

INFORMATION
ANALYSIS
DIRECTORATE



Health Survey (NI) First Results 2023/24



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Health Survey (NI): First Results 2023/24

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This publication is a summary of the main topics included in the 2023/24 Health Survey. Further bulletins and tables will be made available on the Health Survey page on the Departmental website.

[Health survey Northern Ireland | Department of Health](#)

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

Health Survey Northern Ireland 2023/24

Things users need to know

All face-to-face household interviews were suspended in the middle of March 2020 due to the coronavirus (COVID-19) pandemic. In the survey years 2020/21, 2021/22 and 2022/23 all interviews carried out on the Health Survey were conducted by telephone. For this survey year, 2023/24, face-to-face interviewing was reinstated alongside telephone interviewing in June 2023, thus the survey adopted a mixed mode methodology.

There are a number of factors which users should take into consideration when interpreting the 2023/24 results and care should be taken when comparing these with previously published findings.

1. The dual modality of the survey necessitated changes to how some questions were asked or presented as well as the response categories associated with them. This may have implications for how people responded to the survey.
2. The achieved response rate on the survey for 2023/24 was 53% which is a slightly lower response compared to the normal achieved response rate of 55% in face-to-face mode pre-pandemic; the final achieved sample was 3,410 individuals.
3. The precision of the survey estimates should be taken into consideration especially when broken down by sub-groups of the population; the accompanying trend tables outline the survey estimates and the respective confidence intervals.
4. The demographic profile of the achieved sample has an under-representation of people aged 16 to 34 so the results are based on information that has been weighted by age-group and sex in order to better reflect the composition of the general population of Northern Ireland. In addition, the profile of respondents for telephone and face-to-face interviews was substantially different thus it was decided that the two groups should be weighted separately. Whilst the weighting should reduce bias in the results they cannot eliminate all forms of bias which may be present in the data.

Any changes within the 2023/24 data compared with previous years should be considered in the context of all of the above and caution should be exercised when drawing conclusions from the findings.

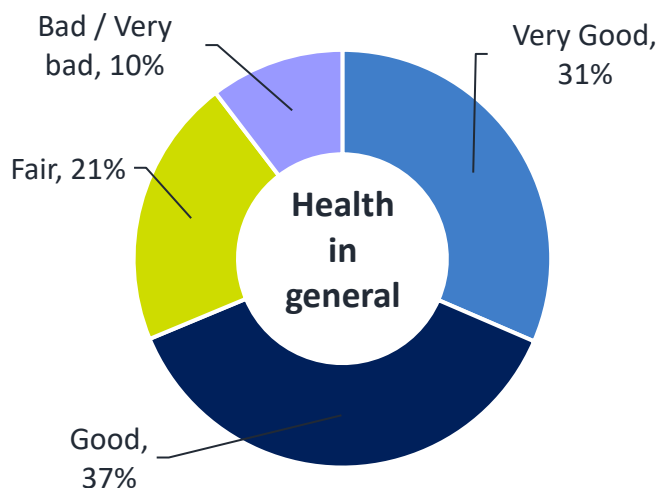
Given the various changes in the survey methodology and wider society since the pandemic, it may be advisable to monitor any apparent changes noted in these results in the future to see if there is further evidence that these changes are indeed indicative of a permanent change.

General Health

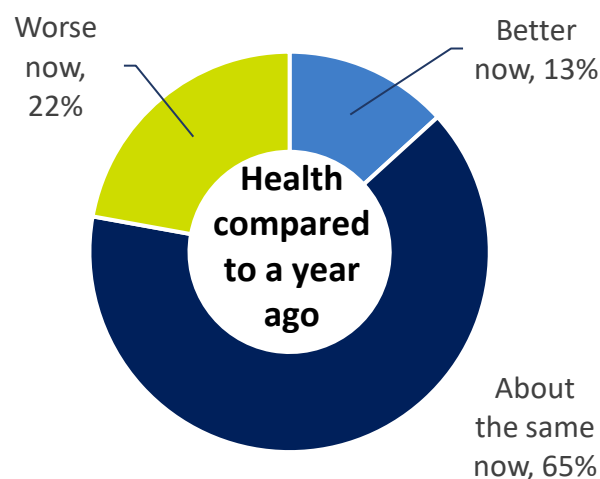
In 2023/24, over two-thirds of respondents (69%) rated their general health as very good or good; down from 72% in 2022/23. A tenth of respondents (10%) rated their general health as bad or very bad, the same as in 2022/23. More than a fifth of respondents said that their health was worse than a year ago, while 13% said it was better.



How is your health in general?



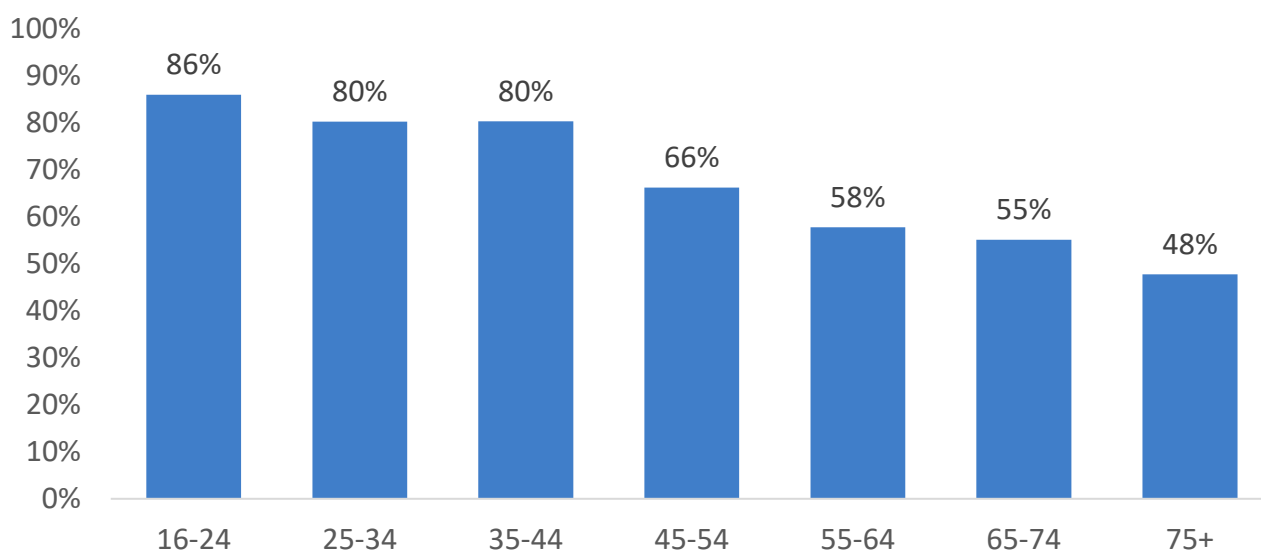
Health compared to one year ago



General health by Age

Very good or good self-assessed general health declined with age from 86% of 16-24 year olds to around half (48%) of those aged 75+.

Very good / good general health by age

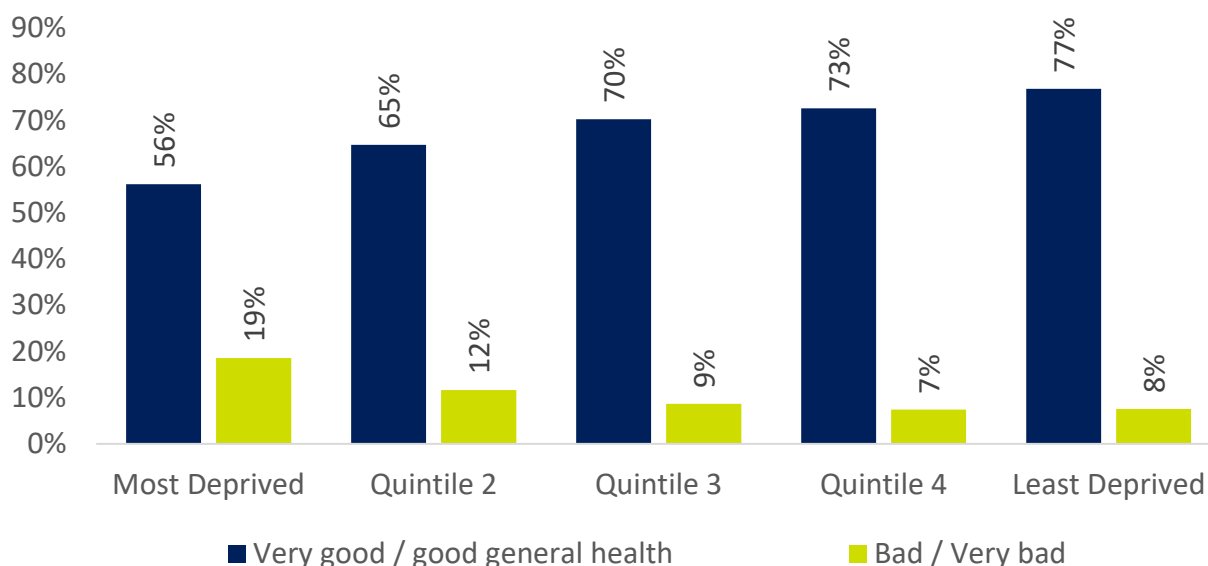


A quarter (25%) of those aged 45-54 and around a third of those aged 55 and over said that their health was worse now compared to one year ago.

General health by Deprivation Classification

Respondents living in the most deprived areas (56%) were less likely to rate their health as good or very good than those living in the other deprivation quintile areas (65% - 77%). Those living in the most deprived areas (19%) were over twice as likely to rate their general health as bad or very bad compared with those living in the least deprived areas (8%).

General health by Deprivation Classification

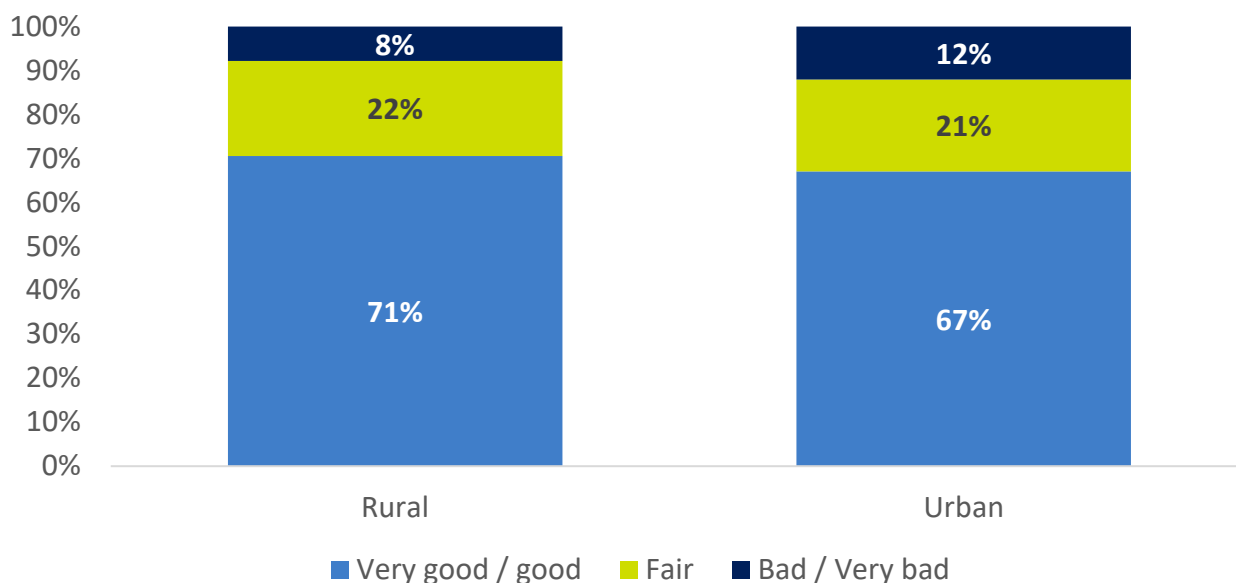


Those living in the most deprived areas (29%) were more likely to say that their general health was worse now than a year ago compared with those living in the least deprived areas (17%).

General health by Urban-Rural Classification

Almost three-quarters (71%) of those living in rural areas rated their health as good or very good, higher than those living in urban areas (67%).

