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# **Executive Summary**

The April 2020 Mental Health Index<sup>™</sup> comes at a unique time. The COVID-19 pandemic has disrupted lives and livelihoods more broadly and more quickly than anything in recent memory. As well, it looms ominously for a least the next several months. While an impact on mental health would be expected, the size of the impact is noteworthy.

The overall Mental Health Index<sup>™</sup> for April 2020 is -17 points. A negative score indicates poorer mental health relative to the benchmark, and a positive score indicates better mental health. The benchmark reflects mental health data from 2017, 2018 and 2019. A 17-point decrease from the pre COVID-19 benchmark¹ is unprecedented in the three years when benchmark data was being collected. The current score of 58 is equivalent to the first percentile of the benchmark. The main factor that accounts for the current decrease is financial concern.

The Mental Health Index<sup>™</sup> is lower for:

- those who were recently employed but are not currently<sup>2</sup>, compared to those currently employed
- those who identify as female compared to male
- the younger age groups

The lowest Mental Health Index<sup>™</sup> sub-scores are for:

- anxiety (-20.3), followed by
- optimism (-19.5)
- depression (-18.7)
- work productivity (-17.0), and
- isolation (-16.0)

The overall Mental Health Index<sup>™</sup> for April 2020 is -17 points





<sup>1</sup> The raw score for the Mental Health Index™ benchmark is 75/100. The April 2020 score is 58/100.

<sup>2</sup> All respondents had been employed within the prior six months.



Additionally, there is notable change in the measure of general psychological health (-6.4 points). The risk measure of psychological health typically lags the other sub-scores, so a decline is noteworthy. As well, the financial risk score dropped four points, suggesting the impact of economic change is starting to deplete emergency savings. Those without emergency savings have a much lower Mental Health Index $^{\text{TM}}$  score (-28) than the overall group (-17).

The Mental Stress Change score is a separate indicator that measures the change in mental stress from month to month. A score of 50 reflects no change in mental stress from the prior month. Scores above 50 reflect more mental stress, scores below 50 reflect less mental stress. The range is from zero to 100.

The Mental Stress Change score for April 2020 is 73.9. This reflects a significant increase in mental stress compared to the prior month. While some increase in mental stress has been reported over the past three years, the current score indicates that more than half the population is experiencing more mental stress compared to the prior month, with a negligible proportion experiencing less.

Considering geography, the greatest increase in stress month over month is in:

- New South Wales (75.8), followed by
- Queensland (73.4)
- South Australia (73.4)
- Victoria (73.0), and
- Western Australia (72.8)

There is a much more significant increase in mental stress for those who:

- identify as female compared to those who identify as male
- those with two or more children, compared with those with one child or none, and
- those between 30-39 years of age compared to other age groups.

Households with incomes of \$100K to < \$150K are experiencing a greater increase in stress than households with either higher or lower incomes. That said, lower income households have lower Mental Health Index<sup>TM</sup> scores and, as such, are faring worse overall.







### There is a wide range of concerns and fears related to the pandemic.

The most pervasive concerns are impacting mental health are:

- the financial impact of the pandemic (62 per cent), followed by
- the fear of a loved one dying from COVID-19 (40 per cent),
- uncertainty regarding how the virus will impact family and relationships (34 per cent), then,
- the fear of getting ill, and the ongoing work strain/overwork due to the pandemic (33 per cent, respectively).

A significant majority (81 per cent) indicate that the COVID-19 pandemic specifically, is having a negative impact on their mental health.

- About half of the total (46 per cent) feel a negative impact, but they also feel that they will be able to cope.
- Another 34 per cent indicate a greater negative impact, with half of those indicating a very negative impact or crisis.

Overall, the younger the individual, the greater the negative impact of the COVID-19 pandemic. Those with children are also more likely than those without to have a more negative impact.

