



Medication Treatments for Mental Health Disorders in Canada

*An independent IQVIA report on medication use,
2021-2025*

Table of Contents

Introduction	3
Overview of trends in medication use for mental health disorders in Canada, 2021–2025	5
Demographic analysis	8
Antidepressants	8
Anxiolytics	10
Antipsychotics	12
Psychostimulants	14
Recommendations for healthcare stakeholders	17
Limitations	17
Data sources, methodology and list of molecules	18

Introduction

Mental health disorders, as defined by Health Canada, are characterized by persistent changes in thinking, mood, or behaviour that are associated with significant distress or impaired functioning in various aspects of life. They represent a major public health issue as approximately one in three Canadians will be affected by a mental illness at some point in their lives.¹

The scale of this issue is considerable. Each year, nearly one in five Canadians experiences a mental health disorder, while one in two will experience a mental health disorder by age 40.² Furthermore, nearly 13% of those affected are hospitalized at least three times a year, which underscores the severity and chronic nature of certain disorders.³

According to the most recent estimates, mental illness accounts for an economic cost of approximately \$180 billion per year in Canada, of which nearly \$110 billion is borne by employers and private insurers. If current trends continue, this cost could reach \$600 billion by 2050.⁴ This economic burden is primarily attributable to direct costs, including productivity losses related to absenteeism, presenteeism, and disability. The direct costs associated with healthcare, social services, and government interventions also remain significant. These figures illustrate the scale of the challenge posed by mental illness and underscore the importance of investing in prevention, access to care, and stigma reduction.

Although this report focuses primarily on data regarding medication use, other effective mental health interventions are available, including psychotherapy, helplines, telemedicine, community services, preventive approaches, and workplace support. However, the growing demand for these services and the shortage of specialized professionals contribute to the widespread use of psychotropic medications for the treatment of diverse mental disorders.

According to IQVIA's classification, psychotherapeutic drugs fall into four main categories: antidepressants (depression and anxiety), anxiolytics and hypnotics (anxiety and insomnia), antipsychotics (psychotic disorders, bipolar disorder, and certain treatment-resistant forms of depression), and psychostimulants and other treatments for ADHD. Together, these categories represent the bulk of pharmacological treatments prescribed for mental health.

1. About mental illness - Canada.ca

2. Mental Illness and Addiction: Facts and Statistics | CAMH

3. Repeat Hospital Stays for Mental Health and Substance Use | CIHI

4. Mental health illnesses costing employers \$110 billion each year: report | Human Resources Director

This independent IQVIA report on medication treatments for mental health disorders was produced in collaboration with the Advisory Board for the Advancement of Health, a group of leaders from various sectors of the healthcare industry. Based on fully anonymized data from the IQVIA Health Insights Dashboard, this report covers the 2021–2025 period and documents the evolution of Canada-wide trends in prescriptions dispensed at community pharmacies. It provides a detailed analysis of national and provincial demographic dynamics to highlight both observed developments and persistent challenges. The methodological limitations associated with the data used to prepare this report are presented on page 17.

The purpose of this report is clear: to provide evidence-based information to help improve the long-term health of Canadians.

This report is produced independently by IQVIA Canada as a public service without industry or government funding. IQVIA's goal is to optimize healthcare by providing evidence-based information that enables decision-makers to make well-informed choices in this critical sector while ensuring strict data confidentiality and security. The company complies with all health privacy laws and does not collect any prescription drug data that could identify a patient.



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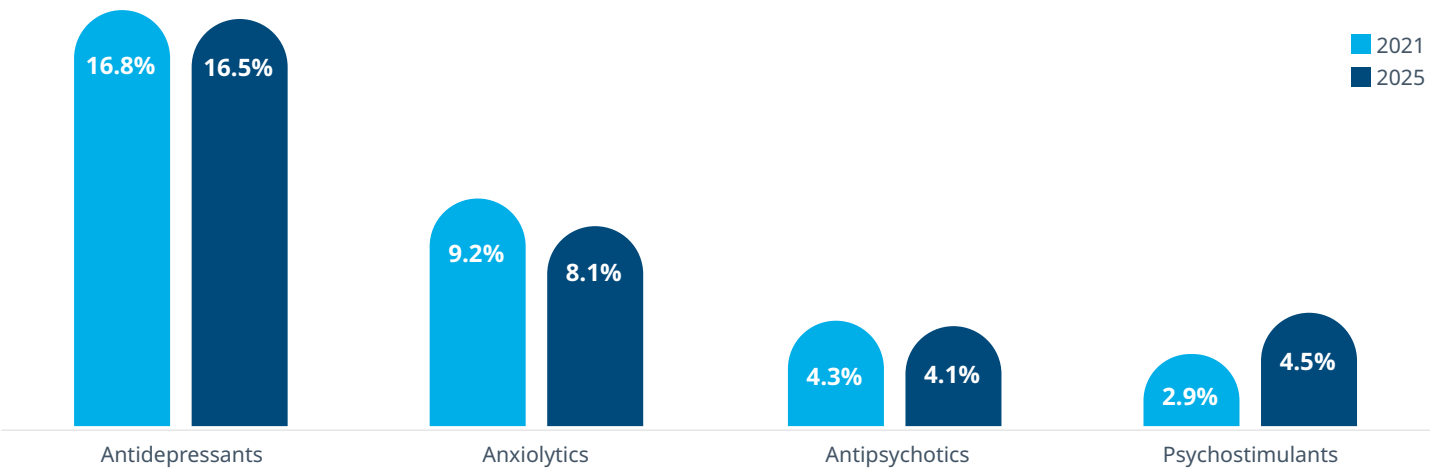


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Overview of trends in medication use for mental health disorders in Canada, 2021–2025

Between 2021 and 2025, the prevalence of antidepressant, anxiolytic, and antipsychotic use declined slightly in Canada. Only the use of psychostimulants increased, rising from 2.9% to 4.5%.

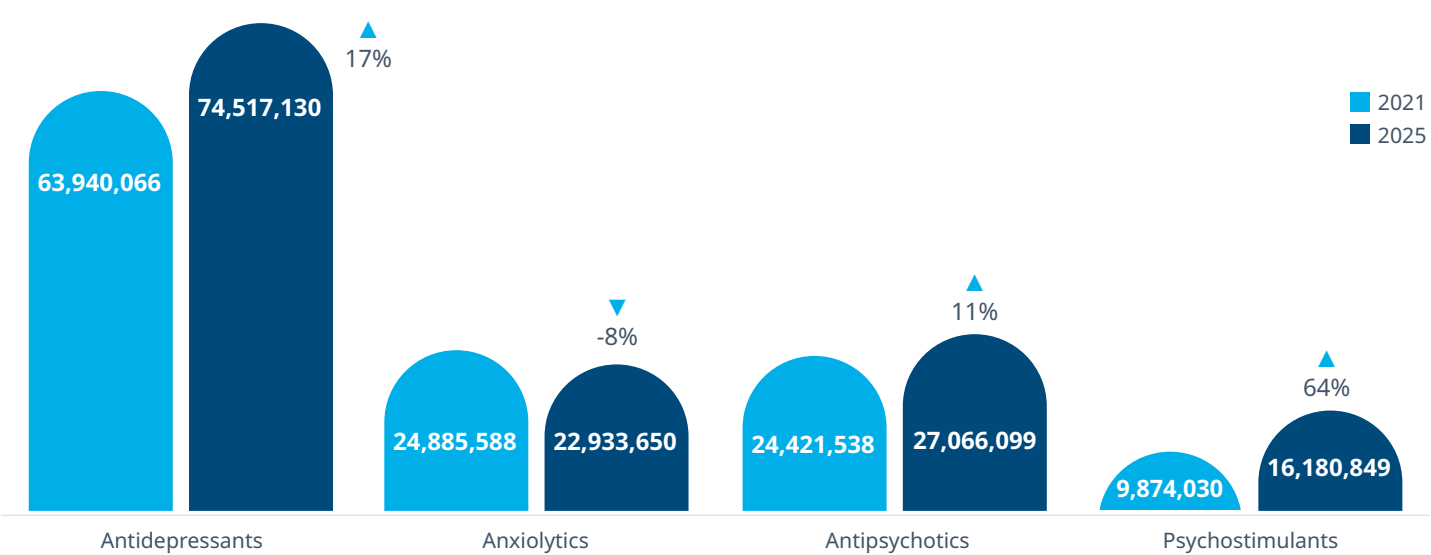
Prevalence of mental health medication use by therapeutic class in Canada, 2021 and 2025



Among the four classes of medications analyzed, antidepressants remained by far the most commonly prescribed in Canada with nearly 75 million prescriptions in 2025—a 17% increase from 2021. In contrast, the number of prescriptions for anxiolytics declined by 8%, while those for antipsychotics increased by 11%.

