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DECLINING LIFE SATISFACTION AND HAPPINESS AMONG YOUNG ADULTS
IN SIX ENGLISH-SPEAKING COUNTRIES

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Declining Life Satisfaction and Happiness Among Young Adults in Six English-speaking Countries

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ABSTRACT

We report eleven studies that show declines in life satisfaction and happiness among young adults in the last decade or so, with less uniform trends among older adults. We found consistent evidence for this for the U.S. in the recent sweeps of several micro data sets including the Behavioral Risk Factor Survey, the General Social Survey, and the American National Election Survey. In the U. S. life satisfaction rises with age. This is broadly confirmed in several other datasets including four from the European Commission across five other English-speaking countries: Australia, Canada, Ireland New Zealand and the UK. Declining wellbeing of the young was also found in the World Values Survey, the Global Flourishing Study and Global Minds. There is broad evidence across all of these English-speaking countries that happiness and life satisfaction since 2020 rise with age. In several of these surveys we also find that ill-being declines in age. The U-shape in wellbeing by age that used to exist in these countries is now gone, replaced by a crisis in wellbeing among the young.

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Declining life satisfaction and happiness among young adults in English-speaking countries

Psychological well-being, including happiness and life satisfaction, plays an important role in both mental and physical health (Ryff, 2014). Nevertheless, very little recent research has explored year-by-year trends in life satisfaction among adults, especially the young. For example, are people more satisfied with their lives than they were in previous decades, or less satisfied? Economists have tracked time series changes in life satisfaction and examined how they correlate with GDP, unemployment and inflation rates (Easterlin, 2013 and El-Jahel, Macculloch and Shafiee, 2022).

A priori, arguments could be made for life satisfaction either increasing or decreasing in Western democracies in the last few decades. Cultural individualism has increased over time (Greenfield, 2013), and individualism is correlated with higher psychological well-being across cultures (Diener et al., 1995). On the other hand, social support and face-to-face social interaction, which are important for psychological well-being (Lyubomirsky et al., 2005), have declined, perhaps due to displacement by electronic communication (Twenge and Spitzberg, 2020). Electronic communication, especially social media, may have promoted a negative view of the world (Haidt, 2022). In addition, income inequality, which has risen, is linked to lower psychological well-being (Oishi et al., 2011). Three recent major economic shocks potentially had negative impacts on wellbeing – the Great Recession, Covid and the post-Covid burst in inflation (Blanchflower and Bryson, 2024a).

Previous research has found that temporal trends in negative well-being often differ by age group. For example, rates of depression and psychological distress were relatively unchanged among U.S. adults ages 26 and over between the 2000s and 2010s but increased markedly among adolescents and young adults aged 12 to 25 (Twenge et al., 2019). Days of poor mental health increased 1993-2020 much more among adults under 40 than those over 40 (Udupa et al., 2023). In recent years, the previous hump-shaped curve in mental ill-health (Blanchflower, 2020) has become a linear decline with age, with younger U.S. adults reporting more days of poor mental health and more despair than older adults (Udupa et al, 2023, Blanchflower, Bryson and Xu, 2024). However, it is not as clear whether this pattern of age differences in trends extends to measures of positive well-being such as life satisfaction, where trends have been more mixed (Helliwell et al., 2024; Marquez et al., 2024).

In addition, it is not clear whether declines in positive well-being also appear among younger adults in countries other than the United States. Some research suggests that negative well-being, such as loneliness and anxiety, has increased since 2012 among adolescents in Latin America, Europe, and English-speaking countries and Africa (Boer et al., 2023; Twenge et al., 2021). However, little research has explored trends in positive well-being (such as happiness or life satisfaction) among young people across several countries. Blanchflower and Bryson, 2025a, 2025b, 2024a, b) have made recent attempts for Asia and the Middle East, Latin America, Africa and ex-Soviet republics.

OECD (2019) reported that anti-depressant drug consumption in 2017 was especially high in four of our English-speaking countries.¹ Out of 30 countries Canada ranked second highest, Australia

¹. <https://doi.org/10.1787/888934018146>

3rd, UK 4th, New Zealand 10th (p.211). Chua et al (2023) in the US showed a steady rise from 2016 to 2022 in the monthly anti-depressant rate among adolescents and young adults. The rise was greater for women than men. We find comparable evidence for Australia below, showing a recent rise in new anti-depressant prescribing especially to young women. The fact that anti-depressant use among the young is of interest given the prior evidence, that just as with well-being data, the use of anti-depressants was hump shaped in age (Blanchflower and Oswald, 2016).

This paper aims to examine trends in positive psychological well-being within age groups. We focus on the six most populous English-speaking countries - Australia, Ireland, Canada, New Zealand, the United Kingdom and the United States.² We mostly focus on data post 2020 but in several instances, we are able to compare the recent data to that from the past. Much has changed.

1. Well-being in the six English-speaking countries

It is appropriate at the outset to set the scene on the evidence on the mental health of the young for the six countries in turn. There is broad based evidence of declines.

1.1. United States

The evidence for the U.S. is well known (Blanchflower, 2025). Udupa et al (2023) for example found evidence of deteriorating mental health of the young in the US using data from the BRFSS, National Health Interview Survey (NHIS) and the National Health and Nutrition Examination Study (NHANES). The worsening of mental health started before the COVID pandemic. Mercado et al (2017) found that youth self-inflicted injury Emergency Department visit rates were relatively stable before 2008. However, rates among females significantly increased thereafter—particularly among females aged 10 to 14 years, who experienced an 18.8% annual increase from 2009 to 2015.

The Youth Risk Behavior Survey of Youth (YRBSS) has reported a dramatic rise in anxiety and depression among the young and especially young women. Verlenden et al (2024) for example reported from the 2023 survey that 53% of female high school students reported persistent feelings of sadness or hopelessness, compared with 28% of boys.

Sixty-nine percent of high school teachers in the US in a Pew survey (Lin, Parker and Horowitz, 2024) in 2024 noted that anxiety and depression in their school was a major problem and 61% said the same about chronic absenteeism.

Lipson et al. (2022) examined the Healthy Minds Survey data and reported results of changes in mental health in eight separate surveys for college students, although they did not report separate results by gender through 2021. The sample also included students aged twenty-five and older which accounted for around a quarter of students. They found the incidence of depression rose from 17% in 2013 to 41% in 202-2021. Blanchflower (2025) recently reported on declines in youth mental health and happiness for the United States in a number of other surveys including the Household Pulse Surveys, The National Survey of Drug Use and Health and Healthy Minds for college students.

² According to the US Census International Database their population sizes in 2025 were as follows: Australia=27,062,848; Canada=39,187,155; Ireland=5,279,007; New Zealand=5,207,259, UK= 68,751,311 and USA= 338,016,259

1.2. United Kingdom

Blanchflower, Bryson and Bell (2024) set out evidence on broad declines in the mental health of the young in the UK using data from the Annual Population Surveys, Scottish Health Surveys and UK samples from Eurobarometer surveys. Pierce et al (2020) examined 17,452 respondents from waves 8 or 9 of the UK Household Longitudinal Study (UKHLS) panel, including all members aged 16 or older in April 2020. They found that ill-being declined in age.

Lalji, Grogan and Bailey (2020) conducted a retrospective analysis of data on medicines prescribed by GPs in England from the Open-Prescribing Database for January 2015 to 2019. They found that prescriptions for the 10 most prescribed antidepressants rose 25% from 58 million (2015) to 72 million (2019). The data includes prescriptions written by GPs and other non-medical prescribers (such as nurses, pharmacists, optometrists, chiropodists and potentially radiographers) who are attached to practices. The data does not cover private prescriptions.

Slee, Nazareth, Freemantle and Horsfall (2021) report evidence of a dramatic rise in anxiety especially among the young since 1998. Annual incidence rates of generalised anxiety diagnoses and symptoms were calculated from 795 UK general practices contributing to The Health Improvement Network (THIN) database between 1998 and 2018. They found an upward trend for the young from around 1998 with an especially marked uptick from 2014 for young women. Anxiety rates increased in both genders aged 18–24 especially between 2014 and 2018. For women, the increase was from 17.06 to 23.33/1000 person years at risk (PYAR); for men, 8.59 to 11.65/1000 PYAR. Smaller increases in anxiety were seen for both men and women ages 25–34 and 35–44. Generalized anxiety rates for patients aged 55 or older were largely unchanged. Ward et al (2025) examined data on all admissions to medical wards in England among children and young people aged 5-18 years from April 1, 2012, to March 31, 2022. They found large increases in the number of children and young people admitted to acute medical wards for mental health concerns over that period. In particular they found that admissions for mental health concerns in females aged 11–15 years make up nearly a third of all admissions in this age group, driven largely by increases in admissions for eating disorders.

According to the Mental Health of Children and Young People Survey 2023 by the NHS in England, the prevalence of a probable mental disorder in children aged 8 to 16 years rose between 2017 and 2020, from 12.5% in 2017 to 17.1% in 2020. Rates in the subsequent survey waves were similar with no statistically significant differences between these years. In 2021, 17.7% of children in this age group had a probable mental disorder, in 2022, the figure was 19.0% and in 2023, it was 20.3%. Cybulski, et al (2021) reported that the overall incidence for both boys and girls between 2003 and 2018 had risen for anxiety disorders, depression, and self-harm.

The Children's Society (2023) examined UK data on happiness for children ages 10-15 using happiness data from the Understanding Society, waves 1-12.³ As can be seen below there has been a dramatic decline, especially for girls. From 2011-12 when it was 8.14 to 7.32 in 2021-22 in

³ The seven-point scale (1 to 7) used for these questions in Understanding Society (where 1 is 'completely happy' and 7 'not at all happy') has been reversed and was in this report converted to an 11-point scale (0 to 10) for the purposes of this report, to ease interpretation and comparison with the other measures presented.

wave 11. For boys the decline was smaller, from 8.27 to 7.91, noting that both boys and girls had approximately the same starting score in wave 1. Of around 8.17 in 2009-10.

