

## Mental Health of Belgian Population: update 20/10/2022

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## 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 was under pressure especially in periods with increasing restrictive measures and uncertainty, particularly among younger people. This is supported by recent scientific studies, that show an increase in cases of depressive- and anxiety disorders. Though data are mixed, younger age, female gender and pre-existing mental health conditions were often reported as risk factors.

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 dispatch for crisis situations and consultations were significantly higher in 2021 compared to the previous years (Data source: Opgroeien). Fortunately, the first data of 2022, seem to indicate a decrease in applications, although numbers remain high.

When looking at the working population (Data source: IDEWE), current data suggests an impact of COVID-19. There seems to be a small increase in burn-out risk, while intention to stay and satisfaction seem to decrease. From April 2022 onwards, burn-outrisk seems to decrease but more data is needed to verify this trend.

Regarding sick leave (Data source: ACERTA, SD Worx, Securex)) the alarming signals about short-term sick leave across all sectors are being supported by the numbers. Since the

beginning of 2022, numbers of short-term sick leave have never been higher. Also regarding medium-term sick leave, numbers remain high due to flu and the Omikron-variant of COVID-19. In general, as well for short-term, medium-term-, as for long-term sickness absence, numbers are higher for employees in the healthcare sector. The high absenteeism rates combined with the tightness of the labor market, make it even more difficult for companies to fill vacancies.

The total healthcare expenditures (Data source: RIZIV) for psychiatrists and child psychiatrists fell below previous years in the second quarter of 2020 (first wave), but numbers stabilized in the third and fourth quarter of 2020. In 2021 we saw that expenditures were higher than previous years and this rising trend in expenditures is also visible in the first quarter of 2022.

### 3. Mental health and disorders

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

A 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.

Another recent review published by Nature Medicine<sup>2</sup>, however, concludes that despite a small increase in self-reported mental health problems, this has (so far) not translated into objectively measurable increased rates of mental disorders, self-harm or suicide rates at the population level. The authors hypothesize that this could suggest effective resilience and adaptation, but they also state that there is substantial heterogeneity among subgroups, and time-lag effects may also exist. This conclusion was also drawn by an Australian study<sup>3</sup> from which the results suggest that the mental health effects of lockdowns are prevalent but differ by population subgroups and for some might have exaggerated existing inequalities in mental health.

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>4</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

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<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> Penninx, B.W.J.H., Benros, M.E., Klein, R.S. *et al.* How COVID-19 shaped mental health: from infection to pandemic effects. *Nat Med* (2022). <https://doi.org/10.1038/s41591-022-02028-2>

<sup>3</sup> Butterworth, P., Schurer, S., Trinh, T. A., Vera-Toscano, E., & Wooden, M. (2022). Effect of lockdown on mental health in Australia: evidence from a natural experiment analysing a longitudinal probability sample survey. *The Lancet Public Health*.

<sup>4</sup> <https://www.opgroeien.be/>

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.

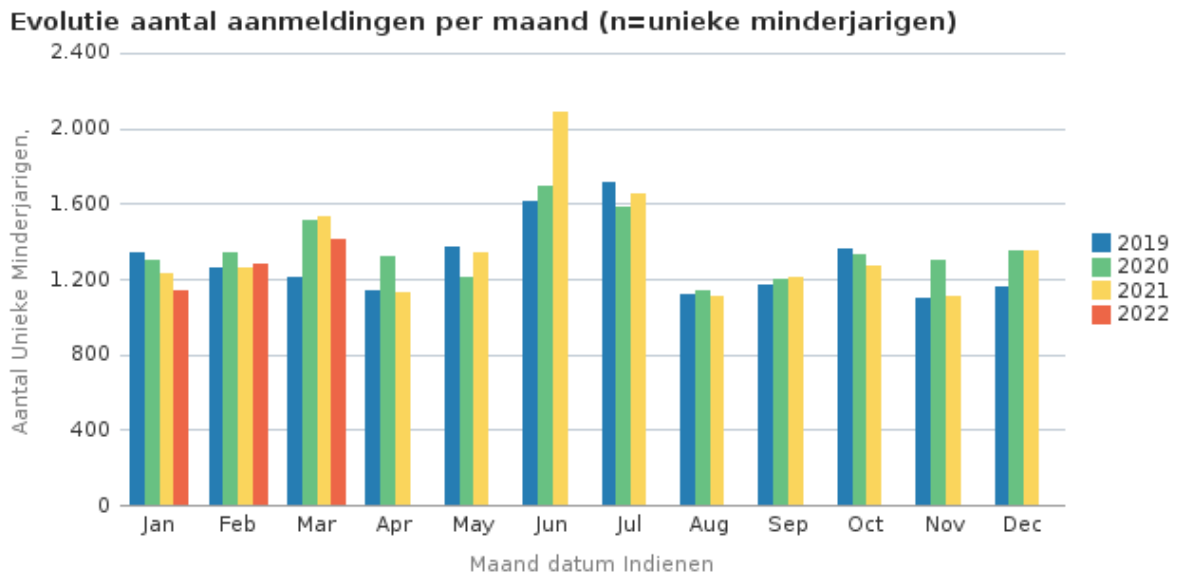


Figure 1: Number of applications for not directly accessible youth aid (2019-2022)

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%). Although there was a decrease in applications in January 2022, there was again an increase in February 2022 and March 2022. Consults mostly have a nature of mental health problems (32%) or concern pedagogic crisis situations (46%).

### Aantal unieke trajecten

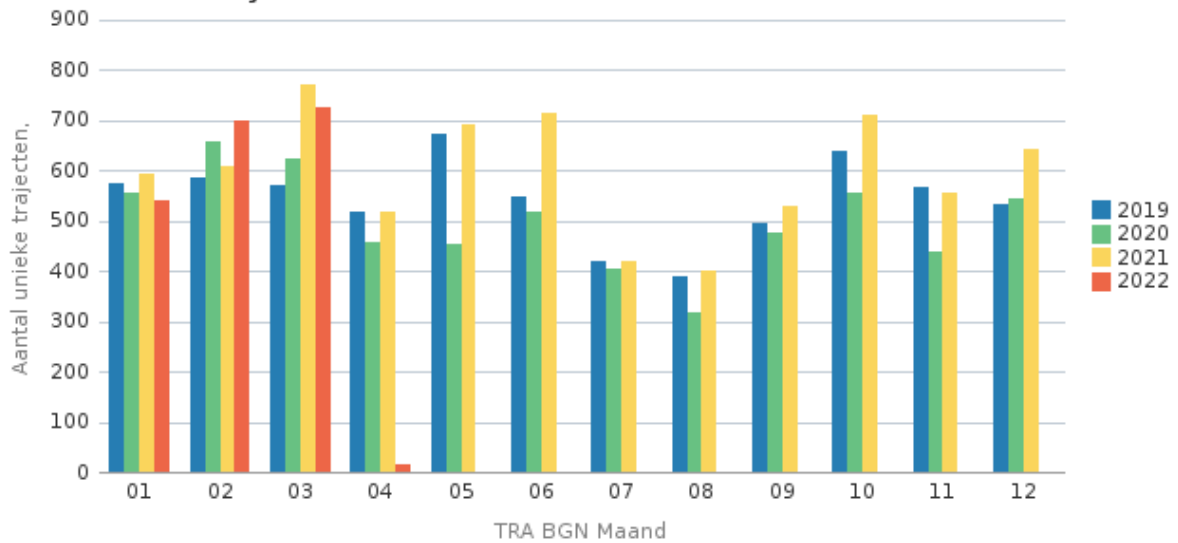


Figure 2: Number of provided consults after demand for crisis support at the dispatch center (2019-2022) (note: numbers of 04/22 not complete).

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%). In February 2022 the applications have risen to the highest number since 2019. Numbers dropped again in March 2022, but remain high. Crisis situations mostly have a nature of mental health problems (39%) or concern pedagogic crisis situations (58%).

