

The Mental Health Index™ report

The United States, October 2020



LifeWorks
by Morneau Shepell

**MORNEAU
SHEPELL** 



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October highlights

The mental health of Americans continues to be much more at risk than prior to the pandemic. After the initial significant decline measured in April 2020, there were modest increases from April to July 2020. There was however a reversal of this trend with a **decline in August, September and no improvement in October**. The level of mental health in October remains concerning as it indicates that the working population is currently as distressed as the most distressed twenty-four percent of working Americans, prior to 2020.

October also continued a reversal of a positive trend in financial risk. From April to July, Americans had been saving more each month, and more than in 2019. This trend stopped in August and reversed in September and October with Americans depleting their savings. In spite of this, **financial risk continues to be the strongest sub-score**, and is above the pre-2020 benchmark.

Forty-three percent indicate that they are putting in more effort at work. Greater effort at work predicted lower mental health scores (-7.2) than those who put in the same or less.

Work productivity scores continued to decline in October. In April, work productivity was -8.7. It increased each month to -5.3 August, then declined to -7.8 in September and again to -8.3 in October, which is similar to the score in April.

Individuals that have maintained the same level of productivity when compared to before the pandemic have the highest mental health score (-1.6). **Those who report putting in more effort at work when compared to before the pandemic have the lowest mental health score (-7.2).** The additional effort required to maintain productivity is an important indicator of the potential for mental strain and burnout.

In terms of workplace strategies during the pandemic, employees were most likely to indicate flexible work hours as helpful to their productivity, followed by technology or ability to work¹ from home and communications.

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.

¹ Technology is the next ranked, however when “non applicable” is removed, the next ranked is ability to work from home.



Forty-three percent of respondents report needing some form of mental health support.

The most commonly reported source of mental health support is from family members (22 percent), followed by support from friends or co-workers (19 percent), and support from a mental health professional (8 percent). Seven percent of individuals report needing support, but have not sought it. This group has, by far, the lowest mental health score (-31.9).

With news of a second wave in the U.S. and other parts of the world, the seriousness of the pandemic is a dominant question in many parts of the country. **Eighty percent of respondents agree that COVID-19 presents a serious public health risk while 10 percent do not agree.**

Individuals who did not agree that COVID-19 presents a serious public health risk have a considerably higher mental health score (-0.6); seemingly indicating that those who do not believe that COVID-19 presents a serious risk contributes to less mental health strain.

Americans believe that they are adapting their day-to-day lives within the context of the pandemic. **Eighty-eight percent of respondents feel that they are personally handling the health and safety risk of COVID-19 well and this group has the highest mental health score (-4.1).** Those who are handling the health and safety risk of the pandemic poorly have a significantly lower mental health score (-29.1).

Many employers are handling the health and safety risk of the pandemic well according to employees. Nearly 80 percent agree with this position and this group has the highest mental health score (-3.2).

Despite nearly 90 percent of respondents indicating that they are handling the health and safety risk of the pandemic well, **only 66 percent feel that their neighbors and community are handling the risk well.** Those who report that the health and safety risk is being managed poorly have the lowest mental health score.

The perceived handling of the health and safety risk of the pandemic varies between local and federal government. More than half (60 percent) of Americans believe that their local governments are doing a better job managing the risks of COVID while thirty-eight percent believe that the federal government is handling the risks well.



Regional mental health scores since April have shown general improvement until July; however, all regions show continuing declines from August to September. **In October, an improvement is observed in the West; however, the mental health scores in other regions remain similar to the prior month or continued to decline.**

Full-time students have had the lowest mental health score for seven consecutive months when compared to individuals across all industry categories. The academic uncertainty, coupled with mental health and financial concerns related to job opportunities and future economic security, is a tremendous strain that could impact a generation of students.

Adding to the stress of Americans during this time is a particularly divisive Presidential election, and its impact on the mental health of Americans is significant. **Forty-three percent of respondents feel that the election is having a negative impact on their mental health** and this group has the lowest mental health score (-11.5).



Considerations for Employers

The ongoing strain of the pandemic is clearly having an impact on the work productivity of Americans. In October, the productivity of Americans is as compromised as it was in April 2020, even after an initial improvement. In the September Mental Health Index™ report, we saw 30 percent of respondents indicating that they find it more difficult to concentrate on work than before the pandemic; 37 percent indicating that they feel more mentally and/or physically exhausted at the end of the work day; and 32 percent indicating that they find it more difficult to feel motivated to do work than before the pandemic.

Another concern is the negative trend in financial risk for the second consecutive month. It is clear that we will be dealing with COVID-19 for some time, and the impact of the pandemic for some time after that. The current trends suggest that the strain is taking its toll. To address this, it is important for organizations to address certain specific issues as well as the mental health risk overall.

1. Work productivity

With the emotional strain of change and uncertainty from the pandemic, work can become more difficult. Forty-three percent indicate that they need to put more effort into work. The additional risk is that changes in our routines have made it less likely that people have the experiences that provide recovery.

- Employers can bring the risk of burnout to the attention of employees, including the range of causes and strategy. Burnout is not always about work. Strain from caregiving, compassion or frustration can also create the same emotional exhaustion. Burnout occurs when there is insufficient recovery from stress. Recovery for stress is not passive. It requires actions, thoughts and interactions that reset our level of stress. At a minimum, each individual needs a sense of accomplishment, supportive social contact, fun/laughter and physical movement every day.
- Flexibility at work is the workplace strategy that has been the most helpful to employees' productivity. Ensure that people leaders are aware of this and are equipped to support reasonable flexibility.



- It is also important to reinforce the need to reach out for professional support when things feel overwhelming. Those who need help but do not reach out have the lowest mental health scores.

2. Financial wellbeing

Each month since April has shown that financial uncertainty is the strongest driver of mental health. The presence or absence of an emergency fund is a strong predictor of one's mental health index score. The connection between financial and mental wellbeing has long been established.

- Employers can highlight and offer resources to support financial wellbeing. These resources ideally support employees' knowledge as well as their actions with respect to finances. From Morneau Shepell's Mental Health Priorities research, almost half of employees feel that they are managing their finances less well than others with the same income. This is a clear opportunity for education and support.
- Leverage and remind employees of financial consultation in your Employee Assistance or Work Life Program if one is available.
- Financial wellbeing resources and training are a good investment at this time and will have a positive impact on employees.

The methodology and calculations for the Mental Health Index™ and the Mental Stress Change Score are on pages 28 and 29.

