

# Survey on COVID-19 and Mental Health, February to May 2023

*Released at 8:30 a.m. Eastern time in The Daily, Tuesday, December 12, 2023*

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Findings released today from the third cycle of the Survey on COVID-19 and Mental Health (SCMH) show that as [the global health emergency associated with COVID-19 came to an end](#), some improvements in mental health were observed. The proportion of adults in Canada who reported excellent or very good mental health, a strong sense of belonging to their community, and high ratings of overall life satisfaction were all significantly higher in February to May 2023, compared with two years earlier at the height of the COVID-19 pandemic. However, symptoms of depression, anxiety and posttraumatic stress disorder (PTSD) remained unchanged.

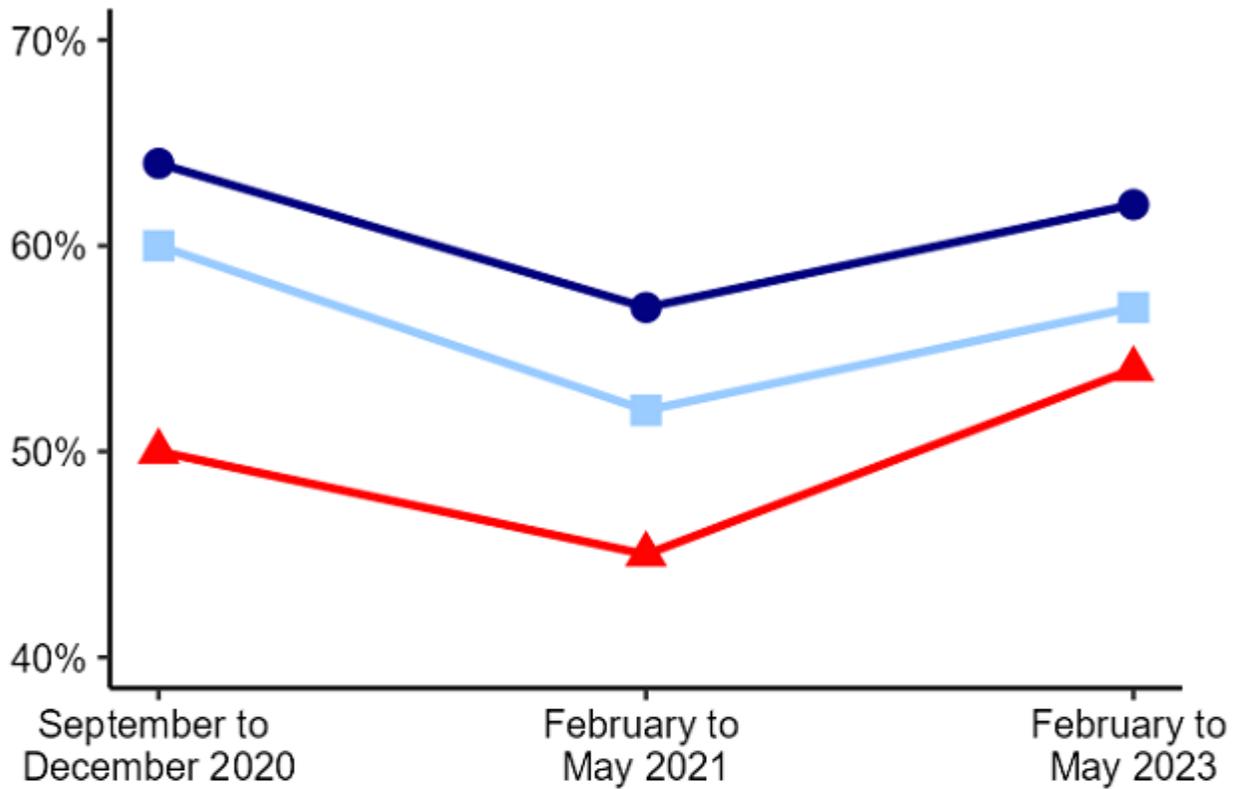
At the start of the pandemic, there was much uncertainty about the new virus. Public health restrictions were quickly put in place to contain the spread of the novel disease. In the months that followed, many people living in Canada reported poor or worsening mental health. As COVID-19 vaccination coverage increased, public health restrictions began to be lifted. By May 2023, COVID-19 was no longer considered a global health emergency. Data for the third cycle of the SCMH, collected from February to May 2023, provides a snapshot into the mental health of adults in Canada as this global health emergency came to an end.

