

I. PROJECT INFORMATION

- 1.** Title of the project, scientific abstract & lay summary
- 2.** Project description
- 3.** Budget

1. Title of the project, scientific abstract & lay summary

Project leader

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Title of the project

The impact of Covid-19 pandemic on the well-being and health of young asylum seekers and (un)accompanied minors with mild and severe psychiatric conditions in Belgium.

Scientific abstract

- Background. Scientific literature demonstrates since long that the outbreak of an epidemic causes a crisis of psychological health (Ji et al., 2017; Kamara et al., 2017; Maunder et al., 2003). Actually the Covid-19 outbreak has a significant impact on the health and well-being of the general population in Belgium, although probably highly different across subpopulations. The extent to which psychopathology, a different cultural background and difficulties related to migration and asylum seeking are major risk factors for a negative impact of the corona crisis in the middle and long term has not been the subject of thorough study.

- Aims. In a large group of about 100 young asylum seekers and (un)accompanied minors (15 – 24 years) we will assess the impact of Covid-19 pandemic on (1) life quality, (2) level of functioning, (3) mental health and (4) the role of mediating factors such as stressors, social support, Covid-19 knowledge and access and quality of health care. In addition we will assess which differences do exist in (1), (2), (3) and (4) between a subgroup of young asylum seekers and (un)accompanied minors, with no or only mild psychopathology, in no need of treatment (N=±50), and a subgroup with severe psychiatric conditions such as psychotic disorders; mood, anxiety and somatoform (MAS) disorders; stress-related disorders; addiction; and personality disorders (N=±50). Finally we will assess in each of the two subgroups whether the impact of Covid-19 as described is specific for several distinct cultural backgrounds of the research population, and whether it was increased by traumatic experiences in the past.

- Methods. The assessment will take place during a life interview by experienced clinicians/researchers of maximum 2 1/2 hours of the subject by an experienced researcher, using culture-sensitive validated instruments: selected items of the “Covid-19 questionnaire”; selected items of the “International COVID-19 Student Well-being Study”; the Cultural Formulation Interview; the Symptom Checklist-90 (SCL-90-S); and the Harvard Trauma Questionnaire (HTQ).

- Results. The study will deliver a detailed overview of the impact of the Covid-19 pandemic on the life quality, level of functioning and mental health in young asylum seekers and (un)accompanied minors with and without severe psychopathology. The mediating role of the cultural background will be determined.

- Conclusion. The results will led to concrete recommendations, if possible guidelines, in French and Dutch for caregivers into the providing of information and education, and psychosocial coping with the consequences of Covid-19 pandemic in young asylum seekers and (un)accompanied minors, particularly those suffering from psychiatric conditions.

Lay summary

The focus of this study is the psychosocial impact of the Covid-19 pandemic on a most vulnerable group of adolescents and young adults (15 – 24 years) in our society: young people implicated in a procedure granting international protection in Belgium and suffering in part from psychiatric conditions such as psychosis, depressive and anxiety symptoms, addiction, and stress- and trauma-related disorders. The study intends to help patients, their families, and caregivers in coping with the stress caused by the corona crisis, the migration and integration difficulties and their psychiatric vulnerability.

2. Project Description

Project description

- **Objectives**

In line with the stress-diathesis model (Hengeveld, van Balkom, van Heeringen & Sabbe, 2016) and with the social stress model (Pearlin, 1989), and with recent studies, reviews and meta-analyses on the psychological and social impact of Covid-19 pandemic, this study intends to identify how this pandemic relates to the health and well-being of young asylum seekers and (un)accompanied minors (15-24 years) with either no/mild or severe psychiatric conditions such as psychotic disorders; mood, anxiety and somatoform (MAS) disorders; stress-related disorders; addiction; and personality disorders.

