

The Mental Health Index™ report

Regional Comparison - Australia, Canada,
United Kingdom and United States, June 2020

Spotlight on the mental health impact of the COVID-19 pandemic



LifeWorks
by Morneau Shepell

**MORNEAU
SHEPELL**

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Executive Summary

As June got underway, all four regions continue to be affected by the COVID-19 pandemic. The U.S. continues to report the highest number of COVID-19 cases globally. The total number of UK-reported cases of COVID-19 continued to rank in the top five worldwide and report one of the highest rates of COVID-19 deaths globally. For Canadians and Australians, life has started to return to normal as the rate of daily new COVID-19 cases and related deaths continues to decline nationally.

Following three months of pandemic lockdown, modest steps to ease restrictions are being introduced. As life begins under the “new normal”, public health officials continue to advocate for physical distancing measures and good hand hygiene as social measures relax, people gather in larger groups, and more return to work. Mask wearing is becoming mainstream.

Attention has shifted to the gradual reopening of the economies and society in every jurisdiction, with some regions relaxing restrictions more rapidly than others. While a majority of citizens in the U.S., UK, Canada and Australia are nervous about the easing of restrictions until the virus is contained, every region is proceeding with a phased reopening focused initially on outdoor spaces, select retail businesses, and permitting small gatherings.

Travel and the movement of citizens across borders continues to be severely restricted in all jurisdictions. The Canada-US border remains closed. In the UK, a mandatory quarantine period is also in place for anyone entering by air, with exemptions for people returning from France. In Australia, a worldwide travel ban has remained in place and prevents all non-Australian citizens and non-residents from entering the country.

For the third consecutive month, the ongoing impacts of the COVID-19 pandemic economically and societally are continuing to have an impact on the mental health of Americans, Canadians, Britons and Australians.



In the first half of the month, unprecedented awareness of anti-Black racism emerged. Outrage and protests were sparked by the high-profile death of a Black American, George Floyd, during arrest in Minneapolis, Minnesota. Significant emotion accompanied the greater awareness of anti-Black racism and events prior to and after the George Floyd incident.

The Mental Health Index™

Data from Australia, Canada, the United Kingdom, and the United States shows that the lowest Mental Health Index™ scores in the four regions are in:

- the United Kingdom (-12.4), followed by
- Australia (-12),
- Canada (-10.9), and then
- the United States (-5.8).

While some differences are evident, the Index for each region shows significant decline in mental health from the benchmark data. The greatest mental health improvement since last month is observed in Australia (2.6 points), followed by the United Kingdom (1.4 points), Canada (0.7 points), and the United States (0.5 points).

The lowest Mental Health Index™ scores in the four regions are in the United Kingdom, followed by Australia

Mental Stress Change

Comparing May 2020 to June 2020, there was a significant increase in mental stress in all regions. The increase in mental stress was the greatest in:

- Canada (60.4), followed by
- the United Kingdom (58.6),
- the United States (58.4), and then
- Australia (56.5).

The country with the greatest accumulation of mental stress is Canada (103.3), followed by Australia (94.6), the United States (94.4), and the United Kingdom (93.3). The steepness of the increase has, however, been declining month-over-month. This indicates that over one-quarter of the population is experiencing more mental stress when compared to the prior month, with a small proportion experiencing less.



Mental health impact and Employer support

After months of social distancing, job losses and the threat of contracting COVID-19, emotions are high. The most commonly reported emotions across all regions are calm, followed by worry, and frustration. These three emotions are reported more frequently than all other emotions.

For all regions, there are more respondents reporting negative emotions (i.e. anger, disbelief, frustration, helplessness, and worry), than positive emotions (i.e. calm, happiness, hopefulness, or gratitude); however, in Australia the proportion of those reporting positive emotions is nearing the proportion of those reporting negative emotions.

Individuals feeling more positive emotions (i.e. calm, happiness, hopefulness, or gratitude) have much higher Mental Health Index™ scores than individuals feeling more negative emotions (i.e. anger, disbelief, frustration, helplessness, and worry). A deeper examination of the data shows that the profile (e.g. age, gender, household income) of individuals choosing positive emotions are not remarkably different from individuals reporting negative emotions. This suggests that an individual's personal outlook contributes significantly to how well that individual copes with the strain of the pandemic, and this effect is reflected in the Mental Health Index™ scores.

Generally, individuals are satisfied with the manner in which their employers have handled the pandemic. Across all regions, approximately three-quarters of respondents report that their employers managed the health and safety risks "somewhat well" to "very well". Respondents who reported that their employer managed pandemic risks better have more favourable Mental Health Index™ scores.

Similarly, in all regions, over sixty per cent of respondents report that their employers supported their mental health needs during the pandemic. A trend of better Mental Health Index™ scores for those working for employers that better supported mental health needs was observed. Significantly, individuals who reported that their employers supported their mental health needs "somewhat well" to "very well" had an average Mental Health Index™ score of between 14 and 18 points better than those reporting "somewhat poor" to "very poor" support, depending on the region.

For the third consecutive month, the two key drivers of the Mental Health Index™ are financial risk and isolation



As each region begins to move into the next phase of the pandemic, between forty and fifty per cent of people feel that they have what they need. For those who did not feel they have what they need, the most commonly reported need is clearer guidance on how to prevent spreading/getting the virus in Canada, the United Kingdom, and the United States. In Australia, the most commonly reported need was support to deal with anxiety. Support to deal with anxiety was the second most common need reported in Canada, the United Kingdom, and the United States.

In all regions, approximately three-quarters of the population is moderately to very concerned that there will be a second wave of COVID-19. Australians do appear to be the least concerned about a second wave.

