

Social Support Systems and Psychosocial Health Conditions: Utilization and Satisfaction among College Students in Chandigarh

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ABSTRACT

Background: The COVID-19 lockdown intensified psychosocial challenges for college-going youth due to disrupted routines, social isolation, and financial strains, leading to increased stress and anxiety. Help-seeking difficulties arose from limited access to support services, stigma, and communication or digital barriers. Understanding these difficulties and assessing current readiness levels becomes quintessential to enhance overall resilience and minimize the impact of potential lockdowns in future in this unique demographic. **Objectives:** To investigate the utilization of social support systems for psychosocial health needs among college-going youth in Chandigarh. To identify barriers to seeking support and gather opinions on improving social support systems in adverse conditions. **Methodology:** A cross-sectional study was conducted among 265 college going students selected by convenience sampling. Their psychosocial issues, coping mechanisms, help seeking behaviour along with the barriers were investigated through an online survey. **Results:** There were 149 males and 116 females among 265 participants. A majority of participants i.e. 181 out of 265 (68.3%) affirmed seeking and availing support. The common psychological problems faced by youth during the lockdown included anxiety (62.7%) and nervousness (44.1%). Talking to friends and family (60.1%) and engaging in hobbies (58.5%) were common coping strategies. Help was primarily sought from family (74.5%) and teachers (37.5%). Major barriers for seeking support included fear of reaching out (53.6%) and concerns about mockery (46.8%). For improvement in social support systems, most participants (40.8%) opined in favour of enhanced parental/familial role, and 34.7% suggested developing more support institutions. A substantial proportion (70.9%) felt being unready for future lockdowns, fearing disruptions to their routines and increased isolation. Of the remaining (29.1%) who were ready for another lockdown, 38.9% cited its reason as potential emotional growth, while 36.2% attributed the readiness to learning from previous lockdown. **Conclusion:** The study shows that a substantial proportion of college youth use social support services, primarily seeking assistance from parents and friends. The main barriers in seeking help were fear and lack of accessibility of support systems. The findings suggest that increasing parental involvement and developing more support systems for college-going youth could significantly improve their social support accessibility and overall psychological well-being.

KEYWORDS

Covid 19; Help Seeking Behaviour; Psychosocial Health; Social Support Systems.

INTRODUCTION

India has the largest youth population globally, with 27.3 percent (371 million) of its people falling within the 15 to 29 age group. The potential for a country's growth is closely linked to the size and

vitality of its youth population. Developing nations with significant youth populations can experience substantial growth if they invest in education, health, and the protection of young people's rights.(1)

Youth is a pivotal stage of life, marked by major physical, psychological, and social transformations. This period lays the groundwork for a healthy and productive adulthood. The significant changes experienced during this stage of life, such as growth spurts, sexual maturation, and physiological changes, influenced by age, gender, and individual differences can create stress and affect interpersonal and societal relationships.(2)

Youth is also characterized by impulsivity and vulnerability, with peer and media influences shaping perceptions and decisions, while new emotional, cognitive, and social skills develop. The habits and behaviors formed during this developmental period significantly accentuate the likelihood of developing diseases later in life, thereby determining overall health outcomes.(3)

Young people face a spectrum of psychosocial challenges stemming from personal choices, lifestyle shifts, and environmental influences which are often compounded by economic hardships, unemployment, poverty, academic pressure and inequitable distribution of wealth, impacting individuals and countries across all economic tiers.(4)

The lockdown imposed during the COVID-19 pandemic, driven by the necessity of quarantines and social distancing, created an unprecedented situation, resulting in isolation, loneliness, and uncertainty. School and workplace closures forced many to return home, disrupting routines and increasing financial pressures. These changes led to heightened stress, anxiety, depression, panic, and mortality rates.(5)

Seeking help for health issues involves reaching out for personal and psychological assistance from both formal channels like health services and informal sources like friends and family. Paradoxically, youth who need psychological support the most often avoid seeking it. Ensuring that at-risk individuals receive suitable support from parents, peers, community, and professionals is vital for addressing their psycho-behavioral challenges.(6)

Social support is a crucial psychosocial buffer, especially for young adults undergoing multiple developmental and physical changes. It acts as social capital, helping individuals manage daily stressors. Studies show a positive link between social support and psychological well-being for both adults and youth, and a negative link between social support and depression. Specifically, social support can protect young people from the negative effects of stress and enhance their mental health outcomes. Various social supports for youth—structural, functional (emotional, instrumental, informational, and appraisal), and socio-cultural, therefore need reassessment. Efforts should focus

on enhancing youth resilience at all support levels despite various adversities.(7)

During the COVID-19 lockdown, the need for social support systems became crucial for addressing the psychosocial health needs of college-going youth, who faced heightened stress and isolation. Therefore, this study attempted to fill the lacunae in existing literature by investigating the utilization of these support systems and help-seeking behaviours among students in Chandigarh. By identifying coping mechanisms, barriers to seeking support, and gathering opinions on improving social support systems, the research aims to enhance preparedness for future lockdowns. Understanding these factors is therefore crucial for developing effective interventions to support psychological health and well-being of youth in similar crises.

