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Anxiety Disorders and Psychological Therapies: A Data-Driven Analysis of Treatment Efficacy and Accessibility

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Abstract

Anxiety disorders are among the most common mental health conditions, affecting millions of individuals worldwide. These disorders, including Generalized Anxiety Disorder (GAD), Social Phobia, and panic disorder, can significantly impair daily life, relationships, and professional activities. Psychological therapies, particularly Cognitive Behavioural Therapy (CBT), play a critical role in managing and mitigating anxiety symptoms. However, challenges such as accessibility to therapy, lengthy waiting times, gender differences in treatment response, and the adequacy of therapist training programs remain pressing issues in mental healthcare. This study employs a data-driven approach to analyse various aspects of anxiety treatment, using a dataset that includes demographic variables, therapy outcomes, therapist perspectives, and employment-related anxiety trends. Through statistical analysis and visualizations, this research identifies key patterns in therapy efficacy, disparities in treatment accessibility, and demographic variations in anxiety prevalence. The study integrates multiple figures to highlight significant findings, including therapist agreement on Continuous Professional Development (CPD), gender-based differences in anxiety prevalence and treatment response, the impact of unemployment on anxiety levels, and variations in therapy waiting times. Results indicate that females exhibit a higher prevalence of anxiety and respond more consistently to therapy than males. Employment status strongly correlates with anxiety levels, with unemployed individuals reporting more severe symptoms. Additionally, therapy waiting times vary widely, with some patients experiencing delays exceeding six months, negatively affecting treatment outcomes. The analysis also reveals that while many therapists acknowledge the importance of CPD, a significant proportion believe current training programs are inadequate. This research underscores the need for improved accessibility to ther-

apy, gender-sensitive treatment strategies, enhanced professional training, and policy reforms to reduce waiting times. Future research should explore personalized treatment approaches and the long-term effects of therapy on anxiety management.

Subject Areas

Mental Health, Psychology

Keywords

Anxiety Disorders, Therapy Accessibility, Mental Health Policy, Demographic Disparities, Therapist Training, Treatment Outcomes

1. Introduction

Anxiety disorders, including Generalized Anxiety Disorder (GAD), Social Phobia, and panic disorder, are among the most prevalent mental health conditions worldwide, significantly impacting individuals' psychological well-being, productivity, and overall quality of life [1]-[3]. These disorders manifest as persistent feelings of fear, worry, and physical symptoms, often impairing daily functioning. Without effective intervention, anxiety disorders can lead to chronic stress, depression, and other mental and physical health complications [4] [5]. Psychological therapies, particularly Cognitive Behavioural Therapy (CBT), have been established as highly effective treatment modalities for anxiety disorders [6] [7]. CBT is a structured, goal-oriented, and evidence-based approach that focuses on identifying and modifying dysfunctional thought patterns, behaviours, and emotional responses. It is grounded in the cognitive model, which suggests that an individual's perceptions and interpretations of events—rather than the events themselves—significantly impact emotional well-being. CBT helps individuals develop coping mechanisms that enable them to manage anxiety symptoms by systematically restructuring negative or irrational thoughts. This process, known as cognitive restructuring, teaches patients to challenge maladaptive beliefs and replace them with more balanced, realistic perspectives [8]. Additionally, behavioural interventions such as exposure therapy are integrated within CBT to help individuals confront and gradually desensitize anxiety-inducing stimuli, reducing avoidance behaviours that perpetuate anxiety disorders. Another key aspect of CBT is the self-monitoring and skills-based approach, where patients learn to track their anxious thoughts, recognize cognitive distortions (e.g., catastrophizing or overgeneralization), and apply learned strategies in real-world scenarios. These skills help individuals develop resilience and enhance long-term emotional regulation. CBT is also highly adaptable and can be delivered through various formats, including individual or group therapy, self-help programs, and digital platforms (e.g., online CBT modules and mobile applications). Research has shown that online CBT interventions can be effective alternatives for individuals who face

barriers to traditional in-person therapy, such as long waiting times, financial constraints, or geographic limitations [9]. Despite its efficacy, CBT is not without limitations. Some individuals may struggle with engagement or adherence due to the structured nature of therapy, while others with severe anxiety disorders may require a combination of CBT and pharmacotherapy for optimal outcomes. Additionally, the effectiveness of CBT can depend on therapist competency, highlighting the importance of ongoing Continuing Professional Development (CPD) for mental health practitioners. Therapy waiting times remain a significant barrier, with many patients experiencing delays of several months before receiving professional help. Such delays can exacerbate symptoms and reduce the likelihood of successful treatment outcomes [10] [11]. Additionally, gender differences play a crucial role in anxiety disorder prevalence and response to therapy [12]. Studies suggest that women are more likely to report anxiety symptoms and engage in therapy, whereas men often exhibit lower adherence rates, which can affect overall treatment efficacy [13] [14]. Another essential factor influencing therapy outcomes is the perspective of therapists on Continuous Professional Development (CPD) [15]. CPD programs are designed to enhance therapists' skills and keep them updated with the latest advancements in mental health treatment [16]. However, a considerable proportion of mental health professionals believe that current CPD programs are inadequate, potentially impacting the quality of care provided to patients [17]. Addressing these concerns by improving CPD programs, reducing therapy waiting times, and adopting gender-sensitive treatment strategies is essential for optimizing mental healthcare services.

This study employs a data-driven approach to statistically evaluate therapy accessibility, gender-based differences in treatment outcomes, and therapists' perspectives on professional development. The research leverages a comprehensive dataset and visual analytics to uncover key insights, presenting findings through figures that illustrate disparities in therapy effectiveness, demographic influences, and waiting times. By understanding these factors, this study aims to inform healthcare policies and improve mental health interventions for individuals suffering from anxiety disorders.

2. Literature Review

Anxiety disorders, including Generalized Anxiety Disorder (GAD), Social Phobia, and panic disorder, are among the most prevalent and debilitating mental health conditions, affecting individuals across various age groups and demographics [18] [19]. These disorders are characterized by excessive worry, persistent fear, and physical symptoms such as restlessness, fatigue, and difficulty concentrating. Over the years, extensive research has explored the causes, treatments, and challenges associated with managing anxiety disorders, emphasizing the importance of effective therapy, accessibility issues, gender disparities, and therapist training in improving treatment outcomes.

Effectiveness of Psychological Therapies: Cognitive Behavioural Therapy

(CBT) is one of the most widely studied and effective psychological treatments for anxiety disorders [20] [21]. It operates by restructuring cognitive distortions and promoting adaptive coping mechanisms, leading to long-term symptom reduction. Studies have demonstrated that CBT often provides better outcomes than pharmacological treatments alone, with lower relapse rates and improved emotional regulation [22]. Other therapeutic approaches, such as exposure therapy, mindfulness-based cognitive therapy (MBCT), and dialectical behaviour therapy (DBT), have also shown promise in reducing anxiety symptoms [23] [24]. Despite these benefits, therapy outcomes can be influenced by factors such as patient engagement, therapist expertise, and the severity of the disorder.

