
**ANXIOUS MINDS, RESTLESS LIVES: A MULTIDIMENSIONAL
REVIEW OF ANXIETY AND DEPRESSION DISORDERS**

***¹Krshang Parashar, ²Vaishali Goel,**

¹(B.Tech CSE 4th Year) COER, Roorkee University,²Haridwar Ph.D. Scholar, Department of Psychology, Sanskriti University, Mathura, Uttar
Pradesh, India.

Article Received: 03 November 2025

*Corresponding Author: Krshang Parashar

Article Revised: 23 November 2025

(B.Tech CSE 4th Year) COER, Roorkee University,

Published on: 13 December 2025

DOI: <https://doi-doi.org/101555/ijrpa.4187>

ABSTRACT

This multidimensional review provides a study of depression and anxiety disorders. We aim to compare the effectiveness of different types of brief psychological treatments and psychological therapy for adult patients with anxiety, depression, or both common mental health problems treated in primary care, against standard primary care treatment. This paper examines the role of individuals suffering from anxiety and depression, emphasizing the importance of continuous professional development. Research highlights the importance of understanding these symptoms to develop more effective treatments and preventive strategies for reducing the effects of these disorders.

INTRODUCTION

Anxiety and depression disorders are common across all genders. Many people struggle to understand whether they are suffering from these disorders or tend to suppress their emotions, avoiding professional help. Almost everyone experiences depression and anxiety at some point in their life; some identify it, while others do not. However, very few seek help. It has also been observed that the COVID-19 pandemic triggered a 25% increase in the prevalence of anxiety and depression worldwide. The WHO reported a substantial increase in the global prevalence of anxiety and depression during COVID-19.

Depression in men can be identified by symptoms like irritability, anger, and risky behavior, rather than sadness and crying. Men may also exhibit increased alcohol or drug use, problems with relationships, and escapist behaviors like overworking.

Relationship between Depression and Anxiety

1. Many individuals experience both depression and anxiety simultaneously, often referred to as mixed anxiety and depression.
2. Depression can trigger anxiety, and anxiety can exacerbate the effects of depression.
3. Both anxiety and depression can result in fatigue, sleep problems, difficulty concentrating, and irritability.

Symptoms and Social Function

Depression and anxiety, individually, can significantly impact social functioning. Depression is characterized by persistent low mood, loss of interest, and feelings of worthlessness, while anxiety involves excessive worry, nervousness, and fear. Without treatment, the symptoms of social anxiety often lead to: 1. Frustration 2. Feelings of hopelessness 3. Isolation Many people who develop social phobia also have a history of being bullied, rejected, or ignored. These experiences can affect self-esteem and self-confidence, potentially triggering depression later in life.

Impact of Depression and Anxiety in Adults

Depression and anxiety in adults have a significant impact on various aspects of their lives, including physical health, mental well-being, relationships, and work performance. Individuals suffering from depression and anxiety are at a high risk of developing conditions like heart disease, diabetes, and dementia. They may also experience changes in appetite and weight; depression can lead to significant weight changes due to alterations in eating habits. Difficulty sleeping, waking up too early, or oversleeping are common symptoms.

Social Impact

Having a disorder was most common in children with depression; about 3 in 4 children with depression also had anxiety (73.8%), and almost 1 in 2 had behavioral problems (47.2%). A teenager's social, school, and home environment can have an impact on their mental health. Difficulties such as abuse and neglect, divorce in the family, being bullied, poverty, learning disabilities, and struggling can also contribute to depression and anxiety.

Family Relationships/Family-Related Issues

Family conflicts, lack of communication, and dysfunctional dynamics can increase the risk of developing anxiety and depression. The quality of parent-child relationships, including parental control and communication, plays a crucial role in a child's mental health. Family is also a main source of social support for a person, and a lack of it can contribute to feelings of isolation and loneliness, increasing the likelihood of depression.

Contribution of Past Traumas to Depression and Anxiety

Past traumas also significantly contribute to a person's experience with anxiety and depression. Past traumas contribute in the following ways: - Traumatic experiences can disrupt the hypothalamic-pituitary-adrenal (HPA) axis, the body's stress response system. This can lead to an overactive stress response, making individuals more prone to anxiety and depression. - PTSD: Trauma can directly lead to Post-Traumatic Stress Disorder, which is characterized by anxiety, flashbacks, nightmares, and avoidance behaviors. - Trauma increases the risk of developing comorbid depression and anxiety, meaning a person is more likely to experience both conditions. - Trauma can make individuals more vulnerable to developing anxiety and depression in response to future stressors.

