Research Article

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Factors Affecting Help-seeking Intention among Undergraduate Students during Emotional Distress in Kathmandu District, Nepal: A Cross Sectional Study

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Abstract

Background: Young adults undergo various stressful events that lead to the onset and progression of mental health problems including depression, anxiety, and social dysfunction. Despite the high prevalence of emotional distress, many undergraduate students have low intention to seek help for solving their problems. The aim of this study was to examine the help-seeking intentions, source of help-seeking, and associated factors with help-seeking intention during emotional distress.

Methodology: A cross-sectional study was conducted among undergraduate students from 22 campuses of Kathmandu district, Nepal where 929 valid responses were analyzed. The help-seeking intention, severity of distress, and perceived social support were measured using General Help-seeking Questionnaire, General Health Questionnaire-12, and Nepal Family and Social Support and Difficulties Scale, respectively.

Results: More than half of the participants (53.4%) had some form of anxiety, depression, or social dysfunction while 59% of the participants had perceived low social support. 54.5% of the students had high intention of seeking help through informal sources.

Conclusion: The decreased level of perceived social support and increase in depressive symptoms and suicidal ideation were the common factor of not seeking help among undergraduate students. There is a need of help-seeking education programs to help in providing right information and suggestions to the distressed students.

Keywords: Help-seeking Behavior, Emotional Distress, Social Support, Undergraduate Students, Nepal

Tweetable Abstract: Young adults having low GHQ score, high perceived social support and not having suicidal ideation, are likely to seek help during emotional distress.

Introduction

Mental health problems are highly prevalent among the youth [1], especially among university students, who are vulnerable and often do not access adequate care [2,3]. These students face various stressors related to education, social interaction, relationships, and work [4]. This age group, typically 18-24 years old, experiences significant cognitive, social, and emotional development along with physical changes [5]. Those who fail to manage these distresses can negatively impacted by mental health, affecting success in education, careers, and lifestyles, potentially leading to substance misuse, suicidal thoughts, and other issues [6–10].

The youth when interacted with the family, community or professional help can create a supportive environment for handling psychological problems [5]. Help-seeking behaviour involves seeking support from social relationships, whether formal or informal, to address personal problem [11,12]. However, young adults often find themselves in a dilemma regarding seeking help for mental health issues; they seek independence from older adults but do not want their parents to know about their problems [13].

Having strong perceived social support can boost self-esteem and contribute to better psychological well-being [13]. Factors such as culture, demography, access to services, symptom severity, health beliefs, personality traits, and attitudes towards mental health significantly influence help-seeking decisions [14–16]. Individuals are more likely to seek help if they possess knowledge about mental health issues and available support, feel emotionally capable of expressing their feelings, and have established trustworthy relationships with potential help providers [17].

Research indicates that only 18 to 34% of young people experiencing high depression or anxiety symptoms seek professional help [18]. Gender is also a significant factor in help-seeking behaviours; young females are more likely to seek help (30%) compared to males, who tend to rely on themselves rather than seek external

support [19].

Mental health services in Nepal are primarily institution-based, lacking integration into non-health sectors like: education and sports. While helplines are available for individuals in distress or at risk of suicide, there's a shortage of mental health professionals in the country [20]. Barriers to seeking help include lack of awareness about risks and negative attitudes towards seeking professional help [21]. National Mental Health Survey of Nepal 2020 estimates the prevalence of mental distress among adults and students (18 years and above) to be 4.3% and 6.5% of those to have suicidal thoughts [22]. Similarly, a study done among undergraduate students of Pokhara Metropolitan City, Nepal found that 38.2% of them were distressed [23]. But there's limited information on help-seeking intentions among emotionally distressed young Nepalese undergraduate students. This study aimed to explore help-seeking intentions, sources of help, and related factors during emotional distress. Self-administered questionnaire to the undergraduate students from the selected university and analyzed statistically.

