Superior Health Council

Living Document I: Belgian mental health (care) data repository

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Third update

This is the third update of the Belgian mental health (care) data repository of the Superior Health Council, commissioned by the Policy Coordination Working group. In this third update, we will venture into the analysis phase of this project by performing a systematic review of the data.

For this first analysis, we will be focusing solely on the articles in the highest level of evidence category which are currently in the data repository, i.e. longitudinal, cross-sectional population and cross sectional convenience samples. If necessary, more information on the definitions of the level-of-evidence can be found in the previous update. After the preliminary systematic analysis, we will provide an overview of the synopsis of the data retrieved for each article.

ATTENTION:

If you yourself, have performed or are performing research on covid-19 and mental health in Belgium and are not yet in the data repository, please do feel free to fill in the Qualtrics for each of the research topics you are working on: link to Qualtrics

If you know of any additional research performed by other researchers, please do put us in contact with them and send their contact information to the Superior Health Council using the following email address: info.hgr-css@health.fgov.be

Summary status until now:

We initially started out with 169 studies in the Belgian mental health data repository, but are continuously keeping track of new studies. In the last update, the methodological approach of the systematic review was defined based on an adaptation of the Oxford CEBM level of evidence system and the construction of exclusion criteria.

1. Studies within the highest level of evidence

When performing the systematic review on the impact of covid-19 on mental health in Belgium, we are taking into account the different levels of evidence related to the studies in the Belgian mental health repository based on an adaption of the Oxford CEBM standard level of evidence.

For this first systematic review, we will be focusing on the 18 studies, currently, in the highest level of evidence, i.e. longitudinal (8), cross sectional population (2) and cross sectional convenience sample (8):

Highest level of evidence	author (alphabetical per type of evidence)	study	contact details
longitudinal	Bruffaerts, Ronny	Leuven college surveys	ronny.bruffaerts@uzleuven.be
	Bruffaerts R, Mortier P, Voorspoels W, Vilagut A, Jansen L, De Vocht J, Alonso J.	Mental health impact of COVID19 among healthcare professionals in Belgium. The Recovering Emotionally COVID (RECOVID) study.	ronny.bruffaerts@uzleuven.be
	Cordonnier Aline and Camille Dabé	Past and future thinking in Corona-times	aline.cordonnier@uclouvain.be
	Galdiolo, & Gaugue	Couple and parental relationships during lockdown	sarah.galdiolo@umons.ac.be
	Lorant V, Broeck K Van den, Gandré C.	Impact of lockdown on psychological and social wellbeing of the population (COVID and I)	vincent.lorant@uclouvain.be
	Marchini, S., Zaurino, E., Bouziotis, J., Brondino, N., Delvenne, V., & Delhaye, M.	Study of resilience and loneliness in youth (18–25 years old) during the COVID-19 pandemic lockdown measures	simone.marchini@ulb.be
	Pabst A, Bollen Z, Creupelandt C, Fontesse S, Pinon N, de Duve M, et al	The impact of the lockdown measurements on the consumation of alcohol and other substances	pierre.maurage@uclouvain.be
	Van Hoof Elke et al	impact of covid19 on the wellbeing of teachers	Elke.Van.Hoof@vub.ac.be
Cross sectional population	Federaal Planbureau	Wellbeing indicators	jmf@plan.be
	Sciensano	5 waves	info@sciensano.be ; rana.charafeddine@sciensano.be
cross sectional convenience	Bouchat P, Rimé B, Résibois M, DeSmet A, Páez D	How best to promote interpersonal relationships and social integration in the context of Covid-19 physical isolation?	pierre.bouchat@univ-lorraine.fr
	Glorieux, A., P. te Braak, J. Minnen, B. Spruyt	PhD Survey VUB 2020:Analysis of the consequences of Covid-10 on PhD candidates at the VUB	anais.glorieux@vub.be
	Insomnia team & COVID-19 of CHU Brugmann, VUB and ULB	Impact of the second lockdown on sleep	abernack@ulb.ac.be; olivier.mairesse@vub.be
	Sciensano	3 waves covid and drugs	info@sciensano.be ; rana.charafeddine@sciensano.be
	Solidaris	Yearly barometer on trust and well-being	Delphine.ANCEL@solidaris.be
	Vanhaecht Kris	Care together	kris.vanhaecht@kuleuven.be
	Van Hoof Elke et al	Everyone ok	Elke.Van.Hoof@vub.ac.be
	Vansteenkiste M, Soenens B, Vermote B, Morbée S, Waterschoot J, Klein O, Luminet O, Schmitz M, Van Oost P, and Yzerbyt V.	A questionnaire about well-being during the corona crisis	Maarten.Vansteenkiste@UGent.be

2. Systematic analysis

For this systematic analysis we describe the research findings for each level of evidence and then formulate a general conclusion.

