

Suicidal Ideation, Psychological Distress and Help-Seeking Among University Students in Northeast India: A Cross-Sectional Study

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Abstract

Introduction: There is limited evidence of substantial psychological distress among university students, and their experience of substantial psychological distress while facing barriers to timely mental-health support. This study explored psychological distress, suicidal ideation and behaviour, protective factors and help-seeking among university students of North East India. **Methods:** 117 undergraduate, postgraduate and PhD students (M age = 23.2 years, SD = 3.1) at two universities in Northeast India completed an anonymous online questionnaire (SENTIA-U) covering suicidal behaviour, five 0–4 distress indicators, protective factors and help-seeking in May–June 2025. I used descriptive statistics, cross-tabulations, and Pearson correlations. **Results:** Serious suicidal ideation in the previous month was reported by 22.2% (n = 26), a previous suicide attempt by 16.2% (n = 19), and having written a note, message or post about ending one's life by 12.0% (n = 14). Social disconnection had the highest distress mean (M = 2.41, SD = 1.35), hope for the future the highest protective mean (M = 3.08, SD = 1.02), and access to mental-health support the lowest (M = 1.25, SD = 1.31). Only 41.9% had spoken with someone about their mental health in the previous six months, and 47.9% knew how to access university resources. Distress indicators were positively intercorrelated; hope was negatively correlated with distress. **Conclusions:** Within this two-institution convenience sample, suicidal risk was substantial and help-seeking and awareness of formal support were limited. Estimates are exploratory and not representative of Indian university students. The findings support proactive, confidential, low-barrier campus mental-health systems and provide a baseline for larger multi-institutional studies.

Keywords: suicidal ideation; university students; psychological distress; help-seeking; protective factors; campus mental health; India; suicide prevention.

1. Introduction

Suicide is a major public-health concern and an important cause of premature mortality among young people (Bertuccio et al., 2024; World Health Organization [WHO], 2025). University students warrant particular attention because higher education can coincide with academic pressure, uncertainty about employment and future careers, changing social networks, financial strain and transition away from established family support. The transition to higher education also overlaps with a developmental period, often conceptualised as emerging adulthood (Arnett, 2000), in which many mental-health difficulties emerge, making campus-based systems potentially important for prevention and early intervention (Mehrotra, 2020; WHO, 2025). Universities therefore constitute an important setting for prevention, early identification, psychosocial support and referral.

In India, concerns about student mental health occur within a wider context of academic competition, career uncertainty, familial expectations and uneven availability of mental-health services. National suicide statistics have drawn attention to the vulnerability of students and young people (National Crime Records Bureau [NCRB], 2025), and Indian campuses are increasingly reconsidering how student support is organised (Mental Health First Aid India, 2026). Suicidal behaviour is better understood as a continuum that can include suicidal thoughts, ideation, planning, attempts and suicide death. The interpersonal theory of suicide highlights the relevance of perceived burdensomeness and thwarted belongingness, particularly when these experiences are accompanied by hopelessness (Joiner, 2005; Van Orden et al., 2010). These constructs are relevant to the present study because the questionnaire assessed hopelessness, burdensomeness, emotional pain, social disconnection and reasons for living alongside direct indicators of suicidal behaviour.

The present study uses data collected through SENTIA-U (Suicidal Behavior Assessment of University Students; Mahanta, 2025), a study-specific anonymous questionnaire developed to examine suicidal risk and related protective and contextual factors at a single university in Northeast India. The analysis is exploratory and descriptive rather than a psychometric validation study; consequently, the five distress items are reported individually rather than treated as a validated clinical scale. The study aimed to (a) estimate the proportion of surveyed students reporting suicidal ideation, previous suicide attempts and communication of suicidal intent; (b) describe five psychological-distress indicators

(hopelessness, perceived burdensomeness, unbearable emotional pain, social disconnection and difficulty finding reasons to live); (c) examine protective and contextual factors, including family/friend support, meaningful engagement, academic-workload manageability, hope/future goals and access to mental-health support; (d) assess recent mental-health disclosure, willingness to seek professional help and awareness of how to access university mental-health resources; and (e) explore differences by gender and academic level and associations among distress and protective indicators, treating subgroup findings as exploratory because of the sample size and sampling design.

