COMPREHENSIVE STUDY ON SCHOOL-RELATED FACTORS IMPACTING MENTAL HEALTH AND WELL-BEING OF ADOLESCENT BOYS AND GIRLS IN VIET NAM

Executive Summary
Introduction

Adolescence (ages 10-19) is a critical period of life. Successful negotiation of the developmental, academic, and social challenges during this time puts young people on a path towards health, positive well-being, and success in life. Unfortunately, many adolescents experience mental health problems. Worldwide about 15% of children and adolescents experience mental disorders and neuropsychiatric conditions are the leading cause of disability in young people. There is a significant worldwide gender gap in adolescent mental health, with girls having worse average mental health than boys (Campbell, Bann, Patalay, 2021). When emerging mental health problems are left untreated, these problems severely impact children’s development, educational achievement and potential in life.

The COVID-19 pandemic has been catastrophic for adolescents who have experienced ongoing stress regarding family functioning, economic insecurity, fears of infection, social isolation, disrupted schooling, increased violence and abuse in the home, and family illness and death. These serious challenges put young people at greater risk for mental health problems. While the mental health crisis for adolescents pre-dates COVID-19, the pandemic has exacerbated existing mental health challenges. Globally, adolescents of varying backgrounds are experiencing higher rates of anxiety, depression, and stress due to the pandemic (Jones, Mitra, & Bhuiyan, 2021).

Mental health problems are a significant burden to adolescents in Viet Nam. Research suggests that between 12-40% of adolescents across Viet Nam suffer from mental health problems (Weiss, Dang, Trung, et al., 2014; Nguyen, Dedding, Pham, et al., 2013). Poor understanding of mental health problems, social stigma, and limited mental health services and resources contribute to most of these children receiving no treatment or support.

Schools are one of adolescents’ most important psychosocial environments, offering mental health risk factors, protective factors and opportunities for mental health promotion and support. Evidence indicates that school climate, academic pressure, and bullying and other social stressors negatively impact the mental health of adolescent students in Viet Nam. School-based mental health services are crucial to supporting adolescent student mental health and addressing school-related mental health risk factors.
Significance of the Study

The purpose of this study is to increase understanding of how school-related factors impact the mental health and well-being of adolescent boys and girls in Viet Nam, and the role of the education system in addressing school-related mental health risks and delivering Mental Health and Psychosocial Support (MHPSS) services. This study includes assessment of the relationship between adolescent mental health challenges and school-related risk factors (school climate, academic pressure and social stress). Contextual factors such as age, gender, and geographical region are examined. Systemic factors were investigated with data collected from each level of the educational system (school, district, province, ministry) and across government sectors impacting student mental health (MOET, MOLISA, MOH).

THE FOLLOWING RESEARCH QUESTIONS GUIDED THIS STUDY:

1. What is the prevalence of mental health and psychosocial problems among Vietnamese adolescent students?

2. Which school-related factors place adolescent students at risk for mental health problems?

3. What school-based MHPSS policies, programmes and supports currently exist and how effective are they at supporting adolescent mental health?

4. What social and health policies and programmes currently exist and how effective are they at supporting adolescent mental health?
Study Methods

A mixed-methods design was utilized to investigate the research questions including:

- **Review of secondary data** regarding adolescent student mental health, school-based risk factors in Viet Nam, and relevant educational, health and social-sector policies and programmes addressing adolescent student mental health.

- **Quantitative data collection from students and teachers.** A total of 668 students from 4 provinces completed a self-report survey which included internationally validated measures of student mental health (Strengths and Difficulties Questionnaire; SDQ-25), perceived school climate (Adapted Maryland Safe and Supportive Schools Climate Survey; MDS3), academic stress (Educational Stress Scale for Adolescents; ESSA), time spent studying, academic performance and cyberbullying experiences (Revised Cyberbullying Inventory; RCI). A survey of 66 teachers from 4 provinces provided quantitative data regarding teacher perceptions of student mental health, teacher training experiences regarding student mental health, teacher capacity to support student mental health and well-being, and perceptions of school resources for students in need of mental health support.

