ORIGINAL ARTICLE

Prevalence of Generalized Anxiety Disorder and Associated Risk Factors among General Population in Saudi Arabia

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Abstract

Introduction: Generalized anxiety disorder (GAD) is a psychological illness associated with uncontrollable worry about everything. They have symptoms such as restlessness, worry, difficulty concentrating, insomnia, lightheadedness, and an elevated heart rate. Globally, primary healthcare expects the prevalence to range from 2.4% to 31.2%. Females are more likely to be affected by GAD than males. **Objectives:** The main objective of this study is to determine the prevalence of GAD among the general population in Saudi Arabia. In addition, we identify the related risk factors to GAD. **Methodology:** This is a cross-sectional observational study regarding the prevalence of associated risk factors among the general population. In Saudi Arabia During the period ranging from 2024 Aug to 2025 February. We included male and female citizens of Saudi Arabia living in Saudi Arabia. With the exclusion of the residents of Saudi Arabia and citizens who don't reside in Saudi Arabia. Two parts of a computerized self-administered questionnaire were used to evaluate participants for GAD. The sample size that was determined was 385, with an indicator percentage of 0.50, a margin of error of 5%, and a confidence interval of 95%. **Results:** This study assessed the prevalence of GAD among 469 participants in Saudi Arabia, primarily young females (65%) aged 5–25 years (mean age 25.27). The findings revealed a moderate prevalence of anxiety symptoms, with 70.6% affected at varying severity levels (43.1% mild, 20.5% moderate, and 7.0% severe). Key risk factors included gender, age, education, income, and occupation, with females and younger individuals exhibiting higher anxiety levels. Notably, 44.6% of participants reported no exercise, potentially linking physical inactivity to GAD. The study underscores the need for enhanced mental health awareness and culturally appropriate treatment resources in this demographic. **Conclusion:** In summary, our investigation into the prevalence of GAD in the Saudi populace underscores significant findings that echo the necessity for strengthened mental health resources and support systems. The identification of demographic patterns and associated risk factors, particularly socioeconomic status and emotional regulation, calls for targeted interventions that consider the intertwined nature of psychological and community health.

Key words: Anxiety, generalized anxiety disorder, mental health

INTRODUCTION

Generalized anxiety disorder (GAD) is a psychological illness associated with uncontrollable worry about everything. They frequently have physical symptoms such as restlessness, worry, difficulty concentrating, insomnia, lightheadedness, and elevated heart rate.[1] In addition, worry and other GAD symptoms have been linked to discomfort and

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dysfunction, even in those who have nonclinical levels of the illness.[2] It is one of the most common disorders of mental health. People with GAD often experience excessive anxiety or worry on most days, which persists for at least 6 months, over a variety of things such as personal health, work, social interactions, and everyday regular life circumstances.[3] Anxiety is one mental health condition that has become more prevalent recently, which is extremely concerning for the general public's mental health.[4] According to additional research, the prevalence of GAD varies globally and is expected to range from 2.4% to 31.2% in primary healthcare.[5] Compared to males, females are more susceptible to anxiety disorders, with between-gender differences ranging between 2:1 and 3:1 in adolescence; the majority of them appear during childhood, with 11 years old being the median age.[6]