MATERIAL & METHODS

Study Area: Chandigarh is an economically advanced Union Territory (UT) of India and also capital of two states: Punjab and Haryana. It is characterized by high population growth due to increasing migratory population and rapidly changing life style. According to the 2011 Census, Chandigarh had a youth population of 3,35,899. By 2019-20, the gross enrollment ratio in higher education among the youth in the region had reached 52.1%, significantly surpassing the national average. The city is home to a total of 25 colleges, comprising government, government-aided, and private institutions.(8)

Study Design and duration: This is a cross-sectional study done among 265 participants by using convenience sampling during May 2021 to April 2022.

Study Population: The study included college-going youth in Chandigarh, targeting students aged 17-29 years enrolled in undergraduate and postgraduate programs across all disciplines and professional courses.

Sample Size Calculation: The sample size was determined based on a pilot study carried out among college students in Chandigarh, which found that 41% of participants felt need to seek help for psychosocial issues. Assuming a 90% confidence level and 5% absolute precision, the minimum required sample size was calculated to be 262. Accordingly 265 students were covered in this study in order to attain minimum sample size.

Data Collection and analysis: Data collection utilized a self-administered, pretested, semi-structured questionnaire distributed via Google Forms. This questionnaire comprehensively covered various aspects, including socio-demographic profiles, social support networks, coping mechanisms, reasons for seeking help,

barriers to seeking support, and potential avenues for enhancing support-seeking behaviours. The data was entered into Microsoft Excel and analyzed using the Statistical Package for the Social Sciences (SPSS) version 26. Descriptive statistics were presented as means, standard deviations, and frequencies. Chi square test was utilized to compare the variability among means of different groups.

Ethical Considerations: Informed consent was taken and only those who were willing to participate in the study were included. Confidentiality of the information was maintained at all levels. Approval of Institutional Ethics Committee was taken.

RESULTS

Table 1: Socio-Demographic profile of the participants:

| N=265 | | | |
|----------------------------|------------|-----------|---------|
| | | Frequency | Percent |
| Age(years) | 17-19 | 100 | 37.7 |
| | 20-21 | 121 | 45.7 |
| | 22-25 | 40 | 15.1 |
| | 26-29 | 4 | 1.5 |
| Mean ± SD | | | |
| Gender | Male | 149 | 56.2 |
| | Female | 116 | 43.8 |
| Medium of education | English | 261 | 98.5 |
| | Hindi | 4 | 1.5 |
| College | Government | 95 | 35.8 |
| | Private | 170 | 64.2 |
| Type of institution | Boys | 12 | 4.5 |
| | Co-ed | 237 | 89.4 |
| Number of brothers | Girls | 16 | 6.0 |
| | 0 | 86 | 32.5 |
| | 1 | 165 | 62.3 |
| | 2 | 10 | 3.8 |
| | 4 | 3 | 1.1 |
| Number of Sisters | 5 | 1 | 0.4 |
| | 0 | 151 | 57.0 |
| | 1 | 95 | 35.8 |
| | 2 | 14 | 5.3 |
| | 3 | 3 | 1.1 |
| | 6 | 1 | 0.4 |
| | 9 | 1 | 0.4 |

Table 1 summarises the socio-demographic characteristics of the participants (N=265). The age distribution shows that 45.7% (n=121) were aged 20-21 years and 37.7% (n=100) were 17-19 years old. In terms of gender, 56.2% (n=149) identified as male, while 43.8% (n=116) identified as female. The majority were educated in English (98.5%, n=261), with 64.2% (n=170) of all participants attending private colleges. Most participants were enrolled in co-educational institutions (89.4%,n=237). During the lockdown, 183 (69.1%) respondents reported having an impact on their psychological or behavioural health, while 82 (31%) denied the same.

