Depression and anxiety as significant barriers to well-being in a changing world

Ali M. Shoeib, Ph.D.

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Ali M. Shoeib, Ph.D.
Professor of Clinical Psychology, Menofiea University, Egypt
Alishoeib2004@yahoo.com

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Abstract: Depression and anxiety were viewed for many years as undiagnosed emotional diseases. People eventually experience grief or anxiety due to new factors including biological warfare, political unrest, climate change, and nuclear war threats in addition to economic degradation and a fall in the number of plant species. Through the findings of studies and surveys conducted in the previous ten years, this essay seeks to shed light on the connection between anxiety, depression, and the new causes.

Keywords: Anxiety, Depression, New Causes.

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Introduction

WHO (2022) stated that mental health is a state of well-being in which each person can reach their full potential, manage their stress, engage in productive and fruitful employment, and give back to their community. The biggest sources of concern in the world today are terrorism, numerous illnesses, climate change, declining economies, and the threat of a nuclear war. No matter where they are from, the majority of people experience anxiety as a sense of unease. Everybody is terrified and anxious because of fear, the primary indicator of anxiety is visible in every article. People are searching for ways to strengthen resilience as a result of anxiety. In the past, anxiety was linked to unidentified causes, but now we are aware of these causes, anxiety, and depression face a new challenge. Anxiety is a reflection of our inability to go past challenges that we currently face but that were prevalent in the past. It is well-recognized that stress has a very important impact on anxiety and depression.

When an anxiety problem is present, the likelihood of developing depression is significantly increased. Nearly half of the people with significant depression also have severe ongoing anxiety (Tjornehoj, 2022). Also, depression is most likely to strike those who have post-traumatic stress disorder (PTSD). Despite having certain similarities, anxiety, and depressive disorders are different. Emotions like despair, wrath, and hopelessness are produced by depression. Energy levels are frequently very low, and depressed people often feel overwhelmed by the day-to-day work and personal relationships so necessary to life. The risk compared to depression alone, the risk of suicide is markedly increased with depression and anxiety. According to one study, extreme anxiety affected 92% of depressed individuals who had attempted suicide (Tracy, 2022), when combined sadness and anxiety are lethal, much like alcohol and barbiturates.

Depression's precise origin is unknown. Combinations of genetic, biochemical, environmental, and psychological variables may be to blame (Belmaker, 2008). Although it is acknowledged that depression contributes to impairment in the population, it is a major public health concern (McLaughlin, 2011). This is opposed to

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depression, which makes people feel hopeless about themselves, others, and the world, believe that trying is not worth it, feel worthless, and anxiety is defined by worrying about the immediate or distant future, and fear of death as a result of a continuous perception that life is not worth living. Racing thoughts, avoiding situations that could trigger anxiety, and thinking about death due to perceived danger.

Researchers summarized the signs of anxiety and depression. Fainman (2004) showed that anxiety can easily be noticed from dizziness, stomach discomfort, difficulty sleeping, difficulty concentrating owing to agitation or racing thoughts, difficulty falling or staying asleep (e.g., nausea, diarrhea, or constipation), sweating, tightness in the muscles, an increase in pulse rate and blood pressure, and shortness of breath; while depression is primarily characterized by changes in routine physical functions, such as difficulty with concentration, focus, and memory due to ruminative thought processes or other physical symptoms, lack of energy, loss of appetite or a significant increase in appetite, moving or speaking more slowly than usual, physical achiness without apparent cause, and sleeping significantly more or less than is typical due to ruminative thought processes. Both anxiety and depression are common emotions that everyone experiences occasionally and may be commonplace and healthy reactions that became pathological when they are unnecessarily harsh, protracted, and impair the person's ability to adapt or operate.

Anxiety is a troubling mental state that affects all periods of life, but it is particularly common in childhood and adolescence (Cohen, Andrews., Davis, & Rudolph, 2018).

Anxiety and other unhealthy emotional states, in particular sadness, share a close relationship. While they have comparable emotional features, anxiety, and depression (Shek, Chai, & Tan, 2022).

