SAPIEN LABS

GLOBAL Mind Health in 2025

FEBRUARY, 2026

MIND HEALTH

THE ABILITY TO NAVIGATE LIFE'S CHALLENGES AND FUNCTION PRODUCTIVELY

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Tracking mind health and the factors that drive it across the Internet-enabled world

Dear Reader,

The Global Mind Health report (previously called the Mental State of the World report) is the annual report of the Global Mind Project, which measures mind health across the Internet-enabled world. With data from over 2.5 million people across 85 countries, it is today the largest ongoing study of its kind.

Mind health, measured by our metric the Mind Health Quotient (MHQ), represents our capacity to navigate life's challenges and function productively. This is not simply a read out of depression or anxiety. Nor is it a measure of life satisfaction or happiness. Rather, it is a composite metric that aggregates across respondent ratings of 47 cognitive, emotional, social, and physical capacities and problems that enable or diminish our ability to function effectively in daily life. Changes in the MHQ therefore are not about an opinion about the external world or current affairs but rather reflect our fundamental mental capacity. It is therefore profoundly important to societal capability.

Across the globe, mind health is in crisis.

Since we began measuring in 2019, the mind health of adults ages 55 and older has remained consistently at scores of ~100, exactly where a normal population is expected to be on the MHQ scale. On the other hand, young adults under 35, who were already struggling relative to their parents and grandparents before the COVID-19 pandemic, took a sharp nosedive during the pandemic from which they have never recovered. Today almost half suffer mental health challenges of clinical significance that substantially impact their ability to function productively in daily life. This is over four-fold higher than their parents and grandparents. Altogether this presents as a pattern of diminishing mind health in each younger generation. As these younger adults grow older, what will society become?

This year we show you how countries stack up on key root causes

The surprising aspect of this decline in younger generations is that it is most pronounced in the wealthier and more developed countries, where increased spending on mental health care has not moved the needle. To solve it we will have to tackle its root causes rather than simply treat symptoms. For the past four years we have been probing these root causes to understand what aspects of modern life are driving this trend. Four key factors have emerged that together predict three quarters of this effect. These are diminished family bonds, diminished spirituality, smartphones at increasingly young age, and increasing consumption of ultra-processed food. This year we show not only how countries stack up on the MHQ among young adults between 18 and 34, but also how they rank on these four factors. The findings are unexpected and call on countries to reflect on how they might address the root causes most relevant to them.

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Founder and Chief Scientist

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Summary

This report on Global Mind Health in 2025 provides trends and insights into the mind health and wellbeing of Internet-enabled populations around the globe. Data in this report is collected by the Global Mind Project using the Mind Health Quotient (MHQ) assessment, a comprehensive online survey of mental function that provides an overall metric, the MHQ score, that relates to the ability to navigate the challenges of life and function productively.

The findings in this report, consolidating across **~1 million responses in 2024 and 2025, show the following trends:**

- The global MHQ stands at 66. However, while adults 55+ remain at the normally expected MHQ score of 101 with ~10% experiencing clinically significant mental health challenges, each younger generation scores lower with those 18-34 having an average MHQ of 36 and 41% experiencing clinically significant mental health challenges.
- Geographically, young adults 18-34 fare best in Sub-Saharan African countries and worst in wealthier countries. 6 out of the top 10 countries are in Sub-Saharan Africa and include Ghana, Tanzania, Kenya and Nigeria, while the bottom 10 include the UK, New Zealand, and Japan.

This report also looks at four of the major causes of diminished mind health in young adults 18-34. Each represents different data waves across the past three years, in some cases with a subset of countries. Countries rank as follows on these factors:

- Family bonds are strongest in Spanish-speaking Latin America (8 out of the top 15 countries led by the Dominican Republic and Argentina) and weakest in parts of West Africa and East Asia.
- Spirituality is highest in Tanzania and other sub-Saharan African countries and lowest in Germany and several other Western European nations.
- GenZ (here 18-24 who were the first generation to grow up fully in the smartphone era) were given smartphones at the youngest age on average in Finland (age 10) and oldest in Tanzania and Uganda (age 18). A younger age of first smartphone ownership is associated with increased suicidal thoughts, aggression, and other problems in adulthood.
- Ultra-processed food consumption, associated with increased depression and diminished emotional and cognitive control, is highest in North America with the US, South Korea, and UK leading, and lowest in the Middle East and North Africa where Egypt and Morocco show the lowest levels.

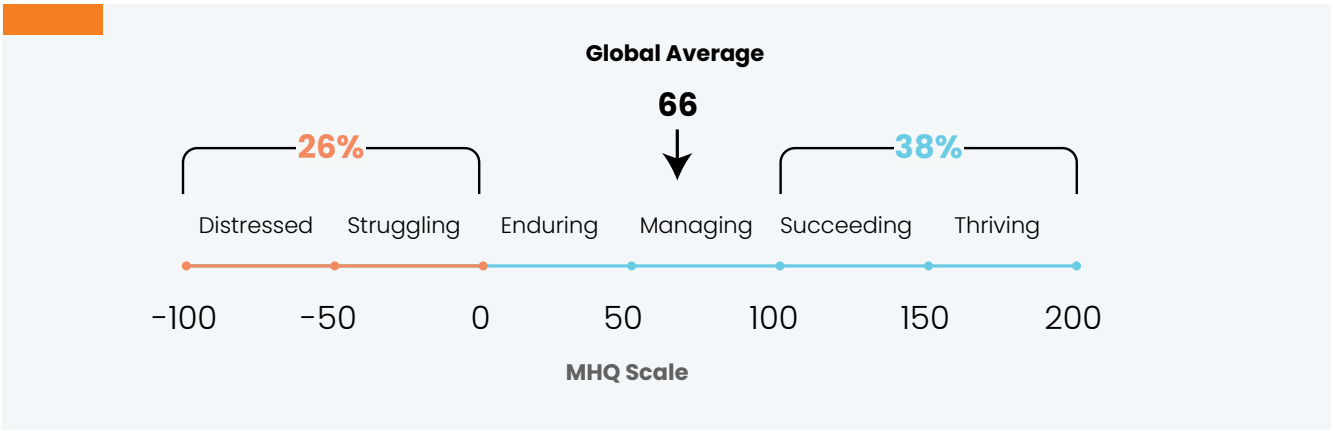
These factors provide levers for countries to reverse the growing mind health crisis among their younger generations. This is particularly relevant and important given that mind/mental health outcomes bear no correlation to spending on mental health care or psychiatrists and therapists per capita.

Data from the Global Mind Project is freely available for academic research. To find out more about how to access the data, visit our Researcher Hub.

1 Our Collective Mind in 2025

The MHQ is a comprehensive metric of mind health and wellbeing that encompasses all aspects of mental function, emotional, cognitive, and social as well as drive and resilience. In the aggregate, it reflects the ability to navigate life's challenges and function effectively (See the Appendix for details on the methodology). In 2025 the global MHQ stands at 66, representing a population age-weighted average of the Internet-enabled population across 84 countries (Figure 1). This year adds 3 new countries relative to 2024, namely Indonesia, Vietnam, and Turkey

Figure 1: Our global MHQ



A score of 66 falls within the region of the MHQ scale that we call Managing and corresponds, on average, to individuals reporting being able to be fully productive in their lives about 70% of the time—or 21 days per month. This average however belies an underlying trend where each younger generation fares worse.

Diminished in each younger generation

MHQ scores for those 55 and older average out at ~100, typically on the border of the Managing and Succeeding ranges, with only ~10% experiencing clinically significant mental distress (% Distressed/Struggling). In contrast, the youngest adults 18-34 have a population weighted average of just 36, in the Enduring range with 41% Distressed/Struggling (Figure 2). Conversely, 60% of those 55+ are Succeeding or Thriving (i.e. have scores of 100 or higher), compared to only 23% of those 18-34. Overall, young people today are merely enduring life in sharp contrast not only to their parents and grandparents generations today, but also to young adults in the early 2000s who reported the greatest wellbeing of all age groups[1,2].

Figure 2: MHQ Scores by age group in 2025

18-34

MHQ Score **36**

%Distressed/Struggling **41%**

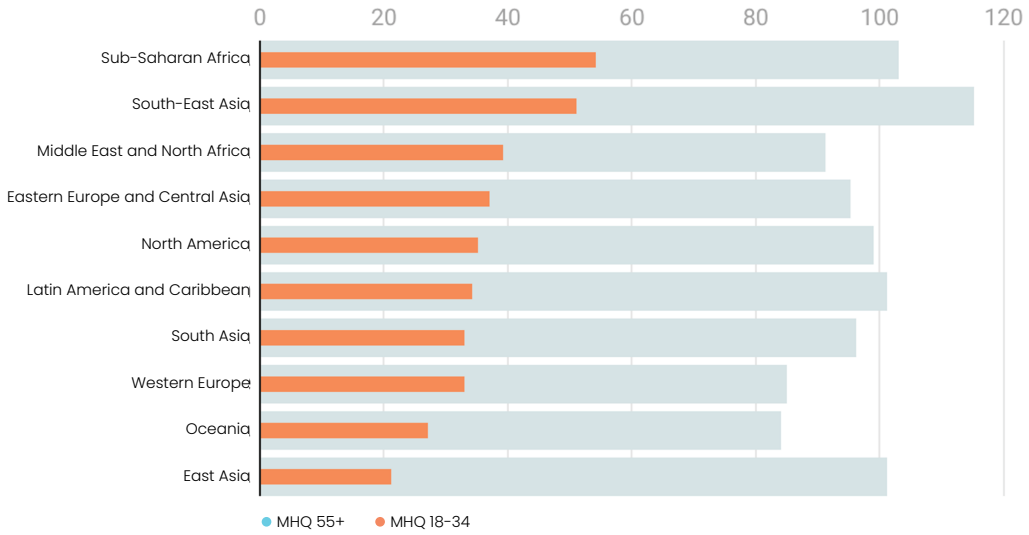
55+

MHQ Score **101**

%Distressed/Struggling **10%**

Regional differences

Figure 3. Average MHQ scores across world regions



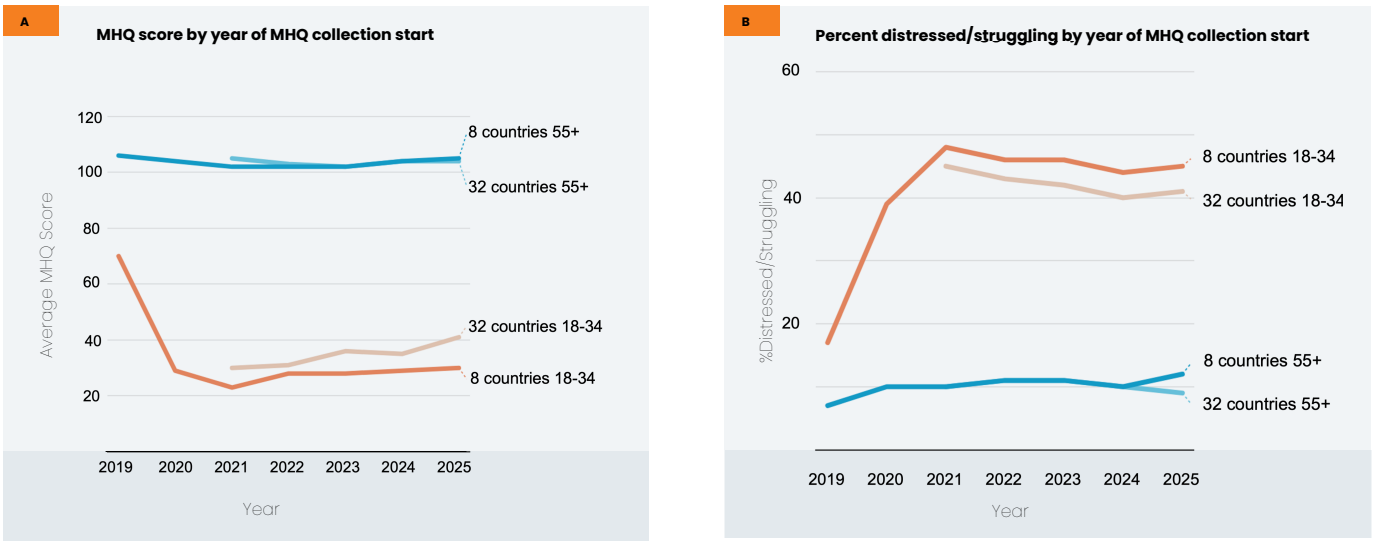
This pattern of diminishing mind health with each younger age bears out across the Internet-enabled world. No country is an exception. Among those 55+, South-East Asian countries were highest on average at 115 and Oceania and Western Europe lowest at 84 and 85 respectively. For those 18-34, however, there were more substantial differences across regions with Sub-Saharan Africa highest at 54 and East Asia lowest at 21 (Figure 3). There is no correlation between mind health scores of those 55+ and those 18-34 at a country level. Rather, scores for younger age groups are likely indicative of differing trajectories of generational decline across countries.

Trends over time

2025 had a small but not substantial increase relative to 2024. Figure 4 presents the trends in MHQ scores over time for the 18-34 and 55+ age groups for different sets of countries based on when they were first tracked in the Global Mind Project. Across all groups of countries, those 55+ stayed stable around a mean of 100 across all years. Mind health scores of the 18 to 34 age band, which experienced a steep fall across the COVID-19 pandemic years of 2020 and 2021 in 8 countries tracked since 2019, show a very small recovery since. However, any potential recovery may be masked by the ageing of younger people with worse mind health into this age band.

