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ORIGINAL RESEARCH

The Mental Health of the Young in Latin America

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Abstract
We examine the mental wellbeing of the young in 18 Latin American countries using data from five cross-country comparative studies and both cross-sectional and quarterly time series data for a single country, Mexico. We examine whether there has been a decline in youth mental health and, if so, whether it has removed the U-shape in happiness and the hump-shape in unhappiness in Latin America as it has done in the United States and elsewhere. The Enbiare surveys for Mexico indicate that declining wellbeing of the young has changed the age profile of (un)happiness in that country. This changed age profile for wellbeing in Latin America is apparent in Global Minds data which confirms that, among those who are internet savvy and thus complete this on-line survey, mental health is poorest among the young. The OECD's Programme for International Student Assessment (PISA) data show a decline in the mental health of school children over time in Latin America. However, the evidence on the age profile of wellbeing is mixed in the Gallup World Poll and the Latinobarometers. We argue this is likely due to social desirability survey bias in young people's responses to surveys conducted by interviewers. This bias is absent in Global Minds, which is conducted on-line. We conclude that the rapid spread of the internet and mobile phones in Latin America suggests that there is a downside risk to youth wellbeing in Latin America going forward.

Keywords Wellbeing · Positive affect · Negative affect · Young people · Latin America

JEL Classification I31 · J13

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1 Introduction

In hundreds of studies across the world spanning many decades, ill-being peaked in middle-age –and the accompanying peak in mental illbeing – was a well-established empirical regularity (Blanchflower et al., 2023; Blanchflower, 2020, 2021). But there is growing evidence that the age profile of mental illbeing has shifted to the left in recent years, such that peaks in depression and anxiety which previously occurred when people were in their late 40 s or early 50 s, are now occurring when people are in their mid-20 s. Mental illbeing falls subsequently, and wellbeing tends to rise.

This change, initially observed in the United Kingdom and the United States where it began shortly after the Great Recession of 2008 was also found in 34 other countries (Blanchflower et al., 2024c). Country-specific surveys have found similarly including in Australia (Botha et al., 2023), Canada (Garriquet, 2021; Wiens et al. 2020), Norway (Krokstad et al., 2022), Iceland (Thorisdottir et al., 2021) and Scotland (Blanchflower et al., 2024c).

This change in the age profile of mental health has occurred because the wellbeing of the young has deteriorated in absolute terms, while the mental health of older age groups has remained relatively stable. One can see this clearly in the United States, for example, where the Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System (BRFSS) data show how life satisfaction has fallen markedly for under-40 s between 2010 and 2023 (Fig. 1) whilst despair has risen for this group over the same period (Fig. 2).[1] The life satisfaction and despair profile for older people has remained unchanged.[2]This deterioration in the mental health of the young seems to start in childhood and continues into adolescence. For example, De Looze et al., (2020) found a deterioration in children's and adolescents' mental health in the Netherlands. Blanchflower and Bryson (2024a) reported a dramatic rise in feelings of being sad or hopeless almost every day for two weeks in the United States using data on high school students ages 14–18 from the Youth Risk Behavior Surveillance System Surveys for 1999–2021.[3] And Chollet et al. (2024) analyses of the UK's Household Longitudinal Survey (UKHLS) show a dramatic decline in the happiness of school children aged 10–15 since 2009.

Marquez et al. (2024) noted declines in life satisfaction among children ages 15 and 16 using the OECD PISA surveys from 2015–2022 in 37/41 countries they examined.[4] This includes several Latin American countries we examine in detail below. They also showed declines between 2013/14 and 2021/22 using life satisfaction data for children aged 15 in

[1] The life satisfaction question used for Fig. 1 asks "*In general, how satisfied are you with your life? Would you say very satisfied, satisfied, dissatisfied or very dissatisfied?"* with responses coded 1 (very dissatisfied) to 4 (very satisfied). Figure 2 is based on responses to the following question: *Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?*" Despair is set to one if the answer is 30 and zero if under 30.

[2] Ruhm (2024) confirms findings in the US of particularly adverse trends in young people's mental health from 1999–2019, especially among females aged 20–34.

[3] *Q13. During the past 12 months did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities? Yes/No.*

[4] Austria, Brazil, Bulgaria, Chile, Colombia, Costa Rica, Dominican Republic, Croatia, Czechia, Estonia, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Japan, Latvia, Lithuania, Macau, Mexico, Montenegro, Netherlands, Peru, Poland, Portugal, Qatar, Slovakia, Slovenia, Spain, Switzerland, Thailand, Turkey, UAE, UK, Uruguay but not in Hungary, Hong Kong, South Korea and Taiwan.

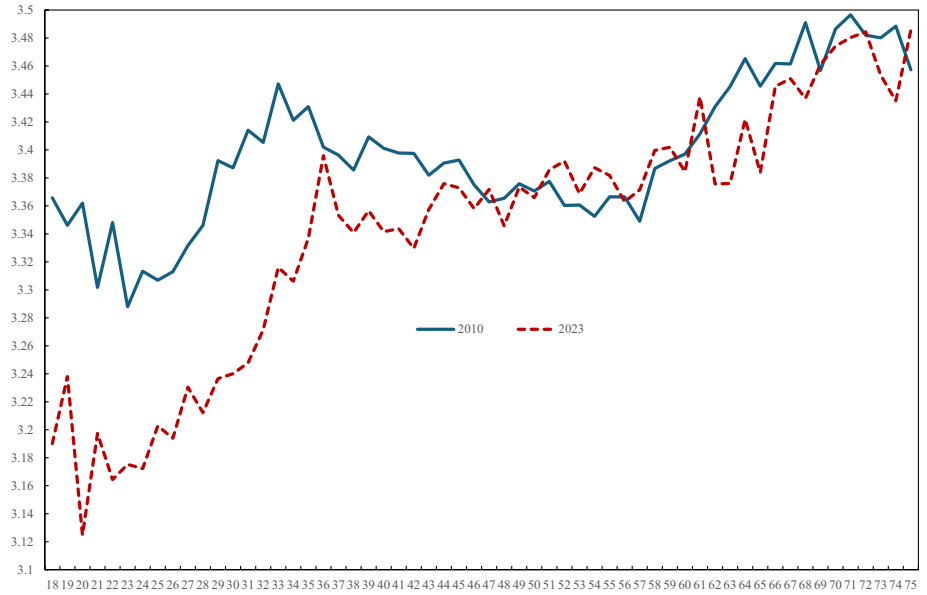

Fig. 1 USA Life satisfaction, USA - source BRFSS

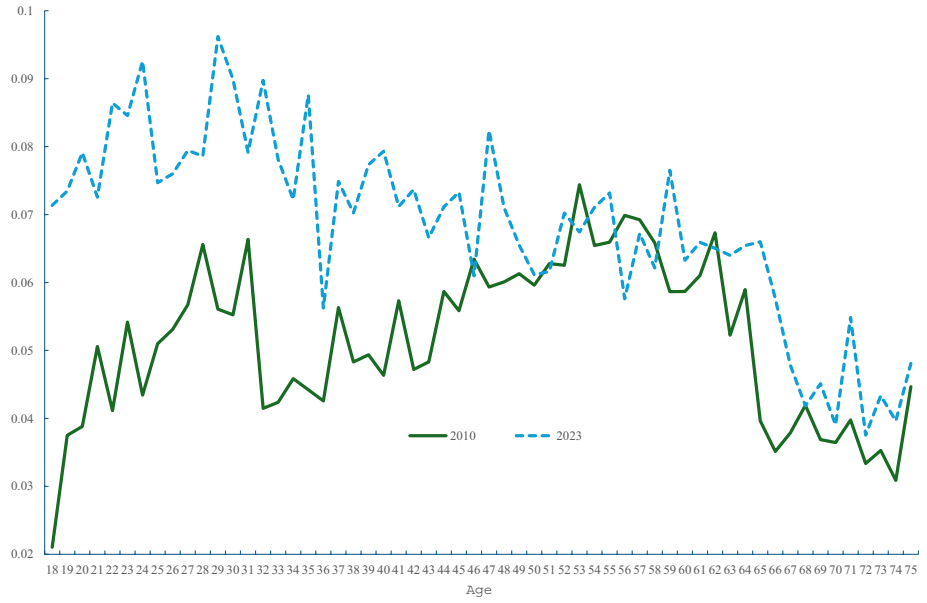

Fig. 2 USA Despair, 2010 and 2023 - Source BRFSS

27 countries using Health Behaviour in School-aged Children (HBSC) survey data.[5] In many European countries the declines were apparent in both surveys. Somewhat surprisingly, as we note below, these authors find scant evidence of declining wellbeing of those ages 15–24 using the Gallup World Poll.

The focus of much on-going research is why this change has occurred. Some argue that there are likely multiple potential reasons for the change. They range from better and faster diagnoses of mental health conditions; the 'scarring' effect of the Great Recession of 2008; changes in the social norms regarding preparedness to report mental health conditions – especially after COVID; and a decline in the perceived life chances of younger people compared to older generations, allied to increased pressure on young people to succeed in the light of poorer prospects for all.

