

BELGIAN HEALTH AND WELL-BEING COHORT (BELHEALTH)

Bulletin n°1
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BELHEALTH
BELGIAN HEALTH AND WELLBEING COHORT

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Introduction

The Belgian Health and Wellbeing Cohort (BELHEALTH) is a longitudinal study with the goal to follow the health and wellbeing of a large group of inhabitants in Belgium for minimum two years. Every three months, a survey is sent to the cohort group with questions about their health in general, with a particular focus on mental health. The first survey was conducted online **between 28 September and 12 October 2022**.

This BELHEALTH bulletin starts with presenting the key findings on different mental health dimensions: anxiety, depression, life satisfaction, worries and positive mental health. Other health themes such as sleep, resilience and social health are then described. Finally, information on the different crises such as the COVID-19, climate and energy crisis are presented.

Message to our participants

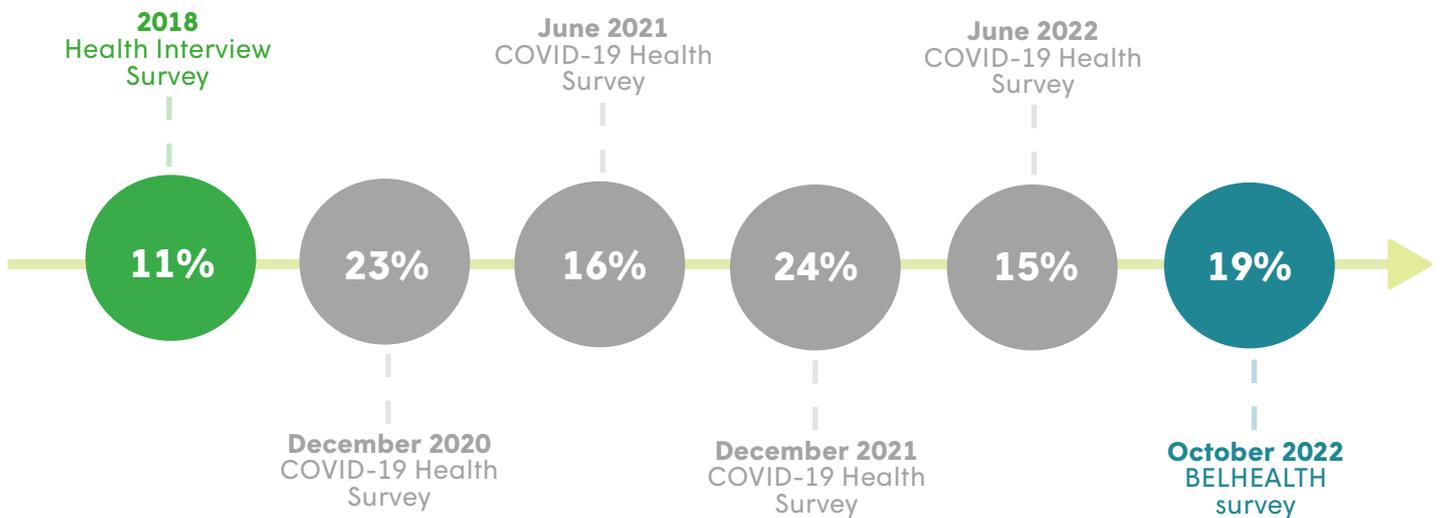
We would like to **thank the 7303 participants** of the first wave of **BELHEALTH study**, which is a continuation of our COVID-19 online surveys.

The results of this study will be used to inform governmental authorities on the evolution of the needs of the population in terms of health and well-being. To better understand these trends, it is necessary that BELHEALTH follows the same people overtime.

The **next survey** will take place in between 6 and 20 February 2023.

Anxiety

% of people who scored positive on generalized anxiety (measured with the GAD-7 scale)
Timeline Health Interview survey 2018, COVID-19 health surveys 2020-2022 and Belhealth study 2022, Belgium



Not all equal

Not all adult people are exposed to the same mental health risks. These risks vary according to factors such as age, gender, educational level, etc.

