Healthy Ireland Survey 2023

Summary Report

Ipsos B&A

Healthy Ireland Survey 2023

Summary Report

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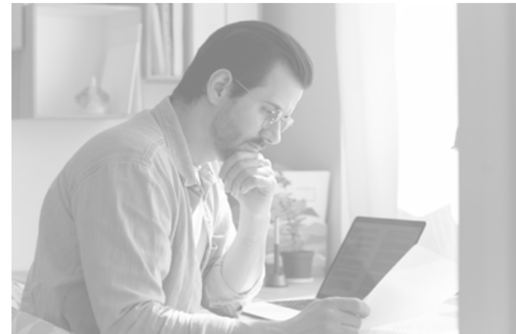

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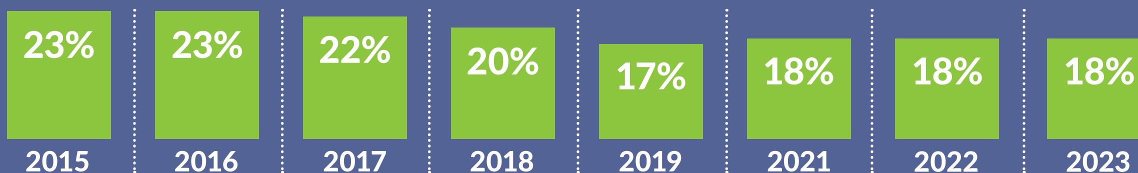
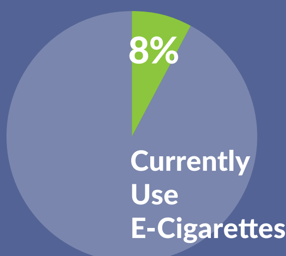
Selection of Key Findings

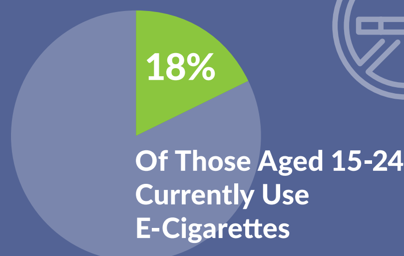
Smoking

Prevalence of Smoking by Year



Use of E-Cigarettes





Alcohol

Incidence of Binge Drinking in the Population

2018

27%

Past 12 Months

2023

24%

Past 12 Months

Suicide Awareness

69%

Know someone who has died by suicide

15%

Know someone close to them who has died in this way

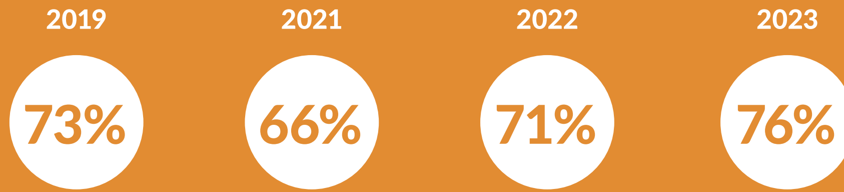
Probable Mental Health Problems

(MHI-5 Score of 56 or Lower)

10%	15%	12%
2016	2022	2023

Health Service Utilisation

Visited a GP in past 12 months



Average number of GP visits in past 12 months

Illegal Drug Use

Introduction

This report presents the initial topline findings from the 2023 wave of the Healthy Ireland Survey. The Healthy Ireland Survey is an interviewer-administered survey of health and health behaviours of people living in Ireland, commissioned by the Department of Health and carried out by Ipsos B&A.

The Healthy Ireland Survey was initiated in 2015 and forms a core element of the Healthy Ireland Framework and subsequent Healthy Ireland Strategic Plan, providing annual measurements of various issues relating to population health. This is the eighth annual publication*, providing a valuable data series to explore changes in health behaviours over time, particularly comparing health behaviours in 2023 to those prior to the COVID-19 pandemic.

The core purpose of the survey is to inform the research, monitoring and evaluation required to assess the impact of policy evaluation, with stated objectives to:

- Provide and report on current and credible data in order to enhance the monitoring and assessment of the various policy initiatives under the Framework
- Support and enhance Ireland's ability to meet many of its international reporting obligations
- Feed into the Outcomes Framework for Healthy Ireland and contribute to assessing, monitoring and realising the benefits of the overall health reform strategy
- Allow targeted monitoring where necessary, with an outcomes-focused approach, leading to enhanced responsiveness and agility from a policy-making perspective
- Support the Department of Health in ongoing engagement and awareness-raising activities in the various policy areas and support better understanding of policy priorities

Each wave involves a sample of approximately 7,500 individuals representative of the population aged 15 and older. The first five waves (from 2015 to 2019) were completed using face-to-face interviews, and the three most recent waves (2021 to 2023) were completed using telephone to ensure optimal infection control during the COVID-19 pandemic. Due to the necessary public health restrictions during the COVID-19 pandemic it was not possible to complete the 2020 survey. Fieldwork for the 2023 survey took place between October 2022 and April 2023.

** Summary reports for seven survey waves (waves 1 to 5 and 7, 8) are available on https://www.gov.ie/en/collection/231c02-healthy-ireland-survey-wave/. Fieldwork on wave 6 was already underway when the COVID-19 pandemic began and was abandoned due to the necessary public health restrictions.*

This wave of the Healthy Ireland Survey covers a variety of topics, including:

- General health
- Smoking
- Alcohol
- Health messaging and information related to alcohol
- Health service utilisation
- Mental Wellbeing & Social Connectedness
- Antibiotics
- Drug Prevalence
- Suicide Awareness

Survey results for each of these topic areas are presented throughout this report, as well as a section exploring changes in health service utilisation over the past 8 years.

Where appropriate, survey results are compared to results of the previous seven waves of this survey conducted between 2015 and 2022. However, some caution is needed when comparing results to survey waves prior to 2021 due to the change in survey methodology from face-to-face to telephone. Further discussion on this issue is included in the technical details at the end of this report. Survey fieldwork is currently underway on the tenth wave of the survey, and it is expected that the results of that wave will be published in late 2024.

hi

Healthy Ireland

1

General Health

Self-reported health

- As in previous years, respondents were asked “How is your health in general?”. Responses were recorded on a five-point scale, from very good to very bad.
- In 2023, 80% report being in good or very good health, while 4% report being in bad or very bad health.
- The proportion of people rating their health as good or very good has declined by 2-points in 2023, from 82% in 2022.
- Between 2015 and 2019 reports of good or very good health were relatively stable at around 85% as seen in 2019; this figure has been steadily declining since 2019.
- In 2019 85% of the population reported being in good or very good health; this declined to 84% in 2021 and then declined by a further 2-points in both 2022 and 2023.

Proportion of the population rating their health as good or very good, 2015-2023 (%)

	2015	2016	2017	2018	2019	2021	2022	2023
Total	85	84	84	85	**85**	84	82	**80**
Men	85	83	83	84	85	84	83	81
Women	85	84	85	86	85	84	81	79

- Women’s reports of good or very good health have declined by 6-points since 2019 compared to a 4-point decline among men in the same period.
- Among women, those aged 55-64 show the widest decline (13-points) in reported good or very good health since 2019 (2023: 66%, 2019: 79%). This compares to a 3-point decline among men in the same age group (2023: 71%, 2019: 74%).
- Self-reported health declines with age, as 89% of those aged 15-24 report being in good or very good health, compared to 69% of people aged 65 and over reporting the same.

- 85% of 15–24 year-old women report good or very good health, a decline from 92% in 2019, and 6-point decline since 2022 (91%); while over nine in ten men in this age group report the same, remaining unchanged since 2022 (93% in both years) and marginally similar to 2019 (94%).

Proportion rating health as good or very good by age and gender (2023)

2023	15-24	25-34	35-44	45-54	55-64	65+
Total	89	89	86	79	68	69
Men	93	90	85	80	71	69
Women	85	87	88	77	66	68

Proportion rating health as good or very good by age and gender (2019)

2019	15-24	25-34	35-44	45-54	55-64	65+
Total	93	92	92	84	76	69
Men	94	92	94	85	74	66
Women	92	92	90	83	79	71

- 72% of current tobacco smokers rate their health as being good or very good, while 85% of those who have never smoked give the same rating. Among ex-smokers who smoked in the last 5 years but have not smoked in the last year, 75% report being in good or very good health.

- People who have attained a Leaving Certificate education or higher are more likely to report being in good or very good health (85%), than people who did not attain a Leaving Certificate education (66%).

- Students (91%) and people in employment (88%) are significantly more likely to report good or very good health compared to people who are unemployed (71%). Reported good or very good health has declined by 5-points since 2022 among people who are unemployed (76%).

Long-term health conditions

- Two in five people (40%) have a long-term health condition that has been confirmed by a medical diagnosis, an increase of 11-points since this was asked in 2021 (29%).

- The most common condition is high blood pressure or hypertension (9%), followed by arthritis (6%), high cholesterol, asthma, and diabetes (all 5%).

Prevalence of long-term health conditions confirmed by a medical diagnosis by age and gender (%)

	Total	Gender		15-24		25-34		35-44		45-54		55-64		65+	
		M	W	M	W	M	W	M	W	M	W	M	W	M	W
High Blood pressure	9	8	9	-	-	1	2	5	3	9	7	14	18	19	24
Arthritis	6	4	8	-	1	1	1	3	4	2	7	9	14	12	20
Asthma	5	4	6	5	8	5	8	3	4	5	6	4	5	3	6
High cholesterol	5	4	6	-	-	-	1	3	2	4	4	8	11	8	17
Diabetes	5	4	5	1	2	1	1	1	2	4	4	7	6	11	11
Mental health conditions	4	4	5	1	7	5	7	4	6	5	5	6	3	2	3

M = Men, W = Women

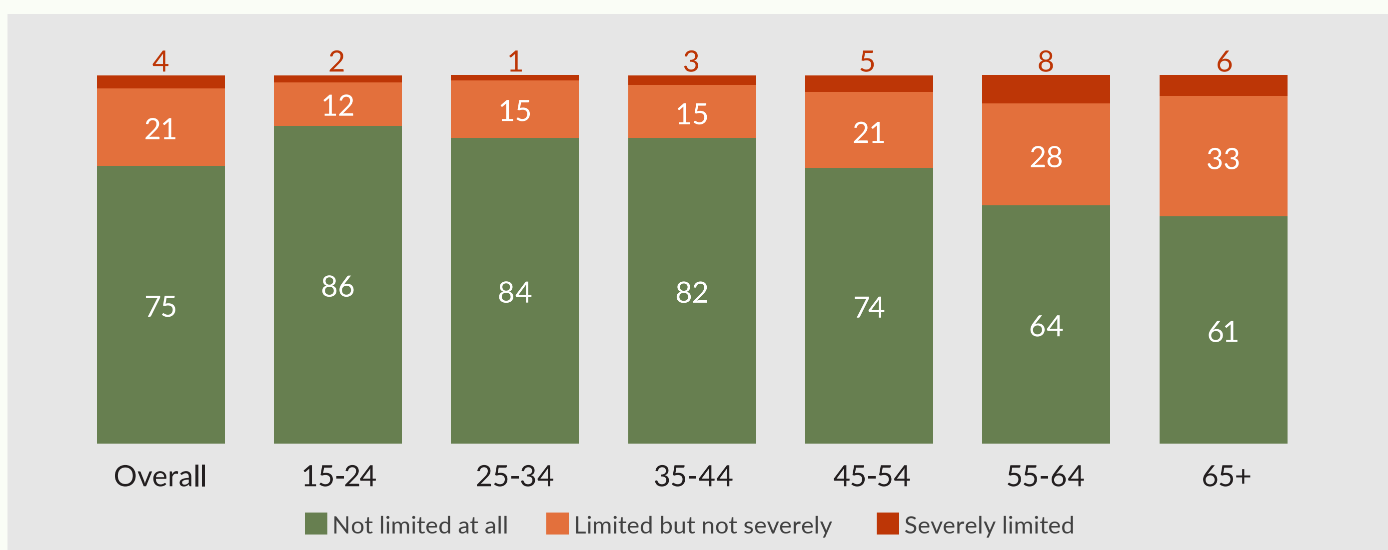
Limitations to everyday activities

- Among the population, 21% are limited and 4% are severely limited in everyday activities because of an ongoing physical or mental health problem, illness or disability. The proportion of people who are limited, but not severely, has increased 2-points since 2022 (19%), and by 4-points since 2019 (17%). The proportion reporting that they are severely limited has remained unchanged since 2016 (4%).

- Women (27%) are more likely than men (23%) to report being limited or severely limited in their everyday activities because of a health problem.

- Those with long-standing illnesses or health problems are more likely to report being significantly limited in their everyday activities (60%), with 11% stating they are severely limited, and 49% stating they are somewhat limited on a daily basis. This compares to 7% of people without a long-standing illness or health problem being limited or severely limited in everyday activities.

Extent of limitation in everyday activities because of a health problem - by age (%)



Long-lasting conditions or difficulties

- For this year's Healthy Ireland Survey, a series of additional questions were asked, focussing on long-lasting conditions or difficulties.

- 36% of the population report having at least one of the following long-lasting conditions or difficulties.

  - Blindness or vision impairment
  - Difficulty with basic physical activities
  - Difficulties with pain, breathing, other chronic illness/condition
  - A psychological or emotional condition or mental health issue
  - Difficulty learning, remembering or concentrating
  - Deafness or hearing impairment
  - Intellectual disability

- Long-lasting conditions or difficulties are more common among women (39%) than men (33%).

- The prevalence of long-lasting conditions or difficulties increases with age with just a quarter (25%) of those aged 15-24 reporting a long-lasting condition or difficulty, compared to 64% of people aged 75 and over.

Prevalence of long-lasting conditions or difficulties by age (%)

	Total	15-24	24-34	35-44	45-54	55-64	65-74	75+
All	36	25	24	27	38	43	53	64
Men	33	18	19	26	35	41	51	60
Women	39	33	29	27	40	44	55	67

- Blindness or visual impairments impact 15% of the population, difficulties with basic physical activities such as walking or climbing the stairs impact 12% of the population, and one in ten (11%) people have difficulties with pain, breathing, or other chronic illnesses or conditions.

Types of long-lasting conditions or difficulties by age (%)

	Total	15-24	25-34	35-44	45-54	55-64	65-74	75+
Blindness or vision impairment	15	10	10	9	16	19	22	29
A difficulty with basic physical activities	12	4	4	7	14	19	20	32
A difficulty with pain, breathing, or any other chronic illness or condition	11	4	6	9	14	16	18	18
A psychological or emotional condition or a mental health issue	8	10	9	9	9	8	5	3
Deafness or a hearing impairment	7	1	2	3	5	8	15	26
A difficulty with learning, remembering, or concentrating	7	6	6	6	9	6	8	11
An intellectual disability	2	2	2	2	2	1	1	1

- The most common issue resulting from a long-standing condition or difficulty is participating in activities such as leisure or using transport. These activities are difficult for 8% of the population, with 2% of these people saying these activities are difficult to a great extent, as a result of a long lasting condition.

- Difficulties working at a job or business or attending school or college due to a long-lasting condition, is reported by 8%, with 3% experiencing this difficulty to a great extent.

- People aged 75 and over (11%) are most likely to have difficulty dressing, bathing or getting around inside the home, compared to 3% of people aged 15-44.

