



National Institute of **Public Health**

SI-PANDA 2024/2025

Behavioural insights and health

Online survey results

2nd round of the survey (September 2024)

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CONTENTS

INTRODUCTION
METHODOLOGICAL NOTES
KEY FINDINGS
Pandemic preparedness
Implementing hygiene measures 11
Behavioural determinants17
Detecting preparedness for disasters and other emergencies
Physical health
Mental health
Experiencing stressful events and anxiety
Experiencing anxiety
Vaccination
Climate change

INTRODUCTION

The COVID-19 pandemic demonstrated that understanding people's attitudes and behaviours is key to effectively implement interventions to prevent or reduce virus transmission. Despite the long history of behavioural theories and research, behavioural insights were a relative latecomer to the process of managing the COVID-19 pandemic, remaining at the periphery rather than at the centre of the response to the crisis (De Vries, Stok, De Valk, & De Bruin, 2023).

In order to better understand people's behaviour in the context of a pandemic crisis, the National Institute of Public Health (NIJZ) conducted the SI-PANDA survey between December 2020 and March 2023. This explored the experience and impact of the COVID-19 pandemic on the lives of the Slovenian population. 26 iterations of the survey were conducted, focusing on adherence to recommended measures to control the spread of SARS-CoV-2, such as vaccination against COVID-19, use of masks and following safety distance. The survey also provided insights into changes in lifestyle, as well as physical and mental health of the Slovenian population during the pandemic. We also looked at people's attitudes towards vaccination and the reasons for their hesitancy. Later, we also monitored the consequences of surviving SARS-CoV-2 infection (post-COVID syndrome or long COVID).

Have we learnt any lessons from the COVID-19 pandemic? Are we prepared for a possible new infectious disease pandemic or other type of crisis? Will we engage more with the potential of behavioural science knowledge and insights in the next crisis situation? Does Slovenia differ from other countries in attitudes and preparedness for a possible new pandemic? These are just few questions that we will try to answer with a new set of the SI-PANDA survey, this time called The Behavioural Perspective and Health.

The "SI-PANDA: The Behavioural Perspective and Health" survey will take place in 2024 and 2025, with a total of four rounds, implemented every six months (March and September 2024, and March and September 2025). This is an international study conducted in collaboration with the Dutch National Institute for Public Health and the Environment (RIVM), the Spanish National Institute of Public Health Carlos III (ISCIII) and the Department of Health of the Irish Government, allowing international comparison of results.

The survey explores individuals' physical and mental health in relation to a potential crisis situation, adherence to healthy habits (such as hand hygiene and coughing), lifestyle, management of cold symptoms and preparedness in the event of a new pandemic or crisis situation.

It is an online survey among the members of the online panel. Approximately 1,500 adults aged 18 to 74 years (inclusive) take part in each round. The survey is conducted by Valicon on behalf of the National Institute of Public Health. The data will be analysed at the NIJZ and international comparisons between the participating countries in the first round of the survey will be made by Ipsos in collaboration with the Dutch RVIM.

The survey will provide valuable insights into people's health-related behaviours and habits, which will be useful for designing strategies to improve public health and prevent the spread of infectious diseases, as well as for future crisis response.

Head of the survey: Ada Hočevar Grom, MD, specialist

METHODOLOGICAL NOTES

The online survey is being conducted in 4 rounds, starting in March 2024. The survey rounds will be carried out every six months. Data for Slovenia are analysed at the NIJZ.

Selected panel members are invited to the online survey, which takes place through the online panel. Each survey round involves a representative sample of about 1,500 adults aged 18 to 74.

The questionnaire for "The Behavioural Perspective and Health" survey was developed in collaboration with the Dutch RVIM, and includes some questions used in previous surveys conducted by the National Institute of Public Health, as well as questions developed by members of the research team and their collaborators according to current needs.

The data presented in the report are weighted by gender, age groups and statistical region.

The report presents data from the 2nd round of the SI-PANDA 24/25 online survey, which took place in September 2024 on a sample of 1,522 adult Slovenian residents, aged 18 to 74. For selected questions, we have shown a comparison between the 1st and the 2nd round of the SI-PANDA "Behavioural Perspective and Health" survey. The mental health section also shows the results of previous SI-PANDA surveys conducted between 2020 and 2023.

