

A NEW ERA FOR WOMEN'S MENTAL HEALTH

How mental health and women's health
intersect across life's transitions





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WORKING TOGETHER FOR WOMEN'S MENTAL HEALTH



Mental health isn't one-size-fits-all. Women, men, and gender-diverse individuals experience stress and seek support in profoundly different ways, especially during life's pivotal transitions. As a proud non-profit, GreenShield embeds purpose into every part of our business – aligning growth with impact to tackle Canada's most urgent health challenges.

This report blends data with lived experience to spotlight the gaps in access, navigation, and affordability, and how we're closing them with sustainable, scalable solutions. Because impact isn't a moment, it's a movement. And transforming mental health care in Canada will take all of us. We're reinvesting in the health of Canadians and inviting partners across sectors to help build a system that truly works for all.



Mandy Mail

Executive Vice President, Head of Marketing,
Corporate Affairs & GreenShield Cares

At Mental Health Research Canada (MHRC), we believe that research is most powerful when it is used to drive action. By identifying emerging trends and sharing insights, amplifying the voices of those with lived experience, and translating data into easy-to-consume reports, we aim to support systems-level change that improves mental health outcomes for all Canadians.

This report is an important step forward in understanding the complex, intersectional factors that shape women's mental health – especially during key life transitions. The data is clear: women continue to face systemic barriers to care, particularly those from equity-deserving communities. We commend GreenShield's leadership in advancing a collaborative, evidence-based approach and making data more accessible and actionable.

When we invest in meaningful partnerships and apply research to practice, we build a stronger foundation for equitable mental health care. Continued collaboration will be essential as we work together to close gaps and design better supports for women.



Akela Peoples

CEO,
Mental Health Research Canada

BACKGROUND

The 2023 Women's Mental Health Report, published by GreenShield and Mental Health Research Canada (MHRC), examined the state of women's mental health in Canada post-pandemic. This report builds on its findings with new data and explores the impact of mental health across key life transitions for women through an equity lens. The information featured in this report brings together research from trusted organizations and thought leaders across Canada to paint a detailed picture of women's mental health across the lifespan.



[View 2023 Women's Mental Health Report](#)



CASE FOR EXPLORATION

New data reveals that today's social, economic and political climate are intensifying mental health challenges for women, particularly those from equity-deserving groups. From caregiving and career changes to aging and loss, women navigate life transitions that bring unique emotional, physical, and social pressures. While some of these changes are exciting, they also come with additional stress.¹

Black women who have higher incomes are not thriving in the same way as the general population. They feel the need to support others first, leaving little room to support their own well-being.

Kearie Daniel

Executive Director,
The Black Women's Institute for Health

This report explores women's mental health across key life stages, recognizing that needs shift with each transition. **By integrating data, lived experience, and diverse perspectives, we aim to provide a deeper understanding of how life's transitions intersect with gender, income, race and other identity factors.** We also recognize that the term "women's mental health" can be understood in many ways. Our work goes beyond sex and gender binary to welcome and reflect the experience of all women and gender-diverse people.

Nearly half of Canadians are experiencing heightened anxiety, with women and lower-income households being particularly affected. Rising costs of living, political tensions with the U.S., and global uncertainties have

compounded this stress.² The pandemic has also disproportionately impacted women, particularly those facing barriers related to income, race, class, disability, education, and migration and immigration status.³

These challenges demand an equity-focused response. Men, women, and gender-diverse individuals experience unique risks and barriers to care — and addressing these differences is essential to designing effective, equitable mental health supports for everyone.

Improving women's mental health in Canada begins with understanding how life's key transitions uniquely impact their well-being. This comprehensive report calls for

new models of care that reflect evolving needs, designed by women themselves. Equally important is supporting the work of women in community-based services, whose efforts caring for other women is essential to safeguarding the mental health of our communities.

GreenShield has transformed the health care and insurance industry as Canada's first fully-integrated payer-provider. By bringing together leading organizations across Canada, we can address persistent gaps in system navigation, equity, and affordability.



EXECUTIVE SUMMARY

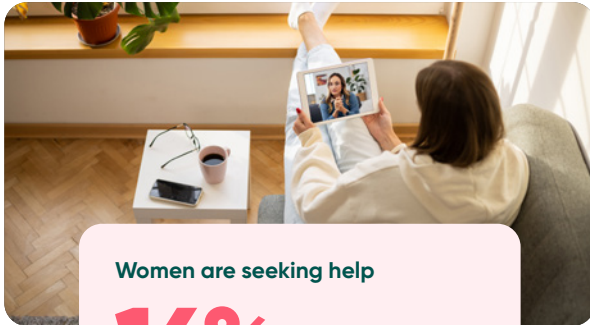
New research reveals that women in Canada continue to face gendered mental health disparities. These intensify at key life transitions such as youth, caregiving and menopause. Building on the [2023 GreenShield Cares: Women's Mental Health Report](#),⁴ this report shows how mental health outcomes for women have not improved in the past two years. **Anxiety and depression remain more prevalent among women than men**, with particularly high rates for 2SLGBTQI+ and racialized women.

These mental health challenges are now being compounded by new and intensifying stressors. Rising costs of living, public safety concerns, and climate change are driving unique mental health pressures that intersect with factors like race, sexuality, and income, further deepening mental health inequities for women.

To address these challenges, women need mental health support that is affordable, accessible, and reflective of their lived experiences. There is no one-size-fits-all solution – gender, identity, lived experience, and stage of life must shape how care is designed and delivered.

While this report focuses on the distinct mental health experiences of women, especially during transitional life stages, it does so within a broader understanding that **all genders face mental health challenges**. Men, women, and gender-diverse individuals encounter unique risks and barriers to care. Addressing these differences is essential to designing effective, equitable mental health supports for everyone.

