



# Navigating Crises and Building Resilience: Supporting Young People's Mental Health Across the Life Course

## Key Messages

- The mental health impacts of shocks and crises, including COVID-19, conflict and climate change, are often overlooked by international forums such as the UN General Assembly and climate conferences (COP). Increasing investment in mental health is urgently needed, particularly in conflict-affected regions like Ethiopia, where trauma is widespread and services are scarce.
- Social protection programmes, such as cash transfers and food assistance, play a crucial role in improving financial and food security, both of which can support mental health recovery and help build resilience.
- Integrating mental health across government sectors, including social welfare, labour, education, and women and youth, alongside the health sector, is key to enabling a holistic approach and improving services and care.
- Expanding community-based support and integrating mental health services in primary care, along with workforce investment and training, would provide better access for young people, especially in resource-limited settings.
- Inequalities in the early years cast a long shadow on mental health and well-being in later life. Supporting early parenting and socialisation programmes can benefit young people's mental health in the long term.
- Adolescence and early adulthood are critical periods for building resilience to mental health issues, with strong parental relationships and friendships being protective factors. Awareness campaigns are also essential to motivate young people to seek help and reduce stigma.
- Young women's mental health is disproportionately affected by crises. Strategies to improve the mental health of women and girls should consider practical steps to ease the burden of unpaid care work, reduce early marriage, and support girls and young women continuing in education.
- Young Lives has set out an ambitious vision for 2030. Its new data on experiences of anxiety, depression, stress, post-traumatic stress disorder (PTSD) and risk of psychosis, along with ground-breaking analysis of cortisol stress levels from hair samples, will provide valuable insights as part of the new [Research Hub on Climate Change and Environmental Shocks](#) (Young Lives 2025).

## Overview

Mental health received global attention during the COVID-19 pandemic, as people around the world grappled with the adverse effects of prolonged lockdowns and social isolation. Young Lives' evidence showed that young people in low- and middle-income countries (LMICs) experienced increasing anxiety and depression and a significant decline in well-being as the pandemic became more severe, at a critical period in their lives for building resilience to mental health challenges. Young women and those from disadvantaged backgrounds were disproportionately affected, due to multiple factors such as interrupted education, increased unpaid work, food insecurity and job losses (Ford and Freund 2022).

The importance of mental health and well-being in shaping people's lives is reflected in the Sustainable Development Goals (SDGs).<sup>1</sup> While there is increasing evidence on the scale of mental health challenges around the world, there is very little evidence on the lasting impacts on young people in LMICs and how to build resilience in times of crises, set against a backdrop of incredibly low investment in mental health care and overstretched services.

Drawing on over two decades of data, Young Lives is one of the few studies collecting longitudinal data on mental health in LMICs, including in conflict-affected regions of Ethiopia, providing a holistic, life-course perspective of risk factors and effective strategies for building resilience.<sup>2</sup> The study's latest evidence shows that young people's mental health has not fully recovered since the pandemic, and that the combined effects of COVID-19, armed conflict and climate change are having a significant impact on young people's transitions to adulthood.

**This policy brief summarises the emerging new evidence from Young Lives and sets out policy recommendations for the global community to step up action to promote, protect and care for young people's mental health in LMICs.** Young Lives' research has also informed the World Health Organization's recent Guidance on Mental Health Policy and Strategic Action Plans (WHO 2025a), highlighting the need for a holistic, life-course approach that prioritises person-centred, recovery-oriented and rights-based mental health care.

## The Young Lives study

Young Lives has been following the lives of 12,000 young people in Ethiopia, India (in the states of Andhra Pradesh and Telangana), Peru and Vietnam, from infancy into early adulthood, since 2002. In each country, the study is divided into two age groups: 2,000 young people born in 2001 (the Younger Cohort) and 1,000 born in 1994 (the Older Cohort).

This policy brief draws on two decades of Young Lives' longitudinal mixed-methods data and research. This includes mental health data collected in the sixth survey round during the COVID-19 pandemic (Round 6), as well as new insights from the latest survey conducted in 2023–24 (Round 7)<sup>3</sup> and summarised in a new report, '[Young People's Mental Health in Unprecedented Times: Research Report from Round 7 in Ethiopia, India and Peru](#)' (Quigua, Favara and Sánchez 2025). The brief also draws on personal stories and lived experiences gathered through in-depth interviews conducted in Peru in 2023 (Rojas and Flores 2025) and Ethiopia in 2025 (Pankhurst et al. forthcoming).

