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A study to assess the levels of depression, anxiety and stress among nursing students of Govt. nursing college Gangyal, Jammu

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Abstract

Introduction: The human life in modern days has been plagued with pressure and increasing stressors of depression, anxiety and stress which disrupts various aspects of life that leads people constantly engage in conflicts. Mental disorders or any illness with significant psychological or behavioral manifestations that is associated with either a painful or distressing symptoms or impairment in one or more important areas of functioning that feign to forget people of their authentic self. Mental disorders affect people of all ages and racial/ethnic groups, but some populations are disproportionately affected because of their idiosyncrasies. Existing Mental Health problems become more complex and intense with children transition into adolescence. Those ages 18 to 25 are most likely to experience a serious mental illness. Moreover, Students in medical training experience higher levels of anxiety more often than the general population. Depression, anxiety and stress are some of the mental disorders taken account in this study. This current study aimed to fulfill the information by assessing the levels of depression, anxiety and stress among B.Sc Nursing students in Govt. Nursing College Gangyal.

Methods: Researcher adopted a quantitative research approach followed by descriptive design. 100 sample which comprised of 1st and 2nd year B.Sc. Nursing students were selected with the help of convenient sampling technique. A standardized tool (DASS-21) was administered for the data collection. Analysis of data was done using descriptive and inferential statistics.

Findings: The data gathered in the current study revealed that among all the three domains, anxiety was at the top 69% followed by depression 50%, stress 28%. The percentage distribution in the levels of depression; normal, mild, moderate, severe, and extremely severe were 50%, 21%, 16%, 7% and 6% respectively. Percentage distribution in the levels of anxiety; normal, mild, moderate, severe, and extremely severe were 31%, 25%, 16%, 15%, and 13% respectively. Percentage distribution in the levels of stress; normal, mild, moderate, severe, and extremely severe were 72%, 15%, 11%, 2% and 0% respectively. Significant association was seen in between levels of depression with certain demographic variables such as residence, family income. Significant association was seen in between the levels of stress with demographic variable such as family history of mental illness. No significance was seen in between levels of depression, anxiety and stress with demographic variables such as age, gender and religion.

Conclusion: Increased levels of depression and anxiety have been reported in the current population. Considering the current findings, it is indispensable to develop evidenced based and appropriate mental health programs.

Keywords: Assess, nursing students, mental disorders, depression, anxiety, stress, dass-21

Introduction

Health as defined by WHO is a state of complete physical, mental and social wellbeing and not merely the absence of disease and infirmity^[1].

Mental health includes our emotional, psychological and social wellbeing. It affects how we think, feel and act. It also helps to determine how we handle stress. Mental health is important at every stage of life, from childhood and adolescence through adulthood^[2].

Mental disorders (or mental illnesses) are those conditions that affect person's thinking, feeling, mood, and behavior. More than 1 in 3 high school students had experienced persistent feelings of sadness or hopelessness in 2019, a 40% increase since 2009. Poor mental health in adolescence is more than feeling blue. It can impact many areas of a teen's life.

Youth with poor mental health may struggle with school and grades, decision making, and their health. In 2019, approximately 1 in 6 youth reported making a suicide plan in the past

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year, a 44% increase since 2009. Mental health problems in youth often go hand-in-hand with other health and behavioral risks like increased risk of drug use, experiencing violence, and higher risk sexual behaviors than can lead to HIV, STDs, and unintended pregnancy. Because many health behaviors and habits are established in adolescence that will carry over into adult years, it is very important to help youth develop good mental health. Adolescence is a stressful period due to physical, psychological, sexual changes and the presence of psychiatric disorders such as depression, anxiety and stress at the stage of life is matter of concern^[3]. Existing Mental Health problems become more complex and intense with children transition into adolescence^[4]. Medical education worldwide is proven to be associated with a higher degree of psychological distress^[5]. Students in medical training experience higher levels of anxiety more often than the general population^[6].

The human life in modern days has been plagued with pressure and increasing stressors of anxiety stress and depression which disrupts various aspects of life^[7]. Mental illness is still a stigma in India. Close to 60 to 70 million people in the country suffer from common and severe mental disorders. India is the world's suicidal capital with over 2.6 lakh cases of suicide in a year.

According to WHO statistics, the average suicide rate in India is 10.9 for every lakh people^[8].

According to survey report done on 10th of October, there are about 200 million people in India who are suffering from mental health related problems such as depression or anxiety^[9].

