

## Mental Health Awareness among University Students in Bangladesh

<sup>1</sup> Farhana Islam, <sup>2</sup> Marzia Akter

<sup>1,2</sup> Lecturer, Department of Sociology, Dhaka International University, Badda - 1212, Dhaka, Bangladesh.

Email: <sup>1</sup> farhana.iswrdu@gmail.com, <sup>2</sup> marziaa618@gmail.com

Accepted: 26.11.2025

Published: 26.12.2025

DOI: 10.5281/zenodo.18364835

**Abstract** – This paper will discuss the awareness of mental health among University Students in Dhaka, Bangladesh. The study examines what influences perceptions and attitudes towards mental health with special attention to cultural, social and institutional barriers that impact the way University Students recognize, explain, and react to issues regarding mental health. The research integrates a mixed-method approach; quantitative and qualitative data are collected. The survey was administered to 50 university students to evaluate their overall knowledge and awareness regarding mental health problems; the in-depth interviews were carried out on 10 participants to have more insight on personal experience, issues, and attitude. The results indicate that there is a big discrepancy between theory and practice of mental health. The barriers to seeking help that have been identified as the main ones are cultural stigma, mental health education, and insufficient access to services. Also, peer influence and social norms were identified as having a strong influence on students willing to talk about mental health publicly. The paper proposes mental health education in university curricula, campaigns to decrease stigma, and easier mental health care. The study results can be useful in understanding the mental health consciousness of University Students in urban Bangladesh and may be used to suggest ways of enhancing mental health policies and initiatives at university level.

**Keywords:** Mental Health, Awareness, University Students, Stigma, Help-Seeking Behavior.

### I. INTRODUCTION

Mental health issues among university students have emerged as one of the most critical global issues, and it is very grave in Bangladesh. University students commonly experience high levels of academic stress, career identity confusion and social transitions, which render them particularly vulnerable to stress and anxiety disorders [1]. Yet, despite this growing demand, mental health issues among students in Bangladesh remain unhandled largely due to stigma, lack of awareness, and lack of availability of expert help [2].

Cultural myths, such as blaming mental illnesses on supernatural forces, continue to influence attitudes toward mental health and hinder help-seeking behavior [3]. Mental health literacy is also low in Dhaka, even among the more media-exposed students. The words ‘anxiety’ and ‘depression’ may be familiar, but students may not have a clear understanding of symptoms, causes and treatments [4]. Consequently, they very often do not recognize signs of distress and refer to informal sources like peers or social media, which fuels misinformation.

Stigma remains one of the strongest barriers to accessing support. Students fear being perceived as weak or inept at academics, and this will lead many to avoid visiting the campus counseling services or even talking openly about

their problems. At the same time, university mental health services are often underfunded, poorly promoted, and not integrated into the broader student support system.

Increased mental health literacy improves stigma reduction, better recognition of symptoms, and timely help-seeking. At the same time, mental health education has not been given priority at most universities in Bangladesh. This gap highlights the urgent need to strengthen awareness and support systems for students [5].

his study, thus aims to explore the students' mental health knowledge level at Dhaka and explores what contribute this perception among student, find out what is the key barriers they used to facing of help-seeking. These results will be important in the design of successful mental health programming and better university support services to meet students' needs for a campus environment that supports well-being, academic success, and life satisfaction. The aim of the research is to explore the public awareness levels about mental health among undergraduate students in Dhaka and understand how their perceptions and behaviors regarding seeking support are influenced by social, cultural, and institutional factors. The specific objectives are:

1. To estimate the cognitive level of mental health awareness among University Students;
2. The degree to which cultural and religious beliefs influence perceptions of mental health;
3. To identify the barriers that hinder access to mental health services;
4. To put forward suggestions to help in addressing mental health literacy.

