Investigation of Depression, Anxiety & Stress Symptoms on Students

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Abstract: The most common psychiatric disorder in young people is depression. Unipolar depressive disorder in young people are common globally but still unrecognized. The incidence is growing sharply following the puberty, especially in girls, and the 1-year prevalence rate at the end of adolescence exceeds by 4%. In middle and low-income nations, the burden is highest. Depression is related to current and potential illness and raises the risk of suicide. A family history of depression and exposure to psycho-social stress were the most important risk factors for depression in young people. Adolescence is a physical, social, sexual and emotional stress phase and it is a topic of concern at this stage of life if there are mental illnesses such as depression, anxiety and stress. The inherited risks, developmental factors, sexual hormones and psycho-social adversity interact in order to increase risk by hormone and associated neural disturbance factors. In this study, the student's executive functions were studied and compared with those of a stable person with depression, anxiety, and stress symptoms. These scales are structured to measure depression, anxiety and stress in negative emotional states.

Keywords: Adolescents, Depression, Executive functioning, Mental health, Students

1. INTRODUCTION:

Many people worldwide have problems of mental health. Such difficulties are not recently and overdue for a long time. Nevertheless, in recent years, knowledge of these problems has increased. About 20% of people in the United States have or could be diagnosed with a mental illness[1]. The most popular forms of psychiatric illness are depression, anxiety, and stress with these conditions even comorbidity is very prevalent. Most people with fear are also discouraged and vice versa. Anxiety and depression were more prevalent than in the general population in university students[2]. Many colleges and universities have introduced on-campus therapy and/or services designed in order to help combat as well as overcome their students' mental health issues.

A significant part of the students indicated that they themselves reveal whether they have or are diagnosed with the symptoms of anxiety and depression. These students also struggle with maladaptive behaviours academically. Some examples of these struggles include: low attendance, lack of focus, poor job quality and testing difficulties. Any results are dismissal or removal from classes, academic suspension, academic probation or university removal[3].

The direct effect of failure for treating depression and anxiety will affect Students along with other life fields academically. The SOAR (Student Chances, Advocacy, and Resources) is directed at students exploring and presenting them in a safe atmosphere using relevant services. It is difficult to determine how anxiety and depression students have received the counselling provided and whether it helped them control their symptoms better by the design of the program. A literary analysis explored the impact and the role of social assistance with regard to these variables of depression and anxiety academic performance. Social support

work in relation to university students ' academic achievement is minimal[4]. Particularly, the relationship between students who have anxiety and/or depression is investigated by a gap in literature. Few studies were carried out to study the impact of social support on academic performance for students having depression and anxiety. The problem of social support and psychological distress has been raised as follows: How do students in college have an effect on their academic results?

The frequency among students of undergraduate education in Mallands ranges between 13.7% to 29.1%, between 51.4% and 55.1%, and between 12.7% and 21.4%, of mild to severe significant rates of depression, anxiety to stress [5]. Medical students were much more willing to emotional disorders, especially stress and depression, than non-medical students. A cross-disciplinary research was then intended to evaluate the incidence, depression, anxiety and tension among undergraduate students at Melaka Manipal Medical College.

"Health is a condition of absolute physical , emotional and social health and not only a reduction of sickness or disease," states the WHO (World Health Organization). Most people view wellbeing as mentally stable and free of disease and thus ignore the importance of mental wellness. Consequently, behavioral health is an important component of wellbeing. Lower mental health can lead to many life-threatening diseases, like cardiovascular death, external death and cancer death. Group anxiety, stress and depression are known to be essential mental health markers[6]. Unfortunately, inability to identify and handle these conditions leads to increased psychological morbidity and adverse consequences in your work and life[7].

Depression and anxiety were registered at public medical institutions, ranging from 10.4% to 43.7% and 43.4% to 64%. Nevertheless, in private medical students, spread of anxiety and depression is measured at 18 to 61% and 29.4 to 60% respectively. A web-based analysis of first-year tertiary education students in Hong Kong showed that 27 % of respondents had moderate or greater stress. In Indian countries the main emphasis was on the prevalence, in mild to very severe young adult symptoms of current depression, anxiety and stress, of 18.1%, 24.2%, and 20% respectively[8]. There was 12.1 percent psychiatric depression and 19.0 percent common anxiety disorder. There was strong co-morbid depression and anxiety with nearly 87% of those with depression reporting anxiety disease.