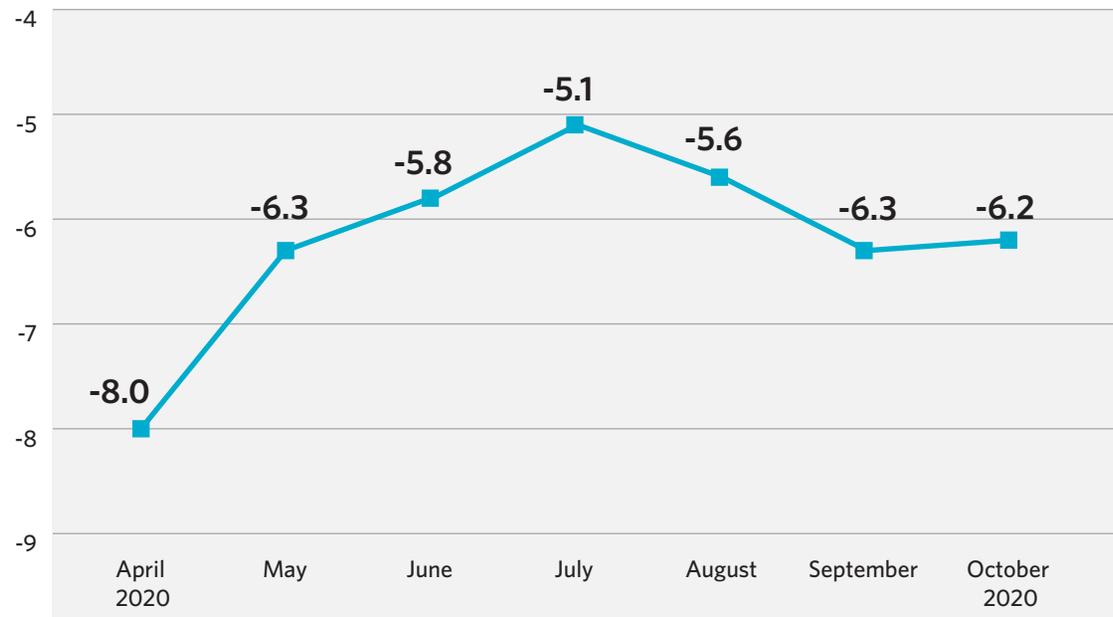


The Mental Health Index™

The Mental Health Index™ (MHI) is a measure of deviation from the benchmark² of mental health and risk. **The overall Mental Health Index™ for October 2020 is -6.2 points.**

A 6-point decrease from the pre COVID-19 benchmark reflects a population whose mental health is similar to the most distressed twenty-fourth percent of the benchmark population.

Current month October 2020:	-6	September 2020: -6
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October marks the seventh consecutive month where the Mental Health Index™ reflects strained mental health in the US population

² 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 work productivity (-8.3), followed by anxiety (-8.0), depression (-7.5), optimism (-7.5), and isolation (-6.2).

The risk measure with the best mental health score is financial risk (7.4), followed by general psychological health (2.1).

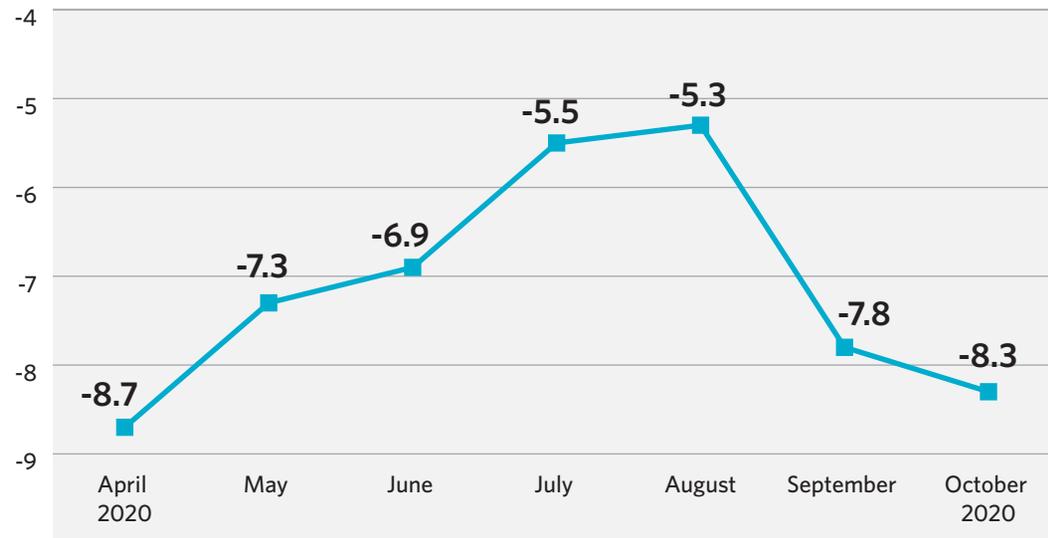
- Of all sub-scores, financial risk and work productivity declined the most between September and October.
- The most improved risk measures in October when compared to the prior month are optimism and depression.
- General psychological health and financial risk scores declined in October but overall, continue to be the strongest scores and are above the pre-2020 benchmark. General psychological health reflects whether people see themselves as psychologically healthy or not. At present the psychological health score suggests that even with the increase in risk and symptoms, people may be normalizing their experience.

MHI sub-scores ²	October	September
Work productivity	-8.3	-7.8
Anxiety	-8.0	-8.2
Depression	-7.5	-7.9
Optimism	-7.5	-7.9
Isolation	-6.2	-6.5
Psychological health	2.1	2.2
Financial risk	7.4	8.2

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



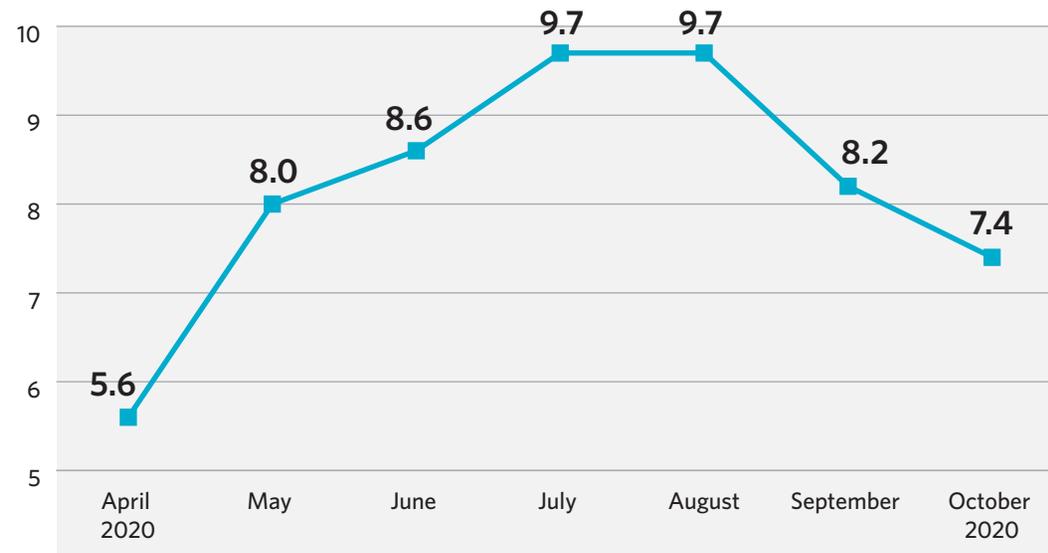
Work Productivity



There has been a negative turn in work productivity and financial risk

The work productivity score continues to decline in October. In April, work productivity was -8.7. It increased each month to -5.3 in August, then declined to -7.8 in September and again to -8.3 in October, which is similar to the score in April.

Financial Risk



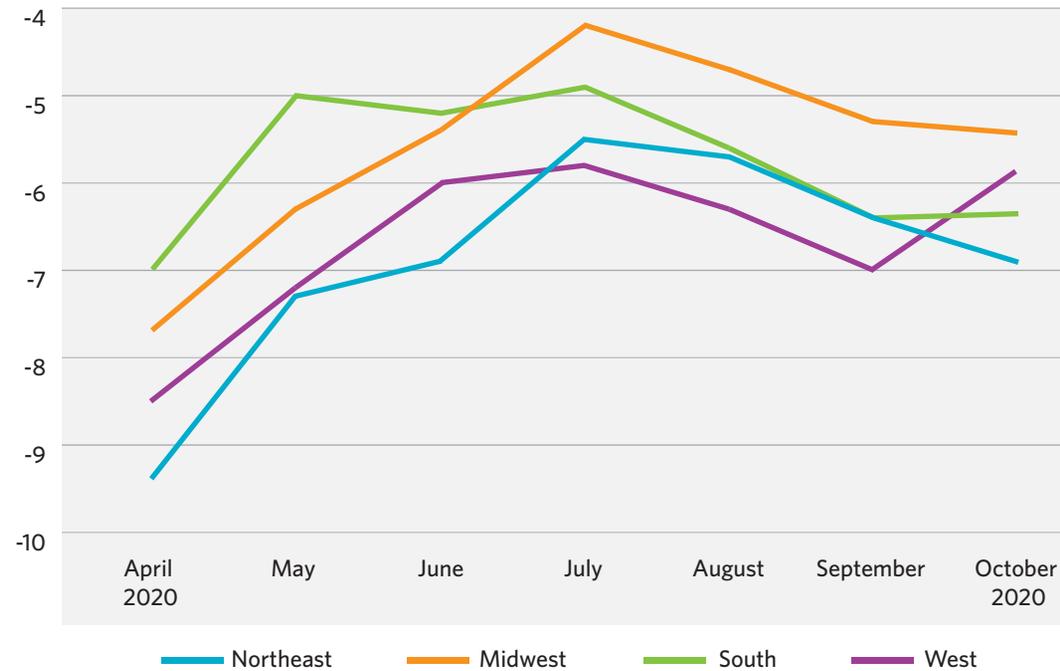
October also continues a reversal of a positive trend in the financial risk score. From April to July, Americans had been saving more each month, and more than in 2019. This trend stopped in August and reversed in September and October, with Americans depleting their savings.



