Healthy Ireland Survey 2024

Summary Report

Ipsos B&A

Healthy Ireland Survey 2024

Summary Report

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Healthy Ireland Survey 2024
Summary Report

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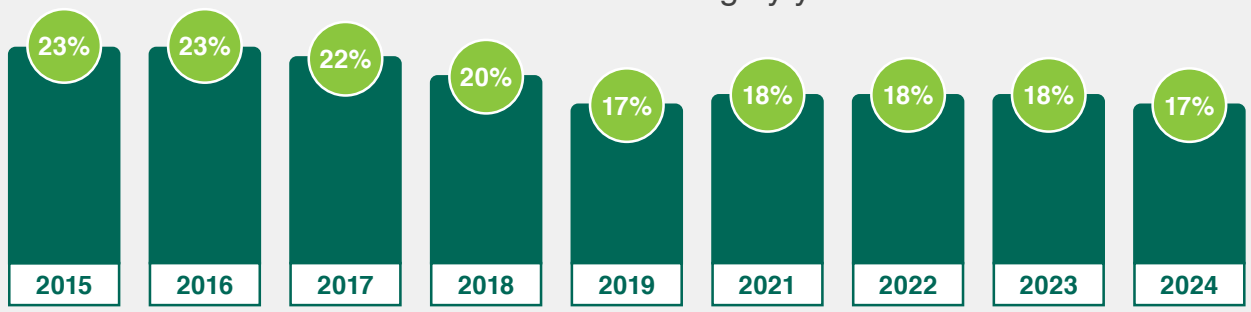
Smoking

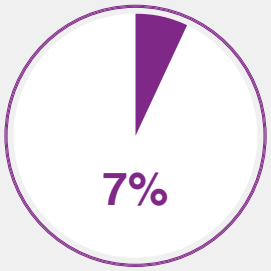
Prevalence of smoking by year



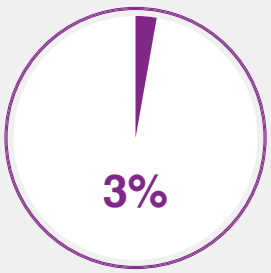
Alcohol Use

Incidence of binge drinking in the population in the past 12 months

Long COVID



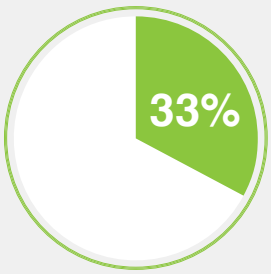
Have had symptoms of Long COVID



Have had a diagnosis of Long COVID from a doctor

Sleep

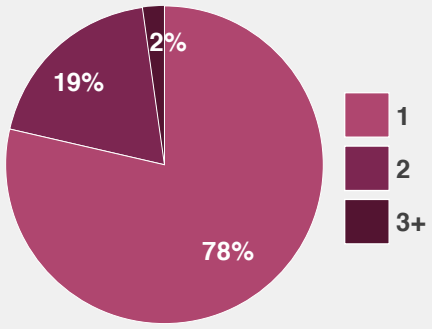
Average number of hours sleep on a weeknight/worknight



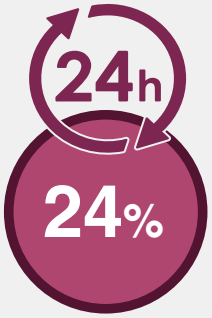
Report sleeping for 6 hours or less

Caring Responsibilities

Number of care recipients per carer

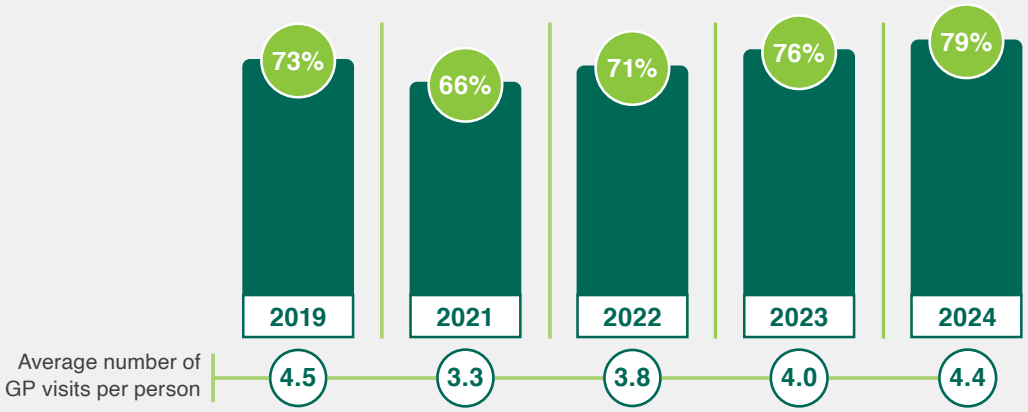


Carers providing around the clock care



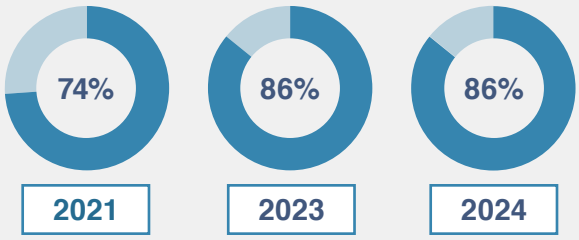
GP Utilisation

Visited a GP in the previous 12 months

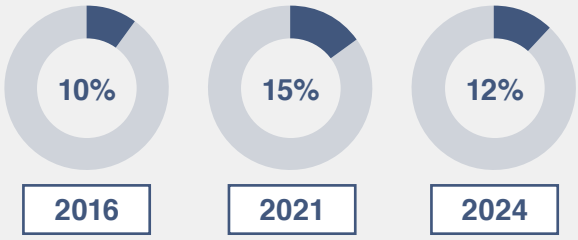


Mental Health & Wellbeing

Quality of life
(Good/Very good)



Probable Mental Health Problem
(MHI-5 Score of 56 or lower)



Introduction

The Healthy Ireland Report 2024 presents the initial topline findings from the tenth wave of the Healthy Ireland Survey. This survey, commissioned by the Department of Health and conducted by Ipsos B&A, examines the health and health behaviours of people aged 15 and older, living in Ireland.

The survey serves as a core element of the Healthy Ireland Framework and Strategic Action Plan, providing annual data points for tracking population health trends. This tenth annual publication of the Healthy Ireland Summary report contributes to a valuable data series, enabling analysis of changes in health behaviours over time, and offering comparisons to pre-COVID-19 pandemic behaviours.

The primary purpose of the survey is to inform research, monitoring, and evaluation efforts related to health policy impact. Its key objectives include:

- Providing current and reliable data to enhance the monitoring and assessment of policy initiatives under the Healthy Ireland Framework.
- Strengthening Ireland's capacity to meet international reporting obligations.
- Contributing to the Healthy Ireland Outcomes Framework and the assessment, monitoring, and realisation of benefits from the overall health reform strategy.
- Facilitating targeted, outcomes-focussed monitoring to improve policy responsiveness and agility.
- Supporting the Department of Health in ongoing engagement, awareness-raising activities, and fostering a better understanding of policy priorities across various health areas.

Each wave of the survey involves a sample of approximately 7,500 individuals, representative of the population aged 15 and over. The first five survey waves (2015-2019) were conducted using face-to-face interviews. The 2020 survey was not completed as a result of the introduction of necessary COVID-19 restrictions in March, 2020. A switch to telephone interviewing was made in 2021 to ensure effective infection control during the COVID-19 pandemic and the survey has been conducted by telephone interviewing in the years since (2021-2024). Fieldwork for the 2024 survey took place between October 2023 and April 2024.

This Healthy Ireland Summary Report covers a range of topics including:

- General health
- Mental Health and Wellbeing
- COVID and Long COVID
- GP Utilisation
- Smoking
- Alcohol Use
- Physical Activity
- Weight Management, Diet, and Nutrition
- Sleep
- Caring Responsibilities
- Suicide Awareness
- Parents and Additional Care Responsibilities

The report presents findings on each of these topic areas and where applicable, the 2024 survey results are compared with findings from the previous nine waves (2015-2023). Readers should note the change in methodology from face-to-face to telephone interviews from 2021 onwards when interpreting comparisons to earlier data. Further details on this methodological shift are available in the technical details provided at the end of this report.

Ipsos B&A is currently conducting fieldwork for the eleventh wave of the Healthy Ireland Survey, with results of that survey expected to be published in late 2025.

The published summary reports for eight survey waves (waves 1 to 5 and 7 to 9) are available on https://www.gov.ie/en/collection/231c02-healthy-ireland-survey-wave/. Fieldwork on wave 6 (2020) was already underway when the COVID-19 pandemic began and was abandoned due to the necessary public health restrictions.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1.
General Health

Chapter 1 - General Health

Self-reported Health

The Healthy Ireland Survey uses a consistent measurement of self-reported general health. Each year, respondents are asked "How is your health in general?" and responses are recorded on a five-point scale, from very good to very bad.

- In 2024, 81% of the population report being in overall good or very good health, remaining broadly unchanged since 2023 (80%).
- Reports of good or very good health had been declining steadily since 2019 (85%). This is the first year since 2019 that the proportion of people reporting overall good health has remained stable, compared to the previous year.

Proportion of the population rating their health as good or very good, 2015-2024 (%)

	2015	2016	2017	2018	2019	2021	2022	2023	2024
Total	85	84	84	85	85	84	82	80	81
Men	85	83	83	84	85	84	83	81	81
Women	85	84	85	86	85	84	81	79	81

- Women's reports of overall good health (81%) increased by 2-points since 2023, returning to the level recorded in 2022 (81%). This is the first increase in women's self-reported health since 2018 (86%). Men's reports of overall good health remain unchanged since 2023 at 81%.
- The widest increase in women's self-reported good health is among women aged 55-64 (73%), increasing by 7-points since 2023 (66%). The same group previously displayed the widest decline in reported good health, declining from 79% in 2019 to 66% in 2023.
- There is a 4-point increase in reported good health among women aged 15-24 (89%) (2023: 85%), however, men aged 15-24 (89%) show a decline of 4-points in the same period (2023: 93%).
- Across all age groups and genders, self-reported good health remains lower than levels reported in 2019. The exception is among men aged 25-34, as 92% report good or very good health, returning to the same levels reported in 2019.
- Overall, good health has remained stable among those aged 65 and older at 69%, the same level as reported in both 2023 and 2019.

Note: The 2020 Healthy Ireland survey was cancelled due to pandemic restrictions, as the survey was planned to take place as a face to face survey.

Proportion rating health as good or very good by age and gender - 2024 (%)

	15-24	25-34	35-44	45-54	55-64	65+
Total	89	90	85	79	72	69
Men	89	92	83	81	71	69
Women	89	89	87	78	73	69

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

	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

- Reported good or very good health varies by education level. 85% of people with a Leaving Certificate education or higher report being in good or very good health, compared to 68% of people who did not complete the Leaving Certificate.
- Reported good or very good health among people who are unemployed (78%), increased by 7-points since 2023 (71%). This increase follows a decline in reported good health among this group from 76% in 2022. Prior to the pandemic period, reported good or very good health was much higher among people who were unemployed; 83% reported this in 2019.
- Students (90%) and people in employment (88%) show the highest levels of reported good or very good health in relation to working status.

Long-term Health Conditions

- Two in every five people (41%) have a long-term health condition confirmed by a medical professional, broadly unchanged since 2023 (40%).
- A higher proportion of women (44%) than men (39%) report having a long-term health condition (43% and 37% respectively, in 2023).
- High blood pressure (8%), arthritis (6%), and asthma and diabetes (both 5%) are the most prevalent long-term health conditions confirmed by a medical diagnosis.

