HEALTH SURVEY NORTHERN IRELAND:
FIRST RESULTS FROM THE 2010/11 SURVEY

This bulletin presents the first results from the 2010/11 Health Survey Northern Ireland. This is a new Department of Health, Social Services & Public Safety survey that will run every year on a continuous basis. The survey covers a range of health topics that are important to the lives of people in Northern Ireland today.

Key Points

- The majority (85%) of respondents in Northern Ireland indicated that their health has been good or fairly good in the previous 12 months.
- When asked how satisfied they were with their life in general, the majority of respondents (88%) indicated that they were satisfied or very satisfied.
- Parents were asked about the health of their children. For the majority (94%) of children, parents reported that their health generally is good or very good.
- A third of respondents reported consuming 5 or more portions of fruit or vegetables a day with females more likely to be meeting this guideline than males (36% and 27% respectively).
- Fifty-nine percent of adults measured were either overweight (36%) or obese (23%). A similar proportion of males and females were obese however males were more likely to be overweight (44%) than females (30%).
- In relation to children, aged 2–15 years, 8% were assessed as being obese based on the International Obesity Task Force guidelines, 8% of boys and 9% of girls.
- Twenty-four percent of respondents indicated that they currently smoke, 25% of males and 23% of females.
- Seventy-seven percent of respondents, aged 18 and over, indicated that they drink alcohol, 81% of males and 74% of females.
- Thirty-eight percent of respondents were classified as meeting the recommended level of physical activity, with males (44%) more likely to be than females (35%).
- When asked about the amount of stress experienced over the previous 12 months, 40% of respondents indicated that they had experienced a great deal or quite a lot (12% had experienced a great deal and 27% had experienced quite a lot).
- Fourteen percent of respondents indicated that they cared for someone else on an informal basis with females more likely to be carers than males (17% and 10% respectively).
Technical Notes

This bulletin presents the first results from the 2010/11 Health Survey Northern Ireland. This is a new survey that will run every year on a continuous basis and will cover a range of health topics.

Fieldwork

The fieldwork for the survey was conducted by the Northern Ireland Statistics & Research Agency’s Central Survey Unit and covered the period April 2010 to March 2011.

Data were collected using Computer Assisted Personal Interviewing (CAPI) and where appropriate Computer Assisted Self Interviewing (CASI) from those aged 16 and over in private households in Northern Ireland.

Given the importance to the survey of achieving a sample that was representative of the Northern Ireland population, a random sample of 5,650 addresses across Northern Ireland was selected for interviewing. The final achieved sample was 4,085 individuals. The response rate for the survey was 62%.

Physical measurements

Measurements of height and weight were sought from individuals aged 2 and over in participating households.

Weighting

The results presented in this bulletin are based on information that has been weighted by age and sex, in order to reflect the composition of the general population in Northern Ireland.

Percentages

Percentages may not always sum to 100 due to the effect of rounding or where respondents could give more than one answer.

Sampling error

As the results are based on data collected from a sample of the population, they are subject to sampling error. This should be taken into consideration when comparing results as some of the differences may be attributable to sampling error.

Physical Activity

The short version of the International Physical Activity Questionnaire (IPAQ) was used in this survey. The calculations to assess whether an individual meets the guidelines issued by the Chief Medical Officer (during the fieldwork of this survey the recommended guidelines for adult physical activity were 30 minutes of moderate activity on at least 5 days a week) took into consideration the amount of time and the number of days on which individuals undertook vigorous, moderate or brisk walking activities. Due to difficulties in establishing an aggregated time for an individual day, the calculation includes those individuals who undertook 30 minutes of vigorous activity on 5 days a week or 30 minutes of moderate activity on 5 days a week or 30 minutes of brisk walking but not a cumulative combination of these activities. This is consistent with the approach taken in the previous Northern Ireland Health & Social Wellbeing Survey (2005/06).
General Health

When asked about their general health over the last 12 months, 60% of respondents indicated it was ‘good’, around a quarter (26%) reported it as ‘fairly good’ whilst 15% reported it as ‘not good’. Sixty percent of males and 59% of females reported ‘good’ health. The proportion of respondents reporting their health as not good increased with age, 3% of 16-24 year olds compared with 25% of those aged 75 and over.