The Mental Health Index™ (regional)

Regional mental health scores since April have shown general improvement until July; however, all regions show continuing declines from August to September. In October, an improvement is observed in the West; however, the mental health scores in other regions remain similar to the prior month or continued to decline.

United States regional Mental Health Index™ scores





Demographics

- For seven consecutive months, females (-8.1) have a significantly lower mental health score than males (-3.9); we also see that mental health scores improve with age.
- Respondents identifying as Mixed (Black and other) have the lowest mental health score (-13.9), followed by those identifying as Indigenous/Aboriginal (-12.5), and those identifying as Mixed (Other) (-12.4).
- Individuals identifying as South East Asian have the highest mental health score (-3.1), followed by respondents identifying as White (-5.2), and those identifying as East Asian (-5.8).
- The variance in the mental health score between those with and without children has been observed since April, and results in October continue this trend with a lower score for those with at least one child (-11.0) when compared to those without children (-4.6).

Employment

- Overall, five percent of respondents are unemployed. While most individuals remain employed, 15 percent 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 (-14.6), followed by individuals reporting fewer hours when compared to the prior month (-13.5), and those not currently employed (-11.1).
- Individuals who report working in an organization with more than 10,000 employees have the highest mental health score (-2.1), followed by self-employed/sole proprietors (-4.0).
- Respondents who report working for companies with 501-1,000 employees have the lowest mental health score (-9.6).

Emergency savings

- Individuals without emergency savings continue to experience a lower score in mental health (-22.8) than the overall group. Those reporting an emergency fund have an average mental health score of -1.2.



Employment status	October	September
Employed (no change in hours/salary)	-4.4	-4.3
Employed (fewer hours compared to last month)	-13.5	-12.1
Employed (reduced salary compared to last month)	-14.6	-15.6
Not currently employed	-11.1	-11.0

Age group	October	September
Age 20-29	-18.1	-16.4
Age 30-39	-12.3	-12.6
Age 40-49	-7.0	-6.8
Age 50-59	-1.8	-2.7
Age 60-69	2.5	1.7

Number of children	October	September
No children in household	-4.6	-5.1
1 child	-11.0	-9.7
2 children	-9.7	-9.7
3 children or more	-7.8	-7.7

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	October	September
Northeast	-6.9	-6.4
Midwest	-5.4	-5.3
South	-6.4	-6.4
West	-5.9	-7.0

Gender	October	September
Male	-3.9	-3.7
Female	-8.1	-8.5

Income	October	September
Household income <\$30K/annum	-16.8	-15.8
\$30K to <\$60K/annum	-10.2	-9.5
\$60K to <\$100K	-5.1	-5.3
\$100K to <\$150K	-3.3	-4.2
\$150K or more	1.9	1.5

Racial identification	October	September
Black	-10.8	-10.1
East Asian	-5.8	-7.2
Indigenous/Aboriginal	-12.5	-10.1
Latin, South or Central American	-10.5	-6.8
South Asian	-8.2	-7.1
South East Asian	-3.1	-5.1
White	-5.2	-5.6
Mixed (Black and other)	-13.9	-17.2
Mixed (Other)	-12.4	-8.3
Prefer not to answer	-10.7	-7.5
Other*	-11.8	-13.5

* Included in this category are Arab/Middle Eastern/West Asian and Mixed (Black and other), as the minimum threshold for reporting was not met for each group.

Employer size	October	September
Self-employed/sole proprietor	-4.0	-3.6
2-50 employees	-6.2	-6.8
51-100 employees	-9.2	-10.2
101-500 employees	-7.1	-6.8
501-1,000 employees	-9.6	-8.8
1,001-5,000 employees	-5.5	-5.4
5,001-10,000 employees	-5.3	-5.8
More than 10,000 employees	-2.1	-2.1



The Mental Health Index™ (industry)

For the seventh consecutive month, full-time students have the lowest mental health score (-19.2). This continues to be significantly lower than the next lowest score, among individuals in Food Services (-14.7), and Arts, Entertainment and Recreation (-10.3). The highest mental health scores this month are observed among individuals employed in Public Administration (-1.1), Professional, Scientific and Technical Services (-2.3), and Finance and Insurance (-2.7). Individuals employed in Information and Cultural Industries, Administrative and Support services, as well as full-time students, have seen the greatest improvement in mental health since last month.

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

Industry	October 2020	September 2020	Improvement
Information and Cultural Industries	-10.0	-12.7	2.7
Administrative and Support services	-8.0	-10.1	2.1
I am a student	-19.2	-21.2	2.0
Accommodation	-6.1	-7.7	1.7
Wholesale Trade	-8.2	-9.5	1.3
Educational Services	-4.6	-5.7	1.1
Other	-7.1	-8.2	1.1
Transportation and Warehousing	-5.2	-6.2	1.0
Finance and Insurance	-2.7	-3.5	0.9
Utilities	-8.5	-9.2	0.7
Manufacturing	-4.3	-4.9	0.7
Agriculture, Forestry, Fishing and Hunting	-6.0	-6.4	0.4
Food Services	-14.7	-14.9	0.2
Construction	-8.5	-8.6	0.1
Professional, Scientific and Technical Services	-2.3	-2.0	-0.4
Real Estate, Rental and Leasing	-4.1	-3.7	-0.4
Health Care and Social Assistance	-6.7	-6.1	-0.6
Other services (except Public Administration)	-4.0	-3.3	-0.7
Public Administration	-1.1	-0.2	-1.0
Retail Trade	-10.1	-8.6	-1.5
Arts, Entertainment and Recreation	-10.3	-5.9	-4.3
Management of Companies and Enterprises	-9.8	-4.5	-5.3

