

The Mental Health Index™ report

Australia, September 2020

Mental health after
six months of the
COVID-19 pandemic



LifeWorks
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September highlights

The mental health of Australians continues to be significantly more strained than prior to the pandemic. An uneven pattern is emerging with modest increases from April to June 2020, declines in July and August and a one-point increase in September. **The level of mental health in September remains concerning as it indicates that the working population is currently as distressed as the most distressed one per cent of working Australians, prior to 2020.**

Regional differences are evident in the pattern of change to date. From July to August, mental health scores decreased in all regions however, the most notable was Victoria's mental health score decrease by 5 points, as cases of COVID-19 increased. All regions have subsequently improved in September.

Individuals who recently returned to the jobsite had a lower mental health score (-13.2) than those who either remained at the worksite (-10.9) or had always been and continue to work from home (-12.8).

In conflict with the current increased need to manage general physical health to minimize the impact of the virus, and rising mental health needs, **almost one-third (29 per cent) of individuals indicate that the pandemic has made them less likely to participate in healthcare for physical needs** than before the pandemic. Over one-quarter (26 per cent) indicate that they are less willing to participate in care for mental health needs than before the pandemic.

The pandemic is impacting work with 38 per cent of respondents indicating that they find it more difficult to concentrate on work than before the pandemic; 41 per cent indicating that they feel more mentally and/or physically exhausted at the end of the work day; 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, is related to finances (46 per cent). This is followed by the fear of getting ill with COVID-19 (29 per cent). **Individuals that indicate loneliness as the primary concern (6 per cent) have the lowest mental health score (-27.2)**, followed by 5 per cent who fear dying from COVID-19 (-17.4), and 7 per cent who indicate work strain/overwork as a result of the pandemic (-15.7).

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

Australians have been increasing their emergency savings since the start of the pandemic.

September marks the continued trend as reflected in an increase in the financial risk sub-score.

The financial risk score moved from a low of -3.9 in April, to -2.9 in May, 0.4 in June, and 0.0 in July to 0.1 in August, to 1.5 in September 2020.

Twenty-six per cent indicate either reduced salary or reduced hours since the pandemic.

In September, individuals reporting reduced salary when compared to the prior month have the lowest mental health score (-24.7), followed by individuals not currently employed (-23.3), and individuals reporting fewer hours when compared to the prior month (-20.1). Those who maintained full salary and hours are doing the best (-8.8).

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 (-9.0) when compared to those without (-24.2), with the latter faring significantly worse.**

Since April 2020, 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 (-15.4) when compared to those without children (-12.5).

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.

In April 2020, 52 per cent of Australians indicate more mental stress than the month before and only 4 per cent indicate less. 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 as a whole.**



Considerations for Employers

Employers have a strong role in supporting the mental health of employees, in particular during times of disruption. We have seen that employees who indicate that their employer supports mental health well, have better mental health scores than those who indicate that their employer supports mental health poorly or inconsistently. We have also seen that employees are seeking both practical information on how to prevent the spread of the virus and support to deal with anxiety (June 2020 Mental Health Index™ Report).

Further, we know that finances and isolation are the strongest drivers of mental health and that some groups of employees have been affected more significantly than others.

As organizations focus on managing through the pandemic, addressing the potential for additional waves of COVID-19 and building resilience into their businesses to address social and economic disruption, ten key actions should be considered.

1. Communicate about mental health frequently and recognize that the pandemic has increased the level of mental health risk for all people. This helps remove stigma and builds awareness that each individual needs to be active in managing their mental health and supporting others.
2. Train or educate managers on the need for increased recognition during difficult times; the need for reasonable flexibility with respect to how work is done; and how to recognize and respond to signs of burnout.
3. Promote mental health resources such as Employee Assistance Programs, and in particular the digital resources within such programs to ensure no barriers to care, even with the continued concerns regarding contracting the virus when seeking care.
4. Consider internet-based Cognitive Behaviour Therapy, which helps build the skills necessary for challenging times when anxiety is high.
5. Provide resources that support financial well-being and, in particular, emergency savings, given its strong impact on mental health.
6. Survey employees to determine the unique needs and challenges of your people, including isolation, and to measure whether your efforts to support them are having an impact.
7. Pay particular attention to those who have recently transitioned back to the worksite, given concerns about health, and personal re-adjustment.



8. Focus additional attention on groups that are most at risk, including parents, younger employees, lower income employees, non-White employees and those who identify as female or other. Listening sessions and targeted education sessions provide practical value and show empathy.
9. Recognize that certain necessary employment changes may have increased the mental strain on employees, in particular, reduction in hours or salary. Individuals who have had their salary or hours reduced have a level of uncertainty and would benefit from additional attention to ensure that they remain connected, informed, and valued through this time.
10. Ensure that your organization is consistent in your efforts to support mental health among employees as inconsistent action erodes the benefits you may have realized prior to or early on in the pandemic.

