



Home Office

# Country Policy and Information Note

Vietnam: Mental healthcare

Version 1.0

May 2021

# Preface

## Purpose

This note provides country of origin information (COI) for decision makers handling cases where a person claims that to remove them from the UK would be a breach Articles 3 and / or 8 of the European Convention on Human Rights (ECHR) because of an ongoing health condition .

It is not intended to be an exhaustive survey of medical and healthcare issues in Vietnam.

## Country of origin information

The country information in this note has been carefully selected in accordance with the general principles of COI research as set out in the [Common EU \[European Union\] Guidelines for Processing Country of Origin Information \(COI\)](#), dated April 2008, and the Austrian Centre for Country of Origin and Asylum Research and Documentation's (ACCORD), [Researching Country Origin Information – Training Manual, 2013](#). Namely, taking into account the COI's relevance, reliability, accuracy, balance, currency, transparency and traceability.

The structure and content of the country information section follows a [terms of reference](#) which sets out the general and specific topics relevant to this note.

All information included in the note was published or made publicly available on or before the 'cut-off' date(s) in the country information section. Any event taking place or report/article published after these date(s) is not included.

All information is publicly accessible or can be made publicly available, and is from generally reliable sources. Sources and the information they provide are carefully considered before inclusion. Factors relevant to the assessment of the reliability of sources and information include:

- the motivation, purpose, knowledge and experience of the source
- how the information was obtained, including specific methodologies used
- the currency and detail of information, and
- whether the COI is consistent with and/or corroborated by other sources.

Multiple sourcing is used to ensure that the information is accurate, balanced and corroborated, so that a comprehensive and up-to-date picture at the time of publication is provided of the issues relevant to this note.

Information is compared and contrasted, whenever possible, to provide a range of views and opinions. The inclusion of a source, however, is not an endorsement of it or any view(s) expressed.

Each piece of information is referenced in a brief footnote; full details of all sources cited and consulted in compiling the note are listed alphabetically in the [bibliography](#).

## MedCOI

MedCOI is an Asylum and Migration Integration Fund financed project to obtain medical country of origin information. The project allows 11 European Union

member states plus Denmark, Norway and Switzerland to make use of the services of the 'MedCOI' team in the Netherlands and Belgium.

The MedCOI team makes enquiries with qualified doctors and other experts working in countries of origin. The information obtained is reviewed by the MedCOI project team before it is forwarded to the UK or other national COI teams. Previous MedCOI responses are stored on its database which participating states are able to access.

### **Feedback**

Our goal is to continuously improve our material. Therefore, if you would like to comment on this note, please email the [Country Policy and Information Team](#).

### **Independent Advisory Group on Country Information**

The [Independent Advisory Group on Country Information](#) (IAGCI) was set up in March 2009 by the Independent Chief Inspector of Borders and Immigration to support him in reviewing the efficiency, effectiveness and consistency of approach of COI produced by the Home Office.

The IAGCI welcomes feedback on the Home Office's COI material. It is not the function of the IAGCI to endorse any Home Office material, procedures or policy. The IAGCI may be contacted at:

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Information about the IAGCI's work and a list of the documents which have been reviewed by the IAGCI can be found on the Independent Chief Inspector's pages of the [gov.uk website](#).

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# Assessment

Updated: 4 May 2021

## Guidance on medical claims

For general guidance on considering cases where a person claims that to remove them from the UK would be a breach Articles 3 and / or 8 of the European Convention on Human Rights (ECHR) because of an ongoing health condition, see the instruction on [Human rights claims on medical grounds](#).

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# Country information

Section 1 updated: 4 May 2021

## 1. Healthcare

### 1.1 Overview of the healthcare system

- 1.1.1 A paper published through the National Center for Biotechnology Information, U.S. National Library of Medicine, entitled: 'A review of Vietnam's healthcare reform through the Direction of Healthcare Activities (DOHA)', 30 October 2017, stated:

'Alongside rapid economic development, the health status of people in Vietnam has significantly improved in recent years, with the life expectancy at birth increasing from 71 years in 1990 to 76 years in 2015. Infant mortality rates (under 5 years of age) decreased from 58 deaths per 1000 live births in 1990 to 18 in 2015; and the proportion of under-five-year-olds who were underweight decreased from 37% in 1993 to 14% in 2015. However, wide disparities remain in core health indicators between rural and urban residents, across different regions, and among population groups. Disease patterns in contemporary Vietnam are changing, with the main societal health problems shifting from maternal and child care and infectious diseases to non-communicable diseases and traffic-related injuries. Vietnam also has one of the most rapidly aging populations in the world, with an increasing demand for quality healthcare services and new issues likely to emerge in the health sector in future years. The country's government is now being forced to consider not only a plan for developing healthcare manpower and improving health infrastructure such as facilities and equipment, but also for better management of limited healthcare resources and reforming health financing to improve overall efficiency.

'The healthcare workforce in Vietnam is currently insufficient to meet manpower norms and practical needs, with the number of physicians in 2015 (around eight per 10,000 population) being quite low when compared to other countries in Southeast Asia. Healthcare resources should be appropriately distributed to meet needs, but there is currently an imbalanced distribution of human resources and a shortage of manpower in Vietnam, especially of highly specialized physicians in fields such as cancer, palliative care, and mental health. Mountainous and remote areas have severe shortages of healthcare workers, with the number of physicians per population in the North West, Central Highland, and Mekong Delta Regions being lower than the national average. Most healthcare workers in remote areas manage with a shortage of medical equipment and training. They have limited opportunities to use advanced diagnosis and treatment methods and maintain and improve their professional ability. The quality of healthcare services is therefore lower in remote areas than more urban regions.'<sup>1</sup>

- 1.1.2 The paper further added:

'Healthcare facilities in Vietnam are divided into four levels by administrative structure: central (Level I); provincial (Level II), covering a population of 1–2

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<sup>1</sup> NCBI, ['A review of Vietnam's healthcare reform through the Direction of ...'](#), 30 October 2017

million; district (Level III), covering 100,000–200,000; and commune (Level IV), covering around 5000–10,000. This structure is set out in Article 81 of Chapter VIII of the 2009 Law on Examination and Treatment, which covers the organizational system of medical examination and treatment establishments. Level I hospitals include central hospitals owned by the Ministry of Health and city hospitals owned by municipalities such as Hanoi or Ho Chi Minh City. Level II, III, and IV hospitals are owned by local provincial governments, such as the people’s committee responsible for allocating finance and human resources. The provincial or district health department is responsible for their professional management under the Vietnamese Ministry of Health.<sup>2</sup>