Materials and methods

Research design, period, and study area

A cross sectional study was conducted from July-September 2016 among undergraduate students enrolled at randomly selected 22 undergraduate campuses of Kathmandu district in Nepal. The sample size was 951 with the design effect 1.5 and non-response rate of 1%. However, 963 individuals' responses were collected.

Sample selection

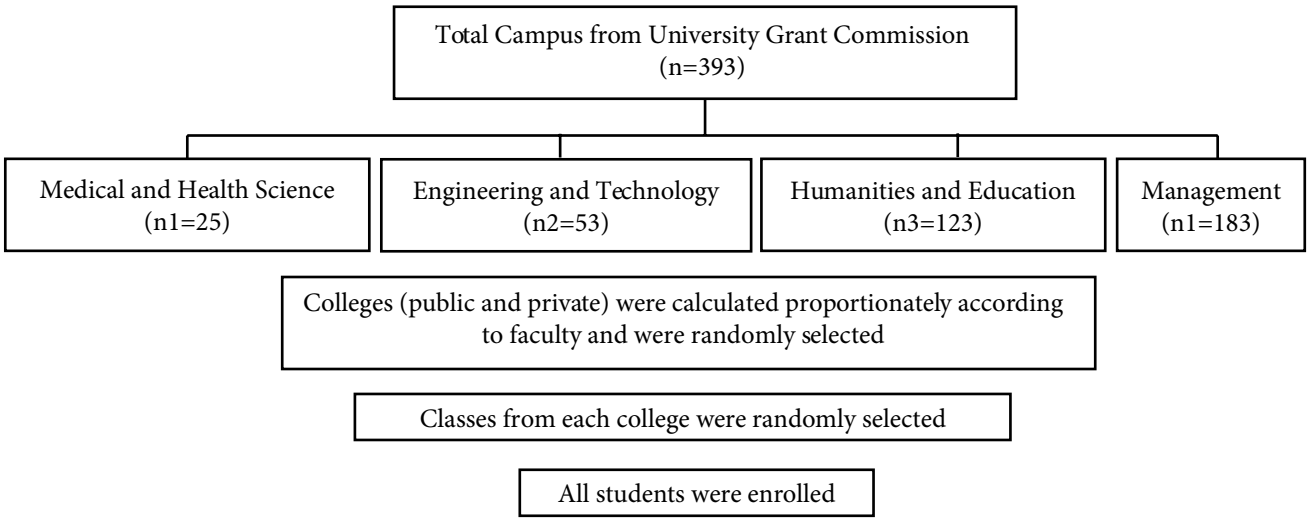

Figure 1: Sample Selection technique

A multi-stage proportionate cluster sampling technique was used. For the selection of study units, colleges were considered as the Primary Sampling Units, and classes within the selected colleges were taken as the Secondary Sampling Units. The annual report of the University Grant Commission (UGC) helped to prepare a sampling frame during the selection of clusters. Based on UGC, the classification of academic programs of undergraduate academic programs in Nepal have been categorized into a total of 4 major categories: i) Science and Technology; ii) Management; iii) Arts and Management; and iv) Medicine (MBBS) and Nursing. 22 campuses were selected proportionately on the random basis according to the categories. The campuses where the university board examinations were running on the proposed day of enumeration were excluded after selection and another campus was randomly selected. One class was randomly selected from the class roster which were available on the day of data collection at each selected campus. Every student present on the day of data collection was provided with self-administered questionnaires. All the participants of the study were first briefed about the study objectives and techniques of filling up the questionnaire. Data collection was conducted at the classroom, and only the enumerators and students were present during the data collection. The data collection was carried out by the primary author with the support of research assistants.

