



NARRATIVE
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2025 Anhedonia Public Perception Study Report

June 2025

Prepared for:



Mood Disorders Society of Canada
Société pour **les troubles de l'humeur** du Canada



Table of Contents

02 Introduction and Summary of Findings

05 Detailed Findings

06 Awareness and Experience of Anhedonia

12 Respondent Profile & Experience with Mental Health

17 Study Methodology





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Introduction and Summary of Findings



Introduction and Research Context

The Mood Disorder Society of Canada (MDSC) is a society engaging in a wide range of products and initiatives designed to support the inclusion of persons with disabling mental illness and leading public policy and program development in several capacities. The MDSC understands that mental illness is a very complex and comprehensive illness and depression itself has a total of 227 different combination of symptoms. In hopes of furthering awareness and understanding of mental illness among both the general public and healthcare decision-makers, MDSC is interested in exploring broad perceptions of anhedonia and gaining insight into Canadians' levels of understanding of the condition, its role in depression and mental illnesses more broadly, and exploring its impact in people living with a mental illness. As well, the MDSC is hoping to better understand the current gaps in treatment among those who experience anhedonia.

To carry out this research, MDSC has commissioned Narrative Research to conduct an online survey with Canadian adults, with specific focus on those who are diagnosed with mental illness(es) or mental health condition(s) by healthcare professionals, or believe they have mental illness(es) or mental health condition(s) that have not been diagnosed by healthcare professionals. The survey included questions about insomnia, with those results presented under separate cover.

The component of the research that focused specifically on anhedonia included the following objectives:

- Assess awareness of anhedonia and its symptoms.
- Understand the perceived impact of anhedonia on people living with mental illness, notably on quality of life.
- Assess the level of comfort in speaking about the symptoms of anhedonia with healthcare professionals, and examine what treatments are pursued.
- Understand how improved treatment of anhedonia would impact someone's quality of life, from their perspective.

This report presents the results of the study and includes an overview of the key findings, an analysis of the results from each question, and a description of the study methodology. The questionnaire and data tables are presented under separate cover. For each question, results are presented for the overall population under study, in addition to highlighting differences by key segments, where relevant.





Summary of Objectives and Key Findings

Results of the 2025 Anhedonia Public Perception Study indicate the following key findings:

Objectives

Assess awareness of anhedonia and its symptoms.

Understand the perceived impact of anhedonia on people living with mental illness, notably on quality of life.

Assess the level of comfort in speaking about the symptoms of anhedonia with healthcare professionals, and examine what treatments are pursued.

Understand how improved treatment of anhedonia would impact someone’s quality of life, from their perspective.

Key Findings

- Very few respondents have heard of the term anhedonia (14%) but once given a description of anhedonia and its symptoms, nearly six in ten (58%) say they have experienced anhedonia in the past year.
- Anhedonia is perceived to have a significant impact on quality of life, with seven in ten (70%) respondents who do not experience anhedonia saying it is very impactful (scores of 8-10) and over eight in ten (83%) of those who experience anhedonia saying it is very impactful on a person’s quality of life.
- Less than one quarter (23%) of respondents who have experienced symptoms of anhedonia in the past year sought treatment, with taking prescribed medication, therapy, lifestyle changes, and mindfulness/relaxation techniques being the most common forms of treatment. Despite low treatment uptake, most respondents who experience anhedonia say they are very comfortable speaking with a healthcare professional about their anhedonia symptoms (nearly six in ten - 58% - gave a score of 8-10 on the 10-point comfort scale).
- Respondents who have not experienced symptoms of anhedonia in the past year also feel generally comfortable seeking help if they were to experience anhedonia symptoms, with just over six in ten (63%) who are very likely to do so (scores of 8-10).
- The vast majority of respondents who experienced symptoms of anhedonia in the past year believe that improved treatment for anhedonia would enhance their overall quality of life (scores of 5 to 10), including more than half (53%) who say the improvement would be notable (scores of 8-10).



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Detailed Findings



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Awareness and Experience of Anhedonia



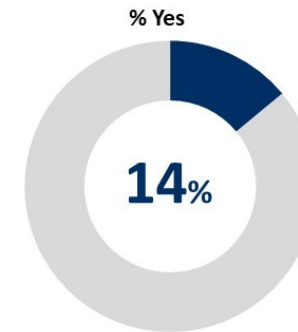
Awareness of Anhedonia

Although the vast majority of respondents have not heard of anhedonia prior to this survey, more than half believe they have experienced the condition in the last year.

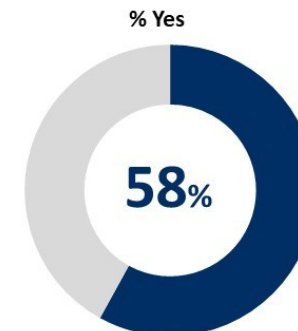
Most respondents have not heard the term *anhedonia* before today and based on the description of anhedonia provided, a small majority believe they have experienced anhedonia in the last year. (Tables 28 and 29)

- Respondents between the ages of 25-44 are more likely than those 45 and over to have heard of the term *anhedonia* (25-34: 20%, 35-44: 22%, 45-64: 11%, 65+: 8%). Those between the ages of 45-64 are more likely to think they *have experienced anhedonia* compared to those 35-44 (62% and 52%).
- Quebec residents are less likely than their counterparts to have heard of the term *anhedonia* (West: 15%, ON: 17%, QC: 4%, Atl: 12%).
- Those who have experienced insomnia are more likely than those who have not to believe they have *experienced anhedonia* (62% and 41%). Similarly, those who have an insomnia diagnosis are more likely than those who do not to believe they have *experienced anhedonia* (73% and 59%).
- Those who have chronic insomnia are more likely than those with short-term or occasional insomnia to say they have *experienced anhedonia* (chronic: 70%, ST: 55%, occasional: 57%).