	Boys	Girls
2009-10	8.17	8.16
2010-11	8.28	8.14
2011-12	8.27	8.14
2012-13	8.25	8.08
2013-14	8.26	7.93
2014-15	8.19	7.89
2015-16	8.13	7.95
2016-17	8.07	7.82
2017-18	7.97	7.69
2018-19	7.86	7.72
2020-21	7.93	7.49
2021-22	7.91	7.32

1.3. Australia

The backdrop to the subsequent analysis is a well-documented decline in the mental health of the young in Australia. McGorry, Coghill and Berk (2023) for example, argue as follows:

“The mental health of young Australians is rapidly declining. The evidence for this is increasingly solid and reflects a worldwide trend.”

They note that the 2021/22 National Study of Mental Health and Wellbeing showed that the prevalence of operationally defined mental disorders in 16–24-year-olds rose by an astounding 50%, from 26% in 2007 to 39% in 2021.⁴

Botha et al (2023) examined longitudinal data from the Household Income and Labour Dynamics in Australia survey HILDA surveys and found as follows.

“Deteriorating mental health is particularly pronounced among people born in the 1990s and seen to a lesser extent among the 1980s cohort. There is little evidence that mental health is worsening with age for people born prior to the 1980s.”

And later

“..it is those individuals from the more recent cohorts, especially the 1990s birth cohort (Millennials), who show the worst mental health trajectories over time. Individuals in this cohort report worse mental health than individuals in earlier cohorts at the same ages. Thus, the deterioration in mental health over time which has been reported in large cross-sectional surveys likely reflects cohort specific

⁴ <https://www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/2020-21#data-downloads>

effects related to the experiences of young people born in the Millennial generation and, to a lesser extent, those from the immediately prior cohort born in the 1980s.”

The Australian Institute of Health and Welfare has documented that the prevalence of mental illness has increased more rapidly than other serious illnesses. In 2021, double the proportion of females aged 20–29 reported that they had been told by a doctor or nurse that they had a mental illness compared to males the same age (16% and 8%, respectively). According to the HILDA survey, in 2021, the estimated prevalence of depression or anxiety was highest among younger women and men (aged 15–34) at 22%, compared to 15% for people aged 55 and over.

In Australia over the period from 2007-2010 to 2019-2022, the share of young people reporting a mental disorder rose by 40 percent for young men and by 60 percent for young women (see Leigh and Robson, 2024). Rates of self-harm hospitalizations rose by 15 percent for young men and 43 percent for young women – up from 137/100000 in 2008-9 for men ages 15-24 to 148 in 2022-22 versus 334 to 489 for young women. Rates of suicide deaths rose by 23 percent for young men and 70 percent for young women from 13.9/10000 in 2009 for men 15-24 to 15.1 in 2022 compared with 4.4 to 7.7 over the same years for young women.

Costa, Gillies, Schaffer, Peiros, Zoega, and Pearson (2023) found that new anti-depressant use in Australia had increased sharply between 2015 and 2019. Costa, Gillies, Litchfield and Pearson (2025). updated their analysis through 2023. They showed that anti-depressant prevalence /1000 population by age rose, especially for young females ages 18-24 as follows over the period 2015-2023. By 2023 young females had become the group with the highest prescription rate.⁵

	2015	2016	2017	2018	2019	2020	2021	2022	2023
Age 18-24									
Females	53.5	55.0	54.4	55.4	60.8	71.5	78.9	72.3	69.7
Males	31.1	32.6	33.7	34.3	36.8	39.2	40.9	38.0	33.1
All									
Females	46.7	47.3	46.7	47.8	48.4	51.4	53.0	49.3	49.2
Males	31.8	31.8	31.9	32.7	33.5	33.7	33.9	31.8	31.0

In addition to self-reported diagnoses, the HILDA Survey tracks the mental health of Australians based on the MHI-5 (Mental Health Inventory-5) mental health measure (a subscale of the SF-36 general health measure). This measure ranges from 0 to 100, with higher scores suggesting better mental health. The average score remained around 74 from 2001 to 2012. From 2013, it started decreasing until reaching 70 in 2021. People aged 15–34 had lower mental health scores than those in older age groups. The average mental health score for people aged 15–34 decreased from 72 in 2001 to 65 in 2021. This difference is more pronounced for females, whose score decreased from 70 to 62 over this time.

In 2007, 26% of those aged 16–24 had a 12-month mental illness; in 2020–2022, this figure was 39%. This change is almost entirely driven by an increased prevalence among females in this age

⁵ 2015 rates were by age for females were with 2023 rates in parentheses. ages 10-17=22% (46%); 18-24 54% (70%); 25-34 45% (48%); 35-44 49% (48%); 45-54 51% (51%); 55-64 48% (42%); 65-74 49% (43%); 75-84 60% (52%) 85+ 61% (48%).

group: 30% of females aged 16–24 years in 2007 had a 12-month illness, compared with 46% in 2020–2022 (the prevalence for males of this age group increased from 23% to 32%).

In 2017–18, around 1 in 8 (13.0%) adults experienced high or very high levels of psychological distress, an increase from 2014–15 (11.7%). In 2017–18, females (14.5%) were more likely than males (11.3%) to have high or very high levels of psychological distress, with females aged 18–24 years having the highest rate (18.4%).⁶ For 2020-2022 one third of young females reported being in distress.⁷

Leigh and Robson examined the HILDA data from 2001-2021 and saw a dramatic fall in the MHI-5 score - which ask respondents about their nervousness, sadness, peacefulness, mood and happiness (as part of an overall health survey known as the SF-36). A higher MHI-5 scores indicate better mental health. The authors note that mental wellbeing of young people worsened from around 2010, that the drop is larger for young women than young men, and that young people’s mental wellbeing remains depressed even post-pandemic. Corroborating evidence was found in Australia’s Youth Survey, which surveyed 15 to 19-year-olds using the 6-item Kessler Psychological Distress Scale. McHale et al. (2023) found rates of psychological distress rose steadily in the 2010s, peaking during the pandemic and then improving afterwards. From 2012 to 2023, rates of psychological distress rose by 6 percent for young men and 38 percent for young women.

1.4. New Zealand

In a recent report Sutcliffe, Ball, Clark et al. (2023) argued as follows:

“we identified marked declines in mental health on key indicators for New Zealand secondary school students from 2012 to 2019, after relative stability from 2001 to 2012. Declines were dramatic, with the overall prevalence of depressive symptoms rising from 13% to 23% in this 7-year period. Declines were unevenly spread and were generally greater among Māori and Pacific students and those in lower socioeconomic neighbourhoods,”

and

“Females reported higher prevalence of mental health problems than males on all included indicators (depression symptoms, period of low mood, self-harm, suicide thoughts, and suicide attempts) in both 2012 and 2019”.

There is evidence from the New Zealand Ministry of Health from the 2022/23: New Zealand Health Survey of a dramatic worsening of the mental health of the young and young women over.⁸ Psychological distress was measured by the 10-item questionnaire Kessler Psychological Distress

⁶ See ‘Mental Health of Young Australians’, Australian Institute of Health and Welfare https://www.aihw.gov.au/getmedia/ba6da461-a046-44ac-9a7f-29d08a2bea9f/aihw-aus-240_chapter_8.pdf.aspx

⁷ See Australian Institute of Health and Welfare - Prevalence and impact of mental illness. <https://www.aihw.gov.au/mental-health/overview/prevalence-and-impact-of-mental-illness#changevertime>

⁸ <https://www.health.govt.nz/publications/annual-update-of-key-results-202223-new-zealand-health-survey>

Scale (K10). Between 2011 and 2022 psychological distress measured as high or very high rose from 2.5% for males ages 15-24 from 2.5% to 6.2% and for females from 3.5% to 8.0%, which is much faster growth than for any other age groups. Anxiety among respondents, as percent from these surveys for ages 15-24, defined as having been told by a doctor they had anxiety, rose as follows.⁹

	Males	Females
2007	2.3	3.0
2011	1.9	5.8
2015	3.3	13.2
2019	6.5	20.8
2020	8.3	24.8
2021	11.6	26.2

1.5. Canada

Wiens et al. (2020) examined data from the annual Canadian Community Health Survey (CCHS) from 2011-2018 for youngsters ages 12-18 and 19-24. They found that the percent who perceived their mental health as “poor/fair” rose from 4.2% in 2011, 6.2% in 2015 and 9.9% in 2018.

Garriguet (2021) reported that Canadian youth had worse mental health than older Canadians both before and during the COVID-19 pandemic. Their mental health was also poorer than it was 20 years earlier. Garriguet reported that in 2003, the percentage of Canadian youth reporting excellent or very good mental health was at its highest (76%) and very similar between males and females. Since then, it has been slowly decreasing, to 73% in 2013/2014 and to 60% in 2019. The self-reported mental health of both males and females showed downward trends, but the decline for females has accelerated in the last 10 years. The spread, Garriguet noted, between males and females went from 0.5 percentage points in 2003 to 4.2 percentage points in 2013/2014 and to 12.0 percentage points in 2019.

There is also evidence from Canada that the rate of youths with mental health visits rose from 11.7/1000 in 2003 to 13.5 in 2009 (15%) and to 24.1 (78%) by 2017 (Gardener et al., 2019). Gardener and co-authors note that since 2010 there has been a 138% increase in self-harm hospitalization for 13-17-year-old girls (from a low of 294.0 per 100,000 teens in 2010 to a high of 701.6 per 100,000 in 2017). Boys showed an increase too, but from a much lower baseline, and there is no spike around 2012.