Table 2: The Psychological/ Behavioral Issues Faced by the participants:

| Options (n=183) | Responses | Percentage |
|-----------------------|-----------|------------|
| Despair | 41 | 21.3 |
| Anxiety | 118 | 62.7 |
| Nervousness | 83 | 44.1 |
| Depressed | 62 | 32.9 |
| Jealous | 40 | 21.3 |
| Shyness | 68 | 36.2 |
| Annoyed | 49 | 26.1 |
| Helplessness | 50 | 26.5 |
| Lack of attention | 42 | 22.3 |
| Feeling guilty | 49 | 26.1 |
| Neglected | 28 | 14.9 |
| Siblings rivalry | 21 | 11.2 |
| Feeling bored | 65 | 34.6 |
| Inferiority | 47 | 25.7 |
| Over protected | 22 | 12 |
| Feeling of being hurt | 34 | 18.6 |
| Insecurity | 49 | 26.7 |
| Ashamed | 19 | 10.4 |
| None | 50 | 27.3 |

Among the 183 respondents who experienced psychological or behavioural issues, the most common were anxiety (62.7%), nervousness (44.1%), and depression (32.9%). Other frequent issues included boredom (34.6%), shyness (36.2%), and feelings of insecurity (26.7%). Notably, 27.3% of respondents reported no psychological or behavioural problems. [Table 2]

Table 3: The Help seeking behaviour and social support utilisation by the participants during lockdown:

| OPTIONS | RESPONSES | PERCENTAGE |
|---|-----------|------------|
| Resilience/coping mechanisms adopted during lockdown (N=183) | | |
| Meditation | 73 | 39.9 |
| Hobbies | 107 | 58.5 |
| Exercising | 100 | 54.6 |
| Resorted to recreational substances | 31 | 16.9 |
| Studies | 53 | 28.9 |
| Sleeping | 111 | 60.6 |
| Talking to Family and friends | 110 | 60.1 |

| OPTIONS | RESPONSES | PERCENTAGE |
|---|-----------|------------|
| Didn't have any coping mechanism | 17 | 9.3 |
| Others | 11 | 6 |
| Reasons of seeking help during lockdown (N=181) | | |
| Personal stress | 102 | 56.4 |
| Relationship issues (boyfriend/girlfriend) | 20 | 11 |
| Sexuality or puberty | 4 | 2.2 |
| Family crises | 17 | 9.4 |
| Family violence or victimization by abuse | 5 | 2.7 |
| Social restrictions | 37 | 20.4 |
| Food | 17 | 9.4 |
| Normative developmental | 7 | 3.8 |
| Employment seeking | 3 | 1.6 |
| Financial needs | 8 | 4.4 |
| Help in orientation/training | 11 | 6.1 |
| Help in studies | 71 | 39.2 |
| Unstoppable entangled thought process | 23 | 12.7 |
| Help-Seeking Channels Utilized During Lockdown (N=181) | | |
| Family | 135 | 74.5 |
| Teachers | 68 | 37.5 |
| Service providers | 14 | 7.7 |
| Mentoring | 59 | 32.5 |
| General health care | 51 | 29.3 |
| Friends | 44 | 24.3 |
| Others | 20 | 11 |

During the lockdown, the most common coping mechanisms were sleeping (60.6%), talking to family and friends (60.1%), and engaging in hobbies (58.5%). Exercising was also widely adopted by 54.6% of respondents. Meditation was practiced by 39.9%, and 28.9% focused on their studies. Less common strategies included resorting to recreational substances (16.9%) and exploring other methods (6.0%). Notably, 9.3% of respondents did not use any coping mechanism.

A majority of participants i.e. 181 out of 265 (68.3%) affirmed seeking and availing support during the lockdown period, while 84 participants (31.7%) indicated that they did not.

The primary reasons for seeking help during the lockdown were personal stress (56.4%) and assistance with studies (39.2%). Social restrictions prompted help-seeking in 20.4% of cases, while relationship issues led 11.0% of respondents to seek support. Family crises and food-related concerns both prompted help in 9.4% of cases. Help with financial needs, normative developmental issues, and family violence were less common reasons, affecting 4.4%, 3.8%, and 2.7% of respondents, respectively. Sexuality or puberty-related issues were among the least frequent reason (2.2%). Finally, 1.4% (n=3) sought help for employment seeking.