Ninety-six (96) per cent indicate that they are experiencing personal disruption as a result of the COVID-19 pandemic. At this point, there are varying beliefs about how long this disruption will last. The most prevalent belief is that the personal disruption as a result of the pandemic, will last until 2021. Those who believe that the personal disruption will end in the Fall of 2020 have better scores on the Mental Health Index™ than those who believe it will end either imminently or much later.

## Additional data and analyses

Industry scores, demographic breakdown of sub-scores, and specific cross-correlational and custom analyses as well as benchmarking against the national results or any sub-group, are available upon request. Contact MHI@morneaushepell.com

The most pervasive concerns are impacting mental health are financial impact of the pandemic followed by fear of a loved one dying from COVID-19



For a comparison of MHI for Australia, Canada, the United Kingdom and the United States, click the button.









# Overview of The Mental Health Index™

The mental health and well-being 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 action by individuals, business and government.

### The Mental Health Index<sup>™</sup> report has three main parts:

- The overall Mental Health Index<sup>™</sup> (MHI), which is a measure of deviation from the benchmark of mental health and risk.
- A Mental Stress Change score (MStressChg), which measures the level of reported mental stress, compared to the prior month.
- A Spotlight section that reflects the specific impact of current issues in the community:
   For the current and immediately foreseeable future, the measures in this section relate to the mental health impact of the COVID-19 pandemic.

# Methodology

The data for this report was collected through an on-line survey of a representative group of 1,000 residents of Australia and who are currently employed or who were employed for within the prior six months. 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 April 2020. The benchmark data was collected in 2017, 2018 and 2019. The data for the current report was collected between April 4, 2020 and April 9, 2020.

Collected through an on-line survey of 1,000 residents of the Australia







To create The Mental Health Index<sup>™</sup>, the first step leverages a response scoring system that turns 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 deviation 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 $^{\text{TM}}$ . The Mental Stress Change score is calculated as (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 and 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.





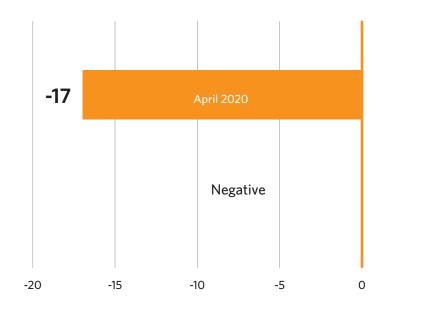


# The Mental Health Index™

The Mental Health Index™ (MHI) is a measure of deviation from the benchmark³ of mental health and risk.

	MHI	
<b>Current Month</b>		-17
April 2020		-1/

Mental Health Index™ Sub-scores⁴	
Anxiety	-20.3
Depression	-18.7
Work productivity	-17.0
Optimism	-19.5
Isolation	-16.0
Financial risk	-3.9
Psychological health	-6.4
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The overall Mental Health Index<sup>™</sup> declined by 17 points compared to the benchmark. Such a change is statistically significant and unprecedented in the three years when benchmark data was being collected. The current score of 58 is equivalent to the first percentile of the benchmark.

The lowest scores are for those who were recently employed but are not currently, compared to those currently employed, for those who identify as female compared to male, and for the younger the age groups.



<sup>3</sup> The benchmark reflects data collected in 2017, 2018 and 2019.

<sup>4</sup> The demographic breakdown of sub-scores are available upon request.





<b>Employment status</b>	
Employed currently	-16.1
<b>Employed within the past</b>	
six months but not currently	-25.6

# Age group

Age 20-29	-22.7
Age 30-39	-21.7
Age 40-49	-14.2
Age 50-59	-13.6
Age 60-69	-8.6

# Number of children

No children in household	-17.1
1 child	-17.0
2 children	-16.1
3 children or more	-19.1

#### Province

New South Wales	-17.5
Victoria	-16.1
Queensland	-16.7
South Australia	-18.7
Western Australia	-16.8

#### Gender

Male	-13.5
Female	-19.9

#### Income

Household Income <\$30K/annum	-27.6
\$30K to <\$60K/annum	-19.5
\$60k to <\$100K	-19.3
\$100K to <\$150K	-14.1
\$150K and over	-9.5