A survey of 13,255 people in Canada in October 2022 to May 2023 found that youth and young adults reported higher rates of depression and anxiety than adults.¹⁰

The 2023 Canadian Health Survey on Children and Youth found that there had been a deterioration in mental health of the young over the prior decade. In 2019, the CHSCY asked youth aged 12 to 17 years to rate their mental health using five broad categories: "excellent", "very good", "good", "fair", or "poor". At that time, 12% of this age group had rated their mental health as "fair" or

⁹ From Haidt, Rausch and Twenge (2024).
<https://cmha.ca/wp-content/uploads/2024/02/CMHA-YouthMHRC-Final-ENG.pdf>

"poor". That proportion more than doubled to 26% in 2023, when they were aged 16 to 21 years.¹¹ In 2019, 16% of girls aged 12 to 17 rated their mental health as "fair" or "poor", more than twice that of boys (7%). The proportions increased in 2023 to 33% for girls (from 16 to 21 years) and 19% for boys (from 16 to 21 years).

1.6. Ireland

Dooley et al (2024) examined the prevalence of mental health problems in Ireland in 2021 in a sample of ages 15-16. They found that 29% described their health as being "bad", or "very bad". In addition, 39% reported as being self-harming. Females had higher rates of both, than males.

Griffin et al (2018) reported evidence of rising self-harm in Ireland using the National Self-Harm Registry Ireland on presentations to hospital emergency departments (EDs) following self-harm by those aged 10-24 years during the period 2007-2016. Between 2007 and 2016, rates of self-harm increased by 22%, with increases most pronounced for females and those aged 10-14 years and was more pronounced for females +29% than for males +14%. There was a 21% rise for age 15-19 males and 28% for females and for ages 20-24 34% for males and 44% for females.

There is also evidence from the OECD that the suicide rate of ages 20-24 in Ireland is especially high.¹² The rate per 100,000 in 2022 in Ireland was 14.5.

As background it should be noted before we go to the results that there is a large literature reporting U-shapes in age in happiness across these six countries in data from years prior to around 2015. There are several studies covering all six of these countries such as are Blanchflower (2021), Graham and Pozuelo (2017). Chen and Hou (2019) reported U-shapes in Canada, the UK and the USA while Cheng, Powdthavee (2015) reported U-shapes for the UK, and Australia. Fritjers and Beatton (2012) reported evidence for the UK and Australia. Morrison and Snider, (2013) found U-shapes in the US Canada Australia and NZ.

There are no studies on happiness U-shapes or hill-shapes in ill-being in age uniquely for Ireland. Examples for the other five are as follows.

1. Australia - Park, Joshanloo and Scheifinger (2020) and Botha and Vera-Toscano (2022).
2. New Zealand - Brown, Woolf and Smith (2012) and Jarden et al (2022).
3. Canada – Bonikowska et al (2014) and Latif (2016).
4. UK – Mertens and Beblo (2016) and Sage (2015).
5. USA – Graham and Pinto (2019) and Stone, Schwarz, Broderick and Deaton (2010).

2. Results

We have data from eleven individual level micro datasets – five for America – the Behavioral Risk Factor Survey (BRFSS); the National Health Interview Surveys, the General Social Surveys

¹¹ <https://www150.statcan.gc.ca/n1/daily-quotidien/240910/dq240910a-eng.htm>

¹² Australia=15.5; Canada=12.7; New Zealand=19.5; United States=17.3; Finland=15.7; Ireland=14.5; Sweden=15.5 and United Kingdom=4.9.8

https://www.oecd-ilibrary.org/social-issues-migration-health/suicide-rates-generally-increase-with-age_5b4fab1f-en

(GSS), the US Daily Tracker (USDT) and the American National Election Survey (ANES). We also have three surveys across all six of our countries – the World Values Survey (WVS); the Gallup World Poll (GWP), Global Minds (GM). In addition, we have data from the Eurobarometer (EB), for the UK and Ireland and the EU Flash Barometer (FB) and EU Loneliness Study (LS) for Ireland only and for Australia, the US and the UK from the Global Flourishing Study. We examine life satisfaction and happiness as well as some negative affect measures such as being anxious and lonely. The evidence of rising wellbeing in age is especially apparent in the Global Minds internet data.

We show broad based evidence across these data sets that suggest by the 2020s the U-shaped pattern in the life satisfaction data has gone. Life satisfaction and happiness now rises in age in all six English speaking countries.

2.1. BRFS 2005-2024

We start with data on 4-step life satisfaction using data from the BRFS 2005-2024

Q1. “*In general, how satisfied, are you, with your life – 1=very dissatisfied; 2=dissatisfied; 3=satisfied; 4=very satisfied?*”

This question was included in the full samples from 2005-2010 with sample sizes of around 400,000 per year and then in a subset of states from 2011-2020.¹³ In each survey there is some overlap to the following year so the 2005 survey for example, has some observations in 2006. A larger grouping of states, with more observations was included in 2022 and 2023.¹⁴ We weight the data using the variable *_llcpwt*. Overall, there are 2.8 million observations.

Table 1 reports on how life satisfaction varies by age across five-year groupings. There is an initial hump in the data in the early 20s before the life satisfaction declines to a low in midlife and then picks up. This is shown in **Chart 1** using single year of age data. By 2022-2024 life satisfaction rises in age across the lifespan. Parts 2 and 3 of the table report data for the married and the non-married.

The evidence of the initial hump is present for the married but not the non-married, where there is an obvious U-shapes through 2015-2018 as discussed by Graham and Pozuelo (2017). Again, this is shown by single year of age in **Charts 2a and 2b** for 2005-2018 and 2022-2024 respectively. These phenomena have not been observed in any other country, which in general had lower marriage and divorce rates. Of note though is that by 2022-2024 everything had changed and *both the married and the non-married show rising satisfaction in age*.

¹³ Sample sizes were as follows 2005=337,546; 2006=337,479; 2007=408,334; 2008=396,736; 2009=402,768; 2010=424,694; 2011=3,391; 2013=11,158; 2014=14,823; 2015=19,793; 2016=28,719; 2017=20,473; 2018=208; 2022=236,852, 2023=222,932 and 2024=16,006.

¹⁴ 2011 -Alaska; California, Illinois, Hawaii; Louisiana; New Mexico; North Carolina; Oklahoma, Utah
2013 – Mississippi; Tennessee; 2014- Minnesota; Mississippi. 2015- Minnesota; Rhode Island; 2016- Louisiana; Minnesota; Rhode Island; Tennessee. 2017 – Louisiana; Minnesota; Wisconsin. 2018 – Wisconsin.
2022 **did not** include Arkansas; Hawaii; Illinois; Louisiana; North Dakota; Oklahoma; Virginia.
2023/4 did not include Colorado and Oklahoma.

Of note here, is that the life satisfaction of the young dropped sharply between 2016-2018 and 2022-2024. For those age 45 and over it remained basically flat. This is consistent with the findings in the BRFSS on despair in Blanchflower, Bryson and XU (2024).¹⁵

2.2. National Health Interview Surveys, 1997-2021

Participants completed the Kessler-6 (K6), a valid and reliable scale that asks respondents how frequently they experienced symptoms of mental distress during the past 30 days (see Udupa et al, 2023). Participants were asked, “During the PAST 30 DAYS, how often did you feel ... 1) so sad that nothing could cheer you up, 2) nervous, 3) restless or fidgety, 4) hopeless, 5) that everything was an effort, 6) worthless. Response choices were recoded as: “all of the time” = 4, “most of the time” = 3, “some of the time” = 2, “little of the time” = 1, and “none of the time” = 0. The possible range of scores on the K6 was 0–24. Scores of 13 and over indicate serious mental distress and scores of 5 and over indicate moderate or serious mental distress.

Chart 3 plots the (weighted) Kessler-6 score by single year of age for the period 1993-2016 and then for the later period, 2017, 2018 and 2021 are the only years these questions were asked. It shows in the first period an early peak and decline through age 30 and then a rise to a mid-life peak in unhappiness at age 53. There is some noise in the data for the later period, but it is clear that ill-being declines in age.

2.3. American National Election Studies, 2008-2020

Table 2 examines 5-step life satisfaction data drawn from the nationally representative American National Election Studies (ANES) of U.S. adults (18 and over) in 2008, 2012, 2016, and 2020 ($n = 20,292$). The ANES has been conducted in every presidential election year since 1948 but has only asked about life satisfaction since 2008. The 2020 data were collected between late August and December, between 5 and 9 months after the COVID-19 pandemic became widespread (Brader & Iyengar, 2021). Participants were asked,

Q2. “All things considered, how satisfied are you with your life as a whole these days? Would you say that you are extremely satisfied (=5), very satisfied (=4), moderately satisfied (=3), slightly satisfied (=2), or not satisfied at all (=1)?”

Sample weights (variable=*vcf0011z*) were applied to make the data nationally representative of the U.S. population. Trends in mean life satisfaction by age group are reported for each year 2008, 2012, 2016 and 2020. It is apparent in 2008 and 2012 that there is an obvious U-shape in age minimizing around age 45-54. By 2016 things have changed and there is now evidence that satisfaction rises with age and that is confirmed in 2020. These data are consistent with the BRFSS data for 2022-2024. Young adult Americans’ life satisfaction declined significantly between 2008 and 2020, while older adults’ life satisfaction stayed the same or increased (**Chart 4**). About half of the decline in young adults’ life satisfaction occurred between 2008 and 2012, and the other half between 2016 and 2020. While young adults were once just as satisfied with their lives as older adults, by 2020 young adults were less satisfied than older adults.

2.4. General Social Surveys, 1972-2022

¹⁵ Despair is measured as 30 of the last 30 days were bad mental health days.

Table 3 also for the United States, now looks at happiness using the General Social Surveys, 1972-2022 (used in Blanchflower, 2021) and there are no sample weights. The 3-step question asked was as follows –

Q3. “Taken all together how would you say things are these days – would you say you are 1=not too happy, 2 =pretty happy” 3 =very happy?”

As with the BRFSS in the early years there is an initial rise in happiness and then a deterioration through midlife before picking up again around age 45-54. In the final two columns of 2016-2018 and 2020-2024, again happiness rises in age and the U-shape has gone.