According to a recent Saudi Arabian survey, 2 out of 5 Saudi teenagers, aged 15–24, and 34% of Saudi adults have been diagnosed with a mental health illness at some point in their lives.[6] Globally, a study was published in 2024. The findings indicated that younger individuals were more susceptible to GAD compared to older individuals, but there was insufficient data on the risk factors.[7] They found that the prevalence of GAD based on the GAD-7 cutoff score was only 7.6% (1530 out of 20,00). However, the prevalence was higher in people in their thirties, about a quarter, and about 17–18% in those in their fifties.[7] In a cross-sectional study published in 2024, the prevalence of GAD among patients with chronic diseases was found to be approximately 7.9% in a sample of 250 patients.[8] Furthermore, the study shows a relation between socio-demographic data and GAD prevalence but no relation between GAD prevalence and risk factors.[8] An article was published in Nigeria to assess the prevalence of anxiety among undergraduate students and the relationship between anxiety and socio-demographic variables without involving the risk factors.[9] It found that 57.4% of the students had normal anxiety, while 27.2% had mild anxiety, 11.4% had moderate anxiety, and 4.0% had severe anxiety.[9] A study conducted in Saudi Arabia in 2020 to know the prevalence of GAD among students in the Faculty of Applied Medical Sciences (FAMS) at the University of Tabuk found that 68% of students reported feeling anxious or nervous at times.[10] The study also identified other variables in which GAD exhibits a higher prevalence, such as 17% of smokers, who were more anxious, compared to 83% of non-smokers, who were less anxious.[10] There are some other common factors that are associated with GAD, such as age, academic year, GPA, income, employment status, marital status, and the frequency of physical activity; however, this study only mentions the score on some variables based on the GAD-7 score and its risk factors among medical students in FAMS but not on the general population.[10] In 2022, a cross-sectional study was done in Saudi Arabia to assess the prevalence of GAD among medical residents, and it showed that out of 244 participants, only 73 (29.9%) reported that they experienced anxiety symptoms.[11] Nevertheless, only a few variables were mentioned during this study, but the only variable that had a significant effect on GAD was the residency status, which was about 37.9% of overseas residents reporting anxiety symptoms compared to 21.1% of local residents.[11] A paper was published in 2021 in Saudi Arabia, and the findings revealed that the prevalence of GAD among the general population was about 62.1% out of 338 participants based on the GAD-7 score.[12] The study found that according to the GAD-7 questionnaire, there is a relation between the severity of anxiety and demographic data (gender, age, residency, body mass index [BMI], and occupation). It was found that mild anxiety was 33.1%, moderate anxiety was 15.7%, and severe anxiety was about 13.3%, but the article only mentions smoking as a social factor that has a relation to the prevalence of GAD.[12] A study conducted in Saudi Arabia among university students revealed that there is a high prevalence of anxiety and other mental disorders, especially among females, due to various factors (age, gender, academic performance, and living conditions) that affect the prevalence of GAD.[13] A study that was conducted in 2020 in Saudi Arabia found that there is a high prevalence among pharmacy students only, where it was estimated to be 49%, 25.9% had mild anxiety, 14.1% had moderate anxiety, and 8.8% had severe anxiety.[14] In this study, it was suggested that there is a relation between the severity of GAD and the demographic data, but no risk factors associated with GAD prevalence were mentioned.[14] Because research on GAD in Saudi Arabia was scarce, this study aimed to address the gap.[15] Although there have been a few identified studies on the prevalence of anxiety in various settings, there is a scarcity of data on this issue that has not yet been synthesized.[16] While much of the published research has focused on depression and mental illnesses, GAD has received less attention in comparison.[10] The main objective of this study is to determine the prevalence of GAD among the general population in Saudi Arabia. In addition, we planned to establish demographic patterns and to assess comorbidity. We also aimed to identify factors that may influence the development or increase the probability of GAD.

Objectives

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MATERIALS AND METHODS

Study design and setting

This is a cross-sectional observational study that uses a questionnaire to collect data from the public regarding the

Table 1: Sociodemographic characteristics of participants (*n*=469)

