

Structural Causes of the Youth Well-Being Crisis: A Call for Radical Reforms

ISQOLS 23rd Annual Conference, Luxembourg
Redefining Progress: Achieving Sustainable Well-Being for All
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Introduction

Focus:

Young people: School-aged children (6-15 years old), but also young adults (16-25 years old)

Countries: High-income countries (i.e. European countries, the UK and the US)

Children's Wellbeing:

Subjective well-being: Life satisfaction (World Happiness report, 2024)

Mental ill-health: Prevalence of diagnosed mental health conditions (e.g. depression, anxiety, ADHD), suicide rates, and self-rated mental health.

Why studying children wellbeing?

** To support children's wellbeing in the present.*

** To contribute to SDG3: Healthy lives and well-being – Ensure healthy lives and promote well-being for all at all ages.*

** Because childhood well-being significantly influences outcomes in adulthood, including life satisfaction, career success, physical health, and the quality of relationships (Clark et al. 2018).*



THE LANCET

Our future: a Lancet commission on adolescent health and wellbeing

George C Patton, Susan M Sawyer, John S Santelli, David A Ross, Rima Afifi, Nicholas B Allen, Monika Arora, Peter Azzopardi, Wendy Baldwin, Christopher Bonell, Ritsuko Kakuma, Elissa Kennedy, Jaqueline Mahon, Terry McGovern, Ali H Mokdad, Vikram Patel, Suzanne Petroni, Nicola Reavley, Kikelomo Taiwo, Jane Waldfogel, Dakshitha Wickremarathne, Carmen Barroso, Zulfiqar Bhutta, Adesegun O Fatusi, Amitabh Mattoo, Judith Diers, Jing Fang, Jane Ferguson, Frederick Ssewamala, Russell M Viner

Executive summary

Secretary-General's Global Strategy for Women's, Lancet 2016; 387: 2423-78

The Lancet Psychiatry Commission

The Lancet Psychiatry Commission on youth mental health

Patrick D McGorry, Cristina Mei, Naeem Dalal*, Mario Alvarez-Jimenez, Sarah-Jayne Blakemore, Vivienne Browne, Barbara Dooley, Ian B Hickie, Peter B Jones, David McDaid, Cathrine Mihalopoulos, Stephen J Wood, Fatima Azzahra El Azzouzi*, Jessica Fazio*, Ella Gow*, Sadam Hanjabam*, Alan Hayes*, Amelia Morris*, Elina Pang*, Keerthana Paramasivam*, Isabella Quagliato Nogueira*, Jimmy Tan*, Steven Adelsheim, Matthew R Broome, Mary Cannon, Andrew M Chanen, Eric Y H Chen, Andrea Danese, Maryann Davis, Tamsin Ford, Pattie P Gonsalves, Matthew P Hamilton, Jo Henderson, Ann John, Frances Kay-Lambkin, Long K-D Le, Christian Kieling, Niall Mac Dhonnagáin, Ashok Malla, Dorian H Nieman, Debra Rickwood, Jo Robinson, Jai L Shah, Swaran Singh, Ian Soosay, Karen Tee, Jean Twenge, Lucia Valmaggia, Therese van Amelsvoort, Swapna Verma, Jon Wilson, Alison Yung, Srividya N Iyer†, Eóin Killackey†

Executive Summary

Mental ill health, which has been the leading health and social issue impacting the lives and futures of young people for decades, has entered a dangerous phase.

health and wellbeing, combined with early intervention and high-quality treatment of young people with emerging mental illness that is extended for as long as necessary. With the recognition that the cost of modern health care is



Lancet Psychia
11: 731-74
See Comment
and 674

World Happiness Report 2024

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Time Period and Birth Cohort Differences in Depressive Symptoms in the U.S., 1982–2013

Author(s): Jean M. Twenge

Source: Social Indicators Research , April (I) 2015, Vol. 121, No. 2 (April (I) 2015), pp. 437-454



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Contents lists available at ScienceDirect

Clinical Psychology Review



Birth cohort increases in psychopathology among young Americans, 1938–2007: A cross-temporal meta-analysis of the MMPI☆

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The Age of Anxiety? Birth Cohort Change in Anxiety and Neuroticism, 1952–1993

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The Youth Well-Being crisis

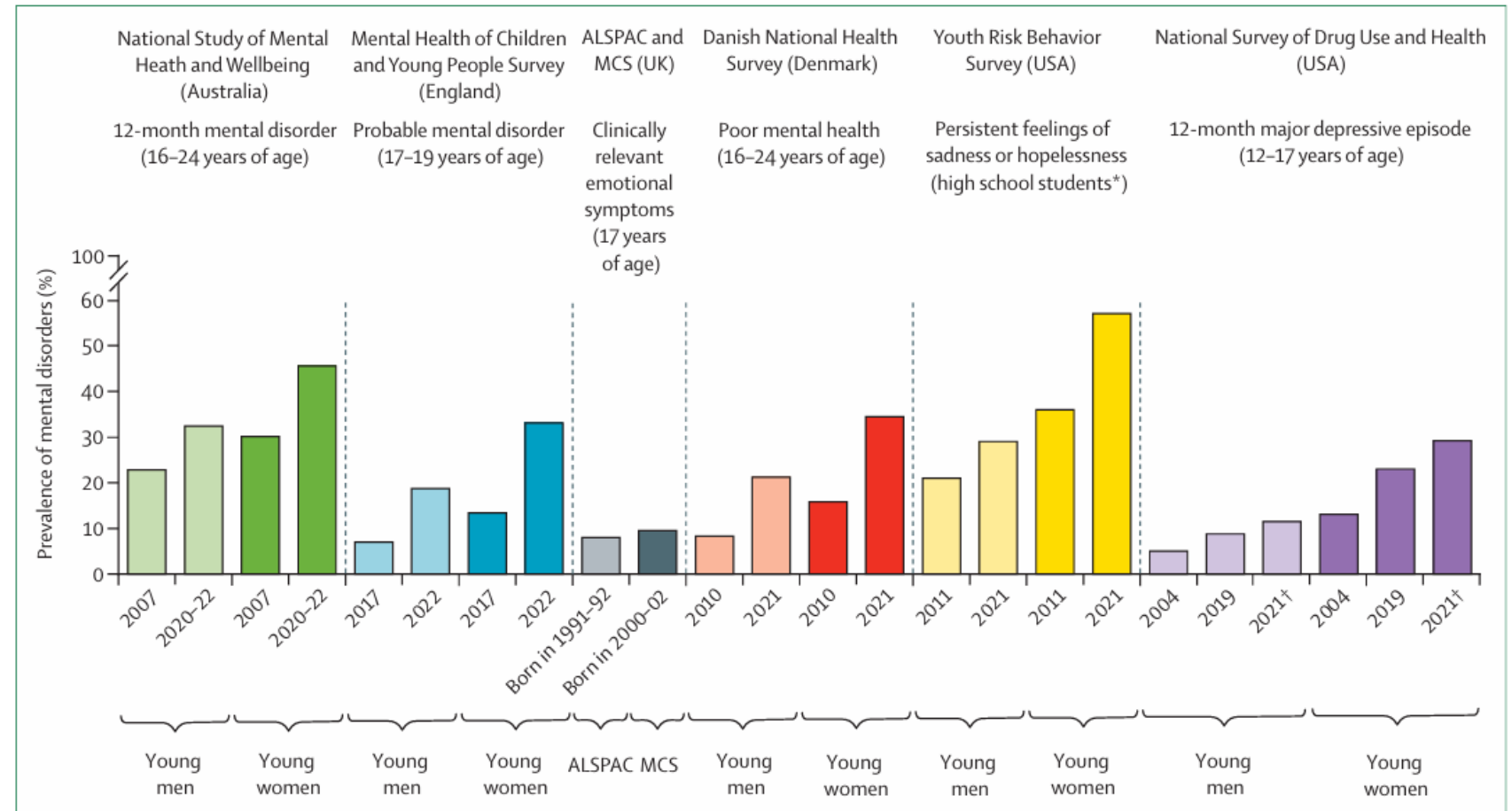


Figure 1: Youth mental health trends by country and sex

Measures used were the National Study of Mental Health and Wellbeing: WHO's Composite International Diagnostic Interview, version 3.0;⁵⁹ Mental Health of Children and Young People Survey: Strengths and Difficulties Questionnaire;⁶⁰ ALSPAC and MCS: Strengths and Difficulties Questionnaire (emotional subscale; trends by sex unavailable);⁶¹ the Danish National Health Survey: 12-Item Short Form Health Survey, version 2;⁶² the Youth Risk Behavior Survey (survey item: "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?");⁶³ the National Survey on Drug Use and Health (which measures the nine symptoms associated with major depressive episode as defined in the DSM-5);⁶⁴ and survey questions adapted from the depression section of the National Comorbidity Survey Replication Adolescent Supplement.⁶⁵ ALSPAC=Avon Longitudinal Study of Parents and Children. MCS=Millennium Cohort Study. *Here, high school students are in grades 9–12, aged approximately 14–18 years. †2021 estimates are not comparable with estimates from 2019 and earlier, as 2021 estimates are based on multimode data collection and estimates from 2019 and earlier are based on in-person data collection alone.