- 1.1.3 The same source noted: ‘The healthcare system in Vietnam is not well known outside the country and information regarding DOHA is rarely available in English...’<sup>3</sup>
- 1.1.4 In April 2019, Voice of America, reported:  
‘Since its establishment as a communist nation at the end of the Vietnam War in 1975, the country has provided universal health care, with most citizens having access to subsidized insurance but also paying out of pocket for some expenses. As public opinion generally supports the idea that all people are entitled to health care, doctors treat their roles as a public service, doing regular rotations from their home base to hospitals in rural areas and other underserved communities. The government also works to improve access in the countryside, through a network of commune health centers that are the first point of contact for patients when they can’t make it to bigger city hospitals.’<sup>4</sup>
- 1.1.5 The article further noted that ‘Communist Vietnam is moving to privatize some parts of its health care system, raising questions about the state’s duty to guarantee care for all as a basic right, and about its budget to do so.’<sup>5</sup>
- 1.1.6 The Australian Government Department of Foreign Affairs and Trade (DFAT) Country Information Report Vietnam, 13 December 2019, stated:  
‘Health outcomes have generally improved in recent decades in line with Vietnam’s considerable economic growth. The transition from a centrally controlled to a market economy, however, led to a reduction in state expenditure on healthcare and the introduction of user fees for both public health facilities and private practice. This has resulted in growing disparities in health outcomes between higher and lower socioeconomic groups, urban and rural areas, and the majority Kinh people and ethnic minority groups. For example, the maternal mortality rate in 2016 was 58 deaths per 100,000 live births (compared to 233 deaths per 100,000 live births in the 1990s), yet the UN Population Fund (UNFPA) reports that rates are higher in rural areas and among ethnic minorities. Similarly, the UN Children’s Fund (UNICEF) has

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<sup>2</sup> NCBI, [‘A review of Vietnam’s healthcare reform through the Direction of ...’](#), 30 October 2017

<sup>3</sup> NCBI, [‘A review of Vietnam’s healthcare reform through the Direction of ...’](#), 30 October 2017

<sup>4</sup> VOA, [‘Is Health Care Still a Basic Right as Communist Vietnam Privatizes?’](#), 23 April 2019

<sup>5</sup> VOA, [‘Is Health Care Still a Basic Right as Communist Vietnam Privatizes?’](#), 23 April 2019

reported that the infant mortality rate (17 deaths per 1,000 live births in 2017) is higher in poorer central and northern regions of the country.’<sup>6</sup>

1.1.7 The report further stated:

‘Health centres in communes (the smallest official administrative unit in Vietnam) and hamlet health workers are typically the first point of contact in communes and remote areas for people with health concerns. According to the Ministry of Health, virtually all communes (99 per cent) have health centres. Government facilities are supported by non-government organisations (NGOs), social organisations and other community partners. These have primarily focused on supporting the most vulnerable groups, including through innovative service delivery to access remote ethnic minority communities.’<sup>7</sup>

1.1.8 The DFAT report noted that:

‘Birth certificates are required to access public services, including education and health care.’<sup>8</sup> It also stated that ‘Household registration is initially obtained through the registration of a person’s birth with the village or provincial administrators. Officials use the registration system to determine the levels of services provided to villages and provinces, linking a person’s right to access government health care, education and other services to their place of residence.

‘...Although health care facilities can be accessed anywhere in Vietnam in emergency cases, there have been reports of public facilities turning away non-life-threatening cases where the person is not properly registered.’<sup>9</sup>

1.1.9 A report on the Vietnamese health sector by the World Bank Group in July 2020 stated that:

‘Today, Vietnam’s health service delivery system is hospital-centric and focused on episodic curative care. Hospital overcrowding has been a major problem for many years. This is both inefficient and ill-suited to long-term, continuous management of care in a person-centered way. To better serve the health needs of its population, Vietnam will need to improve health system efficiency—specifically, by shifting low-complexity services out of the hospital setting to reduce hospital overcrowding.’<sup>10</sup>

1.1.10 The US State Department (USSD), in their Country Report on Human Rights Practices 2020 – Vietnam, 30 March 2021, stated: ‘Moving without permission, ... hampered persons from obtaining legal residence permits, public education, and health-care benefits.’<sup>11</sup>

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<sup>6</sup> DFAT, [‘DFAT Country Information Report Vietnam’](#) (pare 2.20), 13 December 2019

<sup>7</sup> DFAT, [‘DFAT Country Information Report Vietnam’](#) (pare 2.23), 13 December 2019

<sup>8</sup> DFAT, [‘DFAT Country Information Report Vietnam’](#) (para 5.37), 13 December 2019

<sup>9</sup> DFAT, [‘DFAT Country Information Report Vietnam’](#) (paras 5.46 and 5.47), 13 December 2019

<sup>10</sup> World Bank Group, [‘Improving Efficiency in the Health Sector: An Assessment...’](#) (p1), July 2020

<sup>11</sup> USSD, [‘Country Report on Human Rights Practices 2020 - Vietnam’](#) (section 2), 30 March 2021



## 1.2 Legal framework

- 1.2.1 Vietnam does not have any laws covering mental health, although mental health legislation was covered partially in related laws such as the disability law<sup>12</sup>.
- 1.2.2 A 2018 joint UNICEF, Ministry of Labour- Invalids and Social Affairs (MOLISA), and ODI (Overseas Development Institute) study of Mental health and psychosocial wellbeing among children and young people in selected provinces and cities in Vietnam noted that: ‘Currently Viet Nam has neither an explicit mental health law, nor any specific legislation on mental healthcare for children. No policy dealing explicitly with children’s mental healthcare has been put in place, though general healthcare for children has been effectively encoded in the legal system, with multiple policies and programs related to healthcare in place for children.’<sup>13</sup>
- 1.2.3 The report also stated that:

‘To strengthen the social support system, a wide range of legal documents has recently been approved such as the Law on Children, the Law on Persons with Disabilities, the Law on the Elderly, the Government Decree No. 136/2013/ND-CP dated 21 October 2013 regulating social support policies for social protection beneficiaries; Decree No. 103/2017/ND-CP dated 12 September 2017 providing for the establishment, organization, operation, dissolution and management of social assistance facilities; Decree No. 28/2012/ND-CP dated 10 April 2012 detailing and guiding the implementation of a number of articles of the Law on Persons with Disabilities; Decision No. 1215/2011/QĐ-TTg dated 22 July 2011 of the Prime Minister approving the program of community-based social assistance and functional rehabilitation for mental illness and mental disorders (2011-2020) which has provided care, support and rehabilitation to children with disabilities in general and children with mental health problems in particular.

‘The National Target Programme on mental health started in 1998 when the Prime Minister signed the inclusion of the Project for Community Mental Health Protection into the National target programme on prevention and control of some social illnesses, dangerous epidemics, and HIV/AIDS, now being a part of the National Target Programme for Health. Since its operation, the project has developed a model for the management, treatment and care of people with schizophrenia and epilepsy in the community. Since 2001 up to now, the Project for the Community Mental Health Protection has gone through three stages, each with different names. During 2001-2005, the Community Mental Health Care and Protection Project (under the National Target Programme on prevention and control of some social illnesses, dangerous epidemics, and HIV/AIDS. In the period 2011-2015, the project is named as “Protection of Mental Health for the Community and Children”, which was under the National Target Programme on Health. The overall goal of the project is to develop a network and pilot a model for inclusion of mental healthcare with general healthcare of the commune/ward

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<sup>12</sup> Springer Nature, ‘[Challenges in Integrating Mental Health ...](#)’ (Mental Health Governance), 2019

<sup>13</sup> UNICEF, MOLISA,ODI, ‘[Mental health and psychosocial wellbeing ...](#)’ (p20), February 2018

health station for timely detection, management and treatment so that patients can soon re-integrate into the community.