What is the latest information telling us about women's mental health?



Women are seeking help

16%
OF WOMEN

are still more likely to access mental health support when they need it compared to 11% of men (+3% since 2023).

(Source: MHRC original analysis)

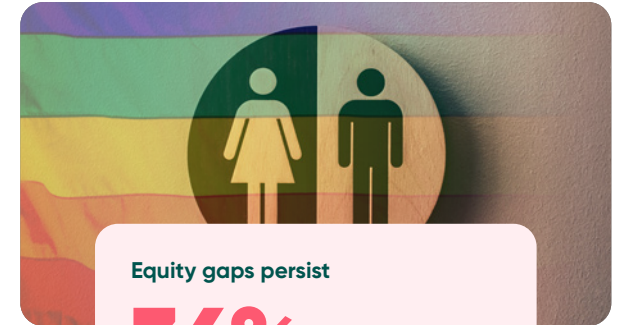


Cost remains a major barrier to care

47%
OF WOMEN

report that they couldn't afford to pay or insurance didn't cover it, compared to 25% of men (+5% since 2023).

(Source: MHRC original analysis)



Equity gaps persist

36%
OF 2SLGBTQI+ WOMEN

say finding access to support is challenging, compared to 23% of 2SLGBTQI+ men (+6% since 2023).

(Source: MHRC original analysis)

As a result of these systemic barriers, women often take on multiple roles, including, but not limited to unpaid caregivers. Some bear a burden of double-duty caregiving, frequently sacrificing their own well-being to support children and/or aging parents. Nurturing the women-led workforce that powers Canada's care economy is critical to protecting community mental health needs, as their contributions underpin the stability of families, the resiliency of communities, and the health of our economy. Investing in women's mental health is not just a gender issue, but should be a national priority for building healthier communities and more inclusive economies.

A gendered approach to mental health is essential

because women, men, and gender-diverse individuals have different needs shaped by their identities and

lived experiences. These differences are compounded by intersectional factors such as race, sexuality, and income. Equity-deserving groups often face additional barriers, including stigma, gender-based violence, discrimination, and limited access to culturally appropriate services. Addressing these structural inequities requires collaboration with community-based organizations that are trusted by, and accountable to, the populations they serve.

A lack of Canadian data on intersectional experiences of mental health highlights a critical gap and creates considerable barriers. When we co-create mental health solutions with partners that understand the needs on the ground, we can design more effective, inclusive mental health supports that lead to better outcomes for all.

We need to do more research on the diverse communities in Canada including having access to race-based mental health data. We tend to borrow American data, but Black Canadians have different experiences and different kinds of trauma.

Alice Wiafe

President,
Black Mental Health Canada

KEY INSIGHTS

These findings underscore the need for mental health supports that are easy to navigate, affordable, and designed by women, for women, to address all of life's transition points.

2SLGBTQI+ women face more barriers to care

9%

OF 2SLGBTQI+ WOMEN

needed support but didn't access it, nearly double the rate of other women (5%).

(Source: MHRC original analysis)



Women in community services feel exhausted

56%

OF WOMEN

report feeling worn out from their work.⁷



Many women feel undervalued at work

41%

OF WOMEN

agree they are fairly compensated.⁷ Sustainable funding, pay equity, inclusive leadership, and sector-wide mental health supports are needed.



Politics and the economy are fueling women's anxiety

47%

OF WOMEN

report heightened anxiety, compared to 42% of Canadians overall and 44% of lower-income households.²



Mothers & Caregivers

17%

OF WOMEN PARENTS/CAREGIVERS

seek mental health support (vs. 13% of men), while fewer say they needed help but didn't reach out (6% vs. 8%).

(Source: MHRC original analysis)



Racialized women face higher unmet needs

8%

OF RACIALIZED WOMEN

needed support but didn't access any, compared to 4% of non-racialized women.

(Source: MHRC original analysis)



Young Women & Anxiety

18%

OF YOUNG WOMEN

ages 16-24 report high anxiety, compared to 14% of young men.

(Source: MHRC original analysis)



Menopause & Mental Health

50%+

OF WOMEN

feel unprepared for menopause, and nearly 60% don't know symptoms like anxiety, depression, and memory issues are linked.⁵



Black women report high anxiety

35%

OF BLACK WOMEN

feel anxious often; 12% feel anxious always, and 27% report thoughts of self-harm.⁶



PILLARS OF ACTION

Women in Canada continue to face significant challenges when it comes to mental health – challenges that are shaped by gender, identity, and stage of life.

From youth to caregiving to aging, the mental health system often fails to meet women where they are, especially those from equity-deserving communities. In response, GreenShield is building on its long-standing leadership in women's mental health by expanding its approach to address holistic women's health across key life transitions.

This report outlines a path forward. Grounded in evidence-based research and informed by the voices of those with lived experience, GreenShield is taking action to improve mental health outcomes for all women:

- Drive access to free services and reduce affordability barriers for those offerings that do have a cost
- Co-create products and services with community partners to ensure culturally appropriate mental health care
- Make these services more accessible through integrated tools like GreenShield+, which connects women to care faster and more effectively



Launched in 2021, GreenShield's Women's Mental Health program has connected over 120,000 women with free mental health resources



GreenShield partners with the Canadian Women's Foundation, Black Mental Health Canada, Black Women's Institute for Health, the Menopause Foundation of Canada, SE Health, and YWCA Canada to improve accessibility to culturally appropriate programs and services



GreenShield+ is a digital health care and insurance platform that integrates GreenShield's insurance and health services, combining coverage and care, all in one place





YOUTH

With social and economic stressors on the rise, Canada's youth require tailored mental health solutions now more than ever. Yet, for too long they have primarily been treated as a monolithic group, rather than a diverse population with a complex set of needs.

