



**Isle of Wight  
Council**

**Isle of Wight Council**

**Healthy People**

**Mental Health and Wellbeing**

**February 2025**

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# 1 Introduction

Our health is one of the most important assets we have as individuals, communities, and society. Health is a state of physical, mental, and social wellbeing, and can be different for different people. For example, for one person, the most important thing for their health might be whether they are able to spend time with those they love. For another, it might be their ability to work and support their family. Summary statistics can help us describe key aspects of health across different life stages within our communities and population on the Isle of Wight.

Local public health teams work in collaboration with other organisations to empower people to take control of their own health, reduce health inequalities and, ultimately, to prevent people experiencing ill health in the first place. To support this, Public Health commission and provide a range of public health services for Island residents such as smoking cessation, weight management, NHS Health checks and substance misuse services.

Data describing the population's health and the current and future health needs are important to understand, to be able to provide services in the best way. This will ensure the best health outcomes for the population of the Isle of Wight.

Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. Health inequalities arise because of the conditions in which we are born, grow, live, work and age. These conditions, or determinants, influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing<sup>1</sup>.

This chapter focuses on the health outcomes of our population, the health inequalities which are evident and the potential impacts of the COVID-19 pandemic. The data in this report can be explored further by district and Primary Care Networks in the [JSNA Healthy People data report](#).

Our behaviours, personal circumstances including demographics and where we live hugely affect our own life expectancy and health. These influences and risk factors on our health and wellbeing should also be considered when exploring health outcomes and are discussed in more detail in the accompanying [JSNA reports](#).

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<sup>1</sup> [Addressing health inequalities through collaborative action: briefing note](#)

## 2 Mental Health and Wellbeing

This report summarises and supports the data and evidence presented in Healthy People<sup>2</sup>, covering:

- Adult Mental Health disorders: self-reporting wellbeing and prevalence of common mental health disorders
- Children and Young People Wellbeing and common mental health disorders
- Serious Mental Illness (SMI): Prevalence, outcomes, health checks, admissions and mortality
- Mental Health Services: Referrals and admissions

Wellbeing is not just the absence of disease or illness and can be impacted by a person's physical, mental and emotional health and wider determinant factors, such as work, housing, relationships and education. Wellbeing is strongly linked to happiness and life satisfaction. In short, wellbeing could be described as how you feel about yourself and your life<sup>3</sup>.

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<sup>2</sup> [JSNA Healthy People Data Report](#)

<sup>3</sup> [Wellbeing - Better Health Channel](#)

## 3 Common mental health disorders

Common mental disorders (CMDs) comprise different types of depression and anxiety. They cause marked emotional distress and interfere with daily function, but do not usually affect insight or cognition. Although usually less disabling than major psychiatric disorders, their higher prevalence means the cumulative cost of CMDs to society is great<sup>4</sup>.

### 3.1 Prevalence in people aged 16yrs and over

The Adult Psychiatric Morbidity Survey<sup>5</sup> identifies six types of CMD in people aged 16 years and over, these are: depression, generalised anxiety disorder (GAD), panic disorder, phobias, obsessive compulsive disorder and not otherwise specified. Surveys have been carried out in 1993, 2000, 2007 and 2014. Although these survey data are now more than ten years old and pre-date any impact the pandemic has had on our mental health, the trends and differences between men in women remain important to understand.

Around 19% of 16- to 64-year-olds reported experiencing any common mental health disorder (CMD), in any given week in England. Women were more likely than men to have reported any CMD, in the 16- to 64-year-old population. Mixed anxiety and depression were the most reported mental health problem for both males and females<sup>6</sup>.

Figure 1 shows an increase in the prevalence of CMD, this is particularly evident for women. The survey also reported that since the previous survey (2007), increases in CMD have also been evident among late midlife men and women (aged 55 to 64)<sup>7</sup>.