'Additionally, in 2006, the Ministry of Health issued the "National comprehensive plan for protecting, caring and enhancing Vietnamese teenagers' and young people's health for the period 2006-2010 with vision to 2020". Among other things, "Mental trauma and other issues related to mental health" are seen as one of the main dangers to Vietnamese teenagers' and young people's health. There is also a push by the government to develop the social work profession with the Prime Minister Decision 32 in 2010 approved the Programme on development of Social Work profession period 2010-2020. Thus, MOLISA has issued the Circular (07/2013/TT- BLĐTBXH dated 24/5/2013) to provide instructions on how to improve commune/ward level social work collaborators.'<sup>14</sup>

#### 1.2.4 The USSD report stated:

'The constitution provides for the protection of persons with mental and physical disabilities. The law prohibits discrimination against or mistreatment of persons with physical disabilities, mental disabilities, or both and protects their right to access education and other state services, but the government struggled to enforce these provisions. Persons with disabilities faced widespread social stigmatization. The law protects the rights of persons with disabilities, including their access to education, employment, health services, information, communications, buildings, transport, the judicial system, and other state services; however, the majority of persons with disabilities faced challenges in exercising their rights.'<sup>15</sup>

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### 1.3 Health insurance schemes

#### 1.3.1 The 2019 DFAT report, stated:

'A social health insurance scheme was introduced in Vietnam in 1992, which has contributed to improved health indicators through increased access to healthcare services for beneficiaries, particularly the poor and vulnerable. Participation in the scheme is compulsory for some groups (such as formal sector workers, who are fully subsidised by the social security agency and/or the government) and voluntary for others (such as informal workers, who are required to make full or partial premium payments). In 2013, close to 70 per cent of the total population was covered by social health insurance. Of these participants, most came from compulsory groups, while just over 21 per cent of participants were from voluntary groups. Enrolment has remained low among persons whose participation is voluntary. As a result, households face financial risks of high out-of-pocket payments for health care.'<sup>16</sup>

#### 1.3.2 The DFAT report further added:

'Social health insurance participants have a health insurance card that must be renewed annually for continued coverage. Participants can register with public or private health facilities from options provided by the government.

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<sup>14</sup> UNICEF, MOLISA, ODI, '[Mental health and psychosocial wellbeing ...](#)' (p21), February 2018

<sup>15</sup> USSD, '[Country Report on Human Rights Practices 2020- Vietnam](#)' (section 6), 30 March 2021

<sup>16</sup> DFAT, '[DFAT Country Information Report Vietnam](#)' (pare 2.21), 13 December 2019

Since 2010, participants have been required to make a co-payment of up to 20 per cent of health expenses (this does not apply to pensioners, the poor, ethnic minorities and children under six years of age, who are fully subsidised by the government). If participants choose to be treated in other facilities, a higher co-payment (at least 40 per cent) is required, except in emergency cases. Any costly, technologically advanced treatment has a ceiling on the maximum benefit for the treatment of each episode; the ceiling defined as the total minimum salary over 40 months.<sup>17</sup>

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Section 2 updated: 28 April 2021

## 2. Mental health and services

### 2.1 Mental health prevalence

#### 2.1.1 The 2018 joint UNICEF, MOLISA and ODI report, regarding children and young people, stated:

‘Findings from our literature review show that the prevalence of general mental health problems range from 8% to 29% for children and adolescents, with varying rates across provinces and by gender (Samuels, et al, 2016). A recent epidemiological survey of a nationally representative population from 10 of 63 provinces found that the overall level of child mental health problems was about 12%, suggesting that more than 3 million children are in need of mental health services (Weiss et al, 2014).<sup>18</sup>

#### 2.1.2 The report further stated that:

‘The most common types of mental health problems among children studied in Viet Nam are those of internalizing (such as anxiety, depression, loneliness) and externalising problems (such as hyperactivity and attention deficit issues).

‘... there is a general perception amongst all study respondents that both psychosocial and mental health problems are both widespread and increasing, with some saying they felt that children face a greater mental health burden than adults and that different age groups face different kinds of problems. However, they also mentioned that challenges remain in terms of estimating more precisely these numbers and particularly in relation to children.<sup>19</sup>

#### 2.1.3 Vietnam Briefing, an online media service publishing business news concerning foreign direct investment into Vietnam, noted in an article dated 18 October 2018: ‘In 2014, Vietnam’s Psychiatric Association conducted a study to identify which of the 10 most common mental illnesses affect the country the most. Of the formal list of mental illnesses in the country, the three most well-known issues were alcohol abuse, depression, and anxiety. However, further research to address these conclusions and to identify their causes is needed.<sup>20</sup>

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<sup>17</sup> DFAT, ‘[DFAT Country Information Report Vietnam](#)’ (pare 2.22), 13 December 2019

<sup>18</sup> UNICEF, MOLISA, ODI, ‘[Mental health and psychosocial wellbeing ...](#)’ (p42), February 2018

<sup>19</sup> UNICEF, MOLISA, ODI, ‘[Mental health and psychosocial wellbeing ...](#)’ (p11-12), February 2018

<sup>20</sup> Vietnam Briefing, ‘[The Mental Healthcare Industry in Vietnam](#)’ 18 October 2018

- 2.1.4 The 2019 DFAT report stated: ‘A 2015 government report found that mental health issues were estimated to affect around 10 per cent of the population (approximately 9 million people), of which 200,000 people were classified as severely mentally ill. A draft National Strategy on Mental Health (2018-2025), with a view to 2030, prioritised the provision of healthcare to poor regions, those in difficult situations, and ethnic minorities and other vulnerable groups.’<sup>21</sup>

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## 2.2 Provision of mental healthcare

- 2.2.1 The 2017 WHO Mental Health Atlas for Vietnam provided a useful overview table on ‘mental health system governance’, ‘resources for mental health’ and ‘mental health service availability and uptake’. See the table [here](#).<sup>22</sup>
- 2.2.2 The mental health system is divided into four levels including central, provincial, district, and commune levels<sup>23</sup>.
- 2.2.3 According to a 2018 article on ‘Mental health literacy: knowledge of depression among undergraduate students in Hanoi, Vietnam’ published in the International Journal of Mental Health Systems: ‘More mental health services are provided in hospitals than in community, but follow-up usually occurs at community general practice.’<sup>24</sup>
- 2.2.4 The same article also stated that: ‘Shortage of resources, lack of psychiatric services, social stigma, and lack of mental health literacy (MHL) constitute major barriers in accessing treatment for mental disorders in general and for depression in particular.’<sup>25</sup>
- 2.2.5 The 2018 joint UNICEF, MOLISA and ODI report, regarding children and young people, stated: ‘...the commune is the lowest level through which health services are provided. In addition to having commune health centres, remote areas also have hamlet health workers. These centres and individuals are the first port of call for people living in rural areas when mental health related challenges arise. In addition, in some areas a community mental health programme was in operation.’<sup>26</sup>
- 2.2.6 The 2018 Vietnam Briefing article stated:
- ‘The mental healthcare industry in Vietnam is still developing. The government has established the National Mental Health Programme (NMHP); however, industry observers have noted that the NMHP only covers approximately 30 percent of the country and uses a very narrow list of mental illness.
- ‘While the government estimates that approximately 15 percent of the population requires mental health care services, independent research suggests that the figure is closer to 20 to 30 percent of the population. This