2.1 Longitudinal research (8 studies)

The research in the highest level of evidence, longitudinal research designs, clearly indicates that covid-19 does have **a negative impact on mental health**. This negative impact can be seen both in the general population as in specific target groups. Especially, lockdown and harsh preventive measures increase the risk of experiencing psychological distress. However, deconfinement generally releases the pressure, whereby, the majority of the population seems to recover quite naturally and fairly rapidly.
Throughout the sanitary crisis and until now, **a significant group of people (27%; i.e. approximately one out of 5 people) also never have reached the threshold of psychological distress**. Nevertheless, certain subgroups do experience an increase of psychological distress related to covid-19 and the strain on society is not yet over. **For younger age groups (18-25) a 5% rise in mental health care needs (first contact with a psychologist/psychiatrist, psychotropic drug, inpatient care in psychiatry department) is mentioned**.

Vulnerable groups for whom the risk of the occurrence of psychological distress increases, seem to be constituted around a variety of factors:

- **having pre-existing mental health problems**
- **fixed factors: gender (female) and age (18-34)**
- **variable factors: isolation, low social support, and low frequency of activities**

It remains, however, pivotal to stress that the research stipulates that there is **no automatic link between experiencing psychological stress and developing mental health (psychological or psychiatric) disorders**; neither that there, currently, is a general mental collapse happening. The society, overall, seems to be quite resilient and holding up, despite of the abnormal challenging covid-19 context. Some research, thereby, even find **positive effects from covid-19 on mental health**. For example, for some, covid-19 has also been an escape of the "rat race" of normal life. Couple satisfaction has increased and there has been an overall reduction in alcohol consumption (although there appears indeed an increase in certain subgroups).

2.2 cross-sectional population (2 studies)

The covid-19 crisis reinforces a deterioration in general wellbeing which was already at play in Belgium since the financial crisis of 2008 of which society has not yet fully recovered. Based on projections taking into account several key population indicators, the impact of covid-19 on wellbeing is expected to be even larger than the impact of the financial crisis in 2008. The current crisis is also expected to have a detrimental impact on the capital needed to ensure the wellbeing of future generations.

The strain that covid-19 puts on society is, firstly, noticeable in a **rising feeling of dissatisfaction**. Especially younger age groups (18-44) are increasingly dissatisfied with their social contacts. There is also a noticeable **increase in perceived lack of social support** and **a decrease in life satisfaction**. All aspects which are known to be constitutive for mental health. Secondly, **anxiety and depression numbers seem to fluctuate during the pandemic**. Whereby anxiety numbers seem to rise in correlation with rising infection numbers (in relation with an increased risk perception), depression seems to be more related to the impact of the preventive measures taken. Lastly, and especially worrisome, is the **rise in sleep problems**. Within the general population this number is rising up to 70%.

Certain target groups are mentioned as being less prone to developing mental health disorders (ex. 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

2.3 cross-sectional convenience sample (8 studies)

Studies in this level of evidence, mention that there is a **fluctuating effect of covid-19 on mental health**. Again, especially lockdowns have a negative effect, however, deconfinement naturally boosts moral quite rapidly. Depending on the covid-19 situation and the timing within the pandemic, feelings of lassitude, anger, fear and motivation seem to fluctuate.

The odds of developing mental health problems increase with the number of life areas that are affected by covid-19 (e.g. work, income, health, future...), which means that there is a **multiplicator effect** at play in the effect of covid-19 on mental health. Groups at risk of developing mental health problems are linked to a variety of factors, whereby a multiplicator effect is at play:

- **age (“younger” generation) and gender (female)**
- **profession (health care workers)**
- **multiplicator effect i.e. number of life areas under influence (e.g. work, income, health, future...)**

Worrisome is, again, that the occurrence of sleep problems is rising systematically throughout the general population. As resilience is decreasing and the mental strain of covid-19 keeps on existing, the risk of developing mental health problems increases. Drug use decreased during the first lockdown, but, after deconfinement got back to the same levels or even higher for some drugs as before lockdown.

