

Mental Health of Belgian Population: update 11/10/2021

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Background

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 on a regular basis. 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.

The latest version of this document only includes studies that have had a recent update. For other studies and their results we advise you to check the earlier versions of this report. If you dispose of good quality Belgian data and would like to contribute to this report, we invite you to send a short abstract of your study, together with some figures, to prof. Lode Godderis (lode.godderis@kuleuven.be).

Executive summary

During the COVID-19 crisis our mental wellbeing was under pressure, particularly for younger people. In September 2021, based on available data, the mental health of the population seems to be evolving positively. Indeed, the results of the Motivation Barometer and the Great Corona Study show that our motivation is rising again and that our mental health (measured with GHQ-12) is again at the same level as before the COVID-19 crisis. It is to be acknowledged however that these results concern self-selected participants. Therefore, some vulnerable groups may be under-represented. However, good data on vulnerable groups are lacking, so we need to rely on expert opinions and testimonies for these groups.

When looking at the working population, data of Group Idewe show that there is no clear impact of the crisis on the satisfaction and intention to stay of Belgian employees. However, there seems to be a small increase in risk of burnout, but these results need to be interpreted with caution as the data are not representative.

Regarding the psychological well-being of health care workers, especially nurses in ICU, the evidence of their being at risk of exhaustion and moral distress was well documented in 2020¹,

¹ Bruyneel, Arnaud ; Smith, Pierre. Comparison of the prevalence of burnout risk between ICU and non-ICU nurses during the COVID-19 outbreak in French-speaking Belgium. *Intensive & critical care nursing*, 66, p. 103086 (2021). doi:10.1016/j.iccn.2021.103086.

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

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

yet follow-up studies are lacking. On the other hand, the psychological well-being of mental and social health workers remains an under investigated issue. In terms of their sickness absence, the situation seems to be improving.

Data regarding (un)employment of Steunpunt Werk show that the use of the simplified procedure for temporary unemployment has known a clear decrease compared to last year, but the number of temporary unemployed is still three times as high as before the crisis. Furthermore, the labour market is under pressure: there are less unemployed jobseekers than last year, and the number of vacancies is on an all-time high.

On a larger, worldwide level, OECD urges to respond effectively to the impact of the COVID-19 crisis on population mental health, integrated and cross-sectoral policies to improve mental health support are needed. A recent article published by The Lancet supports these findings and states that taking no action to address the burden of major depressive disorder and anxiety disorders should not be an option.

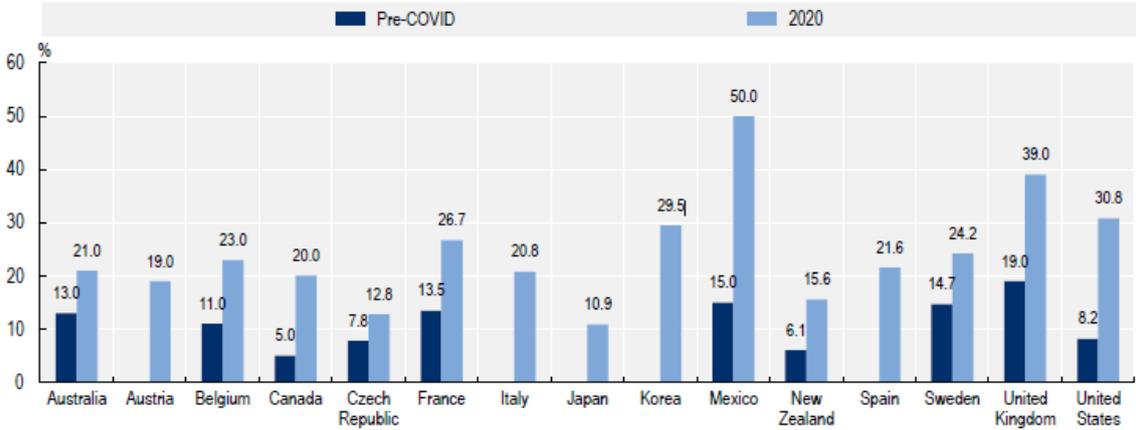
Eveline Van Steenkiste, Jessie Schoofs, Shauni Gilis & Peter Messiaen (2021) Mental health impact of COVID-19 in frontline healthcare workers in a Belgian Tertiary care hospital: a prospective longitudinal study, Acta Clinica Belgica, DOI: [10.1080/17843286.2021.1903660](https://doi.org/10.1080/17843286.2021.1903660)

Well-being

1.1. Mental Health Impact of COVID-19

In May 2021, the Organisation for Economic Co-operation and Development (OECD) published a report about the mental health impact of the COVID-19 crisis². The mental health of the population has worsened significantly during the pandemic. From March 2020 onwards, the prevalence of anxiety and depression has increased significantly (see figures 1 and 2). Periods when the highest rates of mental distress were reported correlated with periods of intensifying COVID-19 deaths and strict confinement measures.

National estimates of prevalence of anxiety or symptoms of anxiety in early 2020¹ and in a year prior to 2020

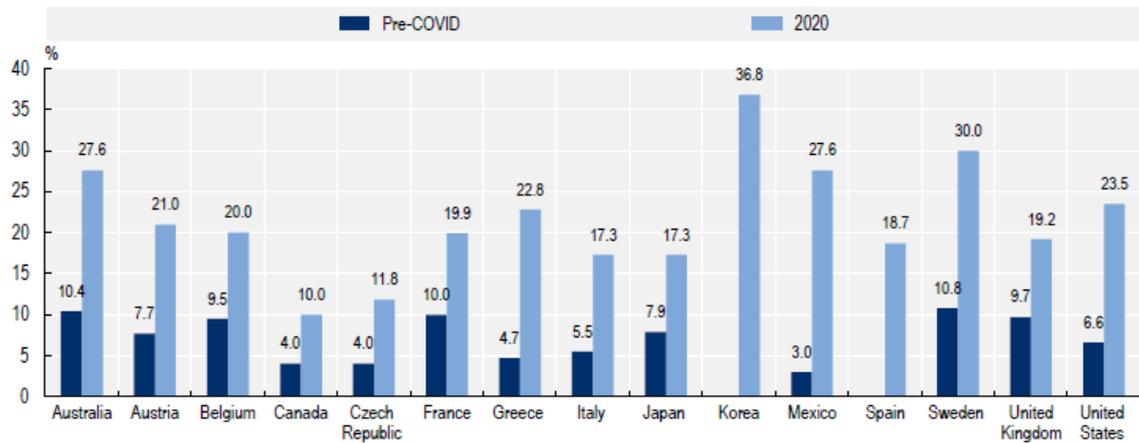


Note: ¹To the extent possible, 2020 prevalence estimates were taken from March-April 2020. The survey instruments used to measure anxiety and population samples differ between countries, and therefore are not directly comparable, and some surveys may have small sample sizes and/or not use nationally representative samples. Differences in the openness of populations to discussing their mental state also hampers cross-country comparability. Where possible, surveys using the GAD-7 instrument have been selected. 2013 data for Sweden uses a cut-off of '8' for the GAD-7, while most other studies use a cut off of ≥ 10 . Source: National sources: Australia [2017-18](#) and [2020](#); Austria [2020](#); Belgium [2018 and 2020](#); Canada ['before COVID' and 2020](#); Czech Republic [2017 and 2020](#); France [2017 and 2020](#); Italy [2020](#); Japan [2020](#); Korea [2020](#); Mexico [2019-20 and 2020](#); New Zealand [2016-17](#) and [2020](#); Spain [2020](#); Sweden [2013](#) and [2020](#); the United Kingdom [2019 and 2020](#); the United States [2019 and 2020](#).

Figure 1: Prevalence of anxiety increased significantly in 2020

² OECD Policy Responses to Coronavirus (COVID-19). Tackling the mental health impact of the COVID-19 crisis: An integrated, whole-of-society response. 12 May 2021. Retrieved from: <https://www.oecd.org/coronavirus/policy-responses/tackling-the-mental-health-impact-of-the-covid-19-crisis-an-integrated-whole-of-society-response-0cca0b/#:~:text=The%20COVID%E2%80%9119%20crisis%20has,to%20health%20services%20E2%80%93%20fell%20dramatically>

National estimates of prevalence of depression or symptoms of depression in early 2020¹ and in a year prior to 2020



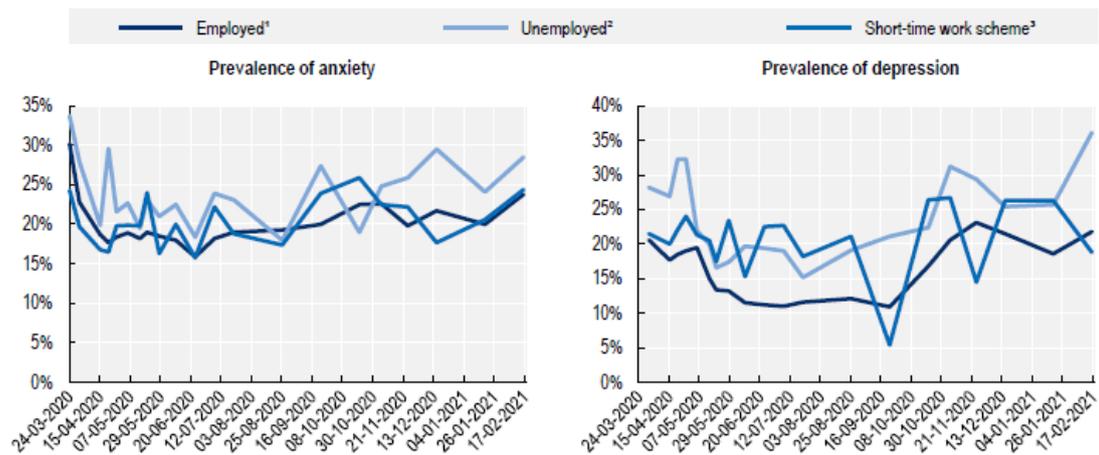
Note: ¹To the extent possible, 2020 prevalence estimates were taken from March-April 2020.

