

BELGIAN HEALTH AND WELL-BEING COHORT (BELHEALTH)

Bulletin n°5
June 2024



BELHEALTH
BELGIAN HEALTH AND WELLBEING COHORT

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Introduction

The fifth **Belgian health and well-being cohort** (BELHEALTH) survey was completed by 6,424 cohort members between March 18 and April 3, 2024. We would like to thank all cohort members for their continued loyalty in answering our questions.

This 5th bulletin focuses on the relationship between mental health problems (anxiety and depression) with various factors such as the perception of being part of a group which is discriminated in our society, suffering from multiple chronic diseases (multimorbidity), and receiving different types of support from others.

It also covers the results on how much confidence people have in the Belgian institutions, including the authorities, the scientific institutions, the (mental) healthcare system, the police, and juridical system.

The final section of the bulletin deals with changes in the use of alcohol, tobacco and illicit drugs over the months prior to the survey, and the participation in alcohol-free month campaigns.



Sample size
N = 6,424



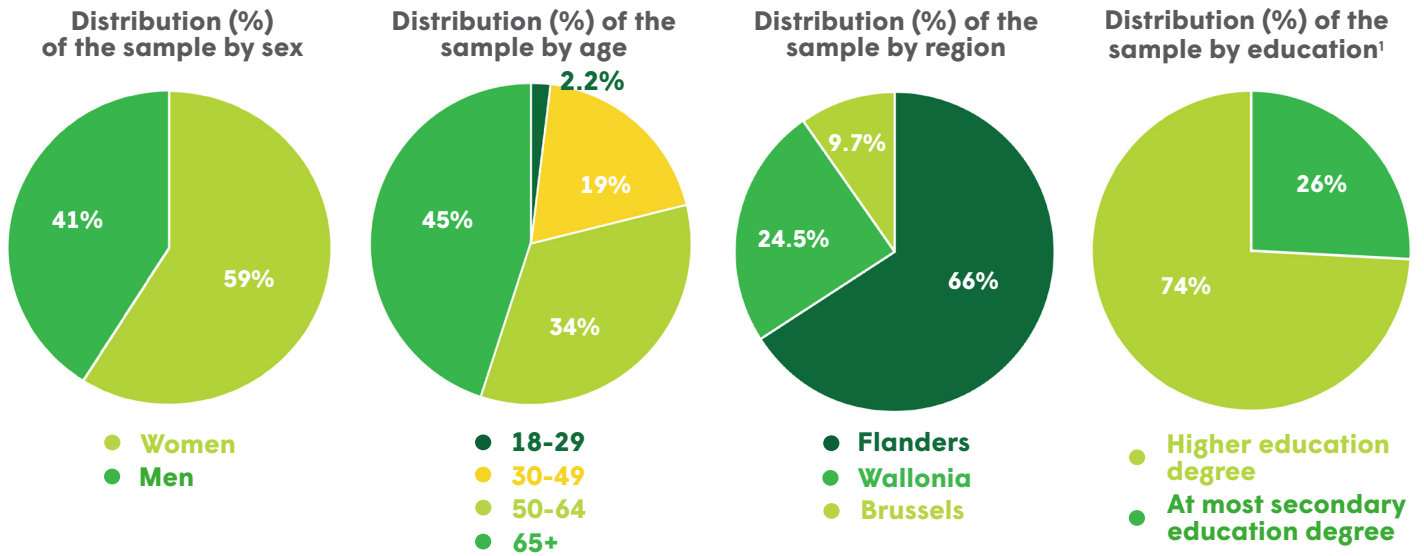
Data collection method
Online survey



Period
18 March - 3 April 2024

Profile of participants

A total of 6,424 BELHEALTH cohort members participated in the 5th survey.



