

Canadian Actors' Equity Association

**MENTAL HEALTH &
WELLNESS SURVEY REPORT
Final Report — 1. SUMMARY**

December 2020

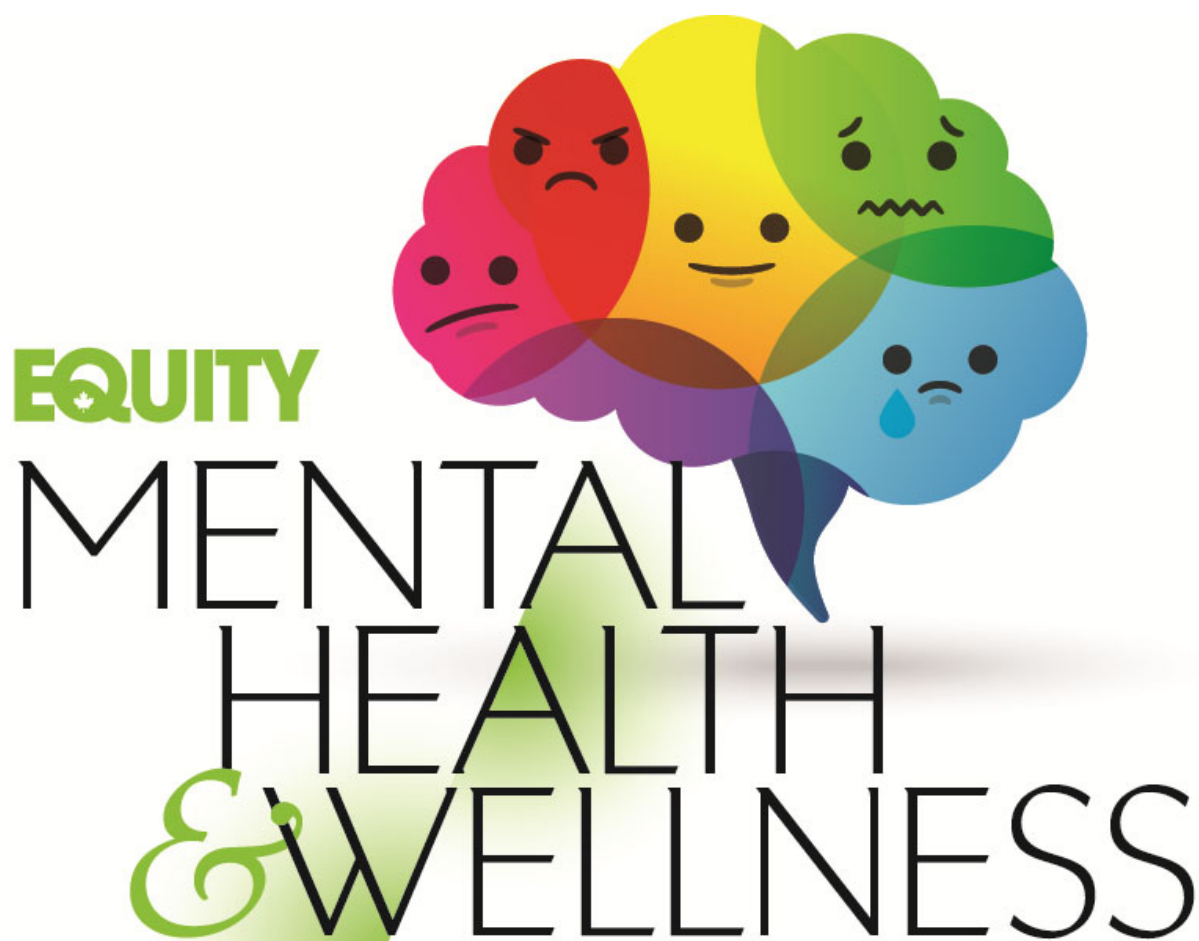




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COVID-19: The reader is reminded that the survey was completed prior to the global COVID-19 pandemic. These findings are therefore reflective of a pre-pandemic baseline.