When asked how satisfied they were with their life in general, the majority of respondents (88%) indicated that they were satisfied or very satisfied, 87% of males and 88% of females.

Thirty-seven percent of respondents reported that they have a long-standing illness, that is, something that has troubled them over a period of time or is likely to affect them over a period of time. Similar proportions were found for males and females, 35% and 38% respectively. The proportion of respondents indicating they have a long-standing illness increased with age, from 14% of 16-24 year olds to 70% of those aged 75 and over (Figure 1).

Figure 1: Respondents indicating they have a long-standing illness by age and sex

Respondents were asked if they had ever been told by a doctor that they had certain medical conditions. Asthma was the most frequently reported condition, with 12% of respondents being told by their doctor that they had it. Of these respondents, 17% indicated that they had an asthma attack during the past 12 months.

Table 1: Medical conditions by sex

<table>
<thead>
<tr>
<th>Condition</th>
<th>All (%)</th>
<th>Male (%)</th>
<th>Female (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>12</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>Cancer</td>
<td>4</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Angina</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Heart attack</td>
<td>2</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Heart murmur</td>
<td>4</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Other kind or heart trouble</td>
<td>4</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Stroke</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Diabetes (not during pregnancy)</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Diabetes during pregnancy</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>COPD (chronic obstructive pulmonary disease)</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Autism Spectrum Disorder</td>
<td>0.1</td>
<td>0.2</td>
<td>-</td>
</tr>
<tr>
<td>None of these</td>
<td>70</td>
<td>71</td>
<td>70</td>
</tr>
</tbody>
</table>

Influence over own health

Respondents were asked about the life they lead, with around 9 in 10 respondents describing their life as either very healthy or fairly healthy (89%). When asked about how much influence they feel they have on their own health by the way they choose to live their life, just over half (53%) think they have a great deal of influence and 36% think they have quite a lot of influence, whilst 10% think they have little or no influence on their own health.

Seventy-two percent of respondents felt that they could do something to make their own life healthier, with males (74%) more likely to indicate this than females (71%). In respect of age, the proportion of respondents indicating they could do something to make their own life healthier ranged from 88% of 16-24 year olds to 25% of those aged 75 and over (Figure 2).

Figure 2: Respondents who feel they can make their own life healthier by age and sex

Around 70% of respondents indicated that their doctor had not told them they had any of the conditions listed in Table 1.
Those respondents who indicated that they felt they could do something to make their own life healthier were asked which of the following things they felt they could do (Table 2).

**Table 2: Changes to make life healthier**

<table>
<thead>
<tr>
<th>Change to make life healthier</th>
<th>All (%)</th>
<th>Male (%)</th>
<th>Female (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be more physically active</td>
<td>55</td>
<td>50</td>
<td>59</td>
</tr>
<tr>
<td>Eat more healthily</td>
<td>50</td>
<td>53</td>
<td>48</td>
</tr>
<tr>
<td>Control weight</td>
<td>34</td>
<td>32</td>
<td>36</td>
</tr>
<tr>
<td>Reduce the amount of stress in my life</td>
<td>30</td>
<td>28</td>
<td>32</td>
</tr>
<tr>
<td>Stop smoking</td>
<td>20</td>
<td>22</td>
<td>19</td>
</tr>
<tr>
<td>Cut down the amount of alcohol I drink</td>
<td>14</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>Cut down smoking</td>
<td>10</td>
<td>12</td>
<td>9</td>
</tr>
<tr>
<td>Stop drinking alcohol</td>
<td>5</td>
<td>7</td>
<td>3</td>
</tr>
</tbody>
</table>

The most frequently reported changes were being more physically active (55%) and eating more healthily (50%), for both males and females. Respondents in the younger age-group (16-24) were the most likely to report ‘eating more healthily’ as a change they could make (66%) compared with 29% of those aged 75 and over.