## Young Lives findings

### ***Young people's mental health has not fully recovered since the pandemic***

Young people's mental health worsened as the COVID-19 pandemic became more severe across all the Young Lives study countries. Evidence from Young Lives showed a worrying picture of increasing anxiety and depression and declining well-being during the lockdowns in 2020–21, reversing positive trends in well-being over the previous two decades (Favara, Freund et al. 2022).

In addition to measuring young people's well-being and experiences of anxiety and depression, the Round 7 survey in 2023–24 was extended to collect new information on mental health. This included measuring experiences of stress, as well as post-traumatic stress disorder (PTSD) in Ethiopia, and symptoms compatible with the risk of psychosis in both Ethiopia and Peru. This comprehensive new dataset provides a unique source of comparable multi-country information on mental health across LMICs.

Young Lives' latest evidence suggests that young people's mental health has not yet fully recovered since the pandemic, highlighting the lasting effects of crises.

1 SDG 3, on good health and well-being, includes a specific target to promote mental health and well-being for all at all ages (Target 3.4): see <https://sdgs.un.org/goals/goal3>.

2 Young Lives uses a range of validated scales to measure experiences of mental health conditions; while these scales identify related symptoms, it is important to note that they are not diagnostic tools.

3 Round 7 took place in the Young Lives study sites in Ethiopia, India and Peru; data was not collected in Vietnam in this survey round due to a change in government regulations for the international transfer of personal data.

## Experiences of anxiety and depression differ across countries, while stress levels are consistently high

By 2023–24, experiences of anxiety and depression among young people in India and Peru remained similar to those reported during the pandemic in 2020–21. Peru continued to report the highest rates, with just under one in three young people (30%) experiencing symptoms of at least mild anxiety, and one in four (24%) reporting at least mild depression, while young people in India reported the lowest rates (10% for both anxiety and depression) (see Figure 1). This result is expected as Peru had one of the highest death rates from COVID-19 in the world and implemented an extensive national lockdown throughout the pandemic, amid significant political upheaval.

In contrast, mental health has been deteriorating in Ethiopia, with increasing experiences of anxiety (20%) and depression (17%), most likely due to the ongoing armed conflict in the Amhara and Tigray regions, as discussed in more detail below.

Experiences of stress appear to be consistently high across the Young Lives study countries, with at least six out of ten

young people in Ethiopia, India and Peru reporting at least moderate levels of stress in 2023–24.<sup>4</sup> As with anxiety and depression, stress levels were highest in Peru, where 70% reported symptoms, followed by 61% in Ethiopia and 59% in India. Most individuals reported moderate stress, while only 4% reported severe levels.

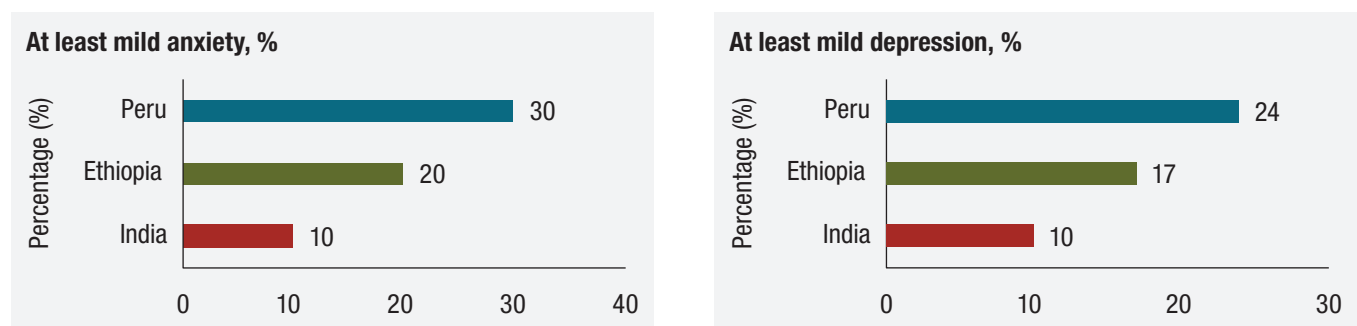
## Well-being has recovered since the pandemic, though progress varies

In contrast to experiences of anxiety and depression, young people's subjective well-being has improved since the pandemic, though progress varies by country.

By 2023–24, well-being had made a strong recovery in India, exceeding pre-2020 levels. In Peru, well-being had largely returned to pre-pandemic levels, although it was still below that recorded at the age of 12 in 2013–14 (Figure 2).

