

A Survey Report of BMC: *Depression, Anxiety, and Stress Among Students*

Nabin Prasad Joshi

Lecturer, Baneshwor Multiple Campus , Tribhuvan University

Psychologist and Founder at PICS NEPAL 1

Email: nabinshreemoon@gmail.com

Article History

Received: 11 Dec. 2025

Revised: 18 Dec. 2025

Accepted: 22 Dec. 2025

Abstract

The paper, conducted at Baneshwor Multiple Campus (BMC) in Kathmandu, assessed levels of depression, anxiety, and stress among students. Using the DASS-21 scale, a survey of 134 students revealed a high prevalence of mental health issues. While 48.5% reported no depression, 51.5% experienced some degree of it. Anxiety was widespread, with 59% exhibiting mild to very severe levels, including 16.4% with very severe anxiety. The analysis found weak correlations between anxiety, stress, and depression. Furthermore, female students were identified as more vulnerable to depression than their male peers. These findings underscore the need for targeted mental health support and interventions within the student community.

Cite as:

Joshi, N. B. (2025). A survey report of BMC: Depression, anxiety, and stress among students, Nepal. *NOU Multidisciplinary Journal*, 1(1) 75-86.

Keywords: Anxiety, BMC, depression, stress, students

INTRODUCTION

Baneshwor Multiple Campus is located at Shantinagar, Kathmandu. It was established in 1990 A.D. by a group of social workers, intellectuals, and renowned academicians. The campus has excellent results in various educational programs of both Bachelor's and Master's degrees affiliated with TU for 25 years. It is a non-profit community-based institution. It conducts bachelor's (Bachelor of Arts, Bachelor's in Business Studies, Bachelor's in Education) and master's (Master's of Arts in Sociology, Master's of Arts in Anthropology, and Master's in Business Studies) programs. This survey researched the mental health status through the Depression, Anxiety, and Stress Scale (DASS-21) on the students enrolled in those programs. It highlights the necessity for

students and officials to understand the core concepts of mental health.

Mental health does not exist on its own. It is an integral and essential part of overall health, which can be defined in at least three ways: as the absence of disease, as a state of the organism that allows the full performance of all its functions, or as a state of balance within oneself and between oneself and one's physical and social environment (Sartorius, 2002). The Society for Health Education and Promotion Specialists (SHEPS, 1997) suggests that mental health also involves feeling positive about oneself and others, feeling glad and joyful, and loving. According to the World Health Organization (WHO), mental health is "a state of well-being in which the individual realizes his or her own abilities, can cope with the everyday

stresses of life, can work productively and fruitfully, and can make a contribution to his or her community.

Another review estimated that the prevalence rates of depression are around 39%, anxiety 34% and stress over 50% among medical undergraduates, which is relatively high and also represents the consistent patterns across different institutional contexts (Sarkar et al. 2017). In comparison to DASS-21 research, the study conducted by Joshi (2023) shows that over 50% of students who visited PICS NEPAL for a counseling session had faced some form of depression, which is significantly higher than Sarkar et. al. (2017)'s study. Similarly, anxiety was reported at around 60% in this research, and stress was lower than 50% implying a different level of prevalence between the two studies.

One study conducted during the COVID-19 pandemic provides additional insights into how contextual the matter is and how severely it can affect our mental well-being. A cross-sectional study in West Bengal compared medical and non-medical undergraduates and revealed high rates of depression and anxiety in both groups, though medical students were excessively affected (Das et al., 2024). This suggests that while the pandemic increased stress across the board, students faced burdens linked to academic uncertainty, which directly heightened their exposure to health-related risks.

Based on the established research problem that stigma and systemic barriers prevent students, including those in high-risk fields like medicine, from accessing needed mental health support-highlighting a critical gap in institutional infrastructure-this study

sets clear objectives to identify the levels of depression, anxiety, and stress among students and explore these by gender and education level. The significance of this research is that it serves as a crucial foundational step, raising awareness to reduce stigma, providing essential data for college officials, and informing the development of targeted intervention plans to address the overwhelming prevalence of student mental health concerns.