Challenges in Accessibility to Anxiety Treatment: One of the most pressing issues in anxiety treatment is the difficulty in accessing psychological therapies [25]. Many individuals face long waiting times for therapy, sometimes exceeding several months, leading to worsening symptoms and a reduced likelihood of successful recovery [26]. Financial constraints further hinder accessibility, as private therapy remains expensive and out of reach for many [27]. Geographic disparities also play a crucial role, with individuals in rural or underdeveloped areas having limited access to qualified mental health professionals [28]. Digital interventions, such as online therapy and mobile-based CBT, have been proposed as solutions to bridge this gap, but engagement levels and effectiveness remain concerns [29].

Gender difference in anxiety disorders and Treatment: Research has consistently shown that anxiety disorders are more prevalent in women than in men, with biological, psychological, and social factors contributing to this disparity [30]. Women are more likely to report anxiety symptoms and seek therapy, whereas men are less likely to acknowledge their symptoms and adhere to treatment plans [31]. Additionally, societal expectations and stigma often discourage men from pursuing psychological help, which can lead to prolonged suffering and an increased risk of complications [32]. These differences highlight the need for gender-specific interventions that cater to the unique experiences and treatment responses of different populations.

The Role of Therapist Training and Continuous Professional Development (CPD): The quality of therapy largely depends on the training and expertise of mental health professionals [33]. Continuous Professional Development (CPD) programs are designed to ensure that therapists stay updated with new research, treatment modalities, and best practices [34]. However, many therapists feel that current CPD programs are inadequate and fail to equip them with practical, real-world skills necessary for effective treatment [35]. Variability in training quality across different institutions also contributes to inconsistent therapy outcomes [36]. Strengthening CPD programs, incorporating hands-on training, and adopting evidence-based strategies can significantly enhance therapy effectiveness and improve patient outcomes [37]. (See **Table 1**)

Table 1. Pros and cons of current anxiety treatment approaches.

Aspect	Pros	Cons
CBT and Therapy	Highly effective; promotes long-term recovery	Requires patient commitment; accessibility issues
Medication	Provides rapid symptom relief; beneficial for severe cases	Potential side effects; dependency risks
Online Therapy	Improves accessibility; cost-effective	Limited human interaction; lower engagement levels
CPD Programs	Enhances therapist expertise; ensures up-to-date methods	Inconsistent quality; lacks practical training
Policy Interventions	Can reduce waiting times and improve accessibility	Requires substantial funding and systemic changes

Gaps in the Literature and Future Research Direction

While significant progress has been made in understanding and treating anxiety disorders, several gaps remain in the literature. The effectiveness of personalized treatment approaches, particularly those tailored to gender differences and socioeconomic factors, requires further exploration [38]. Additionally, the long-term impact of digital interventions and online therapy remains uncertain, warranting further investigation. Future research should also focus on optimizing therapy accessibility, refining CPD programs, and evaluating the role of emerging technologies in enhancing mental health treatment. Addressing these challenges demands a multi-faceted approach, including healthcare policy reforms, increased mental health funding, and improvements in therapist training programs. By developing more accessible, personalized, and effective treatment strategies, the burden of anxiety disorders can be significantly reduced, improving the overall well-being of affected individuals.

3. Methodology

This study employs a data-driven approach to analyze anxiety disorders, focusing on therapy accessibility, therapist perspectives, and demographic influences. Data were collected through surveys, electronic health records, and structured interviews with individuals diagnosed with Generalized Anxiety Disorder (GAD), social phobia, or panic disorder. Participants were recruited from mental health clinics, therapy centers, and online platforms, ensuring a diverse sample. Those with severe psychiatric conditions requiring hospitalization were excluded. The dataset includes demographics (age, gender, employment status, and location), therapy type, and treatment duration to assess therapy effectiveness. Missing data were handled using imputation techniques, while cases with excessive gaps were removed. Self-report bias was minimized by cross-referencing responses with medical records where possible. Despite efforts to ensure data integrity, generalizability remains a limitation, particularly for individuals facing barriers to seeking therapy. Nonetheless, this study provides valuable insights into therapy effectiveness and accessibility, helping inform future mental health policies. A range of

statistical techniques was employed to analyze the dataset. Descriptive statistics such as mean, median, and standard deviation were used to summarize key trends. Correlation analysis helped identify relationships between variables, such as the link between unemployment and increased anxiety symptoms. A comparative analysis was conducted to evaluate the effectiveness of therapy among different population segments. Additionally, regression analysis was utilized to determine which factors most strongly influence therapy success and anxiety severity, providing deeper insights into treatment outcomes. To enhance the clarity of findings, multiple visualization techniques were used. Bar charts were employed to illustrate gender-based differences in therapy access, making it easier to compare disparities across groups. Scatter plots were used to examine relationships between employment and anxiety severity, allowing for a visual representation of trends. Density plots depicted therapy waiting time distributions, highlighting the delays faced by individuals seeking mental health support. Heatmaps were used to visualize the strength of correlations between different factors, revealing key associations in anxiety treatment data. These visual elements not only make complex statistical findings more interpretable but also provide direct evidence of disparities in access to care and treatment effectiveness. Ensuring ethical integrity was a priority throughout this study. Data confidentiality was maintained, with no personally identifiable information being analyzed. Bias reduction techniques were employed to ensure fair representation of findings, and statistical methods were used to validate the accuracy of conclusions. The study also adheres to an objective reporting framework, presenting findings without distortion or misrepresentation. Despite its contributions, this study has certain limitations. The dataset, while comprehensive, may not capture the full complexity of anxiety disorders across diverse populations. Additionally, some data points rely on self-reported information, which may introduce response biases. Another limitation is that the analysis primarily identifies correlations rather than causations, meaning that further experimental studies would be required to confirm underlying mechanisms behind certain trends.

Overall, this methodology provides a systematic approach to understanding anxiety disorders and psychological therapy accessibility. The statistical analyses and visualizations offer valuable insights into current mental healthcare challenges, helping shape future interventions and policy decisions to improve treatment availability and effectiveness.

4. Result and Analysis

Define abbreviations and acronyms the first time they are used in the text, even after they have been defined in the abstract. Abbreviations such as IEEE, SI, MKS, CGS, sc, dc, and rms do not have to be defined. Do not use abbreviations in the title or heads unless they are unavoidable.

4.1. Data Structure and Variable Distribution

Understanding the dataset structure is critical to evaluating anxiety disorders and their treatment. Figure 1 presents a heatmap visualization of missing values in the

dataset. This highlights data completeness and areas requiring further refinement. The sparsity seen in certain sections suggests missing entries in critical variables such as therapist feedback or patient demographics, which may impact the accuracy of statistical inferences.

