

## Mental health of Belgian Population: update 19/02/2021

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## **I EXECUTIVE SUMMARY**

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

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

### **Perceived mental health**

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

Similar associations (to different extents over different stages of the pandemic) have been found between mental wellbeing and covariates including age, gender, employment, household size, educational attainment, sector of employment, experience with COVID-19 and housing conditions. Although all investigated groups experience changes in mental health as the pandemic evolves, there is an inverse relationship between age and mental wellbeing. Often a deterioration of mental health occurs before measures are taken, in anticipation, and likely as a result of evolving perceived risks and media coverage. In surveys, students seem to be worse off than any other group when comparing to non-students of their own age, however one needs to be aware that some vulnerable young people are underrepresented in these studies. In addition to age, sector of employment has an important impact on the evolution of mental wellbeing. At the extremes we find students consistently at the worst end, and retired persons at the best end of the scale.

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

## **Mental health problems and disorders**

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

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

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

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

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

## **Conclusion**

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

## **II BACKGROUND**

In this report we aim to collect the current available data on mental health. Data are compiled according to mental health indicators (well-being, use of medication, consumption of psychological and psychiatric care and data on sickness absence, unemployment,...) and per age- or specific group. The report will be updated monthly. These data are being used by the GEMS members in the advice they produce, in which key findings concerning the motivation and mental health problems will be summarized.

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

As this document is continuously updated, we urge the reader to look at the publication data of the document. You will notice that some sections are under “construction” as data come in continuously and also new analysis and studies have been set up in order to address mental health issues. Also if you dispose of good quality Belgian data and want to contribute, we invite you to produce a short abstract and 1 to 2 figures and send this to Prof dr Lode Godderis ([lode.godderis@kuleuven.be](mailto:lode.godderis@kuleuven.be)). Please also indicate in which section you want to contribute.

## **III WELL-BEING**

### **1 Children and young adolescents**

The Covid 19 health crisis and the resulting lockdowns have placed parents and their children and adolescents in a completely new situation. The various research carried out by Belgian universities show that the problem of Belgian children and particularly that of our adolescents is very worrying, both in mental health and education (Chartier, Delhalle & Blavier, 2020, ).

Most students say they are significantly less happy in June 2020 than in June 2018. Second and third-degree students are significantly less satisfied in September 2020 than in June 2020. However, among 14 to 18-year-olds, more students also reported being "very happy" in June compared to 2018 (14.4% versus 12.2%). In June 2020, students in Secondary 2 and 6 could partially return to school but were not required. If this option made sense given the fear of being contaminated, girls returned to school less than boys. The most vulnerable (lower socio-cultural level, having already repeated a grade) were less likely to return to school (Baudoin & al, 2020).

Among adolescents aged 12-18, one in five adolescents has moderate to severe mental health problems (Glowacz, 2020). In the various factors at the origin of these mental health problems, the lack of social contact is a determining factor. Friends have, in fact, an essential role for

children and particularly for adolescents. The adolescent needs to belong to a group to exist in the eyes of his peers. Indeed, social recognition has great importance in the construction of oneself. Very clearly, social support and good social skills are associated with fewer mental health problems.

Yet young children and adolescents continue to have too little social interaction and social relationships with their peers. Social interaction is a basic need, including for young children, contributing to mental health and school and social integration. Therefore, it is crucial for young people themselves and the future of our society to maintain and/or restore as much as possible the social fabric of children and adolescents despite the current circumstances.

## 2 Young adolescents (Motivation barometer)

The total sample consists of 1257 adolescents with a mean age of 14.33 years old (10 – 18 yrs; 62% female). Almost all participants (98%) were born in Belgium and followed education in ASO (40%), TSO (23.6%), KSO (22.5%), BSO (8.5%) and other (5.4%). A first subsample (n = 737, Mage = 14.71, 64% female) completed questionnaire in November 2020, from which 341 students (46%) were followed during four following weeks. The second subsample (n = 520, Mage = 13.95, 60% female) completed a questionnaire in January 2021.

In the first subsample, we examined the relationship between number of days distance education and the psychological needs and the motivation for school. As can be noticed in the figure, students showed more feelings of autonomy frustration, less feeling of competence satisfaction, more feeling of relatedness frustration, more controlled motivation for school and more amotivation for school when they had more days of distance education in a week.

**Psychological functioning and motivation for school as a function of quantity distance education**

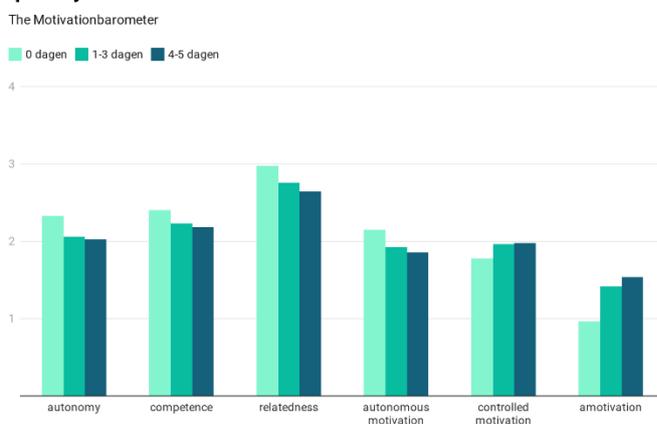


Figure 1

In the second subsample, we questioned to what extent it is hard to hold on to the distance education. 40% of the adolescents reported a (very) hard experience. In a study in high school students, this number was twice as high.

Next, we questioned to what extent they are up to date with their school work compared to the rhythm of the distance education (figure on the right). 36% of the adolescents reported to be behind and 58% reported to experience no difference with the regular education system.

**How hard is it to hold on to the distance education?**

Motivationbarometer

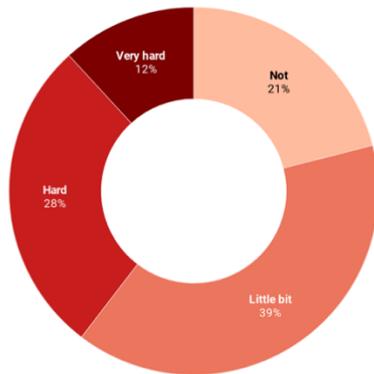


Figure 2

**To what extent are you able to follow education?**

Motivationbarometer

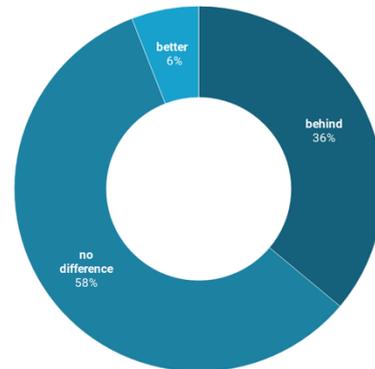


Figure 3

Based on the 12-item CES-D (measuring depressive symptoms), we are able to compare a total sum score (for those who completed all items) with the norm scores accompanying the CES-D (see figure). 44% report to have somewhat elevated depressive symptoms and 33% of the adolescents report to have very elevated depressive symptoms.

**Depressive symptoms**

The Motivationbarometer  
Based on normscores of 12-item CES-D

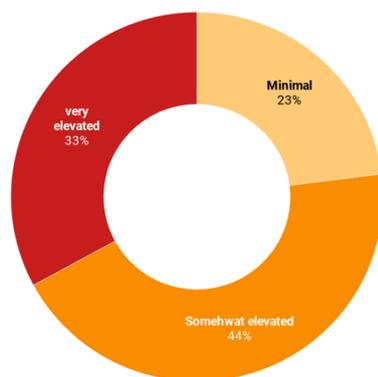


Figure 4

**3 Adolescents and emerging adults**

**3.1 Emotional wellbeing of KU Leuven students**

The **Leuven College Surveys** (Bruffaerts et al. 2020) are a series of longitudinal panel surveys that investigate the emotional wellbeing of KULeuven students since 2012. At this

point, there are ~16,000 students enrolled in this study. In March 2020, specific questions were added to the instrument (N=1791; post-stratification weighted in order to represent the general profile of KULeuven students). Findings show that, during the first lockdown, 21% of the students report a severe emotional impact of the Covid19 pandemic. Around 54% reports a mild-to-moderate impact (ie an impact, but only in some of the days), whereas one in four does not report an impact at all.

The longitudinal nature of the data enables us to compare stress levels, mental disorders, and suicidal thoughts and behaviors among students across academic years. There are two elements that stand out. First, a close comparison between data from March-April 2019 with March-April 2020 shows no differences in stress levels or suicidality (see figures). Second, on the level of mental disorders (ie the proportion of students that meet criteria for a positive screen for mental disorders), both depression and suicidal thoughts and behaviors are equally prevalent in 2020 compared to 2012-2019; the proportions of anxiety disorders is somewhat higher in 2020 compared to the 2012-2019 benchmark (ie 15% vs. 8-12%, respectively). As this is an ongoing study, the assessment of the emotional impact of the second lockdown is currently ongoing, and will be expected in Q2-Q3 of 2021.

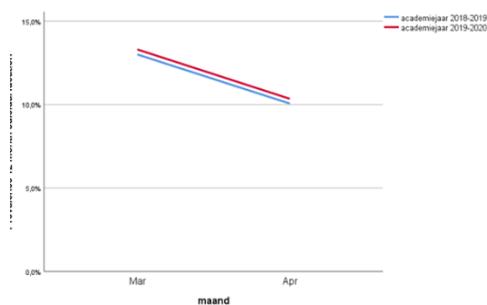


Figure 5: suicidal thoughts and behaviors among college students in March-April 2019/2020.

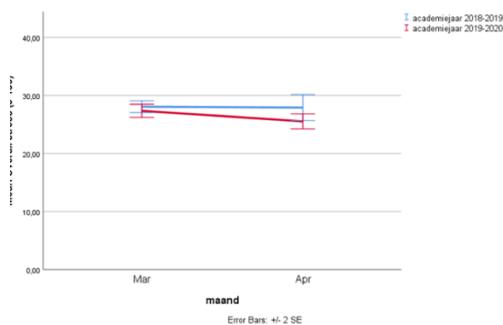


Figure 6: stress levels among college students in March-April 2019/2020.

In collaboration with the Vlaamse Vereniging voor Studenten (VVS) and the Kabinet Weyts, the **Leuven College Surveys** is expanded to the entire body of students in the higher education setting in Flanders, in a study called the Flemish College Surveys (FLeCS). As this is an ongoing study (started Dec 2020, end is foreseen for May 2021) that is in its second month of field work (with 16,500 respondents so far), preliminary estimates on the impact of Covid19 on mental health in the Flemish higher education sector will not be available before Q3 of 2021. This study will serve the first estimates of mental wellbeing among students in

Flanders, and, more specifically, the precise impact of the second Covid19 wave on their emotional and academic functioning.

### 3.2 Motivation barometer

Since the beginning of the lockdown, the well-being and motivation of the population has been ongoingly monitored within the motivation barometer. Across 65 waves, more than 153.000 individuals in varying age groups have filled in a brief on-line questionnaire. Throughout the crisis, a systematic age effect has been found for several critical parameters.

First, the satisfaction of individuals' psychological needs for autonomy, competence, and relatedness has been consistently more under threat among young adults (18-35 years) compared to older generations (36-54 years; 55+). As shown in the figure below, the bottom line of the shadowed lines denotes the level of satisfaction among the younger generations, while the upper line denotes the level of satisfaction among the older generations. Such findings can be well understood from the perspective that the current situation involves much more of a rupture for younger people's daily living style than older generations. Younger generations meet each other in larger groups and are developmentally speaking faced with several relational-oriented tasks, such as the development of close and trustworthy relationships, the formation of an identity and engaging in romantic relationships. The current situation puts these critical developmental tasks more on hold for them. It should be noted that the situation is becoming increasingly difficult for the entire population. All need satisfactions are increasingly less fulfilled, with people on average reporting more autonomy frustration than satisfaction since half of January (the horizontal line represents the flipping point).

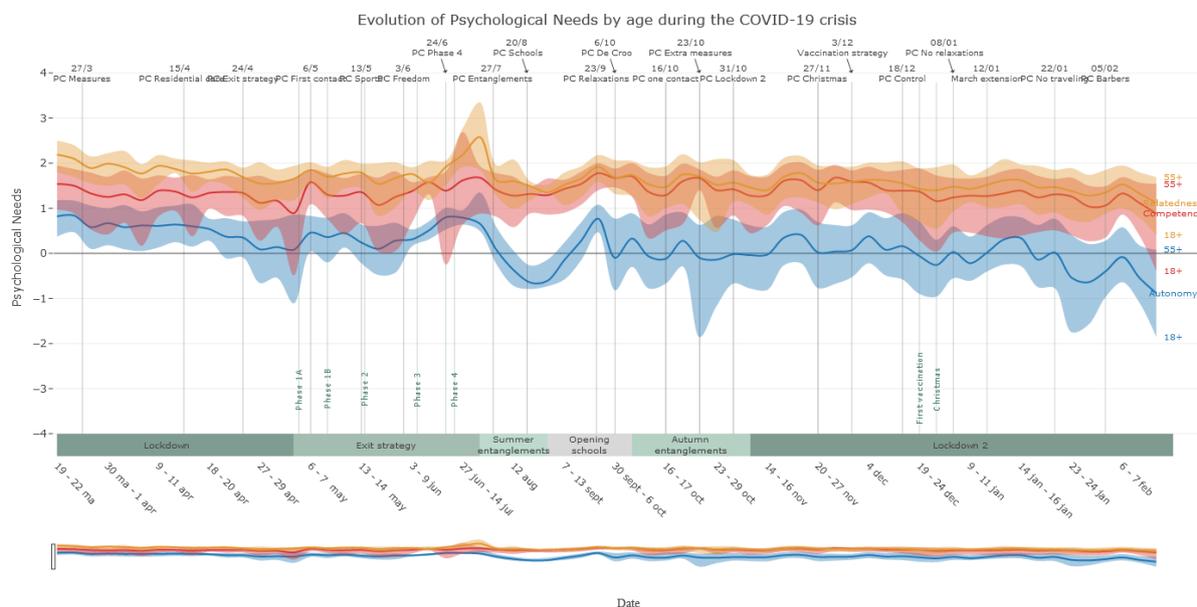


Figure 7: evolution of psychological needs by age during covid-19 crisis.

Second, in terms of their motivation, a similar age pattern can be observed, with older generations being consistently more willingly motivated and experiencing the adherence to

the measures less as a daunting duty. Also, younger generations report far more experiences of discouragement, as can be noticed in the next figure. Two explanations can be put forward for these age trends. Older individuals perceive higher risks of being infected, which has been found to predict greater acceptance of the measures and adherence to them. Also, with increasing age, individuals are more likely to value growth oriented ideals like solidarity and contribution to the community, which may explain their higher adherence. Yet, when considered from the perspective of youth, it is remarkable that they maintain their efforts to adhere to the measures given the lack of self-interest in doing so. That is, they have objectively a lower chance of being infected such that any adherence to the measures can be seen as a deed of solidarity.

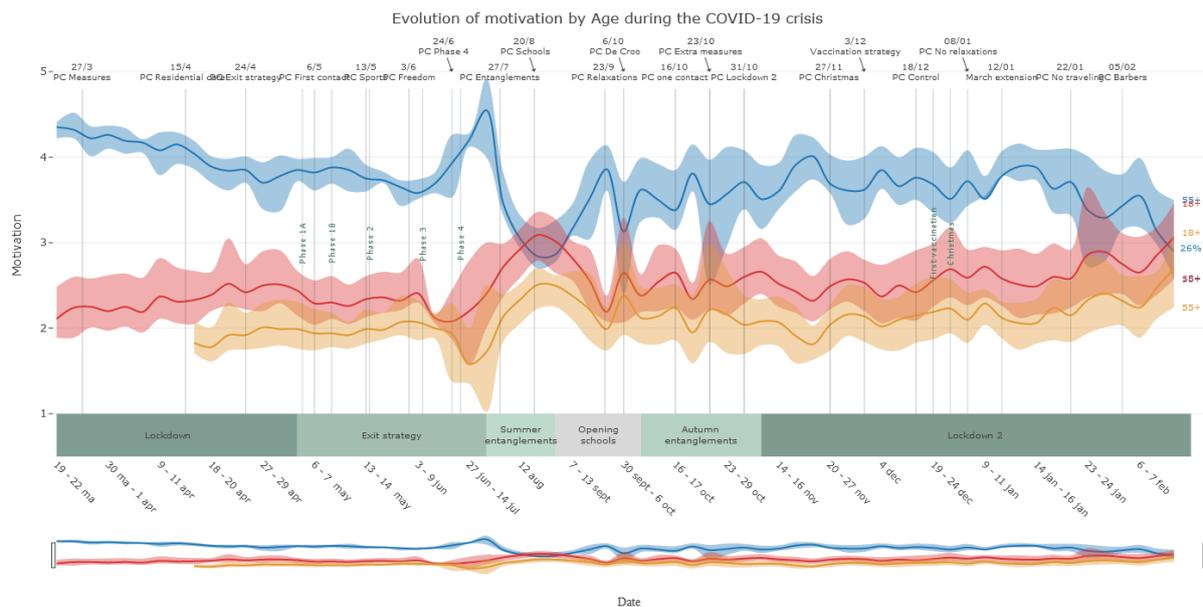


Figure 8: evolution of motivation by age during covid-19 crisis.

