



## Situation of child mental health in Vietnam and proposed some solutions

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### Abstract

The definition of health according to the World Health Organization (WHO) is a state of complete physical, mental, and social well-being and does not simply include the absence of disease or infirmity. Mental health is considered an inseparable part of the definition of health, in which mental health is not only the absence of mental disorders, but also includes a state of comfort and confidence. on personal capacity, autonomy, capacity, and the ability to realize one's own potential. Children often experience rapid growth and change during childhood. However, during this period, children are also a vulnerable group and easily influenced by external environmental factors that cause mental health problems. Many mental disorders can begin in childhood. Some common children's mental illnesses include: Anxiety disorders; Disruptive behavior and attention deficit disorders; Eating disorders; Mood disorders... Children with mental illness will affect their physical development, reduce learning efficiency, often have aggressive behavior or withdraw from social relationships. Some diseases also cause children to commit suicide or self-harm... The article aims to assess the situation of children's mental health. The results show that currently, children in the study population are facing many types of mental illness with different levels from light to serious mental health problems. Attention deficit hyperactivity disorder is the highest rate among mental health types. The causes of mental illness are quite diverse, including psychological and social causes.

**Keywords:** Mental children, social services, social psychology, family problems

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### 1. Introduction

The number of people with mental disorders in Vietnam is on an increasing trend. According to studies, nearly 15% of Vietnam's population (equivalent to nearly 14 million people) suffers from mental disorders (Department of Medical Examination and Treatment, 2015) <sup>[14]</sup>, of situation of child with mental illness is quite complicated. Children often experience rapid growth and change during childhood. However, during this period, children are also vulnerable and easily affected by factors from the external environment that cause mental health problems. Many mental disorders can begin in childhood. An estimated one-fifth (about 20%) of children and adolescents have mental and emotional health disorders that need to be detected and treated (Hoan, 2014) <sup>[7]</sup>. In another study, the Ministry of Labour, Invalids and Social Affairs, United Nations Children's Fund (2018) also published the results of a survey on the mental health and psychosocial well-being of Vietnamese children and adolescents. The results show that 8-20% of Vietnamese children and adolescents have common mental health problems. A recent epidemiological survey of a nationally representative sample of 10 out of 63 provinces and cities found that an average of 12% of children experience mental health problems, equivalent to more than 3 million children in need of epidemics. mental health service. Some common mental illnesses in children include: Anxiety disorders; Disruptive behavior disorders and inattention; Eating disorders; Mood disorders... Children with mental illness will affect physical development, reduce learning efficiency, often have aggressive behaviors or withdraw from social relationships. Especially with some diseases that also cause children to commit suicide or self-harm... Mental health problems are a significant burden in Vietnam.

Research shows that between 12-40% of children and adolescents across Vietnam have mental health problems (Weiss, Dang, Trung, *et al.*, 2014; Nguyen, Dedding, Pham, *et al.*, 2013) [30, 18]. Ignorance about mental health issues, social stigma, and limited mental health services and resources contribute to most of these children not receiving treatment or support.

This article is analyzed from the study of the research team from University of Labor and Social Affairs. The purpose of the study is to describe the current situation of child mental illness. The study was conducted in public and non-public care facilities in Hanoi and Ho Chi Minh City. The total number of questionnaires was 100 (for families/guardians of mentally ill children in public and private facilities). After reviewing the questionnaire, 97 valid questionnaires were processed and analyzed.

### Methodology of study

#### ▪ Questionnaire survey method

To obtain statistics that reflect the current situation of social care services for mentally ill children, the research team use a questionnaire survey method. Specifically, the questionnaire will be designed for families/guardians of children with mental illness. The questionnaire will be distributed with the purpose of describing the current state of mentally ill children, their mental characteristics, types, and causes. In addition, the questionnaire also aims to assess the difficulties and problems faced by children and families. After reviewing filled questionnaire, a total of 97 valid questionnaires were included in the analysis.

