



ANXIETY, DEPRESSION AND STRESS AMONG COLLEGE STUDENTS IN SHILLONG MUNICIPAL AND CANTONMENT BLOCK

Dr. Sharon Lalremruati Zadeng ¹ & Prince Jajo ²

RESEARCH ARTICLE



Author Details:

¹ Assistant Professor, Department of Education (Postgraduate), St. Anthony's College, Shillong Meghalaya; India; ² Department of Education (Postgraduate), St. Anthony's College, Shillong Meghalaya, India

Corresponding Author:

Dr. Sharon Lalremruati Zadeng

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Abstract

Anxiety, stress and depression are among the most prevalent concerns among youths today, and understanding their nature, prevalence, and co-occurrence is essential for developing effective, evidence-based mental health interventions within educational institutions. This study investigated anxiety, depression, and stress among college students in the Shillong Municipal and Cantonment Block, Meghalaya, with two primary objectives: (1) to assess the levels of anxiety, depression, and stress among college students; and (2) to examine the relationship between anxiety, depression, and stress. A sample of 388 undergraduate students was selected and assessed using the Anxiety, Depression, and Stress Scale (ADSS). Descriptive statistics and Pearson product-moment correlation were used to analyze the data. Results showed that anxiety, depression, and stress were predominantly at average levels, with depression showing no students in the extremely high or low ranges. Anxiety, depression, and stress were found to be strongly and significantly positively correlated with one another ($r = .69$ to $.73$, $p < .0001$), indicating that these three constructs function as an interconnected cluster of psychological distress rather than distinct experiences. The findings emphasize the requirement of integrated mental health interventions for anxiety, depression and stress. The paper adds region-specific empirical evidence on student mental health relevant to Meghalaya, and highlights the necessity of early multidisciplinary psychological intervention within a support network in colleges.

Keywords: *Anxiety, depression, Stress, College students, Meghalaya*

Introduction

Mental health problems on college and university campuses have become a growing public health concern globally. The World Health Organization defines health not merely as the absence of disease, but as a state of complete physical, mental, and social well-being (Chandraiah, 2013). Among the most common mental health concerns affecting students are anxiety, depression, and stress, conditions that, while distinct in their clinical presentation, frequently co-occur and compound one another, significantly impacting students' emotional functioning, academic performance, and social participation (Kumaraswamy, 2013; Beiter et al., 2015).

The transition to a tertiary institution represents a significant developmental life stage, coinciding with emerging adulthood (ages 18–25), a period characterized by identity exploration, instability, and self-focus (Arnett, 2000) that may heighten students' susceptibility to psychological distress. Global data show a sharp rise in mental health disorders among college-age individuals (American College Health Association, 2023; World Health Organization, 2022), with nearly 75% of all mental illnesses first emerging by age 24 (Kessler et al., 2007). This vulnerability is often compounded by academic pressure, financial strain, and unstable support systems (Pedrelli et al., 2015), and has been further intensified in recent years by global disruptions such as the COVID-19 pandemic and accompanying economic and social instability (Son et al., 2020).

Anxiety, depression, and stress are frequently studied as separate constructs, yet they share overlapping symptomatology and are theorized to interact with one another rather than operate in isolation. Anxiety is associated with heightened worry, apprehension, and negative or distorted thinking patterns (Beck & Clark, 1997), commonly manifesting among students as academic concern, social anxiety, or somatic symptoms such as insomnia and fatigue. Depression, characterized by persistent sadness, loss of interest, and impaired concentration, can erode academic motivation and, in severe cases, contribute to suicidal ideation. Stress, arising when perceived demands exceed an individual's coping resources (Lazarus & Folkman, 1984), can become chronic and physiologically damaging through prolonged allostatic load (McEwen, 1998), particularly when driven by sustained academic, financial, or social pressures. Given their overlapping symptom profiles and shared antecedents, understanding how these three

constructs relate to one another, rather than examining each in isolation, is essential to developing effective, holistic interventions for college student mental health.

Student mental health has received considerable scholarly attention in recent decades, yet region-specific empirical investigations remain sparse, particularly in the East Khasi Hills district of Meghalaya where most colleges are concentrated. Existing studies in this region have largely focused on prevalence, predictors, or coping strategies, leaving critical gaps in understanding how anxiety, depression, and stress statistically relate to one another within this population.

