COVID-19 and its Effects on Relationships

April Survey: Have the COVID-19 workplace changes affected people's mental health?

Introduction

The Coronavirus (COVID-19) crisis has caused great societal upheaval and an unprecedented change to the way we live, work and socialise. In response, Relationships Australia is conducting a series of short surveys to explore how people's working lives, social lives and relationships have been affected by COVID-19.

April's survey is the first in this series. It investigates the recent changes to working environments, causing widespread job loss and working-from-home mandates. Coronavirus (COVID-19) has led to one of the most significant changes to working life in our lifetimes. For example, previously employed people find themselves relying on social welfare for the first time, and the government is spending an unprecedented amount on a separate the JobKeeper scheme in an attempt to keep the economy afloat. For those who remain employed, they face their own challenges working in new environments with shifting expectations. Relationships Australia recognises that each of these changes represents an important shift in people's lives. April's survey sought to understand how this shared experience has affected us differently.

Key Findings

- 63% of respondents have experienced changes to their mental health in response to changes in their working conditions.

- Respondents who felt that their workplace was part of their social life were more likely to experience a change in mental health as a result of recent changes to work.

- Those who had worse mental health prior to the pandemic have experienced less changes to their mental health during the crisis.

- Industries have seen varying severity in workplace shifts. However, between 74% and 98% of respondents across every industry have reported 'significant changes' to their work since COVID-19 began.

- Industries who had the highest rate of reported changes to their work life reported the lowest rate of changes to mental health.
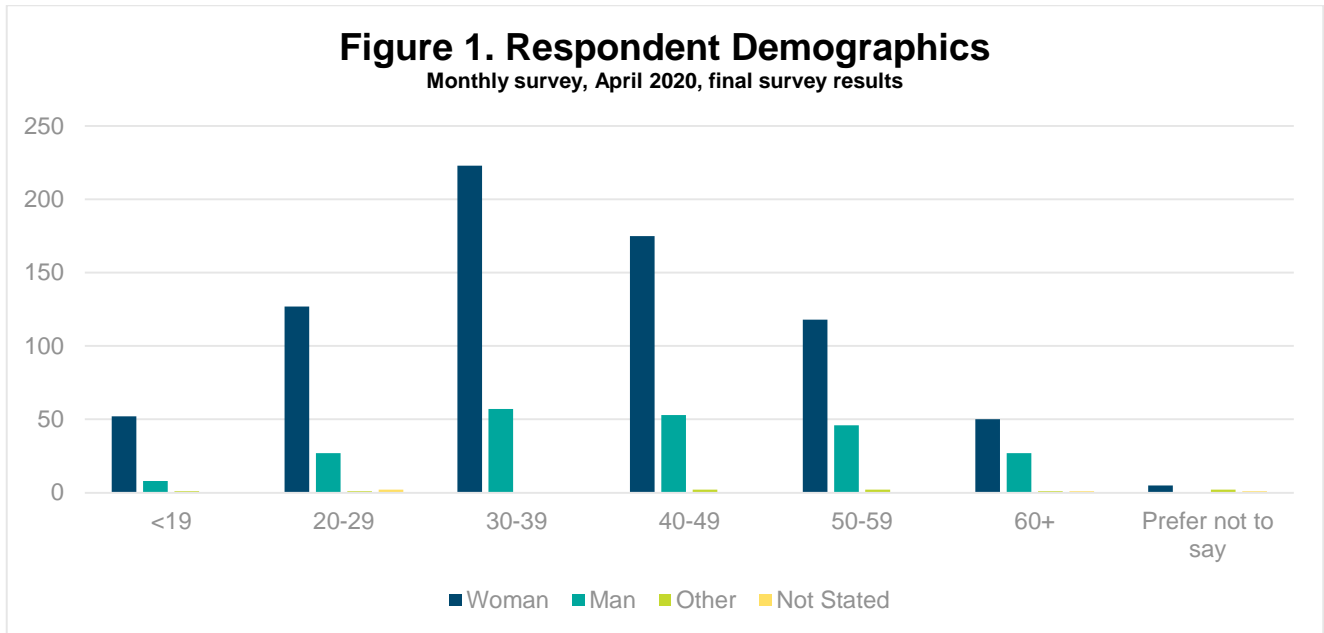
Previous Research

