

## **Prevalence and Comparative Analysis of Depression, Stress, and Anxiety Among Higher Secondary Students in Ukhrul Town, Manipur**

**Thuishim Kashung and S. Penmigrace Shimrei**  
DM College of Teacher Education, Imphal, Manipur, India

Adolescence is characterized by significant physical, psychological, and emotional changes that heighten susceptibility to mental health disorders, including sadness, anxiety, and stress. This is particularly apparent in rural areas such as Ukhrul town, Manipur. This study sought to ascertain the prevalence of these psychiatric problems and to compare them between Class 11 and Class 12 higher secondary pupils. A descriptive survey methodology was employed utilizing the standardized Depression Anxiety Stress Scale (DASS-42), with a stratified random sample of 300 adolescents from five schools. Data were examined utilizing chi-square testing and percentage analysis. Results indicated that 71% of students encountered sadness, 63.3% experienced stress, and 79.3% suffered from anxiety. Class 12 pupils exhibited elevated levels of despair and stress compared to Class 11 students. The research underscores the necessity for school-based mental health interventions, early detection systems, and awareness programs specifically designed for the adolescent demographic in Ukhrul.

**Keywords:** Adolescent, Mental Health, Depression, Anxiety and Stress

The outdated belief that kids and adolescents are immune to mental diseases, or that such conditions exclusively affect adults, must be contested. The adolescent stage is a notably critical period for mental health issues in human development. The various physiological changes during adolescence result in upheaval and stress, with mental health issues such as sadness, stress, and anxiety being significant concerns. These mental health concerns can significantly impact their future, relationships, and academic pursuits, among other domains. Global research indicates that mental health disorders commonly arise during this period, affecting roughly 14% of adolescents (World Health Organization, 2023). Depression, anxiety, and behavioural problems are substantial contributors to morbidity and dysfunction in teenagers. Mental health disorders render teenagers vulnerable to stigma, physical health complications, social

isolation, academic difficulties, hazardous behaviours, discrimination, and abuses of rights. Certain adolescents exhibit heightened susceptibility to mental health disorders attributable to their living circumstances, experiences of discrimination and marginalization, inadequate support and access to professional services, adolescent pregnancies, child marriages, chronic illnesses, intellectual disabilities, abuse and trauma, physical disabilities, financial difficulties, and various other factors. Adolescents affected by these diseases face an elevated risk of stigma, marginalization, deteriorating physical health, scholastic underperformance, and potential infringements of their fundamental rights (UNICEF, 2023).

In recent decades, awareness of mental health has markedly increased, with heightened global concern for psychological well-being, particularly among the youth.

Mental health difficulties persistently impact substantial portions of the population and have a greater prevalence than numerous other health issues. The World Health Organization (2021) reports that suicide is among the foremost causes of mortality for those aged 15 to 29, resulting in over 700,000 fatalities worldwide year, frequently due to untreated depression and anxiety. The figures indicated a pressing necessity for early identification, prevention, and support systems. Local observations corroborate these trends, as numerous communities in India, particularly in the North-East, report increasing instances of suicide attempts, self-harm, and emotional distress among youth (Rathod et al., 2017). Despite this, development is nevertheless hampered by institutional responses that are insufficient, social stigma, and systemic silence.

Mental problems affect a large number of kids worldwide and contribute considerably to the disease burden. Poor mental health in adolescents is linked to educational underachievement, substance addiction, aggression, and reproductive health issues (Gore et al., 2011). Some effective interventions exist, but most juvenile mental health needs go unmet, especially in high-income nations, requiring more accessible and inexpensive treatment alternatives. Even in high-income nations, mental health experts are few, non-specialist personnel are underprepared, and stigma persists, limiting access to care (Kohn et al., 2004). The lack of mental health specialists, the inability of non-specialist health workers to give appropriate care, and the stigma surrounding mental disorders make the problem worse. These issues must be addressed to help youth reach their potential and contribute to their communities.

