

# Divergent Trajectories of Youth Mental Health in Emerging Economies: A Global Burden of Disease Analysis of Anxiety and Autism Spectrum Disorders in BRICS Nations (1990–2030)

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**Purpose:** Adolescent mental wellbeing in newly industrializing regions represents a pivotal yet underexplored frontier in public health. The BRICS bloc—encompassing Brazil, Russia, India, China, and South Africa—confronts a distinct “double burden” of disease amidst accelerated socioeconomic stratification. This investigation quantified the disease burden and delineated forecasting trajectories for anxiety disorders and autism spectrum disorders (ASD) within the 5–24 age cohort across these nations.

**Patients and Methods:** Using data derived from the Global Burden of Disease (GBD) Study 2021, the study evaluated Age-standardized rates (ASR) of prevalence alongside disability-adjusted life years (DALYs). Temporal evolution from 1990 through 2021 was gauged via Estimated Annual Percentage Change (EAPC). Future burden dynamics up to 2030 were extrapolated employing linear regression models rooted in historical epidemiological patterns.

**Results:** In 2021, Brazil registered the highest age-standardized anxiety prevalence (7661.9 per 100,000), whereas the Russian Federation dominated in ASD prevalence (996.2 per 100,000). A pronounced divergence in temporal trends emerged: India witnessed the steepest surge in anxiety prevalence (EAPC = +0.91%, 95% CI 0.46 to 1.35), contrasting sharply with China, which exhibited a significant secular decline (EAPC = -0.26%). Projections indicate that anxiety rates in Brazil and India may remain elevated through 2030. ASD prevalence remained relatively stable across nations, with cross-national variations likely reflecting differences in diagnostic capacity and awareness rather than true epidemiological shifts. Demographic stratification corroborated a female preponderance in anxiety, identifying young adulthood (20–24 years) as the critical risk window.

**Conclusion:** The escalating anxiety trajectory in India, paralleled by persistent high burdens in Brazil, is associated with rapid urbanization and multifactorial societal stressors that may amplify youth mental vulnerabilities. Projections to 2030 should be interpreted as scenario-based estimates rather than definitive predictions, given the inherent uncertainty of linear extrapolation. Tailored, culturally specific interventions targeting young adults and addressing within-country disparities are warranted.

**Plain Language Summary:** Many young people in emerging economies experience mental health challenges such as anxiety and autism spectrum conditions, yet we know little about how these patterns differ across countries. Understanding these differences matters because targeted support can only be designed when the specific needs of young people in each country are clear. This study used data from the Global Burden of Disease study to track how anxiety and autism spectrum conditions affected young people aged 5–24 in Brazil, Russia, India, China, and South Africa from 1990 to 2021. We found that anxiety is rising sharply among young people in Brazil and India, while it has decreased in China. Differences in autism rates across countries likely reflect how well each country identifies and diagnoses autism rather than true differences in how many young people are affected. If current trends continue, the number of young people experiencing anxiety in Brazil and India may remain high through 2030. For young people and their families, this means that countries like Brazil and India need to invest more in accessible mental health services, particularly for those in the 20–24 age group who are most affected. These results call for each country to develop support systems that respond to the unique challenges their young people face.

**Keywords:** anxiety, autism spectrum disorder, BRICS, global burden of disease, epidemiology, forecasting

## Introduction

The escalating prevalence of pediatric psychiatric conditions has emerged as a formidable challenge to global public health systems. Contemporary estimates suggest that roughly 13% of the global youth population grapples with mental disorders.<sup>1,2</sup> Among these, anxiety disorders and autism spectrum disorders (ASD) constitute a substantial share of non-fatal disability accumulation.<sup>3,4</sup> Anxiety and ASD were selected for this comparative analysis because they represent, respectively, the most prevalent internalizing disorder and the most common neurodevelopmental condition in youth, together exemplifying the “double burden” of emotional and developmental challenges facing emerging economies. Crucially, these two conditions follow fundamentally different epidemiological trajectories and are influenced by distinct socioeconomic determinants, making their joint examination particularly informative for resource allocation. Such conditions frequently exhibit continuity into adulthood, thereby compromising educational trajectories, social integration, and long-term economic productivity.<sup>5,6</sup>