Anxiety centers on a sense of physical or psychological threat, whereas depression emphasizes loss or deprivation (Beck & Clark, 1988).

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The degrees of death fear, anxiety, and depression among those living in hospitals because of Covid-19 and discovered that 28.7% of participants had high levels of anxiety, 45% had high levels of sadness, and 28.8% had moderate to severe levels of anxiety (Karadag, Ergin, & Erden, 2022).

Findings are consistent with theoretical models of emotion controllability beliefs with anxiety and depression through emotion regulation strategies that target emotional experience while the strategies that aim to repress emotional expression, like mediation, received little support in contrast, like reappraisal (Somerville, MacIntyre, & Harrison, 2022). The main reasons for worry and sadness among university students are their avoidance of reality and constant self-consciousness (Lee, Waldeck, Holiman, & Banerjee, 2022).

According to Kessler et al. (2015), despite being the third most common mental condition in America, an estimated 50% of anxiety disorder sufferers decide against getting help. The "hidden population"—those who experience anxiety but do not meet the clinical criteria for an anxiety disorder diagnosis—is a cause for worry (Lee, Waldeck, Holiman, & Banerjee, 2022). These individuals, who comprise a sizeable portion of those with social anxiety may also face major difficulties because of their fear (e.g., Russell & Shaw, 2012). Therefore, more research is required into how social anxiety is experienced by various “understudied non-clinical" populations.

Two of the most common psychiatric disorders are anxiety and depressive disorders, (Kalin, 2020). They are considered to belong under the category of internalizing illnesses because of their strong comorbidity. The prevalence of major depressive illness during 12 months in adults was predicted by statistics to be 7.1% in 2017 and 13.3% in teenagers. Even though data on anxiety disorders are less current, in the years between 2001 and 2003, the 12-month prevalence of adults was estimated to be 19.1%, and the lifetime prevalence of teenagers was predicted to be 31.9%. There are around two times as many females as males who have anxiety and depression disorders during the reproductive years of women.

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Regarding major depression, a global survey indicated that 45.7% of those with lifetime major depressive disorder had a lifetime history of one or more anxiety disorders (Kessler., & Berglund, 2015).

In terms of anxiety disorders, it is estimated that the lifetime comorbidity with depression for patients with a social anxiety disorder (SAD), ranges from 20% to 70%, 50% for patients with panic disorder, 48% for patients with posttraumatic stress disorder (PTSD), and 43% for patients with a generalized anxiety disorder (Dunner, 2001; Kalin, 2020).

Evidence supports shared genetic risk among internalizing illnesses, including anxiety and depressive disorders, which are moderately heritable by 40% (Hettema,2008). A temperamental quality known as neuroticism is linked to the emergence of both anxiety and depression, and it indicates that the internalizing diseases share the same hereditary risk factor for neuroticism (Kalin, 2020).

Earlier life adversity, like trauma or neglect, parenting style, and present stress exposure are common nongenetic risk factors linked to the development of anxiety and depression. Anxiety and depressive illnesses share changes in prefrontal-limbic brain networks that mediate emotion-regulatory functions (Kalin, 2020). These results are by meta-analyses that point to common structural and functional brain changes in circuits involved in emotion regulation, executive function, and cognitive control in a variety of psychiatric disorders, including anxiety and major depression (Kalin, 2020).

By completing the anxiety and depression measures, a measure of avoidance one year later, a measure of trauma six to eight years later, and a measure of depression twelve to fourteen years later, looked into 6504 adolescents (Jacobson & Newman, 2014). The study's findings showed that early anxiety predicted subsequent depression. According to these findings, anxiety may influence depression in the future through avoidance, and having a traumatic event has no impact on this link.

Comorbid anxiety and depressive disorders are common, with lifetime prevalence estimates ranging from 16 to 50% (Jacobson & Newman, 2014). In addition,

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73% of people with serious depression also have comorbid lifetime anxiety disorders, compared to 27% to 27% of people with an anxiety disorder as their primary diagnosis and lifetime diagnoses of depression. There cannot be depression without concurrent anxiety because the two conditions have a strong inverse relationship.

