

BELGIAN HEALTH AND WELL-BEING COHORT (BELHEALTH)

Bulletin n°3
October 2023



BELHEALTH
BELGIAN HEALTH AND WELLBEING COHORT

Authors:

Helena Bruggeman
Gwendoline Nélis

Contributors:

Finaba Berete
Elise Braekman
Rana Charafeddine
Stefaan Demarest
Marc Dispas
Sabine Drieskens
Lydia Gisle
Lize Hermans
Pierre Smith
Johan Van der Heyden

Table of contents

1. Introduction	2
2. Profile of participants	3
3. Mental health - June 2023	4
4. Evolution of anxiety and depression	5
5. Work and well-being	10
6. Conclusion	13

Introduction

The **Belgian health and well-being cohort** (BELHEALTH), which started in October 2022, is a longitudinal study that follows the evolution of the health and well-being of the Belgian population for a minimum of two years. The cohort group comprises a sample of 12,391 adults living in Belgium who agreed to be contacted every three to four months with an online questionnaire. The aim of the study is to inform health authorities about the changing mental health needs of citizens and to identify those groups who are experiencing the most difficulties - and who need priority support - in the face of the upheavals our societies are experiencing. The first BELHEALTH survey was launched in October 2022, followed by two others in February and June 2023. This Bulletin summarizes the results on (the evolution in) different mental health indicators as well as results regarding well-being at work.

Message to our participants

We would like to thank the 7,315 participants who participated in this third BELHEALTH survey. The participation rate remains high, for which we are very grateful. The continuation in participation allows us to monitor how mental health changes over time in our cohort. We would like to take this opportunity to inform you that the next BELHEALTH survey is scheduled for November 2023. We will invite you via email when it is time to participate again. For those curious about the previous results, you can find them on the BELHEALTH cohort [website](#). Thank you all!



Sample size
N = 7,315



Data collection method
Online survey

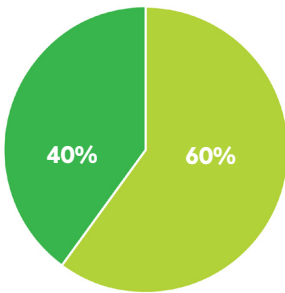


Period
21 June - 6 July 2023

Profile of participants

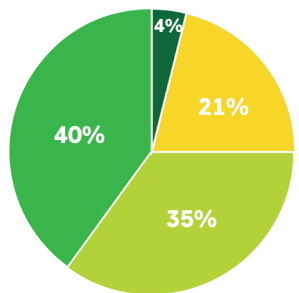
The sample includes in total 7,315 participants.