While epidemiological surveillance in high-income economies is robust, data originating from emerging markets remain disjointed.<sup>7</sup> The BRICS consortium offers a unique “natural laboratory” to scrutinize how compressed urbanization, digital proliferation, and evolving family dynamics impact adolescent mental stability.<sup>8</sup> Since the turn of the century, mental health has been increasingly recognized as a cornerstone of development in these nations.<sup>9</sup> However, specific attention to developmental disabilities and emotional disorders in the youth demographic is still evolving.<sup>10</sup> Importantly, ASD prevalence estimates across BRICS nations are strongly influenced by disparities in diagnostic infrastructure and awareness, which must be considered when interpreting cross-national variations.<sup>11</sup> Additionally, the COVID-19 pandemic has introduced new stressors for youth mental health globally, potentially altering recent trajectories in ways that warrant consideration for projections extending to 2030.<sup>12</sup>

Current literature highlights the distinct burden of ASD<sup>11</sup> and the universality of anxiety,<sup>13</sup> yet comparative analyses specifically isolating the 5–24 year demographic within BRICS are scarce. Existing studies predominantly focus on general populations or single-country cohorts. To bridge this gap, the current study utilizes the latest Global Burden of Disease (GBD) data to: (1) map the burden distribution of anxiety and ASD across BRICS nations; (2) dissect spatiotemporal trends from 1990 to 2021; and (3) generate data-driven projections to 2030 to inform policy planning.

## Methods

### Data Source and Case Definition

The study utilized data from the Global Burden of Disease (GBD) Study Results Tool (<http://ghdx.healthdata.org/gbd-results-tool>), which synthesizes age- and sex-specific mortality and disability metrics across 204 territories based on the GBD 2021 collaborative modeling framework and its subsequent update cycles.<sup>14,15</sup> Annual estimates of prevalence and DALYs for the period 1990–2021 were extracted directly from this repository. Compliance with the Guidelines for Accurate and Transparent Health Estimates Reporting (GATHER) protocols was maintained throughout the study.<sup>16</sup>

The analysis targeted the demographic stratum aged 5–24 years, segmented by sex and 5-year age intervals, within the five original BRICS member nations (Brazil, Russia, India, China, and South Africa). It should be noted that the BRICS grouping expanded after 2024 to include additional member states; however, this study focuses exclusively on the original five nations to maintain consistency with the historical data period (1990–2021). The pathological entities under review included “Anxiety disorders” (ICD-10 codes: F40–F44) and “Autism spectrum disorders” (ICD-10 codes: F84).<sup>17</sup> Readers should note that diagnostic capacity and case ascertainment for both conditions vary substantially across BRICS nations, with lower-resource settings likely underrepresenting true prevalence. Furthermore, local gender norms and cultural attitudes toward mental health may influence help-seeking behavior and diagnostic reporting, particularly for anxiety disorders where sex-based differences in symptom expression and social acceptability of reporting may affect the observed gender ratios.

## Statistical Analysis

To facilitate cross-national comparability, Age-Standardized Rates (ASR) per 100,000 population and Disability-Adjusted Life Years (DALYs) were employed as primary metrics.

Temporal trends were quantified via the Estimated Annual Percentage Change (EAPC), derived from a log-linear regression model formulated as  $\ln(\text{ASR}) = \alpha + \beta \times \text{year} + \epsilon$ .<sup>18</sup> Predictive modeling for the 2022–2030 horizon was performed by the author using linear extrapolation of the historical ASR trajectories, assuming the continuation of observed trends. These projections represent scenario-based estimates and do not account for potential future disruptions such as policy changes or economic shocks. All computational procedures were executed using R software and Python.