### II. LITERATURE REVIEW

#### 2.1 Mental Health Awareness Among University Students in Bangladesh

Mental health among Bangladeshi university students is still not adequately addressed and mental health literacy in general is poor. A number of students have misunderstandings concerning etiology and therapy, indicating that directed information campaigns are needed [6]. There are similar gaps among rural populations; this indicates the importance of culturally specific interventions. Insufficient mental health education and excessive academic pressure make students unable to cope with their psychological problems, which leads to higher risks of low academic achievement and long-term mental disorders [7].

## 2.2 Cultural and Religious Influences on Mental Health Perceptions

Cultural and religious beliefs have strong influence on the attitudes toward mental health in Bangladesh, with many considering mental illness to be stigmatizing, spiritually attributed or a character flaw. Such views reinforce stigma and make awareness efforts difficult. Concerns over family reputation lead many, including university students, to fear social marginalization [8]. It is similarly found that mental illness is associated with ostracism, shame, and spiritual punishment. These beliefs discourage help-seeking and hinder access to care. In the case of university students, this dichotomy between traditional explanations and contemporary psychiatric theories is a source of confusion and fear of stigmatization list to intervention seeking [9], as well as putting their mental health at risk.

## 2.3 Barriers to Mental Health Services and Help-Seeking Behavior

Despite increasing awareness of mental health in Bangladesh, university students still face significant barriers to care. Stigma, a shortage of professionals, and limited university-based services are key obstacles. Even when services exist, students often cannot use them. Bangladesh has very few trained workers in mental health and a generally weak system of available services [10]. Available services are frequently not youth-friendly, with long wait times, high cost, and limited relevance to student needs. Poor funding and weak outreach further limit students' awareness of available support [11]. University resources also remain inadequate and under reported. These challenges point out a need for stronger campus-based services and targeted outreach to improve access and awareness.

## 2.4 Social Stigma and Its Impact on Mental Health Help-Seeking Behavior

Social stigma is considered one of the significant barriers to mental health care in Bangladesh among university students. Mental illnesses are generally perceived as personal weaknesses and hence invite discrimination and social avoidance. Such stigma explained by Goffman's Stigma Theory [12] and Meyer's Minority Stress Theory [13] enhances psychological distress. Stigma has a cultural origin and thus demands collective action for change. The internalization of stigma generally leads to untreated mental health problems or harmful coping behaviors. The need of the hour is to increase public awareness, media engagement, and community-based efforts aimed at reducing stigma and increasing support [14].

## 2.5 Gaps in the Literature and Areas for Further Research

Research in Bangladesh on mental health is increasing but has major gaps, particularly on mental health awareness, help-seeking behavior, and institutional trust. Studies are largely qualitative in nature; as such, they provided cultural insight but did not use quantitative measures of literacy and help-seeking. Finally, large-scale or mixed-method studies around metropolitan areas of Dhaka to evaluate intervention effects are largely absent [15]. The role of internationalization is, how gender, class, and location intersect in shaping barriers to care-is underestimated.

Moreover, institutional trust-arguably a critical enabler of students seeking out service-has garnered scant attention. There is a need for more research into the ways in which policies of institutions either foster or undermine trust in mental health support systems.

## III. THEORETICAL FRAMEWORK

Exploring factors contributing to mental health awareness and help-seeking behaviour among college students is only possible by taking into account these social, cultural and individual dynamics. This study uses an integrative framework of Stigma Theory, Health Belief Model (HBM), and Social Cognitive Theory to investigate factors that influence students' perceptions and actions towards mental health. Taken as a whole, these theories offer an understanding of impediments, factors that may facilitate help-seeking behaviour and social processes that may impact on help-seeking among university students.