Figure 4B shows the corresponding increase in the percentage of the population classified as Distressed or Struggling – those with negative MHQ scores who typically experience 5 or more symptoms of clinical concern, with 89% associated with at least one mental health disorder.[3]

Figure 4. MHQ scores and % Distressed/Struggling over time



A: MHQ scores for 8 English speaking countries tracked since 2019 and 32 English, Spanish and French speaking countries tracked since 2021. B: Percentage Distressed or Struggling (i.e., MHQ <0) for these same groups

2 Mind health across countries

Here we present the average MHQ scores across the combined years of 2024 and 2025 (see Appendix) for 84 countries for the age groups of 18-34 (N=220,944) and 55+ (N=308,632). When considering this comparison, it is important to keep in mind that these **findings reflect only Internet-enabled populations** and do not count those without digital access, particularly in developing countries across Asia and Africa.

Broad Geographic Trends

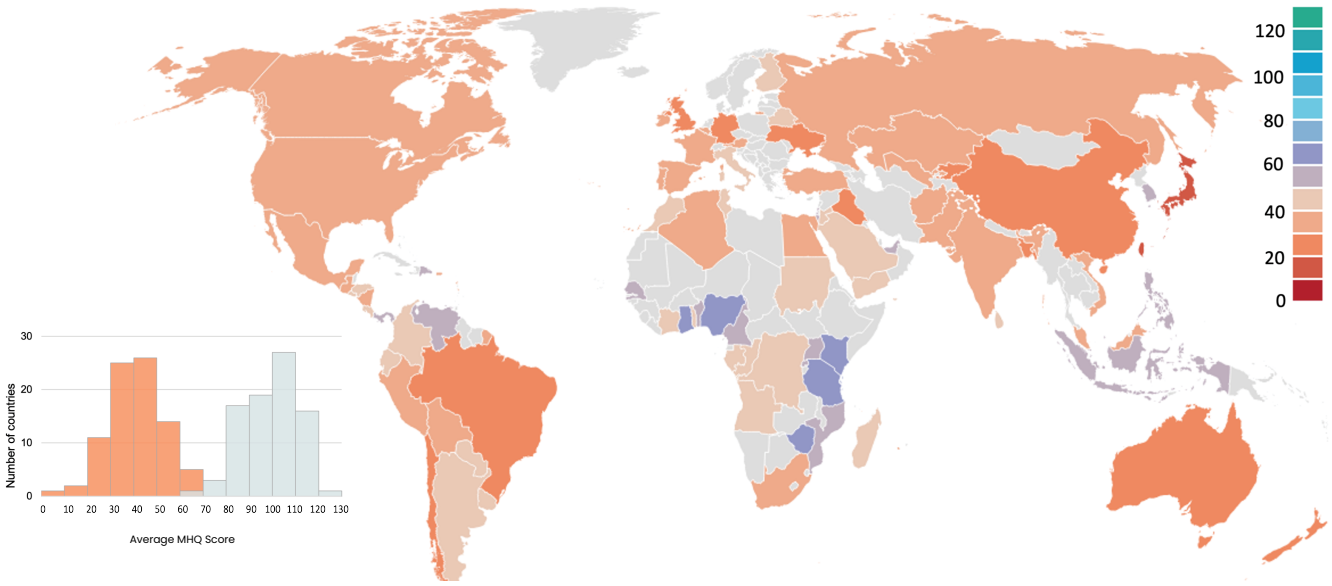
Geographically, while the 18-34 age group fare worse than older adults in all countries, those countries that have relatively better mind health are predominantly in Sub-Saharan Africa and include Ghana, Nigeria, Zimbabwe, Kenya, and Tanzania. Those at the bottom include Japan, Taiwan, Hong Kong, the United Kingdom, and China* while most countries in the Core Anglosphere are in the bottom quartile. Of note is that Spanish-speaking Latin American countries dominate the top 10 for those 55+ (see associated data tables) while their young adults are middling with an average rank of 34. A standout among Latin American countries is the Dominican Republic which remains in the top 10 in both age groups (Figure 5).

Finland, which consistently tops the World Happiness Index based on their rating of life satisfaction, ranks 28 out of 84 countries on mind health for those 55+ and 40 out of 84 for those 18-34. These differences highlight that satisfaction with the circumstances of life as measured in the happiness index is distinct from the mental capacity to navigate life's challenges and function productively.

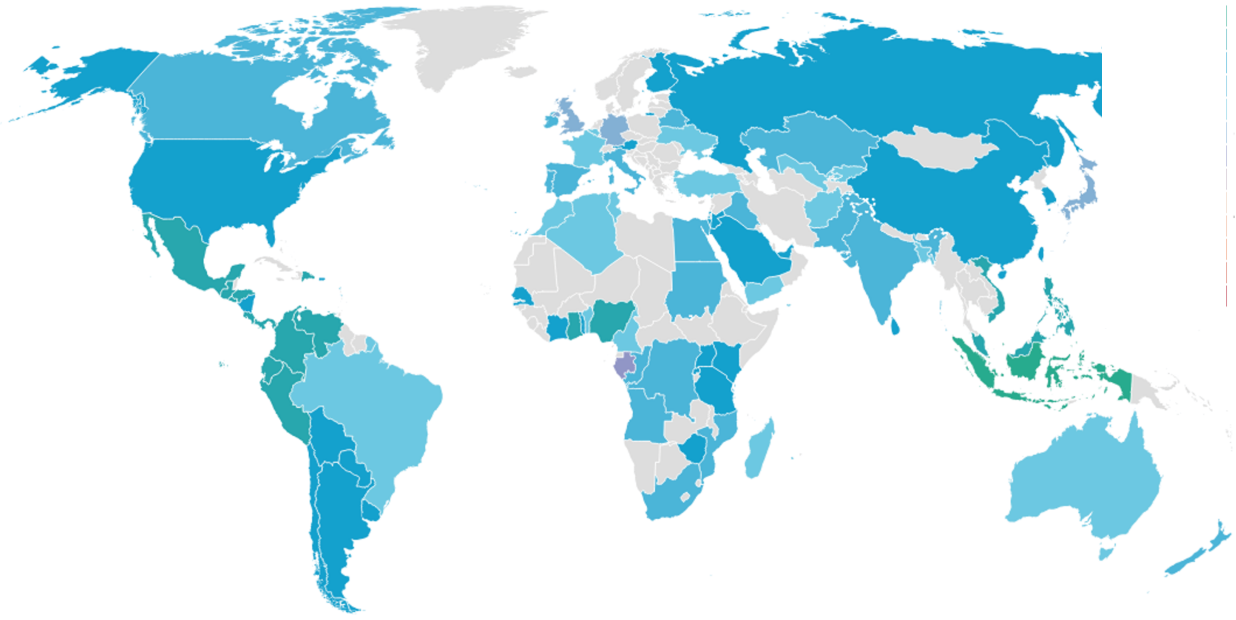
1 * Data for China has lower confidence due to methodological differences.

Figure 5. Average MHQ scores of internet-enabled adults aged 18-34 and 55+ worldwide

Average MHQ of internet-enabled adults aged 18-34 across countries



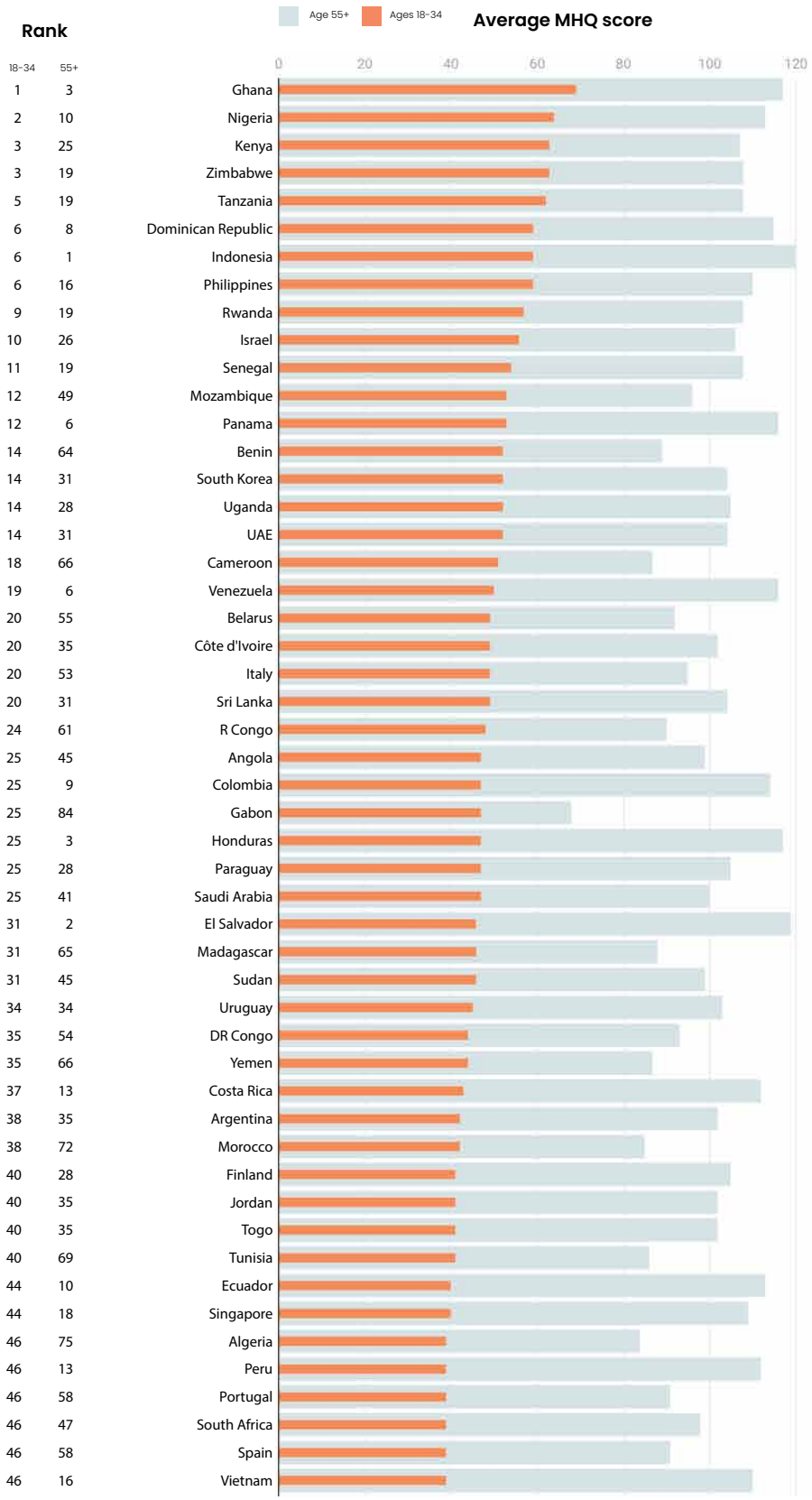
Average MHQ of internet-enabled adults aged 55+ across countries

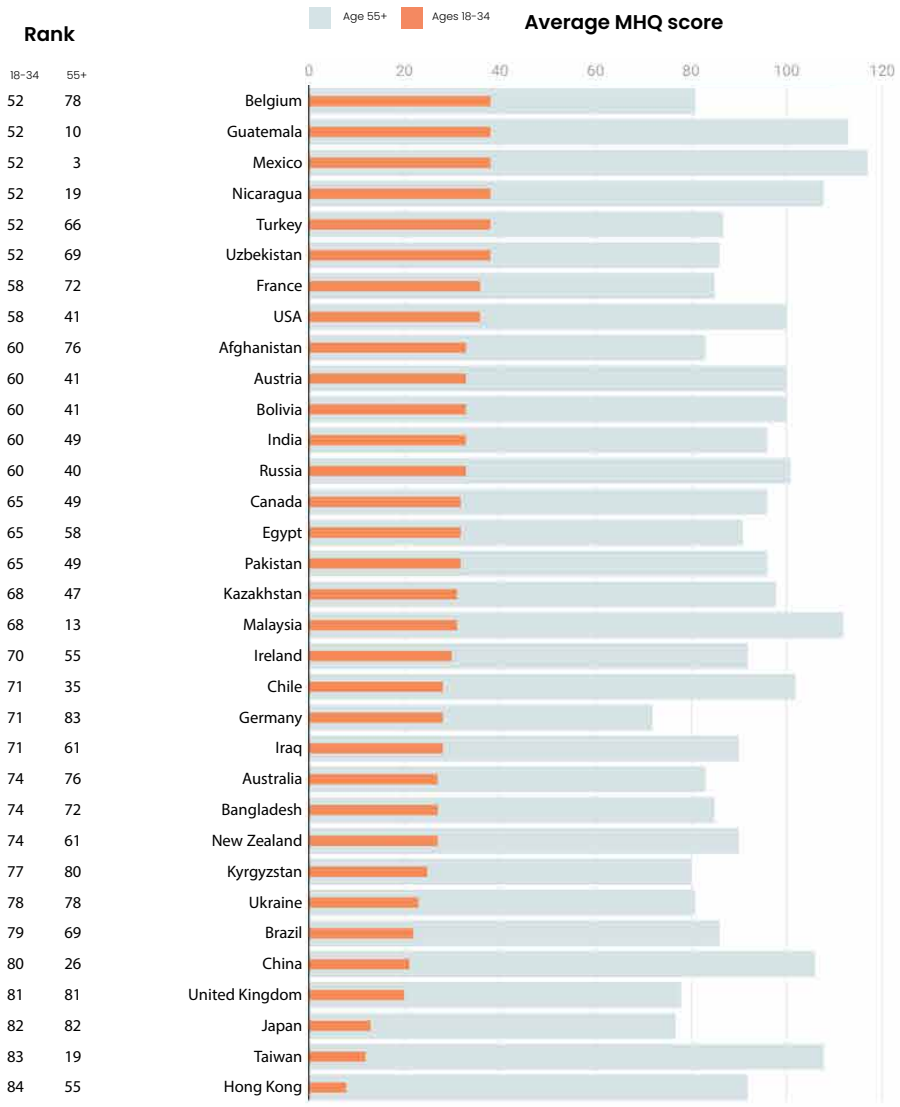


MHQ scores by country, along with rankings are provided on the next page (Figure 6).