This general research aim is translated into the following scientific objectives and research questions:

1. Primary aim:
 - a. Assess how the life quality of young asylum seekers and (un)accompanied minors (15-24 years old) is influenced by the COVID-19 outbreak.
 - b. Assess how the influence assessed in (a) relates to the level of functioning (related to COVID-19) among young asylum seekers and (un)accompanied minors (15-24 years old) during the COVID-19 outbreak.
 - c. Assess how the factors measured in (a) and (b) relate to mental health in young asylum seekers and (un)accompanied minors (15-24 years old) during the COVID-19 outbreak.
 - d. Assess how the associations in (c) are mediated by stressors, social support, COVID-19 knowledge and access to and quality of health care.
2. Secondary aims:
 - a. Assess which differences do exist in (1a), (1b), (1c) and (1d) between a subgroup of young asylum seekers and (un)accompanied minors with no or only mild psychopathology, in no need of treatment, and a subgroup with severe psychiatric conditions such as psychotic disorders; mood, anxiety and somatoform (MAS) disorders; stress-related disorders; addiction; and personality disorders.
 - b. Assess whether the impact of Covid-19 as described under aims 1 and 2a are dependent on the cultural background of the research population, and whether it is increased by traumatic experiences in the past.

- **Methodology**

- Subjects

The research population will consist of a large group of about 100 young asylum seekers and (un)accompanied minors, aged between 15 and 24 years, and residing in the region of Brussels (Belgium); the study population can be extended to other parts of the country. Given our clinical experience in the POZAH-project since 2016, we expect subjects from e.g. Afghanistan, Palestina, Irak, etc.

We intend to split the total group into 2 subgroups:

1. The first group (A) is a group of youngsters with severe psychiatric pathology (young asylum seekers and (un)accompanied minors, non-european background,)(N=±50). Patients suffering from the following clinical DSM-5 psychiatric conditions will be included: psychotic disorders; mood, anxiety and somatoform (MAS) disorders; stress-related disorders; addiction; and personality disorders. The degree of severity of the psychopathology will be measured with the SCL-90: patients will be included with a minimum score of 225 or higher.
2. Group B is a group of young asylum seekers and (un)accompanied minors (non-european) (N=±50) with no or mild psychiatric pathology. There is no clinical DSM-5 condition present and the SCL-90 score is lower than 225.

Recruitment

To the best of our knowledge our research team is one of the very few in Belgium, if not the only one, that has extensive clinical experience in diagnosis and treatment of the target population mentioned above. Indeed since 2016 we are conducting **the POZAH-project** in the Psychiatric Hospital St.-Alexius in Grimbergen; this project is unique in Belgium, and is aimed at delivering culturally sensitive and evidence based psychiatric care to migrants with a request for international protection (“asylum seekers”) in our country. This project has been initiated and is financed by Fedasil.

In concreto, if an asylum seeker suffers from a severe psychiatric condition (e.g. psychosis, severe depressive and/or anxiety disorder, posttraumatic disorder, suicidality, severe somatoform disorder, addiction, severe personality disorder), a referral from the center where he/she is staying, is initiated and realized by Fedasil to the Psychiatric Hospital St.- Alexius” in Grimbergen. The patient is hospitalized in the (closed) admission ward for crisis intervention (days to weeks), followed by diagnosis and appropriate treatment (weeks up to 3 months) by a multidisciplinary team consisting of psychiatrists, psychologists, psychiatric nurses, social workers and specialized (psycho)therapists. Continually, since 2016, 3 psychiatric beds are available for this type of care. Following this first phase of treatment, the patient is referred for further specialized care (psychopharmacology, psychotherapy, social interventions, et cetera), or, if this care is not available, a follow-up is organized by the treating team.

All types of care are provided in a culturally sensitive manner, according to the existing transcultural guidelines and the guidelines of the World Health Organization (WHO). This means that all types of interventions by all the different team members are taking into account the cultural history and background of the patient and his/her family, and *the idioms of distress* resulting from this. Consequently f.i. psychopharmacological schemes and psycho- and social interventions are adapted and redesigned in the particular cultural context of this individual-patient.

Starting from this POZAH-project we have established an extensive network of collaborating centers, that will support this research project and from which all subjects of both subgroups will be recruited. The following centers are concerned:

- The red cross
- Fedasil
- Project Pin
- Network mental health (president: Drs. Cindy Bailleux), including: family physicians,
- A consortium of 9 psychiatric hospitals of the organization “The Brothers of Charity” in Flanders and Wallonia

In- and exclusion criteria

This study aims at including a maximum of the targeted population in order to approach as much as possible a natural design. All asylum seekers and (un)accompanied minors between 15 and 24 years which are admitted in the participating centers will be asked to participate. In the case of poor language skills, officially recognized translators will be involved. Exclusion criteria are: not able to understand the purpose of the study or the questions asked; a severe cognitive dysfunction related to a psychiatric or neurological condition; induction of stress or anxiety by the study or the clinical procedure itself.

