

Mental health of Belgian Population: update 20/08/2021

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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 June 29th, 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. With the results of the 40th Great Corona Study Wave, there is some 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 are still far from the level of mid-July 2020, when the impact of the pandemic was much smaller. Perhaps not unexpectedly: vaccinated respondents generally feel a bit better mentally. Perhaps partly for this reason, the over-80s as a group are again reaching their best level since the beginning of the crisis. However, it is also clear that good data on vulnerable groups are lacking, so we need to rely on expert opinions and testimonies.

Hence, mental health indicators are rising after the second lockdown period. Importantly, specifically during periods of uncertainty (e.g. whether or not new stringent measures will be taken) mental health remain high. 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.

Perceived mental health and well-being

The various research carried out by Belgian universities continue to show that the problem of Belgian children and particularly that of our adolescents is very worrying, both in mental health and education. Of the various factors at the origin of these mental health problems, the lack of social contact is a determining factor. 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 for 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. 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 clear signals that students, and young people in general, suffer from loneliness, lowered motivation, and psychological complaints. Aside from their increased risk of mental health problems, they may also drop out academically, which jeopardizes their personal future, but also that of the society as a whole.

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 especially. 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.

Overall mental wellbeing has been moving in the right direction, since the end of March, but compared to other age groups, youngsters still experience the worst mental health. The 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.

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. Compared to the overall population, people aged 18 to 24 (both males and females) are by far the most affected by anxiety and depressive disorders, in a higher proportion than in the first lockdown. A large study among students aged 18 to 25 conducted in February and March showed very high anxiety and depression scores, with 50% and 55% suffering from clinically significant, proven symptomatology. This increase is very noticeable even compared to the very beginning of the pandemic where there were 33% and 35% of students with documented anxiety and depressive symptomatology, respectively. 11% of students reported having had suicidal ideation often in the past month and 9.5% reported having had occasional suicidal ideation. Some major issues contributing to these worrying results were the increase of sense of isolation and loneliness, sleep and appetite disorders, the feeling of loss of hope for the future, financial difficulties and problems with distance learning.

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.

The Great Corona Study wave from March 23rd 2021 showed an increased percentage of people consulting psychological care due to the Corona crisis compared to October, with the strongest increase amongst people aged 18 to 35 years old. 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. People aged 65 and over, people living in couple, people with a higher education diploma, people who are (still) in paid employment seem to be less prone to mental disorders (anxiety, depression, sleep disorders and suicidal tendencies). Additionally, although at the moment the quiet hope of the redemptive vaccination is growing, there is also a great deal of uncertainty about this, which causes a great deal of stress and anxiety for many people across all age groups.

Based on data systematically collected from 8 Walloon institutions between February, 21st and March, 30th, the pedopsychiatric sector is clearly saturated, with none of the institutions having the capacity to hospitalize new patients despite continued demand. Institutions have up to 30 patients on waiting lists for up to 6 months, yet most of the clinical presentations would require immediate uptake: suicidal ideations or attempts, mutilations or scarifications, severe eating disorders, hallucinations, anxiety and depression, violence.

In contrast, healthcare expenditures for psychiatrists and child psychiatrists fell below previous years from April to August 2020, and in October 2020. However, the data arrive a delay of 3 to 5 months, so the current raise in mental health problems observed in the studies cannot be confirmed yet. In the period between January and November, 2019 saw €10,645,911.80, while 2020 saw only €9,926,852.70 booked payments for psychiatrists and child psychiatrists: a reduction and possible under-consumption of 6.75%. From March 2020 onwards there is a lower expenditure on therapies, psychotherapies, and paediatric psychiatric consultations in comparison with previous years. With distance consultations factored in, the gap stays apparent between March and June 2020. Admissions in psychiatry drop slightly below the values of previous years in April 2020, rise above in August and September, and fall below in October.

Overall use of antipsychotics, anxiolytics, hypnotics and sedatives, and antidepressants show similar patterns: in 2020 the daily defined doses and deliveries of all categories increased, while the number of patients was less affected. March 2020 saw a large rush on medication: 32.90% more daily doses, 28.60% more deliveries, and 19.16% more patients. The rest of the year saw a decrease in comparison to 2019, up until November. January and February 2021

were comparable to the year before. The increase in medication use was observable across all age groups, with the exception of children under the age of 16.

Economic indicators with an impact on mental health

While overall figures show that working from home, one of the more important corona measures, has a beneficial effect on (short) sick leave, the numbers of long-term sickness absence are currently rising. With the current trend, the RIZIV-INAMI expect more than 500.000 workers in invalidity by the end of 2021. There is no direct link yet between the COVID-19 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.

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. 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.

As employment rates continue to decline, the recovery of business confidence, which began in December 2020, continues in March 2021. At the Belgian level, the business confidence barometer in March even reaches a higher level than before the Corona crisis in almost all sectors. It is important to note that the survey ran until the morning of March 24th, before the announcement of the new lockdown measures. It is not inconceivable that, as with previous announcements, the new measures will lead to a drop in business confidence.

Conclusion

In conclusion, most of the objective data collected and specified show a continuous significant deterioration in mental health of the Belgian population. However, since the end of March, the mental wellbeing curve has been moving again in the right direction. Nonetheless, young people are still far from the level of mid-July 2020. 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 years old, with elevated symptoms of anxiety and depression among students. These studies also show that limitation of the psychological needs for relatedness and autonomy linked to confinement has important consequences, in particular for young people, among whom more than two thirds are dissatisfied with social context.

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 April 04, 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). Please also indicate in which section you want to contribute.

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 education¹.

Most students said they were significantly less happy in June 2020 than they were in June 2018. Second and third-degree students were 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 2020 compared to June 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 school².

Among adolescents aged 12-18, one in five adolescents has moderate to severe mental health problems³. 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.

1.1. 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

¹ Chartier, S., et al.

² Baudoin & al, 2020

³ Glowacz, F. and E. Schmits

⁴ <https://www.opgroeien.be/>

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.

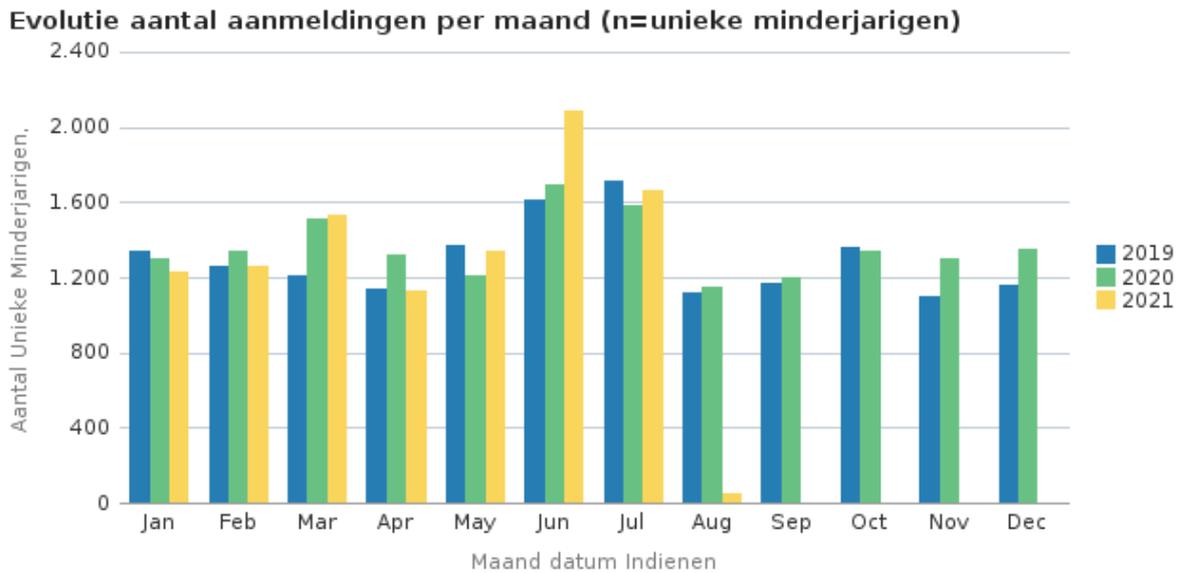


Figure 1: Number of applications for not directly accessible youth aid (note: numbers of 08/21 not complete)

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 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. In the summer of 2021 (July 2021) the numbers dropped again to the number of 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

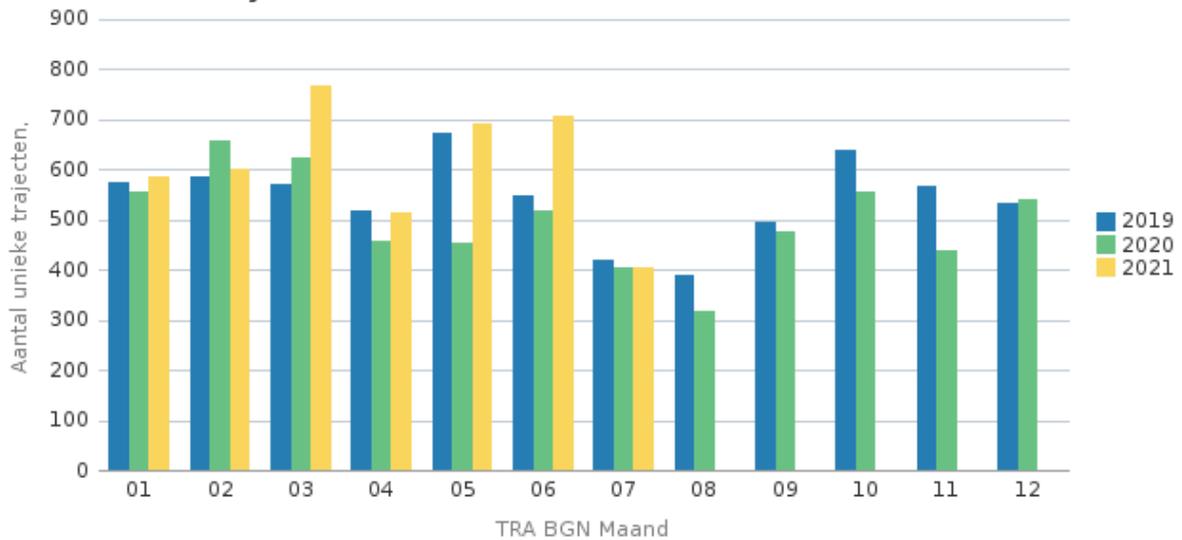


Figure 2: Number of provided consults after demand for crisis support at the dispatch center.

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 recently the applications have never been higher, with in March 2021 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. From July 2021 the numbers dropped again to the numbers of previous years.

Aantal unieke cliënten

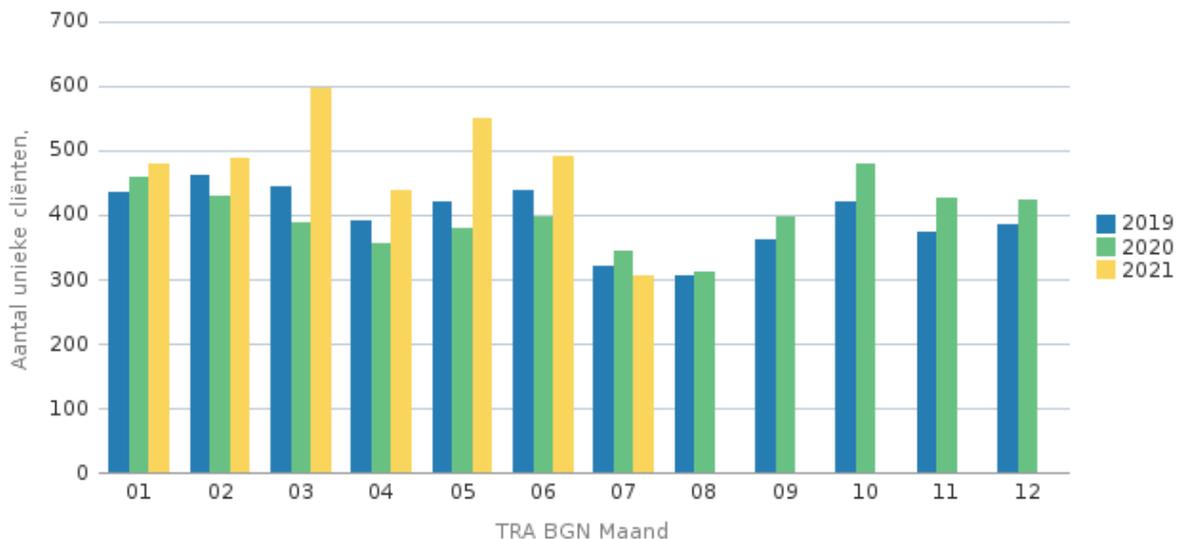


Figure 3: Number of unique minors who are being referred to crisis youth aid every month.

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.

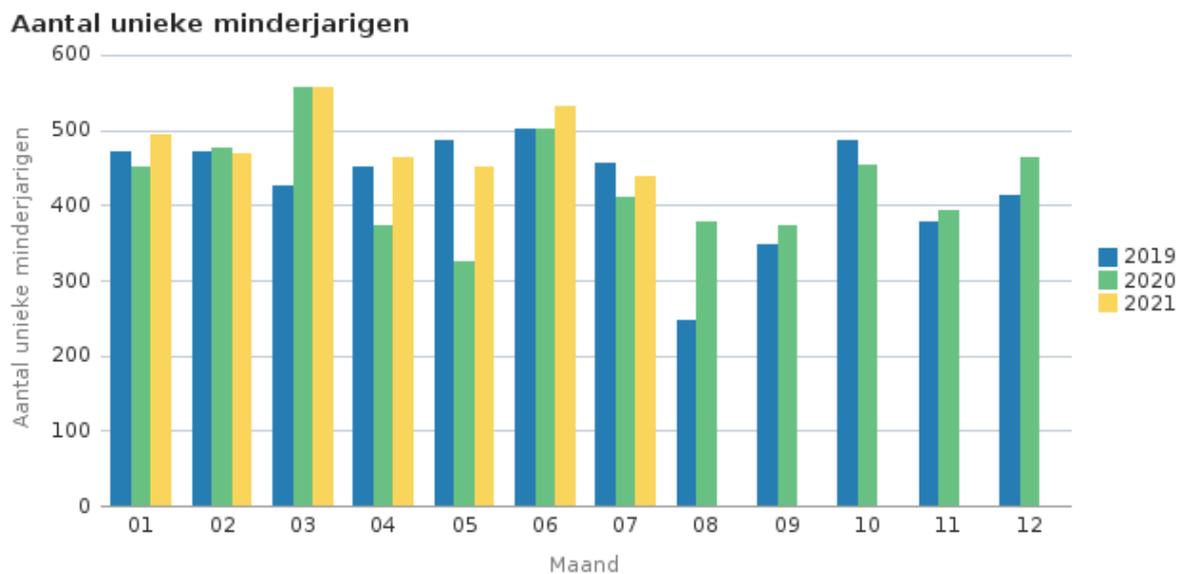


Figure 4: Number of unique trajectories for minors for whom an application was made for support at a youth support center every month.

1.2. Motivation barometer

At the beginning of the COVID-19 crisis the universities of Gent (UGent), Leuven (KU Leuven), Louvain-la-Neuve (UCLouvain) and Brussels (ULB), together with Sciensano, the Belgian Cabinet of Public Health and the Norwegian University of Science and Technology (NTNU) created the Motivation Barometer⁵. They realized quickly that this crisis was not only going to be a sanitary crisis, but also a psychological-motivational crisis. They created a survey, the motivation barometer, to get more insight into the psychological consequences of the COVID-19 crisis.

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, they examined the relationship between number of days distance education and the psychological needs and the motivation for school. As can be noticed in figure 5, 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.

⁵ <https://motivationbarometer.com/en/>

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

The Motivationbarometer

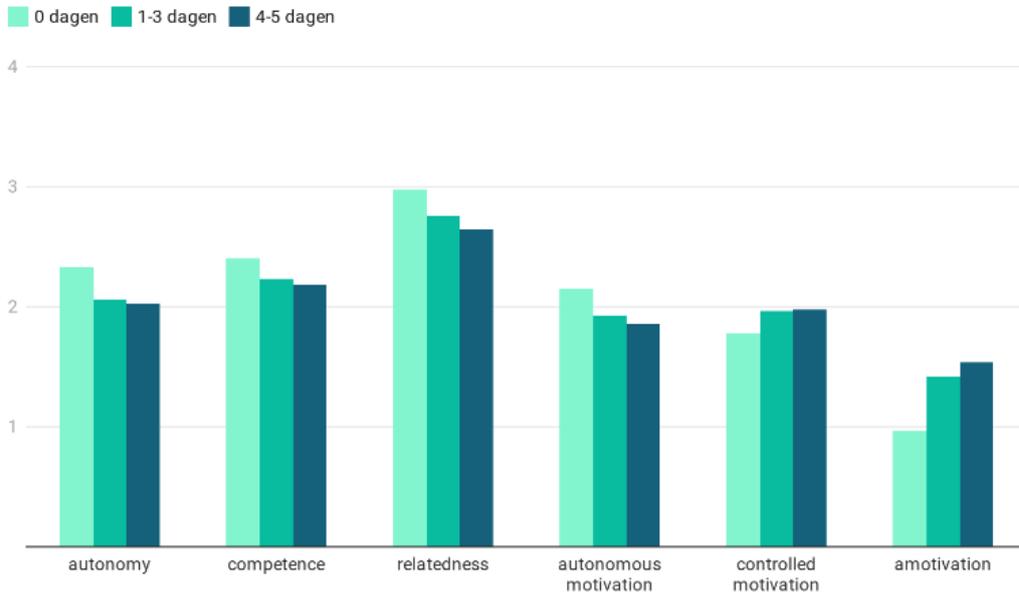
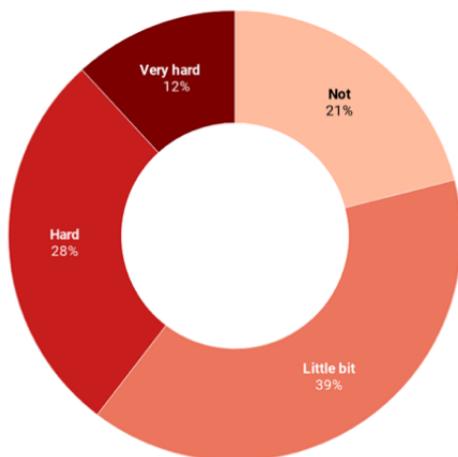


Figure 5 : Psychological functioning and motivation for school as a function of quantity distance education

In the second subsample, they 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.

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

Motivationbarometer



To what extent are you able to follow education

Motivationbarometer

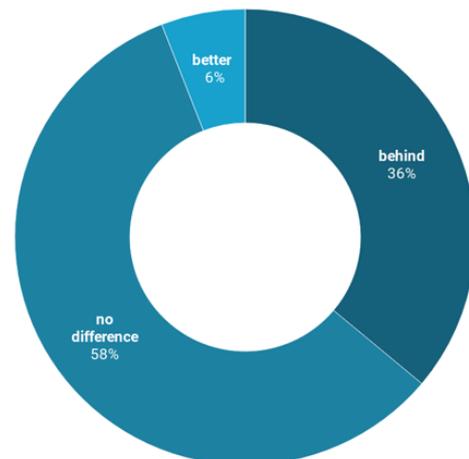


Figure 6: How hard is it to hold on to the distance education?

Figure 7: To what extent are you able to follow education?

Next, they questioned to what extent students were up to date with their school work compared to the rhythm of the distance education (figure 6). 36% of the adolescents reported to be behind and 58% reported to experience no difference with the regular education system.

Based on the 12-item CES-D (measuring depressive symptoms), the researchers were able to compare a total sum score (for those who completed all items) with the norm scores accompanying the CES-D (figure 8). 44% reported to have somewhat elevated depressive symptoms and 33% of the adolescents reported to have very elevated depressive symptoms.

Depressive symptoms

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

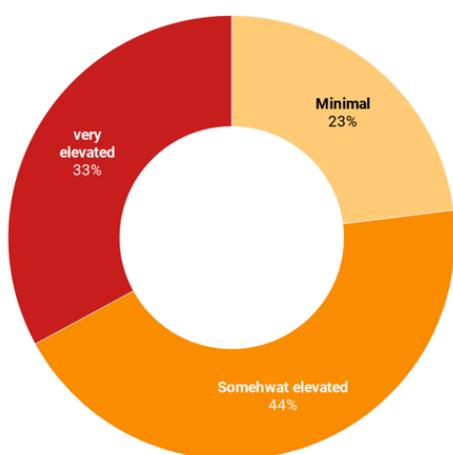


Figure 8: Depressive symptoms

2. Adolescents and emerging adults

2.1. The student experience in the time of COVID.

Reseachers of UCLouvain and ULB conducted a survey among higher education students of the FWB (Fédération Wallonie-Bruxelles) from 22/02/2021 until 05/03/2021⁶.

Characteristics of the survey

The sample consisted of 23.307 participants aged 18 to 25 (out of a total of some 220.000 students). While it was predominantly female (69%), it was similar to what was found in the data from the Academy of Research and Higher Education (ARES, 2016-2017) in terms of gender, origin, types of institution and years of study. A total of 6 universities, 19 colleges and 16 colleges of arts were informed about the study via the office of the Minister of Higher Education, which provided the link to access the electronic questionnaire. The

⁶ Authors: Fabienne Glowacz (ULiège), Olivier Klein (ULB), Olivier Luminet (UCLouvain) Vincent Yzerbyt (spokesperson promoter, UCLouvain, vincent.yzerbyt@uclouvain.be, 0473 41 10 82)

sociodemographic questions, those concerning depression and anxiety and those concerning the strategies used to cope were presented to all respondents. For the remaining four components (mental health excluding questions for all, hardship, health measures, and discharge prospects) each respondent was presented with two of the four components randomly. All respondents finished with the post-crisis learning questions.

Mental health

Students had very high anxiety and depression scores, with 50% and 55% suffering from clinically significant, proven symptomatology, respectively (HAD Scale⁷). Those most at risk were women, students pursuing a bachelor's degree, and students in graduate schools of the arts. While the student population scores usually higher on these indicators than the general population, the increase here was very noticeable even compared to the very beginning of the pandemic (in a study of 723 HE students conducted in April 2020⁸) where there were 33% and 35% of students with documented anxiety and depressive symptomatology, respectively.

11% of students report having had suicidal ideation often or very often in the past month and 9.5% report having had occasional suicidal ideation (figure 9). 11% of students report having occasionally or often engaged in self-injurious behavior. A majority of students (61%) indicated that they felt a strong sense of isolation and loneliness, sleep disorders (62%) and appetite disorders (61%). There is a high prevalence of a feeling of loss of hope for the future (nearly 40%).

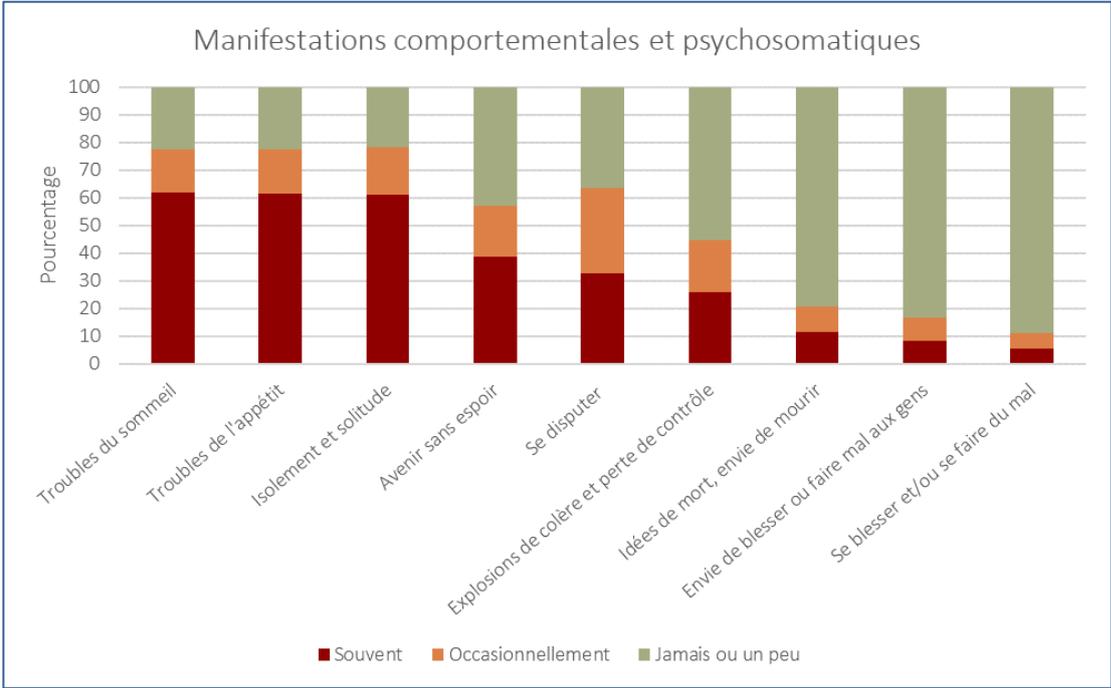


Figure 9: Behavioural and psychosomatic symptoms, students

⁷ Stern, A. F. (2014). The hospital anxiety and depression scale. Occupational Medicine, 64(5), 393-394

⁸ Glowacz & Schmits, 2020

Emotionally, anger is the most common feeling reported by students (61% occasionally or often), and happiness the least common (13%) (figure 10).

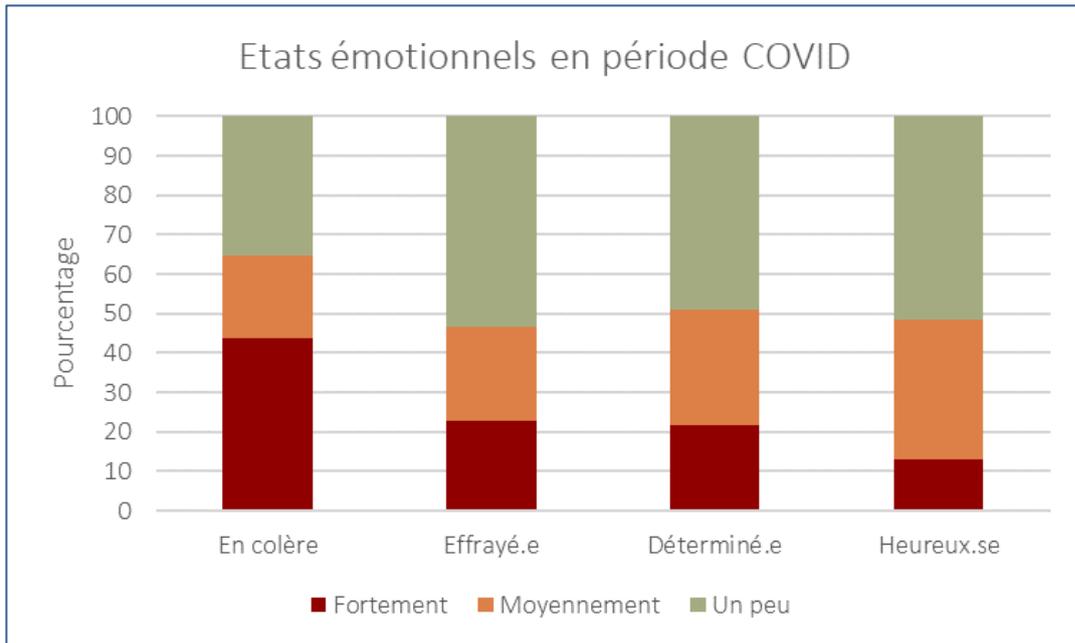


Figure 10: Emotional states during COVID-19 period, students

The majority of students reported being dissatisfied with the quality of their physical activity (70%) and sleep (60%). Nearly half of students were dissatisfied with the quality of their diet. 43% of students were very concerned about their health, but 55% said they were not worried about getting sick.

A large majority of students were satisfied with their relationships with their partner (73%), family (60%), and friends (51%), while almost 50% reported being dissatisfied with relationships with other students and academic staff. The lack of relationships with other young people, lack of motivation, lack of sports, cultural and festive events, absence or reduction of face-to-face classes, feeling of uncertainty in their professional future and loss of meaning are the factors that, according to the students, influence their psychological state the most. 15% reported having used psychological counselling and/or support services since the beginning of the crisis, and two thirds say they are satisfied with them. 18% had not sought counseling but intended to do so.

Health measures

The wearing of masks was particularly well respected by the students. This behavior seems to have become a habit and will only require occasional reminders. Hand washing/disinfection and keeping a distance of 1.5 meters are generally well respected but awareness campaigns must be continued and the availability of soap in all frequented places of the institutions must be ensured.

The most difficult measure to respect is the limitation of social contacts. Indeed, one third of the students indicated that they have not respected (or only slightly) this measure during the last month. Major communication efforts need to be made in this area, including active student participation.

Slightly more than half (57%) of 18–25-year-olds said they would 'probably or definitely accept if given the opportunity to be vaccinated next week' (but this number is lower than in other studies such as the Motivation Barometer, with some 68% on average at the end of March 2021). A large majority of students (75%) said they support the implementation of saliva testing on campus.

Financial and academic difficulties

The current health crisis seems to have negatively affected the financial situation of almost half of the students (figure 11). A significant number of students reported difficulties meeting their needs and nearly one in four students had to be very careful with their spending. The lack of a student job for half of them was also a consideration.

