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## Reports on Disability and Accessibility in Canada

# Social connections among persons with and without mental health-related disabilities, 2020

by Yasmin Strautins and Carryly McDiarmid

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# Social connections among persons with and without mental health-related disabilities, 2020

by Yasmin Strautins and Carrly McDiarmid

## Key findings

- Persons with mental health-related disabilities were less likely than those without mental health-related disabilities to have three or more close friends and relatives.
- Those with mental health-related disabilities were also less likely to have ten or more local contacts.
- Level of satisfaction with contact with friends and with relatives was lower for persons with mental health-related disabilities than persons without mental health-related disabilities.
- One-third of persons with mental health-related disabilities were socially connected, meaning they had three or more close friends, three or more close relatives and ten or more local contacts.
- Socially connected persons with mental health-related disabilities were more likely to report positive ratings for self-rated mental health and general health, to be satisfied with life, and to have a strong sense of belonging to their community.

## Introduction

Social networks play an integral role in providing both tangible and emotional support and can come from a variety of sources, including family, friends, neighbours, or colleagues. Being socially connected and receiving social support have been tied to improved physical and mental health outcomes<sup>1,2</sup> particularly among those with disabilities.<sup>3,4</sup> Research has shown that those with disabilities related to mental health often have lower levels of social capital, compared to other disability types.<sup>5</sup> Diverse and active social networks have been tied to higher well-being ratings among those with mental health-related disabilities.<sup>6</sup>

The COVID-19 pandemic had a profound impact on both social relationships and the mental health of Canadians. At different times during the pandemic, public health institutions called for physical distancing and limiting contact with persons outside one's household, which changed how Canadians interacted with one another. Compared to before the pandemic, perceived mental health and life satisfaction declined for Canadians in 2020.<sup>7,8</sup> Additionally, from 2019 to 2021, there was an increase in mental health-related disabilities among employed Canadians.<sup>9</sup>

1. Berkman, Lisa F., Thomas Glass, Ian Brissette and Teresa E. Seeman. 2000. "From social integration to health: Durkheim in the new millennium", *Social Science and Medicine*, 51(6).
2. Gilmour, Heather. 2012. "Social participation and the health and well-being of Canadian seniors", *Health Reports*, 23(4), 23-32. Available at: <https://www150.statcan.gc.ca/n1/pub/82-003-x/2012004/article/11720-eng.htm>.
3. Honey, Anne, Eric Emerson and Gwynnyth Llewellyn. 2011. "The mental health of young people with disabilities: Impact of social conditions", *Social Psychiatry and Psychiatric Epidemiology*, 46(1), 1-10. Available at: <https://doi.org/10.1007/s00127-009-0161-y>.
4. Ethgen, Olivier, Philippe Van Parijs, Sabrina Delhalle, Severine Rosant, Olivier Bruyère and Jean-Yves Reginster. 2004. "Social support and health-related quality of life in hip and knee osteoarthritis", *Quality of Life Research*, 13(2), 321-330. Available at: <http://www.jstor.org/stable/4038091>.
5. Mithen, Johanna, Zoe Aitken, Anna Ziersch and Anne M. Kavanagh. 2015. "Inequalities in social capital and health between people with and without disabilities", *Social Science & Medicine*, 126, 26-35. Available at: <https://doi.org/10.1016/j.socscimed.2014.12.009>.
6. Sweet, Daryl, Richard Byng, Martin Webber, Doyo Gragn Enki, Ian Porter, John Larsen, Peter Huxley et Vanessa Pinfold. 2018. "Personal well-being networks, social capital and severe mental illness: Exploratory study", *The British Journal of Psychiatry*, 212(5), 308-317. Available at: <https://doi.org/10.1192/bjp.bp.117.203950>.
7. McDonald, Haileigh. 2021. "Self-perceived mental health and mental health care needs during the COVID-19 pandemic", *Statistics Canada: Data to Insights for a Better Canada*, Catalogue no. 45-28-0001.
8. Helliwell, John F., Grant Schellenberg and Jonathan Fonberg. 2020. "Life satisfaction in Canada before and during the COVID-19 pandemic", *Analytical Studies Branch Research Paper Series*, Catalogue no. 11F0019M.
9. Statistics Canada. 2022. "Mental health-related disability rises among employed Canadians during pandemic, 2021", *The Daily*. Available at: <https://www150.statcan.gc.ca/n1/daily-quotidien/220304/dq220304b-eng.htm>.

