



Home Office

Country Information Note

Vietnam: Mental healthcare

Version 2.0

September 2025

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Country information

About the country information

This note provides country of origin information (COI) for Home Office decision makers handling cases where a person claims that removing them from the UK would be a breach of Articles 3 and/or 8 of the European Convention on Human Rights (ECHR) because of an ongoing mental health condition. It contains publicly available or disclosable COI which has been gathered, collated and analysed in line with the [research methodology](#).

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

This document is intended to be a comprehensive but not exhaustive survey of mental healthcare in Vietnam.

The COI included was published or made publicly available on or before **8 September 2025**. Any information or report published after this date will not be included.

Decision makers must use relevant COI as the evidential basis for decisions.

For general guidance on considering claims based on a breach of Article 3 and/or 8 of the ECHR because of an ongoing health condition, see the instruction on [Human rights claims on medical grounds](#).

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1. Healthcare

1.1 Overview of the healthcare system

- 1.1.1 Nguyen K Quan and Andrew W Taylor-Robinson in their paper 'Vietnam's Evolving Healthcare System: Notable Successes and Significant Challenges', published in June 2023 that:

'There are four administrative levels of government in Vietnam: national, provincial, district, and commune. The country is divided into 63 provinces, more than 700 districts, and more than 11,000 communes. Typically, a provincial department of health oversees between 10 and 20 districts, each of which contains dozens of communes. The Ministry of Health manages three levels of health service delivery: primary level in districts and communes, secondary level in provinces, and tertiary level in national institutions under central government control.'¹

- 1.1.2 The Australian Government's Department of Foreign Affairs and Trade (DFAT) in their 2025 Country Information Report, based on their 'knowledge and discussions with a range of sources in Australia and overseas, and taking into account open-source reports' (DFAT 2025 report) noted that:

'The 2013 Constitution commits the state to provide health insurance for all Vietnamese citizens, and to prioritise healthcare for ethnic minorities and others living in extremely difficult socioeconomic conditions. The public health system includes an extensive grassroots network of primary

¹ Nguyen K Quan et al, [Vietnam's Evolving Healthcare System: Notable Successes...](#), 14 June 2023

healthcare delivery.

‘...Healthcare services are widely available, including in rural areas, although facilities and quality of care are better in cities. The public health system comprises hospitals at the national and provincial levels; health centres at the district level; and health stations at the commune level.’²

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2. Legislation and government policy

2.1 Government policy and initiatives

2.1.1 According to the World Health Organization (WHO), Vietnam Mental Health Atlas 2020 there is a stand-alone mental health policy/plan but no standalone law for mental health³.

2.1.2 MCNV, a Dutch NGO, noted that:

‘The National Target Programme for Mental Health (NTPMH) under the Ministry of Health does provide for free medical care in most areas of Vietnam but almost exclusively focuses on clinical schizophrenia and epilepsy, and in a few pilot areas also on depression. Besides, the Ministry of Labour, Invalids and Social Affairs has a program that focuses on the social assistance of people living with a mental health problem (PLMHP). Nevertheless, in spite of these programs, many people suffering from schizophrenia, epilepsy and depression, and their families, remain unaware of possibilities for care and treatment and suffer from stigma in their communities.’⁴

2.1.3 The United Nations Children’s Fund (UNICEF) report ‘Comprehensive study on school-related factors impacting mental health and well-being of adolescent boys and girls in Viet Nam’, published on June 2022 noted that: ‘Since 2005, [Ministry of Education and Training] MOET has established policies in support of student mental health including directives for the development of school counseling programmes, inclusive education for children with disabilities, addressing the negative impact of the COVID-19 pandemic on student mental health and well-being, and, recently, promoting student mental health awareness and skills via a comprehensive School Health Programme (2021-2025).’⁵

2.1.4 Vietnam Net, an online newspaper, reported in June 2024 that: ‘The Ministry of Health (MoH) has approved a project aimed at preventing, detecting... mental health disorders through the end of 2025. The move is meant to enhance public health protection, care and improvement by strengthening preventive measures, early detection and treatment management. The project hopes to reduce the prevalence of ... mental health disorders.’⁶

2.1.5 Mekong Plus, an international non-profit organisation, noted in June 2024 that: ‘... initiatives like the National Target Programme for Mental Health (a government charity) are working towards integrating mental health into

² DFAT, [Vietnam Country Information Report](#) (paragraph 2.45 & 2.48), 19 February 2025

³ WHO, [Mental Health Atlas 2020 Country Profile: Viet Nam](#), 15 April 2022

⁴ MCNV, [Mental Health – MCNV – For health and development in South East Asia](#), no date

⁵ UNICEF, [Executive Summary on mental health and well-being of adolescent study...](#), June 2022

⁶ Vietnam Net, [Vietnam News Headlines June 20/2024](#), 20 June 2024

general healthcare, focusing on primary care settings.’⁷

- 2.1.6 The European Union Agency for Asylum (EUAA) report, Vietnam – Psychiatry, published in 2024, stated: ‘The Vietnamese government has made efforts to increase access to mental health services for young people. It issued the Decision No.1929/QD-TT in 2020 approving the Social Assistance and Rehabilitation Programme for the mentally ill, autistic children, and community based social assistance for the period 2021 to 2030.’⁸
- 2.1.7 Mahan Mobashery and others in a 2024 article published in Front Psychiatry noted:
‘The Ministry of Health (MoH) of Vietnam included mental health as one of the National Health Target Programs focusing on schizophrenia and epilepsy and announced a National Mental Health Strategy 2015–2025. Ongoing plans and measures to scale up mental health services and psychological interventions have been reinforced in the wake of the Covid-19 pandemic, as the Vietnamese government considers mental health care as an essential element of a resilient health system (decision No. 2057/QD-BYT of May 2020 on strengthening mental health care at COVID-19). The government plans to implement mental health care in a general strategy to improve preparedness for future global health risks.’⁹
- 2.1.8 The UK Government guidance ‘Mental health support for British nationals in Vietnam’ published on 17 June 2025, which is aimed at supporting British nationals in Vietnam, noted that:
‘... there is no mental health act, which is a continuing problem that results in insufficient protection of people with mental health disorders. But Vietnam has made significant strides in recognising mental health as a national priority, with the government including mental health in its National Health Target Programs and developing a National Mental Health Strategy 2015-2025. While a comprehensive mental health act is still under development, the country is actively working to strengthen legal frameworks and expand services to better protect and support people with mental health conditions.’¹⁰

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3. Structure of the mental healthcare system

3.1 Overview of mental health services

- 3.1.1 ODI Global, a non-partisan, non-profit think tank¹¹, published a report ‘Mental health and psychosocial well-being among adolescents in Viet Nam’, in March 2022 and noted:
‘Viet Nam’s healthcare system is based on four tiers (central, province, district and commune); psychiatrists only work at the first two levels. While most mental health services (focusing on epilepsy and schizophrenia) are provided in hospitals, follow-up usually occurs within the community. Mental health services are provided through six types of institution: (1) two national

⁷ Mekong Plus, [The State of Healthcare in Vietnam: Challenges and Opportunities](#), 25 June 2024

⁸ EUAA, [Vietnam: Psychiatry](#) (page 15), September 2024

⁹ Mobashery, M et al, [Mental health literacy and the public ...](#), 26 November 2024

¹⁰ UK Government, [Mental health support for British nationals in Vietnam](#), 17 June 2025

¹¹ ODI Global, [About](#), no date

psychiatric hospitals (in Hanoi and Bien Hoa); (2) provincial-level psychiatric hospitals; (3) outpatient facilities; (4) commune health stations; (5) day treatment facilities; and (6) community-based psychiatric inpatient units.¹²

3.1.2 The World Bank report 'Human Resources for Mental Health Service Delivery in Viet Nam- toward achieving universal health coverage' published in May 2024 noted:

'The health service delivery network has grown through a mixture of public and private resources. The country has more than 11,000 commune health stations, which form the grassroots of the public health care system in rural Viet Nam; regional public clinics; and nearly 32,000 private clinics at the primary care level. At the secondary and tertiary care levels, there are 1,451 hospitals, including about 300 private hospitals (Le, Govindaraj, and Bredenkamp