1. INTRODUCTION

The Equity Mental Health & Wellness Survey was conceived as an outreach and research project to gather detailed information about the nature and prevalence of mental health issues within Equity's membership. Data gathered will help Equity establish support strategies for artists to sustain healthier lives in their challenging careers. Member input will also serve as a tool for insurance planning.

The survey questions were developed in collaboration with Equity's Mental Health and Wellness Task Force, with input from mental health and social work professionals. Equity is indebted to Australian colleagues at the Media, Entertainment & Arts Alliance (MEAA), and British Actors' Equity Association (BAEA) in the UK, who shared their prior research in this area.

The 63 survey questions covered a range of subjects related to artists' Mental Health and Wellness, including general health, family and relationships, substance use, the rigours of freelance life, industry and non-industry stressors, and methods for managing stress.

An additional series of questions solicited input about insurance benefits, including use and desires for possible enhancements. A summary of these findings will be released at a later date, pending completion of negotiations with Equity's insurance plan provider.

All Regular - Extended Visa, Life, and Regular members of Equity in good standing were eligible to complete the survey – a total of 5,617. These members were contacted with an invitation to complete the survey on November 11, 2019.

The survey closed on December 2, 2019 with a total of 2,170 completed surveys – a return rate of 38.6%.¹

Over half of respondents (1,220 members) gave permission to be contacted for follow-up for additional information or to assist with other Equity Mental Health & Wellness initiatives.

¹ For comparison, return rates for other major Equity surveys: 2015 Equity Census = 55.9%; 2018 Senior Members Survey = 27%.

2. SUMMARY OF FINDINGS

A note on gender demographics

The findings reported below do not always include explicit mention of Trans/Non-binary respondents, although the subgroup was represented amongst respondents (18 out of 2170). Within that limited sample size, each individual response has an amplified effect on percentages for the demographic. To include those data in many of the comparisons drawn below would misleadingly over- or understate any differences.

Detailed answers for Trans/Non-binary responses appear in the full Survey Data and are best viewed in that context.

RELATIONSHIPS AND HOME LIFE

Respondents were asked who they live with, how their living circumstances contributed to their mental health and wellness, whether work-related stress affected their relationships with friends and family, the frequency of any long separations due to work, and the extent to which these factors impact their relationships.

Most respondents (2/3) live in some combination of a family group (partner/spouse with or without children, as a single parent, or with other family members), with the remainder living alone or with friends and roommates.

Overall, three-quarters of respondents reported that their living arrangements contributed *positively* to their mental health, with 12% reporting a *neutral* effect, and 7% reporting a *negative* effect. These results were generally consistent across age groups, with the following differences:

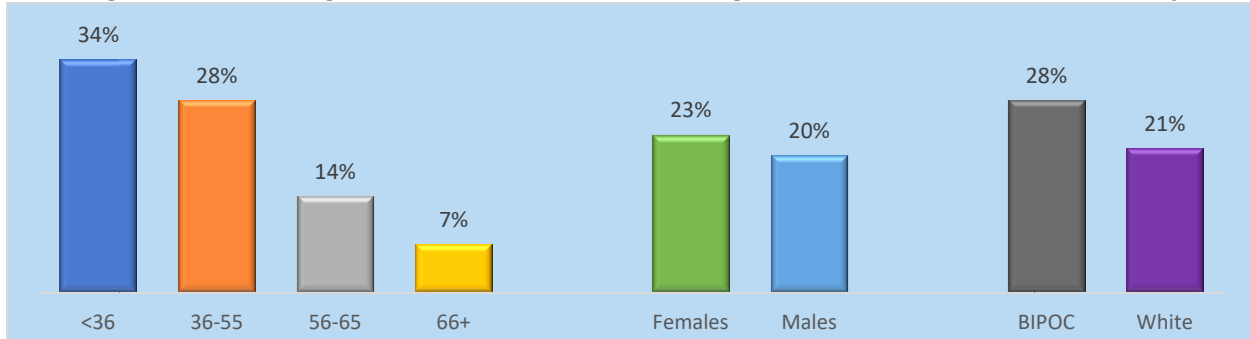
- Respondents age 56 and older more commonly indicated that their living arrangements had a *positive* impact on mental health than did respondents from younger age groups.
- Those under 36 reported a slightly greater *negative* effect than other age groups, although overall that number was still low (9%).

