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An Exploratory Study on Mental Illness Perspectives in Hanoi

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An Exploratory Study on Mental Illness Perspectives in Hanoi

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Abstract

Almost 12 million people in Vietnam have been diagnosed with a mental illness; the prevalence of mental illness within the population means that understanding how people perceive it. Previous research has demonstrated the negative impacts that stigma and negative perceptions of mental illness have and how they can inhibit individuals from seeking treatment for a mental illness. The aim of this exploratory study was to answer the question: How do Vietnamese university students and mental health professionals living in Hanoi perceive mental illness? Fifteen university students and five mental health professionals were interviewed in a series of semi-structured interviews. A mixed-methods approach was used in the analysis of data, interviews were transcribed and the coded using content analysis, in addition to using a context-sensitive method of analyzing qualitative data from responses. The results of the study reveal trends of lingering stigmatization of mental illness among university students in Hanoi. The stigmatization is possibly related to the cultural context and values of Vietnamese society such as Traditional medicine, lack of awareness, and Confucian values. The results of the interviews with the mental health professionals coincide with the perspectives many of the students have. It is not that Vietnamese culture needs to undergo drastic changes to decrease stigmatization, but increased understanding will clarify how it currently matches existing cultural values.

Keywords: *mental illness, mental health, stigma*

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An Exploratory Study on Mental Illness Perspectives in Hanoi

Healthcare quality and access to treatments is typically one of the largest responsibilities of every government in the world. Disease and illness within a population can have devastating effects on the population, and many people disregard the devastating toll mental illness can have on an individual. Mental illnesses are not typically outwardly visible, but they can be just as harmful to a country's population. Mental illness is not just the concern of the individual struggling with the disease, it has effects on the family, the work environment, and the community as a whole. The American Psychiatric Association defines *mental illness* as "health conditions involving changes in emotion, thinking or behavior (or a combination of these) ... associated with distress and/or problems functioning in social, work or family activities" (What is mental illness). Since mental illnesses are not visible to others unless the symptoms manifest physically, there is usually a treatment gap between individuals with mental illness and those receiving treatment (Greenhalgh, 2009).

In Vietnam, mental illness is one of the top three contributors to years lost in the workforce due to illness, and this is detrimental to adolescents and children for it can affect their future careers and the people who come after them (Nguyen, Dedding, Pham, Wright, & Bunders, 2013). These numbers are especially concerning to countries, in which research has shown the population to have high rates of mental illness concerns. The World Health Organization found that "a fifth of young Vietnamese people experience mental health problems" (Nguyen, et al., 2013, p. 2). For twenty percent of a population to be affected by a disease, means that the government needs take action and create policies to promote access and awareness of mental illness. Although there was increased economic development due to the Doi Moi policies in the 1980s, the health service industry did not develop in parallel with the

economic development. For some subsets of the Vietnamese population access to health services, specifically mental health services, decreased because of increased demand coupled with the privatization of the industry (Ngo, Weiss, Lam, Dang, Nguyen T., & Nguyen H., 2014).

There are more challenges to addressing the prevalence of mental illness than merely increasing the access and prevalence of mental health services in a country. There also needs to be an increase of awareness around mental illness, for often stigma surrounds mental illness, preventing people from getting the help that they need. The World Health Organization describes the ostracization that many individuals from low middle-income countries face when labeled with a mental illness. Individuals labelled with a mental illness "are considered dangerous or contagious and are abandoned by their families...They are physically exiled from society, banished to the edge of town where they are...hidden from the rest of the society" (Greenhalgh, 2009, p. 25). The social capital that an individual loses from having a diagnosed mental disorder, such as anxiety or depression, may prevent individuals from seeking the help they need. A study conducted by Vuong, Ginneken, Morris, Ha, and Busse (2011) predicts that about 5.5% of people in Vietnam have diagnosed anxiety or depression, with about 14% of the population people having one of the ten most common mental disorders. However, it is likely that the numbers are higher, but negative public and personal perception of mental illness inhibit individuals from seeking treatment or even recognizing a need for treatment.

Justification of Study

This study aims to understand the perspectives of Hanoian university students and mental health professionals have regarding mental illness. In Vietnam, compared to other parts of the world, individuals with mental illness are more likely to experience prejudice and inequity in

multiple spheres of their life such as within their family or their work (Niemi, Thanh, Tuan, & Falkenberg, 2010). Certain aspects of Asian cultures may prevent people from seeking help because it is a social norm to conceal distress, and the “denial makes them reluctant to accept psychiatric treatment even if it proves beneficial. They also see accepting treatment as lack of endurance, personality strength, and dignity” (Ng, 1997, p. 386). Denial to accept help for mental illnesses may have long term effects on the Vietnamese workforce, because people may not have the knowledge or access to the tools needed to cope with their illness on their own.

This study attempts to answer the question: How do Vietnamese university students and mental health professionals living in Hanoi perceive anxiety and depression? The goal of answering this question is to provide the field with a more comprehensive understanding of current views related to mental illness in Vietnam among experts and university students. University students were chosen as subjects, for most of the research done previously, has focused on high school students or older adults. There is a lack of information about the current understanding and perceptions Vietnamese University students have regarding mental illness. These students will enter the workforce in the next few years, and as they do, their notions will shape the way Vietnamese culture views contemporary issues. Mental health professionals were chosen as an additional subject group due to their elite and knowledgeable status in the field and the cultural context of Vietnam. Many of the professionals interviewed have had experience providing mental health services in Hanoi for a long time and thus can add nuance to current perceptions of mental health, and its implications on Vietnamese people.

The data for this study was collected through a series of interviews within the city limits of Hanoi, Vietnam. The interviews were transcribed and then coded using content analysis, yielding quantitative and qualitative data. There has been little research done about perspectives

of mental illness in Vietnam, so the goal of this study is to contribute a foundation for further research on perception of mental illness, such as correlational and causal relationships between it and Vietnamese culture. Based on existing research in the field, the Vietnamese public has a stigmatized view of mental illness, but minimal research focuses on the perceptions of university students and mental health professionals. Previous research done in the field focuses predominantly on the prevalence of mental illnesses or recent changes in government policy changes related to mental illness, instead of awareness and perception. This study intends to elaborate and extend upon the findings previous research, as well as gather new data regarding views of mental illnesses such as anxiety and depression, to understand how the findings apply to contemporary perspectives.