This study examines mental health issues in Ukhrul teens. The alarming rise in suicides, suicide attempts, and drug overdose deaths in our culture indicates a growing mental

health problem, especially among the young. Today's youth are under intense academic pressure to meet parental, school, social, and peer expectations. This constant pressure to perform can cause stress, anxiety, and depression. Divorce and family separation have also harmed children's mental health. Family disintegration can affect a child's emotional development and mental health by creating a sense of uncertainty and instability. Poverty also matters because many children grow up without parental support and guidance, as their parents are typically too busy working and cannot afford to attend school or buy other essential needs. Family dysfunction can increase mental health difficulties and impair relationships. A recent study by Meitei et al. (2022) in several regions of Manipur indicated that a significant proportion of school-aged adolescents exhibited signs of depression, primarily due to scholastic pressure, socio-economic challenges, and insufficient psychological support. Their findings emphasize the necessity of targeted mental health evaluations in tribal communities such as Ukhrul.

### **Justification of the Study**

Adolescents are facing many problems and pressures that causes mental health disorder such as depression stress and anxiety. This study is important for many reasons. Firstly, it is important to know and be aware about the mental health of the young people in our society. Secondly, for those who are suffering with depression, stress and anxiety to know that they are not alone and that they can overcome it. Thirdly, to know the importance of mental health and its effects on the society and to not ignore the problem. The purpose of this study is crucial in shedding light on the prevalence of mental health issues among the adolescents of Ukhrul town.

Mental health has become increasingly important in our societies but there are still stigmas surrounding mental health and its treatment. Many would rather hide their suffering than seek professional help due to the stigmas and misconceptions about mental health and its professionals like counsellors, psychologist and psychiatrist. They are often thought to be able to read minds which scares them, or they think their personal problems should not be shared with strangers. And the old mindset where those who suffer from mental illness are often considered as having gone mad or crazy still exist in parts of our society. So, it is very important for studies to be done to create awareness on mental health and that those who are suffering can receive healing.

### **Problem Statement**

Adolescents in rural and tribal areas, such as Ukhrul in Manipur, face a unique combination of psychological stresses, including scholastic pressure, parental expectations, and inadequate mental health resources. Despite a growing body of literature on adolescent mental health, limited empirical data exists concerning the frequency of depression, stress, and anxiety in these circumstances. The lack of context-specific data hinders the development and implementation of mental health interventions in educational settings. This study aims to fill the gap by thoroughly assessing the psychological well-being of higher secondary students in Ukhrul and finding class inequalities.

### **Objectives:**

1. To find out access and determine the prevalence of depression, stress, and anxiety among higher secondary students in Ukhrul town.
2. To evaluate and contrast the levels of depression between students of standard class to senior class.

3. To examine and compare the stress levels among students of standard class to senior class
4. To analyse and differentiate the anxiety levels between standard class to senior class

### **Hypothesis:**

In light of the objectives of the study, the following hypotheses have been formulated.

- H1: Higher secondary students in Ukhrul town experiences depression, stress and anxiety.
- H2: There is no significant difference in level of depression between class 11 and 12 students.
- H3: There is no significant difference in level of stress between class 11 and 12 students.
- H4: There is no significant difference in level of anxiety between class 11 and 12 students.

### **Method**

The present cross-sectional study was conducted to assess the prevalence of depression, anxiety, and stress among higher secondary students in Ukhrul town, Manipur using a descriptive survey research design. The study population consisted of over 2,800 students from five higher secondary schools, encompassing individuals from both Class 11 and Class 12.

A sample of 300 students was selected by stratified random sampling. Sixty students were picked from each school, comprising thirty from Class 11 and thirty from Class 12, so assuring equal representation across both classes as shown in table 1. The sample size, representing approximately 10.7% of the entire population, was considered adequate according to established sampling criteria in educational research, ensuring a balance between statistical reliability and practical feasibility.