Overview of inequalities



AGE

People aged 18-29 years were more likely to score positive on generalized anxiety (30%) compared with people of 50-64 years (16%) and 65+ years (11%).



GENDER

Women had more often anxiety symptoms (23%) compared with men (15%).



EDUCATION

People with at most a secondary school diploma were more likely to have anxiety symptoms (21%) compared with high educated people (16%).



HOUSEHOLD TYPE

People who are living as a couple with or without children reported less anxiety (16% and 15%) compared with people living alone with or without children (29% and 21%).

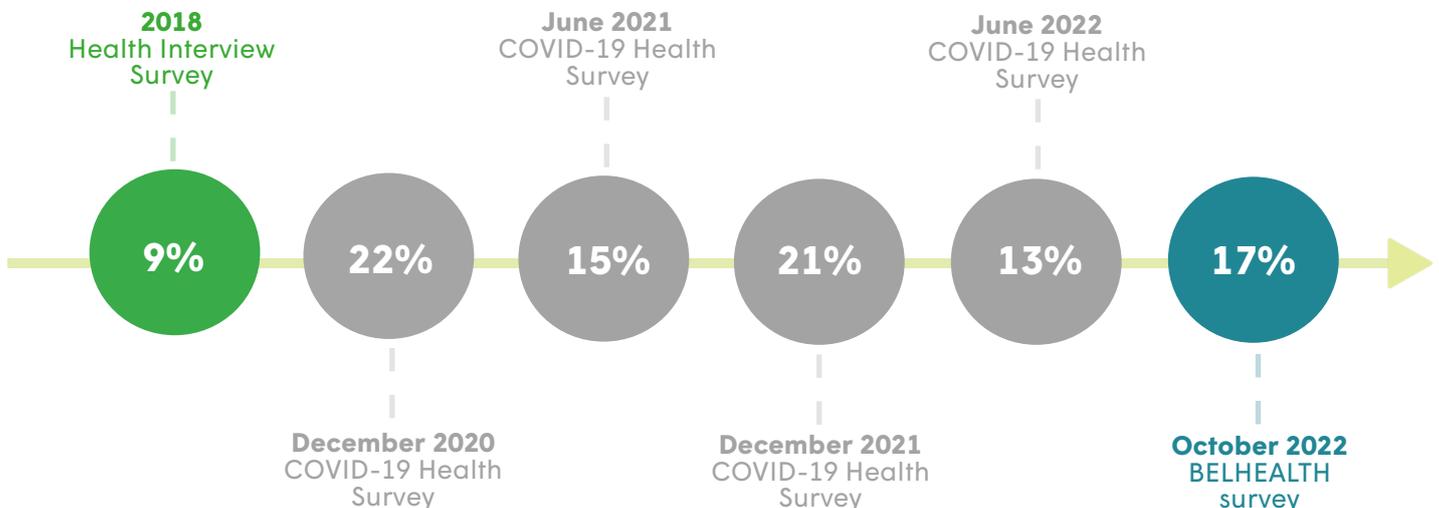


WORK SITUATION

People who have a paid job were less likely to score positive on generalized anxiety (17%) compared with unemployed people (33%) or people on invalidity (40%).

Depression

% of people who scored positive on depression (measured with the PHQ-9 scale)
Timeline Health Interview survey 2018, COVID-19 health surveys 2020-2022 and Belhealth study 2022, Belgium



Not all equal

Not all adult people are exposed to the same mental health risks. These risks vary according to factors such as age, educational level, etc.

Overview of inequalities



AGE

People aged 18-29 years were more likely to score positive on depression (29%) compared with people between 50-64 years (14%) and 65+ years (9%).



EDUCATION

People with at most a secondary school diploma were more likely to have depression symptoms (19%) compared with high educated people (12%).



HOUSEHOLD TYPE

People who are living alone were more likely to score positive on depression (27%) compared with people living as a couple with and without children (12%).



WORK SITUATION

People who have a paid job had less often depression symptoms (15%) compared with unemployed people (34%) or people on invalidity (36%).