Background and Previous Research

The majority of research conducted in Vietnam related to mental illness in the last twenty years, tends to focus on government policies related to mental health services, and although policies are significant, they tend to be more reflective of the governments perspective towards mental illness, rather than being reflective of the perspectives of the population. It is important to note this difference because this study focuses on the perception that local university students and mental health professionals in Hanoi have regarding mental illness, which are likely influenced by government policy but are not necessarily synonymous with it. Harpham and Tuan (2006) found that "using evidence to present mental illness as a 'new problem' seems to have had some resonance in terms of shaping policy" (p. 665). Mental health policies regarding mental disorders other than schizophrenia and epilepsy were enacted in 2004 by the Vietnamese government; the policies place a lot of emphasis on a community-based system approach. A

community-based system of mental health services is a system that is composed of mental health services based within smaller communities, that are specific to the needs of the community instead of large psychiatric hospitals (Greenhalgh, 2009). The community-based system "is responsible for mental health promotion, scanning, early detection and managing the treatment of mental disorders in the community. Moreover, the emphasis is put on patient follow-ups" (Vuong, et al., 2011, p. 67). Community-based structures of mental health services in communities have been linked to better mental health outcomes and increased satisfaction with their care among Vietnamese individuals (Greenhalgh, 2009, p. 18). Although Vuong (2011) and Greenhalgh's (2009) various studies on the policies and effectiveness of community-based mental health services in Vietnam are older, their conclusions still provide valuable insight into understanding government policies and structure.

Some Western studies have been used as background information and as analytical lenses for this study because previous studies have demonstrated that some causes of mental illness, specifically among university students, are independent of cultural context (Greimel, Kato, Müller-Gartner, Salchinger, Roth, & Freidl, 2016). Greimel et al. used a series of surveys administered to about 900 university students in Austria and Japan, to "compare internal and external resources, lifestyle factors, perceived health and [Quality of Life] in Japan and Austria and to determine associations among these factors" (Greimel et al., 2016, p. 1). The researchers used selective sampling, to minimize the potential influence of variables other than culture from influencing their data. The results of the study revealed that in many of the factors studied (age, education, lifestyle choices, social support, internal beliefs, and perceptions about their health) Japanese and Austrian students had similar scores (Greimel et al., 2016). The independent relationship between stress and culture means that the majority of research done in Western

cultures regarding stress and mental health likely applies to South-East Asian cultures as well. Stress "negatively affect[s] students because they can become overwhelmed with managing all of their responsibilities. In turn, the stress that students experience may have a detrimental effect on their academic performance [and] has been related to counseling concerns such as anxiety and depression among university students" (Dwyer, & Cummings, 2001, p. 208). South-East Asian cultures usually emphasize external contributing factors to mental illness, such as stress, so it is critical to have an understanding of its implications and cultural stressors. Although stress as a cause of mental illness is independent of culture, culture is significant in how an individual determines what is stress inducing.

Stigma:

One cannot research mental illness without having a firm grasp of the stigma that surrounds it. Mental illness stigma is defined as, "devaluing, disgracing, and disfavoring by the general public of individuals with mental illnesses" (Abdullah, 2011, p. 935). Mental illness stigma is not unique to Vietnam; however, there are components of Vietnamese culture that have made the stigmatization of mental illness more explicit and visible (Ngo, 2014). There is minimal public discourse about mental illness and mental health, thus, isolating people and discouraging them from seeking help (Ngo, 2014). Abdullah's (2011) study indicates that mental illness stigma can be broken into two types: public stigma and self-stigma. Public stigma is the labels and experiences (such as discrimination or less social capital) that one may have after being labeled as mentally ill, and self-stigma is the internalization of the public stigma (Abdullah, 2011). Abdullah's (2011) results indicate that stigma can be very influential in decreasing the likelihood of a person to share with a confidante that they need or help or even admitting their problems to a doctor. This study (Abdullah, 2011) was conducted within the

context of American culture, so the results cannot be generalized to the Vietnamese population. A study conducted by Ngo (2014) claims that the influence of social factors limits access to mental health services, for "stigma can have a significant impact on help-seeking in Vietnam...because individuals with mental illness avoid seeking help because of shame or fear of discrimination" (Ngo et al., 2014, p.3). These findings suggest that Abdullah's research about stigma may also be generalizable, at least loosely, to Vietnam. The Vietnamese government is aware of the impact of stigma and by establishing a collaborative care system the government has provided the integration of mental health services into the primary care model. This integration increases access, and over time should decrease stigmatization of mental illness (Ngo et al., 2014).

Cultural Context:

In East Asia, previous research has shown that the population, especially students, are under extreme amounts of stress. The stress comes from a variety of cultural expectations placed on students from teachers, parents, peers, and themselves. Asian family values emphasize "the need to succeed educationally [and] in accordance with Confucian ideals, Chinese parents place great emphasis on filial piety, education, and proper behavior" (Ang, & Huan, 2006, p. 523). Vietnamese culture, similar to Chinese, is heavily influenced by Confucian ideals so the need to not simply succeed, but to excel, academically is a response to the instilment of Confucian values in both the family and academic life of a student. Ang and Huan's (2006) results suggest that the academic pressure from parents and teachers is more "salient in Asian collectivistic cultures because not meeting these expectations would likely lead to feelings of shame, which often include exclusion or withdrawal of support" (p. 535). Vietnamese culture has a collectivist orientation, and it is vital for individuals to maintain their relationship within their community.

The fear of isolation or rejection from communities, both social and familial, adds increased pressure to exceed academically, to maintain status within the group, and creates barriers for students when building support systems. Filial piety only increases the stress of students because they do not want to risk disappointing or embarrassing their parents by not excelling academically or in other spheres of their lives. Social support is positively correlated with positive mental health outcomes, yet the fear students face to admit they need help, academically and in other aspects of their life, inhibits them from getting the support they need (Bovier, Chamot, & Perneger, 2004). This internalization of the refusal to ask for help provides insight and background into how students may perceive others seeking treatment for mental illness, something that is dependent on the individual acknowledging and taking ownership of the fact that they cannot handle their problems on their own.

Eastern vs Western Perspectives:

Most of the research and information regarding mental illness and mental health and the field of psychiatry are written from a Western perspective. Unfortunately, there has not been much research done on mental illness and perspectives and understandings within the cultural context of Vietnam. Latzer's 2003 study, focusing on differences between Western and more traditional perspectives of mental illness, illustrated that the Eastern cultures perceive mental illness as a response to external factors within an individual's environment. Although this study was conducted based on differences in Moroccan and Israeli mental health services, some of the more general findings on the differences between Western and Eastern mental health practices are applicable. Many countries in Asia, as well as some Mediterranean countries, tend to focus on the *somatization* of mental illness, the physical effects, instead of on *psychologization*, the feelings and thought processes, which is more common in Western cultures (Latzer, 2003, p. 80).

It is essential to have a background in the differences between Traditional and Western medicine and cultural differences because a researcher from the West is conducting this study. Knowing and being aware of the differences will help decrease bias about mental illness and forms of treatment stemming from Western paradigms when analyzing and coding interviews.