Heard of Term “Anhedonia”



Experienced Anhedonia in Past Year



Anhedonia is when a person loses the ability to feel pleasure or interest in activities they once enjoyed. It's more than just changing interests; it can feel like emotional numbness, lack of motivation, or a disconnection from life.

Common signs include:

- Loss of interest or pleasure in activities usually enjoyed
- Less enjoyment from things that normally feel good (e.g., music, food, physical touch)
- Feeling emotionally flat, numb, or “empty”
- Significantly low motivation, even for basic self-care
- Difficulty feeling joy or happiness
- Social anxiety or isolation
- Consistent difficulty concentrating or making decisions
- Persistent fatigue or low energy
- Feeling disconnected from people or the world around you

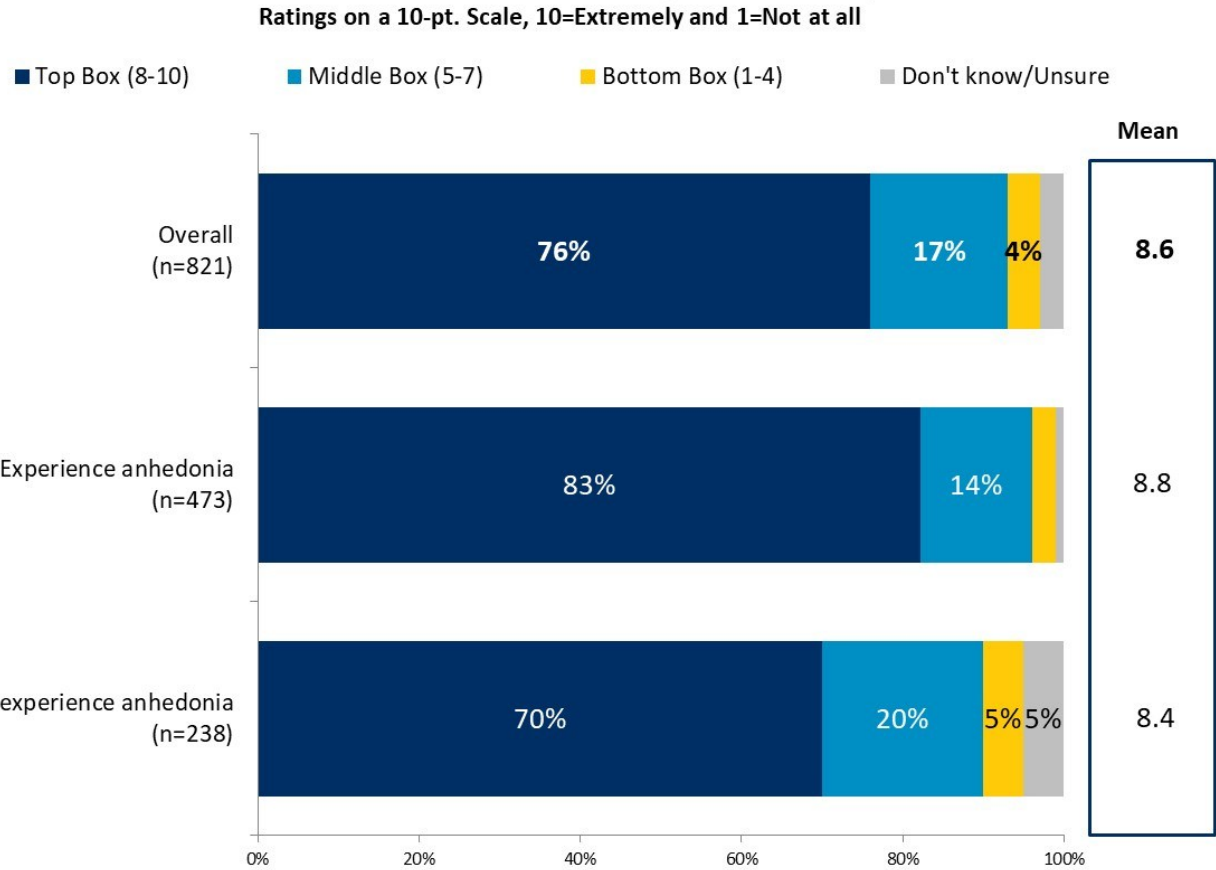
Q.28: Have you heard of the term “anhedonia” before today? (n=821) | Q.29: Anhedonia is when a person loses the ability to feel pleasure or interest in activities they once enjoyed. It's more than just changing interests; it can feel like emotional numbness, lack of motivation, or a disconnection from life. [Additional description listed in graph above]. Based on this description, do you think you may have experienced anhedonia in the past year? (n=821)

Anhedonia is perceived to have a significant impact on a person’s quality of life.