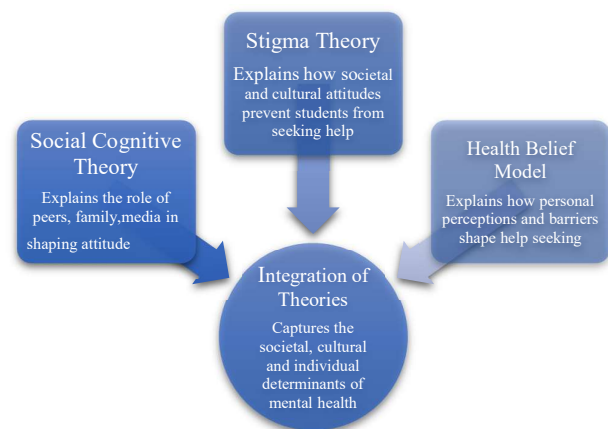


Figure 1: Integration of Theories

## IV. METHODOLOGY

### 4.1 Research Design

**Method** This mixed-methods study aimed to capture a holistic view of mental health awareness in Saudi university students using both quantitative and qualitative surveys. In total, 50 students were surveyed and a subset of 10 students' interviews were examined.

### 4.2 Data Collection

The quantitative findings were gained from online and paper surveys that had been given to the students. The qualitative data was collected with in depth semi-structured interviews. The study targeted 18-30 years old university students studying at DIU and other national universities

### 4.3 Data Analysis

Descriptive statistics were used to analyze the quantitative data and thematic analysis was employed for the qualitative data. The two approaches were combined synergistically to reveal a more comprehensive picture of students' mental health literacy and barriers to seeking help.

## V. DATA FINDINGS

### 5.1. Demographic Data Analysis

TABLE 1: DEMOGRAPHIC DATA OF THE RESPONDENTS

Category	Sub-category	Respondents (n)	%age
Age	18–21 Years	12	24.0%
	21–24 Years	11	22.0%
	24–27 Years	10	20.0%
	27–30 Years	9	18.0%
Gender	Male	22	44.0%
	Female	28	56.0%
Marital Status	Single	42	84.0%
	Married	6	12.0%
	Divorced/ Separated	2	4.0%
Education Level	Primary	3	6.0%
	Secondary/HSC	10	20.0%
	Graduate	30	60.0%
	Postgraduate	7	14.0%
Occupation	Student	45	90.0%
	Service Holder	3	6.0%
	Business	2	4.0%
	<b>Total</b>	<b>50</b>	<b>100.0%</b>

The 50 respondents are young, well-educated, and mostly students, whose ages are between 18 and 30. Most of them are aged between 18-26 years which is a representation of the target age of the youth especially students in the study. It is also gender inclusive, as the gender composition is equal, 56% and 44% respectively. Majority of the respondents (84) are single, which is in tandem with their academic or early career levels. The sample is highly educated, 60 percent of them have graduate or undergraduate degrees. Also, 90 percent of them are students, and this highlighting how the research is applicable to the young people in the education industry. This is a well-educated population that is youth based hence this demographic profile will ensure that the findings are accurate concerning the views of the people.

### 5.2 Awareness of Common Mental Health Disorders

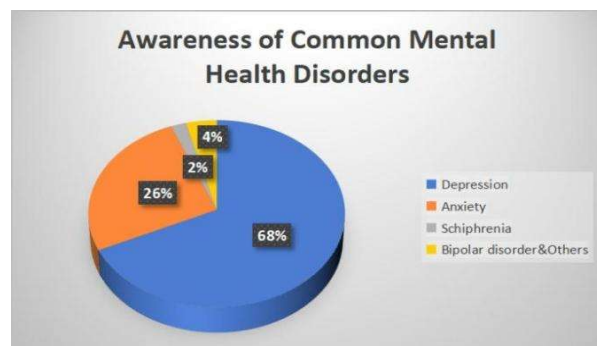


Figure 2: Awareness of Common Mental Health Disorders

According to the survey findings, out of 50 participants, 68% of them mentioned depression as a typical mental health disorder, and 26% identified anxiety. Other disorders

like schizophrenia 2% bipolar or others were noted with 4%. This implies that depression and anxiety are the best recognized mental health problems, and other problems such as schizophrenia and bipolar disorder are not well-known or accepted by the respondents.

Most of the participants had a rudimentary knowledge on mental health which they associated with stress, emotions, academic stressors and emotional well-being. But more-detailed conceptual knowledge about being sick, what makes us get that way and how it gets better was much less common.