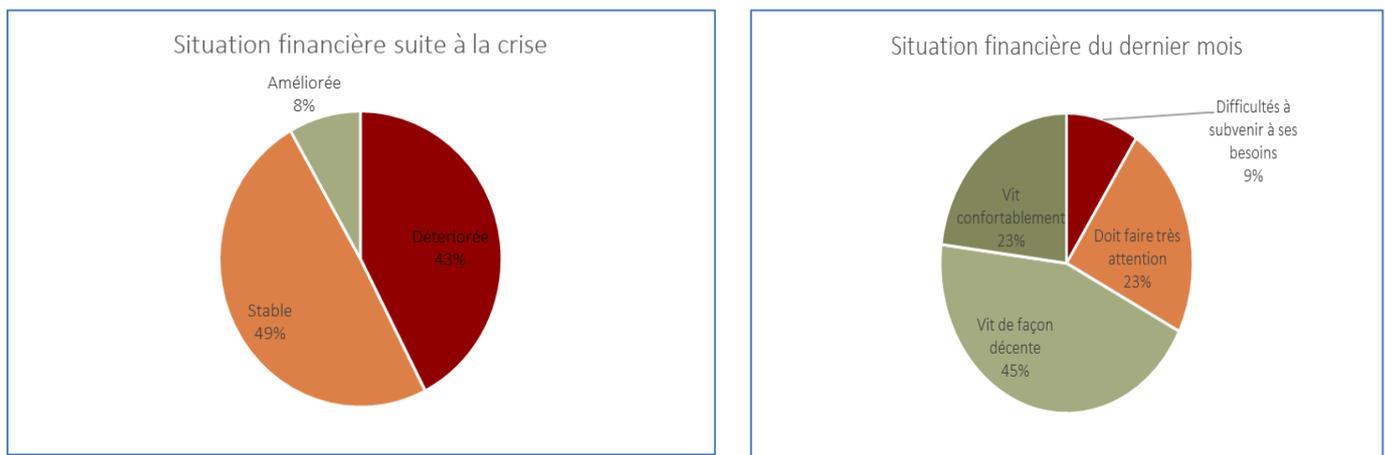


Figure 11: Financial situations of students during COVID-19

The vast majority of students have pursued a fully online or hybrid format of education, mostly online, and most indicated that they have to invest more time in their education when the courses are distance rather than face-to-face (figure 12).

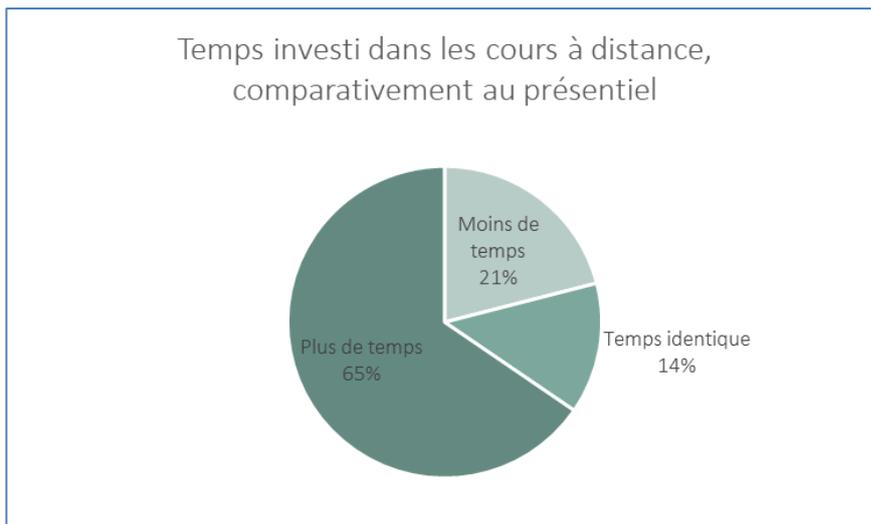


Figure 12: time invested in distance education, compared with face-to-face education

Distance learning seemed to have an impact on students' mental health: feeling mentally and physically tired (82%), lack of motivation (81%), isolation (73%). More than half have difficulty managing their stress. Many students felt like they were dropping out of school, regardless of the type of institution (figure 13). Males and students in the bachelor's years were most at risk of considering themselves a dropout. The level of feeling like a dropout does not vary by institution type.

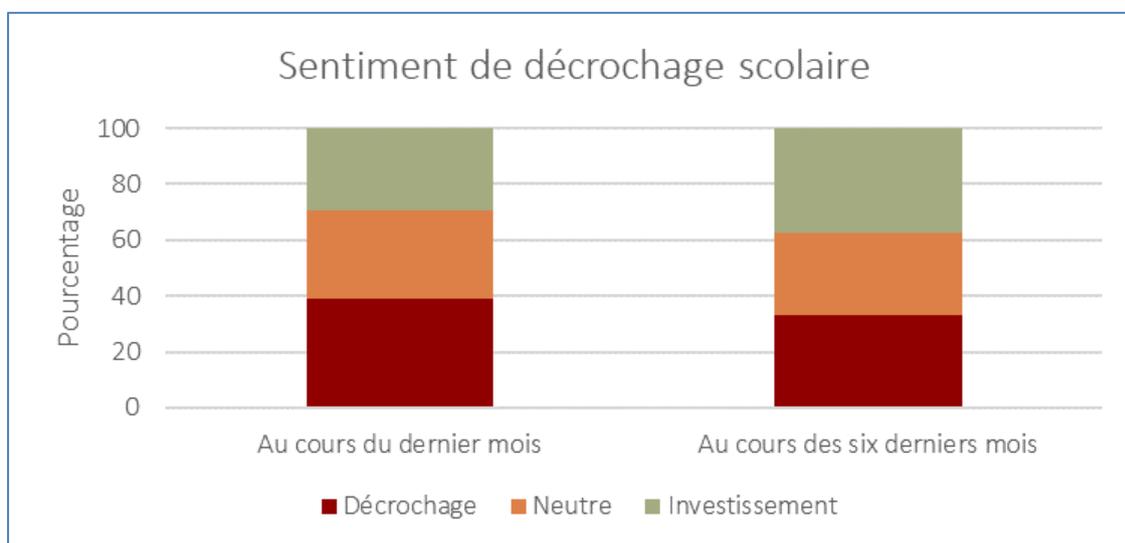


Figure 13: feelings of dropping out of school

Exit perspectives

The two priorities indicated by students are reopening campuses and returning to a social life. Next, nearly half indicated the importance of being able to continue to see family and a third indicated getting a student job as a priority. These priorities vary somewhat in terms of frequency across the different years of study. A majority of students also indicated that they

are in favour of resuming all activities related to student life, both in terms of access to buildings and the resumption of face-to-face teaching activities (figure 14).

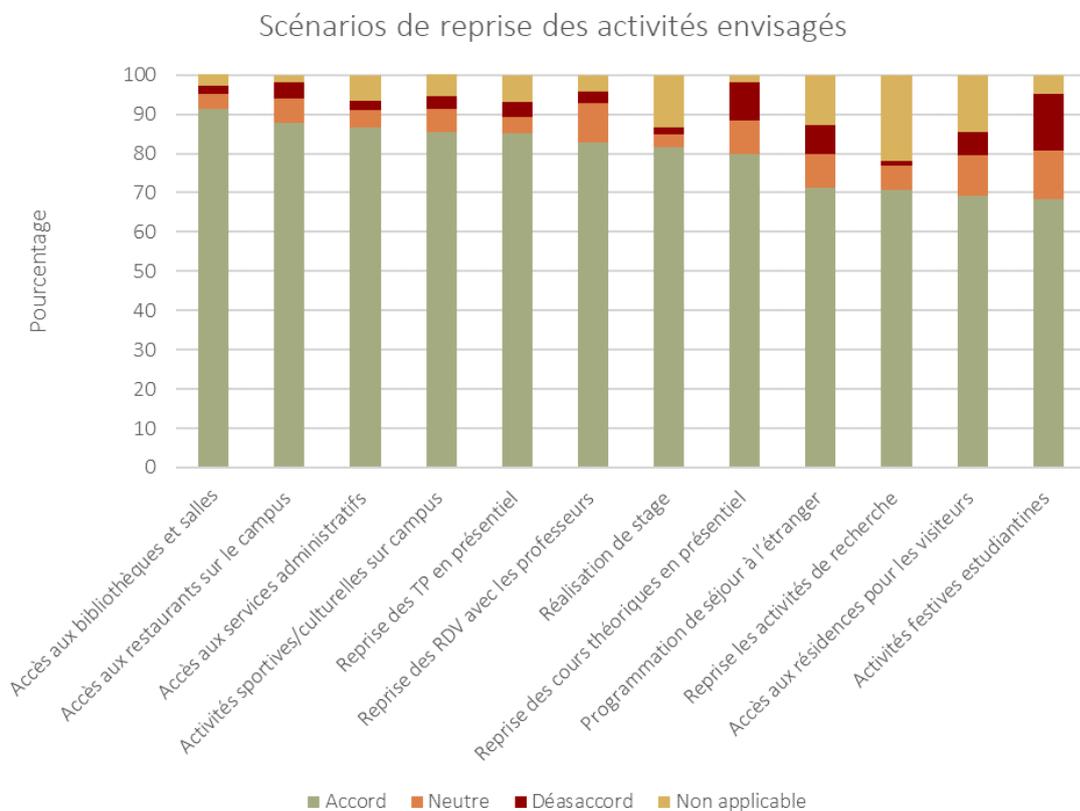


Figure 14: priorities in reopening campuses

More than 6 out of 10 students reported that their institution has put in place aids to deal with the difficulties associated with the current crisis. Being able to see other students again, having access to study spaces, opening sports halls, and maintaining face-to-face classes were the most helpful. The aspects that helped students the most during this pandemic were contact with family, social interactions at a distance and relationships with partners. The most reported learnings from the crisis were realizing the importance of student-to-student and social solidarity, developing an interest in the experiences and problems of others, supporting students who were struggling, and caring for relationships with friends and family. Students also reported learning to develop critical thinking skills.

2.2. Emotional wellbeing of KU Leuven students

The **Leuven College Surveys**⁹ are a series of longitudinal panel surveys that investigate the emotional wellbeing of KU Leuven 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 KU Leuven students). Findings showed that, during the first lockdown, 21% of the students reported a

⁹ Authors: Bruffaerts et al. 2020

severe emotional impact of the COVID-19 pandemic. Around 54% reported a mild-to-moderate impact (i.e. an impact, but only in some of the days), whereas one in four did not report an impact at all.

The longitudinal nature of the data enabled us to compare stress levels, mental disorders, and suicidal thoughts and behaviors among students across academic years. There were two elements that stood out. First, a close comparison between data from March-April 2019 with March-April 2020 showed no differences in stress levels or suicidality (figure 15 and figure 16). Second, on the level of mental disorders (i.e. the proportion of students that meet criteria for a positive screen for mental disorders), both depression and suicidal thoughts and behaviors were equally prevalent in 2020 compared to 2012-2019; the proportions of anxiety disorders were somewhat higher in 2020 compared to the 2012-2019 benchmark (i.e. 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.

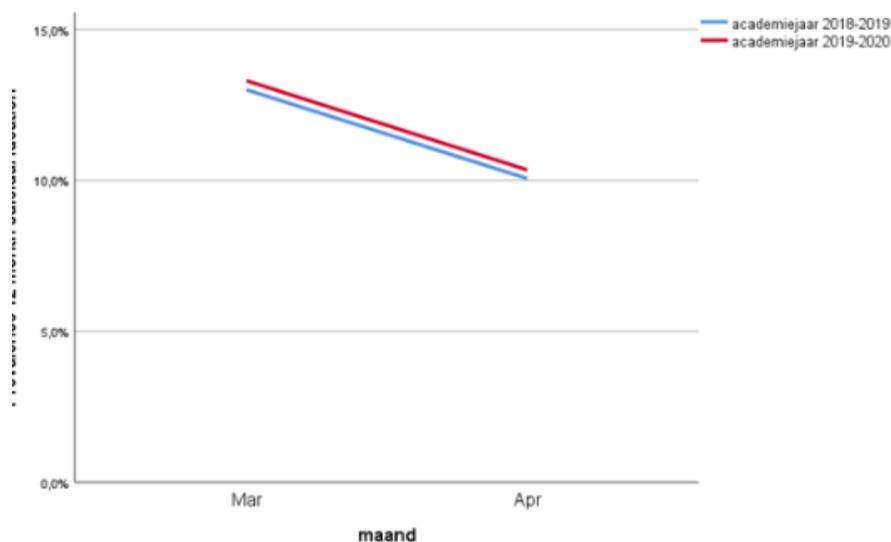


Figure 15: suicidal thoughts and behaviors among college students in March-April 2019/2020

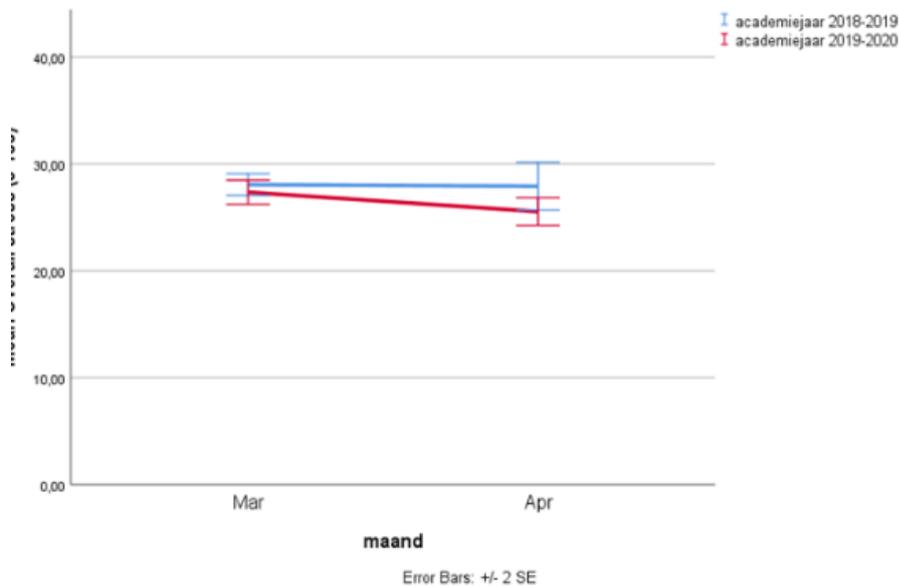


Figure 16: stress levels among college students in March-April 2019/2020.

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 COVID-19 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 COVID-19 wave on their emotional and academic functioning.

2.3. Motivation barometer

Since the beginning of the lockdown, the well-being and motivation of the population has been ongoingly monitored within the motivation barometer (see also 1.2). Across 82 waves, more than 240.000 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 (figure 17), 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).

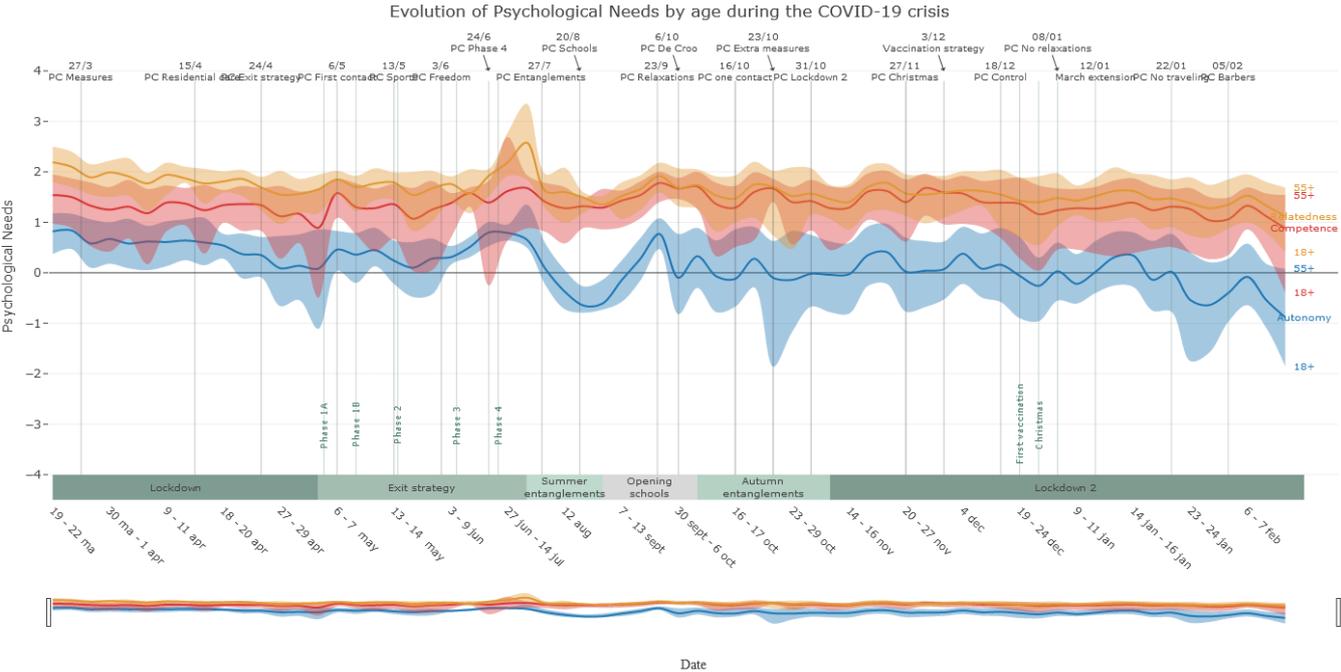


Figure 17: evolution of psychological needs by age during COVID-19 crisis.

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 (figure 18). 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.

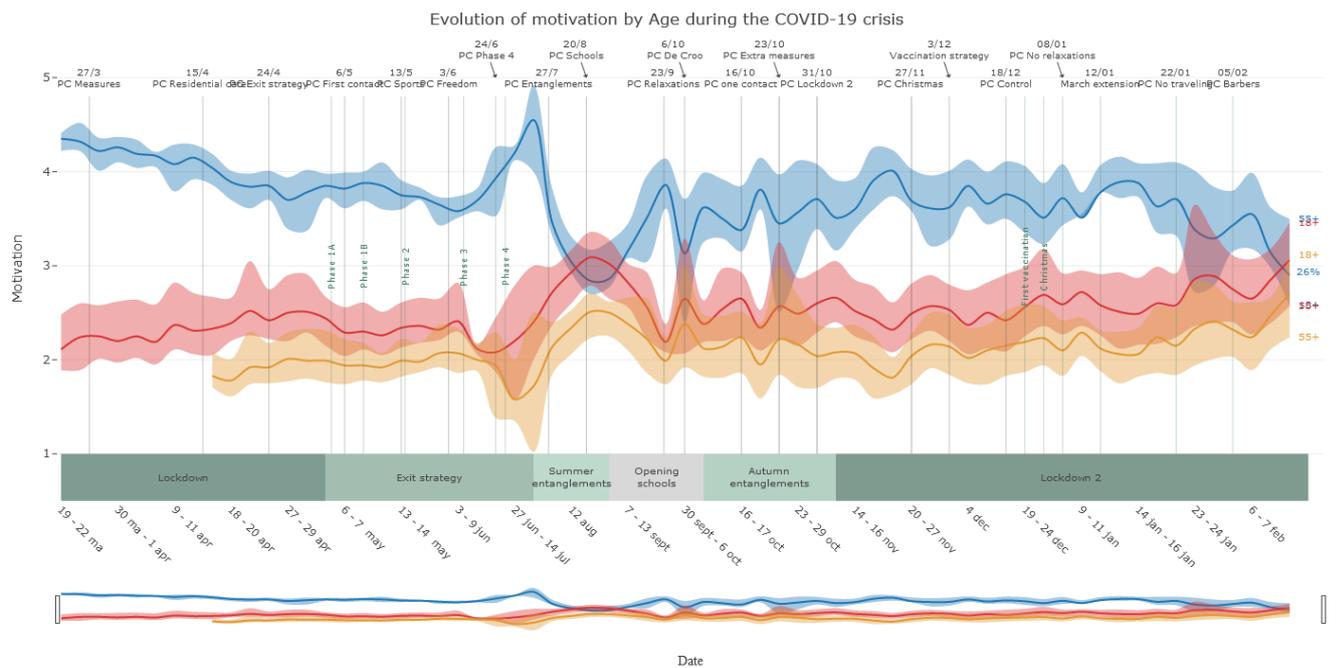


Figure 18: evolution of motivation by age during COVID-19 crisis

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.