### Aantal unieke cliënten

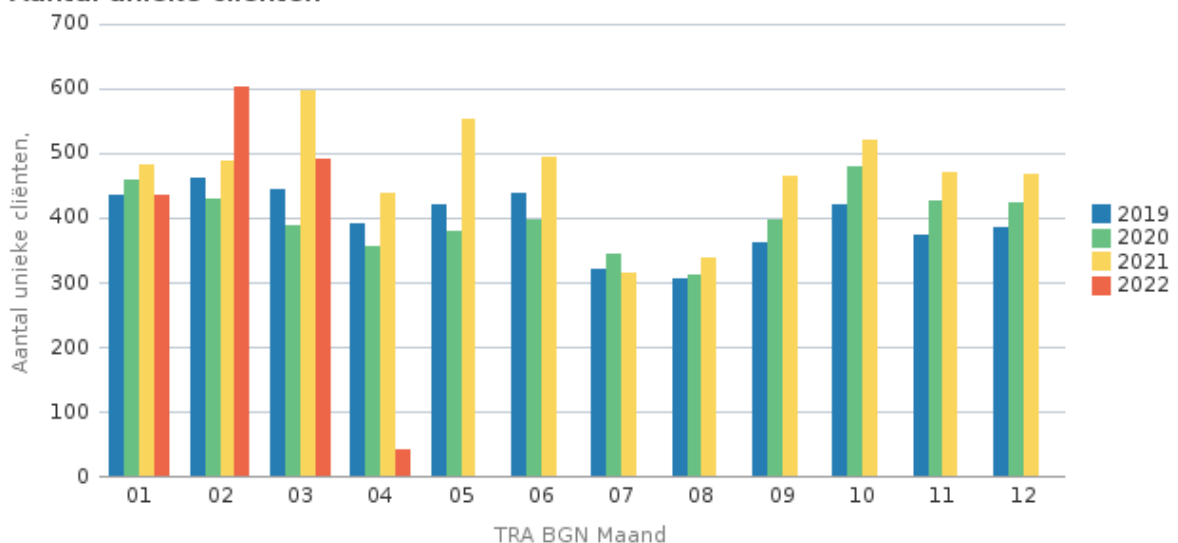


Figure 3: Number of unique minors who are being referred to crisis youth aid every month. (2019-2022) (note: numbers of 04/22 not complete)

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. Since January 2022, numbers are at their lowest level since 2019. In March 2022 numbers are higher than 2019, but still lower than 2021.

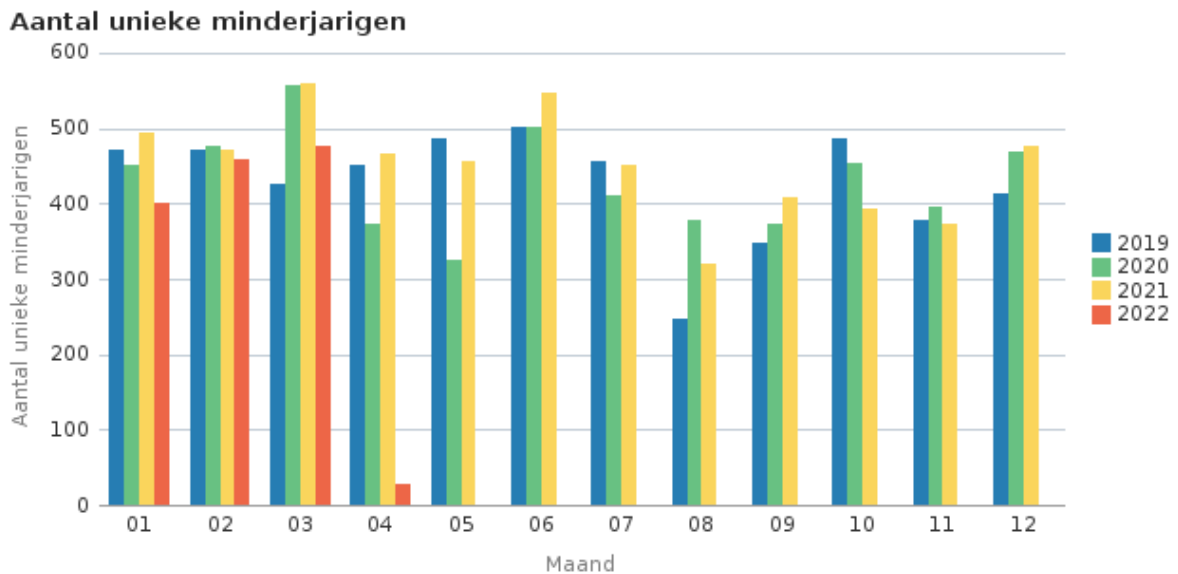


Figure 4: Number of unique trajectories for minors for whom an application was made for support at a youth support center every month. (2019-2022) (note: numbers of 04/22 not complete)

### 3.2.2. Child psychiatry<sup>5</sup>

Child psychiatric mental health sector is currently totally saturated, again since October 021. 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>5</sup> Dr. Sophie Maes, last update 26/04/2022

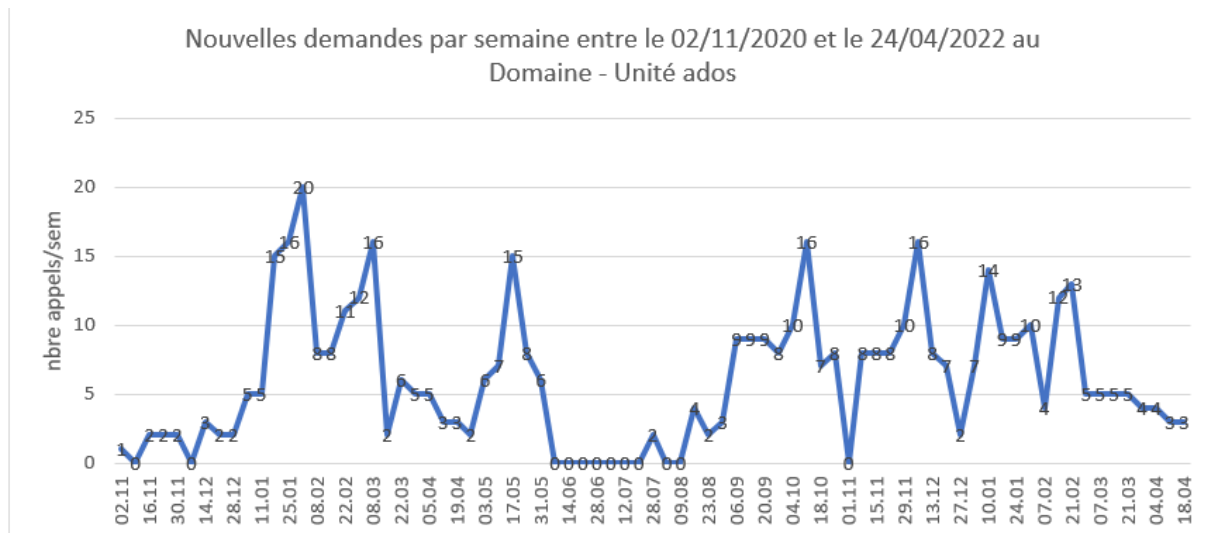


Figure 5: Number of requests for care per week (adolescents)

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. Fluctuations in the numbers of hospital admissions continue to be highly correlated with the school rhythm, with a collapse during holiday periods.

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 200 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. 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 clearly, demand exceeds supply.

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 6. 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, which was recently extended for another 6 months.. 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. Since September 2021, demand has remained extremely high and the pressure remains constant, with an average of 10 new inpatient requests per week that the unit is unable to accommodate

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.

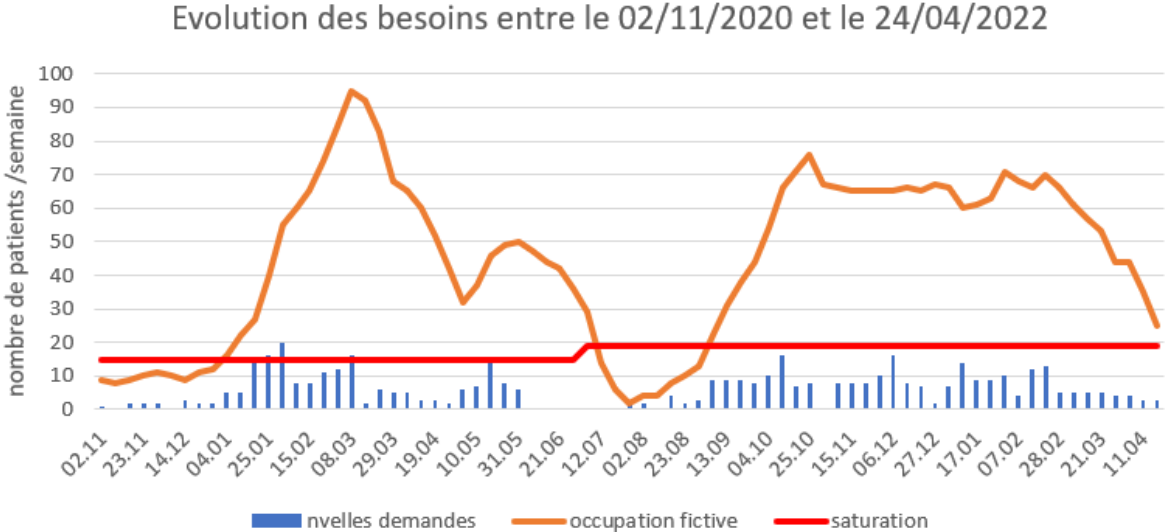


Figure 6: Evolution of needs

We are currently seeing an ease of the pressure due to fewer new monthly requests at the end of March and beginning of April 2022, but we remain concerned about the prospect of the end of the school year with the re-emergence of exam stress. A re-increase in demand in the coming weeks is very likely as our waiting list still has over 80 patients for only 15 beds.

