

Depression, Anxiety, and Stress among Working Individuals of Suryabinayak, Bhaktapur

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Abstract

Introduction: Depression, anxiety, and stress (DAS) are significant affective states that substantially influence both the psychological and physiological state of an individual. Acquiring a nuanced understanding of the emotional landscape of working professionals within a community is important in enhancing societal progression. Daily, factors like age, gender, occupational roles, and marital status play a paramount role in affecting mental health parameters. Therefore, a thorough grasp of the relationship between demographic and psychological factors is essential.

Methods: This cross-sectional survey was conducted among 203 working individuals of Surya-binayak municipality. The data was collected using the DASS-42 questionnaire. All data were analyzed using SPSS and presented in tables.

Result: The findings revealed diverse levels of DAS within the participants. The mean score was found to be 9.42 for depression, 8.70 for anxiety, and 12.72 for stress among the participants. For depression levels, 123 individuals fall within the normal range, 25 mild, 34 moderate, 12 severe, and 9 extremely severe, underscoring the presence of serious cases that may require intervention. In terms of anxiety, 109 individuals fall within the normal range, 12 experience mild anxiety, 48 moderate, 14 severe, and 20 extremely severe levels, highlighting individuals facing considerable anxiety challenges. For Stress levels, 138 falls in the normal range, 25 experience mild, 26 moderate, 12 severe, and 2 extremely severe, reflecting a range of stress management needs. This study also examines the prevalence of DAS based on gender, occupation, age, and marital status, revealing important differences among these factors in detail.

Conclusion: Although the majority of people fall within the normal range of the DAS scale and don't experience significant DAS symptoms, a considerable proportion still needs various kinds of mental health support like counseling, stress management, and self-care sessions.

Keywords: Depression; Anxiety; Stress; DASS; Gender; Occupation; Age; Marital Status; Surya-binayak; Bhaktapur

Introduction

Mental health problems have been one of the most significant problems worldwide today as the complexities of life continue to modernize. Depression, anxiety, and stress are some of the most widespread psychological health concerns affecting people in today's era. These factors can exert immense influence, not only on individuals' emotional and psychological well-being but also on their physique, societal presence, and work productivity [1]. Among the working population, these psychological problems are becoming even more pertinent. The workplace has been thought of as a primary source that provokes depression, anxiety, and stress symptoms due to extended labor hours, strict deadlines, harsh environments, occupational instability, and the struggle to sustain a robust work-life equilibrium [2]. Several research has shown that occupational stress can substantially contribute to or lead to DAS symptoms, further affecting the worker's efficiency, job gratification, and overall quality of living [3]. If not delved deeper, these psychological health problems in the workspace can culminate in escalated absenteeism, diminished work output, and elevated healthcare expenditures for establishments [4].

Depression is a persisting sensation of sorrow, despair, and a lack of interest influencing people's temperament, sleep, and vibrancy levels, obstructing day-to-day performance [5]. It can profoundly sway job enactment and gratification and affect a wide group of individuals. Anxiety signifies exceeding distress or apprehension about forthcoming incidents accompanied by physical symptoms like perspiration, rapid heartbeat, concentration difficulties, or breathlessness [6]. Stress is a reaction to demanding situations, which can be physical or emotional, coupled with escalated heart rate, tension, and irritability [7]. It may induce burnout than can lead to dip in labor efficiency [8].

The analyses conducting research into DAS have consistently pointed to the influence of various demographic factors on the severity as well as the extent of the reach of these conditions. Age, gender, occupation, marital status, and many others are very important factors that can shape an individual with depression, anxiety, and stress [9, 10]. For instance, employees who can be classified as younger are likely to be facing circumstances where they are prone to the insecurities of the job and the demands to grow their careers that in normal situations are bound to cause anxiety and stress [9]. As for those who can be considered older employees, their plight could be job abandonment or age prejudice, which further brings more stress and might ultimately lead to depression as well as anxiety [9, 10]. Moreover, the occupational role held by an individual is another determinant of DAS levels. Jobs that offer little control over workload and provide minimal support have been associated with higher levels of DAS [9]. In contrast, jobs that allow flexibility and include supportive management practices are seen to mitigate these effects and promote better mental health [9, 10].