Surveys carried out so far:

1st round – March 2024 2nd round – September 2024

KEY FINDINGS

Pandemic preparedness

Just under a half of respondents (46.9%) consider themselves prepared for a possible re-closure of the country due to a new virus, which is a lower percentage than in the first round of the survey, when 51.9% of respondents considered themselves prepared. Furthermore, 44.7% of the employed respondents believe that their employers are prepared for a re-closure of the country, and 16.5% of respondents believe that the government is prepared. Employer preparedness, as well as government preparedness, was perceived by respondents to be lower in the second round of the survey than in the first round of the SI-PANDA survey.

Implementing hygiene measures

More than half of the 18-74 year olds reported that they always wash their hands with soap and water after using the toilet (90.4%), house cleaning (78.5%), before eating (73.8%) and after returning home (56.1%). However, 34.5% of respondents always wash their hands after coughing, sneezing or blowing their nose. Coughing and sneezing into the elbow was practised by more than half, with younger generations and women being more consistent. Hand sanitizers were used most in a health facility (47.8%), less when visiting a pharmacy (29.8%), less than one fifth in a store and 17.2% on public transport. Almost half of respondents stay at home when they have a cold. The majority (83.4%) would not visit people in vulnerable groups who could become seriously ill with a cold, while 11.3% would visit but would wear a protective mask.

Behavioural determinants

The most respondents report that they find it easy to follow preventive measures to prevent the spread of infections, including washing hands in various situations (78.4%–95.4%), using hand sanitizers (73.2%), coughing and sneezing into the elbow (81.0%), avoiding physical contact with others (85.4%), keeping a distance from individuals showing signs of illness (80.7%), staying at home when they show signs of illness (72.3%), working from home (60.4%) and wearing a protective mask (53.4%). Most respondents also agree that people close to them follow most of the preventive measures to prevent the spread of infections. The majority of respondents (68.5%) think that avoiding physical contact with people who might become ill, when they are ill themselves, helps to prevent the spread of infections, and that staying at home (65.9%) and working from home (60.6%) with signs of illness help a lot. However, the majority also consider hand washing after using the toilet (56.4%) and hand washing after returning home (53.6%) to be very helpful in preventing the spread of infections.

> Detecting preparedness for disasters and other emergencies

The majority of respondents (82.8%) think it is likely that a natural disaster will happen in our immediate vicinity in the next five years and more than half think it is likely that a highly contagious disease outbreak will occur (55.7%). Armed conflict, terrorist attacks and man-made disasters seem unlikely to happen to more than half. Armed conflict would have a severe emotional and practical impact on 80.0% of respondents, terrorist attacks on 68.1% and natural disasters on 60.0% of respondents. Just over half of the respondents feel anxious when they think they might experience a pandemic again in the future, with 4.3% feeling very anxious. 91.5% of the

respondents reported having a first aid kit at home, 79.6% having a three-day supply of drinks and food, and 74.7% having a supply of protective masks and disinfectants. A good third of them have at home all the resources we asked about (food, drinks, medicines, first aid kit, cooking water and protective masks and disinfectants).

> Physical health

On a scale from 0 to 100, where 0 is the worst health they can imagine and 100 is the best health they can imagine, on average the respondents rated their health as 74. The majority (59.7%) of respondents do not have any chronic diseases.

> Mental health

16.9% of respondents were stressed or under a lot of pressure often or every day in the last 14 days, with women and younger people more likely to be stressed. 46.8% of respondents cited work pressures as a cause of stress, 26.4% family problems, 25.7% concerns about their own health, 25.5% concerns about the health of family and friends, 23.0% concerns about an uncertain financial future. More than half of people manage stress and pressures in their lives with some effort (60.2%), while 17.8% manage them easily. Just over half often or always find ways to relax when they need to (55.1%). According to the survey results, 11.2% of the respondents are at risk of an anxiety disorder, which is more prevalent in women and in people in younger age groups. 9.0% of respondents are likely to have a depressive disorder, 17.7% are likely to have mental health problems, and 73.3% have no mental health problems or excellent mental health or well-being. Mental health problems were more common in women and in people in younger age groups, while good mental health was more common in men and in older people.

Vaccination

The results show low interest in influenza and COVID-19 vaccination in 2024/2025 (14.1% intend to be vaccinated against influenza and only 6.5% against COVID-19). Both seasonal influenza and covid-19 vaccinations are more likely to be taken up by men than women and by older compared to younger.