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

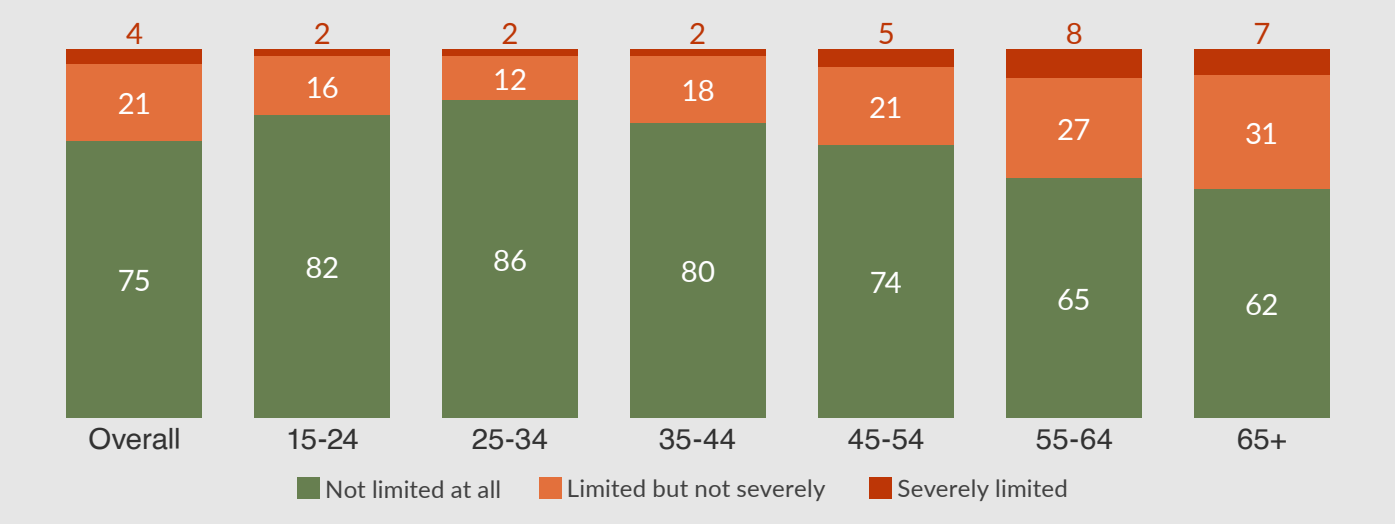
	Total	Gender		Age											
				15-24		25-34		35-44		45-54		55-64		65+	
		M	W	M	W	M	W	M	W	M	W	M	W	M	W
High Blood pressure	8	8	9	-	-	1	1	2	2	9	8	17	14	17	24
Arthritis	6	5	8	1	-	-	1	3	2	4	9	10	12	11	20
Asthma	5	5	5	8	8	5	4	5	4	5	6	4	6	3	4
Diabetes	5	6	4	1	1	-	1	3	1	5	3	12	6	12	11
High cholesterol	4	4	5	-	-	-	-	2	1	3	4	9	7	9	15
Mental health conditions	4	3	4	2	4	4	5	3	6	4	6	4	4	2	2

M = Men, W = Women

Limitations to Everyday Activities

- Just over one in five people (21%) in the population are limited to some extent by their physical or mental health problem, illness or disability. A further 4% are severely limited in their everyday activities. These figures are unchanged since 2023, the proportion stating that they are severely limited has been broadly unchanged since 2016 (4%).
- A higher percentage of women (28%) than men (23%) report being limited or severely limited in their everyday activities because of an ongoing health problem.
- People who have a long-standing illness or health problem are highly likely to report being limited or severely limited in their everyday activities (55%), as 10% report being severely limited and 45% are somewhat limited in their everyday activities. Less than one in ten people (8%) without a long-standing illness or health problem report being limited or severely limited in their everyday activities.
- The proportion of those aged 15-24 who are limited but not severely (16%), increased by 7-points since 2019 (9%). Similarly, the proportion of those aged 35-44 who are limited but not severely, increased by 7-points to 18% (2019: 11%), while those aged 25-34 stating the same increased by 2-points to 12% (2019: 10%).

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



Long-lasting Conditions or Difficulties

- The Healthy Ireland Survey 2023 introduced a series of new questions which focussed on long-lasting conditions or difficulties*. These questions were asked again in 2024.
- The proportion of the population who report having a long-lasting condition or difficulty (37%) remained consistent since 2023 (36%).
- Long-lasting conditions or difficulties continue to be more common among women (38%) than men (35%) (39% and 33% respectively, in 2023).
- The prevalence of long-lasting conditions or difficulties increases with age as 25% of those aged 15-24 and 66% of those aged 75 and over report having a long-lasting condition or difficulty.

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

	Overall	15-24	25-34	35-44	45-54	55-64	65+
Total	37	25	27	28	35	46	56
Men	35	23	27	25	33	45	56
Women	38	28	28	31	38	47	56

- Difficulties with basic physical activities, blindness or vision impairments, and difficulties with pain, breathing and other chronic illnesses/conditions were prevalent.
- Respondents were asked whether they had any difficulty engaging in a range of activities due to their long-lasting condition or difficulty.
- Overall, 8% of the population have trouble working at a job or attending school or college due to their condition or difficulty. Eight percent of the population say they have difficulty participating in other activities, such as for leisure or transport due to their condition or difficulty.

**The long-lasting conditions or difficulties included; blindness or vision impairment, difficulty with basic physical activities, difficulties with pain, breathing or other chronic illnesses/conditions, psychological or emotional conditions or mental health issues, difficulty learning, remembering or concentrating, deafness or hearing impairment, and intellectual disabilities.*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2.
Mental Health & Wellbeing

Chapter 2 - Mental Health & Wellbeing

To assess positive mental health, the Energy and Vitality Index (EVI) was used, which employs a 0-100 scale, with higher scores indicating greater positive mental health. Respondents answered four questions about their positive mental health over the past four weeks, rating how often they felt "full of life," "calm and peaceful," "had a lot of energy," and "had been a happy person" on a six-point scale ranging from "all of the time" to "none of the time."

Negative mental health was evaluated using the Mental Health Index (MHI-5). Respondents were asked five questions about their negative mental health over the preceding four weeks, including 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." Scores were used to calculate an MHI-5 score for each respondent, which can range from 0-100, with lower scores indicating greater levels of psychological distress.

These indices, previously featured in the Healthy Ireland Survey in 2016, 2021, 2023 and now in 2024, provide valuable insights into mental health trends before, during, and after the COVID-19 pandemic.

Positive Mental Health

- The average positive mental health (EVI) score among the population is 66.3, a small increase since 2023 (65.3). The average positive mental health score remains lower than first measured in 2016 (67.8) but continues to improve in comparison to the lowest score of 62.4, reported in 2021 while necessary COVID-19 restrictions were in place during the pandemic.
- Men (68.3) continue to report higher positive mental health scores than women (64.4). The scores of both groups have improved, however, in comparison with 2021 (men 64.6, women 60.3).
- The youngest group, aged 15-24, have the highest positive mental health score (68.3). Men in this age group report a significantly higher level of positive mental health than women of the same age (71.0 and 65.6).
- Women aged 45-54 (62.8) report the lowest positive mental health score, men in the same age group report a higher score of 67.2.

Average EVI scores by gender (2016, 2021, 2023, 2024)

	2016	2021	2023	2024
Total	67.8	62.4	65.3	66.3
Men	69.8	64.6	67.4	68.3
Women	65.9	60.3	63.3	64.4

- Respondents with an EVI score equal to or over one standard deviation from the mean score for the population are considered to be in the High Vitality and Energy group.
- In 2024, 12% of the population are considered to be in the High Energy and Vitality group. The percentage of the population in the High Energy and Vitality group has returned to broadly the same level as in 2016 (13%).

Negative Mental Health

- The average negative mental health (MHI-5) score is 78.7, remaining stable since 2023 (78.2). The average negative mental health score remains lower than prior to the pandemic (81.2 in 2016), the average MHI-5 score reached its lowest in 2021 (76.0) indicating that greater levels of psychological distress occurred during the pandemic period and that these levels have been slow to improve in recent years.
- Respondents with a score of 56 or lower on the MHI-5 are considered to have a probable mental health problem.
- The percentage of the population with a probable mental health problem (12%) remains higher than in 2016 (10%). An increase in the percentage of probable mental health problems was first reported during the pandemic period in 2021 (15%), it then improved by 3 percentage points 2023 (12%) before stabilising at this level.

Proportion with negative mental health, 2016-2024 (% with an MHI-5 score of 56 or lower, indicating a probable mental health problem)

	2016	2021	2023	2024
Total	10	15	12	12
Men	8	12	10	10
Women	11	18	15	14

- The lowest MHI-5 scores are among those aged 15-24 (76.0), indicating that this younger age group have higher levels of psychological distress compared to older people. However, the average score among this age group has improved since 2023 (74.3).
- One in five (20%) women in the 15-24 age group display a probable mental health problem, representing an improvement since 2023 (24%) and a significant improvement since 2021 (27%).
- Just over one in ten (11%) men aged 15-24 display a probable mental health problem, an improvement since 2016 when almost a fifth (19%) of men in this age group displayed a probable mental health problem. Conversely to what was seen among women of this age, the proportion of men aged 15 to 24 with probable mental health problems improved throughout 2021 and 2023, reducing to 13%.
- Among men, those aged 35-44 (13%) display the highest level of probable mental health problems compared to 5% of men aged 65-74.
- An increase in the proportion of men aged 45 to 54 with a probable mental health problem was seen throughout 2021 (13%) and 2023 (10%), increasing from 7% in 2016. This figure is now back at 8% in 2024.
- People in Dublin show higher levels of probable mental health problems (14%), in comparison to people living outside of Dublin (11%). These figures remain stable since 2023 (14% and 12% respectively).
- Outside of Dublin, higher levels of probable mental health problems are seen in the rest of Leinster and in Munster (12% each), while levels are lowest in Connacht and Ulster (both 10%).

Average MHI-5 scores by gender (2016, 2021, 2023, 2024)

	2016	2021	2023	2024
Total	81.2	76.0	78.2	78.7
Men	82.8	78.2	80.1	80.5
Women	79.7	73.9	76.5	77.0

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	13
Men 2023	11	12	9	11	9	11	10
Men 2024	16	13	14	14	12	17	12

	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
Women 2024	13	10	10	9	11	14	9

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	9	8	11	7	6	9	8
Men 2021	13	13	14	13	11	6	12
Men 2023	13	12	14	10	6	7	6
Men 2024	11	11	13	8	10	5	2

	15-24	25-34	35-44	45-54	55-64	65-74	75+
Women 2016	16	9	11	11	9	8	13
Women 2021	27	18	14	18	22	12	16
Women 2023	24	16	12	14	16	10	7
Women 2024	20	16	14	13	14	13	7

Quality of Life

- Quality of life is measured by asking respondents to rate their quality of life on a five-point scale from very good to very poor.
- The percentage of the population rating their quality of life as very good or good (86%) remains unchanged since 2023.
- Quality of life was first measured during the pandemic period in 2021, notably, the proportion of people rating their quality of life as good or very good was lower during this period (74%).
- Quality of life does not differ by gender as 86% of both men and women report a good or very good quality of life. However, in 2021 women (73%) were less likely to report a good or very good quality of life than men (76%). This indicates that although quality of life of the total population may have been lower during the pandemic period, women may have experienced this to a greater extent.

Proportion reporting good or very good quality of life, 2021-2024 (%)

	2021	2023	2024
Total	74	86	86
Men	76	86	86
Women	73	85	86

- Quality of life was most positively rated among those aged 15-24, as nine in ten (90%) of people in this age group say their quality of life is good or very good. This compares to 83% each of those aged 45-54 and aged 75 and older.
- Three quarters (75%) of people with a long-standing illness or health problem say their quality of life is good or very good, while 93% of people without an illness or health problem gave the same rating.
- Students gave the most positive rating on their quality of life, as 92% rate their quality of life as very good or good, closely followed by 91% of those in employment giving the same rating. Three quarters (75%) of those who are unemployed say their quality of life is very good or good.


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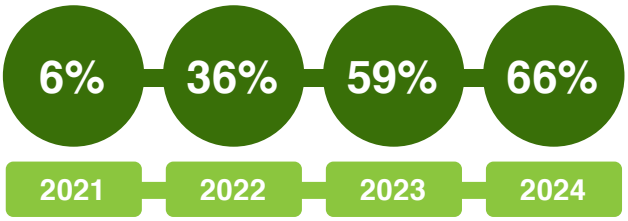
3.
COVID-19 and Long COVID

Chapter 3 - COVID-19 and Long COVID

COVID-19

- Two-thirds (66%) of the population are aware that they have been infected with COVID-19 since its emergence in early 2020. This figure has increased by 7-points since 2023 (59%).
- The most recent evidence from the National Serosurveillance Programme (NSP)[1], via measurement of antibodies, indicates that 100% of the population have been exposed to COVID-19, either through vaccination or infection.
- Women (68%) are more likely than men (63%) to report they have had a COVID-19 infection.

Percentage of the population who, to their knowledge, had been infected with COVID-19, 2021-2024 (%)



- More than nine in ten people (92%) who had COVID-19 say they returned to their usual health after infection.
- Those aged 15-24 (96%) are most likely report a return to usual health after infection, compared to 87% of those aged 55-64 , who are least likely to report a return to usual health.
- When asked how long it took to return to usual health, the majority (80%) reported that they had recovered within one month of their infection.

Length of time it took to return to usual health (among those who returned to usual health following a COVID-19 infection) (%)

	Overall	15-24	25-34	35-44	45-54	55-64	65-74	75+
Less than one month	80	87	81	76	79	79	78	85
One month or more but less than one year	12	8	9	12	13	16	13	11
One year or more but less than two years	6	5	8	8	5	4	6	1
Two years or longer	2	1	2	3	3	1	3	3

- Women aged 15-24 (90%) were most likely to report a return to usual health within one month, while women aged 35-44 (71%) were the group least likely to report recovery within this period. This compares to 84% and 82% of men in the same age groups, respectively.

1 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/

Long COVID

- The Healthy Ireland Survey has been monitoring the level of awareness of COVID-19 infection among the population since 2021. For the first time in 2024, the survey also included questions about the long-term effects of COVID-19, also known as Long COVID[2].
- Long COVID is defined in the Healthy Ireland Survey as COVID-19 symptoms that continue for four weeks or more following the initial infection.
- Among the total population, 7% self-report that they have had symptoms of Long COVID at some point. Three percent of the population report receiving a diagnosis of Long COVID from their doctor.
- Reports of a Long COVID diagnosis among those who had a COVID-19 infection are lowest among those aged 65 to 74 (3%) and aged 15-24 (2%). They are highest among those aged 25 to 64 (5%).
- Among those who have had COVID-19, women aged 25 to 54 (6%) are most likely to have had a diagnosis of Long COVID. Women aged 15 to 24 and aged 65 to 74 (both 3%) are least likely to have had a diagnosis of Long COVID.
- This compares to 3% of men aged 25-54 and 1% of men aged 15-24 who have had a COVID-19 infection, reporting a Long COVID diagnosis. Similarly to women, 3% of men aged 65 to 74 report a diagnosis of Long COVID following infection.