One participant stated:

*"I think of mental health as a calm, peaceful mind no incessant worries and anxieties. It symbolizes inner harmony, joy and emotional equilibrium."*

### 5.3 Personal Experience with Mental Health Issues

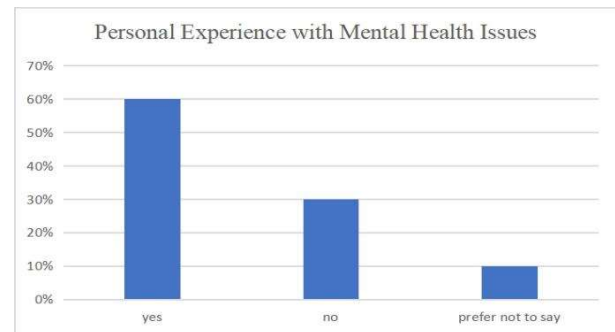


Figure 3: Personal Experience with Mental Health Issues

The chart indicates that 60% (30 respondents) have experienced mental health problems directly or indirectly and 30% (15 respondents) had not done so and 10% (5 respondents) had not replied. This means that most of them have had either first hand or indirect contact with mental health problems with a smaller percentage having no experience at all or they did not wish to disclose.

One respondent explained:

*"In my view, shame, social criticism, and lack of awareness all act as barriers. Many people feel embarrassed to talk about their problems, fearing that society will label them as "crazy." Some also fail to see mental illness as equally important as physical illness."*

### 5.4 Attitudes Toward Mental Health

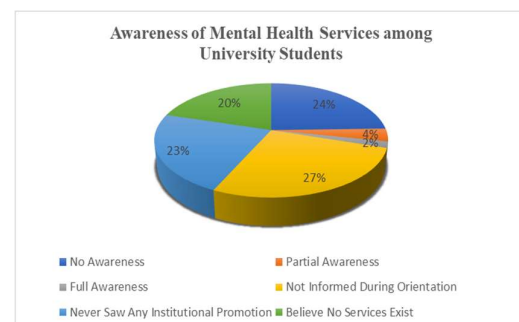


Figure 4: Level of awareness of mental health services among university students

The figure displays the distribution of students' awareness levels regarding campus mental health services. A total of 82% of respondents reported no awareness of any available services, 12% indicated partial awareness, and only 6% demonstrated full awareness of existing counseling or support mechanisms.

One respondent stated,

*"No, I am not aware of any mental health services around. I never heard any advertisements or anything discussed in the classroom."*

Another respondent stated,

*"All people in the society should create more awareness of mental health. Different workshops and seminars in educational institutions should be held and documentary films should be shown to create awareness on mental health."*

## 5.5 Recommendations for Improving Mental Health Literacy

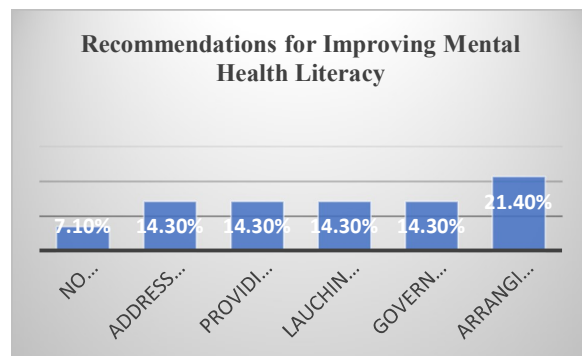


Figure 5: Recommendations for Improving Mental Health Literacy

The questionnaire yielded the following from Dhaka: 34 responses on how to improve mental health awareness. The most frequent response was "yes, of course," receiving 3 votes (8.8%) to show clear support for action. Most of the other suggestions received a vote each or up to 2 votes to show awareness that different approaches are needed. Highlighted in participants' responses were awareness campaigns, government programs, community efforts, and easily accessible mental health services. Fewer voted for "no," which really bolstered strong consensus that improving awareness of mental health is important.

