

## Mental Health of Belgian Population: update 15/03/2022

### Table of content

1. Background.....	2
2. Executive summary .....	2
3. Mental health and disorders .....	4
3.1. Mental Health Impact of COVID-19 .....	4
3.2. Children and adolescents .....	4
3.2.1. Youth aid .....	4
3.2.2. Child psychiatry .....	7
3.3. Motivation barometer.....	10
3.4. Great Corona Study .....	14
3.5. Mental health of the general population.....	15
3.6. Tele-onthaal .....	17
3.7. Mental health of the working population .....	18
3.8. Psycholeptic and psychoanaleptic medication use .....	20
3.8.1. General evolution.....	20
3.8.2. Evolution by category.....	23
3.8.2.1. N05A antipsychotics.....	27
3.8.2.2. N05B anxiolytics.....	27
3.8.2.3. N05C hypnotics and sedatives .....	28
3.8.2.4. N06A antidepressants .....	29
3.8.2.5. N06B psychostimulants, agents used for ADHD and nootropics .....	29
3.8.2.6. N06C psycholeptics and psychoanaleptics in combination .....	30
3.8.2.7. N06D anti-dementia drugs.....	31
3.9. Mental health expenditures .....	31
3.10. Sickness absence.....	34
3.11. Temporary unemployment .....	36
4. Authors and contributors .....	39

## 1. Background

In The Mental Assessment Group (MAG) report, we aim to describe the current mental health state of the Belgian population through a short description of the results and conclusions of studies and reports that allow us to describe the evolution throughout the pandemic. We have compiled the findings according to mental health indicators.

Mental health is defined by the WHO as a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (WHO, 2001). Mental disorders are defined as those reaching the clinical threshold of a diagnosis according to psychiatric classification systems including disorders such as depression, anxiety, bipolar disorder and schizophrenia. Fewer data are available on mental disorders and consequently we use here indicators of mental health disorders such as, use of medication, consumption of psychological and psychiatric care. Finally we also give some more health economic related data on sickness absence and unemployment,...). We present data per age- or specific group depending on the availability.

The report is updated on a regular basis. These results are being used by the GEMS in their advice, in which key findings concerning the motivation and mental health problems are summarized. Each version of this document includes studies that have had a recent update. For other studies and their results we advise you to check the earlier versions of this report. If you dispose of good quality Belgian data and would like to contribute to this report, we invite you to send a short abstract of your study, together with key figures to Prof. dr. Lode Godderis ([lode.godderis@kuleuven.be](mailto:lode.godderis@kuleuven.be)).

## 2. Executive summary

During the COVID-19 crisis, our mental health is under pressure especially in periods with increasing restrictive measures and uncertainty, particularly among younger people. A recent scientific brief from the World Health Organization (WHO) presents current evidence regarding the impact of COVID-19 on our mental health . It was estimated that the pandemic has led to a 27.6% increase in cases of depressive disorders and a 25.6% increase in cases of anxiety disorders. Though data are mixed, younger age, female gender and pre-existing mental health conditions were often reported as risk factors. This international study is in line with the observations and conclusions we can draw from Belgian longitudinal data on well-being (Motivation Barometer and the Great Corona Study).

Despite good follow-up data on mental disorders are lacking, we can estimate the impact of the crisis by using data of agency and care providers. For children, young adolescents, and their families the “Opgroeien” agency provides consultations in crisis and urgent care is needed. The dispatch for crisis situations and consultations were significantly higher in 2021 compared to the previous years. Fortunately, the first data of 2022, seem to indicate a decrease in applications. Nevertheless, consults with a nature of mental health problems however, are still rising (+5%).

When looking at the working population, data of Group IDEWE suggest an impact of COVID-19 on the different indicators of well-being in workers. Hence, there seems to be a small increase in burn-out risk, while intention to stay and satisfaction seem to decrease.

With increasing circulation of the virus, more and more workers drop out. When looking at data of ACERTA, the alarming signals about short sick leave in the healthcare sector are being supported by the numbers, with a noticeable peak in numbers since September 2021. This peak can be noticed across all sectors. Remarkably, we noticed that since the first 'COVID-19-month' (March 2020, 4.51%), the percentage of short-term sick leave across all sectors has never been higher than in January 2022 (3.99%) and February 2022 (3.27%) (Figure 39). The same trend can be seen for the health care sector (peak in March 2020 5.76% and highest numbers in January and February 2022: 4.76% and 3.96%) (Figure 40). This might be due to the highly contagious Omicron-variant of the virus. However, it is estimated that those numbers will drop again as the infection rate is decreasing and we now entered 'code yellow' in the exit strategy.

In this report we also included an analysis of medication data provided by Farmaflux and health expenditure data provided by RIZIV/INAMI. Taking all medication use together (psycholeptics and psychoanaleptics), the data indicate that in comparison to 2019, the average defined daily doses (DDD) per patient in 2020 increased which continue to increase in 2021. While the average DDD use, and the use per patient increased, the number of unique patients (PAT) using psycholeptics or psychoanaleptics grew less strongly, stayed constant, or dropped. The higher medication use per patient can be explained by a higher medication use for existing patients, for example because they had more complaints because of the measures, or because of reduced psychiatric healthcare use as suggest during COVID.

The total healthcare expenditures for psychiatrists and child psychiatrists fell below previous years from April to July 2020 (first wave), in October 2020 and January 2021 (second and third wave). This was also the case for consultations, visits and advice at doctors' offices. Looking in more detail, from March 2020 onwards there is a lower expenditure on therapies, psychotherapies, and pediatric psychiatric consultations in comparison with previous years. If distance consultations (which started in April 2020) are factored in, the gap stays apparent between March and June 2020. However, since March 2021 the expenditures rise above levels of previous years when taking into account the distance consultations.

### **3. Mental health and disorders**

#### **3.1. Mental Health Impact of COVID-19**

A recent scientific brief from the World Health Organization (WHO) presents current evidence regarding the impact of COVID-19 on our mental health<sup>1</sup>. It was estimated that the pandemic has led to a 27.6% increase in cases of depressive disorders and a 25.6% increase in cases of anxiety disorders. Though data are mixed, younger age, female gender and pre-existing mental health conditions were often reported as risk factors.

Other key findings were that current data indicated higher risk of suicidal behavior among younger people. Exhaustion and loneliness increased the risk for suicidal thoughts. Moreover, mental health services were often disrupted during the pandemic, decreasing access to essential care. This was partially mitigated by providing e-mental health care.

To conclude, we can state that the impact of COVID-19 on our mental health should not be underestimated. The prevalence of anxiety and depression in our society has risen significantly during the pandemic. Nevertheless, further research on mental health and COVID-19 among specific at-risk populations is needed.

#### **3.2. Children and adolescents**

##### **3.2.1. Youth aid**

The Flemish agency “Opgroeien”<sup>2</sup> (growing up) is a Flemish organization that consists of “Kind en Gezin” (child and family), “Jongerenwelzijn” (youth welfare) and part of “Vlaams Agentschap voor Personen met een Handicap” (Flemish agency for persons with disabilities). They provide advice, support, guidance, shelter or help for children and young adolescents while growing up. Every month they update the number of applications for crisis youth aid, youth support centers and other youth aid services. In March 2020 and March 2021 there was a noticeable peak in applications. Also in June 2021 there were more applications than in 2020 and 2019. When looking at the entire year, there was a slight increase in applications in 2020 (+4%) and this slight increase is also apparent in 2021, although there are regional differences. In January 2022 numbers are at their lowest level since 2019. Only in the region of Limburg, a small increase is apparent.

---

<sup>1</sup> Mental Health and COVID-19: Early Evidence of the pandemic's impact. Scientific brief (02/03/2022), WHO. [https://www.who.int/publications/i/item/WHO-2019-nCoV-Sci\\_Brief-Mental\\_health-2022.1](https://www.who.int/publications/i/item/WHO-2019-nCoV-Sci_Brief-Mental_health-2022.1)

<sup>2</sup> <https://www.opgroeien.be/>

### Evolutie aantal aanmeldingen per maand (n=unieke minderjarigen)

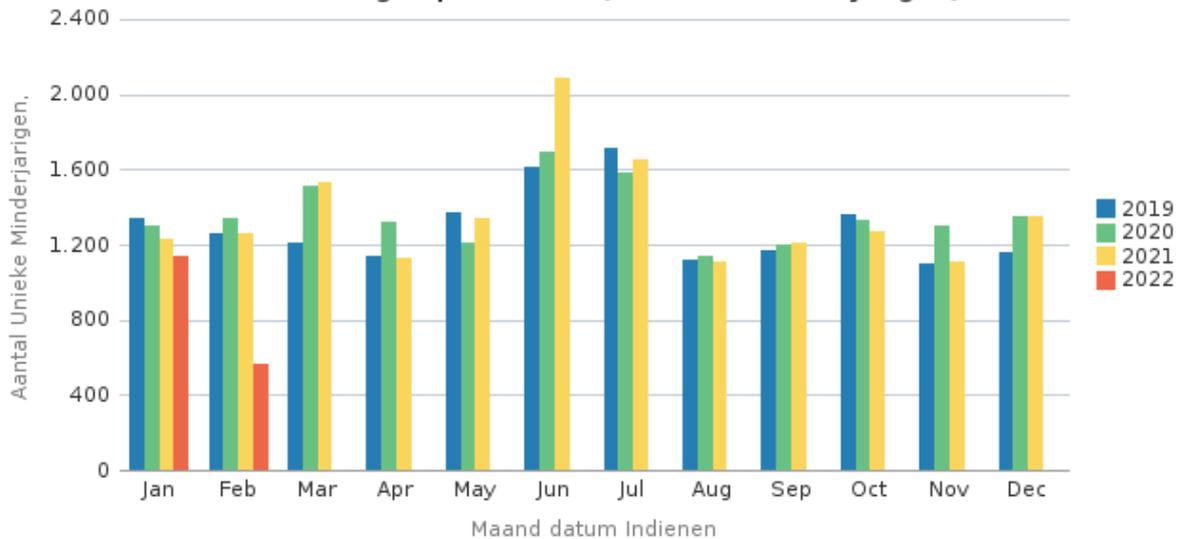


Figure 1: Number of applications for not directly accessible youth aid (2019-2022) (note: numbers of 02/22 not complete)

One of the steps in youth aid is crisis youth support for children, young adolescents, and their families when in crisis and urgent care is needed. The dispatch for crisis situations received more questions every month, and even more so since the beginning of the COVID-19 crisis. The dispatch center first looks for a solution within the environment of the minor. If this is not possible, the dispatch center decides to provide a consult. During a consult, it is estimated if the situation needs further (crisis) youth support, mental health care support or both. The number of consults has known a steep rise in 2021 (+20% in comparison to 2020), with a record of 756 consults in March 2021. Most crisis consults were of pedagogic nature (+16%) or due to mental health problems (+54%). The first numbers of 2022, however, show a decrease in applications. Consults with a nature of mental health problems however, are still rising (+5%).

### Aantal unieke trajecten

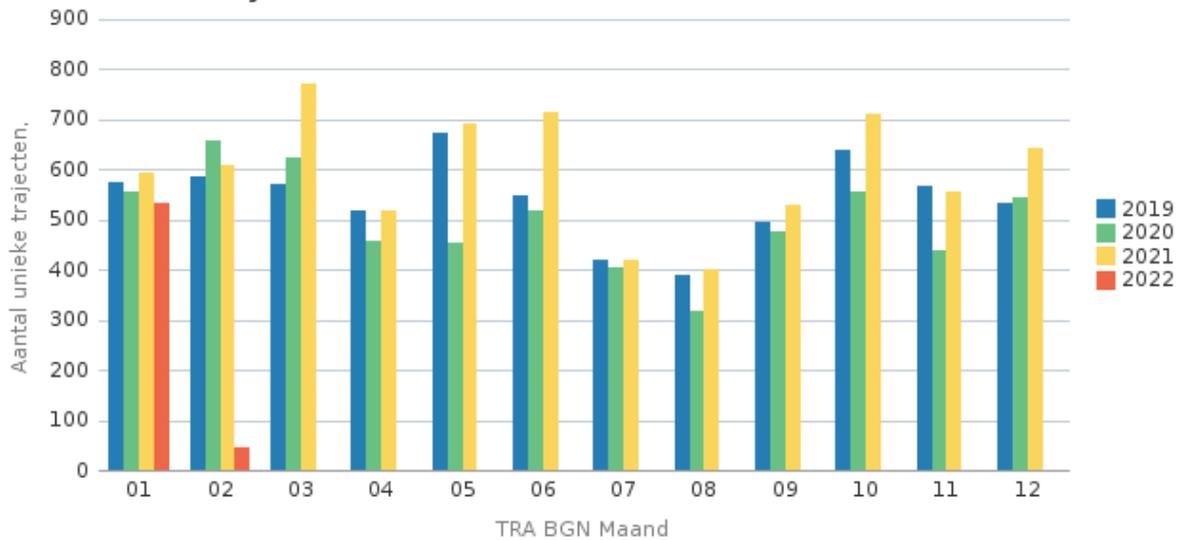


Figure 2: Number of provided consults after demand for crisis support at the dispatch center (2019-2022) (note: numbers of 02/22 not complete).

When looking at the number of demands for crisis support where it was decided that crisis youth aid was necessary, there has been a record in applications. Even before the COVID-19 crisis began there were many applications, but since March 2021 the applications have never been higher, with in March an all-time high of 588 unique minors that were referred to crisis youth aid. The number of applications in 2021 is 19% higher than in 2020. Most applications are of pedagogic nature (+5%) or due to mental health problems (+50%). The first numbers of 2022, however, show a decrease in applications.

### Aantal unieke cliënten

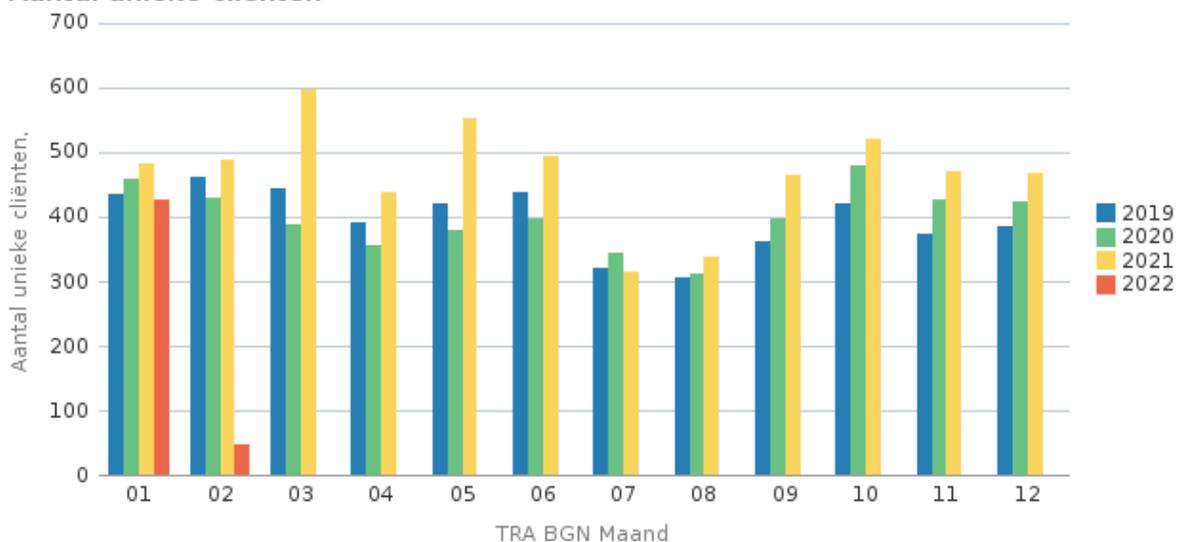


Figure 3: Number of unique minors who are being referred to crisis youth aid every month. (2019-2022) (note: numbers of 02/22 not complete)

When voluntary support is difficult or not possible, youth support centers can provide care for children, young adolescents, and their parents. With regard to the number of minors who applied for help at one of the youth support centers, in March 2021 they noted the highest number of applications ever (558 unique minors). In March 2020, right before the start of the COVID-19 crisis there was the second highest number (556 unique minors). Since April 2021 the numbers seem to stabilize again to the numbers of 2019. In January 2022, numbers are at their lowest level since 2019. However, in the regions of East-Flanders and Flemish-Brabant the numbers are still higher than in 2019.

