

Trends Report 2024
SHAPING TOMORROW



**New horizons:
Intersectional insights on work and
disability trends in Canada**

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The landscape of work and disability in Canada has undergone profound transformations in recent years. Since 2017, the number of Canadians with disabilities has increased substantially, and the employment gap between Canadians with and without disabilities has narrowed. As workers, employers, policymakers, and service providers navigate these changes, it is crucial to understand their context and implications. This article presents an intersectional perspective on recent developments in labour market outcomes for people with disabilities, as well as sheds light on the potential drivers of some of the biggest changes.

The Canadian Survey on Disability (CSD) is a national survey conducted every five years, which collects information about youth and adults in Canada (age 15 and up) who have disabilities.¹ Among other things, the CSD reports on experiences of disability, demographic factors, and labour market participation. Importantly, for the first time in history, the most recent two survey cycles – the 2017 and 2022 CSD – are directly comparable, allowing a meaningful interpretation of how key outcomes have changed over this five-year period.²

Statistics Canada began publishing much-anticipated findings from the 2022 CSD at the end of 2023. In this report, we highlight important insights from the CSD 2022 as they relate to intersections of gender, sexual orientation, age, and disability, including summaries of aggregated data from the 2022 CSD. First, we highlight some of the most noteworthy trends and changes in work and disability through an intersectional framework, including the rise in mental health-related disabilities, the increased rate of disability among youth, and the 3% increase in employment for workers with disabilities. We then discuss contextual factors, including the conceptual framework of the CSD, and draw on supporting research about potential drivers of these trends, such as the influence of policy developments and the funding landscape, demographic changes, and evolutions in sociocultural attitudes towards disability. Throughout, we highlight insights derived from CCRW’s Employment Services data. Finally, we conclude with a call for collaborative efforts to drive inclusion and accessibility in Canada.

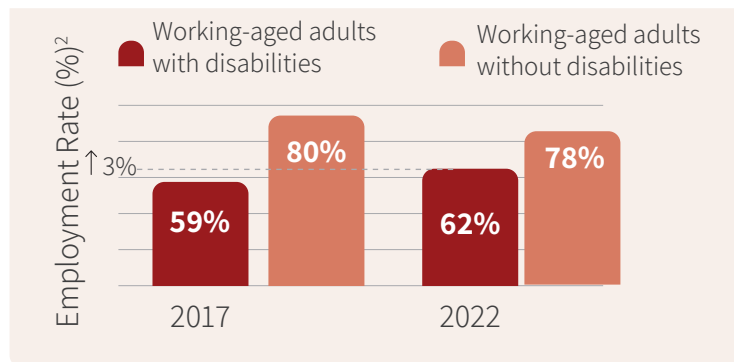


Trends in Work & Disability - The Latest Insights

Data from the 2022 CSD showed that the landscape of work and disability in Canada changed substantially between 2017 and 2022. Some of the most noteworthy changes are highlighted below. We unpack the context and contributing factors of these changes in further detail in this report.

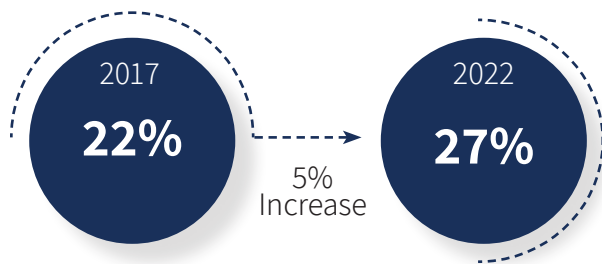
Narrowing the employment gap:

The employment rate for adults with disabilities increased by 3 percentage points from 2017, and the employment gap between workers with and without disabilities narrowed from 21% to 16%.²



Increased disability rate:

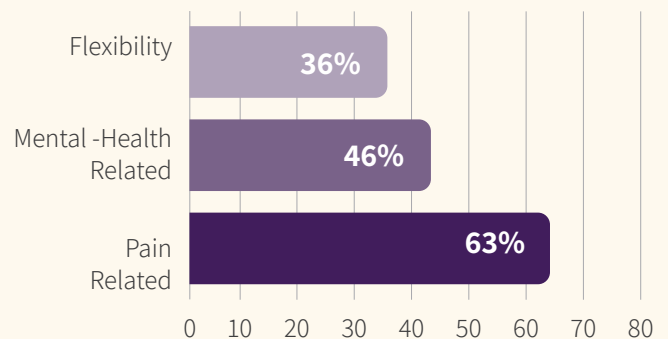
In 2022, 27% of respondents aged 15 and older in Canada (8 million individuals) reported disabilities that limited their daily activities, compared to 22% in 2017.² 71% of people with disabilities in Canada experience more than one type (co-occurring disabilities). 43% of youth (age 15-24) and 36% of working-age adults (age 25-64) experience two or three co-occurring disabilities.³



Increase in mental health disabilities:

The prevalence of mental health-related disabilities increased more than any type, growing 3 percentage points between 2017 and 2022.^{2,4}

Most common disability types for adults aged 25-64





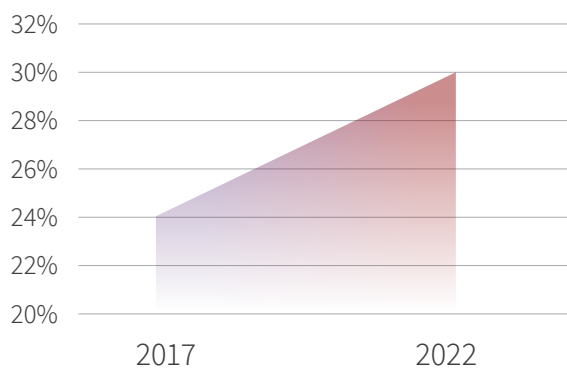
Disability rates on the rise among youth:²

Disability rates increased across all age groups, except for those aged 75 and older. However, increases in disability rates were highest in the 15 to 24 age group, growing by 7 percentage points. 20% of youth in Canada now report having a disability, and more than two-thirds of disabilities among youth are mental health-related.⁵ Employment rates for youth with disabilities are 5 percentage points lower than their peers without disabilities.⁵

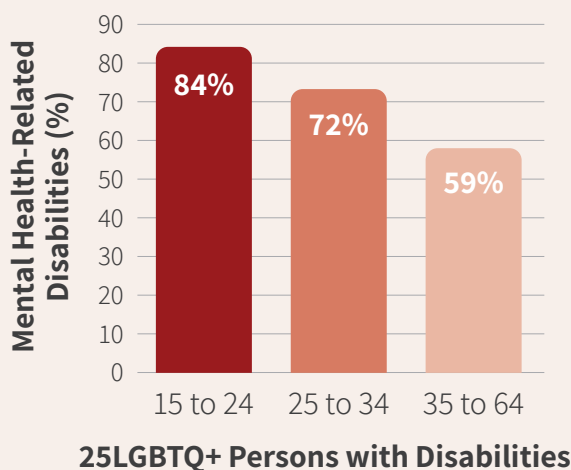
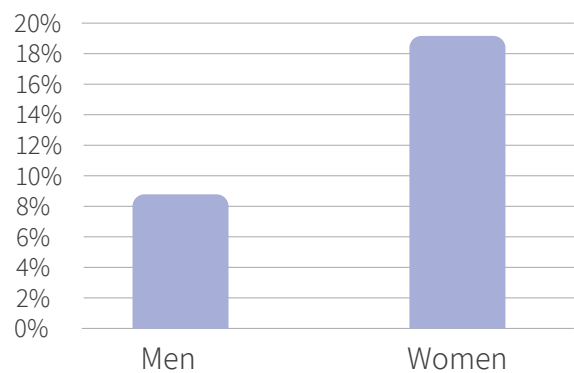
Disability rates on the rise among women:²

Disability rates increased among all genders, but the increase was larger among those who identify as women. The number of women reporting a disability grew from 24% to 30%, while disability rates among men grew from 20% to 24%. Although all people with disabilities in Canada are likely to have more than one type of disability, 3% more women have four or more disabilities compared to men (35% versus 32%).² Women are also more than twice as likely as men to experience a mental health disability (19% versus 9%); however, men with mental health disabilities face a larger employment gap (18% lower, relative to men without disabilities) than women with mental health disabilities (7% lower).⁵

Disability rate among women



Mental health disability rates, 2022



2SLGBTQ+ persons with disabilities:

For the first time, the 2022 CSD collected and reported data on sexual orientation and gender diversity.³ Among 2SLGBTQ+ individuals with disabilities, mental health-related disabilities were the most common type of disability. Compared to non-2SLGBTQ+ persons with disabilities, this demographic also reported more co-occurring and severe disabilities.⁶

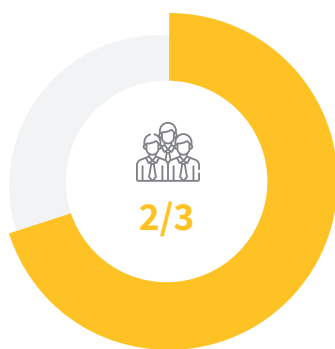
Severity of barriers:

Employment rates are lower for persons reporting more severe disability-related barriers. 75% of individuals reporting mild barriers were employed in 2022, compared to 30% of those facing the most severe barriers. Individuals with severe barriers are also more likely work part-time, with 14% of men and 23% of women with severe disability-related barriers working part-time, compared to 8% of men and 18% of women without disabilities.²

Rate of part-time work (%)



% of workers who require any workplace accommodation

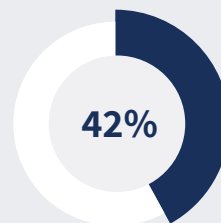


Unmet needs:

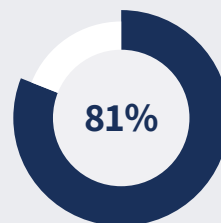
Just over two-thirds of workers with disabilities require at least one workplace accommodation. This proportion has not changed significantly since 2017,⁷ but the absolute number of workers with disabilities who are employed and require an accommodation increased from 172,000 in 2017 to 303,000 in 2022. The number of unmet accommodation needs decreased from 40.4% to 35.4%.

Untapped talent:

People with disabilities in Canada continue to be an unrealized source of talent and work potential. In 2022, 42% of working-age adults (25 to 64 years) with disabilities, or 741,280 people, had the potential to work but were unemployed. 81% of youth with disabilities who were not in school or work – 141,980 people aged 15 to 24 – had the potential to work in 2022.²



In 2022, 42% of working-age adults (25 to 64 years) with disabilities had the potential to work, but were unemployed



81% of youth with disabilities who were not in school or work had the potential to work, but were unemployed



741,280

People had the potential to work but were unemployed.



141,980

youth aged 15 to 24 had the potential to work in 2022.

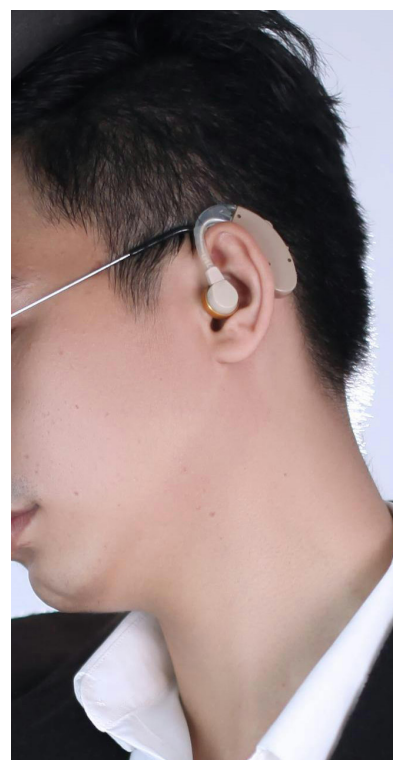
Understanding the Data

The CSD is a cornerstone in the national effort to understand and address the challenges faced by individuals with disabilities residing in Canada. The findings from the CSD are intended to facilitate the planning, implementation, and evaluation of services, programs, and policies aimed at fostering the full participation and inclusion of people with disabilities across Canada.¹ Additionally, the survey aligns with Canada’s international commitments, particularly those outlined in the UN Convention on the Rights of Persons with Disabilities, by contributing essential data to fulfill Canada’s obligations of preventing discrimination, eliminating barriers to accessibility, and promoting the capabilities and contributions of people with disabilities.¹

Every five years, the CSD provides detailed data on indicators including the prevalence of disability and different types of disabilities in the population, as well as many demographic and socioeconomic characteristics of persons with disabilities. This includes information on

employment outcomes, educational attainment, and work potential, as well as the workplace accommodation needs of workers with disabilities and whether these needs were met. As such, findings from the CSD make it possible to explore the diverse experiences of disability in Canada and underscore persistent gaps that require attention and action.

Releases and reports from the 2022 CSD began on December 1st, 2023. As illustrated in the highlights above, data from the 2022 CSD revealed significant shifts in the labour market experiences of people with disabilities in Canada. To understand these findings and their implications in context, it is important to understand the conceptual framework and methodological approach used to identify and collect data about people with disabilities in Canada. To ground our exploration of the driving factors of these changing dynamics, we briefly summarize the CSD’s conceptual foundations below.

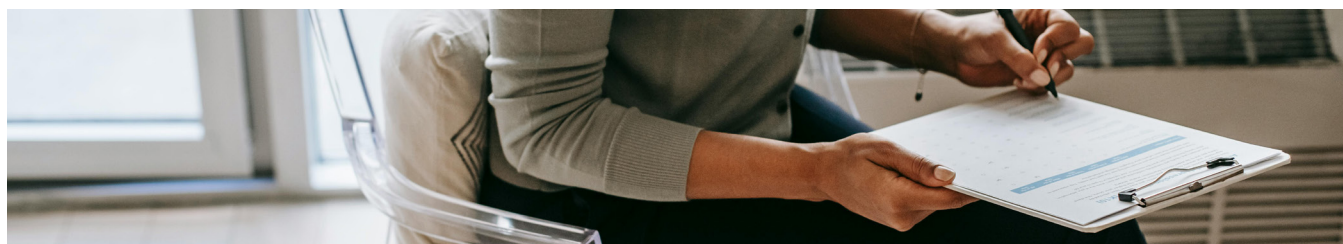


The Foundations of the CSD

Statistics Canada releases a detailed Concepts and Methods guide for the CSD summarizing their data collection process, sample parameters, questionnaire, and information on sampling error and other data quality details.¹ For our discussion, the most important elements to understand about the CSD’s approach are the conceptual framework used to identify persons with disabilities, including the questions used to identify disability prevalence and type.