As per WHO, (4 march 2023) depression is a common illness worldwide, with an estimated 3.8% of the population affected, including 5.0% among adults and 5.7% among adults older than 60 years. Approximately 280 million people in the world have depression. Depression is different from usual mood fluctuations and short-lived emotional responses to challenges in everyday life. Especially when recurrent and with moderate or severe intensity, depression may become a serious health condition which is an unpleasant hint. It can cause the affected person to suffer greatly and function poorly at work, at school and in the family. At its worst, depression can lead to suicide. Over 700 000 people die due to suicide every year. Suicide is the fourth leading cause of death in 15-29 year olds. Depression is a mental state of low mood and aversion to activity. Classified medically as a mental and behavioral disorder, the experience of depression affects a person's thoughts, behavior, motivation, feelings, and sense of well-being. The core symptom of depression is said to be anhedonia, which refers to loss of interest or a loss of feeling of pleasure in certain activities that usually bring joy to people. Depressed mood is a symptom of some mood disorders such as major depressive disorder or dysthymia, it is a normal temporary reaction to life events, such as the loss of a loved one, it is also a symptom of some physical diseases and a side effect of some drugs and medical treatments. It may feature sadness, difficulty in thinking and concentration and a significant increase or decrease in appetite and time spent sleeping. People experiencing depression may have feelings of rejection, hopelessness and suicidal thoughts^[10].

Anxiety is an emotion which is characterized by an unpleasant state of inner turmoil and it includes subjectively unpleasant feelings of dread over anticipated events. It is often accompanied by nervous behavior such as pacing back and forth, somatic complaints, and rumination. Anxiety is a feeling of uneasiness and worry, usually generalized and unfocused as an overreaction to a situation that is only subjectively seen as menacing. It is often accompanied by

muscular tension, restlessness, fatigue, inability to catch one's breath, tightness in the abdominal region, nausea and problems in concentration. Anxiety is closely related to fear, which is a response to a real or perceived immediate threat (fight or flight response); anxiety involves the expectation of future threat. People facing anxiety may withdraw from situations which have provoked anxiety of the past.

Stress is a feeling of emotional or physical tension. It can come from any event or thought that makes you feel frustrated, angry, or nervous. Stress is your body's reaction to a challenge or demand. In short bursts, stress can be positive, such as when it helps you avoid danger or meet a deadline. But when stress lasts for a long time, it may harm your health.

Nursing profession is mostly based on human relation and communication. Psychological stress may relate to job and various types of demands, which results in conflicts and lead to physical, mental and behavioral problems in association with poor academic performance^[11].

A study was conducted in Punjab, India, revealed a high prevalence of depression, anxiety and stress among adolescent students. Levels of depression, anxiety and stress were 50.8%, 58.7% and 68%^[12].

Study done among the university students in Sialkot Pakistan in June 2019, the frequency of Depression, Anxiety and Stress among college and university students was found out to be 75%, 88.4% and 84.4% respectively^[13].

According to mental health disorder statistics, approximately 9.5% of American adults ages 18 and over will suffer from depressive illness. Approximately about 18% of people ages 18-54 in a given year have an anxiety disorder. Many people suffer from more than one mental disorder at a given time^[14].

According to Juno Medical journal (25 feb 2017), 322 Million people live in depression. WHO estimates that about 7.5% Indians suffer from some mental disorders and predict that after one or two years roughly 20% of Indians will suffer from mental illness. According to this number 56 million Indians will suffer from depression and another 38 million will suffer from anxiety disorders^[15].

Various studies have confirmed high prevalence of depression anxiety and stress among nursing students. In a study done by Chetan jit Baruah in Assam in 2022 out of 214 students 22.9% had mild depression, 24.9% had moderate depression, 6.1% had severe depression and only 1.9% had extremely severe depression^[16].

Everybody talks about stress since it can appear out of nowhere, after any activity or thought and make us feel anxious, angry or frustrated. Doctors say that having low levels of stress is a good thing. Therefore, high levels of stress can actually be harmful. Too much stress predisposes a person to all sorts of physical and psychological diseases.

Statement of the study

A study to assess the level of Depression, Anxiety and Stress among B.Sc. Nursing students of Govt. nursing college Gangyal, Jammu”.

Objectives

- To assess the level of depression, anxiety and stress among B.Sc nursing students of Govt Nursing College Gangyal, Jammu.
- To find the association between level of depression, anxiety and stress with selected demographic variables.
- To find the relationship between depression, anxiety and stress among B.Sc nursing students of Govt. Nursing College Gangyal, Jammu.

Methodology

Research approach and design

Quantitative Non Experimental Descriptive Survey Design was used by the researcher for the procedure to collect, analyze and interpret data.

Variables

Research variable: levels of depression, anxiety and stress

Demographic variables: age, gender, marital status, residence, religion, family income, education of the head of the family, type of family, occupation, family history of mental issues, class.

Population: The Population of the study comprised of B.Sc. Nursing Students of India.

Target population

B.Sc Nursing students of Nursing Colleges of Jammu.

Accessible population

Students studying in B.Sc. Nursing 1st and 2nd year in Govt. Nursing College Gangyal Jammu.

Sample

The Sample of this study were 1st and 2nd year B.Sc. Nursing students of Govt. Nursing College, Gangyal. The Sample Size for this study was 100 that met our inclusion criteria.