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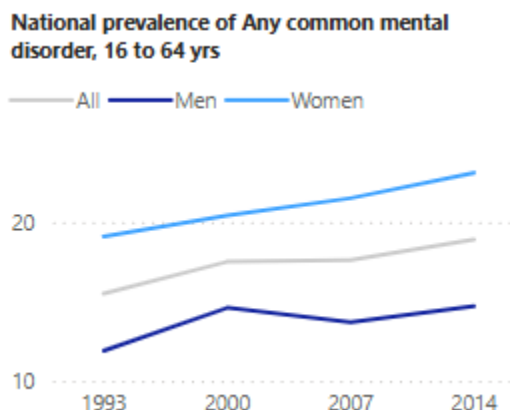
<sup>4</sup> [Adult Psychiatric Morbidity Survey - Common Mental Disorders](#)

<sup>5</sup> [Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014. - NHS England Digital](#)

<sup>6</sup> [\[ARCHIVED CONTENT\] UK Government Web Archive - The National Archives](#)

<sup>7</sup> [Adult Psychiatric Morbidity Survey - Common Mental Disorders](#)

**Figure 1:** National prevalence of common mental health disorders, 16 to 64 years



Source: Adult Psychiatric Morbidity Survey

In 2017, there were an estimated 19,700 people aged 16 years and over on the Isle of Wight with a CMD and 4,150 people aged over 65 years with a CMD<sup>8,9</sup>. Local trend data are not available.

Mental Health problems can be experienced by anyone. However, there are certain population groups who are more likely to experience poor mental health. Mind<sup>10</sup> reports these are:

- **People who identify as LGBTQI+:** LGBTQI+ people are between 2-3 times more likely than heterosexual people to report having a mental health problem in England.
- **Black or Black British people:** 23% of Black or Black British people will experience a common mental health problem in any given week, compared with 17% of White British people.
- **Young women aged 16 to 24:** An increasing number of young women aged 16 to 24, 26%, report having a common mental health problem in any given week compared with 17% of adults.
- Around 40% of people in England who have overlapping problems including **homelessness**, **substance misuse** and **contact with the criminal justice system** in any given year also have a mental health problem.

<sup>8</sup> [Common Mental Disorders | Fingertips | Department of Health and Social Care](#)

<sup>9</sup> [Common Mental Disorders | Fingertips | Department of Health and Social Care](#)

<sup>10</sup> [Mental health facts and statistics - Mind](#)

The Adult Psychiatric Morbidity Survey also found CMDs were more prevalent in adults under the age of 60 who lived alone, women who lived in large households, adults not in employment, those in receipt of benefits and those who smoked. These associations are in keeping with increased social disadvantage and poverty being associated with higher risk of CMD<sup>11</sup>.

The [Major Conditions report](#) has data on diagnosed mental health condition where severe mental illness, or an active diagnosis of anxiety or depression is recorded on the GP record. Figure 3 demonstrates the directly standardised rate (DSR) of prevalence per 100,000 and how that compares to the total area DSR.

**Figure 3:** Prevalence of mental health across the Isle of Wight compared to the total area DSR

**Condition prevalence** - DSR per 100,000 population included in Health Analytics



### 3.2 Depression Prevalence

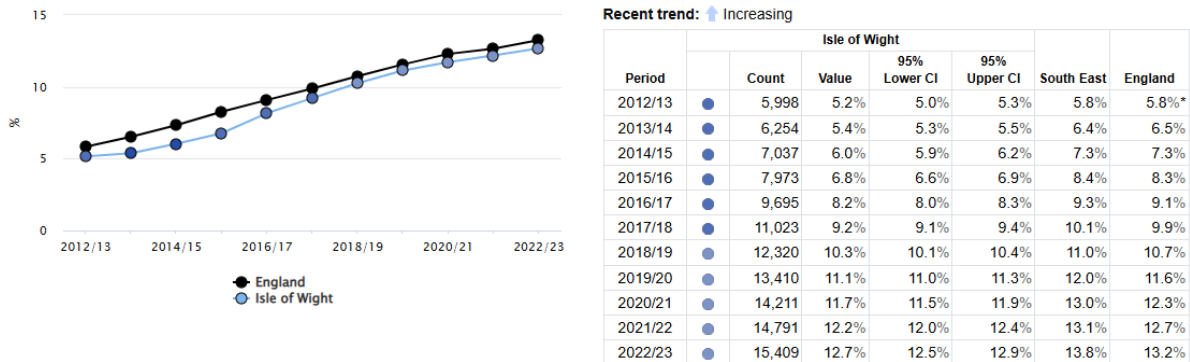
There are around 15,400 patients on the Isle of Wight, aged 18 and over, who have depression recorded on their practice disease register in 2022/23<sup>12</sup>. Figure 2 shows that the prevalence of depression on the Isle of Wight, 12.7%, is lower than the England prevalence of 13.3%. Isle of Wight follows the England trend with an increasing prevalence of depression over the last ten years<sup>13</sup>.

