



Labour Market Experiences of Canadians with Mental Health Conditions and Cognitive Differences



Partners



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Specialisterne is an internationally recognized leader in harnessing the talents of people on the autism spectrum, or with similar neurodiversities, by providing them with the opportunity to sustain meaningful employment. Originally founded in Denmark by Thorkil Sonne, Specialisterne now operates in twelve countries around the world.

For over a decade, Specialisterne has developed hiring and management practices to help increase the neurodiversity of the global workforce. We are working to prove the business value in hiring people who think and communicate differently and initiate meaningful careers.

Specialisterne Canada Inc. is a charitable not-for-profit Canadian organization focused on services for employers, employees, as well as outreach and public education. We are closely aligned with our partner, Specialisterne Foundation (SPF) in Denmark, and its affiliates around the globe. The shared goal of these organizations is to enable one million jobs worldwide for people on the autism spectrum and similar neurodiversities.

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The Survey on Employment & Skills

The Survey on Employment and Skills is conducted by the Environics Institute for Survey Research, in partnership with the Future Skills Centre and the Diversity Institute at Toronto Metropolitan University.

In early 2020, the Survey on Employment and Skills began as a project designed to explore Canadians' experiences with the changing nature of work, including technology-driven disruptions, increasing insecurity and shifting skills requirements. Following the onset of the COVID-19 pandemic, the survey was expanded to investigate the impact of the crisis on Canadians' employment, earnings and work environments. A second wave of the survey was conducted in December 2020, a third wave in June 2021, a fourth wave in March–April 2022, a fifth wave in March 2023, a sixth wave in October–November 2023, a seventh wave in May–July 2024 and an eighth wave in March–April 2025. Each wave of the study consists of a survey of over 5,000 Canadians aged 18 years and over, conducted in all provinces and territories. A total of 46,198 Canadians were surveyed across the eight waves.

The survey includes oversamples of Canadians living in smaller provinces and territories, those under the age of 34 years, racialized Canadians and Canadians who identify as Indigenous, in order to provide a better portrait of the range of experiences across the country. Unless otherwise indicated, the survey results in this report are weighted by age, gender, region, education, racial identity and Indigenous identity to ensure that they are representative of the Canadian population as a whole.

See all Survey on Employment & Skills reports:

[The Environics Institute for Survey Research website](#)

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Executive Summary

Context

The most recent Canadian Survey on Disability (CSD) conducted in 2022, found that more than one in four Canadians reported at least one disability limiting their daily activities, an increase from one in five Canadians reporting at least one disability found in the 2017 CSD. This included a significant increase in mental health issues, which includes conditions that generally affect an individual's functioning due to changes in stress levels, thinking, mood, or behaviour. There was also an increase in those reporting cognitive differences, which refer to brain differences that result in variations in learning, attention, memory, and problem-solving. Part of this increase reflects demographic shifts and environmental stress factors, but it is also linked to evolving disability criteria. Diagnostic frameworks are constantly expanding to add new conditions and redefine existing ones.

Individuals with mental health conditions and cognitive differences face labour market barriers including lower participation and employment, higher unemployment, shorter job tenure, and reduced earnings compared to their non-disabled peers. Conditions such as Attention Deficit Hyper-Activity Disorder (ADHD) and autism are associated with higher job turnover, greater absenteeism, and chronic employment instability, while depressive episodes alone have been linked to major long-term earning losses. Because these disabilities are often “invisible”, undiagnosed, undisclosed, or masked, efforts to identify and support such individuals are complex. Despite these challenges, inclusive practices can improve employment opportunities, performance, retention, and even organizational performance.

The broader costs of exclusion are substantial, from \$51 billion in annual productivity losses to employers' disability-related expenditures,

while the benefits of inclusion are clear when supports are in place. At the same time, at least 500,000 Canadians miss work each week due to mental illness, mental health accounts for roughly 30% of disability claims, and employer costs range from \$15 billion to \$33 billion annually, underscoring the scale of the challenge and the value of inclusive practices. Canada's legal and policy framework (e.g., the Charter of Rights and Freedoms, the Employment Equity Act, the Accessible Canada Act, provincial accessibility legislation) places strong obligations on employers to respect the rights of persons with disabilities, to advance equitable and inclusive workplaces. Yet gaps remain in understanding the lived experiences of individuals with mental health conditions and cognitive differences in workplaces. This study addresses that gap by analyzing recent national survey data to provide an updated and disaggregated portrait of their status in the labour market, workplace experiences, and financial well-being, with particular attention to gender and intersectional differences across Indigenous, Black, and racialized groups. These insights matter not only for fulfilling legal obligations, but also for strengthening Canada's economy, improving organizational performance, and enabling millions of Canadians to participate fully and equitably in work and society.

Methods

The report draws on data from the Survey on Employment and Skills, a national survey conducted over eight waves between 2020 and 2025, with responses from 46,198 individuals. The findings in this report are based on the most recent wave (March 12 to April 15, 2025), which included 5,603 respondents. Of these, 2,187 reported having a disability or condition that limited their daily activities, including 869 who identified with a mental

health condition and 391 who identified with a cognitive difference. The survey oversampled smaller provinces and territories, young adults, racialized Canadians, and Indigenous Peoples, ensuring broad representation across demographic groups. The analysis also examines differences across gender and intersecting identities (e.g., race and Indigeneity), to better understand how labour market outcomes and workplace experiences are shaped across groups.

Findings

Educational attainment sets the stage for many of the outcomes observed in this study. Among individuals with cognitive differences only 36% reported holding a college diploma or university degree. This number was slightly higher (41%) among individuals reporting a mental health condition. Respondents with either condition fell below those who reported no condition and had a college diploma or university degree (47%). A higher proportion (20% mental health and 23% cognitive difference) reported only some high school or less compared to 11% among those reporting no condition. Rates of apprenticeship or trades training were similar across respondents, at around one in 10. Women were more likely to report a mental health condition (55.2%) compared to men (42.7%), while cognitive differences were more commonly reported by men (55.5%) than women (43.2%). Intersectional differences were also evident, with Indigenous women accounting for a larger share of those reporting a mental health condition than Indigenous men (4% vs. 2%), while among racialized participants, men represented a substantially larger share of those reporting a cognitive difference (19% vs. 5% of women).

The findings also reveal that mental health conditions and cognitive differences shape employment and workplace experiences in different ways. Among participants aged 25 to 54 years, those with cognitive differences reported only slightly lower overall employment (77%) compared to those with no condition (84%), but once unemployed, they were much more likely to remain out of work for extended periods, with the majority experiencing six months or longer. By contrast, participants with a mental health condition had lower rates of employment (62%) and were more often looking for work without success (12% vs. 7% with no condition). These respondents were also more likely to have been unemployed for several months or had never been employed, highlighting persistent barriers to entering or re-entering the labour market. Respondents with a mental health condition or cognitive difference were more likely to worry about automation and job security. At the sectoral level, those identifying with cognitive differences or mental health issues were more concentrated in the public sector, particularly in education, and less likely to be employed in the private sector, suggesting uneven access to stable opportunities.

Employment outcomes also varied by gender, particularly among those with cognitive differences, where 48% of men reported being employed compared to 26.8% of women. Differences in unemployment duration further highlight gendered patterns, with 84% of women with a mental health condition (compared to 62% of men) and 80% of women with a cognitive difference (compared to 60% of men) reporting unemployment lasting six months or longer, while men were more likely to report having always been unemployed (25% vs. 6% among those with a mental health condition, and 40% vs. 10% among those with a cognitive difference). Across respondents reporting either condition, women reported

poorer self-rated mental health than men, with 35% of women with a mental health condition rating their mental health as poor compared to 27% of men, and 23% of women with a cognitive difference reporting poor mental health compared to 14% of men.

Workplace experiences were also different. Job satisfaction was higher among those with cognitive differences, with 86% reporting that they were satisfied or very satisfied with their job compared to 78% of participants with no condition. By contrast, only 65% of those with a mental health condition reported being satisfied or very satisfied. Training played a role in shaping these outcomes. While most respondents did not receive stress or mental health training, those with a mental health condition who did, reported more polarized experiences. They were more likely both to report being very satisfied (40% vs. 27% without training) and very unsatisfied (14% vs. 4% without training). Practical training in technology and conflict resolution was viewed positively by respondents reporting either condition, though the benefits of other types of training varied.

Participants with a mental health condition were much more likely than those without to report that their financial situation had worsened in the past six months (60% vs. 45%) and to expect further decline over the next six months (41% vs. 34%). Those with a cognitive difference showed a more mixed picture: they were more likely than those without conditions to report recent improvement (28% vs. 13%) and to expect future gains (34% vs. 24%), but they also reported similar or even higher levels of decline (49% vs. 45%). These findings point to consistent financial pessimism among those with mental health conditions, alongside a more polarized but still vulnerable outlook among those with cognitive differences.

Conclusion

Based on the findings, the major takeaways are as follows:

- > Individuals with cognitive differences and mental health conditions are less likely to complete higher levels of education, with the sharpest gaps in post-secondary attainment for those with cognitive differences.
- > Consistent with prior research, employment rates are somewhat lower for those with cognitive differences and much lower for those with mental health conditions, who are also more often searching for work without success.
- > People with cognitive differences face a greater risk of long-term unemployment once out of work, while those with mental health conditions face sharper overall barriers to labour market participation.
- > Gender and intersectional differences are evident across respondents reporting either condition, with women more likely to report mental health conditions and men more likely to report cognitive differences, alongside notable disparities across Indigenous and racialized populations, including a substantially higher share of racialized men reporting cognitive differences.
- > Job satisfaction differs across respondents reporting either condition, with those reporting cognitive differences more likely to be satisfied than those with no condition, while individuals with mental health conditions report substantially lower satisfaction, reflecting more uneven and constrained workplace experiences.
- > Most respondents do not receive workplace training. Practical training in technology and conflict resolution improves satisfaction across respondents, while stress and mental health training is linked to polarized outcomes among those with mental health conditions.
- > Financial outlooks diverge, with cognitive differences linked to both higher optimism and heightened risk, while mental health conditions are associated with greater pessimism and financial vulnerability.