Despite the availability of services, **73 per cent of youth who access mental health supports report that their needs are not fully met.** Insights from GreenShield's [Youth Mental Health Data Hub \(Data Hub\)](#), Canada's most comprehensive resource to aggregate data on the diverse mental health needs of youth, suggest that we should be concerned about youth mental health, **with increasing rates of anxiety, depression, and suicidal ideation – particularly among young women, 2SLGBTQI+ and racialized youth.**⁸

While trends in mental health indicators for young women have remained relatively stable between 2023 and 2025, they are still cause for concern. With the Data Hub updated on a quarterly basis, we have a real-time sense of the many factors that are impacting the mental health of young women, such as eating disorders⁹, time spent on screens and social media¹⁰, climate change¹⁰, and sense of connection to friends, family and community.¹¹

Social connections: a critical mental health shield.¹⁶

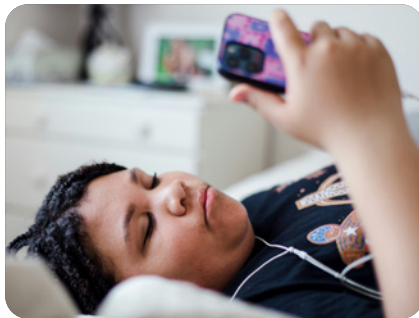
Young Canadians, especially women, report weaker community belonging and fewer strong relationships. Those with strong connections face much lower risks of severe anxiety, depression, and suicidal thoughts.¹⁷

Eating disorders
disproportionately affect
young women

17%
OF WOMEN

Self-reported by women 16–24,
compared to 14% of men

(Source: MHRC original analysis)



Climate anxiety is rising –
especially among women
and youth

74%
OF WOMEN

are concerned about climate
change, vs 64% of men. 73% of
young Canadians also report
concern. UN research shows
that climate change deepens
gender inequality, placing
extra stress on women
and girls.¹⁵

Screen time and mental
health: youth at risk

7+
HOURS DAILY

23% of youth report spending
7+ hours on screens each
day.¹² Excessive screen time is
linked to higher anxiety and
depression, with young women
especially vulnerable.^{13, 14}

Adding to our understanding of the intersectional layers of youth mental health, research conducted by the Canadian Women's Foundation found that over 80 per cent of surveyed First Nations, Métis, and Inuit youth identifying as women, Two-Spirit, or gender-diverse people experienced significant increases in anxiety, isolation, and disconnection during the pandemic, exacerbating inequities in food security, housing quality, water safety, and access to health care.

Young Indigenous women were more likely than their male peers to receive a mood disorder diagnosis, reflecting both higher incidence and a greater propensity to seek professional support. Moreover, Indigenous and 2SLGBTQI+ youth face unique barriers to culturally safe care, contributing to disproportionately high rates of depression, anxiety, and substance use. These insights highlight the **urgent need for trauma-informed, culturally grounded mental health interventions** that address structural determinants and strengthen community-led support networks.¹⁸

Barriers to care are complex, and they can prevent youth from getting the support they need. In 25 interviews with Canadian youth aged 17 to 27 who mentioned some level of mental health concerns, the most commonly cited barriers included recognizing signs of poor mental health, knowing where to turn to for help, financial constraints, and persistent stigma.¹⁹

These findings underscore the need for **more equitable access to mental health support with a stronger focus on prevention and early intervention**. As momentum builds around women's and girls' mental health, growing investment has led to new resources, programming and guidelines. Among GreenShield's community partners, Integrated Youth Services (IYS) hubs stand out for their youth-friendly, "one-stop-shop" model for ages 12 to 25. These hubs offer integrated mental health and substance-use counselling, primary care (including sexual and reproductive health), peer and family support, education and employment assistance, housing and social services, and system navigation and cultural programming, all in a single accessible setting.^{20, 21}

STUDENT

Becoming a student can be an exciting step, but it also brings new pressures that can affect mental health. Despite many students being aware of on-campus mental health services, national data makes it clear that some still feel uncomfortable accessing them.

Data shows that gender identity, particularly among students, can shape how individuals experience and seek help for mental health concerns. **Young women are more likely to report high levels of anxiety compared to their male peers.**⁴⁷ In the past year, students – especially young women – were also more likely to seek support for mental health or substance use challenges (+10 per cent compared to men) (source: original analysis). This could be because students often have greater access to services through their school or community.

Mental health challenges can affect students' ability to attend school and stay productive. Compared to working adults, students are more likely to say that their mental health has impacted their attendance or performance.

An important intersectional layer is newcomer status. Twenty per cent of newcomers who have been in Canada for five years or less are students, most of whom are under 30. This group has demonstrated more concerning mental health indicators and unique challenges in accessing care.²³

These findings underscore **the need for easy-to-navigate and affordable supports designed with the students' experience in mind**. By partnering with leading youth mental health organizations, GreenShield is helping support youth at this stage of life by delivering free, customized services to students across Canada, ensuring they get the support they need, when they need it most.