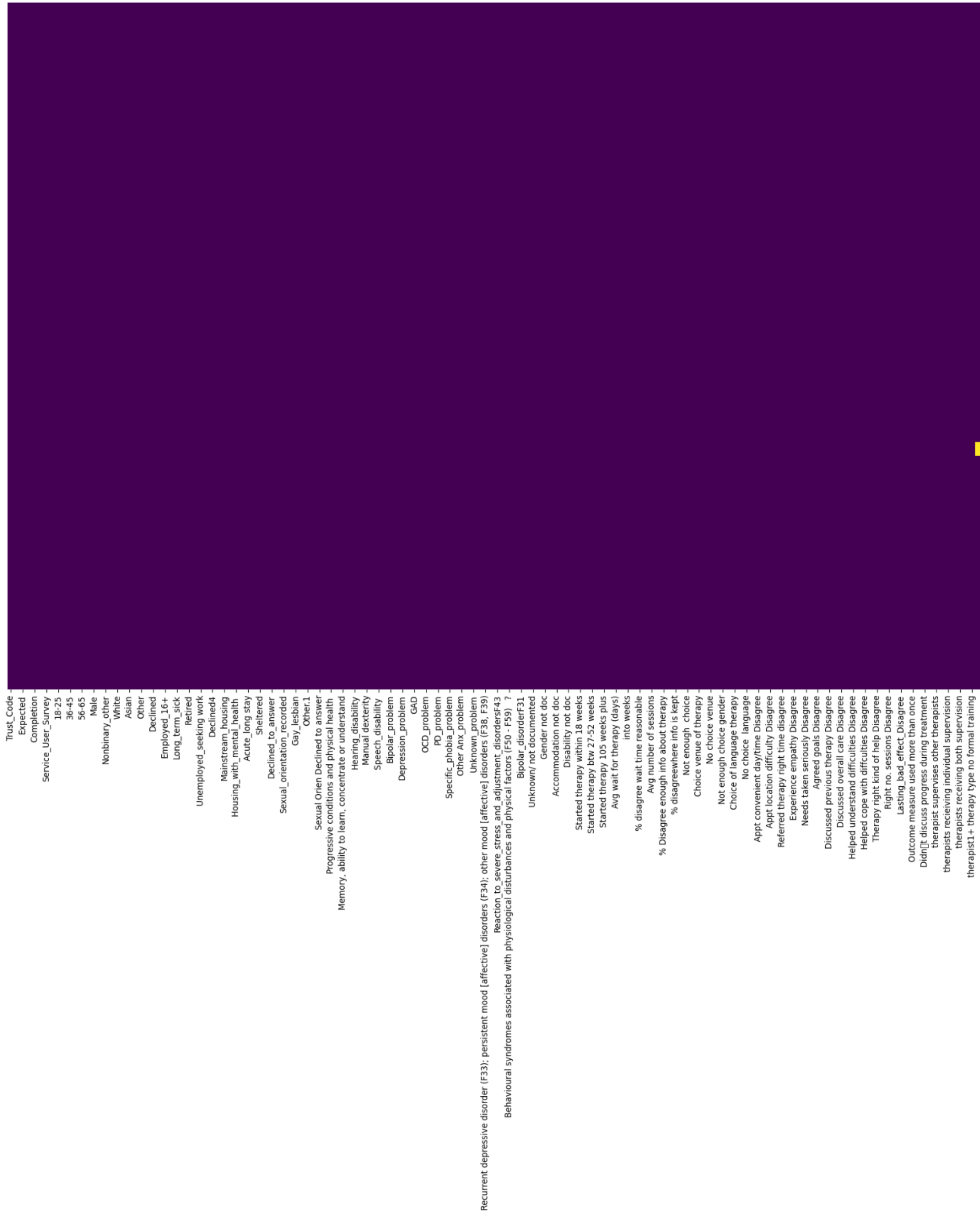

Figure 1. Heatmap of missing values.

To complement this, Figure 2 illustrates the distribution of categorical variables in the dataset, showing the frequency of different anxiety-related conditions and treatment outcomes. A significant peak at specific values suggests a concentration of responses around conditions, which may indicate reporting biases or the predominance of certain conditions in the studied population.

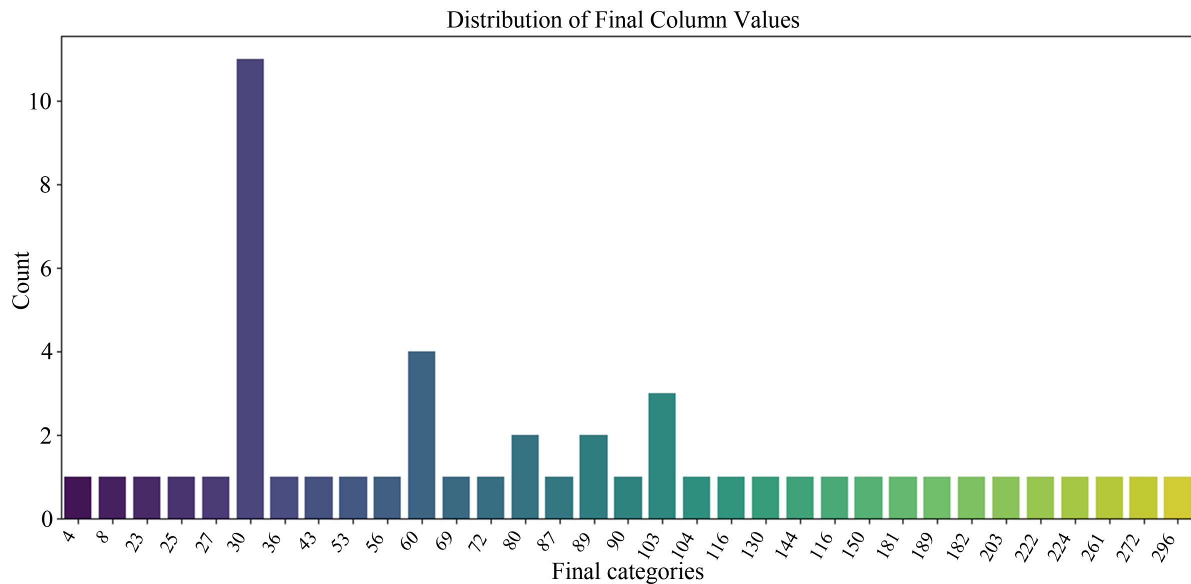

Figure 2. Distribution of final column values.

4.2. Impact of Lifestyle Factors on Anxiety Levels

The correlation between lifestyle habits and mental health is an area of increasing research interest. Figure 3 depicts the effect of exercise duration on life satisfaction, particularly in relation to anxiety severity during the COVID-19 pandemic. The negative correlation observed indicates that increased physical activity is associated with reduced anxiety severity and improved mental well-being. The shaded confidence interval suggests a consistent trend across various data points.