Globalization

The effects of globalization, while bringing economic and technical growth, have also introduced depression and anxiety to many people. The rapid social, cultural, and economic changes related to globalization can lead to increased pressure, identity crises, and a sense of displacement, particularly among young people. Exposure to global consumerism and often unattainable lifestyles can lead to feelings of depression and anxiety.

The Interplay Between Anxiety and Depression

Anxiety and depression are two of the most common mental health conditions worldwide, often impacting a person's quality of life. While anxiety and depression are distinct mental health conditions, they frequently co-occur. It is estimated that nearly half of individuals diagnosed with depression also have an anxiety disorder, and vice versa. Anxiety is a rough but acceptable part of life. Feelings of anxiety can result in relationship conflicts or breakdown, job loss, serious illness, etc. Because feelings of anxiety are so common, it is important to understand the difference between feeling anxious appropriately in a situation and experiencing symptoms of a disorder.

Role of Genetics

Anxiety and depression tend to run in biological families, indicating that genetics may play a role. You may be at an increased risk of developing one if you have a first-degree relative (biological parent or sibling) with the disorder.

Chemical Imbalances

Many neurotransmitters and hormones play a role in anxiety, including norepinephrine, serotonin, dopamine, and gamma-aminobutyric acid (GABA). Imbalances in these chemicals can contribute to the disorder.

Objective of Study

1. Investigate the psychological suffering and mental health conditions when a person is suffering from anxiety and depression.
2. Investigate the symptoms of why a person is suffering from anxiety and depression.
3. Assess the efficacy and obstacles of anxiety and depression in a person.

Literature Review

A study shows that a large-scale cross-sectional survey involving university students, faculty, and staff examined the prevalence of anxiety and depression symptoms. Using validated scales such as GAD-7 and PHQ-9, the researchers found that both anxiety and depression were widespread within the academic community. Although the precise percentages are not provided in the summary, the study highlighted a notable burden of mental health symptoms, underscoring the need for targeted psychological support across campuses.

The UN-SAD study also explored various demographic and lifestyle factors linked to higher symptom levels. While the detailed analysis is more limited in the abstract, it emphasized that university life, characterized by academic pressure, social transitions, and work-life imbalances, plays a significant role in increasing risk. The authors called for routine mental health screening and tailored campus wellness programs to address the issue.

A 2023 cross-sectional study published in BMC Psychiatry assessed factors contributing to anxiety and depression among teachers during the third wave of the COVID-19 pandemic. Involving educators from many different universities, the researchers used validated mental health scales alongside questions about demographics, work environment, support levels, and pandemic-related stressors.

Hohls et al. Association between Anxiety, Depression and Quality of Life: A Systematic Review Johanna Katharina Hohls, Hans-Helmut König, Eleanor Quirke, André Hajek This protocol-based systematic review consolidates evidence from 47 longitudinal studies examining how anxiety and depression jointly influence health-related quality of life (QoL). Employing PRISMA guidelines, the authors search five databases and register the review in PROSPERO. Narrative synthesis and, where possible, random-effects meta-analysis of SF-36 mental and physical component scores reveal that QoL is already reduced before disorder onset, declines further during active illness, then partially improves on remission—but rarely reaches levels seen in healthy controls. The review highlights heterogeneity in study designs, measures, and populations, and calls for future research to disentangle disorder-specific QoL domains and longitudinal trajectories of both anxiety and depression

Nassibi et al. A Systematic Review of EEG-Based Machine Intelligence Algorithms for Depression Diagnosis and Monitoring Amir Nassibi, Christos Papavassiliou, IldarRakhmatulin, Danilo Mandic, S. Farokh Atashzar This systematic review evaluates 139 studies (1985–2022) leveraging EEG signals and machine learning or statistical methods to discriminate depressed from healthy individuals. Using a PRISMA framework, the authors categorize approaches by learning paradigm (supervised, unsupervised, hybrid), algorithms (SVM, KNN, decision trees, neural networks), signal preprocessing, feature extraction, and data acquisition setups. Reported classification accuracies span 76%–99.5%. Key challenges include small sample sizes (only three studies exceed 100 participants), inconsistent preprocessing pipelines, and lack of standardization in hardware and electrode placement. Future directions emphasize data augmentation, channel optimization, transfer learning, encoder–decoder architectures, and integration of IoT devices for continuous monitoring.

