

The Mental Health Index™ report

Regional Comparison –

Australia, Canada, United Kingdom
and United States, September 2020

Mental health after six months of the COVID-19 pandemic



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September highlights

The mental health of Americans, Australians, Britons and Canadians continues to be significantly more strained than prior to the pandemic. An uneven pattern is emerging with modest increases from April to July, declines in August, and improvements in all regions in September, apart from the United States. From August to September, the greatest improvement in mental health is observed in the United Kingdom, with an increase of 1.3 points, followed by Australia (1.1 points), and Canada (0.9 points). The United States continues its decline in mental health with a further decrease of -0.7 points since August.

The level of mental health in September remains concerning as it indicates that the working population in all four geographies is significantly distressed when compared to mental health scores prior to 2020.

Individuals who recently returned to the jobsite have a lower mental health score than either those who remained at the worksite (with the exception of individuals in the United Kingdom) or those who had always been and continue to work from home. Individuals with the lowest scores are either working from home because of the pandemic or, are working from both the home and the jobsite.

Among the four geographies, and in conflict with the current increased need to manage general physical health to minimize the impact of the virus and rising mental health needs, **more than one-quarter of individuals indicate that the pandemic has made them less likely to participate in health care for physical needs** than before the pandemic. Approximately one-quarter indicate that they are less willing to participate in care for mental health needs than before the pandemic.

In all regions, the pandemic is impacting work with approximately one-third of respondents indicating that they find it more difficult to concentrate on work than before the pandemic; approximately 40 per cent indicating that they feel more mentally and/or physically exhausted at the end of the work day; and between 32 and 41 per cent indicating that they find it more difficult to feel motivated to do work than before the pandemic.

The most prevalent concern, and the top concern impacting mental health because of the COVID-19 pandemic in all regions, is related to finances. This is followed by the fear of getting ill with COVID-19. **Individuals that indicate loneliness as the primary concern have the lowest mental health score**, followed by respondents who fear dying from COVID-19.

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.



Trends from April to September 2020

Regional differences in mental health are evident in the pattern of change from April to September. Canada has the strongest improvement curve overall, despite the decline in August, followed by the United Kingdom. Australia has the most uneven pattern, characterized by significant improvement from April through June, followed by a sharp decline in July due to a spike in COVID-19 cases in Victoria. The six-month trend in the United States is marked by increases in the mental health score from April to July before declining in August and again in September.

Across all geographies, the major driver of mental health each month has been financial uncertainty, followed by isolation. **There has been a consistent and significant difference in mental health between those with emergency savings when compared to those without, with the latter faring significantly worse.**

Each month since the start of the pandemic, we have seen that individuals with reduced salary or hours have lower mental health scores than those who have lost their jobs. This finding is consistent across all regions; apart from Australia wherein individuals not currently employed have lower scores in August and September when compared to those who worked fewer hours.

Since April 2020, in all regions, we have observed that **individuals with at least one child have lower mental health scores than those without children.** September continues this pattern with a lower score for those with at least one child when compared to those without children.

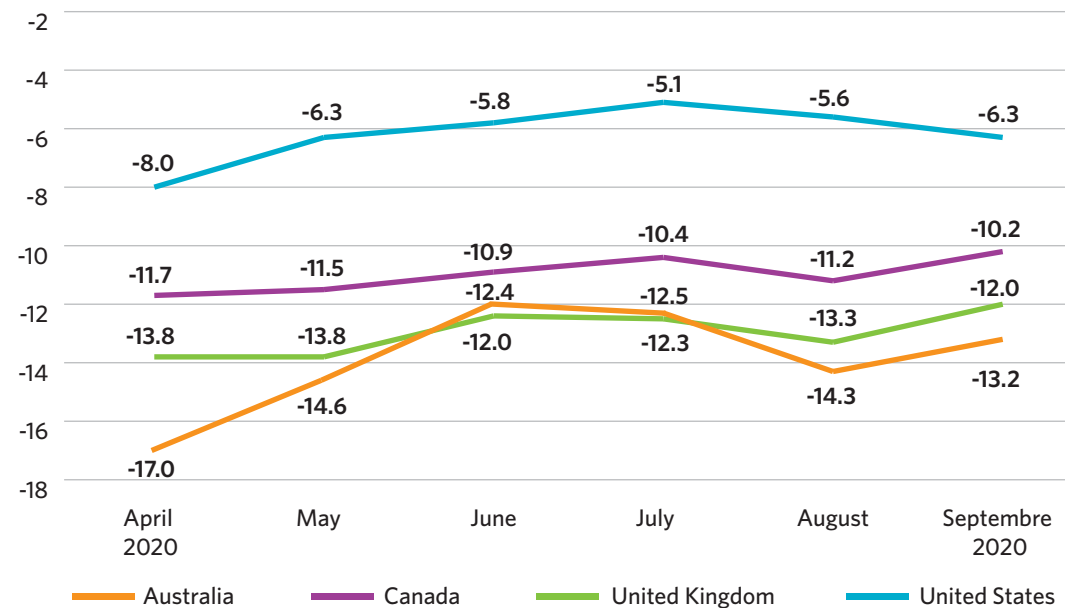
In addition to parents, younger individuals, those with lower household incomes, and those who identify as female or other, continue to have lower mental health scores.

Across all regions, since April 2020, individuals indicated more mental stress than the prior month. While typically (prior to 2020) a balance between those experiencing more and those experiencing less mental stress would be observed, this has not occurred. Each month since April, more individuals indicate higher month-over-month stress than those indicating less. Moreover, an increasing proportion of individuals indicate the same (higher) level of stress. **This suggests that a new heightened level of mental stress is the current norm for the population.**