## Results

### The Burden Landscape in 2021

Substantial heterogeneity characterizes the BRICS nations (Table 1). In 2021, Brazil reported the highest burden of anxiety disorders, with an age-standardized prevalence of 7661.9 per 100,000. Conversely, ASD burden was highest in the Russian Federation (996.2 per 100,000) and South Africa (990.9 per 100,000), significantly exceeding rates in China and Brazil.

### Divergent Temporal Trends (1990–2021)

EAPC analysis (Figure 1) revealed contrasting trajectories for anxiety disorders. India exhibited the most significant upward trend (EAPC = +0.91%), indicating a deteriorating mental health landscape for Indian youth. Brazil similarly showed a consistent increase (EAPC = +0.68%). China, notably, was the only nation to demonstrate a successful containment or reduction in prevalence (EAPC = -0.26%). ASD trends remained relatively stable across the bloc, with EAPCs near zero for most nations, suggesting that observed cross-national variations more likely reflect differences in diagnostic capacity than genuine epidemiological divergence.

### Historical Evolution and Future Projections

Longitudinal analysis and forecasting models (Figure 2) suggest that absent structural intervention, Brazil's anxiety prevalence may remain elevated through 2030, and India follows a similar trajectory of persistently high burden. Meanwhile, Russia is projected to maintain the highest ASD burden within the bloc.

### Demographic Distribution

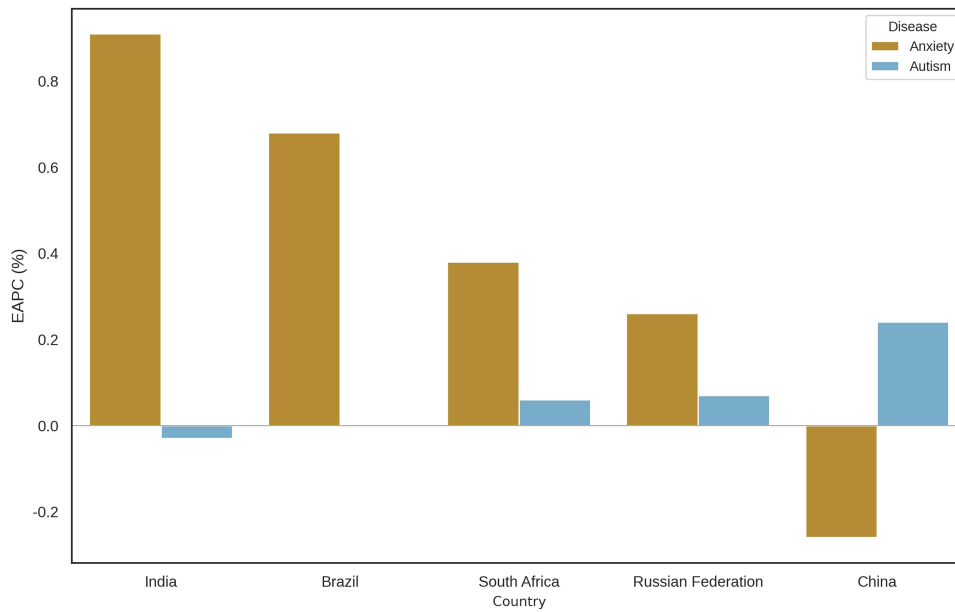
Sex-stratified anxiety patterns (Figure 3) showed consistently higher prevalence among females across all BRICS nations and age groups. Regarding age patterns (Figure 4), anxiety prevalence exhibited a positive age gradient, surging during adolescence and peaking in young adulthood (20–24 years), whereas ASD prevalence was highest in childhood and declined gradually with age.