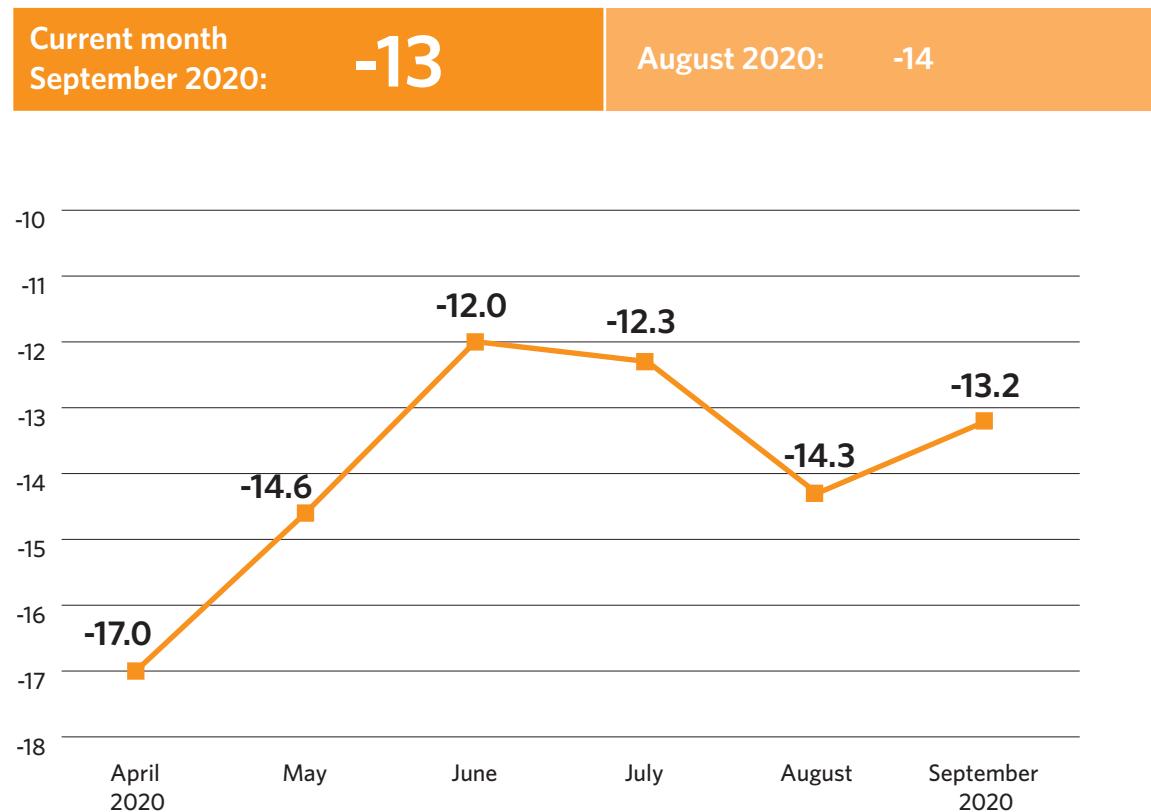
The methodology and calculations for the Mental Health Index™ and the Mental Stress Change Score are on pages 26 and 27.



The Mental Health Index™

The Mental Health Index™ (MHI) is a measure of deviation from the benchmark¹ of mental health and risk. **The overall Mental Health Index™ for September 2020 is -13 points.**

A 13-point decrease from the pre COVID-19 benchmark reflects a population whose mental health is similar to the most distressed one per cent of the benchmark population.



September marks the sixth consecutive month where the Mental Health Index™ reflects strained mental health in the Australian population.

¹ 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 depression (-15.8), followed by anxiety (-15.1), work productivity (-15.0), optimism (-14.6), and isolation (-12.3). The risk measure with the best mental health score is financial (1.5), followed by general psychological health (-5.1).

MHI sub-scores ²	September	August
Depression	-15.8	-16.2
Anxiety	-15.1	-15.7
Work productivity	-15.0	-14.3
Optimism	-14.6	-17.0
Isolation	-12.3	-13.3
Psychological health	-5.1	-6.2
Financial risk	1.5	0.1

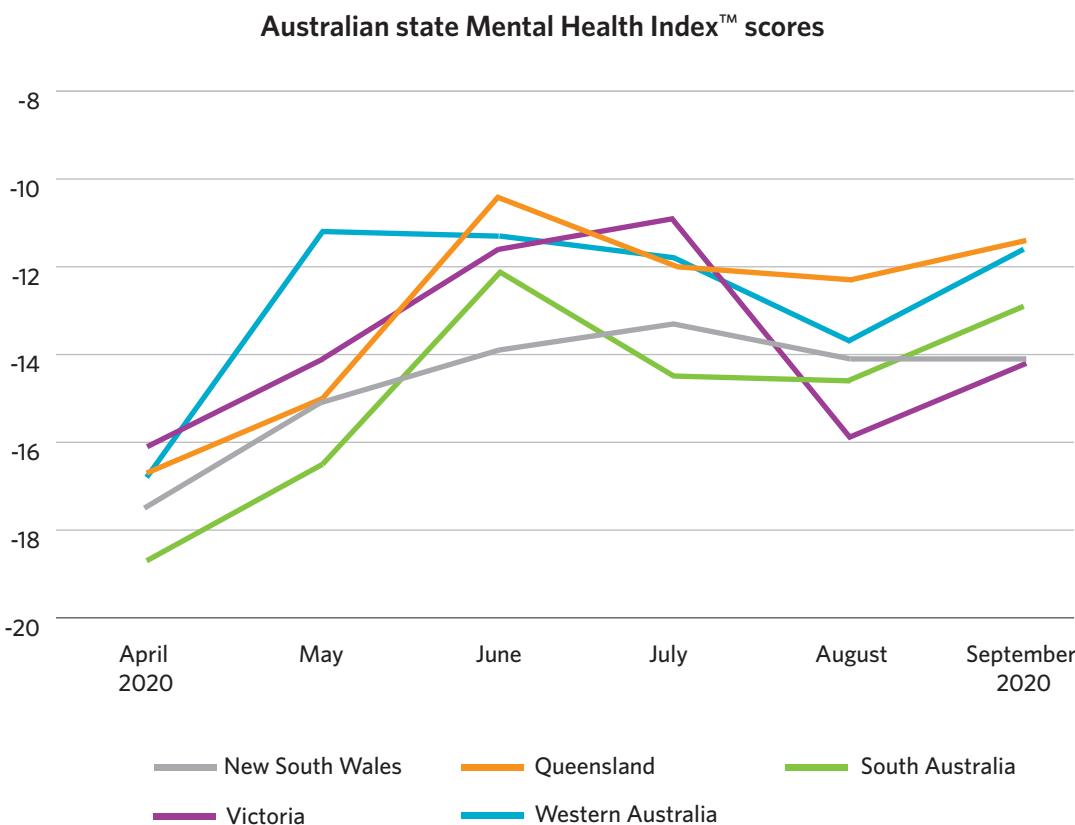
- All but the work productivity risk score improved when compared to the prior month.
- The most improved risk measure is optimism with a 2.4 point improvement between August and September.
- The financial score continues to be the strongest score and is above the pre-2020 benchmark at 1.5 points.

² The demographic breakdown of sub-scores are available upon request.



The Mental Health Index™ (regional)

State mental health scores since April have shown general improvement until July; however, several regions showed declines from July to August highlighted by a 5-point mental health decline in Victoria as the state reinstated lockdown restrictions. In September, Queensland, South Australia, Victoria, and Western Australia are seeing improvements in mental health, while New South Wales maintained the same score in both August and September.





