IQVIA

Medication Treatments for Mental Health Disorders in Canada

An independent IQVIA report on drug utilization data, 2020-2024

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Introduction

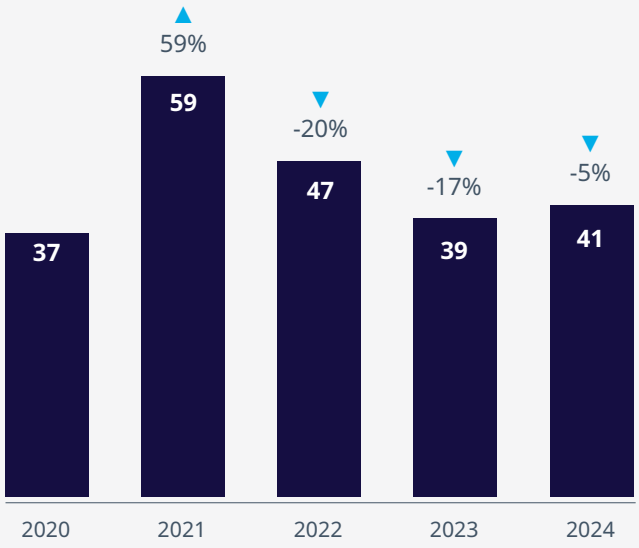
According to Health Canada, mental illness is characterized by changes in a person's thinking, mood, or behaviour and is generally associated with significant distress or impairment in social, occupational, or other activities. Mental illness indirectly affects all Canadians at some point, either through their own experience or that of a family member, friend, or colleague.

In any given year, one in five Canadians suffers from a mental illness, and by the time Canadians reach the age of 40, one in two has suffered or is suffering from a mental illness. According to CIHI, nearly 13% of patients with a mental illness are hospitalized at least three times a year in Canada.[1] Depending on the availability of mental healthcare in different health regions, this ranges from one in 14 patients to one in four patients. In 2022, the economic issues related to mental health and disabilities cost Canada more than $220 billion, including $32 billion in direct expenses (about 10% of public health) and $190 billion in indirect losses, including worker downtime and presenteeism.[2]

Although statistics on medication use were prioritized for the preparation of this report, other effective treatments and services are also available, including psychotherapy, helplines, virtual services/telemedicine, community supports, alternative medicine, prevention and promotion interventions, and workplace support. However, the increased demand for these services and the shortage of specialized professionals have resulted in psychotropic medications often being used to achieve positive clinical outcomes from psychosis to depression. Since 2021, the number of new trials on depression has been decreasing, particularly those focusing on traditional antidepressants, with the decline becoming more pronounced in 2024. At the same time, research is shifting towards approaches based on innovative mechanisms, with psychedelics accounting for 40% of the trials conducted in that same year.[3]

Start of clinical trials on depression, 2020-2024

Psychedelics: 40% of clinical trials in 2024



Our goal at IQVIA is to help optimize healthcare by providing data and factual information to better inform decision-makers in this critical field, with the utmost respect for data confidentiality and security. The statistics and analyses presented in this report come from the IQVIA Health Insights Dashboard, as part of a collaboration with the IQVIA Advisory Council for Health Advancement, a group of opinion leaders from various health sectors. The dashboard, which is based on fully anonymized data, allows for the analysis of medication usage in certain therapeutic classes. It is designed to answer three questions: how many prescriptions have been dispensed, how many users benefit from them, and which medical specialties prescribed them. See page 17 for the limitations on the use of IQVIA data.

1 Repeated hospitalizations due to mental health or substance use issues · CIHI
2 Workplace Burnout Costing Canadian Companies Billions | BCG
3 https://www.iqvia.com/insights/the-iqvia-institute/reports-and-publications/reports/global-trends-in-r-and-d-2025

This report is produced independently by IQVIA Canada as a public service, without industry or government funding. IQVIA complies with all laws regarding the protection of personal health information and IQVIA does not collect or use any prescription drug data that could identify a patient.

This report provides an overview of trends in drug treatments for mental health disorders dispensed in community pharmacies in Canada between 2020 and 2024. According to IQVIA's classification, psychotherapeutics — that is, medications intended for the treatment of mental disorders — are divided into four categories.

- **Antidepressants:** These medications are primarily used in the treatment of major depression and anxiety disorders. These conditions can result from genetic factors, personality traits, stressful situations, or neurochemical imbalances. The data presented in this report regarding antidepressants include first- and second-generation treatments.
- **Anxiolytics and hypnotics (tranquilizers):** Used to treat anxiety disorders and insomnia, often characterized by persistent worry lasting at least six months, accompanied by symptoms such as muscle tension, sleep disturbances, or difficulty concentrating.
- **Antipsychotics (or neuroleptics):** Used in the treatment of psychotic disorders, particularly schizophrenia, but also in other forms of psychosis. Antipsychotics can also be prescribed in combination with mood stabilizers for the management of bipolar disorder, treatment-resistant depression, Alzheimer's disease, certain anxiety disorders, or Tourette syndrome.[4] The data presented in this report includes first- and second-generation antipsychotics, including extended-release formulations (injectable forms known as "depot"), administered at a frequency ranging from once a week to once a month.
- **Psychostimulants:** Intended for the treatment of attention deficit hyperactivity disorder (ADHD) in children, adolescents, and adults, this disorder is characterized by marked inattention, hyperactivity, and impulsivity.

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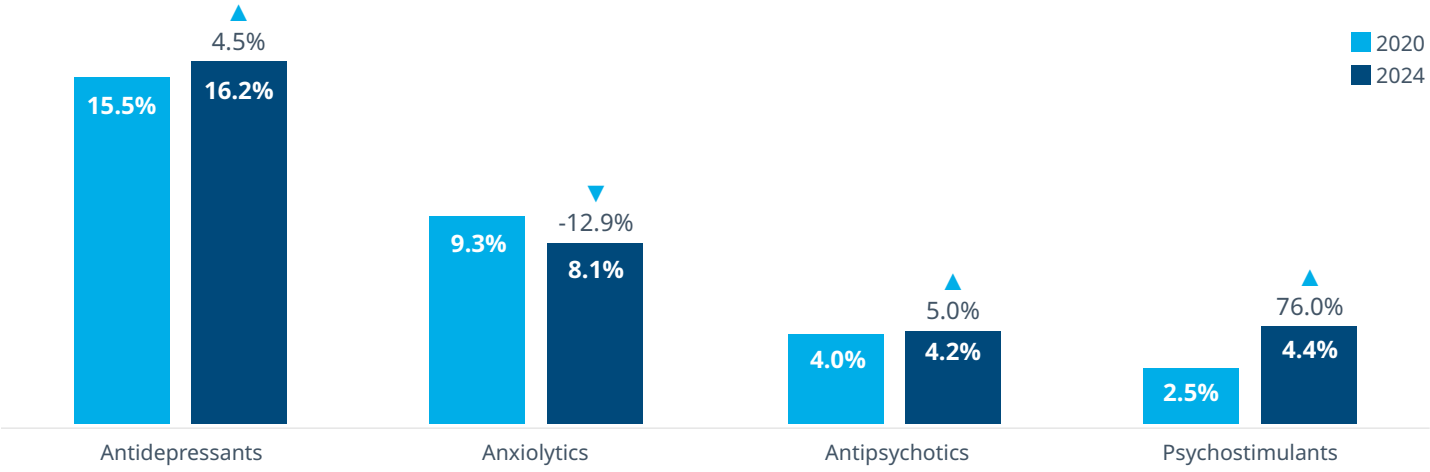
4 Antipsychotic Medication | CAMH

Overview of the evolution of the use of drug treatments for mental health in Canada (2020–2024)

In Canada, between 2020 and 2024, the prevalence of antidepressant and antipsychotic use increased, while a decrease was observed for anxiolytics. The most significant increase was seen in psychostimulants, whose use rose from 2.5% in 2020 to 4.4% in 2024.