2.5. Gallup US Daily Tracker 2007-2017

Table 4 makes use of data from Gallup. The first dataset used and reported in the first two columns of the table is the US Daily Tracker for the period 2001-2017 (as used in Blanchflower and Bryson, 2024c). There are a total of just over 2.5 million observations and the data are weighted with the *comb_w weight*. The question used is Cantril’s 11-step life satisfaction ladder.

Q4. “Please imagine a ladder with steps numbered from zero at the bottom to ten at the top. Suppose we say that the top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you. If the top step is 10 and the bottom step is 0, on which step of the ladder do you feel you personally stand at the present time?”

The first column reports averages by age for the period 2008-2012 and the second for 2013-2017. Both show U-shapes in age, once again with minima in midlife in the 45-54 age category.

2.6. Gallup World Poll, 2018-2024

The second part of **Table 4a** now moves to making use of data for the US from the Gallup World Poll, which uses the same Q4 Cantril’s ladder question above, for the same first two periods and then for 2018-2024. Data are weighted with the *wgt* weight variable. There are marked differences between the GWP data and that from USDT, including in their cross-country rankings using the two sets of data. There is evidence of U-shapes, but these minimize unusually in the age range 25-34. In the later period there is broad evidence that life satisfaction rises with age although there is a sharp dip at age 25-34 again.

Because the data we have examined so far were collected in only one country, the United States, and using only one survey question, it is difficult to determine the generalizability of the results. We now move on to try to answer two questions: 1. Are young adults in other countries also less satisfied with their lives, or is the trend limited to the U.S.? 2. Does the decline extend to other measures of psychological well-being, such as happiness?

Table 4b uses the same Cantril ladder question for Australia for the same year groupings and there are U-shapes in age minimizing at age 45-54 in both 2008-12 and 2013-2017. But life satisfaction still has a U-shape in the later period, minimizing at age 45-54 again. **Table 4c** does the same for Canada. There are U-shapes in the first two columns minimizing at ages 35-44. The function rises in age in the final column with a dip at age 25-34. **Table 4d** for New Zealand shows U-shapes in the early two periods. The function is broadly flat through age 35-44 and then rises. **Table 4e** for

the Irish Republic, shows that life satisfaction declines in age with a minimum in midlife in all three-year groupings. **Table 4f** for the UK shows an obvious U-shape for the period 2008-2012 minimizing at age 45-54 once more. In the second period the minimum is earlier. The final period also does not show life satisfaction rising in age.

Chart 4 puts these patterns in perspective and shows that since 2010 for each of these countries Cantril life satisfaction has declined. In addition, there were sharp declines in the life satisfaction scores in each of the six countries, between 2015 -2019 averaged and 2020-2023.¹⁶

2.7. Global Flourishing Study, 2022 for Australia, UK and the USA, 2022

Gallup is now collecting data across countries in the GFS, with the first wave in 2022 across multiple countries. This includes Australia, the UK and the USA and in all three countries data was collected via the internet. The questions are all 11-step.

Q1. Cantril – is exactly Q4 above.

Q5. Life satisfaction – “Overall, how satisfied are you with life as a whole these days?” [from 0 = Not satisfied with your life at all, to 10 = Completely satisfied with your life].

Q6. Happiness – “In general, how happy or unhappy do you usually feel?” [from 0 = extremely unhappy to 10 = extremely happy].

The data for these three countries were self-reported and collected via the internet (Blanchflower, 2025 and Blanchflower and Bryson, 2025a). The distributions by age are presented in **Table 5** for each of these three variables by the three countries. In contrast to the Gallup World Poll for the same countries also collected by Gallup all three variables clearly rise in age. There is a dip in the US for each of the three variables from 18-24 to 25-29 but then a steady rise after that. It is unclear why there is such a marked difference.

2.8. Eurobarometers 1973-2023 for Ireland and the UK

Parts a and b of **Table 6** uses 4-step life satisfaction data from the Eurobarometers for Ireland and the UK respectively and which use the following question.

Q7. “Would you say you are very satisfied =4, fairly satisfied=3, not very satisfied=2 or not at all satisfied=1 with the life you lead? In all cases there continues to be U-shapes in age once again minimizing at age 45-54.

The table shows in the first two year-groupings evidence of U-shapes for both countries, with steeper dips for the UK. But in the latest distribution for 2020-2023 life satisfaction now *rises* with age.

2.9. Flash Eurobarometer #560 Mental Health, for Ireland

¹⁶ In the case of Canada, the weighted life satisfaction means for ages 18-24 were 7.07 for 2015-2019 compared with 6.66 in the period 2020-2023. The weighted scores for each of the other countries, with the later score in parentheses, Australia (7.54 (6.99)); Ireland 7.2 (7.02); New Zealand 7.23 (6.87); UK 7.0 (6.83) and USA 6.91 (6.54).

There are a broader set of questions from a recent Flash Eurobarometer #530 (Mental Health) fielded by the EU Commission in June 2023 which asked EU member countries about happiness, anxiety, loneliness, depressions being nervous and feeling worthless. The exact question which is only available for Ireland was as follows.

Q8. In the last 12 months, have you had any emotional or psychosocial problems (such as feeling depressed or feeling anxious)? Yes/No.

And also

Q9. Which of the following statements best describes how you felt in your day-to-day life, whether at home, at work or elsewhere, during the past 4 weeks?1) I felt happy yes/no?

Part c) of the table provides the distributions by age with the first column being for happiness for Ireland. This rises in age as it did in part a) of the table. Anxiety also declines in age. The proportions reporting yes were as follows age 18-24=75%; 25-34=75%; 35-44=70%; 45-54=65%; 55-64=59%; 65+=50% (n=991).

2.10. EU Loneliness Survey for Ireland 2023

The EU loneliness survey was collected via the internet. The evidence is consistent with that from the Flash Barometer in that well-being *rises* in age.

Q10. Frequencies of feeling over the past week for depressed, nervous, worthless, happy - 1=never, 2=very rarely, 3=rarely, 4=occasionally 5=very frequently, 6= always Q2.

Q11. Frequency of feeling lonely over the past 4 weeks - 5= All of the time (3.3%); 4= Most of the time (9.8%); 3=Some of the time (22.7%); 2=A little of the time (27.9%), 1=None of the time (36.2%).

Part d) of **Table 6** provides the age distributions for Ireland. Happiness slopes up in age while feeling lonely, nervous or worthless all decline in age.

2.11. World Values Surveys, 2005-2022

Charts 6a and 6b plots life satisfaction data for the US and Australia, which are the only two of the five countries that we have data for in all of the five sweeps of the WVS – Ireland is not a member. Both show clearly the particularly rapid declines in the well-being of the young.

Table 7 now uses the three most recent sweeps of the World Values Survey for five English-speaking countries. Participants were asked a 10-step question on life satisfaction:

Q9. “All things considered, how satisfied are you with your life as a whole these days?” with response choices from 1 = completely dissatisfied to 10 = completely satisfied

Data were drawn from respondents to the World Values Survey from the United States, Canada, Australia, and New Zealand in the 2005-2009, 2010-2014 and the 2017-20 waves. The World Values Survey collects nationally representative samples of people in many countries around the world at four-year intervals. Participants in English-speaking countries were chosen to minimize method differences due to language translation of measures. Most of the 2017-20 data were

collected before the COVID-19 pandemic became widespread (Haerpfer, 2022) but that was only the case here for the UK when data was collected in 2022. In the US it was collected in 2017; in Australia in 2018 and in Canada and New Zealand in 2020. Canada and the UK did not run surveys in wave 6.

It is clear that there are obvious U-shapes in age in wave 5 conducted between 2004 and 2006 minimizing at ages 45-54 in the USA, Australia, Canada and the UK, whilst in New Zealand the minimum is at 25-34, compared with 35-44 in 2011. There is a minimum at age 45-54 also in wave 6 (2011-2012) for the US and Australia. In the most recent wave, life satisfaction rises in age in all five countries.

2.12. Global Minds, 2020-2024

The Global Minds survey, which is internet based in 2020 (n=48,521) and 2021 (n=231,036) and n=470 in 2022 also included the Q4 Cantril question above. In [Table 8](#) we report the distributions for each of the six countries. Sample sizes are from around 4,000 for Ireland to 40,000 for the USA with an overall sample size of just over 100,000. The distributions all show that satisfaction rises in age.

[Table 9](#) reports the rankings by country for those with at least 1000 observations. Of note is how low ranked the six English speaking countries are here. Ireland and the UK rank next to last and last New Zealand and Australia ranked fourth and fifth from last.¹⁷ These rankings seem to show little correlation to the rankings reported in parentheses from the Gallup World Poll for an equivalent time period.

A unique feature of the Global Minds data is their construction of a Mental Health Quotient (MHQ) assessment of people's cognitive and emotional capabilities, calculated on a 300-point scale running from -100 to +200 where more positive scores indicate better mental health.¹⁸ The MHQ contains an aggregate metric of mental well-being or mind health (the MHQ) and scores across six domains (Mood & Outlook, Social Self, Adaptability & Resilience, Drive & Motivation, Cognition and Mind-Body Connection) derived from answers to 47 questions. Scores in the normal healthy range spanned from 0 to 200. A negative score suggests poor mental health and is a cause for concern and potentially indicates a need for intervention.

We ran a regression of Cantril on age dummies and gender dummies and then repeated the exercise using MHQ for the six English speaking countries and for the non-English speaking. Sample sizes are much larger for the MHQ which is asked in all years. The results are as reported in [Table 10](#), with t-statistics in parentheses. In all cases wellbeing rises with age.

3. Discussion

In recent years, the decline in psychological well-being has been weakest among adults over age 50 and strongest among those younger than 25. This is consistent with previous research on more pronounced increases in depression and poor mental health among adolescents and young adults

¹⁷ In their most recent report, *The Mental State of the World in 2023* Sapient Labs that runs the Global Minds surveys reported that based on MHQ scores the UK was next to last just behind Uzbekistan, out of 71 countries.

