

The Mental Health Index™ report

United States of America, March 2021

Mental health one year
into the COVID-19 pandemic



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Commentary: Mental health during the pandemic

Mental health has long been recognized as a driver of health, engagement, and productivity. Since the first case of COVID-19 was recorded in the United States in January 2020, it has been **a year marked by relentless and unpredictable change**. The importance of mental health, resilience and wellbeing has been magnified as the COVID-19 pandemic, social and economic crises have affected Americans to an extent that will be felt for generations.

Without question, the events of this past year have challenged us to become more empathetic, flexible, and digitally capable. The importance of mental health and awareness of its influences has never been greater. The **Mental Health Index™ (MHI) provides critical insight into the mental health status of the working population and how that population is faring during these unprecedented times.**

The April 2020 MHI showed the extraordinary impact of the pandemic, with a massive decline in all areas of mental health and work productivity. In the early stages of the pandemic people found themselves trying to make sense of their new world. Frontline workers, health organizations and health officials went into overdrive with one goal in mind – saving lives by containing the spread of COVID-19. We saw people managers extending themselves, out of necessity, to manage business changes as well as the anxiety of their teams, and their personal situations. Subsequently we saw the mental health of managers impacted to the extent that their mental health is now lower than that of non-managers. As well, we saw more managers than non-managers considering leaving their jobs due to increased work stress. With this, the concern for business is clear, particularly as leaders continue to be needed more than ever as we “re-open” and redefine our businesses and workplaces.

When we consider the events that followed the start of the COVID-19 pandemic, it is unsurprising that we have had to shift our way of thinking, working, and living. A year defined by loss, disruption, and change has resulted in **an exponential rise in burnout risk among the working population.**

Experiencing extraordinary levels of job loss and economic burden, women have been one of the hardest hit groups during the pandemic. **Within a year, we have reversed three decades**



of advances in women's labour-force participation as many have been forced to exit the workforce to better manage their childcare responsibilities.¹ In addition to women, parents, post-secondary students, those with reduced income, and those without a cushion of emergency savings, are among those whose mental health has shown the greatest decline throughout the past year.

We have also seen the rise of the new digital economy, with almost all businesses adapting to new consumer behavior by undergoing a digital transformation.

Given the extraordinary global focus and unprecedented collaborations, we have seen **vaccine development move at record speed**, with five vaccines approved for use worldwide and more than 150 different vaccines in trials and pre-clinical development. On March 2nd, President Joe Biden said that the United States was “on track to have enough vaccine supply for every adult in America by the end of May,” moving up the timeline from the end of July.²

Beyond the economic and health crises of the pandemic that have led to profound change for Americans, **social justice issues dominated headlines in 2020**, calling attention to the systemic racial inequalities, including the significant rise in anti-Asian racism and increased focus on the Black Lives Matter movement.

At this point, we see continued frustration and disruption. The disruption, change and loss has continued for a full year, and will continue beyond. Most agree that the post-pandemic period will not look the same as the pre-pandemic world, and the longer-term impact on our collective mental health remains unclear. The length of time that we have been under undue stress is itself the greatest risk at this point, threatening to further deteriorate our mental health unless there is a significant and appropriate focus on mental health. While this risk is very real, new strengths have emerged. Many businesses have focused more than ever on the mental health of their people – all their people, not just a few – destigmatizing mental health issues, showing empathy and promoting resources. The MHI has shown that employees who have this experience with their employers have better mental health scores. This is a strong and positive point of evidence that the significant risks we still face do not necessarily define our future.

¹ Fortune: <https://fortune.com/2021/02/13/covid-19-women-workforce-unemployment-gender-gap-recovery/>

² <https://www.npr.org/sections/coronavirus-live-updates/2021/03/02/973030394/biden-says-u-s-will-have-vaccine-supply-for-all-adults-by-may-prioritizes-teache>



Key findings from April 2020 to March 2021

- **March 2021 marks 12 consecutive months of diminished mental health.** Since April, the general psychological health of Americans has declined from its pre-2020 benchmark.
- **Mental stress** has increased for 12 consecutive months. More people have reported increased versus decreased levels of mental stress from month to month.
- **Finances and isolation** are the strongest drivers of mental health. People without emergency savings, in particular, continue to experience lower mental health.
- **Gender disparity** is clear with women consistently having indications of significantly poorer mental health and more mental stress than men.
- **Post-secondary students** have consistently had the lowest mental health score.
- **Age disparity** is apparent as mental health scores have consistently shown to improve with age.
- **Anxieties about personal life** overtake concerns about finances and work life later in the pandemic. Americans are having difficulty adapting to their new routines because of restrictions and isolation.
- **Young people** are changing priorities to focus on mental health. Priorities vary across generations with individuals between 20 and 29 nearly twice as likely to report wanting to focus on their mental health compared to those over 60.
- **Children's mental health** is a concern for parents of both young and adult children.
- **Parents** continue to have less favorable mental health scores than non-parents.
- **People with reduced salary or reduced hours** since the pandemic have poorer mental health and more mental stress than those who have lost their jobs and those with no change to their employment.
- **Employer support** is highly correlated with mental health. An individual's perception of how well their employer has addressed the mental health of employees has a strong link to their mental health.



- **Health and safety** management is essential. Favorable perception of an employer's handling of health and safety issues during the pandemic is tied to better mental health.
- **Work productivity** has been impacted. Employees are finding it more difficult to feel motivated to work and to concentrate on work after one year of strain from the physical, social, financial and mental impacts of COVID-19.
- **Career change** is on the minds of many Americans. Approximately one-quarter are considering a change despite their employers handling the pandemic well.
- **Stigma** continues to be an issue. Americans are concerned that their career would be at risk if their employer was aware that they had a mental health issue. In particular, this is observed among younger people.
- **Concern for co-workers** as Americans are seeing the impact of the pandemic on others, including their co-workers' mental health.
- **Health and safety** has been handled well by the majority of organizations, according to their employees.
- **Physical and mental healthcare** access has diminished during the pandemic. Even though delaying self-care could have long-term effects, people report avoiding care because it is not a priority or they do not want to visit a provider in-person.
- **Anti-Black racism** awareness is strongly correlated with Black mental health. The most intense period of awareness and response to anti-Black racism corresponded with decline in mental health scores among Black Americans.
- **Spending habits** are unlikely to return to pre-pandemic behavior. Concerns over safety, job security and financial risk will change spending habits after the pandemic.
- **Brand loyalty** is dependent on treatment of customers and response to social justice issues.
- **The Presidential election** was detrimental to Americans' mental health. The particularly divisive lead-up to the 2020 presidential election had a significant negative impact on the mental health of Americans.



March highlights

March 2021 marks 12 consecutive months of diminished mental health among Americans.

The current state of mental health is seven points below the pre-pandemic benchmark and indicates that the working population is as distressed as the most distressed fifteenth percent of working Americans prior to 2020.

The proportion of individuals reporting more stress than the prior month (20 percent) is nearly equal to the prior month, while the proportion of individuals reporting less mental stress is only nine percent. The majority (71 percent) indicate the same level of stress compared to the prior month, however, given the escalation in stress each month since the pandemic, this reflects an elevated level of cumulative stress for this group as well. With recent increases in variant cases in many regions of the country, and the resulting restrictions, this strain will likely continue until a sufficient proportion of the American population is vaccinated.

In March, all mental health sub-scores have declined. The sharpest declines are observed for isolation (down 2.5 points) and financial risk (down 2.7 points) compared to the prior month. The lowest general psychological health score is also observed in March (0.2).

Regional differences are evident in the mental health scores to date. In March 2021, all regions show sharp declines in the mental health score, most notably a decline to -7.4 in the Southern United States.

Full-time post-secondary students have had the lowest mental health score each month since the start of the MHI as well as one of the most significant increases in mental stress.

Finances have been shown to be a leading driver of mental health. **People without emergency savings are more than twice as likely as those with emergency savings to report a negative impact on their mental health.**

Managers are over 35 percent more likely than non-managers to report a negative impact on their mental health, yet they are twice as likely as non-managers to report an improved relationship with their leader.

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.



In September 2020, we reported that twenty-seven percent of people were less willing to access physical healthcare during the pandemic. Six months later, **a quarter (25 percent) are less willing to access physical healthcare and this group has the poorest mental health score (-20.2).** Among one-third who report that they are unsure or less willing to access physical healthcare, the reason given is that they do not want to visit a provider in-person while a further twenty-five percent report that accessing physical healthcare is not a priority for them.

Also, in September, we reported that twenty-two percent of people were **less willing to access mental healthcare during the pandemic.** Currently, that figure has fallen slightly to eighteen percent. This group has the least favorable mental health score (-24.2) and the two leading reasons for avoiding care are mental healthcare not being a priority and not wanting to visit a provider in-person.

