Government of JERSEY

Public Mental Health Profile 2021

Public Health Intelligence

Published: 8 December 2022

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 first 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

Public Mental Health Profile, 2021

96%

of adults agreed that
"anyone can have mental health problems"

Self-esteem

1 in 4 children
had low or medium self-esteem

14%
of adults often feel lonely

1 in 10
adults recorded a **low score** for life satisfaction, and feeling worthwhile

29% of children in Year 10 and Year 12 had thought about self-harm

1,000 young people registered for **"Kooth"**
(**the** online mental health and wellbeing advice and support tool)

the number of patients prescribed at least one antidepressant item has **risen by 18%** over the past six years

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

1. Population Level Wellbeing

1.1 Adult Population Mental Wellbeing

Adult Wellbeing Scores

In the 2021 Health, Activity and Wellbeing Survey[2], people were asked to rate the following out of 10

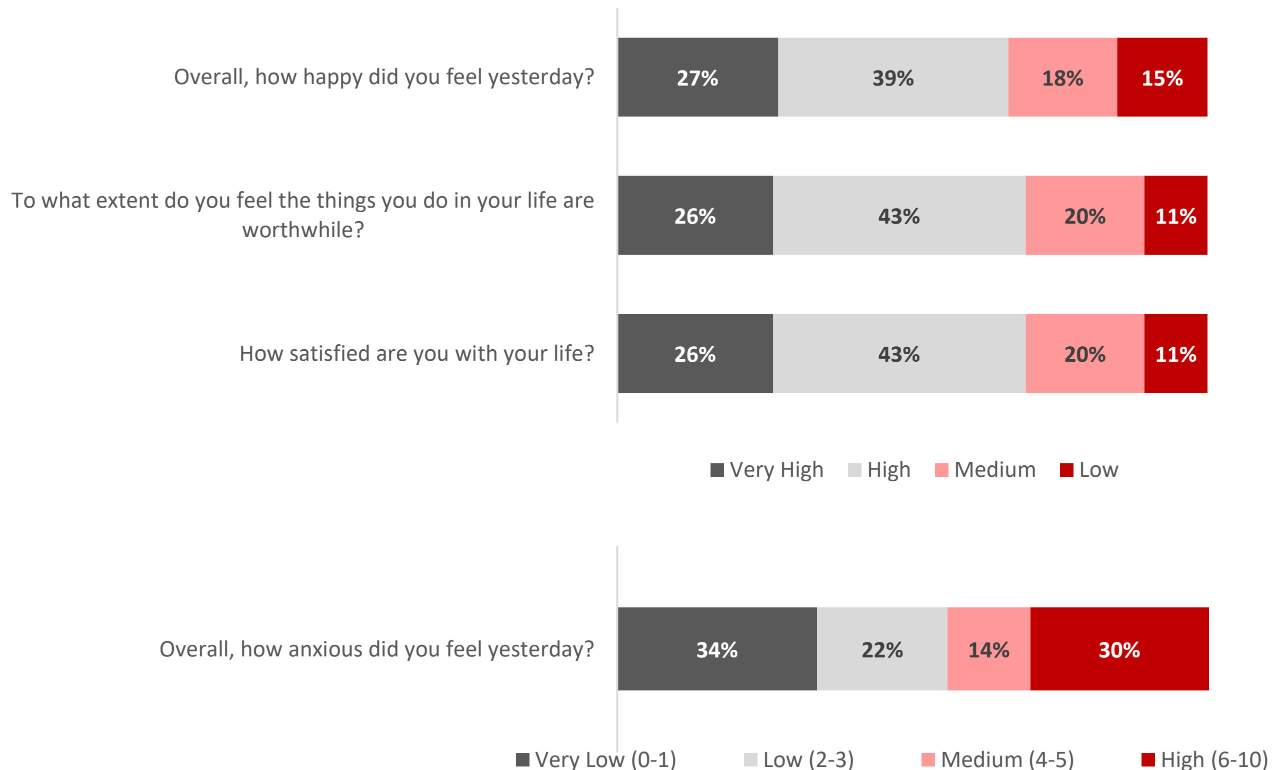
- their life satisfaction
- their happiness
- to what extent they felt their life was worthwhile

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 (69%) and feeling worthwhile (69%) (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 (11% for each), whist 15% 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.

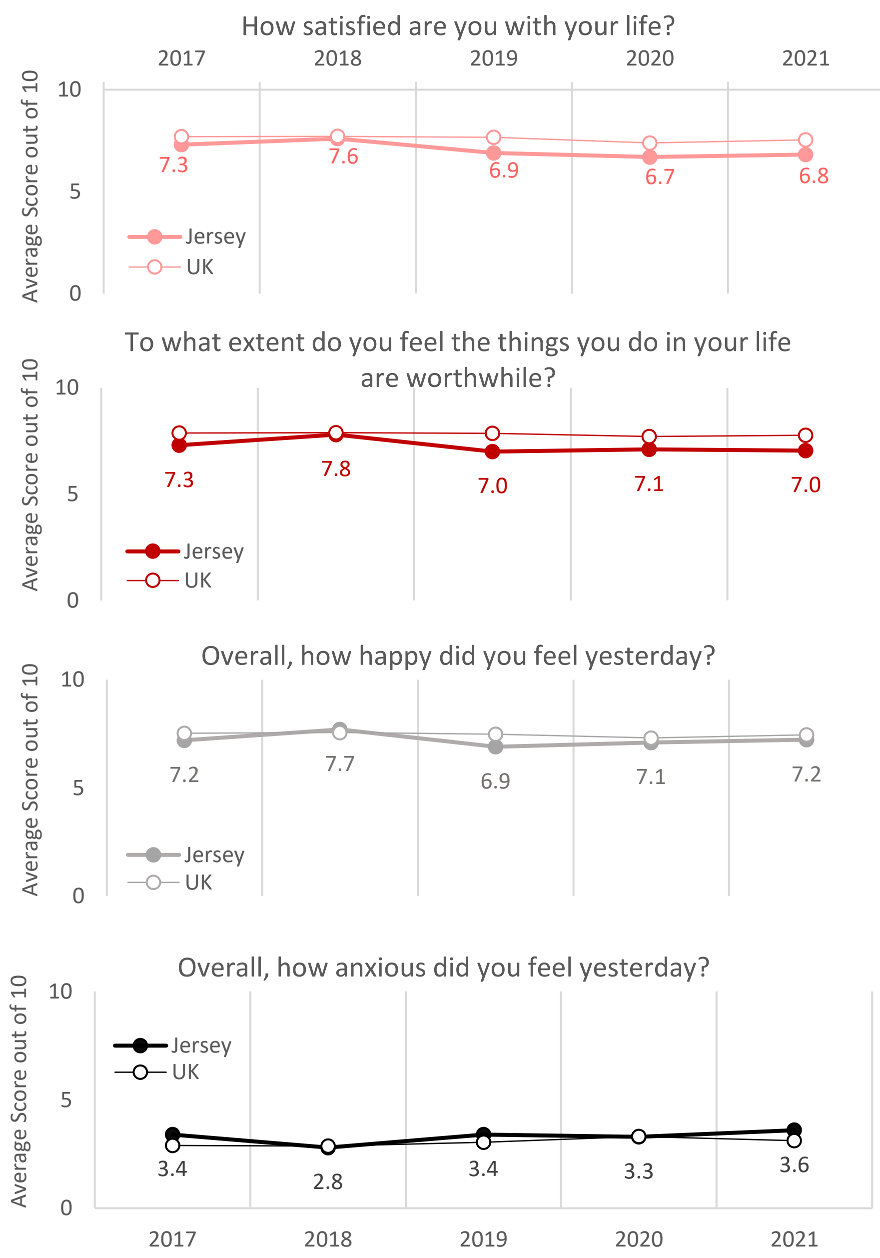
Figure 1. Happiness, life satisfaction, feeling worthwhile, and anxiety in Jersey. Health, Activity and Wellbeing survey 2021.



[2] Health, Activity and Wellbeing Survey 2021

Average (mean) scores out of 10 for the wellbeing measures were similar to that over the past 5 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 3.6 over the last 5 years (Figure 2).

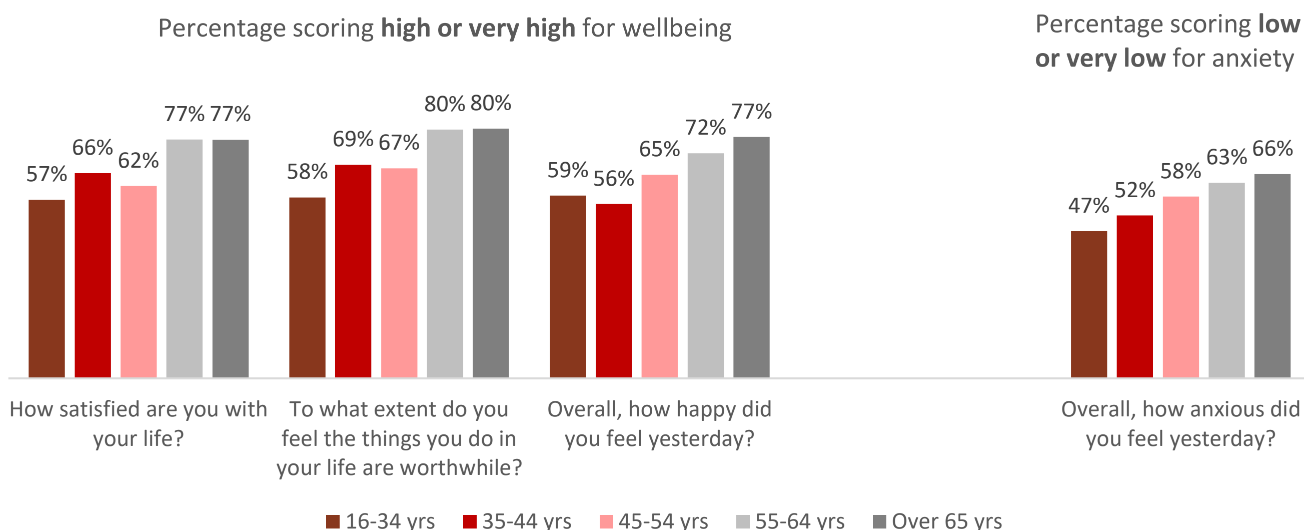
Figure 2. Happiness, life satisfaction feeling worthwhile, and anxiety scores between 2017 and 2021 from annual social surveys in Jersey, and in the United Kingdom[3]



