Adviesaanvraag

Vraagsteller	OCC
Datum van adviesaanvraag	11/12/2020
Onderwerp	Motivation, Behavioural Management, Communication, Solidarity and Mental Health
Vraag	- Wat zijn de grootste uitdagingen op vlak van motivatie en psychosociaal welzijn? - Hoe pakken we deze uitdagingen gericht aan?
Reden	Er is een duidelijke dip in de motivatie en het psychosociale welzijn van de bevolking die moet aangepakt worden.

Adviesverstrekking

Datum van adviesverstrekking	15/12/2020
Dit advies werd opgesteld en goedgekeurd door	De volgende leden van de expertgroep beheerstrategie: Maarten Vansteenkiste Alsook: Omer Van den Bergh Met dank aan de medewerking van de volgende leden van de expertgroep beheerstrategie: Lode Godderis, Isabelle Aujoulat, Philippe Beutels

PSYCHOSOCIAL APPROACH: MOTIVATION, BEHAVIORAL MANAGEMENT, COMMUNICATION, SOLIDARITY AND MENTAL HEALTH

1. **Overview of key messages**

   ➤ *General recommendations*

   1) Develop a shared reference frame (e.g. switching system, barometer) that fosters risk awareness, offers perspective, and facilitates and streamlines communication.

   2) Invest in communication using diverse means and content

   3) Ask political leaders to communicate on fixed moments, bringing messages that are consistent between these communicators at any given time

   4) Emphasize the essence of measures

   5) Customize communication

   ➤ *Pillar 1: Foster motivation through behavioural management and communication*

   6) Promote risk awareness

   7) Avoid anxiety-, shame- and guilt-induction

   8) Enhance trust in the effectiveness of the measures

   9) Personalize key values

   10) Spread the corona compass

   11) Organize webinars on behavioural and motivational principles

   12) Provide direction

   13) Provide a trajectory towards the control phase

   14) Invest in systematic feedback

   ➤ *Pillar 2: Foster social connection, mutual care and a solidarity-oriented climate*

   15) Co-create social inspiration guide

   16) Create a platform to share inspiring examples of solidarity and mutual care

   17) Mobilize social projects

   18) Encourage the media to adopt a connecting and motivating role

   19) Foresee restorative actions for non-adherent citizens brought to court

   ➤ *Pillar 3: Preserve people's mental health*

   20) Make use and upscale existing capacities of mental health services on the short term

21) Solidify an effective and proactive stepped and matched care approach to mental health

22) Disseminate psychoeducational E-health programs

23) Invest in work as a leverage and fully utilize existing preventive structures

24) Involve schools and teachers

25) Dedicate and reinforce attention towards existing and newly developing vulnerable groups

26) Streamline data and create links between them

2. Key pillars of an integrative, psychosocial approach

This corona crisis is not only a sanitary but also a psychosocial crisis involving multiple challenges. To preserve citizens' motivation, adherence, and mental health, a systematic policy needs to be developed that meets the following requirements:

- Coherence: A coherent theoretical framework is needed to streamline action and work in an evidence-based way.

- Inclusiveness: Multiple groups in society and multiple stakeholders (politicians, media, experts, schools…) need to be reached.

- Coordination: Actions need to be centrally coordinated, streamlined, and shared to quickly disseminate and promote good initiatives.

- Resources: The translation of key principles in valorisation products that are well aligned with different target groups requires final support, creativity, and sustained effort.

- Tailoring: A multitude of actions is required, with initiatives being tailored to specific target groups, yet grounded on key motivation and behavioural principles.

To develop such a policy, three different key pillars deserve attention[1]:

1) *Behaviour, motivation, and communication:* our behaviour is the key factor to control this crisis. Long term behavioural change, especially if it conflicts with our natural tendencies (e.g., to seek social contact), requires voluntary motivation and a strongly behavioural management plan. Voluntary or autonomous motivation needs to be nurtured ongoingly as to preserve continued efforts from the population. Clear, connecting, and stimulating communication together with a clear reference framework (e.g., switching system; barometer) can preserve people's motivation together with contextual supports and reminders (e.g., nudging).

2) *Social connections, mutual care and solidarity*: in distressing times people seek social connection. Social harmony highlights the collective striving to a common goal and supports our mental health and motivation. Such social connection can grow organically (e.g., applause actions in the first wave), but it can also be facilitated by the government and media through co-creation (e.g., the Warmste Winter, financial support for midfield (?) organizations).

3) *Mental health:* because the uncertainty associated with the virus circulation and the measures (potentially) threat the satisfaction of our basic psychological needs for autonomy, relatedness, and competence, the current situation has an impact on our mental health. Individuals manage to cope with the situation and may not necessarily experience long-term disadvantages. Due to the chronicity of the pandemic and the nature of the invasive protective measures, the strain on mental health has increased within the general population. Yet, psychological problems will surface more among psychologically vulnerable groups and those who are additionally under threat during the current crisis (e.g., students, health care workers,

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[1] Martela, F., Hankonen, N., Ryan, R. M., & Vansteenkiste, M. (2020). Motivating voluntary compliance to behavioural restrictions: Self-Determination Theory–based checklist of principles for Covid-19 and other emergency communications. *European Journal of Social Psychology, in press.*

singles, one parent families, …). Different resources demonstrate a rise in acting-out behaviour (ex. alcoholism, violence, suicide, …) within Belgian society, a clear signal of the mounting psychological pressure. With the indirect effects (ex. financial burden) still to come to a full effect after the pandemic, we can expect a further rise in mental health problems still to come in the longer term. Lastly, the mental healthcare system itself was not equipped to deal with this pandemic and is still experiencing a significant amount of stress.