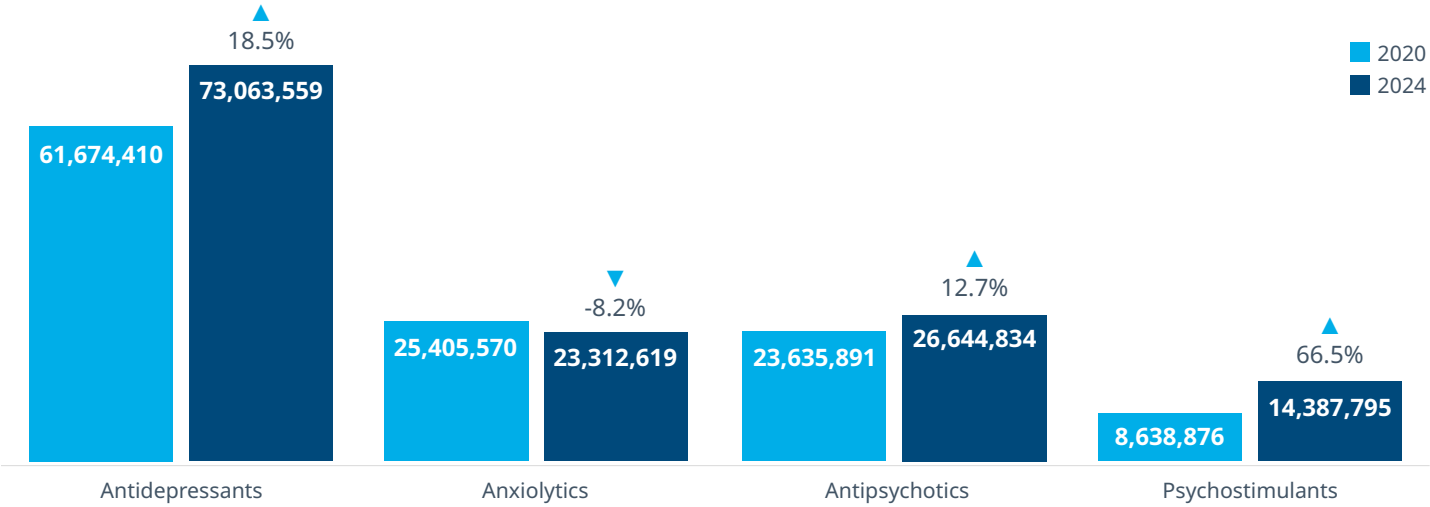
Prevalence in utilization of mental health medications by category, Canada, 2020-2024



Among the four categories of medications analyzed, antidepressants were the most prescribed in Canada, with over 70 million prescriptions in 2024, an increase of 18% compared to 2020. Conversely, anxiolytics showed a continuous decrease in the number of prescriptions over the years, recording an overall decline of 8% between 2020 and 2024. Antipsychotics, on the other hand, experienced a moderate annual increase ranging between 2% and 3%, representing a 13% rise over five years.

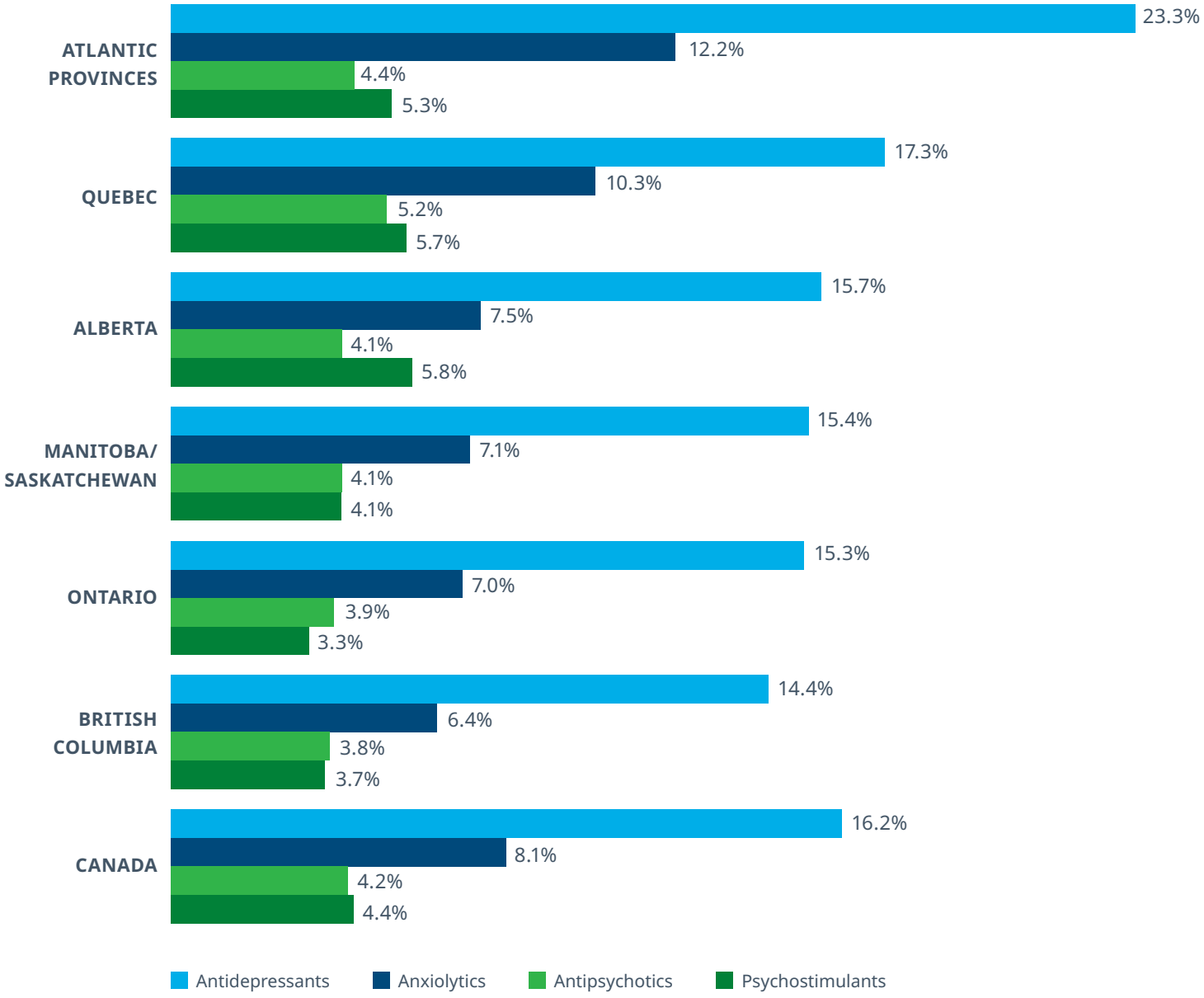
The most significant growth was observed in psychostimulants, primarily used in the treatment of attention deficit hyperactivity disorder (ADHD), with the number of prescriptions increasing from 8.6 million in 2020 to over 14 million in 2024, representing a 66% increase.

