



STRESS, ANXIETY, AND DEPRESSION IN ADOLESCENTS: A CROSS-SCHOOL ANALYSIS OF HIGHER SECONDARY STUDENTS

Puja Kumari, Prof. (Dr.) Imran Khan

Research Scholar, Professor & Principal

Jai Prakash University, Chapra, Jai Prakash College, Narayanpur-853203, Bihar.

Abstract: Since the beginning of life on this planet, humans have consistently pursued progress, prosperity, and perfection. This relentless quest has driven innovation, shaped societies, and led to remarkable advancements in various fields. Yet, it also raises questions about the cost of such pursuits, and the balance must be maintained between ambition and ethical considerations. As a result, civilization and civilized lifestyles evolved. A civilized society expects the younger generation to play the most challenging role in pursuit of advancement and perfection. In this direction a majority of contemporary scholars are aligned to conceptualize the stage of adolescence as a transitional phase of life that presents various changes—physiological, hormonal, psychological, and socio-cultural, school environment, etc. in a very short span of time, which affect adolescents' schooling, social relationships, and overall psychological development, both directly and indirectly. Perhaps, therefore, adolescence is characterized as a phase of opportunities and vulnerabilities. Against this backdrop, the present study was undertaken on a randomly selected sample of 400 students from different government and nongovernmental higher secondary schools in the Siwan district to investigate the effects of type of school on the level of stress, anxiety, and depression. The Lovibond & Lovibond (1995) scale was administered to assess the level of stress, anxiety, and depression. A significant difference was observed in the level of stress, anxiety, and depression between students of government and non-government higher secondary schools.

Keywords: Stress, Anxiety, Depression, Government Higher Secondary School Students, Non-Government Higher Secondary School Students.

INTRODUCTION

Since the dawn of existence, humanity has persistently endeavoured to explore the ways to adventure, advancement, and affluence. Consequently, civilization and civilized ways of life evolved. Since civilized society expects the younger generation to take on the most challenging assignments in order to proceed rapidly towards the betterment and welfare of society. Therefore, several arrangements are made to make them strong enough to face the challenges of life. A multitude of contemporary scholars regard adolescence as a transitory

phase characterized by rapid physiological, hormonal, psychological, and socio-cultural transitions. These transitions pose numerous challenges that impact teenagers' education, social interactions, and overall psychological development, both directly and indirectly.

It is common to think of adolescence as the time when a person becomes sexually mature and ends when they reach the age of legal maturity. Hall (1904) characterized it as a phase of “storm and stress” in contemporary times. Modern theorists, however, regard adolescence as a developmental phase wherein individuals navigate significant life transitions (Ellis, 2004; Seginer & Somech, 2000). These life transitions present substantial problems that influence the adolescent's education, social interactions, and overall psychological development, either directly or indirectly. All of these changes show that adolescence is a time of both chances and risks. Parents are usually the main people who take care of their kids, but everyone in society has a duty to assist teens in reaching their full potential as adults (Casey et al., 2010; Galvan, 2014; Spear, 2000).

A big part of the lives of adolescents is spent in school. A school is a place where youngsters can study with the guidance of teachers. But students have to deal with every kind of stress, which really messes with their ability to adapt. Stress patterns are distinct and evolving (Coleman, 1988). Every person has their own set of adjusting needs. The expectations on a person depend on their age, sex, job, income, family condition, and caste. Some students give in to pressure when they make changes, which leads to tension, worry, and eventually despair. Stress, worry, and sadness are the most frequent mental health issues that teens who go to school deal with nowadays.

A fifth of the world's adolescent and youth population resides in India. India's adolescents and youth constitute approximately 30% of its population (UNICEF, 2022). However, the mental health and well-being statistics for this group are concerning, with the pooled prevalence of mental health morbidity in adolescents at 7.3%, and school-based estimates indicating 23.3% prevalence of child and adolescent psychiatric disorders (Gururaj G, Varghese M, et al. (2016). This underscores the need to prioritize and address the mental health challenges faced by India's vast youth population, ensuring equitable access to mental healthcare and holistic development.

