



alth Commission de on la santé mentale du Canada

COVID-19 impact on mental health and how employees are coping

The Conference Board of Canada, Mental Health Commission of Canada, and Workplace Safety and Prevention Services

June 23, 2020



conferenceboard.ca

Table of contents



Introduction

Summary of findings

Recommendations for employers

Overview of survey and 15 factors that influence mental health

Common coping strategies used during COVID-19 and perceived level of benefit

How has COVID-19 impacted you?

Demographic results

Financial health ANOVA analysis

Limitations and considerations



Introduction



Introduction



The primary focus of the COVID-19 Impact on Mental Health Pulse Check is on mental health.

<u>Mental health</u> is a state of well-being in which an individual realizes their own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to their community.

The purpose of this rapid study was:

- to explore the impact of COVID-19 on 15 factors that can positively or negatively impact self-reported perceived mental health;
- to better understand the kinds of coping strategies being used by Canadians during COVID-19 and their perceived benefit.

Introduction – continued



While the first presumptive case was in January 2020, for all intents and purposes, COVID-19 started impacting Canada in mid-March 2020. This pandemic has led to unprecedented change and strain on Canada's economy and the mental health of Canadians.

In April 2020, the Mental Health Commission of Canada and Nanos reported that "Canadians are four times more likely to report their mental health is worse or somewhat worse than before COVID-19, rather than better or somewhat better."

Also in April 2020, Angus Reid reported that "half of Canadians report a worsening of their mental health, with one in 10 saying it has worsened a lot."

Statistics Canada also reported from their recent Canadian Perspectives Survey Series that 54 per cent of Canadians aged 15 and older reported excellent or very good mental health during the COVID-19 period. This was a 14 per cent overall decline in self-perceived mental health compared with 2018 Canadian Community Health Survey results (68 per cent).

The Conference Board of Canada



Summary of findings



Summary of findings



Eighty-four per cent of respondents reported their concerns had worsened across the 15 mental health factor concern scores. A statistically significant difference was found between "Before COVID-19" and "Today" for all 15 factors.

Factors with a 20 per cent or more change:

- well-being of one's family (24 per cent)
- your future (23 per cent)
- isolation/loneliness (21 per cent)
- anxiousness/fear (21 per cent)

There was also a significant (3 per cent) increase in level of concern with respect to domestic violence.



Respondents' self-reported <u>employment status</u> and <u>income</u> were found to be significant factors in determining their overall 15-factor mental health concern score.

Those with lower incomes showed higher mental health concern scores (greater levels of concern/wellness).

Those that were unemployed and those that were students had higher mental health concern scores (greater levels of concern/wellness) than those that were employed.

> The Conference Board of Canada



Coping strategies can have an impact when they are perceived as beneficial.

We have observed with coping strategies that perceived benefit matters more than frequency.

It is important for employers to keep in mind that programs to support employees' mental health should be critically evaluated to determine their perceived benefit and whether they improve one's mental health. Participation alone is not enough; an evidence-based approach to evaluating programs is advised.

Social connections matter for positive mental health.

Connecting with family and friends was consistently seen as the most-favoured coping strategy across respondent demographics. This suggests employers can have a positive impact on employees' mental health by supporting employees and paying attention to the quality of social connections in the workplace.

Employees who report greater concern appear to try more coping strategies to mitigate their perceived stress.

It appears employees who have higher mental health concern scores across the 15 factors were more likely to engage in more prosocial or at-risk coping strategies and more likely to engage in help-seeking behaviours.

Employers may be able to positively support employees' mental health by having more conversation with employees on coping strategies and their role.

Some coping strategies can start out as suitable/reasonably consumed but, if not managed correctly under stress, may contribute to employee stress levels (e.g., alcohol consumption).



The top three ranked coping strategies:

- 1. connecting with family and friends through technology (e.g., FaceTime)
- 2. walking/jogging
- 3. exercise

The top three ranked at-risk strategies:

- 1. food
- 2. alcohol
- 3. video gaming

The top three ranked help-seeking behaviours:

- 1. talking with a therapist/counsellor/psychologist
- 2. telemedicine for medical support
- 3. online physical health trainers





Coping strategies by number of responses among percentiles of MH Scores

Certain coping strategies were used more by those with higher total mental health concern scores when comparing bottom third, middle third, and highest third percentiles of scores.

This includes prosocial strategies such as daily journaling and social media, at-risk strategies such as alcohol and drugs, and help-seeking behaviours such as EFAP, telemedicine, and talking to a therapist.

Coping strategies by benefit scores among percentiles of MH Scores

When comparing MH concern score percentiles by average perceived benefit (out of five), some coping strategies showed that with greater overall concern there was significantly lower perceived benefit.

This included strategies like food, exercise, mindfulness, reading, and others.



Recommendations for employers



Recommendations for employers

Based on the statistical shift in employees' perceptions for each of the 15 mental health factors over a two-month period in Canada, it can be expected that the longer COVID-19 is a concern, the more stress and strain there will be on Canadians. The five recommendations below provide employers with key actions to help mitigate mental harms and support employee mental health.

1. Put an increased level of vigilance on employees' psychological safety.

Consider the benefits for adopting the CSA psychological health and safety standard to assist in providing guidance on how to frame, audit, and put in place a Plan-Do-Check-Act (PDCA) approach to promote psychological health and safety and mitigate the impact of COVID-19 on the workforce's mental health.

2. Complete a full inventory of all support programs.

Evaluate all programs in place for prevention and early intervention/treatment. Consider the benefits for supporting employees' mental fitness and resiliency to promote two-way accountability. The employer and employee can collectively help each other keep their mental health positively charged through this and other challenging times.

Recommendations for employers - continued

3. Obtain a workforce mental health baseline.

Obtain a baseline of workforce mental health. Through regular measurement and pulse checks, monitor closely for the next 36 months at a minimum.

4. Promote and evaluate EFAP/EAP and psychological services.

Regularly measure the impact of all mental health programs and initiatives to prevent mental harm and promote mental health. Define success criteria and metrics above and beyond utilization. For example, for all iCBT programs, monitor adherence and program completion and subsequent impact six months after completion.

Work to ensure high-quality EFAP/EAP and psychological services along with addressing barriers to access (e.g., stigma and other potential barriers).

5. Review coping strategies.

Explore what kinds of coping strategies the workforce is using. Seek to understand why different coping strategies are used, along with their pros and cons. This initiative can generate conversation about the difference between mental health and mental illness, help eliminate stigma, and reframe the benefits for help-seeking behaviour. A greater understanding of which coping strategies are most effective is a proactive approach to improving the psychological health and safety of the workforce.



Overview of survey and 15 factors that influence mental health



Overview of survey

Launch date: April 27, 2020 Closed date: May 15, 2020

Total N*: 1,804 responses

Key demographic findings:

- 56 per cent of participants were from Ontario.
- 74 per cent of participants were female.
- 87 per cent of participants were employed. 84 per cent of this employed population had a permanent full-time job.
- 77 per cent lived in an urban setting.
- 76 per cent were between the ages of 31 and 60.
- 47 per cent of participants had incomes of between \$50,000 and \$100,000.



16



15 factors that influence mental health

Per cent change in average MH concern score from before COVID-19 to today:

- 1. financial health 17 per cent \uparrow
- 2. employment situation 18 per cent 1
- 3. physical health 16 per cent 1
- 4. domestic violence 3 per cent 1
- 5. your or a family member's use of alcohol and/or drugs 7 per cent
- 6. anxiousness or fear 21 per cent
- 7. anger management 9 per cent \uparrow

8. isolation and loneliness – 21 per cent
9. low moods or depression – 18 per cent
10. finding a partner/spouse – 5 per cent
11. maintaining a relationship – 9 per cent
12. fulfilling your parenting roles – 13 per cent
13. well-being and wellness of your family – 24 per cent
14. your future – 23 per cent
15. your overall mental well-being – 19 per cent

- > 20% increase in average = red, < 20% increase in average = yellow
- Cronbach's alphas: Before COVID-19 = 0.89, today (during pandemic) = 0.88
- For each of the 15 factors a 95 per cent **Confidence Interval (CI) of the mean concern scores** was calculated in each time frame.
- Mann-Whitney U test: When comparing before COVID-19 to today, all 15 items demonstrated a statistically significant change.