<sup>11</sup> [Adult Psychiatric Morbidity Survey - Common Mental Disorders](#)

<sup>12</sup> [Fingertips | Department of Health and Social Care](#)

<sup>13</sup> [Fingertips | Department of Health and Social Care](#)

**Figure 2: Depression: QOF recorded prevalence (aged 18+)**



Source: NHS England

### 3.3 Anxiety

On the Isle of Wight, almost one in four people (23.9%) people aged 16+ had a high anxiety score in 2022/23, this was similar to prevalence nationally at 23.3%. Nationally, there are clear inequalities. Evidence from the national data shows that people whose working status was inactive; were disabled; and are female had a higher reporting of a high anxiety score when compared to the national percentage of 23.3%<sup>14</sup>.

<sup>14</sup> [Fingertips | Department of Health and Social Care](#)



## 4 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. The first 1,001 days, that is from conception to age two, is a period of uniquely rapid growth, when babies' brains, their sense of self, and their understanding of the world are shaped by their experiences and environments<sup>15</sup>. Sensitive, responsive caregiving including early attachment and bonding during the earliest years of life lay the foundation for later health and wellbeing, the benefits of which last a lifetime. More detail on the first 1,001 days can be found in the JSNA Healthy Lives Report<sup>16</sup>.

Perinatal mental illness affects up to 27% of new and expectant mothers and covers a wide range of conditions<sup>17</sup>. If left untreated, mental health issues can have significant and long-lasting effects on the woman, the child, and the wider family. Studies have also suggested that around 10% of fathers experience depression during the perinatal period<sup>18</sup>.

### 4.1 Prevalence

Nationally, an estimated 100 to 150 in 1,000 women giving birth will experience mild-moderate depressive illness and anxiety in perinatal period<sup>19</sup>. An additional 30 in 1,000 women are estimated to have severe depressive illness. On the Isle of Wight, this equates to an estimated 95 to 145 mothers a year with mild-moderate depressive illness and anxiety in the perinatal period and 30 women with severe depressive illness and anxiety in the perinatal period<sup>20</sup>.

Modelling suggests that in 2019 an estimated 27.5% of females on the Isle of Wight with evidence of a birth event (live birth, stillbirth and late miscarriage) were expected to have perinatal mental health conditions (this includes pre-existing or newly diagnosed mental health conditions during perinatal period)<sup>21</sup>. This is slightly higher than the national estimated prevalence of 25.8%.

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<sup>15</sup> [The Best Start for Life - A Vision for the 1,001 Critical Days](#)

<sup>16</sup> [JSNA Healthy Lives](#)

<sup>17</sup> [NHS England » Perinatal mental health](#)

<sup>18</sup> [Prenatal and Postpartum Depression in Fathers and Its Association With Maternal Depression: A Meta-analysis | Depressive Disorders | JAMA | JAMA Network](#)

<sup>19</sup> [Methodology and supporting information: children living with parents in emotional distress, March 2022 update - GOV.UK](#)

<sup>20</sup> [Birth characteristics - Office for National Statistics](#) – based on 2022 maternity figures

<sup>21</sup> [Perinatal Mental Health | Fingertips | Department of Health and Social Care](#)

Data on local prevalence is limited and there is no data for the number of hospital admissions. However, NHS Digital Statistics Contact show that a total of 40 people were in contact with specialist perinatal mental health community services in 2020/21<sup>22</sup>. This increased to 65 in 2021/22.