Respondents were asked to rate how much they think anhedonia can impact a person’s quality of life, based on the information provided or what they already know. A strong majority of respondents believe that anhedonia has an *extreme impact* (scores of 8-10) on a person's life, while far fewer believe that anhedonia has *somewhat of an impact* (scores of 5-7) or *little or no impact* on a person's life (scores of 1-4). (Table 30)

- Respondents aged 45-64 are more likely than those 25-44 to believe that anhedonia impacts quality of life (average scores - 25-34: 8.2, 35-44: 8.3, 45-64: 8.8).
- Those with a formal mental health diagnosis are more likely than those without to think anhedonia impacts quality of life (8.8 and 8.2).

How Much Anhedonia Can Impact Quality of Life



Q.30: Based on the information provided or what you already know, how much do you think anhedonia can impact a person’s quality of life? Values of 4% or less are not labelled. Responses of ‘Don’t know/Unsure’ were excluded from the calculation of the mean.



Seeking Help to Treat Anhedonia

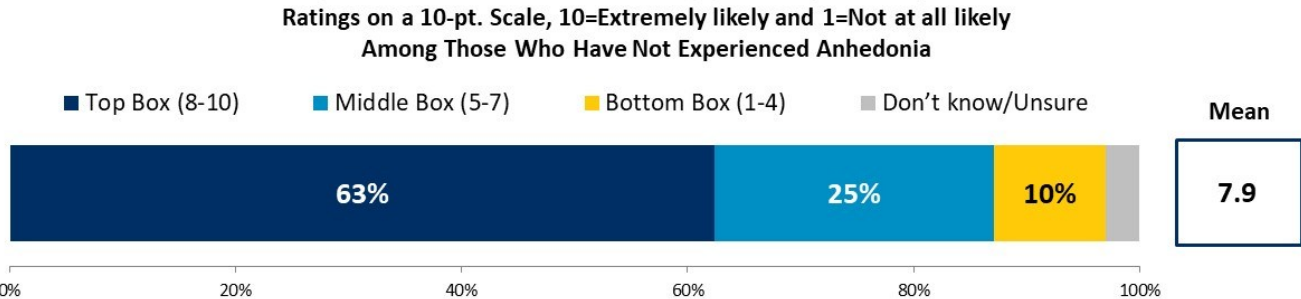
Most respondents say they would feel comfortable seeking help for anhedonia, and those experiencing it are generally comfortable discussing it with their healthcare provider.

Those who have not experienced anhedonia were asked how likely they would be to seek medical attention if they consistently found it difficult to feel joy or satisfaction in activities that typically bring them pleasure. The majority said they would be *very comfortable* talking to their healthcare provider, while far fewer said they would be *somewhat comfortable* or *uncomfortable*. (Table 31)

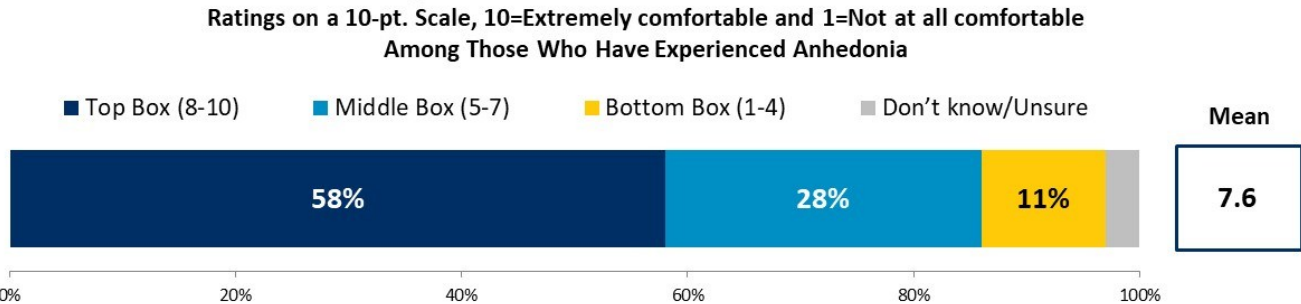
By contrast, the majority of respondents who have experienced anhedonia said they would be *very comfortable* (scores of 8-10) talking about anhedonia with a healthcare professional, with far fewer saying they would be *somewhat comfortable* (score of 5-7) or *uncomfortable* (scores of 0-5) talking about anhedonia. (Table 32)

- Those over the age of 45 are more likely to *feel comfortable talking to a healthcare professional* compared to those between the ages of 25-44 (average scores of 25-34: 7.1, 35-44: 7.2, 45-64: 7.9, 65+: 7.8).
- Those with a formal mental health diagnosis are more likely to *feel comfortable talking to healthcare professional* compared to those without (8.0 and 6.8).

Would See Healthcare Professional If Consistently Found It Difficult to Feel Joy in Activities That Typically Bring Pleasure



Comfort Level Talking to Healthcare Professional about Anhedonia



Q.31: [IF 'NO' IN Q.29] If you consistently found it difficult to feel joy or satisfaction in activities that typically bring you pleasure, how likely would you be to see a healthcare professional about it? (n=238) | Q.32: [IF 'YES' IN Q.29] How comfortable are you or would you be talking to a healthcare professional about anhedonia? (n=473) Values of 4% or less are not labelled. Responses of 'Don't know/Unsure' were excluded from the calculation of the mean.