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<sup>21</sup> DFAT, ‘[DFAT Country Information Report Vietnam](#)’ (pare 2.24), 13 December 2019

<sup>22</sup> WHO, ‘[Mental Health Atlas 2017 Member State Profile: Vietnam](#)’, 2018

<sup>23</sup> Innovations in Global Mental Health, ‘[Challenges in Integrating Mental Health ...](#)’, 2019

<sup>24</sup> International Journal of Mental Health Systems, ‘[Mental health literacy: knowledge...](#)’, 2018

<sup>25</sup> International Journal of Mental Health Systems, ‘[Mental health literacy: knowledge...](#)’, 2018

<sup>26</sup> UNICEF, MOLISA, ODI, ‘[Mental health and psychosocial wellbeing ...](#)’ (p86), February 2018

is a major service gap for NGOs [Non-Governmental Organisations] and foreign businesses.

‘...The mental health network facilitates outpatient treatment and inpatient programs for psychiatric care. The psychiatric hospital system in Vietnam has 36 hospitals established across the country. Hospitalization for clients in severe conditions are given the care in these inpatient hospitals—currently, there are 6,000 beds.

‘The system delivers services through a network of state-owned hospitals; there are two National Psychiatric Hospitals: one located in the north in Hanoi, and the other in Bien Hoa city, located in the south. The remaining 34 provincial psychiatric hospitals are disseminated across the country.

‘Currently, Vietnam has 600 outpatient mental healthcare facilities available for locals who are looking for short-term care. Outpatient treatment offers psychosocial services for those in need, without being admitted into the hospital.

‘Further, while service is available through state-owned facilities, the consensus among international research is that there are no targeted facilities for children and adolescents – demographics that research suggests are highly vulnerable.’<sup>27</sup>

#### 2.2.7 The 2019 DFAT report stated:

‘Currently, mental health and psychosocial services are provided through social welfare and social protection centres, mental health hospitals and psychosocial units in schools. The Ministry of Health is responsible for health centre and hospital services to diagnose and provide treatment for serious and persistent mental illness stemming from neurological conditions and developmental disabilities. MOLISA [The Ministry of Labour, Invalids and Social Affairs] provides social support policies for social protection beneficiaries and services for serious cases. The Ministry of Education and Training provides psychosocial counselling units in schools and life-skills training.’<sup>28</sup>

#### 2.2.8 The DFAT report further added: ‘NGOs are increasingly providing mental health and psychosocial related services, and familial and community-based support is also common. In 2011, the government introduced a program for social support and community-based rehabilitation for people with mental illness for the period 2011 to 2020 (known as Decision 1215). This program focuses on the family and community provision of spiritual and material support, and rehabilitation.’<sup>29</sup>

#### 2.2.9 An article published in 2019 in the journal *Innovations in Global Mental Health*, titled ‘Challenges in Integrating Mental Health into Primary Care in Vietnam’ stated that:

‘Vietnam has a weak mental health system governance with no mental health policy and legislation and an ineffective action plan. Like other developing countries, Vietnam is having institutional approach in providing

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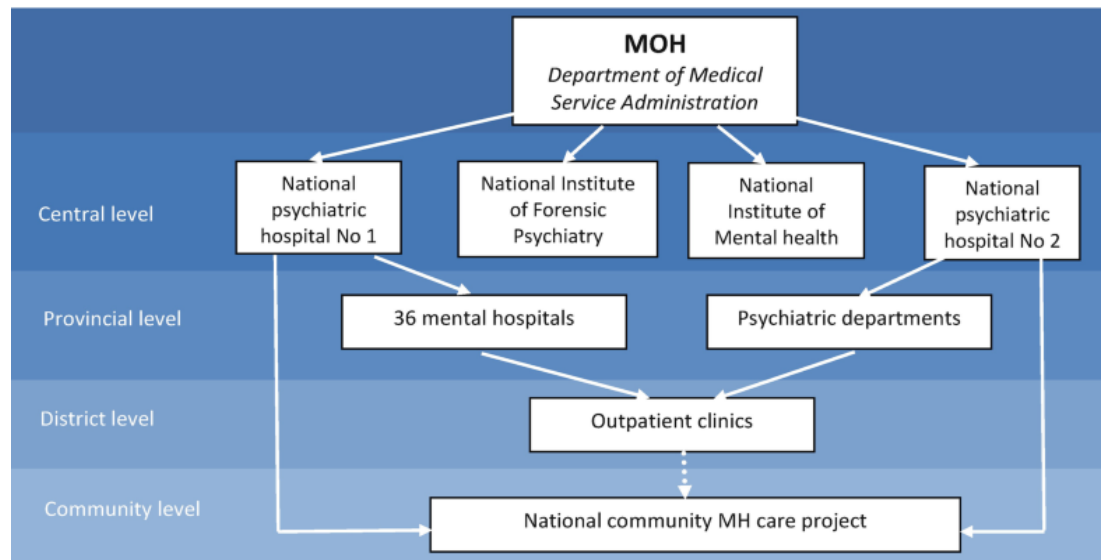
<sup>27</sup> Vietnam Briefing, ‘[The Mental Healthcare Industry in Vietnam](#)’ 18 October 2018

<sup>28</sup> DFAT, ‘[DFAT Country Information Report Vietnam](#)’ (para 2.25), 13 December 2019

<sup>29</sup> DFAT, ‘[DFAT Country Information Report Vietnam](#)’ (para 2.26), 13 December 2019

formal mental health services such as psychiatric hospitals and social protection centers. Informal community care providers which care for most of people with mental disorders were ignored by the government. In addition, mental health human resource is facing shortage in terms of quantity and limited quality.<sup>30</sup>

2.2.10 Chart showing the structure of the mental health service provided by health sector<sup>31</sup>:



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## 2.3 Provision of mental healthcare for children

2.3.1 The 2018 joint UNICEF, MOLISA and ODI report stated:

‘Mental health services are provided in the Paediatric Hospital through the psychiatry ward. The staff in the psychiatry ward is comprised of three doctors, including two trained in psychology, two psychologists, two teachers specialized in teaching children with mental diseases, one social worker, a reception nurse, a nurse’s aide and volunteers. The volunteers support patients and relatives by, for instance, carrying out administrative tasks and acting as a go-between with the hospital staff...