Hinton, Pollack, Weiss, and Trung (2018) studied Vietnamese specific symptoms of mental illnesses, writing a report on "Culturally Sensitive Assessment of Anxious-Depressive Distress in Vietnam: Avoiding Category Truncation" (Hinton et al., 2018). The study aimed to design a diagnostic for anxious-depressive disorders within the cultural context of Vietnam. It addresses culturally specific symptoms that differ from the typical Western symptoms of anxious-depressive disorders (Hinton et al., 2018). Although the purpose of this study was to find differences in symptoms between Western and Vietnamese experiences with anxious-depressive disorders, it provides insight into the importance of not using a Western paradigm of mental health for a non-western country. It reinforces the importance of using a context-sensitive method of analysis for the data because of how culture and mental illness are intertwined. It is critical to not "assess items without ethnography and investigation of the local meaning of the items is an error of decontextualization" (Hinton et al., 2018, p. 399). For example, there are also differences in "cultural-related symptoms including *nhuc nahn*, shame and dishonor, and *muon dien len*, going crazy" (Kinzie, 2012). It is vital that researchers have a nuanced understanding of the cultural background in which they are conducting research. The research conducted in this study has been done after reviewing previous research about mental illness perspectives in Asia, as well as specifically within the cultural context of Vietnam. The findings related to symptoms may not directly apply to the research in this paper, but the conclusions

about the differences between Western perspectives and Vietnamese perspectives regarding mental illness will be invaluable in analyzing data.

A critical difference between Traditional and Western views, specifically regarding mental illness, is the types of treatment they prescribe to individuals in response to mental illnesses such as anxiety or depression. Individuals from communities that have higher uses of Traditional medicine, such as Vietnam, are more likely to prefer Traditional medicine as an initial form of treatment for anxiety or depression before resorting to Western medicine or even using a combination of both (Ngo et al., 2014). There have been a few studies done on the effectiveness of Traditional medicine on treating mental illnesses such as anxiety or depression. Aromatherapy, meditation, light therapy, and acupuncture have all been shown in some cases to improve mild cases of anxiety and depression (Van der Watt, Laugharne, & Janca, 2008). The results from Ngo's (2014) and Van der Watt's (2008) studies regarding Vietnamese use of Traditional medicine and the effectiveness of Traditional medicine provide insight into how Vietnamese mental health professionals prescribe treatment to their patients.

Methodology

The intent of the research was to determine how university students and mental health professionals in Hanoi view mental illness. This is an exploratory study, which uses prior research on mental illness and the cultural context as a starting point for designing and collecting data on perspectives in Hanoi, Vietnam. All of the participants in the study, except one, are Vietnamese natives and have lived in Hanoi or a nearby province for the entirety of their lives. The participants were selected utilizing snowball and convenience sampling. Once introductions had been made, appointments to interview were scheduled at the convenience of the participants.

There was a total of twenty participants, with two distinct subject groups being studied: university students and mental health professionals. Fifteen university students were interviewed from six universities in Hanoi: Hanoi University, Thanh Long University, Royal Melbourne Institute of Technology, University of Languages and International Studies, Hanoi University of Science and Technology, and Hanoi University of Pharmacy. Five mental health professionals were interviewed as well, from three different institutions: The Research Training Center for Community Development, the Traditional Medicine Hospital in Hanoi, and a counselor from a Vietnamese University in Hanoi. The counselor at the local Vietnamese University is the only participant in this study who is not a Vietnamese native, but instead is from a Western country and attained training in counseling from a Western institution. Despite numerous differences from other members of the sample, the counselor was kept in the subject group due to her experiences with Hanoian university students.

Interviews were used as the predominant method of data collection for the research because they enhanced discussions surrounding mental illness and mental health, increasing the amount of data, which was more likely to be candid, collected from participants. Since perspective was being studied, it was useful to conduct interviews in which participants could verbally explain their ideas instead of trying to synthesize and concisely write them down, increasing the authenticity of the responses. Another benefit to conducting in person interviews, is that participants who are not as proficient in English had time to look up words and ask clarifying questions of the interviewer. Interviews also provide the opportunity for collection of observational data, non-verbal gestures and body language could be noted down, increasing the quality of the data and allowing for the collection of unspoken meanings of statements. Conducting interviews in person helped minimize the cultural misconceptions that could happen

from having administered a survey. Although a survey may have allowed for more data, it would have prevented follow-up and clarifying questions which minimized the extent to which Western paradigms may interfere with the analysis of the data. The interviews were scheduled at the convenience of the interviewees in a location of their choice, to increase comfort and improve rapport. Many of the interviews were conducted on a first meeting with the participant, so maximizing comfort as a way of improving rapport was critical to getting complete responses. The interviews were semi-structured interviews, with a set list of questions prepared beforehand (See Appendices A & B). The questions were asked verbatim during every interview, with minimal follow up prompting except to elicit more complete answers. Since the questions were prepared beforehand, they were reviewed to prevent leading or double-barreled questions from being asked. The consistency in interviews was done with the intent of maximizing consistency among topics discussed and allowing for comparisons to be made.

A mixed-method conversion approach was used for collecting and analyzing the data in the study, allowing for the concurrent collection of qualitative and quantitative regarding perspectives of mental illness (Schoonenboom, & Johnson 2017). The interviews were recorded with an iPhone and transcribed verbatim afterward, with minimal notes taken during the interview to improve rapport with participants. After asking students the initial question regarding a definition of mental illness, a definition from the American Psychiatric Association (What is mental illness) was provided to ensure that all students had the same understanding before proceeding with the remaining portion of the interview questions. The interviews were then coded using content-analysis (See Appendices C and D). Both concrete categories (gender, use of a word, etc.), as well as abstract categories (implied thoughts, feelings, etc.), were used in the coding process. The categories were determined by reviewing the interview transcripts and

coming up with categories and then tallying up the numbers for each of the categories. To evaluate qualitative data, revealing and illustrative quotes from interviews were highlighted and noted down, to be used to support or reject the findings of prior research and trends in the quantitative data. The evaluation of the results is reliant on much of the previous research done in the field regarding Vietnamese culture (Greimel et al., 2016), perspectives of mental illness in Asian cultures (Ng, 2017), and stigma (Abdullah & Brown, 2011). Both the quantitative and qualitative results of this study will be compared to the findings of these studies, as well as other previous research providing an exploratory analysis of possible trends, relationships, and patterns regarding perspectives of mental health.