Measurement instruments

The questionnaire developed for this study included 13 questions on students' descriptive characteristics and parental education. Nepali version of General Help-Seeking Questionnaire (GHSQ) was used for measuring help-seeking intention for physical or emotional problems and suicidal ideation from various sources [24]. Responses ranged from "most unlikely", "unlikely", "likely" and "most likely" and were scored between 1-7. The sources were categorized into informal, formal, and self-help, where the composite score of informal was 3-28, self-help was 3-21, and formal was only 1-7, thus the overall score ranging from 6-49 was generated [19]. For assessment of the severity of the distress with some form of depression, anxiety, or social dysfunction or suicidal ideation, Nepali version of Short General Health Questionnaire (GHQ-12; Sensitivity: 85.6%, Specificity: 75.8%) was used [25]. It has 12 items with 4 options ranging from "better than usual" to "much worse than usual" for positive items and "not at all" to "more than usual" for negative items coded 0-0-1-1. It differentiated the distress over the past month based on measurements on twelve items with cutoff of 1/2 (score 1 or less: not GHQ case, score 2 or more: GHQ case) [24]. Perceived Social Support is the self-rated social support which is measured by 10-item Nepali Family Support and Difficul-

ties Scale (NFSDS) into separate models, in turn, as a composite score [23]. The translated version of GHSQ, GHQ-12 and Nepali Family Social Support and Difficulty Scale used in this study had Cronbach's alpha of 0.735, 0.704, 0.746, respectively. The perceived social support is categorized by median as <=15 into low perceived support and >16 as high perceived social support.

Data analysis

The collected data were entered using the EpiData software (v3.1). IBM SPSS Statistics for Windows, version 26 (IBM Corp., Armonk, N.Y., USA) was used for analysis. The questionnaires having more than 5% of data fields (more than 2 items) missing were excluded. Descriptive analysis was performed to measure the frequency and percentage. Chi-square test was performed to test the significance of the association of help-seeking sources with different variables. Binary logistic regression was used to explain the relationship between help-seeking intention from sources of help-seeking with the variables sex, utilization of help services, GHQ cases, suicidal ideation, perceived social support. Multivariate logistic regression with forward stepwise selection was used for adjusted regression analysis where variables significant at 10% significance level in bivariate analysis were included.

Ethics

The study was ethically approved by the Ethical Review Board of Nepal Health Research Council (Reg. no. 177/2016). Consent from the college administration was taken prior data collection. Students were informed of their rights to deny participation in the study or to withdraw from the study at any stage of data collection. No personal identifiers were recorded, and students were assured of the anonymity of their responses. Written informed consent of the students was received prior to data collection. All the respondents were made aware to visit nearby health institutions if they experience any mental health problem.

Results

Participant's characteristics

Out of 963 participants, 929 responses were included in final analysis, omitting the remaining responses due to missing data. The participants' characteristics are presented in Table 1. The students were predominantly of age 20–24 years (81.2%) and female (53.8%). The average age (mean ± SD) of the students was 20.62±1.43 years. Almost 63% (586) were Brahmin/Chhetri, 87% (808) were Hindu, 95.7% (889) were unmarried.

Prevalence of GHQ cases, perceived social support, and suicidal ideation

About 53.4% of the participants were among GHQ cases with some form of anxiety, depression, or social dysfunction. Of 927 students who responded to suicidal ideation questions, 81.0% (751) of the students never had any suicidal thoughts ever. 0.5% (5) students reported having attempted to kill themselves with real thought of dying. Almost 13 % (121) students had brief thought of suicide, where 2.8% (26) students had a plan of suicide but never thought of dying. Nearly 2% (17) students planned and really wanted to die, where 0.8% (7) students had attempted but did not want to die. 59% (548) of the students had low perceived social support.