LITERATURE REVIEW

Students are among the demographics most prominently affected by adverse mental health issues. Particularly, high school and college students have significantly higher levels of depression and anxiety. An extensive multi-state study by Cherian et al. (2024) surveyed more than 8,500 college students and found that nearly one-third experienced moderate to severe depression and about one-quarter had clinically significant anxiety symptoms. The report even shows that almost one in five students reported suicidal ideation at some point, which highlights the urgent need for mental health awareness in college and some early intervention to provide the services that are needed.

Another study by Acharya et al. (2023) examined the relationship between beliefs about mental illness and help-seeking behavior among undergraduate students in Lalitpur, Nepal. Their findings revealed that negative beliefs and stigma toward mental illness significantly reduced students' willingness to seek professional psychological help. The study highlights the importance of mental health awareness and attitude change in improving help-seeking behaviors among university students.

Research by Auerbach et al. (2017) analyzed data from the WHO World Mental Health Surveys to assess the prevalence of mental disorders among college students across multiple countries. The study found that a substantial proportion of students experienced at least one mental disorder, with anxiety and depression being the most common. The authors emphasized the global nature of student mental health problems and the need for early identification and intervention.

Researchers conducted a scoping review to identify barriers to mental health service utilization among medical students and residents. They identified stigma, fear of academic consequences, lack of time, and limited access to services as major obstacles. The review emphasized the urgent need to reform mental health support systems within medical education settings Brar et. al., (2024).

Similarly, Auerbach et al. (2018) further expanded on global student mental health through the WHO World Mental Health International College Student Project. Their results demonstrated high prevalence and early onset of mental disorders among university students, often predating college entry. The study underscored the necessity of campus-based mental health systems to prevent long-term psychological impairment.

Researchers explored Mental health, suicidality, and social indicators among college students across nine Indian states. The study reported high levels of psychological distress and suicidal ideation, particularly among students facing academic and social pressures. The authors highlighted regional disparities and the importance of culturally sensitive mental health interventions (Cherian et al., 2024).

Das et al. (2024) assessed psychological distress among medical and non-medical students during the late phase of the COVID-19 pandemic in West Bengal. The findings indicated elevated levels of depression, anxiety, and stress, with medical students being more affected. The study demonstrated the pandemic's prolonged psychological impact on student populations.

The study on the mental health status of university students in the United Kingdom found increasing levels of psychological distress, particularly related to academic pressure and transitions to adulthood. The author emphasized the growing demand for university mental health services (Macaskill, 2012).

Research by Paudel et al. (2020) studied depression, anxiety, and stress among undergraduate students in Pokhara Metropolitan City, Nepal. Their findings revealed high prevalence rates, with anxiety being the most common condition. The study highlighted the need for mental health screening and counseling services in Nepali universities.

Sartorius (2002) discussed global challenges in mental health promotion and advocacy. The author emphasized that mental health is essential for overall well-being and social development. The book highlighted the importance of policy-level action to reduce stigma and improve access to mental health care.

Society for Health Education and Promotion Specialists (1997) outlined ten core elements of mental health and their implications for practice. The framework emphasized emotional resilience, social competence, and positive coping skills. It provided a foundation

Table 1
Severity Classification of Depression, Anxiety, and Stress

Severity Level	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+

Note. Field Survey

for mental health promotion strategies in educational and community settings.

Storrie et al. (2009) conducted a systematic review on mental health problems among students. The review concluded that mental health issues among students are increasing and often under-recognized. The authors stressed the need for proactive institutional mental health policies.

Timsinha and Parajuli (2023) examined depression, anxiety, and stress among undergraduate medical students in Nepal. The study reported high levels of psychological distress, particularly anxiety. The authors recommended regular mental health screening and supportive academic environments.

The World Health Organization (2004) presented a comprehensive overview of mental health promotion concepts and practices. The report emphasized that mental health is a fundamental component of health and human development. It advocated for evidence-based strategies to promote mental well-being at individual and societal levels.

Methodology

This paper employed a descriptive research design, utilizing the Depression, Anxiety,

and Stress Scale–21 (DASS-21) as the primary data collection tool to assess symptom severity among students. Data was gathered from a purposively selected sample of 134 bachelor’s and master’s students at Baneshwor Multiple Campus, a method chosen for direct access to the target population facing academic pressures. Volunteers facilitated the distribution of surveys via QR codes on campus, ensuring participants had adequate time and internet access to complete them. The collected data was subsequently analyzed in Excel to evaluate patterns and generate findings regarding the prevalence and levels of depression, anxiety, and stress within this student cohort. The criteria for interpreting these severity levels are presented in the table below.

