A STUDY ON STRESS AND ANXIETY AMONG HATIM COLLEGE STUDENTS

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CERTIFICATE

This is to clarify that the present piece of research titled *"A study on stress and anxiety among HATIM college students"* is a bonafide research conducted by Vanlalhriati Hrahsel under my supervision. Vanlalhriati Hrahsel worked methodologically for her dissertation for the Under Graduate Degree in psychology of Higher And Technical Institute Mizoram, Mizoram University.

This is to further certify that the research conducted by Vanlalhriati Hrahsel has not been submitted in support of an application to this or any other college or Institute of learning.

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DECLARATION

I, Vanlalhriati Hrahsel, hereby declare that the subject matter of this dissertation is the record of work done by me , that the contents of this dissertation did not form basis for the award of any previous degree to me or to the best of my knowledge to anybody else, and that the dissertation had not been submitted by me for any research degree in any other university or institute.

This is submitted to Higher and Technical Institute, Mizoram, for the undergraduate degree in Psychology.

(VANLALHRIATI HRAHSEL)

ACKNOWLEDGEMENT

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Secondly, I would also like to thank my parents and friends who helped me a lot in finalizing this project within the limited time frame.

Lastly, I like to thank all my supporters who have motivated me to fulfill their project before timeline.

(VANLALHRIATI HRAHSEL)

ABSTRACT

The purpose of this study was to determine whether there is a gender difference in the levels of stress and anxiety among HATIM college students, as well as the relation between the two variables. A total of 296 college students participated in the study (male=143, female=153). It was found that there is a significant relationship between stress and anxiety as well as a mean difference in the levels of stress and anxiety between male and female students.

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CHAPTER-1

INTRODUCTION

The society for Adolescent Health and Medicine defines young adulthood as including the age range 18-25 years. Young adulthood is a unique and critical time of development where unmet health needs and health disparities and high. Purposeful prevention and intervention strategies should be developed, researched, and implemented during this time to improve health and well-being of young adults. From a psychological developmental perspective, young adults have challenges and milestones distinct from both adolescents and adults. They must transition from school to career work goal from parental supervision to individual responsibility.

A college student is an individual who is enrolled in a university or college for a particular course (Teachmint). They are a part of the institution while they pursue the course and then become the part of the alumni association once they complete the course. The college student learns various things during the college days like, discipline, better ways of communication, preparing project reports, hosting fests, etc. Students should surely give their best while they are still in college because the college years play a major role in the growth & development of students. College students are expected to be hardworking, disciplined, dedicated, and goal-oriented.

A study by Deb et al., 2015, revealed that nearly two-thirds (63.5%) of the Indian students reported stress due to academic pressure. It is, therefore, worthwhile to undertake further research which would seek to protect the growing adolescent population.

Stress can be defined as a state of worry or mental tension caused by a difficult situation. It is a natural human response that prompts us to address challenges and threats in our lives.

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Everyone experiences stress to some degree. It is the body's response to any internal or external stimuli which exceeds an individual's ability to cope.

Stress was described by Hans Selye (1956) as a physiological response pattern and was initially introduced as a response model in his General Adaptation Syndrome (GAS) model. This model described stress into three concepts- stress is a defense mechanism; stress follows three stages of alarm, resistance and exhaustion; and if prolonged or severe, it can result in disorders. Later, Selye introduced the idea that the stress response could result in positive or negative outcomes based on the cognitive interpretations of the physical or physiological experience. It is similar to the Flight or Fight response model. The theory of stress as a stimulus was introduced in the 1960s, and viewed stress as a significant life event or changes that demand response, adjustment, or adaptation. Holmes and Rahe (1967) proposed this Stress Stimulus Theory, assuming that changes (life events), either positive or negative are stressors that tax the adaptation capacity of an individual, causing physiological and psychological strains that lead to health problems. They developed the Social Readjustment Rating Scale (SRRS) and hypothesized that people with high scores are more likely to experience physical or mental illness.

The academic stress further increases at the pre-university level as getting admission to good colleges depends on their grades or marks obtained in the qualifying examination. In the Indian system of education, obtaining good marks are more important than acquiring knowledge. This leads to overburdening the students with academic workload causing a lot of academic stress among Indian adolescents.