Students miss more school due to mental illness

13%
OF STUDENTS

missed an average of 2.9 days (vs 9% of workers) and were more likely to report reduced productivity (36% vs 25%)¹²

Barriers limit student access to mental health care

60%
OF STUDENTS

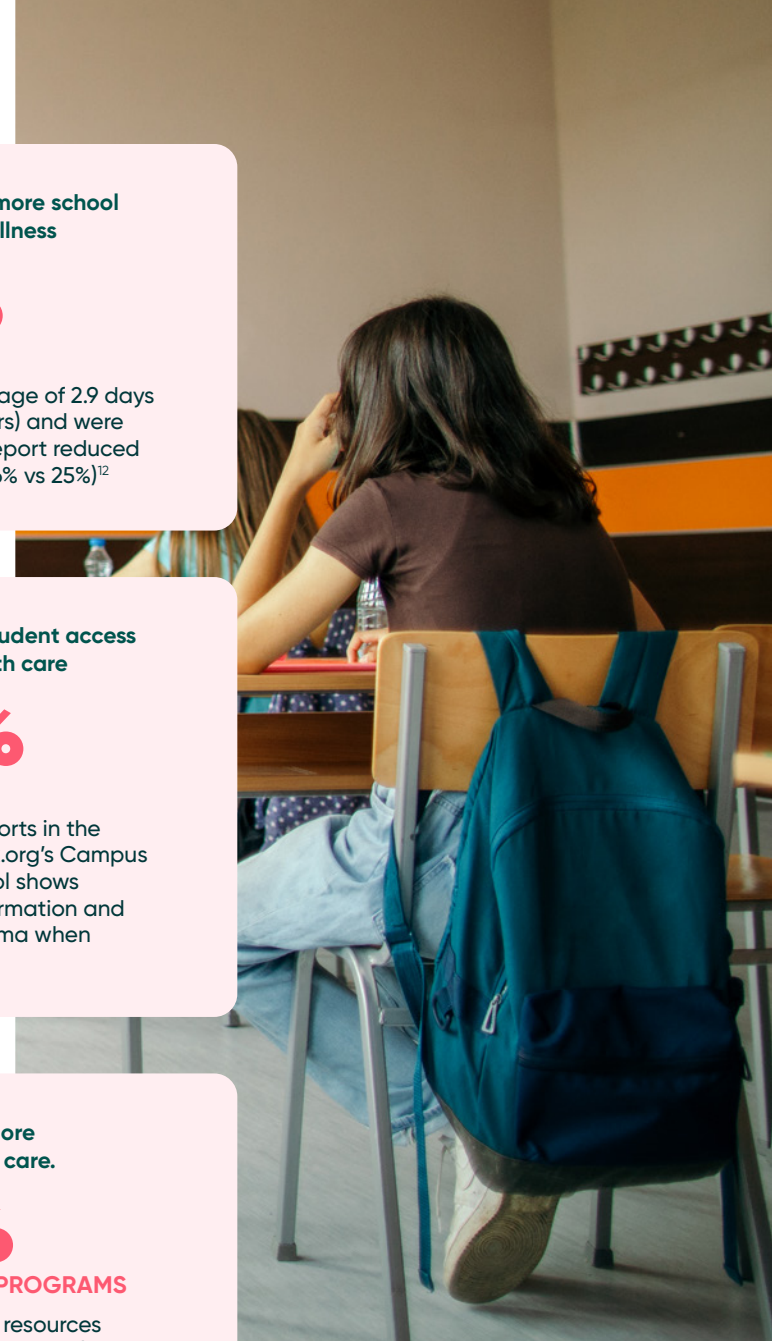
accessed supports in the past year. Jack.org's Campus Assessment Tool shows 21% lacked information and 12% feared stigma when seeking care.²²

Students are more likely to access care.

27%
USE CAMPUS PROGRAMS

17% turn to free resources (vs. 9% of non-students).

(Source: MHRC original analysis)





TAKING ACTION

To address persistent gaps in youth mental health, GreenShield Cares launched its [Youth Mental Health](#) signature initiative in collaboration with leading youth mental health organizations like Jack.org, Foundry, and Youth Wellness Hubs Ontario (YWHO).

The initiative forms a comprehensive ecosystem that leverages data-driven insights, community partnerships, and best-in-class technology to address the barriers youth face: care navigation, equitable access, and affordability.

As a foundational step, GreenShield partnered with MHRC to develop the [Youth Mental Health Data Hub](#), a first-of-its-kind dashboard offering a national snapshot of youth mental health. This free resource is designed to support policy makers, researchers and educators in understanding emerging trends and areas of greatest need.

In partnership with leading youth mental health organizations, GreenShield is building a Youth Mental Health ecosystem within GreenShield+ that will provide best-in-class, affordable, and culturally relevant mental health services for youth in Canada.



FAMILY TRANSITIONS

Mental health is closely tied to different stages in a woman's reproductive life – including youth, the fertility journey, pregnancy, parenthood, and aging. These transitions bring hormonal, emotional, and physical changes that may impact a woman's mental well-being.

According to Women's College Hospital, as many as **one in five Canadian women will experience a mental illness related to a reproductive life stage.**²⁴ Understanding the mental health impacts of family planning and parenting is key to supporting the wellness of women and families across the country.



FERTILITY, PREGNANCY AND THE PERINATAL JOURNEY

There is growing evidence that mental health challenges throughout the fertility journey significantly affect both the parent and child during this critical life stage.²³ Women undergoing fertility treatment (in Canada and globally) experience a 16 per cent higher rate of psychological distress compared to women without fertility challenges.²⁵ Nearly half (44 per cent) of women with fertility challenges report clinically significant depressive symptoms, and are twice as likely as infertile men to develop a mental health disorder.²⁶

In November 2024, the Daymark Foundation released a report on maternal mental health, focusing on women who are pregnant or parenting a child under one year, at the 2024 National Perinatal Mental Health Symposium. The event brought together government leaders, health care experts, and advocacy groups to address gaps in care and improve mental health supports for mothers.²⁷

Intersectional factors like race, geography, access to financial resources and 2SLGBTQI+ status in combination with gender identity significantly shape mental health experiences during this stage of life. Research shows that racialized people are at an increased risk for perinatal mental health challenges and are more likely to encounter systemic barriers, including neglect, poor communication, and racial discrimination in care settings.²⁹ For example, Black individuals are screened more frequently for depression, but are less likely to be offered treatment when symptoms are identified.³⁰ 2SLGBTQI+ individuals face unique challenges during pregnancy-related experiences, often stemming from heteronormative and cisnormative assumptions, or the distress of gender dysphoria. Geography also plays a role – women living in rural areas are significantly less likely to seek care, be screened for, or receive treatment for perinatal mental health conditions.²⁹