In this inquiry, the researcher employed the standardized DASS (Depression Anxiety Stress Scale) questionnaire. This four-point rating system consists of 42 statements intended to assess negative emotional states, including anxiety, stress, and depression. It is divided into three domains, each including 14 components. The DASS-42 (Depression Anxiety Stress Scale) was developed by S.H. and P.F. Lovibond in 1995. The DASS-42 (Depression Anxiety Stress Scale) questionnaire consists of three scales, each containing 14 items, designed to assess the negative emotional states of depression, anxiety, and stress. The scores from the three scales will be aggregated based on the rating scale provided below, and the levels of depression, anxiety, and stress will be assessed according to the subsequent table 2.

The scoring system is as follows:

1. 0 – Does not apply at all
2. 1 – Applies to some extent or occasionally
3. 2 – Applies to a considerable degree or quite often
4. 3 – Applies very much or most of the time

Table 2

Levels	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+

Analysis of the data for the present study was done in conformity with the objectives and hypothesis as formulated by the investigator. After the collection of data, the same was entered in tabular form to make the analysis easier. A comprehensive data

analysis approach was employed to find out the prevalence and patterns of mental health issues among the higher secondary students in Ukhurul town. Percentage analysis was utilized as the primary method to quantify the proportions of students experiencing depression, stress and anxiety, providing a clear idea of the overall mental health landscape. To search deeper into the difference between different classes, a chi-square test was conducted. These tests examined the associations between class 11 and 12 and their levels of depression, stress and anxiety. The chi-square analysis allowed us to determine whether there was significant relationship between class and the various mental health issues. Descriptive statistics mean was also used to find out the mean age of the students participating in the study.

## Results

### 1. To find out access and determine the prevalence of depression, stress, and anxiety among higher secondary students in Ukhurul town.

Table 3: Levels of Depression, Stress, and Anxiety

Variable	Normal (%)	Mild (%)	Moderate (%)	Severe (%)	Extremely Severe (%)
Depression	87 (29%)	47 (15.7%)	86 (28.7%)	55 (18.3%)	25 (8.3%)
Stress	110 (36.7%)	53 (17.6%)	87 (29%)	47 (15.7%)	3 (1%)
Anxiety	62 (20.7%)	28 (9.3%)	73 (24.3%)	75 (25%)	62 (20.7%)

From the above table 3 we can see that 71%, 63.3% and 79.3% of higher secondary students in Ukhurul Town experiences mild to extremely severe depression, stress and anxiety respectively. So, the hypothesis that 'Higher secondary students in Ukhurul town experiences depression, stress and anxiety' is accepted.

**Depression Pie Chart**

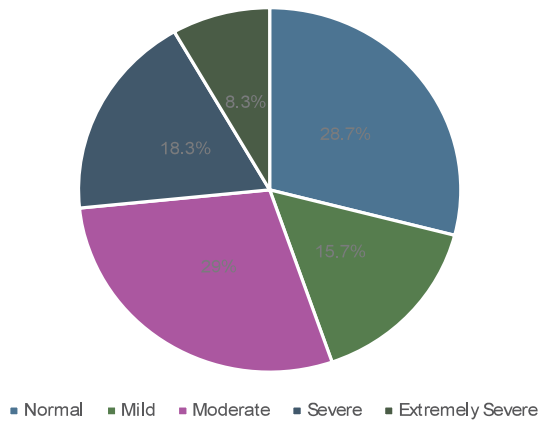


Fig.1: Depression Pie Chart

Only 29 percent of the sample was observed to be normal whereas, 15.7 percent, 28.7 percent, 18.3 percent, and 8.30 percent had mild, moderate, severe and extremely severe levels of depression respectively were observed among the participants of the study as shown in figure 1.