Distribution (%) of the sample by sex



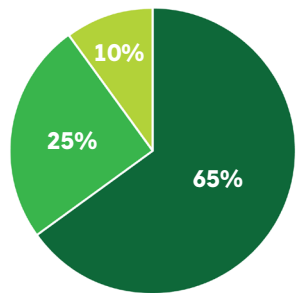
- Women
- Men

Distribution (%) of the sample by age



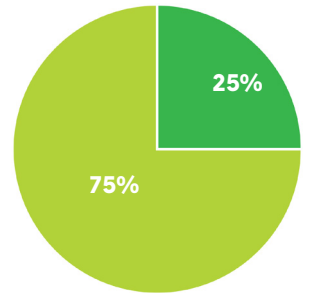
- 18-29
- 30-49
- 50-64
- 65+

Distribution (%) of the sample by region



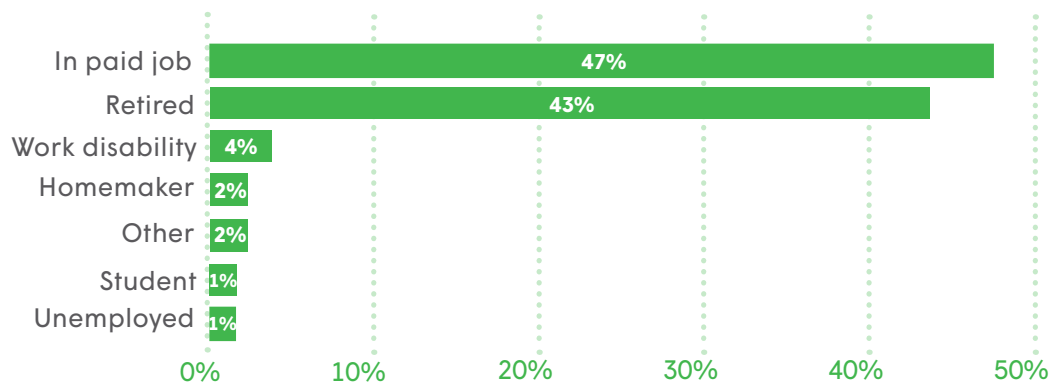
- Flanders
- Wallonia
- Brussels

Distribution (%) of the sample by education

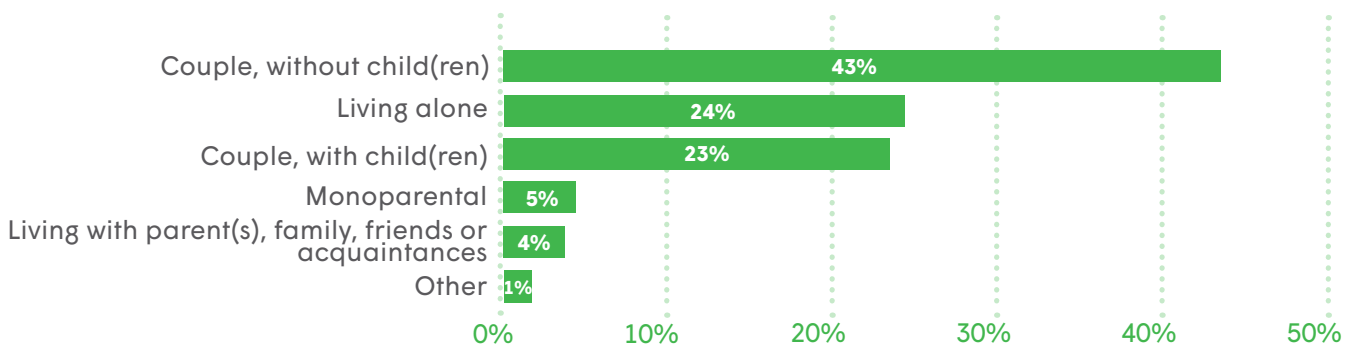


- High educated
- At most secondary school diploma

Distribution (%) of the sample by work situation



Distribution (%) of the sample by household type



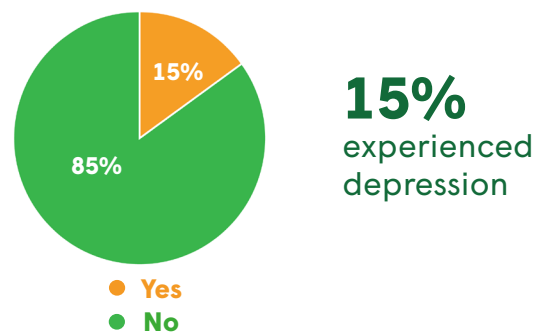
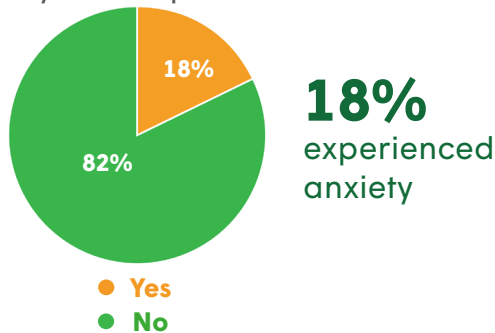
Because some groups are under-represented in our sample (for ex. young people), correction factors are applied in the analyses to match the distribution in the Belgian population. More methodological information can be found in [this document](#).

Mental health - June 2023

In the **third BELHEALTH survey** we asked our participants about different mental health dimensions: anxiety, depression, life satisfaction, loneliness, subjective mental health and sleeping problems.

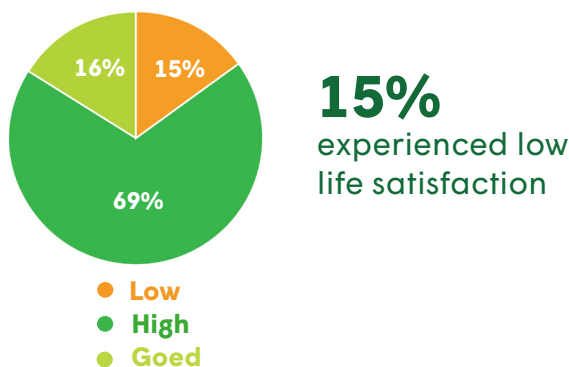
Anxiety and depression

Participants were asked to report in what respect they experienced symptoms listed in the scales measuring anxiety (GAD-7 scale) and depression (PHQ-9 scale). The answers could be given on a scale from 0 = "not at all" to 4 = "almost every day", with a reference period of the past 2 weeks. The total scores enable to estimate the likelihood of suffering from generalized anxiety and depressive disorders.