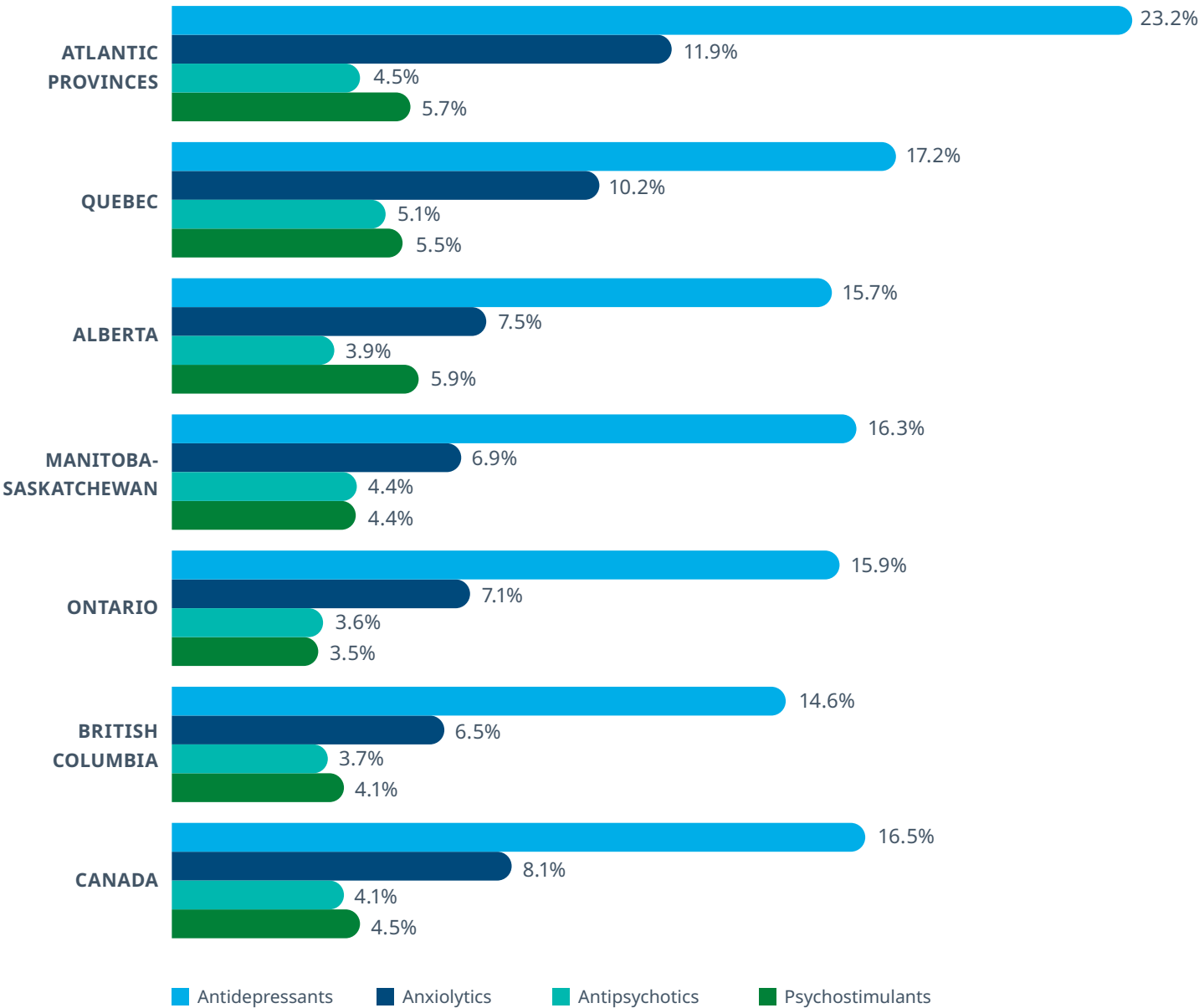
The most significant increase, however, was observed for psychostimulants—primarily used to treat ADHD—for which the number of prescriptions rose from approximately 9.9 million to more than 16 million between 2021 and 2025, representing a 64% increase.

Number of prescriptions dispensed in Canada by therapeutic class, 2021 and 2025



In 2025, the prevalence of mental health medication use varied across Canada. Antidepressants were the most commonly used class of medications across all provinces and provincial groupings. With the exception of the Atlantic provinces, where prevalence of use reached 23.2%, rates remained relatively consistent, ranging from 14.6% in British Columbia to 17.2% in Quebec. The differences were more pronounced for anxiolytics, with prevalence rates ranging from 6.5% in British Columbia to 11.9% in the Atlantic provinces.

Prevalence of mental health medication use in Canada by therapeutic class and province in 2025



The dashboard used to develop this report covers the health regions of the following provinces: Ontario (26 regions), Quebec (16), British Columbia (5), and Alberta (5). The table below presents a representative sample from selected regions for illustrative purposes. For additional information, please contact IQVIA.

Prevalence by therapeutic class and selected health region – 2025								
	Atlantic Provinces		British Columbia		Ontario		Quebec	
	New Brunswick	NL	Interior Health	Island Health	Toronto	Middlesex-London	Montreal	Eastern Townships
Antidepressants	25.7%	26.5%	18.2%	18.5%	11.1%	26.3%	11.1%	20.0%
Anxiolytics	16.3%	13.4%	8.3%	8.5%	5.6%	9.6%	6.2%	10.7%
Antipsychotics	6.4%	3.9%	4.0%	4.0%	2.9%	6.4%	4.3%	5.6%
Psychostimulants	6.0%	5.8%	5.6%	5.8%	3.9%	4.5%	3.1%	7.2%

Prescribers

In 2025, family medicine accounted for the majority of prescriptions in each of the therapeutic classes studied, particularly for antidepressants (83%) and anxiolytics (79%). Psychiatry, however, accounted for a higher share of antipsychotic prescriptions (35%) than of prescriptions in other therapeutic classes (ranging from 12% to 15%). The contribution of other medical specialties remained limited, ranging from 6% to 9% depending on the therapeutic class.

Breakdown of prescriptions by therapeutic class and medical specialty in Canada – 2025			
	Family Medicine	Psychiatry	Other Medical Specialties
Antidepressants	83%	12%	6%
Anxiolytics	79%	14%	7%
Antipsychotics	59%	35%	6%
Psychostimulants	76%	15%	9%

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

In 2025, family physicians accounted for the majority of prescribers across all therapeutic classes studied, with their proportion ranging from 53% for anxiolytics to 68% for psychostimulants. Physicians in other specialties also accounted for a significant share of prescribers of antidepressants (39%) and anxiolytics (41%). The proportion of psychiatrists remained low across all therapeutic classes, not exceeding 9%.

Although they accounted for only 8% of antipsychotic prescribers, psychiatrists were responsible for 35% of prescriptions in this class.

