A CANADIAN SERIES

INSIGHTS. INNOVATION. IMPACT. NATIONWID

WOMEN, HEALTH & INNOVATION

E-GUIDE SERIES

MENTAL HEALTH

PAST. PRESENT. FUTURE.
THE LATEST RESEARCH, INNOVATIONS & SOLUTIONS FOR WOMEN IN CANADA.

PAST
Where We've Been
Lessons from the past that shaped today.

PRESENT
Where We Are Now
Current research, data & promising progress.

FUTURE
Where We're Going
Emerging innovations, companies & breakthroughs to watch.

A CANADIAN PERSPECTIVE
INSIGHTS FROM COAST TO COAST TO COAST

Empowering women through knowledge.
Advancing health through innovation.

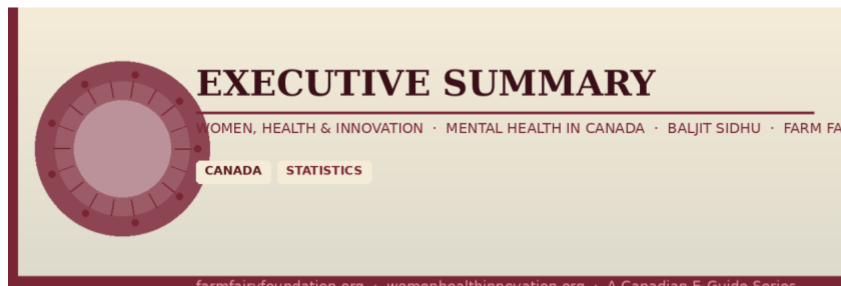
DISCLAIMER

This e-guide is for educational and informational purposes only. It does not replace medical advice, diagnosis, therapy, crisis care, or emergency support. Statistics and research cited are drawn from peer-reviewed literature, Statistics Canada, CAMH, CIHI, CMHA, and the Mental Health Commission of Canada. Anyone in immediate danger or mental health crisis should call 911 or Canada's 9-8-8 Suicide Crisis Helpline (call or text 9-8-8, available 24/7 in English and French).

Crisis Resources — Canada

9-8-8 Suicide Crisis Helpline: Call or text 9-8-8 (24/7, English and French). Hope for Wellness Help Line (Indigenous peoples): 1-855-242-3310. Trans Lifeline: 1-877-330-6366. Kids Help Phone: 1-800-668-6868 or text HELLO to 686868. Crisis Services Canada: 1-833-456-4566.

EXECUTIVE SUMMARY



Women's mental health in Canada is at an inflection point. Awareness has never been higher. The evidence base has never been stronger. The burden has never been more visible. And yet, access remains profoundly inequitable, treatment capacity is overwhelmed, and systems continue to under-serve the women who need them most.

The data are unambiguous. Statistics Canada's Mental Health and Access to Care Survey (MHACS, 2022) found that more than 5 million Canadians met diagnostic criteria for a mood, anxiety, or substance use disorder — with the largest increases concentrated in young women aged 15 to 24. For this group, generalized anxiety disorder tripled between 2012 and 2022 (from 3.8% to 11.9%), and major depressive episodes doubled (from 9.0% to 18.4%). Social phobia among young women increased fourfold between 2002 and 2022.

The present moment is defined by three parallel realities: demand is overwhelming supply; innovation is accelerating; and structural barriers — cost, wait times, geography, culture, race, disability, and caregiving responsibilities — continue to filter out the most vulnerable women first.

The three defining realities of 2026

1. Demand is outpacing access. 41% of adults with a diagnosed mental health condition report unmet or partially met needs (CIHI, 2024). Median community counselling wait time is 22–30 days; 1 in 10 Canadians waits over 143 days. 2. Women carry a disproportionate burden. Women report lower average mental health scores than men — a six-point gap in 2025 — and perform

6.3 more hours per week of unpaid labour (Statistics Canada). 3. Innovation is real but unevenly distributed. Digital CBT, AI clinical tools, measurement-based care, and perinatal programs are reshaping access — but primarily in urban Ontario and BC.

