EXPLORING MENTAL HEALTH ASPECTS OF STUDENTS AT VIETNAM NATIONAL UNIVERSITY, HO CHI MINH CITY: CURRENT SITUATION AND POLICY IMPLICATIONS

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Abstract - This study examines the multidimensional nature of mental health among students at VNU-HCM through a questionnaire survey of 410 students. Three standardized psychological measurement instruments were employed: the Positive and Negative Affect Schedule (PANAS), the Depression Anxiety Stress Scales (DASS-21), and the General Health Questionnaire (GHQ-12). Data were collected online in May 2025 and analyzed using SPSS 25.0 with descriptive statistics and reliability testing. The results indicate that students reported relatively high levels of positive affect (PA: M = 31.74; SD = 7.46), while also exhibiting notable levels of stress, anxiety, and depression. The mean GHQ-12 score (M = 15.20; SD = 4.91) reflects a moderate level of psychological adjustment. The coexistence of positive and negative emotional states highlights the complexity of students' psychological well-being, underscoring the need for a comprehensive approach to mental health support. The study recommends implementing systematic intervention programs to enhance students' adaptive capacity and psychological resilience.

Key words - Mental health; university students; anxiety; depression; quantitative research

1. Introduction

The mental health of learners, particularly university students, has become one of the most pressing concerns in contemporary education. The transition from high school to university often brings multiple challenges, including changes in living environment, social integration, increased academic responsibilities, time management, and expectations from both family and society. According to international reports, an increasing number of universities worldwide are facing rapidly rising rates of mental disorders, while the demand for psychological support far exceeds available resources [1].

In Vietnam, studies reveal a similar situation: surveys among university students have found high prevalence of anxiety, depression, and stress symptoms, whereas the rate of seeking professional help remains relatively low [2]. With the growing number of students in higher education, early detection and support for mental health problems are not only essential for individual well-being but also for maintaining the quality of education and human resource development.

Recent empirical studies in Vietnam provide concrete evidence of the growing mental health burden among university students. A multi-university survey conducted by Pham et al. involving students from several large universities in Ho Chi Minh City reported that 36.4% of students experienced moderate to severe anxiety, 28.6% showed depressive symptoms, and 31.8% reported high stress levels, while only less than 10% had ever sought professional psychological support [2].

Similarly, a cross-sectional study during the COVID-19 period by Tran et al. found that over 40% of Vietnamese university students reported reduced psychological well-being, with high levels of academic stress, emotional exhaustion, and social isolation [24]. These findings indicate that mental health problems are not isolated cases but represent a widespread and persistent challenge in Vietnamese higher education.

Moreover, from a multidimensional perspective, mental health is not merely the absence of disorders. It also includes emotional stability, adaptability, social participation, and the ability to sustain healthy relationships [3]. Therefore, focusing solely on pathological symptoms is insufficient; a broader approach is needed - one that incorporates positive emotions, recovery capacity, and proactive personal development among students.

Within the context of VNU-HCM, students are subject to academic pressure, environmental changes, and social as well as media influences. However, systematic and comprehensive research on student mental health that integrates positive and negative affect, stress, anxiety, and depression remains limited in Vietnamese universities. Hence, this study aims to explore the psychological characteristics and mental well-being of VNU-HCM students and to propose relevant support strategies suited to the Vietnamese higher education context.

2. Theoretical Framework

2.1. Concept and Multidimensional Approach to Mental Health

According to the World Health Organization, mental health is a state in which an individual realizes their abilities, can cope with normal life stresses, works productively, and contributes to the community [4]. Consequently, mental health research has shifted toward a multidimensional model that considers not only the absence of mental illness but also the presence of positive emotional capacity, social adaptation, and meaningful functioning [5].

In the two-continuum model proposed by Keyes, mental health is viewed as two parallel dimensions: well-being

(flourishing) and psychopathology (mental disorders). These are not simply opposite ends of a single spectrum [5]. This distinction is particularly relevant to university students, a population undergoing numerous transitions and facing academic, social, and technological pressures. Thus, mental health should be understood not merely as the absence of illness but as the capacity to thrive.

2.2. Relevant Theoretical Foundations

One of the core theoretical foundations of this study is the "two-continuum" model of Keyes, which posits that levels of mental flourishing and mental disorders coexist and may interact [5]. In a sample of 5,689 American university students, Keyes *et al.* found that, regardless of the presence of mental disorders, students in the flourishing group had significantly lower risks of suicidal behavior and academic impairment compared with those in the languishing group [6].