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 does not require such a prolonged hospitalization.

Many young people in distress have not been able to benefit from appropriate psychological care and have only been able to maintain their balance by sacrificing their schooling. Many testimonies have been received concerning adolescents who have been able to return to a precarious social and family life, but who no longer go to school, unable to cope with the excess stress that this generates. It is abnormal that in our society young people have to sacrifice their schooling to keep themselves in balance because of the lack of available care.

In the face of a saturated child psychiatry mental health care system, it is essential to take preventive measures to avoid further overcrowding and to curb the emergence of new demands for care. For a year now, the child psychiatry sector has not been able to cope alone with the impact of health measures on young people. Our young people are in danger, the deleterious impact of the health measures is still fully apparent. They need the benevolence and attention of all adults.

### **3.3. 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>6</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 7). 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.

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<sup>6</sup> Authors: Schouteden M, Vandenbroeck S, Godderis L.

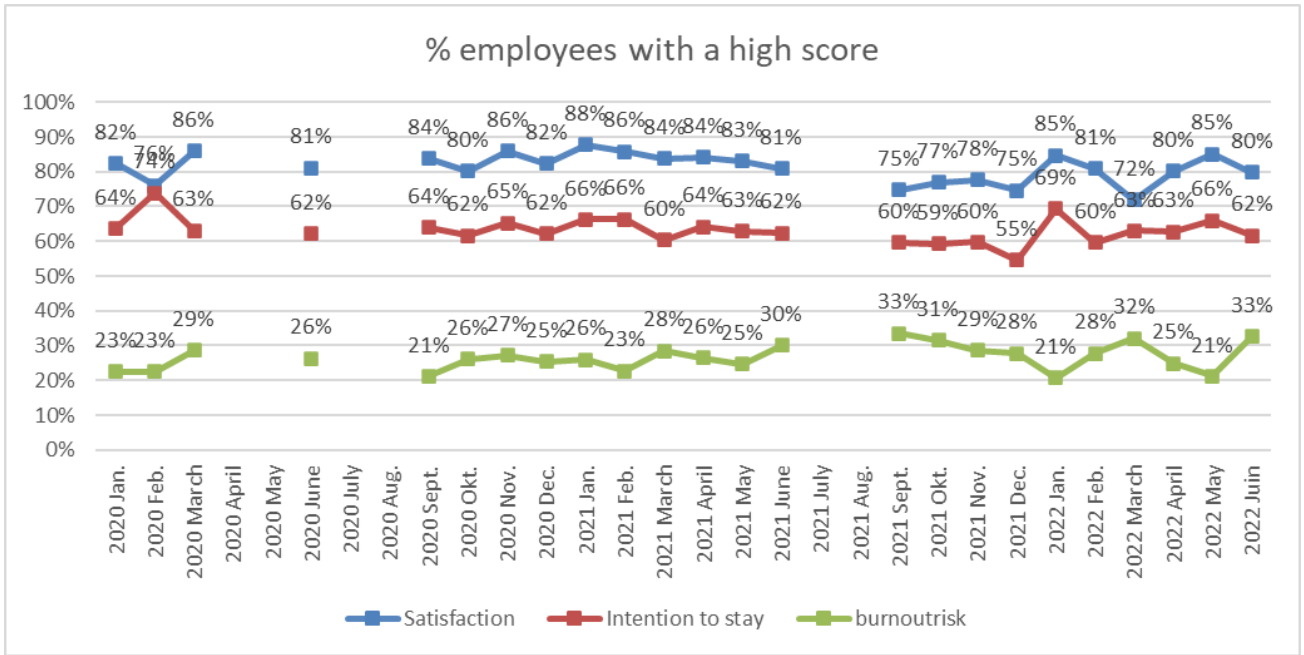


Figure 7 : percentage of employees with a high score for indicators of wellbeing

Figure 8 shows the percentage of employees with a high score on these indicators averaged over the period before COVID-19 (January + February 2020), the period during COVID-19 (March 2020 till March 2022) and the period after COVID-19 (march 2022 onwards)

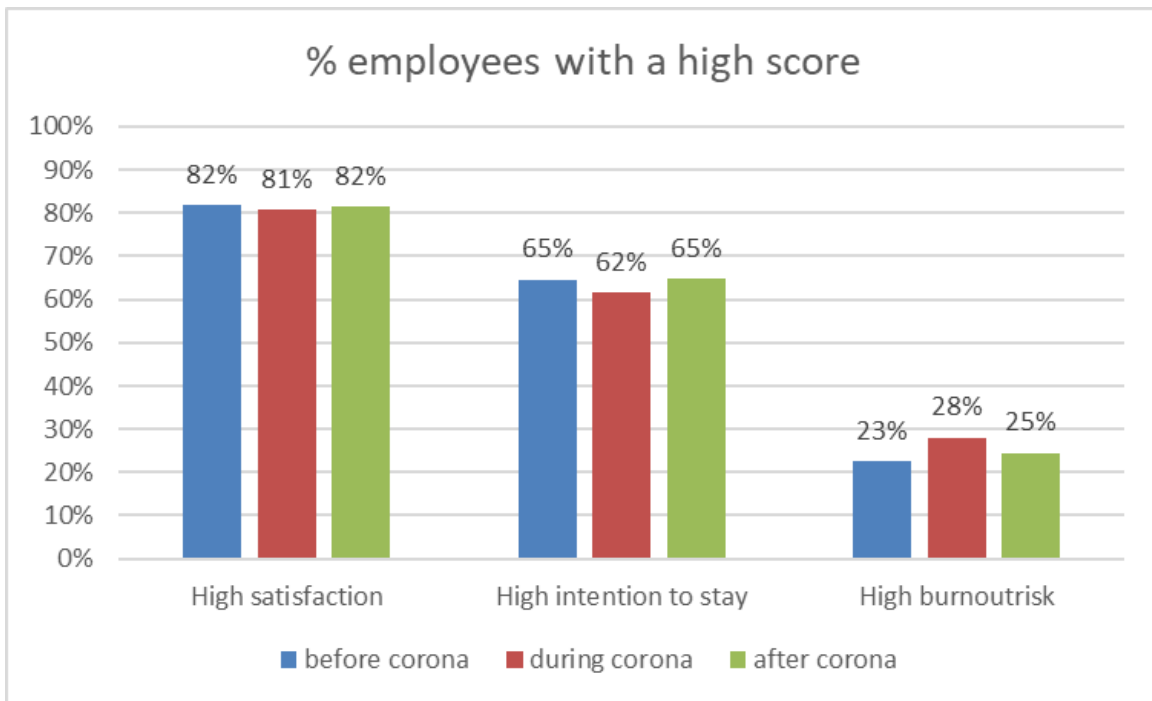


Figure 8: employees with a high score on the indicators

The results suggest an increase in burn-out risk during COVID-19 period.

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>7</sup>. On the other hand, the psychological well-being of mental and social health workers remains yet an under investigated issue.

### 3.4. 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 the first quarter of 2022 (March 2022) from the National Institute for Sickness and Disability Insurance (INAMI/ RIZIV)<sup>8</sup>.

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<sup>7</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)

<sup>8</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;
- 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.