Country rankings

Figure 6. Average MHQ scores (Ages 18-34 and 55+) by country





Interpreting scores and changes

Differences of up to five MHQ points fall within sampling noise and should not be considered statistically significant; consequently, rankings are grouped in 5-point bands. Similarly, year-to-year changes of up to five points should be interpreted with caution. Across 75 countries, scores remained within five points of the previous year, indicating little overall change.

Of note is that scores increased consistently across Western Europe by an average of 5 points with both France and Belgium experiencing notable increases of 11 points, respectively.

Conversely, Tanzania—whose young adults previously topped the rankings with a score of 73—saw an 11-point decrease, largely driven by a decline in Drive & Motivation among 18–24-year-olds. Despite this shift, Tanzania remains among the top five countries. Isolated changes of this magnitude should be interpreted cautiously.

3 Factors driving mind health in young adults

This year we focus on four key factors that drive mind health that together explain a large part of the diminished scores in young adults. Two of these, close family bonds and spirituality, are related socio-cultural aspects that are diminished in younger generations. The other two, smartphones and ultra-processed food (UPF), are products of modern society that are growing in use or consumption among younger generations. Here, we provide a perspective on what is known of the impact of these four factors on mind health and rank their prevalence across countries among the 18-34 Internet-enabled populations compared to those 55+. These rankings provide each country with insight into their relative importance in driving poor mind health of their young adult population. Each of these factors have been studied in distinct though often overlapping data waves, and consequently, each covers a slightly different subset of countries.

What we know about these factors

Family bonds Those with poor family relationships are almost four times more likely to have mind health scores in the distressed or struggling ranges (44% of those who don't get along with anyone in their family), compared to those who are close to many family members (12%)[4]. These struggles include avoidance and withdrawal from social situations, difficulties forming relationships, feelings of sadness or hopelessness, and unwanted or obsessive thoughts. Notably, family relationships in adolescence have repeatedly been linked to mental health in adulthood[5,6], with positive family relationships associated with significantly lower depressive symptoms from early adolescence into midlife[5]. In a study of mind health among internet-enabled adults in India, closeness to family was found to matter far more for mind health and wellbeing than income[7].

Spirituality has been associated with various mental health benefits, including decreased depression[8] as well as lower rates of suicidality and substance abuse[9,10]. It has also been shown to positively correlate with improved life skills, as well as to reduced symptom burden of psychosomatic diseases and positive treatment responses[11]. Even among those 18-34, those with Spirituality ratings of 7 or higher typically have MHQ scores 20 points or more higher than those with ratings below 3[12].

Smartphones GenZ is the first generation to grow up with a smartphone. Among this group, the younger they acquired their first smartphone in childhood, the more likely they are to have struggles as adults. These struggles extend beyond sadness and anxiety to less discussed symptoms, such as a sense of being detached from reality, suicidal thoughts, and aggression towards others[13-16]. The effects arise through disruption of sleep, increased risk of exposure to harmful online content, predators, and explicit material as well as increased probabilities of cyberbullying during crucial developmental years[13,16]. Excessive time spent on smartphones also diminishes the development of social cognition that requires learned interpretation of facial expressions, body language, and group dynamics[17]. The negative impacts are particularly sharp below age 13[13].

Ultra-Processed Food Mind health declines systematically with UPF consumption, and after controlling for numerous other factors, it is estimated to contribute 15-30% of the mental health burden[18]. A number of studies across different populations have linked high consumption of UPFs to an increased risk of mental health problems[18-20]. UPF consumption is most strongly associated with symptoms of depression and challenges with emotional and cognitive control[18,21]. Moreover, reduced UPF consumption and a healthy diet have been linked to improved mental health outcomes[21]. The number of chemical additives has also grown over the past decades, making modern UPF, in the aggregate, more toxic. In Western countries it is now over 60% of the calories consumed[22,23].

A Snapshot of Trends

Figure 7. A snapshot of family bonds and spirituality scores, age of first smartphone ownership, and UPF consumption across countries and by age group

Family Bonds among 18-34 — Average: 61%

Top 3 with the highest % close to family

1.	Dominican Republic	72%
2.	Argentina	70%
2.	Finland	70%

Top 3 with the lowest % close to family

1.	Taiwan	46%
2.	Benin	47%
3.	Mozambique	48%

Top 3 with the biggest shift compared to 55+ — Average: -14%

1.	Taiwan	-29%
2.	Russia	-25%
3.	Iraq	-24%
3.	Uzbekistan	-24%

Spirituality among 18-34 — Average: 5.7

Top 3 with the highest ratings (>5 → Spiritual)

1.	Tanzania	7.6
2.	Côte d'Ivoire	7.2
2.	Tajikistan	7.2

Top 3 with the lowest ratings (<5 → Atheist)

1.	Germany	3.5
2.	United Kingdom	3.8
2.	Spain	3.8

Top 3 with the biggest shift compared to 55+ — Average: -0.5

1.	Singapore	-1.9
2.	Puerto Rico	-1.7
3.	Costa Rica	-1.6

Age of first smartphone among 18-24 — Average: 14

Top 3 youngest age of first smartphone

1.	Finland	9.9
2.	Hong Kong	10.8
3.	Chile	11.4
3.	Belarus	11.4

Top 3 oldest age of first smartphone

1.	Tanzania	18.4
2.	Uganda	18.3
3.	Sri Lanka	17.3

**Note that age of first smartphone is asked for 18-24 only and not 18-34. Overall MHQ scores are lower for 18-24 compared to 25-34*

UPF consumption among 18-34 — Average: 54%

Top 3 highest % who regularly consume UPF

1.	United States	79%
2.	South Korea	76%
3.	United Kingdom	75%
3.	New Zealand	75%

Top 3 lowest % who regularly consume UPF

1.	Morocco	34%
2.	Egypt	35%
3.	Yemen	36%

Top 3 with the biggest shift compared to 55+ — Average: +28%

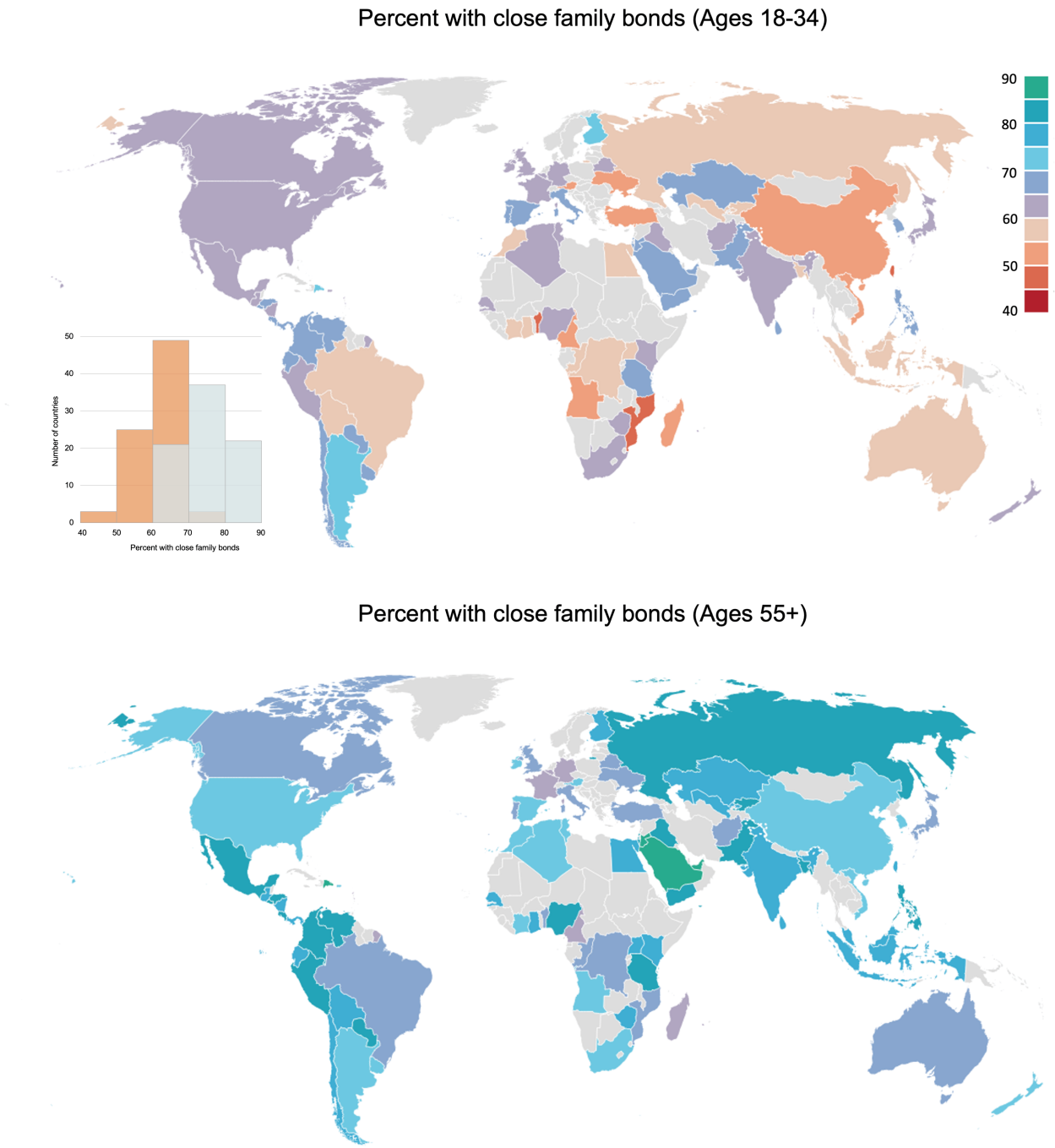
1.	South Korea	+44%
1.	Saudi Arabia	+44%
3.	Taiwan	+42%
3.	Indonesia	+42%

Family bonds:

Maps and Rankings

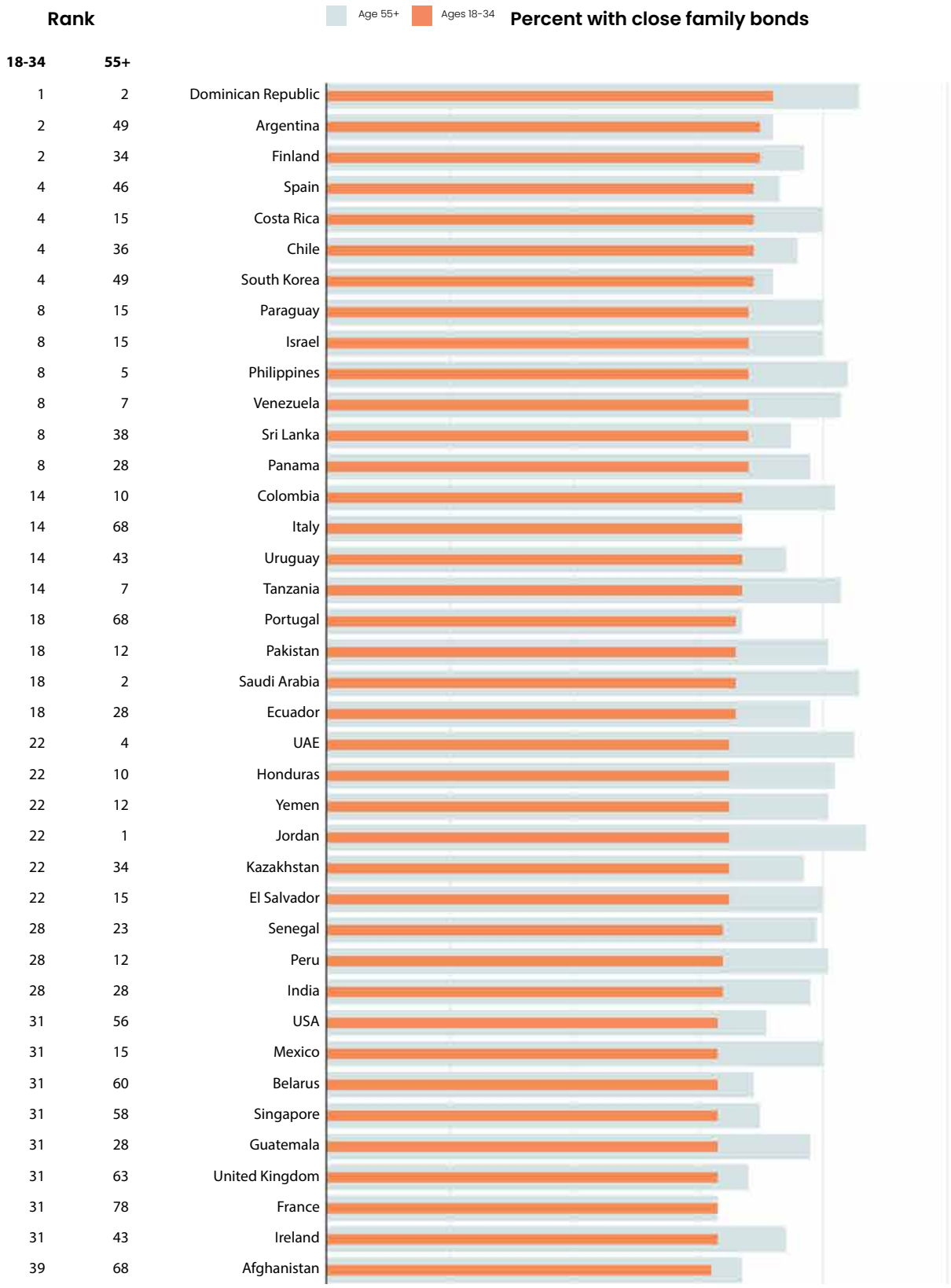
Family bonds were studied across 2024 and 2025 in 80 countries by asking respondents to select from five categories of closeness to adult family from "close to many" to "don't get along with any". We report here results from two age bands 18-34 (N= 200,666) and those 55+ (N=262,962). Globally, 61% of 18-34 indicated that they were close to some or many family members compared to 75% of those 55+. Country values ranged from 46% to 72% for age 18-34 and 60% to 87% for 55+. Family bonds were strongest in Latin American countries and poorest in parts of Africa and East Asia (Figures 7, 8, and 9). Overall, 14% fewer younger adults reported close family bonds, and in 16 out of 80 countries there was a greater than 20% differential between older and younger adults reporting family closeness.

Figure 8. Percent of Internet-enabled adults with close family bonds

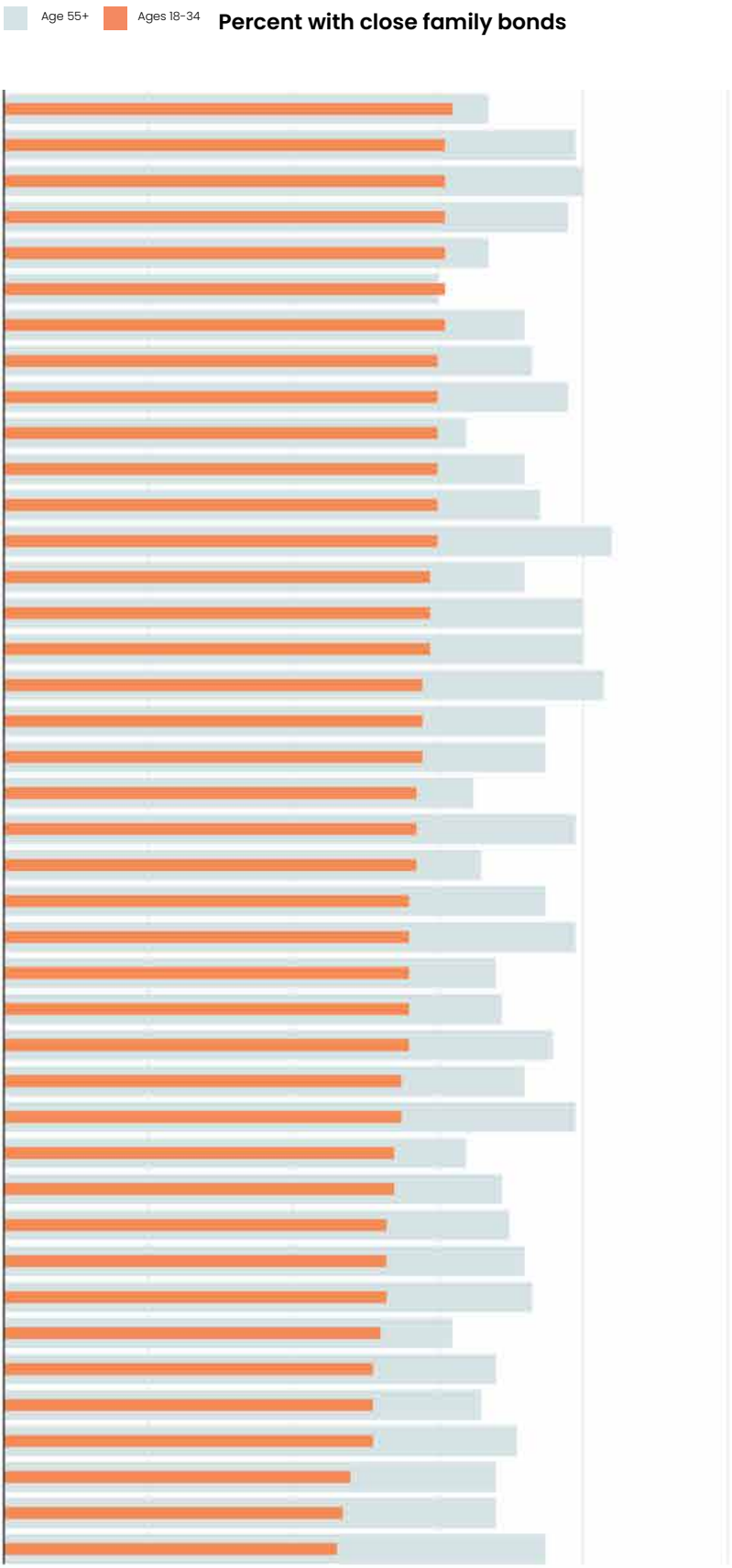


Top panel: Percent with close family bonds among internet-enabled adults aged 18-34; Inset: Histogram representing the distribution of close family bonds across countries for internet-enabled adults aged 18-34 (orange) and 55+ (light blue); Bottom panel: Percent with close family bonds among internet-enabled adults aged 55+.

Figure 9. Percent with close family bonds (Ages 18-34 and 55+) by country



Rank 18-34	Rank 55+	
39	68	Japan
41	23	Zimbabwe
41	15	Nigeria
41	28	Nicaragua
41	68	Canada
41	80	Belgium
41	49	Tunisia
47	46	South Africa
47	28	Kenya
47	76	Germany
47	49	New Zealand
47	43	Algeria
47	5	Iraq
53	49	Morocco
53	15	Bangladesh
53	15	Kyrgyzstan
56	7	Russia
56	38	Bolivia
56	38	Malaysia
59	75	R Congo
59	23	Egypt
59	73	Brazil
62	38	Ghana
62	23	Indonesia
62	63	Australia
62	60	DR Congo
62	36	Uganda
67	49	Côte d'Ivoire
67	23	Uzbekistan
69	76	Madagascar
69	60	Turkey
71	58	Angola
71	49	China
71	46	Austria
74	79	Cameroon
75	63	Ukraine
75	73	Hong Kong
75	56	Vietnam
78	63	Mozambique
79	63	Benin
80	38	Taiwan



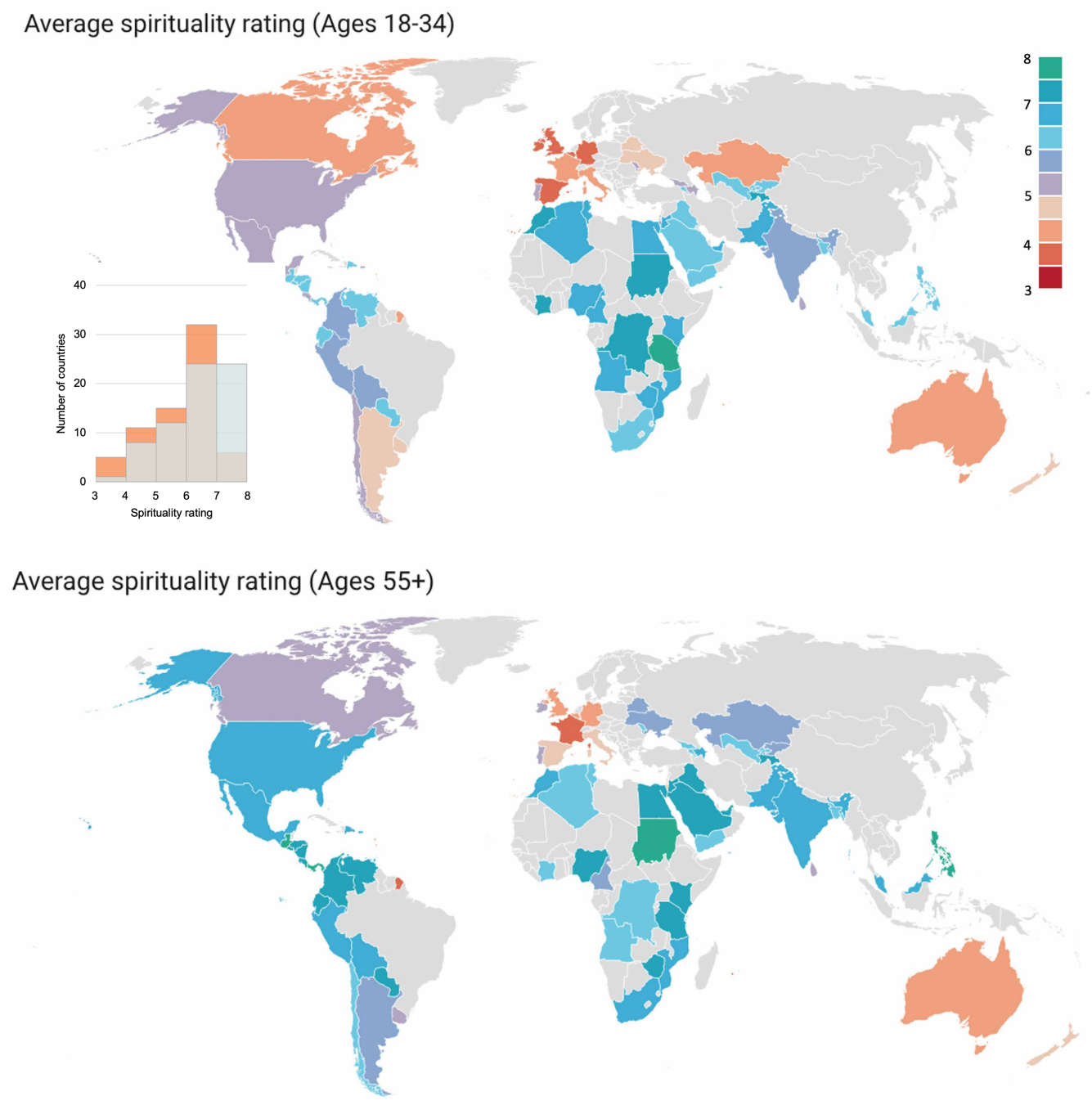
Spirituality

Maps and Rankings

We studied spirituality of the Internet-enabled population across 69 countries over 2023 and 2024, collecting responses from 257,519 people. This data wave did not include Brazil and East Asia. Spirituality was assessed by asking the question How do you describe your sense or feeling of connection to a higher power or divine? With answers rated on a 9-point scale where 1 was None because there is no such thing, 5 was Maybe I have one but I'm not sure, and 9 was It's a strong and constant guiding force.

Across the global sample, the average rating among the 18-34 age group (N=70,561) was 5.7 compared to 6.2 for 55+ (N=108,771). The young adult population in 18 countries had an average rating of 6.5 or higher with 14 of these on the African continent. Conversely, 16 countries had ratings below 5 and included all of the Core Anglosphere and Western Europe. The biggest drops in Spirituality between those 55+ and those 18-34 were in Singapore (1.9 points), Puerto Rico (1.7 points), and Costa Rica (1.6 points) (Figures 7, 10, and 11).

