More Symptoms, Less Support: The Growing Mental Health Gap in Canada

Mental Health Week is a national awareness campaign led by the Canadian Mental Health Association (CMHA), held annually during the first week of May. It aims to promote mental well-being, reduce stigma, and encourage open conversations about mental health across Canada.

Since the COVID-19 pandemic, mental health concerns – including stress, anxiety, and depression – have risen significantly. Prolonged isolation, economic uncertainty, and disruptions to daily life have contributed to increased psychological distress among people of all ages. These growing challenges have highlighted the need for accessible, timely, and effective mental health support and services.

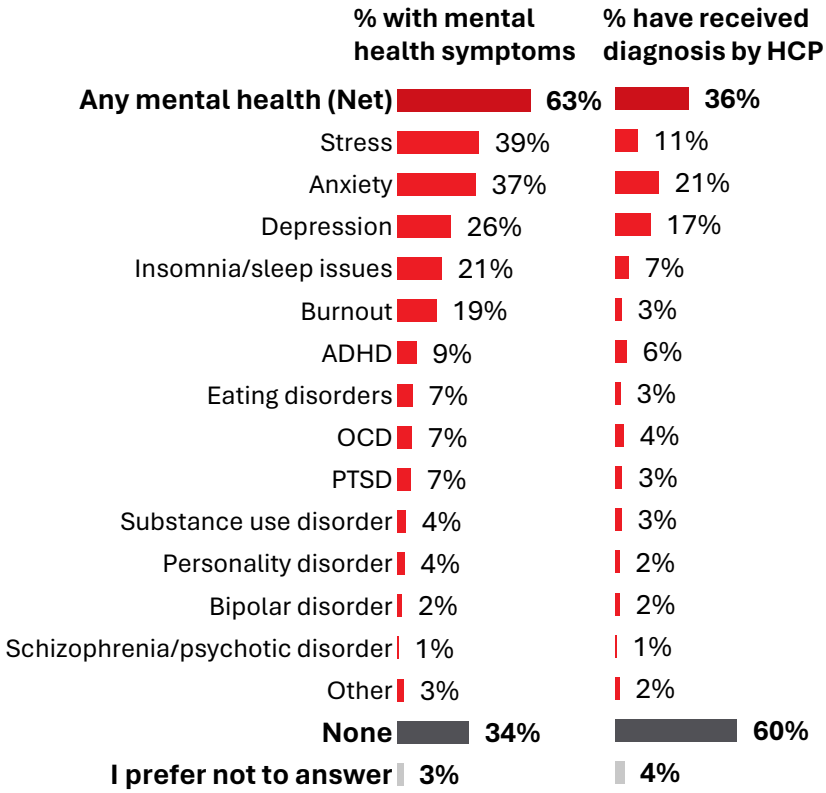
The CMHA's State of Mental Health Report 2024 states that "Canadians' mental health is three times worse than before the pandemic and 2.5 million people can't get the care they need". In addition, the CMHA asserts that "access to mental health, addictions and substance use health (MHASU) services is uneven across the country and the demand for services outstrips availability".

Leger Healthcare conducted a national survey of more than 1,500 Canadians from April 25-27, 2025, to better understand the current state of mental health among Canadians, exploring self-reported mental health symptoms and formal diagnoses, use and interest in various mental health supports, and key barriers to accessing care. The results of the study reveal **key gaps in diagnosis, challenges in accessing support, and disparities across regions and demographics**. Many Canadians express interest in support – particularly in-person therapy – but systemic and financial barriers continue to hinder access.

Mental Health Symptoms Are Widespread – Especially Among Younger Canadians

Mental health concerns remain a prominent issue across Canada. **Nearly two-thirds (63%) of Canadians surveyed reported experiencing at least one mental health symptom**, and nearly one in four (23%) say their mental health has worsened over the past year. Stress and anxiety are the most commonly reported, experienced by 39% and 37% of Canadians, respectively. Depression follows at 26%, with sleep issues (21%) and burnout (19%) also frequently cited.

While conditions such as ADHD, eating disorders, OCD (obsessive compulsive disorder), and PTSD (post-traumatic stress disorder) are reported less frequently, symptoms of these still affect a meaningful portion of the population. Nearly one in ten (9%) report symptoms of ADHD, while 7% report symptoms of eating disorders, OCD, or PTSD.