One respondent explained:

*"Every school, college, and university should have a mental health professional available to provide free advice. Additionally, organizing various seminars on mental health can raise awareness and reduce stigma."*

Another said:

*"Everyone in society needs to become more aware of mental health. Educational institutions should organize various workshops and seminars, and documentary films should be shown to raise awareness about mental health."*

## VI. DISCUSSION

The present study explored the ways in which university students in Dhaka understand mental health, cope with psychological distress, and navigate help-seeking pathways. The integrated quantitative and qualitative results reveal a student cohort concerned with mental well-being but constricted by stigma, cultural norms, and insufficient institutional support.

Most students defined mental health as the balance of emotions and the ability to deal with stress, rather than a clinical disorder—a philosophy that may mirror global youth wellness ideals and cultural values in South Asia that focus on self-discipline and spirituality. While there was widespread recognition of depression and anxiety, knowledge of more severe disorders such as bipolar disorder and schizophrenia was minimal, suggesting low clinical literacy despite growing general awareness.

Cultural and religious norms played a significant role in shaping students' perceptions. Prayer, meditation, and spiritual practices are often turned to as coping strategies, reflecting how strongly religion influences emotional regulation in Bangladesh. Yet, the same cultural environment reinforces stigma: many students reported fearing judgment, shame, or social criticism, which discouraged open discussion and formal help-seeking.

A major concern highlighted in the study is that mental health services are inadequately accessible on university campuses. Students mentioned not knowing the location of counseling centers, a lack of professional personnel, or doubts about confidentiality and the ability to seek care off-campus due to financial or time constraints. Thus, most had to rely on informal support from family and friends and coping mechanisms like entertainment, physical activity, writing in a diary, and escape into the Internet. The effort provided emotional relief, but did not satisfy deeper was also an artist and songwriter.

The discoveries also indicate strong awareness of lifestyle elements—sleep, food, and physical exercise—in mental health among the students which mirror those seen in holistic well-being narratives that have emerged within Bangladesh. Even with such strong levels of awareness around 60% reported mental health problems, but formal help-seeking rates were low owing to stigma and service inaccessibility.

In conclusion, emerging evidence would indicate that while awareness of mental health is increasing amongst university students in Dhaka, institutional infrastructure has yet to follow suit. Challenges Mental health literacy and the availability, accessibility and assurance of confidentiality in counseling services that are culturally sensitive are essential for improving psychological well-being at university level in Bangladesh.

## VII. CONCLUSION

This survey has shown that despite an improving level of mental health awareness among university students in Dhaka, gaps in literacy, cultural stigma, and institutional support continue to impede effective help-seeking. Generally, students understand common mental health

issues, but their knowledge is lacking with regard to severe disorders. Cultural or religious beliefs provide emotional relief and yet reinforce stigma; hence, most students receive informal support rather than professional services. Institutional barriers, including limited counseling resources and lack of awareness, further limit access. However, students also perceive lifestyle factors to be impactful and describe a high need for formal mental health education and awareness programs with easy-to-access levels of support. Actions to overcome these cultural, structural, and informational obstacles to enhancing mental well-being and promoting a supportive mental health environment on campus are necessary.