Furthermore, data from the Healthy Minds Study indicate that the prevalence of mental-health symptoms among U.S. university students has increased over time, while levels of flourishing have not shown corresponding growth. This highlights that improving mental health requires not only reducing disorders but also fostering positive emotional development and adaptive capacity [7].

Building upon these insights, this study applies both the dual-continuum model and the positive psychology framework to examine, simultaneously, protective factors (such as positive affect and psychological resilience) and risk factors (such as stress, anxiety, and depression) among students at VNU-HCM.

2.3. Research Objectives and Hypotheses

Grounded in the dual-continuum model [5] and empirical evidence on student mental health [6], [7], this study adopts a descriptive quantitative approach to capture the multidimensional structure of mental health among VNU-HCM students using standardized instruments (PANAS, DASS-21, GHQ-12). The study aims to: Describe the levels of positive mental health (positive affect) among VNU-HCM students; Describe the levels of negative mental health, including stress, anxiety, and depression; Examine the coexistence of positive emotional functioning and psychological distress (dual-state mental health); Describe students' general psychological adjustment using GHQ-12; Assess the distributional characteristics (skewness, kurtosis) of the mental-health indicators to verify typical psychological patterns in a young-adult population.

Consistent with the dual-continuum perspective [5] and a descriptive research design, the following hypotheses are proposed:

H1: VNU-HCM students exhibit a moderate-to-high level of positive mental health, as indicated by positive affect (PANAS-PA).

H2: VNU-HCM students concurrently exhibit notable levels of negative mental health, including stress, anxiety, and depression (DASS-21; PANAS-NA).

H3: Students' mental health demonstrates a dual-state structure in which positive emotional functioning and

psychological distress coexist as two related but distinct dimensions.

H4: The majority of students maintain a moderate level of general psychological adjustment, as measured by GHQ-12 (total score and subfactors).

H5: The distributions of mental-health indicators approximate typical young-adult psychological patterns (|skewness| < 1; kurtosis within acceptable bounds).

3. Methodology

This study employed a descriptive quantitative design, using internationally standardized measurement tools to identify the dimensions of mental health among students at VNU-HCM. A quantitative approach was selected because it enables large-scale data collection and analysis, assesses correlations among psychological variables, and describes trends and distributions of psychosocial phenomena. According to Creswell and Creswell, quantitative research is appropriate when the objective is to measure phenomena, test assumptions, and interpret behavioral patterns based on numerical data [8].

The study sample consisted of 410 students currently enrolled in member universities of VNU-HCM, selected through stratified convenience sampling. Stratification was based on gender, academic discipline, and study level to ensure that the sample reflected a broad range of student characteristics (Table 1). Inclusion criteria included: being a full-time student; voluntary and anonymous participation; and completion of the entire questionnaire. The sample size was determined using Yamane's (1967) formula with a 5% margin of error as a reference for estimating an adequate sample size [9].

***Table 1.** Demographic Characteristics of the Sample*

Demographic Variable	Category	Frequency	Percentage (%)
Gender	Male	185	45.12
	Female	225	54.88
University	University of Social Sciences and Humanities	119	29.02
	University of Technology	88	21.46
	University of Sciences	48	11.71
	University of Economics and Law	39	9.51
	International University	43	10.49
	University of Information Technology	59	14.39
	University of Health Sciences	14	3.41
Cohort (Year of Enrollment)	2019	4	0.98
	2020	13	3.17
	2021	96	23.41
	2022	66	16.10
	2023	97	23.66
	2024	134	32.68

Source: Author's data.

Although the sample size was calculated using Yamane's formula and stratification was applied to enhance diversity, the use of convenience sampling means

that the sample cannot be considered strictly representative of the entire VNU-HCM student population in a statistical sense. Participants were recruited voluntarily, which may introduce self-selection bias, as students who are more interested in mental health issues or more willing to share personal experiences may have been more likely to participate.

Therefore, the findings of this study should be interpreted with caution and viewed as indicative rather than fully generalizable to all VNU-HCM students. The results reflect the mental health characteristics of the participating students and provide an empirical snapshot of student mental well-being within the VNU-HCM system, rather than a definitive population estimate. Future research is encouraged to employ probability-based sampling methods to strengthen the external validity of the findings.

