

Living with Complexity:

Navigating Chronic Care in Canada

maple



Executive summary	3	A closer look: mental health	20
A letter from our co-founder and CEO	4	A closer look: ADHD	25
A health-care system not equipped for chronic care	5	A closer look: chronic pain	29
Limited access to care when it matters most	6	The gender divide	34
Informal caregivers feel the strain, too	10	Building up continuity of care	38
Many Canadians affected by chronic conditions are overwhelmed or suffering	12	A look ahead: from fragmented to ongoing care	39
The economic and workplace impact of chronic conditions is substantial	15	About Maple	40

Executive summary

Despite major advancements in medicine, including longer life expectancy, more accurate diagnoses and more effective treatments, too many Canadians still face persistent gaps in care, including delays, barriers and missed opportunities that impact their health and well-being.

As a result, the nature of health-care needs in Canada has changed. More Canadians than ever before are living with ongoing and complex conditions that often overlap and require continuous, coordinated care. However, the health-care system remains largely structured to treat individual conditions through short, episodic interactions.

The health-care system is now being asked to support long-term, interconnected care across conditions, but it has not kept pace with the reality of many Canadians.

Almost half (46%) of adults in Canada have at least one chronic condition¹. Although chronic conditions are more detectable than ever, their effective management requires ongoing, coordinated and connected care. Those who live with a chronic condition or provide care for someone with one are feeling the effects of, and sometimes falling through, the gaps in an overburdened, fragmented system.

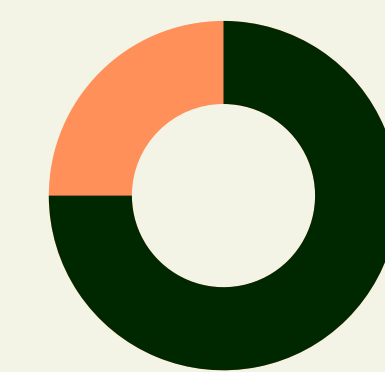
Living with Complexity: Navigating Chronic Care in Canada takes a deep dive through a new survey of 1,526 Canadians conducted by Maple Corporation among members of the Angus Reid Forum to better understand the realities of Canadians living with chronic health-care needs, and of the informal caregivers, like family members and loved ones, who support them. It also examines the human and economic toll of a system straining to keep pace with current realities.

Building on our earlier research from Health on Hold, Closing the Care Gap and The Cost of Caring, this report shows how the combination of doctor shortages, long wait times, systemic gaps in care, pressure on informal caregivers, gaps in health-care benefits, and workplace productivity losses are deeply intertwined in an ailing system in need of modernization.

Proactive, connected care is within reach, and employers and governments have a vital role to play in bridging the gap to a more integrated and coordinated model of care. By expanding access to modern health tools and solutions like AI and virtual care, we can move closer to a system that truly works for patients.

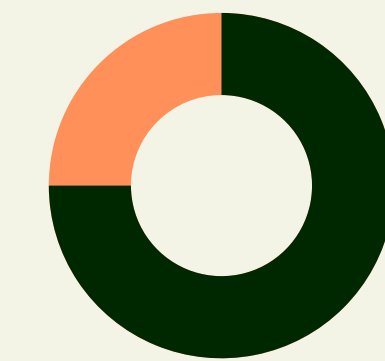
This report invites you into the stories of Canadians living with chronic conditions.

The reality of chronic conditions



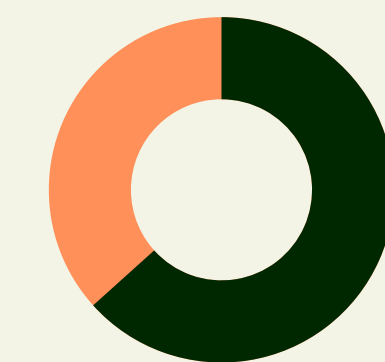
75%

of Canadians affected by a chronic condition feel that the current health-care system only sometimes or never meets their needs.



74%

say that managing ongoing care creates significant mental or emotional strain.



57%

of those with jobs have missed work, reduced their working hours or taken time off because of chronic condition-related needs.

A letter from our co-founder and CEO

I have heard first-hand the frustration of Canadians living with chronic conditions who often feel the health-care system does not have room for them. Too often, they turn to emergency departments like the one where I worked, not because it is the right setting for their care, but because they could not access timely support elsewhere. What should be routine, ongoing care is instead delayed until it becomes urgent, reflecting a system that is not designed to meet the needs of those requiring continuous, coordinated care.

We launched this study to better understand how Canada's fragmented, overburdened system is affecting the complex health-care realities of people living with or caring for someone with a chronic condition by documenting their experiences through a national survey.

The impact is clear. Three-quarters of Canadians living with or caring for someone with a chronic condition report that the current health-care system only sometimes or never meets their needs. More than half have felt dismissed or not taken seriously when seeking a diagnosis. These challenges are even more pronounced for those living with certain conditions, like chronic pain, ADHD and mental health conditions.

Canadian patients across all chronic conditions are left feeling unheard, unseen and misunderstood by the very system meant to care for them.

Canadians living with chronic conditions typically have more frequent, complex and time-intensive health-care needs, yet they are left navigating a system still largely aligned with episodic care.

Gaps in both access and continuity of care make managing long-term health-care needs more challenging, placing strain on patients, their care providers, employers and the wider economy.

For patients with these complex conditions, gaps in access to appropriate support often mean relying on walk-in clinics and emergency departments, which are settings designed to address acute illnesses and injuries through episodic care, not the more nuanced needs of chronic conditions.

Limited access isn't the only issue impacting the care of Canadians with chronic conditions. Current compensation models do not account for the time, coordination and administrative burden required to care for patients with complex needs, making it less feasible for physicians to take them on. As a result, patients with the greatest needs struggle to find or retain a regular provider, regardless of overall physician supply and availability.

The goal of this report is to raise awareness about the added burden carried by those affected by chronic conditions and start a conversation about cohesive and innovative solutions that come from modernizing our health-care system, like virtual care and AI, that can help address these challenges across the system.

Proactive, technology-forward solutions already exist and can be part of a more comprehensive approach to ensure Canadians with chronic conditions receive the care they deserve, when and where they need it.



Dr. Brett Belchetz
Co-founder and CEO



A health-care system not equipped for chronic care



Canada's health-care system and workplace structures are not designed to support the realities of people living with chronic conditions.

Chronic conditions are those that last at least one year, although they can persist for a lifetime, and may limit a person's daily activities. They require ongoing medical care, monitoring and management, and they affect people of all ages, including working-age adults and younger Canadians managing long-term physical and mental health needs while building careers and families.

Some examples of chronic conditions are:

- Mental health conditions such as depression, anxiety, bipolar disorder or PTSD
- ADHD
- Chronic pain conditions like fibromyalgia, migraines or endometriosis
- Diabetes (type 1 or 2)
- Arthritis
- Cancer
- Chronic respiratory diseases like asthma or chronic obstructive pulmonary disease (COPD)
- Heart disease or cardiovascular conditions
- Autoimmune disorders like lupus, multiple sclerosis or Crohn's disease
- Skin conditions such as eczema, psoriasis and rosacea

People with chronic conditions feel the gaps in our health-care system more frequently and across more touchpoints. Managing their care often requires ongoing access to primary care providers, specialists and, at times, emergency departments and surgical care. As a result, gaps in access and coordination become more visible and consequential.

A majority of working Canadians live with chronic conditions, meaning that not only must this cohort navigate an overburdened system more frequently than their peers, they also must attempt to balance their care in addition to their everyday lives, which may include work and family obligations.² The 2025 Benefits Canada Healthcare Survey reports that 59% of employee benefits plan members have at least one diagnosed chronic condition and more than one-third (34%) live with multiple chronic conditions.³

When chronic conditions stack, health-care needs don't just grow. They compound.



Because they rely on the health-care system more frequently, Canadians impacted by chronic conditions are more likely to experience delays, deferrals or dismissal of their needs.

Just 23% say that the system always meets those needs.

This mismatch between patient needs and how our health-care system is designed becomes most visible when Canadians try to access care. For people living with chronic conditions, timely and consistent support is not a matter of convenience, it is essential to managing their health. Yet too often, the current system is unable to provide care when and where it is needed most.

To address this gap in the care they need, those with chronic conditions are more likely to use virtual care to access timely and consistent support. According to a 2025 Statistics Canada report, people with one or more chronic conditions are more likely to access virtual care, with prior research suggesting they find it especially useful for routine checkups to monitor their conditions.⁴

Limited access to care when it matters most

Almost three-quarters (73%) of Canadians affected by a chronic condition say the health-care system is so overburdened that they don't feel confident that they can access timely care. More than one-quarter (27%) say the health-care system rarely meets their needs if at all. This figure is even higher for those affected by chronic pain (42%) and ADHD/neurodevelopmental conditions (38%).

As one survey respondent commented, "The time waiting to be seen is a big deal for a person trying to manage their chronic disease."

A shortage of primary care providers only makes matters worse for those with chronic conditions. In 2023, only 82.8% of Canadian adults reported having a regular health-care provider, a decline from previous years.⁵ Meanwhile, a recent survey of New Brunswick residents participating in a pharmacist care clinic pilot found that only 11% of chronic disease patients had a primary provider,⁶ highlighting that the barriers to health care are more pronounced for those with chronic conditions.

The lack of primary care options can send those with chronic conditions to the ER unnecessarily. As one respondent shared, "I often have symptoms that I'm not sure how serious they are and I don't feel like I have options besides waiting weeks for an appointment or going to ER, which usually wouldn't be necessary." Another lamented the long wait times for specialists, which can "take months to be received and scheduled."