3. Current challenges

The stagnating number of hospitalizations and infections indicates that our behaviour is more than ever the key factor to get the virus under control. In a collective effort, we need to collaboratively and steadily move towards the control phase. To realize this collective mission, a shared understanding of the precarious nature of the current situation is required together with a precise view of the end goal and the pathway leading towards this end goal. Within this context, we face a number of motivational, psychosocial, and behavioural challenges, including (a) a shifting implicit cost-benefit analysis, (b) a lack of perspective, and (c) the need for a socially connecting, positive, and solidarity-oriented climate as an alternative for the controlling messages. In addition, at least certain subgroups are (d) vulnerable for a substantially compromised mental health in the upcoming weeks and months. These challenges are discussed in greater detail together with illustrative empirical evidence from ongoing studies (i.e., motivation barometer at Ghent University[2]; Grote Corona study at University of Antwerpen).

Pillar 1: Motivation, behavioural management, and communication

Shifting implicit cost-benefit analysis. A first challenge is that individuals' intuitive cost-benefit analyses may shift in the coming weeks such that the benefits associated with adhering to the measures are perceived to be lower than the costs of non-adherence. As can be noticed in figure 1 the risk perception, either for oneself or the community, has been decreasing steadily over the past few weeks. The perceived risk level for oneself is as low as it was half August, while the situation is objectively more fragile at this moment. This is worrisome because risk perception is a strong predictor of voluntary motivation, which relates to long-term adherence to the measures. Apart from the underestimation of one's risk level, also the costs for the population to adhere to the measures will become higher. We have to limit our social contacts to a strict minimum during the social feasts "par excellence", namely the Christmas and New Year period, while we have the habit and strong desire to meet and hug people during these days. The lack of fulfilment of our psychological needs for relatedness and autonomy will thus become very salient during this period, as was the case in August during the summer holidays. During the past few weeks our motivation to adhere to the contact restrictions has decreased, as shown through a decreasing self-efficacy to stick to the measures (Figure 2) and a decreasing expectation that doing so is effective (Figure 3). This decreasing motivation is also mirrored in the decreasing adherence to the social restrictions (Figure 4). At the same time, it is hopeful that an increasing percentage of individuals indicate that they plan to stick to the measures at Christmas (77% vs. 63%) and New Year night (83%; Figure 5) (see also report 17 from the motivation barometer).

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[2] The results are weighted for the unequal sampling of genders and age groups.

Limited perspective. A second challenge involves the limited perspective for the population. The psychological distance to relaxations is very far and discouraging at this point. If we collectively strive for a common goal and set intermediate goals to attain, we can build a collective sense of efficacy, which supports motivation. These intermediate goals offer a sense of control and structure and help to materialize our common mission. As can be noticed in Figure 6, respondents thought that the communicated threshold to move from the lock down to the control phase of the pandemic was a goal they would monitor (59%), would find motivating (45%) and would provide a common goal that is part of a shared mission (56%). At the same time, it is critical within a shared mental model of the situation, that the population has an idea of the basic logic that is used to install relaxations and of the sequence of relaxations within the control phase. Through these insights, the population will be capable to more proactively engage themselves in this shared project.

Pillar 2: Social connection, mutual care, and solidarity

Another challenge is to **develop a more connecting, supportive and solidarity-oriented communication and policy**. When in distress, people search for social connectedness and shared problem solving driven by a common goal to overcome the stress situation. Social connectedness and a shared common goal are both quite strong motivating factors for behaviour and an important resilience factor supporting mental health. While these dynamics spontaneously emerged during the first lockdown, prolonged mobilization of these factors requires facilitation and structural support by policy makers (in collaboration with media and, for example, the creative and event sector).

During the past week, many controlling messages have been voiced: zero tolerance, drones, threats, and anxiety induction were key terms. Yet, research has repeatedly shown (see also report 9 in the motivation barometer) that controlling policy and communication may backfire, thereby eliciting opposition among those that are already demotivated. Such a controlling reflex typically emerges when individuals are perceived to be non-adherent. It is desirable to inform governors, politicians and experts on this dynamic and offer them alternatives on how to motivate people. At the same time, it can be expected that specific measures (e.g., prohibition to go to the toilet inside when gathering outside; prohibition for individuals to pass through one's house to get access to the garden) will elicit defiance by themselves for a combination of reasons. First, given that there are corona-proof alternatives available, these measures may be hard to justify from a virologic perspective. Second, imposing these measures may signal a lack of confidence in the capacity of the population to take responsibility. Third, these measures are not consequently adhered to in other places. This critical perspective towards the issue of control and pressure does not imply that measures should not be monitored and enforced when needed, but the style of doing so is critical whether the current measures are perceived as necessary and legitimate vs. intrusive and meddlesome.

Pillar 3: Mental health

Although the impact of external pressures on mental health is dependent on an individual's psychological predisposition, mental resilience and social network, a number of relatively broad groups can be discerned as being particularly vulnerable to the challenges outlined above. An important challenge is to **preserve further decreases in mental health**. The Great Corona Study (of UAntwerpen with UHasselt and KULeuven, see https://www.uantwerpen.be/nl/projecten/coronastudie/resultaten/) has followed Belgians via a

standard scale for mental wellbeing (the General Health Query 12 (GHQ-12)). The lower on the scale, the better mental well-being, and pre-2020 GHQ-12 measurement in the general population is added for comparison). As figure 7 illustrates, younger age groups are consistently experiencing a worse evolution in mental wellbeing, compared to older age groups. These findings converge with the observation in the motivation barometer that younger populations' psychological needs for relatedness and autonomy, the satisfaction of which is essential to preserve mental health, have been less fulfilled, if not, frustrated relative to other age groups (figure 8).