“Time! My biggest challenge is fitting all of my work activities in and still having something left for family and friends.”

Looking at **how work-related stress affected relationships** with family and friends, 22% indicated that it impacted it *a lot*, or *extremely*.

Comparing across subgroups:

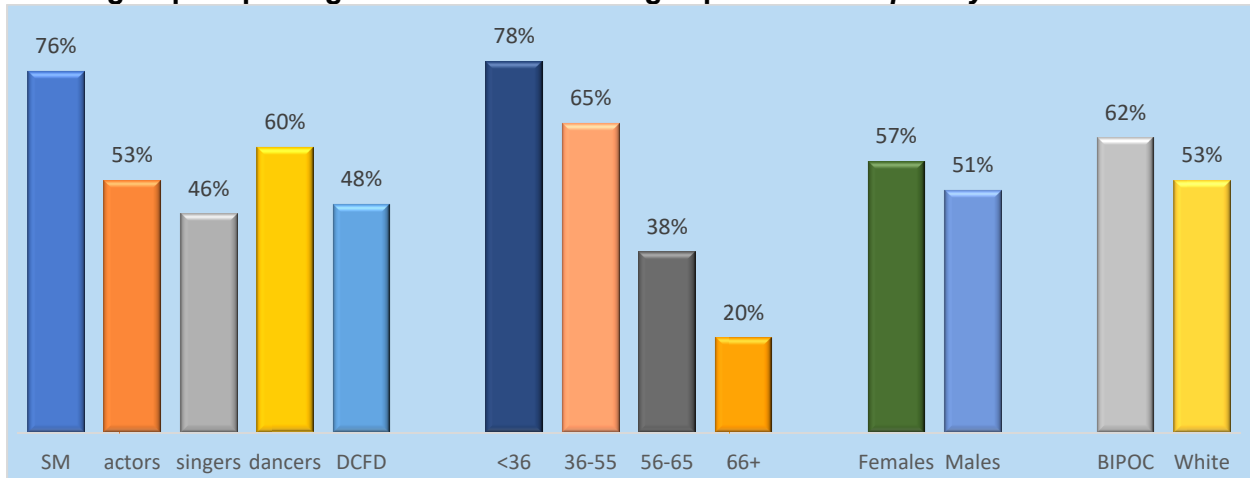
Sub-groups reporting work-related stress affecting relationships *a lot or extremely*



(For complete details, please refer to Q.13 in the Mental Health section in the full Survey Data.)

Just over half of respondents reported that the time and distance demands of work created **long periods of separation** from family and home life *frequently or all the time*. Stage managers were more likely to report *higher-frequency* of separations than other disciplines, and frequency varied across sub-groups:

Sub-groups reporting that work creates long separations *frequently or all the time*



(For complete details, please refer to Q.14 in the Mental Health section in the full Survey Data.)

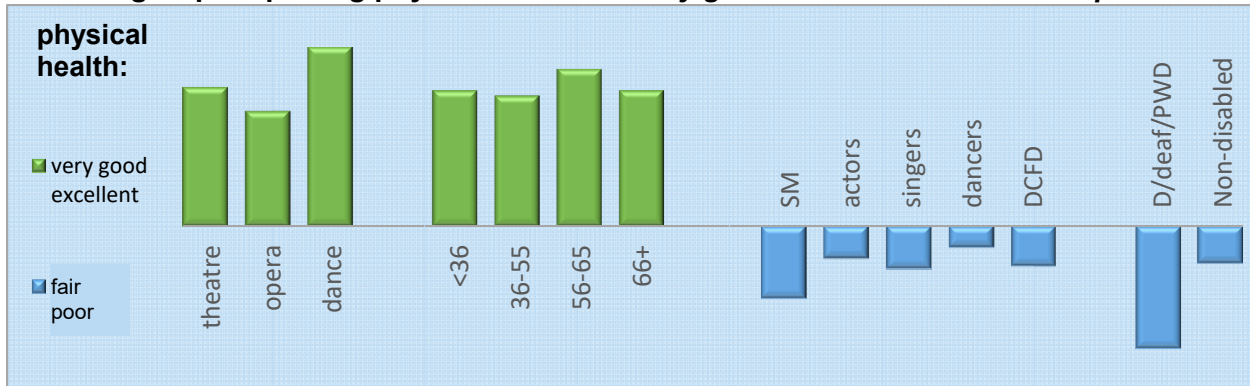
Of those reporting a high frequency of separation, 83% said this had a **negative effect on relationships with friends and family**, although dancers were least likely to report a *negative effect* (55% vs. 83-100% for other disciplines).