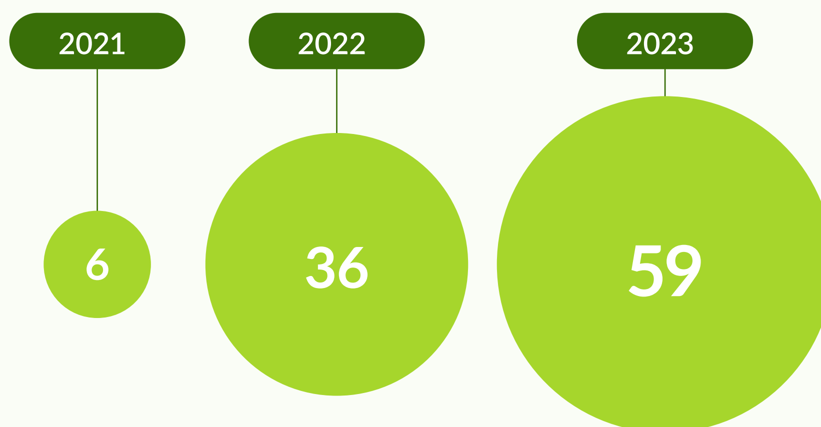
- Going outside of the home to shop or visit a doctor's surgery is difficult for 6% of people due to a long-lasting condition. Among people who report being in bad health, 44% have difficulty going outside of the home to shop or visit a doctor as a result of a long-lasting condition.

Difficulty with activities due to long-standing conditions or difficulties (%)

	All	15-24	24-34	35-44	45-54	55-64	65+
Participating in other activities, for example leisure or using transport	8	4	4	6	10	12	12
Working at a job or business or attending school or college	8	6	4	6	10	13	9
Dressing bathing or getting around inside the home	5	2	2	4	6	8	9
Going outside of the home to shop or visit a doctor's surgery	6	4	2	5	6	9	11

COVID-19

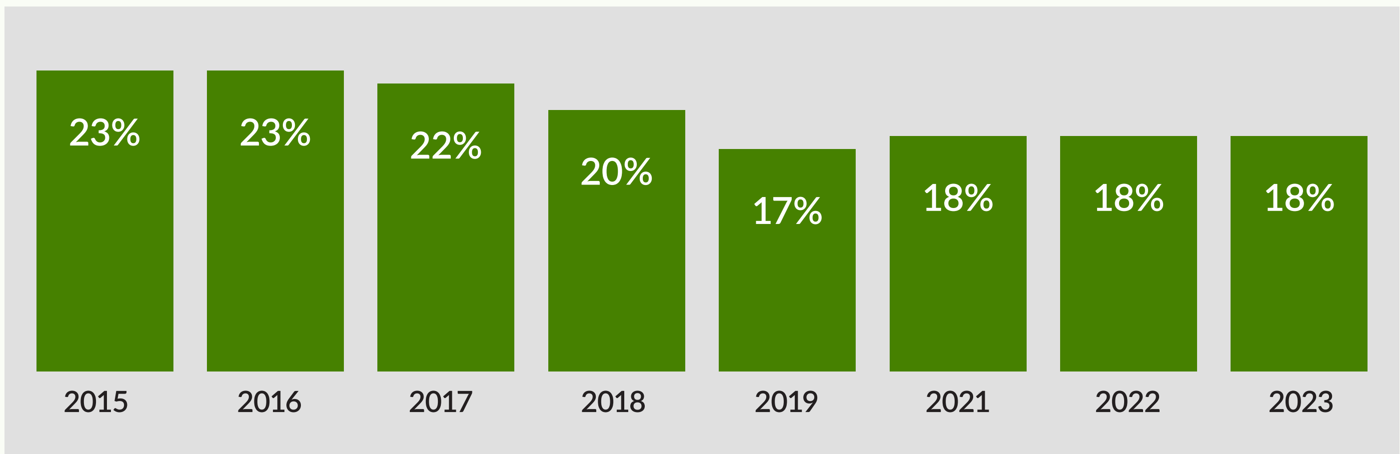
- In 2023, 59% of the population say they are aware that they have been infected with COVID-19 at some point since the emergence of the infectious disease in 2020.
- At the time of writing, the National Serosurveillance Programme (NPS)* indicates that 99% of the population have antibodies for SARS-CoV2, either from vaccination or previous infection.



The National Serosurveillance Programme is led by the Health Protection Surveillance Centre's (HPSC) Sero-Epidemiology Unit (SEU). The SEU aims to estimate the proportion of people who have antibodies to SARS-CoV-2 in the general population, either from vaccination or previous infection and to see if this changes over time. For more information or to view the latest seroprevalence results for SARS-CoV-2 please visit https://seroepi-hpscireland.hub.arcgis.com/

2 Smoking

Prevalence of smoking by year



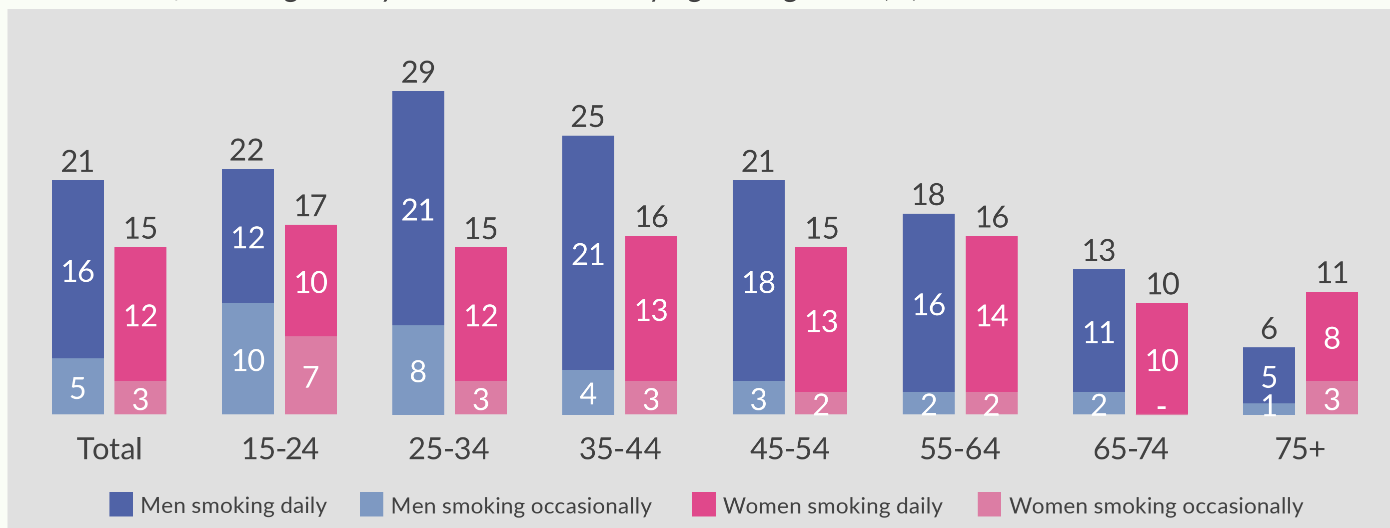
- 18% of the population are current smokers, with 14% daily smokers and 4% occasional smokers. Smoking rates are the same as reported in 2022 and have been relatively stable since 2019.
- Those aged 25-34 (22%) remain the most likely age group to smoke, however this is a 2-point decrease since 2022 and a 10-point decrease since the first wave of this survey in 2015.

Prevalence of smoking – by year and gender (%)

	2015	2016	2017	2018	2019	2021	2022	2023
Total	23	23	22	20	17	18	18	18
Men	24	26	25	22	19	20	21	21
Women	21	20	20	17	16	17	15	15

- Men (21%) remain more likely to smoke than women (15%). In the youngest age group of those aged 15-24, 22% of men and 17% of women are current smokers, with both groups showing a 3-point increase from that reported in the 2022 survey.
- Smoking rates remain higher for those who are unemployed (40%) than those in employment (17%). They also remain higher among those with a Junior Certificate or lower (20%) than those with a Leaving Certificate or higher (17%), the same figures as reported in 2022.

Prevalence of smoking – daily and occasional – by age and gender (%)



Smoking & health outcomes

- Current smokers (72%) are less likely to describe their health as good or very good compared to ex-smokers (76%), and those who have never smoked (85%).

- Among smokers aged under 25 this difference remains persistent, with 80% of current smokers describing their health as good or very good, compared with 92% of those who have never smoked.

- Over one third (37%) of smokers, and 42% of ex-smokers report having a long-standing illness or health problem. This compares with 29% of those who have never smoked.

- 30% of smokers and 30% of ex-smokers report being limited in everyday activities because of health problems. In contrast, 20% of those who have never smoked report the same.

- Ex-smokers (81%) are more likely to visit the GP during the previous 12 months than current smokers (73%).

- Among those aged 65 and over, ex-smokers (91%) are more likely to visit their GP in the previous 12 months compared to 82% of current smokers in the same age group.

Quitting smoking

- A third (33%) of the population are ex-smokers. In all age groups over the age of 25, there are more ex-smokers than current smokers.

- 49% of those who have smoked in the past year* have attempted to quit smoking, with 23% of this group successfully quitting smoking.

- 33% of smokers are either trying to quit or actively planning on doing so, with 14% of these smokers trying to quit and 19% actively planning to quit.

- Among those aged 25-34 (the age group most likely to smoke), the same percentage (33%) are either trying to quit or actively planning on doing so. Moreover, in the same age group, women (40%) are more likely to be attempting to quit or actively planning to quit compared to men (28%).

- Those aged 35-44 report the highest inclination to attempt to quit or actively plan to quit smoking in 2023 (40%) whereas those aged 75+ are the least likely to wish to quit smoking (8%).

- Half (50%) of current smokers aged between 15-24 made an attempt to quit during the past year.

- 58% of those who have successfully quit smoking during the past year did so using will-power alone. While a quarter (25%) of successful quitters report using e-cigarettes as a quitting aid, and 19% used nicotine patches, gum, lozenges or sprays.

- Among smokers and ex-smokers who tried to quit in the past year, two-thirds (65%) used willpower alone, 17% used nicotine patches, gum, lozenges or sprays, and 17% used e-cigarettes.

- One fifth (20%) of smokers who saw their GP during the past 12 months discussed ways of quitting smoking.

Quitting aid usage among successful quitters and total population (%)

	Successfully quit smoking	All smokers who tried to quit in the past year
Will-power alone	58	65
E-cigarettes	25	17
Nicotine patches, gum, lozenges or spray	19	17
Prescribed medication	1	2
www.quit.ie	1	1
Smokers telephone quitline/helpline	1	2
Acupuncture	-	-
www.facebook.com/HSEquit	-	-
Other aid, help, support	-	2

E-cigarettes

- 8% of the population currently use e-cigarettes either daily (5%) or occasionally (3%), with a further 12% reporting they have tried them in the past but no longer use them. In 2022, 6% were current users of e-cigarettes.

- E-cigarette usage remains consistent among genders as 9% of men and 8% of women use e-cigarettes either daily or occasionally.

- A fifth (20%) of women aged 15-24 use e-cigarettes either daily (11%) or occasionally (9%), making them the group with the highest prevalence of the e-cigarette usage. 16% of men in the same age group use e-cigarettes either daily (9%) or occasionally (7%).

- Usage of e-cigarettes remains highest among those aged under 25, with 18% in this age group currently using them either daily or occasionally. This represents a 7-point increase on the reported figure in 2022, which stood at 11%. Those aged 35-44 have experienced a 3-point increase since 2022, with 8% of them now using e-cigarettes compared to 5% in 2022.

- Those who are unemployed (16%) are more likely to use e-cigarettes either daily or occasionally compared to those who are employed (7%). In 2022, both employed and unemployed individuals were equally likely to use e-cigarettes, both 7%.

- 24% of e-cigarette users are daily tobacco smokers and 14% are occasional tobacco smokers. Half (49%) of e-cigarette users are ex-smokers, while just over one in ten (13%) e-cigarette users have never smoked.

Starting Smoking

- This year's survey included questions asking smokers at what age they first started smoking and at what age they first started daily smoking.

- The average age for smokers to try their first cigarette is 16 years, while the average age for initiating daily smoking is 18 years.

- Smokers in the youngest age group, 15-24 years, started daily smoking at 17 years old on average, while the oldest age group 75 and over, started daily smoking at 19 years old, on average.

3

Alcohol

- 70% of individuals aged 15 or over report consuming alcohol during the past 12 months. This is lower than the 75% prevalence rate reported in 2018 (the last time drinking alcohol in the past 12 months was measured on the Healthy Ireland Survey).

- 38% of people aged 15 or over drink at least once a week. This is broadly the same as measured in 2021 (37%), although remains lower than 2018 (41%). 21% drink multiple times per week – similar to the measurements in 2022 and 2018 (21% and 23% respectively).

- Almost three-quarters (73%) of men report drinking alcohol in the past 12 months, compared to 67% of women. However, a slightly larger difference exists in past week drinking with 43% of men drinking weekly compared to 34% of women. These gender differences are broadly aligned with 2018.

Alcohol consumption by gender (%)

	All	Men	Women
Past 12 months	70	73	67
At least once a week	38	43	34

- There has been a notable change in drinking behaviour over the past 5 years among those aged 25-54, inclusive. Those in this age group are now less likely to have consumed alcohol in the past 12 months and are also less likely to drink at least once a week. This is particularly evident among individuals at the younger end of this age range.

- Past year drinking has increased since 2018 among those aged 15-24, and the proportion of this age group drinking at least once a week has also increased since 2018.

Alcohol consumption by age, 2018 vs. 2023 (%)

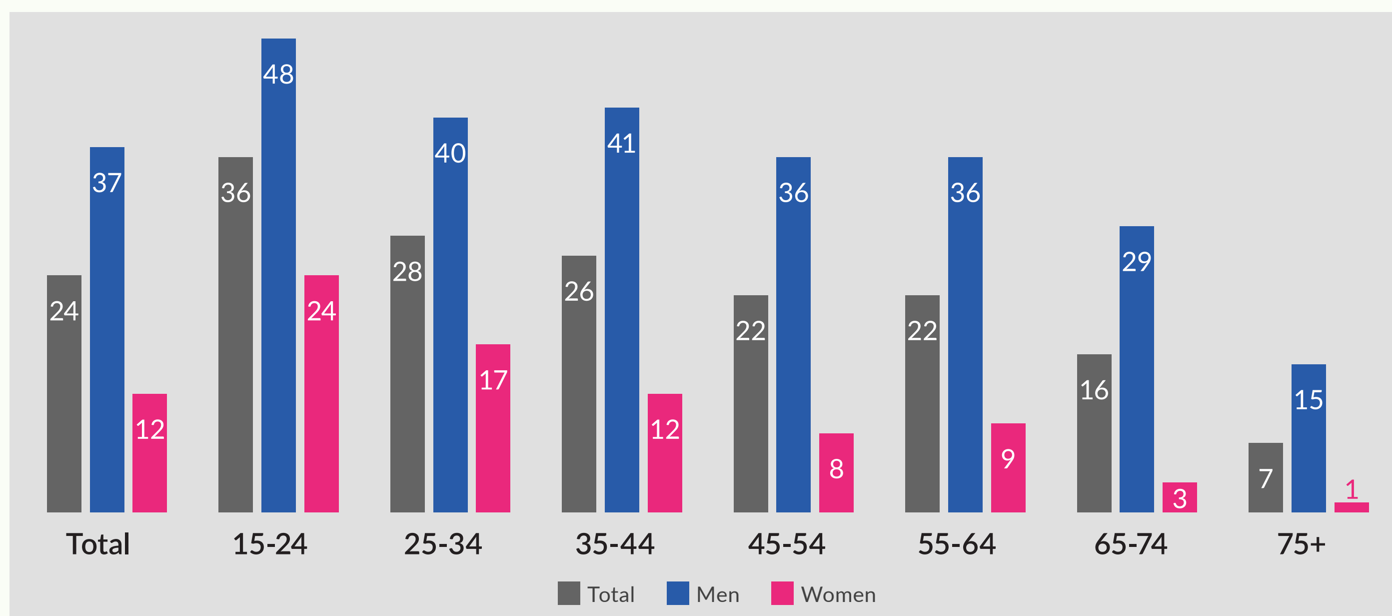
Past 12 months	Total	15-24	25-34	35-44	45-54	55-64	65-74	75+
Total 2018	**75**	**66**	**84**	**82**	**79**	**75**	**66**	**54**
Men 2018	78	70	88	82	80	78	73	60
Women 2018	72	63	80	81	78	72	61	49
Total 2023	**70**	**75**	**72**	**72**	**72**	**69**	**63**	**55**
Men 2023	73	76	74	75	74	72	71	59
Women 2023	67	74	70	70	70	66	55	51

At least once a week	Total	15-24	25-34	35-44	45-54	55-64	65-74	75+
Total 2018	**41**	**26**	**44**	**44**	**49**	**49**	**41**	**28**
Men 2018	48	31	54	50	55	56	53	36
Women 2018	35	21	35	39	44	43	31	22
Total 2023	**38**	**28**	**30**	**38**	**43**	**48**	**43**	**36**
Men 2023	43	33	34	41	46	52	53	44
Women 2023	34	24	26	35	40	43	34	30

Binge drinking

- Almost a quarter (24%) of the population are considered binge drinkers, that is they drink 6 or more standard drinks on a typical drinking occasion. *This remains lower than the equivalent figure in 2018 (27%).