Using the 2020 General Social Survey (GSS), this report examines differences in social networks between those with and without mental health-related disabilities.<sup>10</sup> In addition, among persons with mental health-related disabilities, social connectedness is explored by demographic, economic, and social factors and considered in the context of different measures of well-being. In this report, persons with a mental health-related disability are identified as persons whose daily activities are limited because of difficulties with an emotional, psychological, or mental health condition. The comparison group of persons without mental health-related disabilities, includes both those with other disability types and those without disabilities.

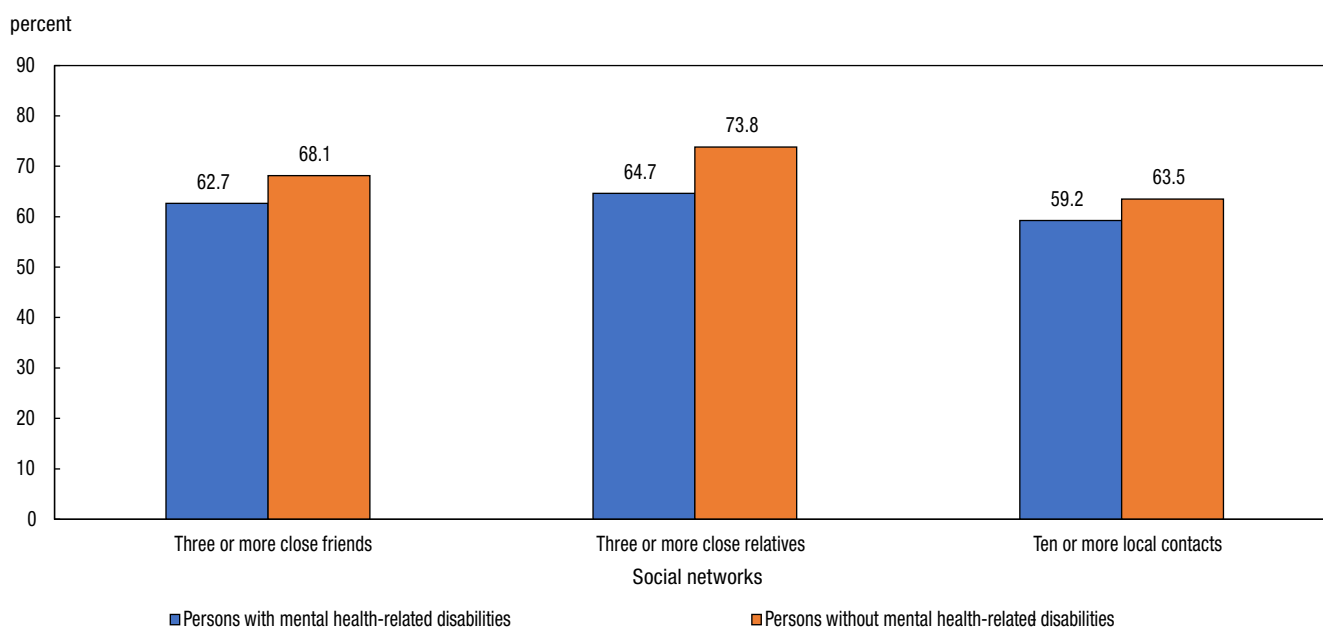
## Persons with mental health-related disabilities have smaller social networks than those without mental health-related disabilities

Close relationships are an important part of daily life and help to create reliable personal networks to turn to for support. In the 2020 GSS, close relationships were defined as people who you feel at ease with, can talk to about what is on your mind, or call on for help.

The proportion reporting having three or more close friends varied by mental health-related disability status. Those with mental health-related disabilities (62.7%) were less likely to have three or more close friends, than those without mental health-related disabilities (68.1%; Chart 1).<sup>11</sup> When looking at relatives that they feel close to, those with mental health-related disabilities (64.7%) were less likely to report having three or more such relatives, compared with those without mental health-related disabilities (73.8%).

