Research Paper

Depression and Anxiety Disorders Among Young Adults of Delhi NCR

Saiyna Khanna[1]*, Dr. Sanjeev Kumar Gautam[2]

ABSTRACT

This study attempted to investigate the relationship between symptoms of anxiety and depression, examining interactions, severity and frequency of the two conditions and how they affect the lives of young adults in the Delhi NCR area. 100 individuals of ages between 20 to 30, from the Delhi NCR region constituted the sample. Using Google Forms, the Hamilton Anxiety Rating Scale (HAM-A) and the Beck Depression Inventory-II (BDI-II) were used to assess the participants' levels of anxiety and depression. The findings showed a substantial relationship between anxiety and depression symptoms, with those who reported higher levels of anxiety symptoms also exhibiting higher levels of depression symptoms.

***Keywords:** Depression, Anxiety Disorders, Young Adults*

According to the APA Dictionary of Psychology, depression can be a symptom of a number of different mental health conditions and varies from mild sadness to extreme hopelessness *(APA Dictionary of Psychology, n.d.).* Various depressive disorders, including major depressive disorder and premenstrual dysphoric disorder, are listed in the DSM-5. In addition to physical symptoms including sleeplessness, hypersomnia, changes in weight, exhaustion, and appetite loss, depression is characterised by a persistently down mood, lack of interest, and pleasure that profoundly affects many facets of functioning (*Depression (Major Depressive Disorder) - Symptoms and Causes - Mayo Clinic*, 2022).

Anxiety is characterised by worry and discomfort in reaction to imagined dangers. It can also include symptoms like shaking, sweating, shortness of breath, rapid heartbeat, restlessness, irritability, and muscle tension. Anxiety is focused on the future and is more broad-based than fear, which is a reaction to a particular threat. A number of anxiety disorders are described in the DSM, such as social anxiety disorder, panic disorder, agoraphobia, panic disorder, and particular phobias *(Anxiety Disorders - Symptoms and Causes - Mayo Clinic, 2018).*

Despite their differences, anxiety and depression often co-occur, making each other worse and contributing to a longer-lasting and more complex course of the illness. When they co-

---

[1]Student, Amity Institute of Psychology and Allied Sciences, Amity University, Noida
[2]Associate Professor, Amity Institute of Psychology and Allied Sciences, Amity University, Noida
*Corresponding Author

occur, there may be more symptoms, more distress, and more difficulties with diagnosis and treatment *(Kalin, 2020)*. A variety of environmental and genetic factors, including neurochemical imbalances, traumatic experiences, personality traits, lifestyle choices, substance misuse, health problems, and social factors like social isolation and lack of support, contribute to the development of both illnesses *(Higuera, 2023)*

The Beck Depression Inventory and the Hamilton Anxiety Rating Scale were utilised in this study to measure the levels of anxiety and depression in individuals aged 20 to 30 living in the Delhi NCR. To ascertain whether higher levels of one illness are correlated with higher levels of the other, it investigates the link between the two disorders. The information gathered from one hundred participants through Google Forms was examined to determine the relationship between the influence of these conditions on one another.

According to an assessment of the mental health needs of college students conducted by Bangalan & Agnes, 84.4% of respondents reported having severe depressive symptoms and 74.6% reported having severe anxiety symptoms. The study emphasises the strong association between anxiety and depression by focusing on their co-occurrence, especially in certain demographic groups such as LGBTQ+ individuals and fourth-year students. The relationship between anxiety and depression is further shown by the examination of coping strategies and mental health issues.

More convincing evidence for the substantial relationship between anxiety and depression comes from the Bobo et al. study. Their study compares people with depression, anxiety, or both versus people without these symptoms in order to determine the incidence and prevalence of chronic diseases in these populations. According to the research, people who experience depression or anxiety and depression together have a higher risk of developing chronic illnesses. Furthermore, the research shows that the co-existence of anxiety and depression increases the chance of developing a chronic illness. This study shows a high correlation between anxiety and depression as mental health problems and poor health outcomes.

There is additional evidence to suggest the substantial relationship between anxiety and depression from a study by Parvar et al. Their research indicates a strong relationship between anxiety and depression, despite the fact that their primary focus is on examining the frequency and severity of sadness, anxiety, stress, and perceived stress during the COVID-19 pandemic. According to the study, there is a considerable correlation between depression and anxiety as well as stress, suggesting a connection between these mental health problems. They also discovered that people with underlying medical conditions had higher levels of anxiety and depression, underscoring the link between these conditions and physical health.

There is strong evidence to support the considerable association between anxiety and depression according to the Shao et al. study. The frequency of anxiety and depression symptoms among Chinese medical students was investigated in this study, along with their relationships to coping mechanisms, social networks, and family dynamics. According to the findings, 30.8% of the medical students and 57.5% of the students experienced signs of anxiety and depression, respectively. Additionally, it has been discovered that anxiety and depression are linked to things like less sleep, financial difficulties, a heavy workload in school, pressure from the workplace, and a lack of social support. Robust evidence of a strong association between anxiety and depression and these different stressors is provided by the study's extensive assessment of the relationship between the two.