Researchers are actively studying barriers faced by equity-deserving populations who have historically been excluded from mental health care.²⁹ These large-scale studies emphasize the need for culturally safe, inclusive approaches.³¹ For example, the SUMMIT Trial, one of the world's largest psychotherapy studies, found that trained nurses, midwives, and doulas can effectively deliver talk therapy, and that telemedicine is as effective as in-person therapy for women in this stage of transition.³²

In February 2025, Health Canada released *Clinical Practice Guidelines for the Management of Perinatal Mood, Anxiety and Related Disorders*. The guidelines emphasize the **importance of early screening, personalized treatment plans, and integrated care** to better support individuals during the perinatal period. While these recommendations mark a critical step forward, significant gaps in access to care remain, especially for underserved communities.³³

Mental health concerns

2 in 3

CANADIAN MOTHERS

are currently concerned about their mental health, and one in two Canadian mothers frequently or always feel burnt out.²⁸

Racialized mothers

39%

of racialized mothers are significantly more concerned about their mental health (vs 28% of Caucasian mothers).²⁸

Treatment helps

95%

of those who did receive support for their perinatal mental health found it helpful.²⁸



PARENTHOOD

Research shows that mental health is deeply connected to the well-being of the family, and mothers often carry the greatest emotional and caregiving load. Recent data reveals that **women who are parents are more likely than men to use mental health or substance use services.**⁴⁷ However, gender, more than parenthood itself, is a more significant factor behind this trend. Despite higher needs, **some mothers still face barriers to accessing care.** Compared to women without children, mothers are slightly more likely to report that they needed mental health support but didn't access it. Even when they do seek help, they are significantly less likely than fathers to feel their needs were fully met. Stigma remains a major barrier. Fear of judgment, shame, or being seen as an incompetent parent can discourage mothers from reaching out, especially when mental health struggles stem from caregiving stress or family dynamics. Those who do access care often report difficulty navigating services and a lack of proper follow-up.³⁴

Black Women's Institute for Health's **Mothering Minds** program offers comprehensive, culturally responsive support that enhances the emotional and mental well-being of mothers. Nearly half (46 per cent) of registrants reported feeling lonely and isolated due to the lack of culturally affirming and supportive spaces. Eight out of ten (84 per cent) participants emphasized the value of connecting with other mothers, highlighting that social connection is an important factor of resilience.³⁵

High demand for the Mothering Minds program, particularly for those with children aged 6–12 years (47 per cent vs 34 per cent with children 2–5 years) suggests a critical gap in available support for mothers beyond the early years of parenthood. Support markedly declines as children grow older, as mothers face a combination of challenges: navigating complex education systems, addressing children's evolving emotional and mental health needs, and managing intricate family dynamics. Single mothers and those with multiple children report higher levels of isolation and mental health strain, highlighting the need for tailored supports.³⁵ These findings highlight that culturally sensitive care through life's transitions should include safe spaces to connect with peers, share their experiences and cultivate community.

Motherhood also impacts women's participation in the workforce. The "motherhood penalty" compounds the gender wage gap over their lifetimes. This is especially true for women from marginalized communities who face the highest barriers to employment and who are over-represented in low wage, precarious work.¹⁸

Limited access to child care or flexible work options add to the stress, negatively affecting mental health outcomes.³⁶ For mothers, the transition back to work after having a child can be emotionally taxing, especially when support systems are limited.³⁸

A systematic review of 52 studies on women's experiences revealed that returning to work with longer maternity leave (> 16 weeks) and strong workplace support was associated with lower postpartum depression scores. Conversely, shorter leave (< 12 weeks) and high workloads were linked to higher rates of anxiety.³⁹

Women that feel pressured to return to work sooner, due to financial concern or fear of career setbacks, can face negative impacts on mental health.

Mothers often carry the weight of work and care, while their mental health needs go overlooked. Employers play an important role in supporting mothers' well-being, by offering flexible schedules, accessible mental health supports and supportive workplace cultures. When workplaces support mental health, mothers are more likely to thrive, and so are their families.



THE CAREGIVING BURDEN

For the purposes of this report, “caregivers” are defined as individuals who take on some or all caregiving responsibilities for others in their household or personal network. This includes parents of children under the age of 18, as well as those caring for elderly individuals or people with special needs. While the exact definition may vary across sources, the key message remains consistent: **caregivers face high demands and too little support.**

Most caregivers in Ontario’s home care system are women — often daughters or spouses — supporting aging family members at home. **A recent study by researchers in the SE Research Centre at SE Health, found ranges of caregiver distress between 18 and 85 per cent in the community-dwelling population in Ontario,** meaning they’re overwhelmed, anxious, or burnt out. Many also say they **can’t keep providing care** without more help.⁴⁰ These emotional struggles may impact not only the caregiver’s mental health, but the safety and well-being of the person receiving care. The study argues that more supports are needed, both for the person receiving care and their caregiver.