Watson (2021) showed that mood disorders include many forms of anxiety and depression. Depression, among other things, results in feelings of sadness, hopelessness, and low energy. Feelings of unease, worry, or dread are brought on by anxiety. Although the two circumstances are distinct from one another, you can have both at once. Depression can sometimes manifest as restlessness and agitation. It's common to experience occasional sensations of anxiety or depression. However, you might have a curable illness if these sensations persist and interfere with your life frequently.

Other mental illnesses such as anxiety disorders, social phobia, and generalized anxiety disorder have been associated with clinical depression. These ailments collectively have an impact on millions of Americans. Fortunately, many conditions are curable, and people who suffer from them can live typical, fulfilling lives. Fortunately, many conditions are curable, and persons who suffer from them can live typical, fulfilling lives (MedicinNet, 2005).

Generally speaking, depression and anxiety may seem to be very different. The main indicator of anxiety is an excessive amount of worry, unease, and fear, whereas the main indicator of depression is frequently a persistent gloomy, depressed, or hopeless mood. But these illnesses do share a few important signs in common. Some people with depression may experience more irritability than sadness, as anxiety, for instance, frequently entails irritability (Myonninehealthhacks, 2022).

Comorbid illnesses are those that a person has when they have two or more conditions concurrently. In several medical specialties, including psychiatry, this idea has taken on the status of the norm rather than the exception. Medicare can spend up to 93% of its funds on individuals who have four or more comorbid diseases. Despite being generally acknowledged, the idea of comorbidity is unfortunately not well-

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defined. Anxiety and depression are two conditions that frequently coexist in mental health. According to some estimates, 60% of people who experience anxiety also exhibit signs of depression, and the percentages are comparable for people who experience sadness and anxiety (Choi, Kim , & Jeon, 2020).

Dobson (1985) questions whether it is possible to distinguish between the concepts of anxiety and depression in a meaningful way. It is proven that the distinction may be more theoretically satisfying than experimentally demonstrated by a review of the literature that focuses on mood states, trait models, and clinical syndromes of anxiety and depression. A developmental model of anxiety and depression is presented as a way to resolve the misunderstanding of the link between anxiety and depression, along with implications of the ambiguous empirical separation of anxiety and depression and areas of study needing additional examination.

Anxiety and sadness both have crippling effects. Additionally, the coexistence of these disorders is common. This can make things particularly difficult. One 2017 study found that 71.7% of individuals with depression also had anxiety. Trusted Source Mental health issues can cause both depressive and anxious sensations in people. Anxious distress and mixed anxiety and depressive disorder (MADD) are two examples of anxious distress. Neither of these diseases is currently listed as a diagnosable condition in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (MedicalNewsToday, 2019).

In everyday speech, the words "anxious" and "depressed" are frequently used—and for good cause. Both of these are typical human emotions that arise in reaction to stressful or possibly dangerous events of anxiety or depressing or unpleasant conditions (in the case of depression). These emotions have a complex and atypical interaction with clinical illnesses, anxiety disorders, and mood disorders that are related to them. Anxiety might make one individual avoid situations and isolate themselves. Lack of opportunities for enjoyable experiences brought on by isolation might lower mood. Others might have the opposite emotion flow. Someone who is depressed may lack the energy to accomplish the things they usually like and attempts to re-engage with the

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world after a break from it may make them anxious. You can decide how to feel better by evaluating the degree of the problem and understanding the differences between the two feelings (anxiety vs. depression). Depression and anxiety. both have biological roots. Neurotransmitter function is altered in persistent anxiety or poor moods, such as those that accompany clinical anxiety and mood disorders. Both are thought to be caused by low serotonin levels, along with other brain chemicals including dopamine and adrenaline. Although they share biological foundations, anxiety and sadness are felt in different ways. The two states could be seen as two sides of the same coin in this way. Depression and anxiety can co-occur or they might happen one after the other or react to one another. Anxiety and mood disorders are referred to as comorbid ailments when they both meet the criteria for a clinical diagnosis at the same time (Glasofer, 2022).