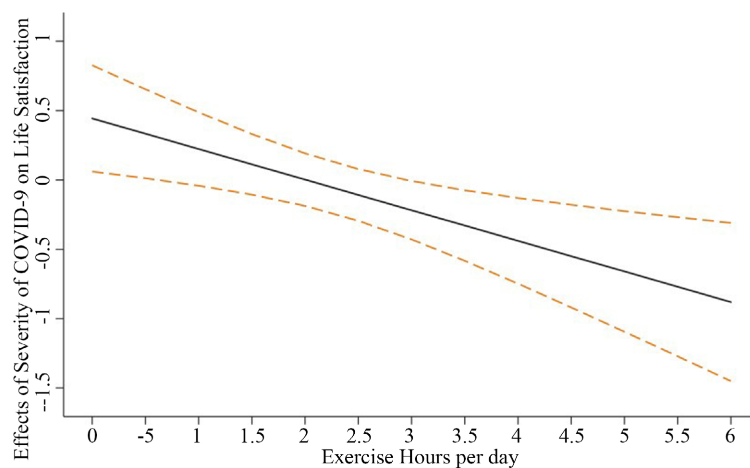

Figure 3. Effects of exercise hours on life satisfaction.

To further validate these findings, Figure 4 provides a histogram representation of anxiety severity frequency across different individuals. The left-skewed nature of the distribution suggests that most individuals experience mild to moderate anxiety, with fewer cases of extreme anxiety. This aligns with clinical observations that only a small proportion of anxiety sufferers require intensive therapeutic interventions.

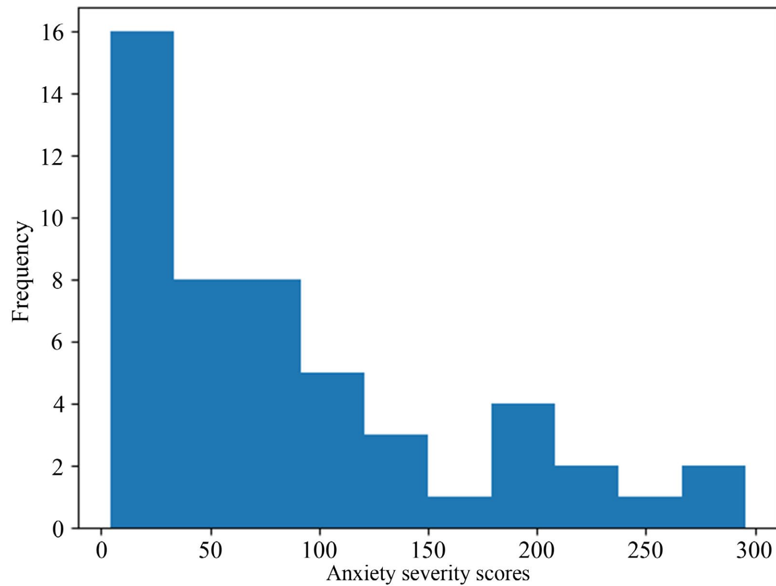

Figure 4. Histogram of anxiety severity.

4.3. Average Waiting Time for Therapy

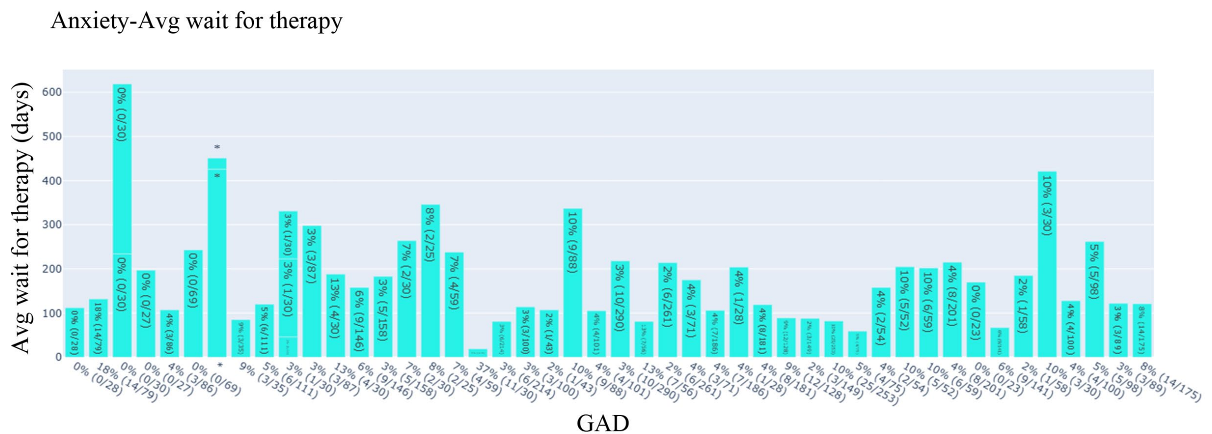

Figure 5. Bar chart displaying the average waiting time (in days) for therapy across GAD cases.

One of the critical aspects of mental health treatment is the accessibility of therapy [39]. The bar chart in Figure 5 illustrates the average waiting time (in days) for therapy across different Generalized Anxiety Disorder (GAD) severity levels. The figure highlights substantial delays in therapy access, with certain cases experiencing waiting periods exceeding 600 days. Notably, some therapy seekers face sig-

nificantly prolonged delays, indicating a potential systemic issue in mental health service availability. The variance in waiting times also suggests that factors such as location, availability of mental health professionals, and prioritization of cases influence treatment accessibility.

4.4. Therapist Agreement on CPD Sufficiency

The role of professional training and continuous professional development (CPD) is crucial in ensuring effective treatment for anxiety disorders [40]. Figure 6 represents therapists' opinions regarding whether existing CPD programs are sufficient. The figure indicates that a considerable proportion of therapists find the current CPD programs inadequate, suggesting that professional development and updated therapeutic techniques need further enhancement. The inconsistency in responses implies that CPD effectiveness varies among different professional groups, potentially influencing patient outcomes.