Sometimes waiting for an important appointment takes up to one year to be seen, which is terrible. How are people supposed to just deal with their issues for a full year before they receive specialized care?"

These experiences are not isolated. They reflect a broader pattern in how Canadians with chronic conditions interact with the health-care system.

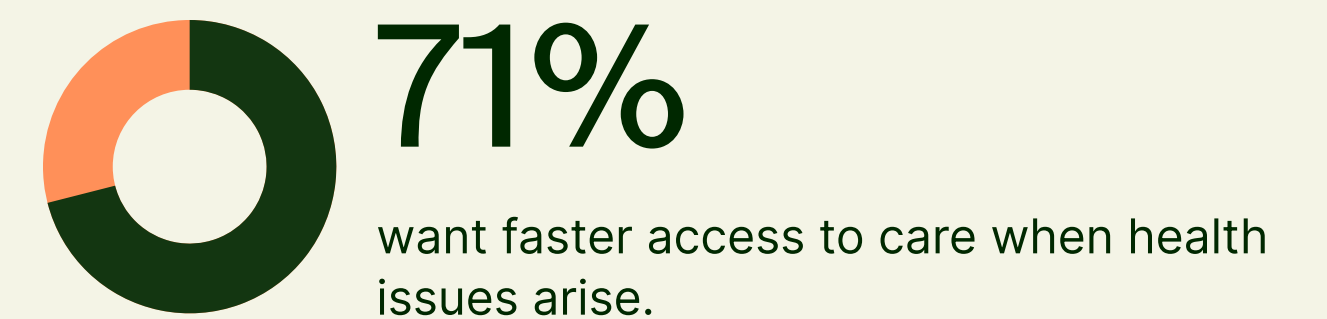
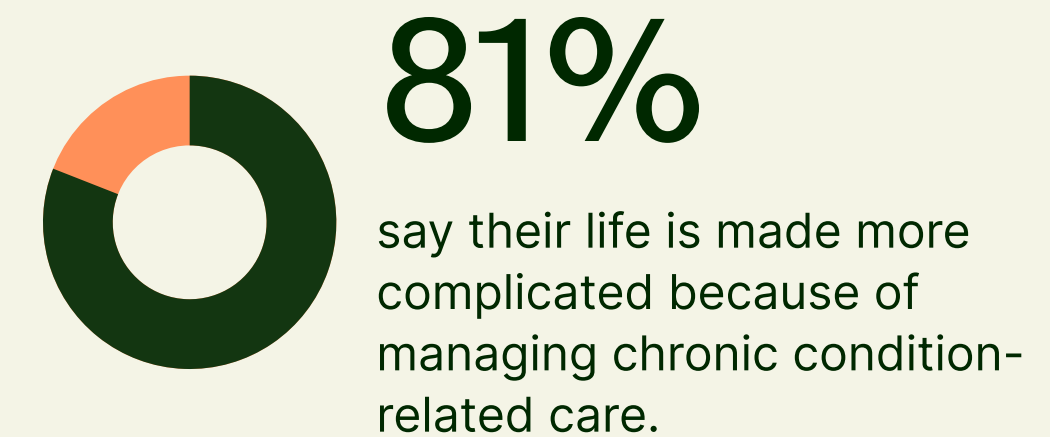
On repeat: The health-care realities of chronic conditions

Regular, ongoing care is vital for the detection, management and prevention of chronic conditions. But when that care isn't available, a patient may miss out on medications or treatments that could help control their symptoms and potentially slow the progression of their condition.⁷

This can sometimes create a vicious cycle where people with chronic conditions need health care in order to manage their condition but delayed access makes their condition worse. In turn, they need even more help to manage their condition, which contributes to them requiring ever more costly and specialized support from health-care providers, adding stress to an already-overburdened system through no fault of their own.

Against this backdrop, Canadians with chronic conditions are calling for a system that truly meets their needs, one that provides coordinated, connected care, timely access to primary care providers and specialists, and better support services. They also want technology that makes navigating complex care easier, helping to reduce the growing strain on their mental and physical health and their livelihoods.

Canadians impacted by chronic conditions are frustrated by and disappointed in a health-care system that doesn't meet their needs.



Source: ⁴ Statistics Canada, 2025: <https://www150.statcan.gc.ca/n1/pub/82-003-x/2025011/article/00002-eng.htm> ⁵ Statistics Canada, 2025: <https://www150.statcan.gc.ca/n1/daily-quotidien/250305/dq250305a-eng.htm>

⁶ DataNB, 2025: https://www.unb.ca/datanb/research/publications/_resources/pdf/appendix-c-supplementary-survey-results.pdf

⁷ Canadian Institute for Health Information, 2024: <https://www.cihi.ca/en/taking-the-pulse-measuring-shared-priorities-for-canadian-health-care-2024/better-access-to-primary-care-key-to-improving-health-of-canadians#ref3>

These gaps in access and coordination don't just delay care, they lead to fragmented care, repeated visits and missed opportunities for early intervention.



The complexity of managing chronic conditions

For many Canadians living with or caring for someone with a chronic condition, managing care is an ongoing effort to be heard, believed and taken seriously. More than half (54%) report feelings of being dismissed or not taken seriously when seeking a diagnosis. In a fragmented system, 85% report having to repeatedly share their medical history with different health-care providers.

Managing chronic conditions often requires complex, ongoing care, yet many Canadians struggle to access primary care that meets their needs. More than half of respondents (54%) say it is not easy or convenient to see a provider who understands their condition. This rises to 65% for those affected by ADHD or other neurodevelopmental conditions and 66% for those affected by chronic pain. These feelings compound when those with chronic pain are managing multiple conditions.

For example, a 2021 report from the Canadian Pain Task Force found that chronic pain is often invisible, leaving those affected feeling disbelieved and stigmatized. It is also commonly accompanied by other physical and mental health conditions, while a shortage of health professionals trained in pain management further contributes to the sense of hopelessness experienced by those living with pain.⁸



Create a more integrated system so different professionals can work together more easily and I don't have to repeat myself endlessly or bring my records to different providers.

– Survey respondent

For many Canadians, the challenges in accessing care that meets their needs don't end with the patient.

The impact also extends to the family members and caregivers who are helping to manage their care.



Informal caregivers feel the strain, too

Informal caregivers who provide care for children, partners, aging parents or other family members are the invisible infrastructure holding up Canadian health care.⁹ Our previous report, *The Cost of Caring*, highlighted just how overwhelmed these dedicated care providers are.

When it comes to caring for someone with chronic conditions, over three-quarters (76%) of informal caregivers say a substantial amount of their time is spent coordinating appointments, treatments or care needs, and 79% say they don't feel confident that they can access timely care. It's taking a toll on their quality of life.

Some of these caregivers say they desperately need help and they want to be heard. "Too great of a burden is placed on caregivers, who are given little to no support and are expected to carry on with their other responsibilities and work as if their lives were normal," wrote one. Another said, "I have had to leave my employment, and I am unsupported and financially devastated by full-time care of my husband."

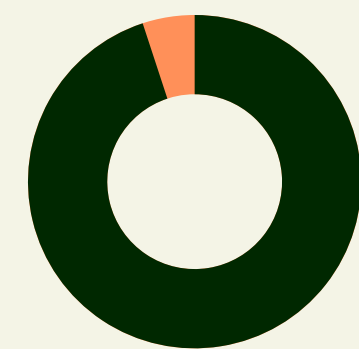
The time spent coordinating care adds up. As a whole, more than 7.8 million Canadians collectively provide 5.7 billion hours of unpaid care, worth \$97.1 billion in economic value.^{10,11} These informal caregivers and those they care for deserve better support.



Sometimes medical professionals can overestimate the impact of medical intervention while disregarding or underestimating the day-to-day energy, effort and expense of trying to make life better.

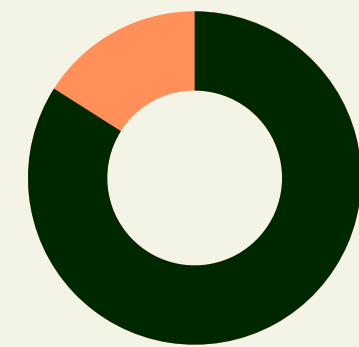
Or trying to make your children's lives better... The toll of caregiving is still so very dismissed and invisible.

– Survey respondent



95%

of informal caregivers say chronic conditions create challenges in daily life, even when care is managed well.



84%

say managing ongoing care creates significant mental or emotional strain.



With or without caregiver support, the weight of navigating chronic conditions is heavy to bear.

Source: ⁹ Canadian Centre for Caregiving Excellence, 2022: https://canadiancaregiving.org/wp-content/uploads/2022/11/CCCE_Giving-Care.pdf ¹⁰ Statistics Canada, 2024: <https://www150.statcan.gc.ca/n1/pub/89-652-x/89-652-x2024002-eng.htm>

¹¹ Statistics Canada, 2025: <https://www150.statcan.gc.ca/n1/daily-quotidien/250310/dq250310a-eng.htm>



We shouldn't have to advocate
so hard for our loved ones.

– Survey respondent

Many Canadians affected by chronic conditions are overwhelmed or suffering

Managing a chronic condition is demanding, not only physically but emotionally. Beyond navigating care and treatment, nearly three-quarters (72%) say it creates significant mental or emotional strain.