During the lockdown, 74.5% of respondents sought help from family, 37.5% from teachers, and 32.5%

from mentoring services. Friends were consulted by 24.3%, while general health care services were used by 29.3%. Another 5.5% sought help from other sources. [Table 3]

Table 4: The Barriers for seeking support by the participants during lockdown:

| Barriers for seeking support(N=265) | Responses | Percentage |
|--|-----------|------------|
| Mockery of concern | 124 | 46.8 |
| Fear of reaching out | 142 | 53.6 |
| Less social support system available | 81 | 30.6 |
| No easy accessibility for the existing social support system available | 77 | 29.1 |
| Disregard for personal concerns | 62 | 23.4 |
| Insincere attitude of service providers | 21 | 7.9 |

Table 4 outlines the barriers participants face in seeking support. The most commonly reported barrier was a fear of reaching out, identified by 53.6% (n=142) of respondents followed by 46.8% (n=124) expressing concern about the potential mockery they might face. A lack of accessible social support systems was noted by 29.1% (n=77), while 30.6% (n=81) acknowledged having a limited social support network available. Disregard for personal

concerns (23.4%) and insincere attitude of service providers (7.9%) were also noted.

Table 5: Opinions regarding improvements in social support system

| OPTIONS (N=265) | Responses | Percentage |
|---|-----------|------------|
| More care should be taken by parents | 108 | 40.8 |
| More care to be taken by government | 72 | 27.2 |
| Teachers should give adequate attention | 95 | 35.8 |
| More institutes to be set up | 92 | 34.7 |

Table 5 presents participants' opinions on improvements needed in the social support system. The majority, 40.8% (n=108) indicated a strong belief in parental/familial role in providing support.

Table 6: The factors Assessing future preparedness for another lockdown by the respondents:

| Options | Responses | Percentage |
|--|-----------|------------|
| Factors enhancing readiness for future lockdown (N= 77) | | |
| Learning From Previous Lockdown | 64 | 36.2 |
| More Considerate About The Value Of Life Seeing Deaths Around | 53 | 29.9 |
| Motivation And Learnings From Family And Teachers | 57 | 32.2 |
| Emotional Growth During The Lockdown | 69 | 38.9 |
| Escaping Home During The Lockdown | 9 | 5.1 |
| Concerns of those Not Feeling Ready for another lockdown(N=188) | | |
| Fear of sitting at home away from friends | 56 | 29.8 |
| Fear of loneliness | 59 | 31.4 |
| Fear of not being able to build a healthy future | 54 | 28.7 |
| Fear of not being able to have a proper routine | 86 | 45.7 |
| Fear of staying away from recreational substances | 40 | 21.3 |

The main factors preparing respondents for another lockdown were potential emotional growth (38.9%), learning from previous lockdowns (36.2%), and motivation from family and teachers (32.2%). Seeing the value of life due to observed deaths influenced 29.9%, while escaping home during the lockdown was cited by only 5.1%.

Among the 188 respondents who did not feel ready for the lockdown, the most common issues were fear of not having a proper routine (45.7%), fear of loneliness (31.4%), and fear of sitting at home away from friends (29.8%). Additionally, 28.7% worried about not being able to build a healthy future, while 21.3% were concerned about staying away from recreational substances. [Table 6]

During the lockdown, significant psychosocial differences were observed in various groups. Gender played a significant role in the need for social support and readiness to tackle future situations during the lockdown. Males had a slightly

Additionally, 34.7% (n=92) suggested that more institutions should be established to enhance support availability. A quarter of participants (27.2%) emphasized the need for greater government involvement in providing social support systems.

When the potential role of parents and teachers was further evaluated, 54.7% acknowledged parents as essential guides (54.7%) and motivators (42.3%), who can provide not just support but also important reality checks (39.6%) that can help to develop resilience. Likewise, 42.6% valued teachers for their role in pushing students to engage in studies and offering counselling (41.1%), which can nurture both academic and personal development. When readiness for another lockdown was evaluated, 70.9% of respondents (188 out of 265) replied that they were not psychologically ready for another lockdown, while 29.1% (77 out of 265) affirmed that they were ready.

stronger need for social support than females ($p = 0.044$), indicating a potential difference in how males and females cope with isolation. Additionally, males felt more confident or prepared to handle future lockdowns than females ($p = 0.041$), suggesting a disparity in perceived resilience.

The type of institution also influenced the need for social support. Students from co-educational institutions felt more supported or connected with their peers compared to those from non-co-educational institutions ($p = 0.023$), highlighting the importance of social connections in coping with challenging situations.