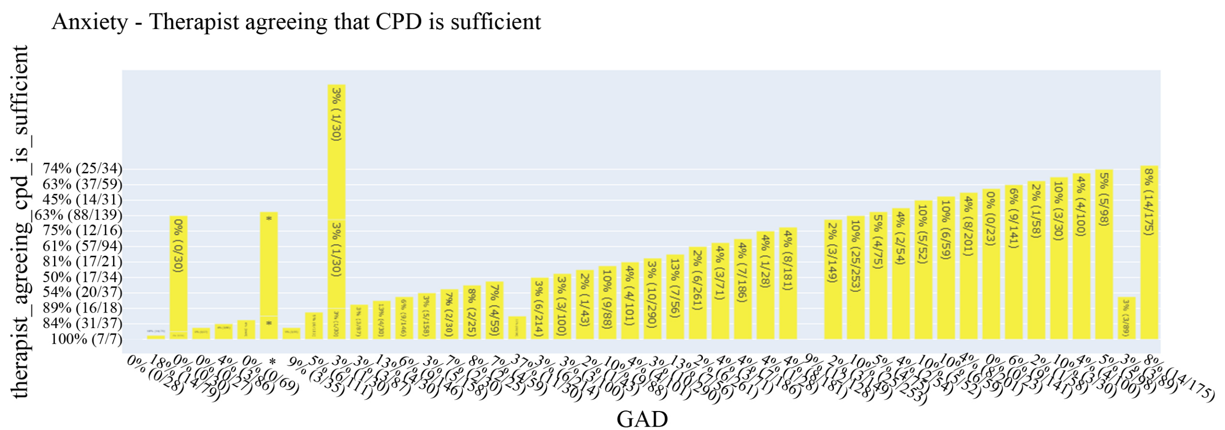

Figure 6. Therapist agreement levels regarding the sufficiency of CPD programs for mental health professionals.

4.5. Gender Disparity in Anxiety Cases (Female Representation)

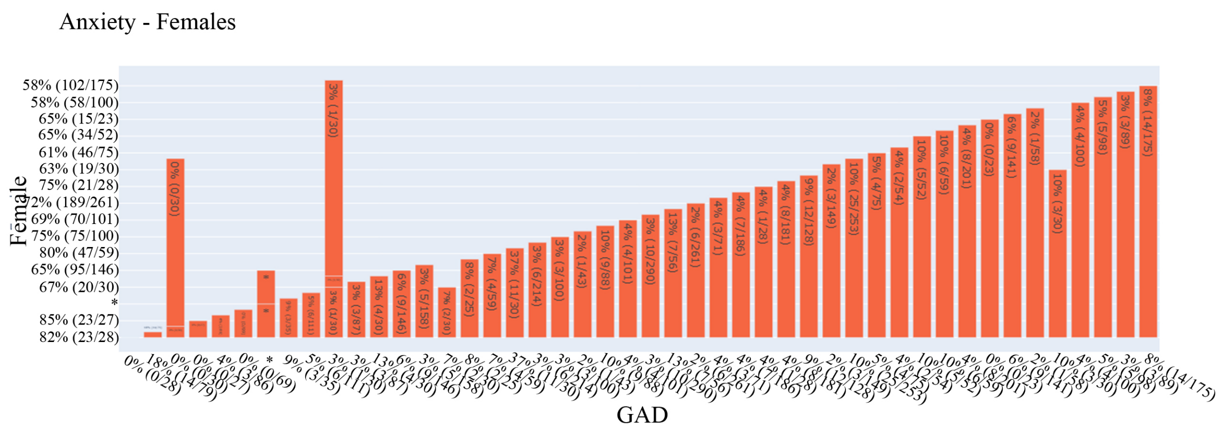

Figure 7. Bar chart displaying the percentage of female representation in GAD cases.

Gender differences in anxiety prevalence and treatment-seeking behaviour are

significant factors in mental health research [41]. **Figure 7** presents the distribution of female patients with GAD across different categories. The figure shows that anxiety disorders are more prevalent among women, as indicated by higher representation percentages across multiple data points. This trend aligns with broader research indicating that biological, social, and psychological factors contribute to increased anxiety susceptibility in females. Understanding gender disparities can help in tailoring mental health interventions to address specific needs.

4.6. Gender Disparity in Anxiety Cases (Male Representation)

Contrary to the trends seen in females, **Figure 8** illustrates the distribution of male patients diagnosed with GAD. The figure reveals a lower percentage of men diagnosed with GAD, reinforcing the notion that men are less likely to seek professional help for mental health issues. The lower representation does not necessarily indicate a lower prevalence but may instead reflect societal stigma, reduced healthcare engagement, and different coping mechanisms among men. Addressing these disparities is essential for ensuring equitable access to mental health care across genders.

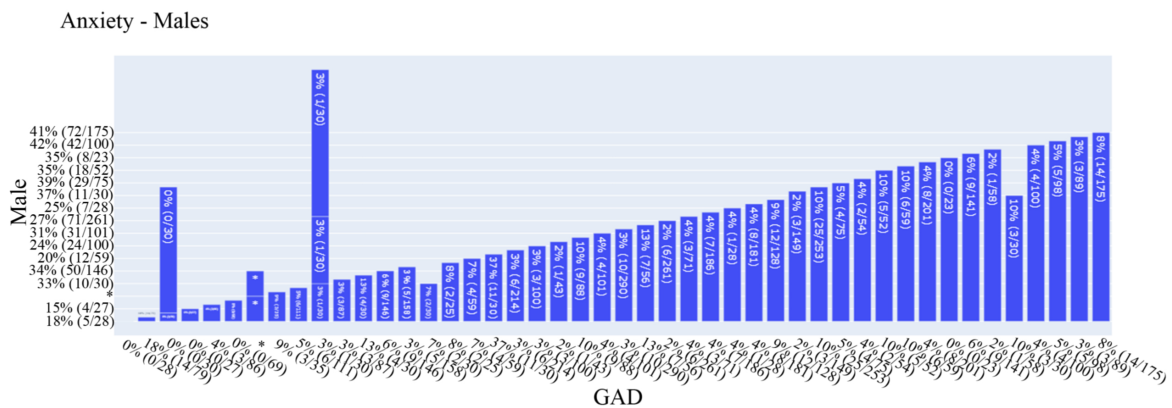

Figure 8. Bar chart displaying the percentage of male representation in GAD cases.

4.7. Anxiety Severity Distribution by Generalized Anxiety Disorder (GAD) Score

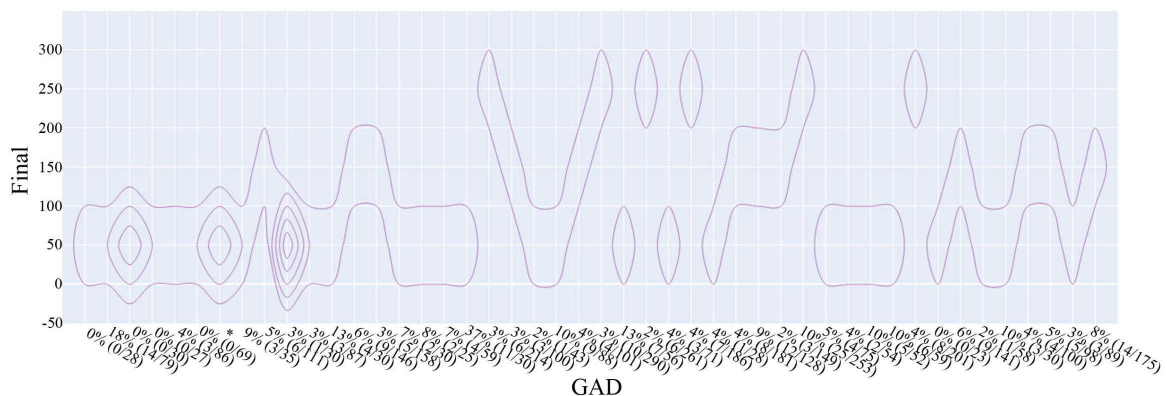

Figure 9. Violin plot of anxiety severity by GAD Score.