Academic stress adversely affects student's personal, emotional, and physical well-being, as well as their learning and performance levels. Various studies highlighted the relationship

between educational stress and internalizing and externalizing problems in school contexts. Adolescents who were undergoing high stress were found to be indulging in various maladaptive and risky behaviours such as increased consumption of alcohol and drugs, unprotected sexual activities, physical inactivity, poor eating, and sleeping patterns.

Research on finding the determinants of academic stress may provide evidence for understanding the risk factors that influence academic stress. This knowledge could be used to guide the professionals such as teachers and psychologists in implementing specific preventive measures to reduce academic stress among adolescents. Based on these findings, preventive programs can be developed and conducted to promote mental health among adolescent girls.

Anxiety is a natural response to stress that affects all individuals in various ways. According to the American Psychiatric Association (2013), a variety of disorders such as generalized anxiety disorder, panic disorder, social anxiety disorder, and phobias, are accompanied by high levels of anxiety. Common symptoms of those who have anxiety include restlessness, fatigue, difficulty concentrating, irritability, difficulty sleeping, muscle tension, trembling or shaking, and chest pain (American Psychiatric Association, 2013). Thus, anxiety can become a debilitating and distracting burden for any individual. Freud's original descriptions emphasized anxiety attacks. Freud then theorized that, in psychoneurosis, libido and aggressive drives were chronically undischarged because of persistent repression. The implicit, assumption was that chronic anxiety, due to chronic repression, was the expectable symptom. Cognitive theory has explained anxiety as the tendency to overestimate the potential for danger. Patients with anxiety disorder tend to imagine the worst possible scenario and avoid situations they think are dangerous, such as crowds, heights, or social interaction. Psychoanalytic theory is the theory of personality organization and the dynamics of personality development relating to the practice of psychoanalysis, a clinical method for

treating psychopathology. First laid out by *Sigmund Freud* in the late 19th century, psychoanalytic theory has undergone many refinements since his work. The psychoanalytic theory came to full prominence in the last third of the twentieth century as part of the flow of critical discourse regarding psychological treatments after the 1960s, long after Freud's death in 1939.

College students are particularly prone to experiencing mental health issues, such as anxiety. Zivin, Eisenberg, Gollust, and Golberstein (2009) found that over one-third of college students have a persistent mental health problem, many of which do not receive treatment. Additionally, Set and Sevig (2006) reported that one-third of college students have received mental health treatment at some point in their lives, but only 20% of that group are currently receiving treatment. These numbers indicate that college students who are affected by a mental health issue may be unaware of treatment options or hesitant to seek them out. In order to appropriately respond to these mental health issues, the circumstances that may have a negative impact on mental health must be understood.

Feelings of anxiety and other mental health issues may be a result of various stressors experienced by a college student. Some of the main causes of Stress College students may encounter include financial obligations, social interactions, and academic workload. Andrews and Wilding (2004) found that the financial burden many university students have, due to tuition and other expenses, can impact their academic achievement and increase their levels of anxiety and depression.

REVIEW OF LITERATURE

Det et al. (2014) research in Kolkata on 400 male school children from five high school who studied in the 10th and 12th grades anxiety. Participants in curricular activities have been noted to be stress more as regards those students who haven't been involved.

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Jeong, H.J. et al. (2021) conducted a study to describe the stress and anxiety for undergraduate students in a public research university during the six weeks after the COVID - 19. The result revealed that eight out of ten students surveyed experienced modest / severe stress and approximately 36 - -44% of respondent to showed moderate or severe anxiety and depression. More than 60% of students with moderate or severe stress and anxiety.

Nandamuri and Gowthami (2011) studied the Stress among students of professional studies and claimed that curriculum and instructions parameters were most responsible for stress with 86 percent, followed by 63% for placement related issues learn and team work issues accounted for 41%- 24%. respectively are to Once the sub issues each parameter identified it provided improved vision. the academic administrators for initiating efforts to reduce the gravity of academic stress.

Sharma et al. (2016) in their study stated the use of various methods to curb stress. Doing one physical exercise on daily basis can address the concern of stress. One can also adopt to various time management tools and get involved with leisure activities which can benefit students. Also, it was suggested that colleges should have a conducive ambience to curtail the stress. Change in the style of delivery from teachers end and providing mentors can bring fresh air to the teaching style.

Zhan, H et al (2021) the purpose of this study was to explore the Stress and anxiety groups of college students during the Covid – 19. Among 1,586 who participated in the survey graduates and non - graduates accounted for 3.13 and 98.87% respectively. Males accounted for 36.32% and female accounted for 63.68%. Positive psychological effects accounted for 70.81%. and negative psychological effects accounted for 29.19%.