#### ▪ Methods of document research

In this method, the research team focus on researching documents related to laws and policies for children with mental illness. Specifically, the research team will learn and analyze: Decision No. 23/QD-TTg dated 07/01/2021 of the Prime Minister approving the National Action Program for Children in the period of 2021 - 2030; Decision 32/QD-TTg dated March 25, 2010 by the Prime Minister: Approving the Project on development of the social work profession in the 2010-2020 period; Decision 112/QD-TTg dated January 22, 2021 by the Prime Minister: Promulgating the Social Work Development Program for the period 2021-2030; Decision 1215/QD-TTg dated July 22, 2011 of the Prime Minister: Approval of the project on social assistance and rehabilitation for mentally ill people and people with mental disorders

based on community for the period 2011 – 2020; Decision No. 1929/QD-TTg dated November 25, 2020 of the Prime Minister: Approving the social assistance and rehabilitation program for the mentally ill, autistic children and people with mental disorders based on community in the period of 2021 - 2030; Decision No. 155/QD-TTg approving the National Plan for prevention and control of non-communicable diseases and mental health disorders for the period 2022 - 2025... Furthermore, previous studies and researches also have been reviewed to have more data for discussing. The analysis of those documents helps to have additional content related to the direction, viewpoint and orientation to develop care services to solve the problems faced by children with mental illness and their families.

#### ▪ In-depth interview method

The research team interviewed experts in the field of child mental health disorders and providing social care for them. The experts expected to interview include policy makers working in the field of psychiatry, service providers and those with in-depth knowledge in the field. In addition, the study also aimed to interview the children with mental illness (recovered or in remission mentally ill children who were able to answer the questionnaire) and their family members/guardians. Using this method will help the research team have in-depth professional analysis as well as explain the causes related to the difficulties that children and families face. Specifically, 10 questionnaires for in-depth interviews in Hanoi and Ho Chi Minh will be deployed.

### Results of study

Regarding the current age of children, the survey results show that 19.6% of children are under 5 years old; 50.5% of children aged 5 – under 10 years old; 17.5% of children between the ages of 10 and 15; the lowest rate belongs to the group of children over 15 years old with 12.4%. Research on the age when children get the mental illness, the survey results show that the rate of children suffering from the disease between the ages of 5 and 10 is the highest with the rate of 52.6%; the age group from 01 to under 05 years old has the second highest rate of children with the disease with 27.8%; 10.3% of respondents believed that the child was born with a congenital disease and was under 1 year old; The age group from 10 years old and above is the age group with the rate of 5.2%; “I don't know when my child got the mental illness” is the choice of 4.1% of respondents with the lowest rate.

**Table 1:** Description of the characteristics of children

Sex	Male	Female			
Ratio	89.7%	10.3%			
Child age	Under 5 years old	5 – under 10 years old	10 – 15 years old	Over 15 years old	
Ratio	19.6%	50.5%	17.5%	12.4%	
Age at the time of illness	Congenital and under 1 years old	1 – under 5 years old	5 – under 10 years old	Over 10 years old	Unclear
Ratio	10.3%	27.8%	52.6%	5.2%	4.1%
Learning Status	Can go to school	Can-not go to school			
Ratio	87.6%	12.4%			

**Source:** Survey results of the study

The group of children between the ages of 5 and 10 years who have the highest incidence of mental disease. The reason is that this is a period of strong development of children both physically and mentally, children will learn from the world around, thinking, perception and emotions develop (Huong, 2018) [10]. However, maybe due to subjective and objective

reasons, children may experience psychological trauma or diseases that make them have difficulties in communicating with people, not being able to control themselves... like being sick, being abused, neglected by parents, taking care of the family... It has affected the children's psychology, making them "close in" with everyone around them, and find their

own "joys" in different ways (Huong, 2018) <sup>[10]</sup>. However, today with the explosion of mass media channels, parents and teachers can equip themselves with knowledge about mental illnesses that children often suffer, such as depression, hyperactivity, decreased attention. So, if parents and teachers have basic knowledge about mental illnesses along with attentive and dedicated attention to children, it is easy to see the symptoms, thereby making timely intervention (Minh, 2013; Aniruddh, 2017) <sup>[15, 1]</sup>.

With the lowest selection rate in the age group over 15 years old (12.4%), this is the age when young people are in puberty, there will be changes in psychology. There will be "secrets" which not to speak out because of fear of affecting their personal ego (Huong, 2018) <sup>[10]</sup>. In addition, with the development of technology, online games are flooded, instead of developing normally with the outside world, many children who are addicted to online games have immersed themselves in the "virtual world" and forget the real life outside (Nguyen & *et al.*, 2013) <sup>[18]</sup>. However, unlike the age group from 5 to under 10 years old, for the group of children over 15 years old, with their psychological characteristics, they often hide their own thoughts and feelings, so there are very few cases of disease manifestations outside, so it is difficult to detect those children (Phuc, 2017) <sup>[19]</sup>.