Ethics:

When conducting this study, the research was done ethically and in a responsible matter so as to ensure that risk to participants was minimized to the maximum degree. Each participant was verbally told that they were 1) allowed not to answer questions, and 2) they may withdraw from the study if they chose to. Each participant was asked, and each granted verbal consent to both the interview and the recording of the interviews before beginning. Interviews were designed last about half an hour, so as to not be too much of a burden on the participants. The anonymity of names and responses were also guaranteed and were ensured by removing names, identifying factors, and randomly assigning a pseudonyms. Mental health and mental illness can be very sensitive and personal topics to breach, so efforts were taken to craft interview questions that did not ask personal questions regarding mental health or the medical history of the participants. Cultural context was also considered when crafting research questions, by using research to provide insight into cultural boundaries, so as not to offend or cause participants psychological distress. Deceptive practices were minimized in the research by explaining to

participants the aim of the research: to determine the perspectives that Vietnamese living in Hanoi have regarding mental health and mental illness.

Results and Discussion

Hanoian University Students:

Table 1: Coded Responses of Hanoian University Students

	Total number of Responses	Percent of Responses
Mentioned 2 or more of the characteristics of mental illness laid out in the APA definition	6	40.00%
When defining mental illness, provided examples (<i>i.e. anxiety, depression, etc.</i>)	8	53.33%
Have talked with their friends about mental health or mental illness	11	73.33%
Share with friends, but also mentioned limiting what they share with friends regarding their stress or struggles	6	40.00%
Mentioned big difference of perspectives regarding mental illness between themselves and their parents (<i>ex: parents are more progressive, and they are more conservative</i>)	11	73.33%
Mention of keeping mental illness or struggles to themselves	7	46.67%
Mention of “trying to get over mental illness on their own” before willingly seeking help	7	46.67%
Mention of external factors for cause of mental illness	13	86.67%
Mentions stress as a cause of mental illness	10	66.67%
Believes that stress is normal	14	93.33%
Qualifies the amount of stress that is normal	9	60.00%
Believes there’s stigma surrounding mental illness	9	60.00%
Claims there’s no stigma, but answers indicate that they have observed it	5	33.33%

See Appendix C for complete table

The data collected throughout fifteen interviews with local university students reveals understandings about their perspectives on mental illness and stigma surrounding the issue that appear to be connected to the cultural context of Hanoi. Culture is inherently intertwined with mental illness stigma, for values emphasized by a culture influences whether or not an individual will willingly admit a struggle they have or seek help for mental illness (Abdullah & Brown,

2011). Overall, the Hanoian university students indicated that they believe that mental illness continues to be stigmatized. Not all of the students interviewed mentioned personal negative views of mental illness, but many of the students mentioned or implied fears that imply the fear that they will be judged by others in their community. Through analysis of their responses it appears likely that there is a relationship between Vietnamese cultural values and the stigmatization of mental illness.

The questions regarding stigma yielded results that reveal that while mental illness is still stigmatized in contemporary times, the stigmatization of mental illness is lower than before. For example, seventy-three percent of students referenced the belief that they feel that they have more progressive or contemporary views of mental health and mental illness compared to their parents, who tend to have more traditional or 'old-fashioned' perspectives of mental illness. Just under half of the students (47%) used phrases revealing the belief that mental illness is something that individuals should 'keep to themselves' or 'try and get over on their own, before seeking help.' This suggests that requiring help of others is perceived negatively, both personally and publicly. If students feel as if they must handle everything on their own, they may wait until extreme circumstances before seeking treatment for a mental illness. Only nine out of fifteen students explicitly stated an affirmatory belief regarding the stigmatization of mental illness among contemporary Vietnamese. However, five of the other six students, who claimed there is no stigma, made remarks in other points of their interviews that conflicts with previous things they had said or implied. One-third of the students interviewed explicitly mentioned the word *crazy* in association with perception of mental illness, regarding either themselves or another person. The continued use and prevalence of the word *crazy* when referring to someone struggling with mental illness is likely adding to the lingering stigmatization of mental illness

among Hanoian University students. Observational data patterns also suggest stigmatization of mental illness: students tended to talk softly about mental illness and mental health, as well as kept their answers short. This trend was especially evident during the focus group because that was a situation in which all students were not required to respond, in which some participants did not share much at all if any. This trend indicates that mental illness stigma is prevalent and influential to the extent that students do not want to be seen or heard talking about it, even in a hypothetical sense.

Failure to meet cultural and familial expectations is likely one of the reasons that mental illness continues to be stigmatized. Ninety-three percent of students stated that they think stress is normal, with only one-third of those students not qualifying the point to which stress is not normal. Every student except one mentioned academic stress as a primary part of life that causes them stress and anxiety with no indication of its possible relation to mental illness. Other stressors in students' lives repeatedly were stress related to societal and familial expectations. There is a normalization of stress and the extreme pressures that students face. This culture of stress may contribute to a student feeling isolated and ashamed to seek help if they no longer feel as if they can handle it themselves. Parents in Vietnam have high academic expectations for their children, and mental illness may prevent a child from being able to meet these expectations (Abdullah & Brown, 2011). Only about half of the students interviewed said that they have had conversations with their parents regarding mental illness or mental health, and 73% of students expressed large gaps of understanding between how their parents view mental illness and how they view mental illness. The lack of conversations and gaps in beliefs likely contributes to students feeling as if they cannot talk to their parents about their mental health, especially if it is negatively affecting their academic performance. Not talking about mental illness or what kind

of stress is normal does not decrease stigma, but instead unintentionally reinforces the notion that mental illness and struggling is not something to be discussed and should be dealt with individually. Students do not want to admit that they are struggling or need help because they do not want to risk failing to succeed and disappointing their parents. The emphasis on parental expectations is likely related to the influence of Confucian values and the importance of filial piety in Vietnamese culture. Confucian values compounded with the notion that "one loses face, one feels tremendous shame, which is shared by the entire family, as well as feelings of inferiority for not attaining the goals and ideals defined by the family" (Ang & Huan, 2006, p. 524). However, as awareness regarding mental illness is increased, and people begin to see it as a disease instead of the fault of the individual, negative perspectives of mental illness will hopefully become less prevalent. Currently, many individuals perceive mental illness as a 'loss of face' due to a shallow understanding that mental illness is controllable. The notion that it is control, may lead the Hanoian university students to negatively perceive individuals who have a diagnosed mental illness, for they believe the individual is not taking the situation into their own hands. It is not that the values of Vietnamese society which need to change in order to decrease stigmatization, but instead greater awareness and affirmation that mental illness is not something which puts shame on the individual or the family.