[3]ons.gov.uk Annual personal well-being estimates

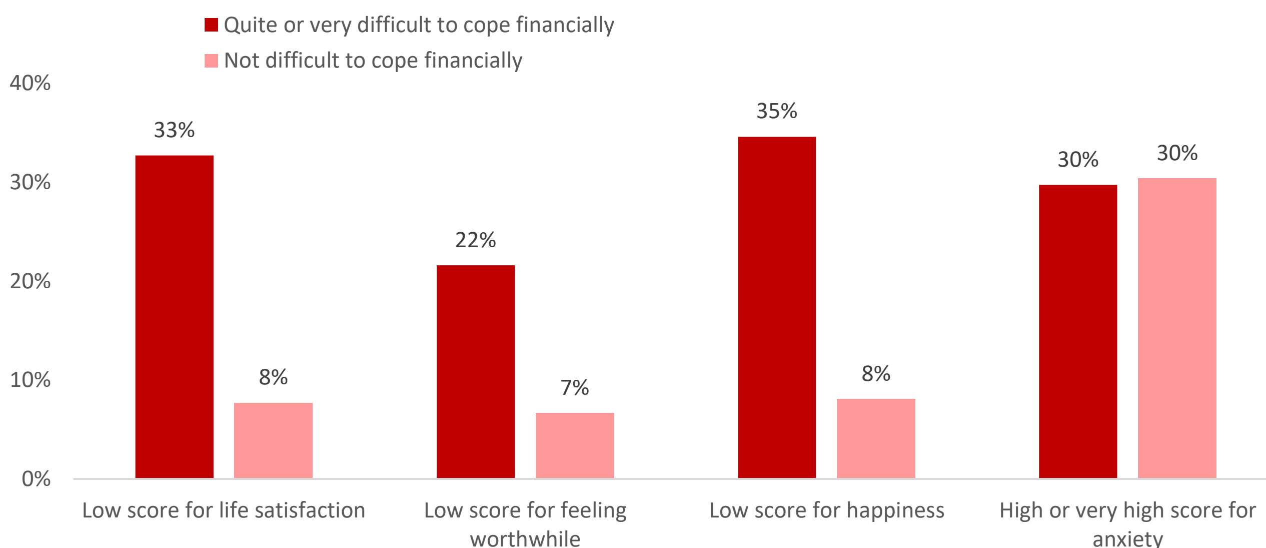
Across the three wellbeing measures, older people were more likely to score high or very high than younger people (Figure 3). Older people were also more likely to score low or very low for anxiety.

Figure 3. The percentage of respondents scoring high or very high for satisfaction, happiness and feeling worthwhile by age band, Jersey. Health Activity and Wellbeing survey 2021.



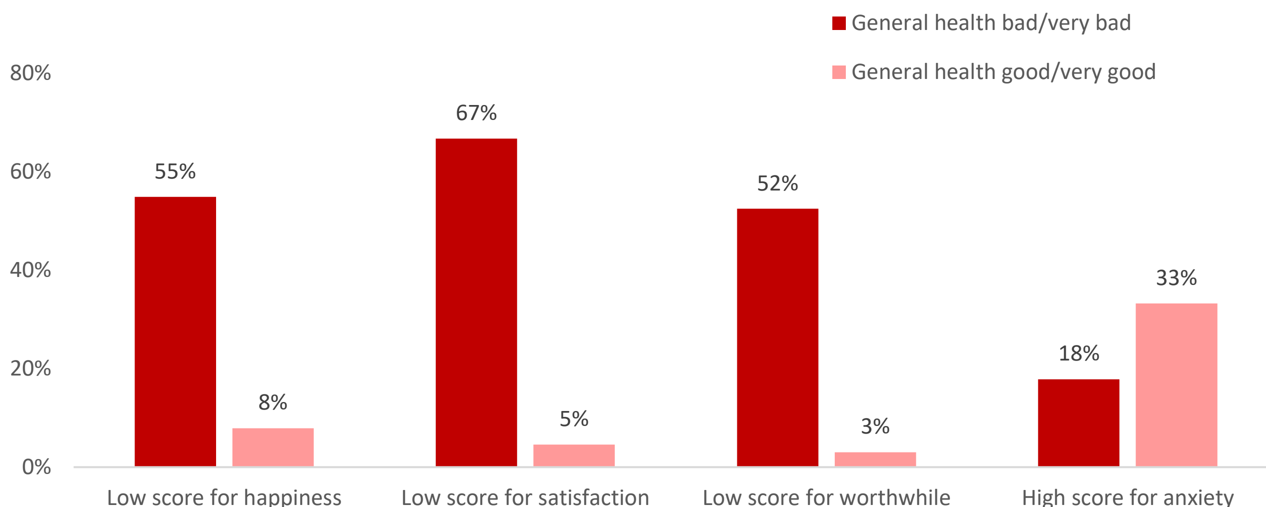
Those who found it quite or very difficult to cope financially were around four times more likely to report low scores for life satisfaction (33%) than those who weren't finding it difficult to cope financially (8%), around three times more likely to report low scores for feeling worthwhile (22% compared to 7%), and over four times more likely to report low scores for happiness (35% compared to 8%). The proportion scoring high for anxiety was similar (at 30%) regardless of how easy or difficult it was to cope financially (Figure 4).

Figure 4. Percentage of people who scored low for happiness, satisfaction and feeling worthwhile (scored 0-4 out of 10) split by whether they found in difficult to cope financially or not, Jersey. Health Activity and Wellbeing survey 2021.



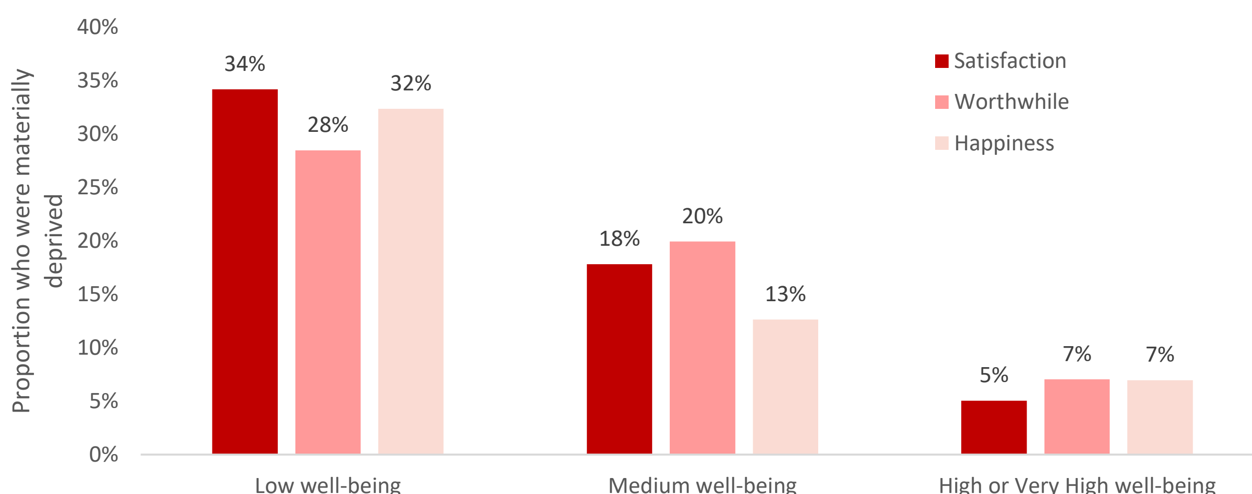
Those who rated their health as bad or very bad were more likely to report low scores for life satisfaction (67%) than those who rated their health good or very good (5%), more likely to report low scores for feeling worthwhile (52% compared to 3%), and more likely to report low scores for happiness (55% compared to 8%) (Figure 5). However, the proportion scoring high for anxiety was higher for those who reported being in good or very good health.

Figure 5. Percentage of people scoring low for happiness, satisfaction and feeling worthwhile, or high for anxiety, split by self-reported general health status (either bad/very bad, or good/very good), Jersey. Health Activity and Wellbeing survey 2021.



The survey found that those who scored low for wellbeing (life satisfaction, feeling worthwhile and happiness) were more likely to be from materially deprived households[4] than those who scored high or very high for well-being (Figure 6). There was no clear association between anxiety ratings and material deprivation, with between 10 to 13% of people being from materially deprived households in each anxiety rating group.

Figure 6. Proportion of people that were from materially deprived households who scored low, medium or high/very high for well-being questions, Jersey. Health Activity and Wellbeing survey 2021



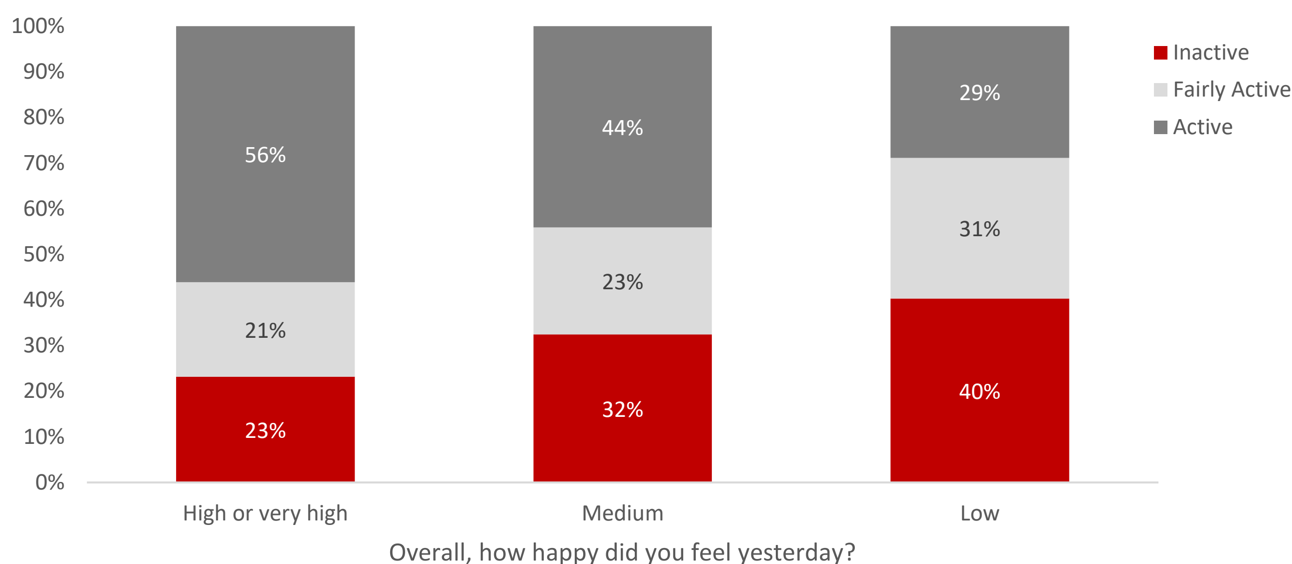
[4] Further details on material deprivation scores in the [Health, Activity and Wellbeing Survey 2021]

Physical activity can treat and protect against mental health problems like depression[5].