The present study addresses this gap by examining anxiety, depression, and stress among college students in the Shillong Municipal and Cantonment Block. Specifically, the study seeks to (1) determine the level of anxiety, depression, and stress among college students; and (2) examine the relationship between anxiety, depression, and stress. By moving beyond a purely descriptive account of prevalence to test both the interrelationship among these constructs, this study aims to provide empirically grounded, regionally relevant evidence to inform the design of mental health interventions for college students in Meghalaya and comparable settings.

Literature Review

Anxiety, depression, and stress are among the most prevalent psychological concerns affecting college students, and their co-occurrence and mutual reinforcement within this population have emerged as a critical concern in student mental health research. Early work by Sharma et al. (1983) established that cultural context and educational stage significantly moderate test anxiety, with female students consistently reporting greater anxiety than males, a gender differential that has since been replicated with remarkable consistency across diverse educational settings. Nunez-Pena et al. (2016), examining 168 university students, found that female students reported significantly higher anxiety across test, trait, and math anxiety dimensions, though their academic performance remained comparable to male students, a finding that complicates the assumption that anxiety necessarily translates into performance deficits. Wani et al. (2016), using the Depression Anxiety Stress Scale, similarly reported that female students experienced significantly higher anxiety, stress, and depression than their male counterparts, with the effect further modulated by academic stream, as science students showed greater psychological distress than arts students.

The sources of anxiety among college students are multidimensional and structurally embedded. Rehman (2016) identified a complex web of personal, familial, institutional, social, and political contributors to academic anxiety, arguing that it cannot be understood without situating it within the broader socio-economic and structural realities of higher education. Siddiqui and Rehman (2016) further demonstrated that academic anxiety intersects significantly with social category, intelligence, and study habits , underscoring that anxiety is not merely an individual psychological phenomenon but is shaped by structural inequalities. Diengdoh and Ali (2022) found that anxiety significantly predicted body image dissatisfaction among undergraduate students, accounting for a meaningful portion of the variance in body image satisfaction and highlighting the embodied consequences of anxiety that extend beyond academic functioning. Balamurugan et al. (2024), synthesizing findings from 31 studies spanning over a decade, confirmed that anxiety ranks among the most prevalent mental health concerns among school-aged and adolescent populations, reinforcing the imperative for early and targeted screening within educational institutions.

Depression in student populations has been documented across a wide range of severity levels, and its determinants are equally diverse. Joseph (2011) reported a strikingly high prevalence of depression (79.2%) among pre-university students, with Commerce students exhibiting higher levels than their Science counterparts , a stream-based differential that has been echoed in subsequent research. Kaur et al. (2014), using the PHQ-9, found an overall depression prevalence of 16.5%, identifying academic stream dissatisfaction and lack of perceived parental support as particularly potent contributors , pointing to the relational and motivational dimensions of student depression beyond purely academic pressures. The severity distribution of depression warrants particular attention: Deb et al. (2016) found that while 37.7% of university students experienced moderate depression, 13.1% reported severe and 2.4% extremely severe presentations, suggesting that a meaningful subset of students carry a clinically significant burden that falls well beyond normative academic stress. Students with a positive perception of their academic environment and healthier behavioural coping habits showed significantly lower depression, highlighting the protective role of institutional climate and individual agency. Sawhney et al. (2020) further demonstrated that students with higher depressive symptoms disproportionately resort to avoidant coping strategies, creating a self-reinforcing cycle in which depression diminishes adaptive coping capacity, thereby sustaining or deepening distress over time.

The gender dimension of depression is less straightforward than that of anxiety. Khesht-Masjedi et al. (2017) found significant gender differences in the symptomatic presentation of depression , with girls more likely to experience sadness and guilt while boys manifested irritability and suicidal ideation , yet Karmakar and Behera (2017) found no significant gender differences in depression levels among college students, though they identified a significant rural-urban divide, with rural students reporting higher depression. This inconsistency suggests that gender interacts with contextual variables such as locality, social support, and institutional environment, rather than independently determining depression levels. Diengdoh and Ali (2023) reported that 59.5% of college students in Shillong experienced some form of depression, with alcohol use, drug use, and gender together explaining 21.7% of the variance , implicating behavioural and demographic factors as important moderators of depression in this population. Pale and Kharbhih (2020), focusing on rural adolescents in West Jaintia Hills, found that while clinically severe depression was present in a smaller proportion, widespread subclinical symptoms , including poor concentration, excessive worrying, and emotional dysregulation , were prevalent, suggesting that the true burden of depression extends well beyond what formal diagnostic thresholds capture.

