

A Quantitative Study on Vietnamese University Students' Perceptions of Mental Illness

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Abstract

Introduction: Mental illness is a global issue that affects various population groups, including university students. Gaining insights into students' perspectives on mental illness plays a vital role in fostering mental health awareness and combating stigma in educational environments

Purpose: The present study aimed to investigate Vietnamese undergraduate students' knowledge, perceptions, and attitudes of mental illness by focusing on the dimensions: (i) the level of knowledge students possess about the causes and manifestations of mental illness, and (ii) their attitudes towards individuals experiencing mental health problems.

Methodology: Using a descriptive cross-sectional design, this study involved 350 undergraduate students from five universities in Ho Chi Minh City, Vietnam. Data collection was conducted between June and July 2024 and utilized the Perception Towards Persons with Mental Illness (PWMI) Scale adapted from previous studies. Data analysis was performed using the Statistical Package for Social Science software, version 25 (IBM SPSS, Chicago, IL, USA).

Results: The results indicated that approximately 80.6% knew about mental illness, and 70.5% perceived mental illness as a common or quite common phenomenon in Vietnam. Regarding the aetiology of mental illness, a significant majority identified "bad things happening to you" as a cause (73.3%), followed by substance abuse (51.4%) and brain disease (50.0%). The findings also revealed that, despite some positive perceptions and attitudes, many responses clustered around the neutral option, particularly for controversial or personal items.

Conclusions: The findings of this study underscore the need for targeted educational interventions to foster more informed and compassionate attitudes towards individuals with mental illness among undergraduate students.

Keywords

Mental illness, People with mental illness, Mental health, Psychiatric illness, Attitudes.

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Introduction

In today's fast-paced world, mental health is an essential component of human health. The World Health Organization (WHO) defines mental health as a state of well-being in which every individual realizes its potential, can cope with the normal stresses of life, works productively, and contributes to their community. In general,

mental health is a basic human right (WHO, 2022). Mental health includes emotional, psychological, and social well-being, influencing how people think, feel and act. It is essential for managing stress, forming relationships and making decisions, ultimately its improve quality of life and nurturing positive societal contributions.

Mental illness (MI) is widespread. In 2019, an es has been associated to timated 970 million

people, or 13% of the global population, were living with a mental disorder. This includes 301 million with anxiety disorders, including 58 million children and adolescents. There were 280 million people with depression, 40 million with bipolar disorder and 24 million with schizophrenia. Additionally, 14 million people suffer from eating disorders and 40 million have disruptive behavior and dissocial disorders (WHO, 2022). Approximately 15 million people in Vietnam, representing approximately 14.9% of the total population, have mental health disorders. Among these, depression and anxiety affect approximately 6.0% of the population, with additional conditions encompassing bipolar disorders and psychiatric issues related to alcohol use (Le, 2022).

Within the realm of mental health issues, university students' perceptions and attitudes toward mental illness in various national contexts have been the subject of considerable scholarly attention. Research indicates that stigma plays a significant role in shaping negative perceptions. DeFreitas et al. (2018) posited that the stigma associated with MI arises from negative beliefs and thoughts about the illness or its treatment. This stigma, in turn, has been associated with adverse outcomes such as poorer mental health and reduced engagement with mental health services. A study in Egypt found that most students had stigma towards patients with MI, with pharmaceutical students exhibiting more negative perceptions of MI compared to their medical and science counterparts (Shehata & Abdeldaim., 2020). Cross-cultural comparisons revealed interesting disparities. Kamimura et al. conducted a study involving 952 university students from Vietnam and the United States, revealing contrasting perspectives on the perceived causes of MI. Vietnamese students were more inclined to perceive individuals with MI as dangerous and in need of isolation, whereas their American counterparts viewed MI in a manner similar to that of other health conditions. However, a comparative analysis of British and Singaporean medical students revealed no significant difference in their attitudes towards MI, as both groups exhibited negative perceptions regarding the issue (Rees et al., 2023).