Some of these possible causes do not appear to have much face validity when one considers the timing of the change and the age of those affected. For example, the fact that anxiety, worry and depression have been rising among school children suggests that factors linked solely to adulthood, such as the impact of recession, are not likely to be key determinants of change. Similarly, whilst COVID may have been a contributory factor, the decline in the mental health of the young predates it by about a decade. The main explanation for this phenomena is the increasing availability of smartphones and the internet, which exploded in the years since around 2013 (Haidt, 2024).

The evidence of recently declining youth wellbeing is especially strong in developed Western countries in Northern Europe (Denmark, Finland, Norway, the Netherlands and Sweden) and English speaking (Australia, Canada, New Zealand, the United States and the United Kingdom). Evidence for the rest of the world is sparse. Although countries in other regions of the world are included in some cross-country data sets such as the International Social Survey Program (ISSP) and the Gallup World Poll (GWP) they are rarely the focus of attention and, instead, appear as one of a number of countries in pooled country analyses. In some cases, country rankings of wellbeing are included, notably in the World Happiness Reports, but examination of issues such as changes in wellbeing by age over time are rare.

The facts are that the worsening of youth mental health appears to start around 2013, was confined mostly to the young in general and young women in particular and is global. Moreover, it is especially apparent in many countries in the internet connected, but is widespread in advanced, especially English speaking countries, where internet coverage is essentially total. There have also been questions raised about whether the rise in youth ill-being is *causally* related to the rise of the internet and smartphones. Pugno (2025) has described five studies – from the USA, the UK, Germany, Italy and Spain – that suggest causation runs from the introdcton of the interent to worsened mental health of the young.[6] He reports on four natural experiments where staggered introduction of fixed broadband technology across local areas which has negative impacts on the wellbeing of young people and children. The fifth study examined the staggered introduction of Facebook across college campuses in the US and reported a negative, significant, and large negative impact on

[5] Armenia, Austria, Belgium (French), Bulgaria, Canada, Denmark, Estonia, Finland, France, Greece, Greenland, Hungary, Iceland, Ireland, Italy, Latvia, Malta, Moldova, Netherlands, Norway, Poland, Slovakia, Slovenia, Spain, Sweden, Switzerland and UK but not in Albania, Belgium (Flemish), Croatia, Cyprus, Germany, Luxembourg, North Macedonia, Portugal and Romania.

[6] In some ways the arguments are comparable to those relating to the relation between smoking and lung cancer. The tobacco companies questioned causality which in the end was proven.

student mental health. The direction of causality is increasingly clear: it runs from social media to poor youth mental health.

In this paper we contribute to the literature by focusing on subjective wellbeing and mental health in Latin America.[7] Of course, we are not the first to do so. We review the existing evidence in Section Two. However, those studies do not address the question tackled in this paper, namely whether the change in the age profile of wellbeing, apparent in North America, Europe and English-speaking countries across the globe, is also apparent in Latin America.

We examine the wellbeing of Latin Americans in eighteen Latin American countries. The evidence regarding change in the wellbeing of the young is somewhat contradictory, potentially reflecting differences in sampling methods and wellbeing metrics across surveys. But the evidence of poor youth mental health is especially apparent among the internet connected, in Latin America and around the world. We also show that access to the internet and mobile phones is rising rapidly in Latin America and this represents a risk to youth wellbeing.

2 Wellbeing in Latin America[8]

2.1 Overall Well-Being and Poverty

In part a) of Table 1 we report evidence on eighteen Latin American countries with a total population of 636 million with Brazil and Mexico having the largest populations.[9] In terms of GDP/capita (in 2022) they rank from Panama (51st in the world) to Honduras at 140th.[10] Three of these countries are very poor with GDP/capita below $8000 a year – Honduras, Nicaragua and Bolivia. The 18 Latin American countries have an average GDP per capita of $14,828 versus $65,525 in the USA. We also report Human Devleopment Index rankings from the UN Human Development Report, 2024: Chile is the highest ranked at 44 and Honduras lowest ranked at 138.

Part b) of Table 1 reports youth unemployment rates for 17 countries from the ILO, excluding Nicaragua where we have no data. Youth unemployment rates jumped in 2020 under Covid and are over 30% in 2022 in Costa Rica and Uruguay and over 20% in Brazil, Colombia, and Panama. They are low in Mexico (6.6%) and Guatemala (4.0% in 2021).

Despite the challenges Latin Americans face, studies on suggest their wellbeing is quite high. Beytía (2016) argues that happiness in Latin America in part is explained by the quality of family ties. Rojas (2018, 2020, 2024) suggests that the abundance of close, warm and genuine interpersonal relations in all relational spheres of life is another factor. However, it is not clear that religion plays an important role: in a study of Colombia, Costa Rica and Mexico, Rojas (2023) finds that religious variables are no more of an important

[7] This is the first in a series of four papers with companion papers on Africa, the Middle East and Asia and Ex-Soviet countries (Blanchflower & Bryson, 2024c, 2025a, b).

[8] The supplement provides details of how the Latin American countries differ by HDI, life expectancy, inequality, suicide rates etc.

[9] Population data from Census International Database.
https://www.census.gov/data-tools/demo/idb/#/dashboard?dashboard_page=country&COUNTRY_YR_ANIM=2025&CCODE_SINGLE=US&subnat_map_admin=ADM1&CCODE=US

[10] Source UN Human Development Index.

Table 1 GDP/capita, HDI, population & youth unemployment rates, 18 Latin American countries and the USA

a) GDP/capita, HDI, population & youth unemployment rates, 18 Latin American countries and the USA

Country	GDP Per capita	GDP rank	HDI rank	Population millions
United States	$65,565	9	20	338.0
Argentina	$22,048	65	48	45.4
Bolivia	$7,988	123	120	12.4
Brazil	$14,616	89	89	221.4
Chile	$24,431	59	44	19.1
Colombia	$15,014	83	91	49.8
Costa Rica	$20,248	66	64	5.3
Dominican Republic	$18,653	73	82	10.9
Ecuador	$10,693	108	83	18.5
El Salvador	$8,886	120	127	6.8
Guatemala	$8,996	119	136	18.5
Honduras	$5,272	140	138	9.7
Mexico	$19,138	70	77	131.7
Nicaragua	$5,427	134	130	6.7
Panama	$32,029	51	57	4.5
Paraguay	$13,161	93	102	7.6
Peru	$11,916	101	87	32.8
Uruguay	$22,207	64	52	3.4
Venezuela	$6,184	133	119	31.8

b) Latin American age 15–24 unemployment rates, 2012–2022

	2012	2014	2016	2018	2019	2020	2021	2022
Argentina	…		23.9	23.7	25.8	30.5	23.2	18.2
Bolivia	4.3	5.5	7.3	8.7	9.4	14.6	11.0	9.7
Brazil	16.0	15.6	26.5	27.8	27.0	30.3	28.4	21.7
Chile	16.4	16.4	15.5	17.7	18.6	24.7	20.0	17.6
Colombia	21.1	19.3	19.2	20.5	21.6	28.4	25.6	22.7
Costa Rica	23.1	25.1	23.1	26.8	31.9	42.4	39.4	31.7
Ecuador	10.7	11.3	11.9	9.4	10.1	14.7	9.6	9.1
El Salvador	12.4	15.0	14.4	13.6	13.4	14.7	14.0	
Guatemala	4.9	6.1	5.8	5.0	4.7		4.0	
Honduras	6.9	9.4	15.9	11.0	11.3	17.7	14.4	
Mexico	9.4	9.5	7.7	6.9	7.2	8.2	7.9	6.6
Panama	10.3	12.6	13.7	15.7	18.1	40.1	23.9	23.6
Paraguay	10.4	12.3	12.9	14.2	14.8	17.1	16.2	15.5
Peru	8.4	10.7	10.5	10.6	10.9	14.6	12.0	11.1
Uruguay	18.5	19.4	23.8	25.9	28.0	33.1	31.2	33.5
Venezuela	17.2	15.0	15.6	17.1	15.5	…		

Source: 2022 Labour Overview Latin America and the Caribbean, ILO, 2022

determinant of wellbeing than they are in other countries. Latin America also faces significant social and economic challenges which may militate against wellbeing. For instance, it includes countries with the highest homicide rates in the world (Jaitman et al., 2015).

A referee has noted to us that youth in Latin America grow up in a particularly tough world, with forced displacement, violence and high crime rates, informal employment, corruption, family breakdowns and social and economic marginalizations of large sectors of the population. Rojas (2016) notes that Latin America possesses a long list of unfavourable social indicators including.

> "*lower GDP per capita, lower levels of nutrition and basic health care, worse health outcomes (infant mortality and life expectancy at birth), reduced access to basic knowledge (literacy, reading rate, participation in primary and secondary school), lower entry to tertiary education and less access to communication and information." (2016)*

Rojas (2024) suggests that, conditional on these negative factors, that happiness in Latin America is higher than what would be predicted for the region's socioeconomic conditions. However, rankings in Latin American countries are much worse when negative affect measures are used rather than Cantril, and othe positive affect variables like life satisfaction, enjoyment, smiling and happiness.