Regional comparisons – Australia, Canada, United Kingdom and United States

The Mental Health Index™ by region



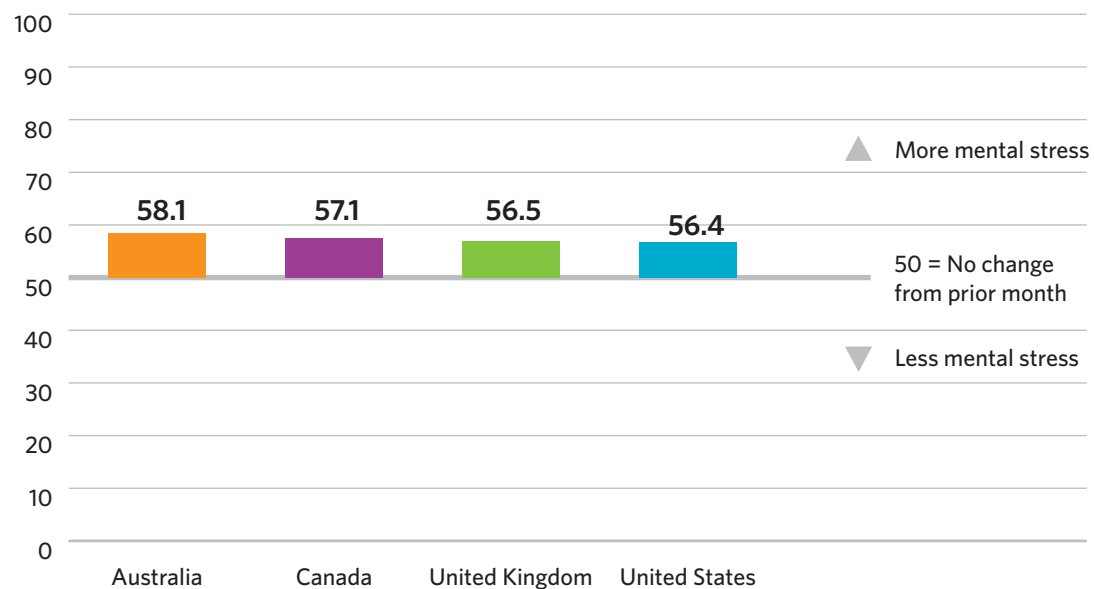
For the sixth consecutive month, the lowest Mental Health Index™ scores in the four regions are in Australia and the United Kingdom

Overall, the Mental Health Index™ is lowest in Australia (-13.2), followed by the United Kingdom (-12.0), Canada (-10.2), and then the United States (-6.3). While some differences are evident, the Index for each region shows significant decline in mental health from the benchmark data.

Mental health scores declined in all regions in August 2020; however, in September 2020, improvements are observed in the United Kingdom (1.3 points), followed by Australia (1.1 points), and Canada (0.9 points). The United States continues its decline in mental health with a further decrease of -0.7 points since August.



The Mental Stress Change score (region)



Comparing August 2020 to September 2020, there is a significant increase in mental stress in all regions. The increase in mental stress is greatest in Australia (58.1), followed by Canada (57.1), the United Kingdom (56.5), and the United States (56.4).

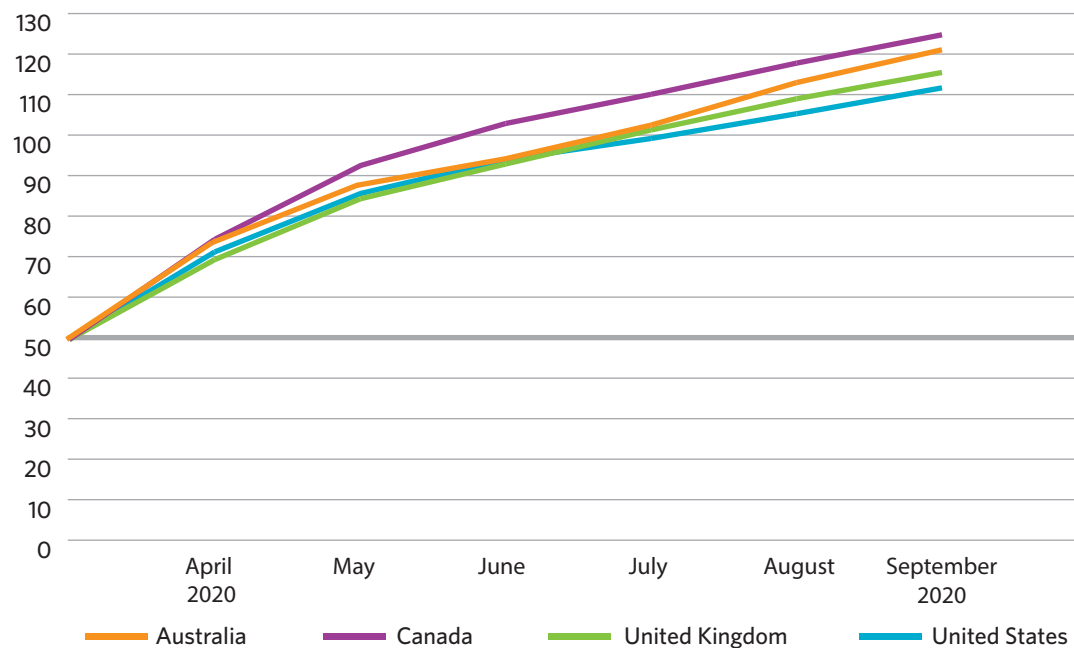


Mental Stress Change (cumulative)

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 greatest accumulation of mental stress is observed in Canada (125.2), followed by Australia (121.5), the United Kingdom (115.9), and the United States (112.1).

The continual increase in mental stress demonstrates that respondents in all regions 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.