Climate changes

Respondents showed a low level of worry about climate change (mean 2.2, on a scale of 1 to 5). Less educated people, people with mental health problems and people with risky stress behaviours showed more worries about climate changes.

Pandemic preparedness

In the 2nd round SI-PANDA just under a half of the respondents (46.9%) said they felt prepared (responses "prepared" and "fully prepared") for a possible re-closure of the country (lockdown) due to the spread of a new virus. However, the highest proportion of respondents that felt unprepared were aged 18–49 (17.7%–23.8%) (Figure 1).

The biggest differences in preparedness scores were found in terms of self-reported financial situation – 70.3% of respondents with a very good financial situation felt prepared compared to 32.4% of respondents with poor financial situation. Men (50.8%) felt more prepared than women (42.8%). There is also a significant difference in perceived preparedness based on the mental health of the respondents – 49.7% of those without mental health problems felt prepared compared to those likely to have a depressive disorder (39.0%) or likely to have mental health problems (39.5%).



Figure 1: Perception of preparedness for a lockdown due to the spread of a new virus, total and by age groups.

A comparison between the first and second rounds of the SI-PANDA 2024/2025 survey shows that a higher proportion of people (51.9%) in the 1st round of the survey, which took place in March 2024, were prepared for a possible re-closure of the country due to the spread of a new virus, compared to the results of the 2nd round of the survey in September 2024 (46.9%). There were more neither unprepared nor prepared in the 2nd round (37.1%) compared to the 1st round (30.8%) (Figure 2). Women were more likely to be prepared for a possible re-closure of the country in the 1st round of SI-PANDA (51.8%) than in the 2nd round of SI-PANDA (42.8%), while there was no difference for men. People aged 50–74 were more prepared in the 1st round (55.7%–59.9%) than in the 2nd round (48.2%–51.8%).



Figure 2: Perception of preparedness for a lockdown due to the spread of a new virus, total and comparison between 1st and 2nd rounds of SI-PANDA survey.

We also asked the respondents about their perception of their employer's and government's preparedness for a possible closure of the country due to the spread of a new virus. Less than half (44.4%) of the employed and self-employed respondents assessed that their employer is prepared for a possible re-closure or that they are prepared as a sole trader, while only 16.5% of the respondents in the 2nd round of SI-PANDA survey consider the government to be prepared (Figure 3).



Figure 3: Perception of government and employer preparedness for a lockdown due to the spread of a new virus, total.

In the 1st round of SI-PANDA survey, more respondents thought that the employer (52.5% in the 1st round; 44.7% in the 2nd round) and the government (25.1 in the 1st round; 16.5% in the 2nd round) were prepared for a re-closure than in the 2nd round of SI-PANDA survey (Slika 4).



Slika 4: Perception of government and employer preparedness for a lockdown due to the spread of a new virus, total and comparison between 1^{*st}</sup> <i>and* 2^{*nd}</sup> <i>rounds of SI-PANDA survey.*</sup></sup>

Implementing hygiene measures

The majority of respondents reported that in the last 7 days the always washed their hands with soap and water after using the toilet (90.2%), cleaning the house (76.7%), before preparing or eating food (73.1%) and after returning home (53.0%). 34.5% of respondents always washed their hands after coughing, sneezing or blowing their nose. In all cases, women always wash their hands more than men (Figure 5).



Figure 5: Washing hands with soap and water always in the last 7 days, total and by sex.

More than half of the respondents always or often coughed or sneezed into the elbow instead of the palm of the hand in the last seven days (50.7%), with the youngest age group adhering to this precaution the most (65.9%) (Figure 6). Women coughed or sneezed into the elbow instead of the palm of the hand in 31.9% of cases compared to men (23.6%). A comparison between the 1st and 2nd rounds shows that in the 1st round, which took place in March 2024, a higher proportion of people always coughed or sneezed into their elbow instead of their hand in the last seven days (34.1%) than in the 2nd round, which took place in September 2024 (27.5%).



Figure 6: Frequency of coughing and sneezing into the elbow instead of the palm, total and by age groups.

