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PSYCHOLOGICAL DISTRESS AND ITS SOCIAL- PSYCHOLOGICAL CORRELATES AMONG UNIVERSITY STUDENTS IN HANOI

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ABSTRACT

Background: University life presents unique challenges, including academic demands, social adjustments, and increased independence, often contributing to psychological distress. The Symptom Checklist-90-R (SCL-90-R) is widely used to assess mental health issues across nine dimensions, such as depression, anxiety, and obsessive-compulsive symptoms. This study aims to assess the prevalence of psychological distress among university students in Hanoi, Vietnam, and identify associated demographic and contextual factors. **Methods:** A cross-sectional study was conducted among 535 university students from 10 universities in Hanoi. Participants completed a structured questionnaire, including demographic information, traumatic events experienced in the past six months, and the SCL-90-R to measure psychological distress. Logistic and Tobit regression models were used to analyze the data. **Results:** Among the participants, 58.3% were positive for significant psychological distress, with a mean total SCL-90-R score of 150.60 (SD = 61.77). Obsessive-compulsive symptoms (44.3%), depression (41.9%), and interpersonal sensitivity (40.8%) were the most prevalent dimensions. Key factors associated with higher distress included experiencing traumatic events such as relationship breakdowns, loss of family or friends, and unmet physical needs. Second-year students and those living with family reported lower odds of positive outcomes compared to other groups. **Conclusion:** This study underscores the significant burden of psychological distress among university students in Vietnam and highlights the interplay of demographic and contextual factors. Universities must prioritize mental health initiatives to support student well-being and academic success. Future research should adopt longitudinal designs to further explore these dynamics and evaluate intervention effectiveness.

KEYWORDS: Psychological distress, university students, SCL-90-R, traumatic events, mental health, Vietnam.

1. INTRODUCTION

University life is a critical transitional phase, marked by significant changes in academic, social, and personal domains (Tavakoly Sany *et al.*, 2023). Students face the challenge of adapting to increased academic demands, new living arrangements, and greater independence, which can lead to heightened levels of stress and vulnerability to mental health issues (Porru *et al.*, 2022). Alongside these pressures, factors such as familial expectations, financial constraints, and peer dynamics contribute to the complexity of university life. These stressors can manifest as psychological distress, including symptoms of anxiety, depression, and somatization, potentially impairing students' academic performance and overall well-being (Campbell *et al.*, 2022).

The Symptom Checklist-90-R (SCL-90-R) is a comprehensive tool designed to evaluate psychological symptoms across nine dimensions, including depression, anxiety, obsessive-compulsive tendencies, and interpersonal sensitivity (Kostaras *et al.*, 2020). Its utility in assessing the severity and prevalence of psychological distress has been well-documented across diverse populations. Among university students, the SCL-90-R has proven effective in identifying both common and severe mental health issues, providing a foundation for targeted interventions (Huang & Li, 2009; Kostaras *et al.*, 2020; Rivera-Ledesma *et al.*, 2013; Yu *et al.*, 2020). Studies using the SCL-90-R have shown that university students frequently report high levels of psychological distress, influenced by academic pressures, personal challenges, and cultural factors (Huang & Li, 2009; Kostaras *et al.*, 2020; Rivera-Ledesma *et al.*, 2013).

Globally, research has highlighted the variability in mental health outcomes among university students based on demographic and contextual factors. For instance, students in competitive academic programs or those with limited social support networks are more likely to experience psychological distress (Campbell *et al.*, 2022). Additionally, traumatic life events such as family loss, unmet physical needs, and relationship breakdowns have been linked to increased symptom severity (Natalie *et al.*, 2017). Cultural norms and societal expectations further shape the expression of psychological symptoms, underscoring the need for localized studies to understand specific population needs.

This study aims to assess the prevalence and severity of psychological symptoms among university students in Hanoi, Vietnam, using the SCL-90-R. By examining demographic and contextual factors, such as academic year, living situation, and exposure to traumatic events, the

research seeks to identify key predictors of psychological distress. The findings will provide valuable insights into the mental health challenges faced by this population and inform the development of targeted interventions to enhance their psychological well-being.

2. MATERIALS AND METHODS

2.1. Study Design and Participation

This study was conducted among university students currently enrolled in various universities across Hanoi in 2024. The institutions included Hanoi Medical University, Hanoi University of Science and Technology, Hanoi Law University, National Economics University, University of Transport and Communications, Thuy Loi University, University of Culture, Vietnam Youth Academy, Diplomatic Academy of Vietnam, and Hanoi National University of Education. Participants varied in their fields of study, gender, family backgrounds, and academic performance, providing a diverse sample representative of the student population.

