

Mental Health, Sustainable Development, and Yoga Therapy

By Evi Dimitriadou



Mental health is a basic human right and an essential part of overall health,¹ existing on a wide spectrum from mental well-being to excessive long-term distress and disabling mental disorders.² Mental health is the outcome of social and environmental context that influences

genetic, neurodevelopmental, and psychological factors and function throughout the life course and particularly in young age.³ The social and environmental factors are highly interrelated and modifiable, and they influence mental health for better or worse.⁴ More specifically, five domains—demographic, economic, neighborhood, sociocultural, and environmental—significantly affect mental health.

Social inequities, which interact with all five of the domains that influence mental health,³ disproportionately and adversely affect vulnerable populations such as children, women, people in poverty, those with severe illnesses, and individuals who have been displaced or discriminated against for any reason.⁵ Adversities—particularly in younger age and when they accumulate—disrupt the hypothalamic pituitary adrenal (HPA) axis, negatively affecting the nervous system and leading to increased levels of allostatic load and inflammatory cytokines, with substantial effects on mental and physical health throughout the life course.⁶

The five main mental health domains directly relate to the 17 sustainable development goals (SDG)⁷ that United Nations (UN) members agreed in 2015 to attain by 2030.⁸ The SDGs are prerequisites for progress that does not compromise the ability of future generations to meet their needs, securing rights and well-being for everybody. Attaining SDGs such as eliminating poverty and promoting equality, education, health, peace, and social justice protect mental health globally, at a population level.⁷ SDGs also promote community and environmental sustainability.⁸

The UN General Assembly considers SDGs nonnegotiable⁸ and specified that members should be closely monitored and held



accountable for noncompliance with their agreed-upon obligations to global mental health and SDGs.³ Media, in turn, have responsibility for informing populations about the effect of demographic, economic, social, and environmental factors on mental health, and about the SDGs and countries' work toward them. This article introduces these crucial factors in mental health and the supportive role yoga therapy can play in achieving the SDGs.

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IAYT, in collaboration with India’s National Institute of Mental Health and Neurosciences, Swami Vivekananda Yoga Anusandhana Samsthana (S-VYASA) University, and other yoga experts around the world, contributed to 2024 recommendations to the UN about yoga’s possible role in achieving the SDGs.⁹ As yoga therapists know, the practices can be a method to develop physical and mental resilience even in challenging environments. Yoga promotes self-reflection and self-awareness, compassion, contentment, and unity, as well as minimalistic living in harmony with nature. Transitioning from a *rajasic* or *tamasic* lifestyle, with elemental qualities sometimes described as *stressed* or *frenetic* and *slothful*, respectively, to the *sattvic* lifestyle

that yoga promotes supports health and peace—and sustainable development as a result. Yoga therapy, especially in group settings, highlights yogic principles for living, and the eight limbs of *ashtanga* can form part of effective interventions for achieving multiple SDGs at a population level.

Demographic Domain



In the demographic domain, age, gender, and ethnicity are the main social determinants for mental health that can be affected by social inequities.⁷

In childhood, poverty, poor parenting and other adversities such as sexual or physical abuse can have more detrimental effects on

mental health throughout the life course: This most crucial stage for brain development and acquisition of cognitive, emotional, and social skills makes children especially vulnerable.¹⁰ With 75% of mental health problems globally starting at a young age,¹¹ an increased prevalence of mental health problems in younger people since 2012 that accelerated after the COVID-19 pandemic,¹² and one-third of the population under the age of 18 in low- and middle-income countries,¹³ promoting and protecting the mental health of children and adolescents becomes imperative for achieving any SDGs.¹⁴ Despite the vulnerability of youth, interventions can have positive effects on mental health and

well-being at this stage. Beginning before birth with pregnant parents, interventions in schools, in communities, and through media should address multiple social determinants of mental health that are also SDGs (e.g., poverty or income equality, education of parents and children, and gender equality).¹³

