The City of Helsinki, 2025

Modernity, Urbanization and Youth Mental Health Globally

Emmanuel Cohen (Researcher, UMR 7206 “Eco-anthropologie”, CNRS)

"Be happy and live". Photo taken in 2021 by photographer and mental health activist Damilare Adeyemi

• Globally, one in seven 10-19-year-olds experiences a mental disorder, accounting for 15% of the global burden of disease in this age group.
• Depression, anxiety and behavioural disorders are among the leading causes of illness and disability among adolescents.
• Suicide is the third leading cause of death among those aged 15–29 years old.
• The consequences of failing to address adolescent mental health conditions extend to adulthood, impairing both physical and mental health and limiting opportunities to lead fulfilling lives as adults.

WHO, 1 September 2025

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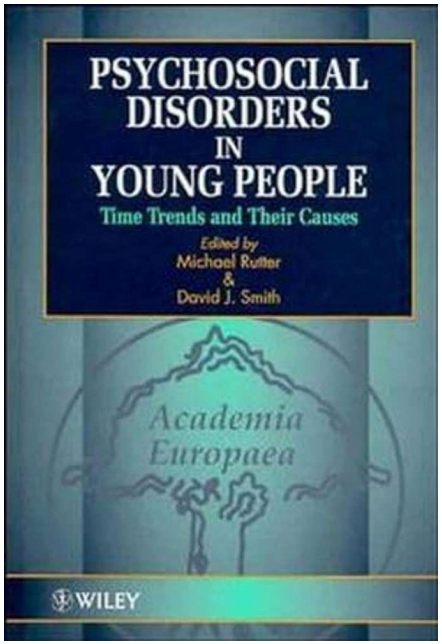
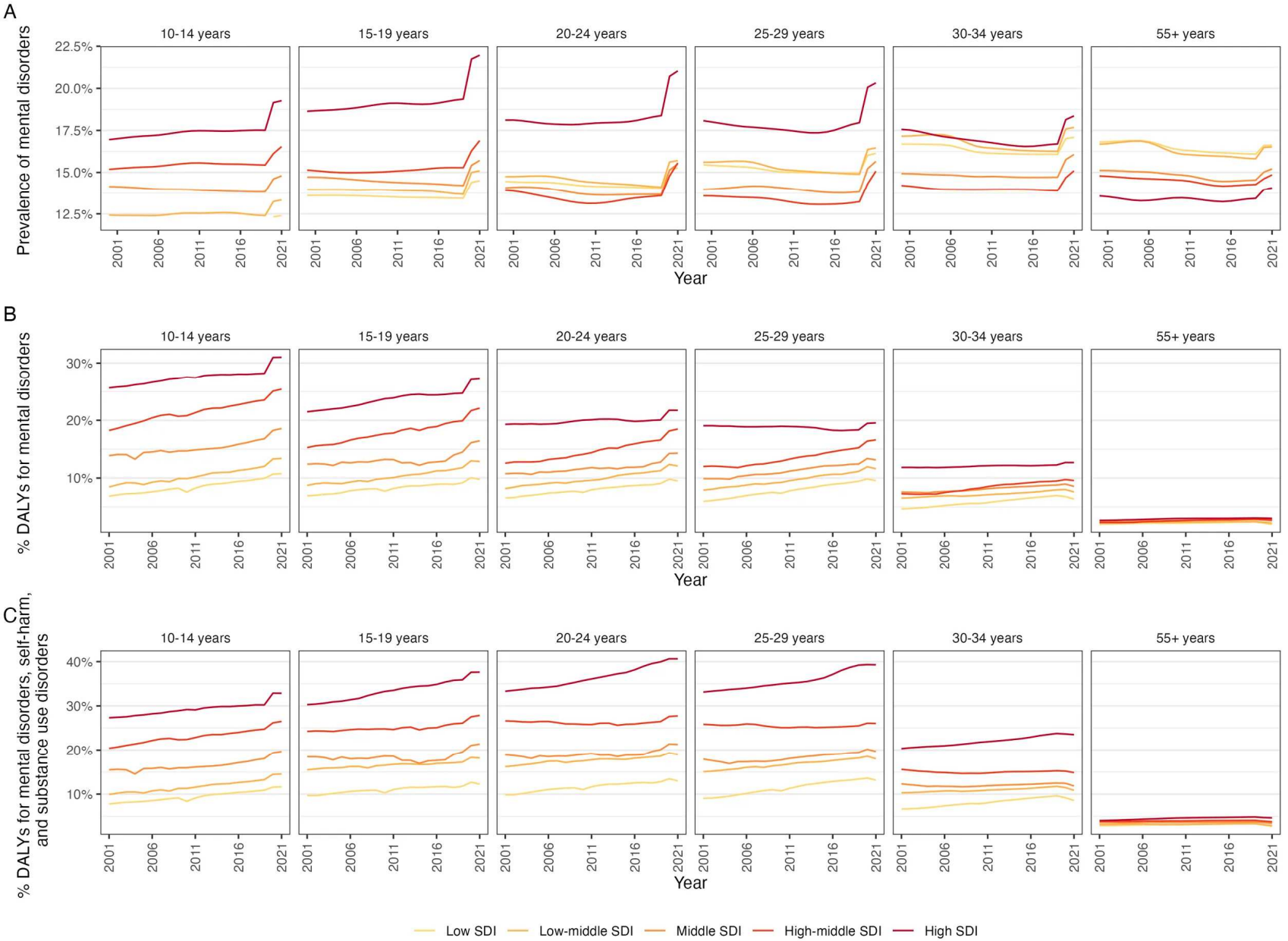
WHO, 1 September 2025



