

## Metadata – Anxiety and depressive disorders

<b>Description</b>	Percentage of the population aged 15 years and over (for HIS) and 18 and older (for other surveys) with a generalized anxiety disorder (GAD score 10+) Percentage of the population aged 15 years and over for HIS) and 18 and older (for other surveys) with any type of depressive disorder (PHQ-9 criteria)
<b>Rationale</b>	Mental health is everyone’s business; it affects the lives of people living with mental problems, their careers, and the productivity of society as a whole. In many Western countries, mental disorders are the leading cause of disability, responsible for 30-40% of chronic sick leave and costing some 3% of GDP(1). Due to the high frequency of mental problems in western societies and the significance of their costs in human, social, and economic terms, mental health is now regarded as a public health priority.
<b>Primary Data source</b>	Health Interview Surveys 2001, 2004, 2008, 2013, 2018 COVID-19 health surveys April 2020, June 2020, September 2020, March 2021, June 2021, October 2021, December 2021, March 2022, June 2022 Belhealth surveys October 2022, February 2023, June 2023, September 2023, March 2024, June 2024
<b>Indicator source</b>	Sciensano: Health Interview Surveys, COVID-19 health surveys and Belhealth surveys
<b>Periodicity</b>	HIS: every 3 to 5 years COVID-19 health surveys: approximately every 4 months until June 2022 Belhealth surveys: every 4 months
<b>Calculation, technical definitions, and limitations</b>	<p>Different instruments were used in the <b>Belgian HIS</b> to assess the presence of anxiety and depressive disorders in the population aged 15 years and older.</p> <p><b>Indicators 2001-2013:</b> The questionnaire “Symptom Checklist” or SCL-90R was used between 2001 and 2013 to identify anxiety, depressive, and sleep disorders. Participants were presented with 30 items and asked: “How much have the following problems distressed you during the past week, including today. Not at all/A little bit/Moderately/Quite a bit/Extremely.” 10 items related to anxiety, 17 to depression (but only 13 were used to compute the indicator), 3 to sleep disorders. The scores for each disorder were computed as the sum of the answers to the items [0 1 2 3 4] divided by the number of items of this disorder. Each person has an average score between 0 and 4. The scores are then dichotomized with the threshold value of 2+ (score SCL [0-1] versus [2-4]).</p> <p><b>Indicators 2018:</b> The questionnaire was changed to conform to the recommendations of Eurostat. The “Patient Health Questionnaire” or PHQ is used to measure depression and the “Generalized Anxiety Disorder scale” or GAD-7 is used to measure anxiety.</p> <p>➤ <b>PHQ-9: Patient Health Questionnaire 9-item depression scale</b> The PHQ-9 is a screening tool for depressive disorder. Participants are asked to evaluate the frequency in which they have been bothered by 9 problems in the last 2 weeks. Case definition is based on an algorithm. Participants with a</p>

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combination of answers meeting the criteria specific for the PHQ-9 were considered to have a depressive disorder.

➤ **GAD-7: General Anxiety Disorder 7-item**

The GAD-7 is a screening tool for anxiety disorder. Participants are asked to evaluate the frequency in which they have been bothered by 7 problems in the last 2 weeks. Scores for each item [0-3] are summed, total scores are between 0 and 21. Participants with a score of 10 or over in the GAD-7 tool were considered to have an anxiety disorder.

**Limitations:**

The instruments used to evaluate anxiety and depressive disorders were changed in the last HIS (2018). Comparability in the trends can therefore not be ensured and trends should be interpreted taken with caution.

Moreover, the evaluation of mental health problems through a general health survey has several limitations. These are mainly related to the fact that the estimates are based on screening instruments for psychological problems or the reporting of the individuals themselves, and thus are not obtained by clinical diagnostic tools, which are often more nuanced. Nevertheless, the results of general population health surveys are generally in line with the findings of specific mental health surveys.

For **COVID-19 health surveys** and **Belhealth surveys**, anxiety and depressive disorders in the population aged 18 years and older were also assessed using the GAD-7 and the PHQ-9 scales.

While the COVID-19 Health Survey used a mixed longitudinal and cross-sectional approach (addressing the same participants and recruiting new ones at each data collection point), BELHEALTH uses a longitudinal approach (follow-up of the same cohort of participants throughout data collection points). In order to achieve a representativeness of the general population, data are weighted for age, with a different methodology between the two surveys. It is important to note that the COVID-19 and BELHEALTH surveys were not designed to be fully representative of the Belgian population, but rather to track trends in mental health disorders within the study population.

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**International comparability**

- a. Availability: These indicators are part of the European Health Interview Survey (EHIS) common set of indicators. Results for a majority of European countries are available in the Eurostat database.
- b. Comparability: The same questionnaire was used in different countries. However, self-reported information is influenced by a particular context and may vary among different cultures and socio-economic statuses.

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**Metadata – Use of psychotropic medicines**

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**Description**

Percentage of the population aged 15 years and over that used sedatives (tranquilizers or sleeping tablets) in the past 2 weeks  
Percentage of the population aged 15 years and over that used anti-depressants in the past 2 weeks

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<b>Rationale</b>	Antidepressant use is increasing continuously in most European countries, leading to an increased burden on the healthcare system. For these treatments to be effective, patients need to be adequately diagnosed and followed-up.
<b>Primary Data source</b>	Health Interview Surveys 1997, 2001, 2004, 2008, 2013, 2018
<b>Indicator source</b>	Sciensano: Health Interview Surveys 1997, 2001, 2004, 2008, 2013, 2018
<b>Periodicity</b>	Every 3 to 5 years
<b>Calculation, technical definitions, and limitations</b>	<p>These indicators are based on 2 questions asked in the Belgian HIS to the population aged 15 years and older.</p> <p>“During the past 2 weeks, have you used any sleeping tablets or tranquilizers that were prescribed for you by a doctor? “</p> <p>“During the past 2 weeks, have you used any antidepressants that were prescribed for you by a doctor?”</p> <p>These questions referred only to drugs prescribed by a doctor.</p>
<b>International comparability</b>	a. Availability: OECD makes available international comparisons in the consumption of ‘hypnotics and sedatives’ and ‘antidepressants’.

1. WHO. The European Mental Health Action Plan 2013–2020. Copenhagen, Denmark: WHO - Europe; 2015 p. 26.