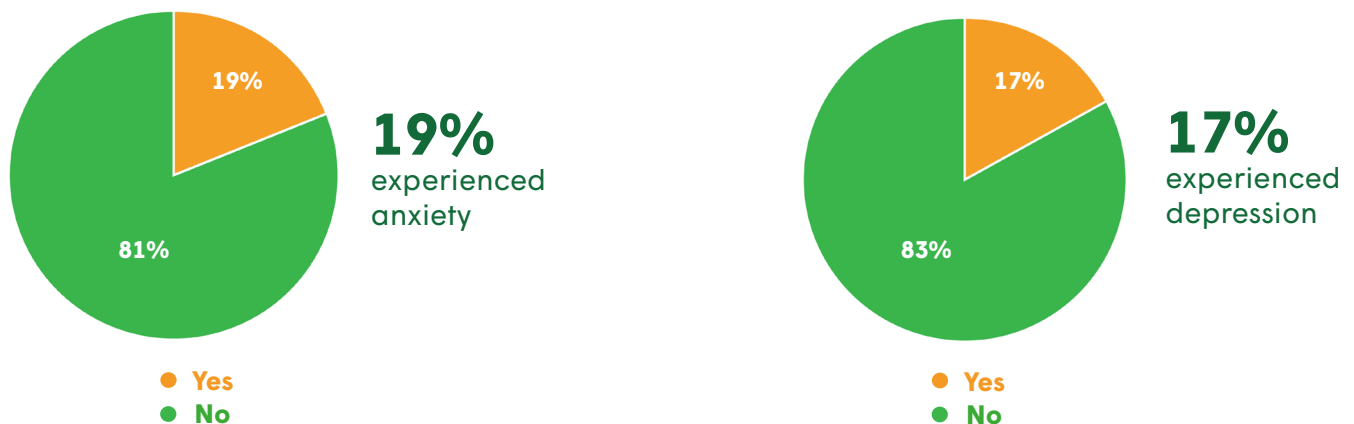
Logistic and linear regression models were used to investigate differences between groups. These models were controlled for age, sex and education level. Because some groups were under-represented in our cohort (for example men and young people), correction factors were applied in the analyses to better match the distribution in the Belgian population. More methodological information can be found in [this document](#).

Mental and social health

The **BELHEALTH survey** aims to evaluate several dimensions of mental and social health and monitor them over time.

Anxiety and depression

The proportion of people experiencing anxiety² and depressive disorders³ slightly increased in March 2024 compared to a year ago (February 2023). The rate of anxiety rose from 18%⁴ to 19%, and the rate of depression increased from 15% to 17%. Even though this increase is small, it is statistically significant.



¹ Two education groups were distinguished: people with at most a secondary (higher) education degree and people with a higher education degree

² Measured by GAD-7 scale: Generalised Anxiety Disorder screens for generalized anxiety disorder.

³ Measured by PHQ-9 scale: Patient Health Questionnaire aims to diagnose and measure depression severity.

⁴ Compared to the previous bulletins, we have made a change in the calculation of the correction factors. Specifically: we have reduced the size of the correction factor for groups with very few participants. Consequently, the results reported in previous bulletins and to which we refer in this bulletin may differ slightly.

Certain groups were more likely to express **anxiety** in March 2024.



AGE

People aged 18-64 showed higher rates of anxiety (between 16% and 27%) compared to those aged 65 and older (11.5%).



SEX

As in previous BELHEALTH surveys, women were more affected (21%) compared to men (17%).



EDUCATION

People with at most a secondary school diploma were also more likely to express anxiety (21%) compared to those with a higher education diploma (16%).



REGION

23.5% of people living in Wallonia reported anxiety, compared to 17% of those in Flanders.

Similarly, **depression** was more prevalent among specific groups in March 2024.



AGE

Younger people (18-29) had the highest rates of depression (29%); this was higher compared to those aged 50-64 (17%) and those aged 65+ (10%). Those aged 30-49 had a 20% prevalence of depression, which was also higher than the 10% seen in the 65+ age group.



EDUCATION

16% of individuals with a lower level of education experienced depression, versus 12% of those with a higher level of education.