Academic stress has been conceptualized as arising from the perceived mismatch between environmental demands and an individual's coping resources (Lazarus and Folkman, 1984), and its prevalence among students has been consistently documented. Deb et al. (2015) found that 63.5% of high school students experienced academic stress, with 66% reporting parental pressure as a significant driver, implicating the family system as a potent, often overlooked, source of stress beyond the institution itself. The gender dimension of academic stress mirrors that observed in anxiety and depression: Kumar and Bhukar (2013), Joshi (2013), and Graves et al. (2021) independently reported that female students experience higher levels of perceived stress than males, with women more likely to employ emotion-focused coping strategies while male students tend toward more problem-focused approaches, a gendered coping asymmetry with significant implications for intervention design. A particularly important question in the stress literature concerns whether institutional type produces differential stress levels. Mishra (2017) found no significant difference in stress levels between students from government and private colleges, concluding that common academic and personal stressors transcend institutional boundaries, a finding replicated by Reddy and Lalitha (2021), who observed comparable academic stress distributions across government and corporate colleges, suggesting that the sources of stress are structurally embedded in the educational experience itself rather than being institution-specific. Barman et al. (2023) reported a moderate level of academic stress (69.3%) among college students in Shillong, with stress highest among those in the 21–23 age group and among Bachelor of Arts students, adding an age and stream dimension to the stress landscape among college-going youth.

A consistent and theoretically important finding across the literature is that anxiety, depression, and stress do not operate as independent constructs but rather function as a cluster of interrelated and mutually reinforcing psychological experiences. Kumaraswamy (2013) was among the earlier scholars to systematically argue this point, noting that a significant proportion of college students experience these three conditions simultaneously and advocating for integrated rather than condition-specific mental health support. Beiter et al. (2015), studying 374 undergraduates using the DASS-21, found that the same environmental stressors, academic performance pressure and post-graduation uncertainty, simultaneously drove depression, anxiety, and stress, suggesting shared etiological pathways rather than distinct causal chains. Teh et al. (2015) reported that 30.7% of undergraduate students experienced depression, 55.5% anxiety, and 16.6% stress at moderate to severe levels, with significant associations among all three, a pattern consistent with Mutalik et al. (2016), who found that anxiety levels were highest among undergraduate students, followed by depression and then stress, with females experiencing significantly greater distress than males across all three dimensions. Kumar et al. (2017) reported a particularly striking comorbidity figure, 57.65% of adolescents in their study experienced both depression and anxiety simultaneously, reinforcing the argument that treating these constructs as clinically separable in population-level screening and intervention may substantially underestimate the actual burden of psychological distress. Nawaz Sarif and Vandana (2022) found that anxiety was the most prevalent concern among school students (65.9%), followed by depression (45.97%) and stress (34.09%), with all three intensifying progressively across grade levels, suggesting a developmental trajectory of accumulating psychological burden that, left unaddressed, carries into the college years. Nabarun et al. (2021) confirmed this co-occurrence among professional students and additionally found that lifestyle factors such as smoking and alcohol consumption were significantly associated with higher levels of all three constructs, implicating behavioural dimensions in the anxiety-depression-stress nexus. Chandra and Misra (2024), using the DASS-42, noted particularly elevated anxiety among female students and moderate depression and stress among Commerce students, and explicitly identified the absence of research examining gender-based differences in these constructs within the East Khasi Hills District as a significant empirical gap.

Research Design

The present study adopted a descriptive survey research design. This design was selected because it enables the researcher to collect accurate and measurable information from a large group of students, and is well suited for understanding opinions, experiences, and behaviours within an educational setting. It is efficient, non-intrusive, and provides data that can help identify trends and areas for improvement (Ramar, Shailaja, and Sivaram, 2017).

Population of the Study: The population of the present study comprised all government-aided and private college students within the Shillong Municipal and Cantonment Block region. The total population consisted of 13,171 students, as presented in Table 1.

Table 1
Population of the Study

Management	Male	Female	Total
Private	536	717	1,253
Government-Aided	5,051	6,867	11,918
Total	5,587	7,584	13,171

Sample of the Study: To determine the sample size, Yamane's formula (1967) was applied with a 5% margin of error, yielding a required sample size of 388 students. A stratified random sampling technique was employed, with strata defined by institutional management type and gender. The sample of the study is presented in Table 2.