As the epidemic unfolds, research into the effects of COVID-19 is still underway. While much discussion has rightly focused on the public health crisis, the secondary effects of closing workplaces are also being considered. Some preliminary grey literature has found that following the crisis, up to 30% of jobs could conceivably be performed from home once the pandemic subsides (Pennington & Stanford 2020). While this poses an economic benefit to businesses, the social benefits, mental health impacts of office-based work cannot be ignored. Other publications have explored the striking numbers associated with the crisis:

- A Grattan Institute working paper has found that between 14-26% of Australian workers could be out of work as a direct result of the COVID-19 shutdown. Lower income earners are twice as likely to be out of work as high-income earners (Coates, Cowgill & Mackey 2020).

- This same paper found that more than 50% of hospitality workers could lose their livelihoods, as well as many workers in retail, education and the arts (Coates, Cowgill & Mackey 2020).

- Economic estimates suggest that there are up to 800,000 recipients of the JobSeeker payment, however this may be affected by the extent to which the new JobKeeper payment supports businesses to retain employees (Casey & Lewis 2020).

Research released last year found that opportunities to socialise in the workplace can positively affect mental health. In fact, these key social networks can be so effective that they improve the perceptions people have of their jobs (Tinson 2020). This contextualises the numbers from the aforementioned working papers, as it suggests that beyond economic losses, changes to work-based relationships also challenge people socially and emotionally. April's survey attempts to understand the magnitude of the changes to our working lives, and the effect this has had on these relationships and our mental health more generally.

Findings

Part One: Mental Health and Social Workplaces

Figure 1. Respondent Demographics
Monthly survey, April 2020, final survey results

982 people responded to the Relationships Australia April 2020 Survey. 75% of these respondents identified as women, 53% of these women falling into the age bracket of 30-49 years. 22% of respondents identified as male and a further 1% chose not to state their gender or other. As with previous surveys, the demographic profile of survey respondents is consistent with our experience of the groups of people that would be accessing the Relationships Australia website.
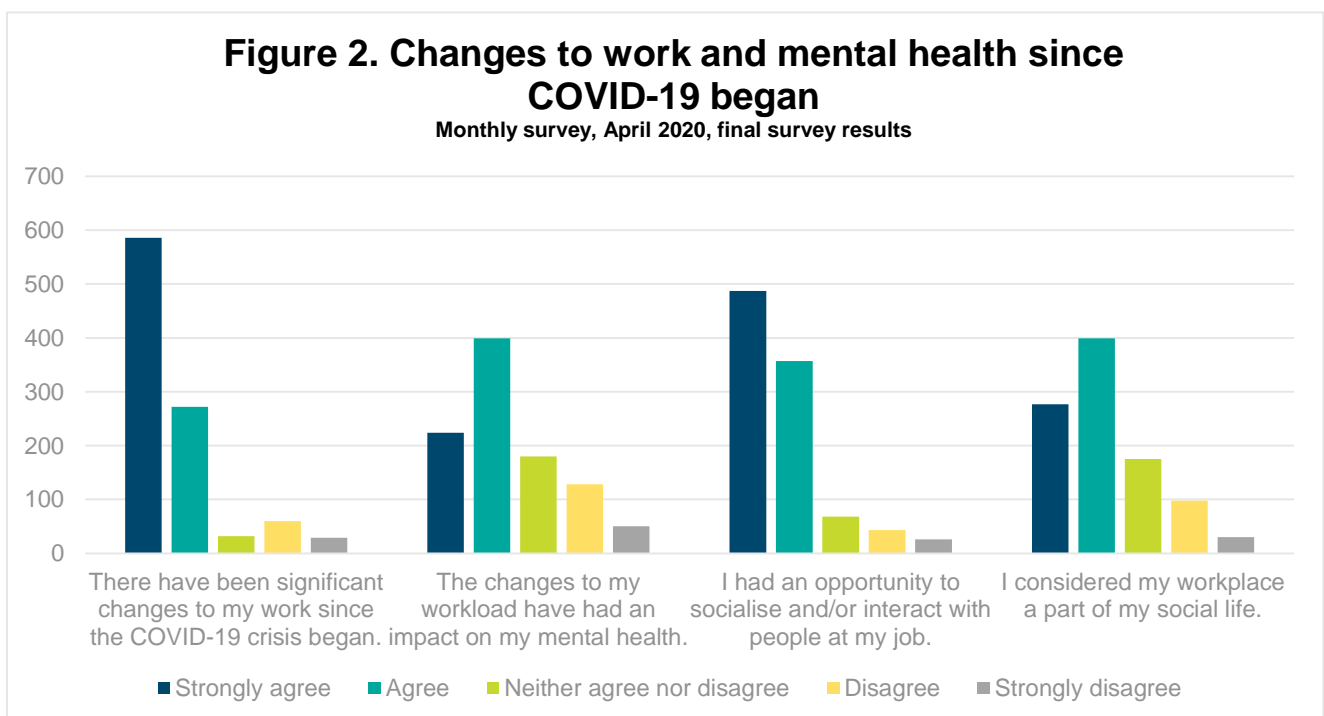