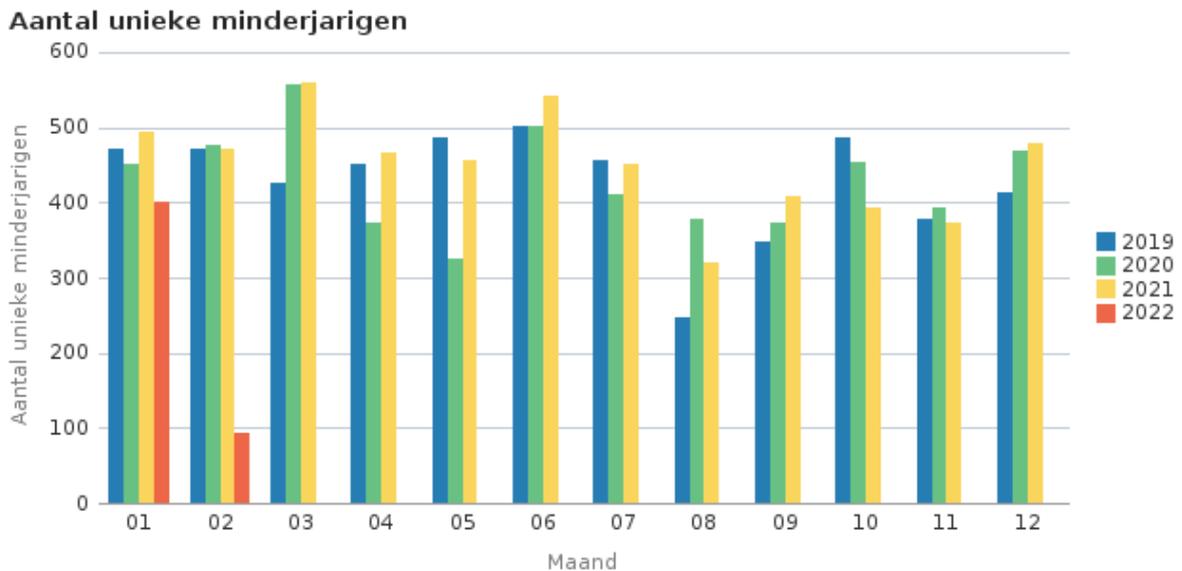


Figure 4: Number of unique trajectories for minors for whom an application was made for support at a youth support center every month. (2019-2022) (note: numbers of 02/22 not complete)

### 3.2.2. Child psychiatry<sup>3</sup>

Child psychiatric mental health sector is currently totally saturated. It takes up to five or four months to get an appointment for a consultation with a child psychiatrist and a similar period of time for hospitalization in a child psychiatry department. The data recorded within the Unit for adolescents of the Hospital Centre le Domaine-ULB in Braine-l'Alleud, which has 15 beds including 3 crisis beds, has proven to give a picture of what is generally encountered in all classic child psychiatric hospital structures. A strong increase in requests for care is occurring since the end of September 2021, as shown in the following graph, which represents the evolution of requests within the unit for adolescents at Le Domaine over time.

<sup>3</sup> Dr. Sophie Maes, last update 17/01/2022

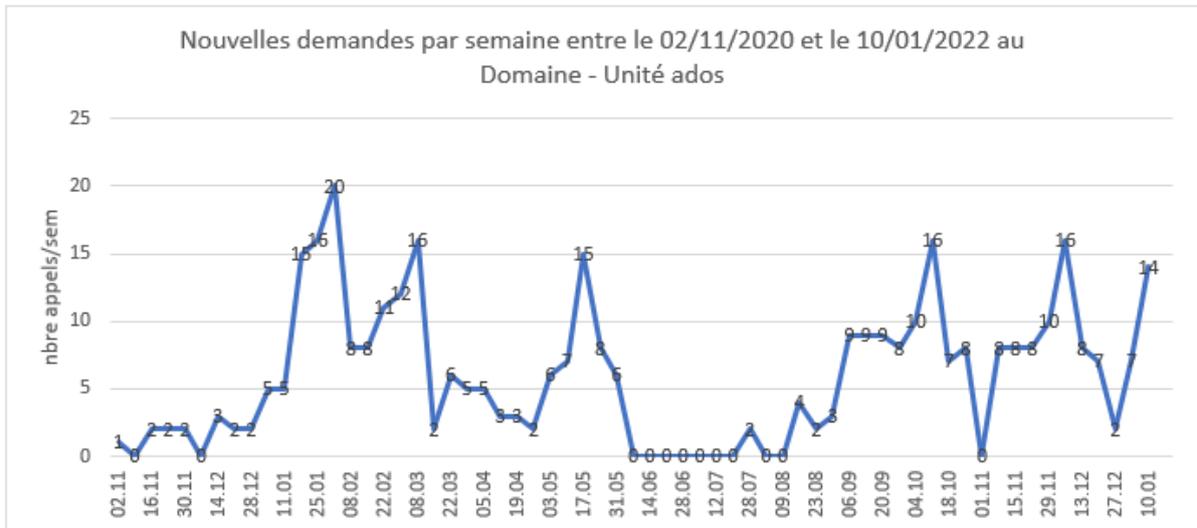


Figure 5: Number of requests for care per week (adolescents)

The first wave of massive psychological decompensation among young people appeared in January 2021, which quickly saturated the entire child psychiatric mental health care system. A new peak appeared in May 2021 and corresponded to the resumption of face-to-face classes on 10 May 2021. At that time, the school resumption took place without any arrangements for the pupils coming out of the crisis, with maximum school stress due to the continuation of the end-of-year exams, while the psyche of the young people was already strongly impacted. This led to further decompensation and requests for follow-up, and further overburdened the already overburdened care system.

Requests then slowed down during the summer, which was particularly calm, allowing the child psychiatric hospitals to be relieved of their workload and reducing the waiting lists. On the other hand, outpatient follow-up remained at a relatively high level. Since September 2021, requests for outpatient follow-up and hospitalization in child psychiatry have again been rising in at a much higher rate than during a traditional academic year. The effects of the pandemic and the health measures added to the school stress are noticeable.

The graph shows what such an increase in demand can do to a ward. The length of stay is generally 2-3 months, except for the crisis beds which allow for immediate care (when there is space) but are interrupted after 2 weeks to make room for the next patient. In the adolescent unit of the Domaine, which has 15 beds in total, there is a turnover of about 5 patients per month for the classic beds and 5 patients per month for the crisis beds. Since the beginning of the school year in September 2021, there were over 100 new requests for hospitalization. A waiting period of 5 months had to be announced to the families and professionals who contact them today for a classic hospitalization. If the demand continues at the same rate, the waiting list will grow by one month for every two weeks that pass. The evolution of saturation is exponential. Only the crisis beds are still available because they do not create a waiting list, otherwise they will soon no longer be able to meet the definition of the crisis and the initial project. But demand exceeds supply: in the last month they received 12 requests for crisis beds for 7 available places.

If they had been able to respond to all the calls and offer the hospital care that corresponds to the demand on the ground, their occupancy would have caused a bottleneck comparable to that illustrated in figure 8. The red line "saturation" corresponds to the occupation of all the places available in the service, including the provision of additional beds in pediatrics until 31<sup>st</sup> of June 2022 via the liaison program as part of the intensification of child psychiatric care. The blue "new requests" columns show the number of new requests made to the service per week. The orange "fictitious occupation" curve represents the number of patients present in the ward if they had been able to hospitalize them all, taking into account those leaving (after an average stay of 2 months). This curve corresponds to the real needs and shows how hospital services cannot meet the current needs. It also shows the disaster to come if this demand continues at the current level.

The program to intensify child psychiatric care has made it possible to hire 2 additional FTEs in the Domaine, which are devoted, among other things, to support patients on the waiting list in the context of the "In" and "Out" function. This additional staff will not be sufficient to meet all the demands. The beds now available in the pediatric department of the Chirec hospital in Braine-l'Alleud, with which they work closely, only inadequately and very summarily reinforce the current supply of crisis beds in terms of quality of care and support.

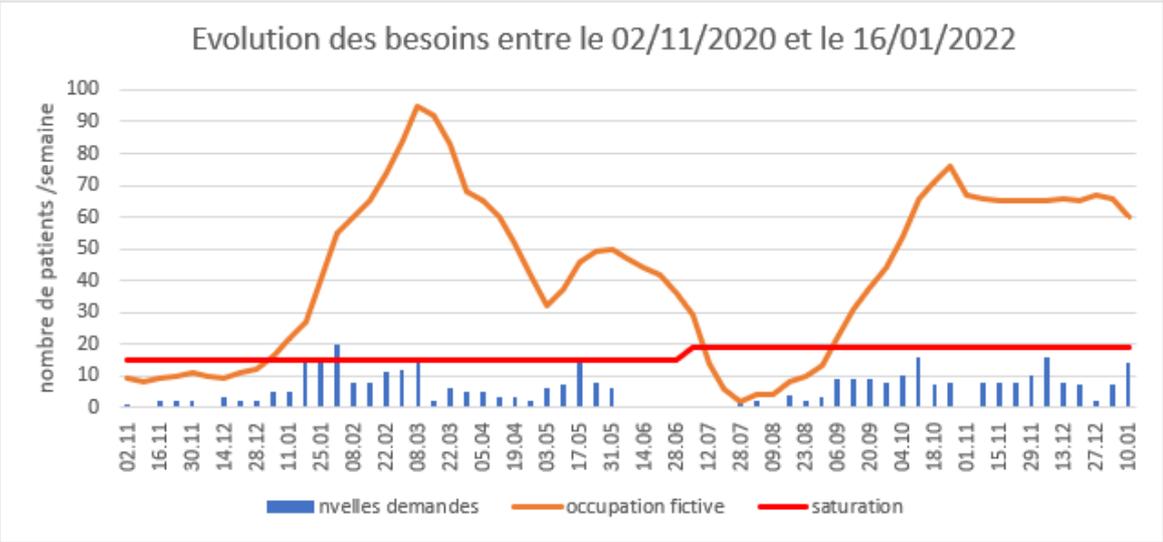


Figure 6: Evolution of needs

The next very worrying factor is the degree of saturation of outpatient child psychiatry, which was not as problematic at the beginning of the January 2021 wave. At that time, outpatient clinics were able to make up for the lack of hospital places for about a month. Today, patients arrive at the hospital because, among other things, the waiting time for a child psychiatric consultation is such that the situation has time to deteriorate, and hospitalization becomes necessary.

The third deleterious factor is the lack of personnel noted throughout the hospital system and also present in child psychiatry. We are also faced with a very significant staff shortage. The teams are exhausted, sick, and demotivated.

The lack of accommodation in the youth welfare sector for children and adolescents requiring out-of-home care also contributes to hospital overcrowding. Moreover, these situations of waiting for placement often lead to longer than average hospitalizations, occupying beds for up to 6 months, whereas the care itself no longer requires hospitalization.

Faced with a saturated mental health care system in child psychiatry, it is now essential to take preventive measures to avoid the continuation of this overcrowding and to slow down the emergence of new requests for care. The child psychiatry sector will not be able to cope alone with the impact of health measures on young people. Our young people are not in danger of saturating the intensive care units, but they are overflowing child psychiatric care. It is essential to protect them from the deleterious effects of health measures and to support their socialization. It is essential to change the discourse addressed to them and to stop considering them as dangerous: they are now the ones who are most at risk and need the benevolence and attention of all adults.

### **3.3. Motivation barometer**

Since the beginning of the lockdown, the well-being and motivation of the population have been ongoingly monitored within the motivation barometer. Across 97 waves (latest update 06.12.2021), more than 330.000 individuals from varying age groups have filled in a brief online questionnaire. The latest wave was gathered in early December (N = 3993) completed the questionnaire and yielded a mix of participants coming from different regions (34.34% from Flanders; 65.66% from Wallonia; 19.21% unvaccinated persons).

Figure 9 presents a graphic overview of five well-being indicators (i.e., vitality, life satisfaction, sleep quality, depressive complaints, symptoms of anxiety) that have been monitored among Flemish participants since the beginning of the crisis. As can be noticed, there has been a steady increase in well-being since the measures were relaxed before the summer, with this increase leveling off in September-October and well-being even slightly decreasing. However, since the beginning of November, a tentative increase in wellbeing can be noticed again. After controlling for various sociodemographic covariates, a systematic effect of age, gender, and co-morbidity were observed, with younger individuals, females, and individuals with co-morbidity being more vulnerable for poorer well-being.

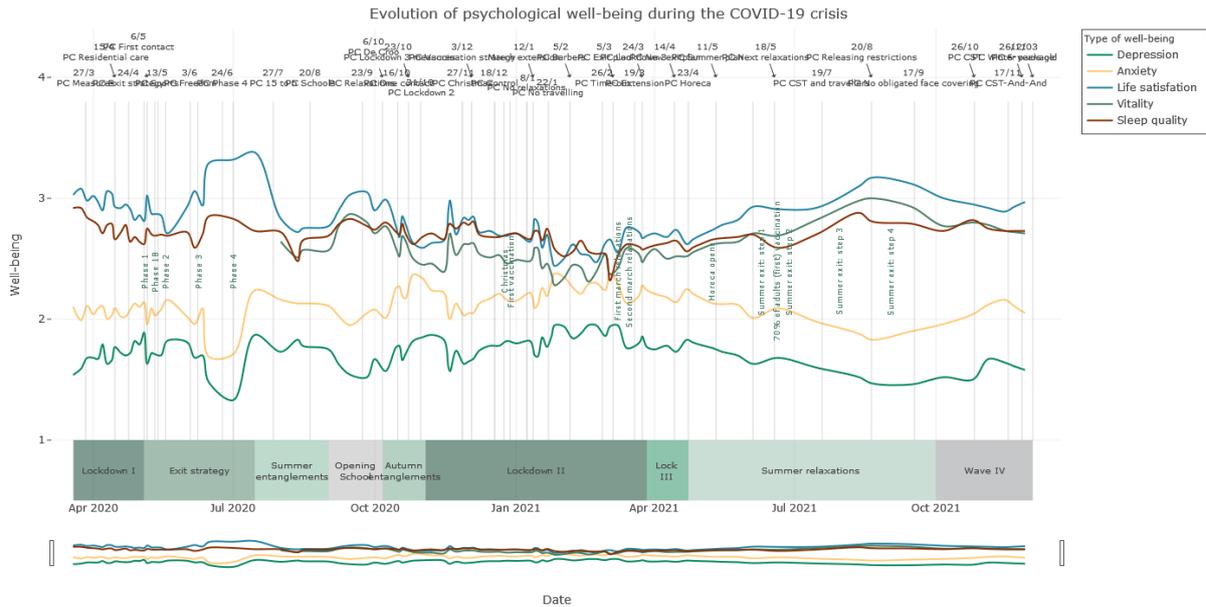
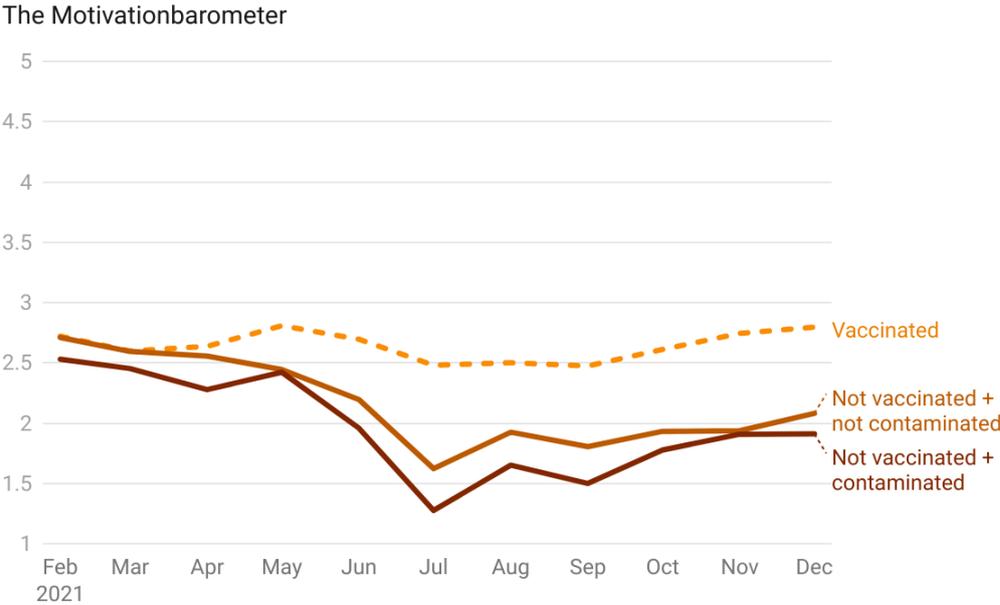


Figure 7: Evolution of psychological well-being during the COVID-19 crisis among Flemish participants

Although vaccination status yielded no systematic relation with well-being, it yielded a clear, yet differential effect on different critical resources of well-being, a finding observed mixed samples of French- and Dutch-speaking participants. As can be noticed in Figures 10 and 11, unvaccinated persons report less insecurity to be infected (figure 10), yet they experience also lower autonomy (figure 11) and relatedness need satisfaction compared to vaccinated persons. Said differently, vaccinated persons are enjoying more the freedom that is afforded to them, which likely explains their felt connection with others; yet, they also stay vigilant and concerned to be infected as they perceive higher risks.

