SAPIEN LABS

Mental state of the world in 2024

THE GLOBAL MIND PROJECT

FEBRUARY 2025

Dear Reader,

While the worst of the COVID-19 pandemic may be behind us, its impact on Mind Health and Wellbeing continues to linger without signs of recovery. The global Internet-enabled population is still just managing to navigate life's challenges and function productively. Little has changed in 2024.

The most alarming trend continues to be the progressively diminished Mind Health and Wellbeing among younger generations, with each younger generation experiencing a steeper drop in Mind Health during the pandemic years. Our data — collected using the Mind Health Quotient (MHQ) which measures all aspects of mental function: emotional, social and cognitive — shows that while older adults are doing well, a near majority of younger adults are experiencing functionally debilitating struggles or distress. This is not just about diminished happiness — which is only a small component of Mind Health — but of the core mental functioning that's needed to navigate life's challenges and function productively.

Given these trends, we have shifted our approach this year. Rather than ranking countries by overall Mind Health and Wellbeing — a measure heavily influenced by the age distribution of a country — we present a clearer perspective of what the mental state or Mind Health of the world looks like across countries by age group. In addition, given that small differences in MHQ score are typically not statistically significant and therefore can be misleading, we categorize countries into broad groupings where differences are more meaningful. As always, all numbers can be found in the associated data tables for those who wish to explore the details.

The overall picture is clear: in every region of the world, older adults are doing relatively well while younger generations are struggling. The only difference between countries is how far the Mind Health of their younger generations has declined. Some may simply be further along this downward trajectory than others.

These findings should summon us all to rapid collective action. For once older generations move out of the workforce, the tasks of maintaining a civilized society, let alone reversing this trend, may soon become out of reach. Despite significant spending on mental health in many Western countries over the past decade, this generational decline persists. Outcomes are no better compared to countries that spend far less on mental health per capita, and in many cases are worse. It is clear that the solution is not more of the same. In our insights and interpretations section, we offer a perspective on the root causes of this trend—from the impact of technology and culture to increasing chemical exposure in both food and the environment — and the imperative to reorient to approaches that tackle these root causes.

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Summary

This Mental State of the World Report is the annual report of the Global Mind Project and provides trends and insights on the Mind Health and Wellbeing of Internet-enabled populations around the globe. Data is collected using the 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 normal stresses of life and function productively.

The findings in this report, consolidating across over **1 million responses in 2023 and 2024**, show the following:

- **No change in 2024 or recovery from the pandemic low:** While the worst of the COVID-19 pandemic may be behind us, its impact on Mind Health and Wellbeing continues. Data from 8 English-speaking countries, tracked since 2019, shows a dramatic 30-point drop in MHQ among younger generations between 2019 and 2021 with no significant recovery since then.

- **Older adults (55+) across the globe are doing well,** with an average MHQ of 101 across 82 countries—close to the expected norm of 100. Average MHQ in 46 countries exceeds 100, including Finland and numerous Latin American countries.

- **Younger adults (18-34) have starkly diminished Mind Health:** Across all countries, young adults have an average MHQ of just 38, with 41% experiencing functionally debilitating distress. Younger adults fare best in Sub Saharan Africa.

- **Younger adults (18–34) have new symptom profiles:** Symptoms affecting more than a third of younger adults, and with an absolute prevalence increase of 25% or more compared to older generations, include unwanted, strange, and obsessive thoughts, as well as a sense of detachment from reality.

- **Challenges with social and cognitive capacities are 4- to 5-fold higher in younger adults:** These include functions such as *Planning & organization, Speech & language, Focus & concentration, Social interaction & cooperation, Relationships with others,* and *Self-control & impulsivity.*

The root causes of these trends are multivariate and interconnected. They include smartphones and an increasingly socially disconnected culture as well as environmental and chemical exposures. Altogether the decline in younger generations is present across all countries irrespective of spending levels on mental health research and access to care, making a case to reorient our approach. We call for a redirection of research and research funding to deepen our understanding of the root causes, and to take bold steps that utilize this understanding for effective prevention.