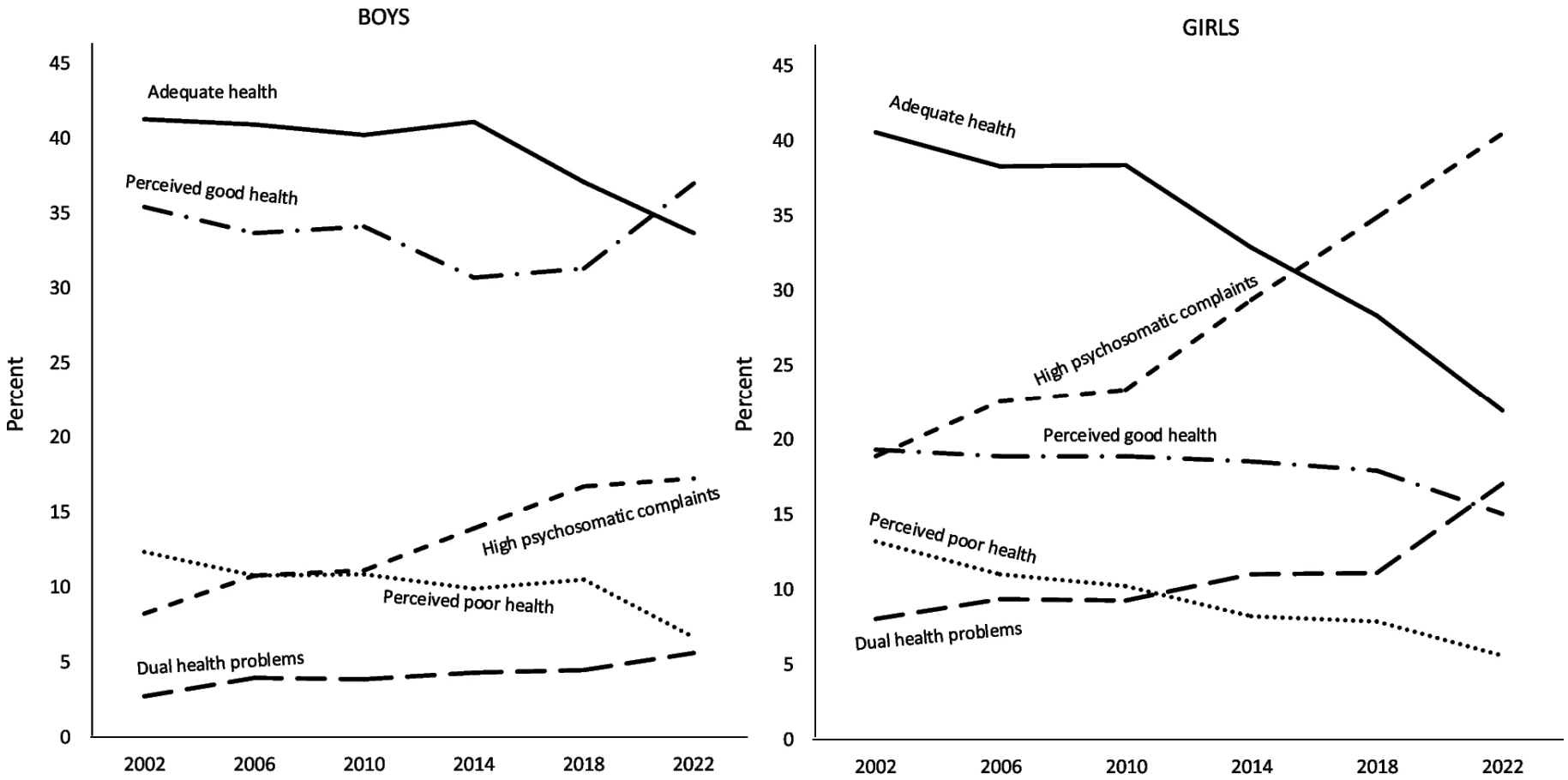
During the'Golden Era'of economic growth between 1950 and 1973, mortality and physical illness declined in developed countries, but a number of psychosocial disorders increased. The authors of this volume search out the causes of the increased disorder in young people and target the disorders that rise in frequency in the teenage years: crime, alcohol and drug abuse, depression, anorexia and bulimia, and suicide.

Smith, D. J. & Rutter, M., 1995. Psychosocial disorders in young people: Time trends and their causes.



Trends of the burden of mental disorders by age group, country Socio-Demographic Index (SDI) estimated from Global Burden of Disease Study 2021 (2) (A) Prevalence of mental disorders; and (B) Percentage Disability-adjusted life year (DALYs) attributable to mental disorders, (C) Percentage DALYs attributable to mental disorders, self-harm and substance use disorders.

McGorry, P., Gunasiri, H., Mei, C., Rice, S., & Gao, C. X. (2025). The youth mental health crisis: analysis and solutions. Frontiers in Psychiatry, 15, 1517533.



Changes over time in the five profiles of mental health among boys and girls

Eriksson, C., & Stattin, H. (2024). Mental health profiles of 15-year-old adolescents in the Nordic Countries from 2002 to 2022: person-oriented analyses. BMC Public Health, 24(1), 2358.