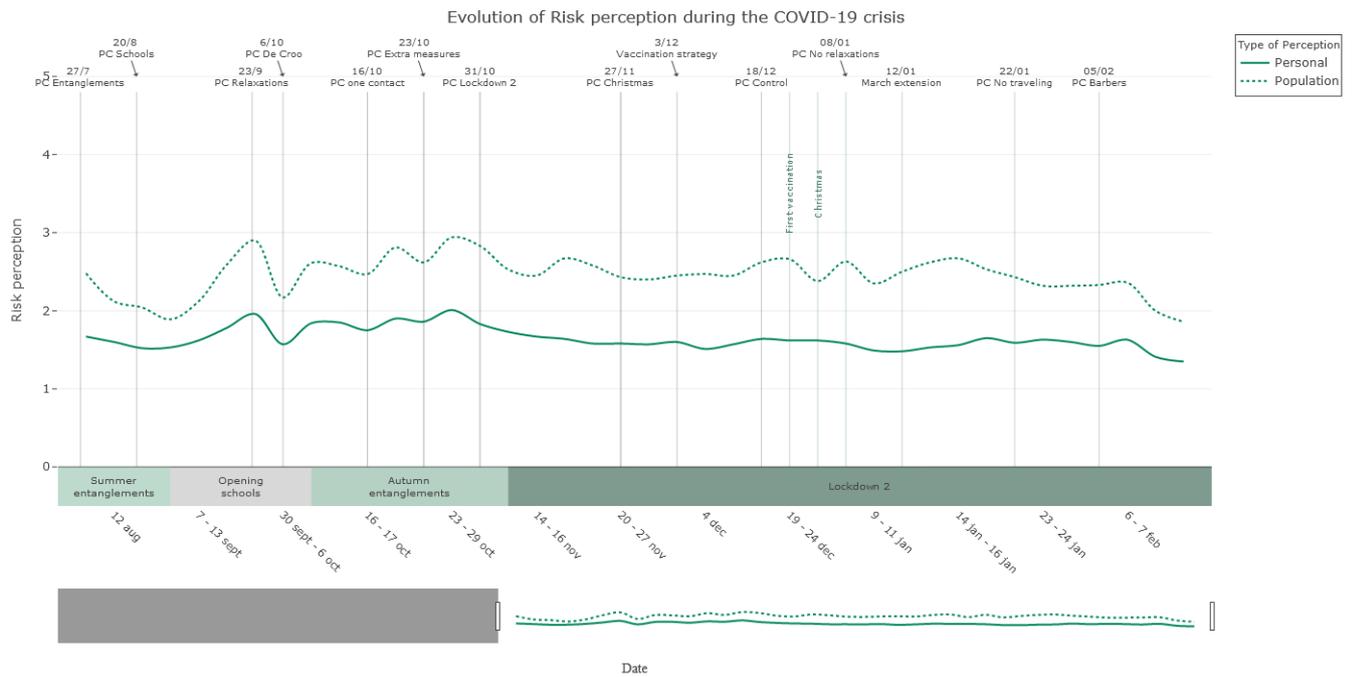


Figure 19: evolution of psychological needs by age during COVID-19 crisis

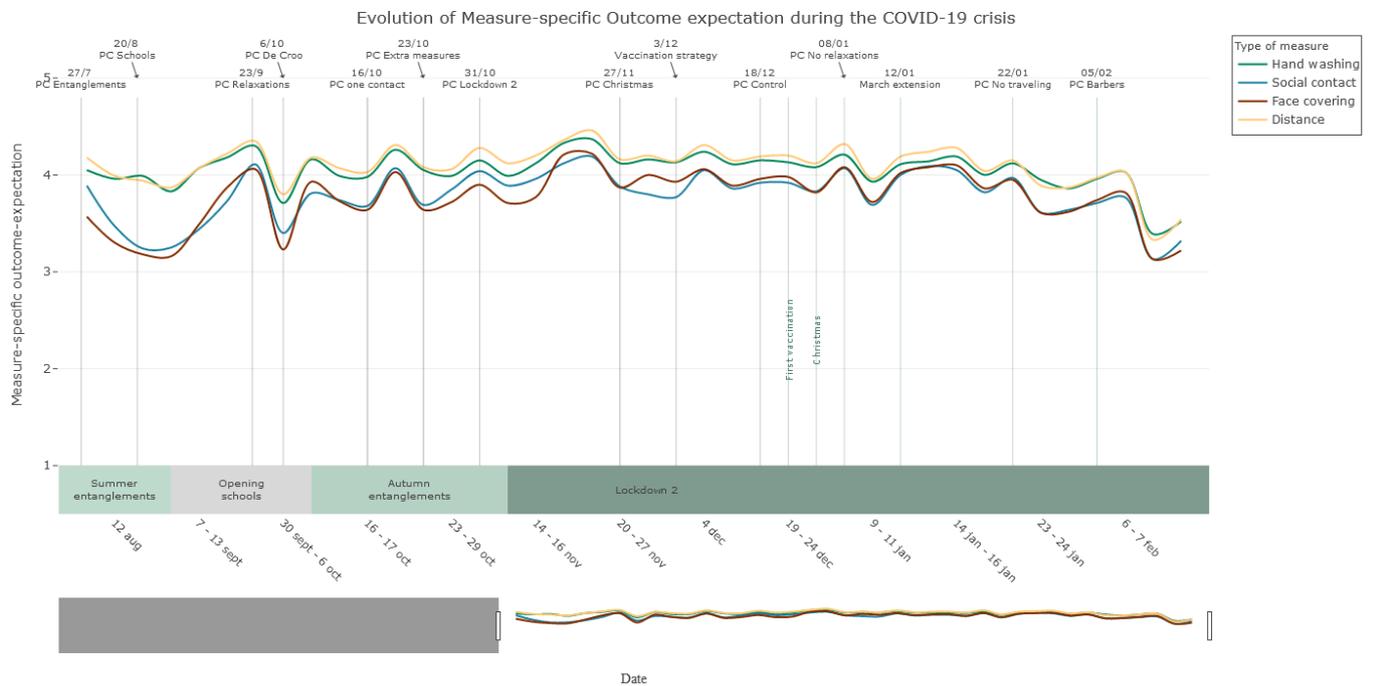


Figure 20: evolution in outcome expectations throughout the crisis

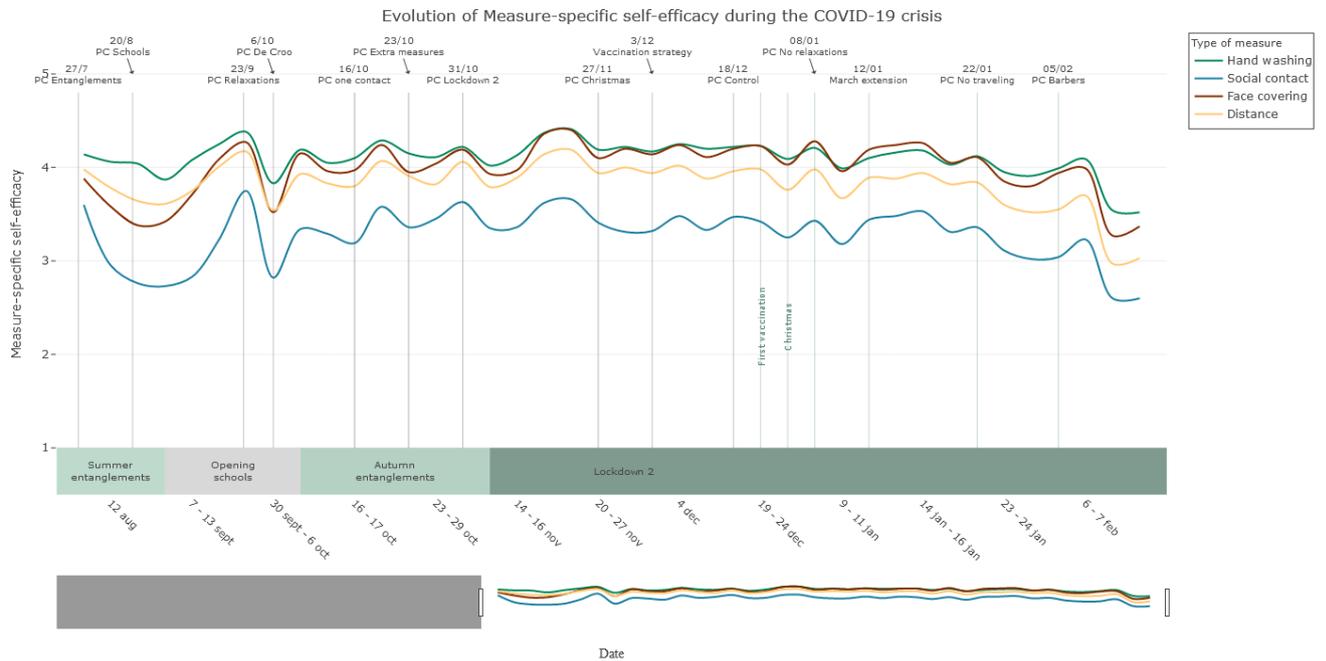


Figure 21: evolution in self-efficacy throughout the crisis

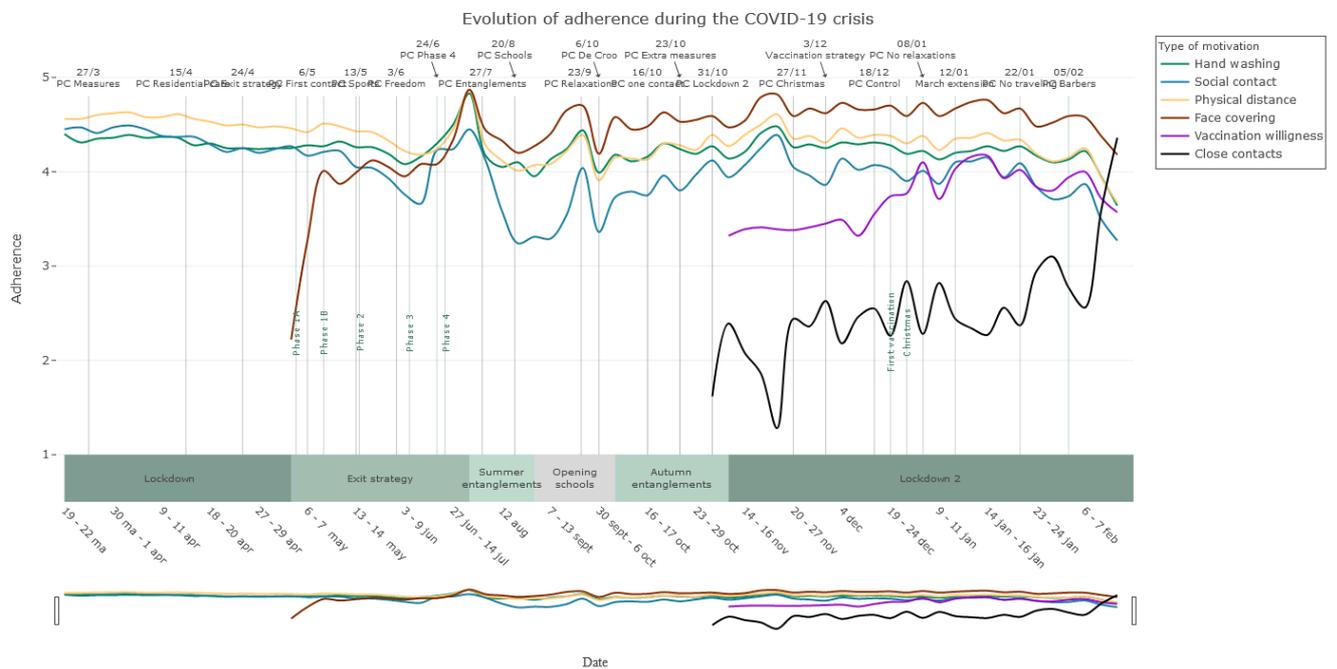


Figure 22: evolution in adherence

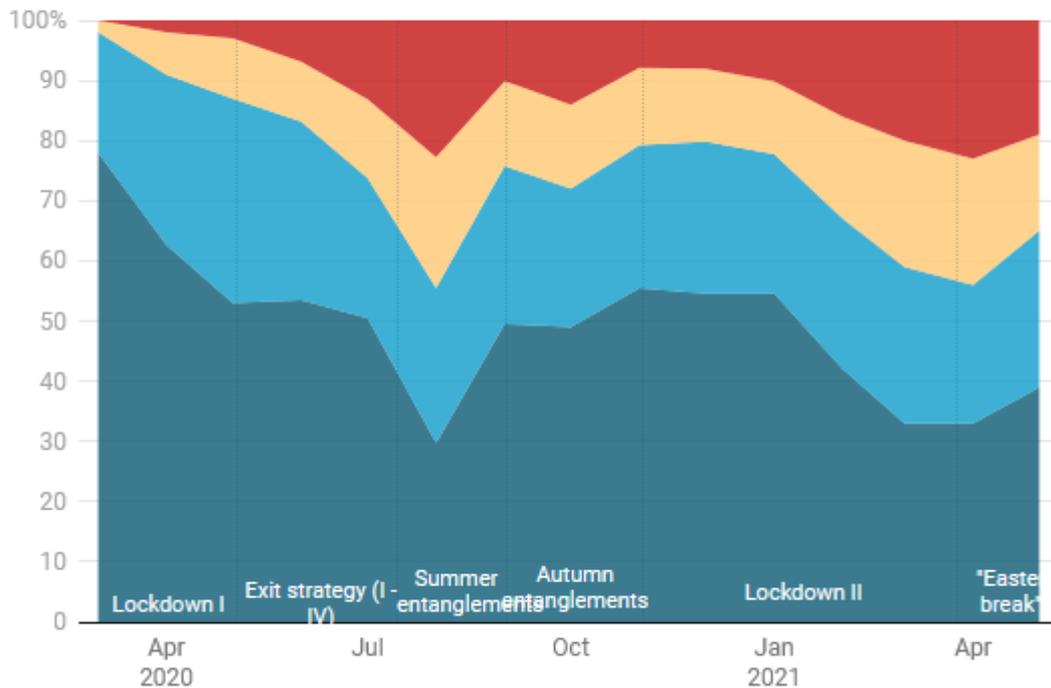
As of the latest update of the motivation barometer (17th of May 2021) the motivation of people seemed to be rising again slowly.¹⁰

¹⁰ <https://motivationbarometer.com/en/evolutes/>

The Motivation Barometer

According to four levels:

■ High ■ Moderate ■ Low ■ Very low



Latest update: May, 17, 2021

Data is weighted by gender, age group, education level and region.

Figure 23: Evolution of motivation as measured over the 82 waves of the motivation barometer

2.4. Mental health of young people in COVID times

In an open letter 'Mental health of young people in COVID times', several professors indicated 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.

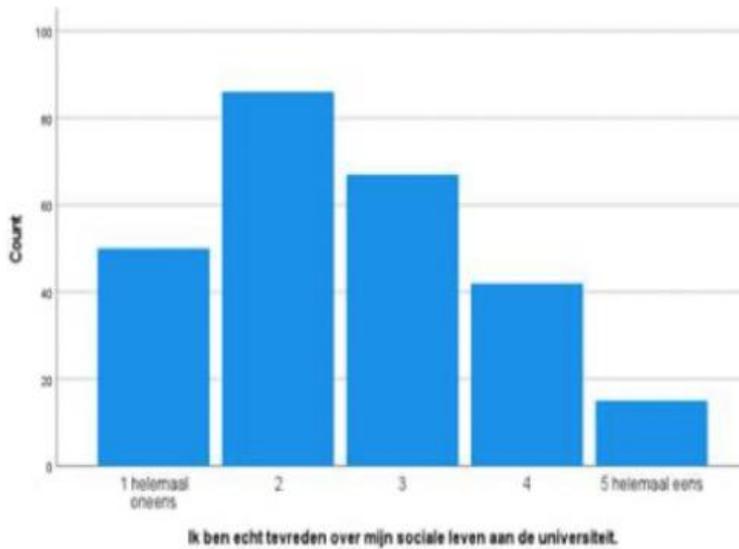
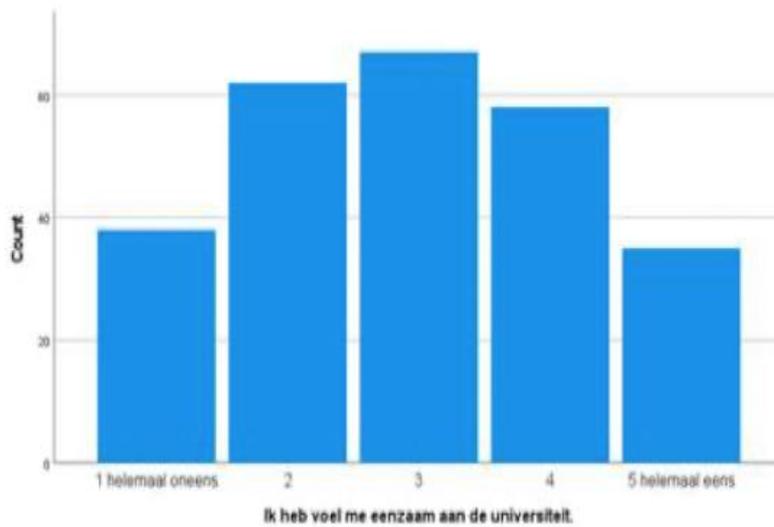


Figure 24: social interactions in young adolescents

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.

2.5. Great Corona Study: general mental health, resilience, loneliness

The Great Corona Study^{11,12} (GCS) has been monitoring the Belgian population since 17th March 2020 over 41 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 nearly 20.000. The survey was predictive of the incidence of detected infections in Belgium¹³. 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 25), as well as scores per item on the General Health Questionnaire (figure 26). Figure 27 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 27 and 28 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.

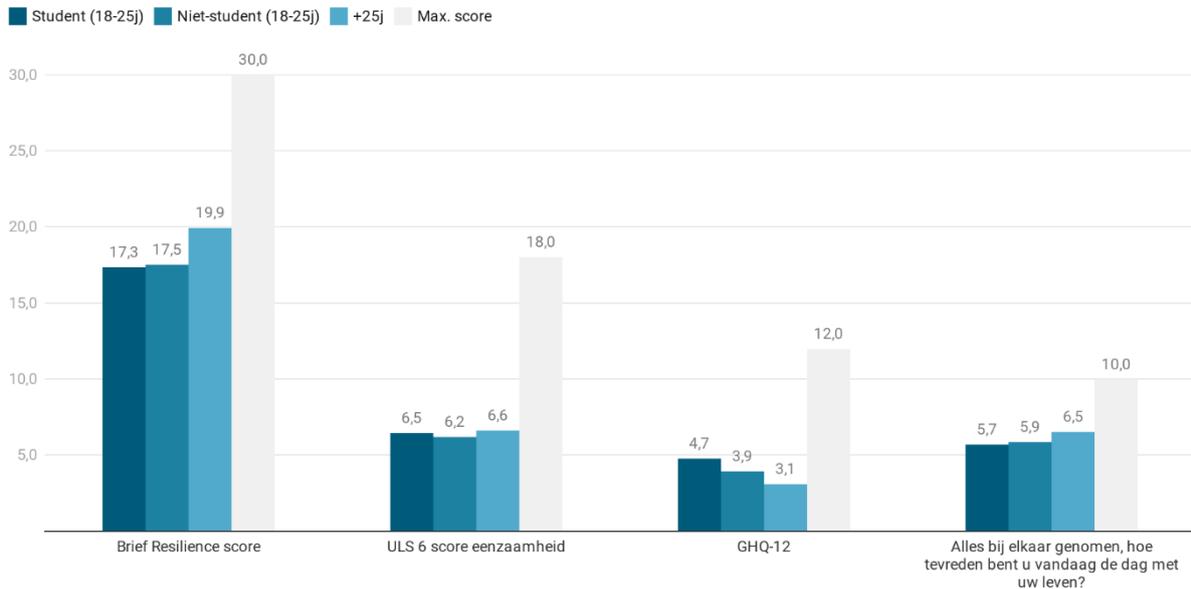
¹¹ www.corona-studie.be

¹² 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/>

¹³ Neyens et al, 2020

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

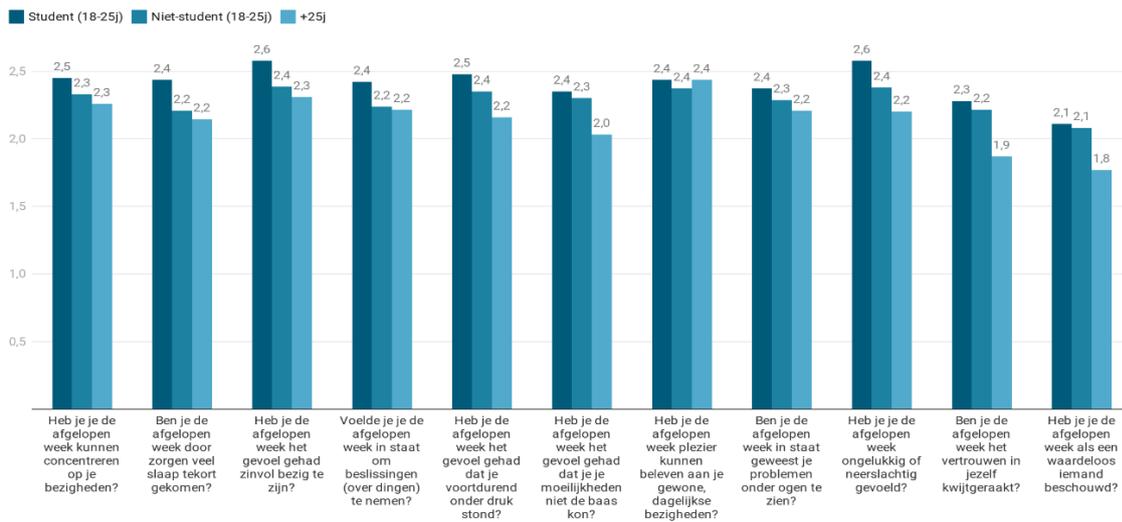


Grafiek: UAntwerpen - UHasselt - KU Leuven Grote Corona studie 2020-2021 - golf 30 (gewogen data) • Bron: UAntwerpen • Gecreëerd met Datawrapper

Figure 25: 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 26: 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)

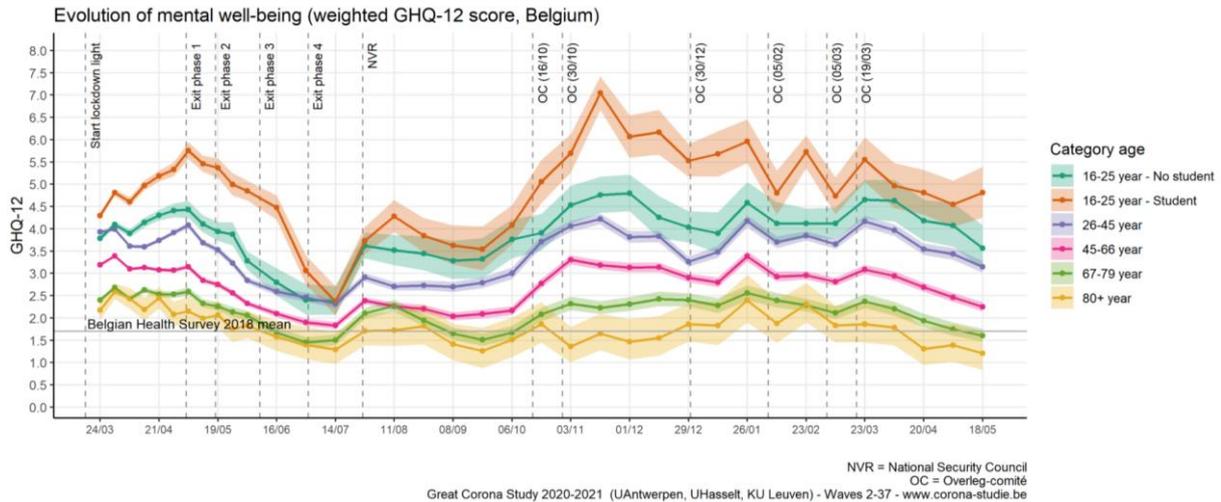


Figure 27: Evolution of mental wellbeing as monitored by the General Health Questionnaire (GHQ-12) from Wave 2 (17th March 2020) up to Wave 30 (23th March 2021) of the Great Corona Study with confidence intervals

One of the main discussion points and part of the advices from the HGR focused on providing more and sufficient capacity in Mental Health Care for the general population and specific risk groups like young adults. In the GSC they already asked in early October 2020 about seeking psychological support related to the corona crisis. These questions were repeated in Wave 33 on 23rd March 2021 (figure 28). Last time, 11.4% has consulted psychological care due to the Corona crisis compared to 9.23% on October 6.

33.9% indicated having sought psychological care in the past. Of those who have consulted psychological care due to the Corona crisis, 68.9% did this for the first time. Therefore, seeking support for the Corona crisis is not directly related to having sought psychological support before. We observe in the figure above also a clear age gradient in respondents seeking care overall, and additional respondents seeking care since October 2020.

Have you sought any psychological support in the last year (since the beginning of March 2020) because of the corona crisis?

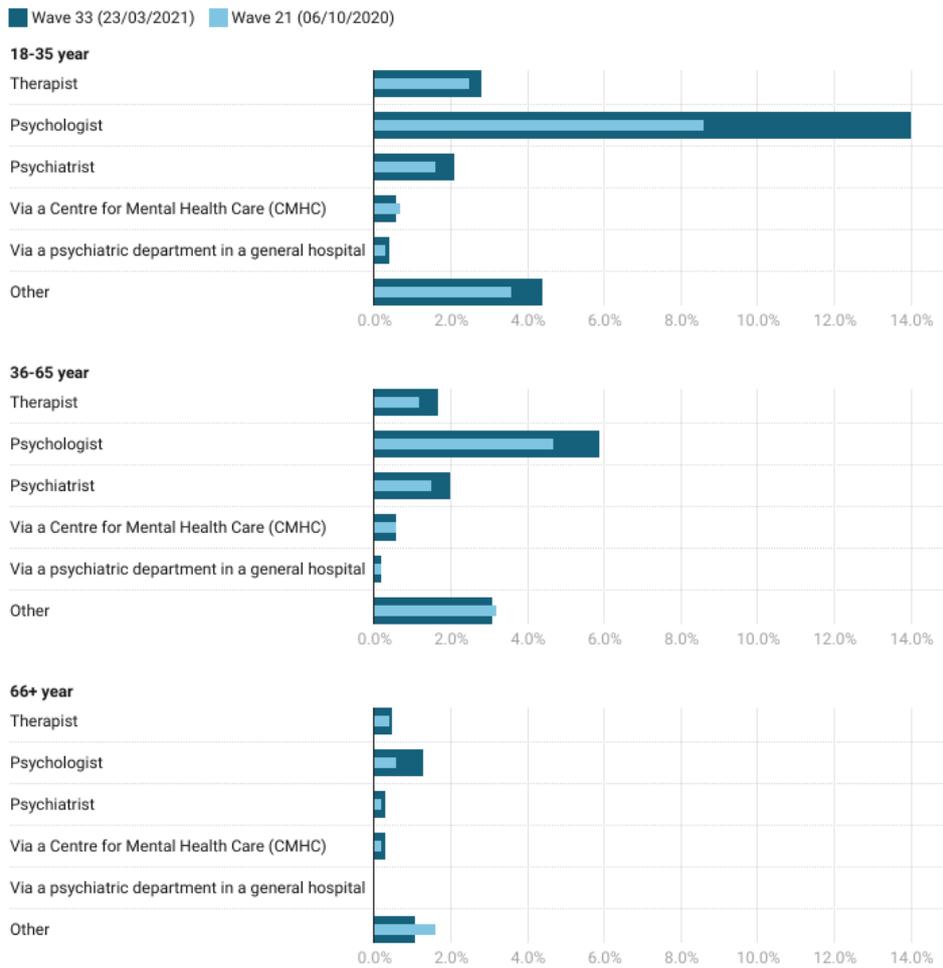


Chart: UAntwerpen - UHasselt - KU Leuven Great Corona Study 2020-2021 - wave 21 & 33 (weighted data) - Source: UAntwerpen - Created with Datawrapper

Figure 28: Great Corona Study (Wave 21 and Wave 33), having sought psychological support in the last year due to COVID-19

We also surveyed how long respondents had to **wait for their first appointment**, where bottlenecks in the capacity of mental health care can be viewed in the figure below (figure 29).

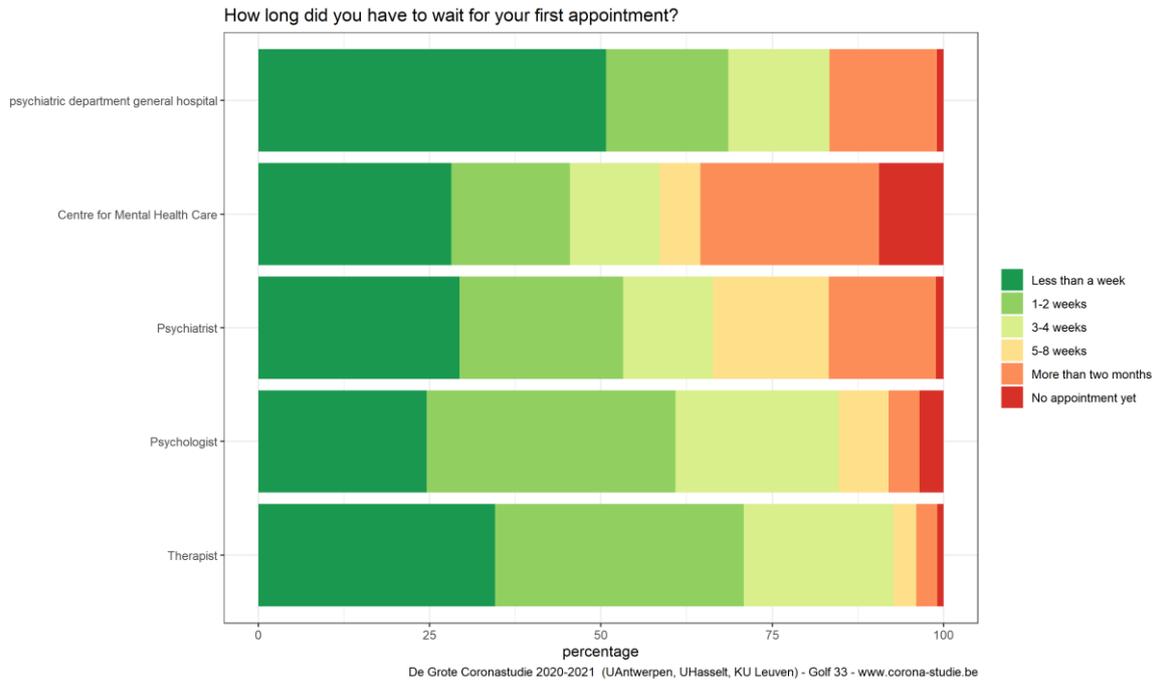


Figure 29: Great Corona Study (Wave 33), indicated waiting time to get a first appointment

The GCS also collected information on **delayed care over the last three months**. The figure below (figure 30) shows for health problems considered by the respondents as potentially life threatening, that there is a substantial increase in respondents indicating that they delayed psychiatric and psychological care, and that this increased substantially compared to when this question was asked on 5th May 2020, at the start of the exit out of the first lockdown.

Type of delayed care (% for a life threatening condition)

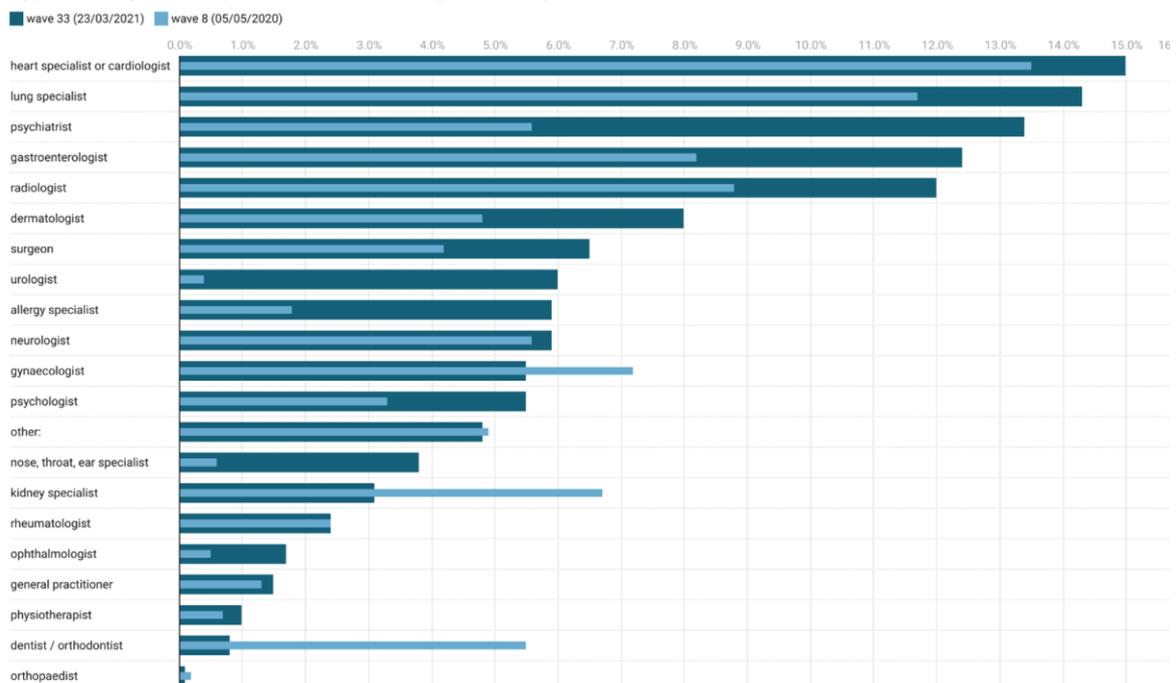


Chart: UAntwerpen - UHasselt - KU Leuven Great Corona Study 2020-2021 - wave 8 & 33 (weighted data) - Source: UAntwerpen - Created with Datawrapper

Figure 30: Great Corona Study, delayed care over the last three months

3. Adults

3.1. Great Corona Study

The GCS shows that in addition to age, sector of employment has an important impact on the evolution of mental wellbeing (figure 31). At the extremes we find students consistently at the worst end, and retired persons at the best end of the scale. Overall mental wellbeing has worsened since the previous wave of the Great Corona Study. Compared to other age groups, youngsters experience by far the worst mental health.

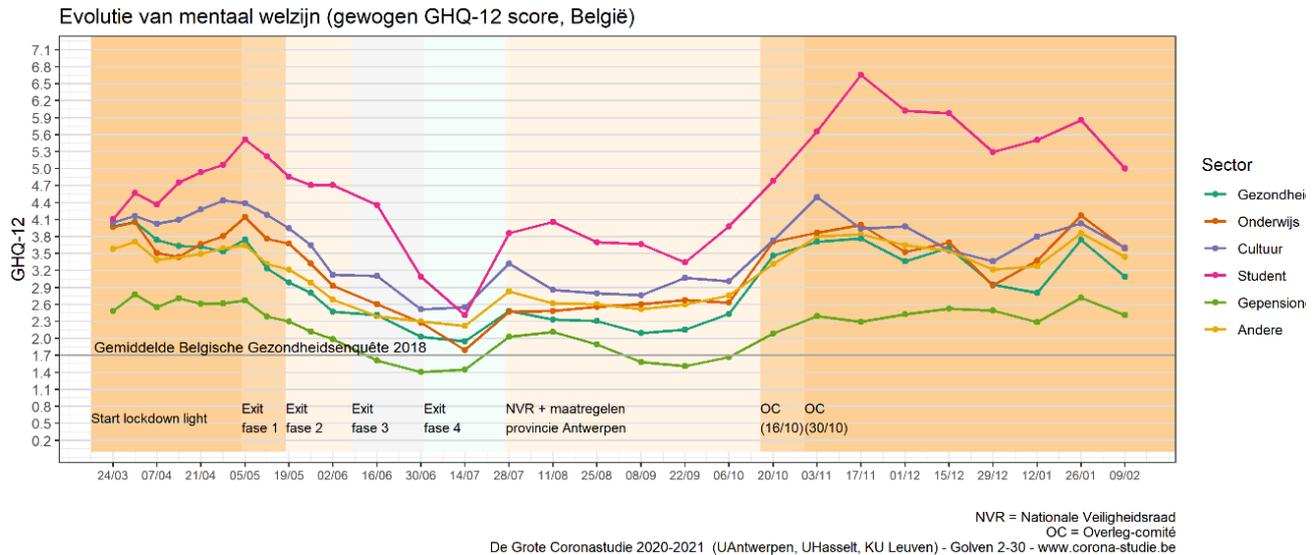


Figure 31: Great Corona Study, Evolution of mental wellbeing as monitored by the General Health Questionnaire (GHQ-12) from Wave 2 (24th March 2020) up to Wave 30 (9th February 2021) of the Great Corona Study, by sector if employment.

General Health Questionnaire (12 item 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. In the heatmap the scores are shown for the GHQ-12 (figure 32). 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 32: evolution of the GHQ-scores as monitored by the Great Corona Study from Wave 1 up to Wave 30 (9th February 2021)

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

(figure 33). 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

■ 6-12 ■ 13-18 ■ 19-24 ■ 25-30

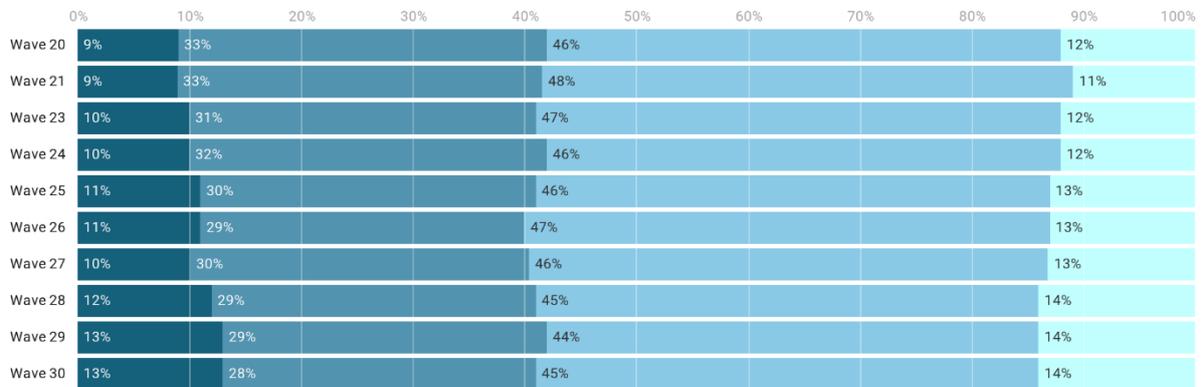


Chart: UAntwerpen - UHasselt - KU Leuven Great Corona study 2020-2021 - wave 20 - 21, 23 - 30 (weighted data) - Source: UAntwerp - Created with Datawrapper

Figure 33: 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)

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%) (figure 34).