Three major instruments widely recognized in international research on student mental health were used: PANAS, DASS-21, and GHQ-12.

First, the Positive and Negative Affect Schedule (PANAS) developed by Watson, Clark, and Tellegen was used to assess two basic affective states - positive affect (PA) and negative affect (NA) [10]. The instrument consists of 20 items (10 positive and 10 negative), rated on a five-point Likert scale from 1 ("very rarely") to 5 ("very often"). PANAS identifies the capacity to experience and sustain positive emotions as well as the presence of negative affect in students' daily lives.

Second, the Depression Anxiety Stress Scales - 21 items (DASS-21) by Lovibond and Lovibond includes 21 items equally distributed across three subscales: Depression, Anxiety, and Stress [11]. The scale is widely used in educational psychology research and has demonstrated high reliability [12]. DASS-21 assesses the severity of negative emotional symptoms within academic contexts, reflecting risk factors for mental health.

Third, the General Health Questionnaire (GHQ-12) developed by Goldberg and Williams comprises 12 items measuring psychological adjustment and temporary dysfunction. GHQ-12 is regarded as a concise yet effective tool for the early detection of non-specific mental health issues, particularly in university settings [13].

Data were collected online via a Google Form during May 2025. Prior to participation, students were informed about the study's purpose, content, and their rights, and were assured of anonymity and voluntary participation. After removing incomplete responses, valid data were entered and processed using SPSS 25.0. The data-processing procedure consisted of three main steps: data screening and cleaning; assessment of internal consistency using Cronbach's alpha, with values ≥ 0.70 considered acceptable [14]; and descriptive statistical analysis to calculate mean, standard deviation, skewness, and kurtosis.

The study was reviewed and approved by the Research Ethics Committee of the Faculty of Vietnamese Studies, University of Social Sciences and Humanities, VNU-HCM, under approval number 05/GXN-XHNV-KVNH (2025). Participants were assured that participation was entirely voluntary, personal information would remain strictly confidential, and all data would be used solely for academic purposes. The study adhered to the ethical principles of the Declaration of Helsinki concerning research involving human participants [15].

4. Results and Discussion

4.1. Overview of Students' Mental Health Status

The survey of 410 students at VNU-HCM revealed that mental health among students is multidimensional, with both positive and negative aspects coexisting. The mean score for Positive Affect (PA) was 31.74 (SD = 7.46), higher than that for Negative Affect (NA) at 25.34 (SD = 9.25) (Table 2). This indicates that most students still maintain the ability to experience positive emotions in daily life. However, at the same time, the mean scores for Stress (M = 9.74; SD = 5.14), Anxiety (M = 8.20; SD = 5.73), and Depression (M = 8.80; SD = 5.54) suggest that negative psychological symptoms exist at a moderately high level.

Table 2. *Mental Health Status of VNU-HCM Students*

No.	Variable	Mean	Median	Mode	SD	Skewness	Kurtosis
1	Positive Mental Health	31.74	31.00	30.00	7.46	0.07	0.31
2	Negative Mental Health	25.34	25.00	30.00	9.25	0.40	-0.43
3	Stress	9.74	9.00	7.00	5.14	0.21	-0.31
4	Anxiety	8.20	7.00	7.00	5.73	0.41	-0.67
5	Depression	8.80	8.00	7.00	5.54	0.35	-0.59
6	GHQ-F1	5.49	6.00	6.00	3.19	0.34	0.18
7	GHQ-F2	9.70	10.00	12.00	4.00	0.11	-0.53
8	GHQ (Total)	15.20	16.00	18.00	4.91	-0.24	0.11

Source: Author's data.

This finding aligns with Keyes's argument that mental health is not merely the absence of mental illness but also the presence of well-being and personal growth [5]. An individual may simultaneously "feel well" and "not feel well" in different domains-a pattern particularly common among university students, who often experience both positive and negative emotions under academic, social, and future-oriented pressures [6].

In the context of VNU-HCM as a large, multi-campus and multi-disciplinary university system, students are exposed to an intensive academic environment characterized by high performance expectations, competitive learning culture, and strong orientation toward research and innovation. At the same time, many students must adapt to living independently in a large metropolitan area, manage financial pressures, and cope with dense academic schedules. These contextual factors may partly explain the coexistence of relatively high positive affect and notable levels of psychological distress observed in the sample.

