia:

- in 2024, 480 individuals overall were prescribed dementia medications in Jersey
- the number of patients prescribed dementia medication has risen by 37% since 2016. There has been an 18% increase since our last report in 2021
- in England 0.5% of the population were prescribed dementia medication in 2022,[37] a similar proportion to that seen in Jersey in 2024 (around 0.5%)

Figure 27. Number of patients prescribed at least one item for Dementia and Alzheimer's (2016 to 2024)



Source: Data sourced from the General Practitioner Central Server (GPCS), EMIS

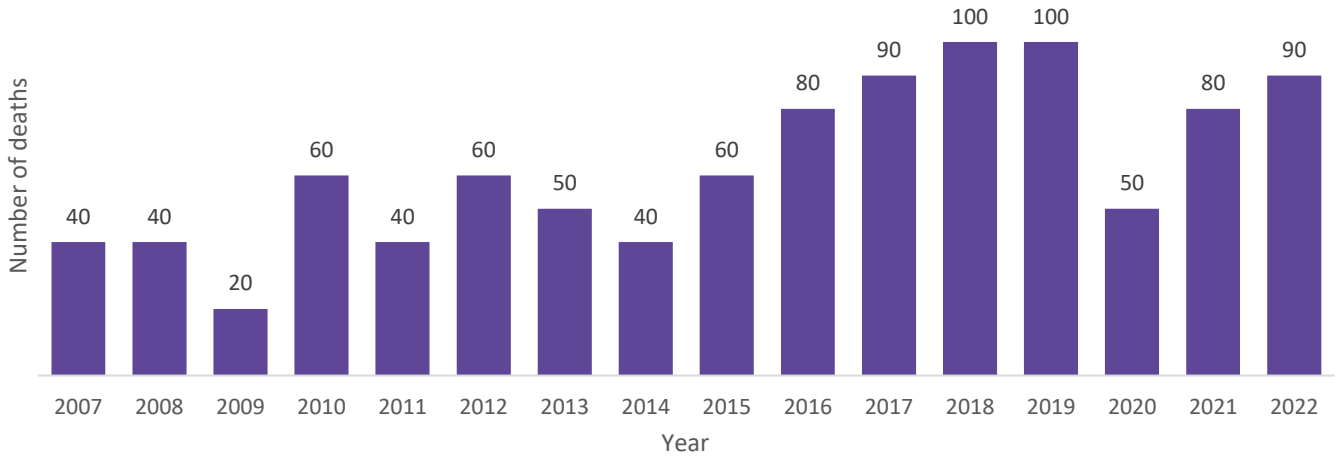
[37] Medicines Used in Mental Health – England – 2015/16 to 2020/21 | NHSBSA

Mortality with underlying cause: Dementia and Alzheimer's disease

In 2022:

- Dementia and Alzheimer's disease was the leading cause of death in Jersey, which was also the case in England and Wales[38]
- of all deaths registered in Jersey, around 90 (10.0%) were classified with an underlying cause due to Dementia and Alzheimer's disease[39]; in England and Wales, dementia and Alzheimer's disease, accounted for 11.5% of all registered deaths
- the age-standardised mortality rate due to Dementia and Alzheimer's disease in Jersey was statistically similar in males compared with females (70.2 per 100,000 and 94.2 per 100,000 people respectively)
- there was a significantly lower age-standardised mortality rate in Jersey compared to England (86.1 per 100,000 people in Jersey, to 111.7 per 100,000 people in England)[40]

Figure 28. Annual number of deaths with an underlying cause of Dementia and Alzheimer's (2007 to 2022).



Source: Public Health mortality database
Numbers rounded to the nearest 10

[38] Deaths registered in England and Wales - Office for National Statistics (ons.gov.uk)
[39] Leading causes of death in England and Wales (revised 2016) - Office for National Statistics (ons.gov.uk)
[40] Mortality rate from dementia and Alzheimer's disease | Fingertips | Department of Health and Social Care

Notes

Data Sources

Population Figures

Where Figures are expressed as a proportion of the population, most recent population estimates[41] and projected population Figures for 2024[42] provided by Statistics Jersey have been used as denominators. Note that there may be some differences in prevalence estimates compared to previous versions of this report, and older reports used interim estimates in lieu of the official Figures being published by Statistics Jersey.

Jersey Opinion and Lifestyle Survey:

Every year Statistics Jersey collects the experiences and opinions of Islanders to help influence Government policy through the Jersey Opinion and Lifestyle Survey (JOLS). Over the last 17 years, this survey has allowed 25,000 Islanders to share what life is like for them and play their part in shaping Jersey's future. Only households specifically chosen can complete the survey. This is to ensure that a random, unbiased group of people that truly represents Jersey is sampled.

The survey collects detailed information on a wide range of social issues and provides official social statistics about Jersey. Allowing everyone in the Island to have a better understanding of social issues and for policy to be made from a more informed standpoint.

Reports can be found here: Jersey Opinions and Lifestyle Survey (JOLS) (gov.je)

Jersey Children and Young People's Survey

Formerly known as the Health-Related Behaviour Questionnaire (HRBQ) and the Jersey School Survey, this survey and subsequent report was first run in 1996 to record the attitude and behaviour of children and young people in Jersey, in terms of their lifestyle, health and wellbeing. The survey has been run in-house by Statistics Jersey since 2018, at a frequency of every two years. For continuity, Statistics Jersey continue using a number of questions in order to measure changes over time. Some of the questions in the questionnaire are taken from, or based on, the work of John Balding, Schools Health Education Unit, Exeter (www.sheu.org.uk).