Table 1: General characteristics of the participants

Characteristics	Frequency	Percentage
Age (Mean ± SD)	20.62 ± 1.43 years	
15-19	163	17.5
20-24	754	81.2
25-29	12	1.3
Sex		
Female	500	53.8
Male	429	46.2
Settlement		
Out of valley	671	72.2
Within valley	258	27.8
Living Arrangement		
Family	700	75.3
Friends	103	11.1
Others	126	13.6
Faculty		
Science and Technology	360	38.8
Management	350	37.7
Arts and Humanities	170	18.3
Medicine and Nursing	49	5.3
Suicidal Ideation		
Never	751	80.8
Brief thought	121	13.0
Had a plan but never thought of	26	2.8
Planned and really wanted to die	17	1.8
I had tried to die but I did not want to die	7	0.8
I have attempted to kill and really wanted to die	5	0.5
Missing	2	0.2
Perceived Support		
Low perceived social support (≤15)	548	59.0
High perceived social support (16+)	381	41.0
GHQ Case		
Not GHQ Case	433	46.6
GHQ Case	496	53.4

Help seeking intention of students by source

Findings from the GHSQ revealed that students were most likely to ask for help with their parents (67.5%), followed by other family members (65.0%), friends (39.8%) and intimate partners (36.9%). Only 22.7% (211) participants were most likely to seek help with a doctor. The lowest preferences were given to phone helplines

(8.9%), whereas 6.4% (59) students were reluctant to seek help from any mentioned sources (see Figure 1).

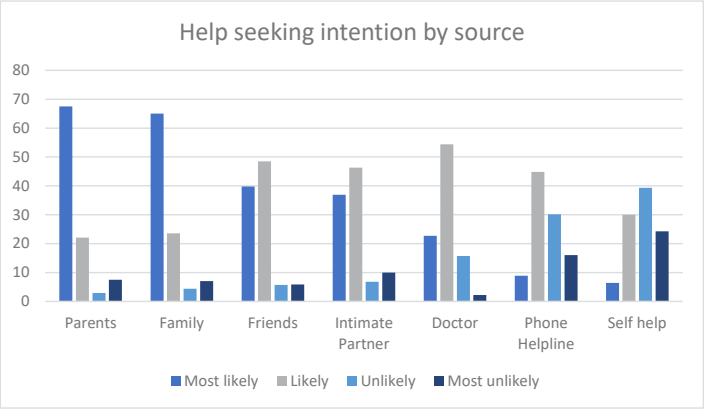

Figure 2: Source of help seeking intention during emotional distress.

We further categorized these sources into formal, informal, and self-help. Parents, family members, friends and intimate partners were included in the informal source, professional help from doctor was categorized as formal source whilst using websites and helplines were categorized as self-help. More than half of the students (54.5%) reported having a high inclination of seeking help through informal sources. Similarly, 55.4% (515) students had a high tendency of preferring self-help.

Factors associated with help seeking intention

On multivariable logistic regression analysis permanent address, faculty, academic progress, visit to health facilities for common illness, suicidal ideation, perceived social support, and perceived severity of mental illness (GHQ cases) were the associated factors for help-seeking intention. The study showed that the students without suicidal ideation to be 1.65 times (aOR = 1.65, 95% CI = 1.16 – 2.33, p = 0.005) significantly more likely to seek informal help. Similarly, students who perceived high social support were 1.97 times (aOR = 1.97, 95% CI = 1.49 – 2.60, p<0.001) significantly more likely to seek informal help. Being from arts and humanities faculty (aOR = 0.64, 95% CI = 0.44 – 0.94, p = 0.02), not visiting health facility during illness (aOR = 0.37, 95% CI = 0.22– 0.62, p<0.001), and being a GHQ case (aOR = 0.72, 95% CI = 0.55 – 0.95, p = 0.021) were also significantly associated with low tendency of informal help seeking. (Table 2)

The students who were not permanent residents of Kathmandu valley were 1.468 times (aOR = 1.47, 95% CI = 1.05 – 2.05, p = 0.025) more likely to seek formal help as compared to permanent residents of Kathmandu valley. Similarly, students from management faculty and medicine and nursing were, respectively, 1.63 times (aOR = 1.63, 95% CI = 1.13 – 2.34, p = 0.008) and 3.80 times (aOR = 3.80, 95% CI = 1.32 – 10.90, p = 0.013) more likely to seek formal help.