2 For more information on Long COVID please visit the HSE website: https://www2.hse.ie/conditions/covid19/long-covid/effects/. If you have been impacted by Long COVID, the HSE website has resources and information available for those living with Long COVID: https://www2.hse.ie/conditions/covid19/long-covid/living-with/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4.
GP Utilisation

Chapter 4 - GP Utilisation

- 79% of people report having visited a GP in the previous 12 months, with an average of 4.4 visits per person among all aged 15 and older. This average includes those who have not visited a GP.
- The proportion of people that have visited a GP has increased each year since 2021 (66%) following a decline during the period of pandemic restrictions. Visits are now at the highest level since first reported in 2015.

*GP attendance by year**

All	2015	2016	2018	2019	2021	2022	2023	2024
% attending a GP in previous 12 months	71	72	74	73	66	71	76	79
Average number of visits per person	4.3	4.5	3.8	4.5	3.3	3.8	4.0	4.4
Men								
% attending a GP in previous 12 months	66	67	68	68	60	64	70	74
Average number of visits per person	3.6	3.8	3.3	3.5	2.8	3.3	3.1	3.7
Women								
% attending a GP in previous 12 months	77	78	79	79	72	78	83	85
Average number of visits per person	5.0	5.2	4.3	5.5	3.9	4.3	4.9	5.1

- Despite a larger increase among men, women remain more likely than men to have visited a GP during the past 12 months (women: 85%, men: 74%). A persistent gender gap exists up to the age of 55, with broadly equal levels of GP attendance after this age.
- Increased attendance rates over the past year are seen across most age and gender groups, however, increases are more pronounced among women aged between 25 and 34 (2024: 83%, 2023: 74%), men aged between 15 and 24 (2024: 64%, 2023: 57%), and men aged between 35 and 44 (2024: 70%, 2023: 63 %).

GP attendance in the previous 12 months by age and gender (%)

	Total	15-24	25-34	35-44	45-54	55-64	65-74	75+
Total	79	73	71	76	79	83	91	95
Men	74	64	59	70	73	83	90	95
Women	85	81	83	81	86	83	93	96

- 89% of those with a full medical card and 87% of those with a GP Visit card attended a GP in the previous 12 months, with an average of 6.7 and 4.3 visits respectively. This compares to 73% among private patients with an average of 3.2 visits.

**Note: The 2020 Healthy Ireland survey was cancelled due to pandemic restrictions, as the survey was planned to take place as a face to face survey.*

- Since the 2023 survey, the proportions of those with a medical card and those with a GP Visit card attending a GP have increased (85% and 80% respectively in 2023), while the proportion of private patients who have attended a GP remains stable (2023: 72%).
- Compared to 2019 (pre-pandemic) the proportion of people attending the GP in the previous 12 months has also increased, as 85% of those with a medical card, 82% with a GP visit card, and 67% of private patients attended a GP in 2019.

GP attendance by year

Medical card	2015	2016	2018	2019	2021	2022	2023	2024
% attending a GP in previous 12 months	82	85	84	85	76	82	85	89
Average number of visits per person	6.3	7.6	6.2	7.6	4.9	5.6	5.8	6.7
GP visit card								
% attending a GP in previous 12 months	73	74	75	82	74	77	80	87
Average number of visits per person	4.4	4.1	3.6	4.6	4.2	4.6	3.8	4.3
Private patients								
% attending a GP in previous 12 months	71	64	67	67	52	64	72	73
Average number of visits per person	2.9	2.6	2.4	2.9	2.4	2.8	3.1	3.2

- The proportions of smokers, ex-smokers and those who have never smoked attending a GP during the past year are broadly aligned (78%, 82% and 78% respectively). However, smokers and ex-smokers attend GPs more frequently (average of 5.2 and 5.1 visits respectively), compared with an average of 3.7 visits among those who have never smoked.

GP attendance among smokers (%)

	Current smokers	Ex-smokers*	Never smoked
% attending a GP in previous 12 months	78	82	78
Average number of visits per person	5.2	5.1	3.7

- 92% of those attending a GP report that their most recent visit took place in a GP surgery or health clinic. The proportion of remote consultations continues to decline after the pandemic, with 6% reporting a phone consultation and 1% reporting an online video consultation. This compares to 37% and 2% respectively in 2021.
- Three quarters (76%) of people who report being in good health have attended a GP in the past year, this has increased from 73% in 2023 (67% in 2022). The proportion of people with self-reported bad health attending a GP in the previous 12 months (92%) has remained broadly stable across this period (94% in 2023 and 93% in 2022).

**Ex-smokers are defined here as anyone who has smoked daily or occasionally at any time in the past and no longer smokes at all.*


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5.
Smoking

Chapter 5 - Smoking

- 17% of the population are current smokers, with 14% daily smokers and 4% occasional smokers*. Smoking rates have remained static since 2021.

Prevalence of smoking by year (%)

2015	2016	2017	2018	2019	2021	2022	2023	2024
23	23	22	20	17	18	18	18	17

- Smoking rates remain highest among the 25 to 34 age group at 20%, however, these have declined from 24% in 2022. Furthermore, smoking rates among those aged 25 to 34 have declined from 32% reported in the first Healthy Ireland Survey in 2015.

Prevalence of smoking among men by age, 2015-2024 (%)

Men	2015	2019	2022	2024
15-24	19	17	19	20
25-34	35	28	35	25
35-44	28	22	35	22
45-54	28	19	21	23
55-64	18	16	17	22
65-74	18	12	15	12
75+	7	8	8	5

Prevalence of smoking among women by age, 2015-2024 (%)

Women	2015	2019	2022	2024
15-24	19	13	14	16
25-34	29	24	14	15
35-44	25	15	17	16
45-54	22	17	19	16
55-64	18	15	18	17
65-74	13	12	10	15
75+	7	8	7	8

- Men (20%) remain more likely to smoke than women (15%). While smoking rates for women remain broadly consistent across all age groups up to age 74, smoking rates among men peak among those aged 25 to 34 (25%, in comparison to 15% in women of the same age).

**Please note the overall smoking figure is 17%. When the daily (14%) and occasional (4%) smoking figures are rounded to two decimal points the figures sum to 17%.*

- Smoking rates remain higher for those who are unemployed (25%) than for those in employment (18%), despite a sharp decline in the proportion of those who are unemployed smoking since 2019 (40%). Smoking rates remain higher amongst those with a Junior Certificate or lower (23%) than those with a Leaving Certificate or higher (16%) – a wider gap than that measured in 2023 (20% and 17% respectively).

Smoking and Health Outcomes

- Current smokers (72%) are less likely to describe their health as good or very good than ex-smokers (77%), or those who have never smoked (86%). Daily smokers (69%) are least likely to describe their health as good or very good.
- Even among smokers aged under 25, this difference remains persistent, with 83% of current smokers describing their health as good or very good, compared with 90% of those who have never smoked.
- Over one third (39%) of smokers, and 45% of ex-smokers report having a long-standing illness or health problem. This compares with 32% of those who have never smoked.
- 22% of smokers are identified as having a probable mental health problem, compared with 9% of those who have never smoked and 12% of ex-smokers.
- Ex-smokers (82%) are more likely to visit the GP during the past 12 months than both current smokers and those who have never smoked (both 78%).

Quitting Smoking

- Almost a third (30%) of the population are ex-smokers. As has been the case across all recent survey waves, there are more ex-smokers than current smokers in all age groups above the age of 25.
- 51% of those who have smoked in the past year have attempted to quit smoking, with 22% of this group successfully quitting smoking (11% of all who smoked in the past year). 70% of those aged 15 and 24 who smoked in the past 12 months have tried to quit, with 32% this group doing so successfully.
- Two-thirds (66%) of smokers making an attempt to quit, did so without using any quitting aids. 7% of all who smoked in the past year, successfully quit smoking without using a quitting aid.
- A fifth (20%) of those who tried to quit smoking in the past 12 months report using nicotine patches, gum, lozenges or spray, and 12% report using e-cigarettes.
- Just over a third (35%) of current smokers are either trying to quit or actively planning on doing so.
- 32% of daily smokers are either trying to quit or actively planning on doing so, compared with 45% of occasional smokers.
- 23% of those not currently planning to quit or not thinking about doing so have made an attempt to quit in the past 12 months.

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. These questions were first asked in 2023.
- The average age that smokers report having tried their first cigarette was 16 years, while the average age for initiating daily smoking was 18 years. These figures are unchanged since 2023.
- Men typically report having started smoking at a younger age than women. The average age for men to have tried their first cigarette was 15 years, with daily smoking typically starting at 18 years. For women, it was 16 years and 19 years respectively. The age at which women start smoking daily increased from 18 years to 19 years since 2023.
- The average age that people report trying their first cigarette was 15 years for those who have not completed their Leaving Certificate, while it was 17 years on average for those with degree level education or higher.

E-cigarettes

- 8% of the population currently use e-cigarettes either daily (5%) or occasionally (3%), with a further 13% reporting they have tried them in the past but no longer use them. These figures have not changed since 2023.
- E-cigarette usage is highest among younger people, with 17% of 15-24 year olds reporting that they use them either daily or occasionally. E-cigarette use is higher amongst men in this age group, with 20% of men aged 15 to 24 and 15% of women of the same age using e-cigarettes. Notably, these rates are very similar to tobacco consumption in this age group (20% and 16% respectively).
- 16% of current smokers say they currently use e-cigarettes either daily or occasionally. 6% of daily smokers report also using e-cigarettes on a daily basis.
- Almost a half (47%) of e-cigarette users are ex-smokers, a fifth (20%) are daily tobacco users and a further 15% smoke tobacco occasionally. The remaining 18% of e-cigarette users have never been tobacco users.

Usage of e-cigarettes – by smoking behaviour (%)

	E-cigarette users
Daily tobacco smokers	20
Occasional tobacco smokers	15
Ex-smokers of tobacco	47
Never smoked tobacco	18

6.
Alcohol Use

Chapter 6 - Alcohol Use

- 73% of individuals aged 15 or over report consuming alcohol during the past 12 months . This is an increase on the 2023 measurement (70%), but remains lower than the 75% prevalence rate reported in 2018.
- 38% of people aged 15 or over drink at least once a week. This is broadly the same as measured in 2022, but remains lower than reported in 2018 (41%). 22% drink multiple times per week – similar to the measurements in 2023 and 2018 (21% and 23% respectively).
- The incidence of past 12 months and monthly drinking is lowest among those aged 65 and older, compared to those aged under 45.
- The incidence of more frequent drinking is higher, with those aged 65 and older twice as likely to drink on multiple days each week as those aged between 15 and 24.

Frequency of drinking - by age (%)

	Total	15-24	24-34	35-44	45-54	55-64	65-74	75+
Past 12 months	73	75	78	74	77	73	66	57
At least once per month	60	63	62	60	65	63	57	41
At least once per week	38	30	31	33	44	48	43	34
Multiple times per week	22	13	15	18	28	31	28	23

- Three-quarters (75%) of men report drinking alcohol in the past 12 months, compared to 71% of women. However, a larger difference is reported in terms of weekly drinking, with 43% of men drinking weekly, in comparison to 33% of women.

Frequency of drinking among women - by age (%)

	Total	15-24	25-34	35-44	45-54	55-64	65-74	75+
Past 12 months	71	75	74	72	73	73	62	55
At least once per month	56	62	54	57	58	62	51	33
At least once per week	33	29	24	30	37	45	37	25
Multiple times per week	17	11	11	14	21	27	23	17

Frequency of drinking among men - by age (%)

	Total	15-24	25-34	35-44	45-54	55-64	65-74	75+
Past 12 months	75	75	82	76	81	74	70	59
At least once per month	65	64	71	64	73	64	63	50
At least once per week	43	31	38	37	52	51	50	43
Multiple times per week	26	15	19	22	36	34	33	31

Binge Drinking

- Overall, 28% binge drink on a typical drinking occasion*. This is an increase from 24% measured in 2023.
- Much of the increase is due to higher levels of binge drinking among men (42%), a 5 point increase since 2023 (37%), while a lower increase is measured for women (14%), a 2 point increase since 2023 (12%).

Binge drinking on a typical drinking occasion - by age and gender (%)

	Total	15-24	25-34	35-44	45-54	55-64	65-74	75+
Total	28	38	33	29	29	25	18	8
Men	42	50	47	45	45	40	32	17
Women	14	26	20	15	13	11	5	-

- Increases in binge drinking over the past year are seen among all age groups between 25 and 64, with the largest increase measured among those aged 45 to 54 (2024: 29%, 2023: 22%). 45% of men in this age group now binge drink on a typical drinking occasion, compared with 13% of women.
- Men aged between 15 and 24 (50%) are the group most likely to binge drink on a typical drinking occasion, remaining the group most likely to do so since 2023 (48%). This compares with 26% of women of the same age (24% in 2023).
- People in employment (33%) and students (31%) are the most likely to binge drink on a typical drinking occasion, with those engaged in home duties (9%) and retired people (15%) least likely to drink in this way.