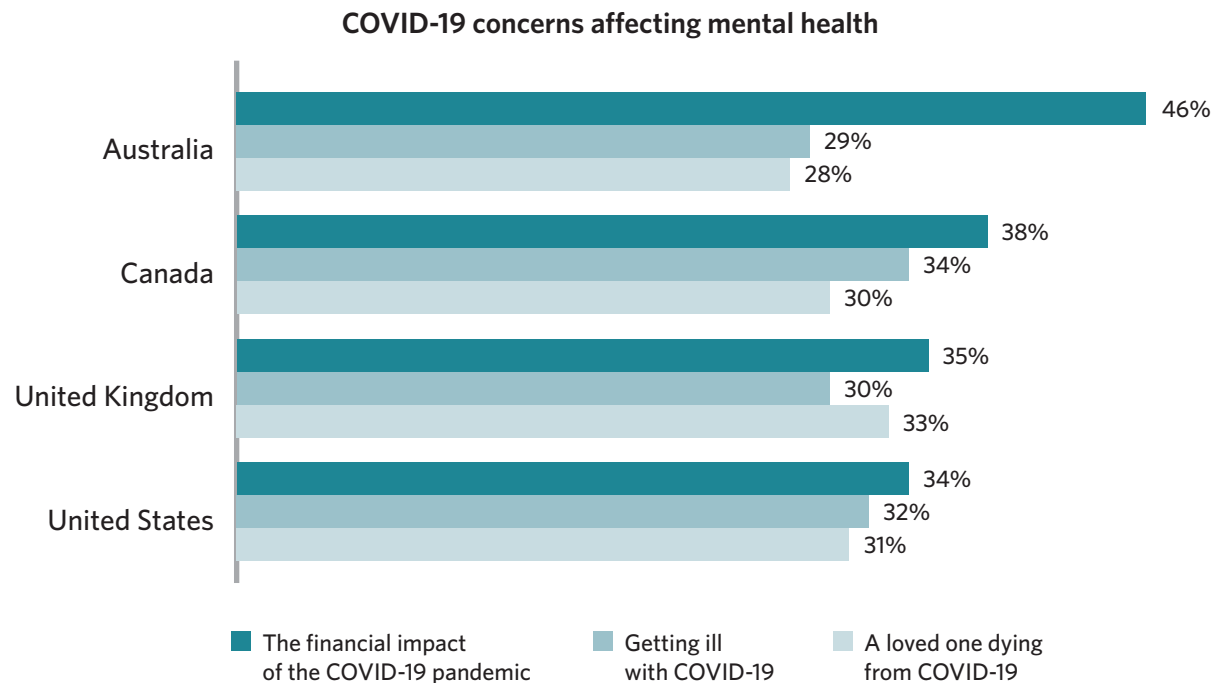


Spotlight

Concerns during the ongoing COVID-19 pandemic

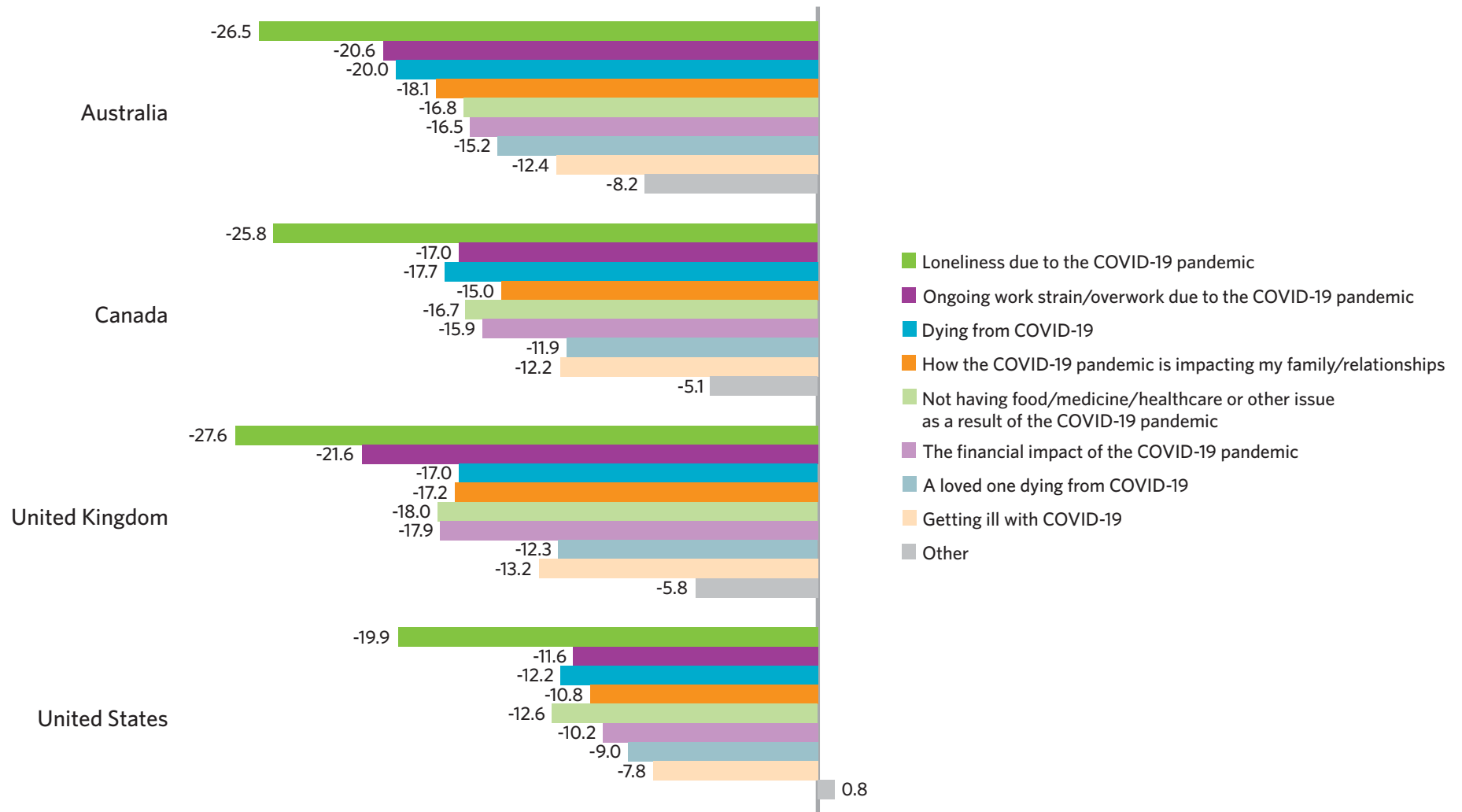
Six months into the COVID-19 pandemic and with cases on the rise in many parts of all four regions, respondents were asked to select fears or concerns they may have related to the COVID-19 pandemic.

- The three most prevalent concerns in all countries are the financial impact of the pandemic, the fear of getting ill with COVID-19, and the fear of a loved one dying from COVID-19.
- The most common concerns in September are consistent with the most common concerns reported in April and May.





MHI by COVID-19 concern affecting mental health

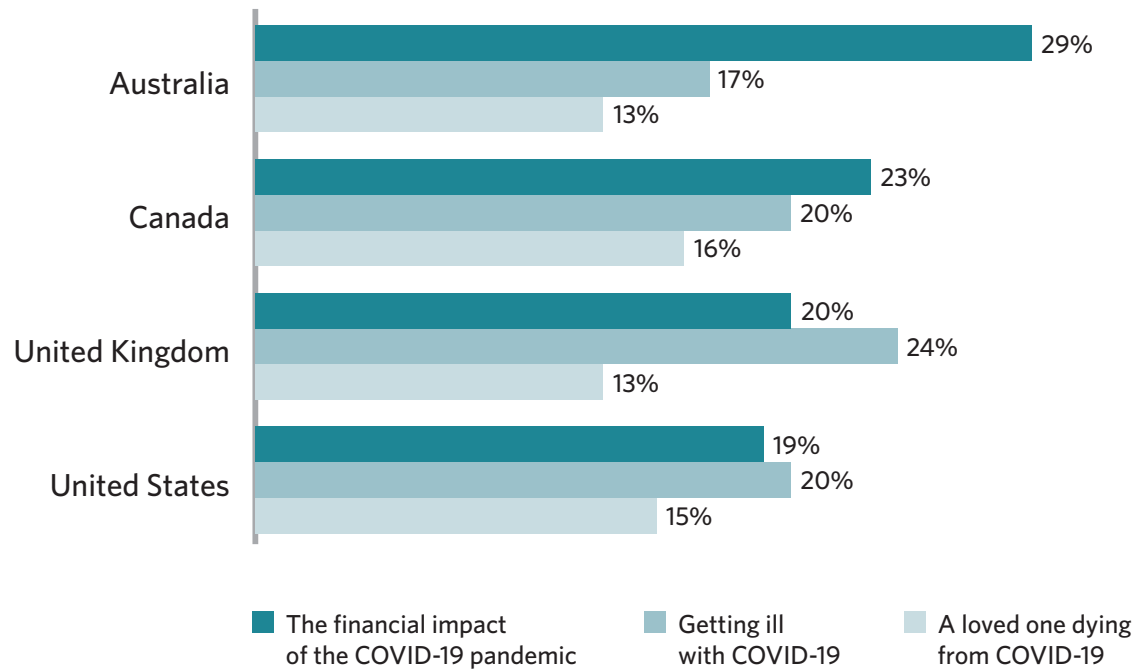


The lowest average MHI score in all regions is observed in the group of respondents noting loneliness due to the COVID-19 pandemic. Individuals reporting loneliness have significantly lower scores than those reporting any other concerns.