These experiences are not equally distributed across the population. **Women (68%) and those between the ages of 18 and 34 (74%) are significantly more likely to report symptoms, compared to men and older adults**.

Broader national trends reinforce these findings: according to Statistics Canada, the proportion of Canadians aged 18 to 34 who reported "very good" or "excellent" mental health declined sharply from 72.5% in 2015 to 47.6% in 2022 – the largest decrease of any age group.

In the Leger Healthcare survey, 22% of Canadians aged 18 to 34 say their mental health has worsened compared to one year ago. Notably, Canadians aged 35 to 54 are the most likely to report a decline in mental health over the past year, with 30% indicating their mental health has worsened.

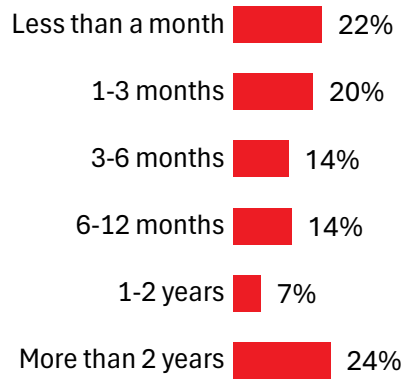
Formal Diagnosis Lags Behind Symptom Prevalence

Despite the high prevalence of symptoms, only 36% report receiving a formal diagnosis from a healthcare provider – highlighting a significant care and diagnostic gap. Anxiety and depression are the most frequently diagnosed conditions, with 21% and 17% of respondents respectively indicating they have received such a diagnosis.

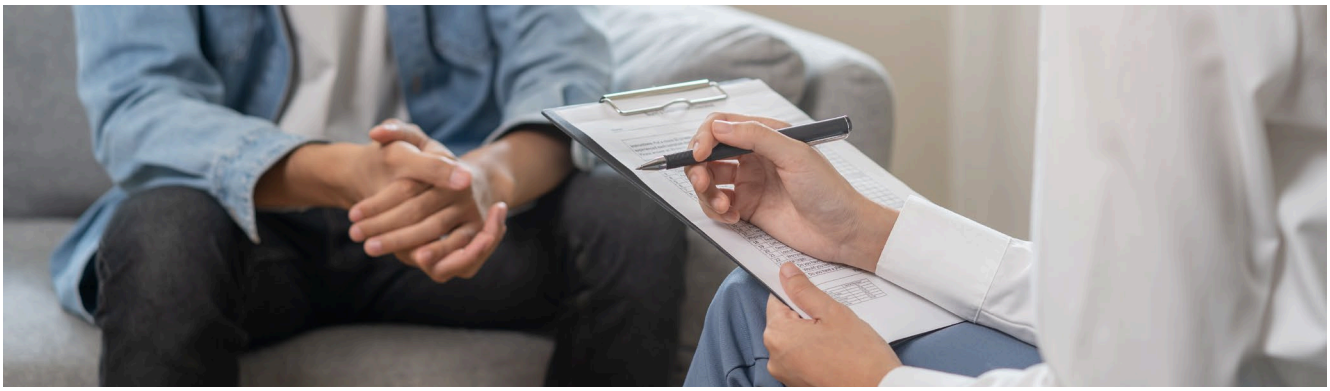
A particularly notable finding is that 27% of Canadians report experiencing mental health symptoms but have never been diagnosed. This points to a significant diagnostic gap – **many Canadians are navigating mental health challenges without a formal diagnosis, support, or treatment from the healthcare system**.

Time to diagnosis also varies significantly. Among those reporting, over 1 in 5 (22%) received a diagnosis within a month of symptom onset, while **about one-quarter (24%) say it took more than two years to be diagnosed. This lag suggests missed opportunities for early intervention and potentially worsened outcomes for those left waiting**.