4.2. Emotional Factors

When analyzing emotional dimensions separately, students' positive affect (PA) appeared relatively high, reflecting optimism, energy, and motivation toward learning, an encouraging sign in the post - COVID-19 period as students re-adapt to in-person learning. However,

the negative affect (NA) mean score (25.34 ± 9.25) indicates that a portion of students remain vulnerable to anxiety and academic stress.

According to Lipson et al., this trend mirrors global patterns in which the prevalence of anxiety and depression symptoms among university students has nearly doubled over the past decade [7]. Data from the Healthy Minds Study (2013-2021) also show that mental-health issues have increased even as awareness has improved. Thus, the findings from Vietnam reflect international trends, especially in large universities where academic pressure and social expectations are high.

For VNU-HCM students, this emotional profile may be closely linked to the institution's academic structure. As a leading national university system, VNU-HCM attracts high-achieving students and places strong emphasis on academic excellence, research productivity, and internationalization. While this environment fosters motivation and positive academic engagement, it may also intensify performance pressure, fear of failure, and concerns about future employability - factors that are known to contribute to heightened negative affect among university students.

4.3. Levels of Stress, Anxiety, and Depression

The three main negative indicators-stress, anxiety, and depression-had mean scores of 9.74, 8.20, and 8.80, respectively. Among these, stress levels were the highest, suggesting that students often respond to academic pressure with temporary stress rather than prolonged depressive symptoms. This pattern is consistent with previous research by Bayram & Bilgel and Beiter et al., who found that most university students experience high academic stress due to heavy workloads and societal expectations [16], [17].

Notably, the positive skewness (skewness > 0.3) for anxiety and depression indicates the presence of a small subgroup of students at higher mental-health risk. This finding corresponds with Pham et al., who reported that within Vietnamese universities, there remains a subset of students experiencing significant psychological distress but rarely seeking professional support [2].

In the VNU-HCM setting, academic stress may be amplified by large class sizes, dense curricula, continuous assessment systems, and high expectations for self-directed learning. In addition, students enrolled in science, engineering, and technology-oriented programs may face particularly demanding study loads and intensive laboratory or project-based requirements, which could further contribute to elevated stress levels.

4.4. General Mental Health and Psychological Adaptation

Results from the GHQ-12 revealed an overall mean score of 15.20 (SD = 4.91), suggesting an average level of mental health; most students maintain stable academic and social functioning. However, there was a notable difference between the two subscales: GH-F1 (emotional stability) and GH-F2 (functional disturbance). The higher GH-F2 mean (M = 9.70; SD = 4.00) indicates symptoms of fatigue, insomnia, and concentration difficulties.

This aligns with findings by Lundin et al., who confirmed that GHQ-12 is an effective tool for detecting early signs of latent depression in young populations [18]. The integration of PANAS, DASS-21, and GHQ-12 in this study provides a comprehensive picture, capturing the coexistence of positive affect and latent psychological burdens among students.

In a large university system such as VNU-HCM, where students often juggle heavy academic workloads, extracurricular activities, part-time jobs, and long commuting times between campuses, functional disturbances such as fatigue and sleep problems may be particularly common. These pressures can gradually erode students' psychological resilience if not addressed through institutional support mechanisms.

Overall, the findings indicate that VNU-HCM students are in a "dual psychological state"- maintaining positive emotions while simultaneously coping with mild stress and emotional disturbances. This pattern is typical of emerging adulthood, a stage characterized by identity exploration and adaptation to academic and life demands [19]. According to Eisenberg, Hunt, and Speer, shifts in student mental-health patterns require a transition from purely clinical support to proactive psychological skill development and prevention [20]. For a large, research-oriented university system such as VNU-HCM, these findings highlight the importance of developing a comprehensive campus-wide mental health strategy that integrates counseling services, peer-support programs, and skills-based interventions. Such an approach is particularly relevant for large universities, where the scale and diversity of the student population require coordinated and systemic solutions rather than fragmented support services. When implemented in parallel, these strategies can reduce negative symptoms while reinforcing sustainable personal growth and emotional well-being.