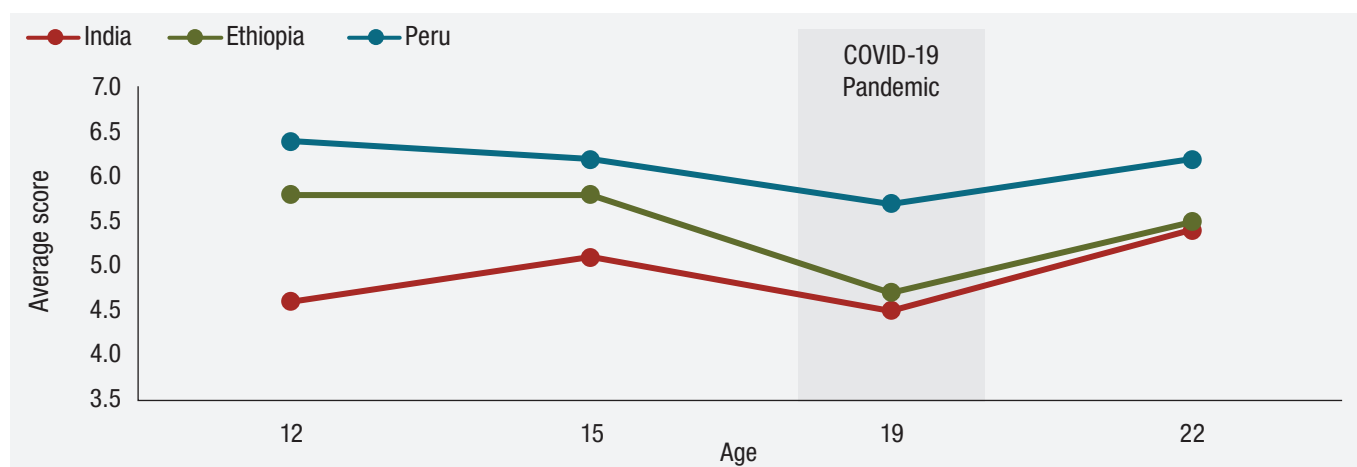
In Ethiopia, despite signs of some recovery, overall subjective well-being remains below pre-pandemic levels, most likely due to the effects of multiple crises, including conflict, drought and high inflation.

**Figure 1.** Experiences of at least mild anxiety or depression among Young Lives respondents in 2023–24 by country



Notes: Young Lives measures the prevalence of symptoms compatible with anxiety using the Generalized Anxiety Disorder Assessment (GAD-7) with a score from 0 to 21, and with depression using the Patient Health Questionnaire (PHQ-8) with a score from 0 to 24. Based on the number and frequency of symptoms disclosed, participants were distinguished by whether they reported symptoms compatible with 'minimal' anxiety or depression (score below 4), or at least 'mild' anxiety or depression (above 5).

**Figure 2.** Subjective well-being average scores for the Younger Cohort over time



Notes: Subjective well-being is measured using the Self-Anchoring Striving Scale, also known as Cantril's Ladder. Using this instrument, respondents were asked to consider a ten-step ladder, with the top step representing the best life and the bottom step the worst life they could imagine.

<sup>4</sup> Young Lives measures the prevalence of symptoms compatible with stress using the Perceived Stress Scale (PSS10) with a score from 0 to 40. Based on the number and frequency of symptoms reported, participants were distinguished by whether they report symptoms compatible with 'low' stress (between 0 and 13) and at least 'moderate' stress (above 14).

### ***Young people's mental health is significantly affected by food insecurity and job losses***

Young Lives' longitudinal evidence shows that global crises are intensifying many risk factors associated with the onset and persistence of mental health conditions, particularly those related to increasing poverty and inequality. Multiple overlapping crises, including the COVID-19 pandemic, armed conflict and climate change, are increasing food insecurity and economic hardship, with a profound impact on young people's mental health.

**During the pandemic, Young Lives' research revealed that increasing food insecurity among households had a heavy toll on mental health** across all study countries, exacerbated by climate shocks and conflict in Ethiopia (Porter et al. 2022). Young people living in the drought-affected southern region of Ethiopia experienced a tenfold increase in anxiety during 2020–21, alongside a significant increase in depression. This is particularly concerning as food insecurity remains a critical and widespread issue, especially in India and Ethiopia, where 80% and 74% of Young Lives households, respectively, were either worried about running out of food or did not have enough food due to financial constraints in 2023–24 (see Figure 3).

**Job losses are another major source of anxiety for young people.** Those who had lost their job during the pandemic were among those most likely to report anxiety in all the study countries (Ford and Freund 2022; Freund et al. 2025). For example, in India, those who had lost their job were twice as likely to report anxiety (20%, compared to 11%).

Young Lives' qualitative data also shows that job quality can have a significant bearing on young people's mental health. In Peru, formal, stable employment with access to social benefits is closely linked to positive well-being as young people transition to adulthood. In contrast, individuals working in the informal sector or those unable to secure stable employment report lower life satisfaction and increased anxiety about their future economic prospects (Rojas and Alván 2024).