Even among those who say that care is well managed, chronic conditions still have a significant impact on daily life. Ninety per cent of those caring for someone with a chronic condition report ongoing challenges in daily life, and 67% say balancing health or caregiving needs with work and family is challenging.

Delays in care can force difficult trade-offs. For some Canadians, seeking faster access through alternative options risks losing access to a primary care provider altogether. As one respondent shared, “I have waited over a year to see a dermatologist and over four months for a psychiatric referral for anxiety. My quality of life was significantly reduced during this wait period but I could not explore alternatives due to the risk of being de-rostered by my family physician.”

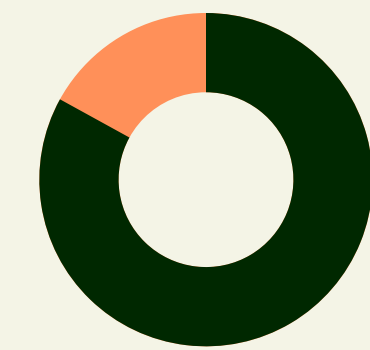
And while they wait for appropriate care, many are left to cope with ongoing or worsening symptoms without support. “I sometimes wait months for a response or referral to other specialists,” wrote a survey respondent. “In the meantime, I suffer.”

For many, the strain goes further, impacting their mental health. A Canadian Mental Health Association report notes there is a bidirectional relationship between mental health and chronic physical conditions. More specifically, chronic physical illness increases the risk of mental illness, and mental illness complicates the prevention, treatment and self-management of physical disease.¹²

To better meet the needs of those with physical and mental health comorbidities, the Mental Health Commission of Canada recommends care that is collaborative and integrated, tailored to individual needs and flexible, including online service delivery and group virtual visits.¹³ MHCC also recommends providing support for navigating the health-care system.¹⁴

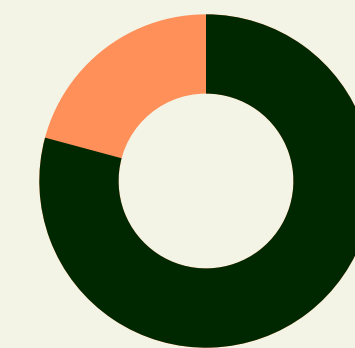
“It can be overwhelming to find the right providers, the right medication and the right support.”

– Survey respondent



83%

of those affected by mental health conditions say they have at least one other chronic condition.



79%

of those affected by two or more chronic conditions also report a mental health condition, as do 35% of people affected by ADHD, 25% of those affected by chronic pain and 23% of those affected by skin conditions.



I've never felt more disconnected and isolated from the health-care system since I was diagnosed with a chronic condition.

– Survey respondent

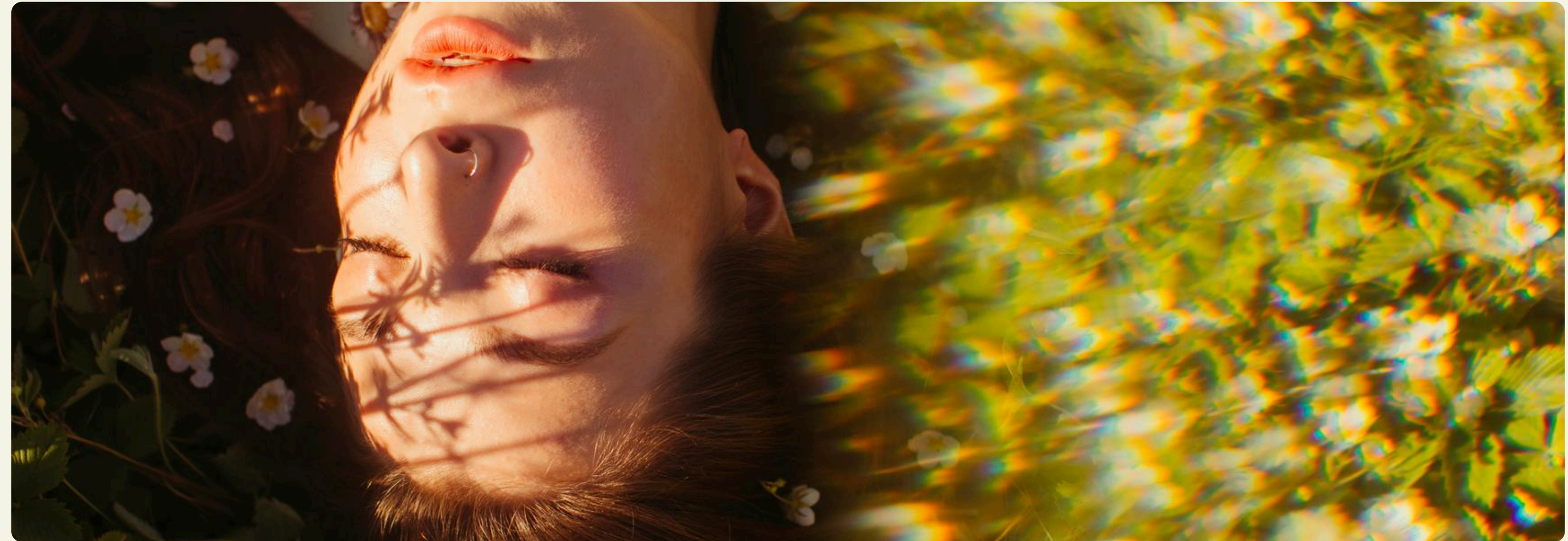


Shortfalls in care make daily life even more complicated



“ If they could do something to stop passing people with chronic conditions around like a hot potato, that would make life easier.

– Survey respondent



say day-to-day life is more complicated because of managing chronic condition-related care.



say a substantial amount of time is spent coordinating appointments, treatments or care needs.



find medications or treatments complex or difficult to manage.

While the impact of chronic conditions on individuals and their informal caregivers is significant, it doesn't stop there. It creates ripple effects in workplaces and the broader economy that are increasingly difficult to ignore.

The economic and workplace impact of chronic conditions is substantial

As the impact of chronic conditions compounds, it is reshaping Canada's workforce through lost productivity, stalled careers and negative work repercussions, increased benefit use and rising out-of-pocket costs. While policy conversations often focus on simply training or recruiting more family doctors, supply alone does not solve a system that struggles to adequately support the patients who need comprehensive care most.

The Chronic Disease Prevention Alliance of Canada estimates that chronic diseases and other illnesses cost the Canadian economy approximately \$190 billion annually, including both direct health care costs and indirect costs such as lost income and productivity.¹⁵

The impact extends beyond older Canadians, as many employees in their 30s and 40s, and even younger, are living with one or more chronic conditions.¹⁶

In addition to the challenges of living and working with a chronic condition, some employees feel they must keep their health matters to themselves. A 2025 survey by the HealthPartners Health Advisory Network revealed that 21% of working Canadians chose not to disclose a health condition in their workplace for fear of negative consequences.¹⁷

Their fear was warranted, as those who disclosed conditions like cognitive or developmental issues, physical disabilities, mental health, chronic pain and autoimmune disorders were more likely to experience negative repercussions like unmet accommodations, bias or reduced career opportunities than those with other conditions, with nearly half reporting such adverse effects.¹⁸

These broader economic pressures are ultimately felt most directly by individuals, often in the form of lost income, disrupted work and rising out-of-pocket costs.



Source:¹⁵ Chronic Disease Prevention Alliance of Canada, 2017: <https://www.ourcommons.ca/content/committee/421/fina/brief/br9073636/br-external/chronicdiseasepreventionallianceofcanada-e.pdf>

¹⁶ Sunlife, 2024: <https://www.sunlife.ca/content/dam/sunlife/regional/canada/documents/gb/chronic-disease-report-tl1094-1.pdf>

^{17,18} HealthPartners Health Advisory Network, 2025: <https://healthpartners.ca/wp-content/uploads/2025/08/2025-HAN-Survey-Report-EN.pdf>



There's nothing preventative or integrated about the current health-care ethos and often requires me to go to other practitioners and pay out of pocket for the care I actually need.

– Survey respondent

Lost time, lost wages and extra costs compound stress

Chronic conditions don't take a break when people need to work or their benefits run out. As a result, they may have to use paid vacation days, lose wages by taking unpaid time off or pay out of pocket for health-care expenses either not covered or only partially covered by their health plan.

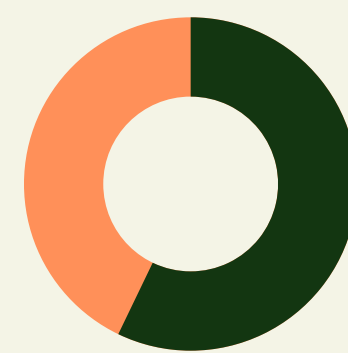
But even with benefits, many Canadians are still left to bridge the gaps in care on their own.

“ The biggest burden for me has been financial. Effective and scientifically-backed treatments aren't always covered by provincial health plans or private insurance, or are covered only in very limited ways, so there are plenty of out-of-pocket costs for those.

Parking or transportation costs for every visit to a hospital or care provider, of which there are many when you're chronically ill or disabled. Lost income (so much lost income). Sometimes, loss of income for a caregiver/partner/spouse as well.

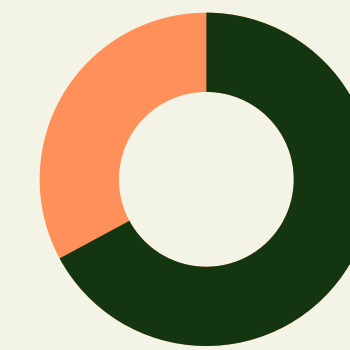
The single greatest burden, in my opinion, that those with chronic conditions bear is financial.

