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Occupational Health Perspectives on Depression and Anxiety among Medical, Paramedical, and Non-Medical University Students: A Comparative Cross-Sectional Study

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Abstract

Depression and anxiety are increasingly reported among university students and represent significant concerns for academic performance and psychological well-being. Students enrolled in different academic streams may experience varying levels of psychological distress due to differences in curriculum demands, evaluation pressure, and professional expectations. The present study aimed to compare levels of depression and anxiety among medical, paramedical, and non-medical university students using baseline (pre-test) data. A total of 180 university students (60 medical, 60 paramedical, and 60 non-medical) participated in this comparative cross-sectional study. Depression and anxiety were assessed using the Depression Anxiety Stress Scale-21 (DASS-21). Descriptive statistics and inferential analyses were conducted to examine stream-wise differences in psychological symptoms. The findings revealed significant differences in levels of depression and anxiety across academic streams, with medical and paramedical students reporting higher levels of psychological distress compared to non-medical students. The results highlight the influence of academic context on student mental health and underscore the need for stream-specific mental health support within higher education institutions. The findings have important occupational health implications by highlighting the need for early mental health promotion and preventive interventions among students preparing for future professional roles.

Major Findings: Medical and paramedical students reported significantly higher levels of depression than non-medical students. Anxiety showed significant overall variation across academic streams, although pairwise differences were comparatively modest. The findings emphasize the need for stream-specific mental health interventions and counselling support within higher education institutions.

Keywords: Academic Streams, Anxiety, Depression, Medical Students, Mental Health, Psychological Distress

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1. Introduction

Mental health concerns among university students have emerged as a critical issue worldwide, with depression and anxiety being among the most commonly reported psychological problems. The transition into higher education is often accompanied by increased academic workload, performance expectations, competitive environments, and uncertainty regarding future career prospects. These challenges may adversely affect students' emotional well-being, academic engagement, and overall quality of life[1,2-4,5].

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Recent evidence continues to indicate that depression and anxiety remain among the most prevalent mental health concerns affecting university students worldwide. Post-pandemic academic adjustments, increased digital engagement, financial uncertainty, and career-related pressures have further contributed to psychological distress among students[6]. Contemporary studies emphasize the importance of early identification of mental health problems and the implementation of accessible, institution-based psychological support services to promote student well-being and academic success[7-9].

Depression is characterized by persistent low mood, reduced motivation, and impaired cognitive functioning[10], whereas anxiety involves excessive worry, heightened arousal, and difficulty managing stress. Even at mild to moderate levels, these conditions can interfere significantly with learning processes, decision-making, and interpersonal functioning[11,12]. Within university settings, psychological distress often remains underrecognized due to stigma, limited awareness, and inadequate access to mental health services[8,9].

Importantly, students enrolled in different academic streams may not experience academic stressors uniformly. Medical and paramedical education is widely regarded as academically intensive and emotionally demanding, involving heavy coursework, frequent evaluations, skill-based assessments, and, in some cases, early exposure to clinical environments. Such demands may increase vulnerability to depression and anxiety[3,13,14]. In contrast, non-medical students, while also facing academic and career-related pressures, may encounter comparatively different stress profiles related to employability, skill acquisition, and competitive job markets.

Despite growing recognition of student mental health concerns, many studies have examined university students as a homogeneous group, without adequate consideration of academic stream-specific differences. Comparative research that systematically examines depression and anxiety across medical, paramedical, and non-medical students remains limited, particularly within the Indian higher education context[15,16]. Understanding stream-wise variations in psychological distress is essential for developing targeted, contextually relevant mental health interventions.

Against this backdrop, the present study aimed to compare levels of depression and anxiety among medical, paramedical, and non-medical university students using baseline assessment data. By examining stream-wise differences in psychological symptoms, the study seeks to contribute empirical evidence that can inform institutional mental health policies and the design of tailored support services for diverse student populations.

