



ADOLESCENT MENTAL HEALTH AND WELL-BEING IN VIET NAM: THE IMPACT OF SCHOOL

UNICEF Policy Brief

INTRODUCTION

This policy brief summarizes key elements of the Comprehensive Study on School-related Factors Impacting Mental Health and Well-Being of Adolescent Boys and Girls in Viet Nam, published by UNICEF in June 2022¹. The study looks at school-related risks, how the education and related systems address them and where progress needs to be made.

Adolescence² is a critical period that marks the transition between childhood and adulthood. Mental health and well-being are crucial at that stage in life, when young people face developmental, academic and social challenges that will play a key role in determining their health, well-being and success.

For adolescents, school is one of the most important psychosocial environments, presenting risk factors as well as opportunities for mental health promotion and support. School-based mental health services are crucial to supporting adolescent mental health and addressing school-related risk factors

WHAT IS MENTAL HEALTH?

Mental health underlies the human capacity to think, feel, learn, work, build meaningful relationships and contribute to society:

- Emotional well-being: being positive, happy, calm, peaceful and interested in life.
- Social well-being: the ability to function in the world, combined with a personal sense of value and belonging.
- Functioning well-being: the capacity to develop skills and knowledge that help make positive decisions and respond to life's challenges.

Mental health is an intrinsic part of individual health and a foundation for healthy communities and nations. Children and young people will most likely experience different gradations of positive mental health and well-being and, in many cases, gradations of mental health conditions.



¹ All references to original sources are contained in the Comprehensive Study

² UNICEF follows the WHO definition of adolescents which is 'persons from 10 through 19 years of age'.

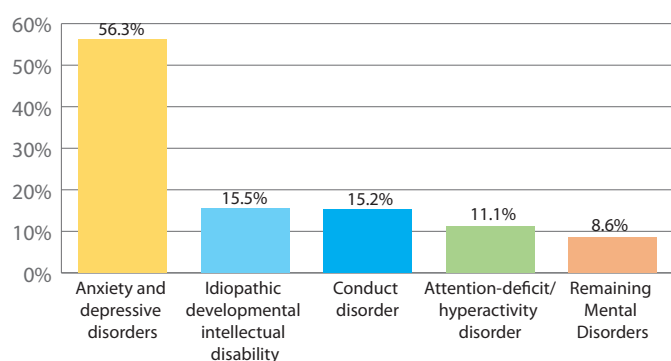
THE SITUATION IN VIET NAM

The Government of Viet Nam estimates that approximately 15 per cent of the population require mental health care services, but independent research suggests that the figure is closer to 20 to 30 per cent.

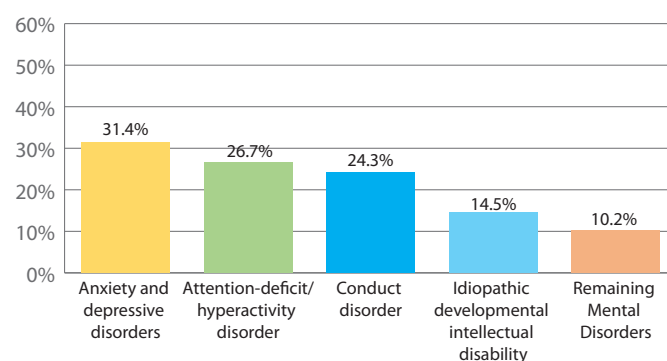
Self-reported symptoms from students participating in the UNICEF study indicate that about 26 per cent are at moderate to high risk for mental health problems. Another study indicates that 12 per cent of the child and adolescent population (over 3 million) have mental health problems that require services. Similar to global trends (see figure below), boys in Viet Nam have higher rates of behavioural disorders and girls have higher rates of emotional problems such as anxiety and depression.

Global prevalence of anxiety, depression and other disorders among girls and boys aged 10-19 with mental disorders (2019).³

Age 10–19, girls



Age 10–19, boys



The risk of adolescent suicide related to depression and other mental health problems is of great concern. One study indicated that 21.4 per cent of adolescent girls and 7.9 per cent of adolescent boys reported having had suicidal thoughts, while another study showed that 5.8 per cent of adolescents reported having attempted suicide.