** The World Health Organisation (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'. In Ireland, a standard drink contains 10g alcohol.*


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7.
Physical Activity

Chapter 7 - Physical Activity

Activity Levels

- The survey asked respondents about their physical activity within the past seven days. In addition to physical activity and exercise, this measure included activity while working, doing housework, gardening, and travelling. They were also asked about the intensity of their activities, in terms of whether activity levels were moderate or vigorous.
- Responses were used to assess whether respondents met the National Physical Activity Guidelines (NPAG). At the time of the survey, the guidelines recommended that adults should undertake at least 30 minutes a day of moderate to vigorous activity on 5 days a week or a total of 150 minutes a week *.

Proportion of people achieving National Physical Activity Guidelines by age and gender (%)

	Total	15-24	25-34	35-44	45-54	55-64	65-74	75+
Total	41	62	52	42	38	34	29	19
Men	50	70	63	50	46	40	39	22
Women	33	54	41	34	29	28	19	16

- Two in five people (41%) report meeting the National Guidelines by being at least moderately active for at least 150 minutes a week. This figure does not include walking (neither for recreation nor travel) but does include activity related to housework, gardening, and other forms of travel such as cycling.
- The 2023 Irish Sports Monitor found that 39% of the population were classified as being highly active, meeting the National Physical Activity Guidelines through sport or recreational walking alone.
- Physical activity was last measured by the Healthy Ireland Survey in 2019, when 46% of the population met the activity guidelines, prior to the COVID-19 pandemic.**
- The youngest group aged 15 to 24 are the most active; 62% of this age group report meeting the guidelines. Activity levels in this age group remain stable since 2019 (61%).
- The proportion of people meeting the guidelines declines with age; just under a fifth (19%) of those aged 75 and older report meeting the guidelines.
- A 17-point gender gap exists between the percentage of men (50%) and women (33%) meeting the activity guidelines. Since 2019, the percentage of men and women meeting the guidelines has declined (54% and 38% respectively). However, the gender gap has remained stable.
- Less than one in ten people (8%) report participating in no physical activity in the previous seven days, the same as reported in 2019.

** Fieldwork for this wave of Healthy Ireland took place between October 2023 and April 2024, the NPAGs referred to in this report are the guidelines that were in place for the majority of this fieldwork period. New physical activity guidelines were introduced by the HSE in March 2024 and these guidelines will be used to assess physical activity levels in future Healthy Ireland Surveys. (https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/heal/physical-activity-guidelines/).*

***In 2019 and in 2024 fieldwork was conducted between October and April. This means that seasonality effects on physical activity levels throughout the year are not accounted for.*

- Roughly two in five (41%) of parents meet the national physical activity guidelines, the same proportion of non-parents (42%) reach this level of activity.
- However, a gender difference is evident among parents as half (51%) of fathers report meeting the physical activity guidelines, compared to a third (32%) of mothers.

Parents with a child under the age of 1 year (32%) are least likely to meet the physical activity guidelines, this increases to 43% among parents of children aged 12-15.

Walking

- Respondents were asked "During the last 7 days on how many days did you walk for at least 10 minutes at a time?". The same question was asked of respondents during the 2019 Healthy Ireland Survey.
- 86% of the population reported walking for at least 10 minutes on at least one day during the last 7 days. This may have been for exercise, leisure, or as a form of transport. In 2019, 86% of respondents reported walking at least once in the last 7 days.
- Women (88%) are more likely than men (85%) to report walking in the last 7 days. This gender gap was seen in 2019 when 87% of women and 85% of men reported walking in the last 7 days.
- 61% of the population reported walking for at least 10 minutes on 5 or more days in the last 7 days (2019: 61%).

Proportion walking for at least 10 minutes at a time during the past 7 days (%)

	Total	Men	Women	15-24	25-34	35-44	45-54	55-64	65+
2024	86	85	88	88	91	89	86	84	81
2019	86	85	87	91	88	88	87	85	77

Interest in Changing Activity Levels

- Just over two-thirds (67%) of those who do not meet the physical activity guidelines say they would like to be more active than they currently are.
- Men (66%) and women (67%) are equally as likely to say they would like to be more physically active, among those not currently meeting the guidelines.
- Three-quarters (75%) of those aged 15 to 24 and 35 to 44 would like to be more active than they currently are, among those not meeting the guidelines in these age groups. They are the age groups most interested in becoming more active.
- Overall, among those not sufficiently active, those aged 75 and older (49%) show the least interest in getting more active. However, a gender gap exists within this age group as 56% of women would like to be more active, compared to 39% of men in this group.
- Men aged 35 to 44 (78%) show the most interest in becoming more active, compared to 73% of women in this age group – among those not sufficiently active.
- On weekdays, the reported average amount of time spent sitting is 5.4 hours and on weekends this reduces to 4.6 hours. The average amount of time spent sitting on weekdays and weekends has increased slightly since last recorded in 2019 (5.1 and 4.4 respectively).

Proportion not sufficiently active that would like to be more active than they are by age and gender (%)

	Total	15-24	25-34	35-44	45-54	55-64	65-74	75+
Total	**67**	75	70	75	74	64	55	49
Men	**66**	76	71	78	74	64	55	39
Women	**67**	75	69	73	74	64	55	57

- Among those not currently meeting the activity guidelines and interested in being more active, work or study (33%) was reported as the main reason for not being more active. Illness, disability, or injury (31%) was the next most common reason, and a fifth (20%) said they are too busy looking after family.

Sedentary Behaviours

- This year, respondents were asked about their sedentary behaviours, defined in the survey as time spent sitting on a weekday or workday and their time spent sitting on a weekend or a day off. These questions were last asked on the survey in 2019.
- Those aged 25 to 34 (5.7 hours) spend the longest time on average sitting on a weekday, while those aged 65 to 74 (4.8 hours) spend the least amount of time sitting on average.
- On weekends, those aged 75 and older (5.5 hours) spend the longest time on average sitting, while those aged 35 to 44 (4.1 hours) spend the least amount of time sitting.

Average hours spent sitting on a weekday by age and gender

	Total	15-24	25-34	35-44	45-54	55-64	65-74	75+
Total	5.4	5.6	5.7	5.5	5.4	5.1	4.8	5.6
Men	5.5	5.5	5.6	5.6	5.5	5.2	5.0	5.7
Women	5.3	5.8	5.7	5.4	5.2	4.9	4.7	5.5

- The average time spent sitting varies by working status. On weekdays, students (6.0 hours) spend the most time sitting, while those engaged in home duties (4.1 hours) spend the least amount of time sitting.

Average hours spent sitting on weekdays and weekends by working status (Mean hours).

	Paid employment	Unemployed	Engaged in home duties	Student	Retired
Weekdays	5.4	5.3	4.1	6.0	5.2
Weekends	4.1	5.3	4.2	4.8	5.2

8.
Weight Management, Diet and Nutrition

Chapter 8 - Weight Management, Diet and Nutrition

Prior to 2021, the Healthy Ireland Survey was conducted face-to-face and interviewers would weigh and measure respondents in their homes. Following the switch to a telephone survey methodology, it was no longer possible for body measurements to be recorded in this way. In 2022 and 2024, participants were asked to self-report their current weight, height, and waist circumference. Respondents were given the opportunity to opt out of this part of the survey, however 96% (n = 7,090) agreed to participate in the module. Of those that participated, 91% stated that they believed the measurements they provided were an accurate reflection of their normal state. Previous international studies have highlighted that self-reported weight is underestimated by approximately 10%. As a result, figures for self-reported weight in this chapter may overestimate the reduction in weight since 2019 when true body weight measurements were last taken. However, the figures for self-reported weight this year have remained largely consistent with the figures reported in 2022.

Body Weight – BMI

BMI is a standardised measure used to estimate whether or not someone is living with underweight, normal weight, overweight or obesity. It is calculated by dividing weight (in kilograms) by height (in metres) squared. In this report, the BMI values are categorised as follows:

- Underweight (value of 18.49 or less)
- Normal weight (value of 18.5 to 24.9)
- Living with overweight (value of 25.0 to 29.9)
- Living with obesity (value of 30 or larger)

- Based on self-reported measurements*, 42% reported a normal body weight, 35% reported living with overweight, 21% reported living with obesity, and 2% reported underweight measurements. These bodyweight figures are unchanged when compared to 2022 and are only slightly different to the 2019 results when 37% reported living with overweight and 22% reported living with obesity.

BMI by age (%)

	Total	15-24	25-34	35-44	45-54	55-64	65-74	75+
BMI value of 30 or larger	21	9	20	22	28	31	22	17
BMI value of 25.0 to 29.9	35	22	32	38	39	38	42	39
Normal weight (BMI value of 18.5 to 24.9)	42	65	47	39	32	30	36	41
Underweight (BMI value of 18.49 or less)	2	4	2	1	2	1	1	2

- Just over three in five men (63%) reported living with overweight or obesity, while half (50%) of all women reported the same. These figures are the same as reported in 2022.

**BMI was calculated using self-reported weight and height measurements that were provided by respondents.*

Men's BMI by age (%)

Men	Total	15-24	25-34	35-44	45-54	55-64	65-74	75+
BMI value of 30 or larger	22	9	21	24	27	30	25	16
BMI value of 25.0 to 29.9	41	25	36	45	45	44	48	48
Normal weight (BMI value of 18.5 to 24.9)	36	65	42	30	27	25	26	35
Underweight (BMI value of 18.49 or less)	1	2	1	1	1	1	0	1

Women's BMI by age (%)

Women	Total	15-24	25-34	35-44	45-54	55-64	65-74	75+
BMI value of 30 or larger	20	8	18	19	28	31	18	19
BMI value of 25.0 to 29.9	30	20	27	31	32	33	36	31
Normal weight (BMI value of 18.5 to 24.9)	47	65	51	49	37	35	45	47
Underweight (BMI value of 18.49 or less)	3	7	4	1	2	1	1	3

- As seen in previous waves, the gender gap in the proportion of men and women who are living with overweight or obesity widens throughout the life course. While the same proportion of men and women aged 15 to 24 reported a normal body weight (65%), a 19 point gap exists among men and women aged 65 to 74 who reported the same (26% and 45% respectively).

Weight Management

- Just under two fifths (38%) of the population reported that they were currently trying to lose weight. This represents an increase of 4 points since last measured in 2022, when 34% reported trying to lose weight.
- The proportion of the population intending to maintain their weight (34%) declined over the same period (2022: 41%) while the proportion of people trying to gain weight (6%) remained consistent since 2022 (5%).
- Women (42%) were more likely than men (33%) to report trying to lose weight. Conversely, men were more likely to say they are trying to maintain (36%) and gain (8%) weight than women (33% and 4% respectively).
- Those aged 45-54 (47%) were most likely to report trying to lose weight. However, women (55%) in this age group were more likely to report trying to lose weight than men (39%).
- Among those aged 15-24, 29% were trying to lose weight. However, a gender difference exists as a third (33%) of women aged 15-24 reported trying to lose weight, while a quarter (25%) of men in this age group reported the same.
- Among those aged 15-24, a higher proportion of men (23%) than women (10%) report trying to gain weight, this is despite the indication that there is a higher percentage of underweight women (7%) in this age group, compared to men (2%).

- A further 40% of men aged 15-24 were trying to maintain their weight. The results indicate that this younger age group of men were more focussed on weight management than their older counterparts, as just 12% of men aged 15-24 said they were not managing their weight compared to 36% of men aged 65 and over.

Percentage of men trying to lose, maintain, and gain weight by age (%)

Men	Total	15-24	25-34	35-44	45-54	55-64	65-74	75+
Trying to lose weight	**33**	25	30	40	39	41	32	16
Trying to maintain weight	**36**	40	38	34	36	33	35	40
Trying to gain weight	**8**	23	13	5	4	4	2	2
None of the above	**22**	12	19	21	22	23	32	43

Percentage of women trying to lose, maintain, and gain weight by age (%)

Women	Total	15-24	25-34	35-44	45-54	55-64	65-74	75+
Trying to lose weight	**42**	33	43	47	55	49	34	21
Trying to maintain weight	**33**	43	34	34	27	27	33	28
Trying to gain weight	**4**	10	4	2	3	2	2	4
None of the above	**21**	14	18	17	15	22	31	47

- Three quarters (74%) of people who are living with obesity reported trying to lose weight. They were the group most likely to report this, followed by 44% of those living with overweight.
- Of those categorised as underweight, 43% reported trying to gain weight, 19% reported trying to maintain weight, and 6% reported trying to lose weight. A further 33% of those who were underweight reported that they were not trying to do any of the above.

