

MENTAL DISTRESS AND COPING STRATEGIES OF VIETNAMESE STUDENTS IN THE US DURING THE COVID-19 PANDEMIC

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<p>Received: 18/9/2022</p> <p>Revised: 22/12/2022</p> <p>Published: 22/12/2022</p> <p>KEYWORDS</p> <p>Vietnamese university students in the US</p> <p>Mental distress</p> <p>Psychological distress</p> <p>Coping strategies</p> <p>COVID-19 pandemic</p>	<p>COVID-19 has a great impact on students around the world. However, little is known about the effect of the COVID-19 pandemic on Vietnamese university students in the US. This study evaluated mental distress levels in this population group and their coping strategies during the COVID-19 pandemic. Therefore, an online questionnaire survey was carried out among Vietnamese university students who have been staying and studying in the US since the onset of the COVID-19 pandemic via Facebook. The researcher adopted the K10 and Brief COPE scales in the questionnaire survey. With 103 valid respondents, the results of the study indicated that a large proportion (79.61%) of Vietnamese students in the US indeed experienced mental distress, ranging from mild to severe levels. They were exposed to the increasing stressors, thereby affecting their mental health during the pandemic. However, they also showed that they tried to reduce those psychological burdens by applying adaptive strategies such as acceptance, doing something else, and active coping.</p>

SUY SẬP TINH THẦN VÀ CÁC CHIẾN LƯỢC ĐỐI PHÓ VỚI SỰ SUY SẬP TINH THẦN CỦA DU HỌC SINH VIỆT NAM Ở MỸ TRONG ĐẠI DỊCH COVID-19

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THÔNG TIN BÀI BÁO	TÓM TẮT
<p>Ngày nhận bài: 18/9/2022</p> <p>Ngày hoàn thiện: 22/12/2022</p> <p>Ngày đăng: 22/12/2022</p> <p>TỪ KHÓA</p> <p>Du học sinh Việt Nam ở Mỹ</p> <p>Suy sập tinh thần</p> <p>Đau khổ tâm lý</p> <p>Chiến lược đối phó</p> <p>Đại dịch COVID-19</p>	<p>Đại dịch COVID-19 có những ảnh hưởng vô cùng to lớn lên học sinh/sinh viên trên toàn thế giới. Tuy nhiên, rất ít nghiên cứu tìm hiểu về ảnh hưởng của đại dịch COVID-19 đối với sinh viên Việt Nam tại Mỹ. Nghiên cứu này đã đánh giá mức độ đau khổ về tinh thần trong nhóm đối tượng này và các chiến lược đối phó của họ trong đại dịch COVID-19. Do đó, một cuộc khảo sát trực tuyến bằng bảng câu hỏi đã được tiến hành giữa các sinh viên đại học Việt Nam đang sinh sống và học tập tại Hoa Kỳ kể từ khi đại dịch COVID-19 bùng phát thông qua Facebook. Nhà nghiên cứu đã áp dụng thang đo mẩu K10 và Brief COPE trong cuộc khảo sát. Với 103 người trả lời hợp lệ, kết quả nghiên cứu chỉ ra rằng phần lớn (79,61%) sinh viên Việt Nam tại Mỹ đã thực sự gặp phải tình trạng đau khổ về tinh thần (bao gồm cả mức độ nhẹ và nặng). Đối tượng nghiên cứu đã phải đối mặt với những tác nhân gây căng thẳng ngày càng tăng do đại dịch, do đó ảnh hưởng đến sức khỏe tinh thần của họ. Dù vậy, họ cũng cho thấy rằng họ đã cố gắng giảm bớt những gánh nặng tâm lý đó bằng cách áp dụng các chiến lược thích ứng như chấp nhận, làm việc khác và chủ động đối phó.</p>

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1. Introduction

Since early 2020, the COVID-19 pandemic has caused tremendous loss of human life and disruption of normal activities across the globe. Recent findings indicated that the pandemic and its associated effects have not only triggered a physical health crisis but also substantially affected the mental health of various populations in a negative manner [1]. Therefore, given the COVID-19 situation, mental distress has become a bigger concern for society [2]. Particularly, international students are reported to be susceptible to the risk of mental health decline in the course of the pandemic. This is supposed that they had to encounter more unique impediments to sustain their mental health during the pandemic [3].