Table 2
Sample of the Study

Management	Male	Female	Total
Private	95	86	181
Government-Aided	105	102	207
Total	200	188	388

Research Tool: The tool used for the present study was the Anxiety, Depression, and Stress Scale (ADSS), developed by Bhatnagar, Singh, Pandey, Sandhya and Amitabh (2023). The scale comprises 48 items divided into three subscales: the Anxiety subscale (19 items), the Depression subscale (15 items), and the Stress subscale (14 items). Each item was scored 1 if endorsed "Yes" and 0 if endorsed "No," with higher scores indicating greater severity across each dimension.

Data Analysis: The data was analyzed using appropriate statistical techniques. Descriptive statistics, including frequency, percentage, mean, and standard deviation, were used to determine the levels of anxiety, depression, and stress. Pearson's product-moment correlation coefficient was employed to examine the relationship between the three variables. All inferential tests were conducted at the 0.05 level of significance.

Results and Discussion

Objective 1: Level of Anxiety, Depression, and Stress among College Students

The frequency distribution of anxiety, depression, and stress scores among the 388 college students is presented in Table 3. The levels were classified according to the norms provided in the ADSS manual. An examination of the data reveals that the majority of students fall within the average and below-average levels across all three psychological dimensions, with no alarming concentration at the extreme ends of the distribution.

Table 3
Level of Anxiety, Depression, and Stress among College Students

Level	Anxiety %	Depression %	Stress %
Extremely High	0.52%	0.00%	0.00%
High	4.64%	3.61%	3.09%
Above Average	13.92%	11.60%	17.53%
Average	47.94%	45.36%	36.86%
Below Average	28.35%	39.43%	20.10%
Low	4.64%	0.00%	22.42%
Total	100%	100%	100%

With respect to anxiety, the largest proportion of students (47.94%) fall within the average level, followed by 28.35% in the below-average category. A combined 19.08% of students fall within the above-average and high levels, while only 0.52% of the sample recorded extremely high anxiety scores. A small but notable percentage (4.64%) recorded low anxiety. The mean score of 5.84 (SD = 3.84), with a range of 0 to 17, falls within the average grade as per the ADSS norms, indicating that the overall level of anxiety among the college students is average. This finding is broadly consistent with Kumari and Jain (2014), who observed that college students experience varying levels of examination stress and anxiety, with many clustering around moderate levels, and with Mutalik et al. (2016), who similarly reported that anxiety levels among undergraduate students, while prevalent, were not concentrated at the extreme ends of the distribution.

With regard to depression, the majority of students (45.36%) fall within the average level, with a substantial 39.43% concentrated in the below-average range. Approximately 15.21% of students fall within the above-average and high categories combined, while no student recorded a score at the extremely high or low levels. The mean score of 4.35 (SD = 3.53), with a range of 0 to 14, falls within the average grade, suggesting that the overall level of depression among the sampled college students is average, though the considerable proportion in the below-average range reflects a relatively subdued affective profile within this population. This is in partial agreement with Kaur et al. (2014), who found an overall depression prevalence of 16.5% among college students, and with Deb et al. (2016), who reported that while moderate depression was common, extreme or severe depression affected a relatively smaller proportion of students. The finding also aligns with the broader pattern identified by Sawhney et al. (2020), who noted that depressive symptoms among university students frequently remain undetected due to their overlap with normative academic stressors.

Concerning stress, the distribution is comparatively more dispersed than the other two constructs. While the largest proportion of students (36.86%) falls within the average level, a notably high percentage (22.42%) falls in the low category, and 17.53% fall within the above-average range. A smaller proportion recorded high stress (3.09%), and no student fell within the extremely high category. The mean score of 5.50 (SD = 3.30), with a range of 0 to 13, falls within the average grade, indicating that the overall level of stress among the college students is average. However, the wider spread of scores and a comparatively higher above-average proportion suggest greater variability in how students experience and respond to stress relative to anxiety and

depression. This pattern is consistent with Barman et al. (2023), who reported a moderate level of academic stress among college students in Shillong, Meghalaya, and with Reddy et al. (2018), who noted that academic stress among students is influenced by a combination of internal and external pressures that vary widely across individuals.