Yet, similar to the overall trend observed for experienced need satisfaction, people's motivation has been steadily decreasing since half of January. At this point, the overall level of motivation is as low as half of August. This is a worrisome trend that deserves attention. This decline manifests in various ways, including a decrease in voluntary motivation and an increase in discouragement, a decrease in the perceived risks for infection, a decrease in the perceived effectiveness of the measures and a decrease in the felt efficacy to adhere to the measures. Paralleling these declines in motivation, a similar decline in adherence can be observed, with people's close contacts rapidly increasing over the past two weeks.

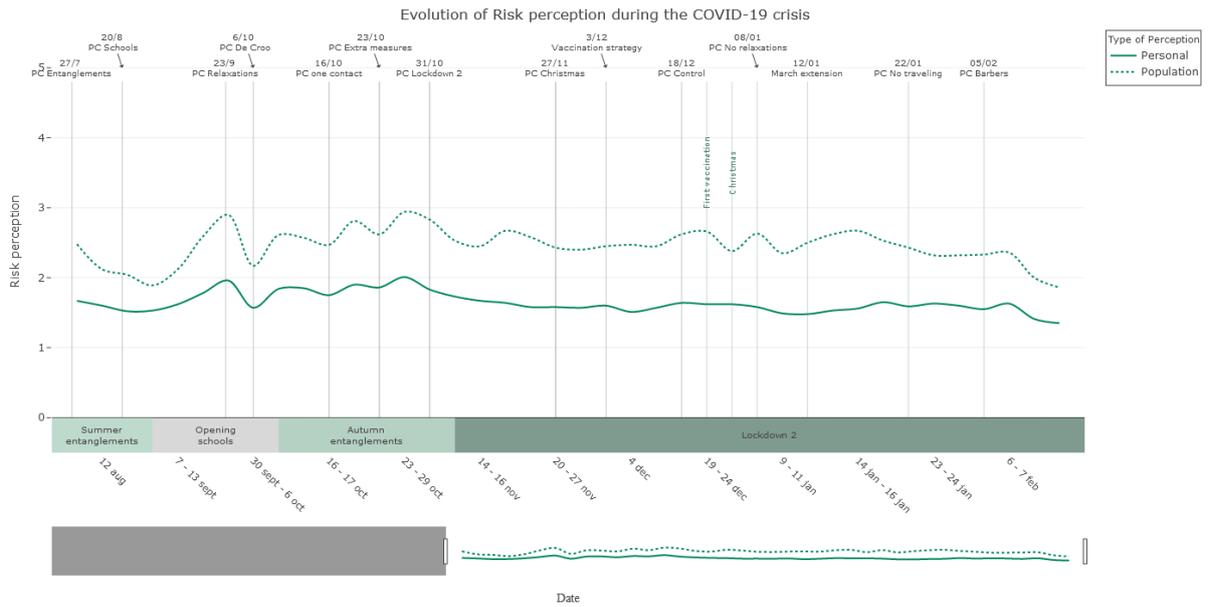


Figure 9: Evolution in risk perception throughout the crisis.

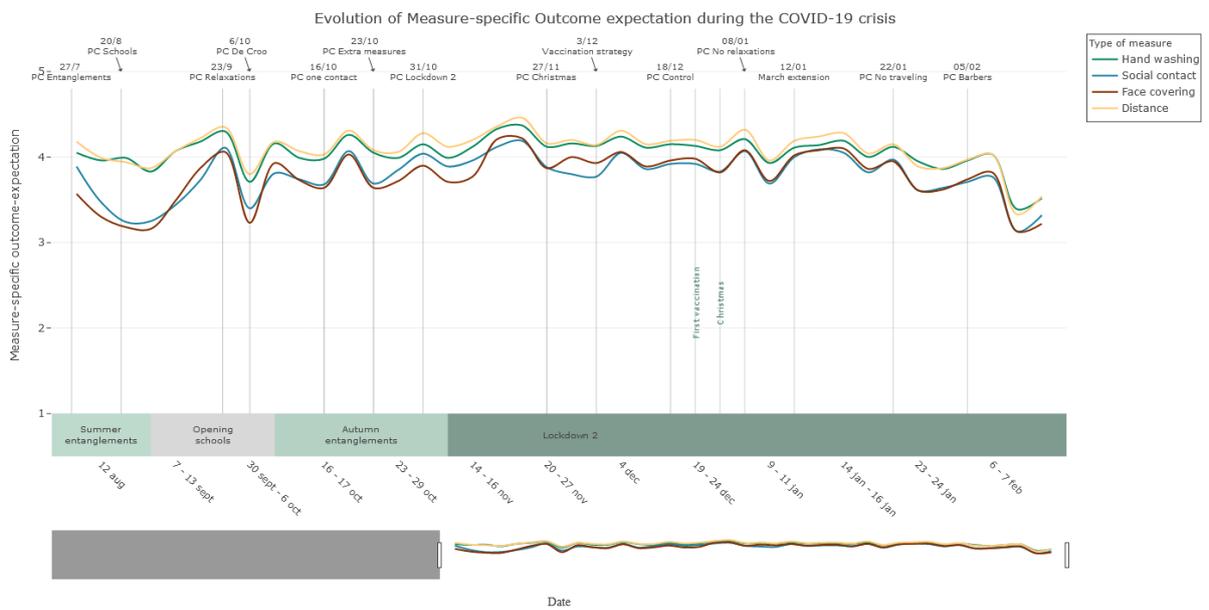


Figure 10: Evolution in outcome expectations throughout the crisis

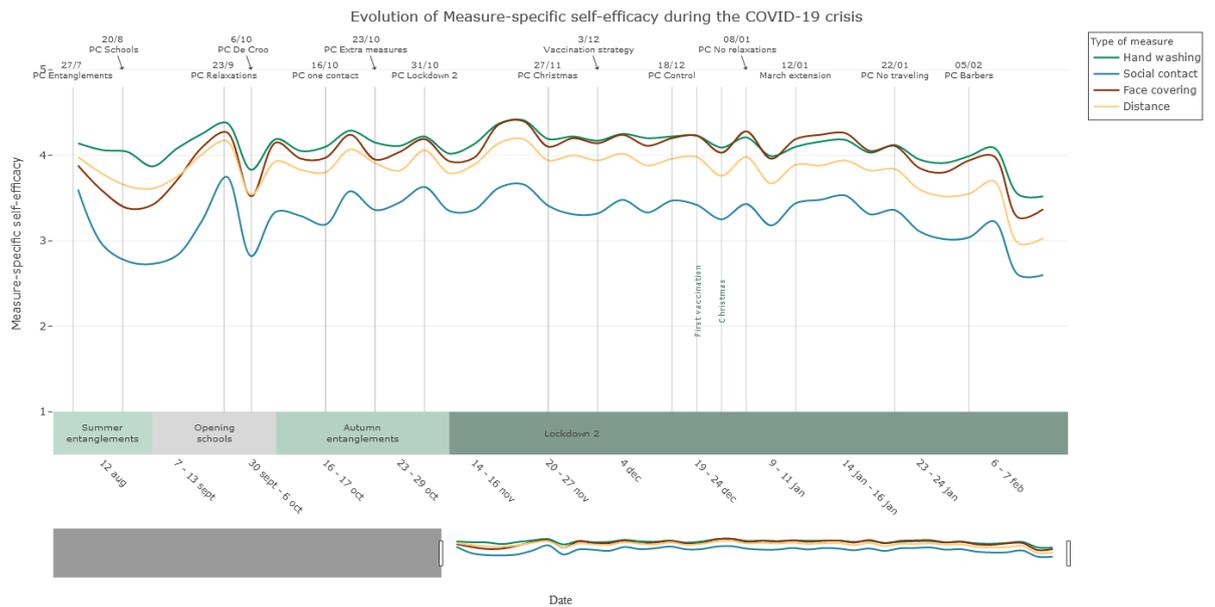


Figure 11: Evolution in self-efficacy throughout the crisis

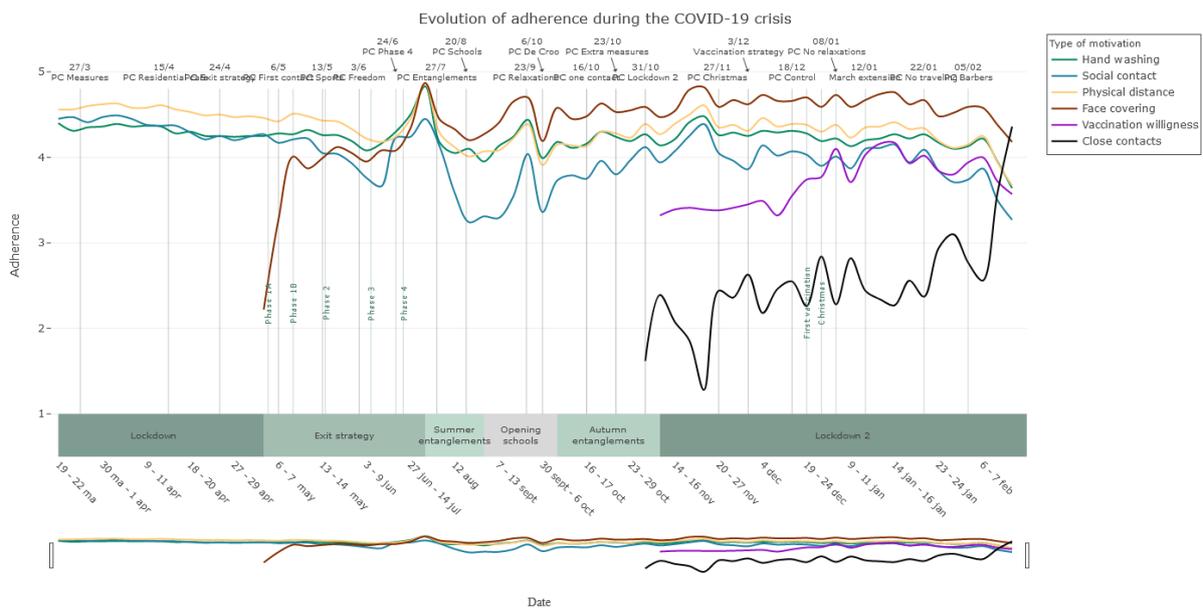


Figure 12: Evolution in adherence

### 3.3 Mental health of young people in COVID times

In an open letter 'Mental health of young people in COVID times', several professors indicate that a focus on social interaction can have a protective effect against psychological complaints of young people and contributes to more academic success

Hence, during adolescence (10-18 years old) and young adulthood (18-25 years old), social interactions and **relationships with peers are crucial to meet normative developmental tasks**. However, there are signals that students, and young people in general, suffer from loneliness, a lack of motivation, and psychological complaints. Research at the Faculty of

Psychology and Educational Sciences of KU Leuven surveyed a large group of students indicating high feelings of loneliness and dissatisfaction with social life at the university.

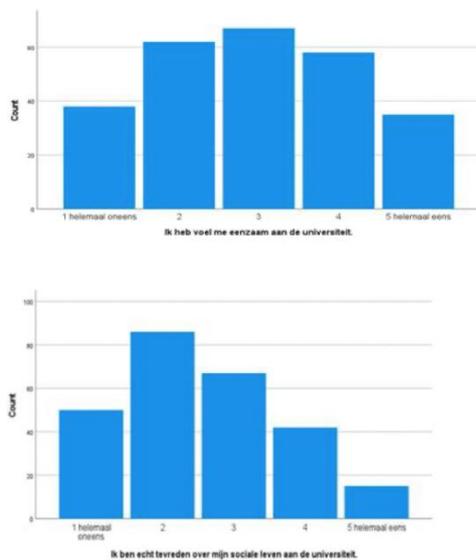


Figure 13: social interactions in young adolescents

Next to their risk of mental health problems, they may also drop out academically. This not only jeopardizes their personal future, but also that of the society as a whole.

The current communication about the corona measures is very focused on what is not going well and what the consequences may be. Learning theories have shown that rewarding may work better than punishing. At the moment, communication from the government is punitive rather than rewarding. This may be one of the explanations for the observation that the motivation of young people is declining and that many feel excluded from the social debate. In addition, the findings show that the majority of the students show an emotional impact that can be interpreted as showing psychological resilience. The direct consequences are that, from a population-interventionist perspective, most attention should be given to resilience and connectedness-enforcing interventions, positively connotated, besides providing information on how to cope with the pandemic and its implications.

### 3.4 Great Corona Study: general mental health, resilience, loneliness

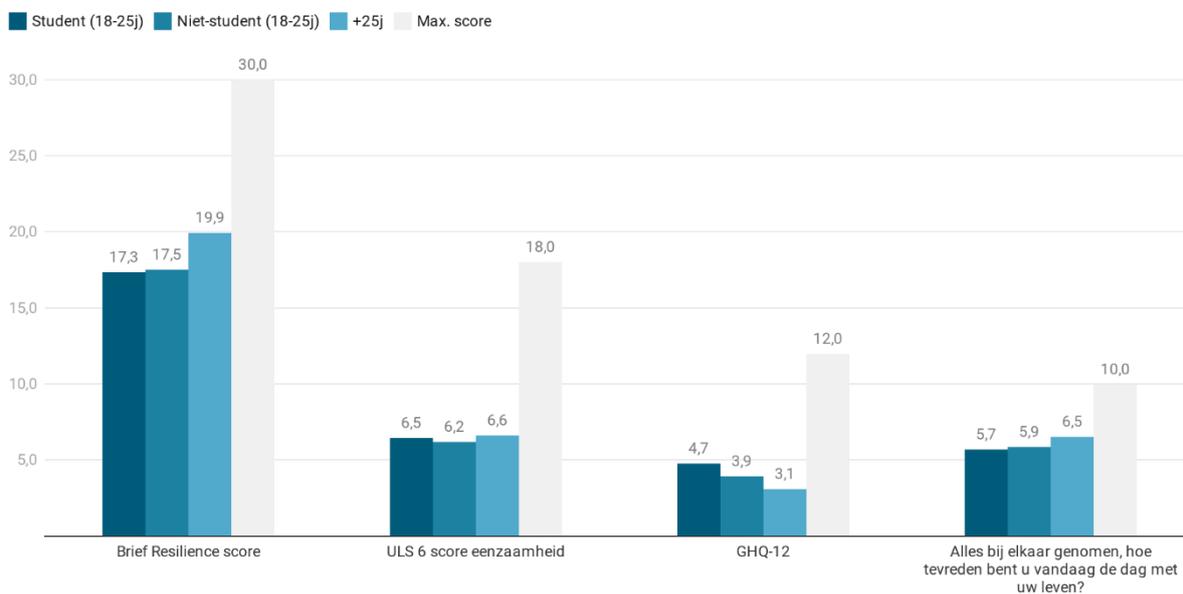
The Great Corona Study (GCS; [www.corona-studie.be](http://www.corona-studie.be)) has been monitoring the Belgian population since 17<sup>th</sup> March 2020 over 30 waves so far, interspaced 1 or 2 weeks apart. This web-based survey, which has a citizen science anonymous voluntary design is administered in 4 languages (NL, FR, D, EN) on PC, tablet and smartphone and has been taken over 2.8 million times to date. The first wave attracted over 560,000 respondents, the last wave over 20,000. The survey was predictive of the incidence of detected infections in Belgium (Neyens et al, 2020). Although the GCS has collected responses of children and adolescents, in this section we focus on young adults (18-25y). Respondent weighting is done on age, gender, region and educational attainment.

One of the key recurring themes evolves around mental health, resilience and loneliness. The figures below show the latest estimates and the evolution of various indicators of psychological impact captured through standardized questionnaires (Figure 6), as well as scores per item on the General Health Questionnaire (Figure 7). Figure 8 shows weighted mental wellbeing as monitored by using the GHQ-12 standard questionnaire from the initial stages of the first lockdown up to the present time.