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 in the second quarter of 2022 (first wave) but they stabilized again in the third and fourth quarter. This was also the case for consultations, visits and advice at doctors' offices. In 2021 we see that expenditures were higher than previous year and this rising trend in expenditures is also visible in the first and second quarter of 2022.

In total, in 2019 the booked payments for psychiatrists and child psychiatrists were €304,375,400, while in 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%.

When comparing 2021 with 2020, we saw an increase in booked payments of +7.4% (to €319,358,100). The number of booked cases, however, knew a small decrease in 2021 of -0.5% (10,564,955 booked cases).

Psychiatrist and child psychiatrists booked expenditures (000 EUR), 2019-2022

(consultations, (psycho-)therapies, paediatric psychiatry, admissions in psychiatric hospitals, revalidation camps, & distance consultations)

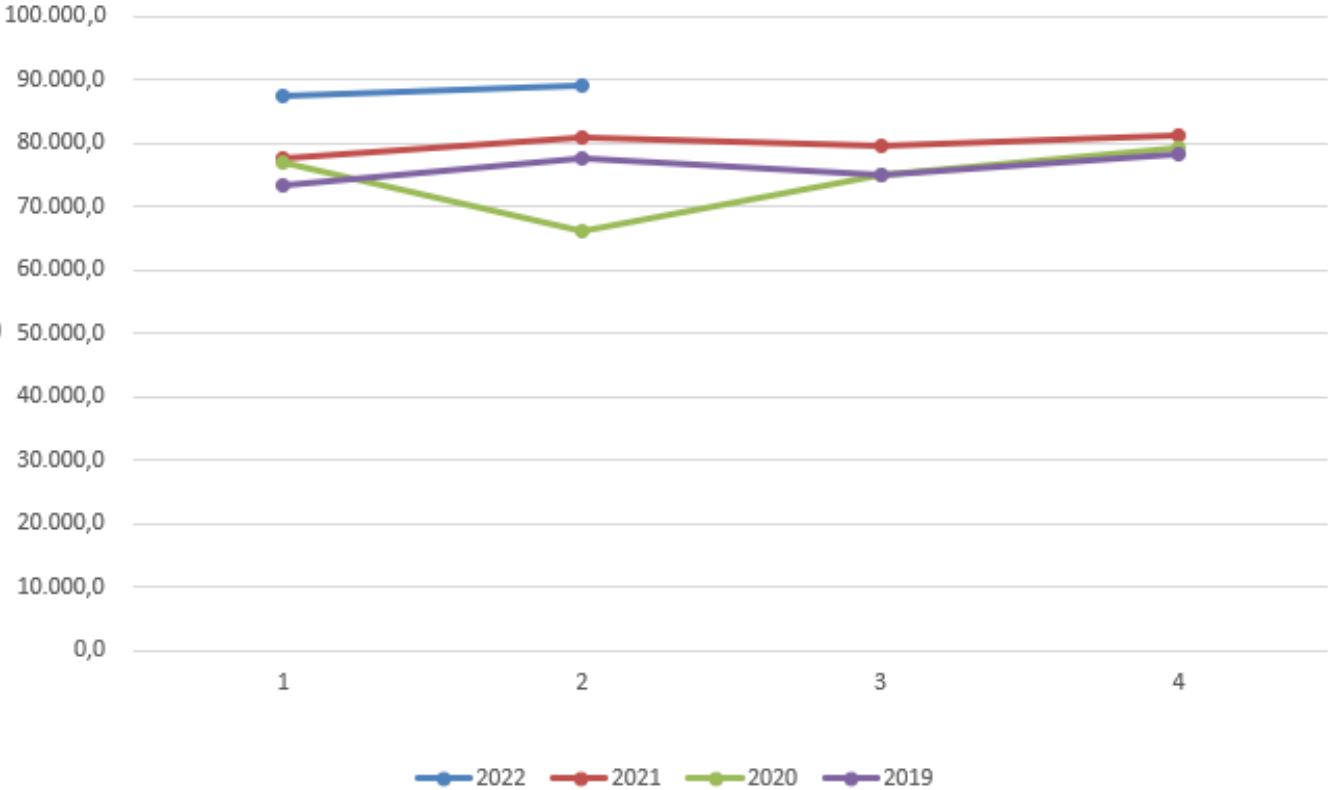


Figure 9: psychiatrist and child psychiatrist booked expenditures on a quarterly basis

Looking in more detail, from the second quarter of 2020 and 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 for the second quarter of 2020. However, since the first

quarter of 2021 the expenditures rise above levels of previous years when taking into account the distance consultations (Figure 10).

In total (distance consultations included) there was a drop of -2.2% in booked expenditures and -3.1% in booked cases for 2020 compared to 2019. In 2021, however, there was an increase of +15.0% in booked expenditures and +17.0% in booked cases compared to 2020.

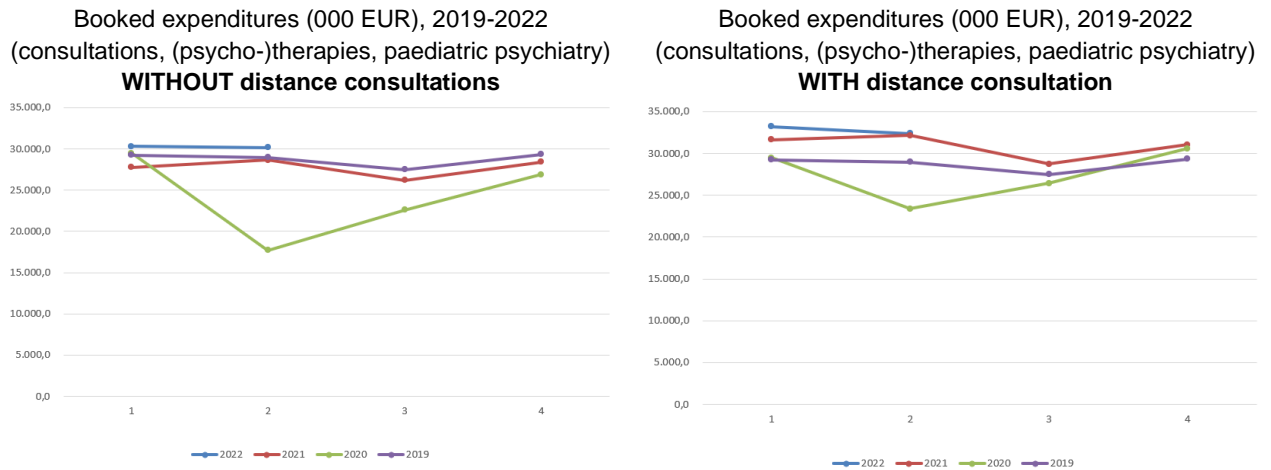


Figure 10: booked expenditures without and with distance consultations on a quarterly basis

Admissions in psychiatry dropped below the values of previous years in the second quarter of 2020 (first wave). Those numbers nearly stabilized from the third quarter on. Admissions in 2021 rose above levels of 2020, except for the first quarter, but still remained lower than admissions in 2019, except for the third quarter. The first quarter of 2022 shows an increase in admissions, compared to 2021 and 2019.

In total, there was a decrease in booked expenditures for admissions in psychiatry of -2.3% and a decrease of -3.6% in booked cases in 2020 compared to 2019. For 2021 there was an increase of +2.1% in booked expenditures but a decrease of -3.6% in booked cases compared to 2020.