REGION

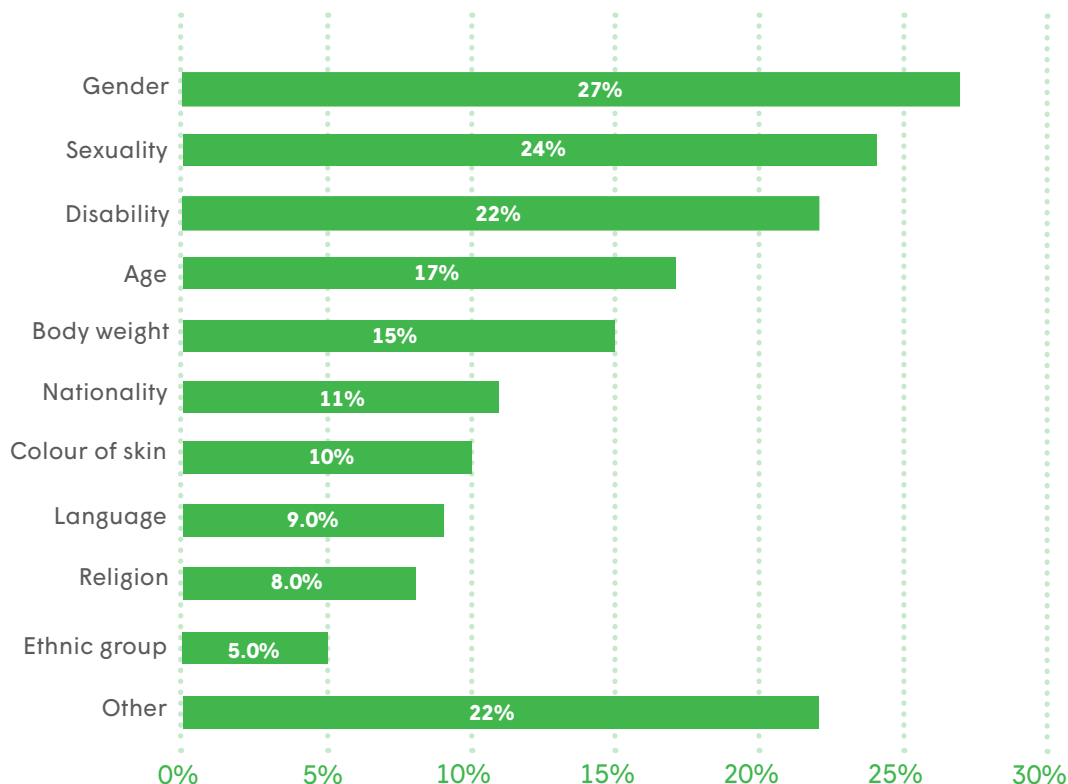
19% of residents in Wallonia showed signs of depression, compared to 12% in Flanders.

Discrimination

Participants were asked if they consider themselves as being a member of a group that is discriminated in Belgium, for instance on the basis of their skin colour, age, gender, and body weight, among others.

In total, 15.5% of the people indicated that they were part of a group they felt was discriminated in Belgium. The top three grounds on which the groups were discriminated were gender (27%), sexual orientation (24%), and disability (22%).

Distribution (%) of the grounds of discrimination among people who describe themselves as being a member of a group that is discriminated in Belgium, 5th BELHEALTH survey (March 2024)



Being a member of a discriminated group was associated with a higher prevalence of anxiety (32%) and depression (32.5%) compared to not being a member of a discriminated group (anxiety: 15%, depression: 13%).

Among the 15.5% of people who reported being part of a discriminated group, those experiencing discrimination based on **religion** and **gender** were more likely to experience **anxiety** than those belonging to the other discriminated groups. Similarly, people belonging to groups that were discriminated against based on **skin colour** and **body weight** were more likely to experience **depression**⁵.