**Chart 1**

### Social networks, persons with and without mental health-related disabilities, Canada, 2020



Source: Statistics Canada, General Social Survey, 2020.

10. It is important to note that people could have reported multiple disability types, therefore the data is based upon the impact of all disability types these individuals may have.

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

While having people that one feels close to is key to social support, having at least some of these individuals who live in the same city or local community to provide instrumental help is also important. Persons with mental health-related disabilities (59.2%) were less likely to have ten or more local contacts, compared with persons without mental health-related disabilities (63.5%).

### Weekly communication with friends online is more likely among those with mental health-related disabilities than those without mental health-related disabilities

In addition to the number of contacts a person has, the type and frequency of contact with these individuals can play a role in the quality of these connections. In terms of communication with friends on at least a weekly basis, persons with mental health-related disabilities were less likely to see their friends in person (33.9%) and to talk over the phone with their friends (38.1%), compared with persons without mental health-related disabilities (38.2%; 43.8%; Table 1). By contrast, those with mental health-related disabilities were more likely to have weekly communication with their friends by text (68.0%) and by email or online social networks (65.3%), than their counterparts without mental health-related disabilities (60.6%; 55.0%).

**Table 1**  
**Weekly contact with social networks in the past month, persons with and without mental health-related disabilities, Canada, 2020**

	Persons with mental health-related disabilities	Persons without mental health-related disabilities (reference category)
	percent	
<b>Contact with relatives</b>		
By text message	62.9	64.7
See in person	31.0*	35.0
Talk over the phone	50.5*	60.7
By e-mail or online social networks	48.4	51.2
<b>Contact with friends</b>		
By text message	68.0*	60.6
See in person	33.9*	38.2
Talk over the phone	38.1*	43.8
By e-mail or online social networks	65.3*	55.0

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

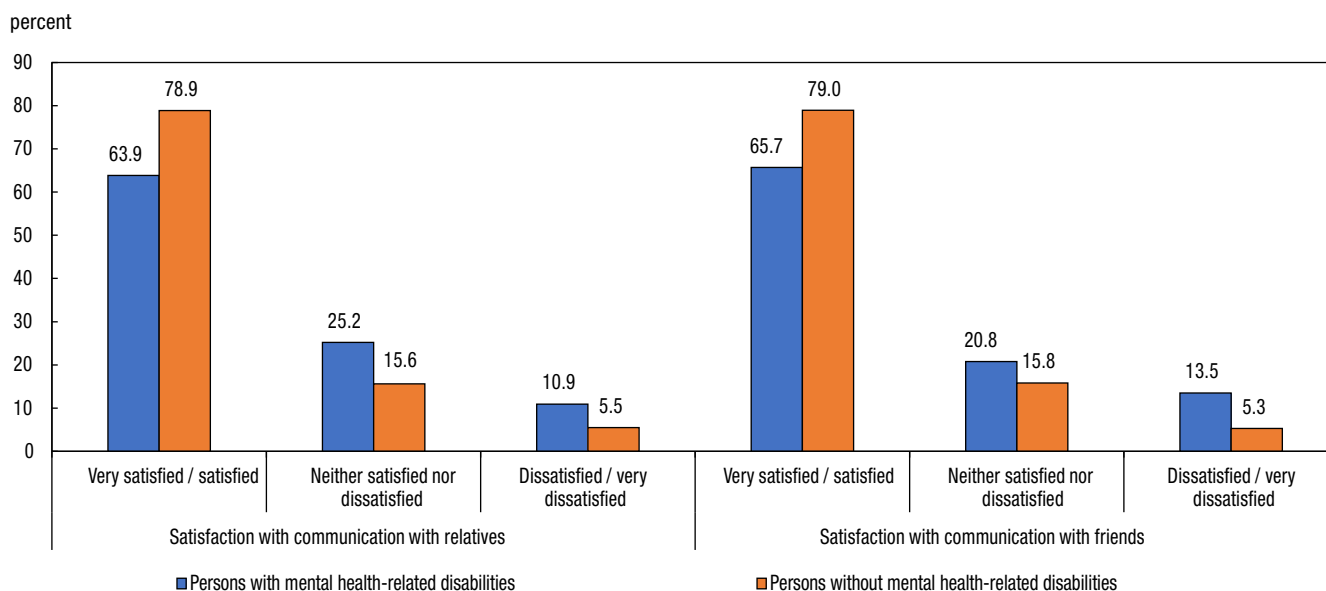
Source: Statistics Canada, General Social Survey, 2020.