Demographics

- For six consecutive months, females (-15.1) have a lower mental health score than males (-10.9); and, mental health scores increase with age.
- Respondents identifying as South Asian have the lowest mental health score (-17.8), followed by those identifying as South East Asian (-14.8).
- Individuals identifying as East Asian have the highest mental health score (-12.5), followed by respondents identifying as White (-12.7).
- The variance in the mental health score between those with and without children has been observed since April, and results in September continue this trend with a lower score for those with at least one child (-15.4) when compared to those without children (-12.5).

Employment

- Overall, 8 per cent of respondents are unemployed. While most individuals remain employed, 26 per cent report reduced hours or reduced salary since April 2020.
- Individuals reporting reduced salary when compared to the prior month have the lowest mental health score (-24.7), followed by those not currently employed (-23.3), and individuals reporting fewer hours when compared to the prior month (-20.1).
- Individuals who report working in an organization with more than 10,000 employees have the highest mental health score (-10.0), followed by individuals identifying as self-employed/sole proprietor (-10.3).
- Respondents who report working for companies with 51-100 employees have the lowest mental health score (-16.5).

Emergency savings

- Individuals without emergency savings continue to experience a lower score in mental health (-24.2) than the overall group. Those reporting an emergency fund have an average mental health score of -9.0.



Employment status	September	August
Employed (no change in hours/salary)	-8.8	-10.4
Employed (fewer hours compared to last month)	-20.1	-19.2
Employed (reduced salary compared to last month)	-24.7	-28.0
Not currently employed	-23.3	-21.7
Age group	September	August
Age 20-29	-20.3	-20.4
Age 30-39	-16.6	-20.1
Age 40-49	-12.8	-13.1
Age 50-59	-10.5	-11.3
Age 60-69	-6.1	-5.7
Number of children	September	August
No children in household	-12.5	-13.0
1 child	-15.4	-17.0
2 children	-13.8	-16.5
3 children or more	-10.9	-12.4

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

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

Available upon request:

Specific cross-correlational and custom analyses

Region	September	August
New South Wales	-14.1	-14.1
Victoria	-14.2	-15.9
Queensland	-11.4	-12.3
South Australia	-12.9	-14.6
Western Australia	-11.6	-13.7
Gender	September	August
Male	-10.9	-11.6
Female	-15.1	-16.6
Income	September	August
Household income		
<\$30K/annum	-25.8	-27.0
\$30K to <\$60K/annum	-16.6	-18.6
\$60K to <\$100K	-15.0	-15.6
\$100K to <\$150K	-11.0	-11.5
\$150K or more	-5.1	-6.6

Racial identification	September	August
East Asian	-12.5	-13.4
South Asian	-17.8	-27.0
South East Asian	-14.8	-13.3
White	-12.7	-13.3
Other*	-15.0	-17.8

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

Employer size	September	August
Self-employed/sole proprietor	-10.3	-13.5
2-50 employees	-11.7	-13.7
51-100 employees	-16.5	-19.4
101-500 employees	-14.1	-14.3
501-1,000 employees	-14.4	-14.8
1,001-5,000 employees	-11.2	-8.8
5,001-10,000 employees	-11.0	-14.1
More than 10,000 employees	-10.0	-10.9



The Mental Health Index™ (industry)

Individuals employed in Food Services (-17) have the lowest mental health score, followed by respondents employed in Educational Services (-16.8), and Other services (except Public Administration) (-16.5).

The highest mental health scores this month are observed among individuals employed in Finance and Insurance (-6.8), Public Administration (-6.9), and Administrative and Support services (-9.8).

Individuals employed in Public Administration, Administrative and Support Services, and Retail Trade have seen the greatest improvement in mental health since last month.

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

Industry	September 2020	August 2020	Improvement
Public Administration	-6.9	-12.8	5.9
Administrative and Support services	-9.8	-15.3	5.5
Retail Trade	-15.1	-18.7	3.6
Finance and Insurance	-6.8	-9.6	2.7
Food Services	-17.0	-19.1	2.1
Manufacturing	-10.3	-12.4	2.0
Professional, Scientific and Technical Services	-13.1	-14.6	1.5
Other	-12.2	-13.1	0.9
Wholesale Trade	-11.8	-11.0	-0.7
Educational Services	-16.8	-15.8	-1.0
Health Care and Social Assistance	-14.0	-12.1	-1.9
Construction	-16.2	-13.8	-2.4
Transportation and Warehousing	-12.9	-9.8	-3.1
Other services (except Public Administration)	-16.5	-11.9	-4.6

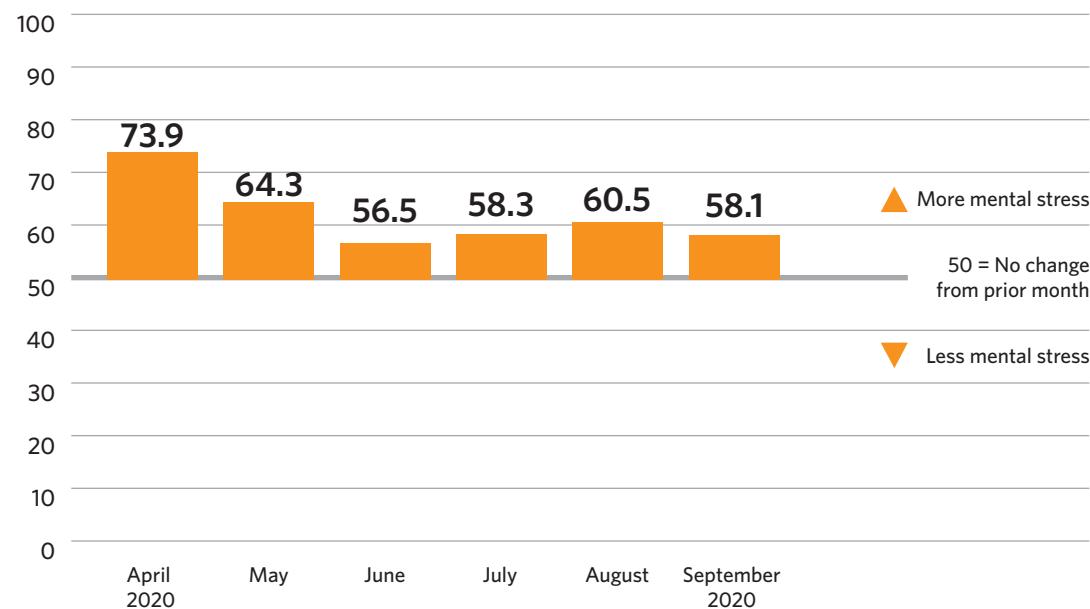


The Mental Stress Change score

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 September 2020 is 58.1.** This reflects an increase in mental stress compared to the prior month. The steepness of the increase has, however, been declining month-over-month.