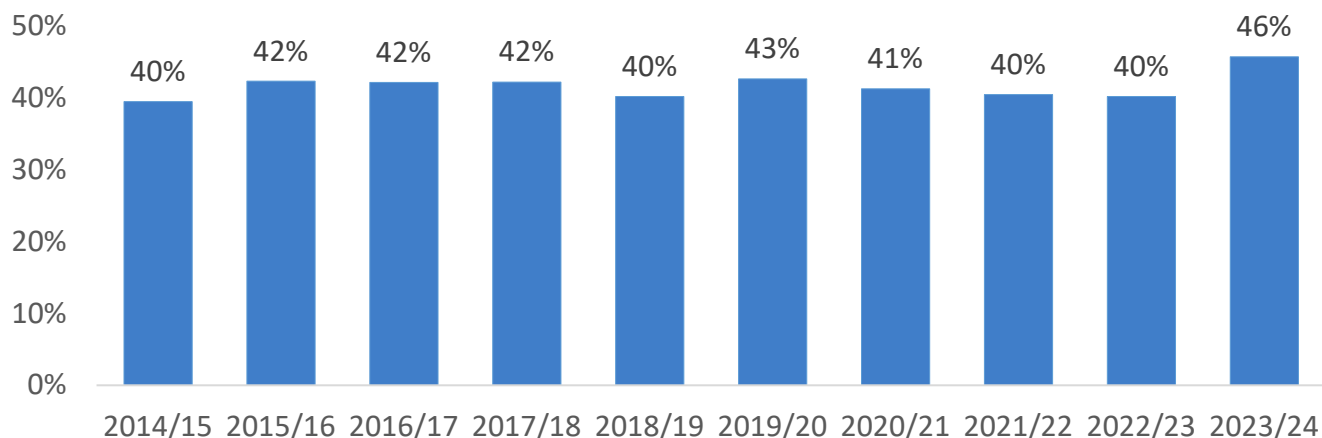
General health by Urban-Rural Classification



Long-term conditions

The proportion of respondents reporting a physical or mental health condition or illness expected to last 12 months or more rose to 46% in 2023/24 (up from 40% in 2022/23) and the highest reported in the last ten years. Reporting a long-term condition increased with age from 30% of those aged 16-24 to two-thirds (67%) of those aged 75 and over.

Long-term conditions by year

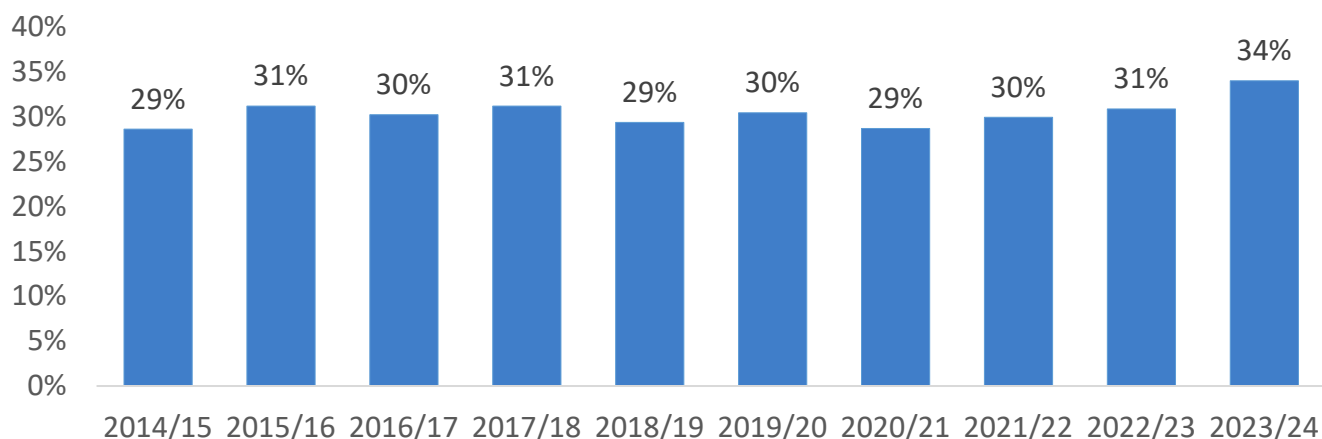


Around three-fifths (56%) of those living in the most deprived areas reported a long-term condition, higher than those in the least deprived areas (41%).

Limiting long-term conditions

A third (34%) of respondents have a long-standing illness that reduces their ability to carry out day-to-day activities (up from 31% on 2022/23).

Limiting long-term conditions by year



A higher proportion of females (36%) reported a limiting long-term condition than males (32%).

Prevalence generally increased with age with a fifth (20%) of those aged 16-24 reporting a limiting long-term condition compared with 56% of those aged 75 and over.

Most of those (93%) 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

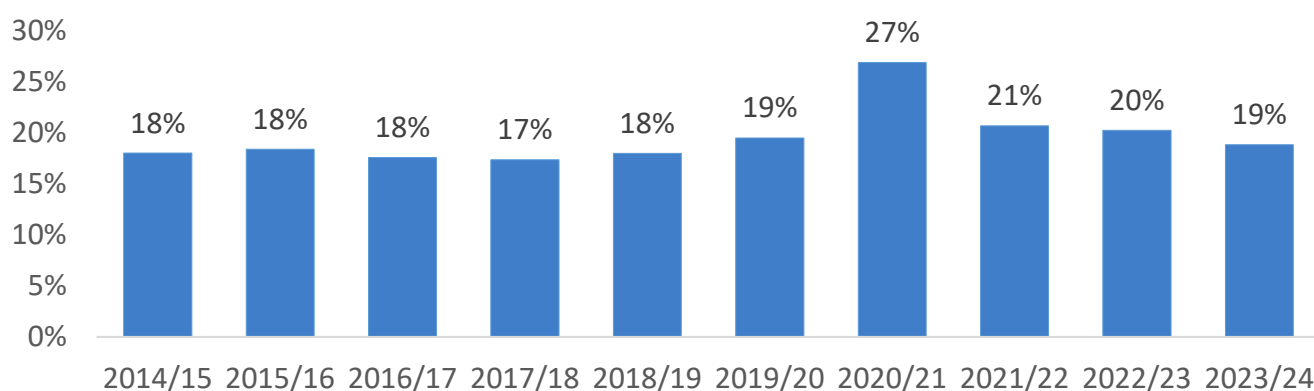
A number of different measures of mental health and wellbeing have been captured in the health survey; each measure has its own definitions, scoring and cut-off points. The different measures allow monitoring of trends over time and help build a picture of the broad area of mental health. To note, the findings presented here are not based on clinical assessment.



GHQ12

A fifth (19%) of respondents had a high GHQ12 score, which could indicate a mental health problem. This is similar to 2022/23 (20%).

High GHQ12 score by year



There was no significant difference between males and females in regard to high GHQ12 score.

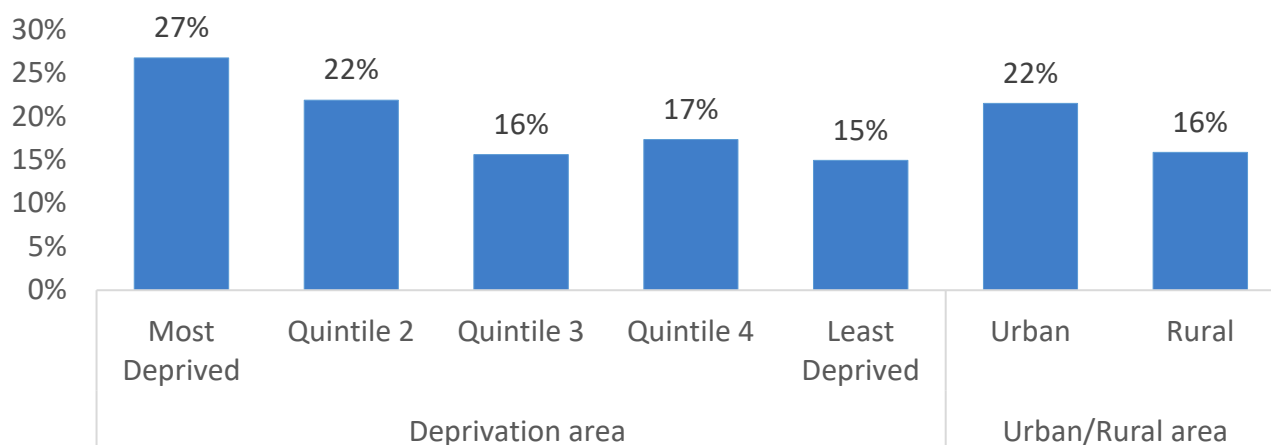
High GHQ12 by age

Those aged 75+ (10%) were least likely to score highly on the GHQ12, compared with 17-23% of all other age-groups.

High GHQ12 by deprivation and urban/rural areas

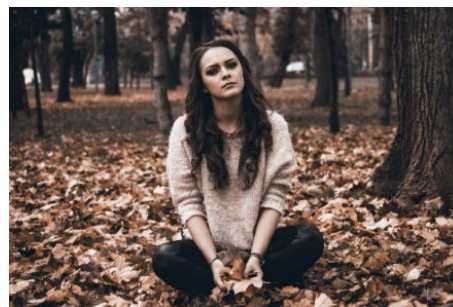
Over a quarter (27%) of those in the most deprived areas had a high GHQ12 score, almost twice that of those living in the least deprived areas (15%). Around a fifth (22%) of those living in urban areas had a high GHQ12 score compared with 16% of those living in rural areas.

High GHQ12 score by deprivation and urban/rural classification

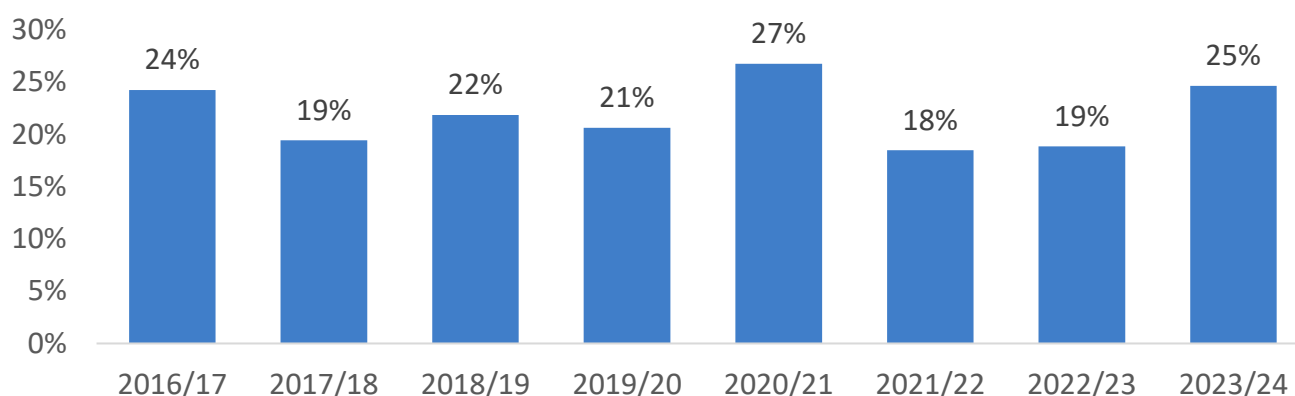


Loneliness

In 2023/24, a quarter of respondents (25%) exhibited signs of loneliness by scoring highly on the UCLA loneliness scale (*Three questions - How often do you feel that you lack companionship? How often do you feel left out? How often do you feel isolated from others? Answer options (Score) - Hardly ever or never (1), Some of the time (2) or Often (3) with a score of six or more denoting showing signs of loneliness*). This was up from 19% in 2022/23.



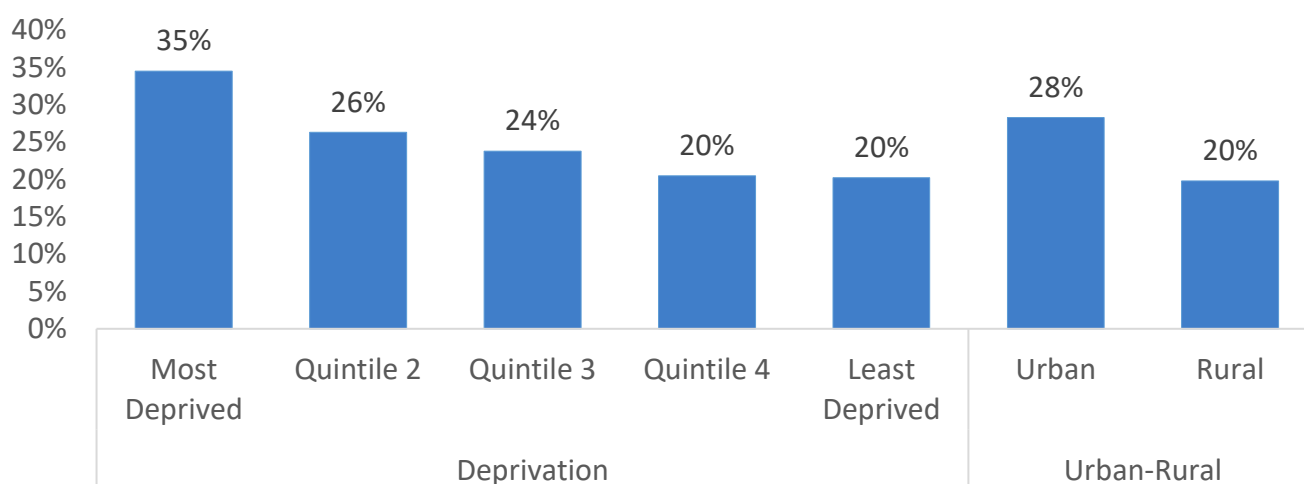
Respondents showing signs of loneliness by year



There was no significant difference by sex or age-group.