Source: The Lancet Psychiatry Commission on youth mental health. (2024, p.734)

What are the existing explanations for the youth well-being crisis?



The Economic Explanation

- **Precariat** (Bessant, 2018)
- Rising **intergenerational inequality** (Guaitoli & Pancrazie, 2022).
- **Reduced prospects** of home ownership, rental accomodation crisis, and rising student debt (Bessant, 2017; Pennington, 2023).
- **More competitive job market**: rise in skill and education levels in emerging economies and increased automation leading to a more competitive global job market (VicHealth, 2015).

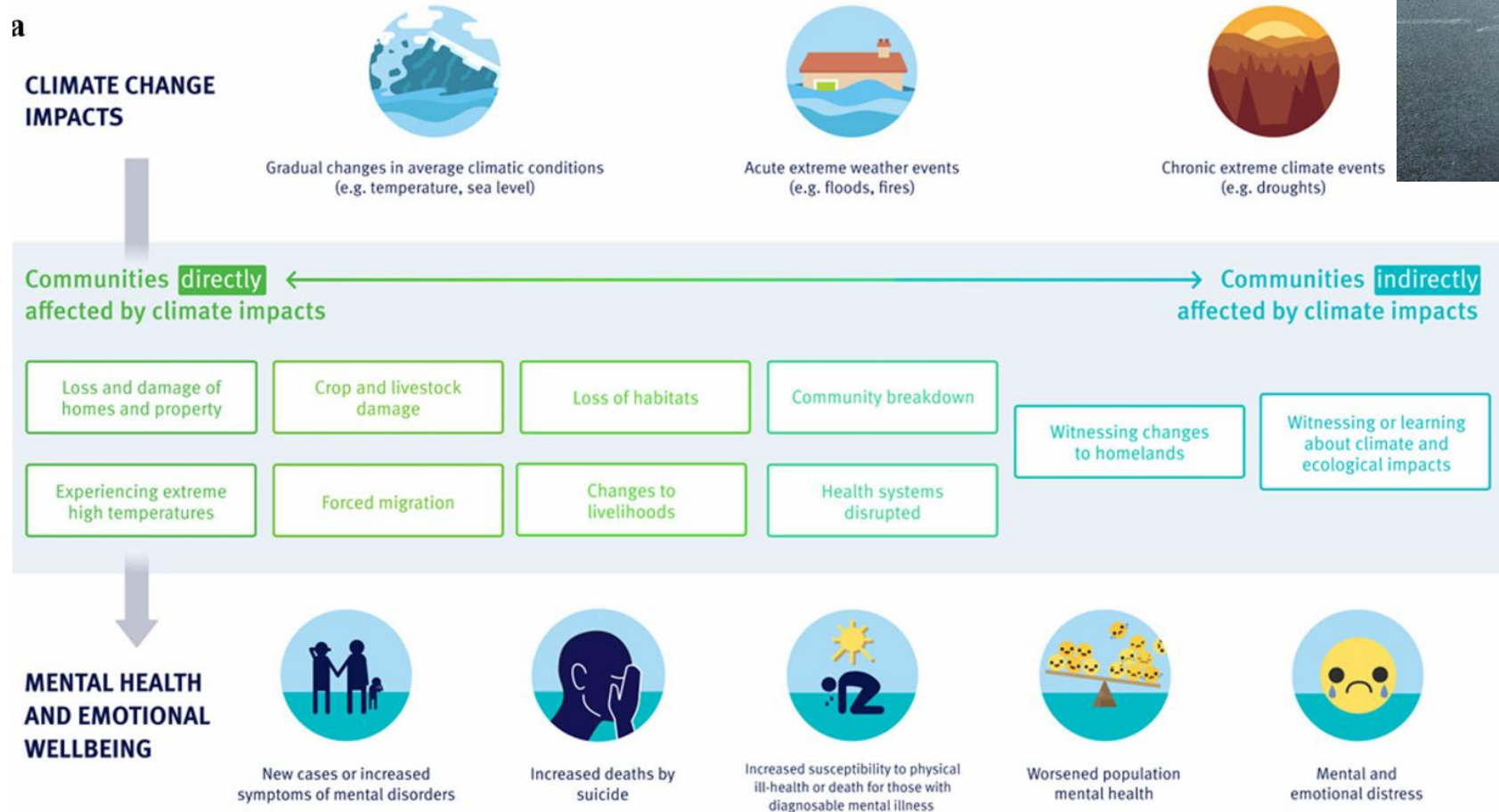


Limits (Twenge, 2023):

- Limited in explaining the decline in well-being among **9–15-year-olds**.
- Criticism of Twenge: Economic indicators such as unemployment were improving in the U.S. while teen depression was rising (2012–2019).

Climate change

Figure 1. The continuum of climate change impacts on mental health outcomes



Limits (Twenge, 2023):

- Concern about the environment peaked in 2018 (Greta Thunberg speech at UN Climate Change conference).
- When young people come together around a cause, they usually become energized, not depressed (Bauer, 2016).

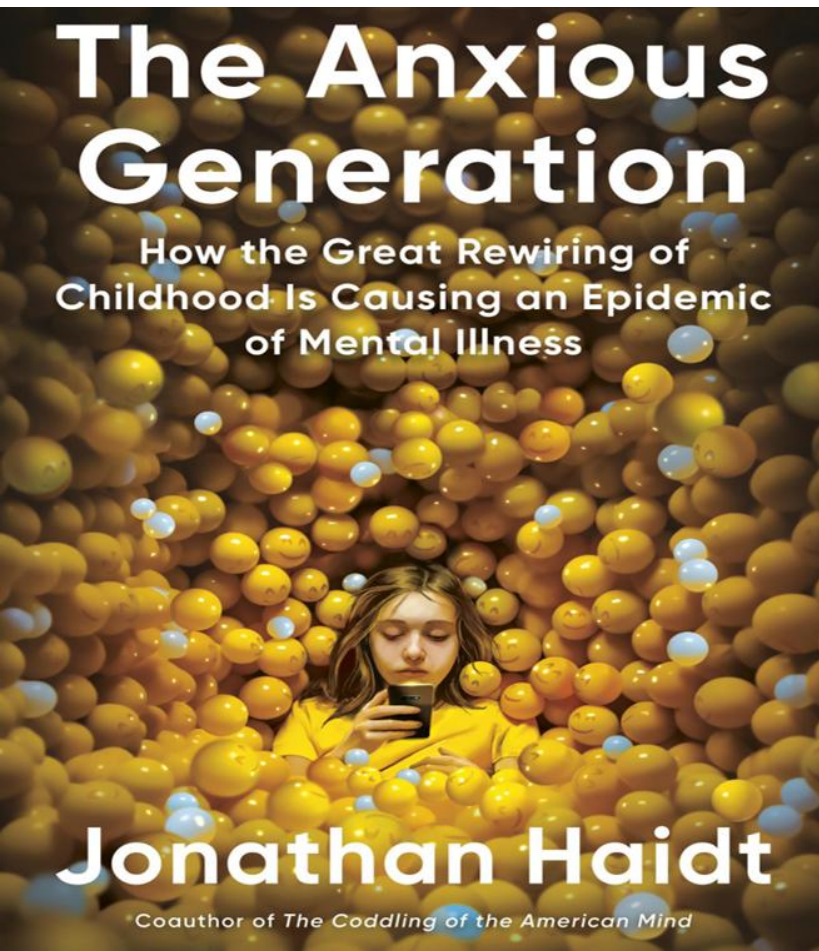
See Lawrance, E. L., Thompson, R., Newberry Le Vay, J., Page, L., & Jennings, N. (2022). The impact of climate change on mental health and emotional wellbeing: a narrative review of current evidence, and its implications. *International Review of Psychiatry*, 34(5), p.450.

The rise of the phone-based childhood

Between 2010 and 2015, the social lives of teens moved onto smartphones with continuous access to social media;

- **Disembodied** (no physical presence is needed to interact)
- **Asynchronous** (interactions do not necessarily happen at the same time)
- **One-to-many communication** (multiple interactions can occur simultaneously)
- **Low barrier to entry and exit** (people can block others or just quit when they are not pleased).