In the Health, Activity and Wellbeing Survey 2021 people were also asked about their exercise habits. People were considered "active" if they did at least 150 minutes of moderate exercise per week (or equivalent), considered "fairly active" if they did between 30 and 150 minutes per week, and considered "inactive" if they did less than 30 minutes moderate exercise per week.

Over half of people who scored very high or high for happiness were "active" (Figure 7). In contrast, of those who scored low for happiness, just 29% were "active", with the other 71% not meeting the recommended amount of physical activity.

Figure 7. Proportion of people classified as "active", "fairly active" or "inactive" split by happiness score, Jersey. Health, Activity and Wellbeing survey 2021



Socialisation and Loneliness

The Health Activity and Wellbeing Survey[6] 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 2021, around three quarters (72%) of people socialised face to face with people outside of their household daily or weekly, ranging from 59% of those aged 45 – 55 years to 85% of those aged over 65 years (Figure 8a).

Overall, 14% of people often felt lonely, and this differed between age groups, ranging from 5% of those aged 65 years or over to 21% of those aged 16 to 34 years (Figure 8b).

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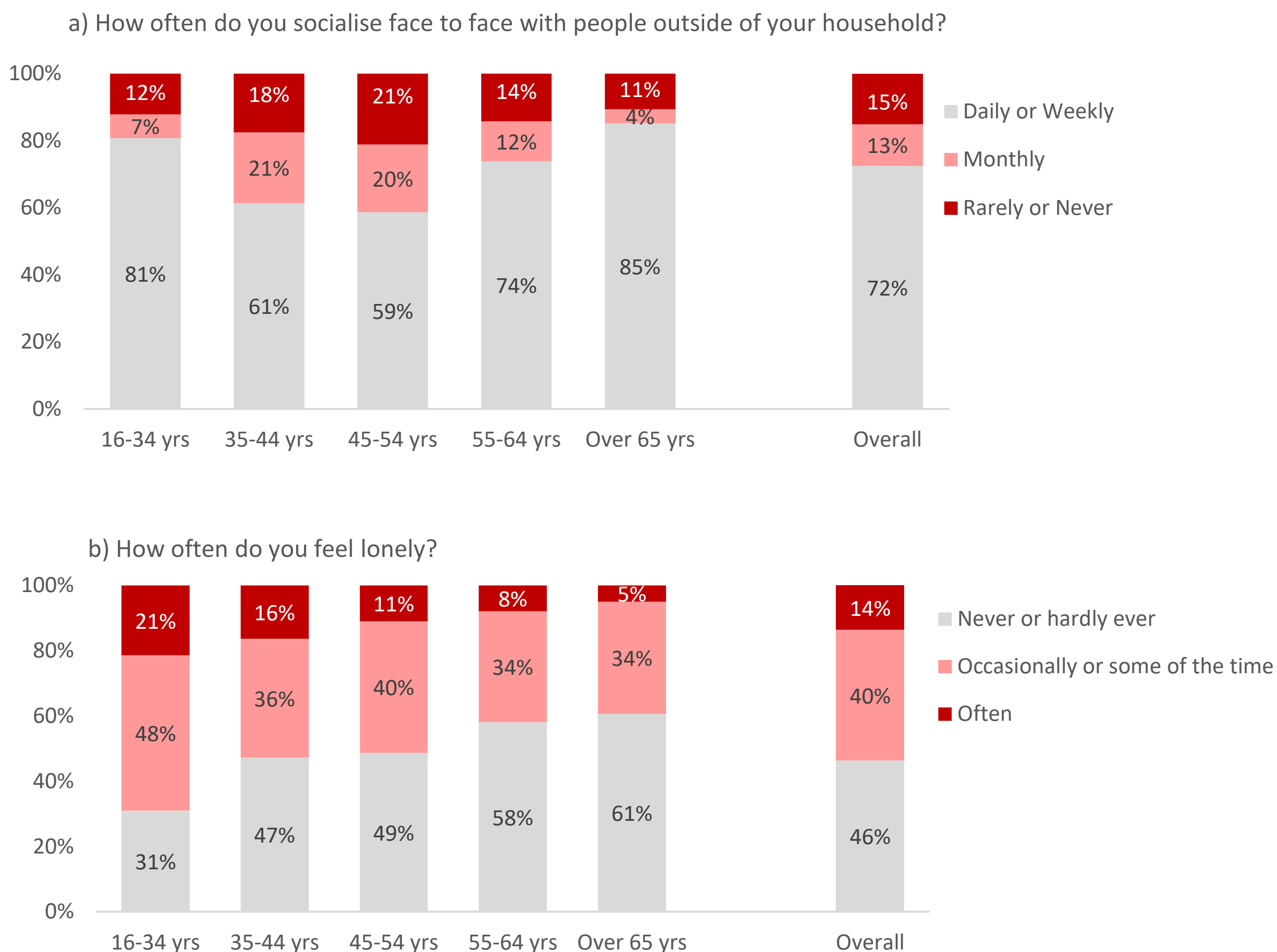
[5] Physical Activity and Incident Depression: A Meta-Analysis of Prospective Cohort Studies

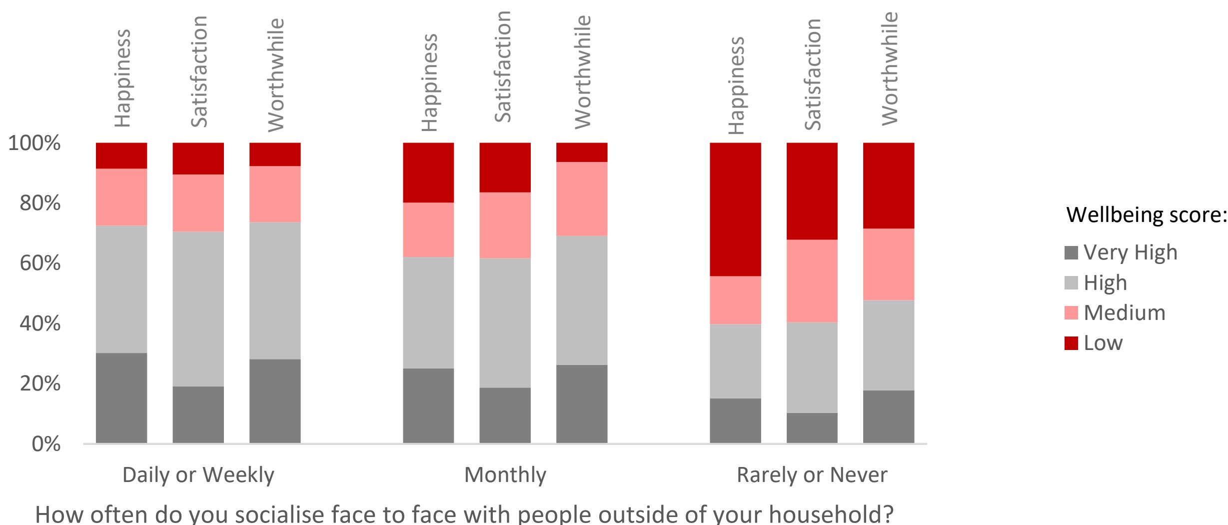
[6] Health, Activity and Wellbeing Survey 2021

Figure 8. Age break-down of answers to questions regarding a) the frequency of socialising face to face with people outside of your household, and b) the frequency of feeling lonely. Jersey Health Activity and Wellbeing survey 2021.



Those who rarely or never socialised face to face with people outside of their household were more likely to have low scores for happiness, satisfaction and feeling worthwhile. For example, almost half (44%) of people who rarely or never socialised had a low happiness score compared to just 9% of those who socialised daily or weekly (Figure 9).

Figure 9. Wellbeing scores by face-to-face socialisation frequency, Jersey Health Activity and Wellbeing survey 2021.

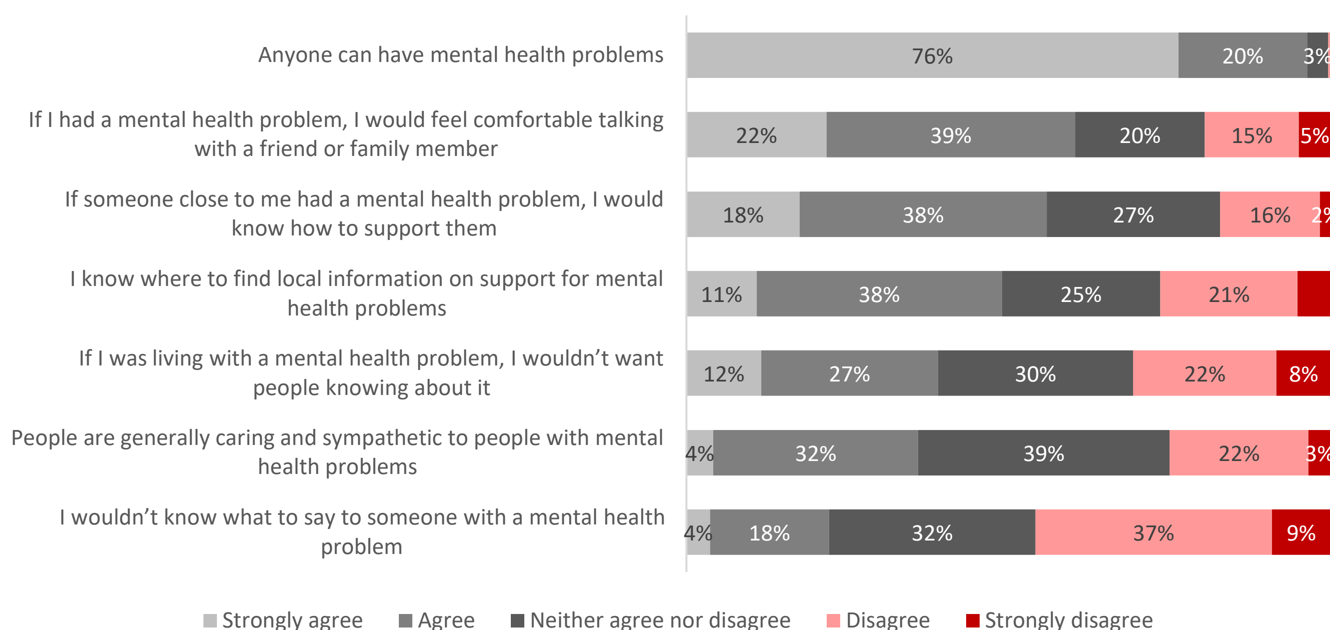


Perceptions on Mental Health

Almost all respondents to the Activity and Wellbeing Survey[7] (96%) agreed or strongly agreed that anyone can have mental health problems, but only one third (36%) agreed that people were generally caring and sympathetic towards people with mental health problems (Figure 10). Two out of five (39%) of people agreed or strongly agreed that they wouldn't want people knowing about their mental health problem if they had one.