Those living in the most deprived areas (35%) were more likely to show signs of loneliness than those living in the least deprived areas (20%). The same was true for those living in urban areas (28%) compared with those living in rural areas (20%).

Respondents showing signs of loneliness by urban-rural and deprivation quintile



Support from family or friends

Four-fifths (79%) of 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. Around a fifth (22%) of respondents felt they had more support from people over the last twelve months, with a small proportion (5%) reporting less support.

Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)

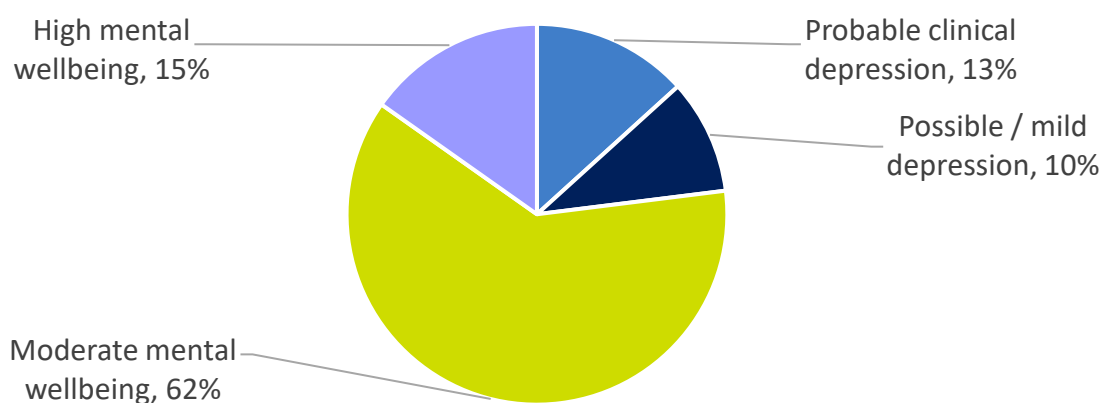
The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) was developed to enable the measuring of mental wellbeing in the general population and the evaluation of projects, programmes and policies which aim to improve mental wellbeing. It is calculated by totalling the scores for 14 statements (resulting in an individual score between 14 and 70). It is normally reported as a mean score by category, however cut-offs to categorise the scores have also been given with a score of less than 41 indicative of probable clinical depression, a score of 41-44 indicative of possible/ mild depression and a score of >60 indicative of high mental wellbeing.

In 2023/24 the overall Warwick-Edinburgh Mental Wellbeing mean score was 50.74 which was lower than in 2018/19 (when the overall mean score was 51.81).

Warwick-Edinburgh Mental Wellbeing Scale Cut-Offs

In 2023/24, around an eighth (13%) of respondents had a Warwick-Edinburgh Mental Wellbeing score of less than 41 indicating probable clinical depression and 10% had a score of 41 to 44 indicating possible / mild depression, while 15% had a score of over 60 indicating high mental wellbeing.

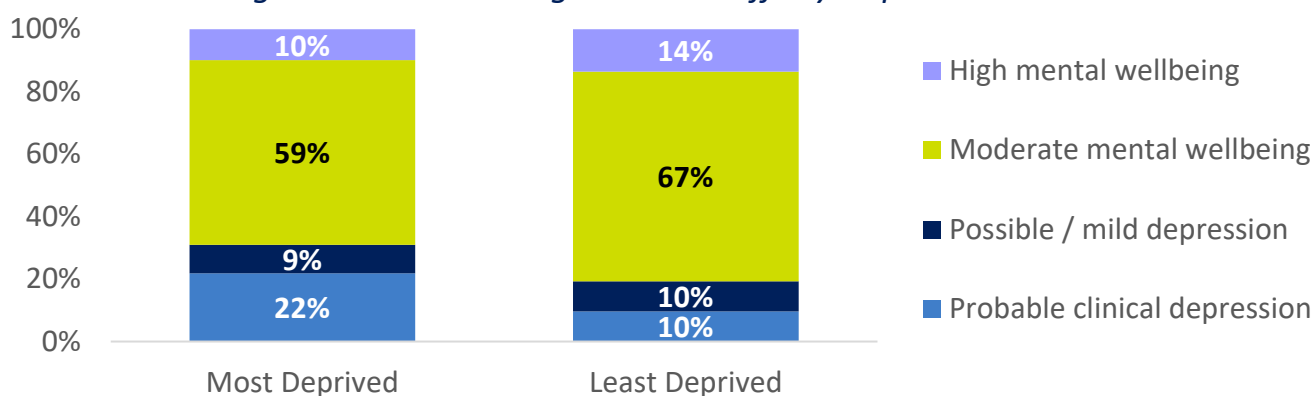
Warwick-Edinburgh Mental Wellbeing Scale Cut-Offs



Warwick-Edinburgh Mental Wellbeing Scale Cut-Offs by deprivation

Respondents living in the most deprived areas (22%) were twice as likely as respondents living in the least deprived areas (10%) to have a score indicating probable clinical depression.

Warwick-Edinburgh Mental Wellbeing Scale Cut-Offs by Deprivation

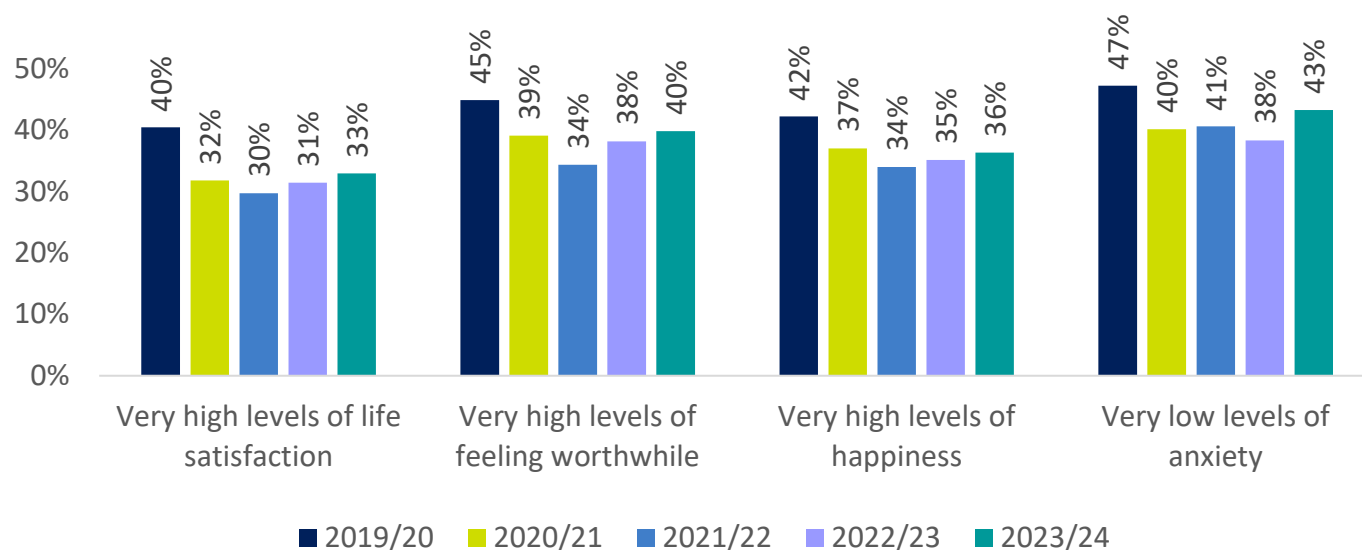


Wellbeing

In 2023/24 the proportion of respondents reporting very high levels of feeling the things they do in life are worthwhile (40%), happiness (36%) and satisfaction with life (33%) were similar to findings in 2022/23. The proportion reporting very low levels of anxiety (43%) increased from 38% in 2022/23. All these rates remain below pre-pandemic levels.



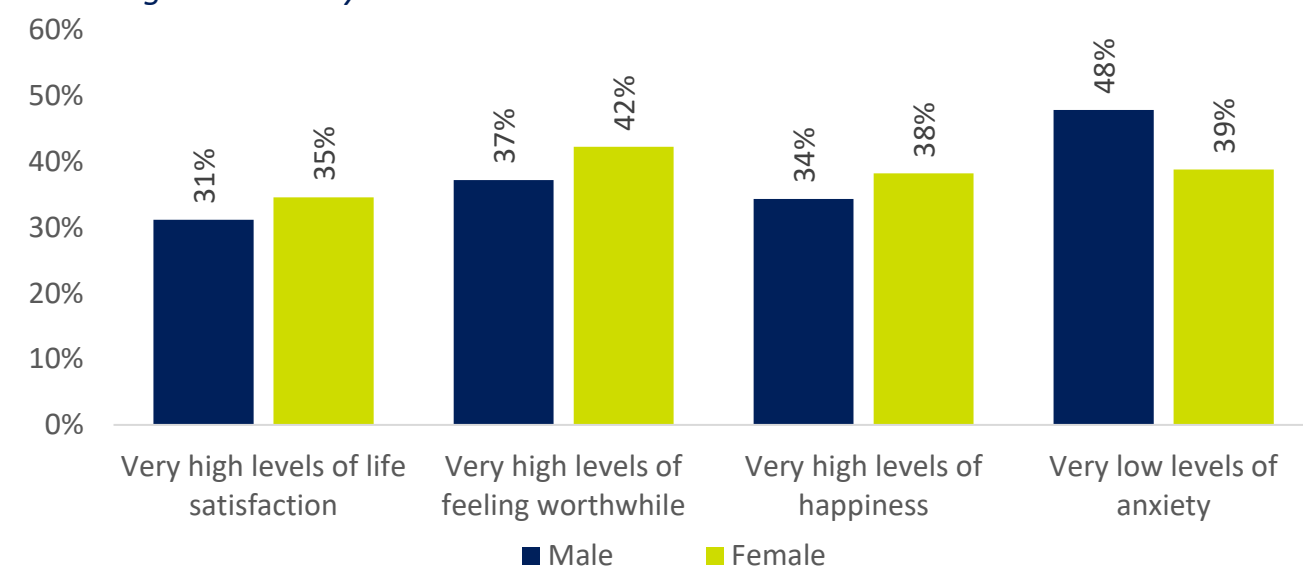
Wellbeing – 2019/20 to 2023/24



Wellbeing by sex

There were no differences by sex in reporting very high levels of life satisfaction or happiness, however females (42%) were more likely than males (37%) to report very high levels of feeling worthwhile. Males (48%) were more likely than females (39%) to report very low levels of anxiety, while females (26%) were more likely than males (20%) to report high levels of anxiety.

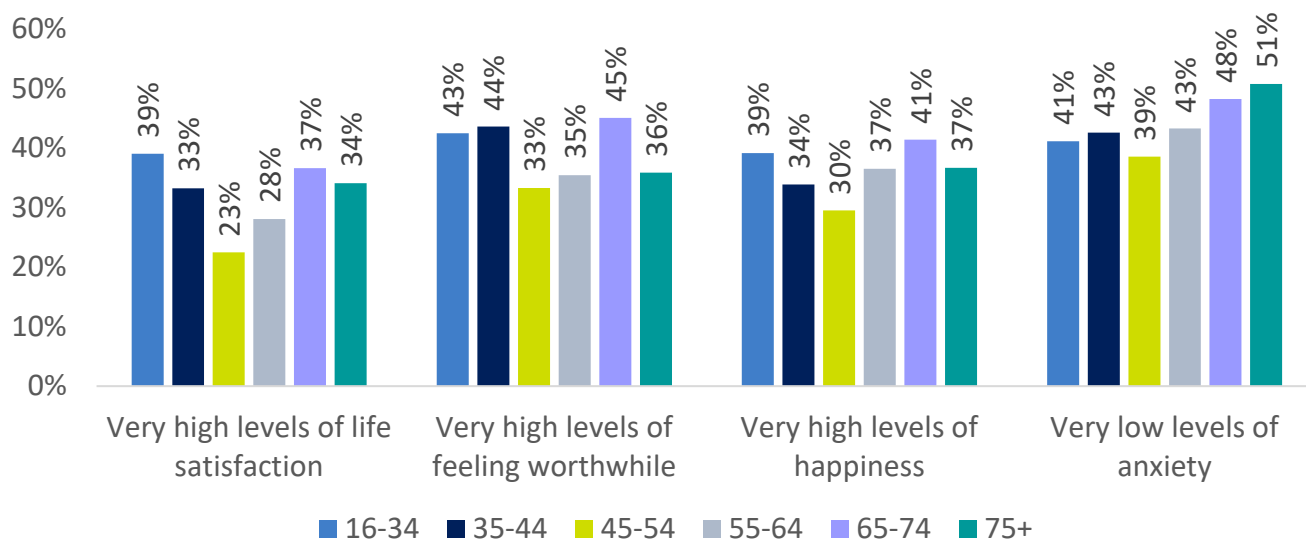
Wellbeing measures by sex



Wellbeing by age

Respondents aged 45-54 tended to be at the lower range on each of the wellbeing measures. Respondents aged 75+ (51%) were more likely to report very low levels of anxiety than those aged 16-64.