There were no statistically significant differences between those with and without mental health-related disabilities in weekly communication with relatives by text message or by email or online social networks. Persons with mental health-related disabilities were less likely to have weekly contact in person (31.0%) or over the phone (50.5%) with their relatives, compared with persons without mental health-related disabilities (35.0%; 60.7%).

### Satisfaction level for contact with both friends and relatives is lower for persons with mental health-related disabilities than those without mental health-related disabilities

Level of satisfaction with contact with friends and with relatives differed when examined by mental health-related disability status. Those with mental health-related disabilities (65.7%) were less likely to report being very satisfied or satisfied with their frequency of contact with their friends, compared with those without mental health-related disabilities (79.0%; Chart 2). Similar findings existed for communication with relatives, with almost two-thirds (63.9%) of persons with mental health-related disabilities and over three-quarters (78.9%) of persons without mental health-related disabilities reporting that they were very satisfied or satisfied with the frequency of communication with their relatives.

**Chart 2**  
**Satisfaction level with contact with social networks in the past month, persons with and without mental health-related disabilities, Canada, 2020**



Source: Statistics Canada, General Social Survey, 2020.

## Just over one-third of persons with mental health-related disabilities are socially connected

Stronger or more extensive social networks can make a person feel more socially connected. The ability to develop or maintain social networks can be difficult for those with disabilities,<sup>12</sup> making them less likely to be able to tap into the benefits of these connections. Understanding the factors that may be associated with being socially connected can inform on the potential risk and protective factors that could influence the course of mental health-related disabilities. In this study, being socially connected is defined as having three or more close friends, three or more close relatives and having ten or more local contacts. In 2020, 34.6% of persons with mental health-related disabilities were socially connected, compared to 42.2% of those without mental health-related disabilities.

Among persons with mental health-related disabilities, there were many factors associated with social connection. Those with more severe mental health-related disabilities (23.0%) were less likely to be socially connected than those with less severe mental health-related disabilities (37.6%; Table 2). Differences emerged when looking at those with a mental health-related disability, but no other types of disability and those with a mental health-related disability and additional disability types.<sup>13</sup> Persons with multiple disability types (31.2%) were less likely to be socially connected than those with one disability type related to mental health (40.7%).

12. Griffith, Lauren E., Parminder Raina, Mélanie Levasseur, Nazmul Sohel, Hélène Payette, Holly Tuokko, Edwin van den Heuvel, Andrew Wister, Anne Gilsing and Christopher Patterson. 2017. "Functional disability and social participation restriction associated with chronic conditions in middle-aged and older adults", *Journal of Epidemiology and Community Health*, 71(4), 381-389. Available at: <https://doi.org/10.1136/jech-2016-207982>.

13. Based on responses provided by respondents on the DSQ, the following types of disabilities were identified: seeing, hearing, mobility, flexibility, dexterity, pain-related, learning, developmental, memory, mental health-related, or unknown.

**Table 2**  
**Socially connected, persons with mental health-related disabilities, by select characteristics, Canada, 2020**

	Socially connected	
	number	percent
<b>Severity of disability</b>		
Less severe (reference category)	1,446,160	37.6
More severe	257,740	23.0*
<b>Number of disability types</b>		
One disability related to mental health (reference category)	738,170	40.7
Multiple disability types, including mental health-related	1,003,750	31.2*
<b>Gender</b>		
Men (reference category)	589,210	29.7
Women	1,155,670	37.9*
<b>Age group</b>		
15 to 24 years (reference category)	616,660	47.3
25 to 34 years	412,170	35.0*
35 to 44 years	283,590	30.6*
45 to 64 years	344,560	28.4*
65 years and older	88,970	21.1*
<b>Geography</b>		
Rural area (reference category)	224,870	33.3
Population centre	1,521,080	34.8
<b>Marital status</b>		
Married or common-law	768,480	35.7
Separated, divorced or widowed	159,730	23.3*
Single, never married (reference category)	817,000	37.1
<b>Educational attainment</b>		
High school graduation or less (reference category)	715,090	33.9
Some postsecondary education	483,330	33.2
Bachelor's degree or higher	547,520	37.1
<b>Labour force status</b>		
Employed (reference category)	1,090,520	38.6
Unemployed	214,400	37.8
Not in the labour force	400,860	25.8*