With the lowest percentage of people choosing the option "when did the child get mental illness" (4.1%), in these cases, according to the study of Unicef (2021) <sup>[28]</sup>, the parents lacked knowledge about the mental illnesses that the child had or because parents are distracted, have not paid much attention to their children, they cannot know when their children are mental illness. By the time they know, the child's condition has worsened a lot. Thus, the lack of knowledge, not paying due attention is a core factor that, if timely preventive measures are taken, will minimize the factors that can cause mental problems for children (Unicef, 2022) <sup>[29]</sup>.

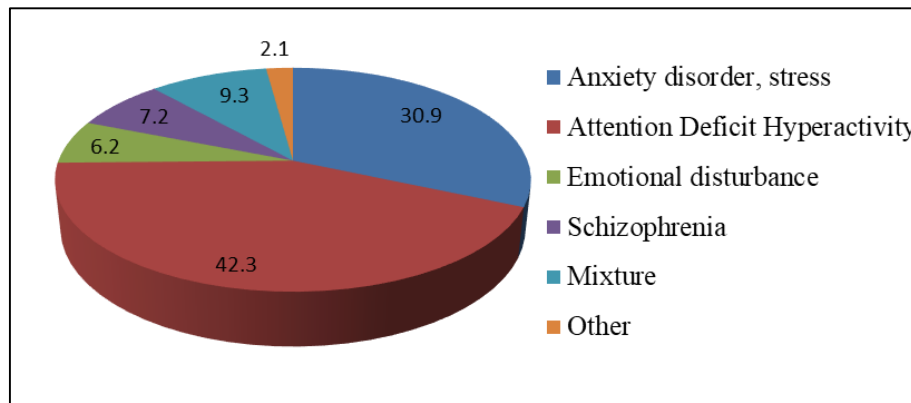
Regarding the children's learning status, 88.7% of the respondents answered, "can their children go to school" and 11.3% of the respondents answered, "the children cannot go to school". The children who are currently attending school, 76.5% (65/85 children) are currently studying in schools and classes in accordance with the standard curriculum framework of the Ministry of Education and Training. Besides, 23.5% of children are currently studying in special education schools. It can be said that with psychiatric forms such as attention deficit hyperactivity disorder (children who often have problems paying attention, learn to get bored easily, become frustrated with certain things or situations, disobey) and tend to move constantly)... however, it is possible for them to study programs according to the standard framework of the Ministry of Education and Training – even though their academic results may not be as high as their parents expect.

Moreover, it is worth noting that young children who go to school do not have many problems, but children who have many difficulties in learning are older children. That means that the older the child, the more difficult they have. Agree

with the above view, study of Unicef (2022) <sup>[29]</sup> shows higher education will be more difficult, and discrimination will increase with older children. At this age, the psychophysiology of the children has developed, so the perception of the opposite sex will be different, so there are certain gaps in how to deal with mentally ill children. Therefore, special education programs at different levels as well as specific support methods are required if children are to be supported to integrate into regular classrooms (Huong, 2018) <sup>[10]</sup>.

In 23.5% of children currently enrolled in special education schools, these children are often schizophrenic. Besides, mental illness such as attention deficit hyperactivity disorder and other serious mental illnesses can also cause serious effects. As a result, children cannot attend standard schools according to the standard curriculum framework of the Ministry of Education and Training.

With the answer "currently not attending school" (11.3%), the study also investigates the main reasons why children do not go to school, specifically as follows: due to illness of children (63.6%) – accounting for the percentage of children who do not attend school. highest rate; due to insufficient funding (27.3%); due to stigma (9.1%) – the lowest rate. The cause of the "child's illness" is specifically because the child's illness is quite severe, mainly schizophrenia, causing the child to have difficulties with language and other functions or, more seriously, psychotic symptoms. Other onset (hallucinations, delusions, paranoia, etc.). It is difficult for children to leave their families and vice versa because they are afraid that their children will get sick, it will affect other children or they may also be afraid of losing face, so parents often do not send their children to school. In addition, "insufficient funding" is also a reason that we need to pay attention to because in fact, there are many families who work in agriculture or do not have a job, with the child's illness being severe, they often often must seek treatment and medicine for children, so the difficult economic situation is now even more difficult. In fact, at present, most of the treatment classes for children are quite expensive while they may not be entitled to policies for children with mental illness, so sending their children to specialized classes is difficult to do. "Stigmatization" is the cause with the lowest selection rate with 9.1%. However, Sim (2010) <sup>[27]</sup> and study of Institute of Sociology (2022) argue that families and children with mental illness often experience gossip, alienation from relatives, friends, and other social relationships due to the community's lack of understanding of mental illnesses. Therefore, most parents often hide their child's illness from relatives, friends, neighbors... to minimize the stigma from the community. To help families work together in caring for mentally ill children as well as help them access services in the best way, it is essential to eliminate stigma and discrimination (Sim, 2010; Institute of Sociology, 2022) <sup>[27]</sup>. Going deeply of children's mental problems, the results are showed in the following Figure:



Source: Survey results of the study

Fig 1: Mental types of children in the study

From figure 1, mental illness has many different forms with distinct rates: attention deficit hyperactivity disorder: 42.3% (accounting for the highest rate); anxiety disorders, stress: 30.9%; mixed diseases: 9.3%; schizophrenia: 7.2%; emotional disorders: 6.2% and other diseases account for the lowest rate: 2.1%. The explanation for the problem of "attention-deficit hyperactivity disorder" and "anxiety and stress disorder" which are the two forms of mental illness with the highest prevalence in children can be seen as both are mental development disorders. Menopause is common, familial, and is characterized by symptoms such as difficulty paying attention and withdrawal and little social interaction. There are many causes (currently scientists do not have accurate and comprehensive conclusions), affecting children

such as genetic factors, changes in brain function and structure, disorders of chemicals in the brain, or because the baby had problems in the womb such as brain damage; mother drinks alcohol, smokes, uses addictive substances, has rubella; premature birth or it may also be due to the child having problems causing psychological trauma... (Phuc, 2017) [19]. With a rate of 2.1% of people choosing, mental illness "other form" accounted for the lowest rate. Children in this number often suffer from illnesses such as mental retardation and language disorders. Currently, scientists still do not have an accurate and comprehensive conclusion about the causes of mental problems (Phuc, 2017; Unicef, 2022) [19, 29]. In this study, we investigate the causes of the mental disease and the survey results collected as follows:

Table 2: Causes of mental illness children

Causes of mental illness	Number of choices
Due to genes, heredity	18
Due to maternal influence during pregnancy	22
Due to the child's infection, poisoning, illness, fever, encephalitis, immune disorder	15
Because children are psychologically, thinking, negative, sensitive	4
Because children go through events	5
Due to children experiencing domestic violence	16
Due to family distraction, not caring	17
Children abuse drugs	5
Because children are addicted to playing games	3
Because children are under pressure, stress, and problems in school	14
Undefined reason	23

Source: Survey results of the stud

From the survey results shown in Table 2, there are many different causes mental illness in children. The results of this study showed that: The number of "unknown causes" choices for sick children (23 choices) was the highest. Opposite the cause of illness with the highest selection rate is the cause "due to children addicted to playing games" with the lowest selection rate (3 choices). Next is the cause of "children experiencing domestic violence" with 16 options; The cause "due to the influence of the mother during pregnancy" accounts for 22 choices "due to infection, poisoning, illness, fever, encephalitis, immune disorder" is the cause accounting for 15 choices; "genetic, genetic" accounts for 18 options. The remaining causes that account for the selection rate are also quite small.

Here, it can be seen that "Unknown cause" causes mental illnesses is the highest selected rate. As mentioned above, scientists have not yet come to an accurate and comprehensive conclusion about the causes of mental health

problems (Phuc, 2017) [19]. Moreover, at present, mental health facilities are still quite lacking in facilities, mental assessment tools as well as limited capacity of staff (Department of Social Protection, 2018). It makes difficult to diagnose mental illness. "My child has attention deficit hyperactivity disorder. I also don't know the exact cause, only when I go to the doctor, I know that he is sick. The cause of the illness may be because he watches a lot of television, or the child has been poisoned since the mother's pregnant" - (Male, 39 years old, Ho Chi Minh City) In addition, a rather high rate comes from biological or genetic causes, or the child is sick, has a high fever... In fact, these causes can be completely limited and prevented if we perform well early intervention services and provide knowledge so that mothers can better understand the risks that can cause mental illness during pregnancy or know how to take better care of the baby, avoid fever or infection, thereby causing mental illnesses (Unicef, 2022; Department of Social Protection, 2018) [29].