### Concerns regarding own health

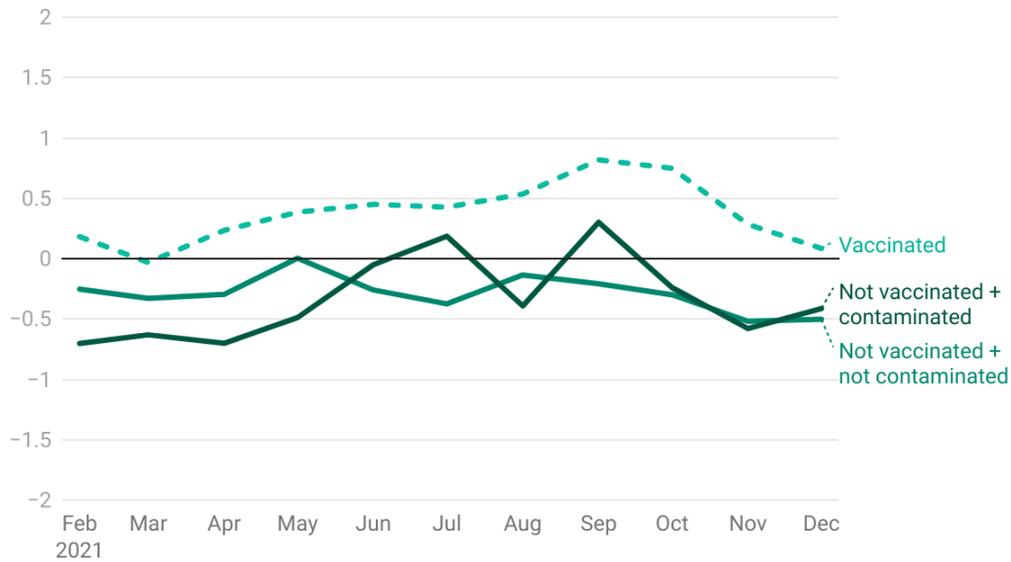


Averages are weighted by age, gender, education and region  
Created with Datawrapper

Figure 8: Evolution in concerns regarding own health among (un)vaccinated persons

# Autonomy

The Motivationbarometer



Averages are weighted by age, gender, education and region

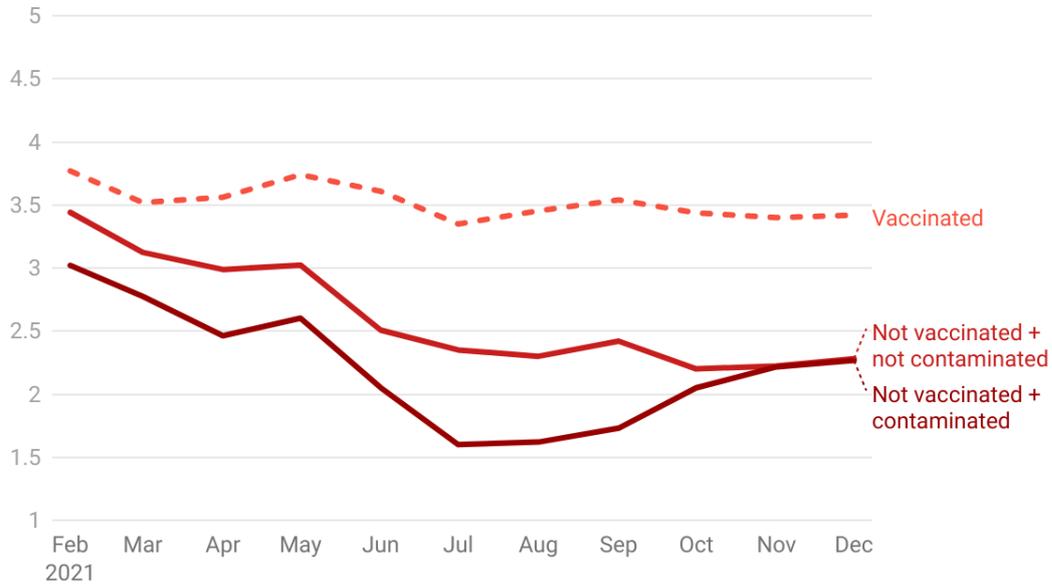
Created with Datawrapper

Figure 9: Evolution in autonomy among (un)vaccinated persons

Paralleling these differences in perceived risks and concerns, vaccinated persons stay more motivated to adhere to the measures nowadays. The motivational gap which has been observed between vaccinated and unvaccinated persons is still present today, with unvaccinated persons being less autonomously motivated to stick to the measures and also reporting being less adherent (figures 12 and 13), an effect that was observed for the three assessed sanitary measures (i.e., keeping distance; disinfecting hands; face covering).

# Voluntary motivation to adhere the measures

The Motivationbarometer

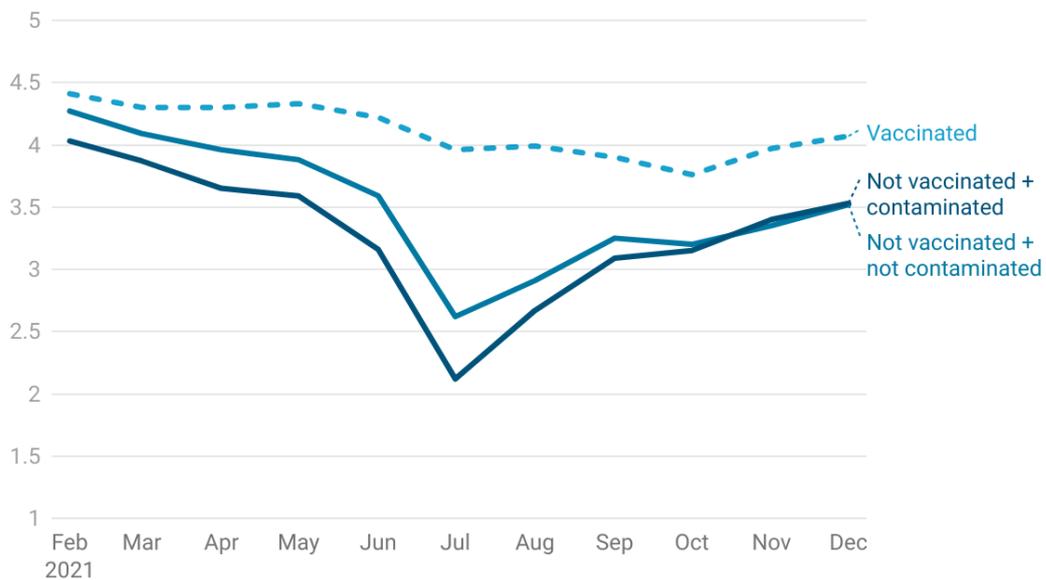


Averages are weighted by age, gender, education and region  
Created with Datawrapper

Figure 10: Evolution in autonomous motivation among (un)vaccinated persons

# Adherence to the measures

The Motivationbarometer



Averages are weighted by age, gender, education and region  
Created with Datawrapper

Figure 11: Evolution in adherence to the measures among (un)vaccinated persons

### 3.4. Great Corona Study

The Great Corona Study<sup>4,5</sup> (GCS) has been monitoring the Belgian population since 17<sup>th</sup> March 2020, interspaced one, two or four weeks apart up till September 2021; with one additional wave completed in December 2021. This web-based survey, which has a citizen science anonymous voluntary design is administered in four languages (NL, FR, DE, EN) on PC, tablet and smartphone and has been taken over 3 million times to date in 44 waves. The survey was predictive of the incidence of detected infections in Belgium<sup>6</sup>.

The GCS monitors the mental health of the Belgian population as measured by the General Health Questionnaire (12 item scale; GHQ-12). In the period since the end of September the GHQ-12 has taken a turn for the worse, especially in students and adults under 45 (Figure 14). The GCS also showed that age (like in the Motivation Barometer) has an important impact on the evolution of mental wellbeing. At the extremes they found students consistently at the worst end, and retired persons at the best end of the scale.

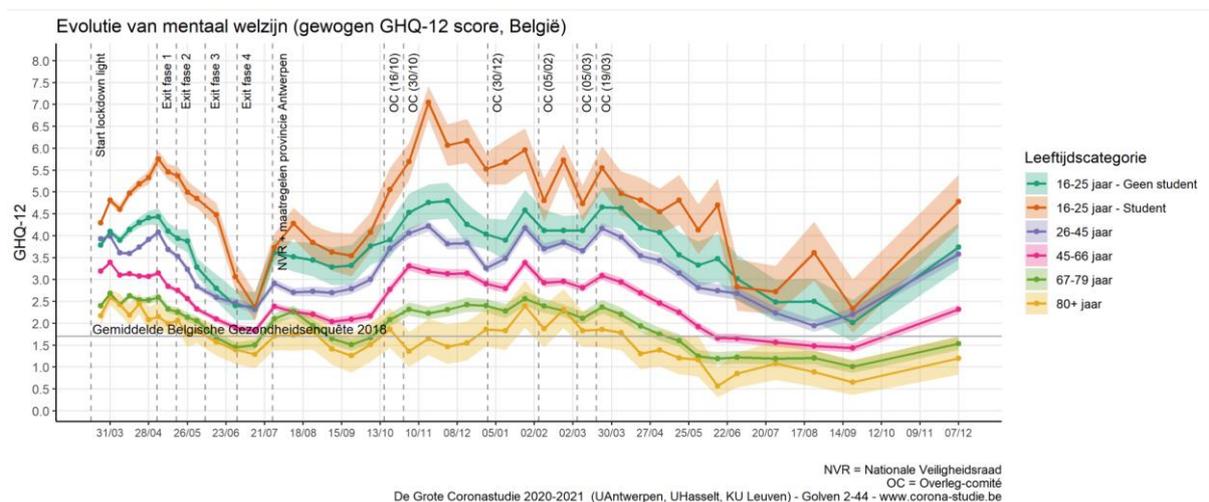


Figure 12: Evolution of GHQ-12 as monitored by the Great Corona Study

This is also depicted in figure 15, by sector of employment, where apart from the students, people working in the culture & event sector, as well as education and health care are badly affected by the sequence of events that took place between the penultimate GCS wave in late (21st) September and the latest one, Wave 44, in early (7th ) December 2021 (n = 18001). The general evolution by gender is similar, but given that proportionately more women are active in the most affected sectors, the gender gap in GHQ-12 has substantially widened again.

<sup>4</sup> [www.corona-studie.be](http://www.corona-studie.be)

<sup>5</sup> This study has also been communicated on this blog: <https://blog.uantwerpen.be/corona/mentaal-welzijn/>. See also other results on <https://corona-studie.shinyapps.io/corona-studie/>

<sup>6</sup> Neyens et al, 2020

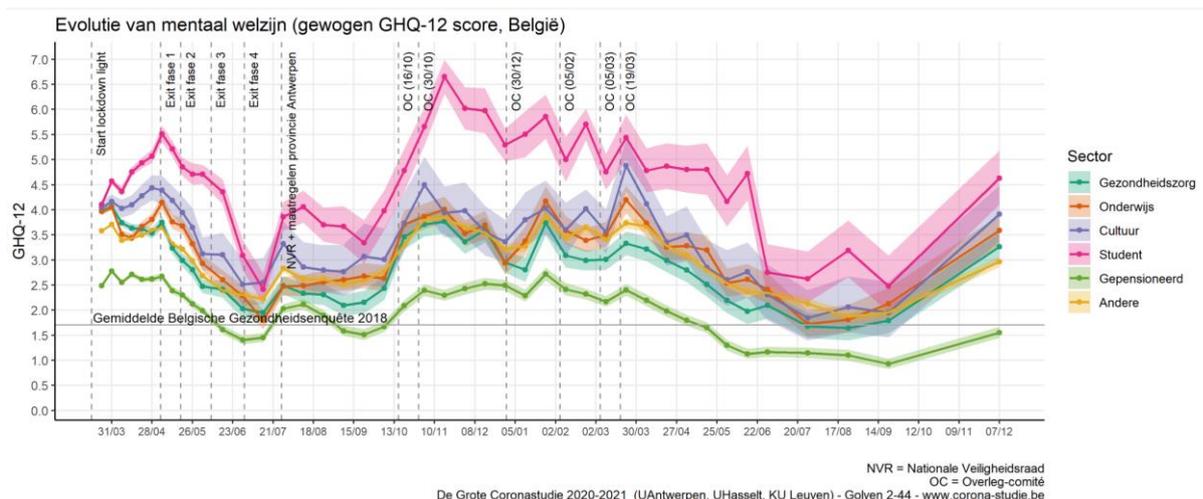


Figure 13: Evolution of GHQ-12 (GSC) - differences per sector

### 3.5. Mental health of the general population

Sciensano's ninth "COVID" health survey (December 2021)<sup>7</sup> showed that (for people aged 18 and over) 51% of the population is dissatisfied with social contacts. This is again an increase compared to the two previous surveys (figure 16).

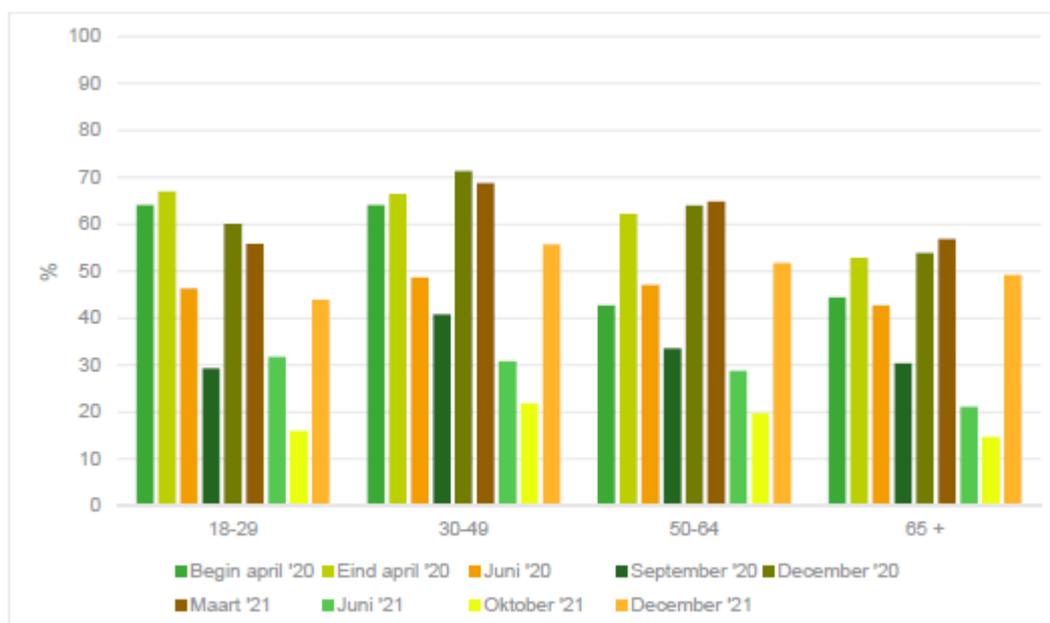


Figure 14: Percentage of population dissatisfied with their social contacts, according to age (COVID-19-Health survey (9th), Belgium 2022)

<sup>7</sup> <https://www.sciensano.be/nl/pershoek/resultaten-9e-covid-19-gezondheidsenquête>

Also the feeling of being only weekly socially supported has again increased (37%) and is almost at it's highest level in comparison to the previous surveys (figure 17). In a non-COVID-19 period, this is 16% (based on the Health Survey 2018).



Figure 15: Percentage of the population reporting only limited social support, according to age (COVID-19-Health Survey (9th), Belgium 2022)

The evolution of the indicator "life satisfaction" shows that the percentage of people who are dissatisfied has increased significantly at the end of last year (2021), from 14% at the beginning of October to 34% at the end of December 2021. Young people between 18 and 29 years old are the most likely to report being dissatisfied with their lives (37%).

In December 2021, 21% of the adult population was struggling with a depressive disorder and 24% with an anxiety disorder. These prevalences are higher than those reported in the previous surveys. The frequency of anxiety disorders and depressive disorders varies by age and gender. They are more common in young adults between the ages of 18 and 29 (36.5% and 33%, respectively) and their frequency further decreases in each age group to 12.5% and 11.5% in those over 65. In addition, women significantly more often suffer from anxiety disorders (28%) than men (20%). Young women between 18 and 29 years old are by far the most frequently affected by anxiety (46%) and depression (36%) (figures 18 and 19).

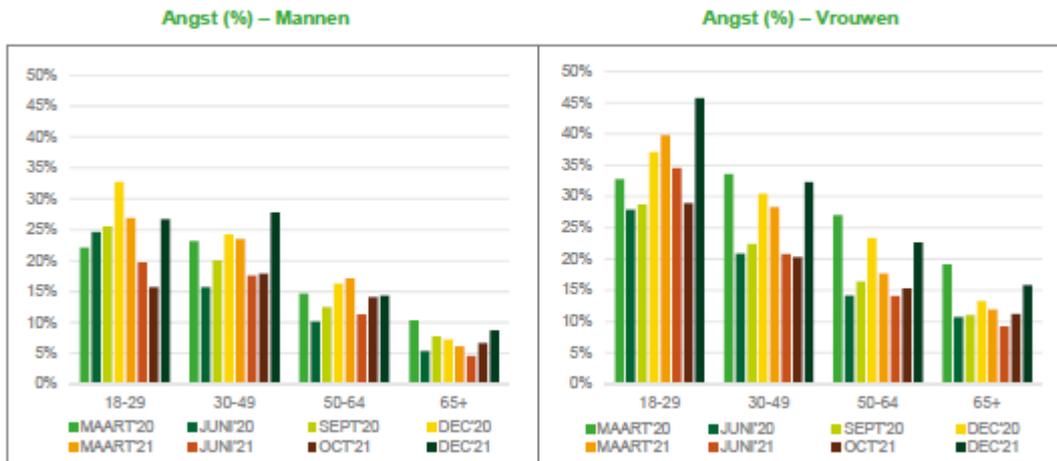


Figure 16: Percentage of the population ( $\geq 18$ ) with an anxiety disorder, according to age and month of Covid-19-survey (Belgium, 2022)

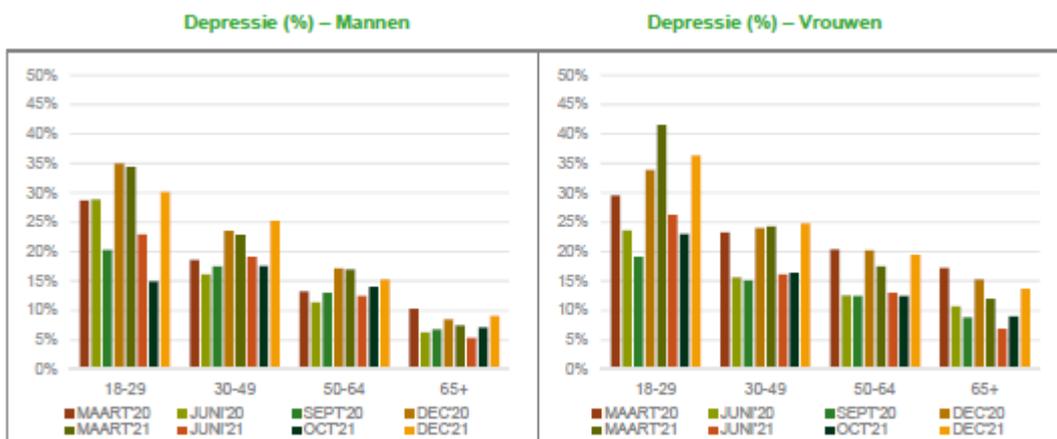


Figure 17: Percentage of the population ( $\geq 18$ ) with a depressive disorder, according to age and month of Covid-19-survey (Belgium, 2022)

### 3.6. Tele-onthaal

In 2021 Tele-onthaal received a total of 137.667 calls and had 104.681 conversations of which 86% was through telephone and 14% via chat. Those numbers are similar (-1% lower) than last year. Most common themes discussed during calls and chats are relationships, health and loneliness.

