

# The Mental Health Index™ report

Australia, October 2020



**LifeWorks**  
by Morneau Shepell





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## October highlights

The mental health of Australians continues to be much more at risk than prior to the pandemic. After the initial significant decline measured in April 2020, there were increases in May and June. There was, however, a reversal of this trend with a **decline in July and again in August, followed by a modest improvement in September, and a further increase in October.** In spite of the increase, the level of mental health in October remains concerning as it indicates that the working population is currently as distressed as the most distressed one per cent of working Australians, prior to 2020.

The proportion of individuals reporting more stress than the prior month (25 per cent) is higher in October than it was in June and July. As well, the proportion of individuals reporting less mental stress is only 9 per cent. The majority (67 per cent) indicate nearly the same level of stress compared that reported in June through August, however, given the escalation in stress each month since the pandemic, this reflects a high level of cumulative stress even for this group.

October continues a positive trend in the financial risk score. From April to May, Australians were depleting their savings, however, since June; Australians have been saving more each month. From August to October, Australians are saving more than in 2019. **Financial risk continues to be the strongest sub-score, and is above the pre-2020 benchmark.**

**Forty-two per cent indicate that they are putting in more effort at work.** Greater effort at work predicted lower mental health scores (-11.1) than those who put in less or the same.

**Work productivity scores continue to be very negatively impacted in October.** The work productivity score is lowest when compared to all other sub-scores in October. In April, work productivity was -17.0. The score increased in May and June, and then declined from July to September, while increasing moderately in October.

Individuals that have maintained the same level of productivity when compared to before the pandemic have the highest mental health score (-5.8). **Those who report putting in more effort at work when compared to before the pandemic have a low mental health score (-11.1).** The additional effort required to maintain productivity is an important indicator of the potential for mental strain and burnout.

A positive score on the Mental Health Index™ indicates better mental health in the overall working population, compared to the benchmark period of 2017 to 2019. A higher positive score reflects greater improvement. A negative Mental Health Index™ score indicates a decline in mental health compared to the benchmark period. The more negative the score, the greater the decline. A score of zero indicates mental health that is the same as it was in the benchmark period.

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In terms of workplace strategies during the pandemic, **employees were most likely to indicate flexible work hours as helpful to their productivity**, followed by technology, ability to work from home and communications.

**Nearly half (45 per cent) of respondents report needing some form of mental health support.**

The most commonly reported source of mental health support is from family members (20 per cent), followed by support from friends or co-workers (18 per cent), and support from a mental health professional (8 per cent). Nine per cent of individuals report needing support, but have not sought it. This group has, by far, the lowest mental health score (-33.6).

With news of a second wave in parts of Australia, the seriousness of the pandemic is a dominant question in many parts of the country. **Eighty-six per cent of respondents agree that COVID-19 presents a serious public health risk while 6 per cent do not agree.** Individuals who did not agree that COVID-19 presents a serious public health risk have a considerably higher mental health score (-6.9); seemingly indicating that those who do not believe that COVID-19 presents a serious risk contributes to less mental health strain.

Australians believe that they are adapting their day-to-day lives within the context of the pandemic. **Eighty-eight per cent of respondents feel that they are personally handling the health and safety risk of COVID-19 well and this group has the highest mental health score (-9.2).** Those who are handling the health and safety risk of the pandemic poorly have a significantly lower mental health score (-32.1).

**Many employers are handling the health and safety risk of the pandemic well according to employees.** Eighty per cent agree with this position and this group has the highest mental health score (-8.7).

Despite nearly 90 per cent of respondents indicating that they are handling the health and safety risk of the pandemic well, **only 76 per cent feel that their neighbours and community are handling the risk well.** Those who report that the health and safety risk is being managed poorly have the lowest mental health score (-25.5).



**The perceived handling of the health and safety risk of the pandemic is similar when comparing local and federal government.** Seventy-two per cent of Australians believe that their local governments are doing a good job managing the risks of COVID while seventy-one per cent believe that the federal government is handling the risks well.

State mental health scores since April have shown general improvement until July; however, all regions showed declines from July to August. **Since August, there are consistent increases among all states**, with the greatest increase in Western Australia (3.8 points).



## Considerations for Employers

The ongoing strain of the pandemic is clearly having an impact on the work productivity of Australians. In October, the productivity of Australians is approaching its peak in July 2020; however, it remains well below the benchmark at -13.8. In the September Mental Health Index™ report, we saw 38 per cent of respondents indicating that they find it more difficult to concentrate on work than before the pandemic; 41 per cent indicating that they feel more mentally and/or physically exhausted at the end of the workday; and 41 per cent indicating that they find it more difficult to feel motivated to do work than before the pandemic.

Another concerning trend is financial wellbeing. While the financial risk score has been increasing since April 2020, it is clear that we will be dealing with COVID-19 for some time, and the impact of the pandemic for some time after that. To address the strain, it is important for organizations to address certain specific issues as well as the mental health risk overall.

### 1. Work productivity

With the emotional strain of change and uncertainty from the pandemic, work can become more difficult. Forty-two per cent indicate that they need to put more effort into work. The additional risk is that changes in our routines have made it less likely that people have the experiences that provide recovery.

- Employers can bring the risk of burnout to the attention of employees, including the range of causes and strategy. Burnout is not always about work. Strain from caregiving, compassion or frustration can also create the same emotional exhaustion. Burnout occurs when there is insufficient recovery from stress. Recovery for stress is not passive. It requires actions, thoughts and interactions that reset our level of stress. At a minimum, each individual needs a sense of accomplishment, supportive social contact, fun/laughter and physical movement every day.
- Flexibility at work is the workplace strategy that has been the most helpful to employees' productivity. Ensure that people leaders are aware of this and are equipped to support reasonable flexibility.



- It is also important to reinforce the need to reach out for professional support when things feel overwhelming. Those who need help but do not reach out have the lowest mental health scores.

## 2. Financial wellbeing

Each month since April has shown that financial uncertainty is the strongest driver of mental health. The presence or absence of an emergency fund is a strong predictor of one's mental health index score. The connection between financial and mental wellbeing has long been established.

- Employers can highlight and offer resources to support financial wellbeing. These resources ideally support employees' knowledge as well as their actions with respect to finances. From Morneau Shepell's Mental Health Priorities research, almost half of employees feel that they are managing their finances less well than others with the same income. This is a clear opportunity for education and support.
- Leverage and remind employees of financial consultation in your Employee Assistance or Work Life Program if one is available.
- Financial wellbeing resources and training are a good investment at this time and will have a positive impact on employees.

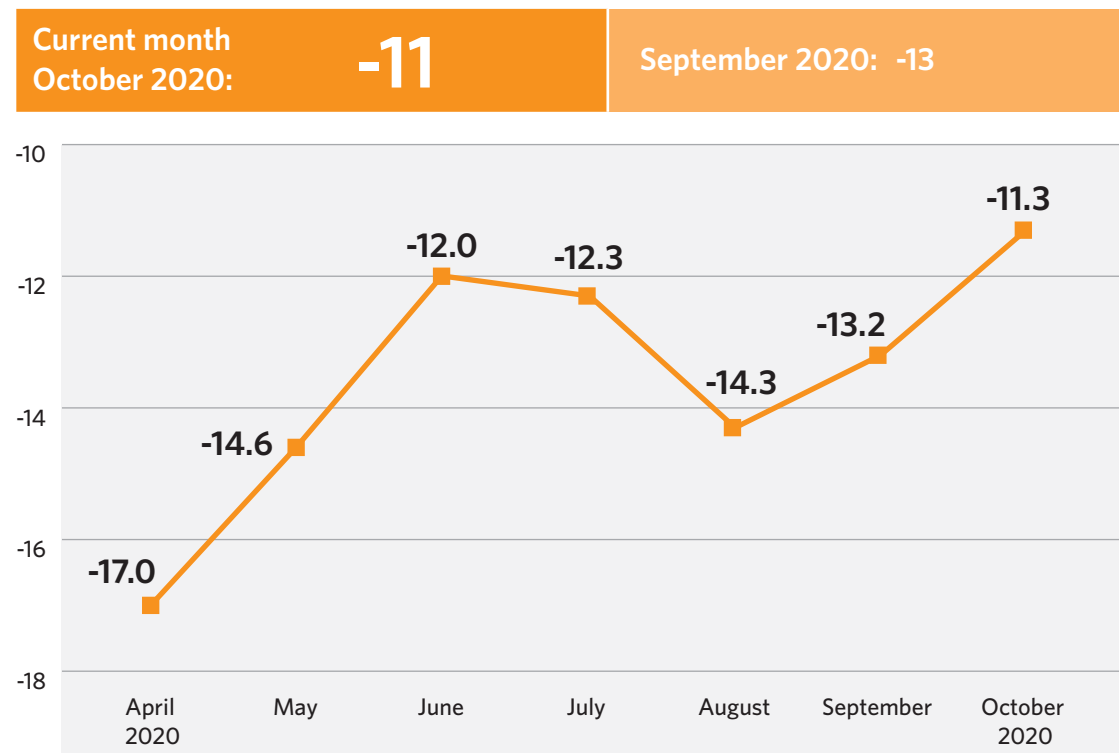
*The methodology and calculations for the Mental Health Index™ and the Mental Stress Change Score are on the pages 27 and 28.*



## The Mental Health Index™

The Mental Health Index™ (MHI) is a measure of deviation from the benchmark<sup>1</sup> of mental health and risk. **The overall Mental Health Index™ for October 2020 is -11.3 points.** An 11-point decrease from the pre COVID-19 benchmark reflects a population whose mental health is similar to the most distressed one per cent of the benchmark population.