Gender also greatly influences the symptoms of DAS in individuals, with several studies indicating that women are more likely to report higher levels of DAS symptoms compared to men [11]. This difference in some studies is often attributed to the dual burden of professional and domestic responsibilities that women disproportionately carry. On top of that, there are also several societal expectations and gender-based disparity within some professional fields experienced by women [11]. Along with age and gender, the marital status of individuals further complicates the landscape of workplace mental health. It is seen that married individuals might benefit from a supportive home environment that can act as a buffer against work-related stress, although conflicting demands between professional and domestic roles can also be a source of significant stress [12]. On the other hand, single individuals may lack this support network, which can exacerbate feelings of isolation, particularly in highly demanding job roles causing higher levels of depression, anxiety, and stress symptoms [12].

Depression, Anxiety, and Stress Scale (DASS) is one of the most frequently utilized tools to gauge these psychological health problems. DASS is devised to assess the emotional states of depression, anxiety, and stress. The DASS-42, encompassing 42 items, furnishes an efficient and trustworthy measure of psychological distress [13]. In the contemporary era, psychological health has been a growing fright due to heightened professional demands and hurdles in sustaining personal and labor equilibrium [14]. Individuals with DAS may face difficulties like laboriousness in forging work affiliations, self-doubting for not being adapt, segregating themselves from others, or being unable to cope with criticism [15]. This issue can affect individuals' efficiency, interpersonal affiliations, and overall well-being [15]. This research centers on the evaluation of depression, anxiety, and stress in working individuals of Suryabinayak to

comprehend and assess the psychological health apprehensions within working individuals to provide effective interventions and support mechanisms. By pinpointing the prevalence of these psychological health conditions, this study aims to contribute to enhanced workplace psychological health practices and furnish insights into targeted interventions that can aid employed individuals in coping with these challenges.

Suryabinayak is a municipality located in the Bhaktapur District of Nepal and lies within the Kathmandu Valley and is well known for its history and culture with its heritage tracing back to the Newari people and their architecture [16]. However, as one of the municipalities within the constantly developing Kathmandu Valley, Suryabinayak has also experienced rapid growth in both economic and industrial development over the last few years [17]. This growth has caused an increase in the variety of occupations available, bringing in a diverse workforce with both skilled and unskilled labor. Suryabinayak is known for the combination of modern and traditional cultures and hence, its workforce and community have a blend of the contemporary and the traditional [17]. Over the past few decades, the social networks and support structures of communities have become increasingly fragmented due to large-scale processes of industrialization, urbanization, and globalization, yet, in Suryabinayak, people still have strong family and cultural connections and communities or workplaces. These social phenomena combined with old and new features of Suryabinayak make it distinctive and worth examining when considering the characteristics like depression, anxiety, and stress, more so in an age and time where there seems to be a shift in urbanization, the nature of work and family.

Thus, studying DAS among working individuals provides insights into the mental health challenges faced by those in rapidly developing urban centers within Nepal, with findings that may apply to similar contexts in other developing regions. As there is always evolution of workplace and working community, having a comprehensive understanding of factors that influence DAS among individuals is significantly important in today's era. That's why workplaces need to take these demographic factors into account to tackle DAS symptoms as this would lead to individuals' well-being and societal growth.