The GCS study has found associations (to different extents over different stages of the pandemic) between mental wellbeing and covariates including age, gender, employment, household size, educational attainment, sector of employment, experience with COVID-19 and housing conditions. Detailed analyses are not shown in this report. Although all investigated groups experience changes as the pandemic evolves, figures 8 and 9 below show clearly that there is an inverse relationship between age and mental wellbeing, and that often a deterioration of mental health occurs before measures are taken, in anticipation, and likely as a result of evolving perceived risks and media coverage. Students are worse off than any other group, and this is also clearly the case when comparing them to non-students of their own age. 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/>

### De Grote Corona studie: verschillende maten van welzijn

- Brief Resilience Score: score ts. 6-30, hoger is sterker gewapend
- ULS-6: score ts. 0-18, hogere score is hogere sociale eenzaamheid
- GHQ-12: score ts. 0-12, hogere score is lager mentaal welbevinden
- Vraag tevredenheid: score ts. 0-10, hoger is meer tevreden

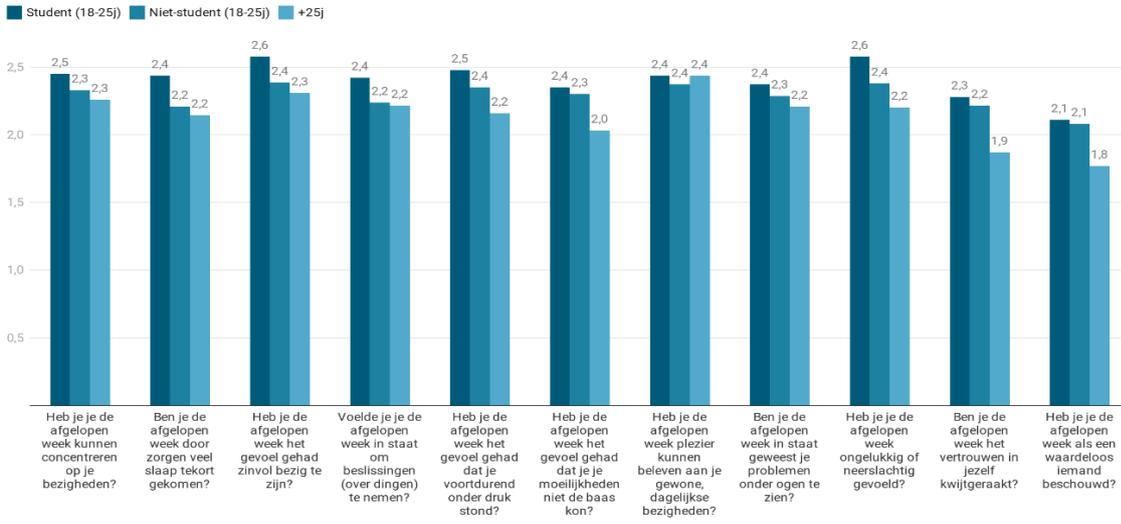


Grafiek: UAntwerpen - UHasselt - KU Leuven Grote Corona studie 2020-2021 - golf 30 (gewogen data) • Bron: UAntwerpen • Gecreëerd met Datawrapper

Figure 14: Mental wellbeing in young adults (18-25y) versus students of the same age, and compared to the adult population (>25y) using 4 different standardized measures of resilience, loneliness, wellbeing and satisfaction (based on Wave 30 on 9th Feb 2021)

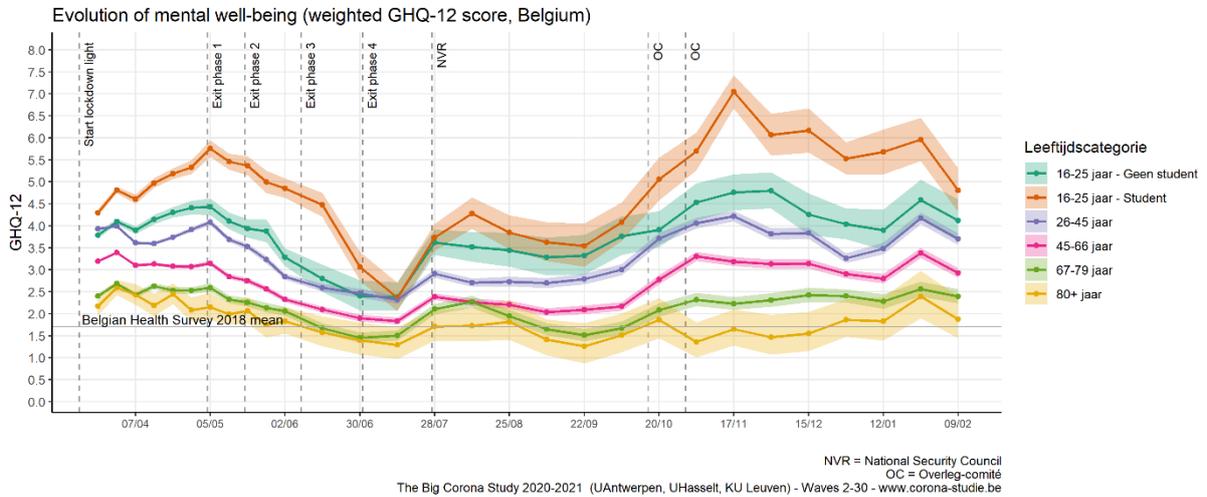
### De Grote Corona studie: items van welzijn

Scores 1 tot 4: hogere score is slechter



Grafiek: UAntwerpen - UHasselt - KU Leuven Grote Corona studie 2020-2021 - golf 30 (gewogen data) - Bron: UAntwerpen - Gecreëerd met Datawrapper

Figure 15: Item responses on the General Health Questionnaire (GHQ-12) in young adults (18-25y) versus students of the same age, and compared to the adult population (>25y) (based on Wave 30 on 9th Feb 2021 in 20500 respondents of the Great Corona Study)



NVR = National Security Council  
OC = Overleg-comité  
The Big Corona Study 2020-2021 (UAntwerpen, UHasselt, KU Leuven) - Waves 2-30 - www.corona-studie.be

Figure 16: Evolution of mental well-being as monitored by the General Health Questionnaire (GHQ-12) from Wave 2 (24th March 2020) up to Wave 30 (9th February 2021) of the Great Corona Study with confidence intervals

## 4 Adults

The GCS shows that in addition to age, sector of employment has an important impact on the evolution of mental wellbeing. At the extremes we find students consistently at the worst end, and retired persons at the best end of the scale.

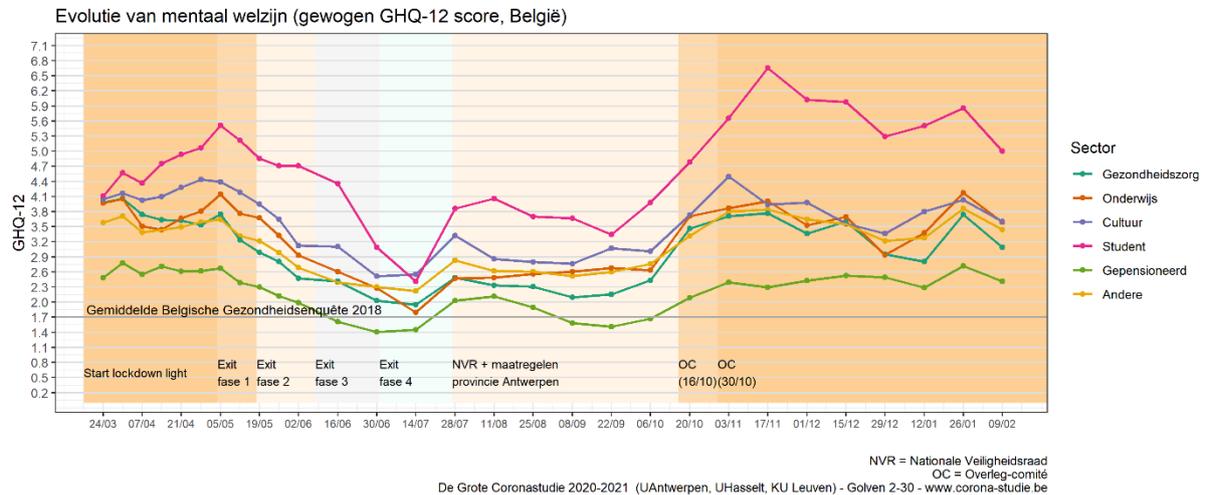


Figure 17: Evolution of mental wellbeing as monitored by the General Health Questionnaire (GHQ-12) from Wave 2 (24th March 2020) up to Wave 30 (9th February 2021) of the Great Corona Study, by sector if employment.

These results also indicate that the second wave peak and its associated measures have had a greater and more prolonged adverse effect on mental health than the first wave peak and lockdown.

In the heatmap the scores are shown for the GHQ-12. The evolution of the highest scoring participants is cause for concern as this group grows during the previous months.

## GHQ-12 score per golf

(Schaal van 0-12, hoger is groter risico op mentale onwelzijn, % met bepaalde score)

Wave	,00	1,00	2,00	3,00	4,00	5,00	6,00	7,00	8,00	9,00	10,00	11,00	12,00
2	19,30	15,40	12,70	10,70	8,90	7,60	6,20	5,10	4,20	3,50	2,80	2,10	1,50
3	21,20	14,70	11,60	9,70	8,10	7,10	5,90	5,10	4,40	3,80	3,30	2,80	2,40
4	28,00	15,00	10,50	8,40	7,00	5,90	5,00	4,30	3,80	3,20	3,00	2,80	3,10
5	29,60	13,90	10,00	7,90	6,70	5,70	4,90	4,20	3,70	3,30	3,20	3,10	3,80
6	31,70	13,30	9,20	7,30	6,20	5,50	4,70	4,00	3,60	3,50	3,20	3,30	4,50
7	34,30	12,10	8,30	6,70	6,00	4,90	4,50	4,00	3,50	3,20	3,40	3,50	5,60
8	35,00	11,40	7,90	6,60	5,40	4,90	4,10	3,90	3,60	3,10	3,40	3,90	6,70
9	39,40%	11,30%	7,90%	5,90%	5,10%	4,50%	4%	3,40%	3,30%	3,0%	2,9%	3,2%	6,0%
10	41,50%	11,50%	7,60%	5,90%	4,80%	4,20%	3,6%	3,20%	3,00%	2,8%	2,7%	3,2%	5,9%
11	46,20%	10,90%	7,00%	5,40%	4,10%	3,70%	3,2%	2,70%	2,50%	2,6%	2,5%	3,0%	6,0%
12	48,20%	11,80%	6,80%	5,10%	4,20%	3,30%	3%	2,80%	2,40%	2,3%	2,3%	2,7%	4,9%
13	53,50%	11,20%	6,30%	4,30%	3,60%	3,10%	2,5%	2,30%	2,10%	2,2%	2,0%	2,5%	4,2%
14	58,10%	10,60%	6,00%	3,90%	3,20%	2,70%	2,2%	1,80%	1,80%	1,8%	1,9%	2,0%	4,0%
15	60,10%	10,10%	5,50%	4,20%	3,10%	2,40%	2%	1,60%	1,50%	1,8%	1,7%	2,1%	3,9%
16	48,60%	11,30%	6,90%	5,30%	4,00%	3,70%	2,9%	2,80%	2,60%	2,4%	2,6%	2,8%	4,2%
17	49,30%	11,70%	7,10%	5,20%	4,00%	3,30%	3%	2,70%	2,30%	2,2%	2,4%	2,4%	4,3%
18	53,30%	10,30%	6,30%	4,30%	3,70%	3,10%	2,7%	2,50%	2,10%	2,1%	2,5%	2,4%	4,5%
19	55,80%	9,40%	6,10%	4,70%	3,60%	3,20%	2,7%	2,00%	2,20%	1,7%	2,0%	2,3%	4,4%
20	56,20%	9,70%	5,80%	4,40%	3,50%	2,80%	2,4%	2,20%	2,00%	2,1%	2,0%	2,2%	4,5%
21	53,60%	9,40%	6,40%	4,50%	4,00%	3,00%	2,6%	2,40%	2,20%	2,1%	2,4%	2,4%	5,0%
22	44,50%	9,70%	7,40%	5,50%	4,50%	4,00%	3,7%	3,20%	2,80%	2,8%	2,9%	3,2%	5,9%
23	38,00%	10,20%	7,30%	6,50%	5,50%	4,60%	4,1%	3,70%	3,30%	3,3%	3,3%	3,4%	6,8%
24	39,90%	9,80%	6,60%	5,30%	4,70%	4,30%	3,8%	3,40%	3,40%	3,5%	3,7%	4,0%	7,5%
25	42,10%	9,60%	7,00%	5,30%	4,80%	4,20%	3,6%	3,30%	3,00%	2,7%	3,3%	3,6%	7,4%
26	43,60%	9,10%	6,40%	5,60%	4,30%	4,00%	3,5%	3,10%	2,90%	3,1%	2,9%	3,7%	7,8%
27	45,60%	9,40%	6,50%	5,40%	4,60%	3,90%	3,3%	3,10%	2,80%	2,5%	3,1%	3,3%	6,4%
28	47,80%	8,60%	6,50%	4,80%	4,60%	3,50%	3%	2,90%	2,50%	2,3%	2,7%	3,4%	7,3%
29	41,50%	8,10%	6,60%	5,70%	4,30%	4,30%	3,6%	3,30%	3,20%	3,1%	3,3%	4,2%	8,9%
30	46,20%	8,60%	6,50%	5,40%	4,10%	3,70%	3,3%	2,80%	2,60%	2,4%	3,2%	3,4%	7,8%
Total	33,00%	12,90%	9,40%	7,60%	6,40%	5,50%	4,6%	4,00%	3,50%	3,1%	3,0%	2,9%	4,1%

Tabel UAntwerpen - UHasselt - KU Leuven De Grote Corona studie 2020-2021 - golf 2-30 (gewogen data) • Bron: UAntwerpen • Gecreëerd met Datawrapper

Figure 18: Distribution of the GHQ-12 score from Wave 2 (24th March 2020) up to Wave 30 (9th February 2021) of the Great Corona Study.

### 4.1 Brief resilience score (6-item scale)

Another way to look at mental well-being: the Brief Resilience Score with 6 items (the ability to bounce back or recover from stress). In the GCS this scale was presented in 10 of the last 11 waves. We can observe that a growing % of the participants have a very low score of

resilience. This indicates a limited or lack of coping mechanisms to deal with (prolonged) stressful situations.

### Brief Resilience score (waves 20-21, 23-30)

Score between 6 - 30. Stronger resilience with higher score

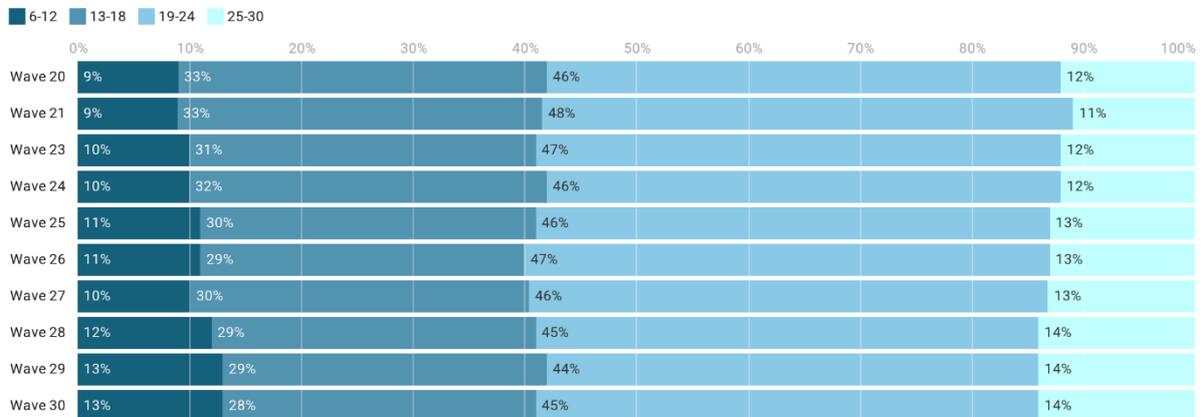


Chart: UAntwerpen - UHasselt - KU Leuven Great Corona study 2020-2021 - wave 20 - 21, 23 - 30 (weighted data) - Source: UAntwerp - Created with Datawrapper

Figure 19: Evolution on the Brief Resilience Score as monitored by the Great Corona Study from Wave 20 (22nd September 2020) up to Wave 30 (9th February 2021)

### 4.2 UCLA Loneliness Scale (6-item scale)

The aim was to look for participants with a certain profile within the GCS samples and the relation with GHQ-12. The second aim was to look for evolutions over the waves. A strong correlation exists between the UCLA and the single item question 'Are you lonely' in literature. Values between 0 (No signs of loneliness) – 18 (High level of loneliness) The proportion of participants with score of 6 or higher rises gradually from the first datapoint parallel with participants reporting a score of 11 or higher (from 6.3% to 11.6%).

### Evolutie UCLA Loneliness Scale 6 golven 6-30 (range 0-18)

Waarden tussen 0 (No signs of loneliness) – 18 (High level of loneliness)

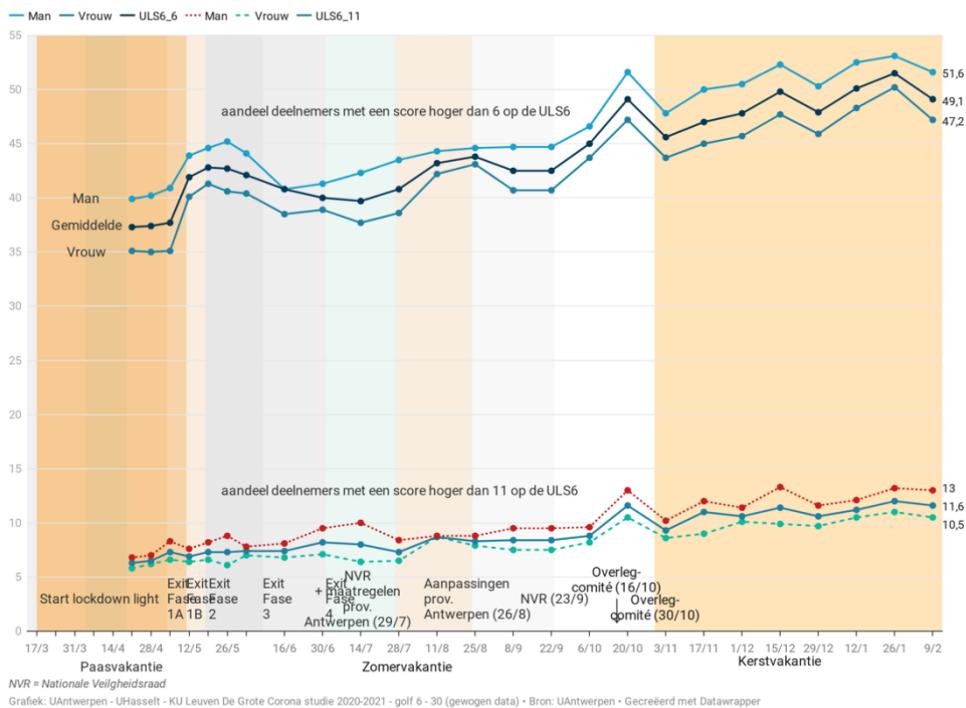


Figure 20: Evolution on the UCLA Loneliness Scale as monitored by the Great Corona Study from Wave 6 (21st April 2020) up to Wave 30 (9th February 2021) of the Great Corona Study

### 4.3 Mental health on the general population (study Sciensano)

Sciensano's **fifth** "covid" health survey (December 2020) shows that (for people aged 18 and over):

- 63.5% of the population is dissatisfied with its social contacts. This is a strong increase and the highest percentage in comparison with previous surveys. (cf. 34.5% in the fourth health survey). 25-34 year olds and 35-44 year olds are most often dissatisfied with their social contacts (resp. 71% and 72%), significantly more often than all other age groups.
- 40.0% of the population feels weakly socially supported, a percentage that is the highest compared to all previous surveys (30.5% and 33% respectively). In a non-Covid19 period, this is 16% (based on the Health Survey 2018).