Despite an increase in the mental health score to its highest since inception of the Index in April 2020, October marks the seventh consecutive month where the Mental Health Index™ reflects strained mental health in the Australian population.



October marks the seventh consecutive month where the Mental Health Index™ reflects strained mental health in the Australian population

<sup>1</sup> The benchmark reflects data collected in 2017, 2018 and 2019.





## Mental Health Index™ sub-scores

The lowest Mental Health Index™ sub-score is for the risk measure of work productivity (-13.8 points), followed by depression (-12.7), anxiety (-12.5), optimism (-12.1), and isolation (-11.4). The risk measure with the best mental health score is financial risk (2.6), followed by general psychological health (-4.3).

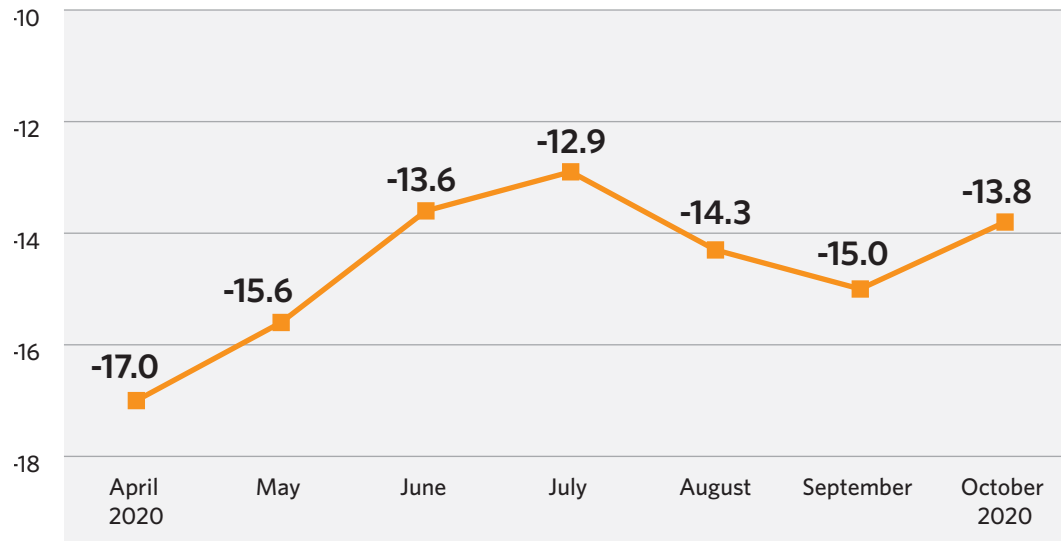
- All mental health sub-scores improved in October when compared to September.
- The most improved sub-score in October is depression, with an increase of 3.1 points from the prior month.
- The financial risk score continues to be the strongest score and is above the pre-2020 benchmark.

MHI sub-scores <sup>2</sup>	October	September
Depression	-12.7	-15.8
Anxiety	-12.5	-15.1
Optimism	-12.1	-14.6
Work productivity	-13.8	-15.0
Isolation	-11.4	-12.3
Psychological health	-4.3	-5.1
Financial risk	2.6	1.5

<sup>2</sup> The demographic breakdown of sub-scores are available upon request.



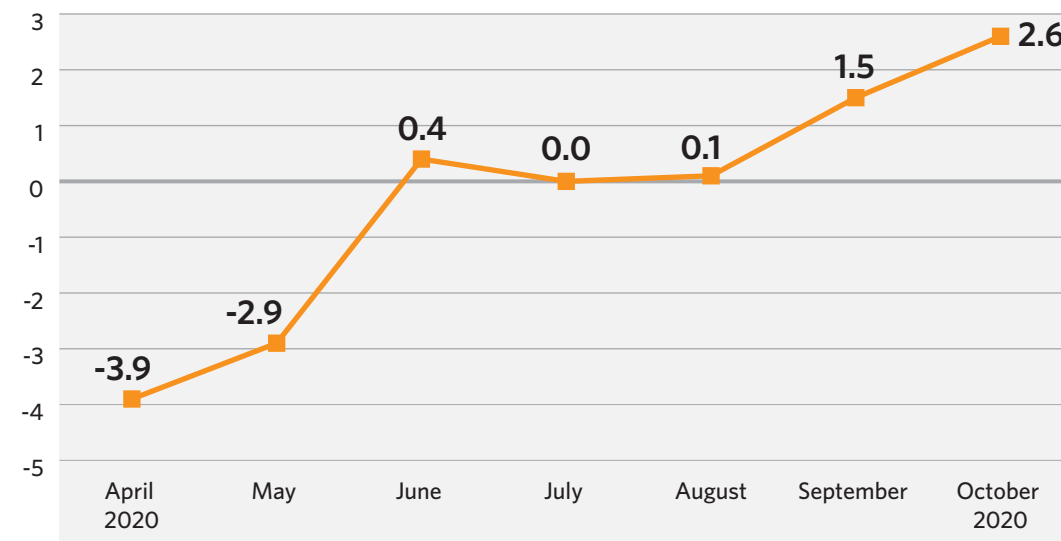
## Work Productivity



The work productivity score is lowest when compared to all other sub-scores in October. In April, work productivity was -17.0. The score increased in May and June, and then declined from July to September, while increasing moderately in October.

October continues a positive trend in the financial risk score. From April to May, Australians were depleting their savings, however, since June; Australians have been saving each month. From August to October, Australians are saving more than in 2019.

## Financial Risk

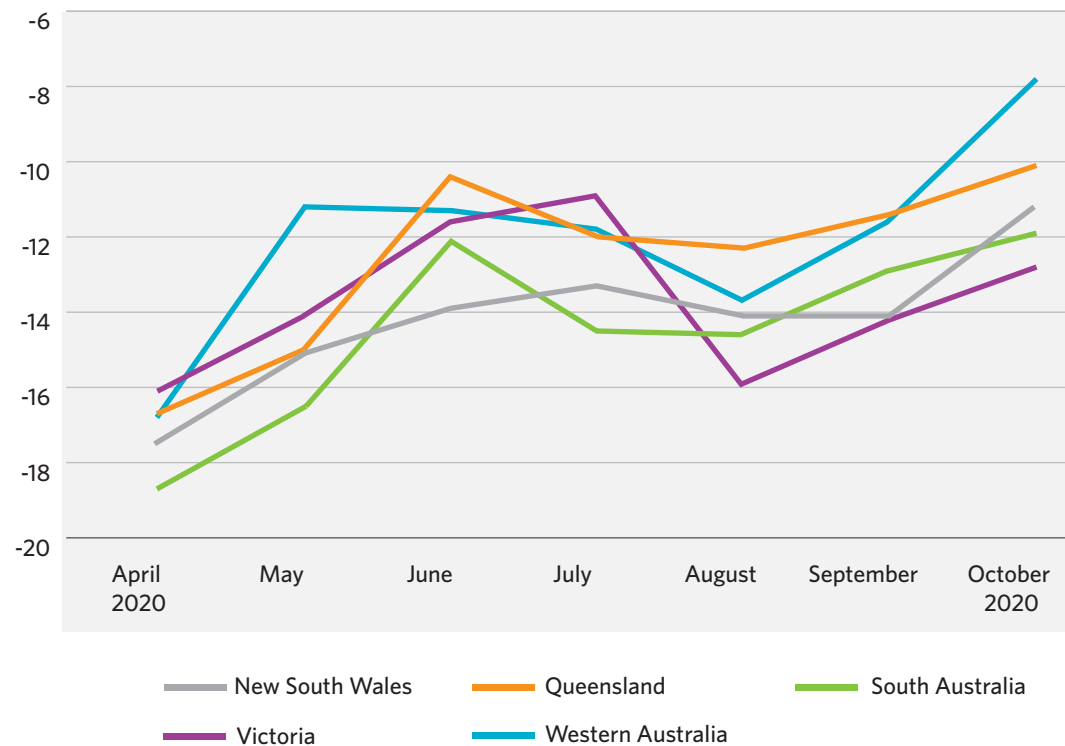




## The Mental Health Index™ (regional)

State mental health scores since April have shown general improvement until July; however, all regions showed declines from July to August. Since August, there are consistent increases among all states, with the greatest increase in Western Australia (3.8 points).