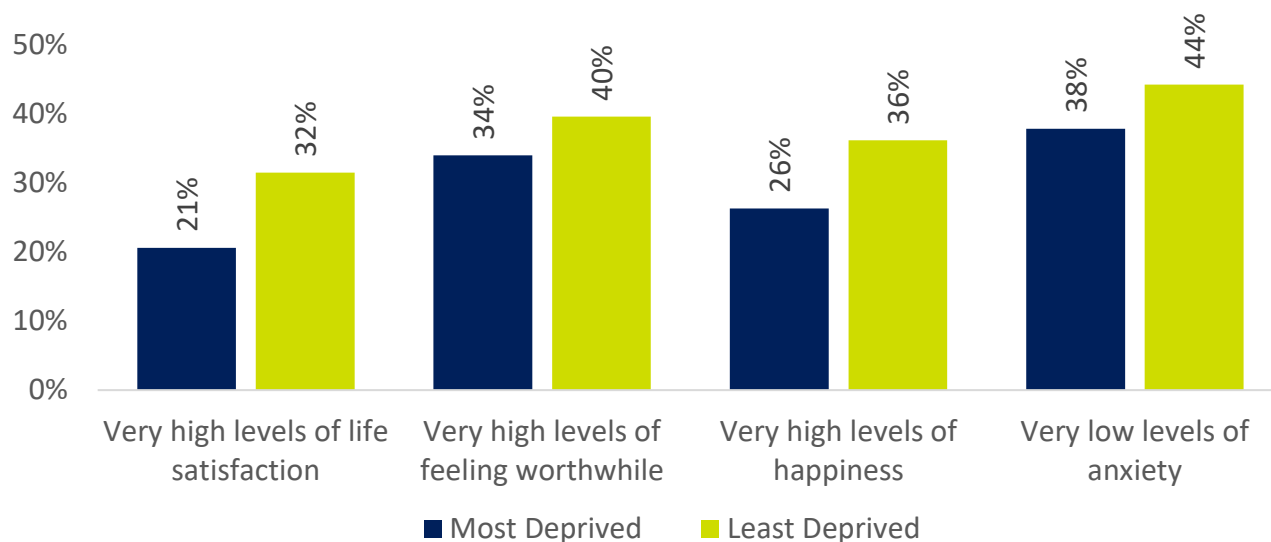
Wellbeing measures by age



Wellbeing by deprivation and urban-rural location

Those living in the least deprived areas were more likely to report very high levels of happiness (36%) and life satisfaction (32%) than those in the most deprived areas (26% and 21% respectively), although there were no significant differences in very high levels of feeling worthwhile and very low levels of anxiety.

Wellbeing – Most and least deprived areas compared



Those living in rural areas were more likely to report very high levels of life satisfaction, feeling worthwhile and happiness and very low levels of anxiety than those in urban areas.

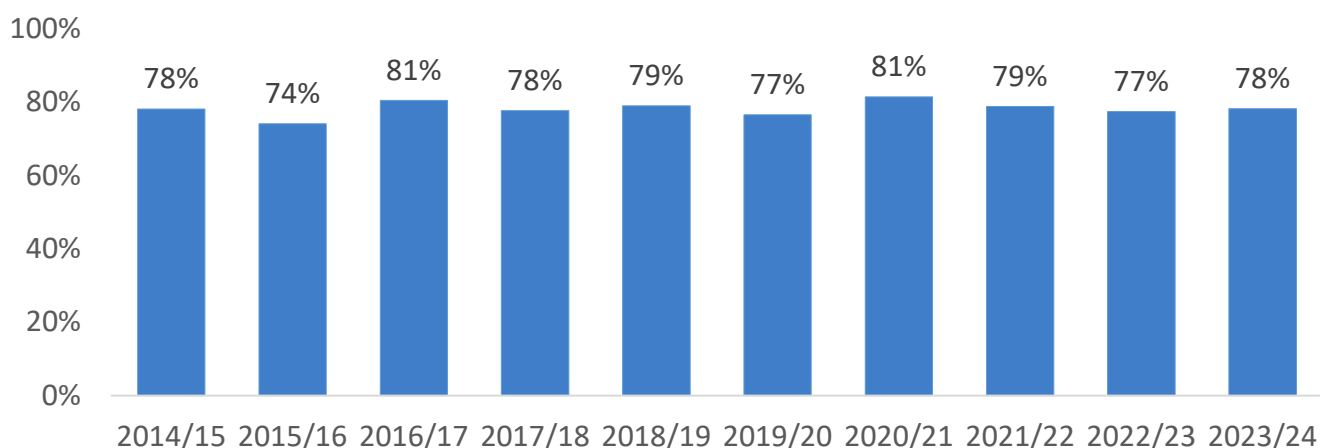
Alcohol

Drinking prevalence

In 2023/24, almost four-fifths (78%) of adults aged 18 and over reported that they drank alcohol. This was similar to 2022/23 (77%).



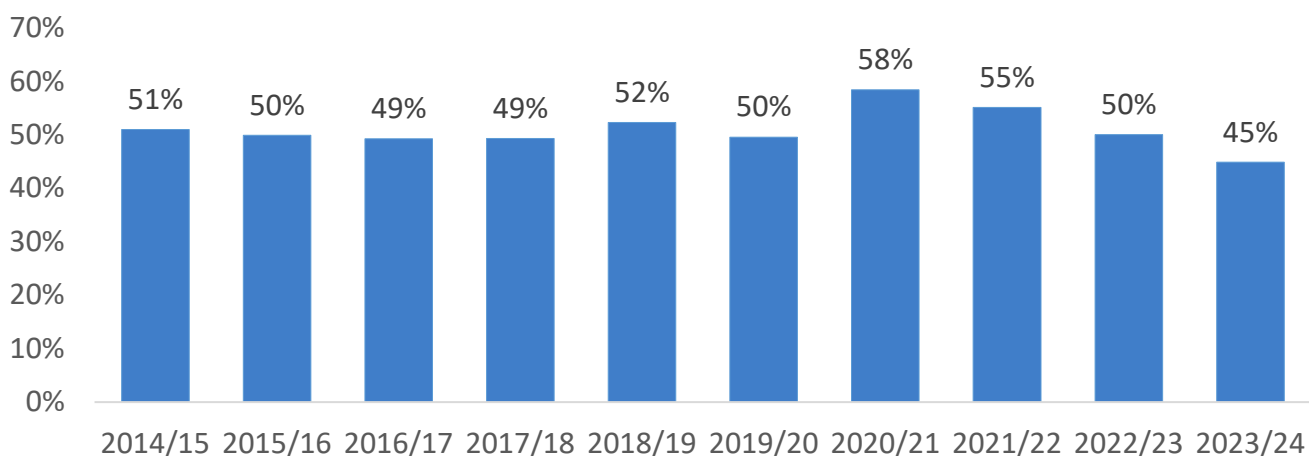
Drinking prevalence by year



Frequency and amount of drinking

Less than half (45%) of drinkers reported drinking at least once a week, the lowest level recorded over the last ten years.

Drinking alcohol at least once a week by year



Three-fifths of drinkers (61%) reported that over the last twelve months they had been drinking the same as before, while around a third (35%) reported drinking less and 5% reported drinking more.

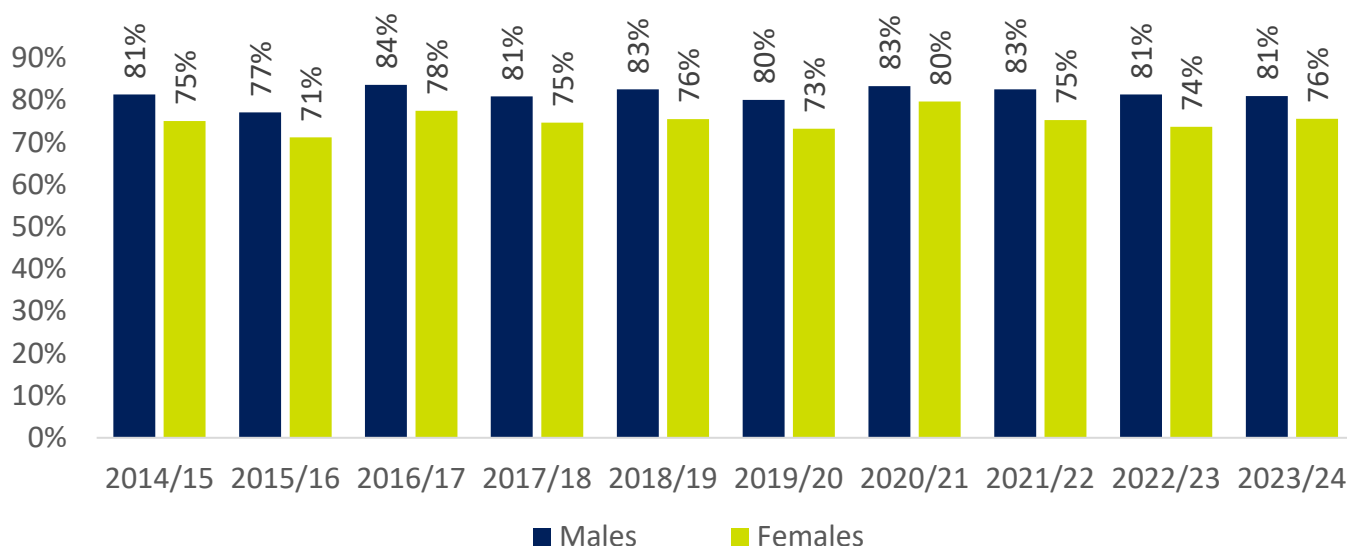
Almost three-quarters (71%) of drinkers said that the number of drinking days had stayed the same over the last twelve months, while the number of days decreased for a quarter (26%) and increased for 3%. A similar pattern was seen for the amount drunk on a typical day, with more than two-thirds (70%) of respondents saying the amount had stayed the same, while around a quarter (26%) of respondents said the amount had decreased and 3% reported an increase.

Almost half (47%) of drinkers said they drink less compared with five years ago.

Drinking by sex

In 2023/24, around four-fifths of males (81%) and three-quarters of females (76%) were drinkers. This was similar to 2022/23.

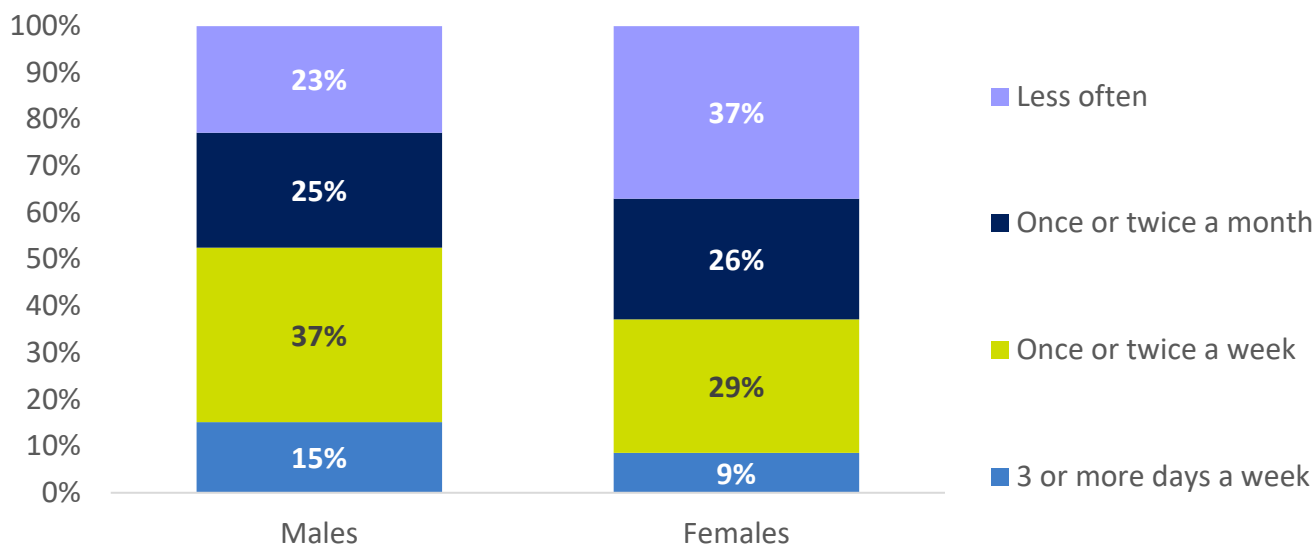
Drinking prevalence by sex



Frequency and amount of drinking by sex

Male drinkers (15%) were more likely than female drinkers (9%) to report drinking on three or more days per week. More than half (52%) of male drinkers drank at least once a week compared with 37% of female drinkers.