Seeking Treatment for Anhedonia

Although seeking treatment for anhedonia is uncommon, those who do typically pursue prescription medication, therapy, lifestyle changes, and relaxation techniques to relieve their symptoms.

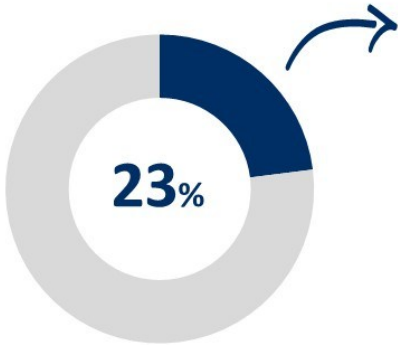
Just under one-quarter of respondents who experience symptoms of anhedonia have sought out care or treatment for their symptoms. However, *prescribed medication* is the most common treatment of anhedonia among those who have sought to address their symptoms. This is followed by responses of *therapy*, *lifestyle changes*, and *mindfulness/relaxation techniques* as anhedonia treatments.

On average, respondents have sought out about three of the eight treatments or approaches listed in hopes of alleviating their symptoms of anhedonia. (Tables 33 and 34)

- Those between the ages of 25-44 are more likely to have *sought out treatment* for symptoms of anhedonia compared to those 65 or over (25-34: 27%, 35-44: 28%, 65+: 16%).
- Respondents with a formal mental health diagnosis are more likely than those without a diagnosis to have *sought out treatment* for anhedonia (29% and 11%).
- Women are more likely than men to address symptoms through *prescribed medications* (80% and 50%) and *mindfulness/relaxation techniques* (62% and 36%).

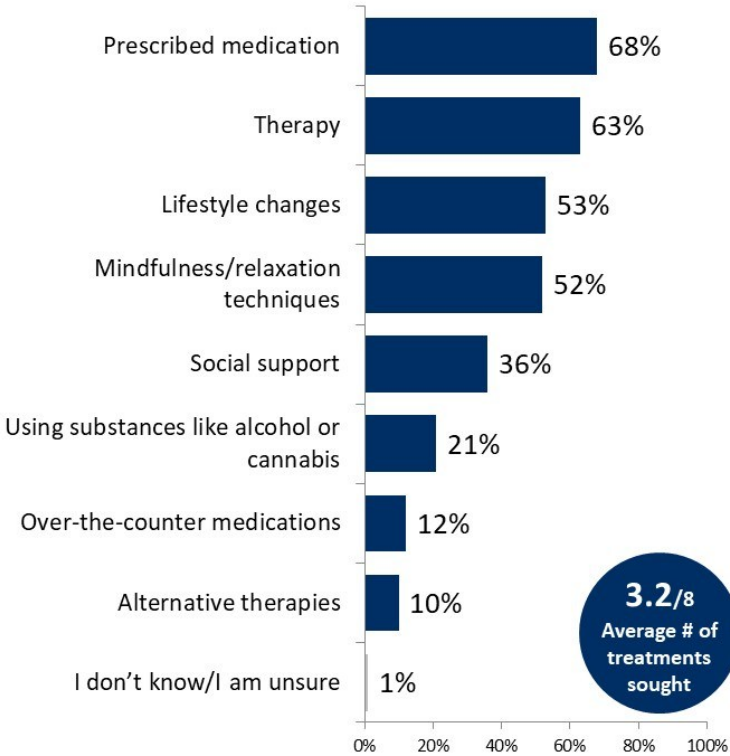
Sought Treatment for Anhedonia Symptoms

Among Those Who Have Experienced Anhedonia
% Yes



Treatment or Approaches Sought to Address Symptoms of Anhedonia

Total Aided Mentions Among Those Who Sought Treatment



Q.33: [IF 'YES' IN Q.29] Have you ever sought care or treatment specifically for your symptoms of anhedonia? (n=473) | Q.34: [IF 'YES' IN Q.33] What treatment or approaches have you tried to address your symptoms of anhedonia? (n=107)



