



Depression, Anxiety and Stress among the Dental Students of Dental College in Amargadh- A Cross Sectional Study

**Dr. Anjali Navadiya¹, Dr. Vidhi Kevadiya², Dr. Hetvi Parmar³, Dr. Vivek Kher⁴,
Dr. Chaitanya Parmar⁵, Dr. Mandeep Singh Gohil⁶**

^{1,2}Tutor at College of Dental Science and Hospital, Amargadh, Gujarat, India.

^{3,4,5}Dental Intern at College of Dental Science and Hospital, Amargadh, Gujarat, India.

⁶Reader and Guide from Department of Public Health Dentistry at College of Dental Science and Hospital, Amargadh, Gujarat, India.

OPEN ACCESS

Article Citation:

Dr. Anjali Navadiya¹, Dr. Vidhi Kevadiya², Dr. Hetvi Parmar³, Dr. Vivek Kher⁴, Dr. Chaitanya Parmar⁵, Dr. Mandeep Singh Gohil⁶,
"Depression, Anxiety and Stress among the Dental Students of Dental College in Amargadh- A Cross Sectional Study",
International Journal of Recent Trends in Multidisciplinary Research, July-August 2026, Vol 6(04), 88-95.



©2026 The Author(s). This is an open access article distributed under the terms of the [Creative Commons Attribution License](#), which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. Published by 5th Dimension Research Publication

Abstract: Background: Dental education is academically demanding and often exposes students to substantial psychological pressure. Continuous academic workload, clinical responsibilities, examinations, and patient management may contribute to increased levels of depression, anxiety, and stress, ultimately affecting students' academic performance, clinical competence, and overall well-being. **Aim:** To assess the prevalence and severity of depression, anxiety, and stress among dental students of a dental college in Amargadh using the Depression Anxiety Stress Scale (DASS-42), and to evaluate the association between year of study and psychological distress. **Materials and Methods:** A cross-sectional questionnaire-based study was conducted among 373 undergraduate and postgraduate dental students. Demographic information, including year of study, sex, marital status, family type, accommodation, and first choice of professional admission, was collected. Psychological status was assessed using the validated DASS-42 questionnaire. Participants were classified into standard severity categories for depression, anxiety, and stress. Descriptive statistics were used to summarize the data, while the Pearson Chi-square test was applied to evaluate the association between year of study and the DASS domains. A p-value <0.05 was considered statistically significant. **Results:** Moderate depression was observed in 46.21% of participants, while 23.14% demonstrated severe depression. Moderate anxiety was present in 45.21% of participants, with 19.71% classified as having severe anxiety. Moderate stress was identified in 42.21% of students, whereas 23.78% experienced severe stress. Anxiety emerged as the most prevalent psychological concern among the study population. No statistically significant association was observed between year of study and depression, anxiety, or stress (p>0.05). **Conclusion:** A considerable proportion of dental students experienced moderate to severe psychological distress. The findings emphasize the need for routine mental health screening, accessible counselling services, and institution-based stress management programmes to promote psychological well-being throughout dental education.

Key Words: Depression, Anxiety, Stress, DASS-42, Dental Students, Mental Health, Cross-Sectional Study.

1. Introduction

Dental education can be significant source of stress among students and of higher levels than in general population. Stress is a result of certain external physical or mental factors that affect an individual's physical and psychological well-being.⁽¹⁾

Depressive disorders often start at young age and often are recurrent throughout the life. It can be long-lasting or recurrent, substantially impairing a person's ability to function at work, school or cope with daily life.⁽²⁾

Anxiety is characterized by intense feelings of dread accompanied by somatic symptoms that indicate a hyperactive autonomic nervous system. It also impairs cognition and may result in distortion of perception.⁽³⁾

A psychological disorder that is associated with significant suffering and impairment in functioning with sense of uncontrollability and unpredictability over aversive life events.⁽⁴⁾

Stress is defined by physiological and psychological responses to events that are perceived as threatening or challenging and which require a behavioral response.⁽³⁾

Research has found that stressors are not globally equivalent and are influenced by local and cultural factors.⁽¹⁾ Anxiety is associated with autonomic arousal, skeletal muscle effects, and subjective experience of an anxious affect, and is defined by AMERICAN PSYCHOLOGICAL ASSOCIATION as an "emotion characterized by feelings of tension, worried thoughts and physical changes."⁽¹⁾ A large body of literature examining stress in dental students has revealed a significant increase in stress that intensifies with student's year of study.⁽¹⁾