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

**Notes:** Socially connected is defined as having three or more close friends, three or more close relatives and having 10 or more local contacts. For each disability type, two severity classes are defined: less severe and more severe. A score is assigned using a scoring grid that takes into account both the intensity of the difficulties and the frequency of the activity limitations. It is important to understand, however, that the name assigned to each class is simply intended to facilitate use of the severity score and is not a label or judgement concerning the person's level of disability.

**Source:** Statistics Canada, General Social Survey, 2020.

Social connectedness also varied by gender and age among persons with mental health-related disabilities. Among this group, women (37.9%) were more likely than men (29.7%) to be socially connected. In terms of age, youth with mental health-related disabilities (47.3%) were the most likely to be socially connected, while older adults with mental health-related disabilities (21.1%) were the least likely to be socially connected. These findings are consistent with previous research on social networks in the general population.<sup>14,15</sup>

Differences in social connectedness were also observed by marital status and labour force status but not by educational attainment. Among persons with mental health-related disabilities, those who were married or common-law (35.7%) and those who were single (37.1%) were more likely to be socially connected than those who were separated, divorced, or widowed (23.3%). Employed persons with mental health-related disabilities (38.6%) were more likely to be socially connected than those not in the labour force (25.8%). Social connectedness did not vary between those with a high school diploma or less, some post-secondary education or those with a bachelor's degree or higher among persons with mental health-related disabilities.

14. Turcotte, Martin. 2015. "Trends in social capital in Canada", *Spotlight on Canadians: results from the General Social Survey*, Catalogue no. 89-652-X. Available at: <https://www150.statcan.gc.ca/n1/pub/89-652-x/89-652-x2015002-eng.htm>.

15. Sinha, Maire. 2014. "Canadians' connections with family and friends", *Spotlight on Canadians: results from the General Social Survey*, Catalogue no. 89-652-X. Available at: <https://www150.statcan.gc.ca/n1/pub/89-652-x/89-652-x2014006-eng.htm#n01>.



## Time spent in local community is tied to being socially connected for persons with mental health-related disabilities

Exploring other social factors, such as time spent living in their local community, knowing people in their neighbourhood, meeting new people, and participation in groups or organizations, in relation to social connectedness, differences emerged among persons with mental health-related disabilities. Those who have lived in their city or local community for five years or more (38.3%) were more likely to be socially connected than those who have lived in their area for less than five years (29.8%; Table 3). Persons with mental health-related disabilities who indicated they know many or most of the people in their neighbourhood (40.1%) were more likely to be socially connected than those who know a few or none of the people in their neighbourhood (32.5%).

**Table 3**  
**Socially connected, persons with mental health-related disabilities, by select social factors, Canada, 2020**

	Socially connected	
	number	percent
<b>Length of time respondent has lived in city or local community</b>		
Less than 5 years (reference category)	300,440	29.8
5 years or more	710,720	38.3*
<b>Participated in group, organization or association - past 12 months</b>		
Yes	1,169,240	42.0*
No (reference category)	576,700	25.6
<b>Knows people in the neighbourhood</b>		
Most or many of the people	526,160	40.1*
Few or none of the people (reference category)	1,201,660	32.5
<b>Met new people - past month</b>		
Yes	778,316	42.6*
No (reference category)	954,269	30.1

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

**Note:** Socially connected is defined as having three or more close friends, three or more close relatives and having 10 or more local contacts.

**Source:** Statistics Canada, General Social Survey, 2020.

Making new social connections can be a way to broaden social networks and provide new opportunities for support. Among persons with mental health-related disabilities, a higher proportion of those who had met new people in the past month (42.6%) than those who had not (30.1%) were socially connected. Social connectedness was more likely among persons with mental health-related disabilities who participated in a group, organization, or association in the past year (42.0%), compared with those who did not (25.6%).

