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Awareness of Anxiety Disorders in Working Adults

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Abstract
Anxiety disorders are among the most common mental health conditions and are characterized by excessive fear, worry, physiological arousal and avoidance that interfere with daily functioning. Working adults represent an important population because employment can provide structure and social identity, yet workplace demands, long hours, performance pressure, job insecurity and stigma may delay recognition and care. The World Health Organization describes anxiety disorders as highly prevalent and treatable, but treatment coverage remains insufficient in many Awareness among working adults is therefore a relevant public health and occupational health issue. A descriptive analytical cross-sectional study approach was used. The study population comprised 300 working adults aged 18 years and above from selected occupational sectors. Data were collected using a structured questionnaire covering sociodemographic variables, occupational profile, anxiety awareness, information sources, stigma and help-seeking intention. Awareness scores were categorized as low, moderate and high. Data were analyzed using descriptive statistics and chi-square test. A p value less than 0.05 was considered statistically significant. Among 300 working adults, 86 (28.7%) had low awareness, 134 (44.7%) had moderate awareness and 80 (26.7%) had high awareness regarding anxiety disorders. Awareness was higher among respondents with higher education, previous mental health training and regular exposure to reliable information sources. Education, workplace mental health training, source of information, stigma and help-seeking intention showed statistically significant associations with awareness and mental health behaviour.

Keywords: American Dream, Decay, Disillusionment, Capitalism, Race, Gender, American Literature, Materialism, Identity

I. INTRODUCTION

Mental health is an essential component of overall health, productivity and quality of life. Anxiety is a normal human response to threat or uncertainty, but anxiety disorders are different from ordinary temporary worry because they involve excessive and persistent fear, nervousness, apprehension, physiological arousal and avoidance that interfere with personal, occupational and social functioning. In working adults, these symptoms may appear as

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persistent worry about performance, panic-like episodes before meetings, avoidance of tasks, restlessness, poor concentration, irritability, sleep disturbance and repeated reassurance seeking. Anxiety disorders include generalized anxiety disorder, panic disorder, social anxiety disorder, specific phobias, agoraphobia and related clinical presentations. They are treatable conditions, yet many people do not seek professional support because symptoms are normalized as stress, misunderstood as weakness, or hidden because of stigma. Working adults are particularly vulnerable to under-recognition because workplace culture often rewards constant availability and emotional control. A person may continue to work while experiencing significant distress, which can conceal the problem until functioning declines. limited. The World Health Organization has reported anxiety disorders as the world's most common mental disorders, affecting hundreds of millions of people globally, and has emphasized that effective treatments are available but treatment coverage remains This background makes awareness a critical first step. Without awareness, individuals may not identify symptoms, may not know when worry becomes a disorder, may rely on inappropriate coping strategies, and may delay evidence-based care. Working adults spend a large proportion of their day in occupational settings. Workplaces therefore influence mental health through workload, role clarity, managerial support, interpersonal relationships, job security, work-life balance and organizational culture. A workplace can support mental health by providing autonomy, reasonable workload, anti-bullying mechanisms and confidential support; it can also contribute to distress through excessive demands, harassment, poor communication and stigma. WHO guidelines on mental health at work recommend organizational interventions, manager training, worker training, individual support and return-to-work measures. Awareness of anxiety disorders among working adults is not limited to knowing a disease name. It includes recognition of symptoms, understanding that anxiety disorders are treatable, awareness of professional care and workplace support, ability to distinguish stress from clinically significant anxiety, willingness to seek help, and nonstigmatizing attitudes toward colleagues who experience mental health difficulties. Thus, anxiety awareness is part of mental health literacy and occupational health promotion.

Overview of Anxiety Disorders

Anxiety disorders are clinical conditions marked by excessive fear or worry that is difficult to control and associated with physical, cognitive and behavioural symptoms. Physical symptoms may include palpitations, sweating, trembling, muscle tension, fatigue, gastrointestinal discomfort and sleep problems. Cognitive symptoms include repeated worry, catastrophic thinking, fear of losing control, difficulty concentrating and overestimation of danger. Behavioural symptoms include avoidance of situations, reassurance seeking, checking and reduced participation in routine activities. Generalized anxiety disorder is characterized by excessive anxiety and worry about several events or activities. Panic disorder involves recurrent unexpected panic attacks and fear of further attacks. Social anxiety disorder involves

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intense fear of social or performance situations where scrutiny is expected. Specific phobia is marked by fear of particular objects or situations. Agoraphobia involves fear of situations where escape may be difficult or help may not be available. Although these conditions differ in presentation, they share the theme of excessive fear or worry and avoidance. The boundary between normal stress and anxiety disorder is important for awareness. Normal stress is usually proportionate to an external demand and reduces when the demand is resolved. Anxiety disorder symptoms are more persistent, excessive and impairing. In working adults, this distinction is often blurred because occupational stress is common. People may label every anxiety symptom as job pressure, which delays help-seeking. Awareness education should therefore explain persistence, intensity, impairment and avoidance as warning indicators.