KEY CANADIAN STATISTICS

The Data Every Decision-Maker Needs to Know

Prevalence — How Many Canadians Are Affected

1 in 5

Canadians will experience a mental illness in any given year

By age 40, about 50% of Canadians will have experienced a mental illness (CAMH, 2025)

5+ million

Canadians met diagnostic criteria for a mental disorder in 2022

Statistics Canada MHACS 2022: mood disorders, anxiety disorders, and substance use disorders combined

18.3%

of Canadians aged 15+ met diagnostic criteria for a mood, anxiety, or substance use disorder in 2022

Up from 10.1% in 2012 — nearly doubling over one decade (Statistics Canada MHACS 2022)

The Young Women Crisis — Most Urgent Trend

✓ **Fact-check note:** *These are the most alarming statistics in Canadian mental health. Statistics Canada's 2022 MHACS data show the 10-year increase in young women aged 15–24 is unprecedented. Generalized anxiety disorder prevalence among this group TRIPLED. Major depressive episode*

prevalence DOUBLED. Social phobia increased fourfold compared to 2002. These numbers demand immediate system-level response.

11.9%

of young women aged 15–24 met criteria for GAD in 2022

Up from 3.8% in 2012 — a threefold increase in one decade (Statistics Canada MHACS 2022)

18.4%

of young women aged 15–24 met criteria for major depressive episode in 2022

Up from 9.0% in 2012 — a doubling over one decade; highest of any demographic (Statistics Canada MHACS 2022)

24.7%

of young women reported social phobia in 2022

Up from 6.1% in 2002 — a fourfold increase over 20 years (Statistics Canada MHACS 2022)

Access Gaps — Who Is Not Getting Care

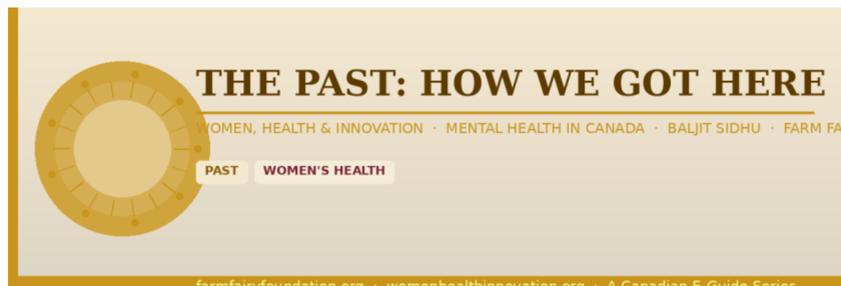
- 41% of adults with a diagnosed mental health condition report needs that are only partially met or completely unmet (CIHI, 2024 Canadian Community Health Survey)
- 52% of Canadians struggling with mental health are not getting the help they need (Mental Health Research Canada, 2024)
- Median wait time for community mental health counselling: 22–30 days; 1 in 10 Canadians waited 143 days or more — nearly five months (MHRC 2026)
- Mental health care costs an average of $150–$300 per therapy session; most provincial drug benefit programs do not cover psychotherapy
- Mental health-related disabilities are the fastest-growing disability type in Canada, affecting over 3 million people — with women comprising the majority (Statistics Canada, 2022)

Gender Gap in Mental Health

- Women report lower average mental health scores than men — a six-point gap at the start of 2025 (MHRC Workplace Mental Health 2025)
- Women are 50% more likely than men to say that bullying, harassment, or unhealthy conflict is not fairly resolved in their workplace (Benefits Canada / Workplace Mental Health Index 2025)
- Women perform approximately 6.3 more hours of unpaid labour per week than men, and this caregiving burden directly correlates with higher rates of burnout, anxiety, and depression (Statistics Canada)

- CMHA March 2026: women experience higher levels of psychological distress than men and are more likely to report anxiety, depression, and burnout — with young women reporting the highest levels of distress nationally

THE PAST: HOW WE GOT HERE



What Was Missing — and Why It Still Matters

Canada's mental health system was built largely without women's specific needs in mind. For decades, the dominant frameworks for understanding and treating anxiety, depression, trauma, and psychosis were developed primarily from research on men. Women were under-represented in clinical trials. Sex and gender differences in symptom presentation, biological drivers, hormonal influences, and life-stage transitions were poorly understood and rarely built into care pathways.