**Table 1** The Burden of Anxiety Disorders and Autism Spectrum Disorders Among Young People (Aged 5–24 Years) in BRICS Nations in 2021 and Temporal Trends from 1990 to 2021

Location	Anxiety Prev (2021)	Anxiety EAPC (95% CI)	Anxiety DALYs (2021)	Autism Prev (2021)	Autism EAPC (95% CI)	Autism DALYs (2021)
Brazil	7661.9 (5776.1–9926.7)	0.68 (0.37 to 1.00)	934.1 (585.2–1371.3)	663.2 (555.6–787.8)	0.00 (0.00 to 0.01)	126.2 (85.4–177.5)
China	3610.8 (2696.2–4745.5)	-0.26 (-0.48 to -0.03)	450.8 (280.1–668.3)	694.8 (579.7–825.7)	0.24 (0.22 to 0.26)	134.3 (90.9–190.0)
India	2628.8 (1924.6–3478.9)	0.91 (0.46 to 1.35)	321.4 (197.9–468.6)	764.2 (643.4–896.0)	-0.03 (-0.04 to -0.03)	145.6 (99.3–205.1)
Russia	4332.1 (3264.8–5599.3)	0.26 (-0.02 to 0.55)	535.9 (334.7–785.1)	996.2 (835.2–1178.0)	0.07 (0.05 to 0.08)	191.5 (132.0–269.3)
S. Africa	4690.4 (3501.5–6171.5)	0.38 (0.11 to 0.65)	574.7 (357.9–846.5)	990.9 (834.8–1170.1)	0.06 (0.05 to 0.08)	189.0 (130.0–265.9)
Global	4080.8 (2966.4–5478.2)	0.20 (0.04 to 0.36)	501.6 (308.8–750.3)	837.1 (705.9–982.9)	0.10 (0.09 to 0.10)	160.0 (108.2–225.4)

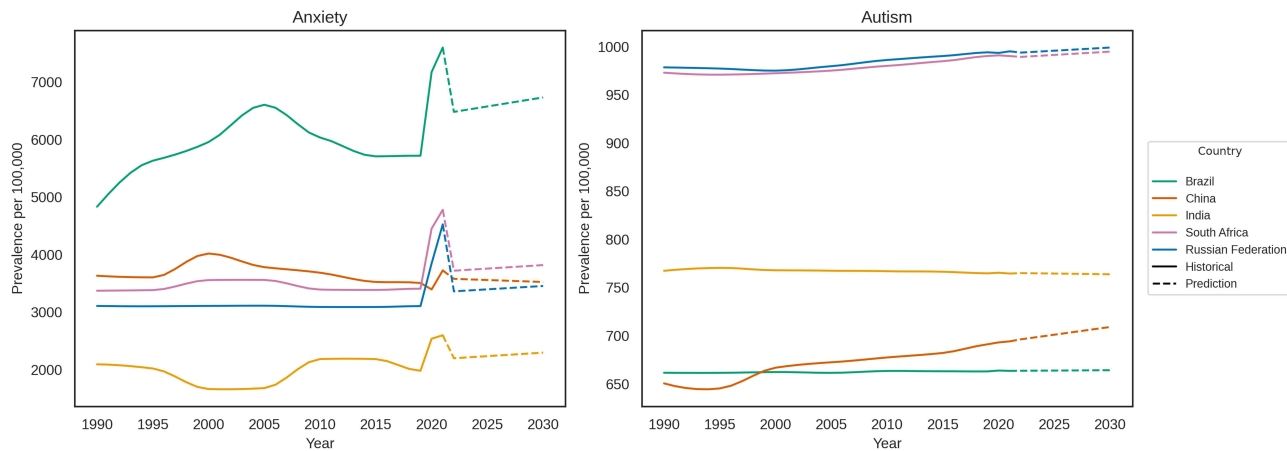
**Note:** The EAPC is considered statistically significant if the 95% CI does not include 0.

**Abbreviations:** ASR, Age-Standardized Rate (per 100,000 population); DALYs, Disability- Adjusted Life Years; EAPC, Estimated Annual Percentage Change; CI, Confidence Interval; UI, Uncertainty Interval.



**Figure 1** Estimated annual percentage change (EAPC) in age-standardized prevalence rates of anxiety and autism spectrum disorders among young people (aged 5–24 years) in BRICS nations from 1990 to 2021.