Number of prescriptions dispensed in Canada by medication category, 2020 - 2024



In 2024, antidepressants had the highest prevalence rates among treatments for mental disorders across all Canadian provinces, followed by anxiolytics. These two categories of medications reached their highest prevalence levels in the Atlantic provinces, with respective rates of 23.3% and 12.2%. British Columbia recorded the lowest prevalence of anxiolytic use at 6.4%. Antipsychotics showed prevalence rates ranging between 3.8% and 5.2% depending on the province. As for psychostimulants, the highest rates were observed in Alberta (5.8%) and Quebec (5.7%), while Ontario had the lowest rate at 3.3%.

Prevalence by province and by category of mental health medications, 2024



The dashboard used to develop this document covers the health regions of the following provinces: Ontario (26 regions), Quebec (16 regions), British Columbia (5 regions), and Alberta (5 regions). The table below presents a representative excerpt from selected regions as examples. For more information, please contact IQVIA.

Prevalence by category of mental health medications and selected health region, 2024								
	British Columbia		Alberta		Ontario		Quebec	
	Vancouver	Interior	Edmonton	South	Toronto	Middlesex-London	Montreal	Saguenay-Lac-St-Jean
Antidepressants	10.9%	18.1%	18.7%	19.9%	11.1%	25.2%	11.0%	29.7%
Anxiolytics	6.1%	8.3%	9.0%	10.0%	5.6%	9.0%	6.3%	18.2%
Antipsychotics	3.5%	4.2%	5.7%	4.8%	3.3%	6.7%	4.3%	7.3%
Psychostimulants	3.6%	5.3%	6.1%	6.7%	3.4%	4.1%	3.2%	10.1%

Prescribers

In 2024, in Canada, general medicine is the main channel for prescribing all categories of medications, particularly antidepressants (82.7%) and psychostimulants (82.9%). Psychiatrists contribute more to the prescription of antipsychotics (35.5%), although they represent only a fraction of prescribers for other categories.

These data confirm the central role of family doctors in the treatment of mental health disorders, while highlighting the importance of psychiatrists in more complex cases, particularly for antipsychotics.

Number of prescriptions dispensed by medication category and prescriber specialty							
NUMBER OF PRESCRIPTIONS, CANADA, 2024							
	Total	General medicine		Psychiatry		Other specialties	
Antidepressants	73,063,553	82.7%	60,423,558	11.9%	8,694,563	5.4%	3,945,432
Anxiolytics	23,312,619	79.3%	18,486,907	14.2%	3,310,392	6.5%	1,515,320
Antipsychotics	26,644,834	63.2%	16,839,535	35.5%	9,458,916	1.3%	346,383
Psychostimulants	14,387,795	82.9%	11,927,482	14.6%	2,100,618	2.5%	359,695

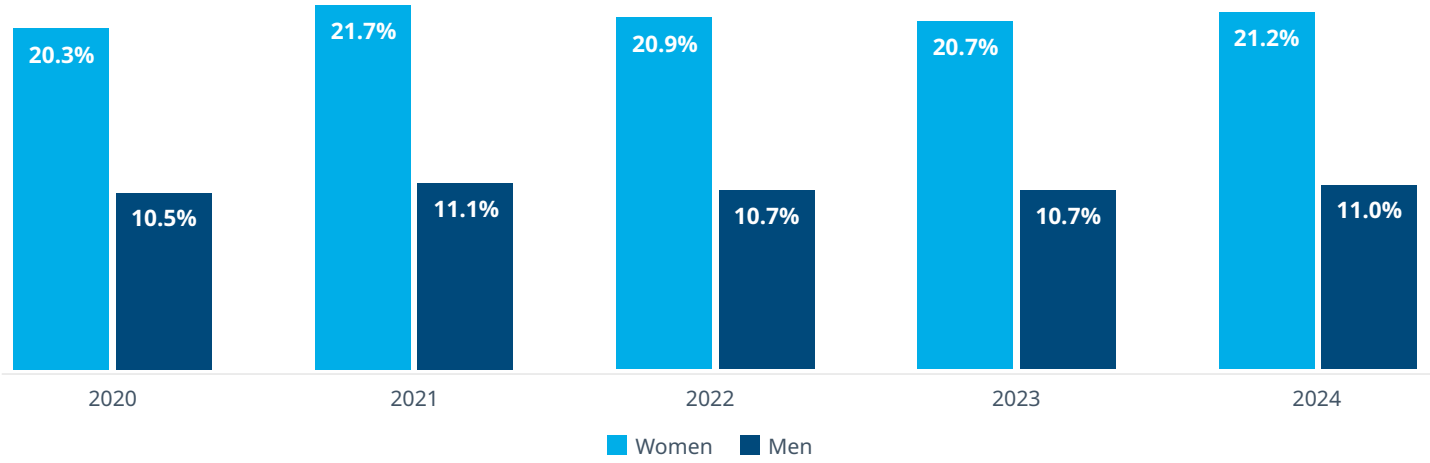
Prescriber data not available for: Newfoundland, Prince Edward Island, Manitoba, and British Columbia

Demographic analysis

Antidepressants

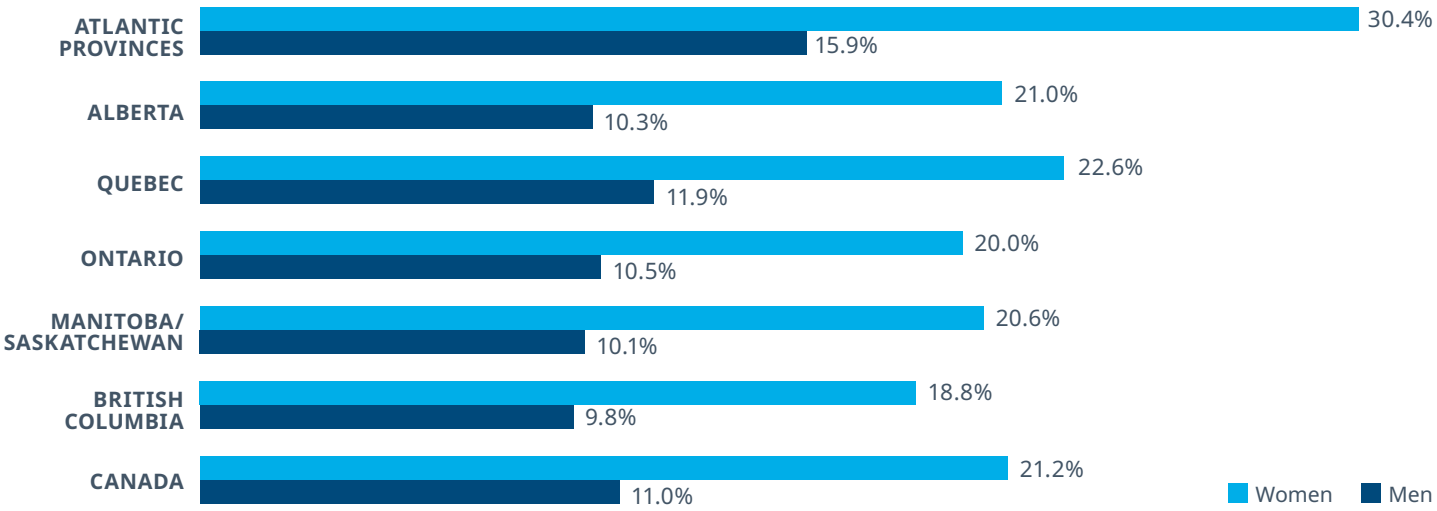
In Canada, the prevalence rates of antidepressant use experienced slight variations for both women and men over the five years analyzed. The highest rates for both sexes were recorded in 2021. Over the entire five-year period, the prevalence observed in women was nearly twice that of men, affecting approximately one in five women to one in nine men.