Multimorbidity

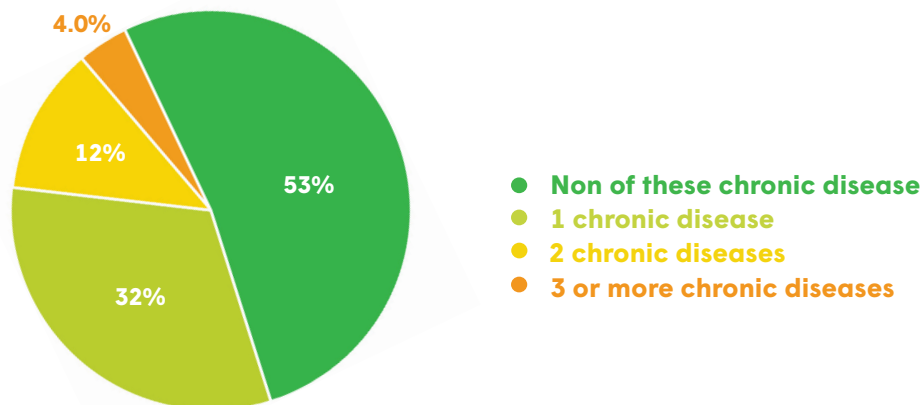
Participants were asked to report the health conditions they experienced in the preceding 12 months from a predefined list. The most common chronic diseases were allergy and low back disorder or other chronic back defect (29% of people, respectively), followed by osteoarthritis (22%) and chronic fatigue for at least 3 months (19%).

Multimorbidity was defined as the co-existence of chronic conditions in at least two out of the six following domains: heart diseases, lung diseases, diabetes, cancer, arthritis/arthrosis, and high blood pressure.

Multimorbidity was present in 16% of the people. It was more prevalent in people of 30+ (between 6.0% and 28%) than people aged 18-29 (2.9%), and among people with a low level of education (19%) compared to a high level of education (9.0%). There were no differences between men and women, or between the regions.

⁵ In addition to age, sex and level of education, these models also included the various grounds of discrimination.

Distribution (%) of the total number of chronic diseases among lung diseases, heart diseases, high blood pressure, arthritis/arthrosis, diabetes, and cancer, 5th BELHEALTH survey (March 2024), Belgium



Anxiety and depression were associated with multimorbidity. More specifically, people with 2 or more chronic conditions had significantly higher levels of anxiety (24%) and depression (23%) than those with no more than one chronic condition (anxiety: 18%, depression: 16%).

Social support

We assessed the availability of social support and distinguished different types of support:

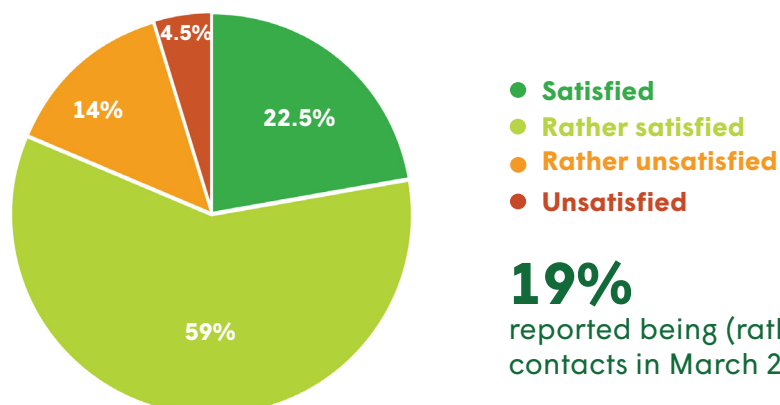
- **23% lack emotional and informational support.** This was evaluated by asking participants whether they had someone to give them information to understand a situation, to share private worries and fears with, and to confide in, among others.
- **22% lack instrumental support.** This was evaluated by asking participants whether they had someone to help them if they were confined to bed, to take them to the doctor if needed, or to prepare them their meals if they were unable to do it themselves, among others.
- **28% lack affective support.** This was evaluated by asking participants whether they had someone who shows them love and affection, who hugs them, and who they love and makes them feel wanted.
- **23.5% lack recreative support.** This was evaluated by asking participants whether they had someone to have a good time with, to get together with for relaxation, and to do something enjoyable with.