Tele-onthaal noticed that callers are often older. 36% of all callers is more than 60 years old. Most callers live alone (64%). 37% of callers report themselves that they suffer from a mental health disorder. Conversations through chat are often with younger people. 74% of all chats are with people younger than 25. 21% of all chatters report themselves that they suffer from a mental health disorder.

In 2021, 13% of all conversations were COVID-19 related. This is lower than in 2020 (24%). Tele-onthaal also noticed peaks in conversations during each COVID-19-wave. COVID-19 related conversations were mostly prevalent in 2020, but have been increasing again by the end of 2021 (wave 4 and 5).

### 3.7. Mental health of the working population

To study the impact of corona on the wellbeing of the Belgian working population, Group IDEWE, the largest Belgian external service for protection and well-being at work, used data of the numerous risks analysis surveys regarding psychosocial well-being that they perform for their customers. These risk assessments focus on the well-being indicators satisfaction, intention to stay and burn-out risk.

The figure below shows the percentage of employees with a high score on these indicators per month in 2020, 2021 and 2022 <sup>8</sup>. For satisfaction and intention to stay it holds that the higher the percentages are, the better the results; for burn-out risk, the reverse is true (figure 15). The data of the months April, May, July and August (2020) and July and August (2021) were excluded due to none or far too less data.

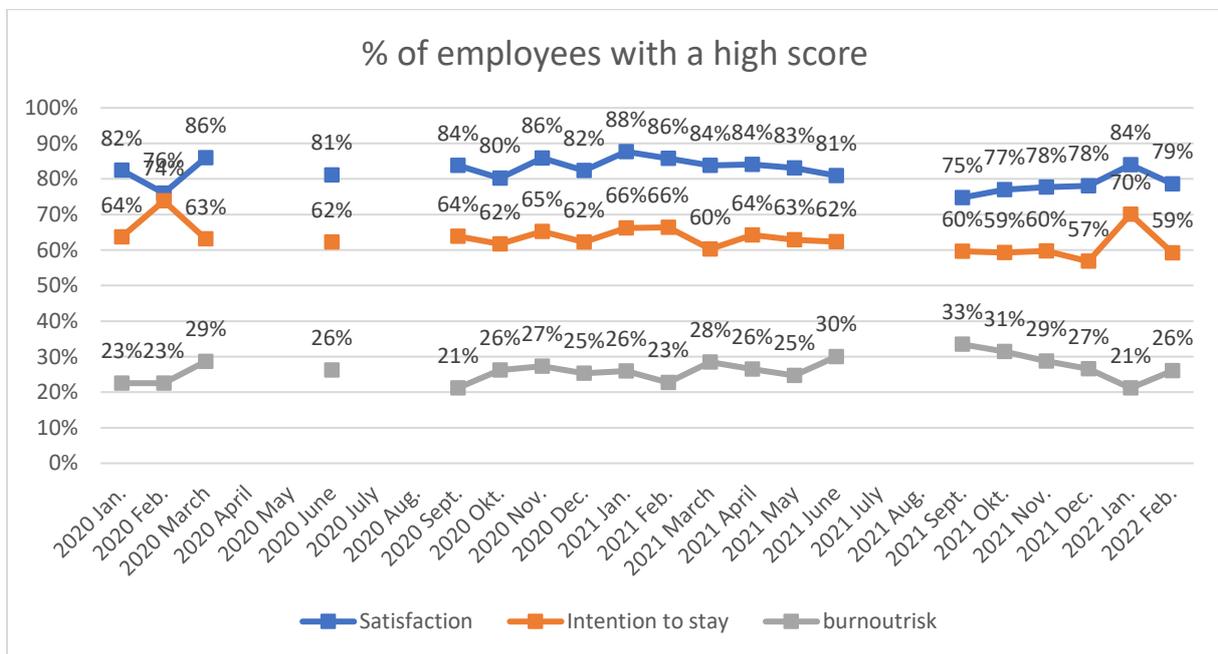


Figure 18 : percentage of employees with a high score for indicators of wellbeing

Figure below shows the percentage of employees with a high score on these indicators averaged over the period before corona (January + February 2020) and the period during corona (March 2020 onwards).

<sup>8</sup> Authors: Schouteden M, Vandenbroeck S, Godderis L.

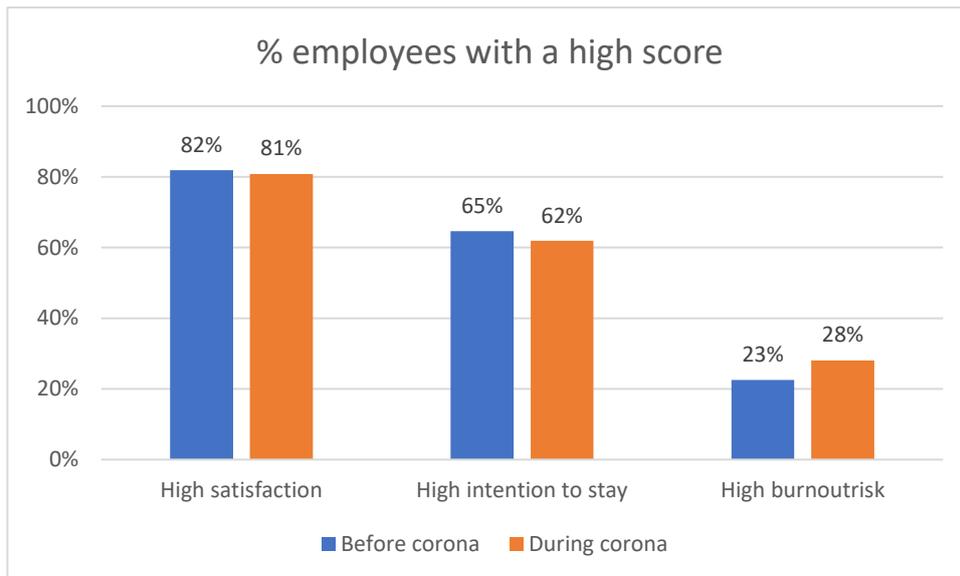


Figure 19: employees with a high score on the indicators

The results suggest an increase in burn-outrisk during COVID-19 period. However, following limitations need to be taken into account:

- Possible strong selection bias: only companies who are still 'capable to perform a risk assessment' are in the data; implying that these companies are still active, financially sound, and none of their employees are temporarily unemployed. For the months April – June 2020, numerous cancellations of risk assessments took place; in the months July – August 2020 and 2021, no risk assessments were performed (standard procedure).
- The data are non-representative, due to (1) the low number of companies in certain months, (2) the fact that larger companies have a higher weight in the analyses, and (3) only rather large companies tend to perform a risk assessment survey so that, for instance, self-employed employees or small companies are not represented.

Regarding the psychological well-being of health care workers, especially in ICU, the evidence of their being at risk of exhaustion and moral distress was well documented in 2020<sup>9</sup>. On the other hand, the psychological well-being of mental and social health workers remains yet an under investigated issue.

<sup>9</sup> Bruyneel, Arnaud ; Smith, Pierre. Comparison of the prevalence of burnout risk between ICU and non-ICU nurses during the COVID-19 outbreak in French-speaking Belgium. *Intensive & critical care nursing*, 66, p. 103086 (2021). doi:10.1016/j.iccn.2021.103086.

Butera S, Brasseur N, Filion N, Bruyneel A, & Smith P. Prevalence and associated factors of burnout risk among intensive care and emergency nurses before and during the COVID-19 pandemic: A cross-sectional study in Belgium. *Journal of Emergency Nursing*, Published: September 02, 2021. DOI:https://doi.org/10.1016/j.jen.2021.08.007

Tiete J, Guatteri M, Lachaux A, et al. Mental Health Outcomes in Healthcare Workers in COVID-19 and Non-COVID-19 Care Units: A Cross-Sectional Survey in Belgium. *Front Psychol*. 2021;11:612241. Published 2021 Jan 5. doi:10.3389/fpsyg.2020.612241

Eveline Van Steenkiste, Jessie Schoofs, Shauni Gilis & Peter Messiaen (2021) Mental health impact of COVID-19 in frontline healthcare workers in a Belgian Tertiary care hospital: a prospective longitudinal study, *Acta Clinica Belgica*, DOI: [10.1080/17843286.2021.1903660](https://doi.org/10.1080/17843286.2021.1903660)

### 3.8. Psycholeptic and psychoanaleptic medication use

In this short summary<sup>10</sup>, we evaluate to what extent the COVID-19 pandemic influenced medication use for mental health by comparing 2021 and 2020 to previous years. To this end, we make use of psycholeptic and psychoanaleptic medication use (N05 and N06) up to October 2021 from the FarmaFlux database.<sup>11</sup>

#### 3.8.1. General evolution

Taking all medication use together (psycholeptics and psychoanaleptics), Figure 22 indicates that in comparison to 2019, the average defined daily doses (DDD) per patient in 2020 increased for all age categories and genders, with the exception of young males (age 0-15). Compared to 2020, the average defined daily doses (DDD) per patient in 2021 increased even further, with large effects for the younger age groups. The relative effect in younger age groups is higher, though the low absolute numbers in those age groups have to be taken into account to interpret the numbers correctly. In both years, the differences generally diminished as age increased; i.e. younger patients' medication use grew more strongly compared to older patients. The impact of gender differed by age group in both 2020 and 2021.

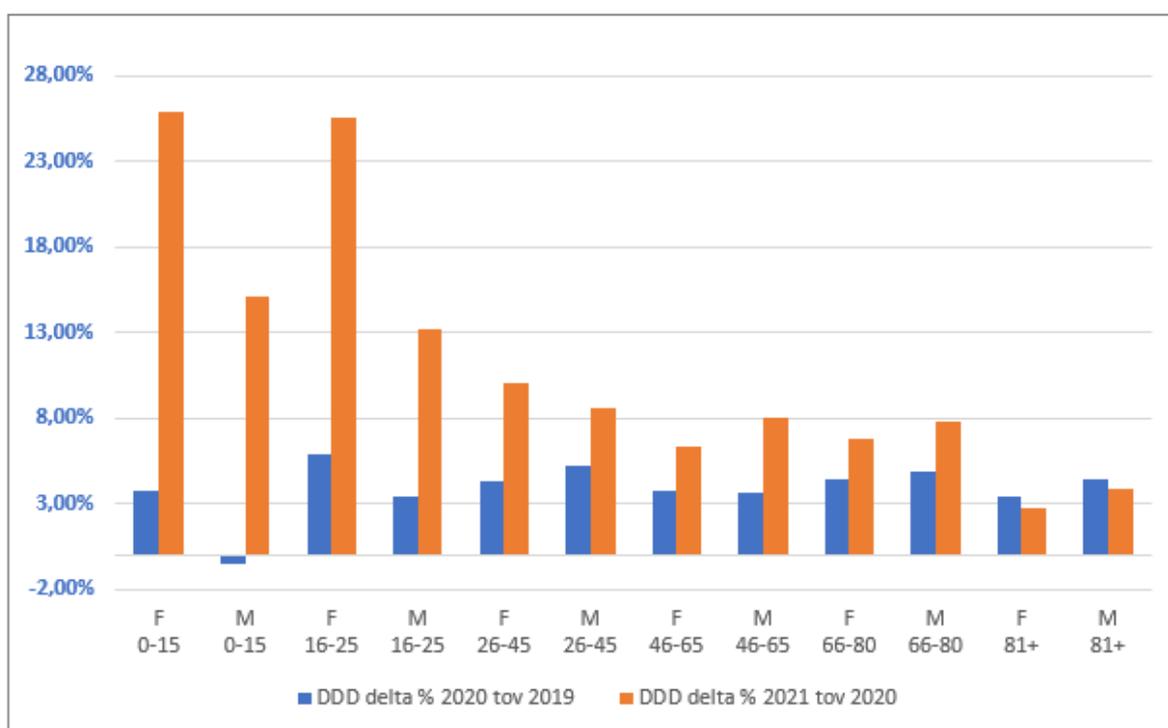


Figure 20: Psycholeptics and psychoanaleptics by age group and gender, % difference 2020-2019 versus 2021-2020 - DDD/patient/year

<sup>10</sup> Authors: Lode Godderis, Jonas Steel, Hamelinck Wouter, Lies Grypdonck, Vansnick Luc, Francis Arickx, Mickael Daubie, Koen Straetmans

<sup>11</sup> Note that the number of patients is a number by province and month, meaning a patient can appear in multiple provinces and months, and that data on the number of unique patients is absent. Only the data from January – October is used when comparing differences between 2020-2019 and 2021-2020, to make these differences comparable. In other words: when comparing the change from 2020-2021 with the change from 2019-2020, we focus on the months Jan-Oct.

While the average DDD use, and the use *per patient* increased, Figure 23 indicates that the number of unique patients (PAT) using psycholeptics or psychoanaleptics grew less strongly, stayed constant, or dropped.<sup>12</sup> Hence, less patients consumed more medication in 2020 compared to 2019.

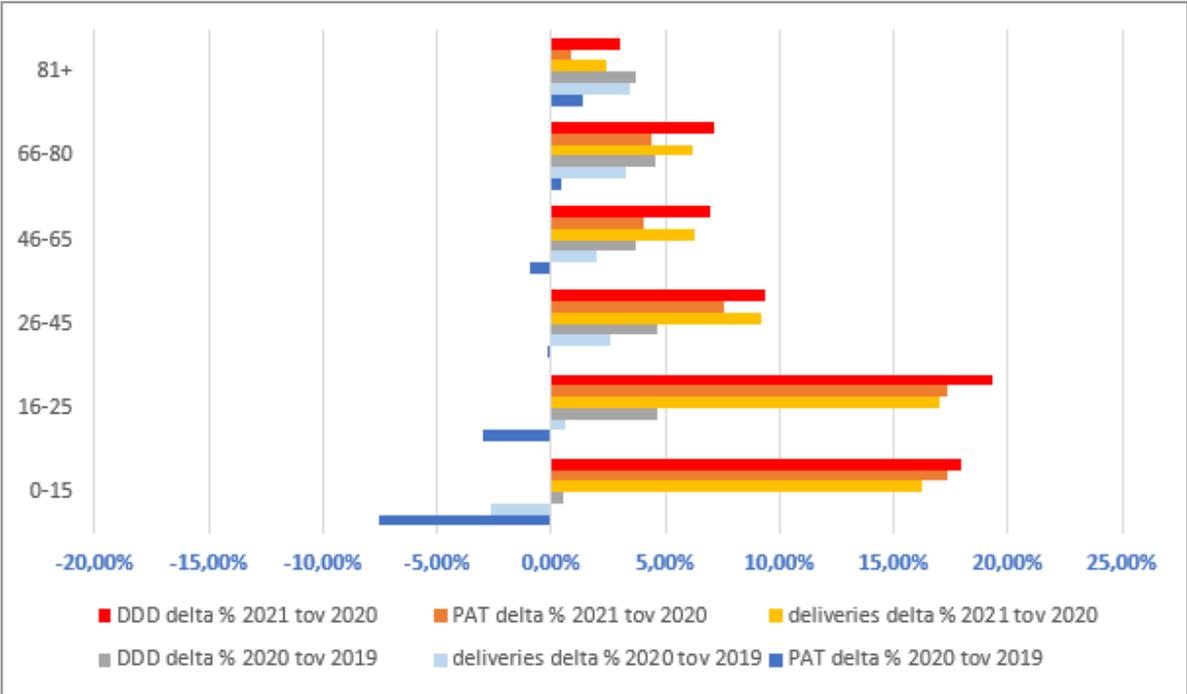


Figure 21: Psycholeptics and psychoanaleptics DDD, deliveries & patients by age group: % difference in 2021-2020 (brightly colored) versus % difference in 2020-2019 (blue/gray) [jan-oct]

In Figure 24, it is shown that a higher medication use in January and February 2020 (before COVID-19) plays a role in these observations, but March 2020, we also saw a large rush on medication: 32.90% more defined daily doses, 28.60% more deliveries, and 19.16% more patients. The rest of the year we noticed a decrease in comparison to 2019, especially in May 2020, followed by a second (but smaller) increase towards December 2020.

<sup>12</sup> Patients were calculated based on place of delivery (pharmacy) ...