2. Objectives of the Study

The present study was undertaken to examine stream-wise variations in psychological distress among university students. Specifically, the study aimed to compare levels of depression and anxiety among students enrolled in different academic streams using baseline assessment data. The objectives of the study were:

1. To assess baseline levels of depression among medical, paramedical, and non-medical university students.
2. To assess baseline levels of anxiety among medical, paramedical, and non-medical university students.
3. To compare levels of depression across medical, paramedical, and non-medical students.
4. To compare levels of anxiety across medical, paramedical, and non-medical students.
5. To examine whether academic stream is associated with differences in psychological distress among university students.

3. Research Hypotheses

Based on the objectives of the study and existing evidence suggesting that academic demands differ across disciplines, the following hypotheses were formulated:

- **H_1:** There will be a significant difference in levels of depression among medical, paramedical, and non-medical university students.
- **H_2:** There will be a significant difference in levels of anxiety among medical, paramedical, and non-medical university students.
- **H_3:** Medical and paramedical students will report higher levels of depression compared to non-medical students.
- **H_4:** Medical and paramedical students will report higher levels of anxiety compared to non-medical students.

4. Methodology

4.1 Research Design

The present study adopted a comparative cross-sectional research design to examine differences in depression and

anxiety among university students from different academic streams. Both male and female university students were included in the study to obtain a representative sample of the student population and to improve the generalizability of the findings across genders. Since the primary objective of the study was to compare depression and anxiety across academic streams rather than between genders, participants of both sexes were recruited without gender-based restriction. Baseline (pre-test) data were used to compare psychological symptom levels across medical, paramedical, and non-medical students.

4.2 Participants

The sample consisted of university students enrolled in medical, paramedical, and non-medical academic programs. Participants were selected using a purposive sampling approach. Students who met the inclusion criteria of being enrolled in a university program and willing to participate in the study were included. Participation was voluntary, and informed consent was obtained from all respondents prior to data collection.

Students were categorized into three groups based on their academic stream: medical, paramedical, and non-medical. This classification enabled systematic comparison of psychological distress across academic contexts.

4.3 Instrument

The Depression Anxiety Stress Scale-21 (DASS-21) developed by Lovibond and Lovibond (1995) was used to assess symptoms of depression and anxiety among university students. The DASS-21 is a widely used self-report instrument consisting of 21 items, divided into three subscales: Depression (7 items), Anxiety (7 items), and Stress (7 items). In the present study, only the Depression and Anxiety subscales were analysed.

Each item is rated on a 4-point Likert scale, ranging from 0 ("Did not apply to me at all") to 3 ("Applied to me very much or most of the time"), based on the participants' experiences during the previous week. The scores for each subscale were obtained by summing the responses to the seven relevant items and multiplying the total by two, in accordance with the standard DASS-21 scoring guidelines. Higher scores indicate greater severity of depressive and anxiety symptoms.

According to the DASS-21 manual, depression severity is classified as Normal (0-9), Mild (10-13), Moderate (14-20), Severe (21-27), and Extremely Severe (28+), whereas anxiety severity is classified as Normal (0-7), Mild (8-9), Moderate (10-14), Severe (15-19), and Extremely Severe (20+).

The DASS-21 has demonstrated good psychometric properties, including high internal consistency and validity across clinical and non-clinical populations, making it an appropriate instrument for assessing psychological distress among university students.

4.4 Procedure

Data were collected during the baseline assessment phase prior to any psychological intervention. Participants completed the DASS-21 under standardized conditions. Responses were screened for completeness before inclusion in the analysis. Only baseline scores were used for the present comparative analysis.

4.5 Statistical Analysis

Data were analysed using descriptive and inferential statistical techniques. Descriptive statistics were computed to summarize depression and anxiety scores across academic streams. One-way Analysis of Variance (ANOVA) was employed to examine differences in depression and anxiety among medical, paramedical, and non-medical students. Where significant differences were observed, post hoc comparisons were conducted to identify specific group differences. Statistical significance was set at $p < .05$.

5. Results

5.1 Descriptive Statistics of Depression and Anxiety across Academic Streams

Baseline descriptive statistics of depression and anxiety among medical, paramedical, and non-medical university students are presented in Table 1. Medical students reported the highest mean depression score (M = 14.00, SD = 4.14), followed by paramedical students (M = 12.90, SD = 3.90), whereas non-medical students demonstrated comparatively lower depression levels (M = 9.93, SD = 3.41).