### ***The conflict in Ethiopia is having a devastating toll on young people's mental health***

Young Lives was the first longitudinal study to quantitatively investigate the impact of the sudden outbreak of civil conflict in November 2020 in Tigray, Ethiopia, on the mental health of young people (Favara, Hittmeyer et al. 2022). The study found that two out of five young people in Tigray experienced mental health issues in the initial months following the start of the conflict; experiences of anxiety (34%) were three times higher than before the conflict, while experiences of depression had increased significantly, from 16% to 25%.

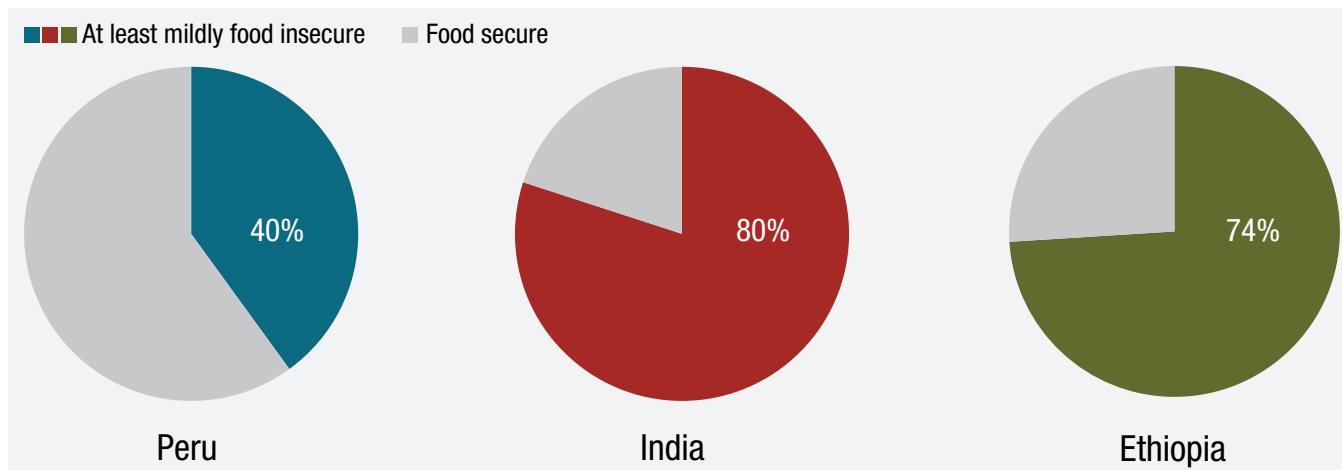
#### **Collecting data in conflict settings**

Gathering data about the impacts of conflict on young people's mental health comes with significant practical and ethical risks, not least safeguarding the health and well-being of respondents and researchers (Ford, von Russdorf and Favara 2023).

With this in mind, Young Lives pioneered an innovative audio computer-assisted self-administered interview (ACASI) to gather highly sensitive responses relating to the impact of the conflict, to minimise distress in recalling traumatic events and reduce secondary trauma for fieldworkers. The findings show that not only does this instrument prioritise duty of care, but participants were also more likely to disclose sensitive conflict-related experiences, compared to standard interview procedures, therefore enhancing data quality (von Russdorf et al. 2024).

While the conflict in Tigray officially ended in November 2022, ongoing hostilities in the Amhara region meant that two of the Young Lives study sites were unsafe for in-person interviews during the Round 7 survey and recent qualitative interviews, with interviews conducted by phone instead.