GENERAL HEALTH

Respondents were asked about their general health, any issues with sleep, the amount they exercise, their diet, the extent to which their weight or body impacts self-image, and whether they have tried to control their body shape or weight.

85% of respondents said their **physical health** was *good*, *very good* or *excellent*, with generally higher ratings coming from those working in dance and theatre. Stage managers were more likely than other disciplines to describe their health as *fair* or *poor*.

Sub-groups reporting physical health as *very good or excellent* vs. *fair or poor*



(For complete details, please refer to Q.16 in the Mental Health section in the full Survey Data.)

A range of **sleep issues** was also widely noted. About two-thirds of respondents reported *disrupted/poor quality* or *too little sleep*, with incidence increasing notably with age (63% for those under 36, up to 85% for those 66 and older).

Regular **exercise** (at least weekly) was reported by 70% of respondents, with most of those exercising *twice or more per week*:

- dancers and actors were mostly likely to report *at least weekly* exercise (94% and 76% respectively) compared to other disciplines (70% down to 41%);
- more than half of stage managers reported exercising *a couple of times per month*, or less.

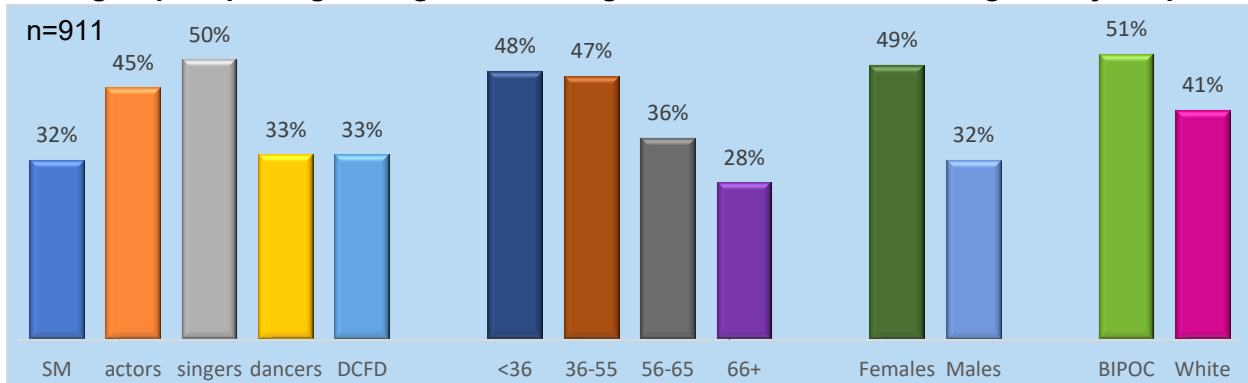
Just over half (53%) of respondents felt they had a *generally healthy diet*, with just over 40% reporting that their diet was *inconsistent* (including periodic overeating, undereating, or an irregular diet.) Only 4% reported a consistently *poor-quality diet*.

Half of respondents reported that **weight or body shape** *negatively* impacted their **self-image**:

- stage managers (62%) vs. actors (51%), singers (49%), directors/choreographers/fight directors (49%); dancers (33%);
- under 36 (54%) and 36-55 (58%) vs. 56-65 (47%) and 66+ (33%);
- females (55%) vs. males (44%).