Context

In 2022, 8 million Canadians aged 15 years or older had one or more disabilities that limited them in their daily activities, up from 6.2 million in 2017. Among them, the largest increase was in reported mental health-related disabilities,¹ reported by 3.1 million Canadians aged over 15, compared to 2 million in 2017.² For young women between the ages of 15 and 24, mental health conditions accounted for 77% of reported disabilities, the highest share among gender or age subgroups. Additionally, between 2017 and 2022, men aged 25 to 44 years led the greatest increase of reported mental health-related disabilities, rising by 10.6%.³

While mental health commonly refers to a state of emotional, social, and psychological well-being that enables overall daily functioning and social participation,⁴ cognitive differences (or neurodivergence), while not entirely distinct from mental health, refer to

neurodevelopmental disorders that encompass differences in learning, communication, attention, and executive functioning in the human brain.⁵ Although less prevalent than mental health issues, cognitive differences still represent a significant proportion of disabilities in Canada. In 2022, learning disabilities in Canadians aged 15 years and over accounted for 5.6% (~1.6 million), memory disabilities for 4.9% (~1.5 million), and developmental disabilities for 1.5% (456,630).^{6,7,8} ADHD is the most common neurodevelopmental disorder in children and adults, affecting 1.8 million Canadians – 3 to 5% of adults and 5 to 9% of children.⁹ Notably, those with cognitive differences almost always experienced a co-occurring disability. According to the 2022 CSD, 9 in 10 Canadians with developmental or memory disabilities had at least one other disability type; among individuals with developmental disabilities, co-occurring conditions most

often included learning disabilities (69%) and mental health-related disabilities (66%), while those with memory disabilities reported additional pain-related and mental health-related disabilities.¹⁰ The increased reporting of mental health and cognitive conditions likely reflects not only the underlying socioeconomic and environmental factors,^{11, 12, 13, 14} but also growing public recognition. More and more, diagnostic standards such as the DSM-5 have been broadening their coverage and revising their definitions of mental health and neurodevelopmental disabilities;¹⁵ the Canadian government has adopted the United Nations Convention on the Rights of Persons with Disabilities to identify a wide range of disabilities in the CSD, including mental health and neurodiverse conditions,¹⁶ and Canadian frameworks such as CSA Standard Z1003 promote workplaces conducive to psychological health.¹⁷

Research sheds light on the relationships between disabilities and employment outcomes: persons living with disabilities often face significant barriers in the labour market, including discrimination, racism, ableism, stigma, differential treatment, unmet accommodations, and insufficient organizational support.^{18, 19, 20, 21, 22, 23} These barriers often lead to low-quality employment and low promotion rates.^{24, 25} Similar patterns are observed among those with mental health conditions and cognitive differences. The 2024 Labour Force Survey by Statistics Canada found that Canadians who did not report any disabilities exhibited a 66% employment rate. In comparison, the employment rate was 53% for those reporting mental health-related disabilities, 46% for those reporting learning disabilities, 35% for those with developmental disabilities, and 28% for those with memory-related disabilities.

The median hourly wage in 2024 for Canadians who have:

No disability – \$30

A mental health condition – \$28

A memory disability – \$26.03

A learning disability – \$25

A developmental disability – \$21

mental and cognitive disabilities report fewer weekly working hours on average; on top of that, pay disparities exist between respondents reporting these conditions. The median hourly wage in 2024 for Canadians who did not report a disability was \$30, compared to \$28 for those with a mental health condition, \$26.03 for those with a memory disability, \$25 for those with a learning disability, and \$21 for those with a developmental disability.²⁶ Conversely, a simulation showed that improved mental health among individuals aged 24 to 64 years could lead to a gain of 3.5 million individuals through increased employment and labour force participation.²⁷

Complicating the picture, mental and cognitive conditions frequently present as invisible or hidden disabilities, resulting in a lack of awareness, which typically focuses on supporting physical disabilities,²⁸ and reduced disclosure of conditions. Employed Canadians experiencing disabilities often conform to the workplace, with the 2022 CSD finding that discomfort with asking, not wanting to cause difficulty for their employer, and fear of negative outcomes being among the most cited reasons they abstain from asking for the required workplace accommodations.²⁹ In a recent survey by Simon Fraser University, Canadian

and American employees with a mental health concern working at a large Canadian financial institution reported three core elements that influence the decision to disclose; workplace stigma, a lack of organizational support, and social support.³⁰

Specific mental health and cognitive conditions contribute to variations in labour market outcomes. Adults with ADHD consistently show lower occupational functioning, being 60% more likely to have their employment terminated and 30% more likely to report chronic employment issues.³¹ A study by the World Health Organization found that workers with ADHD have an average of 8.4 excess days of absence, 21.7 days of decreased work output, and 13.6 days associated with reduced work quality per year, resulting in a total of 22.1 excess days of lost role performance. Similar trends are observed for those with autism. In 2017, one in three adults with autism between the ages of 20 and 64 reported being employed, well below the 79% employment rate of adults without a disability, and nearly one-half of those (41.7%) employed were working on a part-time, contract, or temporary basis.³² Additionally, they face higher job turnover and shorter average job tenure, with just 2% staying in their current position for more than five years, compared to the average job tenure of 8.6 years. Individuals with mental health conditions also face significant disadvantages in the labour market. Research has found that experiencing a depressive episode can result in a crude, cumulative 10-year earnings loss of about \$115,000 for working-aged Canadian men and \$71,000 for working-aged Canadian women.³³ It has also been found that mental health is negatively associated with a lower sense of belonging and workplace social support.³⁴

The effect of mental health and cognitive differences on productivity and job performance is less clear, with research showing mixed findings. Some research suggests that teams with neurodivergent professionals in certain roles can be 30% more productive than those without them.³⁵ Additionally, organizations that provided a mentor to professionals with a disability reported an 18% increase in productivity.³⁶ However, in highly cognitively demanding occupations, such as aviation, individual differences in cognitive ability—and its influence on job-specific knowledge—have been found to play a stronger role in predicting job performance compared to general knowledge measures, such as GPA, SAT, or ACT scores.³⁷ Other studies have found that about one-half of a million Canadians will be absent from work in any week due to a mental health disorder, and more than twice that number will experience presenteeism, working at reduced productivity as a result.³⁸ Poor mental health has also been found to have a significant spillover effect on coworkers' mental health in workplaces, potentially affecting collective productivity and job performance.³⁹

Employees with mental health conditions and cognitive differences can contribute to increased costs for employers and the broader economy due to factors such as higher absenteeism and presenteeism. At least 500,000 Canadians miss work due to mental illness every week, with an estimated annual economic cost of \$51 billion,^{40, 41} including \$2.5 billion in absenteeism and \$6.8 billion in presenteeism related to depression.⁴² By 2024, the cost of poor mental health to the Canadian economy is expected to reach \$2.5 trillion.⁴³ Employers also face significant costs.

In terms of disability benefits, mental health issues account for about 30% of all short- and long-term disability claims, representing an estimated cost to employers of between \$15 billion and \$33 billion annually.⁴⁴ However, organizations that provide mentors to professionals with a disability reported a 16% increase in profits.⁴⁵



Canada's constitutional, legislative, and regulatory framework collectively imposes a legal obligation toward people with mental health conditions and cognitive differences. At the constitutional and federal levels, the Canadian Charter,⁴⁶ Accessible Canada Act,⁴⁷ and Canadian Human Rights Act,⁴⁸ as well as the Employment Equity Act⁴⁹ aim to ensure that these individuals have equal opportunities to participate in Canadian society free from discrimination, including in the workplace in terms of hiring, retention, and advancement. At the provincial level, legislation such as the Accessibility for Ontarians with Disabilities Act further reinforces these commitments by ensuring accessibility and inclusion for persons with disabilities.⁵⁰

The literature has shed light on how mental health and cognitive differences affect employment outcomes in various aspects. In any given year, one in five people in Canada will have experienced a mental health condition or illness—by age 40, about 50% of the population will have, or have had, a mental illness.⁵¹ The high prevalence of mental health issues and cognitive differences renders it probable that employers will come across individuals facing these conditions in their workplace.⁵² As such, while recent trends in mental health issues are increasingly well-understood, gaps remain in the knowledge about the experiences and perspectives of persons with mental health conditions and cognitive differences within or outside the current workforce. This study aims to use the latest data collected through a national survey to provide an up-to-date description of the status of individuals reporting either a mental health condition or a cognitive difference in the workplace, as well as the impacts of workplace supports on their work experiences.



Methods

To answer the research question, this report uses data from the Survey on Employment and Skills, a collaboration between the Environics Institute, the Diversity Institute at Toronto Metropolitan University, and the Future Skills Centre. The survey was administered in eight waves between 2020 and 2025 to a total of 46,198 respondents. The survey includes oversamples of Canadians living in smaller provinces and territories, those under the age of 34, racialized Canadians, and Canadians who identify as Indigenous Peoples, to provide a better portrait of the range of experiences across the country.

Data presented in this report is based on Wave 8 of the survey (n=5,603) collected between March 12 and April 15, 2025. This wave included questions about participants' general employment outcomes, their perception of job security and financial security, along with questions about socioeconomic status.

In this study, we look at the current status of individuals living with mental health conditions and cognitive differences, and how such status is related to their education and employment outcomes, and their experiences in workplaces, with respect to factors such as job satisfaction and work-provided training programs.



Findings

Among Wave 8 participants (N = 5603), 39% (n=2187) reported they had a disability, or a physical condition; a cognitive difference; an emotional, psychological, or mental health condition; or a health problem that has at least some limitation on the activities that the participant undertakes on a day-to-day basis. From our sample, 58% (n=3271) reported no disabilities.

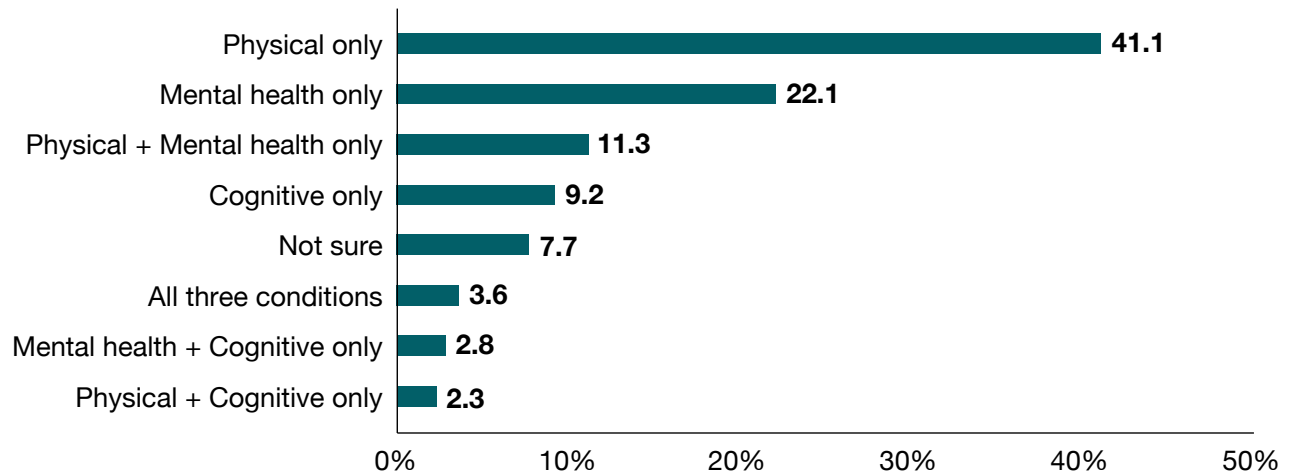
Among respondents who reported at least one condition limiting their daily activities, 40% (n=869) reported a mental health condition of some kind, either alone or in combination with another condition. About 18% (n=391) reported a cognitive difference, either alone or in combination. Looking at these groups of respondents in more detail, 22.1% (n=484) reported a mental health condition only, while

9.1% (n=201) reported a cognitive difference only. This report focuses on the experiences in workplace for those who reported a mental health condition, a cognitive difference, and no condition.