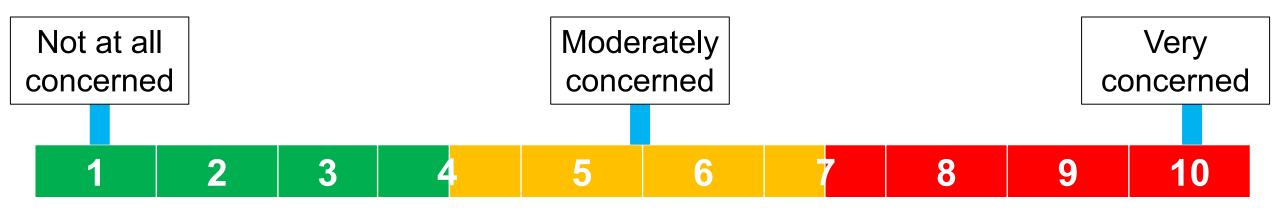


15 factors that influence mental health



Each factor was measured using the following 10-item scale to determine the respondent's level of concern <u>before COVID-19</u> and <u>today</u> (during the pandemic).

Note: This is a <u>risk scale</u> that showed that with higher scores, there were greater levels of concern with each factor.



The Conference Board of Canada

Financial health



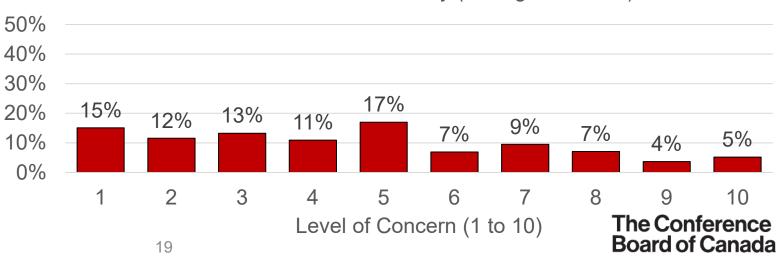
Before COVID-19 Average score – 2.9/10 95 per cent CI (+/-): 0.1

Today (during pandemic) Average score – 4.6/10 95 per cent CI (+/-): 0.1

Average score increased by 17 per cent

50% 40% 30% 30% 19% 17% 15% 20% 11% 10% 3% 2% 1% 0% 1% 0% 2 3 5 6 7 8 9 10 1 4 Level of Concern (1 to 10)

Q1A - Financial Health Today (During Pandemic)



Q1A - Financial Health Before COVID

Employment situation

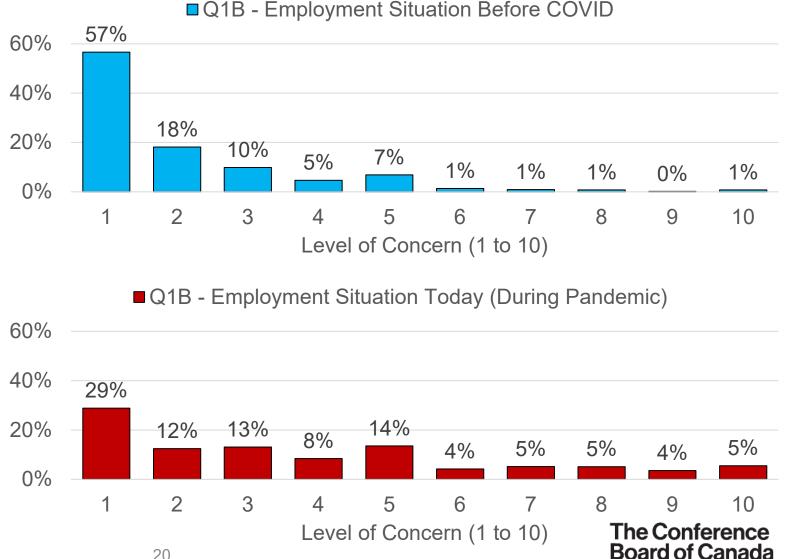


Before COVID-19

Average score -2.0/1095 per cent CI (+/-): 0.1

Today (during pandemic) Average score -3.8/1095 per cent CI (+/-): 0.1

Average score increased by 18 per cent



Physical health



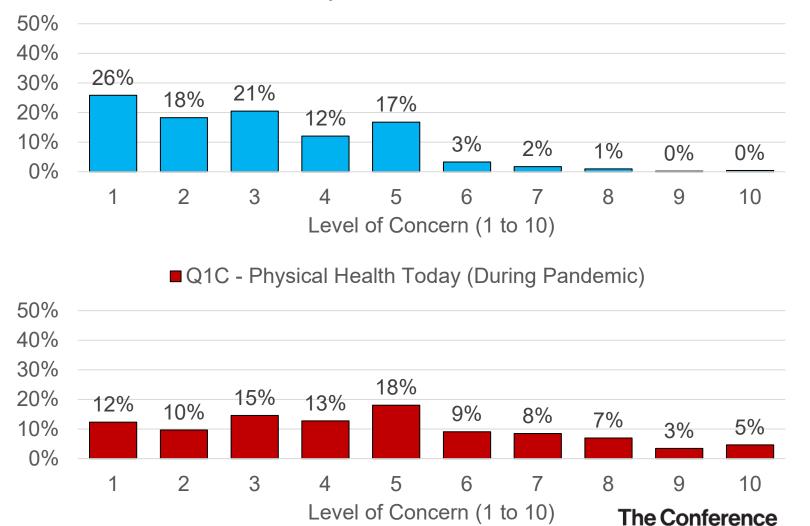
Board of Canada

Before COVID-19 Average score – 3.0/10 95 per cent CI (+/-): 0.1

Today (during pandemic)

Average score – 4.6/10 95 per cent CI (+/-): 0.1

Average score increased by 16 per cent



Q1C - Physical Health Before COVID

Domestic violence



Before COVID-19 Average score -1.2/1095 per cent CI (+/-): 0.04

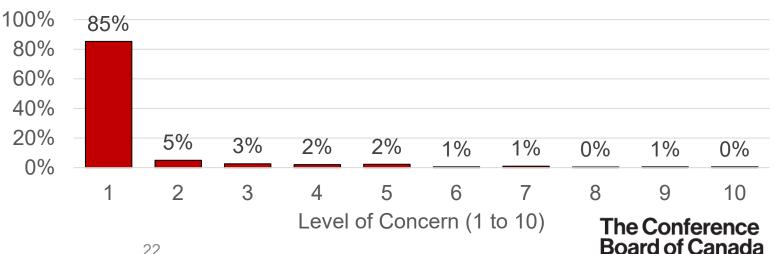
Today (during pandemic)

Average score – 1.5/10 95 per cent CI (+/-): 0.1

Average score increased by 3 per cent

90% 100% 80% 60% 40% 20% 4% 2% 1% 1% 0% 0% 0% 0% 0% 0% 2 3 4 5 6 7 8 9 10 Level of Concern (1 to 10)

Q1D - Domestic Violence Today (During Pandemic)



Q1D - Domestic Violence Before COVID

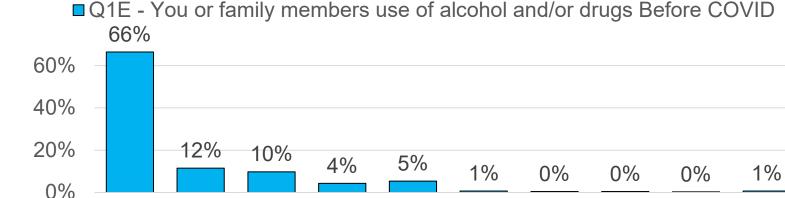
Your or family members' use of alcohol and/or drugs

Before COVID-19 Average score – 1.8/10 95 per cent CI (+/-): 0.1

Today (during pandemic)

Average score -2.5/1095 per cent CI (+/-): 0.1

Average score increased by 7 per cent



5

Q1E - You or family members use of alcohol and/or drugs Today (During)

6

Level of Concern (1 to 10)

8

7

10

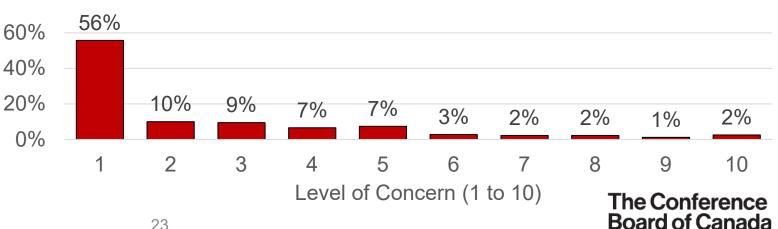
9

3

4

2

Pandemic)



