

INFORMATION
ANALYSIS
DIRECTORATE



Health Survey (NI) First Results 2020/21



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

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Health Survey (NI): First Results 2020/21

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This publication is a summary of the main topics included in the 2020/21 Health Survey. Further bulletins and tables will be made available on the Health Survey page on the Departmental website.

<https://www.health-ni.gov.uk/topics/doh-statistics-and-research/health-survey-northern-ireland>

Any statistics used must be acknowledged and sourced to the Health Survey Northern Ireland, Department of Health.

Impact of the coronavirus (COVID-19) pandemic on data collection

Due to the coronavirus (COVID-19) pandemic, data collection for the 2020/21 Health Survey Northern Ireland moved from face-to-face interviewing to telephone mode.

There are a number of factors which users should take into consideration when interpreting the 2020/21 results and care should be taken when comparing these to previously published findings.

- The change in data collection mode from face-to-face to telephone may have altered how people responded to the survey.
- The change in data collection mode necessitated a reduction in the number of questions and changes to how some questions were asked or presented as well as the response categories associated with them. This may also have implications for how people responded to the survey.
- The achieved response rate on the survey in telephone mode was 18% and this is a lower response compared to the normal achieved response rate of 55% in face-to-face mode. This has reduced the number of cases at the household and individual levels; the final achieved sample was 1,408 individuals. The precision of the survey estimates in the 2020-21 year is thus reduced compared to previous findings, in particular when broken down by sub-groups of the population; the accompanying trend tables outline the survey estimates and the respective confidence intervals.
- The demographic profile of the achieved sample has changed in comparison with previous years including more of an under-representation of people aged 16-44 and there are fewer households from the most deprived areas and more households from the least deprived areas. To account for this, a weight based on sex, age and Multiple Deprivation Measure (MDM) was applied to the data. Whilst this weighting should reduce bias in the results, it cannot eliminate all forms of bias which may be present in the data. For some topics that are generally higher in deprived areas, it is possible that the findings may underestimate true prevalence. It should be noted that this is the first year MDM has been incorporated into the health survey weight variable. The weights for previous years were based on sex and age.

Any changes within the 2020-21 data compared to previous years have to be considered in the context of all of the above. Caution should be taken in reaching any conclusions based on 2020-21 data and comparisons with previous years as the findings may not be directly comparable with previous years.

Please note that this report is based on findings for 2020/21 and as such, individual responses to some behavioural, attitudinal and health related questions may also be impacted to a degree by which Government restrictions were in place for the pandemic at the time the interviews took place. As interviews were carried out across the period June 2020 to March 2021, the figures in the report can be regarded as a representative average across the whole year.

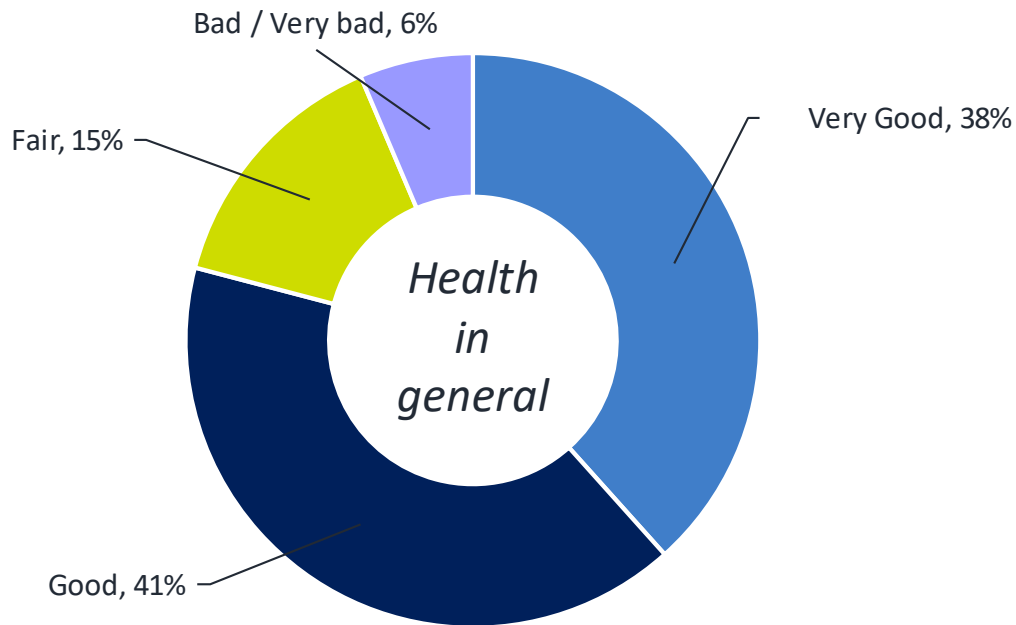
Further details on these changes can be found in a document published alongside this bulletin, titled 'Health Survey Northern Ireland - Things users need to know'.

General Health

In 2020/21, four-fifths of respondents (79%) rated their general health as very good or good; higher than in 2019/20 (71%). A small proportion of respondents (6%) rated their general health as bad or very bad good; lower than in 2019/20 (10%).



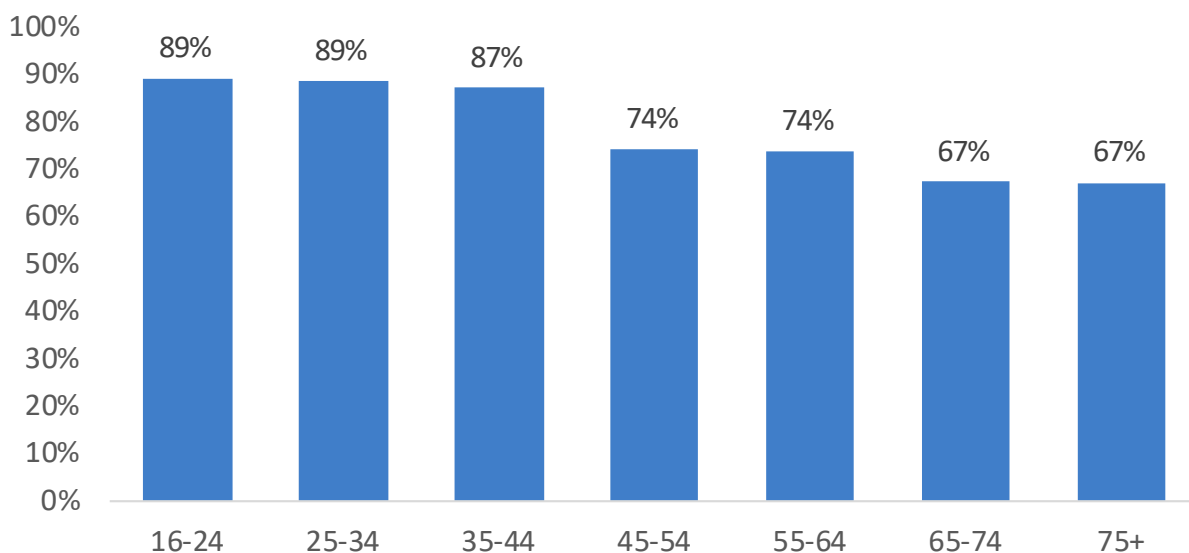
How is your health in general?



General health by Age

Very good or good self-assessed general health declined with age from 89% of 16-24 year olds to 67% of those aged 65+.

