Original Article

Depression, Anxiety and Stress among Government School Teachers in Rohtak, Haryana: A Cross-Sectional Study

Vinay[1], Manjeet Rathee[2], Seema Negi[3], Pankul[3], Harshit[3]

[1]Assistant Professor, Department of Community Medicine, Pandit Bhagwat Dayal Sharma Post Graduate Institute of Medical Sciences, Rohtak, Haryana, India. [2]Post Graduate Student, Department of Community Medicine, Pandit Bhagwat Dayal Sharma Post Graduate Institute of Medical Sciences, Rohtak, Haryana, India. [3]Junior Resident, Department of Community Medicine, Pandit Bhagwat Dayal Sharma Post Graduate Institute of Medical Sciences, Rohtak, Haryana, India

Abstract

Background: School teachers face teaching-related demands and additional administrative responsibilities that may affect their psychological well-being. Evidence on depression, anxiety and stress among government school teachers in Haryana is limited. The objective is to estimate the prevalence of depression, anxiety and stress symptoms and examine their associations with selected sociodemographic and work-related factors among government school teachers in Rohtak district, Haryana. **Material and Methods:** A school-based cross-sectional study was conducted from April 2021 to January 2022 among 240 teachers selected from 24 randomly selected government senior secondary schools in Rohtak block. Information was collected using a pretested semi-structured schedule and the 21-item Depression, Anxiety and Stress Scale (DASS-21). Data were analysed using SPSS version 24.0. **Results:** Of 240 participants, 210 (87.5%) were women. The reported prevalence of depression, anxiety and stress symptoms was 28.7%, 61.7% and 35.4%, respectively. Difficulty coping with digital technology was associated with stress symptoms (p=0.015). Concern and stress related to students' annual performance was associated with depression (p=0.044), anxiety (p<0.001) and stress (p=0.002). Perceived disruption of family life due to transfer policy was associated with depression (p<0.001) and stress (p=0.012), but not anxiety (p=0.065). **Conclusion:** Symptoms of anxiety, depression and stress were reported by a substantial proportion of teachers in this sample. Workplace mental-health problems and attention to work–family pressures warrant consideration.

Keywords: School Teachers, Depression; Anxiety, Stress, Occupational Health, Cross-Sectional Study.

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Introduction

Teachers influence children's learning and development, while their work may involve demands beyond classroom teaching. In addition to curriculum delivery and student assessment, teachers may be responsible for administrative tasks and duties such as elections and census-related work. These competing demands may contribute to occupational strain and affect psychological well-being. Previous studies have documented occupational stress and psychological symptoms among teachers in different settings.[1,2]

The rapid shift to online teaching during the COVID-19 pandemic also changed communication and work practices, sometimes extending contact with students' families beyond normal working hours. International studies have reported varying levels of depression, anxiety and stress among teachers; estimates differ across settings, study periods and measurement instruments. These differences make local evidence important for understanding teachers' needs and informing context-appropriate support.

This study aimed to estimate the prevalence of depression, anxiety and stress symptoms among government school teachers in Rohtak block, Haryana, and to examine their associations with selected socio-demographic and work-related factors.

Materials and Methods

A school-based cross-sectional study was conducted among teachers working in government senior secondary schools in Rohtak block, district Rohtak, Haryana, from April 2021 to January 2022. The sample size was calculated using the formula (n = 4pq/L2), considering the prevalence of depression as 29.3%, a relative allowable error of 20%, and a 95% confidence level. The minimum required sample size was estimated to be 232. Of the 45 government senior secondary schools in Rohtak block, 24 schools were selected randomly using the lottery method. Subsequently, 10 teachers were randomly selected from each of the selected schools using the respective teachers' lists. To account for potential non-response and incomplete schedules, a total of 240 teachers were recruited for the study.