We obtain further evidence on Latin American countries' wellbeing rankings from the 2025 World Happiness Report (Helliwell et al., 2025) and Helliwell et al. (2024). Both usethe Gallup World Poll and focus on Cantril life evaluation measures. We present an overall ranking for 2022–2024 (the first figure in parentheses) plus a second figure for 2021–2023 for youth aged under-30. The highest ranked Latin American country was Costa Rica (6, 11), followed by Mexico (10, 22), Uruguay (28, 30), Brazil (36, 60), Panama (41, 26), Argentina (42, 34), Guatemala (44, 49), Chile (45, 39), Nicaragua (47, 28), Paraguay (54, 37), Colombia (61, 76), Ecuador (62, 59), Honduras (63, 56), Peru (65, 63), Bolivia (74, 74), Dominican Republic (76, 61), and finally Venezuela (82, 83).

However, Blanchflower and Bryson (2024b) note that country rankings obtained using the Cantril measure do not correlate closely with other measures. Using the GWP files for 2008–2017 for 164 countries and 50 US states and the District of Columbia pooled, rankings were everywhere much lower for Latin American countries when *negative affect* measures were used as.[11]

In what follows we report rankings in parentheses using Cantril and then using negative affect, where a bigger number indicates poorer wellbeing: Argentina (81, 148), Bolivia (112, 205), Brazil (75, 164), Chile (80, 161), Colombia (90, 151), Costa Rica (25, 138), Dominican Republic (151, 166), Ecuador (107, 172), El Salvador (100, 184), Guatemala (94, 175), Honduras (136, 152), Mexico (69, 118), Nicaragua (116, 182), Panama (73, 91), Paraguay (123, 105), Peru (110, 198), Uruguay (91, 142) and Venezuela (93, 116). In every case rankings are markedly lower using negative affect.

It may be that the poor social and economic conditions faced by Latin American citizens, particularly youth, contribute to these particularly poor negative affect rankings. Manzanero (2021), for example, has noted that youth unemployment, which is three times higher than in the adult population, is a major issue. He further notes.

> "*Violence, socio-economic status and lack of employment and opportunities foster human mobility of youth in LAC. The particular characteristics of internal and inter-*

[11] Negative affect is the sum of pain, sadness, worry and anger which are all (1,0) dummies.

national migration, including intra-regional migration, depend on the sub-region: people from Mexico and Central America tend to migrate to the United States of America, while migration in South America is predominantly between countries. In Central America, the socio-economic situation and violence drive the migration of women, children and adolescents, who may even travel unaccompanied, putting their bodies and lives at risk in transit, where they can become victims of sexual violence, exploitation, human trafficking and other rights violations. In Central American countries, forced migration is driven by social and economic violence; in Colombia, by violent internal armed conflict and, in Venezuela, by the economic and socio-political crisis."

Rapid urbanization has resulted in high numbers of young people living in deprived urban areas in Latin America. Gómez-Restrepo et al (2025) argue that such urban individuals are "*frequently exposed to economic hardship, violence, and other social and economic inequities, commonly regarded as risk factors for mental health disorders, and studies suggest a relatively high prevalence of depression and anxiety among young people*." The authors found in deprived urban areas, female gender, stressful life events, substance use, arts activities, and social media engagement were associated with greater odds of depression and anxiety, while sport activities were associated with lesser odds. Rojas (2024) explains that interpersonal relationships in Latin America are likely important in explaining people's happiness which is somewhat higher than might be expected given socioeconomic indicators.

In addition to the work of Rojas (2016, 2018, 2020) mentioned above, there is a steadily growing, albeit small, literature measuring wellbeing in Latin America and its relationship with age.[12] The literature relies mainly on three major data sources—the Latinobarometers, the World Values Survey and the Gallup World Poll – focusing primarily on aspects of positive affect such as life satisfaction. We examine all three below, together with evidence from other surveys which are often for single countries.

Blanchflower (2021) found U-shapes in wellbeing in age across 145 countries including 109 developing countries with an age minimum, or nadir, in midlife around age 50. This included evidence of significant U-shapes from eighteen Latin American countries from Latinobarometer in 2017 and 2018, with average minima all around age 50.[13]

Several studies focus exclusively on the Latinobarometer survey series. Blanchflower and Oswald (2008) used data for the period 1997–2005 found life satisfaction was U-shaped in age in models controlling for a variety of potential confounders. It was lowest at age 50 for men and age 43 for women. Graham and Felton (2006) confirm this finding for happiness using the Latinobarometer for 2004. Ruprah and Luengas (2011) examined data for 1997–2006, minus the Dominican Republic and found "*the age effect on happiness has a "U" shape as found in other studies*". Their function minimized at age 41. Macchia and Plagnol (2019b) examined data for 2004–2007 and 2009–2015. They concluded: "*the negative coefficient of age and the positive coefficient of age-squared confirms the U-shape in age that has been found in previous studies*". Their function minimized at age 53. Lahsen and Piper (2019) used data from 2006–2015 also concluding "*age …follows the*

[12] See, for example, Easterlin et al (2010), OECD (2021), Macchia and Plagnol (2019a, 2019b), Macchia, Plagnol and Easterlin (2024), Helliwell et al., (2024, 2025) and Núñez-Naranjo, Morales-Urrutia and Simbaña-Taipe (2024) for Ecuador and Golgher (2023) for Brazil.

[13] The turning point in age by country was as follows: Argentina 45, Bolivia 53, Brazil 44, Colombia 45, Costa Rica 41, Dominican Republic 37, Ecuador 48, El Salvador 54, Guatemala 57, Haiti 44, Honduras 59, Mexico 45, Panama 47, Paraguay 44, Peru 49, Puerto Rico 38, Uruguay 47 and Venezuela 47.

often-found U-shape, with life satisfaction falling in early adulthood, reaching a bottom at approximately 52 years, before increasing again" (p.11).[14]

Further confirmation of the U-shaped relationship between life satisfaction and age comes from the 2014 version of the Americas Barometer, a survey created by the Latin America Public Opinion Project (LAPOP) which covers 18 Latin American countries (Londono et al., 2019).[15]

There are also some single-country studies that include age and its square in wellbeing equations which find wellbeing is U-shaped in age in Latin America. They include Acosta-Gonzalez and Marcenaro-Gutiérrez (2021) who examined happiness in the Ecuador Living Conditions Survey 2014—Pontarello et al. (2020)—also for Ecuador; and Copestake et al (2009) who used the WeD Peru Income and Expenditure Survey 2004–2005 and found that "age was a significant predictor of people's happiness, showing a traditional U shape with the low point of happiness at 56 years".

Ahumada and Iturra (2021) use individual self-reported measures of subjective wellbeing in 305 Chilean cities from the Socio-Economic Characterization Survey 2013 (CASEN). They conclude: "*the subjective wellbeing age relationship is U-shaped, meaning that older individuals are happier than younger individuals*." (p.5). The function also minimizes at age 52. Also, for Chile, Boncompten and Paredes (2020) analyzed the 2011 National Socio-Economic Characterization Survey (CASEN), concluding that "*age affects life satisfaction in a way in which the two extremes, the youngest and the eldest, have higher life satisfaction"*.

Similarly, Tetaz (2012) analyzed happiness in Argentina using the World Value Survey and reported that *"age has a negative impact on life satisfaction until somewhere between 45 and 55 years of age (depending on the wave analyzed). … Summing up, age "U" shape effects are always present* (p.55)". Golgher (2024) for Brazil used the World Values Surveys for 2014 and 2018, and found happiness is U-shaped in age.

However, there is one study which comes to a different conclusion using a different data set. Steptoe et al. (2015) use the Gallup World Poll for 2006–2010 to examine the association between age and Cantril's Ladder, which is an 11-point evaluative life satisfaction metric. They reported that "*respondents from Latin America … show decreased wellbeing with age*" and contrasted this pattern with the U-shaped pattern of wellbeing in age they found in high income English-speaking countries.[16] However, they do report a hump-shape in age for the proportion reporting "*a lot of worry yesterday*" and "*a lot of stress yesterday*", a pattern they also observed for the high-income English-speaking countries.

OECD (2021) for example, has argued that the young have relatively high levels of wellbeing but but relatively high *suicide* rates.

[14] Gerstenblüth and Rossi (2013) examined the 2007 Latinobarometer surveys for Chile and Uruguay. They reported that "*we find the same convex shape as in the other literature, i.e. that happiness declines with age to reach a low point at 48.2 years.*".

[15] Londoño, et al. (2019) use the 2014 version of the Americas Barometer. It is a public opinion and social behavior survey administered annually in Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay and Venezuela.

[16] Helliwell et al., (2024, 2025) group GWP Cantril's Ladder data for 2021–2023 and report scores by age for different regions of the world. They also find wellbeing based on Cantril's Ladder declines in Latin America with age, though it does seem to follow a u-shape among women. In contrast, it seems Cantril's Ladder is roughly constant across age groups in Western Europe and is rising in North America and Australasia (Fig. 2.4). They also construct a positive affect measure based on laughter, enjoyment and doing interesting things on the day before the survey. This declines in age in Western Europe in both 2006–2010 and 2021–2023, it is U-shaped in North America and Australasia and is downward-sloping in both periods in Latin America (Fig. 2.9).