– Survey respondent



57%

of those with jobs have missed work, reduced working hours or taken time off because of chronic condition-related needs.

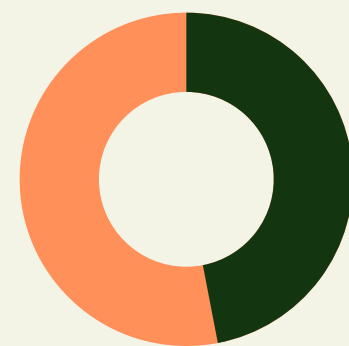


67%

say managing care can make it more difficult to stay focused or productive at work.

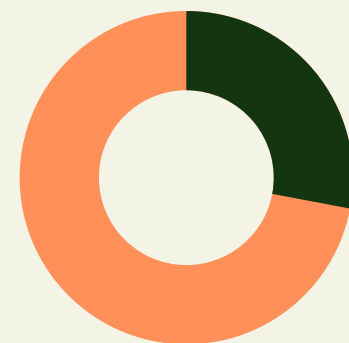
The benefits gap

Although almost three-quarters (71%) of Canadians affected by chronic conditions report having access to health benefits beyond provincial coverage, such as through employer-sponsored plans, only 26% say those benefits fully address gaps in care or help them access care when they need it.



47%

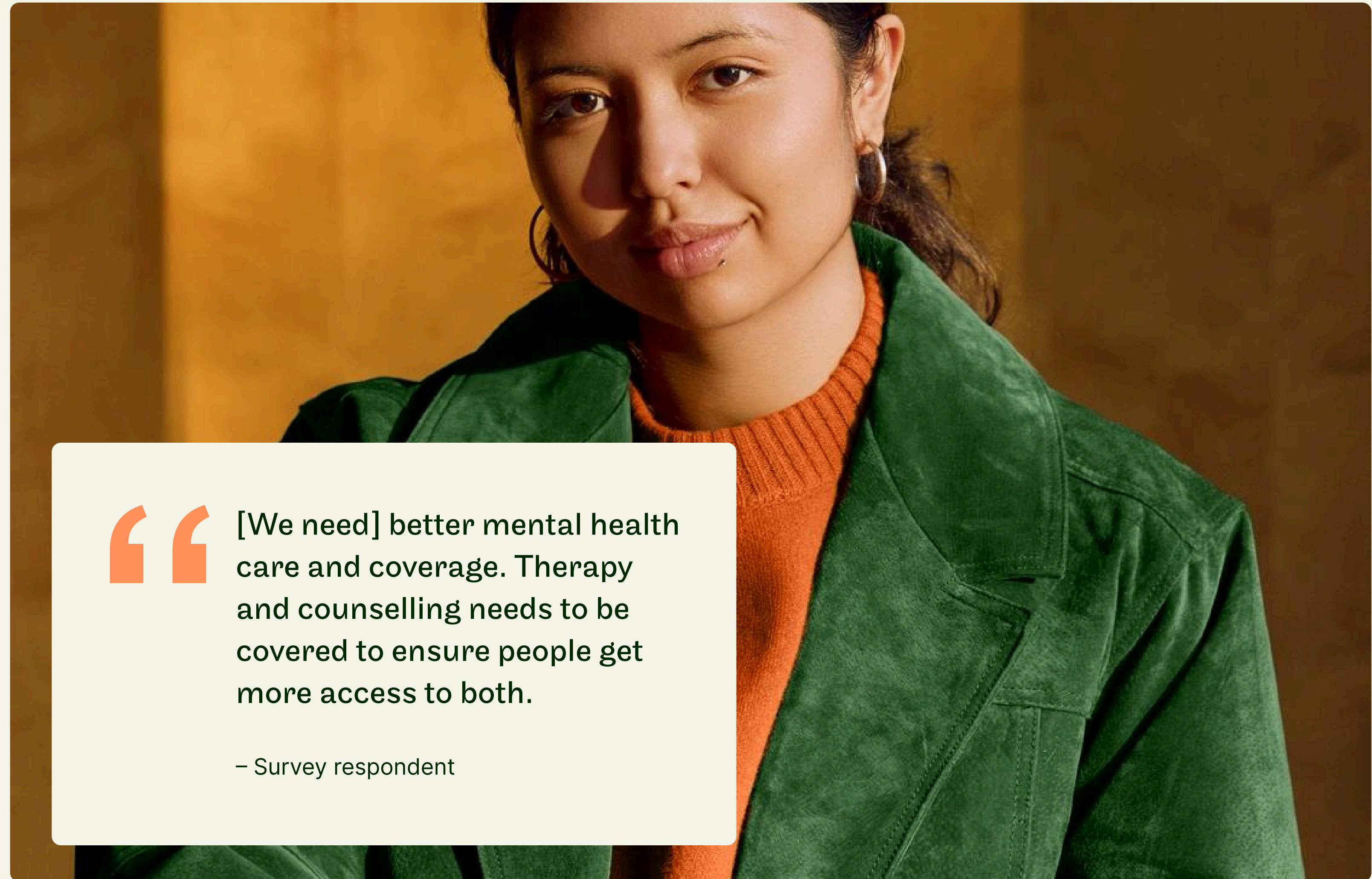
say benefits don't consistently help to manage their chronic condition.



28%

still face delays, long waits or gaps in access.

The 2025 Benefits Canada Healthcare Survey determined that heavy users of mental-health benefits (89%), prescription drug benefits (83%) and chiropractic benefits (78%) were more likely to have at least one chronic illness.¹⁹



[We need] better mental health care and coverage. Therapy and counselling needs to be covered to ensure people get more access to both.

– Survey respondent

Mental health is one of the clearest examples of how these gaps play out in practice.



A closer look: Mental health

Canadians across the country are struggling with their mental health.

Mental health conditions, which include depression, anxiety, bipolar disorder and PTSD, are pervasive. In any given year, one in five Canadians experiences a mental health condition, and by age 40, one in two will have already experienced one at some point.²⁰

Research shows that mental health conditions are on the rise: diagnosed anxiety disorders and mood disorders increased in prevalence between 2021 and 2023, making mental health conditions among the fastest growing chronic conditions in Canada.²¹

“ Treat mental health like the seriously debilitating disease [sic] it is.”

– Survey respondent

Almost all Canadians affected by a mental health condition (95%) say it creates challenges in their daily life, even when care is managed well. Accessing care is also challenging for most people affected by a mental health condition:

62% have felt dismissed or not taken seriously when seeking a diagnosis.

71% say they want faster access to care when health issues arise.

80% say they don't feel confident that they can access timely care.



[We need] more support for rural areas regarding mental health.

– Survey respondent

87%

say care tends to feel more reactive to problems rather than being continuous and proactive.

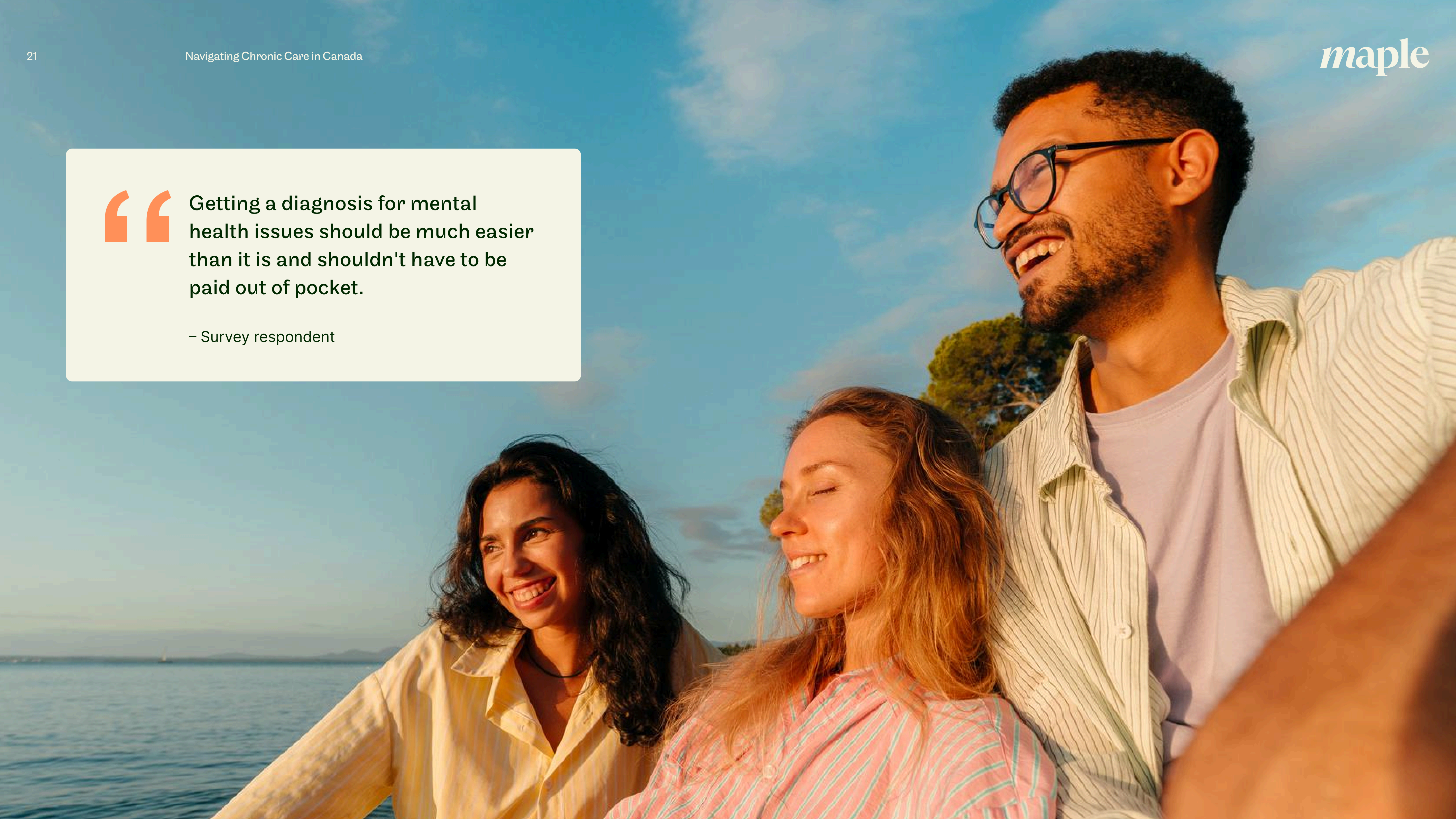
89%

say medical history often needs to be repeated to different health-care providers.