With a mix of social distancing, self-isolation, and the closure of some businesses, the data also shows that there is likely to be a change in spending habits after the pandemic. Between 75 and 80 per cent of respondents are unsure or overtly do not believe they will be returning to their pre-pandemic spending habits. In Australia, the most common reason for not returning to previous spending habits is worry about job/income security; whereas respondents in Canada, the United Kingdom, and the United States report concern about infection risk in stores and service areas being the most common reason they are likely to change their spending habits.

The United States has the highest proportion of individuals who have an emergency fund (79.3 per cent), followed by the United Kingdom, Canada, and then Australia. Lack of emergency saving predicts a lower score on the Mental Health Index™ regardless of income. In each region, these values have changed very little since last month.

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



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™ report has three main parts:

1. The overall Mental Health Index™ (MHI), which is a measure of deviation from the benchmark of mental health and risk.
2. A Mental Stress Change score (MStressChg), 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: 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 online surveys of representative groups of 5,000 residents of the United States, 3,000 residents in Canada, 2,000 residents of the United Kingdom, and 1,000 residents in Australia. All of those surveyed are currently employed or were employed within the prior six months. The same respondents participate each month to control for changes due to different samples. 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 May 2020 was collected from May 29 to June 9, 2020 for all regions.

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Calculations

To create The Mental Health Index™, 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.

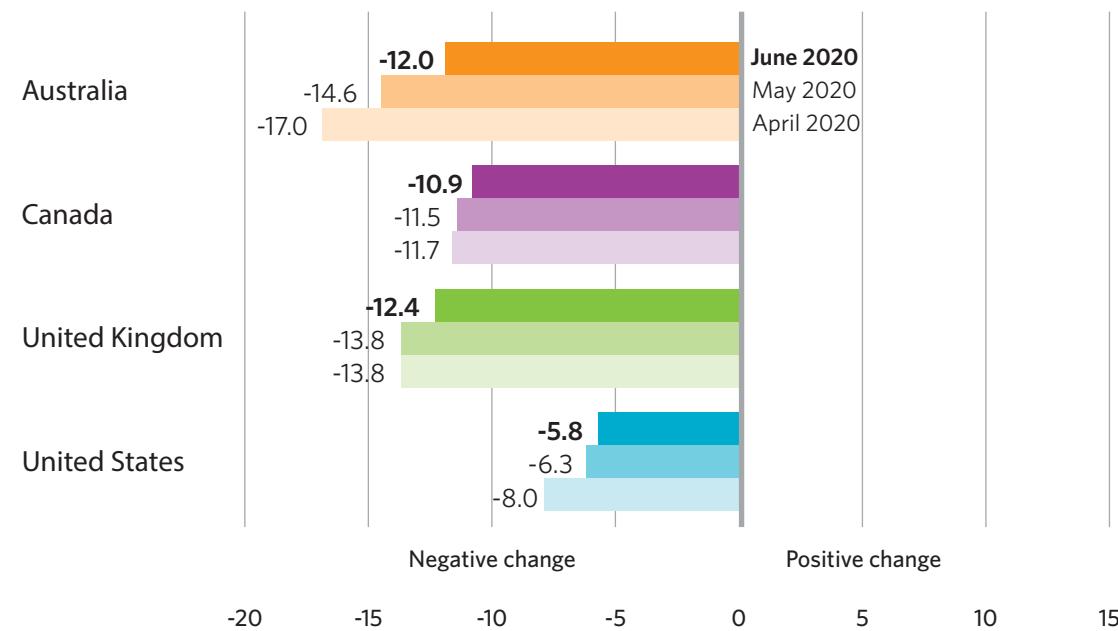
To demonstrate change, the current month's scores are then compared to the benchmark and the prior month. The benchmark is comprised of data from 2017, 2018 and 2019. This was a period of relative social stability and steady economic growth. **The deviation relative to the benchmark is the Mental Health 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™. 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.



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

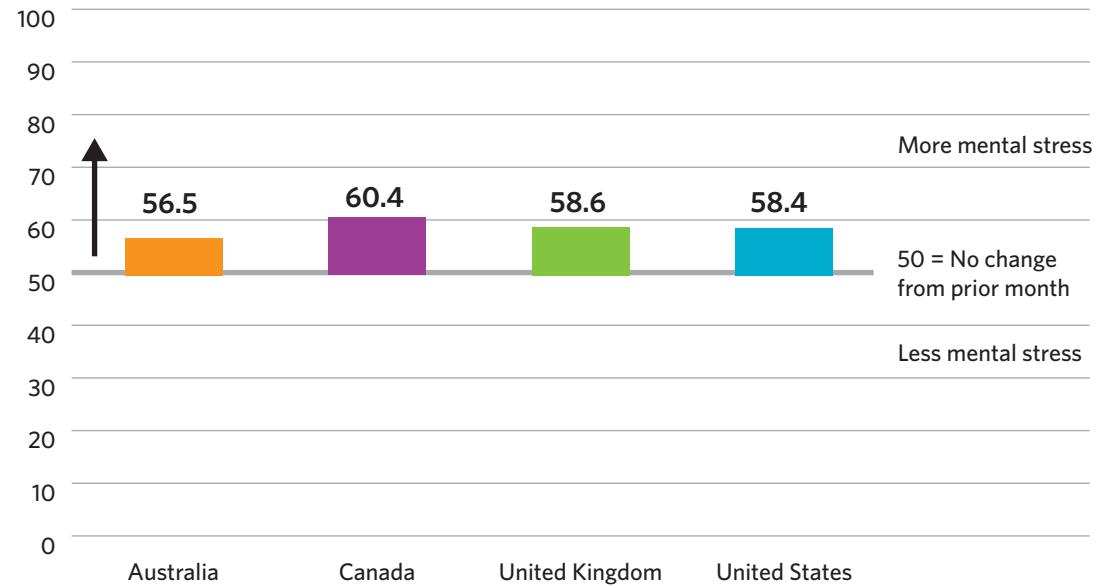
The Mental Health Index™ by region



The Mental Health Index™ is lowest in the United Kingdom, followed by Australia, Canada, and then the United States. While some differences are evident, the Index for each region shows significant decline in mental health from the benchmark data. The greatest mental health improvement since last month is observed in Australia (2.6 points), followed by the United Kingdom (1.4 points), Canada (0.7 points), and the United States (0.5 points).