Respondents were almost evenly split on reporting whether they tried to **control weight or body shape** by *fasting or restricting food intake* (42%) vs. choosing not to (47%.) Of those reporting *restricting food intake*, the distribution across sub-groups varied:

Sub-groups reporting *fasting or restricting food intake* to control weight/body shape



(For complete details, please refer to Q.22 in the Mental Health section in the full Survey Data.)

MENTAL HEALTH & IMPACT OF STRESS

Respondents were asked about their mental health, whether they had experienced depression or other mental health issues in the past six months, and the extent to which performance anxiety has impacted their career. Respondents were also asked about sources of stress and the extent to which mental health issues impacted their career or prevented them from performing or working in industry.

The majority of respondents (61%) indicated their **mental health** is *good, very good or excellent*, while 38% indicated their mental health is *fair or poor*. Respondents age 56 and older were more likely to indicate *good* mental health (ranging from 39%-48%), with younger respondents reporting this at lower rates (17%-22%). Almost half of stage managers (49%) indicated that their mental health was *fair or poor*, compared to other disciplines (31%-37%). Female respondents also reported *fair or poor* mental health at a higher rate (41%) than that indicated by males (32%). Almost three-quarters of all respondents reported that a **mental health issue** impacted their career at some level, with 23% indicating that the impact was *significant or severe*:

- directors/choreographers/fight directors (17%) vs. actors, singers and stage managers (24% each) and dancers (15%);
- females (25%) vs. males (19%);
- 56 and older (13%) vs. 55 and younger (30%).

“People need to be more aware and talk openly about stage fright, which happens to many.”

Of respondents (across all subgroups) who reported a *significant or severe* impact, 55% said that their mental health issue had prevented them from performing or working in the industry; these periods could be as short as missing an occasional performance, or as long as a year or more. (Further details available in Full Survey Data.)

“Stress about working in between gigs, how to deal with employers, asking for time off when theatre work comes up.”

The most commonly indicated mental health issues and stressors are presented here below.

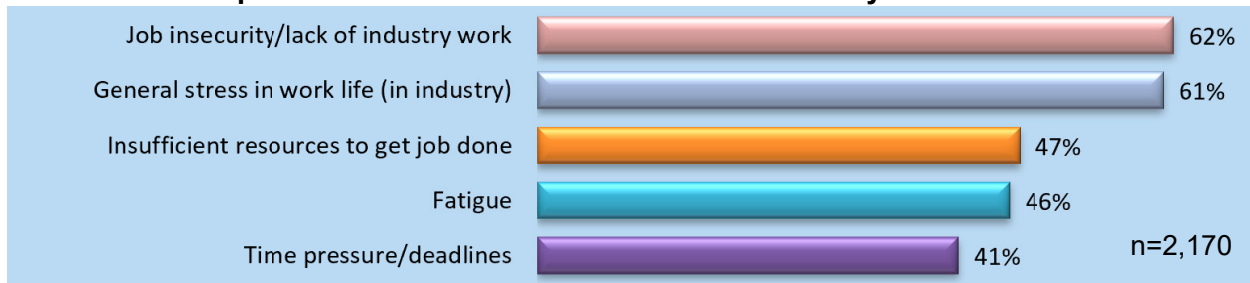
Top 5 Mental Health Issues Over the Past Six Months



(For complete details, please refer to Q.36 in the Mental Health section in the full Survey Data.)

“Stress about working in between gigs, how to deal with employers, asking for time off when theater work comes up.”

Top 5 Sources of Stress in Performance Industry Work Life



(For complete details, please refer to Q.38 in the Mental Health section in the full Survey Data.)

Top 5 Non-Industry Stressors



(For complete details, please refer to Q.39 in the Mental Health section in the full Survey Data.)

“Will I ever be able to own a home? Will I be able to retire?”

“Current politics. Climate anxiety. Social Justice (esp. racial and gender inequity).”