The current score indicates that 25 per cent of the population is experiencing more mental stress when compared to the prior month, with 9 per cent experiencing less. A continued increase in mental stress over the last six months indicates a significant accumulation of strain in the population.

Current month September 2020:	58.1	August 2020: 60.5
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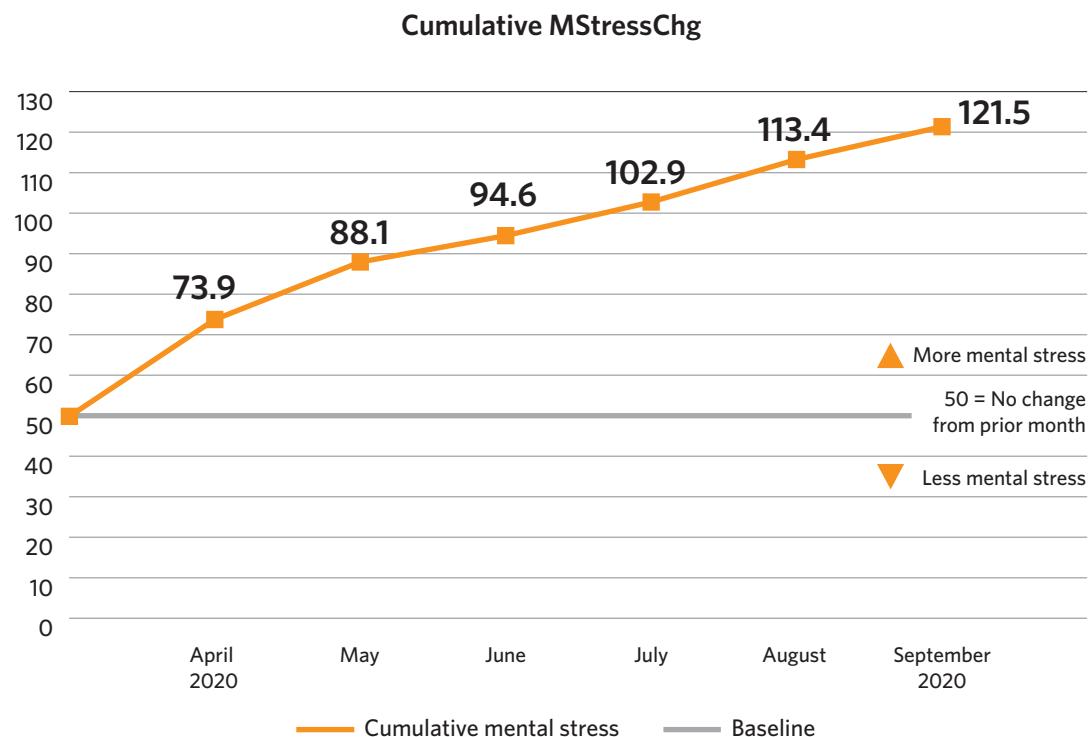


Mental Stress Change (cumulative)

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

The graph below tracks the increases and decreases to account for the cumulative effect on mental stress.

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



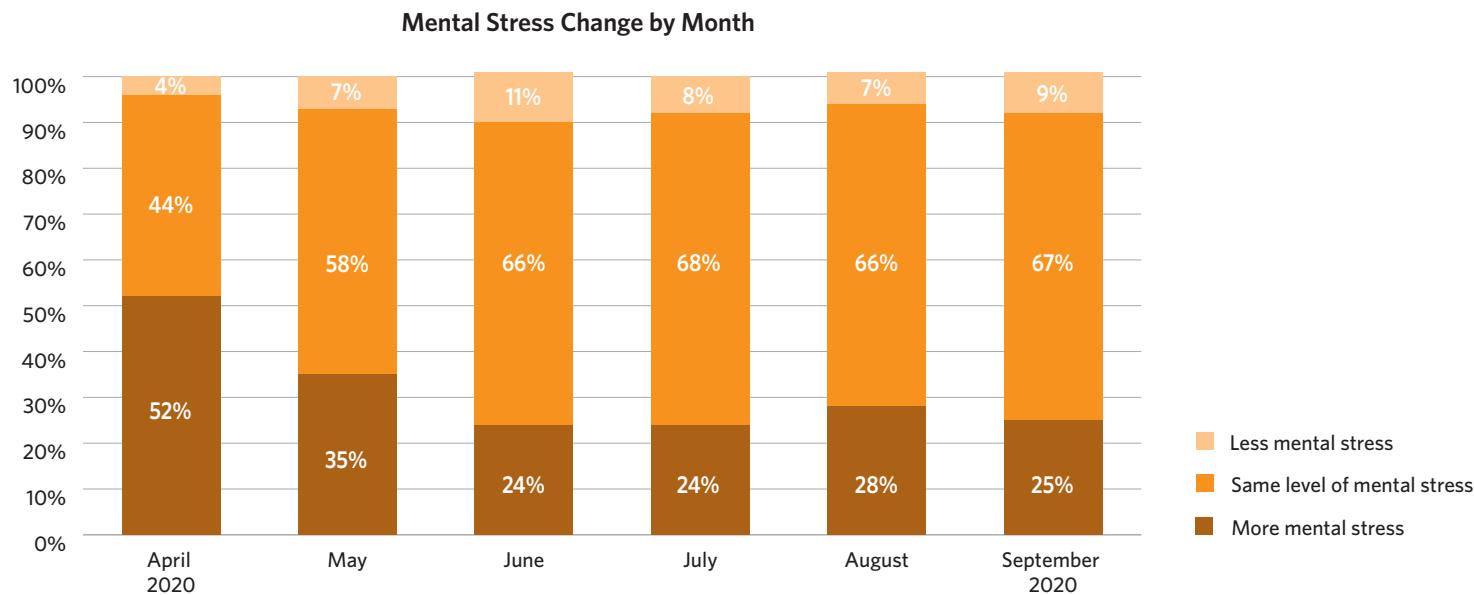


Mental Stress Change (percentages)

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

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

In April, 52 per cent of individuals reported an increase in mental stress. While those reporting increased month-over-month mental stress has decreased to 25 per cent in September 2020, 67 per cent of respondents report the same level of mental stress and only 9 per cent report a decrease in mental stress.





