

The Mental Health Index™ report

Regional Comparison – Australia, Canada, United Kingdom and United States, March 2021

Mental health one year into the COVID-19 pandemic



LifeWorks
by Morneau Shepell

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Table of contents

March highlights	1
Regional comparisons - Australia, Canada, United Kingdom and United States	3
The Mental Health Index™ by region	3
The Mental Stress Change score (region)	4
Spotlight	5
The COVID-19 pandemic impact on mental health	5
Accessing healthcare during the COVID-19 pandemic	6
Workplace relationships	10
Working from home after the pandemic	12
Overview of the Mental Health Index™	14
Methodology	14
Calculations	14
Additional data and analyses	15



March highlights

March 2021 marks 12 consecutive months of diminished mental health among Australians, Canadians, Britons, and Americans compared to the pre-pandemic benchmark.

Regional mental health scores have shown general improvement between April and July 2020 with all regions showing declines from July to August. From August to December 2020, scores have been inconsistent month-to-month. In January, declines in mental health were seen in the United Kingdom and Australia, while the mental health score in Canada remained equal to December and a modest improvement was seen in the United States. In February, declines in mental health were seen in the United Kingdom, while a modest increase was seen in Canada. Australia's mental health score remained nearly unchanged from January and the mental health score in the United States improved over the prior month. In March, declines in mental health are seen in the United States and Australia, while a modest increase is seen in Canada and more substantially, in the United Kingdom.

The level of mental health in March continues to be a concern as it indicates that the working population in all four geographies is significantly distressed when compared to mental health scores prior to 2020.

Comparing March 2021 to February 2021, there was an increase in mental stress in all geographies. The increase in mental stress is greatest in Canada (58.6), followed by the United Kingdom (57.5), the United States (55.6), and Australia (55.4).

Since the first case of COVID-19 was reported in March 2020, the impact of the pandemic on mental health has been widely reported. **Between one-quarter and one-third of people across all geographies report a negative to significant negative impact on their mental health and their mental health scores are lower than people reporting a manageable negative impact.**

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

At least one-quarter of people across all geographies are less willing to access physical healthcare because of the pandemic and their mental health scores are more than 20-points below the pre-2020 benchmark. The primary reason given for not willing to access physical

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.



healthcare is that people do not want to visit a provider in-person. The second most common response is that accessing physical healthcare is not a priority right now.

Approximately 1 in 5 report that they are less willing to access mental healthcare during the pandemic and their mental health scores are lowest across all geographies. The three most common reasons why individuals are less willing to access mental healthcare are that seeking care is not a priority right now, that they do not want to visit in-person, and that access to healthcare has changed due to their financial/work/insurance situation.

In response to the COVID-19 pandemic, remote work, workplace health and safety practices, personal, family, and job responsibilities have significantly reshaped the workplace since 2020. Interactions between peers and managers have changed because of these necessary shifts. Nearly three-quarters report that relationships with their work peers have remained unchanged since before the pandemic and this group has the most favourable mental health scores in all geographies. Similarly, the majority report no change to the relationship with their manager compared to before the pandemic. In Canada and the United Kingdom, a greater number of people report that their relationship worsened when compared to those who report that the relationship improved; however, in Australia and the United States, a greater number of people report that their relationship improved when compared to those reporting a worsened relationship. **The lowest mental health scores are seen among people reporting a worsened relationship with their managers.**

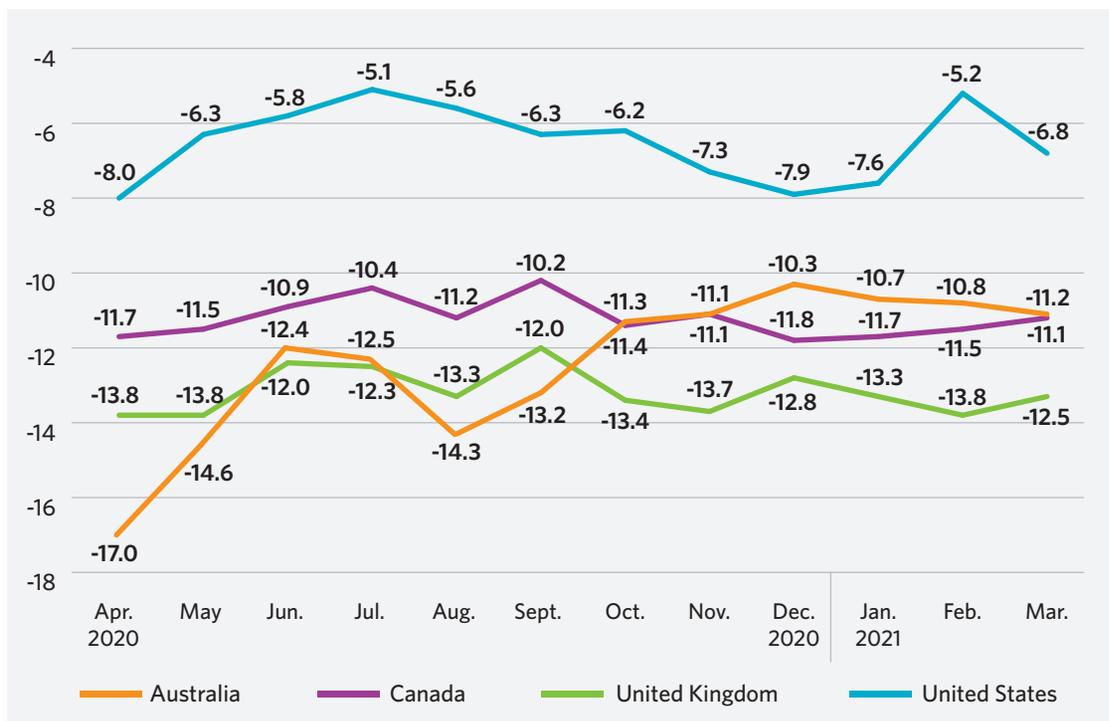
In December, Forbes magazine noted that the pandemic has brought about the greatest work from home experiment in history.¹ Post-pandemic work from home policies are expected to be reconsidered as some employers consider partial or fully remote workforces. **Nearly two-thirds of people across all geographies report wanting the flexibility to work from home, at least some of the time, once the pandemic is over.** Most commonly, employees believe employers will give the option to choose whether they work from home. The most favourable mental health scores in Australia, Canada and the United States are seen among people who believe that their employer will support work from home; however, the most favourable mental health score in the United Kingdom is seen among those who will be required to work from home.