To more accurately reflect the experiences of the core working-age participants in the workplace, the subsequent analyses past Figure 2 focused on respondents aged 25 to 54. Where applicable, the analysis is further disaggregated by gender groups to examine the workplace differences between men and women experiencing the same condition. Participants who indicated “Other” as their gender were excluded from any disaggregated analysis due to small subsamples (n=9 for mental health condition, n=4 for cognitive difference, and n=2 for no condition).

Figure 1

Disaggregation of reported conditions limiting daily activities



Demographics

Among respondents reporting a mental health condition, 42.7% were men, 55.2% were women, and 1.6% identified as another gender. Looking at the age groups, 23% were youth aged 18 to 24 years, 62.1% were aged 25 to 54, and 14.8% were seniors aged 55 and above. A total of 6.3% identified as Indigenous Peoples, 2.9% identified as Black, and 17.5% as racialized. It should be noted that participants were able to identify with multiple racial groups, hence there may be some overlap where racial percentages are involved (Figure 2).

Among respondents reporting a cognitive difference, 55.5% were men, 43.2% were women, and 1.5% identified as another gender. Looking at the age groups, 32.2% were aged 18 to 24 years, 58.3% were aged 25 to 54, and 9.5% were over 55 years of age. A total of 13% identified as Indigenous Peoples, 4.9% identified as Black, and 24.6% as racialized.

When compared to respondents who reported no conditions, a higher proportion of those reporting cognitive differences were men, while those with a mental health condition

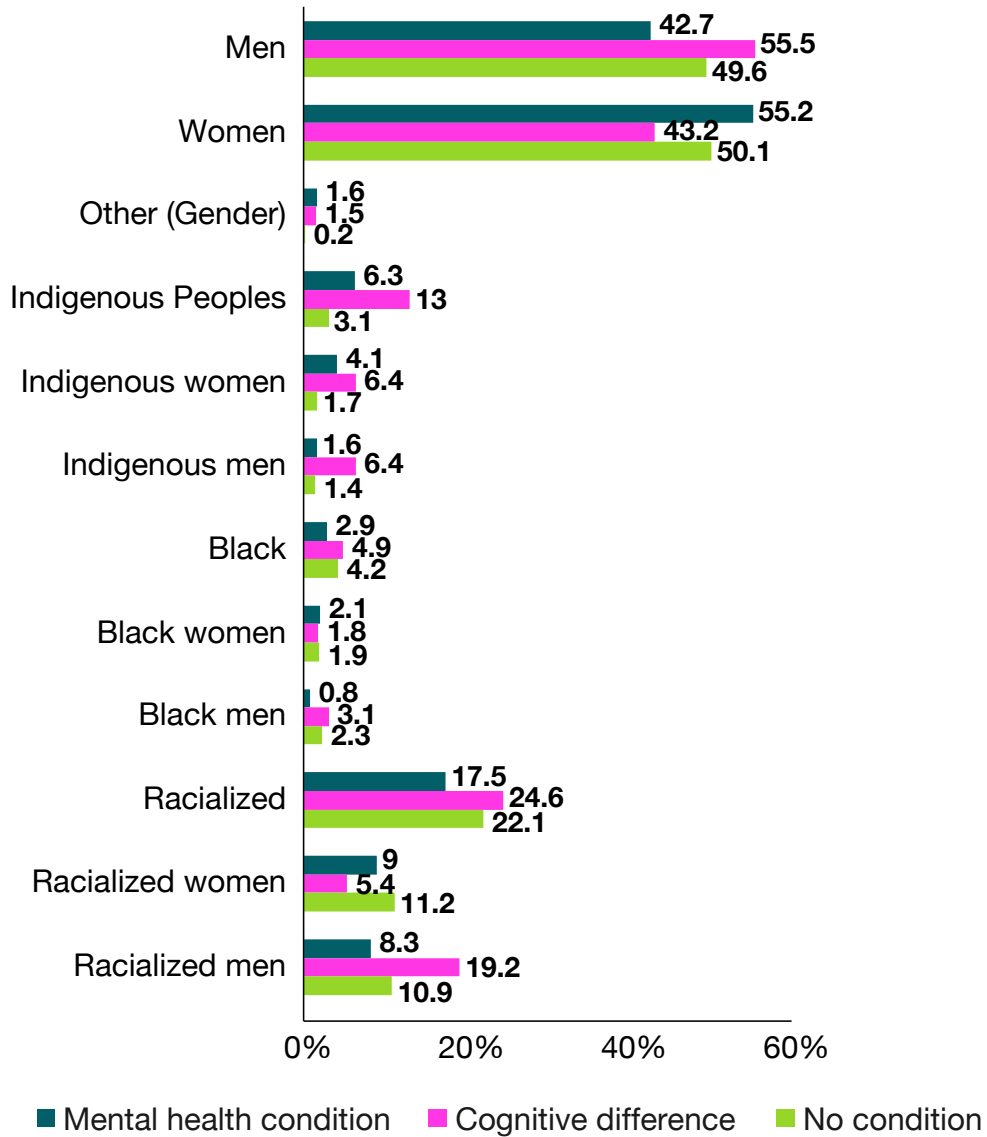
saw a higher representation from women.

Respondents with a mental health condition or a cognitive difference observed greater levels of representation in the youth age group, working-age group, and Indigenous Peoples group compared to the overall survey population.

Of interest were also intersectional groups, including Indigenous, Black, and racialized groups disaggregated by gender. Among participants reporting a mental health condition, Indigenous women account for a larger share than Indigenous men (4.1% vs. 1.6%), although their shares among participants with cognitive differences were identical (6.4%). Black women make up a slightly larger share of participants reporting a mental health condition than their male counterparts (2.1% vs 0.8%), whereas Black men make up a larger share of those with a cognitive difference than Black women (3.1% vs. 1.8%). Among racialized participants, racialized women represent a slightly larger share of those reporting a mental health condition than men (9% vs. 8.3%), while racialized men represent a substantially larger share of those reporting a cognitive difference (19.2% vs. 5.4%). Further data may be found in Figure 2.

Figure 2

Demographic breakdown of survey respondents reporting a mental health condition, cognitive difference or no condition

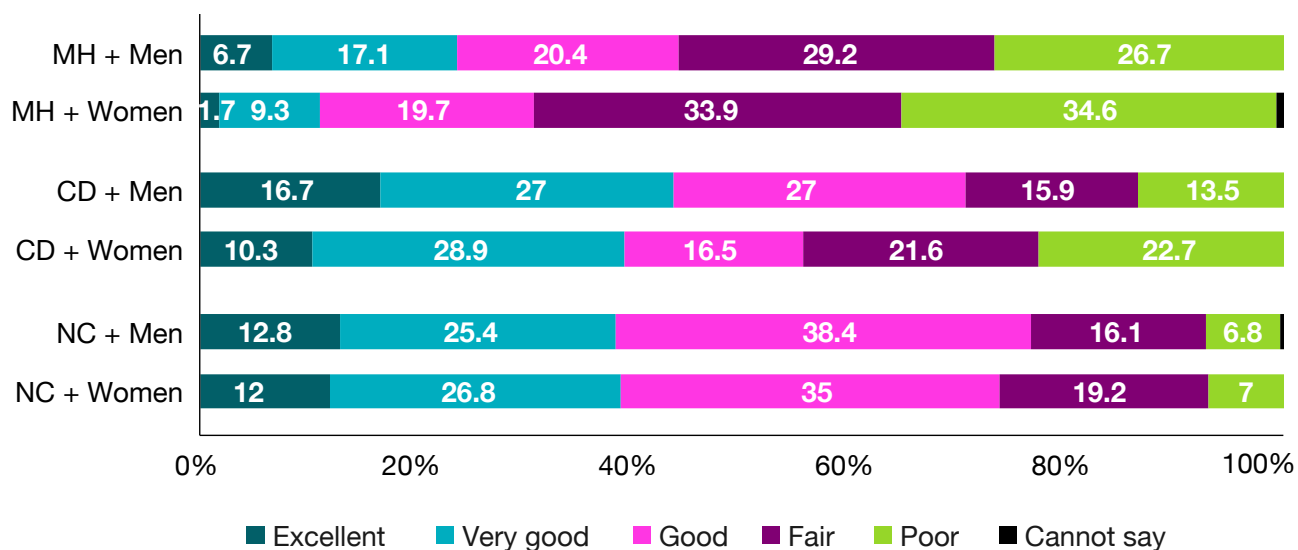


Women were more likely than men to rate their own mental health as poor across respondents with either a mental health condition or cognitive difference. Among respondents with a mental health condition, 34.6% of women rate their mental health as poor, compared to 26.7% of men. A similar pattern is observed

among participants with cognitive differences (22.7% of women rate their mental health as poor compared to 13.5% of men). Overall, participants reporting a mental health condition or cognitive difference are also more likely to rate their mental health as fair or poor than those reporting no condition (Figure 3).

Figure 3

Self-ratings of mental health by condition status and gender (working-age group)



Abbreviations: Mental health condition (MH), Cognitive difference (CD), No condition (NC)

Compared to the general population (14.5%), a higher proportion of those with mental health conditions (19.8%) and cognitive differences (22.5%) reported only having some high school degree or less. These levels were similar to the respondents with a physical condition (19.5%) but notably higher than among those with no conditions (10.7%). Taken together, this suggests that low educational attainment is more common across all respondents reporting at least one disability than in the population overall. At the higher end of attainment, 46.7% of Canadians reported a college diploma or university degree. While more than one-half of those with no conditions had reached this

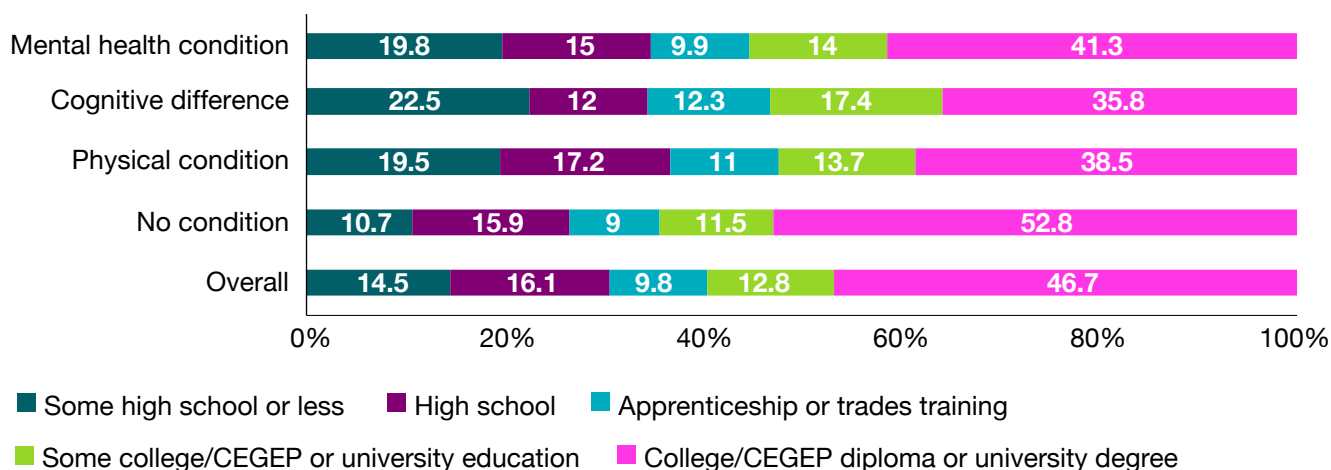
level (52.8%), the figures were lower across respondents with a disability: 41.3% for those with mental health conditions, 38.5% for those with physical conditions, and 35.8% for those with cognitive differences. This indicates that degree completion is broadly similar among those with mental health or physical conditions, while somewhat lower among those with cognitive differences, but the completion of more advanced education levels across respondents reporting any of the above conditions fall short of those reporting no condition. Finally, when it came to apprenticeship or trades training, rates were nearly identical across respondents,

with individuals with cognitive differences (12.3%) only slightly above the overall average (9.8%). Overall, these patterns suggest that the clearest gaps in attainment appear at the

level of college and university completion, while trades training shows little variation across respondents (See Figure 4).