> **Four defining failures of the past**
>
> 1. Women's mental health was treated as identical to men's — ignoring reproductive transitions, hormonal biology, caregiving burden, and gender-based violence as distinct drivers. 2. Perinatal mental health was minimised as 'baby blues,' delaying recognition of postpartum depression, anxiety, psychosis, and PTSD as serious medical conditions requiring systematic screening and treatment. 3. Care was reactive rather than preventive — women entered the system only in crisis, after years of unmet need. 4. Culturally relevant care was absent — Indigenous women, Black women, immigrant women, and women with disabilities encountered systems that did not see them or speak their languages.

What Changed — Milestones That Shaped Today

- 2012: Mental Health Commission of Canada releases Canada's first federal mental health strategy — 'Changing Directions, Changing Lives'
- 2015: Bell Let's Talk campaign accelerates national stigma reduction; creates public conversation about mental illness as a health issue
- 2017: Federal budget invests $5 billion over 10 years in mental health through the Canada Health Transfer — the first dedicated federal mental health funding
- 2018–2019: Statistics Canada Survey on Maternal Health establishes national baseline for postpartum depression and anxiety (17.9% PPD, 13.8% PPA)

- 2020–2022: COVID-19 pandemic reveals and accelerates the women's mental health crisis — perinatal depression doubled; young women bore the highest burden
- 2022: Statistics Canada MHACS reveals the scale of increase — 5 million Canadians affected; young women the fastest-deteriorating group
- 2023: Canada launches 9-8-8 Suicide Crisis Helpline — the first national, bilingual, 24/7 crisis line
- 2024: CIHI's 2024 Canadian Community Health Survey finds 41% of adults with diagnosed mental health conditions still have unmet or partially met needs
- 2025–2026: AI-enabled clinical tools, measurement-based care platforms, and digital CBT enter mainstream adoption

THE PRESENT: CANADA'S 2026 MENTAL HEALTH LANDSCAPE

The 2026 landscape is characterised by a paradox: innovation has never moved faster, and access has never felt more out of reach for the women who need it most. Understanding this tension requires looking at four distinct domains simultaneously.

Domain 1: Perinatal Mental Health

> **49%**
>
> **of mothers and birthing parents reported emotional or mental health challenges in 2024**
>
> *Statistics Canada 2024 Parental Experiences Survey — up significantly from the pre-pandemic baseline*

Statistics Canada's 2024 Parental Experiences Survey — the most current national data — found that nearly half (49%) of mothers and birthing parents reported experiencing challenges with their emotional or mental health during pregnancy or after childbirth. This figure reflects a dramatic increase from the 2018–2019 baseline (23%).

- Approximately 1 in 6 new mothers experience symptoms of a perinatal mood or anxiety disorder (Public Health Agency of Canada)
- 17.9% of women had symptoms consistent with postpartum depression and 13.8% had symptoms consistent with postpartum anxiety (Statistics Canada Survey on Maternal Health 2018–2019 — the last published national prevalence data)
- Indigenous mothers are 20% more likely to experience prenatal and postpartum depression than non-Indigenous mothers
- 15.5% of women were diagnosed with depression or prescribed antidepressants before becoming pregnant — a major risk factor for perinatal mental illness

- Healthcare professionals identify only 25% of perinatal individuals with postpartum depression (peer-reviewed evidence from Canadian provider surveys)
- Up to 70% of perinatal women will not seek treatment for a perinatal mental health disorder — often citing stigma, childcare barriers, financial cost, and fear of child welfare involvement
- Only 15% of women with a perinatal mental health disorder receive evidence-based care — a systemic failure with lifelong consequences for both mother and child
- Canada does not yet have a national strategy for screening and treating perinatal mental health disorders — a critical policy gap identified by the Society of Obstetricians and Gynaecologists of Canada