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

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

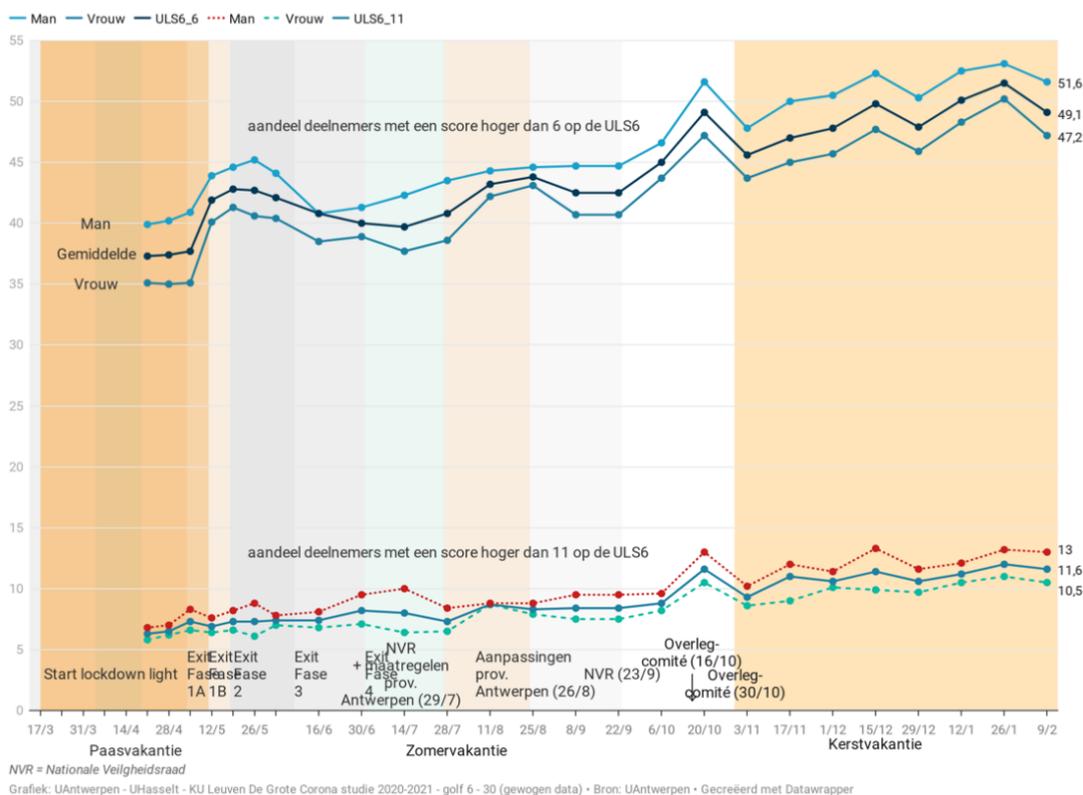


Figure 34: Evolution on the UCLA Loneliness Scale as monitored by the Great Corona Study from Wave 6 (21st April 2020) up to Wave 30 (9th February 2021) of the Great Corona Study

Last update: Results from Wave 40 (29/06/2021)

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 are still far from the level of mid-July 2020, when the impact of the pandemic was much smaller. Perhaps not unexpectedly: vaccinated respondents generally feel a bit better mentally. Perhaps partly for this reason, the over-80s as a group are again reaching their best level since the beginning of the crisis.

When looking at the evolution of our mental wellbeing, as measured by the GHQ-12, things are moving in the right direction, although we are still not at the same level as before the crisis (2018).

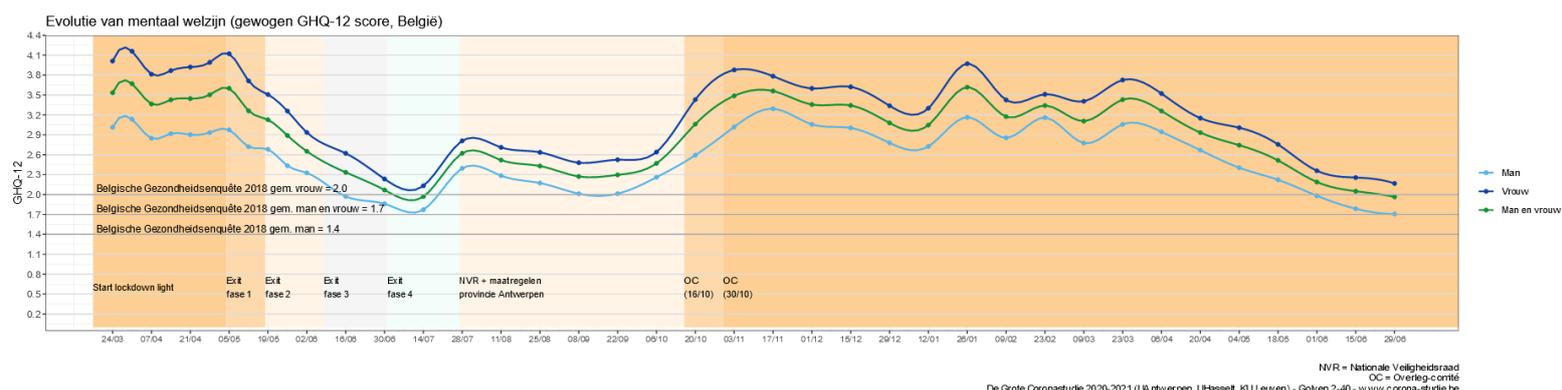


Figure 35: Evolution of GHQ-12 as monitored by the Great Corona Study up to Wave 40 (29th June 2021)

3.2. Mental health on the general population

Sciensano's **fifth** "COVID" health survey (December 2020) showed 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 (figure 36). (cf. 34.5% in the fourth health survey). 25–34-year-olds and 35-44-year-olds were most often dissatisfied with their social contacts (resp. 71% and 72%), significantly more often than all other age groups.

40.0% of the population felt weakly socially supported, a percentage that is the highest compared to all previous surveys (30.5% and 33% respectively) (figure 37). In a non-Covid19 period, this is 16% (based on the Health Survey 2018).

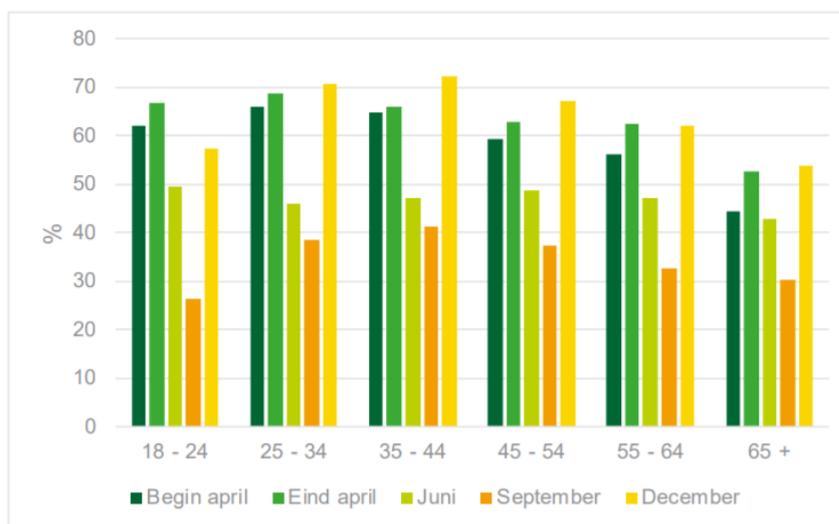


Figure 36: Percentage of the population dissatisfied with their social contacts, according to age (COVID-19-Health Survey (5e), Belgium 2020)

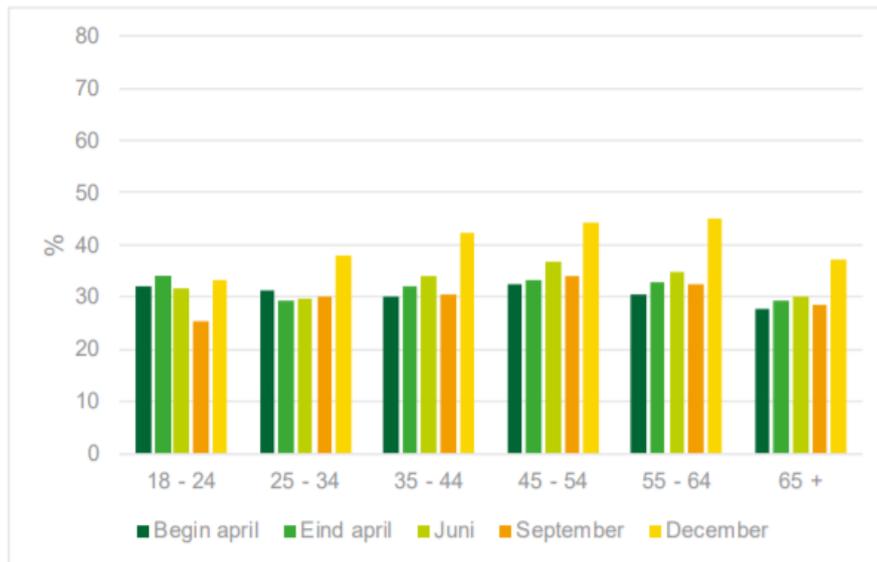


Figure 37: Percentage of the population reporting only limited social support, according to age (COVID-19-Health Survey (5e), Belgium 2020)

Anxiety disorders (23%) were more common in December than in September (18%; 4th survey) and in June (16%; 3rd survey) (figure 38). 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.

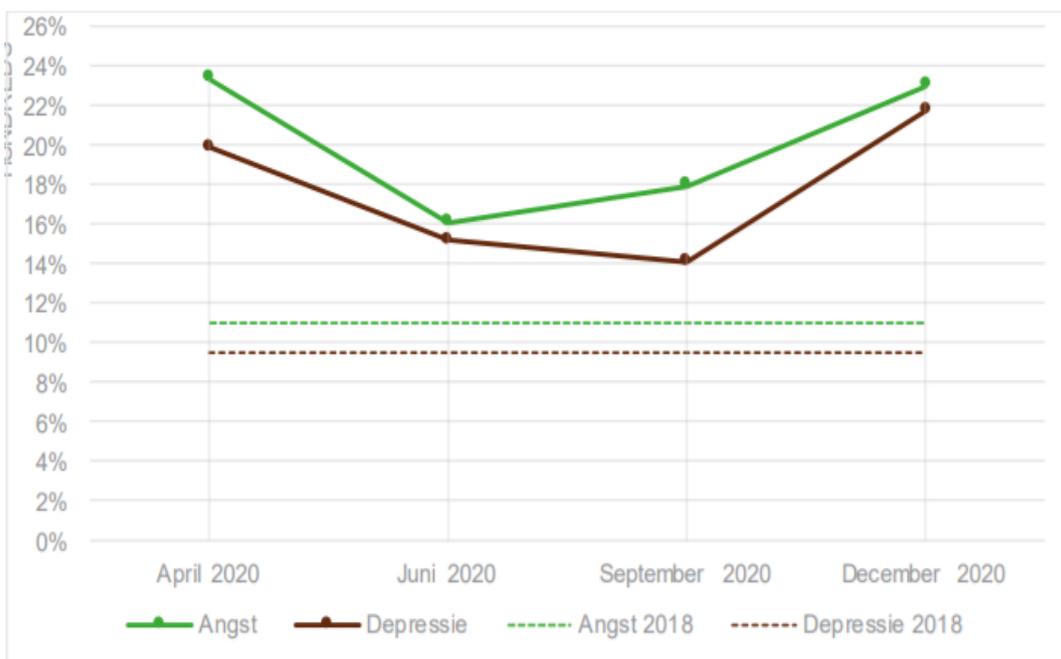


Figure 38: percentage of population reporting depression and anxiety, comparison 2018 and 2020

Anxiety disorders affect more women (26%) than men (20%) (figure 39). Significant when controlling for age. Depressive disorders also affect more women than men (23% > 21%). Not significant after controlling for age. According to the 5th 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 40).

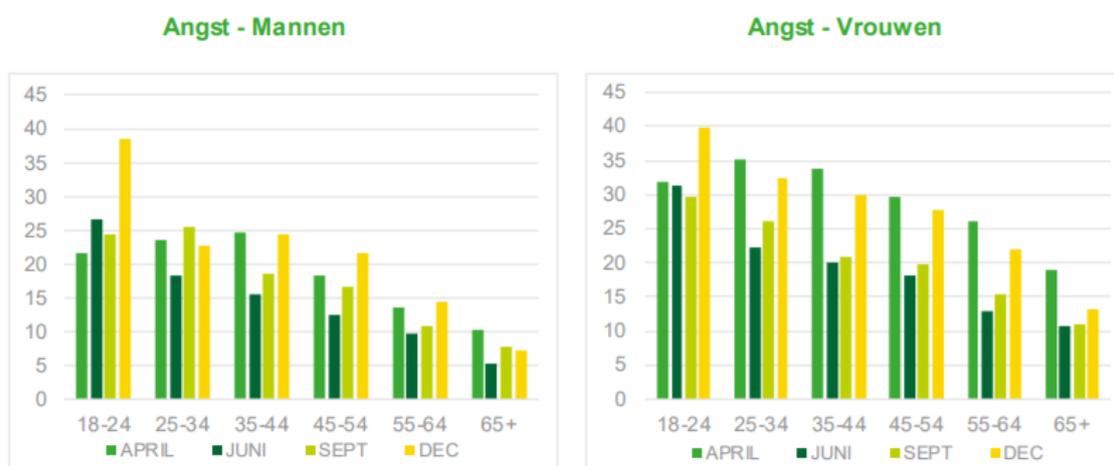


Figure 39: Percentage of the population (≥ 18) with an anxiety disorder, according to age and month of Covid-19-survey (Belgium, 2020)

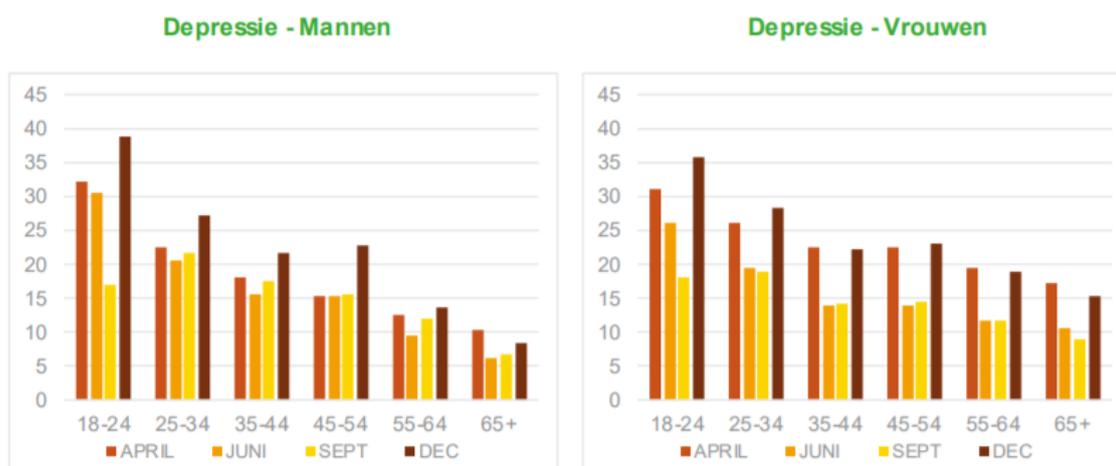


Figure 40: Percentage of the population (≥ 18) with a depressive disorder, according to age and month of Covid-19-survey (Belgium, 2020)

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 unfavorable 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).

3.3. Use of alcohol and other drugs (5th COVID-19 health survey)

In the fifth COVID-19 health survey, respondents were also asked about their alcohol and drug use (figure 41). 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 tranquillizers, social networks and the Internet, and games of chance and money.

	Begin april	Eind april	September	December
Producten :	%	%	%	%
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
Schermgedrag:	%	%	%	%
Sociale media				92,5
Internet				96,6
Video- of internet spelletjes				38,6
Kans- en geldspelen				27,6

Figure 41: Percentage of the population (≥ 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 organized just before the lockdown. For the majority of the respondents (n=1008) their alcohol consumption remained stable (figure 42). 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.

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

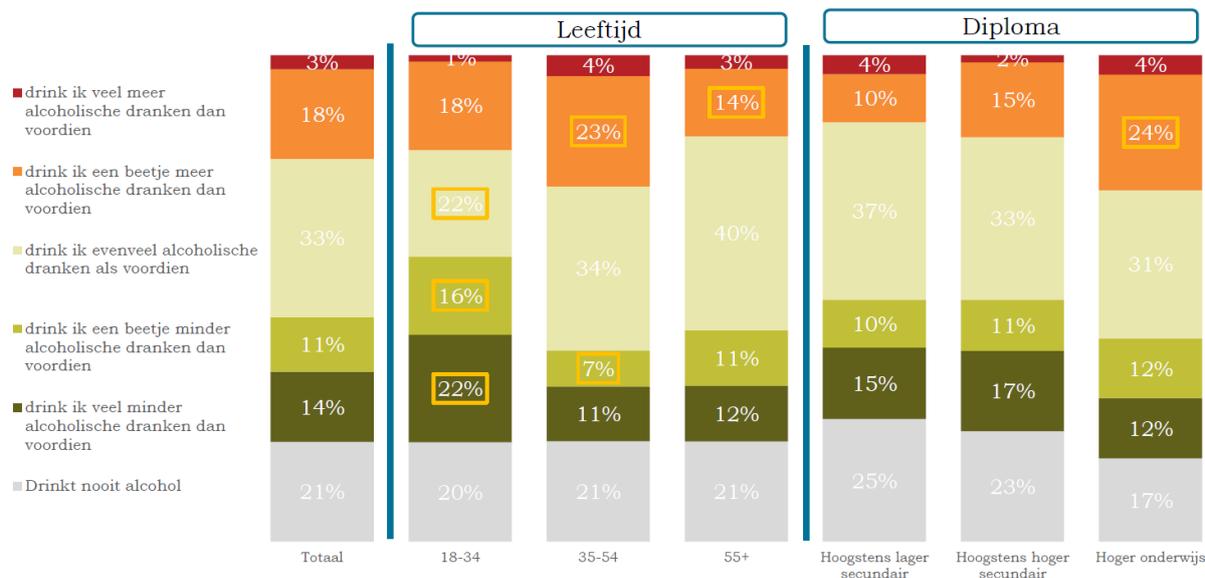


Figure 42: Percentage of alcohol use (≥ 18; self-report) since Corona measures according to age and educational level (VAD, Indiville, Bpact, 2020)

Notable was the clear association between a higher level of drinking and a worse state of mind (figure 43). 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 CORONAMAATREGELN – NAAR STRESSNIVEAU
Sinds de coronamaatregelen ingingen ...

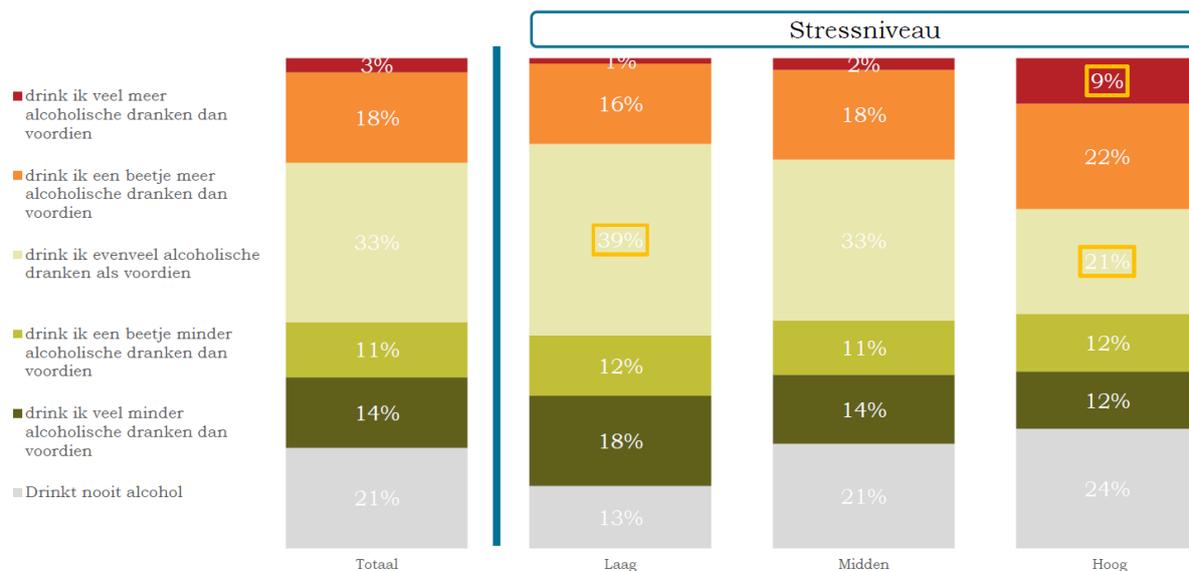


Figure 43: Percentage of alcohol use (≥ 18; self-report) since Corona measures according to stress level (VAD, Indiville, Bpact, 2020)

3.4. Analysis of response of visitors of website ledereenok.be

The numbers show that in March, April and May 2020 there were most visitors on the website ledereenok.be¹⁴. Most visitors were women older than 26.

	Total	Female	Male	18-25yrs	26-65yrs
mrt/20	2817	2065	739	199	2440
apr/20	4163	3317	846	355	3636
mei/20	1176	980	196	135	1005
jun/20	381	306	75	41	334
jul/20	272	160	112	24	242
aug/20	134	109	21	8	125
sep/20	125	105	19	13	109
okt/20	317	255	54	35	278
nov/20	469	376	88	100	356
dec/20	298	249	48	49	231
jan/21	305	259	45	49	255
feb/21	410	338	69	42	367
mrt/21	398	301	93	41	346
	n= 11.265				

Figure 44: visitors website ledereenok.be

Analysis of the responses of visitors show that levels of toxic stress are higher since the start of the lockdown (figure 45).

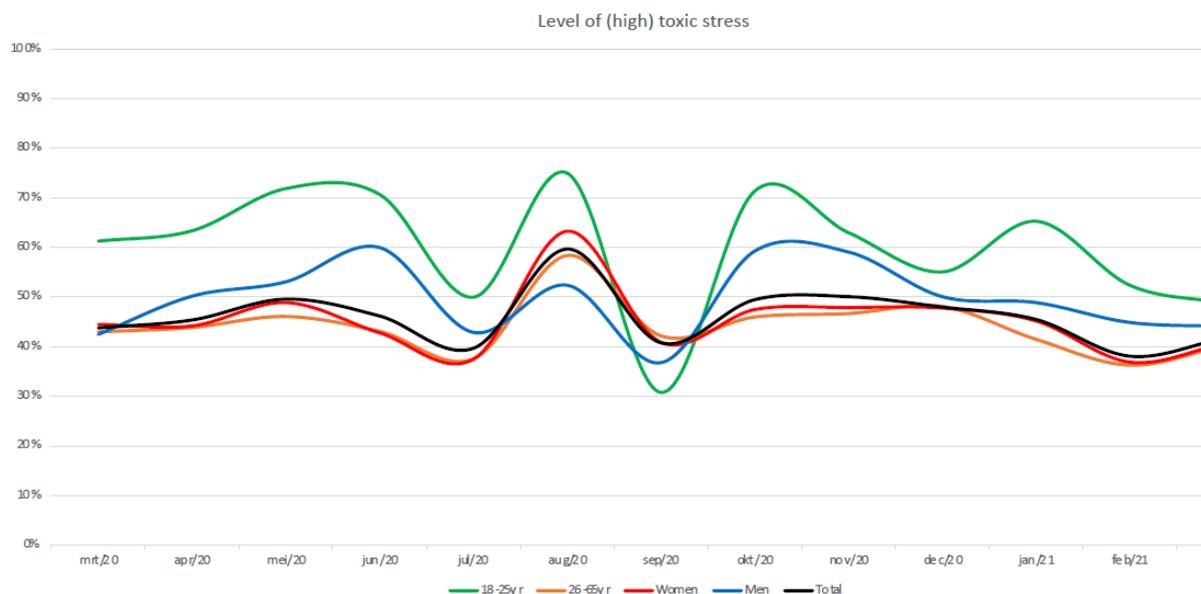
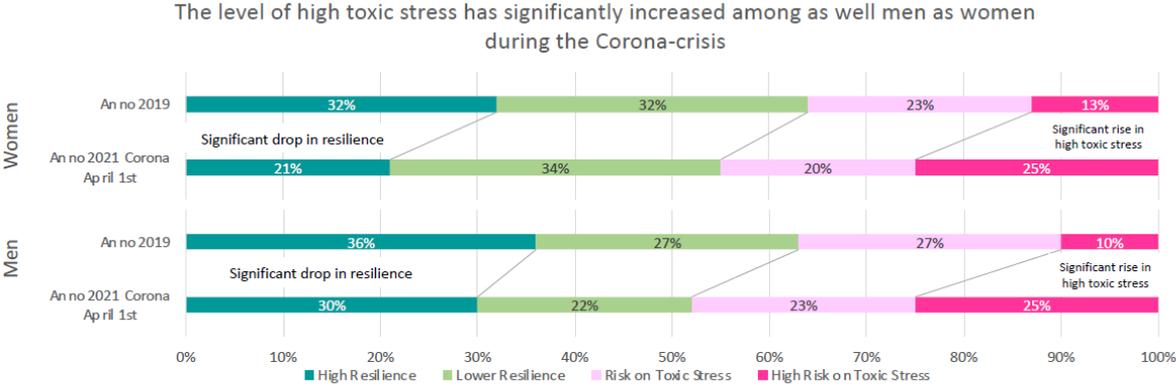


Figure 45: evolution of levels of toxic stress

¹⁴ <https://www.iedereenok.be/> Authors Vanhoof Elke et al.

The general resilience of working Belgians has declined compared to the pre-COVID-19 period (figure 46). Resilience has shifted to a larger group suffering from toxic stress. The decrease in resilience is higher in women but the risk of toxic stress has increased among as well men as women.

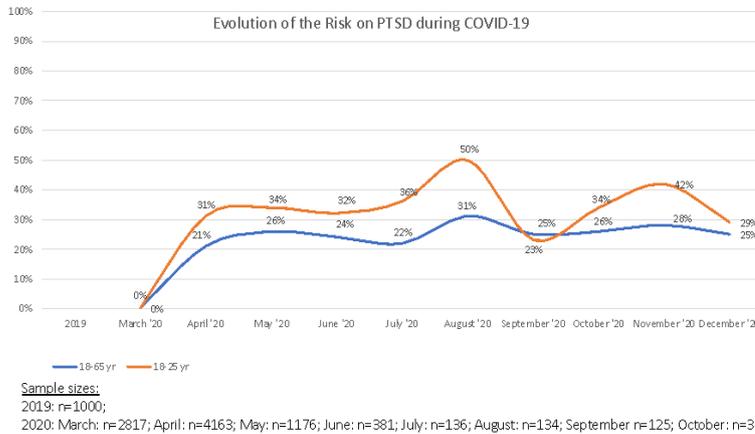


Although women are in generally more vulnerable for high toxic stress, it can be noted that as well women and men experience a significant rise of more than 10% in levels of high toxic stress during Corona-crisis. This can be due to the fact, that as well men as women are working at home now, implying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

Figure 46: evolution of levels of toxic stress and resilience among men and women

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 (figure 47). 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



If we look at the results per month, we can see that also the risk on PTSD is significantly higher since the start of the lockdown.

Note: there was a drop in July, but toxic stress levels rose again in August and remain significantly higher in December compared with March 2020

4

Figure 47: increased risk of developing PTSD

3.5. The psychological distress of the general population during the sanitary crisis linked to COVID-19

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 Belgium¹⁵. 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

¹⁵ Results from March to November 2020. Authors Vincent Lorant, Pierre Smith, Katharina Seeber, Kris Van den Broeck et Pablo Nicaise

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 figure 48 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 figure 49). 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 (figure 50). 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.