Prabu (2015) researched on the higher secondary students and implied that male students are more stressed than the female students. Urban student's academic stress is greater than the

rural students. Government school student's stress is lower than the private school student's stress. Students from Science stream are more stressed than the students from Arts.

Khan and Kausar (2013) concluded that stress definitely impacts the academic performance in a negative way though no significant difference was found as per the gender. The difference was evident between junior and senior students. Stress, for sure, affects the ability to study efficiently and managing the time. Studying regularly is important, this helps reduce the academic pressure and helps them fulfilled their goals.

Dimitrov (2017) in his study claimed that stress can be addressed by ensuring that the students give utmost importance to their welfare. Food, exercise, work, recreation are some of the areas to focus on. He also concluded that the education system is more to do with the academic qualifications and does not contribute enough to the holistic development of students. Students are usually conditioned in a way that makes them fearful to take up upcoming challenges as the focus is only the academics and not the development of a go getter mentally.

Kaur (2014) acknowledged that mental health of teenagers gets affected due to the academic stress. Girls with academic stress were found to have poor mental health as compared to the boys. This was accounted on the study that parents at times put pressure and strain on students that leads to deteriorated mental health.

Reddy et al. (2018) in their study concludes that stream wise difference in stress does exist in students. It is important to deal with stress at personal, social and institutional level. Remedies such as feedback, yoga, life skills training, mindfulness, meditation and psychotherapy have been found useful to deal with stress. To identify the main reason of stress is the key to deal with it. Professionals can develop tailor made strategies to deal with

stress. The integrated well-being of the students is important not only for the individual but for the institute as well.

CHAPTER 2

STATEMENT OF THE PROBLEM

This topic was chosen because of limited research on stress and anxiety among college students. College students generally have higher level of stress and anxiety because of factors such as college studies, test and exams. Because of this, awareness on psychological as well as physiological health is extremely crucial for the well-being of an individual.

OPERATIONAL DEFINITIONS

STRESS: Stress can be defined as a state of worry or mental tension caused by difficult situation. Everyone experiences stress to some degree. The way we respond to stress, however, make a big difference to our overall wellbeing.

ANXIETY: Anxiety is a mental and physical state of negative expectation, characterized by increased arousal and apprehension tortured into distressing worry, and unpleasant activation of multiple body systems to facilitate response to an unknown danger, whether real or imagined.

GENDER: Gender is increasingly understood as defining a system of power relations embedded in other power relations. Psychological research on gender-which has most often focused on analysis of sex differences, within-sex variability, and gender roles-has begun to incorporate this new understanding. By drawing on three resources, psychologists can make more rapid progress in understanding gender's significance for psychological processes.

GENDER DIFFERENCE: Gender differences are defined as biological differences between sexes. Perceived differences may be culturally reinforced gendered behaviour that occur with supervision as well as biological differences among sexes.

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COLLEGE STUDENT: A college student is an individual who is enrolled in a university or college for a particular course. They are a part of the institution while they pursue the course and then become the part of the alumni association once they complete the course.

OBJECTIVE OF THE STUDY:

i)   To determine the correlation between stress and anxiety level among the college student.

ii) To determine the gender difference among the college student.

HYPOTHESIS:

Hypothesis:

1. It is expected that there will be significant positive relationship between Stress and Anxiety.
2. It is expected that there will be a significant gender difference in the levels of stress and anxiety among HATIM college students.

CHAPTER-3

METHOD AND PROCEDURE

A population study was utilized among HATIM college students. For the research, a total population of 296 students participated in the study. Among them 143 were male and 153 were female. The participants in the study age ranges between 18-25 years with a mean age of 21.5.

RESEARCH DESIGN: To achieves the objectives of the study a quantitative exploratory designed had been utilized. The study incorporated a two-way classification of variables of 'gender' (male and female).