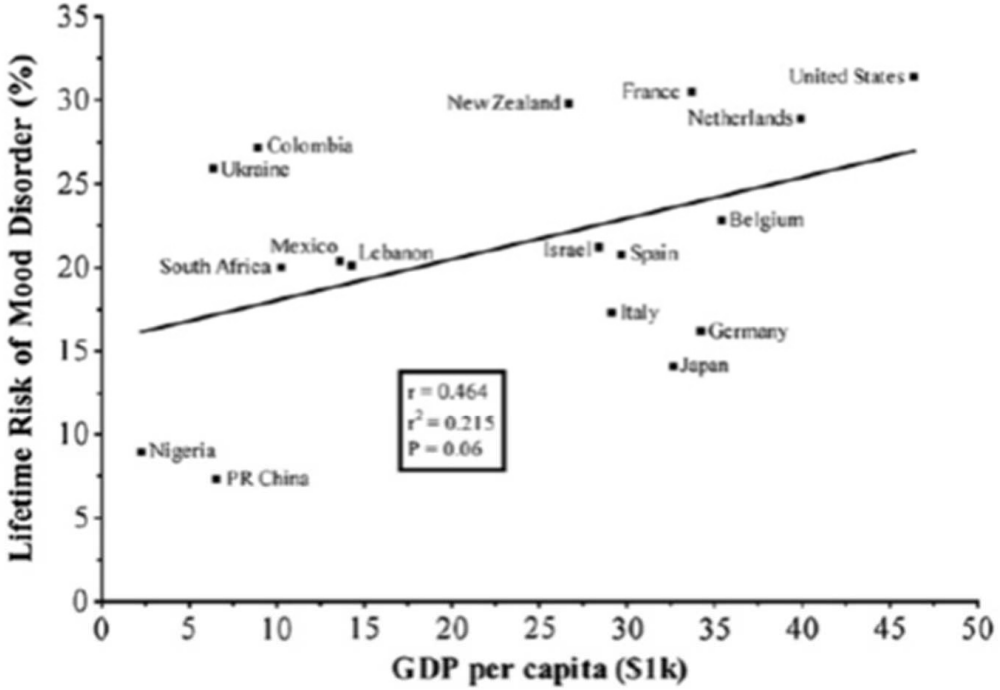


Fig. 1. A correlation between lifetime risk of a mood disorder and gross domestic product (GDP) per capita trended toward statistical significance (IMF, 2010; Kessler et al., 2007).

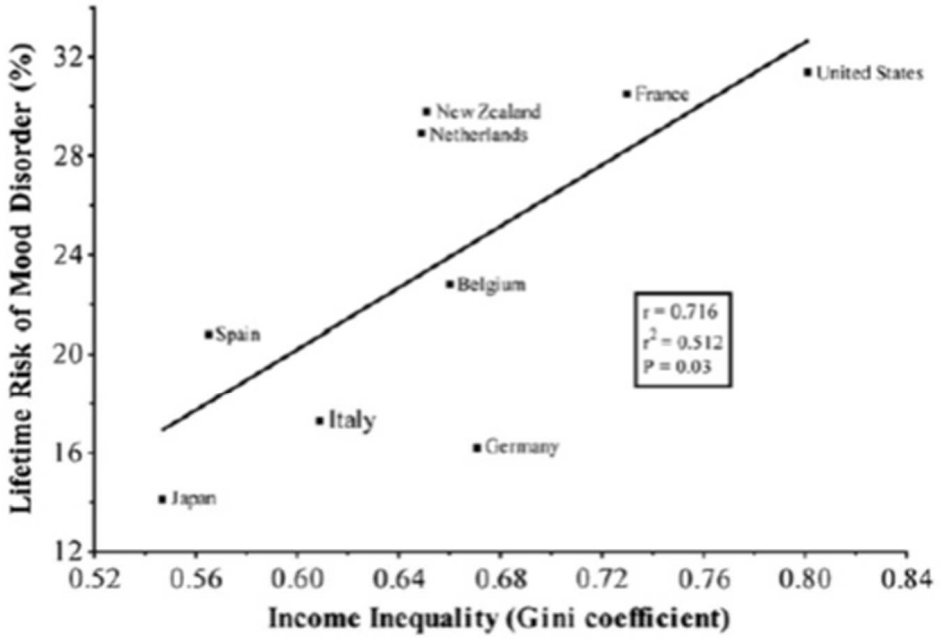
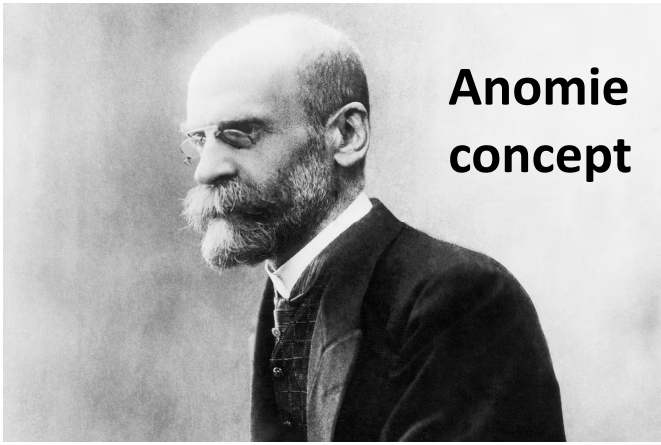


Fig. 2. A population's lifetime risk of a mood disorder is correlated with income inequality in developed countries (Davies et al., 2008; Kessler et al., 2007).

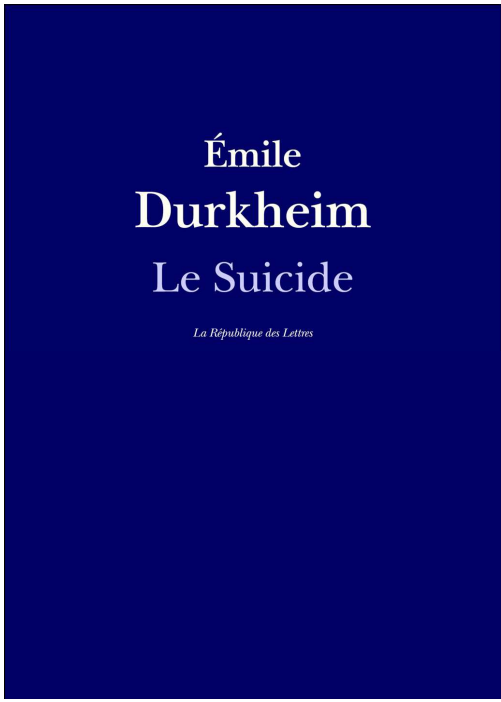
Soc Indic Res (2013) 110:703–719
DOI 10.1007/s11205-011-9954-y

Happiness Among Adolescent Students in Thailand: Family and Non-Family Factors

Rossarin Soottipong Gray · Aphichat Chamratrithirong · Umaporn Pattaravanich · Pramote Prasartkul



Based on regression analysis, **family factors** are more important than non-family factors in explaining the variations in adolescents' happiness. Regarding the family domain, those who reported sufficient time spent with family members and highest level of love and connectedness were happiest. Those living in a two-parent family were happiest, followed by those living with a married father or a married mother (in a single parent family). Those living in an unmarried mother family were unhappiest, controlling for household economic status. These findings highlight the important role of a father in a country with a matrilocal family system. Regarding **non-family factors**, adolescents with the highest school attendance, highest self-esteem, and highest economic status who also regularly participated in extracurricular activities were happiest.