¹ Why Has The Great Work-From-Home Experiment Been So Successful?, Forbes, https://www.forbes.com/sites/forbes_techcouncil/2020/12/11/why-has-the-great-work-from-home-experiment-been-so-successful/?sh=75366d3c28c7, 2020.



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

The Mental Health Index™ by region

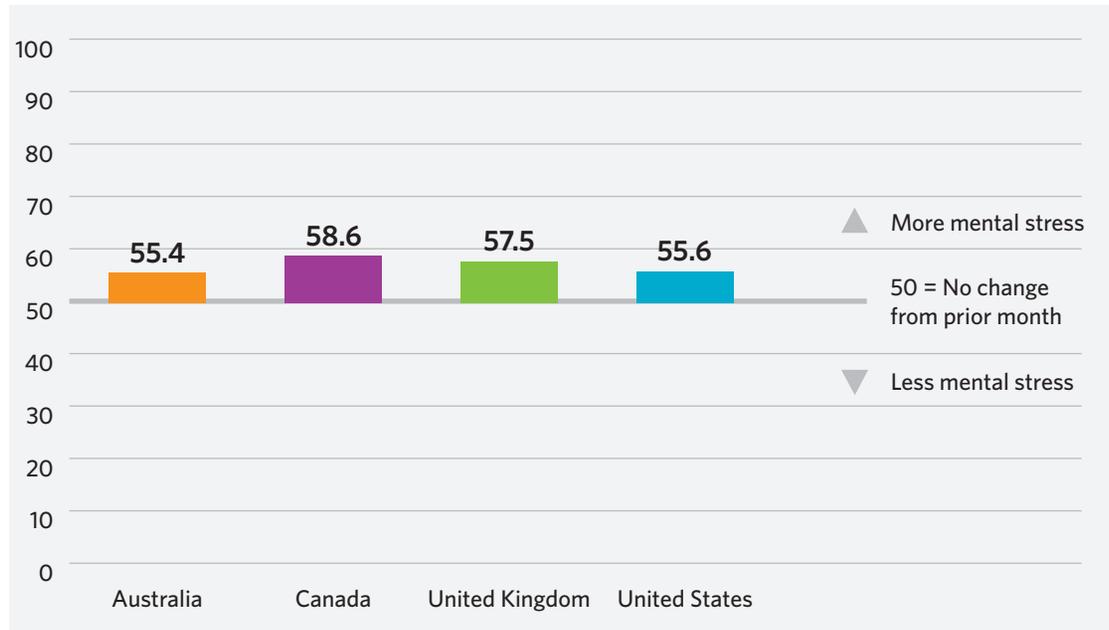


Overall, the Mental Health Index™ is lowest in the United Kingdom (-12.5), followed by Canada (-11.2), Australia (-11.1), and the United States (-6.8). Although mental health scores vary across regions, compared to the pre-2020 benchmark, all regions show a decline in mental health.

In March, declines in mental health are seen in the United States (-1.6) and Australia (-0.3) while a modest increase is seen in Canada (+0.2) and more substantially, in the United Kingdom (+1.3).



The Mental Stress Change score (region)



Comparing March 2021 to February 2021, there was an increase in mental stress in all geographies. The increase in mental stress is greatest in Canada (58.6), followed by the United Kingdom (57.5), the United States (55.6), and Australia (55.4).