A total of 535 students participated in the survey. Each university contributed 50 participants, except for the Vietnam Youth Academy, which provided 85 participants. The inclusion criteria were university students aged 18 to 25 years who were currently enrolled in full-time programs in Hanoi and provided informed consent to participate. Students on leave or those diagnosed with severe psychological disorders that might interfere with survey completion were excluded. The data collection process involved administering a questionnaire that took approximately 15 minutes per respondent. To ensure clarity and address any questions, the research team coordinated with university administration to secure time during class sessions and was present in classrooms to assist students as needed.

2.2. Data Collection and Measurement

Before the main survey, a pilot study was conducted with 30 students from two selected universities in Hanoi to evaluate the clarity, reliability, and appropriateness of the questionnaire. Feedback from the pilot participants was used to refine the wording of questions and improve the overall flow of the questionnaire. The pilot responses were excluded from the main analysis.

Data were collected using a structured, self-administered questionnaire. Participants were recruited during class hours with prior permission from university administrators. The research team provided a brief introduction to the study, explained the questionnaire, and addressed any questions or concerns before participants began. To ensure accurate responses, the research team remained

present throughout the survey process to assist with any issues. Each questionnaire took approximately 15 minutes to complete. The questionnaire consisted of three sections:

1. **Demographic Information:** This section collected data on participants' gender, academic year, living situation, and socioeconomic background (e.g., economic status categorized as low, average, or well-off). These variables were used to describe the sample and as independent variables in subsequent analyses.
2. **Traumatic Events:** Participants were asked about their experience with 17 types of traumatic events over the past six months, including illness, financial crises, relationship breakdowns, academic challenges, and exposure to violence or natural disasters. Responses were rated on a four-point Likert scale (1 = never, 4 = often). These variables were included as predictors to assess their association with psychological outcomes.
3. **Symptom Checklist-90-R (SCL-90-R):** Psychological distress was measured using the validated SCL-90-R, which consists of 90 items across nine symptom dimensions: somatization, obsessive-compulsive symptoms, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism. Each item was rated on a five-point Likert scale (0 = not at all, 4 = extremely), with higher scores indicating greater psychological distress. Averages for each dimension and a total score were calculated. Participants with average scores greater than 2 on any dimension or a total score of 160 or higher were classified as positive for significant psychological distress (Kostaras et al., 2020).

The questionnaire underwent thorough review and validation to ensure it was culturally appropriate and suitable for the study population. Responses were collected anonymously to maintain confidentiality and encourage honest reporting. Data

quality was monitored throughout the collection process.

2.3. Statistical Analysis

Data analysis was performed using Stata version 16.0. Logistic regression was used to identify factors associated with overall positive outcomes on the SCL-90-R, defined by average scores exceeding a threshold or a total score of 160 points or more. Tobit regression was applied to analyze the overall SCL-90-R scores, accounting for censoring in the score distribution. Statistical significance was set at $p < 0.05$.

2.4. Ethical Approval

The study protocol was reviewed and approved by the Institutional Review Board (IRB) of the Youth Research Institute. Participants were informed about the study's purpose, procedures, and confidentiality measures. Written informed consent was obtained from all participants prior to their inclusion in the study.

4. Results

Table 1 summarizes the demographic characteristics of the participants. The sample consisted of 535 individuals, with a majority being female (61.1%), followed by males (37.2%), and a small proportion identifying as other (1.7%). Participants were relatively evenly distributed across academic years, with first-year students comprising 29.5%, second-year students 30.6%, third-year students 29.9%, and fourth-year students 9.9%. Regarding living situations, most participants lived with their families (45.1%), while 33.9% lived with friends and 21.0% lived alone. Economic status varied, with 42.5% reporting an average financial situation, 30.9% indicating they were well-off or had sufficient income, and 26.6% identifying as having low financial resources. This demographic overview highlights a diverse sample in terms of gender, academic progression, living arrangements, and economic background.

Table 1: Characteristics of participants.