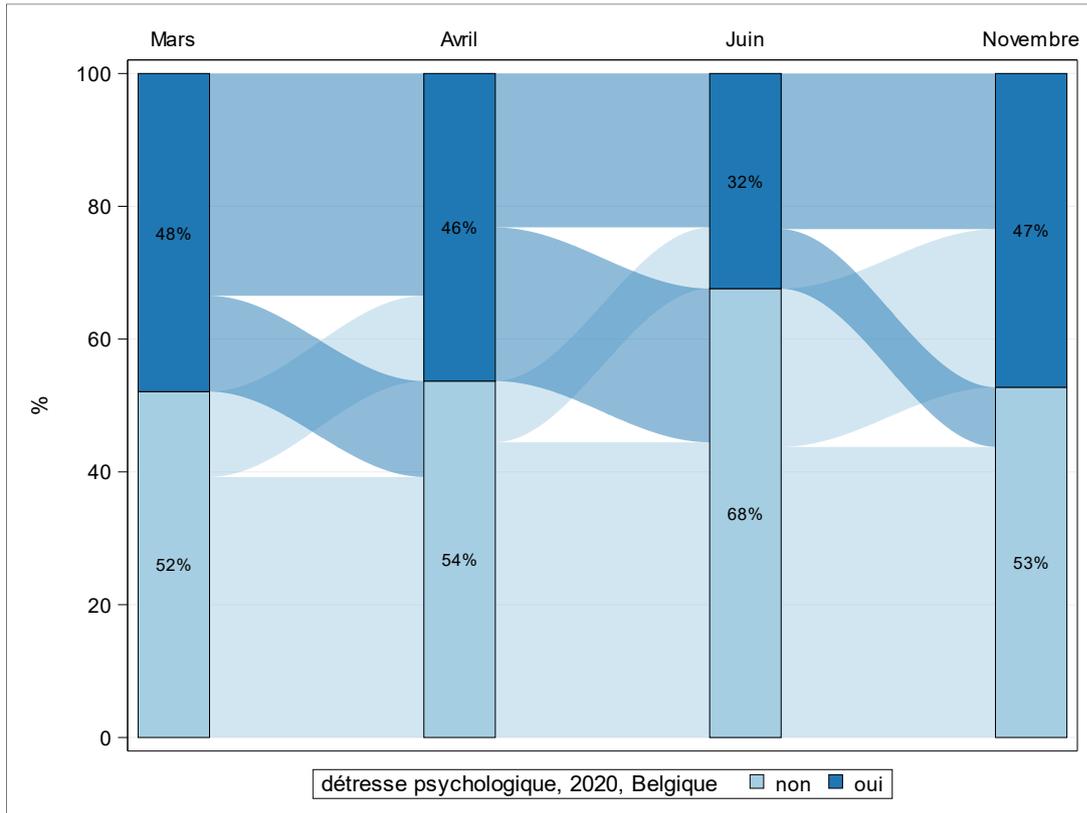


Figure 48: Evolution and transition of the psychological distress between March and November 2020 Belgium, COVID and I: Sankey Diagram

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

Figure 49: Number of psychological distress occurrences measured between March and November 2020

Psychological Distress			
	<i>Average number of occurrences</i>	<i>Standard deviation</i>	<i>N</i>
Gender:			
<i>Woman</i>	1.85	1.41	4616
<i>Man</i>	1.43	1.41	1666
<i>Other</i>	1.75	1.28	8
Age Group:			
<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
Total	1.74	1.42	6290

Figure 50: Number of psychological distress occurrences measured between March and November, by gender and age, COVID and I, January 2020

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.

3.6. Mental health of the working population

Group IDEWE, the largest Belgian external service for protection and well-being at work, performs numerous risks assessment surveys regarding psychosocial well-being for their customers. To study a possible impact of corona on well-being, the data of these risk assessments are used. In particular, the 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 2021¹⁶. 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 51). 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.

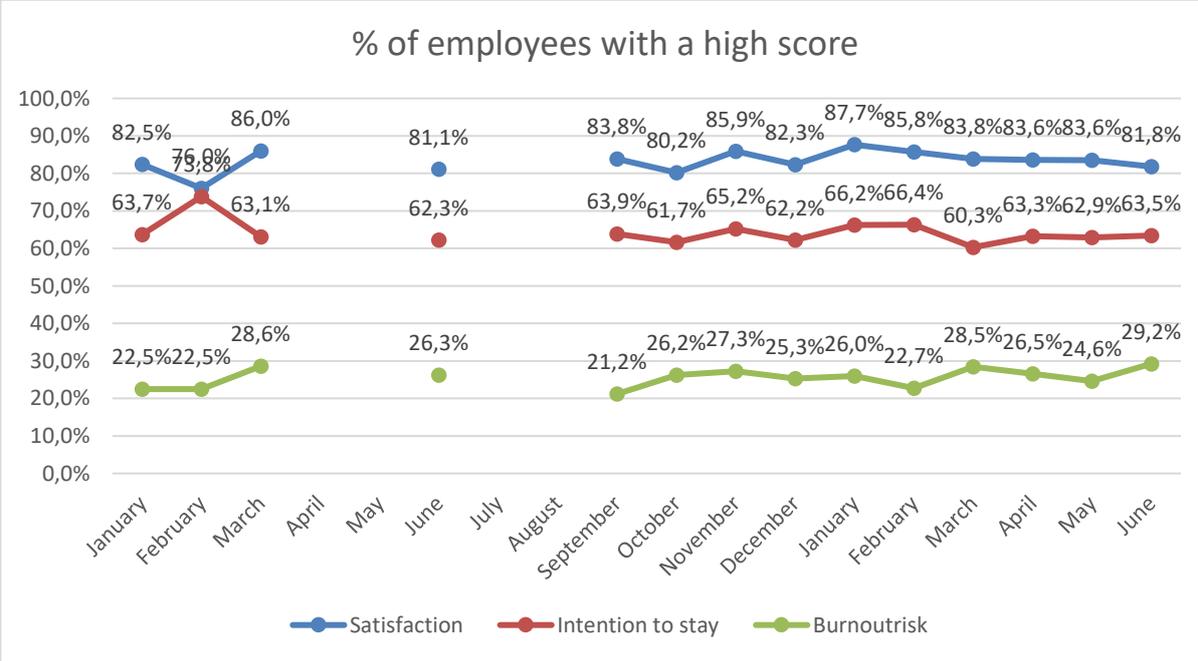


Figure 51 : percentage of employees with a high score for indicators of wellbeing

¹⁶ Authors: Schouteden M, Vandenbroeck S, Godderis L

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 (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.

3.7. ESEMeD-2.0: European Study on the Epidemiology of Mental Disorders

The European Study on the Epidemiology of Mental Disorders - ESEMeD¹⁷ 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 COVID-19 impact on the level of the general population. In addition, this study will enable us to compare the effects of COVID-19 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.

3.8. 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 Antwerp¹⁸. Data were collected from October to December 2020. We included researchers who currently conduct a PhD or post-doctoral research.

1048 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, 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 (figure 52).

¹⁷ Authors: Bruffaerts, Bonnewyn, Demyttenaere, 2011

¹⁸ Authors: Boone, Vandebroek, Godderis, 2020

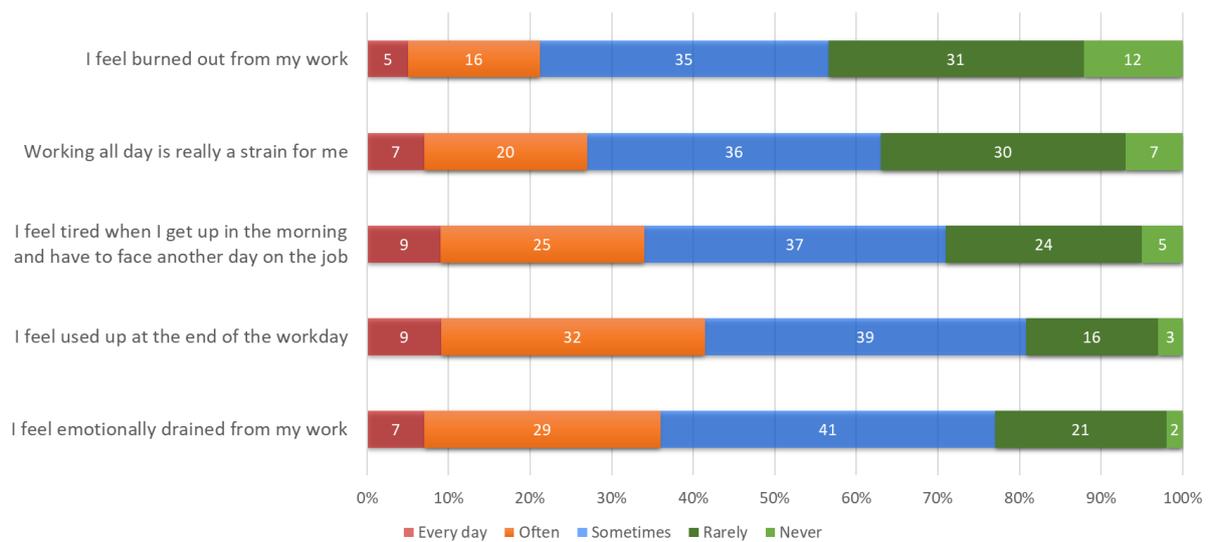


Figure 52: Response items of Emotional Exhaustion Burnout Scale

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.

4. Specific groups

4.1. Teleworkers

In the period of March – June 2020, KU Leuven and IDEWE set up a longitudinal survey study on the impact of the COVID19 pandemic on Belgian workers' mental health¹⁹. 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 organizations, 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) (figure 53) and lower on job satisfaction at T1 and T2 (figure 54). 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.

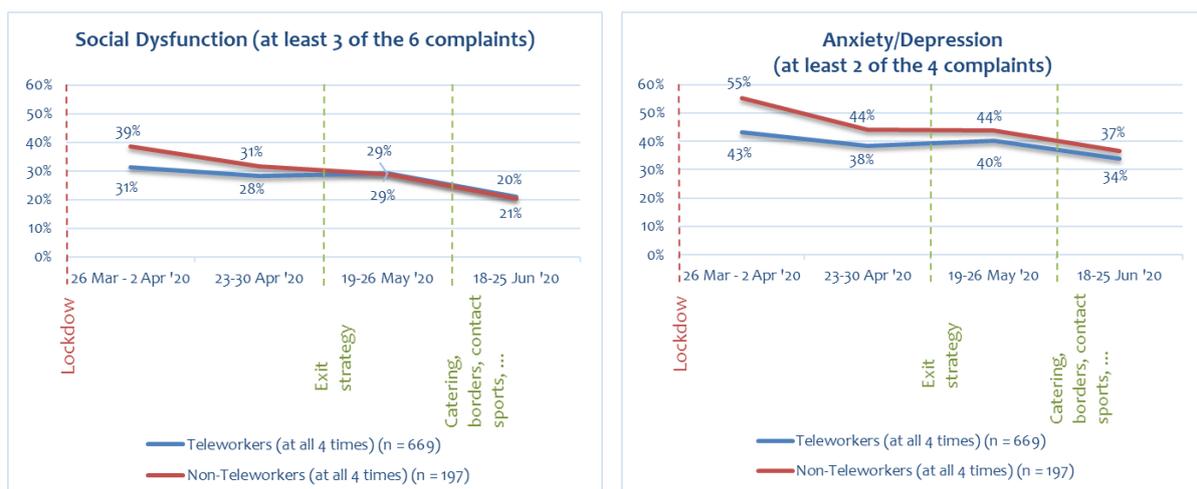


Figure 53: social dysfunction, anxiety and depression among teleworkers and non-teleworkers

¹⁹ Authors: KU Leuven & IDEWE; Vander Elst, Vandenbroeck, & Godderis

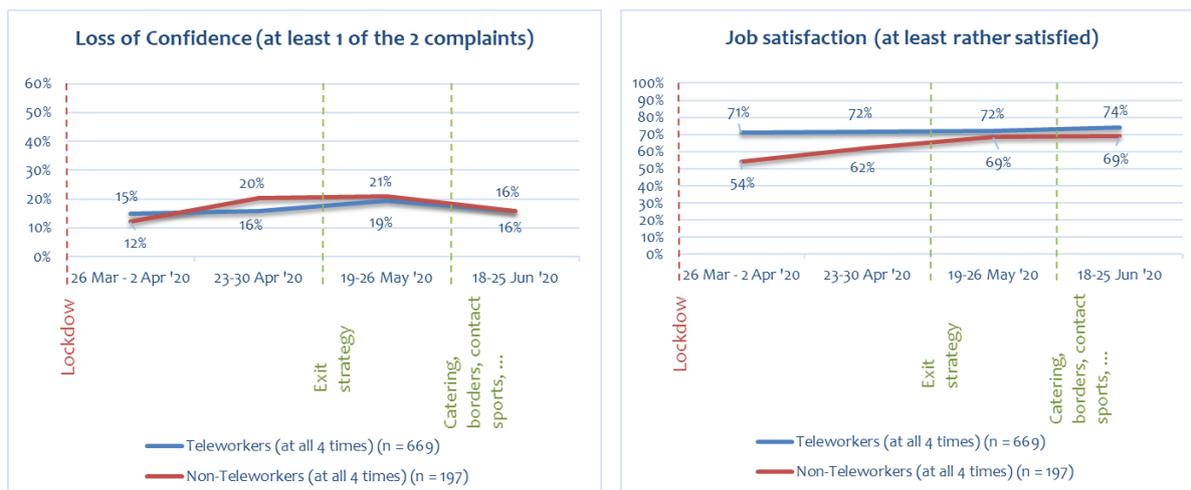


Figure 54: loss of confidence and job satisfaction among teleworkers and non-teleworkers

4.2. Health care workers: POWER TO CARE

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 POWER TO CARE-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, 3.027 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.

A second national survey took place between March 16th and March 26th 2021²⁰. In total, 2.530 professionals participated, again of whom 80% were health care professionals. Most of them, 84%, were at least partially vaccinated at the time of the survey.

In comparison with the results of the respondents in December 2020, the respondents in March 2021 reported a significantly lower score (scale 0 – 10) for “feeling anxious”, “being hyperalert and heightened vigilance”, and “reliving work events outside of work (flashback)”. However, the respondents in March 2021 reported significantly higher scores for “feeling tired”, “having difficulties concentrating”, “being unable to relax enough”. Figure 55 shows the scores of December 2020 next to the scores of March 2021.

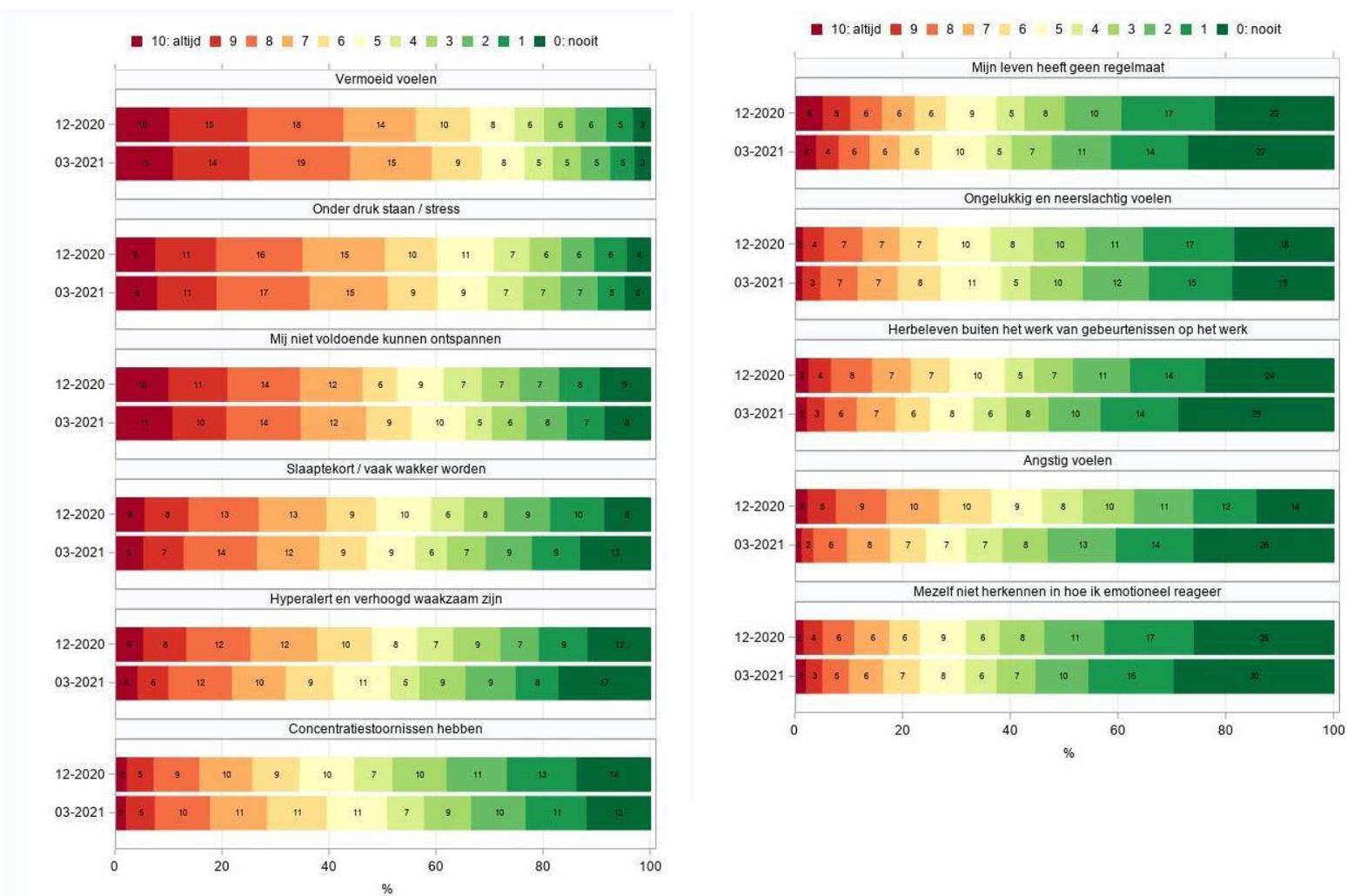


Figure 55: POWER TO CARE-study, comparison scores March 2021 and December 2020

²⁰ Authors: Peeters Bart, Droggen Kris, Demarest Stefaan, Driescens Sabine, Seys Deborah, Vanhaecht Kris

4.3. RECOVID among Belgian healthcare providers

The Recovering Emotionally COVID19 study (RECOVID)²¹, 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 six 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% generalized 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 (i.e. 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.

²¹ PI Ronny Bruffaerts

CONSUMPTION OF MEDICATION

1. Mental health: medication and healthcare use in 2020

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 and medication use for mental health by comparing 2020 to previous years. To this end, we make use of psycholeptic and psychoanaleptic medication use (N05 and N06) up to December 2020 from the FarmaFlux database²².

General evolution

Taking all medication use together (psycholeptics and psychoanaleptics), the left axis of Figure 55 indicates that in 2020 the average defined daily doses (DDD) per patient increased for all age categories and genders. These differences generally diminished as age increased; i.e. younger patients' medication use grew more strongly compared to older patients. The impact of gender differed by age group. The right axis also shows the defined daily doses (in 000 000s) per patient for 2020, in absolute numbers. While the average DDD use, and the use *per patient* increased, Figure 57 indicates that the number of unique patients (PAT) using psycholeptics or psychoanaleptics grew less strongly, stayed constant, or dropped²³. Hence, less patients consumed more medication in 2020 compared to 2019.

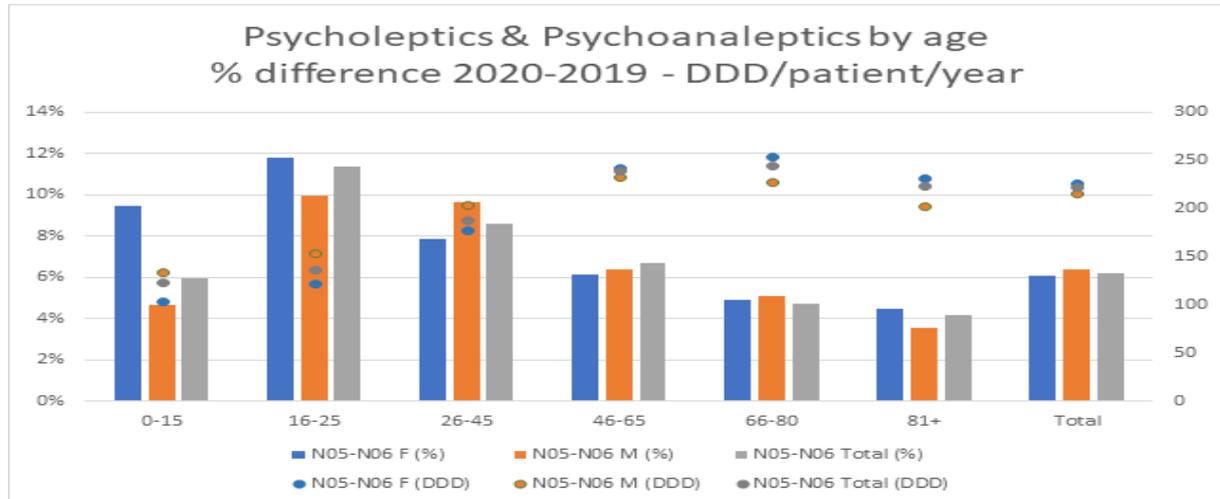


Figure 56: psycholeptics and psychoanaleptics by age - difference 2020-2019

²² Authors: Lode Godderis, Jonas Steel, Wouter Hamelinck, Lies Gryndonck, Luc Vansnick, Francis Arickx, Mickael Daubie, Straetmans

²³ Patients were calculated based on place of delivery (pharmacy)

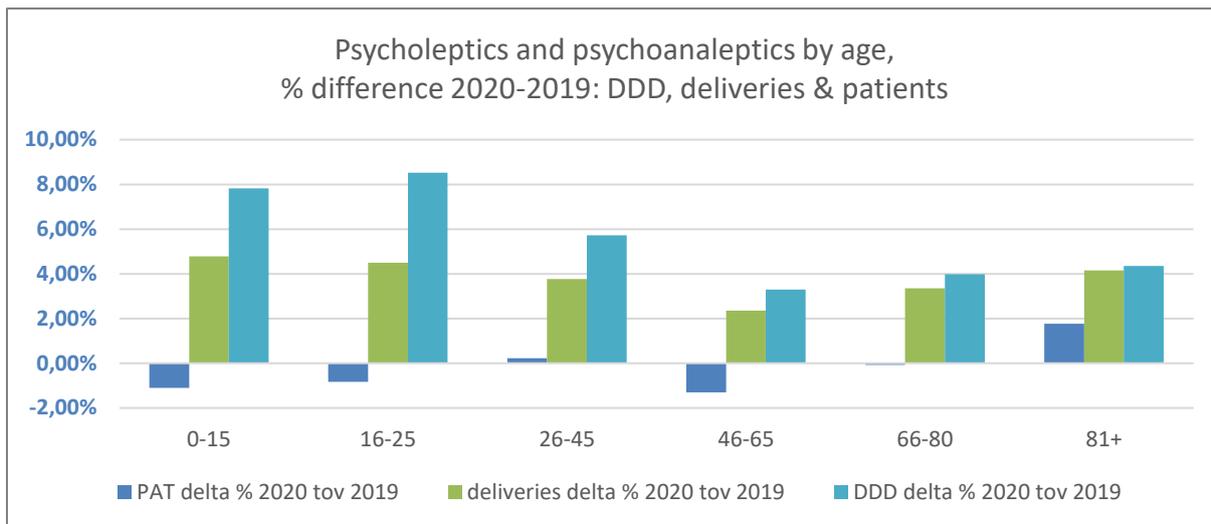


Figure 57: psycholeptics and psychoanalectics by age - difference 2020-2019

In Figure 58, it is shown that a higher medication use in January and February 2020 (before COVID-19) plays a role in these observations, but March 2020 also saw a large rush on medication: 32.90% more defined daily doses, 28.60% more deliveries, and 19.16% more patients. The rest of the year saw a decrease in comparison to 2019, especially in May 2020, with a second (but smaller) increase towards December 2020.

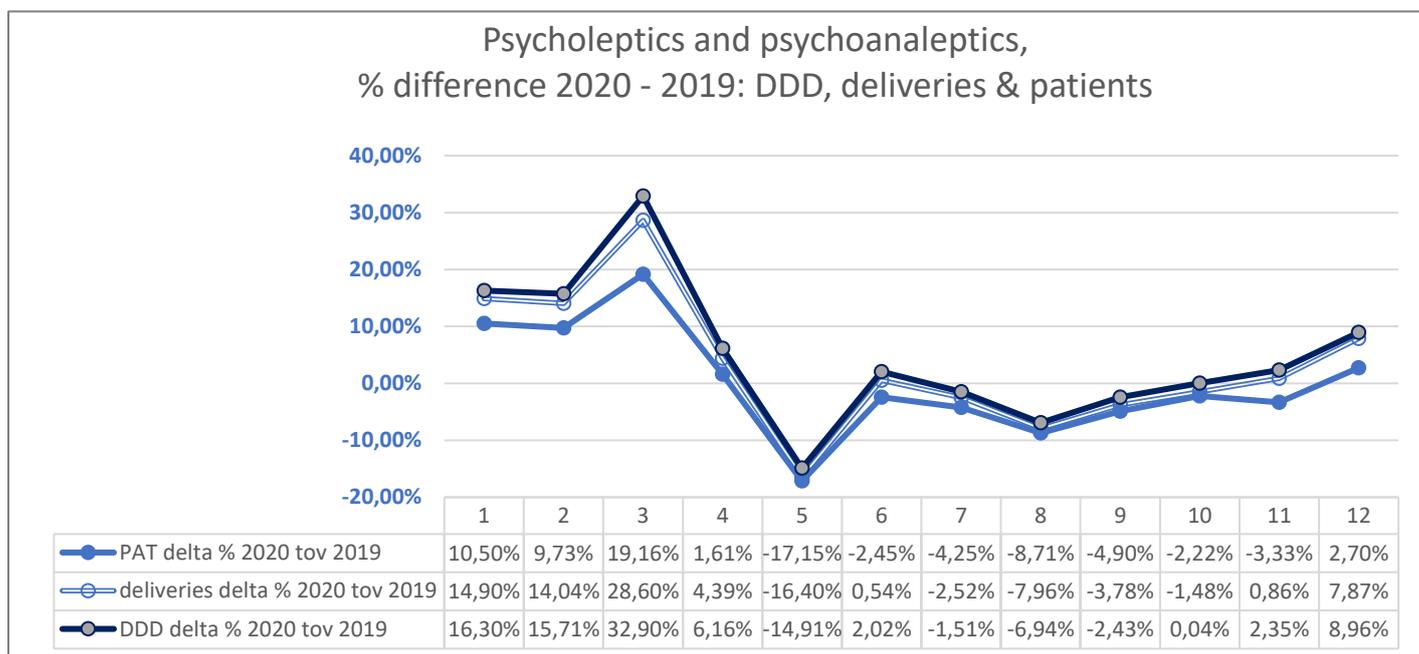


Figure 58: psycholeptics and psychoanalectics - difference 2020-2019

Several explanations can be put forward for these results, but it must be emphasized that these are hypotheses: as there is no direct link between medication use and patients (as would be the case in a longitudinal dataset in contrast to this cross-sectional database), only averages can be compared over time, and strong causal inferences cannot be made. It should also be

noted that data from previous years (before 2019) was not available, making it difficult to discern the impact of COVID-19 in 2020 from general time trends (e.g. a general increase in the use of medication over the years).

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

Evolution by category

In Figure 59, the use of psycholeptic and psychoanaleptic medication is split up by category. The overall use of antipsychotics (N05A), anxiolytics (N05B), hypnotics and sedatives (N05C), and antidepressants (N06A) show similar patterns to those described in the previous section: in 2020 the defined daily doses (DDD) and deliveries of these categories increased, while the number of patients (PAT) grew less strongly, stayed constant, or dropped. Figure 59 also shows that the overall use of “psychostimulants, agents used for ADHD and nootropics” (N06B), and psycholeptics and psychoanaleptics in combination (N06C), remained relatively stable in 2020, but the number of patients (PAT) dropped. The use of anti-dementia drugs (N06D) and its number of using patients all dropped in 2020.

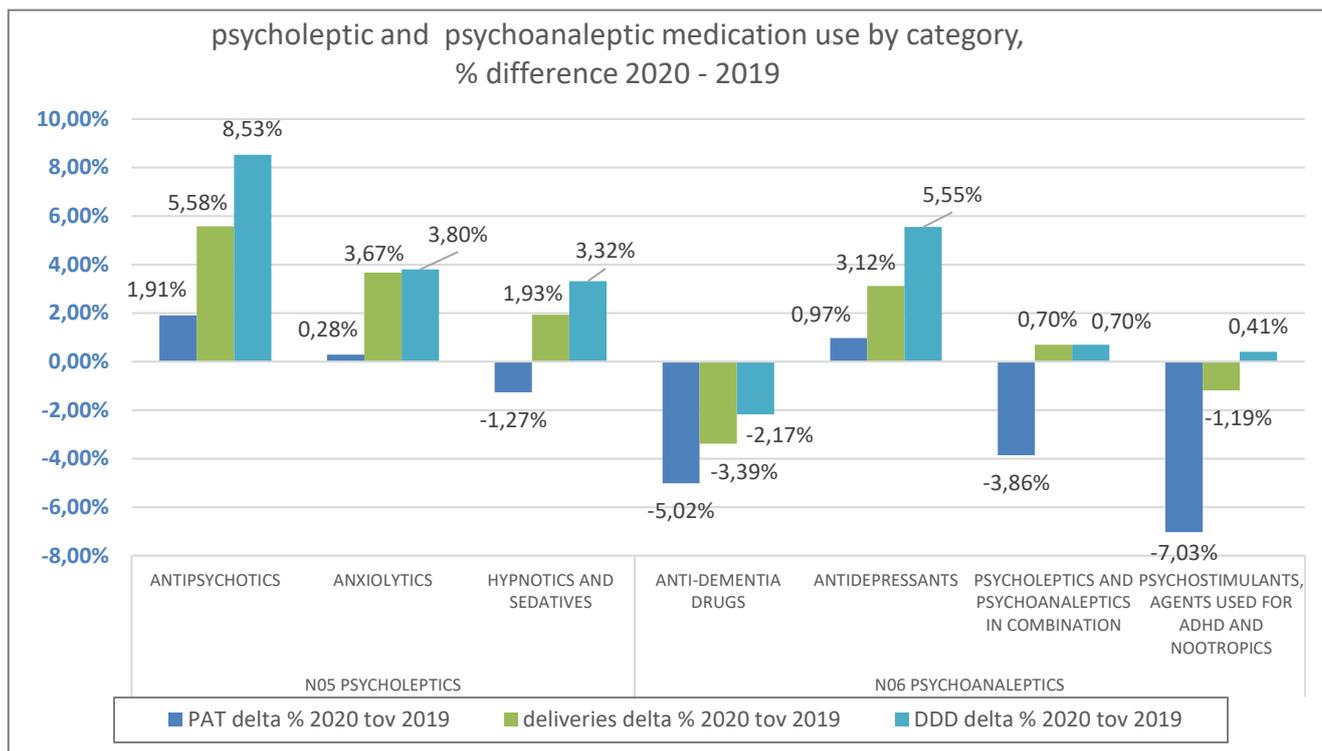


Figure 59: psycholeptic and psychoanaleptic medication use by category

Evolution by province

It is also interesting to observe the differences in DDD between provinces, although it should be kept in mind that their population differs (e.g. by age and gender) and the figures are simple aggregates that do not take this into account. Liège is affected the most, with an increase in DDD for antipsychotics of 18.1%, anxiolytics of 10.7%, hypnotics and sedatives of 10.8%, antidepressants 11.2%, and combinations 9.98%. The comparison among Flemish provinces is less univocal, with peaks for antipsychotics in Antwerp (8.7%), East-Flanders (8.9%), and West-Flanders (7.4%). Antwerp had the highest increase for anxiolytics (2.3%), West-Flanders the highest increase for hypnotics and sedatives (2.3%). With the exception of Limburg, the increase in antidepressants was comparable: 5% in Antwerp, 2.6% in Limburg, 4.3% in East-Flanders, 4.4% in Flemish-Brabant, and 4.9% in West-Flanders. Brussels often lies in the range of other large cities, e.g. for antipsychotics (8.5%), psychostimulants and agents used for ADHD and nootropics (1.5%), or raises above Flemish provinces for anxiolytics (4.9%), hypnotics and sedatives (4.7%), antidepressants (7.0%), and combinations (2.3%).