Life satisfaction & Positive mental health

LIFE SATISFACTION

Life satisfaction is estimated on an 11-point Cantril 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).



People between 18-29 years (vs. 65+), people with at most a secondary school diploma, unemployed people (vs. people with a paid job) and people living in Wallonia (vs. people living in Flanders) showed a **higher risk** to score low on **life satisfaction**.

POSITIVE MENTAL HEALTH

Positive mental health was assessed using the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS), ranging from 7 (low positive mental health) to 35 (high positive mental health). Three levels of positive mental health were distinguished, "low" (<19.3), "middle" (19.3-26.7), and "high" (>26.7).



People between 30-49 years (vs. 65+), people with at most a secondary school diploma and women showed a higher risk to score low on **positive mental health**.

Quality of sleep

Participants were asked to rate their overall sleep quality over the past week, where following answers could be given: 1 = very bad till 4 = very good.

Not all equal

People aged **18-29** (52%), people **living alone with children** (58%) and **people with at most a secondary school diploma** (44%) reported a poorer quality of sleep.

43%

Very/rather bad sleep quality

57%

Very/rather good sleep quality

Vitality

Participants were asked if they felt vividly alive, had a lot of positive energy and sense of initiative and felt powerful and vital over the last week, where answers could be given from 1= Rarely or never (less than 1 day) till 4 =Mostly or continuously (5 to 7 days). Feeling energetic is defined as having a mean score > 2.

People aged **18-29** (55%), people **living alone with children** (57%) and **people with at most a secondary school diploma** (41%) were more likely to not feel energetic.

39%

Not feeling energetic

61%

Feeling energetic

Resilience

Participants were asked 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 1.00-2.99 are interpreted as 'low resilience', 3.00-4.30 as 'normal resilience' and 4.31-5.00 as 'high resilience'.

People aged **18-29** (58%), **women** (39%), people **living alone with children** (42%) and **people with at most a secondary school diploma** (37%) showed lower levels of resilience.

35%

Low resilience

56%

Normal resilience

9%

High resilience

Social dissatisfaction

Participants were asked how they judge their social contacts in the past 2 weeks, where following answers could be given: 1= Really unsatisfying, 2= Rather unsatisfying, 3= Rather satisfying and 4= Really satisfying.

Not all equal

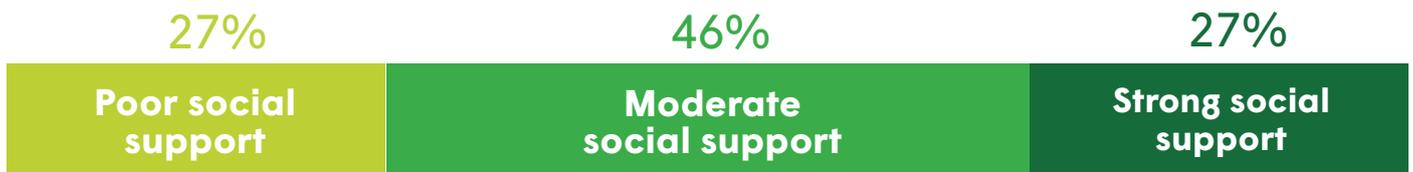
People **living alone with children** (32%) and **people with at most a secondary school diploma** (20%) declared more being unsatisfied with their social contacts.



Social support

Participants were asked if they feel supported by those around them based on the OSLO-3 scale. Three categories were generated based on the total scores (range 3–14),: “poor support” 3–8, “moderate support” 9–11 and “strong support” 12–14.

