



Addressing Depression: A Comparative SWOT Analysis of Mental Health Systems in Canada and Yemen

Luna Al-Zioud¹, Loiy Arabiyat², Merna Al-Zioud³

¹Department of Internal Medicine, Al-Saudi Hospital, Amman, Jordan

²Cardiology Department, Al-Salt Hussein Hospital, Salt, Jordan

³Faculty of Medicine, University of Jordan, Amman, Jordan

Email: lunazioud@yahoo.com

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Abstract

Depression is a global mental health issue that affects individuals in diverse ways, with cultural, economic, and healthcare contexts shaping both the management and perception of the condition. This paper presents a comparative SWOT analysis of depression in Canada and Yemen, examining how each country's socio-economic environment influences mental health care. Canada, a high-income nation with a well-established healthcare system, contrasts sharply with Yemen, where ongoing conflict and economic instability create significant barriers to mental health services. Key strengths identified in Canada include its well-funded mental health programs, multicultural approach to care, and widespread public awareness campaigns aimed at reducing stigma. However, challenges such as limited access to mental health services in rural areas, particularly for Indigenous populations, and the high cost of private treatment, remain significant barriers. In contrast, Yemen's strength lies in its strong cultural support networks, where family and community play pivotal roles in managing depression. Despite this, Yemen faces critical weaknesses such as a lack of formal mental health infrastructure, limited funding, and a shortage of trained professionals. Both countries present unique opportunities: Canada could further enhance its mental health care by integrating community-based and culturally sensitive approaches, inspired by Yemen's social cohesion, while Yemen stands to benefit from digital health solutions and international aid. However, both countries face threats, including stigma surrounding mental health, systemic challenges, and economic constraints, which hinder effective treatment and care. This analysis emphasizes the importance of context-specific mental health strategies and calls for a collaborative exchange of knowledge between nations. By integrating the strengths of both countries,

Canada and Yemen can improve their mental health frameworks and contribute to global efforts in addressing depression as a crucial component of overall health.

Subject Areas

Mental Health, Public Health, Health Systems

Keywords

Depression, Mental Health, Yemen, Canada, Health Systems, SWOT Analysis, Public Health, Mental Health Resources

1. Introduction

Depression has become a universal problem, and although it is common with every individual, their management and perception differ based on the country. Canada and Yemen also have very distinguishable social views towards depression, the approach to it in healthcare and support facilities, and options for individuals who suffer from it. The purpose of this paper is to carry out a comparative analysis of the strengths, weaknesses, opportunities, and threats of depression in Canada and Yemen. The reason for choosing Canada and Yemen as the countries for this comparison is because the contexts of both countries differ greatly. Canada has a healthy and well-developed economy, whereas Yemen is in poor condition and suffering from the war. As estimated, 19.5% of the total population in Yemen has mental disorders [1], and one in five individuals in Canada has a mental illness in a year [2]. Comparing these environments, it is possible to see how various factors influence the treatment of depression and what approaches may be adapted to the different international circumstances.

2. Methodology

2.1. Research Design

A comparative case study design was adopted, using the SWOT (Strengths, Weaknesses, Opportunities, and Threats) analytical framework. This design allows for systematic evaluation of internal and external factors influencing the mental health systems of both countries, highlighting differences in their capacities, challenges, and potential strategies for addressing depression.

2.2. Data Sources

This study employed a secondary data collection strategy, drawing from a range of credible and authoritative sources to ensure a comprehensive analysis of the mental health systems in Canada and Yemen. Sources included:

- Peer-reviewed academic journals;
- Governmental and ministerial health reports;

- Public health surveillance databases;
- Reports from international organizations, including the World Health Organization (WHO), United Nations High Commissioner for Refugees (UNHCR), and the World Bank;
- NGO publications and institutional research papers with a focus on mental health infrastructure and services.

All data were publicly available and accessed online.

2.2.1. Search Strategy

A systematic literature search was conducted between January and April 2025 using the following electronic databases:

- PubMed;
- Scopus;
- Google Scholar;
- WHO Institutional Repository for Information Sharing (IRIS).