Distribution of prescribers by medical specialty and therapeutic class in Canada – 2025			
	Family Medicine	Psychiatry	Other Medical Specialties
Antidepressants	54%	7%	39%
Anxiolytics	53%	6%	41%
Antipsychotics	62%	8%	30%
Psychostimulants	68%	9%	23%

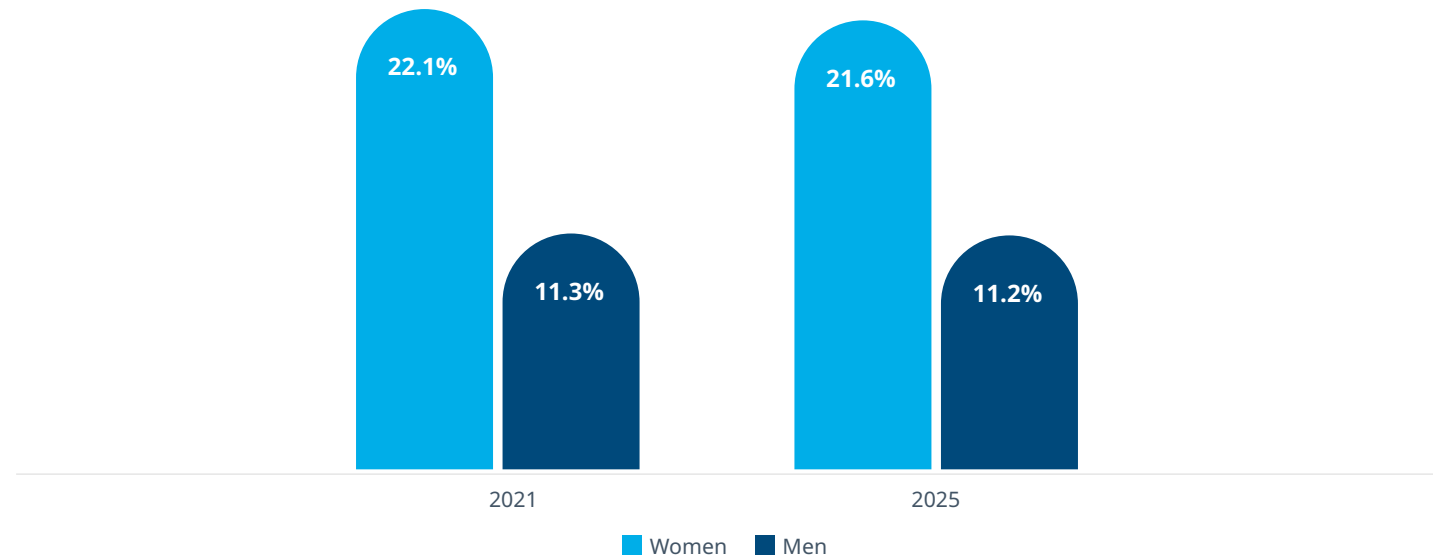
Prescriber data not available for Newfoundland, Prince Edward Island, Manitoba and British Columbia

Demographic analysis

Antidepressants

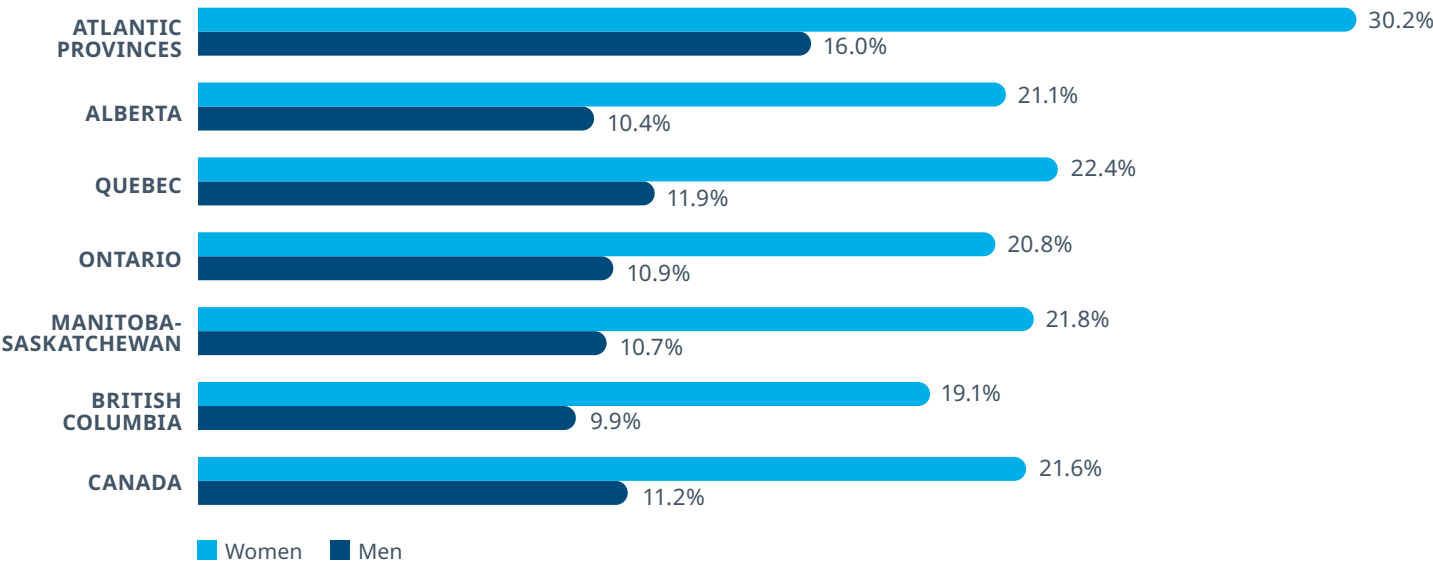
In Canada, between 2021 and 2025, the prevalence of antidepressant use remained relatively stable and was nearly twice as high among women as among men. In both 2021 and 2025, approximately one in five women and one in nine men used antidepressants.

Prevalence of antidepressant use by sex in Canada, 2021 and 2025



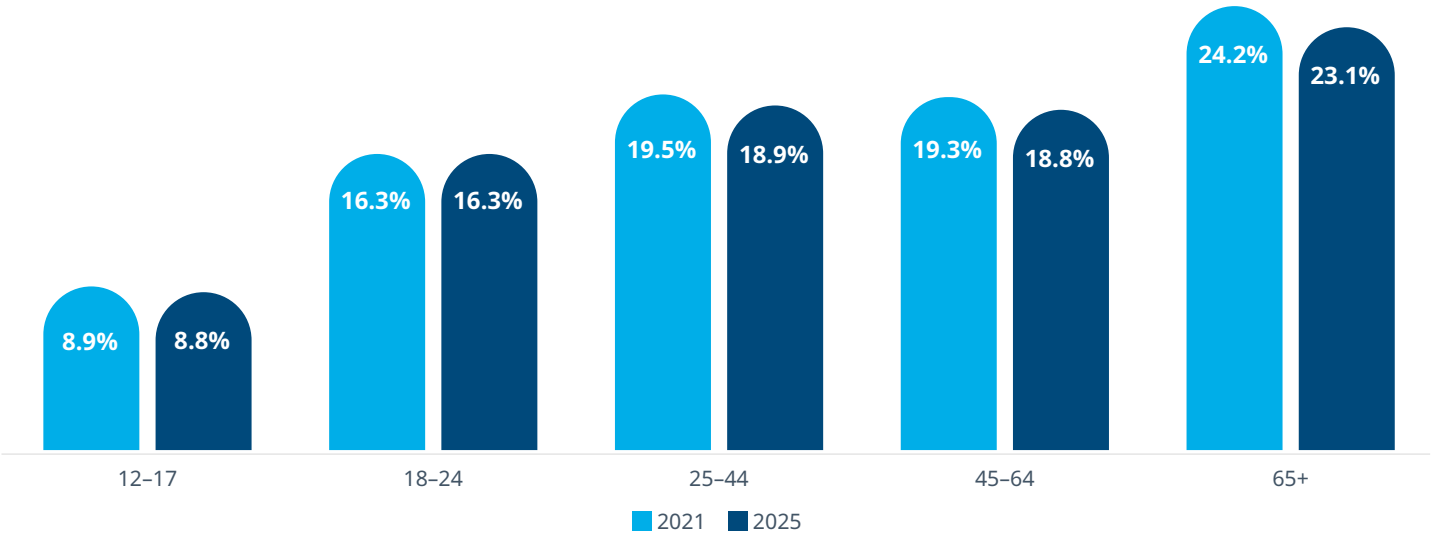
In 2025, the prevalence of antidepressant use was approximately twice as high among women as among men in all provinces. The Atlantic provinces had the highest rates at 30.2% among women and 16.0% among men, while the lowest rates were observed in British Columbia at 19.1% for women and 9.9% for men.