Demographics

- As was reported in prior months, and as evidenced again in September, younger respondents are experiencing a greater increase in mental stress when compared to older respondents.
- Since April 2020, females have larger increases in mental stress when compared with males.
- Respondents identifying as South Asian have the most favourable mental stress change scores (55.3), followed by those identifying as South East Asian (56.4).
- Individuals identifying as East Asian have the least favourable mental stress change scores (61.1), followed by respondents identifying as White (58.1).

Geography

- Considering geography, the greatest increase in stress month-over-month is for respondents living in Victoria (63.8), followed by New South Wales (57.5), and South Australia (56.7).
- Respondents living in the states where the increase in mental stress is less, still had increases in mental stress. They include Western Australia (53.6) and Queensland (53.6).

Employment

- The greatest increase in mental stress is seen in employed people with reduced hours (64.9), followed by employed people with reduced salary (63.8) when compared to unemployed people (57.9) and employed people with no change to salary or hours (55.5).



Employment status	September	August
Employed (no change in hours/salary)	55.5	57.0
Employed (fewer hours compared to last month)	64.9	66.2
Employed (reduced salary compared to last month)	63.8	72.4
Not currently employed	57.9	63.2

Age group	September	August
Age 20-29	56.2	62.9
Age 30-39	60.3	64.1
Age 40-49	60.0	59.5
Age 50-59	56.7	59.6
Age 60-69	56.1	55.1

Number of children	September	August
No children in household	56.0	59.0
1 child	63.8	64.2
2 children	60.2	63.0
3 children or more	57.7	54.8

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:

Specific cross-correlational and custom analyses

Region	September	August
New South Wales	57.5	58.8
Victoria	63.8	66.5
Queensland	53.6	56.0
South Australia	56.7	57.5
Western Australia	53.6	61.1

Gender	September	August
Male	55.6	59.5
Female	60.1	61.3

Income	September	August
Household income		
<\$30K/annum	62.0	62.5
\$30K to <\$60K/annum	58.1	65.2
\$60K to <\$100K	58.5	59.7
\$100K to <\$150K	58.1	60.2
\$150K or more	56.5	55.7

Racial identification	September	August
East Asian	61.1	60.0
South Asian	55.3	66.7
South East Asian	56.4	57.3
White	58.1	60.4
Other*	59.5	59.6

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

Employer size	September	August
Self-employed/sole proprietor	53.4	61.4
2-50 employees	55.0	58.6
51-100 employees	63.4	67.7
101-500 employees	57.1	58.0
501-1,000 employees	67.3	60.6
1,001-5,000 employees	57.7	60.8
5,001-10,000 employees	63.0	60.8
More than 10,000 employees	55.7	57.4



The Mental Stress Change (industry)

Mental Stress Change scores for Wholesale Trade, Food Services, and Administrative and Support services are less steep when compared to the prior month.

Individuals working in Transportation and Warehousing, Educational Services, and Health Care and Social Assistance have the most significant increase in Mental Stress.

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

Industry	September 2020	August 2020
Wholesale Trade	52.4	59.8
Food Services	52.7	61.6
Administrative and Support services	53.5	61.5
Other	53.6	57.6
Manufacturing	54.5	54.2
Finance and Insurance	55.2	58.7
Public Administration	55.4	59.3
Retail Trade	57.6	59.5
Other services (except Public Administration)	58.1	59.2
Construction	58.9	59.6
Professional, Scientific and Technical Services	61.3	63.3
Health Care and Social Assistance	62.5	60.4
Educational Services	62.6	62.1
Transportation and Warehousing	67.6	61.3



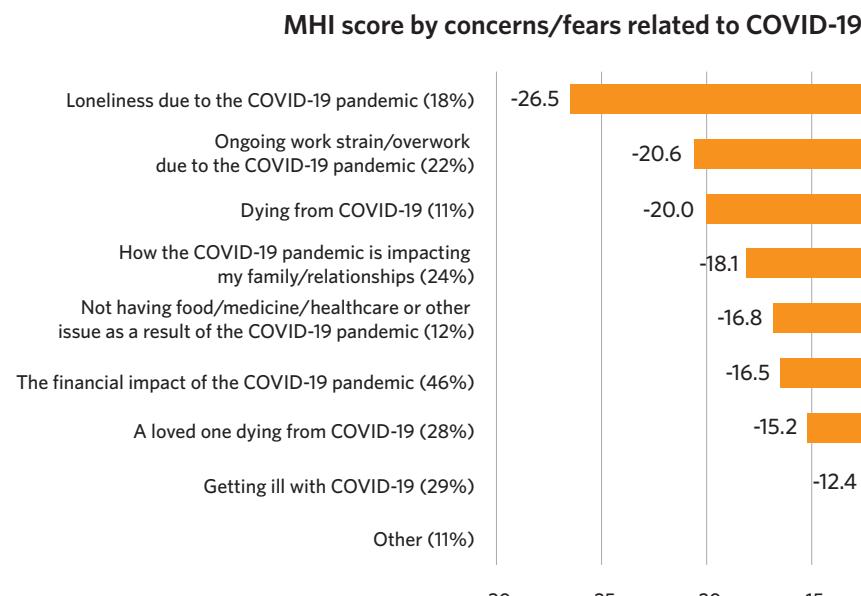
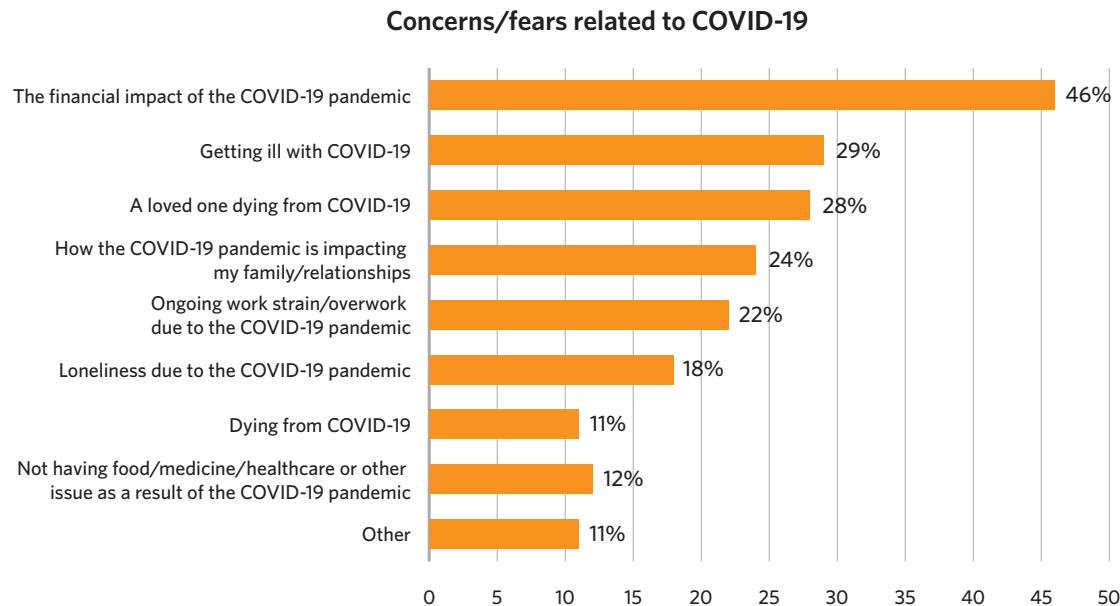
Spotlight