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<sup>22</sup> [NHS England Mental Health Bulletin Dashboard](#)

# 5 Mental health and wellbeing in children and young people

## 5.1 Prevalence

The Mental Health of Children and Young People in England Survey (MHCYP)<sup>23</sup> series provides trend data on the prevalence of different types of specific mental disorders for children and young people. The survey was first conducted in 2017 and follow up waves were conducted in 2020 (where possible), 2021, 2022 and 2023.

In 2023, 20.3% of children aged 8 to 16 years old had a probable mental health condition in England. This is statistically higher than the prevalence in 2017 at 12.5%. For both girls and boys, the prevalence has increased over time. For boys increasing from 12.6% in 2017 to 20.8% in 2023. The prevalence for girls was similar at 19.8% in 2023, increasing from 12.4% in 2017.

Probable mental health prevalence in 2023 varied by population group nationally; here are the key findings<sup>24</sup>:

- About 1 in 5 children and young people aged 8 to 25 years had a probable mental health disorder
- Rates for probable mental health disorders are similar for boys and girls in the younger age groups (8- to 16-year-olds); while in the 17- to 19- and 20- to 23-year-old girls have a significantly higher prevalence of a probable mental health disorder.

Applying these national figures to the local population of the Isle of Wight suggests that there are around 2,740 children aged 8 to 16 years, 940 young people aged 17 to 19 years, 980 young people aged 20 to 23 years with a probable mental health condition. This means there are an estimated almost 4,700 children and young people with a mental health disorder on the Isle of Wight.

## 5.2 Loneliness

The reporting of loneliness was higher in children with a probable disorder, compared to all children. 16.6% of children aged 11- to 16-years-old with a probable disorder felt lonely often or always compared to 5.5% of all children. Girls were more likely to be

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<sup>23</sup> [Mental Health of Children and Young People Surveys - NHS England Digital](#)

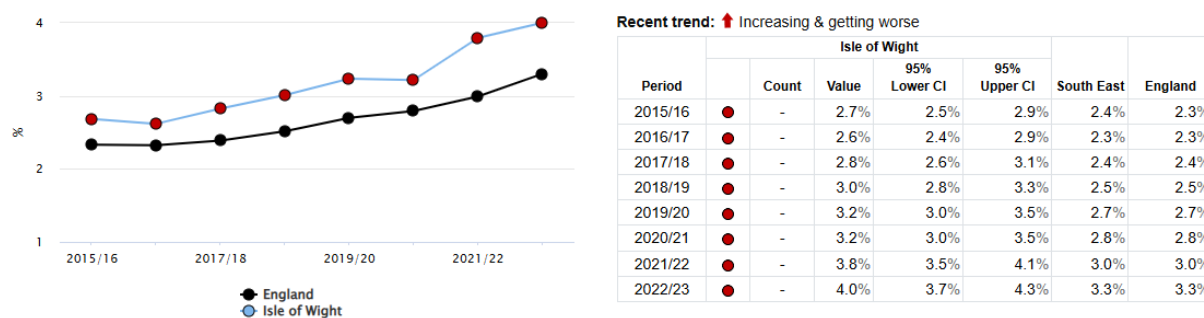
<sup>24</sup> [Mental Health of Children and Young People in England, 2023 - wave 4 follow up to the 2017 survey - NHS England Digital](#)

reporting loneliness in this age group. In 17- to 22-year-olds, the reporting of loneliness was higher. With 29.5% of young people with a probable disorder reporting loneliness and 12% of all young adults aged 17 to 22 years.

### 5.3 Special Education Needs

Within school settings the number of school pupils with Special Education Needs (SEN) where primary need is social, emotional and mental health is recorded. On the Isle of Wight, the percentage is 4.0%, which is significantly worse compared to England at 3.3%<sup>25</sup>. This translates to 668 school pupils on the Isle of Wight. Figure 4 shows an increasing number of school children identified with social, emotional and mental health needs, which is the same as the national trend.

