

The Global Mind Project: A Real-Time, Large-Scale Platform for Tracking Global Mind Health and Wellbeing

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Abstract

The Global Mind Project (GMP) is an ongoing, large-scale initiative led by Sapien Labs to track mind health and wellbeing across the internet-enabled world in real time. Using the Mental Health Quotient (MHQ), a validated, transdiagnostic, 47-item self-report assessment, the GMP has collected mind health profiles from over 2.3 million respondents (as of 16 August 2026) across more than 160 countries and 23 languages, alongside detailed demographic, lifestyle and life-context data. This paper describes the origins, instrument, data acquisition methodology, scale, and governance of the GMP, drawing on its founding development and validation studies (Newson & Thiagarajan, 2020; Newson, Pastukh, & Thiagarajan, 2022; Newson, Sukhoi, & Thiagarajan, 2024) as well as material published by Sapien Labs describing the project and database. We also summarize a direct comparison of the GMP's measures and methodology against two other major global initiatives that track aspects of population mental state: the World Health Organization's World Mental Health Survey Initiative (WMHS) and the Gallup-based World Happiness Report (WHR). We conclude with a discussion of the GMP's distinguishing features — scale, real-time dynamic updating, breadth of measurement, and open data access — alongside the limitations inherent to an internet-based, non-probability sampling approach.

1. Introduction

Understanding how mental health and wellbeing is changing across populations, and why, requires measurement infrastructure that can keep pace with the rapidly shifting social, technological and cultural environment. The Global Mind Project (GMP; previously known as the Mental Health Million Project) was piloted in 2019 and launched in 2020 as a vehicle for this effort: an ongoing, real-time survey designed to track the evolving relationship between collective mental health and wellbeing and the changing environments in which people live.

Throughout this paper we use the terms Mental health & wellbeing and Mind Health interchangeably to refer to the capacity to navigate life's challenges and function productively. Mind Health is the preferred term as it better reflects this definition. Mental health is often associated with the narrower clinical sense of the absence of a diagnosable disorder and wellbeing is typically conflated with happiness.

The GMP was built around the recognition that most widely used mental health measurement tools were developed for clinical diagnosis rather than for describing the full spectrum of functional mental capacity in the general population, and that traditional survey infrastructure — in-person interviews or telephone surveys conducted periodically on modest sample sizes — cannot deliver the scale, frequency, or global

reach needed to track fast-moving population trends as they occur. The GMP addresses this gap with an anonymous, online, self-report methodology capable of collecting data continuously from very large numbers of respondents across many countries and languages, at a cost and speed not achievable with interviewer-administered methods.

This paper describes the GMP's instrument, methodology, and scale, drawing on the peer-reviewed development and validation studies behind its core measure, the Mental Health Quotient (MHQ) (Newson & Thiagarajan, 2020; Newson, Pastukh, & Thiagarajan, 2022; Newson, Sukhoi, & Thiagarajan, 2024), together with material published by Sapien Labs on the GMP itself, its Researcher Hub, and the representativeness of its data. We also summarize a published comparison of the GMP against two other major global initiatives measuring aspects of population mental state — the WHO's World Mental Health Survey Initiative and the World Happiness Report — to situate the GMP within the broader landscape of population mental health measurement.

2. The MHQ: The GMP's Core Instrument

Data collection for the GMP is built around the Mental Health Quotient (MHQ), a free, anonymous, web-based self-report assessment that takes approximately 15–20 minutes to complete and is open to anyone aged 18 and over (13 and over in the United States using a youth specific version). The MHQ was developed through a systematic review of the symptoms assessed across 126 commonly used psychiatric assessment tools spanning 10 major disorder categories, including depression, anxiety, PTSD, OCD, bipolar disorder, autism spectrum disorder, ADHD, eating disorders, addiction, and psychosis, and supplemented by items drawn from the Research Domain Criteria (RDoC) framework and by items reflecting positive aspects of mental function not typically captured by clinical tools (Newson & Thiagarajan, 2020).