In fact, studies within specific national contexts have further illuminated these perceptions. In India, Desai et al. (2018) found that medical students in Gujarat held concerning views, with about half believing depression stemmed from a "weak personality" and a majority associating violence with MI. Overall, their perspectives were neutral. Similarly, Barman et al. (2021) found significant stigmatizing attitudes among undergraduate students at Rajshahi University,

Bangladesh. The study found that a prevalent belief that MI was caused by drug misuse and negative life events rather than genetic factors, physical illness, or even divine punishment. Prior research on Indian nursing students has confirmed these negative attitudes (Sreeraj et al., 2017). In contrast, a study conducted in South Africa attributed MI to biological factors. Specifically, South African students believe that MI arises from a range of biopsychosocial factors, including prenatal damage to the fetus, injuries, or accidents resulting in brain impairment (Lima-Smit et al., 2022).

Socioeconomic and demographic factors also appeared to influence attitudes. Al-Naggar (2013) observed that university students' attitudes towards individuals with MI ranged from moderate to positive and were significantly affected by gender, marital status, smoking habits, and alcohol consumption. Furthermore, Dessoki and Hifnawy (2009) and Ünal et al. (2010) suggested that lower socioeconomic status is often associated with more unfavorable attitudes. Similarly, a study conducted in Qatar revealed a significant prevalence of stigmatizing attitudes among university students, including the belief that individuals with MI were incapable of maintaining regular employment or that they would not be willing to work with individuals with MI (Zolezzi et al., 2017). In addition, Melkam et al.'s (2024) study in Ethiopia found that approximately half of medical students held negative attitudes, with age, male gender, rural background, and the absence of a family history of MI as significant predictors.

However, not all studies have pointed to negative perceptions. Vijayalakshmi et al., (2013) found that academic major influenced students' views in India, with nursing students exhibiting more positive attitudes than business management students. Similarly, a cross-sectional study by Connaughton and Gibson (2016) revealed that undergraduate students enrolled in the entry-level physiotherapy program at the University of Notre Dame Australia generally hold positive views on MI and mental health issues. In a similar vein, in a comparable study conducted among medical and nursing students in Singapore, it was found that students generally had positive attitudes towards individuals with MI, although some differences between medical and nursing students exist (Chang et al., 2017). More recently, Mahboub et al. (2020) reported generally positive attitudes among students in Saudi Arabia, influenced by gender, field of study, and knowledge of MI. In addition, a qualitative study by Riffel et al. (2020) in Canada indicated that healthcare students possessed comprehensive mental health knowledge and

largely held positive attitudes towards individuals with MI. Furthermore, utilizing the Attitudes Towards Patients with Mental Illness Questionnaire (AMI), Shammari et al. (2020) discovered that nursing students in Saudi Arabia had favorable attitudes towards MI. Recently, a cross-sectional study utilizing the Community Attitudes Toward Mental Illness (CAMI) scale, conducted by Alexander et al. (2023), revealed that the majority of Australian students exhibited positive and accepting attitudes towards individuals with MI, except for perceptions of dangerousness.

Overall, previous studies have revealed a complex landscape of university students' perceptions of and attitudes towards MI. While stigma and certain sociocultural factors contribute to negative attitudes in some contexts, other factors, such as education and personal experiences, can foster more positive perceptions. Further research is needed to understand these nuances and develop effective interventions to reduce stigma and promote positive attitudes towards MI.

Purpose

The present study aimed to investigate Vietnamese undergraduate students' knowledge, perceptions, and attitudes of mental illness by focusing on the dimensions: (i) the level of knowledge students possess about the causes and manifestations of mental illness, and (ii) their attitudes toward individuals experiencing mental health problems. By examining these aspects, the study seeks to provide empirical evidence that can inform the development of targeted mental health awareness programs, reduce stigma, and promote supportive environments within universities in Vietnam.

Methodology

Study Design

This study employed a cross-sectional survey design to examine Vietnamese undergraduate students' perceptions and attitudes towards MI. This design was considered suitable for capturing students' perspectives within a defined timeframe and allowed for statistical analysis of associations between variables.