This lack of accurate understanding about what mental illness is, its symptoms, and forms of treatment was evident during interviews with local university students in Hanoi. When interviewing students, they were asked: "How would you define the term mental illness?" (See Appendix B). In response to this question, only 40% of students defined *mental illness* using two or more of the characteristics used by the American Psychiatric Association (What is mental illness). But over half of students used examples of mental illnesses (such as anxiety or

depression) in their definition, providing examples of a phenomenon they may not have been able to express verbally. A lack of clear understanding of what mental illness is, and how it affects individuals seems to have had negative impacts on the way university students in Vietnam view mental illness. Out of the students who were interviewed, the ones that had the most positive perspectives about mental illness and treatment for it, such as counseling or medication, were the students who had friends or family members that had struggled with mental illness or had struggled with it themselves. Previous research has demonstrated that "poor knowledge reduces care seeking presumably because individuals who do not recognize symptoms of mental illness and are unaware of available treatments are less likely to seek help" (Rüsch, Evans-Lacko, Henderson, Flach, & Thornicroft, 2011, p. 675). This phenomenon is likely what is occurring among the Hanoi University students interviewed, with the lack of awareness contributing to negative perceptions of mental illness. The lack of awareness about mental illness, especially in a cultural context where struggling is already stigmatized, may contribute to the negative perceptions' students have regarding mental illness.

The lack of awareness and accurate understandings of mental illness likely contributes to the low amounts of conversations about it that university students reported having with their peers. Eleven students acknowledged talking about mental illness, but six of those students then qualified their response by acknowledging a limit to what they are willing to share with friends. In one interview, Laura, a female student at the Hanoi University of Pharmacy described her conversations about mental illness with her peers: "I always complain with my friends about my study at university. Sometimes with a problem that I can share with [them]... Private problems, I would not" (Laura, 2018). Laura and five other student's limits to the extent could be attributed to how "children are socialized to be hypersensitive to the judgment of others" (Ang & Huan,

2006, p. 524). This fear of judgment from others stems from the collectivist orientation of Vietnamese culture and reinforces pre-existing stigma regarding mental illness (Abdullah & Brown, 2011). The less that mental illness is talked about, the more that it is unintentionally reinforcing the notion that it is a taboo subject, ultimately hindering the destigmatization process. Nine out of the fifteen students, when asked about providing advice for a friend who was struggling with mental illness did not mention any form of doctor, psychiatrist or general practitioner. This could be the effects of cultural stigmatization, where "referring such a patient to a psychiatrist without adequate preparation may imply to the patient that he or she is crazy, which carries tremendous shame in the culture" (Kinzie, 2012). It is unclear from the results of this study, whether this is related exclusively to the stigma of mental illness, or if it is more directly linked to a lack of awareness regarding mental illness. It is possible that it is the low amount of conversations students have, creates an environment in which students who may desire to seek support for a mental illness feel as if the subject is taboo.

The interviews with the students reveal the entwined nature of Western and Traditional aspects of Vietnamese culture, especially when examining treatment for mental illness. Responses illustrated a diverse range of thought regarding treatment of mental illnesses from Western Medicine (counseling, medication), Traditional medicine (meditation, eating differently), or neither (talking to friends, watching movies). About 50% of students gave examples of Western medicine as treatment options, about 25% gave examples of Traditional medicine, and the other 25% provided examples of neither Western nor Traditional medicine. The latter is the most concerning, for they likely are the individuals with the least amount of knowledge regarding mental illness. The lack of understanding various methods for treatment has been shown in previous research (Rüsch, Evans-Lacko, Henderson, Flach, & Thornicroft,

2011) to be negatively correlated with prejudice and discrimination of mental illness. Both Western and traditional medical treatment forms have been shown to be beneficial in the treatment of mental illness. It is likely that since most of the current research regarding treatment of mental illness has been conducted in the West, that this is the reason that more students are aware of Western forms of treatment for mental illness. However, many students mentioned forms of Traditional medicine in their practices of self-care, which again indicates the combination of traditional and Western medicine as treatment and preventative measures against poor mental health. The diverse range of thought students have about treatment for mental illness, could increase negative perceptions if a student views a method of treatment as 'better' or 'worse' than other options.

Western and Traditional cultures have different views of the cause of illness. Western cultures tend to blame internal factors, and traditional cultures place emphasis on the external factors. Almost every Hanoian University student (thirteen out of the fifteen interviewed) recognized external factors as the cause of mental illness with, ten students specifically mentioning stress as a cause. The perception that mental illness is caused by external factors confirms Latzer's (2003) study which found that in most non-Western cultures' patients believe illness, both mental and physical, is caused by circumstances outside of the body, the somatization of symptoms. The emphasis on external factors is likely the result of traditional views of medicine that focus on "on the banishment of evil forces, the isolation, and neutralization of a disruptive external influence, and the resolution of day-to-day problems" (Latzer, 2003, p. 80). The cultural emphasis on external factors may be related to perceptions of mental illness, for mental illnesses such as anxiety and depression are not always caused by stress or an event. Emphasis on external factors implies healing once the external problems are

resolved which is also not necessarily the case and may lead to increased isolation. An example of this is the ‘normalization’ among Hanoian university students, in which extreme amounts of stress are normalized; thus, isolating students or individuals who do not feel as if they can handle the pressure.

Mental health Professionals

Table 2: Coded Responses of Mental Health Professionals

	Total number of Responses	Percent of Responses
Females	4	80%
Males	1	20%
Number of Institutions represented	3	
Most of their patients come in out of choice	3	60%
Most of their patients come in due to external pressure	2	40%
Patients feel embarrassed or nervous about seeing a mental health professional	3	60%
Use Traditional medicine as a form of treatment for mental illness	3	60%
Believes that Vietnamese people tend to hide that they are struggling until it is severe	4	80%
Mention a lack of awareness regarding mental illness among the Vietnamese population	4	60%
Believes that awareness is imperative to decreasing negative perceptions of mental illness	4	80%
Describes the current perception of mental illness among the Vietnamese population as negative	4	80%
Have observed positive improvements in perceptions of mental illness over the course of their career	4	80%
Mentions the benefits of access to information	4	80%
Thinks the future of mental health and mental illness issues in Vietnam is positive	4	80%

See Appendix D for complete table

The mental health professionals interviewed for this study provide a nuanced perspective of mental health and mental illness within the cultural context of Hanoi, Vietnam. It is important

to note some of the critical differences between the views of the doctors and the perspectives of the students. The professionals represent the educated elite within the field of mental illness in Vietnam. The university students do not have a comparable background, both in regard to the level of education attained and knowledge about mental illness. The mental health professionals interviewed, have done extensive research, and have a sophisticated understanding of how mental illness manifests itself within the context of individuals, and methods of treatments. The university students interviewed do not have the same background or experience with in mental illness. Additionally, there is also a large age gap between the students and the professionals; this age difference may have an impact on perspectives due to generational differences between the two groups. It is due to these numerous differences that the mental health professionals were interviewed with the intent of gaining a comprehensive understanding of perspectives of the public regarding mental illness, instead of comparing and contrasting the attitudes between the two groups.