Around half (49%) of people agreed that they knew where to find local information on mental health support, and 56% agreed that if someone close to them had a mental health problem they'd know how to support them. 61% agreed they'd feel comfortable talking with a friend or family if they had a mental health problem, but one in five (20%) disagreed. Just under one quarter (22%) of people agreed or strongly agreed that they ***wouldn't know what to say*** to someone with a mental health problem.

Figure 10. Responses to questions on perceptions of mental health and mental health support, Jersey Health Activity and Wellbeing survey 2021.



The proportion of people agreeing with the perception statements in Figure 10 were generally similar between the 2021 survey and the 2017 survey[8], except that a higher proportion of people in 2021 agreed that if someone close to them had a mental health problem, they'd know how to support them (46% in 2017 compared to 56% in 2021).

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.

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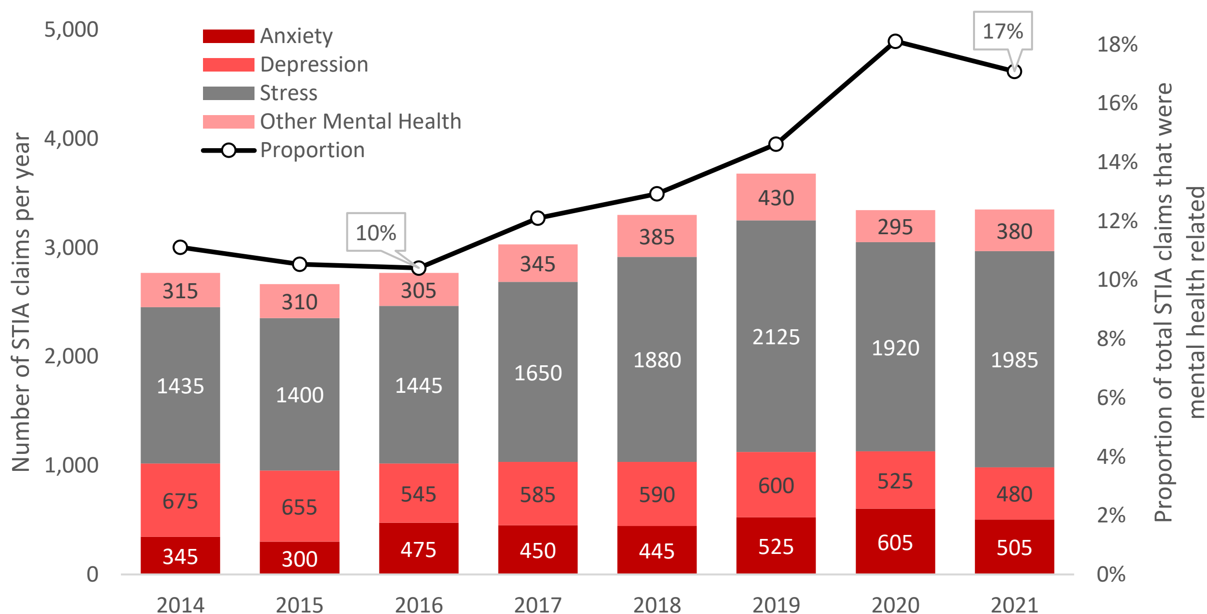
[7] Health, Activity and Wellbeing Survey 2021

[8] Jersey Opinions and Lifestyle Survey 2017

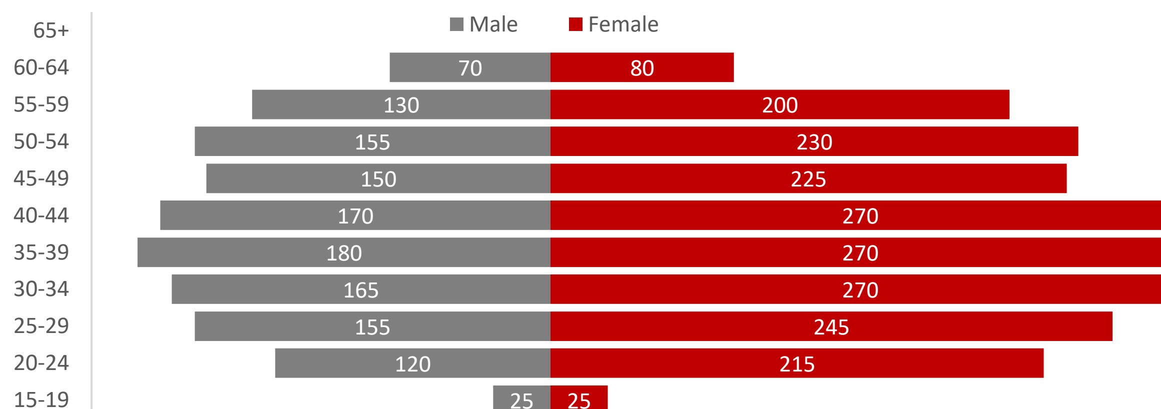
Based on Customer and Local Services (CLS) data, for all claims that started in 2021[9], mental health problems (such as stress, anxiety, depression, and others[10]) accounted for 17% of all STIA claims (Figure 11). There has been an increase in the proportion of STIA claims that are mental health-related 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 is tackled.

Figure 11. The number and proportion of short-term incapacity allowance (STIA) claims annually that are primarily for mental health-related reasons. Data provided by Customer and Local Services, GoJ. Data rounded to nearest 5



The age and gender breakdown of mental health related STIA claims in 2021 is shown in Figure 12. Overall, a higher number of females made mental health STIA claims than males, and the age distribution of claims was fairly even. Please note that eligibility for STIA claims is dependent upon a person's social security contribution history, and that those in full-time education, those who are long-term not in employment, or retirees will not be included.

Figure 12. Mental health related STIA claims during 2021, split by age group and gender. Data provided by Customer and Local Services, GoJ. Data rounded to nearest 5



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[9] Note that CLS Annual Report totals are based on claims *paid* in calendar year, and may differ to those presented here

[10] "other mental health" ailment codes include grief and bereavement, postnatal depression, and other mental illnesses.

1.2 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[11], 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.

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 2021 childrens survey, most pupils scored medium, high or very high for life satisfaction, feeling worthwhile and for happiness, with the average score being 6.8, 6.8 and 6.7 out of 10 respectively (Figure 13). There were differences between age groups and gender groups, however, with females in Year's 10 and 12 being most likely to score low for these wellbeing measures. For example, 1 in 3 (33%) of Year 12 females scored low for happiness, compared to 1 in 5 (18%) males of the same age.

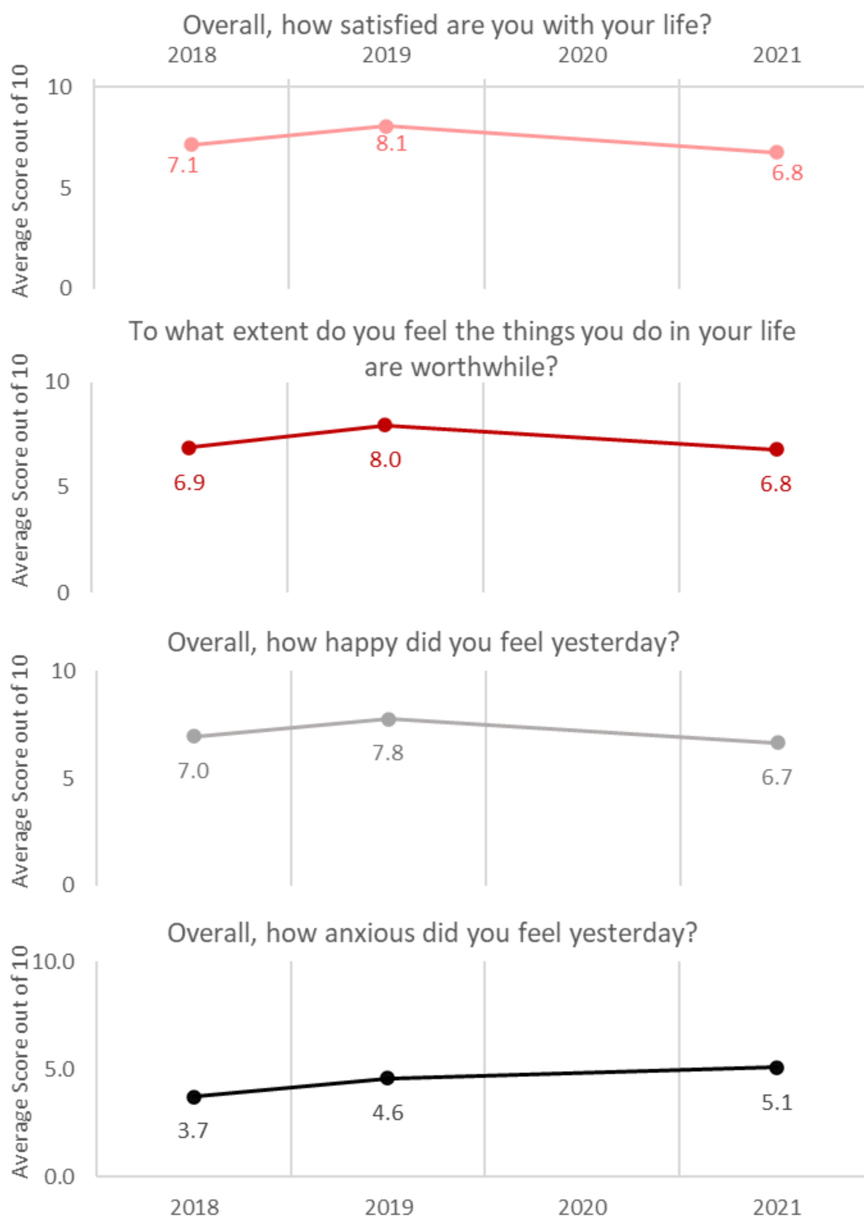
Pupils were also asked how anxious they felt yesterday out of 10. Scores of 0-1 were considered very low, 2-3 were low, 4-5 were medium and 6-10 were considered high.

In the 2021 childrens survey, the average score for anxiety was 5.1 out of 10 overall. The proportion of pupils scoring high for anxiety ranged from 19% of Year 8 males to 50% for Year 10 females.

When looking at responses to the wellbeing questions over time (Figure 13), average scores for happiness, life satisfaction and feeling worthwhile were all similar between surveys in 2018 and 2021. Average scores for anxiety, however, were significantly higher in 2021 (5.1 out of 10) than in 2018 (3.7 out of 10). Anxiety scores have increased in all age groups, but particularly amongst Year 12 females.