Prevalence of antidepressant use by province and sex – 2025



Between 2021 and 2025, the prevalence of antidepressant use in Canada remained relatively stable across all age groups. People aged 65 and older had the highest prevalence despite a decline of 1.1 percentage points, from 24.2% to 23.1%.

Prevalence of antidepressant use by age group in Canada, 2021 and 2025



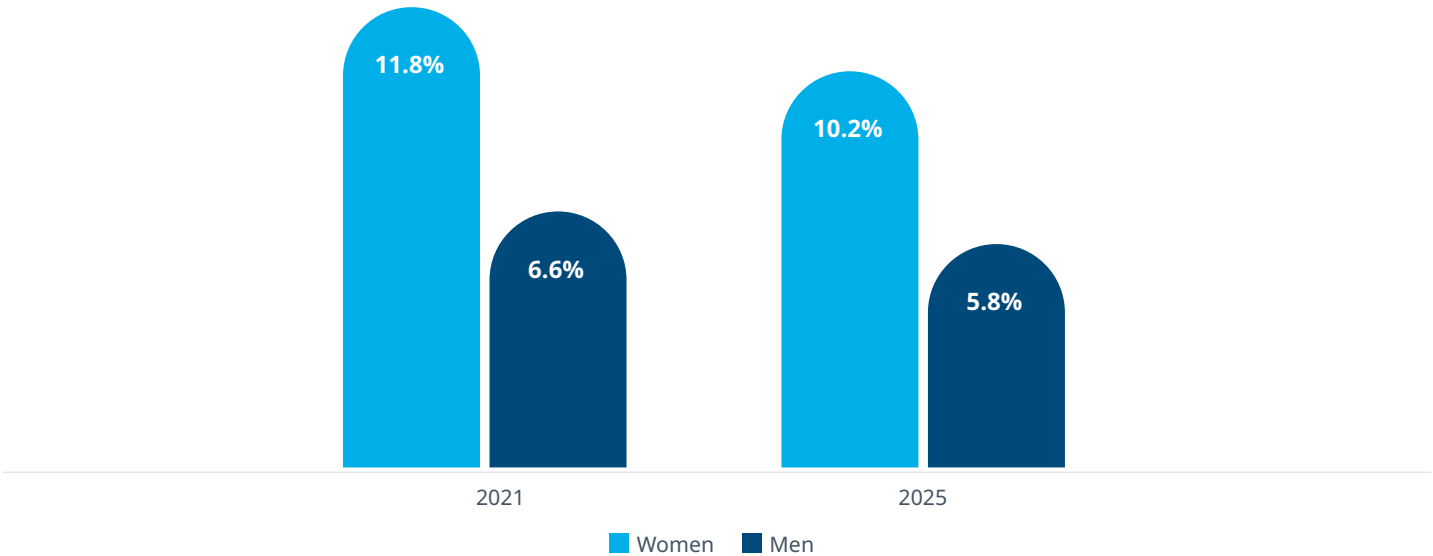
In 2025, the prevalence of antidepressant use was consistently higher among women than among men in all provinces and age groups. The Atlantic provinces had the highest rates in all groups studied, particularly among women aged 18 to 44. Conversely, the lowest rates were generally observed in British Columbia, and among adolescents and young adults in Quebec.

Prevalence of antidepressant use by province, age group, and sex – 2025										
	12–17		18–24		25–44		45–64		65+	
	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men
ATLANTIC PROVINCES	17.7%	8.2%	35.5%	13.3%	37.0%	18.7%	32.6%	18.0%	34.8%	21.2%
ALBERTA	13.5%	6.3%	24.8%	9.2%	24.4%	11.5%	24.2%	12.5%	29.9%	17.1%
QUEBEC	10.7%	4.2%	22.3%	7.5%	26.3%	13.2%	26.4%	14.9%	28.8%	18.2%
ONTARIO	11.5%	5.2%	23.9%	9.0%	23.6%	12.0%	22.5%	12.5%	28.3%	17.4%
MANITOBA-SASKATCHEWAN	14.1%	6.1%	24.8%	8.9%	26.9%	12.6%	26.1%	13.6%	27.2%	16.3%
BRITISH COLUMBIA	12.4%	6.0%	22.5%	8.3%	23.2%	11.2%	19.8%	11.2%	22.4%	13.5%
CANADA	12.3%	5.5%	24.3%	8.9%	25.2%	12.5%	24.1%	13.3%	28.1%	17.2%

Anxiolytics

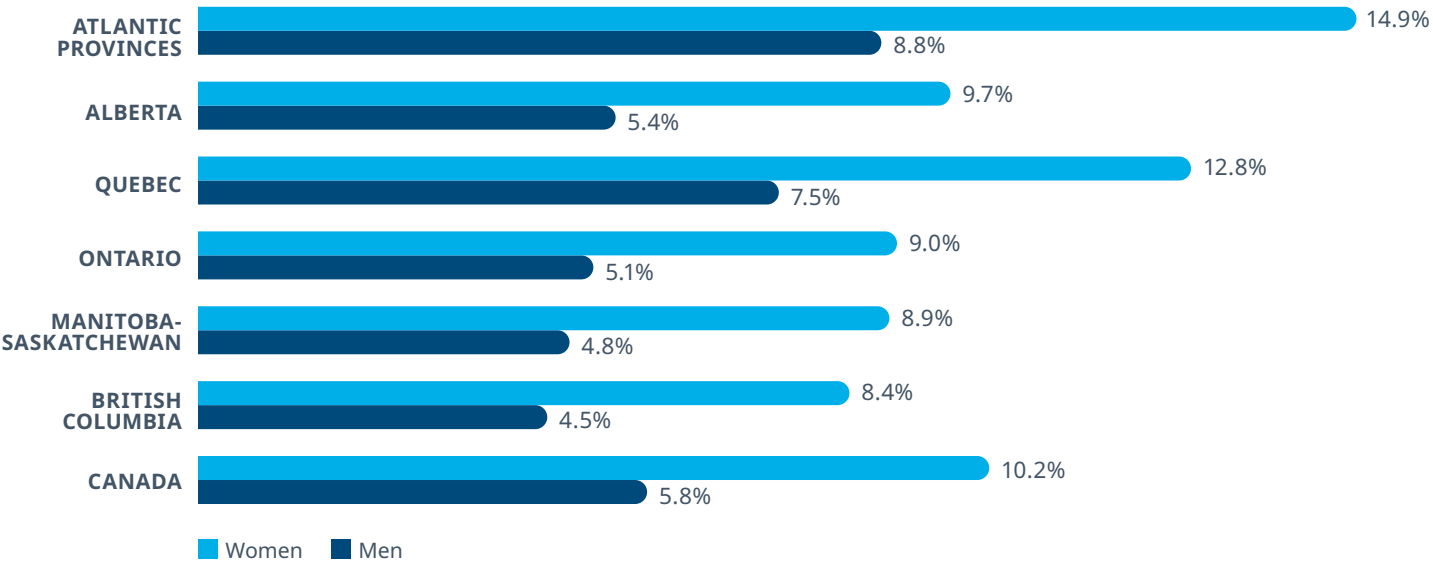
Between 2021 and 2025, the prevalence of anxiolytic use in Canada decreased among both women and men, while remaining nearly twice as high among women. It fell from 11.8% to 10.2% among women and from 6.6% to 5.8% among men.