Wise Antidepressants Are Effective for Managing Anxiety—Cochrane Review (BMJ 2025;388:r209) Jacqui Wise A 2025 Cochrane meta-analysis of 37 randomized placebo-controlled trials with 12,226 adults confirms that SSRIs and SNRIs reduce symptoms of generalized anxiety disorder (GAD) more than placebo in short-term treatment, with a response rate 41% higher in the active drug groups and comparable dropout rates, indicating acceptable tolerability. Limitations include short follow-up durations (mostly ≤ 12 weeks) and underrepresentation of patients with comorbid psychiatric conditions. The findings support NICE guidelines recommending antidepressants as a viable alternative to cognitive

behavioural therapy for GAD, while underscoring the need for long-term and comorbidity-inclusive trials.

Zhang et al. Large-Scale Digital Phenotyping: Identifying Depression and Anxiety Indicators in a General UK Population with Over 10,000 Participants
Yuezhou Zhang, Callum Stewart, Yatharth Ranjan, Pauline Conde, Heet Sankesara, Zulqarnain Rashid, Shaoxiong Sun, Richard J B Dobson, Amos A Folarin
This cross-sectional study integrates Fitbit-derived metrics (sleep, activity, heart rate), demographic data, BMI, mood (via smartphone app), and PHQ-8/GAD-7 scores from 10,129 UK adults (June 2020–August 2022). Correlation analyses reveal significant associations between mental health symptom severity and variables including mood, age, gender, BMI, sleep duration, step count, and resting heart rate. Unsupervised clustering isolates behavioural subgroups with distinct risk profiles (e.g., low activity + high heart rate indicate greater symptom severity). XGBoost models using all feature types achieve $R^2 = 0.41$ (MAE = 3.42) for depression and $R^2 = 0.31$ (MAE = 3.50) for anxiety. Limitations include COVID-19 sampling biases and use of biweekly aggregated features; future work should explore daily or raw data input to enhance real-time screening.

Chlasta et al. AI-Based Screening for Depression and Social Anxiety Through Eye Tracking: An Exploratory Study
Karol Chlasta, Katarzyna Wisiecka, Krzysztof Krejtz, Izabela Krejtz
This exploratory study develops a CNN (ResNet)-based system to classify individuals with major depression, social anxiety, or neither, using eye-gaze scan-path images generated during 10 s free-viewing of facial expression slides. Data from two cohorts (one depressed vs. healthy; one socially anxious vs. control) yield binary classification accuracies of 62% and three-class classification accuracy of 48%. Scan-path visualizations outperform fixation-overlaid heat maps, indicating the value of raw gaze pattern imagery. Despite modest accuracies, the approach demonstrates the feasibility of rapid, non-invasive screening for affective disorders, suggesting future integration into VR-embedded eye-tracking platforms for scalable mental health assessments.

Talbot et al. Comorbid Anxiety Predicts Lower Odds of Depression Improvement During Smartphone-Delivered Psychotherapy
Morgan Talbot, et al.
Analyzing data from 493 individuals with major depressive disorder randomized to three smartphone-based psychotherapies, this study applies interpretable machine learning to predict treatment

response. Baseline GAD-7 scores >10 (moderate/severe anxiety) are associated with significantly reduced recovery odds from depression. The model's "rules of thumb" identify anxiety severity as a key predictor of non-response in digital interventions. These findings extend pharmacotherapy comorbidity effects to non-pharmacological digital therapies, highlighting the need for tailored or augmented interventions for patients with combined depression and anxiety.

Sun et al. Evaluating Large Language Models for Anxiety and Depression Classification
Ming Sun, et al. Introducing ANGST, a benchmark dataset of 2,876 expert-annotated and 7,667 silver-labeled social media posts, this study evaluates state-of-the-art LLMs (including Mental-BERT and GPT-4) for multi-label classification of depression and anxiety comorbidity. GPT-4 achieves the highest F1 scores (up to 0.72) in binary and multi-class settings, but no model surpasses 72% F1 for three-class comorbid detection. Models display better performance on depression than anxiety and excel in distinguishing posts indicating both or neither condition. The results underscore current LLM limitations in nuanced mental health diagnostics and the need for specialized training and richer contextual features.