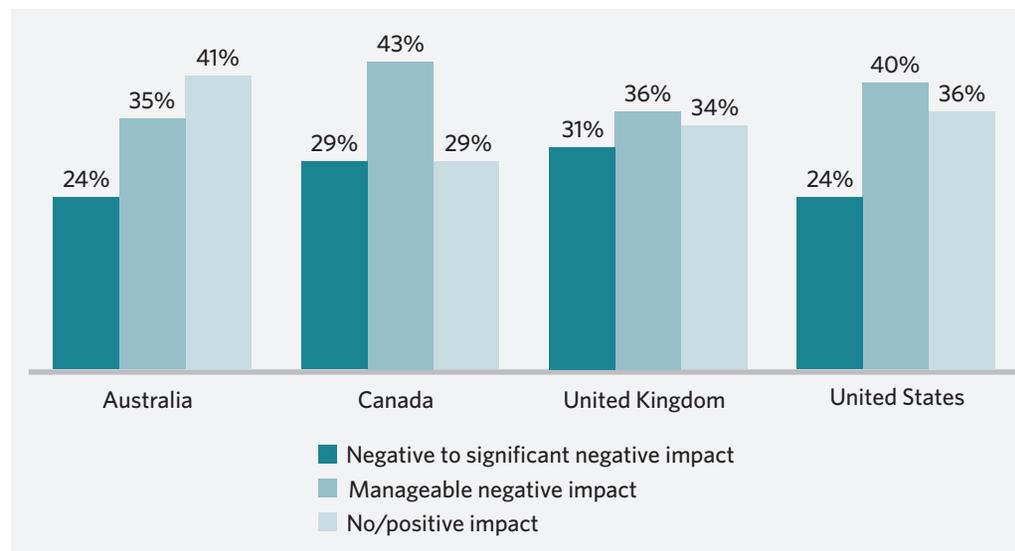
Spotlight

The COVID-19 pandemic impact on mental health

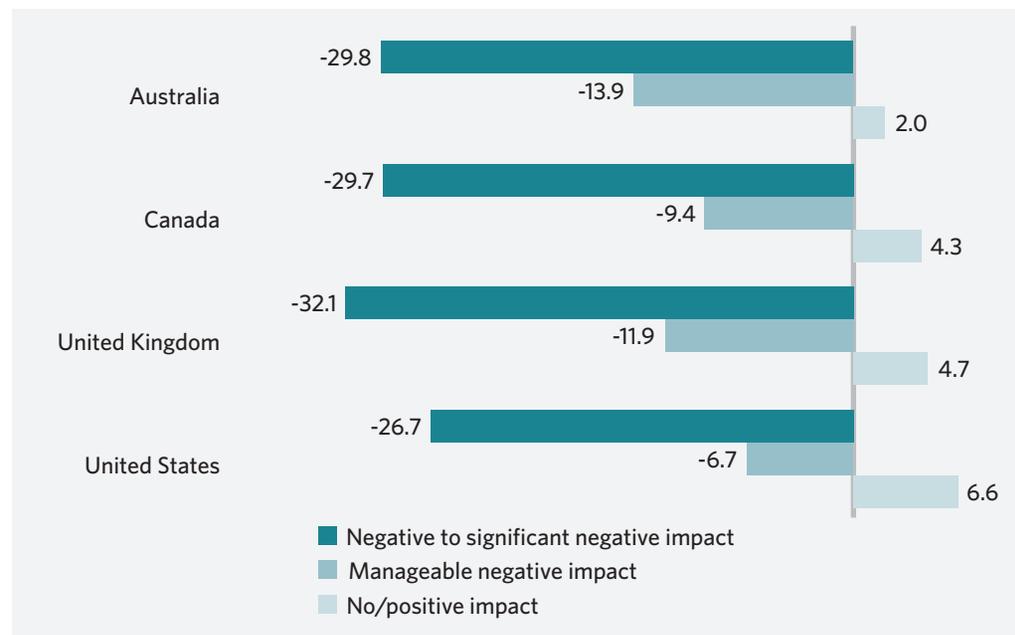
Since the first case of COVID-19 was reported in March 2020, the impact of the pandemic on mental health has been widely reported. Individuals were asked to indicate the impact of the pandemic on their mental health.

- Between one-quarter and one-third of people across all geographies report a negative to significant negative impact on their mental health.
- The mental health scores of people reporting negative to significant negative impact are considerably lower than those reporting a manageable negative impact.

Impact of the COVID-19 pandemic on mental health



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





Accessing healthcare during the COVID-19 pandemic

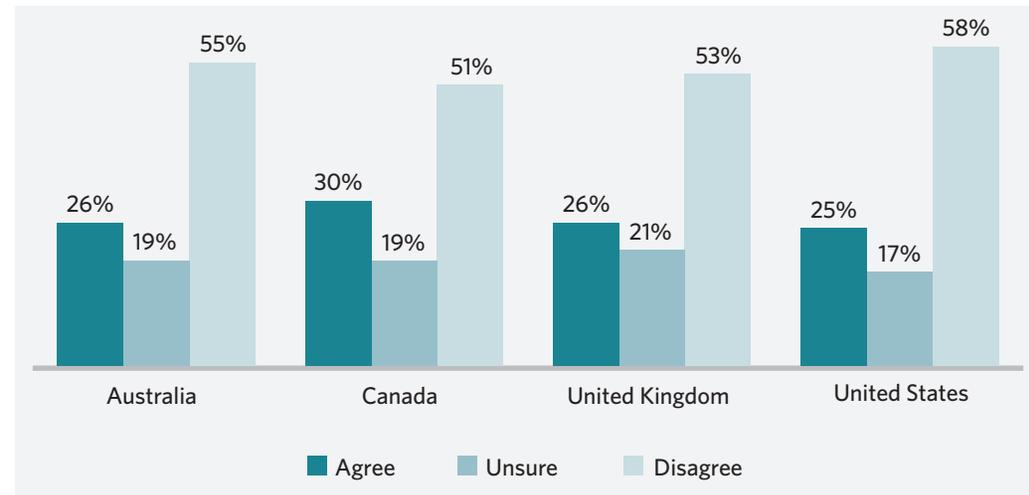
The emphasis on self-care for both physical and mental health conflicts with behaviour during the pandemic. Mitigating the risk factors associated with poor outcomes in virus patients requires a focus on healthy lifestyle and care management for existing conditions. Moreover, coping with prolonged and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

Willingness to access physical healthcare

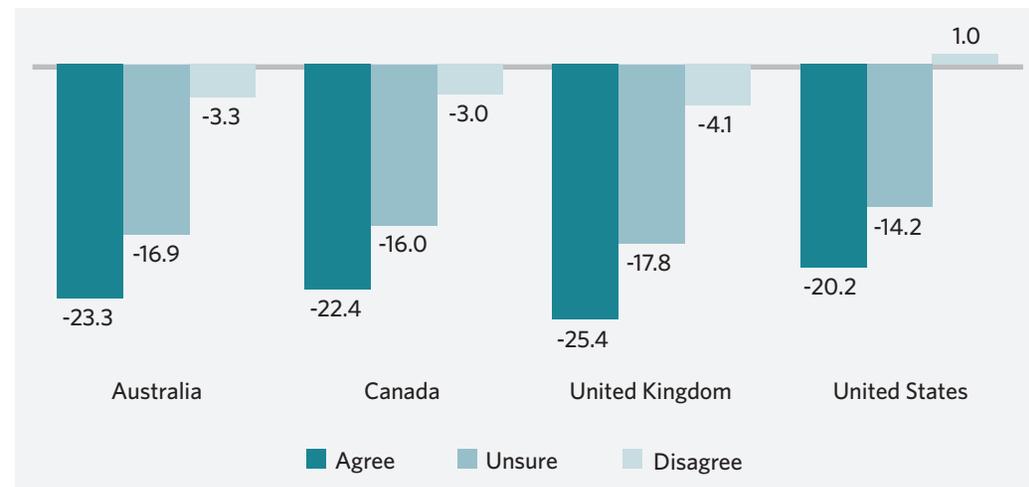
Respondents were asked about their willingness to engage in physical healthcare during the COVID-19 pandemic.