## Socially connected persons with mental health-related disabilities are more likely to report positive ratings of self-rated mental health

Social support has been tied to the well-being of persons with disabilities.<sup>16</sup> Research has shown that increased actual social support interactions and perceived social support has a positive association with physical functioning and a particularly strong association with mental functioning.<sup>17</sup> Perceived social support has a strong association with life satisfaction scores as well.<sup>18</sup>

Data from the 2020 GSS showed that socially connected individuals were more likely to respond positively to various wellbeing measures. Among persons with mental health-related disabilities, a higher proportion of socially connected individuals (61.6%) reported positive self-rated mental health,<sup>19</sup> compared with those who were not socially connected (49.1%; Chart 3). A similar pattern occurred for perceived general health status,<sup>20</sup> where socially connected persons with mental health-related disabilities (80.1%) were more likely to report positive health ratings than those who were not socially connected (66.6%).

16. The relationship between support and wellbeing is complex, there could be some issues with the direction of the association between the two, as the information for both was collected at the same time.

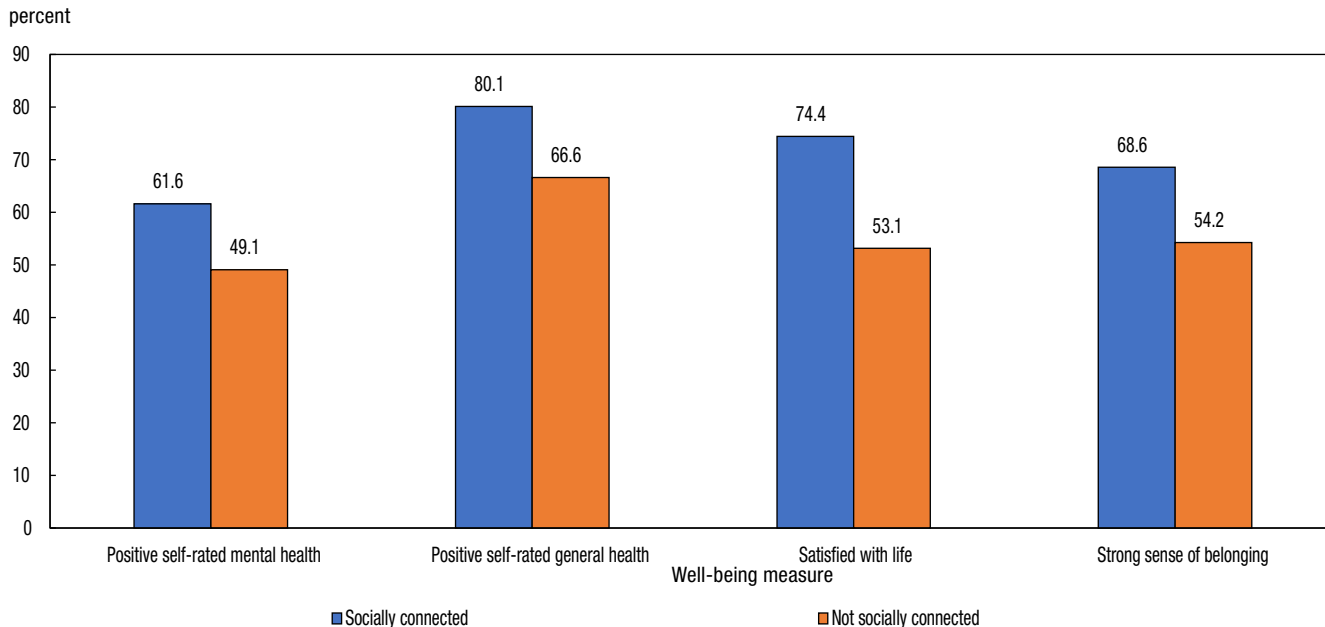
17. Ethgen, Olivier, Philippe Van Parijs, Sabrina Delhalle, Severine Rosant, Olivier Bruyère and Jean-Yves Reginster. 2004. "Social support and health-related quality of life in hip and knee osteoarthritis", *Quality of Life Research*, 13(2), 321-330. Available at: <http://www.jstor.org/stable/4038091>

18. Miller, Susan M., and Fong Chan. 2008. "Predictors of life satisfaction in individuals with intellectual disabilities", *Journal of Intellectual Disability Research*, 52(12), 1039-1047. Available at: doi:10.1111/j.1365-2788.2008.01106.x.