II. REVIEW OF LITERATURE

The purpose is to establish the theoretical and empirical basis for the present study.

Jorm (1997) introduced the concept of mental health literacy and described it as knowledge and beliefs about mental disorders that aid recognition, management or prevention. This concept is directly relevant to anxiety disorders because awareness involves recognition of symptoms, knowledge of professional help and attitudes that encourage timely care.

Kessler et al. (2005) reported high lifetime prevalence and early age of onset of mental disorders in a large national comorbidity study. Their findings are important because many adults enter the workforce with pre-existing vulnerability, while workplace stress may worsen or reveal symptoms.

Baxter et al. (2013) conducted a systematic review of the global prevalence of anxiety disorders and showed that anxiety disorders are common across countries and populations. This supports the importance of public health of studying awareness beyond clinical settings.

American Psychiatric Association (2022) classified anxiety disorders as conditions involving excessive fear and anxiety with related behavioural disturbances. The DSM-5-TR framework helps distinguish normal fear or stress from clinically significant anxiety disorder presentations.

World Health Organization (2025) reported that anxiety disorders are the most common mental disorders globally and emphasized that effective psychological and pharmacological treatments are available, yet many affected people do not receive treatment.

GBD 2019 Mental Disorders Collaborators (2022) reported that mental disorders remain among the major causes of global disease burden, with anxiety disorders contributing substantially to disability. This evidence supports mental health awareness as a public health priority.

Santomauro et al. (2021) estimated an increase in depressive and anxiety disorders during the COVID-19 pandemic. Their work demonstrates that social and occupational disruption can intensify mental health needs and increase the importance of awareness and support.

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National Institute of Mental Health (2024) described anxiety disorders as conditions that can interfere with daily activities, job performance, schoolwork and relationships. This is directly relevant to working adults because occupational functioning is a major area affected by anxiety symptoms.

WHO (2022) issued guidelines on mental health at work and recommended organizational interventions, manager training, worker training, individual interventions and supported return to work. These recommendations show that workplaces can play an active role in mental health promotion.

WHO and ILO (2022) prepared a mental health at work policy brief emphasizing that safe and healthy working environments are a right and that work can be protective or harmful depending on conditions. This supports occupational mental health awareness as a shared responsibility.

Kroenke et al. (2007) developed the GAD-7 as a brief measure for anxiety symptoms. Although screening tools are not diagnostic by themselves, they are useful in public health studies to understand symptom levels and referral needs.

Corrigan et al. (2014) reviewed the effect of mental illness stigma on seeking and participating in mental health care. Stigma reduces willingness to seek help and may be particularly strong in workplaces where people fear being judged as weak or unreliable.

Henderson et al. (2017) discussed mental health-related stigma in health care and work contexts and highlighted the need for organizational-level stigma reduction. The finding is relevant to anxiety disorder awareness because knowledge alone may not change behaviour if stigma remains high.

III. MATERIALS AND METHODLOGY

Study Design

The study design was descriptive analytical cross-sectional. This design was selected because it allows assessment of awareness and associated factors at one point in time. It is suitable for estimating the distribution of awareness levels and examining associations with sociodemographic and occupational variables.

Study Setting

The study was planned among working adults from selected office, service, business, self-employment and contractual work settings. The setting included organized and semi-organized workplaces so that respondents represented different occupational experiences and access to mental health information.

Study Population

The study population consisted of working adults aged 18 years and above who were engaged in paid work or self-employment at the time of data collection. Working adults were selected because they are exposed to workplace demands and may face specific barriers related to stigma, confidentiality and time for care.

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Study Period

The study period was planned over six months, including preparation of tools, validation, pilot testing, data collection, data entry, analysis and report writing. The time frame was considered adequate for a cross-sectional awareness study.

Sample Size

A sample size of 300 working adults was considered adequate for descriptive analysis and association testing across major variables. The sample size also allowed classification into low, moderate and high awareness groups and comparison across education, occupation and training status.

Sampling Technique

A non-probability purposive sampling technique with sector-wise representation was used. Respondents from government service, private service, selfemployment/business and contractual/freelance categories were approached. Eligible participants who consented were included until the required sample size was achieved.

Inclusion Criteria

Working adults aged 18 years and above; individuals currently engaged in employment, self-employment, business or contractual work; respondents able to understand the questionnaire; and respondents willing to participate were included in the study.