"*As health deteriorates with age, young people have much better health than the middle-aged across the focal countries. For example, they are half as likely to say that they have health limitations that prevent them from doing usual activities and 73% less likely to have a negative balance of emotions (i.e. to experience more negative than positive emotions in a given day), and they report higher levels of life satisfaction, social network support and satisfaction with education and health services. However, although there is no difference in levels of perceived safety reported by young people and the middle-aged, young people are 31% more likely to be the victim of homicide, particularly among young men (see below). Young people are also 17% more likely to commit suicide than the middle-aged*".

2.2 Wellbeing of The Young in Latin America

Some of the literature focusing on the mental health and wellbeing of the young has included analyses for Latin American countries. We review the studies below. They offer conflicting evidence regarding recent trends in young people's mental health in Latin America.

Helliwell et al. (2024, 2025) used data from the GWP for 2021–2023 to look at the wellbeing of the young across countries, including in Latin America.[17] They attempted to identify which age group was the least happy using responses to Cantril's Ladder (their Table 2.2). They identified only *seven* out of 143 countries where the 'young' (those aged under 30) were the least happy—Canada, Denmark, Finland, Germany, Netherlands, Norway and Sweden. Their study included 18 Latin American countries. In all of them the young were the happiest age group.

Marquez and Long (2021) report a decline in mean levels of life satisfaction among 15- and 16-year-olds between 2015 and 2018 using data from the Programme for International Student Assessment (PISA).[18] The decline was statistically significant in 43 of the 46 countries in their data including all seven Latin American countries in their data – Brazil; Chile; Colombia; Costa Rica; Mexico; Peru and Uruguay.

Marquez et al (2024) as noted above also examine the Cantril Ladder data in PISA, but this time over the period 2015–2022 in eight Latin American countries. The life satisfaction of these young people aged 15 and 16 falls markedly over the period in each of these countries (Table 2). Marquez et al (2024) also present trends in Cantril Ladder scores for 15–24-year-olds for eight pooled Latin American and Caribbean countries in the GWP between 2005 and 2022. In contrast to the PISA data, these GWP data suggest life satisfaction was roughly stable, and may even have increased a little (see Fig. 3.2a on page 72 and Fig. 3.2b on page 74).

[17] Helliwell et al., (2024, 2025) used the GWP data for 2021–2023 to rank Latin American countries, with rankings for ages 18–30 as follows—12. Costa Rica (11); 25. Mexico (22); 26. Uruguay (30); 33. El Salvador (17); 38. Chile (39); 39. Panama (26); 42. Guatemala (49); 43. Nicaragua (28); 44. Brazil (60); 48. Argentina (34); 57. Paraguay (37); 61. Honduras (56); 68. Peru (63); 69. Dominican Republic (61); 73. Bolivia (74); 74. Ecuador (59); 78. Colombia (76); 79. Venezuela (83).

[18] The PISA study uses an adapted version of the Cantril Ladder life evaluation measure: "Here is a picture of a ladder. The top of the ladder '10' is the best possible life for you. This study includes a "0" to "10" life satisfaction item: "How satisfied are you with each of the following things in your life? […] 0 = Not at all satisfied; 10 = totally satisfied […]. Your life as a whole". HSBC uses a "0" to "10" life satisfaction item: "How satisfied are you with each of the following things in your life? […] 0 = Not at all satisfied; 10 = totally satisfied […]. Your life as a whole".

Table 2 Mean cantril ladder scores among 15- and 16-Year-Old Students in PISA

	2015	2018	2022	2018–2022
Argentina		7.26	6.69	−0.57
Chile	7.37	7.03	6.41	−0.62
Colombia	7.88	7.62	6.96	−0.66
Costa Rica	8.21	7.96	7.32	−0.64
Dominican Republic	8.50	8.09	7.44	−0.65
Mexico	8.27	8.11	7.26	−0.85
Panama	7.92	7.92	7.04	−0.88
Peru	7.50	7.31	6.37	−0.94
Uruguay	7.70	7.54	7.03	−0.50

Source: Marquez et al (2024)

Blanchflower et al. (2024c) report changes in mental health and wellbeing over the period 2020–2024 from *The Global Minds Project* for 34 countries with at least 10,000 observations including nine from Latin America – Argentina, Brazil, Chile, Colombia, Ecuador, Guatemala, Mexico, Paraguay and Peru. They find young people aged under-25 had the lowest happiness levels and worst mental health.

3 Data and Estimation

3.1 Data

We examine the wellbeing of the young and how it has changed using six micro data files which include respondents from Latin America. These are the Gallup World Poll, 2005–2023; Latinobarometers, 1997–2023; World Values Surveys 1981–2022; UNICEF's Multiple Indicator Cluster Surveys, 2017–2022; Global Minds, 2020–2024; the Enbiare survey for Mexico 2021 and a quarterly time series, Q32013-Q32024. Details of each the surveys are provided in the Data Supplement.

We present descriptive analyses in charts depicting trends in wellbeing over time by age, as well as trends in mean scores, as well as country rankings based on mean scores. These descriptive results are survey weighted. They are supplemented by unweighted regression analyses capturing the independent partial correlation between age and the wellbeing metrics described above. We estimate linear regressions, even where the dependent variable is a (0,1) dummy variable to ease interpretation.[19]

The main question we address is whether there has been a decline in youth mental health and whether that has removed the U-shape in happiness and the hump-shape in unhappiness in Latin America, as it has done in the US and elsewhere. The way we tackle that is to look at the relationship between age and wellbeing and illbeing in the years after 2020 to see if the U-shape has gone.

Of particular note in what follows is that the survey mode seems to matter in terms of the extent to which we observe evidence on the declining well-being of the young. The Gallup World Poll, UNICEF MICS Latinobarometers, the Mexican Enbiare surveys and the World Values surveys are all collected by interviewers either face-to-face or by

[19] Our results for (0,1) outcomes are not sensitive to the use of logits or probits.

telephone. In contrast other surveys such as the OECD Pisa surveys and Global Minds are self-reported via the internet.

The self-reported data shows clear declines in youth well-being, the interviewer based data less so (Blanchflower & Bryson, 2024c and Blanchflower, 2025). There is evidence of what Rickwood and Coleman-Rose (2023) call *social desirability bias.* They note that there is evidence that people completing interviewer administered questionnaires are more likely to provide socially desirable responses than those completing self-administered questionnaires. This they argue *"is the tendency to under-report socially undesirable attitudes and behaviours and over-report more desirable attributes. This may happen for two reasons: first, for impression management, which is the deliberate presentation of self to conform to an audience's normative expectations; and second, due to self-deception, which is based on motivation to maintain a positive self-concept that may be unconscious."*

The evidence from the internet surveys globally is consistent with the quantitative data. There is evidence, for example, of rises in mental health hospitalizations of children and young adults including for self-harm (Arakelyan et al., 2023; Bommersbach et al., 2024). Suicides in the US (Ormiston et al., 2024) and Australia (Leigh and Robson (2025).

3.2 Time Series Changes in Country Rankings in Wellbeing in Latin America

First we look at overall changes in wellbeing over time and then look at changes for the young. Evidence of changes over time in overall happiness and life satisfaction levels are reported in the World Database on Happiness. In particular information is available on 4-step life satisfaction, especially from the Latinobarometers and on 11-step Cantril life satisfaction from the Gallup World Poll. Time series changes for eighteen Latin American countries for selected years from 2007 are reported in Appendix Table 1 for 4-step life satisfaction and Appendix Table 2 for the 11-step Cantril Ladder in the supplement.

Table 3 reports the most recent life satisfaction scores for eighteen Latin American countries based on micro-data.[20] The first column presents mean scores for the 4-step life satisfaction measure in the Latinobarometer (LB) for 2023, with 2022 scores in parentheses. Column 2 presents means from the 11-step Cantril Ladder life satisfaction question from the 2023 Gallup World Poll (GWP). Column 3 presents mean scores for the 10-step life satisfaction data from the World Values Survey (WVS) sweep 7 (2017–2021).

There seems to be a good deal of disagreement between them in terms of rankings. According to LB the highest ranked countries in 2023 are the Dominican Republic and Guatemala with Brazil the lowest ranked. According to GWP data for the same year the highest ranked is Costa Rica and lowest ranked Venezuela while in the WVS Colombia is highest ranked and Venezuela is lowest.

4 Econometric Analysis of Micro Data

4.1 Gallup World Poll, 2005–2023https://www.gallup.com/178667/gallup-world-poll-work.aspx

Blanchflower (2024) has expressed several concerns with the GWP, including small samples for large countries. In the years 2020–2023, there were 4,020 observations for the

[20] We do not have data on Belize, Suriname or Guyana.

Table 3 Life satisfaction in Latin America

	2023 Latinobarometer	2023 GWP	WVS 2017–2021
Argentina	2.96 (2.89)	6.4	7.7
Bolivia	2.79 (2.82)	5.9	7.5
Brazil	2.82 (2.81)	6.6	7.6
Chile	2.86 (2.75)	6.2	7.2
Colombia	3.26 (3.34)	5.9	8.2
Costa Rica	3.34 (3.33)	7.4	
Dominican Republic	3.41 (3.35)	5.9	
Ecuador	3.15 (3.09)	5.9	7.8
El Salvador	3.37 (3.31)	6.5	
Guatemala	3.41 (3.39)	6.4	7.5
Honduras	3.19 (3.21)	5.9	
Mexico	2.97 (3.22)	7.0	8.1
Nicaragua	* (3.21)	6.4	7.9
Panama	3.32 (3.29)	6.5	
Paraguay	3.14 (2.94)		
Peru	3.05 (3.03)	5.9	7.6
Uruguay	3.14 (3.15)	6.7	8.1
Venezuela	3.17 (2.91)	5.8	7.0

* = Not available in 2023. 2022 Latinobarometer estimates in parentheses

entire U.S., with only 319 of those under the age of 25. In Latin America, there are also sample size issues. For example, over the period 2020–2023 in Brazil, with a population of 220 million, Gallup has 700 respondents ages 18–24 versus 576 in Uruguay with a population of 3 million.