CSD respondents are residents of Canada who, on the last preceding Census, reported facing barriers in their day-to-day lives on the Activities of Daily Living (ADL) questionnaire.^{8,1} The ADL serves as a first step in identifying people with disabilities, and inquires about barriers related to physical, sensory, cognitive, psychosocial, and other health-related conditions.⁹

Understanding and measurement of disability has evolved greatly over the 40+ years since the first survey on disability in Canada was conducted.¹ Following the ratification of the United Nations Convention on the Rights of Persons with Disabilities in 2010,⁹ Canada initiated the development of a new tool to identify and collect data on persons with disabilities – the Disability Screening Questionnaire (DSQ) used in the current CSD.



Importantly, the design and methodology of the DSQ are based on the **social model of disability**.¹⁰ In other words, the DSQ takes a demedicalized approach to identifying and measuring the experiences of people living in Canada who report barriers in their daily lives. The social model of disability differs from the medical model, which focuses on bodily impairment as the cause of limitations. Instead, the social model understands disability as “...the result of the interaction between a person’s functional limitations and barriers in their environment, including social and physical barriers”.¹ From this perspective, it is the experience of barriers that is disabling, rather than innate bodily condition. Accordingly, the DSQ inquires about the presence and severity of barriers or limitations to participating in daily life. For example, to assess pain-related disabilities, the DSQ uses questions such as “how often does this pain limit your daily activities?”¹⁰

Using the DSQ, the CSD identifies and reports data on 10 types of disability: hearing, vision, mobility, flexibility, dexterity, pain, learning, mental health, memory, and developmental. It also assesses ‘disability severity’, which is measured as the frequency and severity of barriers faced by respondents in carrying out various daily activities resulting from these different types of disability. The CSD also collects and reports data on supports used by persons with disabilities, such as aids and assistive devices, human supports, and the use of healthcare and social services.¹

Understanding the basic conceptual approach of the CSD allows us to see beyond the numbers, and to appreciate the complex interplay between the lived experiences of individuals with disabilities and their environments, including the labour market.

The Intersectionality of Disability: A Diverse Tapestry



Statistics provide valuable insights that allow us to better understand the experiences and barriers of people with disabilities. However, statistical information must be interpreted carefully to avoid overgeneralization or misunderstanding. The CSD collects and reports data on many demographic and socioeconomic factors, facilitating an intersectional analysis and understanding of outcomes for persons with disabilities.

When interpreting statistical data from the CSD or elsewhere, it is critical to understand that the experience of barriers based on disability is not the same for everyone. While people with disabilities may share a similar medical diagnosis, some similar life experiences, or similar experiences with barriers, one person's experience of disability is exactly that: one person's experience.

Disability is only one dimension of identity. For some, disability is the only aspect of their identity through which they are marginalized; that is, they may experience relative privilege on other dimensions, like gender, sexual orientation, ethnicity, age, socioeconomic status, and so on. For others, the barriers they face as persons with disabilities can be compounded by their identification with other equity-denied groups. Understanding how disability intersects with other identities allows us to evaluate statistical findings with a critical lens, including as they pertain to employment. Part of this intersectional approach involves examining how these statistics vary for those who identify with multiple equity-denied groups. It also means identifying where gaps in our current data collection methods exist, and, where possible, identifying and amplifying other sources of information – including the voices of the disability communities – to bolster the data.

Equity Denied Group

An equity-denied group refers to a group of people who face attitudinal, historic, and/or systemic barriers to accessing resources, services, and opportunities that are readily available to other members of society. Equity-denied groups include (but are not limited to) women, Indigenous Peoples, people with disabilities, religious minority groups, members of the 2SLGBTQ+ community, and racialized people from different backgrounds.¹¹ Equity-denied is used as an alternative to equity-deserving or equity-seeking, reflecting the ways the human rights of these groups have been actively denied and placing accountability with the institutions and systems that have perpetuated these inequities.



Intersectionality

Intersectionality is a theoretical framework originating from the insights of Black feminists to explain how diverse social identities interact with systems of power.^{12,13} Kimberlé Crenshaw coined the term intersectionality in 1989.¹⁴ As a feminist and legal scholar, Crenshaw recognized the complex experiences of Black women navigating both racial and gender discrimination.¹⁴ Her work on intersectionality has been pivotal in furthering understanding of discrimination, and insights from the research on intersectionality have had numerous applications for initiatives and strategies aimed at fostering equity and inclusion.

Two core concepts are central to understanding intersectionality: social identities and their interaction with systems of power, and the multitude of social identities.¹²

Social Identity and Power

Social identities are the aspects of our identities that relate to group membership; for example, gender, age, sexual orientation, ethnicity, or disability.¹⁵ Systems of power refer to how social, economic, and political structures influence cultural norms and shape laws, policies, and practices.¹⁶ Systems of power have historically favoured certain groups while marginalizing others, and continue to do so today. Social identities interact with systems of power, influencing individual experiences of barriers, discrimination, and disadvantages, such as ableist stigmas and employment inequities faced by workers with disabilities.

In the workplace, systems of power can be evident through organizational culture, resource allocation, hiring processes, and the presence (or absence) of workforce diversity.¹⁷ Individuals with disabilities face employment inequities including lower employment rates, lower income, high rates of workplace discrimination, and a lack of access to needed supports and accommodations.¹⁸

Intersections: Multitudes of Social Identities

People have multiple social identities.¹² A person with a disability may experience ableist discrimination and face barriers due to their disability, while also experiencing marginalization along other lines, such as gender-based discrimination or racism.

The ways different social identities interact under systems of power are best understood not as independent roads running in parallel, but as roads that **intersect** – a metaphor introduced by Kimberlé Crenshaw in her original work. These intersections result in complex experiences of barriers and discrimination, and help show how these different identities interact, influence, and co-exist.¹⁴

The following scenario is an illustrative example of intersectional barriers in the labour market.

Imagine a highly qualified Black woman with a disability applies for an office job. Her credentials are impeccable; by any measure, she is an ideal candidate for the role. She secures an interview, and chooses to disclose her disability, which is otherwise not apparent to observers. The interviewers were aware of her gender from her job application, and, while they did not previously know her racial identity, also gain this information upon meeting her. In discussing her disability, she focuses on her accommodation needs, which include frequent breaks and a workspace with dimmed lighting.

At the end of the interview, the interviewers tell her how impressed they were with her professional experience and her answers to their technical questions. She leaves feeling confident, but is later surprised to learn that she did not get the job. Instead, the company offered the role to a white man with no (visible) disabilities, despite his far fewer years of relevant work experience.

In this scenario, it becomes challenging to pinpoint the reasons for the rejection. It is possible that even the hiring manager didn't know what biased them against the more qualified applicant. Their decision may have been driven by a variety of reasons, including racial bias, sexism, or ableism – or a combination of these. This is what is meant by compounding effects and the interaction of social identities.



Intersectionality underscores the need to adopt a holistic, person-centered perspective in advocacy, service delivery, and research. No one social identity represents the entirety of a person’s self-concept, nor can any one aspect of identity be used as a singular explanation for their experiences. When people’s experiences are viewed only through a single component of their identity, this leads to gaps in our understanding of the individual, their experiences, and their access to opportunities and resources.¹²

Barriers resulting from systemic discrimination can manifest at any stage of the employment journey, including entering the labour market, in the workplace, and in career advancement. While there remains a significant research gap around employment outcomes for diverse workers with disabilities, a 2024 scoping review of findings on the intersection of racism and ableism shows how ‘double discrimination’ is experienced by racialized individuals with disabilities.¹⁹ For example, racialized workers with disabilities experience stereotyping (such as assumptions about work capabilities or skepticism about the legitimacy of accommodation requests), systemic and institutional discrimination (resulting in limited access to quality vocational rehabilitation services), compromised mental and physical health, and difficulty finding and maintaining meaningful employment. Many of these barriers exist independently among workers with disabilities and racialized workers, but they are exacerbated and amplified for those living at these intersections.

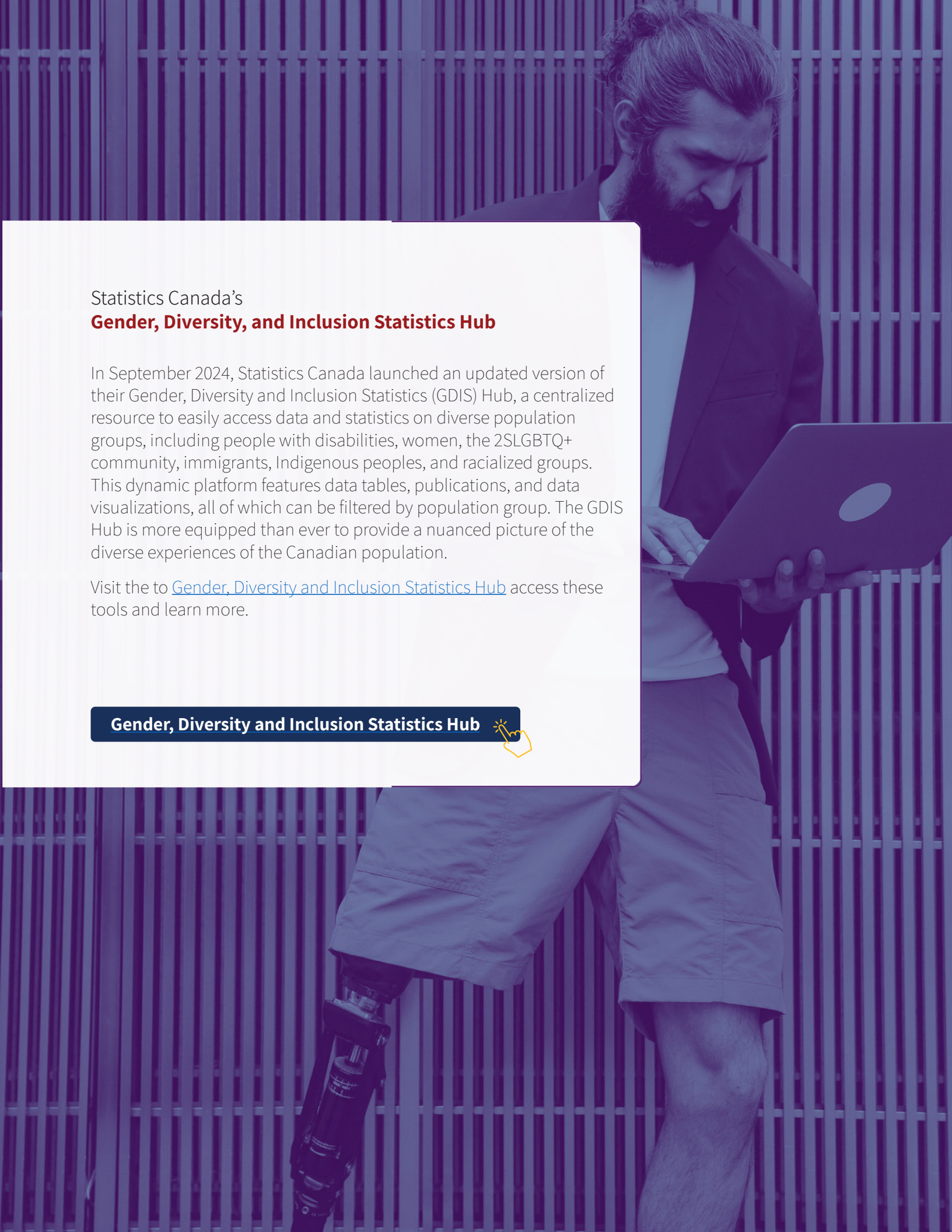


Statistics Canada's
Gender, Diversity, and Inclusion Statistics Hub

In September 2024, Statistics Canada launched an updated version of their Gender, Diversity and Inclusion Statistics (GDIS) Hub, a centralized resource to easily access data and statistics on diverse population groups, including people with disabilities, women, the 2SLGBTQ+ community, immigrants, Indigenous peoples, and racialized groups. This dynamic platform features data tables, publications, and data visualizations, all of which can be filtered by population group. The GDIS Hub is more equipped than ever to provide a nuanced picture of the diverse experiences of the Canadian population.

Visit the to [Gender, Diversity and Inclusion Statistics Hub](#) access these tools and learn more.

Gender, Diversity and Inclusion Statistics Hub 



Intersectional Analysis

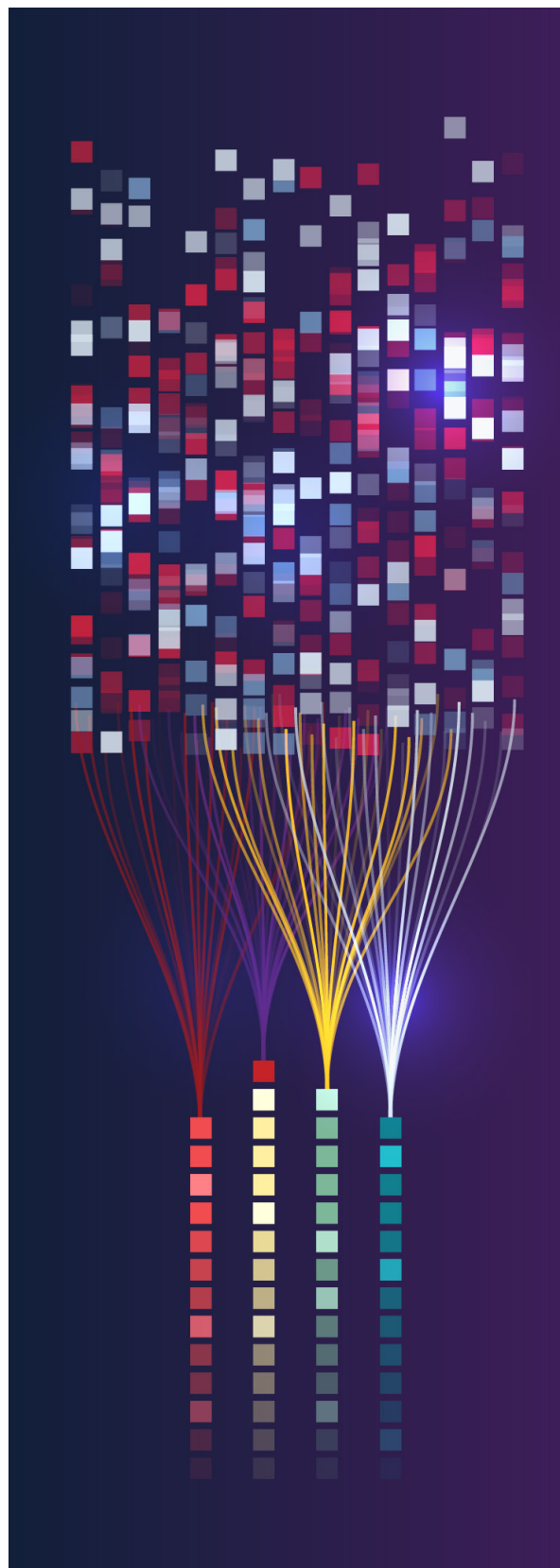
When statistical data is collected and analyzed using an intersectional framework, it can provide insights that inform more equitable policies, practices, programs, services, and research initiatives.