National policies, such as the National Mental Health Policy of 2014, the National Youth Policy of 2014, and the National Education Policy of 2020, highlight the mental health and emotional well-being of children and adolescents as integral components of holistic development. States are also undertaking unique, independent initiatives, often aligned with policies, to promote the mental and emotional well-being of children and adolescents. The emphasis on comprehensive, accessible support to children and adolescents highlights the key role that schools can play as sites of care and support.

Globally, one in seven 10-19-year-olds experience a mental disorder, accounting for 13% of the global burden of disease in this age group. Half of all such disorders start by age 14 years, but most are undetected and untreated (WHO, 2021). Globally, research over the last few decades has consistently demonstrated that educational institute-based mental health interventions are effective in promoting well-being, prevention, early identification, diagnosis, and treatment of mental health concerns among adolescents and youth. Mental health

care services have been found to be more effective when provided in students' natural environments, such as schools, and when integrated with their learning environment (Hoover, S, and Bostic, C 2020).

II. REVIEW OF LITERATURE

A review of the literature in this research area indicates that an increasing amount of evidence has established that adolescents experience the whole range of mood disorders and endure significant morbidity and mortality related to them. Stress, anxiety, and depression are prevalent among students due to intense rivalry for admission and employment opportunities. The existence of this information gap substantiates the current research undertaking.

Stress is an important concept with profound effects; however, it may be managed via minor adjustments in our daily routines. Stress is widespread among students nowadays. Stress is consistently regarded as a subjective process that involves an individual's personal assessment and response to a perceived threat. Stress may lead to depression, anxiety, and various other detrimental illnesses.

As far as academic stress is concerned, it denotes the psychological strain linked to academic requirements that surpass a student's ability to cope. It encompasses examination pressure, workload, time limitations, and performance expectations. Jain & Singhai (2024) characterize academic stress as a subjective phenomenon influenced by individual assessment of academic challenges. It is common among students due to increasing academic rivalry and societal expectations. Stress is not solely a response to workload but also to the perceived incapacity to fulfill academic expectations, resulting in worry and burnout. Sailo & Varghese (2024) delineate principal stressors: apprehension of failure, parental expectations, peer rivalry, and deficiencies in time management abilities. There are many environmental factors, such as a detrimental classroom atmosphere, unsupportive educators, and inflexible curricula, that could exacerbate stress levels. Cognitive and affective outcomes of chronic stress diminish memory, attention, and executive functioning, which are essential for learning and academic endeavors. Students experiencing stress frequently encounter diminished concentration, procrastination, and test anxiety, all of which adversely impact performance.

The empirical evidence of educational deterioration is found by many scholars, some of whom are as follows: Shabir (2024) conducted a study among secondary students in Pakistan, demonstrating that elevated stress levels are associated with diminished academic performance, particularly in high-pressure settings. The research indicated that students under stress achieved markedly lower scores on standardized tests than their less-stressed counterparts. Gender and Socio-Cultural Dimensions • Numerous studies indicate that female students frequently encounter elevated academic stress as a result of societal expectations and multiple responsibilities. Cultural norms around success and failure influence stress reactions, with collectivist civilizations exhibiting increased performance anxiety.

Anxiety is usually characterised as an unpleasant sensation characterised by worry, fear, and anxiety, often accompanied by various physical symptoms in response to a perceived threat. Anxiety is a highly intricate notion with several connotations and subtleties derived from common usage, as well as from the fields of psychology, psychiatry, and psychoanalysis. Anxiety refers to a very personal, phenomenologically experienced sensation

of distress and anguish. Anxiety is a psychological and physiological condition defined by physical, emotional, cognitive, and behavioural elements (Lang, P. J., Davis, M., & Öhman, A. (2000).