Table 4 plots changes in Cantril life satisfaction from 2008–2023 for 18 Latin American countries for young people under the age of 25. We track changes over the period 2015–2023 and find that in six countries, life satisfaction fell – Bolivia, Brazil, Chile, Colombia, Guatemala and Uruguay, whereas it rose in the remaining twelve. The rise was especially marked in El Salvador (+0.73) and Paraguay (+0.93).

The U-shaped age-happiness relation in Latin American countries was a well-established fact in the literature until 2020. Figure 3 plots Cantril's Ladder scores by age for 2010 and 2022. It suggests that the U-shape persists. To explore this further Table 5 takes data from the GWP and estimates an OLS Cantril equation for Latin America for 2005–2019 in column 1 and 20202–2023 in column 2. This reveals that life satisfaction declines with age in both periods: there is no sign of a u-shape once sex, year and country fixed effects are controlled for. This is also the case with enjoyment (columns 3 and 4).

Table 6 shifts from a pooled country regression to separate estimates of positive affect by country. The table reports the coefficient and t-statistic for a dummy variable identifying those aged 18–24, relative to older people age < 70. The only other variables in these models (not reported) are a female dummy and year dummies. In *all* cases the coefficients are significantly positive, confirming that the higher life satisfaction of young people relative to older people is apparent for each of the Latin American countries in the GWP.

Table 4 GWP Cantril ages 15–24

	2008	2013	2015	2017	2020	2021	2023	2015–2023
Argentina	6.8	7.3	7.1	7.0	6.5	6.3	7.3	0.14
Bolivia	5.8	6.2	6.5	6.3	6.2	6.1	6.1	−0.32
Brazil	7.1	7.2	7.0	6.8	6.5	6.3	6.9	−0.09
Chile	6.5	7.4	7.0	7.4	6.5	6.7	6.7	−0.30
Colombia	7.0	6.8	6.6	6.6	5.8	5.6	6.4	−0.19
Costa Rica	7.2	7.5	7.2	7.5		6.8	7.7	0.49
Dominican Republic	5.9	6.0	6.3	6.5	5.8	6.9	6.5	0.16
Ecuador	5.8	6.5	6.6	6.6	6.2	6.2	6.6	0.03
El Salvador	5.6	7.0	6.6	6.9	5.9	7.4	7.4	0.73
Guatemala	7.0	6.4	6.9	6.9			6.6	−0.33
Honduras	6.1	5.4	6.1	6.6		6.2	6.7	0.63
Mexico	7.5	7.8	6.4	6.8	6.4	6.5	7.0	0.63
Nicaragua	5.7	6.4	6.7	7.1	6.7	6.7	7.1	0.48
Panama	7.2	7.3	7.2	7.0		7.1	7.3	0.09
Paraguay	6.3	6.2	5.9		5.4	6.1	6.9	0.93
Peru	5.8	6.3	6.2	6.2		6.0	6.3	0.09
Uruguay	6.6	7.1	7.0	7.1	6.8	7.0	6.9	−0.14
Venezuela	6.4	6.8	5.9	5.7	5.2	5.1	6.2	0.30

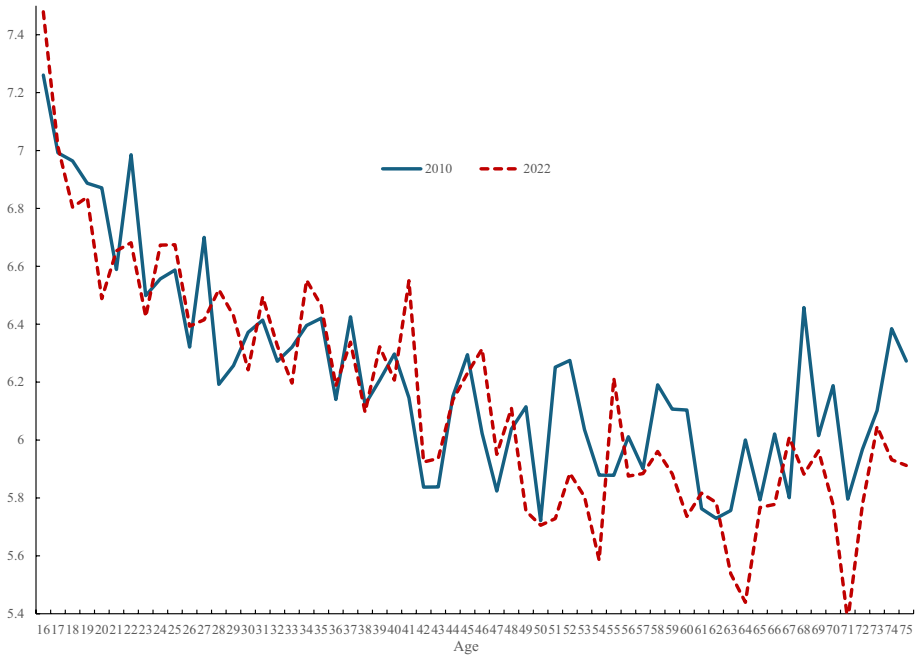

Fig. 3 Latin America Cantril life satisfaction from Gallup World Poll

Table 5 GWP Positive affect age < 65, 2005–2023

	Cantril	Cantril	Enjoy	Enjoy
	2005–2019	2020–2023	2005–2019	2020–2023
25–34	-.4267 (29.47)	-.3582 (12.14)	-.0432 (17.63)	-.0289 (6.03)
35–44	-.6913 (45.25)	-.6052 (19.71)	-.0631 (24.44)	-.0583 (11.68)
45–54	-.8495 (52.62)	-.7825 (24.03)	-.0781 (28.63)	-.0808 (15.25)
55–64	-.9532 (54.41)	-.8601 (25.03)	-.0876 (29.60)	-.1029 (18.43)
Female	.0819 (7.89)	.0895 (4.37)	-.0272 (15.54)	-.0368 (11.04)
_cons	6.9941	6.9127	.9308	.9173
Adjusted R^2	.0881	.0456	.0265	.0275
N	215,159	57,182	215,870	57,344

All equations also include country and year dummies. T-statistics in parentheses

We know of no published evidence on hump shapes in ill-being in Latin America, but data is available in the GWP. Figure 4 uses *worry* – defined as a (1,0) dummy—"*did you experience worry yesterday*?"—from the Gallup World Poll for the years 2005–2019 and then from 2020–2022 by age for Latin America. In both periods worry is hump-shaped, rising to a peak around age fifty. There is no sign of rising worry among the young relative to older age groups. Instead, the hump-shape becomes a little more pronounced due to a rise in worry among the middle-aged.

Table 7 examines the age pattern in negative affect further by estimating the partial correlation between age and two aspects of negative affect in GWP – sadness and worry – having conditioned on gender, country dummies and year dummies. It is the same exercise as in Table 5 but this time for negative affect. Both sadness and worry rise in age. There is no U-shape among those aged 65 and under. Going back to Fig. 4, negative affect begins to decline after that point in life.

Table 6 Coefficient and t-values on age 18–24 variable in GWP Cantril equations, 2020–2023

Argentina	.6268 (6.23)	3,344
Bolivia	.5932 (8.70)	4,604
Brazil	.1632 (1.64)	3,417
Chile	.4130 (4.60)	3,999
Colombia	.4061 (4.16)	3,549
Costa Rica	.4041 (3.95)	3,261
Dominican Republic	.9116 (7.56)	3,490
Ecuador	.8292 (9.64)	3,646
El Salvador	.7685 (7.60)	3,366
Guatemala	.4478 (3.20)	1,722
Honduras	.9005 (6.39)	2,527
Mexico	.3432 (3.70)	3,564
Nicaragua	.7272 (7.25)	3,544
Panama	.7210 (5.82)	2,434
Paraguay	.7252 (6.94)	3,471
Peru	.6312 (6.70)	3,575
Uruguay	.4476 (5.01)	3,855
Venezuela	.4481 (4.08)	3,527

