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Summary

This summary highlights the main findings contributing to answer the main research question, by sub-question, the limitations, the recommendations for the application of these findings and suggestions for further research.

The Situation of Mental Health Problems among Secondary School Students in Can Tho City

Perceptions of Different Stakeholders on Mental Health Problems

It became clear that the mental health of secondary school students does need attention in Vietnam (Chapter 4). All of the stakeholders recognized depression, anxiety, stress, suicidal thoughts, and suicide attempts as major problems among students.

When asked about possible causes of these problems, most students said they were mainly associated with academic pressure, resulting from an overloaded curriculum and pressure from teachers and parents to succeed. Students also mentioned issues in the family environment and in their recreational activities such as Internet gaming and drinking.

Parents agreed that academic pressure was the main cause of mental health problems among students. Although parents admitted that parental pressure contributed partly to student's mental health problems, they put the main blame on teachers and the government. Parents also mentioned quarrels and conflict among students during and after school, and within and between schools, as well as addiction to online games. They did mention a role for the home environment, including economic conditions, parental problems, and having an unhappy family.

Similarly, teachers suggested that academic pressure due to an overloaded academic curriculum was a main cause for mental health problems among students. Teachers also mentioned unhealthy behaviors, such as addiction to games and the Internet, fighting among students, and a lack of problem-solving skills. In contrast to parents, teachers mainly looked at the failure of parents to teach their children manners and good behavior, and thought that parents lacked concern their children.

Although stress, depression, suicidal ideation, and sexual orientation issues were reported by the school health officers as the most commonly encountered mental health problems among their students, they did not recognize and were not confident in dealing with mental health issues because they felt they lacked knowledge and experience in that field (Chapter 7).

It is noted that none of the stakeholders, including students, parents, teachers (Chapter 4), and school officers (Chapter 7), mentioned physical and emotional abuse at home by parents or at school by teachers, or adverse childhood events, drug addiction, or Internet addiction as factors related to mental health problems of adolescents, whereas all of these issues came out from the following research.

Prevalence and Types of Mental Health Problems among Secondary School Students

According to their responses to the questionnaires, more than one fifth (22.8%) of the students were at risk of anxiety, and two fifths (41.1%) were at risk for depression (Chapter 5). It is reported that female students had a significantly higher risk of anxiety and depression. The prevalence of depressive symptoms illustrated that the prevalences of depression and of 'low mood' are high, which creates challenges for the healthy mental development of adolescents.

A rather high prevalence of suicidal thoughts (26.3%) and suicide plans (12.9%) was detected in our study population.

Risk Factors Associated with Student's Mental Health Problems

Mental health problems among adolescents were mainly associated with academic pressure, an overloaded academic curriculum and pressure to perform well, from teachers, parents, and each other, but also from the family environment and their recreational activities. In this section we describe in more detail a number of the key issues raised in the three chapters and our recent data still being prepared for publication.

Academic pressure associated with mental health problems

The issues of academic competition and pressure to succeed were confirmed as risk factors in our studies (Chapters 4, 5, 6). Educational characteristics such as the school environment, academic performance, and high

educational stress were strongly associated with self-esteem in our study (Chapter 6). Students who attended one or more supplementary classes appeared to be at lower risk of having poor self-esteem; attending supplementary class may reduce the stress of workload and academic pressure. Support from the parents for the extra study, both financial and emotional, could be seen as caring, but at the same time could be part of the pressure felt by the students to reach a high level of achievement.

Love and sex

The study highlighted that romantic relationships and sexual feelings, thoughts, attractions and behaviors towards others and identifying one's own sexuality were defining features that influenced the mental health and wellbeing of adolescents (Chapters 5 and 6). Parental pressure and hostile attitudes and behaviors to such relationships added to anxiety in the adolescents. The study also revealed that secondary school students in Vietnam who engaged in sexual intercourse (with or without pregnancy) often experienced poor mental health. The findings described in Chapters 5 and 6 of also revealed the concerns of adolescents over their sexual lives and orientation.

Family environment and adverse childhood events

The results of Chapters 4, 5 and 6 confirmed that a lack of family support and negative adult behaviours can have a negative impact on adolescent mental health. Nearly 20% of the students in our study had low self-esteem, with no difference between girls and boys (Chapter 6). These data also confirmed that family characteristics, including mother's low educational level and physical and emotional abuse by parents or other adults in the household, were associated with low levels of self-esteem. In the worst case, the family and wider environment involve events that have a negative effect on the development and mental health of young people. The two main mental health problems that manifested in the adolescents in our study were anxiety and depression; both were found to be strong predictors for suicidal ideation. As many as 26.3% of students had seriously considered suicide, while 12.9% had made a suicide plan and 3.8% had actually attempted suicide. Key risk factors for anxiety and depression identified among the students were identified as adverse childhood experiences as a result of family characteristics and the environment, or school performance and environment (Chapter 5).