Prevalence of anxiolytic use by sex in Canada, 2021 and 2025



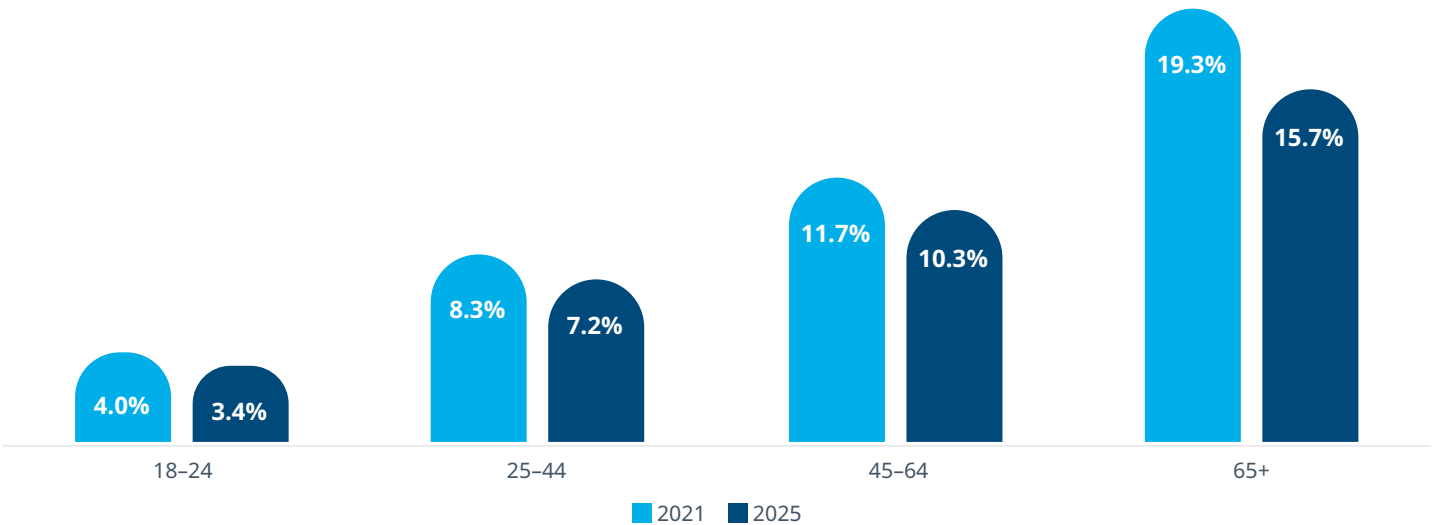
In 2025, the prevalence of anxiolytic use varied considerably by province and remained consistently higher among women than among men. The Atlantic provinces had the highest rates at 14.9% among women and 8.8% among men, followed by Quebec. Conversely, the lowest rates were observed in British Columbia at 8.4% among women and 4.5% among men.

Prevalence of anxiolytic use by province and sex – 2025



Between 2021 and 2025, the prevalence of anxiolytic use decreased across all age groups in Canada, but increased with age. The most significant decrease was observed among people aged 65 and older, with prevalence falling from 19.3% to 15.7%, a decrease of 3.6 percentage points. Despite this reduction, this group still had the highest prevalence in 2025.

Prevalence of anxiolytic use by age group in Canada, 2021 and 2025



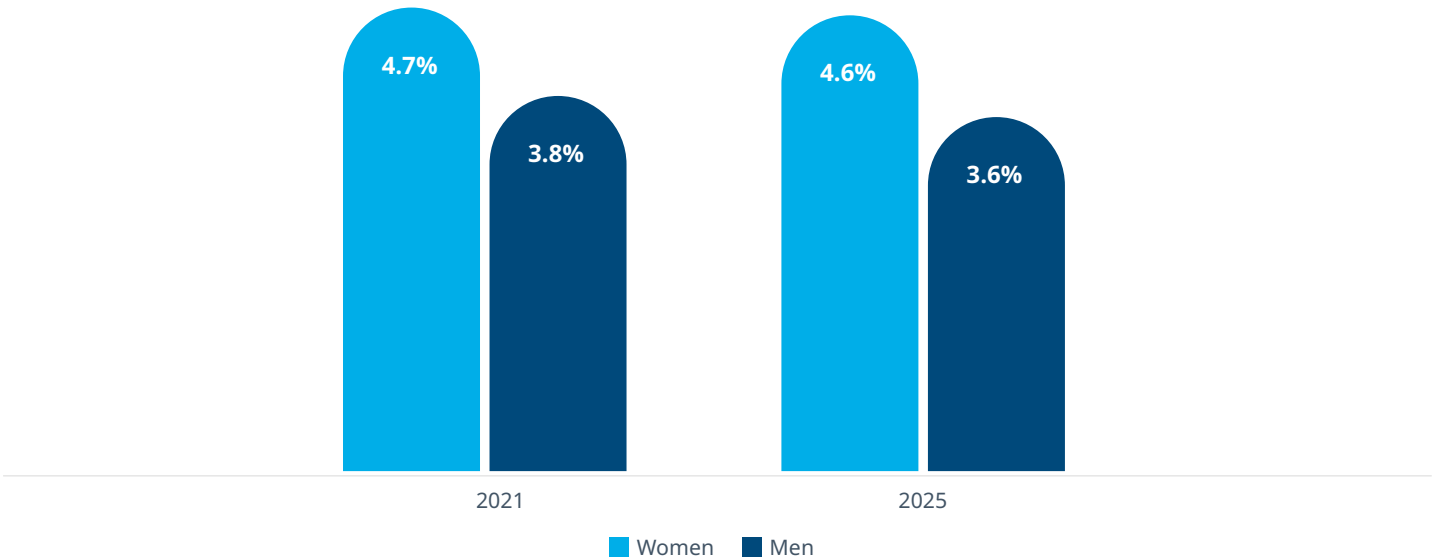
In 2025, the prevalence of anxiolytic use increased with age and remained consistently higher among women than among men in all provinces. The Atlantic provinces had the highest rates for each age group, followed by Quebec. Nationwide, prevalence peaked among people aged 65 and older, reaching 18.8% among women and 12.1% among men. The lowest rates were generally observed in British Columbia.

Prevalence of anxiolytic use by province, age group, and sex - 2025								
	18-24		25-44		45-64		65+	
	Women	Men	Women	Men	Women	Men	Women	Men
ATLANTIC PROVINCES	7.0%	3.0%	14.0%	7.7%	17.4%	10.7%	24.6%	16.1%
ALBERTA	5.2%	2.1%	9.4%	4.9%	13.0%	7.5%	19.8%	12.5%
QUEBEC	5.6%	2.4%	11.6%	6.3%	16.1%	9.9%	23.0%	15.2%
ONTARIO	4.1%	2.0%	8.2%	4.4%	11.4%	6.6%	16.6%	10.7%
MANITOBA-SASKATCHEWAN	4.4%	1.9%	8.7%	4.4%	12.0%	6.7%	16.9%	10.8%
BRITISH COLUMBIA	4.3%	1.7%	7.9%	3.8%	9.7%	5.6%	14.8%	9.1%
CANADA	4.8%	2.1%	9.4%	5.0%	12.8%	7.6%	18.8%	12.1%