**Australia state Mental Health Index™ scores**





## Demographics

- For seven consecutive months, females (-13.2) have a significantly lower mental health score than males (-9.1); we also see that mental health scores improve with age.
- Respondents identifying as South Asian have the lowest mental health score (-21.5), followed by those identifying as East Asian (-15.1).
- Individuals identifying as South East Asian have the highest mental health score (-10.2), followed by respondents identifying as White (-10.3).
- The variance in the mental health score between those with and without children has been observed since April, and results in October continue this trend with a lower score for those with at least one child (-12.2) when compared to those without children (-10.6).

## Employment

- Overall, 6 per cent of respondents are unemployed. While most individuals remain employed, 22 per cent report reduced hours or reduced salary since April 2020.
- Individuals reporting fewer hours when compared to the prior month have the lowest mental health score (-18.9), followed by those not currently employed (-17.0), and those reporting reduced salary compared to the prior month (-16.3).
- Individuals reporting working for organizations with 1,000-5,000 employees have the highest mental health score (-6.1), followed by individuals working for companies with more than 10,000 employees (-8.2).
- Respondents who report working for companies with 51-100 employees have the lowest mental health score (-15.3).

## Emergency savings

- Individuals without emergency savings continue to experience a lower score in mental health (-24.0) than the overall group. Those reporting an emergency fund have an average mental health score of -6.7.



Employment status	October	September
<b>Employed</b> (no change in hours/salary)	-8.7	-8.8
<b>Employed (fewer hours compared to last month)</b>	-18.9	-20.1
Employed (reduced salary compared to last month)	-16.3	-24.7
Not currently employed	-17.0	-23.3
Age group	October	September
<b>Age 20-29</b>	-19.0	-20.3
Age 30-39	-15.1	-16.6
Age 40-49	-10.1	-12.8
Age 50-59	-9.6	-10.5
<b>Age 60-69</b>	-2.0	-6.1
Number of children	October	September
No children in household	-10.6	-12.5
1 child	-12.2	-15.4
<b>2 children</b>	-13.5	-13.8
<b>3 children or more</b>	-9.2	-10.9

Numbers highlighted in **orange** are the most negative scores in the group.

Numbers highlighted in **green** are the least negative scores in the group.

**Available upon request:**

Specific cross-correlational and custom analyses

Region	October	September
New South Wales	-11.2	-14.1
<b>Victoria</b>	-12.8	-14.2
Queensland	-10.1	-11.4
South Australia	-11.9	-12.9
<b>Western Australia</b>	-7.8	-11.6
Gender	October	September
<b>Male</b>	-9.1	-10.9
<b>Female</b>	-13.2	-15.1
Income	October	September
<b>Household income &lt;\$30K/annum</b>	-26.0	-25.8
\$30K to <\$60K/annum	-13.7	-16.6
\$60K to <\$100K	-13.4	-15.0
\$100K to <\$150K	-9.3	-11.0
<b>\$150K or more</b>	-4.1	-5.1

Racial identification	October	September
East Asian	-15.1	-12.5
<b>South Asian</b>	-21.5	-17.8
<b>South East Asian</b>	-10.2	-14.8
White	-10.3	-12.7
Other*	-13.7	-15.0

\* Included in this category are Arab/Middle Eastern/West Asian, Black, Indigenous/Aboriginal, Latin, South or Central American, Pacific Islander, Mixed (Black and other), Mixed (Other), and Prefer not to answer, as the minimum threshold for reporting was not met for each group.

Employer size	October	September
Self-employed/sole proprietor	-10.9	-10.3
2-50 employees	-11.3	-11.7
<b>51-100 employees</b>	-15.3	-16.5
101-500 employees	-11.9	-14.1
501-1,000 employees	-12.0	-14.4
<b>1,001-5,000 employees</b>	-6.1	-11.2
5,001-10,000 employees	-9.4	-11.0
More than 10,000 employees	-8.2	-10.0



## The Mental Health Index™ (industry)

Individuals employed in Retail Trade have the lowest mental health score (-15.1), followed by respondents employed in Food Services (-14.5).

The highest mental health scores this month are observed among individuals employed in Public Administration (-4.3), Other services (except Public Administration) (-8.6), and Finance and Insurance (-8.8).

Individuals employed in Other services (except Public Administration), Health Care and Social Assistance, and Educational Services have seen the greatest improvement in mental health since last month.

**Improvements from the prior month are shown in the table below:**

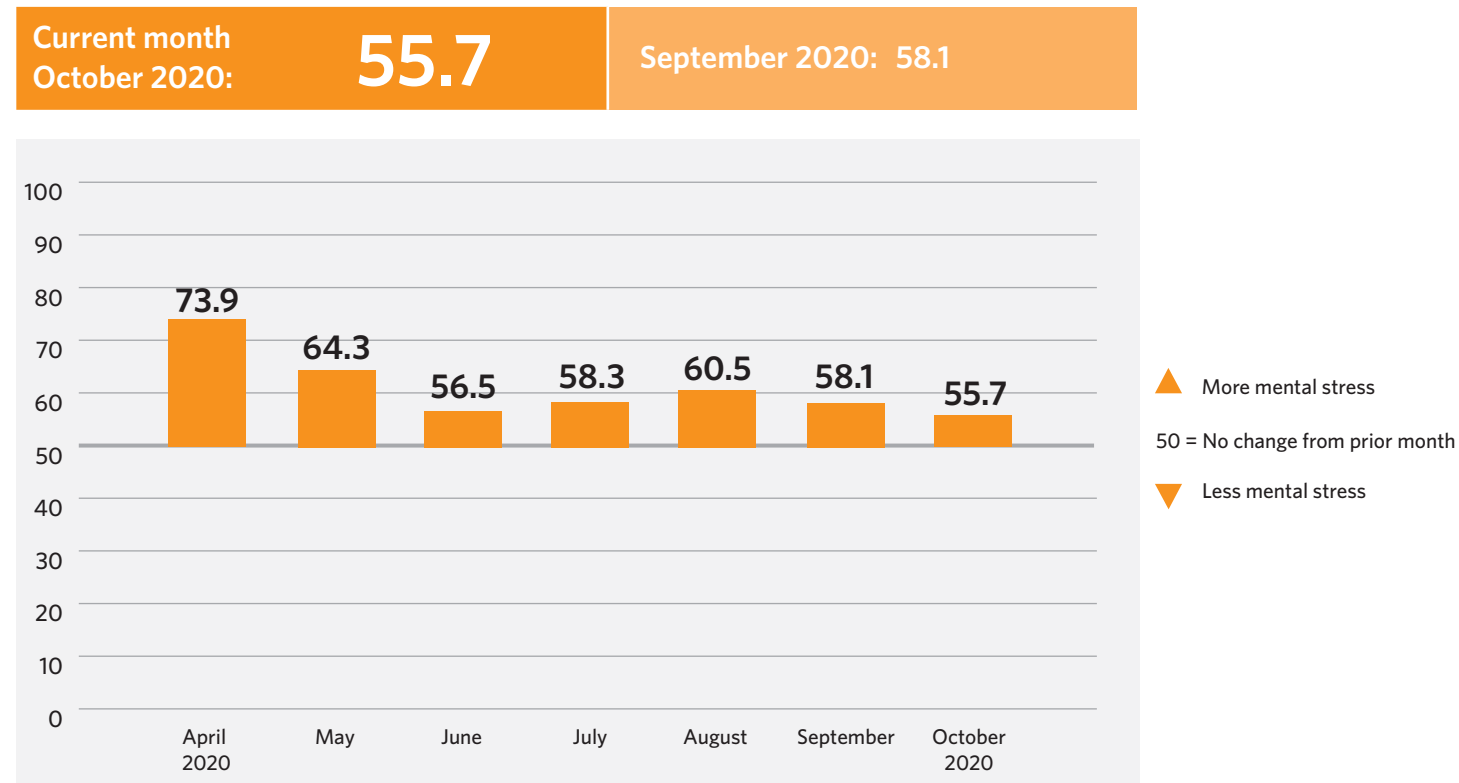
Industry	October 2020	September 2020	Improvement
Other services (except Public Administration)	-8.6	-16.5	7.9
Health Care and Social Assistance	-9.5	-14.0	4.5
Educational Services	-12.8	-16.8	3.9
Construction	-12.3	-16.2	3.9
Public Administration	-4.3	-6.9	2.5
Food Services	-14.5	-17	2.5
Wholesale Trade	-10.3	-11.8	1.5
Transportation and Warehousing	-12.1	-12.9	0.8
Manufacturing	-9.6	-10.3	0.7
Professional, Scientific and Technical Services	-13.0	-13.1	0.1
Retail Trade	-15.1	-15.1	0.0
Administrative and Support services	-10.9	-9.8	-1.1
Finance and Insurance	-8.8	-6.8	-1.9
Other	-14.5	-12.2	-2.3