Length of time to receive diagnosis after experiencing symptoms



Encouragingly, a formal diagnosis appears to correlate with better mental health outcomes. **Among those who have been diagnosed, 31% report that their mental health has improved over the past year. In contrast, just 19% of those experiencing symptoms without a diagnosis say the same.**

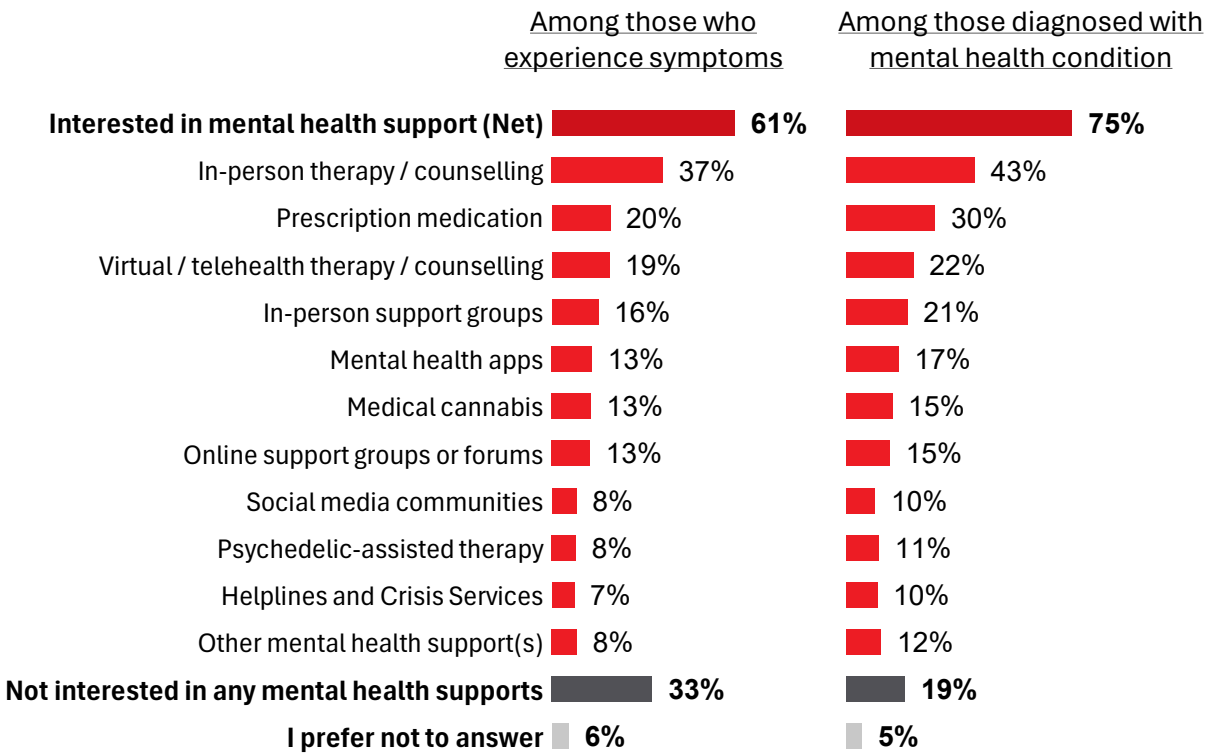


Access to Support: In-Person Therapy and Prescription Medication Lead

A majority (61%) of Canadians who experience mental health symptoms express interest in accessing mental health supports, with interest peaking among those aged 25 to 44. Therapy/counselling, particularly in-person, emerges as the support of greatest interest. Nearly two-thirds (65%) of those who experience mental health symptoms have accessed mental health support. Interestingly, 18% of these respondents who accessed mental health support in the past say they are not interested in seeking support.

Among Canadians with a formal diagnosis, three-quarters (75%) report interest in accessing a mental health support, while 2 in 5 (41%) Canadians who experience symptoms without a formal diagnosis do. These findings reflect a clear demand for support options – but also underscore that interest does not always translate into access.