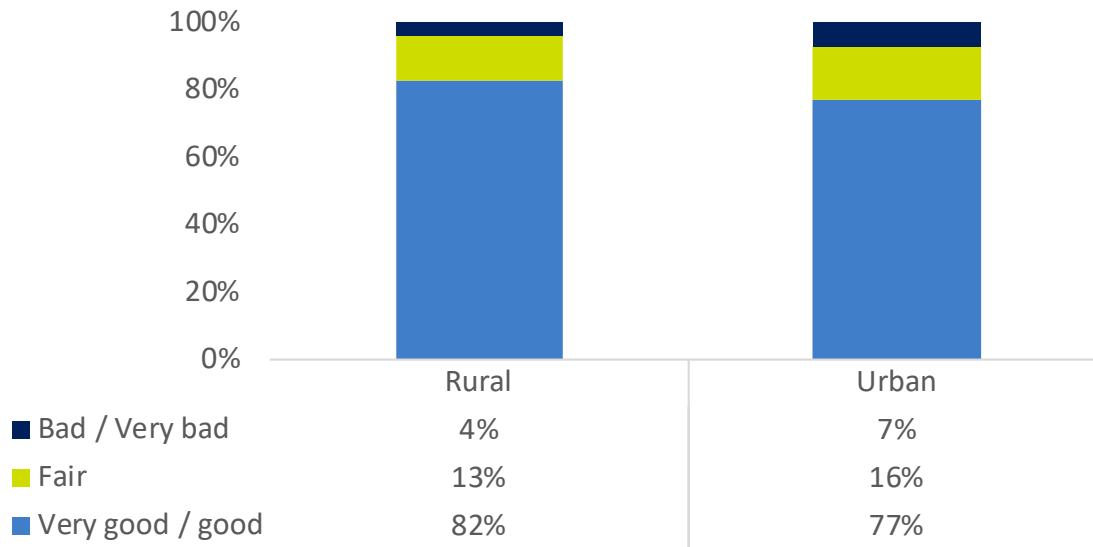
Very good / good general health by age



General health by Urban-Rural area

Four-fifths (82%) of those living in rural areas rated their health as good or very good compared with three-quarters (77%) of those living in urban areas. Those living in urban areas (7%) were almost twice as likely to rate their general health as bad or very bad compared with those living in rural areas (4%).

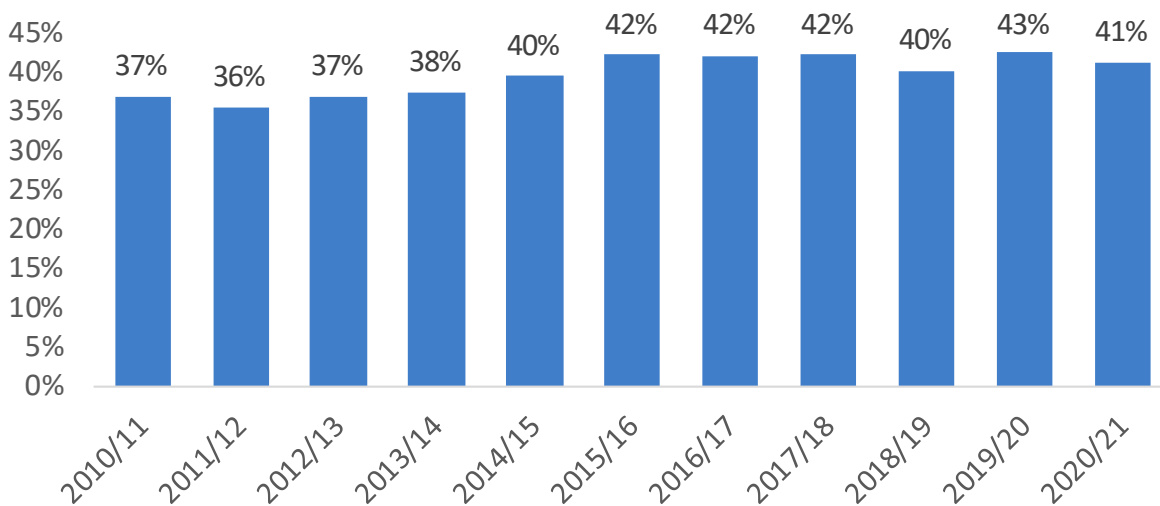
Very good / good general health by Urban-Rural area



Long-term conditions

Two-fifths of respondents (41%) have a physical or mental health condition or illness expected to last 12 months or more (similar to 2019/20). This increased with age from 27% of those aged 16-24 to 69% of those aged 75 and over.

Long-term conditions by year*



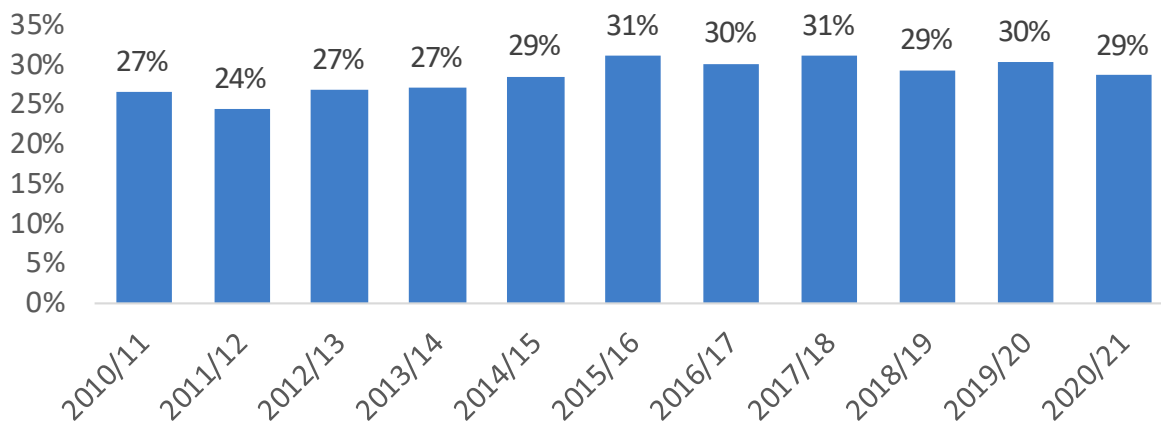
Half (50%) of those living in the most deprived areas reported a long-term condition compared with less than two-fifths (37%) of those in the least deprived areas.

* Please note that caution should be taken when making comparisons with previous years as the findings may not be directly comparable.

Limiting long-term conditions

Less than a third (29%) of respondents have a long-standing illness that reduces their ability to carry out day-to-day activities (similar to 2019/20).

*Limiting long-term conditions by year**



Prevalence increased with age with 13% of those aged 16-24 reporting a limiting long-term condition compared with 56% of those aged 75 and over.

Most of those (88%) with limiting long-term conditions reported their ability to carry out day-to-day activities had been reduced for 12 months or more.

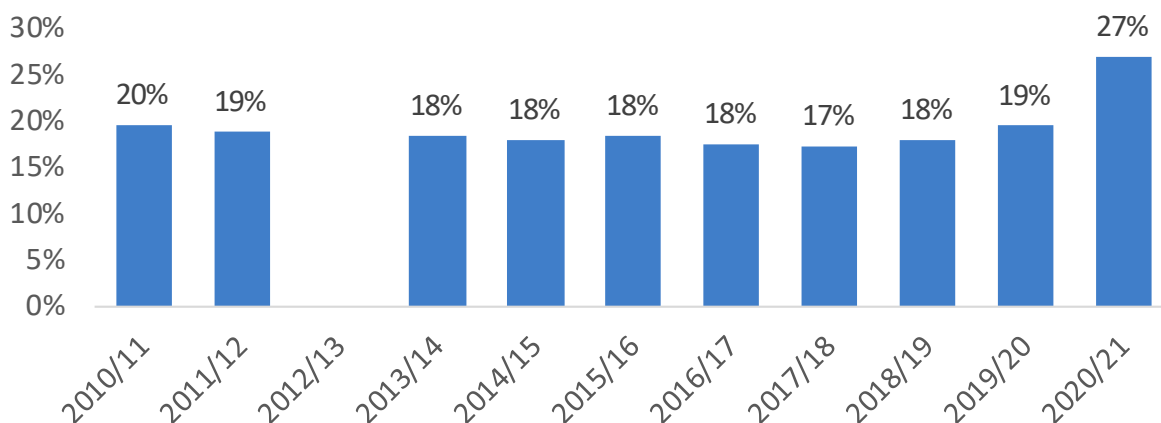
Mental Health

GHQ12

Around a quarter (27%) of respondents had a high GHQ12 score, which could indicate a mental health problem (23% males; 30% females). This was significantly higher than in 2019/20 (19% overall; 18% males and 21% females).