Figure 4

Comparison of education levels across respondents reporting a mental health condition or cognitive difference with the overall survey sample



Employment status

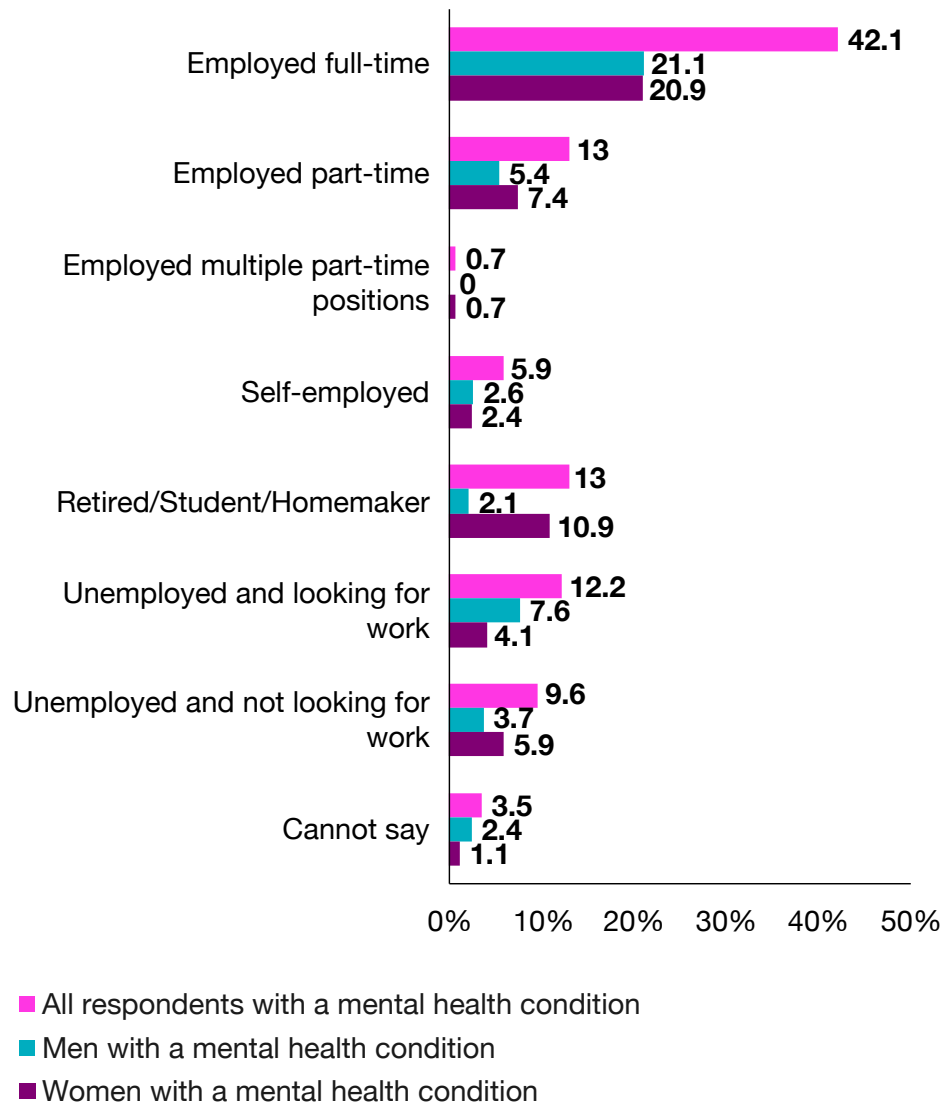
Mental health conditions and cognitive differences have an impact on individuals' employment situation. Among respondents aged 25 to 54 years with no condition, 83.7% report being employed, compared to 61.7% of those reporting a mental health condition (Figure 5) and 76.4% of those reporting a cognitive difference (Figure 6). These numbers aggregate those who are employed full-time, part-time, hold multiple part-time positions, or are self-employed. When further disaggregating the data through a gender lens, employment rates for those with mental health conditions are relatively balanced: 29.1% for men and 31.4% for women. More women are either retired, a student, or a homemaker (10.9% compared to 2.1% for men). Finally, both gender groups report relatively the same levels of unemployment (11.3% for men and 10% for women). Employment rates are less balanced among participants with cognitive differences,

with 48.2% of men and 26.8% of women reporting employment. 2.6% of men and 5.7% of women report being either retired, a student, or a homemaker; however, this difference should be interpreted cautiously given the small sub-sample sizes (n=6 for men, n=13 for women). Women with cognitive differences observe slightly higher unemployment than men (8.8% vs. 4.8%).

Among participants between the ages of 25 and 54 (core labour force age) with a mental health condition, a higher proportion report looking for work, but not finding employment (12.2%) (Figure 5), compared to those with cognitive differences (5.7%) (Figure 6) or no conditions (8.6%). These findings suggest that there is a meaningful segment of Canadians with mental health conditions who are willing to work but perhaps are unable to find employers who can accommodate their needs or are unable to access the relevant supports needed to find employment.⁵³

Figure 5

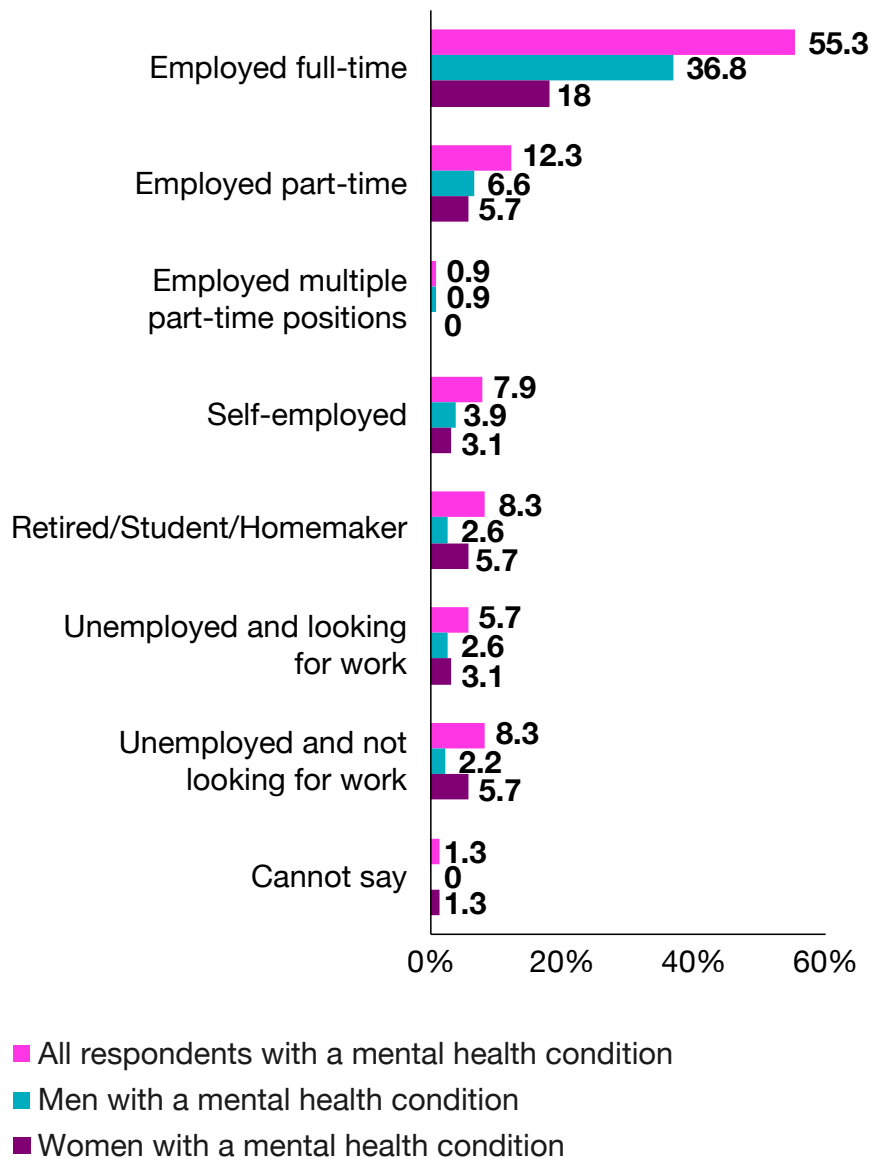
Employment status of individuals with mental health conditions, by gender*



*The number of respondents identifying as “another gender” was too small to support reliable analysis (n=9 for mental health conditions, n=4 for cognitive differences, and n=2 for no condition). As a result, findings are not disaggregated for these respondents to avoid drawing conclusions based on limited sample sizes.

Figure 6

Employment status of individuals with cognitive differences, by gender

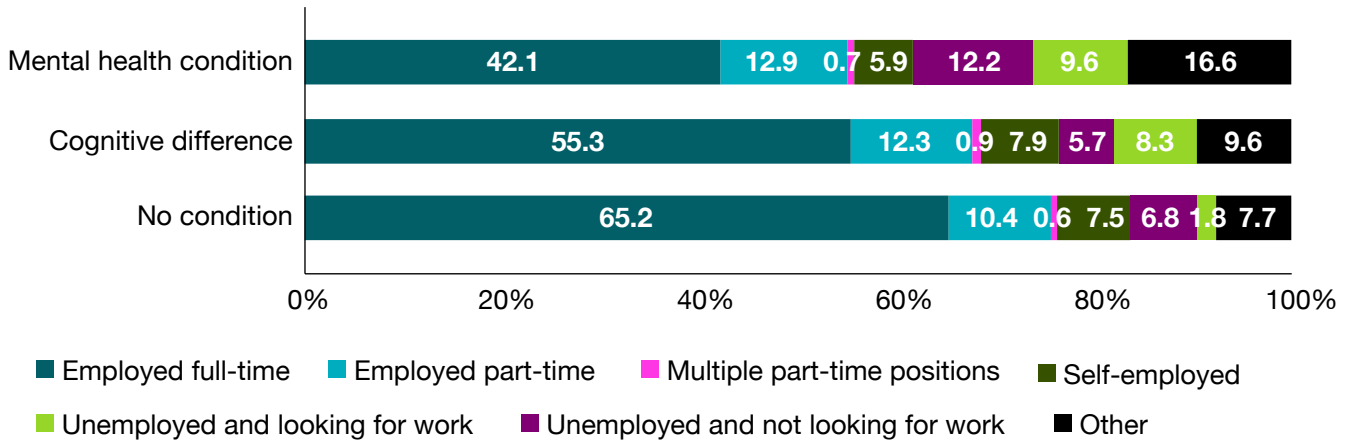


Looking at the overall proportion of individuals' employment status by condition (Figure 7), respondents with no condition report the highest rates of full-time employment (65.2%), whereas those with a mental health condition reported the lowest rates (42.1%). Respondents with either a mental health condition or cognitive difference report higher rates of unemployment than those

with no condition (21.8% vs. 14% vs. 8.6% respectively). Among those unemployed, respondents with mental health conditions are more likely to be looking for work during their unemployment period (12.2%). Measures for other employment statuses (part-time, multiple part-time, and self-employed) are stable across respondents.