Similarly, students outside from Kathmandu valley were 1.427 times (aOR = 1.427, 95% CI = 1.07 – 1.91, p = 0.017) more likely to seek self-help. Students who have failed the academic year/semester have 1.33 times (aOR = 1.33, 95% CI = 0.99 – 1.80, p = 0.056) more likely to prefer self-help. Also, students who were GHQ cases were 0.73 times (aOR = 0.73, 95% CI = 0.56 – 0.96, p = 0.023) less likely to seek self-help.

Discussion

In this study, we have assessed the help-seeking intentions across variety of sources and have determined the factors responsible for seeking support from those sources among the undergraduate students of Kathmandu district intending to seek help during emotional and stressful situations.

We found that more than half of the participants had some level of emotional distress categorized as GHQ cases. These participants were more likely to seek help from the parents and family members during stressful situations. The participants were also likely to seek help from doctors (22.7%) when they needed it. Minority of the participants (6.4%) were reluctant to all the sources. The participants also sought help from the internet (most likely 29.6%). There were no differences in help seeking sources for the sex or age categories.

Our study showed that medicine and nursing students were more likely to seek formal help in comparison to other faculties. They had 3.73 times higher odds of seeking help in comparison to the Science and Technology (reference faculty). The finding is similar to the study carried out in Srilanka, which states that the odds of medical undergraduates seeking help from psychologists is 2.09 (1.64-2.65) times higher than non-medical undergraduates [26]. The possible explanation for the increased likelihood among these students could be easier access to medical personnel.

Our study commensurate the previous studies which illustrates that GHQ score was the strongest predictor of seeking informal help and self-help, whilst suicidal ideation, social support also are the predictors of intention to seek help from the informal sources than professional help [4,27]. The study shows that being a GHQ case has lesser intention to seek help from both formal and informal source. Being a GHQ case (aOR = 0.723, 95% CI = 0.549 – 0.953, p = 0.021) had a protective effect on tendency of informal help seeking. This finding is like another study carried out in Ethiopia, where the very severe case of mental illness (aOR= 0.97, 95% CI = 0.66 – 1.42). Also, our study suggests that those having higher GHQ score are less likely to have intention of self-help. This signifies that such students can be likely to adopt any kind of coping strategies [28]. A study has shown that the stigma to reveal the mental health problem is also as a cause for decreased likelihood of seeking help (OR = 1.44, P = 0.043) [29]. So, for future prospect, the role of stigma to reveal the mental distress could also be studied in Nepal.

The encouragement to seek help comes from the perceived social support from informal sources [30]. In this study, the chances of seeking help from an informal source is almost two times among students with high perceived social support. This is congruent with the study conducted which reported that with the strong social support there is chance of seeking other informal sources (aOR = 1.85, 95% CI 1.24–2.75) [31]. Another study done in Turkey shows a significant association with perceived social support from family (p<0.05), friends (p<0.01) and others (p<0.05) with the help seeking intention [32]. This tendency to seek informal sources indicates they have good grounds of perceived social support and less likely to seek professional help.

The results indicate that those students who did not have the

suicidal ideation are more likely to seek help from an informal source in comparison to the students with the suicidal ideation. A study in Ireland also states that the students with suicidal thoughts or behavior try to handle their distress by themselves in comparison to the students without suicidal tendency behaviour [33]. As per the expectation, the higher the suicidal thoughts, greater the students should seek for the help; however, they are found to be more reluctant to seek help [33]. This signifies that they possess the help-negation though they have reported to have high suicidal ideation [12].

The strength of the study is it has covered representative samples from the Kathmandu district, the results can probably be generalized to the population of undergraduate students. Unlike most of the published studies, this research tends to study both informal and professional sources of help among the undergraduate students.