*High GHQ12 score by year**



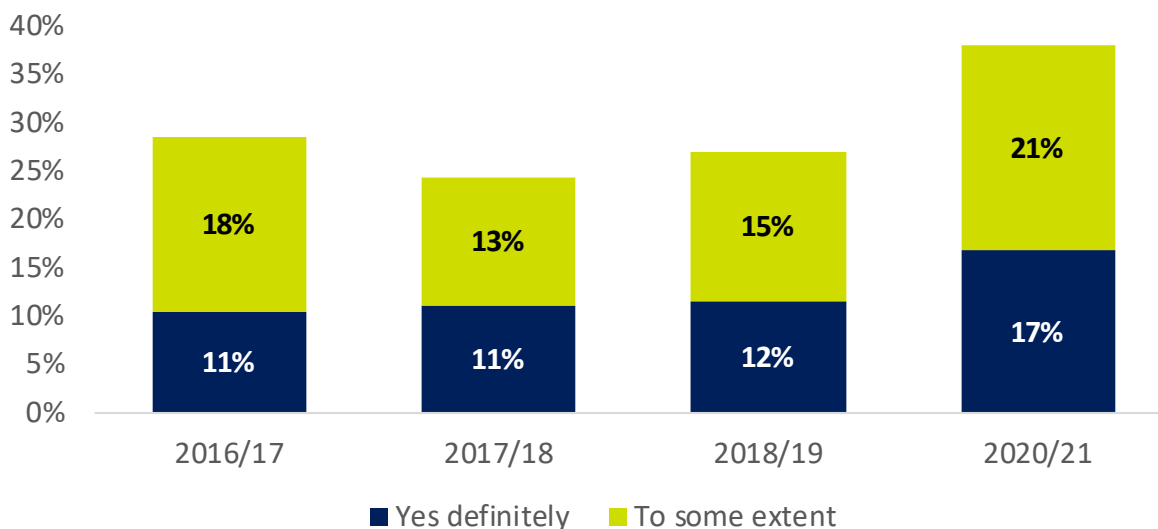
A third (33%) of those in the most deprived areas had a high GHQ12 score compared with around a quarter (23%) of those living in the least deprived areas.

* Please note that caution should be taken when making comparisons with previous years as the findings may not be directly comparable.

Concerns about own mental health

In 2020/21, almost two-fifths (38%) of respondents reported having concerns about their own mental health in the past year (17% definitely; 21% to some extent). This was significantly higher than in 2018/19 (27% overall; & 12% definitely; 15% to some extent).

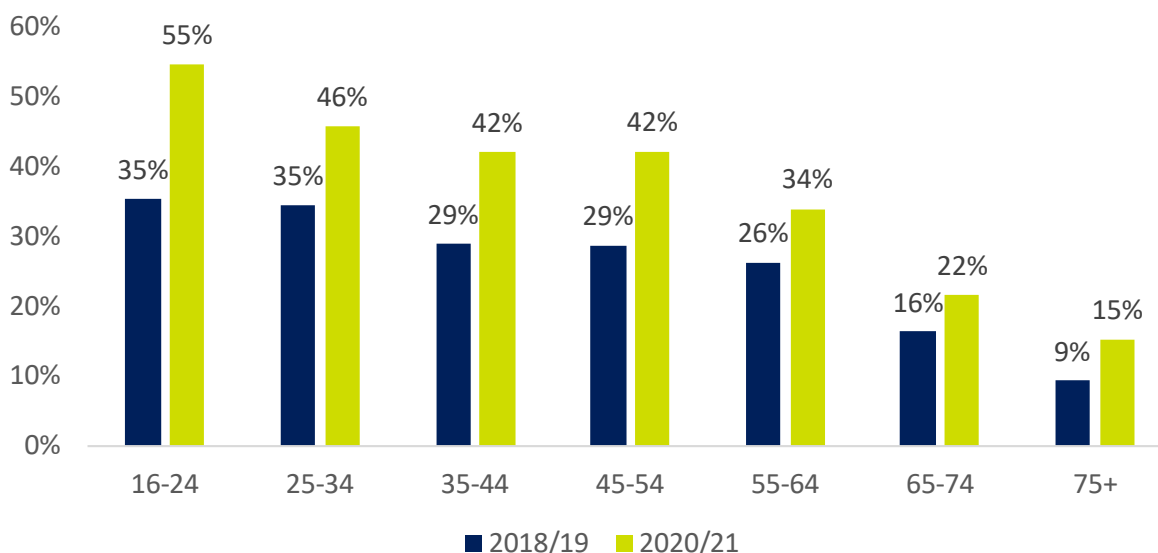
*Concerns about own mental health by year**



Concerns about own mental health by age

Over half (55%) of those aged 16-24 had concerns about their own mental health in the past year compared with 15% of those aged 75+. This was significantly higher than in 2018/19 for all age groups except those aged 65-74.

*Concerns about own mental health in past year (Definite and to some extent) by Age – 2018/19 and 2020/21 compared**



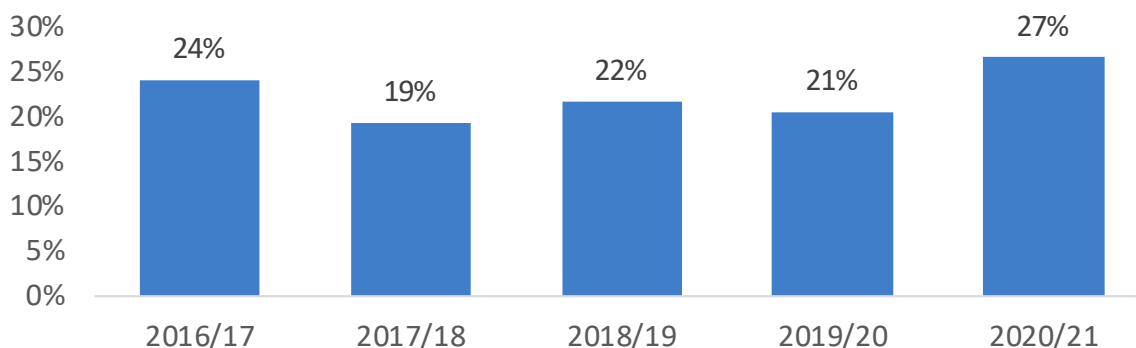
* Please note that caution should be taken when making comparisons with previous years as the findings may not be directly comparable.

Loneliness

Over a quarter of respondents (27%) exhibited signs of loneliness by scoring highly on the UCLA loneliness scale (a score of six or more denotes showing signs of loneliness). This was significantly higher than in 2019/20 (21%).



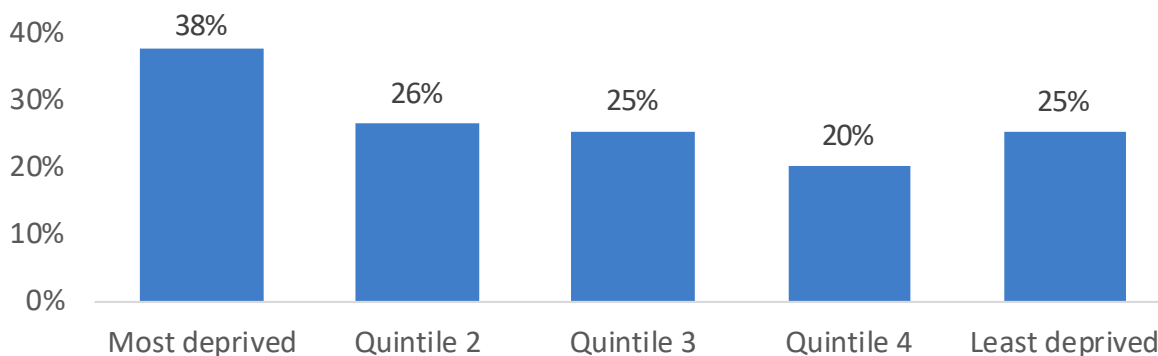
*Respondents showing signs of loneliness by year**



There was no significant difference found between males and females, by age group or by urban-rural area.

Those living in the most deprived areas (38%) were more likely to show signs of loneliness than those living in all other areas (20-26%).

Respondents showing signs of loneliness by deprivation quintile



Most respondents said that it was certainly true that there were people among their family or friends who could be relied on no matter what happens (88%), would see that they were taken care of if needed (89%) or made them feel an important part of their life (86%).

A third (34%) of respondents had six or more people they could count on if they had serious personal problems, while a fifth (19%) had two or less. Those in the most deprived areas (30%) were more likely to have two or less people they could count on than all other deprivation quintiles.

Almost three-fifths (57%) said that it would be very easy or easy to get practical help from neighbours if needed. This was true for two-thirds (69%) of those aged 65 and over. Respondents living in the most deprived areas (29%) were three times more likely to find it difficult or very difficult to get help from neighbours than those in the least deprived areas (9%).