Variable	Categories	Frequency (n)	Percentage (%)
Gender	Male	199	37.2
	Female	327	61.1
	Other	9	1.7
Academic Year	First Year	158	29.5
	Second Year	164	30.6
	Third Year	160	29.9
	Fourth Year	53	9.9
Living Situation	Living Alone	112	21.0
	Living with Family	241	45.1
	Living with Friends	181	33.9
Economic Status	Low	142	26.6
	Average	227	42.5
	Well-off/Sufficient Income	165	30.9

Table 2 provides an overview of traumatic events experienced by participants in the past six months. The most frequently reported events included illness, with 36.6% experiencing it sometimes and 11.2% often, and conflicts with others, with 38.2% sometimes and 13.1% often. Financial crises affected participants less frequently, with 35.5% reporting they never experienced it and 8.6% experiencing it often. Loss of family or friends was rare, with 45.8% never experiencing it and only 6.0% often. Stressful work environments and imbalances in time management were prevalent, with over 30% of

participants reporting these sometimes. In contrast, severe events such as assault or harassment (55.0%) and house damage or loss (53.8%) were most commonly never experienced. Participants also reported struggles with self-awareness and adapting to new environments, with 20.8% and 12.5% experiencing these often, respectively. Overall, the data indicates varied exposure to traumatic events, with common occurrences related to personal conflicts, health, and time management challenges, while severe external events were less frequent.

Table 2: Traumatic events in the last 6 months.

Event	Never	Rarely	Sometimes	Often
	N (%)	N (%)	N (%)	N (%)
1: Illness	122 (22.8)	156 (29.2)	196 (36.6)	60 (11.2)
2: Financial Crisis	190 (35.5)	174 (32.5)	125 (23.4)	46 (8.6)
3: Loss of Family/Friends	245 (45.8)	152 (28.4)	106 (19.8)	32 (6.0)
4: Decline in Academic Results	127 (23.7)	155 (29.0)	179 (33.5)	74 (13.8)
5: Conflicts with Others	88 (16.5)	172 (32.2)	204 (38.2)	70 (13.1)
6: Relationship Breakdowns	109 (20.4)	201 (37.6)	163 (30.5)	62 (11.6)
7: Breakup with Partner	219 (40.9)	118 (22.1)	132 (24.7)	66 (12.3)
8: Physical Injury	205 (38.4)	139 (26.0)	145 (27.2)	45 (8.4)
9: Natural Disaster at Hometown	271 (50.7)	108 (20.2)	102 (19.1)	54 (10.1)
10: Lack of Self-Awareness	129 (24.1)	130 (24.3)	165 (30.8)	111 (20.8)
11: Stressful Work Environment	140 (26.2)	156 (29.2)	179 (33.5)	60 (11.2)
12: Unmet Physical Needs	214 (40.0)	142 (26.5)	131 (24.5)	47 (8.8)
13: Loss of Important Things	177 (33.1)	136 (25.4)	164 (30.7)	58 (10.8)
14: Assault or Harassment	294 (55.0)	98 (18.3)	108 (20.2)	35 (6.5)
15: House Damage or Loss	288 (53.8)	105 (19.6)	112 (20.9)	30 (5.6)
16: Imbalance in Time Management	126 (23.6)	142 (26.5)	155 (29.0)	112 (20.9)
17: Difficulty Adapting	167 (31.2)	158 (29.5)	143 (26.7)	67 (12.5)

Table 3 presents the results of the Symptom Checklist-90-R (SCL-90-R), highlighting the prevalence and severity of psychological symptoms among participants. Somatization symptoms were positive in 37.4% of participants, with a mean score of

19.63 (SD = 9.49), while obsessive-compulsive symptoms were positive in 44.3%, averaging 18.61 (SD = 7.86). Sensitivity and depression were positive in 40.8% and 41.9% of participants, with mean scores of 15.78 (SD = 6.72) and 21.43 (SD = 9.30), respectively.

Table 3: Results of the Symptom Checklist-90-R (SCL-90-R).