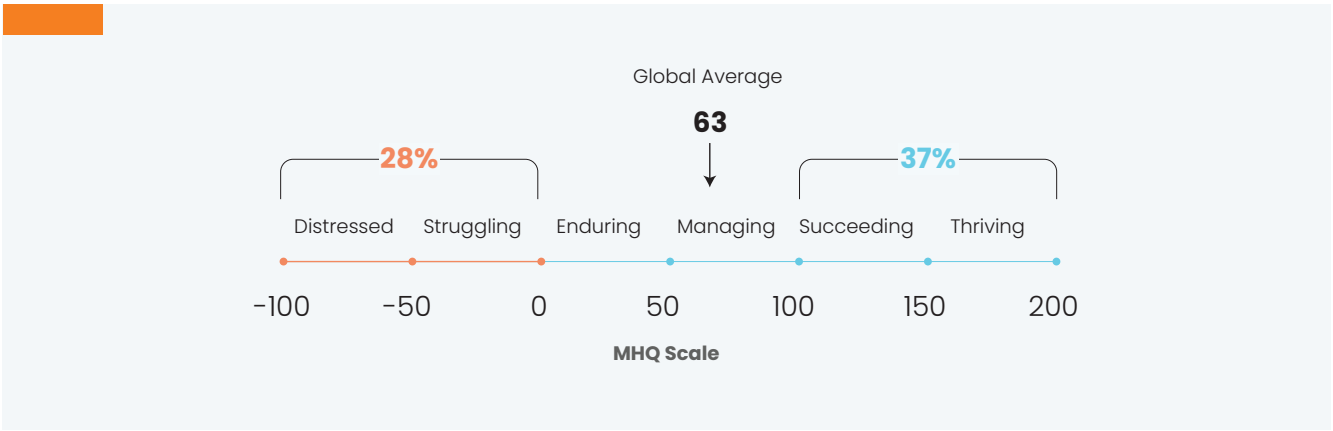
Data from the Global Mind Project is freely available for academic research.

To find out more about how to access the data, visit our Researcher Hub.

1 Our Collective Mind in 2024

Across the Internet-enabled world in 2024 the average MHQ stands at 63, representing a population-based average across 76 countries (Figure 1). 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 – and reflects, in the aggregate, our ability to navigate life's challenges and function effectively (See the Appendix for details on the methodology).

FIGURE 1: Our global MHQ

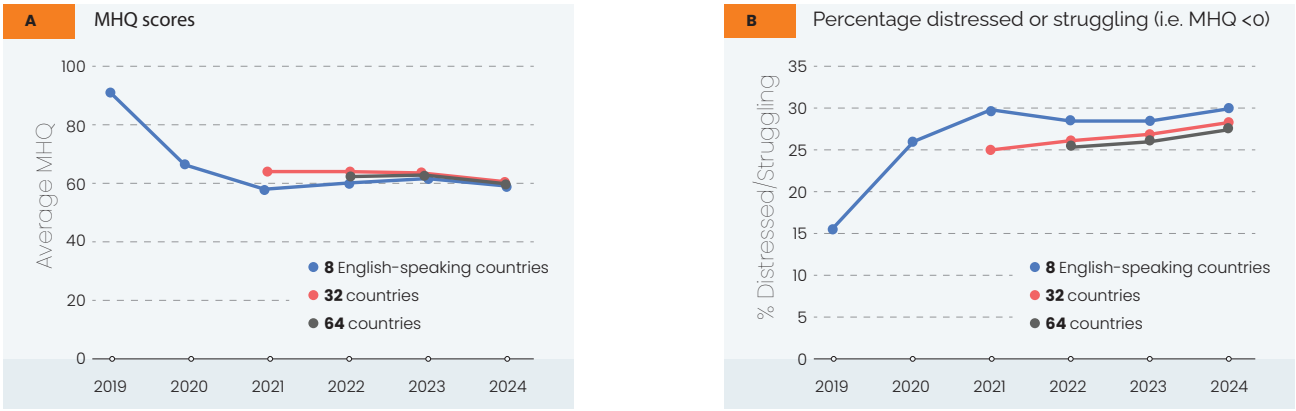


A score of 63 falls within the region of the MHQ scale that we call 'Managing' and corresponds, on average, to individuals reporting being able to be fully productive in their lives about 70% of the time—or 21 days per month.

Mind Health & Wellbeing trends across time

A comparison of country groups tracked over different time periods shows no significant improvement in overall Mind Health across the globe in recent years (Figure 2). Data from 8 English-speaking countries tracked since 2019 - prior to the COVID-19 pandemic - shows the decline in MHQ score by approximately 30 points between 2019 and 2021 (Figure 2A). Figure 2B shows the corresponding increase in the percentage of the population classified as distressed or struggling – those typically experiencing 5 or more symptoms of clinical concern.

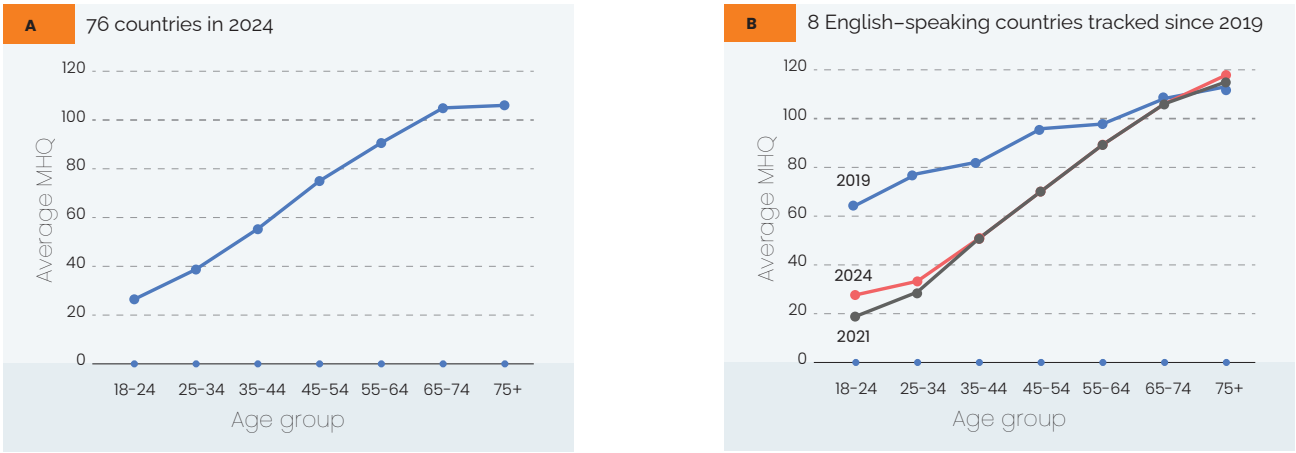
Figure 2: Time trends for countries grouped by first year of data collection