In the wake of the pandemic, the US is one of the most severely affected countries in the world (with 82 million infected people by March 28th, 2022) [4]. Several news articles had recorded mental distress caused by COVID-19 among Vietnamese students in the US; however, there have been few studies delving deeply into the prevalence of mental distress among this foreign student group as well as ascertaining the coping strategies they applied to address this mental issue throughout the pandemic [5] (despite the fact that there were 31,613 Vietnamese students studying in the US during the 2018–19 academic year (1,095,299) [6]).

Hence, this study aims to evaluate the mental distress level of Vietnamese students in the US and the coping strategies they were more likely to employ to diminish their mental distress during the pandemic. This study can contribute to the existing literature by providing empirical substantiation for the mental experiences of Vietnamese students in the US in the COVID-19 era. Although the COVID-19 pandemic has gradually passed, other unexpected events and pandemics will continue to appear in the future. Studies like this are still essential for future implications, which help provide appropriate psychological support or training for this population. In this study, the author focuses on addressing the following questions:

1. What was the prevalence of mental distress among Vietnamese students in the US during the COVID-19 pandemic?

2. What strategies for coping with mental distress were most often used by Vietnamese students in the US during the COVID-19 pandemic?

Early research indicated that the pandemic's spread and the closure of university campuses had a profoundly severe impact on the mental health of college students. For instance, Son et al. [7] observed that 71% of college students experienced an increase in COVID-19-related stressors in their interview survey study on the effects of the pandemic on college students' mental health in the US.

Particularly, the COVID-19 pandemic and its associated containment measures were considered to have a significant negative impingement on overseas students' mental health [8]. Most studies conducted in different nations showed high psychological distress levels among international students during the COVID-19 crisis. Specifically, 70.5% of the 261 international students from 63 universities in South Korea who participated in the research by Chiara et al. [9] using the Kessler Psychological Distress Scale (K10) reported suffering psychological distress, of which 29.5% said it was severe. Similarly, in a cross-sectional survey of 402 foreign students in 26 regions of China, symptoms of psychological distress were reported by 71.4% of the participants [10]. Additionally, cross-sectional research of Chinese overseas students attending US institutions revealed a significant increase in the prevalence of psychological distress (78.35%) during the COVID-19 pandemic [11].

In general, the pandemic highlighted students' vulnerability, especially international students in many different countries in the world. Thus, it is rational to hypothesize that Vietnamese international students in the US also bore the psychological distress arising from COVID-19-related anxiety as those in other countries.

Coping can be defined as a behavioral or cognitive approach used by people to deal with demanding and stressful circumstances [12]. Normally, individuals usually react differently when facing with difficult situations. Some respond positively, while others respond negatively. Thus,

coping can be classified into adaptive and maladaptive strategies. Adaptive coping strategies are likely to reduce mental distress and are associated with better psychological adjustment, whereas maladaptive coping strategies are linked to the severity of mental distress and unexpected consequences in both physical and mental health after stressful situations and external sources [13].

It is evident that coping mechanisms may be beneficial or detrimental to mental health. Problem-focused and active coping strategies (i.e., acceptance, planning, positive thinking, optimism, humor, social support, and positive reframing) are supposed to most often have a beneficial impact on mental health (adaptive coping strategies). Differently, passive coping strategies (i.e., behavioral disengagement, using alcohol, denial self-isolation, thinking avoidance) and emotion-focused (i.e., self-blame, rumination, emotion expression) are typically discovered to have a detrimental effect on mental health (maladaptive coping strategies) [13].