Sampling technique: Convenient Sampling Technique was used for this study.

Methods of data collection

- **Part I:** Socio-demographic variables such as

- **Part II:** Standardized scale DASS-21 (Depression anxiety stress scale) was used to assess depression, anxiety and stress.

It consists of three domains Depression, Anxiety and Stress. Each domain consists of 7 items pertaining to Depression, anxiety and stress respectively ranging from normal to extremely severe.

Validity

The tool was validated by 11 experts from different departments and universities which includes a psychiatrist, clinical Psychologist from psychiatric hospital Jammu, 8 experts from medical surgical nursing department, obstetrics and gynecological nursing department, pediatric nursing department, community health nursing department, mental health nursing department, from Bee Enn college of Nursing, 2 experts from mental health nursing department from Rajiv Gandhi college of Nursing and 1 from Combined Institute of Medical Sciences and Research Dehradun.

Data analysis

- Frequency and percentage distribution were used to assess the levels of Depression, Anxiety and Stress.
- Mean, mean percentage, standard deviation and inferential measures were used.
- Chi square tests were to determine the association between the levels of Depression, Anxiety and Stress with selected demographic variables.
- Karl Pearson's correlation coefficient was used to correlate the levels of depression, anxiety and stress.

Table 1: Demographic profile of the subjects

Variables	Categories	Percentage (%)	Frequency(f)
Age	17-18 years	0.0%	0
	19-20 years	51.0%	51
	21-22 years	49.0%	49
Gender	Female	64.0%	64
	Male	36.0%	36
	Other	0.0%	0
Marital Status	Married	0.0%	0
	Un-married	100.0%	100
	Divorced	0.0%	0
	Widow	0.0%	0
Religion	Separated	0.0%	0
	Muslim	63.0%	63
	Hindu	30.0%	30
	Sikh	6.0%	6
	Christian	0.0%	0
Residence	Others	1.0%	1
	Rural	76.0%	76
	Urban	24.0%	24
Family Income	≤6174	20.0%	20
	6,175-18,496	23.0%	23
	18,497-30,830	17.0%	17
	30,831 - 46,128	16.0%	16
	46,129 - 61,662	9.0%	9
	61,663 - 123,321	15.0%	15
Education of Head of The Family	≥123,322	0.0%	0
	Post graduate	23.0%	23
	Graduate	30.0%	30
	Diploma	2.0%	2
	High school certified	35.0%	35
	Middle school certified	2.0%	2
	Primary school certified	1.0%	1
	No formal education	7.0%	7
Type of Family	Nuclear family	79.0%	79

	Joint family	18.0%	18
	Extended nuclear family	3.0%	3
Occupation	Professional	28.0%	28
	Semi profession	7.0%	7
	Clerical/ shop/farm	12.0%	12
	Skilled worker	23.0%	23
	Semiskilled worker	4.0%	4
	Unskilled worker	1.0%	1
	Unemployed	25.0%	25
Family History of Mental Illness	Yes	7.0%	7
	No	93.0%	93
Class	Ist year	50.0%	50
	2nd year	50.0%	50