Figure 2. Changes to work and mental health since COVID-19 began
Monthly survey, April 2020, final survey results

Figure 2 illustrates the significant changes that have occurred to people's workplaces, mental health and work-related socialising opportunities since the COVID-19 crisis began. 87% of respondents reported a significant change to their workplace since the crisis began. 63% agreed these changes have had an impact on their mental health. Prior to COVID-19 taking hold, 86% of respondents agreed that they had an opportunity to interact with people at their jobs. This high prevalence of socialising opportunities led 69% of respondents to agree that their workplace was a part of their social life.
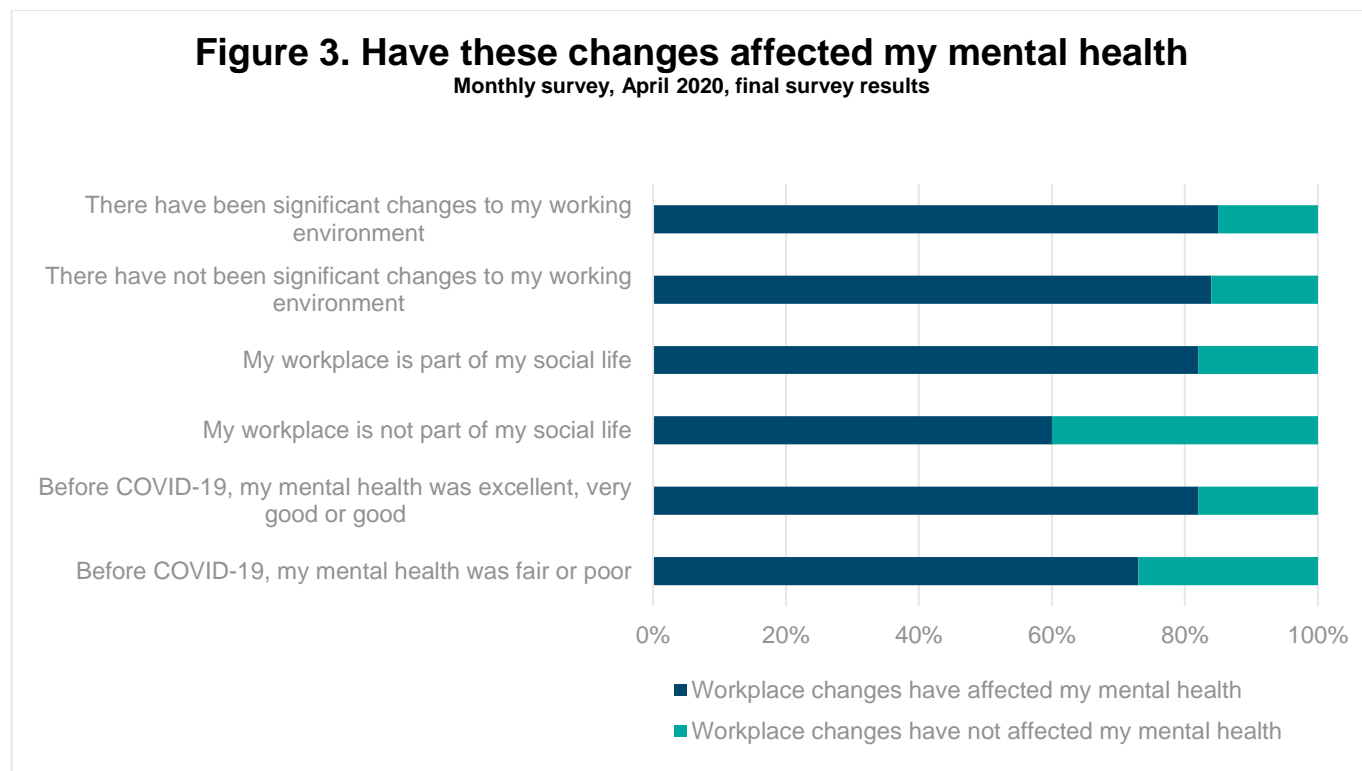