Economic stress adds to the pressure. Women in lower income households bear the brunt of the caregiving burden, with fewer resources to outsource care work. By contrast, higher-income households can afford private supports such as personal support workers or nannies; roles often filled by migrant care workers.¹⁸

The strain is especially pronounced for those women in the “sandwich generation” — those responsible for primary care responsibilities of their aging parents and their own children. Often referred to as “double duty caregivers,” these women report feeling overwhelmed by their multiple roles and demonstrate more concerning mental health indicators.^{41, 42} A 2024 study released by Statistics Canada supports these findings, reporting that 86 per cent of sandwich generation caregivers indicated their responsibilities affected their health and well-being. Women were more likely than men to experience negative impacts, including stress, anxiety, and exhaustion.⁴³ Caregiving has also been found to compromise health behaviors, including physical activity, nutrition, sleep, and mental health.⁴⁴

A landmark study by the Canadian Centre for Caregiving Excellence indicated that financial supports are the most important priority for caregivers across Canada. Four out of five (80 per cent) caregivers noted that free counselling and mental health resources would be important, with women and caregivers aged 25 to 44 most likely to benefit.⁴⁵ For women in the sandwich generation, the research points to the importance of workplace flexibility, tailored mental health resources, and robust support systems to help women balance caregiving responsibilities with their own mental health needs.

More caregivers are women

51%
OF CAREGIVERS

are women, vs 43% men. Racialized Canadians (51%) are more likely to be primary caregivers.¹²

Caregivers face higher burnout

31%
OF CAREGIVERS

report frequent burnout (vs 23% of non-caregivers.) They are also more likely to have a mental health diagnosis and report high anxiety.¹²

Caregivers feel the strain of economic pressures

41-42%
OF CAREGIVERS

report being impacted by the downturn (vs 36% non-caregivers.) They also face more difficulty paying bills and were more affected by tariff news.



TAKING ACTION

The GreenShield Women's Mental Health program, launched in 2021, delivers mental health services that reflect the diverse identities and lived experiences of women in Canada.

As the only initiative of its kind in the country, the program offers culturally sensitive, trauma-informed virtual therapy at no cost for women aged 18 and above, along with five free hours of virtual therapy and a Digital Cognitive Behavioural Therapy subscription for community organization partners. The program uses a personalized matching tool that includes over fifty matching options including culture, race, language, and religion to ensure patients are matched with a professional they can relate to. As the program evolves, GreenShield co-creates culturally appropriate services with community partners to address the diverse needs of all women. These resources are designed, delivered, and evaluated in ways that respect and align with an individual's cultural identity, values, language, and lived experiences. To date, more than 120,000 women have benefitted from these free mental health services.

SE Health, a leading not-for-profit social enterprise, and GreenShield are collaborating to design, develop, test, and expand programs that make care more accessible and affordable during life transitions. A key part of this work is a new employee benefit offering certified personal support workers for respite care, alongside free mental health counselling through virtual sessions with licensed therapists and internet-based CBT. Two pilot programs are underway: one within SE Health's workforce – where 80% are women, 60% come from equity-seeking communities, and 55% are "double-duty caregivers" balancing work and family care – and another called Respite4ALL, which partners with community-based non-profit organizations that are mostly staffed by women, especially racialized, immigrant, and Indigenous women, to support their working caregivers from equity-seeking backgrounds. Together, these initiatives aim to reduce caregiver burnout,

support diverse caregivers, and promote equity and inclusion in the workplace.^[46]

GreenShield's comprehensive digital ecosystem, GreenShield+, offers women personalized support that spans all phases of life, from general wellness to chronic condition management to pregnancy, menopause and beyond. A nurse-led assessment ensures every care plan is tailored to individual needs. These services include registered dietitians, nutritionists & naturopathic doctors; fitness coaches; sexual health & wellness coaches; antenatal nurses; lactation consultants; doulas; sleep coaches and life & career coaches.



AGING

Women over 55 report higher levels of resilience⁴⁷, and are less likely than younger women to reach out for mental health support, though the majority have at some point in their lives. Although five years of population surveillance data suggest that women's mental health tends to improve with age, this doesn't tell the whole story. Many older Canadians struggle with their mental health in silence, often discouraged by stigma and a fear of being judged, which remains a common barrier to asking for support.⁴⁸

As Canada's population ages, it is more important than ever to enable conversations about mental health in home and community care settings. A national study led by researchers in the SE Research Centre has co-designed an evidence-based mental health conversations initiative that includes:



a user-friendly toolkit of resources to support reflection on mental health;



education and training for community providers to engage in conversations with older adults and their caregivers; and



organizational implementation supports.

The goal is to move toward more integrated care that supports the whole person (i.e. physical health, social connections, emotional well-being) and sustain care delivery for aging Canadians in home in community settings long-term.^{40, 48, 49, 50, 51}

Across YWCA Canada and its Member Associations' programs, we're seeing a growing number of older women seeking support — many navigating housing crises, gender-based violence, and unaddressed trauma. Despite this rising demand, services remain under-resourced, leaving aging women without the mental health and wellness supports they urgently need. To meet this moment, we must invest in trauma-informed, age-specific programs that recognize the unique challenges facing women 55+.

YWCA Canada

www.ywca.ca





MENOPAUSE

Despite an estimated 10 million women in Canada over the age of 40 in perimenopause, menopause or postmenopause, **it remains a deeply stigmatized and under-discussed stage of life**, with significant implications for women's mental health. Research from the Menopause Foundation of Canada (MFC) reveals that over half of Canadian women feel unprepared for menopause, and nearly 60 per cent are unaware that symptoms such as anxiety, depression, and memory issues are linked to this transition.⁵

The lack of workplace support further exacerbates the problem: three-quarters of working women feel their employer is either unsupportive or uncertain how to help them manage this stage of life. As a result, many women are left to navigate profound hormonal and psychosocial changes without adequate support, contributing to feelings of isolation and distress.⁵

Menopause also comes with great economic cost. MFC's *Menopause and Work in Canada* report estimates a staggering **\$3.5 billion annual economic impact**, including \$237 million in lost productivity and \$3.3 billion in lost income due to reduced hours, lower pay, or women leaving the workforce entirely.⁵⁰ Nearly one in three working women say menopause symptoms negatively affect their job performance, yet two-thirds feel uncomfortable discussing this issue with their employer. Although 95 per cent of women experience an average of seven symptoms, ranging from hot flashes to sleep disturbance to anxiety and brain fog, **46 per cent of women feel unprepared for the experience.**⁵¹

With over two million working women in Canada aged 45 to 55, the fastest-growing segment of the workforce, the MFC calls for menopause-inclusive workplaces and urges employers to break the silence and stigma. Their "Menopause Works Here" campaign aims to foster supportive environments that retain and empower women during this critical life stage.⁵¹

Menopause is not what we think it is. It's a major hormonal shift and can trigger over 30 symptoms, including anxiety, low mood, and depression. Yet due to stigma, ageism, and widespread misinformation, many women feel isolated, dismissed, or told their symptoms are 'all in their head.' Raising awareness and improving access to trauma-informed, holistic care is critical to supporting women through this deeply misunderstood life transition.

