

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES  
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ANSWER TO BE TABLED ON TUESDAY 30th JUNE 2020**

**Question**

Given that suicide is reportedly the single biggest killer of men under 45, what is the Minister doing, or what does he plan to do, to address mental health issues amongst this specific demographic?

**Answer**

Suicide is a relatively rare but tragic event that has an impact across our community. Demographic profiles of deaths from suicide have local, regional and national differences. It is important to develop collaborative strategy and interventions in relation to the local situation and we continue to be vigilant to changes in the at-risk populations. Previous research and audit in Jersey reveals that there is a vulnerable cohort of men under 45.

As with other jurisdictions, we recognise that the reasons why people die from suicide are complex and vary. They usually involve multiple factors which lead to an elevated risk. These include social issues such as isolation, debt, unemployment (and, conversely, high stress employment – for example, health workers), health issues – both physical and mental, psychological factors including Post Traumatic Stress Disorder (PTSD), and problematic alcohol and substance use. We work with a significant number of males under 45 who have existing vulnerabilities, which do not result in a risk of suicide. There is, however, an upward trend in the percentage of all assessments that indicate elevated risk of suicidality. We work with those who are in distress and at risk of suicide to reduce these risks.

Improving mental health and wellbeing in this vulnerable group is the primary objective in *Prevention of Suicide in Jersey: A Framework for Action 2015-2020* which has framed the work being done in relation to suicide. Objective three of the framework is to reduce the risk of suicide in high-risk individuals. Although suicide prevention is essentially a public health function, the Mental Health Care Group (MHCG) is supporting the work and the development of other prevention of suicide community initiatives. The MHCG has appointed a suicide lead who is responsible for MHCG (18+) input and action on the framework. The MHCG suicide lead is also the interim chair of the suicide prevention steering group.

The MHCG conducts a real time audit of deaths of service users by suicide. It also works to identify ‘at risk’ populations and emerging trends. There is ongoing review and publication of annual suicide rates completed in compliance with international best practice approaches (please see supporting information below).

Ongoing staff training by the Suicide Prevention Lead has supported awareness and increased competence in both risk assessment and safety planning around self-harm. The service continues to develop a heightened awareness of the potential increased risk of suicide amongst clients, particularly men, with addiction. In response to Covid-19, there is senior management support for [Zerosuicide](#) online awareness training. Planning for implementation is being led by the MHCG suicide lead. Business planning is to start for the introduction of the ‘Suicide Status Form’ [CAMS training](#).

Reduction in deaths from suicide and the number of people at risk requires a whole community approach. There is no one answer. Multiple initiatives, across the life span, that make populations less vulnerable to suicidality are most likely to succeed. MHCG aims to continue a multi-agency co-ordinated approach. Raising awareness and reducing the stigma about seeking help is integral to realising this. Development of the Jersey Suicide Alliance is currently on hold because of Covid-19. There has however already been support from community partners, including the third sector and Parishes. It is recognised that development

of the Alliance is urgent as Covid-19 itself will impact upon suicidality through its direct impact on isolated individuals and the wider impact upon the economy.

### **Supporting information**

The latest public reporting into deaths in Jersey is available here:

<https://www.gov.je/Government/JerseyInFigures/Health/Pages/MortalityLifeExpectancy.aspx>

This includes reporting on deaths by suicide between 2007 and 2017. The number reported in 2017 was 7. Because of the low numbers involved, a demographic breakdown is not provided.