5. Solutions and Applications

5.1. A Holistic Approach to Student Mental Health Care

Findings indicate that VNU-HCM students simultaneously experience both positive and negative emotional states. This suggests that mental-health care should adopt a holistic approach, integrating prevention, intervention, and development. According to Eisenberg et al., successful university programs focus not only on treating disorders but also on building an interdisciplinary support ecosystem that fosters students' coping abilities and encourages help-seeking behavior [20]. In Vietnam, a three-tiered support model - including awareness education and stigma reduction, early detection and peer support, and professional counseling - aligns with the World Health Organization recommendation for comprehensive access within educational institutions [4].

In terms of feasibility, Vietnam's higher-education system has already begun integrating student-support services such as academic advising, career counseling, and youth development programs. These existing structures provide an important foundation for embedding mental-

health care into current student-support frameworks without requiring a completely new institutional system. Therefore, a holistic mental-health model can be gradually implemented by upgrading existing student affairs units and integrating mental-health functions into their operational mandates.

5.2. Strengthening Psychological Resilience

One foundational solution is to cultivate psychological resilience, the ability to adapt flexibly to stress and setbacks. Smith et al. found that individuals with higher resilience are less affected by stress and recover more quickly from crises [21]. Universities can organize workshops or soft-skills courses on mindfulness, self-compassion, and emotional regulation to help students recognize and manage emotions. Hartley demonstrated that resilience-training programs reduce anxiety, enhance academic engagement, and sustain long-term motivation [22]. At VNU-HCM, such programs would be particularly beneficial for first-year students those most vulnerable to transition shock from high school to university, thereby reinforcing their adaptability and self-care for mental well-being.

From a resource perspective, resilience-training programs are relatively low-cost and highly scalable. They can be delivered through short courses, extracurricular activities, or integrated modules within general education curricula. Universities can mobilize internal resources by training lecturers, student advisors, and youth-union staff as facilitators, thereby minimizing dependence on external specialists and ensuring sustainability within the Vietnamese university context.

5.3. Developing Peer Support Networks

Lipson *et al.* observed that students often seek comfort from peers before turning to professionals [7]. Therefore, establishing a Peer Support Network is essential. Models such as Peer Counseling Programs or Student Mental Health Ambassador Clubs can operate as volunteer organizations, where students are trained in listening, empathy, and basic referral skills. These networks serve as bridges between students and counseling centers, facilitating early detection of at-risk individuals while promoting a campus culture of care and openness [4].

In Vietnam, the strong tradition of student unions, youth unions, and volunteer clubs provides a favorable institutional environment for developing peer-support networks. These organizations already have experience in student engagement, community service, and peer mentoring, which can be leveraged to integrate mental-health support functions with minimal additional financial burden.

5.4. Applying Digital Technology in Mental Health Support

In the era of digital transformation, technological platforms play a vital role in identifying and supporting student mental health. Naslund et al. emphasized that digital tools and social-media platforms enable students to self-monitor moods, receive automated feedback, and access counseling services more quickly [23]. In Vietnam, Tran et al. found that online learning and mental-support platforms enhance students' sense of connectedness and reduce stress in remote-learning contexts [24]. Regionally, Kosowicz et al. reviewed Asia-Pacific practices and highlighted that integrating digital health technologies with student-centered care models improves early detection, screening, and mental-health management [25]. Vietnamese universities could develop in-house applications or AI-based chatbots to track students' emotional states in real time and combine these data with learning analytics to provide early warnings for stress or burnout.

From a feasibility standpoint, Vietnam has a rapidly expanding digital infrastructure, high smartphone penetration, and a young population with strong digital literacy. These conditions create a favorable environment for implementing digital mental-health solutions at scale. Collaboration with local technology startups and edtech companies can further reduce development costs and enhance system customization for the Vietnamese student context.

5.5. Policy, Management Directions, and Practical Implications

From a management perspective, universities should develop sustainable mental health strategies that position mental well-being as a key pillar of institutional development and student success. A comprehensive mental-health policy must integrate prevention, intervention, and long-term support into the university's governance structure. This includes establishing a Student Psychological Support Center under the university administration to coordinate services, appointing qualified and full-time counselors with professional training, and embedding mental-health education and stress-coping skills within academic programs. In addition, universities should develop a Mental Health Index to monitor student well-being periodically and use data-driven approaches to inform decision-making and resource allocation.