Mind Health & Wellbeing trends by age

By far the most striking global trend is the decline in Mind Health and Wellbeing with each younger generation (Figure 3A; 2024 data across 76 countries). For the 8 countries tracked since 2019 (Figure 3B), this downward trend was already evident in 2019 in the few countries measured (blue line) and was exacerbated during the pandemic. Younger age groups saw a dramatic decline of over 40 points, while those over age 55 showed little, if any, change. Since the 2021 low, recovery among younger generations has been minimal, with only a modest rebound of 5–7 points. We note that the MHQ scale has been calibrated such that the expected mean of a normal functioning population is 100.

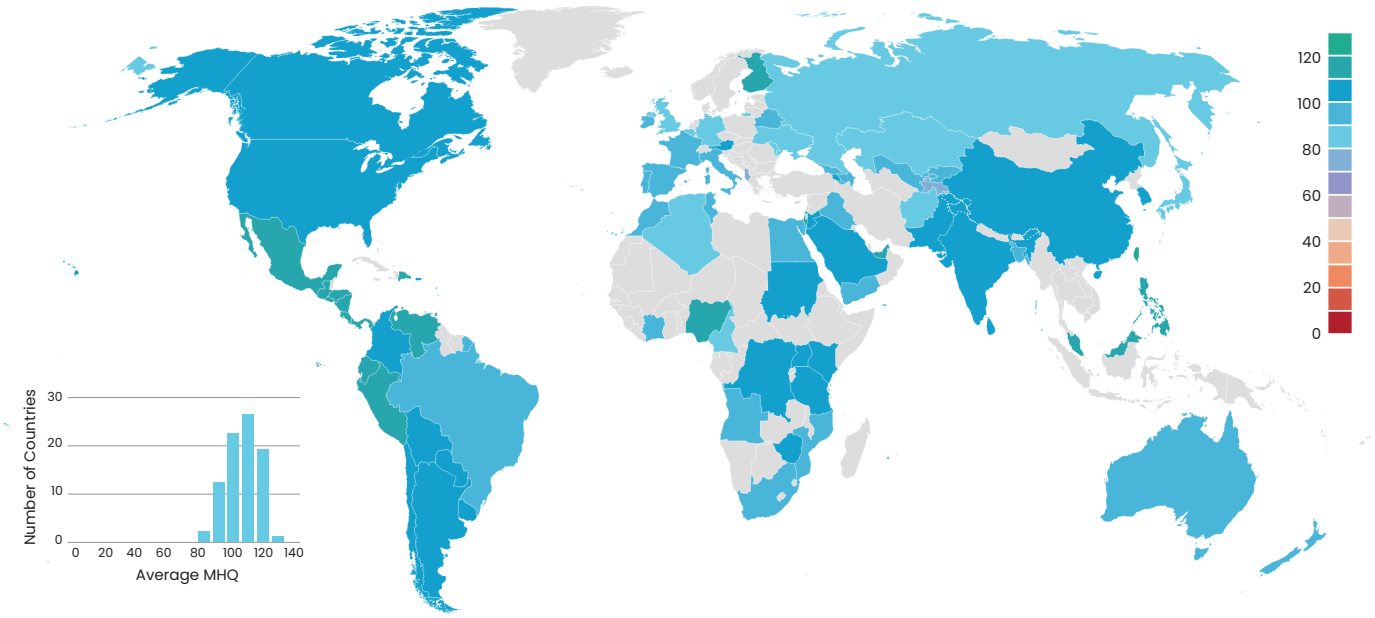
Figure 3. Average MHQ by age group showing a progressive decline with younger generation



2 The Mind Health and Wellbeing of older adults

Here we present the average MHQ across the combined years of 2023 and 2024 (see Appendix) for individuals aged 55 and older across 82 countries. 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 or literacy, particularly in developing countries across Asia and Africa.

Figure 4. Average MHQ of Internet-enabled adults aged 55+ across 82 countries



Inset: Histogram showing the distribution of average MHQs across these countries with a range from 78 to 122 and mean of 101.