The Mental Stress Change score by region



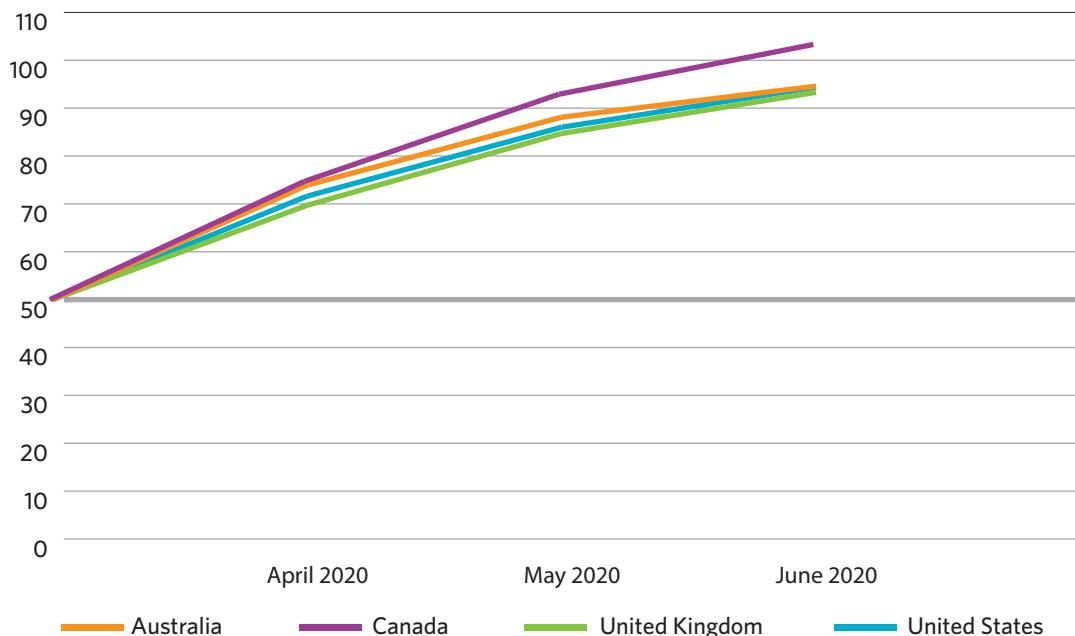
Comparing May 2020 to June 2020, there is a significant increase in mental stress in all regions. The increase is greatest in Canada, followed by the United Kingdom, the United States, and Australia.



Mental Stress Cumulative change

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 country with the greatest accumulation of mental stress is Canada (103.3), followed by Australia (94.6), the United States (94.4), and the United Kingdom (93.3). The steepness of the increase has, however, been declining month-over-month. This indicates that over one-quarter of the population is experiencing more mental stress when compared to the prior month, with a small proportion experiencing less.





Impact of the COVID-19 pandemic on emotional state

After months of social distancing, job losses and the threat of contracting COVID-19, emotions are high. The most commonly reported emotions across all regions are calm, followed by worry, and frustration. These three emotions are reported more frequently than all other emotions.

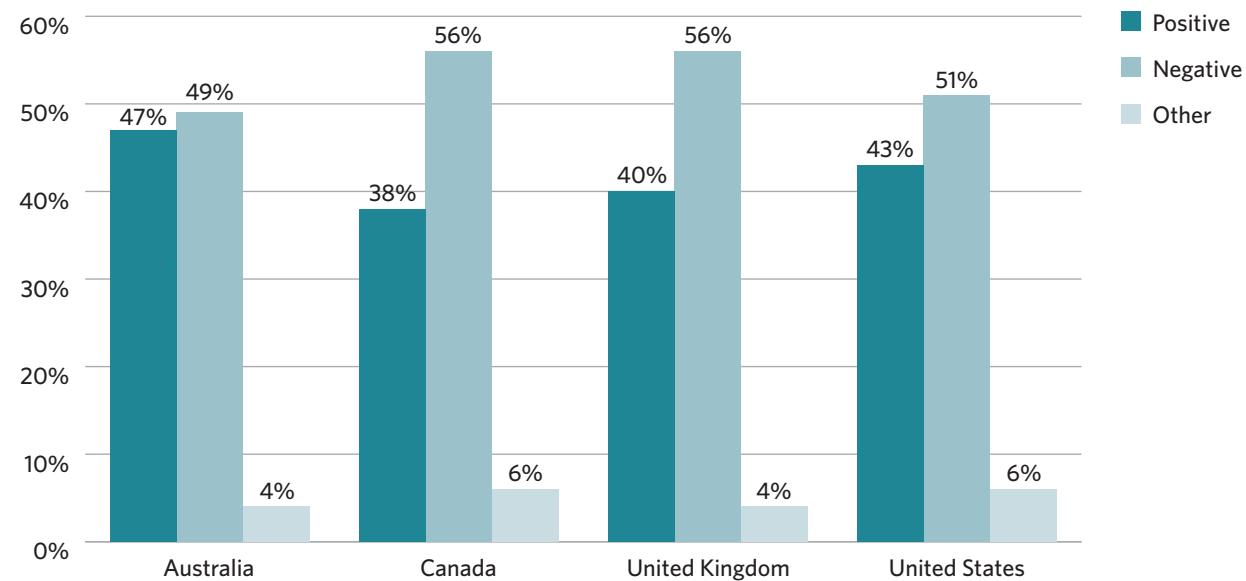
For all regions, there are more respondents reporting negative emotions (i.e. anger, disbelief, frustration, helplessness, and worry), than positive emotions (i.e. calm, happiness, hopefulness, or gratitude); however, in Australia the proportion of those reporting positive emotions is nearing the proportion of those reporting negative emotions.

