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COMPARISON OF ANXIETY LEVELS AMONG YOUTH: A CROSS-SECTIONAL STUDY AT THE INSTITUTE OF PSYCHIATRY, LIAQUAT UNIVERSITY OF MEDICAL AND HEALTH SCIENCES, HYDERABAD

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Abstract

Background: *Anxiety is one of the most prevalent mental health problems among adolescents and young people. Impacts emotional health, learning, social interactions and life quality. The increased association of academic pressure, unemployment, financial difficulties and psychosocial stress with increased anxiety among this age group implies the need for understanding the severity of anxiety that exists across each age group when planning mental health services.*

Objective: *The aim of the study was to compare anxiety levels in the youth attending the Institute of Psychiatry, Liaquat University of Medical and Health Sciences (LUMHS), Hyderabad and the distribution of anxiety severity within the age groups.*

Methods: *Descriptive cross sectional study was conducted on 100 respondents aged 13 – 30 years, using convenience sampling. A structured questionnaire was used to collect data and the Generalized Anxiety Disorder-7 (GAD-7) scale was used to assess anxiety. Data was analyzed using SPSS version 26 and the frequencies and percentages were used to summarize anxiety severity.*

Results: *Of the 100 participants, 43% had severe anxiety, 20% moderate, 21% mild and 16% minimal anxiety. Severe anxiety was the most common category in every age group: 38.5% at 13–18 years, 44.1% at 19–24 years and 42.9% at 25–30 years.*

Conclusion: *A high proportion of the young people in this sample had severe anxiety symptoms, and this was seen in all three age groups. Awareness programmes and counselling on mental health need to be introduced early in the lives of young people.*

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1. Introduction

Globally, anxiety is considered one of the most prevalent mental health issues that affect young people. There are physical, emotional, psychological and social changes that happen when a youth is in their teens and 20s, and the stress associated with these changes can lead to anxiety disorder: school pressures, career questions, peer peer pressures, economic pressures and questions about identity. Anxiety impact on concentration, academic performance, relationships and quality of life. If it is not treated, it may be associated with more serious problems such as depression, substance abuse and suicidal behavior.

Anxiety is one of the most prevalent mental disorders which affects approximately one in seven adolescents aged 10-19 years, according to estimation by the World Health Organization (WHO). WHO also states that emotional disorders (anxiety and depression) represent a considerable proportion of disease burden in the adolescent and young population, and that many cases are never recognized due to stigma, lack of awareness and limited mental health services. [1] It has become much more common in the last 10 years. They've cited heavy social media use, academic competition, unemployment, economic instability, family conflict, as well as the impact of COVID-19. [2]

The same concerns exist in low- and middle-income countries like Pakistan where stigma and mental health misconceptions prevent many young people from getting mental health services. Few mental health facilities, a lack of mental health education, poverty, and expectations of the family and academic pressure also contribute to the burden on students and young adults. There are many stressors for university students: exams, career planning, coping with coursework and social adjustment. There have been recent studies conducted in the Pakistani context showing the prevalence of anxiety and related disorders in this group, indicating that anxiety is not a transient phenomenon, but rather a chronic issue in the lives of youth in Pakistan. [3–6]

Psychological and physical symptoms of anxiety. Excessive worry, nervousness, fear, irritability, difficulty in concentration and restlessness are the psychological symptoms. The physical ones include palpitations, sweating, headache, insomnia, muscle tension and fatigue. Anxiety can make it hard to study, to make decisions, to attend social events, to be more confident, and to cope. Therefore, it is important to assess the prevalence and severity of anxiety in youth and to examine differences in prevalence and severity across groups. A cross-sectional design is appropriate for this purpose as it would describe a population at one time, and would identify groups that may require further evaluation.

Liaquat University of Medical and Health Sciences (LUMHS) is one of the foremost medical universities in Pakistan with students and youth from diverse educational and economic backgrounds. The region's psychiatric care and mental health services are provided by its Institute of Psychiatry to a large extent. There is also no information on the prevalence of anxiety disorders among the youth in these psychiatric hospitals in Sindh despite the increasing psychiatric cases. This study comes at a time when this gap is being filled. It is the representation of the frequency and severity of anxiety among the youth attending the Institute of Psychiatry, LUMHS, Hyderabad by age group and the results obtained can be utilized for planning screening, counselling and awareness programmes.