Taken together, the findings indicate that the overall levels of anxiety, depression, and stress among the sampled college students are average, with a considerable proportion also falling within the below-average range across all three dimensions. These results suggest that while psychological distress is present within the student population, extreme or clinically significant levels remain relatively uncommon. Nevertheless, the proportion of students falling within the above-average and high categories, particularly for anxiety and stress, warrants careful attention from educators, counsellors, and institutional administrators. Even moderate and sustained levels of psychological distress, if left unaddressed, have been consistently documented to interfere with academic functioning, cognitive performance, and overall well-being (Bhujade, 2017; Kumar et al., 2017). These findings, therefore, highlight the need for proactive and early mental health support mechanisms within collegiate settings. It should be noted that the Anxiety, Depression, and Stress subscales differ in item count (19, 15, and 14 items respectively); therefore, comparisons across constructs are based on normed severity levels rather than raw mean scores.

Objective 2: Relationship between Anxiety, Depression, and Stress among College Students.

To examine the relationship between anxiety, depression, and stress among the 388 college students, Pearson's product-moment correlation coefficient was computed for each variable pair. The null hypothesis stating that there is no significant relationship between anxiety, depression, and stress among college students was tested at the 0.05 level of significance. The results of the correlation analysis are presented in Tables 4 and 5.

Table 4
Pearson Correlation Matrix of Anxiety, Depression, and Stress

Variable	Anxiety	Depression	Stress
Anxiety	1	0.693	0.711
Depression	0.693	1	0.731
Stress	0.711	0.731	1

Table 5
Significance Test for Pearson Correlation Coefficients

Pair	r	t-value	df	p-value	Result
Anxiety – Depression	0.693	18.884	386	< .0001	Significant
Anxiety – Stress	0.711	19.883	386	< .0001	Significant
Depression – Stress	0.731	21.039	386	< .0001	Significant

Note. *Significant at 0.05 level*

The findings reveal a statistically significant positive relationship across all three variable pairs, leading to the rejection of the null hypothesis in each case.

The correlation between anxiety and depression yielded an r value of 0.693 ($t = 18.884$, $df = 386$, $p < .0001$), indicating a strong positive relationship between the two variables. This suggests that college students who report higher levels of anxiety are also more likely to experience elevated levels of depression, and vice versa. This finding is consistent with Kumar et al. (2017), who reported a notable comorbidity between depression and anxiety among adolescents, with 57.65% of students in their study experiencing both simultaneously, and with Teh et al. (2015), who found significant associations between anxiety and depression among undergraduate students, emphasizing the compounding psychological burden they collectively impose.

The correlation between anxiety and stress produced an r value of 0.711 ($t = 19.883$, $df = 386$, $p < .0001$), reflecting a strong positive relationship. This finding indicates that as the level of anxiety increases among college students, their experience of stress tends to increase correspondingly, pointing to a closely intertwined psychological dynamic between these two constructs. This is in agreement with Wani et al. (2016), who found that both gender and academic faculty significantly influenced stress and anxiety levels together, suggesting that the two constructs share common antecedents, and with Beiter et al. (2015), who identified academic performance pressure and concerns about the future as top stressors that simultaneously drive both anxiety and stress among undergraduate students.

The correlation between depression and stress yielded the strongest association among the three pairs, with an r value of 0.731 ($t = 21.039$, $df = 386$, $p < .0001$), indicating a strong positive relationship. This result suggests that depression and stress are the most closely related among the three psychological dimensions examined, implying that students experiencing heightened depressive symptoms are particularly likely to also report elevated stress levels. This finding corroborates Banani et al. (2024), who reported significant negative relationships between well-being and both stress and depression, suggesting that these two constructs operate in close tandem among college-going populations. It is further supported by Nawaz Sarif and Vandana (2022), who found high co-prevalence of stress and depression among school students, with both variables intensifying alongside each other as students advanced through academic grades.

Taken together, all three correlation coefficients exceeded the threshold of .50, classifying them as strong in magnitude according to Cohen's (1988) interpretive benchmarks. The uniformly high and statistically significant correlations among anxiety,

depression, and stress suggest that these psychological constructs do not operate in isolation among college students but rather tend to co-occur and were strongly associated. This pattern of interconnectedness is consistent with the broader literature (Kumaraswamy, 2013; Singh and Bhatnagar, 2016; Rehman, 2016), which consistently highlights the clustered and compounding nature of psychological distress among college and university students. The null hypothesis stating that there is no significant relationship between anxiety, depression, and stress among college students is therefore rejected. These findings have important implications for mental health intervention, as addressing one dimension in isolation may be insufficient. A holistic and integrated approach to psychological support, one that simultaneously targets anxiety, depression, and stress, is therefore strongly warranted within collegiate mental health frameworks.