Emotion	Australia	Canada	United Kingdom	United States
Anger	2%	3%	3%	4%
Disbelief	4%	6%	5%	7%
Frustration	17%	19%	20%	18%
Helplessness	5%	6%	6%	4%
Worry	20%	23%	21%	18%
Calm	25%	19%	24%	21%
Gratitude	8%	7%	5%	9%
Happiness	6%	5%	5%	6%
Hopefulness	9%	7%	6%	7%
Other	4%	6%	4%	6%

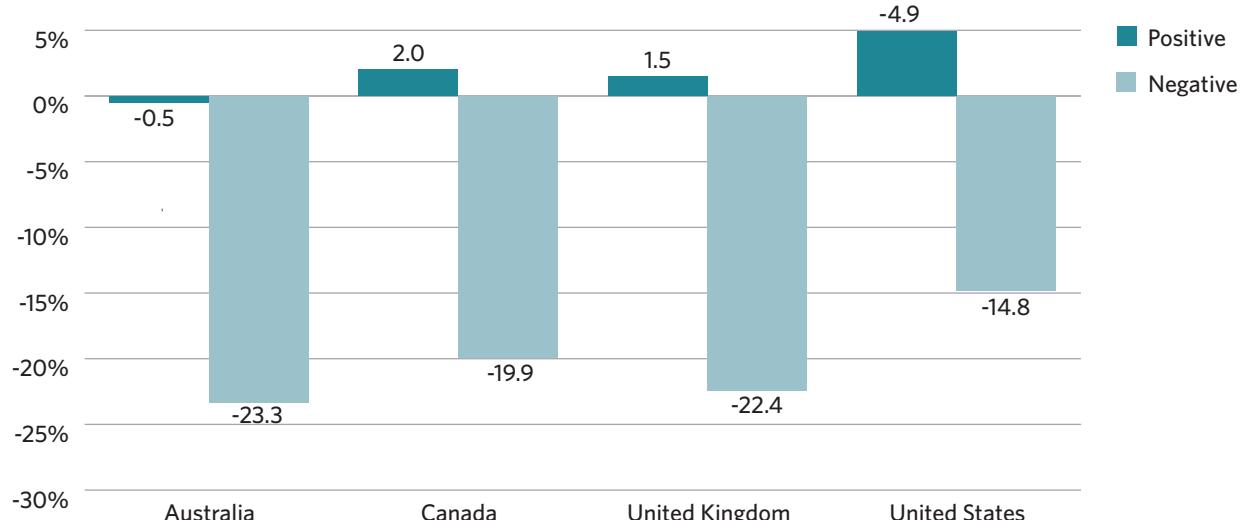


Individuals feeling more positive emotions (i.e. calm, happiness, hopefulness, or gratitude) have much higher Mental Health Index™ scores than individuals feeling more negative emotions (i.e. anger, disbelief, frustration, helplessness, and worry). A deeper examination of the data shows that the profile (e.g. age, gender, household income) of individuals choosing positive emotions are not remarkably different from individuals reporting negative emotions. This suggests that an individual's personal outlook contributes significantly to how well that individual copes with the strain of the pandemic, and this effect is reflected in the Mental Health Index™ scores.