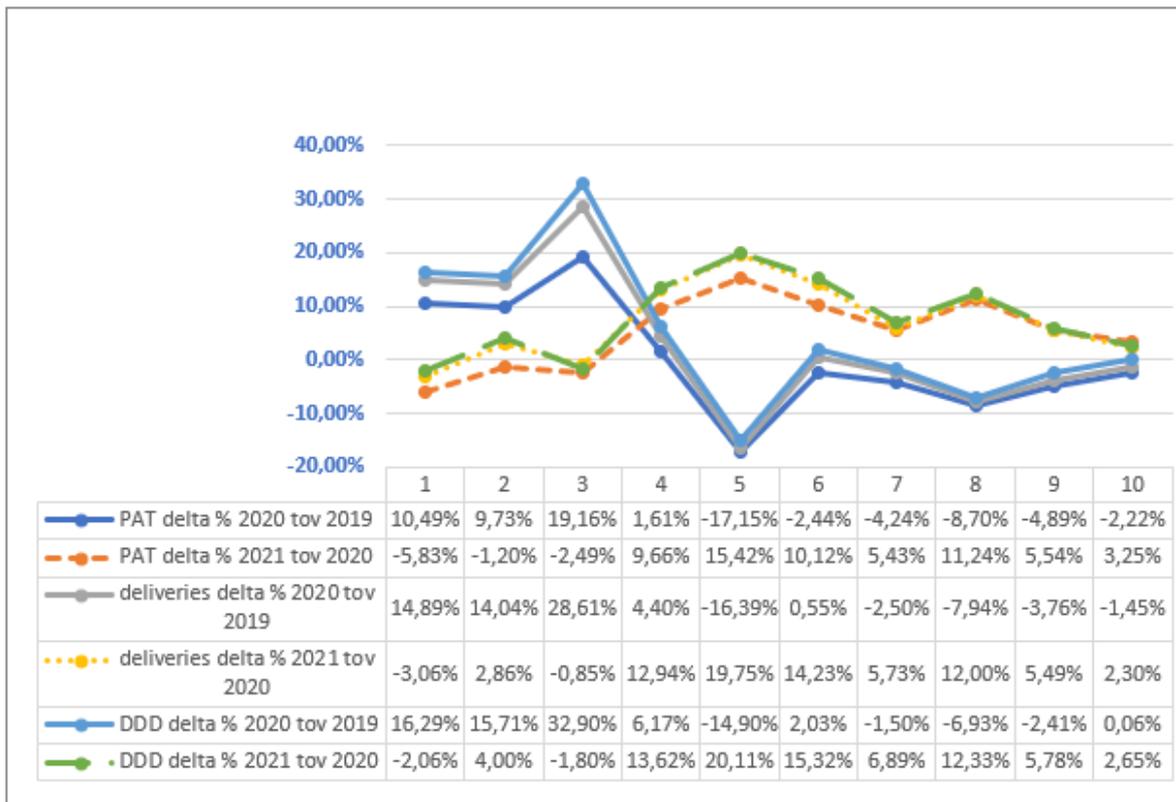


Figure 22: Psycholeptics and psychoanaleptics DDD, deliveries & patients by month, % difference 2020 - 2019 versus % difference 2021 - 2020 [jan-oct]

Several explanations can be put forward for these results, but it must be emphasized that these are hypotheses: as there is no direct link between medication use and patients (as would be the case in a longitudinal dataset in contrast to this cross-sectional database), only averages can be compared over time, and strong causal inferences cannot be made. It should also be noted that data from previous years (before 2019) was not available, making it difficult to discern the impact of COVID-19 in 2020 from general time trends (e.g. a general increase in the use of medication over the years).

First, on the demand side, the rise of DDD, deliveries and patients in March 2020 could be consistent with herd behaviour/*hoarding* at the start of the COVID-19 pandemic. This is confirmed by a lower consumption in May 2020, as the (hoarded) supplies had not yet been depleted. Second, the higher medication use per patient could be explained by a higher medication use for *existing patients*, for example because they had more complaints because of the anti-COVID measures (cfr early results of the Great Corona study), or because of reduced psychiatric healthcare use (cfr our other report on psychiatric healthcare use during COVID). Third, *new patients* could have also played a role in the increase in DDD, as COVID and the measures taken to contain it might have given rise to specific disease profiles demanding more medication, for instance through the mental impact on COVID patients, or increased mental complaints due to the social restrictions, financial problems, ... the COVID restrictions might have caused. COVID-19 might have also had an impact on the *help-seeking behaviour* of patients, as financial reasons, COVID-restrictions, postponement of non-urgent medical care, fear of contracting COVID-19, ... might have led them to postpone seeking medical care (cfr our other report on psychiatric healthcare use during COVID), which may

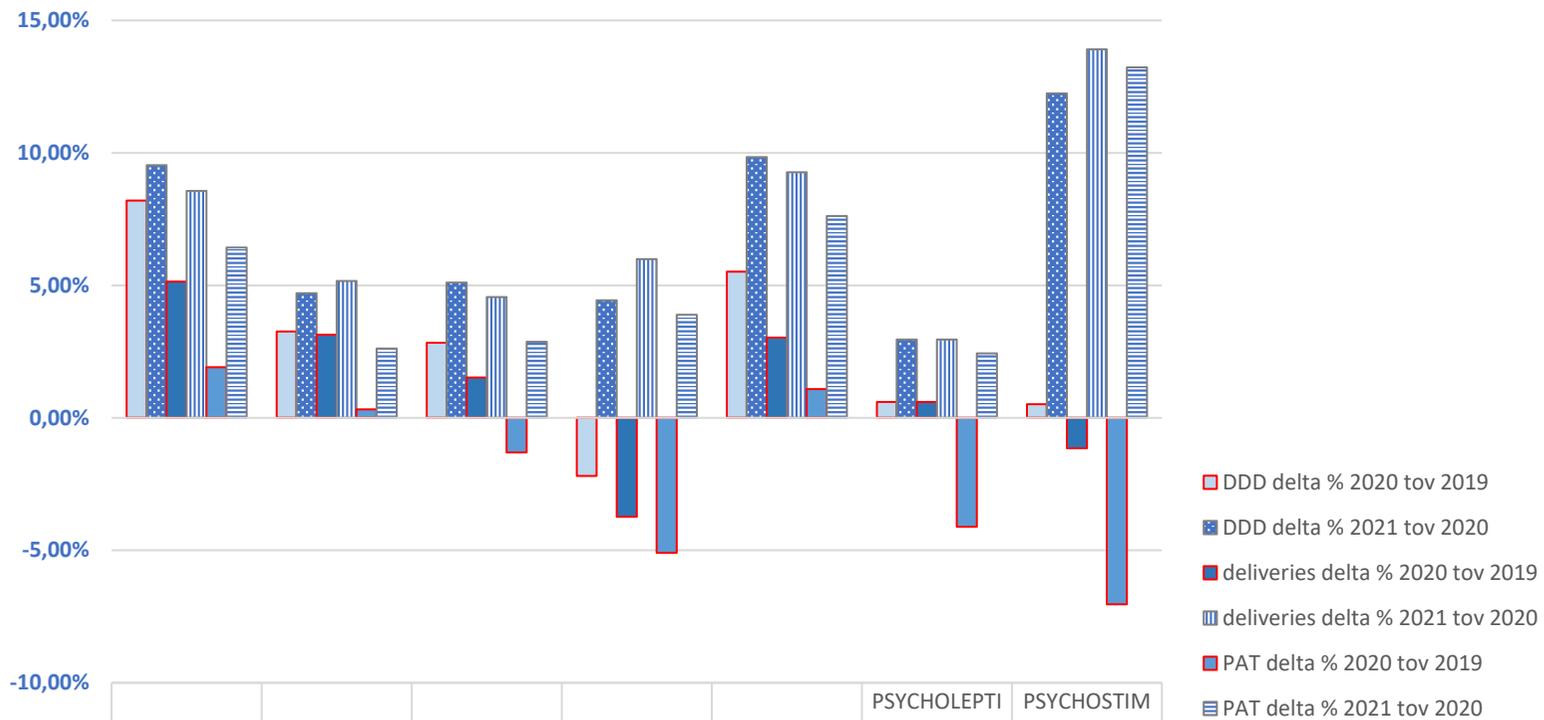
have affected their medication use. Finally, the *supply side* could have played a role: physicians might have increased their prescription behaviour because of the uncertainty surrounding the possibility of physical contacts, or to compensate for the drop in healthcare contacts with patients.

### 3.8.2. Evolution by category

**Total evolution by category** In Figure 25, the use of psycholeptic and psychoanaleptic medication is split up by category. The overall use of antipsychotics (N05A), anxiolytics (N05B), hypnotics and sedatives (N05C), and antidepressants (N06A) show similar patterns to those described in the previous section: in 2020 the defined daily doses (DDD) and deliveries of these categories increased, while the number of patients (PAT) grew less strongly, stayed constant, or dropped. Figure 25 also shows that the overall use of “psychostimulants, agents used for ADHD and nootropics” (N06B), and psycholeptics and psychoanaleptics in combination (N06C), remained relatively stable in 2020, but the number of patients (PAT) dropped. The use of anti-dementia drugs (N06D) and its number of using patients all dropped in 2020. In 2021, a similar observation can be made: in comparison to 2020, the defined daily doses (DDD) and deliveries rose faster than the number of patients (PAT) for all categories except N06B.

**Evolution by province** It is also interesting to observe the differences in daily defined doses (DDD) between provinces, although it should be kept in mind that their population differs (e.g. by age and gender) and the figures are simple aggregates that do not take this into account.

Of the Walloon provinces, Liège is affected the most in both 2020 (compared to 2019) and in 2021 (compared to 2020). The comparison among Flemish provinces points out that Limburg and East-Flanders have known the largest increases in 2021 compared to 2020 in most categories. In 2021 (compared to 2020), the peaks for daily defined doses of anti-dementia drugs are in Limburg (+3.14%) and East-Flanders (+3.20%), for antidepressants in Limburg (+8.68%) and East-Flanders (8.68%), for antipsychotics in Flemish-Brabant (+9.20%), anxiolytics in Limburg (+1.23%) and East-Flanders (+1.68%), hypnotics and sedatives in Limburg (+4.47%) and East-Flanders (+3.66%), psycholeptics and psychoanaleptics in combination in Limburg (+6.39%) and East-Flanders (+2.28%), and “psychostimulants, agents for ADHD and nootropics” in Limburg (+17.08%) and East-Flanders (+14.30%).



	ANTIPSYCHOTICS N05 PSYCHOLEPTICS	ANXIOLYTICS N05 PSYCHOLEPTICS	HYPNOTICS AND SEDATIVES N05 PSYCHOLEPTICS	ANTI-DEMENTIA DRUGS N06 PSYCHOANALPTICS	ANTIDEPRESSANTS N06 PSYCHOANALPTICS	PSYCHOLEPTICS AND PSYCHOANALPTICS IN COMBINATION N06 PSYCHOANALPTICS	PSYCHOSTIMULANTS, AGENTS USED FOR ADHD AND NOOTROPICS N06 PSYCHOANALPTICS
DDD delta % 2020 tov 2019	8,20%	3,26%	2,83%	-2,19%	5,52%	0,60%	0,52%
DDD delta % 2021 tov 2020	9,54%	4,71%	5,11%	4,44%	9,85%	2,96%	12,25%
deliveries delta % 2020 tov 2019	5,14%	3,14%	1,52%	-3,74%	3,02%	0,60%	-1,15%
deliveries delta % 2021 tov 2020	8,56%	5,16%	4,56%	5,99%	9,27%	2,96%	13,91%
PAT delta % 2020 tov 2019	1,92%	0,32%	-1,31%	-5,09%	1,08%	-4,11%	-7,04%
PAT delta % 2021 tov 2020	6,43%	2,62%	2,87%	3,89%	7,62%	2,44%	13,23%

Figure 23: psycholeptic and psychoanaesthetic medication use by category, % difference 2020 - 2019 versus % difference 2021 - 2020 [Jan - Oct]

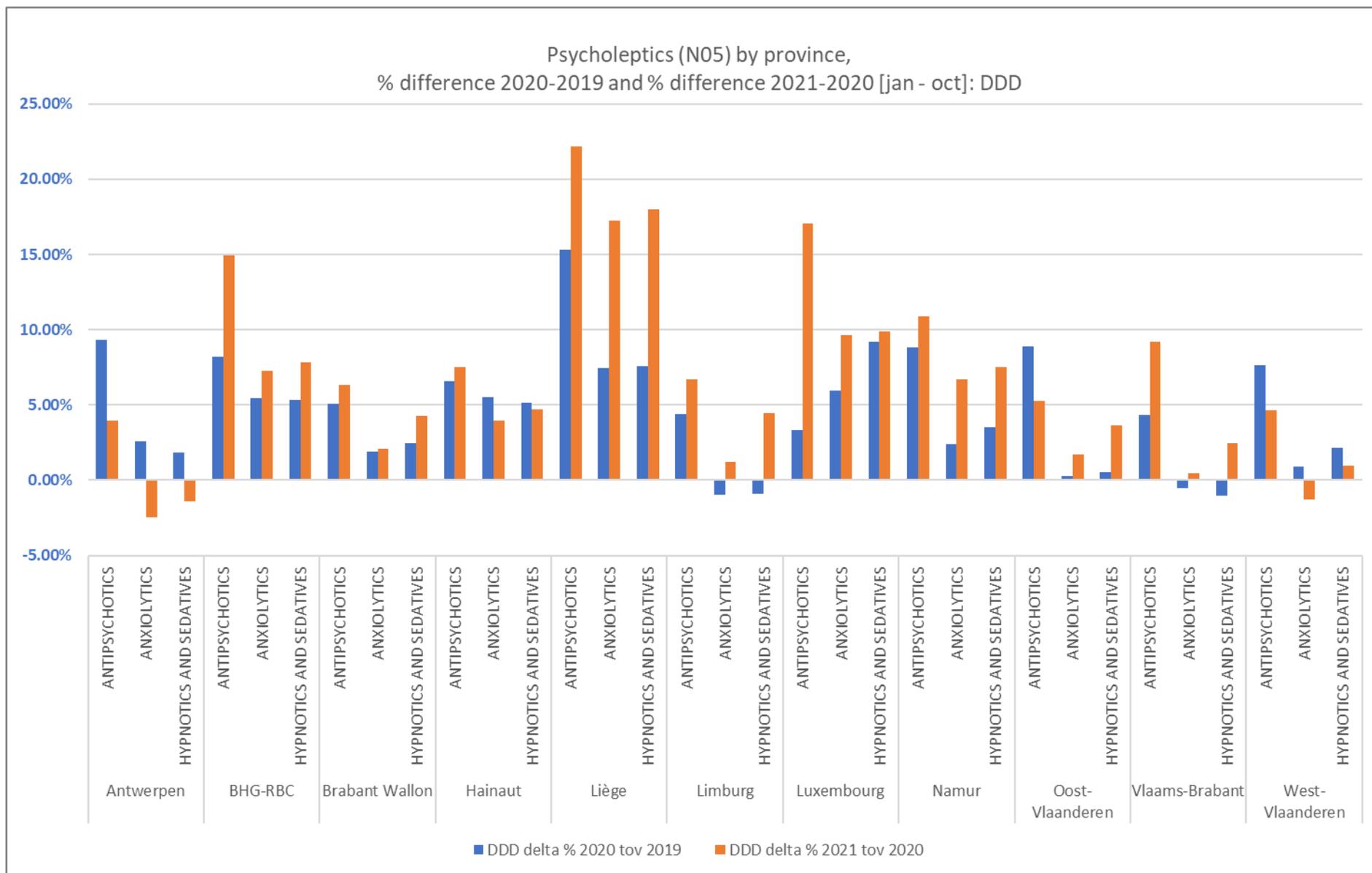


Figure 24: psycholeptics by province

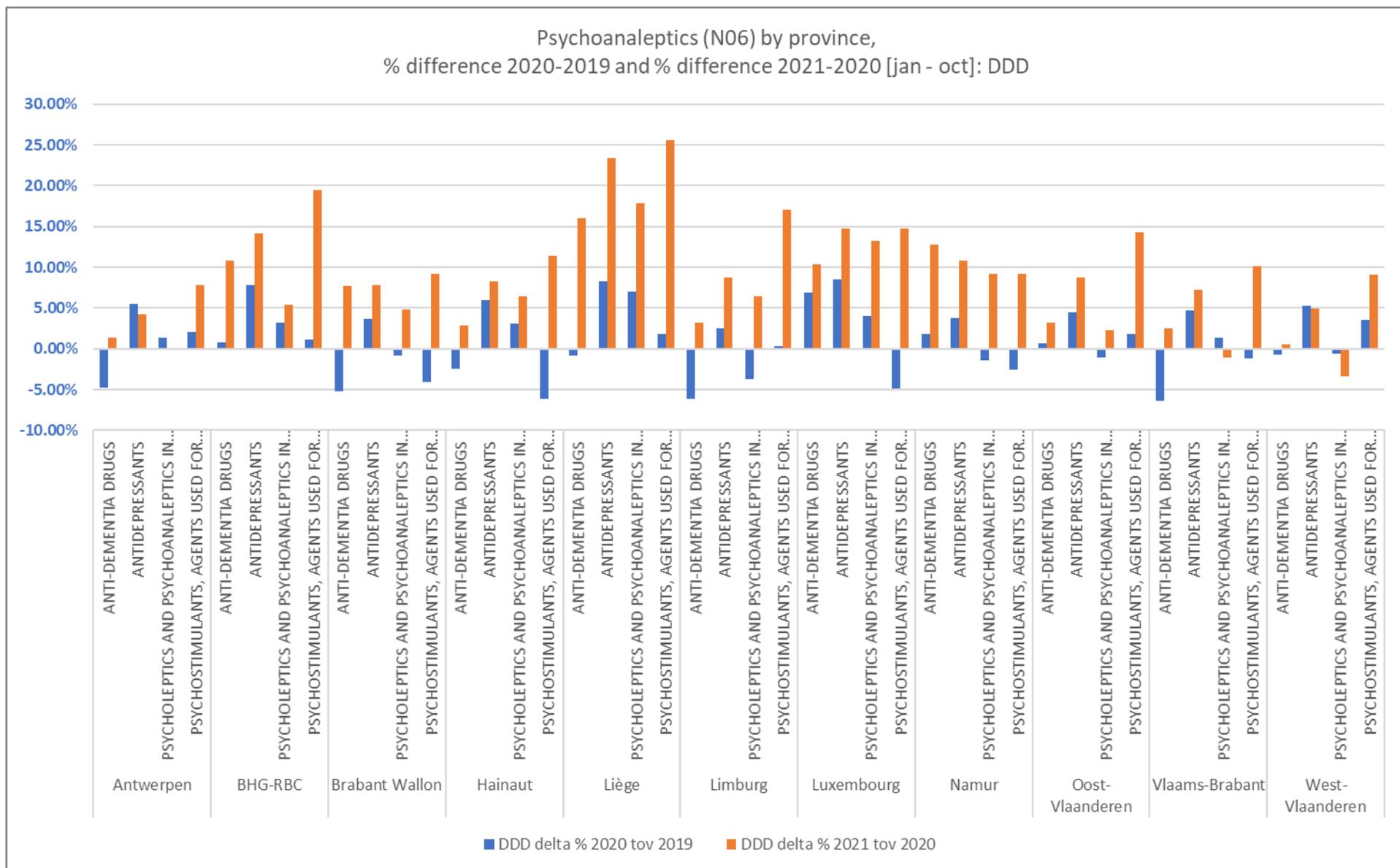


Figure 25: psychoanalectics by province

### 3.8.2.1. N05A antipsychotics

The use of antipsychotics (DDD) in 2020 increased by 8.55% in comparison to 2019. In Jan-Oct 2021, it increased by 9.54% in comparison to Jan-Oct in 2020. This increase is higher when compared to the increase in the same period of the year before: between Jan-Oct 2020 it increased by 8.2% in comparison to Jan-Oct 2019. Especially young females show a sharp increase in 2020 and 2021, as can be seen on the graph below, although this remains a limited group in absolute numbers. In general, the increase in the use of antipsychotics was stronger for females in lower age groups, but this relation reverses from the 46-65 age group onwards. Younger groups have a higher increased use of antipsychotics than older age groups.