> ✓ **Fact-check note:** *The 2024 Parental Experiences Survey (Statistics Canada, released February 2026) provides the most current national data. The finding that 49% of mothers reported emotional/mental health challenges — nearly 1 in 2 — is significantly higher than historical estimates and reflects both the pandemic's lasting effects and improved measurement. These figures should be cited in all policy, clinical, and public communications from 2026 forward.*

Domain 2: Workplace Mental Health and Burnout

> **39%**
>
> **of Canadian employees report feeling burnt out**
>
> *Up from 35% in 2023 (Mental Health Research Canada, Workplace Mental Health 2025, n=5,008)*

- 500,000 Canadians miss work due to mental illness every week — with an estimated economic cost of $51 billion annually (Canadian Psychological Association, 2024)
- 70% of working Canadians say their work experience impacts their mental health (Mental Health Research Canada)
- 1 in 4 working Canadians (24%) report experiencing burnout 'most of the time' or 'always' (MHRC 2024 Workplace Survey)
- Burnout costs employers $5,500–$28,500 per employee annually; companies that prioritise prevention see a 27% burnout rate versus 47% for those taking no action (MHRC 2025)
- Women's average mental health scores are six points lower than men's at the start of 2025, with women 50% more likely to report workplace bullying or harassment is not fairly resolved

- 40% of workers are living with constant stress; those under 40 are most affected; Gen Z workers are three times more likely than baby boomers to feel disconnected at work (Morneau Shepell / LifeWorks 2025)
- Financial stress is a major driver: 49% of employees cite money as their top source of stress; 40% worry often or always about their financial future

Domain 3: Access, Wait Times, and Unmet Needs

- 41% of adults with a diagnosed mental health condition report that their needs were only partially met or completely unmet in 2024 (CIHI, 2024 Canadian Community Health Survey — published 2025)
- 52% of Canadians struggling with mental health are not getting the help they need (Mental Health Research Canada, Key Facts 2024)
- Median wait time for community mental health counselling: 22–30 days; 1 in 10 Canadians waited 143 days (nearly 5 months) or more
- Psychology is not covered by provincial health insurance in most provinces — creating a two-tiered system where access depends on employer benefits or personal income
- Women in rural and remote communities face compounded barriers: fewer providers, greater stigma, longer distances, limited internet for digital care, and reduced anonymity in small communities

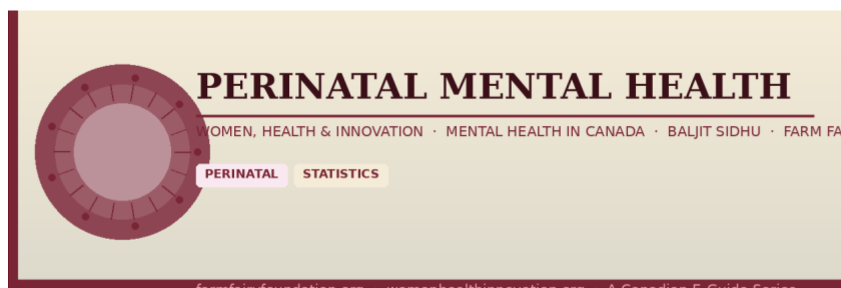
Domain 4: Digital and AI Innovation

Canada has become a significant hub for digital mental health innovation. The landscape of 2026 includes measurement-based care platforms, digital CBT, therapist-assisted online therapy, AI clinical decision support, workplace wellbeing platforms, and peer-based support. Most of these innovations are concentrated in Ontario and British Columbia, with Quebec developing a parallel French-language digital ecosystem.

