

## **I EXECUTIVE SUMMARY**

In The Mental Assessment Group report, we describe the current mental health state of the Belgian population through a short description of the results and conclusions of studies and reports. We have compiled the findings according to mental health indicators (well-being, use of medication, consumption of psychological and psychiatric care and data on sickness absence, unemployment,...) and per age- or specific group, as available. The report is updated monthly. These results are being used by the GEMS members in the advice they produce, in which key findings concerning the motivation and mental health problems are summarized.

On February 19, we can conclude that the mental health of the Belgian population remains impacted by the crisis and follows the pattern of the pandemic and respective measures. Hence, mental health indicators are rising over the course of the second lockdown period. Importantly, specifically during periods of uncertainty (e.g. whether or not new stringent measures will be taken) mental health issues rise and also during periods of lock-down because of the lack of social interaction and fear. The Covid-19 crisis has reinforced social inequalities, which themselves have an impact on mental health. It is also clear that specific groups (e.g. young adolescents, single-parent families, people with pre-existing conditions, people receiving social benefits and lower socio-economic status) suffer more mental health issues which should be recognized and addressed. However, it is also clear that good data on vulnerable groups are lacking, so we need to rely on expert opinions and testimonies.

### **Perceived mental health**

The satisfaction of individuals' psychological needs for autonomy, competence, and relatedness has been consistently more under threat among young adults (18-35 years) compared to older generations (36-54 years; 55+). Such findings can be well understood from the perspective that the current situation involves much more of a rupture for younger people's daily living style than older generations. The current situation puts these critical developmental tasks more on hold for them. Yet young children and adolescents continue to have too little social interaction and social relationships with their peers. Social interaction is a basic need, including for young children, contributing to healthy development, mental health and school and social integration. In terms of their motivation, a similar age pattern can be observed, with older generations being consistently more willingly motivated and experiencing the adherence to the measures less as a daunting duty.

Similar associations (to different extents over different stages of the pandemic) have been found between mental wellbeing and covariates including age, gender, employment, household size, educational attainment, sector of employment, experience with COVID-19 and housing conditions. Although all investigated groups experience changes in mental health as the pandemic evolves, there is an inverse relationship between age and mental wellbeing. Often a deterioration of mental health occurs before measures are taken, in anticipation, and likely as a result of evolving perceived risks and media coverage. In surveys, students seem

to be worse off than any other group when comparing to non-students of their own age, however one needs to be aware that some vulnerable young people are underrepresented in these studies. In addition to age, sector of employment has an important impact on the evolution of mental wellbeing. At the extremes we find students consistently at the worst end, and retired persons at the best end of the scale.

These results also indicate that the second wave peak and its associated measures have had a greater and more prolonged adverse effect on mental health than the first wave peak and lockdown. We can observe that a growing % of the population have a very low score of resilience. This indicates a limited or lack of coping mechanisms to deal with (prolonged) stressful situations.

### **Mental health problems and disorders**

To what extent these reported mental health indicators lead to mental health disorders is still subject of investigation, hence these data arrive with an important delay. Some indications we obtain from surveys show more anxiety disorders during lockdown periods in December and March-April compared to September and in June. Also, the prevalence of depressive disorders seems to increase compared with September and in 2018. Also here, people aged 18-24 (both males and females) are by far the most affected by anxiety and depressive disorders, and even in a higher proportion than in the first lockdown. Certain groups seem to be less prone to mental disorders (anxiety, depression, sleep disorders and suicidal tendencies): people aged 65 and over, people living in couple, people with a higher education diploma, people who are (still) in paid employment.

To what extent people needing help are also having access to mental health support is under investigation. Based on the data registered up to and including August 2020, the latest COVID-19 monitoring report notes a decrease in the number of reimbursements and related expenditures in psychology and psychiatry. This was especially so in the months of March, April and May 2020 (= first wave) and also in consultations, visits and advice at doctors' offices. Despite this, alarming messages have been sent by paediatric mental health services, indicating a growing number of referrals for serious psychiatric disorders, including suicides or suicidal ideations. According to clinicians in the field, a number of children and adolescents with psychiatric needs are currently put for weeks on waiting lists, and the sector is getting saturated, with a lack of admission capacity and an exhausted staff.

### **Economic indicators with an impact on mental health**

Short-term absences seem to be under control, while the numbers of long-term sickness absence (>1 year) are rising, with the current trend, the RIZIV-INAMI expect more than 500.000 workers in invalidity. However, no direct link between the Covid crisis and the rise of the invalidity rate can be made since the invalidity benefits start from the first day of first year of sickness absence. The current invalidity benefits beneficiaries are entitled to this right from 1 February 2020.

A number of labor market indicators were adversely affected. This is of specific concern, since data from a longitudinal survey study indicates that temporarily losing work (on a full-time or part-time basis) has an important impact on mental health. For example, temporary unemployment increased in October and November, while the annual growth rate of the number of unemployed job seekers also registered an increase in November. Business confidence and the number of vacancies received also suffered a decline during that period. However, we note that the figures are turning less red than during the first wave in 2020, with even slight economic growth in the fourth quarter.

## **Conclusion**

In conclusion, most of the objective data collected and specified above show a significant deterioration in mental health of the Belgian population. With respect to the pillar mental health, an important challenge is to preserve further decreases in mental health, which has been observed in some categories, such as youngsters and students, singles, or occupations most affected by the measures (e.g., health care sector, horeca, cultural sector). Based on the evidence we have from on-going studies, the population by far the most affected are young people aged 16 to 25 y, with an increase in anxiety disorders among 18-24 year olds. These studies also show that limitation of the social bond linked to confinement has important consequences, in particular for young people, among whom more than two thirds are dissatisfied with social context. However, it should be noted that children and adolescents are not well represented in on-going studies.