**Stress Pie Chart**

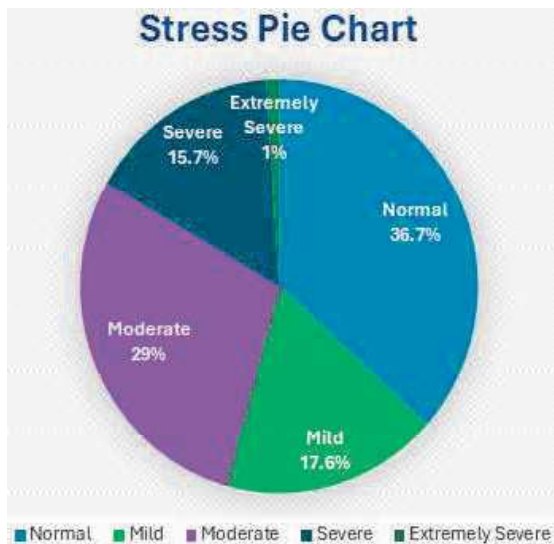


Fig.2: Stress Pie Chart

Similarly, for stress, as shown in figure 2, 36.7 percent of the sample was observed to be normal whereas, 17.6 percent, 29 percent, 15.7 percent, and 1 percent had mild,

moderate, severe and extremely severe levels of stress respectively were observed among participants of the study.

**Anxiety Pie Chart**

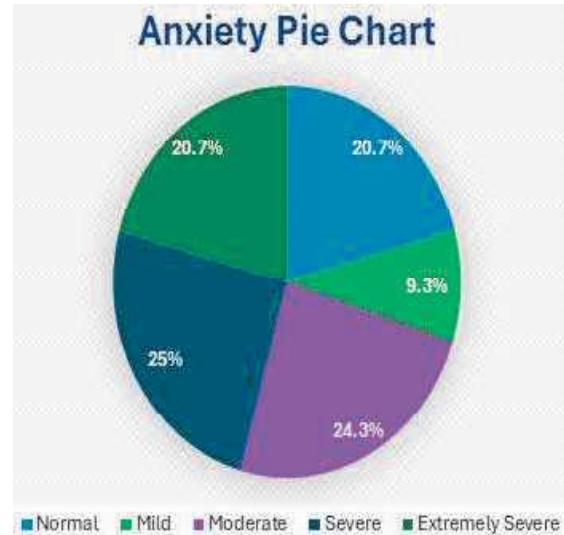


Fig. 3: Anxiety Pie Chart

Likewise, the level of anxiety observed among the participants of the study were 20.7 percent, 9.3 percent, 24.3 percent, 25 percent, and 20.7 percent; as shown in figure 3, normal, moderate, severe, mild, and extremely severe, in that order.

Therefore, we can interpret that a big part of the sample population, which are the higher secondary students in Ukhrul town, suffers from mental health disorders, particularly, depression, stress and anxiety according to the analysis of this study.

**2: To evaluate and contrast the levels of depression between students of standard class to senior class**

Table 4: level of depression among class 11 and 12 students.

Class	N	X <sup>2</sup>	df	P value
11	150	10.65	4	0.031
12	150			

Significance level, p = 0.05

A chi-square independence test was conducted to examine the relationship between class (11 & 12) and levels of depression. The association among these variables was statistically significant,  $\chi^2 (4, N=300) = 10.65, p = 0.031$  as shown in table 4. Therefore, it concludes that class does appear to influence the prevalence of depression among the higher secondary students. Thus, reject the null hypothesis "There is no significant difference in levels of depression between class 11 and 12 students".

The analysis revealed that a higher proportion of class 12 students suffered higher levels of depression, and class 11 students were less likely to suffer from high levels of depression. Many factors could be contributing to this result such as exams, future, pressure about making decisions affecting their lives and more.