Smartphones are
**experience
blockers**



Attunement and synchrony bond
pairs, groups and whole communities.

Conformist bias/ prestige bias
influence social learning

Social deprivation, sleep deprivation, attention fragmentation, and addiction

Limits (Pearson, 2025):

- Many review of the literature have found weak associations between social media and mental health.
- Mainly cross-sectional studies on correlations between measures of screen use or social-media use and mental health. Also, mixed evidence in experimental setting.
- Possibility of reverse causation

**What are our
explanations for this
youth well-being
crisis?**

The life of kids and teens has changed

- Loneliness
- Competitive and time pressure
- Consumption pressure



The collapse of kids' autonomy

- **The rise of safetyism in the 1980s** was driven by “stranger danger” fears, overprotective parenting, school playground lawsuits, and the expansion of automobile infrastructure.
- In a single generation since the 1970s, **the ‘radius of activity’ of children declined by 90%** (Gaster 1991, US data)
- 1969 - 2001: the share of students walking to school decreased from 41% to 13% (McDonald, 2007, US data)
- In 1971, 80% of children between 7 and 8 years of age in Great Britain walked to school, often alone or with friends. Twenty years later, less than 10% walked to school and almost all were taken by car by their parents (Hillman et al. 1990)
- **"Only one generation ago, a ten-year-old had more freedom than an adolescent has today"** (Children's Society 2007, UK).

The Evolution of Children's Time Use in High income countries



More home-based lives/ decrease of time played beyond the home



More homework/ Increase in time spent at school

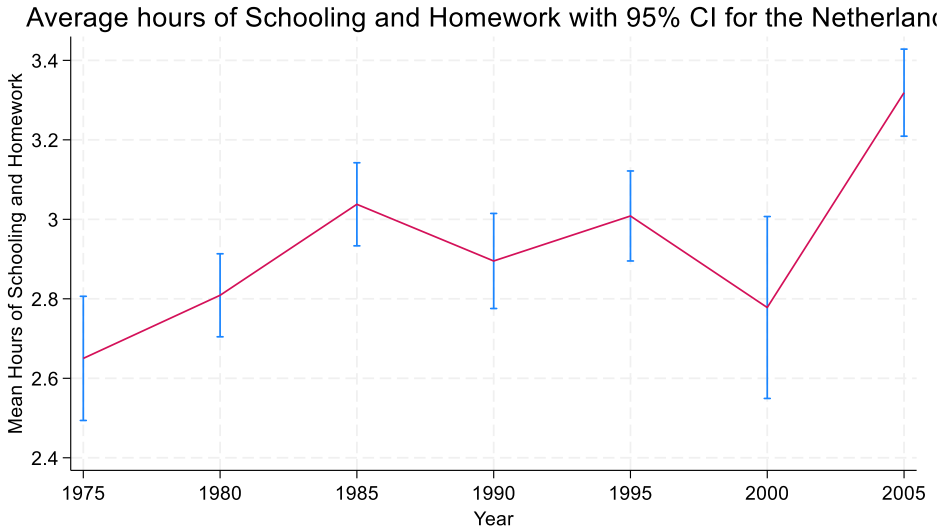


Increase time in structured activities/ Decrease time in unstructured play

- **Torino** time use surveys from 1979 to 2003, children aged 7-12 years old (Carrierio, 2006)
- **US** time use surveys from 1997 to 2003, children aged 6-12 years old (Hoffert, 2009)
- **UK** time use surveys from 1975, 2000 and 2015, children aged 8-16 years (Mullan, 2019)

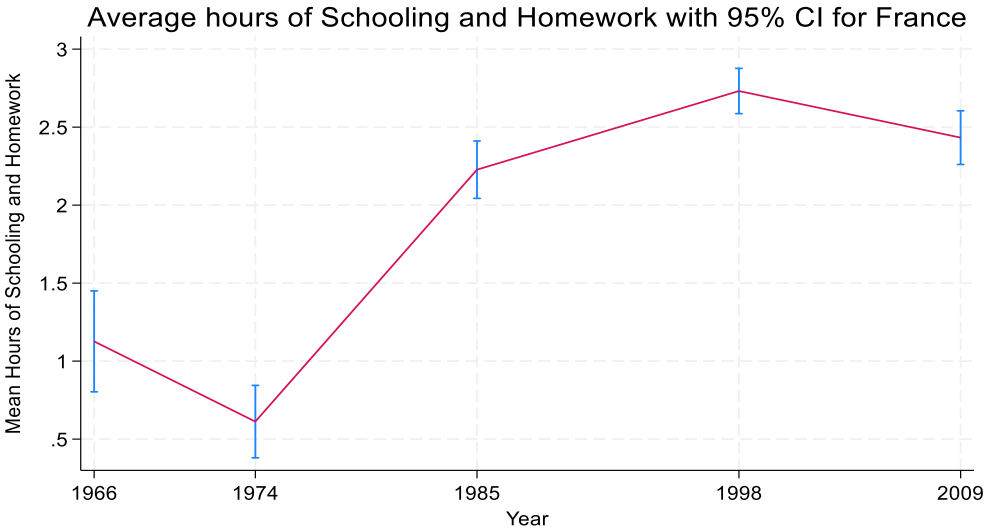
Time on regular Schooling and Homework

The Netherlands



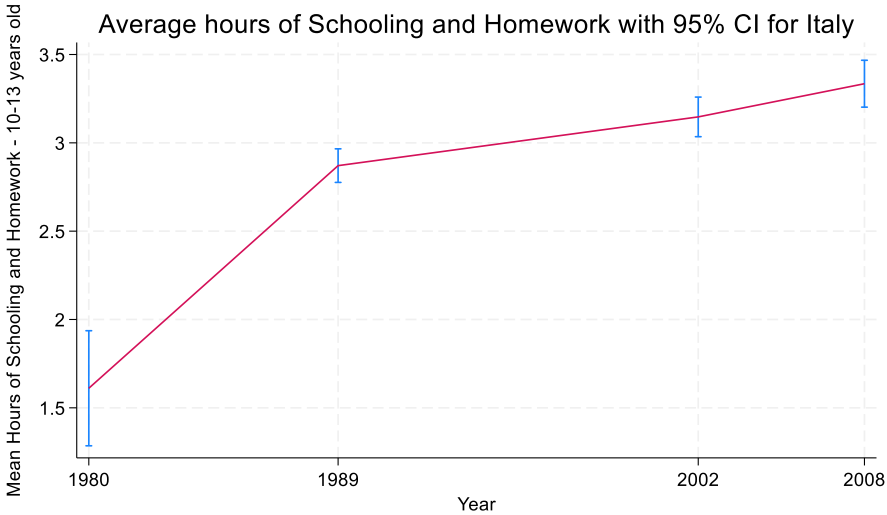
Data from the Multinational Time Use Survey (MTUS). 10-25 years old.

France



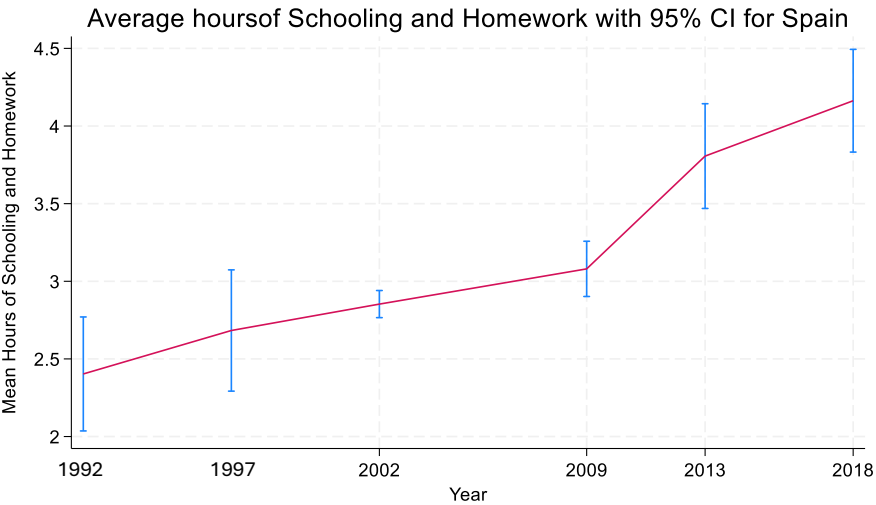
Data from the Multinational Time Use Survey (MTUS). 11-25 years old.

Italy



Data from the Multinational Time Use Survey (MTUS). 10-25 years old.