## The Mental Stress Change score

The Mental Stress Change Score (MStressChg) is a measure of the level of reported mental stress, compared to the prior month. **The Mental Stress Change score for October 2020 is 55.7.** This reflects an increase in mental stress compared to the prior month.

The current score indicates that 21 per cent of the population is experiencing more mental stress compared to the prior month, with 9 per cent experiencing less. A continued increase in mental stress over the last seven months indicates a significant accumulation of strain in the population.



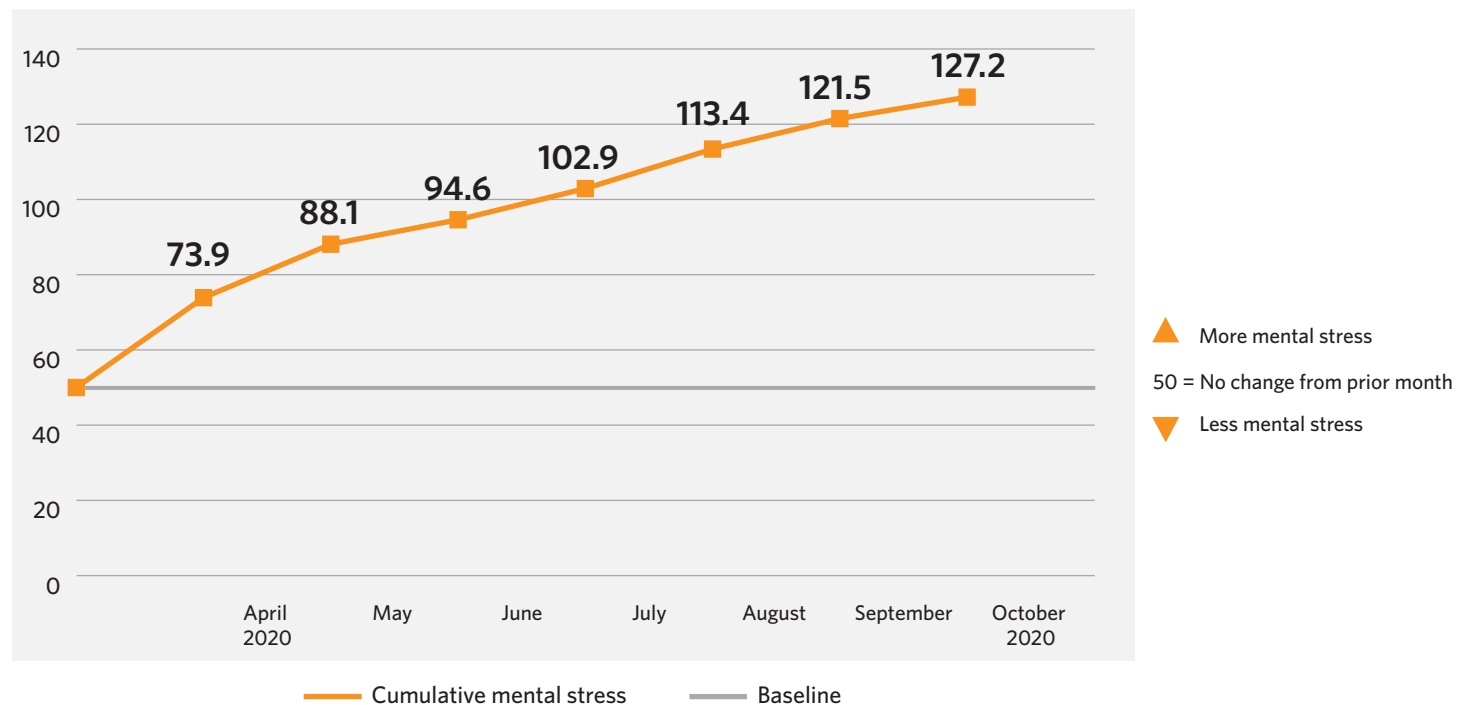


## Mental Stress Change (cumulative)

The Mental Stress Change (MStressChg) score is a measure of the level of reported mental stress compared to the prior month. The change is rooted against a value of 50 implying no net mental stress change from the previous month, while values above 50 indicate a net increase in mental stress and values below 50 indicate a net decrease in mental stress. The graph below tracks the increases and decreases to account for the cumulative effect on mental stress.

The continual increase in mental stress demonstrates that Australians are reporting more mental stress month-over-month. In order to relieve this level of accumulated stress, a significant portion of the population must start regularly reporting lower stress.

Cumulative MStressChg







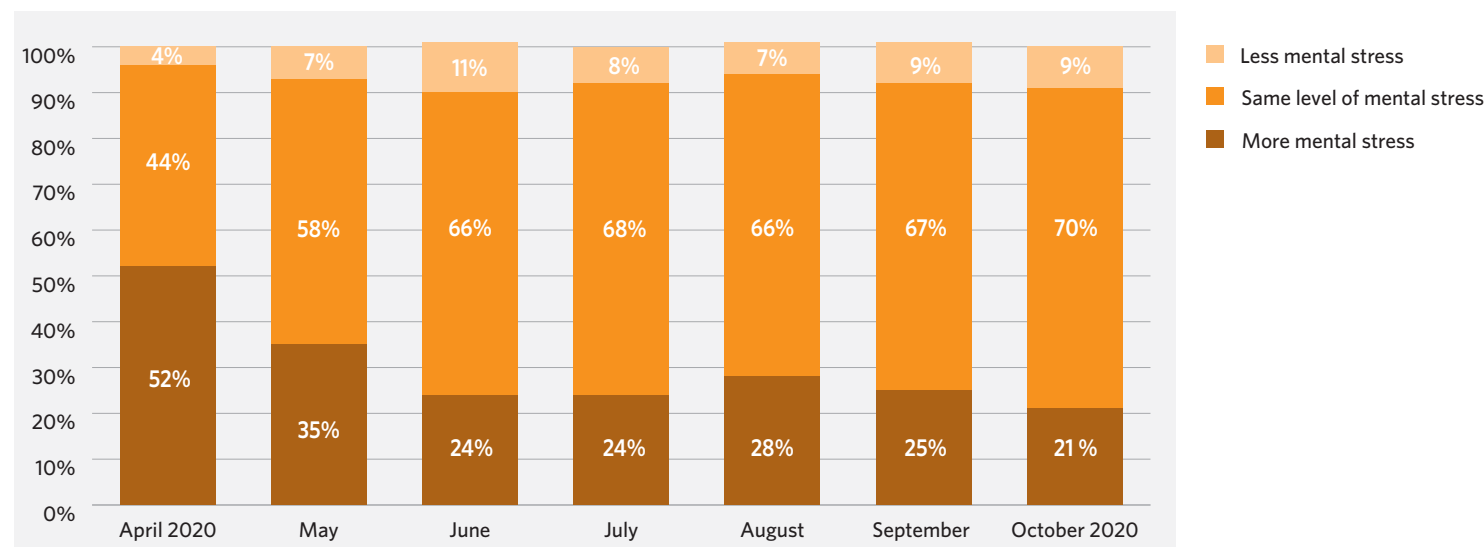
## Mental Stress Change (percentages)

Mental Stress Change tracks an individual's stress changes each month. The percentages of those experiencing more stress, the same level of stress, and less stress for each month of the survey are shown in the graph below.