3 studies focus on specific subgroups (1 on teachers, 1 on healthcare workers and 1 on PhD students). As there is, currently, no comparison possible with other research on these specific target groups we decided to only take into account the general trends for now and not to go into specifics. Currently, there is no indication that these groups are impacted in a significant

different manner than the general population, with the exception of the **health care workers who are identified as a vulnerable group** given their specific proximity to the covid-19 pandemic.

2.4 conclusion highest level of evidence

There is clear evidence that covid-19 has a negative effect on mental health. However, it is pivotal to stress that **there is no proof of a mental collapse within society (yet)**. Experiencing psychological distress is neither an automatic premise for developing mental health (psychological or psychiatric) disorders. The Belgian society in general seems to be quite resilient and coping alright with the challenging covid-19 situation.
However, the **chronicity** of the covid-19 pandemic warrants some extra contemplation. The pandemic and the preventive measures taken, continue to put a strain on society and this does not go without consequences. Alarmingly, the occurrence of sleep problems is increasing, whereby up to 70% of the general population indicated to have had sleep problems occasionally or more often in the last two weeks. Resilience and energy resources are naturally depleting. Dissatisfaction is on the rise. The longer this continues, the higher the risk of long-term negative consequences from covid-19 on mental health becoming reality.

Certain groups are more at risk of developing mental health problems compared to the general society. **Most importantly, it is crucial to understand that cumulative and multiplicator effects are at play:**

- **prior mental health disorders**
- **number of life areas affected by covid-19 (e.g. work, income, health, future...)**
- **fixed factors: age (18-35) and gender (female) higher occurrence of distress**
- **variable factors: isolation, low social support, low frequency of activities higher occurrence of distress**

In all transparency, it also has to be mentioned here that not all vulnerable groups and risk factors are currently represented within the research in the data repository nor did we have all available data yet. We will keep adapting our results as we receive more information.

The impact of covid-19 on mental health and wellbeing is a complex concurrence of risk factors (fixed and variable) and resilience of the individual at hand. It is, therefore, scientifically advisable to focus on groups whereby multiple factors are present instead of zooming in on one particular risk increasing factor.

3. Synopsis for each study

3.1 Longitudinal studies (8)

Covid and I: Lorant V., Van Den Broeck K., & Gandré C.
The "Covid and I" study is a longitudinal study consisting of four waves with the first wave starting only a couple of days after the announcement of the first lockdown. The other moments of data collection took place in April, June (during de-confinement) and November

(start of the second lockdown). This study is a collaboration between UCLouvain and the University of Antwerp. 6337 people took part in all 4 waves. During March and April, 48% to 46% of individuals were at risk for psychological distress. In June the situation ameliorated and only 32% of individuals were at risk. However, in November when the measures became stricter again, the number of individuals at risk increased to 47%. Interestingly, 27% of respondents never reached the threshold of psychological distress while only 15% of individuals were in a psychological distress. The researchers also found a link between these changes in psychological distress and different subgroups of the population like women and young people. Moreover, they also identified other time-varying factors that had an impact on changes in psychological distress. Isolation, low social support and low frequency of activities explained 24% of the changes in distress while exposure to COVID-19 only explained 1%. As far as we are aware, no future data collection is envisioned.

Couple and parental relationships during lockdown: Galdiolo S., & Gaugue J.

This study is part of a larger international study consisting of four waves between March and August 2020. In Belgium, about 350 Belgian took part in the study. Their findings showed a positive impact of the lockdown on couple satisfaction and more mitigated results for parental satisfaction. As far as we are aware, no future data collection is envisioned.

Past and future thinking in Corona-times: Cordonnier A., & Camille D.