Participants

A convenience sampling method was used to recruit 350 undergraduate students from five universities located in Ho Chi Minh City, the largest city in Vietnam. The sample included students from different years of study and diverse fields to ensure variability.

Measurement

Data were collected through a self-administered questionnaire composed of two parts. The first part focused on the background of the respondents, including age, gender, year of study, and field of study. The second part included the attitude and perception of MI and its causes. Attitudes and perceptions regarding MI were evaluated using the Perception Towards Persons with Mental Illness (PWMI) Scale adapted from previous studies (Sadik et al., 2010; Chikomo, 2011; Poreddi et al., 2015; Abolfotouh et al., 2019). This instrument comprises a list of 21 statements, rated on a five-point scale (1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree). Negative items were reverse-coded, with higher scores indicating more favorable attitudes and perceptions.

Procedures

Data collection took place from June to July 2024. Prior to participation, students were informed about the study's purpose, potential benefits and risks, confidentiality measures, and their right to voluntary participation. Questionnaires were distributed in both classroom settings and outside class hours, allowing participants to complete them at their convenience.

Data Analysis

Data were analyzed using the Statistical Package for Social Sciences (SPSS) version 25 (IBM SPSS, Chicago, IL, USA). Descriptive statistics such as frequency, percentages, mean score, and standard deviation (SD) were used. Inferential statistics were applied to examine the relationships between undergraduate students' knowledge, perceptions, attitudes, and demographic characteristics. Specifically, the Student's t-test and analysis of variance (ANOVA) were used for quantitative data, and the chi-square test (χ^2) was applied for categorical data. As a general rule, a significance level of $P < 0.05$ was generally adopted for all statistical analyses (Mace & Pétry, 2013).

Results

Personal characteristics of the participants

During the study period, 350 undergraduate students completed the survey, of whom 47.1% ($n = 165$) were male and 52.9% ($n = 185$) were female. The mean age of the participants was 20.23 years ($SD = 1.212$), ranging from 18 to 24 years. Among the respondents, 22.9% ($n = 80$) were from Ho Chi Minh City Open University (HCMCOU), 20.0% ($n = 70$) from Ho Chi Minh City University of Education (HCMUE), 20.0% ($n = 70$)

from Ho Chi Minh City University of Economics and Finance (UEF), 22.9% (n = 80) from Saigon University (SGU), and 14.3% (n = 50) from Ton Duc Thang University (TDTU). Regarding year of study, 32.0% (n = 112) were first-year students, 28.0% (n = 98) were second-year students, 21.4% (n = 75) were third-year students, and 18.6% (n = 65) were fourth-year students. In terms of major, 28.9% (n = 101) were studying social sciences and humanities, 22.9% (n = 80) were in business and economics, 17.7% (n = 62) were pursuing

foreign languages, 16.3% (n = 57) were in information technology (IT), and 14.3% (n = 50) were in natural sciences and other fields. Additionally, 80.6% (n = 282) were aware of MI. Regarding the prevalence of MI in Vietnam, 17.1% (n = 60) thought MI was common, whereas 53.4% (n = 187) thought it was relatively common. The participants' personal characteristics are listed in Table 1.

Table 1. The personal characteristics of participants (n=350)

Variables	Frequency	Percentage (%)
Age	Mean = 20.23 (SD = 1.215)	
Gender		
Male	165	47.1
Female	185	52.9
University		
HCMCOU	80	22.9
HCMUE	70	20.0
UEF	70	20.0
SGU	80	22.9
TDTU	50	14.2
Year of study		
First-year	112	32.0
Second-year	98	28.0
Third-year	75	21.4
Fourth-year	65	18.6
Major field of study		
Social sciences & Humanities	101	28.9
Business/Economics	80	22.9
Foreign Languages	62	17.7
Information technology (IT)	57	16.3
Natural Sciences & Others	50	14.6
Did you know about mental illness?		
Yes	282	80.6
No	68	19.4
Prevalence of mental illness in Vietnam		
Common	60	17.1
Quite common	187	53.4
Rarely common	65	18.6
Do not know	38	10.9

As shown in Table 1, approximately 80.6% knew about MI, and 70.5% perceived MI as a common or quite common phenomenon in Vietnam. Thus, there are still gaps in the knowledge about the prevalence of MI among students.