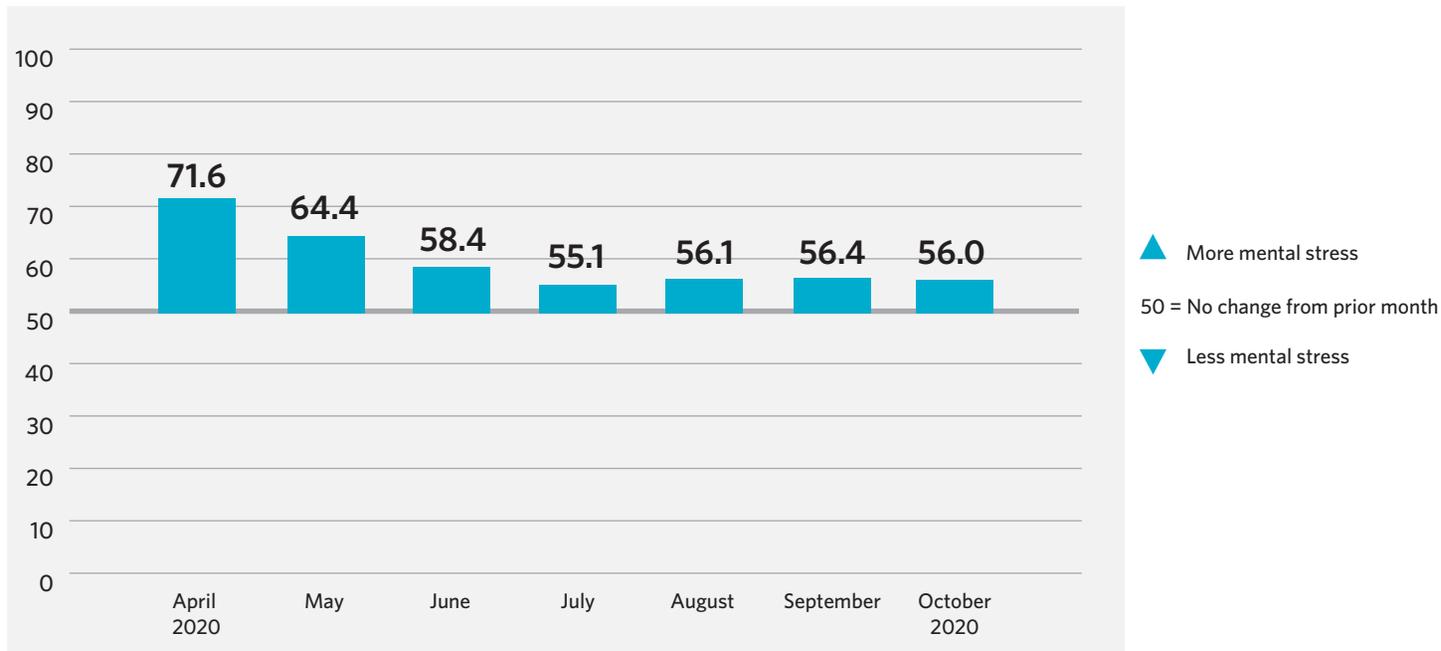


The Mental Stress Change score

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 October 2020 is 56.** This reflects an increase in mental stress compared to the prior month. The steepness of the increase had been declining, month-over-month.

The current score indicates that 21 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 the last seven months indicates a significant accumulation of strain in the population.

Current month October 2020:	56.0	September 2020: 56.4
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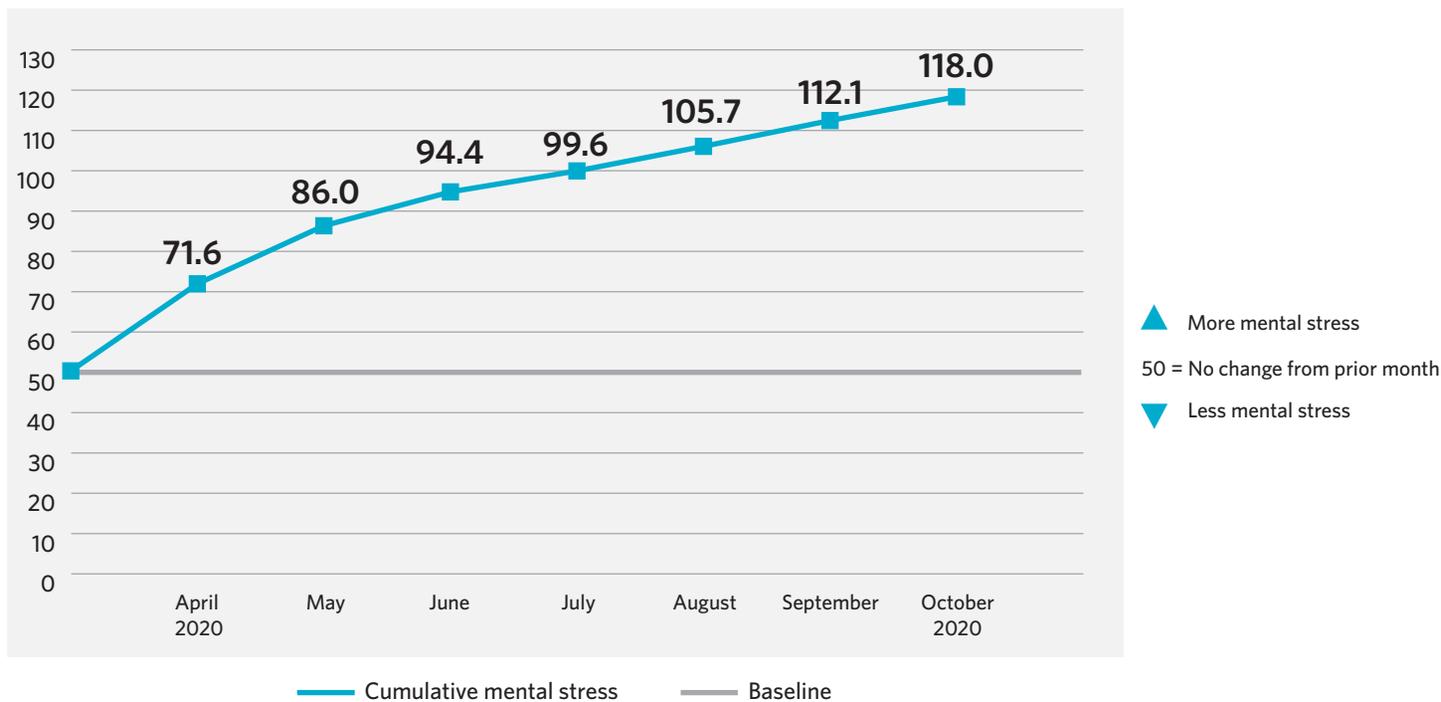


Mental Stress Change (cumulative)

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 Americans 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.

Cumulative MStressChg





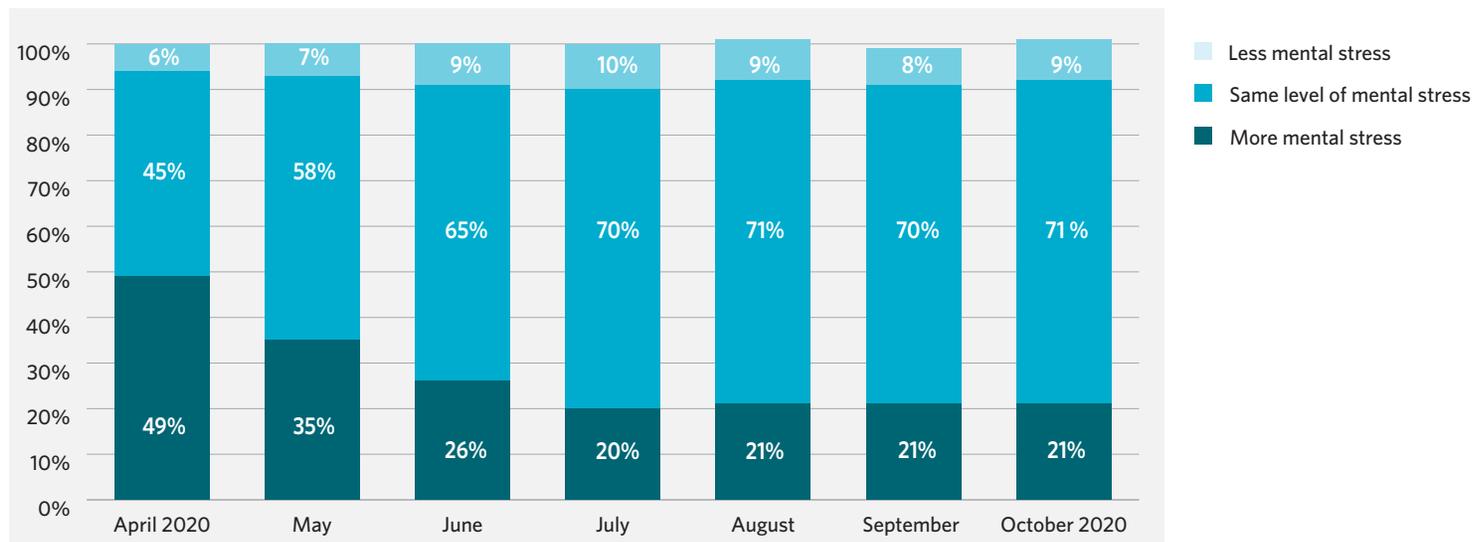
Mental Stress Change (percentages)

Mental Stress Change tracks an individual’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 below.