The search utilized Boolean operators to optimize query precision. Example search strings included:

- (*“mental health system” OR “mental health policy”*) AND (*Canada OR Yemen*) AND *depression*;
- (*“SWOT analysis”*) AND (*“mental health services”*);
- (*“depression treatment”*) AND (*“low-income countries”*).

Searches were complemented by manual reference screening of included articles.

2.2.2. Inclusion Criteria

Publications were selected based on the following criteria:

- Focused on the mental health system or mental health service delivery in Canada or Yemen;
- Explicit reference to depression as a primary or case condition;
- Published between January 2014 and April 2025;
- Available in English;
- Provided empirical data, systematic evaluations, or policy-level insights.

2.2.3. Exclusion Criteria

The following types of literature were excluded:

- Articles with no focus on depression or mental health systems;
- Editorials, opinion pieces, and non-peer-reviewed commentaries;
- Grey literature lacking methodological transparency;
- Publications in languages other than English, including Arabic and French,

2.2.4. Data Management and Extraction

All identified sources were managed using Zotero reference management software. A data extraction sheet was developed to capture key information, including:

- Country of focus;

- Year of publication;
- Study type and methodology;
- Health system domain addressed (e.g., funding, access, stigma, policy);
- Reported outcomes related to depression.

The extracted data were subsequently coded and organized by country for integration into the SWOT analysis framework.

2.2.5. Ethical Considerations

As this study involved only publicly available data, it did not require ethics board approval. However, source credibility, transparency, and neutrality were maintained throughout to ensure academic integrity.

3. Strengths

There are several strengths that are known concerning depression in Canada. The large resources for mental health are easily one of the biggest advantages. Based on the previous point, one can note that the Canadian government has been urging funding for mental health and support systems programs that are developed to help with mental health issues, such as depression. The awareness campaign's primary focus is on bringing down stigma and creating awareness of mental health. For instance, the significant meaning of the kit of non-contagious diseases is the effective evidence of strategies for supporting vulnerable populations and for sharing the current instruments for caring for various health issues, such as mental health [3]. Another one of Canada's assets is that most of its residents are immigrants. That is why multiculturalism prescribes various types of mental health programs that can respond to cultural differences. Several activities are organized in Canada to increase awareness about depression and endorse a culture of seeking support. For example, the country helps many campaigns to raise awareness of people's mental health and ensure the appropriate service delivery to people from different cultures [4]. From an economic perspective, Canada is a high-income country possessing a high-quality healthcare system that supports mental health programs and decreases costs, which are often a burden to patients [5]. For instance, the Global Health Policy indicates that Canada earmarks certain funds for mental health policies, which results in more funding for treatment and support for persons experiencing depression [6]. Another strength of mental health in Yemen includes cultural heritage, implying strong social relations. Cultural practices and customs play an essential role in helping the communities fend off or deal with depression and mental illness. Yemeni people remain supportive of their family members when they are in some sort of trouble. This social structure helps to minimize the sense of loneliness and to minimize the fight with mental health disorders. Besides, poetry is one of the Yemen traditions that has to do more with the expression of feelings, which will be helpful in offering temporary relief. Entering such forms of art can create a sense of self and community, which is so important for people's psychological health [7]. The psychosocial functioning of men and women can be enhanced as a result of undertaking community

interventions. It shows that cultural programs that involve self-identification foundations and affiliations could provide essential strategies for adaptation in unfavorable contexts [8]. The culture of Yemen and elements of the support community could be helpful in fighting against depression and in enhancing the condition of mental health.