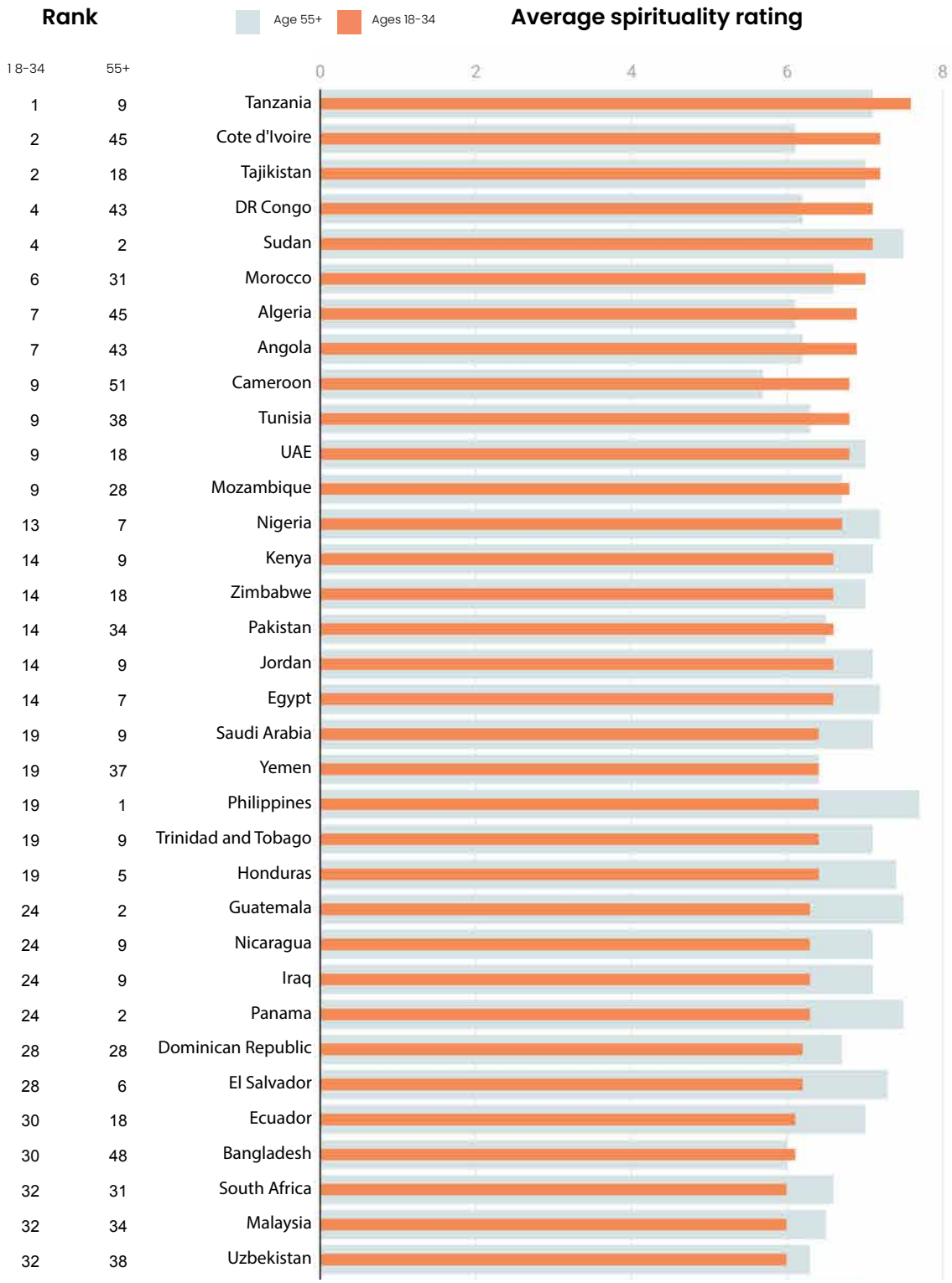
Figure 10: Average spirituality rating of internet-enabled adults

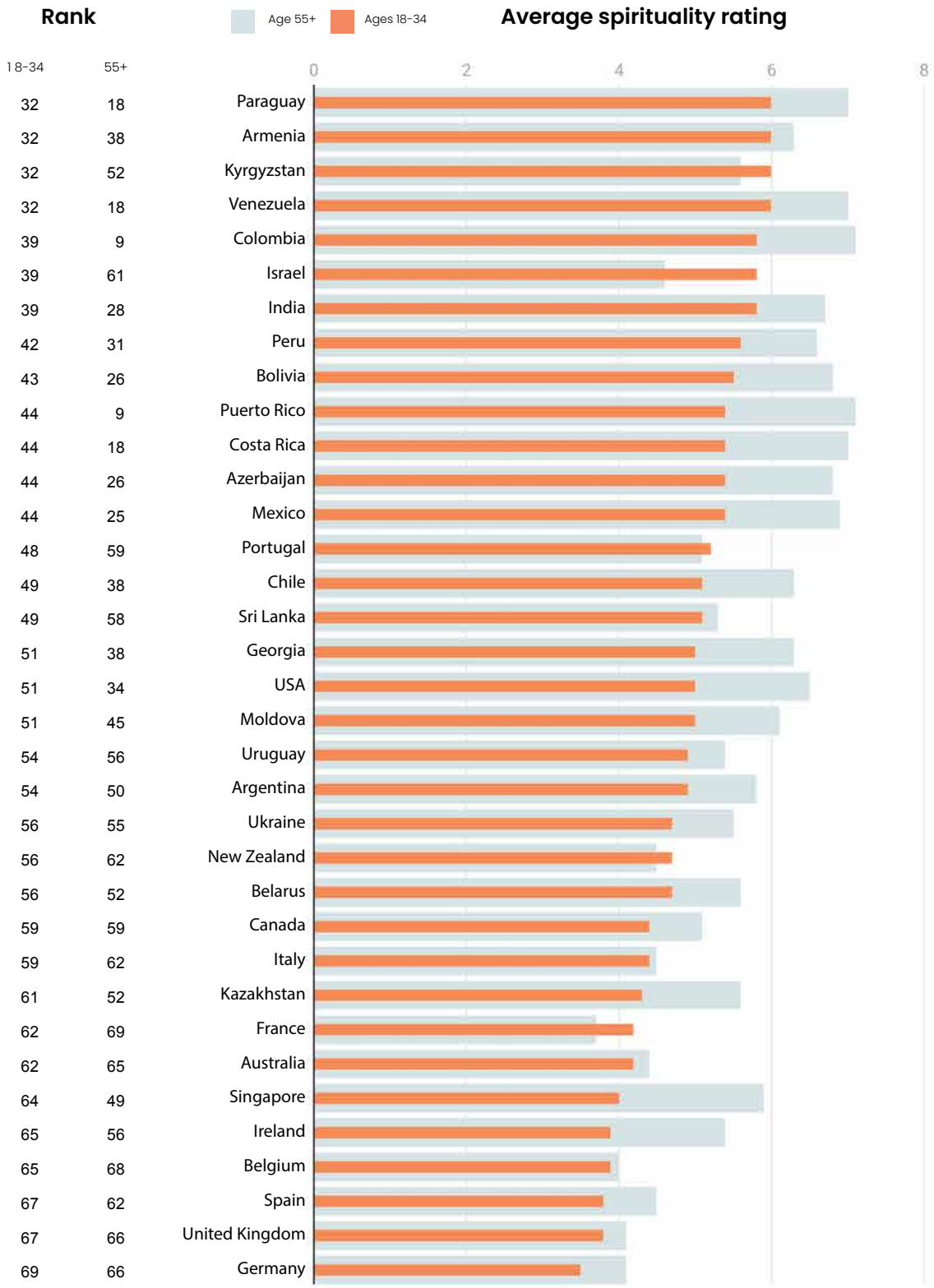


Top panel: Average spirituality rating among internet-enabled adults aged 18-34; Inset: Histogram representing the distribution of average spirituality rating across countries for internet-enabled adults aged 18-34 (orange) and 55+ (light blue); Bottom panel: Average spirituality rating among internet-enabled adults aged 55+.

Country Rankings

Figure 11. Average spirituality rating (Ages 18-34 and 55+) by country



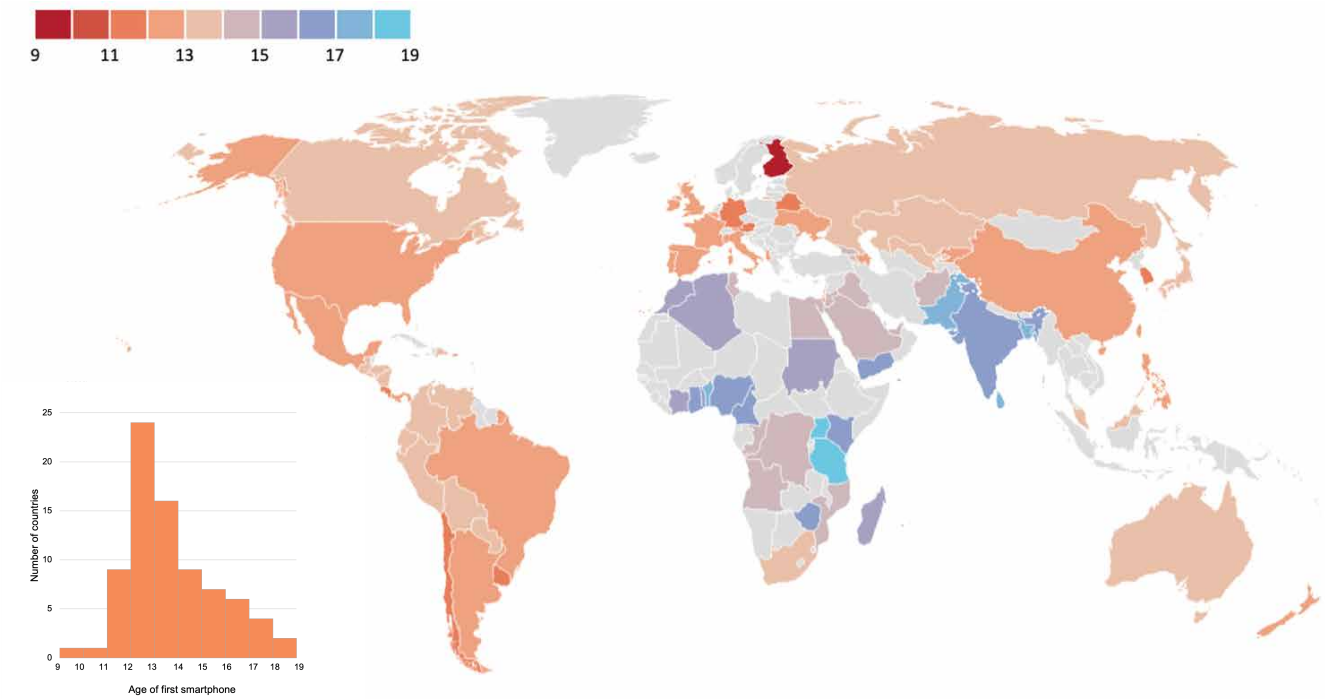

Rank
Age 55+
Ages 18-34
Average spirituality rating
18-34
55+
0
2
4
6
8
32 18 Paraguay
32 38 Armenia
32 52 Kyrgyzstan
32 18 Venezuela
39 9 Colombia
39 61 Israel
39 28 India
42 31 Peru
43 26 Bolivia
44 9 Puerto Rico
44 18 Costa Rica
44 26 Azerbaijan
44 25 Mexico
48 59 Portugal
49 38 Chile
49 58 Sri Lanka
51 38 Georgia
51 34 USA
51 45 Moldova
54 56 Uruguay
54 50 Argentina
56 55 Ukraine
56 62 New Zealand
56 52 Belarus
59 59 Canada
59 62 Italy
61 52 Kazakhstan
62 69 France
62 65 Australia
64 49 Singapore
65 56 Ireland
65 68 Belgium
67 62 Spain
67 66 United Kingdom
69 66 Germany

