



HEALTH FACT SHEETS

Perceived mental health, symptoms of depression and consultations with a mental health professional, Territories, 2023/2024

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Perceived mental health, symptoms of depression and consultations with a mental health professional, Territories, 2023/2024

Summary

New territorial data from the 2023/2024 Canadian Community Health Survey (CCHS) show that:

- The proportion of those living in the territories, aged 18 and over, who reported excellent or very good mental health decreased from 58% in 2017/2018 to 47% in 2023/2024.
- Among those living in Yukon and Nunavut, about one in ten people reported experiencing moderate to severe symptoms of depression in 2023/2024.¹
- In 2023/2024, about one quarter of those living in Yukon and Northwest Territories reported having talked to a mental health professional in the 12 months preceding the survey.²

Background

More than a billion people worldwide live with a mental health condition³ and perceived mental health decreased during the COVID-19 pandemic.⁴ Measures such as perceived mental health and symptoms of depression are important indicators of overall population well-being. Indicators of access to mental health services provide insights into how existing services are used within the population. Barriers to accessing mental health services may affect some populations in Canada more than others, compounding existing health disparities.⁵ The Indigenous population, in particular, may encounter obstacles within the health care system that can affect access to care, such as managing complex health care policies and funding structures. Differences in mental health outcomes among Indigenous people have also been linked to historical and persisting factors including colonial and assimilation policies that have had lasting impacts on mental health and access to mental health services.⁶ Barriers such as racism and discrimination towards the Indigenous population within the health care system have also been documented.⁷

This health fact sheet uses data from the 2023/2024 two-year cycle of the Canadian Community Health Survey and highlights key indicators of mental health among people living in the territories, including perceived mental health, symptoms of depression, and consultations with a mental health professional in the year preceding the survey. It also examines differences by sex, age, territory and Indigenous identity.

Perceived mental health

In 2023/2024, 47% of those living in the territories reported excellent or very good mental health (positive mental health), which was lower than in 2017/2018 (58%) (Table 1).

Relative to the provinces combined (54%), the proportion of those reporting positive mental health was lower in the Northwest Territories (46%) and Nunavut (43%), while the proportion in Yukon (51%) was not statistically different. These differences may reflect a range of factors related to mental health, including variations in access to health care services, geographic remoteness and social and economic conditions.

Overall, a higher proportion of males reported positive mental health (51%) compared to females (43%). Older adults had higher levels of positive mental health compared to younger age groups. Among adults aged 65 and

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over living in the territories, 55% reported positive mental health, which was higher than those aged 18 to 34 (45%), 35 to 49 (46%) and 50 to 64 (48%).

Differences in positive mental health also existed by Indigenous identity among those living in the territories. In 2023/2024, 37% of First Nations people living in the territories and 41% of Inuit living in Inuit Nunangat reported positive mental health, both of which were lower than the non-Indigenous population (54%) living in the territories.⁸ A similar proportion of the Métis population (52%) reported positive mental health compared to the non-Indigenous population (54%).

Table 1
Perceived mental health in the territories, by sex, age group, geography and Indigenous identity, 2017-2018 and 2023-2024