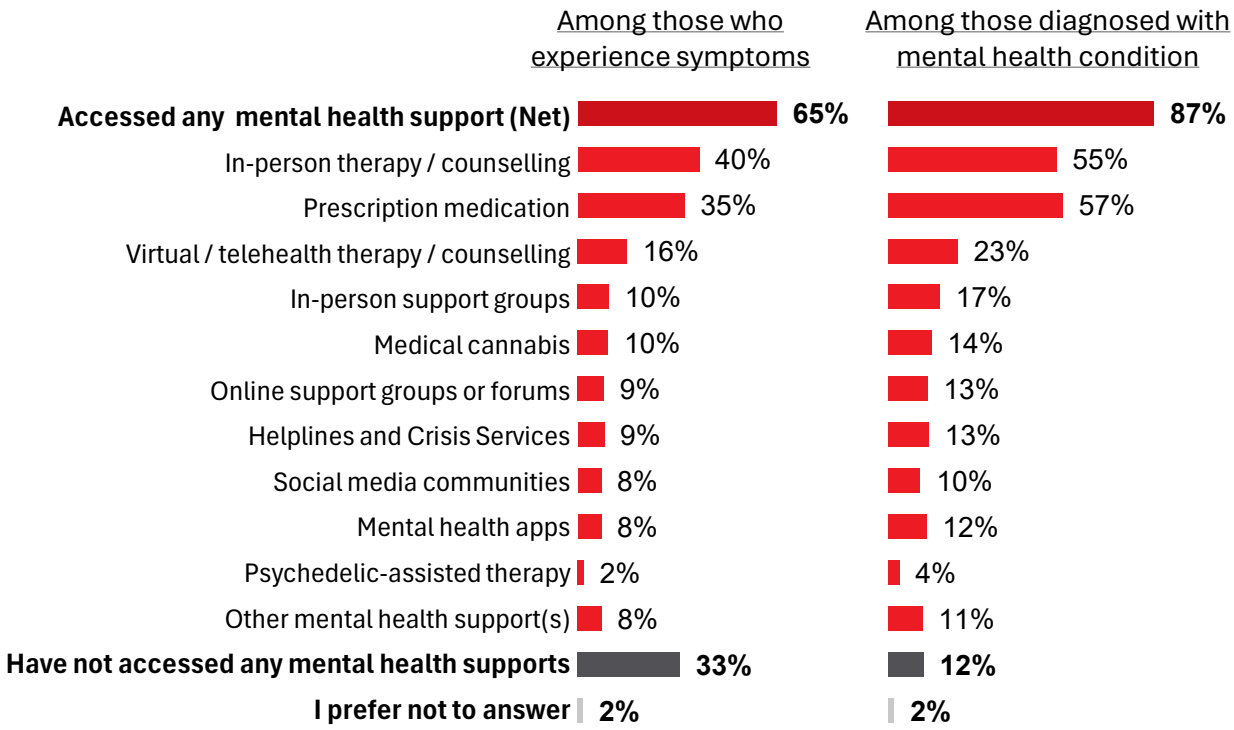
Interest in Accessing Mental Health Supports



For those with a formal diagnosis, support most commonly takes the form of therapy and prescription medication. Nearly two-thirds (64%) of diagnosed Canadians report accessing some form of therapy or counselling, with in-person options (55%) more commonly accessed than virtual ones (23%). Prescription medication use is also widespread, reported by 57% of those with a diagnosis.

Mental health support use among diagnosed Canadians varies by age and geography. Those in rural areas report higher rates of prescription medication use than those in suburban or urban areas. Women (64%) and older adults aged 45+ (68%) are also more likely to be prescribed medication. In contrast, overall mental health support use and interest is generally higher among younger respondents.

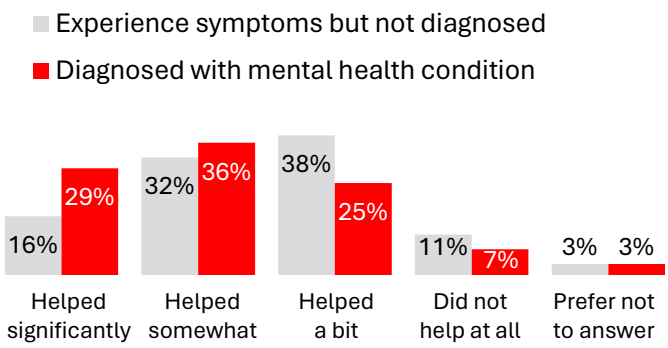
Ever Used Mental Health Supports



Perceptions of support effectiveness are mixed. Just over one-quarter (26%) of all Canadians who accessed mental health support say it helped significantly, while 35% said it somewhat helped. Older adults report better outcomes – 37% of those aged 55+ say their support helped significantly. Medication appears to be helpful – with 40% of diagnosed individuals who were only prescribed medication saying it significantly helped their condition – higher than for those who used other supports without medication.