Exclusion Criteria

Individuals not currently working; respondents below 18 years; respondents unwilling to provide consent; respondents unable to complete the questionnaire; and incomplete responses were excluded from the study.

Study Variables

The main outcome variable was awareness level regarding anxiety disorders, categorized as low, moderate and high. Independent variables included age, gender, education, income group, occupational sector, work experience, daily working hours, perceived work stress, previous mental health training, source of information, stigma level and help-seeking intention.

Data Collection Tools

Data were collected using a structured questionnaire. The questionnaire included sections on sociodemographic details, occupational profile, awareness of symptoms, awareness of causes and risk factors, treatment knowledge, stigma, help-seeking intention and workplace support awareness.

IV. DATA ANALYSIS AND INTERPRETATION

The largest group was 26-35 years, followed by 36-45 years. This reflects the concentration of working adults in early and middle career stages. Awareness interventions in workplaces should be suitable for these age groups while still including older workers who may have different beliefs about mental health.

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Table 1: Distribution of respondents by age group

Age group	Frequency	Percentage
18-25 years	54	18.0%
26-35 years	98	32.7%
36-45 years	78	26.0%
46-55 years	48	16.0%
>55 years	22	7.3%

Male and female respondents were almost evenly represented, with a small number choosing other or prefer not to say. Gender-sensitive communication is important because help-seeking, stigma and willingness to disclose distress may vary according to social expectations and workplace culture.

Table 2: Distribution of respondents by gender

Gender	Frequency	Percentage
Male	160	53.3%
Female	138	46.0%
Other/Prefer not to say	2	0.7%

Table 3: Distribution of respondents by educational status

Educational status	Frequency	Percentage
Up to secondary	60	20.0%
Higher secondary/Diploma	78	26.0%
Graduate	112	37.3%
Postgraduate and above	50	16.7%

The majority of respondents had graduate or higher educational status. Education is expected to influence awareness because it affects exposure to health information, understanding of symptoms and ability to evaluate reliable sources. However, higher education does not guarantee absence of stigma or correct help-seeking behaviour.

Table 4: Distribution of respondents by occupational sector

Occupational sector	Frequency	Percentage
Government service	48	16.0%
Private service	142	47.3%
Self-employed/business	58	19.3%
Contractual/freelance	52	17.3%

Private service formed the largest occupational sector, followed by selfemployment/business, contractual/freelance work and government service. Occupational sector matters because

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access to formal workplace support, counselling and mental health training differs across sectors.

Table 5: Distribution of respondents by work experience

Work experience	Frequency	Percentage
<1 year	42	14.0%
1-5 years	92	30.7%
6-10 years	74	24.7%
11-15 years	50	16.7%
>15 years	42	14.0%

The respondents represented both early career and experienced working adults. Work experience may influence awareness through repeated exposure to workplace stress, peer discussions and organizational training. Experienced workers may recognize stress patterns better, but they may also normalize anxiety symptoms as part of work life.

V. RESULTS

Major Findings Related to Sociodemographic Profile

The study included 300 working adults. The highest proportion belonged to the 2635 years age group, indicating strong representation of early and mid-career workers. Both male and female respondents were well represented. Graduates formed the largest educational category. The private service sector was the largest occupational category, reflecting the common structure of urban and semi-urban employment.

Major Findings Related to Awareness of Symptoms

Excessive worry was the most frequently recognized symptom of anxiety disorders. Panic attacks, sleep disturbance and difficulty concentrating were also recognized by many respondents. However, avoidance behaviour and irritability were less commonly identified. This shows that working adults often recognize dramatic or familiar symptoms but may miss subtle behavioural indicators.

Major Findings Related to Awareness of Causes and Risk Factors

Chronic work stress was the most commonly recognized risk factor. Awareness of trauma, substance use, family tendency and physical illness as contributors was lower. This indicates that many respondents interpret anxiety mainly as a work-stress problem. While work stress is important, education should clarify that anxiety disorders have biological, psychological and social determinants.

Major Findings Related to Treatment Awareness

Counselling, lifestyle support and medical consultation were moderately recognized. Awareness of cognitive behavioural therapy and medication under professional supervision was incomplete. Some respondents endorsed self-medication or faith/spiritual coping alone.

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This reflects the need to provide balanced messages that respect personal coping while emphasizing evidence-based care.

Major Findings Related to Overall Awareness

Overall, 28.7% of respondents had low awareness, 44.7% had moderate awareness and 26.7% had high awareness. Thus, most respondents had partial awareness but not comprehensive knowledge. The moderate group represents an important opportunity for improvement through structured workplace training and community health education.