- **Qualitative data collection.** Focus group discussions (FGD) included a total of 95 students, parents, teachers. Key informant interviews (KII) with 34 principals, district-level staff from provincial DOET, DOH and DOLISA and Ministry-level experts from MOET, MOH, and MOLISA.

- Primary data collection took place in 4 provinces of Viet Nam representing a variety of geographical and urban/rural areas including Dong Thap in the South, Gia Lai in the Central Highlands, Dien Bien in the Northwest region, and the capital city of Hanoi.
Adolescent Mental Health in Viet Nam

About 15% - 30% of adolescents in Viet Nam suffer from mental health problems. Boys have higher rates of behavioral disorders and girls have higher rates of emotional problems such as anxiety and depression. Problems with peers (e.g., experiences of bullying), emotional problems (i.e., symptoms of depression and anxiety) and behavior problems are the most common challenges for adolescents. All stakeholders in the current study, including students, teachers, principals, administrators, and Ministry experts from each sector, expressed significant concern about adolescent student mental health and well-being.
Mental health problems are a significant burden to adolescents in Viet Nam. Behavioral disorders are a leading cause of disability for adolescent boys. Behavioral disorders and anxiety disorders are leading causes of disability among younger adolescent girls. Depressive disorders are a top cause of disability among older adolescent girls (UNICEF Country Dashboard, 2019). Participants in the current study were most concerned about the impact of mental health on learning and academic performance.

Major risk factors for adolescent mental ill-health in Viet Nam include female gender, older adolescent age, migrant status, poor caregiver mental health, poor parent-child communication, feelings of disconnection from school, academic pressure, and experiences of abuse, trauma and neglect. Research indicates high rates for maltreatment and abuse among Vietnamese children.

Adolescent suicidality is a great concern. In 2012-2013, Le et al. (2016) surveyed 1745 students aged 16-18 years in ten schools in Ha Noi, asking “During the past 12 months, did you ever seriously consider attempting suicide?” Results demonstrated that 21.4% of girls and 7.9% of boys reported suicidal thinking during the prior 12 months. Risk factors for adolescent suicidal ideation include exposure to child abuse and neglect, witnessing family or neighborhood violence, property victimization, cyber bullying and ethnic minority status (Le, Holton, Nguyen et al., 2016).

Girls are often seen as more vulnerable to psychological problems, and adult behavior towards girls may strive to protect girls in ways that do not always support female positive mental health and resiliency.

Ethnic minority students are at increased risk for mental health and well-being problems. Stakeholders are concerned about ethnic minority student social isolation, lower rates of family help-seeking and risk for suicide.

Lesbian, gay, bisexual, transgender and queer [or questioning] (LGBTQ) students are concerned about their mental health and well-being. Students shared experiences of overwhelming negative emotions, poor self-esteem, and emotional instability. Negative family reactions to their sexuality or gender identity, and fears of stigma and discrimination are mental health challenges for LGBTQ students.

A lack of mental health knowledge among students, parents and teachers is a risk factor for student mental health problems. Participants did not always have an accurate understanding of common mental health problems.
School-based Risk Factors for Adolescent Mental Health Problems

Student engagement in school, including connection to teachers, is a key factor in student mental health. Students who feel less engaged in school and less connected to teachers have higher rates of mental health problems. Importantly, girls report feeling less engaged in school compared to boys. Students often do not feel comfortable going to teachers for academic or socioemotional support. Principles, administers and ministry experts expressed concerns regarding teacher-student relationships and identified key barriers to improving these relationships.

Academic pressure is strongly associated with student mental health. Student experiences of study pressure, worries about grades, despondency related to academics, self-expectations, and workload are all significantly related to mental health problems. Girls are at higher risk for academic pressure than boys. There is widespread concern among stakeholders that pressure from teachers and parents, high workload, and stress related to grades and exams are harmful to student mental health, emotional, social, and academic development, and sleep.