Concerns during the ongoing COVID-19 pandemic

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

- The most prevalent concern, and the top concern impacting mental health, is related to finances (46 per cent). This is followed by the fear of getting ill with COVID-19 (29 per cent), and fear of a loved one dying from COVID-19 (28 per cent).
- The most common concerns in September are consistent with the most common concerns from April and May.

The lowest average mental health score is observed among the group of respondents noting loneliness due to the COVID-19 pandemic (-26.5), followed by ongoing work strain/overwork due to the COVID-19 pandemic (-20.6), and fear of dying from COVID-19 (-20.0).

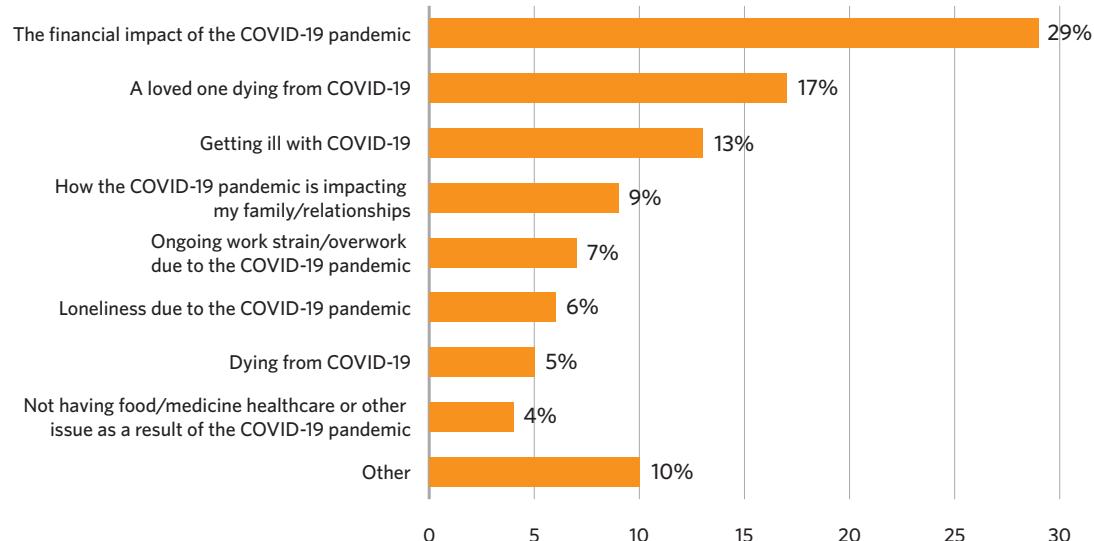




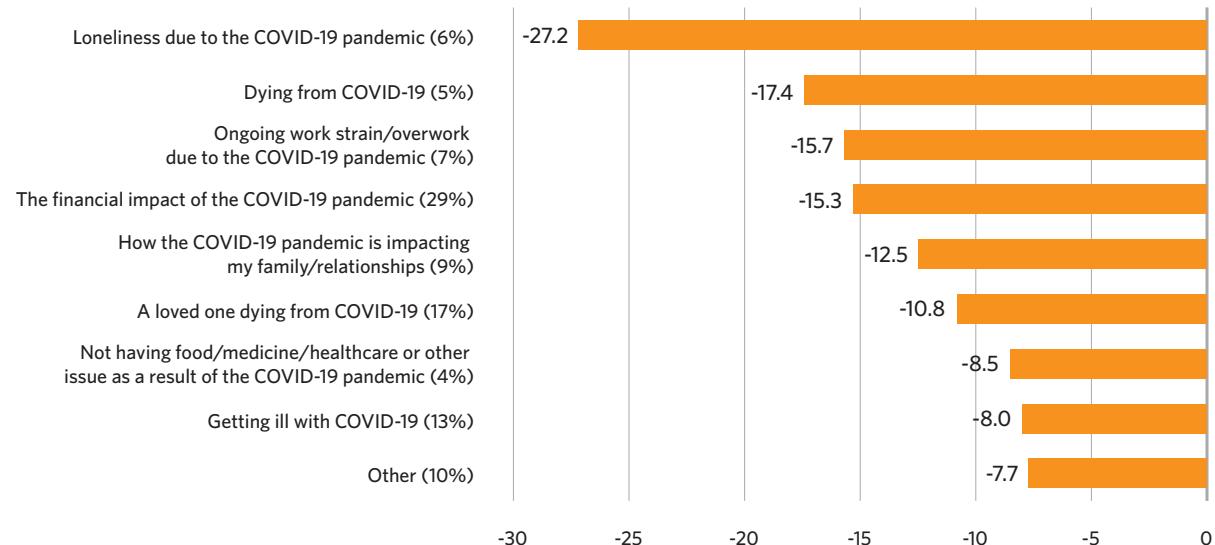
Among the concerns selected, respondents were asked to identify their greatest fear. Similar to the results above, the greatest fear most commonly reported is the financial impact of the COVID-19 pandemic (29 per cent), followed by a loved one dying from COVID-19 (17 per cent), and getting ill with COVID-19 (13 per cent).