**Child Health**

Parents were asked about the health of their children. For the majority (94%) of children, parents reported that their health generally is good or very good, 5% had their health rated as fair and 2% bad or very bad. Parents were asked about the health of their children over the previous 12 months, with 96% of children being described as good or fairly good and 4% as not good.

Fourteen percent of children were described by their parent as having a long-standing illness, with asthma being the most frequently mentioned. Of those children who had a long-standing illness, around half had an illness that limited their activities in some way.

**Vaccinations**

**Seasonal Flu**

Respondents were asked if they had been invited to receive the seasonal flu vaccine in the previous 12 months with 35% indicating that they had. When asked if they had received the vaccine, 27% of respondents reported that they had.

Those respondents who indicated that they had been invited to get the seasonal flu vaccine but who had not received it were asked the reasons why. The reasons most commonly cited were ‘I didn’t think it would help me’ and ‘I was afraid of side-effects’.

**Swine Flu**

Respondents were asked if they had been invited to receive the swine flu vaccine with 34% of respondents indicating that they had. When asked if they had received the vaccine, 23% of respondents reported that they had.

Those respondents who indicated that they had been invited to get the swine flu vaccine but who had not received it were asked the reasons why. The reasons most commonly cited were ‘I didn’t think it would help me’ and ‘I was afraid of side-effects’.

**Breast Screening**

Females aged 50 to 69 are routinely invited to attend breast screening sessions. Within this age-group, 87% of females in the survey had undergone breast screening at some stage in their life. Forty percent had their last screening within the last year, rising to 71% within the last 2 years and 96% within the last 5 years.

A small number of respondents indicated that they had been invited or advised to attend breast screening but had not done so. These respondents were asked the reasons why and the most common reason for not attending was ‘couldn’t go at a convenient time’.

**Cervical Smear Tests**

Females aged 20 to 64 are routinely invited to have a cervical smear test. Within this age-group, 87% of females in the survey indicated that they had a cervical smear test at some stage in their life. Thirty-six percent had done so within the last year, rising to 67% within the last 2 years and 91% within the last 5 years.

A small number of respondents indicated that they had been invited or advised to have a cervical smear test but had not done so. These respondents were asked the reasons why and the most common reasons for not attending were ‘too embarrassed’, ‘couldn’t go at a convenient time’, and ‘afraid it might be painful’.
Diet & Nutrition

Respondents were asked how often they eat certain types of food. Sixty-three percent of respondents indicated that they consume potatoes on most days of the week, with similar levels reported by males and females (63% and 62% respectively). Sixteen percent of males and 13% of females reported consuming cakes/buns/desserts on most days. Males were more likely to report consuming processed meat, chips, biscuits, sweets/chocolate, savoury snacks and fizzy drinks on most days of the week. Table 3 illustrates the food consumed by respondents on most days of the week.

Table 3: Food consumed on most days by sex

<table>
<thead>
<tr>
<th>Food Item</th>
<th>All (%)</th>
<th>Male (%)</th>
<th>Female (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Processed meat/chicken products</td>
<td>15</td>
<td>21</td>
<td>10</td>
</tr>
<tr>
<td>Potatoes</td>
<td>63</td>
<td>63</td>
<td>62</td>
</tr>
<tr>
<td>Chips/roast potatoes/potato products</td>
<td>9</td>
<td>12</td>
<td>7</td>
</tr>
<tr>
<td>Biscuits</td>
<td>45</td>
<td>51</td>
<td>41</td>
</tr>
<tr>
<td>Sweets &amp; chocolate</td>
<td>24</td>
<td>26</td>
<td>22</td>
</tr>
<tr>
<td>Savoury snacks, crisps, tortilla chips</td>
<td>21</td>
<td>24</td>
<td>18</td>
</tr>
<tr>
<td>Cakes, buns, desserts</td>
<td>14</td>
<td>16</td>
<td>13</td>
</tr>
<tr>
<td>Sugary fizzy drinks</td>
<td>28</td>
<td>32</td>
<td>26</td>
</tr>
</tbody>
</table>

Fruit & vegetable consumption

Whilst eighty-six percent of respondents said they were aware of the Department of Health advice to have at least 5 portions of fruit or vegetables each day, the proportion of respondents assessed as meeting this guideline was 33% (Figure 3).