2. Method

Design

A descriptive cross-sectional survey design was used. The design permits estimation of the distribution of self-reported suicidal-risk and mental-health indicators within the surveyed population and examination of associations at one point in time. It does not permit causal inference or estimation of population prevalence beyond the sampled institution.

Participants and Procedure

Data were collected in India between May and June 2025. The survey was distributed through Google Forms to students at two universities in Northeast India across undergraduate, postgraduate and PhD levels and multiple academic disciplines, including Engineering, Sciences, Humanities and Commerce. Convenience (non-probability) sampling was used because the survey link was circulated among the student body. This approach enabled anonymous participation on a sensitive topic but introduces selection bias and limits generalizability; accordingly, all prevalence estimates in this paper are described as estimates within the surveyed sample rather than for Indian university students as a whole.

Participation was voluntary, and the questionnaire was self-administered and anonymous. A total of 117 valid responses were obtained. Number of students invited were 200. The survey concluded with information directing respondents experiencing distress to seek support from a counsellor or mental-health professional. Characteristics of the final sample are reported in the Results.

Measures

The SENTIA-U questionnaire (Mahanta, 2025) was developed for the present study and comprised four sections.

Demographic Characteristics

Respondents report on age, gender, academic level or year of study, and field of study.

Psychological Distress Indicators

Five items were rated from 0 (never/not at all) to 4 (very often/extremely), covering hopelessness about the future, perceived burdensomeness, intense emotional pain, social disconnection/isolation, and difficulty finding reasons to live.

These items are analyzed separately in the present paper.

Suicidal-Behaviour Indicators

Direct items asked about serious suicidal ideation during the previous month, history of suicide planning, suicide attempts, communication of suicidal intent through a note, message or social-media post, and whether death was perceived as a solution to problems or as potentially beneficial to others (response options: yes, no, maybe). The manuscript did not reproduce open-ended responses about planning to protect confidentiality and avoid harmful detail.

Protective/Contextual Factors and Help-Seeking

Five protective and contextual indicators, rated on the same 0–4 scale, covered perceived access to mental-health support, family/friend support, involvement in meaningful activities or groups, academic-workload manageability, and hope or goals for the future. Three yes/no items assessed a recent conversation about mental health (previous six months), willingness to seek counselling or therapy, and awareness of how to access university mental-health resources.

Psychometric Status

SENTIA-U has not been formally validated, and we did not undertake psychometric validation with the present dataset.

Data Analysis

Descriptive statistics (frequencies, percentages, means and standard deviations) were calculated for the study variables.

Cross-tabulations were used to examine exploratory differences in suicidal-risk indicators by gender and academic level, and Pearson correlation coefficients were calculated among the five distress indicators and the protective/contextual variables. Because the dataset does not include a documented sample-size calculation, validated scale scores or a prespecified multivariable model, no logistic regression estimates are reported. All associations are interpreted as exploratory and non-causal.

Ethical Considerations

The survey was anonymous and voluntary, and no personally identifying information was collected. Participation was voluntary, and respondents were informed of the study's purpose, the nature of their participation, the confidentiality of their responses, and their right to discontinue at any time without providing a reason. Informed consent was obtained electronically before participants could proceed to the online questionnaire; participants were required to indicate their consent by selecting the consent option on the first page of the survey. No personally identifiable information was collected, and findings are reported only in aggregate form.

This anonymous, minimal-risk survey did not require formal institutional ethics approval. The study did not involve clinical intervention, collection of identifiable personal information, or access to participants' medical records. The manuscript also avoids reproducing potentially harmful descriptions of suicidal methods or plans. Participants experiencing distress were provided with information directing them to appropriate counselling or mental-health support.

3. Results

All estimates below refer to the surveyed sample (N = 117) and are not population prevalence estimates.