The aim of this study was to investigate emotions, memory and future thinking in Corona-times. This study has two waves of data collection. First data collection was from the 20th of March 2020 to the 13rd of April 2020 and the second data collection was from the 25th of May of 2020 to 20th of June 2020. 680 French speaking participants took part in both waves. In the first wave the researchers asked participant about events that would take place in the future. In the second wave, participants had to remember how these events happened. Results showed a clear optimism bias is present. No future data collection is envisioned.

Leuven college surveys: Bruffaerts R.

The Leuven college surveys have been running since 2012 and investigates the emotional wellbeing of students. During the first lockdown, a new survey was sent out with some additional questions about emotional wellbeing during lockdown. The researchers found 21% of the students to report a severe emotional impact of the COVID-19 pandemic. Around 54% reports a mild-to-moderate impact whereas one in four does not report an impact at all. No differences were found in stress levels, suicidality and depression in March 2020 compared to March 2019. The proportion of students meeting the criteria of anxiety disorders is however somewhat higher in 2020 compared to the 2012-2019 benchmark. This study will continue to collect data yearly.

Study of resilience and loneliness in youth (18–25 years old) during the COVID-19 pandemic lockdown measures: Marchini S., Zaurino E., Bouziotis J., Brondino N., Delvenne V., & Delhaye M.

This longitudinal study consisted of two waves. The first wave took place in April-May and the second wave in August-October. This study evaluated the risks and protective mental health factors in 825 young adults between the ages of 18 to 25 in Belgium and in Italy. Resilience, loneliness and social, and family context were explored to determine their specific role in

coping with the emotional distress that spread worldwide during the coronavirus disease 2019 (COVID-19) pandemic. The researchers found that the group who experienced an increase in mental health care needs represented almost 5% of the assessed youth. Moreover, statistically significant differences were found in means of resilience oke! scale for adults total score and resilience scale for adults' perception of self. This study enlightens the possibly traumatic impact of the COVID-19 pandemic on at-risk youth's mental health. As far as we are aware, no future data collection is envisioned.

Mental health impact of COVID19 among healthcare professionals in Belgium. The Recovering Emotionally COVID (RECOVID) study: Bruffaerts R., Mortier P., Voorspoels W., Vilagut A., Jansen L., De Vocht J., & Alonso J.

So far two waves of this study have been carried out in April-June 2020 and October-December 2020. Two additional waves are planned in April-June 2021 and October 2021. In the first wave, researchers found that lifetime mental disorders (ie disorders that already existed prior to the outbreak of the pandemic) were associated with a 2.8 odds of current mental disorders, that work-related risk factors (such as problems with work-life balance, shortage of professional equipment, conflicts with co-workers, or the need to perform professional tasks without proper education) were between 1.4 and 2.0 times more likely associated with current mental disorders, and that social support had an overall buffering effect against mental disorders.

The impact of the lockdown measurements on the consumation of alcohol and other substances: Pabst A., Bollen Z., Creupelandt C., Fontesse S., Pinon N., de Duve M., et al

The aim of this longitudinal study was to investigate the alcohol misuse at early stages of lockdown. Participants had to report alcohol consumption during two timepoints during the lockdown and one after the lockdown resulting in three waves. About 1700 French speaking participants took part.

The researchers found that participants decreased their alcohol consumption after lockdown onset and returned to their initial alcohol consumption after lockdown offset without massive rebound effect on consumption. Younger individuals (18-30 years old) were more likely to decrease their consumption during the lockdown period compared to the periods preceding or following lockdown, especially if they presented hazardous or problematic drinking patterns before lockdown. We only observed a rebound effect after lockdown offset among young moderate drinkers. All participants kept their alcohol consumption stable during lockdown. As far as we are aware, no future data collection is envisioned.

Impact of COVID-19 on the wellbeing of teachers: Van Hoof E., De Laet, H. Verhavert Y., & Van den Cruyce, N.

This longitudinal study started in September 2019 and every two months a new survey was sent out. In total 6 surveys were sent out between September 2019 and July 2020 in Flanders. The researchers found that the risk for burn-out fluctuated over the different waves. At the start of the first wave there was a decrease in burn-out risk which might be related to "stepping out of the rat race". When online teaching started up, there was again an increase in risk for burnout. Emotional exhaustion shows a slow increase leading up to the lockdown,

but at the start of the first lockdown it decreases again to an ultimate low. The feeling of incompetence keeps on increasing during the lockdown even during the summer holidays. During the first lockdown, teachers indicated less need for recovery after a working day while later on in the lockdown and during the summer, the need for recovery increased to 60% of teachers indicating they are in need of recovery. A new survey was sent out in January and new surveys are planned to be send out again in March, May and July.