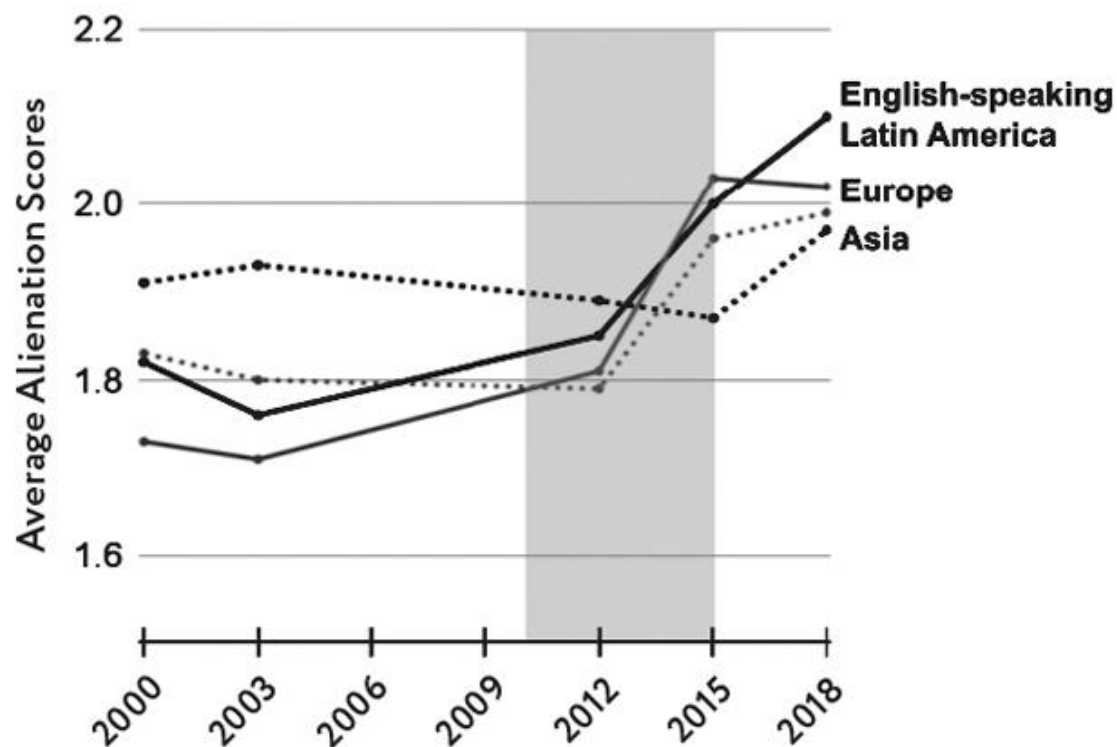
Spain



Data from the Multinational Time Use Survey (MTUS). 10-25 years old.

Children's Time Use and Wellbeing: Time at school and homework

Alienation in School, Worldwide



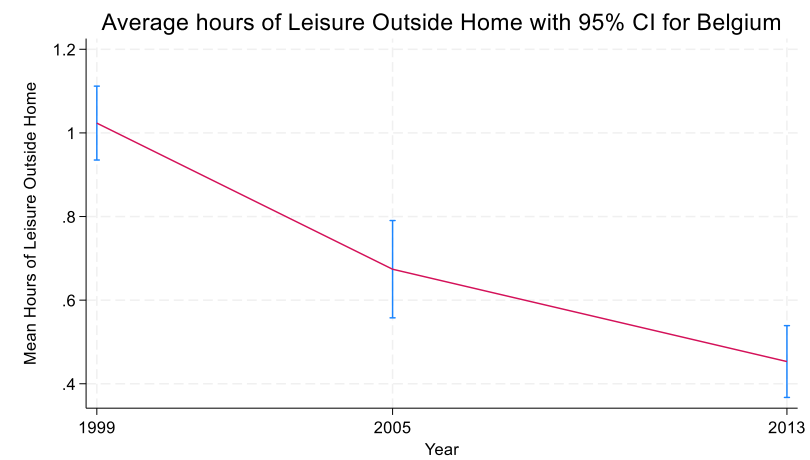
Alienation in school:
Feeling lonely and friendless
at school

Figure 1.12. Worldwide school alienation scores over time (age 15). Note that the increase in school loneliness occurs in all regions other than Asia, mostly between 2012 and 2015. (These questions were not asked in the 2006 and 2009 surveys.) Scores range from 1 (low alienation) to 4 (high alienation). (Source: Twenge, Haidt et al. [2021]. Data from PISA.)[\[59\]](#)

Source: Haidt (2024, p.53)

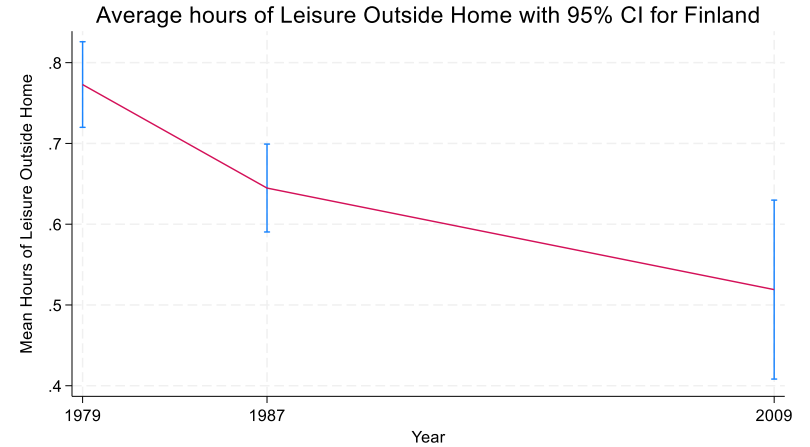
Time on leisure outside home

Belgium



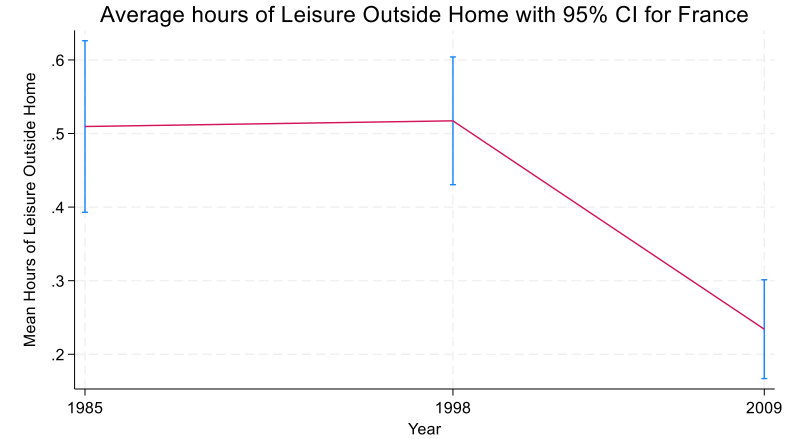
Data from the Multinational Time Use Survey (MTUS). 10-17 years old.

Finland



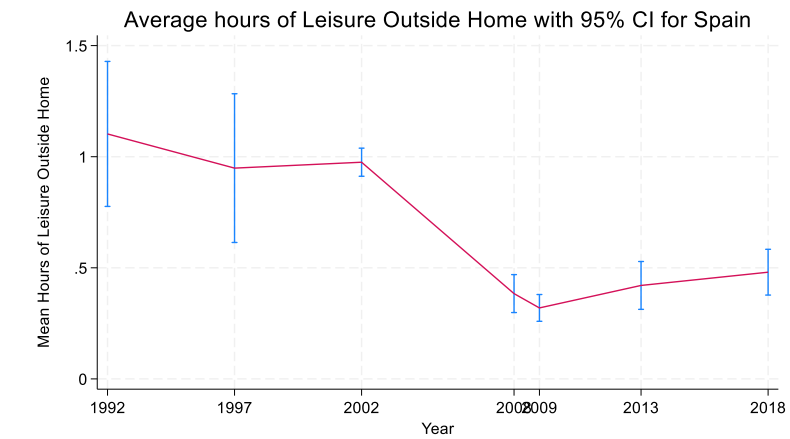
Data from the Multinational Time Use Survey (MTUS). 12-17 years old.