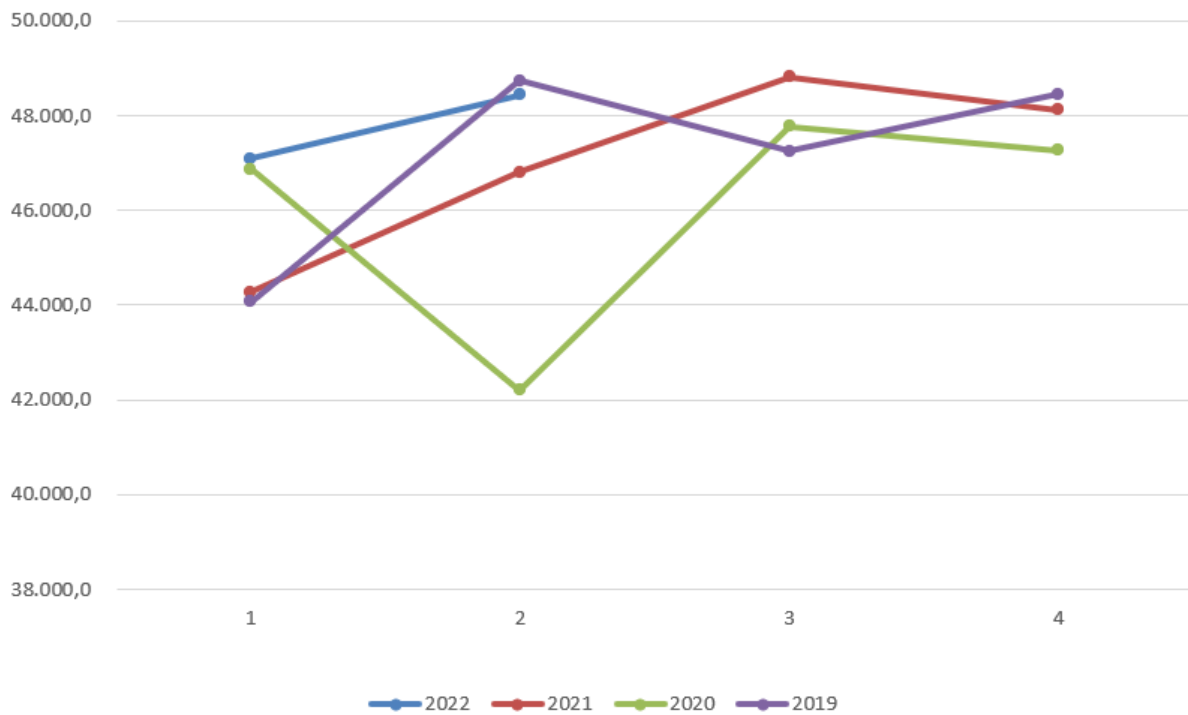


Figure 11: Admissions in psychiatric hospitals booked expenditures on a quarterly basis

The expenditures on revalidation camps for children and adults in 2020 were lower overall, since many camps were cancelled (Figure 12). There was a decrease of -50.5% in booked expenditures for 2020 compared to 2019. This drop can still be noticed in 2021, where the booked expenditures are even lower, with again a decrease of -19.1% compared to 2020. In 2022 the number are stabilizing again, but they still don't reach the pre-pandemic-level.

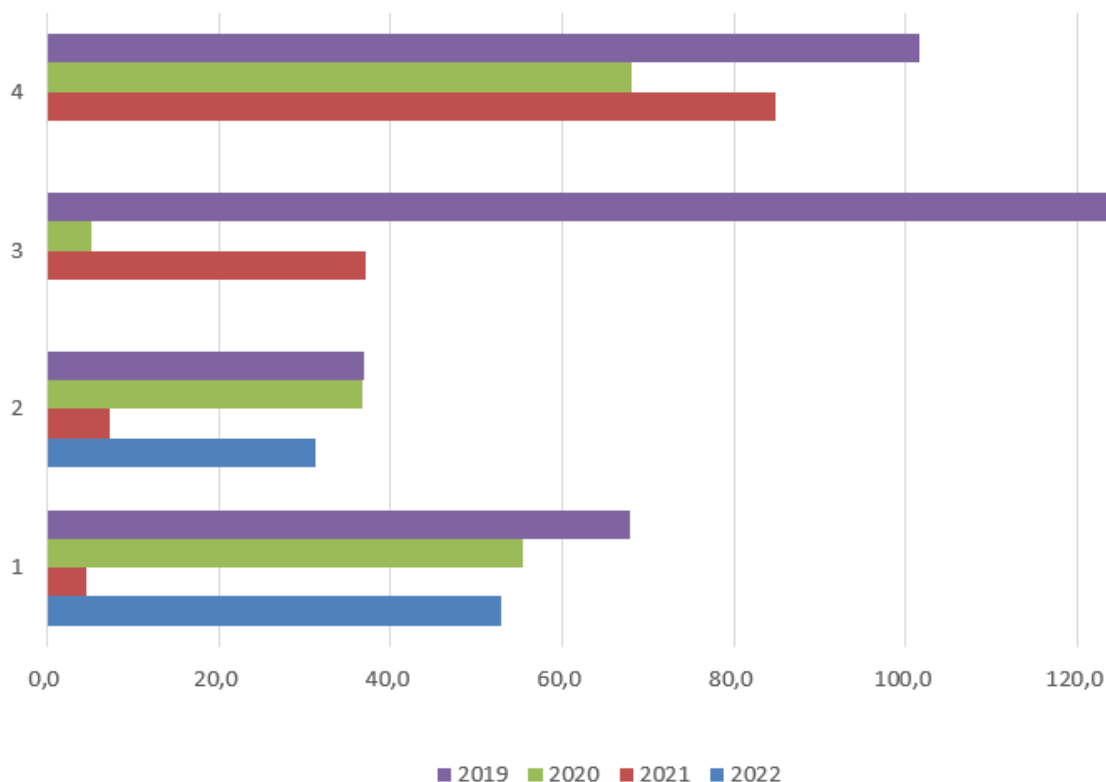


Figure 12: Revalidation camps quarterly booked expenditures in 000 EUR (2019-2022)

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.

### 3.5. 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 have never been higher than since the beginning of 2022, possibly due to the highly contagious Omicron-variant: January 2022 (3.99%), February 2022 (3.27%), March 2022 (3.48%) and April 2022 (3.22%) (Figure 13). The same trend can be seen for the health care sector (peak in March 2020 5.76% and highest numbers since the beginning of 2022: January 2022 (4.76%), February 2022 (3.96%), March 2022 (4.10%) and April 2022 (3.92%) (Figure 14). Since May 2022 numbers were stabilizing again, but especially for the health care sector, seem to be rising in September 2022

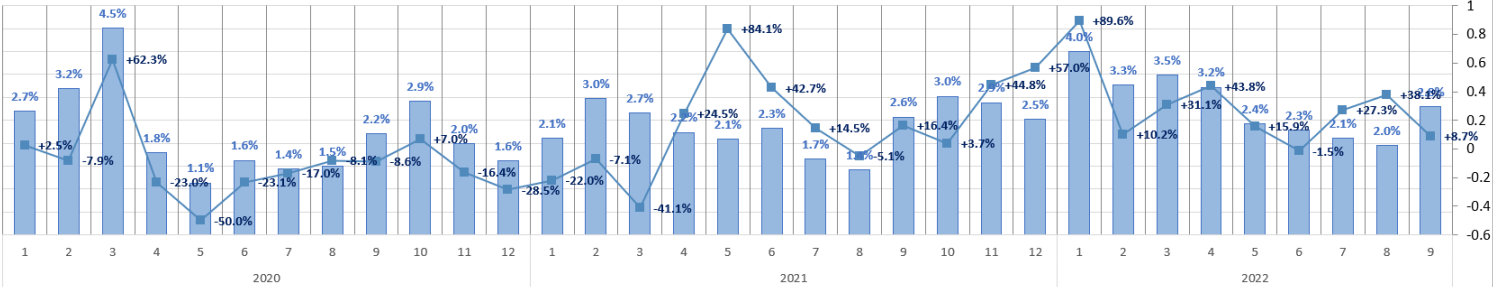


Figure 13: Short-term sickness absence across all sectors (2020-2022)

