

# Self-rated mental health decreases after another year of the COVID-19 pandemic

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The COVID-19 pandemic has had significant impacts on the lives of Canadians since March 2020. Restrictions have been put into effect by health authorities throughout the pandemic to help limit the spread of the virus, with increased restrictions implemented during time periods where COVID-19 cases have surged. Public health recommendations to limit the spread of the virus, such as limiting social contacts to varying degrees and restricting non-essential travel, as well as job uncertainty and fear of the virus itself have impacted Canadians both socially and economically. As the pandemic continues to evolve, new results show that the self-rated mental health (SRMH) decreased between fall 2020 and early 2022.

This release provides an [update to a previously released analysis on high SRMH of Canadians](#), defined as reporting "excellent" or "very good" mental health, after a second year of the pandemic. The high SRMH of Canadians from the period of September 2021 to February 2022 is compared with the period of September to December 2020, using data from the Canadian Community Health Survey. Trends in SRMH since before the pandemic among Canadians aged 12 and older living in the provinces are highlighted.

## Self-rated mental health decreases from late 2020 to late 2021/early 2022

In the past two years, the COVID-19 pandemic has negatively impacted the mental health of Canadians. Among adults in Canada, the [proportion of those reporting high SRMH was lower in fall 2020 than before the pandemic \(in 2019\)](#). In fall 2021, there were two surges in COVID-19 cases and hospitalizations that resulted in increased public health restrictions across Canada, putting further stress on the mental health of Canadians. Updated data show that high SRMH has decreased even more over the course of the pandemic. From the period of September to December 2020 to the period of September 2021 to February 2022 (i.e., late 2021/early 2022), high SRMH decreased from 64% to 58% among Canadians aged 12 and older.

Furthermore, the proportion of those who reported high SRMH decreased for both men (68% to 62%) and women (60% to 55%). Fears of the emergence of new COVID-19 variants, and overall feelings of exhaustion of many Canadians after two years of pandemic-related measures may have contributed to the decreases in high SRMH from the end of 2020 to the end of 2021 and beginning of 2022.



**Table 1**  
**Self-rated mental health by gender, geographical region and age group, Canada, excluding the territories**

	Excellent or very good self-rated mental health		
	January to December 2019	September to December 2020	September 2021 to February 2022
	%		
<b>Canada Total (excluding territories)</b>	<b>67.0</b>	<b>64.0<sup>A</sup></b>	<b>58.1<sup>A</sup></b>
<b>Gender</b>			
Men	69.7	68.5	61.9 <sup>A</sup>
Women	64.5	60.0 <sup>A</sup>	54.8 <sup>A</sup>
<b>Geographical region</b>			
Atlantic provinces	63.9	62.4	59.6
Quebec	72.1	69.8 <sup>A</sup>	64.4 <sup>A</sup>
Ontario	65.9	61.9 <sup>A</sup>	56.1 <sup>A</sup>
Prairie Provinces	65.8	63.8	57.3 <sup>A</sup>
British Columbia	64.8	61.3 <sup>A</sup>	54.2 <sup>A</sup>
<b>Age group</b>			
12 to 17 years	73.0	67.1 <sup>A</sup>	61.2 <sup>A</sup>
18 to 34 years	60.8	57.7 <sup>A</sup>	50.9 <sup>A</sup>
35 to 49 years	66.6	63.5 <sup>A</sup>	56.1 <sup>A</sup>
50 to 64 years	69.6	64.9 <sup>A</sup>	59.0 <sup>A</sup>
65 years and older	70.8	70.8	67.7 <sup>A</sup>

<sup>A</sup> Significantly different from previous reference period (p less than 0.05)