Anxiousness or fear



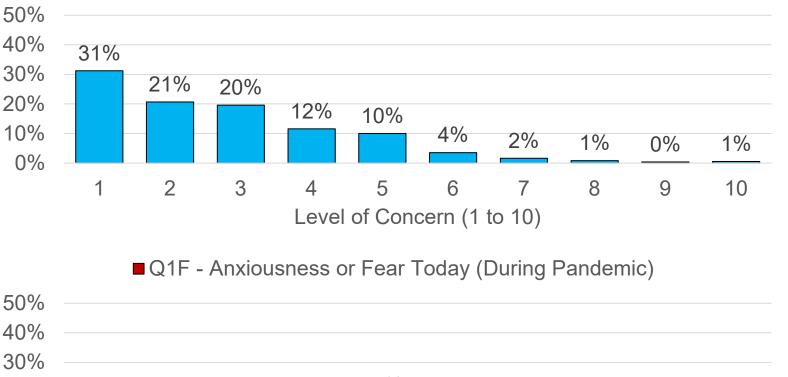
Before COVID-19 Average score -2.8/10

95 per cent CI (+/-): 0.1

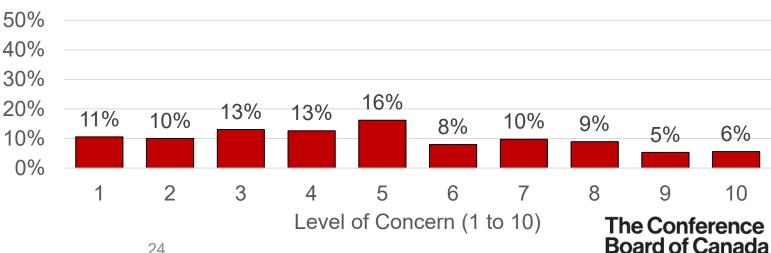
Today (during pandemic)

Average score – 4.9/10 95 per cent CI (+/-): 0.1

Average score increased by 21 per cent



Q1F - Anxiousness or Fear Before COVID



Anger management

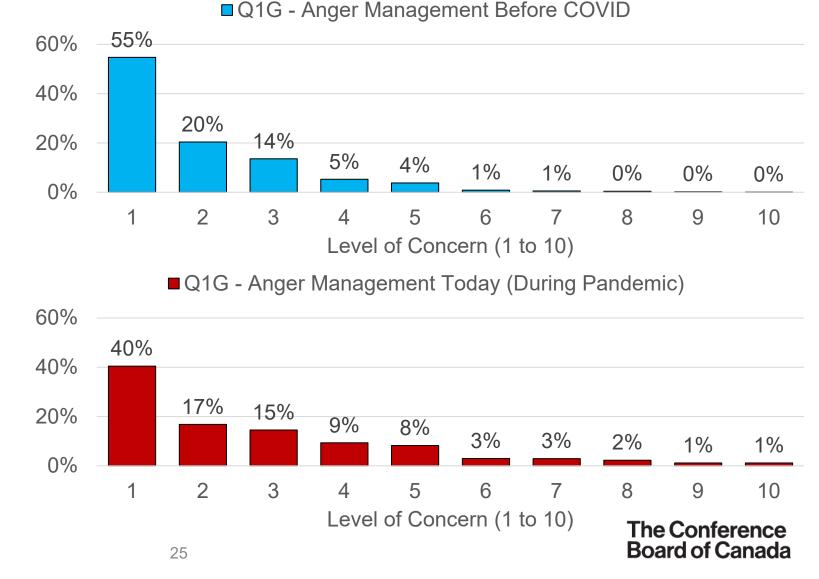


Before COVID-19 Average score – 1.9/10 ^{95 per cent CI (+/-): 0.1}

Today (during pandemic)

Average score – 2.8/10 95 per cent CI (+/-): 0.1

Average score increased by 9 per cent



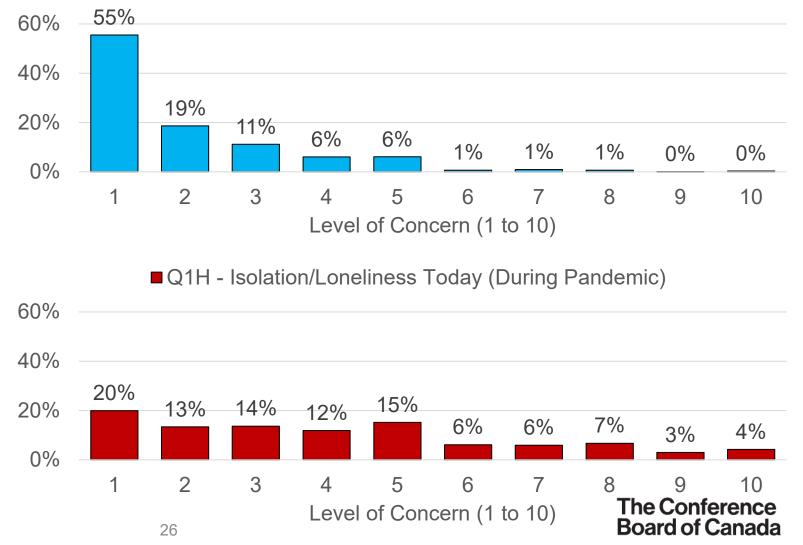
Isolation and Ioneliness



Before COVID-19 Average score – 2.0/10 ^{95 per cent CI (+/-): 0.1}

Today (during pandemic) Average score – 4.1/10 ^{95 per cent CI (+/-): 0.1}

Average score increased by 21 per cent



Q1H - Isolation/Loneliness Before COVID

Low moods or depression

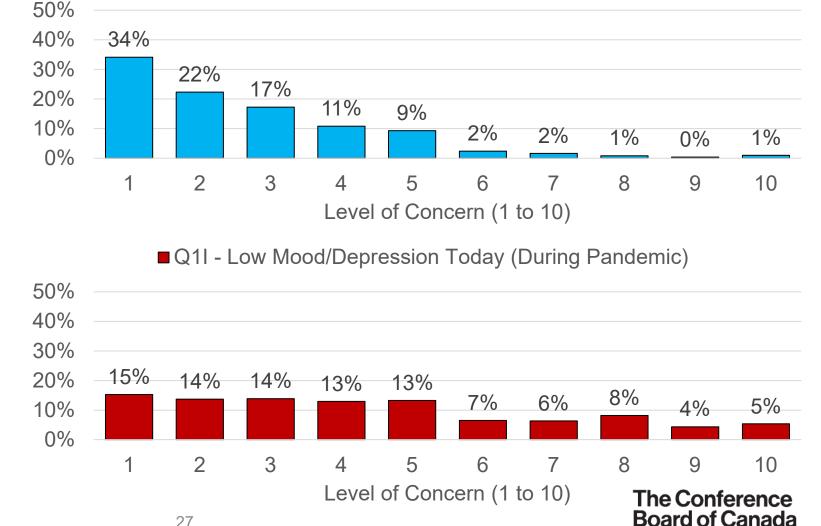


Before COVID-19 Average score -2.7/1095 per cent CI (+/-): 0.1

Today (during pandemic)

Average score – 4.5/10 95 per cent CI (+/-): 0.1

Average score increased by 18 per cent



Q1I - Low Mood/Depression Before COVID

Finding a partner/spouse

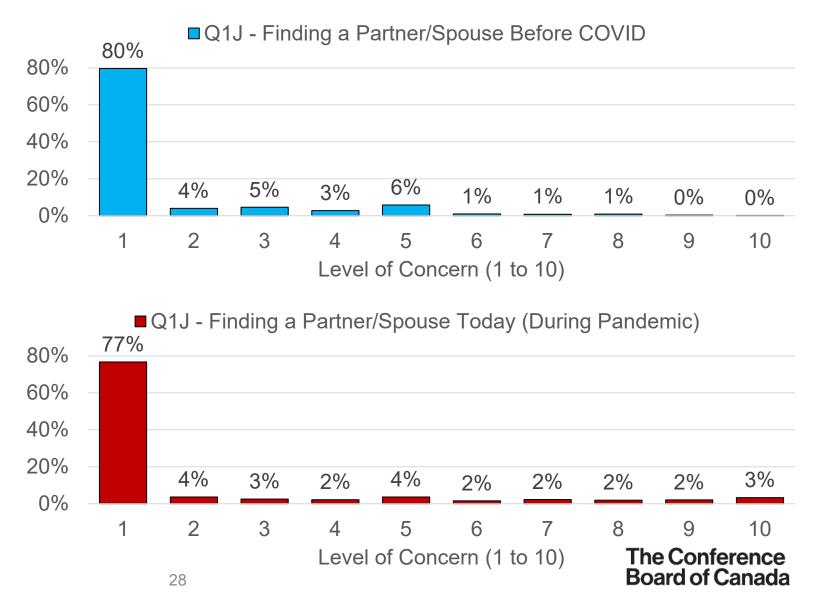


Before COVID-19 Average score – 1.7/10 ^{95 per cent CI (+/-): 0.1}

Today (during pandemic)