**Figure 4:** Percentage of school pupils with social, emotional and mental health needs



Source: Department for Education  
[Indicator Definitions and Supporting Information](#)

Source: Fingertips | Department of Health and Social Care

Schools data for the Isle of Wight shows that the number of children with an Education Health and Care (EHC) plan with the primary need being social, emotional and mental health has increased from 63 in 2016/17 to 181 in 2023/24. The percentage of children with social, emotional and mental health as the primary need listed on their EHC has increased from 9.9% to 16.0%.

### 5.4 Hospital admissions

Hospital admissions for mental health conditions in the under 18-year-old population has had no significant change over the most recent years. During 2022/23, 35 young people were admitted due to a mental health condition, this equates to an admission rate of 148.6 per 100,000 population and is significantly worse than the England admission rate of 80.8 per 100,000 population<sup>26</sup>.

<sup>25</sup> [Fingertips | Department of Health and Social Care](#)

<sup>26</sup> [Child and Maternal Health | Fingertips | Department of Health and Social Care](#)

## 6 Severe Mental Illness (SMI)

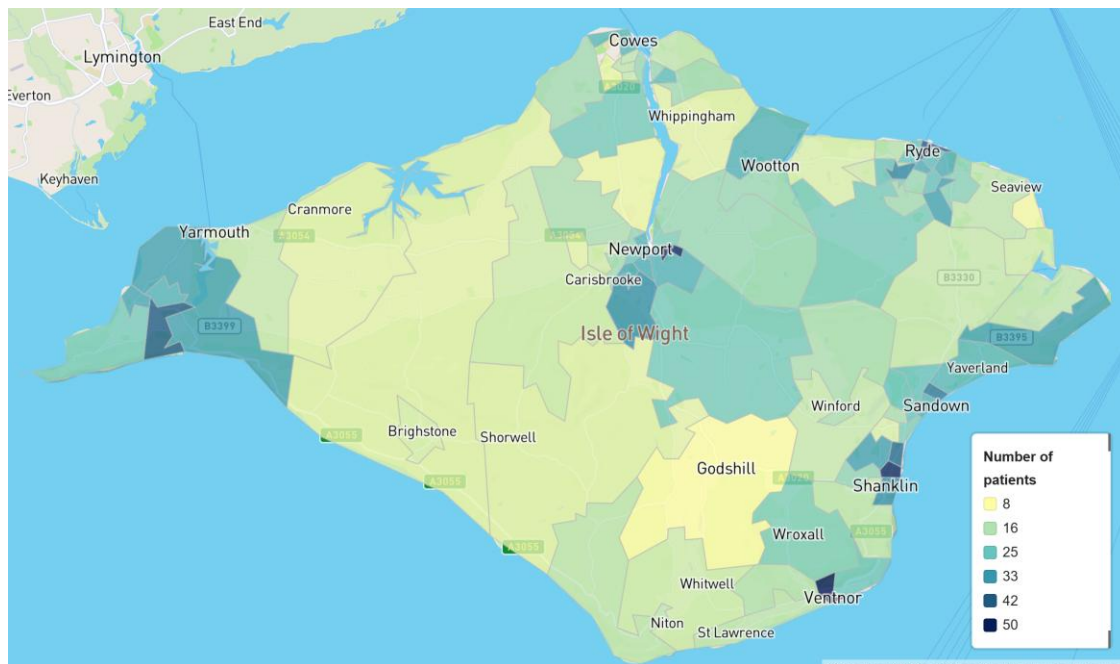
Severe mental illness (SMI) refers to people with psychological problems that are often so debilitating that their ability to engage in functional and occupational activities is severely impaired. Schizophrenia, bipolar affective disorder and other psychoses are included under SMI.

### 6.1 Prevalence

The number of patients with SMI registered with a GP practice is recorded through the Quality Outcomes Framework (QOF). QOF data includes: all patients with a diagnosis of schizophrenia, bipolar affective disorder and other psychoses to avoid a generic phrase that is open to variations in interpretation. Nationally, in 2023/24, the prevalence of SMI was 1.0% for all ages, and across the Isle of Wight the prevalence was higher at 1.2%<sup>27</sup>. This equates to around 1,800 people across the Isle of Wight.

Figure 5 highlights small area variation across the Island of SMI, with a higher number of patients recorded with SMI in certain MSOAs in Newport, Shanklin, Ryde and Ventnor.