Percentage reporting different emotion types



MHI score by emotion type

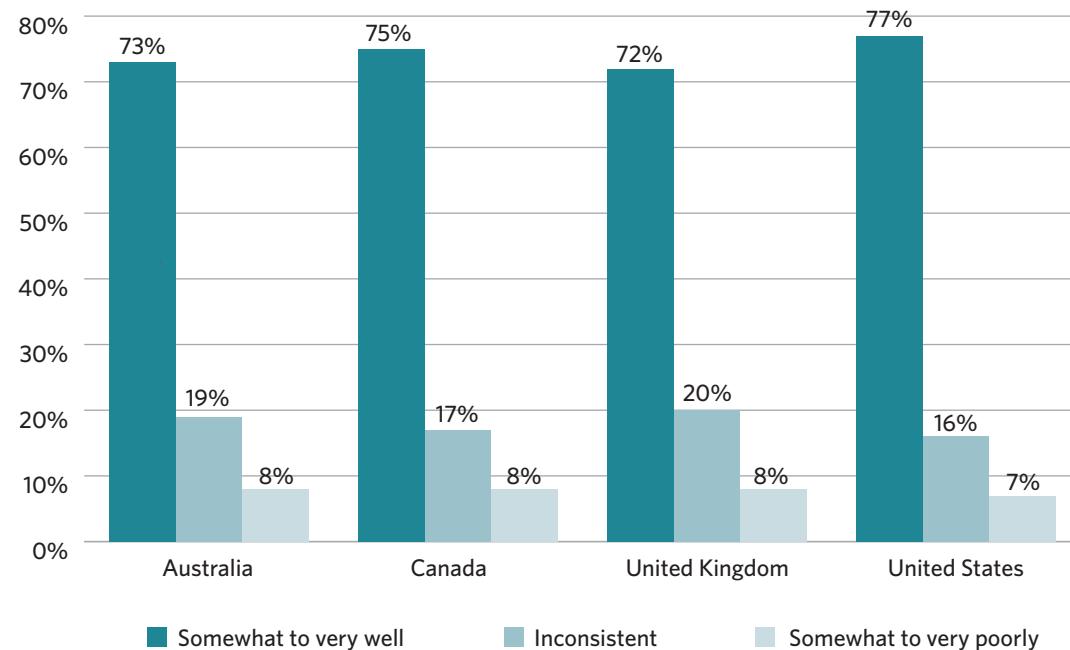




Employer support during the pandemic

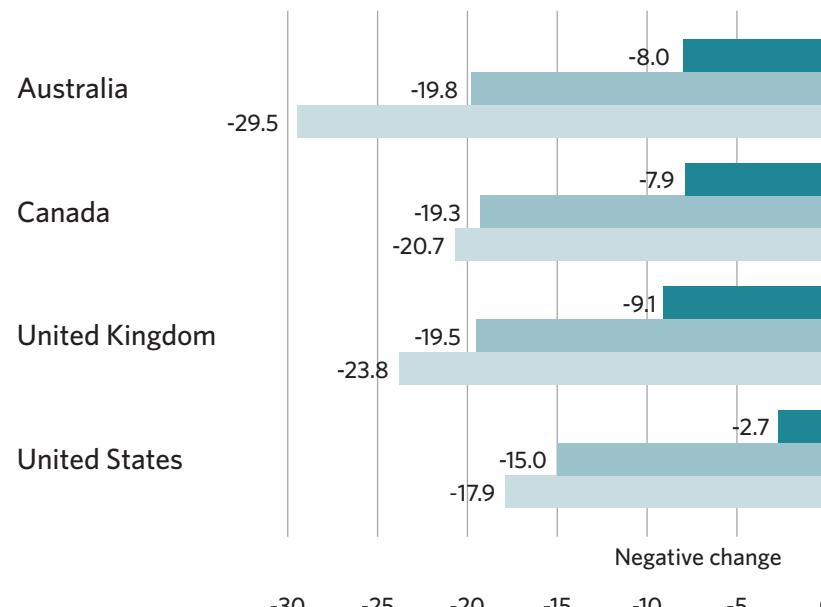
Generally, individuals are satisfied with the manner in which their employers have handled the pandemic. Across all regions, approximately three-quarters of respondents report that their employers managed the health and safety risks “somewhat well” to “very well”. Respondents who reported that their employer managed pandemic risks better had more favourable Mental Health Index™ scores.

How well employers are managing the health and safety risk of the pandemic



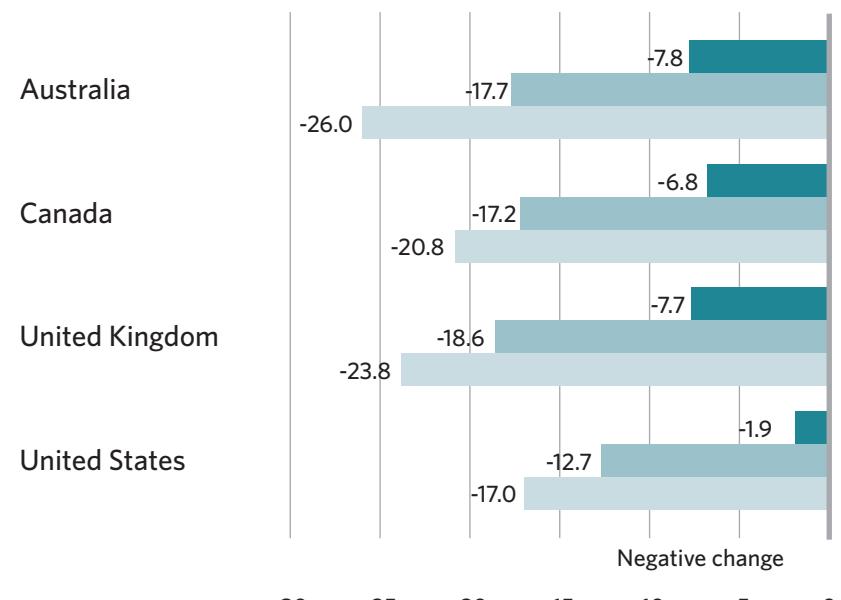


Respondent MHI score based on employer management of the health and safety risk of the pandemic



■ Somewhat to very well ■ Inconsistent ■ Somewhat to very poorly

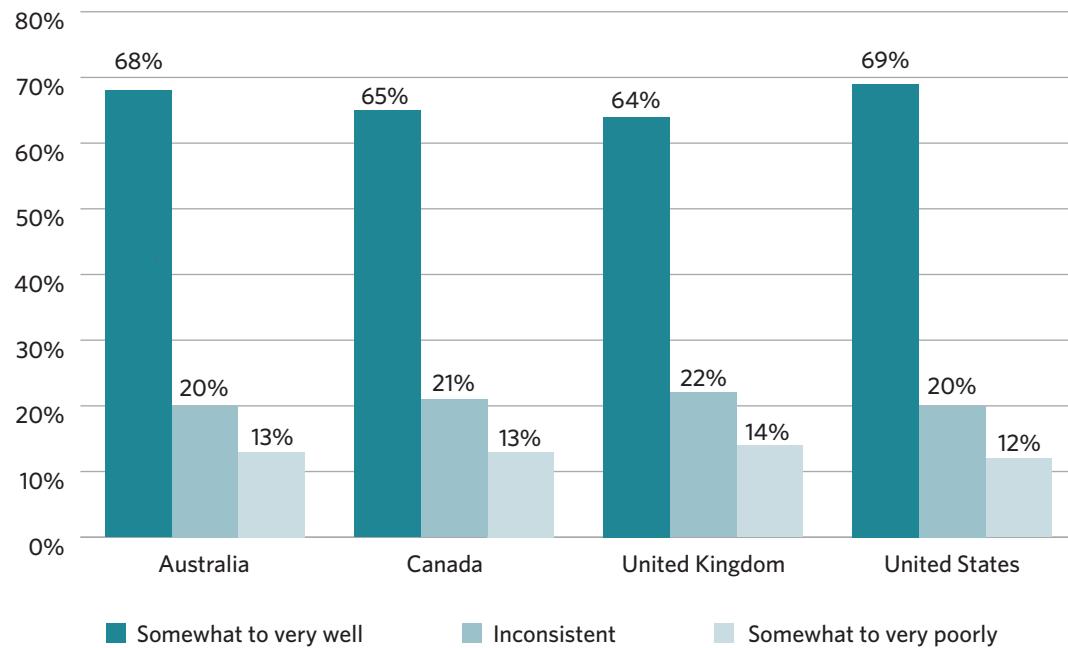
Respondent MHI score based on employer support of employee mental health support