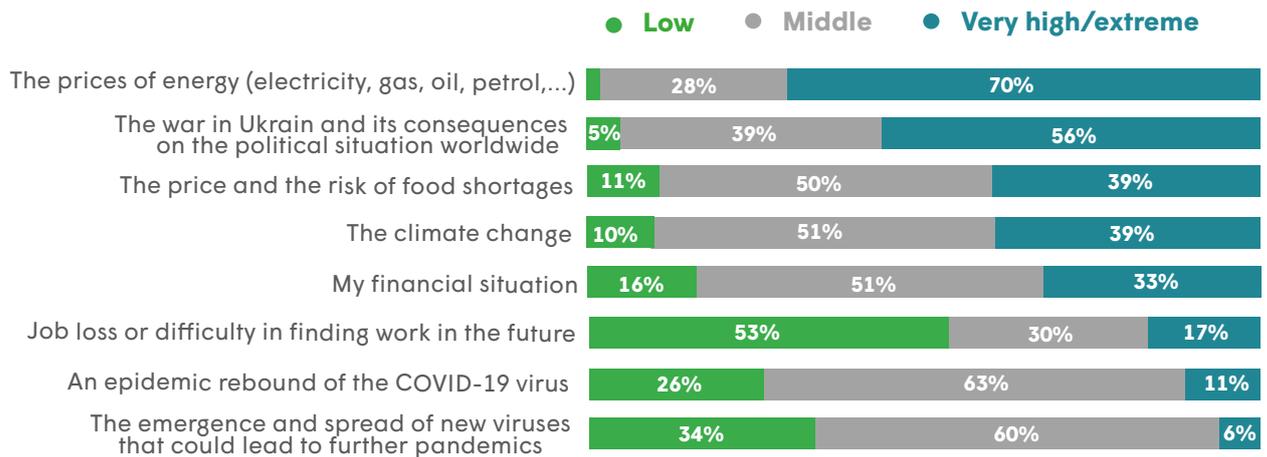
People aged **30-49** (29%), people **living alone with children** (41%) and **people with at most a secondary school diploma** (30%) felt more poorly supported by those around them.



Specific concerns

Participants were asked if they worried about certain listed topics at the moment of the survey. The most frequently reported worries are the rise in energy prices (70%), the war in Ukraine (56%) and the least frequently reported worries are the spread of new viruses (6%) and an epidemic rebound of the COVID-19 virus (11%).

Distribution (%) of people (18 years and older) according to their level of concern about the different topics mentioned, October 2022



“ **Young people** (18-29 year) were in general more worried about the climate change, their financial situation, job loss and the difficulty in finding work in the future. ”

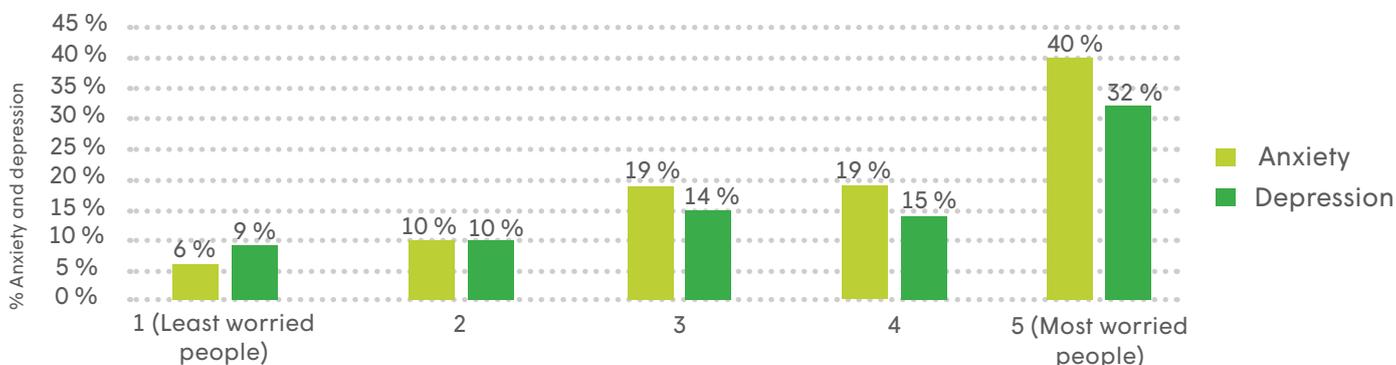
“ **People with at most a secondary school diploma** were in general more worried about an epidemic rebound of the COVID-19 virus, further pandemics with new viruses, the prices of energy, their financial situation and job loss, while people with a higher educational level were more worried about the climate change. ”

“ **Women** were in general more worried compared with men about the climate change, the prices of energy, the price and risk of food shortages and their financial situation. ”

Mean worry score

A mean worry intensity score was calculated across the 8 concern items (scaling from 0 to 4) for each individual. Based on this mean worry score, people were then distributed into quintiles (5 equal frequency classes), ranging from the 20% with the lowest worry score to the 20% with the highest worry score.