'... In Viet Nam, mental health services are delivered through four interconnected domains: health care, social welfare, education, and informal systems. The health system is structured into four levels of care: commune, district, provincial, and central. The social system includes six types of service providers—counseling hotlines, counseling centers, social work centers, social protection centers, mental health rehabilitation centers, and drug de-addiction centers—which offer institutional or community-based care. The education system aims to provide services for children and adolescents at schools. Individuals, families, and community members often act as informal caregivers.'¹³

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3.2 Psychiatric hospitals and psychiatric departments in general hospitals

3.2.1 The World Bank report 'Human Resources for Mental Health Service Delivery in Viet Nam- toward achieving universal health coverage' published in May 2024 noted: 'Mental health care service delivery in Viet Nam is mainly undertaken in psychiatric hospitals. ... There are five psychiatric hospitals and institutes at the central level and 43 psychiatric hospitals at the provincial level.'¹⁴

3.2.2 The EUAA report of September 2024 stated 'The mental health system services are provided through a network of state-owned hospitals. There are two national psychiatric hospitals, one in the North and the other in the South. Mental health services are available at central or at provincial specialised facilities. There are 39 mental hospitals in provinces and cities, and the remaining provinces have psychiatric departments in general hospitals.'¹⁵

3.2.3 The DFAT 2025 report noted:

'In-country sources reported that, as of October 2023, a National Institute of Mental Health (in Hanoi) and two national psychiatric hospitals (in Hanoi and Bien Hoa, the latter located in the south) operated at the national level. At the provincial level, as of October 2023, there were 36 psychiatric hospitals (24 across 31 northern provinces, 12 across 32 southern provinces), 25

¹² ODI Global, [Mental health and psychosocial well-being among adolescents in...](#), March 2022

¹³ World Bank, [Human Resources for Mental Health Service Delivery ...](#) (pages 4 & 15), 30 May 2024

¹⁴ World Bank, [Human Resources for Mental Health Service Delivery in ...](#), 30 May 2024

¹⁵ EUAA, [Vietnam – Psychiatry](#) (page 13), September 2024

psychiatric departments in general hospitals (11 across 31 northern provinces, 14 across 32 southern provinces), and mental health units attached to Centres for Social Diseases and Medical Prevention.¹⁶

3.2.4 The UK Government [Guidance: Mental health support for British nationals in Vietnam](#), 17 June 2025 provided a list of hospitals in Vietnam with mental health departments¹⁷.

3.2.5 See also [Psychiatrists, psychologists and mental health doctors](#) and [Regional access to treatment](#)

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3.3 Community mental healthcare

3.3.1 The World Bank 2024 report noted: ‘In addition to hospitals, the public health network has been expanded extensively at the grassroots level, and almost all the communes [communes are a subdivision of Vietnam- lower than a province and municipality] have a commune health station (CHS). Typically, each CHS is equipped with four or five beds and essential equipment and staffed with a general physician, an assistant physician, a nurse, a midwife, and an assistant pharmacist.’¹⁸

3.3.2 The DFAT 2025 report noted: ‘District health centres and commune health stations are considered grassroots healthcare providers – they offer preventive and curative health services, and are the first level of care for most people.’¹⁹

3.3.3 See also [Community and district level mental healthcare](#)

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3.4 Private sector

3.4.1 The 2024 World Bank report noted:

‘While public health institutions face constraints to delivering community mental health services, private clinics are slowly expanding. Numerous private mental health clinics operate in larger metropolitan cities, like Hanoi and Ho Chi Minh City. Part-time and retired psychiatrists, psychologists, and educators provide outpatient mental health care services to children with [Autism Spectrum Disorder] ASD and attention-deficit/hyperactivity disorder and people with mental disorders. However, no private psychiatric hospitals have been established for patients with [serious mental illness] SMI. Since there is no government subsidy for these services, the private mental health clinics serve a small subpopulation in need, who can pay out of pocket.

‘... The private sector has invested significantly in drug addiction treatment facilities since the government encourages voluntary de-addiction services. In 2015, 22 private drug addiction treatment centers were established countrywide (Viet Nam MOLISA 2021). However, the private investment momentum was not maintained due to weak demand from individuals with drug addictions. At least seven private centers have been closed over the

¹⁶ DFAT, [Vietnam Country Information Report](#) (paragraph 2.55), 19 February 2025

¹⁷ UK Government [Guidance: Mental health support for British nationals in Vietnam](#), 17 June 2025

¹⁸ World Bank, [Human Resources for Mental Health Service Delivery in ...](#) (pages 19), May 2024

¹⁹ DFAT, [Vietnam Country Information Report](#) (paragraphs 2.48), 19 February 2025

past five years.²⁰

3.4.2 In reference to private healthcare in general the DFAT 2025 report noted:

‘Private healthcare services are available, including private hospitals and clinics (in 2023, more than 35,000 private clinics countrywide provided primary healthcare services). Private healthcare providers are concentrated in urban areas and their services are beyond the means of the average person. In-country sources reported that, as Vietnam’s middle class had expanded, more households accessed healthcare through the private system, particularly in wealthier parts of the country, like Hanoi and Ho Chi Minh City. In 2023, the private system provided healthcare to 17 per cent of all in-patients and 28 per cent of all out-patients in Vietnam.’²¹

3.4.3 The same source noted in relation to mental healthcare specifically that: ‘Private facilities are also available, and some civil society organisations (CSOs) and religious organisations provide mental healthcare services.’²²

3.4.4 See also [Psychiatrists, psychologists and mental health doctors](#)

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4. Prevalence of mental health conditions

4.1.1 The UNICEF report of June 2022 noted that: ‘About 15% - 30% of adolescents in Viet Nam suffer from mental health problems. Boys have higher rates of behavioral disorders and girls have higher rates of emotional problems such as anxiety and depression. Problems with peers (e.g., experiences of bullying), emotional problems (i.e., symptoms of depression and anxiety) and behavior problems are the most common challenges for adolescents.’²³

4.1.2 The 2024 World Bank report noted:

‘Mental illness is a public health challenge in Viet Nam. It has been estimated that around 15 percent of the Vietnamese population has at least one of the 10 most common mental disorders. [For comparison around 20% of UK adults suffer from a common mental health condition²⁴].

‘...The most prevalent mental disorders among Vietnamese adults are substance abuse, with a prevalence of 4 to 5 percent of the population; depression, 2.8 percent; anxiety, 2.6 percent; and (narrowly defined) schizophrenia, 0.4 percent (Cuong 2017; Vuong et al. 2011). Additionally, mental disorders due to substance addictions are increasing, and the average age of drug users is decreasing (Nguyen and Scannapieco 2008)

‘... Around 12 percent of Vietnamese children and adolescents have a mental disorder. However, the reported prevalence varies from 8 to 29 percent, depending on the surveyed population (ODI and UNICEF Viet Nam 2018; Weiss et al. 2014). This translates to at least 3 million children and adolescents with mental health problems of sufficient severity to warrant treatment (ODI and UNICEF Viet Nam 2018; Weiss et al. 2014).

‘... Anxiety, depression, and attention/deficit/hyperactivity disorder (ADHD)

²⁰ World Bank, [Human Resources for Mental Health Service Delivery...](#) (page 21 & 25), 30 May 2024

²¹ DFAT, [Vietnam Country Information Report](#) (paragraph 2.50), 19 February 2025

²² DFAT, [Vietnam Country Information Report](#) (paragraph 2.55), 19 February 2025

²³ UNICEF, [Executive Summary on mental health and well-being of adolescent study...](#), June 2022

²⁴ NHS England, [Chapter 1: Common mental health conditions](#), 26 June 2025

are the most common mental disorders among Vietnamese children and adolescents (ODI and UNICEF Viet Nam 2018)

‘... Approximately 0.75 percent of Vietnamese children have autism spectrum disorders (ASDs) (Hoang et al. 2019). Among the population younger than 18 years, 2.2 percent have various levels of psychosocial disabilities (Viet Nam GSO 2016) ...