Among the Internet-enabled population aged 55 and older the average MHQ across countries distributed around a mean of 101 (Figure 4: inset histogram). It is of substantial relevance that the MHQ scale was calibrated such that a typical normal functioning population would distribute around a mean of 100. In this context, 46 out of the 82 countries equal or surpass this mean, indicating their older populations are generally succeeding well in navigating the various facets of their lives and functioning productively.

Countries where the 55+ population have an average MHQ above 100 include numerous countries in Central and South America, Finland, a few Sub-Saharan African nations, and the few South-East Asian countries covered such as Singapore and Malaysia. In contrast, those at the lower end with an average MHQ below 90 include numerous Western European countries including Germany, Belgium and the United Kingdom, as well as Ukraine and Japan.

List of countries by score range for age 55+ Internet-enabled population

Tables are arranged by region and alphabetically within regions. The average percentage distressed or struggling across countries (i.e. with MHQ<0) for each score range is shown in orange.

110 +

Costa Rica
Dominican Republic
Ecuador
El Salvador
Guatemala
Honduras
Mexico
Nicaragua
Panama
Peru
Trinidad and Tobago
Venezuela
Finland
Israel
United Arab Emirates
Nigeria
Taiwan
Malaysia
Philippines
Singapore

7%

100-110

Canada
USA
Argentina
Bolivia
Chile
Colombia
Paraguay
Puerto Rico
Uruguay
Austria
Armenia
Jordan
Saudi Arabia
DR Congo
Kenya
Sudan
Tanzania
Uganda
Zimbabwe
India
Pakistan
Sri Lanka
China
Hong Kong
South Korea
Samoa

9%

90-100

Brazil
France
Ireland
Italy
Portugal
Spain
Azerbaijan
Belarus
Georgia
Kyrgyzstan
Uzbekistan
Iraq
Yemen
Egypt
Morocco
Tunisia
Angola
Côte d'Ivoire
Mozambique
South Africa
Bangladesh
Australia
New Zealand

11%

<90

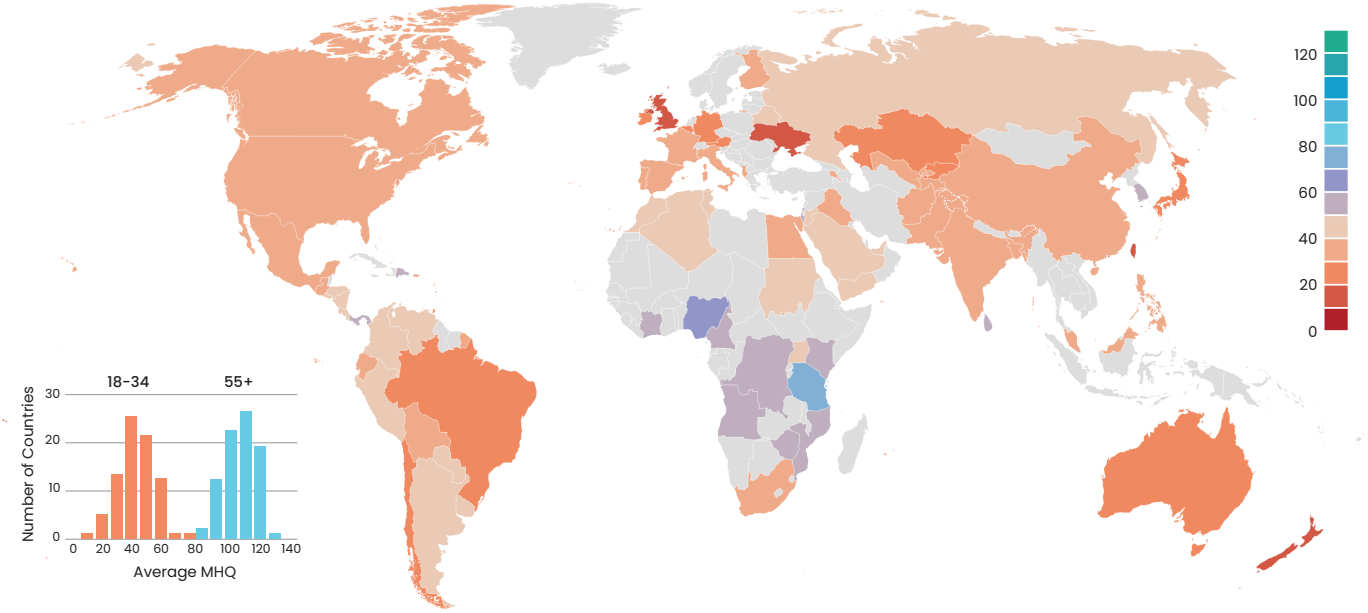
Albania
Belgium
Germany
United Kingdom
Afghanistan
Kazakhstan
Moldova
Russia
Tajikistan
Ukraine
Algeria
Cameroon
Japan

12%

3 The Mind Health and Wellbeing of younger adults

In stark contrast to older adults, the average MHQ of younger Internet-enabled adults under age 35 ranges from 5 to 71 across 79 countries (see Appendix), with an average across countries of just 38, over 60 points lower than those aged 55+ (Figure 5). Many are merely enduring life with, on average, 41% classified as distressed or struggling, i.e. experiencing an average of five or more clinical level symptoms of mental distress that significantly impair their ability to navigate their lives and function productively. The inset histogram shows the distribution across countries for this age group (orange) compared to that of adults aged 55+ (blue) demonstrating minimal overlap. Across all countries, younger adults have diminished Mind Health relative to older generations. In only 15 out of 79 countries did their average MHQ exceed 50, and just one country had an average MHQ above 65 – equivalent to the lowest country average among those aged 55+.