Respondents were also asked about their use of hand sanitisers in certain everyday situations in the last 14 days. It turned out that the highest proportion of people (among those who visited a health facility, pharmacy, store or used public transport) used hand sanitisers when visiting a health facility (47.8%), less when visiting a pharmacy (29.8%), less than a fifth when visiting a store (18.9%) or using a public transport (17.2%) (Figure 7). Older and chronically ill people were more likely to use hand sanitisers in a health facility or in a pharmacy.



Figure 7: Using a hand sanitiser in the last 14 days, total and by age groups.

When asked whether they go out for errands or to work when they have symptoms of a severe cold or flu, 47.2% of respondents said they do not leave home. Just under a third of people go for a walk in such cases (30.6%), or to a doctor for a possible check-up (29.1%). In terms of age groups, the oldest respondents are the most likely to stay at home, while 18–29 year olds are the most likely to go to the doctor or for a walk (Figure 8).



Figure 8: Acting when showing signs of a severe cold or flu and feeling sick or unwell, total and by age groups.

Most of all respondents would not visit a person who could become seriously ill if they contracted a respiratory infection (83.4%), 11.3% would do so but using a protective mask, and 2.8% would do so without using a protective mask if they showed signs of feeling unwell or ill (83.4%) (Figure 9).



Figure 9: Action taken at the signs of a severe cold or flu, total.

Most people report that the last time someone sneezed or coughed next to them, they stepped more than one metre away (43.8%), and a quarter avoided shaking hands with that person (24.4%). Most of the 18–29 year olds avoided shaking (39.2%), while 26.5% of the respondents did not do anything in such a situation (Figure 10).



Figure 10: Actions taken when someone sneezes or coughs in the vicinity, total and by age groups.

Behavioural determinants

Respondents were asked how easy or difficult they found it to implement each prevention measure. The vast majority of respondents indicated that they found the following measures easy to implement: Washing hands after using the toilet (95.4%), washing hands before preparing or eating food (93.1%), washing hands after house cleaning (90.9%), washing hands when returning home (86.1%), avoiding physical contact with people who could become seriously ill as a result of their infection (85.4%), coughing and sneezing into the elbow (81.1%), keeping a distance from others when they show signs of illness (80.7%), washing hands after coughing, sneezing or wiping nose (78.4%), using hand sanitiser in the form of gel or spray (73.2%) and staying at home when they show signs of illness (72.3%), working from home when they show signs of illness is easy (60.4%). Just over half of them report that it is easy for them to wear a protective mask when they go out when they are ill (53.4%). Respondents find it difficult (in the highest proportions) to wear a protective mask when they go out and work from home when they signs of illness (Figure 11).



Figure 11: Assessment of the difficulty of implementing recommendations to prevent the spread of infections, total.

The vast majority of respondents agree that most people they care about wash their hands after using the toilet (90.1%) or before preparing or eating food (83.0%). Most respondents also agree that most people close to them avoid physical contact with people who could get seriously ill from their infection (79.2%), wash their hands after cleaning at home (78.3%) and when they return home (72.3%), keep a safe distance from others when they have signs of illness (70.6%), stay at home when they have signs of illness (68.2%), wash their hands after coughing, sneezing or wiping their nose (62.8%), sneeze and cough into their elbow (62.4%), work from home when they have signs of illness (58.8%). Just over half agree that most people they care about use hand sanitisers in the form of gel or spray (51.3%). 39.8% agree that most people they care about wear a protective mask when they go out when they show signs of illness (Figure 12).



Figure 12: Agreement with statements about adherence to specific preventive measures by people close to them, total.

The majority of respondents think that avoiding physical contact with people who could become seriously ill as a result of their infection is very helpful in preventing the spread of infection (68.5%). However, respondents also think that staying at home when they show signs of illness (65.9%), working from home (60.6%), washing hands after using the toilet (56.4%), and washing hands when they return home (53.6%) are very helpful in preventing the spread of infection. Just under half of the respondents think that keeping their distance from others when they show signs of illness (47.2%) and washing their hands before preparing or eating food (46.6%) are very helpful in preventing the spread of infection. About 40% of the respondents think that washing their hands after coughing, sneezing and wiping their nose, coughing and sneezing into their elbow, and using a hand sanitiser in the form of a gel or spray are very helpful in preventing the spread of infection. Wearing a mask when going out and washing their hands after cleaning at home is very helpful, according to a good third of respondents (Figure 13).