Average score – 2.1/10 95 per cent CI (+/-): 0.1

Average score increased by 5 per cent



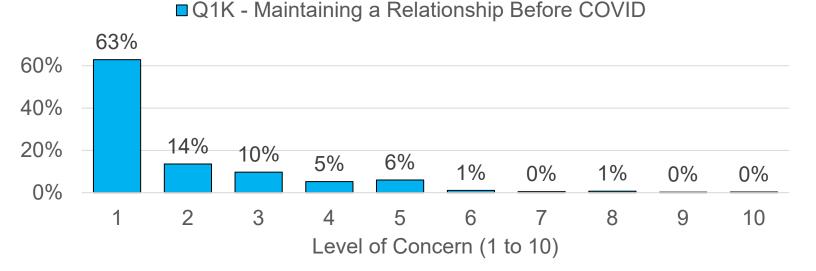
Maintaining a relationship

Before COVID-19 Average score – 1.9/10 ^{95 per cent CI (+/-): 0.1}

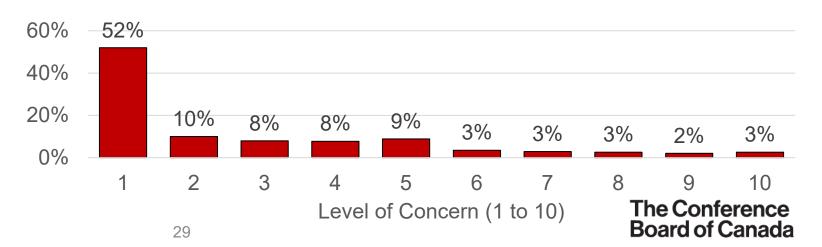
Today (during pandemic)

Average score – 2.8/10 95 per cent CI (+/-): 0.1

Average score increased by 9 per cent



Q1K - Maintaining a Relationship Today (During Pandemic)



Fulfilling your parenting roles

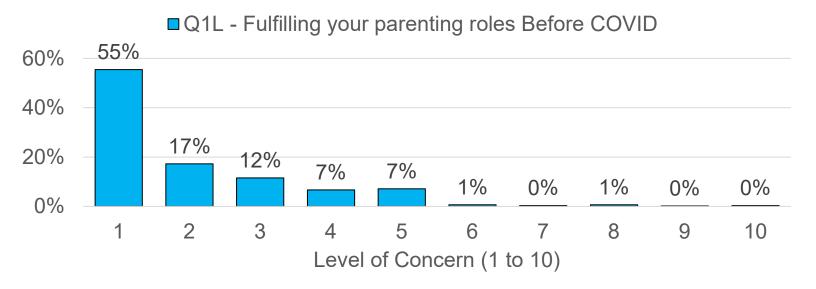


Before COVID-19 Average score – 2.0/10 ^{95 per cent CI (+/-): 0.1}

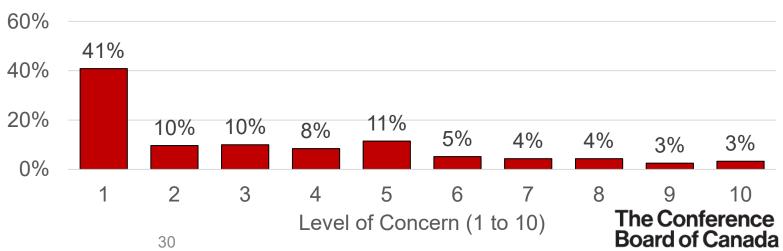
Today (during pandemic)

Average score – 3.3/10 95 per cent CI (+/-): 0.1

Average score increased by 13 per cent



Q1L - Fulfilling your parenting roles Today (During Pandemic)



Well-being and wellness of your family

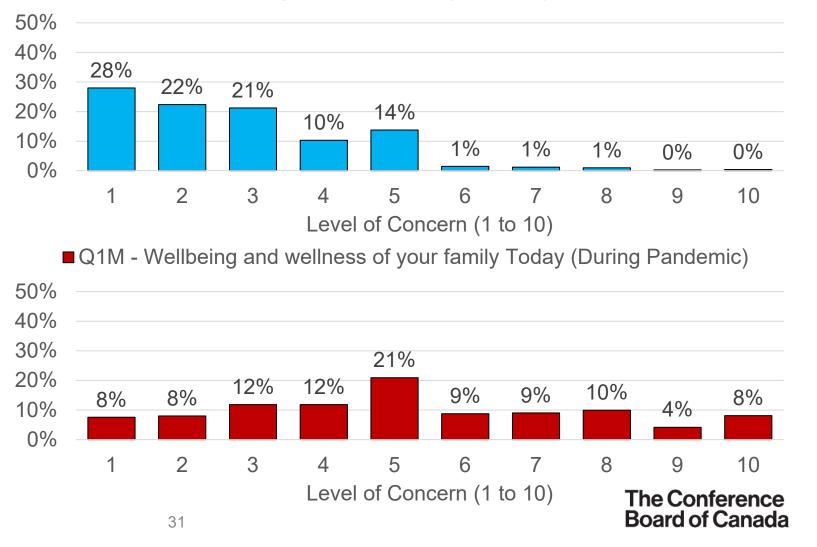


Before COVID-19 Average score – 2.8/10 ^{95 per cent CI (+/-): 0.1}

Today (during pandemic) Average score – 5.2/10

95 per cent CI (+/-): 0.1

Average score increased by 24 per cent



Q1M - Wellbeing and wellness of your family Before COVID

Your future



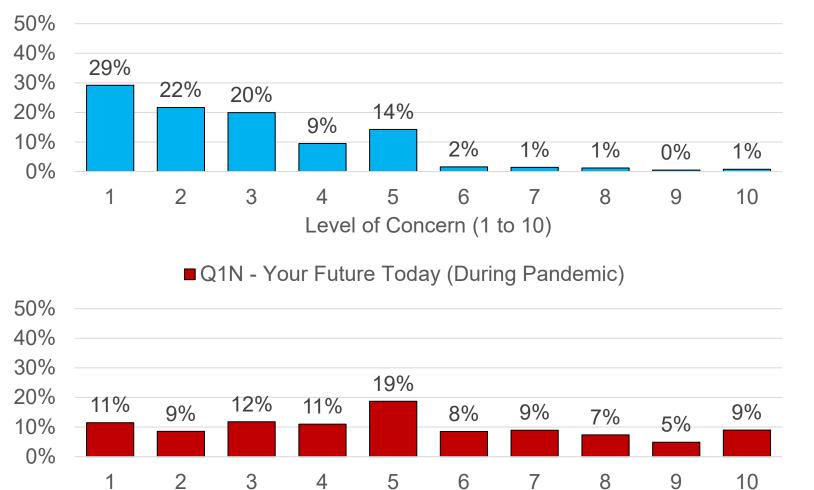
The Conference Board of Canada

Before COVID-19 Average score – 2.8/10 ^{95 per cent CI (+/-): 0.1}

Today (during pandemic)