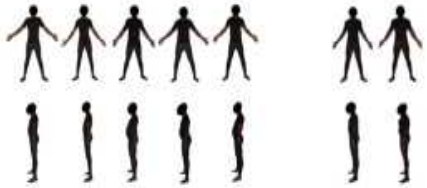
Material and Relational Difficulties: The Impact of the Household Environment on the Emotional Well-Being of Young Black Women Living in Soweto, South Africa

Journal of Family Issues
1–26

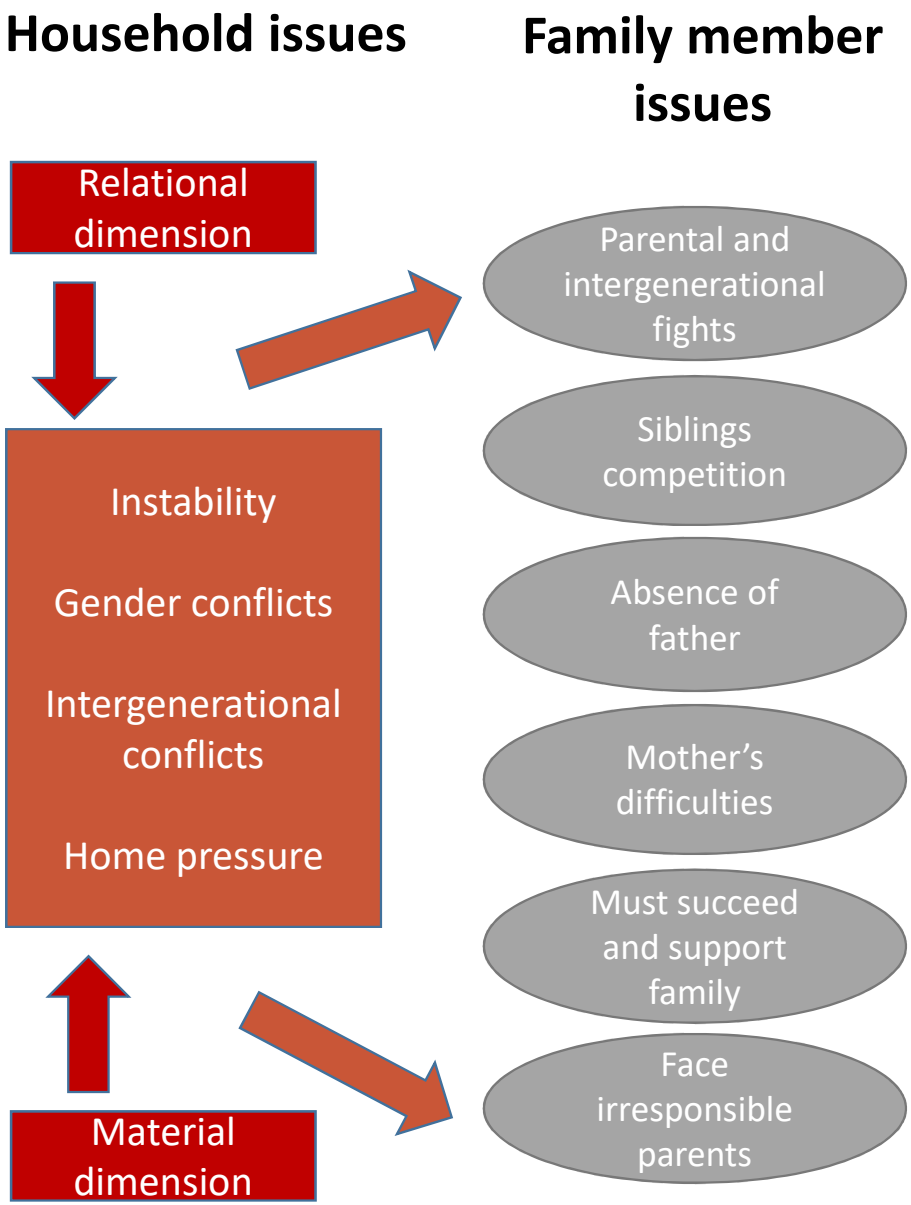
DOI: 10.1177/0192513X19887524
journals.sagepub.com/home/jfi
SAGE