Having siblings may have provided some level of support or comfort during the lockdown. Students with siblings had a slightly lower need for social support compared to those without siblings ($p = 0.010$), indicating that sibling relationships can play a supportive role in times of isolation. [Table 7]

Table 7: The Sociodemographic Correlates of Psychosocial Issues and Help Seeking in Young Adults:

| | Frequency (N=265) | Psychosocial issues During Lockdown No (N = 183) | Felt Satisfied With existing social support No. (N=191) | Felt Need for Additional Support No. (N=105) | Ready to tackle future situations No. (N=77) | |
|-----------------------------------|------------------------|--|---|--|---|-----------------|
| Age (years) | 17-19 | 100 (37.7%) | 70 -70% | 73 -73% | 42 -42% | 27 -27% |
| | 20-29 | 165 -62.20% | 113 -68.50% | 118 -71.50% | 63 -38.20% | 50 -30.30% |
| | Chi-Square (P - value) | | 0.796 -0.891 | 0.794 -0.888 | 0.538 -0.605 | 0.566 -0.58 |
| Gender | Male | 149 -56.20% | 104 -69.80% | 113 -75.80% | 51 -34.20% | 51 -34.20% |
| | Female | 116 -43.20% | 79 -68.10% | 78 -67.20% | 54 -46.60% | 26 -22.40% |
| | Chi-Square (P - value) | | 0.767 -0.79 | 0.122 -0.131 | 0.042 -0.044 | 0.036 -0.041 |
| College | Government | 95 -35.80% | 68 -71.60% | 69 -72.60% | 35 -36.80% | 27 -28.40% |
| | Private | 170 -64.20% | 115 -67.60% | 122 -71.80% | 70 -41.20% | 50 -29.40% |
| | Chi-Square (P - value) | | 0.507 -0.58 | 0.88 -1 | 0.489 -0.515 | 0.865 -0.889 |
| Type of institution(Co Ed) | Yes | 237 -89.40% | 163 -68.80% | 167 -70.50% | 88 -37.10% | 66 -27.80% |
| | No | 28 -10.50% | 20 -71.40% | 24 -85.70% | 17 -60.70% | 11 -39.30% |
| | Chi-Square (P - value) | | 0.774 -0.833 | 0.089 -0.118 | 0.016 -0.023 | 0.207 -0.27 |
| Siblings | Yes | 244 -92.10% | 168 -68.90% | 176 -72.10% | 91 -37.30% | 72 -29.50% |
| | No | 21 -7.90% | 15 -71.40% | 15 -71.40% | 14 -66.70% | 5 -23.80% |
| | Chi-Square (P - value) | | 0.806 -1 | 0.945 -1 | 0.008 -0.01 | 0.581 -0.803 |

DISCUSSION

The present study investigated the utilization of social support systems and help-seeking behaviours for psychosocial health needs among college-going youth in Chandigarh.

In this study, the most common psychological or behavioural issues experienced by youth were anxiety and nervousness which is consistent with another study in which most participants reported anxiety, depressive symptoms, sleep disturbances, bodily aches, and uncertainty as the commonest complaints.(9)

In the current study, psychosocial issues among youth were attributed to major events and stressors like academic pressure, relationships with peers and family, physical maturation, starting intimate romantic relationships, expectations from

parents and are consistent with findings reported in earlier studies.(10, 11)

The main reasons for seeking help during the lockdown in this study were personal stress and assistance with studies. Social restrictions also prompted some individuals to seek help, and relationship issues were another common reason for seeking support. This corroborated with other studies which showed that common concerns of college youth during COVID-19 lockdown included worries about career and future, disruptions in social life and interactions, disruptions in academics, and dealing with the uncertainty regarding the duration of the pandemic.(12,13)

During the lockdown, the most common coping strategies adopted by youth, as identified in this study, were talking to family and friends, engaging

in hobbies, exercising, meditating, and focusing on studies. In a similar study, most participants managed stress during lockdown by learning new skills, spending quality time with family, completing household chores, practicing yoga and exercise, and revisiting old hobbies.¹⁴ A study by Sahu also highlighted the importance of social support and maintaining routines to mitigate the adverse effects of lockdown on mental health.¹⁵

In this study, informal sources, such as friends and family, rather than professionals turned out to be more preferred source of help providing emotional support for college going youth in times of need. A similar study also showed that interpersonal relationships have dual role as stressors and as sources of social support.¹⁶

In our study, participants faced several barriers to seeking support in the study, including fear of reaching out, concerns about being mocked, limited social support, and issues with attitude of service providers. The unavailability of support in times of need, along with non-utilization of existing support systems due to fear of reaching out and concerns about mockery, have been major causes of concern in a similar study.¹⁷ These findings are also consistent with those of a systematic review by Aguirre Velasco *et al.* (2020), which identified stigma and fear of negative judgment as major obstacles to help-seeking among adolescents.¹⁸