An intersectional analysis is one that explores the experiences of underrepresented groups across multiple dimensions, and not just one aspect of their identities at a time. That is, researchers must be able to investigate whether, and how, respondents' experiences are influenced by multiple aspects of social identity. This requires that their social identities are recognized and included in data collection.

The application of intersectionality theory to quantitative research is relatively recent, compared to its use in qualitative research.²⁰ There is therefore little consensus on what a truly intersectional quantitative (e.g., survey) methodology would look like. Many researchers (e.g., Agénor, 2020) have advocated for qualitative or mixed methods designs.²¹

Of course, quantitative research has some limitations. Through quantitative methods, researchers can identify patterns in data, but they may not be able to identify the underlying explanations for their findings.²² Or, depending on how the data are collected, some dimensions of social identity may be misrepresented or excluded.²² Nonetheless, quantitative methods are critical to intersectional research, enabling researchers to identify patterns that can potentially be generalized to populations.²³

The CSD is the most comprehensive survey dataset available on people with disabilities living in Canada. Because it contains detailed data on demographics, it enables data users to investigate how outcomes, like labour market participation, vary across social identity, facilitating an intersectional interpretation of the data. Findings from the CSD data can be bolstered through other research, including qualitative research, that helps reveal potential explanations for the experiences of equity-denied groups, and ensures that marginalized voices are not overlooked.



Unpacking New Developments in Work and Disability in Canada

As we've demonstrated throughout our 2024 Trends Report series, *Shaping Tomorrow*, workforce disability inclusion and accessibility are both indicators and outcomes of social progress, as well as strategic advantages and ethical responsibilities for Canadian businesses. In this section, we examine some of the recent developments in work and disability in Canada as revealed by the 2022 CSD and discuss the contextual and intersectional factors that may have influenced these changes. Central to our approach is a recognition of the complex web of factors contributing to employment outcomes, and how experiences seeking

employment, disclosing a disability, requesting accommodations, and navigating the workplace differ across sociodemographic lines.

First, we present a summary of findings from the 2022 CSD related to disability and work across the employment lifecycle. In this section, we analyze and discuss employment outcomes concerning intersections of disability, gender, and sexual orientation, presenting novel data from the CSD. In the section that follows, we draw on supporting evidence and research to discuss the potential drivers of recent changes in the landscape of disability and work.

Intersecting Barriers Across the Employment Lifecycle - Insights from the 2022 CSD

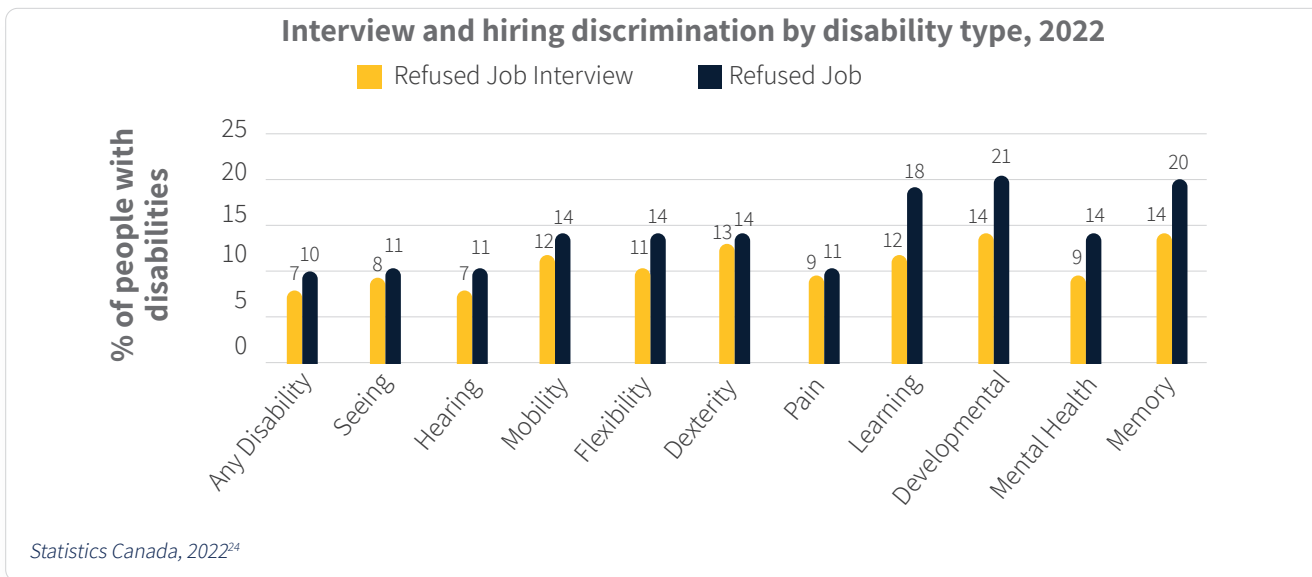
In the 2022 CSD, over one-third (36%) of people with disabilities reported feeling disadvantaged in employment due to their disability.²⁴ Barriers to inclusion persist in the job search process, in attaining work, and in career advancement, and these barriers can be compounded for workers at the intersections of marginalized social identities. Stigma and experiences of discrimination persist as major social barriers to labour market inclusion in Canada. Here, we highlight some of the ways different experiences of disability, as well as gender and sexual identity, relate to outcomes across the employment lifecycle.

Finding and Obtaining Work

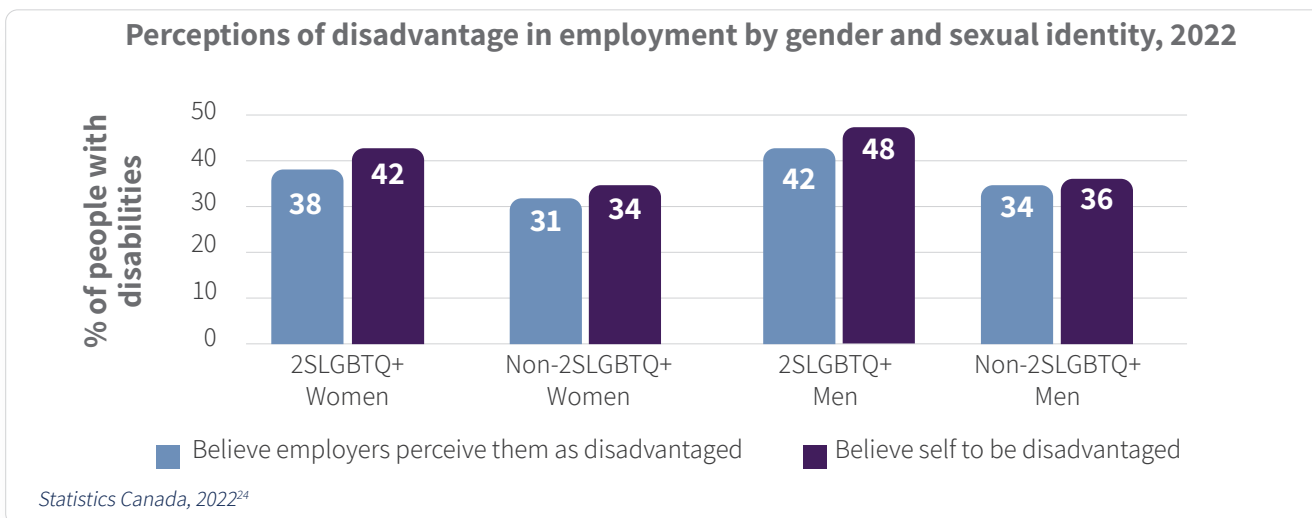
The job search, application, and interview stages of the employment lifecycle are the gateway to work, and employment discrimination during this period pre-emptively excludes many jobseekers from the workforce.

Eight percent of people with disabilities said they were denied a job interview in the last 5 years due to their disability.²⁴ Reports of job interview discrimination were highest among those with memory and developmental disabilities, at 14%, followed by dexterity (13%), mobility (13%), and learning disabilities (12%).²⁴

Almost 10% of people with disabilities believe they were refused a job in the last five years because of their disability.²⁴ Reports of hiring discrimination also vary by disability type, with **over one-fifth of people with developmental disabilities (21%)** reporting such discrimination, followed by 20% of people with memory disabilities, and 18% of those with learning disabilities.²⁴



2SLGBTQ+ persons with disabilities experience heightened discrimination across the employment lifecycle, relative to their non-2SLGBTQ+ identifying peers, with barriers beginning in the job search, interviewing, and hiring stages. Nine percent of 2SLGBTQ+ respondents to the 2022 CSD reported being refused a job interview because of their disability (compared to 7% of non-2SLGBTQ+ respondents), and 15% said they had been refused a job (compared to 9%).²⁴ Members of the 2SLGBTQ+ community were also more likely to report feeling disadvantaged in employment due to their disability (44%, versus 35% of non 2SLGBTQ+ persons), as well as more likely to believe employers saw them as disadvantaged (39% versus 33%).²⁴ These findings were particularly notable for 2SLGBTQ+ men, nearly half of whom (48%) believed themselves to be disadvantaged in employment due to their disability.



Access to employment also varies by disability type. Those with developmental, memory, and dexterity disabilities were especially likely to report employment barriers. People with developmental disabilities (62%) and memory disabilities (61%) were almost twice as likely as workers with any type of disability (36%) to report feeling disadvantaged in employment.²⁴

Workplace Discrimination, Accommodations, and Disclosure

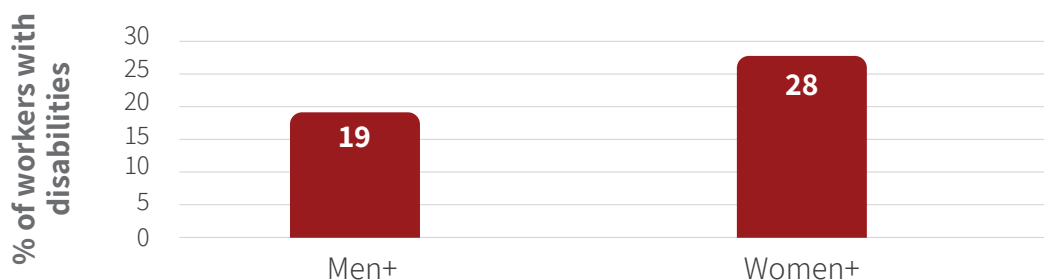
The most common accommodations needed by persons with disabilities continue to be various types of workplace modifications or adjustments, many of which incur little or no direct cost to employers. For persons with one of the three most prevalent types of disabilities among working-age adults – pain, mental health, and flexibility disabilities – the most frequently reported accommodation needs are shown in the table below, with the proportion of persons with each type of disability who require the accommodation shown in parentheses. Modified work hours and modified/different job duties are among the most common accommodation needs for many workers with disabilities.

Pain Disability	Mental Health Disability	Flexibility Disability
Modified work hours (24%)	Modified work hours (26%)	Modified/different duties (27%)
Modified/different duties (20%)	Working from home (17%)	Special chair/back support (21%)
Working from home (16%)	Modified/different duties (17%)	Working from home (19%)

Even though many workplace accommodations are not burdensome to implement, the decision to disclose a disability to an employer is fraught with challenges. As we discuss in *Awareness to Action*, many workers choose not to disclose their disability or accommodation needs at work, fearing negative outcomes like missed advancement opportunities or job loss.^{25,26} Findings from the 2022 CSD show that the most common reasons for not requesting accommodations are feeling uncomfortable asking an employer (45%) and not wanting to disclose the accommodation need (36%).²⁴ For those with non-apparent or “invisible” disabilities, disclosure reveals their disability to others, opening them up to potential discrimination.²⁷ Research suggests those with mental health and episodic disabilities may be particularly reluctant to disclose due to stigma and lack of understanding, respectively.²⁸ Among 2022 CSD respondents with mental health disabilities who did not request accommodations, 50% said it was because they feared negative outcomes.²⁴

Additionally, many accommodation requests continue to go unmet; 24% of workers who requested accommodations said they were not provided.²⁴ Women with disabilities, in particular, frequently report that requested accommodations were not made available by their employers.

Proportion of workers who requested accommodations, but accommodations were not made available, by gender, 2022



Statistics Canada, 2022²⁴

Note: Because of the small size of the non-binary population, non-binary CSD respondents are included in the Women+ and Men+ categories. The "+" symbol represents non-binary respondents who were distributed into these gender categories.¹

Career Advancement Opportunities

Employment obtained by persons with disabilities varies by role and area of work, particularly across occupation categories. These findings suggest persisting inequities in opportunities for upwards mobility available to workers with disabilities.

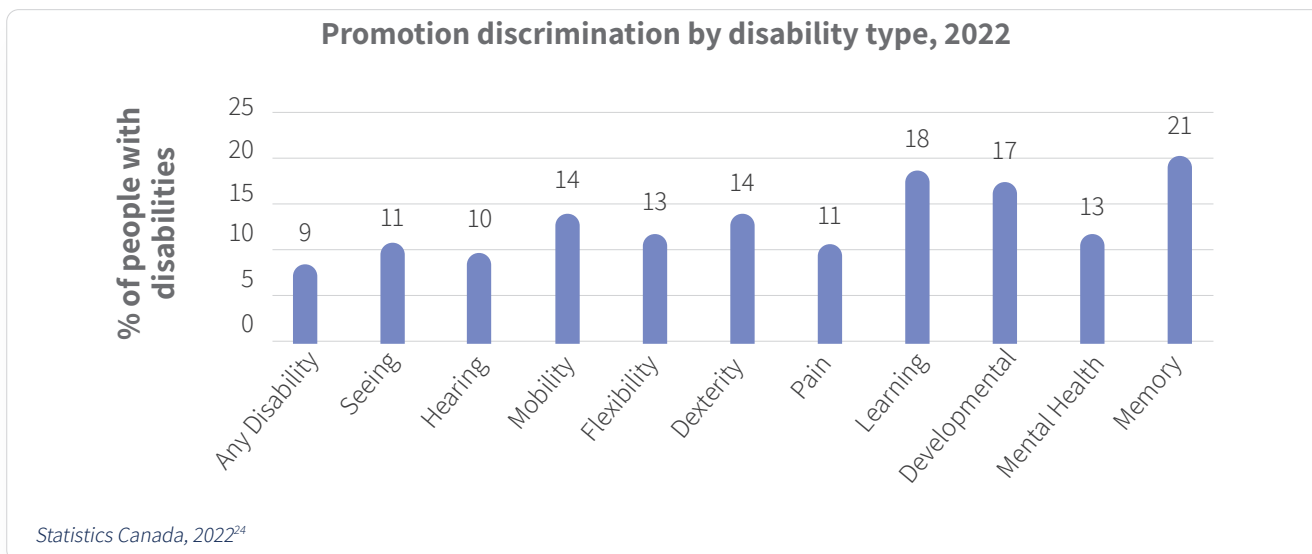
Workers with disabilities are employed across industries in a distribution comparable to the general population, such that many are working in the health care and social assistance (14%) and retail trade (12%) industries; this is consistent with the 13% and 12% of all workers employed in these industries across Canada.^{24,29} However, workers with disabilities are slightly less likely to be employed in construction (6%) and manufacturing (6%) industries, compared to employment rates in these industries for all workers (8% and 9%, respectively).^{24,29}