The survey instruments used to measure depression differ between countries, and therefore are not directly comparable, and some surveys may have small sample sizes or not use nationally representative samples. Differences in the openness of populations to discussing their mental state also hampers cross-country comparability. Where possible, surveys using the PHQ-9 instrument have been selected. 2020 data for Sweden uses a cut-off of '11' for the PHQ-9, while most other studies use a cut off of ≥ 10 .

Source: National sources Australia [2017-18](#) and [2020](#); Austria [2014](#) and [2020](#); Belgium [2018 and 2020](#); Canada ['before COVID' and 2020](#); Czech Republic [2017 and 2020](#); France [2017](#) and [2020](#); Greece [2014](#) and [2020](#); Italy [2014](#) and [2020](#); Japan [2013](#) and [2020](#); Korea [2019-20 and 2020](#); Mexico [2019-20 and 2020](#); Spain [2020](#); Sweden [2013](#) and [2020](#); the United Kingdom [2019 and 2020](#); the United States [2019 and 2020](#).

Figure 2: Prevalence of depression increased significantly in 2020

During 2020, the risk factors for poor mental health – financial insecurity, unemployment, fear – increased, while protective factors – social connection, employment and educational engagement, access to physical exercise, daily routine, access to health services – decreased. Across countries, the mental health of unemployed people and those experiencing financial insecurity was worse than that of the general - a trend that pre-dates the pandemic but seems to have accelerated in some cases (see figure 3).



Note: ¹Travail ²Chomage ³Chomage partiel. Results are based on a survey with a small sample size (2 000 total respondents by survey wave) which may drive sharp drops and falls in some survey waves.

Source: Santé Publique France, Enquête CoviPrev, <https://www.santepubliquefrance.fr/etudes-et-enquetes/coviprev-une-enquete-pour-suivre-l-evolution-des-comportements-et-de-la-sante-mentale-pendant-l-epidemie-de-covid-19>.

Figure 3: Anxiety and depression are more prevalent among the unemployed in France

To respond effectively to the impact of the COVID-19 crisis on population mental health, integrated and cross-sectoral policies to improve mental health support are needed. OECD therefor proposes to assure access to existing mental health services either in-person or via telemedicine, or both, and to increase access to evidence-based services, including alternatives to mental health promotion programs in schools or workplaces. Employers must contribute to supporting the mental health of employees, including those who have been on job retention schemes. Policy makers should look further at the implications of long-term teleworking on mental health, and countries should consider scaling-up mental health support for jobseekers through public employment services.

These findings and recommendations are further supported by a recent article published by The Lancet³. The authors conducted a systematic review of 5683 unique data sources reporting on the prevalence of major depressive disorder and anxiety disorders during the pandemic. 48 data sources met inclusion criteria. Two COVID-19 impact indicators were found to be associated with increased prevalence of major depressive disorder and anxiety disorders: daily COVID-19 infection rates and reductions in human mobility. Females and younger age groups were more affected by the pandemic than males and older age groups.

The authors conclude that the pandemic has created an increased urgency to strengthen mental health systems in most countries. Mitigation strategies could incorporate ways to promote mental wellbeing and target determinants of poor mental health and interventions to treat those with a mental disorder. Taking no action to address the burden of major depressive disorder and anxiety disorders should not be an option.

1.2. Children and adolescents

1.2.1. Youth aid

The Flemish agency “Opgroeien”⁴ (growing up) is a Flemish organization that consist of “Kind en Gezin” (child and family), “Jongerenwelzijn” (youth welfare) and part of “Vlaams Agentschap voor Personen met een Handicap” (Flemish agency for persons with disabilities). They provide advice, support, guidance, shelter or help for children and young adolescent while growing up. Every month they update the number of applications for crisis youth aid, youth support centers and other youth aid services.

When looking at the number of requests for not directly accessible youth aid (for which an application procedure through the government is necessary), there was no visible impact of COVID-19. In March 2020 and March 2021 there was a noticeable peak in applications. Also in June 2021 there are a lot more applications than in 2020 and 2019.

³ Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic. Published online October 8, 2021 [https://doi.org/10.1016/S0140-6736\(21\)02143-7](https://doi.org/10.1016/S0140-6736(21)02143-7)

⁴ <https://www.opgroeien.be/>

Evolutie aantal aanmeldingen per maand (n=unieke minderjarigen)

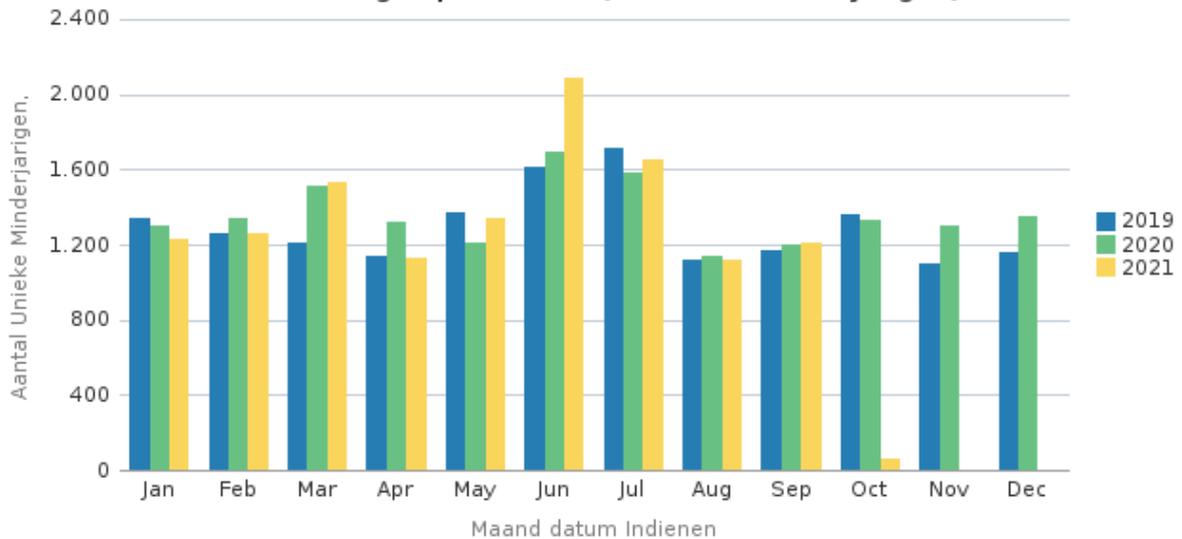


Figure 4: Number of applications for not directly accessible youth aid (note: numbers of 10/21 not complete)

One of the steps in youth aid is crisis youth support for children, young adolescents, and their families when in crisis and urgent care is needed. The dispatch for crisis situations has been receiving more questions every month, and even more so since the beginning over the COVID-19 crisis. The dispatch center first looks for a solution within the environment of the minor. If this is not possible, the dispatch center decides to provide a consult. The number of consults has known a steep rise in 2021, with a record of 756 consults in March 2021. In April 2021 and May 2021, the numbers were around the same level as in 2019, but are still higher than 2020. In June 2021, the numbers are higher than in 2019 and 2020. From July 2021 on, the numbers stabilized to the levels of previous years. September 2021 was again busier, after the summer holidays, but the numbers follow the same pattern as previous years. Within a consult, it is estimated if the situation needs further (crisis) youth support, mental health care support or both.

Aantal unieke trajecten

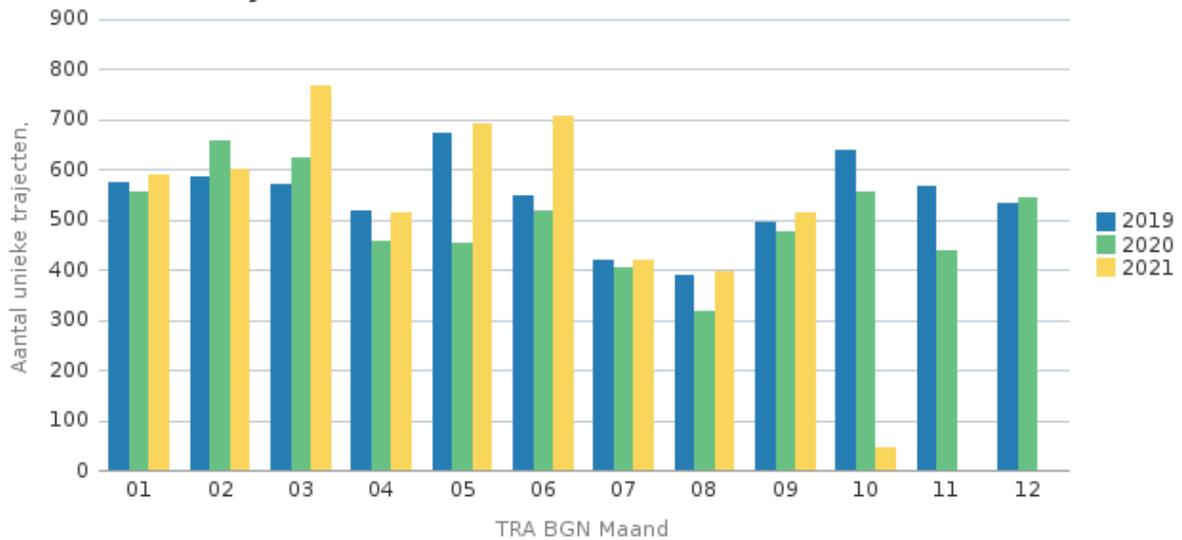


Figure 5: Number of provided consults after demand for crisis support at the dispatch center (note: numbers of 10/21 not complete).