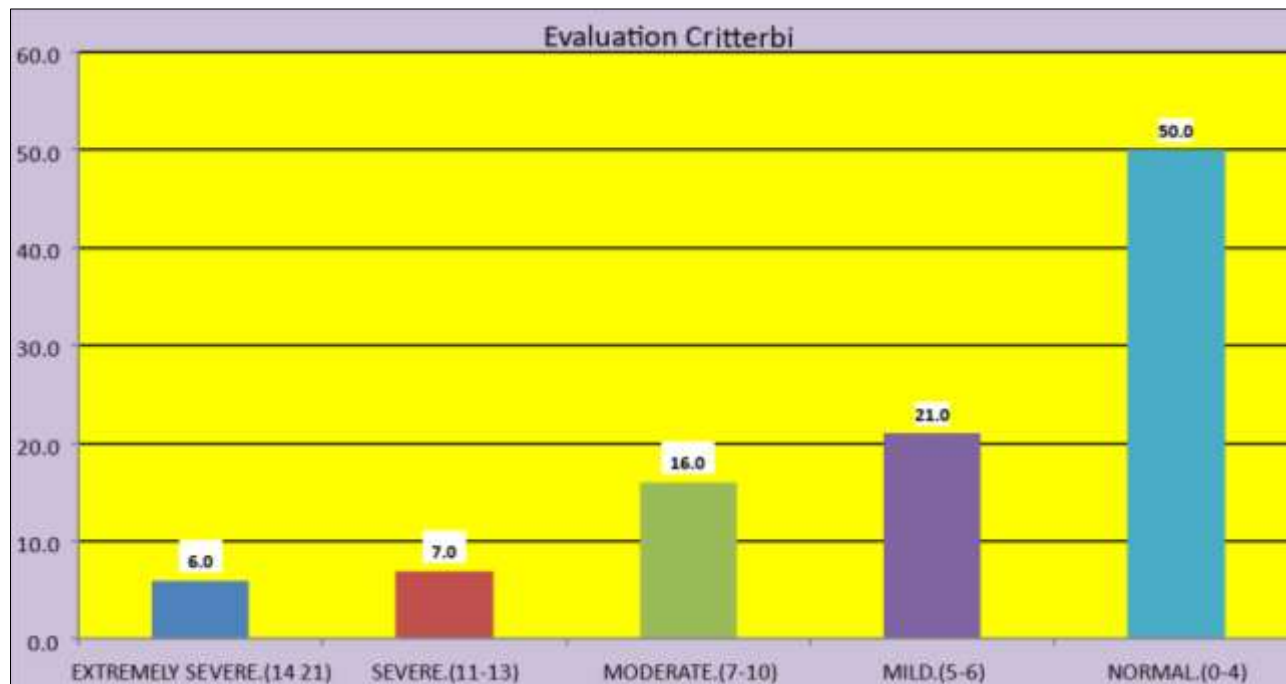


Fig 1: Diagram showing the percentage distribution level of Depression

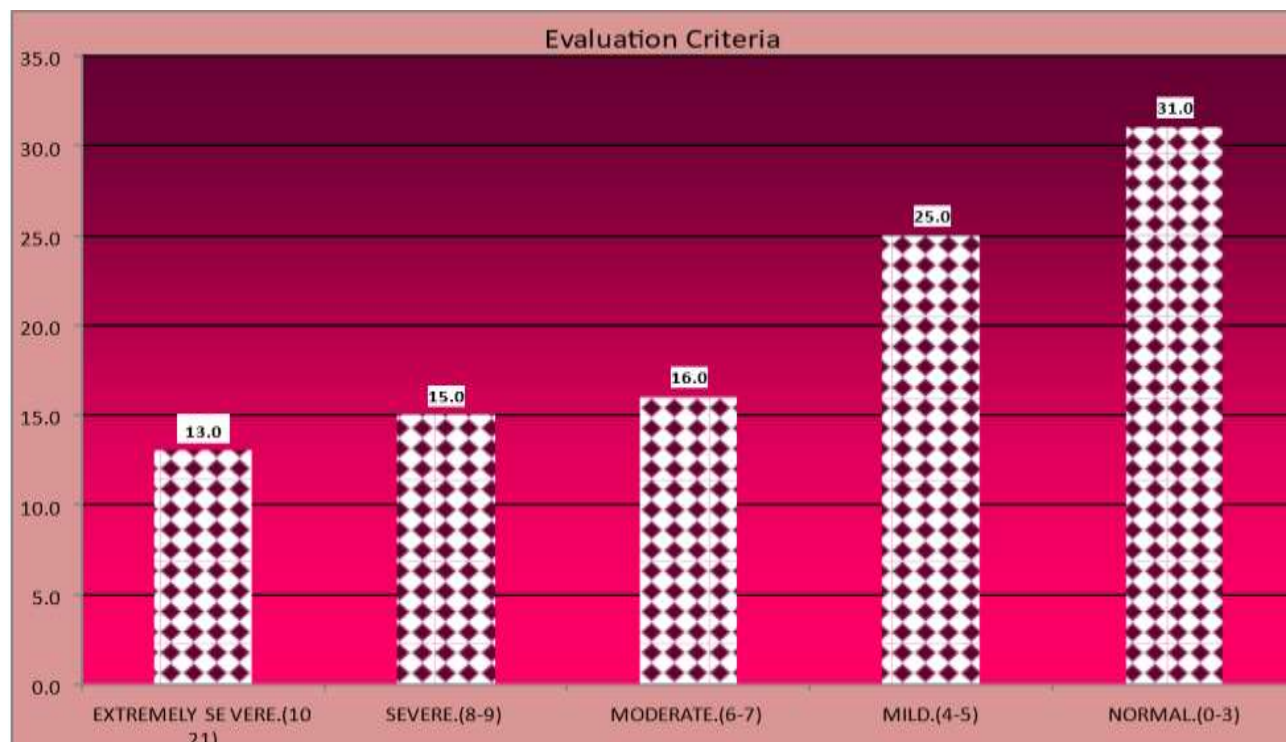


Fig 2: Diagram showing the percentage distribution level of Anxiety

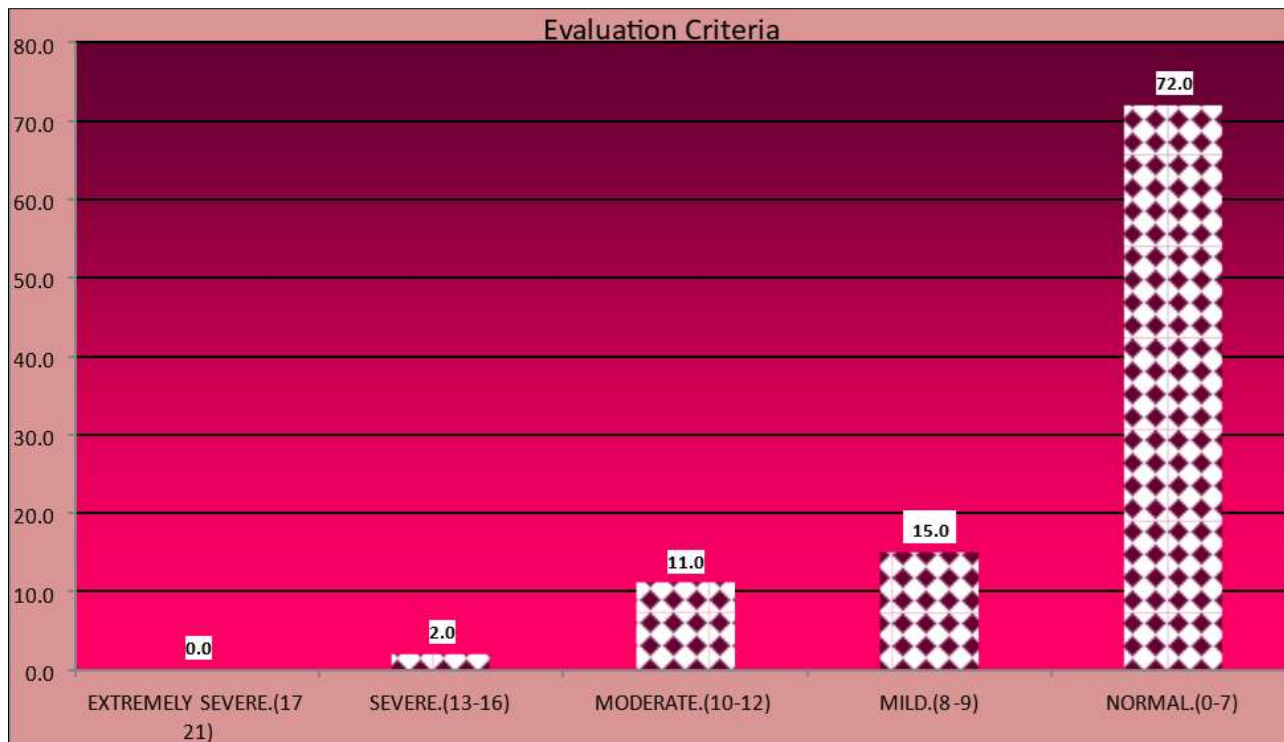


Fig 3: Diagram showing the percentage distribution level of Stress

Table 2: Table Showing Association of Depression Scores and Demographic

Demographic Data		Levels (Nv100)					Association with DepressionScore				
		Extremely Severe	Severe	Moderate	Mild	Normal	Chi Test	P Value	DF	Table Value	Result
Age	17-18 years	0	0	0	0	0	1.871	0.759	4	9.488	Not Significant
	19-20 years	3	4	6	10	28					
	21,22 years	3	3	10	11	22					
Gender	Female	5	6	12	12	29	4.456	0.348	4	9.488	Not Significant
	Male	1	1	4	9	21					
	Other	0	0	0	0	0					
Marital Status	Married	0	0	0	0	0	N.A				
	Unmarried	6	7	16	21	SO					
	Divorced	0	0	0	0	0					
	Widow	0	0	0	0	0					