¹⁸ For details of how the MHQ score is constructed see Newson and Thiagarajan (2020) and Bala, Newson and Thiagarajan (2024),

in U.S. samples (Twenge et al., 2019; Udupa et al., 2023). It is also consistent with the collapse of the U-shaped curve in well-being, suggesting that the changes extend beyond the U.S. and UK (Blanchflower, Bryson and Xu, 2024).

We show here that young adults in English-speaking democracies are less satisfied with their lives and less happy than they were in previous decades. The U-shape in happiness with lower levels among the middle-aged is now gone in these countries. Now happiness rises fairly steadily with age. In GWP data, life satisfaction has declined since 2010 -- and thus the declines started prior to COVID ([Chart 5](#)).

There was a great deal of evidence in the years up to 2015 or so around the world that there was a U-shape in well-being and a mirror hump shape in ill-being. This was reported in 145 countries (Blanchflower, 2021) and mostly from data prior to COVID. COVID came along and it appeared it had changed everything, but it turns out changes had started somewhat earlier, and COVID seems to have continued that trend.

There is growing evidence in the US that the mental health of the young had started deteriorating around 2012 or so. This coincided with the increased use of smart phones and social media.¹⁹ The evidence for this first started to appear in the United States in mental health data, including among school children and then further evidence started coming in from around the world (see Botha et al (2023) for Australia and Garriguet (2021) for Canada, Krokstad et al. (2022) for Norway and Thorisdottir et al (2021) for Iceland.

Evidence on life satisfaction changes and happiness were harder to find (see Blanchflower, Bryson and Bell, 2024) for the UK. Blanchflower and Bryson (2024a) found little evidence, for example on life satisfaction data using the Latinobarometer surveys. But they did find evidence of declining life satisfaction across Latin American countries among school children ages 15 and 16 in the OECD's Pisa surveys of 2016, 2018 and 2022. Marquez et al (2024) reported similarly with these PISA surveys across many countries.

The strongest evidence on declining mental health of the young seemed to be in English speaking countries, where there was evidence that the hump shape in ill-being had disappeared in the UK and the USA. We therefore decided to determine if there was evidence of declining happiness and the collapse of the U-shape in age in happiness in English speaking countries.

We started out here looking at the United States using four representative individual level surveys. We found very clear evidence in two of them – the BRFSS and ANES that life satisfaction increased in age in the most recent data and in a third using the GSS for happiness. Data from the USDT for the period 2007-2017 showed clear evidence of U-shapes. We then looked at evidence from the US sample of the GWP for the subsequent period 2018-2024 and also found broad evidence of Cantril life satisfaction *rising* in age. This pattern in the US was also confirmed in

¹⁹ A recent paper using Swiss data among 2759 men found that higher mobile phone use is associated with lower sperm concentration and total sperm count (Rahban, Senn, Nef and Rösli (2023).

another Gallup survey from the Global Flourishing Survey. We identified that there had been differences between the married and the unmarried in the US in how wellbeing was associated with age in the past but by 2020 these differences disappeared, although the married remain happier.

We then looked at data from the GWP for the other five countries and find evidence of U-shapes in the past and somewhat weak evidence of rising life satisfaction in age. There was evidence of a U-shape in Australia, Ireland and the UK for 2018-2024 an initial dip for ages 25-34 in Canada and New Zealand. The Global Flourishing Survey also had data for the UK and Australia and produced somewhat stronger evidence of arising life satisfaction with age in both with Cantril 'life evaluation' and to a lesser extent with life satisfaction and happiness.

Eurobarometer data for Ireland and the UK showed that U-shapes in life satisfaction in early years had gone, to be replaced with a pattern rising in age. In Ireland it was notable that well-being rose in age from both the Flash Eurobarometer and the EU Loneliness survey. World Values Survey data for all but Ireland found similarly that U-shapes had disappeared.

Finally, we found strong evidence across all six countries that wellbeing now rises with age. This was true both from the MHQ score and from Cantril, suggesting that the nature of the question did not explain any differences.²⁰

We can only speculate about possible causes for these declines in psychological well-being. As noted in the introduction, a number of cultural forces may be at work that have had a negative impact on life satisfaction and views of society, including declining in-person social interaction, increased social media use, and increasing income inequality (Haidt, 2022; Oishi et al., 2011). These influences appear to be most pronounced among young adults; for example, in-person social interaction declined since 2003 among young adults more sharply than among those over age 26 (Twenge & Spitzberg, 2020). Thus, young adults may be showing greater declines in life satisfaction and happiness as the way they socialized and communicated changed more than older adults did.

This research has limitations. The evidence from several surveys and countries, suggest that the decline in life satisfaction was underway before the COVID-19 pandemic. Nevertheless, given the years of data collection, it is difficult to completely separate the impact of the pandemic from other influences. Given the higher death and hospitalization rates due to COVID-19 among older people, however, one might have expected a greater impact on life satisfaction among older adults, not younger adults. We have included only English-speaking participants in an attempt to minimize method differences and thus cannot be generalized worldwide; future research should explore trends in life satisfaction in other countries.

In summary, young adults in the U.S. and five other English-speaking democracies are less happy and less satisfied with their lives than they were in past decades. The U-shape in happiness in age in well-being, documented in a huge literature of many hundreds of papers, has largely gone in the

²⁰ Blanchflower (2025) found the same for the United States but did observe in several datasets that were collected by interviewer either face-to-face or by telephone, that it was easier to find in negative affect variables such as anxiety and depression than it was in life satisfaction and happiness.

six countries we examined. This mirrors research finding showing increases in depression and poor mental health among younger populations. Research should continue to explore the reasons behind the growing unhappiness, and declining happiness of young adults. That begs the issue of what to do about it.

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Table 1. BRFSS with life satisfaction.

a) All					
	2005-2008	2009-2011	2013-2015	2016-2018	2022-2024
<25	3.33	3.32	3.37	3.34	3.16
25-34	3.38	3.38	3.35	3.38	3.26
35-44	3.38	3.39	3.40	3.40	3.35
45-54	3.36	3.36	3.37	3.39	3.38
55-64	3.40	3.39	3.40	3.41	3.39
65-74	3.47	3.47	3.49	3.48	3.44
75+	3.42	3.43	3.47	3.49	3.45
	1,480,095	830,853	45,774	49,400	475,790
b) Married					
	2005-2008	2009-2011	2013-2015	2016-2018	2022-2024
<25	3.45	3.44	3.43	3.55	3.39
25-34	3.50	3.51	3.54	3.55	3.45
35-44	3.47	3.48	3.51	3.51	3.48
45-54	3.45	3.46	3.49	3.52	3.49
55-64	3.49	3.48	3.51	3.52	3.51
65-74	3.54	3.54	3.56	3.57	3.54
75+	3.50	3.50	3.54	3.59	3.55
	826,518	466,561	24,887	26,924	247,526
c) Not married					
	2005-2008	2009-2011	2013-2015	2016-2018	2022-2024
<25	3.31	3.31	3.36	3.32	3.15
25-34	3.20	3.17	3.19	3.23	3.14
35-44	3.14	3.13	3.18	3.21	3.17
45-54	3.13	3.12	3.14	3.16	3.18
55-64	3.20	3.19	3.19	3.19	3.19
65-74	3.32	3.32	3.35	3.31	3.30
75+	3.35	3.35	3.40	3.41	3.36
	653,577	364,292	20,887	22,476	228,264

Table 2 USA ANES 4-step life satisfaction weight =vcf0009z

	2008	2012	2016	2020
<25	3.56	3.45	3.43	3.27
25-34	3.51	3.38	3.46	3.40
35-44	3.49	3.36	3.53	3.53
45-54	3.35	3.26	3.47	3.55
55-64	3.42	3.27	3.53	3.60
65-74	3.61	3.43	3.70	3.64
75-80	3.55	3.52	3.68	3.74
N	2099	5878	4184	8128

Table 3. GSS Happiness for the USA

	2006-2010	2012-2014	2016-2018	2021-2022
<25	2.08	2.17	2.03	1.90
25-34	2.15	2.20	2.15	1.96
35-44	2.16	2.19	2.15	2.00
45-54	2.11	2.15	2.11	1.98
55-64	2.15	2.14	2.15	1.96
65-74	2.23	2.17	2.17	2.00
75-80	2.16	2.17	2.16	1.99
N	7,019	4,480	5,186	6,998

Table 4. Cantril 11-step across 6 countries, Gallup World Poll and US Daily Tracker

a) USA	USDT		US GWP		
	2008-2012	2013-2017	2008-2012	2013-2017	2018-2024
<25	7.02	6.93	7.01	6.62	6.59
25-34	6.84	6.92	6.66	6.51	6.47
35-44	6.77	6.98	6.77	6.63	6.58
45-54	6.63	6.88	6.85	6.87	6.83
55-64	6.77	6.94	6.87	6.80	6.82
65-74	7.09	7.28	7.38	7.40	7.42
75-84	7.20	7.35	7.51	7.66	7.66
85+	7.27	7.34	7.56	7.57	7.44
	1,681,921	852,508	14209	7051	6041
b) Australia	2008-2012	2013-2017	2018-2024		
<25	7.59	7.54	7.13		
25-34	7.13	7.09	6.98		
35-44	7.23	7.11	6.99		
45-54	7.08	7.00	6.93		
55-64	7.36	7.35	7.07		
65-74	7.65	7.64	7.38		
75-84	7.65	7.73	7.64		
85+	7.14	7.39	7.31		
	4,007	5,987	6,036		

c) Canada			
	2008-2012	2013-2017	2018-2024
<25	7.55	7.37	6.72
25-34	7.46	7.19	6.65
35-44	7.39	7.34	6.87
45-54	7.46	7.37	6.94
55-64	7.43	7.38	7.09
65-74	7.58	7.53	7.49
75-84	7.63	7.52	7.65
85+	7.60	7.80	7.14
	6,022	6,066	6,063

d) New Zealand			
	2008-2012	2013-2017	2018-2024
<25	7.45	7.37	6.96
25-34	7.01	6.93	6.93
35-44	7.10	7.27	6.96
45-54	7.13	7.20	7.07
55-64	7.25	7.27	7.11
65-74	7.64	7.72	7.67
75-84	7.68	7.78	7.76
85+	7.31	7.75	7.68
	3,495	5,506	6,032

e) Ireland			
	2008-2012	2013-2017	2018-2024
<25	7.41	7.26	7.12
25-34	7.10	6.85	6.89
35-44	7.03	6.85	7.02
45-54	7.06	6.83	6.83
55-64	7.07	6.88	7.04
65-74	7.36	7.17	6.97
75-84	7.59	6.98	6.95
85+	7.53	7.23	6.58
	4,474	5,989	6,021

f) UK			
	2008-2012	2013-2017	2018-2024
<25	7.23	6.69	7.00
25-34	6.77	6.57	6.84
35-44	6.77	6.83	6.89
45-54	6.71	6.73	6.90
55-64	6.91	6.90	6.86
65-74	7.13	7.08	6.90
75-84	6.95	7.03	7.05
85+	6.92	6.74	7.14
	25,432	5,745	6,021