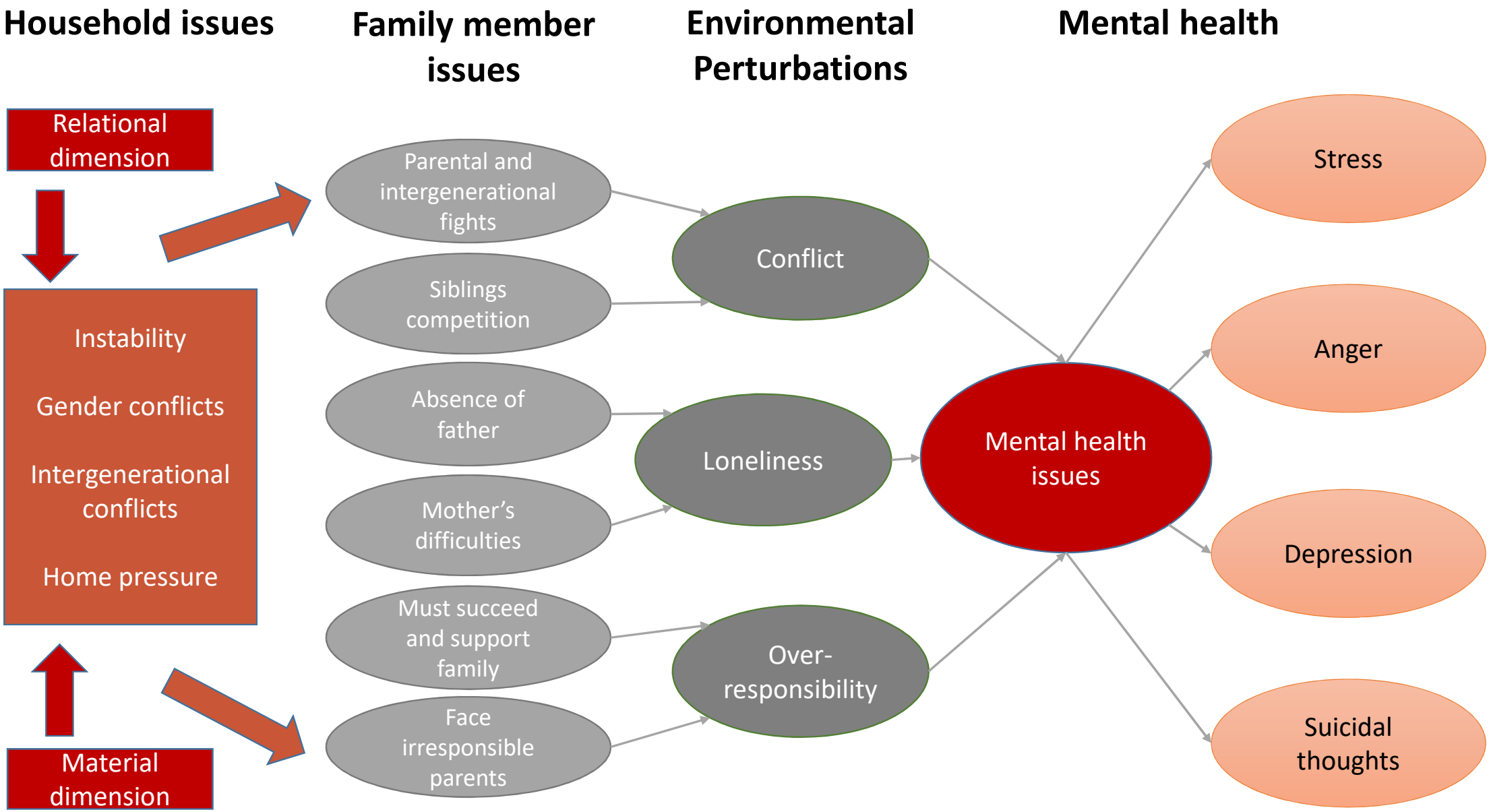
Emmanuel Cohen[1], Lisa J. Ware[1], Alessandra Prioreschi[1], Catherine Draper[1], Edna Bosire[1], Stephen J. Lye[2], and Shane A. Norris[1]

	Items / P values	Classic models			Modern models		
		Urban	Suburban	Rural	Urban	Suburban	Rural
Responses of participants (%)	The most feminine***	60.8	71.3	81.5	39.2	28.7	18.5
	Good for marriage**	65.4	74.2	83.1	34.6	25.8	16.9
	Give sexual pleasure*	64.2	68.2	82	35.8	31.8	18
	Beautiful***	55	53	79.2	45	47	20.8
	Make husband happy 0.07	71.4	68.8	82.6	28.6	31.2	17.4
	Desired body*	62.5	60.5	77.1	37.5	39.5	22.9
	Ideal body*	66.1	63.6	82.6	33.9	36.4	17.4



	Items / P values	Classic models			Modern models		
		Urban	Suburban	Rural	Urban	Suburban	Rural
Responses of participants (%)	The most masculine**	27.9	27.6	43.4	72.1	72.4	56.6
	Sexually strong	32.5	31.2	42.7	67.5	68.8	57.3
	Give sexual pleasure*	37.9	33.7	52	62.1	66.3	48
	Beautiful**	37.5	38.3	56.9	62.5	61.7	43.1
	Make wife happy	34	34	46.8	66	66	53.2
	Desired body***	44.8	35.1	64.8	55.2	64.9	35.2
	Ideal body*	39.5	35.2	50.3	60.5	64.8	49.7


Household issues
Family member issues
Relational dimension
Instability
Gender conflicts
Intergenerational conflicts
Home pressure
Material dimension
Parental and intergenerational fights
Siblings competition
Absence of father
Mother's difficulties
Must succeed and support family
Face irresponsible parents