Viseu, et al. (2018) argued that the economic crisis hurt the economies of various European nations. The literature highlights that economic upheaval can exacerbate the onset of mental health problems such as stress, anxiety, and depression as well as lower population well-being. They examined the associations between economic stress factors (economic hardship, financial threat, and financial well-being) and stress, anxiety, and depression as well as the moderating role of social support in this connection using a sample of 729 people with a mean age of 36.99 years. The impact of the economic stressor was lessened in the presence of social support when it came to the relationship between financial danger and stress and anxiety, but the differences were not statistically significant.

Depression and anxiety disorders cost the global economy almost USD 1 trillion annually (WHO,2016; Greenberg, et al., 2003). Nations and development partners discuss the best course of action during World Bank-WHO events. There is an increase in common mental diseases everywhere. From 416 million to 615 million, the number of persons who experience depression and/or anxiety grew by approximately 50% between 1990 and 2013. Nearly 10% of the world's population is impacted, 30% of all non-fatal diseases are mental disorders, and those who suffer from depression miss 5.6

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hours of work-related productivity each week as opposed to 1.6 hours for those who are not sad (Stewart, Ricci, Chee, Hahn, & Morganstein, 2003), which leads in 225 million missed workdays and $36.6 billion in lost productivity as measured in wage equivalent annually as a result of depression, indicate also that one of the main factors contributing to disability worldwide is depression.

Forrest, Edwards, & Daraganova (2018) revealed that while there has been little research on the long-term consequences of parental deployment on children's mental health, the implications of military deployment on the mental health of war veterans have received considerable attention. The adult offspring of deployed veterans were more likely to have anxiety diagnoses and to have had suicidal thoughts, according to research done nearly 40 years after the conflict. The results suggest that parental deployment has severe and long-lasting detrimental impacts on the mental health of children in military households and offer some insight into the potential long-term consequences of the ongoing armed engagements in Afghanistan and Iraq.

McLaughlin (2011) stated that in the United States, major depression is a serious public health issue. Psychology and psychiatry have long identified depression as a significant target for management, but both areas have prioritized prevention above therapy. Even though effective preventative interventions with a focus on high-risk groups have been created, they have so far had a limited impact and lack community sustainability. A crucial objective for the area is the creation of long-term preventative interventions that can influence population health. To this purpose, a research agenda that incorporates the viewpoints of both public health and mental health disciplines is suggested as a roadmap for future research on the prevention of depression. To develop, implement, and assess multi-level preventive interventions targeted at lowering the population health burden of major depression, increased interdisciplinary collaboration across mental health disciplines and public health is advised.

The study by Shek, Chai, and Tan (2022) found a strong correlation between anxiety and depression during the COVID-19 pandemic, with anxiety being a strong predictor of depression in each wave of the epidemic.

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Guerra & Eboreime (2021) examined data to determine how economic downturns affected depression, anxiety, traumatic disorders, self-harm, and suicide, particularly after the global economic downturn brought on by the COVID-19 pandemic. The findings imply that current techniques for preventing suicide and models for supporting mental health may be less effective now than before the recession.

The WHO (2022) notes that there have been many criticisms of mental health and that before the pandemic in 2019, one in eight individuals globally was thought to be simultaneously coping with a mental disorder. Services, expertise, and funding for mental health continue to be in short supply and fall far short of what is required, especially in low- and middle-income countries. The COVID-19 epidemic has harmed the mental health of millions of people, which has exacerbated both short-term and long-term pressures. According to estimates, during the first year of the epidemic, there was a more than 25% increase in both anxiety and depressive disorders. The gap in treatment for mental health disorders has also grown as a result of the substantial disruption of mental health services. A startling 84 million people were forcibly displaced worldwide in 2021, and rising social and economic inequality, lengthy conflicts, violence, and public health catastrophes hurt entire populations and endanger efforts to increase well-being.

The 2020 presidential election will be bad for mental health politically. Following the start of the COVID-19 pandemic in April 2020, the Household Pulse Survey (HPS) gathered data on self-reported symptoms of sadness and anxiety, visits to mental health offices, and prescription drug use on a national level every other week from July to December 2021. (Nevada Today, 2022).