Table 2 shows that social reasons are also worth considering. Specifically, the causes of Distractions, Violence or problems in school also account for many selected options “*My child is emotionally disturbed due to being bullied or ostracized by peers*” – (Female, 37 years old). Children are a vulnerable group, sensitive and easily affected by negative external factors (Pluess, & *et al*, 2018). Marco C., Antonio L and Mirella R (2020) argued that early detection as well as prevention and professional interventions are essential. However, the issue is that at present these early intervention activities have not received much attention due to the lack of professional staff (Unicef, 2022) <sup>[29]</sup>. Thanh, (2019) and Nguyen (2021) argue that social workers with their roles such as counseling, resource mobilization, advocacy, broker... will play an effective role in supporting interventions for children with mental illness and their families. (Thanh, 2019; Nguyen, 2021). Therefore, it is necessary to build and develop a team of social worker staff with sufficient qualifications and knowledge to be able to effectively intervene in this field.

### **Proposed solutions to deal with this problem**

#### **▪ Enhance the quantity and quality of human resources**

There is an urgent need to increase training to develop medical staff, from nurses to doctors, as well as specialized training in the field of mental health care. Attention should be paid to developing training so that there are more psychiatrists and psychologists who can handle mental problems and less serious manifestations of mental disorders well. There is a need for training programs specifically designed for each field to meet the needs of children and young people. The role of education in general and schools in particular is also very important. Increased training is needed to establish a professional and full-time team of social workers and school psychologists, and a compatible infrastructure (counseling room/center). It is also necessary to develop a team of professional social workers. In addition, strengthening the capacity, knowledge, methods, and skills of staff at Social Protection Centers is also an urgent need. Finally, there needs to be a budget to develop a team of non-professional social work collaborators (commune-level collaborators).

#### **▪ Raise awareness of youth mental health and psychosocial care needs and support services**

Every year, the Ministry of Labor, Invalids and Social Affairs organizes training to raise awareness for officials, employees, social work collaborators and families in the field of mental health care. However, there is a need to focus on promoting activities to raise public awareness of the mild mental health and psychosocial needs of children and young people. Specifically, there is a need to raise awareness about the link between discriminatory social norms and mental illnesses. Raising awareness can be done through designing training programs for officials or employees in relevant fields (e.g. social security, health, education); promote communication activities aimed at the community; and through the provision of information (leaflets, etc.) at service points. Awareness raising can be done at many levels, but especially needs to start at the commune/ward, by providing the community with information about the role of social workers. It is important to ensure that an interdisciplinary approach is applied at commune level to work with teachers and provide appropriate training so that they can detect early signs and

then connect them to school psychology counselors, related health professionals, commune officials and social workers.

#### **▪ Improve the quantity and quality of services with nationwide coordination**

Through the system of health facilities and social assistance facilities, the Ministry of Health and the Ministry of Labor, War Invalids and Social Affairs need to focus on: (i) Increasing the quantity and quality of mental health services and psychosocial support nationwide, and at the same time need to establish an appropriate infrastructure system to provide specialized support related to mental health and psychosocial well-being. (ii) Develop and improve clinical diagnostic standards and tools for children and young people, to enable early detection and treatment of mental health problems and psychosocial trauma. (iii) Building cooperative relationships and partnerships between ministries and branches in service provision to ensure supplementation and effective use of resources; Develop inter-sectoral coordination regulations to facilitate this activity at the national level and replicate it at the provincial and commune levels. (iv) Greater investment is needed to engage young people with each other and ensure abundant online resources of information and help are accessible on computers or mobile phones. At the same time, it is necessary to be fully equipped and ready with measures to protect children from the negative aspects of social media. (v) Promote the activities of parent support groups, especially for parents whose children are diagnosed with mental disorders. Investing in family counseling is something that needs to be considered, for example working closely with families to give them adequate attention and care for their children.

#### **▪ Improve mental health and psychosocial well-being for children and young people**

Through the primary and secondary school system, the Ministry of Education and Training needs to focus on: i) focusing on prevention through equipping children with the necessary skills to cope with difficulties. Psychological and emotional difficulties in relationships with parents, teachers, friends, and people around; ii) Reduce learning pressure through re-evaluating the amount of knowledge expected of children to receive; iii) Invest in developing psychological counseling in all schools, especially for ethnic minority children; and iv) Equip parents with skills so they can help alleviate problems their children face at school and at home.

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