However, **among those without a diagnosis, perceived benefit is lower:** only 16% say their support helped significantly, compared to 29% of those with a formal diagnosis, suggesting that formal diagnosis may be linked to more effective care pathways.

How helpful supports accessed were



Notably, 12% of those diagnosed have not accessed any mental health support, a finding that underscores the potential for better care navigation and follow-up.

Among those experiencing symptoms but not diagnosed, the picture is more concerning. While nearly one-quarter (24%) have accessed therapy, over 60% have not used any type of support. Interest in support does exist – particularly for in-person therapy (29%) and, to a lesser extent, support groups and prescription medications – but significant barriers stand in the way.

Barriers to Support Remain a Major Challenge

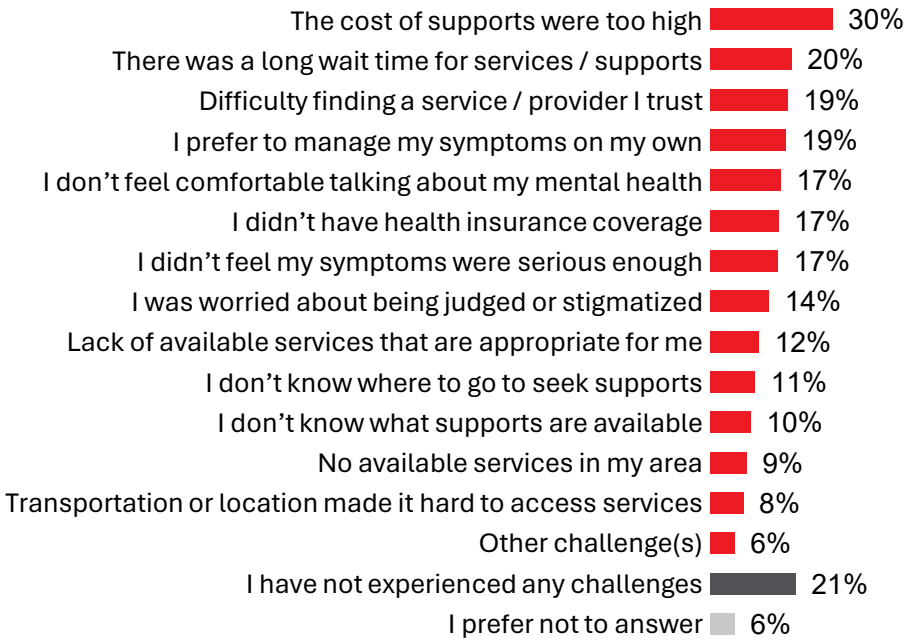
More than half (58%) of Canadians have sought some form of mental health support; of those, **nearly three-quarters (73%) report experiencing challenges along the way**. Cost is the most frequently mentioned issue (cited by 30%); in addition, lack of health insurance coverage was reported by 17%. Other challenges experienced include long wait times (20%) and difficulty finding a trusted provider (19%), which continue to present barriers for many Canadians from accessing the care they need.

In particular, younger individuals aged 18-24 who have a mental health diagnosis are more likely to cite discomfort in talking about mental health (35%), preference to manage symptoms on their own (33%), and concerns about being judged/stigmatized (32%) as challenges faced.

Regional differences are also apparent. Canadians in rural areas are significantly more likely to report a lack of available services (22%) and transportation-related challenges (20%), compared to their urban / suburban (~10%) counterparts.

For those undiagnosed despite experiencing symptoms, the most commonly cited barriers to accessing support include a preference to manage symptoms independently (28%), a perception that their symptoms are not serious enough (28%), and concerns about costs (27%). **These findings highlight a deep need for better public education, navigation support, and more accessible, affordable care options**.