In December, Forbes magazine noted that the pandemic has brought about the greatest work from home experiment in history.³ Post-pandemic work from home policies is expected to be reconsidered as some employers consider partial or fully remote workforces. **Nearly two-thirds (65 percent) report wanting the flexibility to work from home once the pandemic is over yet only one-third (34 percent) believe that their employer will give them the option to choose whether they work from home.**

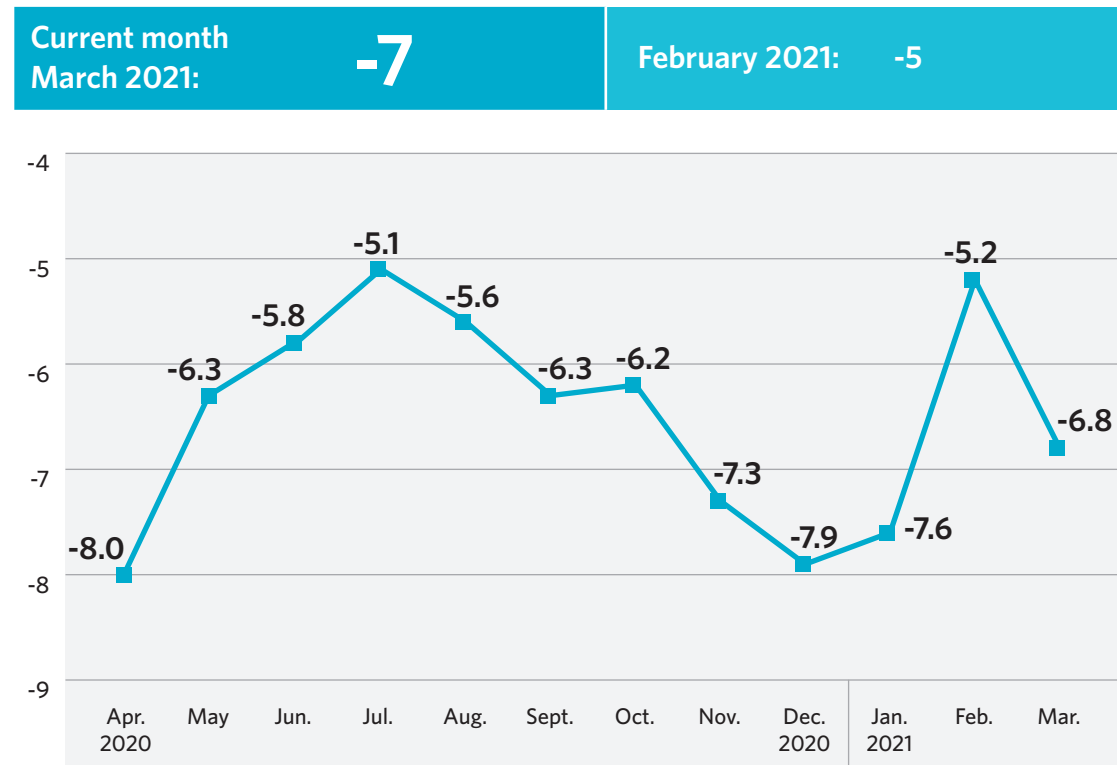
³ Why Has The Great Work-From-Home Experiment Been So Successful?, Forbes, <https://www.forbes.com/sites/forbes-techcouncil/2020/12/11/why-has-the-great-work-from-home-experiment-been-so-successful/?sh=75366d3c28c7>, 2020.



The Mental Health Index™

The Mental Health Index™ (MHI) is a measure of deviation from the benchmark⁴ of mental health and risk. **The overall Mental Health Index™ for March 2021 is -7 points.**

A 7-point decrease from the pre-COVID-19 benchmark reflects a population whose mental health is similar to the most distressed fifteenth percent of the benchmark population.



March marks the 12th consecutive month in which the Mental Health Index™ reflects strained mental health in the American population.

⁴ 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 anxiety (-8.4), followed by isolation (-7.9), depression (-7.8), work productivity (-7.0), optimism (-6.7), and general psychological health (0.2). Despite a significant decline from the prior month, the risk measure with the best mental health score is financial risk (7.0).

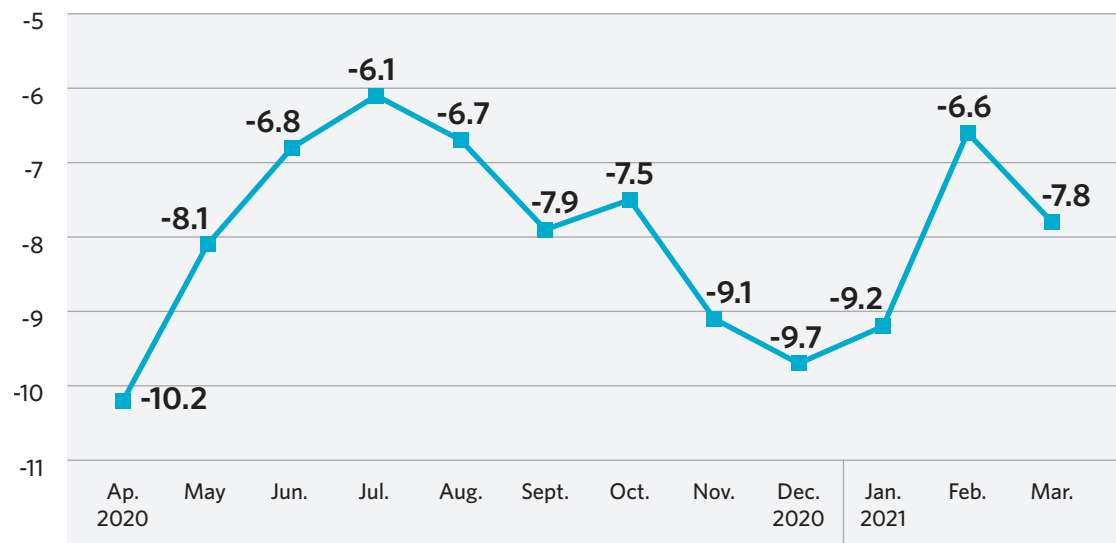
- Scores for all measures, except for optimism, have declined from February 2021 results.
- The sharpest declines are observed for isolation (down 2.5 points) and financial risk (down 2.7 points) compared to the prior month.

MHI sub-scores ⁵	March 2021	February 2021
Anxiety	-8.4	-7.1
Isolation	-7.9	-5.4
Depression	-7.8	-6.6
Work productivity	-7.0	-6.4
Optimism	-6.7	-6.8
Psychological health	0.2	2.6
Financial risk	7.0	9.8

⁵ The demographic breakdown of sub-scores are available upon request.



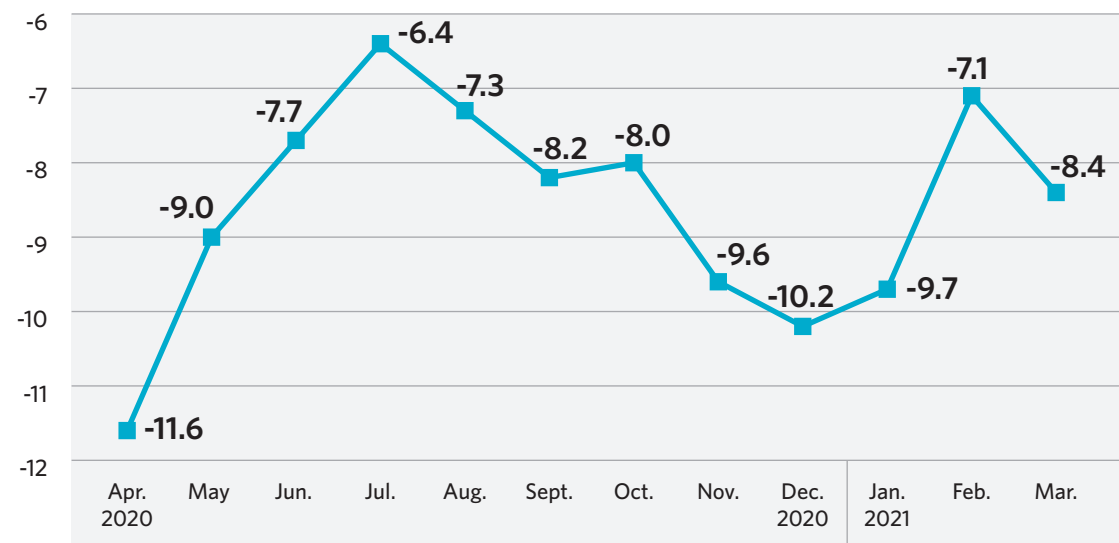
Depression



Depression

In April 2020, the depression score was the second lowest mental health sub-score. Since then, increases were observed through July. Scores dropped in August and September, recovered slightly in October, and dropped again in November and December. In January and most notably, again in February, scores increased, approaching a peak in July 2020. In March, the depression score fell 1.2 points to -7.8, nearly eight -points below the pre-2020 benchmark.

Anxiety

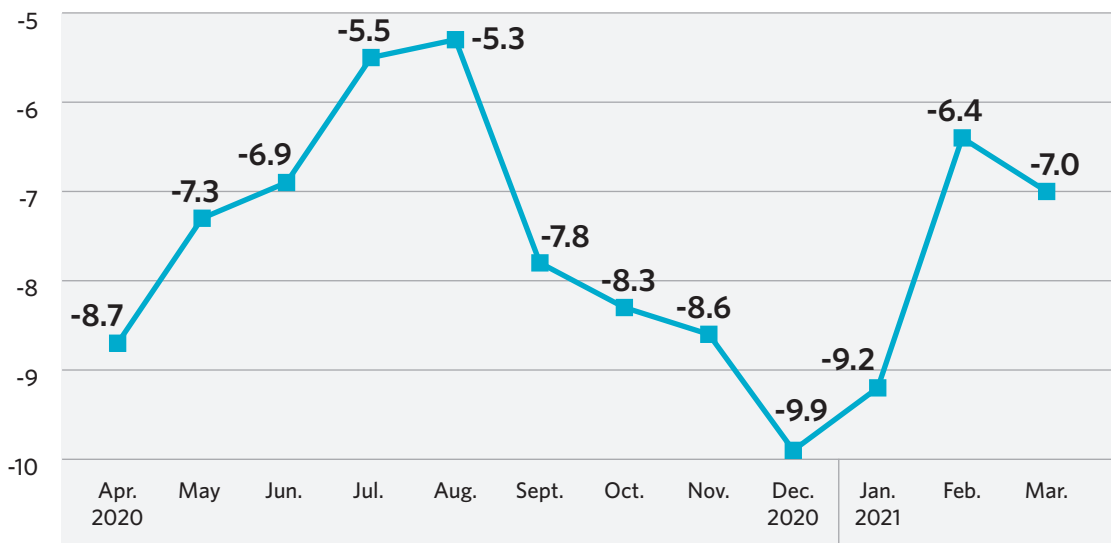


Anxiety

The lowest of the mental health sub-scores at launch of the MHI in April 2020 was anxiety. Since then, the score improved to its high in July (-6.4). The score has gradually declined to December (-10.2) followed by improvements in January (-9.7) and, more significantly, in February (-7.1). In March, a decline of 1.3 points is observed leaving the anxiety score at -8.4.