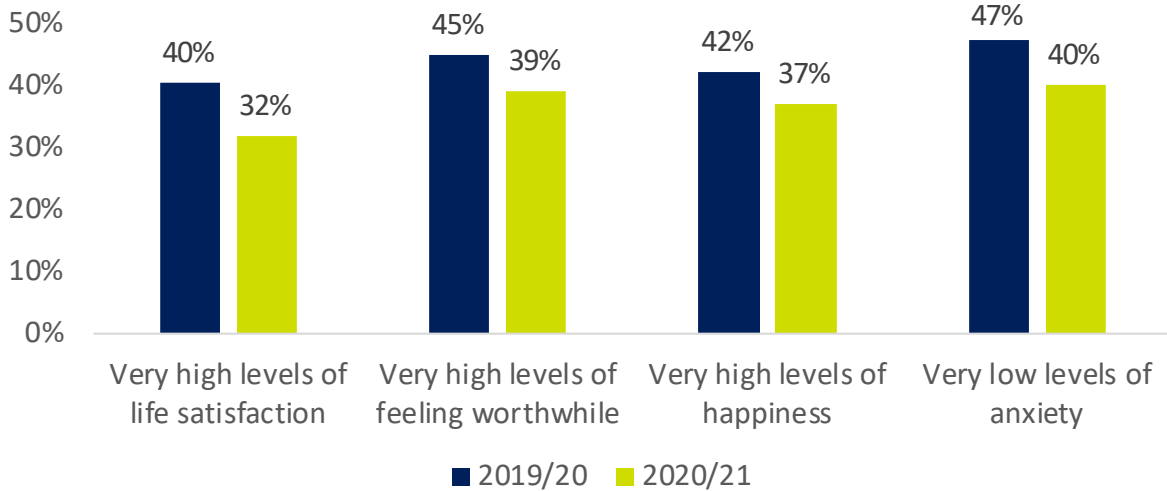
* Please note that caution should be taken when making comparisons with previous years as the findings may not be directly comparable.

Wellbeing

In 2020/21 the proportion of respondents reporting very high levels of satisfaction with life, happiness and feeling worthwhile all fell since 2019/20. There was also a drop in the proportion of respondents (40%) reporting very low levels of anxiety (47% in 2019/20).



*Wellbeing - 2019/20 and 2020/21 compared**



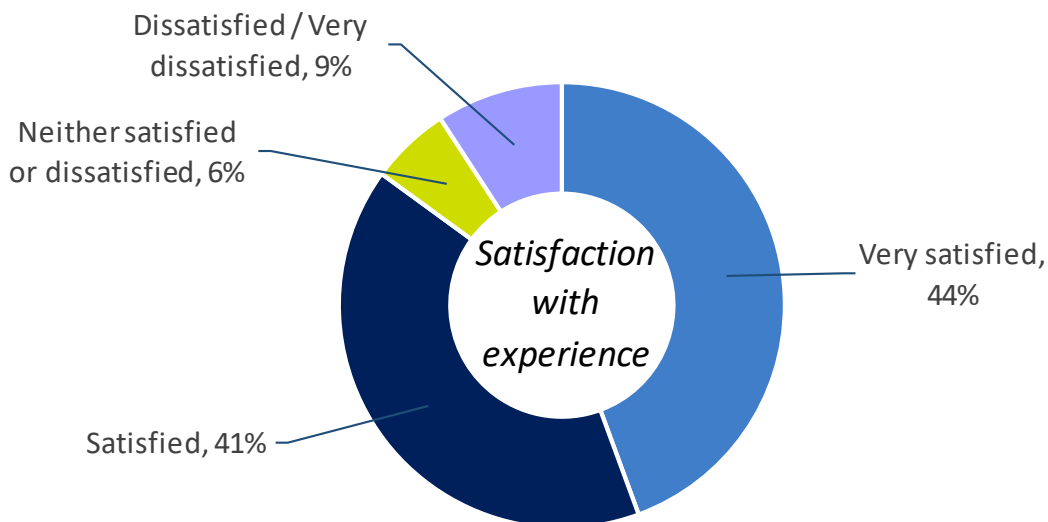
Satisfaction with health and social care

Three-quarters of respondents (75%) had contact with the Health and Social Care System in Northern Ireland.

Of these, 85% were either very satisfied or satisfied with their experience, while around a tenth (9%) were either dissatisfied or very dissatisfied.



Satisfaction with the overall experience you received from the Health and Social Care System during the last year



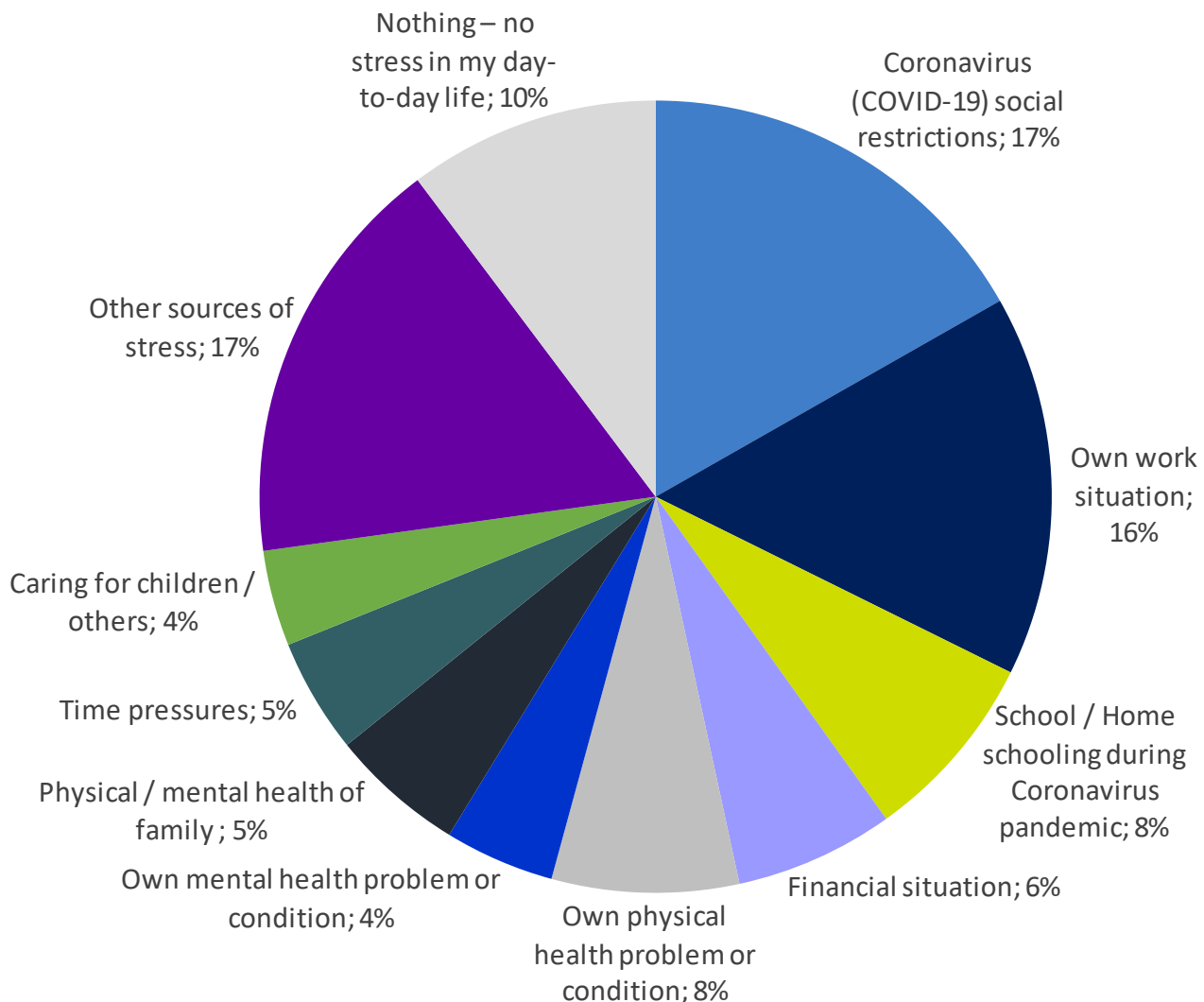
* Please note that caution should be taken when making comparisons with previous years as the findings may not be directly comparable.

Stress

In 2020/21, Coronavirus (COVID-19) social restrictions was the most important thing contributing to feelings of stress in day-to-day life for almost a fifth (17%) of respondents. This was closely followed by own work situation (e.g. hours of work, working conditions) (16%).



Most important thing contributing to feelings of stress in day-to-day life



Most important source of stress by age

School / Home schooling during the Coronavirus pandemic was the most important source of stress cited by two-fifths (38%) of those aged 16-24, while own work situation (e.g. hours of work, working conditions) was the most important source of stress for around a quarter of those aged 25-54. Coronavirus (COVID-19) social restrictions were the most important source of stress for a third (32%) of those aged 65-74 and a quarter (25%) of those aged 75+.