Depression, a significant mood disorder, consists of a chronic sense of apathy as well as diminished interest in daily work. These symptoms generally persist for a minimum of two weeks and substantially disrupt daily activities, encompassing employment, education, and interpersonal relationships. Depression transcends transient emotional declines. It encompasses a multifaceted association of biological, psychological, and socio-cultural elements.

Studies have shown that usual care by primary care physicians fails to recognize 30-50% of depressed patients (Simon and Vonkorff, 1995). It is widely observed that the incidents of depression in adolescents in general and adolescent students who are preparing for competitive examinations in particular have increased over the last two decades. Adolescent depression may affect the teen's socialization, family relations, and performance at school, often with potentially serious long-term consequences. This problem can definitely contribute to many serious problems in their academic life, such as poor grades. (Modabernia MJ, Shodjai-Tehrani H, Moosavi SR, Jahanbakhsh-Asli N, Fallahi M, 2007).

Depression continues to be one of the most frequently underdiagnosed mental health disorders in primary care environments. Simon and Von Korff (1995) assert that normal care by primary care physicians does not recognize 30–50% of patients experiencing depression. This diagnosis gap is particularly alarming considering the increasing incidence of depression among adolescents, particularly those involved in high-pressure academic settings like competitive examination preparation. In the last twenty years, multiple studies have recorded a notable rise in depression symptoms within this cohort (Sadock, 2007; Modabernia et al., 2007). Adolescent depression can significantly impair social interactions, familial relationships, and academic achievement, frequently resulting in enduring psychological repercussions. Depressive symptoms in students are significantly correlated with worse academic performance and lower academic grades.

Hypotheses:

- i There is a significant difference between government and nongovernment higher secondary school students on the level of stress.
- ii There is a significant difference between government and nongovernment higher secondary school students on the level of anxiety.
- iii There is a significant difference between government and nongovernment higher secondary school students on the level of depression.

III. METHODOLOGY:

- A. **SAMPLE:** The study will be conducted on a sample of 400 students randomly selected from different government and nongovernment higher secondary schools spread in Siwan district. In which

200 students will be selected from government schools and the remaining 200 from nongovernment higher secondary schools in Siwan district.

B. **MEASURING INSTRUMENTS:** The following measuring tools and instruments will be applied to obtain data:

The Depression, Anxiety, and Stress Scales (DASS 21) developed by Lovibond and Lovibond in 1995 are applied to assess the level of stress, anxiety, and depression.

IV. RESULTS AND DISCUSSION

Table 1

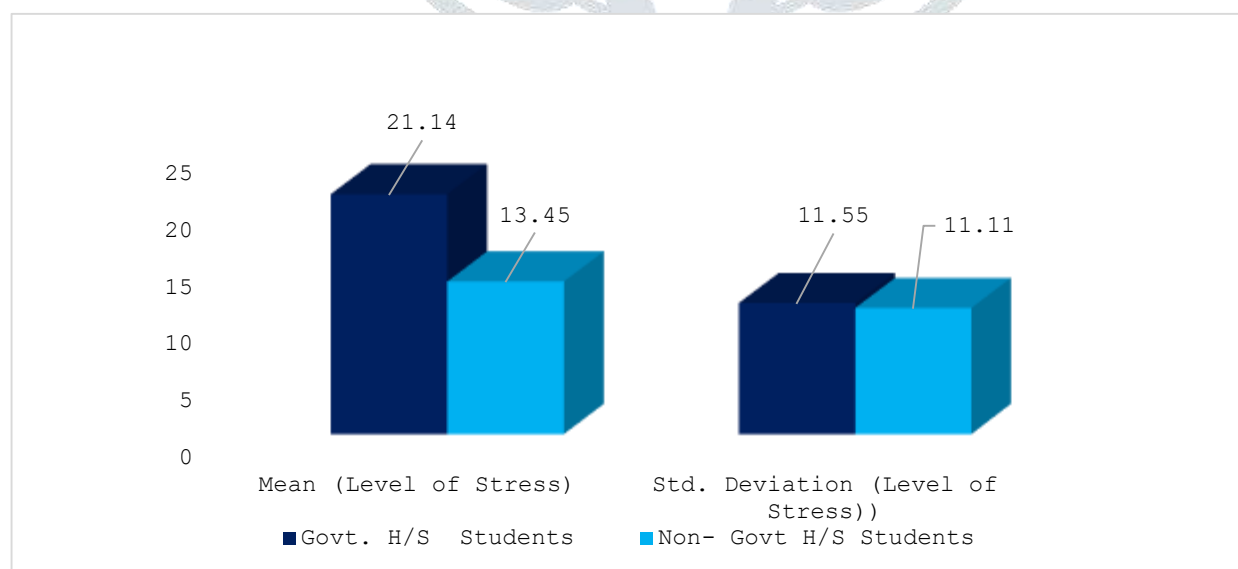
t-Test: Two-Sample Students of Government Schools and of Non-Government H/S Schools (Assuming Equal Variances) in terms of stress