Symptom	Category	N	%	Mean (SD)
Somatization	Positive (Avg > 2)	201	37.4	19.63 (9.49)
	Negative	336	62.6	
Obsessive-Compulsive	Positive (Avg > 2)	238	44.3	18.61 (7.86)
	Negative	299	55.7	
Sensitivity	Positive (Avg > 2)	219	40.8	15.78 (6.72)
	Negative	318	59.2	
Depression	Positive (Avg > 2)	225	41.9	21.43 (9.30)
	Negative	312	58.1	
Anxiety	Positive (Avg > 2)	194	36.1	14.51 (7.54)
	Negative	343	63.9	
Anger-Hostility	Positive (Avg > 2)	180	33.5	9.82 (4.88)
	Negative	357	66.5	
Phobic-Anxiety	Positive (Avg > 2)	190	35.4	11.24 (5.99)
	Negative	347	64.6	
Paranoid Ideation	Positive (Avg > 2)	161	30.0	9.72 (4.83)
	Negative	376	70.0	
Psychoticism	Positive (Avg > 2)	186	34.6	15.49 (8.14)
	Negative	351	65.4	
Others	Positive (Avg > 2)	161	30.0	9.73 (4.76)
	Negative	376	70.0	
Overall	Positive	313	58.3	150.60 (61.77)
	Negative	224	41.7	

Anxiety was positive in 36.1% of cases with a mean score of 14.51 (SD = 7.54), while anger-hostility and phobic-anxiety were positive in 33.5% and 35.4%, with mean scores of 9.82 (SD = 4.88) and 11.24 (SD = 5.99). Paranoid ideation and psychoticism were positive in 30.0% and 34.6%, averaging 9.72 (SD = 4.83) and 15.49 (SD = 8.14). The "Others" category was positive in 30.0%, with a mean score of 9.73 (SD = 4.76). Overall, 58.3% of participants were categorized as positive for the total symptom score, with a mean total score of 150.60 (SD = 61.77), indicating significant psychological distress in the majority of the sample.

Table 4 highlights the significant variables associated with positive outcomes on the SCL-90-R and their impact on the overall score. Among academic years, 2nd-year students were less likely to report positive outcomes compared to 1st-year students (OR: 0.44, 95% CI: 0.22, 0.87; $p < 0.05$), with a corresponding reduction in total score (Coef.: -12.76, 95% CI: -22.26, -3.27; $p < 0.05$). Living with family was associated with lower odds of a positive outcome (OR: 0.43, 95% CI: 0.20, 0.92; $p < 0.05$), though its effect on the total score was marginal (Coef.: -9.52).

Several traumatic events in the last six months significantly increased the odds of a positive outcome

and total scores. Loss of family or friends (OR: 1.60, 95% CI: 1.11, 2.31; $p < 0.05$) and relationship breakdowns (OR: 1.98, 95% CI: 1.38, 2.85; $p < 0.05$) were notable predictors, with corresponding increases in total scores of 6.00 (95% CI: 1.32, 10.68; $p < 0.05$) and 10.17 (95% CI: 5.60, 14.75; $p < 0.05$), respectively. Declines in academic results (Coef.: 7.30, 95% CI: 3.19, 11.40; $p < 0.05$) and stressful work environments (Coef.: 8.05, 95% CI: 3.86, 12.24; $p < 0.05$) were also associated with increased distress.

Unmet physical needs (OR: 1.96, 95% CI: 1.45, 2.66; $p < 0.05$) significantly increased both the likelihood of a positive outcome and the total score (Coef.: 6.48, 95% CI: 2.21, 10.75; $p < 0.05$). Assault or harassment (OR: 2.81, 95% CI: 1.78, 4.42; $p < 0.05$) and house damage or loss (OR: 1.74, 95% CI: 1.19, 2.56; $p < 0.05$) were further significant predictors, associated with total score increases of 8.20 (95% CI: 2.99, 13.42; $p < 0.05$) and 7.07 (95% CI: 1.97, 12.17; $p < 0.05$), respectively.

Difficulty adapting was negatively associated with positive outcomes (OR: 0.88, 95% CI: 0.78, 0.99; $p < 0.05$), though its effect on total score was not significant. These findings underscore the significant influence of traumatic events and certain contextual factors on psychological distress as measured by the SCL-90-R.

Table 4: Factors associated with SCL-90-R positive and overall score.