A study in Malaysia shows that among undergraduate student the occurrence of moderate or very severe levels of anxiety, depression and stress ranged from 13.9% to 29.3%, 51.5% to 54.0% and 12.4% to 21.6% respectively[5] . As regards the source of stressors, primarily academic and personal variables were the top 10 stressors selected by students[9]. Up to 60 percent of university declines, most of which have left during the last 2 years have been published, Porter said. Studies also reported that 50% of university students who visited mental health providers worried about issues with their schooling, anxiety , fatigue and depression may have led to a low quality of achievement.[10]. In Malaysia the need for more doctors & physical personnel has risen over the last few years to reach medical establishments providing tertiary education. The technical education and research group has long accepted both variables as a distressing element. Medical students have been seen more susceptible to emotional disorders, particularly stress and depression, than non-medical students.

There are many theories today with regard to cognitive process definition and appropriate methods for measuring executive functions as a solution to achieving future goals. For these executive functions, four main items were listed for intent / target orientation, inhibition, preparation, and memory. Researchers presented various hypotheses on executive functions, such as attention shift dimensions, modified memory and inhibition of responses. Executive functionality may usually be defined as cognitive mechanisms such as retaining and

modifying focus, prevailing response avoidance and organizational awareness management, and the expected reactions.[11].

Many studies indicate, compared to people with healthy functions, that Depression is related to control functions disability, and that people with depression are weaker[12]. It seems that pronounced depression is associated with impaired control functions in the frontal regions of depressed individuals.

The analysis of the correlation between depression and executive impairment resulted in conflicting outcomes. The research literature in some studies, depression was associated with executive function deficiencies. Yet these defects and impairments in depressed people were not observed in another research. On the basis of this debate, the severity of executive malfunctions tends to depend on the severity of the depression[13]. While depression and anxiety are closely related, little focus has been devoted to the relation between anxiety and executive functions.

In addition, research carried out in this field did not undertake the assessment of control mechanisms in cases of distress under a different scientific context. Mixed findings were obtained in subsequent analyses of these types of cases. Researchers find, for example, that individuals with high rates of anxiety have executive office deficits. Researcher cannot, however, find a correlation between the impairment of management functions and self-reported symptoms of anxiety [14]. The executive deficiency tends to be correlated with severity of the symptoms of anxiety. Control functions can be vulnerable to stress disability.

Research has shown that depression in adolescents is strongly correlated with high risk of suicide, tobacco use, killing and other adult drug abuse[15]. The bulk of suicides in India come from those under the age of 31 and about 91% of people who die by suicide suffer from a psychological condition[16]. About 7% of children and adolescents are affected by depression and by the national co-morbidity Survey-Adolescent supplement, 11% of adolescents have depressive disorders up to 18 years of age. Approximately 28 percent of girls and 23 percent of boys with depression were the most prevalent illness in school samples of adolescents. Adolescents are more vulnerable to stress, including anxiety and depression. Stress may take many forms such as academic stress, pair strain, relationships and low family economic status. Stress can take many forms. Achieving stress among students is one of the most frequent causes of stress[17]. Stress and its relationship to mental health issues are becoming increasingly important among Indian school teenagers.

The relative power of executive functions is suggested to avoid the existence of terror. The association between executive functions and stress has not been explained in previous research[18]. In this regard, multiple studies have shown that high stress levels are related to low levels of management. Researchers find, however, that their executive functions are unaffected if people face stress before a task[19]. Due to inconsistencies of previous work, further studies on depression, executive function, stress and anxiety are needed. In fact, no study to date contrasting the three diseases with stable and non-clinical individuals has been performed. The problem of how managers work with symptoms of depression, stress and anxiety in students is raised.

2. RESEARCH QUESTIONS

Question 1: What Is Mental Illness?

Question 2: Identify the influence of depression on memory, and executive functions, in patients.

Question 3: what are the factors that affect mental condition of a student?

3. REVIEW OF LITERATURE

Academic success is affected by factors such as past academic results and standardized tests [20]. Intellectual aptitude is also measured by standardized test scores and GPA. There is much controversy about how accurately academic success is assessed by grades. The arbitrary existence of qualifications is main reasons for this. Grades by various instructors may vary considerably for the same amount of work. Many might also claim, as a credible academic indicator[21], that it compromises the GPA. It may be helpful to have a brief history of how degrees emerged in the school environment.