Further, figure 9 indicates that in terms of occupational background, students stand out as being most sensitive to more restrictive measures, while pensioners are least sensitive (obviously there is a correlation with age). Clearly occupations that are most affected by the epidemic and the measures are those for which social gathering and/or interaction is key (and often income is affected by countermeasures and risk perceptions of consumers (e.g., culture, horeca)), and/or in which employers perceive their risk of infection and experience their workload as higher than usual (e.g., health care and education). Key determinants at work are safety climate, family supportive climate and work flexibility (figure 10-11) (Study KU Leuven-IDEWE). This immediately illustrates the importance of being able to participate in society, to function at work.

The highest scores are (a) participants from the age group 16-25 (mainly students); and (b) 26-45-year olds who often report that their income has decreased over the past period, with a slightly higher representation of female participants. Participants who live alone and are single also score higher here, as do participants who took a positive COVID-19 test. Participants who score high on the GHQ-12 combine some of these aspects and are therefore more vulnerable. These insights can help devise and target communication and psychological support strategies. Some more background can be found at https://blog.uantwerpen.be/corona/mentaal-welzijn/ and continuous updates are shown at https://corona-studie.shinyapps.io/corona-studie/

4. Recommendations

A menu of recommendations is provided below. To support motivation, adherence, and mental health, a multitude of actions will be required, with different actions being tailored to specific target groups.

4.1. General recommendations

1) DEVELOP A CLEAR CONCEPTUALFRAMEWORK: Several recommendations below could be simultaneously achieved when a **clear "conceptual framework"[3]** (e.g., switch system, barometer) could be installed in the population to serve as a shared mental model. Such a shared mental model would help to create more motivating conditions as it would promote greater risk awareness, encourage people to monitor the evolution (eventually to think ahead and appreciate

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[3]https://apps.who.int/iris/bitstream/handle/10665/337574/WHO-EURO-2020-1573-41324-56242-eng.pdf?sequence=1&isAllowed=y

exponential dynamics), to take responsibility for themselves and others, offer them shared targets to strive for, create perspective, enhance a sense of predictability and control and allow us to communicate in more visually attractive ways (see opinion piece). In the absence of such a coherent framework, different 'decontextualized' recommendations are presented.

2) INVEST IN COMMUNICATION USING DIFFERENT MEANS AND CONTENT: Since the beginning of the crisis is the vast majority of the communication conveyed in a verbal manner and focused on virology-relevant information. Yet, **clear infographics, a visualized phased system** (cfr. barometer) are more powerful as messages can be more easily spread and repeated, while a focus on psychosocial aspects of the crisis and how to deal with them is largely lacking. This is unfortunate.

3) ASK POLITICAL LEADERS TO COMMUNICATE ON FIXED MOMENTS, BRINGING MESSAGES THAT ARE CONSISTENT BETWEEN THESE COMMUNICATORS AT ANY GIVEN TIME:

   ⇒ Results of the motivation barometer indicate that participants' motivation has increased in the days following the communication by the new government, signalling their communication was effective (see report 15).

   ⇒ Political leaders could during these more regular communication moments

      o … address key concerns of citizens that have been sent in in advance

      o … highlight more positive examples and mobilizing initiatives

      o … express their gratitude for sustained efforts

      o … inform the public on the progress we make (cfr. Intermediate goals)

      o … inform the public on new psychosocial and behavioural initiatives

      o … tell the public how they will celebrate Christmas and New Year and which precautions they will take

      o … inform the public why they are motivated and for whom they are sticking to the measures

      o … orient themselves more explicitly to vulnerable groups (e.g., students, singles…)

4) EMPHASIZE ALWAYS THE ESSENCE OF MEASURES: Within a shared mental model, the population can be addressed as adult and responsible people who are able to grasp the essence of a behavioural measure and behave accordingly. This would also help to avoid fruitless discussions about minor details and/or on specific and unintended implications of some of the measures. In general, it is important to ask people to focus on the **'gist/meaning/sense' of the measures** rather than reducing it to a set of rules and prohibitions which prompts discussions on minor and rather irrelevant details (e.g., prohibition to go to the toilet; prohibition for individuals to pass through one's house to get access to the garden).

   ⇒ Reconsider the usefulness and necessity of these measures

   ⇒ Always include the essence and aim of a measure and ask people to keep that in mind as most important.

⇒ Offer corona proof alternatives for difficult behaviours

⇒ Offer information that fosters risk awareness (e.g., how may the curve evolve if visitors stay inside to have a drink?)

5) CUSTOMIZE COMMUNICATION: Diversify communication patterns according to different groups (e.g., different messages, different content, different tone).

Challenge 1: Shifting implicit cost-benefit analysis

6) PROMOTE RISK AWARENESS

⇨ Show **if-then** scenarios: visualize how the curve of infections/hospitalization would evolve if we would allow relaxations during the Christmas and New Year period?

o How many weeks would get lost before we move to the control phase?

o To what extent would the health care system again be put under pressure?

o Refer to the American situation (thanksgiving)

o Indicate how our consistent adherence to the social restrictions have proven a key factor in the past (e.g., situation in Antwerp over the summer)

⇨ Share the **stories of health care workers** in an informational (but not guilt-inducing) way such that people better understand the fragile character of the situation in hospitals and better appreciate the work being done by them.

⇨ Refer to **concrete situations** during which the virus began circulating very quickly to provide an insight in what an exponential curve implies, e.g. Sint Nicholas example

7) AVOID ANXIETY-, SHAME- AND GUILT-INDUCTION

⇨ Avoid the use of anxiety- and guilt-induction as a motivational strategy
⇨ When corona-indicators are increasing, communication to increase risk awareness should be communicated together with an **effective action plan** to counter the risk, in order to avoid inducing merely anxiety.
⇨ Avoid creating unneeded agitation and uncertainty in the population by announcing hypothetical, yet still to be discussed measures or referring to unknown future situations.