Methods

A purposive sampling, also known as selective sampling, was conducted among 203 working individuals in selective wards (Oda 5 and 6) of Suryabinayak municipality to analyze the level of depression, anxiety, and stress. The scale score was calculated by adding the scores of the 14 items in each subscale (Depression, Anxiety, Stress) of the DASS-42 questionnaire and then compared to the DAS scale in Table 5 for comparison. A self-report questionnaire was used to assess the emotional states of depression, anxiety, and stress. The wards were selected by using purposive sampling. Ethical approval was taken from the municipality and locals where the study was conducted. Data collection was entered, and Excel was used for data management. Data analysis and entry were carried out using Statistical Package for Social Sciences (SPSS) Statistics software. All the data was reviewed and checked for the data analysis process to make sure that there were no discrepancies. The descriptive analysis technique in SPSS software was used to create the Chi-square tables, which were used to test the difference between the categorized variables, and $p < 0.05$ was considered statistically significant.

Results

Table 1 represents the socio-demographic information of respondents. The gender distribution of the participants was nearly balanced, with 101 (49.8%) males and 102 (50.2%) females. In our study, the majority of the participants were within the range of 20-30 age group (125, 61.6%), while 78 (38.4%) were between the age group of 31-40.

In terms of occupation, respondents in business and professional roles included participants from business managers, IT professional, teachers, healthcare professional, accountants, and engineers with 92 (45.3%), while the respondents in manual labor and roles included participants from construction workers, carpenters, repair technicians, electricians, plumbers, and transportation workers with 111 (54.7%).

Lastly, the study revealed that 87 (42.9%) of the participants were married, while the majority of the participants 116 (57.1%) were single.

<i>Variables</i>	<i>Frequency</i>	<i>Percentage</i>
Gender of the participants		
Male	101	49.8
Female	102	50.2
Age of the participants		
20-30	125	61.6
31-40	78	38.4
Occupation of the participants		
Business and Professional Roles	92	45.3
Manual and Labor Roles	111	54.7
Marital Status of the participants		
Married	87	42.9
Single	116	57.1

Table 1: Socio-demographic characteristics.

Table 2 presents the scoring ranges developed by P.F. Lovibond and S.H. Lovibond. for the Depression, Anxiety, and Stress Scale (DASS-42), used to categorize the severity of symptoms for each condition. Scores are divided into five levels: Normal, Mild, Moderate, Severe, and Extremely Severe. A normal score (Depression: 0-9, Anxiety: 0-7, Stress: 0-14) indicates no significant symptoms. Mild scores (Depression: 10-13, Anxiety: 8-9, Stress: 15-18) suggest minor symptoms that may not impact daily functioning significantly. Moderate scores (Depression: 14-20, Anxiety: 10-14, Stress: 19-25) point to noticeable symptoms that may require attention. Severe scores (Depression: 21-27, Anxiety: 15-19, Stress: 26-33) indicate substantial symptoms likely interfering with daily life. Extremely Severe scores (Depression: 28+, Anxiety: 20+, Stress: 34+) highlight very high levels of symptoms, often necessitating urgent mental health support. This scale serves as a valuable tool for identifying individuals in need of varying levels of intervention.

<i>Scale</i>	<i>Depression</i>	<i>Anxiety</i>	<i>Stress</i>
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: Depression, Anxiety, Stress Scale (DASS-42 Scale).

Table 3 represents the mean and standard deviation for depression, anxiety, and stress scores of the participants in the study. The results revealed a mean depression score of 9.42 with a standard deviation of 8.188, categorizing it within the normal to mild range, indicative of a generally low level of depressive symptoms with considerable variability among individuals. Similarly, the mean anxiety score was 8.70 with a standard deviation of 6.828, which falls under the mild category but approaches the threshold for moderate anxiety, suggesting a slightly elevated average level of anxiety symptoms. The stress scores averaged at 12.72 with a standard deviation of 7.499, placing them in the normal range and reflecting a moderate general level of stress.

Variable	Mean Scale Score	Standard Deviation
Depression	9.42	8.188
Anxiety	8.70	6.828
Stress	12.72	7.499

Table 3: DAS (Depression, Anxiety, and Stress) Mean Score of the Participants.