Deterioration in the health of student may affect learning ability and academic performance as well as goal achievement.⁽⁵⁾ Medical and dental students are known to be in highly demanding and stressful environment.⁽⁴⁾

Dentists seem to be prone to professional burnout, anxiety disorders and clinical depression because of variety of sources of stress encountered throughout their professional career. Dental students are expected to achieve a high degree of diverse competencies, including theoretical knowledge, clinical practice and interpersonal skills.⁽²⁾ Dental education is a complex, demanding and stressful pedagogical exposure involving an acquisition of required academic, clinical and interpersonal skills during the study course.⁽⁴⁾

Stress due to academic related factors was significantly associated with students in preclinical years; students while with personal factors were affected during clinical years. Academic and personal-related factors were examination and grades, fear of failing during the course or lose a year, fear of being unable to catch up, inadequate time for relaxation, problem based learning sessions, completing the assignments, pressures of social issues with colleagues or patients, the stress of practice management, starting clinical practice and finally financial issues.⁽⁷⁾

The depression, anxiety and stress scale (DASS-21/42) measures the three dimensions of these psychological conditions in a single, concise and comprehensive scale.⁽¹⁾

The aim of this study was to determine the factors responsible for the cause of depression, stress and anxiety among the dental students in dental college of Amargadh.

2. Review of Literature

1. Sumaya Basudan¹, Najla Binanzan², Aseel Alhassan³

Conducted the study on (May 08, 2017) To measure the occurrence and levels of depression, anxiety and stress in undergraduate dental students using the Depression, Anxiety and Stress Scale (DASS-21). A cross-sectional study was conducted in November and December of 2014. A total of 289 dental students were invited to participate, and 277 responded, resulting in a response rate of 96%. The final sample included 247 participants. Eligible participants were surveyed via a self-reported questionnaire that included the validated DASS-21 scale as the assessment tool and questions about demographic characteristics and methods for managing stress. The conclusion was that high occurrence of depression, anxiety and stress among dental students highlights the importance of providing support programs and implementing preventive measures to help students, particularly those who are most susceptible to higher levels of these psychological conditions.

2. Renjith Pallivathukal George¹, Preethy Mary Donald², Htoo Htoo Kyaw Soe³, Shin Chuen Tee⁴, Jolyn Toh⁵, Michelle Joe Qian Cheah⁶ (2022)²

The aim of this study was to assess the prevalence of depression, anxiety, and stress among dental students and its association with factors such as gender, year of study, phase of the course, and ethnicity. A questionnaire-based cross-sectional study was conducted among medical students in a medical institute in Malaysia. Prevalence of depression, anxiety, and stress was assessed by Depression, Anxiety, and Stress Scale-21 (DASS-21). It concluded that early detection of symptoms of depression, anxiety and stress is of great importance to take timely remedial action to keep the mental well-being of individuals. Maintaining the mental health of young medical professionals is a need of society in the present world. Further studies are suggested to recognize other factors associated with depression, anxiety, and stress among dental students.

3. Ali S. Radeef Et Al, 2018

The study was that dental students were exposed to varying levels of stress that may affect their mental and physical health, Academic performance and quality of life. This study aimed to determine the prevalence and severity of Depression, Anxiety and Stress (DAS), and the relationships between DAS symptoms and stressors. The study concluded DAS symptoms occurred in dental students. Academic and personal factors produced **stress** that precipitated psychological distress.