Over the last seven months, the percentage of those experiencing more mental stress than the previous month has steadily decreased; however, the data shows that those experiencing less mental stress are insufficient to lower the overall Mental Stress Change score to below 50 (the level at which stress is lower than the previous month). As the proportion of individuals reporting the same level of stress or more stress than the previous month continues to significantly outweigh the proportion reporting less mental stress, the population will continue to feel the effects of significantly increased stress and will not be able to adequately reach a more sustainable and health level of stress.

In April, 52 per cent of individuals reported an increase in mental stress. While those reporting increased month-over-month mental stress has decreased to 21 per cent in October 2020, 70 per cent of respondents report the same level of mental stress and only 9 per cent report a decrease in mental stress.

**Mental Stress Change by Month**





## Demographics

- As was reported in prior months, and as evidenced again in October, younger respondents are experiencing a greater increase in mental stress when compared to older respondents.
- Since April 2020, females have larger increases in mental stress when compared with males.
- Respondents identifying as South East Asian have the most favourable mental stress change score (48.2), followed by those identifying as East Asian (55.3).
- Individuals identifying as South Asian have the least favourable mental stress change score (64.4), followed by respondents identifying as White (55.6), and those identifying as East Asian (55.3).

## Geography

- Considering geography, the greatest increase in stress month-over-month is for respondents living in Victoria (60.0), followed by Western Australia (55.6), and New South Wales (54.0). Respondents in South Australia (52.5) and Queensland (52.8) still have overall increases in mental stress, but the rate is less than other states.

## Employment

- The greatest increase in mental stress is seen in employed people with reduced hours (63.7), followed by employed people with reduced salary (63.4) when compared to unemployed people (55.5) and employed people with no change to salary or hours (53.3).



Employment status	October	September
<b>Employed</b> (no change in hours/salary)	<b>53.3</b>	<b>55.5</b>
<b>Employed (fewer hours compared to last month)</b>	<b>63.7</b>	<b>64.9</b>
Employed (reduced salary compared to last month)	63.4	63.8
Not currently employed	55.5	57.9

Age group	October	September
<b>Age 20-29</b>	<b>60.4</b>	56.2
Age 30-39	56.7	<b>60.3</b>
Age 40-49	54.4	60.0
Age 50-59	56.2	56.7
<b>Age 60-69</b>	<b>50.8</b>	<b>56.1</b>

Number of children	October	September
<b>No children in household</b>	<b>54.5</b>	<b>56.0</b>
1 child	57.6	<b>63.8</b>
2 children	57.7	60.2
<b>3 children or more</b>	<b>59.2</b>	57.7

Numbers highlighted in **orange** are the most negative scores in the group.

Numbers highlighted in **green** are the least negative scores in the group.

**Available upon request:**

Specific cross-correlational and custom analyses

Region	October	September
New South Wales	54.0	57.5
<b>Victoria</b>	<b>60.0</b>	<b>63.8</b>
Queensland	52.8	<b>53.6</b>
<b>South Australia</b>	<b>52.5</b>	56.7
Western Australia	55.6	<b>53.6</b>

Gender	October	September
<b>Male</b>	<b>54.8</b>	<b>55.6</b>
<b>Female</b>	<b>56.4</b>	<b>60.1</b>

Income	October	September
<b>Household income &lt;\$30K/annum</b>	<b>65.5</b>	<b>62.0</b>
\$30K to <\$60K/annum	54.1	58.1
\$60K to <\$100K	57.8	58.5
<b>\$100K to &lt;\$150K</b>	<b>53.9</b>	58.1
\$150K or more	54.3	<b>56.5</b>

Racial identification	October	September
East Asian	55.3	<b>61.1</b>
<b>South Asian</b>	<b>64.4</b>	<b>55.3</b>
<b>South East Asian</b>	<b>48.2</b>	56.4
White	55.6	58.1
Other*	58.5	59.5

\* Included in this category are Arab/Middle Eastern/West Asian, Black, Indigenous/Aboriginal, Latin, South or Central American, Pacific Islander, Mixed (Black and other), Mixed (Other), and Prefer not to answer, as the minimum threshold for reporting was not met for each group.

Employer size	October	September
Self-employed/sole proprietor	54.3	<b>53.4</b>
2-50 employees	55.7	55.0
<b>51-100 employees</b>	<b>60.3</b>	63.4
101-500 employees	59.4	57.1
<b>501-1,000 employees</b>	<b>49.4</b>	<b>67.3</b>
1,001-5,000 employees	52.4	57.7
5,001-10,000 employees	56.8	63.0
More than 10,000 employees	53.3	55.7



## The Mental Stress Change (industry)

Mental Stress Change scores for the Finance and Insurance, Construction, and Other services (except Public Administration) industries are less steep compared to the prior month.

Individuals working in Administrative and Support services have the most significant increase in Mental Stress (60.2), followed by individuals employed in Professional, Scientific and Technical Services (58.5), and Public Administration (57.7).

**Mental Stress changes from the last two months are shown in the table below:**

Industry	October 2020	September 2020
Finance and Insurance	51.2	55.2
Construction	52.1	58.9
Other services (except Public Administration)	52.7	58.1
Health Care and Social Assistance	53.4	62.5
Retail Trade	54.6	57.6
Wholesale Trade	54.7	52.4
Transportation and Warehousing	54.8	67.6
Other	56.0	53.6
Educational Services	56.6	62.6
Manufacturing	56.7	54.5
Food Services	56.8	52.7
Public Administration	57.7	55.4
Professional, Scientific and Technical Services	58.5	61.3
Administrative and Support services	60.2	53.5



## Spotlight

### Productivity during the COVID-19 pandemic

#### Comparing work productivity to before the pandemic

Sixty-three per cent of respondents believe they are as productive at work as they were before the pandemic, with only 12 per cent feeling they are more productive. Twenty per cent of respondents feel they are less productive at work and 6 per cent are unsure.

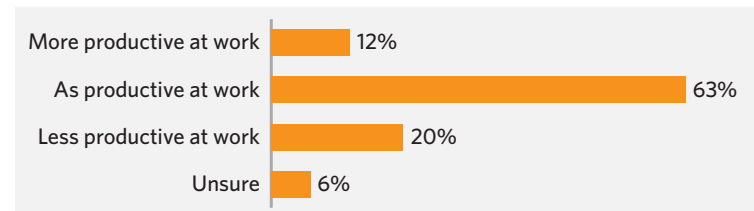
The COVID-19 pandemic has brought considerable changes to many workplaces. Individuals were asked to consider their work productivity when compared to prior the pandemic.

- Twenty per cent of respondents indicate that they are less productive compared to before the pandemic and these individuals have a mental health score of -23.1.
- Sixty-three per cent of respondents indicate that they are as productive at work as they were before the pandemic and this group has the highest mental health score (5.8).
- Individuals who report being more productive at work comprise 12 per cent of the respondent group and have a mental health score of -10.2.
- The six per cent who are unclear about their productivity have the lowest mental health score (-26.0).

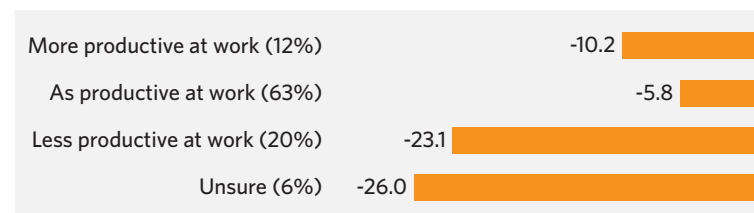
#### Comparing effort at work to before the pandemic

- Forty-two per cent of respondents report that they are putting in more effort at work and these individuals have a mental health score of -11.1.
- The highest mental health score is observed among 32 per cent of individuals who report putting in less effort at work (-9.7).