[11] Jersey Children and Young Peoples Survey

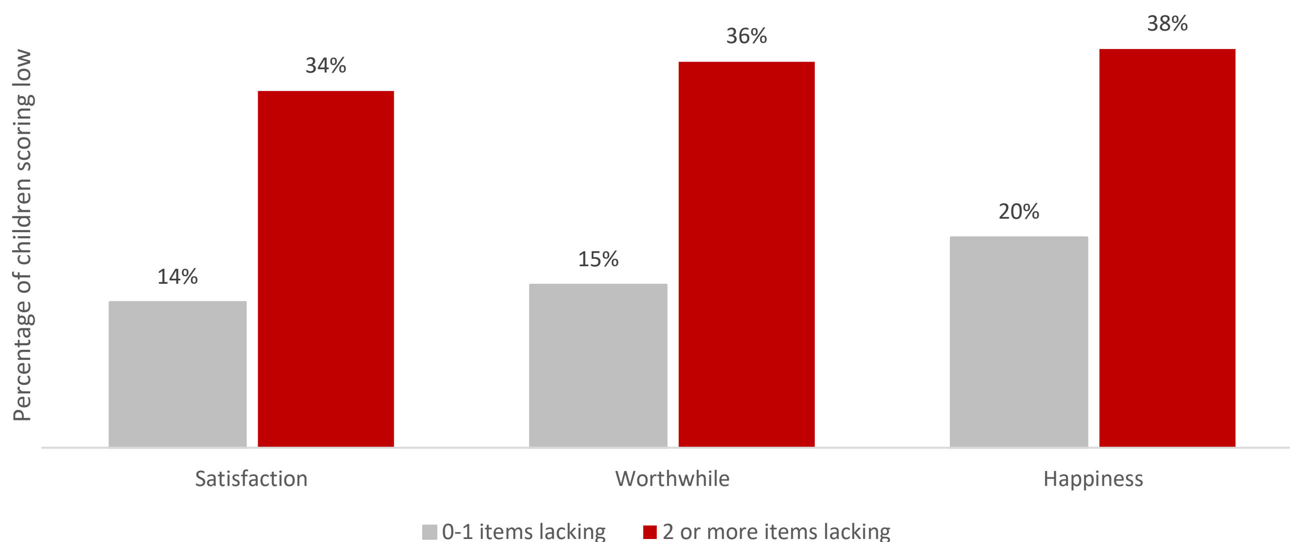
Figure 13. Happiness, life satisfaction feeling worthwhile, and anxiety scores between 2018 and 2021 from Jersey Children and Young People's survey. Data provided by Statistics Jersey



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 14), highlighting the impact material deprivation has on children's mental wellbeing.

Figure 14. Proportion of children scoring low for life satisfaction, feeling worthwhile and happiness, split by whether they were lacking typical items. Data provided by Statistics Jersey



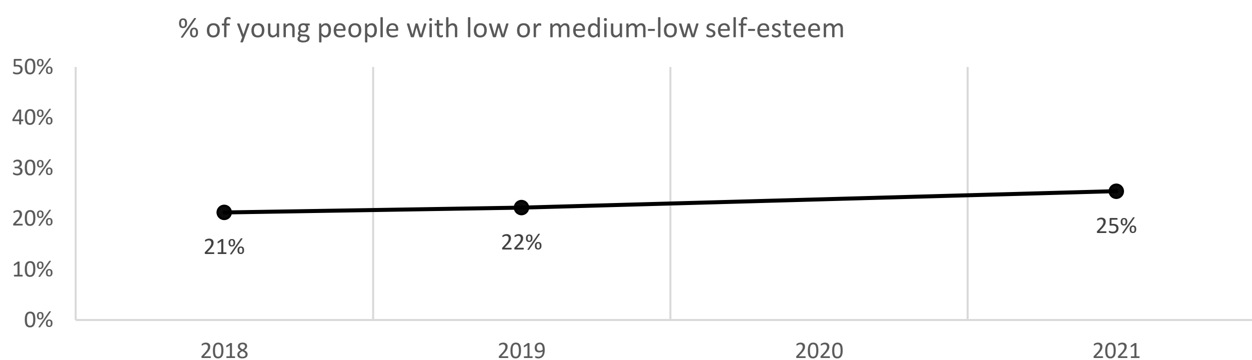
Children's Self Esteem and Worries

Pupils were also asked a set of nine standard[12] questions concerning social confidence and relationships with friends. The responses were scored to give an overall self-esteem score.

Overall, three quarters of pupils had medium high or high self-esteem. Young people who attended fee paying schools or lived in a rural parish were significantly more likely to have medium-high or high self-esteem. Those children that or were materially deprived[13], lived with black mould in their bedrooms, or didn't have a dedicated space at home to do schoolwork were more likely to have low self-esteem, showing the impact that deprivation can have on children's self-esteem.

The proportion of pupils with low or medium low self-esteem has remained similar (between 21% and 25%) in surveys in 2018, 2019 and 2021 (Figure 15).

Figure 15. Percentage of pupils with low or medium low self-esteem between 2018 and 2021, Jersey Children and Young People's Survey. Data provided by Statistics Jersey



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

[13] Further details on material deprivation scores in the Children and Young People's Survey 2021

Young people with low self-esteem were significantly more likely (58%) to have self-harmed in the last 12 months than pupils with high self-esteem (8%).

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 most issues, females worried more than males, and worries generally increased in frequency with age
- the top worries were 'study/work load', 'school tests/exams', 'the way you look', 'what people think of you' and 'emotional health', which was similar to the top worries reported in the 2019 survey
- for Years 6, 8 and 10 children, there has been an increase since 2018 in the proportion who worried often or most days about the way they look and what people think of them

Self-harm Amongst Children

In the 2021 Children and Young People's survey, pupils in Years 10 and 12 were asked questions about self-harm.

- overall, 29% of them had thought about self-harm, and of these, over 80% went on to *actually* deliberately hurt themselves.
- 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
- self-harm was also significantly correlated with material deprivation; 38% of young people who lacked 5 or more items considered necessary for a "normal kind of life" had self-harmed compared to 20% of those who lacked fewer than 2 items

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[14]. The strategy sets out a number of actions to take forward change over the next 4 years, and details the metrics that will be used to measure it's success.

1.3 Better Life Index

The Jersey Better Life Index[15] is published by Statistics Jersey and aims to provide a measure of the Island's "well-being". 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 well-being and progress, rather than purely economic measures, such as GDP.

In 2021, Jersey had an overall Better Life Index score of 6.4 (out of 10), ranking 24th out of 41 nations, which placed it below the OECD average, the United Kingdom and France.

[14] The Children and Young People Emotional Wellbeing and Mental Health Strategy 2022 to 2025
[15] Jersey's Better Life Index.

Jersey ranked highly for jobs and earnings, community, and personal safety, but ranked bottom for civic engagement and fairly low for work-life balance and housing (33rd and 27th 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 well-being of our population may suffer due to the higher average cost of housing, the higher proportion of people working long hours, and civic disengagement.

2. Mental Healthcare

2.1 Primary Care Mental Health Register

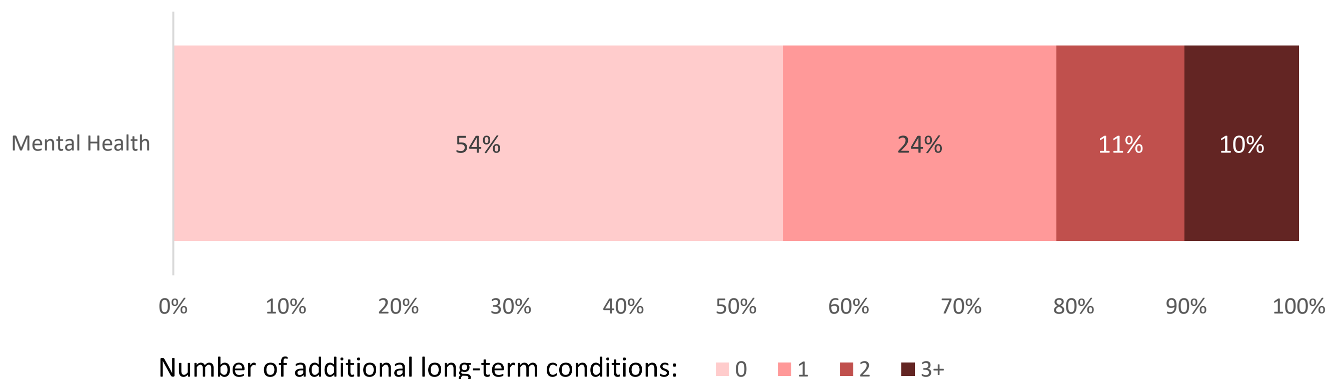
A register of people with certain mental health conditions is maintained by GP's (General Practitioners) as part of the Jersey Quality Improvement Framework (JQIF). This register includes those who are coded by GP's with schizophrenia, bipolar disorder and other psychoses and other patients on lithium therapy, and who are considered "active" at the time[16]. 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 2021

- there were 825 people on the mental health register, around 1% of Jersey's population[17]
- the prevalence in Jersey was comparable to data published in the Quality and Outcomes Framework (QOF) in England[18] for the time period 2020-2021, 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 16 and 100 years old. Just under half of those on the mental health register were living with at least one additional long-term condition[19].

Figure 16. Patients on the mental health JQIF register with 0, 1, 2 or 3+ additional long-term conditions, as at year end 2021. Data sourced from the GP administrative system (EMIS)



[16] 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
[17] Based on the 2021 Census population figures published by Statistics Jersey
[18] Quality and Outcomes Framework, 2021-22 - NHS Digital
[19] Long term conditions as defined in the JQIF – further details available in Multi-morbidity Report 2021

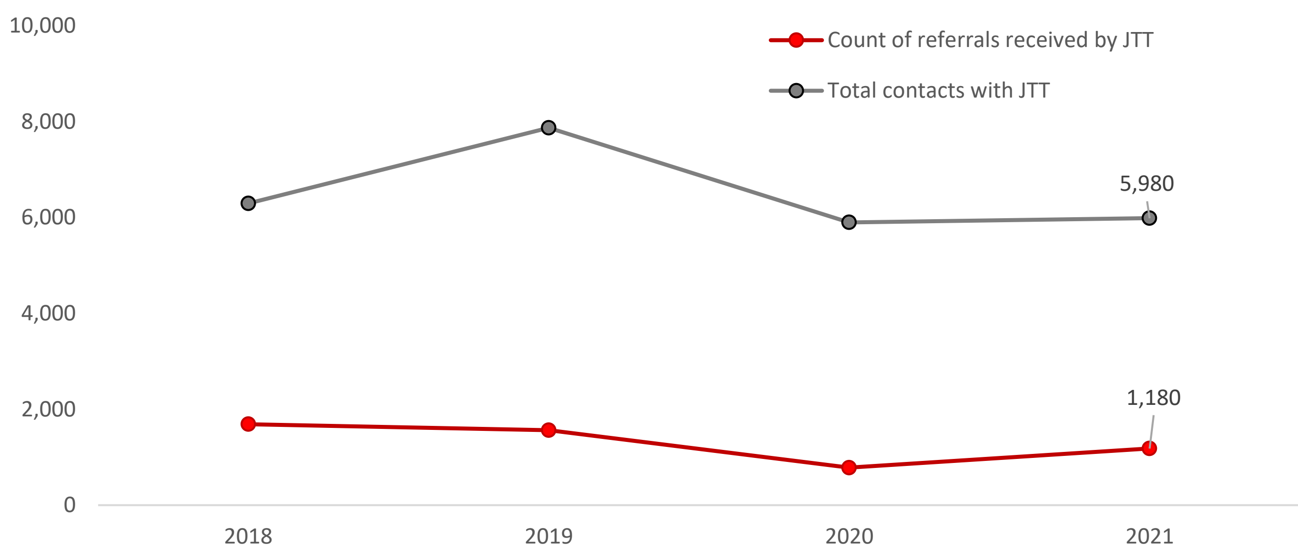
2.2 Adult Care for Mental Health

Jersey Talking Therapies

Jersey Talking Therapies[20] (JTT) provides confidential psychological interventions for resident adults in the community (aged 18 or over). The team comprises 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 2021, there were around 1,180 referrals to JTT, and around 5,980 contacts with the service in total over the year, compared to 5,900 contacts during 2020[21] (Figure 17).