Few adolescents with mental health problems receive treatment or support, in part because of poor understanding of mental health problems, social stigma and limited mental health services and resources.

Students in Viet Nam often do not feel comfortable going to teachers for academic or socioemotional support.

Many ethnic minority students experience poverty, discrimination and marginalization, and are consequently at high risk for school drop-out and poor mental health. School counsellors face challenges communicating with and engaging ethnic minority families.

LGBTQ students face specific challenges that include negative family reactions to their sexuality or gender identity and fears of stigma and discrimination.

³ Metrics and Evaluation (IHME), Global Burden of Disease Study, 2019



COSTS OF MENTAL HEALTH WORLDWIDE

- Annual loss in human capital arising from mental health conditions in children aged 0–19 is US\$387.2 billion (purchasing power parity dollars). Of this, US\$340.2 billion reflects disorders that include anxiety and depression, and US\$47 billion reflects the loss due to suicide.
- Of the US\$340.2 billion, anxiety disorders account for 26.93 per cent; behavioural disorders 22.63 per cent; and depression 21.87 per cent.

Source: UNICEF's *State of the World's Children 2021 report on children's mental health*



RISK FACTORS

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, and experiences of abuse, trauma and neglect.

One survey indicated that more than 72 per cent of children aged 10-14 experienced violent discipline. Another survey showed that 39 per cent reported emotional abuse, 47 per cent physical abuse, nearly 20 per cent sexual abuse and 29 per cent neglect.

At school, academic pressure, bullying and other social stressors negatively impact the mental health of adolescent students. The competitive nature of the secondary and high school curriculum in Viet Nam places students under significant academic pressure, imposes a heavy workload and provides few opportunities for courses that promote positive mental health and well-being, such as life skills, arts and sports. In discussions of mental health, students often mention feelings of fear, anxiety, frustration and sadness, mostly in connection with their academic performance and their future.

School climate factors – such as perceptions of safety, student engagement and the school environment – are also related to mental health problems. Adolescents who feel connected to their schools are less likely to report psychological symptoms, while those who feel less engaged in school – which is more often the case among girls – have higher rates of mental health problems. It is worth noting that while bullying is a

serious risk factor, not all teachers recognize its negative impact on students. In addition, some teachers still believe in and practice physical discipline, despite it being officially banned.

The lack of mental health knowledge among students, parents and teachers is another risk factor for student mental health.

The COVID-19 pandemic has further affected student mental health and well-being. Students, teachers and school administrators have expressed concern about the impact of social restrictions and isolation on student psychosocial development, and the impact of online education on student mental health and learning.

HOW THE ISSUE IS BEING ADDRESSED

The Ministry of Education and Training (MOET) and the Ministry of Labour, Invalids and Social Affairs (MOLISA) have adopted several health care-related policies for children.

MOET policies direct the development of school counselling programmes, provide for inclusive education for children with disabilities, address the negative impact of COVID-19 on student mental health and well-being, and promote student mental health awareness and mental health skills through a comprehensive School Health Programme.

While progress has been made, there are gaps between policy and implementation. Many schools lack designated counselling rooms and adequately trained counsellors. A lack of mental health knowledge contributes to missed opportunities for support and early identification of student mental health problems.

Teachers, school principals and administrators participating in the UNICEF study recognized the importance of teacher-student relationships to identify mental health problems and support the students, but mentioned numerous barriers, including large class sizes, lack of attention to the issue in teacher training programmes and lack of prioritization in the curriculum.

MOLISA has been implementing policies providing for the development of community-based mental health care for children and adolescents, including care in the context of schools. Social sector policies provide for parent training programmes and community mental health services, both of which are relevant to adolescent student mental health.

However, these programmes are not always available, and there is currently little direct social work service provision in schools.

The Ministry of Health (MOH) has been responsible for community-based mental health care since 1999, with an initial focus on severe mental illness in adults. Since 2005, it has expanded the focus to common mental health disorders and paediatric mental health. While there is a lack of coordination between schools and local psychiatric service providers, MOH is currently developing policies and programmes focused on common child and adolescent mental health problems.