Instruments

1. In order to assess the impact of Covid-19 on the health and well-being of the participants (Aim 1) we will use:

- a. Selected items of the “Covidenik questionnaire” (www.uclouvain.be/covidandi) with the following sections:
- Usual situation
 - Quality of Life

- Social relations
- Current situation
- Psychological well-being
- About yourself

b. Selected items of the “International COVID-19 Student Well-being Study”

(<https://www.uantwerpen.be/en/research-groups/centre-population-family-health/research2/covid-19-internation/>)

- Block: 1. Sociodemographic information (9 Questions: Q1-Q5b)
- Block: 3. Before COVID-19 outbreak and currently (6 Questions: Q21- Q26)
 1. Substance use (Q21-Q24)
 2. Physical activity (Q25-Q26)
- Block: 4. COVID-19 diagnosis, symptoms, perceived worries (11 Questions: Q27-Q35)
- Block: 5. Stressors, informal support and mental wellbeing (4 Questions: Q36-Q39)
- Block: 7. COVID-19 Knowledge and information (2 Questions: Q43-Q44)

2. In order to assess the presence, nature and severity of psychopathology (Aim 2a and 2b) A clinical diagnosis according to the DSM-5 will be formulated by an experienced psychiatrist or psychologist. This clinical interview will be combined with the Cultural Formulation Interview (CFI) with additional modules 1, 2, 3 and 7, in order to establish a culturally sensitive psychiatric diagnosis. Furthermore the degree of severity of the psychiatric symptomatology (Aim 2a) will be measured by “The Symptom Checklist-90 (SCL-90)” and the exposure to traumatic experiences (Aim 2b) with “The Harvard Trauma Questionnaire (HTQ)”.

a. Clinical diagnosis according to the DSM-5 combined with the Cultural Formulation Interview (CFI) (semi-structured interview). Total duration: 55 à 60 min.

The Cultural Formulation Interview (CFI) consists of 16 questions that a clinician can use during an intake procedure in mental health care, in order to gather information on the way culture influences essential aspects of the psychiatric condition of the patient and of the therapeutic interventions that are proposed.

Twelve additional modules are available to complete the basic interview of the CFI. These modules are designed to provide a more comprehensive cultural evaluation. The first 8 additional modules are exploring more in depth the different domains of the CFI basic interview. The next 3 modules are focusing on patient groups with special needs: children and adolescents attending school; migrants and refugees. The last module investigates the experiences and beliefs of informal carers (partners; children; family members) in order to clarify the nature and cultural context of this type of care, and its effects on the social support.

<https://www.dsm-5.nl/documenten/artikel/13/Cultural-Formulation-Interview>

To the best of our knowledge this study is the first of his kind that explicitly uses the CFI in scientific research in Belgium, although this instrument is internationally widely spread and used, was developed during the diverse editions of the DSM-classification (DSM-III, DSM-IV and DSM5) and largely promoted by the World Health Organization.

b. The Symptom Checklist-90 (SCL-90). Total duration: approximately 20 min.

The SCL-90-S is one of the most used instruments for measuring somatic and psychiatric complaints. Its aim is to collect in a structured, reliable and efficient way all the symptoms that are present. The SCL-90-S can be used in children (from 12 years on) and in adults. The SCL-90-S is a self-report questionnaire asking to score on a 5-point scale to what extent he/she has been suffering during the past seven days of 90 predetermined physical and psychological symptoms. The results are summarized in 3 indexes and 8 scales. Furthermore an overview is generated in order to establish to what extent the condition meets the DSM-5-criteria of the major DSM categories. De SCL-90 is available on paper and digitally. <https://www.hogrefe.nl/shop/multidimensionale-vragenlijst-over-psychische-en-lichamelijke-klachten.html>

c. The Harvard Trauma Questionnaire (HTQ). Total duration: approximately 10 min.

The Harvard Trauma Questionnaire (HTQ) was developed 25 years ago as a cross-cultural screening instrument to document trauma exposure, head trauma and trauma-related symptoms in refugees.

The HTQ is widely used with refugees and is available in many different languages (e.g. Amharic, Dari, English, French, Portuguese, Somali, Spanish, and Turkish). In addition, it was translated into the most common languages spoken by refugees (Arabic, Farsi, Serbo-Croatian, and Russian). Its invariance was shown across five linguistic groups.