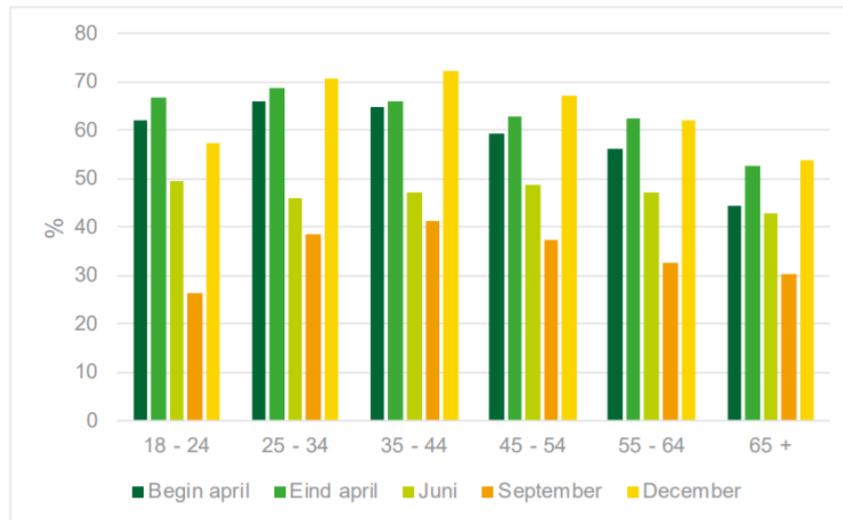


Figure 21: Percentage of the population dissatisfied with their social contacts, according to age (COVID-19-Health Survey (5e), Belgium 2020)

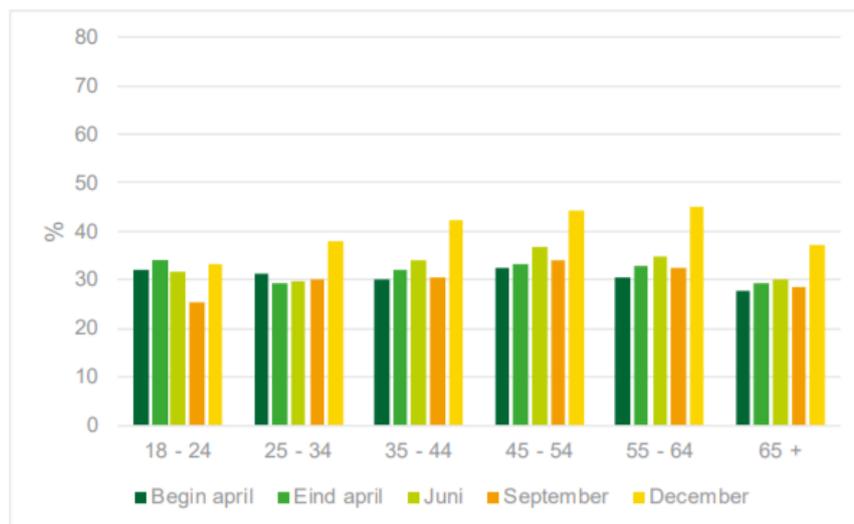


Figure 22: Percentage of the population reporting only limited social support, according to age (COVID-19-Health Survey (5e), Belgium 2020)

- Anxiety disorders (23%) were more common in December than in September (18%; 4e survey) and in June (16%; 3e survey). This percentage is the same comparing to the beginning of the crisis (23% in March-April).
- The prevalence of depressive disorders (20%) increased compared with September (14-15%). This prevalence is higher than in 2018 (10%).
- Given the co-morbidity of anxiety and depression, a substantial percentage of respondents suffered from at least one of these conditions at the time of the last survey.

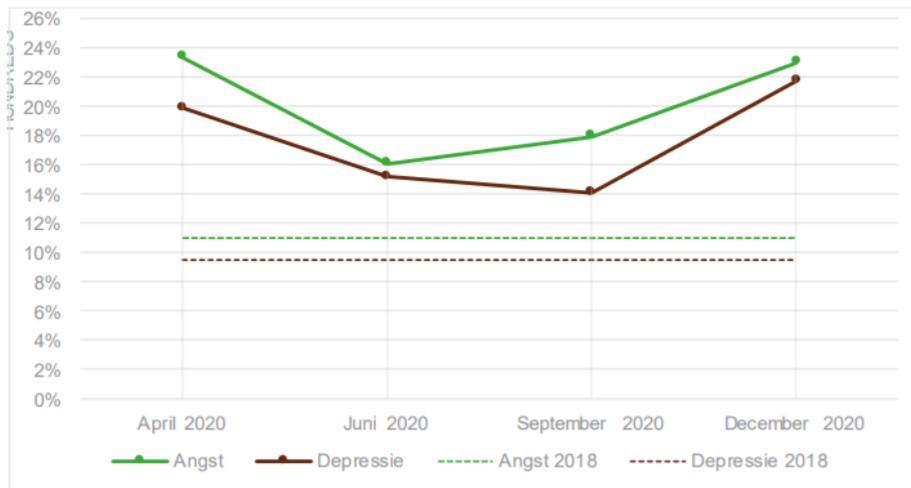


Figure 23

- Anxiety disorders affect more women (26%) than men (20%). Significant when controlling for age.
- Depressive disorders also affect more women than men (23% > 21%). Not significant after controlling for age.
- According to the 5<sup>th</sup> COVID-19 Health Survey, young people aged 18-24 (both males and females) were by far the most affected by anxiety (39%) and depressive disorders (37%), and even in a higher proportion than in the first lockdown.

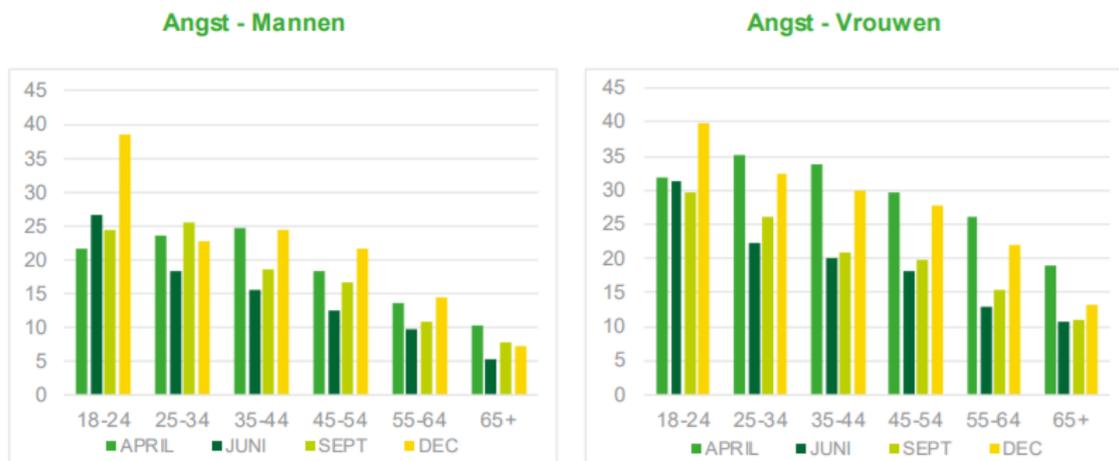


Figure 24: Percentage of the population ( $\geq 18$ ) with an anxiety disorder, according to age and month of Covid-19-survey (Belgium, 2020)

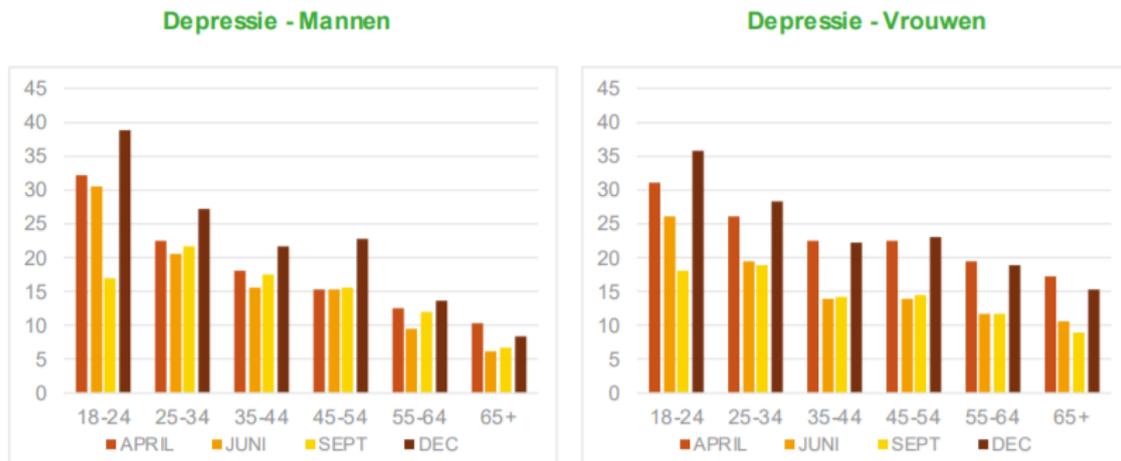


Figure 25: Percentage of the population ( $\geq 18$ ) with a depressive disorder, according to age and month of Covid-19-survey (Belgium, 2020)

- Certain groups are less prone to mental disorders (anxiety, depression, sleep disorders and suicidal tendencies):
  - People aged 65 and over,
  - People living in couple,
  - People with a higher education diploma,
  - People who are (still) in paid employment (prevalence of anxiety (24%) and depression (22%) versus unemployed people (33% and 34% respectively) and disabled people (46% and 41% respectively).
- On the other hand, certain situations unfavourable to mental well-being are confirmed, namely living alone or in a situation of a single-parent family and receiving social benefits.
- Anxiety and depressive disorders increased between June and September among people working in the health sector, while the figures remained stable among other workers. In the fifth health survey the prevalence for anxiety remains stable (24% both for health professionals and other professionals). In case of depressive disorders, the situation for health professionals is even better (18% and 22% respectively).
- In the fourth health survey (September), 3.5% of the respondents indicated that they have seriously considered ending their life over the last 3 months (compared to 8% in the June survey), and 0.2% have actually tried to do so (compared to 0.4% in June).
- A majority of the population (73%) suffer from sleep disorders, a figure that remains extremely high. (In June and September, this was 72%). Sleep disorders affect more women (78%) than men (68%).
- Finally, in two of the five COVID-19 health surveys, life satisfaction was monitored. The mean life satisfaction was 6.8 (95% CI 6.7-6.8) in December; in September this was 6.1 (95% CI 6.1-6.2). This is a decrease in comparison to the National Health Survey of 2018 (7.4 for the population aged 18 and older).

#### 4.4 Use of alcohol and other drugs (5<sup>th</sup> Covid-19 health survey)

- 73.5% of the respondents use alcoholic drinks and among them 29% indicate that their use has decreased compared to the period *before* the corona crisis; 20% indicates an increased use.
- 23% are smokers, 39% of them smoke more than before the corona crisis, while 20% say they smoke less.
- Increased alcohol (29%) and tobacco use (47%) is most common in the 35-44 age group.
- About 6% of respondents use drugs. The percentage of individuals with increased drug use compared to the pre-corona crisis period has increased, reaching 23.5% in early April and 34.5% in December. The percentage of people who have reduced their use (33.5%) is equal to the percentage who report increased use
- 21% of the respondents use sleeping pills or sedatives, of which 42% indicate that they have started or that their use has increased since the corona crisis. Three quarters of young people between 18 and 24 years (75%) who use sleeping pills or sedatives say that their use has started or increased since the corona crisis.
- The vast majority of respondents use social networks and the internet (92.5% and 97% respectively), and a large proportion use them more often than before the corona crisis (54% and 57%).
- Compared to the period before the corona crisis, a general decrease can be observed in the use of alcohol, tobacco and drugs among young people aged 18-24 (the most vulnerable group in this crisis in the psychosocial field). **On the other hand, there is an increase in the use of sleeping pills or tranquilizers, social networks and the Internet, and games of chance and money.**

	Begin april	Eind april	September	December
<b>Producten :</b>	%	%	%	%
Alcohol	67,6	72,1	71,3	73,5
Tabak	21,8	22,1	23,6	23,0
Drugs	3,6	4,4	5,4	5,8
Slaap- of kalmeringsmiddelen	-	18,2	18,8	20,6
<b>Schermgedrag:</b>	%	%	%	%
Sociale media				92,5
Internet				96,6
Video- of internet spelletjes				38,6
Kans- en geldspelen				27,6

Figure 26: Percentage of the population ( $\geq 18$ ) using alcohol and other drugs with a depressive disorder, according to the period of Covid-19-survey (Belgium, 2020)

The Flemish expertise centre for Alcohol and other Drugs (VAD) conducted a representative online questionnaire in collaboration with Indiville and Bpact (28/4/20-7/5/2020; aged 18-75y; Flemish region). Levels of alcohol consumption were compared to the results of a questionnaire organised just before the lockdown. For the majority of the respondents

(n=1008) their alcohol consumption remained stable. On the other hand, one in four Flemish respondents reported to drink less than before, and 21% of respondents reported to drink more than before, especially people with a higher education. **Notable was the clear association between a higher level of drinking and a worse state of mind.** People who experienced more stress, loneliness, boredom, or tensions in the family drank more. In addition, binge drinking and drunkenness were more prevalent among people who struggled with negative feelings.

**ALCOHOLGEBRUIKZELFPERCEPTIE EVOLUTIE SINDS INGAAN CORONAMAATREGELEN – NAAR LEEFTIJD EN DIPLOMA**  
*Sinds de coronamaatregelen ingingen ...*

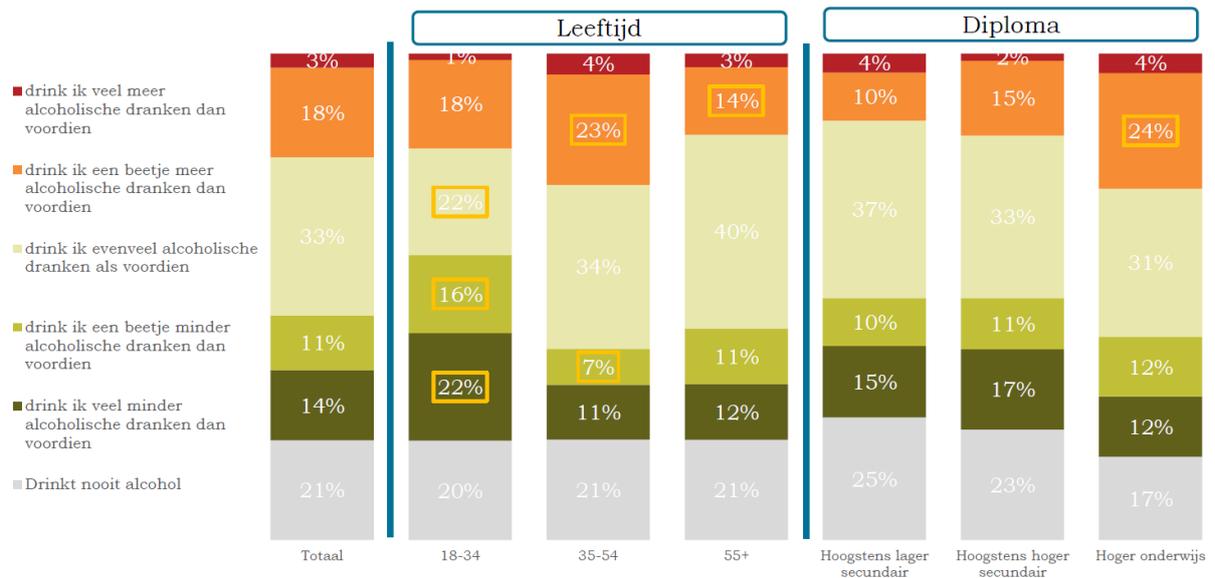


Figure 27: Percentage of alcohol use (≥ 18; self-report) since Corona measures according to age and educational level (VAD, Indiville, Bpact, 2020)

**ALCOHOLGEBRUIKZELFPERCEPTIE EVOLUTIE SINDS INGAAN CORONAMAATREGELEN – NAAR STRESSNIVEAU**  
*Sinds de coronamaatregelen ingingen ...*