‘... Among the elderly population, the number of people living with neurocognitive disorders, such as dementia and mental health problems, is increasing. Viet Nam is one of the fastest aging countries in the world, and this affects many aspects of society, including health and well-being (World Bank 2021b). It has been estimated that at least 20 percent of seniors suffer from a mental or neurological disease, accounting for 17.4 percent of the total years lived with disability (WHO 2017a).’²⁵

- 4.1.3 To note, the sources cited by the Worldbank to estimate the prevalence of mental health conditions range from publication in 2008 to 2019. In sources consulted (see [Bibliography](#)) no estimates could be found based on newer information.

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5. Mental health workforce

NOTE: The maps in this section are not intended to reflect the UK Government's views of any boundaries.

5.1 Overview

- 5.1.1 The EUAA report of September 2024 stated:

‘The percentage of doctors and nurses in the field of psychiatry is still low. Moreover, there are only 143 clinical psychologists and psychotherapists in public hospitals; this rate per 100 000 people is nearly 10 times lower than the global average. The number of psychiatrists in 2020 was 1 000, and they were mainly located in Level I or Level II healthcare facilities. The low percentage of health care staff in the field of psychiatry and the concentration of psychiatrists working in specific health care facilities create a substantial burden.’²⁶

- 5.1.2 The below table, taken from the World Bank 2024 report, shows the formal sector health professionals in Vietnam, where they work and the mental health services provided²⁷.

²⁵ World Bank, [Human Resources for Mental Health Service ...](#) (page 2), 30 May 2024

²⁶ EUAA, [Vietnam: Psychiatry](#) (page 14), September 2024

²⁷ World Bank, [Human Resources for Mental Health Service Delivery...](#) (page 32), 30 May 2024

PROFESSIONALS	SECTOR	WORKPLACES	MENTAL HEALTH SERVICES
Psychiatrists	Health	Psychiatric hospitals and psychiatric wards	Assessment, diagnosis, treatment, and care at the specialized level
Mental health doctors			
Mental health nurses	Health	Psychiatric hospitals and psychiatric wards	Screening, assessment, and care at the specialized level
Psychologists	Social, health, and education	Counseling centers, social welfare centers, hospitals, and schools	Prevention, promotion, screening, assessment, counseling, and psychotherapy
Social service workers	Social and health	Social welfare centers, hospitals, and community-based organizations	Prevention, promotion, screening, and social assistance in recovery

Source: Original table for this report.

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5.2 Psychiatrists, psychologists and mental health doctors

5.2.1 The 2024 World Bank report noted:

‘Viet Nam has been suffering from a persistent shortage of psychiatrists. An estimated 609 psychiatrists—medical doctors by training with at least two years of postgraduate training in psychiatry—were working in Viet Nam in 2021. They were employed by central psychiatric hospitals (26.1 percent), provincial psychiatric hospitals (66.0 percent), psychiatric units in general hospitals (5.4 percent), and mental health units in provincial Centers for Disease Control (CDCs) (2.5 percent). The ratio of psychiatrists per 100,000 population reached 0.62 in 2021, which was higher than the average for low- and lower-middle-income countries (0.40) but far below the global average (1.70) (WHO 2021).

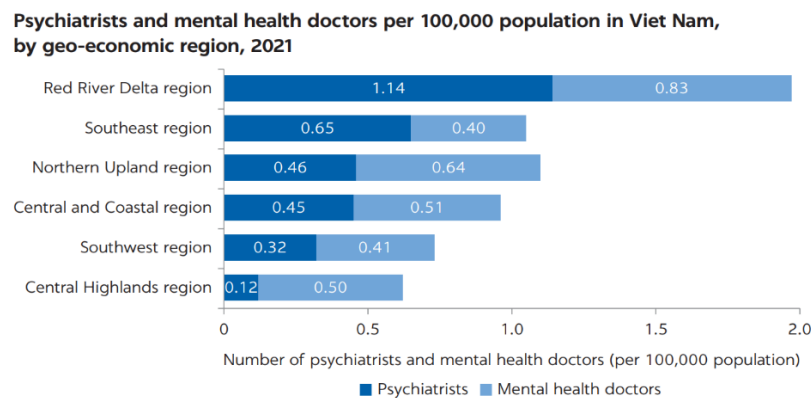
‘In 2021, mental health care facilities in Viet Nam employed 557 mental health doctors—medical doctors with fewer than two years of postgraduate training in psychiatry. Mental health doctors work in provincial psychiatric hospitals (83.0 percent), central psychiatric hospitals (9.5 percent), psychiatric units in general hospitals (3.9 percent), and mental health units in provincial CDCs (3.6 percent). In the disadvantaged provinces, mental health doctors were the main providers of mental illness diagnoses and psychopharmaceutical treatments.’²⁸

‘... However, access to a psychiatrist or mental health doctor varies across geo-economic regions. The median number of psychiatrists is 10 times higher in the Red River Delta region (1.14 psychiatrists per 100,000 population) than in the Central Highlands region (0.12) and 3.5 times higher than in the Southwest region (0.32). The disparity is also evident between cities and provinces in different income groups, ranging from 0.17 psychiatrist per 100,000 population in the 10 lowest-income provinces to 1.13 psychiatrists per 100,000 population in the 10 highest-income cities and provinces. Furthermore, the psychiatry workforce in Viet Nam is highly urbanized. In all localities, the psychiatrists are employed by central- and provincial-level facilities; therefore, they are concentrated in urban areas with limited outreach services to rural communities.’²⁹

²⁸ World Bank, [Human Resources for Mental Health Service Delivery...](#) (page 31 -32), 30 May 2024

²⁹ World Bank, [Human Resources for Mental Health Service Delivery...](#) (page 31 -33), 30 May 2024

5.2.2 The below chart has been taken from the World Bank report and shows the number of psychiatrists and mental health doctors in 2021 per 100,000 of the population by geo-economic region³⁰.