The majority of the mental health professionals interviewed (80%) acknowledged a lack of awareness and negative perceptions of mental illness among members of the Vietnamese population. Not having a precise knowledge about mental illness and its causes, symptoms, and treatments can lead to increased negative perceptions of it, for individuals are more susceptible to believing common stereotypes (Rüsch et al., 2011). Dr. Harboe has experienced this phenomenon with many of her patients. She explains to them how mental illness "is a very long range. They also don't see some signs of mental illness as a problem... They think it has to be very serious and have to go to the hospital. They feel shame and don't want to accept that they have a mental illness" (Harboe, 2018). The deficiency in knowledge about to mental illness inhibits individuals from recognizing signs of when they, or someone they know, needs to seek

help from a professional and inhibits people from dealing with mental illness. The lack of knowledge about symptoms of mental illness may contribute to people normalizing them, and internalizing inaccurate beliefs that they are normal ways to feel. The lack of awareness only contributes and perpetuates the existing stigma which then "is a major barrier to obtaining information about mental illness problems to aid in recognizing the existence of mental health problems" (Abdullah & Brown, 2011, p. 935). Forty percent of the professionals specifically cited social media as a beneficial method of combatting this, by providing accurate mass information regarding mental illness on various social network sites such as Facebook, Twitter, and Instagram. The same professionals also cited social media and the internet as a likely contributor to the decreased stigmatization of mental illness that they have seen over their careers. The stigmatization of mental illness is also illustrated by how 80% of the mental health professionals interviewed believe that Vietnamese tend to hide that they are struggling until it is severe. This leads to the normalization of stress, which was previously mentioned in regard to the responses of the university students. The normalization of stress may contribute to an individual being unable to recognize differences in symptoms of stress and mental illness until the mental illness is severe. In a culture in which mental illness understood and is not stigmatized, the number of individuals hiding struggles with mental illness would not be as high.

In addition to the increasing awareness regarding mental illness, 80% of mental health professionals interviewed have seen noticeable improvements in the public's perspectives regarding mental illness over their career. Dr. Hall describes the benefits of the decreasing stigmatization with Vietnamese culture for it helps "with solving problems and working with the patients it helps a lot. They are very cooperative. They will work with you instead of against you. They used to not accept the fact that they are struggling" (Hall, 2018). This example provides

some initial confirmatory data for Abdullah and Brown's (2011) study within the context of Vietnam that public-stigma negatively interferes with the treatment process of individuals receiving treatment for mental illness. Although de-stigmatization of mental is slowly occurring in Hanoi, sixty percent of the professionals mentioned that they do not find that labelling or diagnosing their patients with anxiety or depression beneficial, except in severe cases. If the action of diagnosing an individual with a mental illness is detrimental to their recovery process, it is likely because the professionals have observed the weight and influence of negative perceptions of mental illness in their practice. Eighty percent of the professionals also believe that the future of mental illness issues in Vietnam is positive. Ms. Miller describes the current "attitude about my job and my department is extremely positive... I think the overall attitude at this university is that counseling is very positive... I think there is a general feeling of progress, but still, a lingering stigma surrounding it" (Miller, 2018). Ultimately, the responses of the mental health professionals have shown stigma continues to surround mental illness within Vietnamese communities in Hanoi. However, it was also noted by 80% of the mental health professionals that the stigmatization of mental illness has been improving over time and that many believe that in the future only progress will be made.

An important distinction between common mental illness services in Vietnam and the Westernized regions is the perceptions patients have about Traditional and Western medicine as treatment for mental illness. Research done in South East Asia has previously indicated that individuals are more likely to report somatic complaints than psychological complaints when seeking treatment for mental illness, possibly explaining the preference of Traditional medicine for mental illness (Ngo et al., 2014). The cultural focus on somatization could contribute to Vietnamese individuals typically favoring Traditional medicine responses to mental illnesses,

such as anxiety or depression, over more common Western forms of treatment like psychotherapy, due Traditional medicine addressing the physical complaints a patient may have (Ngo et al., 2014, p.3). Dr. Brown, a Traditional medicine specialist at the Traditional medicine hospital in Hanoi, explained it as, "all disease comes from the physical and mental problems... if you use Traditional medicine to treat for one disease you have to treat for both together at the same time" (Brown, 2018). Vietnamese may be more comfortable seeing Traditional medicine specialists like Dr. Brown, for Traditional medicine validates their somatic complaints, while also treating the underlying psychological symptoms. Traditional medicine is also already a part of Vietnamese culture, so an individual may feel less judgment and shame from seeing a Traditional medicine specialist than from a counselor (originally a Western form of treatment). Traditional medicine approaches to mental illness differ from conventional methods used in the West. Latzer's 2003 study found that patients in cultures with a traditional orientation, transfer their expectations of Traditional medicine on to Western treatment methods, such as medication or counseling. For example, patients were less likely to view their illness as a result of psychological processes, but instead as a reaction to circumstances (Latzer, 2003). These expectations may lead individuals to expect to heal immediately, similarly to how they would experience healing from Traditional medicine healers. These unmet expectations may contribute to an individual feeling ashamed for their inability to cope and feel as if they are a failure, and lead to self-isolation. Ms. Miller described this phenomenon in her experiences as a counselor for University students in Hanoi, having students who would "come once and then either wouldn't come back [or] say they'll make another appointment and don't, or don't need to schedule another appointment. But most people would be more than a few sessions. A lot more than a few, maybe 75%" (Miller, 2018). According to all of the mental health professionals there is not an

understanding among their patients that recovery from a mental illness is gradual and may take more than one session. In most Traditional medicine circumstances, healing occurs over a short period or is immediate, but mental illness treatment takes time, even when using traditional approaches such as meditation or acupuncture. It is possible that students have internalized some of these notions of how healing should be immediate, and that is why they do not come back. This could influence people's perceptions of mental illness, for it is something that takes time to heal from, and conflicts with Traditional notions of healing.

Of the five mental health professionals interviewed for this study, 60% reported the majority of their patients come in out of choice. Individuals seeking help out of their volition indicates that mental illness may be less stigmatized than it once was. One of the professionals, Ms. Miller, a counselor at a University in Hanoi, said "many times the people who get referred don't come. I'd say I have a pretty low success rate of getting people who referred actually to turn up. Usually, if they want to come, they come, and if they don't want to come, they don't come" (Miller, 2018). There is inherently a self-selection bias among the patients that the professionals see, which may influence their perceptions of the greater population. Professionals only see the individuals who come in and receive service, and not necessarily all the people who are referred to services or others who need service but never come in. However, the 40% interviewed whose majority of patients do not come in on their own, are professionals who work predominantly with minors, so many times their parents bring them in for a consultation. The data that patients primarily come in as a result of their desires could suggest a decrease in stigma surrounding mental illness within Vietnam. Prior studies have found that "a stronger intention to seek help for a mental illness from a general practitioner was predicted by stronger attitudes of tolerance and support for community care, better knowledge about mental illness" (Rüsch et al., 2011, p. 677).