2. Background

Adolescent and early adult years are a time of emotional, psychological and social transition. Anxiety increases at this time due to academic stress, social expectations, financial issues, and family issues. In particular, social anxiety may make it difficult to communicate, to feel confident to participate in social and academic activities. [2]

The present study focuses on the anxiety among the young age group (13-30 years) attending at Institute of Psychiatry, LUMHS, Hyderabad. The use of a common screening instrument provides a description of the general mental health status of the group as well as identifying individuals who might benefit from a more in-depth evaluation or additional assistance.

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3. Literature Review

Previous studies have shown that anxiety is prevalent in adolescents and young adults. A study of 666 secondary school students (13-19 years) showed increased incidence of anxiety with age, and in females (21.8%) compared to males (11.6%), with highest incidence occurring at age 16-17 years (57.4%). There was also a correlation between higher anxiety and lower academic achievement. [7]

A study in Pakistan repeated in 200 young people (aged 19 to 24 years) revealed that 41.5% had mild to moderate symptoms of body dysmorphic disorder (BDD) and that social anxiety and depression were strongly linked to BDD. It is more prevalent in adolescents and young adults, approximately 8.3% of adolescents and 17% of young adults report having social anxiety. The most common trigger for it is in relation to public speaking, oral examinations and speaking unprepared, and symptoms typically start at about 11 or 12 years of age. [8]

The GAD-7 scale was developed by Spitzer et al. (2006) and validated by Löwe et al. (2008). The GAD-7 scale experienced a significant increase in anxiety among children and adolescents during the COVID-19 pandemic due to the school closures and social isolation. It has been well established as a clinical and research tool to assess the level of anxiety severity. [9,10,11]

4. Problem Statement

Anxiety among youth appears to be increasing, but few local data compare anxiety across age groups. Without early identification and management, anxiety can lead to poor academic outcomes, social withdrawal and long-term mental health problems.

5. Objectives

1. To assess and compare anxiety scores across different age groups and determine the impact of social anxiety among youth attending the Institute of Psychiatry, LUMHS, Hyderabad.

6. Methodology

6.1 Study Design. A descriptive cross sectional study was conducted at Institute of Psychiatry, Liaquat University of Medical and Health Sciences, (LUMHS), Hyderabad.

6.2 Study Setting. Institute of Psychiatry, LUMHS, Hyderabad.

6.3 Study Duration. Recruitment, data collection, data management and analysis – 6 months from research proposal approval (28-7-2026 to 3-8-2026).

6.4 Study Population. Young people of the age group 13–30 years visiting Institute of Psychiatry,
LUMHS, Hyderabad.

6.5 Sample Size. 100 participants.

6.6 Sampling Technique. Non-probability convenience sampling.

6.7 Inclusion Criteria

- Age 13 to 30 years
- Male and female participants
- Willing to take part and give informed consent

6.8 Exclusion Criteria

- Severe psychiatric disorders that could interfere with participation or assessment
- Unwilling to participate
- Outside the 13–30 age range

6.9 Data Collection Tool. A structured questionnaire (see the Study Proforma in Section 14) was used together with the Generalized Anxiety Disorder-7 (GAD-7) scale to grade anxiety severity.

6.10 Data Analysis. Data was analysed using descriptive statistics in SPSS version 26. The frequencies and percentages of the categorical variables were calculated and presented by GAD-7 severity category and age group.

6.11 Ethical Considerations. The institutions' IRB approved the study. The informed consent was obtained and the confidentiality and anonymity of participants was preserved throughout the study. The study was approved by the Research Ethics Committee (REC), Liaquat University of Medical and Health Sciences (LUMHS), under approval

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number LUMHS/REC-1694 dated 03-04-2026. Informed consent was obtained from participants before participation. For participants under 18 years, consent from a parent or legal guardian and the participant's assent should be documented where applicable.