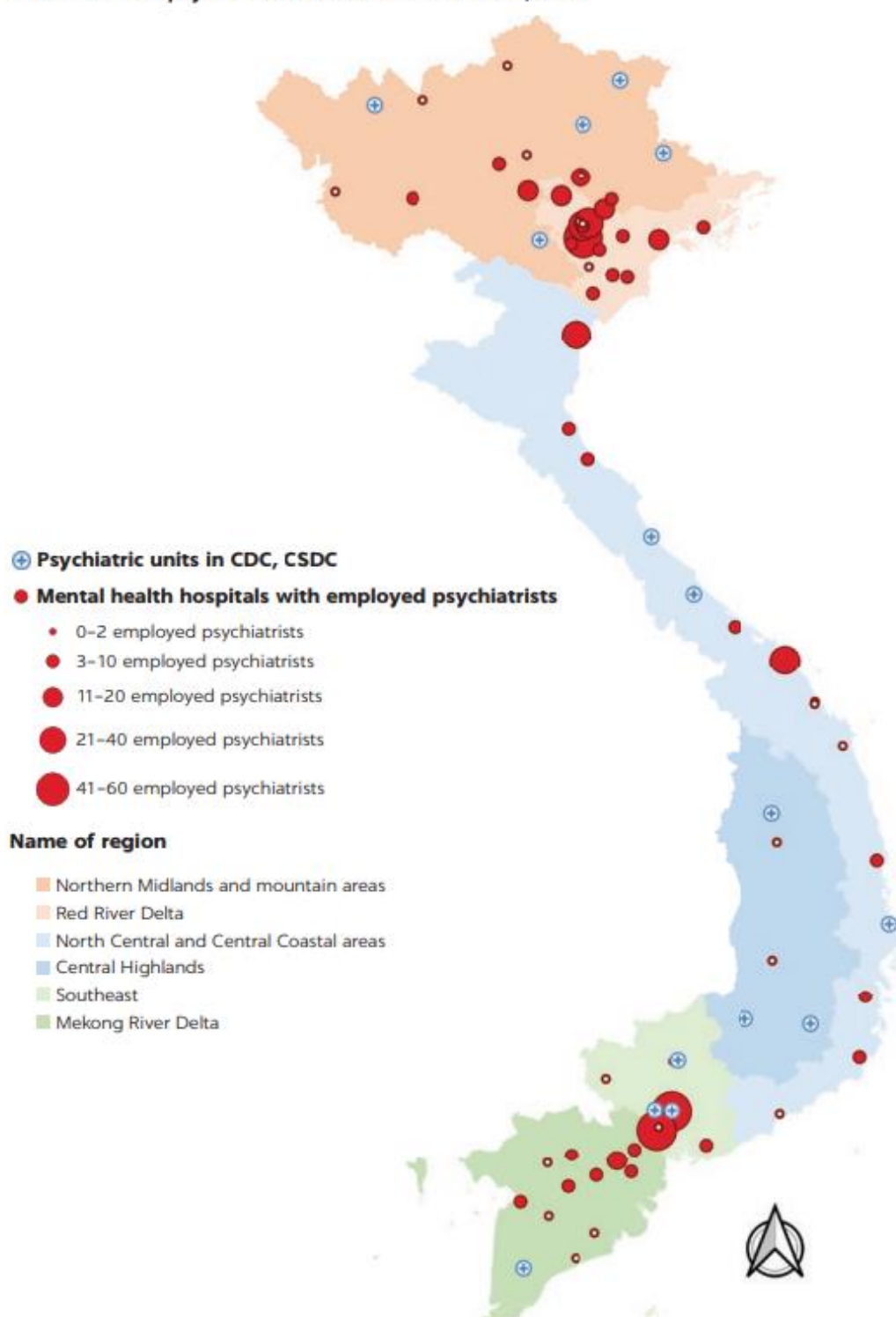


5.2.3 The below map has been taken from the World Bank report and shows the distribution of psychiatrists in Vietnam in 2021³¹.

³⁰ World Bank, [Human Resources for Mental Health Service Delivery...](#) (page 33), 30 May 2024

³¹ World Bank, [Human Resources for Mental Health Service Delivery...](#) (page 33), 30 May 2024

Distribution of psychiatrists in Viet Nam mainland, 2021



Source: Original map for this report.

Note: CDC = Centers for Disease Control; CSDC = Centers for Social Disease Control.

5.2.4 For a map showing the different regions and provinces in Vietnam see the Amo Travel Team, [Map of Regions of Vietnam](#)³².

5.2.5 The 2024 World Bank went on to note that:

‘A very small proportion of the mental health workforce in the public sector comprises psychologists and psychotherapists. There are only 143 clinical

³² Amo Travel Team, [Map of Regions of Vietnam](#), 10 October 2018

psychologists and psychotherapists (equivalent to 3 percent of clinicians) in public hospitals across Viet Nam. This means that just one psychological practitioner works with eight medical practitioners (psychiatrists and mental health doctors) and 20 nursing practitioners in clinical settings.

‘...Clinical psychologists and psychotherapists are mainly located in wealthier cities, increasing the urban-rural divide in access to mental health services. Nearly two-thirds (65.7 percent) of those who work in psychiatric hospitals are based in four cities—Hanoi, Bien Hoa, Da Nang, and Ho Chi Minh City. Meanwhile, 37 of the 63 provincial health systems have neither psychologists nor psychotherapists in public health facilities

‘... most psychologists and psychotherapists work in the private health sector...’³³

5.2.6 The DFAT 2025 report noted:

‘Countrywide, at the time of publication, there were approximately 1,000 psychiatrists and even fewer psychologists (psychotherapy is currently not recognised as official therapy; psychologists are considered ‘technicians’ rather than professionals and can only provide psychological tests). In-country sources said severe conditions generally required in-patient care at provincial- or national-level hospitals, which could pose practical barriers to those living in remote areas ...’³⁴

5.2.7 A searchable [list of private therapists](#), counsellors, psychologists, psychiatrist, psychoanalysts and mental health clinics can be found on the Therapy Route website³⁵.

5.2.8 Psychologist Vietnam, a counselling organisation has a [list of private therapists](#), including psychologists and psychotherapists and psychiatrists, on their website³⁶.

5.2.9 The [Booking Care](#) website allows you to search an online list of mental health professionals and includes details of their availability and costs³⁷.

5.2.10 PsyWings, ‘a global platform offering... accessible, and user-friendly mental health counselling services’³⁸, produced the a document titled [Top 8 Trusted Psychiatrists for Depression Treatment in Hanoi, Vietnam](#) which lists a number of psychiatrists in the Hanoi area³⁹.

5.2.11 See also [Psychiatric hospitals and psychiatric departments in general hospitals](#) and [Regional access to treatment](#)

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5.3 Mental health nurses

5.3.1 The 2024 World Bank report noted:

‘As of 2020, Viet Nam had three mental health nurses per 100,000

³³ World Bank, [Human Resources for Mental Health Service Delivery...](#) (page 39), 30 May 2024

³⁴ DFAT, [Vietnam Country Information Report](#) (paragraph 2.56), 19 February 2025

³⁵ Therapy Route website, [Therapists in Vietnam](#), no date

³⁶ Psychologist Vietnam, [Therapists](#), no date

³⁷ Bookingcare, [Mental Health](#), no date

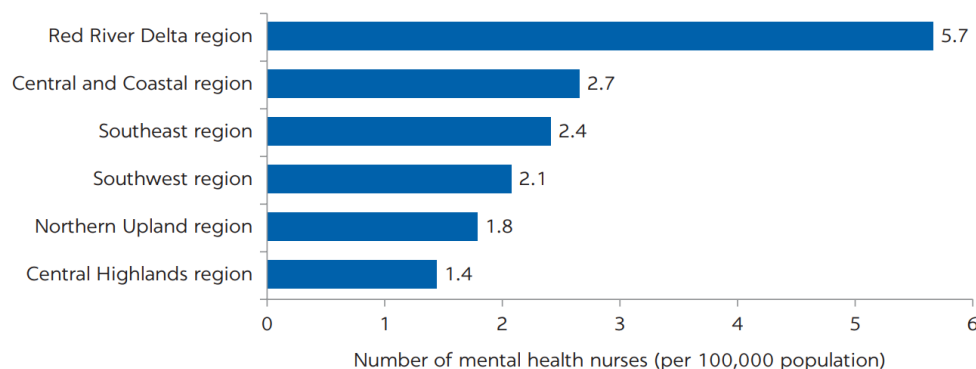
³⁸ Psywings, [About Psywings](#), no date

³⁹ Psywings, [Top 8 Trusted Psychiatrists for Depression Treatment in Hanoi, Vietnam](#), no date

population, which was higher than the average for low- and lower-middle-income countries and close to the global average. Almost all the mental health nurses provide institutional care in provincial psychiatric hospitals (75.0 percent), central psychiatric hospitals (19.8 percent), and psychiatric units in general hospitals (4.4 percent). Only 0.8 percent of the mental health nurses worked in mental health units in provincial CDCs.⁴⁰

- 5.3.2 The below chart has been taken from the World Bank report and shows the number of mental health nurses in 2021 per 100,000 of the population by geo-economic region⁴¹.

Mental health nurses per 100,000 population in Viet Nam, by geo-economic region, 2021



- 5.3.3 See also [Psychiatric hospitals and psychiatric departments in general hospitals](#) and [Regional access to treatment](#)

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5.4 Government social workers

- 5.4.1 The 2024 World Bank report noted:

‘The social affairs authorities rely on the social welfare network to deliver community-based rehabilitation and social assistance for people with mental disorders. Of the country’s 63 cities and provinces, 36 have established provincial social work centers whose mandate includes providing vulnerable groups and victims of violence counseling, psychotherapies, and social assistance (Viet Nam MOLISA 2021). The social work centers in Ho Chi Minh City, Da Nang, and Quang Ninh, Thanh Hoa, Long An, and Ben Tre provinces offer various psychosocial services, such as psychological counseling, psychotherapy, and educational therapy, for people with mental disorders in the communities.