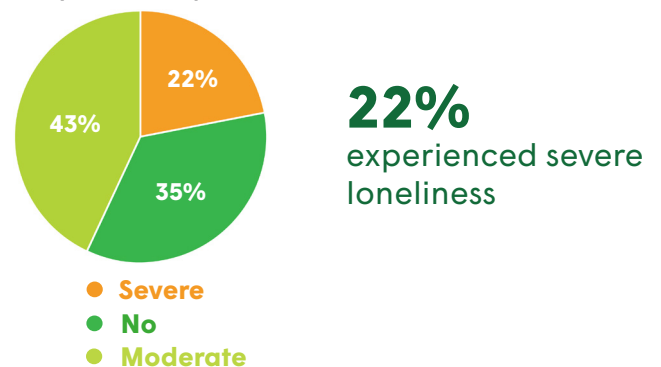
Life satisfaction

Life satisfaction was estimated on an 11-point scale, ranging from 0 = "not at all satisfied" to 10 = "fully satisfied". Three levels of satisfaction were distinguished, "low" (0-5), "good" (6-8) and "high" (9 and 10).



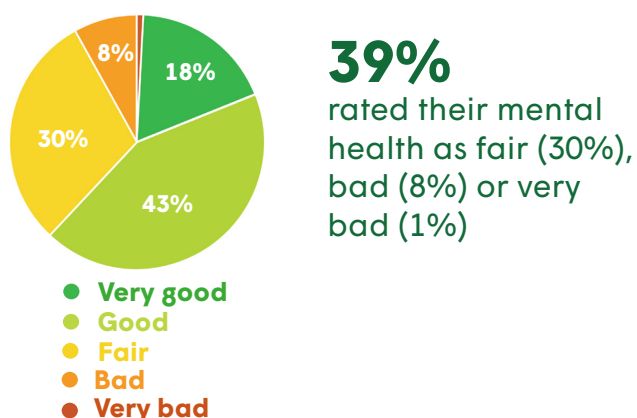
Loneliness

Participants were asked to give a score on the 6 items of the short Jong Gierveld Loneliness scale. People were considered "moderately lonely" if they scored positive ("yes" or "more or less") on 2 to 4 items and "severely lonely" if they scored positive on 5 to 6 items.



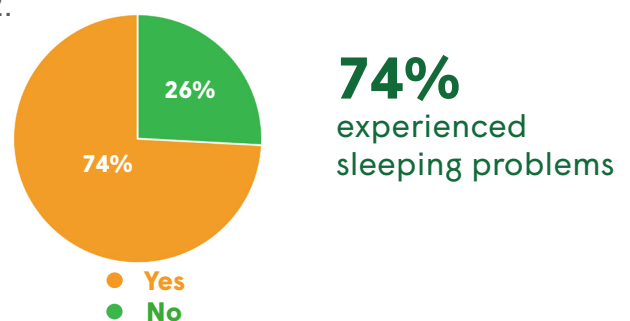
Subjective mental health

Participants were asked to evaluate their own (subjective) mental health in general on a scale ranging from 0 = "very bad" to 5 = "very good".



Sleeping problems

Participants were asked to evaluate their sleep based on 3 questions (SCL-90R) with a reference period of the past 2 weeks. The response scale ranged from 0 = "never" to 4 = "always". A sleep disorder is determined based on an individual total score from 4 to 12.



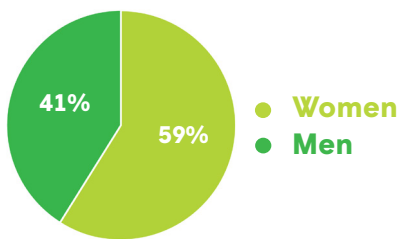
Evolution of anxiety and depression

In the previous section, the results were presented for all the participants of the third BELHEALTH survey. In this section, we focus on the individuals who have participated in **March 2022**, marking the end of the COVID-19 crisis, in **October 2022** and **June 2023**. This allows us to provide insights into how anxiety and depression have evolved within the same group of people over this specific period.

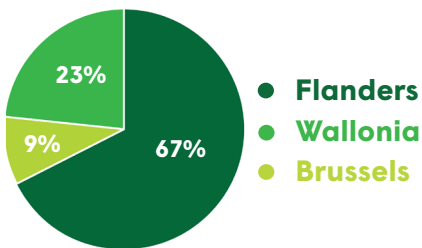
However, it is important to note that the following findings are reflective of this longitudinal sample and may not be generalized to the broader population. Instead, our emphasis lies in uncovering meaningful trends within this selected group.