4. Weaknesses

Moving on to weaknesses, internal factors can become a problem in Canada. May include aspects such as inadequate mental health care facilities in certain geographical regions, like rural areas. Patients in rural areas have the challenge of accessing health care since there are few practitioners and facilities available in the rural setting. Environmental barriers make patients cover long distances in order to access these or any other service, which may end up not happening. According to Gerbaka, such barriers make the fight against depression even worse for such patients. In addition, geographical barriers are one of the many challenges faced in Canada, where people express concerns about the scarcity of healthcare personnel and mental health in rural areas [9]. This is even worse for the indigenous people because they suffer from systematic discrimination as well as historical trauma, which would also deny them healthcare. In addition, because only limited mental health services are covered under the insurance plan, many Canadians seek private treatments, which are regarded as expensive, with consideration of the prevailing financial limitations of low-income earners and those in rural areas. It is a disregard for the cultural rights of indigenous people, as most are living in a way where there are scarce healthcare services that they can afford [10]. When analyzing weaknesses in Yemen, some crucial issues that concern financing and resources available for mental health services are identified. The subcommittee on financing for mental health has affected the sector in Yemen. It is worse because of the ongoing humanitarian situation, which makes it difficult to train the relevant professionals, let alone provide adequate services to the thousands of people who suffer from depression. For instance, Cerswell states that a scarcity of funding results in restricted access to treatments and minimal recognition of mental health issues, creating a difficult environment where the focus on mental health is missing and not appreciated [11]. For instance, the World Health Organization explained that Yemen has ongoing internal economic issues that are counterproductive by reducing revenue on medical care, especially mental health. Hence, many citizens cannot afford the mental health care they require, as this financial burden makes depression more likely [6]. Another significant deficit in Yemen is the lack of a systematic approach to the mental health framework. At the moment, there are no guidelines or policies that focus on mental health challenges or ensure that such care will be provided. This has led to the lack of the right approach to tackling mental-related issues and the lack of focus on the kinds of services required to address the needs of the depression-prone population. According to Al-Worafi, such crucial importance is attributed to the fact that, in the absence of this

strategy, the deterioration of the mental health of the people of Yemen can be predicted [12]. At present, Yemen suffers from a severe shortage of qualified mental health workers. Alhariri *et al.* have stated that Yemen has a severe human psychiatric power shortage, which is critically important for meeting the population's mental health needs [1]. Despite the active practice, most health workers are not well trained in mental health, thus their inability to serve as quality service providers. Moreover, the fight has also affected the mental health of the health workers, who also become subject to mental stress that results in a cycle of anguish not only for the patients but also for the suppliers themselves [13]. Atif reacted to the same topic, assert that lack of attention to the aspects of mental health ends up in negative implications, which affect the financial level throughout society [14]. Such a pattern can lead to poor mental health, and the cycle is very hard to challenge.

5. Opportunities

Regarding opportunities in Yemen, calls for support have invited international donors, resources, and collaboration through community-based programs to mobilize and improve mental health care seeking and strengthen coping abilities regarding the depression crisis [15]. In Shreedhar's article, there is concern about the way non-governmental organizations (NGOs) help in the protection of victims and survivors and raised the issue of the treatment of the mental health of affected individuals [16]. By addressing gender-based violence and mental health simultaneously, they will be in a position to develop integrated individual client care models that allow people to be treated holistically [17]. A number of NGO's focus on women since they are key players in families and other capacities in society, working towards advocating for women and enhancing the provision of mental health services. NGO's orientation also involves supporting teenagers as they are more susceptible to the effects of conflicts. It is true that resilience and agency programs empower young people and can change their lives. Alrai states that community participation helps teenagers engage in constructive exercises, hence giving them the feeling of purposeful living and undermining feelings of hopelessness [18]. In the context of Canada, it is noted that the high integration of primary care models in mental health services enhances the level of treatment and availability. Mobile applications, which are another form of digital health, have also demonstrated early diagnosis and management of mental health concerns [19], whereas educational programs cultivate students to assist peers suffering from depression [20].