This process yielded 47 categories of mental function queried across the universe of assessments, split into two question formats. Twenty-seven are capacities assessed on a negative-positive spectrum, capturing aspects of functioning that can range from a genuine challenge at one end to a genuine asset at the other (for example, emotional resilience or creativity and problem solving). The remaining 20 are problem items, capturing symptoms that have no positive dimension (for example, suicidal thoughts or hallucinations). Both item types are rated on a 9-point life-impact scale describing how much the item affects the respondent's ability to function, rather than on a simple frequency or severity scale. Ratings across the 47 items are combined into a single aggregate score (the MHQ) using a nonlinear algorithm involving threshold-based rescaling and severity-weighted amplification of negative ratings. The MHQ, which spans a –100 to +200 scale positions each respondent along a spectrum from Distressed to Thriving (Newson & Thiagarajan, 2020; Newson, Sukhoi, & Thiagarajan, 2024). In addition to the aggregate score, the subsets of the 47 items support six dimension-level sub-scores: Mood & Outlook, Social Self, Adaptability & Resilience, Drive & Motivation, Cognition, and Mind-Body Connection. These offer a more granular profile of functioning and are described in more detail in Sapien Labs (2026a).

3. Life Context and Lifestyle Data Waves

Alongside the 47 mind health items, the MHQ collects a substantial body of demographic, lifestyle, and life-context data. These include more than 40 life-context factors and over 20 categories of adversity and trauma spanning themes such as age and gender, geography, education, employment and household income, treatment and help-seeking behavior, medical conditions, substance use, adverse childhood and adult experiences, family and friendship relationships, religion and spirituality, work culture, diet, physical exercise, smartphone and social media use, and more. This life-context data is what allows the GMP to move beyond simply tracking mind health scores to investigating candidate drivers of the trends observed. An example of the type of lifestyle and life context data types collected are shown in Table 1.

Table 1. Featured Life Context and Lifestyle Data Domains

Domain Category	Specific Factors
Demographics	Age, gender, geography, educational attainment, employment status, household income
Health & Help-Seeking	Treatment and help-seeking behavior, medical conditions
Substance Use	Substance use type
Adversity & Trauma	Adverse childhood experiences, adverse experiences during adulthood including interpersonal abuse, assault, financial and natural adversities.
Social & Relationships	Nature and structure of family relationships, friendships, in-person socializing
Religion & Spirituality	Religion, spirituality, religious practice, love and care for others
Work	10+ aspects of work culture and structure
Diet	Processed food, fruit and vegetable consumption, sugar consumption
Environmental Exposures	Plastics use
Nature Exposure	Exposure to different types of green and blue spaces
Physical Activity	Physical exercise
Technology Use	Age of first smartphone or tablet ownership, social media use, nature of AI use, impact of AI on work.

While many factors are tracked simultaneously allowing multivariate analysis and understanding of their inter-relationships, the GMP also explores new factors in depth in data waves that typically span about 6 months and 250,000 responses. This allows more in depth probing of timely factors changing the world as well as more in depth understanding of the nature of impact of a particular factor. For instance the GMP ran a Covid data wave in 2020 and is presently running an AI data wave in 2026. Similarly the GMP ran a more in depth data wave on numerous diet factors in 2025. This wave-based design lets the GMP keep

the core 47-item MHQ assessment short and consistent over time while still building, cumulatively, a very broad library of life-context data across many topics and periods.

4. Longitudinal Tracking

Responses are collected anonymously. However in a subset of cases, respondents voluntarily provide an email address which serves as a unique encrypted identifier in the database. Given the large scale of the database, this now includes data from over 100,000 individuals who have taken the MHQ more than once at different time intervals. In addition, encrypted IP addresses provide a less specific longitudinal identifier but is available across the full dataset.

5. Development and Validation

The MHQ's development and psychometric properties are documented across three peer-reviewed studies. The original development and usability study (Newson & Thiagarajan, 2020) introduced the assessment and its life-impact scale, and reported its initial score distributions and usability characteristics among early respondents. A subsequent validation study (Newson, Pastukh, & Thiagarajan, 2022), based on 179,238 responses from English-speaking adults in the United States, Canada, the United Kingdom, and elsewhere, established the reliability and criterion validity of the MHQ. Distinct samples collected in the same period produced statistically indistinguishable MHQ distributions, and scores correlated at $r = 0.84$ between test and retest administrations 8 to 120 days apart, demonstrating strong reliability. Life-impact ratings correlated with independently collected measures of symptom frequency and severity, with mean values showing a near-perfect linear relationship ($R^2 > 0.99$).