Sub-sample characteristics

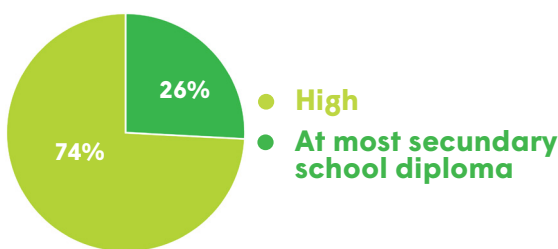
Distribution (%) of the sample by sex



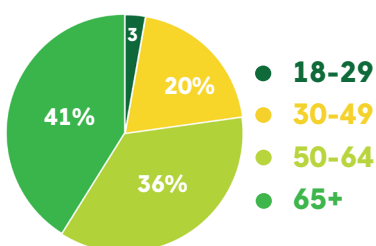
Distribution (%) of the sample by region



Distribution (%) of the sample by education



Distribution (%) of the sample by age



Methodology

Data collection timeline

- 10th Covid-19 websurvey: March 2022 (comparison point in COVID-19 crisis)
- First BELHEALTH survey: October 2022
- Third BELHEALTH survey: June 2023

Assessment scales

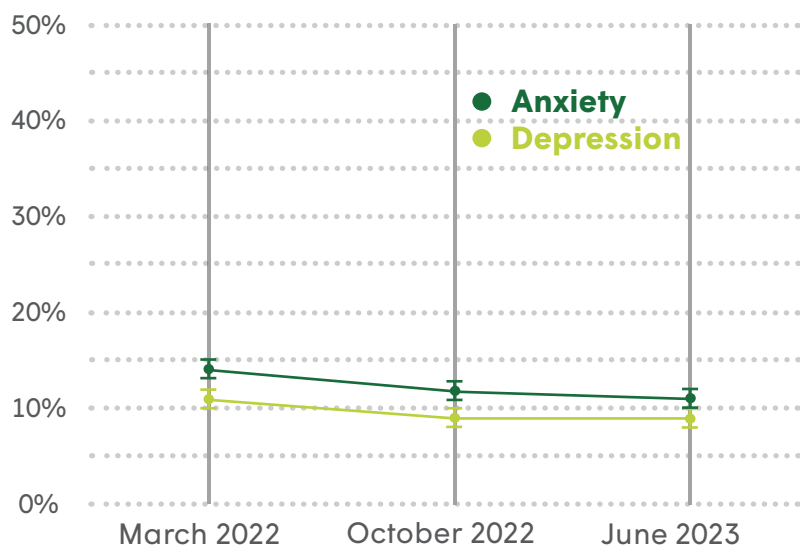
- Generalized Anxiety disorder: GAD-7 scale
- Depressive disorder: PHQ-9 scale



Total sample = 3,781

Evolution of anxiety and depression over time (longitudinal)

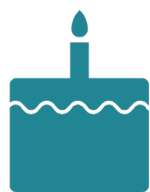
Timeline 10th COVID-19 Health survey and BELHEALTH study 2022-2023, Belgium



When we compare the rate of anxiety and depression with the proportions observed in March 2022, marking the tail end of the COVID-19 crisis, we can conclude that **the risk of being anxious and depressed** was significantly **lower** in **October 2022** (12% and 9%) and **June 2023** (11% and 9%) compared with **March 2022** (14% and 11%).

Risk groups

We know already from our previous surveys before that not all adults are exposed to the same mental health risks. These risks vary according to many factors such as age, gender, educational level, etc. We assessed if there is also a difference in the evolution over time in anxiety and depression between these groups.



AGE

People aged 18-29 years and 30-49 years were significantly more likely to have symptoms of generalized anxiety and depression compared with people between 50-64 years and 65+ years. People of all age groups showed the same decrease in both anxiety and depression over time.



GENDER

There was no significant difference in the proportion of men and women experiencing anxiety and depression, and their decline over time was comparable in both groups.



EDUCATION

People with at most a secondary school diploma were significantly more likely to have symptoms of both anxiety and depression. Moreover, they were significantly less likely to show a decrease in anxiety over time compared with people with a high level of education. For depression a similar decline over time was seen in the two groups.



HOUSEHOLD TYPE

People living alone with or without children were significantly more likely to have symptoms of generalized anxiety and depression compared with people living as a couple with or without children. The evolution over time in anxiety and depression was similar, regardless of the kind of household people were living in.



WORK SITUATION

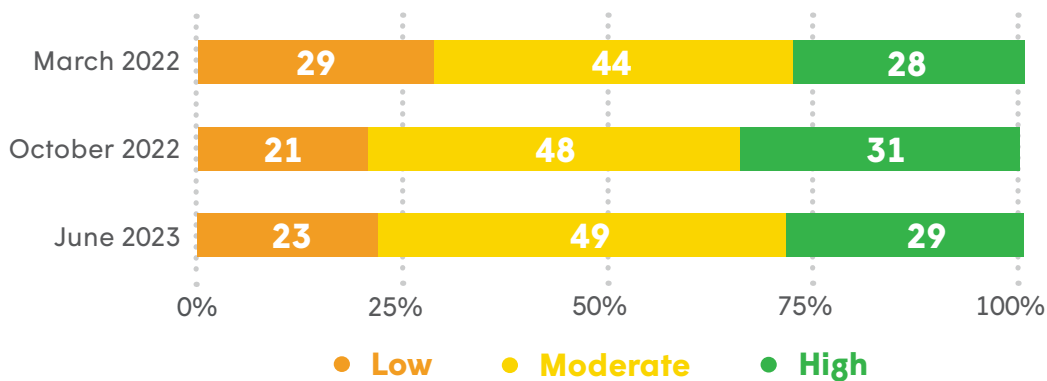
Unemployed and people with a work disability were significantly more likely to experience symptoms of anxiety and depression than people with a paid job. The decrease in anxiety and depression from October 2022 till June 2023 was significantly greater among people with a work disability than those with a paid job.