3.2 Cross sectional population studies (2)

Well-being indicators: Federal Planning Bureau

The federal planning bureau calculates different indicators including one for wellbeing based on the following determinants: health status, material deprivation, social life, work and education. Covid-19 is expected to have a direct impact on the most important determinants of wellbeing, especially on the health, social life and material deprivation component. The projections made regarding the impact of covid-19, taking into account the economic projections and a number of lager surveys also represented in the data repository, indicate that the impact of covid-19 on wellbeing will be larger than the impact of the financial crisis in 2008 on wellbeing from which society has not yet fully recovered. The covid-19 crisis, thereby, reinforces a deterioration which was already at play since 2008. The current crisis will also have a detrimental impact on the capital needed to ensure the wellbeing of future generations. The federal planning bureau plans to continue to collect data for this project for the foreseeable future.

Sciensano

Sciensano sent out a survey at 5 different timepoints over the last year (Beginning of April, end of April, Beginning of June, end of September, beginning of December). A third of the participants took part in all five surveys. Currently the cross-sectional results for each wave are already present.

Over the different waves, the researchers found anxiety and depression to be very high in March at the start of the pandemic. In April and May it decreased but was still higher compared to before the pandemic. In September both anxiety and depressed increased again but overall the numbers were still lower compared to March. In December the prevalence was again as high as it was in March.

In the first wave, researchers found that the people most affected were women, people between ages 16-24, and ages 50 and up. Moreover, the risk of anxiety and depression correlates with level of education, type of household, work situation and remaining at work. The risk of anxiety and depression correlates positively with odds of being confronted with a Covid-19 diagnosis in the near or far social circle and support from family or friends reduces fear of Covid-19 and odds of depression. Lastly, the odds of anxiety and depression increase with number of life areas that are affected (eg. work, income, health, future...).

In the second wave they found that young people aged 18-24 years are particularly vulnerable, experiencing more negative emotions and less positive emotions. Women, having a lower education, and people living alone with or without children are also more at risk to experience many negative emotions and few positive emotions.

In the third wave, they found living as a couple, higher education and paid employment to be protective factors against emotional disorders. On the other hand, living alone or with a single parent, receiving social security benefits, experiencing financial loss or expecting financial loss in the future are unfavorable to mental health in the corona crisis. More people experience suicidal thoughts compared to 2018 and more often attempt suicide (0.4% vs. 0.2%) in the past 12 months. The majority of the population (72%) experience sleeping disorders, this is 2 to 3 times higher than normal. However, energy levels remain the same of even increase slightly, reflecting a state of alertness related to the stress of the crisis.
In the fourth wave researchers found anxiety and depressive disorders increased between June and September among those working in the health sector, while the figures remained stable for other sectors. Moreover, mental disorders (anxiety, depression, sleep disorders and suicidal tendencies) occur less often among people aged 65 and older.
In the last and fifth wave, it was found that anxiety appears to correlate with the evolution of the number of infections, while depressive disorders appear to be more related to the restrictive measures taken against the spread of the virus. A high percentage of the population keeps reporting sleeping disorders.
Sciensano is currently collecting data for a sixth wave and plans on collecting more waves in the future.

3.3 Cross-sectional convenience studies (8)

How best to promote interpersonal relationships and social integration in the context of Covid-19 physical isolation? Bouchat P., Rimé B., Résibois M., DeSmet A.,& Páez D.
This study consisted of 4 waves between the start of the first lockdown and right before the second lockdown. The results showed that between March and October 2020, the pandemic had significant negative effects at the emotional and social level. However, results do not suggest a total psychological collapse. Negative affect increased between wave 1 and wave 2 (during the first Belgian lockdown), decreased before the summer and increased again even more between wave 3 and wave 4, before the second lockdown. Positive affect followed the opposite direction and decreased during the first lockdown, increased before the summer and decreased again even more before the second lockdown. Perceived solitude decreased a little during the first lockdown but increased again after the summer. Anger increased a lot during the first lockdown, and increased more between the third and fourth wave, before the second lockdown. Emotion of sadness varied a lot: it increased during the first lockdown, decreased before the summer but increased again before the second lockdown. Emotion of hope decreased, especially between wave 3 and 4. Finally, trust in institutions has decreased since the first lockdown, with little increase ever since. As far as we are aware, no future data collection is envisioned.