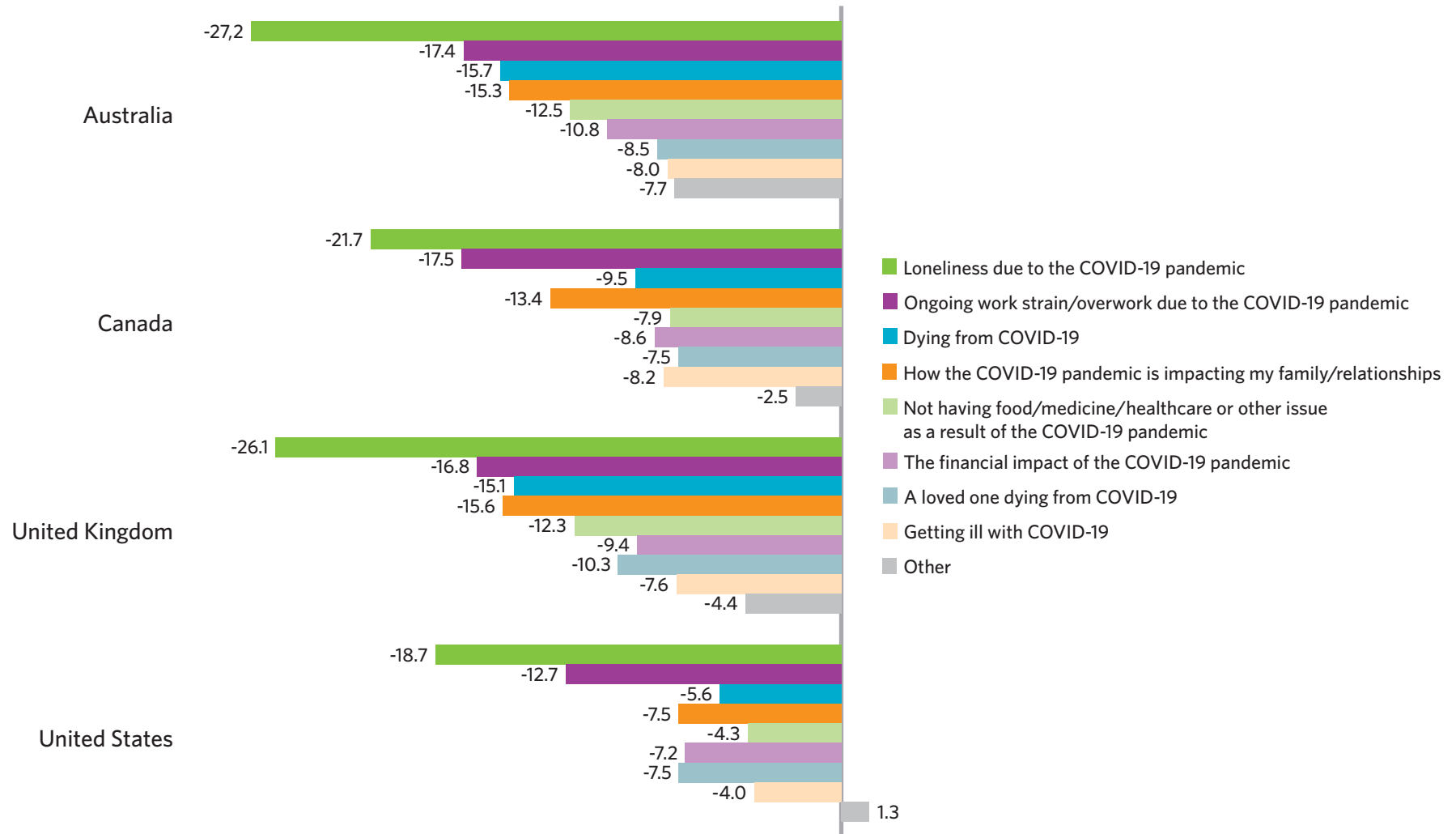
Among the concerns selected, respondents were asked to identify their greatest fear. Similar to the results above, the greatest fear most reported is the financial impact of the COVID-19 pandemic, followed by a loved one dying from COVID-19, and the fear of getting ill with COVID-19. The greatest fears are common to all four geographies.

Greatest COVID-19 concern affecting mental health





MHI by greatest COVID-19 concern affecting mental health



For all regions, the lowest average mental health score is observed among individuals noting that their greatest fear or concern is loneliness due to the COVID-19 pandemic. This is followed by a fear of dying from COVID-19 .