Religion	Muslim	5	3	8	12	35	9.992	0.617	12	21.026	Not Significant
	Hindu	1	4	7	6	12					
	Sikh	0	0	1	3	2					
	Christian	0	0	0	0	0					
Residence	Rural	6	5	14	11	40	9.996	0.040	4	9.488	Significant
	Urban	0	2	2	10	10					
Family Income	≤6174	2	1	1	6	10	47.361	0.001	20	31.410	Significant
	6,175 - 18,496	1	1	4	3	14					
	18,497 - 30,830	0	3	6	0	8					
	30,831 - 46,128	3	1	0	2	10					
	46,129 - 61,662	0	1	0	7	1					
	61,663 - 123,321	0	0	5	3	7					
≥123,322	0	0	0	0	0						
Education of Head of The Family	Post graduate	0	0	7	5	11	43.432	0.009	24	36.415	Significant
	Graduate	4	7	3	2	14					
	Diploma	0	0	1	0	1					
	High school certified	2	0	3	13	17					
	Middle school certified	0	0	0	0	2					
	Primary school certified	0	0	0	1	0					
Type of Family	Nuclear family	6	7	15	17	34	11.703	0.165	8	15.507	Not Significant
	Joint family	0	0	0	4	14					
	Extended nuclear family	0	0	1	0	2					
Occupation	Professional	0	2	7	8	11	25.275	0.391	24	36.415	Not