Binge drinking by age and gender (%)



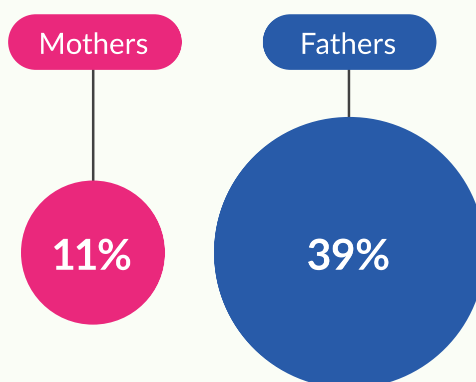
Binge drinking by gender 2018-2023 (%)

Year	Total	Men	Women
2018 (last 12 months)	27	41	13
2021 (last 6 months)	15	24	6
2022 (last 6 months)	22	33	10
2023 (last 12 months)	24	37	12

- Men are much more likely than women to binge drink on a typical drinking occasion (37% and 12% respectively), with younger people more likely to do so than older people (aged 15-24: 36%, 75+ year olds: 7%).

- Almost half of men aged between 15-24 binge drink on a typical drinking occasion, compared to roughly a quarter of women in this age group (48% and 24% respectively). The gender gap in binge drinking remains consistent across the life course, with a similar difference of 22-points between men and women aged 65 and older (24% and 2% respectively).

Binge drinking by parental status



- Almost three-quarters (73%) of parents of children aged under 18 drink alcohol, with 39% drinking at least once a week and 21% drinking multiple times per week.24% of parents binge drink on a typical drinking occasion, with fathers (39%) more likely to do so than mothers (11%)

**A standard drink in Ireland contains 10g alcohol. The WHO defines binge drinking as 'the proportion of adult drinkers (15+ years) who have had at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.*

4

Alcohol Information

Packaging and Advertising

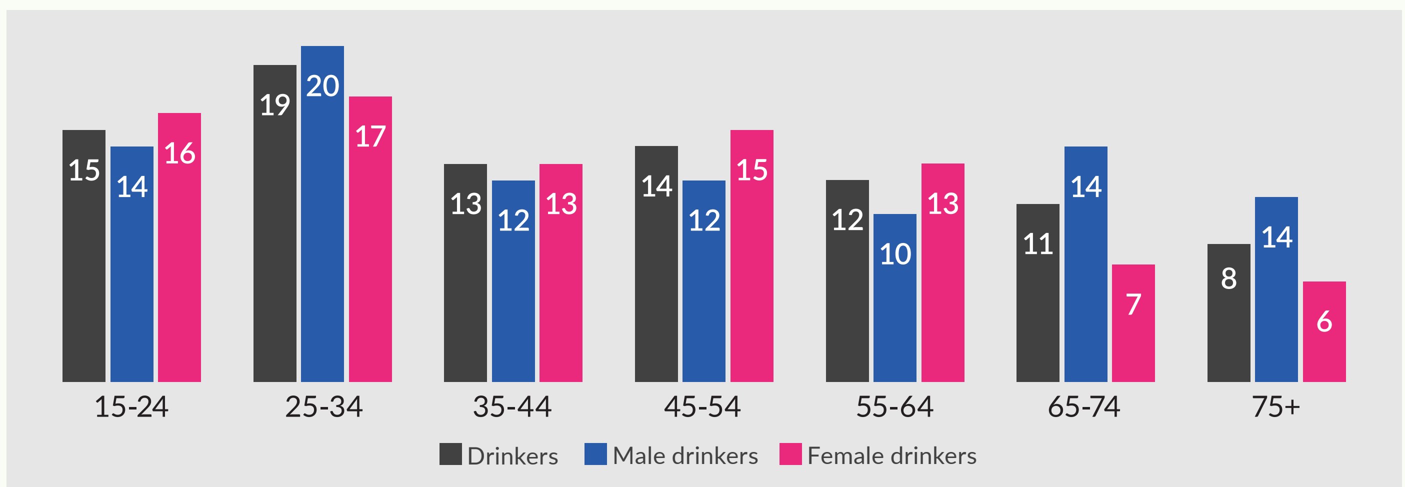
This year the Healthy Ireland Survey asked respondents about health messaging and information related to alcohol that they may have seen on alcohol packaging and advertising. This information is being collected in advance of legislative change relating to the presentation of specific health information on alcohol packaging.

Alcohol packaging

- 12% of all respondents and 14% of drinkers report they often or always see health messages when looking at alcohol packaging. However, 59% of all respondents and 53% of drinkers report that they never see health messages on alcohol packaging.

- 17% of all respondents aged 25-34 and those with a degree or higher (14%) are most likely to report often or always seeing health messages on alcohol packaging. This compares to 8% of those aged 65 and over and 9% of those with a Junior Certificate education or lower.

Drinkers who see health messages on alcohol packaging often or always by age and gender (%)



- Respondents who reported seeing health messages on alcohol packaging were then asked whether they read or look closely at this information. Just 6% of respondents say they often or always read or look closely at health messages on alcohol packaging. Among drinkers, 7% report the same.

- Alcohol content labels (28%), warnings about drinking alcohol while pregnant (14%), and consumption warnings (13%) are the most common health messages noticed.

Information noticed on alcohol packaging overall and by drinking status (%)

	Overall	Drinkers	Non-drinkers
Alcohol content	28	34	16
Nutritional, ingredient, or calorie information	10	12	6
Government or other consumption warning	13	15	9
Warning about the danger of drinking alcohol while pregnant	14	16	9
Other information	1	1	-

Information noticed on alcohol packaging among men who drank in the past 12 months by age (%)

	Men who drank alcohol in the past 12 months							
	Men (Drinkers)	15-24	25-34	35-44	45-54	55-64	65-74	75+
Alcohol content	33	38	42	33	29	28	28	24
Nutritional, ingredient, or calorie information	11	15	15	11	10	7	7	5
Government or other consumption warning	16	13	19	15	16	14	15	15
Warning about the danger of drinking alcohol while pregnant	13	18	17	15	11	8	8	6
Other information	1	1	2	2	1	1	1	-

Information noticed on alcohol packaging among women who drank in the past 12 months by age (%)

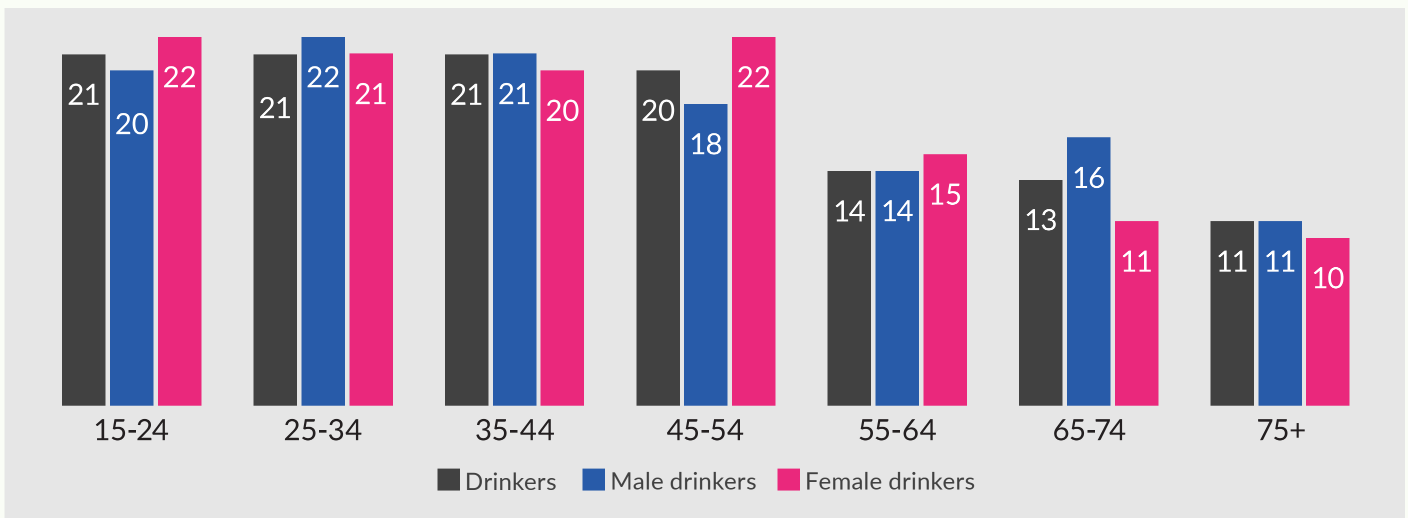
	Women who drank alcohol in the past 12 months							
	Women (Drinkers)	15-24	25-34	35-44	45-54	55-64	65-74	75+
Alcohol content	35	42	37	38	39	30	27	15
Nutritional, ingredient, or calorie information	13	22	17	11	10	10	12	6
Government or other consumption warning	15	19	19	11	12	12	14	8
Warning about the danger of drinking alcohol while pregnant	16	30	23	21	16	11	15	8
Other information	1	-	2	1	-	1	-	-

Alcohol advertising

- 16% of respondents and 19% of drinkers report often or always seeing or hearing health messages when looking at alcohol advertising. However, 47% of respondents and 41% of drinkers say they never see or hear health messages on alcohol advertising.

- 19% of those aged 15-44 report seeing or hearing health messages often or always, compared to 10% of those aged 65 and over.

Drinkers who see or hear health messages on alcohol advertising often or always by age and gender (%)



- Respondents who reported seeing or hearing health messages on alcohol advertising were asked whether they pay close attention to this information.8% of respondents pay close attention to this information in advertising, while 16% of those who report seeing or hearing this health information say the same.

- Among drinkers, 9% say they pay close attention to this information in advertising and 15% of drinkers who report seeing or hearing this health information say the same.

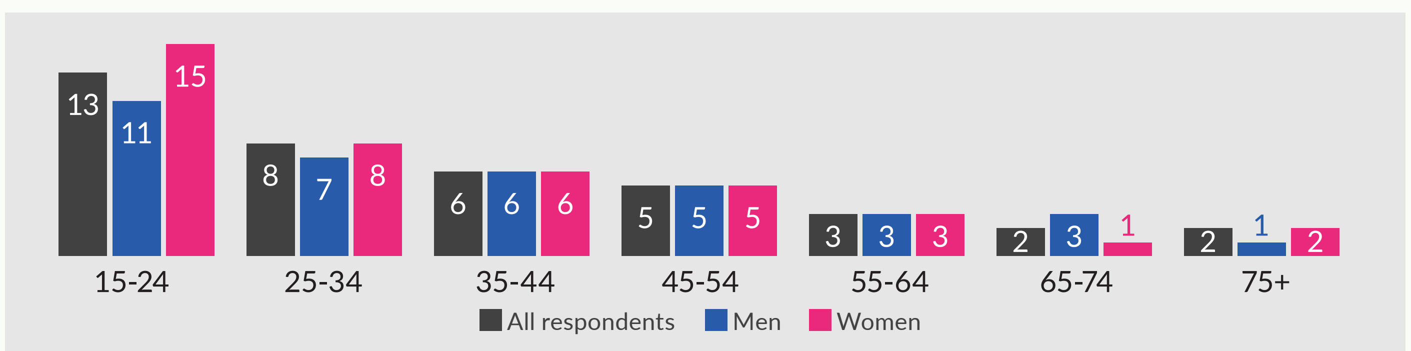
Information on the effects of alcohol

- 6% of all respondents and 7% of drinkers sought out information on the effects of drinking alcohol in the last 12 months.

- Among all respondents in the youngest group aged 15-24, 13% sought out information on the effects of drinking alcohol in the last 12 months, compared to 2% of those aged 65 and over.

- Among all respondents in the youngest age group, women (15%) were more likely than men (11%) to have sought out information on the effects of alcohol.

Sought out information on the effects of drinking alcohol in the last 12 months by age and gender - All respondents (%)



5

Health Service Utilisation

GP Visits

- 76% report having visited a GP in the previous 12 months with an average of 4.0 visits per person among all aged 15 and older. This average includes those who have not visited a GP.

- The proportion that have visited a GP during the previous 12 months is now slightly ahead of pre-pandemic levels, however the average number of visits per person remains below the number measured in 2019. The 2019 Survey found that 73% had visited a GP during the previous 12 months with an average of 4.5 visits per person. GP attendance rates declined sharply during the pandemic with 66% visiting a GP in 2021, and an average of 3.3 visits per person.

GP attendance by year

All	2015	2016	2018	2019	2021	2022	2023
% attending a GP in previous 12 months	71	72	74	73	66	71	76
Average number of visits per person	4.3	4.5	3.8	4.5	3.3	3.8	4.0

Men	2015	2016	2018	2019	2021	2022	2023
% attending a GP in previous 12 months	65	66	68	68	60	63	70
Average number of visits per person	3.6	3.8	3.3	3.5	2.8	3.3	3.1

Woman	2015	2016	2018	2019	2021	2022	2023
% attending a GP in previous 12 months	77	78	79	79	72	78	83
Average number of visits per person	5.0	5.2	4.3	5.5	3.9	4.3	4.9

- The increased level of GP attendance since 2019 is partly due to a larger proportion of those aged under 65 visiting a GP (2019: 70%, 2023: 73%), while the proportion of those aged 65 or older doing so remains broadly unchanged (2019:91%, 2023: 90%).

- Women remain more likely than men to have visited a GP during the previous 12 months (83% and 70% respectively).

- 85% of those with a full medical card and 80% with a GP Visit card only attended a GP in the past 12 months, with an average of 5.8 and 3.8 visits respectively. This compares to 72% among private patients, with an average of 3.1 visits.