Challenges experienced when seeking mental health support

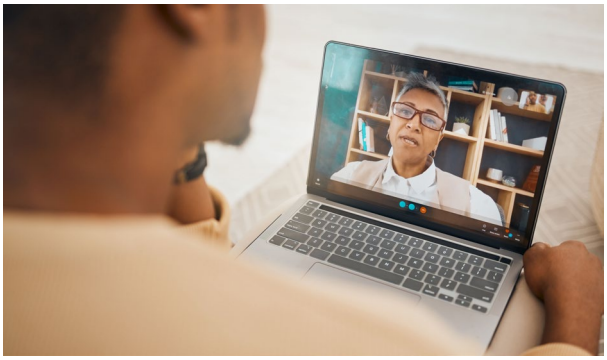


Digital Tools Are Underutilized and Undervalued

Digital mental health tools – virtual therapy, apps, online support groups, and social media communities – offer new pathways to care. However, interest and use vary across age groups, regions, and diagnostic status.

Nearly one-quarter of Canadians (23%) express interest in using at least one of these types of digital mental health support. Virtual therapy is the most commonly cited (14%), followed by online support groups (9%), mental health apps (9%), and social media communities (6%). Women (26%) are more likely than men (20%) to express interest, and interest is significantly higher among those aged 18–34 (34%) compared to Canadians 35 and older (19%). Interest is particularly low among adults 65 and older (7%). Regionally, interest is somewhat lower in Quebec and British Columbia (18%) compared to other provinces.

Overall, only 18% of Canadians report having ever used one of these digital mental health tools. Usage patterns align with interest: greater use among women (21%) than men (15%), and those aged 18-34 (31%) compared to those 35 and older (13%). Seniors aged 65+ report lowest use (3%). Use of these digital supports are also lower in Quebec (13%) and British Columbia (15%), with comparatively higher uptake in Manitoba/Saskatchewan (26%) and Ontario (21%).



Among Canadians who have received a mental health diagnosis, both interest and use of digital tools are considerably higher. Nearly four in ten (39%) express interest in using a digital tool, and 36% have already done so. However, despite this comparatively higher engagement, digital tools remain secondary to in-person supports. Interest in and use of digital tools continues to lag behind more traditional in-person formats for counselling and support groups, indicating that while digital options have a role to play – particularly for younger or tech-savvy populations – they are potentially not perceived as a replacement for direct, face-to-face mental health care.

In contrast, among Canadians with mental health symptoms who have not been formally diagnosed, 22% express interest in digital tools, while only 13% report having used one – highlighting a gap between potential and actual engagement in this group.

These findings suggest that digital tools have yet to reach their full potential in addressing mental health needs across Canada and raise important questions about why these tools remain less commonly used than in-person supports. The relatively lower uptake may reflect factors such as limited awareness, uncertainty about how digital tools can be used, concerns about privacy and confidentiality, or perceptions about their effectiveness. These insights point to opportunities for further exploration to better understand how digital mental health solutions can be more effectively positioned, communicated, and integrated into care.

Implications for Healthcare Stakeholders

Our findings point to a number of critical opportunities for stakeholders across healthcare, government, insurance, and community support networks:

- **Close the diagnosis gap.** Better screening and proactive assessment by family physicians, pharmacists, and frontline health providers could help identify at-risk individuals earlier.
- **Expand affordable therapy options.** In-person therapy is preferred across most groups, yet cost and access remain major obstacles – particularly for younger adults.
- **Address systemic barriers to care.** This includes shortening wait times, improving provider availability, and increasing insurance coverage for mental health services.
- **Enhance public education and outreach.** Many Canadians – especially younger and undiagnosed individuals – lack the information or confidence needed to seek help. Continued efforts can help reduce stigma and reinforce that access to mental health care is a vital component of overall health.

Mental health remains a critical and complex issue across Canada. While many Canadians are actively managing their mental health, a significant proportion remain undiagnosed or unsupported. Diagnosis appears to play a key role in improving outcomes, but high costs, long wait times, and systemic access issues prevent many from receiving timely care.

As healthcare systems evolve, stakeholders have a unique opportunity – and responsibility – to ensure that supports are accessible, affordable, and aligned with patient preferences. With meaningful investment and cross-sector collaboration, Canada has a clear opportunity to reduce the burden of mental illness and improve outcomes for millions.

Methodology

These results were based on an online survey conducted among 1,593 Canadians, randomly recruited from LEO's online panel. Respondents had the option of completing the survey in English or French.

A margin of error cannot be associated with a non-probability sample in a panel survey. For comparison purposes, a probability sample of this size yields a margin of error no greater than ±2.45%, (19 times out of 20).