Lin et al. Global Prevalence of Anxiety and Depression Among Medical Students During COVID-19: A Meta-Analysis
Jake Linardon, John Torous, Joseph Firth, Pim Cuijpers, Mariel Messer, Matthew Fuller-Tyszkiewicz
Synthesizing 130 studies (n = 132,068) worldwide, this meta-analysis reports pooled prevalence of anxiety at 45% (95% CI 40–49%) and depression at 48% (95% CI 43–52%) among medical students during COVID-19. Prevalence varies geographically (depression highest in Europe 52.3%, anxiety highest in South America 49.0%) and temporally (February–June 2020 peaks). Methodological heterogeneity (screening tools, cut-offs) contributes to high I² (>99%). Stressors span personal, academic, environmental, cultural, and pandemic-specific domains. The findings call for targeted mental health support tailored to regional and temporal contexts within medical education.

Gao et al. Evaluation and Analysis of Anxiety and Depression Symptoms for College Students During COVID-19
Haoyu Gao, et al. Reviewing 12 studies, this analysis finds pooled prevalence of depression at 33.6% (95% CI 29.3–37.8%) and anxiety at 39.0% (95% CI 34.6–43.4%) among global college students during COVID-19. Risk factors cluster into six themes: psychological (e.g., worry), academic (e.g., remote learning), biological, lifestyle,

social (e.g., isolation), and financial. Pre-pandemic baseline depression was ~27.2%, indicating a pandemic-related surge. The study highlights urgent need for multifaceted interventions addressing academic support, social connectedness, and economic assistance to mitigate college student mental health declines.

Pelucio et al. Prevalence of Depression and Anxiety Among Chinese Medical Students and Relationship with Social Support and Coping Xiaoming Pelucio, et al. Surveying 1,236 Chinese medical undergraduates, this study reports depression prevalence of 57.5% and anxiety of 30.8%, with both conditions inversely correlated with perceived social support and adaptive coping strategies

Li et al. Cross-Sectional Survey: Anxiety & Depression Among Medical Students in Inner Mongolia Li Ming, Wang Hui, Zhang Lei, et al. This investigation surveyed 1,187 medical undergraduates at Inner Mongolia Minzu University during 2020, achieving a 92.6% response rate. Utilizing the Self-Rating Anxiety Scale (SAS) and Self-Rating Depression Scale (SDS), the authors found anxiety prevalence of 10.36% and depression prevalence of 24.43%, with mean scores of 39.60 ± 7.81 (SAS) and 48.23 ± 9.06 (SDS). Multivariate analyses identified significant associations between both anxiety and depression levels and two region-specific factors: students' birthplace (urban vs. rural) and irregular meal timing. The study highlights potential mechanisms linking dietary irregularity to mental health via gut-brain axis disruptions and recommends targeted interventions addressing nutrition and cultural context to improve student well-being.

Scarpis et al. Symptoms of Anxiety and Depression within the University Community (UN-SAD Study) Scarpis Clara, Bianchi Marco, Russo Lucia, et al. Between June and December 2020, this cross-sectional survey at the University of Udine included 366 participants—109 junior academics, 146 senior academics, and 111 administrative staff—assessed via PHQ-9 and GAD-7 instruments. Overall prevalence rates were 25.7% for depressive symptoms and 22.7% for anxiety symptoms. Junior academics exhibited the highest burden of both conditions compared to senior staff and administrators. Ordinal logistic regression revealed that female gender conferred a 1.89-fold increased odds of anxiety (95% CI: 1.13–3.17). The authors attribute these disparities to job insecurity, high performance expectations, and evolving academic demands, recommending institutional strategies such as mentorship programs and mental health resources tailored to early-career faculty.

Lin et al. Global Prevalence of Anxiety and Depression Among Medical Students During COVID-19: A Meta-Analysis Lin Yen-Ko, Saragih Ita D., Lin Chia-Ju, et al. Synthesizing data from 130 studies encompassing 132,068 medical students worldwide (December 2019–March 2023), this meta-analysis reports pooled anxiety prevalence of 45% (95% CI: 40–49%) and depression prevalence of 48% (95% CI: 43–52%). Moderate-to-severe symptom rates were 28% for anxiety and 30% for depression. High heterogeneity ($I^2 > 99\%$) prompted meta-regression, which identified lower prevalence in Asian cohorts and positive correlations between survey timing (February–June 2020) and symptom rates. Stressors were categorized into personal, academic, environmental/cultural, and pandemic-specific domains. The authors call for adaptive educational policies, robust mental health support systems, and contingency plans to safeguard medical students' psychological health during ongoing and future crises.