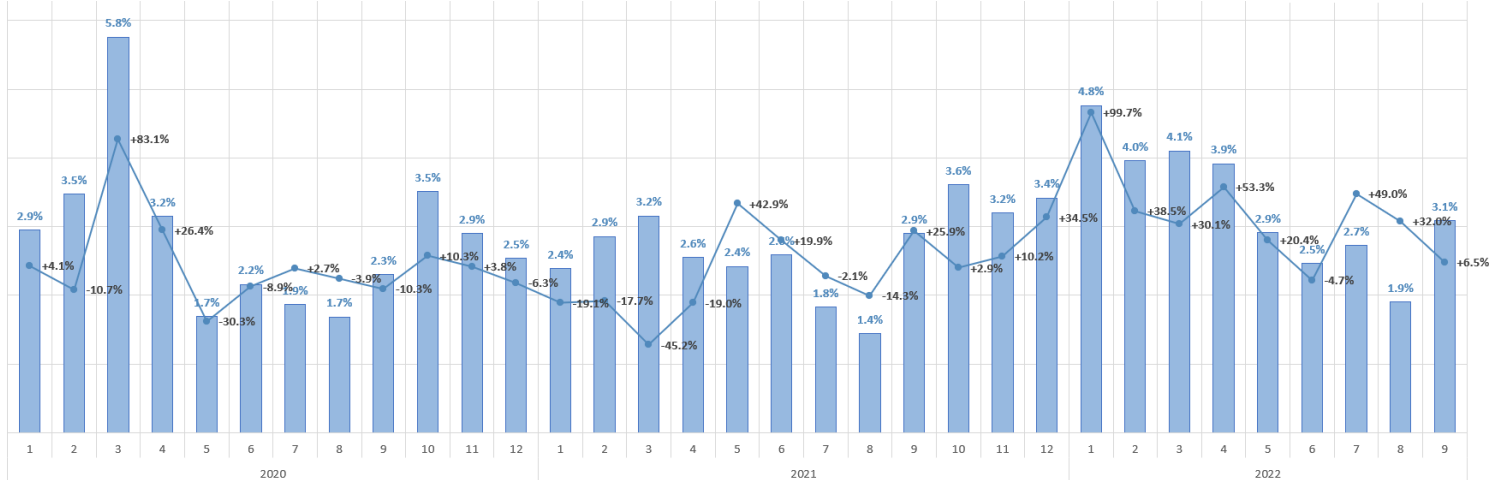


Figure 14: Short-term sickness absence in health care sector (2020-2022)

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 an +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.

### **Midium-term sick leave follows COVID-waves<sup>9</sup>**

Medium-term sick leave - employees who remain absent for up to 30 days due to illness - remain high compared to 2021. The numbers for medium-term sick leave follow the trend of the COVID-waves. In December 2021, the Delta variant of the COVID-19-virus emerged. This caused more sickness, which can also be seen in the figure 15<sup>10</sup> with 3.6% absentees at the beginning of December 2021. This was followed by a decrease (1.26% in the last week of 2021), but due to the Omikron variant in January 2022, medium-term sick leave increased again. It even peaked at 4.66% in January 2022. Many employees had to stay home, although people generally became less sick with the Omikron variant.

Once the Omikron variant of the COVID-19-virus subsided, we saw that medium-term sick leave declined again to 2.86% in week 8 of 2022 (end of February) - which is higher than the 2.25% in week 8 of 2021. But in March and April of 2022, medium-term sick leave rised again to just above 4%. This is due to two factors: the flu and COVID-19. COVID-19 is admittedly not systematically tested any longer, so this is an underestimation.

Long-term sick leave is less subject to seasonal changes, so there are fewer fluctuations. It remains around 5-6%. Long-term sick leave is therefore not infection-related and has more to do with musculoskeletal disorders (MSA) or psychosocial complaints.

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<sup>9</sup> Authors: Lode Godderis, Johan Verbeeck, Geert Molenberghs

<sup>10</sup> These figures were produced in collaboration with three social secretariats: Acerta, SD Worx and Securex.

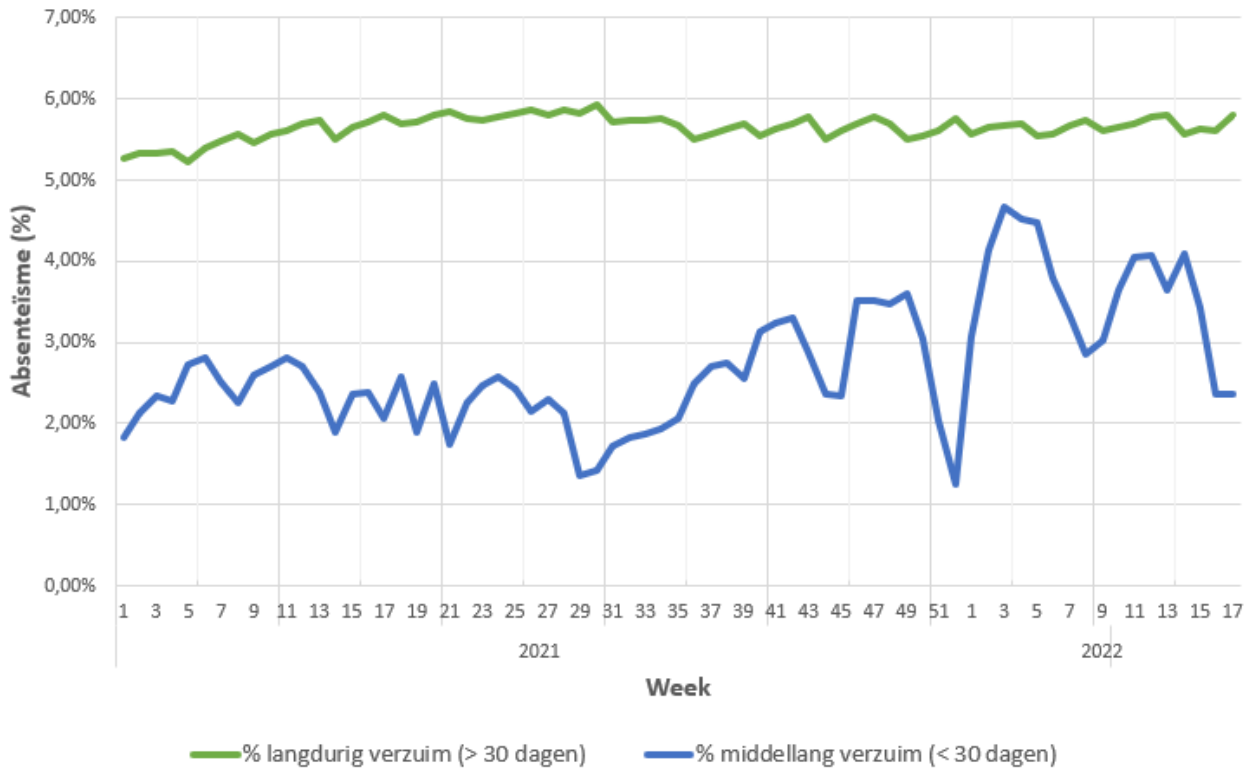


Figure 15: medium-term and long-term sick leave

Long-term sickness absence among blue-collar workers is much higher than among white-collar employees, 8% versus 4.5% respectively (figure 16). Blue-collar workers perform physically harder work and often work in less good working conditions, which can result in longer absences.

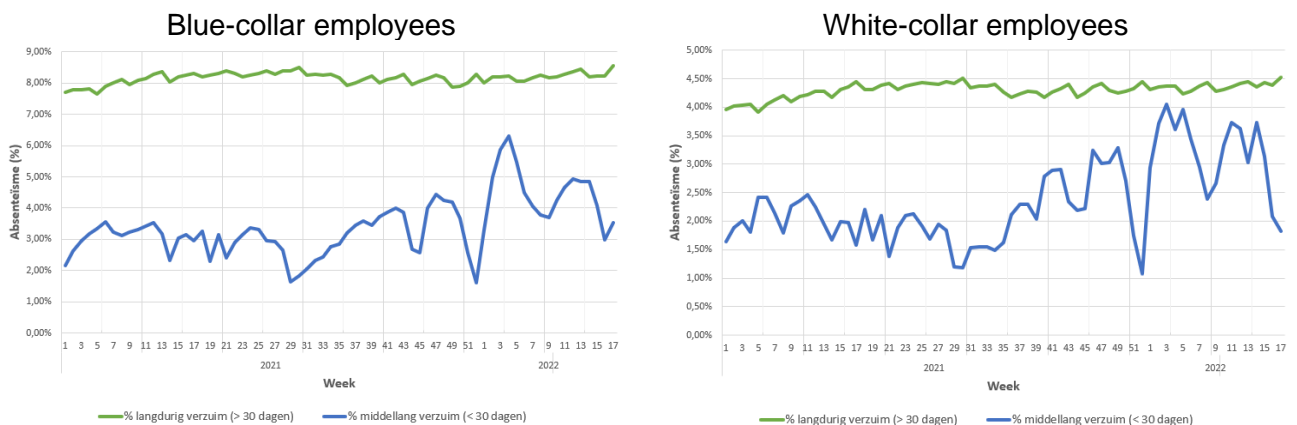


Figure 16: medium-term and long-term sick leave among blue- and white-collar employees

Sick leave is higher in the **healthcare sector** than in other sectors. In nursing and care homes, long-term sick leave is much higher than average: 12%. Medium-term sick leave, at 4%, is also higher than average (Figure 41). This is also seen in other care sectors: in home nursing long-

term sick leave is around 9%. In hospitals, long-term absences are rising steadily from 7.39% in January 2021 to 9.05% in May 2022.