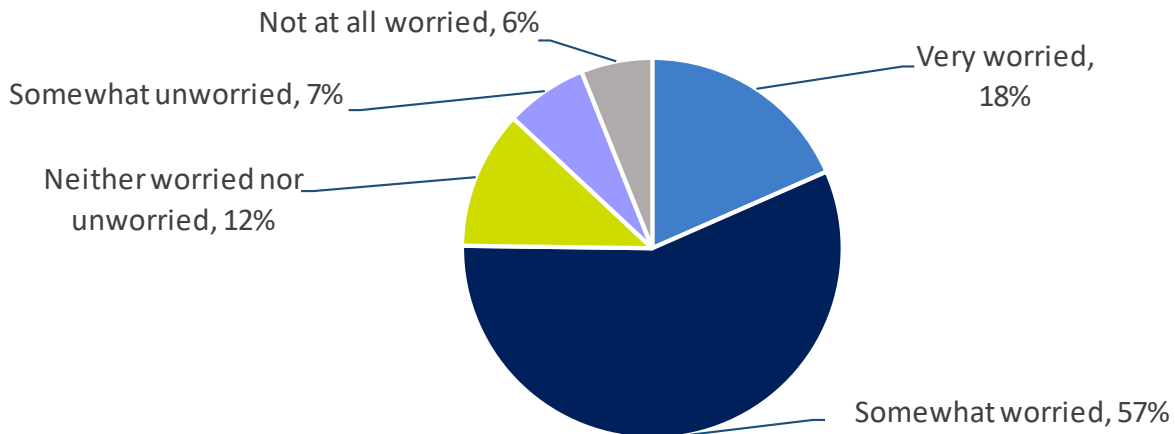
One in ten (10%) reported having no stress in their day-to-day life. Over a quarter (29%) of those aged 75+ said that they had no stress.

Worries about effect of Coronavirus pandemic on life

Almost a fifth (18%) of respondents reported that they were very worried about the effect that Coronavirus was having on their life, while a further 57% were somewhat worried.



How worried or unworried are you about the effect that Coronavirus (COVID-19) is having on your life right now?



Those in the most deprived areas (27%) were more likely to report being very worried about the effect that Coronavirus was having on their life than those living in all other areas (15-19%).

Expected financial situation over next 12 months

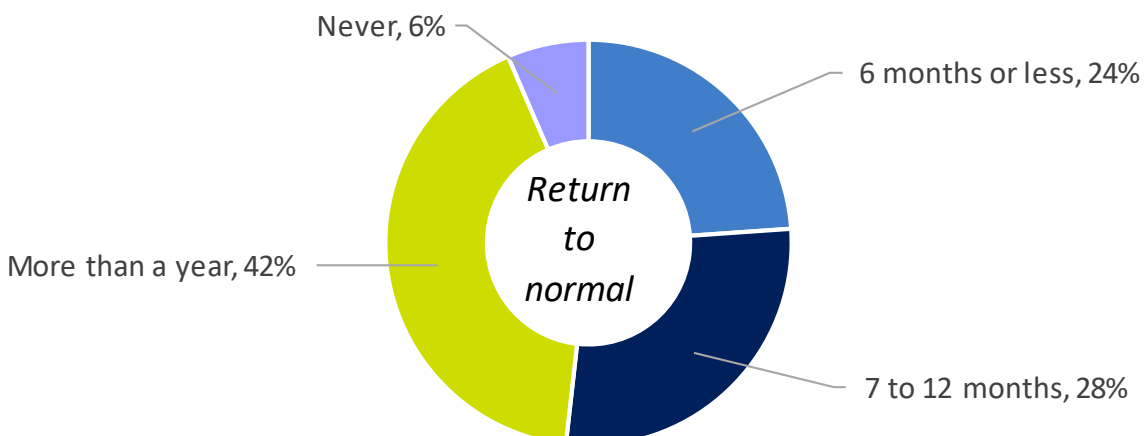
Over two-thirds (69%) of respondents expected their financial situation would remain the same during the next 12 months, while 13% expected it to improve and 18% thought it would get worse.



Return to normal life following Coronavirus pandemic

Around half (48%) of respondents thought it would either take more than a year till their life returned to normal or that it may never happen following the Coronavirus pandemic, while 28% thought it would be 7 to 12 months and 24% thought it would take 6 months or less.

How long do you think it will be before your life returns to normal?



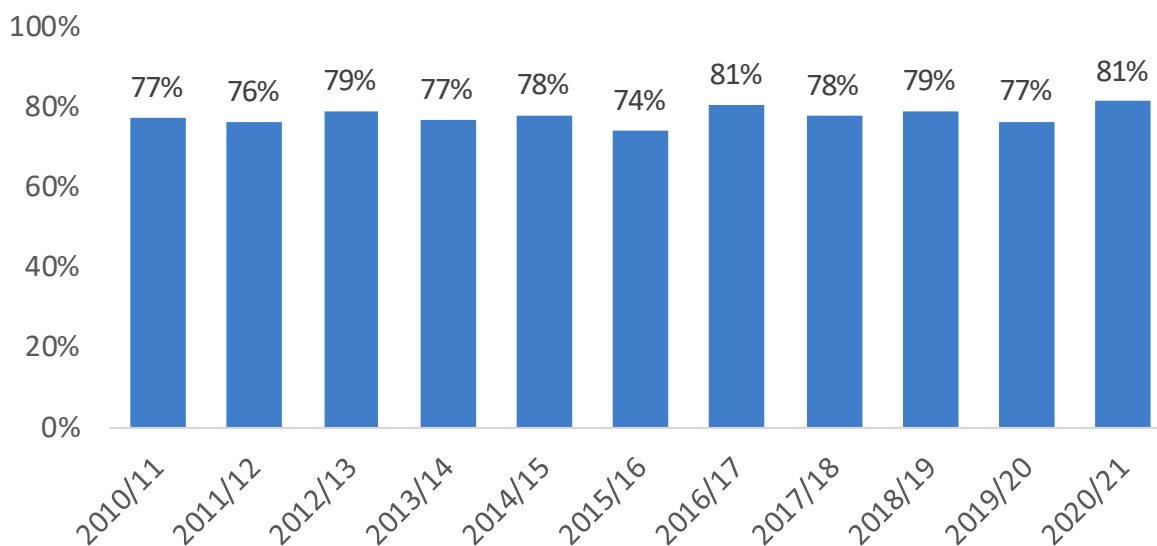
Alcohol

Drinking prevalence

In 2020/21, four-fifths (81%) of adults aged 18 and over reported that they drank alcohol. This was higher than in 2019/20 (77%).



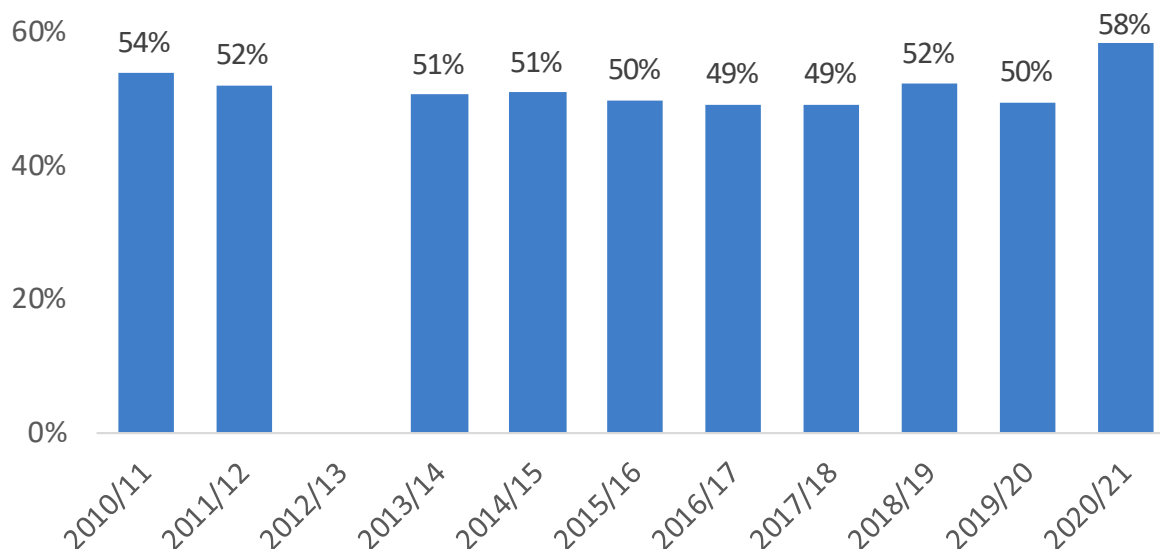
Drinking prevalence by year*



Frequency of drinking

Three-fifths (58%) of drinkers reported drinking at least once a week in 2020/21 (up from 50% in 2019/20).