‘The services provided at this hospital primarily include examining, evaluating and classifying children, referring them onwards for the correct service. They also provide education to the patients, and hold training courses in clinical psychology for doctors, nurses and social workers. A KII [Key informant interview] with the psychologist reveals that in addition to providing counselling for cognitive problems, behavioural problems, and somatic complaints..., the psychiatry department also provides mental health support for families with children who exhibit homosexual tendencies, children who have faced child abuse, and counselling for parents whose children have had to undergo serious surgery.’<sup>32</sup>

2.3.2 The report further added:

<sup>30</sup> Innovations in Global Mental Health, ‘[Challenges in Integrating Mental Health ...](#)’, 2019

<sup>31</sup> Innovations in Global Mental Health, ‘[Challenges in Integrating Mental Health ...](#)’, 2019

<sup>32</sup> UNICEF, MOLISA, ODI, ‘[Mental health and psychosocial wellbeing ...](#)’ (p84), February 2018



‘While there have been a number of hotlines operating in Viet Nam dealing with a range of topics, the most prominent, longest operating one that deals with children and young people and also includes mental health issues and psychosocial support is the one set up by MOLISA, also referred to as “the Magic Buttons – 18001567” which has been changed to number 111 since December 2017. This nationwide hotline is housed in the MOLISA headquarters in Hanoi under the Department of Child Care and Protection. Since 2004, it has been supported by Plan International. It operates 24 hours a day, 7 days a week. There are 20 staff and 10 collaborators /adjunct staff with backgrounds in psychology and special education; additionally, there is an advisory council, consisting of doctors and associate professors with psychological and law specializations to support in difficult cases. The telephone counselling staff have specialisations in psychology, social work, social studies, and law; upon being recruited they all receive an additional two- month training course focused on dealing with children.

‘Children from all 63 provinces can make free phone calls to share information, look for psychological and spiritual assistance, receive recommendations and get connected to the appropriate organizations or emergency service if needed. Adults can also call to look for information related to child care and protection. The hotline gives priority to counselling, answering questions and providing intervention and support in five areas:

‘(1) child protection against mental violence, physical violence, sexual abuse, neglect, abandonment, exploitative labour, and smuggling;

‘(2) providing information and services related to child protection;

‘(3) Psychological assistance;

‘(4) Counselling on treatment, policies, laws on children protection; and

‘(5) linking services for the children in need.

‘Since 2011, the hotline has strengthened its operation of evaluating and directly applying psychotherapy for children. It also provides skill training for children and parents in life skills; motor and sensory development for kindergarten children; open classes for creative mind development for preschool and primary-school children; and parenting skills.’

‘...On 6 December 2017, upgraded from the children consultancy and support hotline, the National Child Protection Switchboard with the telephone number of 111 was launched with the responsibility to provide children with psychological protection and consultancy.’<sup>33</sup>

### 2.3.3 The report further noted that:

‘On 18 December 2017, the Ministry of Education and Training issued a circular guiding the implementation of psychological counseling for students in general schools with the purposes to: (i) Prevent, support and intervene (when necessary) for students who are experiencing psychological difficulties in their studies and life so that they can find appropriate resolution and mitigate negative impacts which may possibly occur, contributing to the establishment of a safe, healthy, friendly and violence-free school

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<sup>33</sup> UNICEF, MOLISA, ODI, [‘Mental health and psychosocial wellbeing ...’](#) (p90-91), February 2018

environment; (ii) Support students to practice life skills, strengthen their will, trust, courage and appropriate behaviors in social relations; exercise physical and mental health, contributing to the forming and improvement of their personality.’<sup>34</sup>

- 2.3.4 It also commented that: ‘The quality of the counselling service as well as the level of training and commitment of the counsellors provided in schools appears to vary considerably, with those outside of Hanoi and HCMC [Ho Chi Minh City] being of generally lower quality and, consequently, rarely accessed.’<sup>35</sup>

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## 2.4 Traditional methods of treating mental health

- 2.4.1 The 2018 joint UNICEF, MOLISA and ODI report stated:

‘The use of herbal medicines as well as shamanism [a spiritual practice] appears to persist in some areas. Due to a range of interrelated factors including remoteness from mental health service providers, lack of awareness, and adherence to ethnically based community practices, people will often take herbal remedies and perform certain rituals before going to formal healthcare providers – and this is true for mental health and other related problems, but possibly more so for mental health challenges.’<sup>36</sup>

- 2.4.2 The report further added:

‘There is a sense that the family plays an important role in the provision of care for mental health patients and could provide more if they were trained. In the cities there is a move to both train and involve family members in improving parenting and dealing with children facing mental health challenges. For example, a school in Hanoi provides sessions for parents on parenting skills. Parents are also a focus in some of the hospitals in the cities. A health worker in the national paediatrics hospital in Hanoi mentioned training classes held for parents with autistic and hyperactive children.’<sup>37</sup>

- 2.4.3 The 2019 DFAT report noted: ‘Herbal medicine and shamanism are also used to treat mental illness in some areas. Due to remoteness from mental health service providers, lack of awareness, and adherence to ethnically based community practices, those suffering from mental health issues will often take herbal remedies and perform certain rituals before seeking formal treatment.’<sup>38</sup>

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## 2.5 Social protection institutions

- 2.5.1 The 2018 joint UNICEF, MOLISA and ODI report stated:

‘...[S]ocial protection institutions are established in 63 provinces and cities to receive, assess, provide care and support and other necessary services to various groups of social protection beneficiaries, vulnerable groups, specially

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<sup>34</sup> UNICEF, MOLISA, ODI, ‘[Mental health and psychosocial wellbeing ...](#)’ (p91), February 2018

<sup>35</sup> UNICEF, MOLISA, ODI, ‘[Mental health and psychosocial wellbeing ...](#)’ (p93), February 2018

<sup>36</sup> UNICEF, MOLISA, ODI, ‘[Mental health and psychosocial wellbeing ...](#)’ (p18), February 2018

<sup>37</sup> UNICEF, MOLISA, ODI, ‘[Mental health and psychosocial wellbeing ...](#)’ (p94), February 2018

<sup>38</sup> DFAT, ‘[DFAT Country Information Report Vietnam](#)’ (para 2.26), 13 December 2019



disadvantaged children, people with mental illnesses, and women suffering postpartum depression. The social protection institutions also organize activities such as rehabilitation, education, vocational training and career guidance and provide social work services, thus meeting the need for social support of 30% of people in difficult situation. Up to date, there are 45 Centres for social protection and rehabilitation for people with mental illnesses providing care, rehabilitation, basic education, vocational training, livelihood support (such as mushroom growing, pond garden farming, votive paper making).<sup>39</sup>

- 2.5.2 The report further found that: ‘The social protection centres receive an allowance per child from MOLISA, though they stress this was not sufficient and had to seek support from other sources, though this was not consistent...’<sup>40</sup>

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Section 3 updated: 28 April 2021

### 3. Regional mental healthcare services

#### 3.1 Mental healthcare services in Hanoi

- 3.1.1 The joint 2018 joint UNICEF, MOLISA and ODI report stated: ‘In Hanoi, mental health services are provided through a number of hospitals, including the National Institute of Mental Health, the National Psychiatric Hospital No. 1, Hanoi Psychiatric Hospital and the Mai Huong Daytime Psychiatric Hospital.’<sup>41</sup>

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#### 3.2 Mental healthcare services in Dien Bien

- 3.2.1 The joint 2018 joint UNICEF, MOLISA and ODI report stated:

‘In Dien Bien Province mental health services are essentially provided through the government and through two hospitals in Dien Bien Phu city: the provincial (general hospital), which has a mental ward and the Psychiatric Hospital, which was established in June 2012. While there are a large number of private clinics and health care providers in Dien Bien Phu city, according to study respondents, none provide mental health services.