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                    College students
                       N = 296

    Males                              Females
    N = 153                            N = 143
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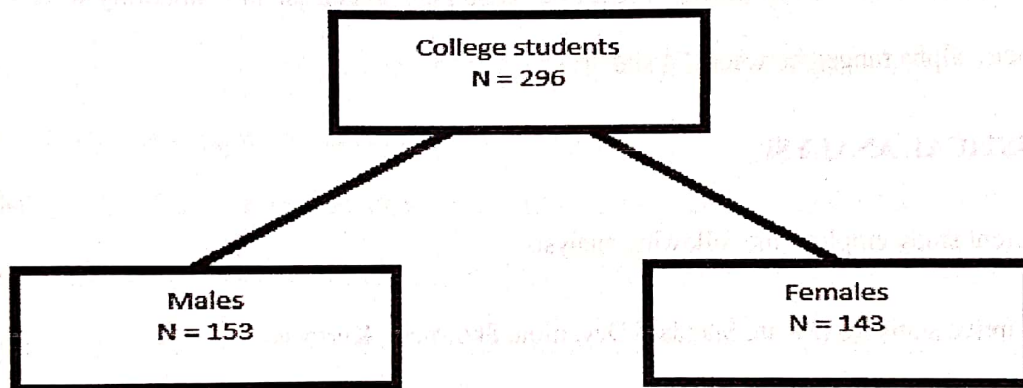
Figure I: Showing the classification of the sample based on gender.

PROCEDURE:

Permission was sought from the authorities of the colleges by the researcher, to the conduction of data collection from its students. The researcher ensured that a good rapport was established between students and the researcher. Proper instruction was given as to assure honest and independent responses are given. With permission from the participants through informed consent form, the researcher provided any necessary information about the study and purpose of the study, any doubts raised were clarified. Proper instruction was given

about the scoring of the scale, then the researcher thoroughly checked the scoring sheets to ensure proper responses are answered completely. Finally, the collected data were stored for further analysis.

PSYCHOLOGICAL TOOL:

Depression, Anxiety and Stress Scale-21 Items (DASS 21) (Lovibond et al, 1995): The Depression, Anxiety and Stress Scale-21 Items (DASS 21) is a set of three self-report scales designed to measure the emotional states of depression, anxiety, and stress. Each of the three DASS-21 scales contains 7 items, divided into subscales with similar content. Respondents rate each item on a 4 point Likert scale ranging from 'Did not apply to me at all' to 'Applied to me very much or most of the time. DASS-21 has good internal consistency reliability with Cronbach's alpha ranged between .74 and .93.

STATISTICAL ANALYSIS:

The current study employs the following analysis:

1. Descriptive statistics (Mean, Standard Deviation, Skewness, Kurtosis)

2. T-TEST

2. Pearson's correlation method.

CHAPTER 4

RESULTS AND DISCUSSION

The results of the study were computed in a stepwise manner : (i) raw data was checked for missing and outlier of data; (ii) checking the assumption of parametric statistics (skewness, kurtosis and homogeneity) were done for selection of appropriate statistic; (iii) presentation of descriptive statistics to illustrate mean difference and any significant difference on level of Stress and Depression (mean comparison between the groups); and (iv) checking relationship between dependent variables (Pearson's' correlation analysis) in a sequential manner.

(i) Check raw data for missing and outlier of data:

The raw data of the study was checked for any missing and outlier which can effect, attenuate the results of the study, and such data were not found in the present study.

(ii) Checking the assumption of parametric statistics:

The results (Table-1) of the study was analyzed to check the skewness, kurtosis and homogeneity on selected dependent variables (Stress and Anxiety) for selection of appropriate statistics to use. The skewness and kurtosis were within acceptable range of Normal Probability Curve; the Levene's statistics was showing significance for Stress (.899) which portrayed the homogeneity of the data while for Anxiety it was at non-significance (.006). This suggested that parametric statistics may be used for further analysis with caution.

DESCRIPTIVE STATISTIC

			Statistic	Std. Error
Stress	Mean		7.34	.216
	95% Confidence Interval for Mean	Lower Bound	6.91	
		Upper Bound	7.76	
	5% Trimmed Mean		7.23	

	Median	7.00	
	Variance	13.831	
	Std. Deviation	3.719	
	Minimum	0	
	Maximum	18	
	Range	18	
	Interquartile Range	5	
	Skewness	.398	.142
	Kurtosis	-.164	.282
Anxiety	Mean	7.44	.235
	95% Confidence Interval for Mean Lower Bound	6.98	
	Upper Bound	7.91	
	5% Trimmed Mean	7.36	
	Median	7.00	
	Variance	16.349	
	Std. Deviation	4.043	
	Minimum	0	
	Maximum	19	
	Range	19	
	Interquartile Range	6	
	Skewness	.224	.142
	Kurtosis	-.594	.282