## **Perceived mental health, sense of belonging and life satisfaction all show significant improvements, compared with two years earlier**

In the first year of the pandemic, the proportions of adults who reported excellent or very good mental health, a strong sense of belonging to their local community, and a high level of life satisfaction decreased. The new data released today show that this trend has reversed. The proportions of adults who reported excellent or very good mental health (57%), a somewhat strong or very strong sense of belonging to their local community (62%), and high ratings of overall life satisfaction (54%) were all at least 5 percentage points higher in February to May 2023 than during the same period in 2021.



Infographic 1 – Positive mental health indicators over the course of the COVID-19 pandemic



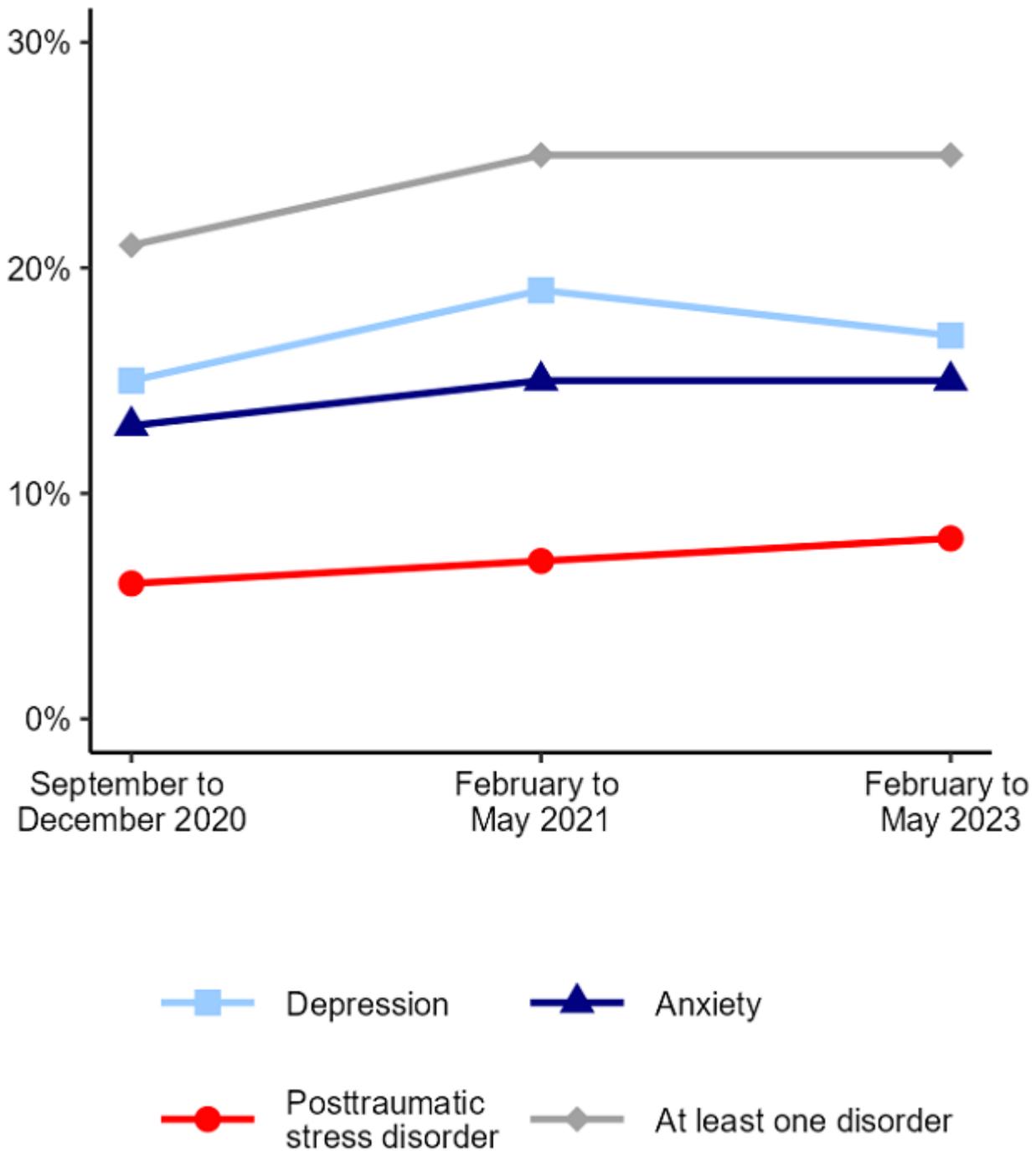
- Excellent or very good mental health
- Strong sense of belonging
- ▲— High life satisfaction