POLICY RECOMMENDATIONS

Adolescence is a time of great physical, intellectual, emotional and social change in a person's life. Ensuring that adolescents have all the support they need during that critical time is essential so they can realize their full potential, learn and work productively, and make meaningful contributions to their families, their communities and Viet Nam as a whole.

The Government of Viet Nam has shown a strong commitment to addressing adolescent student mental health needs. It now needs to take further steps in developing high-quality socioemotional support for students, prioritizing promotion of good mental health, protecting those who are vulnerable, and caring for those facing the biggest challenges.

UNICEF is calling on all stakeholders to read the *Comprehensive Study on School-related Factors Impacting Mental Health and Well-Being of Adolescent Boys and Girls in Viet Nam* and take action to prevent student mental health issues and to provide support to children facing challenges in this area.



Few adolescents with mental health problems receive treatment or support. Now's the time to change this through a collective effort involving us all, from policy makers to schools, parents and the international community.



Rana Flowers, UNICEF Representative in Viet Nam

THE CRITICAL ROLE OF SCHOOLS AND PARENTS

Schools should adopt holistic approaches to improving students' well-being and resilience. Students' mental health can be bolstered by promoting positive teacher-student relationships, eliminating the use of physical discipline, reducing academic pressure, promoting students' connection to school and promoting kindness and positive relationships between students.

"Some schools now are achievement-oriented with many teachers putting pressure on students".
A Gia Lai DOLISA administrator

Support should be provided to parents to help them engage with their children and foster their social, emotional, physical and cognitive development. Training programmes and counselling should share knowledge on health, nutrition and child development, stimulate learning within the home and support parents in acquiring **skills**, including **practicing non-violent discipline and communicating with adolescents**. Support should also include family-friendly policies, such as paid parental leave, breastfeeding support and accessible high-quality childcare and child benefits.

"When my parents come home from work, they are tired and they take it out on me. They get angry easily."
A student

COMMUNICATION IS ESSENTIAL

There is a strong need to raise awareness in society to **promote positive mental health, eliminate stigma, and encourage children and adolescents to reach out** to friends, family and professionals when facing mental health challenges. Awareness is also needed to help parents, teachers and other caring adults **identify warning signs** that a child or an adolescent may be struggling with mental health issues.

CONCERTED ACTION AND STRONGER SYSTEMS TO ADDRESS THE COMPLEX CHALLENGES

Cross-cooperation between educational, health and social sectors is essential. It should integrate the unique strengths of each sector to improve early identification and intervention for students with mental health problems.

“My wish is to have a course for teachers that delves into symptoms of mental health, early-stage detection, and how to spot subtle signs of mental issues or traumatic events. Teachers should be able to detect early symptoms of mental health problems to notify the family and work out a solution.”

An expert from Ha Noi Department of Education and Training

A stepped-care approach will help improve early identification and intervention for students with mental health problems.

- **Policies and programmes to support prevention of mental health problems among adolescents**, including mental health literacy programmes for teachers, students and parents, life skills-type programmes for students, and holistic approaches to decreasing stress and increasing well-being among students.
- **Policies and programmes to support intervention efforts**, including screening, professional school-based counselling for students with moderate-level problems, and referral of students with severe problems to expert care.

BUILDING HUMAN RESOURCES IN ALL SECTORS INVOLVED.

- **MOET:** Build human resources with specialized student mental health expertise and integrate adolescent student mental health and well-being training into the general university teacher training curriculum.
- **MOH:** Include course content related to child and adolescent mental health in the general medical school curriculum and develop specialized child and adolescent mental health human resources.
- **MOLISA:** Include course content related to child and adolescent mental health in the general social work curriculum and develop specialized adolescent and family mental health human resources.

Consideration of the specific needs of girls and boys, ethnic minority students and LGBTQ students in policy and programme development.

THE NEED FOR FURTHER RESEARCH AND EVIDENCE

Models of collaboration and programmes should be piloted within schools, districts or provinces. Evaluation of the pilots should then guide subsequent expansion efforts.

Research on the specific mental health needs of ethnic minority and LGBTQ students is needed to better understand the problems they experience and how schools and communities can best support their health and well-being.



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