Wearing a mask when going outside is the measure that the largest proportion of respondents consider ineffective (8.2%). Women are more likely than men to consider all of the above recommendations very helpful.



Figure 13: Evaluation of the effectiveness of recommendations to prevent the spread of infections, total.

Respondents rated the accuracy of seven statements about seasonal influenza. Based on the answers, we created a tally of the correct answers to assess their knowledge about seasonal influenza. The knowledge of seasonal influenza among the respondents is good (mean on a scale from 0, where = means no knowledge of influenza, to 7, where = means very good knowledge of influenza, is 5.0). In terms of education, people with a higher education level or more have the most knowledge about seasonal influenza (mean 5.2), while people with a primary education level or less have the least (mean 3.7) (Figure 14). There are differences in knowledge by gender and education, with women having more knowledge about seasonal influenza (mean 5.1) than men (mean 4.8).



Figure 14: Knowledge of seasonal influenza, total and by education groups.

Detecting preparedness for disasters and other emergencies

The majority of respondents report having a first aid kit at home (91.5%), a three-day supply of drinks and food (79.2%) and a supply of protective masks and disinfectants (74.7%). As many as 47.3% of respondents have a three-day supply of water at home for cooking and personal hygiene, 36.0% are registered on public authorities' alert apps to receive public alert messages, and a good fifth (21.6%) have attended a first aid course in the last three years. More people aged 50–74 (94.1%–96.1%) have a first aid kit at home compared to people under 50 (87.5%–89.2%). More people aged 50–74 (81.9%–87.3%) have a stock of protective masks at home compared to people aged 18–49 (65.5%–67.5%). More people aged 65–74 (43.5%) are registered on public authorities' alert apps to receive public alert notifications compared to younger people aged 18–49 (31.2%–33.1%). The highest proportion of 18–29 year-old respondents (32.7%) have attended a first aid course in the last three years, which is probably related to passing the driving test, while only 7.1% of 65–74 year-old respondents have attended a first aid course (Figure 15). More people living alone have a stock of protective masks, disinfectants and soap at home (78.7%) compared to those not living alone (74.1%). More people who do not live alone have a three-day supply of food and drink and a three-day supply of medicines (79.9%), a first aid kit (92.9%).



Figure 15: Implementation of disaster and emergency preparedness measures, total and by age groups.

A good third (34.4%) of all respondents have a stock of everything we asked about (food, drink, medicines, first aid kit, cooking water and protective masks) at home, with more people living in rural areas (41.6%) compared to those living in suburban (30.5%) or urban areas (29.0%) (Figure 16). More 50–74 year-old respondents (40.1%–41.7%) than 18–49 year-old respondents (28.1%–28.9%) have a stock of all of the above at home.

More than one third have three of the listed disaster or emergency items in their home (36.9%), 18.1% have two of the listed disaster or emergency items in their home, and 8.6% have only one of the listed items in their home. Only 2.0% of respondents do not have any disaster or emergency supplies or items at home.



Figure 16: Being stocked up with things to have at home in case of disasters or emergencies, in total and according to the environment in which they live.

The majority of respondents think it is likely (answers 'Likely', 'Very likely' and 'Definitely') that a natural disaster will happen in their immediate vicinity in the next five years (82.8%), while just over a half think it is likely that an outbreak of a highly contagious disease will occur (55.7%). More than half consider it unlikely (answers 'Very unlikely', 'Unlikely' and 'Fairly unlikely') that man-made disasters (60.0%), terrorist attacks (69.8%) and armed conflicts (71.2%) will occur (Figure 17).



Figure 17: Perceived likelihood of an accident event in the immediate vicinity in the next five years, total.

The majority of people said they would be severely affected (emotionally and practically) by war and armed conflict (80.0%), terrorist attack (68.1%) and natural disasters (60.0%). Man-made disasters would seriously affect 48.7% of respondents, and an outbreak of a communicable disease 34.5% (Figure 18).



Figure 18: Personal experience of a crisis event in the immediate vicinity, total.