Getting a diagnosis for mental health issues should be much easier than it is and shouldn't have to be paid out of pocket.

– Survey respondent



Many Canadians say simply managing care for their mental health conditions takes a toll:

87%

say day-to-day life is more complicated because of managing chronic condition-related care.

81%

say managing mental health-related care can make it more difficult to stay focused or productive at work.

83%

say managing ongoing care creates significant mental or emotional strain.

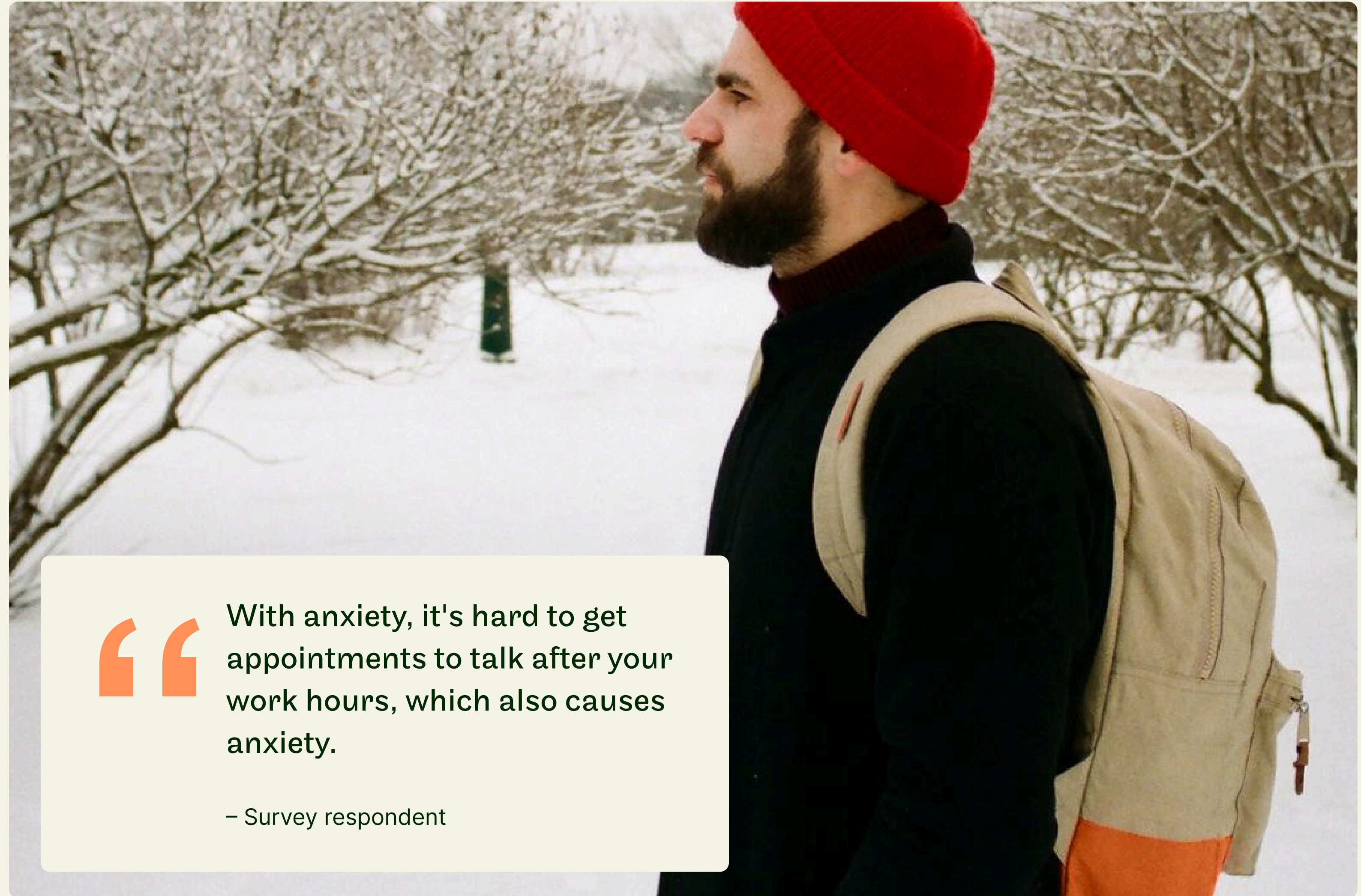
69%

have missed work, reduced working hours or taken time off due to their mental health condition.



With anxiety, it's hard to get appointments to talk after your work hours, which also causes anxiety.

– Survey respondent





The annual economic cost of mental illness in Canada is high, conservatively estimated at over \$50 billion per year, including health-care costs, lost productivity and reductions in health-related quality of life.²²

The 2025 Benefits Canada Healthcare Survey found that mental health conditions such as anxiety and depression were the most frequently reported chronic conditions among plan members.²³

However, our findings show that just 22% of those impacted by mental health conditions who also have health benefits say their coverage fills gaps in care and helps them access services when needed, while 62% have had to pay out of pocket for uncovered treatments in the past 12 months.

Compounding the challenges that people with mental health conditions face, the Canadian Mental Health Association says that mental health conditions such as depression and anxiety are closely linked with other chronic conditions, creating a cycle of poor health outcomes.²⁴ This connection is reflected in our survey findings, where 79% of Canadians impacted by mental health conditions report having at least one other chronic condition.

The statistics around mental health support and access highlight many of the systemic gaps in health care. Similar challenges are experienced by Canadians living with other chronic conditions, including neurodevelopmental disorders such as ADHD.

Source:²² Centre for Addiction and Mental Health, 2011: <https://www.camh.ca/en/driving-change/the-crisis-is-real/mental-health-statistics> ²³ Benefits Canada, 2025: <https://cdn.ofsys.com/T/OFSYS/H/C1024/8726/1kn1rV/bchs-report-2025-eng-final.pdf>

²⁴ Canadian Mental Health Association - Ontario, 2008: <https://ontario.cmha.ca/documents/the-relationship-between-mental-health-mental-illness-and-chronic-physical-conditions/>



Having mental health therapy more available and less expensive would remove barriers for me.

– Survey respondent



A closer look: ADHD

Attention Deficit Hyperactivity Disorder (ADHD) is one of the most common neurodevelopmental disorders in Canada, affecting 4-6% of adults and 5-7% of children, or approximately 1.8 million Canadians.²⁵ However, its impact can vary widely from person to person. The Centre for ADHD Awareness, Canada, explains that people with ADHD experience impairment in regulating attention, such as:

- Difficulty staying focused, especially when tasks are not particularly interesting
- Difficulty switching focus especially when over-focusing
- Being over-focused and not able to break focus when things are interesting or stimulating²⁶
- Not being able to focus on the most important thing (that is, prioritizing focus), when something else is more stimulating

ADHD may also impair executive functions, the higher-level skills that help people function in everyday life, like time management and planning, task initiation and emotional regulation.²⁷

“ I think GPs need to improve their education on mental health conditions.

I have felt awkward describing my ADHD to two doctors because of how they react, and they aren't very thorough.