In this bulletin, we will delve into two crucial factors influencing mental health: **social support and resilience**.

Evolution in anxiety and depression by the level of social support

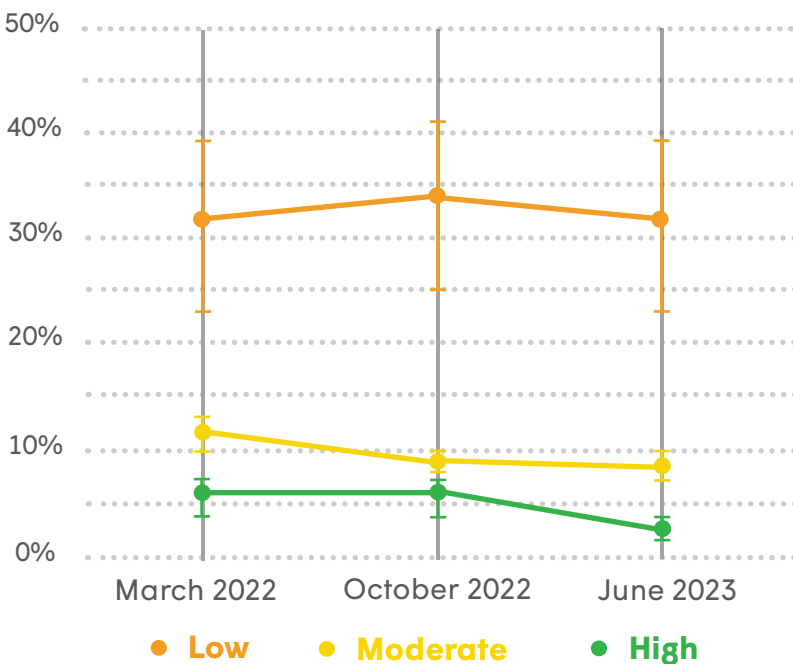
Social support was measured using the Oslo Social Support Scale (OSSS-3). This scale consists of three items that ask for the number of close confidants, the sense of concern from other people, and the relationship with neighbors with a focus on the accessibility of practical help. Based on the calculated total scores (range: 3-14), participants' perceptions of social support were categorized into three distinct levels: "poor support" 3-8, "moderate support" 9-11 and "strong support" 12-14.

The level of social support over time



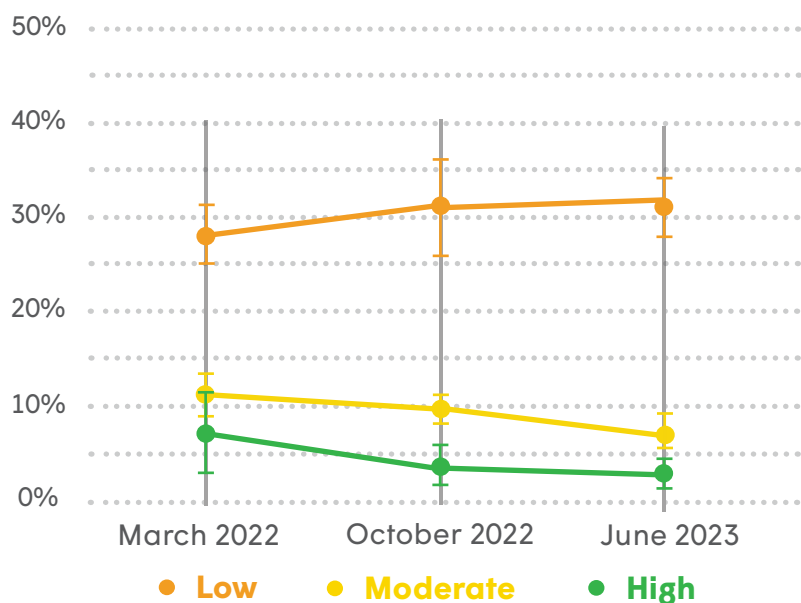
Between March 2022 and June 2023, the proportion of people reporting low levels of social support decreased, while those indicating high levels of social support increased.

Evolution of anxiety over time by the level of social support



People with a **low level of social support** were **4.4 times more likely** to experience **anxiety** than people with a **high level of social support**. Besides, anxiety did not decrease significantly between March 2022 and June 2023 for people with a low level of social support, whereas people with a moderate to high level of support showed a significant decrease.