According to Apgar and Cadmus [14], during the pandemic, American undergraduate social work students most frequently used the coping mechanisms of acceptance, self-distraction, planning, venting, and seeking emotional support, while the least frequently used coping mechanisms were self-blame, behavioral disengagement, and substance use. Another study among Polish students also found that they tended to utilize acceptance, self-distraction, active coping, and physical activity much more frequently than they employed denial, substance use, behavioral disengagement, and religious coping [13]. Besides, a review of related literature (from 15 articles) [15] pointed out that problem-focused coping by seeking social support from their friends, family members, and the university is the major coping strategy adopted by college students around the world during the pandemic. Differently, undergraduate students at a small college in the Southwest of the United States during the early stages of the pandemic in the study of Munsell et al. [16] were prone to apply maladaptive coping mechanisms, such as self-blame, denial, and disengagement.

2. Research methodology

2.1. Data collection tool

This study utilized a quantitative approach with a questionnaire survey to obtain data and information. The researcher distributed the questionnaire to Vietnamese overseas students in the US via Facebook and Messenger.

2.2. Sampling

The research participants are 103 Vietnamese university students of all ages, genders, universities, programs of study, and education levels (undergraduate [freshman, sophomore, junior, senior] or graduate [master's, doctorate]) who have been living and studying in the US throughout the COVID-19 pandemic. The author used convenience sampling to send survey questionnaires to potential participants. The researcher proactively contacted Vietnamese overseas students in the US who are members of Vietnamese student community groups in the US on Facebook and asked them to be a part of the sample group.

2.3. Questionnaire design

An English survey questionnaire comprises a clear four-part structure of the questionnaire as presented in the following sections.

2.3.1. Personal information and status

This section included questions related to participant's email address, level of education, and residency status (whether they have directly experienced living and studying in the US since the beginning of the pandemic).

2.3.2. Measurement of mental distress level

To assess participants' levels of psychological distress, this study adopted and modified the Kessler Psychological Distress Scale (K10) [17], consisting of ten questions that ask participants to rate how often they did experience a specific feeling (such as worthlessness, hopelessness, and tiredness) during the worst month since the commencement of pandemic. Answers ranged from "None of the time" to "All of the time" on a 5-point scale. Based on their total score, respondents were sorted into four groups: no psychological distress (10–19), mild psychological distress (20–24), moderate psychological distress (25–29), or severe psychological distress (30–50).

2.3.3. Coping strategies

This study was based on the brief COPE scale [18] consisting of items representing 28 coping methods and 14 domains. Respondents were asked to rate how frequently they performed the listed items by selecting one of four options (from 1 - "I have not been doing this at all" to 4 - "I have been doing this a lot"). The domains of the Brief COPE are problem-focused coping (active coping, seeking instrumental support, positive reframing, planning), emotion-focused coping (seeking emotional support, venting, humor, acceptance, religion, self-blame), and avoidant coping (self-distraction, denial, substance use, behavioral disengagement).

2.4. Data analysis

After sorting and filtering the data, the researcher found that only 103 of the 113 responses to the online survey were valid. This study applied the descriptive analysis method to describe data. In particular, the data, including demographic details, the degree of mental anguish (based on the K10 score), and the causes of mental distress, were displayed in tables or charts with frequency and percentage statistics.

3. Findings and discussion

3.1. Sample demographics

Table 1. Demographic characteristics of the respondents ($N = 103$)

Demographic characteristic	Frequency (n)	Proportion (%)
Academic level		
Undergraduate (Freshman, Sophomore, Junior, Senior)	83	80.58
Master's	11	10.68
Doctorate	9	9.71
Returning to Vietnam		
No	103	100

The demographic characteristic of respondents from the questionnaire survey is shown in Table 1. Out of the 103 eligible individuals, undergraduate students ($n = 83$, 80.58%) ranging from the first year to senior year outnumbered graduate students who were studying for master's degrees ($n = 11$, 10.68%) and doctorates degrees ($n = 9$, 9.71%). Besides, all the participants reported having remained in the US during the outbreak of the COVID-19 pandemic. From this sample group, the following results were found.