Drinking alcohol at least once a week by year*



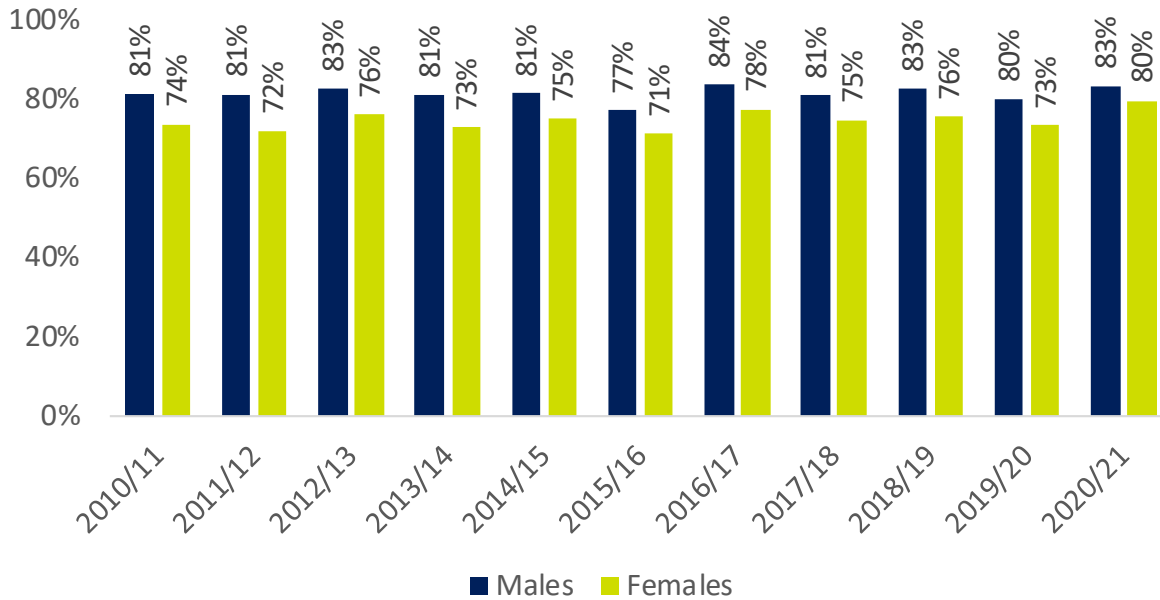
Half of drinkers reported that since the outbreak of the Coronavirus pandemic they had been drinking the same as before, while a fifth (22%) reported drinking more and 29% reported drinking less.

* Please note that caution should be taken when making comparisons with previous years as the findings may not be directly comparable.

Drinking by sex

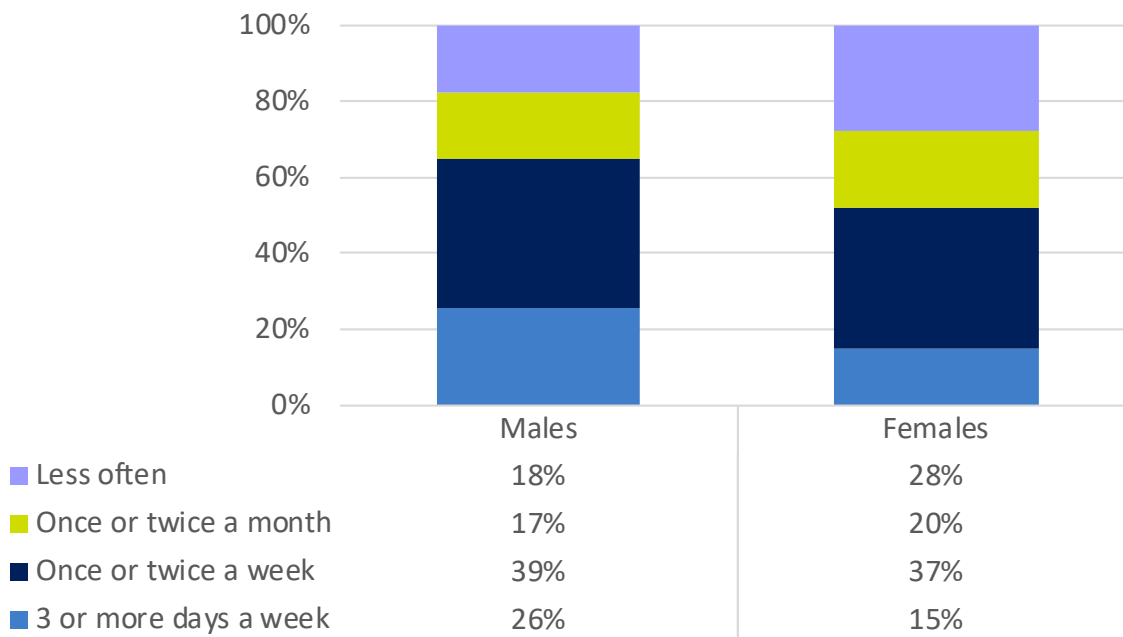
In 2020/21, four-fifths of males (83%) and females (80%) were drinkers. While this was similar to 2019/20 for males (80% in 2019/20), the proportion of females who drank alcohol has shown an increase from 73% in 2019/20.

Drinking prevalence by sex*



A quarter (26%) of male drinkers reported drinking on three or more days per week, while this was true for 15% of females. This was higher than in 2019/20 for both males (19%) and females (10%).