Parameter	No.	Percentage
Gender		
Female	305	65.0
Male	164	35.0
Age group (mean=25.27, Standard deviation=7.9)		
26–40 years old	86	18.3
41–70 years old	28	6.0
5–25 years old	355	75.7
Residential area		
Southern region	104	22.2
Eastern region	219	46.7
Northern region	15	3.2
Western region	58	12.4
Center region	73	15.6
Educational qualification		
Bachelor	285	60.8
Secondary or less	133	28.4
Diploma	36	7.7
Postgraduate studies	12	2.6
University student	3	0.6
Income		
More than 15000	27	5.8
<1000	196	41.8
1000–5000	143	30.5
10001–15000	46	9.8
5001–10000	57	12.2
Occupation		
Unemployed	331	70.6
Part-time employee	15	3.2
Government sector employee	69	14.7
Private sector employee	54	11.5
If yes, how many hours of work?		
<4 h	10	2.1
More than 12 h	4	0.9
4–8 h	94	20.0
9–12 h	30	6.4
Are you a smoker?		
No	387	82.5
Ex-smoker	12	2.6
Yes	70	14.9
Do you have any chronic illness?		
No	400	85.3
Yes	69	14.7
If yes, what is your chronic illness?		
Rheumatoid arthritis	2	0.4
Other	45	9.6
High cholesterol	2	0.4
Diabetes	4	0.9
Heart diseases	5	1.1
Hypertension	9	1.9
Osteoporosis	2	0.4

prevalence of GAD and associated risk factors among the general population in Saudi Arabia during the period ranging from 2024 Aug to 2025 February.

Subject: Participants, recruitment, and sampling procedure

All Saudi citizens who live in Saudi Arabia from all the regions in Saudi Arabia.

Sample size

To determine the minimum responses required to create a representative sample for the entire population, sample size calculations were made. The Raosoft sample size calculator was used to calculate the sample size. The sample size that was determined was 385, with an indicator percentage of 0.50, a margin of error of 5%, and a confidence interval (CI) of 95%.

Inclusion and exclusion criteria

The inclusion criteria of the study are as follows: Male and female citizens of Saudi Arabia living in Saudi Arabia. Participants were excluded if they were residents of Saudi Arabia or Saudi citizens residing outside the country.

Method for data collection, instrument, and score system

The primary instrument would be a structured online questionnaire. Prepared in the Arabic language. Consent of participants was considered by their submission. The questionnaire had three sections; this includes:

1. Sociodemographic questions (age, gender, income, education level, and residential area)
2. The GAD-7 scale is a validated 7-item screening tool for GAD. Each item is scored from 0 to 3, with total scores ranging from 0 to 20.[17]
3. Additional questions included risk factors that may be associated with GAD.

Scoring system

Scoring and case definition for the GAD-7 scale:

Scores of 0–4 indicate minimal or no anxiety. Scores of 5–9 indicate mild anxiety. Scores of 10–14 indicate moderate anxiety. Scores of 15–20 indicate severe anxiety.

Pilot test

The questionnaire was presented in a pilot study on a sample of 15 participants; the results of this investigation were not published. Several changes were made to ensure that the questions were understandable and straightforward.[18]

Analyze and entry method

The data were entered using the "Microsoft Office Excel Software" (365) program for Windows. The (Statistical Package for the Social Sciences) version 23 was then used to analyze the data after it had been uploaded. The data were normally distributed; hence, the independent sample *t*-test and one-way analysis of variance test were used. Using univariate and adjusted data, odds ratios with 95% CI were computed. Significant *P*-values were defined as those <0.05.[19]

RESULTS

This study population consists of 469 participants who are primarily female (65%) while mainly being young (75.7% aged 5–25 years, mean age 25.27). The cohort mostly includes people with education levels up to Bachelor's degree (60.8%) or less. About seventy percent (70.6%) of this population group remains jobless and forty-one percent (41.8%) earn <1000 Australian dollars per month. The study participants show mostly healthy characteristics as 82.5% do not smoke and 85.3% have no chronic illnesses yet 14.7% with chronic illnesses selected "Other" as their condition, most often raising concerns about proper health issue identification in this demographic. A deficient employment rate along with restricted income among this young demographic stands as a vital condition that shapes their health status and healthcare service availability [Table 1].

Figure 1 indicates that the majority of respondents either exercise 1–3 times a week (43.7%) or do not exercise at all (44.6%). Only a small percentage exercises more than 3 times a week.