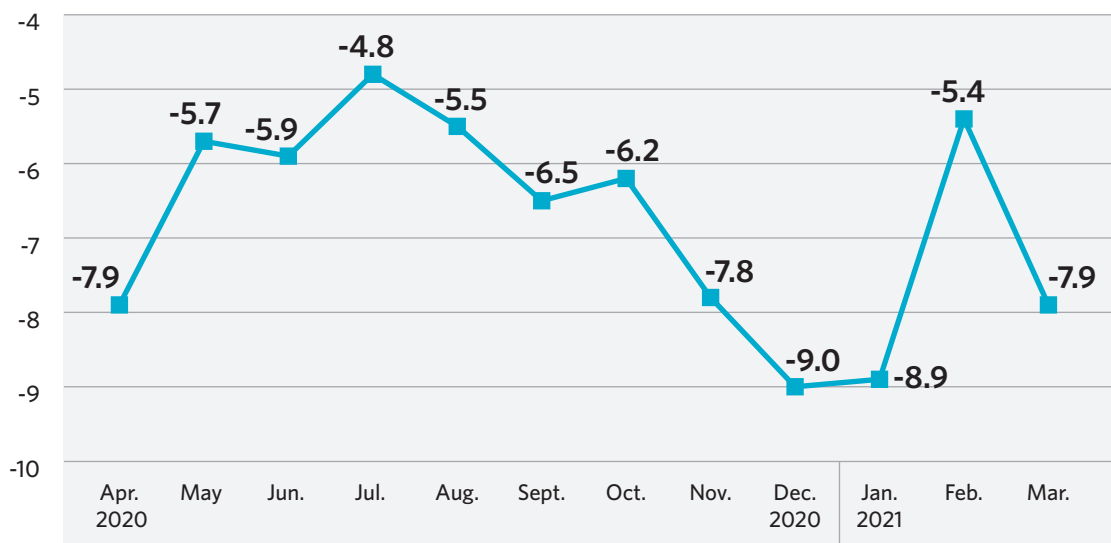
Work productivity



Work productivity

The mental health of Americans is substantially affecting their productivity at work. At the launch of the MHI in April 2020, the work productivity score was more than 8 points below the benchmark. Despite improvements from April to a peak score in August (5.3), scores declined to the lowest recorded score in December (-9.9). In March 2021, the work productivity score (-7.0) remains notably below the pre-2020 benchmark.

Isolation

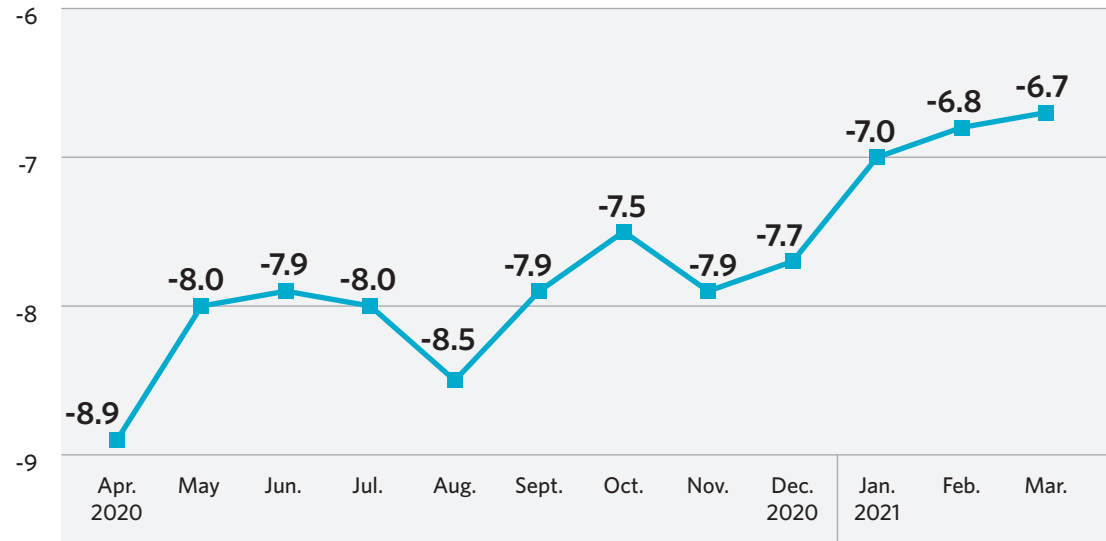


Isolation

Isolation scores have been inconsistent from April 2020 to March 2021. Since its peak in July (-4.8), the isolation score declined to its lowest (-9.0) in December 2020. Despite another significant improvement in February, the isolation score fell sharply in March to -7.9 is equal to its value at the start of the MHI.



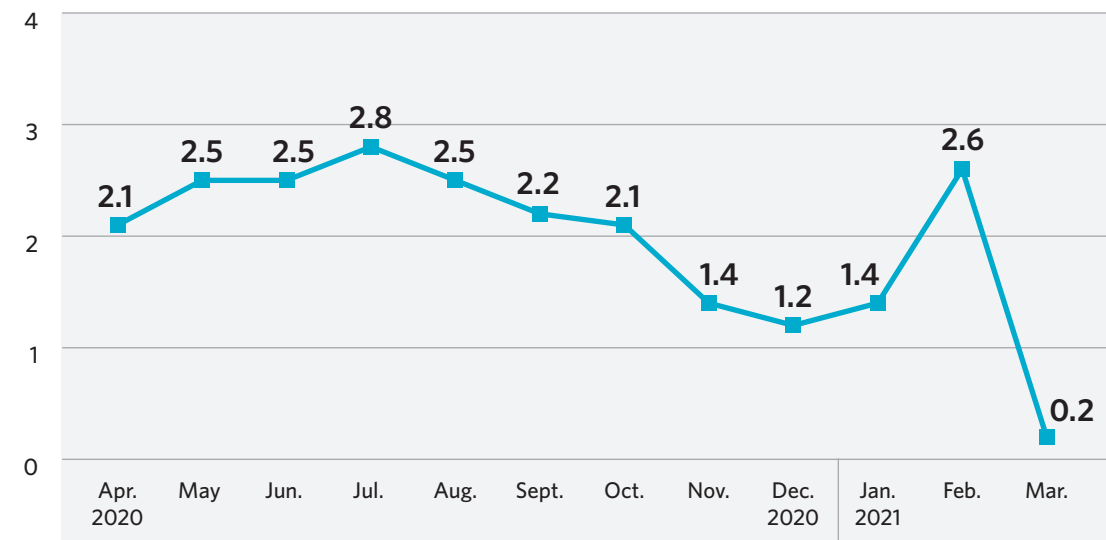
Optimism



Optimism

Optimism scores since April have shown general improvement. After twelve months, the optimism score in March 2021 is at its highest (-6.7) and is 2.2-points above the score when the Index was launched in April 2020 (-8.9). While optimism continues to improve, it remains well-below the pre-2020 benchmark.

General psychological health

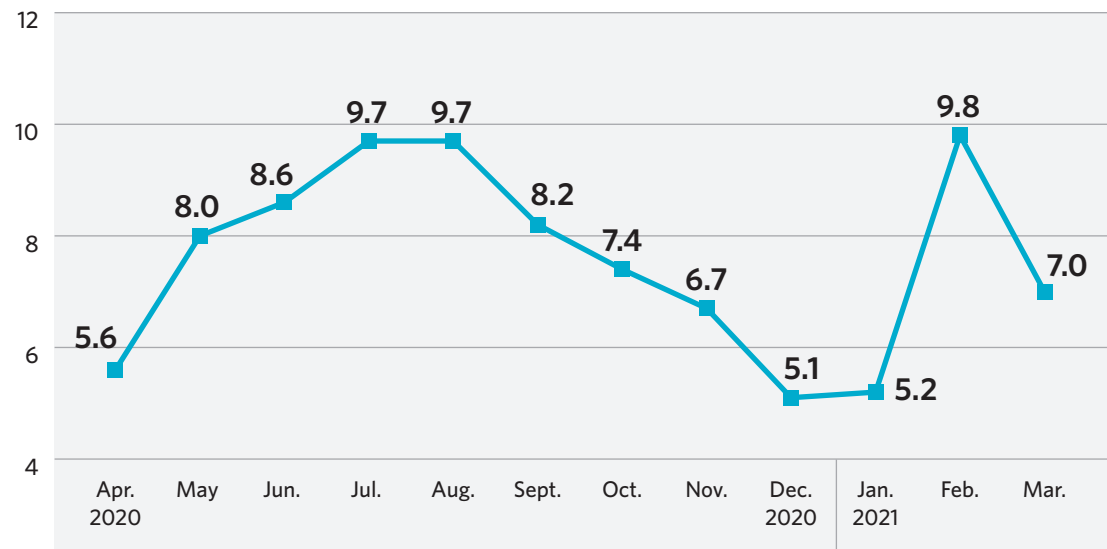


General psychological health

The overall trend in psychological health has been decreasing since the peak score of 2.8 in July 2020. Since July, the psychological health score declined through December 2020, when the lowest recorded score was reported (1.2). Increases were observed in January and February 2021 however, a significant decline (-2.4 points) has dropped the psychological health score to 0.2, its lowest score since the start of the MHI in April 2020.