As might be expected, there are differences across subgroups reported in mental health issues and sources of stress. Please refer to the full data set which contains comprehensive demographic breakdowns on the mental health issues summarised here.

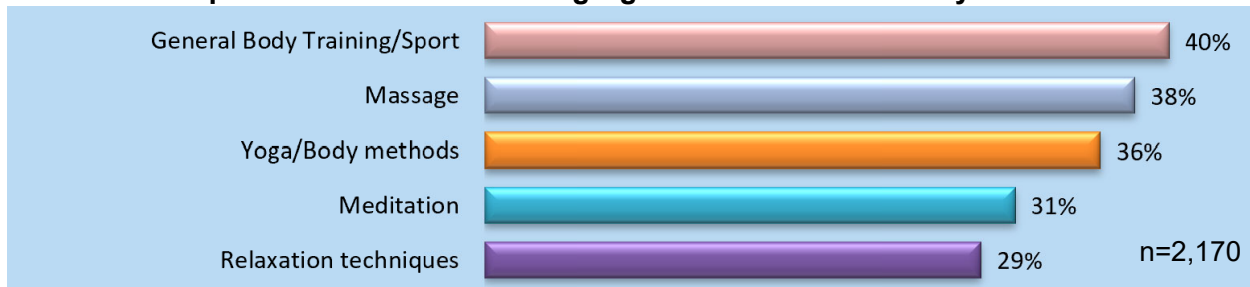
MANAGING PRACTICE & ACCESSING SUPPORT

Protection from Demanding Effects of Rehearsal, Performance or Production

Respondents were asked about activities and legal substances they may use to protect themselves from the physical, emotional or psychological impacts of work, including questions about warm-up or cool down routines. Respondents were then asked whether they had received professional support for a mental health issue, what types of supports they had accessed, whether they had faced any difficulties or barriers to accessing support, and whether they received reimbursement from Equity's insurance plan for costs.

In order of usage, respondents reported the following approaches to addressing the rigours of rehearsal, performance or production:

Top 5 Activities for Protecting Against Effects of Industry Work



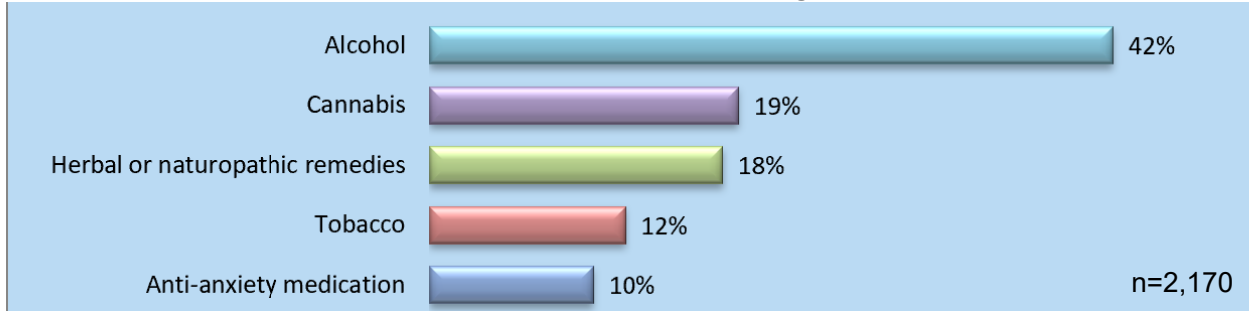
(For complete details, please refer to Q.42 in the Managing Practice section in the full Survey Data.)



SUMMARY OF FINDINGS

Age, gender, race and disability attributes also show some differences in the choices made. A more detailed breakdown of these differences can be found in the full data set.