Proportion trying to lose, maintain, or gain weight by BMI status (%)

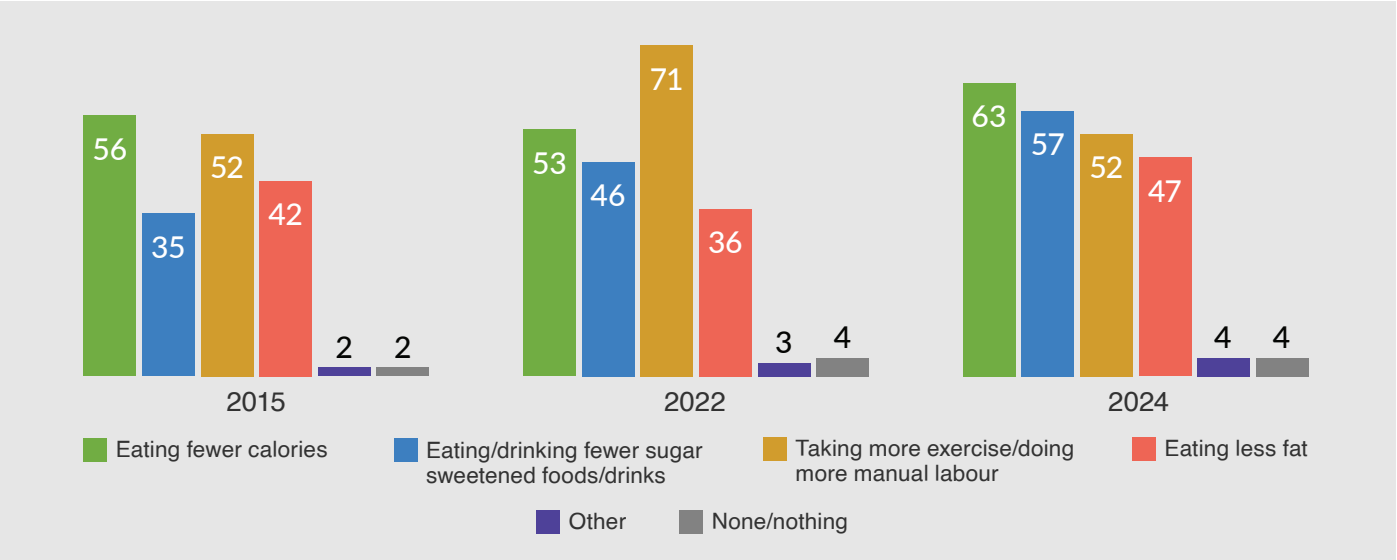
	Total	Underweight (BMI value of 18.49 or less)	Normal weight (BMI value of 18.5 to 24.9)	BMI value of 25.0 to 29.9	BMI value of 30 or larger
Trying to lose weight	**38**	6	16	44	74
Trying to maintain weight	**34**	19	48	35	13
Trying to gain weight	**6**	43	10	2	1
None of the above	**22**	33	25	19	12

- Those who are trying to lose weight were asked about the methods they are using to do so.
- Eating fewer calories was reported as the most common method to try to lose weight, as 63% reported doing this to manage their weight (2022: 53%). 57% of people reported eating/drinking fewer sugar sweetened foods/drinks to try to lose weight.*
- Results indicate that approaches to weight loss have changed from recent survey waves, when exercise was reported as the most common way of trying to lose weight.

**Respondents could name more than one method used to try to lose weight.*

- Just over half (52%) of people trying to lose weight said they were taking more exercise or doing more manual labour. The proportion of people taking more exercise to lose weight decreased by 19 points since 2022 (71%), and by 24 points since 2021 (76%).
- Notably, the proportion reporting exercise as a weight loss approach in 2024 is aligned with the proportions reporting it in 2015 (52%). The increase seen in 2022 may be reflective of the increased activity levels measured during the pandemic reported by other studies, such as the Irish Sports Monitor*.

Common methods used to lose weight over time, 2024, 2022, and 2015 (%)



- Those aged 15-24 (71%) were the only age group who reported taking more exercise as the most common way they try to lose weight. However, reports of exercising to lose weight among this age group have decreased by 11 points since 2022 (82%).
- Those aged 15-24 (69%) were also the age group most likely to report eating fewer calories to lose weight, compared to 57% of those aged 65 and over and 61% of those aged 45-54.

Note: Multiple methods used to lose weight could be mentioned by each respondent.

**The Sport Ireland Irish Sports Monitor Report (2023) outlines changes in physical activity levels in Ireland between 2015 and 2023. The report can be accessed at the following link https://www.sportireland.ie/sites/default/files/media/document/2024-05/ISM%202023%20Annual%20Report_0.pdf*

Methods used to lose weight by age (%)

	Total	15-24	25-34	35-44	45-54	55-64	65-74	75+
Eating fewer calories	**63**	69	63	65	61	62	58	54
Eating/drinking fewer sugar sweetened foods/drinks	**57**	58	54	53	59	59	58	57
Taking more exercise/doing more manual labour	**52**	71	55	58	48	45	38	33
Eating less fat	**47**	44	44	45	48	54	49	48
Other	**4**	2	6	5	5	4	5	2
None/nothing	4	1	3	2	5	5	8	8

Consumption of Unhealthy Snack Foods

- Unhealthy snack foods are defined as snack foods other than fruit, vegetables, or yoghurt. Respondents were asked how many snack foods they eat each day. This question was last asked in 2021 and 2016.
- Just over one-quarter (27%) of people said they eat one snack food each day, an increase of 3 points since 2021 (24%). A further 34% reported they eat two or more snacks each day (2021: 36%).
- 35% of the population reported eating snack foods but not daily, and 4% said they never eat snack foods (34% and 5% respectively in 2021).
- Consumption of a single item of snack food per day is largely stable among age groups 25 and older, ranging from 25% to 27%.
- The youngest group aged 15 to 24 reported the highest consumption of one snack per day (30%) and show the widest increase (8 points) in consuming a snack per day since 2021 (22%). However, it may be that a proportion of this age group have reduced their snack consumption from multiple snacks to one snack per day. Those aged 15 to 24 were still most likely to report eating two or more snacks per day (42%), but this figure has decreased by 9 points since 2021 (51%).

Daily consumption of unhealthy snack foods by age (%)

	Total	15-24	24-34	35-44	45-54	55-64	65-74	75+
1 per day	**27**	30	25	26	27	26	27	25
2+ per day	**34**	42	35	34	35	32	28	29
Do not eat snack foods every day	**35**	26	36	36	34	38	41	41

Consumption of Sugary and of Diet or Low Sugar Drinks

- Just under a third (32%) of the population reported consuming sugar-sweetened drinks at least once per week, this includes 9% who reported consuming these every day (29% and 8% respectively in 2019).
- Those aged 15 to 24 (16%) remained significantly more likely than those aged 75 and older (3%) to report drinking sugar-sweetened drinks on a daily basis.
- Daily consumption of sugar-sweetened drinks increased by 4 points among the younger age group, aged 15 to 24, since 2019 (12%).
- Men aged under 45 (16%) were more than twice as likely to report drinking sugar sweetened drinks on a daily basis, compared to men aged 45 and older (7%).
- Men (11%) were more likely than women (7%) to report drinking sugar-sweetened drinks.
- Smokers (16%) remained twice as likely as non-smokers (8%) to report drinking sugar sweetened drinks, as was seen in 2019 (14% and 7% respectively).

Daily consumption of sugar-sweetened drinks by age and gender (%)

	Total	15-24	25-34	35-44	45-54	55-64	65-74	75+
Total	9	16	12	10	8	6	5	3
Men	11	19	16	14	8	8	5	4
Women	7	12	9	6	8	5	5	3

- 29% reported drinking diet, low-sugar or no added sugar drinks at least once per week, including 9% who drink them daily, an increase of 4 points and 3 points respectively since 2019.
- Daily consumption of diet, low or no sugar added drinks was highest among those aged 25 to 34 (13%) and lowest among those aged 65 and older (5%).
- Men aged 25 to 34 (14%) are the most likely to report daily consumption of diet, low or no sugar added drinks, closely followed by women of the same age (12%). Those aged 75 and older (5%) were least likely to report consuming these drinks.

Daily consumption of diet, low-sugar, or no added sugar drinks by age and gender (%)

	Total	15-24	25-34	35-44	45-54	55-64	65-74	75+
Total	9	9	13	9	8	8	5	5
Men	8	8	14	9	8	7	6	5
Women	9	9	12	10	8	9	5	5

Consumption of Fruit and Vegetables

- Fruit was eaten daily by 62% of the population and 73% reported eating vegetables every day. Reports of daily fruit and vegetable consumption declined since 2021 (65% and 75% respectively).
- On average, people reported eating 2.5 portions of fruit and vegetables each day (2.9 in 2019), lower than the recommended 5 portions of fruit and vegetables.
- Five or more portions of fruit and vegetables are eaten each day by 28% of the population, 6 points lower than reported in 2021 (34%).
- Women (33%) were more likely than men (22%) to report eating five or more portions of fruit and vegetables each day (39% and 28% respectively in 2021). This gender gap was evident across all age groups.
- Consumption of fruits and vegetables was highest among women aged 15-24 as 37% of this group reported eating at least five portions of fruit and vegetables each day, while just 21% of men in the same age group reported this.

Daily consumption of five or more fruits and vegetables by age and gender (%)

	Total	15-24	25-34	35-44	45-54	55-64	65-74	75+
Total	**28**	29	26	30	27	28	27	25
Men	**22**	21	24	25	21	19	22	21
Women	**33**	37	29	34	33	36	32	28

9.
Sleep

Chapter 9 - Sleep

Sleep is important to overall wellbeing, mental health, and metabolism and is a key aspect of a healthy lifestyle. Eight hours is the recommended amount of sleep required each night, with most people needing between 5 and 9 hours of sleep. Sleep quality also impacts the body's ability to rest and recharge, with poor quality sleep linked to negative mental health, higher risk of weight gain and lower physical activity levels, among other adverse effects.

Questions related to sleep were first included in the Healthy Ireland Survey in 2019 and were repeated in 2024, aiming to assess the amount of sleep the general population are getting and the quality of their sleep

Amount of Sleep

- On average, people report sleeping for 6.9 hours on a regular weeknight or worknight. This is a slight decrease from the average of 7.1 hours reported in 2019.
- In 2024, people report sleeping for shorter periods than in 2019. A third (33%) of the population report sleeping for six-hours or less, an increase of 8 points since 2019.
- The proportion of people sleeping for between seven-to-eight hours (29%) has decreased by 5 points since 2019 (34%). The proportions of people sleeping for six-to-seven hours (31%) and for more than 8 hours (7%), remain broadly stable (2019: 32% and 10% respectively).
- There is no overall difference between men and women in the average number of hours spent sleeping (both 6.9 hours). Men and women aged 15 to 24 report the longest average sleep duration (both 7.1 hours), with every other group ranging from 6.7 to 7.0 hours.
- Women aged 55 to 64 (40%) are most likely to report sleeping for six hours or less, while men aged 15 to 24 (24%) are the least likely to report this.

Hours of sleep reported on an average weeknight (%)

	Total population	Men	Women
Six or less	33	33	33
More than six up to seven	31	32	31
More than seven up to eight	29	28	29
More than eight hours	7	7	7
Average (hours of sleep)	6.9	6.9	6.9

- In terms of working status, those at work and unemployed (6.9 hours) and engaged in home duties (6.8 hours) report the shortest hours of sleep on average, while students report the highest average hours of sleep (7.2).
- Those who report they are in good health sleep for longer (7.0 hours) on average, than those who rate their health as fair (6.5 hours) and those who say they are in bad health (6.3 hours).
- Those who are living with overweight or obesity report slightly lower hours of sleep on average (6.8 hours) than those who report a normal weight (7.0 hours).

- The average hours of sleep were similar among parents (6.8 hours) and non-parents (7.0 hours), similar to 2019 (6.9 hours and 7.1 hours). However, the shortest sleep on average is reported by parents of 1-year olds (6.4 hours) and parents who are carers to a child with a long-term illness or disability (6.2 hours)
- Parents of teenagers aged 13 to 17 sleep for an average of 6.9 hours on a week or work night, the same figure as reported in 2019. Parents of children aged 6 to 12 (41%) and teenagers aged 13 to 17 (41%) are most likely to say they have trouble with waking up too early and not being able to fall asleep again at least sometimes (32% and 43% respectively in 2019).

Quality of Sleep

- Thinking of the past month, 72% of the population rate their quality of sleep as very good or fairly good. The overall quality of sleep has declined since 2019, when just over three-quarters of the population (76%) rated their quality of sleep as very or fairly good.
- Men (75%) are more likely than women (69%) to rate their quality of sleep as very or fairly good, even though both genders report the same average hours of sleep each night. The proportion of men and women reporting good quality sleep has reduced by 3 points and 4 points respectively since 2019 (men 78%, women 73%).
- Quality of sleep has declined since 2019 among each age group up to age 64 but has increased among age groups older than this in the same period, this may be linked to retirement, as 77% of those who are retired rate their quality of sleep as good. The percentage of people rating their quality of sleep as very or fairly good has increased among those aged 65-74 (78%) and aged 75 and older (79%) (both 74% in 2019).
- The poorest quality of sleep is reported by those aged 55 to 64 (68% giving a very or fairly good rating).
- Just over 7 in 10 people (71%) aged 15 to 24 rate their quality of sleep as very or fairly good, broadly the same as the overall population rating (72%). Back in 2019, this age group reported the highest quality of sleep (83% very or fairly good), the findings of this year's survey suggest that quality of sleep among this age group has reduced across the past five years (a decline of 12 points).

Rate quality of sleep as very or fairly good by age (%)

	Total	15-24	24-34	35-44	45-54	55-64	65-74	75+
2024	**72**	71	74	70	70	68	78	79
2019	**76**	83	77	74	75	72	74	74

- The percentage of men (73%) and women (69%) aged 15 to 24 rating their quality of sleep as very or fairly good has decreased by 13 points and 11 points since 2019 (86% and 80% respectively).
- Those who are retired (77%) and at work (75%) are most likely to rate their quality of sleep positively, compared to two-thirds (66%) of those engaged in home duties.

- Those who live outside of Dublin rate their quality of sleep more positively (73% rating sleep as very or fairly good) than those who live in Dublin (71%). However, quality of sleep outside of Dublin has reduced since 2019 (78%), while the reported quality of sleep within Dublin remained unchanged in the same period.
- Those living with obesity (68%) are less likely to report good or very good quality sleep compared to those with a normal BMI value (18.5 to 24.9) (75%).