3. Materials And Method

	Factors		
	Depression	Anxiety	Stress
DASS-Depression			
DASS 3 no positive feeling	.50	.24	.23
DASS 5 not seem to get going	.49	.28	.27
DASS 10 to look forward to	.67	.16	.12
DASS 13 sad& depressed	.51	.20	.48
DASS 16 lost interest about everything	.65	.23	.26
DASS 17 wasn't worth as a person	.72	.13	.20
DASS 21 wasn't worthwhile	.71	.21	.10
DASS 24 couldn't seem enjoyment	.64	.19	.26
DASS 26 down hearted & blue	.58	.24	.39
DASS 31 unable to be enthusiastic	.60	.23	.12
DASS 34 worthless	.73	.12	.20
DASS 37 nothing to be hopeful	.75	.15	.10
DASS 38 life was meaningless	.73	.21	.08
DASS 42 difficult to work	.46	.21	.22
DASS-Anxiety			
DASS 2 dryness of mouth	.15	.47	.14
DASS 4 breathing difficulty	.12	.66	.12
DASS 7 feeling of shakiness	.27	.55	.26
DASS 9 anxious	.08	.32	.26
DASS 15 feeling of faintness	.23	.56	.08
DASS 19 perspired	.07	.50	.24
DASS 20 scared	.29	.43	.29
DASS 23 difficulty in swallowing	.20	.68	.10
DASS 25 awareness of heart action	.20	.63	.21
DASS 28 panic	.27	.38	.50
DASS 30 fear of being thrown	.43	.21	.39
DASS 36 terrified	.36	.51	.19
DASS 40 worried	.34	.35	.31
DASS 41 trembling	.21	.59	.15
DASS-Stress			
DASS 1 upset	.24	.07	.48
DASS 6 over-react	.21	.27	.54
DASS 8 difficult to relax	.25	.46	.36
DASS 11 getting upset easily	.42	.16	.51
DASS 12 using nervous energy	.28	.20	.63
DASS 14 getting impatient	.06	.21	.49
DASS 18 feeling touchy	.29	.08	.53
DASS 22 hard to wind down	.44	.40	.38
DASS 27 irritable	.17	.15	.75
DASS 29 hard to calm down	.18	.15	.67
DASS 32 difficult to tolerate	.03	.15	.54
DASS 33 state of nervous tension	.28	.19	.70
DASS 35 intolerant	.05	.20	.50
DASS 39 agitated	.36	.42	.20

Bold indicates a higher factor loading

Figure 1. shows QUESTIONS BASED ON DASS-42 SCALE WITH FACTORS

To learn about the psychological challenges that students confront, a cross-sectional study will be conducted in an online Google form survey. A total of 373 students which includes 2nd, 3rd, 4th year undergraduate students, interns and postgraduate students will receive the questionnaire. This questionnaire will include about the psychological problems that a dental student faces during a monotonous life. This questionnaire will be distributed to undergraduate dental students and the responses will be compiled in an excel sheet and tabulated. The obtained result will be statistically examined.

The data collection tool was a 2-part questionnaire including demographic data and Turkish version of DASS-42 scale. The statistical analysis was done to assess the level, percentage, condition, of depression, anxiety and stress among the participants. Multiple aspects were taken in consideration on the basis of questionnaire (according to DASS-42 Turkish version).

Depression, Anxiety and Stress among the Dental Students of Dental College in Amargadh- A Cross Sectional Study

Domain	Number of Items	Example Raw Score	DASS-42 Severity Classification
Depression	14	15	Mild
Anxiety	14	18	Severe
Stress	14	22	Moderate

Table 1. Sample Evaluation of an Individual Participant Using the DASS-42 Scale

Interpretation: The participant obtained a depression score of 15, indicating mild depression; an anxiety score of 18, indicating severe anxiety; and a stress score of 22, indicating moderate stress, according to the DASS-42 severity classification in Table 2.

Severity	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

Table 2. shows severity of DASS 42

How the scores are calculated

- **Depression:** Sum of the scores for the 14 depression items.
- **Anxiety:** Sum of the scores for the 14 anxiety items.
- **Stress:** Sum of the scores for the 14 stress items.
- Each item is scored from **0 to 3**, where:
0 = Did not apply to me at all [NEVER], **1** = Applied to me to some degree, or some of the time [SOMETIME], **2** = Applied to me to a considerable degree, or a good part of the time [OFTEN], **3** = Applied to me very much, or most of the time [ALWAYS]

4. Results

A total of **373 dental students** participated in the present cross-sectional study. Data were analyzed using descriptive and inferential statistics to determine the prevalence and severity of depression, anxiety, and stress among the participants.

Demographic Characteristics

The demographic characteristics of the study participants are summarized in Table 3. Information regarding year of study, sex, marital status, family type, accommodation, and first choice of professional admission was collected.

Participants represented all academic levels of dental education, including second (or late first) year, third year, final year, internship, and postgraduate students. The study population included participants identifying as female, male, and prefer not to say. Based on marital status, participants were categorized as unmarried, married, and divorced. Family type was classified as joint, nuclear, or other, while accommodation status included home, hostel, and paying guest. Participants were also asked to indicate their first choice of professional admission, categorized as medical, dental, or other. The frequency and percentage distribution of these variables are presented in Table 3.