The physical and mental health of people is significantly impacted by climate change. Research on the psychological impacts of climate change awareness, however, is yet preliminary. Findings of (Schwaab, Gebhardt, Friederich, & Nikendei, 2022) imply that medical students in Germany are more likely to have mental health issues and are more likely to feel considerable perceived stress related to climate change. The observed stress does not, however, manifest as traumatic, anxious, or depressive

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symptoms. Climate-related felt stress is adversely correlated with attachment style, structural skills, and feeling of coherence—factors that may serve as protective barriers against the emergence of mental disorders.

It is necessary to treat the global climate problem as a global emergency because it poses a serious threat to human survival (Romanello, et al., 2021).

(Watts, et al., 2018) stated that the physical and mental health of people is significantly impacted by climate change. Heat-related mortality, for example, is an indicator of the physical health impairment brought on by an increase in the global mean temperature, negative physical impacts of increasing wildfire exposure, during droughts, and the development of illnesses carried by insects.

The psychological pain brought on by natural disasters linked to climate change is one consequence of mental health that is well-known (Klima, 2020).

Climate may as well be the direct consequence of temperature rise on mental health. Changes in personality traits increased criminality, and higher suicide rates are examples of the latter (Wei, et al., 2017).

Resilience affects how people respond to potentially stressful situations or events, such as climate change. Highly resilient people exhibit a complex and dynamic combination of characteristics rather than a single factor (Bonanno & Diminich, 2013).

(Cianconi, Betrò, & Janiri, 2020) stated that one of the biggest challenges of our day is climate change. The potential effects of climate change on exposed biological organisms and susceptible cultures worry the whole scientific community. Physical and mental illnesses in humans can be caused both directly and indirectly by environmental factors such as warming temperatures, heat waves, floods, tornadoes, hurricanes, droughts, fires, loss of forest, and glaciers, as well as the disappearance of rivers and desertification. However, psychiatric research on mental illnesses connected to climate change is lacking.

Climate change affects a significant section of the population and presents different risks to public health in different places. The lack of research on the effects of

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climate change on mental health is a significant issue, though. The complexity and uniqueness of this subject may be to blame for the paucity of literature. The timing of climate change's effects on mental health has been shown to vary. The phenomenology of climate change's consequences varies widely; some mental diseases are widespread while others are more particular to unusual environmental situations (Cianconi, Betrò, & Janiri, 2020).

(Cianconi, Betrò, & Janiri, 2020) concluded that climate change consequences might be immediate or delayed, direct or indirect, and positive or negative. Acute events may have effects using traumatic stress-like mechanisms, resulting in psychopathological patterns that are well-understood. Additionally, exposure to intense or protracted weather-related events can have delayed effects, including diseases like posttraumatic stress disorder, or even be passed down to future generations.

The effects of climate change on mental health range from minor stress and distress symptoms to clinical disorders, such as depression, anxiety, and sleep difficulties, as well as suicidal thoughts and post-traumatic stress disorder (PTSD) (Cianconi, Betrò, & Janiri, 2020). Other effects could be how people and communities see and experience their daily lives, as well as needing to deal with and effectively adapt to climate change and its ramifications (WHO,2013). Many persons who are exposed to weather- or climate-related natural disasters endure stress and negative effects on their mental health.

(WHO, 2022) concluded that mental health and well-being are seriously threatened by climate change. Therefore, the WHO is asking nations to include mental health assistance in their response to the climate catastrophe, noting instances where a few trailblazing nations have done this successfully.

(WHO, 2022) suggested a policy from 5 steps to Five crucial strategies are suggested by the new WHO policy brief for governments to address the effects of climate change on mental health: Build on international commitments, create community-based strategies to lessen vulnerabilities, integrate climate considerations

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with mental health programs, combine mental health support with climate action, and bridge the significant financing gap for mental health and psychosocial support.

Conclusion

Anxiety and depression interact with one another. Both needed expert and clinical techniques to be diagnosed because their underlying causes were unknown. Today, it is impossible to research anxiety and depression without considering elements like terrorism, political upheaval, and climatic changes.

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