When looking at the number of demands for crisis support where it was decided that crisis youth aid was necessary, there has been a record in applications. Even before the COVID-19 crisis begun there were many applications, but since March 2021 the applications have never been higher, with in March an all-time high of 588 unique minors that were referred to crisis youth aid. Most cases are about mental health problems, with a lot of questions about suicide. Especially complex situations that have been difficult for a while, seemed to go into crisis. In July and August 2021 the numbers stabilized, but seem to be rising again in September 2021.

Aantal unieke cliënten

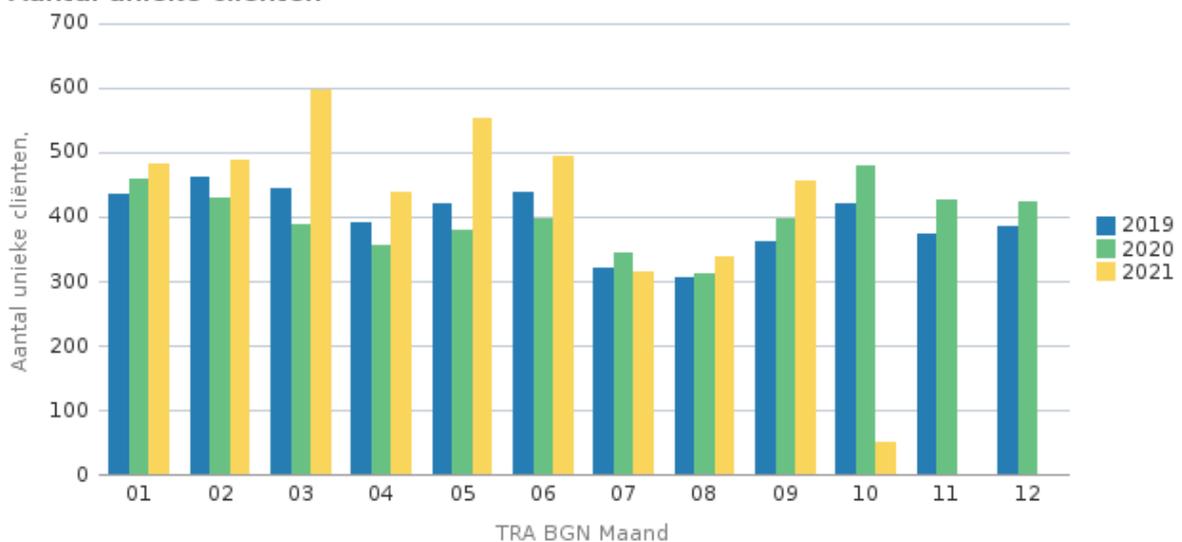


Figure 6: Number of unique minors who are being referred to crisis youth aid every month. (note: numbers of 10/21 not complete)

When voluntary support is difficult or not possible, youth support centers can provide care for children, young adolescents, and their parents. With regard to the number of minors who applied for help at one of the youth support centers, in March 2021 they noted the second highest number of applications ever (512 unique minors). Only in March 2020, right before the start of the COVID-19 crisis there was a higher number (556 unique minors). Since April 2021 the numbers seem to stabilize again to the numbers of 2019, but there are some regional differences. Since September 2021 the numbers are again higher than previous years (especially for the regions of East-Flanders and Limburg).

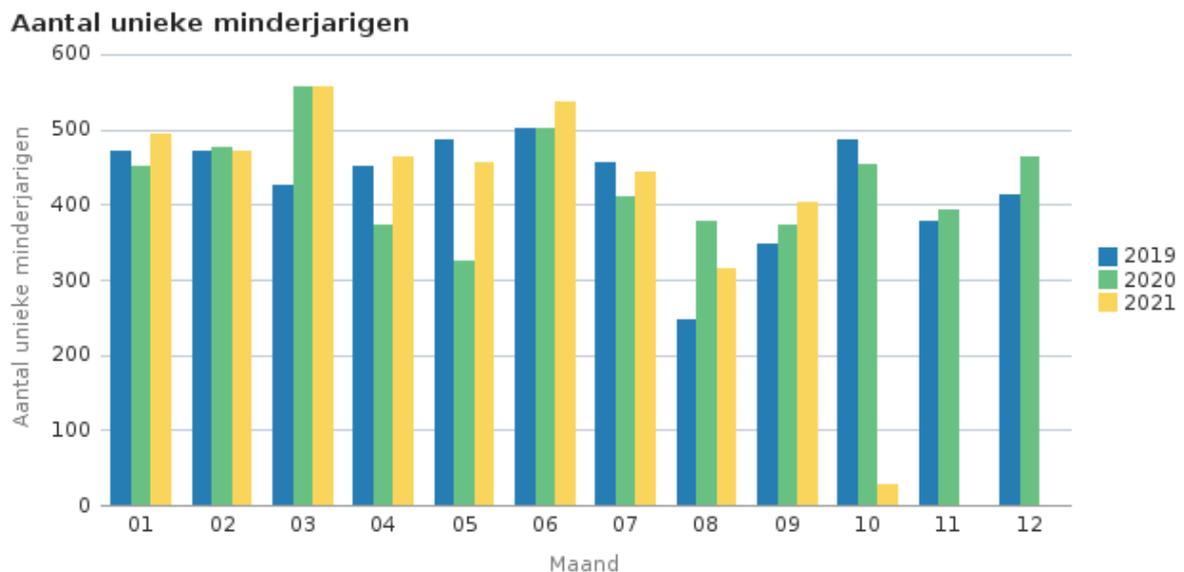


Figure 7: Number of unique trajectories for minors for whom an application was made for support at a youth support center every month. (note: numbers of 10/21 not complete)

1.2.2. Child psychiatry

In Brussels and Wallonia, according to Dr Sophie Maes (personal communication to the authors), who had alerted at the end of 2020-early 2021 about the risk that the sector of child psychiatry was getting saturated, with presentations of severe disorders in adolescents with or without pre-existing conditions, the situation is getting very tensed again, with inpatient facilities having filled up more quickly this year than in normal times, one week after the start of school.

Clinicians have encountered many requests for hospitalization in crisis beds following suicide attempts by adolescents. Half of these young people had not had any previous psychiatric care but had started their follow-up between January and May of the previous academic year (2020). The summer break and clinical follow-up were not enough to prevent decompensation for some when school resumed. Paradoxically, in some schools more social and playful activities were introduced at the beginning of the year to help students connect with one another before the start of the year, situations of adolescents committing suicide at school or during school-trips were encountered. Real mental health promotion programmes at school seem still to be lacking, even if some initiatives do exist, yet not school-based⁵.

⁵ See for instance <https://www.home-stress-home.com/>.

According to the narratives of the young people encountered in psychiatric services, says Dr Sophie Maes, the welcome speech centered on vaccination in the Brussels schools was sometimes perceived as guilt-inducing and worrying, with adults failing to install a dialogue around the psychological suffering of the young people. Thus, the real psychological needs of children and adolescents, are still not sufficiently taken into account, according to this child and adolescent health specialist. Although the sector has encountered requests for more traditional hospitalization, i.e. not for crisis beds, in the last few days, the situation in the network remains very tense, as some services such as residences, SAJ, SPJ are fully functional again, and also in demand for care which the psychiatric services fail to be able to fully address, leading to a saturation of child psychiatric consultations, with requests for hospitalization in the absence of sufficient outpatient follow-up as a consequence. In addition, requests to SOS-enfants have been sustained throughout the summer, with seemingly more requests for situations concerning newborns, probably due to a lack of professional supervision during the pandemic.

As acknowledged in our executive summary, in the absence of statistics, testimonies of experts in the field need to be taken into account in order to get a broader picture.

1.2.3. Eating disorders

In Flanders, the knowledge center for eating disorders (Kenniscentrum Eetexpert⁶) provides residential and outpatient care. Their first goal is early detection, prevention, and guidance to specialized care if necessary. In Flanders, there are five specialized residential eating disorder-teams, from which two focus on adolescents younger than 15. There are approximately 80 beds, combined with (daytime) therapy and specialized outpatient programmes.

In October 2021, 'post'-COVID-19, the waiting lists for admission in residential care are four times as high as before COVID-19. Most patients have to wait two to four months for an intake, and five to eight months for admission. Some centers even decided to stop intakes (temporarily) until the waiting lists get shorter. For both younger patients (<15y) and patients older than 15 there is a capacity- and intensity problem.

Due to the increased need for care in COVID-times, the ambulant network also has a capacity problem. Kenniscentrum Eetexpert is therefore working on a capacity expansion both for specialized dieticians as for psychologists. The acute problem, however, is the lack of possibilities to refer to residential care. Therefore, to keep the ambulant network operational, Kenniscentrum Eetexpert urges to ensure additional support from centers for mental health care and to create a buffer in the residential care through rapid short-term admission capacity and daycare services for patients and their parents.