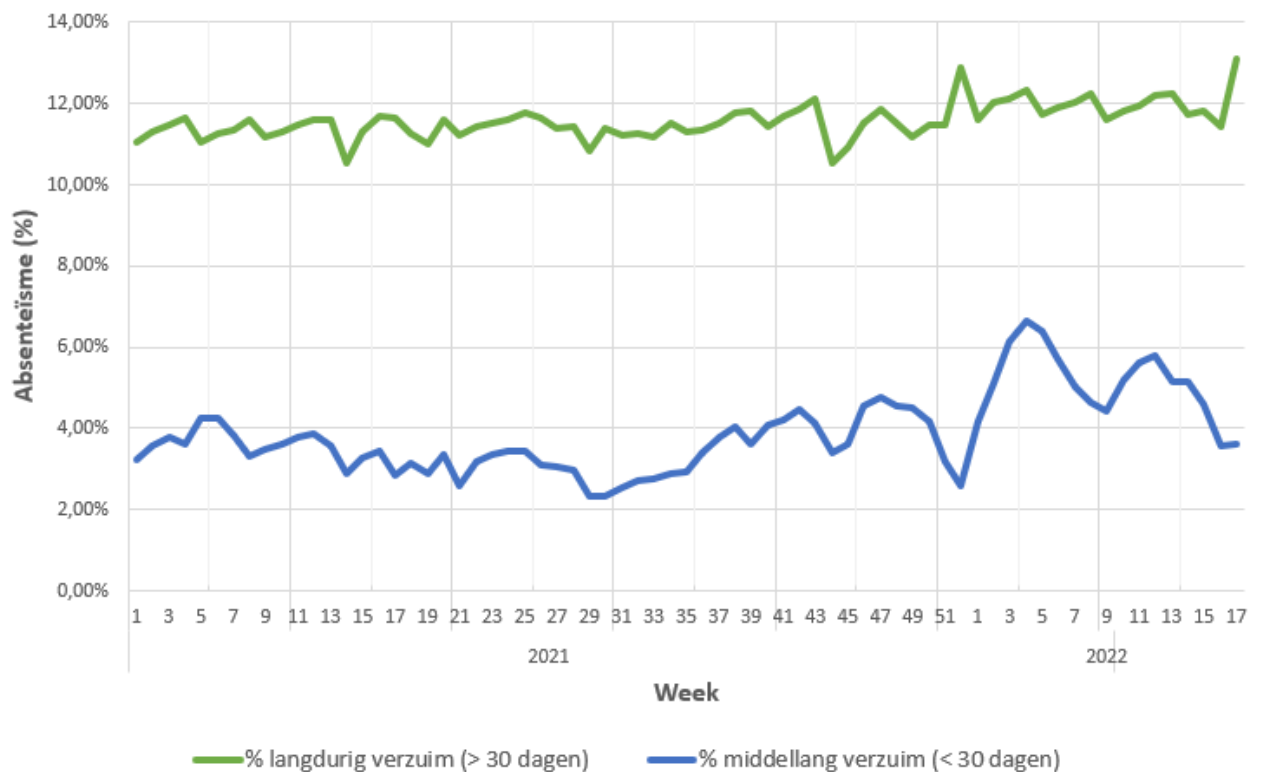


Figure 17: medium-term and long-term sick leave among employees in nursing and care homes

The high absenteeism rates combined with the tightness of the labor market, make it even more difficult for companies to fill vacancies.

### 3.6. Temporary unemployment

According to 'Steunpunt Werk'<sup>11,12</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.

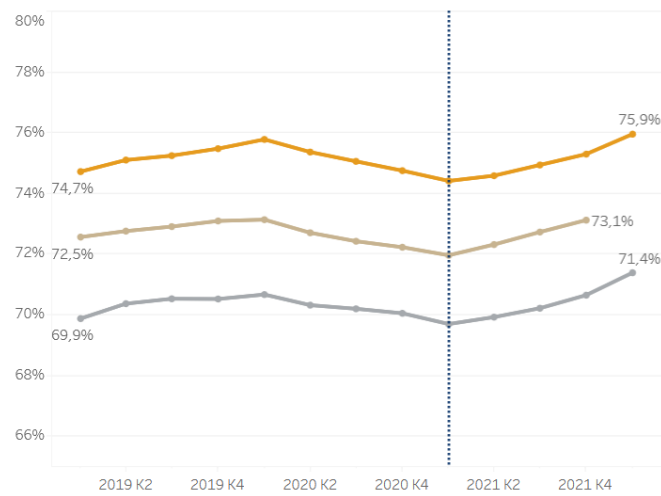
Steunpunt Werk concludes that the level of employment keeps increasing. When we look at the trendlevel of the employment rate, there was a growth of +0,6ppt in Flanders during the first quarter of 2022 (figure 18) Almost all groups have higher rates than the year before, only the employment rate for low-educated people is still -1,1ppt lower than last year. 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.

<sup>11</sup> [www.steunpuntwerk.be](http://www.steunpuntwerk.be)

<sup>12</sup> De Smet, R., Penders, I., Neefs, B., & Vansteenkiste, S. (2022). *Kwartaalbericht Vlaamse arbeidsmarkt. Juni 2022* (Werk.Focus 2021 nr. 2). Leuven: Steunpunt Werk.

### Trendniveau werkzaamheidsgraad (%) | 20- tot 64-jarigen

■ Vlaams Gewest ■ België ■ EU - 27 (2020)

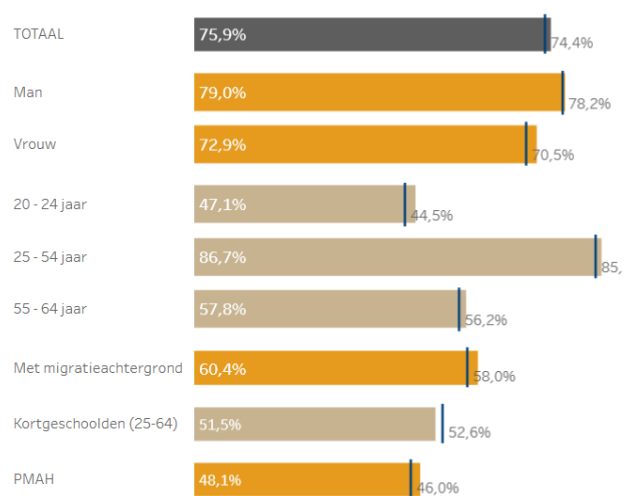


Er is een breuk in de resultaten in het eerste kwartaal van 2021 omwille van de herziening van de EAK vragenlijst en een gewijzigde definitie met betrekking tot werkgelegenheid en werkloosheid.  
Bron: Steunpunt Werk op basis van Statbel (Algemene Directie Statistiek - Statistics Belgium) - EAK, Eurostat - LFS

Data laatst geüpdatet: 7/06/2022

### Trendniveau werkzaamheidsgraad naar achtergrondkenmerken | Vlaams Gewest

■ 2022 K1 - | 2021 K1



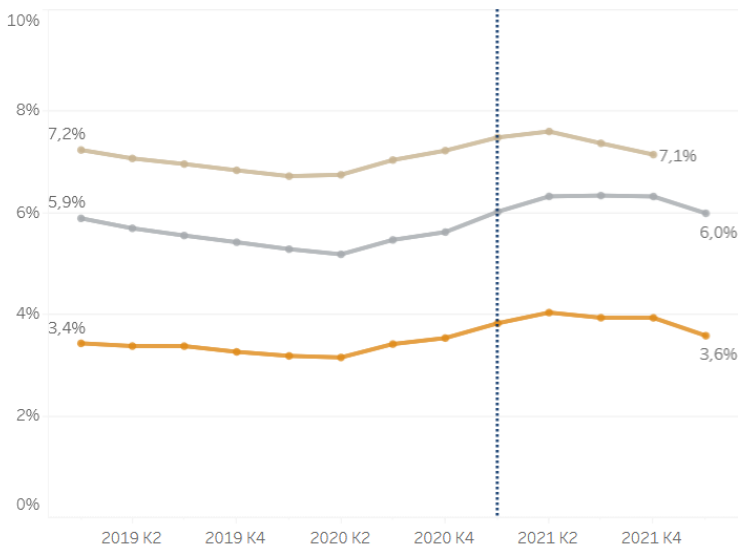
Personen met een migratieachtergrond hebben een geboorteland buiten de EU-27 of het Verenigd Koninkrijk.  
Bron: Steunpunt Werk op basis van Statbel (Algemene Directie Statistiek - Statistics Belgium) - EAK, Eurostat - LFS

Figure 18: Trendlevel employment rate (%)

The trendlevel of the unemployment rate has evolved positively in the first quarter of 2022. There is an unemployment rate in Belgium of 6,0% (3,6% in Flanders), this is -0,3ppt lower than the last quarter of 2021. The decrease is greatest among people with a handicap (-1,4ppt), people with a migration background (-1,3ppt) and women (-0,7ppt). For men (+0,1ppt) and low-educated people (+0,4ppt) we see a (limited) increase in unemployment rate.