- At least one-quarter of people across all geographies are less willing to access physical healthcare because of the pandemic.
- The least favourable mental health scores are seen among people who report being less willing to access physical healthcare; mental health scores are more than 20-points below the pre-2020 benchmark in all countries.

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



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

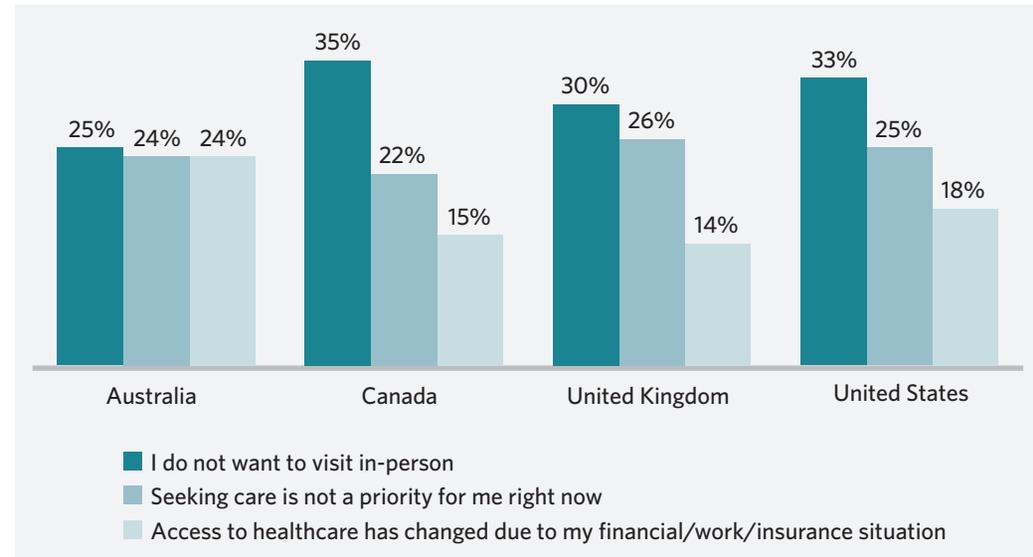




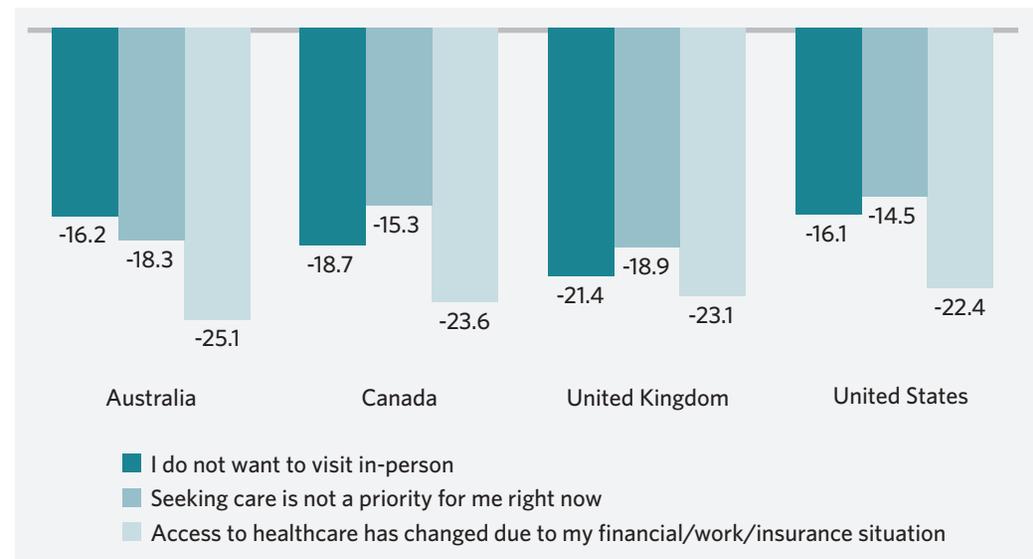
At least one-quarter report that the reason they are not willing to access physical healthcare is that they do not want to visit a provider in-person.

- The second most common response is that accessing physical healthcare is not a priority right now.
- People reporting that access to healthcare has changed due to their financial/work/insurance situation have the least favourable mental health scores in all geographies.