According to the DASS-21 Scale, normal depression, anxiety, and stress levels are 0-9, 0-7, and 0-14, respectively. Similarly, the mild level is determined by the scores of 10-13, 8-9, and 15-18, respectively. Moderate level involves the scoring of 14-20, 10-14, and 19-25, respectively, severe being 21-27, 15-19, and 26-33, and extremely severe being 28+ for depression, 20+ for anxiety, and 34+ for stress. This scale was used by asking 21 questions in relation to depression, anxiety, and stress levels, and

Table 2
Demographic information

S.N	Education Level	Total
1	Bachelor First Year	41
2	Bachelor Second Year	49
3	Bachelor Third Year	18
4	Bachelor Fourth Year	7
5	Master Degree	9
Total		134

Note. Field Survey

the participants had to answer between 0 and 4. The total score across the questions, divided into the three disorders, determined the levels of depression, anxiety, and stress for the participant.

Data Analysis

The data were collected through a survey at Baneshwor Multiple Campus, Shantinagar, Kathmandu. The collected data was then uploaded to Excel for analysis. At first, the collected data was registered and given a numerical value. The correlation was calculated using the advanced package in Microsoft Excel 2020 to cross-analyze the major correlational factors among the disorders, education level, and gender.

Findings

The table shows how participants are distributed by their education level. Most participants were Bachelor's students, with second-year students being the largest group ($n = 49$, 36.6%), followed by first-year students ($n = 41$, 30.6%). Third-year students comprised 18 participants (13.4%), and fourth-year students were the smallest Bachelor's group, with 7 participants (5.2%). Participants pursuing a Master's degree numbered 9 (6.7%). The total sample included 134 participants.

Table 3
Participation based on the province

S.N	Province	Total
1	Koshi	25
2	Madhesh	14
3	Bagmati	51
4	Gandaki	11
5	Lumbini	5
6	Karnali	14
7	Sudurpaschim	14
Total		134

Note. Field Survey

The provincial distribution of participants shows noticeable differences in representation across Nepal. Bagmati Province had the highest number of participants, with a total of 51 respondents, indicating strong participation from this region. In contrast, Lumbini Province had the lowest representation, with only 5 participants, suggesting comparatively limited involvement from that area. The remaining provinces contributed a moderate number of respondents, helping to ensure geographic diversity on campus.

The results of the DASS-21 analysis show clear patterns in depression, anxiety, and stress across male and female participants. In terms of depression, female students exhibited higher frequencies across all severity levels. Among females, 41 were categorized as Normal, while moderate and mild levels were also common, with 16 and 14 cases, respectively. Notably, 8 females fell into the Extremely Severe category, compared to only 1 male. Male participants also had a majority in the Normal range (24), but the distribution of mild (13) and moderate (8) cases was lower than among females. Overall, depression severity appeared to be more prevalent among female respondents.

Table 4
Severity Range of Depression by Gender

Gender	Normal	Mild	Moderate	Severe	Extremely Severe
Female	41	14	16	5	8
Male	24	13	8	4	1
Total	65	27	24	9	9

Note. Field Survey

Table 5
Severity Range of Anxiety by Gender

Gender	Normal	Mild	Moderate	Severe	Extremely Severe
Female	35	7	20	5	17
Male	22	4	11	8	5
Total	57	11	31	13	22

Note. Field Survey

Table 6
Severity Range of Stress by Gender

Gender	Normal	Mild	Moderate	Severe	Extremely Severe
Female	49	12	12	7	4
Male	29	8	10	2	1
Total	78	20	22	9	5

Note. Field Survey

A similar pattern is observed in anxiety levels. Female participants demonstrated a larger number of Extremely Severe anxiety cases (17), as well as higher counts in the moderate and mild ranges. The majority of females (35) scored within the Normal range, yet a substantial number showed elevated anxiety symptoms. Among males, 22 participants were classified as Normal, while severe anxiety was more pronounced among males (8 severe cases) compared to females (5). However, overall anxiety severity-including extremely severe and moderate categories-was again more common in females.