Figure 5: Average MHQ of Internet-enabled adults aged 18-34 across 79 countries.



Inset: The orange histogram represents the distribution of average MHQs across these countries for the 18-34 age group, ranging from 5 to 71, and mean of 38. The blue histogram shows the MHQ distribution for adults aged 55+ for comparison.

Finland for instance, which is in the highest range for those aged 55+ is only middling across the distribution for younger adults. For this age group, countries in Latin America, as well as Sub-Saharan and Central Africa, dominate the higher end, with Tanzania standing out as the only country where the average MHQ of its Internet-enabled young adults exceeds 70. At the lower end are the United Kingdom, New Zealand and Ukraine.

List of countries by score range for age 18-34 Internet-enabled population

Tables are arranged by region and alphabetically within regions. The average percentage distressed or struggling across countries (i.e. with MHQ<0) for each score range is shown in orange.

60+

Nigeria
Tanzania

24%

50-60

Dominican Republic
Panama
Venezuela
Israel
Angola
Cameroon
Côte d'Ivoire
DR Congo
Kenya
Mozambique
Zimbabwe
Sri Lanka
South Korea

30%

40-50

Argentina
Colombia
Costa Rica
El Salvador
Honduras
Nicaragua
Paraguay
Peru
Uruguay
Belarus
Russia
Jordan
Saudi Arabia
UAE
Yemen
Algeria
Morocco
Tunisia
Sudan
Uganda

36%

30-40

Canada
USA
Bolivia
Ecuador
Guatemala
Mexico
Albania
Finland
France
Italy
Portugal
Spain
Armenia
Afghanistan
Tajikistan
Uzbekistan
Egypt
Iraq
South Africa
Bangladesh
India
Pakistan
China
Malaysia
Philippines
Singapore

41%

20-30

Brazil
Chile
Puerto Rico
Trinidad and Tobago
Austria
Belgium
Germany
Ireland
Kazakhstan
Kyrgyzstan
Japan
Australia

45%

<20

United Kingdom
Ukraine
Hong Kong
Taiwan
New Zealand
Samoa

53%

4 Growing symptoms and diminishing capacities

The Mind Health and Wellbeing of younger generations under age 35 stands diminished on virtually every facet compared to those aged 55 and older. Here we present two perspectives on the specific facets of mental function that younger generations are increasingly struggling with: (i) the prevalence of functionally significant problems in the global population relative to the older age group and (ii) the fold change in the rates of prevalence.