‘...The social service workforce in Viet Nam is composed of 235,000 employees who work with vulnerable groups to ensure their well-being and development. This workforce includes 35,000 workers in social assistance networks, nearly 100,000 workers in socio-political unions, and more than 100,000 collaborators at the commune level. Although social work has evolved into a profession, other categories of paraprofessionals, such as caregivers and community collaborators, also make invaluable contributions to mental health.’⁴²

⁴⁰ World Bank, [Human Resources for Mental Health Service Delivery...](#) (page 36), 30 May 2024

⁴¹ World Bank, [Human Resources for Mental Health Service Delivery...](#) (page 38), 30 May 2024

⁴² World Bank, [Human Resources for Mental Health Service ...](#) (page 23), 30 May 2024

6. Availability of treatment for common mental health conditions

NOTE: The maps in this section are not intended to reflect the UK Government's views of any boundaries.

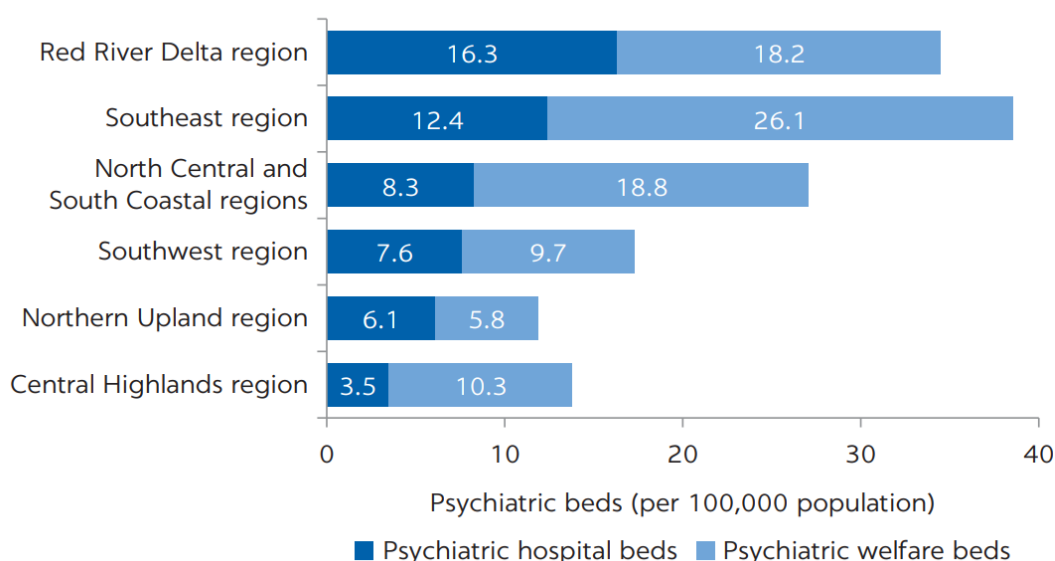
6.1 Mental health facilities and mental health services

- 6.1.1 The World Bank report 'Human Resources for Mental Health Service Delivery in Viet Nam- toward achieving universal health coverage' published in May 2024 noted:

'Increased investment in psychiatric hospitals over the past decades improved the availability of specialized psychiatric services in most of the country's 63 provinces. ... The number of psychiatric hospital beds reached 10,000 in 2021, equivalent to 10.3 psychiatric hospital beds per 100,000 population. This number was a significant increase from 6.18 psychiatric hospital beds per 100,000 population in 2006 (WHO and Viet Nam MOH 2006), and it is close to the global average of 10.8 and far above the low- and middle-income country average of 3.8 (WHO 2021). Additionally, 28 general hospitals have a psychiatric department or ward, accounting for 0.19 bed for psychiatric patients per 100,000 population. Only 7 percent of the country's hospital beds for patients with mental illnesses are integrated into general hospitals,'⁴³

- 6.1.2 The table below is taken from the World Bank 2024 report and shows the distribution of psychiatric beds in 2021 across regions in Vietnam⁴⁴.

Distribution of psychiatric beds across regions in Viet Nam, 2021



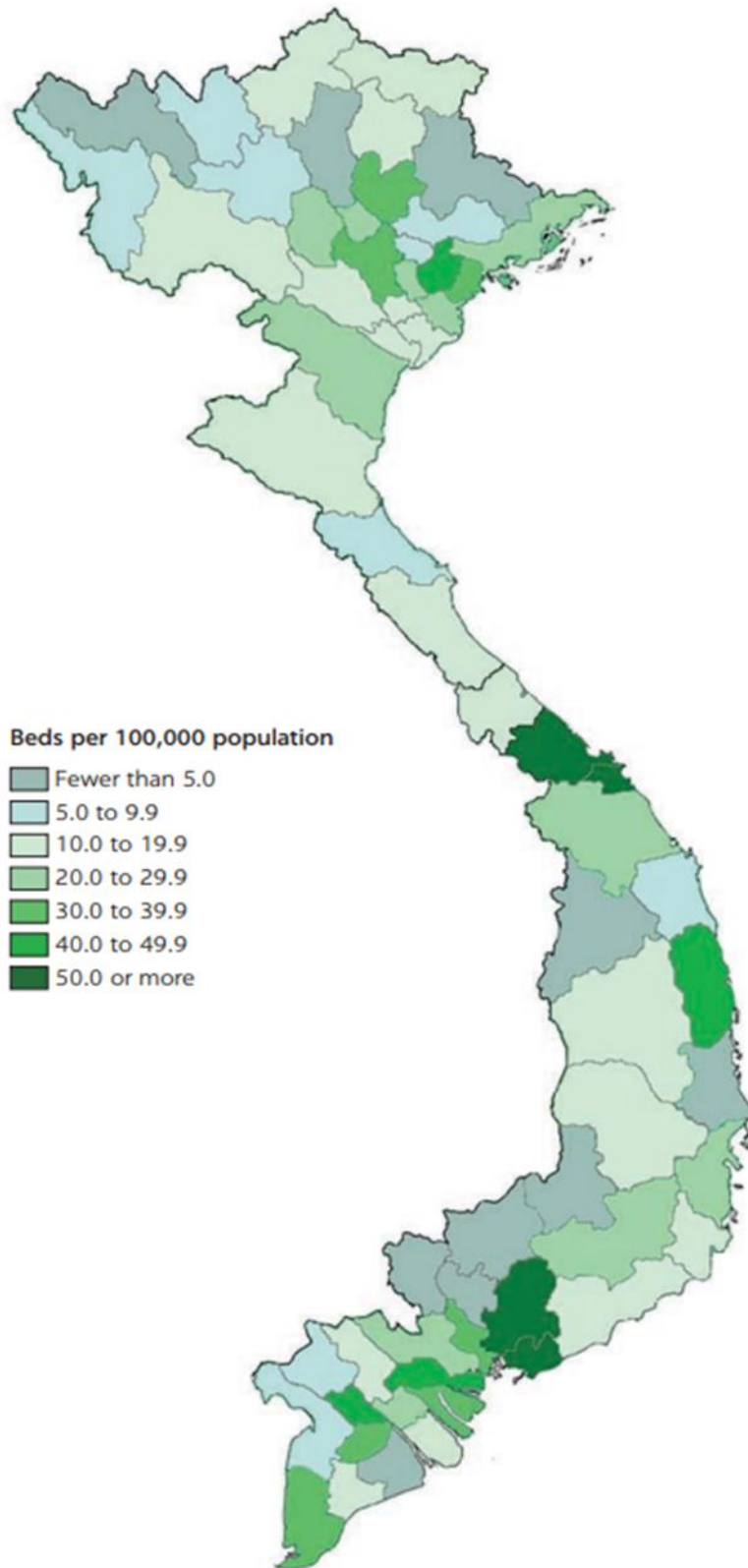
- 6.1.3 The map below is taken from the World Bank report from May 2024 and shows the psychiatric hospital and residential beds per 100,000 of the population⁴⁵.