Figure 7

Distribution of employment statuses across respondents, by condition status



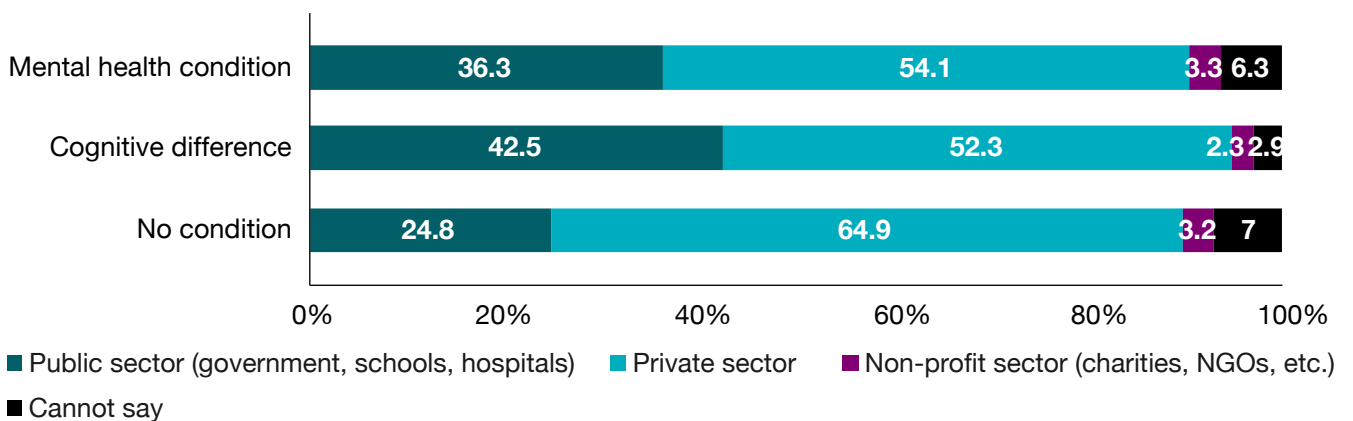
Employment sector

Across all respondents, employment is concentrated in the private sector, with more than half of respondents (regardless of condition) reporting private-sector employment. Respondents with no condition had the highest share (64.9%) working in the

public sector, compared to those with a mental health condition (54.1%) or cognitive difference (52.3%). By contrast, respondents with a mental health condition or cognitive difference were more likely to report working in the public sector (36.3% and 42.5% respectively) compared to those with no condition (24.8%). Non-profit sector employment was stable across respondents (Figure 8).

Figure 8

Sector of employment - "Are you employed in the ___"

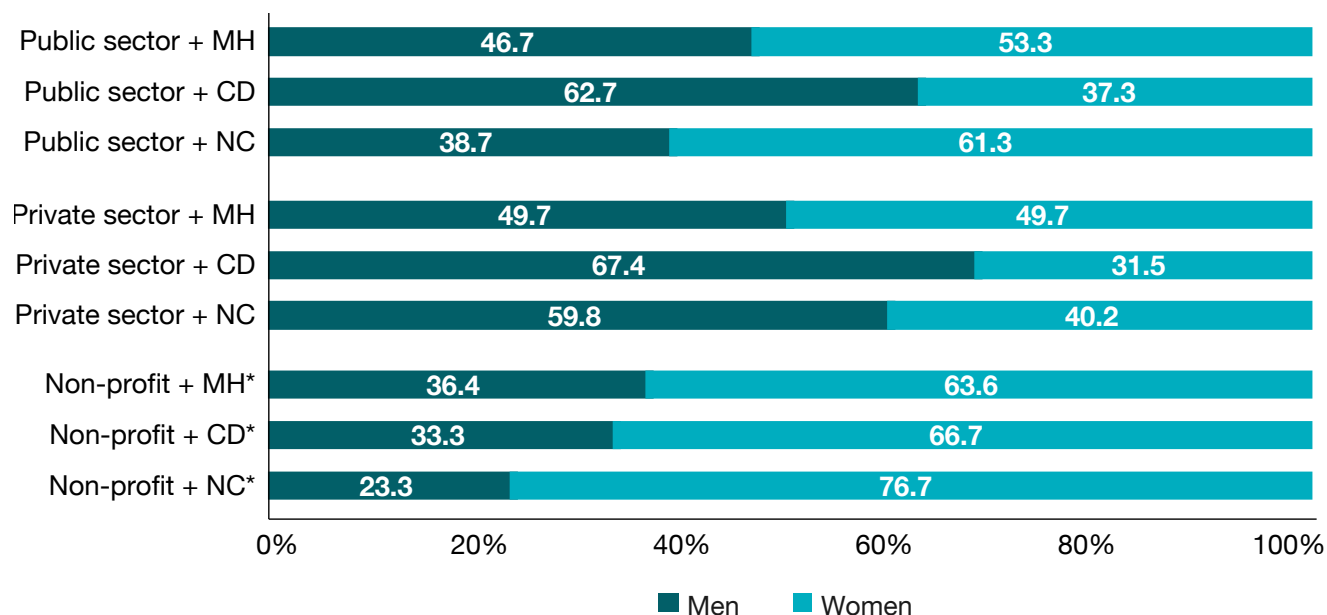


Among respondents reporting a mental health condition, the gender distribution is relatively balanced across both the public and private sectors. In the public sector, the men-to-women ratio was 46.7% to 53.3%, while in the private sector it was 49.7% vs. 49.7%. Respondents with a cognitive difference had a more male-dominated gender distribution. Among those with a cognitive difference working in the public sector, the men-to-women ratio was 62.7% to 37.3%, and 67.4% to 31.5% in the private sector. Among respondents with no condition, women were more highly represented in the public sector (38.7% men vs. 61.3% women), while men

were more highly represented in the private sector (59.8% men vs. 40.2% women). Across all respondent groups, non-profit sector employment was more female-heavy, though these results should be interpreted cautiously as the subsample of respondents reporting non-profit sector employment was small. Further details can be found in Figure 9.

Figure 9

Distribution of gender across employment sector and condition status



Abbreviations: Mental health condition (MH), Cognitive difference (CD), No condition (NC).

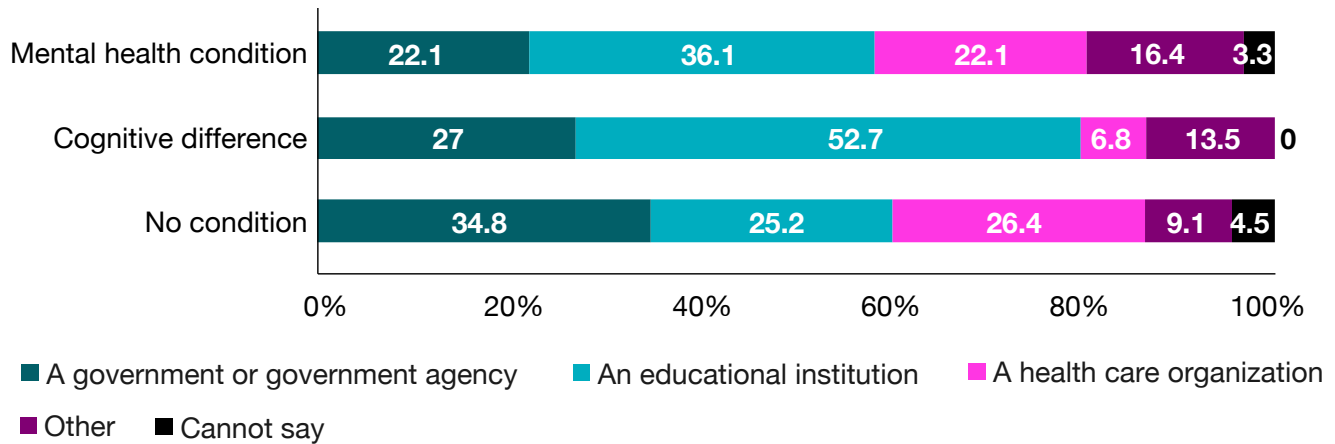
Note: Not all comparisons sum to 100% as other gender responses were excluded for small subsample size.

*Non-profit comparisons should be taken cautiously due to small subsample size (n=11 for non-profit + MH, n=3 for non-profit + CD, and n=43 for non-profit + NC).

Figure 10 provides a more detailed look at public-sector workers. The most notable finding is that public sector employees with a cognitive difference were substantially more likely to report working in an education institution (52.7%) than those with a mental health condition (36.1%) and no condition (25.2%). They are also much less likely to work in a healthcare organization (6.8%) compared to those with a mental health condition (22.1%) or no condition (26.4%). Finally, public sector employees with a mental health condition or cognitive difference were less likely (22.1% and 27% respectively) to report working in government compared to those with no condition (34.8%). Overall, the data suggests that public sector employment patterns vary meaningfully by condition status,

with respondents reporting a mental health condition or cognitive difference appearing more concentrated in education, while those with no condition are more represented in government and healthcare. One consideration is that patterns of disclosure or identification may shape these results, as workers in some public sector environments (e.g., educational institutions) may feel more encouraged or supported to report a condition compared to other settings. Further avenues of research, from this data, could examine potential factors that could explain why respondents with either condition see a higher representation in education work. They could also explain the policy differences between public sector organizations that may have an impact on hiring outcomes.