Overall, people with low social support had higher levels of anxiety (41%) and depression (45%) than those with stronger social support (14% and 10.5%, respectively). This trend was followed for all individual types of social support (emotional and informational support, instrumental support, affective support, and recreative support).

Satisfaction with social contacts

Participants were asked to rate how satisfying their social contacts had been over the past 2 weeks.

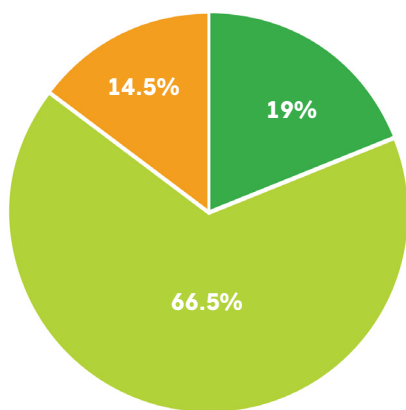


19% reported being (rather) unsatisfied with their social contacts in March 2024.

Those who expressed being unsatisfied with their social contacts suffered more frequently from anxiety (44%) and depression (50%) compared to those who reported satisfaction with their social contacts (13% and 9.5%, respectively).

Life satisfaction

Participants scored how satisfied they were with their life on an 11-point scale, from 0 = "Not at all satisfied" to 10 = "fully satisfied". Three levels of life satisfaction were distinguished: "low" (0-5), "middle" (6-8) and "high" (9 and 10) life satisfaction.

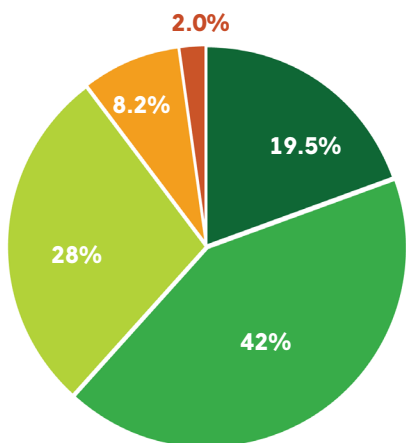


- High satisfaction
- Middle satisfaction
- Low satisfaction

14.5%
had a low life satisfaction.

Subjective mental health

Participants were asked to evaluate their own (subjective) mental health in general on a scale ranging from 1 = "very good" to 5 = "very poor".



- Very good
- Good
- Fair
- Poor
- Very poor

10%
of individuals evaluated their mental health as poor or very poor in March 2024, the same percentage as a year ago in February 2023.

Trust in institutions and media

Participants were asked to rate their level of trust in various institutions and media by providing a score from 0 = do no trust at all to 10 = complete trust. A score between 0 and 4 was categorized as low trust, a score between 5 and 6 as medium trust, and a score of 7 or higher as high trust.

The results showed:

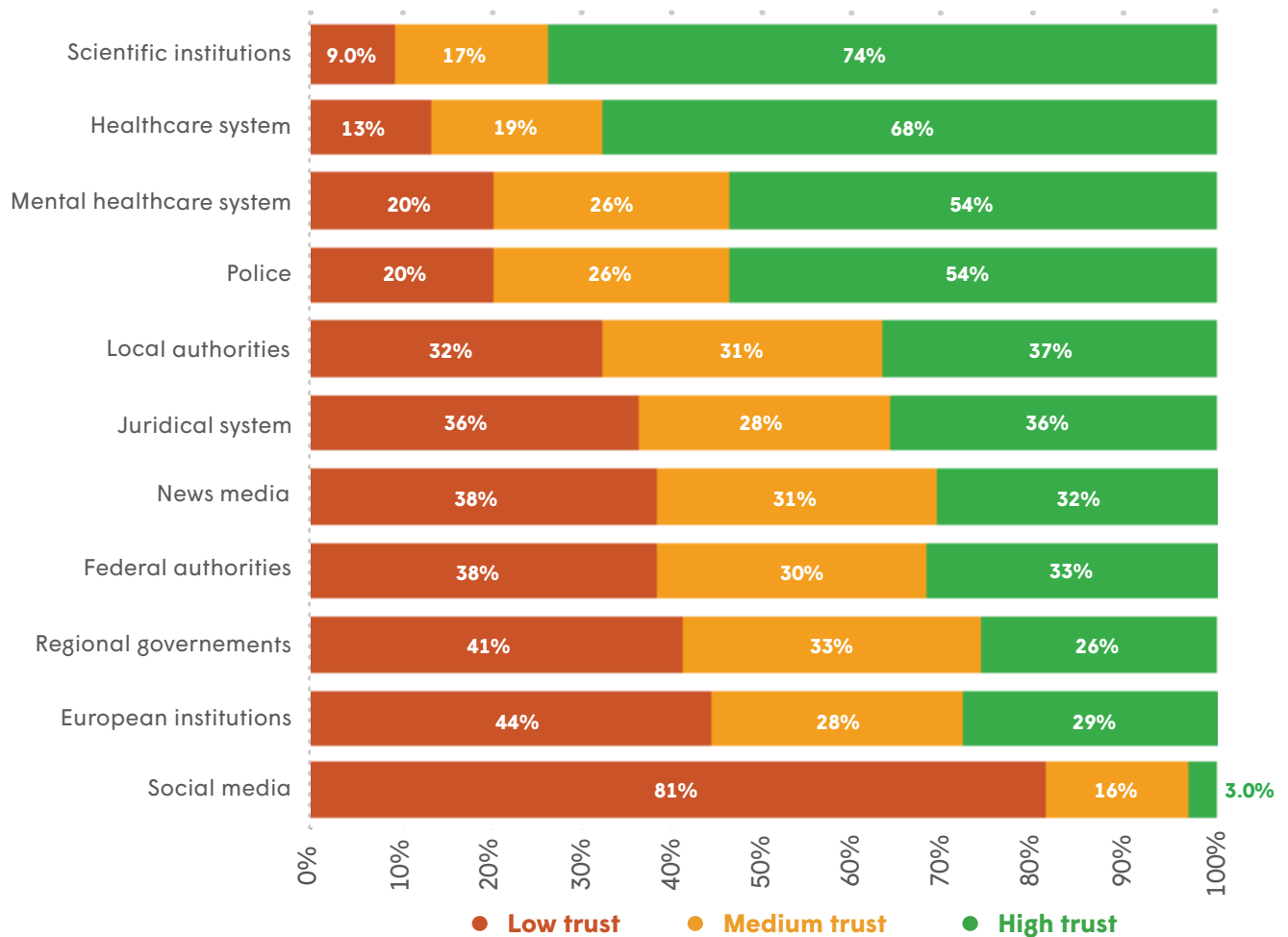


a high percentage of people with **low trust** in social media, followed by European institutions and regional governments.



a high percentage of **high trust** was found for the (mental) health care system, the police and scientific institutions.

Percentage (%) of people according to their level of trust in institutions and media listed, 5th BELHEALTH survey (March 2024), Belgium



We then examined differences between groups for the top 3 institutions/media with low trust.⁶



AGE

The percentage of people with low trust in social networks, European institutions and regional governments was higher in the 30+ age group than in the 18-29 age group.



SEX

More men than women attributed little trust to social media.