### Trendniveau werkloosheidsgraad (%) | 15- tot 64-jarigen

■ Vlaams Gewest ■ België ■ EU - 27 (2020)



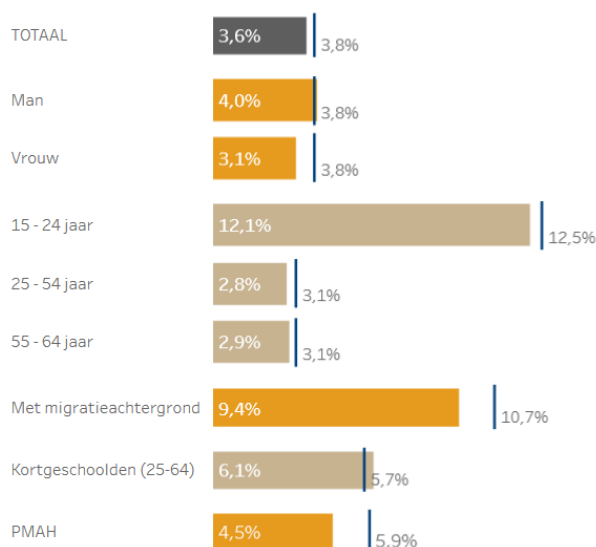
Er is een breuk in de resultaten in het eerste kwartaal van 2021 omwille van de herziening van de EAK vragenlijst en een gewijzigde definitie met betrekking tot werkgelegenheid en werkloosheid.

Bron: Steunpunt Werk op basis van Statbel (Algemene Directie Statistiek - Statistics Belgium) - EAK, Eurostat - LFS

Data laatst geüpdatet: 7/06/2022

### Trendniveau werkloosheidsgraad naar achtergrondkenmerken | Vlaams Gewest

■ 2022 K1 - | 2021 K1



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

Bron: Steunpunt Werk op basis van Statbel (Algemene Directie Statistiek - Statistics Belgium) - EAK, Eurostat - LFS

Figure 19: trendlevel unemployment rates

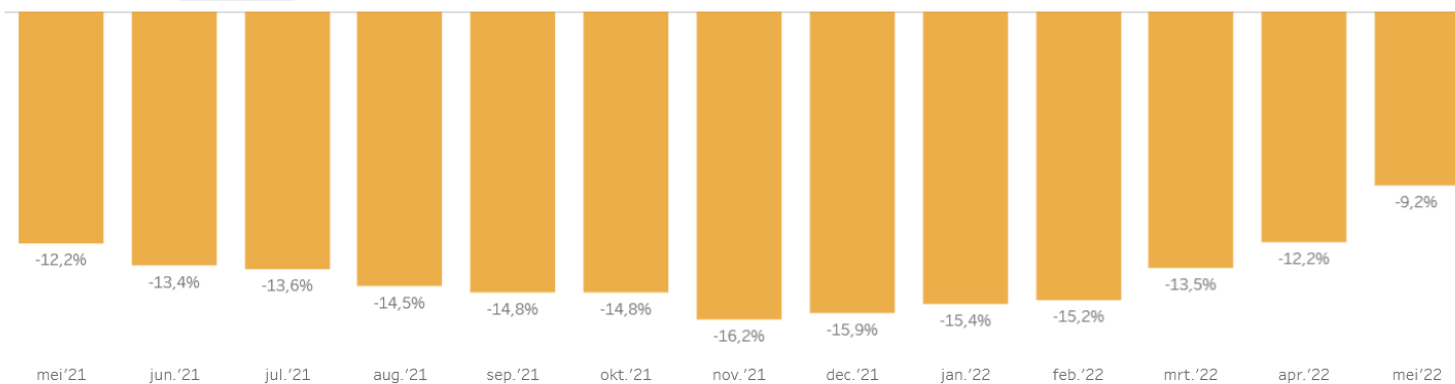
Regarding the jobseekers that are still unemployed (wzw) the numbers show a decrease since the end of 2020. In January 2022 the number knew a small increase (181.000 wzw) but this increase is seen annually in the month of January. Nevertheless, the number of wzw is -15,4% lower than the year before and has reached an alltime low of 172.657 wzw. The decrease is especially prevalent for people with a migration background, people who have been jobless for less than 2 years, low-educated people, and younger people (-25y).

### Evolutie van het aantal werkzoekenden zonder werk | Vlaams Gewest

(mei'21 tot mei'22)

Toon grafiek of tabel:

Gelieve een waarde te kiezen om in de grafiek te tonen:



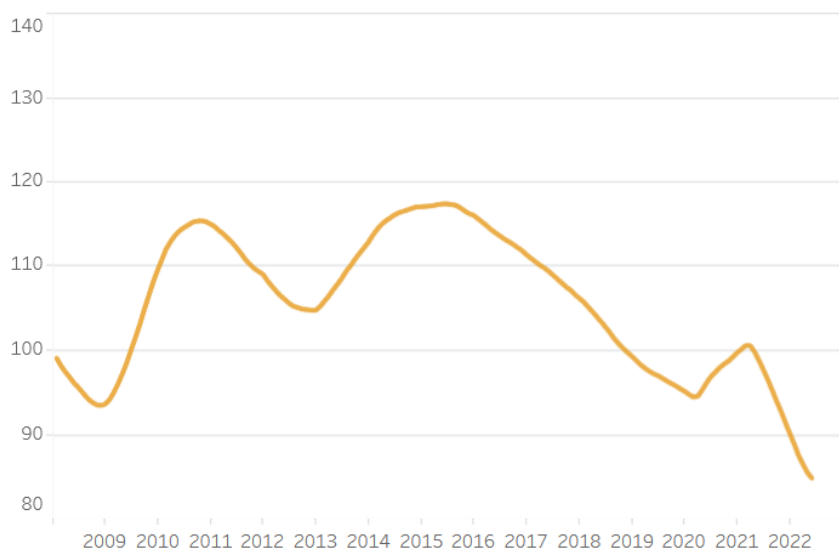
VDAB hanteert sinds jun. '21 een nieuwe werkzoekendindeling. Meer bepaald ligt nu de focus op de rapportering van alle burgers die ingeschreven zijn bij de VDAB (werkzoekenden zonder werk, maar bijvoorbeeld ook werkenden en studenten). Deze wijziging heeft tot gevolg dat ook de rubriek over wzw aangepast is.

Bron: Steunpunt Werk op basis van VDAB

Figure 20: evolution unemployed job seekers

The number of vacancies is still on a very high level, with 36.095 received vacancies in May 2022 (Figure 21). This is +26.6% more compared to May 2021. The number of open vacancies is on an all time high, with 84.604 open vacancies in May 2022. This is +52,8% higher in comparison to last year. The growth so far is strongest for vacancies requiring no experience (+61,3%), and low-skilled job (+55,1%). 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 werkzoekenden zonder werk | Vlaams Gewest**  
(jan.'08 tot mei'22 | Index jan.'08 = 100)



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

Bron: Steunpunt Werk op basis van VDAB

*Figure 21: 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, Steunpunt Werk - KU Leuven
<b>DOGGEN Kris</b>	Sciensano
<b>GERMEYS Inez</b>	KU Leuven
<b>GODDERIS Lode</b>	KU Leuven, 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>MOLENBERGHS Geert</b>	U Hasselt, KU Leuven
<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>VERBEECK Johan</b>	U Hasselt
<b>VERBOOMEN Kathelijne</b>	Acerta



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**Sciensano**  
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