Figure 10
Public sector breakdown - “Do you work for: ___”



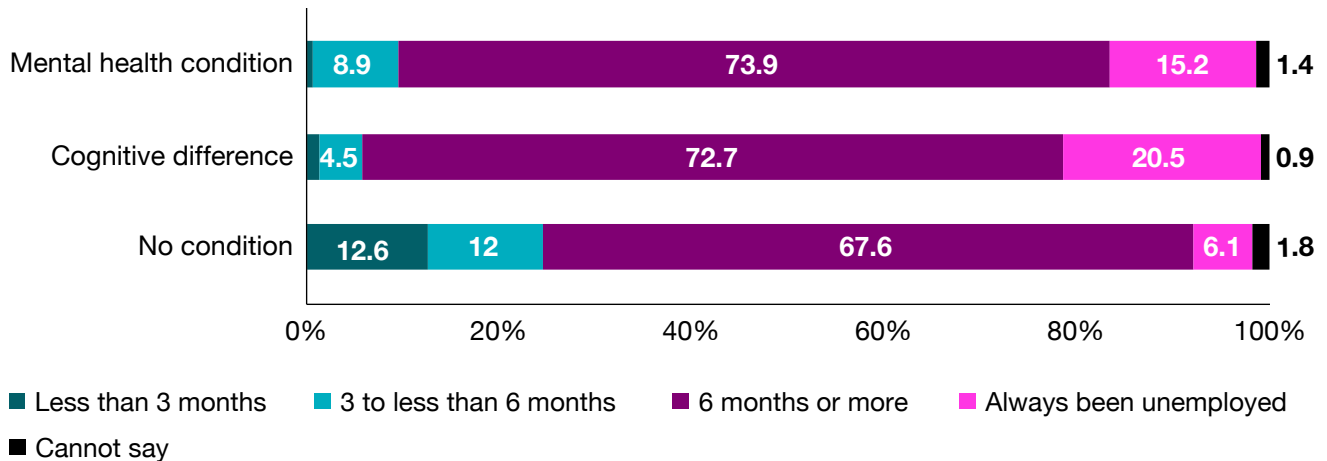
Unemployment

Our analysis finds that participants who report a cognitive difference or mental health condition are more likely to experience longer periods of unemployment compared to those who do not. Among those reporting a cognitive difference, 1.3% have been unemployed for less than three months, 4.5% for three to less than five months, 72.7% for six months or more, and 20.5% have always been unemployed. Similar unemployment periods

are observed within participants reporting a mental health condition, with 73.9% having been unemployed for 6 months or more, and 15.2% having always been unemployed. Participants with no condition are more likely to observe short to moderately long terms of unemployment (12.6% for less than 3 months, 12% for 3-6 months) compared to respondents with either a mental health condition or cognitive difference. A further breakdown is found in Figure 11.

Figure 11

Unemployment period by mental health and cognitive differences status (core working-age group)*



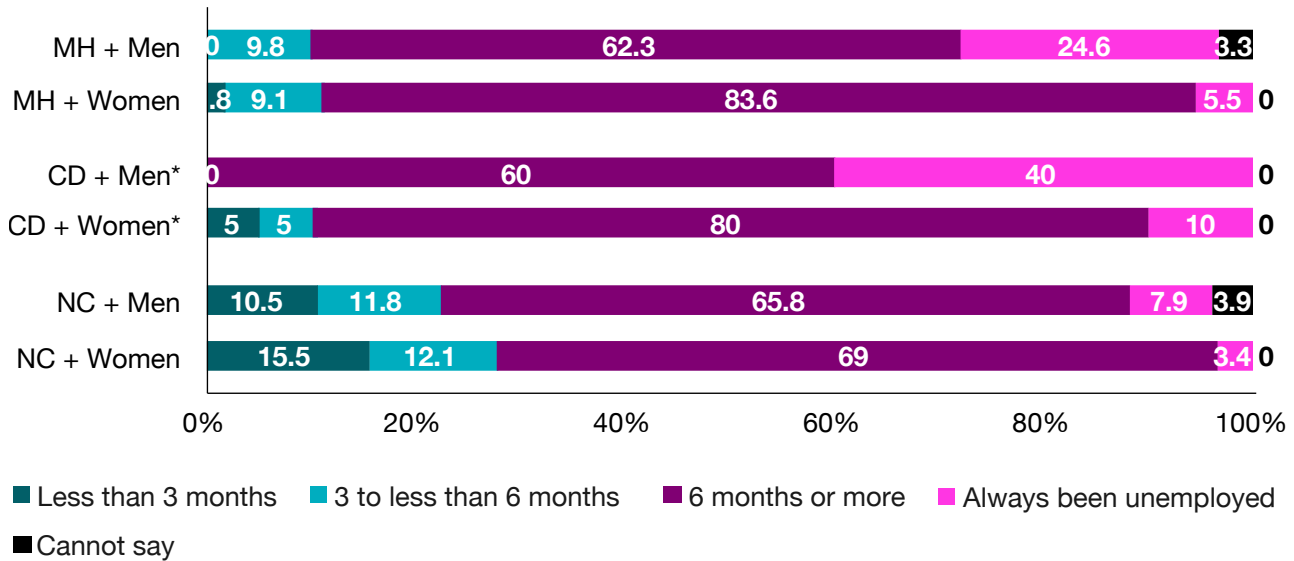
*Among respondents who said they are unemployed.

Disaggregating unemployment period by condition status and gender shows clear differences. Participants reporting no condition are more likely to experience shorter unemployment periods (less than 6 months), at roughly one-quarter, compared to 0% among men, 5% among women reporting a cognitive difference and about 10% among those reporting a mental health condition. In contrast, the longer unemployment periods observed in Figure 11 differ by gender, particularly among women. 83.6% of women

(vs. 62.3% of men) with a mental health condition and 80% of women (vs. 60% of men) with a cognitive difference reported extended unemployment periods lasting six months or more. Additionally, men are more likely to face chronic unemployment (“always been unemployed”), including 24.6% of men with a mental health condition (vs. 5.5% of women) and 40% of men with a cognitive difference (vs. 10% of women). Further data can be found in Figure 12.

Figure 12

Unemployment period by condition status and gender



Abbreviations: Mental health condition (MH), Cognitive difference (CD), No condition (NC).

*Comparisons involving these subgroups should be taken cautiously due to small n (n=10 for CD + Men, n=20 for CD + Women)

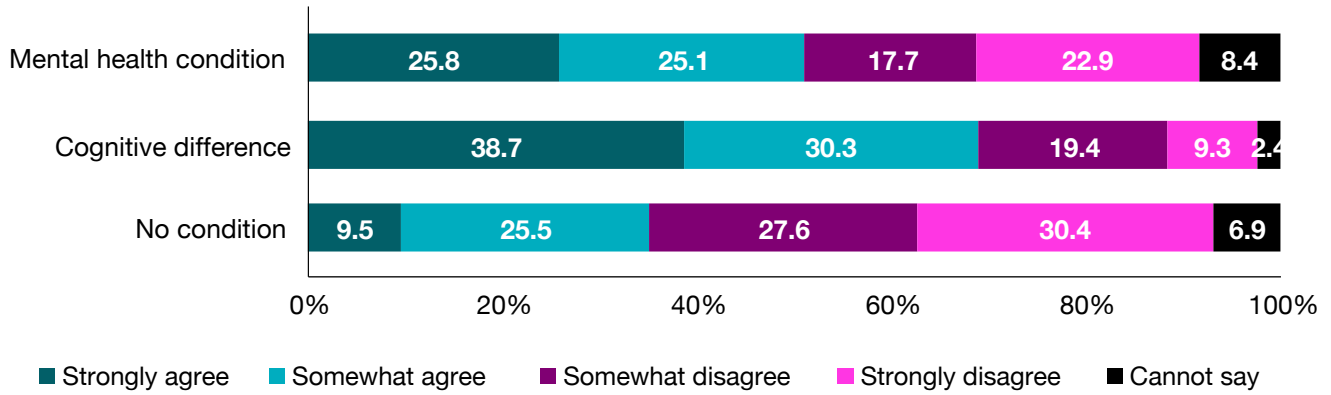
Job security

With the rise of artificial intelligence (AI) and other automation technologies used in the workplace,⁵⁴ as well as a rising trend of outsourcing work offshore,⁵⁵ Canadian workers are facing new dimensions of job insecurity.⁵⁶ When asked about the concerns about their job being automated by technology, respondents reporting a cognitive difference, as well as those reporting a mental health condition, were more likely to be worried about their job being automated away.

Participants with a mental health condition or a cognitive difference were more likely to respond, “strongly agree” (25.8% and 39.7% respectively) compared to those who reported no condition (9.5%) (Figure 13). On the other end of the spectrum, participants with no condition were more likely to strongly disagree with job automation worry (30.4%) compared to those with a mental health condition or cognitive difference (22.9% and 9.3% respectively).

Figure 13

Perceived risk of job loss due to automation, by condition status - “I worry that I might lose my job in the coming years because the work I do will soon be automated (in other words, it will soon be done by computers or robots)”

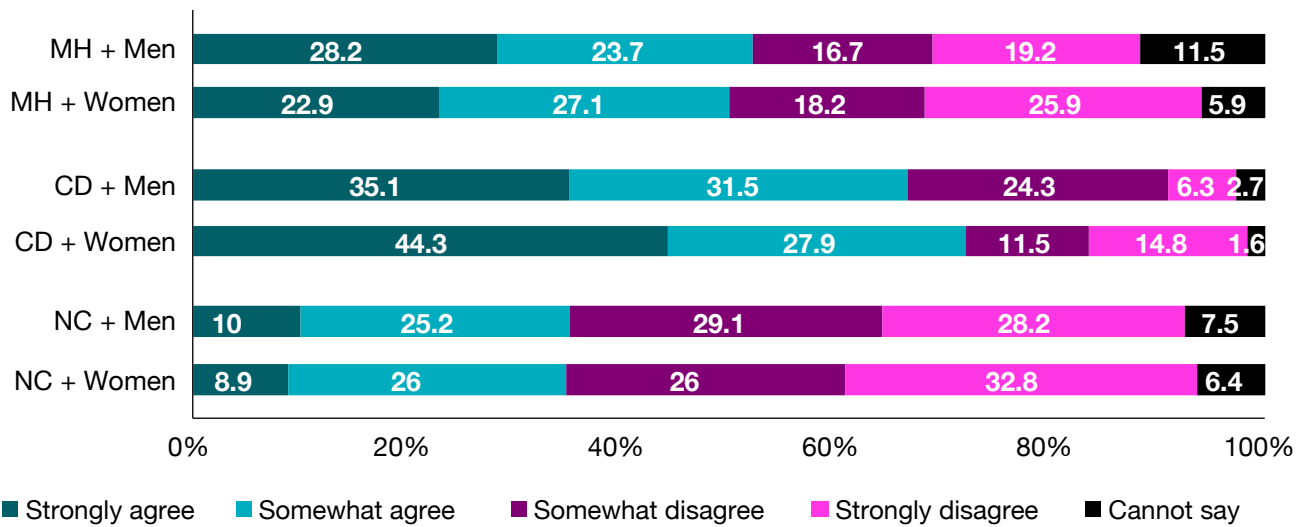


Gender differences in near-term job automation worry are generally modest among participants reporting a mental health condition or cognitive difference. Overall, disagreement about job worry is more prevalent among participants with no condition, regardless of gender. Among respondents with a cognitive difference, women report noticeably higher agreement with

near-term job automation worries compared to their male counterparts (72.2% vs. 66.6%) and all other subgroups. In contrast, women with a mental health condition are more likely to disagree than men (44.1% vs. 35.9%). Also of note is men with a mental health condition, who report the greatest levels of uncertainty, with 11.5% selecting “cannot say” (Figure 14).