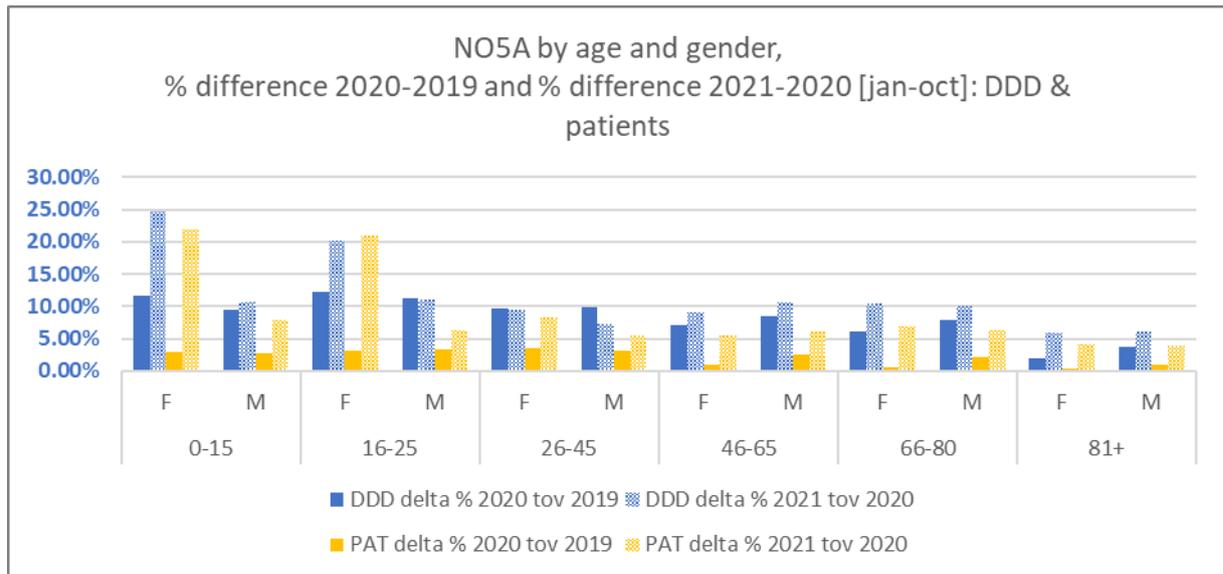


Figure 26: use of antipsychotics by age and gender

### 3.8.2.2. N05B anxiolytics

The use of anxiolytics (DDD) in 2020 increased by 3.81% in comparison to 2019. In Jan-Oct 2021, it increased by 4.71% in comparison to Jan-Oct in 2020. This increase is higher when compared to the increase in the same period of the year before: between Jan-Oct 2020 it increased by 3.26% in comparison to Jan-Oct 2019. Roughly similar patterns (as for N05A) can be observed regarding age and gender.

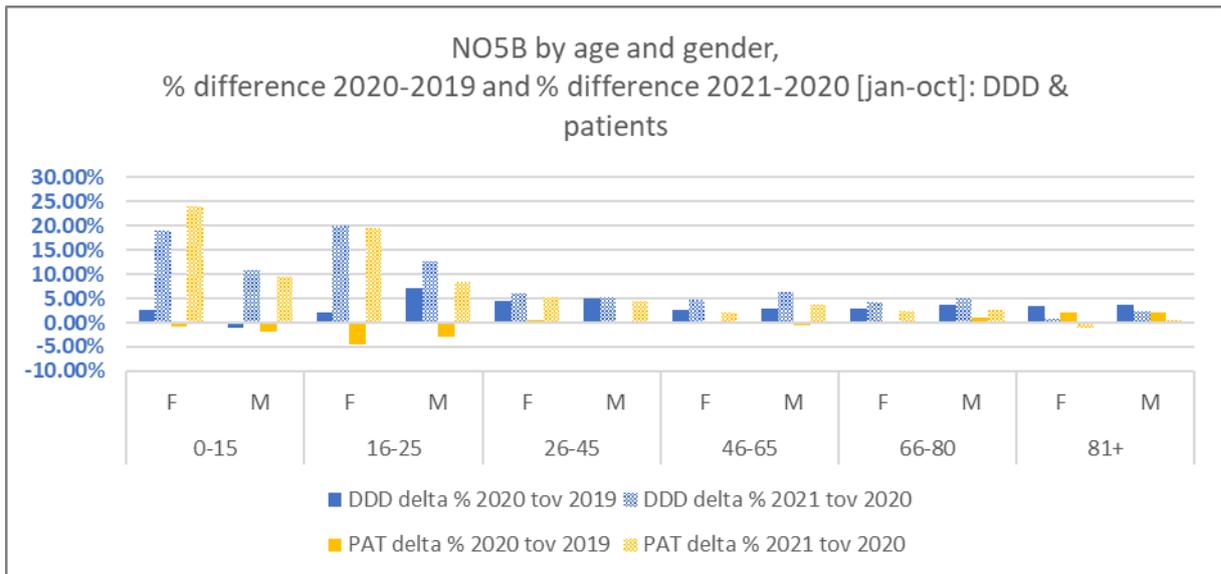


Figure 27: use of anxiolytics by age and gender

### 3.8.2.3. N05C hypnotics and sedatives

The use of hypnotics and sedatives (DDD) in 2020 increased by 3.33% in comparison to 2019. In Jan-Oct 2021, it increased by 5.11% in comparison to Jan-Oct in 2020. This increase is higher when compared to the increase in the same period of the year before: between Jan-Oct 2020 it increased by 2.83% in comparison to Jan-Oct 2019. The increases are generally higher for younger age groups. Regarding gender, females have higher increases than males in younger age groups, but lower increases than males in older age groups.

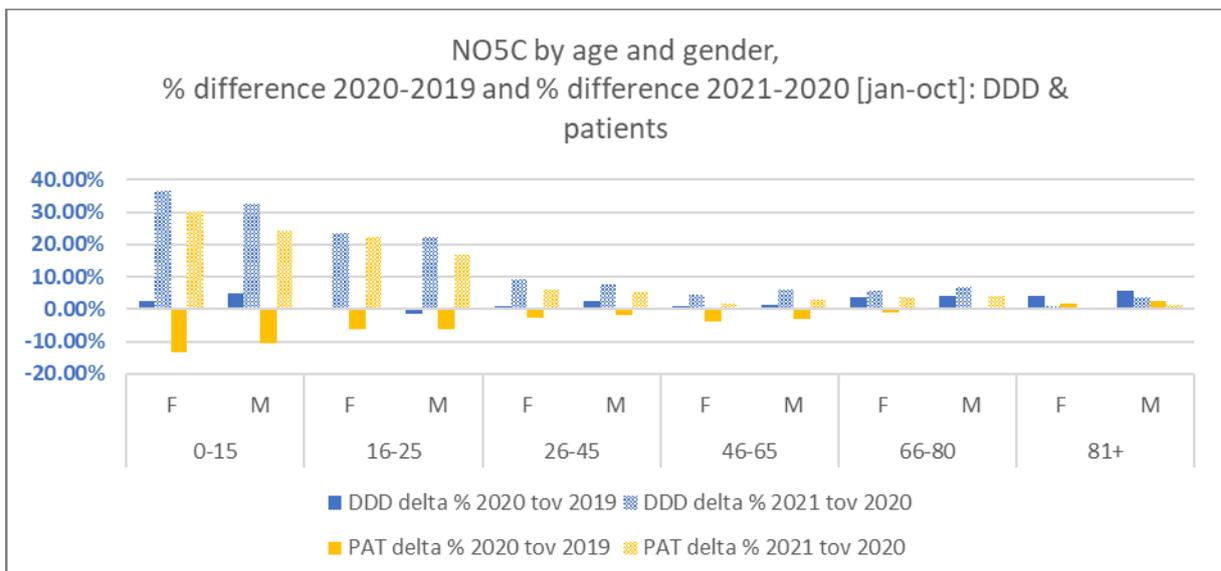


Figure 28: use of hypnotics and sedatives by age and gender

### 3.8.2.4. N06A antidepressants

The use of antidepressants (N06A) on annual basis (DDD) increased by 5.56% from 2019 to 2020. In Jan-Oct 2021, it increased by 9.85% in comparison to Jan-Oct in 2020. This increase is higher when compared to the increase in the same period of the year before: between Jan-Oct 2020 it increased by 5.52% in comparison to Jan-Oct 2019. Females experienced a higher increase in the younger age groups.

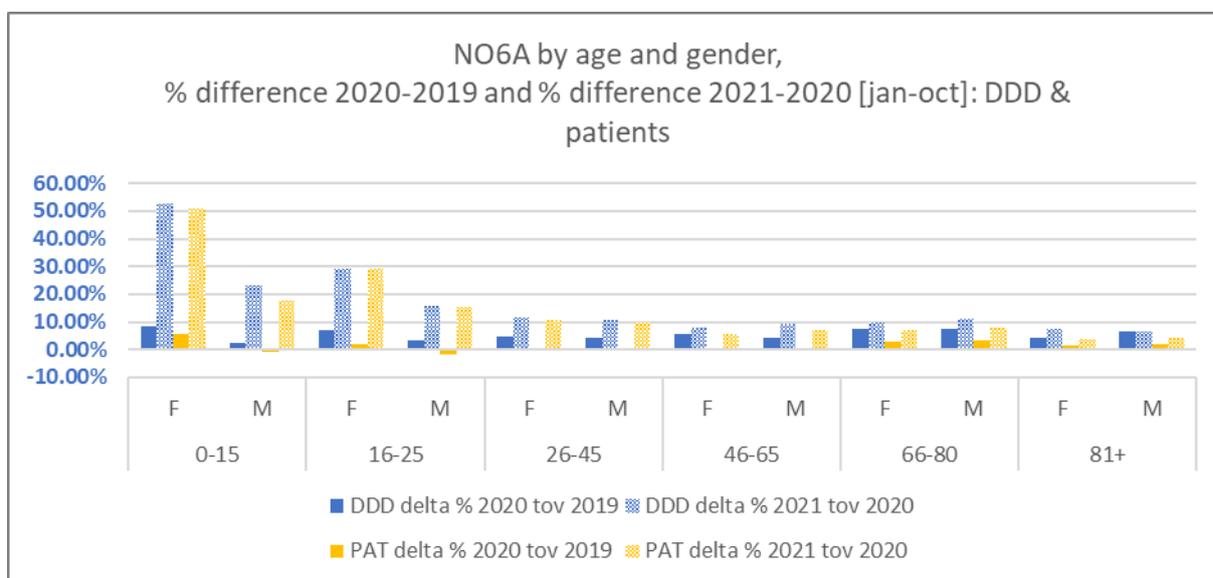


Figure 29: use of antidepressants by age and gender

### 3.8.2.5. N06B psychostimulants, agents used for ADHD and nootropics

The use of psychostimulants, agents used for ADHD and nootropics (N06B) on annual basis (DDD) increased by 0.44% from 2019 to 2020. In Jan-Oct 2021, it increased by 12.25% in comparison to Jan-Oct in 2020. This increase is a lot higher when compared to the increase in the same period of the year before: between Jan-Oct 2020 it increased by 0.52% in comparison to Jan-Oct 2019.

Note that the younger age groups (0-15 and 16-25) demonstrated a lower number of defined daily doses (DDD), deliveries, and patients for N06B (psychostimulants, agents used for ADHD and nootropics) between April and June 2020, which could be caused by the closing of the schools in this period. Also noteworthy is a relatively high increase in 2020 for the age group of 26-45. In 2021, sharper increases are evident in almost all age groups.

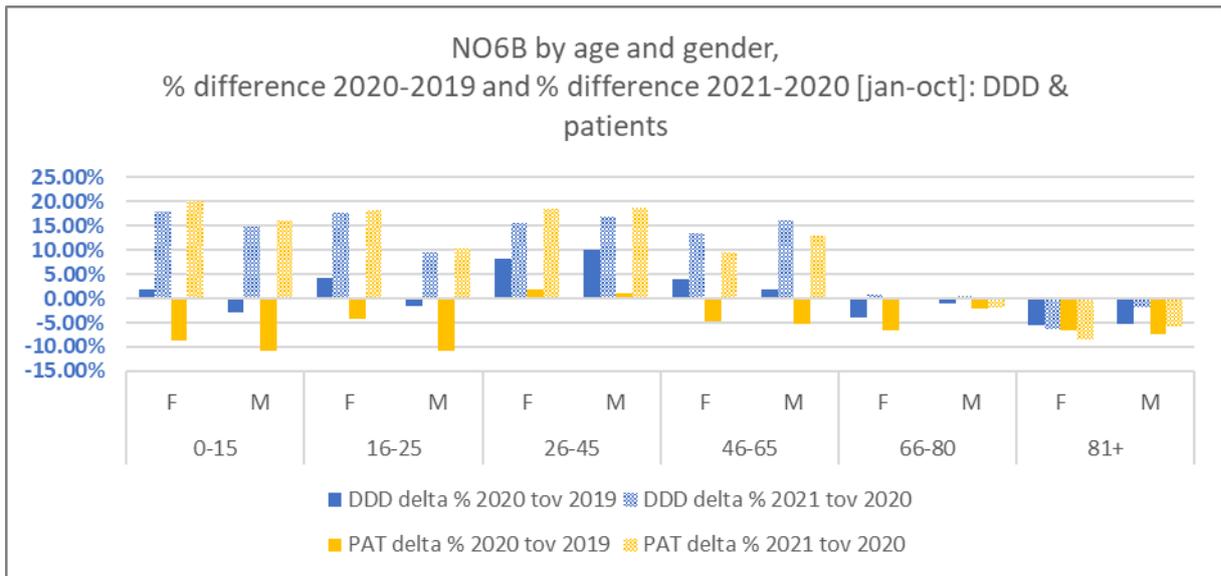


Figure 30: use of psychostimulants, agents used for ADHD and nootropics by age and gender

### 3.8.2.6. N06C psycholeptics and psychoanaleptics in combination

For completeness, we also wish the note that the use of psycholeptics and psychoanaleptics in combination (mainly containing one medicine: DEANXIT, often prescribed as a sedative) increased by 0.72% from 2019 to 2020. In Jan-Oct 2021, it increased by 2.96% in comparison to Jan-Oct in 2020. This increase is higher when compared to the increase in the same period of the year before: between Jan-Oct 2020 it increased by 0.60% in comparison to Jan-Oct 2019. Care should however be taken in its interpretation, because of low absolute numbers.