Study Proforma

Comparison of Anxiety Levels among Youth: A Cross-Sectional Study at the Institute of Psychiatry, LUMHS, Hyderabad

Section A: Demographic Data

1. Participant ID: _____

2. Location: ☐ Urban☐ Rural

3. Age Group: ☐ 13–18 years☐ 19–24 years☐ 25–30 years

4. Gender: ☐ Male☐ Female

5. Education Level: ☐ Secondary☐ Intermediate☐ Graduate☐ Other: _____

6. Marital Status: ☐ Single☐ Married☐ Divorced☐ Widow

7. Occupation: ☐ Student☐ Employed☐ Unemployed

Section B: Social Anxiety Screening

8. Do you feel nervous in social situations? ☐ Yes☐ No

9. Do you avoid speaking in public? ☐ Yes☐ No

10. Do you feel fear during oral presentations or exams? ☐ Yes☐ No

11. Do you worry about being judged by others? ☐ Yes☐ No

Section C: GAD-7 Anxiety Scale

Over the last 2 weeks, how often have you been bothered by the following problems?

1. Feeling nervous, anxious, or on edge — ☐ Not at all (0) ☐ several days (1) ☐ More than half the days (2) ☐ Nearly every day (3)

2. Not being able to stop or control worrying — ☐ Not at all (0) ☐ Several days (1) ☐ More than half the days (2) ☐ Nearly every day (3)

3. Worrying too much about different things — ☐ Not at all (0) ☐ several days (1) ☐ More than half the days (2) ☐ nearly every day (3)

4. Trouble relaxing — ☐ Not at all (0) ☐ several days (1) ☐ More than half the days (2) ☐ nearly every day (3)

5. Being so restless that it is hard to sit still — ☐ Not at all (0) ☐ several days (1) ☐ More than half the days (2) ☐ nearly day (3)

6. Becoming easily annoyed or irritable — ☐ Not at all (0) ☐ Several days (1) ☐ More than half the days (2) ☐ Nearly every day (3)

7. Feeling afraid as if something awful might happen — ☐ Not at all (0)☐ Several days (1)☐ More than half the days (2)☐ Nearly every day (3)

Section D: Scoring

Total Score: _____

0–4: Minimal | 5–9: Mild | 10–14: Moderate | 15–21: Severe

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6.12 GAD-7 Interpretation. Total scores were classified as shown in Table 1.

Table 1. GAD-7 score interpretation

GAD-7 score	Severity
0–4	Minimal
5–9	Mild
10–14	Moderate
15–21	Severe

7. Results

The study included 100 participants aged 13–30 years. On the GAD-7, 43 participants (43.0%) were in the severe range, 20 (20.0%) in the moderate range, 21 (21.0%) in the mild range and 16 (16.0%) in the minimal range. Severe anxiety was therefore the largest single group (Table 2).

Table 2. Distribution of anxiety severity (GAD-7) among participants

GAD-7 category	n	%
Severe	43	43.0
Moderate	20	20.0
Mild	21	21.0
Minimal	16	16.0
Total	100	100.0

By age, 13 participants were in the 13–18-year group, 59 in the 19–24-year group and 28 in the 25–30-year group (Table 3). In the youngest group, 5 participants (38.5%) had severe anxiety, 3 (23.1%) moderate, 1 (7.7%) mild and 4 (30.8%) minimal anxiety. In the 19–24-year group the figures were 26 (44.1%) severe, 11 (18.6%) moderate, 12 (20.3%) mild and 10 (16.9%) minimal. In the 25–30-year group, 12 (42.9%) had severe, 6 (21.4%) moderate, 8 (28.6%) mild and 2 (7.1%) minimal anxiety.