Figure 14

Perceived risk of job loss due to automation, by condition status and gender



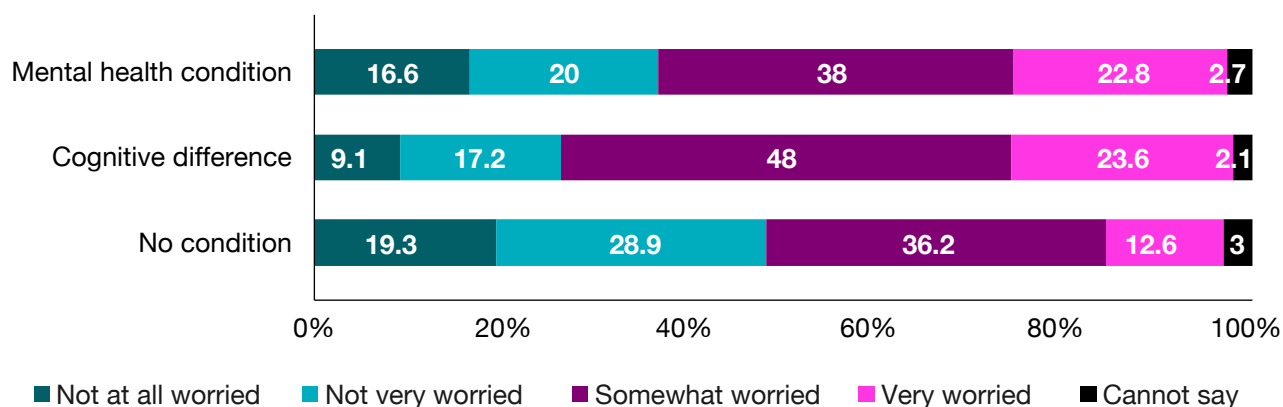
Abbreviations: Mental health condition (MH), Cognitive difference (CD), No condition (NC)

Taking a broader view of employment concerns, participants were asked whether they were worried about themselves or a family member finding and keeping a stable, full-time job. The results show that worry is considerably more common among those with a reported condition. Nearly two-thirds of participants with a cognitive difference (71.6%) expressed at least some level of worry, compared to 48.8% of those with no condition. Similarly, 60.8% of

those with a mental health condition reported being worried, also well above the level seen among participants without a condition. By contrast, those without conditions were much more likely to say they were not at all worried (19.3%), compared to 16.6% of those with a mental health condition and just 9.1% of those with a cognitive difference (Figure 15). These differences were observed consistently across gender.

Figure 15

Perceived full-time employment concern - “Are you worried about you or your family finding or keeping a stable, full-time job?”



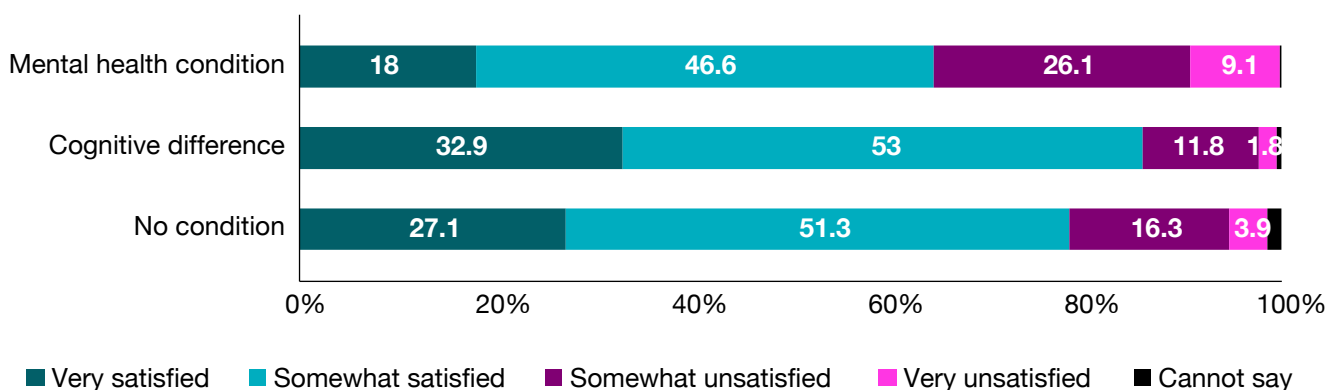
Job satisfaction

Our analysis shows that 85.9% of participants aged 25 to 54 years with a cognitive difference report being at least somewhat satisfied with their job, compared to 78.4% of those with no conditions in the same age group. In comparison, only 64.6% of participants with a mental health condition reported at least some level of job satisfaction. Several workplace dynamics may explain the lower levels of job satisfaction observed in participants reporting

a mental health condition. For example, those experiencing mental health conditions often report workplace barriers, such as hostile behaviors, misconceptions, and assumptions.⁵⁷ Job lock is another possible explanation; although Canadians enjoy universal healthcare, those experiencing mental health conditions often rely on employer-provided health benefits to access expensive prescription medications and wellness programs, restricting labour market mobility.⁵⁸ A further breakdown is found in Figure 17.

Figure 16

Job satisfaction - “Are you very satisfied, somewhat satisfied, somewhat unsatisfied, or very unsatisfied with your current job?”

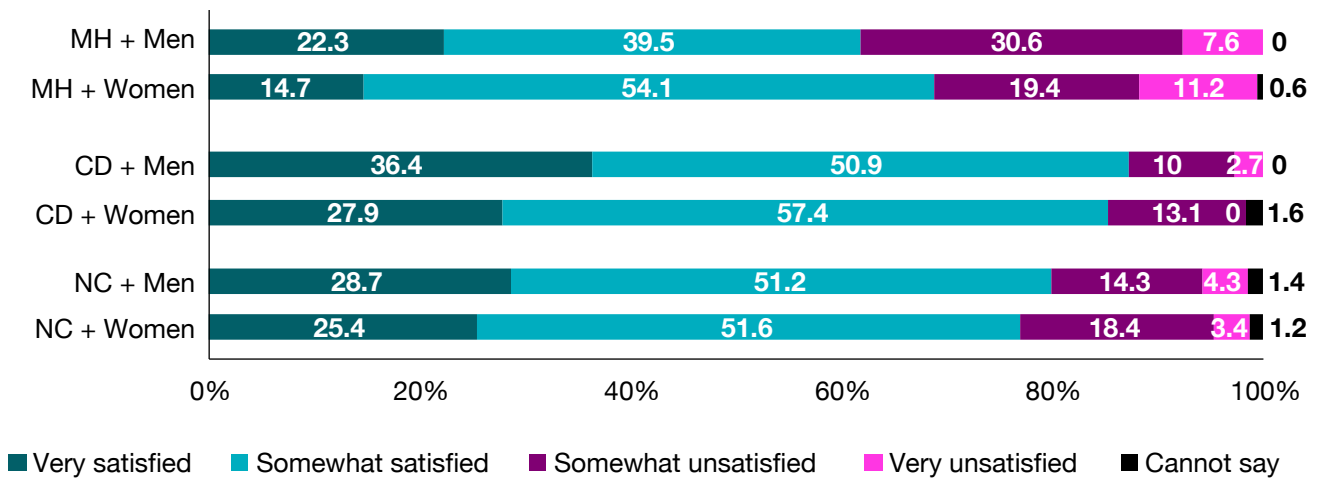


Women report slightly lower rates of job satisfaction within respondents with a cognitive difference (85.3% vs. 87.3% of men) and respondents with no condition (77% vs. 79.9% of men). Women with a mental health condition report higher rates of job satisfaction compared to their male counterparts (68.8% vs. 61.8%),

although satisfaction remains lower overall compared to respondents with a cognitive difference or no condition. Across respondents, women are less likely to report being very satisfied with their job compared to men. Further data can be found in Figure 18.

Figure 17

Job satisfaction by condition status and gender



Abbreviations: Mental health condition (MH), Cognitive difference (CD), No condition (NC)

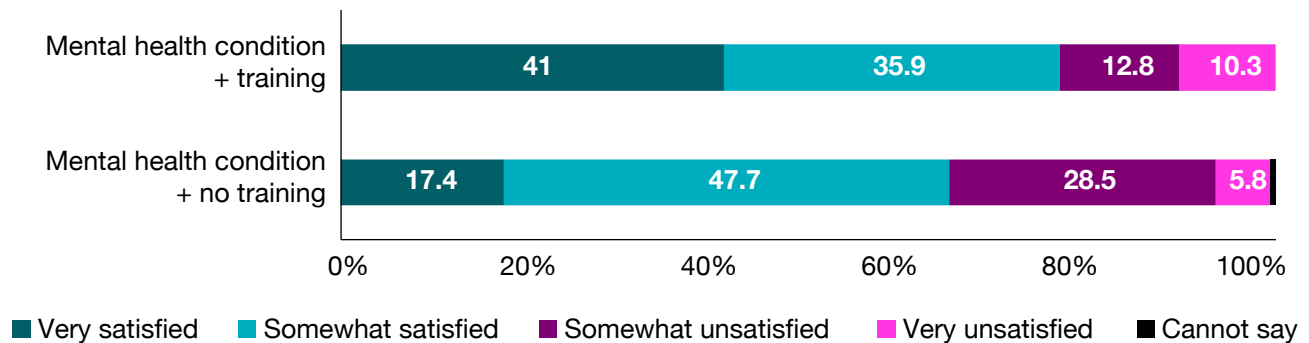
Workplace supports

Survey respondents were asked whether they received work training on managing stress or mental health. A majority of respondents, regardless of whether they had a cognitive difference or mental health condition, did not receive any such training. However, among participants with a mental health condition who have received stress and mental health training (n=39), the opposite ends of job satisfaction levels both increased (Figure 19). At one end, 41% of respondents with mental health conditions who received training reported

being very satisfied with their job, compared to 17.4% for those who did not receive training. At the other end, 10.3% of mental health respondents who received training reported being very unsatisfied with their job compared to 5.8% of those who did not receive training. Respondents with a cognitive difference were not further examined as linkages were not found between participants reporting cognitive differences and whether or not they received training on managing mental health.

Figure 18

The impact of stress and mental health training received by participants with a mental health condition on job satisfaction



Our analysis also examined a variety of other survey items about the types of workplace training received by participants. The results show that both respondents with a cognitive difference or a mental health condition responded favorably to training programs that focused on learning new computer software and hardware, as well as conflict resolution techniques. Participants who fall under both conditions and received both types of training programs generally reported higher levels of job satisfaction, indicating a positive reception toward new technologies and a willingness to learn how to deal with work conflicts.

Job satisfaction for respondents with either condition also diverged in response to certain types of training programs. For participants with a cognitive difference, receiving training on workplace health and safety, how to sell products and deliver services online was associated with job satisfaction. For those with a mental health condition, training on communication skills, financial and accounting skills, administrative procedures, and producing environmentally sustainable products was associated with job satisfaction.

In one question, participants were asked whether they received training on updating or refreshing their skills at work. For both conditions, receiving this type of training was associated with job satisfaction. Notably, though, for participants with a cognitive difference, this association was an inverse relationship, suggesting that those with a cognitive difference who received training on updating or refreshing their skills were more likely to report lower levels of job satisfaction.

The results provide valuable insights into the types of training that those with cognitive differences and mental health conditions respond best to. Organizations should invest in practical training that streamlines the work experience, such as technology, financial management, communication, and resolving workplace tension. On the other hand, special attention should be focused on skills refreshers, avoiding generic, one-size-fits-all solutions that may overwhelm or fail to consider the unique needs of vulnerable workers.