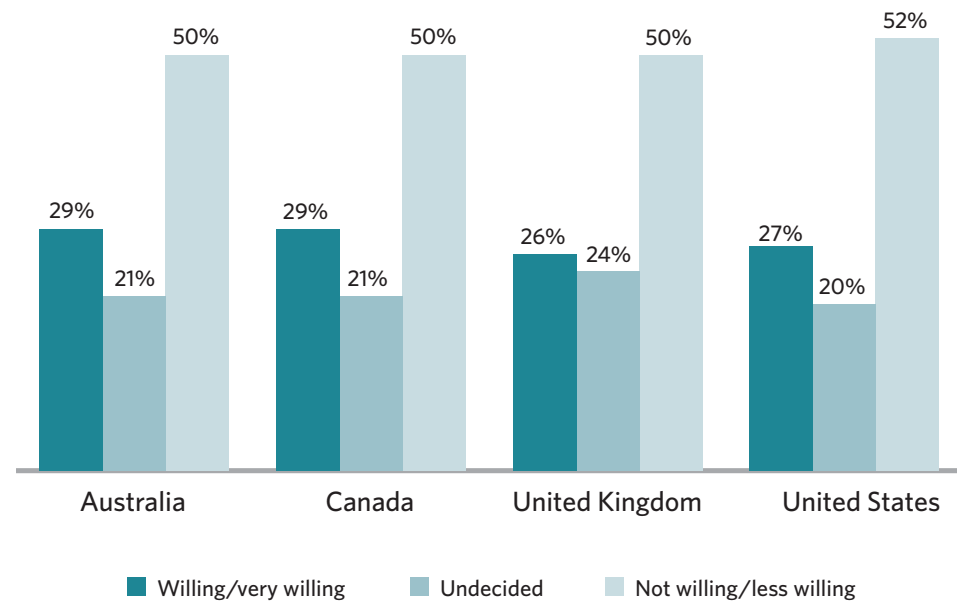


Accessing physical healthcare during the COVID-19 pandemic

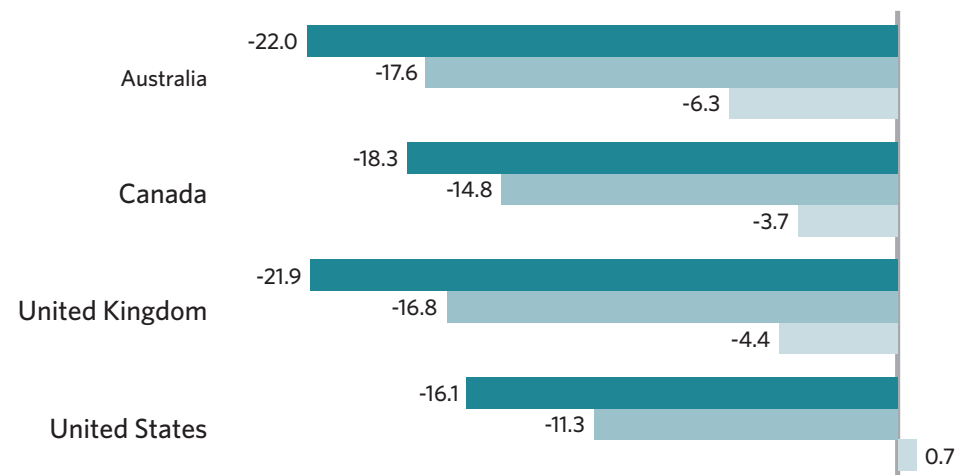
With the continuing threat of COVID-19, many people have been reluctant to engage in their usual routines. Individuals were asked whether COVID-19 has made them less willing to participate in healthcare for physical or mental health issues.

- In all regions, more than one-quarter of individuals agree that COVID-19 has made them less willing to participate in physical healthcare and these individuals have the lowest mental health scores.
- Twenty to twenty-four per cent of individuals are undecided and have the second lowest mental health scores.
- Individuals that are still willing to participate in physical healthcare comprise at least half of the respondents in all regions and this group has the highest mental health scores.

Willingness to participate in physical healthcare



MHI score by willingness to participate in physical healthcare

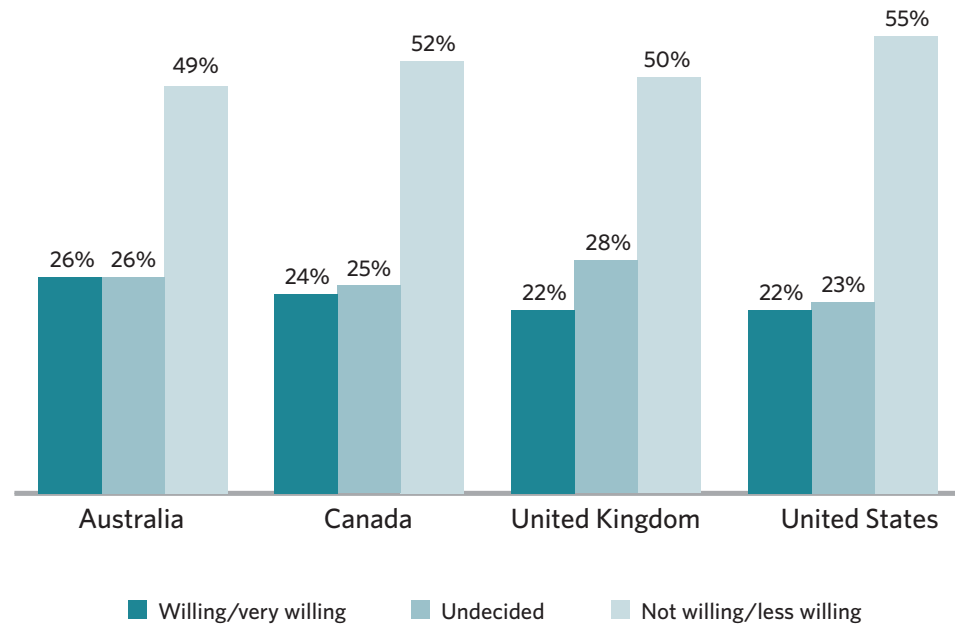




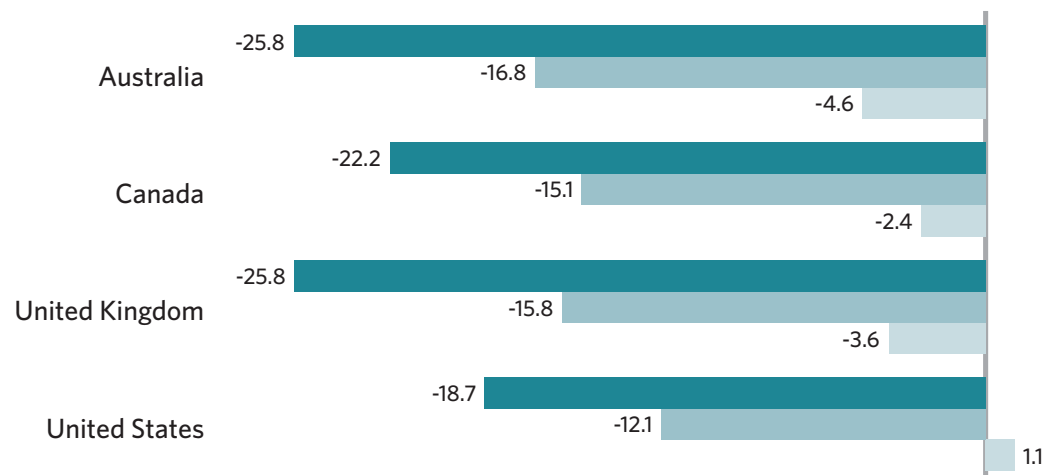
Accessing mental healthcare during the COVID-19 pandemic

- In all regions, approximately one-quarter of individuals agree that COVID-19 has made them less willing to participate in mental healthcare and these individuals have the lowest mental health scores.
- Approximately one-quarter of individuals are undecided and have the second lowest mental health scores.
- Individuals that are still willing to participate in mental healthcare comprise approximately half of the respondents and this group has the highest mental health scores.