**Figure 3.** Food insecurity among Young Lives households in 2023–24 (%)

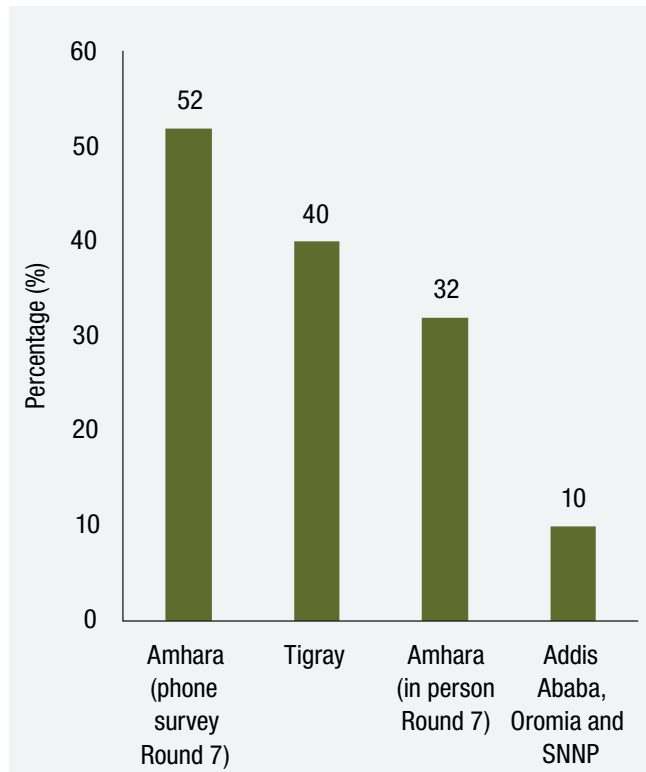


Notes: Young Lives assesses food insecurity at the household level using a modified version of the Household Food Insecurity Access Scale (HFIAS). Food-secure households under this definition never worried about running out of food, faced limits on meal variety, portion sizes or number of meals due to lack of money, or experienced hunger.

As of 2023–24, the effects of the conflict and ongoing hostilities continue to significantly affect young people's mental health, with clear regional impacts. Participants originally from Tigray and Amhara reported the highest levels of distress, with 41% from Tigray reporting anxiety and 32% reporting depression, while in Amhara, 32% reported anxiety and 19% reported depression.

Notably, anxiety levels were even higher among participants from Amhara who were interviewed by phone due to ongoing conflict in the study areas, with just over half (52%) of young people affected (see Figure 4).<sup>5</sup>

**Figure 4.** Experiences of at least mild anxiety among Young Lives respondents in 2023–24 by region in Ethiopia



Tigray and Amhara also had the highest reported rates of PTSD-related symptoms.<sup>6</sup> In Tigray, one in five young people (20%) reported PTSD symptoms. In Amhara, 17% of those interviewed by phone, who were most likely to be exposed to conflict at the time of the interview, reported PTSD-symptoms, compared to 9% of those interviewed in-person in other parts of Amhara. In stark contrast, fewer than 1% of participants from other regions in Ethiopia reported similar symptoms.

### Lived experiences of the impact of conflict on mental health in Ethiopia

New qualitative evidence from Young Lives Ethiopia reveals the devastating impacts of conflict on young people (Pankhurst et al. forthcoming). Many have endured shocking levels of violence and loss of life, food shortages, financial hardship and destruction of property. These traumatic experiences can have profound impacts on young people's mental health and well-being.

One example is Fiseha<sup>7</sup>, who was injured in the hand and leg by a drone attack. His sister paid the hospital fees to have shrapnel removed, and he considers himself lucky to be walking with a cane two months later. Though he believed that holy water briefly eased his nightmares, he continued to report severe mental distress at the time of the interview, saying:

*“I see my friends in my nightmares and when I wake up and can't fall back asleep. I see some who died in the battlefields. Sometimes I see myself fighting or sitting and joking with them. I thought it was better to try to heal rather than spend time on the streets. With the holy water I was sleeping better, but the last two months after returning I am not getting enough sleep. I've heard that there are instructions on how to sleep in the right position, have the right mindset and follow a proper eating programme. But right now, there's nothing available here.”*



<sup>5</sup> The prevalence of symptoms compatible with depression among participants from Amhara interviewed over the phone was assessed using a two-item scale (PHQ-2); this group also reported the highest levels of depression compared to other groups when using the same measure.

<sup>6</sup> Young Lives measures the prevalence of symptoms compatible with PTSD using a subset of questions from the International Trauma Questionnaire (ITQ-9). Participants were distinguished by whether they reported at least one symptom of PTSD or not.

<sup>7</sup> We protect the anonymity of the young people and their families in Young Lives study. Fiseha is a pseudonym and the photos used are not of the Young Lives participants but are of young people living in similar circumstances and communities.

### ***Inequalities in the early years cast a long shadow on mental health and well-being in later life***

The latest findings from Young Lives indicate that growing up in challenging circumstances can have a lasting impact on how young people feel about their lives as adults. In India, those from poorer households, rural areas or disadvantaged castes, such as Scheduled Castes and Scheduled Tribes, typically report lower subjective well-being than those from wealthier households or urban areas, and those with more educated caregivers. In Ethiopia, a caregiver's education also plays an important role – those with more educated caregivers generally report feeling better about their lives as adults, with higher reported well-being. Qualitative evidence from Peru also suggests that well-being is closely linked with family support, both in terms of care and financial assistance during childhood and adolescence, as well as providing emotional reassurance during adulthood (Rojas and Alván 2024).