Conclusion

The present study examined the levels of anxiety, depression, and stress among college students in the Shillong Municipal and Cantonment Block, East Khasi Hills District, Meghalaya, and explored their interrelationships. The findings reveal that the overall levels of anxiety, depression, and stress among the sampled college students are average, with a notable proportion also falling within the below-average range across all three dimensions. While clinically severe levels of psychological distress were uncommon in the sample, the presence of above-average and high levels across all three constructs, particularly for anxiety and stress, emphasizes the importance of proactive mental health engagement within collegiate institutions.

The study established strong, statistically significant positive correlations among anxiety, depression, and stress, confirming that these constructs do not function as discrete experiences among college students but rather operate as an interconnected cluster of psychological distress. The strongest association was observed between depression and stress, followed closely by anxiety and stress, and anxiety and depression. This pattern of co-occurrence suggests that interventions targeting only one psychological dimension are unlikely to be sufficient. A holistic, integrated approach that simultaneously addresses all three constructs is essential for meaningful and lasting mental health support.

Taken together, the findings of this study contribute region-specific empirical evidence on student mental health in Meghalaya; a region that remains significantly underrepresented in the broader literature on college student psychological well-being in India. The results emphasize the urgent need for institutionalized, early, and integrated mental health screening and intervention programs in colleges across the East Khasi Hills District, implemented in collaboration with trained counsellors, faculty mentors, and mental health professionals.

Educational Implications

Based on the findings of the present investigation, the following implications are drawn for educational policy, institutional practice, and mental health support within collegiate settings:

1. Since the overall levels of anxiety, depression, and stress among college students fall within the average range, with a sizeable proportion reaching above-average and high levels, colleges must proactively establish structured mental health screening programs at the point of student enrolment. Early identification of at-risk students can facilitate timely referral and intervention before distress escalates to clinically significant levels.
2. The strong interrelationship observed among anxiety, depression, and stress highlights the inadequacy of addressing these constructs in isolation. Colleges and universities should therefore develop integrated psychological support services, such as counselling centers equipped to address the full spectrum of emotional distress, rather than implementing fragmented or condition-specific interventions.
3. Faculty members and academic staff play a pivotal role in the early recognition of psychological distress. Regular sensitization workshops and training programs for educators on identifying signs of anxiety, depression, and stress among students are strongly recommended, enabling them to serve as a first line of support and appropriate referral.
4. Educational policymakers and institutional administrators must advocate for the establishment of college-based counselling cells staffed by qualified mental health professionals. This is essential not only for supporting currently distressed students but for fostering a broader culture of mental health awareness and help-seeking behaviour within the student community.

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References:

1. American College Health Association. (2023). *American College Health Association-National College Health Assessment III: Undergraduate student reference group executive summary spring 2023*. American College Health Association. https://www.acha.org/wp-content/uploads/2024/07/NCHA-III_SPRING_2023_REFERENCE_GROUP_EXECUTIVE_SUMMARY.pdf

2. Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, 55(5), 469-480. <https://doi.org/10.1037/0003-066X.55.5.469>
3. Balamurugan, G., Sevak, S., Gurung, K., & Vijayarani, M. (2024). Mental health issues among school children and adolescents in India: A systematic review. *Cureus*, 16(5), 1-18. <https://doi.org/10.7759/cureus.61035>
4. Barman, D., Dkhar, N., Mukhim, S. P., Kyndiah, M. D., & Kharbhih, P. M. J. (2023). A study on understanding academic stress and coping strategy amongst college students in Shillong, Meghalaya. *International Journal of Indian Psychology*, 11(4). <https://doi.org/10.25215/1104.001>
5. Beck, A. T., & Clark, D. A. (1997). An information processing model of anxiety: Automatic and strategic processes. *Behaviour Research and Therapy*, 35(1), 49-58. [https://doi.org/10.1016/S0005-7967\(96\)00069-1](https://doi.org/10.1016/S0005-7967(96)00069-1)
6. Beiter, R., Nash, R., McCrady, M., Rhoades, D., Linscomb, M., Clarahan, M., & Sammut, S. (2015). The prevalence and correlates of depression, anxiety, and stress in a sample of college students. *Journal of Affective Disorders*, 173, 90-96. <https://doi.org/10.1016/j.jad.2014.10.054>
7. Bhujade, V. M. (2017). Depression, anxiety and academic stress among college students: A brief review. *Indian Journal of Health and Wellbeing*, 8(7), 748-751.
8. Chandra, T., & Misra, S. (2024). Comparative study of depression, anxiety and stress across students of various academic streams. *International Journal of Indian Psychology*, 12(1). <https://doi.org/10.25215/1201.096>
9. Chandraiah, K. (2013). *Stress and well-being in adolescents*. APH Publishing Corporation.
10. Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Lawrence Erlbaum Associates.
11. Deb, S., Banu, P. R., Thomas, S., Vardhan, R. V., Rao, P. T., & Khawaja, N. (2016). Depression among Indian university students and its association with perceived university academic environment, living arrangements and personal issues. *Asian Journal of Psychiatry*, 23, 108-117. <https://doi.org/10.1016/j.ajp.2016.07.010>
12. Deb, S., Strodl, E., & Hansen, S. (2015). Academic stress, parental pressure, anxiety and mental health among Indian high school students. *International Journal of Psychology and Behavioural Science*, 5(1), 26-34. <https://doi.org/10.5923/j.ijpbs.20150501.04>
13. Diengdoh, I., & Ali, A. (2022). Body image and its association with depression, anxiety, and self-esteem among college going students: A study from Northeast India. *Indian Journal of Community Medicine*, 47(2), 218-222. https://doi.org/10.4103/ijcm.ijcm_881_21
14. Diengdoh, I., & Ali, A. (2023). Prevalence and predictors of depression among college going youth of Meghalaya: A cross-sectional study. *MGM Journal of Medical Sciences*, 10(1), 152-158. https://doi.org/10.4103/mgmj.mgmj_165_22
15. Graves, B. S., Hall, M. E., Dias-Karch, C., Haischer, M. H., & Apter, C. (2021). Gender differences in perceived stress and coping among college students. *PLoS ONE*, 16(8), e0255634. <https://doi.org/10.1371/journal.pone.0255634>
16. Joseph, N. (2011). Prevalence of depression among pre-university college students in an urban area of South India. *International Journal of Current Research*, 3(11), 439-442.
17. Joshi, R. (2013). Stress and anxiety among college going first year male and female students. *Indian Journal of Health and Wellbeing*, 4(5), 1199-1204.
18. Karmakar, T., & Behera, S. K. (2017). Depression among the college students: An empirical study. *Educational Quest: An International Journal of Education and Applied Social Sciences*, 8(1), 163-170. <https://doi.org/10.5958/2230-7311.2017.00024.1>
19. Kaur, S., Deepti, S. S., & Lal, M. (2014). Prevalence and correlates of depression among college going students of district Amritsar, India. *International Research Journal of Medical Sciences*, 2(11), 5-9.
20. Kessler, R. C., Angermeyer, M., Anthony, J. C., De Graaf, R., Demyttenaere, K., Gasquet, I., & Ustun, T. B. (2007). Lifetime prevalence and age-of-onset distributions of mental disorders in the World Health Organization's World Mental Health Survey Initiative. *World Psychiatry*, 6(3), 168-176.
21. Khesht-Masjedi, M. F., Shokrgozar, S., Abdollahi, E., Golshahi, M., & Sharif-Ghaziani, Z. (2017). Comparing depressive symptoms in teenage boys and girls. *Journal of Family Medicine and Primary Care*, 6(4), 775-779. https://doi.org/10.4103/jfmpe.jfmpe_129_17
22. Kumar, K. S., & Akoijam, B. S. (2017). Depression, anxiety and stress among higher secondary school students of Imphal, Manipur. *Indian Journal of Community Medicine*, 42(2), 94-96. https://doi.org/10.4103/ijcm.ijcm_266_15
23. Kumar, S., & Bhukar, J. P. (2013). Stress level and coping strategies of college students. *Journal of Physical Education and Sports Management*, 4(1), 5-11. <https://doi.org/10.5897/JPEM12.001>
24. Kumaraswamy, N. (2013). Academic stress, anxiety and depression among college students: A brief review. *International Review of Social Sciences and Humanities*, 5(1), 135-143.
25. Kumari, A., & Jain, J. (2014). Examination stress and anxiety: A study of college students. *Global Journal of Multidisciplinary Studies*, 4(1), 31-40.
26. Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer Publishing Company.
27. McEwen, B. S. (1998). Stress, adaptation, and disease: Allostasis and allostatic load. *Annals of the New York Academy of Sciences*, 840, 33-44. <https://doi.org/10.1111/j.1749-6632.1998.tb09546.x>
28. Mishra, M. (2017). Sources of stress in government and private college students. *International Journal of Research Culture Society*, 1(10), 287-294.
29. Mutalik, N. R., Moni, S., Choudhari, S. B., & Bhogale, G. S. (2016). Depression, anxiety, stress among college students in Bagalkot: A college-based study. *The International Journal of Indian Psychology*, 3(4), 68-76.
30. Nawaz Sarif, M. D., & Vandana, V. (2022). Stress, anxiety and depression among students: A cross-sectional study. *Journal of Indian Education*, 1(1), 2-17.
31. Nunez-Pena, M. I., Suarez-Pellicioni, M., & Bono, R. (2016). Gender differences in test anxiety and their impact on higher education students' academic achievement. *Procedia: Social and Behavioural Sciences*, 228, 154-160. <https://doi.org/10.1016/j.sbspro.2016.07.023>
32. Pale, M., & Kharbhih, P. M. (2020). A study on depression among adolescents in West Jaintia Hills district, under Thadlaskein block, Meghalaya. *International Journal of Indian Psychology*, 8(4). <https://doi.org/10.25215/0804.103>
33. Pedrelli, P., Nyer, M., Yeung, A., Zulauf, C., & Wilens, T. (2015). College students: Mental health problems and treatment considerations. *Academic Psychiatry*, 39(5), 503-511. <https://doi.org/10.1007/s40596-014-0205-9>
34. Ramar, R., Shailaja, M., & Sivaram, T. (2017). *Research in education methods and statistics*. Discovery Publishing House.