**Note(s):**

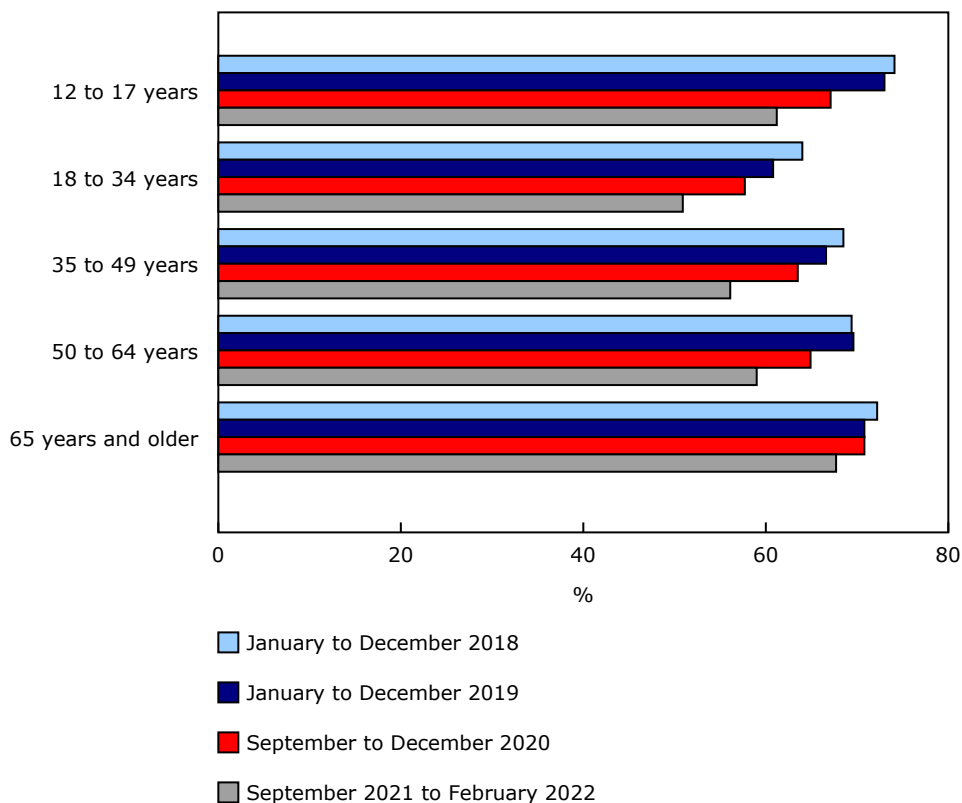
Transgender men and women are included among the "Men" and "Women" categories, respectively. Reliable estimates for non-binary people could not be produced, because of an insufficient sample size.

Atlantic provinces include residents of Newfoundland and Labrador, Prince Edward Island, Nova Scotia, and New Brunswick. Prairie provinces include residents of Manitoba, Saskatchewan and Alberta.

**Source(s):** Canadian Community Health Survey (2019, September to December 2020, and September 2021 to February 2022) (3226).

Decreases were also observed when looking at the SRMH by age group and province. Compared with fall 2020, the proportion of those reporting high SRMH decreased similarly among all age groups in late 2021/early 2022. Canadians aged 65 and older reported the highest levels of SRMH (68%) compared with all the other age groups in late 2021/early 2022, whereas those aged 18 to 34 reported the lowest levels (51%).

**Chart 1**  
**Percentage of Canadians reporting very good or excellent mental health, by age group and period, Canada, excluding the territories**



Source(s): Canadian Community Health Survey, 2018, 2019, September to December 2020, and September 2021 to February 2022 (3226).

Previous research has shown that in late 2021, the Quebec population, compared with other regions, reported the highest levels of having a strong sense of meaning and purpose, which is considered a dimension of personal well-being. Likewise, a higher proportion of those living in Quebec (64%) reported high SRMH in late 2021/early 2022, compared with the national average (58%), whereas a lower proportion of those living in Ontario (56%) and British Columbia (54%) reported high SRMH.

When compared with fall 2020, the proportion of those reporting high SRMH decreased in late 2021/early 2022 for those living in Quebec (70% to 64%), Ontario (62% to 56%), British Columbia (61% to 54%) and the Prairie provinces (64% to 57%). No significant differences were observed among those living in the Atlantic provinces between the two reference periods (62% to 60%).