In contrast, anxiety scores showed a different distribution pattern. Non-medical students reported slightly higher anxiety (M = 10.00, SD = 3.04) compared to medical students (M = 9.87, SD = 2.95) and paramedical

students (M = 8.75, SD = 2.84). Overall, the descriptive findings indicate noticeable variation in psychological distress across academic streams, warranting inferential statistical examination.

5.2 Comparison of Depression across Academic Streams

A one-way analysis of variance (Welch's ANOVA) was conducted to examine differences in baseline depression scores among medical, paramedical, and non-medical students. The results are presented in Table 2. The analysis revealed a statistically significant difference in depression across academic streams, F (2, 117) = 19.80, p < .001.

The assumption of homogeneity of variances was satisfied, Levene's F(2, 177) = 1.20, p = .304, indicating that group variance differences did not meaningfully affect the analysis.

Post hoc comparisons using the Tukey test demonstrated that:

- Medical students reported significantly higher depression than non-medical students (p < .001).
- Paramedical students also reported significantly higher depression than non-medical students (p < .001).
- The difference between medical and paramedical students was not statistically significant (p = .270).

These findings indicate that students enrolled in health-related academic streams experience greater depressive symptoms compared to those in non-medical disciplines.

Table 1. Baseline Depression and Anxiety Scores across Academic Streams

Variable	Academic Stream	Mean ± SD
Depression	Medical	14.00 ± 4.14
	Paramedical	12.90 ± 3.90
	Non-medical	9.93 ± 3.41
Anxiety	Medical	9.87 ± 2.95
	Paramedical	8.75 ± 2.84
	Non-medical	10.00 ± 3.04

Note: Values represent baseline (pre-test) DASS-21 depression and anxiety scores, expressed as Mean ± Standard Deviation (SD), for medical, paramedical, and non-medical university students (N = 60 per group). Raw subscale scores were summed and multiplied by two according to the DASS-21 scoring guidelines, with higher scores indicating greater symptom severity.

5.3 Comparison of Anxiety across Academic Streams

A separate Welch's one-way ANOVA was performed to assess differences in baseline anxiety scores among the three academic streams. The results are presented in Table 3. The results indicated a statistically significant overall difference in anxiety, F(2, 118) = 3.40, p = .037.

The assumption of homogeneity of variances was met, Levene's F(2, 177) = 0.24, p = .784.

However, Tukey post hoc comparisons did not reveal statistically significant pairwise differences between individual academic streams:

- Medical vs. Non-medical: p = .958
- Medical vs. Paramedical: p = .098
- Non-medical vs. Paramedical: p = .051

Although the comparison between non-medical and paramedical students approached significance, the magnitude of pairwise differences remained modest. This suggests that anxiety varies overall across streams, but group-to-group contrasts are weaker than those observed for depression.

5.4 Summary of Findings

Taken together, the comparative analyses demonstrate clear stream-wise variation in psychological distress among university students. Depression exhibited pronounced and statistically robust differences, with higher levels among medical and paramedical students relative to non-medical students.

In contrast, anxiety showed a smaller overall difference and non-significant pairwise comparisons, indicating a

Table 2. One-Way ANOVA for Baseline Depression across Academic Streams

Source	df	F	p
Between groups	2, 117	19.80	< .001

Note. Welch's ANOVA was used. Homogeneity of variance was satisfied, $F(2, 177) = 1.20$, $p = .304$.

Table 3. One-Way ANOVA for Baseline Anxiety across Academic Streams

Source	df	F	p
Between groups	2, 118	3.40	.037

Note. Welch's ANOVA was used. Homogeneity of variance was satisfied, $F(2, 177) = 0.24$, $p = .784$.

more nuanced and less sharply differentiated distribution across academic disciplines.

These results highlight the importance of academic context in understanding student mental health and provide empirical support for stream-specific psychological risk patterns within higher education.