France



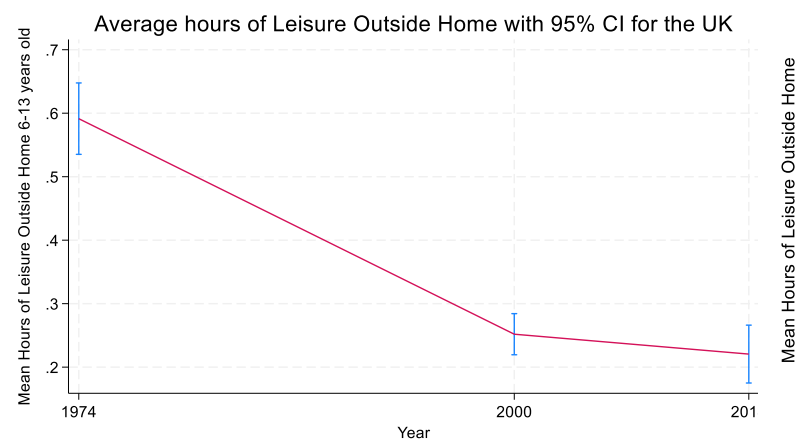
Data from the Multinational Time Use Survey (MTUS). 11-17 years old.

Spain



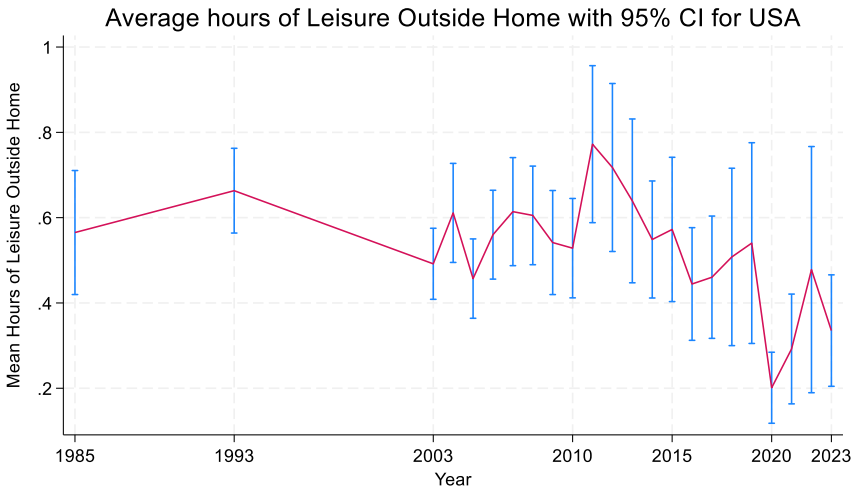
Data from the Multinational Time Use Survey (MTUS). 10-17 years old.

The UK



Data from the Multinational Time Use Survey (MTUS). 6-13 years old.

The US



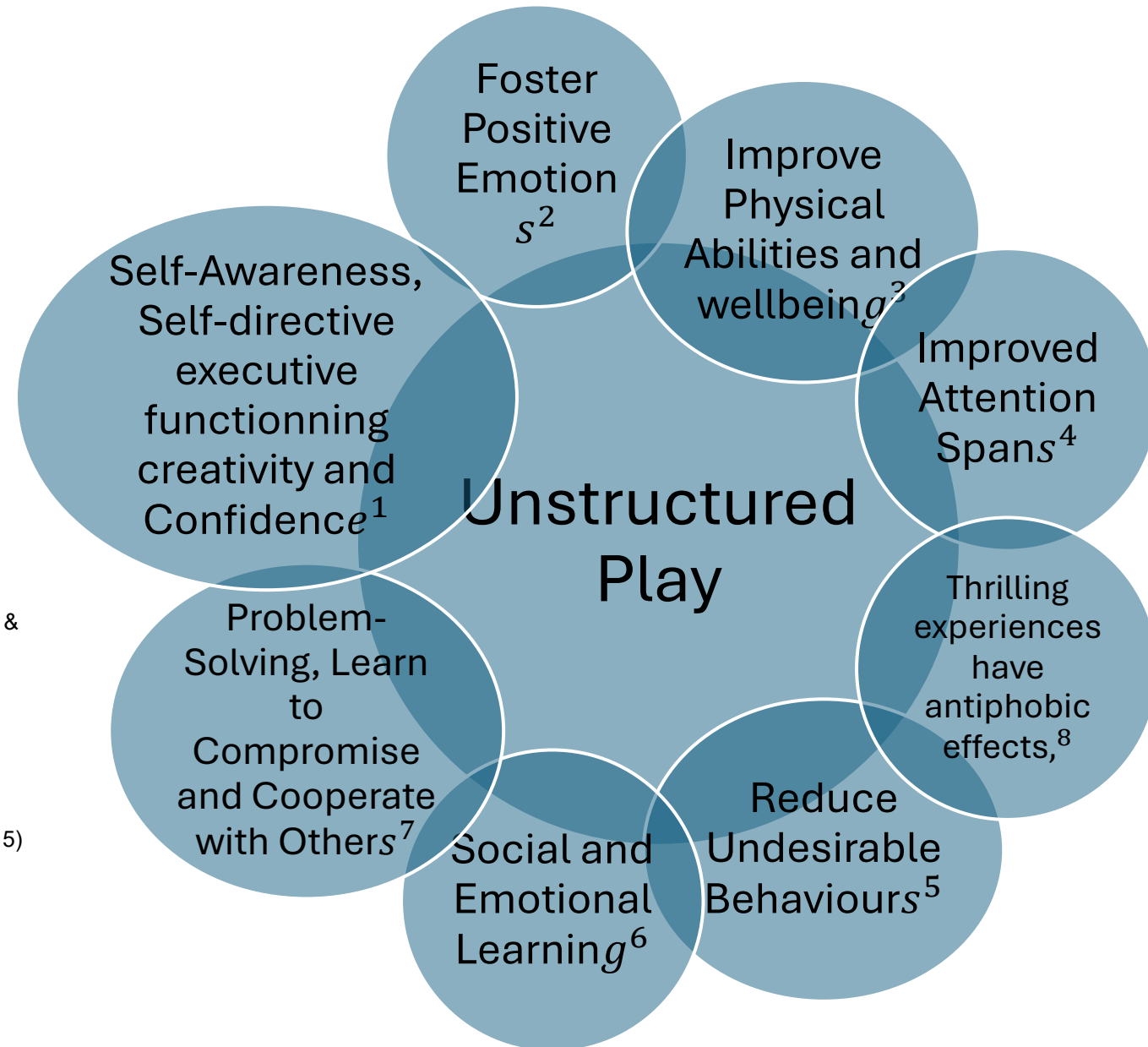
Data from the Multinational Time Use Survey (MTUS). 13-17 years old.

The collapse of youth social experience: loneliness

- Children used to spend most of their free time together and outdoor
- Now most of children's time is spent at home in front of a screen, rather than among other children.
- 57% of young Europeans feel lonely (Beterlsmann, 2024)



The Benefits of Unstructured activities



1. Hyndman et al. (2014); Storli & Sandseter (2018); Sandseter & Kennair (2011); Eggum-Wilkson et al. (2014), Barker et al. (2014)
2. Storli & Sandseter (2018)
3. Gibson et al. (2017); Lee et al., (2020); Howard & McInnes, (2013); Capurso & Pazzali, (2016); Fattore et al. (2009); Brussoni et al. (2015)
4. Laevers (2000), Storli & Sandseter (2018)
5. Bundy et al. (2011); Farmer et al. (2017); Brussoni et al. (2015)
6. Lee et al. (2020); Mathieson & Banerjee (2010); Pelis & Pelis (2007); Yu et al. (2018); Bundy et al. (2011)
7. Chen et al. (2014), Gibson et al. (2017)
8. Sandseter & Kennair (2010); Sandseter et al. (2023); Haidt (2024)

The detrimental Effects of Increasing School Pressure

- Singh & Gupta (2025):
 - Literature review
 - While moderate and well-structured homework positively correlates with improved performance, excessive or poorly designed assignments are linked to heightened **stress and reduced mental health**.
- Saifah (2022):
 - Study on 3,282 Thai school aged children.
 - Those children was burdened with required schoolwork and could not make decisions to spend time on the activities of their own interest and preferences, and barely had time for any recreation and rest.
 - **School work was negatively related to their wellbeing.**
- Galloway (2013):
 - 4,317 students from 10 high-performing high schools in upper middle class communities.
 - More academic stress, **physical health problems, and lack of balance in their lives.**
 - High amount of Homework **hinder learning, full engagement, and well-being.**
- Cheung (1993):
 - 1,983 students from Hong-Kong.
 - Social pressures and workload of homework were predictive of more **somatic, depression and anxiety symptoms among students.**

Advertising and children

- In the 2000s **spending on advertising** to children was 150 times the amount spent in the 1980s (Schor 2004)
- **Soaring materialism.** Seventy-five percent of American children want to get rich (Kasser 2002)
- **Children more exposed to advertising are more materialistic, less happy and have poorer relationships** (Goldberg e Gorn 1978, Pollay 1986, Greenberg e Brand 1993, Buijzen e Valkenburg 2003, Schor 2004, Nairn et al. 2014)



A Call for Radical Reforms

Policy: urban reform

- pedestrian areas, playgrounds, green areas, sport centers
- Walkability
- Car restrictions, public transport, cycling



Policy: schooling reform

- Traditional schooling emphasizes competition and individual achievement: students are rewarded for their efforts with personal grades.
- Alternatives based on cooperation:
 - **Montessori schooling:** students are more sociable, cooperative, ethical, and perform better on reading, math, and writing tests (Lillard A. and Else-Quest 2006)
 - **Participatory teaching** fosters happiness and social capital (Algan et al. 2011, Bartolini and O'Connor 2025)

Policy: Reducing advertising

- In Sweden tv-ads targeting children (under 12) are forbidden. TV programs targeting children cannot be longer than half an hour per day
- **Ban/reduce tv-ads targeting children**
- **Heavy taxation on advertising**



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ANNEXES

Advertising and kids

“Advertising at its best is making people feel that without their product, you're a loser. It's very easy to do with kids because they're the most emotionally vulnerable.”