Knowledge about causes of MI

Table 2 details the participants' responses regarding potential causes of MI. A significant majority identified "bad things happening to you" as a cause (73.3%), followed by substance abuse (51.4%) and brain disease (50.0%). In contrast, causes related to spiritual factors

received the least agreement, with only 10.6% attributing MI to God's punishment, and 6.3% to spirits. Overall, the study revealed that students perceive MI as resulting from multiple factors, rather than a single cause.

Perceptions about mentally ill people

Table 3 presents participants' perceptions of people with mental illness (PWMI) using a Likert-type scale ranging from Strongly Agree (SA) to Strongly Disagree (SD), along with the corresponding mean scores. The scale likely ranges from 1 (Strongly Disagree) to 5 (Strongly Agree), so a mean of 3 is neutral. Results revealed that the majority of participants

disagreed with the following statements: PWMI are not capable of true friendships (62.9%), are crazy (58.2%), can be known from their physical appearance (52.9%), and are usually dangerous (44.6%). On the other hand, the majority of participants agreed that anyone could suffer from an MI (66.8%), and 46.3% agreed that PWMI could work. Overall, the high percentage of neutral responses across several statements suggests uncertainty or a lack of awareness. Nonetheless, a statistically significant difference was found between males and females

regarding the belief that PWMI are largely to blame for their own condition. Females were more likely than males to agree with this statement ($t = -2.157$, $df = 348$, $p = 0.030$). Furthermore, students who were knowledgeable about MI showed higher levels of agreement than those who were not with the statements that people with mental illness can work ($p = 0.018$) and that anyone can suffer from a MI ($p = 0.000$).

Table 2. Participants' knowledge about causes of mental illness

Statements	Yes	No	Do not know
	% (N)	% (N)	% (N)
1. Mental illness is caused by genetic inheritance	26.6 (93)	39.7 (139)	33.7 (118)
2. Mental illness is caused by substance abuse	51.4 (180)	20.6 (72)	28.0 (98)
3. Mental illness is caused by bad things happening to you	73.3 (258)	9.4 (33)	16.9 (59)
4. Mental illness is God's punishment	10.6 (37)	72.0 (252)	17.4 (61)
5. Mental illness is caused by brain disease	50.0 (175)	17.4 (61)	32.6 (114)
6. Mental illness is caused by a personal weakness	26.0 (91)	47.7 (167)	26.3 (92)
7. Poverty can be the cause of mental illness	25.7 (90)	40.9 (143)	33.4 (117)
8. Mental illness is caused by spirits	6.3 (22)	72.6 (254)	21.1 (74)

Table 3. Participants' perceptions about mental illness

Statements	SA	AG	NT	DA	SD	Mean
	%	%	%	%	%	
1. People with mental health problems are largely to blame for their own condition.	4.3	17.1	39.7	26.9	12.0	2.75
2. One can always tell a mentally ill person by his or her physical appearance.	3.1	17.4	26.6	36.0	16.9	2.54
3. Mentally ill persons are not capable of true friendships.	3.1	8.9	25.1	38.0	24.9	2.27
4. Mentally ill persons can work.	9.7	36.6	31.7	15.1	6.9	3.27
5. Mentally ill persons are usually dangerous.	3.4	11.4	40.6	31.7	12.9	2.61
6. Anyone can suffer from a mental illness.	33.7	33.1	20.3	7.2	5.7	3.82
7. Mentally ill people are crazy.	3.7	13.7	24.3	31.1	27.1	2.36

Abbreviations: AG, agree; DA, disagree; NT, neutral; SA, strongly agree; SD, strongly disagree.

Attitudes toward mentally ill people

Regarding attitudes towards PWMI (Table 4), the data revealed a mix of both positive and negative attitudes among participants. While 56.8% agreed that PWMI should have the same rights as anyone else, 51.7% believed that people are generally caring and sympathetic towards PWMI. In contrast, although 31.7% felt they could maintain a friendship with someone who had an MI, with students in the social sciences and humanities showing the highest level of agreement with this statement, but less than one fifth (18.6%) expressed a willingness to marry someone with MI.