	Excellent or Very Good Mental Health						Fair or Poor Mental Health					
	2017/2018			2023/2024			2017/2018			2023/2024		
	percent	95% confidence interval		percent	95% confidence interval		percent	95% confidence interval		percent	95% confidence interval	
		lower limit	upper limit		lower limit	upper limit		lower limit	upper limit		lower limit	upper limit
Territories Total	57.7	54.7	60.6	47.1 [†]	44.7	49.5	10.6	8.9	12.3	16.1 [†]	14.2	18.0
Sex												
Male	58.7	54.6	62.8	51.0 ^{*†}	46.9	55.1	10.4	8.0	12.8	13.5 ^{*†}	11.1	16.0
Female (Reference category)	56.6	52.7	60.4	43.0 [†]	38.9	47.1	10.8	8.5	13.1	18.8 [†]	15.6	22.0
Age group												
18 to 34 years	54.5	50.0	58.9	44.8 ^{*†}	40.3	49.3	11.8	8.3	15.3	19.0 ^{*†}	15.0	23.1
35 to 49 years	61.5	55.9	67.2	45.7 ^{*†}	41.4	50.0	9.0	6.3	11.7	18.4 ^{*†}	14.4	22.3
50 to 64 years	56.5	51.1	61.9	47.7 ^{*†}	42.6	52.8	11.6	8.0	15.2	12.8	9.4	16.1
65 years and older (Reference category)	61.0	54.0	68.0	54.5 [†]	50.1	58.9	8.2	4.8	11.5	9.9	7.2	12.6
Geography												
Yukon	62.1 [*]	57.2	67.0	51.0 [†]	47.1	55.0	10.0	7.3	12.6	15.0 [†]	12.2	17.8
Northwest Territories	62.0 [*]	58.1	65.8	46.1 ^{*†}	42.4	49.9	8.6	5.8	11.5	18.1 [†]	14.7	21.5
Nunavut	46.3 [*]	39.2	53.4	42.6 [*]	38.0	47.2	14.0 [*]	10.7	17.3	15.2	11.5	18.9
Provinces (Reference category)	69.0	68.5	69.5	53.7 [†]	53.2	54.2	7.5	7.2	7.8	15.1 [†]	14.7	15.5
Indigenous identity												
Indigenous people	46.9 [*]	42.1	51.8	39.8 ^{*†}	36.3	43.3	13.5 [*]	10.8	16.3	17.0	13.8	20.2
First Nations people	49.0 [*]	41.7	56.2	36.6 ^{*†}	31.4	41.8	14.9 [*]	9.5	20.2	18.8	12.7	25.0
Métis	72.4 ^E	60.1	84.6	51.6 ^{E†}	39.2	64.0	F	F	F	14.9 ^E	7.2	22.7
Inuit	42.6 [*]	35.5	49.7	41.2 [*]	35.8	46.6	13.6 [*]	10.3	17.0	15.4	11.4	19.5
Non-Indigenous (Reference category)	68.2	64.5	71.9	53.8 [†]	50.6	57.0	7.7	5.6	9.9	15.3 [†]	13.1	17.6

^E use with caution

F too unreliable to be published

* significantly different from reference category ($p < 0.05$)

† significantly different from previous reference period (2017/2018)

Notes: Estimates for the total Indigenous and total non-Indigenous population, in addition to estimates for First Nations people and Métis, include only those living in the three territories (e.g., provincial data is excluded). Inuit Nunangat – the homeland of the Inuit of Canada includes the communities located in the four Inuit regions: Nunatsiavut (Northern coastal Labrador), Nunavik (Northern Quebec), the territory of Nunavut and the Inuvialuit region of the Northwest Territories. These regions collectively encompass the area traditionally occupied by Inuit in Canada. The CCHS excludes Nunatsiavut (Northern coastal Labrador) and Nunavik from coverage, and so estimates covering the Inuit population represent the combined areas of the other two regions.

Source: Canadian Community Health Survey 2017-2018 and 2023-2024



Depression

Depression can affect mental and physical well-being, as well as social functioning, and employment.⁹ In 2023/2024, 11% of those living in Yukon and Nunavut reported moderate to severe symptoms of depression (Table 2). Data capturing symptoms of depression were unavailable for those living in the Northwest Territories during this period. Differences in the proportion of those reporting depression symptoms were observed by sex, with a higher proportion of females reporting moderate to severe symptoms of depression (13%) compared to males (9%).

The proportion of those reporting moderate to severe symptoms of depression declined with age. In 2023/2024, 15% of those aged 18 to 34 reported moderate to severe symptoms of depression, followed by 12% of those aged 35 to 49, 7% of those aged 50 to 64, and 5% of those aged 65 and older.

In Yukon and Nunavut, a similar proportion of Indigenous people (12%) and non-Indigenous people (10%) reported moderate to severe symptoms of depression. When compared to the non-Indigenous population, there were no statistically significant differences in the proportion of those who reported moderate to severe symptoms of depression among First Nations people (13%) and the Inuit population living in Nunatsiavut and Nunavut (12%).¹⁰ Data for the Métis population were not available due to insufficient sample size.