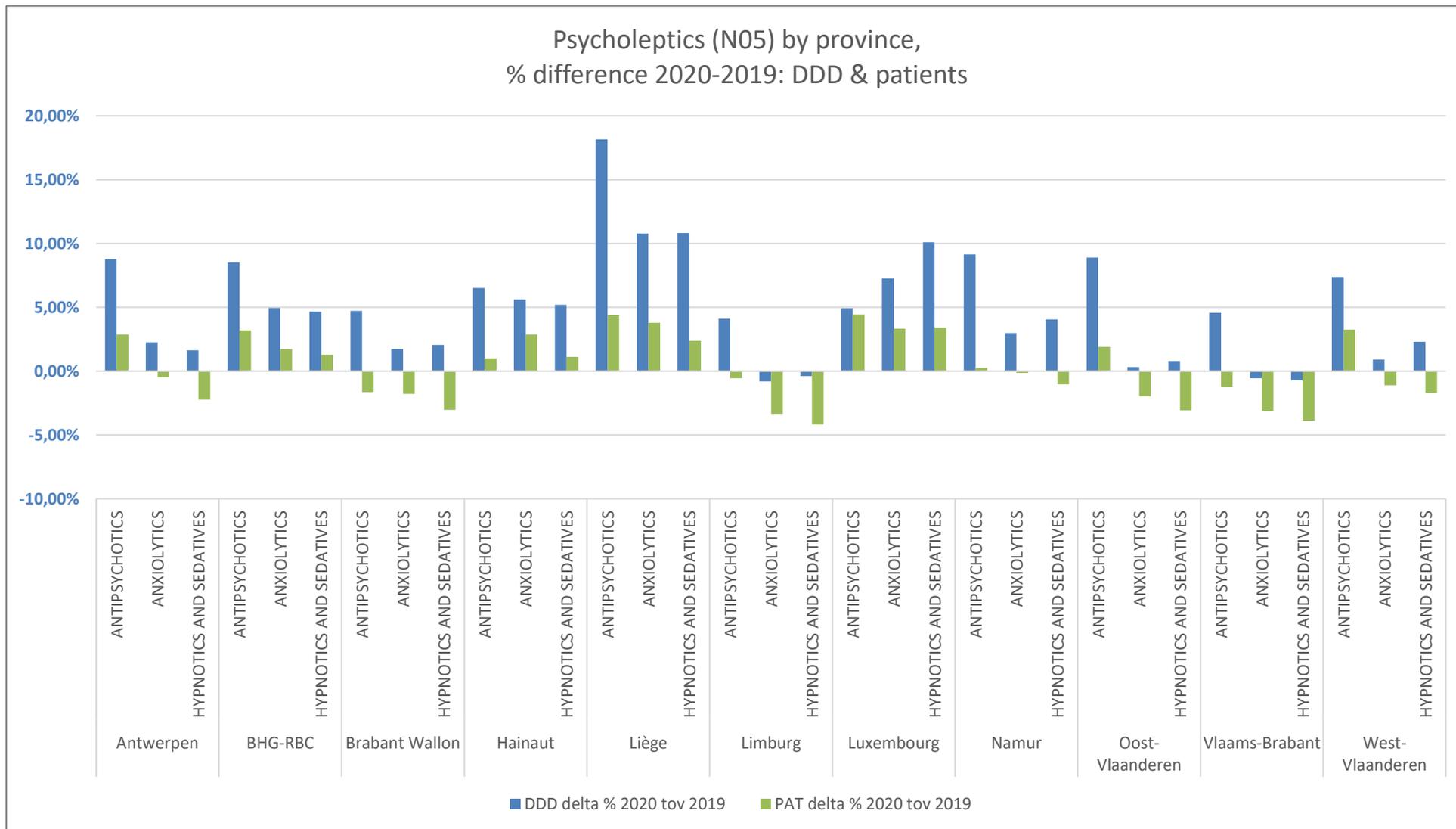


Figure 60: psycholeptics by province

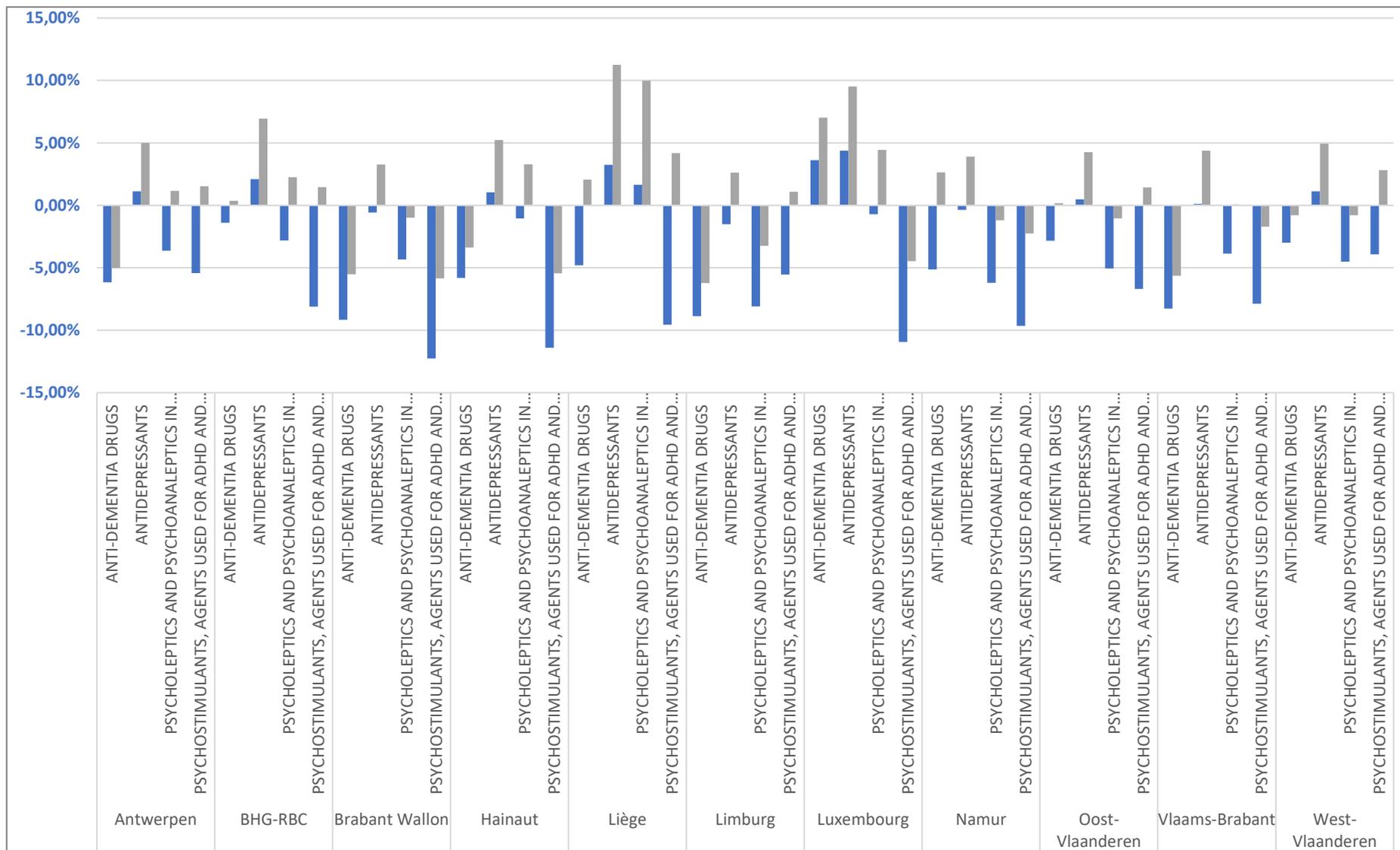


Figure 61: psycholeptics by province

N05A antipsychotics

The use of antipsychotics (DDD) increased by 8.5% in 2020. This amounts to 14.8% for females between 16-25, although this remains a limited group in absolute numbers. In general, the increase in the use of antipsychotics was stronger for females in lower age groups, but this relation reverses from the 46-65 age group onwards. Except for the 0-15 age group, younger groups have a higher increased use of antipsychotics than older age groups.

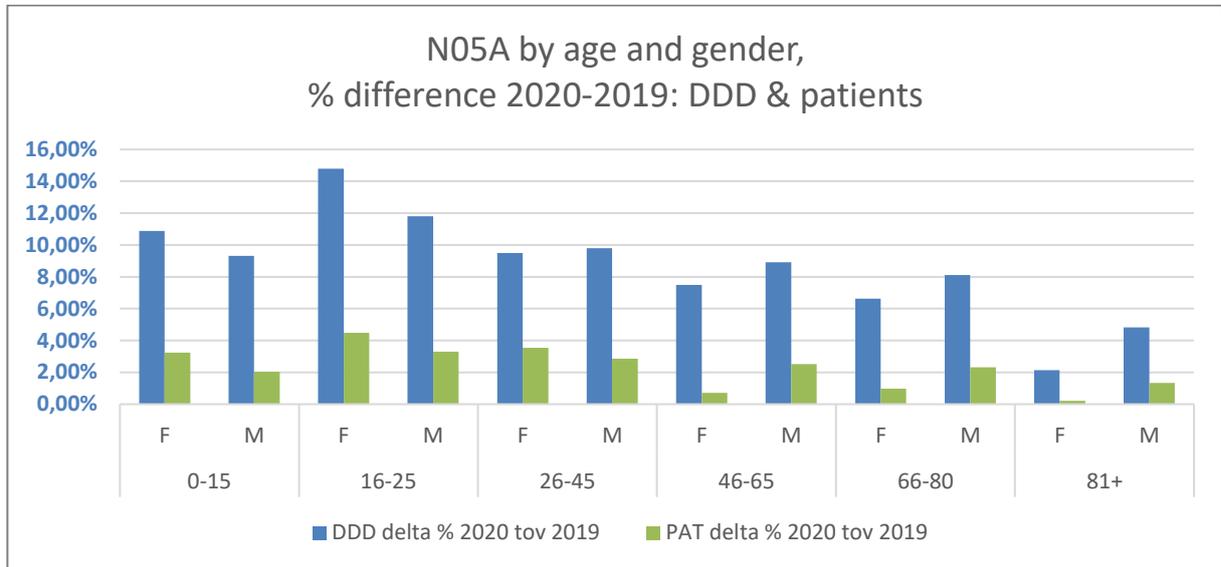


Figure 62: use of antipsychotics by age and gender

N05B anxiolytics

The use of (N05B) on annual basis (DDD) increases by 3.8%. This amounts to 8.4% and 5.9% in the 16-25 and 26-45 age groups respectively. Roughly similar patterns (as for N05A) can be observed regarding age and gender.

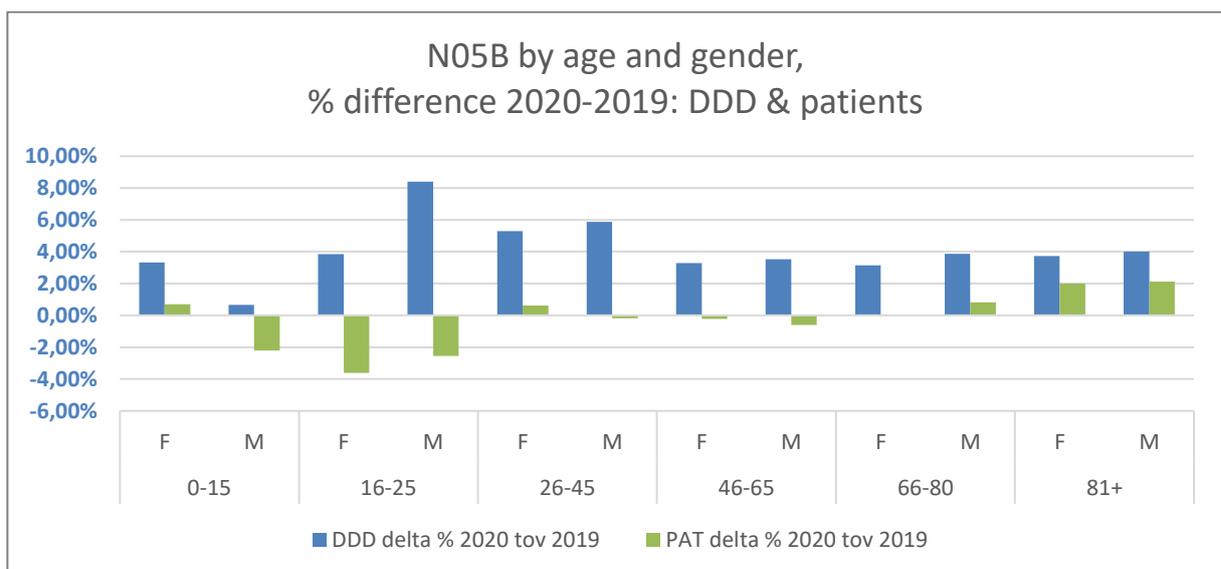


Figure 63: use of anxiolytics by age and gender

N05C hypnotics and sedatives

The use of hypnotics and sedatives (N05C) on annual basis (DDD) increases by 3.3%. Patterns for age and gender are less univocal, although the increase in medication use seems higher in the 0-15 age group, and slightly higher for 66-80, and 81+ age groups. Females use of hypnotics and sedatives increased less in most age categories.

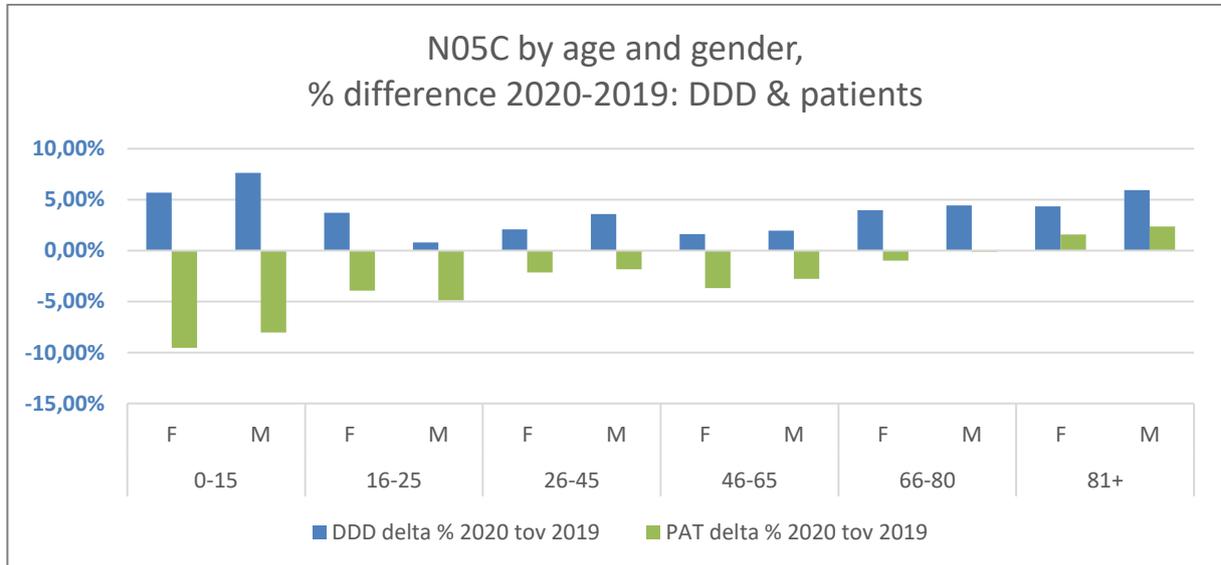


Figure 64: use of hypnotics and sedatives by age and gender

N06A antidepressants

The use of antidepressants (N06A) on annual basis (DDD) increased by 5.6%. Females had a higher increase except for the oldest age group (81+).

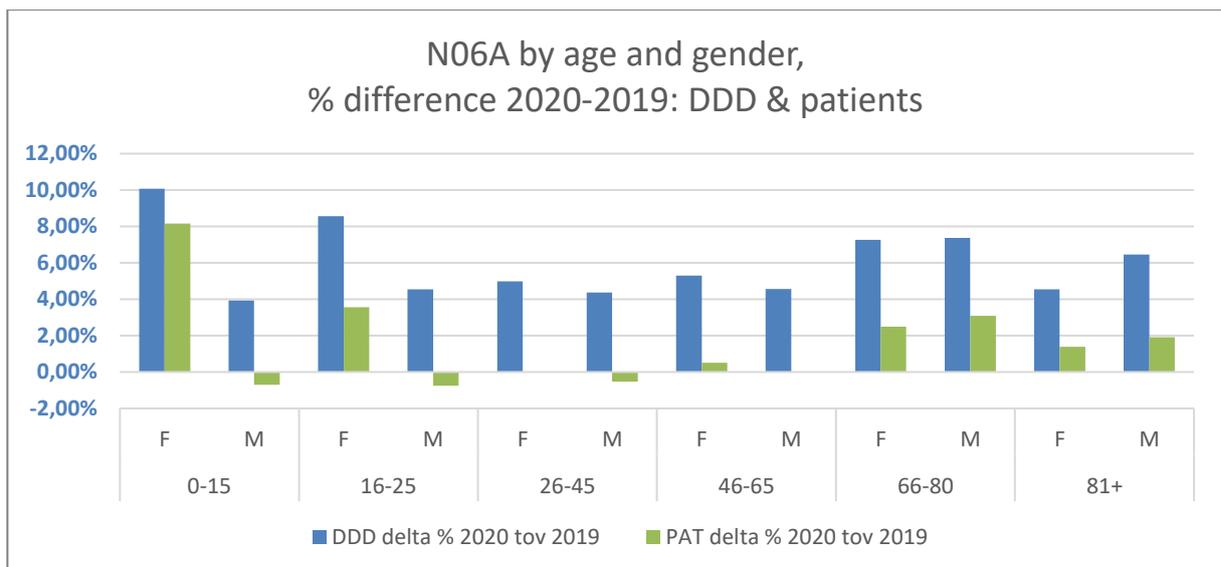


Figure 65: use of antidepressants by age and gender

N06B psychostimulants, agents used for ADHD and nootropics

The use of psychostimulants, agents used for ADHD and nootropics (N06B) on annual basis (DDD) increased by 0.4%. Note that the younger age groups (0-15 and 16-25) demonstrated a lower number of defined daily doses (DDD), deliveries, and patients for N06B (psychostimulants, agents used for ADHD and nootropics) between April and June 2020, which could be caused by the closing of the schools in this period, although this pattern is also consistent with hoarding. Also noteworthy is a relatively high increase in the age group of 26-45 for females (8.5%) and males (10.5%).

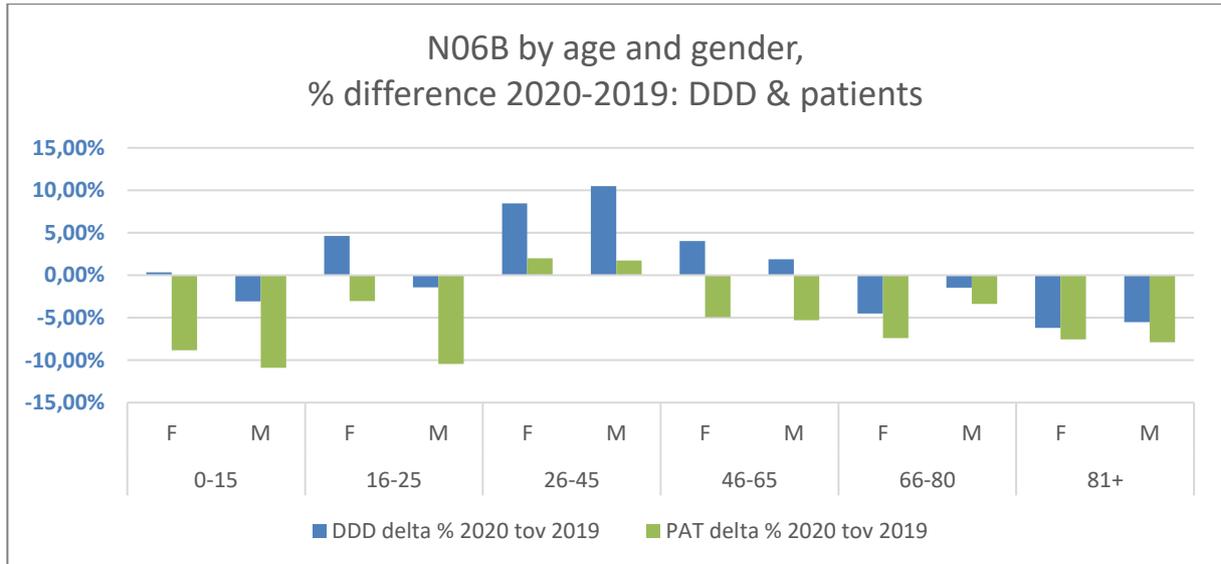


Figure 66: use of psychostimulants, agents used for ADHD and nootropics by age and gender

N06C psycholeptics and psychoanaleptics in combination

For completeness, we also wish the note that the use of psycholeptics and psychoanaleptics in combination (mainly containing one medicine: DEANXIT, often prescribed as a sedative) increased by 0.7%. Care should however be taken in its interpretation, because of low absolute numbers.

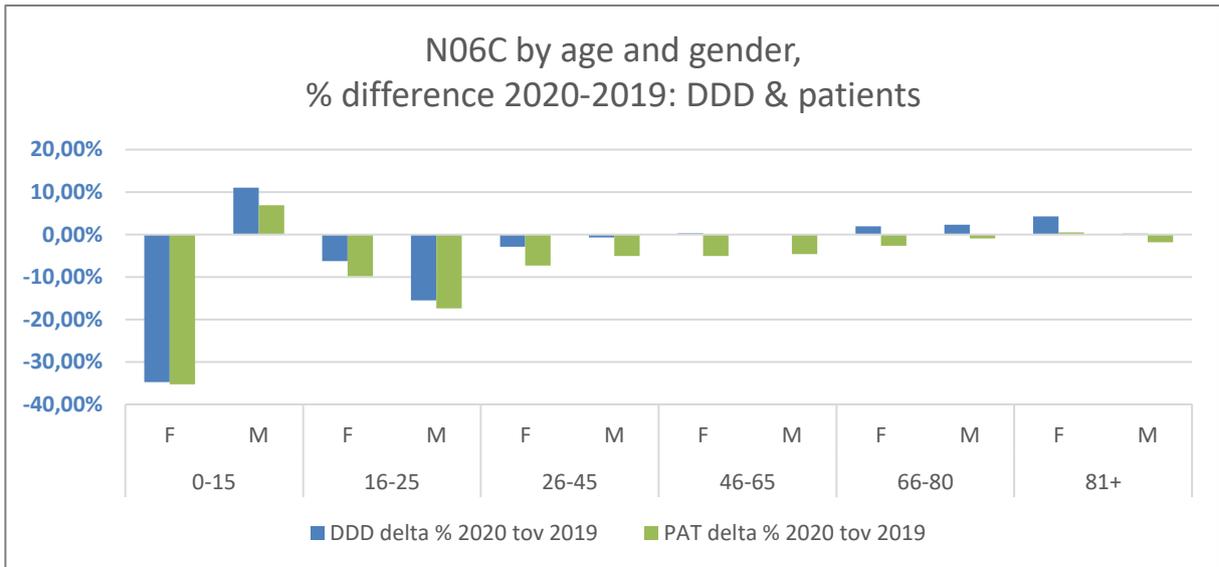


Figure 67: use of psycholeptics and psychoanaleptics in combination by age and gender

N06D anti-dementia drugs

The general use of anti-dementia drugs (N06D) on annual basis (DDD) decreased by 2.7%. This is a continuation of a diminishing use in previous years.

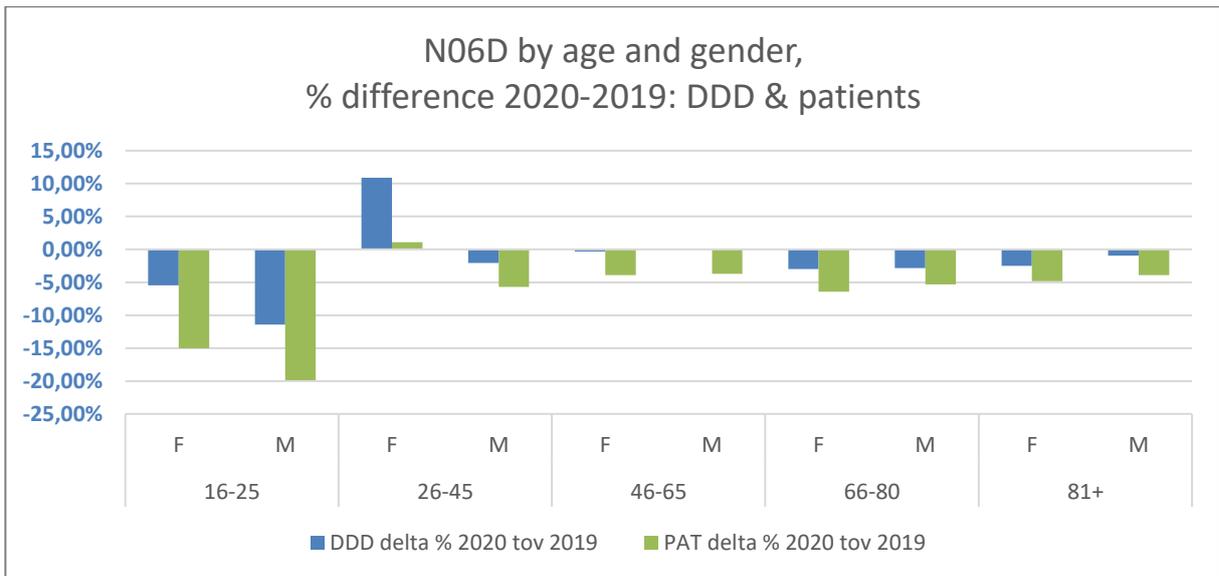


Figure 68: use of anti-dementia drugs by age and gender

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

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: Indicators of saturation in pediatric psychiatric services (Wallonia and Brussels)

Alarming messages are being by pediatric 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 staff²⁴.

Based on data systematically collected from eight Walloon institutions²⁵ (see figure 70, data for Brussels not available) between February, 21st and March, 30th, the pedopsychiatric sector is clearly saturated, with none of the institutions having the capacity to hospitalize new patients (see figure 70, column F) despite continued demand (see figure 70, column I). Institutions have up to 30 patients on waiting lists for up to 6 months (see figure 70, column H and G), yet most of the clinical presentations would require immediate uptake: suicidal ideations or attempts, mutilations or scarifications, severe eating disorders, hallucinations, anxiety and depression, violence.

A growing number of adolescents, who were previously functioning well, are presenting for massive anxiety disorders, not contained by schools and families, and caused or made worse by school pressure: figure 70 and figure 71 show a peak in demands at the end of January, 2021, when the academic pressure was at its highest, before the winter holidays. These severe mental disorders are observed in increasingly younger adolescents (from 11 years old), with a lot of them having dropped out of school.

Today, the only possibilities left to provide pedopsychiatric care is through the hospitals' general emergency departments, some short term hospitalization beds (max 2 weeks when several weeks or months would be indicated in some cases), and ambulatory care provided by the mobile crisis teams. Waiting lists for consultations are full; therefore, no new patients may have access to psychiatric consultations. Moreover, recent increase in occupation of pediatric beds for pulmonary infections, has restricted the possibility to use general pediatric beds as emergency solution, when no other solution is available.

To try and contain further deterioration of the adolescents' mental health, and avoid a new wave of demands for psychiatric care, it is urgent to act preventively by reducing the academic pressure put on adolescents at school, and allowing adolescents to experience personally and socially meaningful activities instead, while being at school.

²⁴ 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>.