Prevalence of mental health medication use by category in Canada, 2020-2024



In 2024, the prevalence of antidepressant use among women was about twice as high as among men in all Canadian provinces, peaking at 30.4% in the Atlantic provinces.

Prevalence of antidepressant use by province and gender, 2024



Overall, the use of antidepressants among women increased across all Canadian provinces between 2020 and 2024. This increase was particularly marked among those aged 12 to 24, with more pronounced rises in the Atlantic provinces and Quebec. In 2024, the highest prevalence rate in the country was observed in the Atlantic provinces among women aged 25 to 44, reaching 37.4%. Conversely, usage remained relatively stable among women aged 65 and over, which could reflect a stabilization of needs or clinical practices in this age group.

Prevalence of antidepressant use among women - Province and age group

	12 - 17		18 - 24		25 - 44		45 - 64		65+	
	2020	2024	2020	2024	2020	2024	2020	2024	2020	2024
ATLANTIC PROVINCES	13.7%	18.0%	30.3%	36.1%	32.2%	37.4%	30.0%	33.2%	34.1%	34.2%
ALBERTA	12.3%	13.9%	21.4%	24.6%	23.0%	24.5%	25.5%	24.8%	29.4%	28.7%
QUEBEC	7.4%	10.6%	17.2%	22.5%	24.1%	26.6%	24.6%	26.9%	27.5%	28.5%
ONTARIO	10.1%	11.4%	21.6%	23.2%	22.2%	22.6%	23.0%	22.1%	27.7%	26.6%
MANITOBA/SASKATCHEWAN	11.2%	13.5%	21.2%	23.6%	24.1%	25.5%	23.9%	24.9%	24.9%	25.5%
BRITISH COLUMBIA	10.5%	12.5%	20.6%	22.0%	21.9%	22.8%	20.5%	20.2%	22.5%	21.5%
CANADA	10.2%	12.2%	21.0%	23.9%	23.4%	24.8%	23.8%	24.1%	27.3%	27.0%

Between 2020 and 2024, antidepressant use among men in Canada increased slightly, affecting most age groups and provinces. While usage remained relatively stable among those aged 65 and over, this group recorded the highest rate in the country, reaching 20.8% in the Atlantic provinces. In contrast, British Columbia generally reported the lowest rates across all age groups.

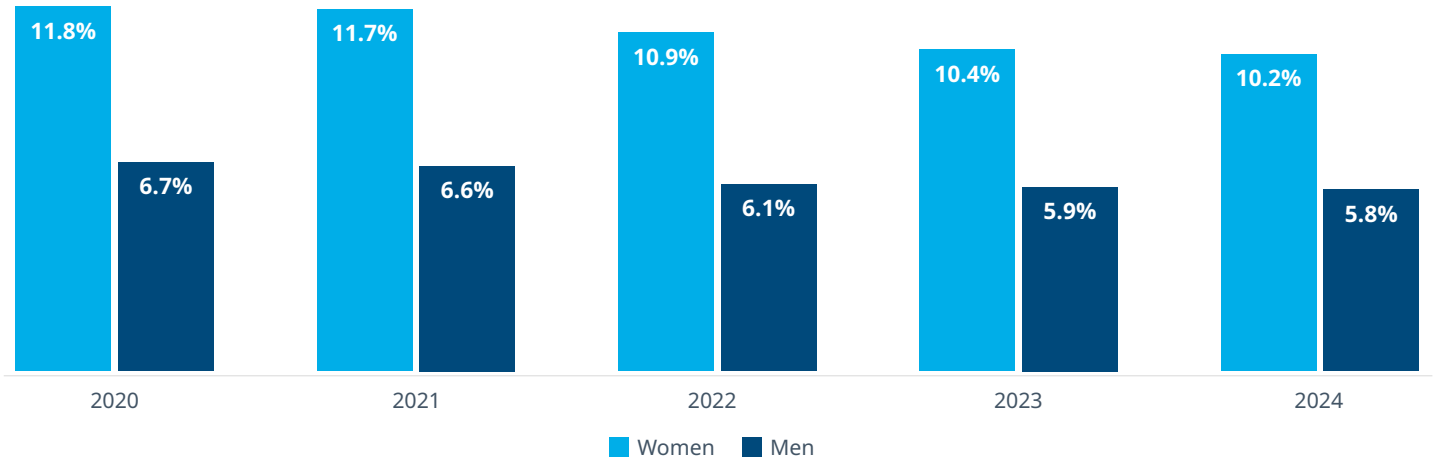
Prevalence of antidepressant use among men - Province and age group

	12 - 17		18 - 24		25 - 44		45 - 64		65+	
	2020	2024	2020	2024	2020	2024	2020	2024	2020	2024
ATLANTIC PROVINCES	6.7%	8.3%	12.2%	13.6%	16.1%	18.7%	16.0%	18.1%	20.6%	20.8%
ALBERTA	6.0%	8.4%	8.2%	9.3%	10.4%	11.5%	12.7%	12.8%	17.3%	16.4%
QUEBEC	3.2%	4.0%	6.3%	7.6%	11.8%	13.3%	13.5%	15.1%	16.8%	17.8%
ONTARIO	4.8%	5.0%	8.8%	8.8%	11.7%	11.6%	12.6%	12.3%	17.2%	16.3%
MANITOBA/SASKATCHEWAN	4.9%	5.8%	8.0%	8.2%	11.0%	11.7%	12.2%	12.9%	14.9%	15.1%
BRITISH COLUMBIA	5.0%	5.8%	8.2%	8.1%	11.1%	11.0%	11.4%	11.4%	13.2%	12.8%
CANADA	4.8%	5.3%	8.3%	8.8%	11.7%	12.3%	12.9%	13.3%	16.6%	16.4%

Anxiolytics

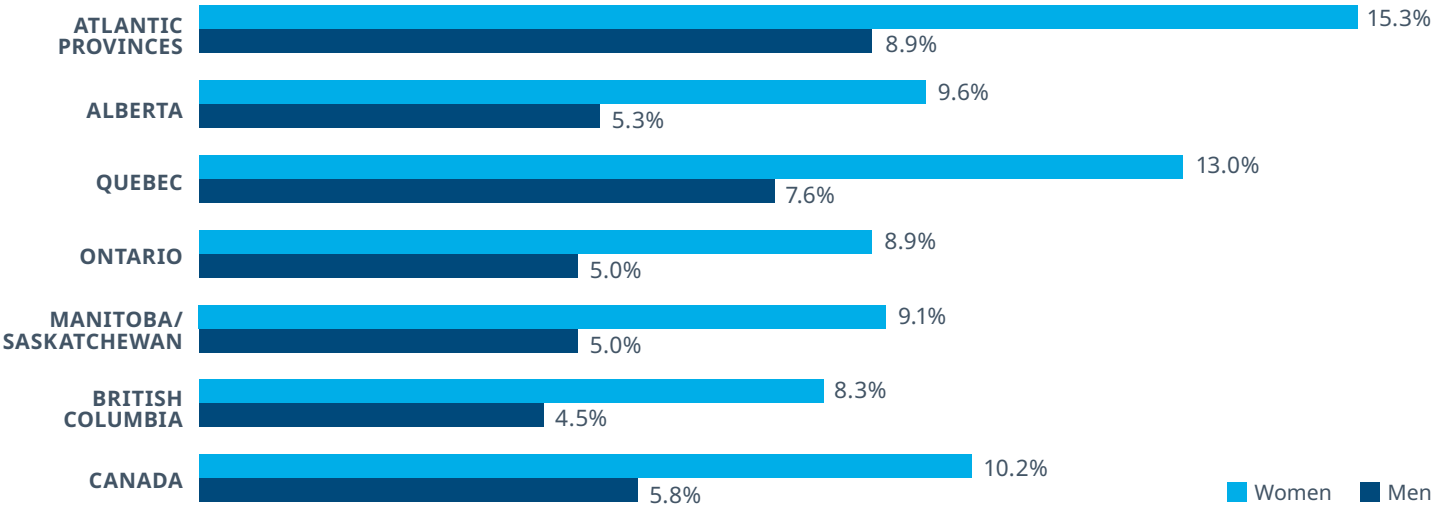
Between 2020 and 2024, the prevalence of anxiolytic use progressively decreased in Canada, both among women (from 11.8% to 10.2%) and men (from 6.7% to 5.8%), representing a relative decline of about 13% in both cases. Despite this downward trend, a notable gap persisted: women continued to use them almost twice as much as men. This difference could suggest the need to develop mental health strategies tailored to the specific realities of each gender.