35. Reddy, A., & Lalitha, K. (2021). Academic stress among adolescents in government and corporate colleges. *International Journal of Indian Psychology*, 9(1), 25-31. <https://doi.org/10.25215/0901.004>
36. Reddy, K. J., Menon, K. R., & Thattil, A. (2018). Academic stress and its sources among university students. *Biomedical and Pharmacology Journal*, 11(1), 531-537. <https://doi.org/10.13005/bpj/1404>
37. Rehman, A. U. (2016). Academic anxiety among higher education students of India, causes and preventive measures: An exploratory study. *International Journal of Modern Social Sciences*, 5(2), 102-116.
38. Sawhney, M., Kunen, S., & Gupta, A. (2020). Depressive symptoms and coping strategies among Indian university students. *Psychological Reports*, 123(2), 266-280. <https://doi.org/10.1177/0033294118820511>
39. Sharma, S., Parnian, S., & Spielberger, C. D. (1983). A cross-cultural study of the test anxiety levels in Iranian and Indian students. *Personality and Individual Differences*, 4(1), 117-120. [https://doi.org/10.1016/0191-8869\(83\)90063-6](https://doi.org/10.1016/0191-8869(83)90063-6)
40. Siddiqui, M. A., & Rehman, A. U. (2016). Academic anxiety among reserved and non-reserved category senior secondary school students of Jammu Division. *Asian Education Studies*, 1(1), 78-86. <https://doi.org/10.20849/aes.v1i1.35>
41. Singh, M., & Bhatnagar, P. (2016). Anxiety Depression Stress Scale (ADSS): A Factor Analytic Study. *International Journal of Indian Psychology*, 3(2), 52-65.
42. Son, C., Hegde, S., Smith, A., Wang, X., & Sasangohar, F. (2020). Effects of COVID-19 on college students' mental health in the United States: Interview survey study. *Journal of Medical Internet Research*, 22(9), e21279. <https://doi.org/10.2196/21279>
43. Teh, C. K., Ngo, C. W., binti Zulkifli, R. A., Vellasamy, R., & Suresh, K. (2015). Depression, anxiety and stress among undergraduate students: A cross-sectional study. *Open Journal of Epidemiology*, 5(4), 260-268. <https://doi.org/10.4236/ojepi.2015.54030>
44. Wani, M. A., Sankar, R., Rakshantha, P., Nivatha, A. L. S., Sowparnika, C. E., & Marak, L. D. B. (2016). Stress anxiety and depression among science and arts students. *International Journal of Education and Psychological Research*, 5(3), 48-51.
45. World Health Organization. (2022). *World mental health report: Transforming mental health for all*. World Health Organization. <https://www.who.int/publications/i/item/9789240049338>
46. Yamane, T. (1967). *Statistics: An introductory analysis* (2nd ed.). Harper and Row.

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