Sleep Difficulties

- 38% of people report that they have trouble falling asleep at least sometimes, a 6-point increase since 2019 (32%).
- Just over two in five people (41%) report they at least sometimes have trouble with waking up too early and not being able to fall back asleep again, also increasing by 6 points since 2019 (35%).
- Women (44%) are more likely to have trouble falling asleep than men (33%). Similarly, women (44%) are more likely to have trouble waking up too early and not being able to fall back asleep (men; 37%).
- Almost half of those aged 55 to 64 (49%) report difficulty with waking up too early and not being able to fall back asleep and are the group most likely to report this difficulty, compared to 29% of those aged 15 to 24.
- Those aged 15 to 24 (44%) are most likely to report having trouble falling asleep. In 2019, just 30% of those aged 15 to 24 reported difficulties with falling asleep (a 14-point increase in this difficulty).
- Half of women aged 15 to 24 (51%) report trouble falling asleep at least sometimes, compared to 38% of men in the same age group (2019: 33% and 27% respectively).

Difficulty falling asleep sometimes or all of the time by age and gender (%)

	Total	15-24	25-34	35-44	45-54	55-64	65-74	75+
Total	**38**	44	38	39	36	39	35	35
Men	**33**	38	35	35	30	30	26	29
Women	**44**	51	41	42	42	48	43	40

Difficulty waking up early and being unable to fall back asleep sometimes or all of the time by age and gender (%)

	Total	15-24	25-34	35-44	45-54	55-64	65-74	75+
Total	**41**	29	33	41	44	49	46	47
Men	**37**	26	31	39	38	44	43	46
Women	**44**	31	34	43	50	53	50	48

- Those who are unemployed (50%) and students (47%) have greater difficulty falling asleep at least sometimes than those who are employed (34%).

- Those who rate their health as bad (68%) are mostly likely to report difficulty falling asleep, compared to 34% of those who report good health.
- A fifth (20%) of people report they have been disturbed or bothered by noise when they are trying to sleep at least sometimes in the past 12 months (2019: 17%).
- In Dublin, 23% report being bothered or disturbed by noise when they are trying to sleep, as do 18% of those living outside of Dublin (26% and 14% respectively in 2019).

Likelihood of Dozing During the Day

- Just under a quarter (23%) of people say there is a moderate or high chance of them dozing during the day while 53% say they would never doze during the day.
- Men (24%) are more likely than women (21%) to say there is a moderate to high chance of them dozing during the day. Likelihood of dozing remains broadly unchanged since 2019 (men 23%, women 19%) despite decreases in duration and quality of sleep.
- Younger age groups are least likely to doze during the day as just 14% of those aged 25 to 34 say there is a moderate or high chance of them dozing, while 48% of those aged 75 and older say the same.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10.
Caring Responsibilities

Chapter 10 - Caring Responsibilities

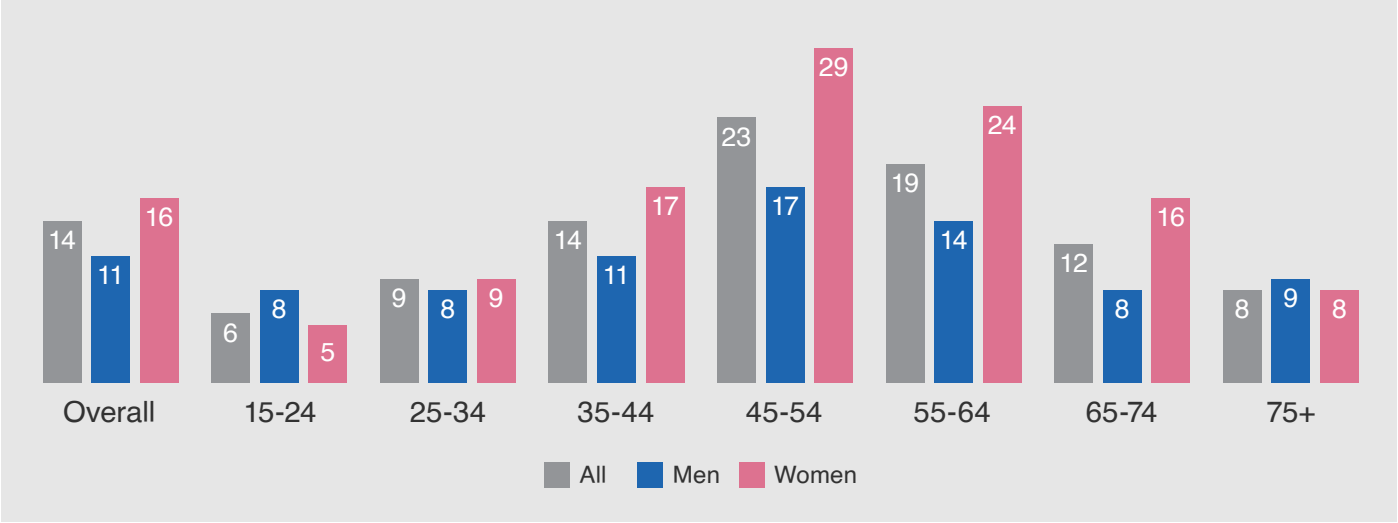
- 14% report that they are carers, in that they provide regular unpaid personal help to a friend or family member with a long-term illness, health problem or disability.*
- The proportion identifying as carers has increased steadily over recent years from 9% in 2019 (the last time an in-depth measurement of this area was conducted on the Healthy Ireland Survey) to 10% in 2022, and 12% in 2023.

Reporting that they provide regular unpaid personal help to a friend or family member with a long-term illness, health problem or disability (%)

2015	2016	2017	2018	2019	2021	2022	2023	2024
9	10	9	8	9	9	10	12	14

- Those aged between 45 and 54 (23%) and 55 and 64 (19%) are the age groups most likely to report being a carer.
- Women (16%) are more likely than men (11%) to say they are a carer.
- Among women aged between 45 and 54, 29% say they are a carer, this compares to 17% of men in the same age group

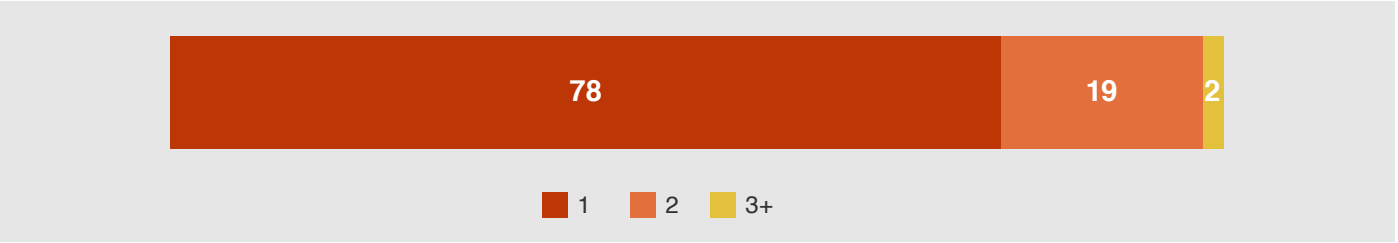
Reporting that they provide regular unpaid personal help to a friend or family member with a long-term illness, health problem or disability – by gender and age (%)



- 22% of carers provide care to multiple people, an increase from 10% in 2019. This is highest among those aged between 45 and 54 with 33% of carers in this age group providing care to multiple people.

**Census 2022 found that 6% of the population provided unpaid personal help. The Healthy Ireland Survey used the same question as included in the Census but provided additional context, instructing respondents to "Include problems which are due to old age. Personal help includes help with basic tasks such as feeding or dressing." This additional context information may have caused an increase in the number of respondents saying they provided personal help at this question. Additionally, the Healthy Ireland Survey figure may include some respondents who receive a carer's allowance, contributing to the gap between the Census 2022 and Healthy Ireland Survey figures.*

Number of care recipients per carer providing unpaid personal help (%)



- Almost a quarter (24%) of carers provide around the clock care for someone they live with. This is highest among those aged 65 and over, with 41% of carers in this age group providing 24-hour care.
- Half (50%) of all carers provide care to a parent or parent-in-law, 14% provide care to a child, 8% to a spouse/partner and 22% to another relative.
- The majority (70%) of carers provide care to an individual aged 65+, with 27% providing care to an individual aged between 71 and 80 and 33% providing care to an individual older than 80.

Age of care recipients (%)

Aged 10 & younger	Aged 11-20	Aged 21-30	Aged 31-40	Aged 41-50	Aged 51-60	Aged 61-70	Aged 71-80	Aged 80+
6	6	4	2	4	5	13	27	33

- Almost three-quarters (73%) of carers aged 45 or older provide care to an individual aged 65 and older, compared with 63% of carers younger than this.
- In contrast, younger carers are more likely to provide care to a child with 9% of carers younger than 45 providing care to a child aged under 10, compared with 4% of carers aged 45 or older providing care to a young child.
- While younger carers are more likely than carers aged 45 and older to provide care to children, a large proportion of young carers provide care to those in older age groups. Over two-thirds (68%) of younger carers (aged under 45), provide care for people aged over 60 years of age.
- Two thirds (66%) of carers provide care to someone with a physical illness or disability (including problems related to ageing). Individuals with dementia/cognitive impairment (12%), intellectual disabilities (9%) and mental illness (8%) account for other caring responsibilities.
- Among carers, women (10%) are more likely than men (6%) to be caring for someone with mental illness. Significant gender divides are not evident among carers for other illnesses, health conditions, or disabilities.
- 44% of carers report that they themselves have a long-standing illness or health problem. This compares with 36% of those who are not carers.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11.
Suicide Awareness

Chapter 11 - Suicide Awareness

The suicide awareness module was first included on the Healthy Ireland Survey in 2021 and has remained on the survey for the following three years (2022, 2023 and 2024). Data across the four years of this module has been combined and analysed in this chapter, providing a total sample of 8,121 respondents.

The topic of suicide awareness is sensitive and respondents are given the option of whether they would like to participate in the module. For those who do participate, the module is self-completed through an online survey which is separate to the main Healthy Ireland telephone survey.

Approximately a third of respondents each year chose to complete the module; as respondents self-select whether they participate, there is a potential for response bias in the survey. Respondents may be more likely to participate based on their own life experiences, extent to which the topic resonates with them, their access to the internet and other demographic factors. As a result, the sample is likely to differ from the main survey. To control for any response bias, separate data weighting was applied to the suicide awareness module data.

It is important to note that respondents to whom suicide awareness is an important topic may have been more likely to take part in this module. Caution is necessary when analysing these results as they may not be representative of the general population*.

Experiences of Suicide

- Overall, 69% of respondents report knowing someone who has died by suicide and 15% know someone close to them who has died by suicide.
- Those aged 45-64 (76%) are most likely to know someone who has died by suicide, compared to 61% of those aged 15-34.

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

	Total	15-24	25-34	35-44	45-54	55-64	65-74	75+
Total	**69**	60	61	73	76	76	66	63
Men	**69**	54	61	74	77	78	68	68
Women	**68**	66	62	72	75	74	65	57

- Three-quarters (76%) of respondents in Connacht/Ulster know someone who has died by suicide, as do 73% of respondents in Munster. In Dublin, three in five (61%) respondents know someone who has died by suicide.
- Just over a fifth (21%) of men aged 45-54 report knowing someone close or very close to them who has died by suicide and are the group most likely to report this. This compares to 16% of women in the same age group.

** 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.*

- Among those who know someone who has died by suicide, 29% said this person was a friend, 25% said this person was an acquaintance, and 23% said this person was an extended family member. A further 5% say that this person was an immediate family member.
- For those who know someone who has died by suicide, 8% say the death had a significant or devasting effect on them that they still feel.

Attempted Suicide

- Overall, 7% of respondents report they have attempted to take their own life.
- Those aged 15-34 (11%) were significantly more likely than any other age group to report having attempted to take their own life. This compares to 5% of those aged 55-64 and 2% aged 65-74.
- Just over a fifth (22%) of those who report their health as bad report an attempt to take their own life, compared to 5% among those who report they are in good health.

Mental health services and information

Suicide is a highly complex issue, and there are a range of factors that may influence the presentation of suicide related ideation or a suicide attempt.

If you are concerned about your mental health or that of someone you know, the general information below on mental health supports and services might be helpful for you. Reach out to these trusted sources.

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


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12.
Parents and Additional Care Responsibilities

Chapter 12 - Parents and Additional Care Responsibilities

Summary

- This section explores the caregiving responsibilities that many parents have in addition to their regular parental responsibilities. For the purposes of this analysis, we are defining parents as those with responsibility for a child or children aged under 18; and this section considers additional care they also provide to a friend or family member with a long-term illness, health problem or disability, including due to old age.
- A significant portion (17%) of parents are also caregivers. This is higher than in the general population with 14% overall reporting that they are a carer.
- Most (78%) care for one person, but some care for two (19%) or three or more (2%). 58% provide care to their own parent/parent-in-law, 17% provide care to another adult, while 24% care for their own child with additional needs.
- While self-reported good health is similar to parents overall, caregivers are more likely to have a long-standing illness (41% vs. 30%), with asthma being significantly more prevalent (8% vs. 4%). They are also more likely to report experiencing limitations in daily activities (25% vs. 18%),
- Caregivers experience a higher prevalence of probable mental health problems (15% vs. 12% for parents generally). They also report lower positive mental health scores and are more likely to self-report psychological/emotional conditions (such as depression or anxiety).
- Caregivers face challenges maintaining healthy lifestyles. While living with overweight/obesity rates are similar to parents overall, caregivers report “family commitments” as the primary barrier to physical activity, while parents overall report being too busy with work commitments. Smoking rates are higher among caregivers (23% vs.17%), but they are also more likely to want to quit. Alcohol consumption (multiple times a week and binge drinking) is lower among caregivers.
- Caregivers experience significant sleep disturbances, including difficulty falling asleep and waking up, and lower self-reported sleep quality compared to parents overall.