- Comparisons with the 2019 Survey indicates an increased visit rate among private patients, both in terms of the proportion visiting a GP and the frequency of visits (2019: 67% of private patients visited a GP with an average of 3.0 visits).

- In contrast, the proportion of those with a medical card or GP visit card visiting a GP is unchanged since 2019, while the average number of visits has declined from 7.2 visits.

GP visits in the past 12 months and average number of visits per person by medical card status (2019 and 2023)

	2019			2023		
Medical card	All	Men	Women	All	Men	Women
% attending a GP in previous 12 months	85	82	87	85	81	88
Average number of visits per person per year	7.6	6.7	8.3	5.8	4.8	6.6

	2019			2023		
GP visit card	All	Men	Women	All	Men	Women
% attending a GP in previous 12 months	82	83	84	80	77	82
Average number of visits per person per year	4.6	5.0	4.3	3.8	2.7	4.8

	2019			2023		
Private patients	All	Men	Women	All	Men	Women
% attending a GP in previous 12 months	67	59	74	72	64	79
Average number of visits per person per year	2.9	1.8	3.9	3.1	2.3	3.8

- 89% of those attending a GP report that their most recent consultation took place in a GP surgery or health clinic. There has been a post-pandemic decline in remote consultations with 9% of consultations taking place over the phone and 1% taking place online, compared to 37% and 2% respectively, in 2021.

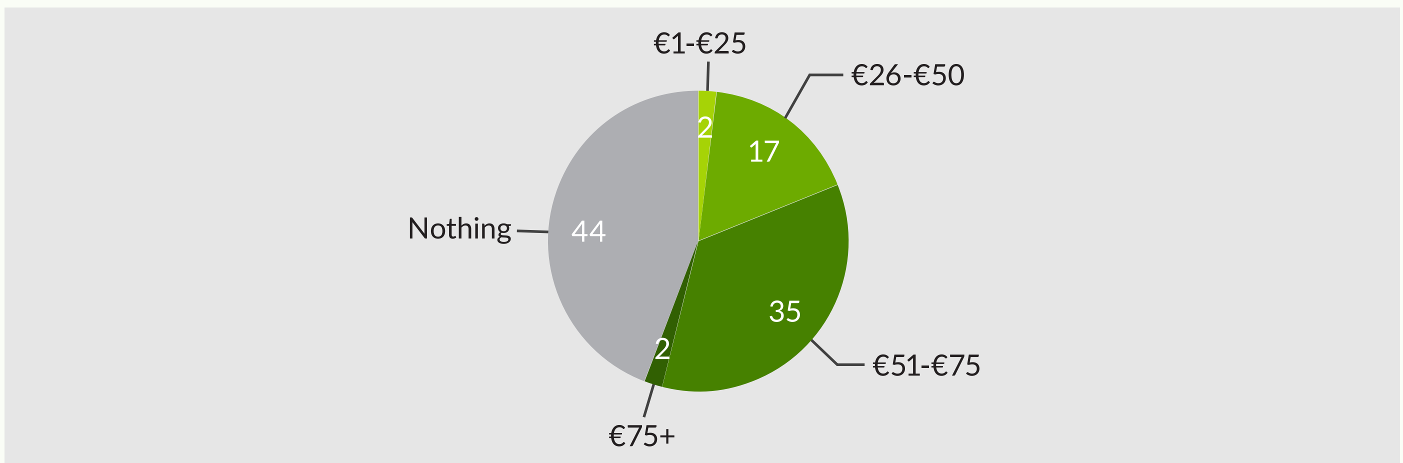
- Usage of video consultations is higher among younger people, with 4% of those aged 15-24 reporting that they attended an online consultation in 2023, compared to 1% of all those aged 35 and over who had a GP consultation.

Cost of GP consultations

- 44% of those visiting a GP during the past 12 months report that they did not pay anything for the consultation – this is marginally lower than in 2019 when 45% reported paying nothing. In 2023, 88% of those paying nothing reported having a medical card or GP visit card.

- Those living in Dublin report paying more for the consultation, with 48% paying more than €50, compared with 33% living outside Dublin paying this amount.

Cost of GP visits in 2023 (%)



GP usage by children

- This wave of the survey included questions relating to children of the survey respondent – a repeat of a similar module conducted in 2019. Each parent was asked whether or not each of their children had visited a GP in the past 12 months, as well as the frequency of visits and how it was paid for.

- 55% of children identified through the survey attended a GP during the past 12 months with an average of 2.4 visits per child. This is lower than in the previous measurement in 2019 which identified that 58% of all children had visited a GP and an average of 3.4 visits per child. These averages include children who have not visited a GP in the past 12 months.

- 76% of children aged under 6 attended a GP during the past 12 months with an average of 4.0 visits per child. 86% of children in their first year of life attended the GP in the past 12 months with an average of 8.0 visits per infant, while 77% of 1–3-year-olds attended the GP in the same period with an average of 4.4 visits per child.

- 48% of children aged between 6 and 11 attended a GP during the past 12 months with an average of 1.8 visits per child. These figures are lower than the reported number of visits in 2019.

- 64% of children's GP visits are reported as being free of charge, with 15% paying up to €50 and 21% paying more than this.

- 6% of under 6-year-olds' and 49% of 6–11-year olds' parents or guardians report paying for their GP consultations, excluding additional tests or medicines.

- Among private patients aged 6 and over, the reported mean spend on a GP visit, per child is €55.

**Fieldwork for the Healthy Ireland Survey 2023 was completed prior to children aged 7-8 years becoming eligible for GP visit cards.*

Children's GP visits

Children aged under 6	2019	2023
% visiting a GP in past 12 months	79%	76%
Average number of visits	5.1	4.0
Average cost for private patients (€)	n/a	n/a

Children aged 6-11	2019	2023
% visiting a GP in past 12 months	51%	48%
Average number of visits	2.2	1.8
Average cost for private patients (€)	n/a	55

Children aged 12-15	2019	2023
% visiting a GP in past 12 months	42%	41%
Average number of visits	2.3	1.4
Average cost for private patients (€)	n/a	55

Children aged 16-17	2019	2023
% visiting a GP in past 12 months	48%	49%
Average number of visits	4.0	2.0
Average cost for private patients (€)	n/a	55

Nurse-only consultations in a GP practice

- 37% report having a nurse-only consultation within a GP practice in the previous 12 months (excluding visits where they also consulted a GP) with an average of 0.4 visits per person among all aged 15 and older. This average includes those who have not consulted a nurse in a GP practice.
- The proportion of people consulting a nurse within a GP practice has increased by 2-points since 2018 (35%). Nurse-only consultations have been steadily increasing since 2015 (30%).
- The average number of nurse-only consultations per person has decreased to an average of 0.4 visits per person, from 1.2 average annual visits in 2018.

Nurse only consultations by year (%)

All respondents aged 15+	2015	2016	2018	2023
% consulting a nurse in previous 12 months	30	31	35	37
Average number of nurse-only visits per person	1.6	1.4	1.2	0.4

- Women (43%) are significantly more likely than men (31%) to have consulted a nurse within a GP practice in the previous 12 months, and older people are more likely than younger people to do so (age 15-24: 26%, 75+ year olds: 56%).

- 51% of those with a full medical card and 48% with a GP visit card consulted a nurse in the past 12 months, with an average of 0.3 and 0.4 consultations respectively. This compares to 29% among private patients, with an average of 0.5 visits.

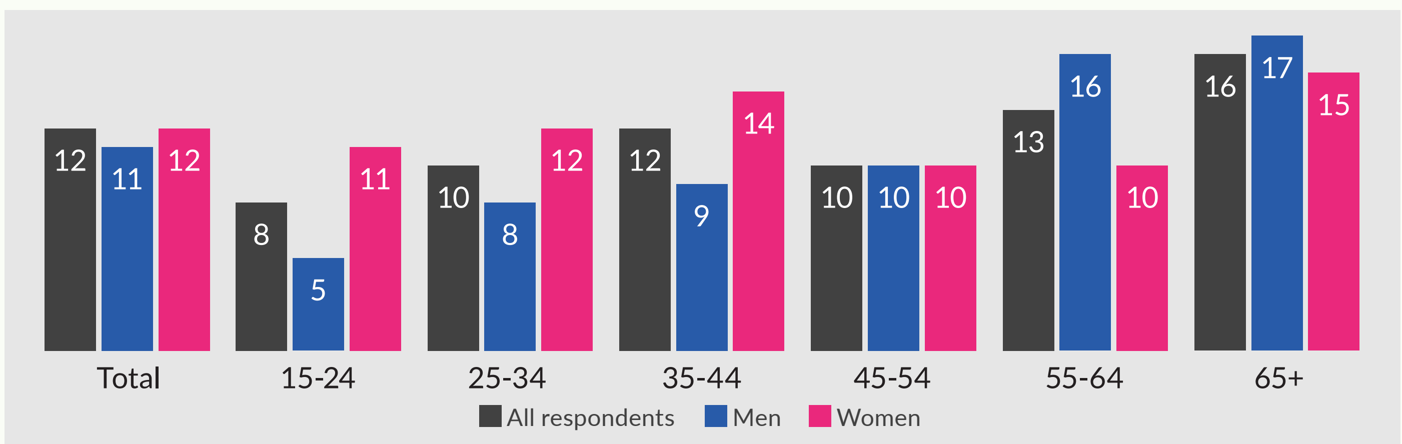
Usage of other health services

- 36% consulted a medical or surgical consultant during the past 12 months with an average of 0.4 consultations per year (including those with no visits). This is a 4-point increase since 2022 (32%).

- 12% were admitted to hospital as an in-patient in the year prior, this figure is the same as in 2018 (12%). This rises with age from 8% of those aged 15-24 to 16% of those aged 65 or older.

- 9% were admitted to a public hospital and 3% were admitted to a private hospital.

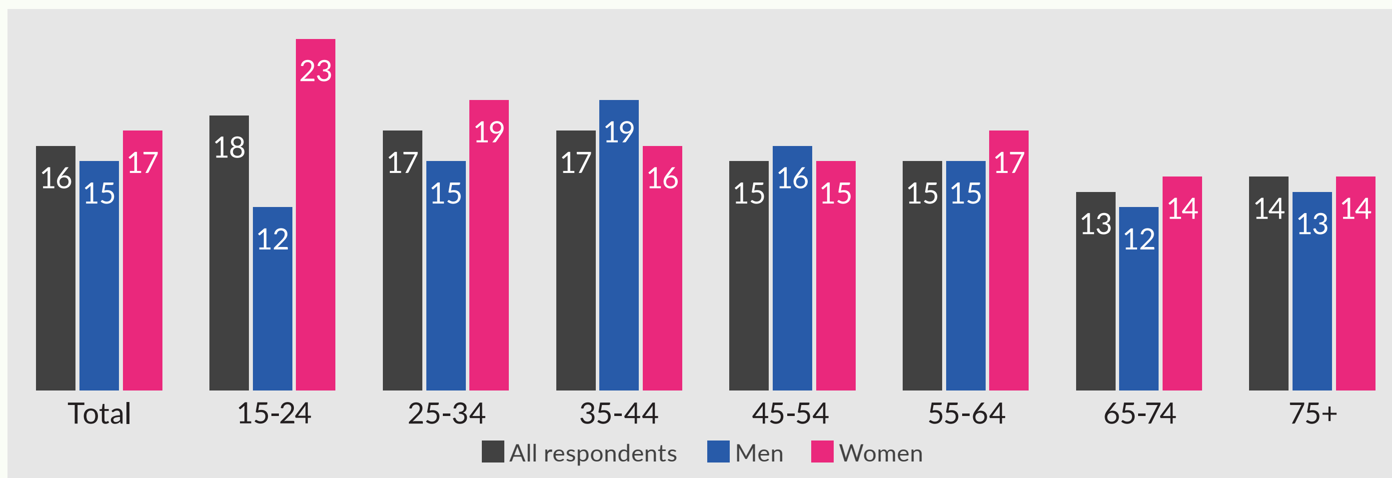
Proportion admitted to hospital as an in-patient by age and gender (%)



- 16% were admitted to hospital as a day patient during this time. A similar dynamic across the life course can be observed, with 12% of those aged 15-24 being admitted and 22% of those aged 55-64 admitted as a day patient.

- 16% report using an Emergency Department in the past 12 months; 13% of these used an Emergency Department in a public hospital and 3% used this service in a private hospital. Use of Emergency departments has increased from 13% in 2018 (11% used EDs in public hospitals and 2% used EDs in private hospitals).

Emergency Department visits to either a public or private hospital in the past 12 months by age and gender (%)

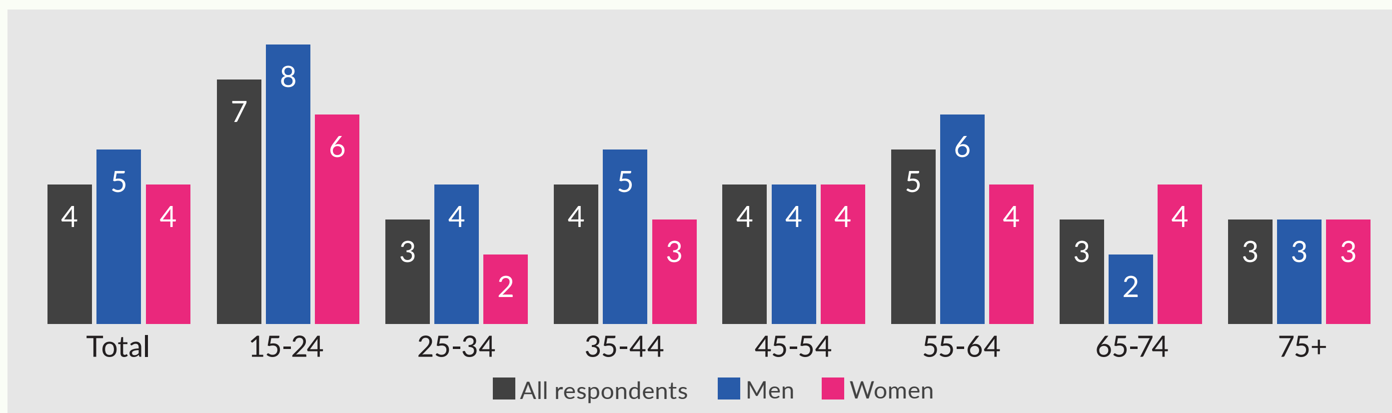


- 9% report using a GP Out of Hours Service, marginally similar to that recorded in 2018 (8%). Younger people are more likely to report using a GP Out of Hours Service, while there is no difference across age groups in usage of Emergency Departments. However, Emergency Department visits are higher among women aged 15-24 (19%) than men in the same age group (9%).

- 9% report using a medical assessment unit in a public hospital, an increase from 6% in 2018.

- 4% report using a local injury unit in a public hospital, compared to 3% in 2018.

Local injury unit visits at a public hospital in the past 12 months by age and gender (%)



6 Mental Wellbeing & Social Connectedness

The 'Energy and Vitality Index' (EVI) was used to measure Positive Mental Health in this year's survey. Respondents were asked four questions relating to their positive mental health over the past four weeks. The questions included the extent to which they had felt "full of life", "calm and peaceful", had "a lot of energy" and had "been a happy person". Responses were recorded on a six-point scale from "all of the time" to "none of the time". The scores were then aggregated to calculate an EVI score for each respondent, which is a measure of positive mental health ranging from 0-100. Higher scores are indicative of greater positive mental health.