The same validation study established the MHQ's criterion validity against both clinical burden and functional productivity. Respondents in the Distressed range of the MHQ scale had an average productivity loss of 15.2 days per month, and 89.08% of them met the symptom criteria for at least one of 10 DSM-5–defined disorders; by contrast, respondents in the Thriving range had an average productivity loss of only 1.3 days per month, and none mapped to any of the 10 disorders. This systematic relationship between MHQ score, clinical burden, and lost productivity supports the MHQ's use as a transdiagnostic indicator of functional mental health and wellbeing rather than a simple sum of symptom counts.

A third paper (Newson, Sukhoi, & Thiagarajan, 2024) sets out in detail the algorithm used to construct the aggregate MHQ score and its six dimension scores from the 47 underlying items, describing the threshold-based rescaling, differential nonlinear weighting by functional severity, and normalization procedures that place the MHQ on its -100 to $+200$ scale and ensure that movement across the scale corresponds to an equivalent change in productive function, a property that a simple sum or average score would not have.

As on date the MHQ is administered in 23 languages, and validation work is ongoing as new language versions are developed and deployed. Additional validation studies for specific language versions of the

MHQ may be published after this paper and should be identified and cited separately as they become available, rather than assumed to be covered by the English-language validation findings summarized above.

6. Data Acquisition Methodology

The GMP recruits respondents entirely online, primarily through paid advertising placed on Google and Facebook, using a dynamically adjustable, quota-based recruitment strategy that targets predefined age-sex groups across selected geographies. Because it is not feasible to know in advance every demographic or life-context factor that might matter for a given research question, the GMP does not attempt to pre-screen or pre-select respondents beyond broad age-sex-geography quotas; instead, within each quota group, any respondent may take the assessment, and a wide range of demographic and life-context information is collected from every respondent after the fact. This allows post-stratification along many demographic dimensions, rather than requiring these dimensions to be anticipated at the recruitment stage.

Two features of the GMP's online, self-incentivized design are intended to improve the honesty and consistency of responses relative to interviewer-administered survey methods. First, the assessment is anonymous and conducted without an interviewer present, removing the social pressure to moderate answers to sensitive questions in order to avoid embarrassment or judgment, and removing any influence of interviewer bias or body language on how a respondent answers. Second, respondents are not paid to participate; instead, they take the MHQ in order to receive their own personalized mind health score and self-help report, an incentive structure intended to motivate honest, careful responses rather than the rushed or distorted responses that can arise from payment-based or convenience-based participation. A series of internal data-quality checks embedded within the assessment are used to identify and exclude illegitimate or low-quality response records. Both raw and cleaned data are made available for complete transparency.

Country- and region-level aggregates are typically constructed using an age-gender post-stratification weighting scheme, in which each respondent's contribution to the aggregate is weighted according to the representation of their age-gender group in the general population of that country. Where internet penetration is high, this produces aggregates that closely approximate national representativeness; where internet penetration is lower, the resulting aggregate is more representative of the internet-enabled population within that country than of the country as a whole.

7. Scale and Data Representativeness

The GMP's central methodological argument for representativeness rests on scale. Because it is not possible to know or stratify by every demographic and life-context factor that might influence mental health and wellbeing or mind health, we argue that the surest way to approximate a representative picture of a population is to collect data at a scale far beyond what traditional survey methods can achieve, and then use the resulting breadth of demographic information, collected from every respondent, to construct

representative sub-samples and weighted aggregates post facto. Where many global surveys collect on the order of 1,000–2,000 respondents per country, the GMP has collected data from over 2.3 million respondents (as of 16 August 2026) across more than 160 countries ever represented since 2020, with 1,000–2,000 new profiles added to the database each day.

We have previously published comparisons of GMP demographic distributions in the United States against U.S. Census Bureau data (including the American Community Survey), showing that trends in marital status and educational attainment by age in the GMP data closely track the corresponding national statistics (Taylor et al., 2026). This comparison is offered as evidence that, in countries with high internet penetration, the GMP's internet-based sampling approach can approximate a nationally representative sample. The GMP necessarily excludes populations without internet access, however, and its representativeness claims are explicitly limited to the internet-enabled population of a given country: in countries with lower internet penetration, the GMP sample skews toward more educated, higher-income respondents relative to the country as a whole, while still aiming to represent the internet-enabled population of the language group surveyed.

