

Youth Anxiety Disorders

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ABSTRACT: *Social fear is a rapidly developing epidemic that is expected to influence young people overwhelmingly. In this study we investigate the prevalence of social anxiety around the world by means of a survey of 6,825 individuals in seven countries chosen for their cultural and economic diversity: Brazil, China, Indonesia, Russia, Thailand, the USA and Vietnam. (M = 22,83, Women = 3,442, South = 3,428, Other = 55,) aged 16 – 29 years (M = 22,84, SD = 3,97), The respondents completed the scale of social contact (SIAS). There has been a considerably higher global prevalence of social anxiety than previously reported and more than 1 in 3 (36%) people meet the threshold criteria. The prevalence and severity of the symptoms of social anxiety were not gender-based, but varies depending on the age, region, employment status, education and whether a person was living in the city and rural areas. In addition, 1 in 6 (18%) thought that they had no social anxiety, but nevertheless reached or surpassed the SAD threshold. The data show that social anxiety affects young adults worldwide, many of whom don't understand the obstacles they face. Many young people may encounter significant operational and well-being problems, which can be changed by proper training and procedure.*

KEYWORDS: *Anxiety disorders, education, epidemiology, youth, health care, Awareness.*

INTRODUCTION

Anxiety disorders are among the most prevalent psychic illnesses in the general population and their symptoms are one of the most common complaints. The symptoms of anxiety trigger impairments in the quality of life, especially when it comes to interpersonal and self-realization relationships. Anxiety may be a natural or abnormal reaction. In the latter case, the subject mounts dysfunctional and inadequate responses in all actions, both real and or imaginary, that occur during every day activities or events.³ Symptoms of anxiety can occur as psychic, as well as psychological, or somatic, complaints classified by the DSM-IV⁴ under. Adolescence and young adulthood are periods of vital evolution and transformation and it is often forgotten that young people have signs of anxiety. The prevalence of anxiety disorders in young people was shown by studies of 5 to 19 percent.⁶ Factors such as gender, ⁷parent stress, ⁸parental anxiety and depression, ⁹low income, ¹⁰and alcohol and tobacco use ¹may be correlated with anxieties. This is the most common example in youth.

Anxiety refers to a reaction of the brain to risk, which an individual actively tries to prevent. This brain reaction is already a basic emotion in early childhood, with expressions that fall from mild to extreme^[1]. Anxiety is generally not pathological, as in certain cases it is adaptive when danger prevention is facilitated. These adaptive dimensions of anxiety are likely to be expressed in clear cross species comparisons — both in organisms' reactions to danger and in the underlying brain circuitry involving threats.¹ Anxiety, for example in conjunction with the evasive, is also conceptually ill-adapted as it interferes with work^[2].

Social anxiety arises when people fear social environments in which their presence will make them feel awkward and expect unfavorable assessments from others. From an evolutionary point of view, social anxiety is adaptive to meet the needs of our presentation and reflection. This sensitivity guarantees that we adapt to the people around us in order to sustain or enhance social wonders and to prevent ostracism. If the social situation (e.g. relationships in a school or at work with peer groups) and functioning in a substantial degree is not in relation to the hazard, however, then this could be class. It may be class. The social anxiety effect is widespread, impacting the functioning of different fields of life and reducing general environment and well-being. For example, those who are socially concerned are more likely to be bullying victims and are at higher risk of early and less eligible school leavers. They are also less likely to get married, to get divorced and to have less children than their friends. They record days without work in the workplace and lower results.

Diagnostic systems such as the DSM, currently IV-TR, American Psychiatric Association 2 or the International Disease Classifying System (ICD, new version 10, World Health Organization) are used to identify and classify anxiety disorders⁷. Many anxiety disorders have similar clinical characteristics in these structures including extensive anxiety, physiological anxiety symptoms, and disruptions in conduct such as severe object avoidance and associated pain or disability. However, variations exist and it must be noted that the anxiety disorders such as panic disorder, agoraphobia and su are narrowly defined.

Anxiety is a regular human emotion, with behavioral, affective and cognitive reactions to danger perception. If it is out of proportion to the task or stress or contributes to severe suffering and impairment it is called extreme or pathological. It's considered to be a natural childhood component^[3]. Children are afraid, anxious, shy, or supportive despite the efforts of the parents, guardians and teachers, and they avoid places and activities that often continue. Anxiety disorders are among the most common disorders in children and young adults. The prevalence of anxiety disorders is between 4% and 20%. Popular child anxiety disorders

Studies have shown a clear correlation between the use of psychoactive and anxiety disorders and that people with anxiety and drug use have a worse treatment path. Studies have historically only linked tobacco consumption with PD. however, studies involving all anxiety disorders and their relation to drug use have been given greater visibility^[4]. The research was conducted in order to determine the prevalence and related factors of anxiety disorders among young people in a city in southern Brazil. Its significance lies in recognizing the prevalence of anxiety diseases in a young adult population, which is primarily diagnosed and untreated^[5].

The core risk period of developing symptoms and anxiety syndromes, from intermittent mild symptoms to full blown anxiety disorders, is childhood and adolescence. Challenges from a research perspective include their accurate and clinically relevant evaluation to assess their frequency and occurrence trends and the longitudinal characterization of their natural course to better understand the solid indicator characteristics for more malignant course and the possible combination of benign patterns and outcomes. In particular, such research is required from a clinical

perspective, to include information on improved early detection and diagnosis of differences and prevention and treatment at this age.

LITERATURE REVIEW

The prevalence of anxiety disorder in young adults was 20.9 percent. This non-clinical study did not previously identify any subjects with anxiety disorders; only 23.8 percent had previously obtained medical or psychological care of all subjects diagnosed with anxiety disorders[6].

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DISCUSSION

The prevalence of anxiety disorder in young adults was 20.9 percent. This non-clinical study did not previously identify any subjects with anxiety disorders; only 23.8 percent had previously obtained medical or psychological care of all subjects diagnosed with anxiety disorders. In the United States, the prevalence of anxiety disorders was comparable in the subject over the 18 years old (18.1 percent).²³ The prevalence of 12.5 percent was determined by the analysis performed in São Paulo, Brazil, with an over 18 samples. Agoraphobia and GAD were the most common anxiety disorders in our study. In the USA a dominant prevalence of 15,3 per cent has been found in a Latino population, however,²² Agoraphobia is one of the most deficient psychological disorders since it substantially decreases mobility and autonomy, resulting in alienation and negative effects on the lives of affected indigenous people. The findings are different from literature showing Agoraphobia as a less common anxiety condition. The damage stretches from the intimate, emotional and social spheres. The DSM-V proposal addresses crucial issues on agoraphobia diagnosis. One question of this nature is whether agoraphobia.

A survey showed that agoraphobic disease develops independent of PD and yet is associated with chronic path with low spontaneous rehabilitation rates. It is important to remember that the prevalence of agoraphobia without a history of PD in our study.²³ it has been found similar prevalence's of PD as in the literature. Kessler et al. found 2.7 percent of participants in the United States had PD. Our findings were also similar to Peterlin and al., which registered PTSD 2.6% in the previous 12 months and 2.1% in the past month for adults between 18 and 98 years of age. National Comorbidity Survey replication: In our sample, we found 2.5% prevalence.

CONCLUSION

On a worldwide basis, we record higher than previously recorded rates of social anxiety symptoms and prevalence of those who meet the SAD threshold. Our findings indicate

that among young people, social anxiety will increase and those between the ages of 18 and 24 are most vulnerable. In order to increase understanding of social anxiety, the issues associated with this and the means to overcome it, public health programs are important.

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