Additional evidence for the considerable relationship between anxiety and depression comes from the Jacobson & Newman study. This thorough review of 66 research with 88,336 participants looks at the relationship between diagnosable conditions and symptomatology related to anxiety and depression. The results demonstrate how different anxiety symptoms might predict depression symptoms later on and vice versa. The study also shows a strong predictive relationship between the majority of anxiety and depressive illnesses, identifying risk variables that operate in both directions. This thorough examination highlights the strong relationship and reciprocal impact between anxiety and depression.

METHODOLOGY

Aim:
The purpose of this study was to evaluate the degree of anxiety and depression in young adults residing in the Delhi NCR area and to determine the relationship between the two conditions.

Objective:
To determine the sample population's level of anxiety and depression and to comprehend the relationship between the two.

Hypothesis:
A significantly positive correlation will be found between symptoms of anxiety and depression.

Sample:
The study was conducted on 100 young individuals between the ages of 20 and 30 years who voluntarily participated in the study and were based in the Delhi NCR region.

Research Design:
Ex Post Facto

Research Variables:
- Depression levels in the sample population.
- Anxiety levels in the sample population.

Inclusion Criteria:
- 20-30-year-old individuals
- Individuals based within Delhi NCR

Exclusion Criteria:
- People under the age of 20 years
- People above the age of 30 years
- People who are based out of Delhi NCR

Description of the Test:
Two distinct scales were employed to obtain data from the sample population- the Hamilton Anxiety Rating Scale (HAM-A) to evaluate symptoms of anxiety and the Beck Depression Inventory-II (BDI-II) to evaluate symptoms of depression. The Beck Depression Inventory is a self-report tool comprised of 21 items corresponding to cognitive, somatic, vegetative and affective symptoms of depression. It is used both clinically and non-clinically to

evaluate the acuteness of depressive symptoms. Developed by Aaron T. Beck in 1961, it uses a 4-point Likert scale (0 to 3) for each item, with total scores ranging from 0 to 63. Scores are interpreted as follows: 0-13 indicates minimal depression, 14-19 mild depression, 20-28 moderate depression, and 29-63 severe depression. The BDI-II has an internal consistency of 0.9 and a test-retest reliability range of 0.73 to 0.92. It received a coefficient alpha of 0.93 from college students and a rating of 0.92 from outpatients, indicating good construct validity. On the other hand, the Hamilton Anxiety Rating Scale was one of the first instruments for assessing anxiety created by Max Hamilton in 1959, still commonly used in clinical and research contexts. The scale uses 14 items that cover both mental and physical components to evaluate the intensity of anxiety symptoms. Total scores can range from 0 to 56. Each item is assessed on a 4-point Likert scale, with 0 being absent and 4 representing extremely severe. Anxiety levels range from 0–7 minor or non-existent, 8–17 mild, 18–24 mild to moderate, and 25–56 severe. The HAM-A has proven to be a robust and trustworthy tool for measuring anxiety symptoms over time, with a good internal consistency (alpha = 0.77 to 0.92).

PROCEDURE

At first, "Depression and Anxiety among Young Adults in Delhi NCR" was finalised as the topic of the research and the aim and objective were formalised and put into perspective. The Hamilton Anxiety Rating Scale was selected to evaluate anxiety, and the Beck Depression Inventory was chosen to measure depression. Using an online Google form with both scales, data was gathered from 100 willing participants aged 20-30 years. Following the acquisition of data, the answers were analysed statistically and interpreted.

Statistical Analysis:
Descriptive (mean and standard deviation) and Inferential (Pearson correlation) statistical measures were employed and undertaken.

RESULTS

Table 1: Mean and Standard Deviation and Pearson Correlation of Depression and Anxiety among Young Adults

	M	**SD**	**1**	**2**
1 Depression	18.88	11.46	--	.65*
2 Anxiety	18.74	10.25	.65*	--

**. Correlation is significant at the 0.01 level (2-tailed).

The findings depict a **significant positive correlation** between depression and anxiety symptoms, as Table 1 illustrates, meaning that individuals with higher-intensity anxiety symptoms, also depicted elevated depression levels at the same time. The mean anxiety in the sample was 18.74, and the average depression was 18.88. The anxiety standard deviation was 10.25 and the depression standard deviation was 11.46.

DISCUSSION

In this study, young individuals in Delhi NCR between the ages of 20 and 30 had their levels of anxiety and depression measured, and the relationship between the two conditions was examined. Depression usually manifests as a chronically low mood, a loss of interest in most tasks, and physiological symptoms that interfere with day-to-day functioning, such as changes in eating and sleep patterns, whereas, constant concern and apprehension and physical symptoms like perspiration and a fast heartbeat are hallmarks of anxiety, which has a major negative influence on day-to-day functioning. A significantly positive association

between anxiety and depression was theorised by the research. Google Forms were employed to gather information from 100 participants on the Beck Depression Inventory-II and the Hamilton Anxiety Rating Scale. The hypothesis was supported by the results, which showed a strong positive correlation (r =.65, p <.01) between anxiety and depression. With standard deviations of 10.25 and 11.46, respectively, the mean levels of anxiety and sadness were 18.74 and 18.88. This correlation has also been shown in other studies, such as the 2017 study by Olfson et al., which found that 51% of those with major depressive illness also had anxiety problems.

