



Depression, Anxiety And Stress Among The Undergraduate Students In Punjab

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Abstract

Parents and students want their experiences to be life-changing. The years spent in college are often a period of learning and development for many students. But obstacles like sorrow, despair, anxiety, sadness depression, though, can stand in the way. The prevalence of anxiety and depression among college students has significantly grown since the beginning of the COVID-19 pandemic. According to a recent survey, severe depression and anxiety affect one in three college students. The early detection and treatment of depression can be aided by parents and students being aware of the risk factors and symptoms. In the present study, the validated DASS-21 scale was used as the evaluation tool. It was discovered that college students exhibit mild levels of stress, moderate levels of depression, and severe levels of anxiety. It was shown that female students were more likely than their male counterparts to experience psychological distress. Given the high prevalence of depression, anxiety, and stress among students, support services and preventive measures must be put in place to assist all students, but especially those who are more prone to experiencing greater levels of these psychological illnesses. The present article is based on the study conducted among undergraduate students in Punjab.

Key words:-Mental health, depression, anxiety, stress, university students

DOI Number: 10.48047/NQ.2022.20.17.NQ880186

Neuroquantology 2022; 20(17):1503-1510

1503

INTRODUCTION

For young adults, starting college or going back is an exciting time. Parents and students want their experiences to be life-changing. The years spent in college are often a period of learning and development for many students. But obstacles like sorrow, despair, anxiety, sadness depression, though, can stand in the way. The prevalence of anxiety and depression among college students has significantly grown since the beginning of the COVID-19 pandemic. According to a recent survey, severe depression and anxiety affect one in three college students. The early detection and treatment of depression can be aided by parents and students being aware of the risk factors and symptoms.

Even though the issues college students face are complicated, they have increasing societal pressure to succeed despite lacking the

requisite life skills. According to Julie Scelfo's article in The New York Times, young adults are having to deal with "America's culture of hyperachievement" and "the pressure to be effortlessly perfect." Students and their families are under added strain due to the rising cost of education. As early as elementary school, youth are being challenged to the breaking point. Their well-being and mental health are deteriorating as a result.

Many middle school and high school students during their academic years have schedules that are comparable to those of top business executives, with an average day starting at 6 a.m. and going until after 10 p.m. One of the most prominent examples of such a country is South Korea, the school there has a very strict and hectic schedule, an average high school student there is supposed to start school by 0800 till 2200 hours. Many people who are

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Relevant conflicts of interest/financial disclosures: The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest



sleep-deprived due to this demanding schedule have little time to learn fundamental independent living skills, such as washing laundry, making meals, working, managing money, and accessing programs to satisfy their needs, all while attempting to answer the question, "Who am I?"

These skill deficiencies worsen as young adults enter college and encounter interpersonal difficulties, demanding course loads, and, for some, their first experience living apart from their parents. A head starts on children's mental health should be made years before they leave for college. The first step in assisting children to strike a balance between their many demands and their academic goals should start at home and middle-high schools.

Students' anxiety and melancholy could have a variety of causes. These consist of:

- *Genetics*: Teenagers may be more likely to experience mood or anxiety disorders if their family has a history of such conditions.
- *Trauma*: Teenagers who have experienced trauma in the past, such as sexual abuse, violence, or being involved in an accident may be more prone to anxiety and sadness.
- *Environment*: A teenager's mental health may be impacted by their social, academic, and family settings. Depression and anxiety may be exacerbated by issues including abuse and neglect, family dissolution, bullying, poverty, learning difficulties, and social anxiety.
- *Differences in the brain*: Teenagers' brains are structurally different from adults' brains in several ways. Stress levels may rise as a result of modifications to the brain circuits in adolescents that control their reactions to rewards and threats. Different concentrations of neurotransmitters including dopamine, serotonin, and norepinephrine may be present in the brains of teenagers who are depressed or anxious. These have an impact on the control of emotions and behaviour.
- *Substance abuse*: Drug and alcohol abuse can have a depressive effect on teenagers' moods. They might use these substances as a form of emotional self-medication.
- *Puberty-related stressors*: Adolescents going through puberty may experience hormonal changes that alter their mood and struggle with the stresses of a changing body, which

can cause them to feel different from their friends.