Similarly, in all regions, over sixty per cent of respondents report that their employers supported their mental health needs during the pandemic. A trend of better Mental Health Index™ scores for those working for employers that better supported mental health needs was observed.



How well employers are supporting employee mental health



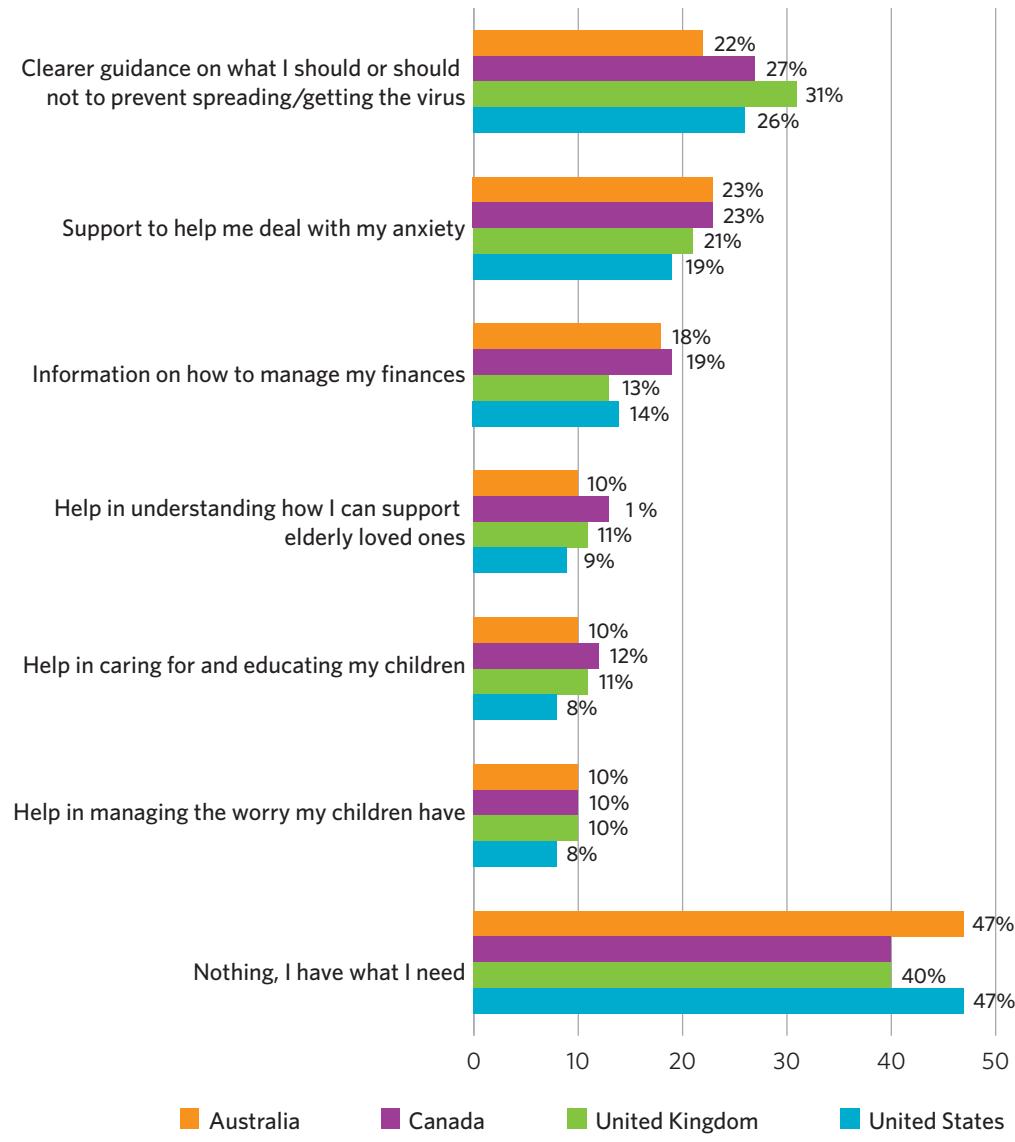
Respondents who reported that their employer managed pandemic risks better have more favourable Mental Health Index™ scores.

Significantly, individuals who reported that their employers supported their mental health needs “somewhat well” to “very well” had an average Mental Health Index™ score of between 14 and 18 points better than those reporting “somewhat poor” to “very poor” support, depending on the country.