1.3. 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 91 waves (latest update 01-

⁶ Author : An Vandeputte, Kenniscentrum Eetexpert.be vzw

10.10.2021), more than 300.000 individuals from varying age groups have filled in a brief on-line questionnaire. The latest wave was gathered early October (N = 4144) completed the questionnaire and yielded a mix of participants coming from different regions (66.39% from Flanders; 33.61% from Wallonia; 19% unvaccinated persons).

Figure 8 presents a graphic overview of five well-being indicators (i.e., vitality, life satisfaction, sleep quality, depressive complaints, symptoms of anxiety) that have been monitored among Flemish participants since the beginning of the crisis. As can be noticed, there has been a steady increase in well-being since the measures were relaxed before the summer, with this increase levelling off in September-October and well-being even slightly decreasing. After controlling for various sociodemographic covariates, a systematic effect of age, gender, and co-morbidity was observed, with younger individuals, females, and individuals with co-morbidity being more vulnerable for poorer well-being.

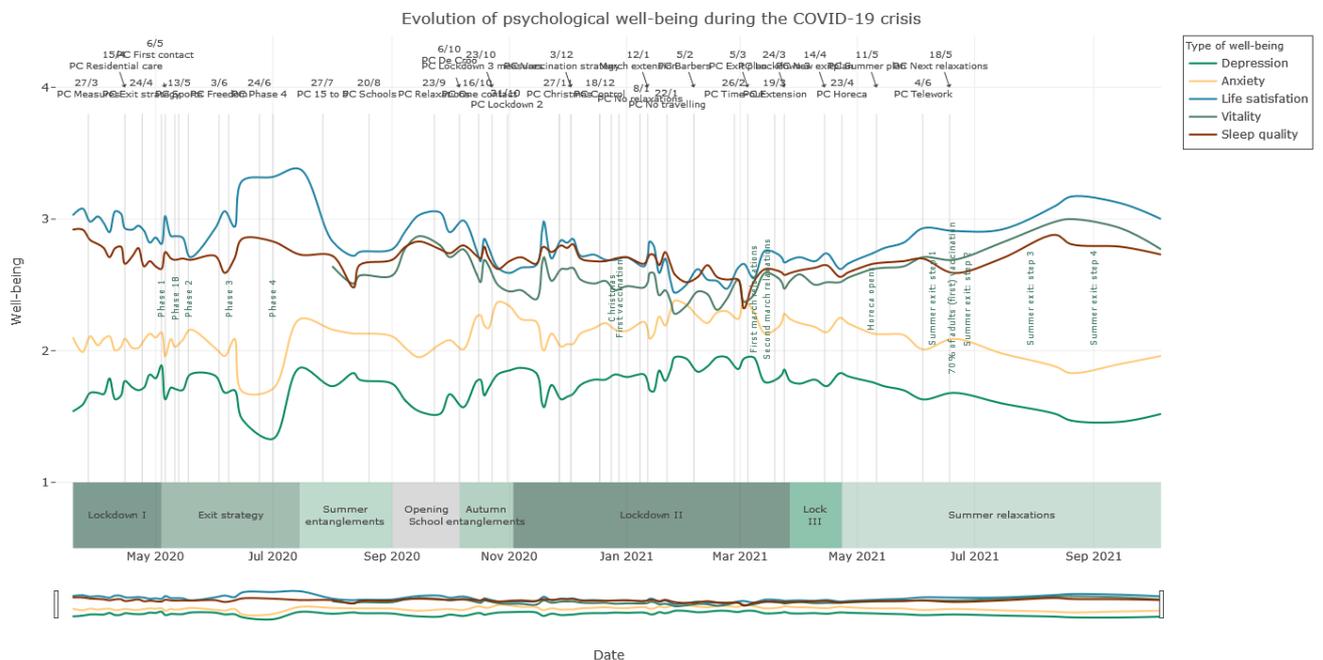


Figure 8: Evolution of psychological well-being during the COVID-19 crisis among Flemish participants

Although vaccination status yielded no systematic relation with well-being, it yielded a clear, yet differential effect on different critical resources of well-being, a finding observed mixed samples of French- and Dutch-speaking participants. As can be noticed in Figures 9 and 10, unvaccinated persons and in particular those who were covid-infected before, report less insecurity to be infected (figure 9), yet they experience also lower autonomy (figure 10) and relatedness need satisfaction compared to vaccinated persons. Said differently, vaccinated persons are enjoying more the freedom that is afforded to them, which likely explains their felt connection with others; yet, they also stay vigilant and concerned to be infected as they perceive higher risks.

Concerns regarding own health

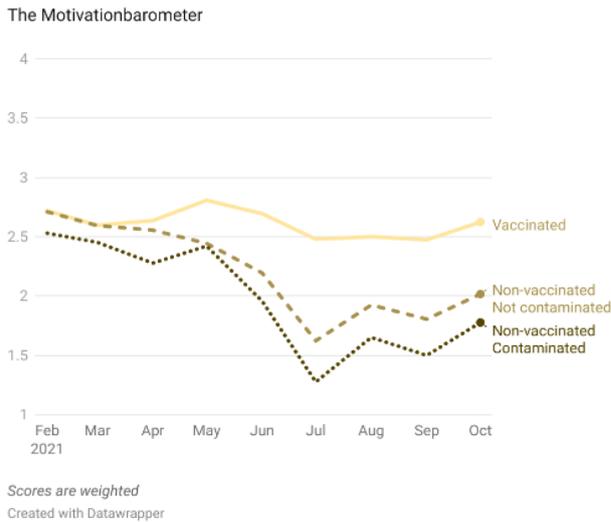


Figure 9: Evolution in concerns regarding own health among (un)vaccinated persons

Autonomy

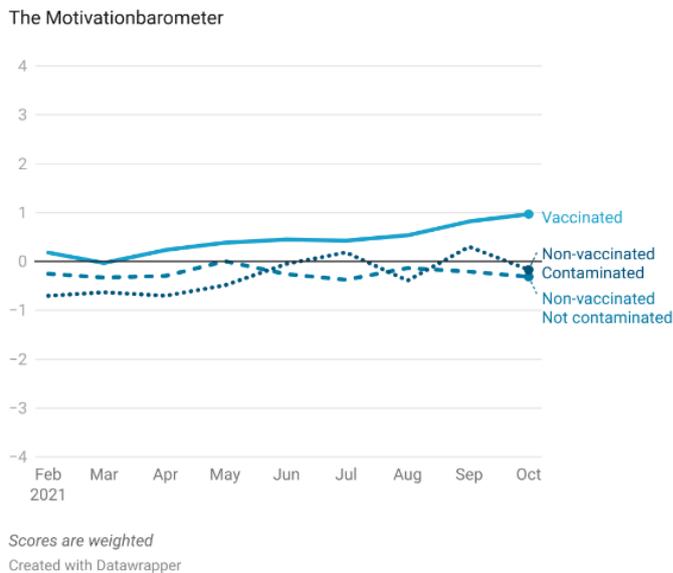


Figure 10: Evolution in autonomy among (un)vaccinated persons

Paralleling these differences in perceived risks and concerns, vaccinated persons stay more motivated to adhere to the measures nowadays. The motivational gap which has been observed between vaccinated and unvaccinated persons is still present today, with unvaccinated persons being less autonomously motivated to stick to the measures and also reporting being less adherent (figures 11 and 12), an effect that was observed for the three assessed sanitary measures (i.e., keeping distance; disinfecting hands; facecovering). The adherence gap has been somewhat reduced, with unvaccinated persons especially disinfecting their hands more than before.

Voluntary motivation to adhere

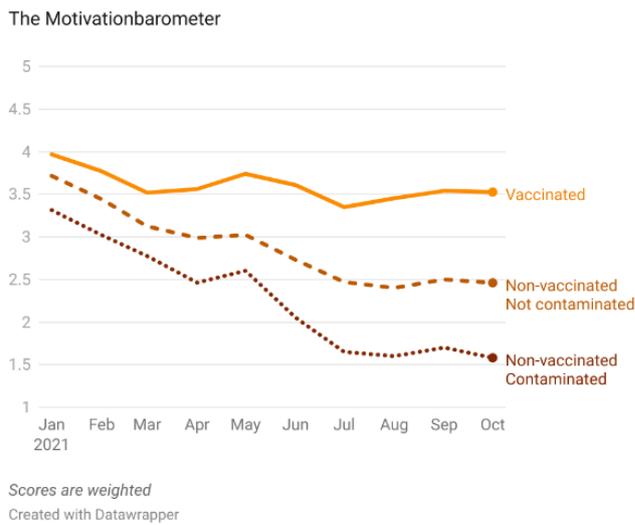


Figure 11: Evolution in autonomous motivation among (un)vaccinated persons

Adherence to the measures

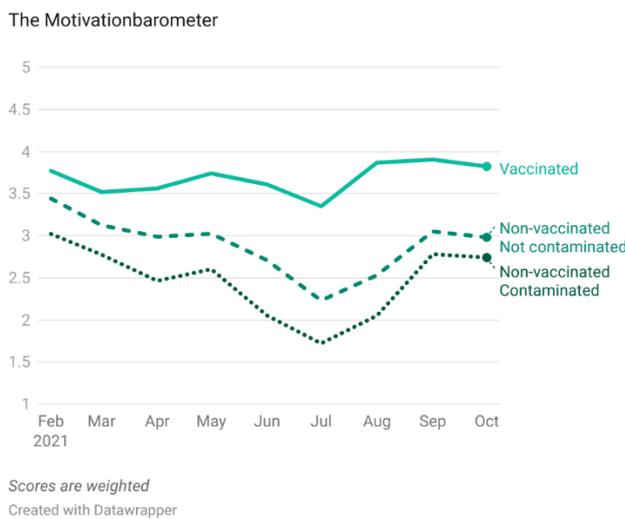


Figure 12: Evolution in adherence to the measures among (un)vaccinated persons

1.4. Great Corona Study

The Great Corona Study^{7,8} (GCS) has been monitoring the Belgian population since 17th March 2020 over 43 waves so far, interspaced one, two or four weeks apart. This web-based survey, which has a citizen science anonymous voluntary design is administered in four languages (NL, FR, DE, EN) on PC, tablet and smartphone and has been taken over 3 million times to date. The first wave attracted over 560.000 respondents, the last wave about 12.000. The survey was predictive of the incidence of detected infections in Belgium⁹.