Household issues
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Mother's difficulties
Must succeed and support family
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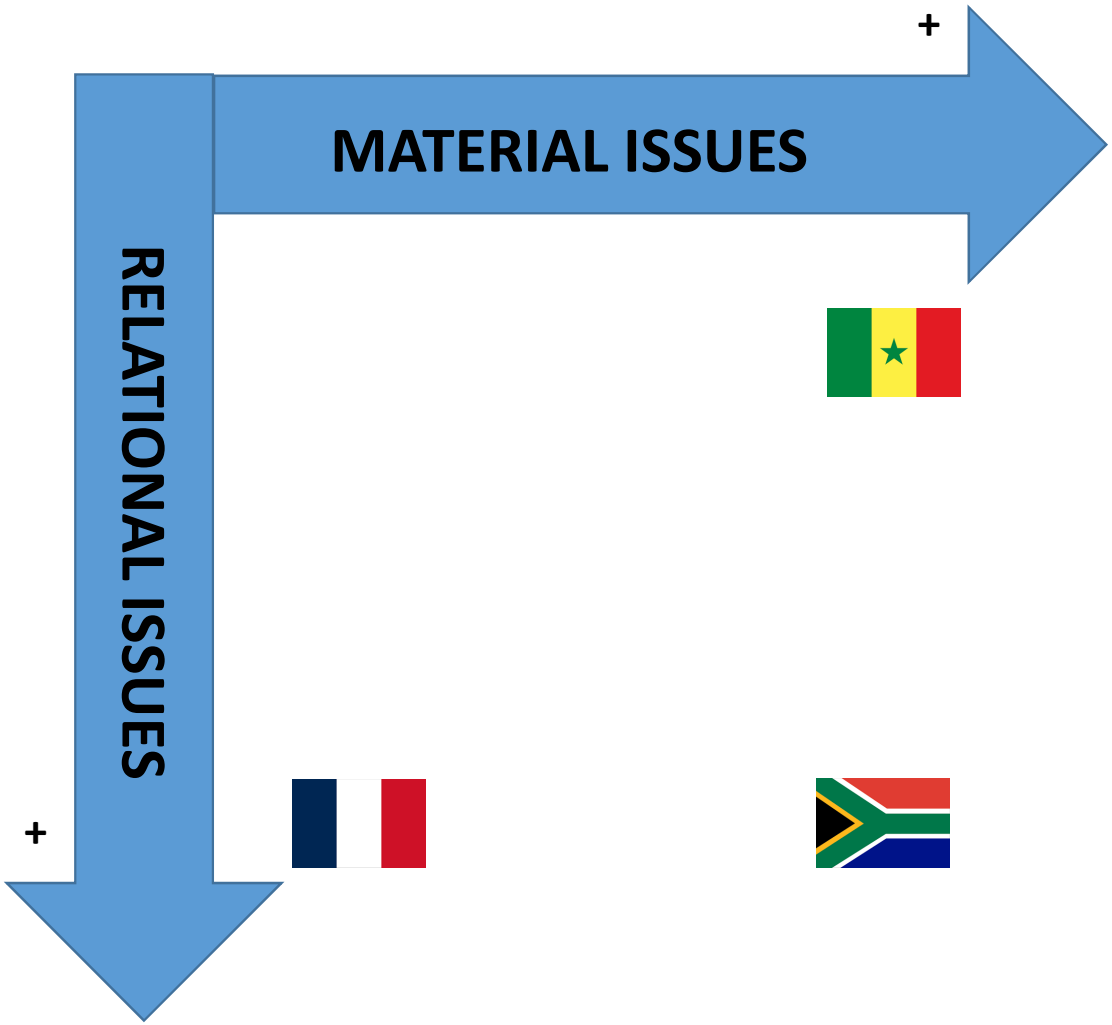
Conflict
Loneliness
Over-responsibility
Mental health issues
Stress
Anger
Depression
Suicidal thoughts



MATERIAL ISSUES

Chronic poverty

Unemployment

Healthcare inaccessibility

Territorial exclusion

RELATIONAL ISSUES

Family trauma

Social interactions

Social pressures

Professional life

Mental Health & Global Well-being in urbanised Youth: HealthYouth project

Scoping Review Methods

HealthYouth consortium

Research Question

What are the determinants of psychosocial distress in adolescents experiencing urban transition?

P (Population): Young people – children and adolescents

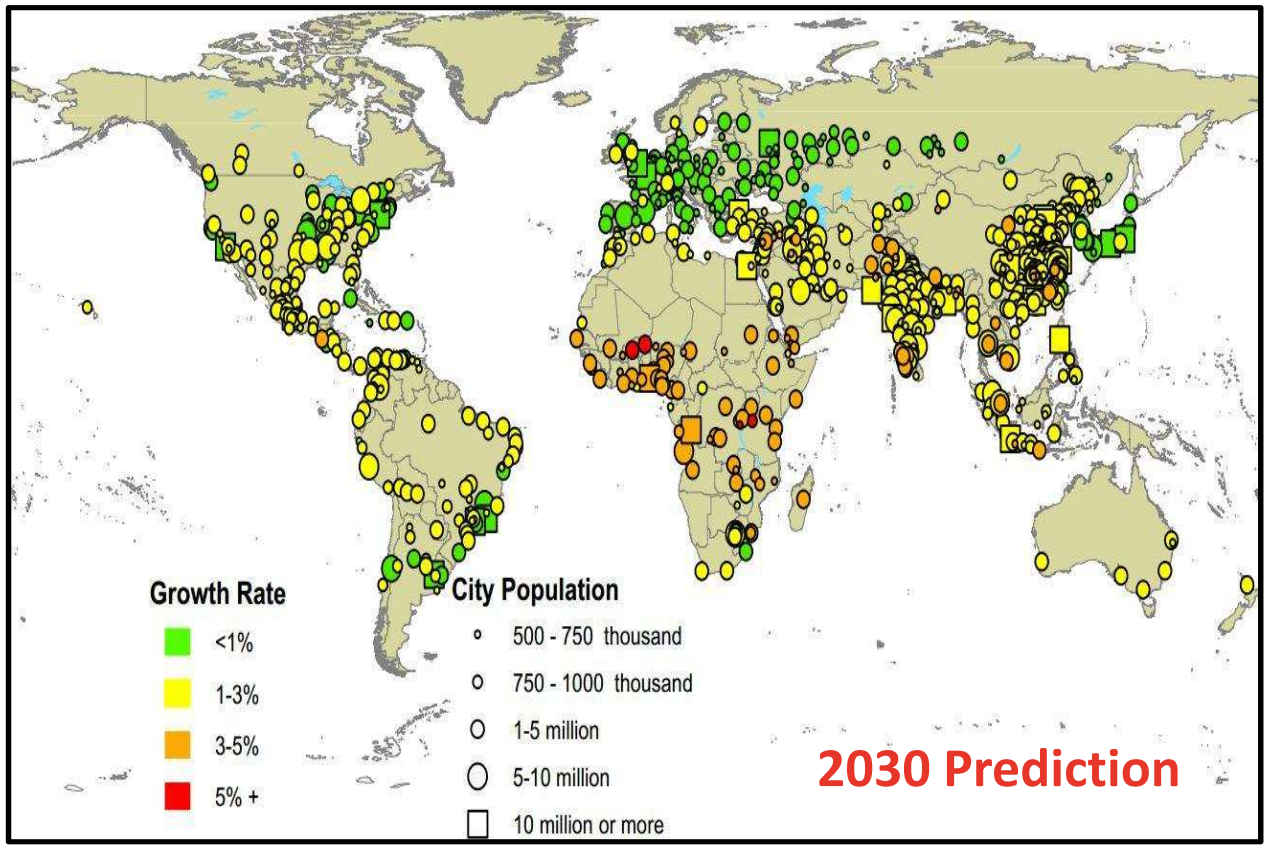
E (Exposure): Experiencing an urban transition