Individuals seeking help suggests a personal recognition among individuals of instances in which they need help; however, a fear of publicly acknowledging mental illness still exists. Many individuals who are referred do not follow-through, and many individuals initially feel shame or embarrassed about seeking treatment for mental illness and refuse to tell their friends or family. These feelings could be related to the lack of conversations the university students mentioned having with their friends and family. If conversations about mental illness were happening between friends and family, an individual may be less likely to feel a public stigmatization of mental illness.

Limitations of Research and Areas for Further Research

Despite all attempts to minimize limitations on the data collected for this study, there are a few limitations that could limit the reliability and the validity of the data due to the sample used. The most prominent limitation to this research is the inability to draw correlational and causal relationships between mental illness perception and other variables. Relationships were still analyzed between variables, but most of it is speculation, and further research needs to be done to confirm or deny them. This study was conducted over the course of a month by only one researcher, so there was not time to gather qualitative data to the point of saturation. Out of thirty universities in Hanoi, the sample only included participants from six. The universities were not randomly selected either; instead, snowball sampling was used as the primary way of gaining contact information of students at other universities. The responses of the five mental health providers interviewed have limitations due to the small sample size, and limited number of institutions interviewed. Although, efforts were made to sample a diverse group of mental health professionals, the validity of their responses is lower due to the small sample size. The sample

group also was not a representative sample, due to limitations in the sampling method used.

Snowball sampling and convenience sampling do not provide a representative sample, which limits the generalizability of the research conclusions. However, this study does have a diversity within the participants of the two subject groups which help to minimize the limitation of the subject group.

The sample for this study has high validity for the perspectives of university students and mental health professionals within the context of Hanoi but not within the context of the larger Vietnamese population. The researcher was not from Hanoi, so gaining access to a diverse group of willing university students and mental health professionals from a variety of institutions was a limitation of the study and could have inhibited the diversity of data collected. The use of a focus group has inherent limitations that formal single subject interviews do not have. The focus group may have prevented the students from sharing their honest opinions because of fear of what their peers would say. This limitation likely has little influence, since the members of the focus group were friends and so they likely felt more comfortable sharing their opinions than they may have with strangers. The combination of focus-group and single subject interviews allowed for two methods of data-collection which have opposite limitations, thus minimizing the overall limitations of the methods.

The lack of previous research done on mental illness perspectives in Vietnam meant that there was limited research that had viable sampling or methods of data collection that could have been recreated for this survey. So, there are likely limitations in the methodological approach used to collect the data. In many of the interviews, language and cultural barriers could have been influential. Many of the participants spoke fluent English, but some of the interviews required translators. Using a translator limits the amount of data that is collected and also

paraphrased responses from the participant, instead of verbatim answers. It is likely, that despite all the attempts made to minimize the influence of Western paradigms regarding mental illness, that they influence the interpretation analysis of responses of participants. It is possible that the cultural bias influenced the coding of the interview responses. In order to address these two limitations, the researcher spent the two months before the research acclimating and getting acquainted with Vietnamese culture, customs, and people, so although it still may be influential, the bias was limited to the maximum it could be.

Areas for Further Research:

With more funding, time, and researchers, future studies would be able to use the findings from this study as a starting point for a more extended longitudinal study on perspective of mental illness. Longitudinal studies would be able to evaluate the change of stigma over time, which may be interesting since the results of this study indicate that mental illness is gradually becoming de-stigmatized. Cross-sectional studies could also provide interesting data about generational differences in the perception of mental illness. Conducting interviews utilizing random sampling among university students all over Vietnam would allow for conclusions to be reached that are generalizable to the larger population. Researchers would have the ability to acquire a randomized sample of University students and mental health providers that could speak more generally to the perspectives of those populations. There is room for expansion and more thorough data collection to provide researchers with more data to draw correlational conclusions from. Comparative studies, phenomenology's, or in-depth case studies could also be done in the future to study impacts and relationships between perspectives of mental illness, and the type of University attended, location, the age of a counselor, differences in gender, social media, generational differences, government policies, socio-economic status, and other variables.

Revising or changing the method of data collection could also yield interesting results regarding perspectives of mental illness, for individuals may be more willing to be candid and honest in an online survey than they are in a formal interview setting.

Conclusion

The results of this study provide initial research into the perspectives that local university students and mental health professionals in Hanoi have regarding mental illness. It is clear that a stigma continues to linger and influence the way in which individuals, especially students, talk about and perceive others who are struggling with mental illness. However, it is important to note the complexity of perception. Many of the characteristics within perception and stigmatization of mental illness within Vietnamese culture are interconnected. This study is not representative of all the perspectives university students or mental health professionals in Hanoi, but instead provides initial insight into how mental illness is viewed generally. The overall responses of both the university students and the mental health professionals interviewed suggests that the stigmatization of mental illness is interconnected to Vietnamese cultural values. The cultural context of Hanoi, Vietnam may influence the students and the mental health professional's interpretation and perceptions individuals have regarding mental illness. The assessment of correlational and causal relationships could not be explored between these variables and perception of mental illness. Instead, this was an exploratory study of perception of mental illness and future studies could use the initial findings from this study to form hypotheses and design an experiment that could address that question.

Previous research done on stigma, has shown that culture is incredibly powerful in the stigmatization of mental illness within a group (Abdullah & Brown, 2011). The results of this

study are in agreement with this finding even when comparing the answers of two very different subject groups. Although the responses of the two subject groups are not directly comparable, comparing the two does bring some interesting insight to the observations of each group. Student responses to interview questions revealed the lack of awareness regarding mental illness, that mental health professionals mentioned as a contributor to the negative stigma. Students at universities in Hanoi have a more progressive view of mental illness, than previous generations, but they continue to be heavily influenced aspects of Vietnamese culture that seemingly shame mental illness if one does not have a complete understanding of mental illness. The mental health professionals had a very progressive view towards mental illness and the importance that improved awareness will likely have on decreasing the existing stigmatization.

It is important that research continues to be done on mental illness perceptions within Hanoi and within all of Vietnam. Understanding about how perceptions are formed can lead to actionable steps to decrease stigmatization of mental illness. Decreasing the stigmatization of mental illness will lead to individuals willingly seeking help. Individuals who seek help and receive proper treatment for mental illness are then able to continue contributing to society and the economy in meaningful and effective ways. It is not that changes need to be made to Vietnamese culture to decrease stigmatization, but instead an increased awareness and accurate understanding among individuals on how to address mental illness, its causes, its symptoms, and the way it manifests itself in individuals.