Statistical data in Table 2 indicate that GAD may possibly be linked to insufficient exercise as a third of surveyed students made no sports participation (44.6%). Out of the total participants who maintained normal BMI, the percentage of people who were either overweight or obese reached 18.3% and 19.6%. These rates could possibly represent comorbidities with GAD or one of the factors causing the condition. The results indicate that GAD genetic inheritance runs in 22% of participants, showing a possible genetic basis for the disorder. The investigation needs additional studies to determine causal relationships and study the fundamental causes behind these phenomena.

Table 2: Parameters related to risk factors that may be associated with GAD (*n*=469)

Parameter	No	Percentage
How many times a week do you exercise?		
4–5 times	37	7.9
More than 5 times	18	3.8
1–3 times	205	43.7
Do not practice any sports exercises	209	44.6
If the answer is yes, what sport do you practice?		
Running	13	2.8
Swimming	2	0.4
Walking	164	35.0
Jogging	16	3.4
Weight lifting	55	11.7
Soccer	10	2.1
Is there anyone close to you who has been diagnosed with generalized anxiety disorder?		
No	366	78.0
Yes	103	22.0
BMI		
Normal weight	242	51.6
Obese	92	19.6
Overweight	86	18.3
Underweight	49	10.4

BMI: Body mass index, GAD: Generalized anxiety disorder

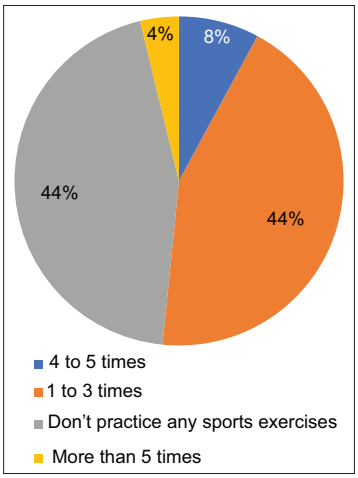

Figure 1: How many times a week participants exercise (*n*=469)

Figure 2 indicates that over half of the participants (57.8%) reported feeling angry, anxious, or extremely emotional on some days. A smaller percentage reported never feeling this way (16%), while 16.2% experienced these feelings more than half the day, and 10% experienced "almost every day."

The data show that "some days" experience of GAD-related symptoms stands as the most prevalent response in this sample (n = 469). This dataset indicates that among the 469 participants, the most prevalent response pertained to symptoms of GAD occurring occasionally. The data show that major groups of respondents have never experienced symptoms but substantial sections declare symptoms happening both "more than half the day" and "almost every day" which points to clinically important anxiety affecting multiple people. An analysis of symptom co-occurrence patterns needs to be conducted to determine the complete severity impact of GAD on this population [Table 3].

The assessment of GAD-7 scores with 469 participants in the general Saudi population revealed that anxiety symptoms affect 70.6% of the sample when considering mild (43.1%), moderate (20.5%), and severe (7.0%) levels of anxiety affliction. The data reveal a major necessity for societal understanding about mental health together with proper screening practices while potentially also requiring treatment resources targeting this population. More studies must explore both the root sources and culturally suitable treatment methods for the anxiety suffered by this population [Table 4].

Table 5 showed that participants' GAD scores were significantly associated with gender, age group, residency, educational qualification, income, occupation, daily working hours, presence of chronic illness, and type of chronic illness. In contrast, no statistically significant relationship was observed with smoking.

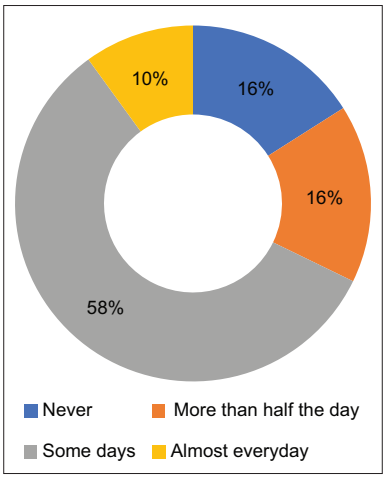

Figure 2: How often participants feel angry, anxious, or extremely emotional (n=469)

Females have a higher tendency to have severe anxiety than males. 5–25-year-old participants are more likely to have severe anxiety. Participants with secondary school or less tend to have severe ones. The unemployed or those with <1000/month have a higher tendency as well.