The Mental Health Index (MHI-5) was used to measure Negative Mental Health. Respondents were asked five questions relating to their negative mental health over the past four weeks. The questions included the extent to which they felt "downhearted and blue", "worn-out", "tired", "so down in the dumps that nothing could cheer you up" and been a "very nervous person". The scores were used to calculate an MHI-5 score for each respondent; scores can range from 0-100. Lower scores indicate greater levels of psychological distress.

These indices have been included in the Healthy Ireland Survey previously; they were measured before the COVID-19 pandemic in 2016, during the pandemic in 2021, and now in 2023, following the relaxation of social restrictions.

Positive Mental Health

The average EVI score for the population in 2023 is 65.3. This is an increase from 62.4 in 2021 when these questions were asked previously mid-pandemic but remains below the average EVI score measured in 2016 which was 67.8.

- 9% of the population have an EVI score that categorises them as being in the "High Energy and Vitality" group. This compares to 12% being in the High Energy and Vitality group in 2021.
- Men (67.4) report higher positive mental health than women (63.3).
- Positive mental health is highest among those aged 25-34 (66.6) and those aged 65-74 (66.9), and lowest among those aged 55-64 (64.0).
- Men aged 15-24 report significantly higher positive mental health than women of the same age (70.0 and 62.6 respectively).

Average EVI scores by gender (2016, 2021, 2023)

	2016	2021	2023
Total	67.8	62.4	65.3
Men	69.8	64.6	67.4
Women	65.9	60.3	63.3

Negative Mental Health

- The average MHI-5 score is 78.2, an improvement since 2021 when the average score was 76.0. However, it indicates that the level of psychological distress remains higher than it was in 2016 when the average MHI-5 score was 81.2.
- 12% of respondents have an MHI-5 score of 56 or lower, indicating a 'probable mental health problem'. The proportion of people with a probable mental health problem has declined since 2021 (15%) but remains higher than in 2016 (10%).
- The 15–24-year-old age group have the lowest MHI-5 scores (74.3), indicating that they have higher levels of psychological distress than other age groups.
- The prevalence of probable mental health problems among women aged 15-24 has declined from 27% in 2021 to 24% in 2023. However, this prevalence has increased from 14% prior to the pandemic (2016). Among men aged 15-24, 13% have probable mental health problems.
- The prevalence of probable mental health problems among students has improved since 2021, declining from 21% in 2021 to 16% this year.
- Within Dublin 14% of people have a probable mental health problem, an improvement since 2021 (20%). However, outside of Dublin this figure remains relatively unchanged with 12% having a probable mental health problem, compared to 13% in 2021.

Average MHI-5 scores 2016, 2021, 2023

	2016	2021	2023
Total	81.2	76.0	78.2
Men	82.8	78.2	80.1
Women	79.7	73.9	76.5

Proportion with positive mental health by age and gender (% with an EVI score equal to or over one standard deviation from the mean score for the population, placing them in the 'High Vitality and Energy group').

	15-24	25-34	35-44	45-54	55-64	65-74	75+
Men 2016	20	17	14	14	14	15	10
Men 2021	15	15	15	14	14	19	12
Men 2023	11	12	9	11	9	11	10

	15-24	25-34	35-44	45-54	55-64	65-74	75+
Women 2016	11	10	10	12	9	9	7
Women 2021	8	9	10	9	8	12	5
Women 2023	8	8	7	8	7	9	6

Proportion with negative mental health by age and gender (% with an MHI-5 score of 56 or lower, indicating a probable mental health problem)

	15-24	25-34	35-44	45-54	55-64	65-74	75+
Men 2016	19	8	11	7	6	9	8
Men 2021	13	13	14	13	11	6	12
Men 2023	13	12	14	10	6	7	6

	15-24	25-34	35-44	45-54	55-64	65-74	75+
Women 2016	14	16	11	11	9	8	13
Women 2021	27	18	14	18	22	12	16
Women 2023	24	16	12	14	16	10	7

Quality of life

- When asked to rate their quality of life, 86% of the population said that their quality of life is good or very good. Just 5% of the population say that their quality of life is poor or very poor.
- Almost 9 in 10 people (89%) in the aged 15-24 are likely to say their quality of life is good or very good compared to 81% of those aged 55–64.
- People with a longstanding illness or health problem are less likely to report a good or very good quality of life (73%) compared to those without an illness or health problem (92%).

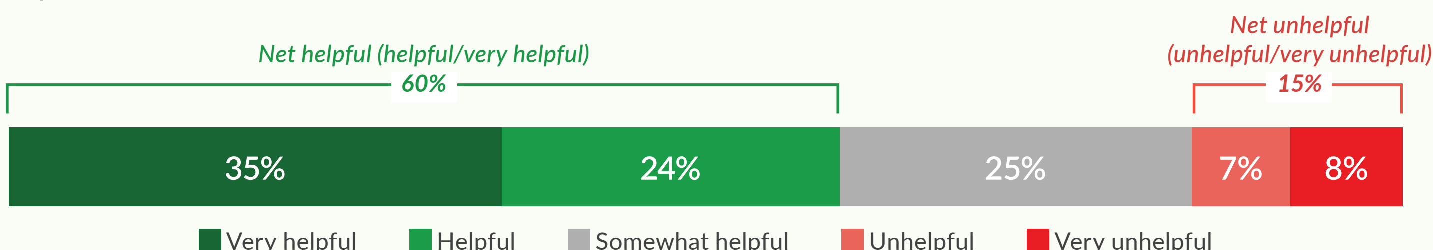
Mental health consultations

Certain respondents were asked to answer questions relating to mental health consultations based on their responses to previous questions. These were respondents who said their quality of life was poor or very poor or reported that at least two of the following four items applied to them at least some of the time during the previous four weeks:

- been a nervous person
- felt so down in the dumps that nothing could cheer them up
- felt downhearted and blue
- felt worn out

- This module on mental health consultations was answered by 33% (n = 2,410) of all respondents.
- Among this group 27% say they have consulted a health professional to address concerns about their mental health in the last 12 months.
- Women (30%) in this group are more likely to consult a health professional about their mental health concerns than men (22%).
- Women aged 25-34 (40%) are more likely to have consulted a health professional, than men in the same age group (23%).
- People who are employed (24%) are less likely to address their mental health concerns with a professional than people who are unemployed (35%) and students (33%).
- Among those who consulted a health professional, 60% said that their most recent consultation was either helpful or very helpful for discussing their mental health concerns, of which 35% say the consultation was very helpful.

Experience of most recent mental health consultation (%)



Social Connectedness

Impact on social connectedness since COVID-19 restrictions eased

- This section asked respondents about their social connectedness since COVID-19 restrictions were eased. Social connectedness was last explored in the Healthy Ireland survey in 2021 when respondents were asked about the impact of necessary COVID-19 restrictions on their social connectedness.

- Over one-third (35%) of the population say they feel more socially connected since COVID-19 restrictions were eased, while 22% say they feel less socially connected and 43% say that their social connectedness has not changed since COVID-19 restrictions eased.

2023
Since COVID-19 restrictions were eased, would you say you feel more socially connected, less socially connected, or has this not changed?

2021
Since the start of COVID-19 restrictions in March would you say you feel more socially connected, less socially connected, or that this has not changed?

Feel more socially connected | Has not changed | Feel less socially connected

- Women (36%) are more likely than men (34%) to say they feel more socially connected since COVID-19 restrictions eased.

- 46% of men say their social connectedness has not changed since COVID-19 restrictions eased, compared to 40% of women who say the same.

- The youngest age group (aged 15-24) are most likely to feel more socially connected now (48%), compared to 31% of those aged 45–54 and 30% of people aged 75 and over who are least likely to say they are more socially connected now.

Loneliness

- 4% of the population say they often or always feel lonely, while a further 10% say they feel lonely some of the time.

14%

Feel lonely at least some of the time

- Over half of the population (54%) say they never feel lonely, and a further 20% say they hardly ever feel lonely.

- Women aged 15-24 are most likely to say they often or always feel lonely (8%), compared to 4% of men in the same age group.

- People who live in Dublin are also more likely to say they often or always feel lonely (5%) compared to 3% of people living outside of Dublin.

Social groups

- Two in five people (41%) participate in a social group or club.

41% - Participate in a social group or club

- Men (44%) are more likely than women (38%) to be a member of a social group or club.

- Participation in social groups or clubs are most common among men aged 15-24 (53%) and least common among women aged 25-34 (31%).

- 50% of those with a degree or higher participate in a social club or group compared to 23% of people with a primary education or no formal education.

Close personal contacts

- When asked "how many people are so close to you that you can count on them if you have serious personal problems", over one fifth (22%) say they have one or two people, a decrease since 2021 (27%), while 43% say they can count on three to five people and 34% have more than five people they can count on, an increase of 3-points and 2-points respectively since 2021.

22% - 1 or 2 People

43% - 3 to 5 People

34% - 5+ People

- 2% of the population say that they have nobody they are so close to that they can count on if they have a serious personal problem, compared to 1% in 2021.

- 2% of men and 1% of women say they have nobody close than they can count on. This gender gap is consistent across all age groups and remains unchanged since 2021.

- Men aged 35-54 (3%) are more likely to say they have nobody close to them that they can count on if they have a serious personal problem. This compares to 1% of women in the same age group.

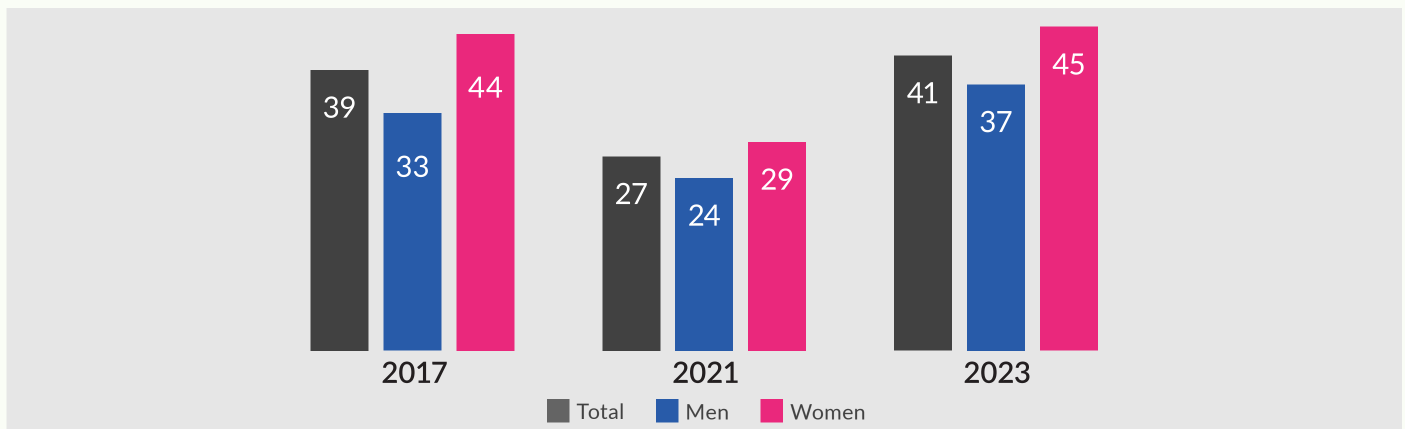
7

Antibiotics

Consumption of Antibiotics

- 41% report taking an antibiotic in the previous 12 months. This is significantly higher than the 27% figure reported in 2021, and 2-points higher than reported in 2017 (39%).
- Possible reasons for the temporary reduction in antibiotic use in 2021 include COVID-19 restrictions limiting the spread of infections and a reduced number of GP visits overall during these years, resulting in fewer antibiotic prescriptions at the time.
- Women (45%) are more likely to report having taken antibiotics than men (37%). This 8-point gap is broadly aligned with the 11-point gap in 2017.

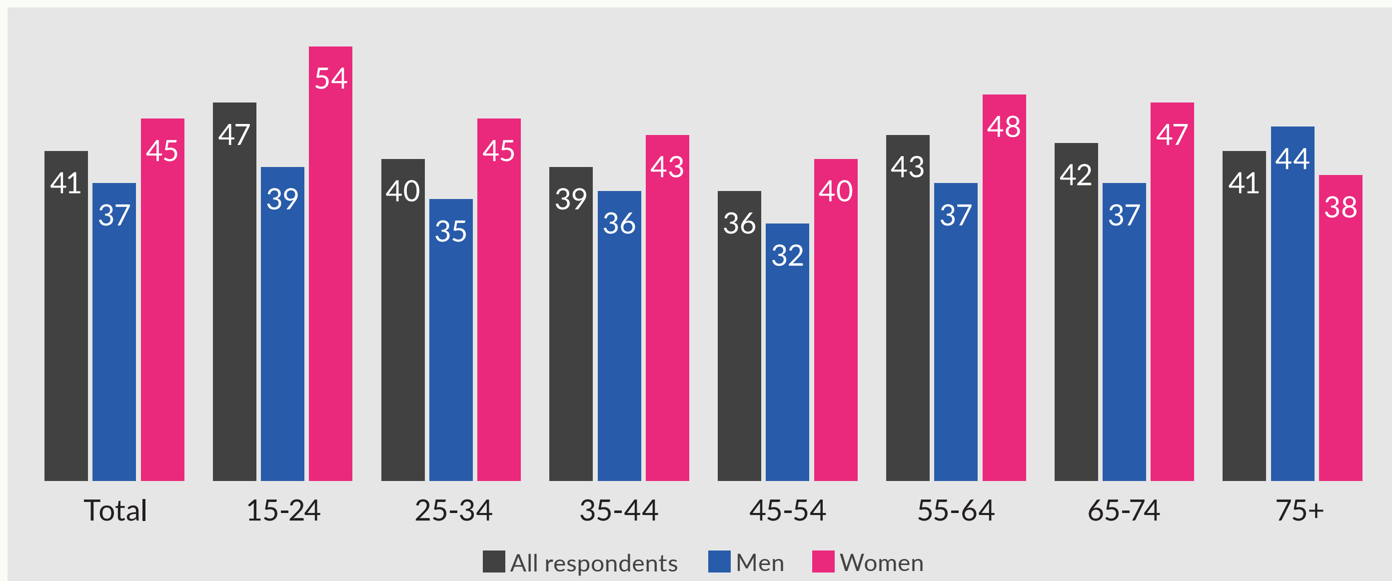
Consumption of antibiotics in the previous 12 months by gender (%)



- Those aged 15-24 remain most likely to take antibiotics, with 47% in this group having done so during the previous 12 months. Those aged 45-54 (36%) are least likely to have done so.
- The gender gap remains broadly consistent over the life course with women in all age groups up to the age of 75 being more likely than men to have taken an antibiotic.
- Among those aged 75 and older, men are slightly more likely than women to have taken an antibiotic (44% and 38% respectively). This is a result of a sharp decline among reported antibiotic consumption by women aged 75 and older since 2017 (2017: 55%, 2023: 38%).