<https://psychotraumanet.org/nl/node/4681>

Procedures

Within 2 weeks after recruitment subjects will be interviewed by a member of the research team which has been trained in clinical psychiatric diagnosis combined with the CFI and in the measurements of the SCL-90-S and the HTQ. The total duration of the test procedure is estimated at 2 à 2,5 hours maximum. One or two breaks are foreseen

All participants will receive a fee of €10 per hour (maximum €20) as a compensation for their commitment.

Recruitment procedures will be adapted in order to obtain 2 subgroups (A and B) of similar size. We expect that about half of the asylum seekers and (un)accompanied minors that we can ask for participation in the study belongs to a group (A) of youngsters with severe psychiatric pathology. However, after inclusion of 60 and 80 patients the exact number of inclusions in both subgroups will be determined, and further inclusions will favorise the inclusions in the smaller subgroup.

Translation Protocol

The core instruments of this study are available in many different languages (see instruments).

If necessary instruments will be translated following a principle of equivalence through a *committee approach*. The committee approach implies that a team of a minimum of two translators works together:

They translate the instrument independently. They meet to review and refine the initial translation(s). They present the translations at a meeting where one or more additional persons can adjudicate disagreements. This latter step is preferred, but in the case a third person cannot be present, the two translators come to an agreement concerning the translation among themselves.

Before the instruments will be used, a pre-test will take place on at least two people. This allows testing whether the instruments work as intended from a technical point of view, e.g., in terms of routing techniques, and measuring the interview length.

Analyses

For the analysis of the data mainly descriptive statistical methods will be used, combined with (logistic) multiple regression analyses. Differences between subgroups A and B will be tested with t-tests or nonparametric tests for group differences.

- **Project plan & various steps**

- Time schedule and work packages

- *Start-up phase*: formation and training of the researchers (see our proposal for the UCB Community Health Fund Support). Duration: 3 months before the start of the study (01.10.2020 – 31.12.2020).

- *Work package 1*: data-acquisition - Duration: 18 months (01.01.2021 – 30.06.2022).

- 1.1: data collection up to 60-80 participants (\pm 12 months).
- 1.2: monitoring of the number of participants with/without severe psychiatric conditions (\pm 1 month).
- 1.3: data collection up to 100 participants in favor of inclusion in the smaller subgroup (\pm 4 months).
- 1.4: preparation of the database and data input (\pm 1 month).

- *Work package 2: data analysis and rapportage. Duration: 6 months (01.07.2022 – 31.12.2022).*
 - 2.1: descriptive analyses process (2 weeks)
 - 2.2: explanatory analyses process (6 weeks)
 - 2.3: discussion of preliminary results with experts and participants (including additional analyses); editing recommendations and guidelines (2 months)
 - 2.4: rapportage in publications and organization of a national symposium (2 months)

Strengths and limitations

Strengths:

- Accessibility and experience with a very vulnerable subgroup of youngsters in our society. This vulnerability especially increased during the Covid-19 pandemic, consists of major risk factors, i.e. asylum procedure and migration, severe psychiatric conditions, and an adolescent developmental trajectory.
- The use of the Cultural Formulation Interview (CFI) in combination with the clinical psychiatric diagnosis according to DSM-5 classification, will allow a culture sensitive assessment of the psychopathology, according to the guidelines of the World Health organization (WHO) and the DSM. Although worldwide recognized as the best transcultural diagnostic procedure, this is still not applied in mental health care in Belgium.
- Recruitment: We dispose of an extensive recruitment network of organizations implied in the care of the target population. In 2019 +/- 19000 people asked for international protection in Belgium; amongst them about 1400 were aged between 15 and 24 years.

Limitations:

- It may be possible that we will be confronted with higher drop-out rates than expected. Therefore we foresee a contingency plan, consisting of implicating more recruitment centers (e.g. all hospitals of the Brothers of Charity in Flanders and Wallonia), and of more experienced psychiatrists and psychologists working in these centers. If necessary we will recruit also patients outside the region of Brussels, appealing on psychiatric centers of the network of the Brothers of Charity.