Participant Characteristics

The sample had a mean age of 23.2 years (SD = 3.1; range 18–34). Female students comprised 54.7% (n = 64), male students 42.7% (n = 50), 1.7% (n = 2) preferred not to disclose their gender, and 0.9% (n = 1) identified as non-binary. Postgraduate students constituted 55.6% (n = 65) of the sample, followed by undergraduate students (31.6%, n = 37) and Ph.D. students (12.8%, n = 15; Table 1).

Table 1: Demographic Profile of Respondents (N = 117)

Variable	Category	n	%
Gender	Female	64	54.7
	Male	50	42.7
	Prefer not to say	2	1.7
	Non-binary	1	0.9
Academic level	Postgraduate	65	55.6
	Undergraduate	37	31.6
	Ph.D.	15	12.8
Age (years)	M = 23.2, SD = 3.1, range 18–34	—	—

Note. N = 117.

Suicidal Ideation and Behaviour

Within the surveyed sample, 22.2% (n = 26) reported serious suicidal ideation during the previous month and 16.2% (n = 19) reported having attempted suicide at some point. In addition, 12.0% (n = 14) reported having written a note, message or social-media post about ending their life. In response to whether dying would solve problems or benefit others, 18.8% (n = 22) selected “yes” and 27.4% (n = 32) selected “maybe” (Table 2).

Table 2 Direct Indicators of Suicidal Risk (N = 117)

Indicator	Yes, n	Yes, %	No, %
Serious suicidal ideation, past month	26	22.2	77.8
Ever attempted suicide	19	16.2	83.8
Ever written a note/message/post about ending life	14	12.0	88.0
Felt dying would solve problems/benefit others: yes	22	18.8	—
Felt dying would solve problems/benefit others: maybe	32	27.4	—

Note. Percentages are of the total sample (N = 117). A “no” percentage is not reported for the final item, which had a “maybe” response option.

Psychological Distress

Social disconnection/isolation had the highest mean score (M = 2.41, SD = 1.35), followed by intense, unbearable emotional pain (M = 2.29, SD = 1.36). Hopelessness about the future had a mean of 1.92 (SD = 1.28), perceived burdensomeness 1.87 (SD = 1.35) and difficulty finding reasons to live 1.49 (SD = 1.41; Table 3). Because the psychometric validity of a composite SENTIA-U score has not been established, the indicators are reported as separate dimensions.

Table 3: Psychological Distress Indicators (0–4 Scale, N = 117)

Item	M	SD	% rating 3 or 4
Felt disconnected or isolated from others	2.41	1.35	53.0
Experienced intense, unbearable emotional pain	2.29	1.36	42.7
Felt hopeless about the future	1.92	1.28	34.2
Felt like a burden to others	1.87	1.35	34.1
Struggled to find reasons to live	1.49	1.41	29.0

Note. Items were rated from 0 (never/not at all) to 4 (very often/extremely). Ratings of 3 or 4 were classed as high.

Protective and Contextual Factors

Hope or goals for the future had the highest mean among the protective/contextual indicators (M = 3.08, SD = 1.02), followed by perceived family/friend support (M = 2.62, SD = 1.23). Academic-workload manageability (M = 2.18, SD = 1.12) and involvement in meaningful activities or groups (M = 2.15, SD = 1.39) were moderate. Access to mental-health support when needed had the lowest mean (M = 1.25, SD = 1.31; Table 4).

Table 4: Protective and Contextual Factors (0–4 Scale, N = 117)

Item	M	SD
Hope or goals for the future	3.08	1.02
Supported by family or close friends	2.62	1.23
Academic workload feels manageable	2.18	1.12
Involved in meaningful activities/groups	2.15	1.39
Access to mental-health support when needed	1.25	1.31

Note. Items were rated on a 0–4 scale; higher scores indicate greater endorsement.