Current needs and moving forward after the pandemic

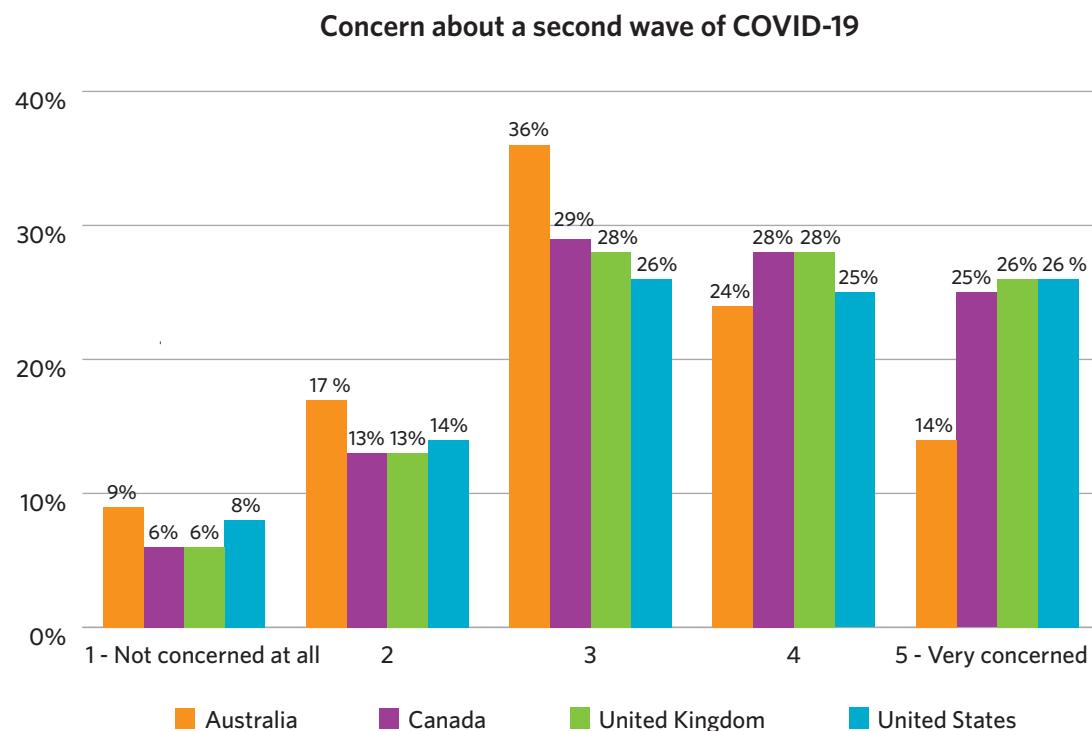
As each region begins to move into the next phase of the pandemic, between forty and fifty per cent of people feel that they have what they need. For those who did not feel they have what they need, the most commonly reported need is clearer guidance on how to prevent spreading/getting the virus in Canada, the United Kingdom, and the United States. In Australia, the most commonly reported need was support to deal with anxiety. Support to deal with anxiety was the second most common need reported in Canada, the United Kingdom, and the United States.

What respondents feel they need as a result of the pandemic?





What do you feel you need right now as a result of the pandemic?	Australia	Canada	United Kingdom	United States
Information on how to manage my finances	18%	19%	13%	14%
Support to help me deal with my anxiety	23%	23%	21%	19%
Clearer guidance on what I should or should not do to prevent spreading/getting the virus	22%	27%	31%	26%
Help in managing the worry my children have	10%	10%	10%	8%
Help in caring for and educating my children	10%	12%	11%	8%
Help in understanding how I can support elderly loved ones	10%	13%	11%	9%
Nothing, I have what I need	47%	40%	40%	47%



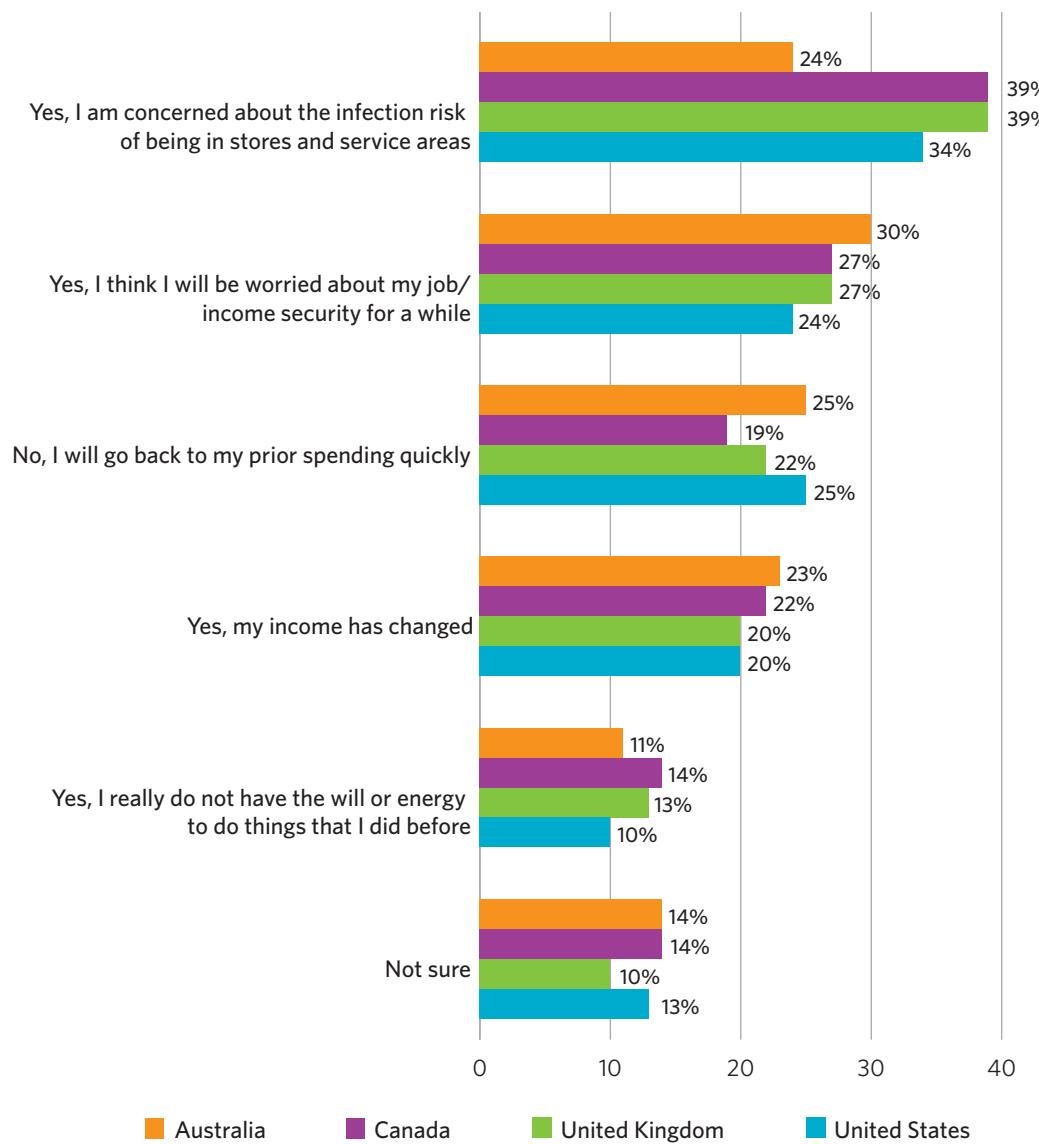
In all regions, approximately three-quarters of the population is moderately to very concerned that there will be a second wave of COVID-19