David W. Chan (2000) conducted a research in Hong Kong on the aspect of hardness and the role he plays in emphasizing the anxiety of Chinese adolescents[22]. This research analyzed the three elements of toughness, life incidents, coping strategies, and psychological trauma in a group of 245 Chinese secondary schoolchildren. While engagement, power and challenge as distinct structures were not specifically differentiated, district constraints emerged from three aspects that can be interpreted as opposing acceptance, cynical renunciation and strategic orientation. Robustness did not interfere with stress to minimize its impact on discomfort in stress-stress relationships; however, hardness and tension had different key effects on stress. While highly-strength students did not assess positive events to have more impact in comparison to low-strength students, they considered negative events to have considerably less effect. Low hardy students have responded substantially more frequently that extremely hardy students are using passive and resisting coping strategies.

Many higher education groups are involved in examining students and institutions. Such constituencies do not limit within state institutions (for example, education ministry, foundations) and corporations[21]. Such constituencies are not limited to government agencies. This may be an assessment and a provision of financial assistance for colleges and universities. The funds are awarded to students via their GPA for measuring purposes in other merit-based grants and scholarships. Moreover, a GPA gives graduate programs a concrete way to quantify the information available for candidates and organizations during the recruiting process. It is always an inaccurate method, but measurements were used as early as the 1860s by many colleges.

Because political impact has to be assessed on educational entities, initiatives will rely on ratings, because certain methods of evaluation are subject to the same constraints and high grade political strain. Education should therefore be evaluated. Other methods of evaluation would be no less dishonest than grades and unnecessary if the criteria for grading were fairly acceptable. The GPA has a number of variables, including cognitive capacity, physical and mental health variables. The academic performance of students in higher education may affect intellectual ability and other cognitive factors. Cognitive variables are linked to just about 25% of variances in academic results[23]. Factors linked to physical and mental health may be compared to the majority of the variation in academia. It is also important to consider the developmental difficulties and strengths that face this group to consider the psychological wellbeing of university students.

The Erikson principle of psychosocial development (1966) is composed of eight phases in which a person is faced with specific difficulties. Since most of the students are young people, they are on the fifth and sixth stages of psychosocial development. Phase 5 is defined as identity versus roles uncertainty and phase six is named as intimation versus isolation. This means that college students try to identify themselves and learn to interact with other. Social interactions and perceptions can also shape and re-form identity through shifts in beliefs, attitudes and aims[24].

Many people go to college or work to follow their professions, so it's the logical next step for many people. Many advantages for higher education include decreased crime, improved health and satisfaction rates. There are some obstacles faced by students in college or

university. Increased academic aspirations, new people's meetings and family life, increased alcohol and drug use, for the first time, are some of the studies faced by this group. This transition can be successful for many college students, but it is difficult to adapt academically and/or psychosocially for others [24].

The stress related to a depressed sibler has been investigated in an Orsillo / Mc Caffrey / Fisher (1993) study, examining the ability to solve the problems, styles of coping, family attributory styles, beliefs, attitudes and the psychological symptoms of 13 depressed siblings[25]. Subjects show substantial psychological distress in the inventory of conviction symptoms, and negative self-assessment of their problem-solving efficiencies. They have also shown emotional approaches to dealing with problems by endorsing the use of policies such as wishful thinking, evasion and self-blame as often as problem-oriented strategies.

The copying technique for 36 stroke-victim navigators and 37 older confused people was tested by Matson during 1995[26]. The aim was to determine whether stress and depression were associated with coping. The results show that certain aspects of coping with stress and depression are strongly correlated with the issue, especially non-compared response (positive to stress and depression), and tactical response to certain problems (negative to stress and depression).

The 1995 Williamson Report explores the relationship among teenage children between stress filled life events as well as major depressive disorders (MDD). The results show that the rate of total stressful life in MDD and normal control young people is similar the year before interviews are held[27]. Depressed teens encountered much more traumatic life activities than the usual controls during the previous year. Researchers found that depressed adolescents are at higher risk of life-related incidents.

4. METHODS

This is a transversal and non-clinical comparative analysis. Population of students included all students. (449 were chosen women and men). The subjects have been chosen by the comfort sampling process. Tests of Depression Anxiety Stress Scales (DASS) have been conducted in the study population (449students). Three-three students were discovered in 22 of the questions (15, 11, anxiety tests, and 18) for depression, 26 for anxiety, and 16 for stress. The remainder were safe students, with 51 of them chosen as the control group in terms of sex, age, marital status and employment.