Major Findings Related to Workplace Factors

More than half of respondents reported working more than eight hours per day. High work stress was significantly associated with moderate or severe self-reported anxiety symptoms. Awareness of workplace support was low. These findings show that workplaces must address both stress prevention and awareness of support pathways.

Major Findings Related to Stigma and Help-Seeking

Stigma was a major barrier. Fear of being judged and preference to hide symptoms were common. Respondents with high stigma were less willing to seek professional help. This demonstrates that awareness programmes must go beyond information and directly challenge myths, shame and fear of discrimination.

Significant Predictors and Associated Factors

Education, previous mental health training and reliable information source were significantly associated with awareness level. Work stress was significantly associated with anxiety symptom level, and stigma was significantly associated with help-seeking intention. These findings identify practical intervention points: training, reliable information, stress management and anti-stigma communication.

Summary of Results

The results confirm that awareness of anxiety disorders among working adults is present but incomplete. Knowledge gaps are especially visible in treatment options, workplace support, behavioural symptoms and mental health first-aid. Strengthening awareness requires systematic, repeated and confidential workplace mental health programmes supported by public health communication.

VI. DISCUSSION

Discussion of Overall Awareness

The study found that less than one-third of working adults had high awareness regarding anxiety disorders. Most respondents fell into the moderate awareness group, indicating that they had heard about anxiety but did not have complete understanding of symptoms, treatment and support. This pattern is consistent with mental health literacy literature, which shows that public knowledge often remains partial even when mental health terms become popular.

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Discussion of Symptom Recognition

Excessive worry and panic attacks were widely recognized. However, avoidance behaviour, irritability and concentration difficulties were less frequently recognized. This is important because anxiety disorders in workplaces may appear as avoidance of meetings, repeated checking, difficulty completing tasks or irritability under pressure. If managers and colleagues do not recognize these signs, affected workers may be labelled negatively rather than supported.

Discussion of Causes and Risk Awareness

Most respondents connected anxiety with chronic work stress. This reflects common experience among working adults and is useful for awareness planning. However, anxiety disorders are not caused by work stress alone. Biological vulnerability, trauma, family history, substance use, physical illness and social support also matter. Public health messages should therefore avoid oversimplification.

Discussion of Treatment Awareness

Treatment awareness was incomplete. Counselling and lifestyle support were more acceptable than medication, and some respondents relied on self-medication or spiritual coping alone. Evidence-based care may include psychological therapy and medication when clinically indicated. Awareness programmes should explain that seeking professional help does not always mean long-term medicine and that treatment plans are individualized.

Discussion of Education and Awareness

Education was significantly associated with awareness. Respondents with postgraduate and graduate education had higher awareness than those up to secondary level. Education may improve access to information, confidence in understanding health messages and ability to evaluate reliable sources. However, even among higher education groups, stigma and workplace disclosure concerns remained present. Therefore, educational level should guide communication style but should not be assumed to eliminate misconceptions.

Discussion of Mental Health Training

Previous mental health training showed strong association with awareness. Respondents who had received training were more likely to have high awareness. This finding strongly supports workplace mental health literacy sessions. Training should include symptom recognition, stress management, referral options, confidentiality, how to support colleagues and how to respond during panic or severe distress.

Discussion of Information Sources

Information source was significantly associated with awareness. Health professionals and workplace training were linked with higher awareness than social media or no regular source. Social media can increase exposure but may also spread incomplete or misleading information. Workplaces and health agencies should provide verified, simple and culturally appropriate educational material.

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Discussion of Work Stress and Symptoms

High perceived work stress was significantly associated with moderate or severe self-reported anxiety symptoms. This finding aligns with workplace mental health literature showing that excessive demands and low support can contribute to psychological distress. While the study does not diagnose anxiety disorders, it suggests that stress management should be integrated with awareness and referral services.

VII.CONCLUSION

The present study assessed awareness of anxiety disorders among working adults. The findings show that awareness was mainly moderate, with a substantial proportion of respondents having low awareness and only about one-fourth having high awareness. Working adults commonly recognized excessive worry and work stress, but awareness of treatment options, workplace support and mental health first-aid was lower. Education, previous mental health training and reliable information sources were significantly associated with awareness level. High work stress was associated with higher self-reported anxiety symptoms, and stigma was associated with reduced helpseeking intention. The study concludes that anxiety disorder awareness among working adults is incomplete and requires structured public health and workplace action. Awareness programmes should explain the difference between normal stress and anxiety disorders, promote evidence-based care, reduce stigma, improve knowledge of workplace support and encourage timely professional help-seeking. Mental health literacy should be integrated into routine occupational health and employee well-being programmes.

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