Across occupation categories, workers with disabilities, relative to workers in general, are overrepresented in non-managerial sales and service occupations (25% versus 22%); non-managerial business, finance, and administration occupations (19% versus 16%); and non-managerial occupations in education, law and

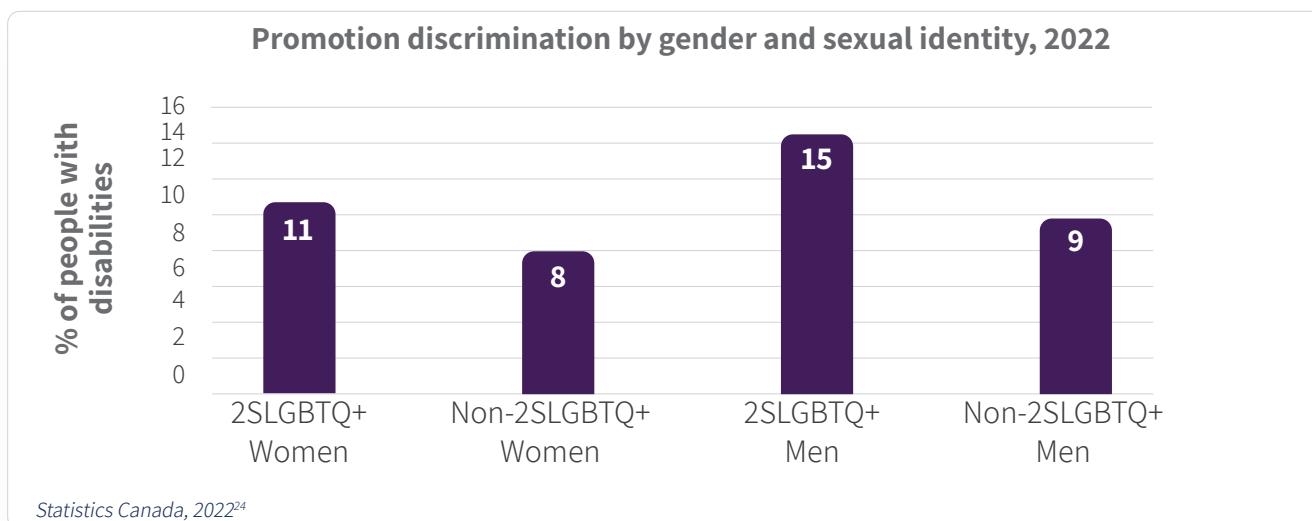
social, community and government services (14% versus 11%).^{24,30} People with disabilities likely continue to be underrepresented in management occupations generally, relative to the 9% of the general population working in management roles. The exact size of this discrepancy is difficult to quantify, as the summary statistics obtained from the 2022 CSD were suppressed due to the very small number of respondents with disabilities in management occupations.



Underrepresentation in leadership roles is likely driven in large part by discrimination in career development and advancement decisions. Per the 2022 CSD, **nearly 1 in 10 people with disabilities feel they have been denied a promotion due to their disability.**²⁴ This was a particularly common experience for those with memory (21%) learning (18%) and developmental (17%) disabilities.²⁴ As we discuss in the first article of *Shaping Tomorrow, Career Advancement Pathways for Workers with Disabilities*, opportunities for upwards mobility (such as promotions), as well as other forms of career advancement, are fraught with attitudinal, organizational, and systemic barriers for persons with disabilities.



Men and women with disabilities were equally likely to report being denied a promotion due to their disability. However, echoing patterns in interviewing and hiring discrimination, 2SLGBTQ+ workers with disabilities are more likely than their non-2SLGBTQ+ identifying peers to report being denied a promotion (13% versus 8%), with 2SLGBTQ+ men with disabilities reporting the most frequent experiences of promotion discrimination.²⁴



Mental Health Disability on the Rise

The rate of mental health disability has increased more than any other type of disability, rising by 3 percentage points across the Canadian population between 2017 and 2022.² Among persons with disabilities, mental health disabilities increased by 6% (from 33% to 39%) since 2017. This was also the largest increase of any type of disability among persons with disabilities. This shift has profound implications for workplace inclusivity and accessibility.

The increase in mental health disability was not uniformly distributed across the population. In this section, we will explore how mental health disabilities disproportionately impact individuals along dimensions of gender and age. In particular, we focus on mental health among youth, the demographic who have experienced the largest increase in mental health disabilities.

How Does the 2022 CSD Identify Mental Health Disability?

To identify people in Canada with mental health disabilities, the CSD uses the Disability Screening Questionnaire (DSQ) to ask respondents if they experience “any emotional, psychological, or mental health conditions, such as anxiety, depression, bipolar disorder, substance abuse, anorexia, etc.” To assess the severity of barriers experienced in relation to their disability, the DSQ includes questions like: “When you are experiencing this condition, how much difficulty do you have with your daily activities?”^{1,10}

In the CSD, Statistics Canada identifies someone as having a mental health-related disability if:

- An emotional, psychological, or mental health condition sometimes, often, or always limits their daily activities to some extent.
- An emotional, psychological, or mental health condition rarely limits their daily activities and if, when experiencing this condition, they have a lot of difficulty or cannot do most of their activities (Statistics Canada, 2024).



Mental Health and Gender

Women report higher rates of mental health disabilities than men. Between 2017 and 2022, mental health-related disabilities increased at an even greater rate among women (a 4% increase) than men (a 2% increase).² As of 2022, women were more than twice as likely to have a mental health disability (19% of women), compared to men (9%), with women more likely to experience “internalizing” mental health disabilities such as depression and eating disorders and men more likely to experience “externalizing” disorders such as substance abuse and schizophrenia.^{31,32}

The gender disparity in rates of mental health disability is likely driven in part by social gender inequalities (e.g., gender-based violence, greater unpaid caring work, longer hours of work) that contribute to greater depression rates in women.³³ Additionally, experiences of social isolation and low social support contributes to depression in women.³³ Women are also more likely to seek help (and receive a mental health diagnosis) than men.³¹

Working-aged men (age 25-64) experienced the biggest increases in mental health disabilities, relative to their male peers in other age groups.² Men with mental health disabilities also experience more significant labour market barriers, compared to women with mental health disabilities; the employment gap between men with and without mental health disabilities is 18.2 percentage points.⁵ In contrast, the discrepancy for women with and without mental health disabilities is 7 percentage points.⁵ This discrepancy may be driven in part by heightened experiences of ableist discrimination faced by men with mental health disabilities in the workplace, fueled by societal standards of masculinity (e.g., that men are strong, emotionally invulnerable, and should provide for others),^{34,35} and misconceptions that having a mental health disability makes men less capable.³⁶ Men have often been socialized to be high-achievers

and “breadwinners,” which may contribute to reports of higher suicidal ideation in men who are unemployed.^{31,32} Men may also be more reluctant to seek care and support for mental health disabilities (due to masculine norms) until symptoms are severe.³¹

Though women have higher rates of mental health disability, findings from the 2022 CSD show men are 7% more likely to disclose a mental health disability to their employer (59% and 52%, respectively).²⁴ Among workers who chose not to request accommodations for a mental health disability, 6% more men (compared to women) reported it was because they felt uncomfortable asking, and 10% more men reported they didn’t want to disclose their accommodation needs.²⁴

These findings highlight the complex dynamics of disclosure, where societal norms and workplace cultures may influence who feels comfortable seeking support. They also indicate a need for education and awareness campaigns around mental health disabilities, aimed at undoing the stigmas associated with conditions such as depression and substance abuse, and challenging widespread sociocultural beliefs about masculinity.



Mental Health and 2SLGBTQ+ Identity

2022 marks the first time the CSD collected and reported on data related to gender and sexual diversity. In 2022, 8.7% of CSD respondents identified as members of the 2SLGBTQ+ community.⁶

Mental health disabilities are the most common disability across all age groups among 2SLGBTQ+ persons. The rate of mental health disability is especially high among 2SLGBTQ+ youth, with 84.1% of 2SLGBTQ+ youth with disabilities reporting a mental health disability.⁶ Importantly, the 2SLGBTQ+ sample in the CSD data is also significantly younger than the non-2SLGBTQ+ sample. To mitigate the effects of age in their analysis, Statistics Canada reports on more granular age groupings, compared to other CSD reports (i.e., youth and working-aged adults are subdivided into 15 to 24; 25 to 34; and 35 to 64 age groupings). In comparison, 72.2% of 2SLGBTQ+ adults with disabilities aged 25-34 reported a mental health disability, and 59.3% of those aged 35-64.⁶

The most common workplace accommodations needed by 2SLGBTQ+ persons with mental health disabilities were modified work hours, according to the 2022 CSD (32%, compared to 24% among non-2SLGBTQ+ persons with mental health disabilities).²⁴ Despite this, they are also almost 10% less likely than their non-2SLGBTQ+ identifying peers to disclose their disabilities.²⁴

This highlights the compounded challenges faced by 2SLGBTQ+ persons, where stigma surrounding both mental health and 2SLGBTQ+ identities may inhibit access to accommodations and support.

2SLGBTQ+ youth were also more likely to have co-occurring disabilities and to have more severe experiences of barriers, compared with non-2SLGBTQ+ youth with disabilities.⁶ One explanation for this effect is the discrimination these youth face due to their sexual orientation or gender identity, including higher rates of physical threats or harm.³⁷



Mental Health and Youth

Among Canadian youth aged 15-24, the prevalence of disability increased by 7% between 2017 and 2022. Sixty-eight percent of youth with disabilities reported having a mental health related disability, an increase of 8% since 2017.² Echoing broader trends related to disability and gender, young women were more likely to have a mental health disability (19%) than young men (9%).² Youth entering the workforce – and young women in particular – stand to benefit greatly from workplace inclusion efforts and other initiatives that support mental health.

Further, 2023 findings indicate that youth with mental health disabilities had an employment rate of 46.8%, 5.1 percentage points lower than the overall employment rate of youth with disabilities.⁵ In other words, youth with mental health disabilities face significant barriers to labour market participation, including in comparison to their peers with other types of disabilities.



Understanding the Rise in Mental Health Disability in Youth



Mental health disabilities are increasing among youth at an unprecedented rate, especially among female youth^{38,39,40} and Trans* and gender non-conforming youth.⁴¹ This rise is particularly concerning given the crucial developmental and transitional phase that youth navigate, including entry into postsecondary education and integration into the workforce.⁴² Youth, more than any other age group, face unique pressures related to identity formation, learning to navigate societal expectations, and witnessing the increased visibility of mental health struggles in media and culture.^{43,44} These distinct challenges make youth a demographic that is particularly vulnerable to mental health disabilities. Below, we explore some of the factors that may be contributing to this surge in mental health disabilities among youth, including greater awareness of mental health disability and increased rates of disability disclosure; developmental factors; intersectional demographic considerations; and external factors such as the COVID-19 pandemic.

Mental Health Supports for Youth in Canada

In Canada, many efforts have been taken to support youth mental wellbeing. Across Canada, schools have integrated mental health into school curriculums, and have access to resources such as the [Mental Health & High School Curriculum Guide](#). Because of the high rates of mental health disabilities in youth, the Mental Health Commission of Canada launched the [Opening Minds](#) anti-stigma initiative, which targeted awareness programming for youth, healthcare providers, media, and in the workplace. The Mental Health Commission of Canada also developed a [National Standard for Mental Health and Well-Being for Post-Secondary Students](#).

In addition to school-based initiatives, many awareness initiatives have been developed for employers to unpack stigma and assist employers in identifying and responding to mental health concerns such as the [Hire for Talent Mental Health and the Workplace Toolkit](#), the [Mental Health Commission of Canada's Practical Toolkit](#), and the [Canadian Centre for Occupational Health and Safety's Healthy Minds at Work](#) resources. Employers can also use CCRW's [Disability Confidence Toolkit](#) – especially the [Workplace Culture](#) resource – to learn how to embed mental health wellbeing into organizational policies and practices.

Community supports are also available for youth looking to connect with peers, looking for support, and looking for resources on mental health:

[Good2Talk](#)

[The New Mentality](#)

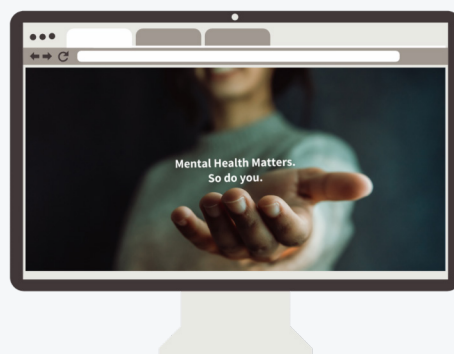
[BounceBack](#)

[ConnexOntario](#)

[LGBT YouthLine](#)

[YouthSpace](#)

[Youth Mental Health Canada](#)



Awareness, Stigma, Self-Identification, and Disclosure

Some researchers suggest that anti-stigma campaigns such as [Opening Minds](#), [Bell Let's Talk](#), and school-based mental health literacy programs may contribute to the recognition of mental health disabilities and willingness to seek support.^{38,39,46} Representation of youth with disabilities in the media may also be contributing to awareness and acceptance of people with disabilities, dispelling outdated stereotypical narratives.⁴⁴ Opportunities for involvement in disability communities also help to foster positive self-identity.⁴⁷

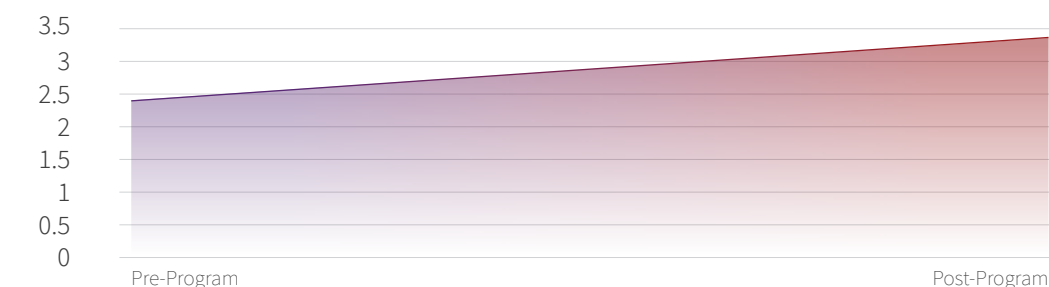
CCRW Employment Services:

How are we supporting jobseekers with mental health disabilities?

CCRW helps clients with mental health disabilities find work, build their skills, and increase their confidence. One of the ways CCRW supports clients is by helping them develop the self-advocacy skills they need to discuss accommodations with an employer, enabling them to access the many benefits of workplace accessibility.