**No differences observed in high self-rated mental health between the fully and not fully vaccinated populations**

In fall 2020, the majority of those living in Canada were not vaccinated, since the vaccination campaign was in its early stages. However, by early February 2022, 89% of Canadians aged 12 and older were fully vaccinated (that is, they had received at least one dose of a one-dose vaccine, or at least two doses of a two-dose vaccine). Regardless of the vaccination status, the pandemic appears to have had an impact on the mental health of Canadians. In late 2021/early 2022, a similar proportion of the fully vaccinated population aged 12 years and older reported high SRMH (58%) compared with those who were not fully vaccinated (59%).

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## Mental health status differs among various population groups

Throughout the pandemic, SRMH varied by population group. A previous study reported that [the racialized population was more likely to work in industries that were at greater risk of being impacted by the pandemic](#) (e.g., food and accommodation services), which compounded health and economic risks, and may have had further impacts on mental health. In late 2021/early 2022, compared with the non-racialized population, excellent or very good SRMH was higher among the South Asian population (67%) and the Filipino population (68%), and lower among the Latin American population (43%). From fall 2020 to late 2021/early 2022, the proportion of those who reported high SRMH decreased among racialized groups (68% to 60%) as well as among the non-racialized population (63% to 58%). When looking at specific racialized groups, a significant decrease in high SRMH was observed among the Latin American population (68% to 43%) and the Chinese population (63% to 55%), and no statistically significant difference was observed among the Black population (67% to 61%) between the two reference periods.

In the period of September 2021 to February 2022, a higher proportion of recent immigrants (65%) who were admitted into Canada less than 10 years ago reported high SRMH, when compared with established immigrants (58%). In this same time period, 61% of immigrants and non-permanent residents reported high SRMH, which was a decrease from late 2020 (68%). A decrease in high SRMH was also observed among the Canadian-born population (62% to 57%).

Past research points to the [impact of direct or intergenerational trauma related to colonial practices, such as the residential school system, on the mental health of Indigenous people](#). In late 2021/early 2022, among the Indigenous population living in the provinces, 44% reported high SRMH, which was lower than the non-Indigenous population (59%). During this period, 44% of First Nations people living off-reserve and 42% of Métis reported high SRMH, which, in both cases, was lower when compared with the non-Indigenous population. From the fall of 2020, to late 2021/early 2022, the proportion of those who reported high SRMH decreased for both the Indigenous population (53% to 44%) and the non-Indigenous population (64% to 59%).

People who are lesbian, gay or bisexual experienced [higher rates of mental illness or distress](#), compared with heterosexual people, according to previous research. In late 2021/early 2022, high SRMH remained lower among the LGBTQ2+ population, with about one-third (35%) reporting high SRMH, whereas 59% of the non-LGBTQ2+ population reported the same. During the same period, there was no significant change in the proportion of the LGBTQ2+ population reporting high SRMH, compared with fall 2020.

A previous study has also demonstrated that [people with a physical health condition were less likely to report excellent or very good mental health](#). In the period of September 2021 to February 2022, a lower proportion of those living with at least one underlying health condition reported high SRMH (57%) compared with fall 2020 (62%). A decrease was also observed among those without any underlying health conditions in late 2021/early 2022 (59%) compared with late 2020 (65%).

**Table 2**  
**Self-rated mental health of Canadians aged 12 and older, by population group, Canada, excluding the territories**