Table 5. Life satisfaction, Global Flourishing Study 2022 (Lomas, et al 2024)

Cantril	Australia	UK	USA
18-24	6.09	6.32	6.18
25-34	6.51	6.77	6.32
35-44	6.63	6.58	6.64
45-54	6.57	6.31	6.84
55-64	6.82	6.44	7.24
65-74	7.30	6.60	7.66
75-84	7.61	6.88	7.92
≥85	8.02	6.89	7.79
N	3,834	5,354	38,289

Life	Australia	UK	USA
18-24	5.86	6.03	6.13
25-34	6.16	6.52	6.13
35-44	6.49	6.36	6.54
45-54	6.55	6.33	6.80
55-64	6.82	6.34	7.23
65-74	7.39	6.89	7.63
75-84	7.87	7.15	7.83
≥85	8.03	6.42	7.53
N	3,834	5,355	38,292

Happiness	Australia	UK	USA
18-24	6.13	6.14	6.24
25-34	6.39	6.78	6.35
35-44	6.68	6.52	6.68
45-54	6.68	6.55	6.96
55-64	6.94	6.59	7.38
65-74	7.51	7.13	7.73
75-84	7.97	7.35	7.95
≥85	8.14	6.67	7.74
N	3,837	5,355	38,292

Table 6. 4-step life satisfaction Eurobarometers, 1973-2023 and EU Loneliness Survey, 2022

a) Ireland - Eurobarometers					
	1973-2007	2008-2019	2020-2023		
<25	3.18	3.34	3.15		
25-34	3.15	3.26	3.17		
35-44	3.16	3.30	3.23		
45-54	3.17	3.24	3.22		
55-64	3.19	3.28	3.31		
65-74	3.27	3.38	3.42		
75-84	3.37	3.42	3.51		
85+	3.38	3.42	3.54		
	67,082	62,652	11,471		
b) UK Eurobarometers					
	1973-2007	2008-2019	2020-2023		
<25	3.16	3.38	3.00		
25-34	3.15	3.31	3.07		
35-44	3.13	3.28	3.06		
45-54	3.11	3.24	3.00		
55-64	3.17	3.32	3.13		
65-74	3.24	3.44	3.26		
75-84	3.25	3.42	3.23		
85+	3.24	3.40	3.03		
	88,596	78,483	8635		
c) Ireland Flash Eurobarometer #560 and age<75					
	Happy	Anxious			
<25	.125	.752			
25-34	.121	.753			
35-44	.151	.699			
55-64	.158	.655			
55-64	.193	.594			
65-74	.214	.496			
N	1020	965			
d) Ireland EU Loneliness Survey, 2022					
	Happy	Lonely	Depressed	Nervous	Worthless
<25	3.90	2.73	3.37	3.90	3.29
25-34	4.05	2.68	3.35	3.59	3.25
35-44	4.20	2.44	3.25	3.58	3.13
45-54	4.36	2.38	2.99	3.34	2.83
55-64	4.14	1.79	2.20	2.29	1.92
N	958	935	958	962	954

Table 7. WVS across five countries weight *pwg* and Eurobarometer for UK and Ireland, 2005-2022

a) USA	2006	2011	2017
<25	7.44	7.33	6.69
25-34	7.37	7.43	7.16
35-44	7.00	7.42	7.02
45-54	7.00	7.33	7.18
55-64	7.46	7.36	7.42
65-74	7.54	7.74	7.77
75-84	7.27	7.74	8.24
85+	7.75	7.35	8.15
N	1,241	2,216	2,583
b) Australia	2005	2012	2018
<25	6.97	6.88	6.60
25-34	7.36	7.32	7.34
35-44	7.26	7.31	7.42
45-54	7.02	7.17	7.48
55-64	7.40	7.49	7.38
65-74	7.63	7.53	7.88
75-84	7.56	7.69	7.88
85+	8.04	8.23	8.16
N	1,399	1,454	1,781
c) Canada	2006		2020
<25	7.72		6.50
25-34	7.65		6.88
35-44	7.62		6.99
45-54	7.60		6.82
55-64	7.96		7.21
65-74	7.93		7.60
75-84	7.96		7.69
85+	7.57		7.69
N	2,136		4,018
d) New Zealand	2004	2011	2020
<25	7.63	7.63	6.63
25-34	7.53	7.38	7.25
35-44	7.65	7.15	7.32
45-54	7.78	7.52	7.42
55-64	8.42	7.79	7.33
65-74	8.02	7.91	7.89
75-84	8.30	8.45	8.01
85+	9.13	8.71	7.85
N	903	817	998
e) UK	2005		2022
<25	7.48		6.93
25-34	7.63		7.27
35-44	7.53		7.20
45-54	7.13		6.98
55-64	7.56		7.39
65-74	7.92		7.79
75-84	7.69		7.51
85+	7.46		8.00
N	1,030		2,873

Table 8. Global Minds, 11-step Cantril 2020 and 2021

	USA	UK	Canada	Australia	New Zealand	Ireland
<25	4.56	4.09	4.47	4.25	4.30	4.07
25-34	4.94	4.41	4.78	4.65	4.73	4.50
35-44	5.24	4.69	5.15	4.85	5.12	4.80
45-54	5.32	4.85	5.27	5.03	5.21	5.17
55-64	5.84	5.32	5.72	5.54	5.76	5.74
65-74	6.44	6.07	6.30	6.27	6.49	6.54
75-80	6.77	6.47	6.68	6.59	6.61	6.87
85+	6.70	6.33	6.74	7.08	6.42	6.83
N	40,246	24,714	13,624	11,703	6,395	3,992

Table 9. Rankings by country using Cantril's life satisfaction, Global Minds 2020-2022

		N			N
Chile (38)	6.62	2,094	Saudi Arabia (28)	5.98	1,792
Venezuela (79)	6.51	13,910	DRC	5.97	1,284
Argentina (48)	6.51	13,247	Nigeria (102)	5.83	6,504
Puerto Rico	6.47	1,099	France (27)	5.80	3,194
Guatemala (42)	6.38	2,482	Colombia (78)	5.75	10,571
Ecuador (74)	6.32	2,120	Côte d'Ivoire (96)	5.74	2,060
Morocco (107)	6.27	3,925	United States (23)	5.68	40,246
Egypt (127)	6.25	5,096	Canada (15)	5.57	13,624
Mexico (25)	6.19	12,895	India (126)	5.56	40,484
Peru (68)	6.11	3,372	Cameroon (104)	5.47	2,169
Belgium (16)	6.11	2,076	Singapore (30)	5.42	3,040
Yemen (133)	6.08	2,790	New Zealand (11)	5.41	6,395
Tunisia (115)	6.07	3,831	Australia (10)	5.37	11,703
Algeria (85)	6.07	7,974	South Africa (83)	5.26	13,946
Spain (36)	6.05	8,222	Ireland (17)	5.22	3,992
Iraq (92)	5.99	2,801	United Kingdom (20)	5.02	24,714

Rankings in parentheses/144 using Gallup World Poll, 2021-2023 in Helliwell et al (2024).

Table 10. Global Minds sample with Cantril and MHQ, 2020-2022

	Non-English speaking		English speaking	
	Cantril	MHQ	Cantril	MHQ
25-34	.486 (32.24)	22.488 (118.69)	.360 (14.24)	16.783 (31.62)
35-44	1.112 (72.66)	42.185 (228.89)	.655 (24.60)	28.614 (51.16)
45-54	1.507 (102.09)	59.513 (326.41)	.789 (35.10)	37.751 (76.27)
55-64	1.834 (127.17)	73.454 (402.02)	1.290 (64.63)	56.040 (131.74)
65-74	2.065 (120.94)	73.454 (402.02)	1.947 (97.18)	81.781 (199.62)
75-84	2.172 (68.48)	82.350 (387.68)	2.266 (87.86)	97.490 (208.66)
85+	1.982 (19.47)	76.236 (78.08)	2.248 (38.00)	101.126 (114.76)
Constant	4.953	28.452 (78.08)	4.515	27.693
Adjusted R2	.1671	.1864	.1423	.2395
N	179,353	1,470,414	100,674	261,869

Equations include country dummies and a gender dummy. T-statistics in parentheses.