**Source(s):** Survey on COVID-19 and Mental Health (5330).

## **Symptoms of depression, anxiety and posttraumatic stress disorder remain high**

In the fall of 2020, one in five adults reported moderate to severe symptoms of depression, anxiety, or PTSD, and this increased to one in four by early 2021. This figure remained unchanged two years later.

**Infographic 2 – Prevalence of moderate to severe symptoms of mental disorders over the course of the COVID-19 pandemic**



**Source(s):** Survey on COVID-19 and Mental Health (5330).

## **High prevalence of depression, anxiety and posttraumatic stress disorder among young adults, Indigenous people and 2SLGBTQ+ individuals**

Young adults aged 18 to 24 were most likely to report moderate to severe symptoms of depression (33%), anxiety (25%) and PTSD (15%). Similar age-related differences were observed in previous cycles of the SCMHS, and other recent data from the Mental Health and Access to Care Survey show a [higher prevalence of mood and anxiety disorders among young people in Canada](#).

2SLGBTQ+ adults were more likely to report moderate to severe symptoms of depression (45%), anxiety (35%) and PTSD (19%) than heterosexual and cisgender adults. Indigenous people were also more likely to report moderate to severe symptoms of depression (29%), anxiety (24%) and PTSD (16%) than non-Indigenous people.

**Table 1**  
**Prevalence of moderate to severe symptoms of depression, anxiety and posttraumatic stress disorder in February to May 2023, by selected demographic characteristics**

	Moderate to severe symptoms of depression	Moderate to severe symptoms of anxiety	Moderate to severe symptoms of posttraumatic stress disorder	Moderate to severe symptoms of at least one disorder <sup>6</sup>
	%			
<b>Overall</b>	<b>17</b>	<b>15</b>	<b>8</b>	<b>25</b>
<b>Age</b>				
18 to 24 years	33	25	15	42
25 to 44 years	22	19	9	31
45 to 64 years	15	14	8	21
65 years and older	8	7	3	12
<b>Gender<sup>1</sup></b>				
Men+ <sup>2</sup>	15	13	6	21
Women+ <sup>3</sup>	20	18	9	28
<b>Indigenous identity<sup>4</sup></b>				
Indigenous people	29	24	16	36
Non-Indigenous people	17	15	8	24
<b>2SLGBTQ+ identity<sup>5</sup></b>				
2SLGBTQ+	45	35	19	55
Non-2SLGBTQ+	16	14	7	23

1. Given that the non-binary population is small, data aggregation to a two-category gender variable is sometimes necessary to protect the confidentiality of responses. In these cases, individuals in the category "non-binary persons" are distributed into the other two gender categories and are denoted by the "+" symbol.
2. This category includes men and some non-binary people.
3. This category includes women and some non-binary people.
4. Indigenous people include First Nations people, Métis and Inuit. Excluded from the survey coverage are Indigenous people living on reserves and in the territories.
5. People are included in the 2SLGBTQ+ population based on their self-reported sexual orientation (lesbian, gay, bisexual or another diverse sexual identity, such as asexual, pansexual or queer) or self-reported sex at birth and gender (transgender or non-binary identities like genderqueer, gender fluid, agender or two-spirit).
6. This represents the proportion of Canadians who reported moderate to severe symptoms of depression, anxiety or posttraumatic stress disorder.