Distribution (%) of anxiety and depression according to the worry score category (from the 20% least worried to the 20% most worried), October 2022



People who worried the most about the specific concerns showed a higher risk to score positive on generalized anxiety (40%) and depression (32%) compared with the people who were in general the least worried (6% and 9%). Also the people from the other 3 groups (quintiles 2 to 4) of worry scores showed a significant lower risk to score positive on anxiety and depression compared with those who were in general the most worried.

Not all equal

Not all adult people have the same risks of being highly worried. These risks vary according to factors such as age, gender, educational level, etc.

Overview of inequalities



AGE

Older people (65+) were more likely to be amongst those with the highest worries score (29%) compared with people aged 18-29 years (16%).



GENDER

Women were more likely to be highly worried (25%) compared with men (19%).



EDUCATION

People with at most a secondary school diploma (25%) were more likely to be amongst those with the highest worries score compared with high educated people (16%).



WORK SITUATION

People who have a paid job (17%) were less likely to be highly worried compared with unemployed people (31%), people on invalidity (39%) and retired people (27%).

COVID-19 crisis

Participants were asked about their willingness to take the autumn booster. They were also asked to which extent they agree with a statement about their trust in how the government handled the COVID-19 crisis (from 1=strongly disagree to 5=strongly agree).

Finally, participants were asked to which extent they still follow certain measures against COVID-19, although these are no longer mandatory.



Distribution (%) of the willingness to take the autumn booster, October 2022

Of the 58% who did not receive the autumn booster:

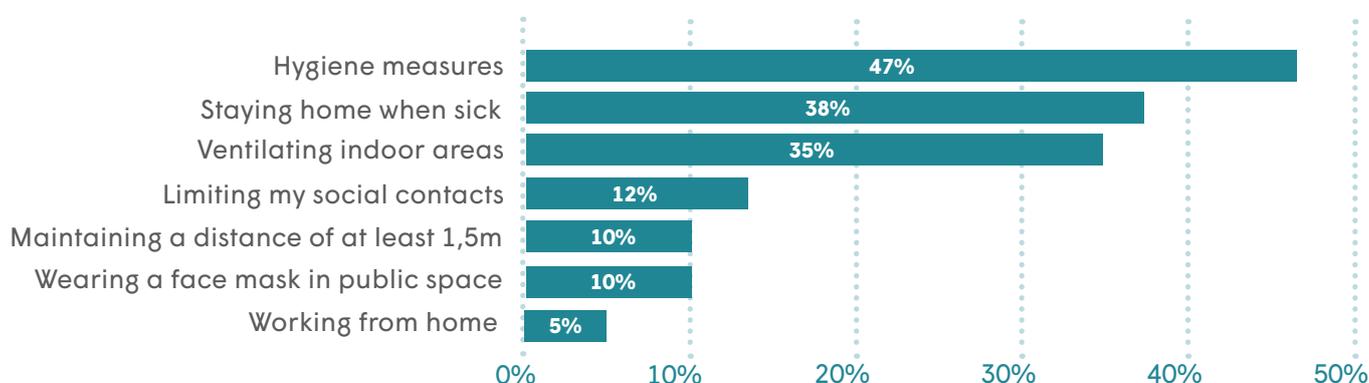


Trust in authorities - COVID-19 crisis



45% of the adult people reported that they (strongly) agreed that the government handled the COVID-19 crisis well. 24% were neutral and 31% of the adults (strongly) disagreed with the statement that the government handled the COVID-19 crisis well.