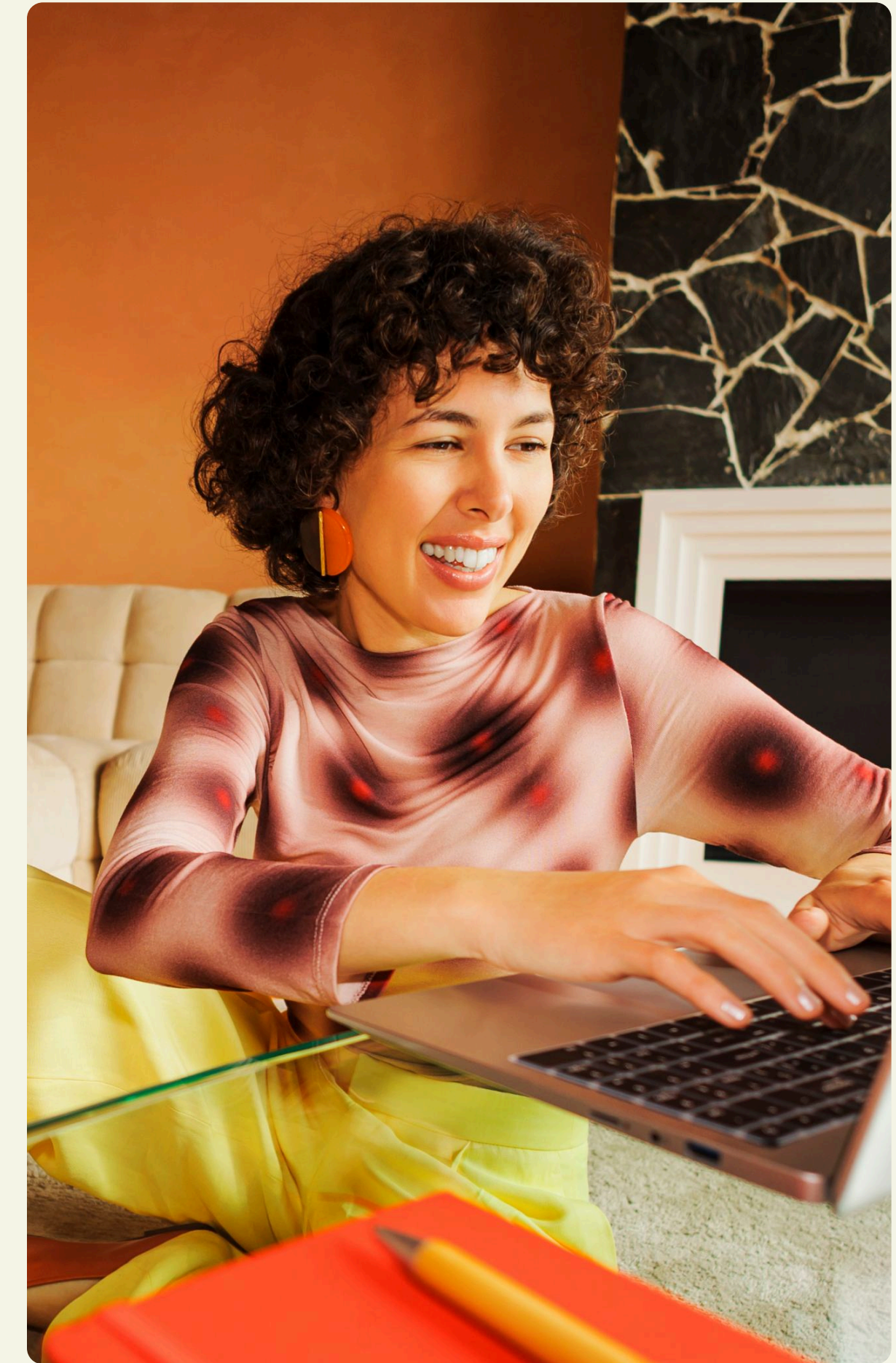
– Survey respondent

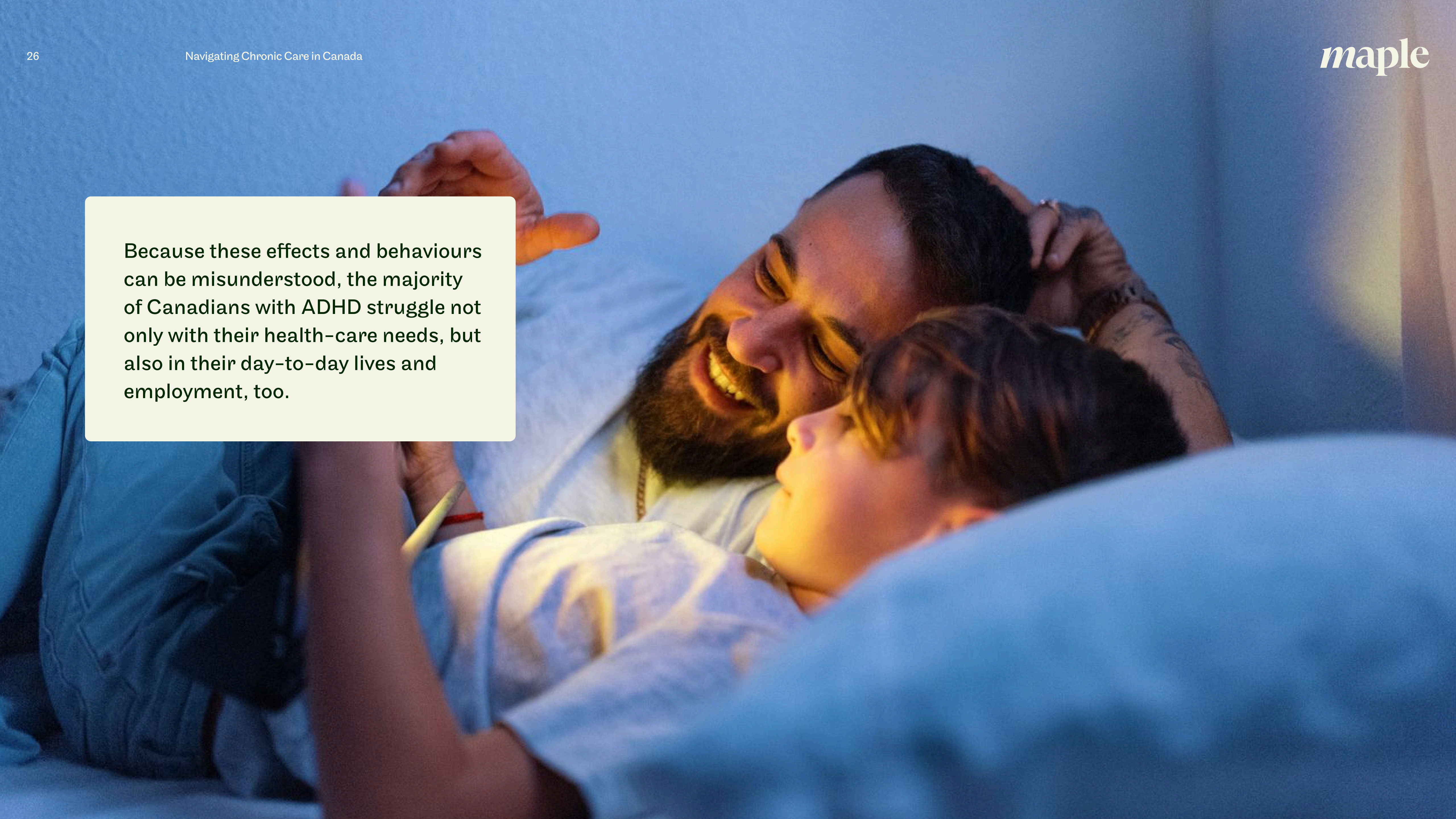
ADHD and healthcare

86% don't feel confident that they can access timely care to manage their ADHD.

83% say managing ongoing care creates significant mental or emotional strain.

67% have felt dismissed or not taken seriously when seeking a diagnosis.





Because these effects and behaviours can be misunderstood, the majority of Canadians with ADHD struggle not only with their health-care needs, but also in their day-to-day lives and employment, too.

A report from the Centre for ADHD Awareness, Canada, notes that the impacts of ADHD on employment can be substantial: adults with ADHD are 61% more likely to have been fired, 33% more likely to be laid off and 53% more likely to quit their job than those without ADHD. They are also 20% less likely to be employed and earn an average of 16% less than their peers.²⁸

ADHD and employment

87%

say managing ADHD-related care can make it more difficult to stay focused or productive at work.

At least

24%

of employees on long-term sick leave due to stress-related illness meet the criteria for ADHD.²⁹

Canadians affected by ADHD clearly need help.

Just 9% say the current health-care system meets their needs, the lowest rate across all conditions studied. And although 74% report having health benefits, only 21% of those say their benefits consistently fill gaps in care and help to access care when needed.

While ADHD highlights the challenges associated with neurodevelopmental conditions, similar barriers exist for those living with chronic physical conditions, particularly those that are less visible and often misunderstood, such as chronic pain.





I wish there were less barriers to receiving care. For example, because I am a woman in my mid-20s, getting an official ADHD diagnosis was not something that I could do through the public health-care system, even if I wanted one to help me understand myself better and be able to access certain accommodations or medications now and/or in the future, if needed.

Because I 'got good grades' back in school, any struggles I might feel like I face now in adulthood were deemed insignificant enough for me to have to pay out of pocket for answers.

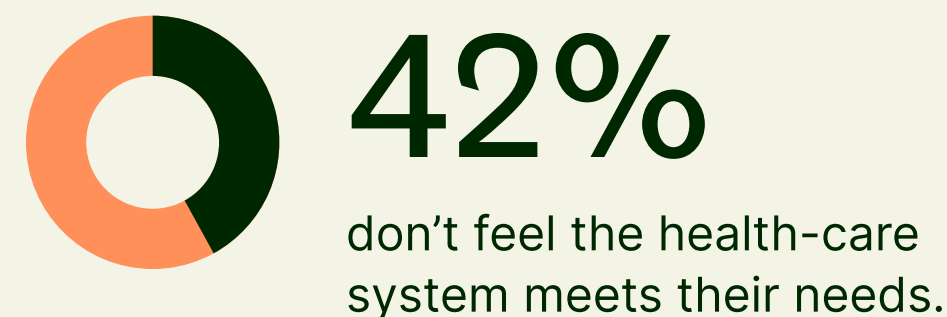
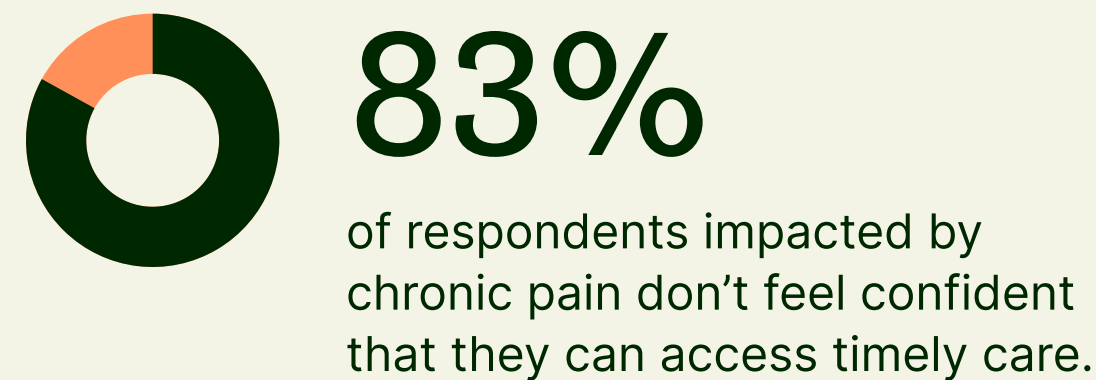
– Survey respondent