⁴³ World Bank, [Human Resources for Mental Health Service Delivery in ...](#), 30 May 2024

⁴⁴ World Bank, [Human Resources for Mental Health Service Delivery in ...](#), 30 May 2024

⁴⁵ World Bank Group, [Human Resources for Mental Health Service Delivery in ...](#), 30 May 2024

Total psychiatric hospital and residential beds per 100,000 population in Viet Nam mainland, 2021



6.1.4 The EUAA report of September 2024 stated:

‘Hospitalisation is provided for severe patients in inpatient care, with a total of 6 000 beds nationwide. Currently, Vietnam has 600 outpatient mental healthcare facilities for people in need of short-term care.

‘One survey in Vietnam indicates that a scarcity of effective mental health services and difficulty in finding the few available quality services results in the underdevelopment of mental health services.

‘... The WHO representative in Vietnam highlighted several limitations in the country's mental healthcare system. These include the lack of integration into the general healthcare system, the scarcity of mental health services at the district level, limited availability of psychotherapy, and the absence of a sustainable financial source for community mental health services. Currently, WHO Vietnam is supporting the government in establishing a model for integrating mental health into primary healthcare. ... at present, only central and provincial levels have psychiatric departments providing care and treatment.⁴⁶

- 6.1.5 Mahan Mobashery and others in a 2024 article in Front Psychiatry noted: ‘... services still primarily focus on psychopharmacological treatment, with psychotherapeutic treatment options being rare.’⁴⁷
- 6.1.6 The DFAT 2025 report noted that: ‘Specialised mental health hospitals and psychiatric units in general hospitals provide dedicated in-patient care for people experiencing severe illness, and out-patient treatment facilities for those requiring short-term care.’⁴⁸
- 6.1.7 The Australian Consulate General, Ho Chi Minh City published a [List of counselling and psychological services](#) for Australian citizens living in Ho Chi Minh⁴⁹.
- 6.1.8 A list of available mental health and wellbeing services can be found in the Oxford University Clinical Research Unit (OUCRU) [April 2022 directory of services](#)⁵⁰.
- 6.1.9 PsyWings produced the following lists of the [Top 6 Best Mental Health Clinics in Ho Chi Minh City, Vietnam](#)⁵¹ and the [Top 9 Clinics and Hospitals for Depression Treatment in Hanoi, Vietnam](#)⁵². These lists include services details of the health center, services available and details of health care professionals.

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6.2 Community and district level mental healthcare

6.2.1 The World Bank 2024 report noted:

‘Typically, each CHS is equipped with four or five beds and essential equipment and staffed with a general physician, an assistant physician, a nurse, a midwife, and an assistant pharmacist.’⁵³

‘... More than 11,100 CHSs deliver essential mental health services at the community level. In 2000, the Ministry of Health launched the community mental health program (CMHP), starting with a focus on schizophrenia, then expanding to chronic epilepsy, and recently depression. The CMHP consists

⁴⁶ EUAA, [Vietnam – Psychiatry](#) (page 13 & 14), September 2024

⁴⁷ Mahan Mobashery and others, [Mental health literacy and the public ...](#), 26 November 2024

⁴⁸ DFAT, [Vietnam Country Information Report](#) (paragraph 2.55), 19 February 2025

⁴⁹ Australian Consulate General, [List of counselling and psychological services](#), updated 15 May 2024

⁵⁰ OUCRU, [Mental-Health-Directory](#), 18 April 2022

⁵¹ PsyWings [Top 6 Best Mental Health Clinics in Ho Chi Minh City, Vietnam](#), no date

⁵² PsyWings [Top 9 Clinics and Hospitals for Depression Treatment in Hanoi, Vietnam](#), no date

⁵³ World Bank, [Human Resources for Mental Health Service Delivery in ...](#) (pages 19), May 2024

of three levels of interactions: primary health centers connected to the districts, provincial psychiatric hospitals, and national psychiatric hospitals. The CMHP aims to support recognition of mental disorders, basic psychiatric treatment, and relapse prevention, thus reducing risk and disability (Ng et al. 2011b). Over the past 20 years, the CMHP has been implemented in all 63 provinces. It has built the capacities of health workers, particularly psychiatrists; enhanced community mental health practices; and improved access to diagnosis and treatment services for people with schizophrenia and chronic epilepsy, especially for those who live in remote areas (Cuong 2017).

‘... However, the scope of the mental health services provided by CHSs is limited. CHSs mainly focus on providing and revising pharmacological treatment for patients with schizophrenia, chronic epilepsy, and depression, and providing methadone maintenance therapy. The CMHP requires an assigned CHS staff member to refer individuals with mental health issues to the primary health center for diagnosis, follow up patients discharged from hospitals, renew prescriptions, provide medications initially approved by the hospital, and report to the district health center every month

‘... Beyond the provision of medications, most CHSs cannot deliver other mental health services, such as screening, psychotherapy, relapse prevention, rehabilitation, or recovery support.

‘... CHSs mainly rely on the district health center’s support (training, drugs, materials, and operational budget) to maintain mental health services. Each district has a district health center, and each district health center assigns staff to be in charge of the community mental health program. This organizational arrangement translates into about 700 health professionals delivering outpatient mental health services at the district level. They provide mental disorder diagnoses, refer patients with mental disorders to the provincial level, and follow up patient care and treatment at the commune level. In addition to clinical work, these health professionals take on program management responsibilities, including planning, training, monitoring, supervision, reporting, drug estimation, distribution, and so forth.’⁵⁴

‘...Community-based addiction treatment and support services are available in selected cities and provinces. In 2013, the government adopted a new drug addiction treatment strategy, which expanded the treatment network to the community level. Around 800 community-based sites have been established in 23 cities and provinces to provide care, counseling, and treatment support for drug abusers. These sites are mainly integrated into CHSs and supported by a commune de-addiction task force.’⁵⁵

6.2.2 The EUAA report of September 2024 stated:

‘Although in 2022 the MOH [Ministry of Health] promulgated Circular No.17 with regulations on the duties of commune health stations in mental healthcare, there are still not many commune health stations or healthcare centres at the district level that have psychiatric treatment rooms, due to a lack of specialised personnel and facilities, as well as related policies and planning issues. Therefore, people with mental health problems usually need to go to psychiatric hospitals or psychiatric specialties in Level I or Level II

⁵⁴ World Bank, [Human Resources for Mental Health Service Delivery in ...](#) (pages 19-20), May 2024

⁵⁵ World Bank, [Human Resources for Mental Health Service Delivery in ...](#) (page 25), May 2024

healthcare facilities.’⁵⁶

6.2.3 The DFAT 2025 report noted:

‘District health centres and commune health stations are considered grassroots healthcare providers – they offer preventive and curative health services, and are the first level of care for most people. Commune health stations are located in both urban and rural areas; according to the World Health Organization (WHO), 99 per cent of communes had health stations in 2023. Health stations provide basic care, including diagnosis and treatment on average, they have five health workers, including nurses, obstetricians or midwives and, in most cases, doctors. According to the Government of Vietnam, as of February 2024, over 92 per cent of health stations had a doctor. District health centres are the next tier of care and provide in-patient hospital services and, if needed, referrals to hospitals at the provincial and national levels. Some districts may also have hospitals.

‘... In-country sources reported in October 2023 that the quality of care provided by health centres and health communes varied from place to place. They said those in poorer parts of the country often lacked resources, including experienced staff, modern medical equipment and, in some cases, basic items, and the quality of care was generally inferior to that at the provincial and national levels. Many patients choose hospital care over health centres and commune stations.

‘...At the grassroots level, in-country sources said mental healthcare could be accessed through district health centres and commune health stations.’

‘...In-country sources, speaking in October 2023, said mental healthcare services at district health centres and commune health stations were limited, inadequate and some staff lacked the knowledge to treat mental illness, compared to the general quality and accessibility of services in major cities, including Hanoi and Ho Chi Minh City. ... In-country sources said severe conditions generally required in-patient care at provincial- or national-level hospitals, which could pose practical barriers to those living in remote areas.’⁵⁷

6.2.4 See also [Psychiatric hospitals and psychiatric departments in general hospitals](#) and [Community mental healthcare](#)

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6.3 Traditional methods of treating mental health

6.3.1 There was no information in the sources consulted traditional methods of treating mental health conditions (see [Bibliography](#)).