	Semi profession	2	0	0	1	4	3.440	0.487	4	9.488	Significant
	Clerical/ shop/farm	1	1	2	2	6					
	Skilled worker	0	2	3	5	13					
	Semiskilled worker	0	0	0	2	2					
	Unskilled worker	0	0	1	0	0					
	Unemployed	3	2	3	3	14					
Family History of Mental Illness	Yes	0	1	1	3	2	10.806	0.029	4	9.488	Not Significant
	No	6	6	15	18	48					
Class	1 st year	6	2	5	13	24	10.806	0.029	4	9.488	Significant
	2 nd year	0	5	11	8	26					

Table 3: Table Showing Association of Anxiety Scores and Demographic Variables

Demographic data		Levels (n=100)					Association with anxiety score				
Variables Opts		Extremely Severe	Severe	Moderate	Mild	Normal	Chi Test	P Value	DF	Fable Value	Result
Age	17-18 years	0	0	0	0	0	5.234	0.264	4	9.488	Not Significant
	19-20 years	5	7	7	11	21					
	21-22 years	8	8	9	14	10					
Gender	Female	8	13	9	18	16	6.555	0.161	4	9.488	Not Significant
	Male	5	2	7	7	15					
	Other	0	0	0	0	0					
Marital Status	Married	0	0	0	0	0	N.A				
	Un-married	13	15	16	25	31					
	Divorced	0	0	0	0	0					
	Widow	0	0	0	0	0					
	Separated	0	0	0	0	0					
Religion	Muslim	10	7	9	15	22	9.462	0.663	12	21.026	Not Significant
	Hindu	2	7	7	8	6					
	Sikh	1	1	0	2	2					
	Christian	0	0	0	0	0					
Residence	Others	0	0	0	0	1	4.133	0.388	4	9.488	Not Significant
	Rural	9	13	10	18	26					
	Urban	4	2	6	7	5					
Family Income	≤6174	4	2	1	4	9	22.603	0.309	20	31.410	Not Significant
	6,175 - 18,496	2	1	5	9	6					
	18,497 - 30,830	1	5	3	3	5					
	30,831 - 46,128	4	3	3	2	4					
	46,129 - 61,662	2	1	3	2	1					
	61,663 - 123,321	0	3	1	5	6					
≥123,322	0	0	0	0	0						
Education of Head of The Family	Post graduate	3	5	4	3	8	26.350	0.336	24	36.415	Not Significant
	Graduate	7	5	3	6	9					
	Diploma	0	1	0	1	0					
	High school certified	3	3	7	10	12					
	Middle school certified	0	0	0	2	0					
	Primary school certified	0	1	0	0	0					
Type of Family	Illiterate	0	0	2	3	2	2.867	0.942	8	15.507	Not Significant
	Nuclear family	11	12	14	19	23					
	Joint family	2	2	2	5	7					
Occupation	Extended nuclear family	0	1	0	1	1	36.841	0.045	24	36.415	Significant
	Professional	3	6	4	5	10					
	Semi profession	2	0	2	0	3					
	Clerical/ shop/farm	3	2	3	1	3					
	Skilled worker	1	2	6	8	6					
	Semiskilled worker	0	0	0	4	0					
	Unskilled worker	0	0	1	0	0					
Unemployed	4	5	0	7	9						
Family History of Mental Illness	Yes	3	1	1	1	1	6.202	0.185	4	9.488	Not Significant
	No	10	14	15	24	30					
Class	Ist year	8	4	8	14	16	4.351	0.361	4	9.488	Not Significant
	2nd year	5	11	8	11	15					