Willingness to participate in mental healthcare



MHI score by willingness to participate in mental healthcare



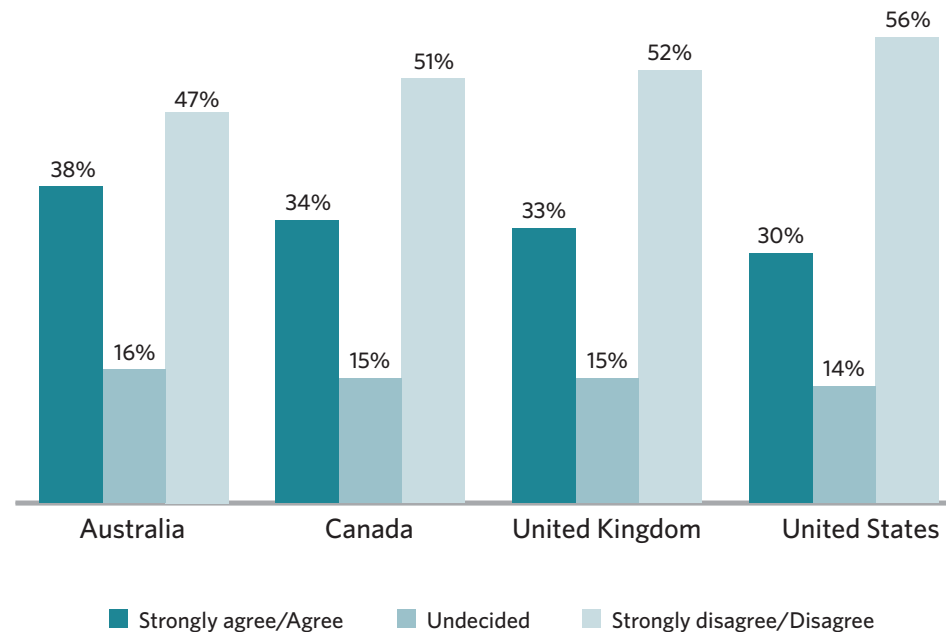


Burnout can manifest itself in many ways such as finding it difficult to concentrate at work, feeling mentally and/or physically exhausted at the end of the workday, and in a lack of motivation to work. These three burnout indicators were measured among the respondents

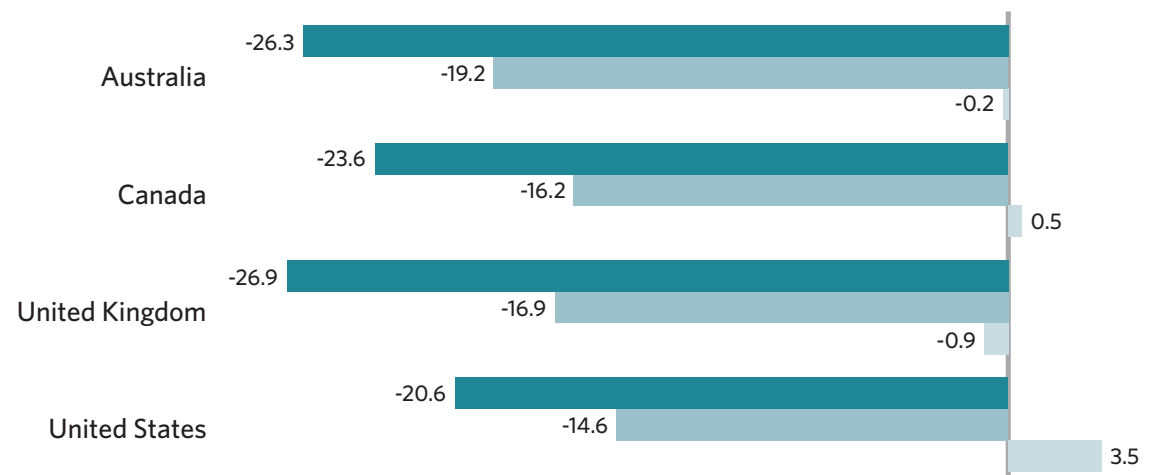
Concentration at work

- Among those currently employed, approximately one-third of respondents are finding it more difficult to concentrate at work and these individuals have the lowest average mental health scores in all regions. Further, this group reports additional stressors such as changes in work routines (e.g. business failures, reduction of hours/salary, changes in job demands with online work), distractions at home (e.g. no available childcare, general distractions at home), and feeling isolated.
- Approximately half of respondents in each region do not find it more difficult to concentrate at work and their average mental health scores are significantly higher than the other groups. Further, these respondents indicate that

Finding it more difficult to concentrate on work since 2019



MHI score by agreement with finding it more difficult to concentrate on work since 2019