- *Negative thought patterns*: These could be some contributing factors to teen depression and anxiety. Teenagers who are regularly exposed to negative thinking, frequently from their parents, may also come to have a pessimistic view of the world.

Differentiating between conduct that is a normal part of growing up and behaviour that could signal a mental health disorder can be challenging for parents or other caregivers. Changes in behaviour that affect a student's everyday life and linger for several weeks or months may be signs of depression, anxiety, or both. An adolescent may be suffering from depression or anxiety if they exhibit some of the following symptoms:

- They are not very energetic.
- Things they formerly enjoyed are no longer interesting to them.
- They appear to be perpetually fatigued or they sleep too much or too little.
- They have trouble staying focused.
- They are shunning social events and spending more time alone.
- They eat too little.
- They hurt themselves by slashing or burning their skin, for example.
- They smoke, do drugs, or consume alcohol.
- They experience extreme melancholy or despair.
- They go through panic and worry.
- They frequently become angry and act out.
- They act recklessly or destructively, either by themselves or in groups of companions.
- They are contemplating suicide.

BACKGROUND

One of the most significant health markers that significantly increases morbidity is mental health. One in five persons experienced mental problems in the previous year, and 29.2% had a history of mental disease throughout their career, according to a World Health Organization (WHO) survey from 2008. WHO has created an evidence-based mental health initiative for the years 2013-2020 to enhance mental health.

More than 300 million individuals around the world suffer from depression, a prevalent



psychiatric disease. The term "anxiety disorders" refers to a set of mental disorders that are characterized by unpleasant feelings of unease, worry about the future, or the dread of reacting to the present. It could happen without a clear inciting factor. In 2013, one in nine individuals worldwide suffered from an anxiety disorder. When a person is under stress, their noncompliance with the surrounding circumstances causes psychological and biological changes, and they run the danger of getting sick.

Using information from a sizable population-based study and associated variables, this study set out to look into the prevalence and associated predictors of stress, anxiety, and depression in the young adult population in the form of the students at Lovely Professional University. Health system managers may be assisted in designing and implementing effective interventional strategies for health promotion by comparing results with those from earlier population-based studies.

This paper examines the dynamic of mental health issues like Depression, Anxiety, and Stress among the undergraduate students of Lovely Professional University, Punjab.

The study's goals were to ascertain the prevalence of depression, anxiety, and stress among the students as well as the relationships between these conditions and various factors like gender, educational attainment, and religion.

A questionnaire with sociodemographic information and the DASS (Depression Anxiety Stress Scale) was employed as the study instrument. A 42-item questionnaire called the DASS includes three self-reporting scales for measuring the unfavourable emotional states of stress, anxiety, and depression. The three scales each have 14 items. The 4-point severity/frequency scales were used to ask respondents to rate how much they had experienced each state over the previous week. Additionally, the prevalence was produced following the DASS's ability to set cutoffs for several categories (normal, mild, moderate, severe, and extremely severe) based on the scores.

Various researchers have been conducted considering these dimensions across the globe and have been published in various journals

and are still being used as a reference for further studies and research, for example, Farnsworth, in 1997, found out that at any given time if one randomly examines the student's well-being one can find that every 10 students, one will have emotional conflicts severe enough to merit professional help. Blain and McArthur in 1961 stated that most of the psychological problems reported by students are Dislike towards the course laziness inability to learn to foreign language, uncontrollable tension, frustrating or disappointing love affair, or illness of a close family member.

The expectation of emotional reward in the form of appreciation and disappointment when it is absent. The unconscious desire to fail because of unwillingness to be what someone else wants him or her to be Rebellious drive, retaliation against parents, teachers, etc.

Mentioned below are some of the existing research works conducted in the past that examine the aforementioned topic in various settings, this stands as a comparison to our analysis.

1. The research conducted by Sana Ghayas, Sumbul Shamim, Fakhsheena Anjum, and Mehwish Hussain on university students in Karachi, Pakistan, found that students were found to be 53.43% more likely to experience depression. In the sample, women had considerably greater levels of depression (61%) than men (38.0%).
2. Another study conducted by Helen M. Stallman, at Queensland University, Australia, 2008., on Australian university students found that 53% of students suffered from psychological distress.
3. A sample of university students in Turkey was found to have Depression (27.1%), anxiety (47.1%), and stress (27%) respectively. This research was conducted by Nuran Bayram and Nazan Bilgel, Uludag University, 2008.
4. In a study done in Sialkot City, Pakistan, a separate poll revealed that university students experienced depression, anxiety, and stress on average at rates of 75%, 88.4%, and 84.4%, respectively.
5. Martinez and Fabiano 1992 surveyed Stanford University and found that psychological distress was extremely



common among the students. 1 out of 3 described themselves as anxious or tense. As far as depression is concerned, 1 in 5 described themselves as “tired without any apparent reason”. 43% said sometimes felt “so depressed it is hard for them to get going” and 16% reported feeling that life is not worth living.