Janet Ko

President and Co-founder,
Menopause Foundation of Canada

Most women reach menopause between 45 and 55

51
YEARS

is the average age of menopause.⁵

Perimenopause can start up to

10
YEARS

prior to menopause, symptoms can begin.⁵

Some women experience menopause much earlier

1 in 100
WOMEN

reach menopause before age 40.⁵

Very early menopause is rare

1 in 1000
WOMEN

reach menopause before age 30.⁵



THE AGING SANDWICH GENERATION

A new survey by Angus Reid suggests that for five per cent of women, the menopausal transition coincides with the double-duty caregiving responsibilities of the sandwich generation. This compounds physical changes with emotional and financial strain, significantly impacting mental health.⁵²

The weight of caregiving falls even more heavily on older adults themselves. A 2024 study by the Canadian Centre for Caregiving Excellence (CCCE) revealed that nearly one in five caregivers are over age 65, yet this group is the least likely to access formal supports or

services. CCCE's findings emphasize the intersectional nature of caregiving, particularly how age, gender, and systemic barriers create compounding pressures for senior women navigating menopause, caregiving, and their own health needs — often in silence.⁴⁵

Providing flexible, affordable mental health supports can help reduce barriers to access for women juggling the “double duty” caregiving responsibilities.

Caregiving creates financial strain

41%
OF WOMEN

who are “sandwich caregivers” report experiencing financial hardship due to caregiving responsibilities.⁵²

Caregiving impacts women's health

93%
OF WOMEN

who are “sandwich caregivers” say caregiving has negatively affected their health.⁵²



TAKING ACTION

Building on its commitment to women, GreenShield is broadening its focus to address the full spectrum of women's health needs – recognizing that mental well-being is deeply connected to every stage of a women's health journey. GreenShield's comprehensive nurse-led Hormonal Health program merges clinical insights with personalized support to proactively manage hormonal health with care that adapts to changing needs.

Designed to help members understand and manage the impact of hormonal changes at every stage of their life, the program includes full hormone panel testing, a personalized care plan, virtual consultations with a hormonal health practitioner, and home delivery of any required treatments.

The program is fully connected into GreenShield's broader ecosystem – making it easy for members to access mental health services, telemedicine, pharmacy care, well-being tools, and their benefits plan all in one place. This creates a fully integrated, holistic care journey that supports members at every stage of their health experience. Nurse-led assessments connect members to supports including registered dietitians, fitness coaches, sexual health and wellness coaches, sleep coaches, and life and career coaches, ensuring holistic, lifelong care every step of the way.



GENDERED LABOUR

WOMEN'S WORK AT THE HEART OF THE NONPROFIT SECTOR

Women's mental health through key life transitions – motherhood, caregiving, career shifts, and menopause – rests on the quiet yet indispensable labour of women working in community-based services.

These roles, particularly in the gender-based violence (GBV) and broader non-profit sectors, provide crisis counselling, shelter support, and services that form the backbone of Canada's social safety net. Overwhelmingly filled by women, they are marked by chronic underfunding, low wages, and high emotional toll, despite being vital to public well-being.⁵² The current political and economic landscape have only increased these pressures. Recognizing and reinforcing this infrastructure is essential to any meaningful strategy for improving women's mental health.

The *Resetting Normal* report underscores how the feminization of the nonprofit sector – where 80 per cent of workers are women, many of them racialized, immigrant, or Indigenous – has led to systemic undervaluation of their labour. These workers face precarious employment, limited benefits, and persistent pay inequity, even as they deliver frontline services like shelter support, crisis counselling, and legal advocacy.⁵⁴

The *Decent Work for Women* initiative further reveals that gender, along with race, immigration status, disability, and 2SLGBTQI+ identity, compounds inequities. Many women in the nonprofit workforce experience a “triple threat” to compensation: the care penalty, a gender discount, and restricted access to benefits such as pensions and maternity leave top-ups. Despite being highly educated and experienced, they are disproportionately represented in lower-paid, non-leadership roles and are often subject to bullying, racism, and ageism within their workplaces.⁵⁵

The Ontario Nonprofit Network (ONN) points to the sector’s historical entrenched patriarchal power dynamics, both within organizations and in their relationships with funders and boards, as a root cause of poor working conditions and power imbalances. This dynamic not only undermines women’s economic security but also contributes to burnout and mental health strain – particularly during key life transitions such as motherhood, caregiving, and menopause.⁵⁵

The *Supporting the Gender-Based Violence Workforce* report by Ending Sexual Violence Association of Canada (ESVA Canada) adds a critical occupational health lens. GBV workers face sustained exposure to trauma, inadequate mental health supports, and the emotional toll of working in under-resourced environments. Short-term, project-based funding and the undervaluing of care work fuel high turnover, vicarious trauma, and emotional exhaustion.⁵³

YWCA Canada advocates for better funding and working conditions in the nonprofit sector, recognizing it as a feminized workforce that plays a critical role in the care economy. Their recommendations include strengthening wages and labour protections for nonprofit workers, supporting women-led nonprofits in workforce development and investing in flexible, community-based services like childcare. Without such reforms, the sector risks further eroding the mental health and economic security of the very women who uphold Canada’s social infrastructure.⁵⁶

As demand for services continues to rise, the sector is being stretched to its limits. Research in this area calls for **sustainable core funding, pay equity, inclusive leadership, and sector-wide mental health supports** to ensure that the women who care for others are no longer left behind. Without urgent investment, the very foundation of Canada’s care economy – and the well-being of its most vulnerable populations – is at risk.