8) ENHANCE TRUST IN THE EFFECTIVENESS OF THE MEASURES

⇨ Indicate the expected effectiveness of measures through predictions of their hypothesized effects

⇨ Refer to past successes (e.g. Antwerpen) that provide evidence for the effectiveness of installed measures.

9) PERSONALIZE KEY VALUES: Keep emphasizing the key values we want to preserve and attain.

⇒ **Repeat** ongoingly the importance of protecting our economy, education, healthcare sector and our mental health

⇒ **Make it very concrete** through real-life stories of people, who indicate for which persons specifically they adhere to the measures (e.g., I adhere to the measures such that my children can go back to the youth movement).

⇒ Refer to the **vulnerable people** and persons for whom **non-COVID care got delayed** (e.g., I adhere to the measures because a friend's fertilization trajectory is no longer delayed).

⇒ Ask **politicians** to disclose their own personal stories

10) SPREAD THE CORONA COMPASS: Make the newest winter version of the corona compass available. This **self-reflection tool** allows individuals to better estimate the risks of their behaviour and to know whether they act in a corona-proof manner, while they get personalized feedback on their behaviour.

11) ORGANIZE WEBINARS ON KEY BEHAVIORAL AND MOTIVATIONAL PRINCIPLES

⇒ Organize a **webinar** for interested governors, politicians and experts to inform them on the critical dimensions of sustainable behavioural change and motivating communication (see report 4) to stimulate uniformity and consistency of messaging.

⇒ Create a **bi-weekly intervision moment** to bring different stakeholders together to talk about communication challenges, inspired by the recent developments.

Challenge 2: Offer perspective

12) PROVIDE DIRECTION: Highlight a **common** and **unifying goal**

⇒ Define and repeat what the control phase involves: which parameters indicate low virus circulation

⇒ Highlight the **added value** of a control situation, which …

o … offers more freedom, which supports our mental health, social harmony, and economy

o … implies low virus circulation such that the crisis is easier to control (cfr. test & trace, quarantine, vaccination).

o …allows one to more swiftly and efficiently intervene to avoid an exponential increase of the curve

13) PROVIDE A TRAJECTORY: Estimate a trajectory with a **time frame** and **intermediate goals**, which serve as critical virologic and psychological milestones

⇒ Provide estimates (through infographics) about the timing to reach the safe haven when we maintain, intensify or reduce our efforts

⇒ Putting forward **intermediate goals** does not imply a relaxation of measures. Just as cyclists do not face the top of a mountain halfway but focus on the next upcoming curve, it is critical to engage the population to move steadily forward, thereby breaking down the long trajectory in steps.

14) INVEST IN SYSTEMATIC FEEDBACK

⇒ Indicate how the curve currently evolves relative to the predicted curve and whether we are on track

⇒ Provide **systematic feedback** about the effect of our efforts, thereby highlighting the collective efforts of the population instead of attributing success to the measures.

⇒ Positive feedback without a clear view on the still present risks and anticipated evolutions may create a sense of unjustified optimism.

Challenge 3: Creation of a socially connecting, caring and solidarity-oriented climate

15) CO-CREATE SOCIAL INSPIRATION GUIDE: Develop together with the population in an interactive and participative way an inspiration guide with creative, social alternatives such that people don't have to come up with these alternatives themselves. This helps to build their efficacy to deal with the social constraints. **Customize** these examples in three different ways.

⇒ **Event-dependent:** provide examples for Christmas, New Year Night, the Christmas Holidays, and the remaining winter months

⇒ **Target group-dependent**: youngsters, students, elderly.

⇒ **Weather**-dependent

16) CREATE PLATFORM TO SHARE INSPIRING EXAMPLES OF SOLIDARITY AND MUTUAL CARE

⇒ Many excellent local initiatives by different organizations have been developed

⇒ These initiatives could be **shared** to inspire and help each other

17) MOBILIZE SOCIALE PROJECTS

⇒ Financially support the development of socially mobilizing projects with playful and humoristic elements (cfr. the warmest week should be turned into the warmest winter). The **cultural and event sectors** could play a critical creative role herein.

⇒ Ask governors and politicians to place such socially unifying initiatives in the **spotlights.**

18) ENCOURAGE THE MEDIA TO ADOPT A MOTIVATING ROLE

⇒ Ask the media to share the news that corona-adherent behaviour is still the norm. For every negative item (e.g., lockdown party), **10 positive news items** could be shared as well.

⇒ Insist that the media creates a **separate 'motivational section' or rubric** in newspapers with personal stories of citizens who indicate how and why they stay motivated to adhere to the measures.

19) FORESEE RESTORATIVE ACTIONS FOR NON-ADHERENT CITIZENS

⇒ Instead of adopting an increasingly punitive approach, require that non-adherent individuals are brought to court engage in **repair actions** that aim to foster their risk awareness and solidarity focus

e.g., interviewing health care worker; visiting COVID-19 centre in hospitals

Challenge 4: Fostering mental health

A more elaborated overview of recommendations by the expert group 'psychology & corona' can be found here. The Superior Health Council of Belgium has also made recommendations on this topic.

20) MAKE USE and UPSCALE EXISTING CAPACITIES OF MENTAL HEALTH SERVICES ON THE SHORT TERM

⇒ Indicate when the promised **1500 psychologists** will become available

⇒ Make use of existing capacity often working in specific contexts. E.g. for health care sector: services for prevention and protection at work refer to psychologists and opposite for respectively work-related or personal problems. This could be expanded for other sectors, activated and enforced rather than setting up one shot, temporary solution not embedded in a specific structure.

⇒ Clarify how the population can easily get access to these services and assess the quality of new initiatives.