*Nancy Shalek,
CEO of Shalek
Agency*

I. The Decline of Young's Well-Being in High-Income Countries

Self-Harm Episodes, U.K. Teens

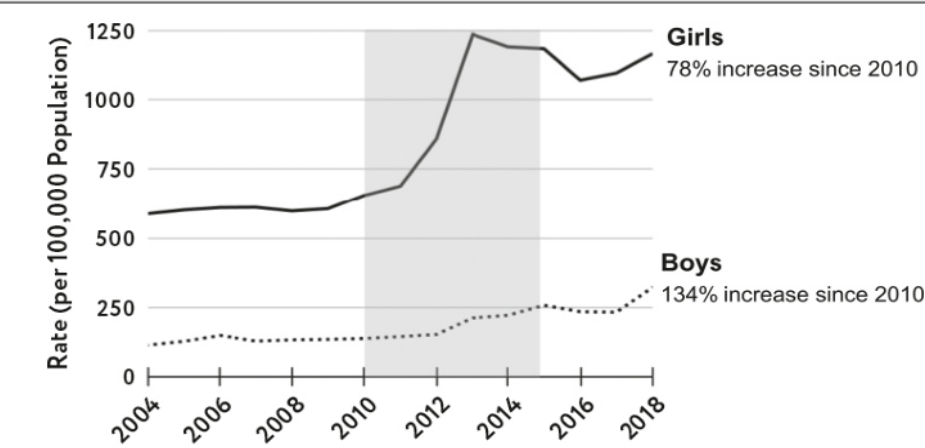


Figure 1.9. U.K. teens’ (ages 13–16) self-harm episodes. (Source: Cybulski et al., 2021, drawing from two databases of anonymized British medical records.)^[51]

Mental Health Hospitalizations, Australia

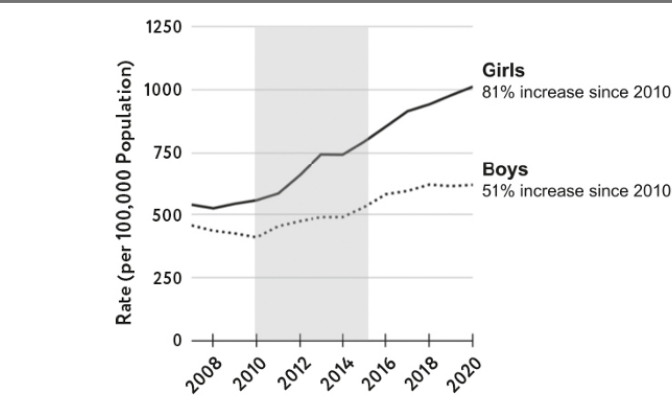


Figure 1.10. Rate at which Australian teens (ages 12–24) were kept in hospitals overnight for mental health reasons. (Source: Australia’s Health 2022 Data Insights.)^[53]

Suicide Rates for Younger Adolescents

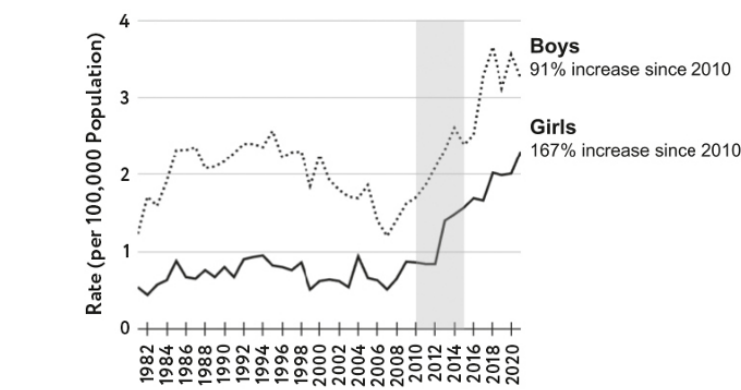


Figure 1.5. Suicide rates for U.S. adolescents, ages 10–14. (Source: U.S. Centers for Disease Control, National Center for Injury Prevention and Control.)^[22]

Excellent or Very Good Mental Health, Canadian Women

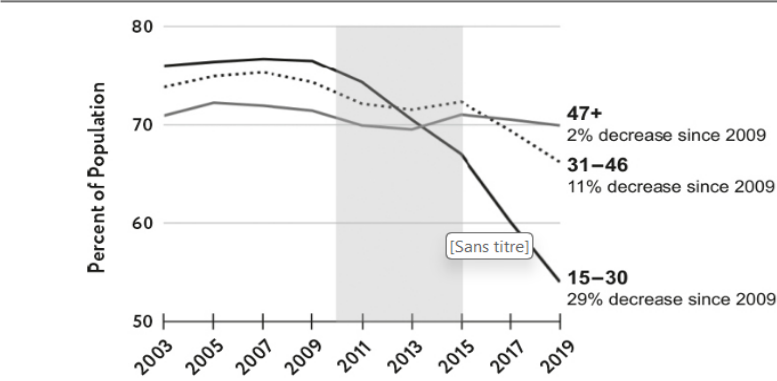


Figure 1.8. Percent of girls and women in Ontario, Canada, who reported that their mental health was either “excellent” or “very good.” (Source: D. Garriguet [2021], Portrait of youth in Canada: Data report.)^[47]

High Psychological Distress, Nordic Nations

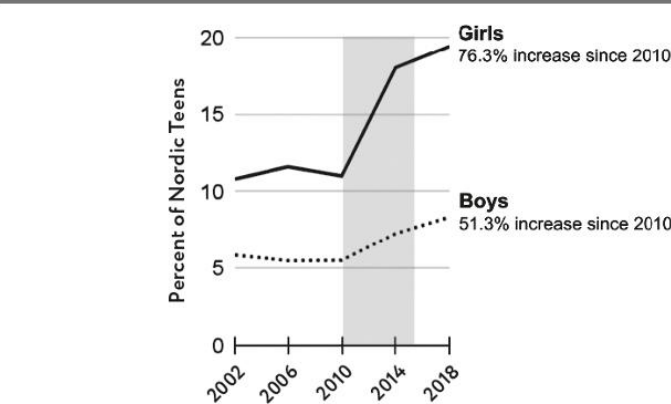


Figure 1.11. Percent of Nordic teens with high psychological distress (ages 11–15). (Source: Data from the Health Behavior in School Age Children Survey.)^[56]

1.1. Evidence from the decline in young's mental health: Focus on US

Major Depression Among Teens

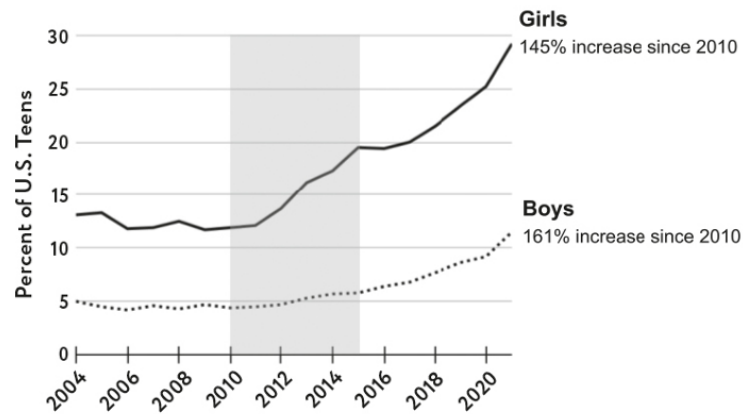


Figure 1.1. Percent of U.S. teens (ages 12–17) who had at least one major depressive episode in the past year, by self-report based on a symptom checklist. This was figure 7.1 in *The Coddling of the American Mind*, now updated with data beyond 2016. (Source: U.S. National Survey on Drug Use and Health.)^[3]