Across Canada, women continue to shoulder a disproportionate share of caregiving responsibilities and it’s taking a toll on their health and careers. At SE Health, we believe that caring for the caregiver is just as important as caring for those they support. That’s why we’re proud to partner with GreenShield to pilot the new caregiver benefit for our team members. This benefit is designed to offer practical help, relief and peace of mind so that our people can focus on what matters most, while maintaining their own well-being.

John Yip

President and CEO,
SE Health

The care economy is in crisis. Frontline care workers – predominantly women – face relentless burnout, vicarious trauma, and inadequate mental health support amid rising rates of gender-based violence. The system is stretched beyond capacity, where those supporting the most vulnerable are left without their own care. Addressing this crisis requires sustainable funding, stronger labour protections, and mental health support for women who form the backbone of Canada’s care economy.

Mitzie Hunter

President and CEO,
Canadian Women’s Foundation



TAKING ACTION

GreenShield is redefining what it means to be a non-profit social enterprise by delivering industry-leading mental health services to those on the frontlines of change – social sector workers – through partnerships grounded in equity, innovation, and measurable impact.

GreenShield and YWCA Canada have joined forces to launch a nation-wide initiative that strengthens mental health supports for YWCA staff and for women in the communities they serve. The project will begin with a federation-wide environmental scan and staff survey to assess existing programs, identify critical service gaps, and subsequently implement targeted mental health interventions for YWCA chapters nationwide. A comprehensive report will capture insights, guide future programming and advocacy, and be shared publicly to promote learning across the YWCA Canada's network.

CONCLUSION

Women's mental health in Canada is shaped by key transition points – youth, family life, and aging – within the context of current social, political and economic conditions. Each stage of life brings its own challenges and needs.



Our research shows that:

- **For young women, several emerging factors are associated with higher rates of anxiety:** eating disorders, heavy social-media use, concerns about climate change, and a weak sense of belonging to their community. While campus and community services are supporting young women, navigation, stigma and affordability are still barriers to support for many.
- **During family transitions (family planning, fertility treatments, pregnancy and early parenting), many physical, emotional and hormonal changes occur** at the same time as big environmental and role changes. Caregivers – especially women playing the role of double duty caregiver (i.e. “the sandwich generation” – report high burnout and financial strain.)
- **As women age, menopause causes new hormonal shifts that impact physical health, and impact mental health.** The stigma that remains around menopause is a barrier to awareness of the impacts, accurate diagnoses from health professionals, and development of appropriate supports. Although many older women draw on deep reserves of resilience, they lack access to targeted programs – whether it's symptom relief, peer-to-peer groups, or flexible workplace policies – that could ease this transition.
- **At every stage of life transition, there are layers of intersectionality – gender, age, newcomer status, geography, self-identification as 2SLGBTQI+ or a racialized Canadian – that add nuance and complexity to mental health.** MHRC's robust data collection indicates that particular groups are more vulnerable and struggling with mental health.
- **Sustainable community programs that support women through all stages of life are essential** to fortify the care economy and protect those who sustain it. Women in Canada's gender-based violence and nonprofit sectors form the invisible backbone of our social safety net yet endure chronic underfunding, low wages, precarious contracts, and intersecting inequities that fuel burnout and trauma. Sustainable core funding, pay equity, inclusive leadership, and sector-wide mental health supports are needed.
- **Gender shapes our experiences, stressors, and how we express and seek help for mental health challenges.** Women, men, and gender diverse individuals face unique risks – from gender-based violence to stigma – and often experience barriers to appropriate care. By acknowledging these differences and addressing structural inequities, we can design more effective, inclusive mental health supports that lead to better outcomes for all.



The research gathered here speaks to the need for evidence-based data to deepen our understanding of women's mental health throughout each transition point, identify gaps in services, and co-create improved programs that lead to better health outcomes.

METHODOLOGY

Some of the content featured in this report was original analyses completed by the authors. Thanks to our partnership with Health Canada, Mental Health Research Canada (MHRC) is able to collect, analyze, and report on data from our national population polling project [Understanding the Mental Health of Canadians](#).⁴⁷

MHRC's original analyses, featured throughout the report, is based on a blind study with 27,224 Canadians 16 years and older, including 15,040 women, who answered questions about their mental health in a series of national surveys, collected between July 2022 and May 2025.



STUDY LIMITATIONS

Self-reporting bias: Due to the nature of self-reporting, the information in this report is influenced by how respondents think about, understand and answer questions about their mental health.

Sampling limitations: While the survey sample includes a large number of Canadians, certain populations may be underrepresented, such as individuals experiencing homelessness, those in remote or Indigenous communities, and those without internet access.

Where small sample sizes are noted, findings are to be interpreted with caution as general trends to be validated through future data collection.

Potential impact of external factors: The study was conducted between two and five years post-COVID-19 lockdowns, a period with increased mental health challenges and evolving service availability, which may have affected respondents' experiences and perceptions of access.



THANK YOU

We extend our sincere gratitude to the community partners that generously shared their time, expertise, and insights for this report.

We deeply appreciate your contributions and commitment to supporting the health of women and equity-deserving communities.



Thank you for being an integral part of this effort.

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