Top three reasons why individuals are not willing to access physical healthcare



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



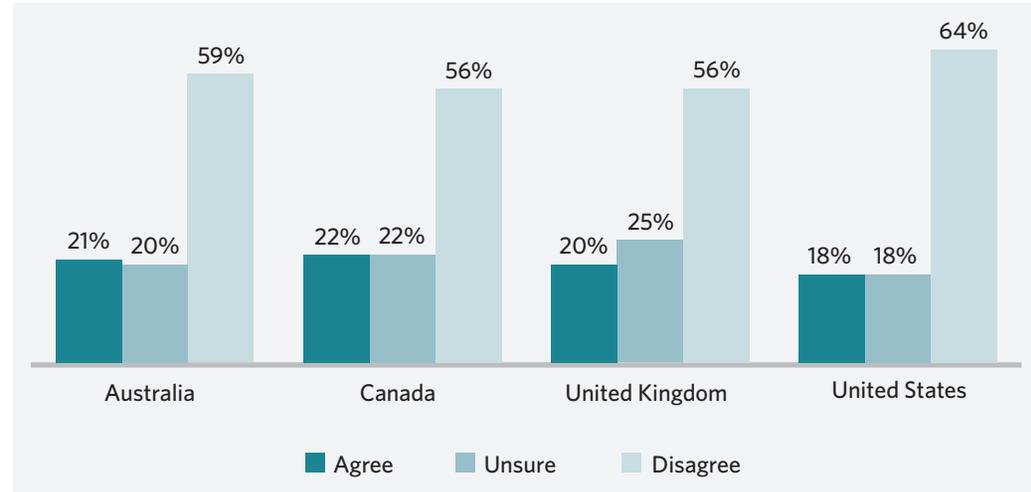


Willingness to access mental healthcare

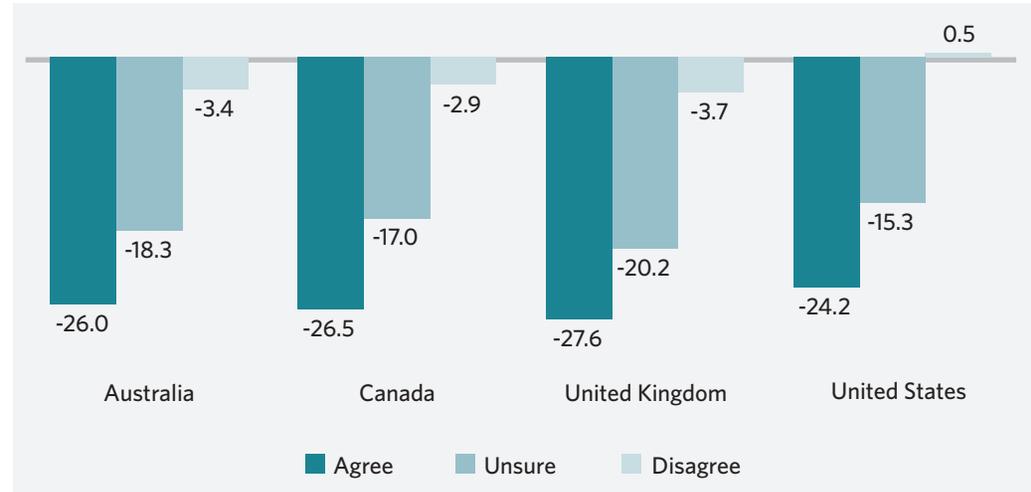
Like physical healthcare, respondents were asked about their willingness to engage in mental healthcare during the COVID-19 pandemic.

- Approximately 1 in 5 report that they are less willing to access mental healthcare during the pandemic.
- The least favourable mental health scores are seen among those who agree that the pandemic has made them less willing to access mental healthcare.

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



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

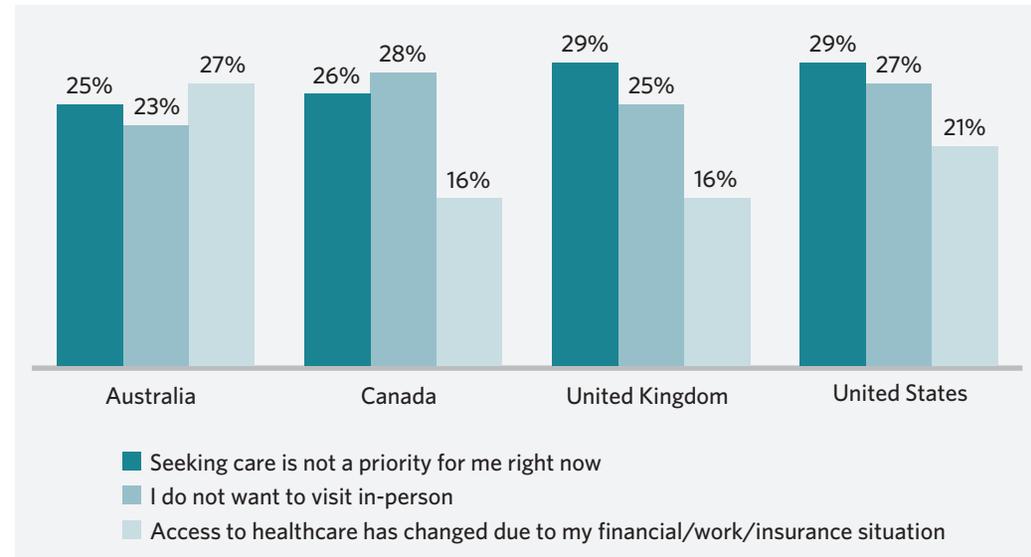




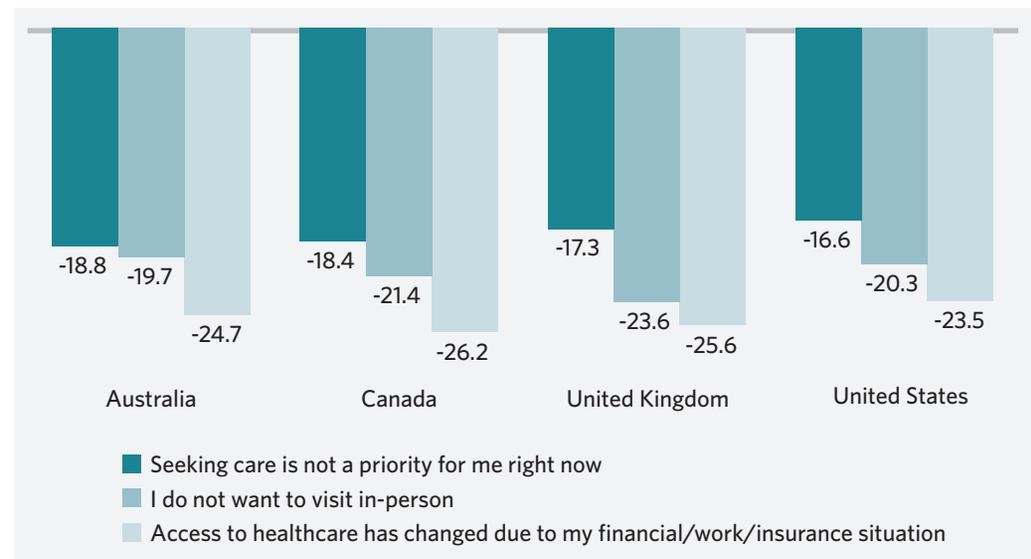
The three most common reasons why individuals are less willing to access mental healthcare are that seeking care is not a priority right now, that they do not want to visit in-person, and that access to healthcare has changed due to their financial/work/insurance situation.