Histogram

Mean = 7.34
Std. Dev. = 3.719
N = 296
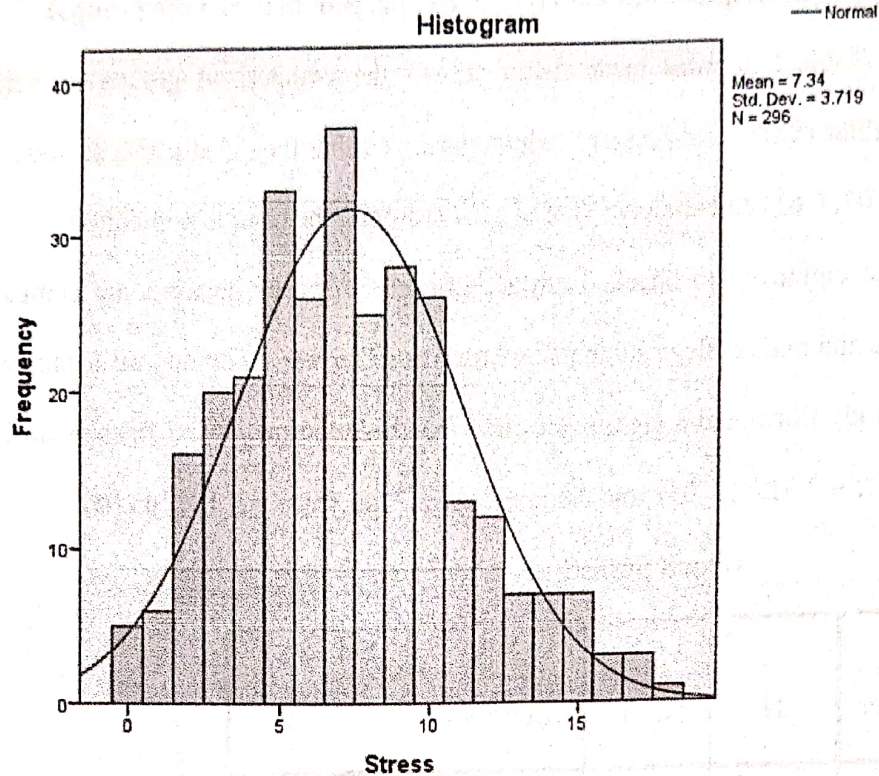
FIG 2: Showing the mean for stress among college students.

Histogram

Mean = 7.44
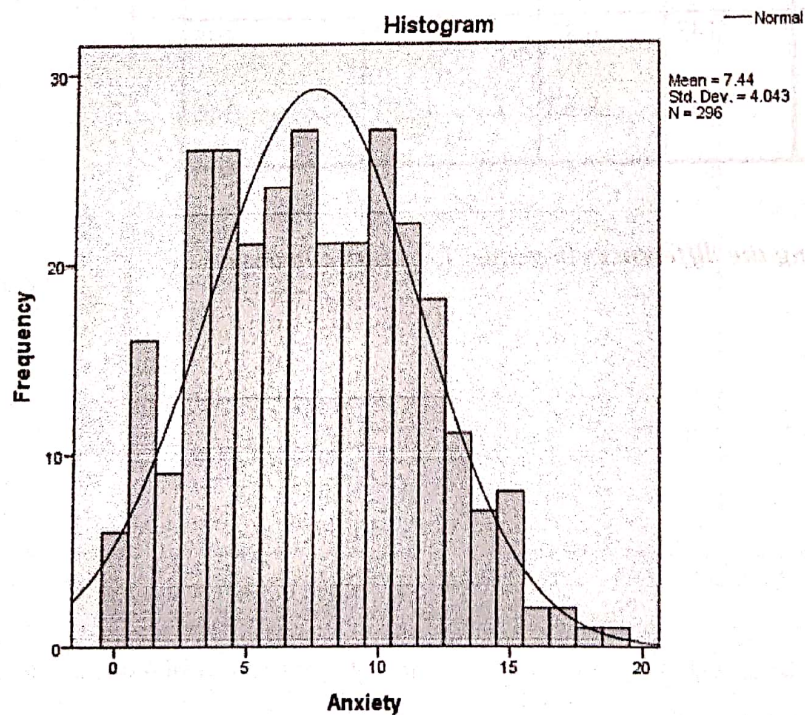Std. Dev. = 4.043
N = 296

FIG 3: Showing the mean for anxiety among college students.

