

# Social anxiety disorder across the globe

Dan J. Stein  
Carmen C. W. Lim  
Annelieke M. Roest  
Peter de Jonge  
Sergio Aguilar-Gaxiola  
Ali Al-Hamzawi  
Jordi Alonso  
Corina Benjet  
Evelyn J. Bromet  
Ronny Bruffaerts  
Giovanni de Girolamo  
Silvia Florescu  
Oye Gureje  
Josep Maria Haro  
Meredith G. Harris  
Yanling He  
Hristo Hinkov  
Itsuko Horiguchi  
Chiyi Hu  
Aimee Karam  
Elie G. Karam  
Sing Lee  
Jean-Pierre Lepine  
Fernando Navarro-Mateu  
Beth-Ellen Pennell  
Marina Piazza  
Jose Posada-Villa  
Margreet ten Have  
Yolanda Torres  
Maria Carmen Viana  
Bogdan Wojtyniak  
Miguel Xavier  
Ronald C. Kessler  
Kate M. Scott  
WHO World Mental Health Survey Collaborators

## Video Abstract

**Keywords:** Social anxiety disorder, Social phobia, Cross-national epidemiology, World Mental Health Survey Initiative

**Posted Date:** March 22nd, 2021

**DOI:** <https://doi.org/10.21203/rs.3.rs-353560/v1>

**License:**   This work is licensed under a Creative Commons Attribution 4.0 International License.  
[Read Full License](#)

---

# Abstract

Social anxiety disorder, or social phobia, involves intense fear of social situations, and is thought to be a common and disabling condition. But our understanding of the epidemiology comes from studies done in high-income, Western countries. This has raised questions about how prevalent and serious SAD is in other parts of the world. Some experts have suggested, for instance, that in places where people are more concerned about offending others than embarrassing themselves, as in the East, SAD might be less common, or be diagnosed differently. New data from the WHO's World Mental Health Survey Initiative reveals that while there are differences between countries, SAD is relatively common, and the disorder manifests in similar ways across the globe. The World Mental Health Survey Initiative interviewed more than 140,000 people in about two dozen different regions of the world, including Africa, Eastern and Western Europe, the Americas, the Eastern Mediterranean, and the Western Pacific. 13 areas are considered high-income, 7 are middle-income, and 6 are low-income. The interviews asked people broadly about a variety of mental health conditions, and if someone answered 'yes' to one of a handful of questions about social anxiety, they were given a more in-depth survey. From these responses, researchers then extrapolated nation-wide statistics. Lifetime, 12-month, and 30-day prevalence of SAD was highest in high-income countries and in the Americas and Western Pacific; lowest in low-income countries and in Africa and the Eastern Mediterranean; and intermediate elsewhere. Across countries, most people with SAD were young when their symptoms started, and their disorders were long-lasting. Those at highest risk were young, lower-income women who were not married and had lower levels of education. Treatment rates were lowest in low and low-middle income countries. The results demonstrate that contrary to some suggestions, SAD is not a Western construct, and is in fact fairly common worldwide, affecting 4 percent of people at some point in their lives. Further investigation of the differences in prevalence and impairment may help identify possible mechanisms to explain them. Until then, these findings underscore the importance of SAD to global public health.