On average, before working with CCRW, clients rated their confidence discussing accommodations with an employer at 2.4 (out of 5). After CCRW Employment Services, average ratings increased to 3.1.

Average Confidence Discussing Accommodations with an Employer



Averages from 97 pre-program responses and 61 post-program responses.

Of a sample of 22 clients with mental health disabilities who found employment after working with CCRW, most reported that their employers met their accommodation needs, either entirely (68%) or in part (27%).

The biggest impacts these clients experienced from accessing workplace accommodations included boosting their morale and self-esteem, improving their productivity, and increasing their health in the workplace. Other benefits noted by clients included helping them retain their jobs and increasing their opportunities for promotion.

Impact of COVID-19

The COVID-19 pandemic has had profound, long-lasting impacts on mental health, particularly among youth. Young women especially have experienced increased rates of depression, anxiety, eating disorders, substance abuse, post-traumatic stress disorder, and suicidality.^{48,49,50,51} This may be attributed to various factors, including school disruptions, familial and financial pressures, social isolation, and heightened stress related to exposure to COVID-19 and the risk of long COVID symptoms.^{50,51,52,53} Youth with existing disabilities, including neurodivergent youth and youth with chronic conditions, experienced the worst mental health outcomes during the pandemic.^{51,53} These findings underscore the intersectional nature of health outcomes during the pandemic, with those already marginalized facing compounded struggles.

Increased severity of symptoms may increase the likelihood that a person with a disability will disclose their disability, driven by the need for accommodations and support.⁵⁴ Increases in the severity of mental

health symptoms experienced by youth with disabilities may be a factor influencing increased rates of disability disclosure and, accordingly, the reported prevalence of mental health disabilities among this demographic.

Although societal attitudes toward certain mental health conditions, such as depression, have improved over the past two decades, as indicated by an American study,⁵⁵ youth with mental health disabilities still face challenges disclosing disabilities in the workplace context due to persisting stigma associated with mental health. Even though the decrease in stigma towards depression reflects broader shifts in mental health awareness and acceptance,⁵⁵ research indicates that mental health disabilities remain among the most stigmatized by employers and coworkers, leading young workers to fear that disclosure could result in biased perceptions of their competence, reliability, or work ethic.⁵⁶

Mental Health Educational Resources for Employers

Numerous supports are available for employers looking to strengthen their knowledge and awareness of mental health disabilities, including resources from mental health-focused community organizations and disability and employment service providers, as well as experts in mental health mobilizing information through channels like social media.

Resources from Community Organizations and Charitable Foundations

[St. John Ambulance's First Aid Training](#)

[CAMH's Mental Health 101 course](#)

[CCRW Disability Confidence Toolkit:](#)

[Hire for Talent Mental Health and the Workplace Toolkit](#)

[Mental Health Commission of Canada's Practical Toolkit](#)

[Canadian Centre for Occupational Health and Safety's Healthy Minds at Work resources](#)

[Mental Health Research Canada](#)

Mental Health Experts and Advocates

[Dr. Shimi Kang](#)

[Youth Smart](#)

[Mental Health Commission of Canada](#)



Impact at the Intersection of Multiple Social Identities

Age interacts with other social identity factors, like gender and ethnicity, in relation to employment outcomes.

As noted, youth experience unique social pressures and expectations that can impact their mental health.^{43,44} Exploring the experiences of youth at the intersection of other equity-denied identities is critical to understanding the rise of mental health disabilities, and the impact of these changes on labour market participation. Findings from the 2022 CSD indicated that:

- Youth reporting more severe disability-related barriers were half as likely to be in school or employment than youth with milder barriers, especially men, who were less likely to be in school or employment compared with women.²
- Regardless of severity, youth with disabilities were more than twice as likely than seniors (age 65+) to live in poverty (12% vs 5%).²
- Discrimination may explain why 2SLGBTQ+ youth experience worse mental health outcomes.⁶

Research on the experiences of South Asian, African, and Black youth, in Canada has found that youth from these demographic groups face a heightened risk of racism and racial discrimination, microaggressions, and bullying,^{57,58,59} all of which may contribute to poorer mental health outcomes.



A 2023 report from the Center for Disease Control and Prevention indicated that incidents of violence and harassment in the US have increased as of 2021, with greater numbers of young women and Indigenous youth experiencing sexual violence, and more youth experiencing bullying at school or online for their sexual orientation.⁶⁰ In their report, they also found that Black and Latino/Latina/Latinx youth were more likely to miss school due to safety concerns, an effect with long-term implications for education and career development. Importantly, while this data is American, it also suggests the possibility that discrimination, harassment, and violence may be on the rise across North America. In Canada, a report released by the Ontario Secondary School Teachers' Federation found that violence in schools is an increasing concern, including violence perpetrated against educators.⁶¹ A similar report from the Alberta Teachers' Association found that instances of violence and bullying have risen dramatically following the COVID-19 pandemic.⁶²



Importantly, even second-hand exposure to violence can be traumatizing. An American study evaluated the impact of viewing race-related traumatic events (e.g., police shootings) online. Simply watching accounts of these events can contribute to depressive and post-traumatic stress disorder symptoms in adolescents, particularly women of colour and Latino/Latina/Latinx youth.⁶³ These findings illustrate the heavy toll that compounded experiences of discrimination can have on mental well-being.

Food insecurity is another growing concern in Canada with ramifications for youth mental health. Canadian studies found that adolescents who were food-insecure were more likely to utilize health services for mental health concerns or substance use disorders.^{64,65} During the COVID-19 pandemic, people with disabilities faced even greater challenges in affording groceries and other essential needs.⁶⁶

The phenomena described above are far from an exhaustive list of social factors affecting mental health and wellbeing. Economic precarity, discrimination, increased rates of violence are also interconnected and mutually reinforcing. Their combined influence is a likely contributor to higher rates of mental health disabilities for youth in Canada. By recognizing how these elements interact, we can begin to unpack the complex realities faced by youth with disabilities and work towards creating more inclusive and supportive environments that address these multifaceted challenges.





CCRW Employment Services:

Meeting Unique Needs

Knowing that individuals with intersecting marginalized identities often face complex barriers to employment and career development, creating well-rounded employment support plans can be challenging. As we've shown, focusing on only one type of barrier – including disability-related barriers – can lead to service gaps and prevent us from seeing someone holistically. CCRW's individual, person-centered approach to employment service delivery acknowledges the diversity of disability and facilitates the provision of comprehensive, tailored supports.

CCRW serves a diverse client pool of jobseekers with disabilities and collects detailed evaluation data on demographic and socioeconomic indicators. CCRW also collects narrative information from clients, providing a space for diverse jobseekers with disabilities to share their experiences and provide feedback that can improve CCRW's service delivery.

Our intersectional and individualized approach to service delivery has been highly successful. For example, data collected between 2022 and 2024 showed nearly 80% of women who identify as members of the 2SLGBTQIA+* community achieved positive outcomes – either finding employment, or returning to school or training – and a similar success rate has been achieved among CCRW's Indigenous women clients.

*Statistics Canada uses the acronym 2SLGBTQ+ in their reporting. This acronym does not include intersex ('I') or asexual and/or aromantic ('A') individuals. In this article, we use this acronym when referring to data collected by Statistics Canada, including data from the CSD. CCRW collects and reports data using the acronym 2SLGBTQIA+ to encourage broader representation.

Contributing Factors to the Increase in Employment for Canadians with Disabilities

The 2022 CSD revealed that employment rates for persons with disabilities between 25 and 64 years of age have increased by 3% between 2017 and 2022, growing from 59% to 62%.² While this statistic may indicate some movement towards a disability-inclusive workforce, people with disabilities are still underrepresented in the workforce compared to their peers without disabilities, of whom 78% are employed.²

This increase must also be interpreted in the context of the increased disability rate across Canada. While future reports from Statistics Canada may disentangle how much of this growth in employment rates is attributable to persons with disabilities finding employment (versus persons already in the labour force newly acquiring a disability), it is not yet possible to draw conclusions on this point.

As discussed above, employment of persons with disabilities also varies by role and industry. Findings from the CSD show that the largest percentage of workers with disabilities work in the healthcare and social assistance (14%) and retail trade (12%) industries, at rates comparable to the general population (13% and 12%).²⁴ However, people with disabilities likely continue to be underrepresented in management occupations, relative to the 9% of workers without disabilities in management roles. The exact size of this discrepancy is difficult to quantify since the summary statistics from the CSD for this occupation category were suppressed due to the small sample size.²⁴

Increases in employment were also not uniformly distributed across the population of workers with disabilities. As Statistics Canada reports, the increase in employment was driven primarily by individuals with moderate or severe disability-related barriers, while rates remained largely unchanged for those with the mildest and the most severe barriers.² Gender and age also interact with severity. For example, older working-aged women (55-64) had lower employment rates than men, regardless of the severity of barriers experienced; however, among younger working-aged people (25-34), women reporting mild barriers were much more likely to be employed than their male peers.²

While there are caveats to interpreting the 3% increase in employment, there are also strong reasons to believe that initiatives and policy developments aimed at workforce disability inclusion have contributed to it. In this section, we will discuss how efforts like new accessibility laws and policies, government funding, and efforts to reduce stigma may have all influenced labour market participation rates for Canadians with disabilities.

National Initiatives and Legislation

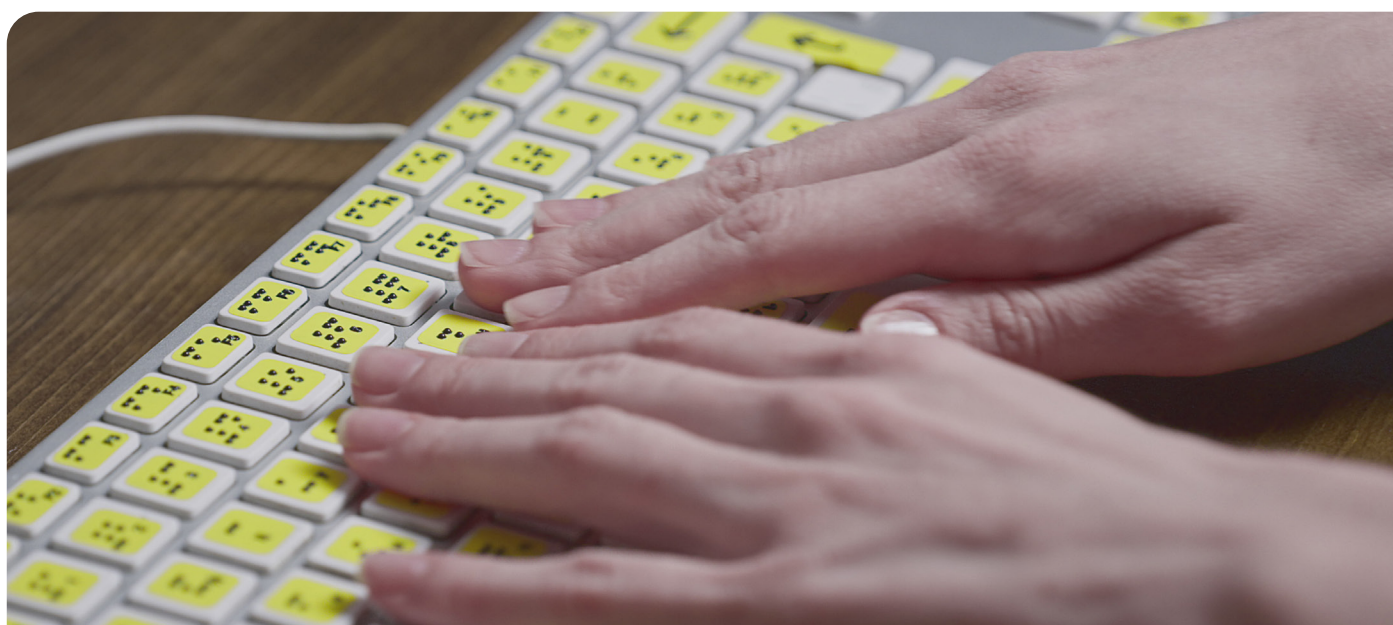
In recent years, Canada has implemented major initiatives and legislation aimed at creating a more inclusive and accessible workforce for people with disabilities. The Accessibility Canada Act (ACA), introduced in 2019, set a groundbreaking goal to achieve a barrier-free Canada by 2040.⁶⁸ This legislation mandates that organizations within federal jurisdiction must identify, remove, and prevent barriers in areas such as employment, transportation, and communication.



Under the Act, a specific Standard on Employment for federal organizations and federally regulated entities began development in 2020.⁶⁹ Standards can be described as “invisible infrastructure” – they are common rules agreed upon by a group of stakeholders that stipulate minimum requirements.⁷⁰ The final Standard on Employment will specify “requirements for a documented and systematic approach to developing, implementing, and maintaining accessible and inclusive workplaces,” including the development of policies, processes, and procedures pertaining to workplace culture and education; recruitment, hiring, and onboarding; retention and career development; and work disability management, accommodations, stay at work and return to work.⁶⁹ Although these standards apply only to federal organizations and federally regulated entities, Accessibility Standards Canada (ASC) recommends that the standards be regulated and harmonized across Canada.⁷¹ This harmonization between federal, provincial, and territorial standards would ensure individuals working for provincially-regulated organizations could expect the same accessibility as those working in federally-regulated organizations, and vice versa.

National initiatives have also been introduced, including Canada’s Disability Inclusion Action Plan (DIAP), the nation’s first comprehensive strategy for disability inclusion.⁷² These efforts share common goals, with the DIAP being guided by the principles outlined in the ACA, including nothing without us – the principle that persons with disabilities must be active participants in all decision-making activities that affect the disability community. Through the Employment pillar of the DIAP, the Employment Strategy for Canadians with Disabilities was created.⁷³ Together, the ACA and the Employment Strategy represent a cohesive strategy to foster a diverse and equitable Canadian labour market.

There have also been recent recommendations to amend existing legislation to support the inclusion of persons with disabilities in the workplace. In 1995, Canada enacted the Employment Equity Act with the aim of achieving employment equity for persons with disabilities. According to this act, “persons with disabilities” includes those with a “long-term or recurring physical, mental, sensory, psychiatric or learning impairment” who believe they are disadvantaged in the workplace, or that employers would consider them so, due to this impairment. In December, 2023, the Employment Equity Act Review Task Force recommended aligning this definition of “persons with disabilities” with the definition used by the Accessible Canada Act.⁷⁴



Provincial Accessibility Legislation

Accessibility legislation has been introduced across several provinces to support the removal of barriers, all of which include a standard specific to inclusion in employment.