6. Discussion

The present study examined stream-wise differences in baseline depression and anxiety among medical, paramedical, and non-medical university students. The findings revealed meaningful variation in psychological distress across academic disciplines, highlighting the role of academic context in shaping student mental health outcomes.

The most prominent result of the study was the significant difference in depression across academic streams, with medical and paramedical students reporting higher depressive symptoms than non-medical students. This pattern suggests that students enrolled in health-related academic programs may experience greater emotional burden during their university education. Medical and paramedical curricula are typically characterized by intensive academic workloads, frequent assessments, demanding practical training, and strong performance expectations. Continuous exposure to such pressures may contribute to fatigue, reduced motivation, and persistent psychological strain, which are commonly associated with depressive symptomatology[3,17,13].

Another important observation was that paramedical students exhibited depression levels comparable to medical students, indicating that psychological distress is not limited solely to medical education but may extend to allied health training environments. This finding underscores the need to consider the broader health-science educational context when addressing student mental health concerns[18].

In contrast to depression, anxiety demonstrated a weaker pattern of differences across academic streams. Although the overall variation in anxiety reached statistical significance, post hoc comparisons did not reveal strong pairwise differences between specific groups. This suggests that anxiety may be more universally distributed across academic disciplines, reflecting general academic uncertainty, future career concerns, and performance-related stress that affect students regardless of their field of study[19]. The comparatively modest differentiation in anxiety highlights the possibility that depressive symptoms may be more sensitive to discipline-specific pressures than anxiety symptoms[14,20].

The findings of the present study are consistent with broader research indicating elevated psychological distress among students in health-related academic programs. Previous investigations have documented higher levels of depressive symptoms, burnout, and emotional exhaustion among medical and allied health students due to rigorous training demands and competitive learning environments[3,13,18]. The current results extend this understanding by demonstrating similar patterns within a comparative university sample and by emphasizing baseline differences across streams rather than intervention-related change.

From an applied perspective, the results emphasize the importance of stream-sensitive mental health strategies within higher education institutions. Universal mental health programs may not adequately address the distinct stressors associated with specific academic disciplines. Instead, targeted preventive interventions, counselling services, and stress-management programs tailored to medical and paramedical training contexts may be particularly beneficial. Early identification of depressive symptoms in these groups could reduce long-term psychological burden and improve academic functioning[8,9].

At the same time, the presence of anxiety across all academic streams indicates the need for institution-wide mental health promotion, including psychoeducation, coping-skills training, and accessible counselling support for the broader student population. Thus, a combination of targeted and universal approaches may represent the most effective strategy for supporting student well-being[7,8].

Despite providing meaningful insights, the study should be interpreted in light of certain limitations. The analysis relied on baseline cross-sectional data, which limits conclusions regarding causal relationships between academic stream and psychological distress. Self-report measurement may also introduce response bias. Additionally, the sample was drawn from a specific educational context, which may restrict generalizability to other institutional or cultural settings. Future research may benefit from longitudinal designs, multi-institutional samples, and the inclusion of additional psychological or academic variables to better understand mechanisms underlying stream-related mental health differences.

Overall, the present study contributes to the growing literature on university student mental health by demonstrating clear stream-wise variation in depression and more generalized distribution of anxiety. These findings reinforce the importance of considering academic discipline as a meaningful contextual factor in psychological research and mental health planning within higher education[1,15,16].

The present findings also have important implications for university counselling services and student mental health support programs. Universities should implement routine mental health screening, accessible counselling services, and stress-management interventions, particularly for medical and paramedical students who appear to be at greater risk of depressive symptoms. Such initiatives may facilitate early identification, timely psychological support, and improved academic as well as psychological outcomes among university students[7-9].

7. Conclusion

The present study investigated stream-wise differences in baseline depression and anxiety among medical, paramedical, and non-medical university students. The findings revealed clear variation in psychological distress across academic disciplines, with medical and paramedical students demonstrating significantly higher levels of depression compared to non-medical students. In contrast, anxiety showed a comparatively weaker pattern of differentiation, indicating that anxiety-related distress may be more broadly distributed across university populations rather than confined to specific academic streams.