The lowest average mental health score is observed among those noting that their greatest fear or concern is loneliness due to the COVID-19 pandemic (-27.2), followed by fear of dying from COVID-19 (-17.4), and ongoing work strain/overwork due to the COVID-19 pandemic (-15.7).

Greatest concern/fear related to COVID-19



MHI score by greatest concern/fear related to COVID-19



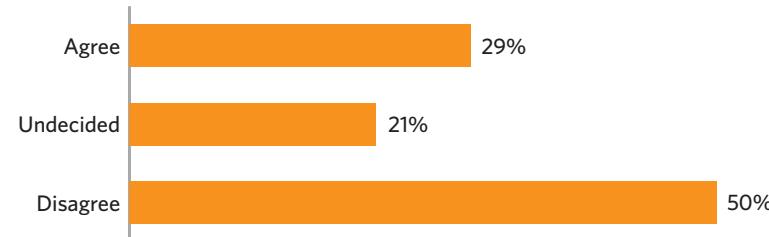


Accessing physical healthcare during the COVID-19 pandemic

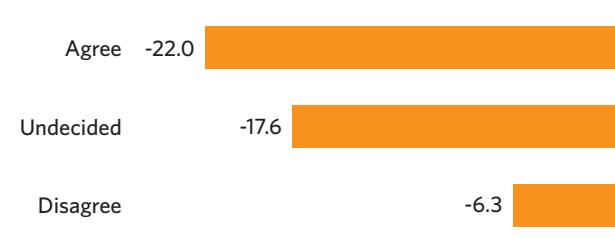
With the continuing threat of COVID-19, many people have been reluctant to engage in their usual routines. Individuals were asked whether COVID-19 has made them less willing to participate in healthcare for physical health issues.

- Twenty-nine per cent of individuals agree that COVID-19 has made them less willing to participate in physical health medical care and these individuals had an average mental health score of -22.0.
- Twenty-one per cent of individuals are undecided and have an average mental health score of -17.6.
- Individuals that are still willing to participate in physical health medical care comprise 50 per cent of the respondents and have an average mental health score of -6.3.

Agreement that COVID-19 has made people less willing to participate in physical healthcare



MHI score by agreement that COVID-19 has made people less willing to participate in physical healthcare

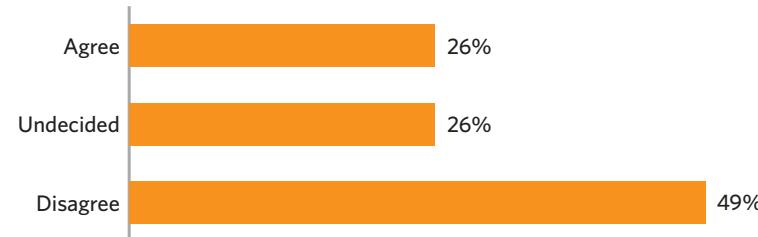




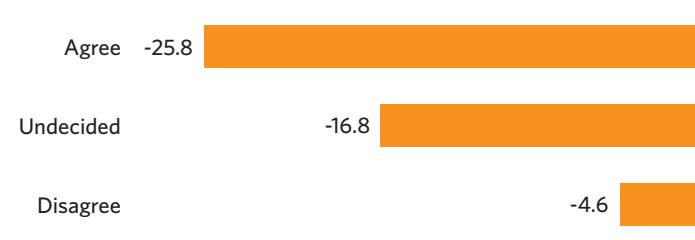
Accessing mental healthcare during the COVID-19 pandemic

- Overall, 26 per cent of individuals agree that COVID-19 made them less willing to participate in mental healthcare and these individuals have an average mental health score of -25.8.
- Twenty-six per cent of individuals are undecided and have an average mental health score of -16.8.
- Forty-nine per cent are willing to participate in mental healthcare, and those individuals have an average mental health score of -4.6.

Agreement that COVID-19 has made people less willing to participate in mental healthcare



MHI score by agreement that COVID-19 has made people less willing to participate in mental healthcare



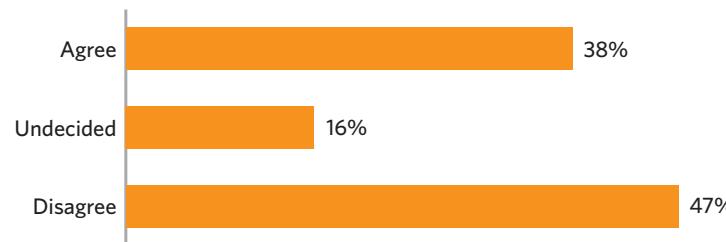


Burnout can manifest itself in many ways such as finding it difficult to concentrate at work, feeling mentally and/or physically exhausted at the end of the workday, and in a lack of motivation to work. These three burnout indicators were measured among the respondents.

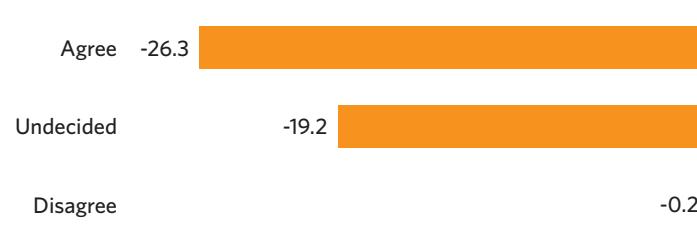
Concentration at work

- Among those currently employed, 38 per cent are finding it more difficult to concentrate at work and these individuals have an average mental health score of -26.3. 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.
- Among the 47 per cent of respondents that do not find it more difficult to concentrate at work, their average mental health score is -0.2. Further, these respondents indicate that they are coping well with work changes or have had no significant changes in their routine. This group is least likely to feel the effects of burnout.