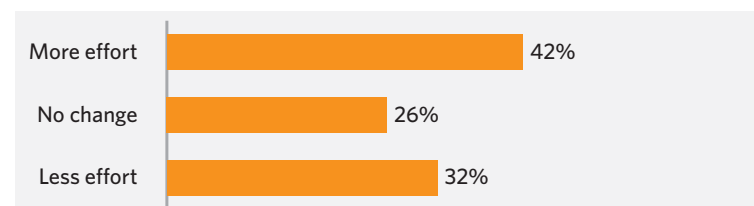
#### Productivity: compared to before the pandemic



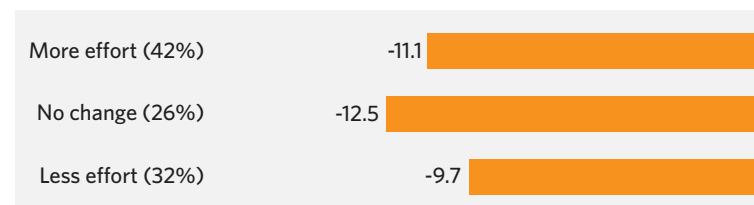
#### MHI score by the productivity comparison to a pre-pandemic state



#### Effort at work



#### MHI score by effort at work





## Effect of organizational activities on work productivity

### Employer communications

Communications are vital tools for distributing information to employees about the organizational response to the pandemic.

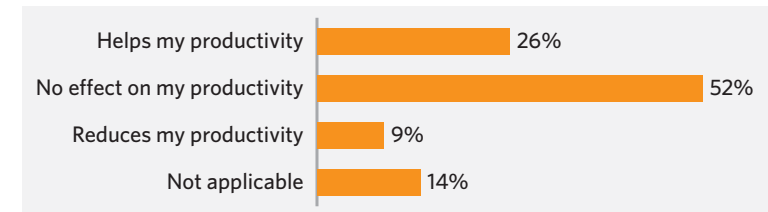
- Twenty-six per cent of respondents indicate that communications to employees help their productivity and this group has the highest mental health score (-9.8).
- More than half of individuals (52%) indicate that communications have no effect on their productivity and their mental health score is -10.1.

### Use of technology

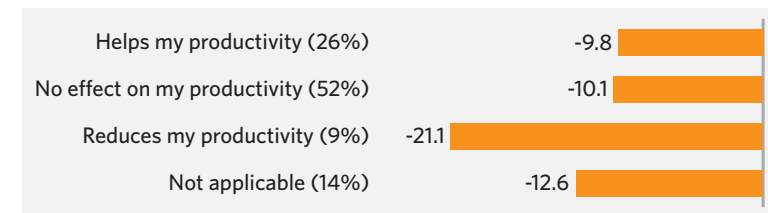
With many employees working remotely, the use of technology is critical to maintain productivity and to optimize engagement with a dispersed workforce.

- Thirty per cent of respondents report that technology helps their productivity and this group has the highest mental health score (-8.7).
- The lowest mental health score (-20.3) is observed among 8 per cent of individuals reporting that use of technology reduces their productivity.

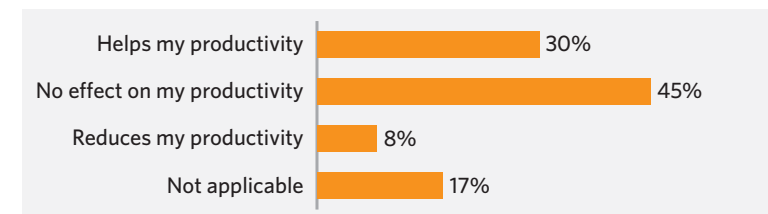
### Impact of organization communications to employees



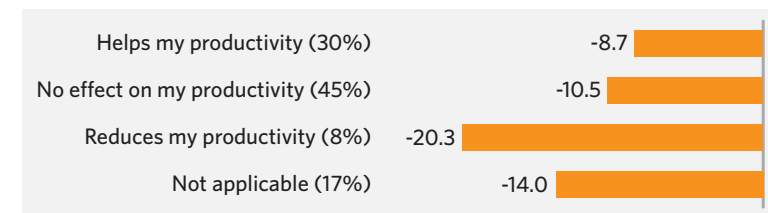
### MHI score by the productivity comparison to a pre-pandemic state



### Impact of technology used by employees



### MHI score by impact of technology used by employees



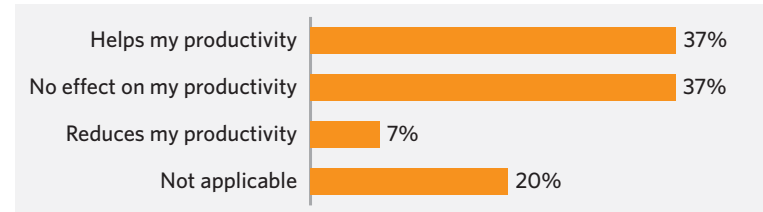


## Flexible work hours

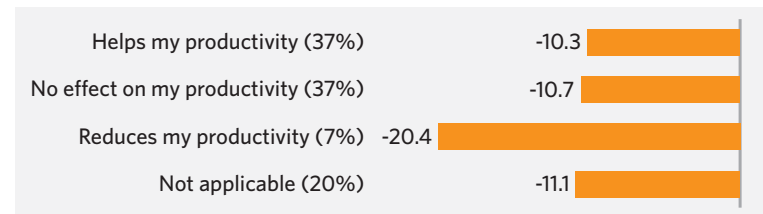
Flexible work hours are reported among 80 per cent of respondents.

- Thirty-seven per cent of respondents indicate that flexible work hours helps their productivity and their mental health score is highest (-10.3).
- Seven per cent of individuals report that flexible work hours reduces their productivity and this group has the lowest mental health score (-20.4).

## Impact of flexible work hours



## MHI score by impact of flexible work hours

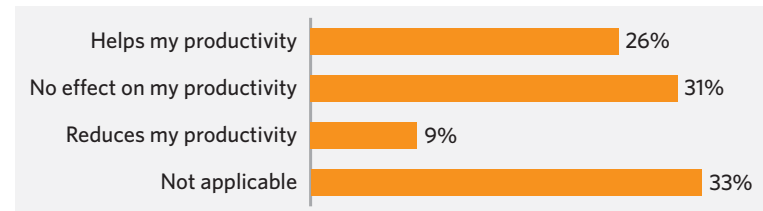


## Ability to work from home

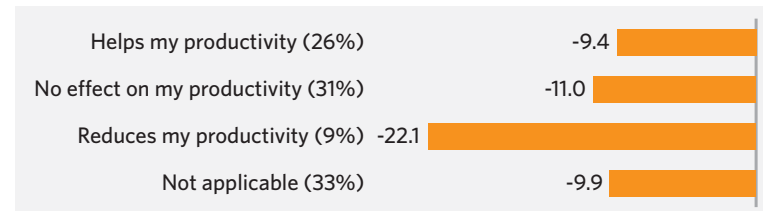
Sixty-seven per cent of respondents report that the ability to work from home is applicable to them.

- Twenty-six per cent of individuals report that the ability to work from home helps their productivity. This group has a most favourable mental health score (-9.4).
- The lowest mental health score (-22.1) is observed among 9 per cent of respondents reporting that the ability to work from home reduces their productivity.

## Impact of the ability to work from home



## MHI score by impact of the ability to work from home





## The ongoing COVID-19 pandemic

With news of a second wave in parts of Australia, the seriousness of the pandemic is a persistent media item. Respondents were asked whether they feel that COVID-19 presents a serious public health risk.

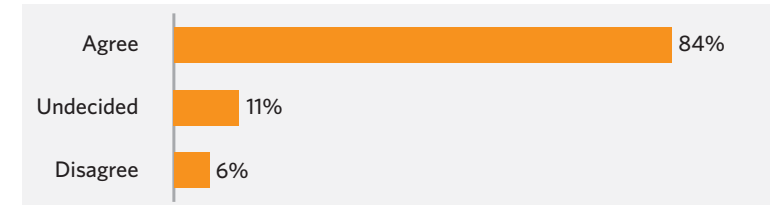
- Eighty-four per cent of respondents agree that COVID-19 presents a serious public health risk and this group has a mental health score of -10.9.
- The lowest mental health score (-15.2) is observed among 6 per cent of individuals that disagree about whether COVID-19 presents a serious public health risk.

## Personal handling of the health and safety risk of the pandemic

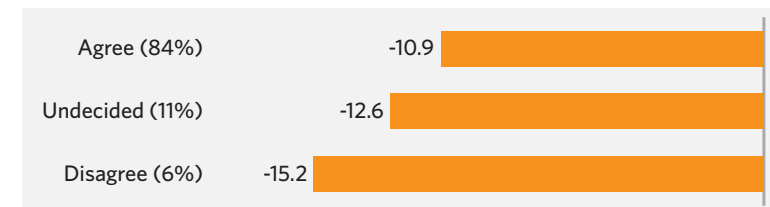
Australians are adapting their day-to-day lives within the context of the pandemic.