Figure 3: Respondents who consume 5 or more portions of fruit or vegetables each day by age and sex

Respondents were more likely to consume 5 or more portions than males, 36% and 27% respectively. In relation to age of respondent, the proportion indicating that they consumed 5 or more portions ranged from 28% of those aged 75 and over to 36% of those in the 55-64 age-group.

Changes made to improve diet

When asked if they had changed their eating habits in the past 3 years in order to lose weight, 39% of respondents indicated that they had. Females (43%) were more likely to have changed their eating habits in order to lose weight than males (34%).

Respondents aged 75 and over were the least likely to have changed their eating habits in the past 3 years in order to lose weight (12%), with the other age-groups ranging from 29% of 65-74 year olds to 48% of 35-44 year olds (Figure 4).

Figure 4: Respondents who have changed their eating habits by age and sex

Respondents were asked if they had tried to make any changes to their lifestyle to improve their health, and if they would like to make any changes. Those respondents who indicated that they had tried to, or would like to, control their weight or eat more healthily were asked to detail their reasons. The most popular reasons given were ‘to improve my overall health’ (63%), ‘to feel better/fitter’ (62%), and ‘to lose weight’ (50%).

When asked what prevented them from eating more healthily, 27% indicated that nothing actually prevented them. Lack of willpower was the most frequently mentioned reason (44%), with 46% of females and 39% of males reporting this as a reason preventing healthy eating. The other reasons are listed in the following table (Table 4).
Table 4: Reasons preventing healthy eating

<table>
<thead>
<tr>
<th>Reason</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of willpower</td>
<td>44</td>
</tr>
<tr>
<td>Healthy foods are too expensive</td>
<td>17</td>
</tr>
<tr>
<td>Healthy foods take too long to prepare</td>
<td>11</td>
</tr>
<tr>
<td>Lack of choice of healthy foods in canteens/ restaurants</td>
<td>10</td>
</tr>
<tr>
<td>Not knowing how to cook more healthy foods</td>
<td>10</td>
</tr>
<tr>
<td>Healthy foods too boring</td>
<td>9</td>
</tr>
<tr>
<td>Do not like the taste/do not enjoy healthy foods</td>
<td>8</td>
</tr>
<tr>
<td>Not knowing what changes to make</td>
<td>7</td>
</tr>
<tr>
<td>Lack of choice of healthy foods in places where you do your main shop</td>
<td>5</td>
</tr>
<tr>
<td>Family discouraging or unsupportive</td>
<td>2</td>
</tr>
<tr>
<td>Friends discouraging or unsupportive</td>
<td>2</td>
</tr>
<tr>
<td>People at work encouraging or unsupportive</td>
<td>2</td>
</tr>
</tbody>
</table>

**Obesity**

Obesity levels were estimated using the Body Mass Index. This is a widely used indicator of body fat levels which is calculated from a person’s height and weight. BMI is calculated by dividing a person’s weight (in kilograms) by the square of their height (in metres).

As part of this survey, height and weight measurements were sought from all individuals aged 2 or above at cooperating households.

**Adults**

In adults, a BMI between 25 and 29.9 kg/m² is considered overweight and a BMI of 30 kg/m² or above is considered obese.

Overall, 59% of adults measured were either overweight (36%) or obese (23%). A similar proportion of males and females were obese (23%) however males were more likely to be overweight (44%) than females (30%).