21) INVEST IN WORK AS A LEVERAGE AND FULLY UTILIZE EXISTING PREVENTIVE STRUCTURES

⇒ Because work provides meaning, social connection and financial stability, it is a critical resource and readily available leverage to mental wellbeing in this pandemic.

⇒ Within the work context, the **external prevention services**, already active and operational, can play a vital role in preventing and detecting mental health problems in the workplace.

22) SOLDIFY AN EFFECTIVE AND PROACTIVE STEPPED CARE APPROACH

⇨ The SHC has identified a plethora of mental health services which were created during the pandemic, stemming from different sources (volunteers, private and public sector) and targeting different audiences (general public, target groups). We stress the need for an active coordination and quality control check in order to assure the best possible mental health care.

⇨ In addition, the sheer amount of services offered reduces the chance of people effectively finding the help they need and even leads to fatigue regarding potentially necessary support. It also hinders insight into the uptake and effectiveness.

⇨ Lastly, there is a need for proactive stepped care approach to mental health, which includes monitoring, triage and referral where/whenever it is needed. The basis of this approach needs to focus on effectively stimulating the natural resilience and resources of people (ex. qualitative self-help programs, campaigns, etc.). When professional help is needed, referral and care should follow as soon as possible without any delay.

⇨ **Centralize** relevant information on psychological support on the national information website of Corona.

23) DISSEMINATE PSYCHOEDUCATIONAL E-HEALTH PROGRAMS

⇒ Offer **ready-made lessons** to teachers how they can discuss (a) mental health concerns in schools and (b) engage in group discussions about motivation to adhere to the measures.

24) INVOLVE SCHOOLS AND TEACHERS

⇒ Offer **ready-made lessons** to teachers how they can discuss (a) mental health concerns in schools and (b) engage in group discussions about motivation to adhere to the measures.

⇒ Create a '**solidarity platform**' in education with inspiring examples of school- or class-bounded initiatives on diverse topics: actions to promote solidarity, gratitude, and motivation.

⇒ Try to reach parents via children (e.g., information related to vaccination)

25) PAY ATTENTION TO VULNERABLE GROUPS and ACTIVE LOOK OUT for newly developing PRECARITIES (Monitoring)

⇒ Policy measures should pay special attention to these groups.

- Youngsters and students (15-25y)

- Singles

- Older adults with multimorbidity

- People with disabilities and existing mental health issues

- Front – line health care workers

- Socially excluded groups

  o people incarcerated in prison or in centres for asylum seekers

  o 170.000 homeless people, 80% of whom have no access to health care

- People with low incomes

- People whose income and entrepreneurship are affected, without perspective

- People admitted to intensive care

- People on waiting lists for elective surgery

- People who have experienced a loss

- Low-skilled and/or low-income people

- people facing job and/or financial insecurity

⇒ Develop tailored programs for identified vulnerable groups

⇒ Give urgent proactive attention to those falling in multiple groups because they are extra vulnerable

26) STREAMLINE DATA AND CREATE LINKS BETWEEN THEM

⇒ The monitoring of the impact of covid-19 on mental health should be professionalized and continued over time, at least up to 1 year after the pandemic as we know that late effects will come into play.

  o There is a need for a strategic linkage between different data sets with multiple mental health indicators to gain better understanding of the specific impact of covid-19 on mental health in Belgium.

  o It is the combined effect of different studies which is capable of more accurately predicting what is to come and better guiding future-oriented policy decisions. One way of doing is, is the creation of a resilience coefficient (cfr. annex 2).