6. Another research conducted by Adlaf EM, Gliksman L, Demers A, Newton-Taylor B., 2001, among undergraduate students in different universities in Canada states that 30% of undergraduate students in Canada showed psychological issues.
7. Beck and Young in 1978, found out that Anxiety and Depression are common mental health problems among the student population. At any given time 25% of the student population report symptoms of Depression due to the following reasons: Stress from the increased difficulty of college work. Isolation and loneliness. Problems with studying and grades frequently trigger depression. Break up of an intimate relationship.

Most of this research was done on medical students who are already aware of how important mental health is, so what we are trying to research is what effect does stress, anxiety and depression among social science and non-medical students.

The present study has covered topics of assessment on depression, anxiety and stress among students at the School of Humanities of Lovely Professional University. Although there has been prior research on the topic of depression, anxiety and stress, there has been none, particularly on our sample size. We gathered secondary data on the variables in the research and conducted surveys that collected primary data through questionnaires to assess the psychological state of our students. When it comes to dealing with cases of depression and anxiety, the researchers have to be extremely conscious of not triggering unwanted responses and behaviours as the questions pertain to various psychological variables in the human psyche. Therefore, the study tries to assess the state of the students among post graduation

students in terms of depression, anxiety and stress.

METHODOLOGY

The Depression, Anxiety, and Stress Scale - 21 Items (DASS-21) is a set of three self-assessment questionnaires designed to assess one’s perceived emotional states of depression, anxiety, and stress.

The three DASS-21 variables have seven items each that are further divided into different subscales with certain related material. Dysphoria, hopelessness, life devaluation, self-deprecation, lack of interest or involvement, anhedonia, and inertia are all evaluated by the depression scale. The autonomic arousal, skeletal muscle effects, situational anxiety, and subjective sensation of anxious affect are all measured by the anxiety scale. The chronic non-specific arousal levels are sensitive to the stress scale. It evaluates issues with relaxation, nervousness, being easily irritated or upset, irritable or too reactive, and impatience. The scores for the relevant questions are added up to determine the scores for depression, anxiety, and stress.

The dimensional rather than categorical conceptualization of psychological pathology is the foundation of the DASS-21. The DASS-21 was developed under the presumption that there are essential differences in the degree of depression, anxiety, and stress experienced by normal people and clinical populations. This premise was supported by the research findings. The assignment of patients to distinct diagnostic categories proposed in classificatory systems like the DSM and ICD is therefore not directly affected by the DASS-21.

The following are suggested cut-off scores for conventional severity labelling (normal, moderate, severe):

	Depression	Anxiety	Stress
Normal	0-9	0-7	0-14
Mild	10-13	8-9	15-18
Moderate	14-20	10-14	19-25
Severe	21-27	15-19	26-33
Extremely severe	28+	20+	34+

RESULT AND DISCUSSION

Data acquired from the survey through questionnaire administration were organized, analyzed, and interpreted using the methods



and procedures mentioned above. A total of 95 questionnaires were administered out of which 87 were successfully retrieved. Responses from the respondents were recorded in terms of biodata (age group and gender), a general health questionnaire test, and a question describing their past week. These responses were later scored, and from which the level of anxiety, depression, and stress of participation was determined. The results obtained are discussed and vividly explained as can be seen in the preceding paragraphs/pages.

In general, the study revealed that a larger proportion of the participants investigated the study is of 19- 21 years, making up 68.9% of the total population under study.