Table 3. Age-wise distribution of anxiety severity

Age group (years)	n	Severe n (%)	Moderate n (%)	Mild n (%)	Minimal n (%)
13–18	13	5 (38.5%)	3 (23.1%)	1 (7.7%)	4 (30.8%)
19–24	59	26 (44.1%)	11 (18.6%)	12 (20.3%)	10 (16.9%)
25–30	28	12 (42.9%)	6 (21.4%)	8 (28.6%)	2 (7.1%)

Severe anxiety was the largest category in every age group: 38.5% at 13–18 years, 44.1% at 19–24 years and 42.9% at 25–30 years. The 19–24-year group had the highest number of severe cases (n = 26), while the 13–18-year group had the highest proportion of minimal anxiety (30.8%). These figures describe the distribution of GAD-7 severity in this sample. They do not amount to a clinical diagnosis and do not show cause and effect.

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8. Discussion

Symptoms of anxiety were seen in this sample, with severe anxiety seen most often. Forty-three percent of the participants were in severe range and another 20.0% were in moderate anxiety range, which indicated that a significant number of the youth attending the Institute of Psychiatry, LUMHS presented with significant anxiety symptoms. This translates to more focus on anxiety in the adolescent and young adult years.

There were no differences between the three age groups in those with severe anxiety (13-18 years: 38.5%, 19-24 years: 44.1%, 25-30 years: 42.9%). In absolute numbers the cases were most numerous among the age group 19–24 years, but this should not be interpreted as an age effect because the age group was the largest. High levels of anxiety seem to have been present at all levels of youth included in the sample. Only 13 members of the 13-18 age group took part, so the percentages in this age group are based on small numbers and should be used with caution.

The youngest participants (30.8%) reported minimal anxiety, while the 16.9% and 7.1% of the participants in both age groups 19-24 years and 25-30 years respectively reported mild anxiety.The highest prevalence of minimal anxiety was among participants aged 30 years or below (30.8%) while 16.9% and 7.1% of participants in age group 19-24 years and 25-30 years respectively reported mild anxiety. These variations should be read with caution. The study was descriptive and was not able to obtain sufficient information about the social, academic, occupational, family and psychological factors that underlie them.

The findings will also be restricted by the design of the study and sampling technique used. The study employed convenience sampling in a single psychiatric institute and the findings reflect the sample of the children attending that hospital and do not necessarily represent the Hyderabad young people or people in other parts of the country. Also, the GAD-7 assesses symptomology and severity of anxiety conditions, not a psychiatric diagnosis; a score does not indicate a diagnosis. Despite this, this study does give descriptive evidence of the severity of anxiety experienced by young people attending this setting. It facilitates early identification, appropriate psychological support and awareness of mental health. Larger and more representative samples, probability-based sampling and analysis of associated factors would help to clarify what drives anxiety in youth.

9. Conclusion

A large proportion of the young people in this sample had severe anxiety symptoms: 43.0% were in the severe GAD-7 category. Severe anxiety was seen in all three age groups, with the highest proportion at 19–24 years (44.1%), followed by 25–30 years (42.9%) and 13–18 years (38.5%). The results of these findings support early screening, mental health awareness and access to appropriate psychological support for youths. There is a need for more research with larger, more representative samples to find what factors are related to anxiety and what to target interventions.

10. Keywords

Anxiety; Youth; Generalized Anxiety Disorder-7 (GAD-7); Mental Health; Adolescents; Young Adults; Psychological Well-being; Cross-Sectional Study.

11. Limitations

- The study was descriptive, cross-sectional and convenience sampling method was applied. The findings describe the participants included and not all young people in Hyderabad or beyond.
- The sample size was small (100 participants) and the young group (13-18) only had 13 participants.
- The study was carried out in a psychiatric institution where patients may be different from community or general university patients.
- The GAD-7 is a screening instrument for the anxiety symptoms and severity. Is not a diagnosis in and of itself.
- The results are descriptive. They do not make causal statements or suggest explanations

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of why the differences were found for the age groups.

12. Recommendations

- Consider about screening for symptoms of anxiety at appropriate times in health and education settings.
- Improve mental health awareness, counselling and referral procedure for youth experiencing major anxiety symptoms.
- In future research, increase the size and representative nature of samples used, incorporate probability sampling when possible and analysis of relevant associated factors.
- Discuss academic, social, family, occupational and other psychosocial issues related to anxiety.

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