Improved Treatment of Anhedonia

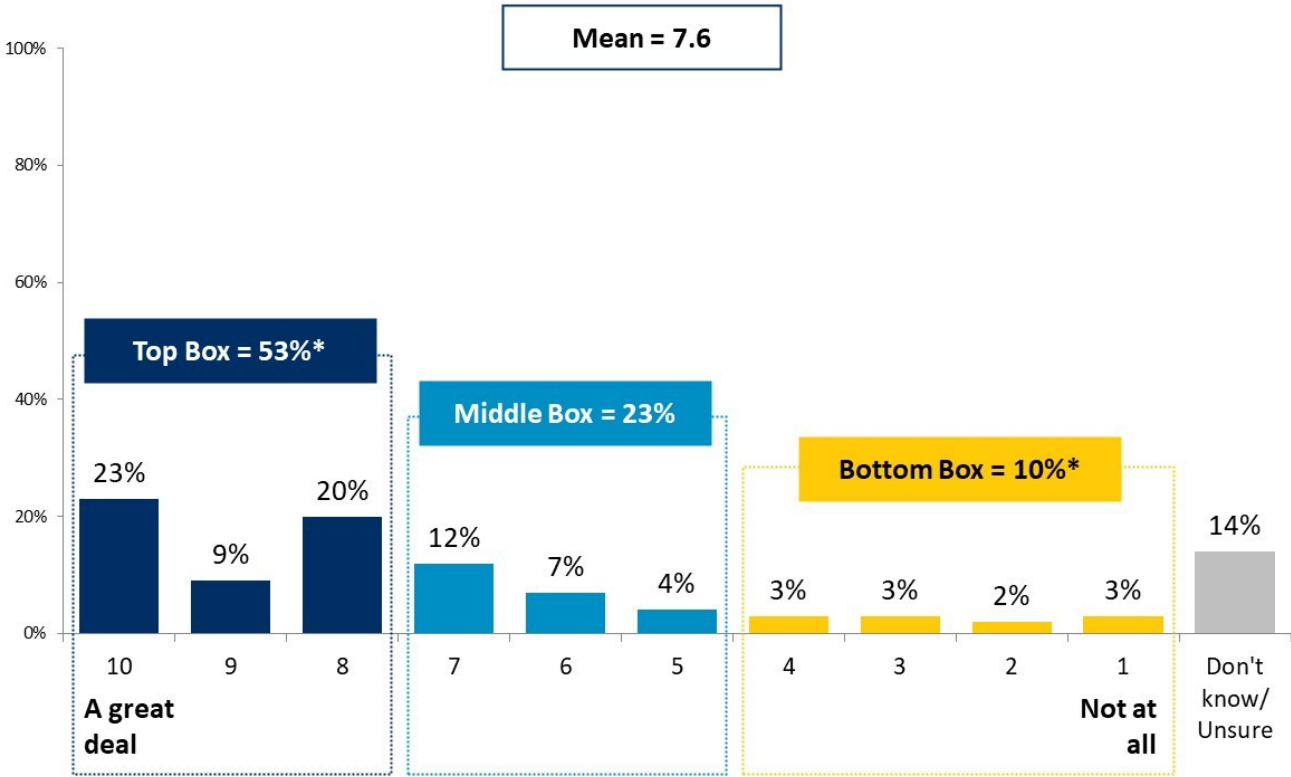
A large portion of respondents feel like improved treatment for anhedonia would enhance their quality of life, to some degree.

Around one-half of respondents who experience or have experienced anhedonia believed that improved treatment for anhedonia would enhance their quality of life by a *great deal* (scores of 8-10), while far fewer said it would either have *somewhat of an impact* (scores of 5-7) or *no impact* (scores of 1-4) on their life. (Table 35)

- Those between the ages of 25-44 are less likely than those 65 or over to believe that *improved treatment for anhedonia would enhance their quality of life* (average scores of 25-44: 7.3 and 65+: 8.0).
- Ontario and Quebec residents are more likely than Western residents to believe that *improved treatment for anhedonia would enhance their quality of life* (West: 7.1, ON: 7.8, QC: 8.0).
- Those with a formal mental health diagnosis are more likely than those without to believe that *improved treatment for anhedonia would enhance their quality of life* (7.9 and 6.9).

Improved Treatment for Anhedonia Would Enhance Quality of Life

Among Those Who Have Experienced Anhedonia



Q.35: [IF 'YES' IN Q.29] To what extent do you believe improved treatment or medication specifically for anhedonia would enhance your overall quality of life? (n=473) *Due to rounding. Responses of 'Don't know/Unsure' are excluded from the calculation of the mean.