**Abbreviations:** BRICS, Brazil, Russia, India, China, and South Africa; EAPC, Estimated Annual Percentage Change.



**Figure 2** Historical trends (1990–2021) and future projections (2022–2030) of age-standardized prevalence rates for anxiety and autism spectrum disorders in BRICS nations. **Abbreviation:** GBD, Global Burden of Disease.

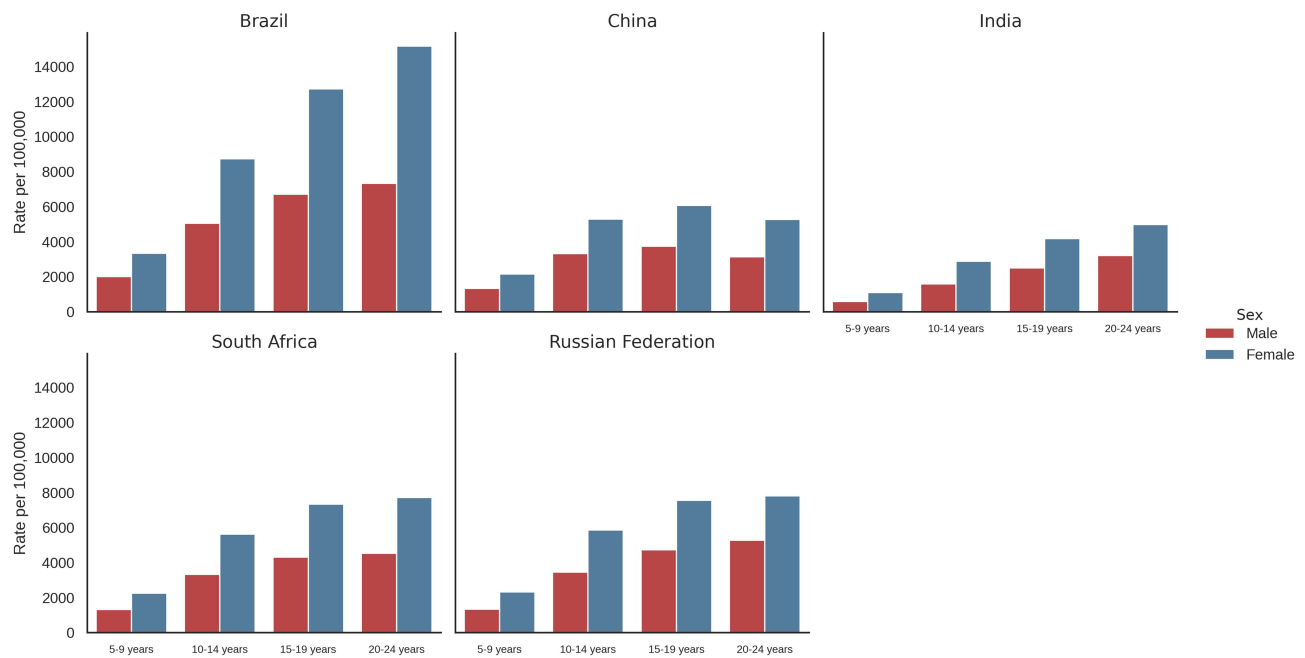
## Discussion

To our knowledge, this is the first analysis to juxtapose the discordant trajectories of anxiety and ASD across the BRICS bloc.