Frequency of drinking by sex

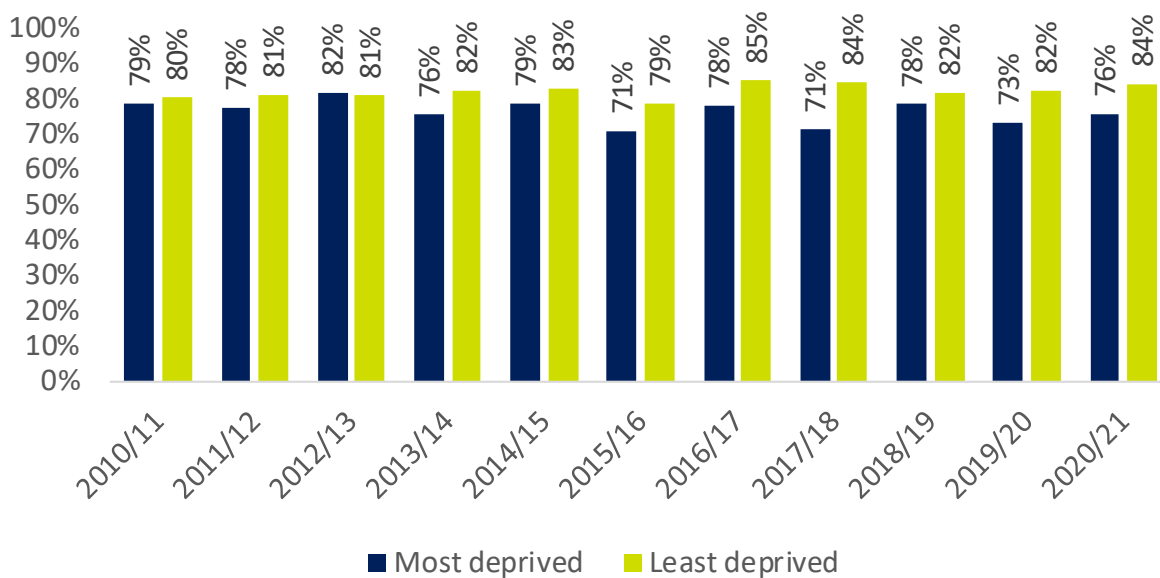


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Drinking by Deprivation

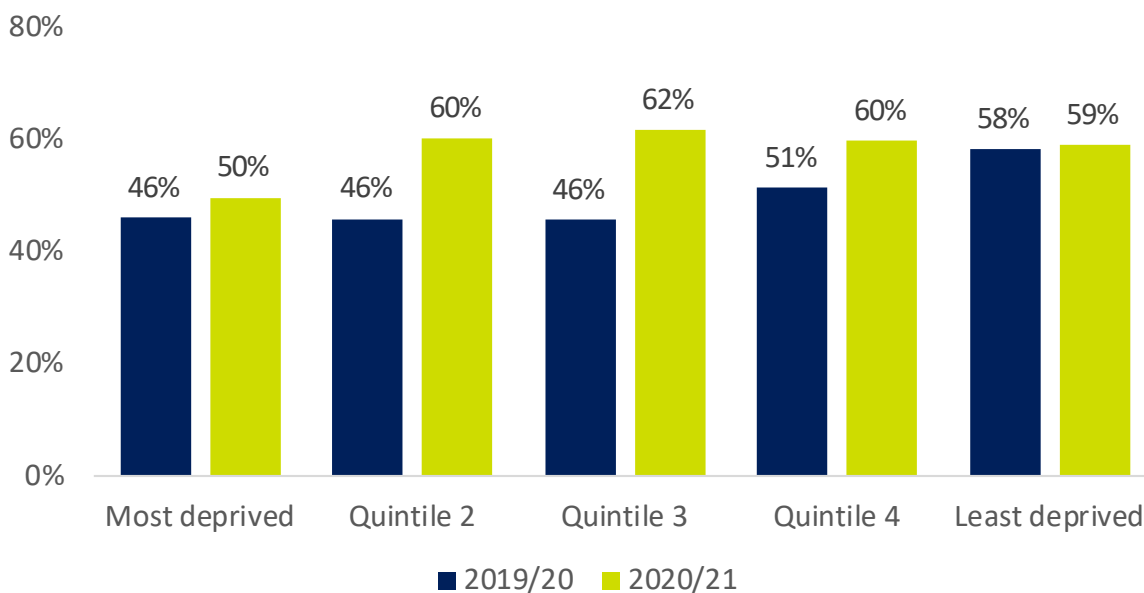
In 2020/21, over four-fifths (84%) of those living in the least deprived areas were drinkers, while three-quarters (76%) of those living in the most deprived areas reported drinking alcohol. This was similar to previous years.

*Drinking prevalence by deprivation quintile by year (most and least deprived areas compared)**



Between 2019/20 and 2020/21, the proportion of drinkers who drank alcohol at least once a week remained the same for those living in the least and in the most deprived areas, while it rose for those living in all other areas.

*Drinking at least once a week by deprivation quintile (2019/20 & 2020/21 compared)**

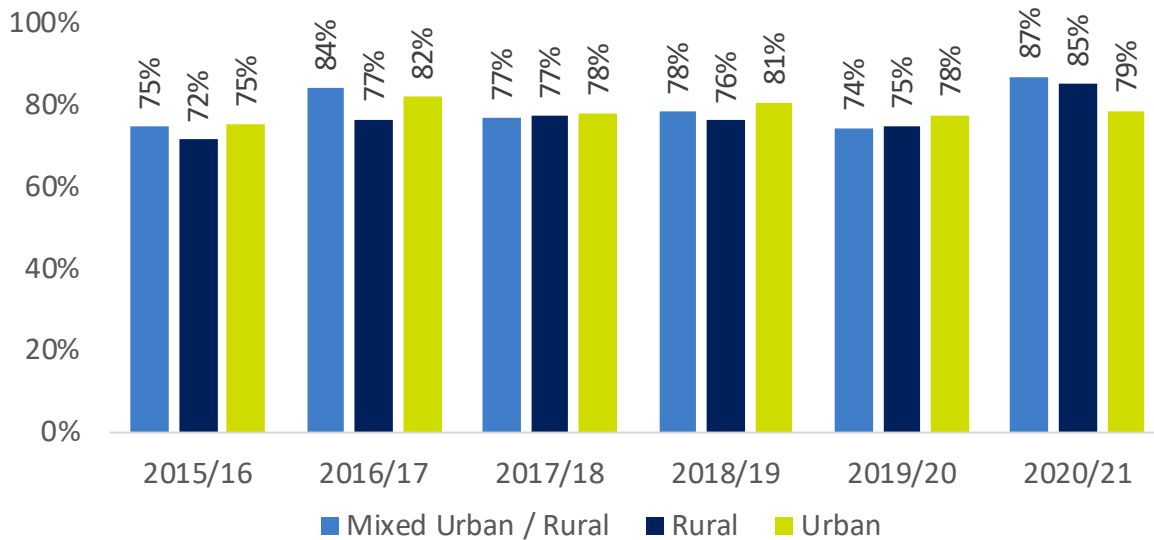


* Please note that caution should be taken when making comparisons with previous years as the findings may not be directly comparable.

Drinking by Urban-Rural

In 2020/21, four-fifths (79%) of those living in urban areas were drinkers, while 87% of those in mixed urban-rural areas and 85% of those in rural areas reported drinking alcohol. Drinking prevalence was higher than in 2019/20 for both mixed urban-rural areas (74% in 2019/20) and rural areas (75% in 2019/20), while drinking prevalence for urban areas was unchanged (78% in 2019/20).

Drinking prevalence by urban-rural area by year*

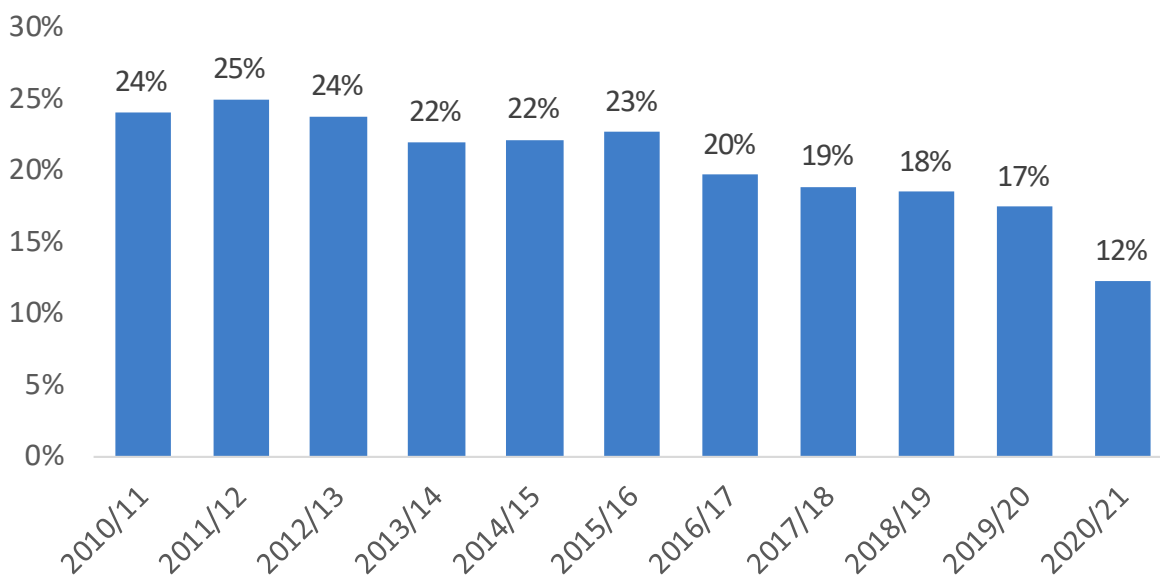


Smoking

Smoking prevalence

In 2020/21, 12% of adults smoked cigarettes (down from 17% in 2019/20). Smoking prevalence has halved from 24% in 2010/11.

Smoking prevalence by year*



* Please note that caution should be taken when making comparisons with previous years as the findings may not be directly comparable.

Smoking by sex

The proportion of males (14%) and females (11%) that smoked in 2020/21 both fell from 2010/11 (when 25% of males and 23% of females smoked).