Table 2
Symptoms of depression in Yukon and Nunavut, by sex, age group, geography and Indigenous identity, 2023-2024

	Moderate to severe symptoms of depression (Yukon and Nunavut)		
	2023/2024		
	percent	95% confidence interval	
lower limit		upper limit	
Territories Total (excluding Northwest Territories)	10.7	8.3	13.1
Sex			
Male	9.0*	5.9	12.0
Female (Reference category)	12.5	9.6	15.3
Age group			
18 to 34 years	14.5*	9.8	19.1
35 to 49 years	11.5*	7.1	15.9
50 to 64 years	7.3	4.0	10.7
65 years and older (Reference category)	5.2	2.5	7.9
Geography			
Yukon	9.8	7.7	11.8
Northwest Territories
Nunavut	12.3	7.0	17.6
Indigenous identity			
Indigenous people	11.8	7.4	16.3
First Nations people	12.9	7.8	18.0
Métis	F	F	F
Inuit	12.2	5.7	18.8
Non-Indigenous (Reference category)	9.8	7.6	12.0

.. not available for a specific reference period

F too unreliable to be published

* significantly different from reference category ($p < 0.05$)

Notes: Data capturing symptoms of depression were unavailable for those living in the Northwest Territories during this time period, as this content is part of the CCHS optional content modules and was not selected by the Northwest Territories. In addition, this optional content was not selected by all provinces, and as a result, a provincial comparison is unavailable for this indicator. A comparison to a previous reference period was not available for this indicator.

Symptoms of depression were measured using the 9-item Patient Health Questionnaire (PHQ-9). The PHQ-9 is a screening tool that allowed respondents to self-report the frequency and severity of symptoms they experienced within the past two weeks. This clinical screening tool is widely used in population health surveys to identify those who may have depression, with scores of ≥ 10 indicating moderate to severe symptoms. The data reported above do not necessarily reflect a clinical diagnosis of depression.

Estimates for the total Indigenous and total non-Indigenous population, in addition to estimates for First Nations people and Métis, include only those living in Yukon and Nunavut (e.g., data from the Northwest Territories and the ten provinces are excluded). Inuit Nunangat – the homeland of the Inuit of Canada includes the communities located in the four Inuit regions: Nunatsiavut (Northern coastal Labrador), Nunavik (Northern Quebec), the territory of Nunavut and the Inuvialuit region of the Northwest Territories. These regions collectively encompass the area traditionally occupied by Inuit in Canada. The CCHS excludes Nunatsiavut (Northern coastal Labrador) and Nunavik from coverage, and so estimates covering the Inuit population represent the combined areas of the other two regions. Given that content on depression was not collected in Northwest Territories, the estimate for the Inuit population, covering those living in Inuit Nunangat, also excludes the Inuvialuit region of the Northwest Territories.

Source: Canadian Community Health Survey 2023-2024



Consultation with a mental health professional

Compared to pre-pandemic levels, the proportion of those living in Yukon and the Northwest Territories who reported seeing or talking to a health professional about their emotions or mental health in the past 12 months increased from 19% in 2015/16 to 23% in 2023/2024 (Table 3). Data capturing consultations with a mental health professional were unavailable for those living in Nunavut during this period.

The proportion of females in Yukon and the Northwest Territories who reported consulting with a mental health professional in the past year increased from 23% in 2015/2016 to 33% in 2023/2024, however, no statistically significant differences were observed for males. In addition, in 2023/2024, fewer males reported consulting with a mental health professional in the past year (14%) compared to females (33%).

In Yukon and the Northwest Territories, the proportion of individuals who reported consulting with a mental health professional declined by age group. In 2023/2024, 30% of adults aged 18 to 34 reported a recent consultation compared to 11% among those aged 65 and older.

Indigenous people often face barriers to accessing health services such as longer wait times and the need to travel outside their communities to obtain appropriate care, and these challenges may affect health and well-being, including stress, anxiety, feelings of isolation and financial strain.¹¹ In 2023/2024, a lower proportion of First Nations people reported having a recent consultation with a mental health professional (20%) compared to non-Indigenous people (25%). No statistically significant differences were observed between Métis and non-Indigenous people. Data for the Inuit population were not available due to an insufficient sample size.