Help-Seeking and Service Awareness

Only 41.9% of respondents (n = 49) reported speaking to someone about their mental health during the previous six months, while 58.1% (n = 68) had not. Willingness to seek professional help was divided: 48.7% (n = 57) reported willingness and 51.3% (n = 60) did not. Only 47.9% (n = 56) reported knowing how to access university mental-health

resources, whereas 52.1% (n = 61) did not (Table 5).

Table 5: Help-Seeking Behaviour and Service Awareness (N = 117)

Item	Yes, n (%)	No, n (%)
Spoken to someone about mental health, past six months	49 (41.9)	68 (58.1)
Willing to seek help from a counsellor/therapist	57 (48.7)	60 (51.3)
Knows how to access university mental-health resources	56 (47.9)	61 (52.1)

Note. Percentages are of the total sample (N = 117).

Gender and Academic-Level Patterns

Past-month suicidal ideation was reported by 17.2% of female respondents (11/64) and 24.0% of male respondents (12/50). Both respondents who preferred not to disclose their gender and the single non-binary respondent reported ideation; because these cells are extremely small, no inference is drawn from them. Suicide attempts were reported by 20.3% of female respondents (13/64) and 12.0% of male respondents (6/50).

By academic level, past-month suicidal ideation was reported by 32.4% of undergraduate students (12/37), 15.4% of postgraduate students (10/65) and 26.7% of Ph.D. students (4/15). These patterns are descriptive; no inferential tests or multivariable models were conducted.

Associations Among Distress and Protective Indicators

The five distress indicators were positively intercorrelated (approximately $r = .53-.62$). Hope for the future was moderately and negatively correlated with the distress indicators (approximately $r = -.31$ to $-.40$). Manageable academic workload and family support were also associated with lower distress and greater hope.

5. Discussion

Principal Findings

This study examined suicidal-risk indicators, psychological distress, protective resources and help-seeking/service awareness together within a two-university sample in Northeast India. Within this convenience sample, 22.2% reported serious suicidal ideation during the previous month and 16.2% reported a previous suicide attempt. These figures indicate a substantial burden within the surveyed group, but they should not be treated as population prevalence because the study used a double-institution, non-probability sample. Social disconnection was the most prominent distress indicator, followed by unbearable emotional pain; the prominence of disconnection is conceptually consistent with the emphasis on thwarted belongingness in the interpersonal theory of suicide (Joiner, 2005; Van Orden et al., 2010), although the present items cannot test that theory. The results support the need for larger multi-institutional studies of student suicidality in the Indian context.

Help-Seeking and Service Access

A second important finding is the mismatch between distress and formal help-seeking. Only 41.9% of respondents had spoken to someone about their mental health during the preceding six months, while 52.1% did not know how to access university mental-health resources. This suggests that service availability does not equate to effective access. Awareness, confidentiality, trust, stigma, perceived usefulness, convenience and the visibility of referral pathways may all influence whether students seek support. The present cross-sectional data cannot identify which of these mechanisms is most important, but they provide a clear rationale for future research and institutional assessment.

Protective Resources

The low mean score for access to mental-health support ($M = 1.25$) contrasts with relatively stronger informal support, particularly family/friend support ($M = 2.62$), and with a comparatively high level of hope or future goals ($M = 3.08$). This pattern suggests that informal and future-oriented resources may provide important foundations for prevention, while formal service accessibility remains an area for institutional improvement. Because the design is cross-sectional, the correlations between hope, support, workload and distress should not be interpreted as evidence of causal or

protective effects. Rather than replacing professional services with peer or family support, campus policy should connect informal support networks to confidential professional referral pathways.

Gender and Academic-Level Patterns

Undergraduate students showed the highest observed proportion of past-month suicidal ideation, while female respondents showed a higher observed proportion of previous attempts than male respondents. However, the sample size and uneven subgroup distribution mean that these findings are hypothesis-generating rather than definitive evidence of gender or academic-level differences. Larger samples should use logistic regression or other appropriate models to test whether demographic variables remain associated with suicidal outcomes after adjustment for psychological and contextual factors.