Financial optimism

For those with cognitive differences and mental health conditions, their financial situation is a critical indicator of their ability to access supports and resources such as therapy or medication. Furthermore, an individual's financial situation has important implications on their stress levels, which may be an exacerbating factor for vulnerable individuals such as those with cognitive differences or mental health conditions.

Participants aged 25 to 54 years with a mental health condition were much more likely to report that their financial situation had worsened compared to six months ago, with 60.1% selecting "worse" versus 48.3% among those with no condition in the same age group. Only 14.4% of respondents with a mental health condition said their finances had improved, nearly identical to the 15.3% reported by those without a condition. By contrast, participants aged 25 to 54 years with a cognitive difference were more likely to report improvement, with 27.6% saying their financial situation was better, but at the same time 48.7% said it had worsened. This pattern suggests that while individuals with cognitive differences are somewhat more likely to experience short-term financial gains, they also face a similar or slightly greater risk of financial decline compared to those without conditions (see Figure 20).

A larger share of participants between the ages of 25 and 54 years with a cognitive difference expected their financial situation to improve over the next six months compared to those with no conditions in the same age group (34.4% vs. 24%) (Figure 21). Participants aged 25 to 54 years with a mental health condition also reported slightly higher expectations of improvement than those with no conditions (28.7% vs. 24%). At the same time, a greater

proportion of participants with a mental health condition (37.8%) anticipated that their financial situation would worsen over the next six months compared to those with no conditions in the 25 to 54 age group (34.1%), while respondents with a cognitive difference (32.5%) were much closer to those with no conditions. The findings suggest that while these respondents hold somewhat more optimism about improvement, they also carry a heightened sense of financial vulnerability.

When looking at both perceived past and future financial outcomes, participants with a cognitive difference are generally more likely to be more financially optimistic, while those with a mental health condition are generally more pessimistic. Those with no condition take a more neutral stance, with a greater proportion answering that they expect their financial outcomes will stay the same when asked about past and future finances.

The higher levels of retrospective and prospective financial optimism found among participants with a cognitive difference is a noteworthy finding, given that they appear more likely to experience income instability, including being more likely to report unemployment and undergoing prolonged periods of unemployment. While research examining financial optimism among neurodivergent individuals is limited, related literature suggests that adaptive coping, emotional regulation, and a sense of self-determination are important factors in supporting optimism about life more broadly.^{59, 60} Further avenues of research could use qualitative methods to understand why participants with cognitive differences indicate higher levels of financial optimism, and to examine how their experiences differ from participants with mental health conditions, who reported lower optimism.

Figure 19

Financial optimism - “Generally speaking, would you say that your personal financial situation today is better or worse than it was six months ago?”

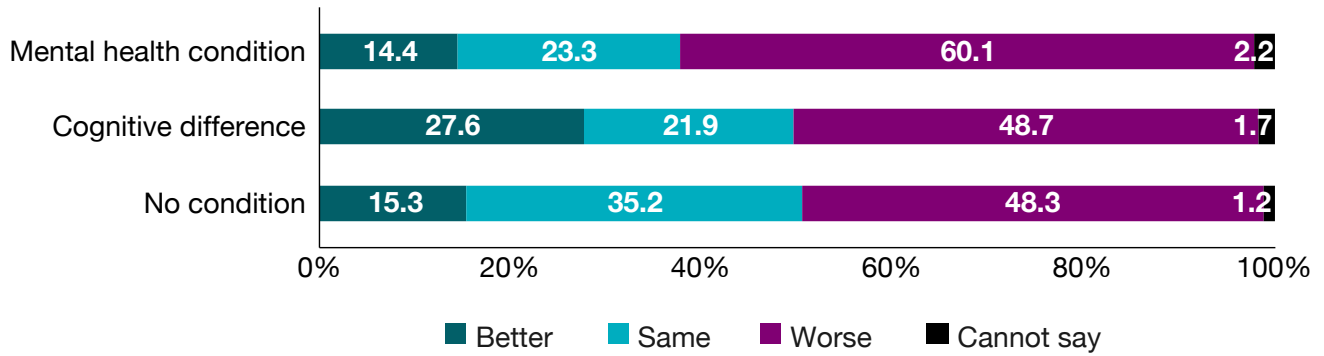
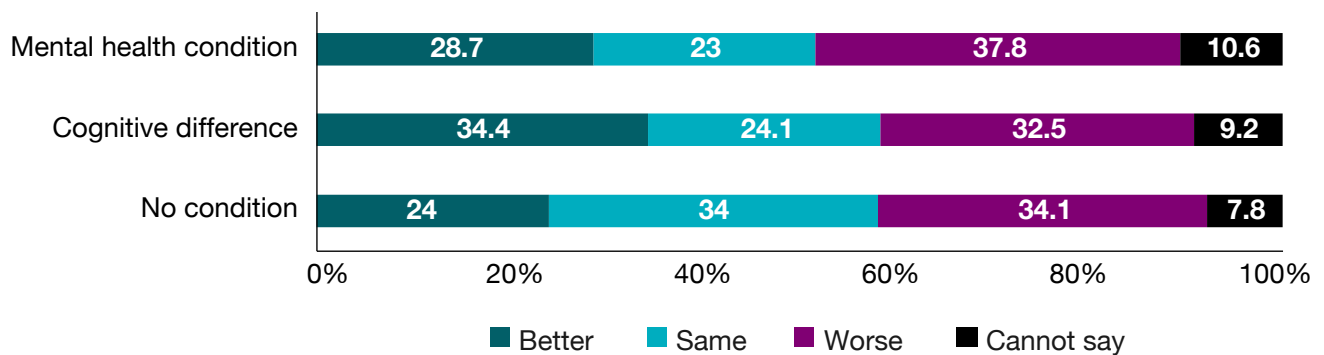


Figure 20

Financial optimism - “In general, would you say that in the next six months your personal financial situation will be better or worse than it is today?”





Conclusion

Key takeaways

- > **Educational attainment shows consistent gaps for those with cognitive differences and mental health conditions compared to individuals with no condition.**

Respondents with either condition are more likely to report having only some high school education or less, a pattern shared across respondents with disabilities but not seen in respondents with no condition. At the higher end, college and university completion is clearly lower among respondents with cognitive differences, and somewhat lower for those with mental health conditions, than for those without conditions. Apprenticeship and trades training, by contrast, shows little difference across respondents. These findings indicate that the sharpest disparities are in post-secondary completion, with cognitive differences most affected.

- > **Employment outcomes diverge, with mental health conditions linked to greater barriers to participation and cognitive differences associated with more modest gaps.**

The individuals with cognitive differences are only slightly less likely than those without conditions to be employed, though they are more likely to face extended periods of unemployment once out of work. By contrast, individuals with mental health conditions face a sharper shortfall in overall employment and are more often searching for work without success, pointing to respondents with a condition that are willing to work but struggling to secure opportunities. These findings suggest that mental health conditions remain a stronger barrier to labour market participation. Meanwhile, cognitive differences link to smaller gaps in overall employment but heightened risks of long-term unemployment.

- > **Representation across sectors shows that individuals with cognitive differences and mental health conditions are less concentrated in private sector jobs and more present in the public sector, particularly in education.**

Respondents with either condition report similar representation in the private sector, but at levels notably below those without conditions, while their public sector employment is correspondingly higher. Within the public sector, individuals with cognitive differences and mental health conditions are especially concentrated in educational institutions and less represented in government roles. Individuals with cognitive differences are notably less represented in healthcare employment. These patterns suggest that the public sector, and education in particular, may provide more supportive or accessible opportunities, while the private sector remains harder to enter or sustain employment for these respondents.

- > **Job satisfaction diverges, with cognitive differences linked to higher satisfaction and mental health conditions linked to lower satisfaction.**

Those with cognitive differences are more likely than others to report being satisfied with their jobs, while individuals with mental health conditions are less likely to do so. The gap for the latter widens when looking at workplace supports; those with mental health conditions who received stress and mental health training were both more likely to report being very satisfied and more likely to be very unsatisfied, showing a more polarized distribution of experiences. These findings highlight distinct workplace dynamics for each group of respondents, with satisfaction higher overall among those with cognitive differences but more uneven among those with mental health conditions.

- > **Financial optimism is lower among those with a mental health condition, while those with a cognitive difference show a more mixed outlook.**

Participants with a mental health condition were far more likely than those without to say their financial situation had worsened over the past six months, and they were also more likely to expect further decline in the months ahead. In contrast, those with a cognitive difference were more likely to report recent improvements and anticipate future gains, though they also reported similar or even higher levels of decline compared to those without conditions. Taken together, these findings suggest a polarized picture for those with cognitive differences—marked by both greater optimism and heightened risk—while individuals with a mental health condition show consistently lower levels of financial confidence.

- > **Gender and intersectional differences shape how cognitive differences and mental health conditions are experienced across the labour market.**

Women are more likely to report mental health conditions, while men are more likely to report cognitive differences, reflecting different pathways into labour market vulnerability. These patterns are further shaped by intersectional identities. Indigenous women represent a larger share of those reporting mental health conditions than Indigenous men, while among racialized participants, men make up a substantially larger share of those reporting cognitive differences. Gender differences also emerge in outcomes: women report poorer self-rated mental health and are more likely to experience extended periods of unemployment, while men are more likely to face chronic unemployment. Taken together, these findings point to uneven labour market experiences across intersecting identities that are not captured by condition status alone.

> **Access to workplace training is limited, though its impacts vary across conditions and types of training.**

Most respondents, regardless of condition status, report not receiving workplace training, particularly in areas related to stress and mental health. Where training is provided, practical forms such as technology use and conflict resolution are associated with higher levels of job satisfaction across both respondents with a mental health condition or a cognitive difference. However, training related to stress and mental health among those with mental health conditions is associated with more polarized outcomes, with participants more likely to report both very high and very low satisfaction. These findings suggest that while training can improve workplace experiences, its effectiveness depends on how well it aligns with the specific needs and contexts of respondents with differing conditions.

Overall, the findings reveal distinct but overlapping challenges for individuals with cognitive differences and mental health

conditions. Respondents with either condition face barriers in education and employment, in different ways: cognitive differences are most strongly linked to lower post-secondary attainment, while mental health conditions are tied to sharper gaps in overall employment and higher rates of unsuccessful job search.

Overall, the findings reveal distinct but overlapping challenges for individuals with cognitive differences and mental health conditions. Respondents with either condition face barriers in education and employment, in different ways: cognitive differences are most strongly linked to lower post-secondary attainment, while mental health conditions are tied to sharper gaps in overall employment and higher rates of unsuccessful job search. Across sectors, respondents with either condition are less represented in private sector roles and more concentrated in education within the public sector, suggesting uneven access to opportunities. Workplace experiences also diverge, with cognitive differences associated with higher overall satisfaction and mental health conditions linked to lower and more polarized outcomes. Financial outlooks reinforce this divide: those with a mental health condition report greater pessimism, while those with a cognitive difference show a more polarized pattern of both optimism and vulnerability. Together, these results highlight the need for tailored supports that address the distinct pathways through which individuals with each condition experiences education, work, and financial security.

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