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Table 3
Consultation with a health professional in Yukon and Northwest Territories, by sex, age group, geography and Indigenous identity, 2015-2016 and 2023-2024

	Seen or talked to a health professional about their emotional or mental health, past 12 months (Yukon and Northwest Territories)					
	2015/2016			2023/2024		
	percent	95% confidence interval		percent	95% confidence interval	
lower limit		upper limit	lower limit		upper limit	
Territories Total (excluding Nunavut)	18.7	15.5	21.8	23.3 [†]	21.0	25.6
Sex						
Male	14.3*	10.4	18.1	13.9*	11.1	16.8
Female (Reference category)	23.1	18.6	27.5	32.7 [†]	29.2	36.2
Age group						
18 to 34 years	22.1*	16.2	28.1	29.5*	24.0	35.0
35 to 49 years	17.9*	12.6	23.2	26.8**	22.1	31.4
50 to 64 years	18.5*	13.8	23.1	19.0*	14.5	23.5
65 years and older (Reference category)	10.3	6.5	14.2	11.3	8.4	14.1
Geography						
Yukon	21.3	18.0	24.6	22.6	19.4	25.8
Northwest Territories	16.3	11.2	21.4	24.1 [†]	20.4	27.7
Nunavut
Indigenous identity						
Indigenous people	20.0	13.4	26.7	21.0	17.3	24.6
First Nations people	21.0	12.9	29.2	19.5*	15.4	23.5
Métis	16.9 ^E	7.7	26.1	26.0 ^E	15.4	36.5
Inuit	F	F	F	F	F	F
Non-Indigenous (Reference category)	20.1	16.7	23.4	24.6 [†]	21.7	27.5

.. not available for a specific reference period

^E use with caution

F too unreliable to be published

* significantly different from reference category ($p < 0.05$)

[†] significantly different from previous reference period (2015/2016)

Notes: Data capturing consultations with a health professional were unavailable for those living in Nunavut in 2023/2024, as this content is part of the CCHS optional content modules and was not selected by Nunavut. In addition, this optional content was not selected by all provinces, and as a result, a provincial comparison is unavailable for this indicator. For comparison purposes, the 2015/2016 reference period also excludes data for those living in Nunavut.

Estimates for the total Indigenous and total non-Indigenous population, in addition to estimates for First Nations people and Métis, include only those living in the Yukon and the Northwest Territories (e.g., data from Nunavut and the ten provinces are excluded). Content covering consultations with a mental health professional was not asked to those living in Nunavut.

Source: Canadian Community Health Survey 2015-2016 and 2023-2024

Data

The data used are from the 2023/2024 two-year cycle of the Canadian Community Health Survey (CCHS) and cover respondents living in the territories. Data for 2023/2024 were collected from January 3, 2023 to December 31, 2024. This analysis includes only non-proxy respondents.

For consistency across reference periods, this analysis used the 'sex' variable in 2015/16 and 2017/18, and 'sex at birth' in 2023/2024. The questions on 'sex at birth' and 'gender' were not added to the CCHS until the 2019 reference year. Also since 2024, the weighting calibration process of the CCHS was updated to use gender instead of sex at birth.

During 2023/2024, content on symptoms of depression was not collected in Northwest Territories and content on mental health care consultations was not collected in Nunavut. This content is part of the CCHS optional content modules, which are not included in the national core questionnaire but can be selected by provinces, territories, or health regions to address specific regional data needs. These modules are developed and tested by Statistics Canada but are only asked in jurisdictions that choose to include them.

Respondents were asked "In general, how is your mental health?", with the following answer categories available: Excellent, very good, good, fair, poor. Positive mental health refers to those who reported having either excellent or very good mental health. Perceived mental health refers to the perception of a person's mental health in general.



Perceived mental health provides a general indication of the population suffering from some form of mental disorder, mental or emotional problems, or distress, not necessarily reflected in perceived health.

Symptoms of depression were measured using the 9-item Patient Health Questionnaire (PHQ-9). The PHQ-9 is a screening tool that allowed respondents to self-report the frequency and severity of symptoms they experienced within the past two weeks. This clinical screening tool is widely used in population health surveys to identify those who may have depression, with scores of ≥ 10 indicating moderate to severe symptoms. The data reported above do not necessarily reflect a clinical diagnosis of depression.