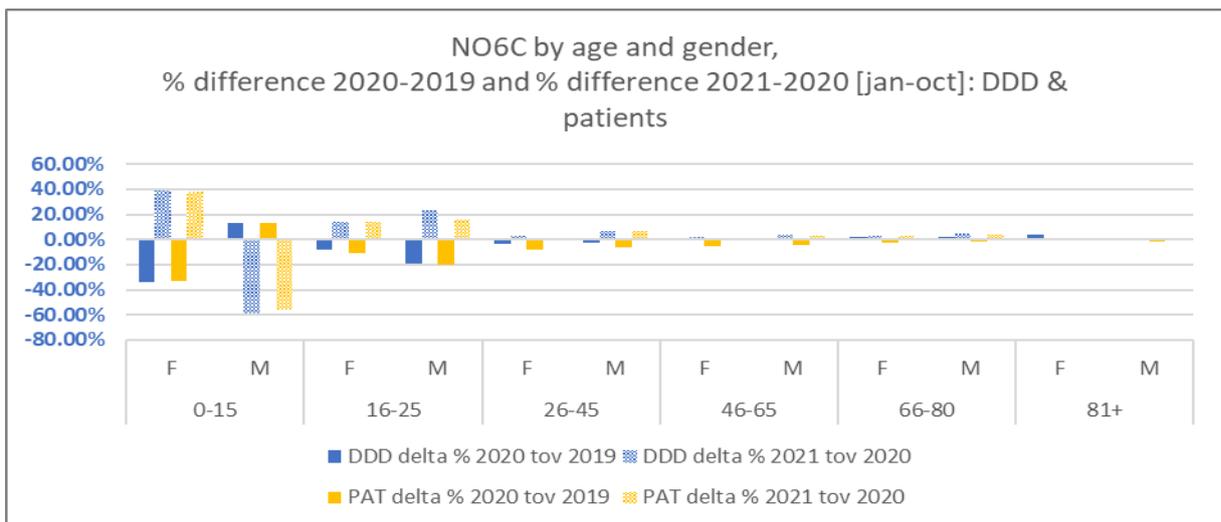


Figure 31: use of psycholeptics and psychoanaleptics in combination by age and gender

### 3.8.2.7. N06D anti-dementia drugs

The use of anti-dementia drugs (N06D) on annual basis (DDD) decreased by -2.15% from 2019 to 2020. In Jan-Oct 2021, it increased by 4.44% in comparison to Jan-Oct in 2020. This increase is higher when compared to the change in the same period of the year before: between Jan-Oct 2020 it decreased by -2.19% in comparison to Jan-Oct 2019. Whereas the decrease in 2020 is a continuation of a diminishing use in previous years, the increase in 2021 does not fall within this same trend. The increase in younger age groups needs to be interpreted with care. Hence, it concerns probably low numbers as there is no indication for this medication in young people.

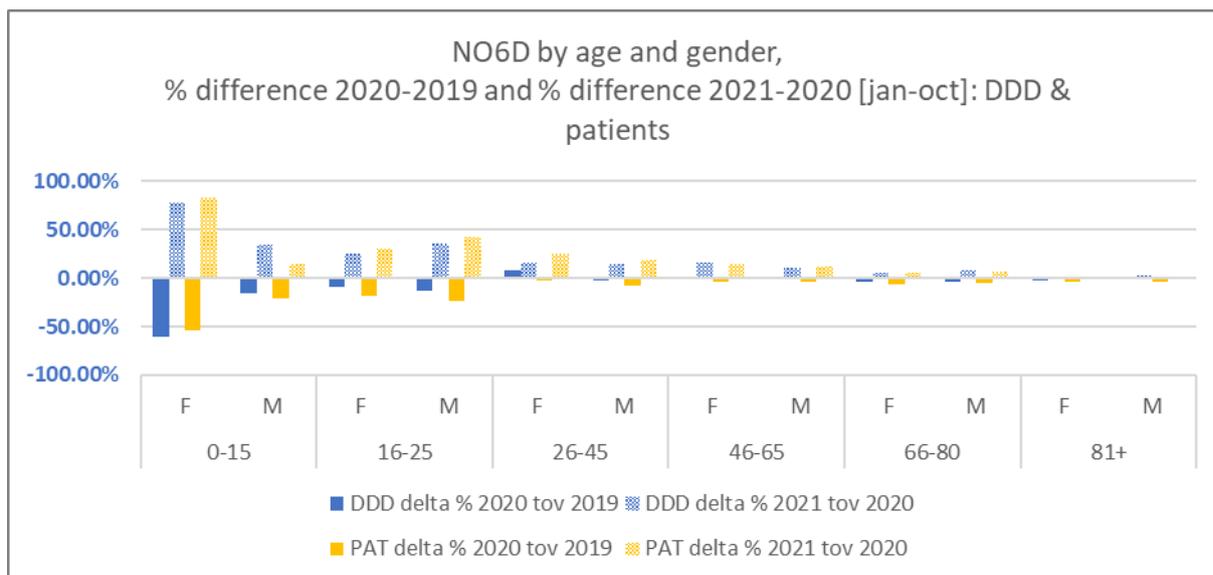


Figure 32: use of anti-dementia drugs by age and gender

A multitude of factors play a role in these trends: from delaying care due to contact restrictions and lockdowns, to herd behaviour and hoarding, or increased mental health complaints due to COVID-19 and the measures taken to prevent it. While the data does not always allow us to discern between these causes, it is certain COVID-19 has affected the consumption of psycholeptic and psychoanaleptic medication.

### 3.9. Mental health expenditures

The global COVID-19 pandemic and the measures taken to contain it have evidently harmed the physical health of Belgian citizens, but their mental health has also been affected. In this short summary, we evaluate to what extent this influenced healthcare use for mental health by comparing 2020 and 2021 to previous years. To this effect, we make use of healthcare use data up to July 2021 from the National Institute for Sickness and Disability Insurance (INAMI/RIZIV)<sup>13</sup>.

<sup>13</sup> Authors: Godderis L, Boets I, Steel J. Source data: National Institute for Sickness and Disability Insurance (INAMI/RIZIV). In the context of the COVID-19 crisis, there were two types of measures:

a) Measures without budgetary impact: e.g. classic benefits are replaced by remote benefits, including psychological and psychiatric care;

Looking at the booked healthcare payments for psychiatrists and child psychiatrists in the figures below, it is observable how the total healthcare expenditures for psychiatrists and child psychiatrists fell below previous years from April to July 2020 (first wave), in October 2020 and January 2021 (second and third wave). This was also the case for consultations, visits and advice at doctors' offices. The peaks in expenditures can be explained by quarterly billing in psychiatric hospitals. For the services from 01/07/2020 onwards, The INAMI/RIZIV has switched to monthly billing.

In total, in 2019 the booked payments for psychiatrists and child psychiatrists were €304,375,400, while 2020 €297,486,0 was booked; a reduction and possible under-consumption of -2,3%. This is paired with 10,993,139 booked cases in 2019, and 10,616,831 booked cases in 2020: a reduction of -3.4%.

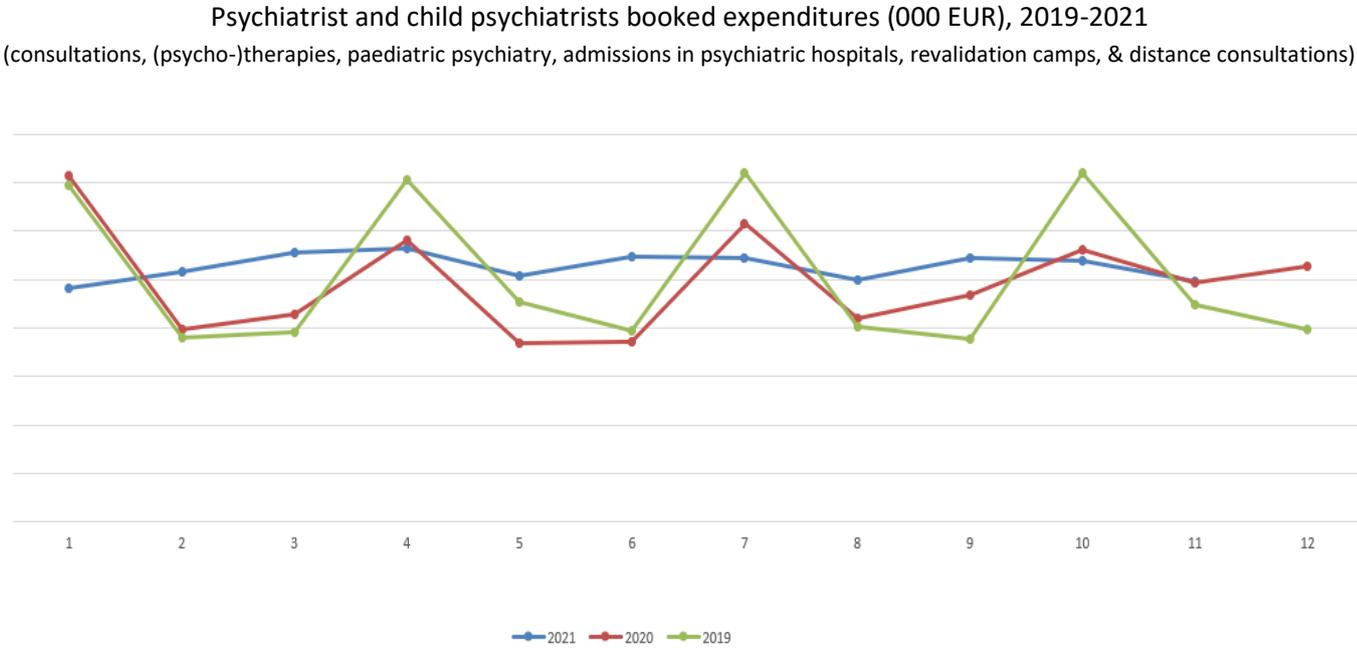
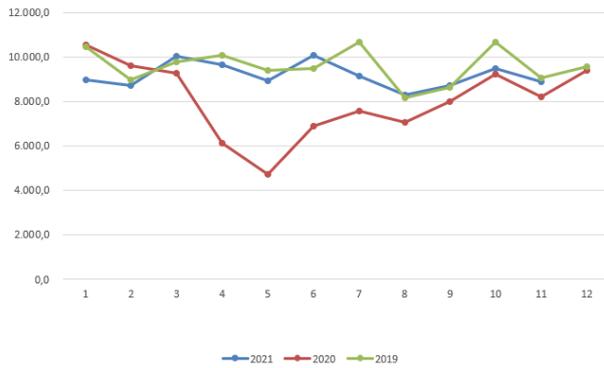


Figure 33: psychiatrist and child psychiatrist booked expenditures

Looking in more detail, from March 2020 onwards there is a lower expenditure on therapies, psychotherapies, and pediatric psychiatric consultations in comparison with previous years. If distance consultations (which started in April 2020) are factored in, the gap stays apparent between March and June 2020. However, since March 2021 the expenditures rise above levels of previous years when taking into account the distance consultations (Figure 36).

b) Measures under separate heading 89 are measures with a budgetary impact. For mental health this relates to the extension for children and 65+ year olds of the reimbursement of first-line psychological care in 2020 (the expenditure for this is quite limited). From 2021 onwards, however, this extension is structurally included within the medical care objective.

Booked expenditures (000 EUR), 2019-2021  
(consultations, (psycho-)therapies, paediatric psychiatry)  
**WITHOUT distance consultations**



Booked expenditures (000 EUR), 2019-2021 (consultations, (psycho-)therapies, paediatric psychiatry) **WITH distance consultation**

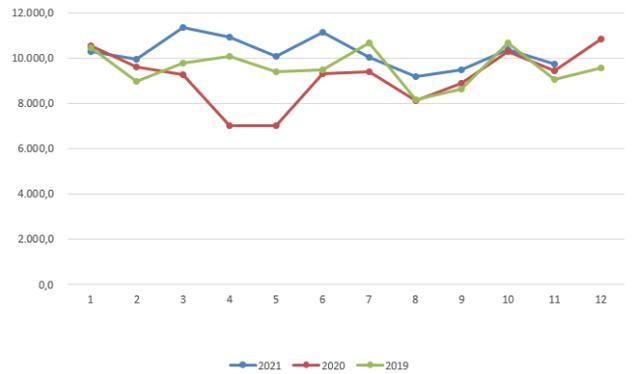


Figure 34: booked expenditures without and with distance consultations

Admissions in psychiatry dropped slightly below the values of previous years from April to July 2020, in October 2020, in January 2021. In February and March 2021, the admissions were higher than previous years, lower in April 2021, and again higher in May and June 2021 (Figure 37). This can be explained by the change to monthly billing instead of quarterly billing. The expenditures on revalidation camps for children and adults in 2020 were lower overall, since many camps were cancelled (Figure 38). This drop can still be noticed in 2021.

A multitude of factors play a role in these trends: from delaying care due to contact restrictions and lockdowns, to increased mental health complaints due to COVID-19 and the measures taken to prevent it. While the data does not allow us to discern between these causes, it is certain COVID-19 has had an impact on Belgian citizens' expenditures for healthcare contacts with psychiatrists and child-psychiatrists.

Admissions in psychiatric hospitals booked expenditures (000 EUR), 2019-2021

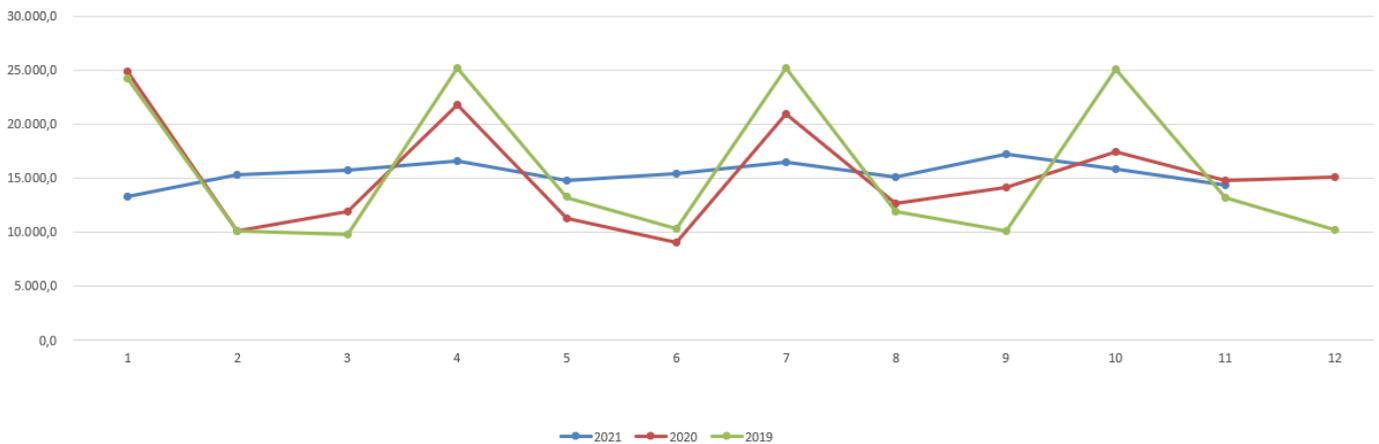


Figure 35: Admissions in psychiatric hospitals booked expenditures

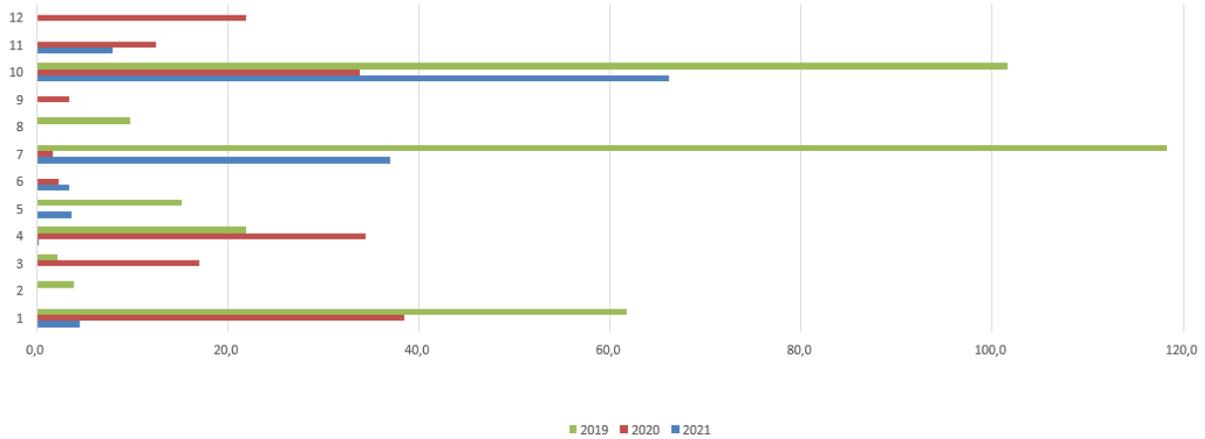


Figure 36: Revalidation camps booked expenditures in 000 EUR (2019-2021)

### 3.10. Sickness absence

We analyzed actual data about short-term sick leave (sickness less than one month), medium-term sick leave (sickness between 1 month and 1 year), long-term sick leave (more than 1 year) in data provided by ACERTA derived from a set of 260,000 employees employed by more than 40,000 employers in the private sector, which includes both SMEs and large enterprises, and on a dataset of 28,000 employees from the healthcare sector. The calculated percentages are the number of days of sickness absence in relation to the total of workable days (numerator: number of sickness absence days ; denominator: total of available workable days).

Across all sectors, 2.37% of workable days in 2019 were not performed due to illness less than one month. In 2020 this number decreased (2.20%, -7.17%), but increased again in 2021 (2.49%, +13.18%). The drop in 2020 was most likely due to telework and more limited physical contact, decreasing common infections which are one of the most reported reasons for short sick leave. Specifically for the health care sector, we saw an increase in short-term sickness absence in 2020 compared to 2019 (2.82%, +6.42%), but a decrease in 2021 (2.75%, -2.48%). When comparing the health care sector with other sectors, the percentage of short-term sick leave is higher in the health care sector (+28.18% in 2020 and +10.44% in 2021).

Remarkably, we noticed that since the first 'COVID-19-month' (March 2020, 4.51%), the percentage of short-term sick leave across all sectors has never been higher than in January 2022 (3.99%) and February 2022 (3.27%) (Figure 39). The same trend can be seen for the health care sector (peak in March 2020 5.76% and highest numbers in January and February 2022: 4.76% and 3.96%) (Figure 40). This might be due to the highly contagious Omicron-variant of the virus. However, it is estimated that those numbers will drop again as the infection rate is decreasing and we now entered 'code yellow' in the exit strategy.