PhD Survey VUB 2020: Analysis of the consequences of Covid-19 on PhD candidates at the VUB: Glorieux A., te Braak P., Minnen J., & Spruyt B.
This study was already running before the start of the pandemic with the aim to research the satisfaction of PhD students over the years. A new survey was sent out between April and June 2020. About 730 participants took part in this wave of the survey. Most PhD students

experience the consequences of the corona-measures to be negative, but they also try to stay flexible for data collection and contact with the promotor. Working from home also is experienced as having negative consequences and higher time pressure. Since this is a yearly survey, data collection will continue.

Impact of the seconde lockdown on sleep : Insomnia team & COVID-19 of CHU Brugmann, VUB and ULB

The aim of this study is to look into the effects of covid-19 on sleep in a study consisting of two waves (April-June and October-January) in different European countries including Belgium. They found that insomnia complaints are significantly increasing. In the second lockdown 29% of participants reported moderate to severe symptoms, compared to 19% during the first lockdown which was already an increase from 7-8% before the pandemic. Significant predictors of developing clinically significant insomnia complaints are depressive symptoms regarding lockdown strategies and Covid-19 contraction, stress related to Covid-19 contraction and lack of social and physical contacts with family and partners. As far as we are aware, no future data collection is envisioned.

Sciensano

Sciensano also did a study on drug use during the pandemic during three different waves (April, May, October-November). In the first wave they found in general, a decrease in substance use during the first lockdown. Mainly the use of cocaine decreased after the start of the lockdown. There was also a decrease found in the average amount of ecstasy/MDMA and amphetamines sold. The other substances remained the same. Before the lockdown, 6.5% of respondents were being treated for problems linked to drugs. After the start of the lockdown, this decreased to 2.8%. Besides the drug aspect, researchers also included some questions about general wellbeing. They found that 40% of respondents did not follow the measures strictly. Moreover, respondents indicated that work/education, free leisure activities and social life were most disrupted by the pandemic and a third of them feel socially supported to a limited extent. In the second wave they again found a general significant decrease in substance use except for weed and Hash. Most users that used a certain product before the lockdown, also used it after the lockdown except for cocaine users. For general wellbeing however, it was found that more men than women have a high negative emotion score. This score indicates psychological problems. They also found an increase in domestic violence since the start of the lockdown.

In the third and last wave they found that although a decrease in substance use was visible in March and May, from September onwards the average substance use of cannabis and ecstasy/MDMA pills was again equal to before the pandemic. However, an increase in ecstasy/MDMA powder, alcohol, cocaine and amphetamines was found during September to November compared to before the lockdown. The researchers also found an increase in anxiety and depressive disorders between September and November compared to between March and April. They also found this to be the highest in females. Sciensano plans on continuing to collect data on drug use in Belgium.

Yearly barometer on trust and well-being : Solidaris

This study started in 2015 and a survey is sent out yearly. This year, they sent out a survey in May and September. They found that the main feeling people experience is the feeling of

lassitude, felt by two thirds of the Belgians and which has increased by 15 points between the two waves. Between the two measurement times, the feeling of anger also increased by 9 points and is felt by 50% of the sample, while fear decreased by 5 points. The sample also indicated more exhaustion during the second wave (an increase of 10 points) and hope, felt by 60% in May, decreased to be felt by only 50% of the sample in September. This study will continue to collect data yearly.

Care together: Vanhaecht K.

"De ZorgSamen" survey, had 4 waves in 2020 (April, May, June and October). The researchers found personal negative symptoms to be the highest in April compared to May and June and the period before Covid-19. There is also an increase in negative professional symptoms during April, May and October in comparison to the period before covid-19. However, there are no major differences for the positive professional symptoms for Covid-19 in April, May and June while in October this score is the lowest. An increase in physical complaints was found in October compared to before Covid-19. The feeling of guilt is higher in May than in October. In terms of support, it was found that a conversation with a partner was often a positive experience while a conversation with the manager was more often experienced as negative. However, it is expected that the need for a meeting with the manager will be more prevalent in October. As far as we are aware, no future data collection is envisioned.