## REFERENCES

- [1] R. Akter and D. Barua, "Academic Stress and Students' Mental Health: Insights from Private University Students in Bangladesh," *Society & Sustainability*, vol. 7, no. 1, pp. 23–31, 2025.
- [2] D. Saha and N.-E. Siddique, "The status of mental disorder and to identify the barriers of psychological treatment among university students," *Asian J. Innov. Res.*, 20-Nov-2024, doi: 10.54392/ajir2441.
- [3] T. A. Shohel, N. Nasrin, F. Farjana, T.-E. Ahmed Shovo, A. Rahman Asha, M. Akter Heme, A. Islam, P. Paul, and M. T. Hossain, "‘He was a brilliant student but became mad like his grandfather’: an exploratory investigation on the social perception and stigma against individuals living with mental health problems in Bangladesh," *BMC Psychiatry*, vol. 22, no. 702, 2022.
- [4] M. A. H. Bhuiyan, M. D. Griffiths, and M. A. Mamun, "Depression literacy among Bangladeshi pre-university students: Differences based on gender, educational attainment, depression, and anxiety," *Asian J. Psychiatric.*, vol. 53, p. 101944, 2020, doi: 10.1016/j.ajp.2020.101944.
- [5] J. Khatun, S. M. A. K. Azad, A. Y. Mahmud, S. Shiju, N. Jahanara, L. Malia, P. Sarkar, S. Munira, and M. A. Islam, "Online mental health support needs for undergraduate students of Dhaka University," *Bioresearch Commun. (BRC)*, vol. 11, no. 1, pp. 1764–1768, 2024, doi: 10.3329/brc.v11i1.78890.
- [6] M. Khan, R. Akter, and S. Barua, "Mental health literacy and awareness among university students in Bangladesh," *J. Mental Health Educ.*, vol. 15, no. 2, pp. 45–58, 2021.
- [7] Md. A. B. Siddique, M. R. Ovi, T. Ahammed, M. A. B. Chowdhury, and M. J. Uddin, "Mental health knowledge and awareness among university students in Bangladesh," *Heliyon*, vol. 8, no. 10, p. e11084, Oct. 2022, doi: 10.1016/j.heliyon.2022.e11084.
- [8] G. K. Paul, A. Shamim, M. N. Hasan, S. Naznin, R. Saha, and M. R. Akter, "Unravelling the mental health landscape: Exploring depression and associated factors among university students in Bangladesh," *J. Xi'an Shiyu Univ., Natural Sci. Ed.*, vol. 67, no. 5, p. 74, May 2024, doi: 10.5281/zenodo.11256164.
- [9] M. Sifat, M. Huq, M. Baig, N. Tasnim, and K. M. Green, "Stress, suicidal ideation, and wellness in a Bangladeshi university student sample," *Int. J. Environ. Res. Public Health*, vol. 20, no. 2, p. 904, 2023, doi: 10.3390/ijerph20020904.
- [10] World Health Organization, *Bangladesh – WHO Special Initiative for Mental Health: Situational Assessment*, Jan. 2020. [Online]. Available: <https://www.who.int/docs/default-source/mental-health/special-initiative/who-special-initiative-country-report---bangladesh---2020.pdf>
- [11] E. Goffman, *Stigma: Notes on the Management of Spoiled Identity*, Englewood Cliffs, NJ: Prentice-Hall, 1963.
- [12] Kumar, R. (2025, April 25). Artificial intelligence's role in mental health: Innovations, challenges, and future prospects. Paper presented at International Conference on Innovation and Application of AI (ICIAI 2025), Guru Kashi University, Bathinda.
- [13] I. H. Meyer, "Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence," *Psychol. Bull.*, vol. 129, no. 5, pp. 674–697, 2003.
- [14] N. Hukum, "An analysis of the Mental Health Act, 2018 of Bangladesh: The relationship between international treaties and state laws," *Nurani Hukum*, vol. 7, no. 1, pp. 84, Jun. 2024, doi: 10.51825/nhk.v7i1.24856.
- [15] K. Crenshaw, "Demarginalizing the intersection of race and sex: A black feminist critique of anti-discrimination doctrine, feminist theory and anti-racist politics," *U. Chi. Legal Forum*, vol. 1989, no. 1, pp. 139–167, 1989.
- [16] Kumar, R. (2025, September). Mental health and social media: Reviewing recent research on students with psychiatric issues. *GKU Journal of Multidisciplinary Research (GKUJMR)*, 1(1), 93–97. <https://doi.org/10.5281/zenodo.17200033>
- [17] [M. E. Hasan, M. Arif, S. M. Rakibul Hasan *et al.*, "Prevalence, associated factors, and machine learning-based prediction of depression, anxiety, and stress among university students: A cross-sectional study from Bangladesh," *J. Health Popul. Nutr.*, vol. 44, p. 361, 2025, doi: 10.1186/s41043-025-01095-8.