In terms of the management of MI, 33.7% of the participants indicated that they would not want others to know if they had an MI. A significant gender difference was observed, with females showing a higher level of agreement than males ($Mean_{female} = 3.20$, $Mean_{male} = 2.94$, $P = 0.023$). Additionally, 64.3% disapproved that one should hide his/her mental illness from his/her family, 62.3% disagreed that they would be feel ashamed if a family member had an MI, and 66.0% agreed that they would feel comfortable discussing a mental health problem with someone at their primary healthcare provider (PHCP), with females showing a higher level of agreement than males ($Mean_{female} = 3.93$, $Mean_{male} = 3.62$, $P = 0.018$).

Table 4. Participants' attitudes towards mental illness

Statements	SA %	AG %	NT %	DA %	SD %	Mean
1. People with mental health illnesses should have the same rights as anyone else.	21.7	35.1	28.6	8.0	6.6	3.57
2. People are generally caring and sympathetic toward people with mental illness.	13.1	38.6	32.3	11.1	4.9	3.44
3. I could maintain a friendship with someone with a mental illness.	5.7	26.0	49.4	13.1	5.7	3.13
4. I could marry someone with a mental illness.	4.0	14.6	45.4	20.0	16.0	2.71
5. If I was suffering from a mental health illness, I would not want people to know about it.	9.1	24.6	40.3	16.9	9.1	3.08
6. The mentally ill should not be allowed to make decisions, even those concerning routine events.	4.3	14.0	31.7	34.6	15.4	2.57
7. I would be afraid to have a conversation with a mentally ill person.	4.6	10.3	38.3	27.4	19.4	2.53
8. One should avoid all contact with the mentally ill.	3.1	12.0	30.0	33.1	21.7	2.42
9. I would be upset or disturbed about working on the same job as a mentally ill person.	4.0	13.7	41.4	25.2	15.7	2.65
10. The mentally ill should be prevented from having children.	7.7	17.7	47.7	17.2	9.7	2.97
11. The mentally ill should not get married.	5.7	11.7	49.2	21.4	12.0	2.78
12. I would be ashamed if people knew that someone in my family had been diagnosed with a mental illness.	4.6	9.7	23.4	33.1	29.2	2.27
13. One should hide his/her mental illness from his/her family.	4.6	9.7	21.4	29.7	34.6	2.20
14. If I was concerned about a mental health issue with a member of my family or myself, I would feel comfortable discussing it with someone at my PHCP.	35.1	30.9	18.6	8.3	7.1	3.79

Abbreviations: PHCP, primary health care provider

Discussion

The current study assessed knowledge, perception, and attitude regarding mental illness (MI) among Vietnamese university students. The majority of students were aware of MI and perceived it as a common or fairly common phenomenon in Vietnam. This finding is consistent with a study conducted in Bangladesh, where 84.3% of students reported being aware of mental illness (Islam et al., 2020). The widespread prevalence of MI, especially in ASEAN countries, may contribute to students' knowledge of the condition (Dessauvagie et al., 2021). Regarding the etiology of MI, this study found that the majority of students agreed it can be caused by bad things happening to them, substance abuse, and brain disease. These findings are consistent with those of Al-Adawi et al., (2002), Barman et al., (2021), and Alqassim et al., (2022). Conversely, more than 70% of students disagreed with the beliefs that MI is caused by God's punishment or by spirits. Vietnamese students also disagreed that MI is caused by genetic inheritance, which contrasts with findings from studies in Poland and India, where medical

students believed that hereditary factors play a dominant role in the development of MI (Poreddi et al., 2015). Cultural differences may account for the contrasting views on the etiology of mental illness. In general, the students in this study had adequate knowledge of the causes of MI.