Age of Smartphone Ownership

Maps and Rankings

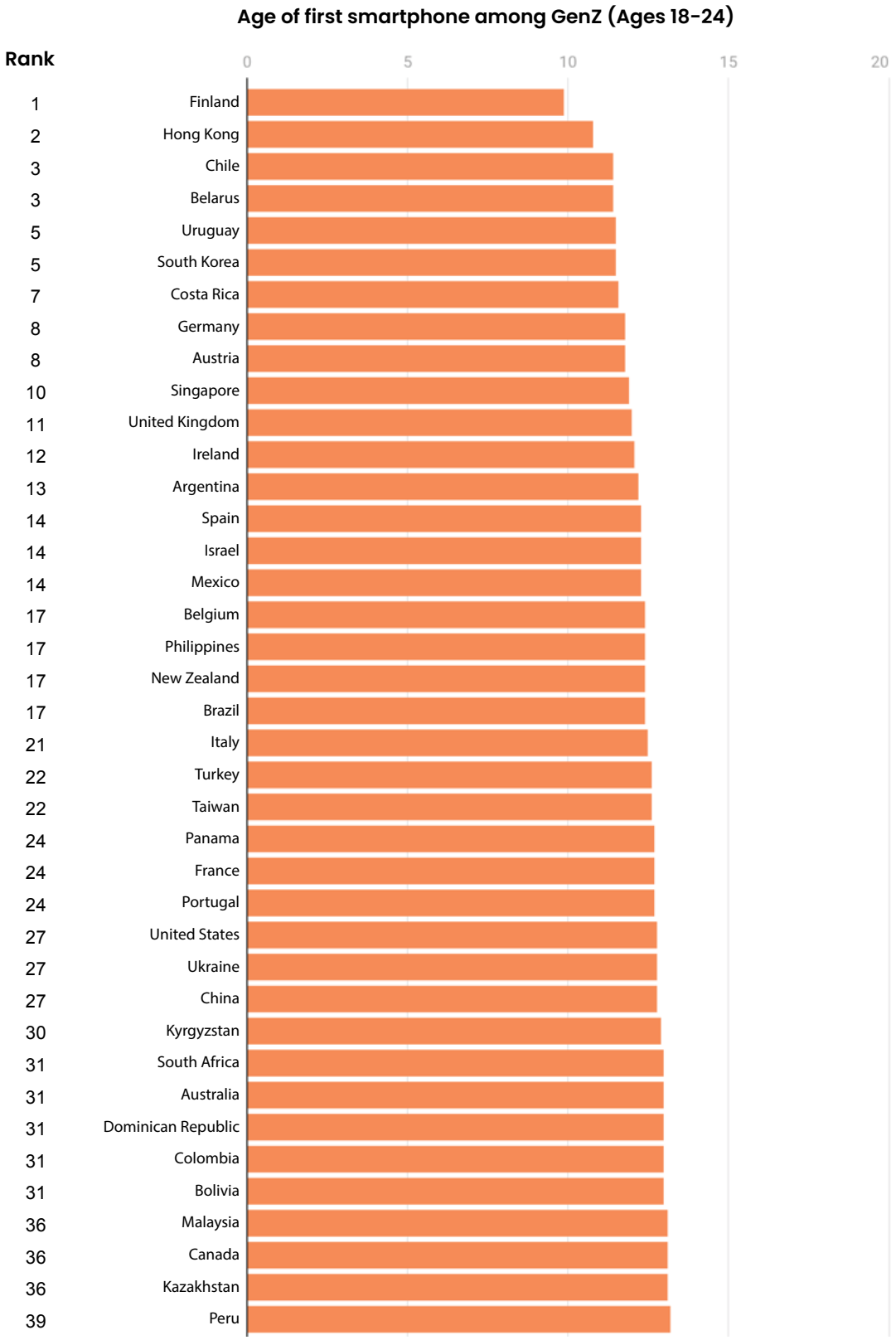
We queried GenZ (18-24) on the age at which they first got their smartphone, reporting here on responses from 85,633 respondents across 79 countries. Across the globe, the average age at which GenZ got their first smartphone was 14, with country averages ranging from 9.9 (Finland) to 18 (Tanzania and Uganda). Across most of Europe, North America, and Oceania, it ranged between 12 and 13. Meanwhile, their counterparts in Sub-Saharan Africa and South Asia did not get their phones until about age 16. In the United States and India where the Global Mind Project extends to adolescents age 13 to 17 (Gen Alpha), age of first smartphone is now younger by ~2 years suggesting that worse mind health outcomes are likely for future adults (Figures 7, 12, and 13).

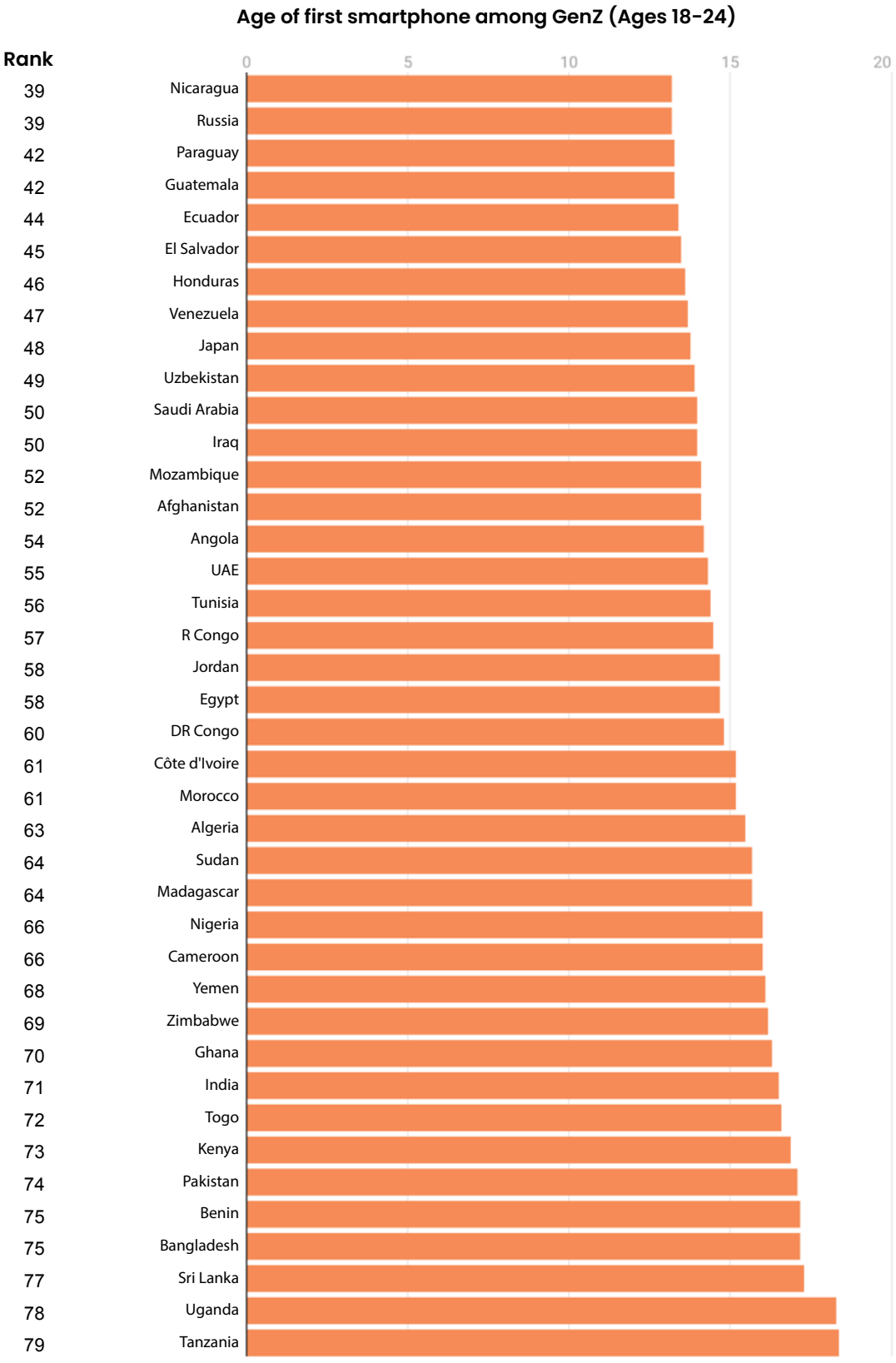
Figure 12: Average age of first smartphone ownership among GenZ (Ages 18-24)



Inset: Histogram presenting the distribution of age of first smartphone ownership across countries

Figure 13. Age of first smartphone ownership among GenZ (18-24) by country



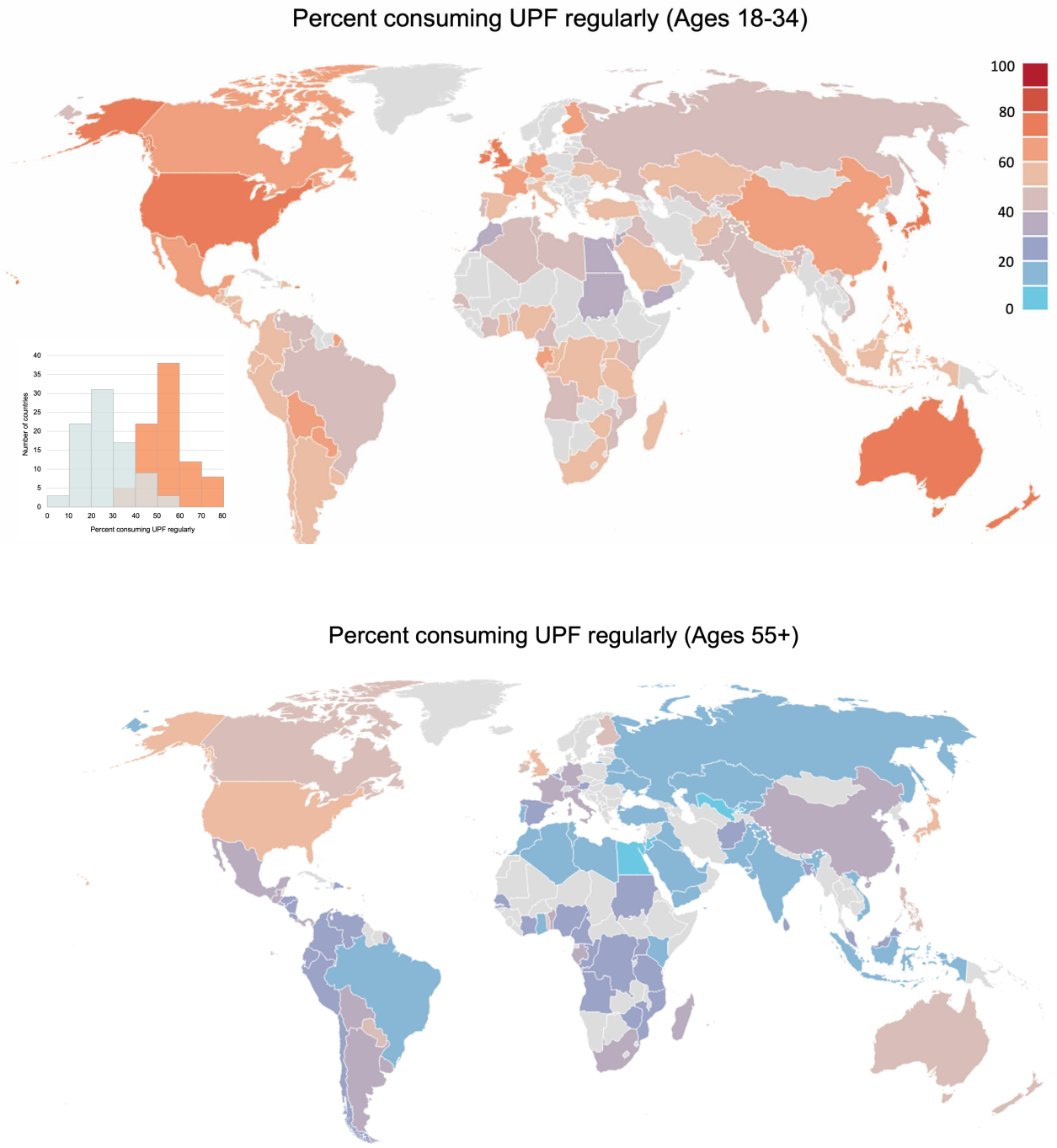

Age of first smartphone among GenZ (Ages 18-24)
Rank
0
5
10
15
20
39 Nicaragua
39 Russia
42 Paraguay
42 Guatemala
44 Ecuador
45 El Salvador
46 Honduras
47 Venezuela
48 Japan
49 Uzbekistan
50 Saudi Arabia
50 Iraq
52 Mozambique
52 Afghanistan
54 Angola
55 UAE
56 Tunisia
57 R Congo
58 Jordan
58 Egypt
60 DR Congo
61 Côte d'Ivoire
61 Morocco
63 Algeria
64 Sudan
64 Madagascar
66 Nigeria
66 Cameroon
68 Yemen
69 Zimbabwe
70 Ghana
71 India
72 Togo
73 Kenya
74 Pakistan
75 Benin
75 Bangladesh
77 Sri Lanka
78 Uganda
79 Tanzania

Ultra-processed food consumption

Maps and Rankings

UPF consumption was studied across 2024 and 2025 in 85 countries by asking respondents to select from five categories of UPF consumption frequency from "Several times a day" to "Rarely/Never". We report here results for those consuming UPF most days of the week or more in two age bands 18-34 (N= 221,190) and those 55+ (N=300,522). Across the Internet-enabled world, 54% of those 18-34 consumed UPF regularly compared to only 26% of those 55+. The highest levels among those 18-34 were in the Core Anglosphere and parts of East Asia at 70% or more. The lowest were in the Middle East and North Africa where the average was 42% and lowest for Morocco and Egypt (34% and 35%). However, this was still almost 4 times greater than those 55+ in this region where the average was 12% (Figures 7, 14, and 15). Altogether, this represents a major shift in dietary habits the world over.