Introduction

This year’s Healthy Ireland Survey includes a detailed section on care responsibilities. For the purposes of this survey, respondents were queried about any regular unpaid personal help provided for a friend or family member with a long-term illness, health problem or disability – those responding in the affirmative were identified as carers. Needs included various problems or frailty due to old age requiring support, and also includes need for help with basic tasks such as feeding or dressing.

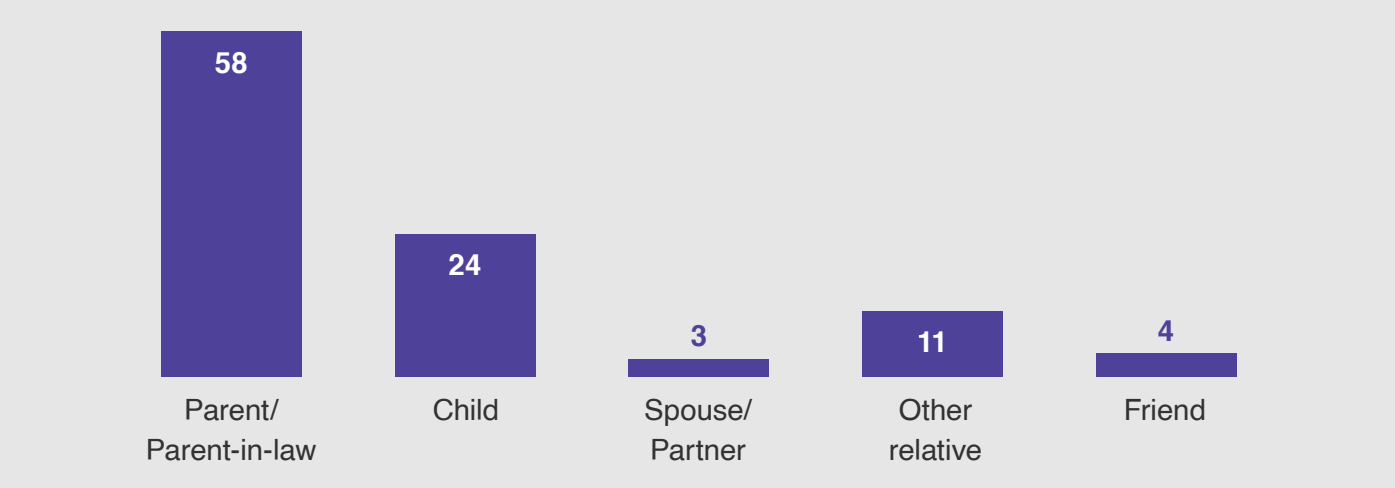
Earlier in this report it is identified that 14% of the population have care responsibilities for someone else. This section of the report focuses on a key subgroup of carers – those who are parents of a child or children aged under 18 and who are also providing care to others, or who have significant additional caring responsibilities for one or more of their own children as a result of significant illness or disability.

The analysis shows that most of these parents who are also carers (described as parent-carers throughout) are providing care to someone other than their child; most commonly a parent or parent-in-law.

Additional care responsibilities – while vital in society and often highly rewarding - can place significant extra stress on carers' time and can mean that they have to juggle competing priorities in different aspects of their lives, both personally and professionally. This can lead to compromises in areas such as self-care and impact on their own health, which in turn can impact on their ability to provide appropriate and necessary levels of care into the future.

Using a broad spectrum of data from the Healthy Ireland Survey, this section explores the health behaviours and wellbeing of those carers who also have parental responsibilities.

Relationship to person cared for (%)



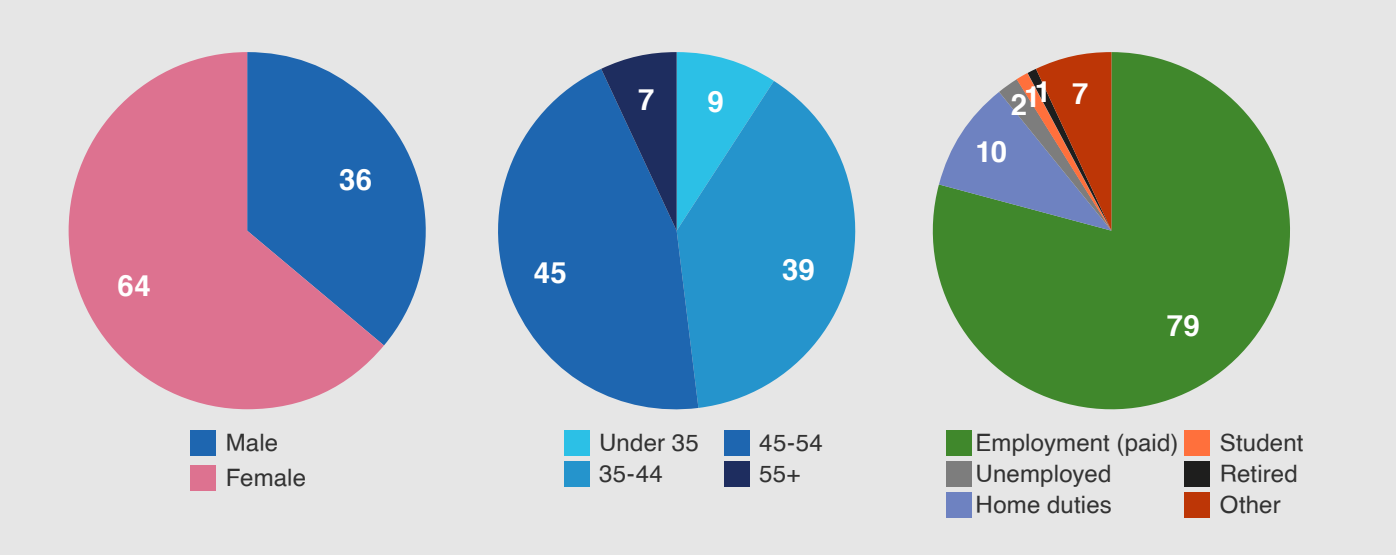
Characteristics of Carers

Parents play a significant role in caregiving, with 17% identifying as carers. Among these, 76% care for someone other than their child, while 24% care for their own child. This highlights the diverse nature of caregiving responsibilities undertaken by parents.

The number of people cared for varies among parent-carers. While 71% provide care to one person, 27% provide care to two people, and 2% provide care to three or more people. This highlights the complexity of caregiving situations, where individuals may be responsible for multiple care recipients with diverse needs. A closer look at the demographics of carers reveals that women are disproportionately represented, accounting for almost 2 out of every 3 (64%) parent-carers. This aligns with broader societal and caregiving trends where women often take on a larger share of caregiving responsibilities.

Additionally, middle-aged parents are more likely to be carers, with 51% falling within the 45-and-older age group. This suggests that caregiving responsibilities often coincide with other midlife demands, such as raising children and managing careers. This is highlighted by the 67% of parent-carers who have children aged under 12.

Socio-demographic profile of parent-carers (%)



In this respect, employment patterns are similar between parent-carers and parents more generally. In both cases, 79% are working for payment, with 10% of parent-carers defining their employment status as one of "looking after home or family", compared with 7% more generally among parents. This further highlights the potential conflicts and strains that arise between caregiving responsibilities and maintaining employment.

In summary, the characteristics of parent-carers, and indeed carers more generally, reveal a diverse group of individuals, predominantly female and middle-aged, who often face unique challenges in balancing caregiving responsibilities with other life demands. Understanding these characteristics is crucial for developing targeted support systems that address the specific needs of this population.

Carers and their own Physical Health

Parent-carers experience a significant impact on their own physical health. While they report slightly lower levels of self-rated good health compared to parents overall (82% compared with 85%), they are more likely to have a long-standing illness (41% vs. 30%) and experience limitations in daily activities (25% vs. 18%).

Self-reported health (%)

	Parent-carers	Parents overall	Carers overall
% describing health as good/very good	82	85	80
% reporting a long-standing illness	41	30	44
% reporting being limited in daily activities	25	18	32

The prevalence of long-standing illness among parent-carers is particularly noteworthy. Analysis of specific illnesses and conditions shows a broad range where the prevalence among parent-carers are higher, but the difference is not statistically significant. There is one exception in this respect – asthma – reported by 8% of parent-carers, compared with 4% of parents generally.

More broadly however, the reported higher levels of illnesses and limitations among parents who provide care may suggest that the demands of caring – both physical and mental - can exacerbate existing health conditions or contribute to the development of new ones.

Additionally, it is also a concern from the perspective or providing effective care to others with the higher prevalence of limitations in daily activities potentially impacting mobility and overall physical functioning, and in turn limiting the range of care that can be provided.

Carers and their own Mental Health

Parent-carers experience a significant impact on their own mental health. While the majority report a good quality of life (86% compared to 87% of parents generally), there are key differences that highlight the emotional burden that can sometimes by associated with caring for a loved one with complex needs.

The prevalence of probable mental health problems[1] among parent-carers is higher than that of parents generally. Fifteen percent of carers report having a probable mental health problem, compared to 12% of parents generally. Furthermore, parent-carers proving additional care for their own child report a lower positive mental health score of 63.4, compared to 66.3 for parents generally. This indicates that caring responsibilities can significantly impact emotional well-being and overall mental health.

Additionally, parent-carers are more likely to self-report a psychological or emotional condition or a mental health issue (13% compared to 9% of parents overall). Finally, parent-carers are more likely to report difficulties with learning, remembering, or concentrating (9% compared to 7% of parents overall). This suggests that the cognitive demands of caring can impact cognitive function and overall mental well-being.

This higher prevalence of mental health problems among parent-carers underscores the importance of comprehensive strategies to address potential emotional and cognitive challenges. Specifically, the emotional demands of caring for a loved one with complex needs highlight the importance of providing access to mental health counselling, support groups, and stress management techniques.

By prioritising the mental health of parent-carers, policymakers can mitigate the negative emotional impacts of caregiving and promote the long-term well-being of both carers and care recipients.

[1] Negative mental health was evaluated using the Mental Health Index (MHI-5). Respondents were asked five questions about their negative mental health over the preceding four weeks, including 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." Scores were used to calculate an MHI-5 score for each respondent, which can range from 0-100, with lower scores indicating greater levels of psychological distress. Respondents with a score of 56 or lower on the MHI-5 are considered to have a probable mental health problem.

Carers and Healthy Lifestyles

Due to the nature of the caring role and the significant time investment noted earlier, parent-carers face unique challenges in engaging in regular physical activity and in turn maintaining a healthy weight.

Notably, however, while the proportion of parent-carers who are living with overweight or obesity is lower than among parents overall (58% versus 62%), the difference is not statistically significant. Similarly, there is no statistical difference in the proportion of parents trying to lose weight (48% for carers compared to 44% for parents overall).

Furthermore, there is no statistically significant difference in the proportion of parent-carers and parents overall who achieve recommended activity levels as set out in the National Physical Activity Guidelines (46% for parent-carers compared to 41% for parents overall).

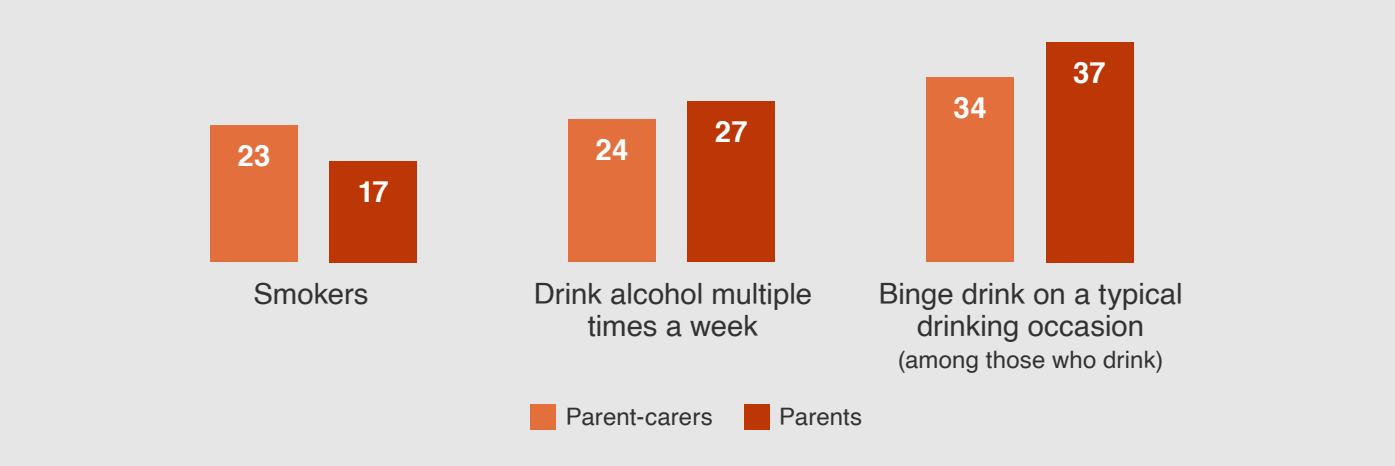
Importantly, both groups are also equally likely to want to be more active (61% for both groups), however the barriers to increased physical activity differ greatly. Parent-carers are more likely to report being too busy with family commitments (58% compared to 46% for parents overall), while parents generally are more likely to report being too busy with work/study (43% compared to 18% of carers).