- Eighty-eight per cent of respondents feel that they are personally handling the health and safety risk of COVID-19 well and this group has the highest mental health score (-9.2).
- Three per cent of individuals are handling the health and safety risk of the pandemic poorly and their mental health score is significantly lower (-32.1).

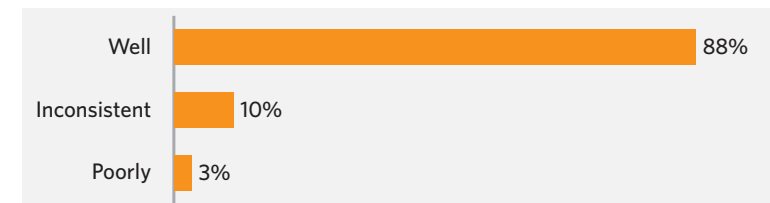
## Agreement that COVID-19 presents a serious public health risk



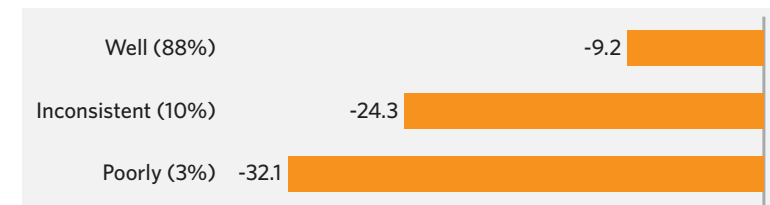
## MHI score by agreement that COVID-19 presents a serious public health risk



## How respondents feel they are personally handling the health & safety risk of COVID-19



## MHI score by how respondents feel they are personally handling the health & safety risk of COVID-19



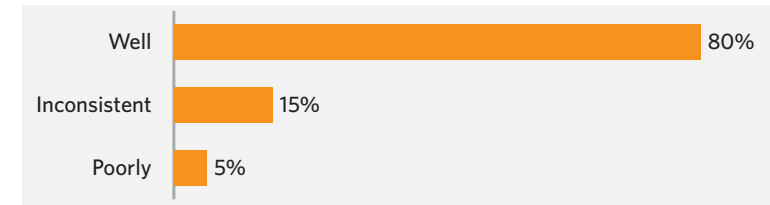




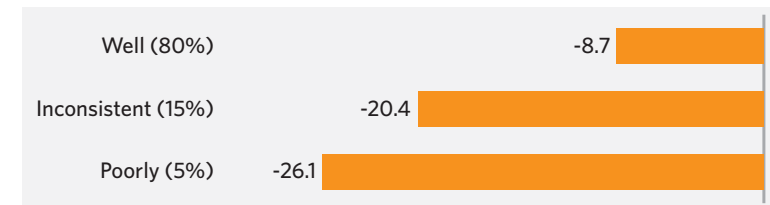
### Workplace handling of the health and safety risk of the pandemic

- Eighty per cent of respondents feel that their workplace is handling the health and safety risk of the pandemic well and this group has the highest mental health score (-8.7).
- Five per cent of individuals feel that their workplace is handling the health and safety risk poorly and the mental health risk for this group is lowest at -26.1.

### How respondents feel their workplace is handling the health & safety risk of COVID-19



### MHI score by how respondents feel their workplace is handling the health & safety risk of COVID-19

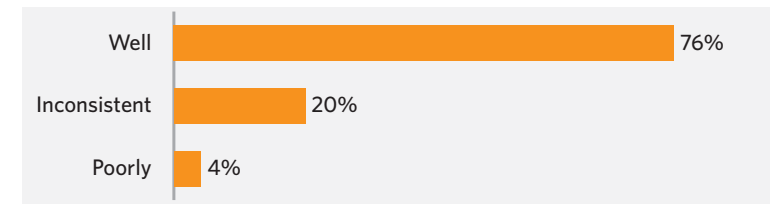


### Community handling of the health and safety risk of the pandemic

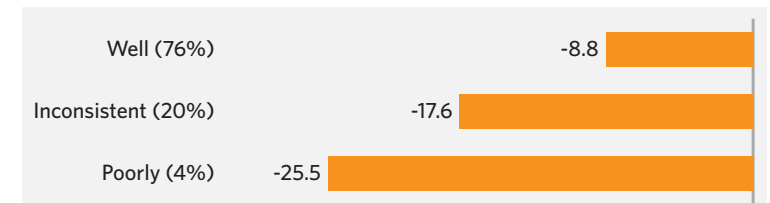
Despite 88 per cent of respondents indicating that they are handling the health and safety risk of the pandemic well, only 76 per cent feel that their neighbours and community are handling the risk well.

- Four per cent of respondents feel that their neighbours and community are handling the pandemic health and safety risk poorly, and the mental health score of this group is lowest (-25.5) when compared with the mental health score of individuals who feel that their neighbours and community are handling the health and safety risk of COVID-19 well (-8.8).

### How respondents feel their neighbours and community are handling the health & safety risk of COVID-19



### MHI score by how respondents feel their neighbours and community are handling the health & safety risk of COVID-19





### Local government handling of the health and safety risk of the pandemic

There is a division of opinion regarding policies and practices on the handling of the health and safety risk of the COVID-19 between local and federal government.

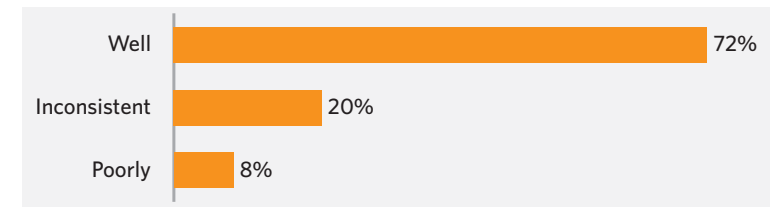
- Seventy-two per cent of respondents feel that their local government is handling the health and safety risk of COVID-19 well, and this group has the highest mental health score (-8.8).
- Eight per cent of individuals who feel that their local government is handling the health and safety risk of COVID-19 poorly have the lowest mental health score (-18.7).

### Federal government handling of the health and safety risk of the pandemic

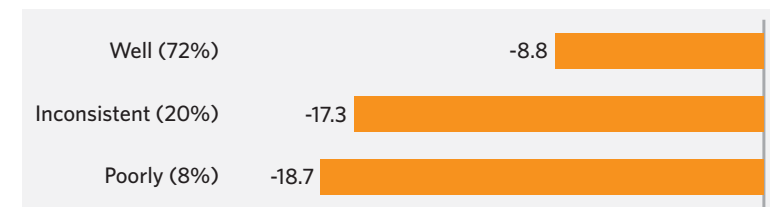
Similar to how well people feel local governments are handling the health and safety risk of the pandemic, 71 per cent of respondents feel that the federal government is handling the health and safety risk of the pandemic well.

- Nine per cent feel the federal government is handling the health and safety risk of the COVID-19 pandemic poorly and this group has the lowest mental health score (-19.1).
- Perceived inconsistency in the way that the federal government is handling the health and safety risk of the COVID-19 pandemic also results in a low mental health score (-16.0).