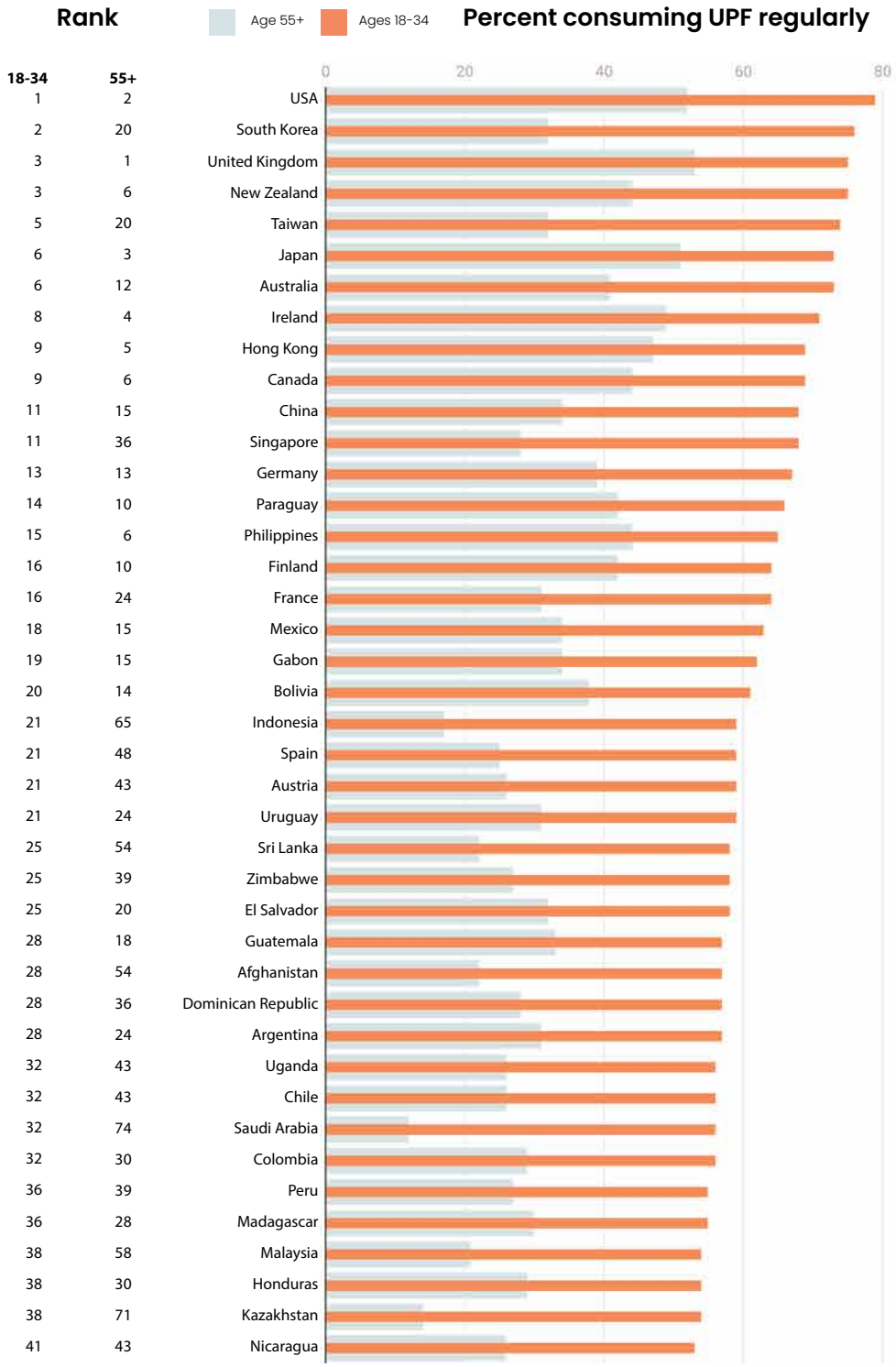
Figure 14: Percent of 18–34 and 55+ years old regularly consuming UPF



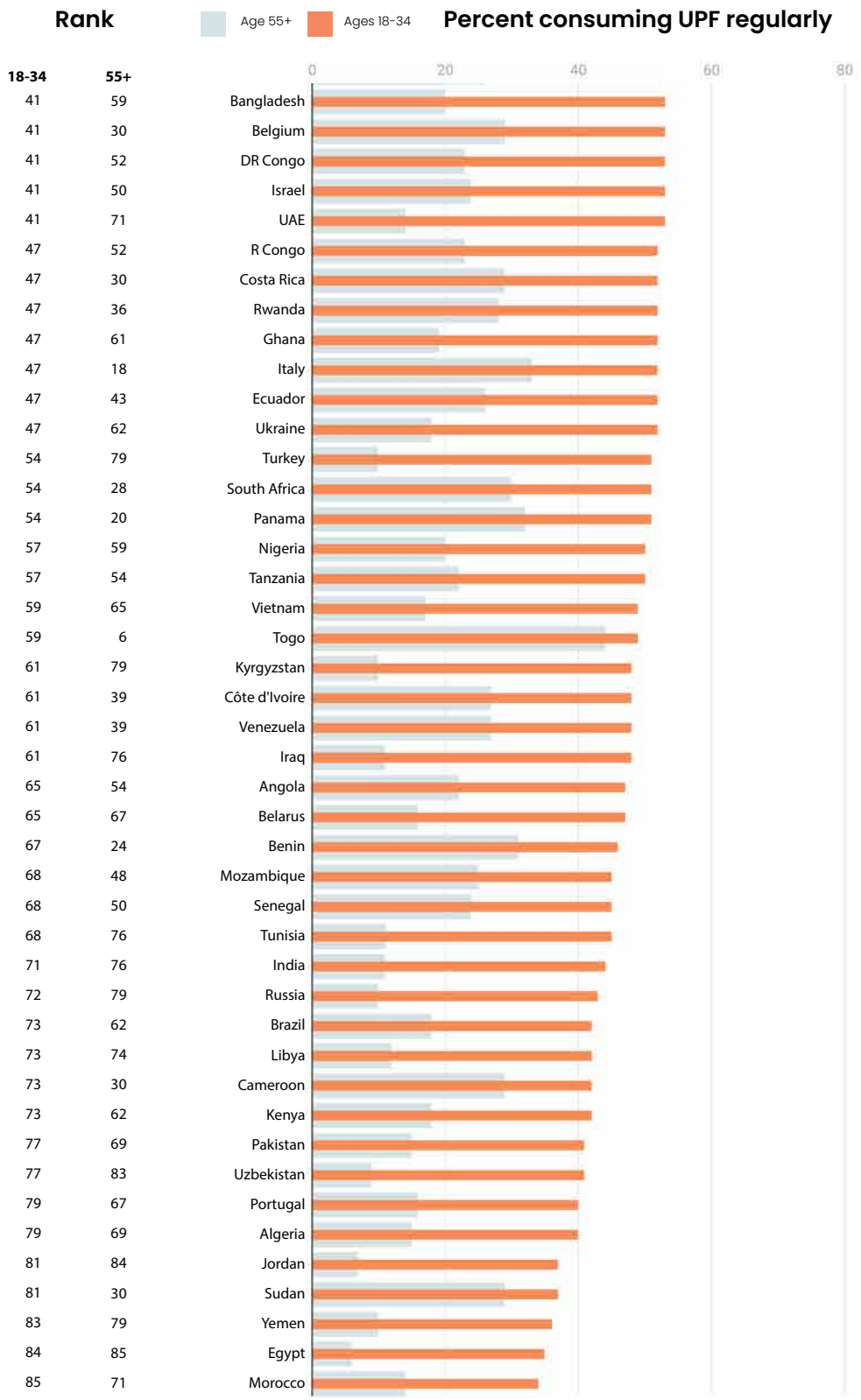
Top panel: Percent regularly consuming UPF internet-enabled adults aged 18-34; Inset: Histogram representing the distribution of regular UPF consumption across countries for internet-enabled adults aged 18-34 (orange) and 55+ (light blue); Bottom panel: Percent regularly consuming UPF internet-enabled adults aged 55+.

Country Rankings

Figure 15. Percent of individuals regularly consuming UPF by country.



18-34	55+	
1	2	USA
2	20	South Korea
3	1	United Kingdom
3	6	New Zealand
5	20	Taiwan
6	3	Japan
6	12	Australia
8	4	Ireland
9	5	Hong Kong
9	6	Canada
11	15	China
11	36	Singapore
13	13	Germany
14	10	Paraguay
15	6	Philippines
16	10	Finland
16	24	France
18	15	Mexico
19	15	Gabon
20	14	Bolivia
21	65	Indonesia
21	48	Spain
21	43	Austria
21	24	Uruguay
25	54	Sri Lanka
25	39	Zimbabwe
25	20	El Salvador
28	18	Guatemala
28	54	Afghanistan
28	36	Dominican Republic
28	24	Argentina
32	43	Uganda
32	43	Chile
32	74	Saudi Arabia
32	30	Colombia
36	39	Peru
36	28	Madagascar
38	58	Malaysia
38	30	Honduras
38	71	Kazakhstan
41	43	Nicaragua



18-34	55+	
41	59	Bangladesh
41	30	Belgium
41	52	DR Congo
41	50	Israel
41	71	UAE
47	52	R Congo
47	30	Costa Rica
47	36	Rwanda
47	61	Ghana
47	18	Italy
47	43	Ecuador
47	62	Ukraine
54	79	Turkey
54	28	South Africa
54	20	Panama
57	59	Nigeria
57	54	Tanzania
59	65	Vietnam
59	6	Togo
61	79	Kyrgyzstan
61	39	Côte d'Ivoire
61	39	Venezuela
61	76	Iraq
65	54	Angola
65	67	Belarus
67	24	Benin
68	48	Mozambique
68	50	Senegal
68	76	Tunisia
71	76	India
72	79	Russia
73	62	Brazil
73	74	Libya
73	30	Cameroon
73	62	Kenya
77	69	Pakistan
77	83	Uzbekistan
79	67	Portugal
79	69	Algeria
81	84	Jordan
81	30	Sudan
83	79	Yemen
84	85	Egypt
85	71	Morocco

5 Insights and Interpretations

The crisis of mind health among younger generations persists into 2026, a phenomenon that is now about two decades old and evident to all. Even without statistics, articles on the mental health challenges of the youth abound. Schools around the globe are struggling to cope with the consequences, and parents everywhere are faced with teenage and grown children struggling in ways they never did.

While the Global Mind data provides the most comprehensive and quantitative global perspective on this phenomenon as it stands today, the trend has been evident within various national statistics. Multiple studies from the Centers for Disease Control and Prevention (CDC) in the United States and elsewhere show rising rates of anxiety and depression in youth over the past two decades[24-27]. Various national statistics around the globe of various measures of life satisfaction and negative and positive affect also bear out this trend[28-32]. Even test scores are now measurably falling[33].

The paradox of progress

It is widely assumed that human life improves as monetary wealth and technological capacity increase. This belief underpins policy frameworks around the world, where economic growth and technological advancement are treated as the primary indicators of societal progress. If this assumption holds, then contemporary young adults, living with unprecedented technological access, should experience better mind health, reflected in stronger capacities and a greater sense of wellbeing with those in wealthier countries faring even better. Yet the opposite is true: the wealthier the country, the worse the mind health of its young adults.

> ***Contemporary young adults, living with unprecedented technological access, should experience better mind health, reflected in stronger capacities and a greater sense of wellbeing with those in wealthier countries faring even better. Yet the opposite is true: the wealthier the country, the worse the mind health of its young adults.***

Making sense of this paradox requires careful understanding of how the world is changing and the impact of those changes on the human mind. This year the Global Mind Project sheds light on four strong predictors of mind health status that represent key levers to reverse course. Each country ranks differently on these four factors, providing insight into their relative importance for their specific populations.

Family Bonds

The family has traditionally been the backbone of social fabric and the most important vehicle for integrating children into social fabric in emotionally healthy ways and enabling emotional stability across the lifespan. Those without close family bonds are 4 times more likely to have MHQ scores in the distressed/struggling range compared to those with close family bonds.

The dramatic difference in close family bonds between younger and older adults cannot be attributed to a natural difference across the lifespan whereby young adults naturally tend to distance from the family, growing closer again as they age. While most countries show large drops in family closeness between the age groups of 55+ and 18-34, countries like Italy and South Korea retain similarly strong family closeness across age groups while others, such as the UK, France, and Belgium, have similarly poor family closeness across age groups. Overall, young adults in the three countries with the highest percentage reporting close family bonds (>70%) have MHQ scores ~15 points higher than those in the countries with the lowest percentage reporting close family bonds (<48%). While family closeness arises in large part from cultural values, they can also be enabled by policies that address challenges of proximity and time scarcity for family engagement. Unfortunately, each younger generation reports higher levels of parental neglect and abuse[34,35].

Spirituality

Defined as the sense of connection to a higher power or divine, this ranking is not specific to religious affiliation. Those countries where the majority of young adults lean spiritual (average ratings above 7) have MHQ scores on average 30 points higher than countries where they lean atheist (average ratings below 4). Like family bonds, spirituality is decreased in most countries in young adults relative to older adults. The prominent exceptions are Israel, as well as numerous Sub-Saharan African nations including Côte d'Ivoire, Cameroon, and DR Congo where ratings are higher in young adults.

Previous reports from the Global Mind Project show that spirituality and its greater mind health are not a guarantee of religious affiliation, but that those with active religious practice are more likely to have higher spirituality. Thus, active religious participation is a strong path to cultivation of spirituality and in turn mind health.

Smartphones

Smartphones, which arrived around the estimated beginning of this decline of mind health in younger generations, have been significantly discussed as a major cause of the mental health crisis in young adults. Among GenZ (here 18-24 rather than 18-34), wealthier countries introduced smartphones much earlier and therefore at younger ages with Finland leading at under 10 years and Tanzania the oldest at age 18. Across Western Europe, the Core Anglosphere, Latin America, and East and Southeast Asia, the age of first smartphone was typically between ages 12 and 13 while MENA, South Asia, and Sub-Saharan Africa introduced phones much later (ages 14 to 16). While this provides a distinction that explains mind health differences in the age group, it is important to note that these ages may reflect the period of the introduction and aggressive smartphone marketing in the regions rather than cultural choices. The age of smartphone of Gen Alpha is now approximately two years earlier.

From minimum age requirements for social media use to age verification for adult content numerous countries have enacted or are proposing legislation. In addition, numerous schools are now banning smartphones during school hours. The effectiveness of these positive developments will depend crucially on enforcement. We will track and measure their impact wherever opportunities arise.

