



Another problem is that they committed suicide when they couldn't talk to their parents.

*Focus group discussion, girls aged 15, Dien Bien Phu City*

## THE NATURE OF SUICIDE AMONGST CHILDREN AND YOUNG PEOPLE

Study on mental health and psychosocial wellbeing among children and young people in selected provinces and cities in Viet Nam

### Multi-level suicide risk and protective factors: findings from secondary data from Viet Nam

**Individual:** being female, urban, a migrant and young are all risk factors for suicide. Mood disorders and substance abuse are associated with suicidal ideation amongst children and young people.

**Household:** family history of suicide, family socio-economic status and family connectedness are suicide risk factors. Parents' high expectations for children's academic achievements, parents' low education levels and family conflicts are also associated with children's suicidal ideation. Father bonding and higher mother and father relationship scores are positive factors.

**School:** academic pressure, romantic relationships, bullying, school connectedness and school location are risk factors, while school connectedness acts as a protective factor.

### Patterning and underlying drivers of suicide

**Suicide victims and survivors** are mostly young people, particularly girls.

### Causes of suicidal ideation and attempted suicide:

**Mostly affecting girls:** failure of romantic relationships (being abandoned by a boyfriend); problems at home (parents disagreeing with a girl's choice of marriage partner); early marriage; inability and reluctance to share feelings.

**For both girls and boys:** problems at school (bullying, teasing and getting low scores); problems at home (being scolded by parents, lack of communication, conflict between parents, a violent father, financial pressure and parental addiction);

**For boys:** not being able to live up to expected masculine attributes and behaviour, including an ability to maintain the family/household.

### Situation (secondary data)



#### Women

have suicidal ideation more than men (almost twice)



#### 18-21 years

reported the highest levels of suicidal thoughts



#### A majority of children

who have thought of suicide live in families with parents who have low education levels and are manual workers

While there is need for more updated and disaggregated data, rates of suicide in Viet Nam remain low compared to other countries in the region. Not only the Hmong girls in remote areas of Viet Nam, but also boys, men and adults in a range of locations and for different reasons are facing a range of different stresses. It is critical that an appropriate response is developed, which does not further marginalise communities and groups, but takes into account different gender, age and location needs.

## Limitations of health services for suicide prevention and treatment

Service for mental health and psychosocial wellbeing-related issues, including suicide prevention and treatment, are limited. Even services that do exist focus largely on severe mental health problems. Given that suicide results from factors that are often not related to severe mental health problems, current mental health services provisions are inadequate.

Even where there are services, people may be reluctant to access them for a range of issues including stigma, lack of awareness and limited financial resources. If they do access them, the quality of these services is extremely variable and may not be age- and gender-sensitive, all of which can limit uptake, including of follow-ups and referrals.

*Call me, when you can call nobody!*

MAGIC NUMBER

**18001567**

*Answer all questions*

*Receive denunciation*

*Provide information*

*Psychosocial support*

*Connect existing children support services*

*Support and intervene*

*Transfer information to functional agencies*

*(Starting Q.4/2017,  
the Hotline will also use 111)*

## What should be done?

**1** Through training, strengthen the quality and quantity of human resources at all levels and in particular in relation to counsellors, psychiatrists, psychologists, social workers and commune collaborators to deal with less severe types of mental health problems. A focus on children and young people in training, plus appropriate staffing in schools, social protection and social work centres, is necessary.

**2** Revisit and expand the community mental health model: retraining community-level health workers on psychosocial and mental health support, and improving coordination between child protection workers, medical workers, school staff, and women's and youth unions at commune level.

**3** Increase awareness among families, the community and wider society about the potential triggers of mental health and psychosocial ill-being beyond solely severe mental disorders; and the range of discriminatory norms which affect girls. Awareness-raising can be facilitated by various institution (e.g. Women's Union, hamlet health workers) and built into existing programmes to allow for cost effectiveness (e.g. the Scheme 1215).

**4** Promote the role of the Ministry of Education as a critical champion for supporting children and young people's mental health and psychosocial well-being, through:

- Increasing the focus on teaching children the skills needed to respond to emotional and psychological difficulties

- Relieving study pressure by evaluating the volume of knowledge children are expected to learn
- Investing in developing psychological counselling and social work services in all schools
- Equipping parents with skills (parenting, communication) that can help ease the problems that children face at school and at home.

**5** Undertake studies focusing specifically on suicide, mapping both quantitatively and qualitatively the causes and drivers of suicidal ideation and attempts, as well as the characteristics of the victims.

## For more information contact:

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