Financial risk



Financial risk

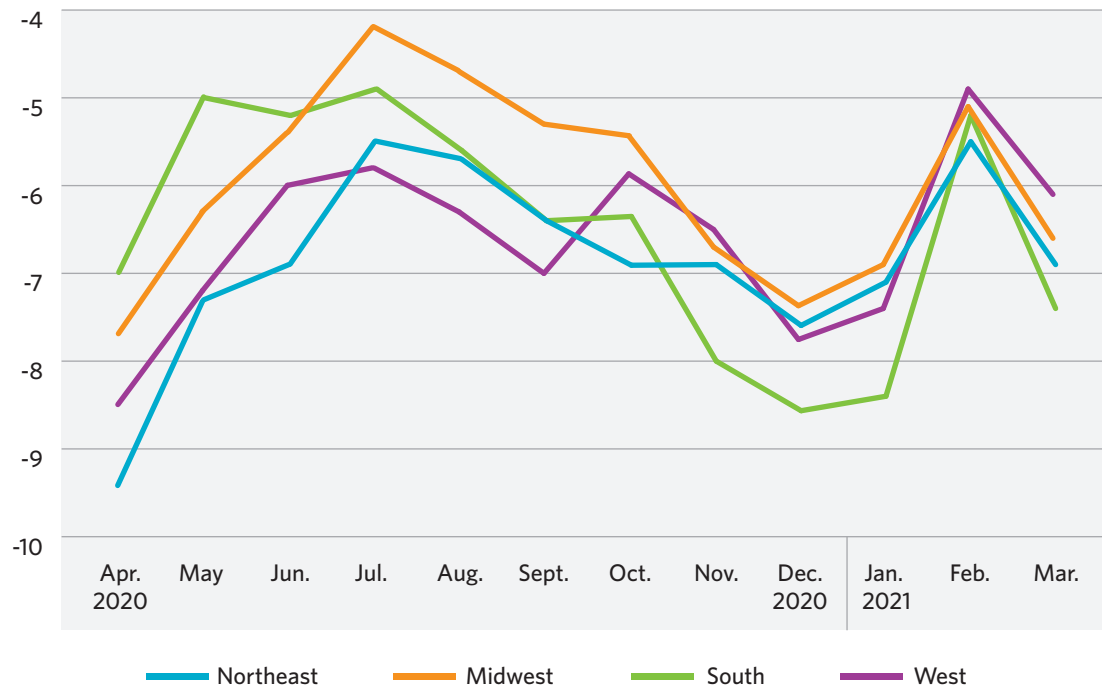
The financial risk score continues to be the strongest sub-scale despite a significant decline from August 2020 to January 2021. February 2021 marks the highest recorded financial risk score (9.8), however, a sharp decline (-2.7 points) is observed in March.



Mental Health Index™ (regional)

Regional mental health scores have shown general improvement between April and July 2020, followed by general declines until December 2020. In January and February of 2021, all four regions of the United States show improvements in mental health, with even greater improvements observed in February. In March 2021, all regions show sharp declines in the mental health score, most notably a decline to -7.4 in the Southern United States.

United States regional Mental Health Index™ scores





Demographics

- Since the start of the MHI, we have found that women have significantly lower mental health scores than men. In March 2021, the mental health score of women is -9.3 compared to -3.8 for men.
- In twelve consecutive months of MHI results, we have observed that mental health scores have improved with age.
- We have seen differences in mental scores between those with and without children since April. March 2021 continues this trend with a lower score for those with at least one child (-11.5) compared to those without children (-4.9).

Employment

- Overall, five percent of respondents are unemployed and fourteen percent report reduced hours or reduced salary.
- Individuals reporting reduced salary when compared to the prior month (-17.8) have the lowest mental health score, followed by those not currently employed (-17.6), and those who report fewer hours when compared to the prior month (-17.2).
- Managers have slightly higher mental health scores (-6.2) when compared to non-managers (-6.6).
- Individuals working for employers with more than 10,000 employees have the highest mental health score (-3.2).
- Respondents who report working for companies with 51-100 employees have the lowest mental health score (-9.8).

Emergency savings

- Those without emergency savings continue to experience a lower score in mental health (-24.8) than the overall group. Those reporting having an emergency fund have a mental health score of -1.2.



Employment status	Mar. 2021	Feb. 2021
Employed (no change in hours/salary)	-4.3	-3.6
Employed (fewer hours compared to last month)	-17.2	-13.1
Employed (reduced salary compared to last month)	-17.8	-12.8
Not currently employed	-17.6	-11.4
Age group	Mar. 2021	Feb. 2021
Age 20-29	-20.7	-15.2
Age 30-39	-12.9	-10.9
Age 40-49	-8.2	-7.3
Age 50-59	-2.3	-1.8
Age 60-69	2.7	2.4
Number of children	Mar. 2021	Feb. 2021
No children in household	-4.9	-3.7
1 child	-12.0	-8.5
2 children	-10.6	-9.4
3 children or more	-11.7	-9.5
Region	Mar. 2021	Feb. 2021
Northeast	-6.9	-5.5
Midwest	-6.6	-5.1
South	-7.4	-5.2
West	-6.1	-4.9

Gender	Mar. 2021	Feb. 2021
Men	-3.8	-3.1
Women	-9.3	-7.2
Income	Mar. 2021	Feb. 2021
Household income <\$30K/annum	-20.3	-16.1
\$30K to <\$60K/annum	-11.7	-9.4
\$60K to <\$100K	-4.4	-4.3
\$100K to <\$150K	-3.5	-2.7
\$150K or more	2.8	2.3
Employer size	Mar. 2021	Feb. 2021
Self-employed/sole proprietor	-7.2	-2.9
2-50 employees	-6.8	-5.2
51-100 employees	-9.8	-9.4
101-500 employees	-7.4	-6.2
501-1,000 employees	-7.3	-6.7
1,001-5,000 employees	-5.0	-5.0
5,001-10,000 employees	-5.2	-3.7
More than 10,000 employees	-3.2	-2.0
Manager	Mar. 2021	Feb. 2021
Manager	-6.2	-5.9
Non-manager	-6.6	-4.5

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



The Mental Health Index™ (industry)

For the twelfth consecutive month, full-time post-secondary students have the lowest mental health score (-21.5). This continues to be significantly lower than the next lowest score, among individuals in Food Services (-17.3), and Wholesale Trade (-12.0). The highest mental health scores this month are observed among individuals employed in Public Administration (-0.2), Professional, Scientific and Technical Services (-1.3), and Agriculture, Forestry, Fishing and Hunting (-2.8). Individuals employed in the Management of Companies and Enterprises, Agriculture, Forestry, Fishing and Hunting, and Other Services (except Public Administration) have seen the greatest improvement in mental health since last month.

Changes from the prior month are shown in the table below:

Industry	March 2021	February 2021	Change
Management of Companies and Enterprises	-10.5	-15.9	5.4
Agriculture, Forestry, Fishing and Hunting	-2.8	-4.8	2.0
Other services (except Public Administration)	-6.4	-6.6	0.3
Finance and Insurance	-3.2	-3.2	0.0
I am a student	-21.5	-21.4	-0.1
Manufacturing	-4.1	-4.0	-0.1
Information and Cultural Industries	-9.7	-9.6	-0.2
Construction	-8.5	-8.3	-0.2
Professional, Scientific and Technical Services	-1.3	-1.1	-0.2
Retail Trade	-8.9	-8.3	-0.6
Transportation and Warehousing	-5.7	-4.9	-0.9
Educational Services	-5.8	-4.8	-0.9
Arts, Entertainment and Recreation	-7.1	-5.8	-1.3
Utilities	-8.7	-7.1	-1.6
Public Administration	-0.2	1.5	-1.7
Administrative and Support services	-10.7	-8.7	-1.9
Health Care and Social Assistance	-6.6	-4.7	-1.9
Wholesale Trade	-12.0	-8.5	-3.5
Accommodation	-7.8	-4.0	-3.8
Other	-10.6	-6.3	-4.3
Food Services	-17.3	-11.9	-5.4
Real Estate, Rental and Leasing	-4.6	1.0	-5.6