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Personal Reflection

The chance to conduct my own research this month is an experience that has helped me discern more about what I hope to do in the future. Having the chance to craft my own research question and follow it through has led me to finalizing this paper which is one of the academic achievements that I am most proud of. This study has taught me a lot about Western paradigms I have regarding mental illness, and it has caused me to reflect on other aspects of my life in which I have been close-minded. This independent study was not always easy, and some days finding the motivation to work on it was harder than others, but those days were few. It made it clear to me the importance of passion and interest when choosing a topic to study. After having conducted this research, I have realized how much of a passion I have for mental illness and counseling. I am now considering graduate school in counselling in hopes of going abroad in the future, maybe even back to Vietnam, to increase awareness and act as a counselor for individuals who may be struggling with mental illness.

These past four months I have learned a lot about myself and about who I want to be. I have received a lot of generosity and hospitality from Vietnamese individuals, especially during my homestay and while conducting interviews, and I hope to bring those notions back home with me. I have also learned a lot about Traditional medicine perspectives and hope to continue to learn more and keep updated with the research on its effectiveness as a form of treatment for mental illness.

Appendix A
Interview Guide: Mental Health Providers

DEFINE THAT WE ARE TALKING SPECIFICALLY ABOUT EMOTIONAL HEALTH, MOST SPECIFICALLY ANXIETY AND DEPRESSION

- 1) How long have you been providing mental health related services?
- 2) Describe your career path to becoming a psychiatrist.
 - (i) What degrees do you have?
- 3) How many patients do you serve?
- 4) Do your patients come in out of choice, or because they are forced to due to other reasons?
 - (i) (such as being required by a family member or primary care doctor)?
- 5) How do your patients typically feel or react to initially having to see a mental health specialist?
 - i) Do those feelings usually change over time?
- 6) What is the most common form of treatment you recommend for anxiety?
- 7) What is the most common form of treatment you recommend for depression?
- 8) How do you balance Western and Traditional medicine as a response to emotional health issues?
- 9) How do you believe Vietnamese people view mental illness?
- 10) How does the public's view of mental illness effect your practice?
- 11) How does the public's view of mental illness effect your patients?
- 12) How has awareness regarding mental illness changed while you've been providing health services?
 - i) What you think is the future of mental health and mental illness issues in Vietnam?

Appendix B:
Interview Guide: University Students

- 1) How old are you?
- 2) How would you define the term mental illness?
 - a) Then provide this definition for the rest of the interview:
 - (1) “health conditions involving changes in emotion, thinking or behavior (or a combination of these). Mental illnesses are associated with distress and/or problems functioning in social, work or family activities” (What is Mental Illness).
- 3) Do you ever talk with your friends about issues related to mental illness?
- 4) Have your parents ever talked to you about mental health or mental illness?
- 5) How do you think your view of mental illness compares to your parents?
- 6) Does your university have any services to help with mental illness?
- 7) What treatment options do you know about for people struggling with anxiety or depression?
- 8) If a friend had a mental illness problem, what kind of advice would you give them?
- 9) Did your parents or school ever have discussions with you about anxiety or depression?
- 10) How do you define self-care?
 - a) How do you engage in self-care?
- 11) What do you think are the biggest causes of mental illness?
- 12) What parts of your life cause you to feel stress?
 - a) Do you feel as if your stress is normalized in those spaces?
- 13) What would have to happen to cause you to seek guidance from a mental health provider?
- 14) In your opinion, is there a stigma surrounding mental illness in Vietnamese culture?

Appendix C:*Table 3: Complete Student Data from Coded Interviews*

	Total number of Responses	Percent of Responses
Female Students	12	80.00%
Male Students	3	20.00%
Universities that have mental health services	2	33.33%
Mentioned 2 out of three of the characteristics of mental illness laid out in the APA definition	6	40.00%
When defining mental illness, provided examples (<i>i.e. anxiety, depression, etc.</i>)	8	53.33%
Have talked with their friends about mental health or mental illness	11	73.33%
Limit to what they share with friends regarding their stress or struggles	6	40.00%
Have talked with their parents about mental health or mental illness	8	53.33%
Mentioned big difference of perspectives regarding mental illness between themselves and their parents (<i>ex: parents are more progressive, and they are more conservative</i>)	11	73.33%
Mention of keeping mental illness or struggles to themselves	7	46.67%
Mention of “trying to get over mental illness on their own” before willingly seeking help	7	46.67%
Mentions of Western forms of treatment for mental illness	7	46.67%
Mentions of Traditional forms of treatment for mental illness	4	26.67%
Mentions of neither Traditional or Western forms of treatment for mental illness	4	26.67%
Mention of external factors for cause of mental illness	12	80.00%
Mention of internal factors of mental illness	2	13.33%
Mentions stress as a cause of mental illness	10	66.67%

Mentioned stress related to expectations	9	60.00%
Mentioned stress related to school	14	93.33%
Mentioned stress related to family	6	40.00%
Believes that stress is normal	14	93.33%
Qualifies the amount of stress that is normal	9	60.00%
Unsure about advice they would give a friend who was struggling with mental health	1	6.67%
Did not mention advising a friend who was struggling with their mental health seeing a doctor, a psychologist, or a counselor	9	60.00%
When asked about if they would ever see a mental health specialist, qualified their answer	7	46.67%
Believes there's stigma surrounding mental illness	9	60.00%
Claims there's no stigma, but answers indicate that they have observed it	5	33.33%
Mentioned feelings of apathy towards mental illness (<i>ex: not really a problem in Vietnam</i>)	5	33.33%
At some point their school talked to them about mental illness or mental health	5	33.33%
Expression of desire for greater awareness about mental health and mental illness	6	40.00%
Indicated embarrassed to talk with friends about mental health or mental illness	8	53.33%
Use of the word crazy in regard to someone struggling with mental illness	5	33.33%

Appendix D:*Table 4: Complete Mental Health Professionals Data from Coded Interviews*

	Total number of Responses	Percent of Responses
Females	4	80%
Males	1	20%
Number of Institutions represented	3	
Most of their patients come in out of choice	3	60%
Most of their patients come in due to external pressure	2	40%
Use consultation as a form of treatment for mental illness	4	80%
Patients feel embarrassed or nervous about seeing a mental health professional	3	60%
Use Traditional medicine as a form of treatment for mental illness	3	60%
Believes that Vietnamese people tend to hide that they are struggling until it is severe	4	80%
Mentions that many patients do not feel as if they have anyone to share their struggles with	3	60%
Mention a lack of awareness regarding mental illness among the Vietnamese population	3	60%
Believes that awareness is imperative to decreasing negative perceptions of mental health	4	80%
Mention of social media as a way of improving access	2	40%
Describes the current perception of mental illness among the Vietnamese population as negative	4	80%
Have observed positive improvements in perceptions of mental illness over the course of their career	4	80%
Mentions differences in perspective between older and younger generations	2	40%
Mentions the benefits of access to information	4	80%
Thinks the future of mental health issues in Vietnam is positive	4	80%