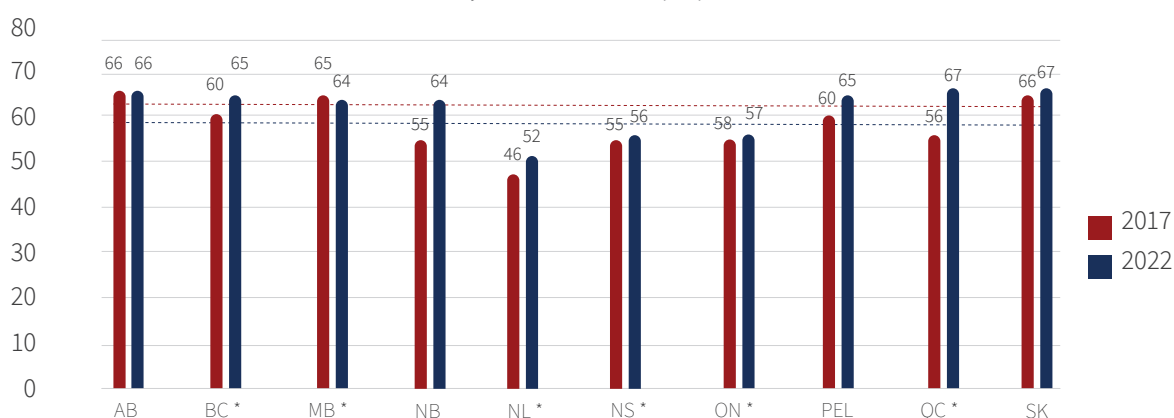
Quebec introduced legislation in 1978 that mandated organizations in the public sector to meet certain accessibility obligations. In 2004, this law was amended and is now known as the “Act to secure handicapped persons in the exercise of their rights with a view to achieving social, school and workplace integration.” This Act enshrines the right of persons with disabilities to participate in society to the extent of any other citizen, outlining specific responsibilities pertaining to workplace integration such as equal access to employment, provision of accommodations, anti-discrimination, access to vocational services, and active participation in decision-making.⁷⁵ In 2005, Ontario enacted the Accessibility for Ontarians with Disabilities Act (AODA) to develop, implement, and enforce accessibility standards to ensure all Ontarians can access services, programs, spaces, and employment.⁷⁶

Other provinces have since followed suit, introducing legislation including Manitoba’s *The Accessibility for Manitobans Act* (2013), which, in the employment domain, requires organizations to put in place inclusive practices for hiring, emergency response, accommodations, communication, training, etc.;^{77,78} Nova Scotia’s *Act Respecting Accessibility in Nova Scotia* (2017) which aims to prevent and remove barriers to employment by requiring each public sector body to prepare and share publicly an accessibility plan by 2018;⁷⁹ British Columbia’s *Accessible British Columbia Act* (2021) that requires educational institutions, municipalities, health authorities, and public-sector organizations to adhere to accessibility requirements that remove barriers to employment;⁸⁰ and lastly, Newfoundland and Labrador’s *An Act Respecting Accessibility in the Province* (2021) which aims to identify, prevent, and remove barriers to full participation in society, including employment, and required public bodies to develop and publish an Accessibility Plan by 2023.⁸¹

At the time of writing, only two provinces, Ontario⁷⁶ and Manitoba,⁷⁷ have standards on employment under their legislation, while the provinces of British Columbia⁸⁰ and Nova Scotia⁷⁹ have plans to develop standards on employment, and Newfoundland & Labrador established a subcommittee to develop a standard.⁸²

We can look at employment rates across provinces as one metric in understanding the potential influence of this legislation on labour market participation for people with disabilities.

Employment Rate for People with Disabilities Aged 25 to 64 years By Province, 2017 & 2022 (%)

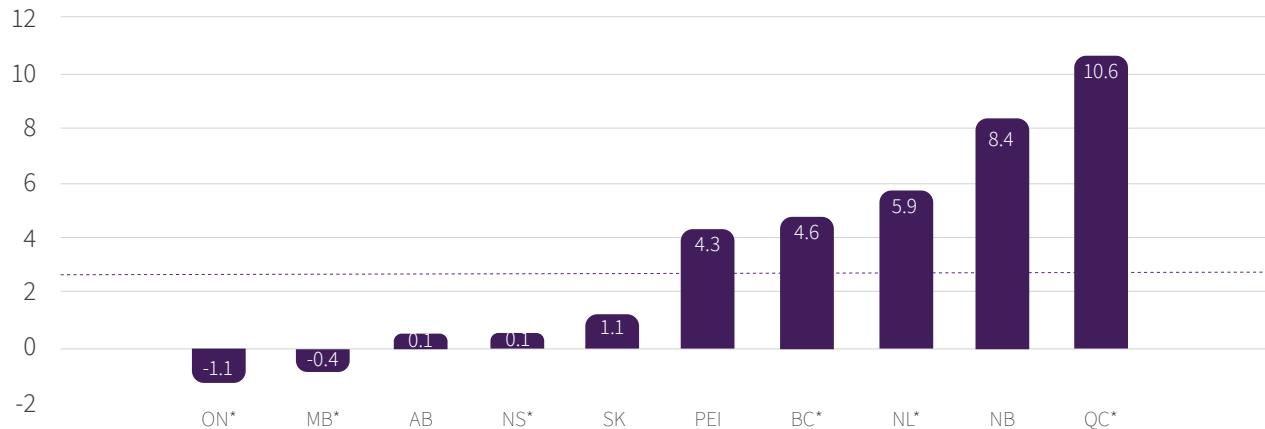


Notes:

(*) Jurisdictions with accessibility legislation

Dotted lines show national employment rate of persons with disabilities for reference year (2017, 59%; 2022, 62%)

Change in Employment Rates of People with Disabilities Aged 25-64 between 2017-2022 (%)



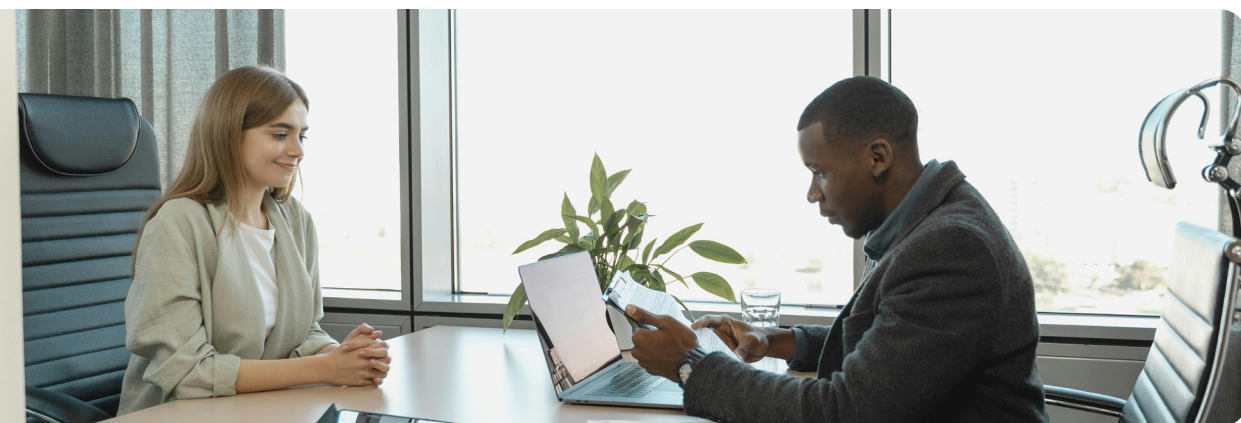
Notes:
 (*) Jurisdictions with accessibility legislation
 Dotted line shows national increase in employment rate of persons with disabilities between 2017 and 2022 (+2.5%).

Statistics Canada 2017, 2022⁸³



Among provinces with relatively new (i.e., since 2012) accessibility legislation (Manitoba, Nova Scotia, British Columbia, and Newfoundland & Labrador), two saw substantive improvements in employment rates for persons with disabilities between 2017 and 2022 (BC & NL). However, legislation in both BC and NL were introduced in 2021, and as noted above, these provinces do not yet have standards on employment implemented under the acts. As such, new legislation in BC and NL is unlikely to be the primary driving factor of increased employment rates in these provinces. Furthermore, provinces with accessibility legislation, in general, do not necessarily have higher employment rates compared to provinces without such legislation. Ontario, a province with longstanding accessibility legislation and a standard on employment, saw a decrease in employment rates between 2017 and 2022.

While accessibility legislation is an important step towards fostering inclusive workplace inclusion, it must be implemented in conjunction with government funding efforts, as well as education and awareness campaigns and other stigma-reducing initiatives, for meaningful change. Much depends on the active participation of businesses in complying with accessibility requirements, and in developing their disability confidence in ways that cannot be mandated. True progress requires more than legislation and policy; it depends on organizations developing accessible and inclusive working environments, unlearning bias, and committing to equitable hiring practices. In doing so, they can contribute to meaningful, sustained employment for workers with disabilities across Canada.



The Funding Landscape

Government funding priorities have played a significant role in recent years to support employment outcomes for people with disabilities. The largest investment from the federal government has been through Workforce Development Agreements (WDA), open-ended agreements with provinces and territories, in which funding is provided to support skills training and employment for those facing barriers to employment. In collaboration with provincial and territorial governments, the federal government formed new WDAs which provide \$722 million annually, and to which an additional \$900 million was added throughout fiscal years 2017-2023.⁸⁴ An evaluation of WDA-funded programs and services conducted by Employment and Social Development Canada (ESDC) between April 2018 and September 2019 showed that 60% of program participants were persons with disabilities.⁸⁵ The ongoing contributions of this major funding source are key in addressing the underrepresentation of people with disabilities in the labour market.



Another major government funding program that has contributed to workforce disability inclusion is the Opportunities Fund.⁸⁶ First implemented in 1997, the Opportunities Fund grants funding to organizations to provide programs that support persons with disabilities across the employment lifecycle, helping them prepare for, obtain, and retain employment. In 2013 an annual budget of \$40 million from the Government of Canada was set, supporting programs with both a national and regional reach. Further funding commitments for Opportunities Fund have been announced since, including an additional \$80 million in 2020 to help mitigate the economic effects of COVID-19, and the addition of \$272.6 million over 5 years announced in 2022 to action the Employment Strategy.⁷³

As of 2024, there were 68 active regional Opportunities Fund projects⁸⁷ and 13 national projects.⁸⁸ The national projects aim to educate employers on the benefits of and best practices in inclusive hiring; assist employers in creating accessible workplaces and implementing accommodations; strengthen partnerships between employers and service providers; and support persons with disabilities in job preparation, skill development, and finding employment.⁸⁸ Past evaluations of the Opportunities Fund demonstrate that funded

projects are highly successful in enhancing labour market participation for persons with disabilities. For example, a technical report assessing the impact of the Opportunities Fund as of 2017 showed that the average earnings of program participants increased by 38% in the five years following participation.⁸⁹

In addition to the employment-specific funding programs outlined, funding provided through the Social Development Partnership Program-Disability Component (SDPP-D) focuses on the overall inclusion and participation of persons with disabilities in Canada. Among other objectives, this funding can be used toward programs that support inclusive employment.⁹⁰ In 2019, the Government of Canada announced an unprecedented \$18 million envelope of funding via the SDPP-D, which was provided to 28 organizations, including more national disability organizations than any previous time in the SDPP-D's 20-year history.⁹¹ SDPP-D-funded programs had a substantial impact on learning, work, and community outcomes: 84% of participants gained increased access to services and resources, 87% of organizations observed greater community engagement toward disability inclusion, and 83% of organizations reported enhanced capacity to support persons with disabilities.⁹²

Reduced Stigma, Greater Self-Identification, and Disclosure

The increase in employment rates for persons with disabilities may be partly attributed to a growing number of individuals in the workforce who now identify as having a disability.⁹³ The CSD indicates that 27% of Canadians aged 15 years and older have at least one disability, representing a 5% increase from 2017.³ Canada's aging population and an increase in mental health disabilities in youth and working-age adults can at least partially explain this increase.³ As we discussed earlier in the context of mental health disabilities and youth, changing societal attitudes and rising prevalence of mental health concerns are contributing to more people identifying as having a disability.

Another important factor that may have led to an increase in self-identification of workers with disabilities may be the gradual reduction of stigma associated with disability.^{54,94,95} According to an American study, societal stigma toward depression has significantly decreased over the past two decades.⁵⁵ Interventions to reduce stigma such as psychoeducation and [Mental Health First Aid](#) have been shown to help reduce stigma associated with mental health disabilities generally among students.⁹⁶ As societal attitudes shift towards a more inclusive understanding of disability, more individuals feel comfortable acknowledging their disabilities.



The DSQ, used in the CSD to identify persons with disabilities, was designed through the framework of the social model of disability. It emphasizes that disability emerges from how functional limitations interact with environmental barriers that hinder daily functioning, as opposed to focusing on medical diagnoses.^{1,10} Implied in the social model of disability is that interaction with the social world is key to developing one's identity, including disability identity.⁴⁷ Such interactions can be negative (e.g., barriers, stigma) or affirming (e.g., connection, community).⁴⁷ While negative interactions may erode feelings of trust and belonging, positive interactions can facilitate self-confidence, increased productivity, and job satisfaction and tenure.⁴⁷

Social media and the internet play a crucial role in disseminating cultural messages about disability and, in turn, contributing to identity formation and willingness to disclose. They not only host social interactions, but also encourage and invite a greater discourse surrounding disability identity. The internet is both a positive and negative force, providing a platform for affirming social experiences and the development of community, but also for cyberbullying, harassment, and images of violent or otherwise traumatic content.

When used as a force for good, the internet can be a contributor to positive identity development and a means of combatting stigma. Through social media, affirming social experiences may be more accessible than ever, contributing to greater disability identity.⁹⁷ As Miller found in their study, online spaces may be one of the only venues for intersectional identity-building for the queer/disabled community, who may otherwise have little exposure or access to this community offline. The internet can also be a vehicle for support and validation, exploring new identities, community-building, activism, and awareness-raising.⁹⁷

Workplace Disability Disclosure

Numerous factors can impact the decision to disclose a disability, including symptoms (e.g., more severe symptoms are likely to spur disclosure in order to receive support), anticipation of stigma (e.g., high risk of stigma reduces likelihood of disclosure), motivation (e.g., people are more likely to disclose if they are in need of accommodations, to foster social change or relationships, or to remove the stress of concealing a disability) and self-perception (e.g., the presence of disability identity increases likelihood of disclosure).^{54,94} The social model of disability has been shown to normalize a more diverse understanding of disability, such as the recognition of episodic and non-apparent disabilities, by validating personal experiences over medicalized definitions.⁹⁸

It is important to recognize that the legal rights of workers with disabilities are enshrined in the duty to accommodate⁹⁹ and within disability management systems, which are grounded in the medical model of disability. The medical model proposes that disabilities are diagnosable medical conditions or impairments that can be managed through treatments and supports.