Average score – 5.1/10 95 per cent CI (+/-): 0.1

Average score increased by 23 per cent



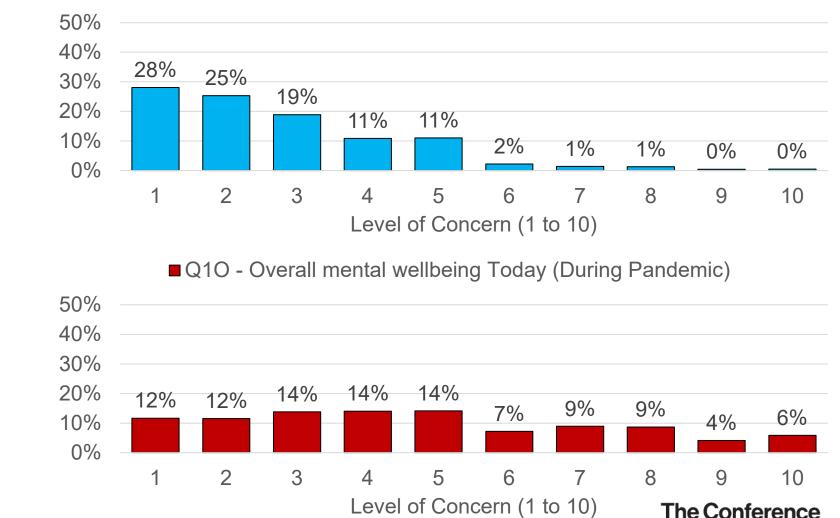
Level of Concern (1 to 10)

Q1N - Your Future Before COVID

Overall mental well-being



Board of Canada



Q10 - Overall mental wellbeing Before COVID

Before COVID-19

Average score – 2.8/10 95 per cent Cl (+/-): 0.1

Today (during pandemic) Average score – 4.7/10 ^{95 per cent Cl (+/-): 0.1}

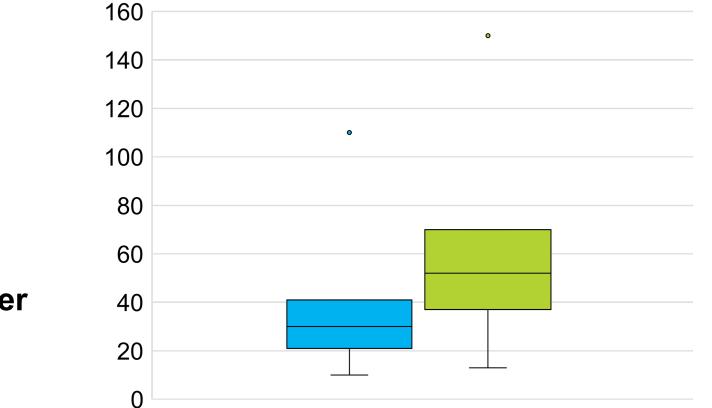
Average score increased by 19 per cent



Mental health 15-factor overall concern scale

Overall Concern Score Review

Before COVID Today (During Pandemic)



Before COVID-19

Average score – 33.0 95 per cent Cl (+/-): 0.7

Today (during pandemic)

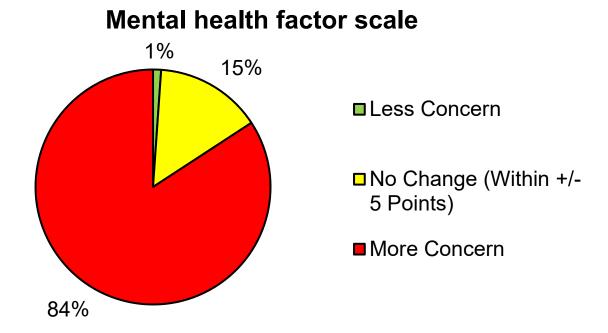
Average score – 54.6 95 per cent CI (+/-): 1.1

Average score increased by 14 per cent

Note: scale range 15 to 150 N = 1,804

Per cent of overall change and concern in the mental health 15-factor scale





15-factor mental health concern scale change	#	%
Less concern	20	1
No change (within +/- 5 points)	265	15
More concern	1519	84
Total n	1804	100

The Conference Board of Canada



Common coping strategies used during COVID-19 and perceived level of benefit



Introduction to coping strategies



We looked at 32 different coping strategies in this survey.

Seventeen were considered prosocial and six were considered to have the potential to be at-risk.

Some strategies, such as alcohol, food, and video gaming, were deemed at-risk based on their potential to be harmful to the respondent. However, due to the context of the question, there is the potential for these strategies to be used at a safe/reasonable level; it would depend on the frequency, duration, and intensity of the coping strategies.

Nine coping strategies were considered help-seeking behaviours.

Note: Help-seeking behaviours can be proactive to support mental health and do not necessarily mean a person has a mental illness. However, in some cases, this may be the motivation for seeking help.

Coping strategies – top 10 rank-ordered coping strategies



The following weighting formula was used to create rank order:

(# respondents per coping strategy) * (average perceived benefit score) = sum of each coping strategy's benefit scores

The highest-to-lowest sum created the rank order.

Rank order	Strategy	% of total	Average perceived benefit score (out of 5)
1	Connecting with family and friends through technology (e.g., FaceTime)	75	4.1
2	Walking/jogging	68	4.3
3	Exercise	67	4.2
4	Online streaming channels (e.g., Netflix)	64	3.3
5	Reading	50	3.9
6	Time with a pet	42	4.4
7	Food	64	2.6
8	Mindfulness (e.g., meditation)	40	3.8
9	Social media	57	2.6
10	Watching or reading the news	61	2.3

Coping strategies – full chart: Rank-ordered prosocial and at-risk strategies



Rank order	Strategy	Pro-social (PS) or at-risk (AR)	% of total	Average perceived benefit score (out of 5)
1	Connecting with family and friends through technology (e.g., FaceTime)	PS	75	4.1
2	Walking/jogging	PS	68	4.3
3	Exercise	PS	67	4.2
4	Online streaming channels (e.g., Netflix)	PS	64	3.3
5	Reading	PS	50	3.9
6	Time with a pet	PS	42	4.4
7	Food	AR*	64	2.6
8	Mindfulness (e.g., meditation)	PS	40	3.8
9	Social media	PS	57	2.6
10	Watching or reading the news	PS	61	2.3
11	Relaxation activities (e.g., bath, hot tub)	PS	32	3.9
12	Sleep as much as possible	PS	33	3.3
13	Online shopping	PS	35	2.8
14	Alcohol	AR*	36	2.4
15	Taking an online course	PS	22	3.5
16	Work more	AR	21	2.9
17	Sexual activity	PS	17	3.6
18	Video gaming	AR*	17	3.2
19	Online religious services	PS	11	3.9
20	Drugs (e.g., cannabis)	AR	11	3.2
21	Daily journaling	PS	10	3.5
22	Self-monitoring with a mood tracking app	PS	3	2.6
23	Self-harming (e.g., cutting)	AR	2	2.1

*Selected as an at-risk strategy but requires further context on level of consumption (one may report using strategy but at a safe/reasonable level)

Coping strategies – top rank-ordered help-seeking behaviours



Rank order	Strategy	% of total	Average perceived benefit score (out of 5)
1	Talking with a therapist/counsellor/psychologist	12	4.0
2	Telemedicine for medical support	9	3.7
3	Online physical health trainers	8	4.0
4	Talking with a life coach	4	3.6
5	Employee Family Assistance Program	4	3.0
6	Online peer support programs (e.g., AA meetings)	3	3.5
7	Online cognitive behavioural therapy (CBT) and/or other psychological		
1	therapies	3	3.1
8	Accessing a crisis line or supportive help line	2	2.9
9	Online occupational therapist	1	2.2

Coping strategies – other qualitative responses

Top three responses:

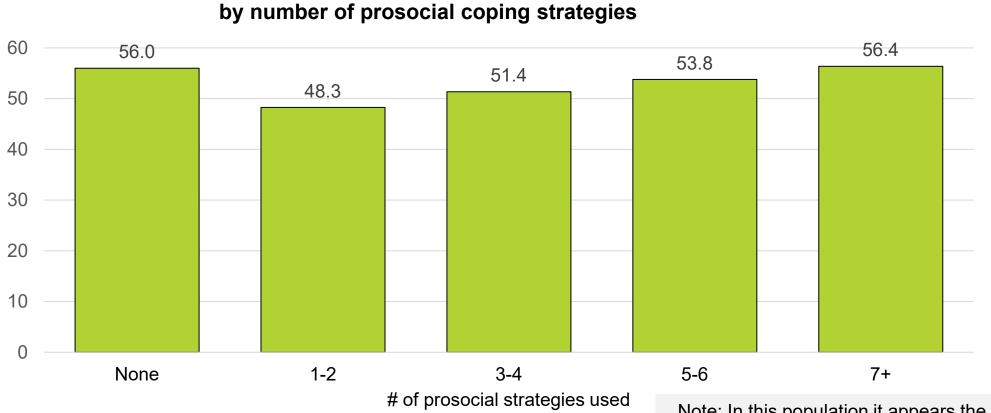
- **1. Support** receiving help/support from others or providing help/support to others.
- 2. Work some changes to work or work schedule were helpful.
- **3. Home** some benefits for working from home.