Students and most stakeholders are highly concerned about student experiences with bullying. Bullying is a serious risk factor for student mental health problems and well-being. Not all teachers recognized the negative impact of bullying on students.

Ethnic minority students are at increased risk for problems with mental health and well-being due to cultural and socioeconomic factors. High rates of poverty place increased pressure on ethnic minority students to work (during school hours), marry young, and remain in the community. Family-school connections are often weak and stakeholders believe there is poor mental health literacy among the ethnic minority community.

Lesbian, gay, bisexual, transgender and queer (or questioning) - LGBTQ students shared specific school-based challenges, including stigma, discrimination, and bullying regarding their gender or sexual identity.

All participants expressed concerns regarding the COVID-19 pandemic impact on student mental health and well-being, the impact of social restrictions and isolation on student psychosocial development, and the impact of online education on student mental health and learning.
School-based Adolescent Student MHPSS Policies and Programmes in Viet Nam

Since 2005, MOET has established policies in support of student mental health including directives for the development of school counseling programmes, inclusive education for children with disabilities, addressing the negative impact of the COVID-19 pandemic on student mental health and well-being, and, recently, promoting student mental health awareness and skills via a comprehensive School Health Programme (2021-2025). Gaps between policy and implementation include a lack of designated counseling rooms and inadequately trained counselors in many schools. Most schools put poorly trained teachers or administrators in the role of counselor, leading to a variety of problems. The school community lacks mental health knowledge contributing to missed opportunities for early identification of student mental health problems. There is wide inconsistency among schools in the delivery of school-based prevention and intervention services and programmes.

Strong, supportive teacher-student relationships are essential for early identification and support for student mental health problems. However, teachers and administrators see many barriers to supportive teacher-student relationships including large class sizes, lack of attention to the issue within teacher training programmes, and lack of prioritization within the educational curriculum.

Teachers may still believe in physical discipline of students, or may not know of other strategies for motivating students and managing student misbehavior. Physical abuse of students at school is a key risk factor for mental health problems.

Stakeholders noted that the school curriculum contributes to student mental health problems with its focus on competitive academic classes that place students under significant academic pressure and workload. Furthermore, the curriculum provides few opportunities for courses that promote positive mental health and well-being, including life skills, arts, and sports.

Many participants suggested the need for a comprehensive approach to supporting adolescent student mental health and wellbeing, including professional counselors, mental health literacy programmes for students, teachers, and parents, systems for screening and assessment of students, improving teacher-student relationships, and offering life skills and well-being classes for students.

Participants report specific gaps in mental health support and care for ethnic minority and LGBTQ adolescent students. These groups have specific mental health needs that are not yet fully met within schools.
Adolescent Student MHPSS Policies and programmes in Viet Nam: Social and Health Sectors, and Cross-sector Collaboration

Social sector policies and programmes. MOLISA policies provide for community and school-based mental health care for adolescents, parent training programmes, and community services. However these programmes are not always available or sufficient in practice. Currently there is little direct social work service provision in schools.

MOLISA administrators report a need for mental health prevention and early intervention programmes for adolescents focused on safety in the home, community recognition of early signs of mental health problems, and knowledge of where to seek help. Other identified needs include standards for quality for services, effective monitoring and evaluation procedures for continuous improvement of services, and further development of community mental health human resources.

Health sector policies and programmes. Since 1999 the MOH has been responsible for community-based mental health treatment, initially focusing on severe mental illness in adults and expanding to common mental health disorders, including depression and anxiety, and pediatric mental health in 2005. However, policies do not directly address adolescent student mental health. Medical staff in schools are not trained to screen for student mental health problems and lack capacity to support students with problems. A lack of coordination between schools and local psychiatric service providers is a barrier to linking students to expert treatment when needed.

Stakeholders from all sectors are committed to improving policies, programmes, and services for adolescent mental health. There is a great need for cross-sector collaboration in this area. Stakeholders shared many ideas for how the educational, social, and medical sectors can build cooperative systems of support for students.
Recommendations

The following recommendations are offered for consideration by MOET and partner agencies, MOH and MOLISA, and UNICEF as they work to promote adolescent student mental health and well-being.