C (Comparison): Rural counterparts

O (Outcome): Psychosocial distress

Objectives / Aims

Explore holistically the determinants of psychosocial distress, and related mental issues, in young people along the urban transition: the cases of Malawi, Senegal, South Africa and France.



CREDIT UN WORLD URBANIZATION PROSPECTS REPORT, 2014

Search strategy

Databases searched: EbscoHost (Academic search Premier, AfricaWide Information, APA PsychArticles, APA PsychInfo, CINAHL, Health Source: Nursing/academic, SocIndex), Scopus, Web of Science and PubMed.

Search Terms: All studies published from 2015, in English with the following keywords or Medical Subject Headings (MeSH) terms ("psychological distress" OR depression OR anxiety OR "eating disorders" OR suicide OR "suicidal risk" OR "self-harm" OR "body image" OR "suicidal ideation")

AND ("risk factors" OR determinants OR drivers OR family OR peers OR relationships OR poverty OR "socio-economic status")

AND (Urbanization OR lifestyle OR "urban area" OR "rural area" OR transition)

AND (Youth OR "young people" OR adolescen* OR child* OR teen*)

AND ("mental health") will be identified.

Country	Contextual Change	Age group	Psychosocial distress	Risk factors
China (n=4)	Separated from parent due to parent's migration to the city/ urban area for work	Middle school children to undergraduate university students	University students depression, anxiety, OCD, attempted suicide, self-harm Middle school children depression, dysfunctional attitude and GAD	• Early maternal separation • Bullying • Loneliness • Stress from home
United states (n=2)	Latin American migrants to the States Transition to college	Latino children 6-18 years College freshman	Latino migrant children Anxiety and depression (child and teacher reported) University students Increased depression and anxiety	• Loneliness • Economic hassles • Discrimination
Vietnam (n=1)	Parental divorce- change in family dynamic	12–17-year-olds	Stress, anxiety, depression	Separated or divorced parents
France (n=1)	Transition to University	Not identified	Depression and anxiety	• Being a woman and living alone • Financial difficulties • Learning disabilities
India (n=1)	Urbanisation	Various studies on children 0-24 years old	Stress, suicide related behaviours, depression, anxiety, psychiatric morbidity	• Female gender • Academic difficulties • Familial relationships
Australia (n=1)	Family transition from military life to civilian life.	5-25 years old during transition	Increased mental health stress	Psychosocial challenges during the family transition