Prevalence of anxiolytic use by gender, Canada



In 2024, the use of anxiolytics varied considerably by Canadian provinces and by gender. In all provinces, the prevalence was consistently higher among women. The Atlantic provinces had the highest rates: 15.3% among women and 8.9% among men, significantly above the national average. Quebec followed with a prevalence of 13.0% among women and 7.6% among men. Conversely, British Columbia had the lowest rates for both genders, with 8.3% among women and 4.5% among men.

Prevalence of anxiolytic use by province and gender, 2024



Between 2020 and 2024, the use of anxiolytics among women declined across all provinces and age groups. The decrease was particularly pronounced among those aged 65 and over, with reductions of 6.4% in Quebec and 5.3% in the Atlantic provinces. However, prevalence increases with age in both 2020 and 2024.

Women aged 25 to 64 also recorded a decrease, although more moderate. British Columbia remained the province with the lowest rates, especially among women aged 45 to 64, where a decline from 12.4% to 9.8% was noted.

Overall, Ontario and Quebec followed the national trend with a decrease in prevalence.

Prevalence of anxiolytic use among women - Province and age group

	12 - 17		18 - 24		25 - 44		45 - 64		65+	
	2020	2024	2020	2024	2020	2024	2020	2024	2020	2024
ATLANTIC PROVINCES	2.4%	2.4%	9.0%	7.3%	16.3%	14.4%	20.3%	18.2%	30.1%	24.8%
ALBERTA	1.7%	1.5%	5.7%	5.0%	10.9%	9.3%	15.9%	13.2%	23.7%	19.2%
QUEBEC	1.4%	1.6%	5.7%	5.5%	12.4%	11.4%	18.2%	16.4%	29.9%	23.5%
ONTARIO	1.4%	1.3%	4.9%	4.1%	9.2%	8.0%	13.0%	11.4%	19.2%	16.4%
MANITOBA/SASKATCHEWAN	1.5%	1.7%	5.5%	4.5%	11.0%	8.7%	15.1%	12.5%	21.9%	17.4%
BRITISH COLUMBIA	1.8%	1.8%	5.2%	4.2%	9.8%	7.8%	12.4%	9.8%	18.5%	14.1%
CANADA	1.6%	1.6%	5.5%	4.7%	10.8%	9.3%	15.1%	13.0%	23.1%	18.7%

From 2020 to 2024, the prevalence of anxiolytic use among men in Canada generally decreased, despite marked variations by age and province. Usage tended to increase with age, peaking among those aged 65 and over, where it reached 12% in 2024 — a decrease of 3 percentage points compared to 2020.

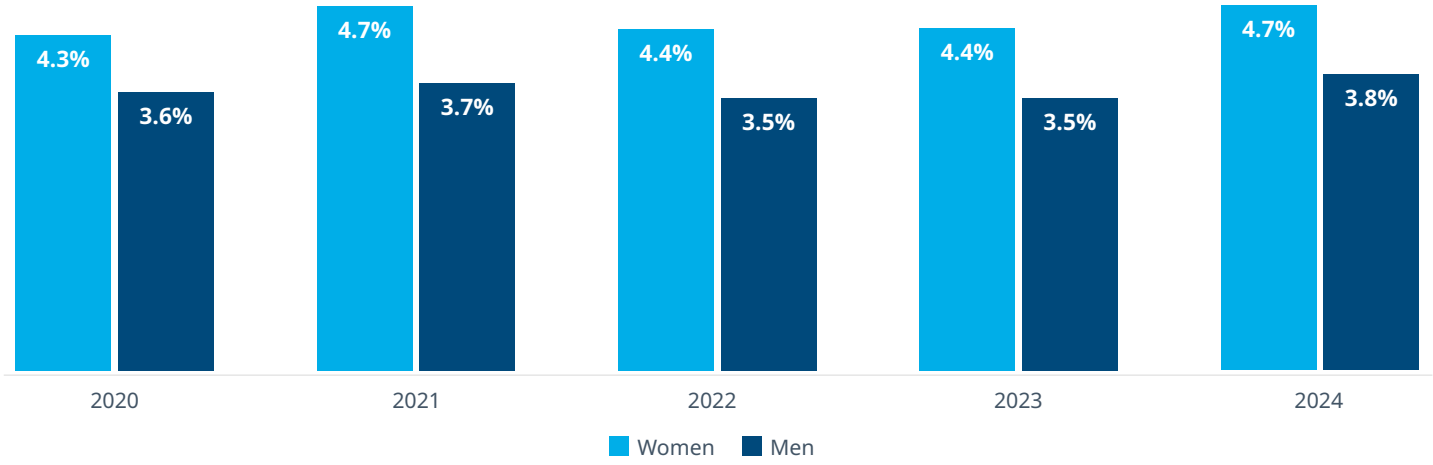
The Atlantic provinces had the highest rates, despite a general decrease across all age groups. Quebec followed a similar trend, with levels consistently above the national average. Conversely, Ontario and the Western provinces generally recorded rates below the average, with a constant decline. British Columbia generally had the lowest rates in 2024.