Table 4 shows the information on the depression, anxiety, and stress scales of the participants. The majority of participants (123, 60.6%) scored within the normal range (0-9), indicating no significant depressive symptoms. However, 25 (12.3%) participants displayed mild depression (10-13), 34 (16.7%) showed moderate depression (14-20), while 12 (5.9%) and 9 (4.4%) experienced severe (21-27) and extremely severe depression (28+), respectively.

Similarly, normal anxiety levels (0-7) were recorded in 109 participants (53.7%), signifying minimal anxiety issues. Mild anxiety (8-9) was observed in 12 (5.9%), while moderate anxiety (10-14) affected 48 (23.6%) participants, the second-largest category. Severe anxiety (15-19) was reported in 14 (6.9%) participants, and a notable proportion 20 (9.9%) experienced extremely severe anxiety (20+).

Regarding stress levels, a substantial majority of participants (138, 68.0%) were in the normal stress category (0-14), indicating low or manageable stress levels. Mild stress (15-18) was seen in 25 participants (12.3%), while 26 (12.8%) experienced moderate stress (19-25). Severe stress (26-33) was identified in 12 (5.9%) participants, with only 2 participants (1.0%) falling into the extremely severe stress category (34+).

Variables	Frequency	Percentage
Depression Scale Score Level		
0 to 9 (Normal)	123	60.6
10 to 13 (Mild)	25	12.3
14 to 20 (Moderate)	34	16.7
21 to 27 (Severe)	12	5.9
28+ (Extremely Severe)	9	4.4
Anxiety Scale Score Level		
0 to 7 (Normal)	109	53.7
8 to 9 (Mild)	12	5.9
10 to 14 (Moderate)	48	23.6
15 to 19 (Severe)	14	6.9
20+ (Extremely Severe)	20	9.9
Stress Scale Score Level		
0 to 14 (Normal)	138	68.0
15 to 18 (Mild)	25	12.3
19 to 25 (Moderate)	26	12.8
26 to 33 (Severe)	12	5.9
34+ (Extremely Severe)	2	1.0

Table 4: Depression, Anxiety, and Stress Scale of Participants.

Table 5 compares the mean scores and standard deviations (SD) for depression, anxiety, and stress across different demographic and occupational groups, offering insights into variations in mental health outcomes.

Participants aged 20-30 had a mean depression score of 9.57 ± 7.67 , anxiety score of 8.66 ± 6.76 , and stress score of 12.62 ± 7.65 . These scores indicate mild levels of depression and anxiety, with stress levels mostly within the normal range. Similarly, participants aged 31-40 had comparable mean scores for depression (9.19 ± 8.99), anxiety (8.77 ± 6.97), and stress (12.87 ± 7.28), with slightly higher variability in depression scores.

Married participants reported lower mean scores for depression (8.16 ± 6.53) and anxiety (7.85 ± 5.67) compared to single participants, whose scores were 10.37 ± 9.15 for depression and 9.34 ± 7.54 for anxiety, indicating mild to moderate symptoms. Stress levels among married participants (11.77 ± 5.63) were also lower than those of single participants (13.43 ± 8.59), which suggested that single individuals may experience higher stress and emotional distress.

Participants in business and professional roles had lower mean scores for depression (9.09 ± 7.40), anxiety (8.57 ± 6.79), and stress (12.24 ± 7.70) compared to those in manual and labor roles, whose mean score was 9.70 ± 8.80 for depression, 8.82 ± 6.88 for anxiety, and 13.12 ± 7.33 for stress.

Male participants exhibited mean scores of 9.53 ± 8.63 for depression, 8.10 ± 6.75 for anxiety, and 11.75 ± 7.59 for stress. Female participants reported similar depression scores (9.31 ± 7.75) but higher scores for anxiety (9.30 ± 6.87) and stress (13.68 ± 7.31).