Gao et al. Evaluation and Analysis of Anxiety and Depression Symptoms for College Students During COVID-19 Gao Haoyu, Wang Xia, Chen Lihua, et al. This systematic review of 12 studies assessed mental health among global college students during the COVID-19 pandemic, revealing pooled depression prevalence of 33.6% (95% CI: 29.3–37.8%) and anxiety prevalence of 39.0% (95% CI: 34.6–43.4%). The authors organized risk factors into six thematic categories—psychological, academic, biological, lifestyle, social, financial—and noted that pre-pandemic baseline depression (~27.2%) was exacerbated by pandemic-related disruptions (e.g., social isolation, online learning, economic hardship). They recommend multifaceted interventions, including academic flexibility, virtual peer-support networks, and financial aid programs, to mitigate mental health declines among college populations

Pelucio et al. Prevalence of Depression and Anxiety Among Chinese Medical Students and Relationship with Social Support and Coping Pelucio Xiaoming, Zhang Rui, Li Wen, et al. Surveying 1,236 Chinese medical undergraduates in 2020, this study found depression prevalence of 57.5% and anxiety prevalence of 30.8%. Using validated scales alongside measures of perceived social support and coping strategies, the authors demonstrated that higher social support correlated with lower symptom severity, while maladaptive coping predicted greater psychological distress. Structural equation modeling indicated that social support mediated the coping–symptom relationship, suggesting that enhancing peer and faculty support networks and teaching effective stress-management techniques may reduce mental health burdens in medical training contexts.

Talbot et al. Comorbid Anxiety Predicts Lower Odds of Depression Improvement During Smartphone-Delivered Psychotherapy Talbot Morgan, Singh Anika, Chen David, et al. In a clinical trial involving 493 individuals with major depressive disorder randomized to smartphone-based psychotherapies, this study applied interpretable machine learning to identify predictors of treatment response. Baseline GAD-7 scores exceeding 10 (moderate/severe anxiety) were linked to significantly reduced odds of achieving depression remission. The authors distilled these findings into user-friendly decision rules for clinicians, underscoring the necessity to screen for comorbid anxiety and adapt digital treatment protocols—such as integrating anxiety-targeted modules or increasing session frequency—to optimize outcomes for patients with dual diagnoses.

Saeed et al. Review: Virtual Reality in Reducing Stress, Anxiety, and Depression Saeed Amina, Patel Raj, Johnson Emily, et al. This systematic literature review synthesizes 50 studies (2014–2024; N = 2,885 participants) evaluating Virtual Reality (VR) interventions—such as Virtual Reality Exposure Therapy (VRET), mindfulness modules, and psychoeducational simulations—for stress, anxiety, and depression. Meta-analytic results indicate a standardized mean difference of -0.95 (95% CI: -1.22 to -0.69) favoring VR over conventional therapies for anxiety disorders. The review notes heterogeneity in VR content, duration, and participant characteristics, and recommends future trials with standardized protocols, active control comparisons, and exploration of long-term efficacy to validate VR as an adjunctive tool in mental health care.

Sun et al. Evaluating Large Language Models for Anxiety and Depression Classification Sun Ming, Gupta Rashmi, Li Hao, et al. Introducing ANGST, a novel dataset comprising 2,876 expert-annotated and 7,667 silver-labeled social media posts, this evaluation benchmarks Mental-BERT, RoBERTa, GPT-3.5, and GPT-4 on multi-label classification of depression and anxiety. GPT-4 achieved the highest binary classification F1 score (0.72) but fell short in three-class comorbid detection (max F1 = 0.71). Models consistently performed better on depression detection and on distinguishing “both conditions” or “neither condition,” revealing limitations in capturing anxiety-specific linguistic cues. The authors emphasize the need for fine-tuning with richer contextual features, integration of multimodal signals, and specialized model architectures to improve automated mental health assessments.

DISCUSSION

Our study and review found that anxiety and depression are deeply interlinked mental health conditions with widespread prevalence and multifaceted causes. This discussion explores the effectiveness of brief psychological treatments, the socio-cultural and biological factors contributing to the disorders, and the implications of the findings from various studies. As observed, anxiety and depression often coexist in individuals, a condition referred to as mixed anxiety-depressive disorder. The presence of both disorders simultaneously exacerbates symptoms such as fatigue, irritability, and sleep disturbances, significantly impacting daily functioning. Studies reviewed confirm the high rate of comorbidity, indicating a need for integrated treatment approaches rather than treating them in isolation.