Figure 17. Annual referrals and total contacts with Jersey Talking Therapies (JTT) between 2018 and 2021. Data sourced from mental health services administrative system (CarePartner), and provided by HCS Informatics



Caseload for Community Mental Health

In Jersey as at the end of March 2021, the total community mental health caseload was 1,635 people per 100,000 resident population. This compares to the NHS benchmarking mean average of 1,691 people per 100,000 population for the same period[22].

[20] gove.je Jersey Talking Therapies

[21] Data provided by HCS Informatics, extracted from the PC MIS system

[22] NHS Benchmarking - Mental Health Sector

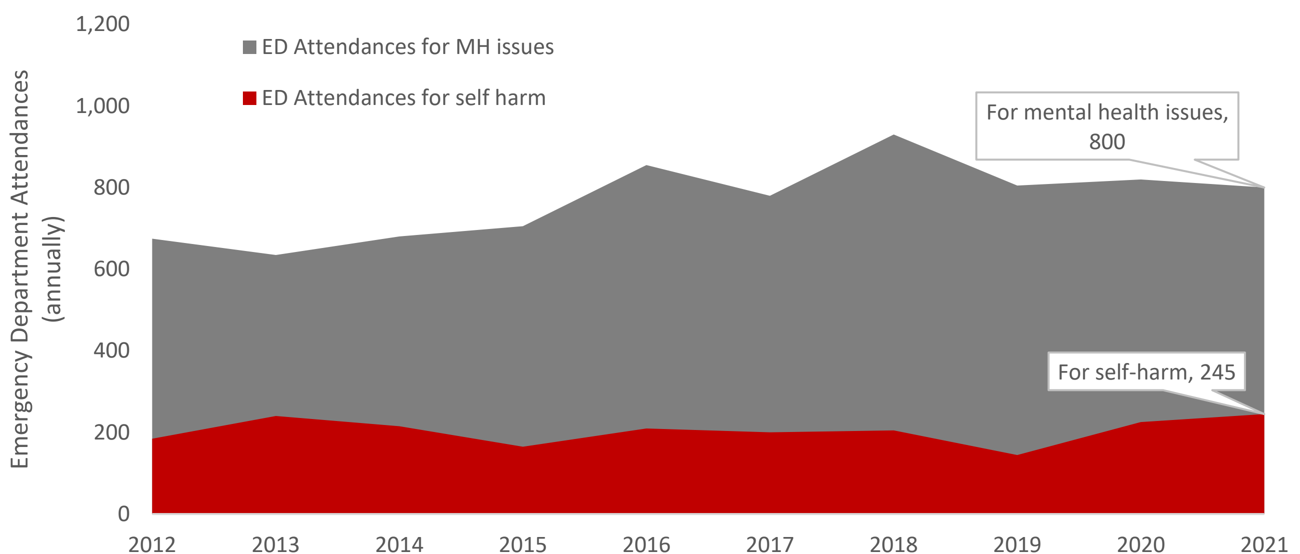
Emergency Department Attendances

Patients attending the emergency department (ED) are assigned a diagnosis category[23], including categories for mental health related problems.

In 2021:

- there were 800 ED attendances for mental health-related problems[24]
- 245 of these ED attendances were related to self-harm

Figure 18. Emergency department (ED) attendances for mental health issues, and the number of which were self-harm related, between 2012 and 2021 in Jersey. Data sourced from the hospital administrative system (TrakCare) and provided by HCS 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[25]. 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 19. Excluding 2020, the average number of patients on the perinatal mental health caseload per year is 105. In 2020, disruptions associated with the COVID-19 pandemic may have had an impact on the overall caseload recorded on the system.

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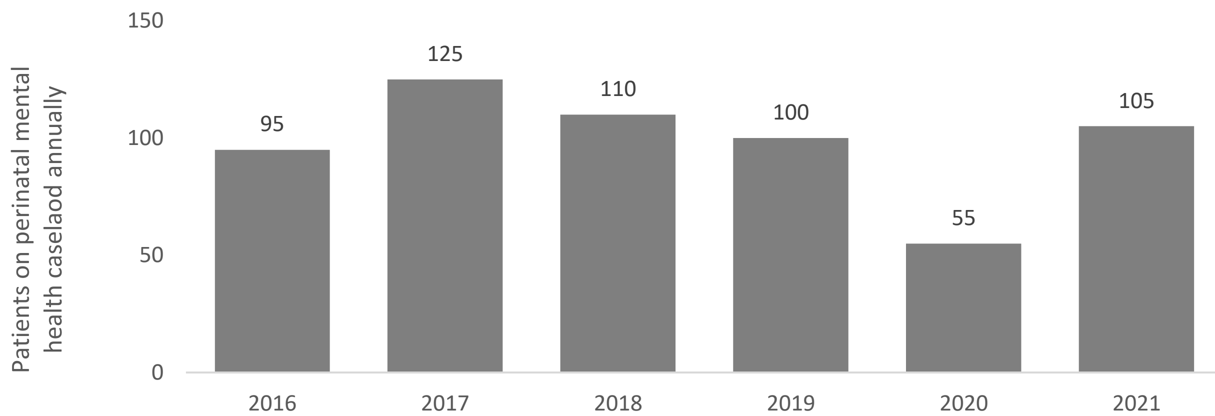
[23] Note that this ED diagnosis category is not coded according to an official clinical system, and as such may be subjective

[24] Diagnosis categories include psychiatric, attempted suicide or deliberate self-harm

[25] nhs.uk Perinatal Mental Health

Figure 19. The number of unique patients on the perinatal mental health caseload per year in Jersey. Data provided by HCS Informatics



In England, the Joint Commissioning Panel for Mental Health estimates prevalence of perinatal mental health disorders to be between 100 to 150 per 1,000 maternities. This estimate is based on several studies published between 1987 and 2011[26], and at present no regular indicator is published by public health authorities in the UK with which to compare[27]. As an approximate comparison, however, comparing the number of clients on the perinatal mental health pathway in Jersey between 2016 and 2021 with the number of Jersey births[28] over that same period suggests around 11% (or 107 per 1,000 maternities) received mental health support over that period, within the prevalence range estimated in England[26].

Prescription Activity

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)[29]
- 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 18% over the past 6 years
- the number of patients prescribed at least one hypnotics and anxiolytic item has remained similar over the past 6 years
- while there was a slight increase between 2020-2021, the number of patients prescribed an antipsychotic has fallen by 12% since 2016

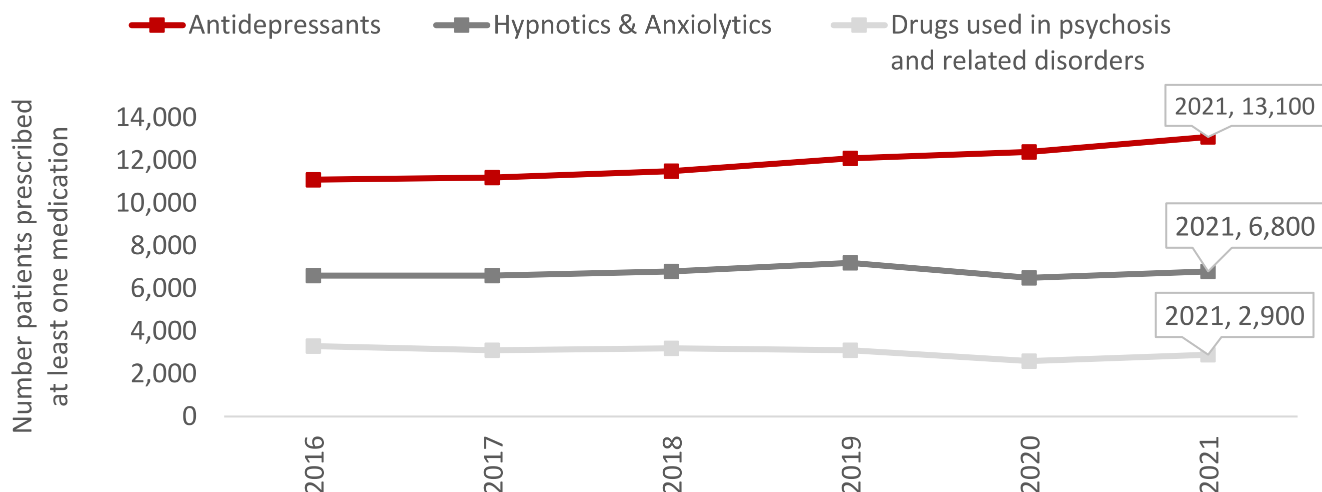
[26] Joint Commissioning Panel - perinatal mental health services.pdf

[27] fingertips.phe.org.uk/perinatal-mental-health

[28] Births and Breastfeeding Report 2021

[29] antidepressant drugs can be used for indications other than depression (e.g. migraine, chronic pain & ME)

Figure 20. Number of patients prescribed at least one item from the three drug groups. Data sourced from the General Practitioner Central Server (GPCS), EMIS. Numbers rounded to the nearest 100



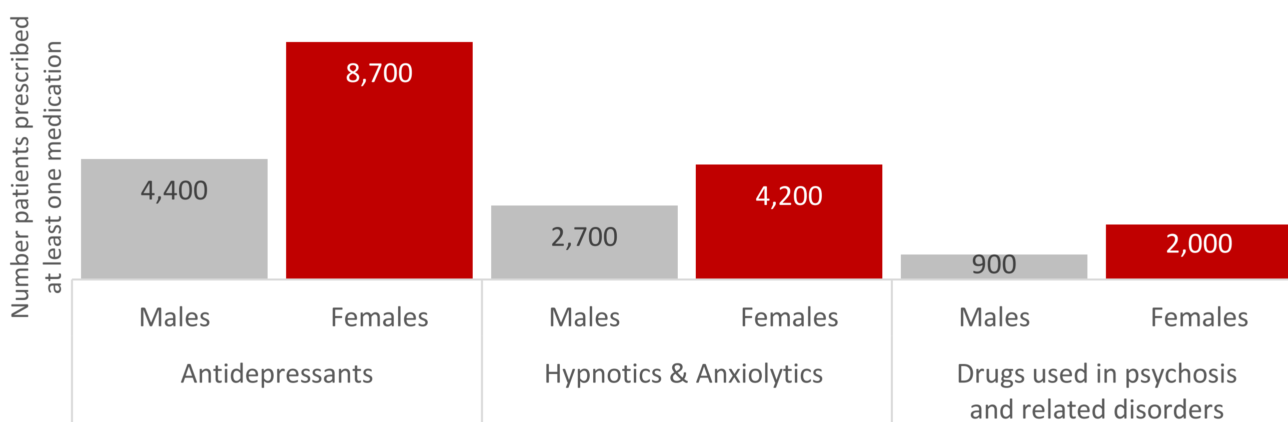
In England, NHS data shows that in 2020, 14% of the population in England received, and had dispensed, one or more anti-depressant prescriptions[30]. This compares to around 13% of the Jersey population being prescribed an antidepressant medication in 2021[31].