Figure 3. Have these changes affected my mental health
Monthly survey, April 2020, final survey results

Figure 3 establishes how different aspects of people's working environments have affected their mental health during the COVID-19 crisis. Unexpectedly, there was an infinitesimal difference (1%) in changes to mental health between those who had experienced significant changes at their workplace compared with those who had not. In both scenarios, 84-85% of respondents reported changes to their mental health as a result of recent shifts at their workplace.

This could suggest that even minor workplace changes can affect people's mental health. Since the question asked about 'significant changes', minor changes were not detected. Alternatively, or additionally, the wording of the question required a level of emotional intelligence and perceptiveness in order to identify the cause of changes to one's mental health. For example, the experience of the epidemic has been overwhelming for many and as such, it has had an impact on many people's mental health. However, as the survey asked respondents to consider changes to their mental health in relation to *their work*, some may have found it difficult to differentiate which adjustments (work, home, social etc.) are responsible for the changes to their mental health. As a result, they may not have agreed that it was the workplace changes alone which caused the change.

Figure 3 also demonstrates that those who felt that their workplace was part of their social life were more likely (82% compared with 62%) to experience a change in mental health. This suggests that the friendships and social experiences our workplaces provide can be beneficial for our mental health and any disruption to these can affect it.

Lastly, figure 3 shows that there was a difference between those who experienced changes to their mental health for those who had excellent, very good or good mental health during the twelve months prior to COVID-19 starting (82%), versus those who had fair or poor mental health during this time (73%). Those who had worse mental health prior to the pandemic have experienced less changes to their mental health during the crisis. This could be for a myriad of reasons depending on the causes of ill mental health. For example, people experiencing ill mental health may have experience navigating uncertainty and therefore have developed skills to manage periods of ambiguity. Alternatively, those with sustained poor mental health may have diagnosed conditions, some of which are less likely to be affected by situational stressors.
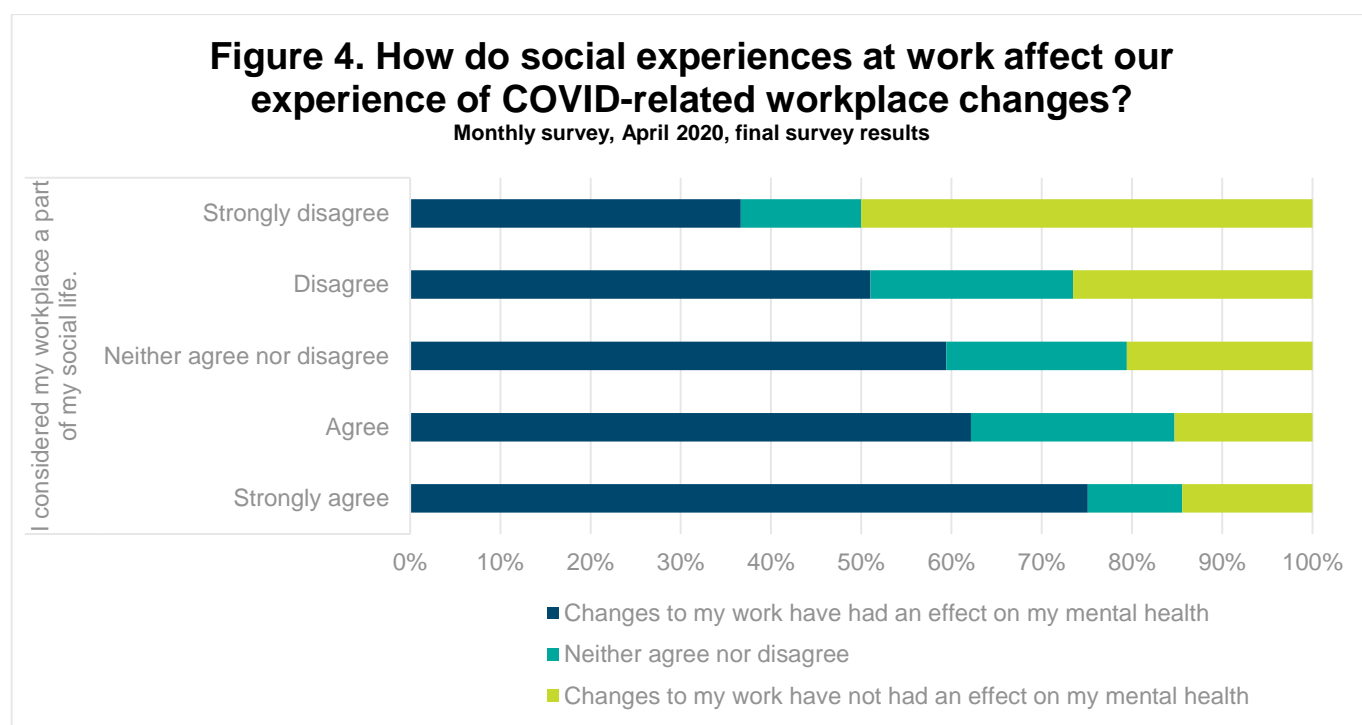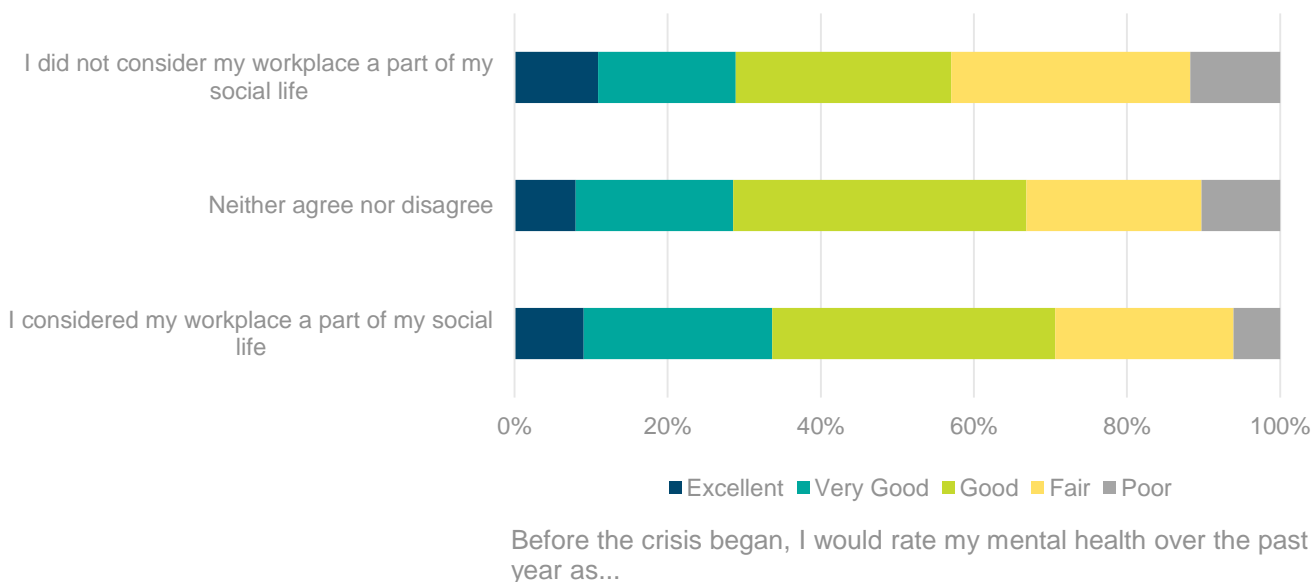