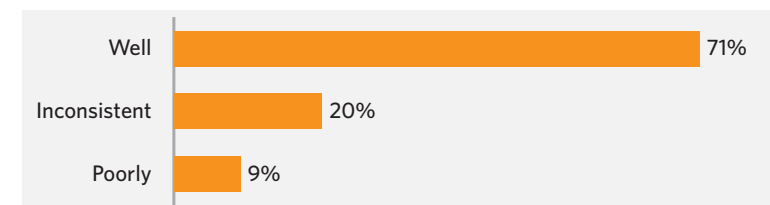
### How respondents feel their local government is handling the health & safety risk of COVID-19



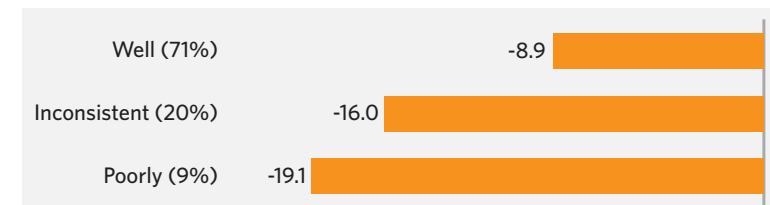
### MHI score by how respondents feel their local government is handling the health & safety risk of COVID-19



### How respondents feel the federal government is handling the health & safety risk of COVID-19



### MHI score by how respondents feel the federal government is handling the health & safety risk of COVID-19

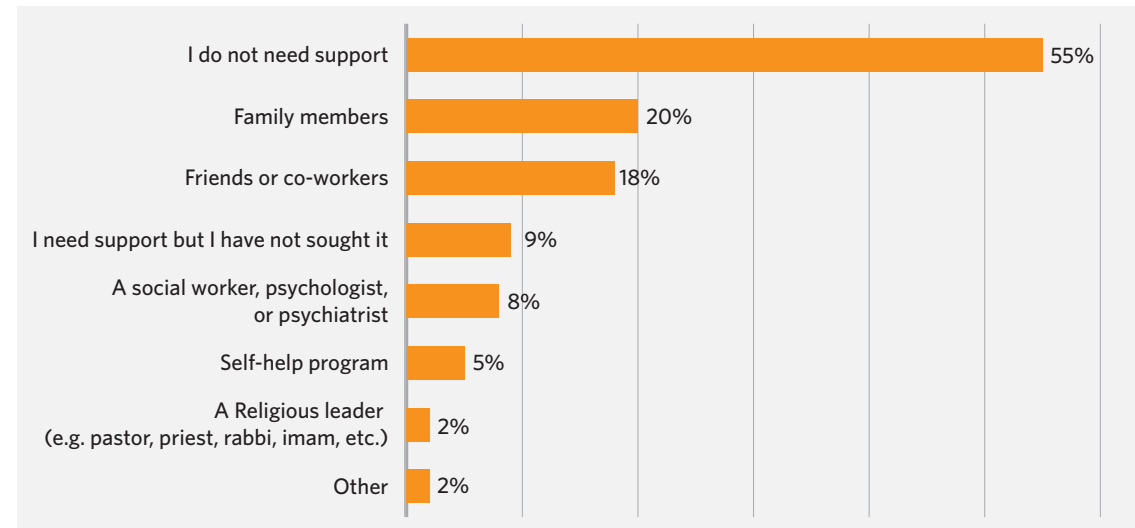


## Mental Health Support

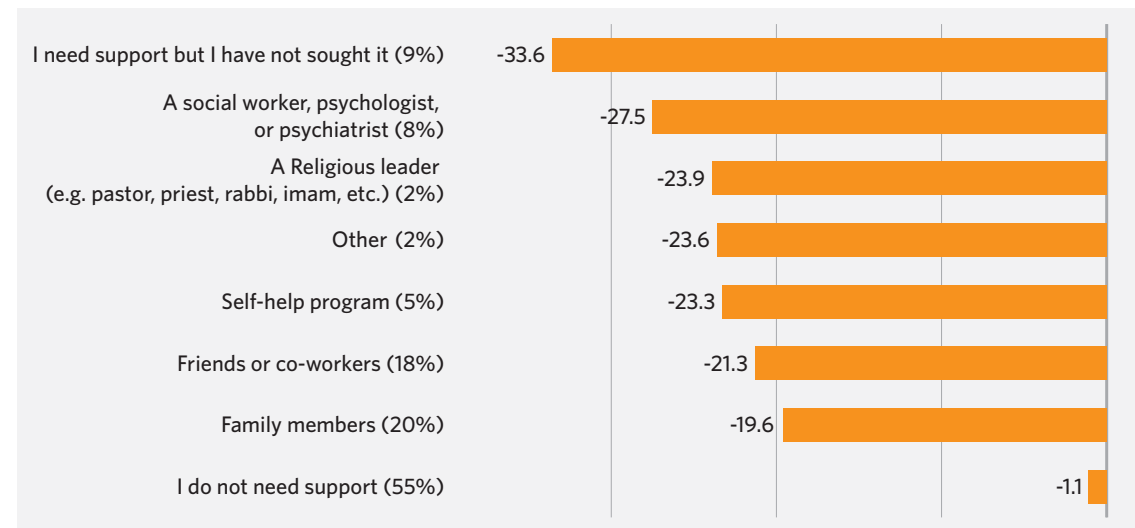
Since April, the mental health of Australians has been strained when compared to the 3-year period prior to the pandemic.

- Nearly half (45 per cent) of respondents report needing some form of mental health support.
- The most commonly reported source of mental health support is from family members (20 per cent), followed by support from friends or co-workers (18 per cent), and support from a mental health professional (8 per cent).
- Nine per cent of individuals report needing support, but have not sought it. This group has, by far, the lowest mental health score (-33.6).
- Respondents who sought support from family members have the highest mental health score (-19.6), followed by those who sought support from friends or co-workers (-21.3).

### Reported sources of mental health support



### MHI score by reported sources of mental health support



## Action

To address the prolonged impact of strained mental health, action is required on at least three levels:

1. **Individuals** need to attend to the impact of the pandemic, and other stressors, on their mental health. While some strain would be expected as a result of prolonged and sustained change, feeling overwhelmed and unable to cope, or feeling stuck and unable to adapt, are clear warning signs requiring support from a trusted confidant or a counselling professional.
2. **Businesses** need to attend to the risk among employees. The Mental Health Index™ measures the mental health risk and status of the working population. The current scores suggest a risk to the longer-term wellbeing of employees, which may impact business productivity, health costs and disability absence. Business would do well to increase the focus on mental health through communication that increases the awareness of mental health warning signs, campaigns to reduce the stigma of seeking mental health support, and the promotion of health plans and public resources.
3. **Governments** need to attend to the mental health of the population. A population under strain is less likely to participate fully in the economy. The current focus on health and safety needs to expand to include a significant focus on mental health. This should include clear messages regarding coping strategies and the promotion of public resources.



## Overview of the Mental Health Index™

The mental health and wellbeing of a population is essential to overall health and work productivity. The Mental Health Index™ provides a measure of the current mental health status of employed adults in a given geography, compared to the benchmarks collected in the years of 2017, 2018 and 2019. The increases and decreases in the Index are intended to predict cost and productivity risks, and inform the need for investment in mental health supports by business and government.

### **The Mental Health Index™ report has three main parts:**

4. The overall Mental Health Index™ (MHI), which is a measure of change compared to the benchmark of mental health and risk.
5. A Mental Stress Change (MStressChg) score, which measures the level of reported mental stress, compared to the prior month.
6. A spotlight section that reflects the specific impact of current issues in the community.

### Methodology

The data for this report was collected through an online survey of 1,000 Australians who are living in Australia and are currently employed or who were employed within the prior six months. Participants were selected to be representative of the age, gender, industry and geographic distribution in Australia. The same respondents participate each month to remove sampling bias. The respondents were asked to consider the prior two weeks when answering each question. The Mental Health Index™ is published monthly, starting in April 2020. The benchmark data was collected in 2017, 2018 and 2019. The data for the current report was collected between September 28 to October 19, 2020.

### Calculations

To create the Mental Health Index™, the first step leverages a response scoring system turning individual responses to each question into a point value. Higher point values are associated with better mental health and less mental health risk. Each individual's scores are added and then divided by the total number of possible points to get a score out of 100. The raw score is the mathematical mean of the individual scores.



To demonstrate change, the current month's scores are then compared to the benchmark and the prior month. The benchmark is comprised of data from 2017, 2018 and 2019. This was a period of relative social stability and steady economic growth. **The change relative to the benchmark is the Mental Health Index™. A score of zero in the Mental Health Index™ reflects no change, positive scores reflect improvement, and negative scores reflect decline.**

A Mental Stress Change score is also reported given that increasing and prolonged mental stress is a potential contributor to changes in mental health. It is reported separately and is not part of the calculation of the Mental Health Index™. The Mental Stress Change score is (percentage reporting less mental stress + percentage reporting the same level of mental stress \* 0.5) \* -1 + 100. The data compares the current to the prior month. **A Mental Stress Change score of 50 reflects no change in mental stress from the prior month. Scores above 50 reflect an increase in mental stress, scores below 50 reflect a decrease in mental stress.** The range is from zero to 100. A succession of scores over 50, month over month, reflects high risk.

## Additional data and analyses

Demographic breakdown of sub-scores, and specific cross-correlational and custom analyses are available upon request. Benchmarking against the national results or any sub-group, is available upon request. Contact [MHI@morneaushepell.com](mailto:MHI@morneaushepell.com)

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