5. DESIGN

This was a series of three auto reporting scales, developed, for a one-week assessment of the depression, anxiety and stress symptoms severity. subscale contains 7 things from 0 (not true for me) to 3 (it is true for me). Since this questionnaire (21 questions) is a short, broad-scale type (42 questions), each subscale 's final scoring should be doubled, and the categorization scoring table should then be used to evaluate the intensity of symptoms

6. SAMPLE

The average age of the samples was 22.61 (standard 2.5) years. It should be noted that there were 30 men and 92 women. This should be noted. Stroop assessments, Wisconsin card evaluation and cognitive ability assessment questionnaires have been used by both classes to study. The most important moral concepts in the study were: 1) Before the analysis, permission was obtained from the students. In science, both students had the right to privacy. They were also confident of the interests of the participants during the investigation. 2) This

work has been accredited by the writer for the regulatory and ethical application of study involving individuals. Researcher have dedicated to protecting the interests and health of research subjects.

7. INSTRUMENT

In a study questionnaire a factory analysis of the scale has been made and approximately 98 percent of the variance of the entire scale has been clarified by these three variables, which includes the age, gender, education and marital status. Test findings are 9.07, 2.89 and 1.23, and α coefficients are 0.97, 0.92, and 0.95. For any study, the anxiety, depression and stress and levels are 0.95. There's also the connection between depression and stress of 0.48 and tension of 0.53 and depression of 0.28. Reliability with a depression and anxiety check of 0.80, 0.76 and 0.77, respectively, with Cronbach α 0.81, 0.74 and 0.78.

You will then click a key to show the color on the keyboard. The third stage involves prevention efforts; the four color names show in a separate hue than the one they read on the display. You will then click a key to show the color on the keyboard. The third stage involves intervention; the names of four colors show in a separate color from the one they represent on the display.

The user will move the font color instead of the text. For this analysis, the precision (number of reactions) and speed indices (mean reaction time per pacemaker per thousand seconds). In the test-testing system for all three tasks, 0.01, 0.83 and 0.90 respectively were stated. The test reliability of the three tasks, 0.6, 0.83 and 0.97, was recorded by group of people. The findings were not consistent in practice which could contribute to disturbance consequences compared with the computerised edition for children and adults.

This is a very standard method for evaluating management functions. This is often used for analysing cognitive functions of the brain, such as changing focus, versatility, solving problems and the idea of development and ability to solve or continue. The test will ensure that a concept or theory in the trial stage is preserved at regular intervals and that the early concepts are modified when the principles of sorting are updated.

For this analysis the Wisconsin method was used in a computerized version. This test contains 64 different cards, each with triangle, star, cross or circle diagrams and 1 to 4 number. In addition, the blue, red, yielding and green cards are numbered. The cards have a colour (black, red, yellow, or green) (one of the four different types), a number (1–4). There are 64 variations in the mix. In other words, each card is special and is not replicated in any other card. The measures are: 1 count of the appropriate answer and 2 points of continuity error (a mistake happens when a person starts sorting on the basis of the old theory or inaccurate thinking or against input from the evaluator attempting to avoid the incorrect response). In terms of the validity of this test and its trustworthiness in the work, 0.83 was stated as being grounded on the coefficient of consent of the assessors for cognitive disability after traumatic brain injuries. The reliability of the test was stated as 0.85.

This test was developed with 30 items saturated with 7 variables. It is a questionnaire. The Likert-type scale having 5 multiple choices range from 1 (nine) until 5 (always) for each factor is based on at least three options. Cronbach α coefficient test was used for questionnaire reliability of 0.834. The Pearson correlation coefficient was reached at 0.865 at the meaning level of 0.0001 in the study of questionnaire reliability using a test rehearsal method.

8. DATA COLLECTION AND ANALYSIS

The test was applied with the goal of comparing the roles of selective attention. WCST (Wisconsin Card Sorting Test) was used to analyse the role of displacement of focus. The multivariate ANOVA (Analysis of Variance) and the post-hoc research of India were not only helpful measurements of the sample variables, but also used for the interpretation of collected results and the evaluation of values of four groups on each instrument. For MANOVA (Multivariate analysis of variance) (4 groups) they conducted a power analysis. Power analysis findings showed a sufficient number of participants (power estimates above 0.8).