**Figure 5:** Prevalence of serious mental illness on the Isle of Wight, 2020/21



Source: QOF, Microsoft Power BI

<sup>27</sup> [Fingertips | Department of Health and Social Care](#)

People with a long-standing mental health problem are twice as likely to smoke, with the highest rates among people with psychosis or bipolar disorder. Compared with the general patient population, patients with SMI are at substantially higher risk of obesity, asthma, diabetes, chronic obstructive pulmonary disease (COPD) and cardiovascular disease<sup>28</sup>. People with SMI make more use of secondary urgent and emergency care, and experience higher premature mortality rates<sup>29</sup>.

Public Health England conducted analysis<sup>30</sup> exploring the inequalities of physical health in people with SMI. It found that SMI patients are more likely to have one or more of the physical health conditions compared with all patients and this inequality was greatest in the younger age bands. Patients living in more deprived areas have a higher prevalence of SMI and higher prevalence of co-occurring physical health conditions.

## 6.2 Health checks for people with SMI

Adults living with SMI have an increased risk of dying prematurely, a disparity that is largely due to preventable physical illnesses. Due to this, annual health checks for this vulnerable population have been identified as a priority in the NHS Long Term Plan<sup>31</sup> and CORE20PLUS5 initiative<sup>32</sup>. There are six physical health elements to the ‘core’ annual SMI physical health check alcohol consumption, blood glucose, blood lipid, blood pressure, BMI and smoking status<sup>33</sup>.

NHS England have published data by Sub-integrated care board (ICB) for people with severe mental health illness (SMI) receiving a full physical health check<sup>34</sup>. The health checks can be delivered in either primary or secondary care. The data presented are considered experimental because the data is known to be incomplete, Firstly, a number of Sub-ICBs who have not supplied information, and secondly some of those that have supplied information have supplied partial data. Care must therefore be taken when interpreting these results.

In NHS Hampshire, Southampton and Isle of Wight ICB, 60.8% of SMI patients in 2023/24 received all six physical health checks<sup>35</sup>. Breaking down the health check into categories, smoking had the highest health check uptake at 83.5% and blood lipid was the lowest at 73.2%.

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<sup>28</sup> [Severe mental illness \(SMI\) and physical health inequalities: briefing - GOV.UK](#)

<sup>29</sup> [Severe Mental Illness | Fingertips | Department of Health and Social Care](#)

<sup>30</sup> [Severe mental illness \(SMI\) and physical health inequalities: briefing - GOV.UK](#)

<sup>31</sup> [NHS Long Term Plan » The NHS Long Term Plan](#)

<sup>32</sup> [NHS England » Core20PLUS5 \(adults\) – an approach to reducing healthcare inequalities](#)

<sup>33</sup> [NHS England » Improving the physical health of people living with severe mental illness](#)

<sup>34</sup> [Statistics » Mental health: physical health checks for people with severe mental illness](#)

<sup>35</sup> [Statistics » Mental health: physical health checks for people with severe mental illness](#)

### 6.3 Hospital Admissions

In 2019/20, there were 375 inpatient stays in secondary mental health services, a rate of 291 per 100,000 on the Isle of Wight. This is statistically higher than the England rate of 241 per 100,000<sup>36</sup>. More recent data for 2023/24 is only available for NHS funded secondary mental health, learning disabilities and autism services, in which there were 240 admissions<sup>37</sup>.

### 6.4 Premature Mortality

On the Isle of Wight there were 425 premature deaths in adults aged 18 to 74 with SMI over the three-year period 2021 to 2023<sup>38</sup>. Premature mortality rates in adults with SMI is comparable on the Isle of Wight to England (118.3 compared to 110.8 per 100,000). Similarly, excess under 75 mortality rate in adults with SMI over adults without an SMI is comparable to England. There is a 428.8% higher risk of premature mortality being experienced by adults on the Isle of Wight with SMI, over adults without SMI, compared to England at 383.7%<sup>39</sup>.