### Number of adults in household

One adult in household	-20.2
2 adults	-15.9
3 adults	-16.2
4 adults	-18.2
5 adults or more	-16.6

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:

Industry scores

Specific cross-correlational and custom analyses









# 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.

# **Mental Stress Change**

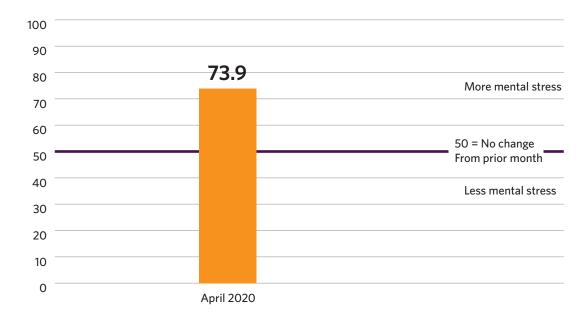
Current Month
April 2020

73.9

The Mental Stress Change score for April 2020 is 73.9. This reflects a significant increase in mental stress compared to the prior month.

There is a much more significant increase in mental stress for those who identify as female compared to male, and for those with two or more children, compared with those with one child or none.

Geographically, the greatest increase in mental stress is for those in New South Wales.









### **Employment status**

Employed currently	73.4
Employed within the past	
six months but not currently	78.3

### Gender

Male	68.9
Female	78.1

#### Income

Household Income <\$30K/annum	74.1
\$30K to <\$60K/annum	73.7
\$60k to <\$100K	72.8
\$100K to \$150k	76.1
\$150k and over	74.5

### Age group

Age 20-29	76.7
Age 30-39	76.9
Age 40-49	71.1
Age 50-59	72.6
Age 60-69	71.2

### Number of adults in household

One adult in household	71.0
2 adults	74.2
3 adults	77.4
4 adults	71.6
5 adults or more	77.1

### **Number of children**

No children in household	73.4
1 child	70.7
2 children	78.4
3 children or more	77.8

#### **Province**

New South Wales	75.8
Victoria	73.0
Queensland	73.4
South Australia	73.4
Western Australia	72.8

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:

Industry scores

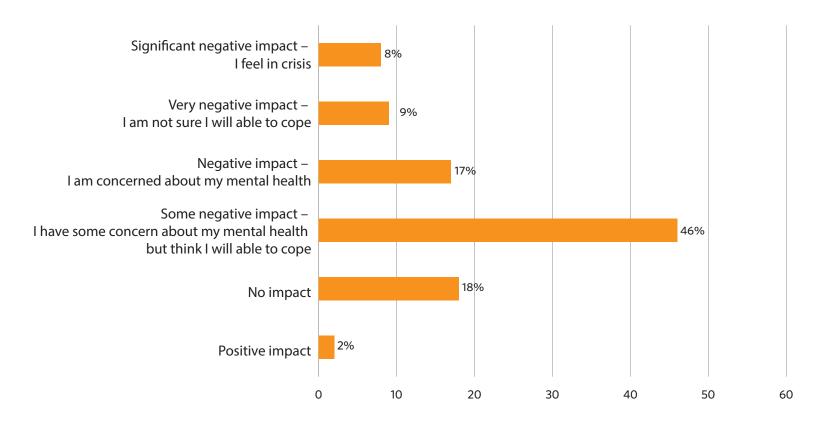
Specific cross-correlational and custom analyses







# The impact of the COVID-19 pandemic



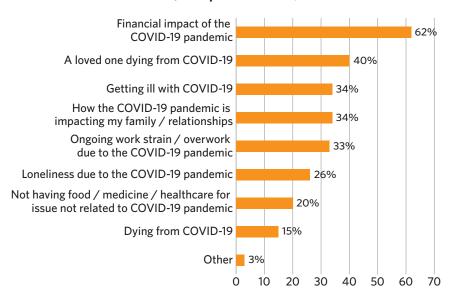
A significant majority (80 per cent) indicate that the COVID-19 pandemic specifically is negatively impacting their mental health. About half of the total (46 per cent) believe that although they feel this impact, they also feel that they will be able to cope; another 34 per cent indicate greater concern, with half of those indicating a very negative impact or crisis.