Over the last seven months, the percentage of those 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 health level of stress.

In April, 49 percent of individuals reported an increase in mental stress. While those reporting increased month-over-month mental stress has decreased to 21 percent in October, 71 percent of respondents report the same level of mental stress and only 9 percent report a decrease in mental stress.

Mental Stress Change by Month





Demographics

- As was reported in prior months, and as evidenced again in October, 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 East Asian have the most favorable mental stress change score (52.8), followed by those identifying as South Asian (53.4).
- Individuals identifying as Mixed (Other) have the least favorable mental stress change score (60.5), followed by respondents identifying as Mixed (Black and other) (58.7), and those identifying as Latin, South or Central American (57.9).

Geography

- Considering geography, the greatest increase in stress month-over-month is for respondents living in the Northeast (57.0), followed by the West (56.0), the Midwest (55.8), and the South (55.4).

Employment

- The greatest increase in mental stress is seen in employed people with reduced salary (65.7), followed by employed people with reduced hours (62.0) when compared to unemployed people (56.5) and employed people with no change to salary or hours (54.6).



Employment status	October	September
Employed (no change in hours/salary)	54.6	55.1
Employed (fewer hours compared to last month)	62.0	61.1
Employed (reduced salary compared to last month)	65.7	64.3
Not currently employed	56.5	56.9

Age group	October	September
Age 20-29	61.1	58.8
Age 30-39	59.8	59.9
Age 40-49	54.9	56.6
Age 50-59	54.1	54.9
Age 60-69	52.8	53.4

Number of children	October	September
No children in household	54.9	55.3
1 child	59.0	59.0
2 children	58.3	60.4
3 children or more	59.4	58.0

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	October	September
Northeast	57.0	56.6
Midwest	55.8	56.2
South	55.4	55.6
West	56.0	57.6

Gender	October	September
Male	54.7	55.0
Female	57.1	57.6

Income	October	September
Household income <\$30K/annum	58.9	56.2
\$30K to <\$60K/annum	57.0	57.1
\$60K to <\$100K	55.9	56.5
\$100K to <\$150K	56.1	57.3
\$150K or more	53.7	54.9

Racial identification	October	September
Black	53.9	53.8
East Asian	53.6	55.9
Indigenous/Aboriginal	54.5	56.3
Latin, South or Central American	57.9	55.0
South Asian	53.4	50.6
South East Asian	52.8	56.2
White	56.4	56.8
Mixed (Black and other)	58.7	58.0
Mixed (Other)	60.5	57.8
Prefer not to answer	49.2	54.1
Other*	58.3	62.2

* Included in this category are Arab/Middle Eastern/West Asian and Mixed (Black and other), as the minimum threshold for reporting was not met for each group.

Employer size	October	September
Self-employed/sole proprietor	53.8	52.3
2-50 employees	56.8	56.0
51-100 employees	56.6	56.4
101-500 employees	55.4	58.4
501-1,000 employees	57.6	59.3
1,001-5,000 employees	57.7	56.8
5,001-10,000 employees	54.7	56.3
More than 10,000 employees	55.2	55.2



The Mental Stress Change (industry)

Mental Stress Change scores for Management of Companies and Enterprises, Public Administration, and Wholesale Trade industries are less steep when compared to the prior month. Individuals working in Accommodation have the most significant increase in Mental Stress (65.3), followed by individuals employed in Food Services (62.3), and Arts, Entertainment and Recreation (61.3).

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

Industry	October 2020	September 2020
Management of Companies and Enterprises	51.5	51.6
Public Administration	51.6	54.6
Wholesale Trade	52.1	58.1
Agriculture, Forestry, Fishing and Hunting	53.3	55.6
Manufacturing	53.4	54.8
Construction	53.6	58.9
Professional, Scientific and Technical Services	54.7	55.0
Information and Cultural Industries	54.8	60.6
Other	55.3	53.2
Educational Services	55.4	60.5
Other services (except Public Administration)	55.5	54.4
Administrative and Support services	56.0	56.4
Transportation and Warehousing	56.4	56.7
Finance and Insurance	56.6	53.9
Real Estate, Rental and Leasing	56.7	57.4
Utilities	56.8	59.5
Retail Trade	57.2	53.9
Health Care and Social Assistance	57.9	57.4
I am a student	59.1	58.2
Arts, Entertainment and Recreation	61.3	55.3
Food Services	62.3	58.6
Accommodation	65.3	59.3



Spotlight

Productivity during the COVID-19 pandemic

Comparing work productivity to before the pandemic

The COVID-19 pandemic has brought considerable changes to many workplaces. Individuals were asked to consider their work productivity when compared to prior the pandemic.

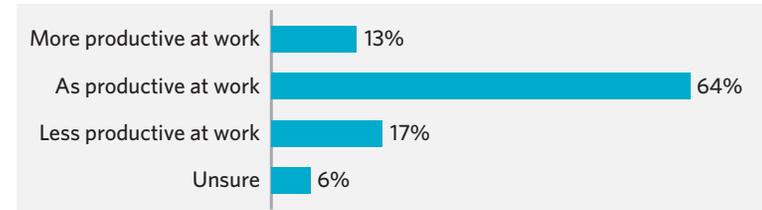
- Seventeen percent of respondents indicate that they are less productive compared to before the pandemic and these individuals have a mental health score of -16.3.
- Sixty-four percent of respondents indicate that they are as productive at work as they were before the pandemic and this group has the highest mental health score (-1.6).
- Individuals who report being more productive at work comprise 13 percent of the respondent group and have a mental health score of -8.6.
- The six percent who are unclear about their productivity have the lowest mental health score (-18.0).

Comparing work effort to before the pandemic

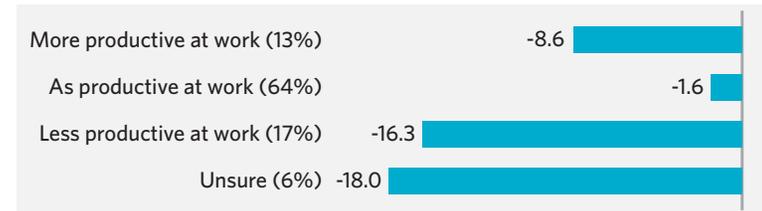
- Forty-three percent of respondents report that they are putting in more effort at work and these individuals have the lowest mental health score (-7.2).
- The highest mental health score (-3.6) is observed among 33 percent of individuals who report putting in less effort at work.

Eighty-six percent of individuals report that they are more productive at work and indicate that they are putting in more effort when compared to before the pandemic. Comparatively, 39 percent of individuals who report that they are as productive as before the pandemic are putting in more effort.