9. RESULT

The demographic features of the participants are given in Table 1. In order to equate a stop check and MANOVA related values from four groups the conditional concentrate functions were used. The findings are seen in Table 2. As seen in Table 2, the four groups had no substantial variations in average reaction rate (precision) and reaction time (speed) in both phases of the Stroop (P<0.05) study. For analyze shifting target roles, a Wisconsin approach was used. Table 3 displays the conclusions of MANOVA for the comparison of the outcomes of the four classes. According to Table 3, there are no major differences within every classes.

Table 1: Demographic Features the Selective Care Feature Test Was Used to Compare and The Scores of Four Groups Were Compared in This Case By MANOVA

Range	No.	%
	74	60.7
17-22	44	36.1
23-28 Age, y		
29-32	2	1.6
32-38	2	1.6
	30	24.6
Male Sex		
Female	92	75.4
	85	69.7
Single Marital status		
Married	37	30.3

Table 2: MANOVA to Compare Selective Attention (Stroop Test) Functions Between Groups

Stroop Test	Depressed Group n=30	Anxiety Group n=27	Stress Group n=15	Healthy Group n=50	MANOVA	
	Mean ± SD	Mean ± SD	Mean ± SD	Mean ± SD	F	P
Correct response to step 1	99.47 ± 1.383	99.11 ± 2.025	100.00 ± 0.000	99.12 ± 2.715	0.808	0.492

Correct response to step 2	98.27 ± 4.160	98.81 ±1.861	99.47 ± 1.407	99.20 ± 1.807	1.085	0.358
Correct response to step 3	94.40 ± 16.429	97.63 ± 5.350	92.27 ± 25.633	95.52 ± 13.392	0.461	0.710
Reaction time for step 1	1.13 ± 0.434	1.15 ± 0.362	1.00 ± 0.000	1.10 ± 0.303	0.708	0.549
Reaction time for step 2	1.07 ± 0.254	1.11 ± 0.320	1.00 ± 0.000	1.00 ± 0.000	2.271	0.084
Reaction time for step 3	1.30 ± 0.466	1.19 ± 0.396	1.00 ± 0.378	1.24 ± 0.847	0.799	0.497

Table 3: MANOVA in Groups to Compare the Changes (Wisconsin test)

Wisconsin Test	Depressed Group n=30	Anxiety Group n=27	Stress Group n=15	Healthy Group n=50	ANOVA	
	Mean ± SD	Mean ± SD	Mean ± SD	Mean ± SD	F	P
Clusters	2.97 ± 0.928	2.96 ± 1.055	3.27 ± 1.100	3.06 ± 1.038	0.354	0.787
Correct response	33.80 ± 8.323	9.116 ± 10.254	37.67 ± 1.407	34.44 ± 9.422	0.706	0.550
Perseverance error	19.97 ± 6.100	20.70 ± 8.615	17.87 ± 8.951	18.04 ± 6.937	1.036	0.379

10. DISCUSSION

The findings of this analysis revealed that selective focus and concentration within the four classes did not differ significantly. Upon researching cognitive abilities and not other classes the recall, impulse regulation, preparation and resilience of a stable population is apparent. The balanced group's preference was also higher than those who had stress and anxiety. Depressed and anxiety groups were better to decide than they were in the stress group. Therefore, stable people got more treatment than people with anxiety.

There were no variations between the students in the sample groups in their interest. Researcher reported that there is no attention-to-threat bias in non-clinical anxiety. Nevertheless, in the study of attention deficits within individuals having depressive disorder and stress status, it remains contradictory.

The results of this study on differences in attention-shift groups do not correspond to the results which show that the attention shift in depressed people is worse than anxious people. Further incoherent with the facts of depression and anxiety as a result of the suppression of focus shifting. In studies, however, such impairments in depressed people were not observed.

There are also no gaps in sustained focus between depressed and balanced groups. This result does not conform to the investigator's report. They predicted that continued focus was worse in depressed people than in healthy people. Such findings have find that the depressive community were weaker than healthful individuals in recall checks, concentration control, timing and versatility. This conclusion corresponds to the research but does not agree with the results. Furthermore, both anxiety and stress suffer in contrast with the stable community with poorer decision-making processes. This conclusion is consistent with the results; however, it is not acceptable. Furthermore, both in the above components and in the making

of decisions, fear and stress groups are worse than the healthy group. This finding of anxiety is consistent with the study, but disagrees with the study. The study finding is consistent with, but not in line with, the researcher with people with stress.