⁷ www.corona-studie.be

⁸ 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/>

⁹ Neyens et al, 2020

The GCS also showed that age (like in the Motivation Barometer) has an important impact on the evolution of mental wellbeing. At the extremes they found students consistently at the worst end, and retired persons at the best end of the scale.

The GCS monitored the mental health of the Belgian population as measured by the General Health Questionnaire (12 item scale; GHQ-12). Positive news in terms of mental well-being: since the end of March, the curve has been moving in the right direction. We feel better, even though young people in particular remained for a long period at a worse level. Perhaps not unexpectedly: vaccinated respondents tended to feel better, and overall mental wellbeing improved with vaccination coverage and over the summer holidays, to the extent that the GHQ-12 is now at the same level as it was before the crisis (2018) (figure 13). There is currently not a single sector of activity that has a markedly worse evolution than other sectors, although there was a very slight worsening for people employed in education and health care, that is not apparent for other sectors (figure 14).

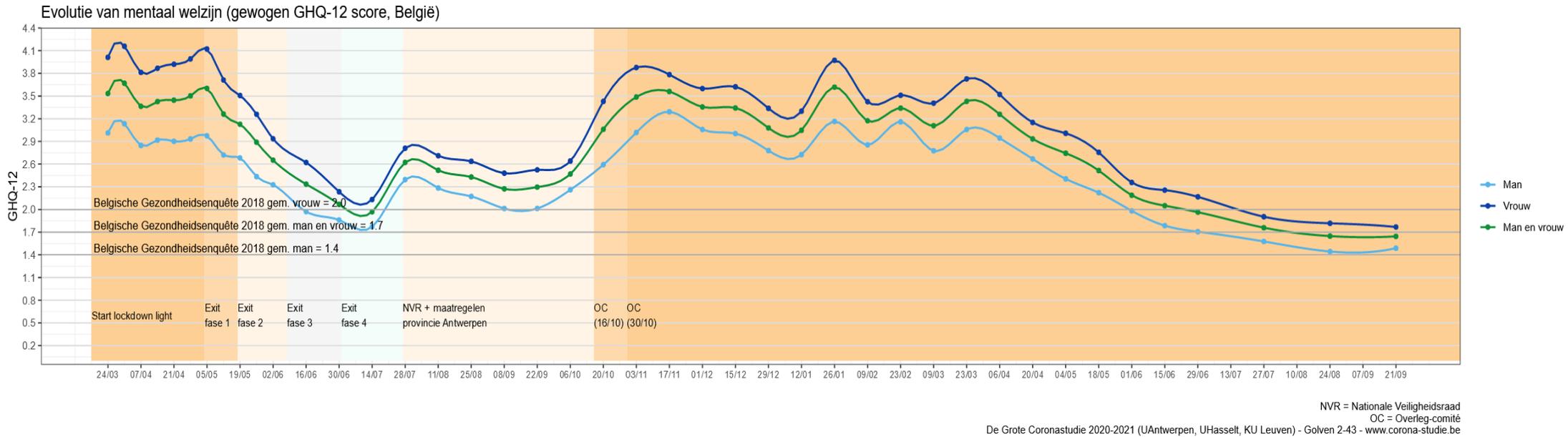


Figure 13: Evolution of GHQ-12 as monitored by the Great Corona Study up to Wave 43 (21st September 2021)

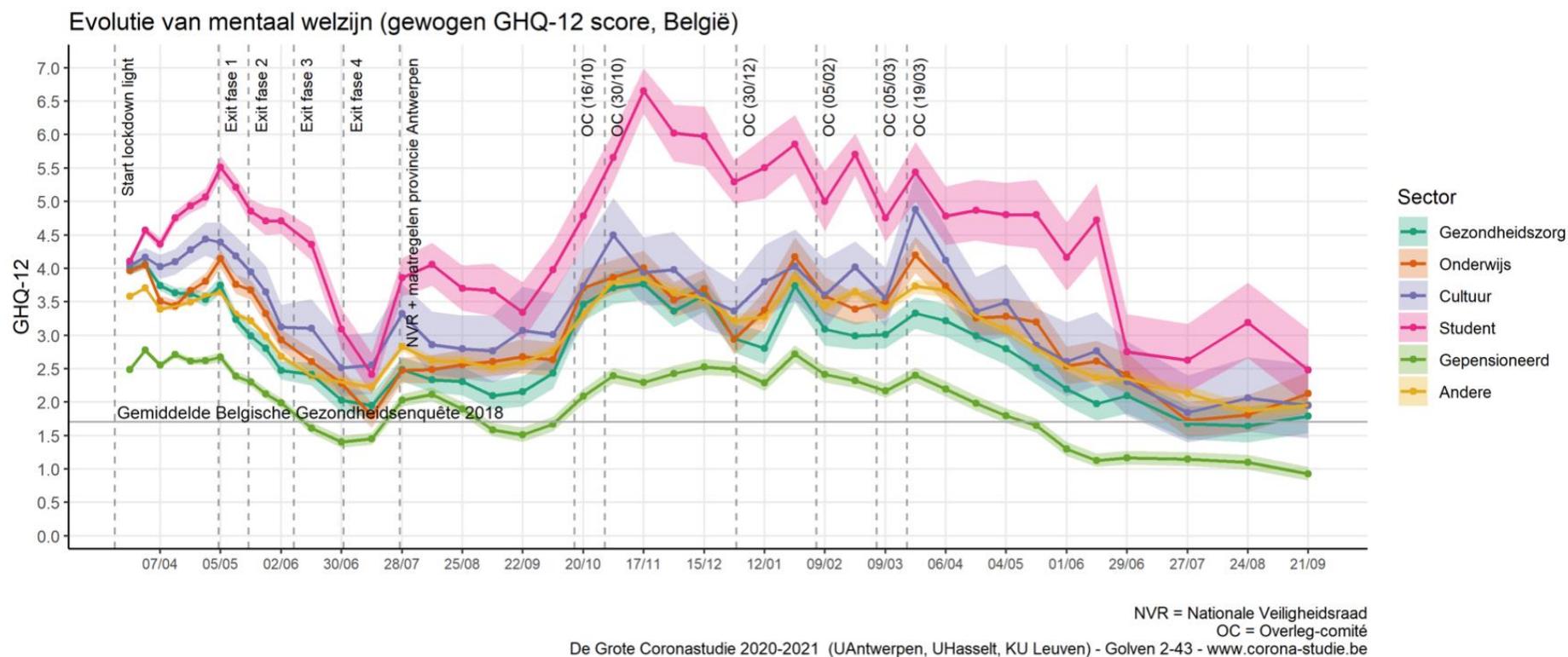


Figure 14: Evolution of GHQ-12 (GSC) - differences in sector

1.5. Mental health of the working population

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

The figure below shows the percentage of employees with a high score on these indicators per month in 2020 and 2021¹⁰. For satisfaction and intention to stay it holds that the higher the percentages are, the better the results; for burnout risk, the reverse is true (figure 15). The data of the months April, May, July and August (2020) and April and May (2021) were excluded due to none or far too less data.