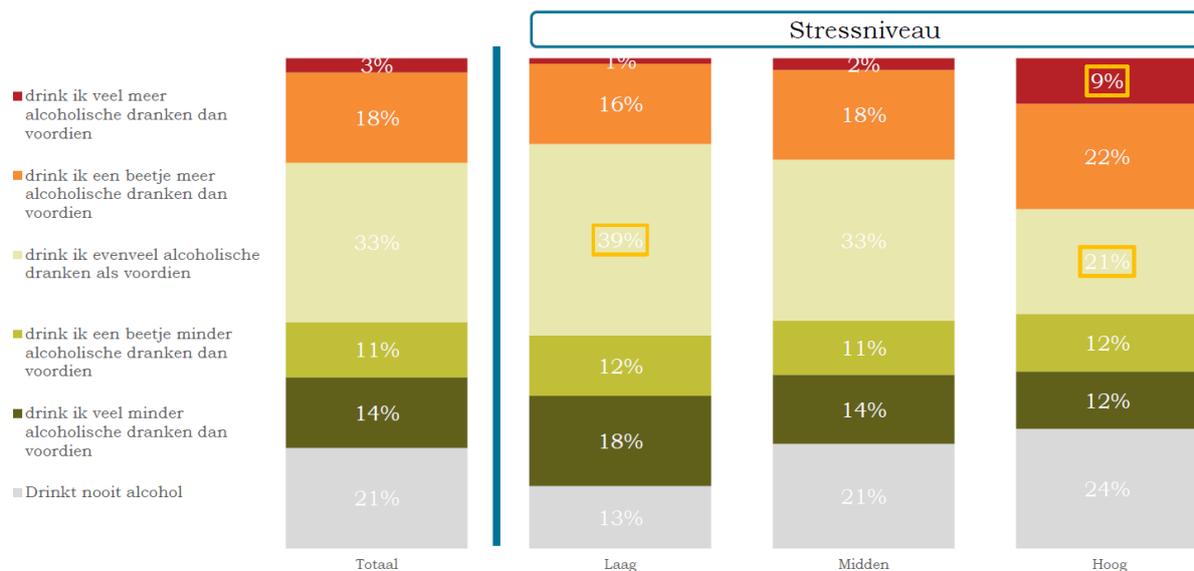
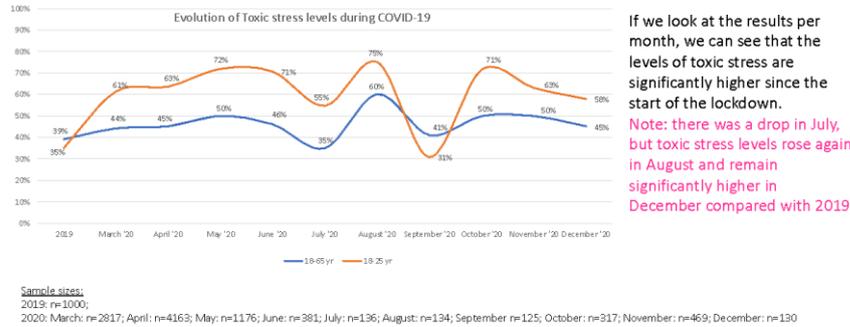


Figure 28: Percentage of alcohol use (≥ 18; self-report) since Corona measures according to stress level (VAD, Indiville, Bpact, 2020)

#### 4.5 Analysis of response of visitors of website ledereenok.be

This analysis shows that levels of toxic stress are higher since the start of the lockdown

### Results on an Individual level

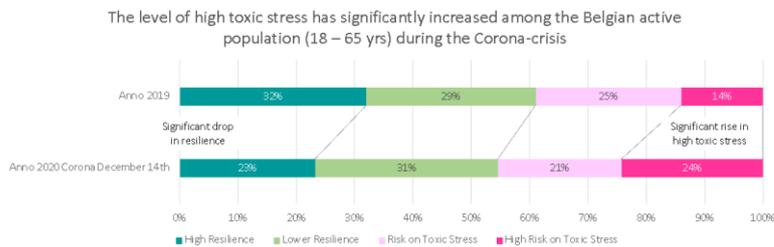


1

Figure 29

The general resilience of working Belgians has declined compared to the pre-Covid-19 period. Resilience has shifted to a larger group suffering from toxic stress.

### Results on an Individual level



A high risk of toxic stress implies a high risk of long term illness and burn-out. For employees who stay at work it implies a loss of productivity. In 2016\*, Eurofound already reported a loss of 35% productivity, so the Corona-crisis makes this even worse. Besides the incremental negative impact on the mental wellbeing of the active population, this also has an enormous economical impact, knowing that every day an employee remains sick at home, this is associated with a cost of 1.000 €\*\*.

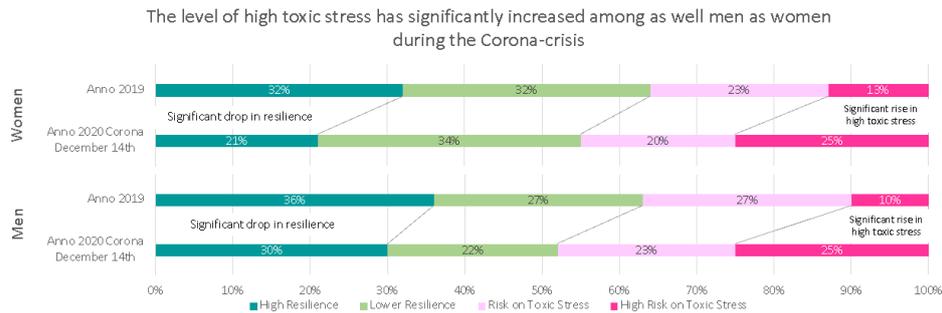
\* Eurofound (European Working Conditions Survey, 2016: Job quality in Belgium: <https://werk.belgie.be/nl/nieuws/een-analyse-van-de-job-waaitet.belgie-2015?d=45624>  
 \*\* Based on figures of SECUREX

2

Figure 30

The decrease in resilience is higher in women but the risk of toxic stress has increased among as well men as woman

## Results on an Individual level



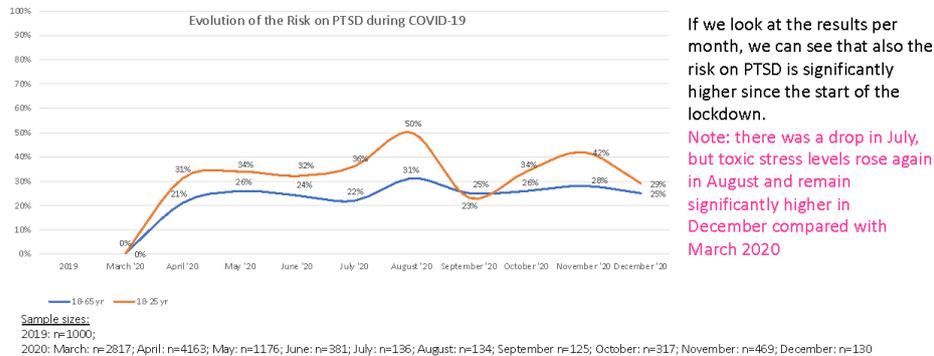
Although women are in generally more vulnerable for high toxic stress, it can be noted that as well women and men experience a significant rise of more than 10% in levels of high toxic stress during Corona-crisis. This can be due to the fact, that as well men as women are working at home now, implying that both sexes have to find a balance between private and working life.

3

Figure 31

Increased risk of developing long-term problems : 1 in 5 of the working population in March 2020 and 1 in 4 of the working Belgians today (not everyone with an increased risk of long-term problems is actually going to develop these long-term problems. The scientific literature estimates the final group to be around 10% or 1 in 10).

## Results on an Individual level



4

Figure 32

### 4.6 The psychological distress of the general population during the sanitary crisis linked to COVID-19

Results from March to November 2020

Vincent Lorant (1), Pierre Smith (1), Katharina Seeber (1), Kris Van den Broeck (2) et Pablo Nicaise (1)

As of March 21st, 2020, the "COVID and I" study was the first to look into the matter of mental health related to COVID-19 in Belgium. Teams from the UCLouvain and the University of Antwerp collected data on four occasions from the same participants: in March, three days after the implementation of the first confinement; in April, at the peak of the pandemic's first wave; in June, during de-confinement, and in November, during the second wave. Psychological distress was measured using the General Health Questionnaire-12 items (GHQ) in order to identify people at risk of psychological distress in the general population. The GHQ assesses common mental disorders on a 12 items scale. The method we used allowed for continuous scoring ranging from 0 to 12, with a score of 4 and above suggesting a greater chance of psychological distress. Of all respondents, 6,337 people took part in the four survey times. A multilevel analysis with random effects for the respondent, the waves and the interaction term of respondent\*waves was conducted in order to examine the relationship between psychological distress and the exposure to the COVID-19 pandemic and its measures, and to partition variance.

At the start of the confinement period and during the first wave of the pandemic in March and April, 48% and 46% of individuals were at risk of psychological distress, respectively. The de-confinement in June was associated with a decrease in the proportion of the population's psychological distress with a rate of 32%. However, when the pandemic resumed and policies were tightened in November, 47% of the population experienced psychological distress again (see Graph 1 below). Throughout the sanitary crisis, a large group of individuals (27%) never reached the threshold of psychological distress. By contrast, 15% of respondents were in a situation of psychological distress during the four survey times (see Table 1). In the graph, the overall transitions in psychological distress over the four survey times are showcased. We can see that, for a segment of the population, a significant decrease in the level of psychological distress was measured between April and June, followed by a further increase between June and November.

Results indicate that the intra-personal factor of changes in psychological distress during the March-November period is very high (47%), while the time factor, linked to the survey period, is low (3%). The stable characteristics of individuals (age, gender, etc.) accounted for 46% of the variance. Therefore, a significant part of the changes in psychological distress are linked to specific groups of the population, such as youngsters and women.

These results indicate that individuals present different vulnerabilities at different times during the pandemic: first, psychological vulnerabilities oscillate strongly for a given individual from one measurement time to another, but not necessarily at the same time. Second, individuals have vulnerabilities related to factors that do not vary over time.

Two of these stable factors, age and gender, were investigated in relation to the number of times psychological distress was measured over the period March-November 2020 (Table 2). Women and young people experienced more occurrences of psychological distress between March and November. The relationship with age is almost linear: the younger the age group, the higher the average number of occurrences of psychological distress. Younger populations had twice as many occurrences of psychological distress than older populations. Women had one and a half times more occurrences than men, on average.

As for time-varying factors, exposure to the risks of COVID-19, isolation, social support, and activities were investigated. The last three factors had a greater explanatory effect than the first: 24% of the differences in psychological distress can be explained by isolation, low social support, and low frequency of activities, whereas exposure to COVID-19 only explains less than 1% of the changes.

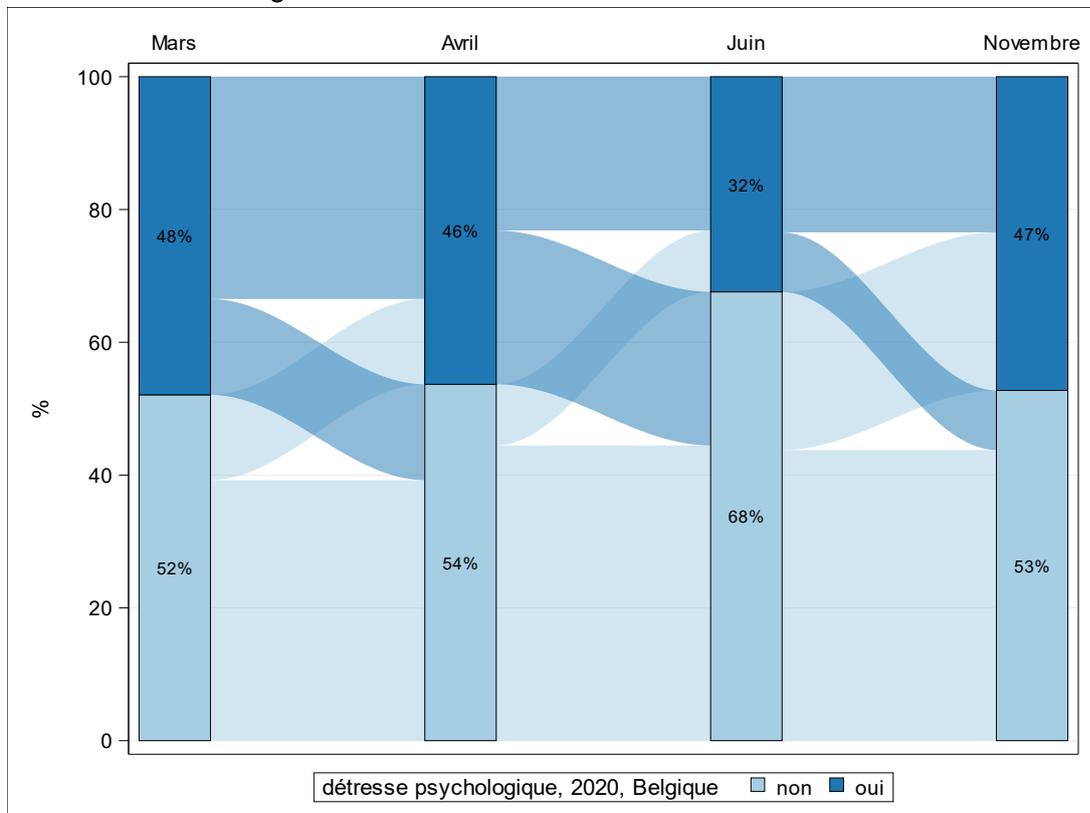


Figure 33: Evolution and transition of the psychological distress between March and November 2020 Belgium, COVID and I: Sankey Diagram

Table 1. Number of psychological distress occurrences measured between March and November 2020, Study "Covid and I" (n=6,337)

<b>Psychological Distress</b>	
<i>Number of occurrences measured between March and November</i>	
	<b>%</b>
0	27.0
1	20.8
2	18.7
3	18.2
4	15.3

Table 2. Number of psychological distress occurrences measured between March and November, by gender and age, COVID and I, January 2020

<i>Psychological Distress</i>			
	<i>Average number of occurrences</i>	<i>Standard deviation</i>	<i>N</i>
<b><i>Gender:</i></b>			
<i>Woman</i>	1.85	1.41	4616
<i>Man</i>	1.43	1.41	1666
<i>Other</i>	1.75	1.28	8
<b><i>Age Group:</i></b>			
<i>0-14</i>	2.73	1.42	11
<i>15-24</i>	2.24	1.36	219
<i>25-34</i>	2.07	1.35	953
<i>35-44</i>	2.00	1.38	1291
<i>45-54</i>	1.79	1.44	1473
<i>55-64</i>	1.55	1.41	1329
<i>65-74</i>	1.17	1.30	865
<i>75+</i>	1.09	1.36	149
<b><i>Total</i></b>	1.74	1.42	6290

The COVID-19 pandemic has highlighted a paradox: there appears to be less consideration of the suppression measures policies' side effects than for other interventions, such as vaccination, for which numerous precautions are taken to reduce potential side effects. The "COVID and I" study was designed to point to one of the negative consequences of suppression measures for the population: psychological distress.

Our work indicates that this psychological distress is an important issue: one third of our respondents were in a state of psychological distress at least three times between March and November. Younger people and women were more affected. Our analysis suggests that authorities should take two main categories of measures to counter the harmful effects of suppression measures: (1) "targeted" measures, which help the most vulnerable groups throughout the period, and (2) "à la carte" measures, which allow differentiated support for certain individuals at certain times. We also noted that, at the peak of the first wave of the pandemic (in April), 43% of respondents clicked on the links we provided in order to obtain information and help.

As far as "targeted" measures are concerned, social life must be supported. Younger people bear the heaviest burden of suppression measures, mainly to the benefit of the health of older people. This solidarity in terms of intergenerational well-being should be the subject of particular attention by the public authorities. Schools must remain open and a return to lecture halls in universities must be considered. In France, for example, President Macron announced several measures to help students in higher education: the return to lecture halls one day a week and two meals a day at one Euro in university restaurants.

A la carte measures should also involve primary health care professionals. Belgium has a system of social coverage for first line psychological care. However, these resources remain largely unknown to the general public and to a number of health and social professionals. Their use could, therefore, be strengthened.

#### 4.7 Mental health of the working population

IDEWE, the largest Belgian external service for protection and well-being at work, performs numerous risk assessment surveys regarding psychosocial well-being for their customers. Data of these risk assessments are used to study a possible impact of corona on well-being,. In particular, we focus on the well-being indicators of job satisfaction, intention to stay and risk of burnout.

The figure below shows the percentage of employees with a high score on the well-being indicators per month in 2020. Higher percentages for satisfaction and intention to stay are indicative of better mental well-being, whereas the reverse is true for risk of burnout. The data of the months April, May, July and August were excluded due to none or far too less data.



Figure 34

The results suggest no clear impact of COVID-19 on the different indicators of well-being in workers. However, we need to take into account following limitations:

- 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, numerous cancellations of risk assessments took place; in the months July – August, 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.

#### 4.8 ESEMeD-2.0: European Study on the Epidemiology of Mental Disorders

The European Study on the Epidemiology of Mental Disorders - ESEMeD (Bruffaerts, Bonnewyn, Demyttenaere, 2011 ) was the very first general-population survey of the epidemiology of mental disorders in the general population of Belgium. The second ESEMeD study is currently being planned in Belgium to collect population-based data from Q3 of 2021 onwards (target N ~5000), including assessments on mental disorders in people from the age of 11 onwards on a broad range of mental disorders and suicidal thoughts and behaviors. As the study is designed as a multiple-step representative population study, the findings will serve as a valid and reliable estimates of the Covid19 impact on the level of the general population. In addition, this study will enable us to compare the effects of Covid19 on emotional health in the general population, students, and healthcare professionals, because of the use of the same sampling frameworks, the same statistical procedures, and the same scientifically sound instruments.

#### 4.9 Mental health of PhD students and Postdocs in five Flemish universities

The cross-sectional multi-university study was carried out in five Flemish universities: KU Leuven, Vrije Universiteit Brussel, University of Hasselt, University of Ghent and University of Antwerp (Boone, Vandebroek, Godderis, 2020). Data were collected from October to December 2020. We included researchers who currently conduct a PhD or post-doctoral research.