These results highlight the importance of academic context as a meaningful determinant of student mental health. Health-related academic programs, characterized by intensive workloads, frequent evaluations, and high professional expectations, may contribute to elevated depressive symptoms. At the same time, the presence of anxiety across all streams underscores the need for institution-wide mental health awareness and support systems.

The study contributes empirical evidence to the understanding of psychological distress within higher education, particularly by demonstrating that depression may be more sensitive to discipline-specific pressures, whereas anxiety may reflect generalized academic and future-oriented concerns shared by students across disciplines. Recognizing these distinct patterns is essential for designing effective, context-responsive mental health interventions within universities.

In summary, the findings emphasize the necessity of combining targeted mental health strategies for high-risk academic streams with broad preventive initiatives for the overall student population. Such an integrated approach may enhance emotional well-being, academic functioning, and long-term psychological resilience among university students.

8. Implications of the Study

8.1 Practical Implications

The findings of the present study carry important implications for student mental health support within higher education institutions. The identification of elevated depression among medical and paramedical students suggests the need for discipline-specific preventive and intervention strategies. Universities offering health-related academic programs may benefit from implementing structured psychological support systems such as regular mental health screening, stress-management workshops, peer-support initiatives, and accessible counselling services tailored to the unique academic pressures of these streams.

Early identification of depressive symptoms within health-science students is particularly important, as untreated psychological distress may adversely affect academic performance, professional development, and long-term well-being. Integrating mental health promotion into routine academic environments-rather than limiting support to crisis situations-may help reduce stigma and encourage timely help-seeking behaviour.

At the same time, the presence of anxiety across all academic streams highlights the necessity of institution-wide mental health promotion initiatives. Universities should consider adopting universal psychoeducational programs that enhance coping skills, emotional regulation, and resilience among the broader student population. Digital mental health resources, group-based interventions, and faculty awareness training may further strengthen institutional capacity to respond to student psychological needs.

8.2 Policy Implications

From a policy perspective, the study underscores the importance of incorporating mental health as a core

component of higher education planning. Educational policymakers and university administrators should recognize that psychological well-being is closely linked to academic success, retention, and professional readiness. Policies that support the integration of counselling infrastructure, trained mental health professionals, and preventive screening mechanisms within university systems are therefore essential.

The observed variation in depression across academic streams also indicates the value of data-informed policy design. Rather than applying uniform mental health strategies across disciplines, institutions may adopt stream-sensitive frameworks that allocate additional psychological resources to programs associated with higher emotional burden, such as medical and paramedical education. At a broader level, the findings support national and institutional initiatives aimed at strengthening youth mental health services within educational contexts.

9. Limitations and Future Research

Despite providing meaningful insights into stream-wise differences in psychological distress, the present study has several limitations that should be acknowledged. First, the analysis relied on cross-sectional baseline data, which limits the ability to infer causal relationships between academic stream and mental health outcomes. Longitudinal research is needed to examine how depression and anxiety evolve over time within different educational contexts.

Second, the study utilized self-report measures, which may be influenced by response bias, social desirability, or individual differences in symptom perception. Future investigations may benefit from incorporating multi-method assessment approaches, including clinical interviews or behavioural indicators, to enhance measurement accuracy.

Third, the sample was drawn from a specific institutional and cultural context, which may restrict the generalizability of the findings to other universities or regions. Replication across diverse educational settings and larger multi-institutional samples would strengthen the external validity of the results.

Future research may also explore underlying mechanisms that contribute to stream-related differences in depression and anxiety, such as academic workload, coping styles, social support, sleep patterns, or career uncertainty. Additionally, comparative studies evaluating the effectiveness of stream-specific mental health interventions could provide valuable evidence for improving psychological support within higher education.

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Author Contribution

B.G.: Conceptualization, methodology, data collection, formal analysis, interpretation of results, manuscript writing, and revision. **Dr. S.A.:** Study supervision, methodology refinement, critical review of the manuscript, interpretation of findings, and final approval of the manuscript. Both authors have read and agreed to the published version of this manuscript. Both authors have read and agreed to the published version of this manuscript.

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