Address for correspondence: Dr. Vinay, Assistant Professor, Pandit Bhagwat Dayal Sharma Post Graduate Institute of Medical Sciences, Rohtak, Haryana, India.
E-mail: vinayphogat2018@gmail.com

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Teachers who were willing to participate and provided written informed consent were included in the study. Teachers who were absent on the day of the investigator's visit and those with less than one year of professional experience were excluded. Data were collected by the investigator using a predesigned, pretested, semi-structured interview schedule. Information regarding the sociodemographic characteristics of the participants was obtained through interviews, and their socioeconomic status was assessed using the Modified B. G. Prasad scale. Depression, anxiety, and stress were assessed using the 21-item Depression, Anxiety and Stress Scale (DASS-21).4 The scores obtained for each domain were multiplied by two to obtain equivalent DASS-42 scores. The cut-off values used to identify the presence of symptoms were >9 for depression, >7 for anxiety, and >14 for stress. Participants identified as having symptoms of depression, anxiety, or stress were referred to the Psychiatry Department of a tertiary-care teaching institute for further evaluation and management.

Ethical approval was obtained from the Institutional Ethics Committee before the commencement of data collection. Administrative permission was also obtained from the District Education Officer, Rohtak, and the principals of the participating schools. Written informed consent was obtained from all participants before their enrolment in the study.

The collected data were entered into Microsoft Excel, appropriately coded, and checked for completeness, consistency, and possible data-entry errors. The cleaned dataset was subsequently analysed using IBM SPSS Statistics version 24.0. Appropriate statistical tests were applied in accordance with the study objectives.

Results

A total of 240 teachers participated; 210 (87.5%) were women and 30 (12.5%) were men. The largest age group was 40–49 years as (52.1%), followed by 50–59 years (25.0%), 30–39 years (20.0%) and 20–29 years (2.9%). Nearly half of study subjects (53.3%) belonged to nuclear family, joint family (38.3%) and only 8.3% belonged to third-generation family.90% of the study subjects were married, 6.7% were widowed, 1.7% were divorced and 1.7% were unmarried. [Table 1]

Table 1: Sociodemographic characteristics of participants (N=240)

Characteristic	n	%
Age group (years)		
20–29	7	2.9
30–39	48	20.0
40–49	125	52.1
50–59	60	25.0
Sex		
Male	30	12.5
Female	210	87.5
Family type		
Nuclear	128	53.3
Joint	92	38.3
Three-generation	20	8.3
Marital status		
Married	216	90.0
Unmarried	4	1.7
Divorced	4	1.7
Widowed	16	6.7

Prevalence of depression, anxiety and stress symptoms: The reported prevalence of depression, anxiety and stress symptoms was 28.7%, 61.7% and 35.4%, respectively. Depression symptoms were reported in 40.0% of male participants. Anxiety symptoms were reported in 62.9% of female participants, while stress symptoms were reported in 46.7% of male participants. [Table 2]

Table 2: Association between ability to cope with digital technology and DASS-21 outcomes

Ability to cope	Outcome	Yes, n (%)	No, n (%)	χ^2 (df=1)	p-value
Yes (n=195)	Depression	57 (29.2)	138 (70.8)	0.117	0.732
No (n=45)	Depression	12 (26.7)	33 (73.3)		
Yes (n=195)	Anxiety	124 (63.6)	71 (36.4)	1.627	0.202
No (n=45)	Anxiety	24 (53.3)	21 (46.7)		
Yes (n=195)	Stress	62 (31.8)	133 (68.2)	5.964	0.015
No (n=45)	Stress	23 (51.1)	22 (48.9)		

Associations with selected work-related factors: Difficulty coping with digital technology was associated with stress symptoms (χ^2=5.964, p=0.015), but not with depression or anxiety symptoms. Concern and stress related to students' annual performance was associated with depression (χ^2=4.065, p=0.044), anxiety (χ^2=13.679, p<0.001) and stress (χ^2=10.042, p=0.002). [Table 3]

Table 3: Association between concern about students' annual performance and DASS-21 outcomes

Concern about annual performance	Outcome	Yes, n (%)	No, n (%)	χ^2 (df=1)	p-value
Yes (n=115)	Depression	26 (22.6)	89 (77.4)	4.065	0.044
No (n=125)	Depression	43 (34.4)	82 (65.6)		
Yes (n=115)	Anxiety	57 (49.6)	58 (50.4)	13.679	<0.001
No (n=125)	Anxiety	91 (72.8)	34 (27.2)		
Yes (n=115)	Stress	29 (25.2)	86 (74.8)	10.042	0.002
No (n=125)	Stress	56 (44.8)	69 (55.2)		