Antipsychotics

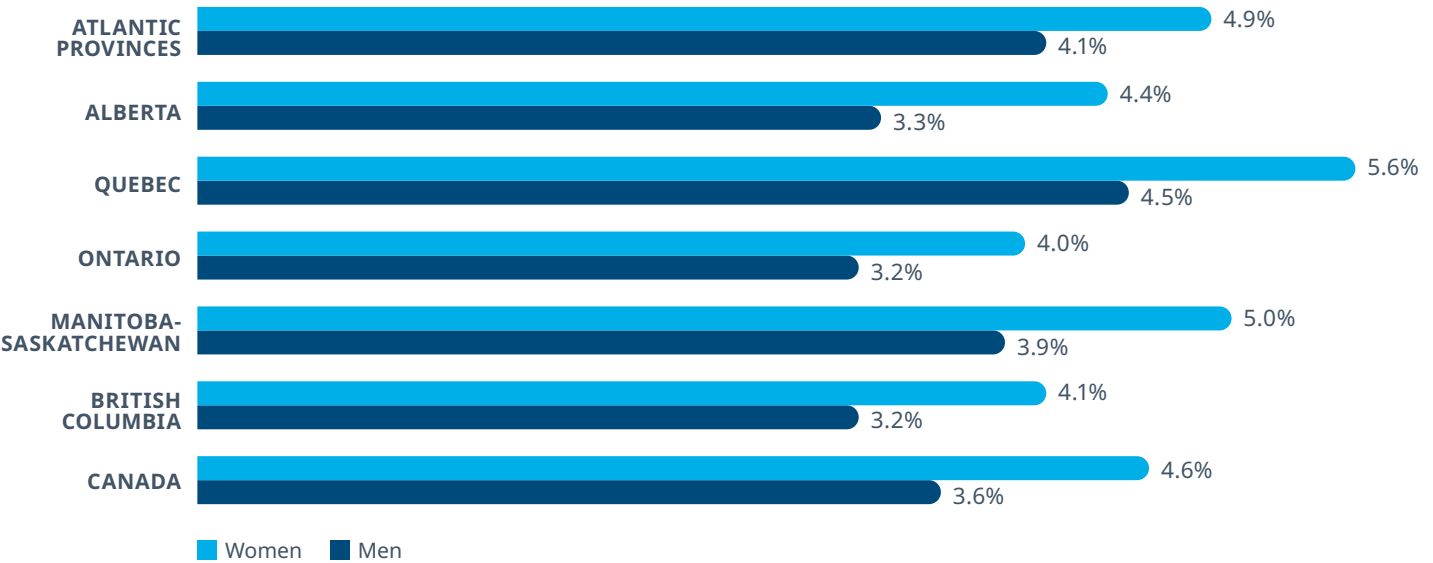
Between 2021 and 2025, the prevalence of antipsychotic use remained relatively stable in Canada while continuing to be higher among women than among men.

Prevalence of antipsychotic use by sex in Canada, 2021 and 2025



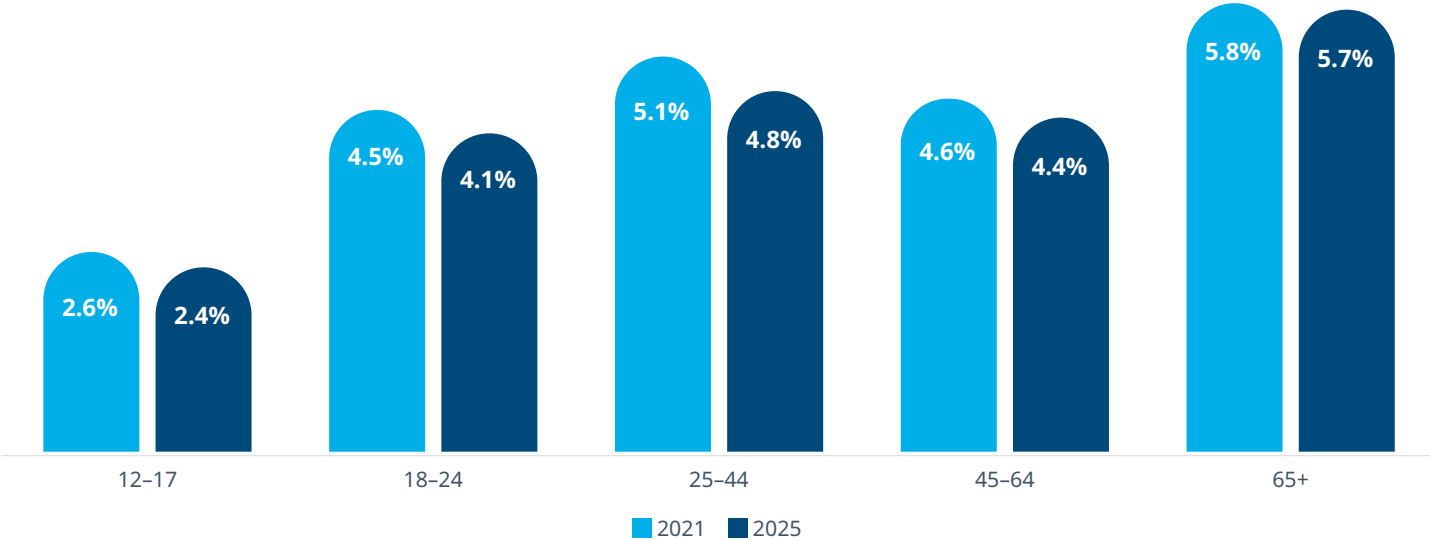
In 2025, the prevalence of antipsychotic use was higher among women than among men in all provinces. Quebec had the highest rates at 5.6% for women and 4.5% for men. In contrast, Ontario had the lowest rate among women (4.0%) and tied with British Columbia for the lowest rate among men (3.2%).

Prevalence of antipsychotic use by province and sex – 2025



Between 2021 and 2025, the prevalence of antipsychotic use decreased slightly across all age groups in Canada. In 2025, it remained highest among people aged 65 and older, at 5.7%, followed by those aged 25 to 44, at 4.8%.

Prevalence of antipsychotic use by age group in Canada, 2021 and 2025



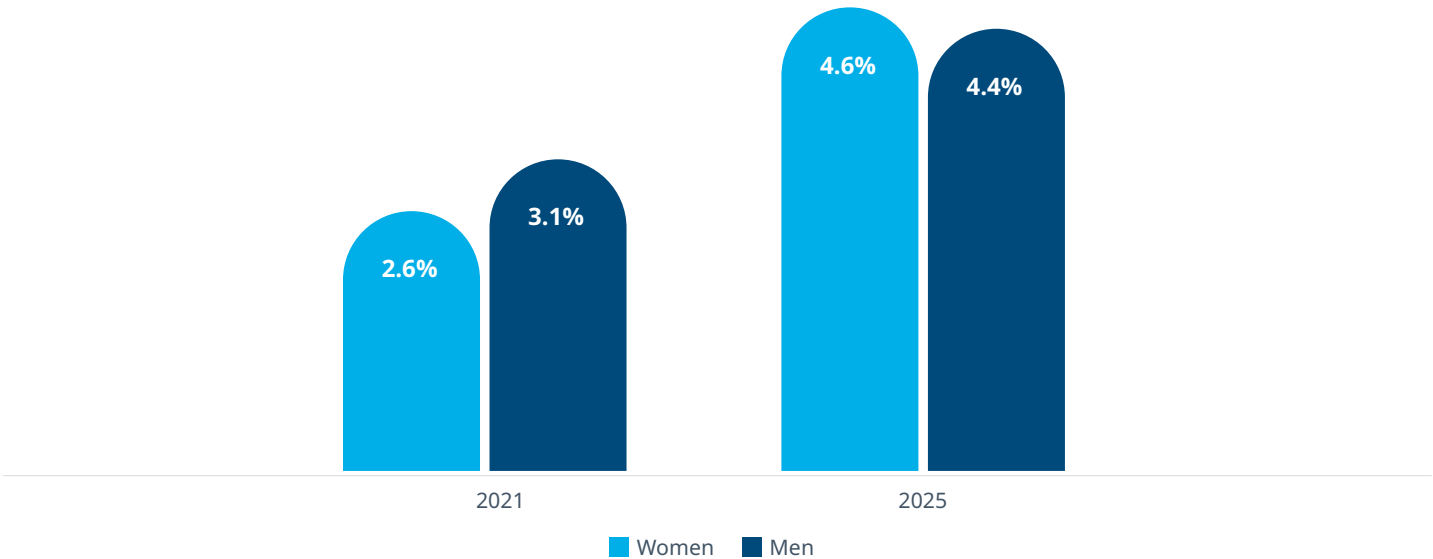
In 2025, the prevalence of antipsychotic use was higher among women than among men in all provinces and in all age groups. Nationwide, it was highest among people aged 65 and older at 6.3% for women and 5.0% for men. Quebec had the highest rates among adults aged 25 and older, while Manitoba and Saskatchewan had the highest rates among adolescents and young adults. The lowest rates were most often observed in Ontario or British Columbia.