‘The Psychiatric Hospital is housed, and has been since it opened, in the TB hospital. Currently there are two floors and about 20 offices and treatment rooms. There are a total of 30 staff, up from an initial 17; out of these staff, there are five doctors and seven nurses, but currently no counsellors or psychologists. All the medical staff have received some form of mental health training – for nurses it is three months, for physicians and doctors it is six-seven months continuously at the National Mental Hospital; they also get refresher training every three-four years. Currently, there are 20 beds, up from four when it opened, and they are in the process of trying to “borrow” more rooms from the TB hospital to be able to increase their beds to 50,

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<sup>39</sup> UNICEF, MOLISA, ODI, [‘Mental health and psychosocial wellbeing ...’](#) (p88), February 2018

<sup>40</sup> UNICEF, MOLISA, ODI, [‘Mental health and psychosocial wellbeing ...’](#) (p89), February 2018

<sup>41</sup> UNICEF, MOLISA, ODI, [‘Mental health and psychosocial wellbeing ...’](#) (p84), February 2018

though they still face challenges in infrastructure, equipment and human resources.

‘...The community mental health programme appears to have been running for around ten years in Dien Bien province, whereby the psychiatric hospital distributed medicines to the districts and the responsible officers (generally the head or deputy head of the health centre) at district level, who then distributed them to patients in their coverage areas. Thus, through this decentralised programme, health workers based in the community treat and follow mental health patients, also providing them with appropriate medications. According to a Keo Lom commune health worker, the service has expanded over time...

‘As part of this community mental health programme, there is also a system at commune level whereby people with disabilities are identified by the commune officers in terms of their eligibility for an allowance through DOLISA. Since mental illness is also considered a disability, DOLISA can also identify people with mental health issues. However, according to study respondents, identifying people with mental health problems is more difficult...

‘According to study respondents, only “serious” and “very serious cases” are eligible to receive an allowance, of which there are several levels. “The standard level is 180,000 dong. For the poor, it is 270,000 dong. In the future, the level of support will be the same for everyone at 270,000 dong. Those with mental health problems receive support worth about 540,000 dong. The rate for elderly and children is higher. Amongst people with disabilities, there are rates for the serious disability and less serious disability; the poor and non-poor. The mental patients are the people with disabilities” (Key Informant Interviews, DOLISA, Dien Bien Phu city).’<sup>42</sup>

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### 3.3 Mental healthcare services and available pharmaceutical drugs in Ho Chi Min City (HCMC)

#### 3.3.1 The 2018 joint UNICEF, MOLISA and ODI report stated:

‘In HCMC, mental health services are provided primarily through a number of hospitals including the Paediatrics Hospital No 1 and the Psychiatric Hospital.

‘...The Psychiatric Hospital of HCMC is the leading hospital specialized in mental health in the south of Viet Nam, providing services to both adults and children. There are nearly 400 employees to undertake the prevention, detection, and treatment of all mental disorders and mental illnesses. The hospital has three agencies. The main agency, with 100 beds for acute patients, is located in Cho Quan, and the second agency, with 250 beds for subacute, chronic and rehabilitation patients, is in Le Minh Xuan. The last one, specialized in children, is located in Phan Dang Luu...

‘...Additionally, HCMC has a network of district psychiatric clinics in all 24 districts (usually located in the medical centre of the district), which are responsible for the treatment and case management of outpatient psychiatric

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<sup>42</sup> UNICEF, MOLISA, ODI, [‘Mental health and psychosocial wellbeing ...’](#) (p84-87), February 2018

patients and coordinating activities of the network of health stations at ward level. Currently, HCMC has implemented the national program on mental health care and protection for community and children in 49 wards/communes.<sup>43</sup>

3.3.2 MedCOI noted in responses, dated April 2020 and October 2020, that the following treatment for mental health conditions were available at various facilities located in Ho Chi Minh city:

- Inpatient treatment by a psychiatrist
- Inpatient treatment by a psychologist
- Outpatient treatment and follow up by psychiatrist
- Outpatient treatment and follow up by psychologist
- Psychiatric forced admittance in case necessary
- Laboratory research of liver function (PT, albumin, bilirubin, transaminases: ASAT(=SGOT), ALAT(=SGPT) etc.);
- Laboratory research / monitoring of full blood count; e.g. Hb, WBC & platelets;
- Outpatient treatment and follow up by an occupational therapist<sup>44 45</sup>.

3.3.3 MedCOI noted in a response, dated April 2020, that the following pharmaceutical drugs were available in facilities in Ho Chi Minh city, to treat mental healthcare conditions;

- Duloxetine (Medication group: Psychiatry: anti-depressants)
- Mirtazapine (Medication Group: Psychiatry: anti-depressants)
- Amitriptyline (Medication group: Psychiatry: anti-depressants)
- Citalopram (Medication group: Psychiatry: anti-depressants)
- Venlafaxine (Medication group: Psychiatry: anti-depressants)<sup>46</sup>.

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### 3.4 Mental healthcare service in An Giang

3.4.1 The 2018 joint UNICEF, MOLISA and ODI report stated:

‘Although there is no psychiatric hospital in An Giang, according to key informants, the DOLISA staff support the hospital wards and health centres by providing them with financial support to accept referrals of serious mental health patients; they also have formed a social work centre...

‘An Giang also has been implementing the national programme on mental health care for community and children within the whole province. While the DOH has been in charge of medicine distribution for mental patients with schizophrenia, epilepsy and depression, DOLISA has been responsible for

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<sup>43</sup> UNICEF, MOLISA, ODI, [‘Mental health and psychosocial wellbeing ...’](#) (p84), February 2018

<sup>44</sup> MedCOI, 8 October 2020

<sup>45</sup> MedCOI, 23 April 2020

<sup>46</sup> MedCOI, 23 April 2020

providing support in the form of cash to beneficiaries from the national program of mental health care, and supporting health centres for mental health care. There is also a Women's Union that provides support to those with mental health needs. For instance, the Women's Union facilitates the process of getting admitted into a hospital, though it seems that this only takes place for someone who is severely mentally ill...'<sup>47</sup>

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### 3.5 Mental healthcare services and available pharmaceutical drugs in Đồng Nai

3.5.1 MedCOI noted in a response, dated October 2020, that the following treatment for mental health conditions were available in the public facility- National Mental Hospital 2:

- Inpatient treatment by a psychiatrist
- Psychiatric long-term outpatient treatment by a psychiatrist
- Psychiatric long-term clinical treatment (e.g. for chronic psychotic patients) by a psychiatrist
- Psychiatric clinical treatment in a closed ward/setting (not necessarily forced admittance)<sup>48</sup>.