In terms of perceptions, the participants in this study expressed mixed perceptions and attitudes towards PWMI. Most of the students agreed that anyone can suffer from MI (66.8%) and that mentally ill people can work (46.3%). Furthermore, the majority of students disagreed with statements reflecting negative perceptions of individuals with mental illness, with the overall level of disagreement ranging from 38.9% to 62.9%. This finding is in line with previous studies among medical and nursing students in Singapore (Chang et al., 2017) and among students in Bangladesh (Barman et al., 2021).

An important finding of this study is the relatively high proportion of neutral responses across several items on perceptions and attitudes towards MI. In the Vietnamese sociocultural context, this neutrality may reflect Confucian values emphasizing moderation, harmony, and avoidance of confrontation (Hieu, 2018). Expressing strong or controversial opinions,

especially on sensitive issues such as MI, may be perceived as socially inappropriate or as risking loss of face (*mất thể diện*). Choosing a neutral response thus allows individuals to maintain social harmony and avoid conflict. Furthermore, neutral responses may indicate genuine uncertainty arising from limited knowledge or inconsistent exposure to mental health education. The topic of MI remains relatively unfamiliar to many Vietnamese students, who may not have access to adequate psychological literacy through school curricula or public health communication. This is understandable, as it was not until 2022 that the Vietnamese Ministry of Education and Training issued Decision No. 1442/QĐ-BGDĐT on the Mental Health Education Program for Children and Students for the 2022–2025 period (MOET, 2022).

Regarding attitudes towards PWMI, this study showed that more than half of the participants agreed that mentally ill individuals should have the same rights as anyone else, and that people are generally caring and sympathetic toward those with MI. However, only 31.7% and 18.6% of participants agreed that they could maintain a friendship with someone with a MI and could marry someone with a MI, respectively. This finding is in line with other studies (Albarqi & Almaghaw, 2022; Alqassim et al., 2022). In terms of treatment of PWMI, the majority of the students (66.0%) reported that they would feel comfortable discussing their own or a family member's mental health issue with someone at their PHCP. In addition, less than 20% of the participants agreed with statements reflecting negative attitudes, with the exception of the statement regarding reluctance to disclose their own mental illness, which was stated by 33.7%. This may stem from fear of stigma, underscoring the need for targeted interventions to empower individuals to seek help from mental health care provider.

Practical value

This study contributes to addressing local and global health challenges by highlighting the importance of improving mental health literacy and reducing stigma among students in low - and middle income countries. University students represent a key population for early mental health interventions, as they are future professionals and community leaders who can influence public attitudes. By identifying specific misconceptions and neutral attitudes towards MI among Vietnamese university students, the study provides actionable evidence for policymakers, educators, and mental health practitioners to design culturally relevant awareness and intervention programs. Beyond Vietnam, these

insights contribute to the broader agenda of global mental health by emphasizing stigma reduction, early detection, and social inclusion as universal challenges in higher education contexts. Ultimately, this work supports the development of socially responsive mental health education that fosters empathy, resilience, and inclusive engagement across societies

Strengths and Limitations

The present study has certain limitations, such as the small and non-probability sample selection and cross-sectional design, making it difficult to generalize the findings. Thus, future studies should focus on larger sample and comparative studies among students from other regions of the country. In addition, a qualitative approach for further studies is needed. Despite these limitations, the present study showed certain important findings to the educators and administrators in increasing knowledge about MI and reducing stigmatizing attitudes towards PWMI.

Conclusions

In summary, this study contributes important implications for mental health education in Vietnam. By examining students' perceptions and attitudes of mental illness, it provides evidence to reduce stigma, improve mental health literacy, and guide the development of university-based counselling and support services. The findings also inform public health policies aimed at integrating mental health into national agendas. Ultimately, this research fosters a more inclusive and supportive environment for young people, helping to promote long-term cultural change towards empathy, awareness, and proactive mental health care, while simultaneously mitigating mental health challenges.

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Ethical considerations

This study was approved by the ethical committee of the Ho Chi Minh City Open University (Ref. no. 582-2024/QĐ-ĐHM). The study was carried out in full compliance with the ethical protocol, which includes informed consent, participants protection, confidentiality.

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Conflict of interest

The author declares no conflicts of interest.

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