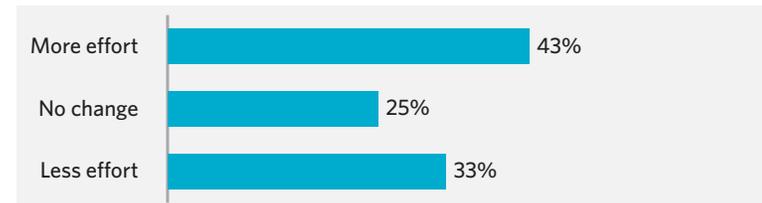
Productivity: compared to before the pandemic



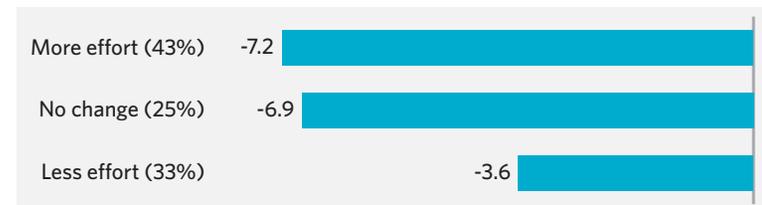
MHI score by impact of organization communications to employees



Effort at work



MHI score by effort at work





Effect of organizational activities on work productivity

Employer communications

Many organizations have undertaken measures to support employees during the pandemic by allowing for flexibility in their work environment, introducing or enhancing technology, and increasing communications and access to resources.

Communications are vital tools for distributing information to employees about the organizational response to the pandemic.

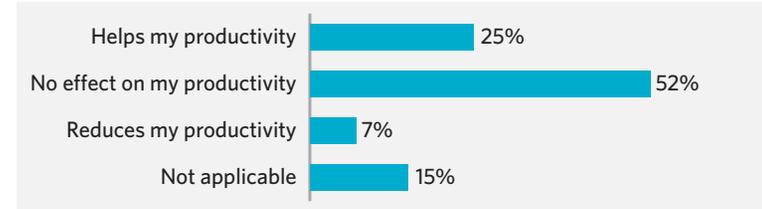
- Twenty-five percent of respondents indicate that communications to employees help their productivity and this group has a mental health score of -5.2.
- More than half of individuals (52%) indicate that communications have no effect on their productivity and their mental health score is highest at -4.7.

Use of technology

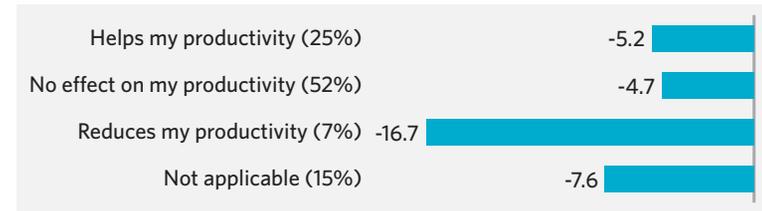
With many employees working remotely, the use of technology is critical to maintain productivity and to optimize engagement with a dispersed workforce.

- Thirty-two percent of respondents report that technology helps their productivity and this group has the highest mental health score (-4.7).
- The lowest mental health score (-17.5) is observed among 7 percent of individuals reporting that the use of technology reduces their productivity.

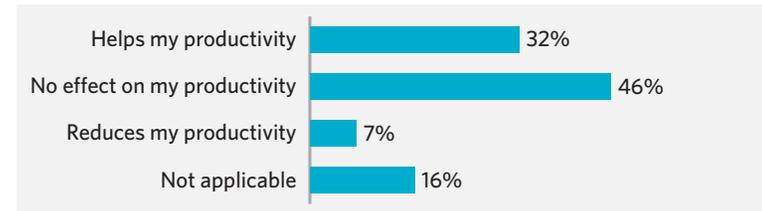
Impact of organization communications to employees



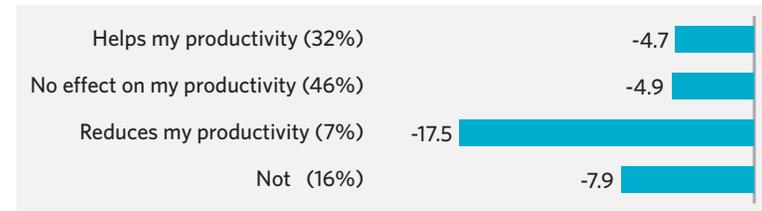
MHI score by the productivity comparison to a pre-pandemic state



Impact of technology used by employees



MHI score by impact of technology used by employees



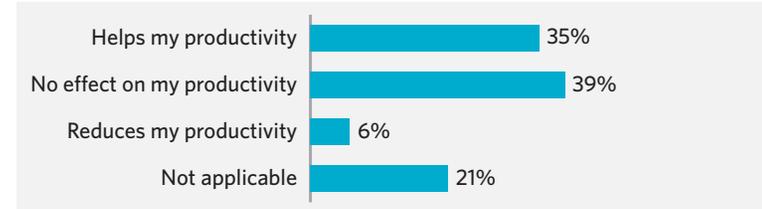


Flexible work hours

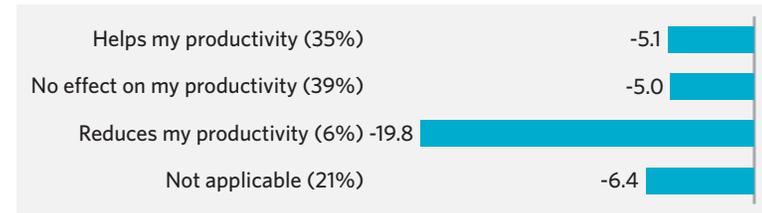
Flexible work hours are reported among 79 percent of respondents.

- Thirty-five percent of respondents indicate that flexible work hours helps their productivity and their mental health score is -5.1.
- Six percent of individuals report that flexible work hours reduces their productivity and this group has the lowest mental health score (-19.8).

Impact of flexible work hours



MHI score by impact of flexible work hours

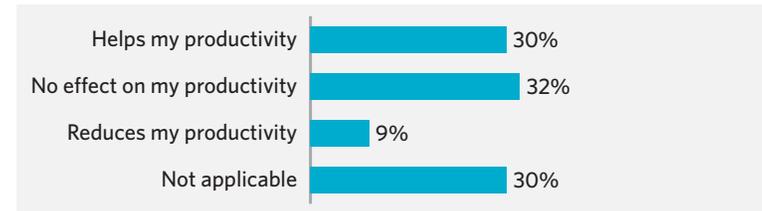


Ability to work from home

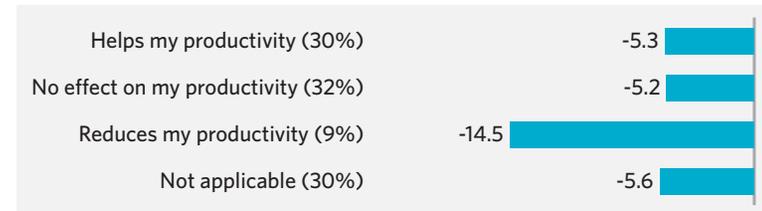
Seventy percent of respondents report that the ability to work from home is applicable to them.

- Thirty percent of individuals report that the ability to work from home helps their productivity. This group has a mental health score of -5.3.
- The lowest mental health score (-14.5) is observed among 9 percent of respondents reporting that the ability to work from home reduces their productivity.

Impact of the ability to work from home



MHI score by impact of the ability to work from home





The ongoing COVID-19 pandemic

With news of a second wave in the U.S. and other parts of the world, the seriousness of the pandemic is a persistent media item. Respondents were asked whether they feel that COVID-19 presents a serious public health risk.