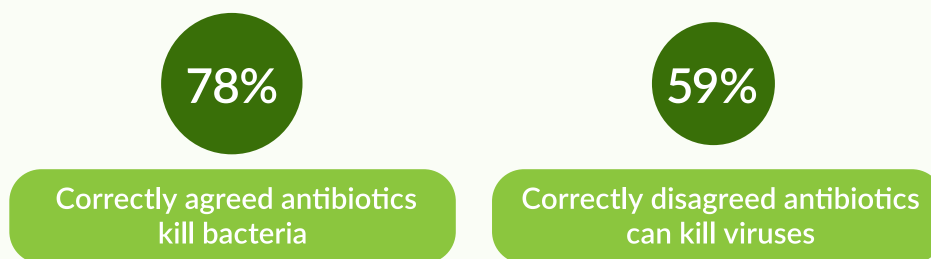
- 44% of smokers report taking an antibiotic, compared to 40% of non-smokers.
- 47% of those with a full medical card and 39% of those with a GP visit card report having taken an antibiotic. This compares to 38% of private patients.

Consumption of antibiotics in the previous 12 months by gender and age (%)



Understanding of antibiotics

- To establish understanding of antibiotics, survey respondents were presented with two statements about their use, one accurate and one inaccurate, and asked whether they agreed or disagreed with each statement.



- 78% correctly agreed that antibiotics kill bacteria and 59% correctly disagreed that antibiotics can kill viruses. The proportion correctly disagreeing that antibiotics kill viruses has decreased by 6-points since 2021 (65%), while the proportion agreeing that antibiotics kill bacteria has remained unchanged.
- Understanding of antibiotics is higher among women than men, 81% of women agreed that antibiotics kill bacteria, compared to 74% of men. This is broadly aligned with findings in 2021 (81% and 76% respectively).
- Accurate understanding is highest among those aged 35-44, (81% agree they kill bacteria and 63% disagree they kill viruses). Understanding is lowest among those aged 75 and over (70% and 42% respectively).

Understanding of antibiotics by gender and age (%)

	All	Women	Men	15-24	24-34	35-44	45-54	55-64	65-74	75+
Antibiotics can kill bacteria	78	81	74	79	80	81	77	79	71	70
Antibiotics cannot kill viruses	59	67	50	58	61	63	64	63	49	42

- Those with a Leaving Certificate or higher have significantly better understanding of antibiotics (81% agree they kill bacteria, 66% disagree they kill viruses) compared to 69% and 41% respectively among those who have not completed the Leaving Certificate.

Understanding of antibiotics by education (%)

	No Leaving Certificate	Leaving Certificate	Non-Degree education*	Degree or higher
Antibiotics can kill bacteria	69	78	78	84
Antibiotics cannot kill viruses	41	56	65	75

8 Drug Prevalence

For the first time the Healthy Ireland Survey asked respondents to participate in a module focussing on illegal drug use and use of sedatives/tranquilisers. 85% of all respondents (6,407 respondents) agreed to take part in this module. There was no variation in response rate by age or gender.

Respondents agreeing to take part in this module were first presented with a list of drugs and asked to identify which, if any, of these drugs they have ever used. For each drug used, respondents were then asked when they last used this drug; In the last month, in the last year, or ever used.

Lifetime prevalence – refers to the proportion of the sample that reported ever having used the named drug at the time they were surveyed. A person who records lifetime prevalence may or may not be currently using the drug. Lifetime prevalence should not be interpreted as meaning that people have necessarily used a drug over a long period of time or that they will use the drug again in future.

Last year prevalence – refers to the proportion of the sample that reported using a named drug in the year prior to the survey.

Last month prevalence – refers to the proportion of the sample that reported using a named drug in the 30-day period prior to the survey. A proportion of those reporting last month use may be occasional (or first-time) users who happen to have used in the period leading up to the survey. It should therefore be noted that last month use is not synonymous with regular use.

Those who reported last year sedative use were asked one additional question, which assessed whether use of these sedatives or tranquillisers was prescribed.

Drug use

- 21% of respondents report lifetime illegal drug use; 7% report illegal drug use in the last year, and 3% report illegal drug use in the last month.
- The most common illegal drugs used within the last year are cannabis (5.9%), cocaine (1.9%), ecstasy or MDMA (0.8%), magic mushrooms (0.8%) and ketamine (0.4%).
- 5% of all respondents report using one type of illegal drug in the last year, 1% report using two types of illegal drugs, and 1% report using three or more types of illegal drugs in the last year.

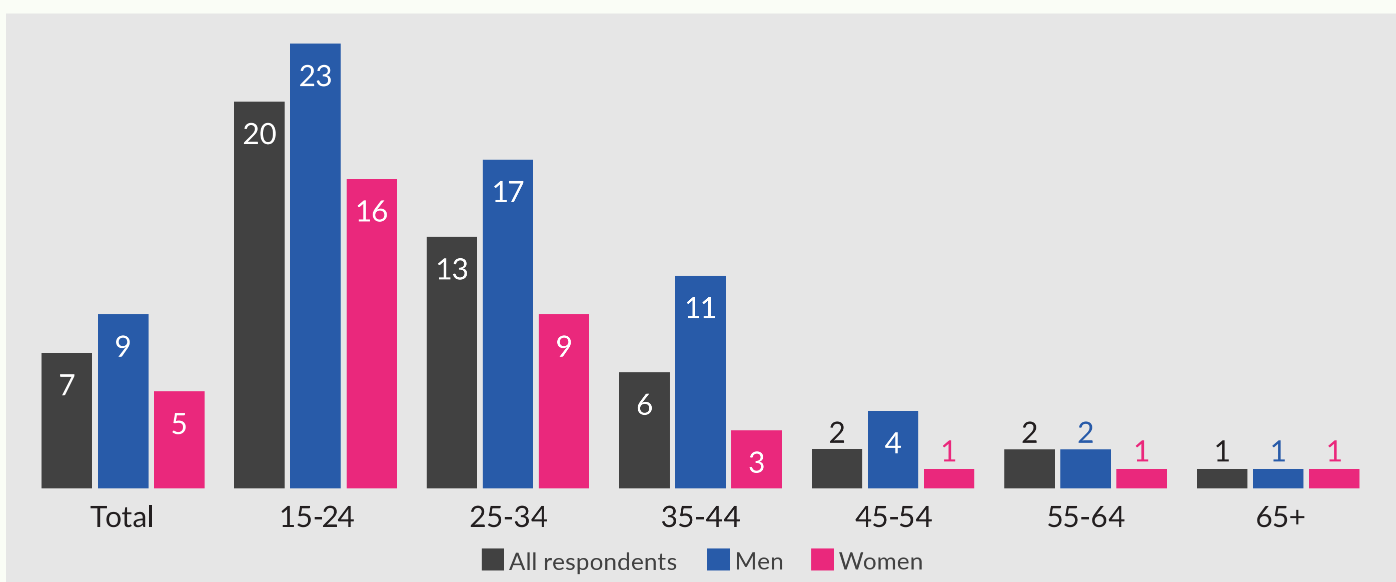
Drug prevalence by recency of last use (%)

Drug type	Lifetime	Last year	Last month
Any illegal drug (Excluding sedatives/tranquilisers)	21.3	7.1	3.2
Cannabis	20.4	5.9	2.7
Cocaine	7.7	1.9	0.5
Ecstasy or MDMA	6.1	0.8	0.3
Magic mushrooms	4.6	0.8	0.1
LSD	2.7	0.3	-
Ketamine	2.1	0.4	0.1
Amphetamines	2.1	0.3	0.2
New psychoactive substances	1.6	-	-
Another illegal drug*	-	-	-
Sedatives/tranquilisers	13.2	6.8	4

"Another illegal drug" includes mentions of heroin and other opioids, however these drugs were used by less than 1% of respondents.

- Men are more likely than women to report last year drug use, 9% and 5% respectively.
- Those aged 15-24 (20%) are most likely to report last year drug use, while those aged 65+ (1%) are least likely to report drug use in the same period.
- Men aged 15-24 (23%) report the highest level of last year drug use, compared to 16% of women in the same age group.

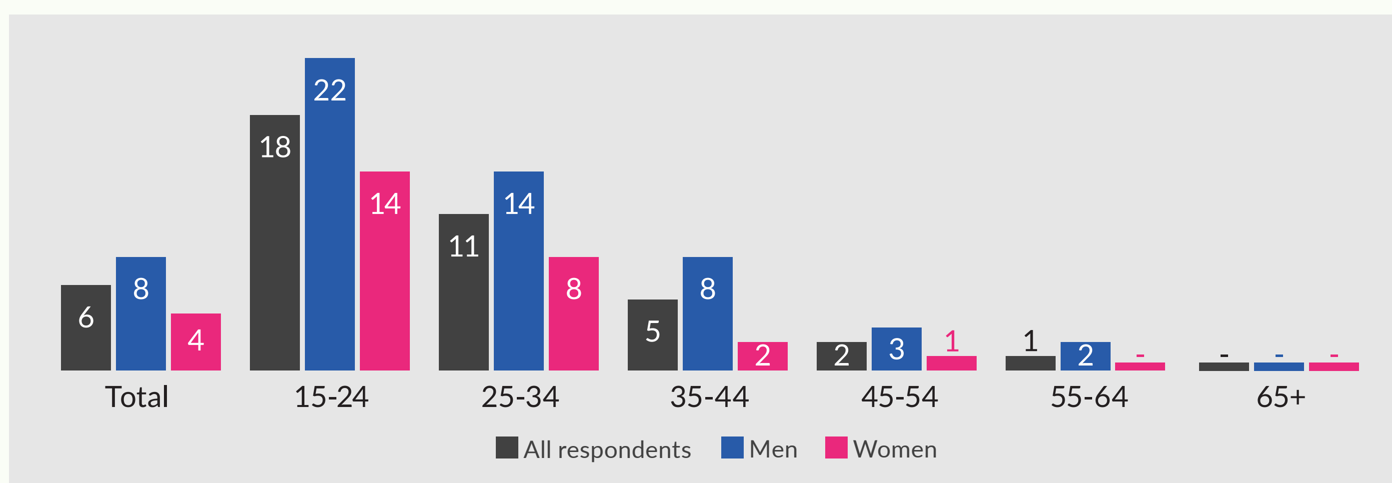
Drug use in the last year by age and gender, excluding use of sedative or tranquilisers (%)



Cannabis use

- One in five people (20%) report lifetime cannabis use.
- Lifetime cannabis use is more prevalent among men (26%) than women (15%), and also among younger age groups, as 31% of those aged 15-24 have ever used cannabis compared to 4% of those aged 65 and over.
- 6% of respondents report last year cannabis use, with 3% using cannabis in the last month.
- Cannabis use within the last year is more common among men (8%) than women (4%).
- Last year cannabis use is highest among those aged 15-24 (18%), compared to just 1% of those aged 55-64.
- Cannabis use in the last month is most common among those aged 15-24 (8%), compared to 1% of those aged 45-54.

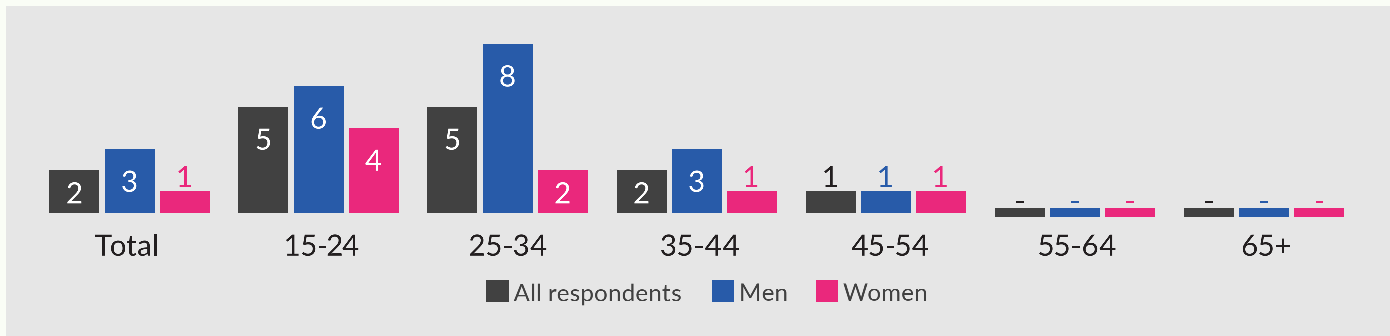
Cannabis use in the last year by age and gender (%)



Cocaine use

- 8% of respondents report lifetime cocaine use. 2% report last year cocaine use, with 1% of the population reporting last month cocaine use.
- Men (3%) are more likely than women (1%) to report last year cocaine use.
- Cocaine use in the last year is most common among those aged 15-24 and 25-34 inclusive (5%), compared to 1% of those aged 45-54.
- Men aged 25-34 (8%) have the highest prevalence of last year cocaine use, compared to 2% of women in the same age group.
- Last month cocaine use is most common among those aged 15-24 and 25-34 inclusive (1%).

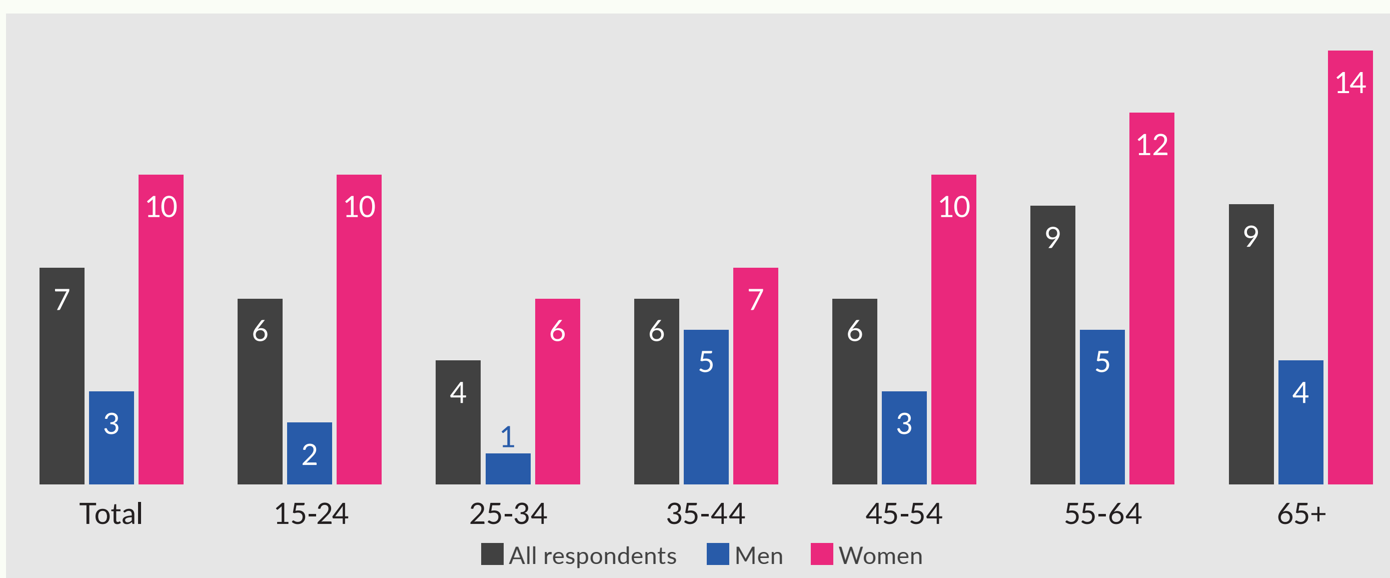
Cocaine use in the past year by age and gender (%)



Sedative/tranquilliser use

- 13% of respondents report lifetime use of sedatives/tranquillisers. 7% report last year use, with 4% reporting last month use.
- Sedative/tranquilliser use within the last year is more common among women (10%) than men (3%).
- Those aged 65 and over (9%) report the highest prevalence of last year sedative/tranquilliser use, compared to 4% of those aged 25-34.
- Women aged 65 and over (14%) report the highest prevalence of last year sedative/tranquilliser use, compared to 4% of men in the same age group.
- Of those who have used sedatives/tranquillisers, 91% said they were all prescribed, 6% report none were prescribed, and 4% report that some were prescribed while others were not.
- Of those who have used sedatives/tranquillisers, men (13%) were more likely to take non-prescription sedatives/tranquillisers than women (4%).