Types of School	N	Mean	Std. Deviation	Std. Error	df	t-Stat	Sig. level
Govt H/S School Students	200	21.14	11.55	0.82	398	6.79*	p < .01
Non-Govt H/S School Students	200	13.45	11.11	0.79			

*Significant at 0.01 level

Figure 1.

Mean and Standard Deviation of Government and Non-Government Higher Secondary School Students on measures of Stress



Analysis of the data mentioned in Table 1 revealed a significant difference, $t(398) = 6.79$, $p < .01$, with government H/S school students ($M = 21.14$, $SD = 11.55$) reporting higher stress than non-government H/S school students ($M = 13.45$, $SD = 11.11$). The effect size was medium to large ($d = 0.68$), indicating a meaningful

difference in stress levels between the two groups. This suggests that the observed differences between the groups' mean values are likely to indicate a true effect rather than being due to chance. The result is statistically significant, as demonstrated by the data mentioned in Table 1. In addition, the data depicted in Figure 1 further consolidate the result. Therefore, H_{y1} , which states that "There is a significant difference in stress level between students of higher secondary government schools and non-government schools," is accepted.

Table 2

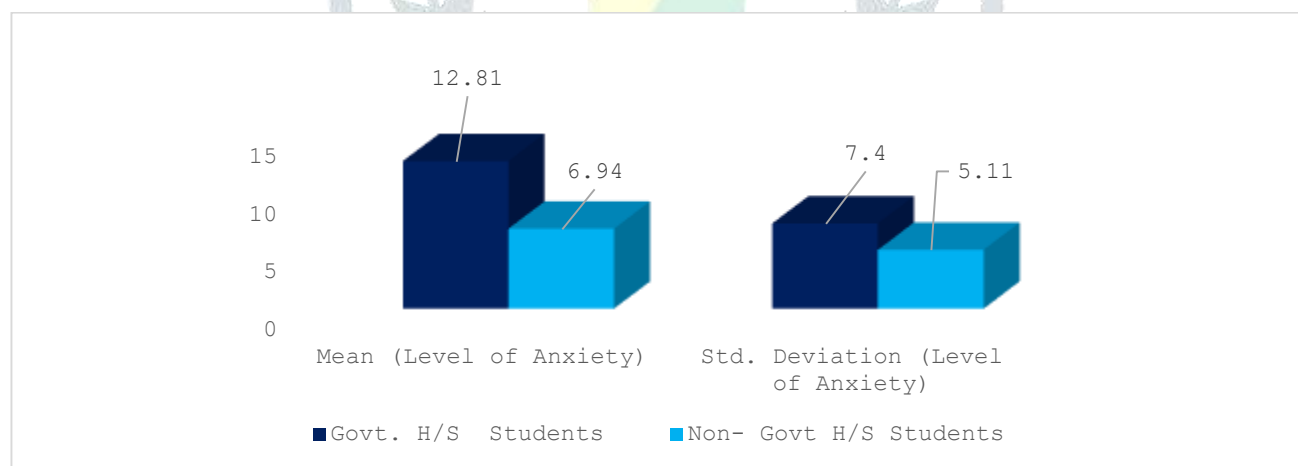
t-Test: Two-Sample Students of Government Schools and of Non-Government H/S Schools (Assuming Equal Variances) in terms of anxiety