Year of the study	n	%
Second or late first year	101	27.1
Third year	72	19.3
Final year	76	20.4
Interns	68	18.2
Post Graduates	55	14.7
Sex/Gender		
Male	143	38.3
Female	225	60.3
Prefer not to say	5	1.3

Depression, Anxiety and Stress among the Dental Students of Dental College in Amargadh- A Cross Sectional Study

Marital Status		
Unmarried	335	89.8
Married	32	8.6
Divorced	6	1.6
Family type		
Joint	189	50.7
Nuclear	176	47.2
Other	8	2.1
Accommodation		
Home	109	29.2
Hostel	158	42.4
Paying guest	106	28.4
First choice of admission		
Medical	156	41.8
Dental	196	52.5
Other	21	5.6

Table 3. shows demographic characteristics

Distribution of DASS-42 score

Each participant completed the 42-item Depression, Anxiety and Stress Scale (DASS-42). Responses were scored according to the standard DASS-42 scoring guidelines, and participants were classified into **normal, mild, moderate, severe, and extremely severe** categories for depression, anxiety, and stress. The overall distribution of participants across these severity categories is presented in **Tables 4-6**.

Depression

The distribution of depression severity among the participants is shown in **Table 4**. Participants were classified into normal, mild, moderate, severe, and extremely severe depression categories based on their total depression scores. A substantial proportion of students demonstrated varying degrees of depressive symptoms, with the majority falling within the moderate to severe range.

DASS Depression	Score 2 [n]	Score 2 [%]	Score 3 [n]	Score 3[%]
3- no positive feeling	47	12.6	23	6.2
5- not seem to get going	51	13.7	20	5.4
10- to look forward to	43	11.5	40	10.7
13- sad and depressed	45	12.1	29	7.8
16- lost interest about everything	47	12.6	26	7
17- wasn't worth as person	45	12.1	61	16.4
21- wasn't worthwhile	54	14.5	19	5.1
24- couldn't seem enjoyment	35	9.4	14	3.8
26- down hearted and blue	50	13.4	18	4.8
31- unable to be enthusiastic	44	11.8	15	4
34- worthless	45	12.1	18	4.8
37- nothing to be hopeful	44	11.8	15	4
38- life was meaningless	54	14.5	12	3.5
42- difficult to work	43	11.5	14	3.8
Mean	46.21	12.4	23.14	6.2

Table 4. shows distribution of depression severity

Anxiety

The severity distribution of anxiety is presented in **Table 5**. Anxiety was the most prevalent psychological domain among the study population, with a considerable proportion of participants reporting moderate, severe, and extremely severe anxiety symptoms.

Stress

Table 6 presents the distribution of stress severity among the participants. Although most students were classified within

Depression, Anxiety and Stress among the Dental Students of Dental College in Amargadh- A Cross Sectional Study

the normal category, a considerable number experienced mild to extremely severe stress.

Association Between Year of Study and Depression, Anxiety, and Stress

The association between the year of study and the severity of depression, anxiety, and stress was assessed using the Pearson Chi-square test. No statistically significant association was observed between the year of study and depression ($\chi^2 = 22.80$, $df = 16$, $p = 0.119$), anxiety ($\chi^2 = 21.22$, $df = 16$, $p = 0.170$), or stress ($\chi^2 = 16.77$, $df = 16$, $p = 0.401$). These findings indicate that the prevalence and severity of depression, anxiety, and stress did not differ significantly across the various academic years included in the study as shown in **Table 7**.

DASS Anxiety	Score 2 [n]	Score 2 [%]	Score 3 [n]	Score 3 [%]
2- dryness of mouth	41	11	14	3.8
4- breathing difficulty	54	14.5	11	2.9
7- feeling of shakiness	39	10.5	23	6.2
9- anxious	49	13.1	22	5.9
15- feeling of faintness	50	13.4	13	3.5
19- perspired	41	11	13	3.5
20- scared	37	9.9	23	6.2
23- difficulty in swallowing	34	9.1	14	3.8
25- awareness of heart action	57	15.3	49	13.1
28- panic	44	11.8	27	7.2
30- fear of being thrown	41	11	24	6.4
36- terrified	39	10.5	12	3.2
40- worried	63	16.9	16	4.3
41- trembling	44	11.8	15	4
MEAN	45.21	11.7	19.71	5.2