Table 1: Proportion of population prescribed at least one item from the three drug groups. Data sourced from the General Practitioner Central Server (GPCS), EMIS

Medicines used in Mental Health	*% Population Jersey, 2021*	*% Population England, 2020*
Hypnotics and anxiolytics	7%	3%
Drugs used in psychoses and related disorders	3%	1%
Antidepressant drugs	13%	14%

There were more medicines prescribed to females than males, across the three drug groups considered (Figure 21).

Figure 21. Number of patients prescribed at least one item from the three drug groups in 2021, split by gender. Data sourced from the General Practitioner Central Server (GPCS), EMIS. Numbers rounded to the nearest 100.



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

[31] 2021 Census Bulletin 1 - Population characteristics (gov.je)

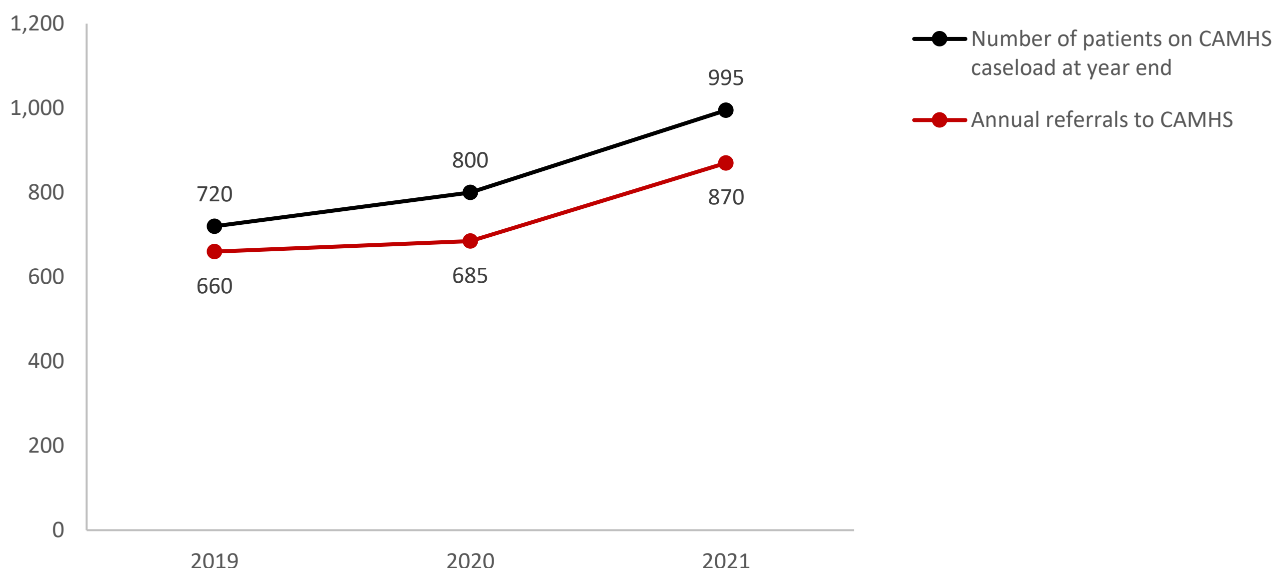
2.3 Child and Adolescent Mental Health Services

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 three years is shown in Figure 22 , alongside the number of patients on the CAMHS caseload at year end. Demand for CAMHS services has increased over recent years. Inpatient admissions for CAMHS diagnoses[32] averaged around 5 per month over the period 2019 to 2021.

Figure 22. The number of annual CAMHS referrals and the number of patients on the CAMHS caseload at year end (2019 to 2021). Data provided by CYPES. Numbers rounded to the nearest 5



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 13 and 25 and overseas Jersey students, on or off Island, without the need for a referral, and has been running since November 2020.

As at the end of May 2022, the digital service had over 1,000 cumulative registrations, and was used by between 13 and 40 young people per week on average (Figure 23).

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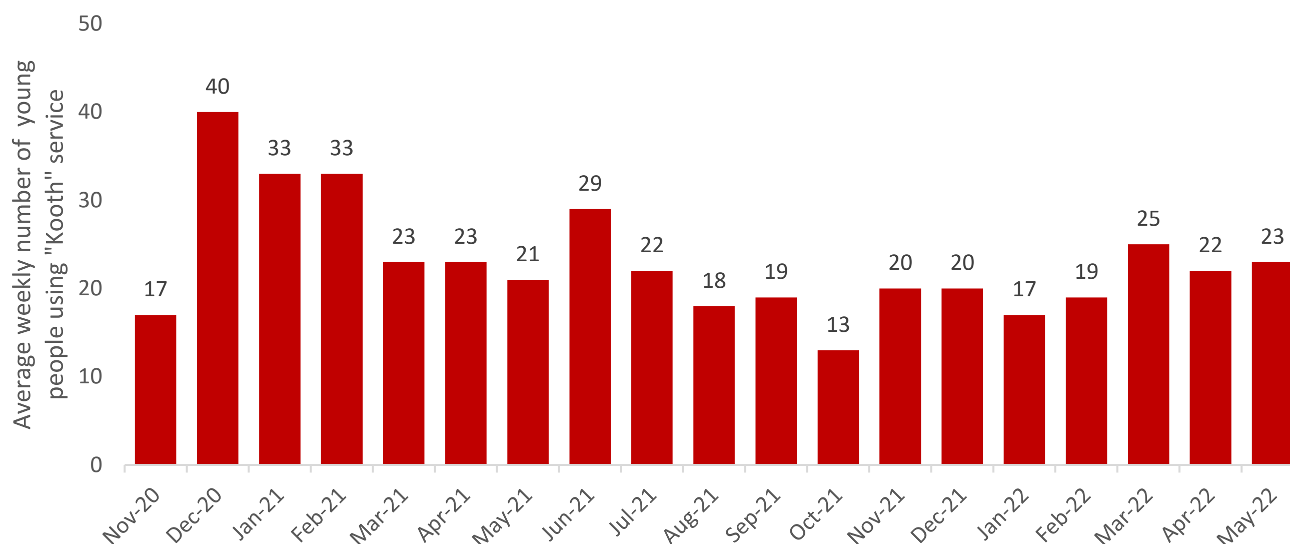
[32] Data provided by HCS Informatics

Figure 23. The average weekly number of young people using the "Kooth" digital service, between November 2020 and May 2022. Data provided by CYPES



3. Suicide

Deaths by suicide

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

- in 2020 there were 6 suicides registered in Jersey[33]
- during the three-year period 2018 to 2020, the age-standardised mortality rate (ASMR) for suicide in Jersey was 9.3 deaths per 100,000 people. For comparison in England the ASMR for suicide over the same period was 10.4 per 100,000[34]

Between 2007-2020:

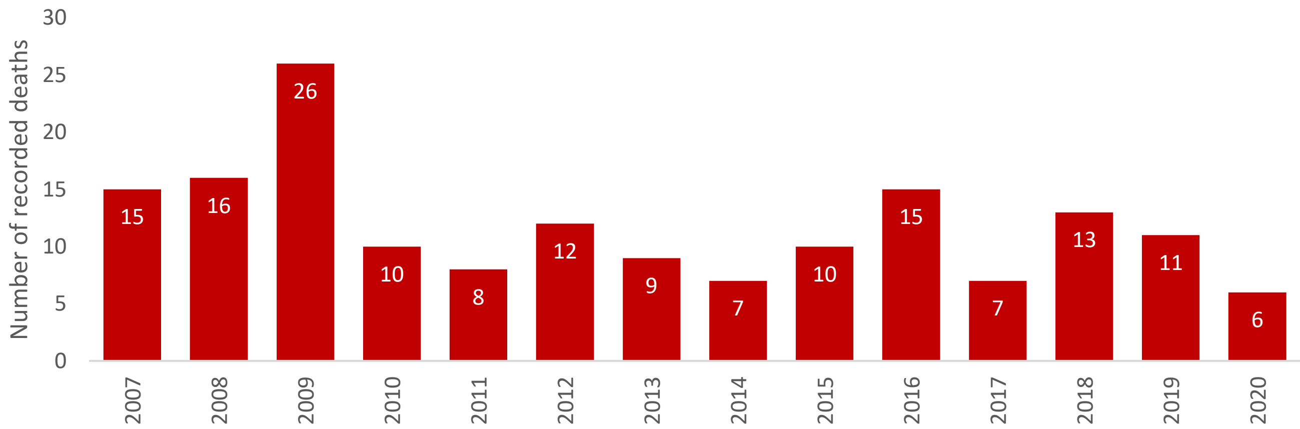
- whilst there have been some variations in the number of suicides in Jersey between 2010 and 2020, the numbers recorded annually have remained statistically similar
- in Jersey three-quarters of all suicides involved men (72%), meaning men were 2.5 times as likely to have taken their own lives as women; for comparison around three-quarters of registered suicide deaths in England and Wales in 2020 were for men (75%)

[33] 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 2020 deaths waiting on an inquest verdict and clinical coding, so the figure for 2020 may be updated when new information becomes available. Similarly, data for 2021 cannot be provided due to a number of outstanding inquests.

[34] Suicides in England and Wales - Office for National Statistics (ons.gov.uk)

- people aged 40 to 49 had the highest incidence of suicide in Jersey, one in four of all suicides (24%) were in people in this age group; a similar proportion was seen in England and Wales (23%) during the similar period

Figure 24. The number of suicides and injury/ poisoning by undetermined intent, Jersey, 2007-2020



4. 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[35]. 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[36].