Table 3: Parameters related GAD (n=469)

Parameter	No	Percentage
Feeling angry, anxious, or extremely emotional		
Never	75	16.0
More than half the day	76	16.2
Some days	271	57.8
Almost everyday	47	10.0
Inability to stop or control anxiety		
Never	128	27.3
More than half the day	70	14.9
Some days	239	51.0
Almost everyday	32	6.8
Excessive worry about different things		
Never	132	28.1
More than half the day	68	14.5
Some days	213	45.4
Almost everyday	56	11.9
It's difficult to relax		
Never	114	24.3
More than half the day	88	18.8
Some days	228	48.6
Almost everyday	39	8.3
The severity of the disorder is such that it is difficult to remain calm		
Never	219	46.7
More than half the day	57	12.2
Some days	168	35.8
Almost everyday	25	5.3
Getting upset or irritable quickly		
Never	111	23.7
More than half the day	79	16.8
Some days	222	47.3
Almost everyday	57	12.2
Feeling afraid as if something terrible might happen		
Never	164	35.0
More than half the day	56	11.9
Some days	218	46.5
Almost everyday	31	6.6

GAD: Generalized anxiety disorder

Table 4: The score of GAD among the general population in Saudi Arabia (*n*=469)

GAD Scores	Frequency	Percentage
Minimal or no anxiety	138	29.4
Mild anxiety	202	43.1
Moderate anxiety	96	20.5
Severe anxiety	33	7.0
Total	469	100.0

GAD: Generalized anxiety disorder

DISCUSSION

The purpose of the present study was to clarify the prevalence in the general Saudi Arabian population of individuals suffering from GAD and its risk factors. Using a sampled population of 469 individuals, our results had a demeaning rate of anxiety, as half of the respondents presented with moderate anxiety symptoms. According to previous studies, rates of anxiety disorder prevalence are comparable, meaning the issue of GAD is present in the area. For instance, Aljurbua *et al*. also reported

Table 5: Relation between knowledge of practices regarding correct posture during studying among medical students and sociodemographic characteristics

Parameters	GAD score				Total (*n*=469)	*P*-value*
	Mild anxiety (%)	Minimal or no (%)	Moderate (%)	Severe (%)		
Gender						
Female	131 (64.9)	79 (57.2)	68 (70.8)	27 **(81.8)**	305 (65.0)	**0.027**
Male	71 (35.1)	59 (42.8)	28 (29.2)	6 (18.2)	164 (35.0)	
Age group						
26–40 years old	43 (21.3)	30 (21.7)	11 (11.5)	2 (6.1)	86 (18.3)	**0.012**
41–70 years old	18 (8.9)	5 (3.6)	5 (5.2)	0 (0.0)	28 (6.0)	
5–25 years old	141 (69.8)	103 (74.6)	80 (83.3)	31 **(93.9)**	355 (75.7)	
Residency						
Southern area	52 (25.7)	22 (15.9)	22 (22.9)	8 (24.2)	104 (22.2)	**0.009**
Eastern area	86 (42.6)	65 (47.1)	51 (53.1)	17 (51.5)	219 (46.7)	
Northern area	4 (2.0)	4 (2.9)	3 (3.1)	4 (12.1)	15 (3.2)	
Western area	30 (14.9)	23 (16.7)	4 (4.2)	1 (3.0)	58 (12.4)	
Central area	30 (14.9)	24 (17.4)	16 (16.7)	3 (9.1)	73 (15.6)	
Educational qualification						
Bachelor	138 (68.3)	72 (52.2)	55 (57.3)	20 (60.6)	285 (60.8)	**0.015**
Secondary or less	48 (23.8)	42 (30.4)	30 (31.3)	13 **(39.4)**	133 (28.4)	
Diploma	12 (5.9)	14 (10.1)	10 (10.4)	0 (0.0)	36 (7.7)	
Postgraduate studies	4 (2.0)	8 (5.8)	0 (0.0)	0 (0.0)	12 (2.6)	
University student	0 (0.0)	2 (1.4)	1 (1.0)	0 (0.0)	3 (0.6)	
Income						
<1000	83 (41.1)	53 (38.4)	41 (42.7)	19 **(57.6)**	196 (41.8)	**0.004**
More than 15000	17 (8.4)	4 (2.9)	6 (6.3)	0 (0.0)	27 (5.8)	
1000–5000	51 (25.2)	52 (37.7)	29 (30.2)	11 (33.3)	143 (30.5)	
10001–15000	27 (13.4)	16 (11.6)	2 (2.1)	1 (3.0)	46 (9.8)	
5001–10000	24 (11.9)	13 (9.4)	18 (18.8)	2 (6.1)	57 (12.2)	
Occupation						
Unemployed	126 (62.4)	103 (74.6)	74 (77.1)	28 **(84.8)**	331 (70.6)	**0.007**
Part-time employee	5 (2.5)	7 (5.1)	2 (2.1)	1 (3.0)	15 (3.2)	
Government sector employee	43 (21.3)	10 (7.2)	13 (13.5)	3 (9.1)	69 (14.7)	
Private sector employee	28 (13.9)	18 (13.0)	7 (7.3)	1 (3.0)	54 (11.5)	