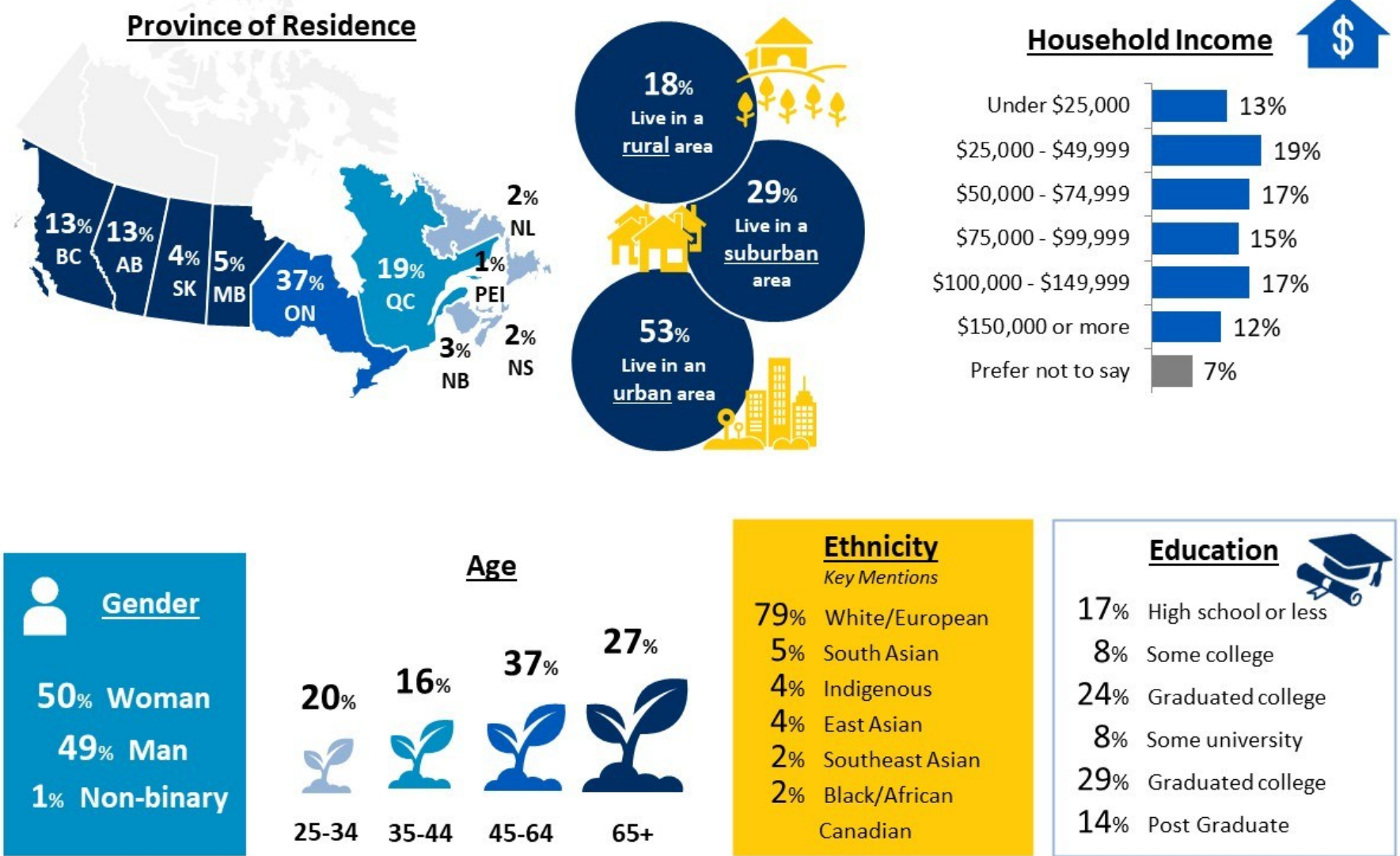


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Respondent Profile & Experience with Mental Health



Demographic Profile (n=821)





Experience with Mental Health

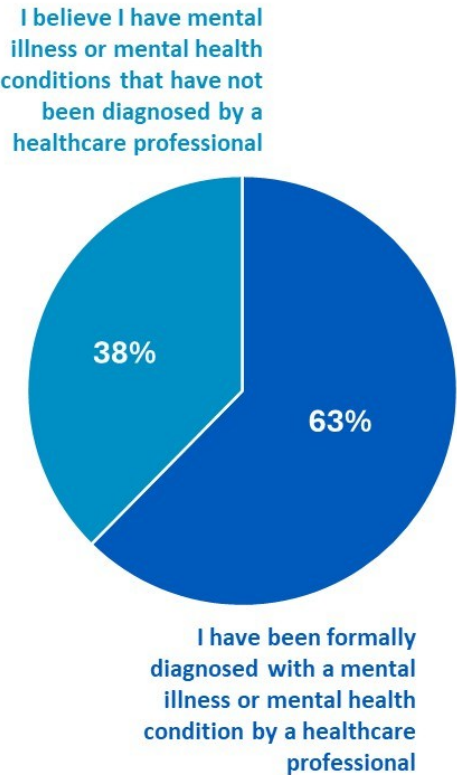
A small majority of survey respondents have been formally diagnosed with a mental illness or mental health condition, with depression and anxiety being the two most common conditions.

While approximately six in ten survey respondents have been *formally diagnosed* with a mental illness or mental health condition by a healthcare professional, four in ten *believe* they have a mental illness or mental health condition that has not been diagnosed by a health care professional. (Table DM)

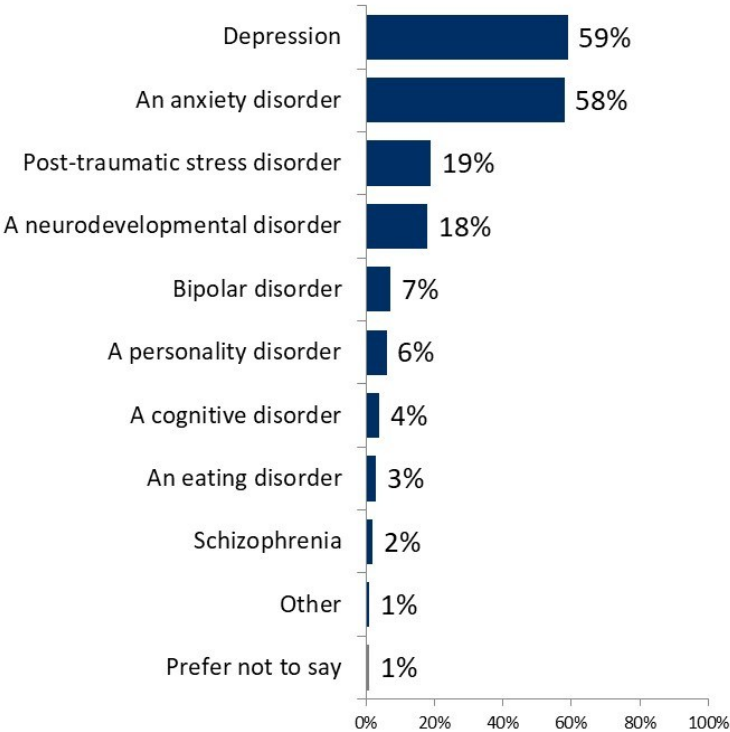
Depression and *anxiety* are the most common mental illnesses or mental health conditions that survey respondents have been diagnosed with or are experiencing. *Post-traumatic stress disorder* and *neurodevelopmental disorders* are two other disorders experienced somewhat often by respondents, while fewer than one in ten experience the others listed. (Table 1)