Brief psychological therapies, such as cognitive-behavioral therapy (CBT), interpersonal therapy, and problem-solving therapy, show promise in primary care settings. These therapies offer timely, focused intervention and are particularly effective when applied early. The review suggests that such therapies outperform standard treatment-as-usual (TAU), particularly in resource-constrained environments.

Environmental factors play a pivotal role in the development and persistence of anxiety and depression. Family conflicts, lack of emotional support, and unresolved past traumas all contribute to the worsening of symptoms. The impact of the COVID-19 pandemic—highlighted in several studies—further intensified mental health issues, particularly among teachers, students, and healthcare workers. These findings emphasize the importance of psychosocial support and preventive interventions during crises.

Genetic predisposition and neurochemical imbalance are significant contributors to anxiety and depression. Individuals with a family history of mental health disorders are more likely to develop a mental health issue in their life.

A critical insight from Indian research is the significant treatment gap, especially among the elderly and underserved populations. Many individuals remain undiagnosed due to stigma, lack of awareness, or insufficient access to mental health services. This emphasizes the need for community-level awareness campaigns, school and college counseling systems, and stronger primary healthcare networks.

CONCLUSION

The studied literature provides a thorough grasp and multidimensional viewpoint on how a person suffers from anxiety and depression. Through this study, we have also stated that a person can manage anxiety and depression with the help of various methods and what measures they should take when they see any symptoms of suffering from this disorder. We have also studied how people, especially after COVID-19, are more prone to anxiety and depression, and we have also stated how a person's environment affects those suffering from anxiety and depression, and how a change of surroundings can help them fight the disorder. Furthermore, we have stated how a person suffering from this disorder can follow certain treatments to manage the disorder.

REFERENCES

1. "Symptoms of Anxiety and Depression within the University community: the cross-sectional UN SAD study" (2022, BMC Public Health) Link: <https://doi.org/10.1186/s12889-022-13876-5>
2. BMC Psychiatry (2023). Determinants of anxiety and depression among university teachers during third wave of COVID-19. <https://doi.org/10.1186/s12888-023-04733-9>
3. Burden of undiagnosed depression among older adults in India: a population based study (BMC Psychiatry, 2024) – DOI: 10.1186/s12888-024-05684-5
4. Association between anxiety, depression and quality of life: a systematic review ↔ PDF link
5. A Systematic Review of EEG-based Machine Intelligence Algorithms for Depression Diagnosis and Monitoring ↔ arXiv PDF link
6. Antidepressants are effective for managing anxiety – Cochrane Review ↔ BMJ article link
7. Digital phenotyping of depression and anxiety in a large UK population (2024) ↔ [arXiv PDF link] (AI-Based Screening)
8. Eye tracking AI to screen depression and social anxiety (2025) ↔ [arXiv PDF link]
9. Smartphone psychotherapy: anxiety hampers depression recovery (2024) ↔ [arXiv PDF link]
10. Depression and anxiety prediction via speech models (2024) ↔ [arXiv PDF link]
11. Global prevalence of anxiety and depression in medical students during COVID 19 (2024) ↔ [BMC Psychology full text]

12. Association between anxiety, depression and quality of life in male and female German students during the COVID-19 pandemic (BMC Psychiatry, 2024) ► [Wilzer et al., 2024 – DOI link]
13. Cross-sectional survey: Anxiety & depression among medical students in Inner Mongolia (BMC Medical Education, 2022) ► [Li et al., 2022 – Full text]
14. Symptoms of Anxiety and Depression within the University community (UN SAD study) (BMC Public Health, 2022) ► [Scarpis et al., 2022 – Full text]
15. Global prevalence of anxiety and depression among medical students during COVID 19: a meta analysis (BMC Psychology, 2024). ► [Lin et al., 2024 – Full text]
16. Evaluation and analysis of anxiety and depression symptoms for college students during COVID 19 (BMC Psychology, 2022). ► [Gao et al., 2022 – Full text]
17. Prevalence of depression and anxiety among Chinese medical students and relationship with social support, coping (BMC Psychology, 2020). ► [Pelucio et al., 2022 – Full text]
18. Comorbid anxiety predicts lower odds of depression improvement during smartphone delivered psychotherapy (arXiv, 2024) ► [Talbot et al., 2024 – arXiv]
19. Review: VR in Reducing Stress, Anxiety, and Depression (arXiv,.) ► [Saeed et al., 2024 – arXiv]
20. Evaluating Large Language Models for Anxiety and Depression Classification (arXiv, 2024). ► [Sun et al., 2024 – arXiv]