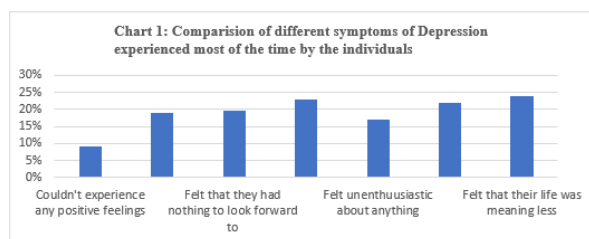


Chart 1 shows the comparison of different symptoms of depression, as experienced by individuals, at a regular level. The study found that the signs of depression among the participants were much higher than Anxiety or stress. Most common among these was the feeling of life being meaningless, experienced very much by 24% of the individuals; feeling of downheartedness and blue, experienced very much by 23% of the individuals; feeling of having nothing to look forward to in life, experienced very by 20% of the individual.

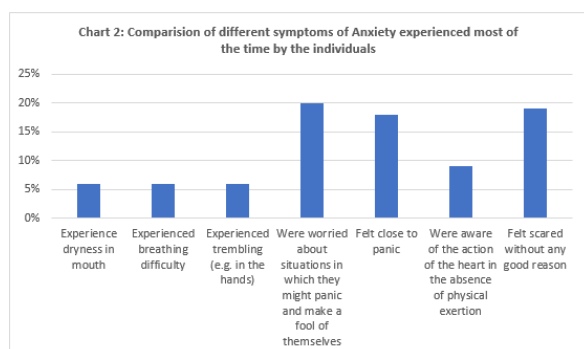
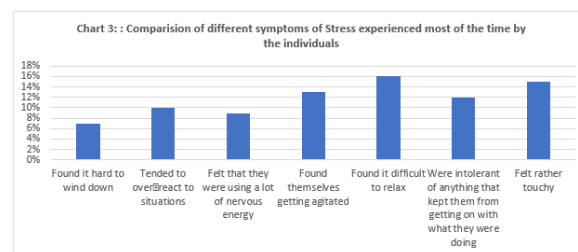


Chart 2 shows the comparison of different symptoms of anxiety experienced by individuals most of the time. The findings show

that to more than a considerable degree, 20% of the individuals were scared of situations where they might panic and make a fool of themselves, 19% felt scared and anxious without any particular reason, and 18% of the individuals felt close to panic.



We similarly compared different items of the DASS21 scale that indicated stress at a normal level, as shown in chart 3. The findings show that, though the number of people under stress was comparatively less, the level of stress experienced by these participants individually, was at a higher rate. The most common symptoms among the above that were experienced by the individuals most of the time were the feeling of being restless and difficult to relax (experienced by 16% of the participants), feeling touchy (experienced by 15% of the participants), feeling of being agitated (experienced by 13% of the participants), and more.

When asked to describe their past week, most participants described it to be the same as usual, while some felt it was stressful and hectic. Some even felt that the week was very hard to go through as they experienced anxiety and felt extremally overwhelmed. Some even talked about how they were experiencing psychological exhaustion because of a lack of motivation to come across new people on the college campus and start a conversation.

FINDINGS

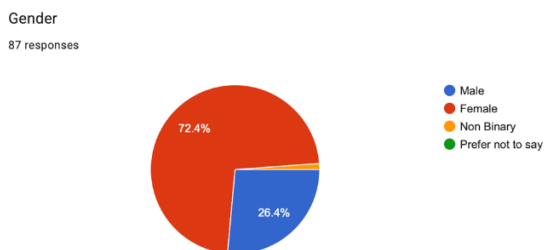
Out of the 87 participants, 63(72.4%) were females and 23(26.4%) were males and on a significant basis, 48.2% of people found it difficult to work up the initiative to do things; 47.1% people felt that they were close to panic; 46.4% people found it difficult to relax; 44.8% people felt unworthy; 43.6% people found themselves getting agitated; 41.3% people felt down-hearted and blue; 41% people were



unable to become enthusiastic about anything and 36% people found it hard to wind down.

While others fell under the category of normal to moderate levels of Depression, Anxiety and Stress, 4 participants were reported to have fallen under the severe category of Depression and Anxiety. The first participant is a female of age 20 who showed a severe level of Anxiety and Depression. The second participant, another female age 20, showed a severe level of Anxiety. The third participant, a female age 19, showed a severe level of Anxiety. The fourth participant, a female age 29, showed a severe level of anxiety as well.

One major issue that was observed in the duration of the interpretation of results was that there was a conspicuous gender gap in terms of depression, anxiety, and stress levels. The stipulated reasons for the same are listed below.