However, there are some limitations to the study, one of them being the inability to involve students of all the faculties due to examination on the day of data collection, or a small number of students in a class and time constraints. Nevertheless, the most common faculties available in Nepal were included in the study. Similarly, this study does not provide information about the personal beliefs and motivations of help-seeking intentions and behavior of the participants. Our study limits the help seeking pattern from the habitual or spiritual healers. Further qualitative studies are needed to fulfill this information gap. The results of this study are also limited because of reliance on self-report data as all the questionnaires were self-administered.

Future research might include measures of actual help-seeking (e.g., service utilization records), how formal and informal help-seeking influence each other, preferences and behavior of young people who do not go to colleges as well as longitudinal measures of actual help-seeking. The impact of social stigma on help seeking behavior during emotional problem could be studied in the future study.

Conclusion

Our study has shown that people prefer to seek help during psychological distress from informal sources. The study depicts that the family and parents are the first sources of help when a young person feels psychological distress. Young adults having low GHQ score, high perceived social support and not having suicidal ideation, are likely to seek help during emotional distress. Emotional competence, awareness of feelings and psychological processes should be widespread common personal and cultural assets. Consideration should be given to the development of help-seeking education programs to help them in providing the right information and suggestions to distressed students.

Disclosure

No

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Table 2: Multivariate logistic regression with forward stepwise with the predictors and informal, formal, and self-source of help seeking

Characteristics	Informal Help aOR (95% CI)	P value	Formal Help aOR (95% CI)	P value	Self Help aOR (95% CI)	P value
Permanent address						
Kathmandu Valley	-	-	1		1	
Outside Kathmandu Valley	-	-	1.468 (1.049 – 2.054)	**0.025**	1.418 (1.060 – 1.898)	**0.019**
Faculty						
Science and Technology	1		1		1	
Management	1.024 (0.752 – 1.395)	0.881	1.629 (1.134 – 2.342)	**0.008**	0.970 (0.715 – 1.314)	0.843
Arts and Humanities	0.644 (0.439 – 0.940)	**0.023**	1.209 (0.787 – 1.858)	0.386	0.780 (0.539 – 1.130)	0.189
Medicine and Nursing	0.876 (0.457 – 1.589)	0.614	3.793 (1.320 – 10.903)	**0.013**	1.357 (0.714 – 2.578)	0.352
Academic Progress						
Failed	-	-	1		1	
Passed	-	-	1.378 (0.971 – 1.956)	0.072	1.344 (0.994 – 1.816)	0.055
Visit to HF						
Yes	1		1		-	-
No	0.370 (0.220 – 0.621)	**<0.001**	0.505 (0.306 – 0.834)	**0.008**	-	
Suicidal Ideation						
Yes	1		1		-	
No	1.650 (1.183 – 2.362)	**0.004**	1.452 (0.997 – 2.116)	0.052	-	-
Perceived Support						
Low	1		1		1	
High	1.974 (1.497 – 2.601)	**<0.001**	1.384 (0.997 – 1.922)	0.052	1.236 (0.944 – 1.618)	0.123
GHQ Case (1/2)						
Not GHQ Case	1		-		1	
GHQ Case	0.723 (0.549 – 0.953)	**0.021**	-	-	0.733 (0.560 – 0.958)	**0.023**

Supplementary Table 1: General characteristics of the participants

Characteristics	Frequency	Percentage
Age (Mean ± SD)	20.62±1.43 years	
15-19	163	17.5
20-24	754	81.2
25-29	12	1.3
Sex		
Female	500	53.8
Male	429	46.2
Ethnicity		
Brahmin/Chhetri	586	63.1
Janajati and Others	343	36.9
Religion		
Hindu	808	87.0
Others	121	13.0
Marital Status		
Unmarried	889	95.7
Married	40	4.3
Settlement		
Out of valley	671	72.2
Within valley	258	27.8
Living Arrangement		
Family	700	75.3
Friends	103	11.1
Others	126	13.6
Family Size		
Less than or equal to 5	567	61.0
Greater than 5	362	39.0
Father's academic qualification		
<10 years	465	50.1
>10 years	464	49.9
Mother's education		
<10 years	697	75.0
>10 years	232	25.0
Parent's occupation		
Agriculture	246	26.5
Business	269	29.0
Service	295	31.8
Foreign Employment	67	7.2
Others	52	5.6
Faculty		
Science and Technology	360	38.8
Management	350	37.7
Arts and Humanities	170	18.3
Medicine and Nursing	49	5.3