Average mental health concern score by number of prosocial strategies								
Number of prosocial strategies	Percentage of respondents	Average of 15-factor mental health concern score (today)	Most common coping strategy	Second most common strategy				
None	1.8	56.0	Alcohol	Food				
1–2 strategies	6.2	48.3	Food	Exercise				
3–4 strategies	13.5 51.4 Food		Connecting with family/ friends					
5–6 strategies	24.4	53.8	Connecting with family/friends	Walking/jogging				
7+ strategies	54.0	56.4	Connecting with family/friends	Walking/jogging				

By number of prosocial strategies selected



Average total 15-factor mental health concern score (today)

Note: In this population it appears the more prosocial coping strategies used, the more likely the person is struggling to cope and is experiencing greater overall levels of concern (total MH concern score).

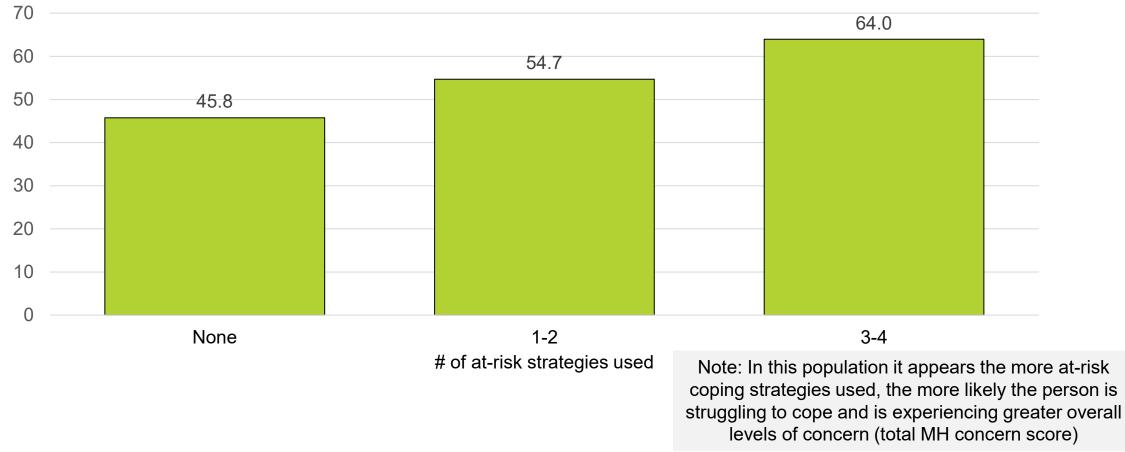


Average total 15-factor mental health concern score by number of at-risk strategies								
Number of at-risk strategies		Average of mental health concern score, today (during pandemic)	Most common coping strategy	Second most common strategy				
None	19.8	45.8	Connecting with family/friends	Exercise				
1–2 strategies	62.0	54.7	54.7 Connecting with family/friends					
3–4 strategies	17.0	64.0	Food	Online streaming channels				

By number of at-risk strategies selected



Average 15-factor mental health concern score by number of at-risk coping strategies (today during pandemic)



By number of help-seeking coping strategies selected



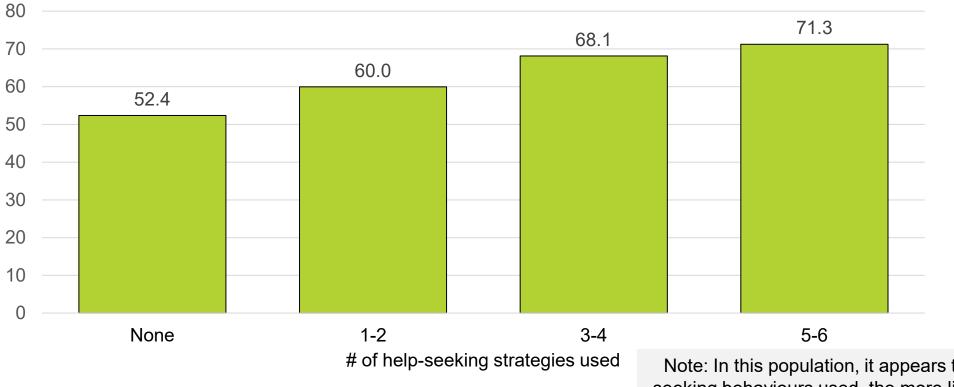
Average mental health concern score by number of help-seeking behaviours								
# help-seeking strategies		Average of mental health concern score, today (during pandemic)	Most common coping strategy	Second most common strategy				
None	72.7	52.4	Connecting with family/friends	Walking/jogging				
1–2 strategies	24.1	60.0	Connecting with family/friends	Exercise				
3–4 strategies	2.0	68.1	Connecting with family/friends	Therapist/counsellor				
5–6 strategies	0.2	71.3		d with 4 responses each on of strategy types)				

Note: The higher the 15-factor mental health concern score, the more coping strategies were engaged.

By number of help-seeking strategies selected



Average 15-factor mental health concern score by number of help-seeking strategies, today (during pandemic)



Note: In this population, it appears the more helpseeking behaviours used, the more likely the person is struggling to cope and is experiencing greater overall levels of concern (total MH concern score).

First third, middle third, and last third percentile 15-factor mental health concern scores (today) – by number of responses

Among the below coping strategies, of those selecting each strategy, there were statistically more respondents within the highest overall 15-factor mental health concern score compared with lower percentiles.

	# of respondents b	P value comparing		
Strategy	First third	percentile First third Middle third Last third		
	percentile (15–41)	percentile (42–63)	percentile (64+)	
Food	334	388	434	0.002
Alcohol	159	234	259	<0.001
Employee Family Assistance Program	15	20	41	0.001
Drugs (e.g., cannabis)	32	61	107	<0.001
Online streaming channels (e.g., Netflix)	336	397	419	0.008
Social media	307	335	390	0.006
Sleep as much as possible	163	193	239	0.001
Work more	102	137	142	0.024
Telemedicine for medical support	41	39	78	<0.001
Daily journaling	50	50	77	0.016
Talking with a therapist/counsellor/psychologist	42	60	107	<0.001
Self-harming (e.g., cutting)	9	7	19	0.029

*Through performing a one-way ANOVA between the three percentiles and comparing the 95 per cent CIs.

Strategy	First third percentile (15–41)	Middle third percentile (42–63)	Last third percentile (64
Connecting with family and friends through technology (e.g., FaceTime)	33	35	32
Valking/jogging	34	34	32
Exercise	35	34	31
Online streaming channels (e.g., Netflix)	29	34	36
Reading	34	33	32
īme with a pet	32	34	34
Food	29	34	38
/indfulness (e.g., meditation)	31	33	36
Social media	30	32	38
Vatching or reading the news	32	32	36
Relaxation activities (e.g., bath, hot tub)	30	34	36
Bleep as much as possible	27	32	40
Online shopping	30	34	36
lcohol	24	36	40
aking an online course	33	33	34
Vork more	27	36	37
Sexual activity	30	32	38
/ideo gaming	27	35	38
alking with a therapist/counsellor/psychologist	20	29	51
Online religious services	30	34	36
Drugs (e.g., cannabis)	16	31	54
Daily journaling	28	28	44
elemedicine for medical support	26	25	49
Inline physical health trainers	35	34	31
alking with a life coach	33	27	40
mployee Family Assistance Program	20	26	54
Online peer support programs (e.g., AA meetings)	37	22	41
Inline cognitive behavioural therapy (CBT) and/or other therapies	38	22	40
elf-monitoring with a mood-tracking app	29	27	44
ccessing a crisis line or supportive help line	32	16	52
elf-harming (e.g., cutting)	26	20	54
Online occupational therapist	39	17	43

First third, middle third, and last third percentile 15-factor mental health concern scores (today) – by perceived benefit

As one's 15-factor mental health concern score (today, during pandemic) worsens, the average perceived benefit significantly decreases* for the following strategies:

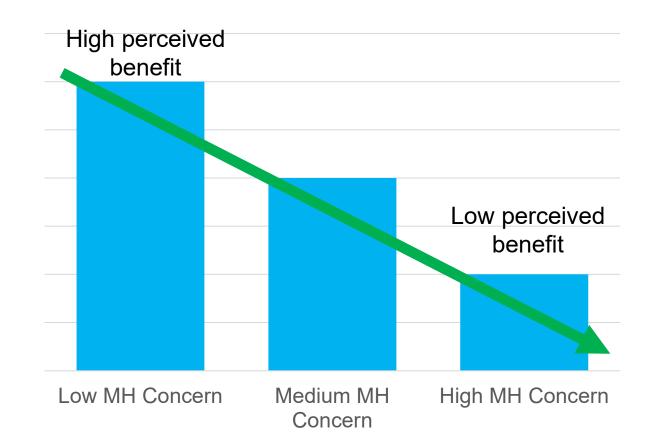
Strategies	
• Food	
Exercise	
 Mindfulness (e.g., meditation) 	
 Online streaming channels (e.g., Netflix) 	
 Connecting with family and friends through technology (e.g., FaceTime) 	
 Social media 	
 Watching or reading the news 	
 Sleep as much as possible 	
 Walking/jogging 	
Online shopping	
 Taking an online course 	
 Reading 	
 Relaxation activities (e.g., bath, hot tub) 	
*Through performing a one-way ANOVA between the three percentiles and comparing the 95 per cent CIs.	The Conferen Board of Cana

Strategy	First third percentile (15–41)	Middle third percentile (42–63)	Last third percentile (64+)
Connecting with family and friends through technology (e.g., FaceTime)	4.2	4.1	3.9
Walking/jogging	4.4	4.4	4.1
Exercise	4.3	4.3	4.0
Online streaming channels (e.g., Netflix)	3.4	3.3	3.1
Reading	4.1	3.8	3.8
Time with a pet	4.4	4.3	4.4
Food	2.9	2.6	2.5
Mindfulness (e.g., meditation)	4.0	3.8	3.5
Social media	2.9	2.5	2.4
Watching or reading the news	2.6	2.3	2.2
Relaxation activities (e.g., bath, hot tub)	4.1	3.9	3.8
Sleep as much as possible	3.6	3.4	3.1
Online shopping	3.1	2.7	2.6
Alcohol	2.4	2.4	2.4
Taking an online course	3.8	3.5	3.3
Work more	3.1	2.8	2.7
Sexual activity	3.7	3.9	3.3
Video gaming	3.1	3.4	3.2
Talking with a therapist/counsellor/psychologist	3.9	4.1	4.0
Online religious services	4.0	3.8	3.8
Drugs (e.g., cannabis)	3.0	3.5	3.1
Daily journaling	3.6	3.6	3.3
Telemedicine for medical support	3.6	3.5	3.8
Online physical health trainers	3.9	4.0	3.9
Talking with a life coach	3.3	3.8	3.7
Employee Family Assistance Program	2.9	3.5	2.8
Online peer support programs (e.g., AA meetings)	3.4	3.5	3.7
Online cognitive behavioural therapy (CBT) and/or other therapies	3.0	2.9	3.3
Self-monitoring with a mood-tracking app	2.4	2.9	2.6
Accessing a crisis line or supportive help line	2.2	2.6	3.5
Self-harming (e.g., cutting)	1.2	2.3	2.4
Online occupational therapist	1.8	2.0	2.7

Perceived benefit of coping strategy versus each mental health factor concern score



- We found negative correlations (green) showing that with higher levels of perceived benefit of a coping strategy, there were lower levels of mental health concern among certain factors.
- We found positive correlations (red) showing that with higher levels of perceived benefit for certain coping strategies, levels of mental health concern among certain factors were just as high.



*Note. The Pearson correlations performed showed varying degrees of r values, some being stronger than others. The following slide presents the correlations that showed statistical significance and the type of correlation that was found.

Perceived benefit of coping strategy versus factor concern scores (today)



- A. Financial health
- B. Employment situation
- C. Physical health
- D. Domestic violence
- E. Alcohol/drug use
- F. Anxiousness/fear
- G. Anger management
- H. Isolation/loneliness
- I. Low moods/depression
- J. Finding a spouse
- K. Maintaining a relationship
- L. Fulfilling parenting roles
- M. Wellness of family
- N. My future
- O. Overall mental wellbeing



How has COVID-19 impacted you?



How has COVID-19 impacted you?



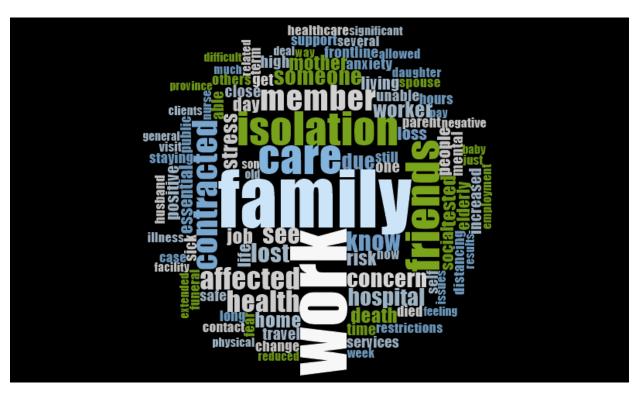
How has COVID-19 impacted you?	#	Average MH concern score before COVID-19	Average MH concern score today during the pandemic	% change on 15- factor mental health scale	% selecting help-seeking behaviours	Most common help- seeking behaviour	Most common coping strategy
1. Have contracted COVID- 19?	19	35.6	56.4	14	32	Telemedicine	Exercise
2. Have been hospitalized because of COVID-19?	-	-	-	-	-	-	-
3. Have a family member who contracted COVID-19?	97	33.7	60.7	18	32	Therapist/ counsellor	Connect with family/friends
4. Have lost a family member to COVID-19?	21	32.0	60.9	19	29	Telemedicine	Social media
5. Have lost someone I knew because of COVID-19?	106	34.2	59.5	17	30	Telemedicine	Connect with family/friends

How has COVID-19 impacted you? - other



Top four responses:

- Family Respondent either knows a family member that contracted COVID-19 or is worried about a family member.
- 2. Work Impact of COVID-19 on one's work.
- Friends Respondent either has a friend/acquaintance that contracted COVID-19 or is worried about a friend.
- **4. Isolation** COVID-19 has led to many respondents being impacted by self-isolation/quarantine.







Demographic results



By province



Overall mental health concern score and top coping strategies, by province								
Province	% participated	Average MH concern score today during the pandemic	% change on 15-factor mental health scale	% selecting help-seeking behaviours	Most common help- seeking behaviour	Most common coping strategy		
1. Alberta	11.4	53.5	13	28	Therapist/counsellor	Connect with family/friends		
2. British Columbia	10.3	54.3	13	28	Telemedicine	Connect with family/friends		
3. Manitoba	2.5	55.0	16	24	Therapist/counsellor	Connect with family/friends		
4. New Brunswick	0.9	52.8	15	12	Telemedicine & online occupational health (tie)	Exercise		
5. Newfoundland and Labrador	1.1	50.7	12	37	Online physical trainer	Connect with family/friends		
7. Nova Scotia	5.4	52.2	12	27	Therapist/counsellor & telemedicine (tie)	Connect with family/friends		
9. Ontario	56.4	55.8	15	27	Therapist/counsellor	Connect with family/friends		
11. Quebec	7.3	52.0	13	30	Therapist/counsellor	Connect with family/friends		
12. Saskatchewan	3.2	50.8	13	33	Telemedicine	Exercise		
13. Yukon	0.3	56.7	16	33	Therapist/counsellor, life coach, and telemedicine (tie)	Connect with family/friends		
14. Outside of Canada	0.7	53.7	8	23	Telemedicine	Reading and social media (tie)		





Overall mental health concern score and top coping strategies, by gender									
Gender	% participated	Average MH concern score today during the pandemic	% change on 15-factor mental health scale	% selecting help-seeking behaviours	Most common help- seeking behaviour	Most common coping strategy			
1. Female	74	54.9	15	30	Therapist/counsellor	Connect with family/friends			
2. Male	24	52.6	13	18	Therapist/counsellor	Connect with family/friends			
5. Gender variant/ non-conforming	1	77.0	17	82	Therapist/counsellor	Online streaming channels			
8. Prefer not to say	1	59.7	15	18	Therapist/counsellor, telemedicine, online CBT/other therapy (tie)	Walking/jogging			

Note: A higher proportion (12 per cent more) of the female population sought help-seeking behaviours/strategies than the male population.