Prevalence of functionally significant problems or challenges

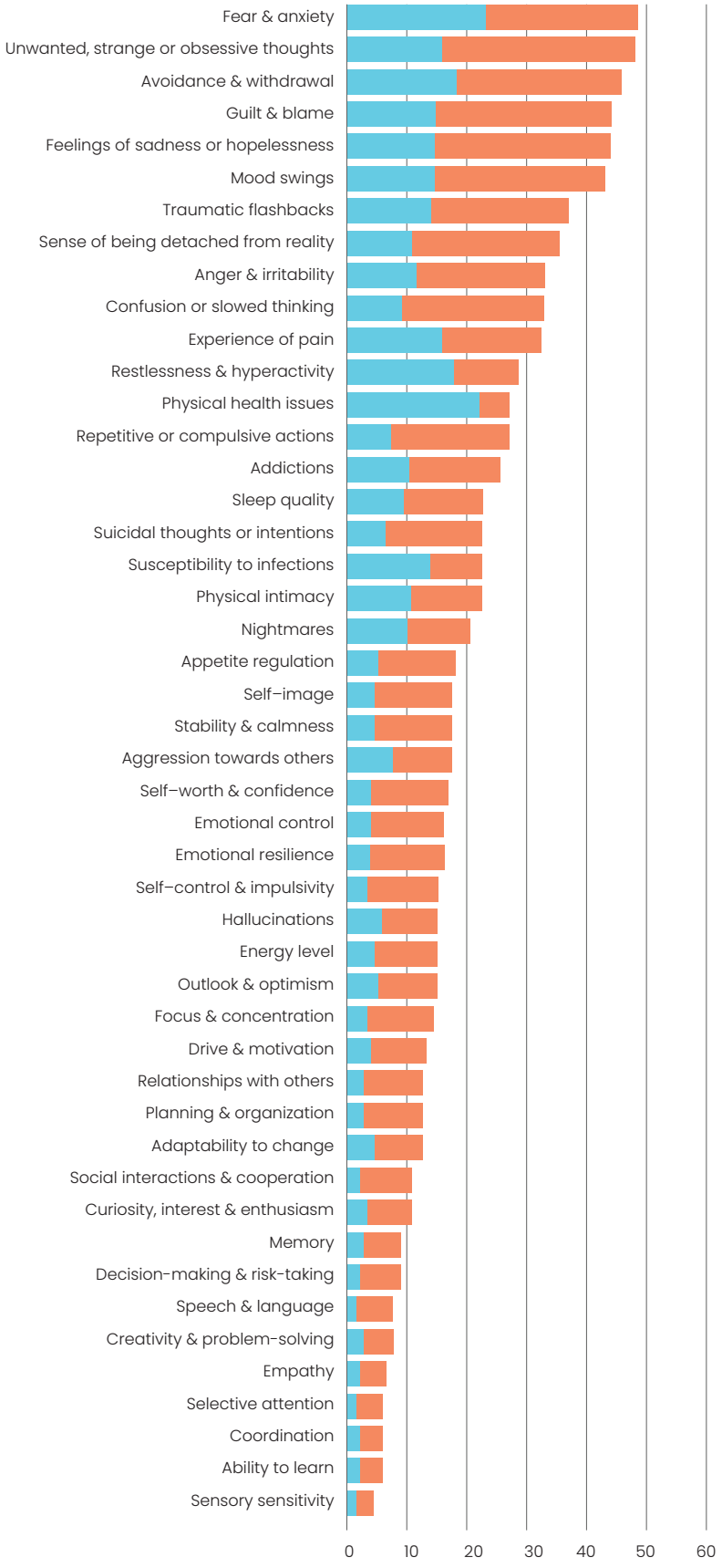


Figure 6: Prevalence of functionally significant problems across 47 items of the MHQ

In Figure 6 we compare the percentage of 18-34-year-olds that rate each item as a significant challenge to their ability to function (combined orange + blue bar) relative those aged 55 and older (blue only). Key symptoms that are prevalent in over a third of the younger adult population (as represented by the overall size of the bar) and have the largest absolute percentage increase compared to older generations of 25% or more (represented by the orange component) are *Unwanted, strange & obsessive thoughts*, *Guilt & blame*, *Mood swings*, *Feelings of sadness or hopelessness*, *Fear & anxiety*, and a *Sense of being detached from reality*. On the other hand problems with functions such as *Ability to learn* and *Creativity & problem-solving* have low prevalence.