²⁵ Source: Maes S. Résultats du recensement de la situation en pédopsychiatrie : compilation au 30 mars 2021 [Compilation of responses regarding pedopsychiatric activity and capacity in Wallonia and Brussels – Updated 30 March 2011], Le Domaine-ULB, unpublished data (see full report in appendix)

A	B	C	D	E	F	G	H	I	J	K
Province	Institution	K	K crise	Non K	K libre	Patients en attente	Durée de l'attente	Demandes / sem	Refus nveaux	Réorienté / mois
Namur	Les Goélands	25	0	3	0	20	6 mois	5	non	0
Brabant Wallon	Clinique St-Pierre Urgences et crise	0	2	6	0	26	+ de 4 mois	6	non	20
Brabant Wallon	Centre hospitalier le Domaine-ULB	12	3	2	0	15	3 mois	11	oui	45
Brabant Wallon	Centre de jour Pass@do	20 K1	0	0	0	20	+ 3 mois	3	oui	0
Hainaut	Hôpital Vincent van Gogh	13	2	0	0	12	2 mois	10	oui	24
Hainaut	Centre de jour Vincent van Gogh	5	0	0	0	10	3 mois	3	non	0
Hainaut	Kâli centre de jour Chêne-aux-Haies	9 Kj	0	0	0	8	6 mois	3	oui	7
Liège	UTA Kaktus Isosl	3 ForK	8 UTI	0	0	30	3-4 mois	7,5	oui	5

Figure 69: indicators of uptake capacity in eight Walloon pedopsychiatric institutions (updated 30/03/21)

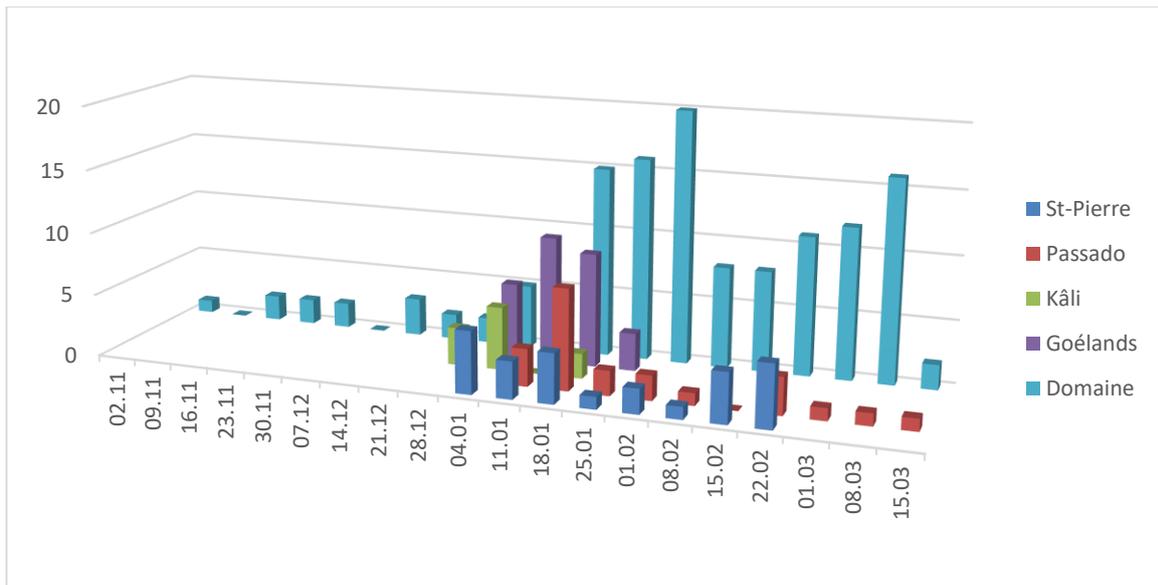


Figure 70: Evolution of the number of new demands for psychiatric care in 5 institutions between 02/11/2020 et le 19/03/2021

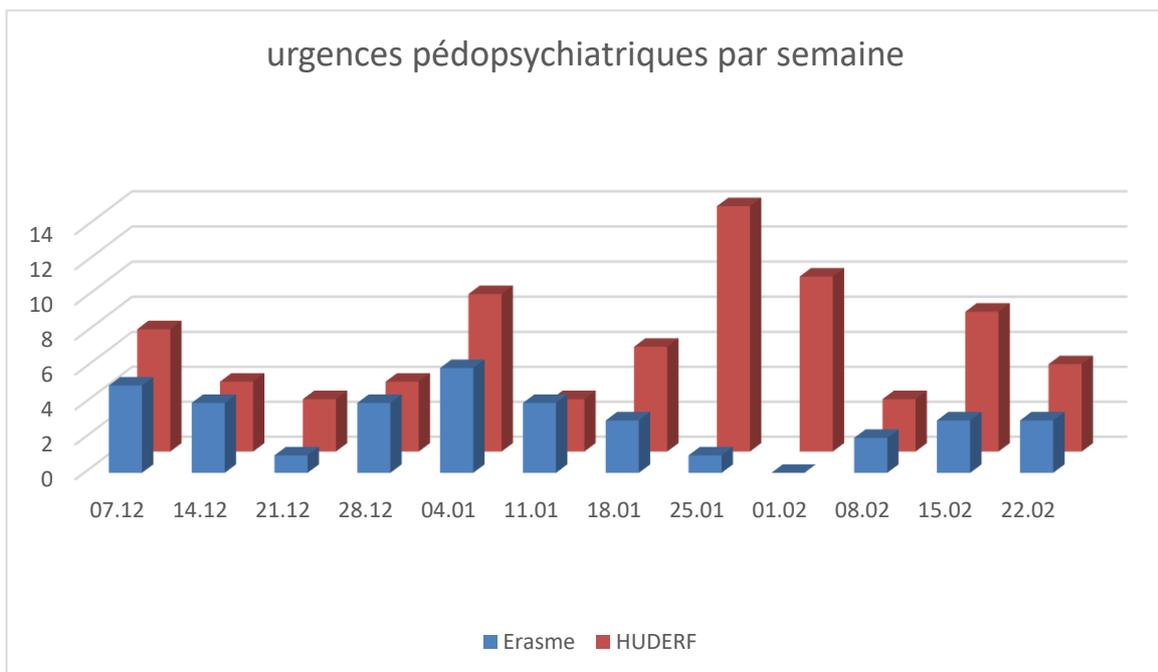


Figure 71: Evolution of the weekly number of pedopsychiatric emergencies in 2 institutions in Brussels (Erasme and Huderf) between 7/12/2020 and 21/02/2021

2. Adults

2.1. Mental health expenditures

Based on the data registered up to and including February 2021, the latest COVID-19 monitoring report notes a decrease in the number of reimbursements and related expenditures in quite a few sectors²⁶. This is especially so in the months of April and May 2020 (= first wave),

²⁶ Authors: Lode Godderis and Jonas Steel.

but also 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 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.

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).

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, in October 2020 and January 2021. 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%.

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, in March and April 2021 the expenditures rise above levels of previous years when taking into account the 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, but again lower in April 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.

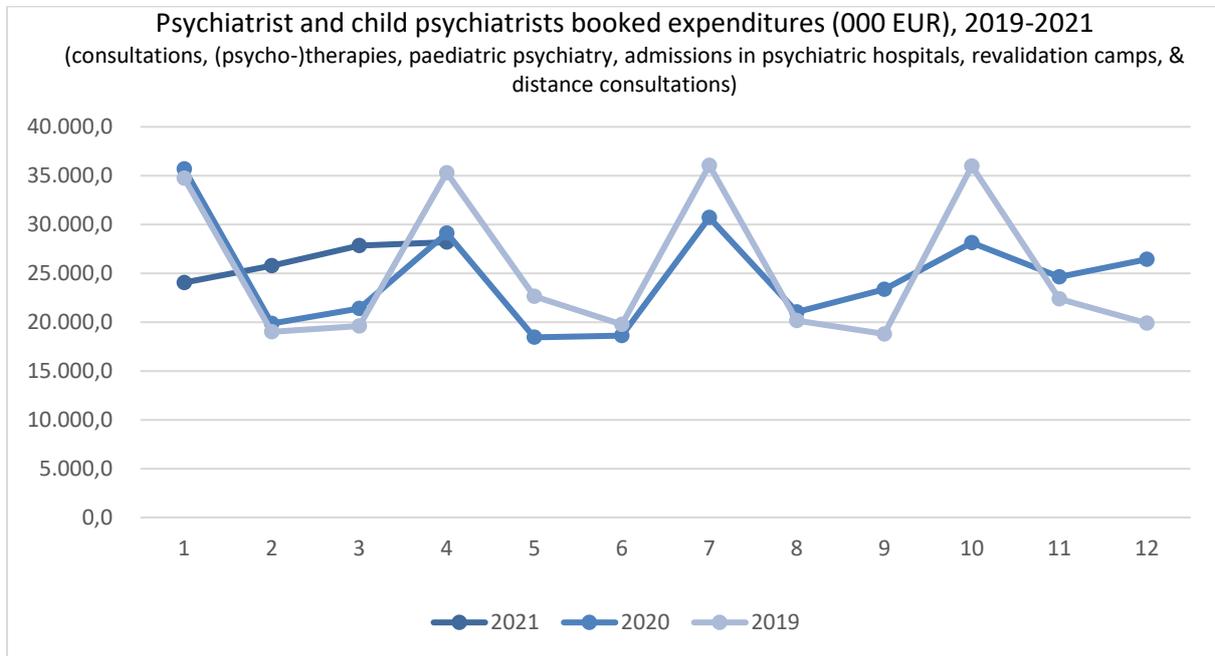


Figure 72: psychiatrist and child psychiatrist booked expenditures

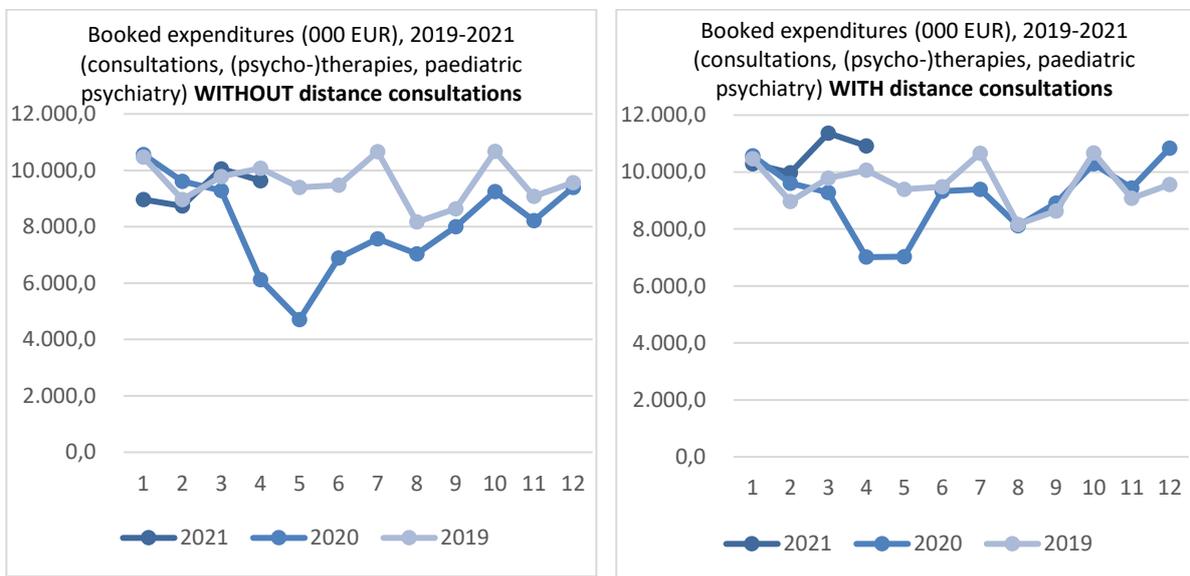


Figure 73: booked expenditures without and with distance consultations

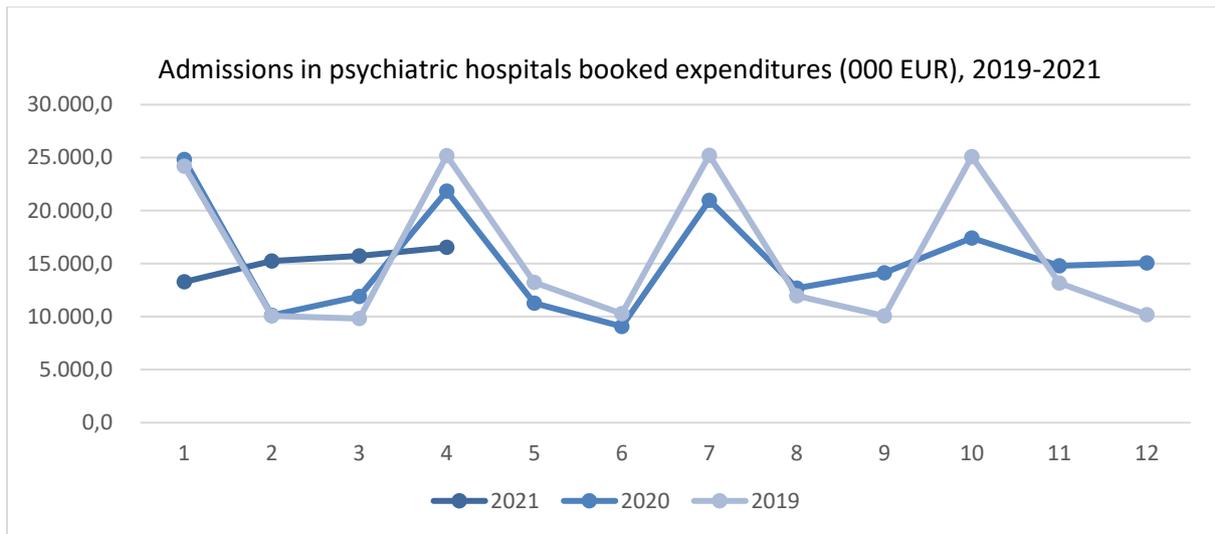


Figure 74: Admissions in psychiatric hospitals booked expenditures

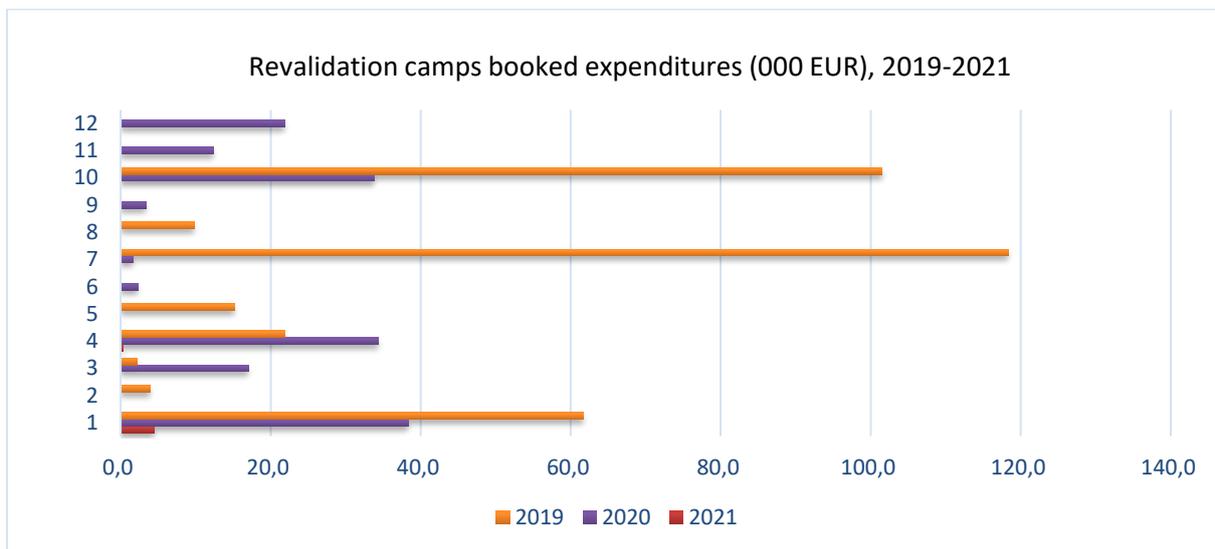


Figure 75: Revalidation camps booked expenditures

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

3. Helplines

Tele-onthaal 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.

In February 2021, Tele-onthaal recorded 10.935 telephone and chat calls, compared to February 2020, which is +12.3% (9,753 calls). The calls are decreasing compared to the month of January 2021 (-17%). This % seems to be strongly decreasing, but this is because it is calculated on the monthly averages (calendar year/12 -average 30 days) and since February has only 28 days, this picture is slightly distorted. If we were to compare the daily averages (380 average in 2020) with the daily averages of February (390 calls/day) this is

+2.6% compared to daily average 2020. The proportion of corona-related calls is 1/5 (20.9%) decrease compared to January 2021 (24.2%).

In April 2021, Tele-onthaal recorded 11.563 calls, this is a small decrease in comparison with the monthly average of last year. Also, the corona-related calls are lower, 19.7% of all conversations were corona-related in April 2021, in comparison with 53.9% of all calls in April 2020. The number of calls seem to be stabilizing to their usual, pre-corona level. Nevertheless almost 1/5th of all calls stays corona related.

The profile of callers has changed slightly in recent months. There first was a sharp increase in the share of young people (<25 years): 13.2% in corona-related calls, 19.8% in non-corona-related calls (average <25y all calls 2020 = 15.9%). In April 2021 this number stabilized, with 15.9% of callers being younger than 25. However, the number of 'older' callers, 50 years and older, know a small increase. For example, in April 2021, 65% of all corona-related calls were by people who are older than 50.

However, the number of young people calling in remains high. The most important reasons for calling are that they miss out on fun things and have a "boring" life during corona. The callers indicate difficulty in studying, difficult student life due to corona measures (boredom, lower results, online classes, ...), not being able to meet new people, lack of a romantic partner, hopelessness and procrastination, tensions and conflicts in the family, with few escape options, breakup of friend groups, loneliness, not being able to go home, not seeing fellow students.

The quiet hope of the redemptive vaccination is growing, but there is also a great deal of uncertainty about this, and this causes people to worry that it might not work out after all, which causes a great deal of stress for many. The end point was in sight, but it has to be revised again and again, and that requires an enormous amount of adaptability. It takes a very long time, and the view of what is to come is vague, the measures, relaxations and strictures, as well as communication around them is erratic and unclear. People no longer know how to assess the future because of this. This causes melancholy, but also a je m'en fout with regard to all further messages from the government, because "it will change again anyway". There is also anxiety and doubt about vaccines.

Everything weighs heavier, and many don't have the energy (anymore) to get over the problems and situation that have befallen them because of, or since, covid - everything drags on, people don't get out of the pit. This can range from picking up the financial burdens that overwhelmed people because of covid, to cutting down on sleeping pills that have been taken for years. People frequently report addiction, or at least substance abuse. People feel lonely, have a hard time with telecommuting, isolated, limited contacts, limited contacts with family members, no contact in rest home, calling out of boredom, wanting to hear another voice for a change, not being able to take up hobby, volunteer work ,...



Factsheet : oproepen Tele-Onthaal

MAANDOVERZICHT maart 2020 - april 2021

BEL OF CHAT
106
TELE-ONTHAAL.BE

aantal oproepen per maand



#samentegencorona

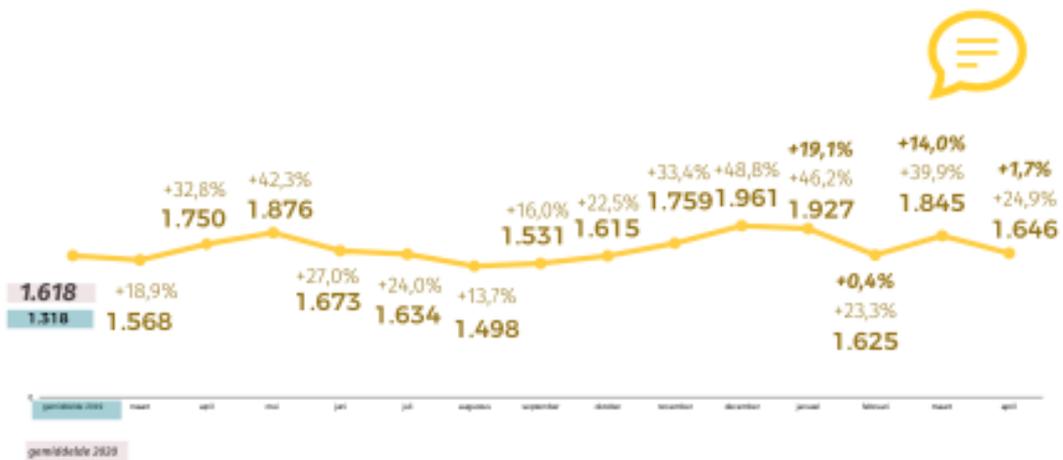


Figure 76: number of calls per month

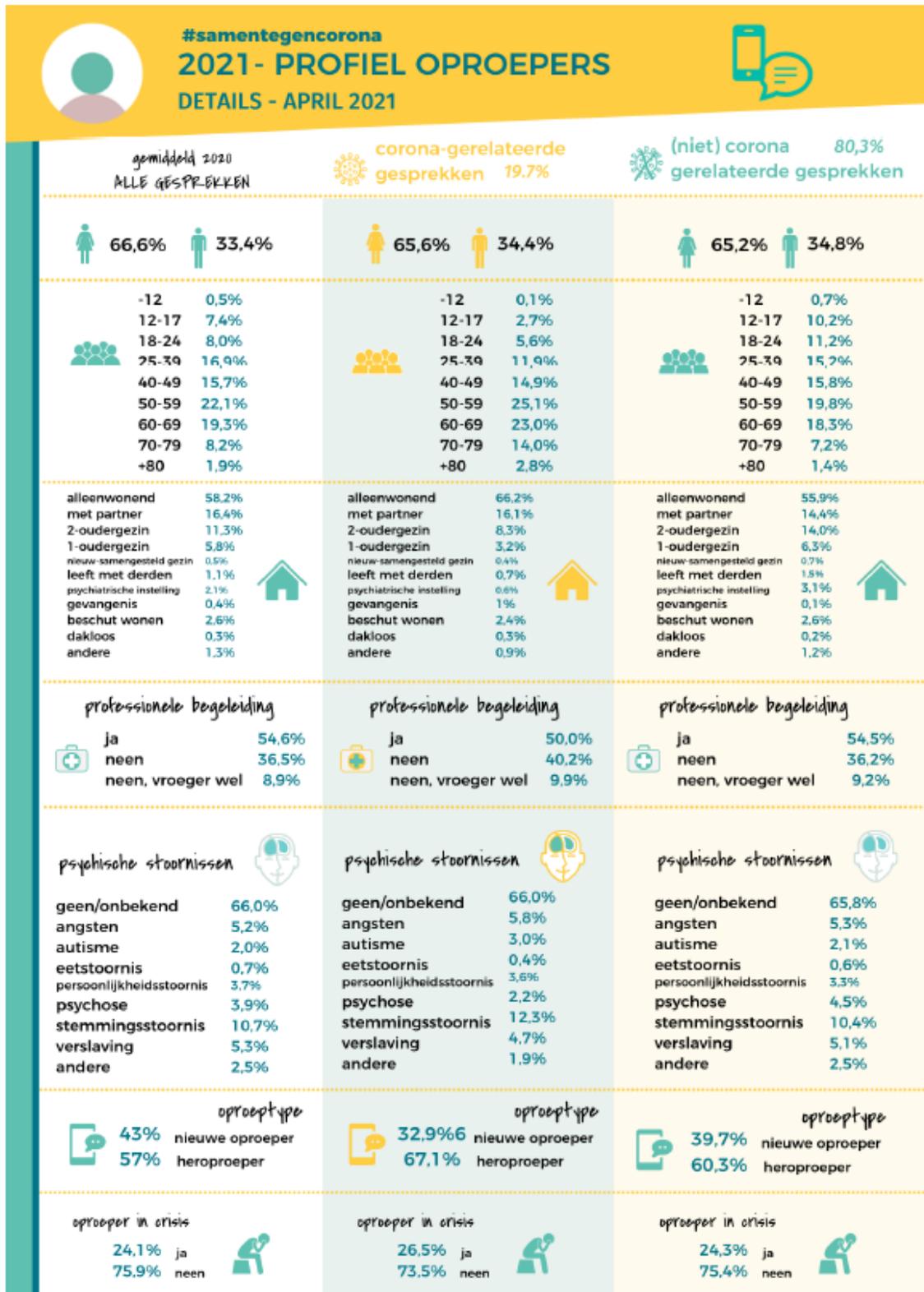


Figure 77 : caller profile

4. 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, Belgium²⁷. 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 COVID-19 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).

4.1. 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).

²⁷ Bruffaerts et al., 2004; 2011

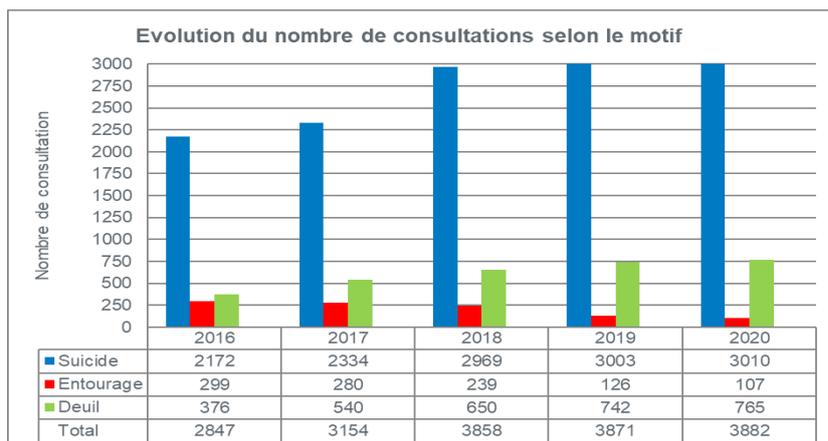


Figure 78: evolution of consultations based on motive

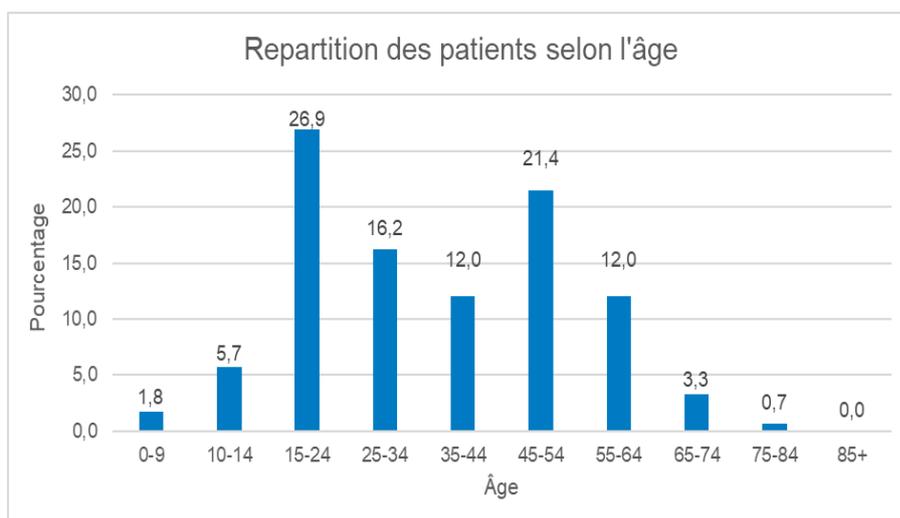


Figure 79: division of patients based on age

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.

4.2. 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. Based on 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.

(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 dropouts, which were yet not quantified, but require close monitoring.

2. Adults

2.1. Impact of the COVID-19 pandemic and related policy measures on work incapacity

In recent years, the number of entries into work incapacity and long-term work incapacity have been continuously increasing. In March 2020, the effect of the corona crisis was clearly visible, with an unprecedented peak in the number of first certificates of work incapacity that gave rise to a work incapacity allowance (Figure 80). However, this peak was immediately followed by a sharp decline in April and May. Up to and including October, the figures were in line with those of the previous years, only to experience a major decline in November and December. Such movements also occurred in previous years, but to a much lesser extent. Despite the additional COVID-19-related work incapacity that was previously identified by the Independent Health Insurance Funds²⁸, the exceptional decreases in those months led to the total number of first certificates being lower for the first time compared to the previous year, 69,536 in 2020 compared to 74,157 in 2019. This decrease persisted for both psychosocial and physical conditions (Figure 81). For example, we observe a 17% decline in the number of first certificates due to depression, even falling below the level of 2018. The same can be said for the drop of 14% in lower back pain.

²⁸ Onafhankelijke Ziekenfondsen, 16 februari 2021, COVID-19 zichtbaar aanwezig in cijfers arbeidsongeschiktheid.