With a mix of social distancing, self-isolation, and the closure of some businesses, the data also shows that there is likely to be a change in spending habits after the pandemic.

Between 75 and 80 per cent of respondents are unsure or overtly do not believe they will be returning to their pre-pandemic spending habits. In Australia, the most common reason for not returning to previous spending habits is worry about job/income security; whereas respondents in Canada, the United Kingdom, and the United States report concern about infection risk in stores and service areas being the most common reason they are likely to change their spending habits.

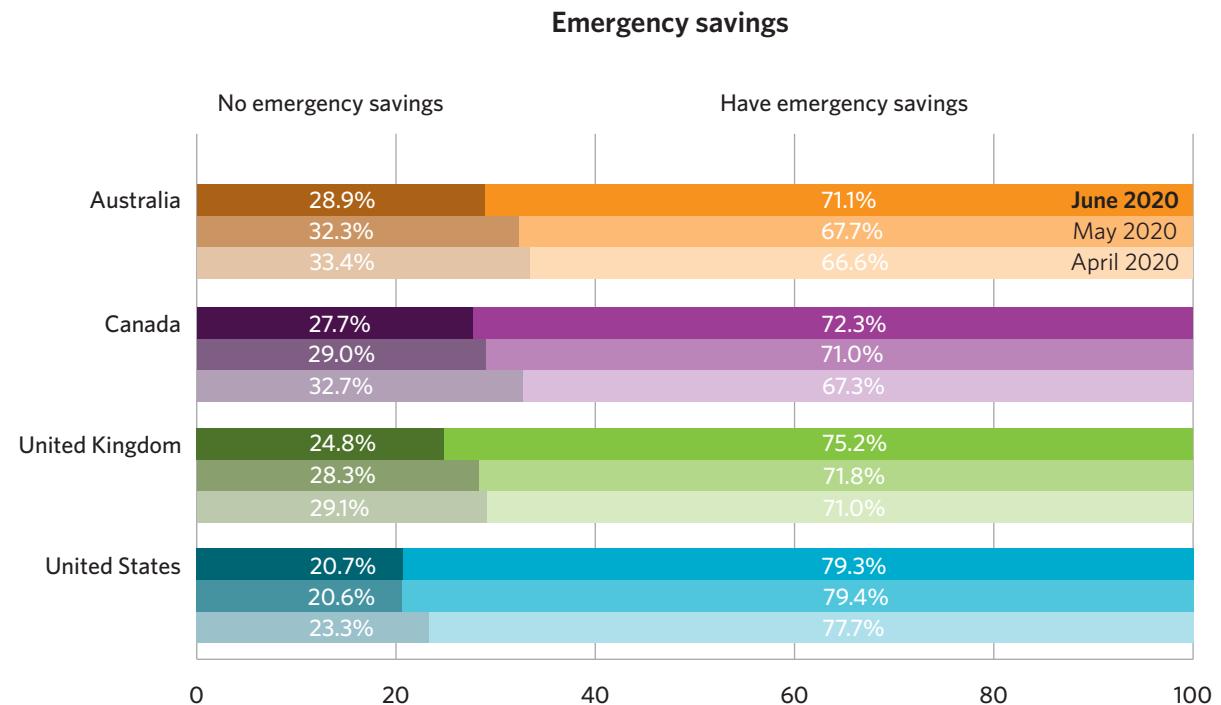
Are there barriers to respondents returning to pre-pandemic spending habits?





Barriers to returning to pre-pandemic spending	Australia	Canada	United Kingdom	United States
Change in income	23%	22%	20%	20%
Worry about job/income security for the next while	30%	27%	27%	24%
Concern about the infection risk of being in stores and service areas	24%	39%	39%	34%
Lack of will or energy to do things done prior to the pandemic	11%	14%	13%	10%
Will return to prior spending quickly	25%	19%	22%	25%
Not sure	14%	14%	10%	13%

The United States has the highest proportion of individuals who have an emergency fund (79.3 per cent), followed by the United Kingdom, Canada, and then Australia. Lack of emergency saving predicts a lower score on the Mental Health Index™ regardless of income. In each region, these values have changed very little since last month.



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