Sedative/tranquiliser use in the last year by age and gender (%)



9 Suicide Awareness

This module on suicide awareness was initially included on the 2021 Healthy Ireland survey and has since been repeated in both 2022 and 2023. Data from all three waves of this module have been combined to provide a total sample of 6,302 respondents.

As this topic is of a sensitive nature, the module on suicide was optional and self-completed by respondents online. All respondents who completed the Healthy Ireland Survey were asked whether they would like to provide an email address in order to receive a survey link to take part in this module.

A minority of respondents (approx. a third in each year in which the module was provided) chose to complete it. Respondents therefore self-selected to complete this additional module, which has the potential to create a response bias; life experience and the extent to which the topic resonates with people, their access to the internet and other demographic and lifestyle factors may all result in a sample that differs from that of the main survey. In order to mitigate any possible response bias, separate data weighting has been applied to this module.

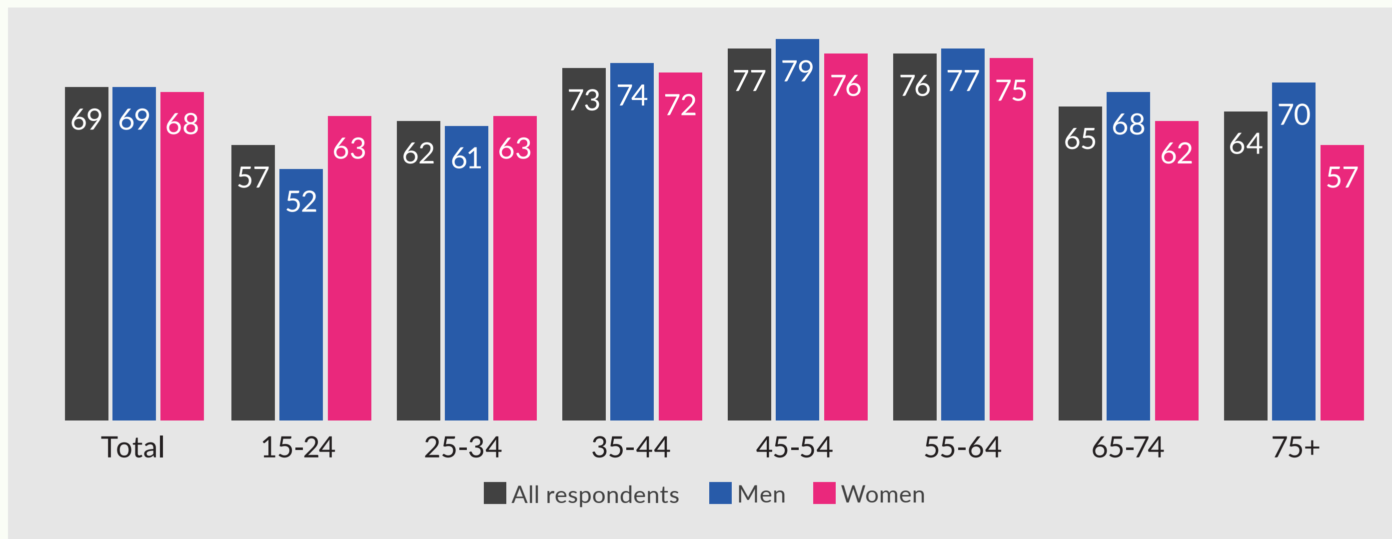
In particular, it should be noted that respondents with whom suicide resonates strongly may have been more likely to agree to take part in this module. As a result, caution is necessary when applying the results of this module to the overall population*.

Experiences of suicide

- 69% of respondents know someone who has died by suicide, with 15% of respondents reporting that someone close to them died in this way.
- Those aged 45-54 (77%) are most likely to know somebody who has died from suicide, compared to 57% of 15–24-year-olds.

* Journalists or media professionals covering a suicide-related issue should seek guidance from the World Health Organisation and the Samaritans Ireland Media Guidelines for Reporting Suicide both of which are available at the following link https://www.hse.ie/eng/services/list/4/mental-health-services/nosp/resources/guidancedocuments/guidance.html due to the potentially damaging consequences of irresponsible reporting. In particular, the guidelines advise on terminology to use and links to include for sources of support for anyone affected by the themes in any coverage.

Proportion who know someone who has died from suicide, by age and gender (%)



- Just under a fifth (19%) of those aged 45-54 know somebody close to them who has died from suicide, compared to 9% of those aged 15-24.

- Among those who know someone who has died from suicide, a quarter of men (25%) report that this person was close to them, while 19% of women report the same.

- 77% of people living in Connaught or Ulster and 74% of people living in Munster know someone who has died by suicide, compared to 61% of people in Dublin and 69% of people in the rest of Leinster.

- Among those who know someone who has died from suicide, 29% report that the person that died was a friend, 25% identify them as an acquaintance, and 23% identify them as an extended family member. 4% identify the person as an immediate family member who has died by suicide.

- 8% of those who know someone who has died by suicide report that the death has a significant or devastating effect on them that they still feel.

Attempted suicide

- 7% of respondents report that they have attempted to take their own life at some point in the past.

- Among those aged under 35, 10% report an attempt to take their own life compared to 1% of those aged 75 and over.

- 16% of those who report their health as being fair or bad, and 10% of those with a long-standing illness or health problem report making an attempt to take their own life.

Mental health services and information

Visit www.yourmentalhealth.ie for information on how to mind your mental health, support others, or to find a support service in your area. You can also call the Your Mental Health Information Line on 1800 111 888, anytime day or night, for information on mental health services in your area.

Samaritans

Samaritans services are available 24 hours a day, for confidential, non-judgmental support.

- Freephone 116 123
- Email jo@samaritans.ie
- Visit www.samaritans.ie for more information

10

Health Service Utilisation Over Time

The Healthy Ireland Survey has included an ongoing measurement of health service utilisation providing a data series on this topic that stretches back almost a decade. This covers a broad range of services, including GP and nurse consultations, as well as various forms of in-patient and out-patient services.

It provides robust data on both the incidence and frequency of visits and admissions across age cohorts, and on various related issues including the location of GP consultations.

Measures for both adult and child usage of various services are included, as well as ownership of medical cards and GP visit cards, in order to understand the impact these may have how services are used.

This section of the report reviews the data across all waves to provide an overview of key dynamics and changes in health service utilisation among those living in Ireland. It pays particular attention to changes that have arisen over this period that may have impacted on the public's use of health services, including the impact of the COVID-19 pandemic, the expansion of free health services and the increasing availability of digital health services.

GP usage among adults

GP usage has consistently been measured by the Healthy Ireland Survey and questions exploring GP visits have been incorporated in 7 waves completed to date (Wave 6 was uncompleted due to the COVID-19 pandemic and GP utilisation was not included on the survey in 2017). Each of these waves has included a measurement of GP visit frequency over the previous 12 months, with questions asked in some waves in relation to location and payment for GP consultation, waiting times and the urgency of needing an appointment. Questions regarding visits to nurses in GP surgeries have also been included, the results of which are presented in the next section.

As presented earlier in this report, the proportion visiting a GP over the previous 12 months has been increasing over time, with the exception of a dip during the height of the COVID-19 pandemic when many health services may not have been as easily accessible, and when overall levels of circulating infections were reduced.

GP attendance and number of visits over the past 12 months, 2015-2023 (%)

	2015	2016	2018	2019	2021	2022	2023
% attending a GP in previous 12 months	71	72	74	73	66	71	76
Average number of visits per person	4.3	4.5	3.8	4.5	3.3	3.8	4.0

The interval between 2015 and the present has also seen significant population increases with the number of people aged 15 and older increasing by almost 600,000 between 2015 and 2023. As such, in real terms the number of adults visiting the GP during a 12-month period has increased by 24%, accounting for almost 630,000 additional patients each year.

However, the average number of visits per person has not increased to the same extent as the absolute population numbers following the COVID-19 restrictions, the survey is indicating a 15% increase in the number of GP visits per year between 2015 and 2023.

Analysis of this data by whether or not an individual has a medical card/GP visit card provides important insight into the types of patients that are visiting GPs more frequently. It is to be expected that those with medical cards and GP cards are both more likely to visit a GP, and to do so more frequently than private patients, given the lack of cost barriers in doing so, and this is supported by the survey data.

However, it is clear that much of the increase in GP visits is coming from private patients. The proportion of private patients attending a GP during the previous 12 months has increased steadily between 2015 and 2023, with the exception of a slight decline during the height of the pandemic. In 2015, 64% of private patients had visited a GP during the previous 12 months, however this had risen to 72% by 2023. In contrast, the proportion of those with a medical or GP card visiting a GP remains relatively unchanged over the same period. Though the average frequency of visits per person has reduced to 5.5 visits per person, since 2019 (7.2).

GP attendance and average annual visits per person by medical card status, 2015-2023 (%)

All	2015	2016	2018	2019	2021	2022	2023
% attending a GP in previous 12 months	71	72	74	73	66	71	76
Average number of visits per person	4.3	4.5	3.8	4.5	3.3	3.8	4.0

Medical card or GP visit card	2015	2016	2018	2019	2021	2022	2023
% attending a GP in previous 12 months	81	84	83	84	78	81	84
Average number of visits per person	6.1	7.2	5.8	7.2	4.9	5.5	5.5

Private patients	2015	2016	2018	2019	2021	2022	2023
% attending a GP in previous 12 months	64	65	67	67	59	64	72
Average number of visits per person	2.9	2.6	2.4	2.9	2.4	2.8	3.1

It is clear that the increase in GP attendants among all patients may be due to more frequent attendance by younger patients than by older patients, with the proportion of those aged under 55 attending a GP in the previous 12 months increasing from 65% in 2015 to 71% in 2023. While the increase is evident across both women and men, a strong recent increase is particularly evident among younger women with the proportions of women aged between 15 and 24, as well as aged between 35 and 54 visiting a GP within the past 12 months exceeding 80% in 2023 for the first time in this research series.

In contrast, there has been relatively little change in GP attendance rates among older people. As with other population groups, the proportion of those aged 65 and over visiting a GP declined between 2019 and 2021 as a result of the COVID-19 restrictions, however this has now been reversed and GP attendance rates among older people are back in line with levels measured in survey waves conducted prior to the pandemic.

The survey also explores the location of the GP visit identifying whether it was an in-person visit in the GP surgery or in-home or whether it took place remotely by telephone or online. This question was introduced for the 2021 survey and reflected changes in GP visits during the pandemic period when GP surgeries were less accessible due to the necessary restrictions.

At that time it showed that in-person GP attendance in the GP surgery was the most common way of consulting a GP with 60% of those accessing a GP during the previous 12 months reporting this as the location for their visit. A further 37% of consultations took place by telephone, with 2% taking place online and 1% taking place in the home.

Survey results in 2022 and 2023 identify increased usage of in-person GP visits with 89% reporting in 2023 that their more recent consultation took place in in a GP surgery or health clinic, and less than one percent reporting that it took place in their home.

Usage of remote consultations has declined since 2021 with 9% of consultations taking place over the phone and 1% taking place online. As noted earlier in this report, differences exist across the population with younger people more likely to use remote consultations, although still only 4% of 15-24 year-olds who had a GP consultation reported that it took place online.

GP usage among children

Two survey waves – 2019 and 2023 – have included questions asking about GP attendance among children. These questions were asked of all parents of children aged under 18 and recorded details on the frequency of GP visits among each of their children over the previous 12 months.

Since 2015 all children aged under 6 have been eligible for free GP care, and in 2023 the scheme was expanded to also include children aged 6 and 7.

As detailed earlier in the report, there has been a slight decline since 2019 in the proportion of children visiting a GP, with 55% of children identified through the 2023 survey attending a GP during the past 12 months, compared to 58% in 2019. Similarly, the average number of visits among all children (i.e. including those with no visits) has declined over this period from 3.4 visits to 2.4 visits.

Younger children are more likely than older children to visit a GP, with 76% of children aged under 6 attending a GP in the past 12 months, compared to 49% of the oldest age group (aged 16 or 17). However, it is not a linear decline with children in the oldest age group (16-17) slightly more likely to have visited a GP than the next oldest group (aged 12 to 15) – 49% and 41% respectively.

Additionally, the decline in GP attendance is more focussed on younger children than it is on older children, with a 3-point decline between 2019 and 2023 in the proportion of children aged under 12 attending a GP, while the proportion of children older than this visiting a GP remains unchanged.

Children's GP attendance and average annual visits by age group, 2019 and 2023 (%)

Children aged under 6	2019	2023
% attending a GP in previous 12 months	79	76
Average number of visits per person	5.1	4.0

Children aged 6-11	2019	2023
% attending a GP in previous 12 months	51	48
Average number of visits per person	2.2	1.8

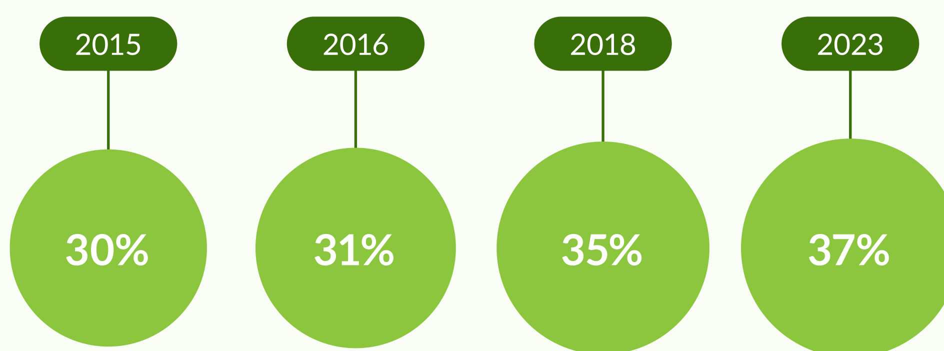
Children aged 12-15	2019	2023
% attending a GP in previous 12 months	42	41
Average number of visits per person	2.3	1.4

Children aged 16-17	2019	2023
% attending a GP in previous 12 months	48	49
Average number of visits per person	4.0	2.0

Nurse-only consultations in GP practices

Survey respondents have also been asked about occasions on which they have visited a nurse in a GP practice without also seeing a GP on the same visit. This has been asked on three occasions before the pandemic (2015, 2016, and 2018) as well as in 2023

Nurse only consultations in a GP practice, 2015-2023 (%)



Responses indicate that the proportion consulting a nurse during the previous 12 months rose steadily over this period, from 30% in 2015 to 37% in 2023. The increase in nurse-only consultations is evident both among patients with medical or GP visit cards with a 12-point increase since 2015, and among private patients with a 5-point increase in the same period.