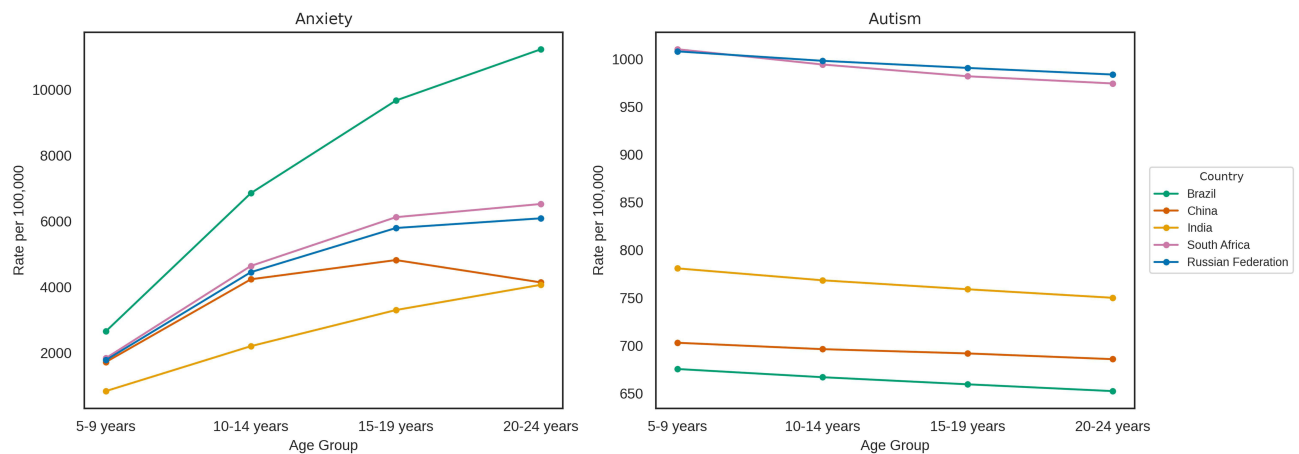
### The “Brazilian & Indian” Surge

The elevated and rising anxiety rates in Brazil may mirror the nation’s sociopolitical volatility. Ribeiro et al (2017) established a robust link between income inequality and mental morbidity,<sup>19</sup> while Fidalgo et al (2018) highlighted the deleterious impact of urban violence.<sup>20</sup> Recent studies confirm that anxiety remains highly prevalent among Brazilian adolescents, necessitating urgent intervention.<sup>21</sup>

For India, the sharp rise is likely multifactorial. While a hyper-competitive academic environment is one contributing factor, other drivers including rapid urbanization, poverty, evolving family structures, and increasing social media exposure among youth must also be considered. Sagar et al (2020) noted that the mental disorder burden in India has



**Figure 3** Sex-stratified anxiety prevalence rates by age group in BRICS nations in 2021.



**Figure 4** Age-specific prevalence rates of anxiety and autism spectrum disorders across BRICS nations in 2021.

doubled since 1990.<sup>22</sup> Resource scarcity remains a critical bottleneck,<sup>23</sup> and recent reviews emphasize the mounting burden on Indian children.<sup>24</sup> Comparative analyses also suggest that India faces greater challenges in mental health service coverage compared to China.<sup>25</sup>

### The “Chinese Exception”

The decreasing trend in anxiety within China (EAPC  $-0.26\%$ ) contrasts with global trends described by Baxter et al<sup>26</sup>. This may reflect the efficacy of national initiatives such as the “686 Project”<sup>27</sup> and “Healthy China 2030,”<sup>28</sup> which have integrated mental health services into primary care. However, systematic reviews warn that prevalence estimates in China can vary significantly,<sup>29</sup> and despite progress, the treatment gap described by Huang et al remains substantial.<sup>30</sup> It should also be acknowledged that cultural differences in symptom reporting and mental health stigma may lead GBD models to underestimate anxiety prevalence in China, meaning the observed decline may partly reflect reporting patterns rather than exclusively representing a true reduction in burden.