Types of School	N	Mean	Std. Deviation	Std. Error	df	t-Stat	Sig. level
Govt H/S School Students	200	12.81	7.40	0.36	398	9.23*	p < .01
Non-Govt H/S School Students	200	6.94	5.11	0.52			

*Significant at 0.01 level

Figure 2.

Mean and SD of Govt and Non-Govt Higher Secondary School Students on measures of Anxiety



Analysis of the data mentioned in Table 2 revealed a significant difference, $t(398) = 9.23$, $p < .01$, with government H/S school students ($M = 12.81$, $SD = 7.40$) reporting higher stress than non-government H/S school students ($M = 6.94$, $SD = 5.11$). The effect size was medium to large ($d = 0.68$), indicating a meaningful difference in anxiety levels between the two groups. This suggests that the observed differences between the groups' mean values are a true effect rather than being due to chance. The result is statistically significant, as demonstrated by the data mentioned in Table 2. In addition, the data depicted in Figure 2 further consolidate

the result. Therefore, H_{y2} , which states that “There is a significant difference in anxiety level between students of higher secondary government schools and non-government schools,” is accepted.

Table 3

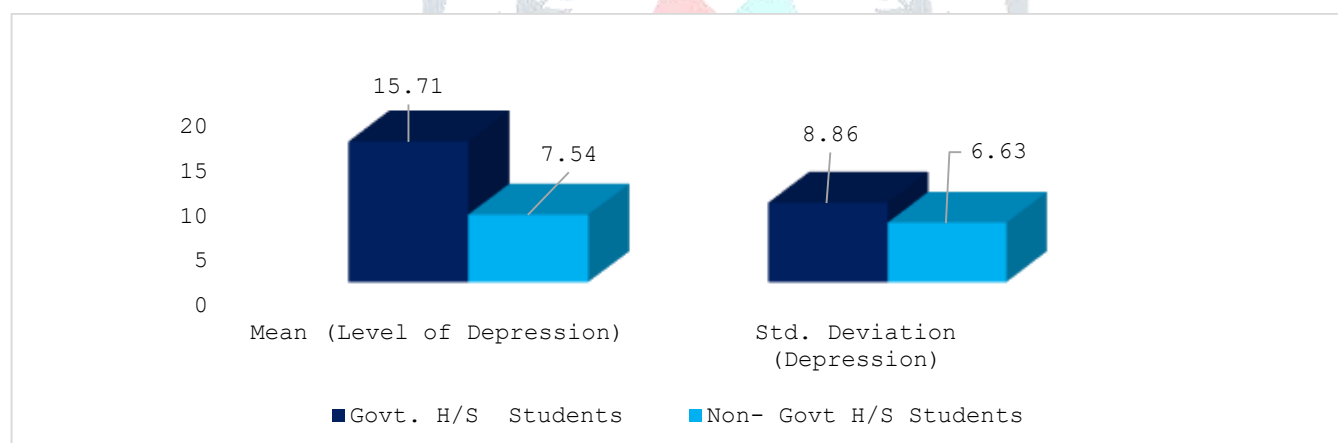
t-Test: Two-Sample Students of Government Schools and of Non-Government H/S Schools (Assuming Equal Variances) in terms of depression

Types of School	N	Mean	Std. Deviation	Std. Error	df	t-Stat	Sig. level
Govt H/S School Students	200	15.71	8.86	0.63	398	10.44*	$p < .01$
Non-Govt H/S School Students	200	7.54	6.63	0.47			

*Significant at 0.01 level

Figure 3.