In this study, males felt a significantly greater need for social support compared to females, which may point to differences in how each gender deals with isolation. This may be because men are often socialized to suppress emotions, which could increase stress and anxiety. The lack of social interactions and physical activities, along with disruptions to their routines, like sports and outdoor events, likely intensified feelings of isolation and the need for support more than in women. Also, males expressed higher levels of confidence or readiness to face future challenges than females, indicating a potential gap in perceived resilience as men's needs are given precedence in societal structures, leading to greater support for them. Furthermore, the lack of representation for females in leadership roles limits their readiness for future lockdown. Similarly, a study was conducted in Mangaluru which assessed the resilience and perceived social support observed significant difference between perceived social support for male and female school-going adolescents.¹⁹ In another similar study conducted among school going adolescents in Kerala, 8.7 % of school going adolescents had low social support and about 40% of adolescents needed intervention packages on social support.

Female school going adolescents had more social support than the opposite gender.²⁰

The studies conducted by Marla P *et al*, and Grey I *et al* found that the participants belonging to younger age groups had higher social support system as parents wanted to protect their adolescents and the youth from COVID-19 infection which is consistent with findings of this study where younger age group felt more satisfied with existing social support.²¹

Furthermore, the study revealed that a substantial portion of respondents did not feel psychologically ready for another lockdown, with concerns about routine disruption and loneliness being predominant. These concerns are supported by a research which underscores the critical role of routine and social connectivity in maintaining mental health resilience.²²

The findings of this study are useful for suggesting potential measures to strengthen existing social support systems. Firstly, leveraging digital platforms can enhance access to formal support services, such as counsellors and psychologists. Secondly, empowering non-formal support channels like family and friends through awareness and training on active listening, engaging in empathetic and open communication about psychosocial issues can foster a supportive environment. Thirdly, promoting peer support groups in colleges and integrating peer-led projects into academic curricula can encourage a culture of mutual help. Lastly, ensuring gender-inclusive social support systems can address the unique needs of all individuals. By implementing these strategies, we can bridge the gap in psychosocial support and promote resilience among youth during challenging times.

CONCLUSION

The study found that a significant proportion of college-going youth experienced psychological issues, more so during the COVID-19 lockdown, with anxiety, nervousness, and depression being the most common. Many students used coping mechanisms like talking to family and friends or engaging in hobbies to manage their challenges. Family was the most utilized source of support, followed by teachers and mentoring services. The main reasons for seeking help were personal stress and academic challenges. Additionally, factors like emotional growth, learning from past experiences, and support from family and teachers may contribute towards their preparedness for future COVID-19 like crises and hence attaining positive youth health outcomes.

RECOMMENDATION

The study underscores an urgent need to understand the help-seeking behaviours of youth, particularly during emotionally challenging times like lockdowns. This is crucial for addressing current gaps and laying a strong foundation for meeting the unmet needs of young people in the future. The synergistic interventions at various levels, such as the individual, interpersonal level family, institutional and policy level will help create a strong foundation for youth health, ensuring a holistic approach to their well-being.

LIMITATION OF THE STUDY

The study aims to strengthen social support systems to address challenges during situations similar to COVID-19. It is helpful in identifying and addressing barriers that prevent youth from utilizing support systems at various levels. However, there are certain limitations due to the survey being conducted through Google Forms, as direct contact was not possible during the COVID-19 situation. The results cannot be generalized because of the natural bias arising from the non-representative sample obtained via Google Forms. Additionally, there was a need to use validated tools, such as the Perceived Social Support Scale and the Resilience Scale, which could not be employed due to constraints imposed during the lockdown. These shortcomings can be addressed in future studies to draw more logical conclusions.

RELEVANCE OF THE STUDY

The COVID-19 lockdown highlighted the need for robust social support systems to address the heightened stress and isolation experienced by college-going youth. This study examines help-seeking behaviours and the use of support systems among students in Chandigarh, aiming to identify coping strategies and barriers. The findings will inform targeted interventions to enhance psychological health and better prepare for future crises.

AUTHORS CONTRIBUTION

All authors have contributed equally.

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CONFLICT OF INTEREST

There are no conflicts of interest.

DECLARATION OF GENERATIVE AI AND AI ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

The authors haven't used any generative AI/AI assisted technologies in the writing process.

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