Evolution of depression over time by the level of social support



The risk of experiencing **depression** was **7 times higher** among people who had a **low level of social support** than among those with a **high level of social support**. The trends in depression between March 2022 and October 2022 did not differ significantly among the three social support groups.

Key message

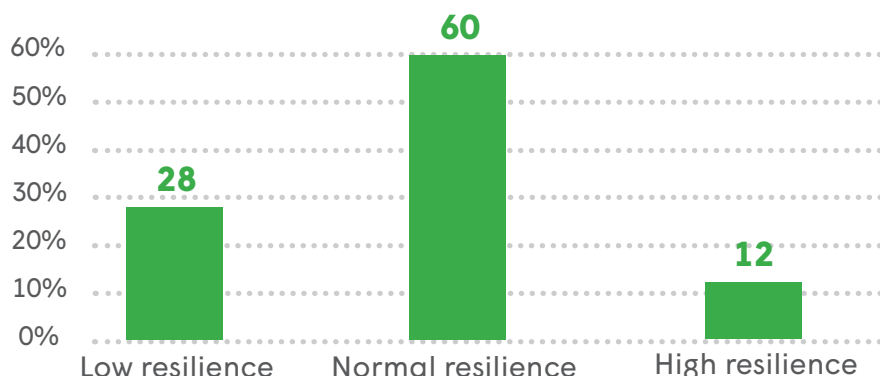
Individuals who feel less supported and cared for are more prone to experience episodes of anxiety and depression in the face of adversity. Our findings underscore the importance of fostering strong social connections and support networks to promote better mental health outcomes.

Evolution in anxiety and depression by the level of resilience

Participants were asked in October 2022 about their ability to bounce back after difficult periods (based on the brief resilience scale, BRS). Six questions could be answered from 1 = "strongly disagree" to 5 = "strongly agree". Mean BRS scores between 1.00 and 2.99 are categorized as presenting 'low resilience', 3.00 and 4.30 as 'normal resilience' and 4.31 and 5.00 as 'high resilience'.

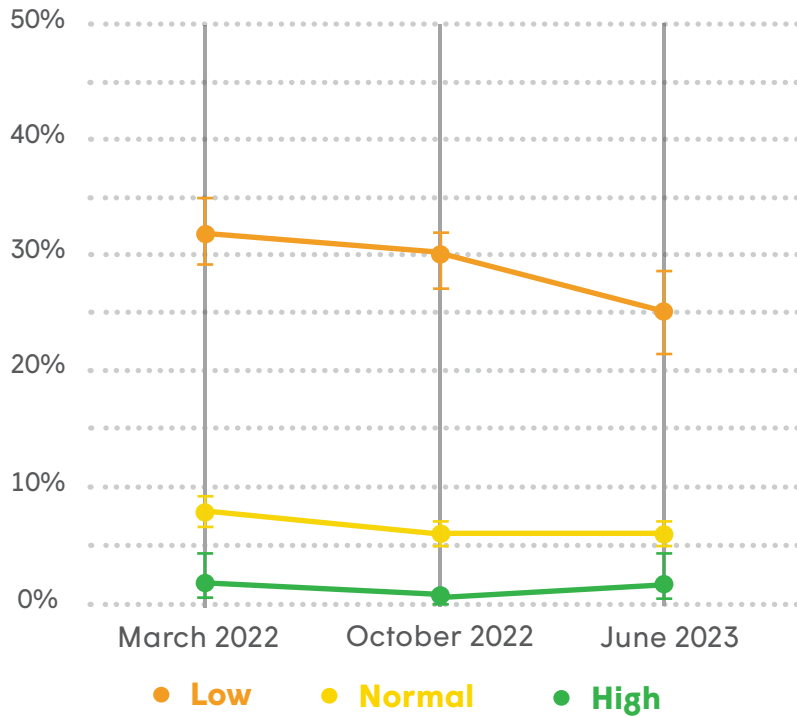
The resilience scale was only included in the survey of October 2022, therefore we cannot assess the evolution of resilience over time. It is possible, however, to analyse the evolution in the level of anxiety and depression between March 2022 and June 2023 based on the resilience score in October 2022.