Emergency Room Visits for Self-Harm

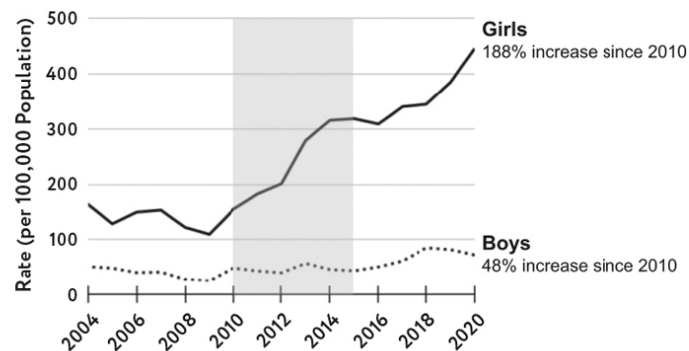


Figure 1.4. The rate per 100,000 in the U.S. population at which adolescents (ages 10–14) are treated in hospital emergency rooms for nonfatal self-injury. (Source: U.S. Centers for Disease Control, National Center for Injury Prevention and Control.)^[20] [Sans titre]

Mental Illness Among College Students

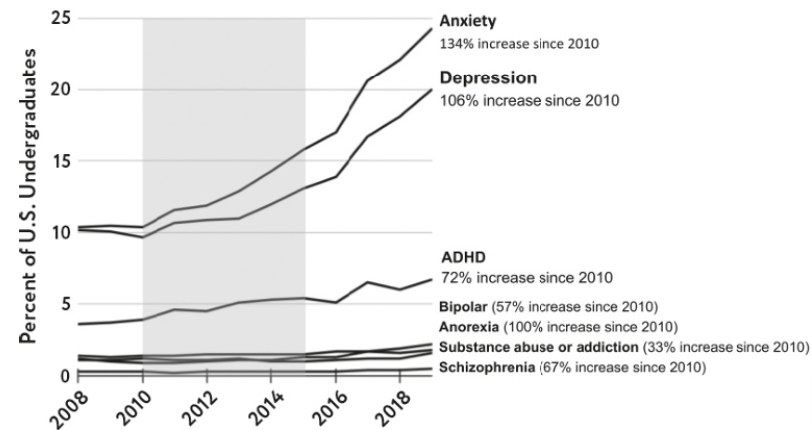


Figure 1.2. Percent of U.S. undergraduates with each of several mental illnesses. Rates of diagnosis of various mental illnesses increased in the 2010s among college students, especially for anxiety and depression. (Source: American College Health Association.)^[9]

Suicide Rates for Younger Adolescents

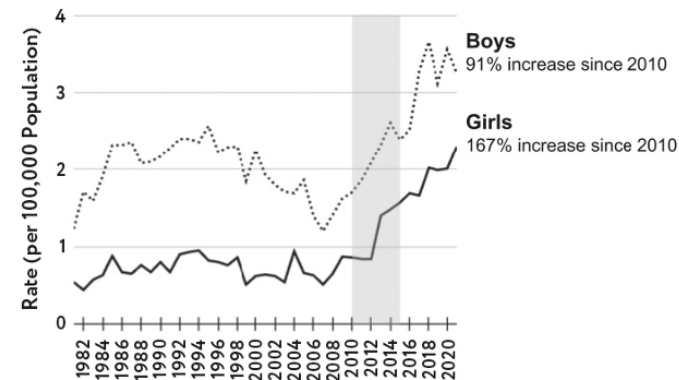


Figure 1.5. Suicide rates for U.S. adolescents, ages 10–14. (Source: U.S. Centers for Disease Control, National Center for Injury Prevention and Control.)^[22]

1.3. Global, socio-economic and structural megatrends: Gender differences

Life Often Feels Meaningless

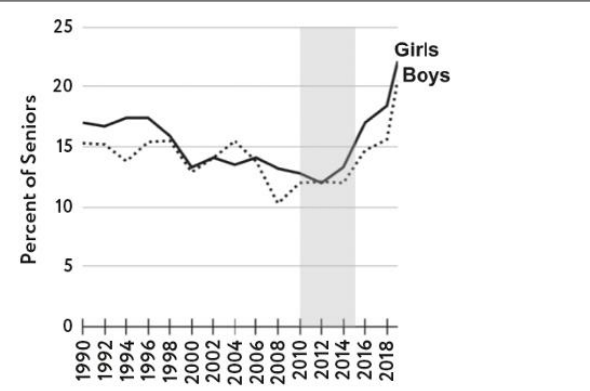


Figure 7.6. Percent of U.S. high school seniors who agreed or mostly agreed with the statement “Life often feels meaningless.” (Source: Monitoring the Future.)

Enjoyment of Risk-Taking

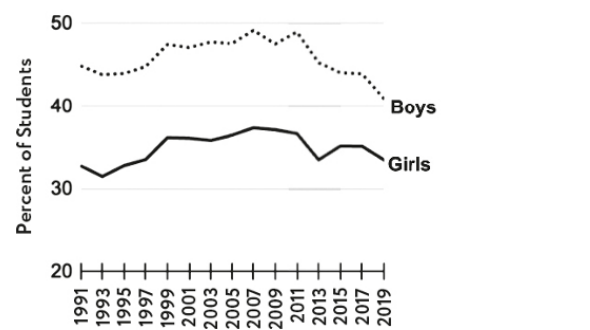


Figure 7.3. Percent of U.S. students (8th, 10th, and 12th grade) who agreed with the statement “I like to test myself every now and then by doing something a little bit risky.” Enjoyment of risk-taking declined more rapidly for boys than for girls in the 2010s. (Source: Monitoring the Future.)^[26]

Internalizing and Externalizing Symptoms (U.S. Teens)

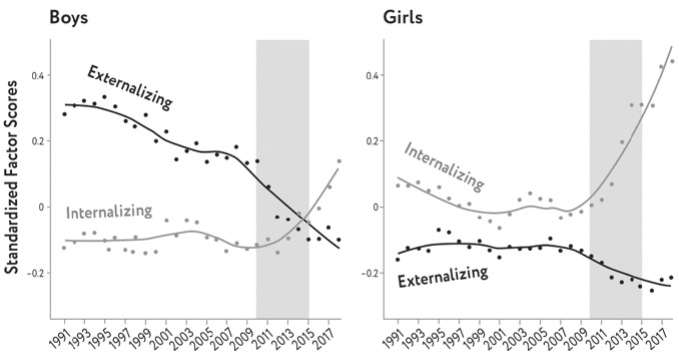


Figure 7.2. Internalizing and externalizing symptoms of U.S. high school seniors. In the 2010s, externalizing scores dropped for both sexes while internalizing scores rose. (Source: Askari et al. [2022], with data from Monitoring the Future.)^[25]

Daily Porn Users, Swedish 12th Graders

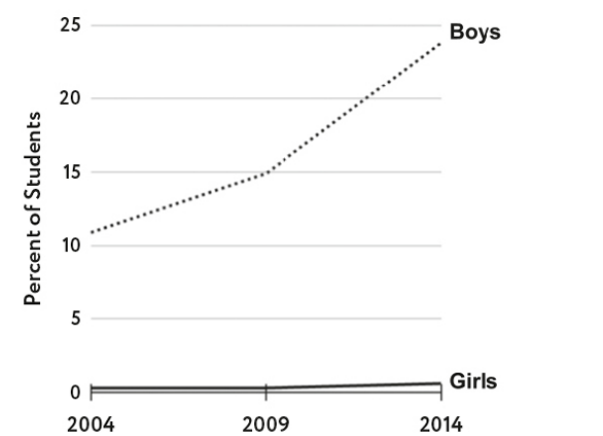


Figure 7.5. Percent of Swedish 12th graders who watch pornography “more or less daily.” (Source: Donevan et al., 2022.)^[36]