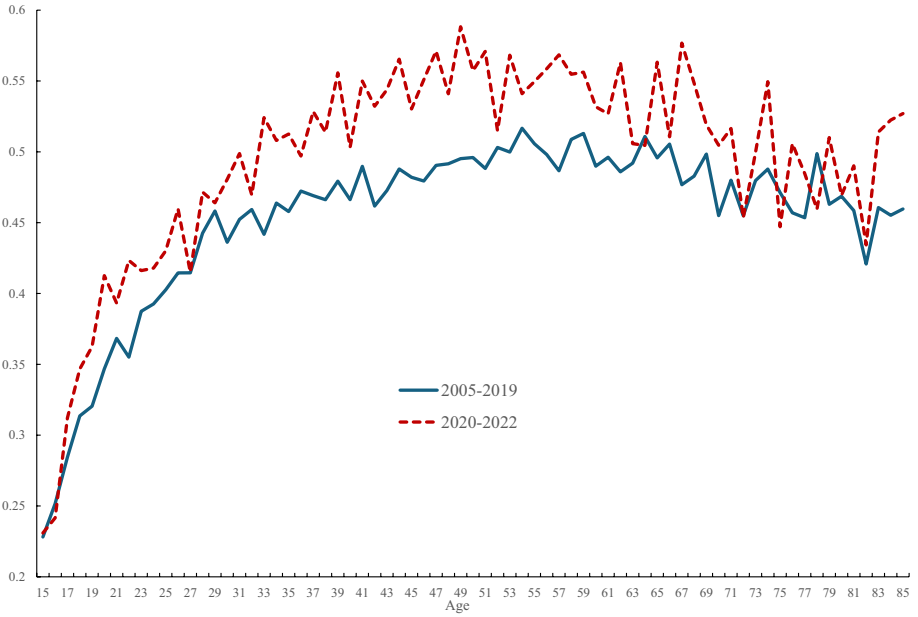

Fig. 4 Worry in Latin America from the Gallup World Poll, 2005-2022

Table 7 GWP Negative affect age < 65, 2005–2023

	Sadness	Sadness	Worry	Worry
	2005–2019	2020–2023	2005–2019	2020–2023
25–34	.0383 (14.75)	.0561 (10.35)	.1056 (35.69)	.0973 (16.20)
35–44	.0719 (26.26)	.1107 (19.62)	.1389 (44.52)	.1566 (25.07)
45–54	.1041 (35.97)	.1497 (25.02)	.1582 (48.06)	.1756 (26.51)
55–64	.1234 (39.34)	.1778 (28.20)	.1583 (44.33)	.1689 (24.22)
Female	.0926 (49.73)	.1083 (28.73)	.0620 (29.24)	.0746 (17.89)
_cons	.1217	.0704	.2929	.3203
Adjusted R^2	.0375	.0421	0394	.0386
N	216,558	57,509	216,703	57,547

Equations also include country and year dummies. T-statistics in parentheses

4.2 Latinobarometers. 1997–2023https://www.latinobarometro.org

In Table 8 we report weighted means for the 4-step life satisfaction variable described in Sect. 3.1.2 for those ages 18–24 weighted in selected years from 2013–2023. Life satisfaction declines over the period 2015–2023 in eight countries although the declines are small in Colombia, Ecuador, Panama and Uruguay. The declines from 2013 to 2023 are in parentheses – Argentina (−0.15), Colombia (−0.03), Costa Rica (−0.03), Mexico (−0.30), Panama (−0.02), Uruguay (−0.01) and Venezuela (−0.07). Life satisfaction rose in the remaining 10 Latin American countries as follows: Bolivia (+0.18), Brazil (+0.12), Chile

Table 8 Life satisfaction for age 18–24 in Latinobarometers

	2013	2015	2016	2017	2020	2023	2013–2023
Argentina	3.12	3.20	3.06	3.11	2.64	2.97	−0.23
Bolivia	2.79	2.92	2.97	2.99	3.03	2.95	0.03
Brazil	2.86	2.92	2.77	2.80	2.89	2.98	0.06
Chile	2.88	2.87	3.06	3.17	2.83	3.02	0.15
Colombia	3.45	3.40	3.44	3.44	3.43	3.42	0.02
Costa Rica	3.39	3.44	3.33	3.38	3.42	3.36	−0.08
Dominican Republic	3.44	3.57	3.55	3.44	3.33	3.53	0.04
Ecuador	3.29	3.17	3.10	3.10	3.28	3.27	0.10
El Salvador	3.28	3.22	3.24	3.13	3.42	3.48	0.26
Guatemala	3.31	3.20	3.30	3.24	3.47	3.47	0.27
Honduras	3.22	3.10	3.18	3.26	3.35	3.32	0.22
Mexico	3.25	3.26	3.20	3.45	3.21	2.95	−0.31
Nicaragua	3.21	3.28	3.26	3.23	3.35	*	0.07
Panama	3.38	3.41	3.34	3.46	3.33	3.36	−0.05
Paraguay	3.01	3.31	2.89	2.89	2.98	3.26	−0.05
Peru	3.00	2.99	3.06	3.21	3.22	3.29	0.30
Uruguay	3.12	3.06	3.16	3.11	3.22	3.11	0.05
Venezuela	3.22	3.08	2.76	2.95	2.99	3.15	0.07

(+0.14), Dominican Republic (+0.09), El Salvador (+0.20), Guatemala (+0.16), Honduras (+0.10), Nicaragua (+0.14), Paraguay (+0.25) and Peru (+0.29).

We pooled twenty Latinobarometers together and in Table 9 report results of regressing life satisfaction on four age dummies (with the reference group being those aged under-25), gender, country and year dummies for a sample of working age under sixty-five. Separate estimates are provided for 1997–2018 and for 2020–2023. In both periods life satisfaction *declines* in age, as it did in the GWP for Latin America, and changes over time are not substantial.

4.3 World Values Survey, 1981–2022https://www.worldvaluessurvey.org/wvs.jsp

Life satisfaction of those age 18–24 fell between wave 6 (2010–2014) and wave 7 (2017–2022) in Brazil; Chile; Colombia; Ecuador: Mexico but not in Argentina, Peru or

Table 9 Latinobarometers life satisfaction

	1997–2018	2020–2023
25–34	-.0696 (16.06)	-.0466 (3.55)
35–44	-.1271 (28.19)	-.0882 (6.49)
45–54	-.1575 (31.37)	-.1663 (11.35)
55–64	-.1691 (31.88)	-.1974 (13.14)
Female	-.0243 (8.03)	.0007 (0.09)
_cons	2.4081	3.0079
Adjusted R^2	.1076	.0588
N	302,433	34,895

Also includes country and year dummies, Argentina excluded

Table 10 WVS 10-step life satisfaction age < 65

	1981–2014	2017–2022
25–34	-.0376 (1.32)	.1035 (1.79)
35–44	-.0948 (3.17)	.0703 (1.17)
45–54	-.1033 (3.15)	.0163 (0.26)
55–64	-.0193 (0.53)	.0810 (1.21)
Female	-.0496 (2.47)	-.0328 (0.83)
Cons	6.8389	7.7778
Adjusted R^2	.0641	.0291
N	45711	11,558

Column 1 also includes wave and country dummies excluded is < 25

Uruguay.[21] Table 10 regresses 10-step life satisfaction on age dummies, gender and country dummies. In column 1 for waves 1–6 we find life satisfaction is U-shaped in age – minimizing in the 45–54 age band. In the second column, for wave 7, with surveys taken between 2017 and 2022, this relationship has disappeared: there are no significant differences in life satisfaction across age bands from 2017 onwards.

4.4 UNICEF MCIS surveys, 2018 for Costa Ricahttps://mics.unicef.org

UNICEF conducts Multiple Indicator Cluster Surveys (MICS) surveys in numerous less developed countries. Data is collected through face-to-face interviews with trained fieldwork teams. Samples are all ages 15–49 and for women only. Table 11 provides estimates of 10-step life satisfaction. In contrast to the GWP and Latinobarometer estimates described above, well-being using the MICS surveys does increase in age in Costa Rica.

4.5 Enbiare surveys for Mexicohttps://en.www.inegi.org.mx/programas/enbiare/2021/

The survey is conducted via direct interviews. Table 12 shows the age pattern in positive affect and negative affect in Mexico using the 2021 Enbiare cross-sectional survey described in Section 3.1.4. The regressions also contain a female dummy variable and are confined to people aged below 65.

In column 1 life satisfaction declines in age, whereas the 'step of life' and 'excited or joyful' measures in in columns 2 and 3 both *increase* in age. So, even when focusing on subjective wellbeing in the same survey, the correlation with age can differ markedly.

In columns 4 and 5 equivalent results are reported for two negative affect variables, being worried, anxious or stressed and bored or uninterested the day before. Both decline later in life, consistent with the step of life and excited/joyful variables and contrasting with the age pattern for life satisfaction.

[21] Wave 6 and wave 7 (in parentheses) weighted life satisfaction means for countries in both sweeps are as follows Argentina = 7.69 (7.83); Brazil = 7.75 (7.27); Chile = 7.59 (6.74); Colombia = 8.51 (7.93); Ecuador = 8.06 (7.82); Mexico = 8.63 (8.24); Peru = 7.38 (7.75) and Uruguay = 7.81 (8.52).