What innovation looks like now — five domains

1. Measurement-based care: repeated patient-reported outcome measures (PHQ-9, GAD-7, WHODAS) to track whether treatment is working — moving care from opinion-based to outcome-driven. 2. Digital CBT and therapist-assisted online care: structured therapy delivered online, removing geography, cost, and stigma barriers — most effective when combined with human therapist support. 3. AI clinical workflows: tools identifying risk, summarising notes, personalising care pathways, and monitoring symptom trajectories — with human oversight requirements. 4. Perinatal mental health integration: postpartum screening moving into maternity care, midwifery, pediatrics, and primary care workflows. 5. Culturally safe digital models: designed with and for Indigenous women, Black women, immigrant and refugee women, LGBTQIA+ communities.

PERINATAL MENTAL HEALTH: A CLOSER LOOK



Perinatal mental health disorders — those arising during pregnancy or in the year following birth — are among the most common conditions in women's health, and among the most under-screened, under-treated, and under-resourced. The clinical and policy gap between prevalence and response remains one of Canada's most urgent health system failures.

The Full Spectrum of Perinatal Mental Health

Perinatal mental health is not limited to postpartum depression. The full clinical spectrum includes postpartum depression (PPD), postpartum anxiety disorder (PPA), obsessive-compulsive disorder (OCD) during the perinatal period, postpartum PTSD (particularly following traumatic birth experiences), bipolar disorder with peripartum onset, postpartum psychosis (a psychiatric emergency), and grief responses to pregnancy loss, infertility, and infant loss. Each condition has distinct clinical presentations, timelines, risk factors, and treatment requirements — yet most perinatal screening programs use a single tool (the Edinburgh Postnatal Depression Scale) designed primarily for postpartum depression.

> **The treatment gap — why identification does not equal care**
>
> Even when perinatal mental illness is identified, women face compounded barriers to care: childcare for appointments, financial cost of psychotherapy, stigma about being a 'bad mother,' fear of child welfare involvement, immigration status concerns, breastfeeding-compatible medication decisions, and partner or family unsupportiveness. These barriers disproportionately affect the women already at highest risk: Indigenous women, Black and racialized women, immigrant and refugee women, single mothers, women experiencing domestic violence, and women with low income.

The Innovation Imperative in Perinatal Mental Health

- Universal screening programs — moving beyond single-tool screening toward comprehensive, validated, multi-condition screening across pregnancy and postpartum
- Integrated care models — embedding perinatal mental health support directly into obstetric, midwifery, pediatric, and primary care settings
- Peer support programs — evidence-based peer support by mothers with lived experience of perinatal mental illness, shown to significantly reduce isolation and improve treatment engagement
- Digital and telepsychiatry — expanding reach to rural and remote mothers, enabling access from home during the newborn period
- Workforce training — the Daymark Foundation and Canadian Perinatal Mental Health Training programs are addressing the acute shortage of trained perinatal mental health clinicians

> ✓ **Fact-check note:** *Statistics Canada's 2024 Parental Experiences Survey (released February 2026) represents a significant methodological advance. The finding that 49% of mothers reported emotional/mental health challenges — versus the 23% figure from the 2018-2019 Survey on Maternal Health — reflects both improved measurement and genuine deterioration. Both figures should be cited carefully, distinguishing between 'symptoms consistent with PPD/PPA' (the 2018-19 clinical screening measure) and the broader 'reported emotional or mental health challenges' framing of the 2024 survey.*

INDIGENOUS WOMEN'S MENTAL HEALTH

Indigenous women in Canada experience mental health challenges that cannot be understood outside the context of colonialism, intergenerational trauma, systemic racism in health care systems, forced assimilation, the ongoing legacy of residential schools, and the crisis of Missing and Murdered Indigenous Women and Girls (MMIWG). Any innovation agenda that does not begin with this reality will fail Indigenous women.