It was also established from this survey that when compared, females tend to be more prone to depression, anxiety, and stress when compared to men. Depressive disorders affect roughly twice as many women as they do men. Depression can strike anyone at any age. Normal hormonal changes might cause mood swings and depressive moods. Hormonal changes, on the other hand, do not produce depression. An increased risk of depression is linked to other biological factors, genetic features, and personal life situations and experiences.

Conclusion

The results of this study have clearly demonstrated that many students exhibit signs of worry, despair, and tension, which makes it difficult for them to deal with day-to-day tasks. In the current sample, moderate to extremely severe anxiety and stress symptoms are more

common than depressive symptoms. These results point to the urgent need for various preventive actions and interventions to enhance students' mental health. Most participants who were asked to describe their recent week said it was business as usual, while some said it was chaotic and stressful. Some people even thought that the week was really difficult to get through since they were anxious and extremely overwhelmed. Some even claimed to be experiencing psychological tiredness as a result of their lack of desire to approach strangers on the college campus and strike up a discussion. Although one of the initial objectives of this study was to identify potential correlates of depression, anxiety, and stress, every potential source of worry mentioned on the questionnaire showed a substantial positive link with levels of sadness, anxiety, and stress. As shown in chart 3, we similarly compared other DASS21 scale items that showed stress at a typical level. The results demonstrate that even though there were relatively fewer people experiencing stress, each participant's level of stress was higher. The feeling of restlessness and difficulty relaxing were the symptoms mentioned above that were most frequently experienced by people.

This study has identified probable sources of worry among our university community of students as well as particular demographic groups with the highest rates of stress, anxiety, and depressive symptoms. To effectively treat and care for all university students, more in-depth research into the unique stressors for each grade level is required as a result of this study.

MAJOR INSIGHTS AS SUGGESTIONS FOR DEALING WITH STRESSFUL SITUATIONS

Biological stress is a relative discovery, which may surprise you. Hans Selye, an endocrinologist, was the first to identify and document stress in the late 1950s. Stress symptoms existed long before Selye's studies, but his findings sparked additional research that has helped millions of people manage stress. We've produced a list of the top ten stress-relieving activities.

- Play some songs



Take a moment and listen to relaxing music if you're feeling overwhelmed by a difficult scenario. Playing calming music has a relaxing effect on the brain and body and even lowers blood pressure and cortisol, a stress hormone.

- Talk yourself through it

It is not always possible to phone a friend. So talking to oneself is helpful too. Don't be concerned about appearing insane; simply tell yourself why you're upset, what you need to do to finish the work at hand, and, most importantly, that everything will be fine.

- Have a good laugh about it

Endorphins, which are released when people laugh, improve mood and reduce stress chemicals like cortisol and adrenaline. When you laugh, your brain system deceives you into feeling happy.

- Take a cup of tea

Caffeine produces a temporary increase in blood pressure when consumed in big doses. Your hypothalamic-pituitary-adrenal axis may also go into overdrive as a result. You can even go for green tea instead of coffee or other caffeinated drinks. It includes beneficial antioxidants and theanine, an amino acid that has a relaxing impact on the nervous system and contains less than half the caffeine of coffee.

- Better sleep

Everyone is aware that stress can prevent people from sleeping. Unfortunately, not getting enough sleep is a key cause of stress. This vicious loop throws the brain and body out of whack and only gets worse over time. As advised by your doctor, make sure you receive seven to eight hours of sleep each night. Turn off the TV, adjust the lighting, and unwind before going to bed. On our list, it might be the most potent stress reliever.

- Take a deep breath and relax

When it comes to stress, the suggestion "take a deep breath" may seem cliché, but it's real. Buddhist monks have been aware of deliberate breathing during meditation for generations.

- Take care of your mind:

Keeping a routine on daily basis is important for your mental health. Making and following a

routine is proven to be helpful. E.g., consistent times for meals, a regular bedtime routine, and keeping a check on work and exercise schedules. These small daily commitments will make you feel more in control. Limit your exposure to social media because all the information that is present on the internet isn't true and useful, consuming fake media can cause fear and unwanted anxiety. Set achievable and realistic goals for yourself that will bring optimistic change in your life. Don't rush and make huge commitments and feel disappointed when unable to complete them. Take small steps and appreciate every step you take and remember some days will be better and some harsh. Make small positive habits that will bring happiness in your life, and do something that will help in managing your anxiety and stress.