Published reports can be found here: Jersey Children and Young People's Survey (gov.je)

The Children and Young People Emotional Wellbeing and Mental Health Strategy 2022 to 2025

The strategy was coproduced with children, young people, parents, carers and professionals. It sets out a number of actions to take forward change over the 2022 to 2025 year period, linking to funding available through the Government Plan. Actions will start at different stages across that period. The full strategy can be accessed here: The Children and Young People Emotional Wellbeing and Mental Health Strategy 2022 to 2025

Social Security Expenditure

Data on short term incapacity allowance (STIA) is provided by the Employment, Social Security and Housing (ESSH), department in the Government of Jersey.

STIA is a type of sickness benefit provided by the Work and Family Hub for Jersey residents, and is usually authorised by GPs and paid to working age claimants who satisfy the necessary contribution conditions for periods of incapacity lasting between 2 and 364 days. Eligibility for STIA claims is dependent upon a person's social security contribution

[41] Population and migration statistics update 2023

[42] Population Projections 2023-2080 (0 net migration scenario)

history, and that those in full-time education, those who are long-term unemployed, or those who are retired will not be included.

An annual report on STIA is produced by ESSH, and can be found here: Short Term Incapacity Allowance Statistics

Jersey's Better Life Index

Published for the first time in 2013, 'Jersey's Better Life Index' aims to provide a measure of the Island's "wellbeing". The index looks at this both from an overall perspective and also at a more detailed level.

As well as presenting an overall headline measure, this framework enables comparison of Jersey with OECD member countries and partners in terms of 11 topics ("dimensions") relating to material conditions and quality of life.
As well as comparisons at a national level, the Better Life Index framework also allows for wellbeing comparisons to be made across, smaller sub-national "regions". These are defined as the first tier of-sub-national government

Report can be found here: Jersey's Better Life Index (gov.je)

EMIS IT System:

In Primary Care, 'EMIS Web' is the patient information system used across all Jersey GPs including Jersey Doctors 'On Call' (JDOC) who provide the Out of Hours Service. EMIS is also used by the Health Intelligence Unit and the Primary Care Governance Team to support Jersey Quality Improvement Framework (JQIF).

Jersey Quality Improvement Framework (JQIF):

Jersey has adopted a Quality Improvement Framework (JQIF), and this has been embraced as an effective mechanism for incentivising GPs, alongside the reshaped rebate. This has resulted in coordinated collection of data which should lead to improvements in the care offered to our patients and is a foundation for developing the quality agenda in years to come. Currently JQIF provides payment based on list size, recording clinical indicators and for demonstrating that the practice is working towards standards in practice organisation. The clinical indicators are agreed with local GP's and based on indicators from UK Quality Outcomes Framework (QOF) whilst the organisational indicators are bespoke to Jersey. Both Mental Health and Dementia are included as health conditions.

Jersey Prescription data:

The data used in this report is extracted from the General Practitioner Central Server (GPCS), EMIS. Extracts are based on any current patients registered with a Jersey GP practice who were prescribed at least one medication from a group of treatments used to improve or manage mental health.

Jersey Talking Therapies (JTT)

A free confidential therapy service and now in partnership with third sector organisations (Listening Lounge, Mind Jersey, Liberate) to give clients a wider option of support. JTT provide confidential psychological interventions for resident adults aged 18 or over.

Jersey Talking Therapies (JTT) (gov.je)

Kooth - Free online mental health service for young people

Following a successful pilot, a full service has been launched to provide young people in Jersey with free, safe and anonymous online mental health and wellbeing advice and support.
The Government of Jersey has commissioned Kooth (a digital service accredited by the British Association for Counselling and Psychotherapy, and currently available across three quarters of the UK and within the Isle of Man) to provide the scheme, which is open to all Islanders aged between 10 and 17 and overseas Jersey students, on or off Island, without the need for a referral.

Free online mental health service for young people (gov.je)

Mortality Data

The Marriage and Civil Status (Jersey) Law 2001 requires all deaths to be registered with the Superintendent Registrar within 5 days of the date of death unless they have been referred to the Viscount.

Underlying cause of death is classified using the International Statistical Classification of Diseases, Injuries and Causes of Death (tenth revision, ICD-10). Coding of cause of death of Jersey registered deaths is undertaken by the Office for National Statistics on a quarterly basis. The Office for National Statistics (ONS) determines the leading causes of death using a detailed list based on one developed by the World Health Organization (WHO). This list uses more specific groupings than the broad group level, splitting causes such as cancer and circulatory diseases into different subtypes, with the aim to provide policymakers with enough detail to generate appropriate health policies and interventions. To identify the leading causes of death for this analysis, the ONS used a grouping originally produced by the World Health Organization (WHO).

Suicide Figures are based on the Office National Statistics (ONS) definition of suicide; this includes all deaths from intentional self-harm for persons aged 10 years and over and deaths caused by injury or poisoning where the intent was undetermined for those aged 15 years and over. ICD-10 Codes (X60-X84) Intentional self-harm; (Y10-Y34) Injury/poisoning of undetermined intent.

The most recent Mortality Report can be found here: Public Health reports (gov.je)

Confidence intervals, significance, and disclosure control

Comparisons between groups and over time have been statistically tested to determine whether differences are likely to be genuine (i.e., statistically significant) or the result of random natural variation. Only statistically significant differences have been described with terms such as “higher”, “lower”, “increase” or “decrease”. When a comparison does not show a statistically significant difference, this will be described using terms such as “similar to” or “the same as".

Disclosure control has been applied where necessary, typically where numbers are less than 5 and counts are rounded to the nearest 5, 10 or 100 where appropriate.

Feedback

If you would like to provide feedback, then please contact us on the following address or email us at: healthintelligence@gov.je

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