3.5.2 MedCOI noted in a response, dated October 2020, that the following pharmaceutical drugs were available in facilities in Đồng Nai, to treat mental healthcare conditions;

- Flupentixol decanoate depot injection (Medication Group Psychiatry: antipsychotics classic; depot injections)
- Fluphenazine decanoate depot injection (Medication Group Psychiatry: antipsychotics classic; depot injections)
- Zuclopenthixol decanoate depot injection (Medication Group Psychiatry: antipsychotics classic; depot injections)
- Haloperidol (Medication Group: Psychiatry: antipsychotics; classic)
- Fluphenazine (Medication Group Psychiatry: antipsychotics; classic)
- Olanzapine (Medication Group Psychiatry: antipsychotics; modern atypical)
- Quetiapine (Medication Group Psychiatry: antipsychotics; modern atypical)
- Risperidone (Medication Group Psychiatry: antipsychotics; modern atypical)
- Clonazepam (Medication Group Psychiatry: anxiolytics)
- Bromazepam (Medication Group Psychiatry: anxiolytics)
- Diazepam (Medication Group Psychiatry: anxiolytics)
- Lorazepam (Medication Group Psychiatry: anxiolytics)

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<sup>47</sup> UNICEF, MOLISA, ODI, '[Mental health and psychosocial wellbeing ...](#)' (p85-6), February 2018

<sup>48</sup> MedCOI, 8 October 2020

- Trihexyphenidyl (Medication Group Psychiatry: for side effects of antipsychotics/ anti-Parkinsonism)<sup>49</sup>

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### 3.6 Available pharmaceutical drugs in Đà Nẵng

3.6.1 MedCOI noted in a response, dated October 2020, that the following pharmaceutical drug was available in the Da Nang Mental Hospital in Đà Nẵng- to treat mental healthcare conditions;

- Clozapine (Medication Group Psychiatry: antipsychotics; modern atypical)<sup>50</sup>.

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Section 4 updated: 28 April 2021

## 4. Societal attitudes towards mental health

4.1.1 The 2018 joint UNICEF, MOLISA and ODI report stated:

‘Not only do people refrain from accessing mental health services because of the stigma associated with mental illness, but there is also a sense coming from providers that mental health is not seen on a par or is undervalued when compared to other health areas. Thus, for instance, as a KII [Key informant interview] from the national hospital of paediatrics in Hanoi reports, “given that mental health challenges are not as visible as physical injuries, people do not treat them as seriously”.’<sup>51</sup>

4.1.2 The report further noted that: ‘There is also the perception amongst the mental health doctors themselves that delivering mental health services does not have as much status as doctors working in the General Hospital...’<sup>52</sup>

4.1.3 The study also found that:

‘Respondents spoke about people with mental health difficulties in various ways: they were seen to be “unknowledgeable”, “negative”, or “different”. Similarly, respondents believed that “their way of thinking is different”, they have some kind of “disease”, are “an exception”, or are “unstable”. While respondents thought that stigma towards people facing mental health challenges was declining, it was also mentioned that while people might not outwardly stigmatize, they do so inwardly and/or show indifference, and it was suggested that as a result of prevailing stigmas, people are reluctant to access services. Emerging strongly from many narratives was the fact that mental health issues are not well understood with this lack of understanding also leading to fear of those with mental ill-health. Narratives around “social evils” were heard amongst study respondents, often linked to discussions about substance abuse and addiction to internet games and gambling, which

<sup>49</sup> MedCOI, 8 October 2020

<sup>50</sup> MedCOI, 8 October 2020

<sup>51</sup> UNICEF, MOLISA, ODI, ‘[Mental health and psychosocial wellbeing ...](#)’ (p101), February 2018

<sup>52</sup> UNICEF, MOLISA, ODI, ‘[Mental health and psychosocial wellbeing ...](#)’ (p101), February 2018

in turn can also have implications for mental health and psychosocial wellbeing as well as other anti-social behaviour such as stealing.<sup>53</sup>

- 4.1.4 Vietnam Briefing, reporting in a 2018 article about the mental healthcare industry in Vietnam, stated: 'Mental disorders are sometimes imbued with shame and disgrace in the country, which can prevent individuals from speaking openly about their distress. For example, bác sĩ tâm thần is Vietnamese for psychiatrist; however, it directly translates in English to "doctors who treat madness." These references are embedded with cultural stigma, implying those who seek psychological assistance are treating their obscenity.'<sup>54</sup>
- 4.1.5 The USSD report stated: 'Persons with disabilities faced widespread social stigmatization. The law protects the rights of persons with disabilities, including their access to education, employment, health services, information, communications, buildings, transport, the judicial system, and other state services; however, the majority of persons with disabilities faced challenges in exercising their rights.'<sup>55</sup>

Section 5 updated: 13 April 2021

## 5. COVID 19 Pandemic

- 5.1.1 Frontiers in Psychiatry noted in an article from 8 January 2021, entitled 'Mental Health During COVID-19: Tam Giao and Vietnam's Response', that:

'Some studies of Vietnam have shown that social distancing and isolation measures can be associated with high rates of post-traumatic stress and increased rates of depression/anxiety, especially those present in hospitals suspected of having COVID-19 symptoms. Quarantining, which Vietnam has been aggressively employing, can impose psychological strain related to stigma, financial constraint, and guilt. Stigmatization, specifically health-related stigma that arises from the novelty and high transmissibility of a disease, carries mental health burdens both somatic and psychological. In the context of Vietnam, front-line HCWs [healthcare workers] quarantined for more than 3 weeks at Bach Mai Hospital reported stigma that worsened with regards to domains of poor self-image and public attitudes. Strikingly, stigma centered around guilt toward family and friends was the most common. The global pandemic inevitably presents and exacerbates mental health challenges, Vietnam as no exception.

'...The psychological consequences of COVID-19 are beginning to become more clear with post-traumatic stress, depression, anxiety, and other symptoms associated with quarantine and social-distancing being observed. Vietnam was (and still is) successful in responding to COVID-19, but, inevitably, did not completely avoid these psychological consequences. However, the phenomena of cultural additivity, involving the adoption of seemingly contradictory values, and tam giao [a coexistence of religious and philosophical Taoism, Buddhism, and Confucianism], culminating in a collectivist manifestation of resilience, solidarity, and additivity and its role in

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<sup>53</sup> UNICEF, MOLISA, ODI, '[Mental health and psychosocial wellbeing ...](#)' (p12), February 2018

<sup>54</sup> Vietnam Briefing, '[The Mental Healthcare Industry in Vietnam](#)', 18 October 2018

<sup>55</sup> USSD, '[Country Report on Human Rights Practices 2020 - Vietnam](#)' (section 6), 30 March 2021



response to COVID-19, may offer inspiration for future measures by other LMICs [Lower Middle-Income Countries].<sup>56</sup>

- 5.1.2 Another research article published by *Frontiers in Psychiatry* on 2 September 2020, entitled ‘Evaluating the Psychological Impacts Related to COVID-19 of Vietnamese People Under the First Nationwide Partial Lockdown in Vietnam’, stated that:

‘This is the first time in Vietnam that people have undergone “social distancing” to minimize the spreading of infectious disease, COVID-19. These deliberate preemptive strategies may have profound impacts on the mental health of the population. Therefore, this study aimed to identify the psychological impacts of COVID-19 on Vietnamese people and associated factors. We conducted a cross-sectional study during a one-week social distancing and isolation from April 7 to 14, 2020, in Vietnam.