Bars: Prevalence among 18-34 Global Internet-enabled population

Blue area: Prevalence among 55+ Global Internet-enabled population

Orange area: Incremental prevalence in the 18-34 age group

Fold change in ratings of functionally significant problems

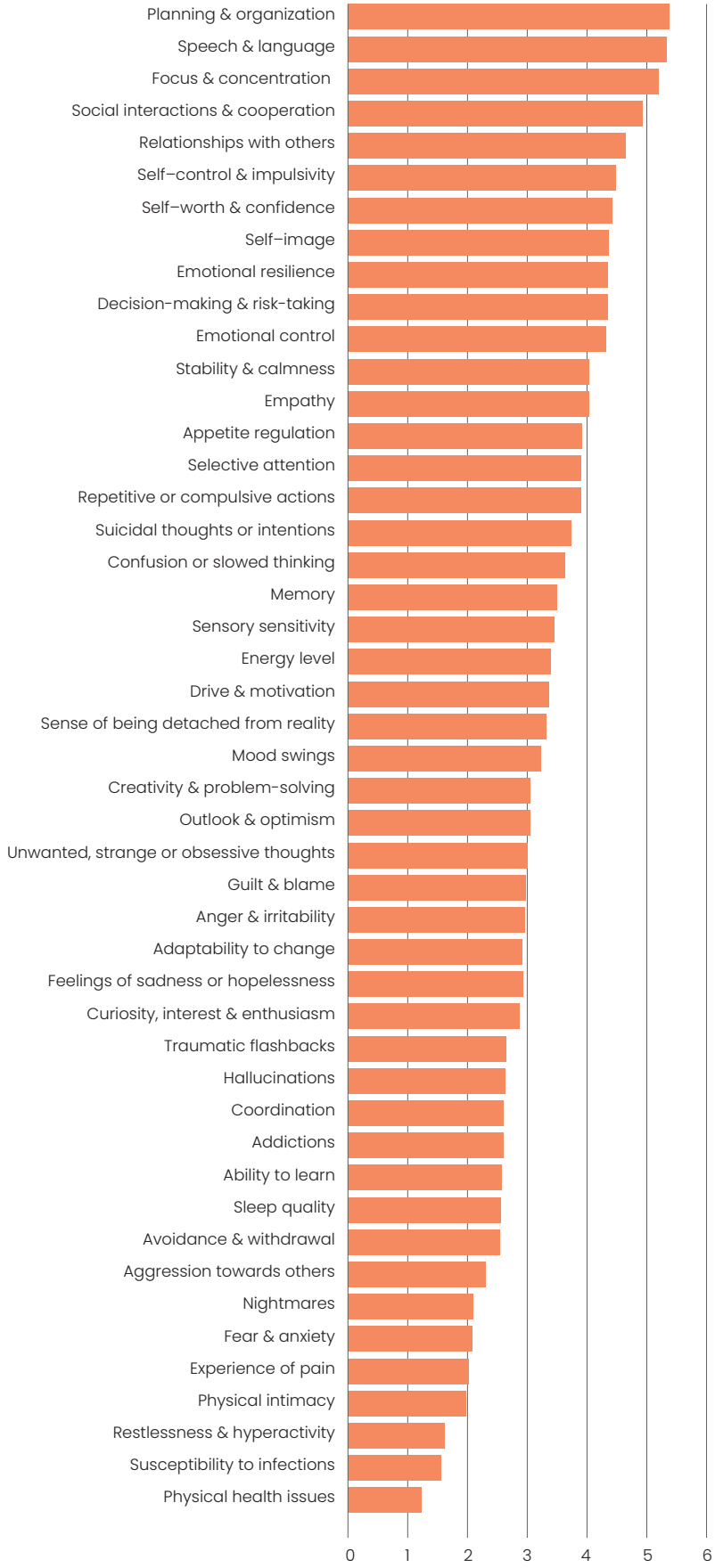


Figure 7: Fold change in ratings of functionally significant problems across 47 items of the MHQ

Figure 7 shows the key functions or symptoms with the largest fold change in the proportion of 18–34-year-olds who rated it a significant problem compared to those aged 55+ who did so. At the upper end, ranging from 5.4X to 4X are *Planning & organization, Speech & language, Focus & concentration, Social interaction & cooperation, Relationships with others, Self-control & impulsivity, Self-worth & confidence, Self-image, Emotional resilience, Decision-making & risk-taking, Emotional control, Stability & calmness,* and *Empathy.* Altogether many of these factors represent capacities to navigate the social world.

As would be expected, the smallest fold increases were for physical health issues and susceptibility to infection. However, while these are lower they are still elevated in younger adults, emphasizing the mind-body connection or suggesting that the same factors that impact brain and Mind Health also compromise physical health and immune function.

Fold change in percentage with functionally significant problems for each MHQ item between younger (18-34) and older (55+) generations.

5 Insights and Interpretations

We stand here in 2025 at a remarkable juncture in history where each younger generation across the modern world has diminished Mind Health relative to the previous generation, translating to a progressively diminishing capacity to navigate life's challenges and function productively. This is a stark departure from studies just over a decade ago where measures of psychological wellbeing across the lifespan in the Western world were shown to follow a U-shaped curve with younger and older adults reporting the highest levels of wellbeing, with a dip in middle age[1,2].

While the Global Mind data provides a comprehensive global perspective on this phenomenon, it is not alone in demonstrating this trend. 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[3–6]. Various national statistics around the globe of various measures of life satisfaction and negative and positive affect also bear out this trend[7–13].

What is clear is that the greater wealth and economic prosperity of a country does not equate to greater Mind Health and Wellbeing of its population. Most significantly, young adults fare substantially better in less developed regions such as Sub-Saharan Africa even compared to countries such as Finland which had MHQ scores at the higher end for older adults.

What is causing the generational decline?

The Global Mind Project has searched for well evidenced hypotheses of the major factors that are driving this phenomenon. It is clear that multiple interconnected factors are at play. The wide range of factors in our data allows for multivariate approaches to estimate the key contributors, their magnitudes, and relationships with one another. Here is what we can tell you so far.

Social connectedness. Much has been written about the growing epidemic of loneliness and its impact on mental health. This increasing loneliness and diminishing social connectedness are often linked to increasing individualism and a pervasive performance-driven mindset that prioritizes achievement over relationships[14]. Indeed, the Global Mind data has shown that younger generations experience weaker family bonds, fewer close friendships that can be counted on in real life, and rising levels of parental neglect and abuse[15,16]. However, while these socio-cultural changes play a significant role, they only partially explain the challenges and decline in younger generations[17].

Smartphones. The advent of smartphones into our lives coincides with the timing of diminishing Mind Health in younger generations and much has been discussed and debated about the impact of smartphones and social media on youth mental health[18–23]. Among GenZ, the first generation to grow up with smartphones, we have shown that the younger they acquire their first smartphone 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[24,25]. Relatedly, smartphone ownership during childhood and adolescence disrupts sleep, increases the risk of exposure to harmful online content such as cyberbullying, predators, and explicit material, and distorts the development of social cognition that requires interpretation of facial expressions, body language and group dynamics.