  o Combine subjective indicators with more hard data like the number of sold (over-the-counter) psychotropic medication.
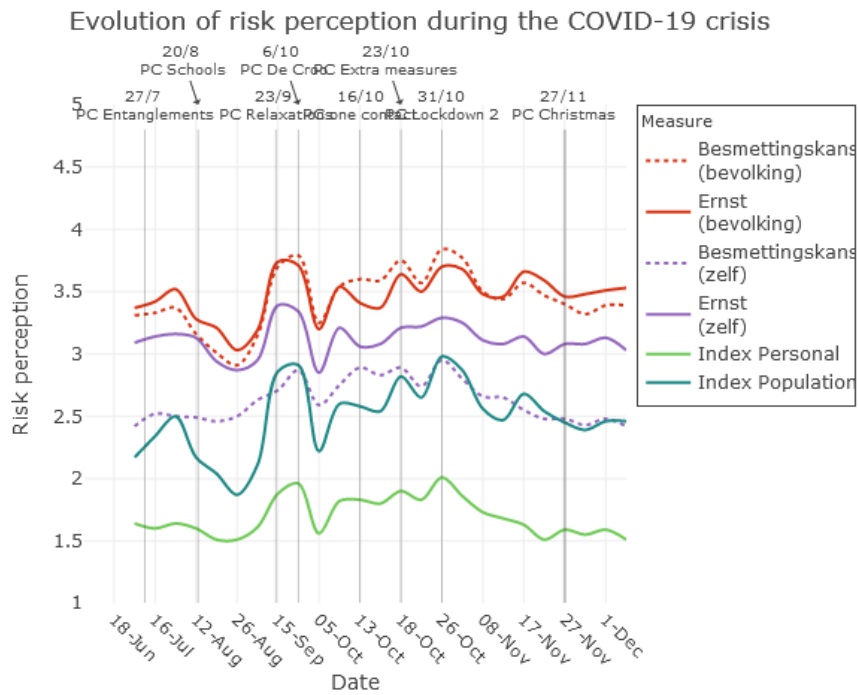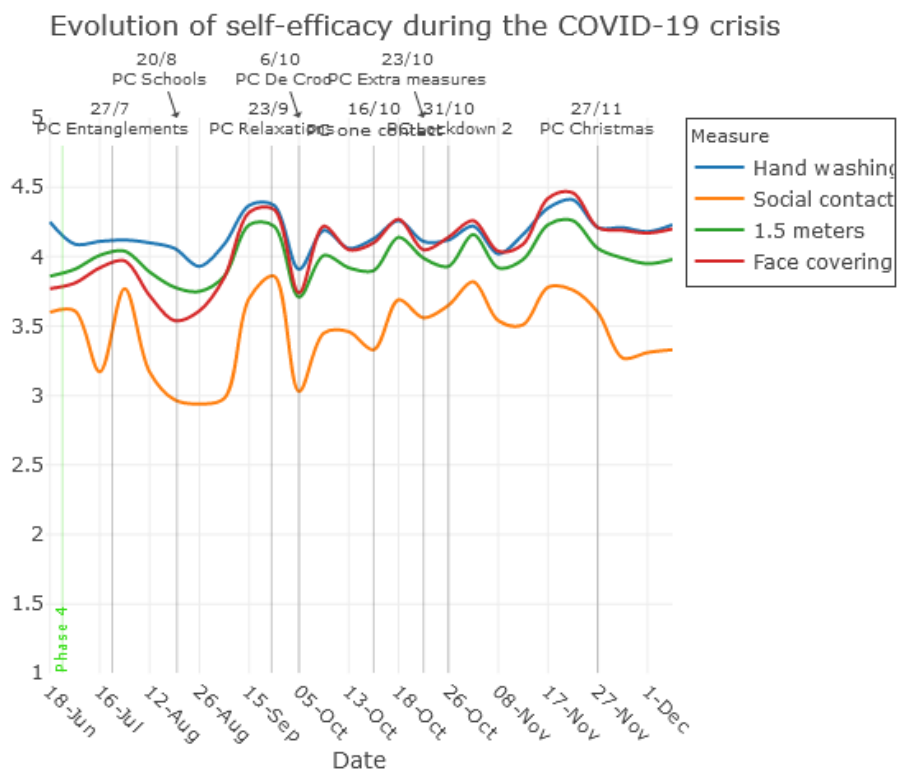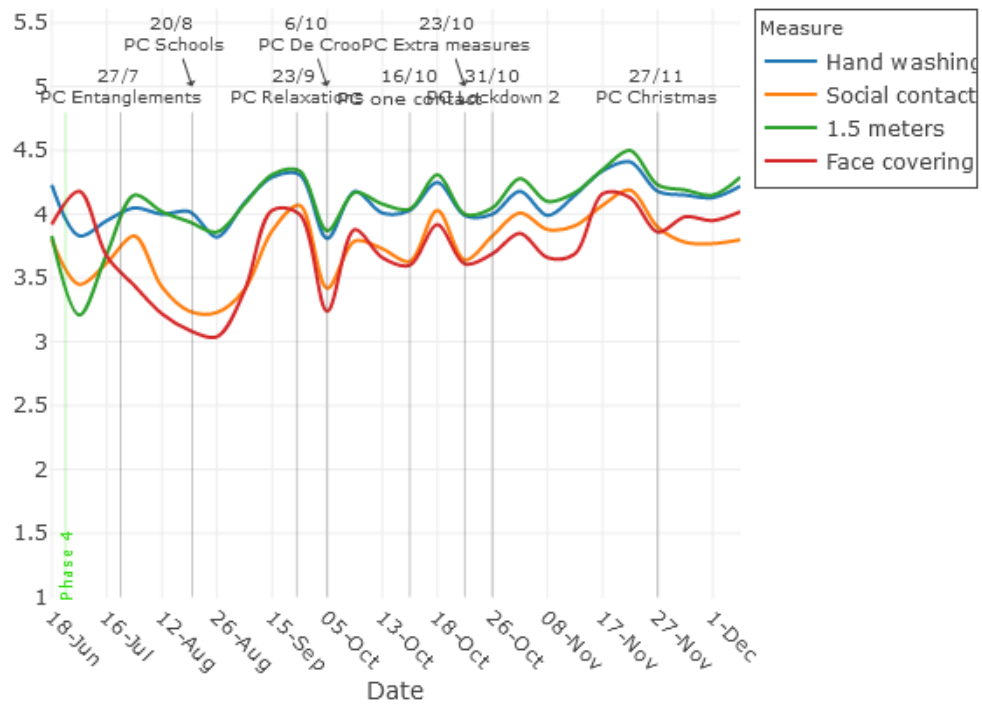
5. Appendix

Figure 1

Figure 2

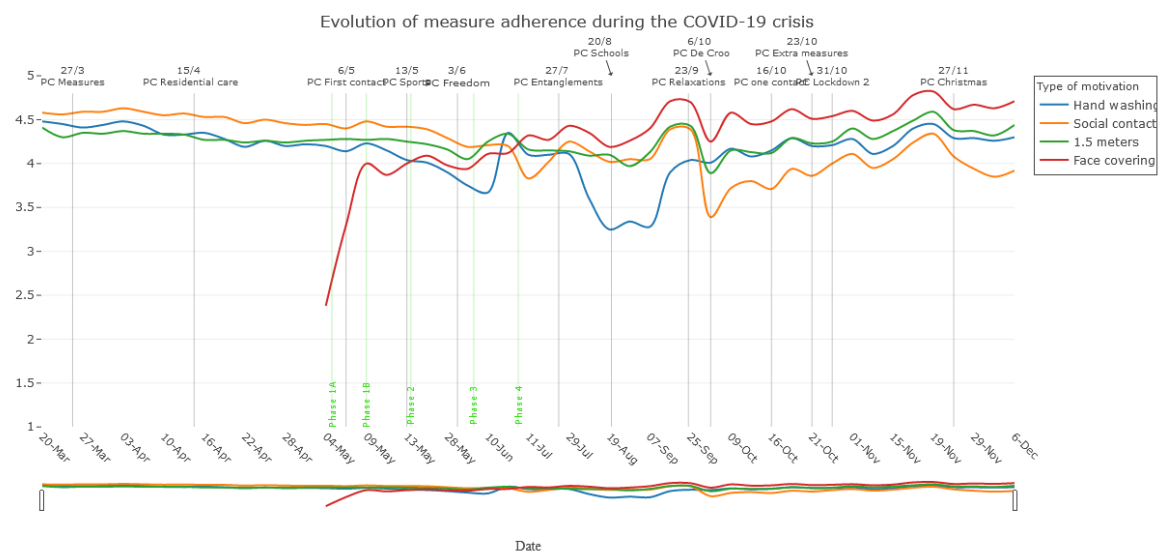*Figure 3: Evolution of measure-specific outcome expectations.*