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(iii) Presentation of descriptive statistics (mean comparison between the groups):

The results in Table-2 showed mean difference of the comparison groups on selected dependent variables (Stress and Anxiety) which portrayed that female students scored higher on Stress (M=8.02; 6.61) and anxiety (M=8.37; 6.45) among the sample population.

T- test was also employed to checked any significant difference between the comparison groups – female and male college students on Stress and Depression among the samples. The results of the study illustrated a significant difference between males and females on Stress (M=8.02; 6.61; 't'= 3.317; p<.05) and Anxiety (M= 8.37; 6.45; 't'= 4.176; p<.05).

Group Statistics

	Gender	N	Mean	Std. Deviation	Std. Error Mean
Stress	Male	143	6.61	3.635	.304
	Female	153	8.02	3.679	.297
Anxiety	Male	143	6.45	3.528	.295
	Female	153	8.37	4.281	.346

TABLE 2: Showing the differences in gender for stress and anxiet

Independent Samples Test

| | | Levene's Test for Equality of Variances | | t-test for Equality of Means | | | | | | |
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference Lower	95% Confidence Interval of the Difference Upper
Stress	Equal variances assumed	.016	.899	-3.317	294	.001	-1.411	.425	-2.248	-.574
	Equal variances not assumed			-3.319	293.086	.001	-1.411	.425	-2.248	-.574
Anxiety	Equal variances assumed	7.623	.006	-4.176	294	.000	-1.911	.458	-2.812	-1.011
	Equal variances not assumed			-4.203	289.524	.000	-1.911	.455	-2.807	-1.016

TABLE 3:Showing the results for independent samples test for stress and anxiety.

(iv) Checking relationship between dependent variables (Pearson's correlation analysis):

The result was analyzed to see any significant relationship between the dependent variables (Stress and Anxiety) as presented in Table-4.

TABLE 4:Showing the correlation between stress and anxiety.

		Stress	Anxiety
Stress	Pearson Correlation	1	.655**
	Sig. (2-tailed)		.000
	N	296	296
Anxiety	Pearson Correlation	.655**	1
	Sig. (2-tailed)	.000	
	N	296	296

**. Correlation is significant at the 0.01 level (2-tailed).

The correlation between the two dependent variables was calculated by employing Pearson correlation, and the results showed the significant positive relationship between dependent variables- Stress and Anxiety, r = .655; p< 0.01 level (2 tailed).

DISCUSSION:

The aim of the study is to find the gender difference on stress and anxiety among college students of HATIM. Depression, Anxiety and Stress Scale-21 Items (DASS) (Lovibond et al,1995) was used for the research. It was hypothesized that (i) There will be gender difference in the level of stress and anxiety among college students in HATIM. (ii) There will be a significant positive relationship between Stress and Anxiety.

It was found there is positive correlation between gender Stress and Anxiety among college students. This is supported by the findings of Asif S. et.al. (2020) as well as Khan H. et.al. (2020) who found that there is indeed a positive correlation between stress and anxiety among college students. It was found that there is a significant gender difference in the level of Stress and Anxiety among HATIM college students. This is supported by finding of Gao W. et.al. (2020) as well as Mahmood Q. K. et.al. (2017) who found that there is significant gender difference in the level of Stress and Anxiety.

CHAPTER-5

SUMMARY AND CONCLUSION

The present study entitled 'Prevalence of Stress and Anxiety among HATIM college students' aimed to study the gender differences between males and females on how Stress and Anxiety effect.

To achieve the objectives and hypothesis of the study, 296 participants from the college students of HATIM, comprising 153 males and 143 females of the age group 18-25 years (young adult) were selected to serve as samples by employing sample random sampling procedure.

A quantitative exploratory design had been utilized to achieve the objectives of the study. The study incorporated a two-way classification of variables of "gender' (male and female). Depression, Anxiety and Stress Scale -21 (DASS-21) was employed for psychological evaluation of the samples, all prescribed instructions are given in the manual, and APA guidelines for research were followed.

Implications:

Many researchers had research on stress and anxiety on college level. But there is few research on district of Lunglei especially among college students. The study revealed that there is a positive correlation between stress and anxiety among college students.

Research on prevalence of stress and anxiety among college students is important. Research is key to transforming the next generation of treatments for stress and anxiety disorders. The present study gives us information about what disorder are most prevalent among genders. This can enable any awareness programs to provide the most relevant information among the population, regarding the stress and anxiety.