Ultra-processed food. The consumption of additive-containing ultra-processed food (UPF) too has grown over the past 15 years, particularly in Western countries where it is now over 60% of the calories consumed[26-28]. The Global Mind data shows that those who regularly consume UPF are 3 times more likely to be distressed or struggling with their Mind Health compared to those who consume UPFs rarely[29]. In particular, UPF consumption is associated with symptoms of depression as well as diminished emotional and cognitive control and may account for up to 30% of mental health distress in some geographies and demographics[30].

Environmental toxins. Relatedly, environmental toxins such as pesticides, heavy metals, and microplastics have been increasingly present in many foods, beverages as well as drinking water, accumulating in the body and brain. Research has linked these toxins to neurodevelopmental and mental health issues with growing levels of exposure in younger generations during critical developmental stages making them particularly vulnerable to the toxic impact[31] (See Further Reading for an extensive review).

Where to from here?

Over the past decade, spending on mental health research and care has risen dramatically in Western countries to try and keep up with rising demand. The United States for instance, in 2024 alone, spent $2.2 billion on mental health research in 2024[32], and over $100 billion in annual expenditures for the treatment of mental disorders among adults aged 18 and older[33], 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[34]. In contrast, the Internet-enabled populations of numerous countries with minimal per capita spend on mental health care, particularly in Sub-Saharan Africa, fare better. At best, this expenditure has largely been utilized for research and care that provides incremental relief of symptoms without tackling the specific root causes of the phenomenon. At worst it has contributed to the decline.

More of the same is not the answer.

We cannot accept a future where humanity is no longer able to navigate life and function productively; a future where the ability to maintain the essential systems of a working society are jeopardized, and violence becomes more common.

If we are to reverse this alarming trend, research must be redirected to a greater depth of understanding of the root causes, and we must take bold preventative steps that utilize this understanding effectively.

Watch the Global Mind in 2024 video and learn more about these root causes.

Further Reading

Here we present further reading from the Global Mind Project that provides deeper insights into the trends and root causes.

Trends & Statistics

Declining Youth Well-being in 167 UN Countries. Does Survey Mode, or Question Matter? Blanchflower, 2025. NBER. Read the preprint here.

Global Mind Project data in the United States: A comparison with national statistics, Taylor et al., 2025 Read the preprint here.

Root causes

Estimation of the nature and magnitude of mental distress in the population associated with ultra-processed food (UPF) consumption. Bala et al., 2025. Read the preprint here.

Are the growing levels of neurotoxic and neurodisruptive chemicals in our food and drink contributing to the youth mental health crisis? A narrative review. Newson et al., 2025. Read the preprint here.

Mental State of the World in 2022: Family Relationships and Mental Wellbeing, Sapien Labs, 2023. Read the report here.

Mental State of the World in 2022: Friendships and Mental Wellbeing Sapien Labs, 2023. Read the report here.

Age of First Smartphone/Tablet and Mental Wellbeing Outcomes. Sapien Labs, 2023. Read the report here.

The Youth Mind: Rising Aggression and Anger, Sapien Labs, 2025. Read the report here.

Hierarchy of demographic and social determinants of mental health: analysis of cross-sectional survey data from the Global Mind Project. Bala et al 2024. Read the paper here.

Appendix - Methods

Defining Mind Health and Wellbeing

Mental health & wellbeing 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 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 of 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[35,36]. 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**, 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[37]. 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 and 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[37,38]. 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[38].

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 (see References).

Data acquisition and inclusion criteria

This report covers the time period of January 1st 2023 through December 31st 2024 during which a total of 1,001,627 responses through targeted and organic sources were obtained.

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. 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 search as an additional source.

This report consolidates only responses obtained through targeted sources to ensure consistent methods across countries. Responses obtained from organic sources (e.g. social media shares, direct searches)

were removed. Data were consolidated across 2023 and 2024 as analysis showed that MHQ scores across countries were not significantly different across the two years and enabled more robust outcomes. In total, 661,426 responses from 82 countries were included in the 2023 and 2024 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 2023 and 2024 was carried out in 17 languages [English, Spanish, French, Arabic, Portuguese (European and Brazilian), German, Swahili, Hindi, Tamil, Italian, Russian, Hebrew, (Simplified) Chinese, Japanese, Korean, 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).

In addition, this year more stringent criteria were applied to data from both 2023 and 2024 as follows:

- Only specifically targeted responses were used. Organic traffic (non-ad-recruited participants) was removed entirely (compared to the Mental State of the World report in 2023 where it was removed when it exceeded 10% of the sample and diverged from recruited demographics (12 countries).
- Responses through Google search were downweighed to no more than 20% in demographics where they exceeded (impacting 8 countries).

After applying these criteria, 661,426 responses remained for final analysis for 2023 and 2024 combined. 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, considered to be at a level of clinical symptoms, are reported in Figures 6 and 7.

Limitations of sampling & interpretation

While recruitment was consistent across countries, several 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.

3. Missing data for older ages: In some countries (e.g. some Sub-Saharan nations such as Tanzania), there were no respondents over the age of 75 as the general population profile is generally younger and therefore they are not represented in these older age groups.

4. Differences by educational attainment and employment level. Respondents across countries varied in terms of their education level and employment status.

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