Thousand eighty four (1084) participants, including 911 PhD students and 173 post-doctoral researchers, completed the survey. About 69% of respondents were female and the mean age of the total sample was 29.12 years (+/- SD 5.51). About one third of the respondents score high on emotional exhaustion (*figure*), which refers to a chronic state of physical and emotional depletion. Emotional exhaustion is one of the three main burnout scales, together with depersonalization and professional accomplishment (1).

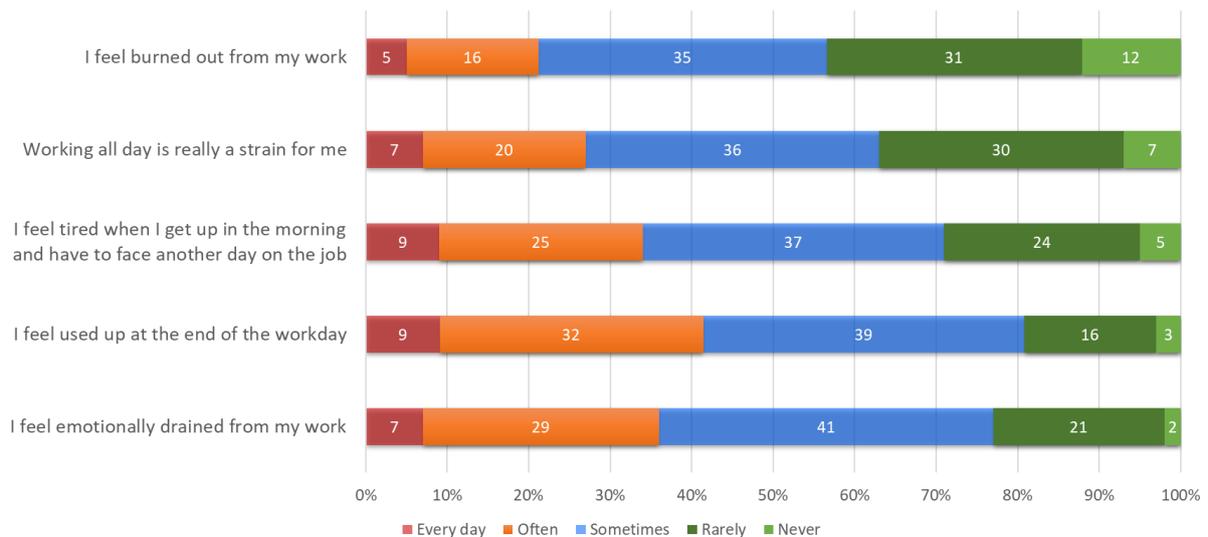


Figure 35: Response items of Emotional Exhaustion Burnout Scale

With regard to sleeping behaviour, 33% of the respondents had an unfavorable score for sleeping behaviour during the four weeks before completing the survey.

About 7% of the respondents reported considering leaving their research position at least 'several times a week'. The four most reported reasons for leaving their research position were (1) work-related mental health problems (20%), difficult work-life balance (17%), uncertain career prospects (14%) and a high publication pressure (12%).

On the other hand, respondents gave a high and favorable score for 'influence at work', 'possibilities for development', 'control over working time' and 'meaning in their work'. Also with regard to work-engagement, respondents had a high average mean score, with 60% of respondents reporting very high work-engagement. These job resources are valuable protective factors against burnout and mental health problems.

## 5 Seniors

We are seeking for data and contributors

## 6 Specific groups

### 6.1 Teleworkers

In the period of March – June 2020, KU Leuven en IDEWE set up a longitudinal survey study on the impact of the COVID19 pandemic on Belgian workers' mental health ((KU Leuven & IDEWE; Vander Elst, Vandenbroeck, & Godderis)). This study aimed to highlight potential psychosocial explanations of the impact of the COVID-19 crisis (e.g. technical unemployment), as well as protective actions of organisations, supervisors and employees (e.g. workplace flexibility including telework). In total, a heterogenous sample of 9285 workers participated at least in one of four monthly online questionnaires (T1: March 26-April 2; T2:

April 23-30; T3: May 19-26; T4: June 18-25); 1111 workers completed the questionnaire all times and passed a quality check. This final sample consisted of 75% females and mean age was 46.4 years ( $SD = 10.09$ ). Seventy five percent of the respondents were cohabiting, and 55% had resident children. The vast majority was highly educated (Bachelor: 42%; Master: 42%) and had a permanent contract (90%).

In March 2020, telework was imposed by the Federal Government as a measure to physically protect workers from the COVID19 virus. The vast majority of the respondents worked from home (at least partially) at all measurements ( $n = 669$ ; 60%), while for 18% ( $n = 197$ ) telework was not possible at all measurements. Descriptive statistical analyses on mental health outcomes at the four measurement points showed that non-teleworkers scored worse than teleworkers in times of lockdown: non-teleworkers scored higher on social dysfunction and anxiety and depressive feelings (GHQ-12), negative emotions (PANAS-10) and lower on job satisfaction at T1 and T2. For loss of confidence (GHQ-12), there was a similar but delayed pattern. The differences between non-teleworkers and teleworkers decreased or disappeared after the exit strategy was started (at T3 and T4). Based on these results, non-teleworkers can thus be considered a risk group during the first lockdown in 2020.

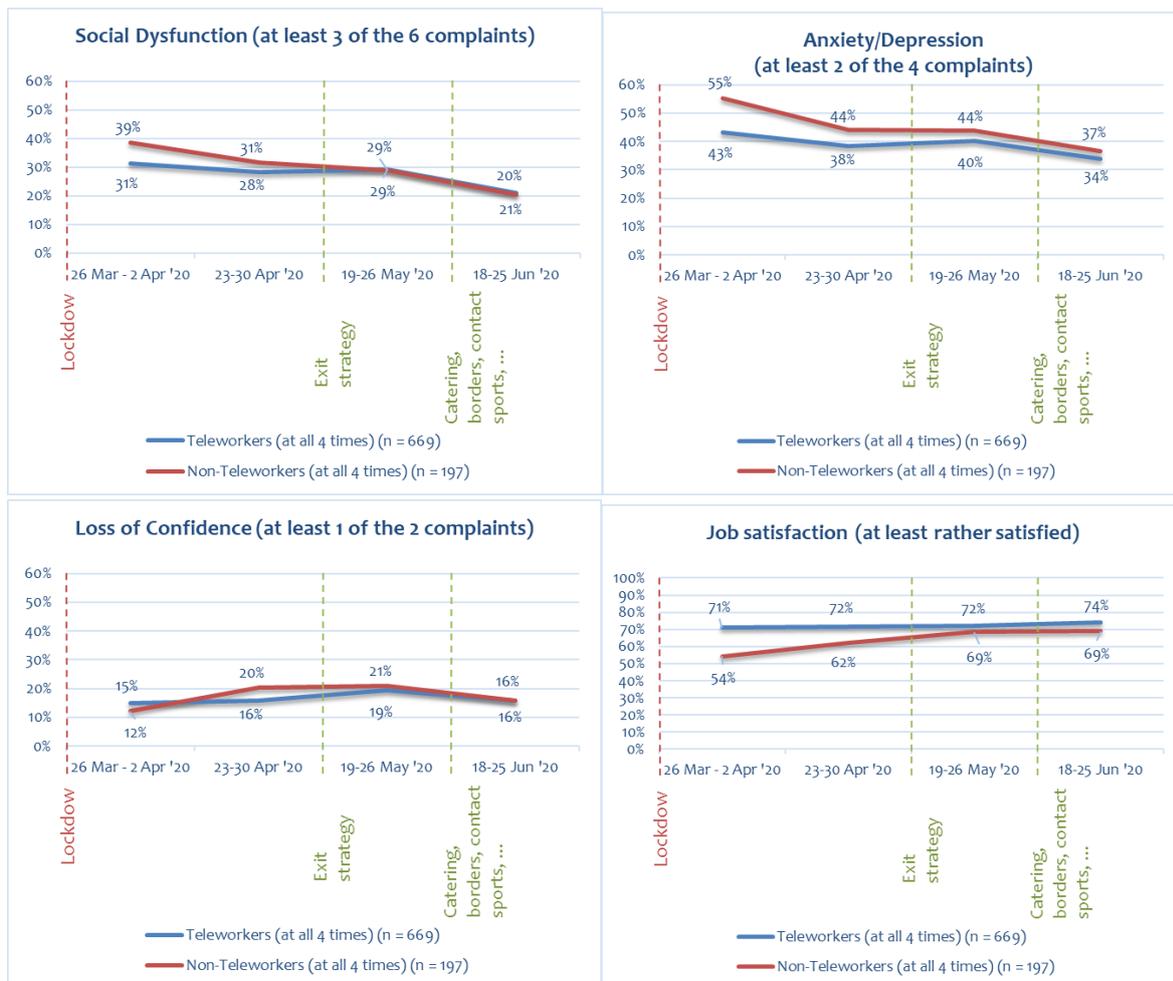


Figure 36: Percentages of respondents with mental health complaints at four measurement points during the first COVID19 wave in Belgium

## 6.2 Health care workers power2care

Today, it is clear that the pressure on care professionals, helping professionals and informal caregivers is high. That is why they deserve all our support in order to have and maintain the necessary strength. Only with strength can they provide care. Strength to provide the care that their patients, residents and family members deserve every day. Strength to care for each other among colleagues or peers.

The national survey "POWER TO CARE" provides objective information about the well-being of care professionals, helping professionals and informal caregivers, as well as their need for support. Policymakers and managers can use this information to take targeted actions to improve well-being.

The P<sup>2</sup>C survey is an initiative of Sciensano and KU Leuven with Zorgnet-Icuro, Steunpunt Geestelijke Gezondheid/Te gek!?, Santhea, Unessa and Gibbis as their partners. It is the national follow-up of the Flemish "De ZorgSamen" survey, of which 4 editions took place between April and October 2020.

Umbrella organizations and professional organizations in Belgium were contacted on 8 December with the invitation to share the link to the survey to their members. The invitation was also spread using social media. The survey was closed on 15 December. In total, 3027 professionals participated, of whom 75% were health care professionals from various sectors (hospitals, primary care, residential care, ...),

Participants scored a number of items on a scale of 0 (never) to 10 (always) and this for two periods: "normal circumstances", referring to before COVID-19, and "last week", referring to the week before completing the survey. Domains covered by the survey include: personal, professional and physical symptoms, feelings of guilt, current and future support mechanisms,

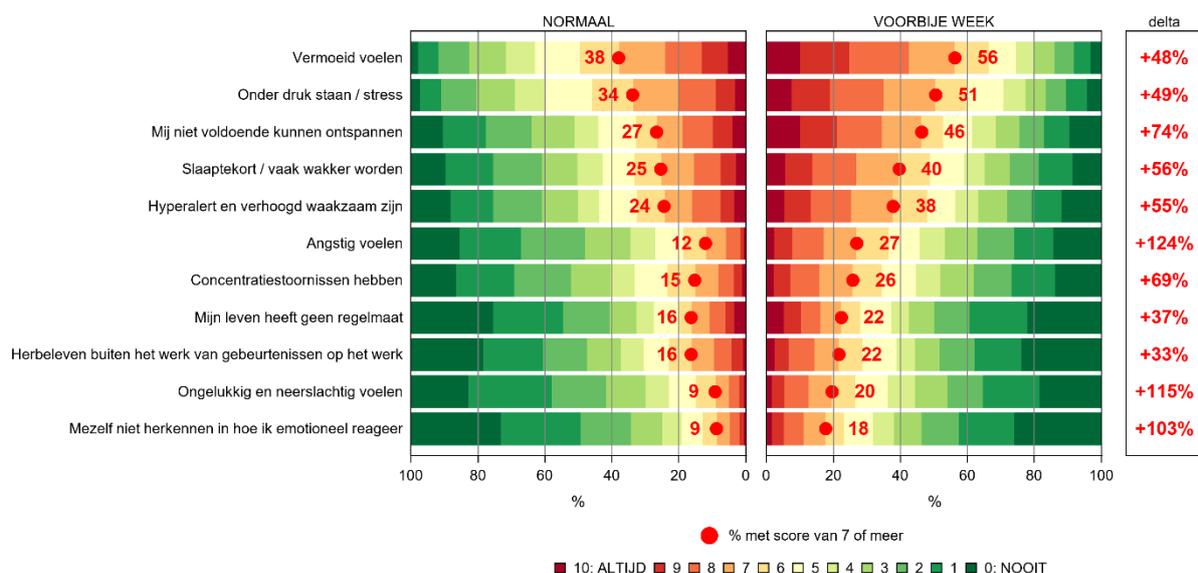


Figure 37

### 6.3 RECOVID among Belgian healthcare providers.

The Recovering Emotionally COVID19 study (RECOVID, PI Ronny Bruffaerts) is a longitudinal study on the impact of Covid19 on the emotional wellbeing of clinically active professionals in Belgium. The study is designed to be longitudinal, with assessment every 6 months. At this point, baseline data are being processed and disseminated on the scientific and public health level. The baseline data are based on 8758 respondents that provided information on (risk factors of) lifetime and current anxiety disorders, depression, substance use disorders, PTSD, quality of life, absenteeism and presenteeism, and use of services. Data were weighted in order to represent the general characteristics of the entire body of healthcare professionals in Belgium. There are four main results: (1) lifetime emotional problems were common, with 29% of the respondents indicating that they either had anxiety (14%), burnout (9%), depression (8%), panic attacks (3%), and/or substance use problems (1%); (2) 14% reports new onset of disorders during the first wave of Covid19 in Belgium (9% depression, 7% generalized anxiety disorders, 4% substance use disorders, and 1% PTSD); (3) if we look at the severity gradient of these new onset disorders, we see that most of the disorders are mild-to-moderate, and the new onset of severe disorders is estimated at 5% (4% depression, 2% generalised anxiety disorder, and PTSD and substance use disorders <1%), (4) the 30-day prevalence of suicidal thoughts and behaviors among healthcare professionals was estimated around 4% (mostly mild forms such as death wish and suicidal ideation).

Multivariable regression analyses showed that lifetime mental disorders (ie disorders that already existed prior to the outbreak of the pandemic) were associated with a 2.8 odds of current mental disorders, that work-related risk factors (such as problems with work-life balance, shortage of professional equipment, conflicts with co-workers, or the need to perform professional tasks without proper education) were between 1.4 and 2.0 times more likely associated with current mental disorders, and that social support had an overall buffering effect against mental disorders. As the first follow-up assessment is currently ongoing (with an N~3450) and will be finalized during the month of January 2021, we expect the first estimates of the net effect of Covid19 on incidence of mental disorders early Q2 of 2021.

## **IV CONSUMPTION OF MEDICATION**

### **1 Children**

### **2 Adolescents**

### **3 Adults**

*INAMI data on medication consumption are being analysed and should be ready end January action Lode)*

### **4 Senior**

*Pharmacists: data on medication consumption (to be discussed action Elke-Lode-RIZIV)*

## 5 Specific groups

### V CARE

Data on admissions and care must be treated with caution as situations can be very different from one place to another, and therefore these data cannot be generalized.

#### 1 Children & adolescents

Alarming messages are being by paediatric mental health services, indicating a growing number of referrals for serious psychiatric disorders, including suicides or suicidal ideations. According to clinicians in the field, a number of children and adolescents with psychiatric needs are currently put for weeks on waiting lists, and the sector is getting saturated, with a lack of admission capacity and an exhausted staff. See for example : <https://plus.lesoir.be/351730/article/2021-01-28/carte-blanche-face-une-jeunesse-en-souffrance-aqissons-avant-quil-ne-soit-trop>; <https://www.lalibre.be/debats/opinions/en-pedopsychiatrie-le-tri-a-commence-601d6da27b50a652f7a5c296>.

#### 2 Adults

##### 2.1 RIZV-INAMI data

Based on the data registered up to and including August 2020, the latest COVID-19 monitoring report notes a decrease in the number of reimbursements and related expenditures in quite a few sectors. This is especially so in the months of March, April and May 2020 (= first wave) and also in consultations, visits and advice at doctors' offices.

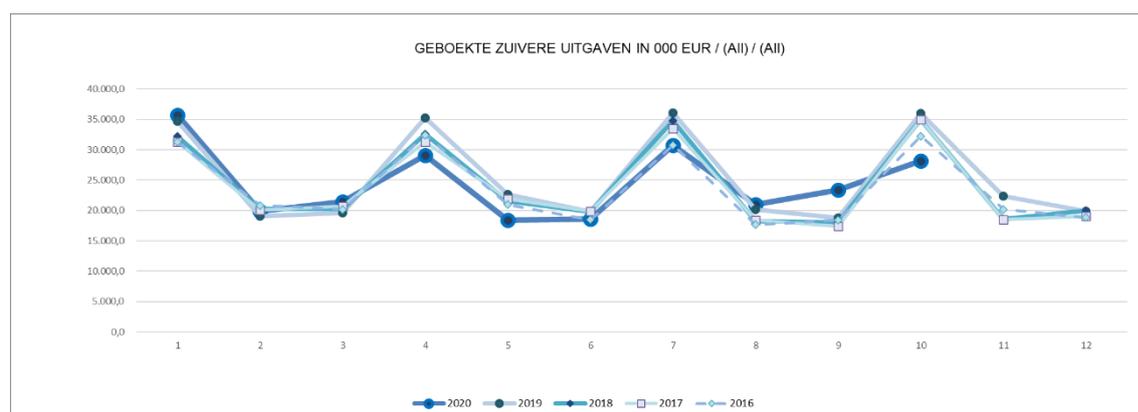


Figure 38

The peaks in expenditures can be explained by quarterly billing in psychiatric hospitals. For the services from 01/07/2020 onwards, we have switched to monthly billing (this is not yet visible in these figures, as there is an average delay of 2 months in the bookings in the hospitals).