Prevalence of antipsychotic use by province, age group, and sex – 2025										
	12–17		18–24		25–44		45–64		65+	
	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men
ATLANTIC PROVINCES	3.0%	2.9%	6.0%	3.7%	6.1%	5.1%	4.8%	4.2%	6.0%	4.8%
ALBERTA	2.9%	2.7%	5.7%	3.3%	5.1%	3.9%	5.0%	3.6%	6.3%	4.5%
QUEBEC	2.4%	2.2%	5.1%	3.2%	6.5%	5.4%	6.7%	5.5%	7.3%	6.0%
ONTARIO	2.2%	2.0%	4.8%	2.9%	4.4%	3.9%	4.1%	3.3%	5.9%	4.6%
MANITOBA-SASKATCHEWAN	3.4%	3.1%	6.4%	3.7%	6.3%	4.8%	5.5%	4.2%	5.9%	5.0%
BRITISH COLUMBIA	2.4%	1.8%	4.9%	2.7%	4.7%	3.7%	4.0%	3.5%	5.7%	4.6%
CANADA	2.5%	2.2%	5.2%	3.1%	5.2%	4.3%	4.9%	4.0%	6.3%	5.0%

Psychostimulants

Between 2021 and 2025, the prevalence of psychostimulant use increased among both women and men in Canada. It rose from 2.6% to 4.6% among women and from 3.1% to 4.4% among men. While the prevalence was higher among men in 2021, it was slightly higher among women in 2025.

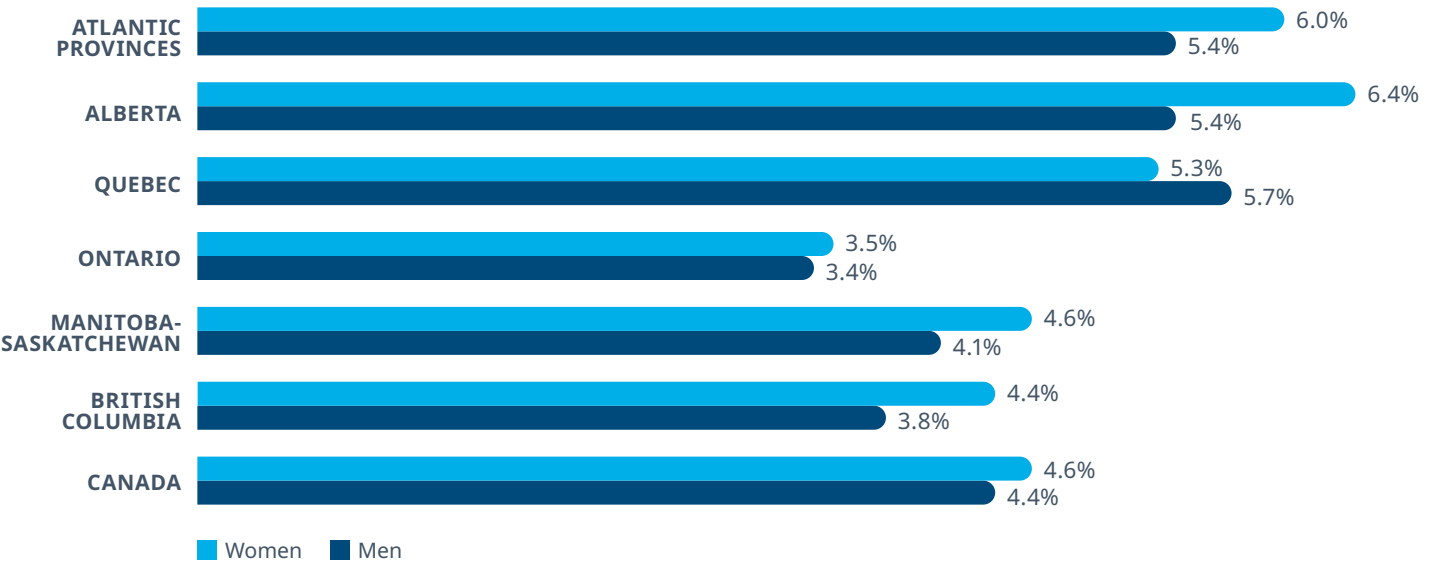
Prevalence of psychostimulant use by sex in Canada, 2021 and 2025



In 2025, the prevalence of psychostimulant use varied considerably across provinces. It was generally higher among women than among men, except in Quebec, where the rate among men was slightly higher, at 5.7% compared with 5.3% among women. Alberta had the highest prevalence among women (6.4%), while Quebec had the highest rate among men (5.7%). In contrast, the lowest rates were observed in Ontario for both sexes: 3.5% among women and 3.4% among men.

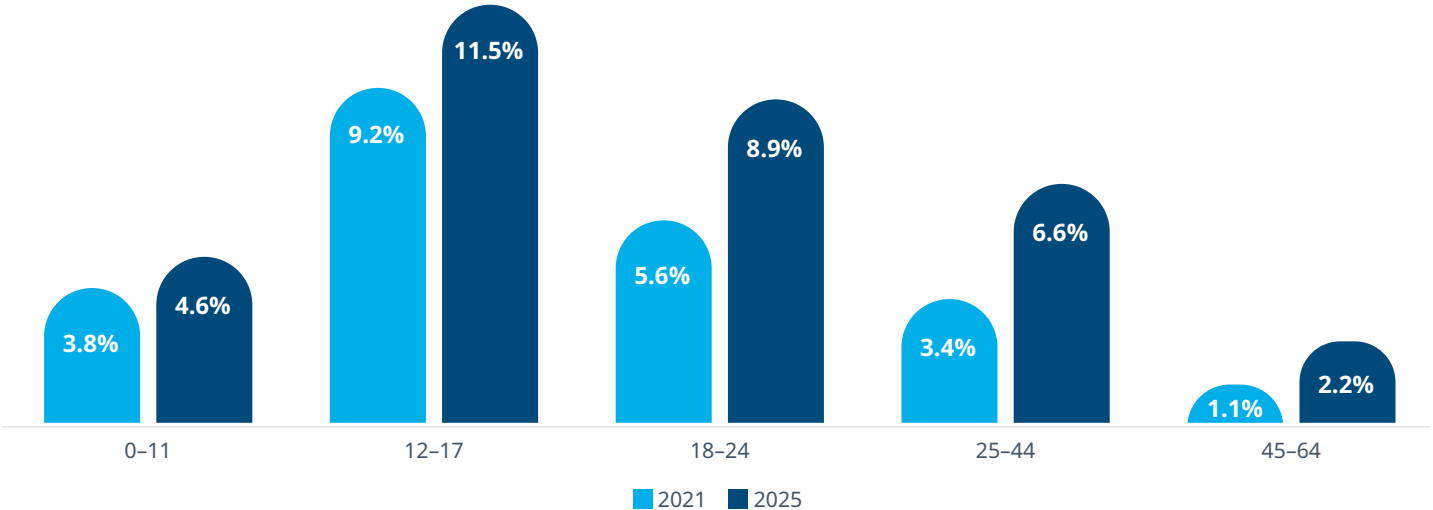
The data presented do not explain the observed disparities. Further analysis would be necessary to assess the possible role of prescribing practices, access to care, and demographic differences among provinces.