What the Data Show

- Indigenous mothers are 20% more likely to experience prenatal and postpartum depression than non-Indigenous mothers (Canadian Perinatal Mental Health research, 2019)
- First Nations off-reserve, Inuit, and Métis populations experienced the largest absolute decline in high self-rated mental health between 2015 and 2021 (Public Health Agency of Canada, Positive Mental Health Surveillance Indicator Framework, 2024)
- 28% of Canadians who identify as 2SLGBTQI+ have thought about suicide in the past year — a rate disproportionately concentrated in Indigenous youth (Mental Health Research Canada, Poll 24)
- Northern and remote communities face simultaneous crises of access, cultural disconnection from mainstream systems, and inadequate mental health workforce

What Genuine Innovation Looks Like

Innovation in Indigenous women's mental health cannot mean importing digital tools designed elsewhere. It must mean Indigenous-led, community-grounded, culturally safe approaches — including land-based healing, language preservation, Elder guidance, Inuit Qaujimajatuqangit frameworks, and reconnection with cultural identity as mental wellness. Nunavut's Inuit-led wellness initiatives, BC's partnership

approaches with First Nations Health Authority, and Manitoba's trauma-informed community programs represent the directions that matter.

The Hope for Wellness Help Line

Available 24/7 to all Indigenous peoples across Canada: 1-855-242-3310. Available in Cree, Ojibway, and Inuktitut in addition to English and French. This line represents an important access point — but must be understood as one component of a vastly more comprehensive response that Canada has yet to build.

PROVINCIAL SNAPSHOTS

Innovation Across Canada — Coast to Coast to Coast

Province / Territory	Innovation Focus	Watch Areas
British Columbia	Perinatal mental health, reproductive mental health, substance use integration, peer engagement, public reporting, and BC Women's Hospital reproductive mental health programs	Perinatal and postnatal strategy; peer-led perinatal mental health and substance use programs; First Nations Health Authority partnership; rural and Indigenous access
Alberta	Integrated mental health and addiction systems, virtual mental health access, youth and family mental health, workplace mental health innovation	Digital access across rural regions; women's mental health in primary care; perinatal screening pathways; mental health and substance use integration
Saskatchewan	Rural access, telehealth, youth mental health, community-based supports, primary-care integration	Rural women's mental health; Indigenous and culturally safe services; digital therapy access; perinatal and maternal mental health navigation
Manitoba	Community mental health, Indigenous health, trauma-informed care, maternal-child health systems	Indigenous women's mental health; trauma-informed programs; perinatal mental health access; integration of social supports
Ontario	Digital CBT (Ontario Structured Psychotherapy), perinatal mental health guidelines, AI-enabled tools, measurement-based care (Greenspace), workplace wellness, CAMH Womenmind	OSP wait times; Women's College Hospital programs; AI ethics in clinical mental health tools; university-linked innovation
Quebec	Virtual care, workplace mental health, digital health, EAP platforms (Dialogue), integrated wellbeing services	Francophone access; perinatal and postpartum supports; culturally responsive care for immigrant communities
New Brunswick	Access, primary care integration, community-based mental health, rural service delivery	Tele-mental health expansion; underserved rural communities; postpartum and caregiver supports
Nova Scotia	Community mental health, youth mental health, virtual access, integrated care	Women's mental health after trauma; perinatal care pathways; rural and coastal community access

Prince Edward Island	Small-system integration, community-based care, navigation	Maternal mental health; mental health navigation; virtual care partnerships
Newfoundland & Labrador	Rural and remote access, telehealth, community-based services, system navigation	Remote women's mental health; caregiver burnout; perinatal access in dispersed communities
Yukon	Northern access, Indigenous health, trauma-informed care, virtual care, culturally safe supports	Remote communities; women's trauma care; Indigenous-led healing approaches
Northwest Territories	Remote service delivery, Indigenous mental wellness, trauma-informed care, mental health workforce challenges	Community-based women's mental health; virtual care plus local navigation; perinatal access
Nunavut	Inuit-led mental wellness, culturally grounded care, suicide prevention, youth mental health, remote access	Inuit women's mental health; community-led models; language and cultural safety; integration with social determinants

✓ **Fact-check note:** *Ontario's Ontario Structured Psychotherapy (OSP) program represents Canada's most significant public investment in accessible CBT. It provides free, evidence-based CBT for depression, anxiety, and trauma through a publicly funded system. As of 2025, OSP has served over 200,000 Ontarians since its inception. However, wait times remain a concern — expanding this model nationally is a key policy priority.*