Table 5. shows distribution of anxiety severity

DASS Stress	Score 2 [n]	Score 2 [%]	Score 3 [n]	Score 3 [%]
1- upset	34	9.1	27	7.2
6- over react	51	13.7	26	7
8- difficult to relax	59	15.8	21	5.6
11- getting upset easily	52	13.9	40	10.7
12- using nervous energy	46	12.3	32	8.6
14- getting impatient	55	14.7	32	8.6
18- feeling touchy	47	12.6	17	4.6
22- hard to wind down	38	10.2	17	4.6
27- irritable	48	12.9	43	11.5
29- hard to calm down	52	13.9	22	5.9
32- difficult to tolerate	58	15.5	18	4.8
33- state of nervous tension	51	13.7	38	10.2
MEAN	42.21	11.30	23.78	6.3

Table 6. shows distribution of stress severity

Association	χ^2	df	p-value	Interpretation
Year of Study $\times$ Depression	22.80	16	0.119	Not statistically significant
Year of Study $\times$ Anxiety	21.22	16	0.170	Not statistically significant
Year of Study $\times$ Stress	16.77	16	0.401	Not statistically significant

Table 7. shows the DASS significance

* $p < 0.05$ – significant.

Distribution of Depression, Anxiety, and Stress Severity

The prevalence of depression, anxiety, and stress among the study participants was assessed using the DASS-42 questionnaire. Participants were categorized according to the standard DASS-42 severity classifications.

Among the participants, 46.21% exhibited moderate depression, while 23.14% demonstrated severe depression. Similarly, 45.21% of participants were classified as having moderate anxiety, and 19.71% had severe anxiety. With respect to stress, 42.21% of participants were categorized as having moderate stress, whereas 23.78% experienced severe stress.

Depression, Anxiety and Stress among the Dental Students of Dental College in Amargadh- A Cross Sectional Study

Overall, moderate severity was the most prevalent category across all three psychological domains, followed by severe severity. These findings indicate that a considerable proportion of dental students experienced clinically relevant symptoms of depression, anxiety, and stress during the study period (Table 8).

Psychological Domain	Moderate n (%)	Severe n (%)
Depression	46.21%	23.14%
Anxiety	45.21%	19.71%
Stress	42.21%	23.78%

Table 8. shows distribution of DASS

5. Discussion

The present study evaluated the prevalence of depression, anxiety, and stress among dental students using the DASS-42 questionnaire. The findings demonstrate that psychological distress is common among students pursuing dental education, with moderate levels of depression, anxiety, and stress being the predominant severity categories. Anxiety emerged as the most frequently reported psychological problem, followed by depression and stress. These findings indicate that a substantial proportion of students experience emotional challenges during their academic training.

Dental education is widely recognized as one of the most demanding professional courses due to its rigorous academic curriculum, intensive preclinical and clinical training, continuous assessments, patient care responsibilities, and expectations of technical proficiency. Students are often required to balance theoretical learning with clinical competence while adapting to increasing professional responsibilities. Such demands may contribute to heightened psychological distress throughout their educational journey.

In the present study, nearly half of the participants exhibited moderate depression and anxiety, while approximately one-fourth experienced severe symptoms. Similar findings have been reported in several national and international studies, which consistently demonstrate a high prevalence of psychological distress among dental students. Previous research suggests that academic pressure, fear of failure, examinations, workload, financial concerns, and uncertainty regarding future career opportunities are important contributors to anxiety and depression in dental education. Furthermore, clinical postings, patient management, and procedural requirements may further increase stress levels, particularly during the transition from preclinical to clinical years.

Although variations in depression, anxiety, and stress were observed among different academic years, the association between year of study and psychological distress was not statistically significant. This finding suggests that emotional distress is not confined to a particular stage of dental education but may affect students throughout the curriculum. The absence of statistical significance may indicate that multiple factors beyond academic year—including individual coping mechanisms, personality traits, family support, social environment, financial circumstances, sleep quality, and lifestyle habits—influence students' mental health. Therefore, psychological well-being should be considered a multidimensional issue rather than being attributed solely to progression through the academic curriculum.

The high prevalence of moderate and severe anxiety observed in this study deserves particular attention. Anxiety may adversely affect concentration, decision-making, communication skills, and clinical performance, potentially compromising both academic achievement and patient care. Persistent psychological distress may also contribute to burnout, reduced self-confidence, absenteeism, decreased motivation, and lower overall quality of life. Early identification of students experiencing emotional difficulties is therefore essential to prevent long-term psychological consequences.

The findings highlight the importance of implementing preventive and supportive strategies within dental institutions. Regular mental health screening programmes, confidential counselling services, mentorship systems, stress management workshops, mindfulness training, peer-support initiatives, and time-management education may help students develop effective coping strategies. Faculty members should also be sensitized to recognize early signs of psychological distress and encourage students to seek appropriate professional support without fear of stigma.