Man-made disasters (e.g. oil spills, industrial or nuclear accidents) would have a greater emotional and personal impact on 50–74 year-old respondents (54.2%–59.0%) than on 18–49 year-old respondents (39.7%–44.0%). An outbreak of a highly contagious disease (e.g. Ebola, COVID-19, avian influenza) would severely affect more respondents aged 50–74 (45.7%–50.2%) than those aged 18–49 (27.8%–30.3%). Natural disasters (e.g. floods, forest fires, earthquakes, severe storms) would severely affect more respondents in the 65–74 age group (66.7%) than those in the 18–49 age group (52.5%–59.2%). Terrorist attacks would more severely affect respondents aged 65 to 74 (72.9%) than respondents aged 30 to 49 (65.7%) (Figure 19). However, all of these disasters and emergencies would affect more women than men.



Figure 19: Being severely practically and personally affected by disasters and emergencies in immediate vicinity, total and by age groups.

Respondents were asked how anxious they felt when the thought they might experience a pandemic again in the future. Just under half of the respondents (46.7%) feel no anxiety, 36.0% are a little anxious, 13.1% are anxious and 4.3% are very anxious at the thought of another pandemic. Among 30–74 year olds, the majority are not anxious at the thought of a new pandemic (between 46.3% and 51.3%), compared to the youngest age group, where a good third of respondents (35.2%) are not anxious) (Figure 20). There are also more women (5.2%) with high levels of anxiety compared to men (3.4%), more people with depressive disorders or mental health problems (9.1%–12.8%) compared to those without mental health problems (2.0%), more people who have difficulties making ends meet (17.3%), compared to those who manage but have to be careful, have a good or very good financial situation (2.3%–3.8%) and more people with at least one chronic illness (7.0%) compared to those without (2.4%).



Figure 20: Feelings of anxiety at the thought of experiencing a pandemic again, overall and by age group.

Physical health

On a scale of 0 to 100, respondents gave their current health a mean score of 74 (Figure 21). Men (mean score 75) rated their health higher than women (mean score 73), and the score decreased with respondents' age. In terms of education, respondents with higher education or more rated their health the highest (mean score 77), and in terms of employment status, those who were working (mean score 76) compared to those who were unemployed (mean score 67) or inactive (mean score 71). Significant differences in self-rated health were observed with regard to respondents' mental health, with those without mental health problems giving a mean score of 81, compared to those with a likelihood of depressive disorder (mean score 60) and those with a likelihood of mental health problems (mean score 73).



Figure 21: Self-rated health on a scale of 0 to 100, total.

More than half of respondents have no chronic diseases (59.7%) and 40.3% have at least one chronic disease (Figure 22). More respondents aged 50–74 (653.4%–54.5%) are expected to have at least one chronic disease compared to those aged 18–49 (26.7%–29.5%).



Figure 22: Presence of chronic diseases, total and by age groups.

Mental health

Based on the WHO-5 Mental Wellbeing Questionnaire, we divided respondents into three groups according to their perceived risk of mental health problems: a group at increased risk of depression, a group at increased risk of mental health problems (poor wellbeing) and a group with no mental health problems (excellent wellbeing).

According to the survey, 26.7% of respondents aged 18 to 74 have poor wellbeing of whom 9.0% are at risk of depressive disorder. The likelihood of problems or poor wellbeing is higher among younger adults aged 18 to 49 (19.1%–25.5%) compared to older adults aged 50 to 74 (12.6%–14.7%). The oldest age group, 65–74 years (82.4%), has the highest proportion of people with no mental health problems or with excellent wellbeing (Figure 23).



Figure 23: Mental health problems, total and by age groups.

The percentage of people at risk of having a depressive disorder equalled 14.9% in December 2020, however in the last survey round, in September 2024, it equalled 9.0%. the lowest proportion of people at risk of having a depressive disorder was recorded in September 2022 (7.2%) and the highest in April 2021 (16.7%) (Figure 24).



Figure 24: Likelihood of a depressive disorder from 1st to 26th SI-PANDA iteration and at 1st and 2nd rounds SI-PANDA 24/25, total.

Experiencing stressful events and anxiety

Just under a fifth of adults (16.9%) have felt stressed or under a lot of pressure often or every day in the last 14 days. 35.5% of respondents felt this way occasionally and 36.5% very rarely. Only 11.1% of respondents have not felt tense, stressed or under a lot of pressure in the last 14 days. Experiencing stress is more common among younger respondents, aged 18 to 29 (15.6%), compared to older respondents, aged 65 to 74 (7.1%) (Figure 25). Stress is often experienced by more people with the likelihood of a depressive disorder (52.9%) compared to those with the likelihood of mental health problems (30.7%) and those without mental health problems (3.9%). Stress is also frequently experienced by those with at least one chronic disease (17.5%) compared to those with no chronic diseases (10.2%), and by more respondents who live alone (16.2%) compared to those not living alone (12.6%).