Frequency of drinking by sex

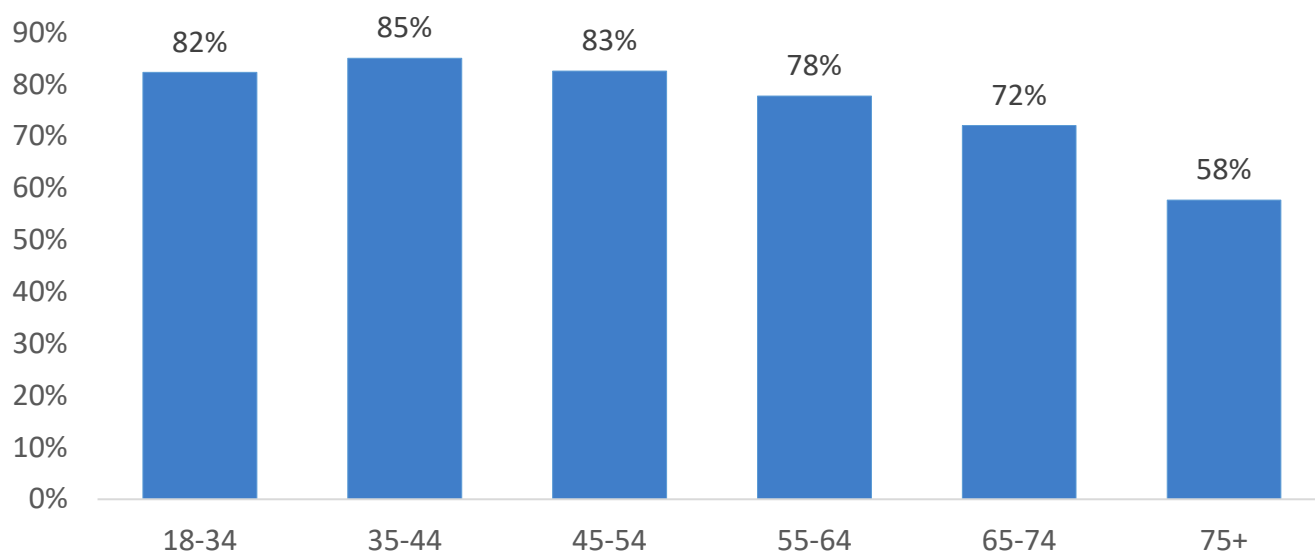


When asked to describe the amount of alcohol they drank, three-quarters (75%) of female drinkers reported drinking a little or that they hardly drink at all compared with 57% of male drinkers. Male drinkers (6%) were more likely than female drinkers (2%) to report drinking quite a lot or drinking heavily.

Drinking by Age

Drinking prevalence tends to decrease with age with over four-fifths of those aged 18 to 54 reporting drinking alcohol, while around three-quarters of those aged 55 to 74 and around three-fifths of those aged 75+ do so. This was similar for all age-groups to those seen in 2022/23.

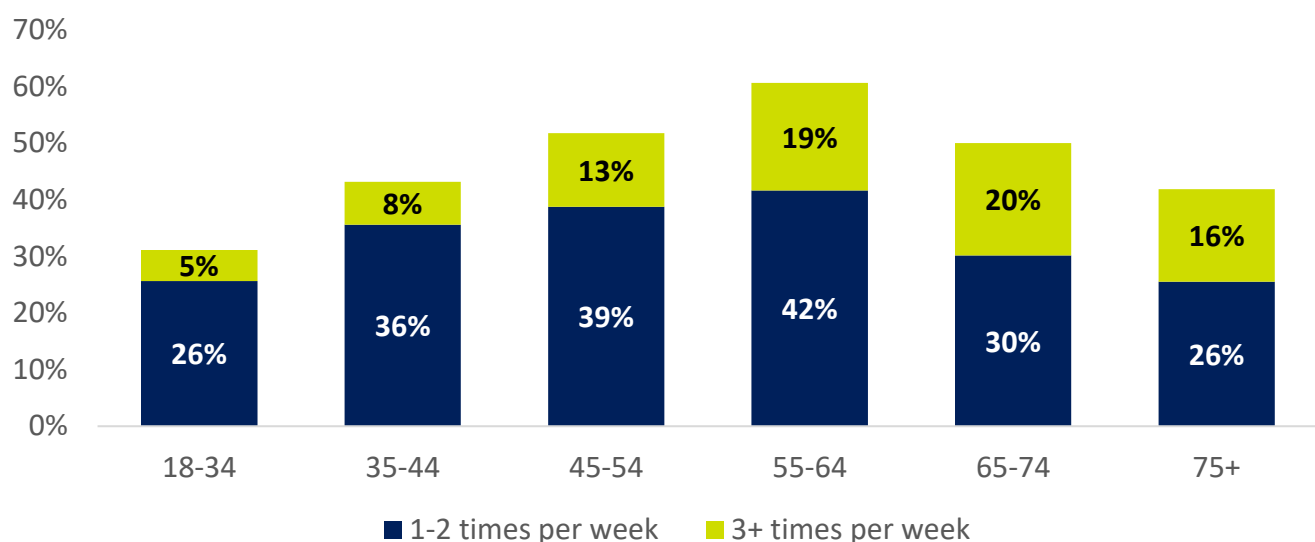
Drinking prevalence by age



Frequency and amount of drinking by age

The proportion of drinkers that drank at least once a week increased with age from around a third (31%) of 18 to 34 year olds, up to around three-fifths (61%) of those aged 55 to 64, before decreasing to 42% of those aged 75+.

Frequency of drinking by age

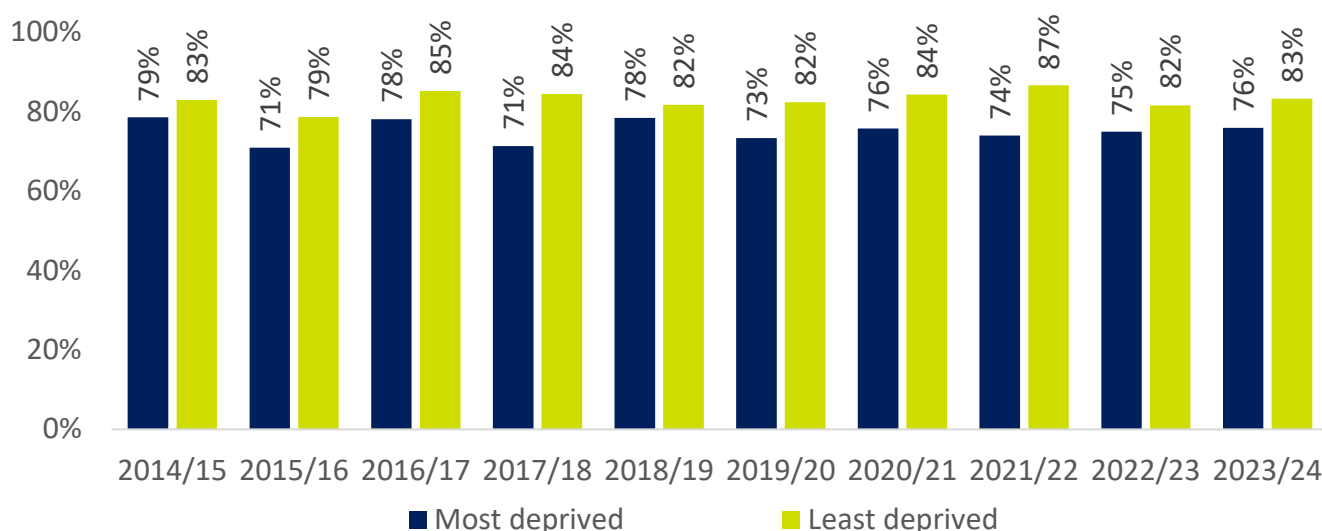


More than two-fifths (44%) of drinkers aged 18-34 reported drinking less than a year ago compared with around a third of other age groups, with over a third (37%) of drinkers aged 18-34 reporting drinking on fewer days (20-23% for other age groups) and a similar proportion (36%) reporting that the amount of alcohol they drank on a typical day had decreased (21-25% for other age groups).

Drinking by Deprivation

In 2023/24, over four-fifths (83%) 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 (similar to 2022/23). This deprivation difference in drinking prevalence has been evident in most of the last ten years.

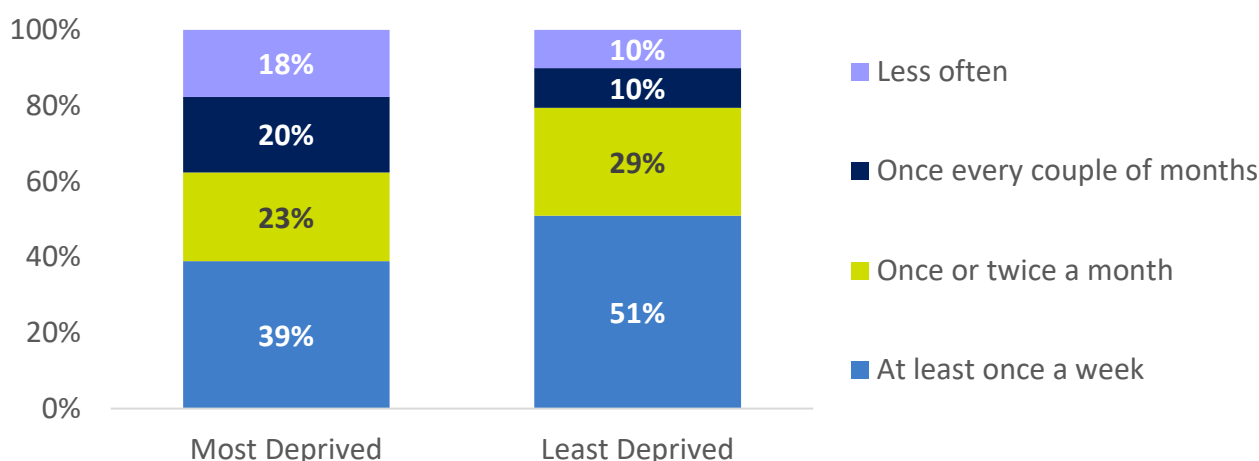
Drinking prevalence by deprivation quintile by year (most and least deprived areas compared)



Frequency and amount of drinking by Deprivation

In 2023/24, around half (51%) of drinkers living in the least deprived areas drank alcohol at least once a week (similar to 2022/23). This compares with around two-fifths (39%) of drinkers living in the most deprived areas (down from 48% in 2022/23).

Frequency of drinking by deprivation quintile (most and least deprived areas compared)



Over two-fifths (43%) of drinkers living in the most deprived areas said that they were drinking less over the last twelve months compared with 31% of those in the least deprived areas. Almost two-fifths (39%) of drinkers living in the most deprived areas reported drinking on fewer days, with 36% reporting that the amount of alcohol they drank on a typical day had decreased (both 25% for drinkers living in least deprived areas).