The presence of institutionalized barriers and bureaucratic requirements to accessing workplace accommodations, such as requiring medical documentation of disability, can hinder workplace

disclosure. Implementing the social model of disability in the workplace is a best practice which not only broadens the understanding of disability, but also encourages a more inclusive and supportive environment. By focusing on how disability arises from barriers in the environment, this model reduces institutionalized barriers to workplace accessibility. For example, organizations can focus on what individual workers need to help them thrive in the workplace, as well as proactively remove accessibility barriers, reducing the need for formal, individual accommodation requests.

There is a fundamental tension between ensuring the rights of workers with disabilities are protected through laws and regulations – generally based in medical models of disability – while recognizing the strengths of the social model of disability, including the proactive removal of barriers. To leverage the social model of disability as a best practice in the workplace, organizations can focus on implementing policies and practices that go beyond legal compliance and proactively embed accessibility, such as by utilizing Universal Design principles,¹⁰⁰ disability confident hiring and talent management practices, and focusing on the capabilities of employees with disabilities rather than their limitations.



CCRW Employment Services:

What Have We Learned About Workplace Accommodations?

Helping jobseekers secure meaningful employment is CCRW's primary goal. To help meet this goal, we also support workers in their roles with self-advocacy, disability disclosure, and securing accommodations.

According to Statistics Canada, over a third of workplace accommodations needs continue to go unmet.⁷ This gap contributes to employment instability and dissatisfaction. From a sample of 100 CCRW clients beginning service, 72% told us they face disability-related barriers in the workplace.

The most frequently reported barriers were:



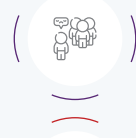
Physical barriers (e.g., needing to stand for prolonged periods or to engage in lifting, pulling, or bending)



Social barriers and negative interactions with coworkers



Barriers in the environment (e.g., noise, scents/chemicals, inadequate space)



Ableism and discrimination



Barriers in work tasks, requirements, or deliverables (e.g., not having enough time to complete tasks, difficulty carrying out specific tasks)



Lack of sufficient and accessible training

These findings align closely with Statistics Canada's report on unmet accommodation needs. For example, Statistics Canada reports that only 42% of those requiring modified work hours and 26% of those needing communication devices received these accommodations. Unmet accommodation needs place the burden of accessibility on individual workers, requiring them to make their own adjustments and leading to frustration, lower productivity, and potential job loss.⁷



Importantly, the frequency of the barriers reported by our clients also differed across demographic groups. Below are the top 3 most frequent barriers reported by women, members of a visible minority group (e.g., clients who were Black, Asian, or members of another racialized group), and Indigenous clients.

Women

Barriers in work tasks, requirements, or deliverables

Barriers in work processes or schedules

Barriers in the environment

Visible Minority

Barriers in work tasks, requirements, or deliverables

Anxiety and stress

Communication (e.g., challenges reading social cues, people speaking quickly)

Indigenous

Experiences of discrimination and ableism

Barriers in work processes or schedules

Barriers in the environment



Driving Inclusion in Canada Through Collaboration

The increasing employment rates for persons with disabilities in Canada offer a promising glimpse into a more inclusive labour market. However, as we've seen discussed throughout this article, this outcome is not reflective of the experiences of all persons with disabilities; there are substantial differences in employment outcomes along social identity lines, including disability type and severity of barriers; gender and sexual identity; age; and ethnicity. This increase is also unlikely to be the result of any one factor; rather, it is probably the culmination of multiple, interconnected efforts towards labour market inclusion. Government funding, Civil Society collaboration through initiatives such as [Disability and Work in Canada](#), accessibility policies, and shifting societal attitudes towards disability all play crucial roles in shaping the conditions under which persons with disabilities can thrive in the workplace.

When designed with input from advocacy groups and grounded in the lived experiences of persons with disabilities, national efforts lay a strong foundation for progress. Initiatives like the DIAP and the Employment Strategy, and funding such as the WDA and Opportunities Fund, facilitate the creation and implementation of programs and services for jobseekers and workers with disabilities, including pre-employment training, job search support, and job placement opportunities.^{84,86} Allocating resources towards disability inclusion and accessibility can improve employer capacity for hiring and retaining diverse talent, and promote partnership development between employers and community organizations.

Legislation, standards, and financial resources alone are not enough to create full inclusion. Organizations must be active participants in creating disability-inclusive workplaces beyond

legal compliance. The impact of inclusive practices and supportive workplace culture cannot be overstated. As we've discussed, the gradual reduction in stigma and the shift toward a social model of disability have opened new opportunities for self-identification and disclosure. Further, with the increase in the prevalence of mental health disabilities, it's critical that workplaces support mental health by fostering psychological safety and promoting employee wellbeing. When employers actively promote accessible and inclusive workplaces, they not only meet the needs of employees with disabilities, but also signal a broader commitment to inclusion. This, in turn, fosters a more engaged, diverse workforce where everyone has the chance to contribute.

A combination of these efforts – government legislation, Civil society advocacy, and business disability confidence – will continue to drive progress for persons with disabilities. The data on employment outcomes for people with disabilities suggests that when these forces come together, they can create meaningful, measurable change. By building on the progress made so far, and embedding an intersectional framework in inclusion efforts, Canada can continue to move the needle toward a future where all persons with disabilities can fully participate in the workforce.



Endnotes

1. Pianosi, R., Presley, L., Buchanan, J., Lévesque, Amélie., Savard, S., & Lam, J. (2023, December 1). Canadian Survey on Disability, 2022: Concepts and Methods Guide. Statistics Canada. <https://www150.statcan.gc.ca/n1/pub/89-654-x/89-654-x2023004-eng.htm>
2. Hébert, B-P., Kevins, C., Mofidi, A., Morris, S., Simionescu, D., & Thicke, M. (2024, May 28). A demographic, employment and income profile of persons with disabilities aged 15 years and over in Canada, 2022. Statistics Canada. <https://www150.statcan.gc.ca/n1/pub/89-654-x/89-654-x2024001-eng.htm>
3. Statistics Canada. (2023, December 1). Canadian Survey on Disability, 2017 to 2022. <https://www150.statcan.gc.ca/n1/daily-quotidien/231201/dq231201b-eng.htm>
4. Statistics Canada. (2024, April 3). The disability rate in Canada increased in 2022. <https://www.statcan.gc.ca/o1/en/plus/5980-disability-rate-canada-increased-2022>
5. Vergara, D., & Hardy, V. (2024, June 13). Labour market characteristics of persons with and without disabilities, 2023. <https://www150.statcan.gc.ca/n1/pub/71-222-x/71-222-x2024002-eng.htm>
6. Rabinowitz, T. (2024, July 8). A profile of 2SLGBTQ+ persons with disabilities, 2022. <https://www150.statcan.gc.ca/n1/pub/89-654-x/89-654-x2024002-eng.htm>
7. Schimmele, C., Jeon, S.-H., & Arim, R. (2024, August 28). Changes in workplace accommodations among employed Canadians with disabilities, 2017 to 2022. <https://www150.statcan.gc.ca/n1/pub/36-28-0001/2024008/article/00004-eng.htm>
8. Statistics Canada (2021, November 17). Activities of daily living. Dictionary, Census of Population, 2021. <https://www12.statcan.gc.ca/census-recensement/2021/ref/dict/az/Definition-eng.cfm?ID=pop147>
9. United Nations Convention on the Rights of Persons with Disabilities, December 13, 2006. <https://www.ohchr.org/en/hrbodies/crpd/pages/conventionrightspersonswithdisabilities.aspx>
10. Grondin, C. (2016, February 29). A new survey measure of disability: the Disability Screening Questions (DSQ) - ARCHIVED. Statistics Canada. <https://www150.statcan.gc.ca/n1/en/pub/89-654-x/89-654-x2016003-eng.pdf?st=Zqudg-Fv>
11. Government of Canada. (2024, March 27). Guide on equity, diversity and inclusion terminology. <https://www.noslangues-ourlanguages.gc.ca/en/publications/equite-diversite-inclusion-equity-diversity-inclusion-eng>
12. Wyatt, T. R., Johnson, M., & Zaidi, Z. (2022). Intersectionality: a means for centering power and oppression in research. *Advances in Health Sciences Education*, 27(3), 863-875. <https://doi.org/10.1007/s10459-022-10110-0>
13. University of British Columbia. (2021, March 8). Intersectionality: What is it and why it matters. VPFO. <https://vpfo.ubc.ca/2021/03/intersectionality-what-is-it-and-why-it-matters/>
14. Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black Feminist critique of antidiscrimination doctrine, feminist theory, and antiracist politics. *University of Chicago Legal Forum*, 1989(1), 8. <http://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8>
15. American Psychological Association (n.d.). Social identity. In *APA Dictionary of Psychology*. <https://dictionary.apa.org/social-identity>
16. CLASP. (n.d.). Our ground, our voices. <https://www.clasp.org/our-ground-our-voices-young-women-color/>
17. Cox, G., & Lancefield, D. (2021, May 19). 5 strategies to infuse D&I into your organization. *Harvard Business Review*. <https://hbr.org/2021/05/5-strategies-to-infuse-di-into-your-organization>
18. Lindsay, S., Fuentes, K., Tomas, V., & Hsu, S. (2023). Ableism and workplace discrimination among youth and young adults with disabilities: A systematic review. *Journal of Occupational Rehabilitation*, 33(1), 20-36. <https://link.springer.com/article/10.1007/s10926-022-10049-4>
19. Fuentes, K., Hsu, S., Patel, S., & Lindsay, S. (2024). More than just double discrimination: A scoping review of the experiences and impact of ableism and racism in employment. *Disability and Rehabilitation*, 46(4), 650-671. <https://doi.org/10.1080/09638288.2023.2173315>
20. Bauer, G. R., Churchill, S. M., Mahendran, M., Walwyn, C., Lizotte, D., & Villa-Rueda, A. A. (2021). Intersectionality in quantitative research: A systematic review of its emergence and applications of theory and methods. *SSM - Population Health*, 14(100798). <https://doi.org/10.1016/j.ssmph.2021.100798>
21. Agénor, M. (2020). Future directions for incorporating intersectionality into quantitative population health research. *American Journal of Public Health*, 110(6), 803-806. <https://doi.org/10.2105/ajph.2020.305610>
22. Harari, L., & Lee, C. (2021). Intersectionality in quantitative health disparities research: A systematic review of challenges and limitations in empirical studies. *Social Science & Medicine*, 277(113876). <https://doi.org/10.1016/j.socscimed.2021.113876>
23. Stanford University (n.d.). Intersectional approaches. *Gendered Innovations in Science, Health & Medicine, Engineering, and Environment*. <https://genderedinnovations.stanford.edu/methods/intersect.html>
24. Adapted from Statistics Canada, Canadian Survey on Disability, 2022. This does not constitute an endorsement by Statistics Canada of this product.
25. Allen, S., & Carlson, G. (2003) To conceal or disclose a disabling condition? A dilemma of employment transition. *Journal of Vocational Rehabilitation*, 19(1), 19-30.

26. Tomas, V., Ahmed, H., & Lindsay, S. (2022). Unravelling the complexities of workplace disclosure among persons with non-visible disabilities and illnesses: A qualitative meta-ethnography. *Journal of Occupational Rehabilitation*, 32(3), 538-563. <https://doi.org/10.1007/s10926-022-10023-0>
27. Prince, M. J. (2017). Persons with invisible disabilities and workplace accommodation: Findings from a scoping literature review. *Journal of Vocational Rehabilitation*, 46(1), 75–86. <https://doi.org/10.3233/JVR-160844>
28. Miguel, M. (2023). Decisions, practices, and experiences of disclosure by academics with invisible disabilities at German universities. *Disability & Society*, 1–22. <https://doi.org/10.1080/09687599.2023.2256057>
29. Statistics Canada (2024, January 5). Table 14-10-0023-01 Labour force characteristics by industry, annual (x 1,000). <https://doi.org/10.25318/1410002301-eng>
30. Statistics Canada (2024, January 5). Table 14-10-0416-01 Labour force characteristics by occupation, annual, <https://doi.org/10.25318/1410041601-eng>
31. Otten, D., Tibubos, A. N., Schomerus, G., Brähler, E., Binder, H., Kruse, J., Ladwig, K.-H., Wild, P. S., Grabe, H. J., & Beutel, M. E. (2021). Similarities and differences of mental health in women and men: A systematic review of findings in three large German cohorts. *Frontiers in Public Health*, 9(1). <https://doi.org/10.3389/fpubh.2021.553071>
32. Christiansen, D. M., McCarthy, M. M., & Seeman, M. V. (2022). Editorial: Understanding the influences of sex and gender differences in mental disorders. *Frontiers in Psychiatry*, 13. <https://doi.org/10.3389/fpsy.2022.984195>
33. Yu, S. (2018). Uncovering the hidden impacts of inequality on mental health: A global study. *Translational psychiatry*, 8(1), 98. <https://doi.org/10.1038/s41398-018-0148-0>
34. Livingston, J., Patel, N., Bryson, S., Hoong, P., Lal, R., Morrow, M., & Guruge, S. (2018, October 11). Stigma associated with mental illness among Asian men in Vancouver, Canada. *International Journal of Social Psychiatry*, 64(7), 679–689. <https://doi.org/10.1177/0020764018805125>
35. Morrow, M., Bryson, S., Lal, R., Hoong, P., Jiang, C., Jordan, S., Patel, N. B., & Guruge, S. (2020). Intersectionality as an analytic framework for understanding the experiences of mental health stigma among racialized men. *International Journal of Mental Health and Addiction*, 18(5), 1304–1317. <https://doi.org/10.1007/s11469-019-00140-y>
36. Staiger, T., Stiawa, M., Mueller-Stierlin, A. S., Kilian, R., Beschoner, P., Gündel, H., Becker, T., Frasch, K., Panzirsch, M., Schmauß, M., & Krumm, S. (2020, November 23). Masculinity and help-seeking among men with depression: A qualitative study. *Frontiers in Psychiatry*, 11. <https://doi.org/10.3389/fpsy.2020.599039>
37. Price-Feeney, M., Green, A. E., & Dorison, S. (2020). Understanding the mental Health of transgender and nonbinary youth. *Journal of Adolescent Health*, 66(6). <https://doi.org/10.1016/j.jadohealth.2019.11.314>
38. Chiu, M., Gatov, E., Fung, K., Kurdyak, P., & Guttman, A. (2020). Deconstructing the rise in mental health-related ED visits among children and youth in Ontario, Canada: Study examines the rise in mental health-related emergency department visits among children and youth in Ontario. *Health Affairs*, 39(10), 1728–1736. <https://doi.org/10.1377/hlthaff.2020.00232>
39. Wiens, K., Bhattarai, A., Pedram, P., Dores, A., Williams, J., Bulloch, A., & Patten, S. (2020). A growing need for youth mental health services in Canada: Examining trends in youth mental health from 2011 to 2018. *Epidemiology and Psychiatric Sciences*, 29, e115. <https://doi.org/10.1017/S2045796020000281>
40. Yorke, E., Toulany, A., Chiu, M., Gandhi, S., Guttman, A., Emerson, S. D., Kurdyak, P., Vigod, S., Fung, K., & Saunders, N. (2023). Population-based repeated cross-sectional study of hospitalizations for comorbid physical and psychiatric disorders in young adults in Ontario, Canada. *Journal of Adolescent Health*, 73(4), 715–723. <https://doi.org/10.1016/j.jadohealth.2023.05.031>
41. Stewart, S. L., Van Dyke, J. N., & Poss, J. W. (2023). Examining the mental health presentations of treatment-seeking transgender and gender nonconforming (tgnc) youth. *Child Psychiatry & Human Development*, 54(3), 826–836. <https://doi.org/10.1007/s10578-021-01289-1>
42. Moran, R., & Litwiller, F. (2023). University student perspectives negotiating positive and negative mental health on campus. *Canadian Journal of Community Mental Health*, 42(3), 81–95. <https://doi.org/10.7870/cjcmh-2023-023>
43. Blakemore, S.-J. (2019). Adolescence and mental health. *The Lancet (British Edition)*, 393(10185), 2030-2031. [https://doi.org/10.1016/S0140-6736\(19\)31013-X](https://doi.org/10.1016/S0140-6736(19)31013-X)
44. Struck-Peregoczny, M., & Leonowicz-Bukala, I. (2023). Changing the narrative: Self-representations of disabled people in social media. *Przeegląd Socjologii Jakościowej*, 19(3), 62–79. <https://doi.org/10.18778/1733-8069.19.3.04>
45. Chen, S.-P., Sargent, E., & Stuart, H. (2018). Effectiveness of School-Based Interventions on Mental Health Stigmatization. *Handbook of School-Based Mental Health Promotion*, 201–212. https://doi.org/10.1007/978-3-319-89842-1_12
46. Sivayoganathan, T., & Reid, G. J. (2023). Trends in population characteristics associated with mental health service use among youth and emerging adults in Canada from 2011 to 2016. *Canadian Journal of Public Health*, 114(3), 464–473. <https://doi.org/10.17269/s41997-022-00734-5>
47. Toft, A. (2020). Identity management and community belonging: The coming out careers of young disabled LGBT+ persons. *Sexuality & Culture*, 24(6), 1893–1912. <https://doi.org/10.1007/s12119-020-09726-4>
48. Daneshmand, R., Acharya, S., Zelek, B., Cotterill, M., & Wood, B. (2023). Changes in children and youth's mental health presentations during COVID-19: A study of primary care practices in northern Ontario, Canada. *International Journal of Environmental Research and Public Health*, 20(16), 6588. <https://doi.org/10.3390/ijerph20166588>