- Eighty percent of respondents agree that COVID-19 presents a serious public health risk and this group has a mental health score of -6.5.
- The lowest mental health score (-8.3) is observed among 10 percent of individuals that are undecided about whether or not COVID-19 presents a serious public health risk.
- Individuals who did not agree that COVID-19 presents a serious public health risk have a considerably higher mental health score (-0.6). It seems that the belief that COVID-19 does not present a serious risk is contributing to less mental health strain and results in a higher mental health score when compared to those who agree or are undecided about the public health risk.

Personal handling of the health and safety risk of the COVID-19 pandemic

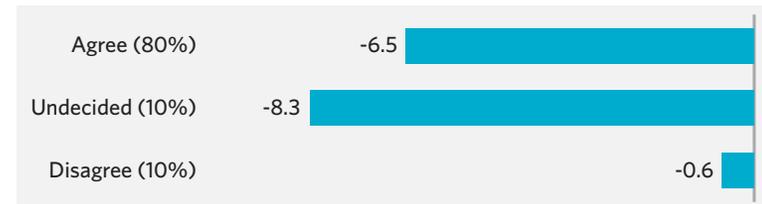
Americans are adapting their day-to-day lives within the context of the pandemic.

- Eighty-eight percent of respondents feel that they are personally handling the health and safety risk of COVID-19 well and this group has the highest mental health score (-4.1).
- Two percent of individuals are handling the health and safety risk of the pandemic poorly and their mental health score is significantly lower (-29.1).

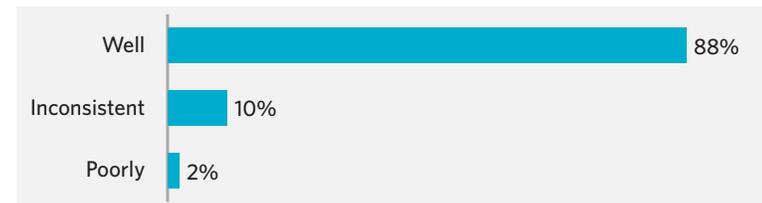
Agreement that COVID-19 presents a serious public health risk



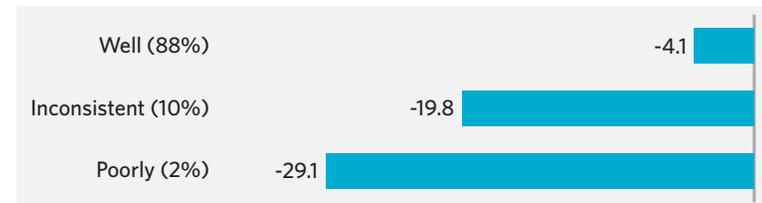
MHI score by agreement that COVID-19 presents a serious public health risk



How respondents feel they are personally handling the health & safety risk of COVID-19



MHI score by how respondents feel they are personally handling the health & safety risk of COVID-19



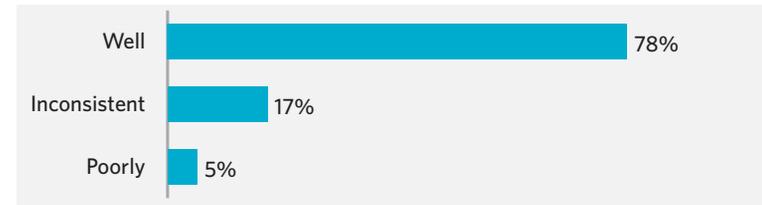


Workplace handling of the health and safety risk of the COVID-19 pandemic

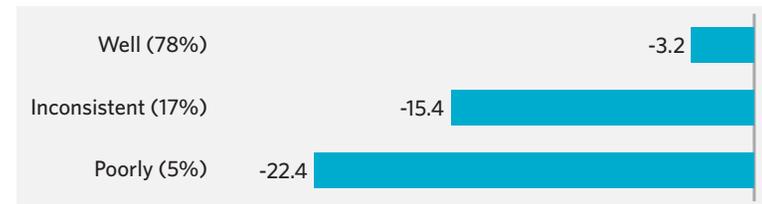
Nearly 80 percent of respondents feel that their workplace is handling the health and safety risk of the pandemic well and this group has the highest mental health score (-3.2).

- Five percent of individuals feel that their workplace is handling the health and safety risk poorly and the mental health risk for this group is lowest at -22.4.

How respondents feel their workplace is handling the health & safety risk of COVID-19



MHI score by how respondents feel their workplace is handling the health & safety risk of COVID-19

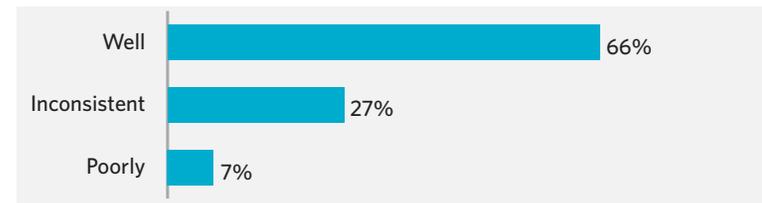


Community handling of the health and safety risk of the COVID-19 pandemic

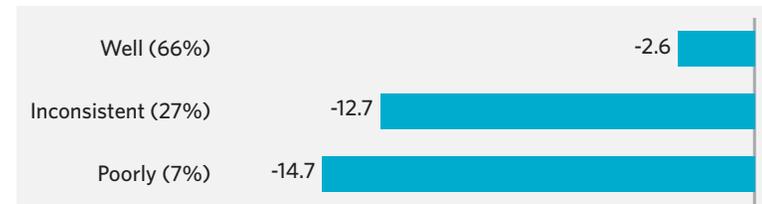
Despite nearly 90 percent of respondents indicating that they are handling the health and safety risk of the pandemic well, only 66 percent feel that their neighbors and community are handling the risk well.

- Seven percent of respondents feel that their neighbors and community are handling the pandemic health and safety risk poorly, and the mental health score of this group is lowest (-14.7) when compared with the mental health score of individuals who feel that their neighbors and community are handling the health and safety risk of COVID-19 well (-2.6).

How respondents feel their neighbors and community are handling the health & safety risk of COVID-19



MHI score by how respondents feel their neighbors and community are handling the health & safety risk of COVID-19





Local government handling of the health and safety risk of the COVID-19 pandemic

There is a division of opinion regarding policies and practices on the handling of the health and safety risk of the COVID-19 between local and federal government.

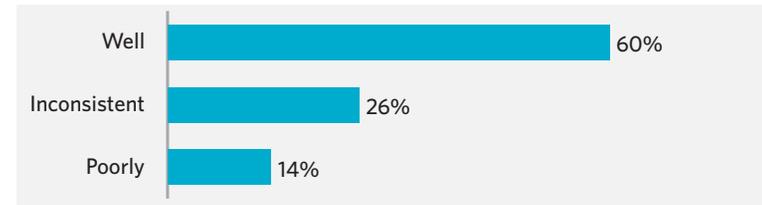
- Sixty percent of respondents feel that their local government is handling the health and safety risk of COVID-19 well, and this group has the highest mental health score (-3.6).
- Fourteen percent of individuals who feel that their local government is handling the health and safety risk of COVID-19 poorly have the lowest mental health score (-10.6).

Federal government handling of the health and safety risk of the COVID-19 pandemic

In contrast to how well people feel the local government is handling the health and safety risk of the pandemic, 38 percent of respondents feel that the federal government is handling the health and safety risk of the pandemic well.

- Thirty-eight percent feel that the federal government is handling the health and safety risk of the COVID-19 pandemic poorly and this group has a mental health score of -7.0.
- Perceived inconsistency in the way that the federal government is handling the health and safety risk of the COVID-19 pandemic results in the lowest mental health score (-8.2).