6. Threats

There are many threats and challenges that are prevalent in both Yemen and Canada concerning mental health, including cultural and systemic factors. Mental health problems are still stigma there, and the problem of depression, as well as many others, is not well-known in Yemen. It is common knowledge that many a

person remains in pain because of fear or embarrassment to seek help. Culture still pays the most attention to the body's health, and this has made society misunderstand depression as an illness. Hence, the level of knowledge of mental health is still very low, and people may not even notice such signs of depression or how one can seek help [11]. For instance, despite existing mental health disorders, ordinary Yemenis suffer the daunting task of affording proper health care due to political unrest and a poor health sector. Stress and conflicting situations combined with economic difficulties lead to aggravated mental issues or the exacerbation of existing conditions, and growing generations experience it or grow in such conditions [21]. In addition, prejudice related to psychological well-being persists to prevent treatment and additional support [22]. In Canada, similar threats exist. There is a likelihood of funding for mental health problems being affected by economic recessions, thereby protracting existing troubles [23]. Mental health is still a sensitive topic in rural communities throughout most countries because, culturally, people are ashamed to admit such problems and seek help because of the strong opinion that they should not fail and rise above the challenge [24]. Moreover, the social media effect is that youth have increased feelings of inadequacy as social media presents life only in the best-looking or interesting light [25]. COVID-19 has further exacerbated these issues since it also causes heightened depressive symptoms resulting from isolation among the youth [26].

7. Discussion

This comparative SWOT analysis of depression in Canada and Yemen highlights how contrasting socio-economic, cultural, and health system factors shape the perception, treatment, and support for individuals living with depression. Despite the significant contextual differences between these two countries. Canada being a high-income, stable nation and Yemen facing ongoing conflict and humanitarian crises, valuable insights can be drawn from both environments (**Table 1, Table 2**). Canada demonstrates considerable strength through its structured mental health system, strong government funding, multicultural programming, and ongoing efforts to reduce stigma. These systems allow for more formal diagnosis, treatment options, and widespread awareness campaigns. Conversely, Yemen's key strengths lie in its traditional community support systems, strong family ties, and the cultural use of expressive practices such as poetry, which offer emotional outlets in the absence of clinical care. While informal, these culturally embedded practices provide psychological resilience that is often overlooked in Western-centric models of care. Both countries, however, face significant internal weaknesses. In Canada, barriers include limited access in rural and Indigenous communities, high private treatment costs, and insufficient culturally tailored services for minority populations. Yemen's weaknesses are more systemic and severe, stemming from underfunded mental health services, lack of trained professionals, absence of national mental health policy, and infrastructural breakdown due to conflict. These disparities emphasize the urgent need for context-specific strategies in resource-limited environments.

Table 1. Canada.

Canada	Strengths	Weaknesses	Opportunities	Threats
	Large resources for mental health	Limited access to mental health in rural areas	Integration of mental health services	Stigma in rural communities
	Awareness campaigns	Lack adequate insurance coverage	Digital health intervention	Economic recession
	Multicultural population	Geographical barriers	Early educational programs among students	Social media negative impact on individuals
	High income country			Covid-19 pandemic
	Strong healthcare infrastructure			

Table 2. Yemen.

Yemen	Strengths	Weaknesses	Opportunities	Threats
	Community Support	Absence of National Health Strategy	International Aids	Stigma
	Cultural traditions	Lack of trained mental health workers	NGO's programs supporting women	Cultural Barriers
		Lack of funding	NGO's programs supporting teenagers	War, Conflict
		Internal Economic Challenges		Political Instability
		Lack of awareness		Economic Instability

8. Conclusion

To sum up, the necessity and ways of depression management and coverage differ in Canada and Yemen, and they are affected and influenced by the distinct cultural, economic, and health systems of both countries. Using digital solutions in health has the capacity to improve mental health literacy and availability in both countries. Nevertheless, the political and economic situations of the country are problematic and may hinder the improvement of mental health conditions in Yemen. As it is evident from the literature review, cultural sensitivity is imperative when recommending strategies that can enhance mental health in both nations [27] [28]. For instance, there is a need to explore new strategies, such as telehealth, to improve mental health support in Yemen [11]. There are indeed mutual benefits that can be obtained by both nations, and one of them is through the sharing

of knowledge. Canada should learn from Yemen the strong support system of the community, and on the same note, Yemen should learn from Canada the practices that exist for mental health. By sharing the challenges faced and focusing on the strengths that Canada and Yemen have, both countries are able to develop better mental health frameworks, which, in extension, will help increase global awareness of mental health as an essential element of health.

Conflicts of Interest

The authors declare no conflicts of interest.

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