No Chance of a Successful Life

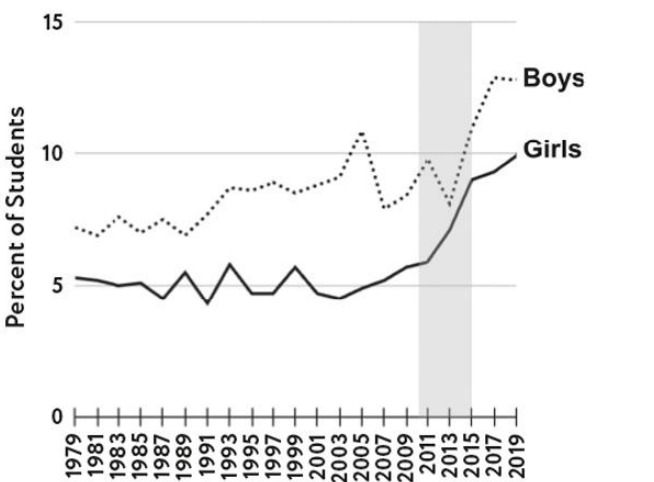
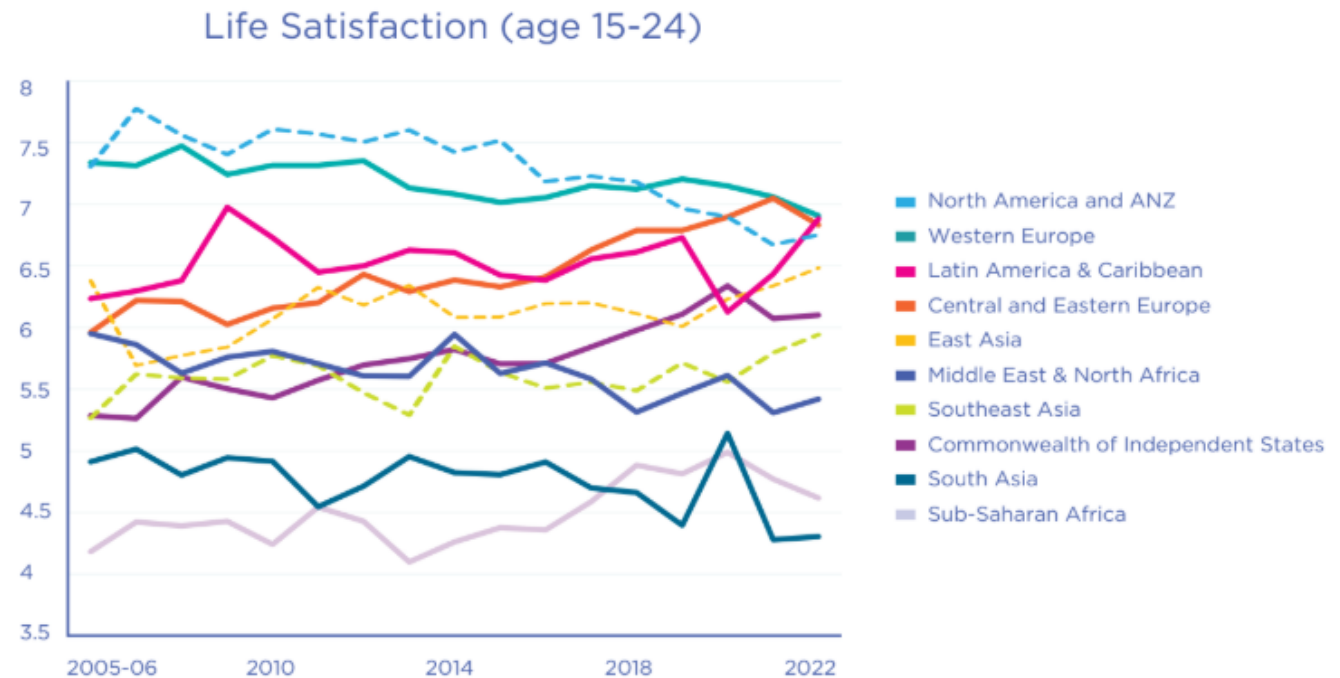


Figure 7.1. Percent of U.S. high school seniors who agreed or mostly agreed with the statement “People like me don't have much of a chance at a successful life.” (Source: Monitoring the Future.)^[2]

Source: Haidt (2024, p.188, 196, 203, 210)

1.2. Evidence from the decline in young people's mental subjective well-being in high-income countries

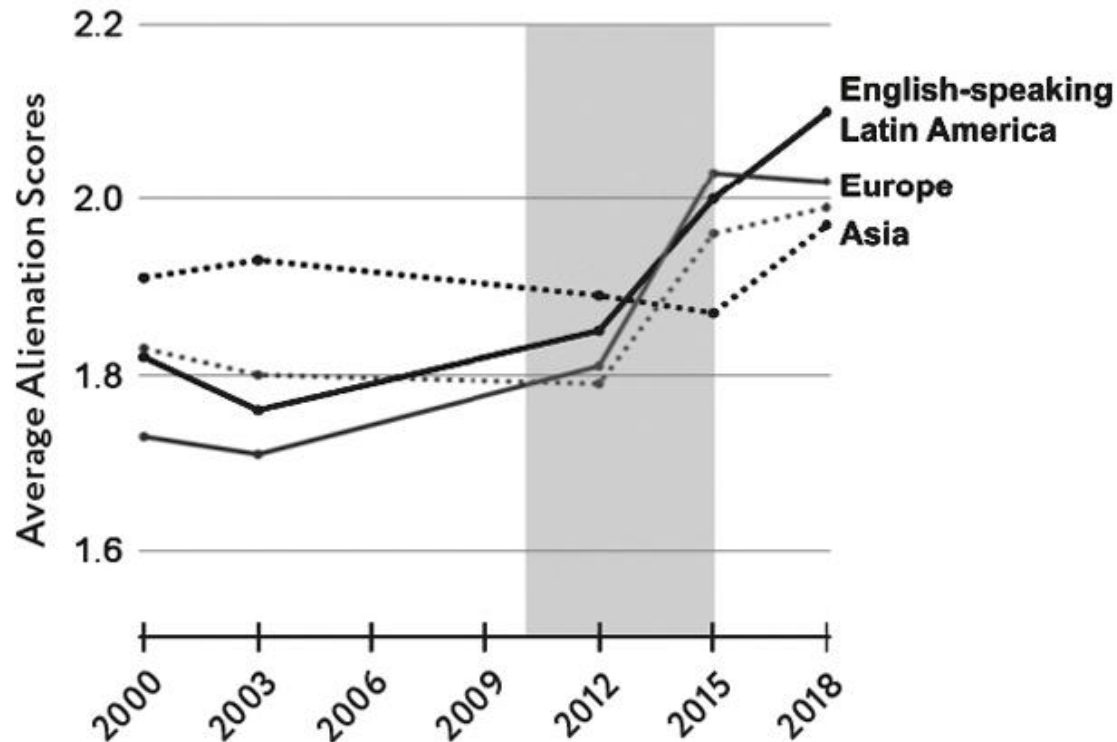
Fig. 3.2A: Regional levels and trends in life satisfaction from 2006 through 2022.
Gallup World Poll (age 15-24)



Source: World Happiness Report (2024, p. 72)

III. Children's Time Use and Wellbeing: Time at school and homework

Alienation in School, Worldwide



Alienation in school:
Feeling lonely and friendless
at school

Figure 1.12. Worldwide school alienation scores over time (age 15). Note that the increase in school loneliness occurs in all regions other than Asia, mostly between 2012 and 2015. (These questions were not asked in the 2006 and 2009 surveys.) Scores range from 1 (low alienation) to 4 (high alienation). (Source: Twenge, Haidt et al. [2021]. Data from PISA.)[\[59\]](#)

Source: Haidt (2024, p.53)

1.2. Evidence from the decline in young people's subjective well-being in high-income countries

- In early-to-middle adolescence (age 10-15), global well-being data is lacking, with many world regions having no available information. Evidence primarily from high-income countries indicates significant life satisfaction declines post-COVID-19, especially among females, contrasting with East Asian countries, where life satisfaction increased. There is mixed evidence regarding pre-pandemic trends.
- PISA indicates a **pre-COVID-19 decline at age 15 in most countries with data from 2015 and 2018**, encompassing North America, Western Europe, Central and Eastern Europe, the CIS (Russia), Latin America and the Caribbean, MENA, and East Asia. This decline is more prominent among females, particularly in Central and East Europe, the CIS (Russia), Latin America and the Caribbean, and East Asia (see Table A1.2 in Appendix 1). In contrast, in many countries where PISA indicates a pre COVID-19 decline between 2015 and 2018, this decline is absent in HBSC data from 2013/14 to 2017/18.
- Countries for which we observe a significant decrease in LS pre-covid (from 2001/02 to 2017/18, HBSC) and post covid 2017/18 to 2021/2022 at age 13: Austria, Netherlands, Hungary, Canada, Turkey and Israël.
- Countries for which we observe a significant decrease in LS pre-covid (from 2001/02 to 2017/18, HBSC) and post covid 2017/18 to 2021/2022 at age 11: Austria, Belgium, **Netherlands**, Sweden, Bulgaria, Macedonia, **Turkey and Israël**.