3.2. Mental distress level of Vietnamese university students in the US during the COVID-19 pandemic

Table 2 determines the change in stressors faced by respondents during the pandemic. Overall, the majority of respondents ($n = 86$, 83.50%) stated that the stressors impacting their mental health had increased during the pandemic. In comparison, only three (2.91%) participants reported a decrease in their stressors, while fourteen (13.59%) of the remaining said theirs remained the same. Some people had adapted and taken advantage of the changes brought by the pandemic well, which may be why they saw a decrease in their stressors. This result is comparable to the Son et al. [6] study.

Table 2. *Mental stressors for Vietnamese university students in the US throughout the COVID-19 pandemic (N=103)*

The overall mental stressors	Frequency (n)	Proportion (%)
Decrease	3	2.91
Stay the same	14	13.59
Increase	86	83.50

Table 3 depicts the proportion of mental distress among 103 Vietnamese university students based on the categories of the K10 scale that were previously specified in the study instrument. As shown in the table, a large number of Vietnamese international students ($n = 82$, 79.61%) went through mental distress of three different severities. It is clear that they mainly experienced mental distress in the mild ($n = 37$, 35.92%) and moderate ($n = 26$, 25.24%) levels. However, as many as 19 participants (18.45%) claimed to have undergone severe mental distress. Meanwhile, only around one-fifth ($n = 21$, 20.39%) of students reported normal or did not suffer psychological distress. This result is consistent with the prevalence of mental distress among Chinese international students studying in US colleges in the cross-sectional study of Lin et al. [11]. Nevertheless, this proportion is slightly higher than the study that also used the Kessler Psychological Distress Scale (K6 or K10) among foreign students in South Korea (70.5%) [9] and China (71.4%) [10]. The sample size may be a contributing factor to the observed difference between them. Also, it is possible that overseas students in the US may be exposed to more stressors and mental challenges than those in other nations, namely South Korea and China. As people all know, the pandemic's severity varies among nations so it could differ degrees of negative impact.

Table 3. *Mental distress level of Vietnamese university students in the US throughout the COVID-19 pandemic (N=103)*

K10 psychological distress category	Total K10 score range	Frequency (n)	Proportion (%)
No psychological distress	10-19	21	20.39
Mild psychological distress	20-24	37	35.92
Moderate psychological distress	25-29	26	25.24
Severe psychological distress	30-50	19	18.45

Overall, the results revealed that due to the growing number of stressors during the pandemic, Vietnamese international students in the US had a greater risk of experiencing mental distress. The presence of this mental issue indicates that students felt threatened or harmed by the pandemic-related changes.

3.3. Coping strategies

The distribution of coping mechanisms according to the Brief-COPE scale is shown in Table 4. As can be seen, the most commonly reported coping strategies were acceptance ($M = 3.07$, $SD = 0.90$), self-distraction ($M = 2.95$, $SD = 0.97$), active coping ($M = 2.80$, $SD = 0.83$), planning ($M = 2.77$, $SD = 0.89$), seeking instrument support ($M = 2.72$, $SD = 0.99$), seeking emotional support ($M = 2.66$, $SD = 1.10$), and positive reframing ($M = 2.57$, $SD = 0.98$). Similar research found that Polish students [13] and American undergraduate social work students [14] also employed these techniques as their primary coping mechanisms. Although seeking support from others was not the strategy of the first choice as in the study by Falasifah et al. [15], it remained one of the top strategies chosen by students after self-coping strategies were inefficient. The least used methods on the list were substance use, humor, denial, and behavioral disengagement. Obviously, problem-focused coping had a mean score that was greater than emotional-focused coping and avoidant coping, and this reveals that compared to the other coping strategy groups, a large number of students utilized problem-focused strategies as their primary coping mechanism.