Figure 4. How do social experiences at work affect our experience of COVID-related workplace changes?
Monthly survey, April 2020, final survey results

Figure 4 extrapolates on how the social aspect of people's work affected their mental health. Figure 4 demonstrates that there is a moderate positive correlation between someone considering their workplace part of their social life and their mental health response to the workplace changes. 75% of respondents who strongly agreed that their workplace was part of their social life experienced a change to their mental health, compared with only 35% of respondents (who strongly disagreed that their workplace was part of their social life) experiencing a change in their mental health. The more someone agreed that their workplace was part of their social life pre-COVID, the more likely they were to experience a change in mental health when this social situation was disrupted.

Figure 5. How is mental health (pre-COVID) protected by our social experience at work

Monthly survey, April 2020, final survey results

While these findings might suggest that workplace social lives are good for our mental health (as disruptions to these affect mental health), figure 5 demonstrates that there is only a weak positive correlation between our respondents' pre-COVID mental health and whether or not they considered their workplace part of their social life. This is unsurprising, because while workplace friendships, and changes to these, can have an effect on mental health (as illustrated by figure 4), our mental health is complex and is influenced by a variety of factors.

Part 2: Industry-based Figures

Figure 3. There have been significant changes to the working environment since COVID-19 started
Monthly survey, April 2020, final survey results
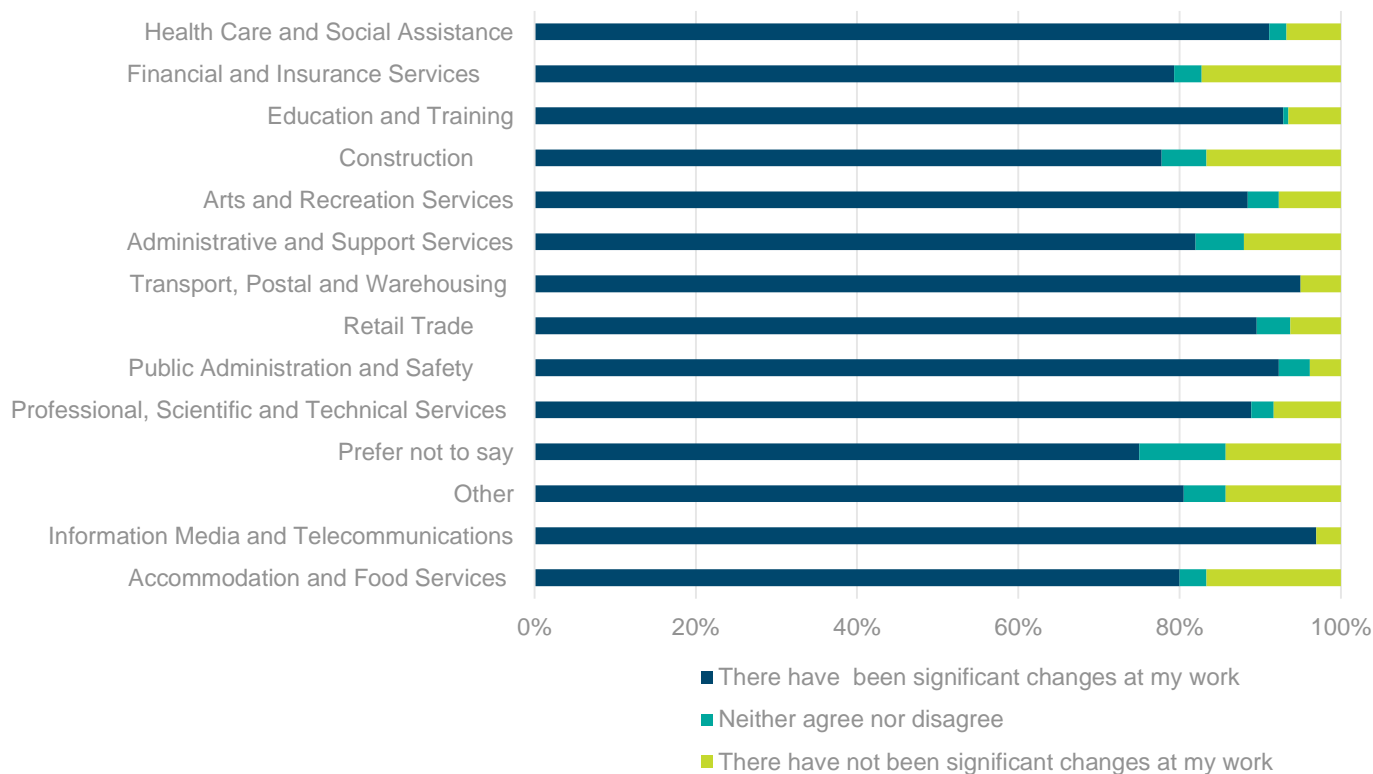**(only industries with 15+ responses included)**

Figure 6 illustrates the prevalence of 'significant changes' across Australian industries, since the beginning of COVID-19. Only those industries where more than fifteen respondents answered are included. Our sample is skewed heavily towards those in health care and social assistance and education and training, making up 40% of the respondents. From our sample, we can see that the largest changes have been felt in information media and telecommunications (97% reporting significant changes), transport, postal and warehousing (95%), education and training (93%) and healthcare and social assistance (92%).

Due to the skewed nature of the data, the more significant findings may be that, in every industry listed, between 74% and 98% of respondents reported 'significant changes' to their industry since COVID-19 began (including those with less than 15 respondents). This could include changes to the nature of work, the working environment or the workload. While these findings may have been anticipated, it should be noted that this survey began before many of the working from home conditions were in place.