**3: To examine and compare the stress levels among students of standard class to senior class.**

Table 5: levels of stress between class 11 and 12 students

Class	N	$\chi^2$	df	p-value
11	150	10.57	4	0.032
12	150			

Significance level,  $p = 0.05$

A chi-square independence test was conducted to examine the relationship between class (11 & 12) and levels of stress. The association between these variables was statistically significant,  $\chi^2 (4, N=300) = 10.57, p = 0.032$  as displayed in table 5. Therefore, we conclude that class does appear to influence the prevalence of stress among the higher secondary students. Thus, we reject the null hypothesis "There is no significant difference in levels of stress between class 11 and 12 students".

The analysis revealed that higher proportions of class 12 students suffered from higher levels of stress and class 11 students less likely suffer high levels of anxiety. Similar with depression, many factors could be at play for class 12 students to be suffering from statistically higher levels of stress than class 11 students such as exam pressure, family pressure and pressure from teacher to perform well academically and get into good college, and more reasons.

**4. To analyse and differentiate the anxiety levels between standard class to senior class**

Table 6: levels of anxiety between class 11 and 12 students

Class	N	$\chi^2$	df	P value
11	150	2.99	4	0.55
12	150			

Significance level,  $p = 0.05$

The association between anxiety levels and classes (11 and 12) was investigated using a chi-square test of independence. Table 6 indicates that there was a statistically significant correlation between these factors, with  $\chi^2 (4, N=300) = 2.99$  and  $p = 0.55$ . Thus, we draw the conclusion that anxiety prevalence among upper secondary pupils does seem to be influenced by class. The null hypothesis, "There is no significant difference in the level of anxiety between class 11 and 12 students," cannot be rejected since the p-value is higher than 0.05.

This analysis indicates that there is no significant difference in anxiety levels between students in class 11 and class 12, leading to the acceptance of the null hypothesis. This would mean that both class 11 and 12 students suffer from similar levels of anxiety.

## Discussion

1. It was found that 29%, 15.7%, 28.7%, 18.3% and 8.30% of the students had normal, mild, moderate, severe and extremely severe levels of depression respectively.

It was found that 36.7%, 17.6%, 29%, 15.7% and 1% of the students had normal, mild, moderate, severe and extremely severe levels of stress respectively.

It was found that 20.7%, 9.3%, 24.3%, 25%, and 20.7% of the students had normal, mild, moderate, severe and extremely severe levels of anxiety respectively.

Based on the study's analysis, we can infer that there is a high prevalence of stress, anxiety, and depression among higher secondary students in Ukhrul town.

2. The study reveals that class influences the incidence of depression in higher secondary students in Ukhrul town, with class 12 students demonstrating notably higher levels of depression compared to class 11 students.
3. The research indicates that socioeconomic status does not seem to affect the incidence of anxiety in higher secondary students. It was noted that students in grades 11 and 12 exhibited comparable levels of anxiety.
4. The study reveals that socioeconomic status does not seem to affect the occurrence of anxiety in higher secondary students. It was noted that learners in grades 11 and 12 exhibited comparable levels of anxiety.

### Discussion with Socio-Cultural Context and Policy Implications

The outcomes of this study should be viewed within the unique cultural, educational, and geographic context of

Ukhrul town, a primarily tribal area situated in the hills of Manipur. A multitude of interrelated socio-cultural factors contributes to the elevated levels of depression, stress, and anxiety found among students. Academic pressure is particularly intense in distant areas like as Ukhrul, where students face restricted access to quality tutoring, digital learning resources, and career counselling services. This pressure escalates in Class 12, as adolescents confront key choices concerning college admissions or career paths, frequently lacking adequate support systems. Moreover, in rural and tribal groups, scholastic success is increasingly regarded as a crucial pathway to social mobility. Financial difficulties, elevated family expectations, and the lack of local educational role models frequently impose significant psychological pressures on pupils. A study in Maharashtra by Shaikh, Doke, and Gothankar (2018) similarly highlighted scholastic pressures, familial stresses, and inadequate mental health assistance as significant factors contributing to depression, anxiety, and stress among rural teenagers.