People with SMI have similar rates of cancer to the rest of the population but case fatality rates are higher and survival rates are lower for people with SMI<sup>40</sup>. Trends in the premature mortality rates due to cancer, in adults with SMI, have decreased slightly on the Isle of Wight between 2015-17 and 2021-23<sup>41</sup>. Nationally the rate has slightly increased.

Conversely rates for premature mortality due to liver diseases have increased from 7.8 per 100,000 to 10.3 per 100,000<sup>42</sup>. Most liver disease is preventable, and many cases are influenced by alcohol consumption and obesity prevalence, both of which are amenable to public health interventions. People with SMI are at higher risk of obesity than the rest of the population<sup>43</sup>. This stresses the importance of Health Checks as a preventative measure to identify people with a SMI and pre-existing risk factors, such as excess weight and high alcohol intake levels.

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<sup>36</sup> [Severe Mental Illness | Fingertips | Department of Health and Social Care](#)

<sup>37</sup> [NHS England Mental Health Bulletin Dashboard](#)

<sup>38</sup> [Fingertips | Department of Health and Social Care](#)

<sup>39</sup> [Mortality Profile - Data | Fingertips | Department of Health and Social Care](#)

<sup>40</sup> [Fingertips | Department of Health and Social Care](#)

<sup>41</sup> [Fingertips | Department of Health and Social Care](#)

<sup>42</sup> [Fingertips | Department of Health and Social Care](#)

<sup>43</sup> [Fingertips | Department of Health and Social Care](#)

## 6.5 Self-harm and Suicide

Self-harming and substance abuse are known to be much more common in children and young people with mental health disorders. Failure to treat mental health disorders in children can have a devastating impact on their future, resulting in reduced job and life expectations<sup>44</sup>.

Nationally, the rate of young people (10 to 24 years) being admitted to hospital as a result of self-harm is decreasing and getting better. On the Isle of Wight, over the last five data points there has been no significant change. Since 2018/19 the hospital admissions rate as a result of self-harm have been significantly higher than England. During 2021/22, 160 young people aged 10 to 24 years were admitted, and in 2022/23 115 were admitted to hospital on the Isle of Wight<sup>45</sup>. Nationally, levels of self-harm are higher among young women than young men<sup>46</sup>.

Emergency hospital admissions for intentional self-harm (all ages) is also higher than England. In 2021/22, 335 were admitted to hospital and in 2022/23 230 people were. Since 2018/19, the rate on the Isle of Wight has been significantly higher than England, showing 191.5 per 100,000 compared to 126.2 nationally in 2022/23<sup>47</sup>.

The latest local data are for the three-year period 2021 to 2023. Isle of Wight's suicide rate (all persons aged 10+) was 11.9 per 100,000 population (42 deaths over the three years<sup>48</sup>) and remains statistically comparable to the England rate of 10.7 per 100,000. The suicide mortality rate is higher for males compared to females which is comparable to the national trend<sup>49,50</sup>. National inequalities data show that suicide rates (2017-2019) are significantly higher in the most deprived areas at 14.1 per 100,000 compared to 7.4 per 100,000 in the least deprived areas<sup>51</sup>.

Although the suicide rate is comparable to England we must be mindful that there are approximately 14 deaths by suicide on the Isle of Wight every year. Some studies estimate that for every suicide up to 135 people can be affected<sup>52</sup> and therefore the impact on our communities is significant.

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<sup>44</sup> [Children and young people's mental health - Health and Social Care Committee](#)

<sup>45</sup> [Child and Maternal Health - Data | Fingertips | Department of Health and Social Care](#)

<sup>46</sup> [Fingertips | Department of Health and Social Care](#)

<sup>47</sup> [Severe Mental Illness | Fingertips | Department of Health and Social Care](#)

<sup>48</sup> [Suicide Prevention | Fingertips | Department of Health and Social Care](#)

<sup>49</sup> [Suicide Prevention | Fingertips | Department of Health and Social Care](#)

<sup>50</sup> [Suicide Prevention | Fingertips | Department of Health and Social Care](#)

<sup>51</sup> [Health Inequalities Dashboard](#)

<sup>52</sup> [How many people are affected by one suicide? - Centre for Suicide Prevention](#)