- **Expected outcomes**

- *A scientific report* containing the most important findings and the main conclusions regarding the psychological and social impact of Covid-19 pandemic on young asylum seekers and (un)accompanied minors. The findings will also reported in at least 2 national (one in the French, and one in the Dutch language) publications and in 2 international publications in A1-journals.
- *Concrete recommendations*, if possible guidelines, in French and Dutch for caregivers into the information and education, and psychosocial coping with the consequences of Covid-19 pandemic in asylum seekers and (un)accompanied minors. These recommendations will be delivered in all psychiatric hospitals in Belgium, centers for mental health care organizations and caregivers working in the first line.
- *Group discussions* The study results will be communicated to all participants and they will be invited for group discussions in PZ Sint-Alexius Grimbergen.
- *A national symposium* on the study results and the recommendations.

Scientific rationale & added value compared to existing knowledge

The group of young asylum seekers and (un)accompanied minors targeted in this study is subject to several major risk factors: going through an adolescent developmental transition phase (Ad 1); psychopathology (Ad 2); and different cultural background and difficulties related to migration and integration (Ad 3).

Ad 1. Adolescent populations are vulnerable in a time of pandemic. The study of Guessoum, S.B., et. al. (2020) shows that early studies on adolescent mental health during the COVID-19 outbreak support a risk of PTSD, and depressive and anxiety symptoms during the pandemic. The lockdown and COVID-19 related worries are stress factors, as well as the increase in intrafamily violence associated with the confinement. Sudden deaths due to COVID-19 are possible factors of grief-related psychiatric symptoms, trauma, and depression for adolescents. Vulnerable adolescents may be deprived of school and extra-family support. Adolescents with a psychiatric history are probably especially at risk (Guessoum, S.B., et. al., 2020)

Ad 2. Psychopathology. The COVID-19 epidemic has caused a parallel epidemic of fear, anxiety, and depression. People with **mental health conditions** could be more substantially influenced by the emotional responses brought on by the COVID-19 epidemic, resulting in relapses or worsening of an already existing mental health condition because of high susceptibility to stress compared with the general population (Yao H et al., 2020). The study of Fengyi H et. al. (2020) seems to be the first cross-sectional study that compared the prevalence of psychiatric symptoms between people with and without psychiatric illnesses during the COVID-19 pandemic. The results of this study suggest that psychiatric patients were at a higher risk of displaying higher levels of symptoms of PTSD, depression, anxiety, stress and insomnia, worries about physical health, anger and irritability and suicidal ideation as compared to healthy controls (Fengyi H et. al., 2020).

In times of pandemic, as in disasters, there is an increased risk of Post-Traumatic Stress Disorder (PTSD), depression, and anxiety (Douglas et al., 2009). Two studies in China involving 2091 and 285 adult individuals in the weeks following the COVID-19 epidemic in Wuhan reported a prevalence of PTSD of 4.6% and 7% respectively, more commonly associated with female gender and poor sleep quality (Liu et al., 2020; Sun et al., 2020).

Together these studies provide compelling evidence for Covid-19 related stress, psychiatric symptoms and PTSD in young asylum seekers and (un)accompanied minors, but the magnitude of these effects has not been the subject of detailed research.

Ad 1 and 2. The vulnerability of adolescents with mild and severe psychiatric conditions during Covid-19 pandemic.

The study of Guessoum, S.B., et. al. (2020) reports that adolescents with psychiatric disorders are particularly vulnerable, possibly due to disruption of care, COVID-19 related anxiety, and difficulties in coping with confinement. Besides, there are concerns about excessive access to the internet, social media, and the news.

Post-traumatic stress disorders, depression, and anxiety are potential disaster impacts on adolescent mental health (Guessoum, S.B., et. al., 2020). A survey including 2111 adolescents with a mental health history in the UK reported that 83% of them agreed that the pandemic had worsened their mental health and 26% said that they were no longer able to access mental health support (age range: 13–25; mean: 16–17; including 61% with ongoing mental health difficulties) (Youngminds, 2020).

In a survey among 8079 Chinese adolescents aged 12–18, Zhou et al. reported a high prevalence of symptoms of depression (43%), anxiety (37%) and combined depression and anxiety (31%) during the COVID-19 outbreak (Zhou et al., 2020). In the high-risk group, the GSI T-score of the group under-18 was the highest in terms of the severity of psychological symptoms. Again no comparable studies have been done on young asylum seekers and (un)accompanied minors.