Factors	(Mean \pm Standard Deviation)		
	Depression	Anxiety	Stress
Age 20-30	9.57 \pm 7.67	8.66 \pm 6.76	12.62 \pm 7.65
Age 31-40	9.19 \pm 8.99	8.77 \pm 6.97	12.87 \pm 7.28
Married	8.16 \pm 6.53	7.85 \pm 5.67	11.77 \pm 5.63
Single	10.37 \pm 9.15	9.34 \pm 7.54	13.43 \pm 8.59
Male	9.53 \pm 8.63	8.10 \pm 6.75	11.75 \pm 7.59
Female	9.31 \pm 7.75	9.30 \pm 6.87	13.68 \pm 7.31
Business and Professional Roles	9.09 \pm 7.40	8.57 \pm 6.79	12.24 \pm 7.70
Manual and Labor Roles	9.70 \pm 8.80	8.82 \pm 6.88	13.12 \pm 7.33

Table 5: Mean and Standard Deviation of Depression, Anxiety, and Stress Scores by socio-demographic and psychological factors.

Table 6 examines the relationship between socio-demographic variables (gender, age, occupation, and marital status) and psychological factors (depression, anxiety, and stress) using chi-square tests. The findings provide insights into how these variables are linked to mental health outcomes.

For gender, no statistically significant association was found with depression, anxiety, or stress, as the p-values for these factors were 0.908, 0.232, and 0.083, respectively. This indicates that levels of depression, anxiety, and stress are not significantly different between male and female participants in this study.

In terms of age, the comparison between participants aged 20-30 and 31-40 also did not yield statistically significant results for depression ($p = 0.361$), anxiety ($p = 0.706$), or stress ($p = 0.259$). This suggests that psychological factors are not notably influenced by age within the age range studied.

Regarding occupation, the analysis compared participants in business/professional roles with those in manual/labor roles. No significant associations were observed for depression ($p = 0.188$), anxiety ($p = 0.819$), or stress ($p = 0.126$). These findings indicate that occupational roles do not significantly impact levels of depression, anxiety, or stress among the participants.

However, marital status showed significant associations with depression ($p = 0.045$) and stress ($p = 0.038$). These results suggest that being married or single may influence levels of depression and stress. Notably, participants' marital status did not have a statis-

tically significant association with anxiety ($p = 0.354$). While most socio-demographic characteristics (gender, age, and occupation) were not significantly associated with psychological factors, marital status appears to be a significant factor influencing depression and stress levels. These findings highlight the potential importance of marital status as a determinant of mental health and suggest the need for targeted mental health support for individuals based on their marital context.

<i>Variables</i>	<i>Category</i>	<i>Psychological Factors</i>	<i>Chi-Square</i>	<i>p-value</i>
Gender	Male	Depression	1.010	0.908
	Female	Anxiety	5.584	0.232
		Stress	8.259	0.083
Age	20-30	Depression	4.348	0.361
	31-40	Anxiety	2.163	0.706
		Stress	5.287	0.259
Occupation	Business and Professional Roles	Depression	6.155	0.188
	Manual and Labor Roles	Anxiety	1.545	0.819
		Stress	7.185	0.126
Marital Status	Married	Depression	9.762	0.045*
	Single	Anxiety	4.403	0.354
		Stress	10.177	0.038*

* - Statistically significant at a p-value of < 0.05 .

Table 6: Association between Socio-demographic characteristics and psychological factors.

Discussion

The study evaluates the effects of depression, anxiety, and stress (DAS) among working people of Suryabinayak municipality, which is in the process of quick urbanization. With almost equal gender distribution and a focus on considering some demographic variables such as age, occupation, and marital status, the findings provide relevant insights into the mental health issues of people living in Suryabinayak municipality. In our study, most of the participants reported normal levels of depression (60.6%), anxiety (53.7%), and stress (68%). However, a large number of participants demonstrated mild to extremely severe forms of DAS.