The distribution of stress levels also revealed gender-based differences. Most female participants fell within the Normal stress category (49), which was significantly higher than that of males (29). Females also had more cases in mild and moderate ranges, indicating a wider spread of stress experiences. Although extremely severe stress was relatively uncommon for both genders, females again had a slightly higher count (4 compared to 1 male). Severe stress levels were low overall, with 7 females and 2 males classified in this range. Overall, stress scores showed that both genders had a substantial number of normal cases, but

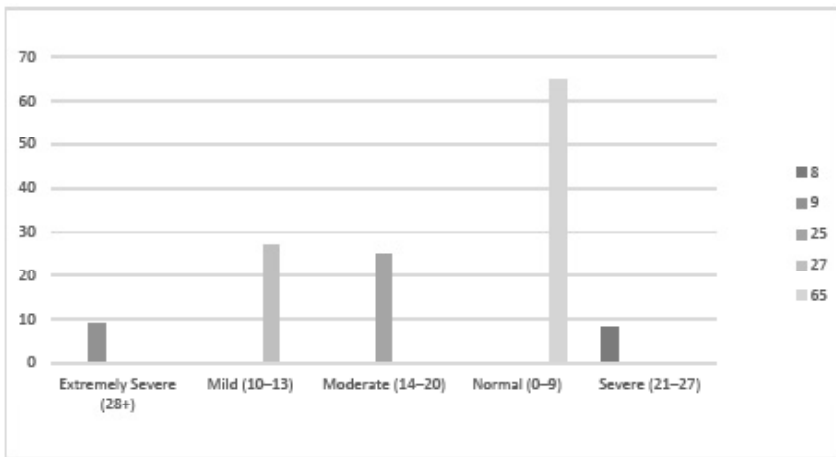


Figure 1. Findings of Depression Levels

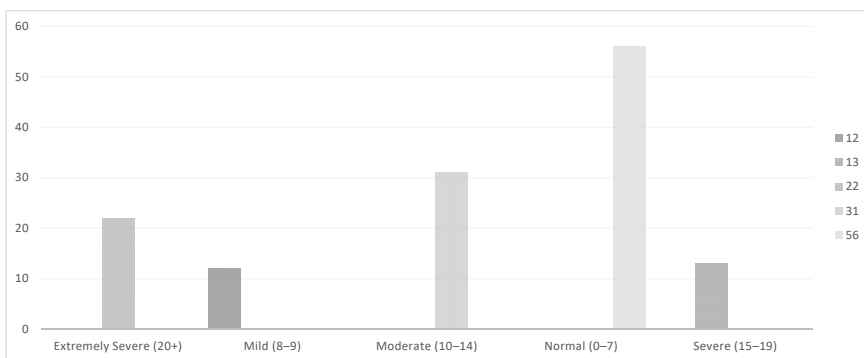


Figure 2. Findings of Anxiety Data Analysis

females had a higher proportion in the mild, moderate, and severe categories.

Overall Representation of Depression, Anxiety, and Stress

Figure 1 illustrate that only half of the participants have normal levels of depression. Numbering at 65, 48.50% of the participants showed a normal level of depression. This data shows that 51.50% of the students showed some signs of depression. Over half the students showed signs of depression, which is a critical situation.

The data for severe and extremely severe depression show that 8 suffer from severe and 9 from extremely severe levels. In terms of percentage, nearly 6% of participants suffer from severe, and another 6% from extremely severe levels of depression.

Anxiety Levels

Figure 2 shows that 56 out of 134 students, or 41%, have normal anxiety levels. More students experience some form of anxiety than none, indicating that over half of the participants are affected, with anxiety levels

Table 7
Correlation between Depression, Anxiety, and Stress

Variables	Depression	Anxiety	Stress
Depression	1		
Anxiety	+0.144	1	
Stress	+0.133	+0.123	1

Table 8
Correlation between Depression, Anxiety, and Stress with Education Level

Variables	Depression	Anxiety	Stress	Education Level
Depression	1			
Anxiety	+0.144	1		
Stress	+0.133	+0.123	1	
Education Level	-0.151	-0.544	-0.032	1

generally worse than depression. Among those with anxiety, 12 students (8%) have mild symptoms, while 31 students (23.13%) experience moderate levels. Severe anxiety affects 13 students, and 22 students face extremely severe symptoms. Overall, at least 26% of the students, or roughly one in four, suffer from severe or extreme anxiety, requiring therapy and medication. This highlights a significant concern, with nearly 60% of participants affected by different levels of anxiety.