Education Sector Recommendations

1. Holistic and whole school-based approaches to improving student well-being and building student resiliency. School climate, including student-teacher relationships, is the context for child and adolescent learning and development at school. A positive, supportive school climate is essential for student learning and well-being. Specific recommendations regarding school climate include:
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1. Specific approaches directly targeting school-related factors impacting mental health and well-being.

a. **Promote positive teacher-student relationships.** Models for improving teacher-student relationships include restructuring class schedules so that students meet with certain teachers twice/day; integrating time for student-teacher support into the curriculum; prioritizing teacher-student relationships such that teachers receive recognition or are evaluated based on quality of relationships; and reducing class sizes.

b. **Eliminate the use of physical discipline in schools.** Policies and practices must clearly communicate that physical discipline is not tolerated in classrooms. Teachers must be trained in skills to motivate students and implement non-violent discipline.

c. **Promote student engagement and connection to school.** Student well-being is improved by engagement with peers in activities, including arts, sports, clubs, etc. Activities increase school engagement and provide students with valuable opportunities for developing skills for problem solving, communication, relationship building, and emotional resilience.

d. **Promote kindness and positive peer relationships.** Student experiences of bullying represent one of their biggest challenges and there is strong evidence that bullying puts students at risk for mental ill-health and negative life outcomes. Schools can reduce bullying by celebrating kindness and positive peer relationships as deeply held values, honoring students who demonstrate kindness, and establishing clear consequences for bullying. Specific bullying prevention programmes may be adapted to the Vietnamese context.

e. **Reduce academic pressure.** Student mental health problems are significantly related to study pressure, worries about grades, despondency related to academics, self-expectations, and workload. Girls are particularly vulnerable to academic pressure. Reducing academic pressure will be a significant challenge as many systemic, underlying factors contribute to this problem including teacher training and evaluation, examination schedules, beliefs about learning objectives and outcomes, etc. MOET may consider a path forward, such as a task force designated to address this issue, and inclusion of an academic pressure evaluation process within each department and activity.

2. **Universal approaches directly targeting mental health and well-being.**

a. **Improve teacher, parent, and student mental health literacy.** The whole school community must be more knowledgeable about common mental health problems. Teachers and parents especially need to recognize symptoms of serious mental health problems and know when and how to seek professional help for their students/children. A large-scale campaign to promote mental health literacy will provide a strong foundation for further prevention and intervention efforts. **Outreach to ethnic minority parents and students must be a high priority.**
b. **Teach students skills necessary for positive mental health and well-being.** The acquisition of social and emotional skills is associated with positive youth development, academic achievement, healthy lifestyle behaviors, and reductions in depression and anxiety, violence, bullying, conflict, and anger. Crucial life skills for adolescents include emotion regulation, problem-solving, communication, conflict resolution, and maintaining healthy relationships. Life skills programmes should be integrated into the school curriculum. Skills for healthy and respectful (non-violent) romantic relationships and sexual health are necessary for promoting adolescent health and resiliency. Programmes should include inclusive information about sexual orientation and gender identity to reduce LGBTQ student discrimination and improve LGBTQ student mental health.

3. **Stepped-care approach to early identification and intervention for students with mental health problems.**
   
a. **Screening for early identification of student mental health problems.** A screening program is recommended to more consistently identify students at-risk for problems. Models for screening include training for school medical or professional counseling staff.

b. **Provide professional school-based counseling for students with moderate-level mental health problems.** An official position for School Counselor should be established. School counselors should have training in adolescent development, mental health, basic mental health assessment and support planning, group and individual evidenced-based interventions for common mental health problems, coordination with teachers and parents, and referrals for students with severe problems for expert psychological treatment. School counselors should have clear roles and responsibilities and be empowered to facilitate teacher and parent support for students.

4. **Consider specific needs of girls, ethnic minority students, and LGBTQ students in policy and program development.** These groups are at higher risk for mental health problems. Programmes may tailor outreach, engagement and implementation approaches to these vulnerable student groups.