- Those 45 and over are more likely than those between the ages of 35-44 to be *formally diagnosed with a mental illness/condition by a professional* (35-44: 50%, 45-64: 66%, and 65+: 71%).

Current Mental Health



Mental Illness or Mental Health Condition(s) Diagnosed with or Experiencing



Q.DM: Which of the following statements describe your current mental health? (n=821) | Q.1: What type(s) of mental illness or mental health condition have you been diagnosed with, or are you experiencing? (n=821)

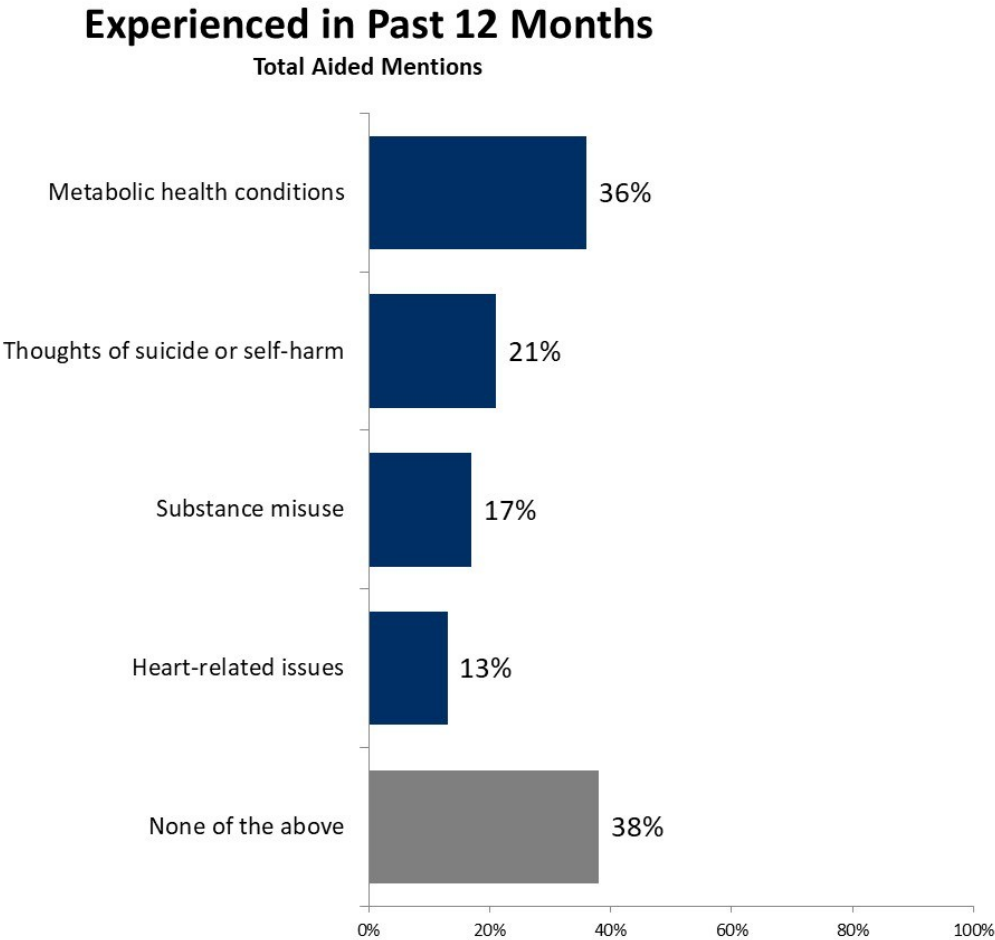


Experience with Health Conditions

Of the health conditions listed, survey respondents were most likely to say they experienced a metabolic health conditions in the past twelve months.

While fewer than one-half of survey respondents did not experience any of the four listed health conditions in the past year, *metabolic health conditions* were the most common among those who did. (Table 36)

- As age increases so does the likelihood of experiencing *metabolic health conditions* (25-34: 22% to 65+: 46%). However, those 65 or older are less likely than their counterparts to experience *substance misuse* (25-34: 18%, 35-44: 24%, 45-64: 19%, 65+: 8%).
- Those who experience anhedonia are more likely than those who do not to experience *thoughts of suicide or self-harm* (28% and 10%) and *substance misuse* (21% and 9%).