8. Comparison to Other Global Initiatives

Here we provide a direct comparison of the GMP's measures and methodology against two other major initiatives that track aspects of population mental state: the World Health Organization's World Mental Health Survey Initiative (WMHS; Kessler & Üstün, 2004) and the World Happiness Report (WHR, Helliwell et al., 2025), which draws on Gallup's World Poll. While all three are sometimes discussed interchangeably as measures of population mental health, they differ fundamentally in what they measure and how.

The WMHS, running for over two decades, uses the WMH Composite International Diagnostic Interview (CIDI), an in-person, interviewer-administered clinical interview whose modules align with DSM and ICD disorder criteria. It therefore provides estimates of the prevalence of specific psychiatric disorders across countries, but by design focuses on symptoms and dysfunction rather than positive functioning, and does not provide an aggregate, transdiagnostic measure of wellbeing along a distressed-to-thriving spectrum. Data collection is resource-intensive, so surveys are conducted in different countries in different years rather than on an ongoing annual basis; as a result, some countries' data are more than a decade old, and as of December 2025 reports the WMHS has surveyed around 166,000 respondents across 30 countries.

The WHR (Helliwell et al., 2025), published annually since 2012, defines its central construct — “happiness” — as a respondent's rating of their current and expected future life on the Cantril Ladder, a 0-to-10 scale from worst to best possible life, supplemented by yes/no ratings of specific positive and negative emotions experienced the previous day. Country rankings are based on a rolling 3-year average of life-evaluation ratings, drawn from telephone and face-to-face interviews conducted through the Gallup World Poll across roughly 130 countries and over 100,000 respondents annually. This measure is closer to a global life-satisfaction indicator than to a comprehensive assessment of mental functioning, and it

remains an open question how closely such life evaluations track a respondent's internal mental state as opposed to their external circumstances.

The GMP differs from both in scope and method. Its MHQ instrument spans the life impact of 47 cognitive, emotional, social and physical elements of functioning, including symptoms mapping to 10 major disorder categories as well as positive assets, yielding not only an aggregate mind health metric linearly associated with productive function, but six dimension sub-scores, an estimate of mental health burden, and item-level detail. Data collection is continuous and online rather than periodic and interviewer-administered, giving the GMP a scale (2.3 million+ respondents since 2020, with over 500,000 collected annually) and a data currency that neither the WMHS nor the WHR can match, along with sensitivity to rapid shifts in the environment such as a pandemic or a geopolitical shock. Table 2 summarizes the principal similarities and differences among the three initiatives.

Table 2. Comparison of the Global Mind Project, World Mental Health Survey Initiative, and World Happiness Report

	Global Mind Project (GMP)	World Mental Health Survey Initiative (WMHS)	World Happiness Report (WHR)
Lead organization	Sapien Labs	World Health Organization	Gallup, Oxford Wellbeing Research Centre, UN SDSN
Launched	2020	~2000	2012
Instrument	MHQ (47-item life-impact assessment)	WMH-CIDI clinical diagnostic interview	Cantril Ladder life evaluation + affect questions
What it measures	Mental wellbeing across a distressed-to-thriving spectrum, spanning cognitive, emotional, social and physical function	Prevalence of DSM/ICD-defined psychiatric disorders	Self-rated life evaluation (“happiness”), plus positive and negative affect
Survey medium	Anonymous online assessment	In-person interviews by trained lay interviewers	Telephone and face-to-face interviews
Countries covered	163+ (70+ with annual data in earlier reports)	30	130
Total respondents	2.3 million+ (as of 16 August 2026)	~166,000 since 2001	100,000+ annually
Data currency	Real-time, continuously updated	Point-in-time; some country data over a decade old	Annual, based on trailing 3-year average
Age range	18+ (13+ in the US)	18+	15+

A key methodological difference across the three initiatives lies in sampling. The WMHS and WHR both aim for nationally representative probability samples — multi-stage clustered household sampling for the WMHS, and random-digit-dial telephone or face-to-face area-frame sampling for the WHR — and consequently include a substantial share of respondents without internet access or lower literacy, particularly in lower-income countries. The GMP, by contrast, samples exclusively from the internet-enabled population, using a dynamically adjustable quota-based recruitment strategy across online

advertising platforms with post-stratification weighting by age and sex. In high-internet-penetration countries such as the United States, this GMP approach closely mirrors a nationally representative sample; in lower-penetration countries such as Tanzania or India, the GMP sample may not be aligned with the WMHS or WHR samples, which may contain a higher proportion of offline populations, and direct country-level score comparisons across the three initiatives are not meaningful.