ORGANIZATIONS, PLATFORMS & COMPANIES TO WATCH

Organization	What It Does	Why Watch
Greenspace Health	Measurement-based care platform for screening, progress monitoring, intake workflows, outcome measurement, and system-level visibility — used by health systems and employers	Measurement-based care is becoming essential as systems move from 'more access' to 'better outcomes.' The move to value-based mental health requires platforms that can demonstrate what is working.
MindBeacon / GreenShield Health	Canadian digital mental health platform offering guided CBT, live therapy, messaging counselling, and structured online supports — acquired by GreenShield Health	GreenShield's investment positions it as a national digital-first health partner offering mental health support through employer benefits and direct-to-consumer channels.
Inkblot Therapy / GreenShield	Therapist matching, virtual counselling, workplace mental health, and digital-first support	GreenShield's no-cost mental health resources and workplace integration positions this platform as a major access channel for employed Canadians.
Dialogue	Canadian virtual care and workplace wellbeing platform — employee-focused health and mental health through employer benefits	Workplace mental health is a fast-growing access channel for women around burnout, caregiving, menopause, and stress. Dialogue is positioned at the intersection of all three.
Ontario Structured Psychotherapy (OSP)	Province-funded free CBT for Ontario adults living with depression, anxiety, and trauma — the largest public digital mental health program in Canada	OSP demonstrates that publicly funded digital CBT at scale is achievable. As of 2025, it has served 200,000+ Ontarians. A national model is needed.
CAMH Womenmind	Women's mental health initiative at Canada's leading psychiatric hospital — awareness, education, philanthropy, and national engagement	Academic and philanthropic momentum from CAMH shapes research funding, clinical guidelines, and public discourse on women's mental health.

Daymark Foundation	Canadian foundation advancing women's mental health, beginning with perinatal mental health system building	Perinatal mental health is one of the most urgent and under-resourced areas. Daymark funds training, advocacy, and research to fill the gap Canada's health system has left.
Aion HealthTech	Woman-led Canadian startup developing AI-powered clinical decision support for mental health care	AI clinician co-pilots may become important in psychiatry, triage, documentation, risk detection, and care planning. Aion represents early-stage Canadian innovation in this space.
Canadian Perinatal Mental Health Training	Professional development and certification ecosystem for clinicians working in perinatal mental health — affiliated with international Postpartum Support International standards	Workforce training is the most critical bottleneck. Scaling trained providers is as important as scaling technology. Certification creates accountability and quality standards.
A4i / App4Independence	Canadian digital platform for complex behavioural health needs, including emerging AI analytics for risk detection	Severe mental illness, relapse prevention, and risk monitoring represent major underserved opportunities for ethical, clinically validated AI in Canadian mental health care.

THE FUTURE: 2026–2030 OUTLOOK

The next five years will determine whether Canada's current investment in mental health innovation translates into measurably better outcomes for women — or whether it simply accelerates a two-tiered system where well-resourced, employed, urban women access innovation while rural, Indigenous, low-income, immigrant, and disabled women remain stranded on waitlists.

1 — Women's Mental Health Will Move from Awareness to Precision

The next era is not about raising awareness — that work has largely been done. It is about precision: delivering the right intervention to the right woman at the right life stage. This requires life-stage-specific clinical protocols, hormonal and reproductive health integration, personalised digital care pathways, and outcome measurement that tracks effectiveness rather than just access.

2 — Perinatal Mental Health Will Become a Core Quality Metric

Universal perinatal mental health screening is the single most impactful system-level change Canada could make. Routine PHQ-9/EPDS screening in all obstetric, midwifery, pediatric, and primary care settings — with connected treatment pathways — would identify thousands of women currently missed. The 2025–2026 policy window is the right moment to push for a national perinatal mental health strategy.

3 — Menopause and Perimenopause Mental Health Will Become a Major Category

The intersection of hormonal transition and mental health — mood changes, anxiety, sleep disruption, cognitive symptoms, and identity shifts in perimenopause and menopause — is emerging as a major clinical category. The same women who bore the pandemic's mental health burden are now moving through midlife, and the health

system is not ready. Menopause mental health will be one of the defining women's health innovation categories of 2026–2030.