- The mental health scores among people who report that their access to healthcare has changed due to their financial/work/insurance situation is the least favourable, followed by those who do not want to visit a provider in-person.

Top three reasons why individuals are not willing to access mental healthcare



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





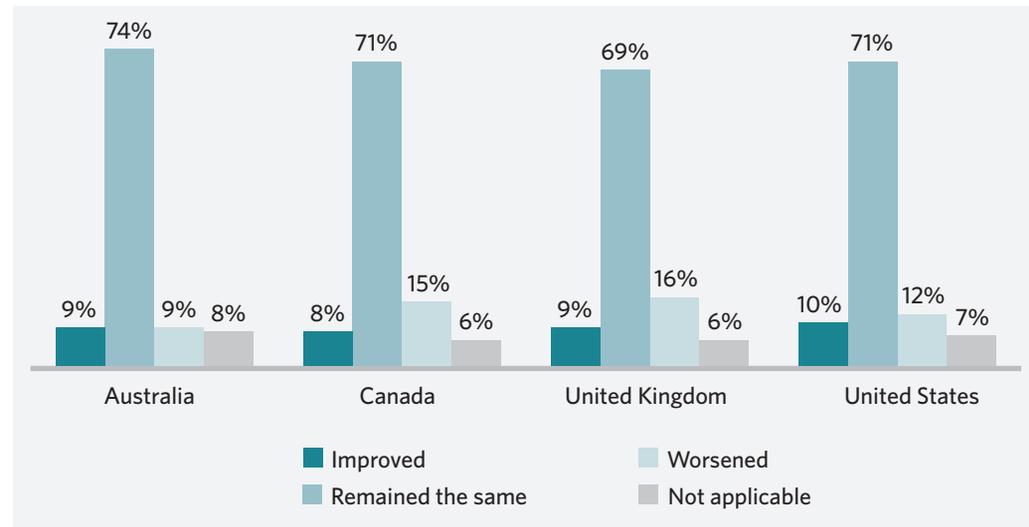
Workplace relationships

Relationships with work peers

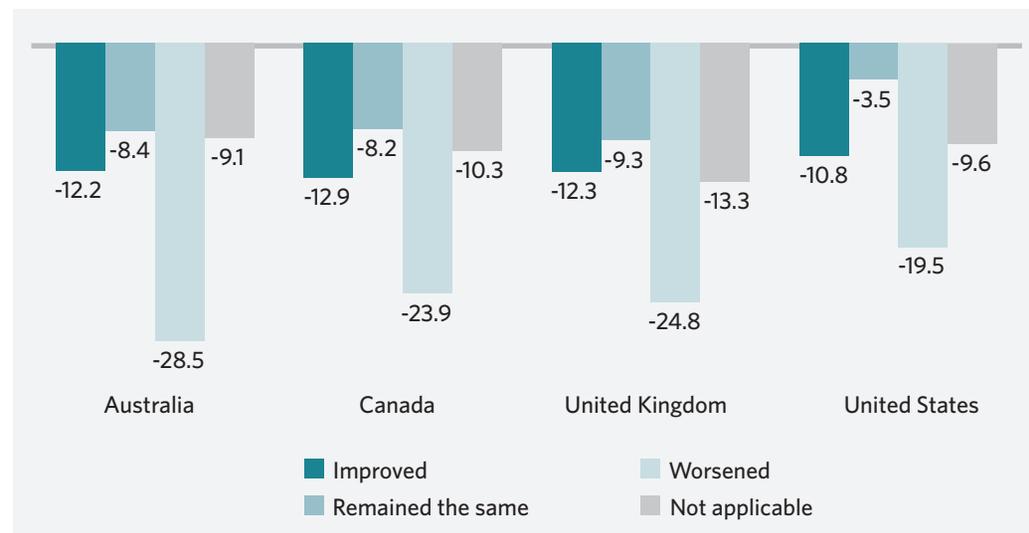
In response to the COVID-19 pandemic, remote work, workplace health and safety practices, personal, family, and job responsibilities have significantly reshaped the workplace since 2020. Interactions between peers and managers have changed because of these necessary shifts. Respondents were asked about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

- Nearly three-quarters report that relationships with their work peers have remained unchanged since before the pandemic and this group has the most favourable mental health scores.
- In Canada, the United Kingdom, and the United States, a greater number of people report that their relationships worsened than those who report that their relationships improved. In Australia, the percentages are equal.
- The lowest mental health scores are seen among people who report worsened relationships with their peers.