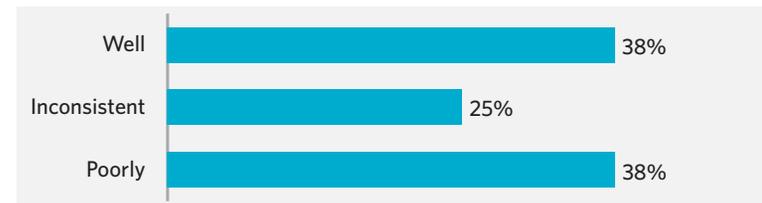
How respondents feel their local government is handling the health & safety risk of COVID-19



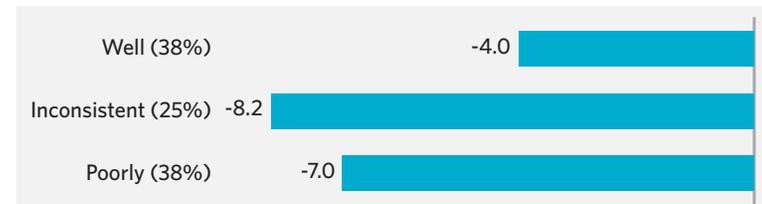
MHI score by how respondents feel their local government is handling the health & safety risk of COVID-19



How respondents feel the federal government is handling the health & safety risk of COVID-19



MHI score by how respondents feel the federal government is handling the health & safety risk of COVID-19



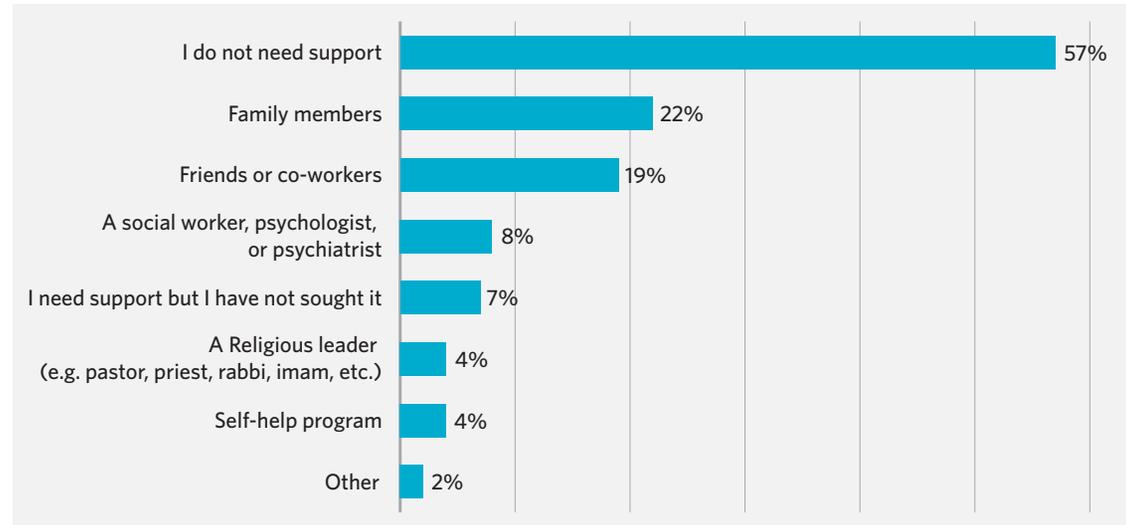


Mental Health Support

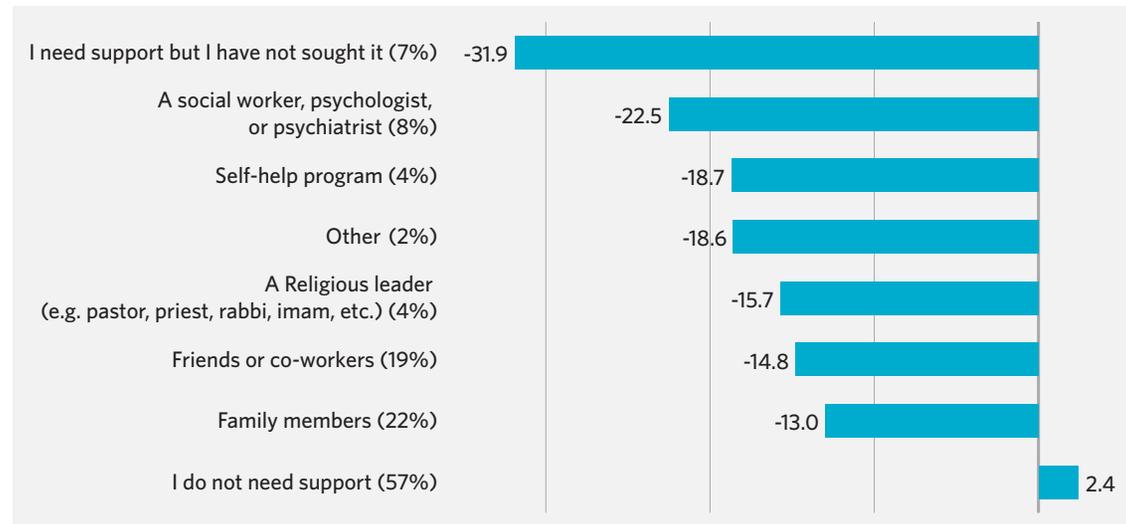
Since April, the mental health of Americans has been strained when compared to the 3-year period prior to the pandemic.

- Forty-three percent of respondents report needing some form of mental health support.
- The most commonly reported source of mental health support is from family members (22 percent), followed by support from friends or co-workers (19 percent), and support from a mental health professional (8 percent).
- Seven percent of individuals report needing support, but have not sought it. This group has, by far, the lowest mental health score (-31.9).
- Respondents who sought support from family members have the highest mental health score (-13.0), followed by those who sought support from friends or co-workers (-14.8).

Reported sources of mental health support



MHI score by reported sources of mental health support



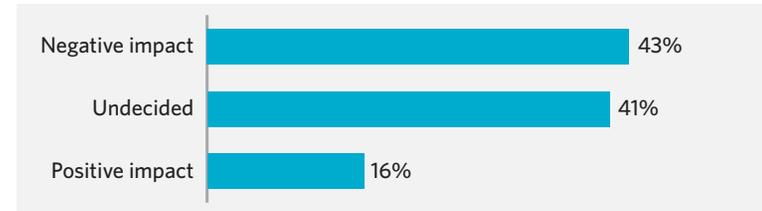


U.S. Presidential election

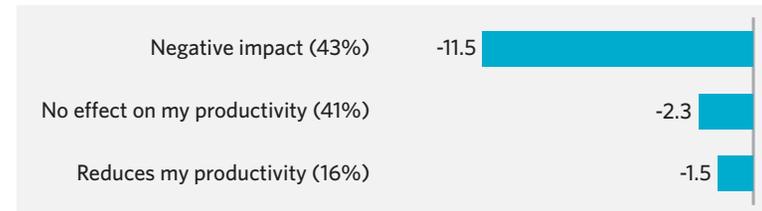
In the midst of a global pandemic and with U.S. COVID-19 case numbers on the rise, the mental health of the U.S. population is strained. Adding to the stress is a particularly divisive Presidential election, and its impact on the mental health of Americans is significant.

- Forty-three percent of respondents feel that the election is having a negative impact on their mental health and this group has the lowest mental health score (-11.5).

Impact the U.S. Presidential election is having on mental health



MHI score by impact the upcoming U.S. election is having on mental health





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:

4. The overall Mental Health Index™ (MHI), which is a measure of change compared to the benchmark of mental health and risk.
5. A Mental Stress Change (MStressChg) score, which measures the level of reported mental stress, compared to the prior month.
6. 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 5,000 Americans who are living in the United States 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 the United States. 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 September 28 to October 19, 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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