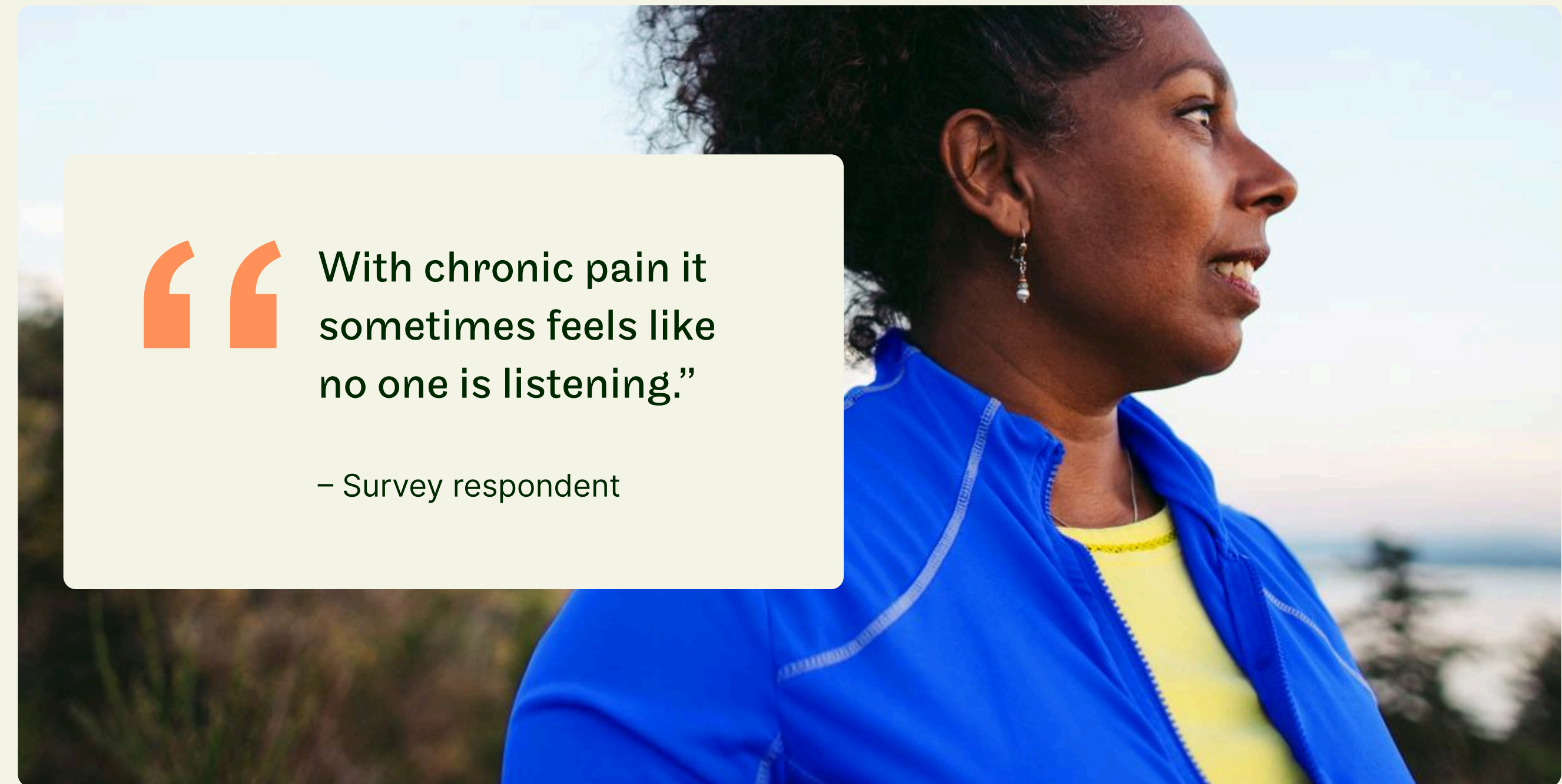
A closer look: chronic pain

Pain that persists for longer than three months is defined as chronic. It can be classified as either primary and secondary. Chronic primary pain refers to pain that persists despite complete tissue healing or pain that has no identifiable cause, while chronic secondary pain occurs in association with an underlying disease or condition.³⁰

According to Health Canada's Canadian Pain Task Force, although one in five Canadians, or nearly 8 million, live with chronic pain³¹, their experience is often diminished and misunderstood by health professionals, in part due to its invisibility.³²



Long wait times to see pain specialists can delay the diagnosis of chronic pain and the initiation of treatments. Such delays can lead to increased disability, functional impairment and despair in addition to the mental health challenges that often accompany chronic pain.³³



Source:³⁰ Health Canada, 2021: <https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/canadian-pain-task-force/report-2021.html>

³¹ Health Canada, 2019: <https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/canadian-pain-task-force/report-2019.html>

^{32,33} Health Canada, 2020: <https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/canadian-pain-task-force/report-2020.html>



Stop acting like our chronic pain is all in our heads. If you don't know something, educate yourself for the sake of your patients in order to actually help them. Living with chronic pain is no way to live.

– Survey respondent





An overwhelming majority of Canadians affected by chronic pain say it negatively impacts their life.

98%

say chronic pain creates challenges in their daily life, even when care is managed well.

94%

say their day-to-day life is more complicated because of managing chronic condition-related care.

87%

say managing ongoing care creates significant mental or emotional strain.

82%

say managing chronic condition-related care can make it more difficult to stay focused or productive at work.

59%

say medications or treatments are complex or difficult to manage.

But many therapies integral to the effective management of pain, which include physical and manual therapy and psychological services, are not covered by public health insurance, and coverage under private plans remains limited.³⁴

A quarter (27%) of those impacted by chronic pain say they don't have health benefits beyond provincial coverage. Of those that do have some type of additional health benefits, just 16% say their benefits fill gaps in care and help access care when needed, while the other 84% of those with access to benefits say they don't help consistently or still leave them facing delays, long waits or gaps in access.

For an often-invisible condition, chronic pain has a tremendous economic impact. Analyses by Health Canada put the combined health care and lost production costs of chronic pain at between \$38.2B - \$40.3B in 2019, a total expected to increase by 36.2% to \$52-55 billion by 2030 due to population growth and aging.³⁵

As the experiences of Canadians with mental health conditions, ADHD and chronic pain illustrate, health-care challenges associated with chronic conditions are not experienced equally. And gender also plays a significant role in how Canadians experience chronic conditions, access care and navigate the health-care system.

“ [It would help to have] a chronic pain medical specialist who has access to imaging and a range of specialists such as surgeons, physiatrists, pain management specialists, etc. Currently, the system relies heavily on paraprofessionals (chiro, physio, osteo, etc.) who do their best but are operating outside of their regulatory scope of practice.