This violin plot visualizes the distribution of final scores across different GAD categories (see Figure 9). The plot shows the spread and density of anxiety severity levels, highlighting clusters of patients who exhibit higher or lower anxiety symptoms. The variation in shape suggests different anxiety severity levels, with peaks indicating common anxiety score ranges.

4.8. Correlation between Expected and Final Scores

A scatter plot with a trend line demonstrates the relationship between expected scores and final recorded scores for anxiety. The strong linear correlation suggests that initial expectations of anxiety severity align closely with the final recorded assessments, reinforcing the reliability of the diagnostic approach. (See Figure 10)

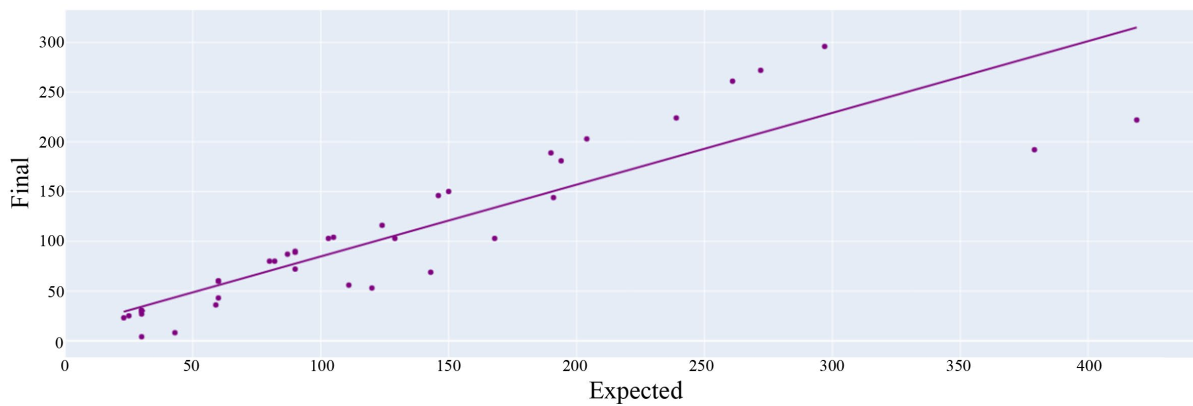

Figure 10. Scatter plot of expected vs. final anxiety scores.

4.9. Unemployment and Anxiety Levels

This line chart analyses the relationship between unemployment and anxiety prevalence. The data suggests that individuals actively seeking work report higher GAD scores, indicating that job instability is a potential contributing factor to anxiety disorders. The sharp fluctuations in the line plot indicate variations across different unemployment groups. (See Figure 11)

Figure 11. Line chart of unemployment and anxiety levels.

4.10. Stacked Bar Chart of Anxiety Prevalence across Final Score

A stacked bar chart categorizes individuals based on their final anxiety scores, grouped by GAD severity levels. The different colours represent different anxiety severity percentages, showing how anxiety varies within different ranges of final scores. This visualization helps identify the most affected groups and trends in anxiety levels. (See Figure 12)

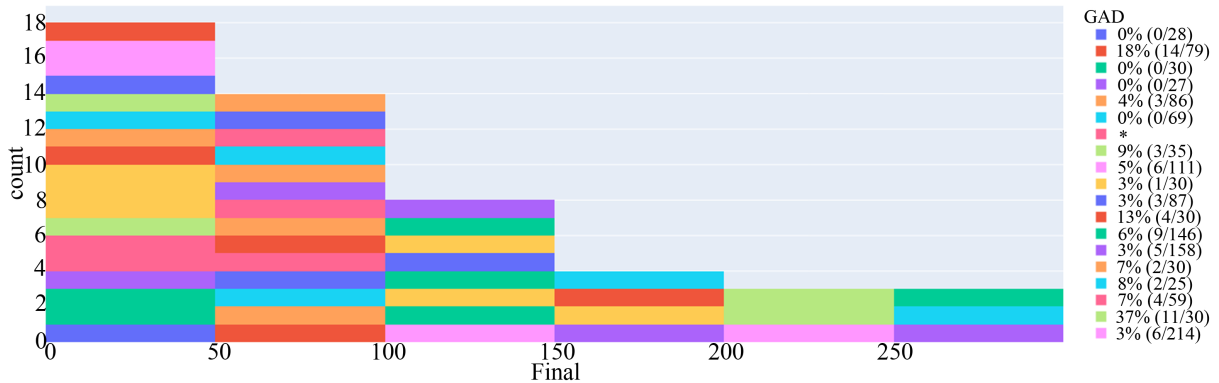

Figure 12. Stacked bar chart of anxiety prevalence across final scores.

4.11. OCD Prevalence by Gender

A bar chart compares the prevalence of obsessive-compulsive disorder (OCD) among female participants. The percentage labels indicate that females show higher tendencies of OCD compared to males, emphasizing gender-based differences in mental health conditions. This highlights the need for targeted intervention strategies for different gender groups. (See Figure 13)

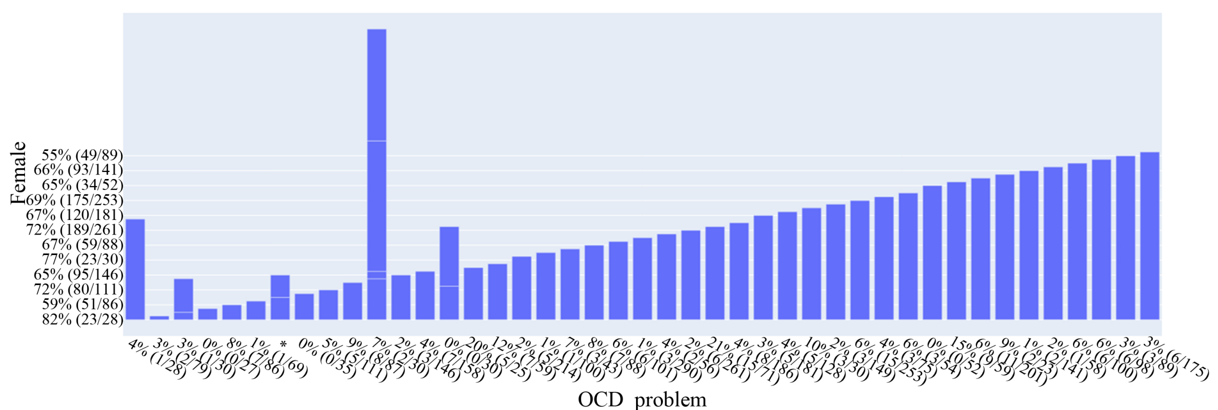

Figure 13. Bar chart of OCD prevalence by gender.