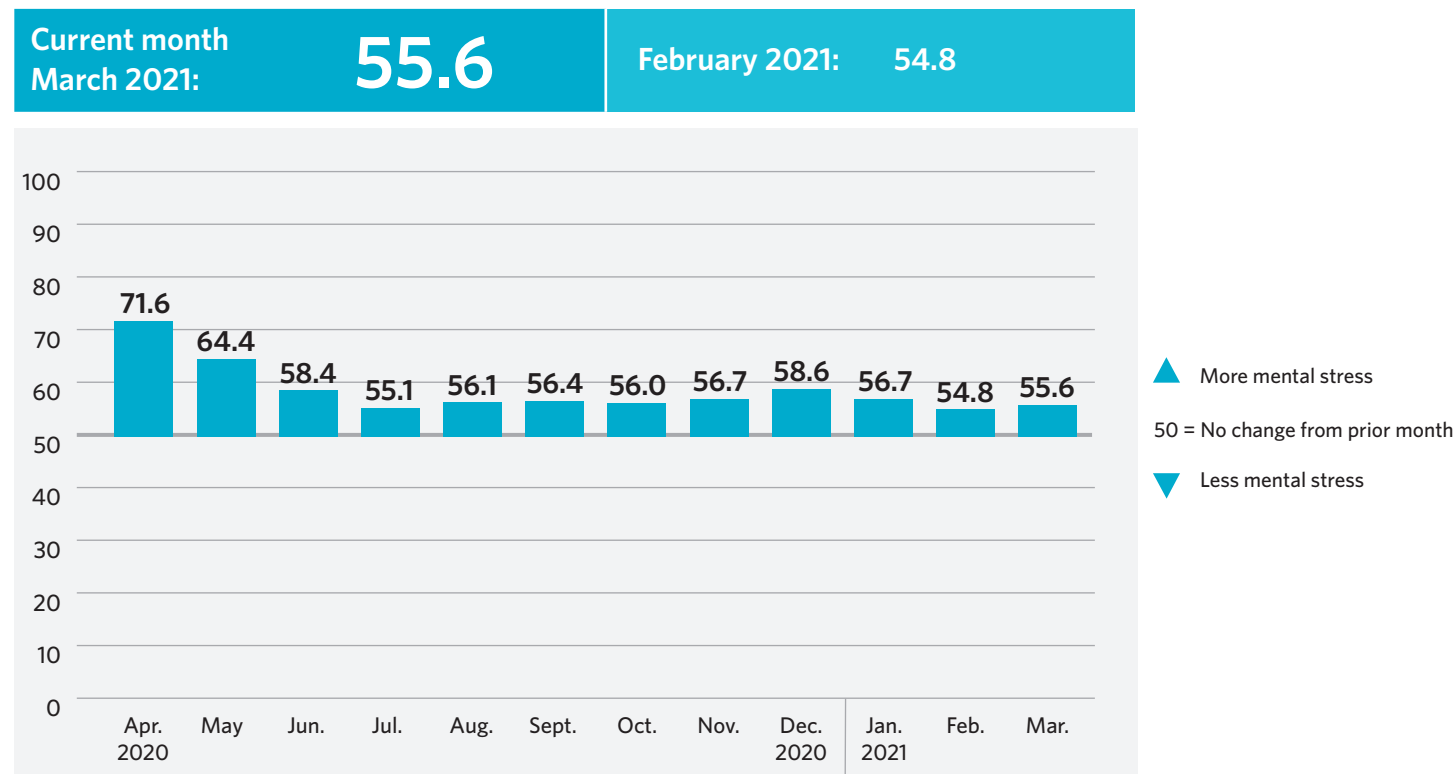


The Mental Stress Change score

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 March 2021 is 55.6.**

This reflects a net increase in mental stress compared to the prior month. The MStressChg score had been declining (meaning those surveyed reported less mental stress) month over month through September, then increased in October, declined slightly in November, and increased in December. Since February 2021, the mental stress change score has fluctuated but remains lower than 2020.

The current score indicates that 20 percent of the population is experiencing more mental stress compared to the prior month, with 9 percent experiencing less. A continued increase in mental stress over twelve months of the MHI indicates a significant accumulation of strain in the American population.





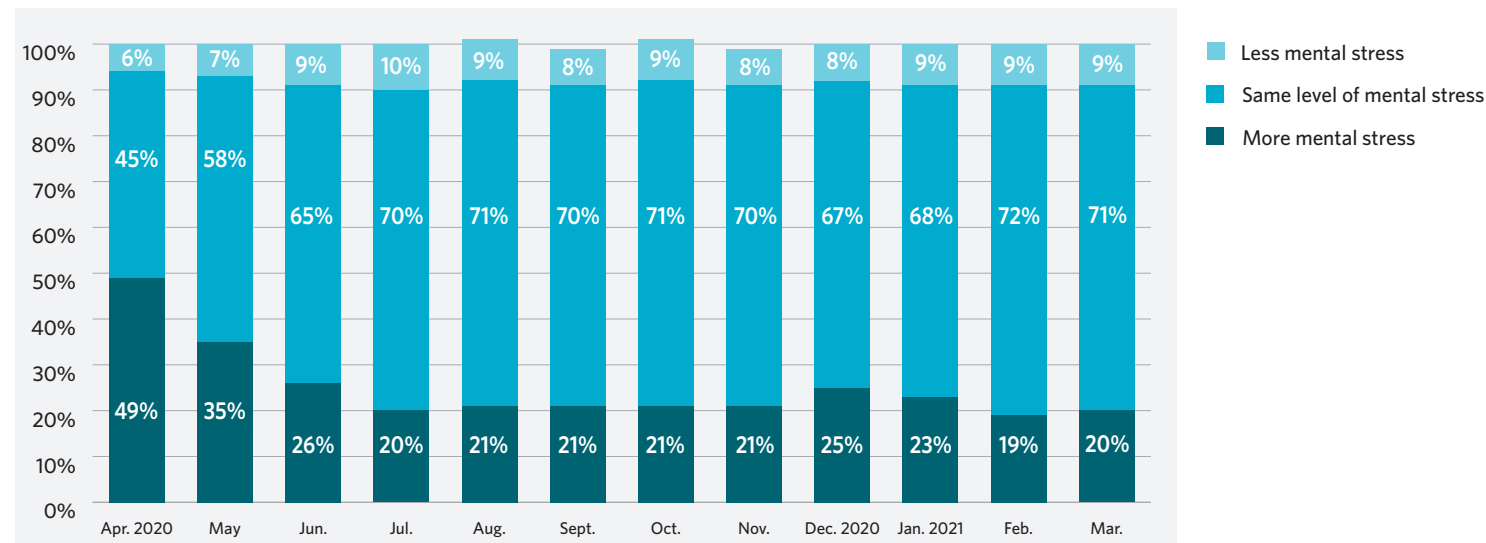
Mental Stress Change (percentages)

Mental Stress Change tracks everyone'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.

Over twelve months of the MHI, the percentage of those experiencing more mental stress than the previous month has steadily decreased; however, the data showing this decline is too insignificant 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 reach a more sustainable and healthy level of stress.

In April, 49 percent of individuals reported an increase in mental stress. While those reporting increased month-over-month mental stress decreased to 20 percent in March 2021, 71 percent of respondents report the same level of mental stress and only 9 report a decrease in mental stress.

Mental Stress Change by month





Demographics

- In twelve consecutive months of MHI results, we have observed that younger respondents are experiencing a greater increase in mental stress when compared to older respondents.
- Since the start of the MHI, we have found that women have larger increases in mental stress than men. In March 2021, the mental stress change score of women is 57.1 compared to 53.9 for men.

Geography

- The greatest increase in month-over-month stress is for respondents living in the Northeast (56.3), followed by the South (56.1), the Midwest (55.5), and the West (54.3).

Employment

- The greatest increase in mental stress is seen in employed people with reduced salary (63.8), followed by employed people with reduced hours (62.8) compared to unemployed people (60.3) and employed people with no change to salary or hours (54.0).
- Managers have a slightly greater increase in mental stress (56.4) compared to non-managers (55.1).



Employment status	Mar. 2021	Feb. 2021
Employed (no change in hours/salary)	54.0	53.5
Employed (fewer hours compared to last month)	62.8	60.8
Employed (reduced salary compared to last month)	63.8	63.6
Not currently employed	60.3	58.5
Age group	Mar. 2021	Feb. 2021
Age 20-29	64.2	59.5
Age 30-39	58.8	55.6
Age 40-49	54.0	54.7
Age 50-59	54.1	54.0
Age 60-69	51.6	52.8
Number of children	Mar. 2021	Feb. 2021
No children in household	54.7	54.1
1 child	57.4	55.8
2 children	57.4	57.4
3 children or more	60.2	56.6
Region	Mar. 2021	Feb. 2021
Northeast	56.3	54.1
Midwest	55.5	55.8
South	56.1	54.6
West	54.3	54.6

Gender	Mar. 2021	Feb. 2021
Men	53.9	53.8
Women	57.1	55.7
Income	Mar. 2021	Feb. 2021
Household income <\$30K/annum	61.7	55.5
\$30K to <\$60K/annum	57.8	56.4
\$60K to <\$100K	54.2	54.3
\$100K to <\$150K	54.8	55.3
\$150K or more	51.5	52.7
Employer size	Mar. 2021	Feb. 2021
Self-employed/sole proprietor	54.9	53.4
2-50 employees	56.1	55.5
51-100 employees	56.4	54.9
101-500 employees	54.6	54.8
501-1,000 employees	55.1	54.6
1,001-5,000 employees	56.6	55.4
5,001-10,000 employees	55.0	56.2
More than 10,000 employees	54.7	53.8
Manager	Mar. 2021	Feb. 2021
Manager	56.4	56.7
Non-manager	55.1	53.6

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:

Specific cross-correlational and custom analyses



The Mental Stress Change (industry)

Mental Stress Change scores for individuals employed in Management of Companies and Enterprises (50.0) is the only industry where the percentage of those indicating more mental stress equals that of those indicating less stress. Individuals in Public Administration (50.5) and Arts, Entertainment and Recreation (50.8) have the most modest increases in mental stress compared to the prior month. Individuals working in Accommodation have the most significant increase in mental stress (61.8), followed by full-time post-secondary students (61.7), and employees in Wholesale Trade (59.1).