Prevalence of psychostimulant use by province and sex – 2025



Between 2021 and 2025, the prevalence of psychostimulant use increased across all age groups in Canada. In 2025, it remained highest among adolescents aged 12 to 17 at 11.5%, followed by young adults aged 18 to 24, at 8.9%. The largest increases in percentage points were observed among those aged 18 to 24 and those aged 25 to 44, with increases of 3.3 and 3.2 percentage points, respectively.

Prevalence of psychostimulant use by age group in Canada, 2021 and 2025



In 2025, across all Canadian provinces, the prevalence of psychostimulant use was higher among boys than among girls under the age of 18, while this trend reversed in adulthood. Quebec stood out particularly among adolescents aged 12 to 17, with prevalence reaching 22.1% among boys and 14.8% among girls, compared with 13.2% and 9.6%, respectively, nationwide. The Atlantic provinces had the highest rates among adults aged 25 to 44, while the lowest rates were generally observed in Ontario.

Prevalence of psychostimulant use by province, age group, and sex – 2025										
	0–11		12–17		18–24		25–44		45–64	
	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men
ATLANTIC PROVINCES	4.0%	8.6%	11.7%	16.2%	13.8%	9.2%	12.1%	8.0%	3.2%	2.2%
ALBERTA	2.7%	5.7%	10.9%	13.4%	13.6%	9.2%	10.4%	6.8%	3.8%	2.5%
QUEBEC	5.0%	9.5%	14.8%	22.1%	11.8%	10.2%	7.9%	5.8%	3.0%	2.2%
ONTARIO	1.9%	4.4%	6.5%	9.2%	8.6%	6.2%	6.1%	4.4%	1.9%	1.4%
MANITOBA-SASKATCHEWAN	2.7%	5.7%	9.2%	11.7%	9.6%	6.5%	7.8%	4.9%	2.4%	1.6%
BRITISH COLUMBIA	2.3%	5.1%	8.2%	10.5%	9.8%	6.2%	8.1%	5.4%	2.4%	1.8%
CANADA	2.9%	6.1%	9.6%	13.2%	10.4%	7.5%	7.8%	5.4%	2.5%	1.8%



Recommendations for healthcare system stakeholders

Healthcare professionals, researchers, and policymakers must continue their efforts to improve access to, quality of, and continuity of mental healthcare. IQVIA contributes to these efforts by providing evidence-based data to help better understand trends in medication use and inform decision-making.

The data from 2021 to 2025 present a mixed picture: the use of certain therapeutic classes has remained stable or has decreased slightly, while the use of psychostimulants has increased across all age groups studied. Significant disparities are also observed by age, sex, and region. While these data alone do not allow for conclusions to be drawn regarding the appropriateness of treatments, they nevertheless help identify trends that warrant further investigation.

Mental healthcare needs remain significant. In 2024, 41% of adults and 36% of children and youth with a diagnosed mental health disorder reported that their needs were partially or completely unmet; this proportion rose to 52% among those aged 18 to 34.⁵ Statistics Canada also reports less frequent use of professional services among youth aged 15 to 24 with a mood or anxiety disorder.⁶

In this context, data on medication use should be used to:

- Monitor trends by therapeutic class, age, sex, region, and type of prescriber;
- Further investigate psychostimulant use, particularly among young people and in regions where rates are highest;
- Examine prescription trends in relation to access to care and evaluate the impact of policies and programs;
- Support appropriate medication use as part of comprehensive and coordinated care.

This approach aligns with Canadian recommendations for outcomes-based patient care, equitable access, the integration of non-pharmacological options, and the use of real-world evidence.⁷

Limitations

The use of IQVIA data is subject to certain limitations. These data do not include information on:

- Prescriptions written but never dispensed;
- Prescriptions dispensed in hospitals and prisons;
- Medications that were dispensed but not consumed by patients;
- Diagnoses associated with dispensed prescriptions;
- Clinical indications and comorbidities;
- Dosage, treatment duration, medication adherence, and clinical outcomes;
- Factors that may explain variations observed among provinces or demographic groups.

Consequently, the data presented can be used to describe medication utilization trends, but on their own do not allow for an assessment of the clinical appropriateness of treatments or establish causal relationships.

5. Canadian Institute for Health Information

6. Statistics Canada

7. Government of Canada

Data sources, methodology, and list of molecules

The statistics were derived from fully anonymized prescriptions of psychotherapeutic medications dispensed by a panel of community pharmacies between 2021 and 2025, representing approximately 80% of all prescriptions dispensed in Canada (new prescriptions and renewals). Estimation algorithms were used to account for the remaining 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.⁸ Prevalence is defined as the estimated proportion of the population that received at least one dispensed prescription from the therapeutic class under study during the year.

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		ANTIPSYCHOTICS	
1 st generation	2 nd generation	1 st generation	2 nd generation
Amitriptyline	Bupropion	Chlorpromazine	Aripiprazole
Amoxapine	Citalopram	Droperidol	Asenapine
Clomipramine	Duloxetine	Flupentixol	Brexpiprazole
Desipramine	Desvenlafaxine	Fluphenazine	Clozapine
Doxepine	Esketamine	Haloperidol	Lurasidone
Imipramine	Escitalopram	Loxapine	Olanzapine
Moclobemide	Fluoxetine	Mesoridazine	Paliperidone
Nortriptyline	Fluvoxamine	Methotrimeprazine	Quetiapine
Phenelzine	Levomilnacipran	Periciazine	Risperidone
Tranlycypromine	Mirtazapine	Perphenazine	Ziprasidone
Trimipramine	Paroxetine	Pimozide	Injectable - Depot
	Sertraline	Pipotiazine	
	Trazodone	Promethazine	Paliperidone
	Venlafaxine	Thioridazine	Risperidone
	Vilazodone	Thiothixene	
	Vortioxetine	Trifluoperazine	
		Zuclopenthixol	

8. <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 AND OTHER ADHD TREATMENTS
Amphetamine
Atomoxetine
Dextroamphetamine
Guanfacine
Lisdexamfetamine
Methylphenidate (Ritalin)

ABOUT IQVIA

IQVIA (NYSE:IQV) is a leading global provider of clinical research services, commercial insights and healthcare intelligence to the life sciences and healthcare industries. IQVIA's portfolio of solutions are powered by IQVIA Connected Intelligence™ to deliver actionable insights and services built on high-quality health data, Healthcare-grade AI®, advanced analytics, the latest technologies and extensive domain expertise. IQVIA is committed to using AI responsibly, with AI-powered capabilities built on best-in-class approaches to privacy, regulatory compliance and patient safety, and delivering AI to the high standards of trust, scalability and precision demanded by the industry. With approximately 93,000 employees in over 100 countries, including experts in healthcare, life sciences, data science, technology and operational excellence, IQVIA is dedicated to accelerating the development and commercialization of innovative medical treatments to help improve patient outcomes and population health worldwide. Established in Canada in 1960 in Montreal, IQVIA has more than 1,600 employees in offices located in the provinces of Quebec, Ontario and Nova Scotia.

IQVIA is a global leader in protecting individual patient privacy. The company uses a wide variety of privacy-enhancing technologies and safeguards to protect individual privacy while generating and analyzing information on a scale that helps healthcare stakeholders identify disease patterns and correlate with the precise treatment path and therapy needed for better outcomes. 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 diseases, human behaviors and scientific advances, in an effort to advance their path toward cures. Learn more: <http://www.iqvia.com/canada>

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