The effects of early-life circumstances on mental health conditions in adulthood are complex and vary across countries. In India, those from poorer or more disadvantaged households are more likely to experience symptoms compatible with anxiety, depression and stress, compared to those from wealthier households or those with more educated mothers. The pattern is different in Ethiopia and Peru, where those from wealthier households or urban areas report significantly higher levels of anxiety and depression.

More research is needed to understand these different patterns, including how the effects of early-life adversities can go beyond mental health and have intergenerational effects. For example, Young Lives' research in Peru shows that maternal depression can have a detrimental impact on children's physical growth and socio-emotional and cognitive skills, including vocabulary skills at age 5, particularly for children living in disadvantaged households (Bennett et al. 2016; Bendini and Dinarte 2020).



## Adolescence and early adulthood are critical periods for building resilience to mental health issues

The Lancet Commission on Global Mental Health estimates that half of all mental health conditions develop during adolescence and up to three-quarters develop by early adulthood (Patel et al. 2018). If left untreated, these conditions can persist into adulthood and have an impact on long-term outcomes, such as education, employment and relationships, underscoring the critical importance of Young Lives' findings.

Adolescence and early adulthood are significant periods of transition in young people's lives, including moving from education to work, forming relationships, leaving the parental home, navigating choices and tensions around marriage and having children, and setting up new family homes. These transitions can be especially stressful when compounded by the unprecedented, overlapping crises of COVID-19, conflict and climate change.

Young Lives' qualitative evidence in Peru shows how early-life disadvantages increase the likelihood of interrupted education (Rojas, Crivello and Alván 2022), which can lead to cumulative emotional distress, especially during adolescence and early adulthood. Young people have also highlighted how experiences of violence, both in the home and at school, such as harsh discipline, humiliation, emotional neglect or verbal aggression, can have an impact on their mental health. These experiences, which are often normalised and go unreported, are not always captured in survey data. However, they can have significant and lasting effects on anxiety and depression, especially when they accumulate over time and are combined with limited access to support and mental health services (Rojas and Flores 2025).

In contrast, Young Lives' longitudinal data shows that strong parental relationships and friendships during adolescence can help to protect young people from experiencing mental health conditions later in life, although the relative importance of these factors differs across countries (Porter et al. 2021). Positive parent-child relationships were found to be a significant protective factor in India and Peru, whereas friendships with peers were more important in Ethiopia.

## Young women's mental health is disproportionately affected by crises

Young Lives' evidence shows that young women's mental health was disproportionately affected by shocks and crises in the first year of the COVID-19 pandemic (Porter et al. 2021). Women were significantly more vulnerable to anxiety during the pandemic in India and Peru, and more vulnerable to depression in Peru. For example, in India, 26-year-old women were nearly three times as likely to report anxiety than men of the same age (Singh and Juneja 2025).

Young women's mental health was particularly affected by increased unpaid care work during the pandemic. In India, 21% of those who reported spending more time on

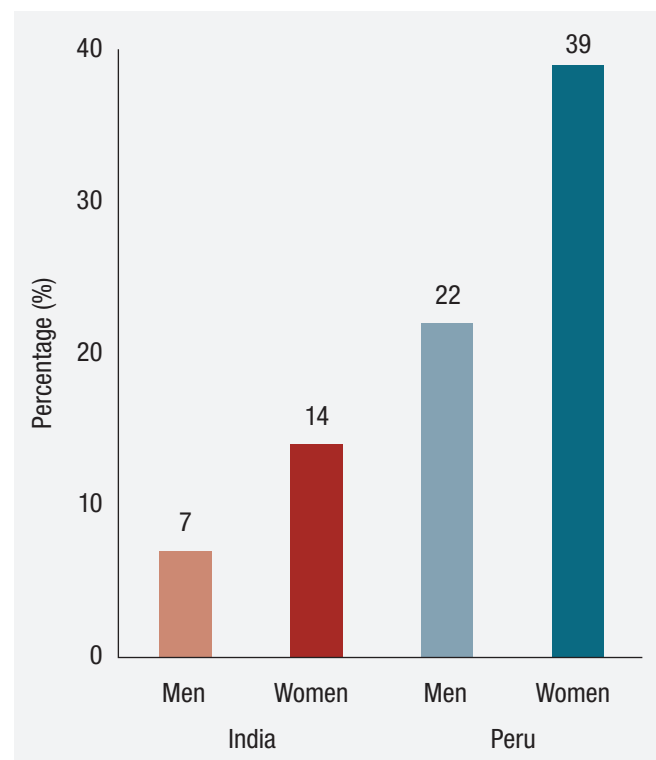
childcare during lockdowns reported anxiety symptoms, compared to only 10% of those without increased responsibilities. In Peru, Young Lives' qualitative evidence highlights how young women bore the brunt of caregiving during the pandemic, not only for their children but also for other family members, which limited their opportunities to pursue education and employment and intensified feelings of isolation and distress (Rojas and Alván 2024).