As at year end 2021

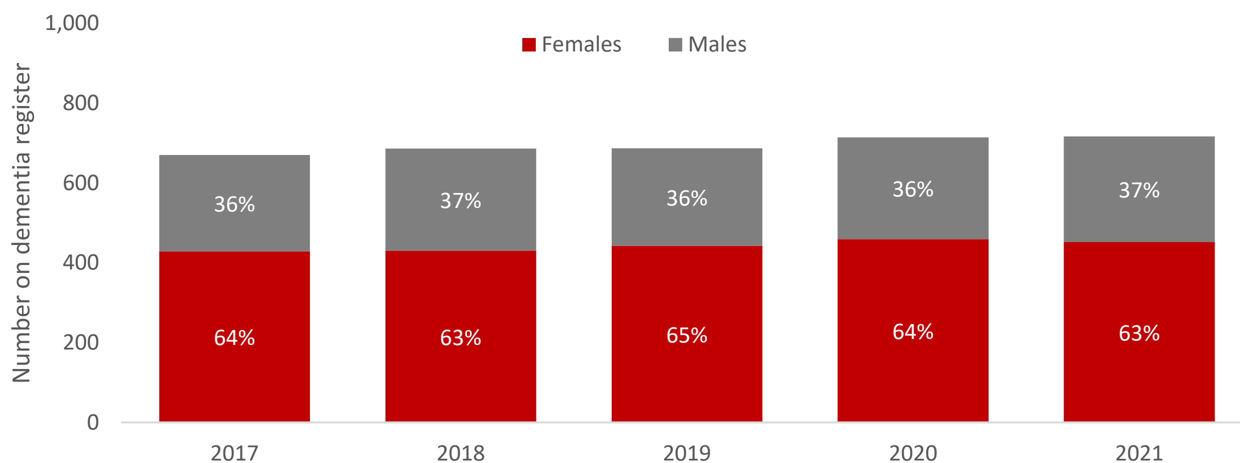
- there were 715 people on the dementia register, under 1% of Jersey's population[37]
- the prevalence in Jersey was comparable to data published in the Quality and Outcomes Framework (QOF) in England[38] for the time period 2020-2021, where England also reported just under 1% prevalence

[35] https://www.nhs.uk/conditions/dementia/symptoms/
[36] 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
[37] Based on the 2021 Census population figures published by Statistics Jersey
[38] Quality and Outcomes Framework, 2021-22 - NHS Digital

The average age of patients on the register was 84, but those on the register ranged in age between 53 and 102 years old[39].

A higher proportion of patients on the dementia register were female (63%) compared to male (37%), 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.

Figure 25. Patients on the dementia JQIF register split by gender, between 2017 and 2021.

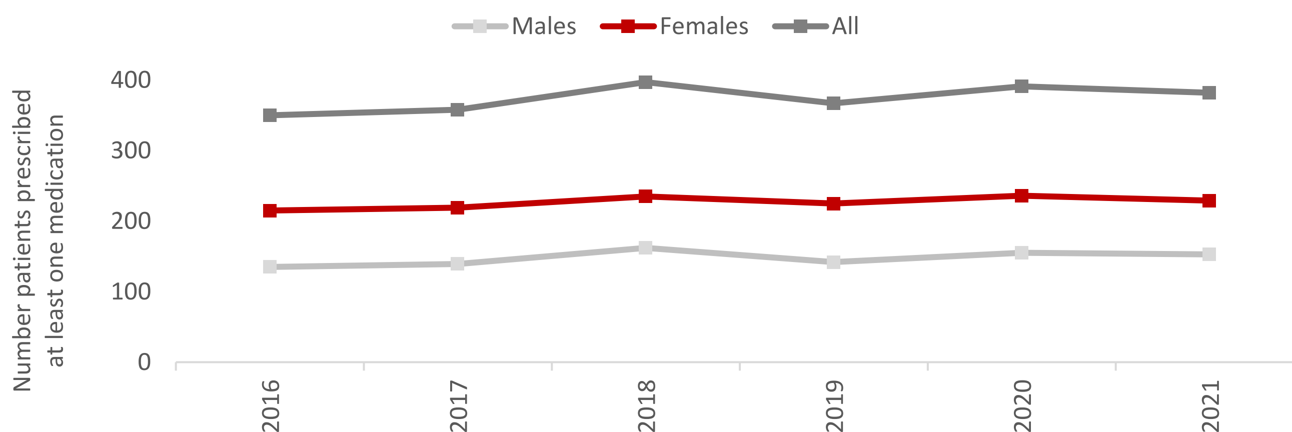


Prescriptions for dementia medications

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

- in 2021, 400 individuals overall were prescribed dementia medications in Jersey
- the number of patients who have been prescribed dementia medication has risen by 9% since 2016
- in England 0.5% of the population were prescribed dementia medication in 2020[40], a similar proportion as in Jersey in 2021 (around 0.4%)

Figure 26. Number of patients prescribed at least one item for Dementia and Alzheimer's. Data sourced from EMIS



[39] Long term conditions as defined in the JQIF – further details available in Multi-morbidity Report 2021

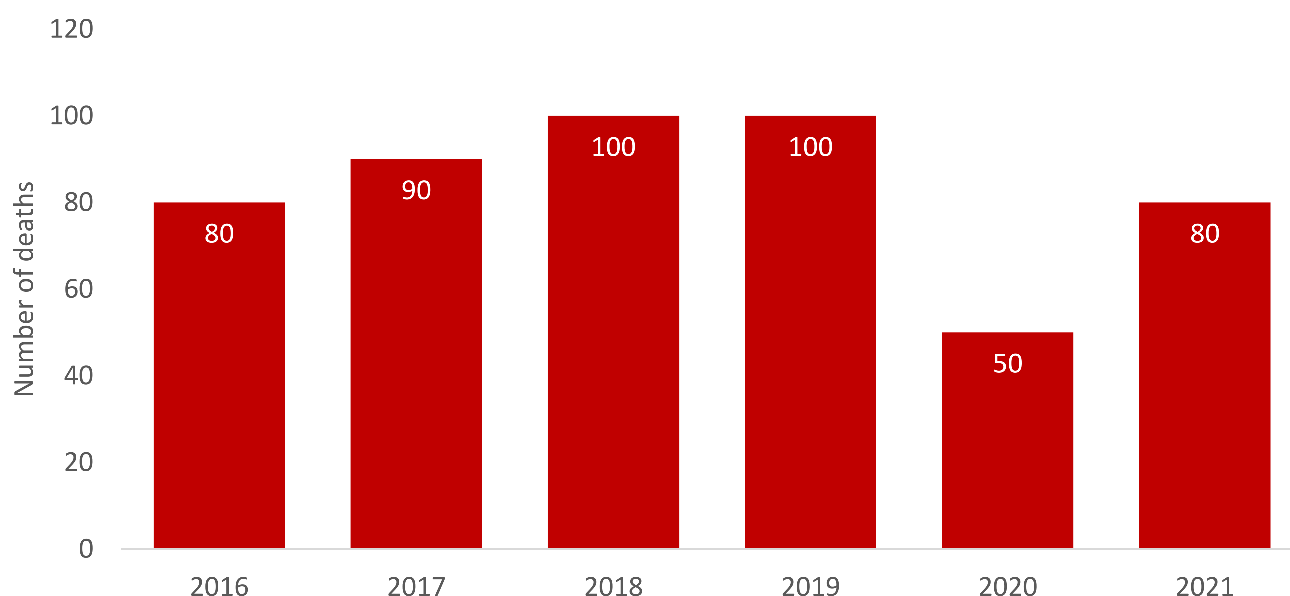
[40] Medicines Used in Mental Health – England – 2015/16 to 2020/21 | NHSBSA

Mortality with underlying cause: Dementia and Alzheimer's disease

In 2021:

- Dementia and Alzheimer's disease was the leading cause of death in Jersey, whilst in England and Wales in 2021 dementia and Alzheimer's disease was the second most common cause of death (after COVID-19)[41]
- of all deaths registered in Jersey, around 80 (10.1%) were classified with an underlying cause due to Dementia and Alzheimer's disease[42]; in England and Wales, dementia and Alzheimer's disease, accounted for 10.4% of all registered deaths[43]
- the age-standardised mortality rate due to Dementia and Alzheimer's disease was similar in males compared with females (78.0 per 100,000 and 84.7 per 100,000 people respectively)
- the age-standardised mortality rate was statistically similar in Jersey in comparison to 2016 (from 90.3 per 100,000 people in 2016, to 82.5 per 100,000 people in 2021)
- there was a statistically significant lower age-standardised mortality rate in Jersey when compared to the latest available rate for England in 2019 (82.5 per 100,000 people in Jersey, to 115.1 per 100,000 people in England in 2019)

Figure 27. Annual number of deaths with an underlying cause of Dementia and Alzheimer's, Jersey, 2016-2021. Data sourced from the Public Health Mortality Database. Numbers rounded to the nearest 10



[41] Deaths registered in England and Wales - Office for National Statistics (ons.gov.uk)

[42] Leading causes of death in England and Wales (revised 2016) - Office for National Statistics (ons.gov.uk) World Health Organisation ICD-10 codes (X60–X84, Y10–Y34 - Suicide and injury/poisoning of undetermined intent)

[43] Deaths registered in England and Wales - Office for National Statistics (ons.gov.uk)

Notes

Contact details: Please forward any comments or feedback to the Public Health Intelligence Team:

healthintelligence@gov.je

Data Sources

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.

The survey is run, analysed and published by Statistics Jersey. The results of the 2022 survey were unavailable at the time this profile was compiled.

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

Health, Activity and Wellbeing Survey 2021:

This survey was run by the Government of Jersey Public Health Directorate in partnership with Jersey Sport, and collected information on a range of health and well-being topics affecting Islanders. The responses help to give an in-depth picture of the health, activity levels, and general well-being of Islanders today. The survey was run in 2021, partly because there was a pause to the JOLS survey in 2021 whilst Statistics Jersey carried out the Jersey Census

Report can be found here: Health, Activity and Wellbeing Survey 2021 (gov.je)

Jersey Census

The Jersey Census takes place once every decade. The last census took place on 21 March 2021.
The census:

- gives us the most accurate and up-to-date estimate of the number of people and households in Jersey
- asks questions about you and your household to build a detailed picture of Jersey today
- provides a snapshot of who we are as a community and how we live together

Statistics Jersey runs the census. They are professionally and operationally independent from the Government of Jersey.

Published bulletins can be found here: 2021 census results (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 Customer and Local Services Department (CLS), Government of Jersey.

STIA is a type of sickness benefit provided by the Social Security Department 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 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 CLS, 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 "well-being". 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 well-being 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 and Jersey Recovery College) 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

A pilot scheme 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 13 and 25 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 Jersey Mortality Statistics 2021 (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.