Another element in the demographic domain is gender, part of an individual's self-determined personal identity. Gender has a profound role in mental health, with women and men having a different prevalence of mental health disorders and more women overall having mental health disorders globally.¹⁵ This increased prevalence in women is only partly related to biological differences and gender differences in reporting mental health challenges.¹⁴ Women's higher risk for poorer mental health can be largely ascribed to inequalities in social rights, education, and income, imbalances sustained and even enhanced by national policies and cultural beliefs about gender roles.¹⁶ Gender inequality, which is related directly to gender violence and intimate partner violence,¹⁷ escalated after 2020 due to wars and immigration, the COVID-19 pandemic, increased income inequality, and national policies,¹⁸ demonstrating the interrelation of social factors. With women constituting more than half of the population¹⁹—and many of them mothers—empowering women supports not only their own mental health and that of the next generations, but also multiple SDGs such as health, education, and economic growth.²⁰

SUSTAINABLE DEVELOPMENT GOALS





Equally, the prevalence of mental health disorders in people of color is higher due to structural racism and discrimination resulting from biased government policies (or lack of appropriate policies) and other social inequalities.²¹ Targeted policies, education, and contact among different groups of

people promote not only the health SDG, but also social justice, education, economic growth, and equality.²²

Economic Domain

Poverty and income inequality in the economic domain are linked to most social determinants⁷ and have a vicious bidirectional relationship with mental health.²³ This is not the case just in low- and middle-income countries, but also in high-income countries, where income inequality and lack of social insurance (as in the United States) can combine with other social inequities to negatively affect mental health.²⁴



Neighborhood Domain

In the neighborhood domain, poor infrastructure, lack of access to services, substandard housing, pollution, lack of safety, and overcrowding facilitate the transmission of intergenerational issues (e.g., poverty, poor education, and racial discrimination) and negatively affect mental health. More specifically, these social determinants increase the prevalence of externalizing disorders such as conduct disorder and aggression, as well as psychosis, in young people and dementia in older people.²⁵

Yoga therapy that highlights yogic principles for living and the eight limbs can be part of effective interventions for achieving multiple SDGs.

Sociocultural Domain



Education is a main social determinant of mental health in the sociocultural domain and is linked with many SDGs.⁷ Education not only promotes cognitive development of children and adolescents, as well as employment and economic growth,²⁶ but should also support gender equality,²⁷ social

justice, and elimination of ethnic discrimination—and therefore the attainment of the relevant SDGs.

Environmental Domain



Armed conflicts, forced immigration, climate change, and natural disasters are social determinants in the environmental domain that cause significant trauma and distress, particularly in vulnerable and marginalized populations.⁷ Environmental factors can reverse or severely hinder progress toward

most SDGs. During the COVID-19 pandemic, for instance, populations disadvantaged by social inequities were disproportionately affected, with poverty, income inequality, gender-based violence, and mental health challenges in young people increasing substantially over this period, as noted above.

In armed conflicts, the prevalence of depression and posttraumatic stress disorder (PTSD) in adults can reach 25.6% and 23.7%, respectively,²⁸ in comparison to 5.7% and 3.9% in the general population²⁹; in children and adolescents in war zones, the respective proportions can reach 43% and 47%,³⁰ in comparison to 21%³¹ and 15% in the general population.³² Unfortunately, in 2024 more than 240,000 people were killed in armed conflicts—an increase of 23% in just 1 year³³—and more than 122 million people were forced from their homes, with the same number displaced in the first half of 2025 alone.³⁴ As a result, the biggest regressions in all SDGs in recent years have been in the crucial goals of peace²² and sustainable development overall.

Yoga Therapists Can Help Usher in a New Age Through All Five Mental Health Domains

Yoga therapy for children and adolescents can promote the ability to focus, share ways to be at ease with shifting emotions, and build resilience. In a group setting either at schools or community centers, the practices could profoundly affect mental health not only in children and adolescents but throughout the lifespan of people who participate. More specifically, yoga therapy targeted to emotional regulation, stress reduction, and focus improvement could support the management of common mental health disorders such as anxiety and depression, as well as substance use disorders. Evidence-informed curricula such as those by Kripalu or Little Flower Yoga can and should be further developed for youth. Sharing the ethical precepts of the *yamas* and *niyamas*, particularly the concepts of *ahimsa* (not hurting/bullying) and *asteya* (being respectful of others' possessions), and encouraging the development of *tapas* (discipline) and *svadhyaya* (self-reflection) could make a huge difference for young people.