The lack of a distinction between people with depression, stress and anxiety in relation to healthy people can be related to the severity of symptoms in the other executive elements. Which involve broad and continuous emphasis (with the exception of anxiety groups). A rich number of studies have shown that one of three disease groups has specific symptoms and healthier people have tested people with a low symptom, although the population symptoms in this sample are below moderate in three categories. Across the three groups, the decision-making method is weaker than in healthy persons in this study. This result is consistent with the study which looked at the impact of depression and anxiety on decision-making and stress analysis.

The decision-making process in this research is poorer among the three classes than in safe individuals. This findings agree with the research which explored the effect on decision taking and stress analysis of depression and anxiety. The only disturbance that happens in feelings, but the stress and decision-making are linked not just on a behavioural level, but on an also neurological level, because the brain areas involved in the decision-making process may be influenced by changes caused stress.

11. CONCLUSION

In short, depression, anxiety and stress have significant adverse impacts on individuals and community, including decreases in medical treatment, increased suicide, relationships and marital issues; diminished work ability; burnout and difficulties with the delivery of healthcare. In order to enhance the quality of life, more consideration must be paid to the psychological well-being of students.

The findings of this research raised specific concerns concerning the involvement of stress , anxiety and distress in affecting the cognitive functioning of patients. Selective attention and evolving abilities are especially influenced in this way. In the mean time , the role of stress throughout the decision-making disorder has demonstrated that anxiety plays a major role in a chronic concentration deficit. Which is why it was recommended that all students be adequately handled. Furthermore, neither group had problems in the cognitive neurological tests relative to healthy people; however, impairment was seen in the questionnaire study. In other words, the cognitive functions of these individuals did not pose any issues, but from a personal point of view they may have had these issues. Some of these mechanical flaws may be triggered by a loss of confidence or perfectionism; therefore, in potential experiments, these problems will be addressed at length. So, the cognitive skills study has created all discrepancies in prepared studies, and no variations have been found with objective assessments, differences tend to be the product of self-reporting questionnaire bias.

As the cognitive skills questionnaire has been used to classify all variations in planned studies and no differences were found in objective assessments, it appears that the differences are the product of the self-reporting of the questionnaire. In addition, participants pointed out faults to their concept in management functions although objective assessments did not detect the discrepancies described above. In latest trials as a prerequisite for the progress of nervous and agitated people, non-clinical indications should also be taken into account. In this sector, there is a lack of work on non-clinical samples. Similar subjects for future research are also suggested.

REFERENCES

[1] J. Khubchandani, R. Brey, J. Kotecki, J. A. Kleinfelder, and J. Anderson, "The Psychometric Properties of PHQ-4 Depression and Anxiety Screening Scale Among College Students," Arch. Psychiatr. Nurs., 2016, doi: 10.1016/j.apnu.2016.01.014.

[2] American College Health Association, "National college health assessment - Spring 2011 Reference Group executive summary," 2011.

[3] B. Andrews and J. M. Wilding, "The relation of depression and anxiety to life-stress and achievement in students," British Journal of Psychology. 2004, doi: 10.1348/0007126042369802.

[4] M. Fawzy and S. A. Hamed, "Prevalence of psychological stress, depression and anxiety among medical students in Egypt," Psychiatry Res., 2017, doi: 10.1016/j.psychres.2017.05.027.

[5] W. Y. Gan, M. T. Mohd Nasir, M. S. Zalilah, and A. S. Hazizi, "Disordered eating behaviors, depression, anxiety and stress among Malaysian university students," Coll. Stud. J., 2011.

[6] C. Dunkel Schetter and L. Tanner, "Anxiety, depression and stress in pregnancy: Implications for mothers, children, research, and practice," Current Opinion in Psychiatry. 2012, doi: 10.1097/YCO.0b013e3283503680.

[7] D. Redhwan Ahmed Al-Naggar, "Prevalence and Associated Factors of Emotional Disorder among Malaysian University Students," Int. J. Collab. Res. Intern. Med. Public Heal., 2012.

[8] C. Regehr, D. Glancy, and A. Pitts, "Interventions to reduce stress in university students: A review and meta-analysis," Journal of Affective Disorders. 2013, doi: 10.1016/j.jad.2012.11.026.