State of relationships with work peers compared to before the pandemic



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



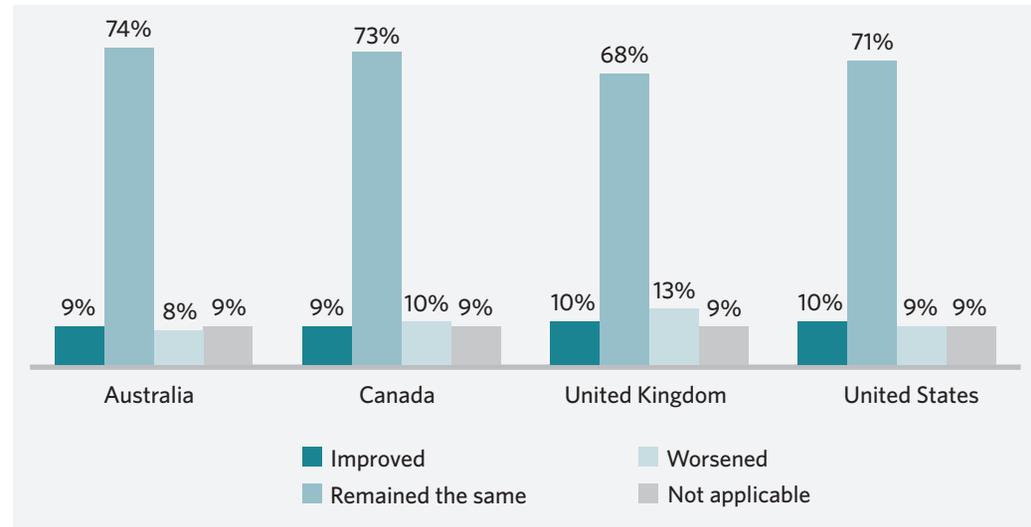


Employee-manager relationship

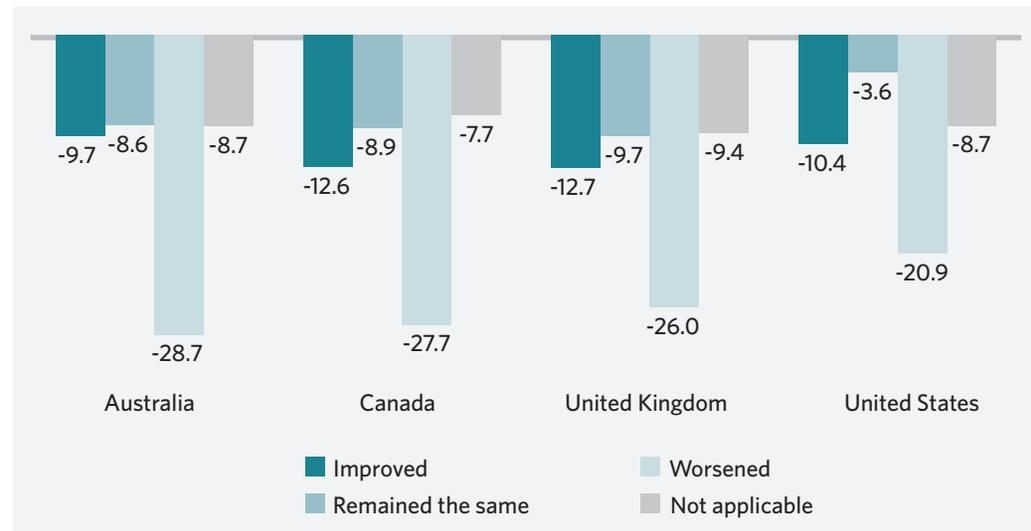
Respondents were asked about changes to the relationships with their manager in the workplace.

- Across all geographies, the majority report no change to the relationship with their manager compared to before the pandemic.
- In Canada and the United Kingdom, a greater number of people report that their relationship worsened when compared to those who report that the relationship improved; however, in Australia and the United States, a greater number of people report that their relationship improved when compared to those reporting a worsened relationship.
- The lowest mental health scores are seen among people reporting a worsened relationship with their managers.

State of employee-manager relationship compared to before the pandemic



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





Working from home after the pandemic

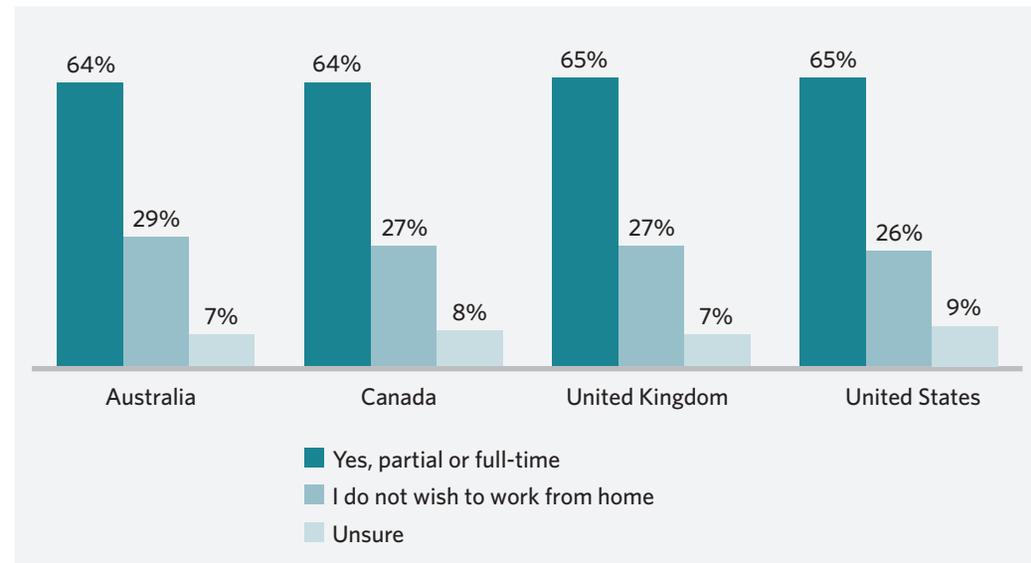
In December, Forbes magazine noted that the pandemic has brought about the greatest work from home experiment in history.² Post-pandemic work from home policies are expected to be reconsidered as some employers consider partial or fully remote workforces.

Employee interest in work from home post-pandemic

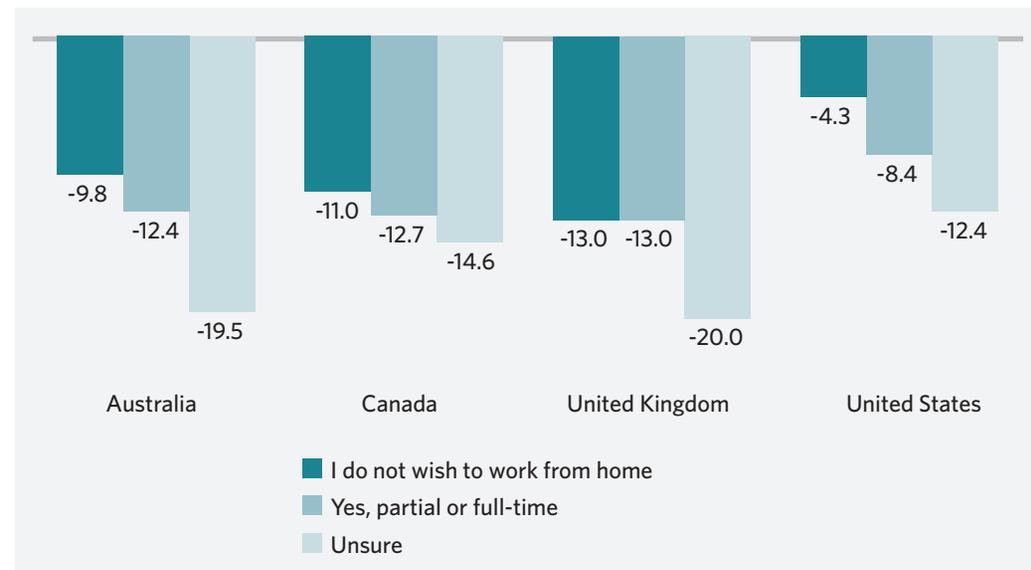
Where the option for remote work is possible, employees were asked about whether they want to work from home post-pandemic.