By employment status



Overall mental health concern score and top coping strategies, by employment status									
Employment status	% participated	Average MH concern	% change on 15-factor mental health scale	% selecting help-seeking behaviours	Most common help- seeking behaviour	Most common coping strategy			
1. Employed/self- employed	87	53.1	14	26	Therapist/counsellor	Connect with family/friends			
2. Student	2	69.9	16	37	Therapist/counsellor	Connect with family/friends			
3. Unemployed	3	75.3	22	34	Therapist/counsellor	Watching/reading the news			
4. Retired	3	47.3	13	23	Telemedicine	Exercise			
5. Other	3	64.8	19	33	Therapist/counsellor	Connect with family/friends			
6. Prefer not to say	1	67.5	15	53	Therapist/counsellor	Connect with family/friends			



Employed population – type of job



Overall mental health concern score and top coping strategies, type of job of employed population								
Type of job	% participated	Average MH concern score today during the pandemic	% change on 15-factor mental health scale	% selecting help-seeking behaviours	Most common help- seeking behaviour	Most common coping strategy		
1. Permanent full-time	84	52.2	14	26	Therapist/counsellor	Connect with family/friends		
2. Permanent part-time	4	51.4	13	35	Telemedicine	Connect with family/friends		
3. Contract full-time	6	56.6	14	30	Therapist/counsellor	Connect with family/friends		
4. Contract part-time	3	63.2	19	31	Therapist/counsellor	Connect with family/friends		
5. Casual position/on-call when needed	1	67.1	21	41	Telemedicine	Social media		
6. Other	2	57.9	18	26	Therapist/counsellor & online physical trainer (tie)	Watching/reading the news		

Unemployed population



N of unemployed population = 61

Unemployed population								
Category	#	Average MH concern score today during the pandemic	% change on 15-factor mental health scale	% selecting help-seeking behaviours	Most common help- seeking behaviour	Most common coping strategy		
Laid off due to COVID-19	34	75.9	25	26	EFAP and therapist/ counsellor (tie)	Watching/reading the news		
Those that lost access to benefits	8	98.1	38	50	EFAP	Online streaming channels		
Those that did not lose access to benefits	22	69.3	22	23	Therapist/ counsellor	Watching/reading the news		
Those that got government support	28	75.1	25	29	EFAP	Watching/reading the news		
Those that did not get government support*	-	-	-	-	-	-		

By living situation



Overall mental health concern score and top coping strategies, by living situation								
Living situation	% participated	Average MH concern score today during the pandemic	% change on 15-factor mental health scale	% selecting help-seeking behaviours	Most common help- seeking behaviour	Most common coping strategy		
1. Urban	77	55.0	14	28	Therapist/ counsellor	Connect with family/friends		
2. Rural	21	53.1	14	25	Telemedicine	Connect with family/friends		
3. Remote area (e.g., Northern communities)	2	52.0	12	25	Life coach	Connect with family/friends		





Overall mental health concern score and top coping strategies, by age group								
Age group	% participated	Average MH concern score today during the pandemic	% change on 15-factor mental health scale	% selecting help-seeking behaviours	Most common help- seeking behaviour	Most common coping strategy		
1. 18–30	11	58.4	15	24	Therapist/ counsellor	Online streaming channels		
2. 31–45	34	58.4	15	31	Therapist/ counsellor	Connect with family/friends		
3. 46–60	42	52.8	14	27	Therapist/ counsellor	Connect with family/friends		
4. 61–75	12	47.9	13	21	Telemedicine	Connect with family/friends		
5. 76+	1	34.9	6	21	Telemedicine & therapist/ counsellor (tie)	Watching/reading the news		

By income group



Overall mental health concern score and top coping strategies, by income group								
Income group	% participated	Average MH concern score today during the pandemic	% change on 15 factor mental health scale	% selecting help-seeking behaviours	Most common help- seeking behaviour	Most common coping strategy		
1. < \$49,999	19	62.6	16	33	Therapist/ counsellor	Connect with family/friends		
2. \$50,000 to \$99,9999	47	54.2	14	26	Therapist/ counsellor	Connect with family/friends		
3. > \$100,000	23	48.3	13	25	Telemedicine	Exercise		
4. Prefer not to say	11	54.6	15	26	Telemedicine	Connect with family/friends		



Financial health ANOVA analysis



Current employment status versus overall 15-factor mental health concern score



Employment status was found to be a significant predictor of overall 15-factor mental health concern score.

ANOVAs: Before COVID-19, F = 17.908, p < 0.001. Today (during pandemic), F = 20.369, p < 0.001.

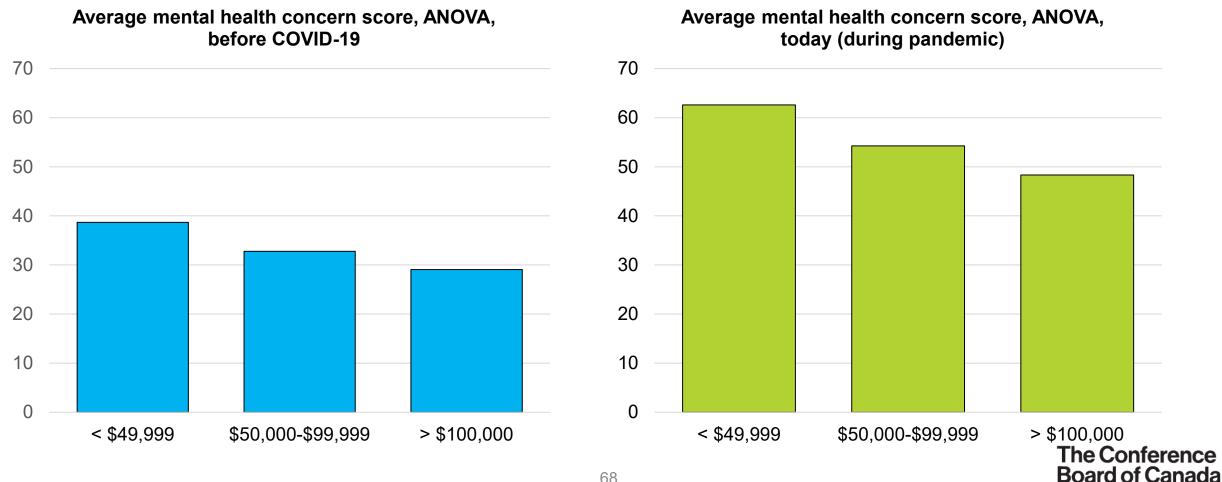


Current income level versus overall 15-factor mental health concern score



Income group was found to be a significant predictor of overall 15-factor mental health concern score.

ANOVAs: Before COVID-19, F = 28.828, p < 0.001. Today (during pandemic), F = 25.303, p < 0.001.





Limitations and considerations



Some limitations from this rapid study



- The study did not get equal representation from all provinces and territories. As a result, it does not fully represent the entire Canadian population.
- The study omitted ethnicity as a factor for contributing to mental health (e.g., impact of implicit bias). Some ethnic groups may have experienced more prejudice during COVID-19 (e.g., Chinese-Canadians).
- This study only reports the respondents' perceptions of how they were doing for each factor before COVID-19 and today at one point in time (i.e., when the survey was open, April 27 to May 15, 2020).
- What could be thought of as an "at-risk" coping strategy (e.g., alcohol) may not necessarily be unhealthy, as the respondent could have used the strategy at a safe/reasonable level.

Considerations for future research



- There is evidence that COVID-19 in the first two months has had a significant negative impact on the mental health of Canadians.
- The full degree of impact it will have will not be known until COVID-19 has been stopped and the restoration period has been completed.
- There is merit in a longitudinal study that measures the impact of mental health on the Canadian workforce while at the same time reporting which employer initiatives are working to curb mental harm and promote mental health during this time.

Considerations for future research



- There is potential to develop a better understanding of barriers that prevent employees from using help-seeking behaviours (e.g., further review stigma and other factors).
- There is possible further research in examining the correlation between financial health and employment to predict long-term mental health and its role in mitigating mental illness risk.
- There is consideration to better understand the role of coping strategies and inclusion in predicting psychological safety within the Canadian workforce during COVID-19.

The Conference Board of Canada

conferenceboard.ca