Figure 4

Chance to adhere to Holidays scenario

Coronastudy, Ghent University
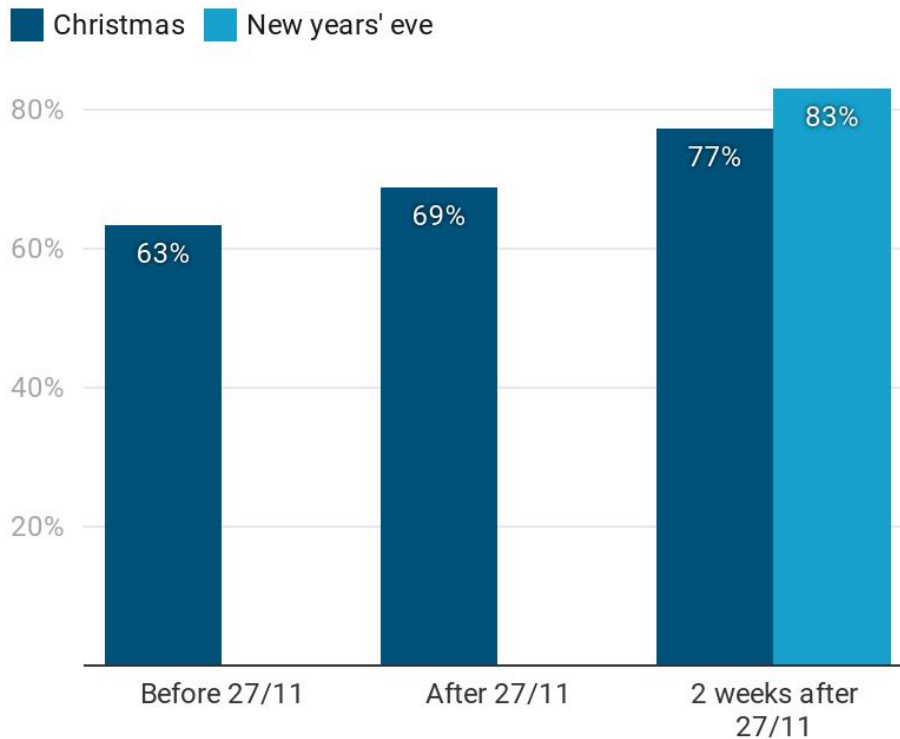
■ Christmas   ■ New years' eve

Chart: Motivation Barometer • Source: Ghent University •
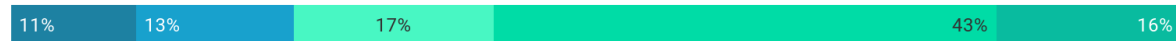Created with Datawrapper

Figure 5

Beoordeling 'coronastorm' grens

Coronastudy, Ghent

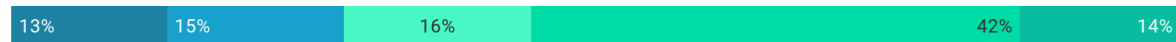■ Helemaal niet akkoord ■ Niet akkoord ■ Neutraal ■ Akkoord ■ Helemaal akkoord

Ik ga zelf meevolgen in welke positie we ons bevinden tegenover deze grens

11%	13%	17%	43%	16%

Deze informatie zal mij motiveren om de maatregelen te volgen

17%	19%	19%	31%	14%

Deze informatie zal ervoor zorgen dat er een duidelijk (gezamenlijk) doel vooropgesteld wordt