Nurse only consultations in the past 12 months by medical card status (2015-2023) (%)

Overall	2015	2016	2018	2023
% consulting a nurse in previous 12 months	30	31	35	37

Medical card or GP visit card	2015	2016	2018	2023
% consulting a nurse in previous 12 months	38	40	46	50

Private patients	2015	2016	2018	2023
% consulting a nurse in previous 12 months	24	25	27	29

Women (43%) remain more likely than men (31%) to consult a nurse in a GP practice, although a stronger gender difference is seen among younger people and is eliminated by age with men aged 75 and older as likely as women of the same age to have consulted a nurse during the previous 12 months. The difference between the genders at each age group remains constant over the survey period despite the overall rise in nurse consultations.

Hospital admissions

Information on hospital admissions has been collected on four waves of the survey (2016, 2017, 2022 and 2023), and over this time the proportion being admitted to hospital during the previous 12 months has remained broadly stable.

As reported earlier, the 2023 wave identifies that 12% were admitted to hospital in the past 12 months – the same level as measured on previous waves. Hospital admissions are more common among older people with 15% of those aged between 65-74 and 17% of those older than this admitted to hospital. In contrast, fewer than 1 in 10 (8%) aged 15-24 were admitted to hospital in the past 12 months. In all cases these are broadly unchanged since the 2016 survey when these were first measured.

A further constant is the type of hospitals used, with 9% spending at least one night in a public hospital during the past 12 months, and 3% spending time in a private hospital. Again, these are at the same level as measured in 2016.

While overnight hospital admissions are broadly unchanged over the period of this survey, there has been a slight increase in the proportion admitted as day patients since 2016 (14%), with 16% admitted as day patients in both 2018 and 2023. Notably, much of the increase has come from younger age groups with 15% of those aged under 55 admitted as a day patient in 2023, compared to 13% in 2016. In contrast the proportion of those aged over 55 admitted to hospital as a day patient has remained at unchanged since 2016 (20%).

It is important to note that the Healthy Ireland Survey is a representative study - while the proportions of each age group admitted to hospital don't appear to have changed, it must be noted that increases in both overall population numbers and the proportion of older people, means that the total number of hospital admissions have increased and that pressure on the hospital system is rising.

Technical Details

The Healthy Ireland Survey uses an interviewer-administered questionnaire; the survey is conducted by telephone, with randomly selected individuals aged 15 and over. This report includes findings from the ninth wave of the survey, and data was collected between October 2022 and April 2023. 7,411 interviews were conducted among a representative sample of those living in Ireland.

The Research Ethics Committee at the Royal College of Physicians of Ireland provided ethical approval for this wave of the Healthy Ireland Survey to be conducted. All personal data used and collected for the survey is stored by Ipsos in data centres and servers within Ireland, the UK and the European Economic Area. This is done in compliance with the General Data Protection Regulation (GDPR). Ipsos only retains personal data for as long as is necessary to support the research project and findings.

The ninth wave of the survey follows the previous seven waves which were conducted between 2015 and 2022. The first six waves (conducted between 2015 and 2019) were conducted in-person in respondents' homes. The sixth wave of the survey commenced in October 2019 using the same in-person approach and was later abandoned following the onset of the COVID-19 pandemic. Following the onset of the pandemic, and in line with necessary restrictions on social activity in place at the time, a revised approach to survey fieldwork was devised by the Department of Health and Ipsos, and an interviewer-administered approach using Random Digit Dialling (RDD) was introduced in 2021. This methodology has been maintained since its introduction and has been used to conduct the survey in 2021, 2022, and 2023.

Published reports from all previous years of the survey 2015-2022 can be accessed at the following link: https://www.gov.ie/en/collection/231c02-healthy-ireland-survey-wave/

Using a telephone approach to Healthy Ireland Survey interviewing

During the transition from in-person to telephone interviewing, detailed discussions took place between the Department of Health and Ipsos to ensure the updated methodology would account for the following key requirements: ensure the broadest possible representation of the target population (the population aged 15 and over), use robust sampling methodology based on random selection and techniques to ensure maximised response rates, and ensure the survey was accessible to all groups within the population.

Taking these key requirements into account, a two-stage telephone random digit dial approach was implemented. It was decided to use a sample of mobile phone numbers only, based on findings that show near universal ownership of mobile phones (98% of adults aged 18 and over in Ireland have personal use of a mobile phone).

Using a mobile only approach eliminated biases that can arise using mixed mobile and landline samples. In these cases, individuals with access to both a mobile and a landline device have an increased probability of selection. Mobile handsets are individually owned, which also removes the potential for selection bias which can occur when selecting an individual to participate from a shared household landline phone.

The Random Digit Dialling (RDD) approach ensures universal coverage when selecting mobile phone numbers. This approach can have a high degree of waste as non-working mobile numbers can be dialled, however the approach is preferable to others which use lists of numbers which can be limited by their coverage areas.

To minimise the number of wasted numbers and subsequent costs, RDD uses number blocks which are allocated to mobile phone operators by the Commission for Communications Regulation (ComReg) as its starting point. As an example, ComReg does not issue any number block with an 083 prefix that commences with a 21 (i.e. 083 21XXXXX), so this number series is not required to be included in the sampling process.

Survey interviewers contacted randomly generated mobile numbers through Ipsos's Computer-Assisted Telephone Interviewing (CATI) units in Dublin and Mayo. To maximise participation rates, if a number was not answered on the first attempt, up to two more attempts at dialling were made (maximum of 3 total attempts) at different times of the day and on different days of the week.

Once a call is connected, the interviewer initially screens the person to ensure they are aged 15 or over and provides them with an introduction to topics covered by the Healthy Ireland Survey. The person is then asked whether they are willing to participate. Those who are willing to participate are then informed that they will receive a follow up call in the following days by a Healthy Ireland interviewer who will conduct the survey.

To ensure consistency with previous waves, a majority of the Healthy Ireland interviewers who worked on this wave are the same interviewers who conducted previous waves of the survey, with many of them continuing to work on the survey since in-person interviewing took place. This also ensures that this wave benefitted from the extensive experience and training gained by this team from working on the survey over a long period of time.

When interviewers contacted a respondent who agreed to take part in the study, the interviewer first obtained informed consent from the individual (and parental consent for those aged under 18), prior to proceeding with the survey interview.

Limitations of a Telephone Approach

As a result of the telephone approach to survey interviewing used in the Healthy Ireland Survey, two key limitations are identified.

Reporting by deprivation: Prior to 2021, waves of the survey included reporting by deprivation index. The deprivation index is a method used to measure relative affluence or disadvantage of a geographical area using compiled census data. This data includes compiled CSO Small Area codes (CSAs); to assign an individual to their small area it is necessary to have their exact address. It is not possible to assign to individuals to a small area using a postal address as inconsistencies in postal addresses and shared postal addresses in rural areas mean that it is not sufficiently accurate. Small areas can only be assigned using an Eircode. The 2016 Pobal HP Deprivation Index, designed by Haase and Pratschke, which uses exact address locations, was used to do this under the previous CAPI protocol, from 2015-2019 inclusive.

In 2021, following the onset of the COVID-19 pandemic, Eircodes were requested from respondents in order to enable reporting by deprivation. All respondents were asked to provide their Eircode and were given an explanation as to why this was being requested. Less than half of respondents either do not know their Eircode or are not willing to provide it and were unable to be assigned to the index, this compares to 100% of respondents having an assigned Eircode when using face-to-face interviewing. As a result of this, analysis by deprivation index cannot be considered as reliable and is not included in this report.

Difficulties in administering self-completion surveys by telephone: Certain waves of the Healthy Ireland Survey have included modules on sensitive issues which were typically administered using a self-completion method, whereby respondents would provide their responses directly to the interviewer's device or by using a pen and paper survey. The Healthy Ireland Survey has included a module on experiences of suicide since 2021 and the module was included again on this year's survey. This module was deemed too sensitive to be administered by telephone.

To administer this module in an appropriate manner, respondents were asked at the end of the telephone survey to provide an email address to receive a web link to answer some additional questions relating to suicide. Any individuals who opted in to self-completing this survey module were sent an email a few days after completing the survey inviting them to complete the suicide module online. Those that did not complete the survey were sent a reminder email approximately one week later.

To protect the wellbeing and safety of those completing this survey module, respondents were advised to contact their GP or a provided list of support services should they be affected by any of the issues raised in the survey.

Survey Response Rates

This wave of the survey involved a multi-stage sampling process as outlined above. The breakdown of outcomes at each stage are provided below.

			Percentage of known eligible numbers
Stage 1 - Screening	Working telephone numbers	46,759	
	No contact after 3 attempts	30,129	
	Refusal at stage 1	1,890	4%
	Recruited to stage 2	14,740	31%

			Percentage of known eligible numbers
Stage 2 – Consent and interview	Completed interviews	7,411	16%
	Refusal at stage 2	2,889	6%
	No contact after 3 attempts	4,111	9%
	Ineligible (unwilling to provide consent, claimed age under 15)	329	1%

The survey participation rate (the percentage of individuals agreeing to take part in the survey who fully complete a survey) is 50% (7,411 divided by 14,740).

All survey respondents were asked to provide an email address to receive the survey module on suicide. 5,176 respondents provided an email address and 2,077 respondents successfully completed this module. This provides a participation rate of 40% (2,077 divided by 5,176) and an overall response rate of 28% (2,077 divided by 7,411).

Participation rates for this module are impacted by respondents' access to the internet and their internet literacy skills. This is evident through lower participation rates among those with lower education (13% of those who left school before completing the Leaving Certificate participated in this module), older respondents (the participation rate among those aged over 75 was 14%), and those who are unemployed (participation rate: 21%).

Additionally, men (participation rate: 24%) were less likely than women (participation rate: 32%) to participate in this module. These lower participation rates have been consistently evident among respondents for the suicide module since it was first included in 2021.

The module on prescription and recreational drug use was also only included for respondents who opted into the module; this module was conducted by telephone along with the main survey interview. Respondents were asked if they were happy to answer some questions about prescription and recreational drug use. A total of 6,407 out of the total 7,411 survey respondents agreed to participate in the module providing a participation rate of 86%.

One of the key benefits of the Healthy Ireland Survey is that it provides a long-term measurement of health behaviours to understand the impact of various policy initiatives. It does this through a robust measurement that remains consistent over time ensuring that reliable comparisons can be made between survey waves. While both face-to-face and telephone approaches are considered sufficiently robust to provide accurate population measurements, it is necessary to consider the differences that exist between the two methodologies and how a change between the methodologies could potentially disrupt survey trends.

It is important to note that in transitioning from face-to-face to telephone interviewing, a considerable body of work was undertaken to maintain as much comparability as possible with previous waves of the Healthy Ireland Survey. This included detailed questionnaire review by experienced researchers in Ipsos and the Department of Health as well as survey piloting and cognitive testing.

However, even with these considerable efforts it is important to recognise that some impact on survey trends can be unavoidable and, furthermore, it is often impossible to disentangle real changes in behaviour from "noise" created by the methodological change.

Previous studies have identified a number of specific ways in which survey measurements can be impacted by methodological differences – these are known as mode effects. In respect of this survey there are two mode effects that are necessary to consider – social desirability and satisficing.

Social desirability occurs when the respondent offers a response that does not accurately represent their situation, but instead offers one that is more socially acceptable. It has been shown to be more common in telephone surveys as the interviewer and participant have not established the same level of rapport as would be typical in a face-to-face survey, and as such the respondent may be less willing to admit to a behaviour that is less socially desirable.

In preparing this survey wave, particular consideration was given to the potential impact that social desirability could have on measurements of smoking – i.e. whether or not respondents would be less likely to reveal over the telephone that they smoke than they would in a face-to-face interview.

Satisficing occurs when a respondent does not give the survey question sufficient attention and offers a convenient or easily accessible answer. Due to the more restricted engagement between interviewer and respondent it is more likely to occur on telephone surveys than in-person surveys. Silences and pauses in the interview can be less comfortable during a telephone interview so the respondent may seek to minimise these by answering a question more quickly and not giving it adequate attention.

Other practical issues can also create mode effect. For example, showcards were commonly used in earlier waves of the Healthy Ireland Survey in order to provide respondents with answer categories (for example, to provide a list of long-term health conditions in order to measure prevalence of each). It is not possible to use these on telephone surveys which instead need to rely on aural communication. Reading out long lists of answer categories is not conducive to an engaging interview process, so the presentation of questions which previously relied on showcards needed to be changed.

Following questionnaire redesign and testing, a revised questionnaire was agreed. This process has been repeated each year, where modules previously asked in person are being adapted for telephone interview; some of the questions were asked in slightly different ways. Telephone questionnaires also need to be shorter than in previous waves in order to maximise respondent engagement.

It is the considered view of the researchers that the various steps taken have minimised as much as possible the potential impact of any mode effect in changing from a face-to-face to a telephone methodology. However, there is still potential that individual survey questions have been impacted and are not fully comparable with previous waves.

The major societal and behavioural changes that occurred during the COVID-19 pandemic further complicate this issue and mean that it is impossible to disentangle real change from differences that occurred from altering the survey methodology.

Survey users need to be conscious of this when considering trend data and comparing the findings of this wave to those conducted before 2021.

Data Cleaning and Validation

As the survey was conducted through interviewing software, the survey routing and many of the survey logic checks were automated and completed during fieldwork. This minimised the extent of data cleaning that was required post-fieldwork. However, extensive data checking was conducted following data collection and appropriate editing and data coding were conducted to ensure the accuracy of the final dataset.

Additionally, a number of interviews were randomly selected for survey validation. Validation was completed through a combination of recontacting individuals and also listening back to recordings that were taken at various points during the interview. This was done to verify the interview process and to assess the quality of interview.

Data Weighting

Whilst the sampling process is designed to deliver a representative sample of individuals throughout the country, differential response levels means that the survey sample is not a fully accurate representation of the population. As such, the aim of survey weighting is to bring the profile of respondents in line with the population profile.

Survey non-response can cause bias if the individuals who do not participate are systematically different to the individuals who take part. For example, it is often the case that young men are the most reluctant participants in social research, hence most weighting schemes include an adjustment for age and sex. By adjusting on known factors (i.e. characteristics for which population data are known, such as age, sex, etc.) potential biases in survey measurements can be reduced.

For the purposes of this study, three weighting schemes were produced – a main survey weight and separate weights for the suicide and prescription and recreational drug modules.

The main survey weight involves weighting adjustments that were made using known population statistics published by the Central Statistics Office based on Census 2022. The variables used in this respect were: age by gender, education, work status of the respondent, and region. It is important to note that this wave of the Survey is the first to be weighted using the results of Census 2022, which were made available this year; previous waves would have used 2011-2016 Census results, depending on when the data was analysed. There has been significant demographic change since the Survey commenced in 2014/2015.

Separate weights were also produced for the suicide and prescription and recreational drug modules. This was done to overcome differences in survey participation for this module (as outlined above). The same variables were used for this process, and these weights were capped at 3 in order to maximise the effective sample size.

Data analysis and reporting

The Healthy Ireland summary report outlines key findings and trends from survey data, and where appropriate compares data to the previous 7 waves of the survey. During the data analysis and reporting process for this wave it was decided to implement two significant changes to improve the summary report. The first is that during data analysis for wave 9, all respondents who selected “Don’t know” or “Refused” were removed from the sample at each question. This is important to bear in mind for future researchers using the Healthy Ireland Survey data when and if referring to this report.

Secondly, in many chapters gender and age demographics have been analysed and reported on to a greater extent than they have in previous reports. This is to highlight variations by age and gender that are evident among certain health behaviours and are relevant to policy evaluation and design.

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