Characteristics	Frequency	Percentage
Study year		
First 2 years	217	23.4
Last 2 years	712	76.6
Academic Result		
Failed	253	27.2
Passed	676	72.8
Self- reported health Status		
Good	764	82.2
Poor	165	17.8
Visit to HF		
Yes	852	91.7
No	77	8.3
Time to reach HF		
≤15 mins	733	78.9
>15 mins	196	21.1
Suicidal Ideation (n = 927)		
Never	751	80.8
Brief thought	121	13.0
Had a plan but never thought of	26	2.8
Planned and really wanted to die	17	1.8
I had tried to die but I did not want to die	7	0.8
I have attempted to kill and really wanted to die	5	0.5
Missing	2	0.2
Perceived Support		
Low perceived social support (≤15)	548	59.0
High perceived social support (16+)	381	41.0
GHQ Case (1/2)		
Not GHQ Case	433	46.6
GHQ Case	496	53.4
Help-seeking Intention through informal source		
Low	423	45.5
High	506	54.5
Help-seeking Intention through formal source		
Low	213	22.9
High	716	77.1
Help-seeking Intention through self-help		
Low	414	44.6
High	515	55.4

Supplementary Table 2: Bivariate Logistic regression of the predictors with the intention to seek help from informal, formal, and self help

Characteristics	Informal Help OR (95%CI)	P value	Formal Help OR (95% CI)	P value	Self Help OR (95%CI)	P value
Age	1.010 (0.923 - 1.106)	**0.824**	1.066 (0.954 - 1.191)	0.256	1.035 (0.945 - 1.134)	0.454
Sex						
Male	1		1		1	
Female	1.143 (0.882 – 1.481)	**0.311**	0.991 (0.729 – 1.347)	0.955	0.929 (0.717 - 1.205)	0.58
Caste						
Brahmin/Chhetri	1		1		1	
Janajati and Others	1.081 (0.827 - 1.413)	**0.568**	0.848 (0.620 - 1.161)	0.304	0.797 (0.610 - 1.042)	0.097
Religion						
Hindu	1		1		1	
Others	0.895 (0.610 – 1.312)	**0.57**	0.728 (0.474 – 1.119)	0.148	0.824 (0.562 - 1.207)	0.32
Marital Status						
Unmarried	1		1		1	
Married	0.563 (0.287 – 1.104)	**0.095**	1.199 (0.544 – 2.642)	0.653	0.645 (0.341 - 1.220)	0.178
Permanent address						
Kathmandu Valley	1		1		1	
Outside Kathmandu Valley	1.127	**0.416**	1.497 (1.077 – 2.079)	**0.016**	1.414 (1.060 - 1.887)	**0.018**
Residence with						
Family	1		1		1	
Friends	1.032 (0.680 – 1.564)	**0.884**	1.163 (0.704 – 1.921)	0.556	0.992 (0.655 - 1.502)	0.969
Others	0.945 (0.646 – 1.383)	**0.772**	1.414 (0.871 – 2.295)	0.161	1.308 (0.888 - 1.928)	0.175
Family Size						
Less than or equal to 5	1		1		1	
Greater than 5	1.053 (0.808 – 1.372)	**0.702**	1.138 (0.829 – 1.561)	0.424	1.165 (0.893 - 1.520)	0.26
Father's academic qualification						
≤ 10 years	1		1		1	
>10 years	0.924 (0.737 – 1.235)	**0.719**	0.961 (0.708 – 1.306)	0.801	1.125 (0.869 - 1.458)	0.371
Mother's academic qualification						
≤10 years	1		1		1	
>10 years	0.863 (0.641 – 1.163)	**0.333**	0.758 (0.539 – 1.068)	0.113	1.108 (0.821 - 1.495)	0.503
Parent's Occupation						
Agriculture	1		1		1	
Business	0.845 (0.597 - 1.197)	**0.344**	0.911 (0.598 - 1.388)	0.665	0.788 (0.555 - 1.117)	0.181
Service	0.883 (0.628 - 1.241)	**0.473**	0.781 (0.521 - 1.171)	0.232	0.798 (0.567 - 1.124)	0.197
Foreign Employment	0.681 (0.396 - 1.171)	**0.164**	0.990 (0.509 - 1.925)	0.977	1.131 (0.648 - 1.974)	0.664
Others	1.015 (.554 - 1.860)	**0.96**	0.710 (0.358 - 1.410)	0.328	0.456 (0.248 - 0.839)	0.012
Faculty						
Science and Technology	1		1		1	
Management	1.091 (0.811 - 1.468)	**0.563**	1.617 (1.139 - 2.296)	**0.007**	0.940 (0.699 - 1.264)	0.681
Arts and Humanities	0.686 (0.476 - 0.989)	**0.044**	1.267 (0.831 - 1.934)	0.272	0.811 (0.562 - 1.169)	0.261
Medicine and Nursing	1.079 (0.590 - 1.971)	**0.805**	4.387 (1.538 - 12.513)	**0.006**	1.595 (0.848 - 3.002)	0.148