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

Industry	March 2021	February 2021
Management of Companies and Enterprises	50.0	60.6
Public Administration	50.5	51.4
Arts, Entertainment and Recreation	50.8	56.9
Transportation and Warehousing	51.6	52.1
Construction	51.7	54.2
Agriculture, Forestry, Fishing and Hunting	53.5	54.5
Finance and Insurance	54.4	54.9
Manufacturing	54.5	52.9
Professional, Scientific and Technical Services	54.8	55.9
Educational Services	55.5	55.2
Food Services	55.6	54.5
Administrative and Support services	55.8	52.8
Other services (except Public Administration)	56.1	59.5
Health Care and Social Assistance	56.3	56.1
Information and Cultural Industries	56.9	50.0
Real Estate, Rental and Leasing	58.2	51.5
Other	58.3	54.1
Utilities	58.7	57.4
Retail Trade	58.8	56.5
Wholesale Trade	59.1	55.5
I am a student	61.7	59.4
Accommodation	61.8	51.1



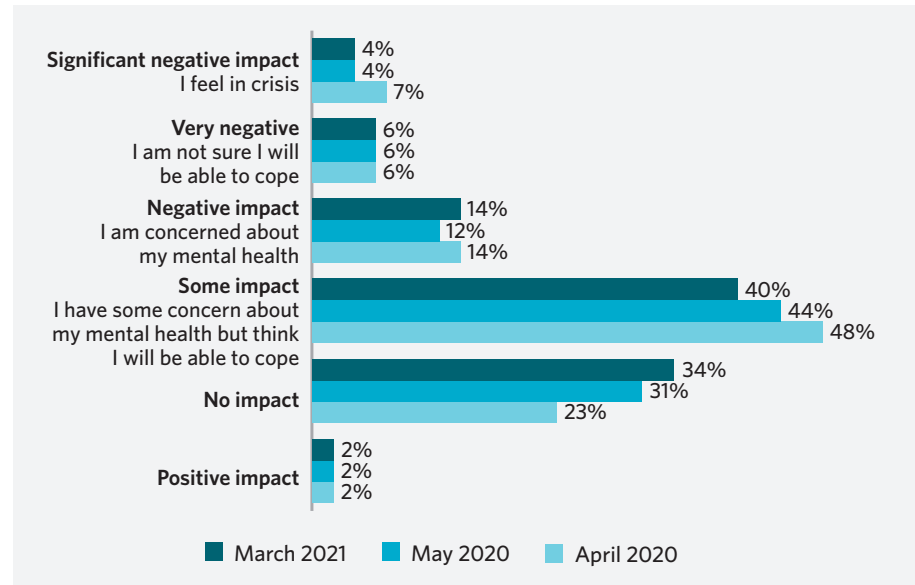
Spotlight

The COVID-19 pandemic impact on mental health

Since the first case of COVID-19 was reported in January 2020, the impact of the pandemic on mental health has been widely reported. In April 2020, at the launch of the Mental Health Index™, we asked people to indicate the impact of the pandemic on their mental health. We asked the same question in May 2020 and nearly one year later, in March 2021, we reintroduced this question.

- More than one-quarter (27 percent) reported a negative or significant impact in April 2020; in March 2021, twenty-four percent report a negative or significant impact on their mental health.
- The proportion of people reporting that they feel in crisis has declined from 7 percent in April 2020 to 4 percent in March 2021.
- In all three reporting periods, the lowest mental health scores are observed among people reporting a significant impact on their mental health, followed by those reporting very negative and negative impacts.

Impact of the COVID-19 pandemic on mental health

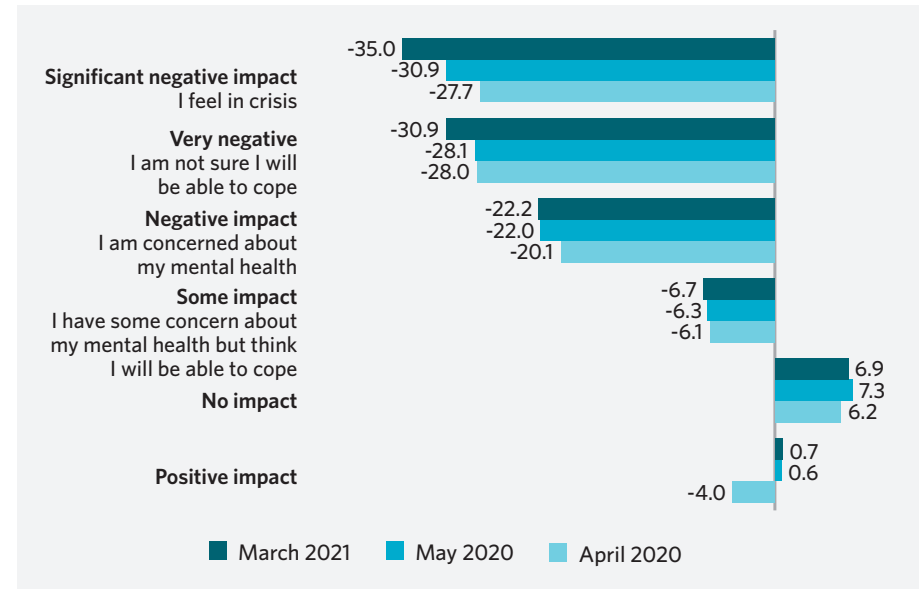




In March 2021:

- People without emergency savings are over twice as likely as those with emergency savings to report a negative impact on their mental health.
- Individuals under 50 are more than twice as likely as those over 50 to report a negative impact on their mental health.
- Managers are 36 percent more likely than non-managers to report a negative impact on their mental health.
- Individuals who report a reduced salary or fewer hours are over twice as likely as those with no change to salary to report a negative impact.

MHI score by impact of the COVID-19 pandemic on mental health





Accessing healthcare during the COVID-19 pandemic

The emphasis on self-care for both physical and mental health conflicts with behavior during the pandemic. Mitigating the risk factors associated with poor outcomes in virus patients requires a focus on healthy lifestyle and care management for existing conditions. Moreover, coping with prolonged and repeated restrictions, changes and isolation needs mental resilience.

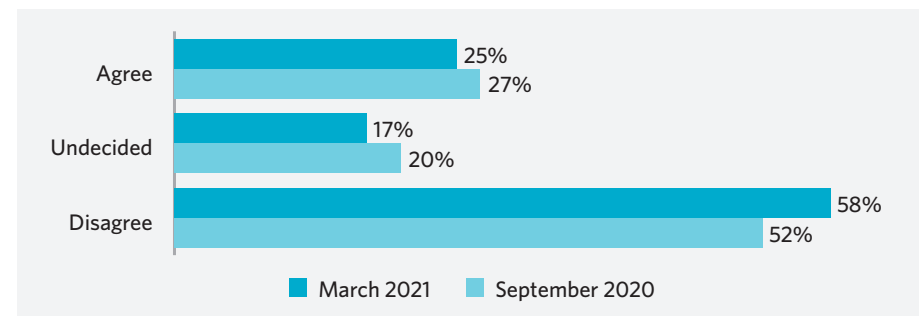
In September 2020, we reported that twenty-seven percent of people were less willing to access physical healthcare and that twenty-two percent of people were less willing to access mental healthcare during the pandemic.

Willingness to access physical healthcare

Respondents were asked about their willingness to engage in physical healthcare during the COVID-19 pandemic. Data from March 2021 is consistent with the results collected in September 2020.

- Nearly sixty percent (58 percent) are willing to access physical healthcare during the pandemic and this group has the most favorable mental health score (1.0).
- More than one-quarter (25 percent) are less willing to access physical healthcare during the pandemic and this group has the poorest mental health score (-20.2).

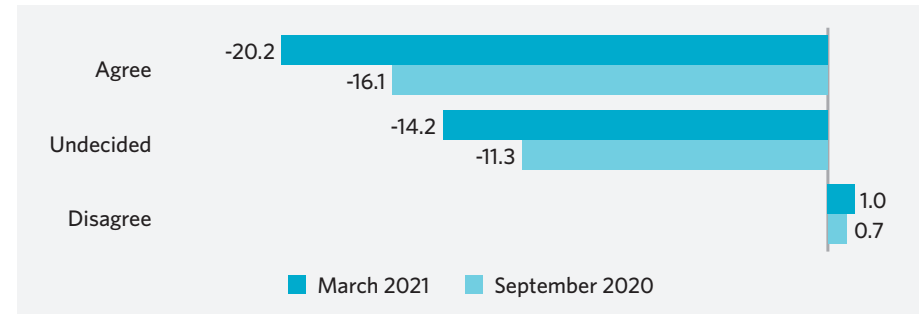
COVID-19 has made me less willing to access physical healthcare





- The mental health score of individuals who are less willing to access physical healthcare has declined from September (-16.1) to March (-20.2).
- Parents are seventy-five percent more likely than non-parents to report being less willing to access physical healthcare.
- Employees with reduced salary or reduced hours are nearly twice as likely as those with no change to salary or hours to report being less willing to access physical healthcare.