– Survey respondent



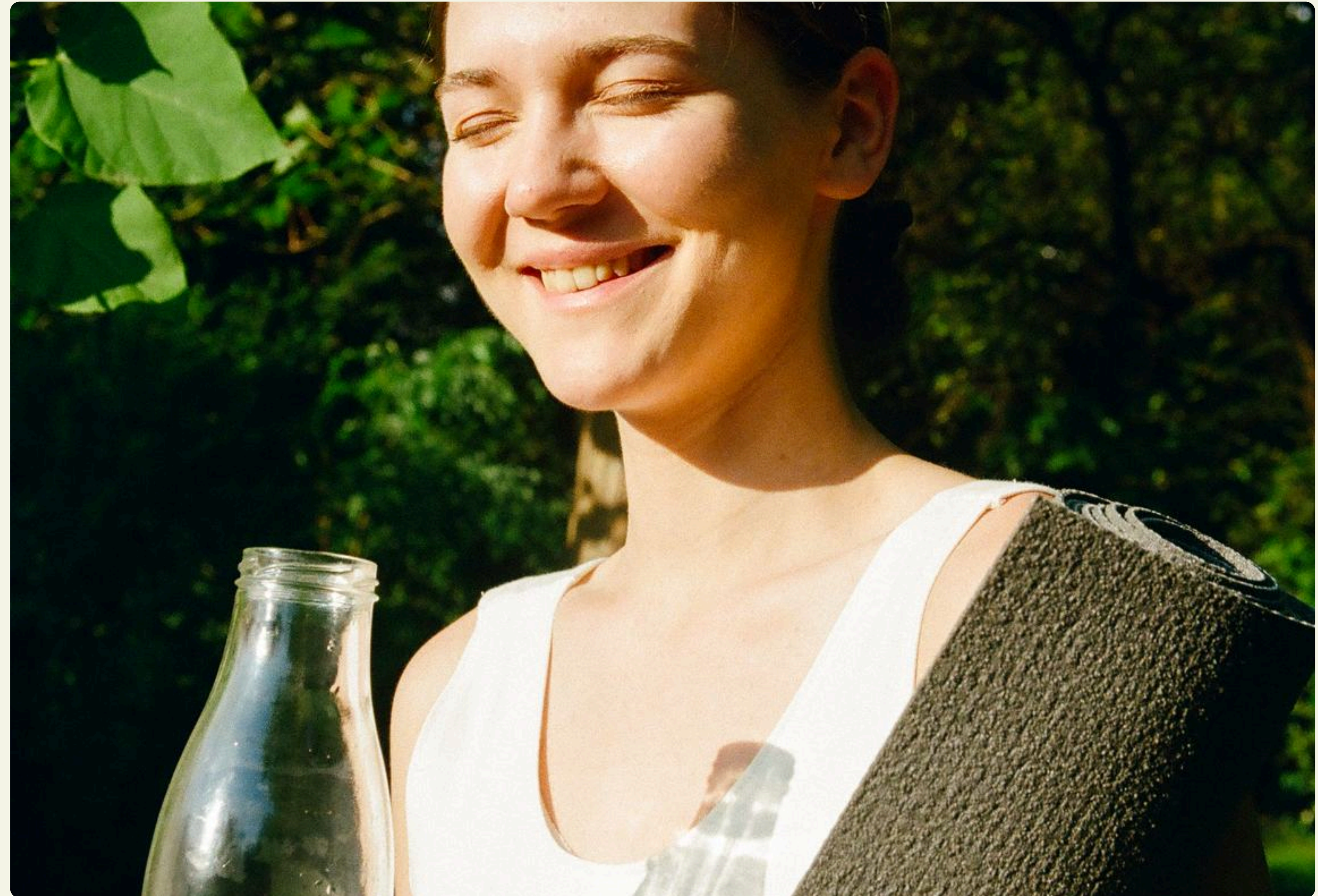
The gender divide

When it comes to chronic conditions, many women feel that Canada's health-care system isn't meeting their needs. More women (51%) than men (44%) say their needs are only sometimes met, while men (27%) are more likely than women (20%) to say their health-care needs are always met.

The mental health impacts of this disparity are substantial. For example, managing ongoing care creates significant mental or emotional strain for more women than men impacted by ADHD (88% vs. 77%), diabetes (73% vs. 58%), chronic respiratory diseases (80% vs. 66%) and heart disease or cardiovascular conditions (73% vs. 62%).

Our survey also shows that more women (59%) than men (48%) affected by chronic conditions feel dismissed or not taken seriously when seeking a diagnosis. This finding echoes Maple's Spring 2025 report on women's health, *Closing the Care Gap*, which highlighted the health-care challenges women face and what those challenges reveal about broader systemic gaps in how care is delivered to all Canadians.

That sense of not being believed has implications for how women seek care. A recent IWK Foundation survey of more than 27,000 women in Canada's maritime provinces found that 55% worried about not being heard when discussing health with their doctor, 58% downplayed their health concerns, and 77% carefully considered which symptoms to mention.³⁶ In a place where women should be able to speak freely about their health, they aren't.





In our findings, some gender differences related to day-to-day life and workplace impacts also stood out:

- More women impacted by diabetes than men say it creates challenges in daily life, even when care is managed well (92% vs. 83%), that day-to-day life is more complicated because of managing care (84% vs. 72%) and that managing care can make it more difficult to stay focused or productive at work (64% vs. 45%).
- Balancing health or caregiving needs with work and family is challenging for more women than men impacted by mental health conditions (81% vs. 72%), ADHD (85% vs. 66%) and diabetes (69% vs. 49%).
- More women than men impacted by cancer (70% vs. 44%) and diabetes (43% vs. 27%) report that it has impacted their career advancement or job opportunities.

Health-care and workplace gaps that affect women also reflect broader shortcomings in how benefits support people with ongoing health needs.

For example, in the past 12 months, more women than men say they have had to pay out of pocket for uncovered treatments for: mental health conditions (69% vs. 55%), ADHD (73% vs. 56%), chronic respiratory diseases (67% vs. 53%) and heart disease or cardiovascular conditions (65% vs. 50%). And more women (31%) than men (21%) impacted by mental health conditions say that they still face delays, long waits or gaps in access despite having health benefits.

Addressing these gaps will require a coordinated response from both governments and employers, each playing a part in building a system that better supports Canadians living with chronic conditions.



Women are still getting diagnosed with neurodevelopmental disorders well into their adult years, for conditions that must have begun in childhood to even be considered for the diagnosis. That's so unacceptable.

– Survey respondent



Both government and employers have a role to play in the solution

A majority of Canadians will develop one or more chronic conditions.³⁷ Yet the systems meant to support them, at work and in health care, are not designed for ongoing, complex needs. Employers offer tools like flexible work arrangements, workplace accommodations, Employee Assistance Programs and caregiver leave, but these supports are often fragmented or underutilized. Governments also have a role to play in modernizing health-care policy to better support long-term condition management.

Many employees are looking for help in navigating the health-care system. In fact, navigation support now tops the list of new or lesser-known benefits that employees would use if available. The desire for this support is strong among employees living with chronic conditions. For example, 38% of those with diabetes and 35% of those living with obesity said they would use these navigational services.³⁸

While both governments and employers have a role to play, incremental improvements to existing supports will not be enough.

Meaningful progress requires rethinking how care is delivered.



Properly fund health care at the provincial level so we don't have to wait months for referral appointments, and cover the costs associated with universally funded health care beyond the primary physician.... The health-care system can only provide so much care.

It is the responsibility of the provincial government to change and update the system to make life easier and more manageable for those living with and caring for those with chronic conditions.

– Survey respondent

Source:³⁷ Public Health Agency of Canada, 2020: <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/aging-chronic-diseases-profile-canadian-seniors-report.html>

³⁸ Sun Life, 2024: <https://www.sunlife.ca/content/dam/sunlife/regional/canada/documents/gb/chronic-disease-report-tl1094-1.pdf>

Building up continuity of care

Canadians are ready for change. A 2023 Angus Reid Institute study found that 66% don't believe that additional funding of the current health-care system will fix its structural problems.³⁹

Modern care models can help transform a fragmented, difficult-to-navigate system into one where proactive, continuous and connected care is the norm. Our findings make it clear that Canadians want better-integrated and coordinated health care.



More than three-quarters (78%) of Canadians impacted by chronic conditions agree that reliable 24/7 access to technology-enabled care would help reduce stress and time spent managing their condition, particularly by providing:



In-person care remains essential, especially for certain procedures, diagnostics and complex interventions, but it cannot meet every need on its own. Virtual care and digital health models can complement in-person care by improving access, strengthening coordination across the system and helping patients navigate ongoing care between in-person visits.

Technology-enabled care models can also improve continuity by making health information more accessible across providers and helping bridge the gap between primary care and specialists.

Providing access to primary care from the comfort of a patient's home would particularly benefit those with mobility challenges, people in rural or other underserved areas and those who cannot afford to take unpaid time off work for appointments. Without this access, many patients are pushed to the emergency department unnecessarily.

For example, the Canadian Institute for Health Information noted that 13% of emergency department visits for patients living in rural or remote areas could potentially have been managed virtually, compared with 7% for patients living in urban areas.⁴⁰ Virtual care can also help to reduce the overall carbon footprint of health-care systems.⁴¹

Together, shifts toward more coordinated, technology-enabled care models point to a future where the health-care system is better equipped to meet the needs of Canadians living with chronic conditions.

A look ahead: from fragmented to ongoing care

Living with and managing a chronic condition can be isolating, frustrating and overwhelming. The Canadians who need the most access to care are desperately waiting for a comprehensive and integrated patient-centred system that supports their complex needs – one where they feel heard and understood.

Despite a fragile system, there is a solid foundation to start from. By embracing innovative solutions that include digital and AI-enhanced tools and virtual care, this core will be enhanced and strengthened so that every Canadian who needs care, no matter how complex, can access it whenever and wherever they need it.

Equally important is ensuring that benefits coverage evolves to reflect the realities of chronic disease. This means moving beyond episodic models to support continuous care, expanding access to critical services for long-term management, such as mental health and allied health supports, and reducing out-of-pocket costs that create barriers to care.

Together, more coordinated care delivery with chronic condition-focused coverage can help close the gaps that define today's system and move Canada toward a future where ongoing care is not fragmented, but truly continuous, connected and centred around the patient.



About Maple

Maple is Canada's leading on-demand healthcare platform, built to connect patients with Canadian-licensed doctors and nurse practitioners anytime, anywhere. Since 2015, we've been guided by our purpose to meet the world's healthcare needs. Today, we're proud to give over eight million people access to same-day, proactive and ongoing care via secure text, audio or video. We provide care directly to patients through our membership and one-off specialty visits, and through our over seven thousand business and government partners to deliver scalable, secure, and integrated programs. Maple is proudly headquartered in Toronto, Canada.

Survey methodology

These are the findings of a study/survey conducted by Maple Corporation from March 4 to 9, 2026 among a representative sample of 1,526 online Canadians living with a chronic condition or caring for someone with a chronic condition, 18+, balanced on age and regions and who are members of the Angus Reid Forum. The survey was conducted in English and French. For comparison purposes only, a probability sample of this size would carry a margin of error of +/- 2.5 points, 19 times out of 20.

Media inquiries

Press@getmaple.ca

maple