Stress Level Analysis

In terms of stress, 78 students (58.20%) had normal levels, meaning they can handle the general stressors of life without issues. The total number of students experiencing mild stress is 20 (14.9%). Twenty-two students suffered with moderate levels of stress at 16.41% of the total students. Similarly, 9 students suffered from severe levels of stress at 6.7% and 5 students suffered from extremely severe levels of stress at 3.7% of the total students.

The correlation between depression

and anxiety is at 0.14 (0.144), meaning the connection is positive but relatively weak. This weak correlation means that higher levels of depression have a limited connection with higher levels of anxiety whatsoever. This means that the two have some correlational connections.

The correlation between depression and stress is similarly weak at 0.13 (0.133). It shows that the two are positively but weakly associated, meaning that higher levels of depression tend not to be associated with higher levels of stress, and it's also not clear if any of these are the causes of the other from this research alone. The correlation between depression and stress is weak at 0.13, indicating a slight positive association. However, this does not establish causality. Similarly, anxiety and stress are weakly correlated at 0.12, suggesting only a minimal link. Higher levels of anxiety or depression are not strongly related to increased stress.

The correlation between education level and depression is -0.1514, indicating a very weak inverse relationship—higher education

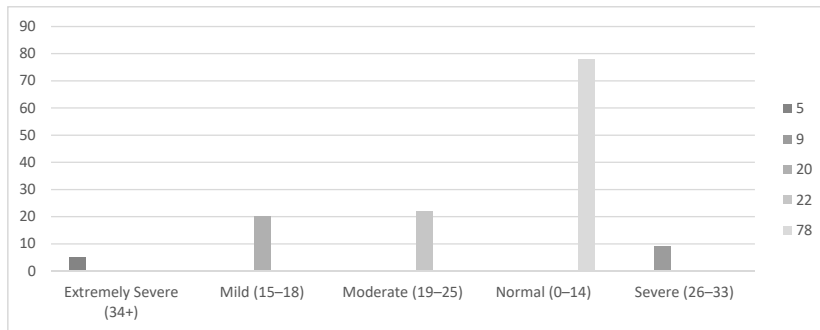


Figure 3. *Stress Levels*

correlates with slightly lower depression. Similarly, anxiety and education level show a low-moderate negative correlation (-0.5), meaning less educated individuals tend to exhibit more signs of anxiety. In contrast, education level and stress are not correlated (-0.03).

DISCUSSION

Anxiety disorders are the most prevalent psychiatric problems among college students, with approximately 11.9 % of college students suffering from an anxiety disorder (Pedrilli et. al, 2015). The data differ significantly from this research. This research presents the anxiety disorder prevalence rate as high as 59% amongst the college students, although this research had a significantly low number of subjects.

Of the students suffering mental illness, 51% reported the onset of mental illness before they attended college, with the rest having the illness start during college (Storrie et. al., 2009). This is more consistent with our research, as our data indicates similar results. Data presented showed that 59% suffered from some form of anxiety, over half from depression, and about 42% from stress. Thus, the average prevalence across the three

disorders is 50.83%. The two researchers present similar data and highlight the high prevalence of mental health issues amongst college students.

In a study of university students in the United Kingdom by Macaskill (2012), the overall incidence of psychiatric cases was 17.3%. However, in this study, the overall prevalence was over 50%. Ann's study included over 1200 students, while this study included 134 students, which could be a factor in the difference.

The WHO WMH Survey study reported a 20.3% 12-month prevalence rate of psychiatric illness in postsecondary students across 21 countries, with anxiety disorders the most common class of disorder, followed by mood and substance use disorders (WHO, 2004). It is consistent with this research, as the most prevalent disorder is anxiety disorder in our study, with nearly 60% suffering from some form of anxiety, the highest of the three.