Table 11 10-step Life satisfaction, UNICEF MCIS surveys, 2018

	Costa Rica
15–17	+.1710 (2.00)
25–34	+.1416 (2.51)
35–44	.0885 (1.46)
45–49	-.0037 (0.05)
Constant	7.9926
Adj R^2	.0007
N	7483

Females only. Reference: aged 18–24 years

Table 12 Wellbeing in Mexico from Enbiare 2021

	Life satisfaction	Step of life	Excited or joyful	Worried, anxious or stressed?	Bored or uninterested?
Age 25–34	.0159 (0.46)	.2016 (5.68)	.1022 (2.20)	.1348 (2.22)	-.3839 (6.81)
Age 35–44	-.1479 (4.16)	.2535 (7.05)	.1129 (2.40)	.0349 (0.57)	-.3801 (6.65)
Age 45–54	-.2992 (8.33)	.2964 (7.96)	.2013 (4.14)	-.1835 (2.88)	-.4592 (7.77)
Age 55–64	-.3669 (9.47)	.3452 (8.60)	.1483 (2.83)	-.4275 (6.23)	-.5538 (8.68)
Female	-.1709 (9.47)	.0361 (1.62)	-.3449 (11.87)	.4519 (11.89)	.2948 (8.35))
Adjusted R^2	.0090	.0033	.0056	.0087	.0056
N	27,357	27,357	27,357	27,357	27,357

To see whether there have been changes over time in the wellbeing of the young in Mexico we turn to the Enbiare Quarterly Data for 2013–2024. For each of the dependent variables described in Section 3.1.4 we split the sample and report separate results for Q32013-Q42020 and then Q1-2021 to Q32024.

As with the cross-section survey we find that life satisfaction declines in age (Table 13). It does so in both periods, although the association is attenuated in the second period, as indicated by the decline in the size of the age coefficients.

This stands in direct contrast with the worthwhile variable that shows a decline with age in the first period and a rise in the second, before falling away for those over 55. The worried, anxious or stressed variable shows an increase with age through to 2020, but a decline thereafter. The older age groups have a lower likelihood of being bored or uninterested than those aged 25 and under, an association that strengthened considerably from 2021.

Based on these Enbiare surveys for Mexico, it seems that the life satisfaction and 'step of life' variables differ from the other wellbeing variables – they are the only two that do not pick up a change in the age profile of responses to wellbeing questions. On the other variables it seems that, from 2021 onwards, those aged under-25 were experiencing *lower* wellbeing than those in older age groups.

Table 13 Wellbeing in Mexico from Enbiare Quarterly data, 2013–2024

	Life satisfaction		Worthwhile	
	2013–2020	2021–2024	2013–2020	2021–2024
Age 25–34	-.1141 (4.71)	.0227 (0.65)	.0283 (1.46)	.1348 (4.88)
Age 35–44	-.2647 (11.13)	-.0972 (2.79)	-.0084 (0.44)	.1429 (5.18)
Age 45–54	-.4127 (16.84)	-.2524 (7.20)	-.1102 (5.61)	.1034 (3.72)
Age 55–64	-.5032 (19.27)	-.4439 (12.35)	-.2254 (10.76)	-.0078 (0.28)
Female	-.1539 (10.69)	-.2282 (11.43)	-.0323 (2.80)	-.0482 (3.05)
Adjusted R^2	.0211	.0206	.0125	.0027
N	48,304	24,914	48,304	24,914
	Worried, anxious or stressed		Bored or uninterested?	
	2013–2020	2021–2024	2013–2020	2021–2024
Age 25–34	.0501 (1.71)	-.2999 (0.67)	-.0691 (2.71)	-.1667 (4.32)
Age 35–44	.0809 (2.81)	-.0846 (1.89)	-.0817 (3.26)	-.2432 (6.31)
Age 45–54	.0416 (1.40)	-.0939 (2.08)	-.0678 (2.62)	-.2057 (5.30)
Age 55–64	-.0132 (0.42)	-.1566 (3.39)	-.0426 (1.55)	-.1865 (4.69)
Female	.1335 (7.66)	.2594 (10.10)	.1447 (9.54)	.1753 (7.94)
Adjusted R^2	.0069	.0061	.0107	.0060
N	48,304	24,914	48,304	24,914

All equations also include year dummies

4.6 Global Minds, 2020–2024https://sapienlabs.org/global-mind-project/

Next, we turn to the Global Minds web-based survey data for 2020–2024. We analyze the three dependent variables described in that section for 18 Latin American countries, referring to other countries too to put the data into context.

In their **Mental State of the World in 2023**, Sapien Labs argued that

> "the most prominent and persistent trend we've seen in the data … is decreasing MHQ scores in each younger age group, and a corresponding increase in the percentage of individuals who are struggling with significant mental health challenges. This trend is apparent in Internet-enabled populations of every country measured from Africa to Asia, Europe to the Americas'.[22]

Global Minds identifies individuals as 'distressed and struggling' if their MHQ scores are between −100 and zero. In 2023 this accounted for 27% of their sample.[23] We examined the MHQ score in the GM data file pooled across years from 2020–2024 and countries to set the scene in Latin America on the differences between MHQ scores by age and the

[22] https://sapienlabs.org/wp-content/uploads/2024/03/4th-Annual-Mental-State-of-the-World-Report.pdf

[23] The MHQ is a web-based assessment that covers 47 aspects of mental functioning and capability. It includes symptoms of major psychiatric disorders as well as positive aspects of mental health. The MHQ score places a person on a spectrum from"distressed"to"thriving". Scores in the normal healthy range spanned from 0 to 200 for the overall MHQ, with an average score of approximately 100. In their study of the MHQ score Newson and Thiagarajan (2020), found that, on average, 13.1% of respondents fell in the − -1 to − 50 score range labeled at-risk for a mental health disorder, whereas 2.5% of respondents fell in the − 51 to − 100 range, representing those who would likely require immediate clinical intervention (labeled clinical). https://sapienlabs.org/mhq/

Table 14 Global Minds, ages < 65, 2020–2024

	MHQ	Life satisfaction	Suicidal thoughts or intentions
25–34	29.1298 (79.44)	.6623 (23.60)	−1.1994 (89.19)
35–44	52.8828 (151.66)	1.3201 (50.03)	−1.9580 (153.10)
45–54	71.9950 (214.51)	1.7415 (70.36)	−2.3645 (192.09)
55–64	86.5959 (266.90)	2.0454 (87.02)	−2.6336 (221.31)
Female	−15.9347 (72.63)	-.2232 (13.48)	.2615 (32.50)
Cons	51.22	5.37	3.7768
Adjusted R^2	.2071	.1677	.1539
N	401,409	53,015	401,409

Also includes country and year dummies: excluded < 25

percent with negative scores between −1 to −50 and from −51 to 100. In Latin America overall 6.2% had scores of below −50 but an astonishing 15.8% of those age 18–24 did. The percent by country of those age 18–24 with scores from −51 to −100 were as follows, for countries where n > 500 observations—Argentina 14.3%; Bolivia 17.2%; Brazil 21.4%; Chile 17.6%; Colombia 15.1%; Costa Rica 12.3%; Dominincan Republic 12.0%; Ecuador 17.5%; El Salvador 14.3%; Guatemala 14.0%; Honduras 14.3%; Mexico 17.6%; Nicaragua 16.3%; Panama 9.8%; Paraguay 13.0%; Peru 17.1%; Uruguay 13.4% and Venezuela 10.3%. This compares with 10.3% for the USA and 15.7% in the UK.

Table 14 reports regression analyses for the Latin American countries pooled, for three separate dependent variables, namely the MHQ score, life satisfaction and having suicidal thoughts or intentions. In the first two columns positive affect rises with age, and in the final column, suicidal thoughts decline in age. Table 15 repeats the exercise, but this time runs separate estimates by Latin American country. Part a) shows results for the MHQ and part b) shows estimates for suicidal thoughts. In every case wellbeing rises with age and suicidal thoughts decline in age everywhere.

The results here are entirely different from those from the GWP and Latinobarometers. The question is why?

5 Conclusions

In recent work we have shown that the mental health of the young in North America and much of Europe has been declining at a time when the mental health of older people has remained roughly stable. This has resulted in a shift in the peak of mental illbeing, from around middle-age when people are in their late 40 s and early 50 s, to around their early to mid-20 s. In Latin America, some surveys show a similar pattern. It is the case in the Mexican survey Enbiare and, to some extent, in the World Values Survey.

Perhaps the most compelling evidence that mental health is poorest among the young in Latin America comes from the Global Minds data for the period 2020–2024. It shows that wellbeing rises with age and mental illbeing falls with age in all 18 Latin American countries in the survey (Table 15). The illbeing of the young is most apparent around the world in the internet connected. It is perhaps a surprise that response rates to the GM internet surveys are so high among the unhappy young. In general less happy people tend to not

Table 15 Country MHQ OLS equations Global Minds, 2020–2024 age < 65. T-statistics in parentheses