References

- Beaufort, Ilse N., et al. "The Depression, Anxiety and Stress Scale (DASS-21) as a Screener for Depression in Substance Use Disorder Inpatients: A Pilot Study." *European Addiction Research*, vol. 23, no. 5, S. Karger AG, 2017, pp. 260-68. <https://doi.org/10.1159/000485182>.
- Camacho, Álvaro. "Psychometric Properties of the DASS-21 Among Latina/O College Students by the US-Mexico Border." *SpringerLink*, 1 Oct. 2016, link.springer.com/article/10.1007/s10903-016-0415-1?error=cookies_not_supported&code=1764f727-62b3-415d-a77a-7594f2cbe0a2.
- Jun, Deokhoon. *Cross-cultural Adaptation and Validation of the Depression, Anxiety and Stress Scale-21 (DASS-21) in the Korean Working Population* - IOS Press. 1 Jan. 2018, <content.iospress.com/articles/work/wor2661>.
- Lan, Hoang Thi Quynh. ERIC - EJ1270761 - Validation of Depression, Anxiety and Stress Scales (DASS-21): Immediate Psychological Responses of Students in the E-Learning Environment, *International Journal of Higher Education*, 2020. 30 Nov. 2019, <eric.ed.gov/?id=EJ1270761>.
- Lee, Boram. "Validity of the Depression, Anxiety, and Stress Scale (DASS-21) in a Sample of Korean University Students." *Springer Link*, 10 July 2020, link.springer.com/article/10.1007/s12144-020-00914x?error=cookies_not_supported&code=a2d605d3-3384-45a4-aa90-55998975c4d0.
- Madihie, Amalia. *Depression, Anxiety, and Stress Scale (DASS-21) Among Counselling Students: A Preliminary Study* | *Journal of Cognitive Sciences and Human Development*. 1 Sept. 2015, publisher: <unimas.my/ojs/index.php/JCSHD/article/view/191>
- Teo, Yan Choo. "Validation of DASS-21 Among Nursing and Midwifery Students in Brunei." *SpringerLink*, 25 June 2018, link.springer.com/article/10.1007/s10389-018-0947-z?error=cookies_not_supported&code=29364bfe-7917-4d63-9b64-f4b3a7537992.



- Reese, Nathan. "10 Simple Ways to Relieve Stress." Healthline, 3 July 2019, www.healthline.com/health/10-ways-to-relieve-stress.
- Ghayas, S., et al. "Prevalence and Severity of Depression Among Undergraduate Students in Karachi, Pakistan: A Cross Sectional Study." *Tropical Journal of Pharmaceutical Research*, vol. 13, no. 10, African Journals Online (AJOL), Dec. 2014, p. 1733. <https://doi.org/10.4314/tjpr.v13i10.24>.
- Adlaf, Edward M., et al. "The Prevalence of Elevated Psychological Distress Among Canadian Undergraduates: Findings From the 1998 Canadian Campus Survey." *Journal of American College Health*, vol. 50, no. 2, Informa UK Limited, Sept. 2001, pp. 67-72. <https://doi.org/10.1080/07448480109596009>.
- Bayram, Nuran, and Nazan Bilgel. "The Prevalence and Socio-demographic Correlations of Depression, Anxiety and Stress Among a Group of University Students." *Social Psychiatry and Psychiatric Epidemiology*, vol. 43, no. 8, Springer Science and Business Media LLC, Apr. 2008, pp. 667-72. <https://doi.org/10.1007/s00127-008-0345-x>.
- Niaz, Syeda Fatima, et al. "Integrating Computer-Based Technology in Higher Education Programs: Availability, Utility, Opinions, and Anxiety of University Teachers." *Pakistan Journal of Humanities and Social Sciences*, vol. 9, no. 3, International Research Association for Sustainable Development - iRASD, Dec. 2021, <https://doi.org/10.52131/pjhss.2021.0903.0144>.
- Stallman, Helen Margaret, and Ian Shochet. "Prevalence of Mental Health Problems in Australian University Health Services." *Australian Psychologist*, vol. 44, no. 2, Informa UK Limited, Apr. 2009, pp. 122-27. <https://doi.org/10.1080/00050060902733727>.