In Ethiopia, the extended closure of schools and universities during the pandemic directly affected young women's mental health, especially those from the poorest households. Nineteen-year-old women whose education was interrupted were more than twice as likely to report anxiety and depression than those who were able to continue their education.

Young Lives' research has also shown that early marriage negatively affects subjective well-being (Das 2024) and that young women who start families early under unstable conditions face increased and compounding mental health risks (Rojas and Flores 2025).

By 2023–24, young women were still reporting more experiences of mental health issues than men across all three study countries.

**Figure 5.** Experiences of at least mild anxiety among Young Lives respondents in 2023–24 by gender



In India and Peru, experiences of anxiety among women were nearly double that of men (Figure 5), and experiences of depression were higher among women in all three countries, though with less of a gap than for anxiety. Concerningly, in India, while men's overall mental health has marginally improved since the pandemic, women's overall mental health has worsened.

## Lived experiences of mental health in Peru

In-depth interviews with two young women in Peru illustrate how the combined pressures of increased household responsibilities, financial hardship and limited access to mental health services, including due to stigma, have had a profound impact on their mental health and well-being (Rojas and Flores 2025). These accounts highlight how structural inequalities related to poverty and gender intensify risk factors and increase women's vulnerability to mental health issues. Both women also described how severe anxiety has affected their physical health, including changes in their eating habits leading to eating disorders and becoming overweight, and how these struggles led to them contemplating suicide.

These stories are neither isolated nor anecdotal. Rather, they reveal how young women's mental health is deeply shaped by structural inequalities, including poverty, gender inequalities and the absence of support during critical transitions such as early motherhood or dropping out of school.

“I didn't have a happy life as a child, and I don't have a happy life now that I have a family. So, when am I going to be happy?” (Aurora)<sup>8</sup>

“I think I still need help. Professional help ... there are days when emotionally I'm still a bit bad. I think that this eating disorder that has started, you could say that it's still going on, that I haven't overcome it 100%.” (Daniela)<sup>9</sup>



8 For more on Aurora's story, see <https://storymaps.arcgis.com/stories/fdc140487233494e97c11cc0bf18ee8c>.

9 For more on Daniela's story, see <https://storymaps.arcgis.com/stories/7891c623dc95494a82bd5d896b0bb865>.

## Policy implications

Young Lives' longitudinal evidence provides a holistic, life-course perspective to understanding mental health, highlighting the significant role of social and structural factors and the need to support an enabling and inclusive environment for better mental health during a critical period of transition to adulthood. The study's latest findings continue to show that young people's mental health is shaped by their country, community, and personal circumstances.

Evidence from Young Lives has informed the [WHO's 2025 Guidance on Mental Health Policy and Strategic Action Plans](#) (WHO 2025a), promoting a shift from predominantly biomedical approaches towards a person-centred, recovery-oriented and rights-based model of mental health care. It also emphasises the importance of reflecting lived experiences in shaping inclusive, responsive mental health systems and advocates for cross-sector collaboration to deliver holistic support.

While policies always need to respond to specific country contexts, the following recommendations provide general strategies to better promote, protect and care for young people's mental health. These actions specifically focus on supporting the most vulnerable groups, including women and girls and those from disadvantaged backgrounds affected by overlapping and compounding crises, such as COVID-19, climate change and conflict.