Figure 7. These changes have affected my mental health

Monthly survey, April 2020, final survey results

Legend:
- The changes to my workload since the COVID-19 crisis began have had an impact on my mental health
- Neither agree nor disagree
- The changes to my workload since the COVID-19 crisis began have not had an impact on my mental health
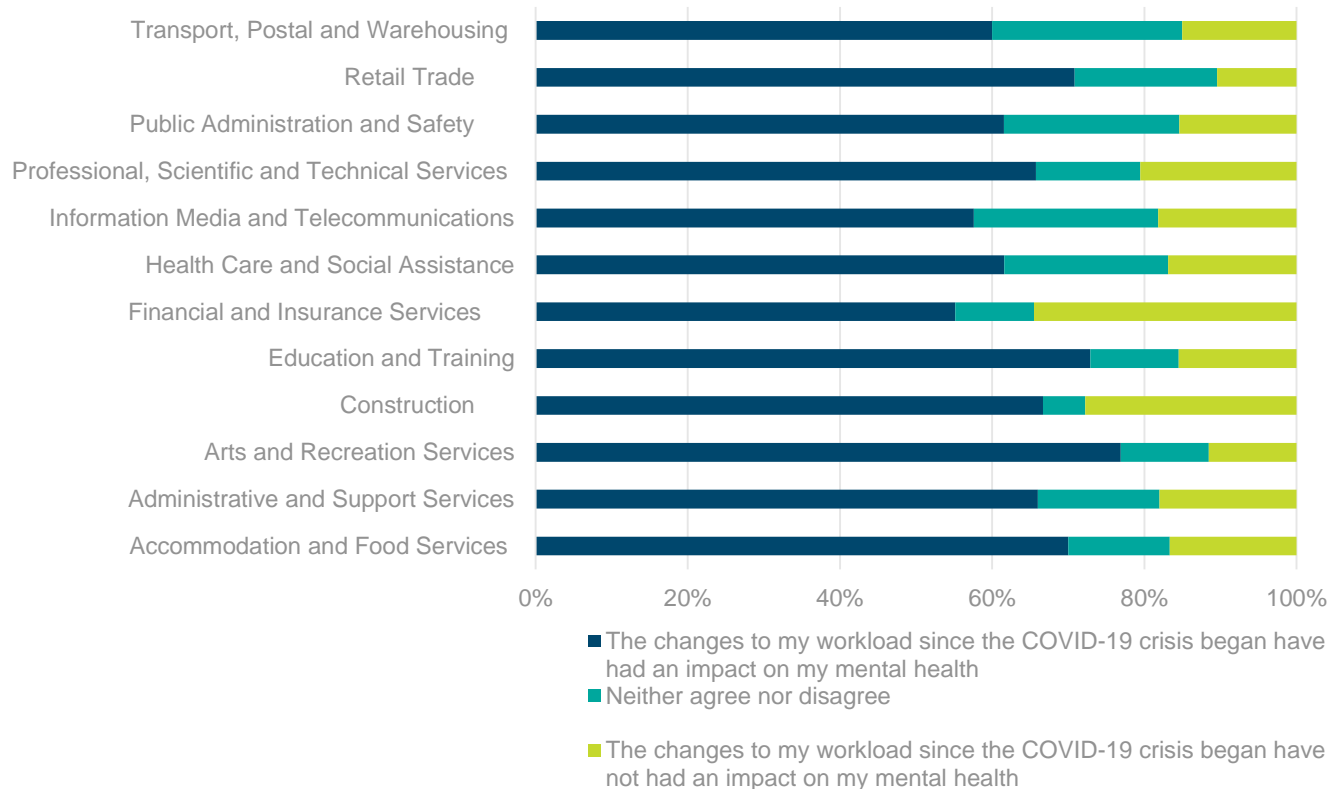
Figure 7 illustrates how these changes have affected different industry workers' mental health. Employees reporting the greatest changes to mental health were in the arts and recreation and education and training industries (77% and 73% respectively). The least affected industries were financial and insurance services (55% reporting changes) and information media and telecommunications (58% reporting changes). Again, it should be considered significant that across industries, between 55% and 77% of respondents have reported changes to their work life that have affected their mental health. This suggests that while some industries have been more affected, these changes are having an impact on all industries in a significant way.

Finally, it is interesting to note that some of the most affected industries reported surprisingly lower impacts on their mental health. For example, information media and telecommunications workers, with 97% of respondents reporting significant changes to their workplace, had the second-lowest reporting rate in changes to mental health (58% reported changes) (figure 7). This is similar for respondents from the transport, postal and warehousing industries (88% reporting significant changes to their workplace versus 60% reporting changes to mental health). It is difficult to suggest a single cause for this; however, the dynamic nature of these industries, and the incumbent necessity to manage stress and anxiety, could play a part.

If you have further questions about these findings, please contact the Relationships Australia National office on (02) 6162 9300.

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