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6.4 Provision of mental healthcare for children

6.4.1 The UNICEF report of June 2022 noted:

6.4.2 ‘Gaps between policy and implementation include a lack of designated counseling rooms and inadequately trained counselors in many schools. Most schools put poorly trained teachers or administrators in the role of counselor, leading to a variety of problems. The school community lacks

⁵⁶ EUAA, [Vietnam – Psychiatry](#) (page 13), September 2024

⁵⁷ DFAT, [Vietnam Country Information Report](#) (paragraphs 2.48, 2.49, 2.55 & 2.56), 19 February 2025

mental health knowledge contributing to missed opportunities for early identification of student mental health problems. There is wide inconsistency among schools in the delivery of school-based prevention and intervention services and programmes.

‘... [Ministry of Labour, Invalids and Social Affairs] MOLISA policies provide for community and school-based mental health care for adolescents, parent training programmes, and community services. However these programmes are not always available or sufficient in practice. Currently there is little direct social work service provision in schools’⁵⁸

- 6.4.3 UNICEF noted in an article in 2023 that: ‘The findings of the latest National Adolescent Mental Health survey [conducted from 21st September 2021 to 16th December 2021, beginning in the North of Viet Nam and moving to the South⁵⁹] highlight a concerning reality: many children, adolescents and young people are struggling with mental health challenges, lacking the essential coping skills, support or services critical to their overall well-being. The survey showed that one in five adolescents face a mental health issue, with only 8.4 per cent of them able to access necessary support services or counselling for emotional and behavioral challenges.’⁶⁰

- 6.4.4 The same source also noted in December 2023 article that:

‘In the health sector, social workers collaborate with medical professionals to help patients and their families cope with illness, disease, and hospitalization. They also play a key role in provision of health care, and protection of children and women victims of violence and abuse. The enactment of Circular 03/2023/TT-BYT by the Ministry of Health, which defines staff posts of social workers and the ratio of social workers to other professional staff in health care facilities, is an important milestone in the development of social work in the health sector.

‘In the education sector, school counsellors are essential to enhance students’ emotional, mental and physical well-being, and improve their academic performance. In a landmark step, Circular 20/2023 TT-BGDDT stipulates that all primary to secondary education schools for the first time will have a school counsellor position, with a full-time staff post in each school providing psychosocial support for students. The school counsellor will also act as the focal point for social work services and child protection in school. This circular reflects the Ministry of Education and Training’s strong commitment to enhance child protection, mental health care and psychosocial support for students.’⁶¹

- 6.4.5 The EUAA report of September 2024 stated:

‘The requirement for psychological care in schools is being considered in the Vietnamese society. At present, there is a shortage of psychologists in schools and care is provided by homeroom teachers or medical staff who do not have sufficient expertise. An educational psychologist noted an increase in the rate of students experiencing anxiety and depression. Additionally, there has been a substantial rise in the number of students from middle school to high school reporting suicidal thoughts. However, the focus in

⁵⁸ UNICEF, [Executive Summary on mental health and well-being of adolescent study....](#), June 2022

⁵⁹ QCMHR, [Viet Nam Adolescent Mental Health Survey \(V-Namhs\)](#), November 2022

⁶⁰ UNICEF, [Children, adolescents, parents and teachers in Viet Nam require](#), 19 November 2023

⁶¹ UNICEF, [UNICEF applauds Viet Nam’s progress on the establishment of](#), 5 December 2023

schools continues to be on knowledge acquisition and little attention is given to the mental health of students. The educational psychologist also argues that there is no comprehensive plan to create spaces for mental healthcare in schools.

‘The Ministry of Education and Training promulgated Circular No.31/2017 with regulations on the establishment and operation of school psychology advisory groups. Currently, the NHC Vietnam Psychotherapy Center, a unit under the Institute of Psychology and Human Development which has four operating branches in two main cities, Ha Noi and Ho Chi Minh City, is a reputative centre specialising in the treatment of psychological problems for all ages, especially teenagers.’⁶²

‘Anxiety, depression, and attention/deficit hyperactivity disorder (ADHD)¹ are the most common mental disorders among Vietnamese children and adolescents (ODI and UNICEF Viet Nam 2018).’⁶³

- 6.4.6 See also [Government policy and initiatives](#) and [Prevalence of mental health conditions](#)

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6.5 Non-Government Organisations (NGO) and charity support

6.5.1 MCNV noted that:

‘MCNV in alliance with the INGO Global Initiative for Psychiatry and the Provincial Health departments has initiated a model for community-based mental health care in Huong Hoa and Vinh Linh districts of Quang Tri province, and Son Hoa district of Phu Yen province.

The first step was to develop basic capacities in mental health care for medical workers, from the village level up to the provincial level especially at the Commune and Village levels, including teachers at the Medical college by training workshop, exchange visit and coaching by psychiatrics from Da Nang mental health hospital. We have trained them on basic knowledge and skills in identification, treatment and rehabilitation for [people with mental health] PWMH and using the screening tools on MH at the community. Then, Self -help groups (SHGs) were organised through a Disabled People’s Organisation (DPO) so that [people living with mental health problems] PLMH or their family members, can meet each other, share experiences and learn from each other.

‘Next, MCNV provided support to the implementation of personal development plans (PDP). Those plans are based on the individual situation of PLMH and aim to comprehensively include treatment, social integration and improvement of their living condition.

‘Village Health Workers were taught how they can carry out Behavior Change Communication (BCC) using innovative methods (such as drama and puppet shows) to raise awareness of their communities on mental health and to reduce the stigma and discrimination people often face.’⁶⁴

- 6.5.2 The International Vietnamese Mental Health Association (IVMHA), ‘group dedicated to the support, development, and enhancement of cultural,

⁶² EUAA, [Vietnam: Psychiatry](#) (page 14), September 2024

⁶³ World Bank, [Human Resources for Mental Health Service ...](#) (page 2), 30 May 2024

⁶⁴ MCNV, [Mental Health – MCNV – For health and development in South East Asia](#), no date

linguistic, and clinical responsiveness when working with the Vietnamese community'⁶⁵, noted in March 2024 that:

'... the International Vietnamese Mental Health Association (IVMHA) is actively working towards breaking the stigma surrounding mental health. The Vietnamese community has historically faced cultural barriers and limited access to mental health resources, resulting in a lack of awareness and understanding of mental health issues. However, the IVMHA is committed to promoting mental health awareness and providing support for the Vietnamese community. The IVMHA offers a wide range of services to address mental health issues within the Vietnamese population. They provide ongoing support groups, conduct research, and review best practices that are culturally adaptive to effectively work with the Vietnamese community. By creating a safe environment for honest learning and growth, the IVMHA focuses on Vietnamese culture and dynamics that impact clinical work. Additionally, they aim to enhance the network of Vietnamese mental health providers internationally and bridge intergenerational gaps among Vietnamese mental health providers.'⁶⁶

6.5.3 The 2024 World Bank report noted:

'A hundred thousand lay social workers, known as social collaborators, serve in the national program on community-based social assistance for people with mental disorders. Lay social workers are often trusted community members playing a role in social organizations such as the Red Cross Union, Elderly Union, Youth's Union, Women's Union, Farmers' Union, Veterans Union, and others. Many perform multiple functions at the community level and may also function as village health workers. There is substantial variation in their training background, occupations, and experience (Chau et al. 2021).

'In several provinces, the participation of social collaborators in community-based, task-sharing models has implications for improving the availability of and access to mental health care. By delivering low-cost depression care in rural communities, trained collaborators could fill a critical gap in care for mild to moderate depression, decrease depression symptoms among adults, increase mental health awareness and help-seeking in families, and reduce social marginalization and stigma in communities (Chau et al. 2021; Do, Nguyen, and Tran 2022; Murphy et al. 2020).