Characteristics	Informal Help OR (95% CI)	P value	Formal Help OR (95% CI)	P value	Self Help OR (95% CI)	P value
Year						
First 2 years	1		1		1	
Last 2 years	1.055 (0.777 – 1.430)	**0.733**	1.079 (0.754 – 1.542)	0.679	1.057 (0.779 - 1.435)	0.72
Academic Progress						
Failed	1		1		1	
Passed	1.111 (0.831 - 1.484)	**0.477**	1.385 (0.994 – 1.932)	0.55	1.427 (1.068 - 1.907)	**0.016**
Health Problems						
Yes	1		1		1	
No	1.226 (0.875 – 1.716)	**0.236**	1.05 (0.706 – 1.561)	0.811	1.324 (0.945 - 1.855)	0.103
Visit to HF						
Yes	1		1		1	
No	0.348 (0.211 – 0.574)	**<0.001**	0.456 (0.280 – 0.743)	**0.002**	0.646 (0.404 - 1.032)	0.067
Time to HF						
<= 15mins	1		1		1	
> 15mins	0.861 (0.628 - 1.181)	**0.353**	0.865 (0.599 - 1.248)	0.437	1.182 (0.859 - 1.627)	0.305
Suicidal Ideation						
Yes	1		1		1	
No	1.867 (1.339 – 2.603)	**<0.001**	1.537 (1.064 – 2.220)	**0.022**	1.311 (0.943 - 1.827)	0.107
Perceived Support						
Low	1		1		1	
High	2.057 (1.572 – 2.692)	**<0.001**	1.487 (1.080 – 2.048)	**0.015**	1.283 (0.985 - 1.671)	0.064
GHQ Case (2/3)						
Not GHQ Case	1		1		1	
GHQ Case	0.627 (0.482 – 0.816)	**0.001**	0.821 (0.603 – 1.119)	0.212	0.702 (0.539 - 0.913)	**0.008**
GHQ Case (1/2)						
Not GHQ Case	1		1		1	
GHQ Case	0.643 (0.496 – 0.834)	**0.001**	0.796 (0.584 – 1.084)	0.796	0.692 (0.533 – 0.898)	**0.006**