CONCLUSION

In conclusion, this study offers an in-depth analysis of the incidence of anxiety and depression in young adults in the Delhi NCR region between the ages of 20 and 30. With the use of the Beck Depression Inventory-II and Hamilton Anxiety Rating Scale, the study attempted to evaluate the connection between two frequently co-occurring mental health disorders.

The results show that depression affected many aspects of everyday living and was present in the sample on a regular basis. Depression is typified by a chronically lower mood and loss of interest in routine tasks while anxiety has a significant negative impact on people's quality of life and is characterised by constant concern and physical symptoms. These findings exhibit the strong influence of these mental health issues on young adults' functioning and general well-being.

A Pearson correlation coefficient of 0.65 was found through statistical analysis, confirming the strong positive link between depression and anxiety. This indicates that elevated anxiety levels frequently correspond with elevated depression levels. The average anxiety and depression levels in the sample highlight how common these conditions are in the population under study. The average depression and anxiety levels for young adults in the Delhi NCR region are 18.88 and 18.74, respectively. This indicates that a significant number of them suffer from mental health-related symptoms.

These results are backed by earlier research, such as a study by Olfson et al. in 2017 that found a strong link between major depressive disorder (MDD) and anxiety disorders. The correlation between anxiety and depression is supported by both sets of data, emphasizing the need for coordinated approaches for the successful management of these mental health conditions.

These results will influence therapy and research in the field of mental health in the future. Research on the complex relationship between anxiety and depression is warranted, taking into account cultural and demographic differences. In order to foster the best possible mental health in youth, interventions and treatment plans should be holistic such that they address depression and anxiety at the same time.

In summary, this research provides important new information about the prevalence of depression and anxiety in young people in the Delhi NCR region as well as how these conditions relate to one another. It highlights how anxiety and depression interact and how crucial it is to use integrated strategies to manage these problems. The study highlights the significance of using comprehensive treatment options by validating the strong positive correlation between these disorders.

REFERENCES

Anxiety disorders - Symptoms and causes - Mayo Clinic. (2018, May 4). Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/anxiety/symptoms-causes/syc-20350961

APA Dictionary of Psychology. (n.d.). https://dictionary.apa.org/depression

Bangalan, S. G., & Agnes, M. C. A. (2024). A mixed-methods study on the assessment of the mental health concerns among university students in the Philippines. *Current Psychology*. https://doi.org/10.1007/s12144-024-05777-0

Bobo, W. V., Grossardt, B. R., Virani, S., St Sauver, J. L., Boyd, C. M., & Rocca, W. A. (2022). Association of depression and anxiety with the accumulation of chronic conditions. *JAMA Network Open*, *5*(5), e229817. https://doi.org/10.1001/jamanetworkopen.2022.9817

Depression (major depressive disorder) - Symptoms and causes - Mayo Clinic. (2022, October 14). Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/depression/symptoms-causes/syc-20356007

Higuera, V. (2023, October 27). *Everything you need to know about depression (Major depressive disorder)*. Healthline. https://www.healthline.com/health/depression#symptoms

Jacobson, N. C., & Newman, M. G. (2017). Anxiety and depression as bidirectional risk factors for one another: A meta-analysis of longitudinal studies. *Psychological Bulletin*, *143*(11), 1155–1200. https://doi.org/10.1037/bul0000111

Kalin, N. H. (2020). The critical relationship between anxiety and depression. *The American Journal of Psychiatry*, *177*(5), 365–367. https://doi.org/10.1176/appi.ajp.2020.20030305

Olfson, M., Mojtabai, R., Merikangas, K. R., Compton, W. M., Wang, S., Grant, B. F., & Blanco, C. (2016). Reexamining associations between mania, depression, anxiety and substance use disorders: results from a prospective national cohort. *Molecular Psychiatry*, *22*(2), 235–241. https://doi.org/10.1038/mp.2016.64

Parvar, S. Y., Ghamari, N., Pezeshkian, F., & Shahriarirad, R. (2022). Prevalence of anxiety, depression, stress, and perceived stress and their relation with resilience during the COVID-19 pandemic, a cross-sectional study. *Health Science Reports*, *5*(1). Https://doi.org/10.1002/hsr2.460

Shao, R., He, P., Ling, B., Tan, L., Xu, L., Hou, Y., Kong, L., & Yang, Y. (2020). Prevalence of depression and anxiety and correlations between depression, anxiety, family functioning, social support and coping styles among Chinese medical students. *BMC Psychology*, *8*(1). https://doi.org/10.1186/s40359-020-00402-8