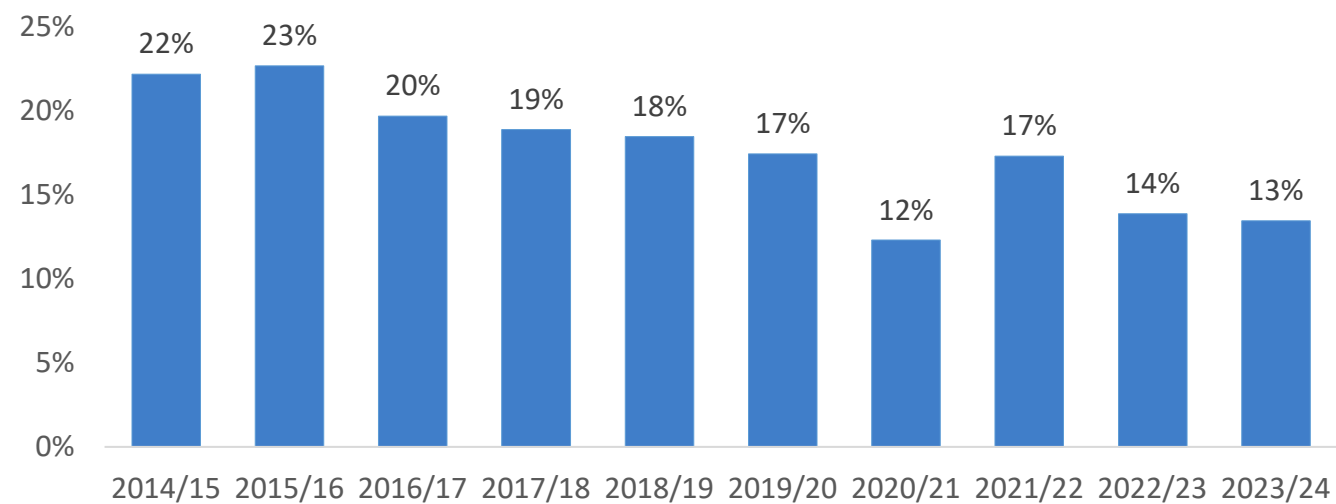
Smoking

Smoking prevalence

In 2023/24, 13% of adults smoked cigarettes; similar to the 2022/23 finding. Smoking prevalence has fallen fairly consistently over the last ten years, from 22% in 2014/15.



Smoking prevalence by year



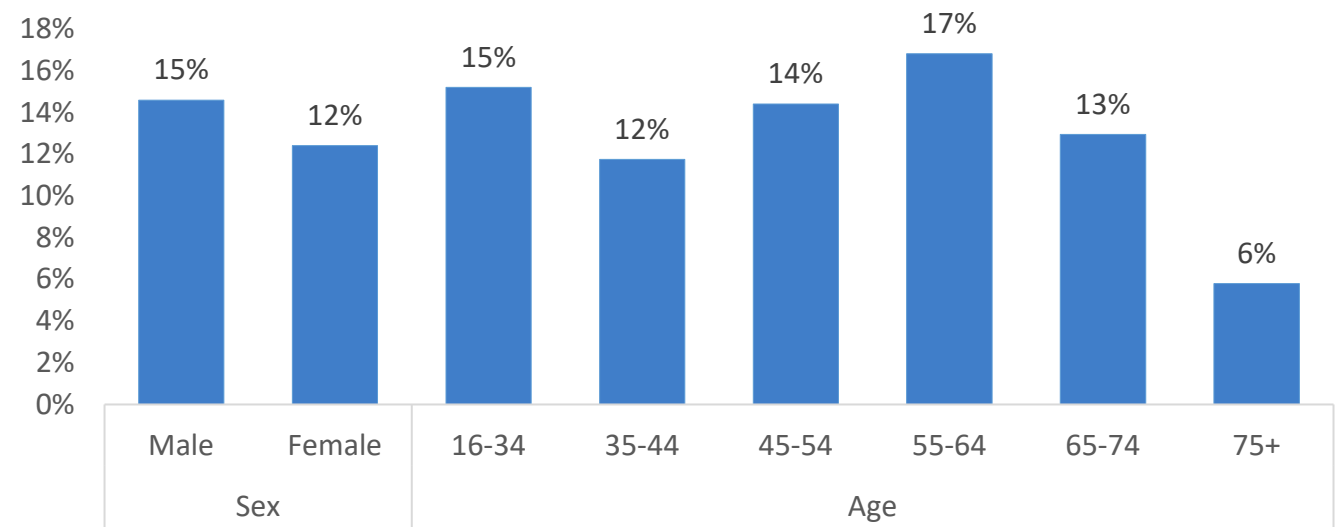
Smoking by sex

A similar proportion of males (15%) and females (12%) reported smoking in 2023/24, with the rates for both remaining unchanged from the previous year.

Smoking by age

Respondents aged 75+ reported a lower smoking rate than those in other age groups.

Smoking prevalence by sex and age



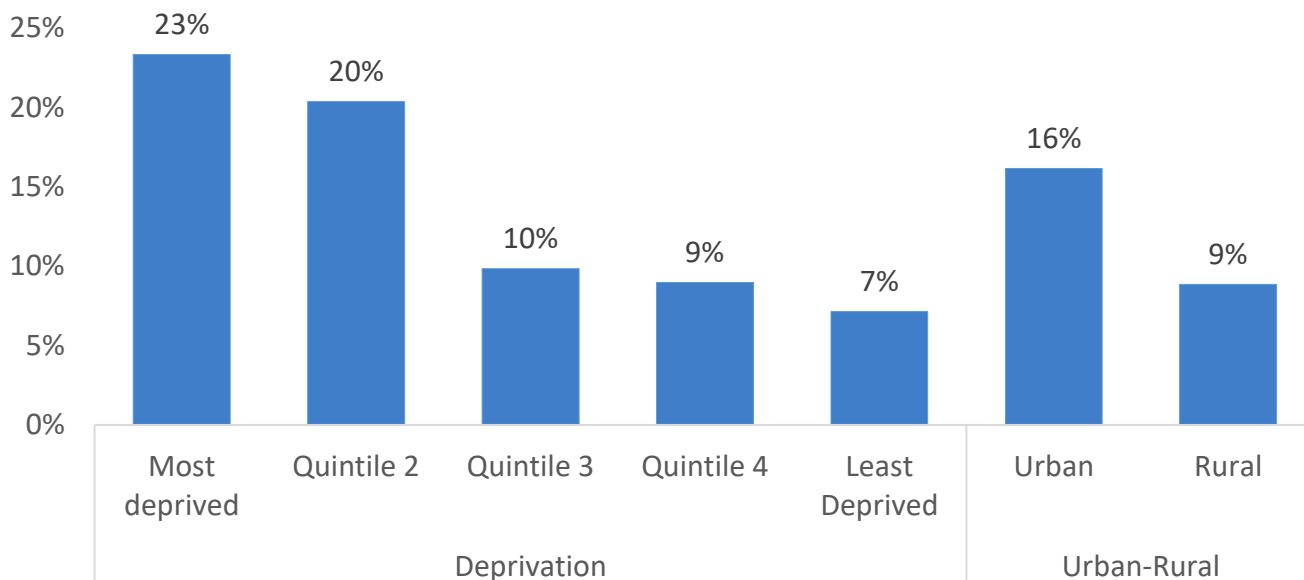
Smoking by deprivation

Respondents living in the most deprived areas (23%, down from 37% in 2014/15) remain more likely to be smokers than those living in the least deprived areas (7%, down from 12% in 2014/15).

Smoking by urban-rural

The proportion of respondents in urban areas that smoke was 16% (similar to 2022/23), which compares with 9% of those living in rural areas (down from 11% in 2022/23).

Smoking prevalence by deprivation and urban-rural



Purchase of tobacco products / Packaged or hand-rolled cigarettes

Around two-thirds (69%) of smokers purchased tobacco products from their local shop, while 24% bought from the supermarket. Around three-fifths (63%) of smokers used packaged cigarettes (down from 69% in 2019/20), while 37% smoked hand-rolled cigarettes.

Trying to quit smoking

Around four-fifths (81%) of smokers reported that they had tried to quit smoking. Around a tenth (12%) of smokers said that they really want to quit and intend to do so within the next three months, 17% report wanting to stop and hope to do so soon, while a further 33% want to quit but don't know when they will. Around two-fifths (39%) of smokers said either that they knew they should stop, but didn't really want to (22%) or simply that they did not want to stop (17%).

Smoking inside the home and family car

The majority (90%) of respondents said that smoking was not allowed inside their home, while 5% said it was only allowed in certain places or on special occasions.

Similarly, 90% of respondents with a family car said that smoking was never allowed in it, while 2% said that smoking was not allowed while children were travelling in the car.

Statements about smoking

Almost all respondents supported the ban on smoking in cars when children are present (99%). Most (86%) respondents agreed that outdoor areas commonly used by children, such as playgrounds and beaches, should be smoke free.

e-cigarettes

In 2023/24, 10% of adults were using e-cigarettes or vaping devices (up from 9% in 2022/23).

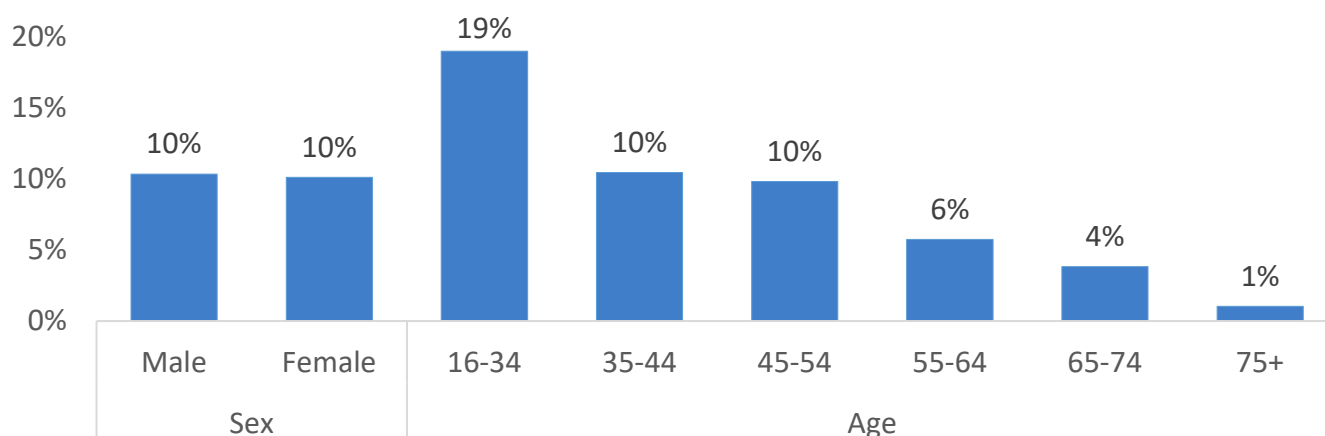
e-cigarette use by sex and age

There was no difference in use of e-cigarettes or vaping devices between males and females (both 10%).

Use of e-cigarettes decreased with age, ranging from 19% of those aged 16-34 to 1% of those aged 75 and over. This trend was evident for both males and females.



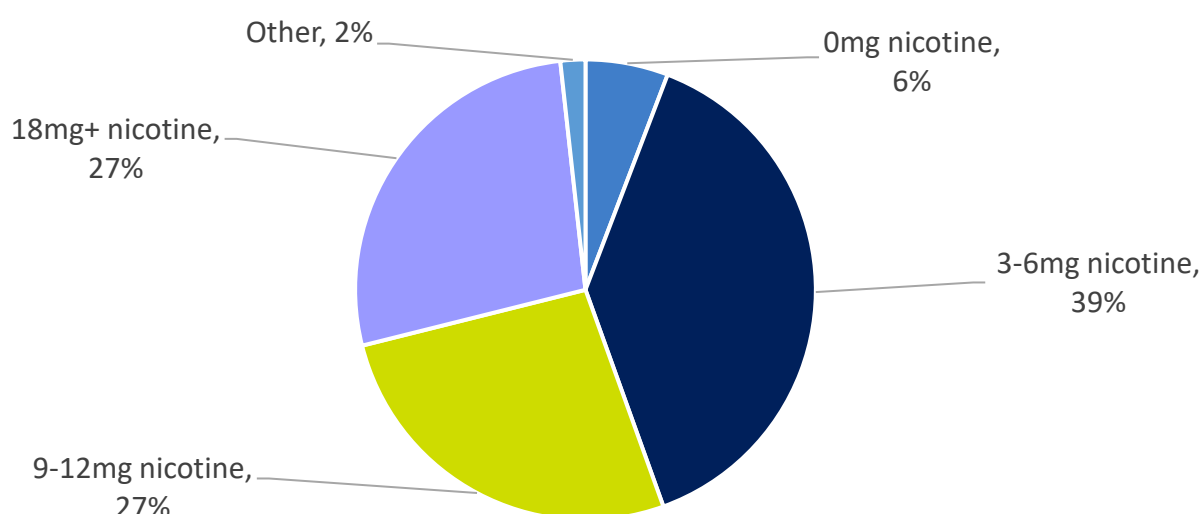
e-cigarette use by sex and age



Strength of cartridge

Around two-fifths of respondents used lower strength nicotine cartridges (3-6mg nicotine) in their e-cigarettes or vaping devices, while similar proportions used medium strength nicotine cartridges (9-12mg nicotine) and high strength nicotine cartridges (18mg+ nicotine) (both 27%). There was no difference in the strength of nicotine cartridge used by sex.