13%	15%	16%	42%	14%

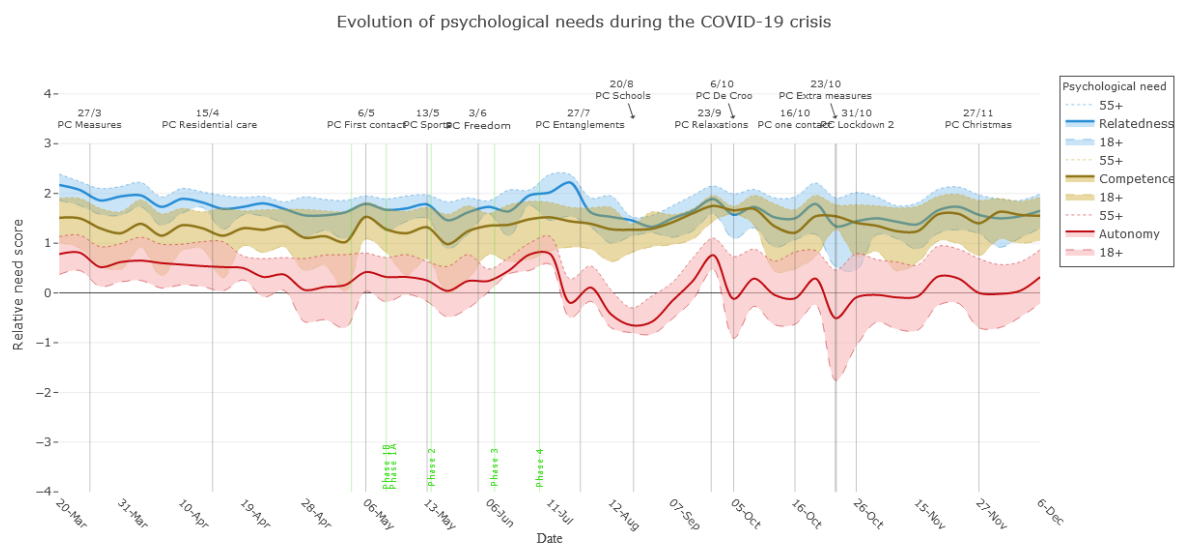*Motivation Barometer*
Source: Ghent University • Created with Datawrapper
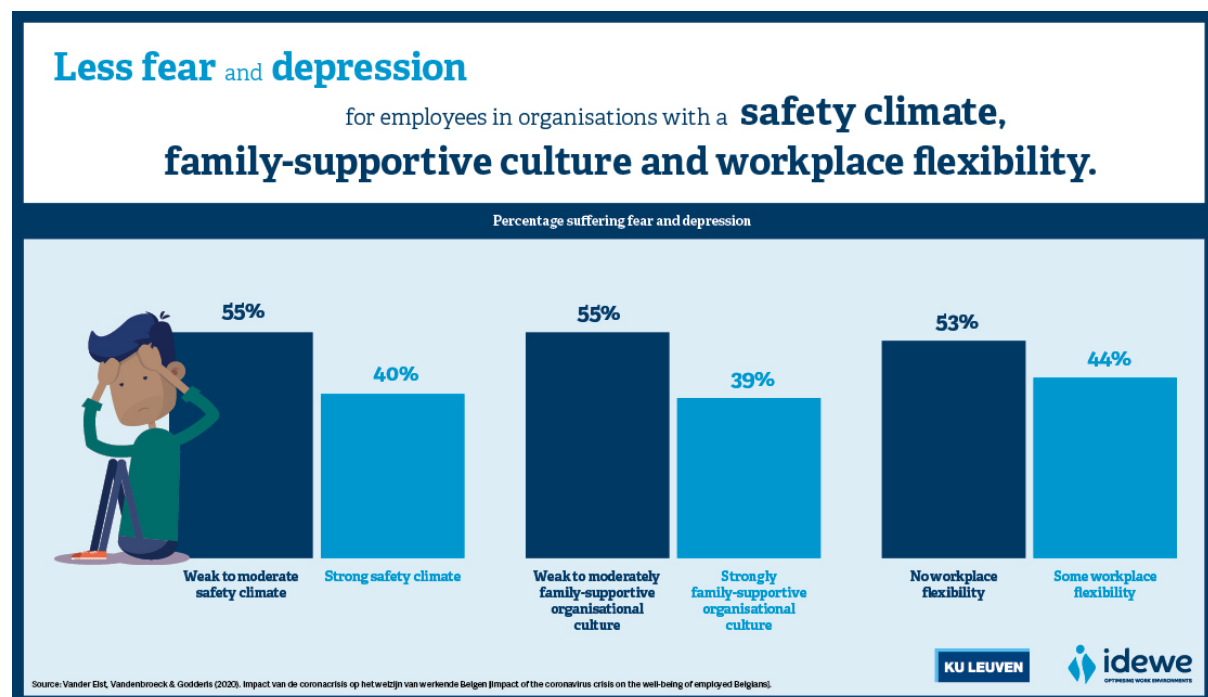
Figure 6
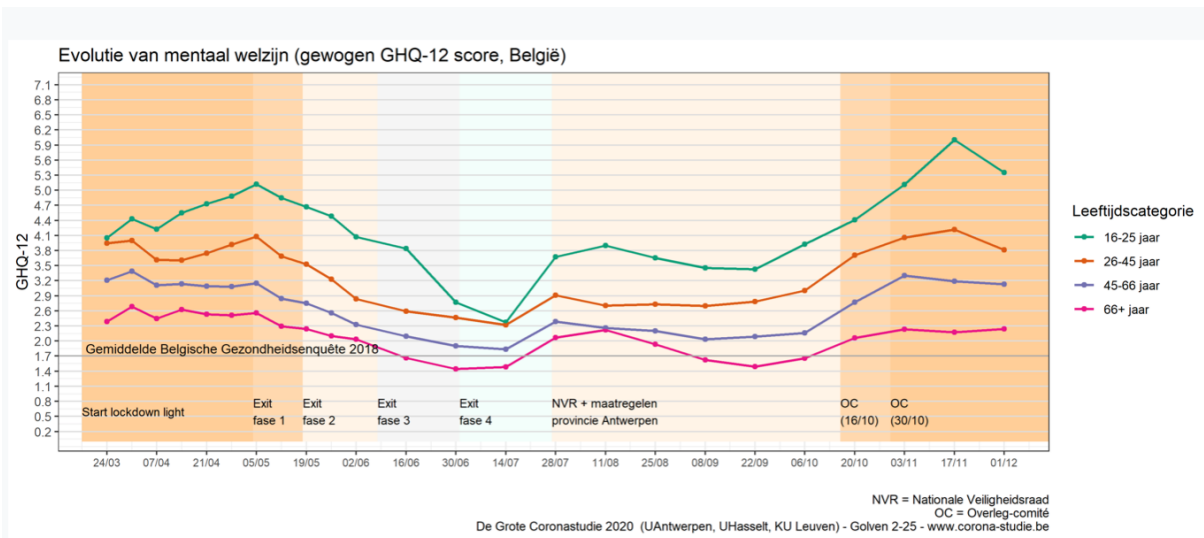
Figure 7

Figure 8

Figure 9

Figure 10