Cultural beliefs and social norms intensify the situation. A prevalent silence around mental health endures in the region, where emotional vulnerability is sometimes mistaken or mocked. Adolescents are typically discouraged from expressing anxiety or pursuing professional assistance, due to concerns about being categorized as "mentally weak" or "abnormal." This causes several young individuals to internalize their emotional difficulties. Furthermore, while the current study did not investigate gender disparities, earlier research in Northeast India has indicated that female students in comparable situations experience heightened emotional burdens. This encompasses balancing academic obligations with domestic responsibilities, addressing societal pressures on marriage, and confronting issues pertaining to personal safety.

The outcomes of this study closely correspond with data from India and South Asia. Karki et al. (2022) indicated that more than 55% of school children in Nepal suffered from sadness and anxiety. Singh, Mohita, and Sharma (2015) discovered that anxiety, depression, and stress substantially impacted the psychosocial functioning of Indian adolescents, highlighting the necessity for institutional mental health care within educational environments. Similarly, Singh, Gupta, and Grover (2017) conducted a study on adolescents in Chandigarh, revealing a significant incidence of depression associated with scholastic pressure and insufficient familial support, hence corroborating the trends identified in the current study. Likewise, Devi et al. (2023) discovered that over 60% of senior secondary females in Punjab displayed signs of stress, melancholy, and anxiety. Kumar et al. (2014) reported elevated levels of depression and stress among higher secondary students in Imphal. Notwithstanding these similar findings, the execution of school-based mental health programs remains inadequate in numerous distant areas, including Ukhrul. National initiatives like “Manodarpan,” established under the National Education Policy 2020 to offer counselling and emotional support to students, have not yet demonstrated a significant impact in tribal districts.

This study, therefore, underscores the urgent need for school-based mental health interventions that are locally relevant and culturally sensitive. Key strategies should include routine mental health screening using validated tools like the DASS-21 or teacher observations, training programmes for educators to identify early signs of emotional distress, and engagement of parents and local communities through awareness campaigns to help break the stigma surrounding mental health. Furthermore, schools should ensure the availability of trained mental health professionals—either as full-time staff or

through periodic visits—particularly for students in Class 12 who are under heightened academic and emotional pressure. To address the mental health requirements of adolescents in remote and tribal regions, it is essential to prioritize the effective execution of government initiatives such as Manodarpan and Rashtriya Kishor Swasthya Karyakram (RKSK).

### **Conclusion**

This study highlights a major mental health issue for higher secondary pupils in Ukhrul, Manipur. Mental health disorders are common and highly prevalent in adolescents, with 71% of students feeling mild to severely severe depression, 63.3% stress, and 79.3% anxiety. Class 12 students were more vulnerable to depression and stress than Class 11 students due to increasing academic demands, anxiety about the future, and social pressures.

These findings support national and international studies. This study is unique since it is set in a remote, tribal setting where cultural stigma and insufficient mental health resources may prevent early intervention and support. Even though mental health is becoming more mainstream, many communities, including Ukhrul, still stigmatize it and hinder people from obtaining professional care.

This problem requires immediate, multifaceted solutions. Educational institutions must institutionalize psychiatric symptom screening, school-based therapy, and comprehensive awareness campaigns. Comprehensive adolescent education must include mental health examinations and counselling to provide kids with academic and emotional assistance. Community sensitization should remove stigma, promote open communication, and make mental health a shared responsibility. We can only protect our youth’s mental health and help them succeed by providing a supportive, inclusive, and knowledgeable environment.

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**Thuishim Kashung**, Assistant Professor, DM College of Teacher Education, Imphal – 795001, Manipur, India. Email: [thuishimkashung@gmail.com](mailto:thuishimkashung@gmail.com)

**S. Penmigrace Shimrei**, M.Ed Trainee. DM College of Teacher Education, Imphal – 795001, Manipur, India