Specifically, the participants acknowledged that they most frequently used acceptance strategies, which entail accepting the situation and figuring out how to live with it as opposed to trying to change it. It is understandable since according to Guszowska and Dąbrowska-Zimakowska [13], acceptance seems to be the best method to deal with distress when the situation is beyond control, for example, in a pandemic as complicated as the COVID-19 one. Adaptability will require an autoplasic response which is a change in the subject if changing the situation is not possible. Likewise, they also came to the conclusion that self-distraction, or doing something else to divert attention from a stressful situation, is adaptive in uncontrollable situations like the COVID-19 pandemic. Following these two strategies, Vietnamese students who were studying abroad applied active coping, which involves taking proactive or direct actions to get through a difficult situation as a means of coping with their mental distress. Additionally, several other strategies focusing on problems, such as seeking instrumental support, positive reframing, and planning, were also preferred by these students over avoidant coping strategies. Besides, Vietnamese students in the US did not regularly employ denial, substance use, and behavioral disengagement as coping mechanisms to ease their distress, comparable to Polish students in [13].

Table 4. *Coping strategies among Vietnamese university students in the US throughout the pandemic (N=103)*

Coping strategies		Mean (M)	Standard deviation (SD)	Rank
Problem-focused coping (M = 2.71)	Active coping	2.80	0.83	3
	Seeking instrumental support	2.72	0.99	5
	Positive reframing	2.57	0.98	7
	Planning	2.77	0.89	4
	Seeking emotional support	2.66	1.10	6
Emotion-focused coping (M = 2.35)	Venting	2.37	1.04	8
	Humor	1.79	1.05	12
	Acceptance	3.07	0.90	1
	Religion	2.17	1.01	9
	Self-blame	2.07	1.08	10
Avoidant coping (M = 2.04)	Self-distraction	2.95	0.97	2
	Denial	1.73	1.02	13
	Substance use	1.63	1.06	14
	Behavioral disengagement	1.84	0.97	11

The mental status of Vietnamese university students in the US is demonstrated in Table 5 after adopting the coping mechanisms. 60.2% (about three-fifths) of students shared their mental state was fair or much better. In the meantime, 29.13% ($n = 30$) of students reported that there was no change in the level of their mental distress, and 11 students (10.68%) admitted that their coping mechanisms had failed to lessen or even exacerbated their mental distress. Only 11 out of the 103 students said their coping mechanisms failed to lessen their mental distress and made them feel worse. This shows that many students were aware of what coping methods are appropriate and effective to help them relieve distress. However, students whose coping strategies had not worked or even worsen their mental well-being may also account for the high level of mental distress measured above.

Table 5. *The mental health state of Vietnamese university students after applying coping strategies (N=103)*

Mental health status	Frequency (n)	Proportion (%)
Much worse	5	4.85
Somewhat worse	6	5.83
Stay the same	30	29.13
Somewhat better	53	51.46
Much better	9	8.74

4. Conclusion

Findings of this research revealed that during the COVID-19 outbreak, Vietnamese university students in the US were prone to experiencing mental distress, and they could be considered a vulnerable group. However, Vietnamese international students in the US also showed that they were able to cope with those psychological burdens by applying adaptive strategies such as acceptance, doing something else, and active coping.

However, there are some limitation in this research. The study's primary limitation is its small sample size and convenience sampling method, so the possibility to generalize the results is limited. Additionally, since this study is a cross-sectional design, so the researcher has gained data about relationships between coping strategies and mental distress, not about the cause-effect dependencies.

For future studies, researchers should consider recruiting a greater number of respondents using random sampling techniques so that they can foster the variability of the subject as well as augment the generalizability of results. Moreover, instead of only employing the questionnaire survey as in this study, researchers could gather data by other methods, for example, in-depth interviews, to obtain more qualitative information. As the result, they can delve more into how international students did encounter mental distress. In addition, future studies could focus on more extensively examining the differences between the level of mental distress and demographic variables (e.g., gender, academic year, major), or the factors affecting the choice of coping strategies.

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