Q.36: In the past 12 months, have you experienced any of the following? Please choose all that apply to you personally. (n=821)



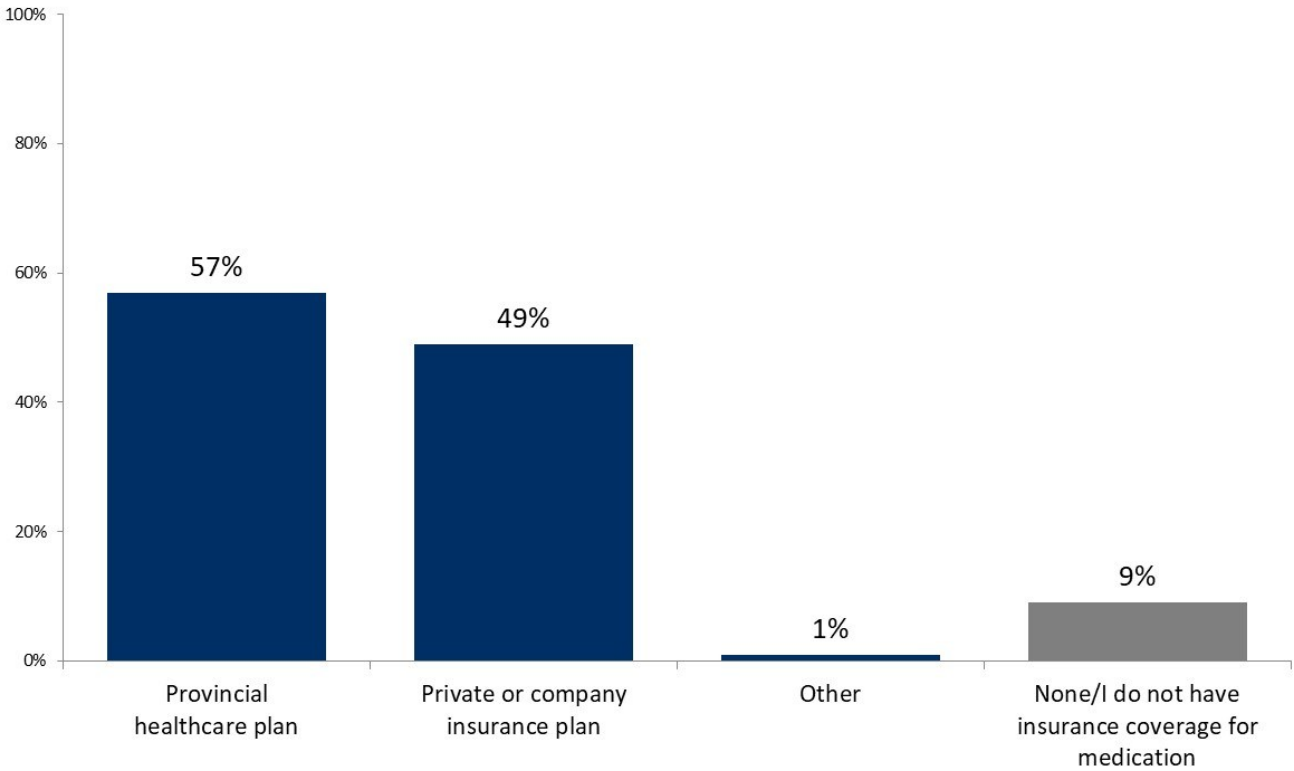
Health Coverage

Both provincial healthcare plans and private or company insurance plans are quite common insurance types among survey respondents.

Provincial healthcare plans and private or company insurance plans are almost equally as popular among respondents. Only one in ten respondents say they do not have insurance coverage for medication. (Table 41)

- Men are more likely than women to be on provincial healthcare plans (63% and 52%).
- Those 65 and over are more likely than their younger counterparts to be on provincial healthcare plans (25-34: 49%, 35-44: 45%, 45-64: 52%, 65+: 78%).
- As income increases so does the likelihood of being on a private or company insurance plan (LT \$50K: 17%, \$50K-\$100K: 55%, \$100K+: 74%).
- Urban respondents are more likely than rural respondents to be on a provincial healthcare plan (61% and 48%).

Type(s) of Insurance That Cover Most of Medication Costs



Q.41: And finally, which of the following types of insurance covers most of your medication costs? (n=821)



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Study Methodology



Methodology



Mode

Online survey



Audience

Canadian adults 25+ who self-identify as living with a mental health condition, or have been diagnosed with a mental illness.



821 completed surveys

(813 from the national panel and 8 from the open link)



Data Collection Dates

May 13 to 21, 2025 (National Panel)

May 14 to June 1, 2025 (Open Link)



Sampling/Administration

The majority of respondents were panelists on a Canadian online general population panel. Regional, age, and gender quotas were put in place to ensure cross-country inclusion in the study. Further, MDSC distributed an open survey link through its social media networks.



Average Completion Time

10 minutes



Weighting

Results are not weighted.



Margin of Error

As a non-probability sample of convenience, a margin of error is not applied to this study.



Languages

The survey was offered in both English and French.



Notes

Table references presented in the report refer to the detailed banner tables.



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Every insight tells a story.