9. Data Access, Applications, and Governance

Data from the GMP is made freely available for non-commercial use to eligible researchers and organizations, including universities and academic institutions, public health and social service agencies, registered NGOs and charities, and registered social enterprises, subject to agreement to the project's data access and use terms. Commercially funded organizations and researchers may obtain a commercial license. The dataset is hosted on Sapien Labs' in-house data repository, Brainbase, which is updated daily as new MHQ responses are submitted and allows users to search, filter, and compile datasets by country, language, age, biological sex and data topic. Access can be requested through a request form at <https://sapienlabs.org/researcher-hub>.

The GMP is governed by an academic advisory committee responsible for decisions on data privacy controls and mechanisms, periodic changes to the assessment items, and the geographic and demographic focus of data collection. The published research domains supported by the GMP dataset include the social determinants of mental health, cross-country comparisons of mental health and wellbeing, longitudinal tracking of wellbeing over time, help-seeking behaviors and barriers to care, the structure of symptom networks, and the diversity of mental health phenotypes across populations. Data collection for the GMP operates under ethics approval from the Health Media Lab Institutional Review Board, and all data is fully anonymized.

10. Annual publication of the Global Mind Project

Findings from the GMP are synthesized annually in the Global Mind Health Report (formerly the Mental State of the World Report), the project's flagship publication. The most recent edition draws on data from approximately 1 million respondents across 84 countries collected in 2024 and 2025, reporting a global MHQ average of 66 alongside a pronounced generational gradient: adults aged 55 and over average an MHQ of 101, comparable to pre-pandemic norms, with roughly 10% experiencing clinically significant mental health challenges, while adults aged 18 to 34 average an MHQ of only 36, with 41% experiencing clinically significant challenges. The report identifies deteriorating family bonds and declining religious or spiritual engagement, alongside earlier childhood smartphone access and higher consumption of ultra-processed food, as candidate contributors to this generational decline.

11. Discussion

The GMP's principal contribution to the measurement of population mental health and wellbeing lies in the combination of scale, breadth, and immediacy. Where comparable global initiatives collect on the order of 100,000–150,000 responses per year using resource-intensive interviewer-administered methods, the GMP's online methodology has enabled the collection of several hundred thousand responses annually and over 2.3 million in total, with new data continuously added to an open, real-time database. Its instrument, the MHQ, is also broader in scope than either the WMHS's disorder-focused clinical interview or the WHR's life-evaluation measure, spanning both symptoms and positive functioning across cognitive, emotional, social, and physical domains, and yielding an aggregate score that has been validated against independent measures of clinical burden and functional productivity.

These strengths come with corresponding limitations. Because the GMP samples exclusively from the internet-enabled population via online advertising, it cannot claim strict national representativeness in countries with lower internet penetration, and its non-probability, quota-based recruitment differs fundamentally from the probability-based household and telephone sampling used by the WMHS and WHR. Comparisons of country-level scores across these initiatives should therefore be made cautiously, particularly for countries where internet access is limited. The anonymous, self-report nature of the MHQ also means that, like any self-report instrument, it is subject to the general limitations of self-report methodology, even as its anonymity and non-monetary incentive structure are intended to mitigate some of the response biases associated with interviewer-administered or paid survey methods.

Taken together, the GMP represents a distinct methodological approach to population mental health measurement — prioritizing scale, breadth, and real-time responsiveness over the probability sampling and disorder-specific focus of more traditional survey infrastructure — and its open-data model has made this dataset broadly available to the academic research community for further scientific inquiry into the social, cultural, and environmental drivers of mental health and wellbeing.

12. Conclusion

The Global Mind Project is a large-scale, real-time, open-access initiative that has assembled the world's most extensive dataset of mind health profiles, built on the validated Mental Health Quotient assessment and enriched with detailed demographic and life-context data. Its online, anonymous, incentive-aligned data collection methodology has enabled a scale and currency of data collection that distinguishes it from other major global initiatives such as the WHO's World Mental Health Survey Initiative and the Gallup-based World Happiness Report, each of which measures a narrower or differently defined aspect of population mental state using more resource-intensive, periodic methods. While the GMP's reliance on internet-enabled sampling limits its representativeness in lower-connectivity countries, its combination of scale, breadth, and real-time tracking offers a distinctive and complementary tool for understanding how mental health and wellbeing or mind is changing across the globe and why.

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