Yoga professionals should prioritize women and people who have faced intersectional discrimination due to racism, homophobia, and other kinds of marginalization—not just for the sake of the mental health of a big proportion of the population, but for social cohesion and sustainable development of humanity as a whole. Yoga therapy, mostly in groups that respect and promote inclusion, unity, and equity, as well as the *yamas* and *niyamas* in theory and practice, is needed more in populations that face discrimination.

Yoga therapy for financially underresourced populations could helpfully be provided in group community settings in the form of karma yoga. Such an offer to people who can't afford services may be excellent publicity for yoga therapists and the profession, while supporting equity, trust, and social cohesion. This type of work can also be very fulfilling for us as providers.

Similarly, yoga therapy in underresourced neighborhoods and towns, perhaps in community centers where marginalized populations can be found, could protect the mental health of vulnerable populations by promoting social capital and social cohesion.

Yoga professionals can support the SDG of quality education for all by teaching yoga principles in schools and communities—and by offering comprehensive yoga and yoga therapy trainings. As noted, programs such as those by Kripalu and Little Flower Yoga can help children reduce stress, regulate emotions, and improve focus in the classroom.

As yoga professionals, providing services in and around war zones may be the most important and fulfilling karma yoga we can experience. Having participated in two humanitarian missions myself so far, I can say for certain that giving what you know to people in real need is one of the few things in life that can give such deep and enduring satisfaction.

To conclude, yoga has the potential to herald in a new era of peace, compassion, brotherhood, and all-around sustainable progress.

As people who value human life, as yoga practitioners who live the yamas and the niyamas, and as yoga therapists who care for people in need, we should promote and support ahimsa more loudly, with statements and practices. We should call for and work for peace and human rights, aiming to reach the ears of the people in charge and the hearts of the people in need.



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References

1. Prince, M., Patel, V., Saxena, S., Maj, M., Maselko, J., Phillips, M. R., & Rahman, A. (2007). No health without mental health. *The Lancet*, 370(9590), 859–877.
2. Keyes, C. L. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Behavior*, 43(2), 207–222.