Prevalence of anxiolytic use among men - Province and age group										
	12 - 17		18 - 24		25 - 44		45 - 64		65+	
	2020	2024	2020	2024	2020	2024	2020	2024	2020	2024
ATLANTIC PROVINCES	1.2%	1.3%	4.0%	3.1%	9.1%	8.0%	12.2%	11.0%	19.9%	16.0%
ALBERTA	0.9%	0.9%	2.5%	2.1%	5.3%	4.8%	9.0%	7.6%	15.6%	12.3%
QUEBEC	0.8%	1.0%	2.4%	2.4%	6.7%	6.3%	11.1%	10.1%	19.8%	15.5%
ONTARIO	0.9%	0.9%	2.3%	2.0%	5.1%	4.4%	7.6%	6.7%	12.4%	10.5%
MANITOBA/SASKATCHEWAN	0.9%	0.9%	2.5%	2.1%	5.6%	4.5%	8.7%	7.1%	14.3%	11.0%
BRITISH COLUMBIA	1.0%	1.0%	2.3%	1.7%	4.9%	3.8%	7.2%	5.7%	11.6%	9.7%
CANADA	0.9%	1.0%	2.5%	2.1%	5.7%	5.0%	8.9%	7.7%	15.0%	12.0%

Antipsychotics

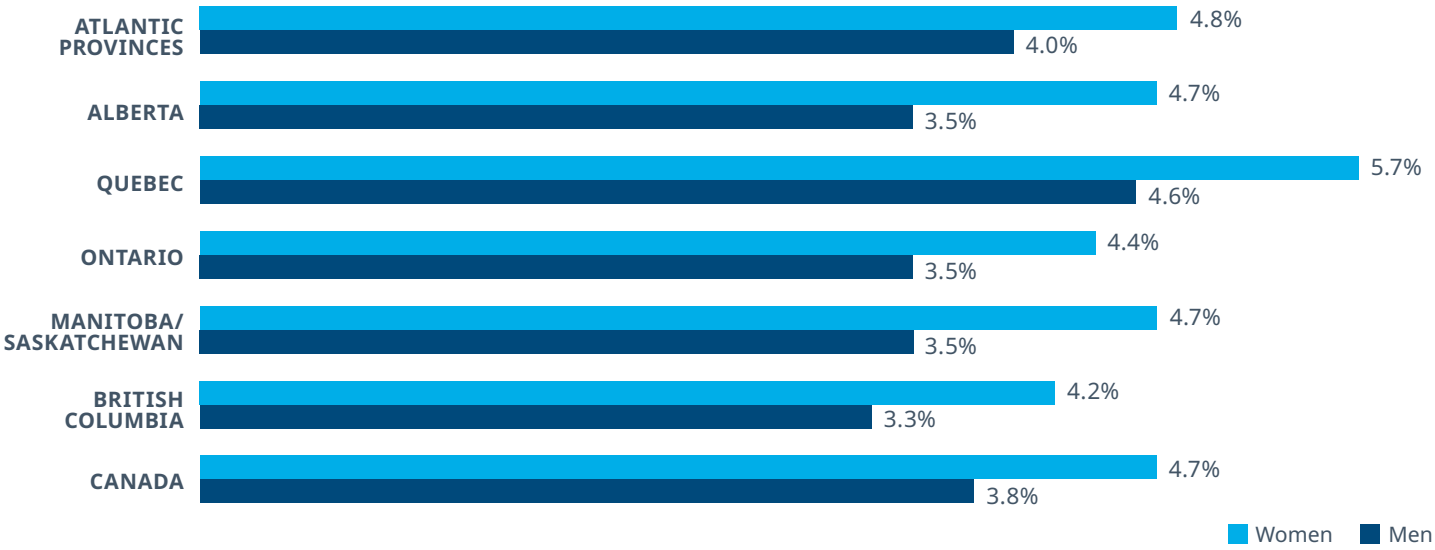
Throughout the study period, women in Canada used antipsychotics more often than men. Their usage rate increased from 4.3% to 4.7%, with slight variations over the years. Among men, the rates remained lower, ranging from 3.6% to 3.8%. Overall, usage remained quite stable, but the gender gap persists.

Prevalence of antipsychotic use by gender, Canada



In 2024, approximately 4.7% of women and 3.8% of men in Canada used antipsychotics, with variations across provinces. The prevalence was consistently higher among women. Quebec had the highest rates for both sexes (5.7% for women and 4.6% for men), while British Columbia had the lowest rates.

Prevalence of antipsychotic use by province and gender, 2024



From 2020 to 2024, the prevalence of antipsychotic use among women increased in Canada, particularly among those aged 12 to 24, with slight increases observed in the Atlantic provinces, Alberta, and the Prairies.

Quebec had the highest rates among women aged 25 and over, despite a slight decrease among those aged 65 and over. In contrast, British Columbia stood out for its stability or slight increase, with rates often below the national average.

Overall, the data suggests a slight increase in antipsychotic use among young women.

Prevalence of antipsychotic use among women - Province and age group

	12 - 17		18 - 24		25 - 44		45 - 64		65+	
	2020	2024	2020	2024	2020	2024	2020	2024	2020	2024
ATLANTIC PROVINCES	2.2%	3.1%	4.4%	6.0%	4.3%	6.0%	3.9%	4.8%	5.8%	5.6%
ALBERTA	2.7%	3.2%	5.0%	6.2%	4.7%	5.5%	5.0%	5.4%	5.2%	6.0%
QUEBEC	2.0%	2.6%	4.3%	5.3%	6.3%	6.7%	6.4%	6.8%	7.8%	7.4%
ONTARIO	2.2%	2.5%	4.9%	5.3%	4.6%	4.8%	4.4%	4.5%	5.5%	6.1%
MANITOBA/SASKATCHEWAN	2.7%	3.5%	4.8%	6.1%	5.0%	6.0%	4.5%	5.2%	5.3%	5.6%
BRITISH COLUMBIA	2.2%	2.6%	4.7%	5.2%	4.8%	4.8%	4.2%	4.2%	4.9%	5.3%
CANADA	2.3%	2.7%	4.7%	5.5%	5.0%	5.4%	4.9%	5.1%	6.0%	6.2%

The prevalence of antipsychotic use among men in Canada remained generally stable between 2020 and 2024, with slight increases among adults aged 25 to 64. Quebec had the highest rates in the 25 and over age groups, reaching 6.0% among those aged 65 and over. British Columbia had rates below the national average, with no notable variation.

Overall, the data indicates stable to slightly increasing use among adult men, suggesting continuity in prescription practices and mental health needs in this population.

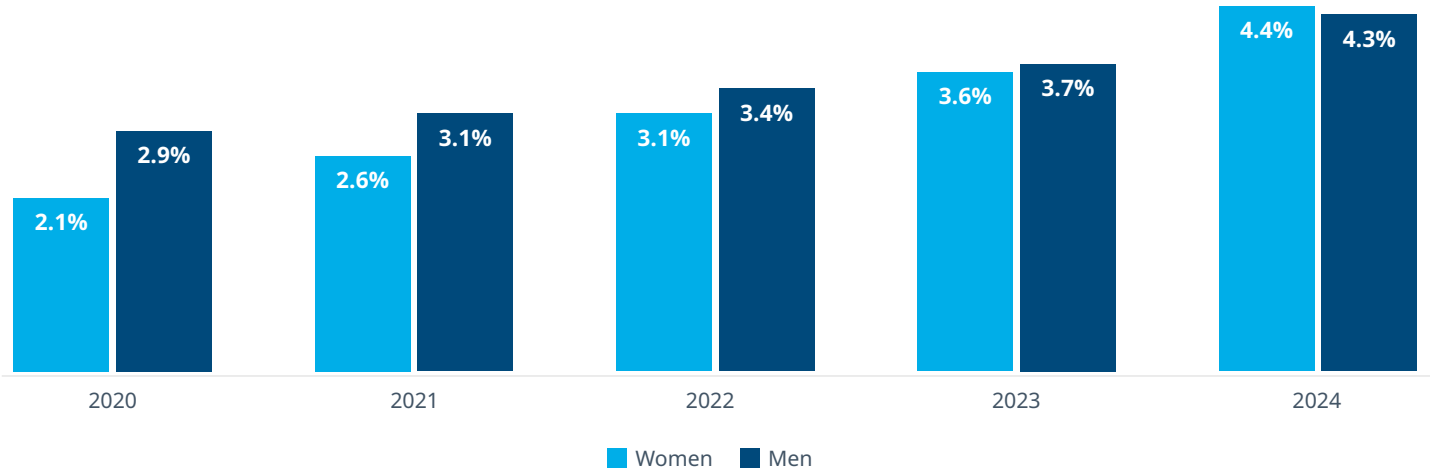
Prevalence of antipsychotic use among men - Province and age group										
	12 - 17		18 - 24		25 - 44		45 - 64		65+	
	2020	2024	2020	2024	2020	2024	2020	2024	2020	2024
ATLANTIC PROVINCES	2.7%	2.9%	3.5%	3.6%	4.3%	5.1%	3.5%	4.1%	4.7%	4.6%
ALBERTA	2.8%	2.8%	3.2%	3.6%	3.4%	4.2%	3.6%	3.9%	4.0%	4.4%
QUEBEC	2.3%	2.2%	3.3%	3.4%	5.4%	5.5%	5.3%	5.7%	6.3%	6.0%
ONTARIO	2.2%	2.2%	3.4%	3.2%	4.2%	4.2%	3.6%	3.7%	4.5%	4.8%
MANITOBA/SASKATCHEWAN	2.9%	2.9%	3.5%	3.5%	3.9%	4.3%	3.5%	3.9%	4.6%	4.5%
BRITISH COLUMBIA	1.8%	1.8%	3.2%	2.8%	4.3%	3.9%	3.7%	3.7%	4.2%	4.3%
CANADA	2.3%	2.3%	3.4%	3.3%	4.4%	4.5%	4.0%	4.2%	4.9%	4.9%