	Excellent or very good self-rated mental health		
	January to December 2019	September to December 2020	September 2021 to February 2022
	%		
<b>Canada Total (excluding territories)</b>	<b>67.0</b>	<b>64.0<sup>A</sup></b>	<b>58.1<sup>A</sup></b>
<b>Racialized population</b>			
Racialized group	68.0	68.2*	59.8 <sup>A</sup>
South Asian	73.4*	70.8*	67.4*
Chinese	60.8*	63.4	54.6 <sup>A</sup>
Black	66.6	67.2	60.7
Filipino	79.2*	74.6*	67.8*
Latin American	68.6	67.8	43.0* <sup>A</sup>
Arab	70.1	73.7*	62.4
Southeast Asian	62.4	61.5	51.5
West Asian	61.6	64.8	54.3 <sup>E</sup>
Korean	66.3	63.8 <sup>E</sup>	57.7 <sup>E</sup>
Japanese	68.1	65.7	62.1
Racialized group not indicated elsewhere/multiple racialized groups	56.3*	64.1	50.8
Not racialized (Reference category)	66.9	62.8 <sup>A</sup>	57.5 <sup>A</sup>
<b>Immigration status</b>			
Immigrants or non-permanent residents <sup>1</sup>	69.2*	67.7*	60.5* <sup>A</sup>
Immigrated less than 10 years ago	73.9*	73.6*	64.8* <sup>A</sup>
Immigrated 10 years ago or more	66.6	66.0*	58.3 <sup>A</sup>
Canadian-born (Reference category)	66.4	62.7 <sup>A</sup>	57.2 <sup>A</sup>
<b>Indigenous identity</b>			
Indigenous people <sup>2</sup>	53.9*	53.2*	44.4* <sup>A</sup>
First Nations people living off reserve	49.1*	47.4*	44.2*
Métis	58.1*	59.2	42.3* <sup>A</sup>
Inuit <sup>2</sup>	60.4	73.6 <sup>E</sup>	74.7 <sup>E</sup>
Non-Indigenous (Reference category)	67.7	64.4 <sup>A</sup>	58.6 <sup>A</sup>
<b>LGBTQ2+ status</b>			
LGBTQ2+ <sup>3</sup> population	45.1*	39.6*	35.2*
Lesbian or gay	58.2*	52.8*	52.3
Bisexual	37.1*	29.4*	23.6 <sup>E*</sup>
Transgender or non-binary persons	29.8 <sup>E*</sup>	F	25.7 <sup>E*</sup>
Non-LGBTQ2+ (Reference category)	67.7	64.7 <sup>A</sup>	59.0 <sup>A</sup>
<b>Underlying health conditions</b>			
Has at least one underlying health condition <sup>4</sup>	64.0*	61.8* <sup>A</sup>	56.7* <sup>A</sup>
Does not have any underlying health conditions (Reference category)	68.7	65.2 <sup>A</sup>	59.0 <sup>A</sup>

A Significantly different from previous reference period (p less than 0.05)

E use with caution

F too unreliable to be published

\* significantly different from reference category (p < 0.05)

1. The "Immigrated less than 10 years ago" and "Immigrated 10 years ago or more" categories exclude non-permanent residents.

2. The Canadian Community Health Survey does not collect data on reserves. Consequently, the results for First Nations people exclude those living on-reserve. In addition, people living in the territories, including a large proportion of First Nations people, Métis and Inuit, are excluded, as well as the majority of Inuit living in Inuit Nunangat – the Inuit homeland.

3. Sexual orientation is self-reported and asked only to respondents aged 15 and older. Therefore, LGBTQ2+ and non-LGBTQ2+ represent only those aged 15 and older. Estimates on those who are lesbian, gay or bisexual do not disaggregate by gender identity, and estimates on transgender or non-binary persons do not disaggregate by sexual orientation. Disaggregated data for those who are pansexual, or those with another sexual orientation, were not available.

4. Underlying health conditions include obesity, high blood pressure, currently having cancer, heart disease, diabetes, dementia among those aged 40 and older, or effects of a stroke. The population with no underlying health conditions is calculated taking into account the non-response categories ("refusal," "don't know," "not applicable" and "not stated").

Source(s): Canadian Community Health Survey (2019, September to December 2020, and September 2021 to February 2022) (3226).

## Note to readers

The Canadian Community Health Survey (CCHS) is an annual survey that was adjusted during the pandemic to produce more timely estimates related to COVID-19. This analysis is based on provisional CCHS data collected from September 1, 2021, to February 7, 2022. [Previous research using CCHS data looked at changes in self-rated mental health \(SRMH\) in the first year of the pandemic.](#) Please note that the CCHS data file used for the previous analysis did not include the oversample for seniors in the September to December 2020 estimates, and as a result of reweighting the survey data with the integration of this oversample, the estimates will slightly differ in this article.