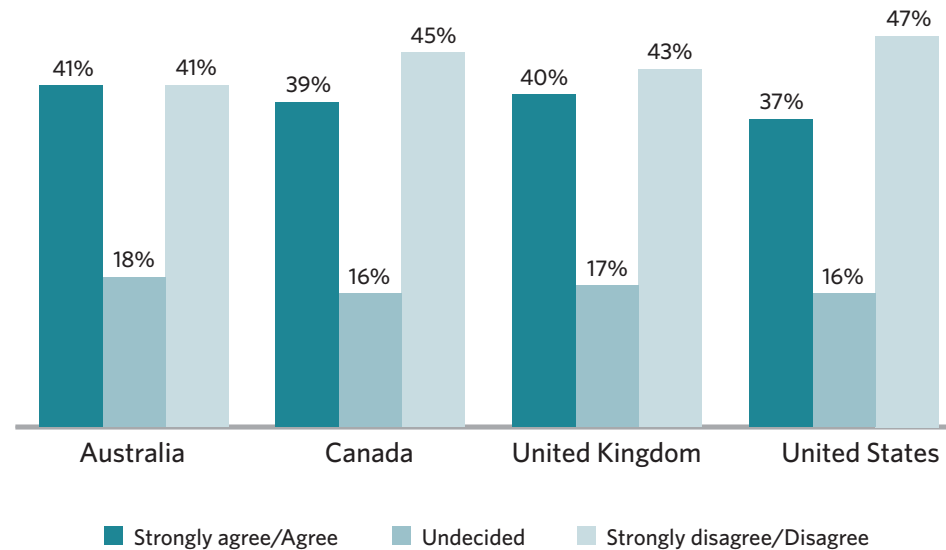




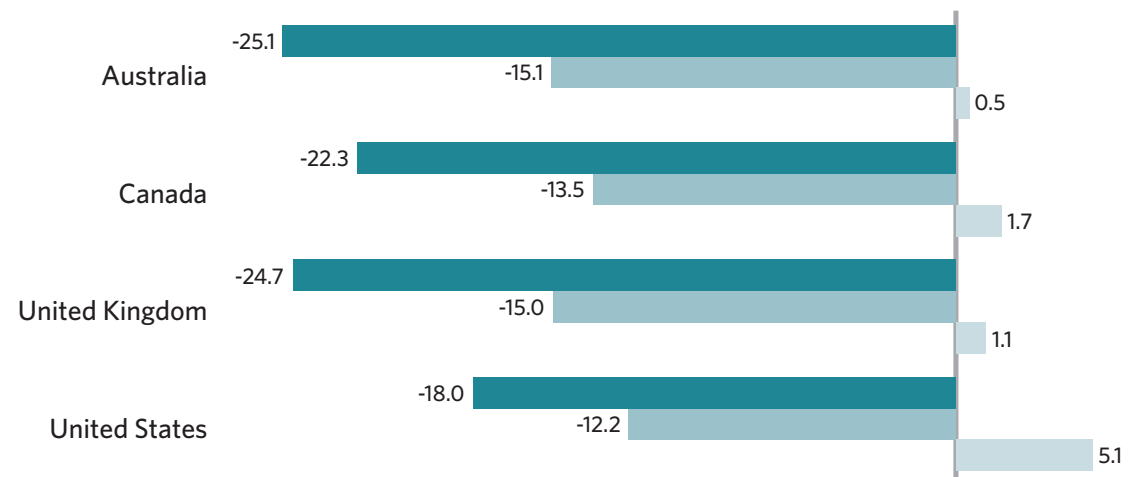
Mental and physical exhaustion at work

Among those currently employed, approximately 40 per cent report finding that they end the workday feeling mentally and/or physically exhausted and these individuals have the lowest mental health scores.

Feeling mentally and/or physically exhausted more often in 2020 than before



MHI score by agreement that people more often end the workday feeling mentally and/or physically exhausted since 2019

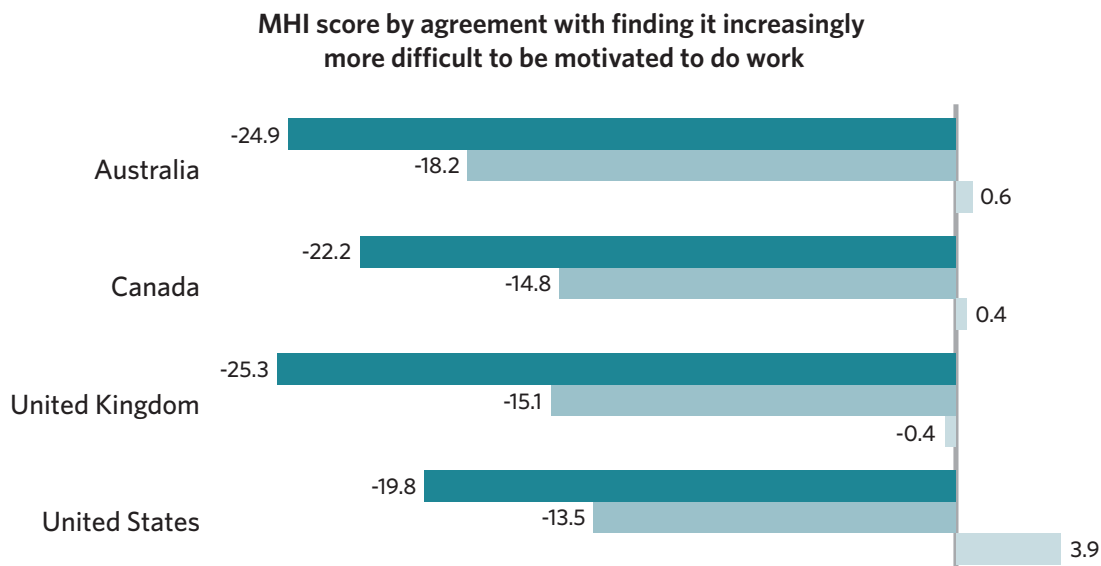
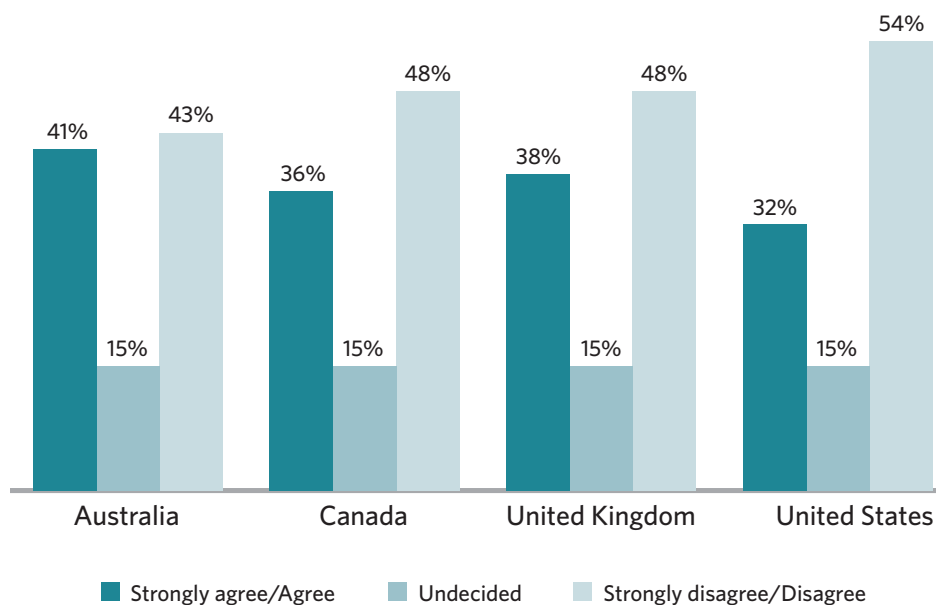




Motivation to work

Among those currently employed, between 32 per cent and 41 per cent, report that it is more difficult to find motivation to do their work and this group has the lowest mental health scores regardless of region.