(*Contd...*)

Table 5: (*Continued*)

Parameters	GAD score				Total (*n*=469)	*P*-value*
	Mild anxiety (%)	Minimal or no (%)	Moderate (%)	Severe (%)		
If you are an employee, how many hours do you work per day?						
<4 h	10 (5.0)	0 (0.0)	0 (0.0)	0 (0.0)	10 (2.1)	**0.005**
More than 12 h	1 (0.5)	2 (1.4)	1 (1.0)	0 (0.0)	4 (0.9)	
4–8 h	50 (24.8)	27 (19.6)	12 (12.5)	5 (15.2)	94 (20.0)	
9–12 h	15 (7.4)	6 (4.3)	9 (9.4)	0 (0.0)	30 (6.4)	
Are you a smoker?						
No	169 (83.7)	117 (84.8)	75 (78.1)	26 (78.8)	387 (82.5)	0.408
Ex-smoker	3 (1.5)	5 (3.6)	2 (2.1)	2 (6.1)	12 (2.6)	
Yes	30 (14.9)	16 (11.6)	19 (19.8)	5 (15.2)	70 (14.9)	
Do you have any chronic illness?						
No	166 (82.2)	129 (93.5)	76 (79.2)	29 (87.9)	400 (85.3)	**0.007**
Yes	36 (17.8)	9 (6.5)	20 (20.8)	4 (12.1)	69 (14.7)	
If yes, what is your chronic illness?						
Rheumatoid arthritis	2 (1.0)	0 (0.0)	0 (0.0)	0 (0.0)	2 (0.4)	**0.044**
Other	20 (9.9)	6 (4.3)	15 (15.6)	4 (12.1)	45 (9.6)	
High cholesterol	2 (1.0)	0 (0.0)	0 (0.0)	0 (0.0)	2 (0.4)	
Diabetes	1 (0.5)	3 (2.2)	0 (0.0)	0 (0.0)	4 (0.9	
Heart diseases	2 (1.0)	0 (0.0)	3 (3.1)	0 (0.0)	5 (1.1)	
Hypertension	7 (3.5)	0 (0.0)	2 (2.1)	0 (0.0)	9 (1.9)	
Osteoporosis	2 (1.0)	0 (0.0)	0 (0.0)	0 (0.0)	2 (0.4)	

*P-value was considered significant if ≤0.05, *Statistically significant

a prevalence of GAD among the general Saudi population, which is comparable to our results.[12] This alignment is the reason why there is an urgent need for a comprehensive mental health strategy for anxiety disorders nationwide.