Chart 1. Life satisfaction, BRFSS 2005-2010 and 2022-2024

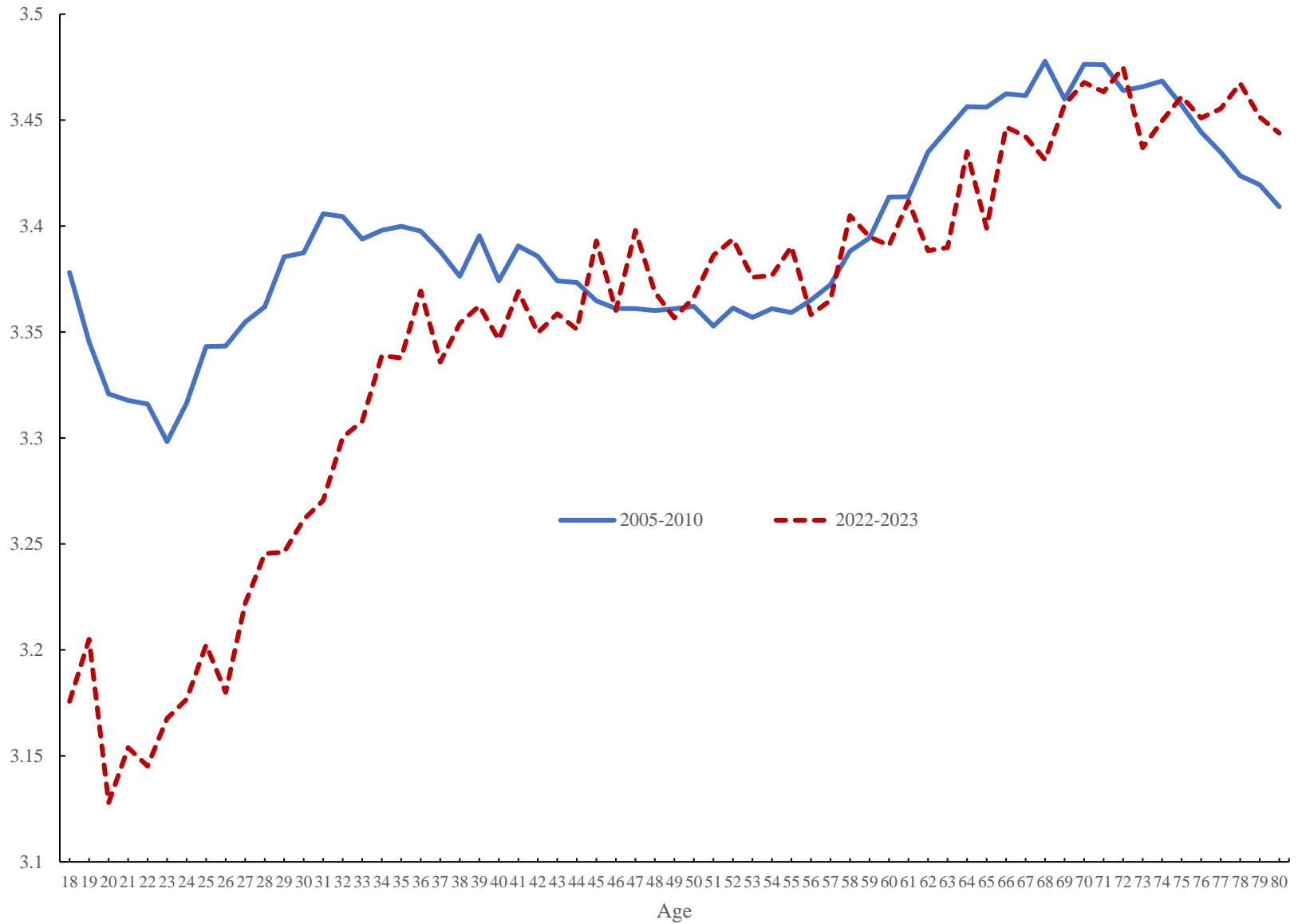


Chart 2a. USA BRFSS Life satisfaction 2005-2018

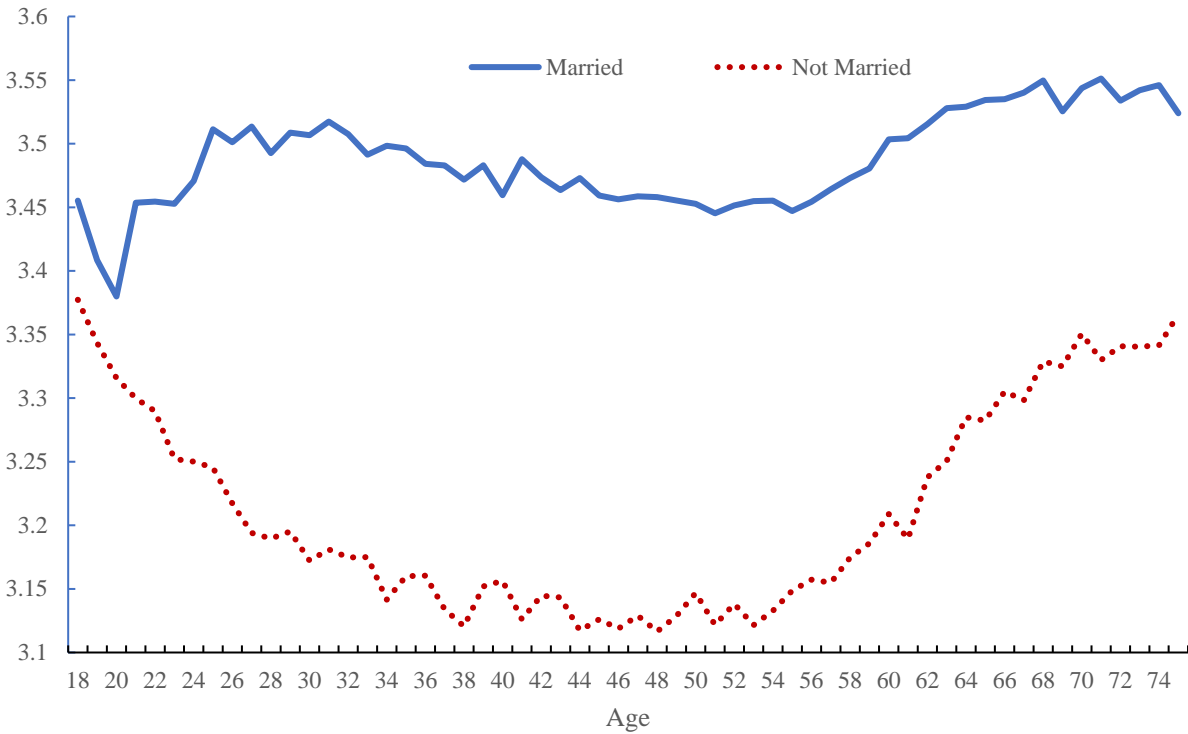


Chart 2b. BRFSS Life satisfaction, 2022-2024

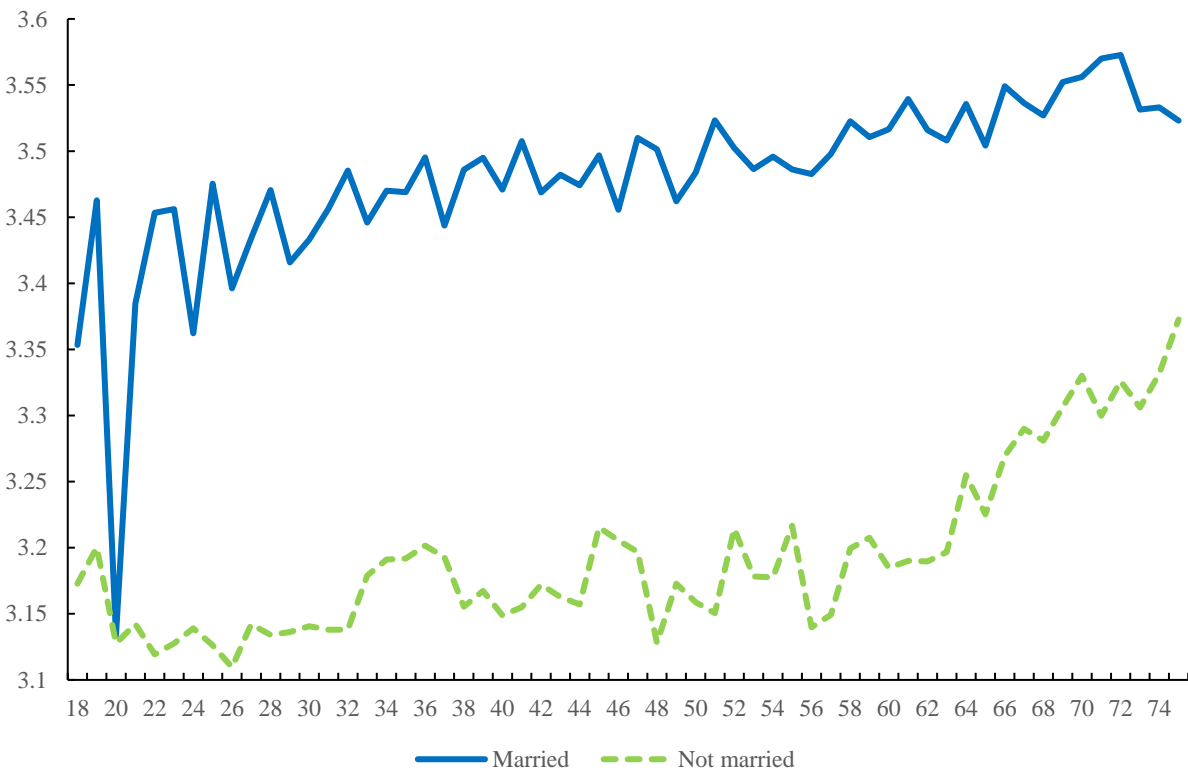


Chart 3. Kessler score, 1997-2021, NHIS

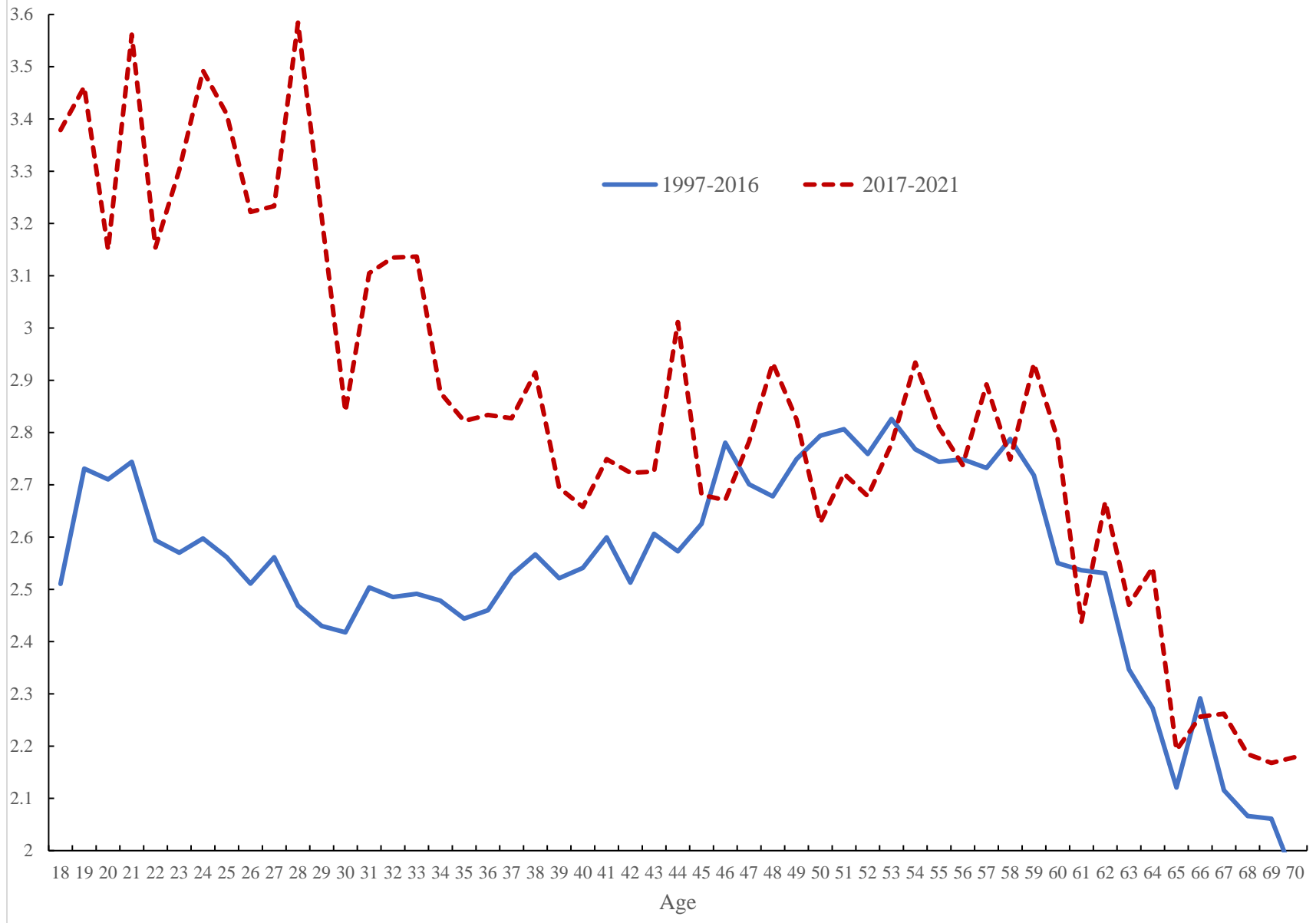