Everyone ok: Van Hoof E. et al

This study is based on the results from visitors of the iedereenok.be website since March. So far, about 13 000 individuals filled out the questionnaire. The researchers found that the levels of toxic stress have significantly increased since the start of the lockdown. There was a drop in July and September, however, the stress levels rose again an remain higher compared to the levels found in 2019. The general resilience of working Belgians has declined compared to the pre-Covid-19 period. The 18–25-year-olds show higher levels of toxic stress compared to older generations. Women as well as men experience a significant rise of more than 10% in levels of high toxic stress. The study indicates an increased risk of people developing long-term problems, the risk is highest amongst 18–25-year-olds, also 1 in 5 of the working population in March 2020 and 1 in 4 of the working Belgians today. Resilience has clearly decreased from May 2020 onwards, with a flare up in July 2020. This is the reverse trend of high toxic stress, where we see an upwards movement from August 2020. The intervention on iedereenok.be is still ongoing and data will continued to be collected.

A questionnaire about well-being during the corona crisis: Vansteenkiste M., Soenens B., Vermote B., Morbée S., Waterschoot J., Klein O., Luminet O., Schmitz M., Van Oost P., & Yzerbyt V.

This study already consists of more than 150.000 respondents total took part. The researchers found that throughout the crisis, a systematic age effect was present 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+). 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. Since the

beginning of the lockdown, the well-being and motivation of the population has been ongoingly monitored within the motivation barometer. Across 57 waves, more than 150.000 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.
The motivation barometer includes 1) well-being indicators, 2) motivation types; 3) satisfaction of individuals' psychological needs. Indicators 2) and 3) are unique from this study. The data collection of this study will remain ongoing for the foreseeable future.

Attention:

If you yourself, have performed or are performing research on covid-19 and mental health in Belgium and are not yet in the data repository, please do feel free to fill in the Qualtrics for each of the research topics you are working on: link to Qualtrics

If you know of any additional research performed by other researchers, please do put us in contact with them and send their contact information to the Superior Health Council using the following email address: info.hgr-css@health.fgov.be

DISCLAIMER:
This Belgian mental health data repository is part of the advice of the workgroup 'mental health & covid-19' of the Superior Health Council. It was created on the demand of the Minister of Health as well as the Policy Coordination Working group in order to provide insight of the impact of the pandemic on the Belgian mental health.

Do also take a look at the already published advices by the group :

- Advice nr 9610 Psychosocial care during the Covid-19 pandemic: revision 2021 https://www.health.belgium.be/nl/node/38685
- Advice nr 9589 - Mental health and covid-19 https://www.health.belgium.be/sites/default/files/uploads/fields/fpshealth_theme_file/20200520_shc-9589_covid-19_and_mental_health_vweb_0.pdf

Scientific Acknowledgements and personal contributions:

Elke Van Hoof was involved in the creation of the Belgian Mental Health Data Repository, the research question, the research design & the conceptualization, identified studies and data collection, data cleaning, performed all analyses, interpreted the obtained data and was responsible for supervision of the team. She reviewed and edited all updates included in this data repository.

Nele Van den Cruyce was involved in the research design & the conceptualization, the recruitment of studies and data collection, cross-checking, analyses, interpretation, supervision and drafting of all updates in this data repository.

Hannah de Laet was involved in the research design & the conceptualization, the recruitment of studies and data collection, cross-checking, cleaning, analyses, interpretation, drafting of all updates in this data repository.

Olivier Luminet was involved in the conceptualization, data interpretation, supervision and review editing of all updates in this data repository.

Maxime Resibois was involved in the conceptualization, data interpretation, supervision and review editing of all updates in this data repository.

Sylvie Gerard was involved in research design & the conceptualization, contacting participants, data cleaning, analyses and provided the scientific secretariat for the data repository group.

Dekeyser, Sarah; Loix, Ellen; Philips, Evelien; Snoeck, Sylvia and Zamira Maratovna Safiullina were involved in data cleaning, analyses and technical support for the updates in this data repository.