Implications for Campus Mental-Health Provision

From a campus mental-health systems perspective, the findings support a shift from a passive model, in which counselling is available for students who independently seek it, to a proactive model that repeatedly communicates access routes, normalises help-seeking, trains staff to respond appropriately, strengthens peer-support and referral mechanisms, and evaluates whether services are trusted and reachable. Routine screening should be introduced only within an ethically governed system with adequate capacity for confidential assessment, referral, and follow-up; screening without a functioning response pathway may create additional risk. The implication is not simply to increase the nominal availability of counselling but to strengthen the entire campus mental-health pathway. Closing the gap between distress and help-seeking should be treated as an institutional priority, not merely an individual responsibility. Specifically:

- Establish confidential, ethically governed early-identification and referral pathways, with screening used only where appropriate follow-up and clinical referral capacity are available.
- Make campus mental-health services highly visible by providing simple, repeated information on where and how students can obtain confidential support, including national services such as Tele-MANAS where appropriate (Ministry of Health and Family Welfare, 2024).
- Develop low-barrier options such as drop-in counselling, peer-support programmes and clearly defined referral pathways that connect informal support with professional services.
- Train faculty and administrative staff in basic recognition, supportive communication, referral and confidentiality principles, while avoiding attempts to substitute staff roles for professional mental-health care.
- Give particular preventive attention to incoming and undergraduate students while continuing to support postgraduate and doctoral students, treating the observed subgroup patterns as hypotheses requiring confirmation in larger samples.
- Strengthening protective resources by supporting meaningful student engagement, social connectedness, manageable academic workloads (associated with lower distress in this sample) and future-oriented activities, and evaluating whether these initiatives improve help-seeking and wellbeing.

Limitations

Several limitations should be considered. First, the double-institution convenience sample limits external validity and may introduce selection bias; the findings cannot be generalised to university students in India without replication in larger probability or carefully structured multi-institutional samples. Second, suicidal behaviour and psychological distress were self-reported and may be affected by recall, social-desirability and disclosure biases; anonymous online administration may reduce some disclosure barriers but cannot eliminate them. Third, cross-sectional design permits description and association but not causal inference. Fourth, some subgroups were very small, including the non-binary and non-disclosure categories and the Ph.D. subgroup, so percentages based on these cells should be interpreted cautiously and were not used to draw substantive conclusions. Fifth, SENTIA-U was developed for this study and has not undergone formal reliability, construct-validity or criterion-validity testing; the five distress items were therefore analysed individually rather than as a validated composite. Finally, the mean age of 23.2 years places the sample largely within emerging adulthood, but the age range (18–34) extends beyond it, so the findings pertain to university students broadly rather than to adolescents specifically.

Directions for Future Research

Future studies should use larger and more representative multi-institutional samples and, where feasible, longitudinal designs that track how distress and protective factors evolve across an academic career. Item-level data should be analysed using appropriately powered inferential models, including multivariable logistic regression for binary suicidal outcomes. Future research should also establish the reliability and validity of SENTIA-U, incorporate validated measures of depression, anxiety, hopelessness (e.g., Beck et al., 1974), belongingness and help-seeking, and evaluate specific campus interventions such as peer-support programmes, awareness campaigns, referral systems and ethically governed screening pathways against these baseline estimates. Mixed-methods research could further examine stigma, confidentiality concerns, service trust and the lived experiences that shape help-seeking among students in Northeast India.

6. Conclusion

This study identifies a substantial burden of self-reported suicidal risk within the surveyed university student sample, alongside important gaps in formal help-seeking and awareness of campus mental-health resources. Social disconnection and emotional pain were the most prominent distress indicators, while hope/future goals and family/friend support were comparatively stronger resources. The findings are best understood as institution-specific, exploratory evidence rather than representative estimates for Indian university students. They nonetheless point to the need for universities to move beyond passive availability of counselling toward proactive, well-publicised, destigmatised and easily accessible support, and they justify larger multi-institutional research that can test predictors of suicidal ideation and evaluate the effectiveness of campus interventions.

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