Our demographic composition, in terms of participants, was particularly unique as we had a high proportion of female participants (65%) with a great percentage of them being between the ages of 5–25 years (75.7%). This also bears out the study by Aljishi *et al.*[20] which indicates that there is a higher prevalence of anxiety among patients. At the same time, our study has documented an association between low socioeconomic status (SES) and anxiety, which is seen in 41.8% of participants in this study earning <1000 Australian dollars per month, similar to findings on SES and mental health outcomes in Saudi Arabia.[21]

With 70.6% of participants being either unemployed or presenting precarious job positions, we discovered a strong correlation between societal instability and higher hormone levels. The results of other similar findings by Al-Hazmi *et al*.[22] suggested that there were strong links between academic stress and anxiety among the students, as it implies that social exposure stress (social exposure triggers) can increase mental health problems. In addition, we observed that participants reporting lower symptoms of physical activity were more prone to report anxiety symptoms consistent with previous findings shown by Samreem *et al*., physical inactivity and anxiety changes.[14] The interplay of the lifestyle factors warrants a comprehensive approach to tackle GAD, and hence, such initiatives aimed at encouraging increased physical activity may be of benefit.

One other large finding in our study was that 22% of participants were genetically predisposed to GAD, suggesting a heritable aspect to the disorder. This notion is also consistent with the fact that there are several studies indicating the presence of a familial tendency for GAD anxiety disorder, which implies that genetics may be associated with the predisposition to GAD.[24,25] Other research by Chaabane *et al*. provides recent validation that familial and genetic contributions to anxiety disorders are important and suggests future research directions.[26]

In addition, the scores for emotional well-being indicated that 57.8% of people experienced intense emotional disturbances

such as anxiety and anger in certain situations. Alhalafi's[23] finding that the general population's anxiety levels generally went up during a crisis resonated with these results. Our data on a common experience of emotional dysregulation in our participants indicate that considerations of mental health in the context of public health emergencies should accommodate underlying anxiety triggers.

Most importantly, the design of our survey based on the validated GAD -7 scale is confirmed to cover a range of anxiety in different strata of the population, similar to Alzahrani *et al*. who used the same scale targeted to patients with chronic diseases.[21] Nevertheless, it should be remarked that while self-reported measures have their place, there is a risk of underreporting of symptoms if the social stigma associated with mental health difficulties creates a reason to hide them. In this respect, previous research has identified this social stigma as a barrier preventing the open discussion of mental health in Saudi society, which could contribute to an underreporting of the true prevalence of disorders, such as GAD.[26]

Of course, our study is not without limitations, but the robust findings of our study still carry weight. Since this study used a cross-sectional design, we are not able to determine whether identified risk factors cause GAD prevalence. Such relationships need to be further clarified and followed over time with longitudinal studies. Moreover, rural populations that could differ in their mental health dynamics were not represented in the predominantly urban sample. Future research should endeavor to include spatial and demographic diversity to adequately model geographical and demographic variations in the prevalence of anxiety and its determinants.

CONCLUSION

To summarize, the prevalence of GAD among the Saudi people is examined and significant results highlighting the need to strengthen mental health resources and support systems are documented. From a psychological health perspective, there is a need to identify the demographic patterns and the associated risk factors, especially SES and emotional regulation, for targeted interventions that look at psychological and community health as intertwined. Tackling the collective action of destigmatizing mental health issues and increasing access to care becomes more important as similar studies reaffirm the overall findings across the whole region. However, if we address these important elements, it will aid us in the path of better days and help eliminate the burden of anxiety disorders in Saudi Arabia.

ACKNOWLEDGMENT

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ETHICAL APPROVAL

After fully explaining the study and emphasizing that participation is optional, each participant gave informed consent. The information gathered was safely stored and utilized exclusively for study.

INFORMED CONSENT

Written informed consent was acquired from each study participant.

DATA AND MATERIALS AVAILABILITY

All data associated with this study are present in the paper.

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