Description	OR (95% CI)	Coef. (95% CI)
Female (Ref: Male)	1.16 (0.62, 2.14)	-0.95 (-8.87, 6.98)
Academic year		
2nd Year (Ref: 1st Year)	0.44 (0.22, 0.87)*	-12.76 (-22.26, -3.27)*
3rd Year (Ref: 1st Year)	0.36 (0.17, 0.73)*	-5.50 (-15.34, 4.34)
4th Year (Ref: 1st Year)	0.97 (0.30, 3.07)	4.96 (-8.63, 18.55)
Living Situation		
Living with Family (Ref: Living Alone)	0.43 (0.20, 0.92)*	-9.52 (-19.40, 0.35)
Living with Friends (Ref: Living Alone)	0.81 (0.37, 1.80)	-3.22 (-13.49, 7.06)
Economic Status		
Average Economic Status (Ref: Low)	0.78 (0.38, 1.61)	-8.34 (-17.83, 1.15)
Well-Off Economic Status (Ref: Low)	0.91 (0.43, 1.96)	-2.17 (-11.97, 7.64)
Frequency of traumatic events in the last 6 months		
Illness	1.16 (0.97, 1.40)	1.37 (-1.62, 4.37)
Financial Crisis	0.89 (0.66, 1.21)	1.51 (-2.80, 5.82)
Loss of Family/Friends	1.60 (1.11, 2.31)*	6.00 (1.32, 10.68)*
Decline in Academic Results	1.30 (0.95, 1.77)	7.30 (3.19, 11.40)*
Conflicts with Others	1.08 (0.76, 1.55)	2.22 (-2.52, 6.96)
Relationship Breakdowns	1.98 (1.38, 2.85)*	10.17 (5.60, 14.75)*
Breakup with Partner	1.08 (0.82, 1.43)	4.21 (0.39, 8.02)*
Physical Injury	1.03 (0.77, 1.40)	3.60 (-0.62, 7.82)
Natural Disaster at Hometown	1.18 (0.85, 1.66)	4.12 (-0.44, 8.68)
Lack of Self-Awareness	1.23 (0.94, 1.60)	5.29 (1.39, 9.19)*
Stressful Work Environment	1.16 (0.87, 1.55)	8.05 (3.86, 12.24)*
Unmet Physical Needs	1.96 (1.45, 2.66)*	6.48 (2.21, 10.75)*
Loss of Important Things	1.16 (0.87, 1.53)	6.47 (2.40, 10.54)*
Assault or Harassment	2.81 (1.78, 4.42)*	8.20 (2.99, 13.42)*
House Damage or Loss	1.74 (1.19, 2.56)*	7.07 (1.97, 12.17)*
Imbalance in Time Management	1.14 (0.85, 1.52)	2.09 (-1.95, 6.14)
Difficulty Adapting	0.88 (0.78, 0.99)*	-0.73 (-2.73, 1.27)

5. DISCUSSION

This study examined psychological distress and its associated factors among university students in Hanoi. The results revealed that a significant proportion of students exhibited positive outcomes on the Symptom Checklist-90-R (SCL-90-R), indicating notable levels of distress. Specifically, over 40% of participants showed symptoms of obsessive-compulsive tendencies, depression, and interpersonal sensitivity. Various traumatic events and contextual factors, such as academic year and living situation, were significantly associated with psychological distress, providing insights into the challenges faced by this population.

Traumatic events emerged as a critical determinant of psychological distress among university students, with a range of experiences contributing to varying levels of impact. Frequent events such as illness, interpersonal conflicts, and relationship breakdowns were consistently associated with increased distress, as reflected in positive SCL-90-R outcomes. Although severe events, including assault, harassment, and house damage, were reported less often, their association with significantly higher distress scores highlights their profound psychological impact. Notably, first-year and second-year students were particularly vulnerable, especially those struggling to adapt to the university environment. The transition from high school to higher education often brings a new level of academic, social, and personal challenges that can overwhelm students, contradicting the common perception of a carefree student life. The study findings reveal that even seemingly less severe stressors, such as time management and self-awareness challenges, contribute meaningfully to mental health burdens depending on students' psychological resilience. Global research parallels these findings, illustrating the pervasive nature of trauma in student populations. In South Africa, nearly all students at a historically disadvantaged institution reported exposure to traumatic events, with physical assault and transportation accidents being the most prevalent (Padmanabhanunni, 2020). Similarly, in Spain, 92% of students reported experiencing at least one traumatic event, with the death of a loved one and physical violence among the most common (Bados *et al.*, 2012). Research from Pakistan and England further supports this trend, showing high rates of exposure to adversities, including childhood trauma, sudden loss, and assaultive violence (Davies *et al.*, 2022; Khan *et al.*, 2016). These international patterns reinforce the notion that students, regardless of geographic or cultural background, face substantial psychological

risks. Recognizing the diversity and intensity of these experiences, it becomes imperative for universities to develop targeted interventions, including mental health support systems and resilience-building programs, to better address the complex challenges students encounter.