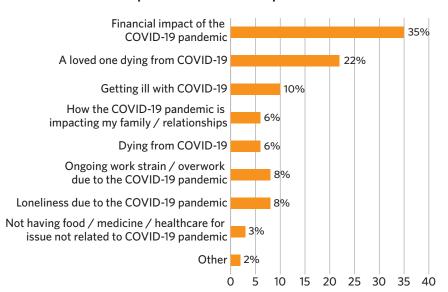




# Contributors to the mental health impact of the COVID-19 pandemic (multiple selections)



# The single greatest contributor to the mental health impact of the COVID-19 pandemic

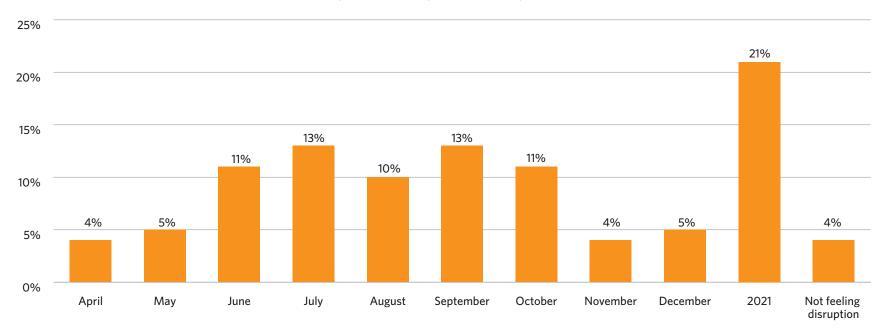


With respect to the COVID-19 pandemic, the most prevalent concern, and the top concern impacting mental health is related to financial impact. Fear of the death of a loved one dying follows, with fear of getting ill, and concern regarding the impact of the pandemic on family/relationship being next.

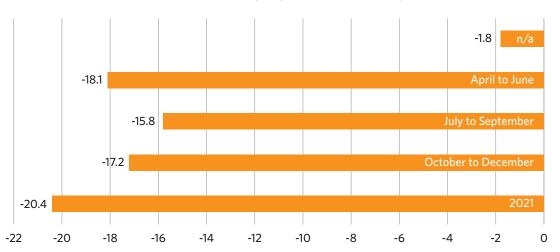


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Belief: When the personal disruption from the pandemic will be over



### Mental Health Index by expected end of disruption



The most prevalent belief is that the personal disruption as a result of the pandemic, will last until 2021. Those who believe that the personal disruption will end between July and September have better scores on the Mental Health Index™ than those who believe it will end either imminently or much later.



For a comparison of MHI for Australia, Canada, the United Kingdom and the United States, click the button.









# **Implications**

The current scores for The Mental Health Index<sup>™</sup> is a clear warning regarding the mental health impact of the pandemic. The Index shows a significant decrease in the mental health of Australians. We also see a significant increase in mental stress compared to the prior month and a definitive link to issues related to the COVID-19 pandemic. While the physical health risk of COVID-19 is the focus of much attention, the mental health impact requires similar attention and action. Well after the risk of infection reduces, the mental health impact may remain. This has implications for the quality of life of individuals, the stability of families, the risk of health and disability cost for organizations as well as the level of participation in the economy, which is a concern for government, given its impact on the speed of economic recovery.

To address this situation, action is required on at least three levels:

- **Individuals** need to attend to the impact of the pandemic on their mental health. While some strain would be expected as a result of such a massive change, feeling overwhelmed and unable to cope, or feeling stuck and unable to adapt, are clear warning signs requiring support from a trusted confidante or a counselling professional.
- Business needs 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 well-being 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 plan and public resources.
- **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.

The Mental Health Index $^{\text{TM}}$  is published monthly, and measures trends over time.



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