Perceived disruption of family life due to transfer policy was associated with depression (χ^2=46.293, p<0.001) and stress (χ^2=6.376, p=0.012), but not anxiety (χ^2=3.404, p=0.065). (Table 4)

Table 4: Association between perceived family disruption due to transfer policy and DASS-21 outcomes

Transfer policy disrupts family environment	Outcome	Yes, n (%)	No, n (%)	χ^2 (df=1)	p-value
Yes (n=112)	Depression	56 (50.0)	56 (50.0)	46.293	<0.001
No (n=128)	Depression	13 (10.2)	115 (89.8)		
Yes (n=112)	Anxiety	76 (67.9)	36 (32.1)	3.404	0.065
No (n=128)	Anxiety	72 (56.3)	56 (43.8)		
Yes (n=112)	Stress	49 (43.8)	63 (56.3)	6.376	0.012
No (n=128)	Stress	36 (28.1)	92 (71.9)		

Discussion

In the study, the prevalence of depression, anxiety and stress symptoms was 28.7%, 61.7% and 35.4%, respectively. These estimates suggest that psychological symptoms may be an important occupational-health concern in this setting. The depression estimate is within the range of findings reported in some teacher studies, while other studies have reported higher estimates. Studies from Egypt (Desouky and Allam)2, Nigeria (Asa and Lasebikan)5, Malaysia (Othman and Sivasubramaniam)4 and other settings have reported differing levels of depression among teachers. Studies conducted during the COVID-19 pandemic have also described substantial psychological symptoms among teachers (Lizana and Lera; Ma et al.)6

In the present study, no statistically significant association was observed between educational qualification and depression, anxiety or stress. However, length of service (teaching experience) was significantly associated with all three psychological outcomes. Similar findings regarding the association of educational qualification and length of service with teachers' mental health were reported by Dessouky D et al. (2017)2. Taher YA et al. (2016)7 also observed a significant association between depression and educational qualification, whereas Asa FT et al. (2016)5 reported no significant association between teaching experience and psychological distress.

Regarding additional occupational responsibilities, 27.8% of teachers with additional responsibilities had depression, while 55.6% and 33.3% had anxiety and stress, respectively. However, these associations were not statistically significant. Kourmousi N et al. (2016)3 reported higher levels of depression among teachers experiencing additional workload. Similarly, Nakada A et al. (2016)8 found that role ambiguity, role conflict and quantitative workload were significantly associated with depressive symptoms. Ferguson K et al. (2012)9 also identified workload and employment conditions as important predictors of anxiety, while workload and student behaviour were significant predictors of depression among teachers.

Furthermore, perceived family disruption due to transfer policy was significantly associated with depression and stress, although no significant association was observed with anxiety. Depression was considerably more prevalent among teachers reporting family disruption (50.0%) than among those who did not (10.2%). Similarly, stress was more prevalent in the former group (43.8% versus 28.1%). These findings highlight the potential psychosocial consequences of employment-related transfers, including family separation, disruption of children's education and difficulties in maintaining work–family balance. Overall, the findings emphasise the importance of addressing occupational workload, institutional expectations, technological adaptation and family-related concerns to promote teachers' psychological well-being.

Strengths and limitations: The study sampled teachers from 24 randomly selected government senior secondary schools and used a standardized symptom scale and provides valuable insights into the prevalence of depression, anxiety and stress and their association with occupational factors among school teachers. However, its cross-sectional design limits the establishment of causal relationships. Non-occupational factors such as personal, emotional and social problems were not assessed, and the study was restricted to a single occupational group. Furthermore, under reporting of psychological symptoms due to stigma and fear of adverse employment consequences cannot be ruled out.

Conclusion

The study reported depression, anxiety and stress symptoms among 28.7%, 61.7% and 35.4% of participating government school teachers, respectively. Symptoms were associated with selected work-related concerns, including difficulty coping with digital technology and perceived family disruption related to transfer policy. These findings support attention to teachers' psychological well-being and work–family pressures; further analysis and clearer reporting of outcome definitions are required before the estimates can be generalized.

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Conflicts of interest

There are no conflicts of interest.

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