Table 4: Table Showing Association of Stress Scores and Demographic Variables

Demographic Data		Levels (N=100)					Association with Stress Score				
Variables	Opts	Extremely severe	Severe	Moderate	Mild	Normal	Chi Test	P Value	DF	Table Value	Result
Age	17-18 years	0	0	0	0	0	0.960	0.811	3	7.815	Not Significant
	19-20 years	0	3	3	8	37					
	21-22 years	0	2	5	6	36					
Gender	Female	0	5	5	9	45	2.997	0.392	3	7.815	Not Significant
	Male	0	0	3	5	28					
	Other	0	0	0	0	0					
Marital Status	Married	0	0	0	0	0	N.A				
	Un-married	0	5	8	14	73					
	Divorced	0	0	0	0	0					
	Widow	0	0	0	0	0					
	Separated	0	0	0	0	0					
Religion	Muslim	0	5	4	8	46	4.477	0.877	9	16.919	Not Significant
	Hindu	0	0	3	5	22					
	Sikh	0	0	1	1	4					
	Christian	0	0	0	0	0					
	Others	0	0	0	0	1					
Residence	Rural	0	4	5	13	54	3.189	0.363	3	7.815	Not Significant
	Urban	0	1	3	1	19					
Family Income	≤6174	0	1	0	3	16	11.954	0.683	15	24.996	Not Significant
	6,175-18,496	0	1	3	2	17					
	18,497-30,830	0	0	1	2	14					
	30,831 - 46,128	0	2	1	3	10					
	46,129 - 61,662	0	1	1	0	7					
	61,663 - 123,321	0	0	2	4	9					
	≥123,322	0	0	0	0	0					
Education of Head of The Family	Post graduate	0	0	4	0	19	25.482	0.112	18	28.869	Not Significant
	Graduate	0	5	3	4	18					
	Diploma	0	0	0	0	2					
	High school certified	0	0	1	9	25					
	Middle certified school	0	0	0	0	2					
	Primary certified school	0	0	0	0	1					
	Illiterate	0	0	0	1	6					
Type of Family	Nuclear family	0	5	8	11	55	5.127	0.528	6	12.592	Not Significant
	Joint family	0	0	0	2	16					
	Extended nuclear family	0	0	0	1	2					
Occupation	Professional	0	0	1	0	27	38.431	0.003	18	28.869	Significant
	Semi profession	0	2	2	0	3					
	Clerical/ shop/farm	0	1	1	2	8					
	Skilled worker	0	0	0	3	20					
	Semiskilled worker	0	0	0	2	2					
	Unskilled worker	0	0	0	0	1					
	Unemployed	0	2	4	7	12					
Family History of Mental Illness	Yes	0	1	2	1	3	6.217	0.102	3	7.815	Not Significant
	No	0	4	6	13	70					
Class	Ist year	0	4	3	9	34	3.785	0.286	3	7.815	Not Significant
	2nd year	0	1	5	5	39					