The strengths of the present study include the use of the validated DASS-42 instrument and the inclusion of participants from multiple academic years, providing a comprehensive overview of psychological well-being within the institution. However, certain limitations should be acknowledged. The cross-sectional design limits the ability to establish causal relationships between academic factors and psychological distress. Data were collected through self-administered questionnaires, making the findings susceptible to reporting bias and social desirability bias. Additionally, the study was conducted at a single dental institution, which may limit the generalizability of the findings to other institutions or regions. Future multicentre longitudinal studies involving larger and more diverse student populations are recommended to better understand the progression of psychological distress and to evaluate the effectiveness of targeted mental health interventions. Overall, the present study demonstrates that depression, anxiety, and stress remain important mental health concerns among dental students. These findings reinforce the growing body of evidence supporting the integration of psychological well-being initiatives into dental education. Promoting a supportive academic environment and providing timely psychological assistance may improve students' mental health, enhance academic performance, and contribute to the development of resilient future dental professionals.

6. Conclusion

The present study revealed a considerable prevalence of depression, anxiety, and stress among dental students, with moderate severity being the most commonly observed level across all three psychological domains. Anxiety was identified as the most prevalent psychological concern, indicating that many students experience significant emotional challenges during their dental education. Although differences in psychological distress were observed across academic years, no statistically significant association was found between year of study and the severity of depression, anxiety, or stress.

These findings emphasize that psychological distress is a widespread concern affecting dental students irrespective of their stage of training. Academic institutions should therefore prioritize student mental health by incorporating routine psychological screening, confidential counselling services, stress management programmes, and wellness initiatives into the dental curriculum. Early recognition and timely intervention can improve students' emotional well-being, academic performance, and professional development. Further multicentre longitudinal studies are recommended to identify additional determinants of psychological distress and to evaluate the effectiveness of institutional mental health interventions among dental students.

Reference

1. Basudan S, Binanzan N, Alhassan A. Depression, anxiety and stress in dental students. *Int J Med Educ.* 2017;8:179-186. doi:10.5116/ijme.5910.b961.
2. George RP, Donald PM, Soe HHK, Tee SC, Toh J, Cheah MJQ. Prevalence of symptoms of depression, anxiety, and stress among undergraduate dental students in Malaysia. *J Contemp Dent Pract.* 2022;23(5):532-538. doi:10.5005/jp-journals-10024-3340.
3. Radeef AS, Faisal GG. Stressors and their association with symptoms of depression, anxiety and stress in dental students.
4. Sravani A, Doshi D, Kulkarni S, Reddy P, Reddy S. Depression, anxiety, and stress among undergraduate dental students in Hyderabad City, Telangana, India: A cross-sectional study.
5. Sekhon TS, Grewal S, Gambhir RS, Sharma S. Perceived sources of stress among dental college students: An Indian perspective.
6. Ahad A, Chahar P, Haque E, Bey A, Jain M, Raja W. Factors affecting the prevalence of stress, anxiety, and depression in undergraduate Indian dental students.
7. Yaacob M, Harun NA, Ramli F, Razak HA, Sajuni NA. Depression, anxiety and stress among dental undergraduate students: Prevalence, stressors and relieving factors. *IIUM Med J Malays.* 2018;17(2). doi:10.31436/imjm.v17i2.946.
8. Reddy DV, Naveenm N, Prabu, Manipal S, Preethi A, Ahmed A. The evaluation of perceived stress and depression in dental undergraduates.
9. Singh A, Jindal R, Bhardwaj A, Veerasha KL. A preliminary study of perceived stress among dental undergraduate students in rural Haryana.
10. Faruk MO, Mamun MA, Siddique AB, Griffiths MD. Risk factors for depression and anxiety disorders among Bangladeshi dental students: A cross-sectional survey study.
11. Graner KM, Moraes ABA, Torres AR, Lima MCP, Rolim GS, Ramos-Cerqueira ATA. Prevalence and correlates of common mental disorders among dental students in Brazil.
12. Shadman N, Raoof M, Amanpour S, Mahdian M, Haghani J, Torabi Parizi M. Stress, anxiety, and depression and their related factors among dental students: A cross-sectional study from southeast Iran.
13. Raghunathan D, Ramakrishnan D, Valsan KVI, Ambika S. Prevalence of depression among students of a dental tertiary care center in Kerala.