Mean and SD of Govt and Non-Govt Higher Secondary School Students on measures of Depression



Analysis of the data mentioned in Table 3 revealed a statistically significant difference in depression levels, $t(398) = 10.44$, $p < .01$. Students from government schools ($M = 15.71$, $SD = 8.86$) reported significantly higher depression scores than their counterparts from non-government schools ($M = 7.54$, $SD = 6.63$). This suggests that school type may be associated with students' mental health outcomes, particularly depression. In addition, the data depicted in Figure 2 further consolidate the result. Therefore, H_{y2} , which states that “There is a significant difference in depression level between students of higher secondary government schools and non-government schools,” is accepted. A landscape report on school mental health initiatives in India highlights systemic disparities in mental health support between government and non-government schools. It emphasizes the need for targeted interventions in government institutions to address rising depression and anxiety among students.

REFERENCES

- [1] Casey, B. J., Jones, R. M., Levita, L., Libby, V., Pattwell, S. S., Ruberry, E. J., ... & Somerville, L. H. (2010). The storm and stress of adolescence: insights from human imaging and mouse genetics. *Developmental Psychobiology: The Journal of the International Society for Developmental Psychobiology*, 52(3), 225-235.
- [2] Coleman, J. S. (1988). Social capital in the creation of human capital. *American Journal of Sociology*, 94(Supplement), S95–S120.
- [3] Ellis, C. (2004). *The ethnographic I: A methodological novel about autoethnography*. AltMira Press.
- [4] Galván, A. (2014). Adolescents' emotional competence is associated with parents' neural sensitivity to emotions. *Frontiers in Human Neuroscience*, 8, Article 558.
- [5] Gururaj, G., Varghese, M., Benegal, V., Rao, G. N., Pathak, K., Singh, L. K., ... & NMHS Collaborators Group. (2016). National Mental Health Survey of India, 2015–16: Summary. NIMHANS Publication No. 128. Bengaluru: National Institute of Mental Health and Neurosciences.
- [6] Hall, G. S. (1904). *Adolescence: Its psychology and its relations to physiology, anthropology, sociology, sex, crime, religion, and education* (Vols. 1–2). D. Appleton & Co.
- [7] Hoover, S., & Bostic, J. (2020). Schools as a vital component of the child and adolescent mental health system. *Psychiatric Services*, 72(1), 37–48.
- [8] Jain, G., & Singhai, M. (2024). Academic stress amongst students: A review of literature. Prestige Institute of Management and Research.
- [9] Lang, P. J., Davis, M., & Öhman, A. (2000). Fear and anxiety: Animal models and human cognitive psychophysiology. *Journal of Affective Disorders*, 61(3), 137–159.
- [10] Modabber-Nia, M. J., Shodjai-Tehrani, H., Moosavi, S. R., Jahanbakhsh-Asli, N., & Fallahi, M. (2007). The prevalence of depression among high school and preuniversity adolescents: Rasht, northern Iran. *Archives of Iranian Medicine*, 10(2), 141–146.
- [11] Sailo, H., & Varghese, D. (2024). Academic stress, its sources, effects, and coping mechanisms among college students. *International Journal of Science and Healthcare Research*, 9(3), 107–112.
- [12] Simon, G. E., & von Korff, M. (1995). Recognition, management, and outcomes of depression in primary care. *Archives of Family Medicine*, 4(2), 99–105.
- [13] Seginer, R., & Somech, A. (2000). In the eyes of the beholder: How adolescents, teachers, and school counselors construct adolescent images. *Social Psychology of Education*, 4(2), 139–157.
- [14] Shabir, A. (2024). A study on mental health among secondary school students in Pakistan. Unpublished manuscript.
- [15] UNICEF. (2022). Adolescent development and participation.
- [16] World Health Organization. (2021). Adolescent mental health.