Limitations:

This research was done in the light of some limitations. Firstly, as the sample size is small, it cannot represent the whole population of young adult in Lunglei. Secondly, since it was conducted only in one college, therefore, it cannot represent the whole students of Lunglei college. Thirdly, some of the participants were non-compliant and some data were not received. Lastly, since there was limited time and resources, the results were insufficient.

Suggestions:

i)The findings can be used to create awareness among the teachers about the struggles of students.

ii) The finding can be used to promote the establishments of counselling facilities in colleges and universities.

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PURPOSE OF THE RESEARCH

This academic research is conducted for partial fulfilment of B.A. Psychology course at HATIM. All the information given will be kept with full confidentiality.

(VANLALHRIATI HRAHSEL)

CONSENT OF THE PARTICIPANT

I have gone through the purpose of this research, and I am willing to participate in it to help the researcher/students in the fulfilment of their course.

(_____)

SOCIO DEMOGRAPHIC PROFILE

1. NAME:
2. AGE:
3. SEX: MALE ( )   FEMALE ( )
4. SUBJECT/COURSE:
5. SEMESTER:
6. NAME OF COLLEGE:
7. CITY/TOWN:

DASS21

Name: Date:

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you **over the past week**. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

0 Did not apply to me at all
1 Applied to me to some degree, or some of the time
2 Applied to me to a considerable degree or a good part of time
3 Applied to me very much or most of the time

1 (s)	I found it hard to wind down	0	1	2	3
2 (a)	I was aware of dryness of my mouth	0	1	2	3
3 (d)	I couldn't seem to experience any positive feeling at all	0	1	2	3
4 (a)	I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5 (d)	I found it difficult to work up the initiative to do things	0	1	2	3
6 (s)	I tended to over-react to situations	0	1	2	3
7 (a)	I experienced trembling (e.g. in the hands)	0	1	2	3
8 (s)	I felt that I was using a lot of nervous energy	0	1	2	3
9 (a)	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10 (d)	I felt that I had nothing to look forward to	0	1	2	3
11 (s)	I found myself getting agitated	0	1	2	3
12 (s)	I found it difficult to relax	0	1	2	3
13 (d)	I felt down-hearted and blue	0	1	2	3
14 (s)	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15 (a)	I felt I was close to panic	0	1	2	3
16 (d)	I was unable to become enthusiastic about anything	0	1	2	3
17 (d)	I felt I wasn't worth much as a person	0	1	2	3
18 (s)	I felt that I was rather touchy	0	1	2	3
19 (a)	I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat)	0	1	2	3
20 (a)	I felt scared without any good reason	0	1	2	3
21 (d)	I felt that life was meaningless	0	1	2	3

x

DASS-21 Scoring Instructions

The DASS-21 should not be used to replace a face to face clinical interview. If you are experiencing significant emotional difficulties you should contact your GP for a referral to a qualified professional.

Depression, Anxiety and Stress Scale - 21 Items (DASS-21)

The Depression, Anxiety and Stress Scale - 21 Items (DASS-21) is a set of three self-report scales designed to measure the emotional states of depression, anxiety and stress.

Each of the three DASS-21 scales contains **7** items, divided into subscales with similar content. The depression scale assesses dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest / involvement, anhedonia and inertia. The anxiety scale assesses autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect. The stress scale is sensitive to levels of chronic non-specific arousal. It assesses difficulty relaxing, nervous arousal, and being easily upset / agitated, irritable / over-reactive and impatient. Scores for depression, anxiety and stress are calculated by summing the scores for the relevant items.

The DASS-21 is based on a dimensional rather than a categorical conception of psychological disorder. The assumption on which the DASS-21 development was based (and which was confirmed by the research data) is that the differences between the depression, anxiety and the stress experienced by normal subjects and clinical populations are essentially differences of degree. The DASS-21 therefore has no direct implications for the allocation of patients to discrete diagnostic categories postulated in classificatory systems such as the DSM and ICD.

Recommended cut-off scores for conventional severity labels (normal, moderate, severe) are as follows:

<u>NB</u> Scores on the DASS-21 will need to be multiplied by 2 to calculate the final score.

	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+

Lovibond, S.H. & Lovibond, P.F. (1995). Manual for the Depression Anxiety & Stress Scales. (2nd Ed.)Sydney: Psychology Foundation.