Agreement with finding it increasingly more difficult to be motivated to do work

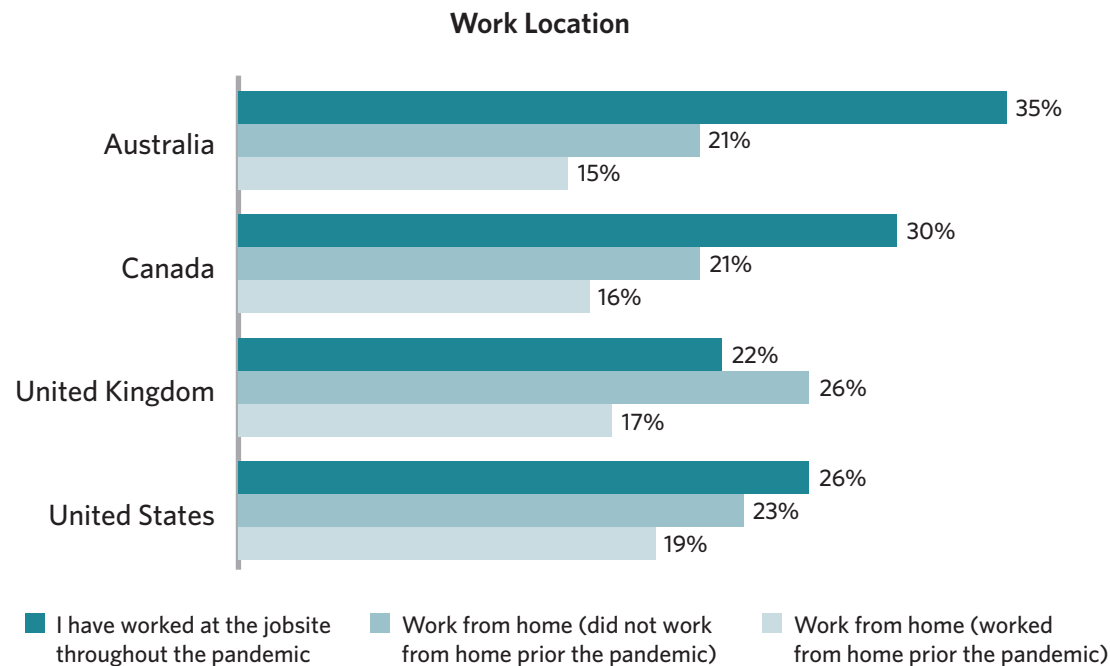




Work location

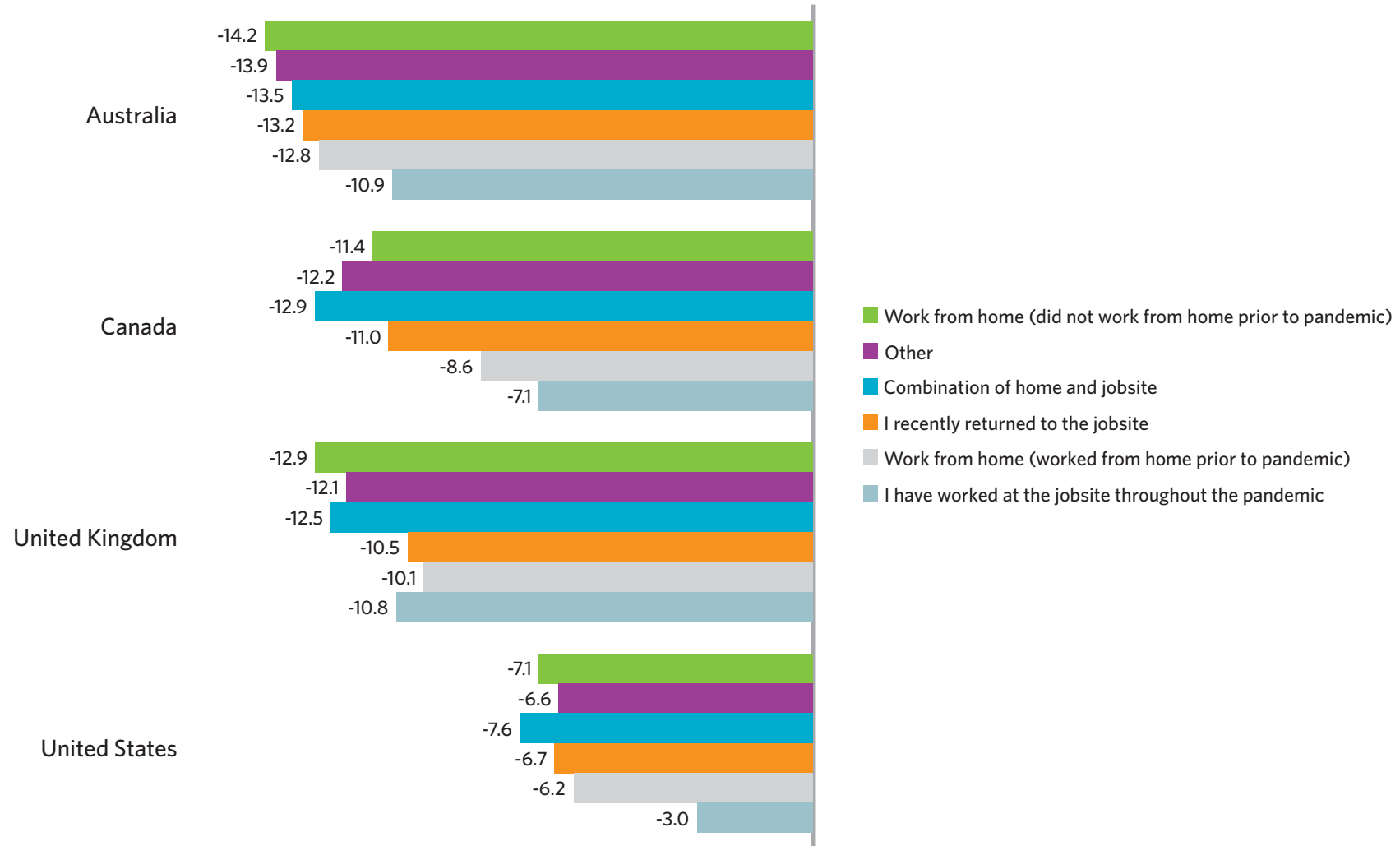
The COVID-19 pandemic changed the way many people work, requiring many to work from home, others to have a mix of home and jobsite work, while others were required to remain at their jobsite, but faced with increased social distancing procedures and personal protective equipment. Respondents were asked to indicate how their work location has changed since before the COVID-19 pandemic.

- The most commonly reported work locations are 'working from the jobsite throughout the pandemic', followed by 'work from home (did not work from home prior to pandemic)', and 'work from home (worked from home prior to pandemic)'.
- In Australia, Canada, and the United States, the highest mental health scores are observed among individuals who report 'working from the jobsite throughout the pandemic'; however, in the United Kingdom, those who report 'work from home (worked from home prior to pandemic)' have the highest mental health scores.





MHI by work location





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:

1. The overall Mental Health Index™ (MHI), which is a measure of change compared to the benchmark of mental health and risk.
2. A Mental Stress Change (MStressChg) score, which measures the level of reported mental stress, compared to the prior month.
3. 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 3,000 Canadians who are living in Canada 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 Canada. 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 August 21 to August 30, 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

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