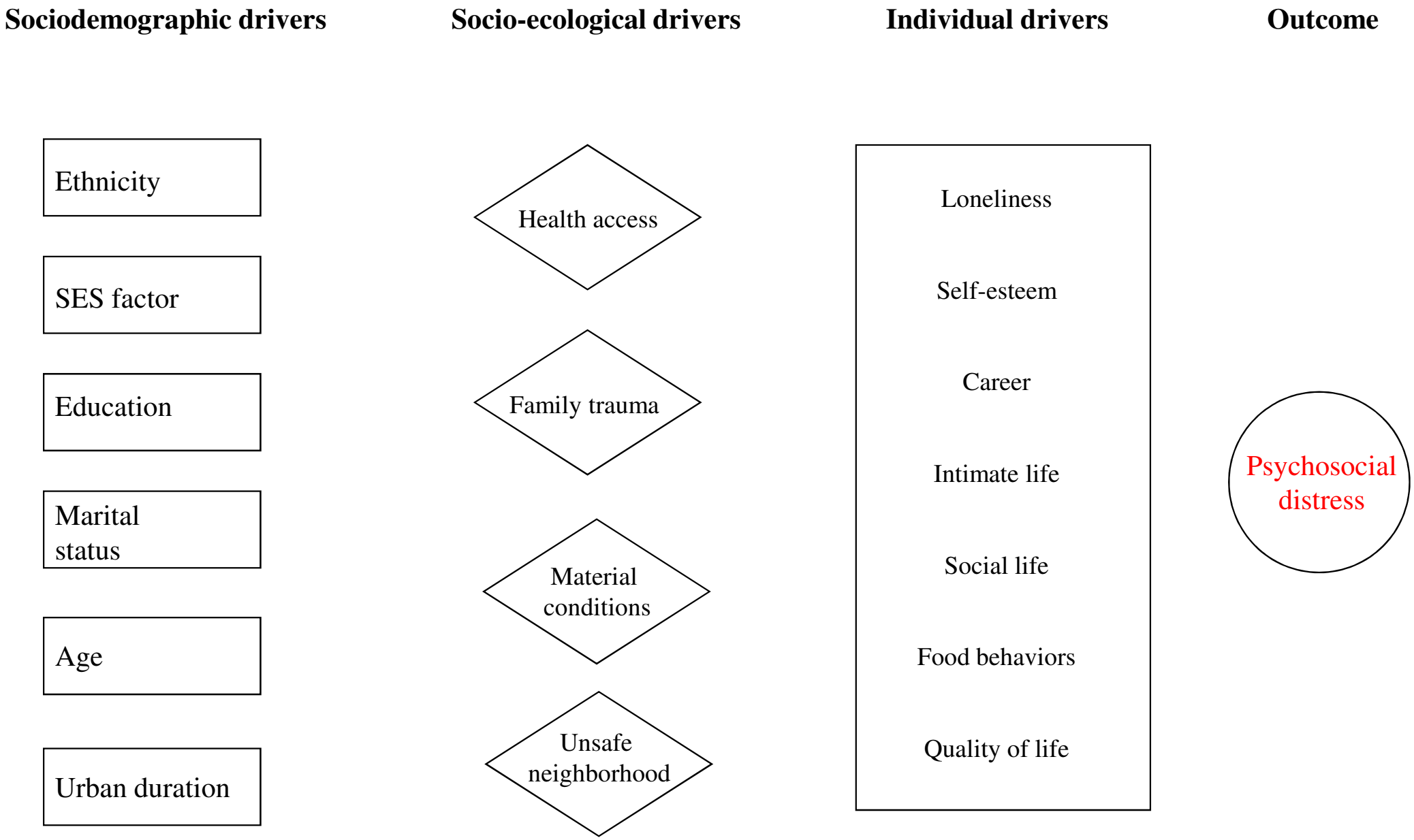
Main take aways

The most common psychosocial distress in adolescents experiencing a transition are anxiety, depression and suicidal behaviours

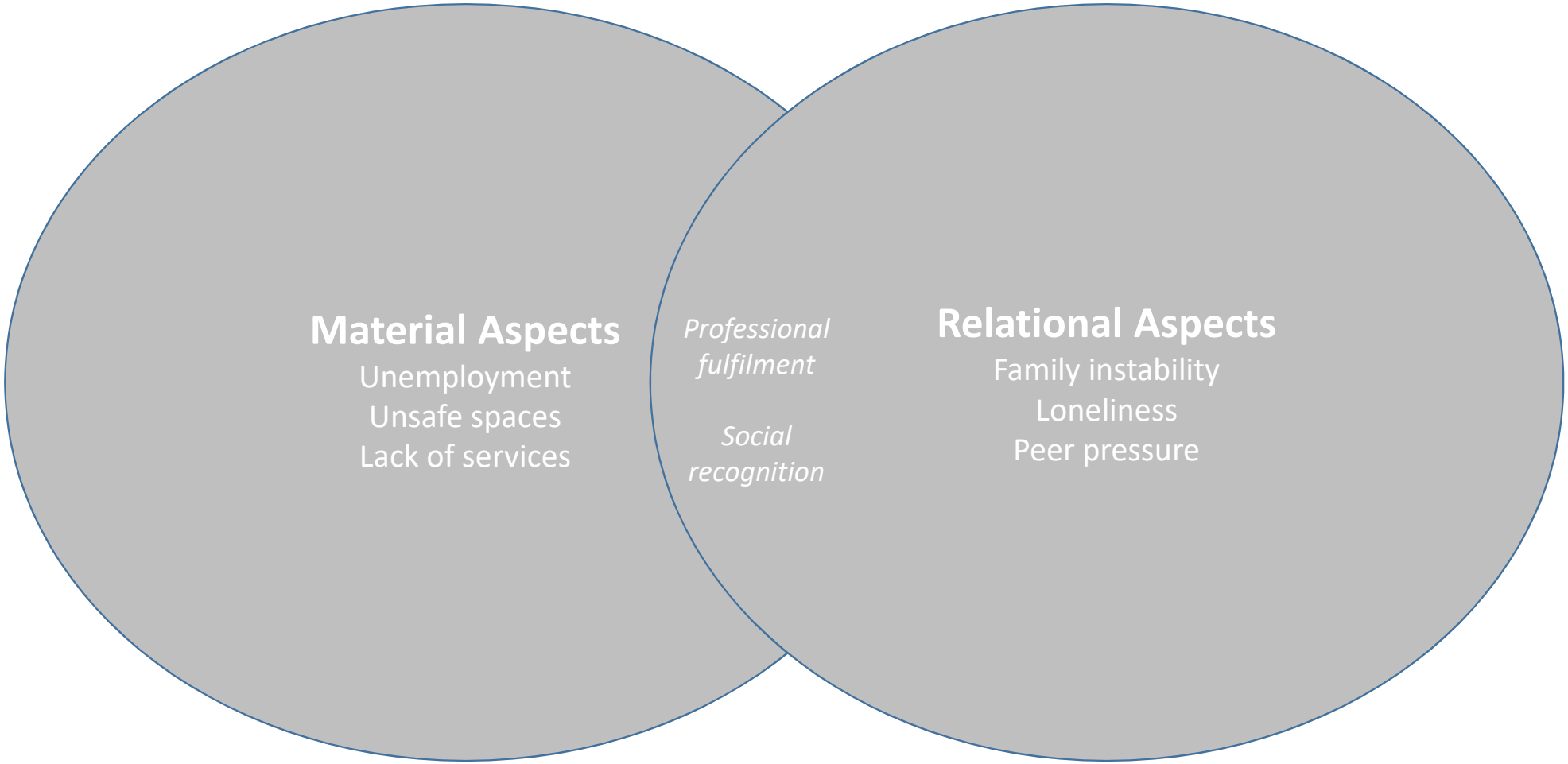
In China, urbanisation has affected the family structure resulting in adverse outcomes in adolescents' mental health

Transition in middle school children result in anxiety, depression, and behavioural problems, in University students it results in anxiety, depression and suicidal behaviour

Risk factors for developing mental health disorders include gender, loneliness, financial constraints, and a change in family structure


Sociodemographic drivers
Socio-ecological drivers
Individual drivers
Outcome
Ethnicity
SES factor
Education
Marital status
Age
Urban duration
Health access
Family trauma
Material conditions
Unsafe neighborhood
Loneliness
Self-esteem
Career
Intimate life
Social life
Food behaviors
Quality of life
Psychosocial distress

Beyond the borders



The City of Helsinki, 2025

Thank you for your attention

"Be happy and live". Photo taken in 2021 by photographer and mental health activist Damilare Adeyemi