Our findings also suggest a relationship between abuse and mental health problems. The results reported in Chapter 6 confirmed that frequent physical or emotional abuse from adults (parents or other adults in the family, teachers or other staff members at school) was an independent predictor of anxiety. Interestingly, in the discussions with different stakeholders about mental health issues (Chapter 4), the topic of abuse did not arise, possibly because neither families nor schools perceive their actions as abuse of the students, or because if they are aware of it, they preferred not to talk about it.

Emotional Mistreatment

Most often reported was emotional abuse, which was reported by 41.5% of the students; compared to female students, male students tended to have experienced more emotional abuse (unpublished data). The factors related to the risk of emotional abuse included parents' marital status and parents frequently arguing.

Physical Abuse

The highest rate of students reporting physical abuse was among those in grade 12, at 38.2%. It is worth noting that in all three classes, the rate of severe physical abuse was higher than that of mild abuse. This result reflects the urgency of preventing violence against children, especially school violence, which is considered a serious problem in today's society. Mother's education and the quality of family environment were associated with physical abuse.

Sexual Abuse

The least common form of abuse reported was sexual abuse, which was 18.7%; we could not determine whether this rate reflected the real situation or the willingness of respondents to admit to such a sensitive form of abuse. Male students appeared to have a higher risk of being abused than did females. We found several factors to be related to sexual abuse: age, mother's education, parents arguments, and family economic status.

Neglect

About one-third of students in this study said they felt neglected (32.4%). There was no difference in reported neglect between men and women. Marital status of parents, quality of family environment and the hierarchy of students in the family were significantly related to neglect.

Abuse in the school setting

Our findings in Chapters 5 and 6 reflected that students who suffered from emotional abuse, neglect, physical abuse or sexual abuse were at significantly higher risk of depression than those who were not abused. In our study, poor school performance and high educational stress were strong indicators of anxiety and depression in high school students.

Activities outside the school and family

Abuse of drugs and alcohol

Our additional preliminary data in 2019 on abuse of alcohol by secondary school students in Ninh Kieu district, Can Tho City, which has not yet been prepared for publication, show that the prevalence of students drinking at least one beer in the past 30 days was 18.2%. A significant association between alcohol use and having symptoms of depression was detected in that study. It would be important to find out more about the extent of alcohol and drug abuse among young people, especially in relation to their mental health problems, in the setting of Vietnam, and to learn from other countries about potential interventions to reduce it.

Internet Abuse

According to pupils and parents in this study, playing computer games or accessing the Internet were activities undertaken by pupils to relieve stress. However, internet or game addiction is also mentioned as a common problem in the UNICEF report on mental health among youth in different provinces in Vietnam (UNICEF, 2016). Although these activities were mentioned by respondents in our surveys (Chapters 5, 6 and 7) we did not specifically look into the extent of this problem and its association with mental health issues in our study population. However, unpublished preliminary data from our 2019 study on game addiction reveal that 94.3% of students were spending more than one hour a day to play games. In addition, according to the GAS score for game addiction, 67.3% of students were likely to be addicted, and 10.4% of the students were classified as already game addicted. Significant associations between game addiction and alcohol use and having symptoms of depression were detected.

From all of the above, we can see that a wide range of factors can be shown to contribute to the development of mental health problems among adolescents. Different kinds of interventions might be needed to address these different problems.

Potential Solutions to Ameliorate and Prevent Mental Health Problems

A majority of students thought that reducing the demands of the academic curriculum, appointing confidential counselors, and sharing their concerns on an appropriate website would help to improve their mental health.

Our qualitative study showed that there were few differences among pupils, parents and teachers in the proposed solutions to reduce pupils' mental health problems. The students would like reduced academic pressure, more attention from their family, more recreational activities supported by schools, and a friendlier learning environment. Parents would like teachers and schools to take more responsibility for the quality of teaching and to find better ways to teach their children. The teachers would like to see pressure on them reduced by lowering academic pressure and increasing salaries, and they also want the parents to take some responsibility for teaching children.

Seeking advice or help outside the family is also necessary because pupils cannot always easily share their feelings with their parents. In the context of Vietnam, it is very important to build up a system for mental health care from kindergartens to universities. Such a system needs to be integrated into the current school health care and should involve all relevant stakeholders: education, health, psychology, health care communication, and physical development, as well as community services and activities.

Potential role for school health officials and school personnel

Although the parents, teachers and health staff interviewed in Chapter 4 recognized the importance of mental health for high school students, very little was actually undertaken in relation to such problems within the school system. In Chapter 4, when parents and students were asked about how to reduce mental health problems, students suggested lectures by psychologists about reducing stress and coping with life, and also recommended a friendlier environment in the schools. The parents focused on the need to reduce gaming and other distractions so that students could focus on their studies.