Strength of cartridge by sex



Around three-fifths (59%) of users said that the strength of cartridge they used had remained the same, while it had reduced in strength for around a quarter (26%) of users and increased for 10%.

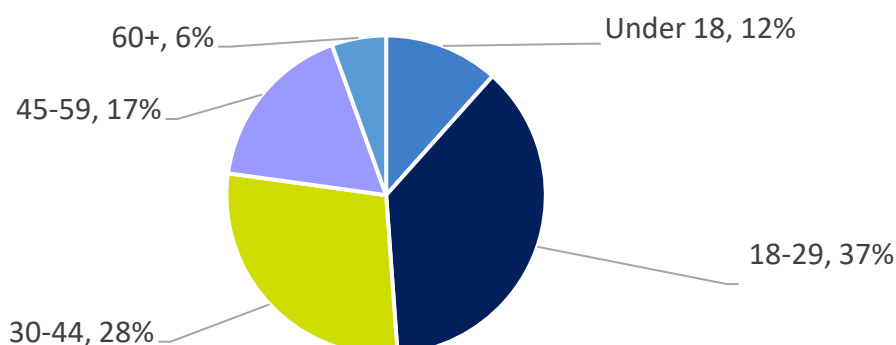
e-cigarette use by deprivation and urban-rural area

Those living in the most deprived areas (14%) were almost twice as likely to use e-cigarettes than those in the least deprived areas (8%). Similarly, those living in urban areas (14%) were almost three times as likely to use e-cigarettes than those living in rural areas (5%).

Age first started

Of those that had ever used e-cigarettes regularly, more than a third (37%) had started aged 18-29, while a further quarter had started while aged 30-44. For 12% of respondents, their use of e-cigarettes had started while they were aged under 18.

Age first started using e-cigarettes



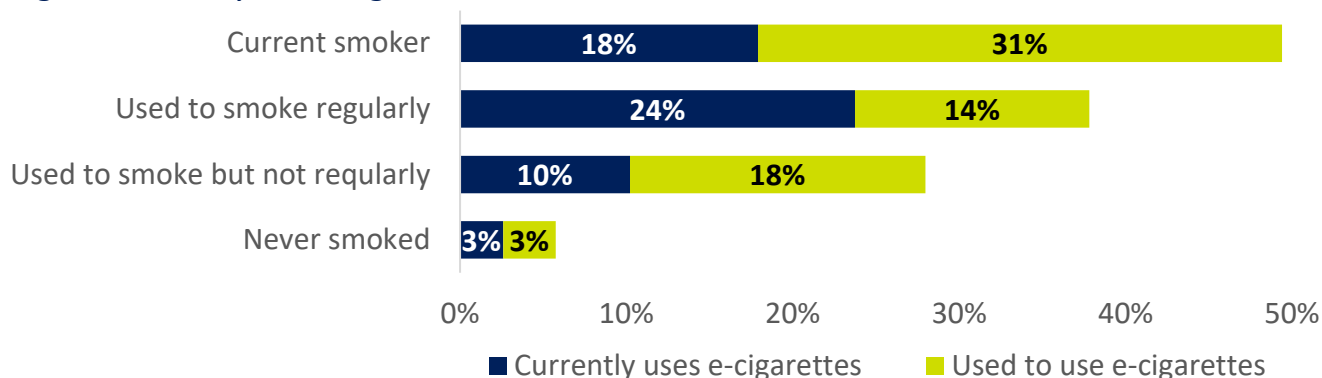
Of those that had ever used e-cigarettes regularly, a third (36%) had been using them for one year or less, while just under a third (30%) had been using them for two to three years. The remaining third had been using them for four or more years.

Those respondents who had ever smoked regularly and ever used e-cigarettes regularly were asked if they had started using e-cigarettes before, after or at the same time as smoking cigarettes. The majority of these (94%) had started using e-cigarettes after they had started smoking cigarettes, while a small proportion (3%) started using e-cigarettes at the same time as smoking cigarettes with a similar proportion (3%) started using e-cigarettes before smoking cigarettes.

e-cigarette use by smoking status

Around half (49%) of current smokers have ever used e-cigarettes with almost a fifth (18%) currently using them. Almost two-fifths (38%) of those that used to smoke regularly had ever used e-cigarettes with around a quarter (24%) currently using them.

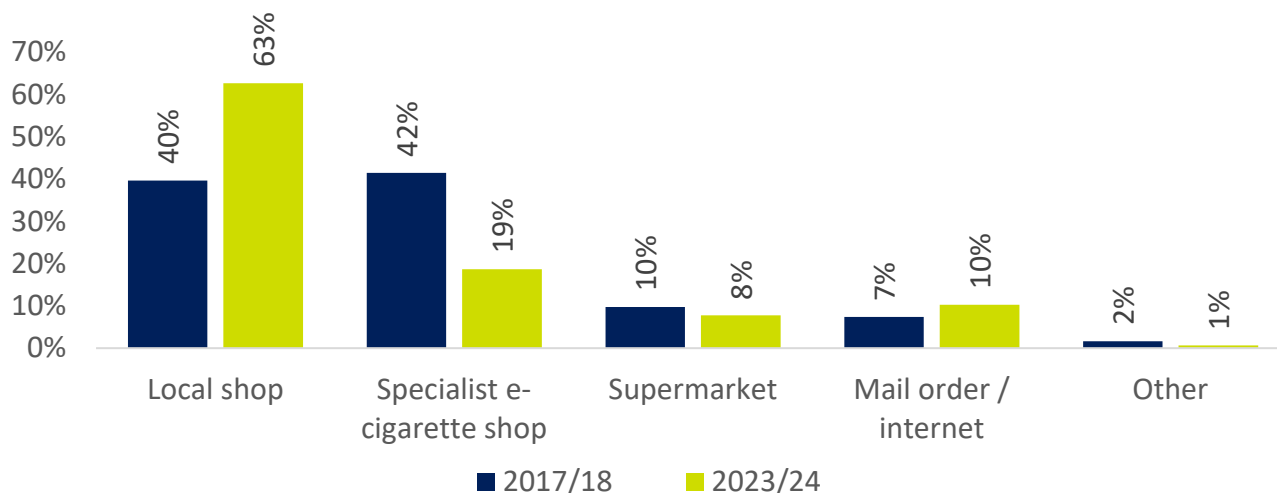
e-cigarette use by smoking status



Where e-cigarette users purchase their e-cigarettes

Almost two-thirds (63%) of current e-cigarette users buy their e-cigarettes from their local shop, while a fifth (19%) buy from a specialty shop and 8% from the supermarket. Use of specialist e-cigarette shops has halved since 2017/18, as more e-cigarette users buy them from their local shop.

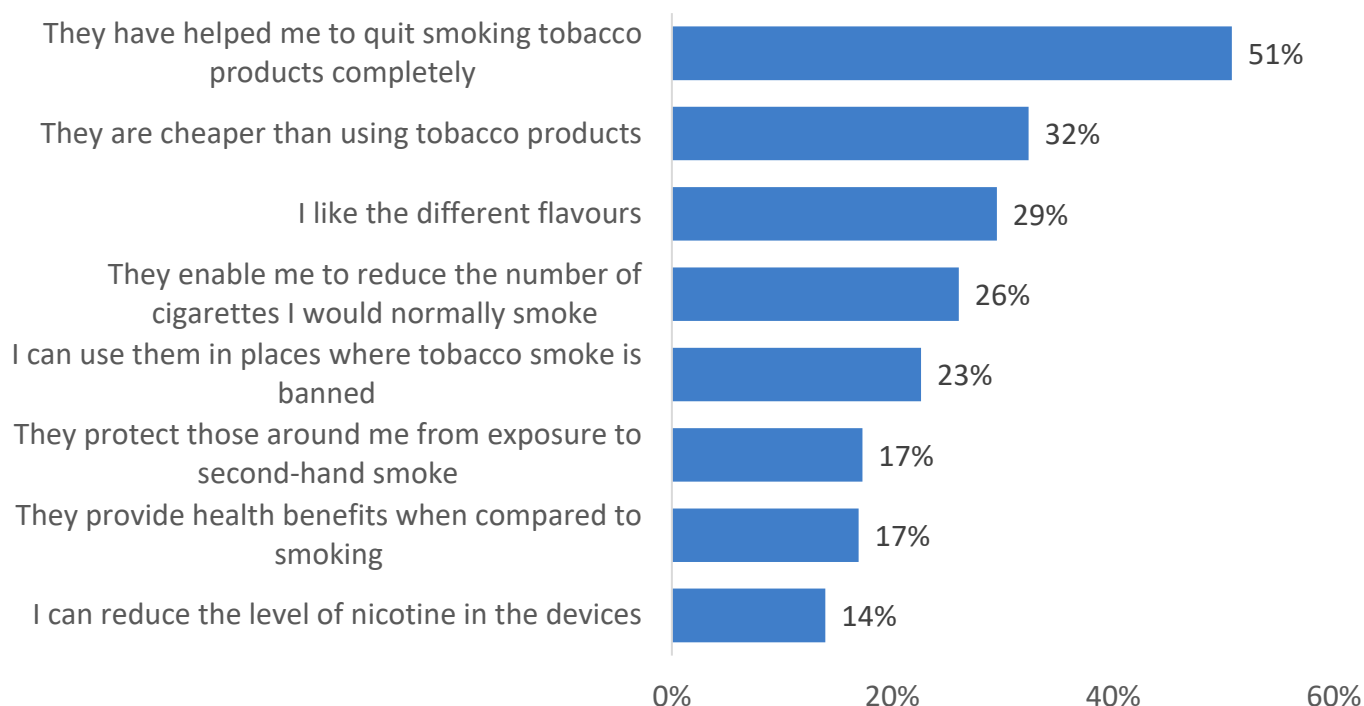
Where e-cigarettes purchased (2017/18 and 2023/24 compared)



Reasons for using e-cigarettes or vaping devices given by current users and ex-users

When asked for reasons why they used e-cigarettes or vaping devices, half (51%) of current users and those that used to use them regularly said “They have helped me to quit smoking tobacco products completely”, while a third (32%) said “They are cheaper than using tobacco products”, 29% said they liked the different flavours and a quarter (26%) reported that they enabled them to reduce the number of cigarettes they would normally smoke.

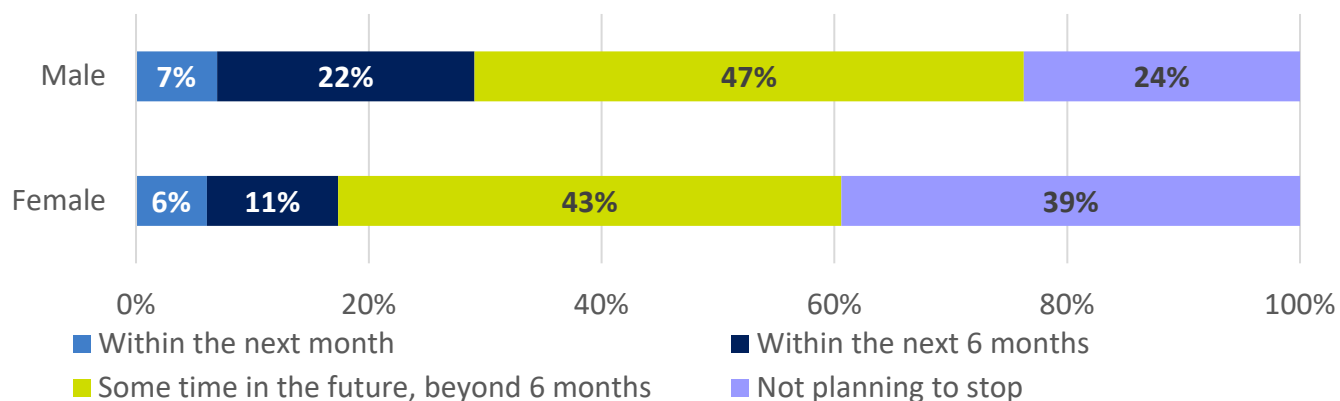
Most popular reasons given for e-cigarette use



Plans to stop using e-cigarettes or vaping devices

In 2023/24, almost a quarter (23%) of those that use e-cigarettes or vaping devices planned to stop using them within the next month or 6 months, while 32% were not planning to stop using them. Although the number of respondents answering this question is low when split by sex, females (39%) were more likely than males (24%) to say that they were not planning to stop.