The COVID-19 pandemic has had major impacts on data collection operations for the 2020 and 2021 CCHS. The impossibility of conducting in-person interviews and collection capacity issues resulted in a significant decrease in response rates in 2020 and 2021. As was done for previous CCHS cycles, survey weights were adjusted to minimize any potential bias that could arise from survey non-response; non-response adjustments and calibration using available auxiliary information were applied. Despite these rigorous adjustments and validations, the higher non-response rate increases the risk of a remaining bias and increases the magnitude with which such a bias could impact estimates produced using the survey data. The sample of nearly 25,000 respondents from September 2021 to the beginning of February 2022 is representative of the Canadian population living in the provinces. Sampling and collection for the time period used in this analysis do not have adequate coverage to represent the entire population of the territories. This analysis includes only non-proxy respondents.

High SRMH refers to those who reported having excellent or very good mental health, in general.

The fully vaccinated population refers to respondents who reported having received at least one dose of a COVID-19 vaccine that required one dose, or who reported having received at least two doses of a vaccine that required two doses. The not fully vaccinated population refers to respondents who reported not having received any doses of a vaccine, or those who reported having received only one dose of a vaccine that required two doses.

The concept of racialized population is measured with the "visible minority" variable in this release—including in Table 2. "Visible minority" refers to whether or not a person belongs to one of the visible minority groups defined by the Employment Equity Act. The Employment Equity Act defines visible minorities as "persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour." The visible minority population consists mainly of the following groups: South Asian, Chinese, Black, Filipino, Latin American, Arab, Southeast Asian, West Asian, Korean and Japanese.

Recent immigrants refers to those who were admitted into Canada less than 10 years ago. Established immigrants refers to those who were admitted into Canada 10 or more years ago. Respondents who are Canadian citizens by naturalization are considered to be immigrants.

Indigenous status is based on the self-reported answer to "Are you an Aboriginal person, that is, First Nations, Métis or Inuk (Inuit)? First Nations includes Status and Non-Status Indians." While the term "Aboriginal" was used in the questionnaire, this analysis uses the term "Indigenous." The CCHS does not collect data on reserves. Consequently, the results discussed for First Nations people exclude those living on-reserve. In addition, people living in the territories, including a large proportion of First Nations people, Métis and Inuit, are excluded, as well as the majority of Inuit living in Inuit Nunangat—the Inuit homeland. As a result, these exclusions may impact the Indigenous estimates.

LGBTQ2+ people in Canada include lesbian, gay, bisexual, transgender, queer or Two-Spirit persons or persons reporting another diverse gender or sexual orientation identity.

Respondents were included in the LGBTQ2+ population based on self-reported information derived from their sexual orientation, sex assigned at birth and current gender. The analysis of LGBTQ2+ individuals excludes respondents younger than 15 years of age.

Estimates on those who are lesbian, gay or bisexual do not disaggregate by gender identity, and estimates on transgender or non-binary persons do not disaggregate by sexual orientation. Disaggregated data for those who are pansexual, or those with another sexual orientation, were not available.

Underlying health conditions include obesity, high blood pressure, currently having cancer, heart disease, diabetes, dementia among those aged 40 and older, or effects of a stroke. The population with no underlying health conditions is calculated taking into account the non-response categories ("refusal," "don't know," "not applicable" and "not stated").

In this release, when two estimates are stated to be different, this indicates that the difference was statistically significant at a 95% confidence level (p-value less than 5%).

For more information on survey definitions and methods, refer to the Statistics Canada survey information page: [Canadian Community Health Survey](#).

**Available tables:** [13-10-0806-01](#) and [13-10-0809-01](#).

**Definitions, data sources and methods:** survey number [3226](#).

The data visualization product "[Canadians' Health and COVID-19: Interactive Dashboard](#)," which is part of *Statistics Canada – Data Visualization Products (71-607-X)*, is now available.

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)).