Source(s): Survey on COVID-19 and Mental Health, February to May 2023 (5330).

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## Note to readers

The Survey on COVID-19 and Mental Health (SCMH) was conducted with the Public Health Agency of Canada to assess the impacts of COVID-19 on the mental health and well-being of people living in Canada. The first cycle of the SCMH took place during the first year of the COVID-19 pandemic, from September to December 2020, and the second cycle took place from February to May 2021. Data for the third cycle of the SCMH were collected from February to May 2023. Together these data provide snapshots of how Canadians were feeling at different periods during the pandemic.

The survey covered non-institutionalized people aged 18 years and older who were not members of collectives or living on reserves. In 2020 and 2021, data were collected in the provinces and the territorial capitals. In 2023, data were only collected in the provinces. As a result, the 2023 data are limited in their coverage of the Inuit population and the survey did not collect data for First Nations people living on reserve or those living in Inuit Nunangat. Because of small sample sizes, high quality estimates could not be reported separately for First Nations people, Métis and Inuit.

In this release, the term "Indigenous people" refers to First Nations people living off reserve, Métis and Inuit living in one of the 10 provinces.

The acronym 2SLGBTQ+ refers to Two-Spirit, lesbian, gay, bisexual, transgender, queer and those who use other terms related to gender or sexual diversity. Respondents were included in the 2SLGBTQ+ population based on self-reported information derived from their sexual orientation, sex at birth and gender. The Government of Canada adopted and encourages the use of the acronym 2SLGBTQI+ to refer to Two-Spirit, lesbian, gay, bisexual, transgender, queer and intersex people, and those who use other terms related to gender or sexual diversity. Statistics Canada uses the acronym 2SLGBTQ+ for data analysis purposes, as information is not yet specifically collected about intersex people in surveys.

Statistics Canada uses several different approaches to collect data on the mental health of people living in Canada. The SCMH uses measures of positive mental health (i.e., very good or excellent perceived mental health, somewhat strong or very strong sense of belonging, and ratings of overall life satisfaction) and screening tools designed to assess recent symptoms associated with specific mental health disorders. People who score above a specified threshold on these screening tools are considered to have "screened positive" for the disorder. The symptoms associated with a positive screen are described as moderate to severe and typically justify further assessment. A positive screen is not a medical diagnosis and does not always indicate the presence of a disorder. Diagnosis generally requires clinical interviews and related evaluations conducted by licensed health professionals.

For the current survey, symptoms of depression were measured using the 9-item Patient Health Questionnaire (PHQ-9), symptoms of anxiety were measured using the 7-item Generalized Anxiety Disorder (GAD-7) scale, and symptoms of posttraumatic stress disorder (PTSD) were measured using the 20-item PTSD Checklist (PCL-5). The PHQ-9, the GAD-7 and the PCL-5 are screening tools that allowed respondents to self-report the frequency and severity of symptoms they experienced within a given period (i.e., the previous two weeks for PHQ-9 and GAD-7, and the previous month for the PCL-5). These clinical screening tools are widely used in population health surveys to identify those who may have anxiety and depression, with scores of  $\geq 10$  (i.e., moderate to severe symptoms), and those who may have PTSD, with scores of 33 or more (i.e., moderate to severe symptoms). The data reported above do not necessarily reflect a clinical diagnosis of these conditions.

For this release, life satisfaction ratings of 8 or higher out of 10 were grouped together as a measure of high overall life satisfaction.

The Public Health Agency of Canada will be releasing additional results from this survey in the future.

## Definitions, data sources and methods: survey number [5330](#).

For more information, or to enquire about the concepts, methods or data quality of this release, contact us (toll-free 1-800-263-1136; 514-283-8300; [infostats@statcan.gc.ca](mailto:infostats@statcan.gc.ca)) or Media Relations ([statcan.mediahotline-ligneinfomedias.statcan@statcan.gc.ca](mailto:statcan.mediahotline-ligneinfomedias.statcan@statcan.gc.ca)).