Psychostimulants

Between 2020 and 2024, the prevalence of psychostimulant use in Canada increased steadily among both women and men. Among women, usage rose from 2.1% in 2020 to 4.4% in 2024, more than doubling in five years. Among men, the prevalence also increased, rising from 2.9% to 4.3%.

It should be noted that while men had a higher prevalence initially in 2020, the gender gap gradually narrowed, to the point where the usage rates in 2024 are almost equivalent (4.4% for women versus 4.3% for men).

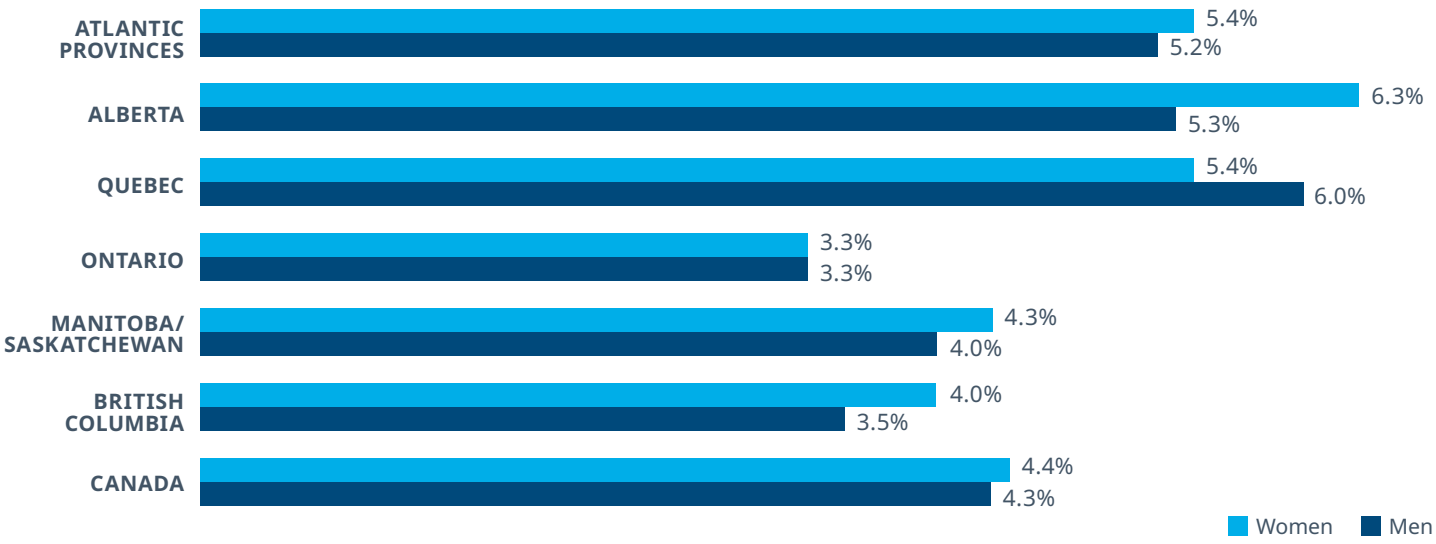
Prevalence of psychostimulant use by gender, Canada



In 2024, the prevalence of psychostimulant use showed notable variations by gender and province of residence. Alberta had the highest prevalence among women at 6.3%, and Quebec had the highest among men at 6.0%. The Atlantic provinces also had rates above the average, reaching 5.2% for males and 5.4% for females. Conversely, Ontario recorded the lowest rates for both genders (3.3%). Manitoba-Saskatchewan and British Columbia had intermediate prevalences, ranging from 3.5% to 4.3%.

These provincial differences can be explained by variations in clinical practices, access to care, or socio-economic and cultural factors influencing the use of psychostimulants.

Prevalence of psychostimulant use by province and gender, 2024



During the analyzed period, the prevalence of psychostimulant use among women increased in all Canadian provinces and across all age groups. This increase is particularly pronounced among adolescent girls aged 12 to 17, whose rate rose from 6.0% to 9.7%, as well as among young women aged 18 to 24, where the prevalence doubled to reach 10.3%. Quebec had the highest rate among adolescent girls (15.8%), while Alberta led among those aged 18 to 24 (13.7%). Conversely, Ontario was below the national average for these two age groups.

The prevalence among women aged 25 to 44 saw a marked increase between 2020 and 2024, tripling in some provinces. For example, Alberta went from 3.4% to 10.2%, and the Atlantic provinces from 3.1% to 11%.

Although children aged 0 to 11 had the lowest usage rates, they increased across all provinces, with the highest levels observed in Quebec (5.4%) and the Atlantic provinces (3.8%).

Prevalence of psychostimulant use among women - Province and age group										
	0 - 11		12 - 17		18 - 24		25 - 44		45 - 64	
	2020	2024	2020	2024	2020	2024	2020	2024	2020	2024
ATLANTIC PROVINCES	2.4%	3.8%	5.3%	11.1%	5.1%	13.3%	3.1%	11.0%	0.9%	2.7%
ALBERTA	1.7%	2.8%	5.8%	11.1%	5.6%	13.7%	3.4%	10.2%	1.5%	3.6%
QUEBEC	4.5%	5.4%	12.8%	15.8%	8.0%	12.5%	4.7%	8.0%	1.5%	2.9%
ONTARIO	1.3%	1.9%	3.6%	8.4%	3.6%	8.4%	1.9%	5.5%	0.8%	1.7%
MANITOBA/SASKATCHEWAN	1.6%	2.5%	4.8%	9.2%	3.3%	9.3%	2.0%	7.1%	0.7%	2.1%
BRITISH COLUMBIA	1.3%	2.1%	3.9%	7.7%	3.7%	8.9%	2.2%	7.2%	0.9%	2.1%
CANADA	2.2%	3.0%	6.0%	9.7%	4.9%	10.3%	2.8%	7.3%	1.0%	2.3%

Between 2020 and 2024, the prevalence of psychostimulant use among men increased in all Canadian provinces and across all age groups. Among adolescents aged 12 to 17, the national rate rose from 11.0% to 13.7%, and among young men aged 18 to 24, it increased from 4.7% to 7.4%.