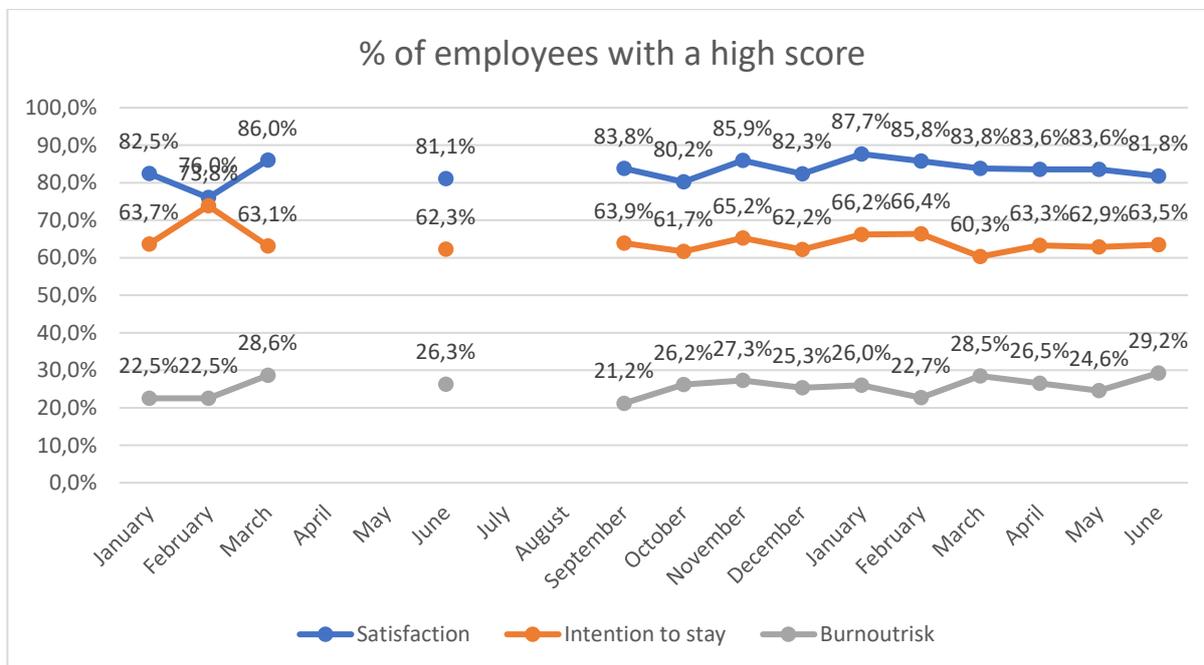


Figure 15 : percentage of employees with a high score for indicators of wellbeing

The results suggest no clear impact of COVID-19 on the different indicators of well-being in workers. There seems to be a small increase in burnout risk. However, following limitations need to be taken into account:

- Possible strong selection bias: only companies who are still 'capable to perform a risk assessment' are in the data; implying that these companies are still active, financially sound, and none of their employees are temporarily unemployed. For the months April – June 2020, numerous cancellations of risk assessments took place; in the months July – August 2020, 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

¹⁰ Authors: Schouteden M, Vandenbroeck S, Godderis L

(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.

1.6. Mental health expenditures

The global COVID-19 pandemic and the measures taken to contain it have evidently harmed the physical health of Belgian citizens, but their mental health has also been affected. In this short summary, we evaluate to what extent this influenced healthcare use for mental health by comparing 2020 and 2021 to previous years. To this effect, we make use of healthcare use data up to April 2021 from the National Institute for Sickness and Disability Insurance (INAMI/RIZIV)¹¹.

Looking at the booked healthcare payments for psychiatrists and child psychiatrists in the figures below, it is observable how the total healthcare expenditures for psychiatrists and child psychiatrists fell below previous years from April to July 2020 (first wave), in October 2020 and January 2021 (second and third wave). This was also the case for consultations, visits and advice at doctors' offices. The peaks in expenditures can be explained by quarterly billing in psychiatric hospitals. For the services from 01/07/2020 onwards, 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 total, in 2019 the booked payments for psychiatrists and child psychiatrists were €304,375,400, while 2020 saw €297,486,0 booked: a reduction and possible under-consumption of -2,3%. This is paired with 10,993,139 booked cases in 2019, and 10,616,831 booked cases in 2020: a reduction of -3.4%.

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.

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

¹¹ Authors: Lode Godderis and Jonas Steel

Psychiatrist and child psychiatrists booked expenditures (000 EUR), 2019-2021
 (consultations, (psycho-)therapies, paediatric psychiatry, admissions in psychiatric hospitals, revalidation camps, & distance consultations)

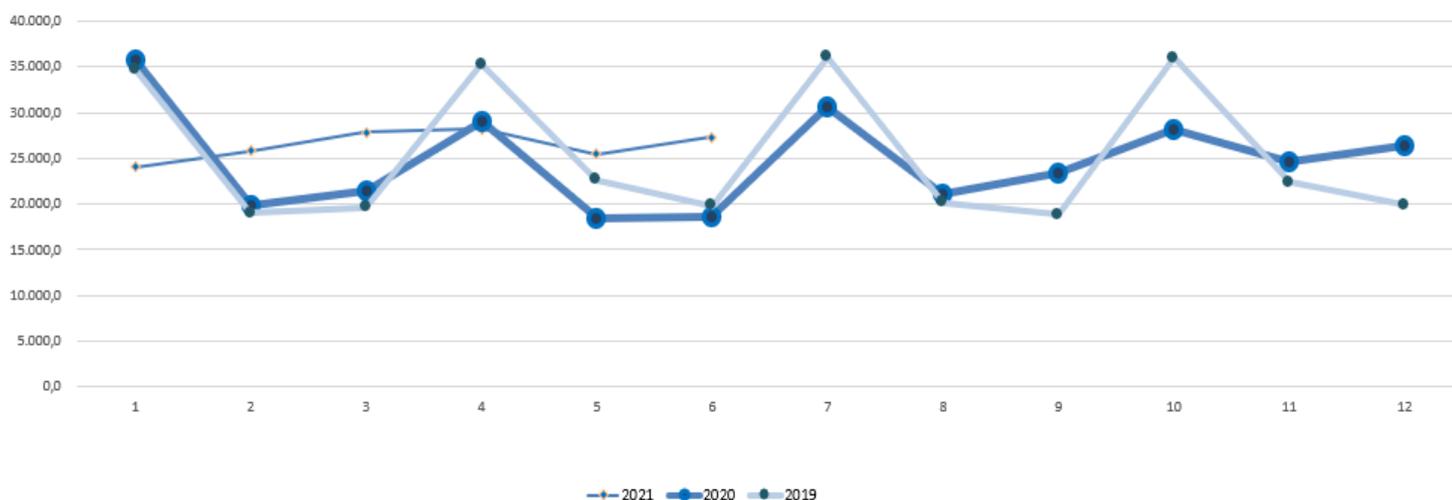


Figure 16: psychiatrist and child psychiatrist booked expenditures

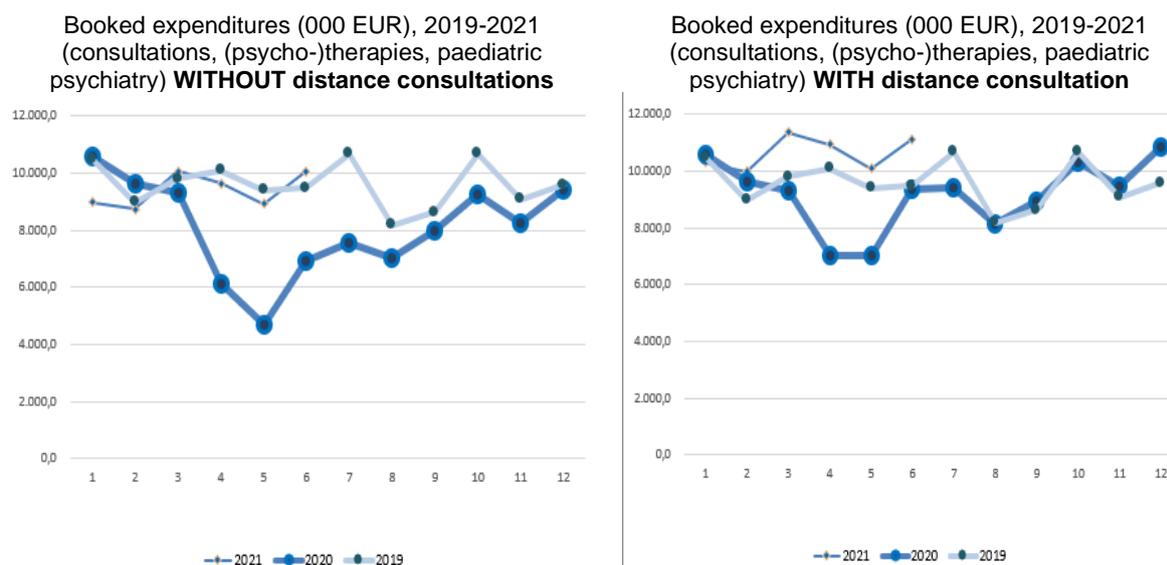


Figure 17: booked expenditures without and with distance consultations

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

A multitude of factors play a role in these trends: from delaying care due to contact restrictions and lockdowns, to increased mental health complaints due to COVID-19 and the measures

taken to prevent it. While the data does not allow us to discern between these causes, it is certain COVID-19 has had an impact on Belgian citizens' expenditures for healthcare contacts with psychiatrists and child-psychiatrists.