Ad 3. Migration and integration difficulties. The repercussions of the corona crisis do cover all aspects of life in all countries of the world without exception. The effects are legal, social, health, economic and psychological. The legal aspects were to suspend refugee applications as a result of the closure of the work of the institutions concerned with immigration affairs, while the health aspects were represented in the lack of cadres that provide health services to immigrants and the displaced; the psychological repercussions of the pandemic on migrants were to increase concern, isolation, depression and fear for the future, and the social repercussions were represented in increasing instances of homelessness and social separation; finally the economic repercussions were limited opportunities due to the low volume of economic activity, which led to high unemployment rates. For a more detailed analysis we refer to the MENA report (The Qatar Committee for the Alliance of Civilizations, 2020).

Refugees are more likely to have lower levels of education due to difficulties related to migration and integration. Lower levels of education are associated with higher levels of psychological symptoms, e.g. depression (Lu et al., 2012). Some studies have found that people's psychological symptoms decrease with the increase in academic qualifications (Assari,2018;Erickson,2016).

In summary. These 3 risk factors are contributing to the total impact of Covid-19 in this highly vulnerable subgroup, but the scientific state-of-art is lacking reliable and valid data. Besides the collection of these data, this study will also introduce the use of the Cultural Formulation Interview (CFI) in order to obtain a culture sensitive assessment of the psychopathology, according to the guidelines of the World Health organization (WHO) and the DSM. Although worldwide recognized as the best transcultural diagnostic procedure, this is – to the best of our knowledge - still not applied in mental health care in Belgium.

Does the project respond to an identified need in patients/caregivers/society?

This project aims at filling the lack of knowledge on the impact of Covid-19 pandemic on the quality of life, the functioning and the mental health of young asylum seekers and (un)accompanied minors in general in Belgium, and on the strategies that have to be developed to cope with this Covid-19 stress. These interventions will also have to take in account the degree and type of psychological and psychiatric symptomatology and the cultural background of this population.

(How) will you involve young people in the design of the research project and throughout the whole life cycle of the project?

By the use of extensive interviews the data of this study will be collected by giving the word to the young people themselves, and we will discuss all our findings with them individually and in general. This last aim will be reached by inviting all participants to several group discussions with the research team, after ending the study.

Potential on quality of life of young people in the most vulnerable communities

Expected implementation of results and follow-up

This study will provide a better insight in the consequences of the Covid-19 pandemic on the quality of life and the mental health of the targeted population, and of possible strategies to decrease this stress, to better cope with it and to improve overall functioning, life quality and integration in our society.

Communication strategy for the results of the research

See the section “Expected outcomes”.

Ethical questions

Ethical advice has already been asked to the central Ethical Committee of the vzw Brothers of Charity. According to all existing ethical standards and procedures, an informed consent will be asked to all participants. In the case of unaccompanied minors, legal guardians will be solicited.

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3. Budget

a. Phase 1 2021:

Human Resources: €28.000 for the project coordination , Training CFI, Coordination with the collaborating partner organisations (Brothers of Charity: 11 psychiatric Hospitals, Fedasil, Red Cross, VZW Pin, Savha, Rivage Denzaet).

Project coordination: Godfried Van Beuren, Cindy Bailleu, Prof. Dr. Bernard Sabbe.

Operational costs: €10.000 for the preparation of the scientific project by the project/research team.

License costs €2000 euro (the SCL-90-S, the HTQ)

b. Phase 2: 2021 (01/01/2021) – medium 2022 (30/06/22):

Human Resources: €39.000, ½ time staff member for the interviews with the selected subjects in the two groups. Data-acquisition: conducting 100 interviews and input of all data in the database. Duration: 18 months (01.01.2021 – 30.06.2022).

Project coordination: Nathalie Destoop.

Operational costs: €4.000: Coordination with the collaborating centers. Translational costs: €15.000. Client cost: 2000 euro.

c. Phase 3: medium 2022 (31/06/22)

Human Resources: €15.000. Analysis of the data and preparation of the rapportage.

Project coordination: Nathalie Destoop.

d. Phase 4: Medium 2022 (01/07/22)- 2022 (31/12/22)

Human Resources: €15.000. Rapportage in publications and guidelines, duration 6 months.

Project coordination: Godfried Van Beuren, Prof. Dr. Bernard Sabbe.

Operational costs: €20.000. Communication, design of video, presentations and information of different kind and form. Organization of the national symposium.

Total budget requested: €150.000

Any available funding for the project

The Psychiatric Hospital St. Alexius is giving a budget of €5000 euro for the starting of the project.