In the context of the COVID-19 crisis, there are two types of measures:

- (a) Measures without budgetary impact : for example, classic benefits are replaced by remote benefits, including psychological and psychiatric care;
- b) Measures under separate heading 89 are measures with a budgetary impact. As far as mental health is concerned, 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.

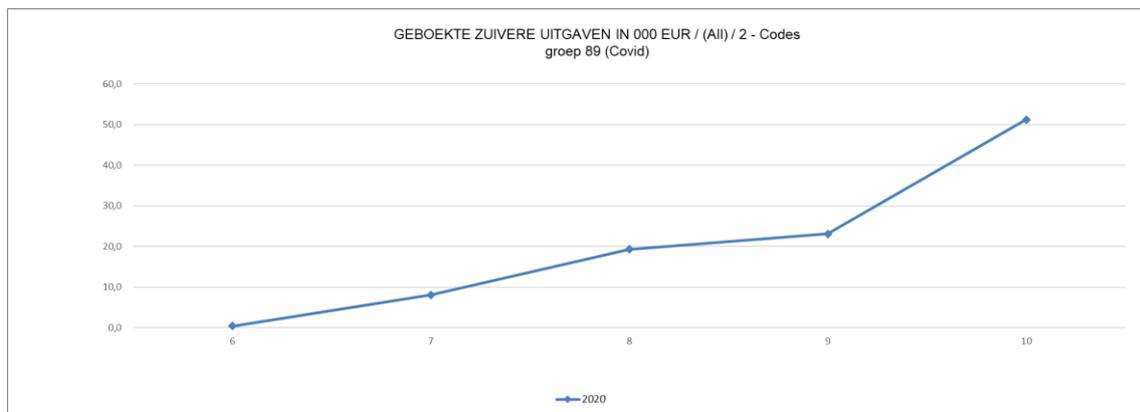


Figure 39

## 2.2 Helplines

Teleonthaal produces a monthly visual with an overview of the different calls, characteristics and topics of the talks or chats. One can observe an increase in the number of calls and also corona related calls. The main topics and themes concern loneliness, relations and health.



# Factsheet : oproepen Tele-Onthaal

MAANDOVERZICHT maart 2020 - januari 2021

BEL OF CHAT  
**100**  
TELE-ONTHAAL.BE

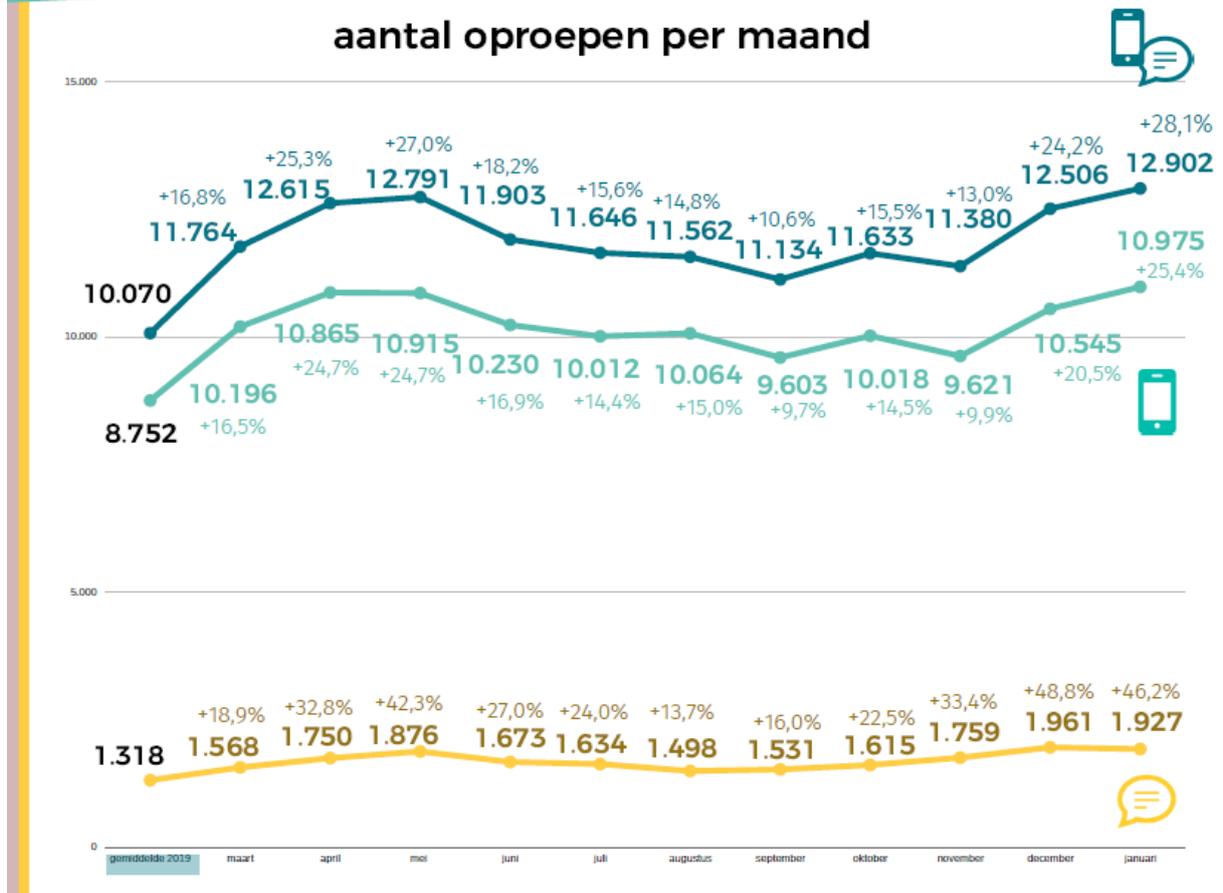


Figure 40



#samentegencorona

## details januari 2021- thema's en verwijzingen



Figure 41

## 2.3 Leuven Study on Emergency Psychiatry

The Leuven Study on Emergency Psychiatry is a clinical-epidemiological study that investigates the prevalence, incidence, and persistence of mental disorders among patients referred to the emergency room (ER) of the University Hospital Gasthuisberg in Leuven, Belgium (Bruffaerts et al., 2004; 2011). Since 1998, the study contains information on reasons for referral, mental disorders, service use, and disposition decisions of more than 50,000 patients referred to the ER. This enables us to compare both the number of referrals as the

reasons for referral in 2020 vs. benchmark years 2015-2019. Specifically in the COVID19 pandemic, investigating suicidality among psychiatric emergency patients is of major public health relevance because the study may confirm or refute the clinical impressions that suicidality in the general population has increased during the pandemic. Since the ER is still the major point of entry for suicidal people into professional healthcare, an increase of suicidal patients may reflect general population changes in the prevalence of this condition. A comparison between 2015-2019 vs. 2020 shows

(1) a decreased number of referrals of adult psychiatric patients to the ER (ie. a 5% decrease in 2020 vs. the average of 2015-2019 – and a 13% decrease of 2020 vs. 2019. The proportion of minors referred to the ER remained stable;

(2) among those referred to the ER, the proportion of suicidal persons decreased in 2020 vs. the benchmark years (ie. 30 vs. 35%, respectively). Interestingly, only the proportion of suicidal patients in February-March 2020 was 5-7% higher than the estimates for February-March 2015-2019;

(3) the raw number of involuntary admissions was lower in 2020 compared to benchmark years 2009-2019, ie. 8.3/month and 9.1/month, respectively. If we look at the proportions of patients involuntarily admitted, we could see that this proportion is similar in 2020 (ie. 3.4% of the referred patients) to comparable years before (2009-2019), i.e. 3.2% of referred patients. What we did see however, was that this proportion was increased during two months of the first COVID19 wave, with proportions of involuntarily admitted patients of 4.0 and 4.7% in the months of March and April 2020 (since these estimates of March/April 2020 are based on small numbers, we should be cautious in interpreting these findings).

## 2.4 Un pass dans l'impasse (suicide prevention centre)

459 patients in 2020 (including 285 new patients). Equivalent to 2019 (willingness to limit psychological follow-up in the short term to avoid overcrowding in the service; to be able to maintain the possibility of responding to urgent situations within a short period of time).

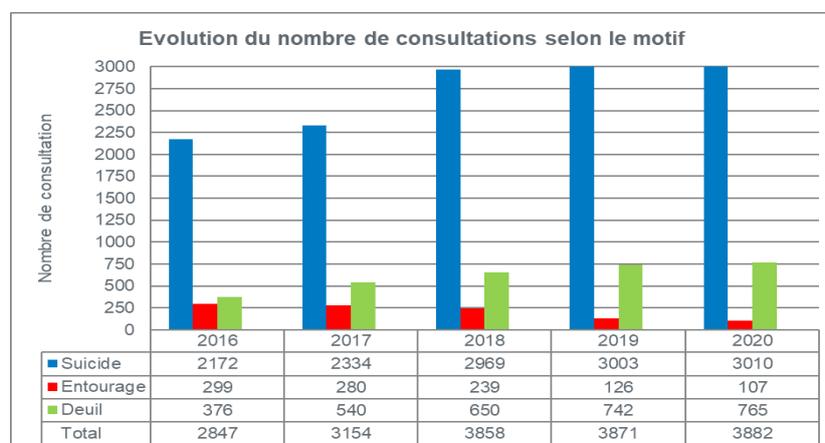


Figure 42

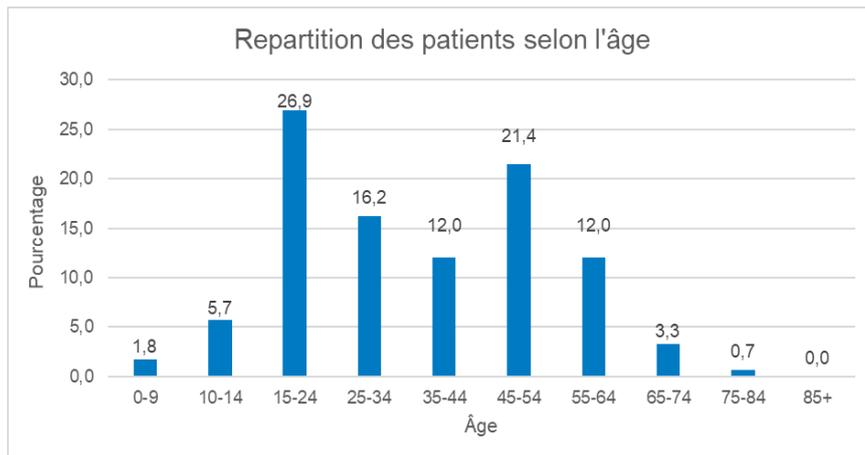


Figure 43

The Centre maintained psychological support for people in distress through phone and videoconference consultations :

Phone contacts in 2020: 12.746 calls (2019: 10.974)

Self-employed helpline launched on 15 July 2020: help for 191 people (250 calls received)

The network of sentinels for self-employed people in distress is also being set up: ± 40 sentinels were trained in 2020. 16 dates are organized in 2021. To date, 50 sentinel psychologists have been trained in 2020.

## 2.5 Delphi Survey Health professionals – Patients - Caregivers

For the revision of his advice “Psychosocial care during the Covid-19 pandemic”, the SHC has set up a research among mental health professionals, patients and caregivers, to collect their vision, using the Delphi method. This method aims to systematically collect and analyze people's opinions on a subject; with several phases: an open question is first asked individually; the answers are then summarized in statements, which are sent back to the participants for feedback, until a consensus is reached.

195 people (149 professionals and 46 patients and caregivers) responded to the first questionnaire, which aimed to identify the difficulties encountered during the pandemic (in professional practice and on a personal level), the resources that had been used, the good practices implemented and the target groups identified as vulnerable.

The analysis of the responses highlighted several themes, which were synthesized into 21 statements, 10 risk groups and 11 key resources. These statements were submitted to the participants for agreement (with Likert scale).

The 113 participants of this second stage strongly agreed with most of the statements. On the basis of these results, a synthesis report was sent to them. They could say again whether they agreed with the conclusions and wanted to add something.

The results of this survey will be detailed in the SHC advice (soon available). In brief, the participants agreed with the conclusions of the survey:

- There is a need to recognize the importance of mental health and mental well-being as important as physical health, and to offer a clear, comprehensive vision and perspectives. In particular, continuity of care and the openness of services should always be guaranteed; for example by introducing hybrid forms of care and strengthening pre-existing services rather than creating new initiatives. Mental health professionals should be recognized for their efforts and should be better supported (resources, training, participatory processes, information, etc.).
- The Covid-19 crisis has reinforced social inequalities, which themselves have an impact on mental health. Groups with a lower socio-economic status are particularly at risk and should be supported. Groups with other pre-existing vulnerabilities (especially mental health) should also receive special attention, as well as children, young people and students.
- For the general population, it is necessary to pay attention to prevention (strengthening resilience and autonomy, awareness of personal resources, positive messages, participation, mental health awareness...) to reduce adaptation problems. Approaches must therefore be stepped care (monitoring, sorting, guidance) and adapted to the different target groups.
- Finally, there is a need for tools to objectively assess the mental health situation and the needs of the population in this field in order to be able to anticipate and monitor actions. Many initiatives are currently in place, but there is a lack of linkage and coordination between these data.

### **3 Senior**

## **VI (SICKNESS) ABSENCE, UNEMPLOYMENT AND SUICIDE**

### **1 Children & adolescents**

To the best of our knowledge, data are routinely collected through PSE/CLB services regarding absence due to COVID-19 infections or quarantine indications. Yet, independently of COVID-related absences, a number of young people experience serious school and social drop-outs, which were yet not quantified, but require close monitoring.

Alarming messages are being received by paediatric mental health services, indicating a growing number of referrals for serious psychiatric disorders, including suicides or suicidal ideations. According to clinicians in the field, a number of children and adolescents with psychiatric needs are currently put for weeks on waiting lists, and the sector is getting saturated, with a lack of admission capacity and an exhausted staff. See for example : <https://plus.lesoir.be/351730/article/2021-01-28/carte-blanche-face-une-jeunesse-en-souffrance-agissons-avant-qu'il-ne-soit-trop>; <https://www.lalibre.be/debats/opinions/en-pedopsychiatrie-le-tri-a-commence-601d6da27b50a652f7a5c296>.

To illustrate: over the past month, one single centre received on a daily basis 5 to 6 referrals from professional colleagues regarding situations of self-harm in adolescents (suicide attempts, scarifications...). With a capacity of only 15 beds (of which 3 crisis-beds), 20 young

people are currently on a 2-month waiting list (having had their pre-admission screening done, and their need for hospitalization consequently confirmed), while another 100 adolescents were referred to the centre but could not be given the necessary medical attention (personal communication from Dr. Sophie Maes, child psychiatrist, Head of the adolescent unit at Le Domaine-ULB).

## 2 Adults

### 2.1 Sickness absence

#### 2.1.1 Short-term absence

Short-term absences increased around the autumn holidays but are now under control again. Short-term absence seems to be lower in comparison with last year. We need to treat these data with caution and be careful with drawing conclusions. Hence, these trends can have different reasons, Hence, we have less contacts and probably less exposure to infections, We work from home, which allows us to keep on working while feeling sick. The rise in March and decline in April can be explained by respective increase in sick notes in healthy people that were put in quarantine by their GP, followed by a decline due mainly because many people were covered by temporary unemployment benefits.