Quebec had the highest rates, particularly among adolescents with 23.9% in 2024. An increase was also observed among children aged 0 to 11 in all provinces, peaking in Quebec at 10.4%. Although adults had lower rates than younger individuals, their usage is on the rise, especially in the Atlantic provinces and Alberta among those aged 18 to 44. Overall, Quebec leads in terms of prevalence, while Ontario and British Columbia remain below the national average despite an upward trend.

Prevalence of psychostimulant use among men - Province and age group										
	0 - 11		12 - 17		18 - 24		25 - 44		45 - 64	
	2020	2024	2020	2024	2020	2024	2020	2024	2020	2024
ATLANTIC PROVINCES	6.3%	8.5%	12.0%	16.1%	5.4%	9.0%	3.4%	7.5%	0.9%	2.0%
ALBERTA	4.4%	6.0%	10.1%	13.9%	5.0%	9.1%	2.9%	6.5%	1.1%	2.3%
QUEBEC	9.2%	10.4%	21.5%	23.9%	7.4%	10.7%	3.6%	5.9%	1.2%	2.2%
ONTARIO	3.7%	4.4%	7.3%	9.3%	3.7%	6.0%	2.0%	4.1%	0.7%	1.3%
MANITOBA/SASKATCHEWAN	4.4%	5.7%	9.1%	12.0%	3.5%	6.2%	1.9%	4.5%	0.6%	1.4%
BRITISH COLUMBIA	3.6%	4.9%	7.2%	10.0%	3.5%	5.7%	2.4%	4.9%	0.8%	1.5%
CANADA	5.2%	6.3%	11.0%	13.7%	4.7%	7.4%	2.6%	5.1%	0.9%	1.7%

Recommendations for health interest groups

Everyone who studies, provides healthcare, or sets policies and standards of care for mental health disorders must persevere in the search for solutions. At IQVIA, we aim to improve care by providing policymakers, researchers, and educators with essential, evidence-based data.

According to a Statistics Canada study aimed at assessing the impact of the COVID-19 pandemic on the population's mental health, the proportion of people with mental health disorders has increased significantly over the past 10 years.[5] This increase has been particularly pronounced among young people, especially women aged 15 to 24: among them, cases of generalized anxiety have tripled, and major depressive episodes have doubled. According to this study, the most frequently used services by those affected were consultations (43.8%), followed by medication use (36.5%) and access to mental health information (32.0%).

The long-term consequences of COVID-19 on mental health remain uncertain, and unmet mental health needs persist. It is therefore urgent to have reliable and objective data to facilitate effective decision-making and appropriate resource allocation. This information can support the development of mental health services, programs, and policies across the various Canadian provinces. They can notably allow:

- Systematically examine national and provincial prescription data from all sources to identify current and emerging trends that may impact healthcare providers, patients, governments, or regulatory authorities;
- Monitor and evaluate prescription trends that may vary significantly from one province to another and assess the impact of implemented programs;
- Pay particular attention to provinces or regions where the use of psychotherapeutic medications is increasing the most and develop an awareness and training strategy for the concerned professionals.

Limitations

There are limitations to the use of IQVIA data, which does not include information on:

- Prescriptions written but never dispensed
- Prescriptions dispensed in hospitals and prisons
- Medications that were not consumed by patients
- Diagnoses for which prescriptions were dispensed
- Clinical indication or morbidity

5 https://www150.statcan.gc.ca/n1/pub/75-006-x/2023001/article/00011-eng.htm

Data Sources and Methodology

The statistics are produced from fully anonymized prescriptions of psychotherapeutic medications dispensed by a panel of community pharmacies between 2020 and 2024, representing approximately 80% of all prescriptions issued in Canada (new prescriptions and renewals). Estimation algorithms were used to assess the missing 20% and thus obtain a comprehensive overview of the dispensing of these medications, allowing for a representative analysis. Demographic data from Statistics Canada were used to calculate the proportions and rates per capita.[6]

This report is based on the following IQVIA data services: IQVIA Geographic Prescription Monitoring (GPM), IQVIA Longitudinal Prescription Data, and IQVIA Prescriber-Level Data.

List of molecules included in each category of psychotherapeutic drugs:

ANTIDEPRESSANTS	
1st generation	**2nd generation**
Amitriptyline	Bupropion
Amoxapine	Citalopram
Clomipramine	Duloxetine
Desipramine	Desvenlafaxine
Doxepine	Esketamine
Imipramine	Escitalopram
Moclobemide	Fluoxetine
Nortriptyline	Fluvoxamine
Phenelzine	Levomilnacipran
Tranylcypromine	Mirtazapine
Trimipramine	Paroxetine
	Sertraline
	Trazodone
	Venlafaxine
	Vilazodone
	Vortioxetine

ANTIPSYCHOTICS	
1st generation	**2nd generation**
Chlorpromazine	Aripiprazole
Droperidol	Asenapine
Flupentixol	Brexpiprazole
Fluphenazine	Clozapine
Haloperidol	Lurasidone
Loxapine	Olanzapine
Mesoridazine	Paliperidone
Methotrimeprazine	Quetiapine
Periciazine	Risperidone
Perphenazine	Ziprasidone
Pimozide	**Injectable - Depot**
Pipotiazine	Aripiprazole
Promethazine	Paliperidone
Thioridazine	Risperidone
Thiothixene	
Trifluoperazine	
Zuclopenthixol	

6 https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/dt-td/Index-eng.cfm?LANG=E&SUB=98P1001&SR=0&RPP=10&SORT=date

ANXIOLYTICS/HYPNOTICS		
Benzodiazepines	**DORA**	**Z Drugs**
Alprazolam	Lemborexant	Eszopiclone
Bromazepam	Suvorexant	Zaleplon
Chlordiazepoxide		Zopiclone
Clobazam		Zolpidem
Clonazepam		
Clorazepate		
Diazepam		
Flurazepam		
Lorazepam		
Midazolam		
Nitrazepam		
Oxazepam		
Temazepam		
Triazolam		

PSYCHOSTIMULANTS
Benzodiazepines
Amphetamine
Atomoxetine
Destroamphetamine
Guanfacine
Lisdexamfetamine
Methylphenidate (Ritalin)

ABOUT IQVIA

IQVIA is a leading global provider of advanced analytics, technology solutions, and clinical research services to the life sciences industry. IQVIA creates intelligent connections across all aspects of healthcare through its analytics, transformative technology, metadata resources and extensive domain expertise. IQVIA Connected Intelligence™ delivers relevant insights with speed and agility—enabling its customers to accelerate the clinical development and commercialization of innovative medication treatments that improve healthcare outcomes for patients. With approximately 88,000 employees, IQVIA conducts operations in more than 100 countries.

Established in Canada since the 1960s with over 1,600 employees, IQVIA is a leading provider of evidence-based health information services to the Canadian medical and pharmaceutical industry. Its excellent reputation is based on its ability to forge partnerships with various stakeholders in the public and private sectors who share the same goal: to constantly improve the quality of health care in a more connected ecosystem.

Offering the world's largest source of healthcare data, IQVIA provides Canada-wide data for both the public and private sectors. IQVIA's insights and execution capabilities help biotech, medical device, and pharmaceutical companies, medical researchers, government agencies, payers, and other healthcare stakeholders tap into a deeper understanding of disease, human behaviour, and scientific advances to improve patient health.

CONTACT US

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