KORTSTONDIGE ZIEKTE / 2020 2021 2022



Figure 37: Short-term sickness absence across all sectors (2020-2022)

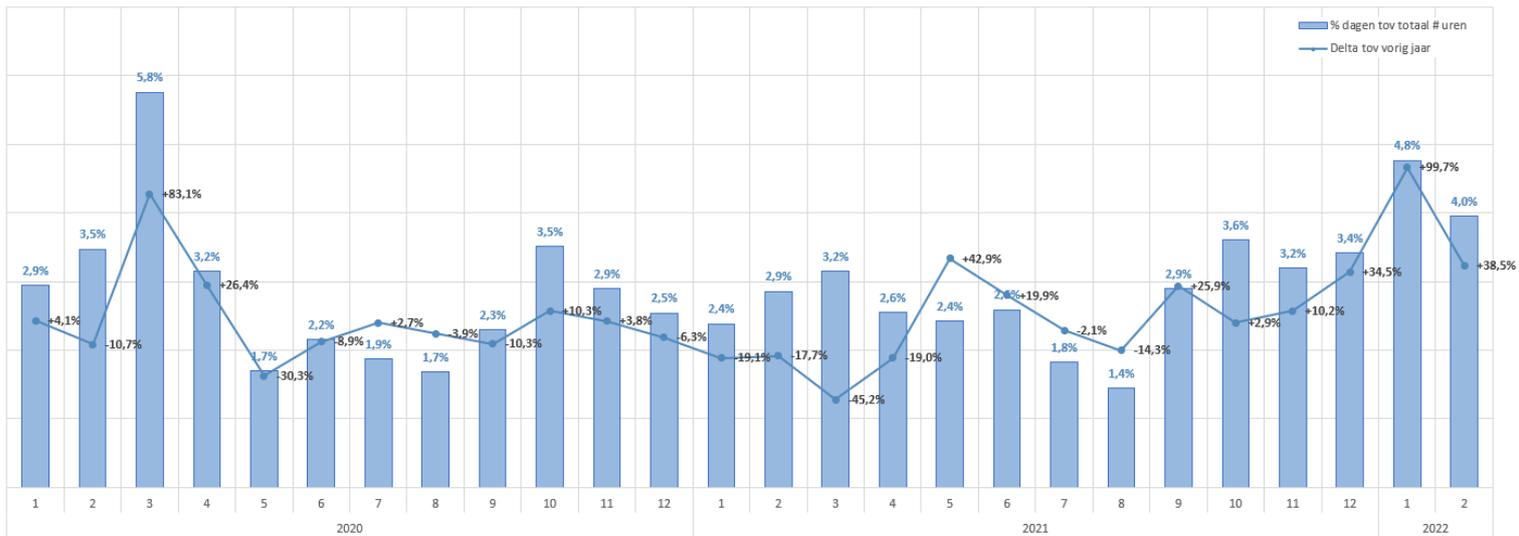


Figure 38: Short-term sickness absence in health care sector (2020-2022)

For medium-term sick leave longer than one month, but less than a year, 2.77% of all workable days were not performed due to illness in 2020. This was an increase of +1.25% compared to 2019. Those numbers decreased again in 2021 to 2.67% (-3.69%). In the health care sector numbers are overall higher, but they follow a similar pattern. In 2020 3.62% of all workable days were not performed due to medium-term sickness absence, an increase of +7.41%. In 2021 the numbers decreased again (3.54%, -2.25%). When comparing this numbers with other sectors, numbers of medium-term sick leave were +30.61% higher in 2020 and +32.57% in 2021 for the health care sector.

For long-term sick leave, longer than one year, the percentage of workable days not performed due to sick leave dropped in 2020 (4.59%, -0.52%) and 2021 (4.26%, -7.04%) across all sectors. In the health care sector numbers were higher in 2020 (6.72%, +6.53%), but lower in 2021 (6.43%, -4.26%). Nevertheless, compared to other sectors, the numbers for long-term sick leave in the health care sector are significantly higher: +46.48% in 2020 and +50.86% in 2021.

Taking all forms of absences due to illness (short, medium, and long) together, in 2020 and 2021 healthcare faced respectively 37.66% and 34.99% more absence compared to the other sectors in relation to the year before. Globally, across all sectors, 9.56% of all workable days

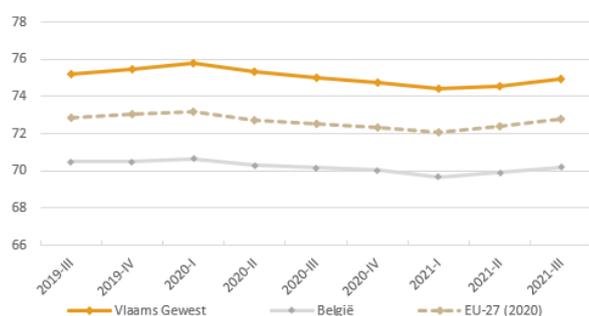
were not performed due to illness in 2020, and 9.42% in 2021. In the health care sector this was 13.16% and 12.72% respectively.

### 3.11. Temporary unemployment

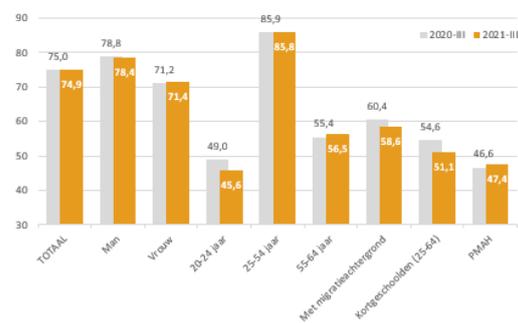
According to 'Steunpunt Werk'<sup>14</sup> the COVID-19-pandemic has had a clear impact on the Flemish labour market. For quite some time now, they have been monitoring the trend indicators of the Flemish labour market in the field of the economic situation, activity and unemployment, employment and sectors, and vacancies and shortage.

Steunpunt Werk concludes that the level of employment keeps increasing. When we look at the trendlevel of the employment rate, there was a growth of +0,3ppt in Belgium during the third quarter of 2021 (figure 41). However, for some vulnerable groups, like low-educated people, people with a migration background or people of younger age (20-24y), the employment level has not yet reached the pre-crisis level.

Trendniveau werkzaamheidsgraad (%) | 20- tot 64-jarigen  
2019-III tot 2021-III | Vlaams Gewest, België, EU-27 (2020)



Naar achtergrondkenmerken | Vlaams Gewest



Er is een breuk in de resultaten in het eerste kwartaal van 2021 omwille van een herziening van de EAK vragenlijst en een gewijzigde definitie met betrekking tot werkgelegenheid en werkloosheid

Personen met een migratieachtergrond hebben een geboorteland buiten de EU-27 of het Verenigd Koninkrijk

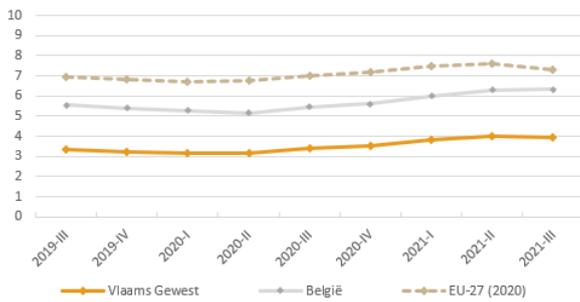
Bron: Statbel (Algemene Directie Statistiek - Statistics Belgium) - EAK, Eurostat - LFS (Bewerking Steunpunt V Bron: Statbel (Algemene Directie Statistiek - Statistics Belgium) - EAK, Eurostat - LFS (Be

Figure 39: Trendlevel employment rate (%)

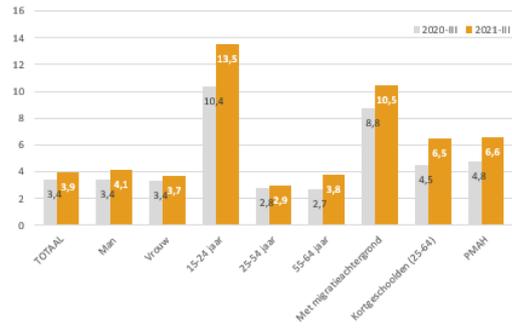
The trendlevel of the unemployment rate is also not yet at pe-crisis level. There is an unemployment rate in Belgium of 6,3% (3,9% in Flanders). Again, the situation is less positive for low educated people, people of younger age (15-24y) and people with a migration background.

<sup>14</sup> [www.steunpuntwerk.be](http://www.steunpuntwerk.be)

Trendniveau werkloosheidsgraad (%) | 15- tot 64-jarigen  
2019-III tot 2021-III | Vlaams Gewest, België, EU-27 (2020)



Naar achtergrondkenmerken | Vlaams Gewest



Er is een breuk in de resultaten in het eerste kwartaal van 2021 omwille van een herziening van de EAK vragenlijst en een gewijzigde definitie met betrekking tot werkgelegenheid en werkloosheid  
Personen met een migratieachtergrond hebben een geboorteland buiten de EU-27 of het Verenigd Koninkrijk

Bron: Statbel (Algemene Directie Statistiek - Statistics Belgium) - EAK, Eurostat - LFS (Bewerking Steunpunt V Bron: Statbel (Algemene Directie Statistiek - Statistics Belgium) - EAK, Eurostat - LFS (Bewerking Steunpunt Werk)

Figure 40: trendlevel unemployment rates

Due to the COVID-19 crisis, it was decided to simplify the procedure of temporary unemployment. Although the number of temporarily unemployed people is decreasing, the numbers still remain at a high level, with more than twice as much temporarily unemployed people in December 2021 in comparison to December 2019 (pre-COVID).

Regarding the jobseekers that are still unemployed (wzw) the numbers show a decrease since the end of 2020. In January 2022 the number knew a small increase (181.000 wzw) but this increase is seen annually in the month of January. Nevertheless, the number of wzw is -15,4% lower than the year before. The decrease is especially prevalent for people who have been jobless for less than 2 years and younger people.

Evolutie aantal wzw | VLAAMS GEWEST  
Januari '21 tot januari '22 | Groei op jaarbasis (%)

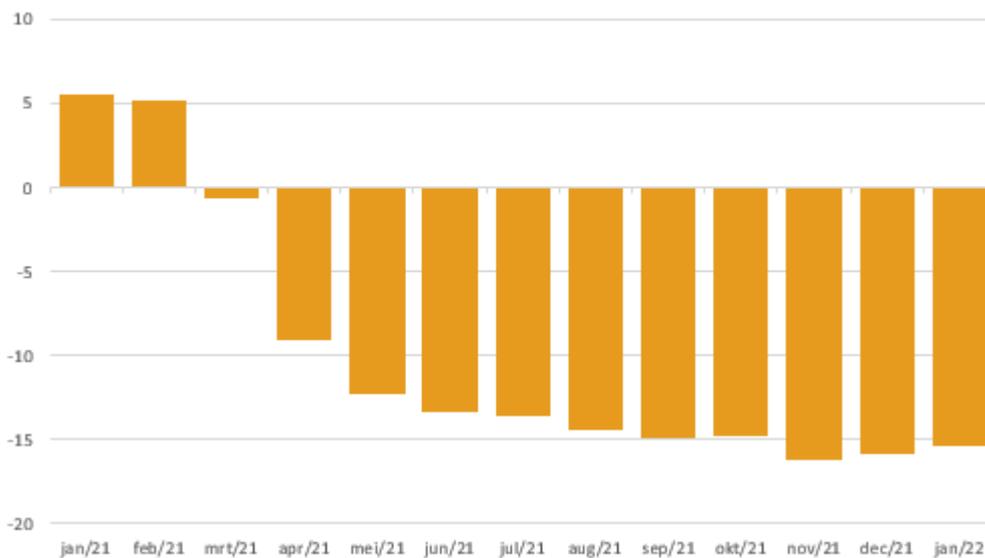
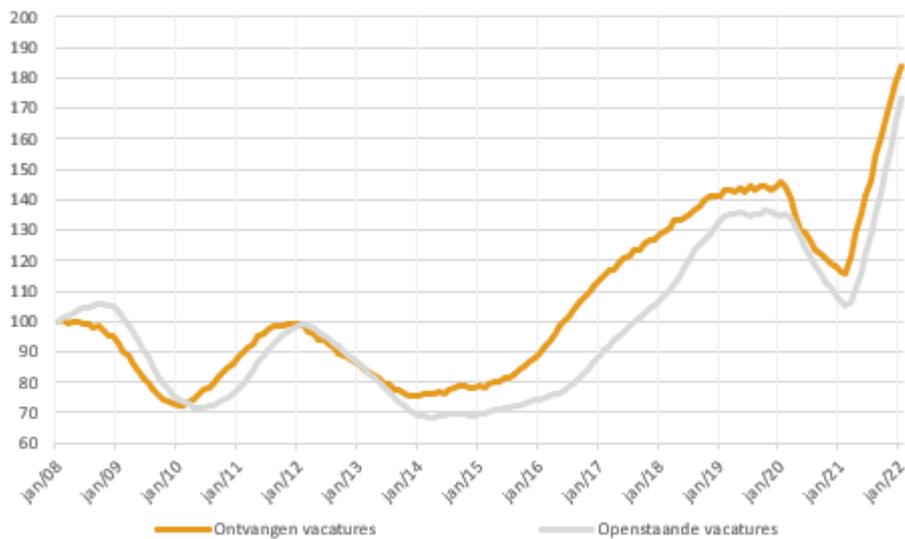


Figure 43: evolution unemployed job seekers

The number of vacancies is still on a very high level, with 34.673 received vacancies in January 2022 (Figure 44). This is 46,7% more compared to last year and also 22,8% more compared to the last record level of January 2020. The number of open vacancies is on an all time high, with 73.143 open vacancies in January 2022. This is 86,8% higher in comparison to last year. The growth so far is strongest for vacancies requiring no experience (+72,9%), and low-skilled job (+59,6%). We note an increasing tightness on the Flemish labor market, influenced by the increasing number of vacancies and the decreasing number of unemployed jobseekers. The 'tightness ratio' is 1.9, which means there are less than two jobseekers per open vacancy.

#### Trendindex aantal VDAB-vacatures | VLAAMS GEWEST

Januari '08 tot januari '22 | Index jan.'08=100



Trendindex = index van het trendniveau, d.i. het voortschrijdend gemiddelde van de voorbije twaalf maanden

Bron: VDAB (bewerking Steunpunt Werk)

Figure 41: evolution received and open vacancies

#### 4. Authors and contributors

Prepared by: Lode Godderis, Isabelle Boets, Maarten Vansteenkiste, Philippe Beutels, Isabelle Aujoulat, Céline Nieuwenhuys, Dimitri Van der Linden, Jonas Steel, Sophie Maes

The following experts were involved (in alphabetic order) or provided data. For more details, additions and also if you dispose of data or publications you can contact: prof. dr. Lode Godderis ([lode.godderis@kuleuven.be](mailto:lode.godderis@kuleuven.be)).

<b>AUJOULAT Isabelle</b>	UCLouvain, Institute of Health & Society
<b>BEIRENS Stijn</b>	Opgroeien
<b>BEUTELS Philippe</b>	University of Antwerp
<b>BLAVIER Adélaïde</b>	ULiege
<b>BRUFFAERTS Ronny</b>	UZ Leuven
<b>BOELEN Gijs</b>	Acerta
<b>BOETS Isabelle</b>	KU Leuven, Group IDEWE
<b>BRUYNEEL Luk</b>	KU Leuven, Onafhankelijke Ziekenfondsen
<b>DAUBIE Mickael</b>	RIZIV/INAMI
<b>DEMAREST Stefaan</b>	Sciensano
<b>DEREYMAEKER Kirsten</b>	Opgroeien
<b>DE SMET RUBEN</b>	Labour economics en Steunpunt Werk -KU Leuven
<b>DOGGEN Kris</b>	Sciensano
<b>GERMEYS Inez</b>	KU Leuven
<b>GODDERIS Lode</b>	KU Leuven and Group IDEWE
<b>GRYPDONCK Lies</b>	RIZIV/INAMI
<b>HAEDENS Nele</b>	Opgroeien
<b>HAMELINCK Wouter</b>	Association of Pharmacists Belgium
<b>MAES Sophie</b>	Centre hospitalier le Domaine-ULB à Braine-l'Alleud
<b>NIEUWENHUYS Céline</b>	Fédération des services sociaux
<b>POTS Jennifer</b>	Federatie van Tele-Onthaaldiensten Vlaanderen & Brussel
<b>SCHOUTEDEN Martijn</b>	Group IDEWE
<b>SMITH Pierre</b>	UCLouvain
<b>STEEL Jonas</b>	KU Leuven
<b>STRAETMANS Koen</b>	Association of Pharmacists Belgium
<b>VANDENBROECK Sofie</b>	KU Leuven, Group IDEWE
<b>VAN DEN CRUYCE Nele</b>	VUB
<b>VAN DER LINDEN Dimitri</b>	UC Louvain
<b>VAN HOOF Elke</b>	VUB
<b>VANSNICK Luc</b>	Association of Pharmacists Belgium
<b>VANSTEENKISTE Maarten</b>	UGENT
<b>VANSTEENKISTE Sarah</b>	Labour economics en Steunpunt Werk- KU Leuven
<b>VERBOOMEN Kathelijne</b>	Acerta

The following administrations and/or ministerial cabinets were heard:

**Sciensano**  
**RIZIV-INAMI**  
**Farmaflux**  
**Opgroeien**  
**Steunpunt Werk**