Percentage of people who still strictly followed the following measures against COVID-19 October 2022

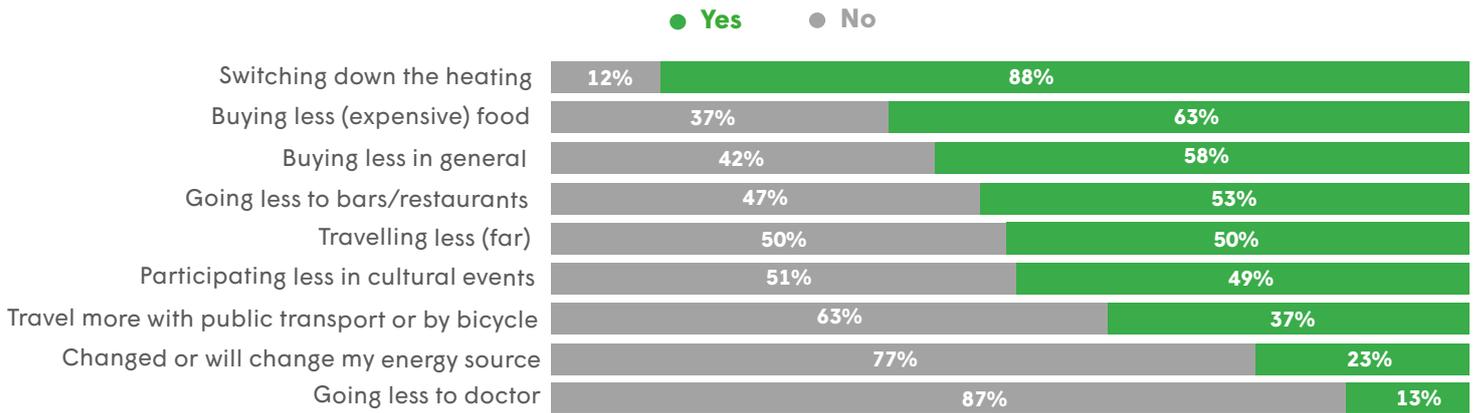


Energy crisis

The participants were asked if, following the rise in energy prices, they changed some of their behavior (1=Yes and 2=No) and to which extent they agree with a statement about their trust in how the government is handling the energy crisis (from 1=strongly disagree to 5=strongly agree).

Behavioral change

Distribution of people (%) who change certain behavior because of the energy crisis, October 2022



Overall, the changes were reported more often by women, people with at most a secondary school diploma, and people living in Wallonia.

Trust in authorities - energy crisis



7% of the adult people reports that they (strongly) agreed that the government is handling the energy crisis well. 18% were neutral and 75% of the adults (strongly) disagreed with the statement that the government is handling the energy crisis well.

Climate crisis

Participants were asked to which extent they agreed with certain statements about climate change (from 1=strongly disagree to 5=strongly agree) and about their trust in how the government is handling the climate crisis (from 1=strongly disagree to 5=strongly agree).

Agreement with statements

Distribution of people (%) who strongly agreed with following statements about climate change

I am aware of individual behaviours or actions that can help to reduce climate change



I feel capable of making behavioural changes or taking actions to help reduce climate change



I believe that climate change is inevitable, no matter what we try and do to stop it



I believe my behaviour and actions as an individual will make a difference to climate change



I feel a sense of urgency to change my behaviour to help reduce climate change



Trust in authorities- climate crisis



4% of the adult people reports that they (strongly) agreed that the government is handling the climate crisis well. 20% were neutral and 76% of the adults (strongly) disagreed with the statement that the government is handling the climate crisis well.

Conclusion

In conclusion, it is clear that, in October 2022, still a significant portion of the Belgian population is struggling with mental health issues such as anxiety, depression, and low life satisfaction. Certain groups, such as women, young people, and those with at most a secondary school diploma, are at a higher risk of experiencing these issues. Additionally, the most commonly reported concerns among the population are now related to energy prices and the war in Ukraine. Furthermore, there is an association between how much people are worried about these different concerns and generalized anxiety and depression.

The following surveys will allow to study in more detail the relationship between these factors and mental health problems.

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

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



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By

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