19. In this paper, those who reported "excellent" or "very good" or "good" were classified as having positive self-rated mental health and those who reported "fair" or "poor" were classified as having negative self-rated mental health.

20. In this paper, those who reported "excellent" or "very good" or "good" were classified as having positive self-rated health and those who reported "fair" or "poor" were classified as having negative self-rated health.

**Chart 3**  
**Socially connected, persons with mental health-related disabilities, by select well-being measures, Canada, 2020**



Source: Statistics Canada, General Social Survey, 2020.

Life satisfaction and sense of belonging to the community also differed according to social connectedness among persons with mental health-related disabilities. Persons with mental health-related disabilities who were socially connected were more likely to be satisfied with life, compared to those who were not socially connected. Among persons with mental health-related disabilities, a higher proportion of socially connected individuals reported a strong sense of belonging to their local community (68.6%) than those who were not socially connected (54.2%).

## Conclusion

Social networks differed between persons with and without mental health-related disabilities. Those with mental health-related disabilities were less likely to report having three or more close friends, three or more close relatives and ten or more contacts who live in the same city or local community as them. In terms of communication with their networks, persons with mental health-related disabilities were less likely to see both their friends and relatives in person and to talk over the phone with them on a weekly basis. Satisfaction level with the frequency of communication with close friends and relatives was lower for those with mental health-related disabilities than those without mental health-related disabilities.

In 2020, 34.6% of persons with mental health-related disabilities had three or more close friends, three or more close relatives and ten or more local contacts. A variety of factors were associated with social connectedness among this group, including gender, age, marital status, and labour force status. Additionally, living longer in their community and knowing their neighbours were linked to being socially connected. Similar links were present when looking at those who participated in a group, organization, or association and those who met at least one new person in the past month. Findings showed that, among persons with mental health-related disabilities, being socially connected was associated with higher levels of self-rated mental health, self-rated health, life satisfaction and sense of belonging, compared to those who were not socially connected.

In this analysis the group of persons without mental health-related disabilities included both those without disabilities and those with disabilities that were not related to mental health. There could be further information gained from disaggregating this group to compare the persons with mental health-related disabilities, to those with disabilities not related to mental health and those without disabilities. As data for this cycle were collected during the pandemic, further research could be conducted to compare data from the previous cycle of the survey to explore differences between before and during the pandemic. Additional next steps should consist of a more detailed look at intersectionality to better understand other factors that may exist between social connections, mental health-related disability, and well-being.

## Data source and methodology

This report is based on data from the 2020 General Social Survey (GSS) on Social Identity. The target population consisted of persons aged 15 and older living in Canada's 10 provinces, excluding people living full-time in institutions and residents of First Nations reserves, and was conducted from August 2020 to February 2021. The total sample size for 2020 GSS was 34,044.

The 2020 GSS identified persons with disabilities using the Disability Screening Questions (DSQ), which are based on the social model of disability.<sup>21</sup> The DSQ first measure the degree to which difficulties are experienced across 10 domains of functioning, then ask how often daily activities are limited by these difficulties. Only persons who report a limitation in their day-to-day activities are identified as having a disability. These questions identify ten distinct disability types and allow for the computation of a severity score for each disability type, as well as an overall severity score. It should be noted that for prevalence rates of disability, the Canadian Survey on Disability should be used as it is the official source for calculating rates of disability across Canada among persons aged 15 years and older.

The 2020 GSS was collected from 2020 to 2021 during a period when COVID-19 public health measures changed over time. The different restrictions occurring during this time could have affected data collection and results.

21. Mackenzie, Andrew, Matt Hurst and Susan Crompton. 2009. "Defining disability in the Participation and Activity Limitation Survey", *Canadian Social Trends*, catalogue no. 11-008. Available at: [https://www150.statcan.gc.ca/n1/en/pub/11-008-x/2009002/article/11024-eng.pdf?st=a\\_VKt9PI](https://www150.statcan.gc.ca/n1/en/pub/11-008-x/2009002/article/11024-eng.pdf?st=a_VKt9PI).