Evolution of anxiety over time by the level of resilience



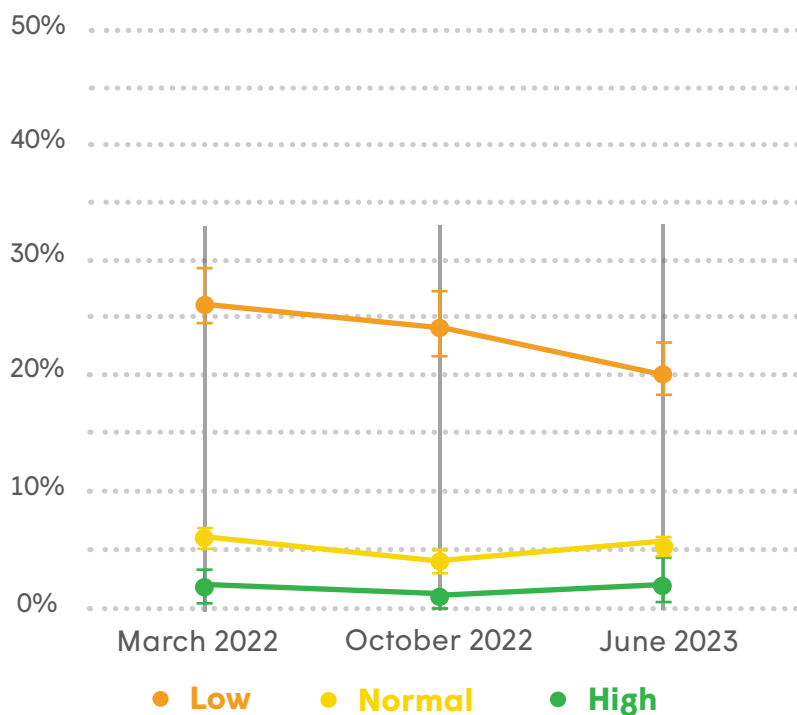
In October 2022, 28% of the people showed low resilience, 60% normal, and 12% high resilience.

Evolution of anxiety over time by the level of resilience



People with a **low level of resilience in October 2022** had **6 times more chance** to experience **anxiety** compared with **people with a high or normal level of resilience**. The trends in anxiety between March 2022 and October 2022 did not differ significantly among the three social support groups.

Evolution of depression over time by the level of resilience



People with a **low level of resilience in October 2022** had **6 times more chance** to experience **depression** compared with people with a **high or normal level of resilience**. However, the decrease over time in the level of depression was significantly higher for people who reported a low level of resilience in October 2022 compared with people with a normal or high level of resilience.

Key message

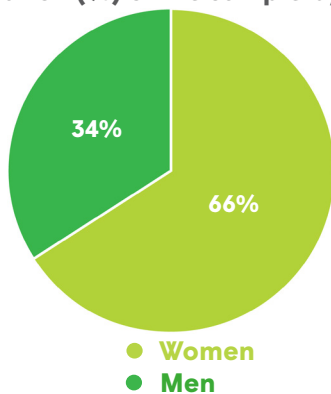
Resilience is a protective factor against the development of anxiety and depressive disorders. Building and enhancing resilience through various strategies and interventions can be a valuable approach to reducing and managing anxiety and depression in individuals facing life's challenges and stressors.

Work and wellbeing

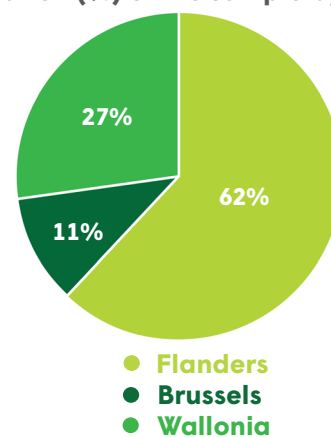
Results from our previous surveys have shown that people who are in a paid job are less likely to experience anxiety and depression. Nonetheless, the workplace and the working conditions can also have a harmful impact on workers' health and well-being. The **third BELHEALTH survey** addressed some questions regarding burnout and work engagement to the participants who were working at the time (3,369 people) of the survey.

Sample characteristics of the working population

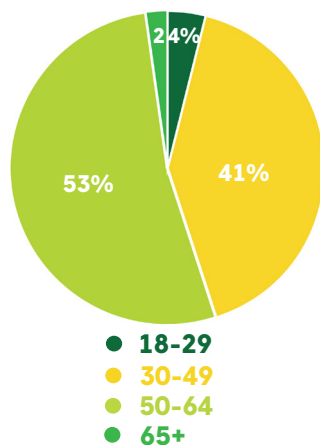
Distribution (%) of the sample by sex



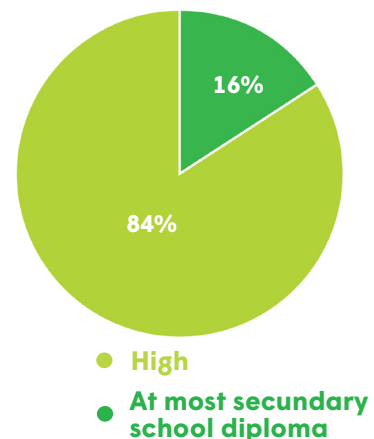
Distribution (%) of the sample by region