There are health officers in the schools who could play a role as counsellors, but mental health problems were not raised as an issue by the school health officers during when we interviewed them. They did not appear to recognize and were not confident in dealing with mental health issues among their students because they lacked knowledge and experience in that field. The health and education sectors clearly need further insight into the potential key role for school health officers in adolescent mental health care, to provide support not only for students but also for teachers and families.

Potential role for a website to provide information to students

Our efforts to design a website providing mental health information that could support high school students, as one answer to question four, are highlighted in Chapter 8. The majority of students believed that the website has the potential to appeal to parents and friends. They said that it was easy for them to access and that they hoped that the website would remain active, because they would return to it and continue to support it in the future. Many students agreed that they would introduce the website to their family, friends, and families of people with mental health problems. It is confirmed that a website designed to provide information to secondary school students could be an effective way to provide information on a sensitive topic like mental health. This finding reflects the potential of using a website as a quick and convenient communication tool for mental health prevention among students (and perhaps others, such as school health officers, parents, and teachers).

Limitations

We chose to focus our research on the school setting, to explore the mental health problems and possible solutions to improve mental health care for adolescents. Also, we only studied secondary schools in Can Tho City, so that the results may not be generalizable to the whole country, or even the South, as there may be differences, for example between adolescents living in urban and rural environments. However, we did have large numbers of respondents in the surveys and the proportions of girls and boys were the same as in the population, which leads us to believe that the results are representative of the study population. In general, people who participate in health surveys are healthier than those who do not (Bobak et al., 2006; Keyes et al., 2018). Thus, the levels of depressive symptoms, anxiety, and suicide ideation are possibly underestimated. The self-esteem, anxiety, and CES-D scales, like other screening instruments, cannot be viewed as diagnostic tools, but only as screening tests to identify members of groups at

risk for these conditions. The study did not include a tool or a measure to cross check on adolescents' self-report. Moreover, there was no assessment of stress coping and stress levels, obesity (Quek et al., 2017), chronic medical illness (Lu et al., 2012) or use of tobacco and alcohol, all factors that may confound and influence anxiety, depression and suicidal ideation. Finally, in a cross-sectional study the cause-effect relationship cannot be measured; that requires a longitudinal cohort or a randomized controlled study.

Recommendations

We present recommendations based on the findings described above, for potential application by different stakeholders, from local to central level and for further research.

Recommendations for Application of Findings

Schools

The most effective school based programs for promoting mental health are comprehensive, target multiple health outcomes, involve the whole school, focus on personal skill development, include parents and the wider community and are implemented over a period of time. A Whole School Approach to mental health promotion should be considered for introduction to schools in Vietnam (Manitoba Healthy Schools, 2020).

Family

Attitudes of parents need to be changed from a punitive to a more supportive approach to reduce the risk of poor mental health. Parents should also be invited to participate in psychological education programs, to raise their awareness of how certain efforts with youth (such as pressure to perform, and threats or harsh punishment) may be counterproductive to the aims they have for their children. Better knowledge may help to make parents' attitudes more positive, and may open their minds for discussion of better methods of discipline at home.

Ministry of Education and Training

The Ministry is responsible for the training of all types of teachers and has a role in approving the training of health staff as well.

The Ministry is also responsible for the school curriculum that is putting so much pressure on the students. They regularly review and should cut out parts of the current programs that are may not be important for today's capacity development, to reduce the pressure on students for study and examinations, and to ease educational pressures not only for students but also for both teachers and the management boards of schools.

Ministry of Health

The Ministry of Health should be collaboration with the Ministry of Education and Training to recommend solutions to reduce stress for students and improve their mental health. They should also provide solutions for screening, early detection and treatment of mental health problems for students; and provide knowledge and awareness to the community including students, parents, teachers and education management staff on common mental health issues in students and preventive and curative solutions. It became clear that more emphasis should be aimed at improving capacity to provide mental health services and on the mental health workforce development in Vietnam. Based on the findings described in this dissertation, the website providing mental health information should be continually advanced and employed, and linked to a Whole School Approach to mental health promotion, with a multi-stakeholder engagement of students, parents, teachers and school health officers in the school setting.

Recommendations for further research

A prospective study following a cohort of students could help to identify the causality and establish the effects of low self-esteem through the secondary school years.

Further studies on the effectiveness of applying web-based resources to disseminate mental health information would help to direct such approaches towards promotion of good mental health and possibly prevention of mental disorders among secondary school students.

It would be very instructive to design and implement an intervention with a Whole School Approach to mental health promotion in local high schools, as a pilot for a systematic evaluation and potentially for later scaling up in Vietnam.

In recent years, important mental health issues (attention deficit hyperactivity disorder, abuse of drugs and alcohol, and cyber bullying) have arisen which have not yet been studied in detail in Vietnam. They were not within the scope of our study but are worthy of future research.