4 — AI Will Augment, Not Replace, Mental Health Care

AI tools in mental health will face significant ethical and regulatory scrutiny in Canada — appropriately so. The most promising applications are clinical co-pilots (supporting documentation, risk identification, and care planning), risk surveillance (detecting early deterioration signals), and personalised pathway matching (connecting symptoms to evidence-based interventions). These tools will only succeed if they are built with diverse Canadian populations, validated rigorously, and deployed with human oversight.

5 — Community-Led and Culturally Specific Models Will Define Equity

The most important innovations for closing gaps in women's mental health will not come from technology companies or academic medical centres. They will come from Indigenous communities, Black mental health organisations, immigrant and refugee women's groups, and peer-led models built from lived experience. The policy and funding question is whether Canada's health innovation ecosystem will fund and sustain these models at the scale they deserve.

6 — Employer and Benefits Innovation Will Expand Access

With psychology excluded from provincial health insurance, employer benefits have become the de facto access point for mental health care for millions of working Canadians. The 2026–2030 period will see continued innovation in workplace mental health — expanded therapy benefit maximums, measurement-based employee wellbeing programs, digital CBT on demand, burnout prevention programs, and menopause and perinatal mental health support through benefits design.

RESOURCES & CRISIS SUPPORT

Crisis Lines — Canada

- 9-8-8 Suicide Crisis Helpline: Call or text 9-8-8 — 24/7, bilingual (English and French), nationwide
- Hope for Wellness Help Line (Indigenous peoples): 1-855-242-3310 — available in Cree, Ojibway, Inuktitut, English, and French
- Trans Lifeline: 1-877-330-6366
- Kids Help Phone: 1-800-668-6868 or text HELLO to 686868
- Crisis Services Canada: 1-833-456-4566

Perinatal Mental Health

- Postpartum Support International Canada: postpartum.net — peer support, provider directory, and education
- Pacific Postpartum Support Society: postpartum.org — British Columbia
- Daymark Foundation: daymarkfoundation.ca — Canadian perinatal mental health funding and advocacy
- Women's College Hospital Reproductive Life Stages Program: Women's Health in Toronto

Key Reports and Data Sources

- Statistics Canada MHACS 2022: 'Mental Disorders and Access to Mental Health Care' — the definitive prevalence data
- Statistics Canada 2024 Parental Experiences Survey — the most current national perinatal mental health data
- CIHI 2024 Canadian Community Health Survey: 'Many Canadians with Mental Health Disorders Are Not Having Their Needs Met'
- Mental Health Research Canada Key Facts (updated 2024): mhrc.ca/key-facts-on-mental-health
- MHRC Workplace Mental Health 2025: mhrc.ca/workplace-mh-2025

- CAMH Mental Health Statistics: camh.ca/en/driving-change/the-crisis-is-real/mental-health-statistics

About Women, Health & Innovation

Women, Health & Innovation is a strategic Canadian platform advancing evidence-based innovation in women's health. This e-guide series provides the most current research, statistics, and innovation landscapes for healthcare executives, policymakers, employers, clinicians, and advocates working to advance women's health outcomes across Canada. Published by the Farm Fairy Foundation. Visit: womenhealthinnovation.org · farmfairyfoundation.org

*"The next era of women's mental health in Canada
will not be defined by a single app, therapy model, or guideline.
It will be defined by integration —
mental health embedded into women's health, primary care,
workplaces, communities, digital systems, and public policy."*

— Baljit Sidhu

Founder & President, Farm Fairy Foundation

Global Chair, Women's Health & Innovation

farmfairyfoundation.org · womenhealthinnovation.org

© 2026 Farm Fairy Foundation. All rights reserved.

This e-guide is for educational purposes only and does not constitute medical advice. Anyone in crisis should call or text 9-8-8 (Canada's Suicide Crisis Helpline, 24/7).