Distribution (%) of the sample by age



Distribution (%) of the sample by education



Burnout

Burnout occurs when workers feel extremely tired and stressed because of their job. They become emotionally drained, mentally distant, less able to think clearly and less able to manage their feelings. The BAT-12 scale was used to measure burnout conceptualized as a syndrome comprising four components (exhaustion, emotional impairment, cognitive impairment and mental distance). Each of these four components were measured by three items. An example of item for each component follows: 'At work, I feel mentally exhausted' (exhaustion), 'At work I may overreact unintentionally' (emotional impairment), 'At work, I have trouble staying focused' (cognitive impairment) and 'I feel a strong aversion towards my job' (mental distance). Items are scored on a 5-point rating scale ranging from 1="never" to 5="always". Based on the mean score, three categories can be identified: no risk for burnout (a score than less than 2.54); moderate risk for burnout (a score ranging from 2.54 to 2.96); high risk for burnout (a score greater than 2.96).



23% of the working population were at risk of burnout in June 2023 .



Of those, **10%** were at a **high risk** and **13%** at a **moderate risk**. **77%** did not show signs of being at risk of burnout.

Why is addressing burnout essential?

Findings from the June 2023 survey indicate that, among people at risk of burnout:

- 47% reported low life satisfaction (compared to 4% among those not at risk of burnout)
- 46% experienced anxiety (compared to 8% among those not at risk of burnout)
- 42% suffered from depression (compared to 6% among those not at risk of burnout)
- 1% showed a good level of vitality (compared to 14% among those not at risk of burnout)

Work engagement

Work engagement refers to a state of high energy, motivation, fulfillment and well-being at work. Participants were asked to score the following 3 items of the Utrecht Scale: 1) I feel strong and vigorous enough to do this job, 2) I am passionate about my work and 3) I am completely absorbed by my work. Answers could be given from 1="never" to 5="always". A mean score less than 3 is considered as a low level of work engagement; a score of 3 to 4 is considered as a moderate level of work engagement; a score equal to or greater than 4 is considered as a high level of work engagement.



41% of people who worked felt **strongly engaged** to their work, **41% moderately** and **18% poorly**.

87% of people who worked were **satisfied** with their job, while **13% were not**.

People with a low level of work engagement and job satisfaction had a significant higher risk of burnout.

The results showed that highest level employees (senior executives or directors) and self-employed were the least likely to be at risk of burnout and were the most engaged to their work.

What are the workplace factors that contribute to burnout or can help to prevent it?

In the third BELHEALTH survey, seven factors linked to work demands and resources were evaluated. The significant factors associated with burnout are presented below:



Work load

Jobs with high volume and intensity of tasks, often characterized by urgency and constant time pressures are associated with a higher risk of burnout.

Emotionally demand

Jobs with high psychological challenges stemming from emotionally charged job situations are associated with a higher risk of burnout.

Role conflict

Jobs that are facing inconsistent job demands or expectations are associated with a higher risk of burnout.

Job insecurity

The apprehension about potential job loss or instability are associated with a higher risk of burnout.



Social support

The aid and validation one obtains from colleagues and superiors is associated with a lower risk of burnout.

Skill use

The possibility of development and expansion of one's skills and knowledge is associated with a lower risk of burnout.

Prevention of burnout

On [this website](#) dedicated to prevention, you will find the information you need to understand, recognize and prevent burnout for yourself or your employees, as well as the steps you can take to deal with or prevent burnout.

If you are experiencing signs of burnout, we recommend to:



Talk openly about your mental health: share your symptoms of burnout with colleagues, superiors, or the wellbeing team. Together, find support and explore coping strategies.



Clarify things: take stock of your roles and responsibilities to reduce conflicts and misunderstandings. A clear vision contributes to a calmer working environment.



Build relationships: connect with colleagues and superiors to strengthen social support networks. Mutual support and communication are essential for well-being at work.

Conclusion

Longitudinal results show a declining trend in anxiety and depression since the end of the COVID-19 crisis. However, the results of the third BELHEALTH survey show that a proportion of the population is still struggling with symptoms of anxiety (18%) and depression (15%). In addition, 74% of the adult population said they were experiencing sleep problems in June 2023. Because of this large number, we will address this issue more in-depth in the fourth BELHEALTH survey in November 2023.

Social support and resilience have been identified as important protective factors against anxiety and depression, highlighting the importance of investing in strategies to strengthen these. In terms of well-being at work, in June 2023, 10% of working adults were at high risk of burnout, 13% at moderate risk and 77% at no risk. Role conflict is the factor most frequently associated with the risk of burnout. On the other hand, social support from colleagues or superiors appears to be the most protective factor.

Questions? Mail belhealth@sciensano.be or visit our [website](#) Belgian Health and Well-being Cohort

The next survey will take place in November 2023. An invitation will be sent by mail to all participants in the cohort.



BELHEALTH
BELGIAN HEALTH AND WELLBEING COHORT

By

 **sciensano**