- Nearly two-thirds across all geographies report wanting the flexibility to work from home, at least some of the time, once the pandemic is over.
- Over one-quarter report that they do not want to work from home after the pandemic ends.

Employee interest in work from home post-pandemic



MHI scores by employee interest in work from home post-pandemic



² Why Has The Great Work-From-Home Experiment Been So Successful?, Forbes, <https://www.forbes.com/sites/forbes-techcouncil/2020/12/11/why-has-the-great-work-from-home-experiment-been-so-successful/?sh=75366d3c28c7>, 2020.

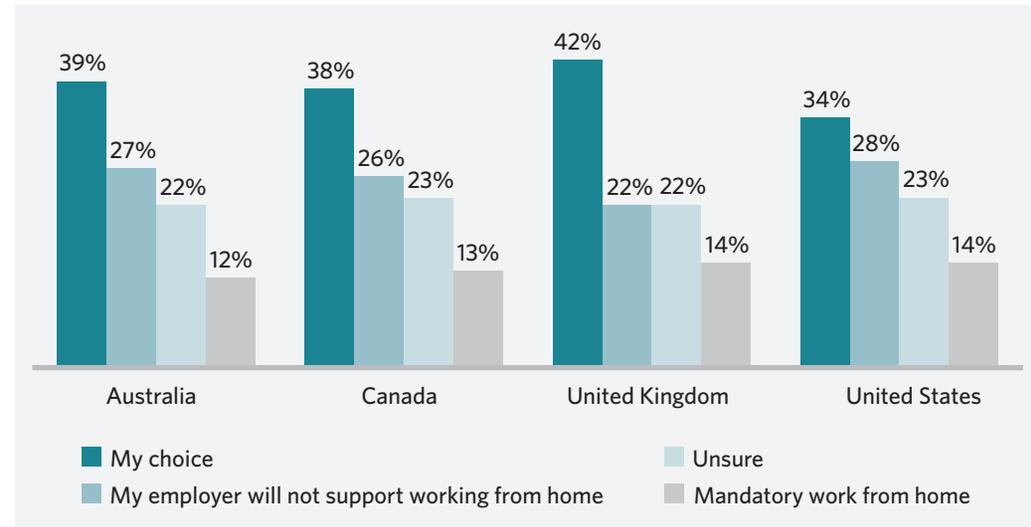


Employers and work from home

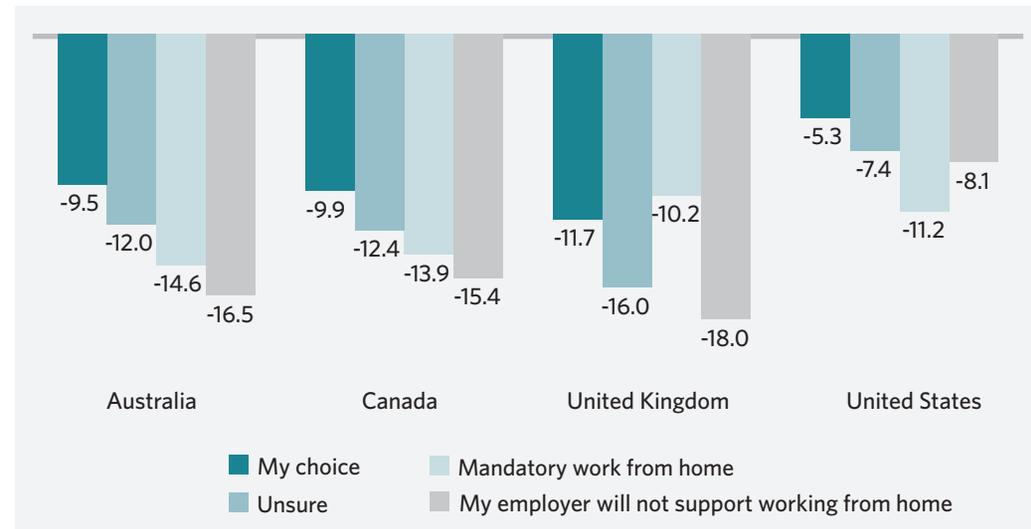
For employees who have the option to work from home, individuals were asked how they perceive their employers will support work from home after the pandemic ends.

- Most commonly, employees believe employers will give the option to choose whether they work from home.
- The most favourable mental health scores in Australia, Canada and the United States are seen among people who believe that their employer will support work from home; however, the most favourable mental health score in the United Kingdom is seen among those who will be required to work from home.

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



MHI scores by employee perception of how employers will support work from home post-pandemic





Overview of the Mental Health Index™

The mental health and wellbeing of a population is essential to overall health and work productivity. The Mental Health Index™ provides a measure of the current mental health status of employed adults in 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 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 of Australia. All of those surveyed are currently employed or were employed within the prior six months. The same respondents participate each month to remove sampling bias. The respondents were asked to consider the prior two weeks when answering each question. The Mental Health Index™ is published monthly, starting in April 2020. The benchmark data was collected in 2017, 2018 and 2019. The data for the current report was collected from February 17 to March 1, 2021, for all regions.

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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