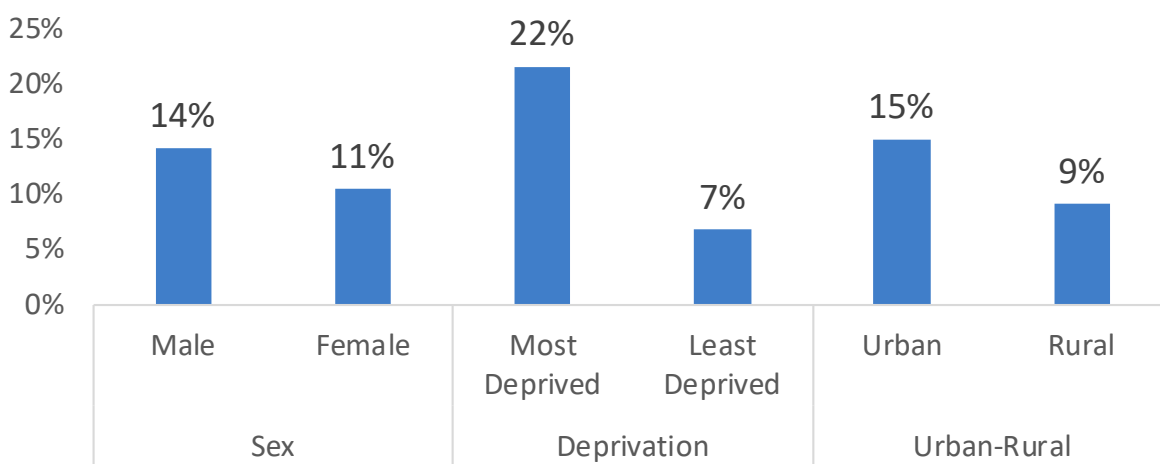
Smoking by deprivation

A fifth (22%) of those living in the most deprived areas smoke (down from 40% in 2010/11) compared with 7% of those living in the least deprived areas (down from 14% in 2010/11).

Smoking by urban-rural

The proportion of respondents in urban areas that smoke was 15%, which compares with 9% of those living in rural areas.

Smoking prevalence by sex, deprivation and urban-rural 2020/21



Effect of the Coronavirus pandemic on smoking

Around half (47%) of smokers reported that since the outbreak of the Coronavirus pandemic that they had been smoking the same as before, while a third (34%) reported smoking more and a fifth (19%) reported smoking less.

A quarter (25%) of smokers reported that since the outbreak of the Coronavirus pandemic they had felt more motivated to quit smoking, while 9% reported that they had tried to quit smoking.

Two-thirds (65%) of smokers reported that since the outbreak of the Coronavirus pandemic they had made no change to their smoking behaviour.

e-cigarettes

In 2020/21, 5% of adults were using e-cigarettes (similar to 2019/20). There was no difference in use between males and females, deprivation quintile or urban-rural area.

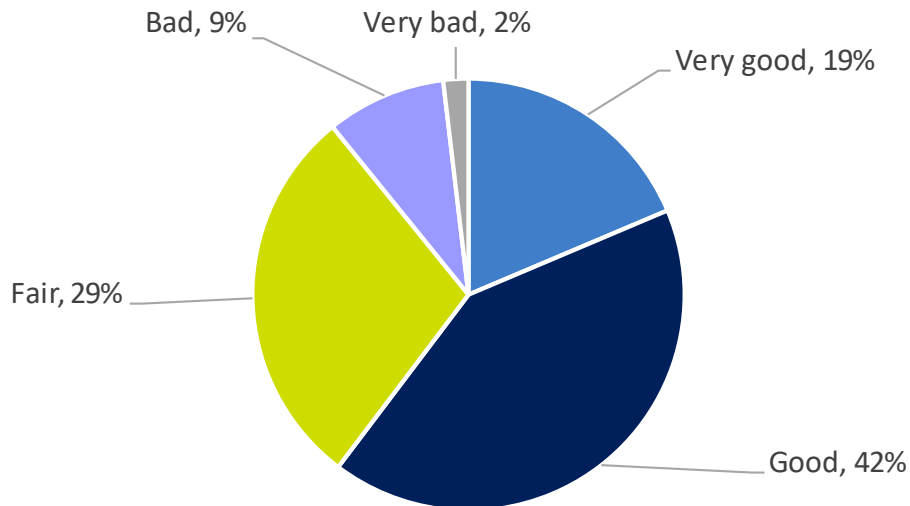


Healthy eating

Three-fifths (60%) of respondents described their eating habits as very good or good, while 29% stated their eating habits were fair and 11% said their eating habits were bad or very bad.



Description of own eating habits



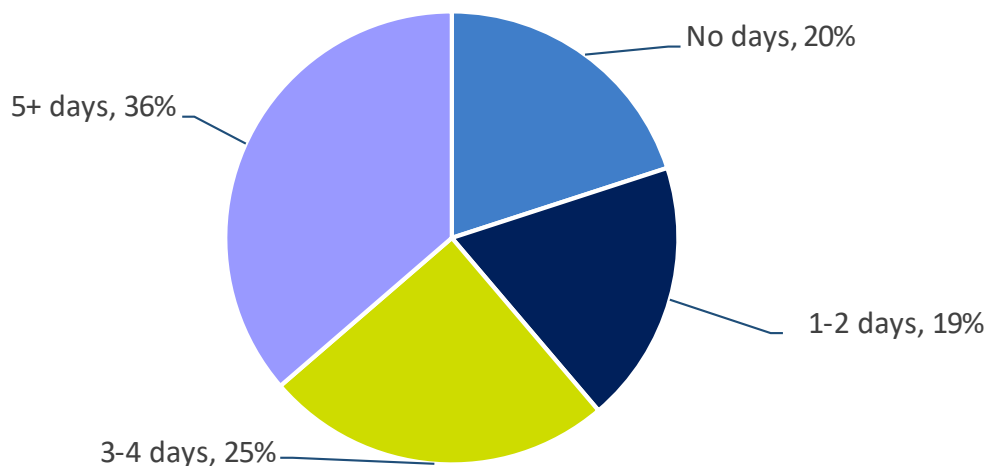
Around three-fifths (59%) of respondents reported that since the outbreak of the Coronavirus pandemic that they had been eating the same as before, while 18% reported eating more healthily and 23% reported eating less healthily.

Physical activity

More than a third (36%) of respondents reported doing 30 minutes of physical activity (enough to make them out of breath) on five or more days per week.



Number of days with at least 30 minutes of physical activity



Around two-fifths (39%) of respondents reported that since the outbreak of the Coronavirus pandemic that they had been active the same as before, while similar proportions reported doing more physical activity (31%) and less physical activity (31%).

Other publications

The [Northern Ireland Coronavirus \(COVID-19\) Opinion Survey](#) is a NISRA survey designed to measure how the COVID-19 pandemic is affecting peoples' lives and behaviour; it includes information on drinking alcohol, GHQ12, wellbeing, and loneliness, as well as specific Covid-19 related topics. The latest publication covers the period July to September 2021.

The [Wellbeing in Northern Ireland 2020/21](#) report presents estimates for Northern Ireland on loneliness, self-efficacy, personal wellbeing and locus of control.

Information Analysis Directorate (IAD) sits within the **Department of Health (DoH)** and carries out various statistical work and research on behalf of the department. It comprises four statistical areas: Hospital Information, Community Information, Public Health Information & Research and Project Support Analysis.

IAD is responsible for compiling, processing, analysing, interpreting and disseminating a wide range of statistics covering health and social care.

The statisticians within IAD are out-posted from the Northern Ireland Statistics & Research Agency (NISRA) and our statistics are produced in accordance with the principles and protocols set out in the UK Code of Practice for Official Statistics.

About Public Health Information and Research Branch

The role of Public Health Information and Research Branch (PHIRB) is to support public health policy development through managing the public health survey function while also providing analysis and monitoring data. The head of the branch is the Principal Statistician, Mr. Bill Stewart.

In support of the public health survey function, PHIRB is involved in the commissioning, managing and publishing of results from departmental funded surveys, such as the Health Survey Northern Ireland, Young Persons Behaviour & Attitudes Survey, Patient Experience Surveys and the Adult Drinking Patterns Survey.

The branch also houses the NI Health and Social Care Inequalities Monitoring System which covers a range of different health inequality/equality based projects conducted for both the region as well as for more localised area levels. In addition, PHIRB is responsible for the production of official life expectancy estimates for NI, and areas within the region.

PHIRB provides support to a range of key DoH NI strategies including Making Life Better, a 10 year cross-departmental public health strategic framework as well as a range of other departmental strategies such as those dealing with suicide, sexual health, breastfeeding, tobacco control and obesity prevention. It also has a key role in supporting the Departmental Alcohol and Drug Strategy, by maintaining and developing key departmental databases such as, the Substance Misuse Database, Impact Measurement Tool and the Census of Drug & Alcohol Treatment Services, which are all used to monitor drug misuse and treatments across Northern Ireland. In addition to Departmental functions, PHIRB also support the executive level Programme for Government and its strategic outcomes through a series of performance indicators.

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