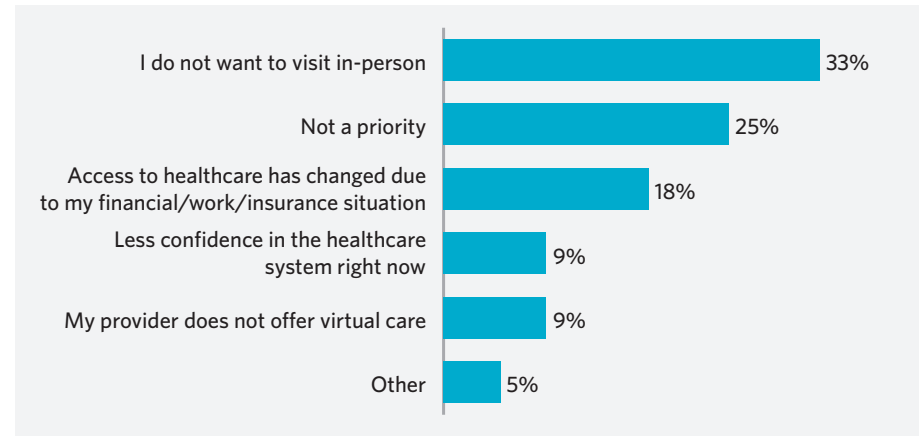
MHI score by agreement that COVID-19 has made me less willing to access physical healthcare



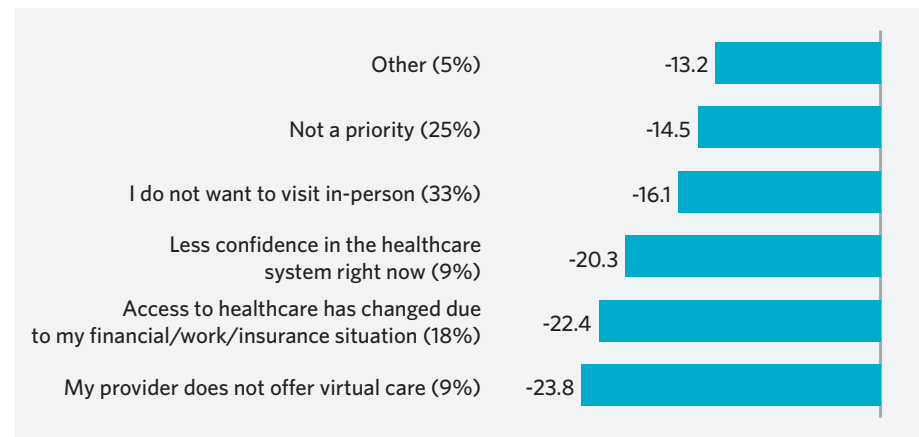


One-third report that the reason they are not willing to access physical healthcare is that they do not want to visit a provider in-person. A further one-quarter report that accessing physical healthcare is not a priority for them.

Reasons why individuals are not willing to access physical healthcare



MHI score by reasons why individuals are not willing to access physical healthcare



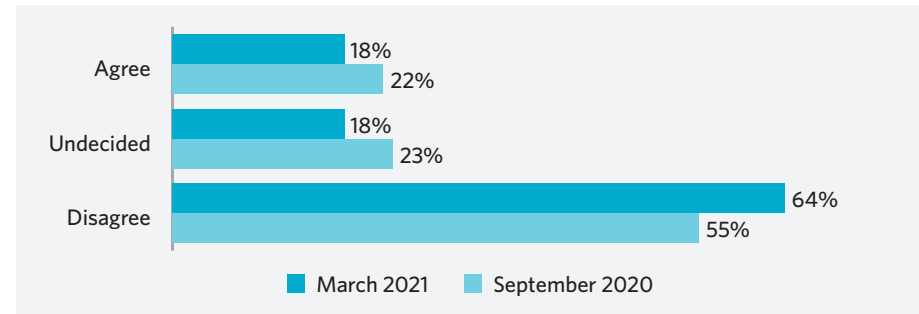


Willingness to access mental healthcare

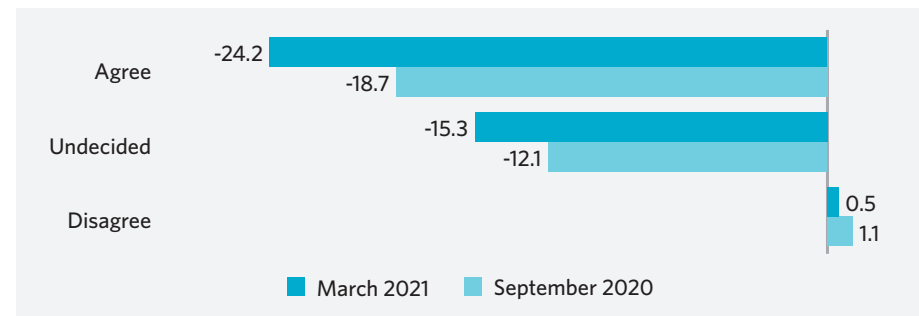
Like physical healthcare, respondents were asked about their willingness to engage in mental healthcare during the COVID-19 pandemic. Data from March 2021 is compared to results collected in September 2020.

- Nearly two-thirds (64 percent) are willing to access mental healthcare, nearly ten percent higher than reported in September 2020 (55 percent).
- Eighteen percent are less willing to access mental healthcare and this group has the least favorable mental health score (-24.2).
- The mental health score of individuals who are less willing to access mental healthcare has declined significantly from September (-18.7) to March (-24.2).
- Parents are over twice as likely as non-parents to report being less willing to access mental healthcare.
- Employees with reduced salary are twice as likely as those with no change to salary to report being less willing to access mental healthcare.

Agreement that COVID-19 has made me less willing to access mental healthcare



MHI score by agreement that COVID-19 has made me less willing to access mental healthcare

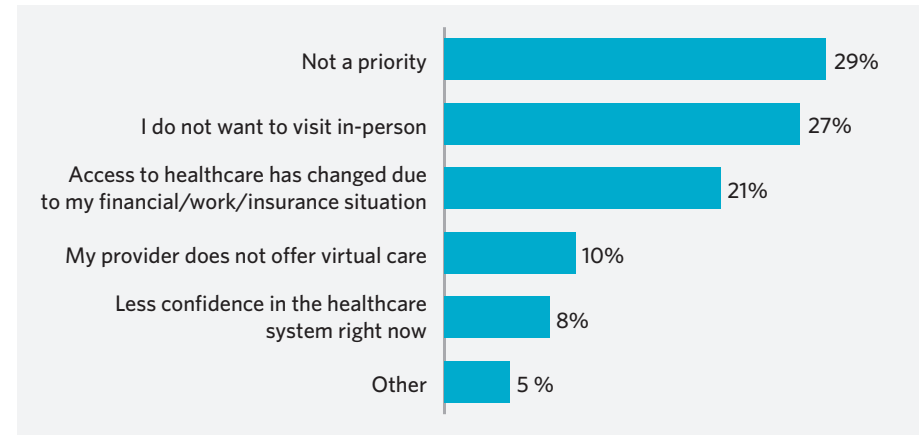




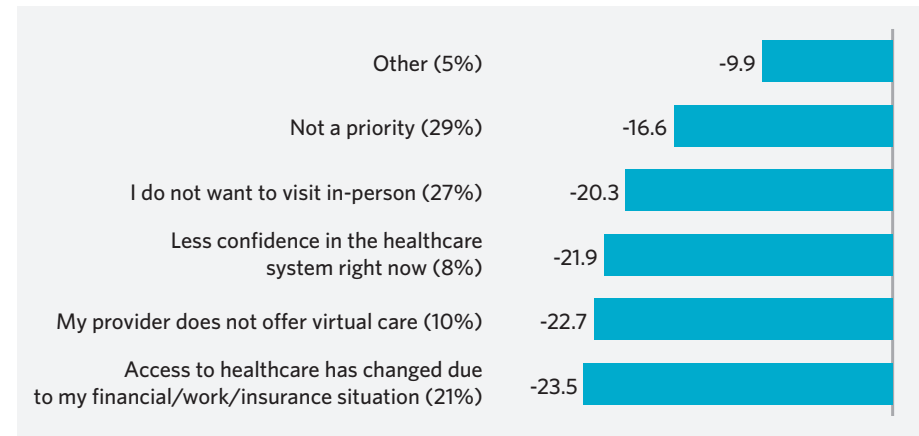
Nearly thirty percent (29 percent) report that the reason they are not willing to access mental healthcare is that it is not a priority for them. A further twenty-six percent report that they do not want to visit a mental healthcare provider in-person.

- Parents are nearly three times as likely as non-parents to report that their access to healthcare has changed due to their financial/work/insurance situation and this is a reason for not accessing care.
- Employees with reduced salary or fewer hours are over twice as likely as those with no change to salary or hours to report that their access to healthcare has changed.

Reasons why individuals not willing to access mental healthcare



MHI score by reasons why individuals not willing to access mental healthcare





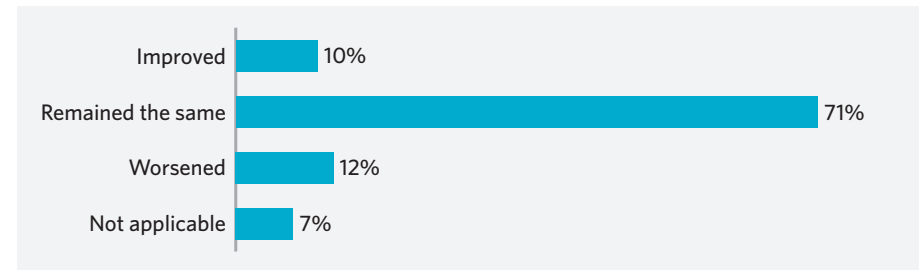
Workplace relationships

Relationships with work peers

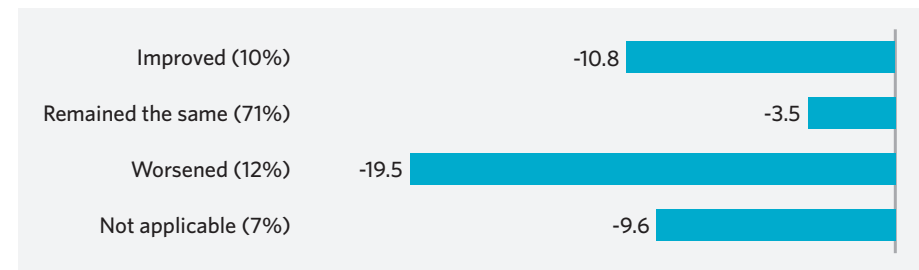
In response to the COVID-19 pandemic, remote work, workplace health and safety practices, personal, family, and job responsibilities have significantly reshaped the workplace since 2020. Interactions between peers and managers have changed because of these necessary shifts. Respondents were asked about whether their workplace relationships have changed since the pandemic.