That being too busy with family commitments is the primary barrier to physical activity reported by carers is a key consideration. It underscores the need for interventions that address the specific challenges faced by carers in balancing caregiving responsibilities with their own health and well-being.

Parent-carers are more likely to smoke compared to parents generally. 23% of carers report smoking, compared to 17% of parents overall. However, the desire to quit smoking is also higher among carers with 22% wanting to quit, compared with 15% generally among parents who smoke.

In contrast, parent-carers are less likely to drink alcohol multiple times a week and binge drink on a typical occasion compared to parents generally. 24% of parent-carers report drinking alcohol multiple times a week, with 31% binge drinking on a typical occasion. This is in contrast to 27% of parents generally who drink alcohol multiple times a week, with 37% binge drinking on a typical occasion.

Health behaviours of parent-carers and parents (%)



Technical Details

The tenth wave of the Healthy Ireland Survey was conducted between October 2023 and April 2024, using an interviewer-administered questionnaire via telephone interviews. The survey was conducted among a nationally representative sample of 7,398 individuals aged 15 and over living in Ireland.

Ethical approval for this wave and all previous waves of the Healthy Ireland Survey was granted by the Research Ethics Committee at the Royal College of Physicians of Ireland. All personal data collected and used for the survey is stored securely by Ipsos in their data centres and servers located within Ireland, the UK, and the European Economic Area, in compliance with the General Data Protection Regulation (GDPR). Ipsos retains this data only for the duration necessary to support the research project and its findings.

This is the tenth wave of the Healthy Ireland Survey, following eight previous waves conducted between 2015 and 2023. Initially, data collection involved in-person interviews at respondents' homes (2015-2019). While the sixth wave (2020) began with this in-person approach in October 2019, it was discontinued due to the COVID-19 pandemic and resulting public health restrictions. In response to pandemic restrictions, the Department of Health and Ipsos B&A revised the survey methodology, implementing a telephone-based, interviewer-administered approach using Random Digit Dialling (RDD) starting in 2021. This method has been used for the 2021, 2022, 2023, and 2024 surveys.

The previously published Healthy Ireland Summary Reports and Questionnaires from 2015 through to 2023 can be accessed at the following link: https://www.gov.ie/en/collection/231c02-healthy-ireland-survey-wave/

Telephone approach to Healthy Ireland Survey interviewing

When moving to telephone interviewing, the Department of Health and Ipsos B&A engaged in extensive consultations to ensure the revised methodology met key requirements of the survey. These included achieving a broad representation of the target population (aged 15+), employing robust random sampling techniques, maximising response rates, and ensuring accessibility for all population groups.

After careful consideration of the key requirements, a two-stage telephone approach using Random Digit Dialling (RDD) was implemented. A mobile-phone-only sampling frame was adopted due to the near-universal mobile phone ownership among Irish adults (98% of those aged 18 and over).

Employing a mobile-only approach mitigated potential biases inherent in mixed mobile and landline samples, where individuals with access to both devices have a higher probability of selection. Furthermore, the individual ownership of mobile handsets eliminates selection bias associated with shared household landlines.

A Random Digit Dialling approach is preferred to using lists of numbers, which may be limited by their coverage areas. RDD can result in some calls to non-working numbers which means some of the sample is waster, however, this method of sampling ensures comprehensive area coverage when selecting mobile phone numbers.

To minimise calls to non-working numbers and associated costs, the RDD process uses number blocks allocated to mobile operators by the Commission for Communications Regulation (ComReg). As an example, as ComReg does not issue any 083 prefixes beginning with 21 (e.g., 083 21XXXXX), this number series is excluded from the RDD sampling frame.

Ipsos B&A's trained Computer Assisted Telephone Interviewing (CATI) interviewers made calls to randomly generated mobile numbers. Ipsos B&A has CATI units in Blackrock and Milltown Co. Dublin and Belmullet Co. Mayo. To maximise response rates, up to three call attempts (including the initial call) were made at varying times and days throughout the week, if a number was not initially answered.

Once connected, the interviewer screens the respondent to confirm eligibility (aged 15 or older) and provides a brief introduction to the Healthy Ireland Survey topics. Potential participants are then asked if they are willing to participate in the survey. Those who agree are informed that a Healthy Ireland interviewer will conduct the survey interview via a follow-up call in the coming days.

To maintain consistency and leverage the extensive experience of our CATI team, the majority of interviewers for this wave of the Healthy Ireland Survey were also involved in previous waves, including those conducted in person prior to the 2021 survey. This ensured the current wave benefited from the team's long-standing experience on the project.

Prior to commencing the interview, interviewers obtained informed consent from respondents who agreed to participate. For participants aged under 18, informed parental consent was also obtained.

Limitations of the Telephone Approach to the Healthy Ireland Survey

Two key limitations arise from the telephone-based interviewing approach compared to the face to face approach previously used in the Healthy Ireland Survey.

First, reporting by deprivation index is no longer feasible. Before 2021, the Healthy Ireland Survey included reporting based on the Pobal HP Deprivation Index (2016), developed by Haase and Pratschke. This index uses census data and CSO Small Area codes (CSAs) derived from exact addresses to assess the relative affluence or disadvantage of geographic areas. As accurate CSA assignment requires Eircodes (and postal addresses are insufficient due to inconsistencies and shared addresses, particularly in rural areas), this analysis was only possible during the in-person interview phase of the survey (2015-2019).

In an attempt to mitigate this limitation, respondents were asked to provide their Eircode and given an explanation for why this information was requested. However, just under half of respondents were either unable or unwilling to provide their Eircode, which means they could not be assigned to the deprivation index. This contrasts sharply with the face-to-face interviews (pre-2021), where 100% of respondents had an assigned Eircode. Due to this lower response rate, analysis by deprivation index is considered unreliable and is therefore omitted from this report.

Secondly, difficulties with administering self-completion surveys had to be addressed following the switch to telephone interviewing. Some Healthy Ireland Survey waves have included modules on sensitive topics, traditionally administered via self-completion methods (either completed directly on the interviewer's device by the respondent or using pen and paper). The suicide experiences module, included since 2021 and again this year, was deemed unsuitable for telephone administration due to the sensitive nature of the topic.

Instead, at the end of the telephone interview, respondents were asked whether they would be willing to complete an optional module on suicide. Those who opted to participate were asked for an email address to receive a link to an online version of the survey module. Those who opted in received an email invitation a

few days later, followed by a reminder email approximately one week later if they had not yet completed the survey.

To safeguard respondent wellbeing, contact information for GPs and support services were provided at the open and close of the online survey for anyone affected by the survey's content.

Survey Response Rates

As with each wave since 2021, this wave of the survey followed a two-stage telephone sampling process, as previously outlined. The breakdown of outcomes at each stage are provided below.

			Percentage of known eligible numbers
Stage 1 - Screening	Working telephone numbers	48,424	
	Refusal at stage 1	2,298	5%
	Recruited to stage 2	13,791	28%

			Percentage of known eligible numbers
Stage 2 – Consent and interview	Completed interviews	7,398	15%
	Refusal at stage 2	2,301	5%
	No contact after 3 attempts	3,467	7%
	Ineligible (unwilling to provide consent, claimed age under 15)	626	1%

The survey participation rate (the percentage of individuals agreeing to take part in the survey at stage one, who fully complete a survey at stage two) is 54% (7,398 divided by 13,791).

All survey respondents were asked if they were willing to opt in and provide an email address to receive the survey module on suicide. 4,136 respondents provided an email address, and 1,763 respondents successfully completed this module. This provides a participation rate of 43% (1,763 divided by 4,136) and an overall response rate of 24% (1,763 divided by 7,398).

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 (7% 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 13%), and those who are unemployed (participation rate: 21%).

Additionally, men (participation rate: 21%) were less likely than women (participation rate: 27%) 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.

Potential Mode Effects

A key strength of the Healthy Ireland Survey lies in its long-term tracking of health behaviours, enabling assessment of policy initiatives' impact. This is achieved through robust and consistent measurement, facilitating reliable comparisons between survey waves. While both face-to-face and telephone methodologies provide accurate population-level data, it's important to consider their differences and how switching between them might influence observed trends.

When transitioning from face-to-face to telephone interviewing, substantial efforts were made to maximise comparability with previous waves of the Healthy Ireland Survey. These included a thorough questionnaire review by experienced researchers at Ipsos B&A and the Department of Health, along with pilot testing and cognitive testing of the revised survey instrument.

While significant efforts were made to maintain comparability between the face-to-face and telephone survey methodologies, some impact on observed trends is inevitable. It can be difficult to distinguish genuine changes in behaviour from the "noise" introduced by this methodological shift. Two specific mode effects – social desirability and satisficing – warrant consideration when interpreting the survey results.

Social desirability bias, where respondents provide socially acceptable answers rather than truthful ones, can be more pronounced in telephone surveys. This is attributed to the reduced rapport between interviewer and respondent compared to face-to-face interactions, potentially making respondents less likely to disclose socially undesirable behaviours.

Satisficing, where respondents provide convenient or easily accessible answers without fully considering the question, is more prevalent in telephone surveys due to the less engaging interaction with the interviewer. The relative discomfort of silences and pauses during a telephone interview may lead respondents to answer more quickly and with less consideration.

Our interviewers are trained and experienced in conducting telephone interviews and make an effort to build rapport and gain the trust of respondents when conducting telephone interviews. These efforts help to minimise the impact of mode effects such as social desirability bias and satisficing, but this does not guarantee these effects are eliminated.

A practical challenge introduced by the shift to telephone interviewing was the inability to use showcards, which were previously employed to present answer categories during the survey (e.g., lists of long-term health conditions). Telephone surveys rely on aural communication, and reading out extensive answer lists has been shown to negatively impact respondent engagement. Consequently, questions previously reliant on showcards had to be modified for the telephone approach to interviewing.

This change required a comprehensive questionnaire redesign and testing process, resulting in a revised instrument. This adaptation process has been repeated annually as modules originally designed for in-person interviews are modified for telephone administration, to do this some questions had to be asked in slightly different ways. Additionally, telephone questionnaires are generally shorter to maintain respondent engagement, and this is taken into consideration when the questionnaire is designed for each wave.

While researchers believe the steps taken have minimised the potential impact of mode effects, it remains possible that individual questions may not be fully comparable with previous waves. Furthermore, the significant societal and behavioural changes during the COVID-19 pandemic add another layer of complexity, making it difficult to isolate genuine behavioural changes from those arising from the methodological shift.

Users of the survey data need to be conscious of the potential mode effects when considering trend data and comparing the findings of survey waves 2021 to 2024 against those conducted in 2015 to 2019.

Data Cleaning and Validation

The interviewing software used during fieldwork included automated survey routing and built-in logic checks. The use of this software minimises the need for extensive post-fieldwork data cleaning. To ensure the accuracy of the final data, thorough data checking and editing are performed on the interim and final data outputs, to identify any issues that were not caught during the fieldwork stage.

Survey validation was also conducted on a random selection of interviews across the fieldwork period. This involved re-contacting respondents and reviewing interview recordings to verify the interview process and assess its quality.

Data Weighting

While the sampling process aims to achieve a nationally representative sample, differential response rates mean the survey sample does not accurately reflect the demographic profile of the population. Non-response bias can occur in surveys if non-participants systematically differ from participants. For instance, young men are often less likely to participate in social research, necessitating adjustments for age and sex in weighting schemes. Weighting on known demographic factors (e.g., age, sex) helps mitigate potential biases in survey measurements. Therefore, data weighting is applied to align the respondent profile with the actual population profile.

This survey wave uses two weighting schemes: one for the main survey and separate weights for the suicide module.

The main survey weight involves weighting adjustments that were made using known population statistics published by the Central Statistics Office (Census 2022 data and Labour Force Survey data from Q1 2024). The weighting variables used include age by gender, education, work status, and region.

This is the second wave of the Survey to be weighted using the results of Census 2022 (the data was also used to weight the 2023 survey). Previous waves would have used 2011-2016 Census results, depending on when the data was analysed. It is important to note that there have been significant demographic change in the population since the first wave of survey data was collected in 2014 and 2015.

A separate set of weights were used for the suicide module data to address differences in participation rates - the differences in participation rates compared to the main survey have been outlined earlier in this section. These weights, using the same variables as the main survey weight, were capped at 3 to maximise the effective sample size.

Data Analysis and Reporting

This Healthy Ireland Survey summary report outlines the key findings and data trends from the tenth wave of the survey. Where appropriate, the report compares data to the previous 8 waves of the survey. During the data analysis and reporting stage for the previous Healthy Ireland Survey in 2023, it was agreed that all respondents who selected “Don’t know” or “Refused” were removed from the sample at each question. This analysis step has been retained for the reporting of the tenth wave of the survey. It is important to bear this analysis step in mind when analysing using the Healthy Ireland Survey data associated with this report.

Notes

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