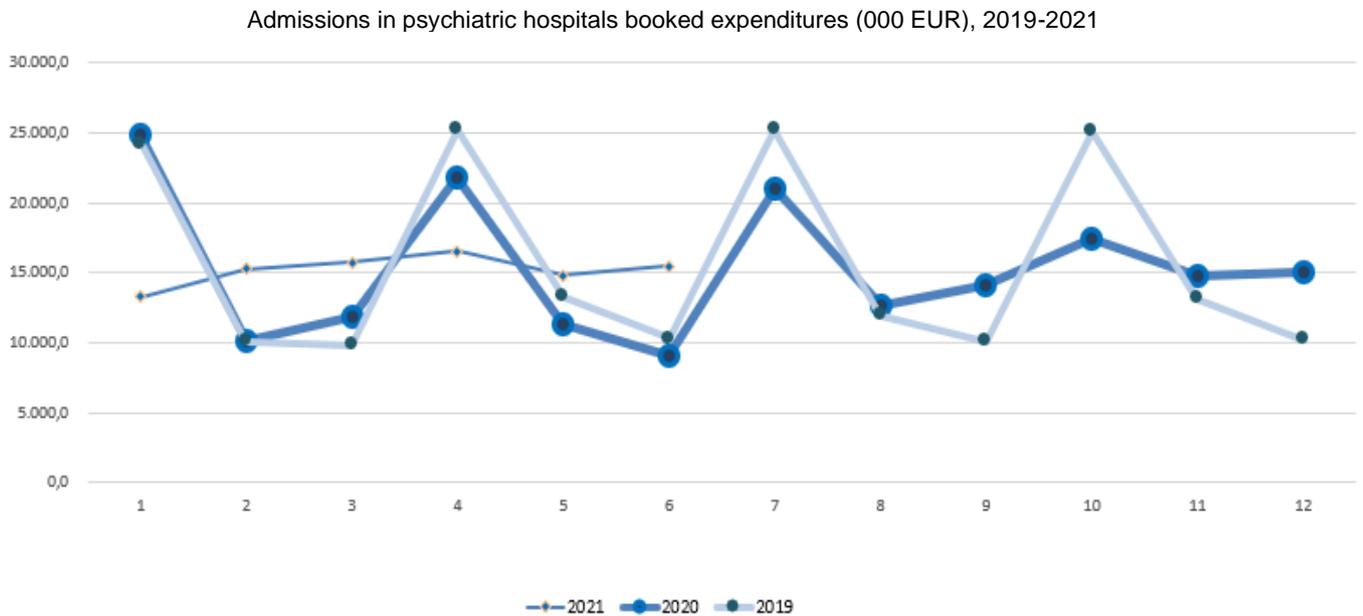


Figure 18: Admissions in psychiatric hospitals booked expenditures

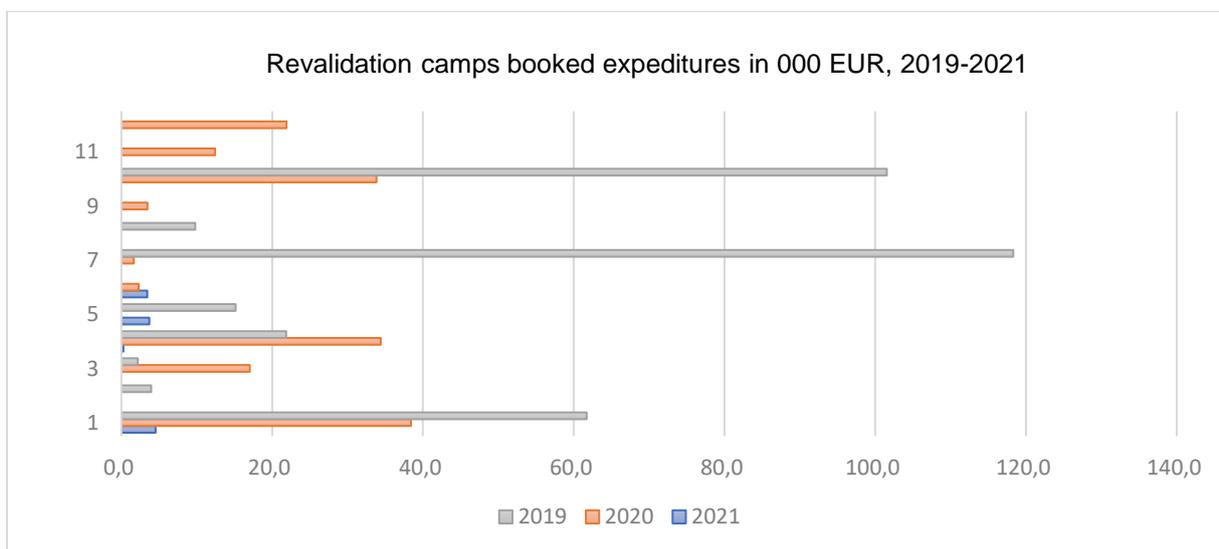


Figure 19: Revalidation camps booked expenditures

Source: National Institute for Sickness and Disability Insurance (INAMI/RIZIV).

1.7. Sickness absence

Concern is rising about increasing sick leave in the healthcare sector. In response, we analyzed actual data about short-term sick leave (sickness less than one month), medium-term sick leave (sickness between 1 month and 1 year), long-term sick leave (more than 1 year) in data provided by ACERTA derived from a set of 260,000 employees employed by more than 40,000 employers in the private sector, which includes both SMEs and large enterprises, and on a dataset of 28,000 employees from the healthcare sector. The health sector includes PC 330 (e.g. hospitals, rest homes, health centers...) and PC 331 (childcare, welfare and health institutions and services...).

Across all sectors, 3.4% of workable hours in 2020 were not performed due to illness less than one month (figure 20). For the first half of 2021 this number decreased to 2.9%. In general, short-term sick leave fell by 3.7% in 2020 (vs 2019) and continued to decrease in 2021 (vs 2020) with 8.5%, most likely due to telework and more limited physical contact decreasing common infections, which are one of the most reported reasons for short sick leave.



Figure 20: Short-term sickness absence - evolution 2020-2021

In contrast, medium-term sick leave (sickness between 1 month and 1 year) increased slightly in 2020 compared to 2019 with 1.3%. In 2021 the medium-term sick leave clearly decreases in all sectors. Remarkably, if we zoom in specifically on short-term sick leave in the health care sector, it was 9.8% higher in 2020 than in 2019, but decreased again in 2021 with 15.8% compared to 2020.

We further compared the evolution in 2020 and 2021 (data until August) in relation to the previous year (thus 2019, 2020 respectively) in different sectors for all categories of sickness absence. Taking all forms of absences due to illness (short, medium, and long) together, in 2020 and 2021 healthcare faced respectively 36.2% and 35.6% more absence compared to the other sectors in relation to the year before. The difference with the other professional sectors is higher in the case of long-term illnesses - absences of a year or more - at +46.5%, respectively +49.6%. Short-term sick leave - less than one month, with guaranteed pay - in the Belgian healthcare sector was 24.6% and 14.6% higher in respectively 2020 and 2021 than short-term sick leave for all sectors combined. Medium-term sickness absence - between one month and one year, with guaranteed pay - was 30.6% (2020 vs 2019) and 34.0% (2021 vs 2020) higher in the care sector compared to the average across all sectors.

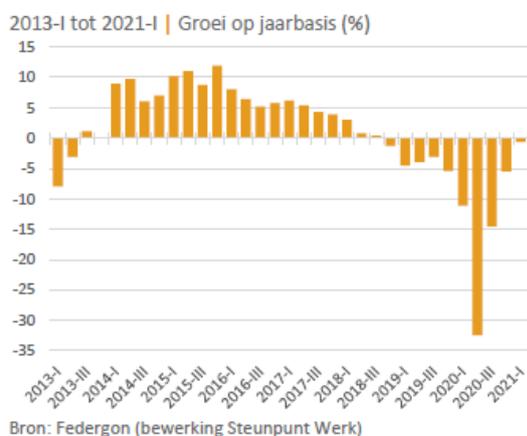
Consequently, we cannot confirm the alarming signals about short sick leave in the healthcare sector yet. While there was a 9.8% increase in 2020, we now see a 15.8% decrease compared to last year. Also in the comparison with the global figures across the sectors, we see that in terms of short sick leave, the situation is improving. Last year (2020) there was 24.6% more short-term sickness absence in health care than globally, now (2021 to July) only 14.6% more in health care than globally. In medium- and long-term sickness we see that the care sector does perform worse compared to global, however without major differences.

1.8. Temporary unemployment

According to 'Steunpunt Werk'¹² the COVID-19-pandemic has had a clear impact on the Flemish labour market. For quite some time now, they have been monitoring the trend indicators of the Flemish labour market in the field of the economic situation, activity and unemployment, employment and sectors, and vacancies and shortage.

The Federgon index (Figure 21) is an indicator growth of temporary employment (*uitzendarbeid*) on a yearly basis, based on worked hours. There was a drop in growth due to the COVID-19-crisis since March 2020. The recovery in the number of hours of temporary employment that started in May 2020 has known a somewhat unsteady course over the past six months. In the first quarter of 2021 there was a temporary capping, with even a slight drop compared to the fourth quarter of 2020 (-3,0%). However, April and May 2021 saw a new momentum, with the Federgon index rising by +2.1% and +1.6% respectively on a monthly basis. However, in June 2021 this growth came stagnated again, with even a slight decrease compared to May 2021 (-0.7%). While temporary employment is clearly in a better situation than last year (+18.1%), the pre-crisis level is far from being reached. The Federgon index remains -5.2% below the level of February 2020 and -8.3% lower than June 2019.

Evolutie aantal uren uitzendarbeid | VLAAMS GEWEST



Federgon-index | BELGIË

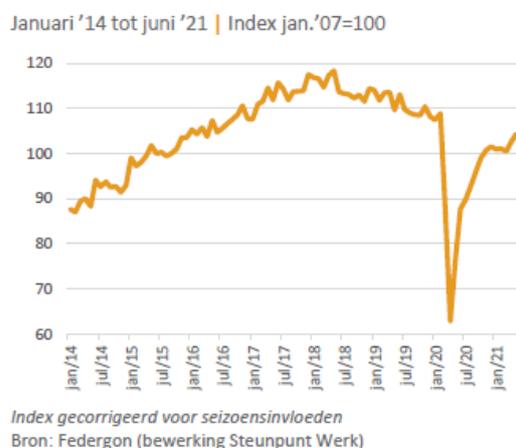


Figure 21: Evolution of hours worked in temporary employment in Flanders + Federgon-index Belgium

¹² www.steunpuntwerk.be

In the first quarter of 2021, there is an increase in the trend level of the unemployment rate both in Flanders (3,8%) and in Belgium (6,0%) (Figure 22). The change is most pronounced amongst 15- to 24-year-olds (+3,7ppt), persons who were born outside EU-28 (2,3ppt) and those with a short education (1,2ppt).