Using the data analysis, our study demonstrates that demographic variables significantly affect mental health problems. From the above data, the age group from 20 to 30 years were seen to have DAS scores that were higher than the cohort from the 31 to 40 years group, although these differences didn't reach statistically significant levels. Within the responses, it is suggested that younger people are more likely to experience psychological stress owing to life changes, instability at work, as well as pressure from financial concerns [9]. From a gender perspective, females were found to have slightly more anxiety and stress as compared to males, which is in close relation with literature that explains higher DAS among women due to being involved in work alongside having multiple roles and meeting societal expectations [11]. Although such gender differences are not statistically significant, there remains an urge to address the challenges that different genders face when it comes to mental health.

In this study, marital status is found to be significantly associated with depression ($p = 0.045$) and stress ($p = 0.038$). Also, from Table 5, it can be seen that single individuals suffer more from depression, anxiety, and stress compared to married individuals although the differences aren't substantial. Various studies have indicated that married individuals receive emotional and social support from their partners more than unmarried people, leading to being guarded from workplace stressors [12]. In contrast, single individuals might not have the same buffer due to feelings of isolation and lack the support networks that can reduce the impact of stress and emotional distress. These findings from the research emphasize the importance of considering marital status in the design of mental health interventions.

Occupational roles also influenced DAS levels, with individuals in manual and labor-intensive jobs reporting slightly higher scores compared to those in business and professional roles. This trend, although not statistically significant, highlights the potential mental health challenges faced by laborers due to physically demanding tasks, limited workplace autonomy, and lower access to workplace support systems [3, 9]. These findings align with existing research, which associates manual labor roles with higher psychological distress and calls for targeted mental health resources for such workers.

The study highlights the need for tailored mental health interventions that address the unique challenges faced by different demographic groups. Younger individuals could benefit from career counseling and stress management programs to address career-related anxieties. Women might require workplace policies that promote work-life balance and address gender-based disparities. Single individuals could be supported through community-based mental health initiatives and social support networks. Additionally, workers in manual and labor-intensive jobs could benefit from improved workplace conditions, job control, and access to mental health resources.

Overall, this study highlights some significant factors that impact on DAS among working individuals in Suryabinayak. Although the majority reported normal levels of DAS, a significant subset faces mild to severe symptoms, showing the need for interventions to improve individuals' well-being. This study emphasizes the importance of addressing demographic factors such as age, gender, marital status, and occupation to create supportive environments that promote mental health and well-being. By taking preventive measures to tackle the effects of DAS due to these demographic factors, healthy workplaces and communities can be fostered.

Conclusion

The study was done among the individuals of Suryabinayak municipality, Bhaktapur highlighting the significant impact of demographic factors like age, gender, marital status, and occupation on psychological factors like depression, anxiety, and stress. While the mental health outcomes between the two age groups were similar, the study showed that the single participants, individuals in manual and labor roles, and females report comparatively higher levels of depression, anxiety, and stress compared to their counterparts. Although demographic factors like age, occupation, and gender didn't show a significant association with depression, anxiety, and stress due to the p-value being higher than 0.05, the marital status showed a significant association with depression and stress among working individuals. This study shows why social support networks are immensely important as they help to reduce mental health issues for single individuals. It also shows the importance and necessity of taking care of own mental health by providing supportive work environments, self-care sessions, and counseling. The findings reveal that mental health issues are pervasive across different sectors and demographic groups, highlighting the need for targeted mental health interventions. Workplace mental health initiatives, including counseling, stress management workshops, and supportive workplace policies, could be instrumental in addressing mental health challenges. By fostering a supportive work environment that prioritizes mental health, organizations can improve both employee well-being and productivity. Future research could further explore these demographic influences and improve intervention strategies, contributing to a more comprehensive grasp of mental health.

Conflict of Interest

No competing conflict of interest.

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