

Metadata – Anxiety and depressive disorders

Description	<p>Percentage of the population aged 15 years and over with a generalized anxiety disorder (GAD score 10+)</p> <p>Percentage of the population aged 15 years and over with any type of depressive disorder (PHQ-9 criteria)</p>
Rationale	<p>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.</p>
Primary Data source	Health Interview Surveys 2001, 2004, 2008, 2013, 2018
Indicator source	Sciensano: Health Interview Surveys 2001, 2004, 2008, 2013, 2018
Periodicity	Every 3 to 5 years
Calculation, technical definitions, and limitations	<p>Different instruments were used in the Belgian HIS to assess the presence of anxiety and depressive disorders in the population aged 15 years and older.</p> <p>Indicators 2001-2013:</p> <p>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>Indicators 2018:</p> <p>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>➤ PHQ-9: Patient Health Questionnaire 9-item depression scale</p> <p>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 combination of answers meeting the criteria specific for the PHQ-9 were considered to have a depressive disorder.</p> <p>➤ GAD-7: General Anxiety Disorder 7-item</p> <p>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</p>

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. 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.

International comparability	<ul style="list-style-type: none"> 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

Description	<p>Percentage of the population aged 15 years and over that used sedatives (tranquilizers or sleeping tablets) in the past 2 weeks</p> <p>Percentage of the population aged 15 years and over that used anti-depressants in the past 2 weeks</p>
Rationale	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.
Primary Data source	Health Interview Surveys 1997, 2001, 2004, 2008, 2013, 2018
Indicator source	Sciensano: Health Interview Surveys 1997, 2001, 2004, 2008, 2013, 2018
Periodicity	Every 3 to 5 years
Calculation, technical definitions, and limitations	<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>
International comparability	<ul style="list-style-type: none"> 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.