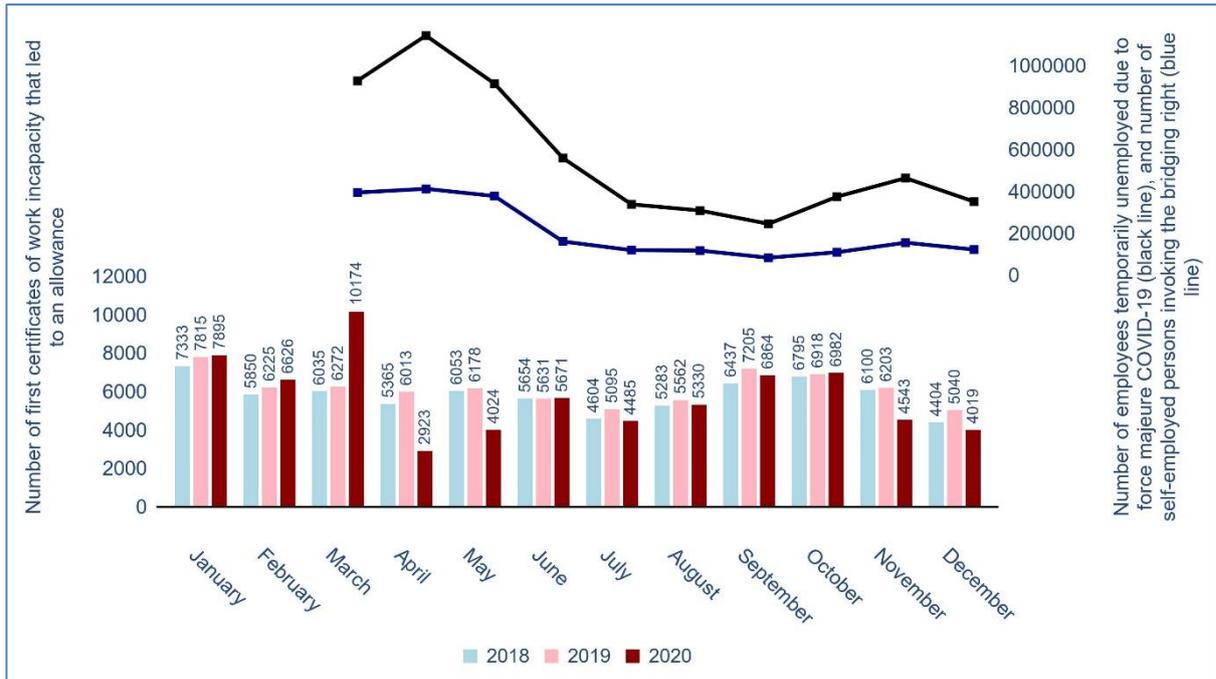


Figure 80: Number of first certificates of work incapacity that led to an allowance, number of employees temporarily unemployed due to force majeure (COVID-19), and number of self-employed persons invoking the bridging right

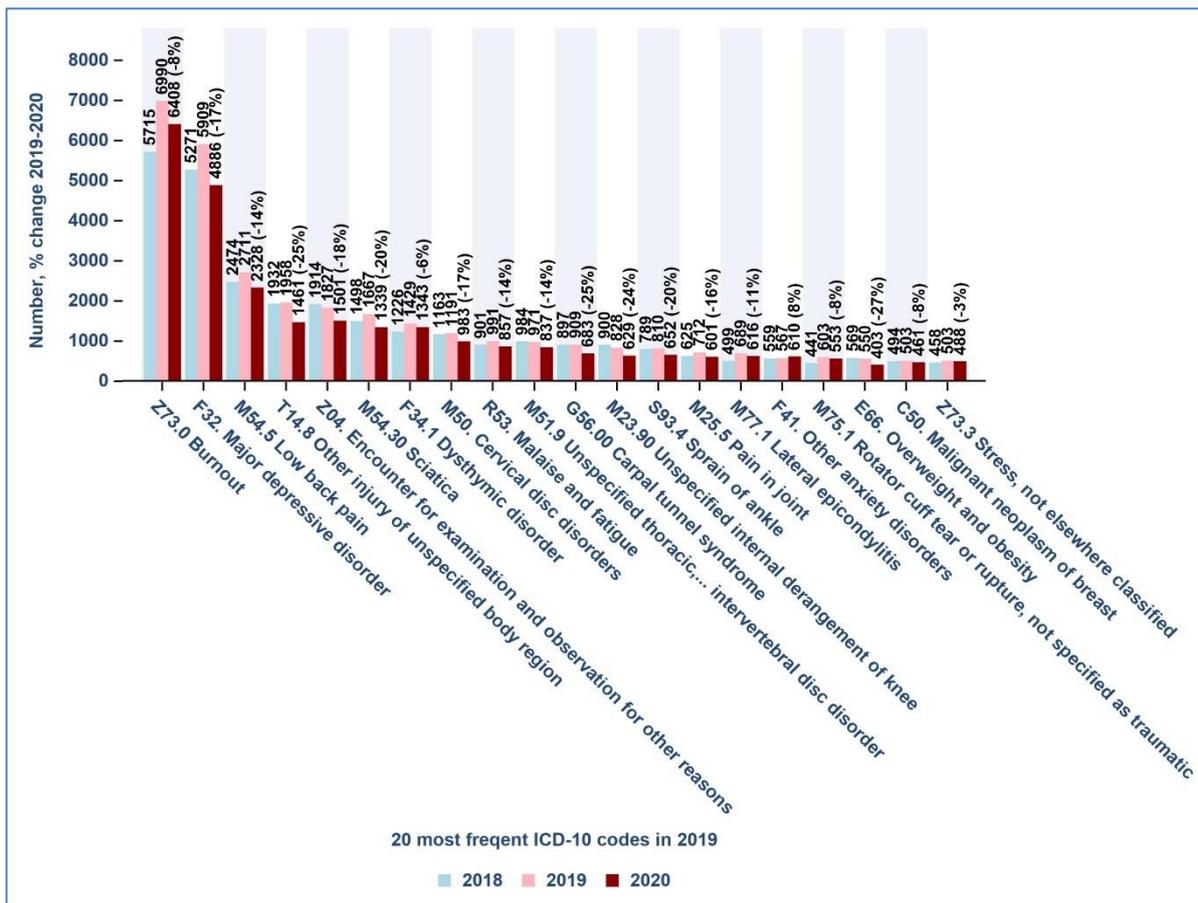


Figure 81: Twenty most frequent ICD-10 codes on first certificates of work incapacity that led to an allowance in 2019, and evolution between 2018 and 2020

A first important explanation for the striking figures in April and May, and November and December, can be found in the lockdowns from 17 March to 5 April 2020 and from 2 November to 13 December 2020. Working from home became the norm. Before these lockdowns, about a quarter of the working population sometimes or usually worked from home, which subsequently rose to well over 30%, with peaks of up to 39% in May and November²⁹. It is plausible that working from home leads to fewer requests for sick leave because of increased psychosocial wellbeing - 2 out of 3 people who telecommute more as a result of the corona crisis are satisfied with it³⁰ - as well as physical wellbeing - a reduction in the number of contacts leads to less transmission of illnesses. This is supported by the short-term sickness absence rate, which in 2020 was 7.4% lower than in 2019, despite the fact that in March 2020 it was 62% higher than in March 2019.³¹

Another possible cause of a decline in work incapacity is the postponement of both preventive and (non-emergency) curative care. Most characteristic is the decline in the number of hospital admissions, often as a result of measures imposed by the government. The first lockdown was marked by a 47% decrease in the number of hospital admissions compared to 2019. In the second lockdown, there were a quarter fewer admissions.³²

For other possible explanations, we look at labor market indicators and support measures created during the corona crisis. The number of persons employed and the employment rate of people aged 15-64 decreased slightly between 2019 and 2020³³. The number of unemployed persons increased by 3.0% compared to 2019. In 2009, however, due to the banking crisis, this was an increase of 7.5%.³⁴ However, compared to 2019, the number of people who retired before the age of 65 was 11.6% higher among employees and 3.6% higher among the self-employed.³⁵ This is despite the support measures that have been created, such as temporary unemployment because of COVID-19 (employees) and the crisis bridging right because of corona (self-employed). As far as employees are concerned, from 13 March 2020 to 31 August 2020 and from 1 October 2020 to 30 June 2021, all temporary unemployment due to the corona virus can be considered as temporary unemployment due to force majeure. The measure was characterized by the introduction of a greatly simplified application and payment procedure. Self-employed persons who have to interrupt their self-employed activity in full or in part because this self-employed activity has been affected by the closure measures of the government can claim various forms of the crisis bridging right due to corona. Both support measures are widely used, with 1,145,571 employees in temporary unemployment by COVID-19 in April and 413,915 self-employed workers invoking the crisis

²⁹ Statbel, 15 januari 2021, Monthly figures on the labour market – November 2020.

³⁰ Baert et al, 2020, The COVID-19 Crisis and Telework: A Research Survey on Experiences, Expectations and Hopes.

³¹ Acerta, 18 februari 2021, VUB en Acerta: opvallend laag kort ziekteverzuim.

³² IMA, 20 april 2021, COVID-19-statistieken ziekenhuisopnames.

³³ Statbel, 29 maart 2021. Overall, the impact of the Covid-19 crisis on the Belgian labour market in 2020 remains limited.

³⁴ RVA, 2021, De RVA in 2020 – Volume 2: indicatoren van de arbeidsmarkt en evolutie van de uitkeringen.

³⁵ Acerta, 1 juni 2021, Meer Belgen vervroegd op pensioen tijdens coronacrisis.

bridging right (Figure 80). For 2020, the total expenditure amounts to €4.26 billion and €3.37 billion respectively.^{36 37}

It is plausible that a number of persons who would normally end up in work incapacity have now been able to benefit from these support measures instead. March 2020 was an exceptional month, marked by a great deal of fear and uncertainty, as evidenced by the explosion in short-term sick leave, first certificates of incapacity for work and the reliance on support measures. Afterwards, a high use or increase in the use of support measures seems to be accompanied by a low number or decrease in the number of first certificates of work incapacity (Figure 80). These probably pertain to short-term work incapacity decreases in relation to the increase in the number of persons who are temporarily unemployed, since the latter often concern short-term periods.

In conclusion, the possible causes of the drop in the number of first certificates of work incapacity are likely temporary, resulting from policy measures taken in response to the pandemic, such as the drop in the number of hospital admissions and the support measures created. Regarding the latter, we can say that this has functioned as communicating vessels. We already observed such an effect in the past with regard to unemployment and work incapacity, where the decrease in unemployment since the year 2015 has led to a further increase in work incapacity. In the same vein, attention will have to be paid to the effects of the future reforms of pensions and incapacity for work on the other branches of social security. In order to act in a timely manner on this complex interplay, it is important to monitor these indicators closely.

2.2. Sickness absence

Short-term absence

The data collected of ACERTA are based on actual data 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 on the one hand, and on a dataset of 28,000 employees from the healthcare sector on the other. 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.

³⁶ RVA, 2021, Tijdelijke werkloosheid wegens CORONAVIRUS COVID-19.

³⁷ David Clarinval, 12 februari 2021. David Clarinval maakt de recentste cijfers bekend betreffende het dubbel overbruggingsrecht en het overbruggingsrecht bij omzetsdaling.

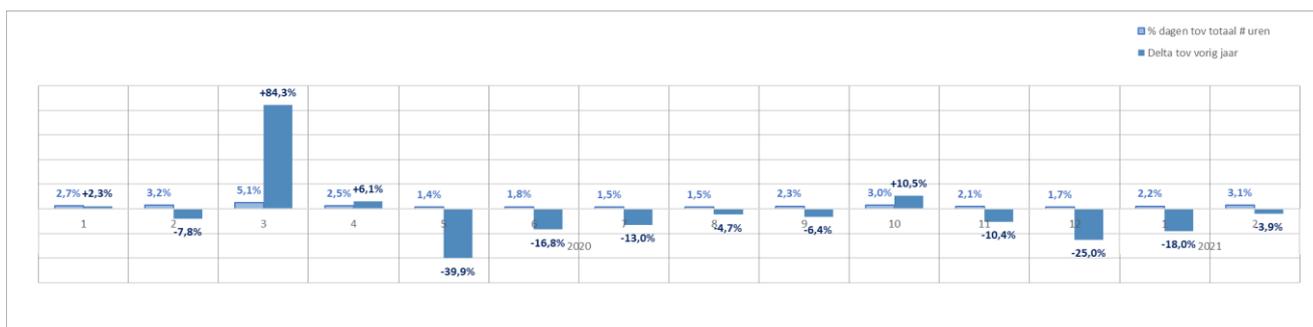


Figure 82: Data Acerta – difference short-term absence 2019-2020

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. 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 to telework and more limited physical contact decreasing common infections, which are one of the most reported reasons for short sick leave. 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 36.1% 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. 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.

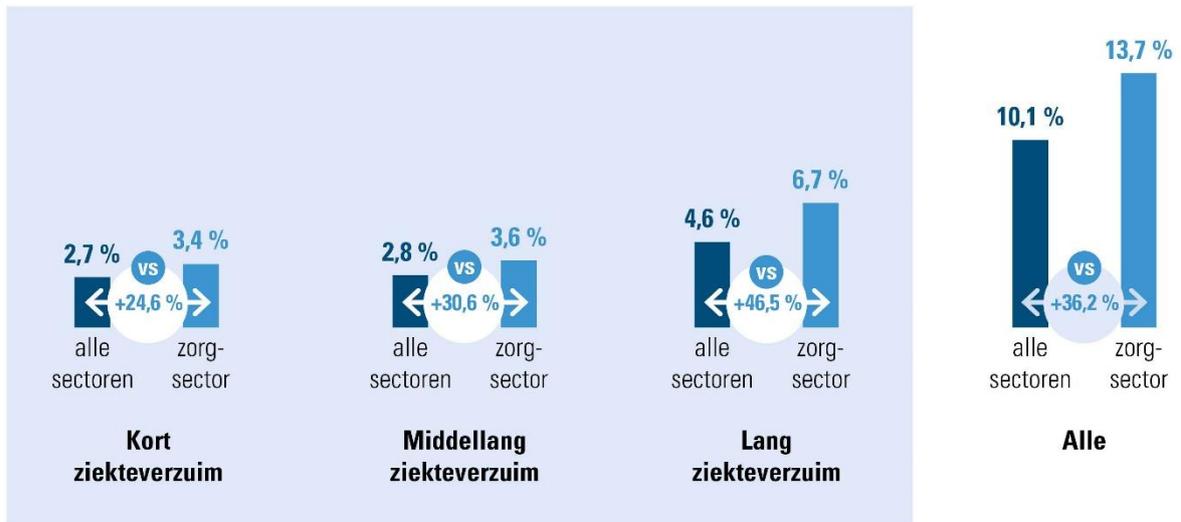


Figure 83: Sickness absence in 2020 - % of workable house - general vs health care sector

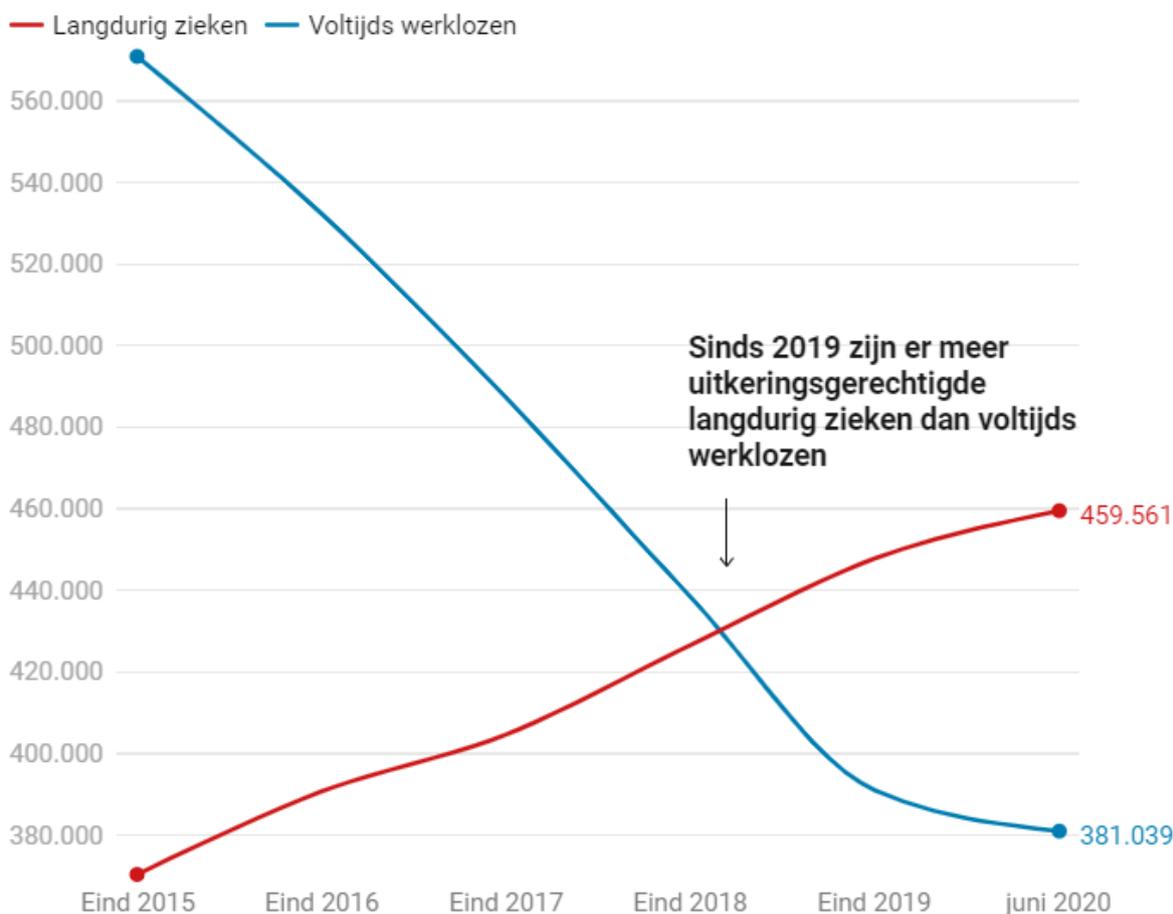
The overall figures (82 and 83) show that working from home, one of the more important corona measures, has a beneficial effect on (short) sick leave. You may be too sick to go to work, but not necessarily so sick that you cannot work. That you do continue to do work on a down day when working from home is one of the reasons for the lower sick leave in 2020. But working from home is not possible in the healthcare sector in most cases. So that advantage did not play out there. In addition, the extra workload and the many (risk) contacts with patients take a big toll.

If we zoom in specifically on short-term sick leave in the care sector, it was almost 10% higher in 2020 than in the previous year. All in all, 3.4% of the workable hours were not performed because of illness affecting less than one month of staff. The figures are therefore at odds with the general trend among the working Belgian population. Across all sectors, short-term sick leave in our country fell by 3.7% in 2020, partly thanks to the many home-based jobs and more limited physical contact.

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. 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 84: number of benefit recipients on longterm sickness absence versus unemployed

Below are the data related to burnout and depression long-term disability (disablement) for employees, unemployed, self-employed and miners who can no longer work due to an illness or accident (not an occupational disease or accident at work) may be entitled to disability benefits (Note: Statutory civil servants are not covered by disability insurance for the benefits portion and are not included in these data).

To date, there is no consensus on a valid measurement tool to diagnose burnout. Consequently, it is currently not possible to provide complete figures on the incidence of burnout. Therefore, the figures on the number of people in disability within the framework of the benefit insurance (system of wage-earners and the self-employed) because of burnout,

are purely estimates based on a number of pathology codes that closely match the view on burnout in practice.

Loontrekkenden	31-12-2019	30-06-2020
Depressie	70.536	73.050
Burn-out	28.021	30.057
Tot. (Depressie + Burn-out)	98.557	103.107
<i>Ziektegroep Psychische stoornissen</i>	153.512	158.717
<i>Tot. Invaliden</i>	420.504	431.485

Zelfstandigen	31-12-2019	30-06-2020
Depressie	2.909	3.040
Burn-out	1.607	1.763
Tot. (Depressie + Burn-out)	4.516	4.803
<i>Ziektegroep Psychische stoornissen</i>	6.626	6.952
<i>Tot. Invaliden</i>	27.363	28.076

After one year and one day of disability, the period of "disability" begins. Above in the table you will find the figures of people with burnout and depression with medical recognition in disability on December 31, 2019 and June 30, 2020 (this is a picture of the situation on that date).

Burnout and depression often last less than 1 year have. The first year of disability is the so-called "primary disability period". We have no information about the pathology of people in primary incapacity. So, the above figures give only a partial picture.

Recently, we do have a flux that includes the cases of primary disability that reached the 1st day of the 7th month of disability. We are not in a position to provide figures immediately now but we will carry out the necessary analyses and we will keep you informed by the end of April-beginning of May.

Temporary unemployment and implications for mental health

This is of specific concern, since data from a longitudinal survey study by KU Leuven and IDEWE³⁸ 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

³⁸ KU Leuven & IDEWE; Vander Elst, Vandenbroeck, & Godderis

2), a heterogenous 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.

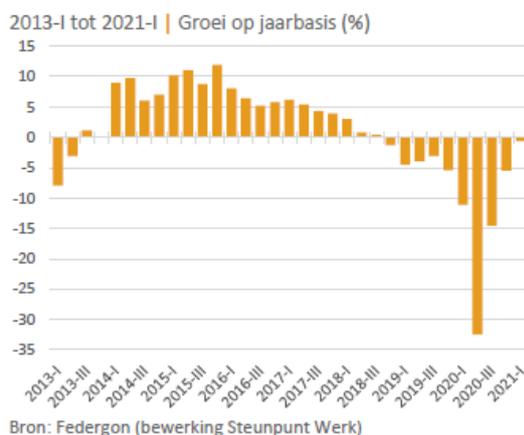


Figure 85: Percentages of respondents with at least 3 out of 6 complaints of social dysfunction (GHQ-12) during the first COVID19 lockdown in Belgium

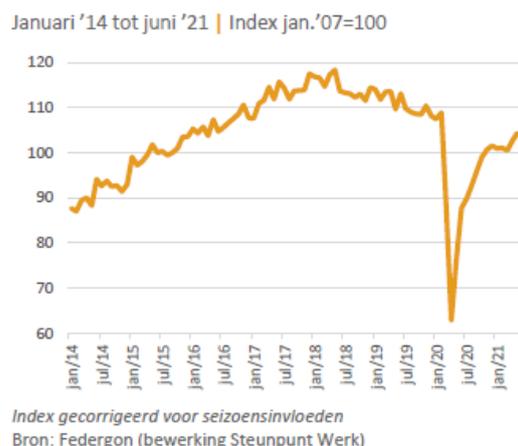
According to 'Steunpunt Werk'³⁹ the COVID-19-pandemic has had a clear impact on the Flemish labour market. For quite some time now, they have been monitoring the trend indicators of the Flemish labour market in the field of the economic situation, activity and unemployment, employment and sectors, and vacancies and shortage.

The Federgon index (Figure 86) 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



➔ federgon.be/het-kenniscentrum

Figure 86: Evolution of hours worked in temporary employment in Flanders + Federgon-index Belgium

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 87). 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).

³⁹ www.steunpuntwerk.be

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

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

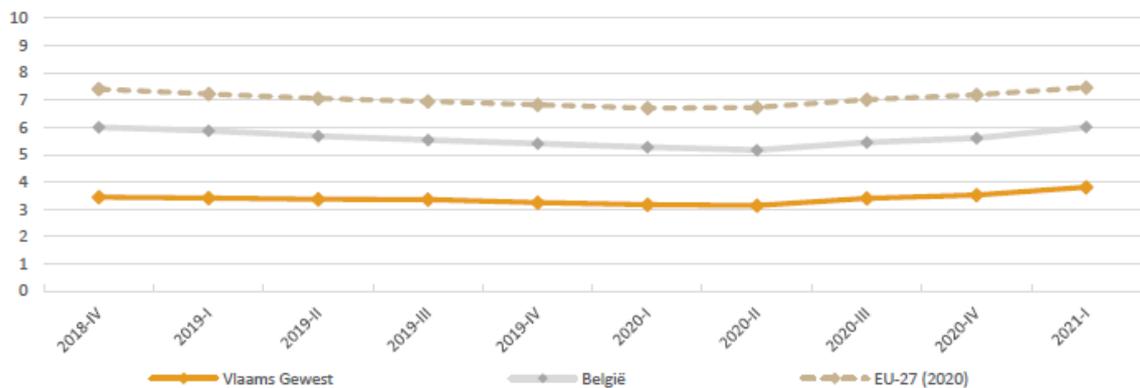
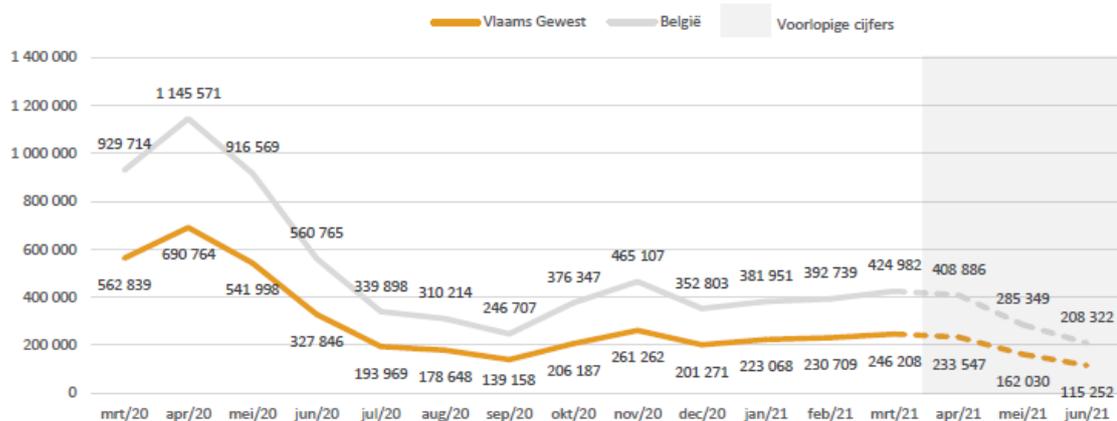


Figure 87: trendlevel unemployment rates

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 88). 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 89).

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

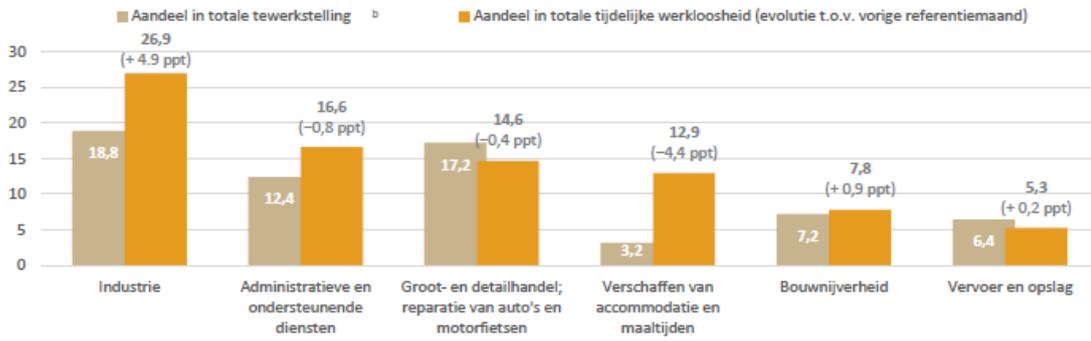
De gegevens per referentiemaand zijn niet definitief en zullen geactualiseerd worden bij elke nieuwe beschikbare indieningsmaand. Doorgaans zijn de cijfers na 3 maanden definitief te noemen.



Bron: RVA, RSZ (bewerking Steunpunt Werk)

Figure 888: 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.

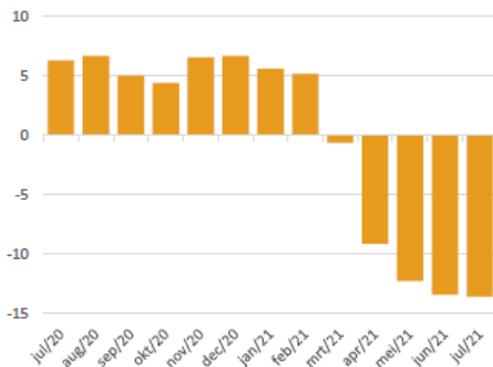
Bron: RVA, RSZ (bewerking Steunpunt Werk)

Figure 899: 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 90).

Evolutie aantal wzw | VLAAMS GEWEST

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



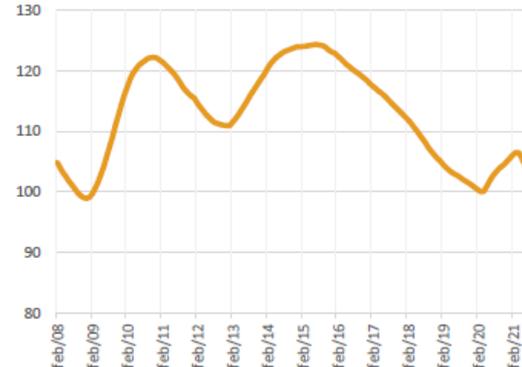
Bron: VDAB / NBB.Stat (bewerking Steunpunt Werk)

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

Figure 90: evolution unemployed job seekers

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)

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.

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, hospitality, 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 analyzed, as there are alarming messages from mental health care providers regarding possible saturation of psychiatric services, in particular for pediatric 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.
- 6) **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.
- 7) **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.
- 8) **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.
- 9) **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.
- 10) **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.

- 11) **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, mutuels, 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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Abstracts and publications

Ms. Anke Boone, Dr. Sofie Vandenbroeck, Prof. Dr. Lode Godderis. The mental health of PhD Students and post-doctoral researchers: breaking the silence. In preparation.

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Opinion pieces and expert opinions

Prof. Inez Germeys, Prof. Tom Beckers, Prof. Patricia Bijttebier, Prof. Jozefien De Leersnyder, Prof. Omer Van den Bergh, Prof. Saskia Van der Oord, Prof. Karine Verschueren, professors of Psychology and Psychiatry at KU Leuven, as a follow-up to the open letter 'Mental health of young people in COVID times' (signed by 309 signatories). Youth and COVID: Policy recommendations for the improvement of mental well-being of young people by fostering safe social interactions

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