Anxiety disorders were the most prevalent class of disorders across all groups in the full sample (11.7–14.7%) followed by mood disorders (6.0–9.9%) (Auerbach, 2017). It shows that anxiety has the highest prevalence

rate, consistent with this research, which highlights the highest prevalence of anxiety disorder when compared to depression or stress.

A study by Paudel et al. (2020) found the overall prevalence of depression, anxiety, and stress among the participants to be 38.2%, 46.9%, and 24.1%, respectively. The results proved again that anxiety is higher in prevalence, and stress is the lowest. The study confirmed that there was no association between the current academic discipline and the level of depression and anxiety among the students. However, the higher rate was observed among the students from non-technical disciplines such as Humanities and Education. Compared with our study, the prevalence rates differ, but both data underscore the urgency of the matter. Another point of discussion could be the location and its conclusion. The research conducted in Pokhara showed lower rates across the three disorders than in Kathmandu. It further highlights the high prevalence of disorders amongst college students in Nepal.

Depression has emerged as an alarming issue among adolescents, ranking among the leading causes of mental health challenges. In contrast, self-harm stands as the third leading cause of death among this (university students) demographic (Acharya & Paudel, 2023). This further depicts the seriousness of the issue. Self-harm is a highly prevalent problem among those with depressive symptoms. With depression prevalence as high as 51% amongst the sample, self-harm can be an equally critical issue.

In another study by Timsinha & Parajuli (2024), the overall prevalence of depression was 143(46.43 %), anxiety was 180 (58.44%), and stress was 90(29.22%), respectively.

Anxiety again was the most prevalent disorder, with 25% suffering from extreme anxiety. In our research, it was indicated that over 25% suffered from either severe or extremely severe anxiety. The research is highly consistent with each other. It again portrays anxiety as a significant issue to be tackled, as in both studies, 1 in 4 with anxiety required medication along with therapy.

CONCLUSION

Overall, the findings indicate a high prevalence of mental health concerns among students. More than half of the participants showed symptoms of depression (51.5%) and anxiety (nearly 60%), while 58.2% reported normal stress levels.

Female students consistently reported higher levels of depression, anxiety, and stress than male students, including a greater number of severe and extremely severe cases. The concern is heightened, especially in anxiety, with over 25% suffering from severe or extremely severe anxiety. Similarly, the rate of depression is equally worse, with 6% prevalence for both severe and extremely severe depression. Furthermore, over 40% suffer from some form of stress.

Correlation analysis showed that the relationships among depression, anxiety, and stress were weak ($r = 0.12-0.14$), suggesting that these conditions may develop independently rather than as a single combined issue. Education level showed a weak negative association with depression ($r = -0.15$) and anxiety ($r = -0.54$), while stress had almost no relationship with education.

Out of 134 students, 65 had normal depression levels, and 69 had some depression. Of those, 27 had mild, 25 moderate, 8 severe, and 9

extremely severe depression. For anxiety, 56 had normal levels, and 78 had some. Among them, 12 were mild, 31 were moderate, 13 were severe, and 22 were extremely severe. For stress, 78 had normal levels, 20 mild, 22

moderate, 9 severe, and 5 extremely severe. These findings indicate that a substantial proportion of students require targeted mental health interventions ranging from therapy to medication.

Recommendation

- The self-report DASS-21 shows that the participants' scores represent severity ranges for the Depression, Anxiety, and Stress Scale–21, suggesting an immediate intervention on mental health awareness and psychosocial support for those with moderate, severe, and extremely severe cases.
- Addressing widespread mental health issues requires the campus to have adequate infrastructure, including a dedicated clinic with professionals such as counsellors, psychologists, and psychiatrists, and clear referral pathways.
- It is also essential that students and faculty are fully aware of these resources and equipped to provide initial psychological support.
- The growing mental health issues demand urgent and effective policy intervention to prevent escalation.

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Funding: The author declares that this study did not receive funding from any agency or sponsor.

Data Availability Statement: Data supporting the study results can be provided on request.

Conflicts of Interest: Since this paper is the result of my sole effort, others have helped me a lot on their end to reach the final version of this research paper, but their efforts have not been acknowledged. Hence, the author declares no conflicts of interest regarding the publication of this paper.