	25–34	35–44	45–54	55–64	Female	N
Islands	29.33 (7.29)	48.03 (13.71)	75.02 (22.15)	86.21 (25,53)	−7.412 (4.46)	6,557
Argentina	25.67 (23.11)	45.91 (45.51)	62.17 (66.13)	77.56 (87.54)	−10.42 (17.42)	52,093
Bolivia	24.18 (10.42)	53.14 (25.11)	73.59 (36.43)	84.70 (42.00)	−15.11 (10.94)	9,447
Brazil	29.73 (19.31)	44.00 (35.82)	60.04 (51.66)	80.90 (71.85)	−23.70 (34.83)	42,805
Chile	24.12 (6.61)	44.86 (15.22)	65.86 (26.85)	81.06 (36.04)	−20.45 (14.64)	10,619
Colombia	30.10 (32.00)	52.27 (51.00)	74.30 (68.38)	86.32 (77.66)	−13.91 (20.09)	43,695
Costa Rica	19.83 (5.16)	32.92 (9.60)	58.91 (17.68)	76.33 (23.98)	−14.67 (7.44)	5,269
Dominican Rep	31.55 (10.54)	56.45 (20.34)	69.14 (24.89)	76.14 (27.41	−15.40 (8.60)	6,473
Ecuador	39.78 (17.66)	59.95 (27.71)	81.25 (40.47)	93.99 (50.63)	−13.52 (9.96)	10,334
El Salvador	32.27 (12.35)	64.16 (25.74)	82.51 (33.65)	91.92 (36.48)	−17.35 (11.63)	8,898
Guatemala	32.10 (15.60)	58.35 (31.85)	76.35 (42.04)	90.95 (47.82)	−13.92 (11.90)	13,373
Honduras	34.10 (13.12)	57.95 (23.73)	78.09 (31.87)	89.59 (35.46)	−19.37 (12.80)	8,566
Mexico	26.44 (34.33)	53.19 (65.46)	78.69 (97.25)	96.67 (125.77)	−16.23 (30.92)	76,172
Nicaragua	30.67 (11.93)	62.61 (25.87)	73.92 (30.19)	84.77 (34.75)	−17.96 (11.74)	8,129
Panama	37.32 (10.83)	56.52 (17.66)	74.82 (23.78)	91.16 (29.11)	−9.23 (4.79)	4,968
Paraguay	24.62 (11.60)	49.95 (25.11)	63.04 (29.45)	75.50 (33.05)	−16.81 (12.89)	11,020
Peru	29.02 (19.28)	60.12 (37.17)	86.38 (60.55)	96.34 (75.86)	−16.50 (17.26)	20,273
Uruguay	25.95 (6.27)	46.64 (13.09)	55.59 (16.58)	66.46 (20.31)	−12.43 (8.56)	8,136
Venezuela	24.99 (25.09)	48.51 (52.17)	68.39 (77.03)	79.54 (90.01)	−14.81 (25.37)	50,742

Equations also include year dummies

respond to surveys. Unhappiness in longitudinal surveys predicts subsequent non-response rates and shorter life expectancy. (Hudomiet et al., 2021),

It is difficult to compare subjective wellbeing metrics across countries for reasons that are well-known to scholars. Within-survey it helps to have a common questionnaire with standard metrics and a standardised sampling methodology, such that one is comparing like-with-like across countries. But each survey has its shortcomings, and some of these might help to explain why the relationship between age and wellbeing in Latin America is not wholly consistent across surveys. Can we identify aspects of the surveys that might account for the differences we find in age-wellbeing patterns across surveys?

Let us begin with sample sizes. Global Minds has very large samples which means sub-group analysis by age is relatively straightforward to undertake. Larger samples mean more precision in the estimation of partial correlations. Other surveys, by contrast, have much smaller samples, particularly for sub-group analyses. This is particularly the case for the Gallup World Poll and Latinobarometers, which means more precise estimates are only possible if one aggregates across years of data. However, differences in sample sizes cannot explain differences in wellbeing levels, or trends, by age.

A second issue is potential biases in achieved samples. The intention of all survey producers is to provide data from which one might extrapolate to a population. This might be achieved through probability sampling, often with stratification and clustering for efficient sampling. But once these design features are accounted for using weights and clustering one should be able to extrapolate to a population. Where there is no probabilistic sampling, as in the case of Global Minds, it is possible to reweight the data, so they reflect population distributions on age and the like. Issues may arise, however, where achieved samples

do not reflect population distributions, especially along dimensions that are not observable to the analyst. It may be that survey responses vary by age and may vary according to the survey mode. For instance, the degree to which respondents feel comfortable completing on-line surveys may decline with age, potentially introducing response biases.

Even if the survey provider can reweight the sample data to reflect population shares, this may not overcome problems of selection bias along hard-to-observe dimensions such as wellbeing. In the worst-case scenario, it may be that a particular survey format attracts or repels certain types of respondent based on their wellbeing. It might be that those who are already not feeling great spend more time on-line and, if so, might be more likely to complete an on-line survey. If this differs by age it might create difficulties in obtaining reasonable population estimates regarding the age distribution of wellbeing.

Global Minds have investigated whether there are survey mode differences in wellbeing responses by age, comparing their on-line survey with face-to-face interviews for an Indian sample of 4,500 respondents. They get similar trends across survey modes.[24] There is no reason to suspect that these results would not hold in Latin America. Global Minds have also compared the relationship between wellbeing and age in rural communities with little or no access to the Internet. We discussed that in Blanchflower and Bryson (2024c) for Tanzania. We found evidence that MHQ increases in age using the main GM sample as it does for Latin American countries. But in the rural and suburban samples it declines in age. Access to the internet seems important.

Survey mode might also impact the honesty with which respondents answer wellbeing questions. For instance, respondents may be more forthcoming about their true feelings in an on-line survey, compared to a survey conducted face-to-face with an interviewer, where they may feel more reticent to report illbeing. Such patterns may differ by age, especially where young people are faced by experienced, older survey interviewers. However, this type of survey mode effect is unlikely to be time-varying, in which case it might affect levels of wellbeing, and the relative wellbeing of different groups, but is less likely to impact changes in wellbeing across sub-groups.

A further issue that can impact both levels of wellbeing and changes in wellbeing over time is the nature of survey metrics. Two issues are relevant here. The first is question wording. The second is the coding of responses. Both are critical in understanding wellbeing. The concept itself is multifaceted. For instance, there can be difficulties relying on Cantril's Ladder, which is usually referred to as life evaluation as well as happiness and life satisfaction, because these metrics often behave in rather different ways to other positive and negative affect metrics. We have illustrated this in our work on the gender wellbeing gap which has shown that women suffer from greater illbeing than men, and are less likely to express wellbeing, on all metrics except Cantril's Ladder, happiness and life satisfaction (Blanchflower & Bryson, 2024b). Whether differences across surveys in the age-wellbeing relationship can be partially explained by over-reliance on these metrics is a question worthy of further investigation.[25]

If we turn to the issue of response coding, social scientists often prefer coding frames which allow the respondent to plenty of space to say how they actually feel. For wellbeing this is particularly important because some concepts such as despair are very unlikely to be identified using simple (0,1) outcomes. And yet, in some cases (0,1) outcomes are all that

[24] Personal communication from Tara Thiagarajan.

[25] For example, in a personal communication with Jon Haidt has pointed out to us that the evidence on the impact of social media and wellbeing is also clearer from negative affect variables, including anxiety and depression, than it is in positive affect wellbeing measures.

are available. This is a feature of the Gallup World Poll, for example, since all of its well-being outcomes except Cantril's Ladder are coded as (0,1) responses. Just how important this might be in terms of shedding light on the age-wellbeing relationship and changes over time is unclear.

The concern is that the declining well-being of the young we document will have devastating long-run consequences, not just on suicide. For example, there is growing evidence around the world that extended screentime among the young has negative consequences as it takes them away from beneficial activities. Kates et al. (2018) note that extensive mobile phone use lowers academic performance. Pugno (2025) describes a literature that suggests internet use has a negative effect on participation in sports, art and music lessons, attending classes after school, scout organizations, political parties, and lowers trust trust in strangers, neighbors, and the police and the quality of social interactions. Young people are dating less.

There is evidence that a major factor in the decline in the well-being of the young globally has been largely due to the rise in the use of the internet and smart phones in the years since 2013, as documented by Haidt (2024). We document here that the strongest evidence for this is via the Global Minds Survey among the internet connected young. To this point the spread of these phenomena have been somewhat less than in advanced countries and especially English-speaking countries (Twenge & Blanchflower, 2025). Table 16 shows that access to the internet has increased rapidly over the last decade in the 18 Latin American countries examined here. By 2022 Chile had 91% coverage, Uruguay 90% and Argentina 88% versus 97% in the US. Coverage was lowest in Guatemala (54%). Mobile phone usage has also risen rapidly in the years since 2014 with usage rates of 82% in Panama.

Table 16 Internet and mobile phone usage: Source United Nations

	Internet usage			Mobile phone ownership/100 population		
Year	2012	2016	2022	2014	2018	2022
USA	75	86	97	66	82	92
Argentina	56	71	88	64	70	76
Bolivia	35	40	73	48	56	62
Brazil	35	40	73	56	66	72
Chile	55	84	91	61	71	78
Colombia	49	58	73	56	64	70
Costa Rica	48	66	83	63	68	75
Dominican Republic	42	64	84	50	63	76
Ecuador	35	54	70	51	59	65
El Salvador	20	29	63	37	45	52
Guatemala	16	35	54	34	41	47
Honduras	18	30	60	35	42	48
Mexico	40	60	79	53	63	73
Nicaragua	14	25	61	38	47	54
Panama	40	54	74	58	70	82
Paraguay	40	54	74	52	61	67
Peru	38	46	75	52	61	67
Uruguay	55	66	90	61	70	77
Venezuala	49	60	n/a	52	60	65

The wellbeing of the young has been declining in many Latin American countries, across surveys, and using various measures of wellbeing and mental health. There is a burgeoning mental health crisis among the young in Latin America.

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Declarations

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Conflicts of interest We have no conflicts of interest.

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