## The Scenario in Russia and South Africa

Our findings of high ASD burdens in Russia align with Sorokin et al (2020), who documented the specific structure of anxiety and developmental symptoms in the Russian population.<sup>31</sup> Similarly, South Africa's distinct burden profile reflects the ongoing challenges in post-apartheid mental health care integration,<sup>32</sup> consistent with broader global patterns of rising anxiety burden in low- and middle-income contexts.<sup>13</sup>

## The ASD Diagnostic Gap

Disparities in ASD rates likely reflect diagnostic infrastructure rather than genuine biological differences. The 1.5-fold variation across BRICS within the same GBD modeling framework (from 663/100,000 in Brazil to 996/100,000 in Russia) strongly suggests ascertainment bias. Crucially, stable or increasing ASD trends across these nations most likely represent improved diagnostic recognition and awareness rather than a true increase in incidence—a distinction critical for policymakers deciding whether to invest in identification systems or address rising disease burden. Olusanya et al highlighted the global burden of developmental disabilities,<sup>10</sup> while Elsabbagh et al and Zeidan et al emphasized that prevalence variations are heavily influenced by awareness.<sup>33,34</sup> The rising trend in China likely reflects “catch-up” diagnosis comparable to Western prevalence.<sup>35</sup> The global perspective offered by Lord et al supports the notion that increased identification drives these trends.<sup>11</sup>

## Policy Implications and Limitations

The efficient allocation of resources is critical for these emerging economies, and prevalence data alone do not capture the full extent of untreated burden—a critical issue across BRICS where mental health workforce density and treatment coverage remain severely limited.<sup>36,37</sup> Future research should examine within-country disparities, including urban–rural gradients, socioeconomic inequities, and the burden on marginalized populations, to better target interventions. However, this study has several limitations. It relies on GBD estimates, and coverage of primary data in some regions remains limited.<sup>38</sup> The ecological design precludes causal inference; the associations between socioeconomic factors and mental health trends observed here warrant further investigation using individual-level data. Linear extrapolation for the 2022–2030 projections assumes the continuation of historical trends and does not account for potential disruptions such as policy changes, economic shocks, or the lasting impact of the COVID-19 pandemic.<sup>12</sup> Emerging evidence from Qiu et al and Xiang et al demonstrates that the pandemic has significantly distressed Chinese and global youth populations,<sup>39,40</sup> and this may alter trajectories beyond what historical patterns predict. As such, the projections presented here should be interpreted as scenario-based estimates indicating likely direction rather than precise forecasts.

## Conclusion

Anxiety disorders and ASD present distinct challenges for BRICS nations. Anxiety exhibits genuinely divergent epidemiological trajectories—surging in India and Brazil while declining in China—associated with country-specific socioeconomic and policy contexts. ASD trends, by contrast, remain relatively stable across nations, with cross-national variations primarily reflecting differences in diagnostic capacity rather than epidemiological divergence. These findings underscore the need for school-based mental health screening in India and Brazil, continued expansion of ASD identification and diagnostic services across all BRICS nations, and policies targeting the specific stressors of young adulthood (20–24 years). Importantly, China's apparent decline in anxiety prevalence should be interpreted cautiously given potential influences of cultural reporting patterns and GBD modeling limitations. All projections to 2030 should be interpreted as scenario-based estimates rather than definitive predictions, given the inherent limitations of linear extrapolation. Future interventions should also address within-country equity considerations, including urban–rural disparities and access for socioeconomically disadvantaged youth.

## Data Sharing Statement

The data underlying this article are available in the Global Burden of Disease (GBD) Results Tool repository at <http://ghdx.healthdata.org/gbd-results-tool>.

## Ethics Approval

This study is a secondary analysis of publicly available, de-identified aggregate data from the GBD Study 2021. No individual-level human subject data were accessed or generated. In accordance with items 1 and 2 of Article 32 of the Measures for Ethical Review of Life Science and Medical Research Involving Human Subjects (issued February 18, 2023, China), research utilizing publicly available and anonymized aggregate data is exempt from ethical review. Therefore, institutional ethical approval and informed consent were not required for this study.

## Author Contributions

The author made a significant contribution to the work reported, whether that is in the conception, study design, execution, acquisition of data, analysis and interpretation, or in all these areas; took part in drafting, revising or critically reviewing the article; gave final approval of the version to be published; has agreed on the journal to which the article has been submitted; and agrees to be accountable for all aspects of the work.

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## Disclosure

The author declares that there are no competing interests.

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