According to the World Health Organization (2022), an effective mental-health policy must ensure sustainability in terms of human and financial resources and inclusiveness, providing equal access for all students, including vulnerable and marginalized groups [4]. These principles form the foundation for creating a mentally healthy university, where psychological safety and well-being are embedded in the campus culture.

Based on the findings of this study, three key practical implications are proposed. First, VNU-HCM should establish a tiered mental-health support model applied consistently across its member institutions, ensuring coordination between preventive education, peer support, and professional counseling. Second, regular assessments using standardized instruments such as PANAS, DASS-21, and GHQ-12 should be conducted to track students' mental health status and detect emerging issues early. Third, the university should strengthen interdisciplinary collaboration among educational institutions, healthcare organizations, and technology enterprises to develop digital platforms that

facilitate counseling, emotional monitoring, and data-based mental-health management.

These directions not only bring tangible benefits to university students but also contribute to shaping broader national policies on youth mental health, in line with the WHO's global initiative World Mental Health Report (2022): Transforming Mental Health for All [4]. By integrating evidence-based approaches with institutional commitment, universities can play a pioneering role in promoting sustainable psychological well-being in higher education.

By implementing these strategies, universities can not only enhance students' psychological well-being and academic success but also contribute to shaping national youth mental-health policies, aligning with the World Health Organization's global vision of "Transforming Mental Health for All" [4].

In the Vietnamese context, the implementation of these strategies should follow a phased and resource-sensitive approach. Initial efforts may focus on strengthening human resources through capacity-building programs for counselors, lecturers, and student-support staff. At the same time, pilot projects can be launched at selected member universities of VNU-HCM before scaling up system-wide. This step-by-step model ensures financial feasibility, institutional readiness, and long-term sustainability. By integrating evidence-based interventions with realistic resource planning and institutional commitment, universities in Vietnam can play a pioneering role in promoting sustainable psychological well-being in higher education.

6. Conclusion and Recommendations

The findings of this study indicate that the mental health of students at VNU-HCM is multidimensional, characterized by the coexistence of positive emotions alongside notable signs of stress, anxiety, and depression. This confirms the study's objective of examining student mental health from a dual-continuum perspective and supports the proposed hypotheses regarding the coexistence of positive emotional functioning and psychological distress among university students. The results are consistent with the theoretical framework of Keyes's two-continuum model, which conceptualizes mental health as comprising both well-being and psychopathology.

The findings underscore the urgent need to establish a mentally supportive learning environment where students receive comprehensive emotional, social, and academic support. The results also demonstrate the practical applicability of a multi-tiered approach that integrates prevention, early detection, and intervention, as well as the effectiveness of standardized measurement tools (PANAS, DASS-21, and GHQ-12) in providing a comprehensive assessment of students' mental health.

Based on these insights, several key recommendations are proposed. First, universities should regard student mental health care as a core component of sustainable institutional development, supported by clear policies and adequate resources. Second, institutions should establish dedicated counseling and psychological support centers, complemented by educational workshops and emotional-skills training programs for students. Third, universities should promote digital transformation in mental-health care, utilizing online platforms, mobile applications, or chatbots for emotional tracking and preliminary counseling. Fourth, efforts should be made to strengthen communication and foster an open, stigma-free culture that encourages students to share their experiences and seek help when needed. Finally, it is essential to conduct periodic research and build a unified database on student mental health to support management, provide timely assistance, and inform evidence-based policymaking across the higher-education system.

This study has several limitations. First, the use of stratified convenience sampling limits the statistical representativeness of the sample; therefore, the findings should be interpreted as indicative rather than fully generalizable to all VNU-HCM students. Second, the cross-sectional design does not allow for causal inference or examination of changes over time. Third, reliance on self-report measures may introduce response bias.

Future research should employ probability-based sampling to enhance external validity and adopt longitudinal designs to examine changes in student mental health over time. Qualitative approaches may also be used to explore students' lived experiences in greater depth. Further studies are encouraged to investigate the links between mental health, academic performance, digital-media use, and help-seeking behavior in Vietnamese university contexts.

Overall, the study achieved its research objectives by providing a multidimensional profile of mental health among VNU-HCM students. The findings support the proposed hypotheses that students maintain moderate-to-high positive mental health while simultaneously experiencing notable psychological distress, reflecting a dual-state mental-health structure. These results reinforce the need for holistic and evidence-based mental-health interventions in Vietnamese universities.

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