- Nearly three-quarters (71 percent) report that relationships with their work peers have remained unchanged since before the pandemic. This group has the most favorable mental health score (-3.5).
- Twelve percent report that relationships with their peers worsened and this group has the least favorable mental health score (-19.5).
- Employees with reduced salary or reduced hours are nearly twice as likely to report worsened relationships with their peers compared to those with no change to salary or hours.
- Managers are more than twice as likely as non-managers to report improved peer relationships.

State of relationships with work peers compared to before the pandemic



MHI score by state of relationships with work peers compared to before the pandemic



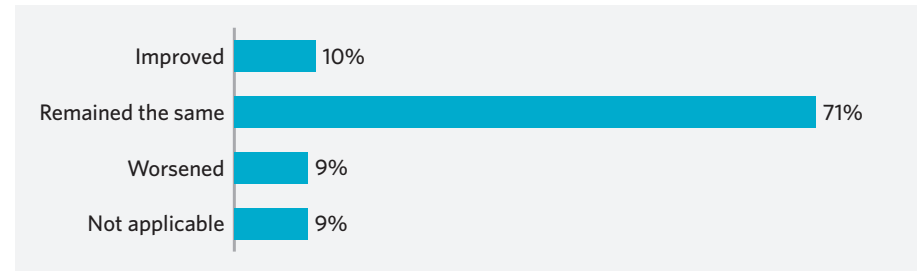


Employee-manager relationship

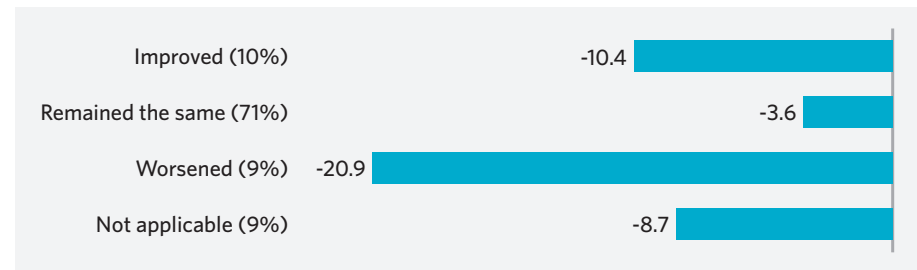
In February 2021, we reported on the status of employee-manager relationships since the COVID-19 pandemic. Like February results (84 percent), an overwhelming percentage of people report the relationship with their manager remains unchanged and those who have a worsened relationship with their manager have the least favorable mental health score.

- More than seventy percent (71 percent) report no change in their relationship with their manager compared to before the pandemic.
- Nearly an equal percentage report a worsening (9 percent) or an improvement (10 percent) in the relationship with their manager.
- The least favorable mental health score (-20.9) is observed among the ten percent of people who report a worsened relationship with their manager since the pandemic.
- Parents are nearly twice as likely as non-parents to report an improved relationship with their managers; however, parents are also fifty percent more likely to report worsened relationships with their managers.
- Nineteen percent of individuals with a reduced salary and sixteen percent of those working fewer hours report a worsened relationship with their manager, compared with eight percent of individuals with no change to salary or hours.
- Managers are twice as likely as non-managers to report an improved relationship with their leader.

State of employee-manager relationship compared to before the pandemic



MHI score by state of employee-manager relationship compared to before the pandemic





Post-pandemic work from home

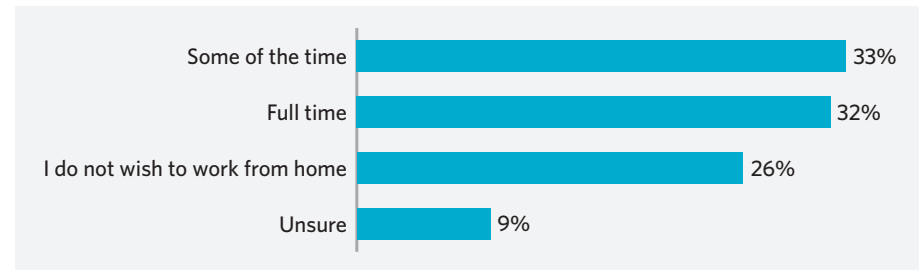
In December, Forbes magazine noted that the pandemic has brought about the greatest work from home experiment in history.⁶ Post-pandemic work from home policies are expected to be reconsidered as some employers consider partial or fully remote workforces.

Employee interest in work from home post-pandemic

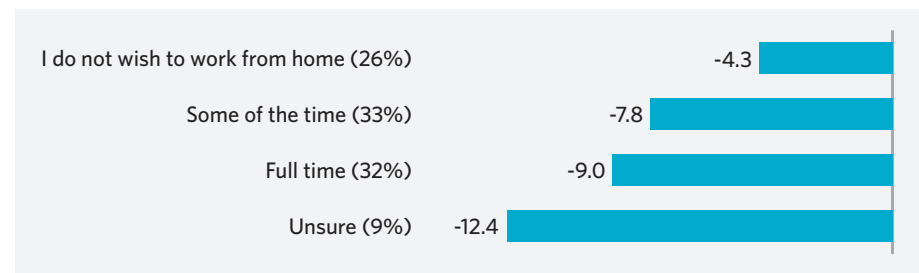
Where the option for remote work is possible, employees were asked about whether they want to work from home post-pandemic.

- Nearly two-thirds (65 percent) report wanting to work from home, at least some of the time, once the pandemic is over.
- A nearly equal proportion of managers (67 percent) and non-managers (65 percent) want to work from home at least some of the time once the pandemic ends.
- Nearly two-thirds of respondents, regardless of their demographic profile, report wanting to work from home some of the time or all the time, once the pandemic is over.

Employee desire to work from home after the pandemic ends



MHI score by employee desire to work from home after the pandemic ends



⁶ Why Has The Great Work-From-Home Experiment Been So Successful?, Forbes, <https://www.forbes.com/sites/forbes-techcouncil/2020/12/11/why-has-the-great-work-from-home-experiment-been-so-successful/?sh=75366d3c28c7>, 2020.

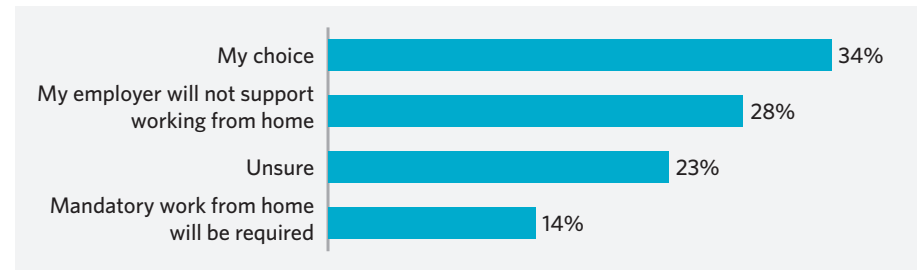


Employers and work from home

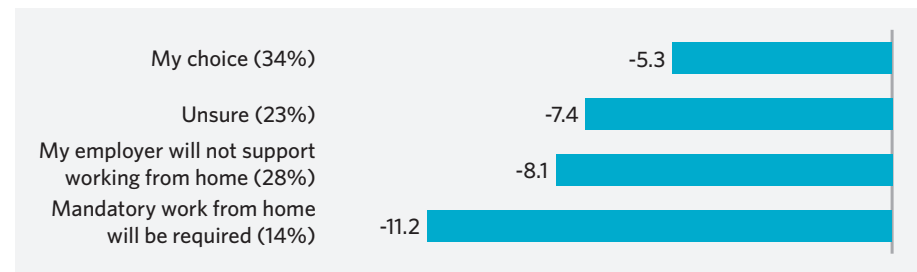
For employees who have the option to work from home, individuals were asked how they perceive their employers will support work from home after the pandemic ends.

- More than one-third (34 percent) believe employers will give employees the option to choose whether they work from home. This group has the most favorable mental health score (-5.3).
- Nearly thirty percent (28 percent) report that their employer will not support work from home.
- Managers are nearly forty percent more likely than non-managers to report that they will be required to work from home after the pandemic.

Employee perception of how employers will support working from home post-pandemic



MHI score by employee perception of how employers will support working from home post-pandemic





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 each geography compared to benchmarks collected in 2017, 2018 and 2019. The increases and decreases in the MHI are intended to predict cost and productivity risks and inform the need for investment in mental health support 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

Data for this report is collected through an online survey of 5,000 Americans who are living in the United States and are currently employed or who were employed within the prior six months. Participants are selected to be representative of the age, gender, industry, and geographic distribution in the United States. The same respondents take part each month to remove a sampling bias. Respondents are asked to consider the prior two weeks when answering each question. The Mental Health Index™ is published monthly starting in April 2020. Benchmark data was collected in 2017, 2018 and 2019. Data for the current report was collected between February 17 to March 1, 2021.

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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