EDUCATION

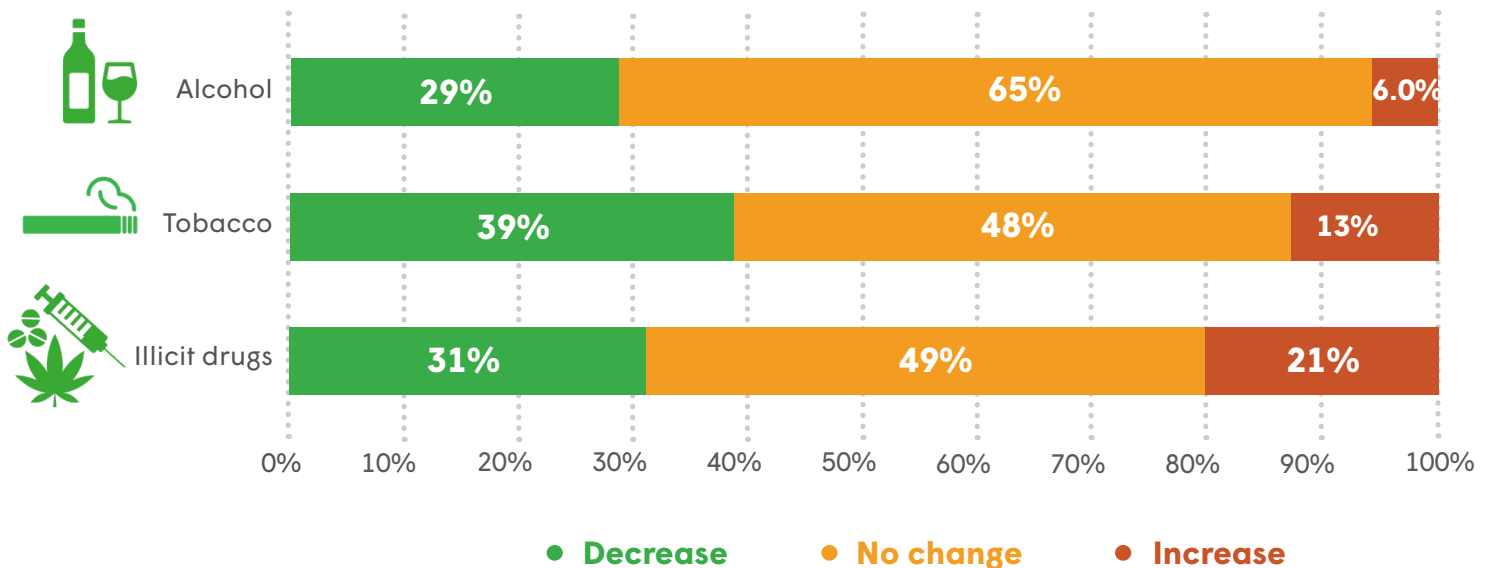
More people with a low education had a low trust in the European institutions and the regional governments than people with a high education.

⁶ All results were controlled for interpersonal trust which is highly correlated with institutional trust.

Substance use

Among users of alcohol (N = 4,761, 72.5% of people), tobacco (N = 1,090, 23% of people) and illicit drugs (N = 162, 5.2% of people), we investigated their change in use of the respective substance within the 6 months prior to the survey. Most people (ranging from 48% to 65%) did not change their habits regarding the consumption of alcohol, tobacco or illicit drugs. Between 29% and 39% of people reported a decrease in use, while 5.7% to 21% reported an increase.

Reported changes in substance use (%) among users within the past 6 months, 5th BELHEALTH survey (March 2024), Belgium



Alcohol use



AGE

A higher percentage of people aged 65+ (34%) reported decreasing their alcohol consumption compared to those aged 30-64 (25%-28%).



REGION

More residents of Flanders (31%) and Brussels (32%) reported a reduction in alcohol consumption compared to those living in Wallonia (23%).