5. **Build human resources.** MOET can consider human resource needs and develop policies to build capacity within the education sector. This may include **human resources with specialized student mental health expertise** to guide program developments and oversee progress in this area. Training on adolescent student mental health should be integrated into teacher training programmes.
Health Sector Recommendations

1. **Build human resources.** The medical system has very few doctors and nurses specialized in child and adolescent mental health. MOH can improve knowledge and skills for all health care workers by including course content related to child and adolescent mental health in the *general medical school curriculum* and by developing *specialized child and adolescent mental health* human resources.

2. **Train school medical staff in basic adolescent mental health.** At minimum it is recommended that school medical staff have basic mental health knowledge, screening capacity for common mental health problems, and the ability to coordinate with school counselors to support students and to access local psychiatric treatment facilities.

3. **Build DOH-DOET collaboration.** Formal collaboration between DOH and DOET is necessary to address adolescent student mental health. Areas for collaboration include regular *sharing of data* to support ongoing program and service development, *systems for referral of students* with more severe mental health problems to psychiatric medical centers, and engagement of local *medical specialists participate in mental health literacy programmes* for teachers,
students and parents to build capacity for early identification emerging mental health problems.

Social Sector Recommendations

1. **Build human resources.** Human resources remain the biggest barrier to expanding social work capacity in the area of adolescent student mental health. MOLISA can include adolescent mental health course content in the *general social work curriculum* and develop *specialized adolescent and family mental health human resources*.

2. **Build DOLISA-DOET collaboration.** Formal collaboration between DOLISA and DOET is necessary to address adolescent student mental health. Areas for collaboration include regular communication and *sharing of data* regarding adolescent mental health to inform cross-sector programmes, *integration of adolescent mental health training into existing MOLISA/DOLISA parent training* and support programmes, DOLISA support for *school-based life-skills courses for students*, and *pathways of care for referring students with mental health concerns to Social Work Centres* for counseling.

UNICEF Recommendations

UNICEF has supported research and development regarding children’s mental health in Viet Nam for many years and is in an excellent position to support ongoing policy and programmatic developments.

1. **Public advocacy and awareness raising.** UNICEF may utilize study findings to raise awareness of the importance of adolescent mental health among cross-sector leaders and stakeholders.

2. **Facilitate cross-sector collaboration regarding adolescent student policy and program development.** Administrators from all three sectors identified the lack of cross-sector coordination as a significant barrier to progress, and expressed a specific need for a cross-sector meeting on this subject. UNICEF may be in a key position to facilitate a high-level learning and planning conference, bringing cross-sector leaders and stakeholders together to share knowledge, consider sector roles and challenges, and develop action plans for policy and program development.

3. **Support alignment of child protection and adolescent mental health issues.** Child protection and adolescent mental health issues share some common risk factors and pathways. It is recommended that UNICEF support MOET and MOLISA to consider how to align policies and programmes for identification and referral for both child protection and adolescent mental health concerns. This will ensure a holistic approach to students’ needs.
4. Integrate adolescent mental health issues into related UNICEF programmes.

5. Develop adolescent mental health toolkits for key stakeholder groups (e.g., teachers, parents, students, school health staff, etc) for support of children with mental health problems.

Recommendations for Further Research

Mental health programmes and models of collaboration should be piloted within schools, districts or provinces before scaling up to the national level. Research should evaluate pilot programmes and guide subsequent expansion efforts. It will be necessary to study (a) what programmes have a significant impact on student well-being, and (b) what implementation factors are associated with successful uptake and implementation. Research should also evaluate the efficacy of specific interventions for vulnerable groups of adolescent students, including girls, ethnic minority, and LGBTQ students. UNICEF and MOET may support such research.

Pandemic Support

Students around the world have suffered during the COVID-19 pandemic. Although not directly assessed in the current research, there is significant evidence that COVID-19 has caused significant stress for children and families in Viet Nam. **MOET and all stakeholders must consider timely interventions to support students impacted by the pandemic.**