Agreement with 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

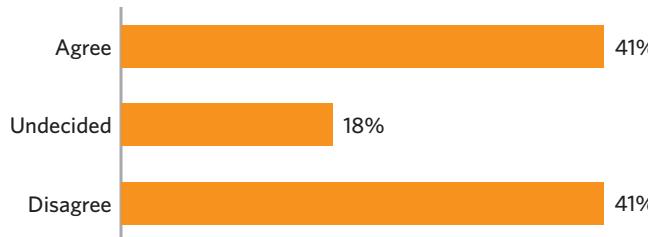




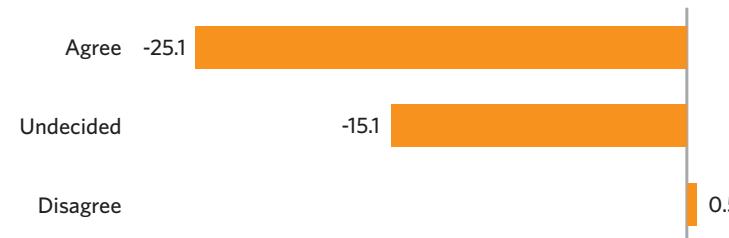
Mental and physical exhaustion at work

- Among those currently employed, 41 per cent report finding that they end the workday feeling mentally and/or physically exhausted and these individuals have the lowest mental health score (-25.1).

Agreement that people more often end the workday feeling mentally and/or physically exhausted since 2019



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

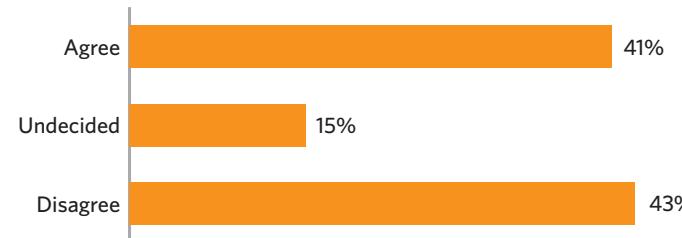




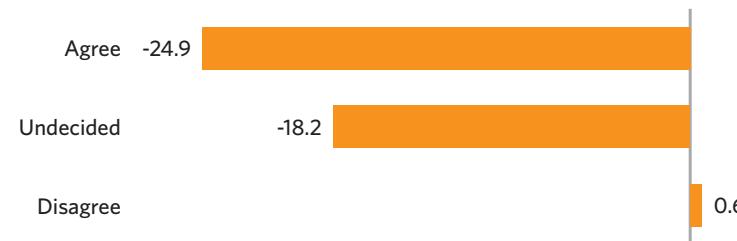
Motivation to work

- Among those currently employed, 41 per cent report that it is more difficult to find motivation to do their work and this group has the lowest mental health score (-24.9).

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



MHI score by agreement with finding it increasingly more difficult to be motivated to do work

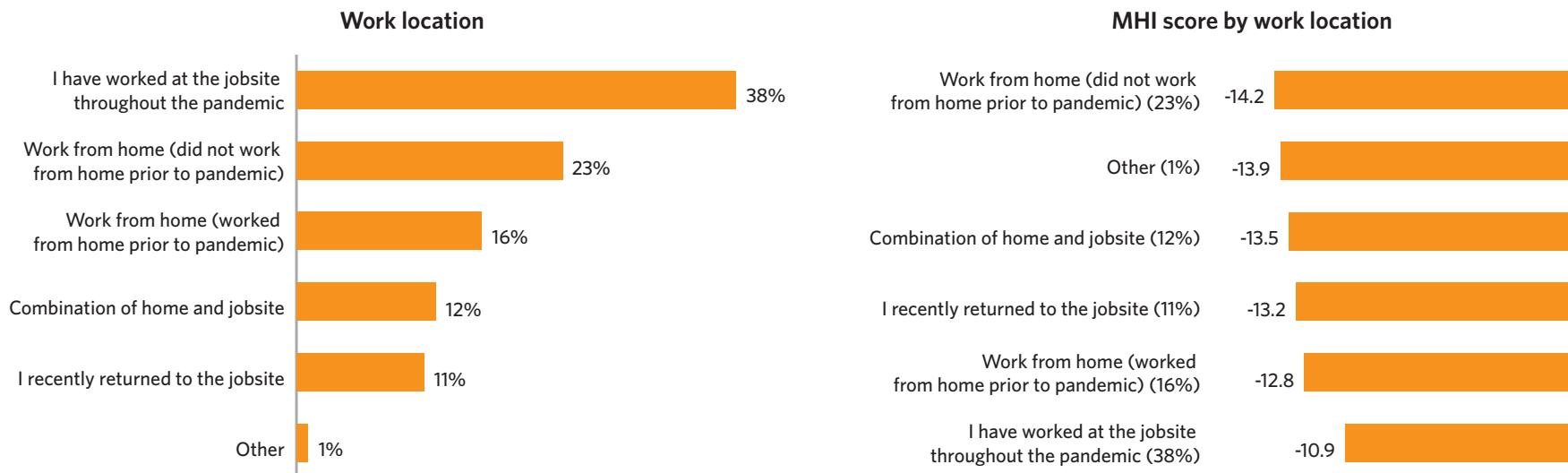




Work location

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 location is 'working from the jobsite throughout the pandemic' (38 per cent), followed by 'work from home (did not work from home prior to pandemic)' (23 per cent), and 'work from home (worked from home prior to pandemic)' (16 per cent).
- Individuals who recently returned to the jobsite had a lower mental health score (-13.2) than those who either remained at the worksite (-10.9) or had always been and continue to work from home (-12.8).





Action

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

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



Overview of the Mental Health Index™

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

The Mental Health Index™ report has three main parts:

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 1,000 Australians who are living in Australia and are currently employed or who were employed within the prior six months. Participants were selected to be representative of the age, gender, industry and geographic distribution in Australia. The same respondents participate each month to remove sampling bias. The respondents were asked to consider the prior two weeks when answering each question. The Mental Health Index™ is published monthly, starting in April 2020.

The benchmark data was collected in 2017, 2018 and 2019. The data for the current report was collected between 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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