[9] A. S. Radeef, G. G. Faisal, S. M. Ali, and M. K. H. M. Ismail, "Source of stressors and emotional disturbances among undergraduate science students in Malaysia," Int. J. Med. Res. Heal. Sci., 2014, doi: 10.5958/j.2319-5886.3.2.082.

[10] A. S. Yasin and M. A. Dzulkifli, "Differences in depression, anxiety and stress between low-and high-achieving students," J. Sustain. Sci. Manag., 2011.

[11] B. F. Pennington and S. Ozonoff, "Executive functions and developmental psychopathology," Journal of Child Psychology and Psychiatry and Allied Disciplines. 1996, doi: 10.1111/j.1469-7610.1996.tb01380.x.

[12] M. Doumas, C. Smolders, E. Brunfaut, F. Bouckaert, and R. T. Krampe, "Dual Task Performance of Working Memory and Postural Control in Major Depressive Disorder," Neuropsychology, 2012, doi: 10.1037/a0026181.

[13] K. E. Bredemeier, "Attention and executive functioning deficits associated with dimensions of anxiety and depression," 2014.

[14] J. A. Micco et al., "Executive functioning in offspring at risk for depression and anxiety," Depress. Anxiety, 2009, doi: 10.1002/da.20573.

[15] S. K. Bhasin, R. Sharma, and N. K. Saini, "Depression, anxiety and stress among adolescent students belonging to affluent families: A school-based study," Indian J. Pediatr., 2010, doi: 10.1007/s12098-009-0260-5.

[16] L. Vijaykumar, "Suicide and its prevention: The urgent need in India," Indian J. Psychiatry, 2007, doi: 10.4103/0019-5545.33252.

[17] Bartwal Ramesh Singh and Anoj Raj, "Academic Stress Among School Going Adolescents in Relation To Their Social Intelligence," Indian Streams Res. J., 2015, doi: 10.9780/22307850.

[18] D. Hendrawan, K. Yamakawa, M. Kimura, H. Murakami, and H. Ohira, "Executive functioning performance predicts subjective and physiological acute stress reactivity: Preliminary results," Int. J. Psychophysiol., 2012, doi: 10.1016/j.ijpsycho.2012.03.006.

[19] C. Blair et al., "Salivary Cortisol Mediates Effects of Poverty and Parenting on Executive Functions in Early Childhood," Child Dev., 2011, doi: 10.1111/j.1467-8624.2011.01643.x.

[20] M. Larson, M. Orr, and D. Warne, "Using Student Health Data to Understand and Promote Academic Success in Higher Education Settings.," Coll. Stud. J., 2016.

[21] J. Felton and P. T. Koper, "Nominal GPA and Real GPA: A simple adjustment that compensates for grade inflation," Assess. Eval. High. Educ., 2005, doi: 10.1080/02602930500260571.

[22] D. W. Chan, "Dimensionality of hardiness and its role in the stress-distress relationship among Chinese adolescents in Hong Kong," J. Youth Adolesc., 2000, doi: 10.1023/A:1005100531194.

[23] R. N. Wolfe and S. D. Johnson, "Personality as a predictor of college performance," Educ. Psychol. Meas., 1995, doi: 10.1177/0013164495055002002.

[24] C. A. Brook and T. Willoughby, "The Social Ties That Bind: Social Anxiety and Academic Achievement Across the University Years," J. Youth Adolesc., 2015, doi: 10.1007/s10964-015-0262-8.

[25] S. M. Orsillo, R. J. McCaffrey, and J. M. Fisher, "Siblings of head-injured individuals: A population at risk," J. Head Trauma Rehabil., 1993, doi: 10.1097/00001199-199303000-00010.

[26] N. Matson, "Coping, caring and stress: A study of stroke carers and carers of older confused people," Br. J. Clin. Psychol., 1994, doi: 10.1111/j.2044-8260.1994.tb01129.x.

[27] D. E. WILLIAMSON, B. BIRMAHER, B. P. ANDERSON, M. AL-SHABBOUT, and N. D. RYAN, "Stressful Life Events in Depressed Adolescents: The Role of Dependent Events during the Depressive Episode," J. Am. Acad. Child Adolesc. Psychiatry, 1995, doi: 10.1097/00004583-199505000-00011.