Figure 25: The frequency of experiencing stress in the last 14 days, total and by age groups.



16.9% of 18–74-year-old respondents were often or daily stressed or under a lot of pressure, a similar proportion to previous surveys. The proportion of adults who often or every day feel stressed or under a lot of pressure is lowest among older people aged 65–74 (Figure 26).

Figure 26: The frequency of experiencing stress in the last 14 days, from 20th to 26th iteration of the SI-PANDA survey and at the 1st and 2nd rounds of the SI-PANDA 24/25, total and by age groups.

Most respondents (46.8%) say they feel tense, stressed or under a lot of pressure because of the pressures at work. Around a quarter say it is because of problems in the family (26.4%), concerns about their own health (25.7%), concerns about the health of family or friends (25.5%), and concerns about an uncertain financial future (23.0%). The least stressful are concerns about a possible new pandemic (5.1%) and concerns about a nuclear disaster (3.3%) (Figure 27).



Figure 27: Reasons for experiencing stress, total.

The majority of respondents manage the tensions, stresses and pressures they experience in their lives with some effort (60.2%). Stress is easily managed by a poor tenth of younger adults aged 18–29 (7.9%), compared to those aged 30–74 (16.8%–25.2%), where there percentages are higher (Figure 28).



Figure 28: Managing tensions, stress and pressures, total and by age groups.

More than half of the respondents (55.1%) can often or always find a way to relax when they need to. A good third (34.1%) find it occasionally, 9.6% very rarely and only 1.1% never. Statistically significantly more people aged 65–74 (23.8%) than those aged 18–64 (9.4%–16.5%) always find a way to relax when they need to (Figure 29).



Figure 29: Frequency of finding ways to relax when they need to, total and by age groups.

Experiencing anxiety

We also used General Anxiety Disorder-7 (GAD-7) questionnaire to measure anxiety. We found that the majority of the respondents are not anxious (88.8%), while a good tenth (11.2%) are at risk of an anxiety disorder. In terms of age, we find that the youngest 18–29 years olds (16.8%) are at the highest risk of anxiety disorders, compared to 30–74 year olds (6.0%–11.2%) (Figure 30). More women (13.3%) compared to men (9.2%) are at risk of anxiety disorders. More people with a poor financial situation who find it difficult to support themselves (44.3%) are also at risk of anxiety disorders compared to those who are doing well financially but need to be careful or have an adequate or good financial situation (2.6%–12.6%). The difference in the proportion of respondents at risk of anxiety disorders is also statistically significant for those with at least one chronic disease (17.0%) compared to those without (7.2%).



Figure 30: Presence of anxiety symptoms, total and by age groups.

Vaccination

As the survey was conducted in September, just before the influenza vaccination season, we were also interested in the preparedness of the responders to receive the influenza and COVID-19 vaccine. The majority of respondents will not be vaccinated against either influenza (67.9%) or COVID-19 (75.7%) in the 2024/2025 season (Figure 31). More men than women will be vaccinated against both influenza and COVID-19, and statistically more people in the 65–74 age group will be vaccinated compared to younger people.



Figure 31: Vaccination against influenza and COVID-19 in the 2024/2025 season, total.

Climate change

The Climate Change Worry Scale (CCWS) includes 10 statements measuring respondents' psychological responses to climate change. Respondents answered using a 5-point scale from 1 to 5, where 1 means 'Never' and 5 means 'Always'. The indicator was calculated by adding all the responses and dividing the result by the number of statements¹.

On a scale of 1 to 5, where 1 represents the lowest worry and 5 the highest worry, respondents are on average, slightly worried about climate change (mean 2.2) (Figure 32). On average, people with primary education or less (mean 2.6) are more worried than those with secondary education or more (mean 2.2). People at risk of depressive disorders and those with mental health problems are more worried (mean 2.5) than people without mental health problems (mean 2.2). People with risky stress behaviours (mean 2.7) are more worried about climate change than people without risky stress behaviours (mean 2.2).



Figure 32: Worry about climate change, mean, total.

¹ https://emerge.ucsd.edu/r_3ir9snjmzp0b0ez/.



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