Obesity was more prominent amongst the middle and older age-groups than the younger age-groups. A quarter of those aged 35-44 were classified as obese and around 30% of those in the 45-54, 55-64 and 65-74 age-groups were obese compared with 12% of 16-24 year olds and 16% of 25-34 year olds (Figure 5).

**Children**

The calculation of Body Mass Index in children depends on the age and sex of the child as well as their height and weight. The findings presented here are based on the guidelines put forward by the International Obesity Task Force. Using this approach, 8% of children were assessed as obese, with similar results for boys (8%) and girls (9%). Around a quarter (27%) were assessed as either overweight or obese.

Those children aged 8 and over were asked how they felt about their weight. Seventy-one percent felt they weighed about the right amount, 9% felt they were too heavy, 11% felt they were too light, and 9% were not sure.

When asked if they were trying to change their weight, 87% of those aged 8 and over said they were not, with 8% reporting they were trying to lose weight and 5% reporting they were trying to gain weight.

Parents who had children aged between 2 and 15 years were asked what they thought of their child’s weight. For the majority of children (81%), parents described their weight as about right, 8% were described as too heavy, 9% too light, and 2% weren’t sure.

Before their height and weight was measured, respondents were asked how they felt about their weight. Overall, 45% of respondents felt their weight was about right, 46% felt they were too heavy, and 5% felt they were too light.

Seven percent of respondents who were assessed as obese felt that their weight was about right or too light. Forty-three percent of those assessed as overweight felt their weight was about right or too light. Of those assessed as being normal weight, 15% felt they were too heavy.
Smoking

Twenty-four percent of respondents currently smoke, with similar results for males (25%) and females (23%). Smoking prevalence was highest amongst the 25-34 age-group at 34% and lowest amongst those aged 75 and over at 7% (Figure 6).

Figure 6: Smoking prevalence by age and sex

![Smoking prevalence by age and sex](image)

When asked to what extent they agreed or disagreed that inhaling other people’s tobacco smoke poses a high risk to health, the majority of respondents (93%) agreed (74% agreed strongly and 20% agreed slightly). Respondents were asked to indicate what illnesses they believed were caused by passive smoking. The most frequently mentioned were cancer (63%), respiratory problems (51%) and damaged lungs/lung cancer (49%). A small proportion of respondents (2%) believed passive smoking caused no risks or problems.

Eighty-three percent of respondents agreed that children are more at risk from passive smoking than adults and 69% agreed that babies exposed to passive smoking are more at risk to cot death.

Smoking in the home

Around 7 in 10 of all respondents reported that smoking is not allowed at all inside their home, 17% allow smoking in certain places in their home or on special occasions, whilst 11% allow smoking anywhere in the home.

Considering those respondents who lived with children, 8 in 10 reported that smoking is not allowed at all inside their home, 15% allow smoking in certain places or on special occasions, whilst 4% allow smoking anywhere in the home.

Current smokers were asked if the legislation prohibiting smoking in public places had affected the rules about smoking in their home however 80% reported no change to their practices.

Smoking in family car

The majority (80%) of respondents who had a family car indicated that smoking is never allowed in any family car, 12% allow smoking sometimes or in some cars, whilst 8% indicated that smoking is allowed in all family cars.

Considering those respondents who had a family car and who lived with children, 85% indicated that smoking is never allowed in any family car, 10% permit smoking sometimes or in some cars, whilst 5% allow smoking in all family cars.

Attempts to quit smoking

Around 8 in 10 current smokers have tried to quit smoking at some stage. Of these respondents, around three-quarters had tried to quit by suddenly stopping whilst a quarter tried to cut down gradually.

Around two-thirds of current smokers indicated that they were planning to quit smoking (12% within the next month, 27% within the next 6 months, and 27% sometime in the future beyond 6 months). Of those current smokers who indicated that they were not planning to quit, one quarter (25%) reported that they wanted to quit, over half (57%) reported that they did not want to quit, and 18% didn’t know.