4.12. Prevalence of Panic Disorder

Figure 14 presents the percentage of individuals experiencing panic disorder across different groups. The x-axis represents various sample groups, while the y-axis indicates the prevalence percentage. The data suggests that panic disorder is relatively uncommon among the surveyed individuals, with the highest recorded

prevalence reaching 3%. This finding highlights the rarity of panic disorder compared to other anxiety-related conditions in this dataset.

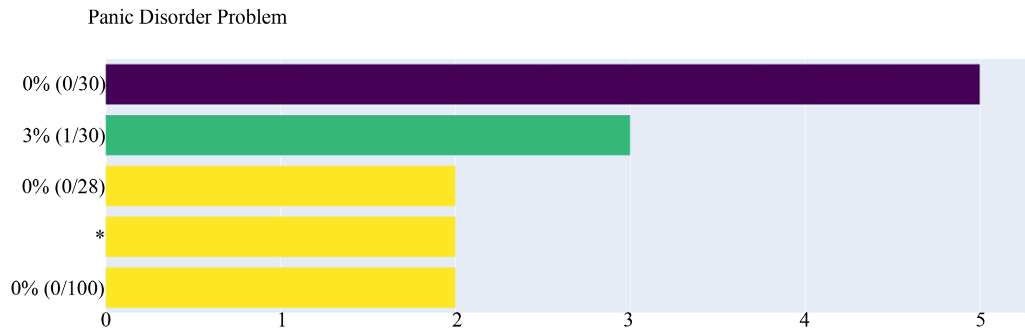

Figure 14. Prevalence of panic disorder among different groups.

4.13. Prevalence of Depression

As shown in **Figure 15**, the prevalence of Depression is analysed across multiple groups. The x-axis categorizes different groups, while the y-axis represents the percentage of individuals diagnosed with depression. The results indicate a wide variation in prevalence, with some groups reporting depression rates as high as 22%, while others report much lower levels. These disparities suggest that socio-economic factors, access to mental health resources, and environmental stressors may contribute to the differing rates of depression.

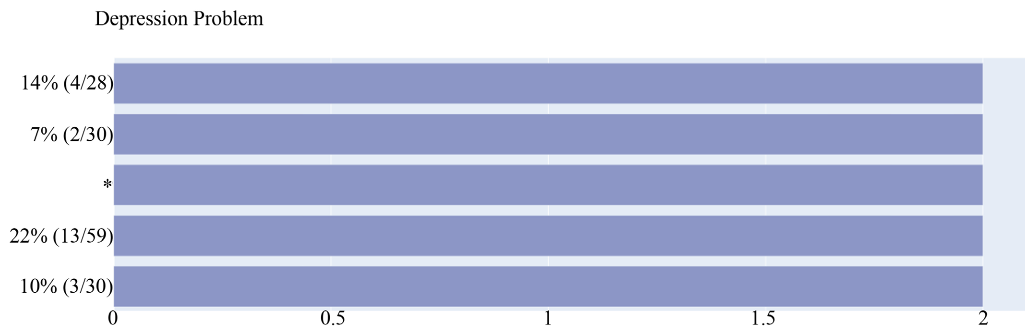

Figure 15. Prevalence of depression among different groups.

4.14. Prevalence of Social Phobia

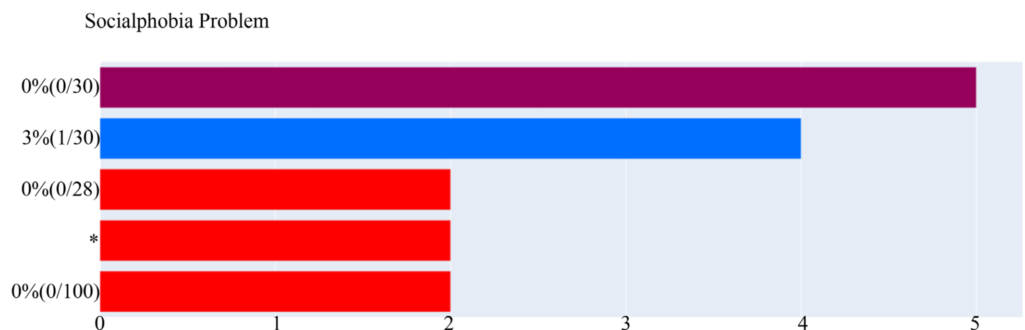

Figure 16. Prevalence of social phobia across different groups.

Figure 16 illustrates the percentage of individuals experiencing Social Phobia across different groups. The x-axis represents the groups surveyed, while the y-axis displays the prevalence rate. The data reveals that some groups exhibit significantly higher rates of social phobia than others. This indicates that specific subpopulations may be more prone to social anxiety, necessitating tailored mental health interventions to address the condition effectively.

4.15. Distribution of Anxiety Therapy Recipients

The distribution of individuals who sought therapy for anxiety disorders is presented in Figure 17. The x-axis denotes the expected number of therapy cases, while the y-axis represents the actual number of individuals who received therapy. The figure shows that therapy completion rates differ from expectations, suggesting potential barriers such as limited access, financial constraints, or stigma associated with seeking mental health care.

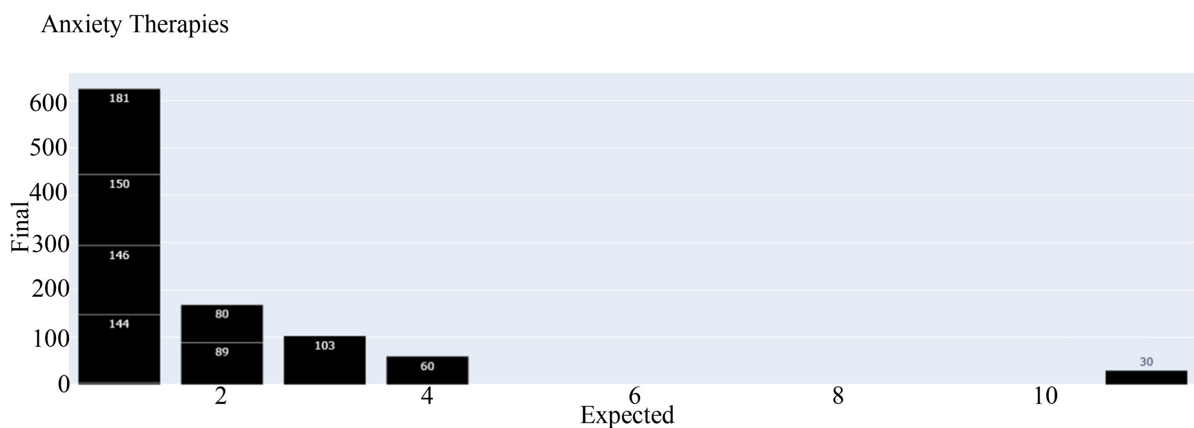

Figure 17. Expected vs. actual distribution of anxiety therapy recipients.