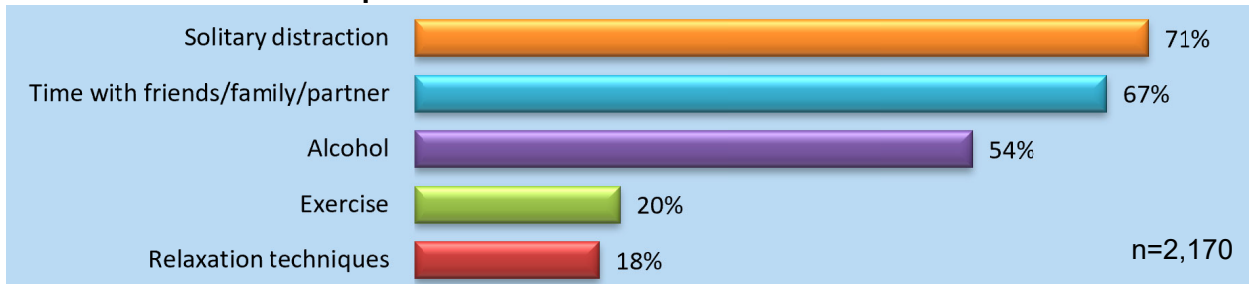
Top 5 Substances Used as a Result of Challenges Related to Work



(For complete details, please refer to Q.43 in the Managing Practice section in the full Survey Data.)

Stage managers were more likely than any other disciplines to report use of **alcohol** or **cannabis**. Dancers were more likely to indicate use of **painkillers or opiates**, and singers were more likely to indicate they did **not** use substances or medications for this purpose. Age, gender, race and disability attributes also show some differences in the choices made.

Top 5 Methods to Cool Down or “Let Go”



(For complete details, please refer to Q.45 in the Managing Practice section in the full Survey Data.)

Alcohol and Cannabis Use

More than half (56%) of respondents said they drank **alcohol twice a week or more**, with **daily** use reported by 10% of all respondents – males more commonly than females (13% vs. 8%), and White respondents more than BIPOC (12% vs. 4%). Roughly 1 in 5 respondents who drink alcohol indicated that a doctor/health worker has expressed concern about their level of use.

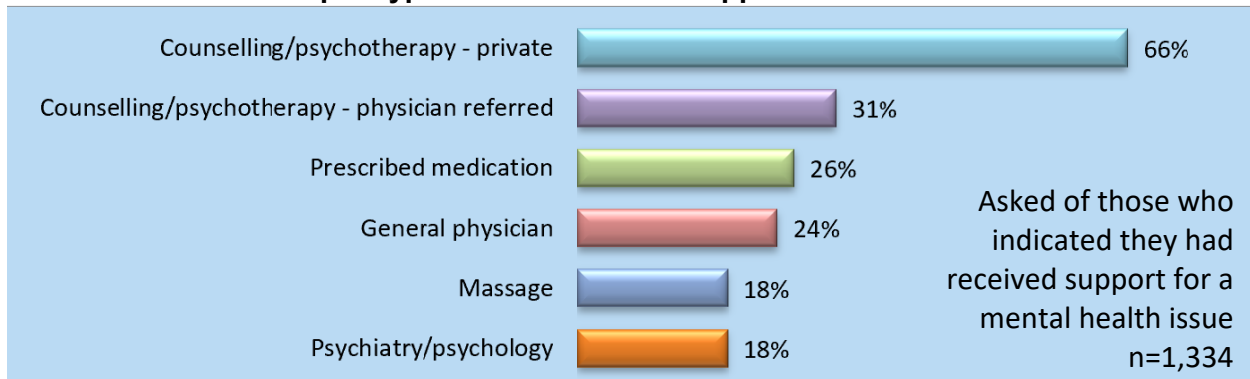
Of respondents who reported **cannabis** use in the past 6 months (38%), over 80% indicated **recreational/social use and/or medicinal use**. 46% use it **once a week or more frequently**. About 5% of respondents who use cannabis indicated that a doctor/health worker has expressed concern about their level of use.

Professional Support Received

A majority of respondents indicated that they had received professional support for a mental health issue at some point – 23% reported receiving support within the past 6 months, and 38% at some point prior to that.

“No family doctor for referral and low-income options meant months of waiting.”

Top 6 Types of Professional Support Accessed



(For complete details, please refer to Q.48 in the Accessing Support section in the full Survey Data.)