When asked about reasons why they had thought about quitting, current smokers cited concern for their personal health (78%), the price of cigarettes (76%) and setting an example for children (69%) as the top reasons.

Sunbeds

When asked about their use of sunbeds, 2% of respondents said they currently use sunbeds, with more females (2%) reporting to use them than males (0.7%). Twenty-five percent of respondents said they have used them in the past (34% of females and 11% of males).

Respondents who currently use or have used sunbeds in the past were asked if they had ever been burnt or injured using a sunbed and 14% indicated that they had.
Drinking

Around three-quarters (77%) of respondents aged 18 and over indicated that they drink alcohol, 81% of males and 74% of females. The proportion of respondents indicating that they drink alcohol decreased with age, from 89% of 18-24 year olds to 44% of those aged 75 and over.

The majority (94%) of respondents who drink alcohol believe they drink a moderate amount or less, 5% feel they drink quite a lot and 1% feel they drink heavily.

Of all respondents aged 18 and over, 20% reported drinking in excess of the weekly drinking limits (outlined by the Department of Health as 21 units per week for males and 14 units per week for females). Around a quarter of males (27%) drank above weekly limits compared with 16% of females (Figure 7).

Figure 7: Respondents drinking above weekly limits by age and sex

Respondents who drank alcohol were asked if they knew what the Department of Health’s recommended weekly drinking limits were. Twelve percent of males knew the male weekly drinking limit and 17% of females knew the female weekly drinking limit.

When asked to compare how much they drink now compared with five years ago, nearly half of respondents (48%) reported that they drink less nowadays. Males were more likely to say they drank less nowadays (50%) than females (46%).

The majority (98%) of respondents think that drinking alcohol can damage your health. Of these respondents, 47% believe that it depends on the amount you drink whilst 52% think that it can damage your health regardless of how much you drink.

Physical Activity

Levels of physical activity are often reported as the proportion of people who meet recommended guidelines and the proportion of people who are sedentary.

Sedentary

The definition of sedentary used in this survey is a person who has not performed any activity of at least a moderate level, lasting 20 minutes, on at least one occasion in the last 7 days. Applying this definition, 25% of respondents can be classed as sedentary, 28% of females and 21% of males.

The proportion of respondents classified as sedentary increased with age, from 14% amongst 16-24 year olds to 62% of those aged 75 and over.

Recommended levels

The Chief Medical Officer issues guidelines on the amount of physical activity a person should do to achieve a healthy lifestyle. During the fieldwork of this survey the recommended guidelines for adult physical activity were 30 minutes of moderate activity on at least 5 days a week. According to this definition, 38% of respondents were meeting the recommended level, with males (44%) more likely to be than females (35%).

The proportion of respondents meeting the recommended level of physical activity varied by age, ranging from 19% amongst those aged 75 and over to 45% of those in the 25-34 age-group (Figure 8).

Figure 8: Respondents meeting the recommended physical activity levels by age and sex
Respondents were asked if they knew the Chief Medical Officer’s recommended physical activity level. Fifteen percent correctly noted 30 minutes on 5 days a week however around a third (33%) correctly indicated 30 minutes but said 7 days a week instead of 5.

**New guidelines**

In July 2011, new guidelines on being physically active were published. The new guidelines are UK wide and have been endorsed by the Chief Medical Officers in each of the four countries. They are broadly consistent with the previous guidelines however they offer more flexibility in respect of the amount and type of physical activity people should aim to do.

**Mental Health**

The survey asked people about the amount of stress they had experienced over the previous 12 months. Twelve percent indicated that they had experienced a great deal of worry or stress and 27% indicated they had experienced quite a lot. Around half (49%) had experienced just a little worry or stress, with 12% reporting no worry or stress in the previous 12 months.

The level of stress experienced by respondents varied by sex, with 13% of females reporting a great deal of worry or stress compared with 10% of males (Figure 9).