1. **Substantially increasing global investment in young people's mental health is essential for countries to effectively address increasing needs and growing demand.** Understanding the financial and political constraints facing mental health systems is key for creating incentives that motivate policymakers to drive meaningful change and incorporate a mental health component within broader health policies. Practical political economy research on national mental health systems can offer valuable insights to inform policy and system-level change, particularly in LMICs where this type of research remains significantly underfunded.
2. **The mental health impacts of shocks and crises, such as climate change and conflict, should be recognised and addressed at high-level international fora.** This includes the UN General Assembly's political declaration and action plan on the prevention of noncommunicable diseases (NCDs) and promotion of mental health and well-being (WHO 2025b), as well as the inclusion of young people's mental health into national and global climate policies, including National Adaptation Plans and indicators for the Global Goal on Adaptation to be adopted at COP30.<sup>10</sup>
3. **There is an urgent need to address widespread psychological trauma in conflict-affected regions such as Ethiopia,** where mental health services are often severely limited or absent. In both ongoing and post-conflict settings, reconstruction policies and processes should prioritise the integration of mental health care and psychosocial support as a core component of recovery and long-term stability.
4. **Social protection programmes, such as cash transfers and food assistance,** can be effective ways to reduce financial hardship and improve food security, which in turn can have positive effects on young people's mental health. Integrating mental health support into these programmes also offers a way to reach vulnerable young people during times of both economic stress and humanitarian crises.
5. **Mainstreaming mental health objectives across government ministries,** including education, labour and social welfare, and women and youth, alongside the health sector, is particularly important to help break down siloed working and deliver a more integrated response for effective mental health care and support.
6. **Integrating mental health into primary care and expanding community-based support is essential to making services more accessible for young people,** especially those from the poorest households, in both rural and urban areas. This requires investing in a larger mental health workforce, improving training for existing health and social workers, and embedding mental health care within primary care and wider community services to extend reach in resource-constrained settings. In this regard, better coordination and collaboration with NGOs and the private sector are crucial.
7. **Investing in programmes that prioritise early positive parenting and socialisation could have long-term benefits in protecting young people's mental health later in life.** This could include providing parents with information and guidance, as well as financial and psychosocial support.
8. **Adolescence and early adulthood are critical periods for building resilience to mental health issues,** with strong parental relationships and close friendships during this period shown to be protective factors. Including mental health in education curricula and investing in trained mental health counsellors at schools and universities, alongside promoting peer support networks and youth clubs, could also help improve mental health outcomes for young people.

10 For more on the latest United Nations Conference of Parties (COP30), see <https://unfccc.int/cop30>.

## Policy implications continued

9. **Awareness campaigns play a vital role in increasing the visibility of mental health issues, normalising open conversations around mental health**, encouraging young people to seek help, and reducing stigma. Integrating mental health into violence prevention and response programmes is especially important as exposure to violence during adolescence can have lasting negative effects on mental well-being.
10. **Young women's mental health is disproportionately affected by crises. Strategies to improve the mental health of women and girls should consider practical measures to lighten the load of unpaid care work, reduce early marriage and teenage pregnancy, support girls and young women continuing in education, and reduce barriers to accessing decent jobs.** Childcare services should support both child development and young women's ability to return to school and work after crises, and to access mental health support where necessary, especially in low-income settings.
11. **Better data collection is required to understand young people's mental health needs in LMICs, particularly in conflict-affected regions such as Ethiopia.** Longitudinal research is essential for understanding the root causes and risk factors for mental health conditions, including the cumulative effects of poverty, inequality and exposure to shocks and crises. It also plays a critical role in identifying vulnerable populations and measuring long-term trends, including intergenerational effects, as well as identifying protective factors to promote resilience among these communities.

## The future of Young Lives – harnessing the power of longitudinal research

### Young Lives has set out an ambitious vision to 2030.

Extending its mixed-methods longitudinal research to 2030 will deliver state-of-the-art research to cover the full 'birth-to-thirty' life course, generating unique policy-relevant evidence to improve the lives of millions of young people. Young Lives' research will support countries in the Global South to address the long-term and intergenerational effects of global crises and strengthen resilience among vulnerable communities. These findings will be crucial in the run-up to the 2030 SDGs and in supporting the Paris Agreement on climate change.

### Protecting young people's mental health in times of crisis and enabling their recovery is a key goal of this vision.

Young Lives offers a unique and powerful platform to identify early, modifiable risk and protective factors that predict mental health and well-being in adulthood. Its comprehensive, holistic approach will enable the examination of biological, familial, peer and

contextual factors across five developmental stages: in utero, early childhood, mid-childhood, adolescence and early adulthood. Young Lives will also explore how mental health has an impact on life outcomes, including cognitive development, emotional functioning, individual preferences and behaviours, and its long-term effects on education and labour market engagement.

### Building on the mission of its new Research Hub on Climate Change and Environmental Shocks

(Young Lives 2025), Young Lives will pioneer cutting-edge research to further investigate the impact of environmental, economic and financial shocks across generations. By linking longitudinal data with external micro-level climate, environmental and conflict-related datasets, Young Lives aims to deepen understanding of how these shocks influence the development of anxiety, depression, stress, PTSD and psychosis risk in adulthood. This includes ground-breaking large-scale analysis of cortisol levels from hair samples, an approach not previously applied at scale in the Global South.

This new evidence will be pivotal in shaping policies that strengthen resilience, prevent mental health conditions and deliver timely, targeted support to those most at risk.

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Young Lives, Oxford Department of International Development (ODID)  
University of Oxford, 3 Mansfield Road, Oxford OX1 3TB, UK

[www.younglives.org.uk](http://www.younglives.org.uk)

Tel: +44 (0)1865 281751 • Email: [younglives@qeh.ox.ac.uk](mailto:younglives@qeh.ox.ac.uk) • Twitter: @yloxford