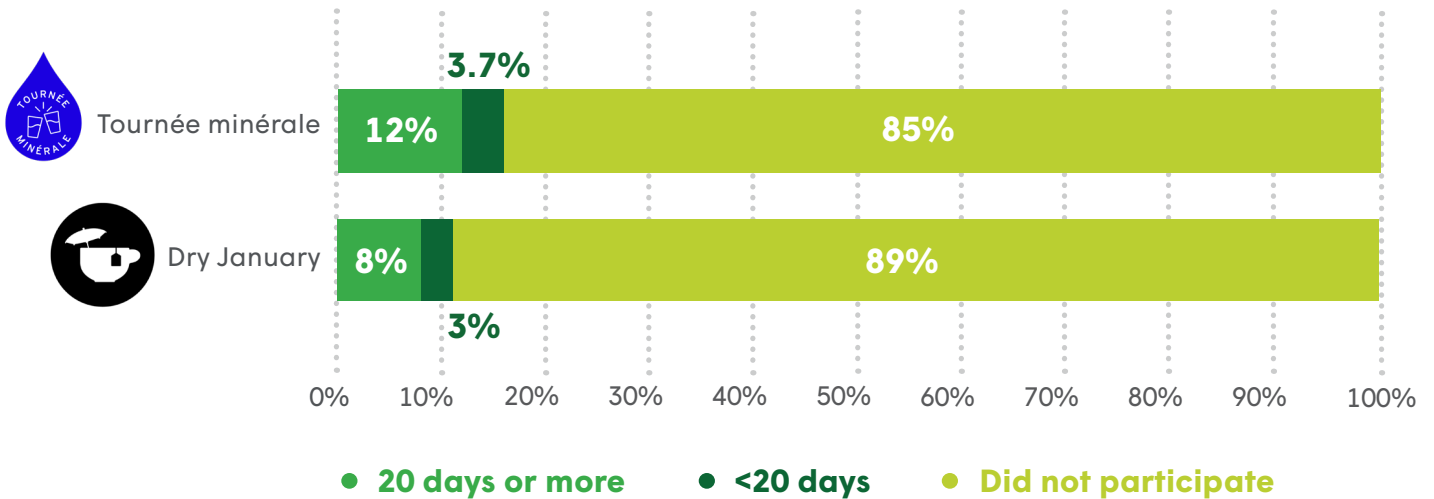
The survey also examined participation in the campaigns “Dry January” and “Tournée Minérale”. These campaigns encourage people to drink less alcohol or abstain from alcohol for a month.



“Dry January” is an international campaign that was initiated by Alcohol Change UK, while “Tournée Minérale” is a Belgian campaign first launched in 2017 by “de Druglijn” and “Stichting tegen kanker” and which takes place every February.

A total of 11% and 15% of the alcohol users participated in “Dry January” and “Tournée Minérale”, respectively. There were no significant differences in participation rate between men and women, across different age groups, educational levels, or regions.

Distribution (%) of alcohol users according to their participation status in alcohol-free month campaigns, 5th BELHEALTH survey (March 2024), Belgium



Tobacco use



AGE

Regarding tobacco use, a greater proportion of older individuals (65+: 55%) reported reducing their consumption compared to those aged 30-64 (34%-37%).



REGION

A total of 46% of people living in Flanders reported a decrease in tobacco use, compared to 30.5% of people living in Wallonia.

Drugs use

Regarding the use of illicit drugs, the size of this group of people was too small to yield significant results by sex, age groups, and other characteristics, as only 162 individuals (5.2% of people) reported such use.

Conclusion

In March 2024, people suffering from anxiety (18%) and depression (17%) are still very prevalent. These percentages are slightly on the rise, compared to the BELHEALTH wave of a year ago in February 2023. The socio-demographic groups with the most difficulties continue to be women, people of working age, people with (as yet) no higher education and people living in Wallonia.

In addition, the results indicated that the perception of belonging to a discriminated group in Belgium is linked to a higher risk of mental health problems. In particular, groups discriminated against based on religion and gender showed a higher prevalence of anxiety. Discrimination based on skin colour or body weight was associated with higher rates of depression.

The study also highlighted the importance of the social environment, in all its aspects. Having little social support was associated with a higher prevalence of anxiety and depression. This was true regardless of the type of support provided by the social network, such as emotional and informational, instrumental, affective, and recreative support.

Multimorbidity, defined as having at least two chronic diseases or conditions, was also associated with a higher risk of anxiety and depression.

During this 5th wave, we delved deeper into trust in institutions and media. The findings revealed that social media, European institutions, and regional governments were the most distrusted, while scientific institutions, the (mental) health care system and the police were the most trusted.

Lastly, the survey included a question about the change in substance use within the 6 months prior to the survey. The results showed that people of 30-64 were less likely to report a decrease in their alcohol and tobacco use compared to those aged 65+. Additionally, a reduction in tobacco use was reported less in Wallonia than in Flanders. These findings underscore the importance of public health promotion targeted at younger populations.

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



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