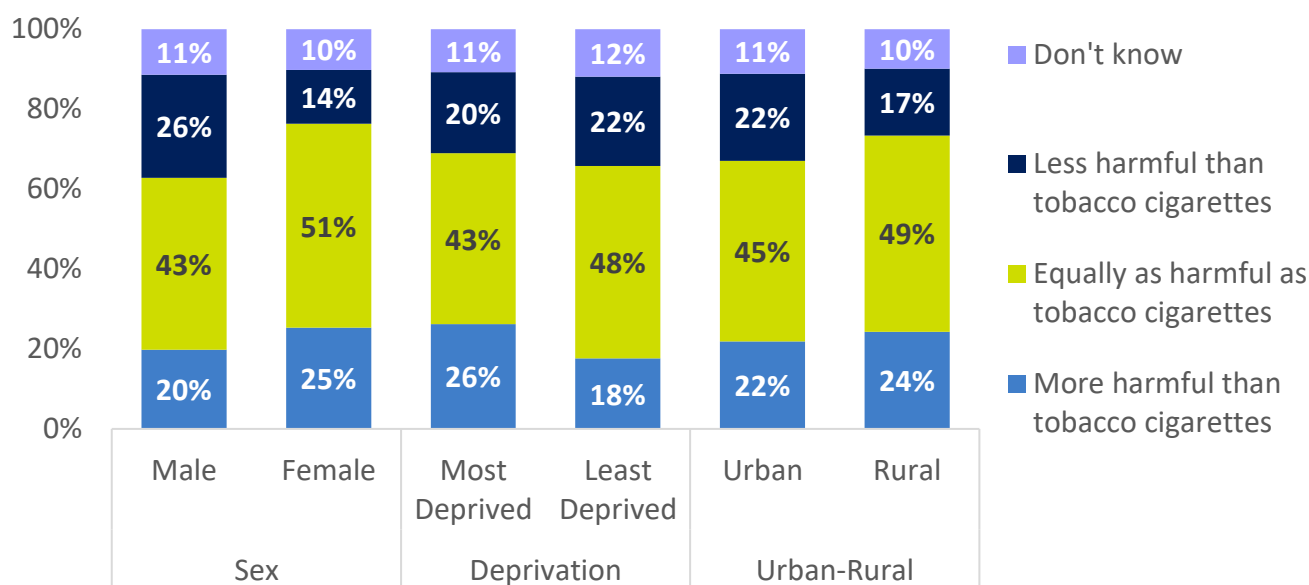
Plans to stop using e-cigarettes or vaping devices by sex



Opinion on harm from using e-cigarettes or vaping devices (Asked of all respondents)

Males (26%) were more likely to say that e-cigarettes were less harmful than tobacco cigarettes than females (14%). This was also true for those living in urban areas (22%) compared with those living in rural areas (17%). Those living in the most deprived areas (26%) were more likely to say that e-cigarettes were more harmful than tobacco cigarettes than those living in the least deprived areas (18%).

Opinion on harm from using e-cigarettes or vaping devices by sex, deprivation and urban-rural area



Attitudes to e-cigarettes

The vast majority (98%) of respondents supported the ban on sales of e-cigarettes directly to, and also for adults buying on behalf of, under 18s.

Five-a-day

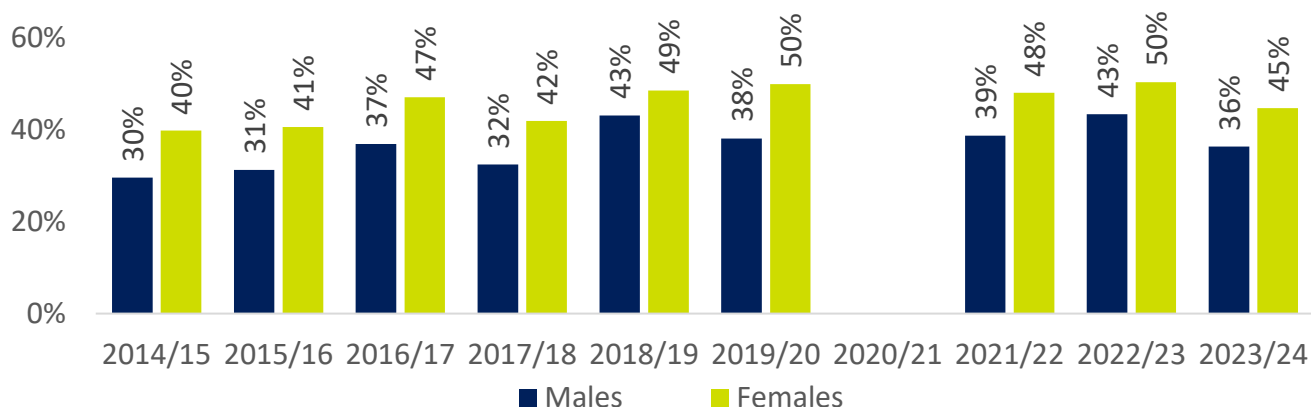
Two-fifths (41%) of respondents reported that they consumed 5 or more portions of fruit and vegetables per day. This was down from 47% in 2022/23.



Five-a-day by sex and age

Females (45%) remained more likely than males (36%) to consume 5 or more portions of fruit and vegetables per day; consumption was down for both males and females from 2022/23, however the rates are higher than they were a decade ago.

Proportion of respondents consuming at least 5-a-day by sex

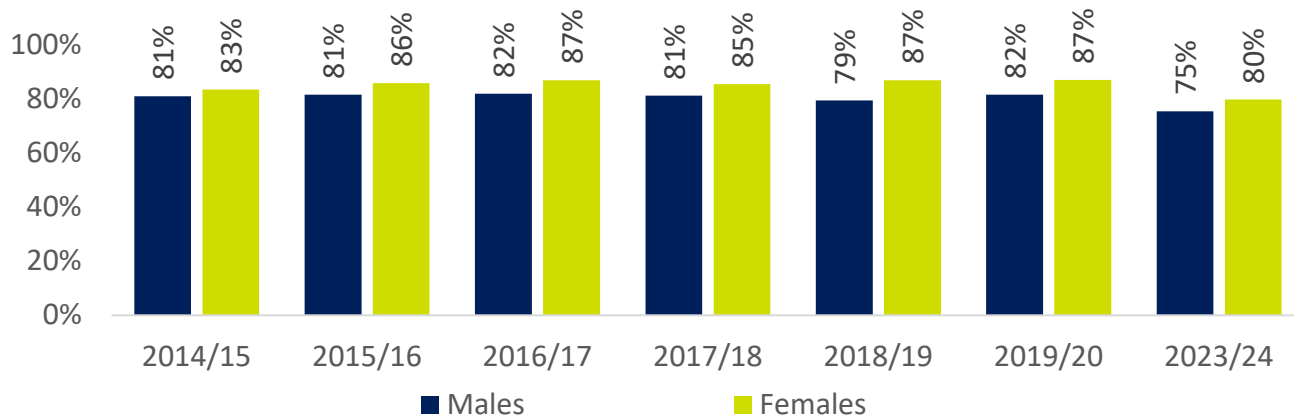


There was no significant differences in consumption of five-a-day by deprivation quintile or urban-rural area and no discernible trend by age-group.

Knowledge of Department of Health guidance on fruit and vegetables

In 2023/24, under four-fifths (78%) of respondents knew the Department of Health recommends that everyone should consume at least 5 portions of fruit and vegetables a day (lower than in all other years). Females (80%) remained more likely to know about 5-a-day guidance than males (75%).

Knowledge of Department of Health guidance on fruit and vegetables by sex



Those living in the least deprived areas (83%) were more likely to know about 5-a-day guidance than those living in the most deprived areas (74%).

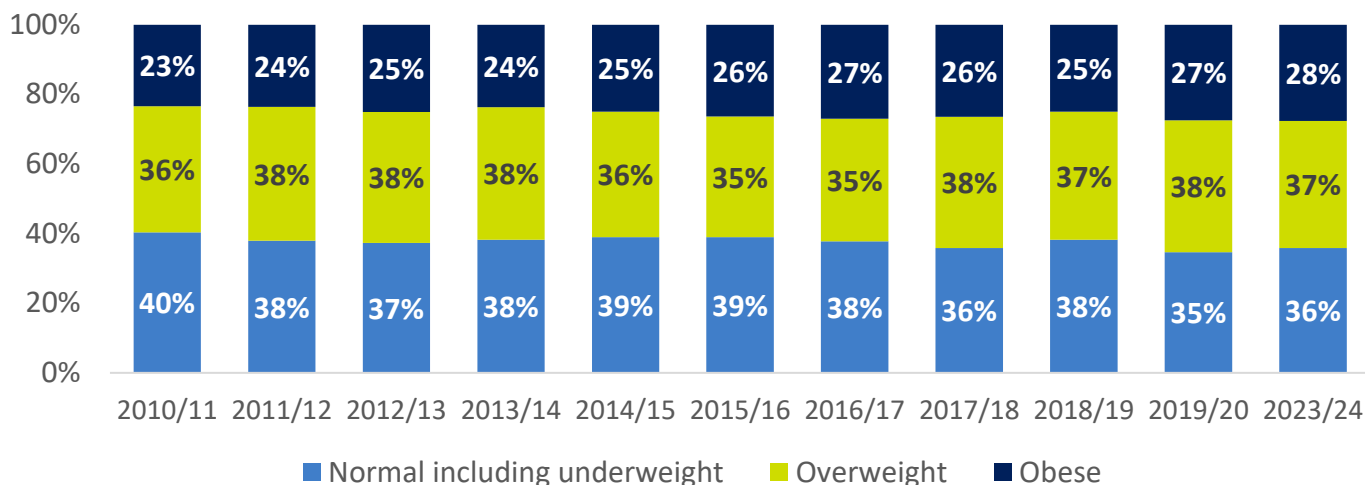
BMI

In 2023/24, around two-thirds (64%) of adults were either overweight (37%) or obese (28%), similar to findings in 2019/20.

Obesity has increased from 23% in 2010/11 to 28% in 2023/24.

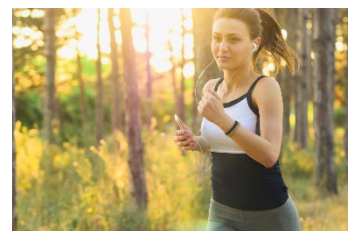


BMI category by year



Physical Activity

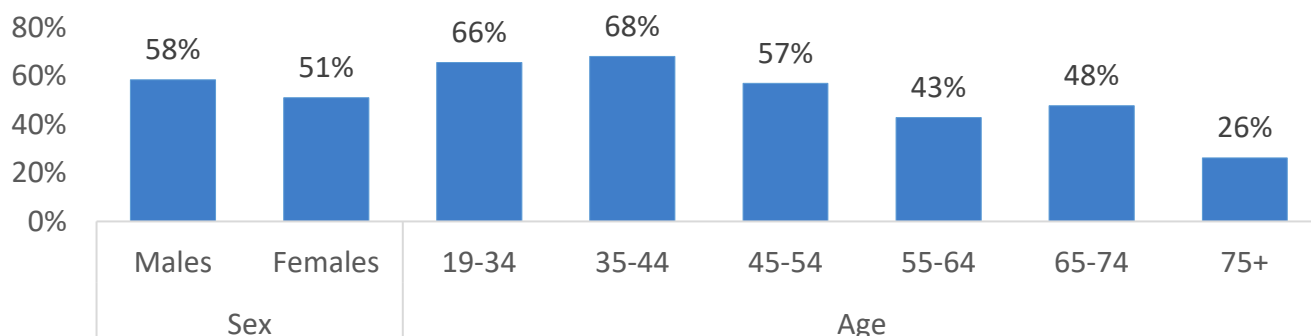
In 2023/24, more than half (55%) of respondents aged 19 and over met current recommended exercise time (of at least 150 minutes of moderate intensity activity per week). This was similar to 2016/17.



Physical Activity by sex and age

Males (58%) remained more likely than females (51%) to meet recommendations for physical activity. The proportion of respondents meeting physical activity recommendations generally decreased with age from around two-thirds of those aged 19-44 down to around a quarter of those aged 75+.

Proportion of respondents meeting physical activity recommendations by sex and age



Those living in the least deprived areas (57%) were more likely to meet physical activity recommendations than those living in the most deprived areas (48%).

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 outposted 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 Substance Use 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.

All images were sourced from www.pixabay.com.

The variable for Urban-Rural is broken into 3 categories: Urban, Rural and Mixed Urban-Rural. Mixed Urban-Rural is not reported in this publication as it contained 339 individuals in 2023/24 (10% of respondents). Breakdowns by Mixed Urban-Rural can be found in the accompanying tables.