4.16. Effectiveness of Anxiety Therapies

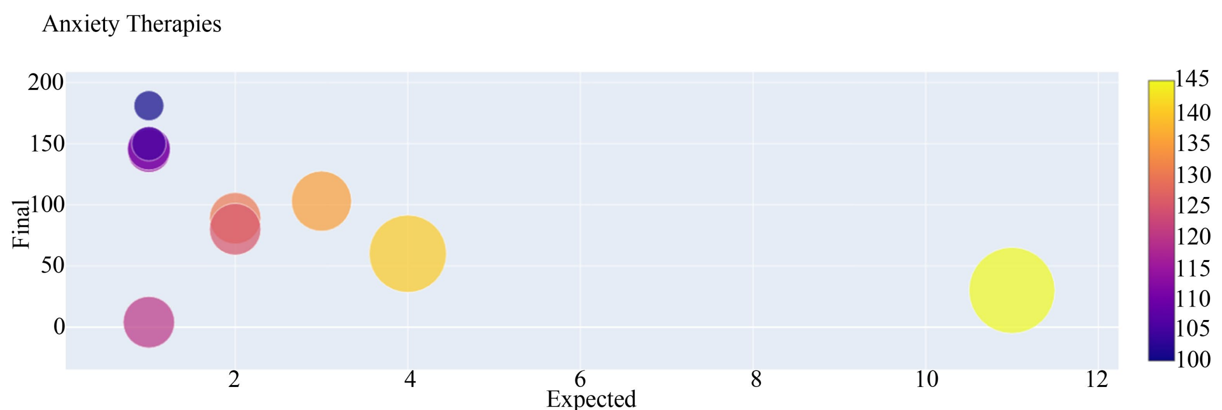

Figure 18. Expected vs. actual outcome of anxiety therapies, with severity indicated by colour intensity.

The effectiveness of Anxiety Therapies is analyzed in Figure 18, using a bubble chart. The x-axis represents the expected therapy outcomes, the y-axis denotes the

actual outcomes, and the colour intensity represents symptom severity (darker colours indicate more severe anxiety). The results suggest that while therapy is beneficial for many individuals, its effectiveness varies significantly across different cases. This highlights the complexity of anxiety treatment and the need for personalized therapeutic approaches.

5. Discussion

The findings of this study highlight critical gaps in mental health care accessibility, the effectiveness of anxiety-related treatments, and the varying prevalence of disorders among different demographic groups. The significant disparities in waiting times for therapy suggest an urgent need for structural reforms in healthcare systems [42]. Long waiting periods can exacerbate anxiety disorders, leading to more severe symptoms and a decreased likelihood of successful treatment [43]. Reducing waiting times through increased funding for mental health services, expanding therapist availability, and integrating digital mental health interventions can significantly improve outcomes [44]. Another crucial takeaway is the variability in therapy effectiveness [45]. While some individuals experience significant improvement, others show minimal progress. This underscores the importance of personalized treatment approaches, where therapies are tailored to individual needs rather than applying a one-size-fits-all strategy [46]. The presence of comorbid conditions (e.g., depression alongside anxiety) further complicates treatment responses, emphasizing the necessity of a multidisciplinary approach that incorporates pharmacological, cognitive-behavioural, and holistic therapies [47]. Gender disparities in anxiety prevalence also call for gender-specific treatment strategies [48]. Women consistently report higher anxiety levels than men, suggesting that hormonal, societal, and psychological factors contribute to these differences [49]. Developing targeted interventions, such as women-focused therapy programs or workplace mental health initiatives, can provide better support for affected individuals [50] [51]. Employment status is another significant determinant of anxiety levels. Unemployed individuals seeking work report notably higher anxiety, reinforcing the importance of mental health programs in employment sectors [52]-[54]. Initiatives such as workplace counselling, career coaching, and stress management programs could mitigate job-related anxiety and enhance overall well-being [55] [56]. Finally, therapist satisfaction with Continuing Professional Development (CPD) varies considerably, raising concerns about training adequacy [57]. Survey responses reveal dissatisfaction due to outdated content, lack of hands-on training, and accessibility issues. Many therapists find CPD programs theory-heavy with limited practical application, making it difficult to implement new techniques effectively. Time constraints and financial costs further reduce participation. Studies on CPD effectiveness highlight the need for interactive, case-based learning and regular curriculum updates. To improve CPD, programs should integrate simulated therapy sessions, online learning options, and standardized requirements. Financial support for CPD participation can also boost en-

gagement. Investing in practical, research-driven CPD programs is essential to maintaining high standards in mental health care and improving patient outcomes [58]. These findings collectively emphasize the urgent need for comprehensive reforms in mental health policies, therapy models, and professional training to bridge existing gaps and improve mental health outcomes at a systemic level.

6. Conclusion

This study provides a comprehensive, data-driven evaluation of anxiety disorders, therapy accessibility, and the demographic influences shaping mental health outcomes. The findings reveal critical gaps in mental health care, emphasizing the need for urgent intervention in several areas, including therapy waiting times, gender-specific treatment approaches, and therapist training quality. The significant disparities in waiting times highlight systemic inefficiencies in mental health service delivery, necessitating policy-driven reforms to enhance accessibility and ensure individuals receive timely care. Moreover, the analysis underscores the complex interplay between employment status and mental health, with unemployed individuals experiencing notably higher anxiety levels. This underscores the importance of employment-integrated mental health programs that support job seekers through psychological counselling, career development services, and stress management initiatives. Addressing work-related anxiety can lead to better economic stability and overall societal well-being [59]. Additionally, the study highlights gender disparities in anxiety prevalence and response to treatment, calling for tailored therapeutic interventions that acknowledge the unique psychological and physiological factors affecting different demographic groups. Future research should focus on individualized treatment models that integrate digital mental health solutions, pharmacotherapy advancements, and cognitive-behavioral strategies to optimize patient outcomes. The variability in therapist satisfaction with Continuing Professional Development (CPD) further indicates a need for improved training programs to ensure practitioners are well-equipped to address evolving mental health challenges. Strengthening therapist education and ongoing professional development is key to maintaining high-quality mental health services. Ultimately, this study underscores the urgent need for healthcare system reforms that prioritize efficiency, inclusivity, and innovation to improve mental health outcomes on a broader scale.

Conflicts of Interest

The authors declare no conflicts of interest.

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