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3. Patel, V., Saxena, S., Lund, C., Thornicroft, G., Baingana, F., . . . Unützer, J. (2018). The *Lancet* commission on global mental health and sustainable development. *The Lancet*, 392(10157), 1553–1598.
4. Kirkbride, J. B., Anglin, D. M., Colman, I., Dykxhoorn, J., Jones, P. B., . . . Griffiths, S. L. (2024). The social determinants of mental health and disorder: Evidence, prevention and recommendations. *World Psychiatry*, 23(1), 58–90.
5. World Health Organization and Gulbenkian Foundation. (2014). Social determinants of mental health.
6. Carbone, J. T. (2021). Allostatic load and mental health: A latent class analysis of physiological dysregulation. *Stress*, 24(4), 394–403.
7. Lund, C., Brooke-Sumner, C., Baingana, F., Baron, E. C., Breuer, E., . . . Saxena, S. (2018). Social determinants of mental disorders and the sustainable development goals: A systematic review of reviews. *The Lancet: Psychiatry*, 5(4), 357–369.
8. United Nations General Assembly. (2015). Resolution A/RES/70/1 — Transforming our world: The 2030 agenda for sustainable development.
9. Department of Psychiatric Social Work and Department of Integrative Medicine, National Institute of Mental Health and Neurosciences (NIMHANS), and Collaborators. (2024). Yoga for achieving United Nations (UN) sustainable development goals (SDGs): Recommendations.
10. McLaughlin, K. A., Weissman, D., & Bitrán, D. (2019). Childhood adversity and neural development: A systematic review. *Annual Review of Developmental Psychology*, 1, 277–312.
11. World Health Organization and the United Nations Children’s Fund (UNICEF). (2021). Investing in our future: A comprehensive agenda for the health and well-being of children and adolescents.
12. Liu, Z., & Kuai, M. (2025). The global burden of depression in adolescents and young adults, 1990–2021: Systematic analysis of the global burden of disease study. *BMC Psychiatry*, 25(1), 767.
13. Barry, M. M., Clarke, A. M., Jenkins, R., & Patel, V. (2013). A systematic review of the effectiveness of mental health promotion interventions for young people in low- and middle-income countries. *BMC Public Health*, 13, 835.
14. Tedstone Doherty, D., & Kartalova-O’Doherty, Y. (2010). Gender and self-reported mental health problems: Predictors of help seeking from a general practitioner. *British Journal of Health Psychology*, 15(1), 213–228.
15. GBD 2019 Mental Disorders Collaborators. (2022). Global, regional, and national burden of 12 mental disorders in 204 countries and territories, 1990–2019: A systematic analysis for the Global Burden of Disease Study 2019. *The Lancet: Psychiatry*, 9(2), 137–150.
16. World Economic Forum. (2025). Global gender gap report 2025.
17. Fagrell Trygg, N., Gustafsson, P. E., & Månsdotter, A. (2019). Languishing in the crossroad? A scoping review of intersectional inequalities in mental health. *International Journal for Equity in Health*, 18(1), 115.
18. World Economic Forum. (2022). Global gender gap report 2022.
19. World Bank. (2024). World population prospects.
20. United Nations Women and DESA. (2024). Progress on the sustainable development goals: The gender snapshot 2024.
21. Williams, D. R., Lawrence, J. A., & Davis, B. A. (2019). Racism and health: Evidence and needed research. *Annual Review of Public Health*, 40, 105–125.
22. United Nations Department of Economic and Social Affairs. (2025). The sustainable development goals report 2025.
23. Lund, C., De Silva, M., Plagerson, S., Cooper, S., Chisholm, D., . . . Patel, V. (2011). Poverty and mental disorders: Breaking the cycle in low-income and middle-income countries. *The Lancet*, 378(9801), 1502–1514.
24. Ridley, M., Rao, G., Schilbach, F., & Patel, V. (2020). Poverty, depression, and anxiety: Causal evidence and mechanisms. *Science*, 370(6522), eaay0214.
25. Gruebner, O., Rapp, M. A., Adli, M., Kluge, U., Galea, S., & Heinz, A. (2017). Cities and mental health. *Deutsches Arzteblatt International*, 114(8), 121–127.
26. Kondirolli, F., & Sunder, N. (2022). Mental health effects of education. *Health Economics*, 31(2), 22–39.
27. Riecher-Rössler, A. (2017). Sex and gender differences in mental disorders. *The Lancet: Psychiatry*, 4(1), 8–9.
28. Ahmed, S. H., Zakai, A., Zahid, M., Jawad, M. Y., Fu, R., & Chaiton, M. (2024). Prevalence of post-traumatic stress disorder and depressive symptoms among civilians residing in armed conflict-affected regions: A systematic review and meta-analysis. *General Psychiatry*, 37(3), e101438.
29. World Health Organisation. (2024). Fact sheets on depression and post-traumatic stress-disorder.
30. Attanayake, V., McKay, R., Joffres, M., Singh, S., Burkle, F., Jr., & Mills, E. (2009). Prevalence of mental disorders among children exposed to war: A systematic review of 7,920 children. *Medicine, Conflict, and Survival*, 25(1), 4–19.
31. Lu, B., Lin, L., & Su, X. (2024). Global burden of depression or depressive symptoms in children and adolescents: A systematic review and meta-analysis. *Journal of Affective Disorders*, 354, 553–562.
32. Visser, I., van der Mheen, M., Dorsman, H., Knipschild, R., Staaks, J., . . . Lindauer, R. J. L. (2026). Post-traumatic stress disorder rates in trauma-exposed children and adolescents: Updated three-level meta-analysis. *The British Journal of Psychiatry*, 228(5), 465–473.
33. International Institute for Strategic Studies. (2025). The armed conflict survey 2025.
34. United Nations High Commissioner for Refugees. (2025). Annual global trends report.