Respondents who reported that they saw or spoke to a health professional about their emotional or mental health in the past 12 months were considered as having a recent consultation with a mental health professional. This would include any health care practitioner or community provider who offers services for the purpose of improving an individual's health (e.g., a family doctor, general practitioner, psychiatrist, psychologist, nurse, social worker or counsellor).

Indigenous identity is based on the self-reported answer to the question "Are you First Nations, Métis or Inuk (Inuit)? First Nations (North American Indian) includes Status and Non-Status Indians." Indigenous people reporting multiple identities are included in the Indigenous total but are not shown separately because of small sample sizes. The individual 'First Nations', 'Métis' and 'Inuit' categories exclude those who reported multiple Indigenous identities.

Estimates for the total Indigenous and total non-Indigenous populations, in addition to estimates for First Nations people and Métis, include only those living in the three territories (e.g., provincial data is excluded).¹² Inuit Nunangat – the homeland of the Inuit of Canada includes the communities located in the four Inuit regions: Nunatsiavut (Northern coastal Labrador), Nunavik (Northern Quebec), the territory of Nunavut and the Inuvialuit region of the Northwest Territories. These regions collectively encompass the area traditionally occupied by Inuit in Canada. The CCHS excludes Nunatsiavut (Northern coastal Labrador) and Nunavik from coverage and so estimates covering the Inuit population represent the combined areas of the other two regions.¹³

Notes

1. Content on depression was not collected in Northwest Territories during this reference period.
2. Content on mental health care consultations was not collected in Nunavut during this reference period.
3. [World Health Organization. Mental health.](https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response) <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>
4. Statistics Canada. [Canadians report lower self-perceived mental health during the COVID-19 pandemic.](https://www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00003-eng.htm) <https://www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00003-eng.htm>
5. Statistics Canada. [Investigating disparities in mental health care service use among people with mood and anxiety disorders.](https://www150.statcan.gc.ca/n1/pub/82-003-x/2026001/article/00001-eng.htm) <https://www150.statcan.gc.ca/n1/pub/82-003-x/2026001/article/00001-eng.htm>
6. Boksa P, Joobar R, Kirmayer LJ. [Mental wellness in Canada's Aboriginal communities: striving toward reconciliation.](https://pmc.ncbi.nlm.nih.gov/articles/PMC4622632/) *J Psychiatry Neurosci.* 2015 Nov;40(6):363-5. <https://pmc.ncbi.nlm.nih.gov/articles/PMC4622632/>
7. Canadian Medical Association (CMA). [CMA apology to Indigenous Peoples: historical and ethical review report.](https://digitallibrary.cma.ca/link/digitallibrary585) Ottawa: The Association; 2024 Sep. <https://digitallibrary.cma.ca/link/digitallibrary585>
8. The estimate of positive mental health for the Inuit population living in Inuit Nunangat includes those living in the territory of Nunavut and the Inuvialuit region of the Northwest Territories. The CCHS excludes Nunatsiavut (Northern coastal Labrador) and Nunavik from coverage and so this estimate covering the Inuit population represents the combined areas of the other two regions.

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9. Knoll, A. D., & MacLennan, R. N. (2017). [Prevalence and correlates of depression in Canada: Findings from the Canadian Community Health Survey](#). *Canadian Psychology/psychologie canadienne*, 58(2), 116. <https://psycnet.apa.org/record/2017-12017-001>
10. Given that content on depression was not collected in Northwest Territories, the estimate for the Inuit population, covering those living in Inuit Nunangat, excludes the Inuvialuit region of the Northwest Territories. Nunatsiavut (Northern coastal Labrador) and Nunavik (Northern Quebec) are also excluded from CCHS coverage.
11. Statistics Canada. [Health care access and experiences among Indigenous people, 2024](#). <https://www150.statcan.gc.ca/n1/daily-quotidien/241104/dq241104a-eng.htm>
12. Content on depression was not collected in Northwest Territories and content on mental health care consultations was not collected in Nunavut.
13. Statistics Canada. [Canadian Community Health Survey - Annual Component \(CCHS\)](#). <https://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=3226>