The results of the Symptom Checklist-90-R (SCL-90-R) revealed that 58.3% of participants were classified as positive for psychological distress, with a high mean total score of 150.60 (SD = 61.77). Obsessive-compulsive symptoms were the most prevalent, affecting 44.3% of participants (mean = 18.61, SD = 7.86), followed by depression (41.9%, mean = 21.43, SD = 9.30) and interpersonal sensitivity (40.8%, mean = 15.78, SD = 6.72). Other dimensions, such as somatization (37.4%, mean = 19.63, SD = 9.49), anxiety (36.1%, mean = 14.51, SD = 7.54), and anger-hostility (33.5%, mean = 9.82, SD = 4.88), highlighted pervasive emotional and physical challenges. Interviews provided context to these findings, with students describing severe psychological impacts such as physical exhaustion, social withdrawal, and emotional instability. For example, a first-year student recounted a two-month crisis marked by nausea, weight loss, and feelings of inadequacy, while a fourth-year student reported uncontrollable anxiety and anger following negative experiences. These findings align with international studies, highlighting both similarities and contextual differences. For example, obsessive-compulsive symptoms and depression were also prevalent among Chilean and Mexican university students, with women often showing higher levels of psychological distress (Gempp & Avendaño, 2008; Rivera-Ledesma *et al.*, 2013). Meanwhile, Chinese studies found obsession and anxiety to be dominant dimensions, although overall mental health levels varied (Huang & Li, 2009). These comparisons suggest that while certain psychological challenges are universally prevalent among students, local socio-cultural factors significantly shape the manifestation and intensity of distress. The results emphasize the need for tailored mental health interventions, particularly for high-risk groups such as first-year students and those with limited support networks.

Several demographic and contextual factors were significantly associated with psychological distress, as measured by the SCL-90-R. Second-year students were less likely to exhibit positive outcomes compared to first-year students, potentially due to heightened academic pressures and transitions during this phase (Natalie *et al.*, 2017). Academic disciplines also play a role, with students in demanding fields such as law, economics, and engineering showing poorer mental health outcomes

(Backhaus et al., 2020). Furthermore, living conditions influenced psychological distress; students living with family exhibited lower odds of positive SCL-90-R outcomes, possibly due to familial expectations and conflicts. In contrast, those living independently or in dormitories often faced heightened stress due to reduced social support and increased responsibilities, consistent with findings linking living arrangements to mental health challenges (Huda et al., 2021; Wattanapisit et al., 2022).

Traumatic events emerged as strong predictors of both positive SCL-90-R outcomes and higher total scores, emphasizing the complex interplay between personal, social, and environmental stressors on mental health. Events such as the loss of family or friends, unmet physical needs, and relationship breakdowns were particularly impactful, contributing to elevated symptoms of depression, anxiety, and posttraumatic stress (Aydin et al., 2009). The severity of these symptoms was often correlated with the number and type of traumatic events experienced, with adverse childhood experiences (ACEs) linked to more severe outcomes, including depression and anxiety (Kaminer et al., 2023). Specific events, such as sexual assault, were associated with high levels of posttraumatic stress disorder symptoms (Frazier et al., 2009). These findings highlight the importance of addressing traumatic experiences and providing tailored mental health interventions for students, particularly those with a history of significant adversity.

The study's findings have important implications for university mental health services. Institutions should prioritize the development of comprehensive

mental health programs that address the diverse needs of students. Interventions should focus on managing interpersonal conflicts, providing resources for students experiencing trauma, and promoting resilience. Additionally, universities should consider implementing preventative measures, such as counseling services and workshops, to mitigate the effects of common stressors like academic pressure and time management challenges.

Despite its contributions, this study has several limitations. The cross-sectional design limits the ability to infer causality between traumatic events, contextual factors, and psychological distress. The reliance on self-reported data may have introduced recall bias or social desirability bias. Furthermore, the study was conducted in Hanoi, which may limit the generalizability of findings to students in other regions or countries with different cultural and educational contexts.

6. CONCLUSION

This study highlights the high prevalence of psychological distress among university students in Vietnam, with significant contributions from traumatic events and contextual factors. The findings underscore the need for targeted interventions to address mental health challenges in this population. By fostering supportive environments and providing accessible mental health resources, universities can help mitigate the impact of psychological distress and promote the well-being of their students. Future research should explore longitudinal designs and interventions to further understand and address these pressing issues.

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