The distribution of professional support types accessed was generally consistent across subgroups, except for D/deaf or Persons with a disability and stage managers, who more commonly reported accessing **prescribed medication**. Age, gender, and race attributes also reflect some differences in the choices made. A more detailed breakdown of these differences can be found in the full Survey Data.

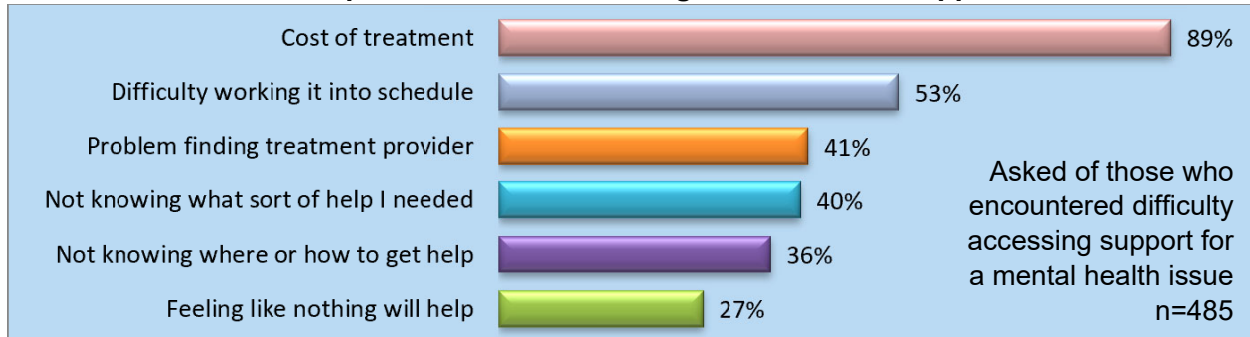
Professional supports selected as most helpful were **counselling/psychotherapy** (both private and physician referred), **prescribed medication**, **psychiatry/psychology**, and **other wellness-based services**. Of respondents who received support specifically for depression, 19% reported doing so within the last 6 months, and 36% at some time previously.

62% of respondents overall reported difficulty in accessing mental health support.

“Part of many mental illnesses is avoidance and anxiety that prevents you from taking action. ... Depression makes it difficult to achieve things as simple as looking up where to get help.”

... “Seeing someone regularly when I’m moving around a lot. ... Consistent care while away on contracts is a challenge.”

Most Frequent Barriers to Seeking Mental Health Support



(For complete details, please refer to Q.51 in the Mental Health section in the full Survey Data.)

Age, gender, race and disability attributes also show some differences in the barriers faced. A more detailed breakdown of these differences can be found in the full Survey Data.

“We still tell stories that trigger. We must. There are shows that require deep dives into the psyche. We must be able to go there - respectfully but dutifully. Navigating personal minefields of emotion adds stress that cannot be ignored.”

“This business is built on long hours, absence of a personal life, never say no, do what it takes. The expression "the show must go on" is still true. We have put up with dysfunction in this industry for so long we think that if we do away with it we kill the artistry. Thank you Equity for trying to start the conversation on mental health. It is the only way things will ever change.”

SURVEY LEXICON

Term	Definition
BIPOC	Black, Indigenous, or Person of Colour
DCFD	directors, choreographers, fight directors – combined categories where base sizes are small
D/deaf and/or Person with a disability (D/deaf/PWD)	including: hard of hearing; learning disability; mental health disability; physical disability; speech or language disability; vision disability
Indigenous	North American Indigenous (First Nations, Inuit, and the Métis Nation) and global Indigenous
LGBTQ2+	Lesbian, Gay, Bisexual, Trans, Queer, Two-Spirited and others
Non-disabled	Persons who are not D/deaf and do not have a disability
Person of Colour (POC)	Identifying with non-White racial or ethnic groups, including multi-racial identities; excluding Indigenous
SM	stage managers
Trans/Non-binary	Having a gender identity differing from the sex assigned at birth (incl. trans man, trans woman, non-binary person, gender fluid person)