**Figure 9: Respondents reporting a great deal of worry or stress by age and sex**

Respondents were asked about disruptive events they may have encountered in the previous 12 months. Around half (53%) had not experienced any of the disruptive events, either relating to themselves or close family and friends.

Thirty-nine percent of respondents who reported experiencing a great deal of worry or stress had a family member or friend with a serious health condition compared with 5% of respondents who had experienced no worry or stress. Similarly, 31% of those who had experienced a great deal of worry or stress had an existing health condition that got worse in the previous 12 months compared with 7% of those who had experienced no worry or stress (Figure 10).

**Figure 10: Experience of disruptive events in the previous 12 months by level of worry or stress**

**GHQ12**

The General Health Questionnaire (GHQ12) is designed to detect the possibility of psychiatric morbidity in the general population. People are asked to respond to 12 questions about general levels of happiness, depression, anxiety and sleep disturbance. A score is constructed from their responses, with a score of 4 or more being classified as respondents with a possible psychiatric disorder, and is referred to as a ‘high GHQ12 score’.

One in 5 respondents showed signs of a possible mental health problem, by scoring highly on the GHQ12. Females were more likely to show signs of a possible mental health problem (23%) than males (17%).
Differences in gender were reported in the 16-24 and 35-44 age-groups. Overall 16% of respondents in the youngest age-group (16-24 years) scored highly, around one in ten (9%) males compared with around one in five (21%) females. Twenty-three percent of respondents in the 35-44 age-group scored highly, 18% of males compared with 27% of females (Figure 11).

**Figure 11: Respondents scoring highly on the GHQ12 by age and sex**

The Warwick-Edinburgh Mental Wellbeing Scale asks people to indicate how often they have felt a certain way on a range of items, such as feeling optimistic, feeling relaxed, thinking clearly, feeling confident, and feeling cheerful. A score is then assigned (minimum score of 14 and maximum score of 70) and the higher a person’s score, the better their level of mental wellbeing. In this survey, the mean score was 50, with similar mean scores for males (50) and females (50).

The scale was not designed with a view to categorising the population according to level of mental wellbeing thus no cut off points have been developed, rather as a tool for monitoring the mental wellbeing of groups of people over time or differences between groups.

**Carers**

Fourteen percent of respondents indicated that they cared for someone else on an informal basis. Females were more likely to be carers than males, 17% and 10% respectively. The proportion of respondents caring for others also varied by age. In respect of males, the proportion ranged from 4% of 25-34 year olds to 18% of 55-64 year olds and for females the proportion of respondents caring for others ranged from 6% of those aged 75 and over to 27% of 45-54 year olds (Figure 12).

**Figure 12: Respondents with caring responsibilities by age and sex**

The majority of carers (83%) provide help to one person, 14% care for 2 people, and 2% care for more than 2 people. In relation to time spent caring, 59% of carers spend up to 20 hours a week and 41% spend more than 20 hours a week.

**Home Care**

A small proportion of respondents (5%) reported that they had received home care services in the past 12 months that had been funded by the government. Of those who had, the most common types of service received were nursing care (35%), housework (33%), personal care (30%), and meal preparation or delivery (28%).

Respondents were also asked if they had received any home care services that were not funded by the government. Three percent of respondents indicated that they had, with the most common type of provider being a family member or spouse (64%) and the most common services received were housework (82%), shopping (56%), and meal preparation or delivery (45%).

Respondents were asked if during the past 12 months there had been a time when they needed home care services but didn’t receive them, with 3% indicating this was so. The most common reasons noted for not receiving the services were did not qualify/not eligible for home care (22%), decided not to seek services (22%), didn’t get round to it/didn’t bother (19%), and didn’t know where to go/call (19%).
Further information on the Health Survey Northern Ireland is available from:

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This Statistical bulletin and others published by Public Health Information & Research Branch are available to download from the DHSSPS Internet site at:

Internet address: http://www.dhsspsni.gov.uk/index/stats_research/stats-public-health.htm

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