Chart 4. Gallup World Poll, Cantril, 11-step life satisfaction by country, 2010-2023



Chart 5: Mean life satisfaction of U.S. adults, by age group and year, American National Election Studies

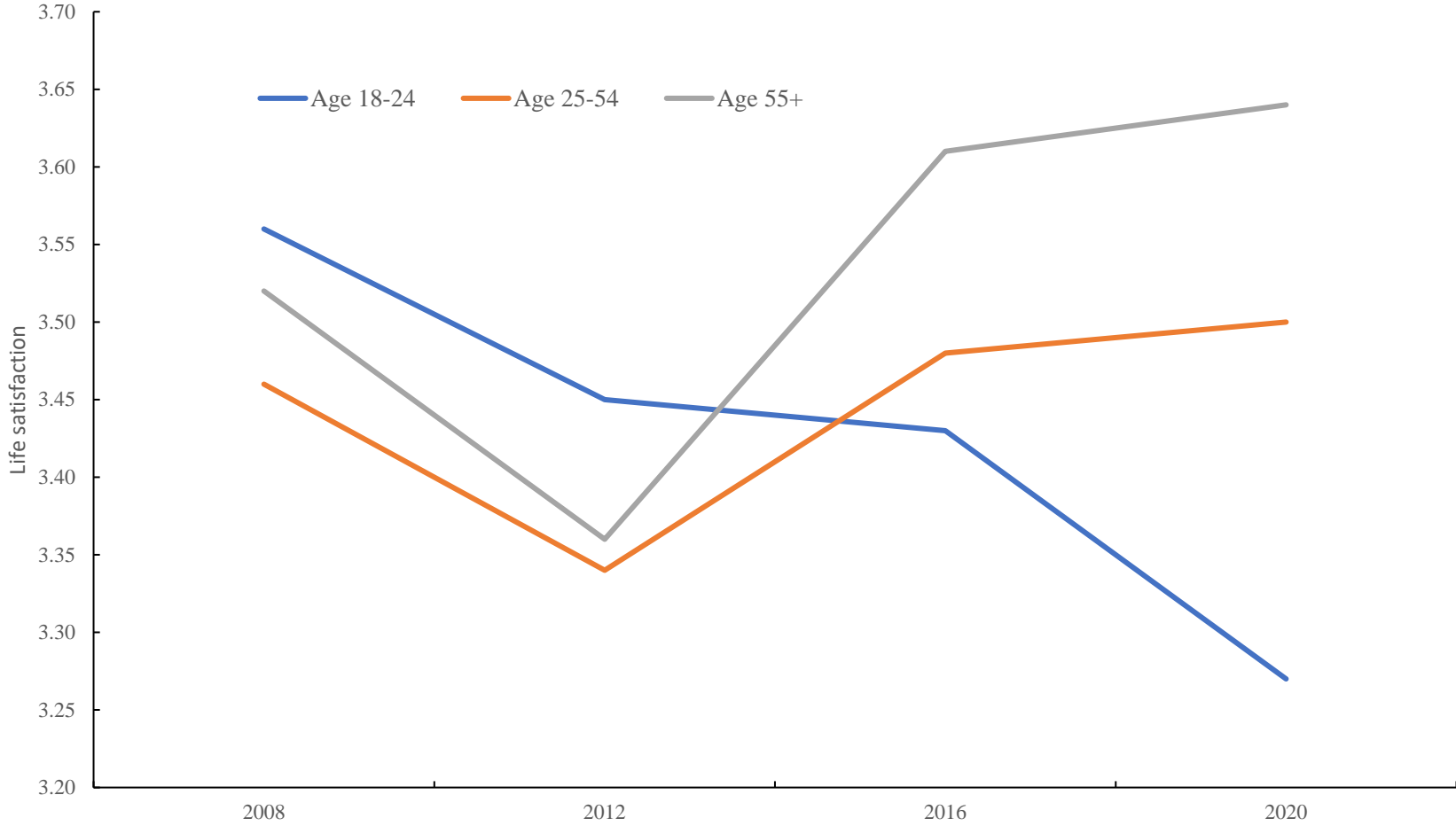


Chart 6a. Life satisfaction, USA, World Values Survey

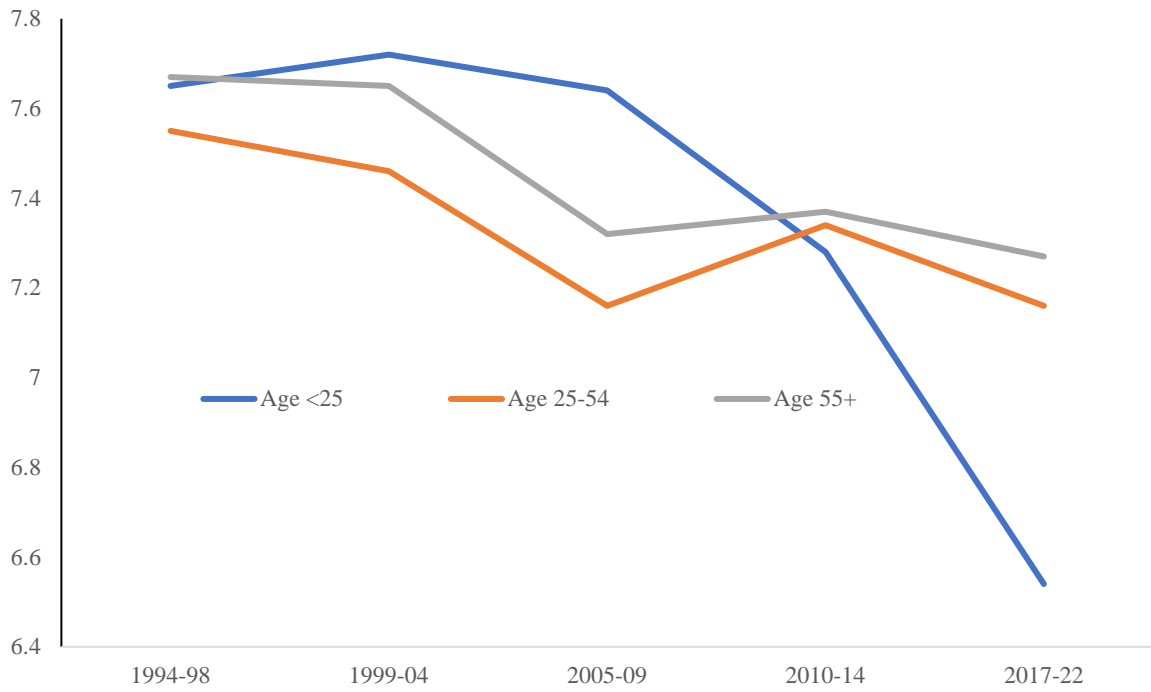


Chart 6b, Life satisfaction, Australia