‘... Impact of Event Scale-Revised (IES-R) was utilized to assess the psychological impacts of the COVID-19. Of all participants, 233 (16.4%) reported low level of PTSS; 76 (5.3%) rated as moderate, and 77 (5.4%) reported extreme psychological conditions. Being female, above 44 years old, or having a higher number of children in the family were positively associated with a higher level of psychological distress. Being self-employed/unemployed/retired was associated with a higher score of intrusion and hyperarousal subscale.

‘... There were relatively high rates of participants suffering from PTSS during the first national lockdown related to COVID-19.’<sup>57</sup>

- 5.1.3 The Overseas Development Institute (ODI), an independent global thinktank, noted in January 2021 that:

‘The pandemic has caused disruptions to the lives of adolescents in Viet Nam..., precipitating symptoms of stress, anxiety and depression.

‘... Viet Nam mandated the closure of all education institutions, affecting more than 25 million Vietnamese students, at the beginning of February 2020 when the first Covid-19 infections were reported. Where possible, teaching and instruction was moved online. It was only in May 2020 that the country decided to reopen schools with the necessary sanitation and health protocols. ...Some children are more vulnerable to the impact of school closures than others. More than six million children live with disabilities in Viet Nam and parents have struggled to find alternative childcare arrangements. ...In Viet Nam, there was also a stark digital divide that called into question the inclusivity of distance learning (Minh et al., 2020). Socioeconomically disadvantaged areas and rural areas struggled to access and keep up with online classes. Ethnic minority students were not able to access much of the online learning material because of language barriers. As a result, students reported increased anxiety and psychosocial disorders.’<sup>58</sup>

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<sup>56</sup> *Frontiers in Psychiatry*, [‘Mental Health During COVID-19: Tam Giao and ...’](#), 8 January 2021

<sup>57</sup> *Frontiers in Psychiatry*, [‘Evaluating the Psychological Impacts Related to...’](#), 2 September 2020

<sup>58</sup> ODI, [‘Impact of Covid-19 on adolescent mental health in Viet Nam...’](#) (pg10-11) 27 January 2021

5.1.4 A study by UNICEF in August 2020 entitled 'Rapid Assessment on the Social and Economic Impacts of Covid-19' found that:

'In terms of mental and psychological child health, the pandemic has led to increased stress, anxiety and depression among children. This unprecedented pandemic has created many overwhelming changes in children's social activities. As a result of social distancing and school closures, children's daily lives were seriously disrupted. With everything constricted into four walls, a crisis in children's mental and psychological health could emerge due to boredom, lack of motivation or frustration, stress, anxiety and depression. Interviewed adolescents expressed fear about the COVID-19 outbreak and of being infected. They were afraid not only for themselves, but also for family members. Some parents through interviews also reported such concerns observed in their children. Some adolescents were anxious whenever receiving updates on the pandemic, such as the number of new cases through social media platforms. One was so frightened he did not touch homework sheets from the teacher due to fears of being infected.

'Children and their families living in restricted areas experienced increased anxiety. A studied mother living in a restricted area revealed her son's unease badly affected his sleep when a new case of COVID-19 was detected in their neighbourhood. Another mother revealed her daughter's fear when her family had to move to a collective isolation centre for 14 days. Her 9-year-old girl felt the centre was like "being in prison". In addition, children of primary school and above age tended to confront more mental and psychological health challenges than kindergarten-aged children due to distinct awareness of their surroundings. Grade 12 adolescents in this qualitative study were particularly worried about their upcoming national graduation exam due to learning disruptions from school closures.'<sup>59</sup>

5.1.5 Another study by United Nations Vietnam in August 2020, entitled 'UN Analysis on Social Impacts on Covid-19 and Strategic Policy Recommendations for Viet Nam' stated that:

'Psychosocial support for women and girls, LGBTI people and GBV survivors was interrupted. International research illustrated that health care workers suffered from high rates of depression, anxiety, insomnia and distress caring for patients with COVID-19. These symptoms were higher among nurses whose stress levels also increased disproportionately due to exacerbated burdens of care/unpaid domestic work. While health care workers laboured long hours caring for seriously ill patients under challenging conditions, they themselves need support to cope with psychological distress, occupational burnout and stigma. LGBTI people have also been found much affected in many countries. In Viet Nam, 50% of non-cis gender respondents to a survey among LGBTI+ reported feeling deteriorated mental health because of COVID19 and 73.4% of all respondent shared that mental health and psychological support was the most needed area of support. Respondents and especially the younger ones reported worsening relationship with their families due to strict social distancing time – indeed, 11.3% of respondents of 18-24 years of age reported regular negative experiences, also

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<sup>59</sup> UNICEF, '[Rapid Assessment on the Social and Economic Impacts of Covid-19](#)' (p16), August 2020



corresponding to the fact that young people often stay with their families and are economically dependent. Transgender women seem to have most negative experiences with families during the social distancing period. From the different levels of 'coming out' with families, those who have come out but are not accepted by families experienced the most difficult time with families during the strict social distancing period.

'There are instances where children and family members faced stigma. Children, with family members infected with COVID-19 or quarantined, were reported to have personal and inaccurate data leaked on social media sites. Such problems deeply impacted children's mental health and lowered their self-esteem, even when they tested negative.'<sup>60</sup>

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<sup>60</sup> UN Vietnam, '[UN Analysis on Social Impacts on Covid-19 and Strategic for...](#)', August 2020

# Terms of Reference

A 'Terms of Reference' (ToR) is a broad outline of what the CPIN seeks to cover. They form the basis for the [country information section](#). The Home Office's Country Policy and Information Team uses some standardised ToRs, depending on the subject, and these are then adapted depending on the country concerned.

For this particular CPIN, the following topics were identified prior to drafting as relevant and on which research was undertaken:

- Healthcare
  - Overview of the healthcare system
  - Legal framework
  - Health insurance schemes
- Mental health services
  - Overview of the mental healthcare system
  - Provision of mental healthcare
  - Provision of mental healthcare for children
  - Traditional methods of treating mental health
  - Mental healthcare services in Hanoi
  - Mental healthcare services in Dien Bien
  - Mental healthcare services in Ho Chi Min City (HCMC)
  - Availability of specialist treatment
  - Availability of pharmaceutical drugs
  - Social protection institutions
  - Societal attitudes towards mental health

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# Version control

## Clearance

Below is information on when this note was cleared:

- version **1.0**
- valid from **5 May 2021**

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### **Official – sensitive: Start of section**

The information in this section has been removed as it is restricted for internal Home Office use.

### **Official – sensitive: End of section**

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## Changes from last version of this note

New CPIN on this subject

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