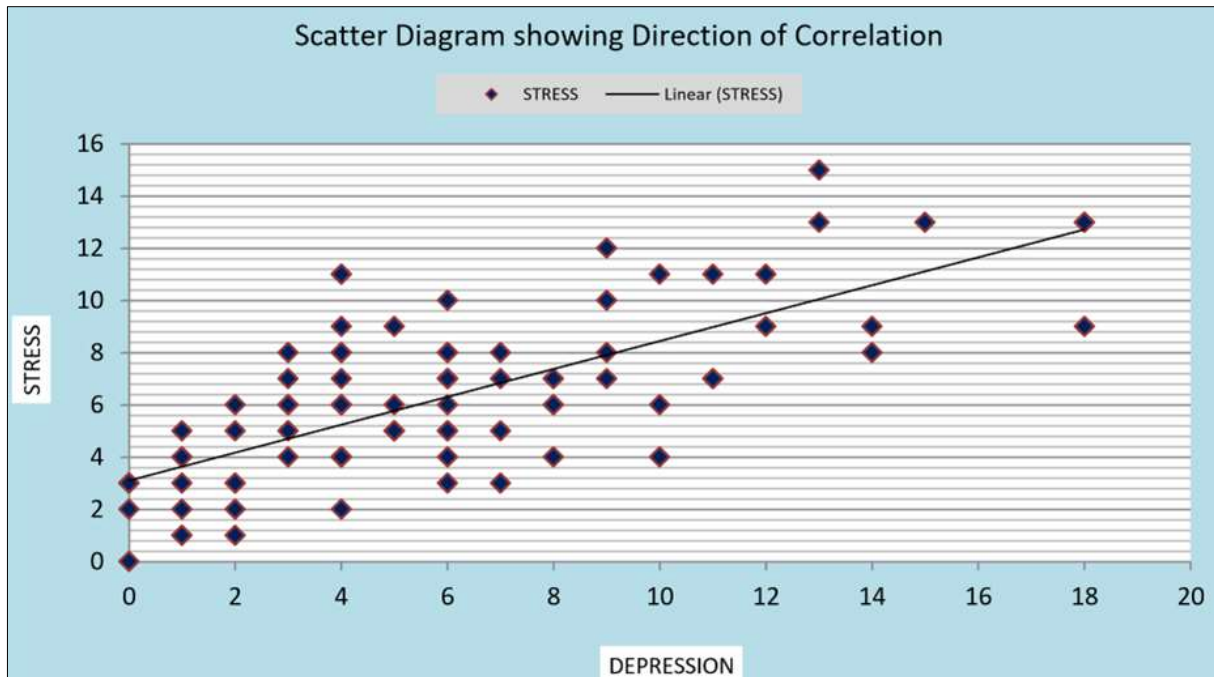


Fig 4: Scatter diagram showing correlation between Depression and Stress

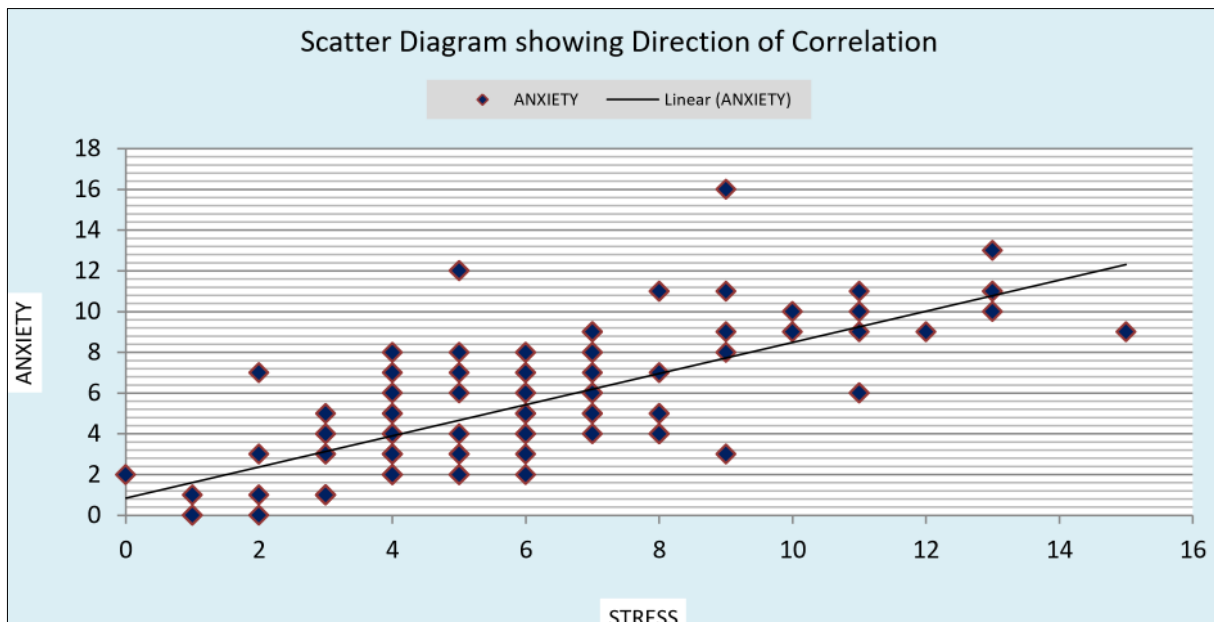


Fig 5: Scatter diagram showing correlation between Anxiety and Stress.

Results

▪ This study revealed that out of 100 students, 6% students were having extremely severe Depression, 7% students were having severe Depression, 16% students were in moderate Depression, 21% students in mild Depression and 50% students were in normal range. It has been found that out of 100 students, 13% students were in the range of extremely severe Anxiety, 15% students were in the severe level of Anxiety, 16% students were in the moderate level of Anxiety, 25% students were in the mild level of Anxiety and remaining 31% were in normal range. As far as the stress among students is concerned, out of 100 students no student fall in the range of extremely severe stress, but 5% students were in severe level of Stress, 8% students were in the moderate level of stress, 14%

students were in mild stress levels and 73% fall in normal range.

- The Chi-square value shows that there is significance association between the score level of depression and demographic variables (Residence, Family Income, Education of Head of the Family, Class). The calculated chi-square values were less than the table value at the 0.05 level of significance. There is no significance association between the level of scores and other demographic variables (Age, Gender, Religion, Type of Family, Occupation, Family History of Mental Illness,) The calculated chi-square values were more than the table value at the 0.05 level of significance.
- The chi-square test was used to determine the association between the score levels and selected demographic variables. The Chi-square value shows that there is significance association between the score

level and demographic variables (Occupation). The calculated chi-square values were less than the table value at the 0.05 level of significance. There is no significance association between the level of scores and other demographic variables.

- The chi-square test was used to determine the association between the score levels and selected demographic variables. The association between the level of score and socio demographic variable. The Chi-square value shows that there is significance association between the score level and demographic variables (Family History of Mental Illness). The calculated chi-square values were less than the table value at the 0.05 level of significance. There is no significance association between the level of scores and other demographic variables (Age, Gender, Religion, Residence, Family Income, Education of Head of the Family, Type of Family, Occupation, Class) The calculated chi-square values were more than the table value at the 0.05 level of significance.
- Study revealed that there is positive co-relationship between Depression and Anxiety with $r = 0.750$, Depression and Stress, $r = 0.730$ and in between Anxiety and Stress with $r = 0.691$ which means the correlation between depression anxiety, anxiety stress and depression stress were significant.

Conclusion

- This study aimed to investigate the levels of Depression, Anxiety and Stress among B.Sc Nursing students of Govt. Nursing College Gangyal, Jammu. The result indicates that anxiety had the highest prevalence at 69%, followed by depression at 50% and stress at 28%. Additionally, the study found that residence, family income, occupation and family history of mental illness were having significant association with Depression, Anxiety and Stress.
- Over the past 2 decades, the trend of Depression, Anxiety and Stress has increased. This demands more root cause analysis and interventional studies to investigate the cause of this high prevalence to prevent and limit these disorders.

Conflict of Interest

Not available

Financial Support

Not available

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