Ultra-processed Food

The consumption of UPF has grown over the past 15 years and is now far greater among younger generations across the world where it is a daily practice. Globally, UPF consumption in the 18-34 age group is twice as high as among those 55+ on average and up to four times higher in some countries. Countries in East Asia, North America, and the UK rank highest for UPF consumption among young adults. However, the specific UPF product profile consumed is likely to be dramatically different across regions and individuals. Across East and Southeast Asian countries for instance, the relationship between UPF consumption and MHQ scores is not as steep as in Core Anglosphere countries and Western Europe.

With thousands of UPF products and each product containing numerous preservatives, emulsifiers, and additives, identifying which are better or worse is an enormous challenge. Thus far, there is minimal research funding and regulation in this area, and it is one that must become a greater priority. For individuals, the best solution is simply avoiding UPFs as much as possible in favour of fresh foods that are not processed or preserved.

Reversing the trend

A future in which half of humanity is unable to navigate life's challenges and function productively has dire societal consequences. The imperative is thus clear: we must act now to reverse the crisis unfolding among young adults and to safeguard future generations.

Over the past decade, spending on mental health research and care has risen dramatically across Western countries. The United States, for instance, spent $2.2 billion on mental health research in 2024 alone[36], and over $100 billion in annual expenditures for the treatment of mental disorders among adults aged 18 and older[37], adding up to over $1 trillion over the recent decade. In the United Kingdom, the NHS spent £12 billion on mental health services in England in 2021-2022[38]. Yet, despite this scale of investment, outcomes have not improved and are worse than numerous countries with minimal per-capita spending on mental health care. At best, current spending has largely supported research and care models that provide incremental symptom relief without addressing root causes.

Expanding access to the current standard of care is therefore not sufficient. These patterns point clearly toward the need for upstream, structural change—focused not only on treatment, but on the environmental factors shaping young minds in the first place. While not every mechanism or pathway of these driving factors are fully understood, the risks of inaction are too great. In order to be more targeted and strategic in our solutions, we need greater investment in research into these factors. However, solutions targeting root causes must begin concomitantly at multiple levels, from individual behaviors to school environments and national policies, and done so in ways that can be measured and iterated for greater impact.

Further Reading

Assessment and Data Acquisition Methodology of the Global Mind Project

Note: We have previously used the terminologies of Mental health as well as Mental wellbeing. However, given that these are used interchangeably with depression and happiness respectively, we now use the term Mind Health which better represents the holistic range of capabilities and problems that are captured in the MHQ that drive the capacity to navigate life's challenges and function productively.

Newson and Thiagarajan, Assessment of Population Well-Being With the Mental Health Quotient (MHQ): Development and Usability Study JMIR Mental Health July 2020

Newson et al., Assessment of Population Well-being with the Mental Health Quotient: Validation Study JMIR Mental Health April 2022

Newson et al., Are the growing levels of neurotoxic and neuro-disruptive chemicals in our food and drink contributing to the youth mental health crisis? A narrative review Neuroscience and Biobehavioral Reviews, Jul 2025

Thiagarajan T A comparison of measures and methodologies of the Global Mind Project, World Mental Health Survey Initiative & World Happiness Report Lab Talk Blog, Mar 2024

Taylor et al. Global Mind Project data in the United States: A comparison with national statistics International Journal of Population Data Science Feb 2026

Research on the declining trend in mind health, mental health, and wellbeing

Sapien Labs Mental State of the World Reports 2020, 2021, 2022, 2023, 2024

Blanchflower and Bryson, A collection of papers on Regional and National Trends in Youth Mental Health,

A collection of talks at the Dartmouth symposium: A global turning point: Why youth wellbeing is in crisis and what we must do about it

Research on Factors impacting Mind Health from the Global Mind Project

These include journal articles as well as research reports on the four factors included in this report: Family bonds, Spirituality, Smartphones and Ultra-processed food.

Thiagarajan et al. Protecting the Developing Mind in a Digital Age: A Global Policy Imperative Human Development and Capabilities Jul 2025.

Thiagarajan et al., An exploration of the impact of smartphones in childhood on mind health in young adulthood UNDP working paper, Mar 2025

The Youth Mind: Rising Aggression and Anger, Sapien Labs Rapid Report, Jan 2025

Bala et al. Estimation of the nature and magnitude of mental distress in the population associated with ultra-processed food (UPF) consumption. Frontiers in Nutrition. Nov 2025.

Newson et al., Are the growing levels of neurotoxic and neuro-disruptive chemicals in our food and drink contributing to the youth mental health crisis? A narrative review

Neuroscience and Biobehavioral Reviews, Jul 2025

Family Closeness and Mental Wellbeing of the Internet-Enabled Young Adults in India, Sapien Labs Rapid Report, Jun 2024

Family Relationships and Mental Wellbeing Sapien Labs Report, 2022

Mental Wellbeing, Religion and the Love You Give Sapien Labs Rapid Report, Mar 2024

Bala et al. Hierarchy of demographic and social determinants of mental health: analysis of cross-sectional survey data from the Global Mind Project. BMJ Open. 2024;14(3):e075095.

Appendix - Methods

Defining Mind Health and Wellbeing

Mental health is defined by the World Health Organization (WHO) as follows.
'Mental health is a state of mental wellbeing that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community.'

However, many people tend to conflate the term 'mental wellbeing' with their mood or happiness, although this is just one facet. In addition, the term is often used in academic circles to predominantly reflect the positive psychology aspects of wellbeing (e.g., life meaning, purpose) and does not fully capture the full spectrum of mental functioning. Conversely, 'mental health' as a term is typically used to reflect mental challenges or clinical disorders such as depression and anxiety. To distinguish from these associations, we use the term 'mind health' to refer to the overall health of our mental processes, including emotional, cognitive, and social abilities, as it has a more functional association. It spans the full range from what would be considered mental illness, includes feelings of happiness, and, in the aggregate, encompasses the capacity to navigate life's challenges and function effectively in daily life. Thus, while mental wellbeing is interchangeable with mind health from the perspective of the WHO definition, the term mind health is better aligned with the outcomes of the MHQ assessment that we report here, which encompasses 47 aspects of mental function assessed on a life impact scale that span the dimensions of Mood & Outlook, the Social Self (or relational aspects), Adaptability & Resilience, Drive & Motivation, Cognition, and Mind-Body Connection (or physical aspects).

Measuring mind health with the MHQ

Data for the Global Mind Project is collected using the Mental or Mind Health Quotient (MHQ), an online assessment developed by Sapien Labs that measures mind health and wellbeing as defined above[39,40]. The MHQ captures 47 aspects of mental function, including emotional, cognitive, and social aspects, along with demographics, lifestyle factors, friend and family dynamics, and traumas and adversities. It is freely available in multiple languages, anonymous, and takes approximately 15 minutes to complete. Participants receive a personalized MHQ score, which positions them on a spectrum from Distressed to Thriving, along with tailored feedback and self-care recommendations.

Six dimensional scores of Mood & Outlook, Social Self, Drive & Motivation, Adaptability & Resilience, Cognition, and Mind-Body Connection are also computed using subsets of the 47 assessed items to provide a more granular view.

More information on the development and validation of the assessment can be found in peer reviewed publications here, here, and here.

The MHQ scale & scoring system

The MHQ score is not based on a simple averaging of question ratings but rather each individual rating is thresholded along the functional scale between positive and negative impact to function and nonlinearly transformed based on a ranked severity of implications[41]. The MHQ score ranges from -100 to +200, with negative scores indicating severe mental distress and functional impairment, and positive scores representing a normal distribution of functioning. Scores are calibrated to a mean of 100 based on pre-pandemic 2019 data, similar to the IQ scale.

Thus, mind health (or mental wellbeing), as we measure it, inherently reflects an individual's sense of how their inner state impacts their ability to function within their life context rather than an absolute of human mental function.

This MHQ score has been demonstrated to relate systematically to productivity in work and life as well as clinical burden[3,41]. Individuals with lower MHQ scores report significantly higher work absences and reduced productivity. Those in the Distressed range (-75 to -100) experience an average loss of 18-23 productive days per month, while those in the Thriving range experience minimal disruption. Importantly, this relationship is consistent across all age groups ruling out an exaggerated perception of problems in younger generations.

Additionally, MHQ scores are also reflective of the overall clinical burden of mental health, and the MHQ elements map to diagnostic criteria for each of 10 major DSM-5 disorders. Among individuals classified as Distressed, 89% met criteria for at least one disorder, while none in the Succeeding or Thriving range exhibited clinical symptoms[3].

The MHQ is therefore a functionally relevant metric that provides actionable insights for governments, workplaces, and universities to better understand mind health and wellbeing trends, track the functional capacity of populations, and implement strategic interventions. More details on its development and validation can be found in peer-reviewed publications.

Data acquisition and inclusion criteria

This report covers the time period of January 1st 2024 through December 31st 2025 during which a total of 1,156,207 responses through targeted and organic sources were obtained. Demographic trends in the Global Mind Project data have been shown to match national statistics in the United States within 5%–10%[42]. Targeted data for the Global Mind Project is acquired by recruitment of participants aged 18+ using digital advertisement campaigns on Meta and Google display targeting a broad range of demographics. Advertisements are regionally targeted towards a series of age-sex groups between 18 and 85 years using a broad range of interest keywords that have been optimized to ensure sufficient quotas in each age-sex group and broad geographic region. In addition, advertisements are dynamically managed and adjusted based on age-sex quotas and geographic distribution to ensure balanced representation. Read more here. In addition, targeted data from 8 countries included paid Google search as an additional source.

This report consolidates responses obtained through targeted sources excluding Google search, while responses obtained from organic sources (e.g., social media shares, direct searches) were weighted

consistently across countries at 10% after removal of anomalous responses (e.g. several hundred from one location on a single day). This step was introduced this year. Data was consolidated across 2024 and 2025 as analysis showed that MHQ scores across countries were not significantly different across the two years and enabled more robust outcomes. In total, 768,448 responses from 84 countries were included in the 2024 and 2025 analysis after the application of data exclusion criteria (see below). Data was excluded from 3 countries in the 18-34 analyses due to insufficient sample sizes. 329,478 responses from 76 countries were included for the 2024 analysis alone, as shown in Figures 1, 2, and 3.

Recruitment in 2024 and 2025 was caried out in 23 languages [English, Spanish, French, Arabic, Portuguese (European and Brazilian), German, Swahili, Hindi, Tamil, Italian, Russian, Hebrew, (Simplified) Chinese, Japanese, Korean, Indonesian, Turkish, Vietnamese, and Finnish]. We note that trends reported here are not likely to be reflective of offline populations who typically live in a different context and therefore country level trends may differ substantially from the Global Mind trends.

To ensure data integrity, the following exclusions were applied:

- Respondents who did not find the MHQ easy to understand.
- Assessments completed in under 7 minutes (minimum time for valid responses).
- Responses with minimal variation i.e. with standard deviation <0.2 (suggesting disengaged answering where the same rating is selected for all items).

Due to some methodological differences compared to the previous year (removal of responses through Google Search and weighting of organic responses to 10%), that had a small impact on scores from a few countries relative to last year's report, results are restated here for the 2023/2024 time period. In addition, an error in reported scores for Japan in this time period has been corrected.

See the accompanying data tables for a full breakdown of the sample by country, age, and biological sex.

Data analysis methods

Country weightings

Since respondent demographics were managed to obtain sufficient samples in each age-sex group rather than to match national population distributions, MHQ scores were weighted by age and sex using United Nations population estimates. For regional and global estimates, data were additionally weighted based on the proportion of Internet users within the averaged countries. Where the Internet population was larger than the particular language groups in the country in which the MHQ was offered (e.g. Belgium), the proportion of those language groups was used as the weighting factor rather than the proportion of Internet users. This approach ensured:

- Country-level averages reflected national population structures.
- Regional averages were weighted based on internet penetration rates to avoid over-representing countries with larger online populations.

- To retain comparability across countries, in 3 countries (United Kingdom, Spain and Canada) where the percentage of respondents from search was greater than 15%, this source was down-weighted to 15%.

China and Russia were excluded from the global average presented due to small sample size relative to the large populations of these countries, and due to restrictions that may bias samples from these countries. However, values are not significantly different when these countries are included (e.g. Global average is 65)..

Scoring of individual rated items

The MHQ contains two types of questions. The first are problem items rated on a 9-point scale where 1 = Never causes me problems; 5 = Sometimes causes me problems but I can manage; and 9 = Causes me serious problems in my daily life. The second are spectrum items where 1 = It makes it very hard to do what I want or need to do; 5 = Sometimes I wish it was better but it's ok; and 9 = It is a real strength that helps me in life. Problem items with ratings >6 and spectrum items with ratings of <3 were considered to be at a level of clinical symptoms.

Statistical analysis

Statistics were computed by comparing groups using a standard t-test. P-values obtained were then corrected for multiple comparisons using a Bonferroni correction. All statistical tables showing these corrected p-values are provided in a supplementary download along with the report.

Limitations of sampling & interpretation

While recruitment was consistent across countries, two key caveats must be considered:

1. Sampling bias: The data reflects internet-enabled, language-proficient, and self-selecting individuals willing to complete a 15-minute survey.

2. Cultural variability: Responses may be influenced by language interpretation and cultural perceptions of mental health, affecting direct cross-country comparisons.

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