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

2019-I tot 2021-I | Vlaams Gewest, België, EU-27 (2020)

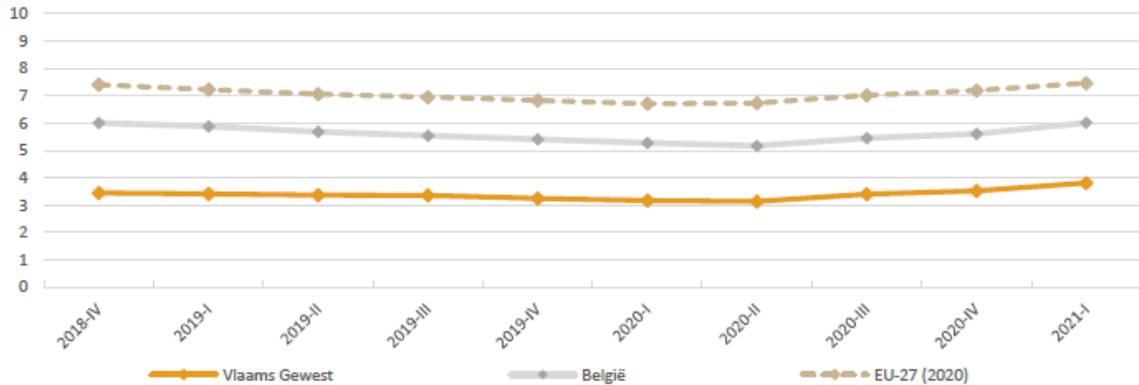
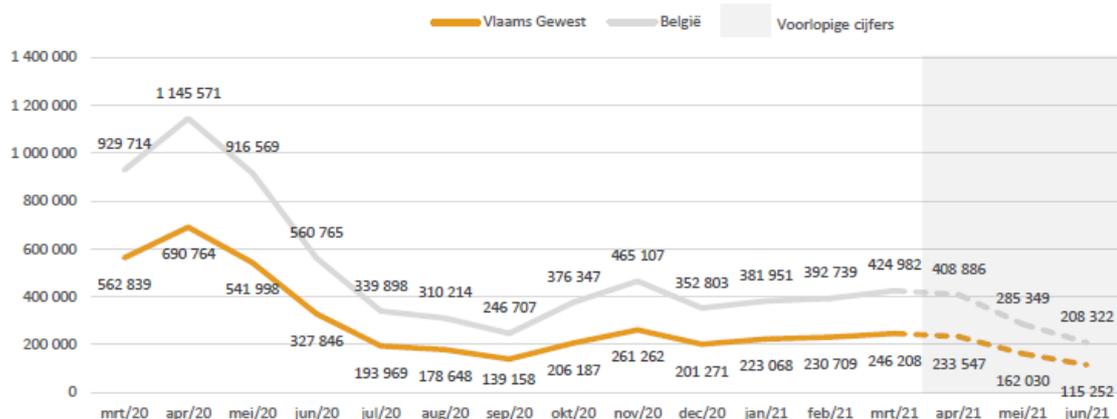


Figure 22: trendlevel unemployment rates

Due to the COVID-19 crisis, it was decided to simplify the procedure of temporary unemployment. This procedure is provisionally extended until the end of September 2021. After the number of temporarily unemployed in the Flemish Region stabilized around 230.000 for several months, it seems, based on provisional numbers that a sharp fall can be seen in May and June 2021. In June 2021, the RVA counts 115.000 temporarily unemployed in Flanders as a result of COVID-19, the numbers for Belgium also show a clear decline (from 409.000 in April to 208.000 in June 2021) (Figure 23). Nevertheless, in June 2021 the number of temporarily unemployed is still well above the level before the start of the corona crisis. This number is almost three times as high as in June 2019. Most of temporary unemployment is based in the industrial, administrative and hospitality sector (Figure 24).

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

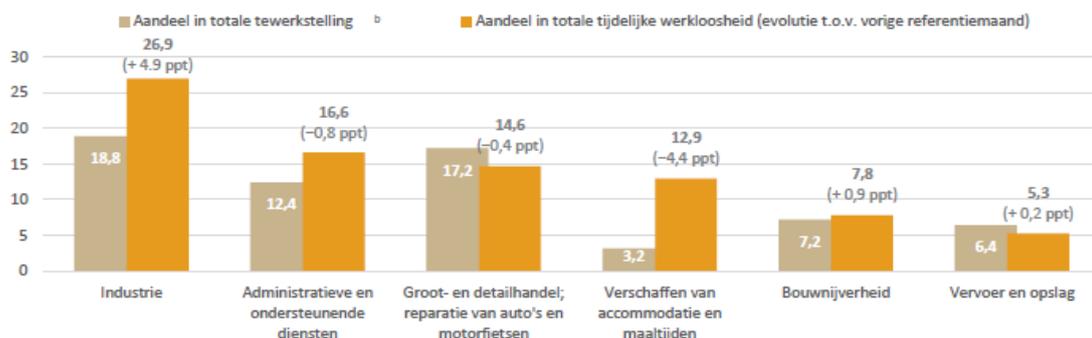
De gegevens per referentiemaand zijn niet definitief en zullen geactualiseerd worden bij elke nieuwe beschikbare indieningsmaand. Doorgaans zijn de cijfers na 3 maanden definitief te noemen.



Bron: RVA, RSZ (bewerking Steunpunt Werk)

Figure 23: temporary unemployment due to COVID-19, reference months

Tijdelijke werkloosheid ingevolge COVID-19 per sector* | Vlaams Gewest
Referentiemaand juni 2021 (met uitbetaling voor 10 juli)



Noten:

- Enkel de zes sectoren met het grootste aandeel in de tijdelijke werkloosheid ingevolge het coronavirus worden weergegeven
- De cijfers hebben betrekking op alle tewerkstelling in het vierde kwartaal van 2018 en zijn exclusief de tewerkstelling bij Provinciale en Plaatselijke besturen.

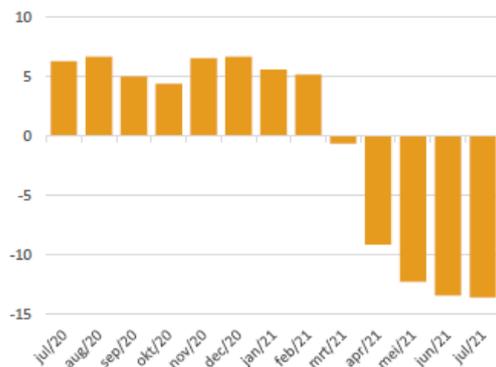
Bron: RVA, RSZ (bewerking Steunpunt Werk)

Figure 24: temporary unemployment due to COVID-19 per sector

Since June 2021, Steunpunt Werk does not longer report on unemployed jobseekers (nwwz). VDAB has been using another classification for jobseekers. Since the first quarter of 2021, Steunpunt Werk reports on jobseekers that are unemployed (wzw). Since the outbreak of the COVID-19-crisis, there has been a continuous positive annual growth of 'wzw'. After a steep rise of this number in April – June 2020, this annual growth systematically declined. Only the second lockdown at the end of 2020 caused a temporary reversal of this trend. From March 2021 onwards, the number of wzw knows only a small decrease. Compared to last year, there are more than 30.000 less wzw, which is a decrease of -13,6% (Figure 25).

Evolutie aantal wzw | VLAAMS GEWEST

Juli '20 tot juli '21 | Groei op jaarbasis (%)

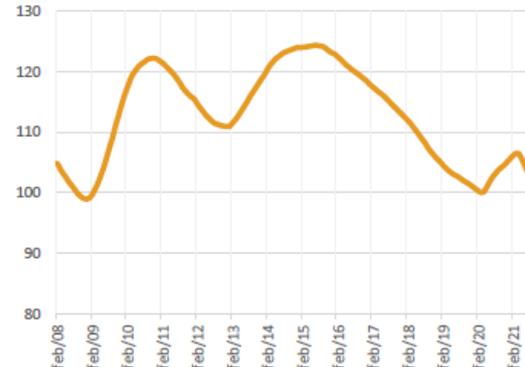


Bron: VDAB / NBB.Stat (bewerking Steunpunt Werk)

- ➔ <https://arvastat.vdab.be>
- ➔ <http://stat.nbb.be>

Trendindex aantal wzw | VLAAMS GEWEST

Januari '08 tot juli '21 | Index feb.'20=100



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

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

Figure 25: evolution unemployed job seekers

The number of vacancies received in June 2021 is on an all-time high, with 33.760 vacancies. This is 58,1% more than in June 2020 (12.405 vacancies) and 57,7% more than in June 2019 (12.346). Year-on-year growth so far is strongest for vacancies requiring experience (+56.8%), high-skilled (46.3%) jobs and permanent contracts (44.9%). This vacancy growth continues in almost all of the ten largest sectors: the strongest growth is found in services (66.3%) and public administration 56.0%). Despite the increased number of wzw, we note an increasing tightness on the Flemish labor market, influenced by the increasing number of vacancies.

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The following administrations and/or ministerial cabinets were heard:

Sciensano
RIZIV-INAMI
Farmaflux
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