To the Editors:

Psychological distress among university students

We have read with some surprise the response (1) to our paper titled “Psychological distress among students from five universities” (2). The criticism levelled at the paper is largely unfounded and is a gross misinterpretation of the basic statistics applied.

The letter alleges that our Table 1 is misleading. The writers assume that the percentage in cell one of distressed males in the university sample (42.1%) is derived by dividing distressed males in the university sample by the totally distressed in both samples. Such a percentage should be arrived at by dividing distressed males in the university sample (72) by the total number of males in the same sample (171); which is exactly what we have done. The writers go on to claim that the female percentages are completely wrong. As in the previous instance the number of distressed females were divided by the total number of females in the respective samples. Thus our table is not erroneous in any way. Their statistics which follow, based on their assumed percentages are baseless. Our statistical interpretation of Table 1 remains valid and the differences in distress are of significance.

The writers challenge the dichotomising of General Health Questionnaire (GHQ) scores into distressed and non-distressed categories based on a cutoff score. However, they contradict themselves by stating that the GHQ is a screening questionnaire. A screening questionnaire by its very nature is designed to identify at risk populations. The use of the GHQ in this sense is widely accepted (3,4).

With regard to sampling, the controls were age and sex matched, were of GCE (O/L) or higher education, and employed, awaiting employment or following non-university courses or training programmes. They were selected at random from the towns where the universities included in the study were situated. This has been inadvertently omitted from the paper. We were unable to arrive at a sample size as prevalence of psychological distress among university students has not been estimated previously. This was the very reason we carried out this pilot study and it has raised interesting issues worthy of further investigation.

In future it would be prudent for the editors to entertain a critique of a paper along with the authors’ reply in the same issue to enable readers to judge for themselves the merits and demerits of an article.

References

K A L A Kuruppuarachchi, Senior Lecturer, and S S Williams, Lecturer, Department of Psychiatry, Faculty of Medicine, University of Kelaniya, Ragama, Sri Lanka. (Correspondence KALAK, telephones +94 1 958219, +94 1 958039).