49. Meherali, S., Punjani, N., Louie-Poon, S., Abdul Rahim, K., Das, J. K., Salam, R. A., & Lassi, Z. S. (2021). Mental health of children and adolescents amidst COVID-19 and past pandemics: A rapid systematic review. *International Journal of Environmental Research and Public Health*, 18(7), 3432. <https://doi.org/10.3390/ijerph18073432>
50. Racine, N., McArthur, B. A., Cooke, J. E., Eirich, R., Zhu, J., & Madigan, S. (2021). Global prevalence of depressive and anxiety symptoms in children and adolescents during COVID-19: A meta-analysis. *JAMA Pediatrics*, 175(11), 1142. <https://doi.org/10.1001/jamapediatrics.2021.2482>
51. Samji, H., Wu, J., Ladak, A., Vossen, C., Stewart, E., Dove, N., Long, D., & Snell, G. (2022). Review: Mental health impacts of the COVID-19 pandemic on children and youth – A systematic review. *Child and Adolescent Mental Health*, 27(2), 173–189. <https://doi.org/10.1111/camh.12501>
52. Irani, S., Chang, C., Morrison, L., Waselewski, M., & Chang, T. (2023). Youth experiences with and perspectives on long covid. *BMC Public Health*, 23(1), 2059. <https://doi.org/10.1186/s12889-023-16899-8>
53. Turner, K. M., Weiss, J. A., Howe, S. J., Sanguino, H., Kerns, C. M., Ames, M. E., & McMorris, C. A. (2023). Autistic characteristics and mental health symptoms in autistic youth during the first COVID -19 wave in Canada. *Autism Research*, 16(5), 1009–1023. <https://doi.org/10.1002/aur.2914>
54. Kavanagh, N., & Heffernan, M. (2023). Mental health disclosure in the workplace – An interpretative phenomenological analysis of the employee experience. *The Irish Journal of Management*, 0(0). <https://doi.org/10.2478/ijm-2023-0013>
55. Pescosolido, B. A., Halpern-Manners, A., Luo, L., & Perry, B. (2021). Trends in public stigma of mental illness in the US, 1996–2018. *JAMA Network Open*, 4(12). <https://doi.org/10.1001/jamanetworkopen.2021.40202>
56. McGrath, M. O., Krysinska, K., Reavley, N. J., Andriessen, K., & Pirkis, J. (2023). Disclosure of mental health problems or suicidality at work: A systematic review. *International Journal of Environmental Research and Public Health*, 20(8), 5548. <https://doi.org/10.3390/ijerph20085548>
57. Islam, F., Qasim, S., Ali, M., Hynie, M., Shakya, Y., & McKenzie, K. (2023). South Asian youth mental health in Peel Region, Canada: Service provider perspectives. *Transcultural Psychiatry*, 60(2), 368–382. <https://doi.org/10.1177/13634615221119384>
58. Olawo, O., Pilkington, B., & Khanlou, N. (2021). Identity-related factors affecting the mental health of African immigrant youth living in Canada. *International Journal of Mental Health and Addiction*, 19(3), 701–713. <https://doi.org/10.1007/s11469-019-00177-z>
59. Salami, B., Idi, Y., Anyieth, Y., Cyuzuzo, L., Denga, B., Alaazi, D., & Okeke-Ihejirika, P. (2022). Factors that contribute to the mental health of Black youth. *Canadian Medical Association Journal*, 194(41), E1404–E1410. <https://doi.org/10.1503/cmaj.212142>
60. Centers for Disease Control and Prevention. (2023). Youth risk behavior survey data summary & trends report: 2011–2021. Centers for Disease Control and Prevention: National Center for HIV, Viral Hepatitis, STD, and TB Prevention. https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBS_Data-Summary-Trends_Report2023_508.pdf
61. OSSTF/FEESO (2024). Startling OSSTF/FEESO school violence survey results reveal need for emergency funding. https://www.osstf.on.ca/-/media/Provincial/Documents/News/media-releases/startling-school-violence.ashx?sc_lang=en-CA
62. The Alberta Teachers' Association (2024). Reporting on class size and complexity, aggression, and artificial intelligence (AI) in Alberta's K–12 schools (fall 2023). https://teachers.ab.ca/sites/default/files/2024-03/COOR-101-39_ReportingOnAlbertaK-12Schools_2024-02-14.pdf
63. Tynes, B. M., Willis, H. A., Stewart, A. M., & Hamilton, M. W. (2019). Race-related traumatic events online and mental health among adolescents of color. *Journal of Adolescent Health*, 65(3), 371–377. <https://doi.org/10.1016/j.jadohealth.2019.03.006>
64. Anderson, K. K., Clemens, K. K., Le, B., Zhang, L., Comeau, J., Tarasuk, V., & Shariff, S. Z. (2023). Household food insecurity and health service use for mental and substance use disorders among children and adolescents in Ontario, Canada. *Canadian Medical Association Journal*, 195(28), E948–E955. <https://doi.org/10.1503/cmaj.230332>
65. Bhawra, J., Kirkpatrick, S. I., & Hammond, D. (2021). Food insecurity among Canadian youth and young adults: Insights from the Canada Food Study. *Canadian Journal of Public Health*, 112(4), 663–675. <https://doi.org/10.17269/s41997-020-00469-1>
66. Statistics Canada. (2020). How are Canadians with long-term conditions and disabilities impacted by the COVID-19 pandemic?. <https://www150.statcan.gc.ca/n1/en/pub/11-627-m/11-627-m2020073-eng.pdf?st=bE5hx9zl>
67. Statistics Canada. (2024, September 9). 2SLGBTQ+ population. <https://www150.statcan.gc.ca/n1/pub/12-581-x/2023001/sec6-eng.htm>
68. Accessible Canada Act (S.C. 2019, c. 10)
69. Draft standard on employment (CAN-ASC-1.1)
70. The Standards Council of Canada. (n.d.). Canada's standardization system. <https://scc-ccn.ca/about-us/canadas-standardization-system>
71. Government of Canada. (2021). Roadmap to 2040: A plan to guide the work of Accessibility Standards Canada. Accessibility Standards Canada. <https://accessible.canada.ca/roadmap-to-2040>
72. Government of Canada. (2022). Pillar II-Employment of Canada's Disability Inclusion Action Plan, 2022. Employment and Social Development Canada. <https://www.canada.ca/en/employment-social-development/programs/disability-inclusion-action-plan/action-plan-2022.html#h3.6>
73. Government of Canada. (2024). Employment Strategy for Canadians with Disabilities. Employment and Social Development Canada. <https://www.canada.ca/en/employment-social-development/programs/disability-inclusion-action-plan/employment-strategy.html>

74. Government of Canada. (2024). Consultation on the Employment Equity Act Modernization. Employment and Social Development Canada. <https://www.canada.ca/en/employment-social-development/corporate/portfolio/labour/programs/employment-equity/consultation-act-modernization.html>
75. Act to secure handicapped persons in the exercise of their rights with a view to achieving social, school and workplace integration. (2004, c. 31, s. 1.)
76. The Accessibility for Ontarians with Disabilities Act, 2005 (AODA). <https://www.aoda.ca/what-is-the-aoda/>
77. The Accessibility for Manitobans Act. (C.C.S.M. c. A1.7)
78. The Accessibility for Manitobans Act standards. <https://accessibilitymb.ca/accessibility/act-standards.html>
79. An Act Respecting Accessibility in Nova Scotia. 2017, c. 2, s. 1.
80. Accessible British Columbia Act [SBC 2021] CHAPTER 19
81. Accessibility Act. [s2(1)(o)(v) not in force]
82. Government of Newfoundland and Labrador (n.d). Standard Development Committees. <https://www.gov.nl.ca/cssd/standard-development-committees/>
83. Statistics Canada. (2024). Table 13-10-0377-01 Labour force status of persons with and without disabilities aged 15 years and over, by age group and gender [Data table] <https://doi.org/10.25318/1310037701-eng>
84. Government of Canada. (2023, March 9). About the Workforce Development Agreements program. Employment and Social Development Canada. <https://www.canada.ca/en/employment-social-development/programs/training-agreements/workforce-development-agreements.html>
85. Government of Canada (2022, March 9). Evaluation of the Workforce Development Agreements. Employment and Social Development Canada. <https://www.canada.ca/content/dam/canada/employment-social-development/corporate/reports/evaluations/workplace-development-agreements/wda-en.pdf>
86. Government of Canada. (2023, March 9). Opportunities Fund for Persons with Disabilities. Employment and Social Development Canada. <https://www.canada.ca/en/employment-social-development/programs/opportunity-fund-disability.html>
87. Government of Canada. (n.d). Opportunities Fund for persons with disabilities – Active regional projects. Employment and Social Development Canada. <https://www.canada.ca/en/employment-social-development/services/funding/disability-opportunity-regional/active-projects.html>
88. Government of Canada. (n.d). Opportunities fund for persons with disabilities – Active national projects. Employment and Social Development Canada. <https://www.canada.ca/en/employment-social-development/services/funding/disability-opportunity-national/active-projects.html>
89. Employment and Social Development Canada. (2020, November). Evaluation of the Opportunities Fund for persons with disabilities – Phase II. <https://www.canada.ca/content/dam/canada/employment-social-development/corporate/reports/evaluations-opportunities-fund-persons-disabilities-phase2/OFPhaseIIFinalReport-FN.pdf>
90. Government of Canada. (2022, May 27). Apply for funding for National operating funding stream - Social Development Partnerships Program – Disability. Employment and Social Development Canada. <https://www.canada.ca/en/employment-social-development/services/funding/social-development-national-operating-disabilities.html>
91. Government of Canada. (2019, April 5). Government of Canada announces major funding for projects that promote the social inclusion of persons with disabilities. Employment and Social Development Canada. <https://www.canada.ca/en/employment-social-development/news/2019/04/government-of-canada-announces-major-funding-for-projects-that-promote-the-social-inclusion-of-persons-with-disabilities.html>
92. Government of Canada. (2024, June 17). Evaluation of the Social Development Partnerships Program. Employment and Social Development Canada. <https://www.canada.ca/en/employment-social-development/corporate/reports/evaluations/social-development-partnerships-program-2017-2022.html>
93. Statistics Canada. (2024, June 13). Labour market characteristics of persons with and without disabilities, 2023. <https://www150.statcan.gc.ca/n1/daily-quotidien/240613/dq240613b-eng.htm>
94. Toth, K. E., Yvon, F., Villotti, P., Lecomte, T., Lachance, J.-P., Kirsh, B., Stuart, H., Berbiche, D., & Corbière, M. (2022). Disclosure dilemmas: How people with a mental health condition perceive and manage disclosure at work. *Disability and Rehabilitation*, 44(25), 7791–7801. <https://doi.org/10.1080/09638288.2021.1998667>
95. Santuzzi, A. M., & Keating, R. T. (2020). Managing invisible disabilities in the workplace: Identification and disclosure dilemmas for workers with hidden impairments. In *The Palgrave Handbook of Disability at Work* (pp. 331–349). https://doi.org/10.1007/978-3-030-42966-9_19
96. Waqas, A., Malik, S., Fida, A., Abbas, N., Mian, N., Miryala, S., Amray, A. N., Shah, Z., & Naveed, S. (2020). Interventions to reduce stigma related to mental illnesses in educational institutes: A systematic review. *Psychiatric Quarterly*, 91(3), 887–903. <https://doi.org/10.1007/s11126-020-09751-4>
97. Miller, R. A. (2017). “My voice is definitely strongest in online communities”: Students using social media for queer and disability identity-making. *Journal of College Student Development*, 58(4), 509–525. <https://doi.org/10.1353/csd.2017.0040>
98. Corrigan, P. W., & Kosyluk, K. A. (2014). Mental illness stigma: Types, constructs, and vehicles for change. In *The stigma of disease and disability: Understanding causes and overcoming injustices* (pp. 35–56). American Psychological Association. <https://psycnet.apa.org/doi/10.1037/14297-003>
99. Ontario Human Rights Commission (n.d.). Duty to accommodate. <https://www.ohrc.on.ca/en/policy-ableism-and-discrimination-based-disability/8-duty-accommodate>
100. Centre for Excellence in Universal Design (n.d.). <https://universaldesign.ie/about-universal-design>