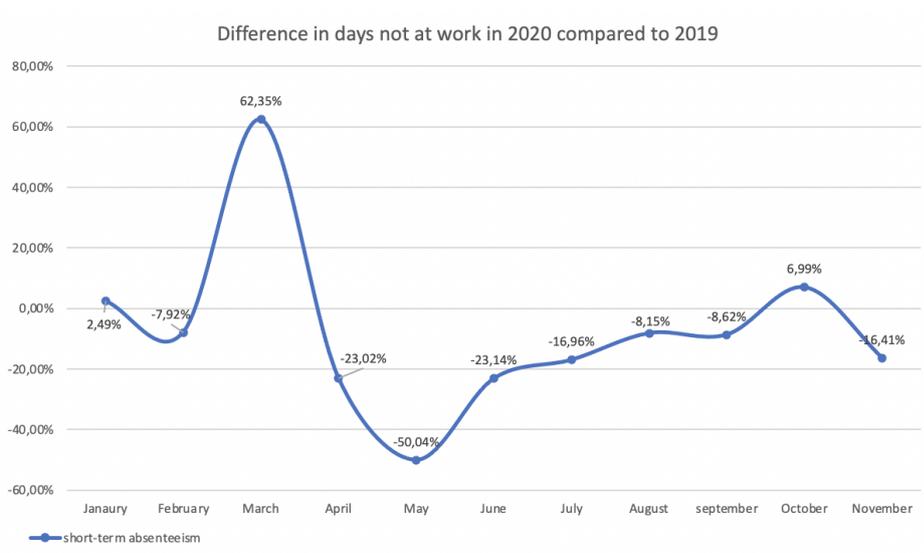
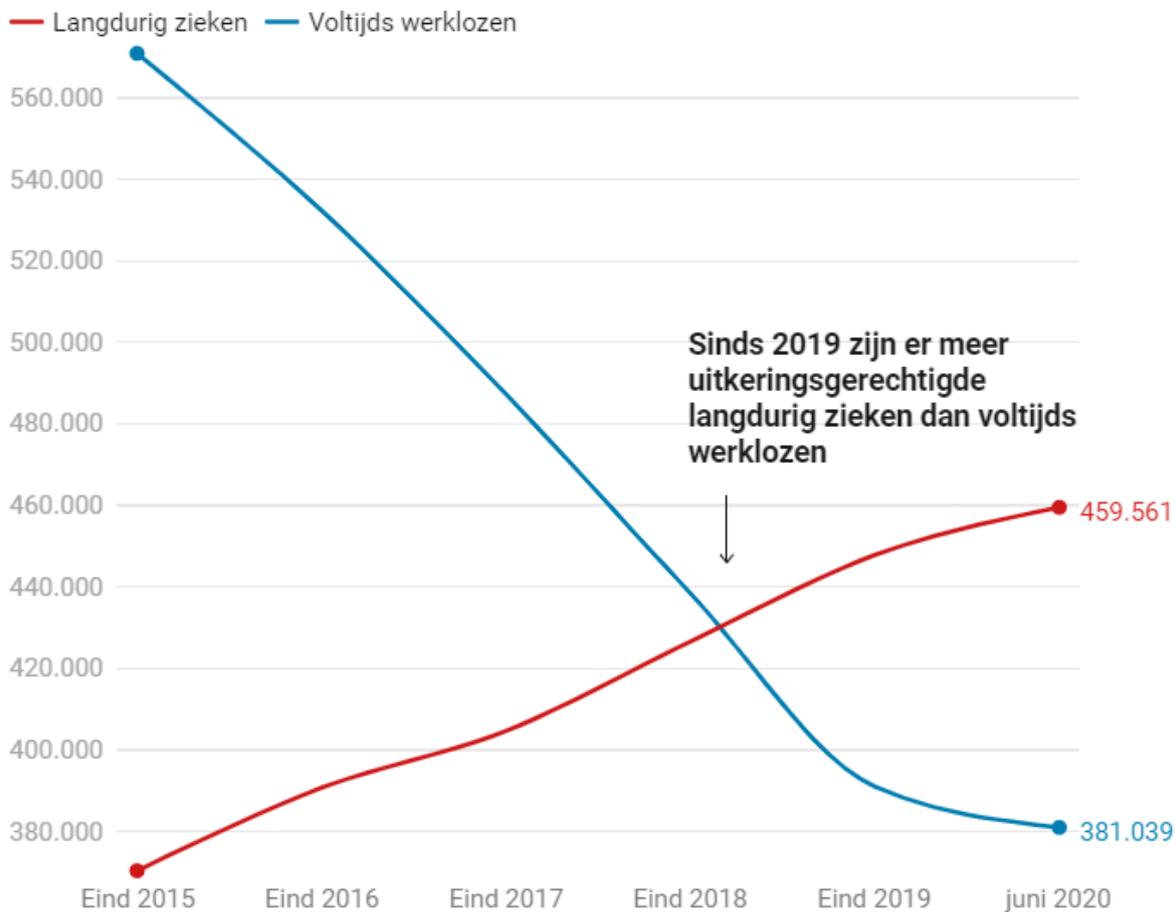


Figure 44: Data Acerta: verschil kort verzuim 2019-2020

#### 2.1.2 Long-term absence

The numbers of long-term sickness absence are rising, with the current trend, the RIZIV-INAMI expect more than 500.000 workers in invalidity. Most probably there is no direct link yet between the Covid crisis and the rise of the invalidity rate since the invalidity benefits start from the first day of first year of sickness absence. The current invalidity benefits beneficiaries are entitled to this right from 1 February 2020.

## Aantal uitkeringsgerechtigde langdurig zieken versus uitkeringsgerechtigde voltijds werklozen



Cijfers 2020: aantal langdurig zieken tot juni, aantal voltijds werklozen tot november

Bron: RVA, Riziv • Gecreëerd met [Datawrapper](#)

Figure 45

### 2.1.3 Temporary unemployment and implications for mental health

This is of specific concern, since data from a longitudinal survey study by KU Leuven and IDEWE ((KU Leuven & IDEWE; Vander Elst, Vandebroek, & Godderis) indicates that temporarily losing work (on a full-time or part-time basis) has an important impact on mental health. At the first of four measurement points (T1: March 26-April 2), a heterogeneous sample of 6516 workers completed the questionnaire and passed a quality check. This group consisted of 74% females and mean age was 44.6 years (SD = 10.64). Seventy seven percent of the respondents were cohabiting, and 58% had resident children. The vast majority was highly educated (Bachelor: 44%; Master: 35%) and had a permanent contract (86%).

In the period of March 26-April 2, the vast majority of the respondents had paid employment (92%), whereas 5% (n = 331) were partially technically unemployed and 4% (n = 226) were 100% technically unemployed due to the COVID19 crisis. The results of a series of Analyses

of Variances (ANOVA) indicated the importance of work for employee well-being: 100% technically unemployed respondents scored higher on social dysfunction, anxiety and depressive feelings, loss of confidence (GHQ-12), and negative emotions (PANAS-10) and lower on positive emotions (PANAS-10) and job satisfaction. This group was followed by the partially technically unemployed respondents and respondents with paid employment scored best on all indicators of well-being. Based on these results, especially 100% technically unemployed persons can thus be considered a risk group during the first lockdown in 2020.

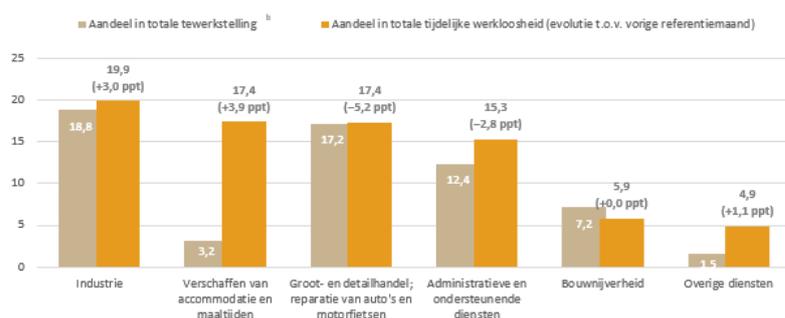


Figure 46; Percentages of respondents with at least 3 out of 6 complaints of social dysfunction (GHQ-12) during the first COVID19 lockdown in Belgium

According to [www.steunpuntwerk.be](http://www.steunpuntwerk.be) : shows that especially at the beginning of the second wave, a number of labor market indicators were adversely affected. For example, temporary unemployment increased in October and November, while the annual growth rate of the number of unemployed job seekers also registered an increase in November. Business confidence and the number of vacancies received also suffered a decline during that period. However, we note that the figures are turning less red than during the first wave in 2020, with even slight economic growth in the fourth quarter. Moreover, since December, we have seen a recovery in the annual growth of unemployed job seekers, temporary agency work, business confidence and job vacancies. The various protective measures that the government has taken are helping to ensure that the impact on the Flemish labor market has so far been limited. However, with the various COVID-19 virus variants that seem to be circulating more and more strongly, a third wave may be just around the corner. The question therefore arises as to how long the Flemish labour market, and certainly the more severely affected sectors, will be able to absorb these blows.

### Tijdelijke werkloosheid ingevolge COVID-19 per sector | Vlaams Gewest

Referentiemaand december 2020 (met uitbetaling voor 10 januari)

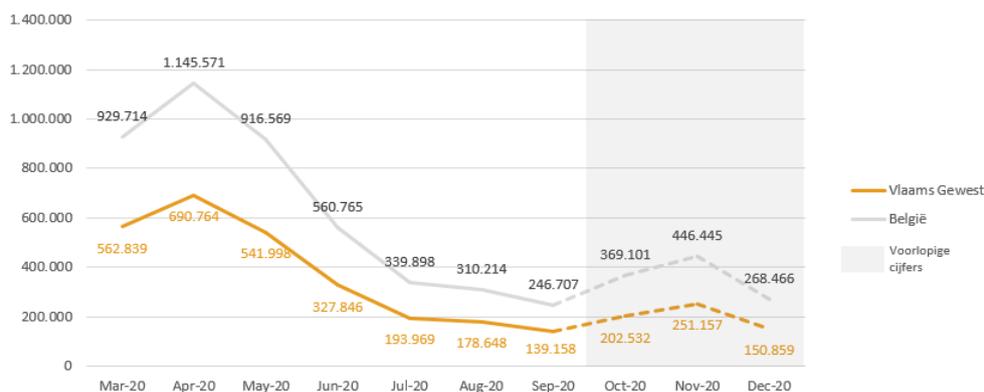


Noten:  
 a. Enkel de zes sectoren met het grootste aandeel in de tijdelijke werkloosheid ingevolge het coronavirus worden weergegeven.  
 b. De cijfers hebben betrekking op alle tewerkstelling in het vierde kwartaal van 2018 en zijn exclusief de tewerkstelling bij Provinciale en Plaatselijke besturen.  
 Bron: RVA, RSZ (bewerking Steunpunt Werk)

Figure 47

### Evolutie tijdelijke werkloosheid ingevolge COVID-19 | Referentiemaanden (met uitbetaling voor 10 januari)

De gegevens per referentiemaand zijn niet definitief en zullen geactualiseerd worden bij elke nieuwe beschikbare indieningsmaand. Doorgaans zijn de cijfers na 3 maanden definitief te noemen.

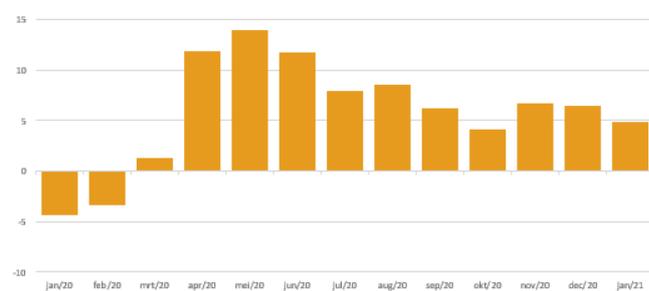


Bron: RVA (bewerking Steunpunt Werk)

Figure 48

### Evolutie aantal nwwz | VLAAMS GEWEST

Januari '20 tot januari '21 | Groei op jaarbasis (%)

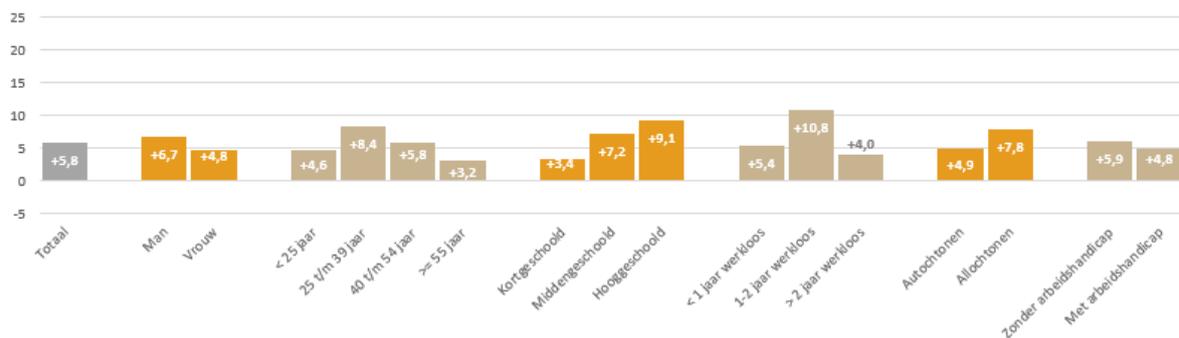


Bron: VDAB / NBB.Stat (bewerking Steunpunt Werk)

Figure 49

### Evolutie van het aantal nww naar achtergrondkenmerken | VLAANDEREN

2019-2020 (periode januari-december, gemiddelde) | Groei op jaarbasis (%)



Bron: VDAB - Arvastat (bewerking Steunpunt Werk)

Figure 50

### 3 Senior

### 4 Specific groups

## VII CONCLUSIONS AND CONCRETE RECOMMENDATIONS

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

These data show the importance of:

1) Acknowledge the importance of mental health in pandemic preparedness, management and aftermath.

Acknowledge the importance of mental health within pandemic planning and pandemic response in order to increase both the efficiency of pandemic management/ aftermath as well as to minimize the harmful effects of the chronic mental strain on the population. Special support towards the mental health care system is warranted in order to safeguard the best possible care in the future. Translate this acknowledgement with appearance and an active role of mental health care professionals in the management staff of the Corona pandemic. Data regarding utilization of mental health services should be systematically collected and analysed, as there are alarming messages from mental health care providers regarding possible saturation of psychiatric services, in particular for paediatric care.

2) Solidify an effective and proactive stepped care approach to preventive and health promotion interventions, as well as mental health

There is a need for a proactive stepped care approach to mental health, which includes monitoring, triage and referral where/whenever it is needed. The basis of this approach needs to focus on effectively stimulating the natural resilience and resources of people (ex. qualitative

self-help programs, campaigns, etc.). Create easy uptake of qualitative health promotion and mental health support tools. Identify quality by using existing criteria like m-health and centralize them on the national information website of Corona. When professional help is needed, referral and care should follow as soon as possible without any delay. Make use and upscale existing capacities of mental health services on the short term.

3) Increase the accessibility and offer of psycho-medico-social support

At the level of outpatient mental health services (services de santé mentale ambulatoires), which are saturated. But also working on increasing work together between the inpatient and outpatient systems, through mobile teams and working groups. Given the increase and worsening of psychiatric disorders, improve accessibility to psychiatric care by upgrading outpatient psychiatric care. Support prevention initiatives and increase access to care. Social services, mental health services, street educators, youth associations, etc., (the so-called first line) face great distress. Collective activities would be of great support and prevention tool for people suffering from loneliness and mental fragility. Allow and encourage collective activities with a very strict protocol would be very useful. Facilitate the development and spreading of online psychoeducational program with a low participation threshold to prevent mental health problems and to improve mild problems.

4) Invest in work as a leverage and fully utilize existing preventive structures at work

Invest in work as a crucial mental health leverage and optimize existing Services for Prevention and Protection as a quick win. Because work provides meaning, social connection and financial stability, it is a critical resource and readily available leverage to mental wellbeing in this pandemic. Within the work context, Services for Prevention and Protection, already active and operational within the work domain, can play a vital role in preventing and detecting mental health problems in the workplace (for more details we refer to the GEMS advice on Prevention and Protection at Work).

5) Dedicate and reinforce attention towards existing and newly developing vulnerable groups

Pay special attention to already identified vulnerable groups, and organize an active look out for newly developing precarities (monitoring!). Beyond monitoring, consider adapting the measures taking into account the importance of social bond for the population and in particular for young people and its consequences on mental health. As always in healthcare, the question of benefit/cost of measures must remain central. The cost for mental health is such that a reflection on the possibilities of improving the social bond must be carried out. Dedicate and reinforce attention towards existing and newly developing vulnerable groups.

Evaluate the possibility of allowing young people to interact "in real world", for example through activities organized by universities, by supporting existing structures aimed at young people, by supporting the initiatives of mental health services, neighbourhood centers, medical centers. Develop new initiatives, for example on the Australian Headspace model (<https://headspace.org.au/about-us/who-we-are>), gradually spreading across Europe (<https://www.maastrichtuniversity.nl/news/first-dutch-headspace-centre-open-maastricht>). Offering integrated spaces of social bonding, prevention and care.

6) Develop an effective and aligned communication strategy on promoting mental health

Combat the infodemic by an effective mental health communication strategy, which focuses on giving people trustworthy information and a realistic, though hopeful, perspective as well as inspires them to uptake new coping strategies.

7) Develop an effective health promotion strategy for school-aged children and their parents to prevent further deterioration of psychosocial health

It would be helpful to work more towards the prevention of mental health problems in young people by restoring their necessary social network within the margins of what is virologically safe. Involve schools, CLB's and teachers by offering ready-made lessons on how to engage young people in discussions around their experiences and concerns (including motivation or lack of motivation to adhere to the measures, but not only), in a salutogenic and empowering perspective, so as to help them develop their coping skills and psychosocial resilience.

8) Consider Creating alternative respite services

In a situation where mental health services are becoming saturated, there is an urgent need to consider creating alternative respite services, where people -especially children and adolescents at risk of developing mental health problems and/or confronted to difficult family situations- could spend some time, get some rest and further develop the necessary psychosocial and coping skills.

9) Streamline data and create links between them

Elaborate a mental health data repository and create active links between the existing data sources, in order to maximize the potential usage of data in better monitoring and predicting the impact of this pandemic on mental health and mental health services. Invest in research providing insights on the impact on mental health and mental health services, and predict aftermath combining subjective and objective indicators.

10) Facilitating access to replacement income

Studies converge to show that financial stress has a strong impact on mental health. The impact of the social crisis is particularly felt on the ground (people have emptied their reserves - the so-called "delay effect"). It is accentuated by the fact that public services have become literally inaccessible : VDAB/Forem/Actiris, CPAS/OCMW, mutuals, etc. People sometimes have to wait months before receiving their replacement income. Propositions : (1) Encourage automatic rights allowance to social security tools and social protection mechanisms (i.e. consider temporarily suppressing the conditions for fulfilment enquiry for access to RIS/leefloon, AMU, etc to allow the system to function.) (2) Set up in each public institution a relay worker/facilitator to give access to social workers. (3) Make physical accessibility compulsory in those administrations that have an essential role in the accessibility of replacement income.

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### ***Opinion pieces and expert opinions***

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