'...The social collaborators' scope of work in mental health care is undefined and unregulated. The lack of a professional development program for social collaborators can impact the quality of care and lead to professional demotivation. Furthermore, social collaborators are compensated incommensurately with their multiple responsibilities. The monthly allowance for a commune-level social collaborator is equivalent to the minimum salary level (from 3,250,000 VND to 4,680,000 VND, or from US\$135 to US\$195) [£91.00⁶⁷-£132.00⁶⁸]. These factors may contribute to the high turnover rate of social collaborators (Chau et al. 2021).'⁶⁹

⁶⁵ IVMHA [About Us](#)

⁶⁶ IVMHA, [Breaking the Stigma: Addressing Mental Health in the Vietnamese...](#), 2 March 2024

⁶⁷ XE.com, [3,250,000 VND to GBP](#), 12 August 2025

⁶⁸ XE.com, [4,680,000 VND to GBP](#), 12 August 2025

⁶⁹ World Bank, [Human Resources for Mental Health Service ...](#) (page 40-41), 30 May 2024

7. Availability and cost of pharmaceutical drugs

7.1.1 In reference to the availability of medication in general the DFAT 2025 report noted that:

‘In-country sources reported in October 2023 that medication for common conditions was usually available and affordable for the average person (generic drugs are cheap). According to in-country sources, challenges in government procurement could occasionally lead to shortages in some essential drugs and vaccines – such as HIV Anti-Retroviral Therapy (ART) and routine childhood immunisations – in public medical facilities (international donors had provided procurement support in such instances). Medication is produced both domestically and imported.’⁷⁰

7.1.2 The same source reported in relation to medication to treat mental health conditions that:

‘Medication to treat mental illness can be accessed through hospitals, health centres and health stations, although in-country sources reported that health stations (which operate at the commune level) only distributed medication for schizophrenia as of October 2023. Most medications are covered under the national health insurance scheme. According to in-country sources, medication was the primary form of treatment used to treat mental illness – counselling or psychotherapy were not sufficiently developed, and Vietnam had an acute lack of mental health professionals.’⁷¹

7.1.3 The EUAA report of September 2024 stated:

‘The 1989 Public Health Protection Law made medicines available through private medical and pharmaceutical companies, marking the end of the public sector as the exclusive supplier of medication. The MOH takes a passive stance towards pricing, relying on market forces to regulate the cost of medication. Prices are set within commercial medical supply contracts which are agreed between individual hospitals and pharmaceutical providers. This has reduced transparency on medication pricing, which poses a challenge for patients and for the clinicians who provide care, leading to confusion and, in some cases, to non-standard pricing practices. This has also led to the unintended consequence of price anomalies, whereby private sector medicines can be cheaper than medicines obtained from the public sector and generic medication can be more expensive than trademarked or proprietary medication...

‘There are also wide differences between the prices of those medicines available in the market and those approved by the MOH and the authors of this report note that this makes it challenging to identify the prices of any given medication in Vietnam. In addition to being available in the market, i.e. in private pharmacies, medicines can be found in the black market or from people who bring them into the country, a practice which is known as ‘hand-carry’.

‘The items in the list of MOH-registered medications are mostly generic. As noted above, there are anomalies in the pricing of medications.

⁷⁰ DFAT, [Vietnam Country Information Report](#) (paragraph 2.51), 19 February 2025

⁷¹ DFAT, [Vietnam Country Information Report](#) (paragraph 2.55), 19 February 2025

'This leads to a confusing state of affairs. In some cases, medication is more expensive in non-hospital pharmacies: sources quote medication prices as being 10 % to 20 % higher than inside health facilities where prices cannot exceed the prices approved by authorised state organisations. However, there are also examples where medication is cheaper in non-hospital pharmacies. This is explained with reference to the bidding process that controls the price of medication in hospitals.'⁷²

7.1.4 The below table has been compiled using data from the EUAA report. Pricing has been taken from private sector national pharmaceutical chains and should only be used as a guideline to medication cost in Vietnam. The price of treatment for individuals may vary and reimbursement for medication costs will depend on insurance cover⁷³.

7.1.5 **Note:** The 'price per box' column is shown in Vietnamese Dong (VND) and British Pounds (GBP) (1.00 GBP = 35,665 VND⁷⁴)

Generic name	Brand name	Strength of unit	Form	Number of units in the container	Price per box
Antidepressants					
Amitriptyline	Amitriptyline	25 mg	Tablet	60	100,000 VND £2.80
Clomipramine	Anafranil	25 mg	Tablet	50	350,000 VND £9.80
Duloxetine	Cymbalta	30 mg	Tablet	28	600,000 VND £16.85
Escitalopram	Sipralexa	20 mg	Tablet	98	500,000 VND £14.04
Fluoxetine	Fluotin	20 mg	Tablet	20	200,000 VND £5.61
Fluvoxamine	Luvox	100 mg	Tablet	30	245,000 VND £6.87
Imipramine	Imipramine	10 mg	Tablet	28	400,000 VND £11.22
Paroxetine	Medi-Paroxetin	20 mg	Tablet	30	195,000 VND £5.46
Sertraline	Zoloft	50 mg	Tablet	30	445,000 VND £12.47

⁷² EUAA, [Vietnam: Psychiatry](#) (pages 24- 25), September 2024

⁷³ EUAA, [Vietnam: Psychiatry](#) (pages 26- 28), September 2024

⁷⁴ XE.com, [1 GBP to VND](#), 13 August 2025

Generic name	Brand name	Strength of unit	Form	Number of units in the container	Price per box
Trazodone	Trazodone Teva	100 mg	Tablet	1000	4,200,000 VND £117.72
Medication off-label use for Post Traumatic Stress Disorder (PTSD)					
Alfuzosin (also with prostate complaints)	Xatral XL	10 mg	Tablet	30	482,000 VND £13.51
Lamotrigine (also antiepileptic)	Lamictal	25 mg	Tablet	30	170,000 VND £4.76
Topiramate (also antiepileptic)	Topamax	25 mg	Tablet	60	360,000 VND £10.09
Antipsychotics; classic					
Amisulpride	Solian	200 mg	Tablet	60	900,000 VND £25.27
Antipsychotics; modern atypical					
Clozapine	Clozapyl-100	100 mg	Tablet	100	640,000 VND £17.95
Risperidone	Risperdal	2 mg	Tablet	60	1,400,000 VND £39.24
Depot injections with classic antipsychotics					
Haloperidol decanoate depot injection	Haldol Decanoas	50 mg/ml	Ampoule	5	1,000,000 VND £28.03
Anxiolytics					
Bromazepam	Bromazepam Viatris	6 mg	Pill	30	270,000 VND £7.56
Buspirone	Buspirone Hydrochloride	10 mg	Tablet	500	3,000,000 VND £84.10
Lorazepam	Temesta	2.5 mg or 1 mg	Tablet	30	500,000 VND £14.01
Oxazepam	Seresta	10 mg	Pill	30	500,000 VND £14.01
Medication for sleeping disorder; sedatives					
Melatonin	Natrol Melatonin	3 mg	Tablet	90	270,000 VND £7.56

Generic name	Brand name	Strength of unit	Form	Number of units in the container	Price per box
Valerian extract	Valerian Forte Blackmores	Info not found	Tablet	30	379,000 VND £10.62
Zolpidem	Zolpidem Arrow	10 mg	Tablet	14	400,000 VND £11.20
Medication to treat side effects of antipsychotics					
Trihexyphenidyl	Trihexyphenidyl	2 mg	Pill	100	250,000 VND £7.00
Medication for opioid addiction/substitution therapy					
Morphine hydrochloride trihydrate (retard)	Morphine hydrochloride	10 mg/ml	Ampoule	10	1,750,000 VND £49.05
Medication for alcohol addiction					
Acamprosate	Campral	333 mg	Tablet	84	500,000 VND £14.01
Disulfiram	Esperal	500 mg	Tablet	20	350,000 VND £9.80
Naltrexone	Nodict	50 mg	Tablet	Info not found	780,000 VND £21.86
Thiamine	Vitamin B1	250 mg	Pill	100	80,000 VND £2.24

7.1.6 For information on other drugs available see the [Central Pharmacy Center](#) (Trung Tam Thuoc)⁷⁵ and [DuocDienVietNam](#)⁷⁶.

7.1.7 Online pharmacies who deliver nationwide in Vietnam. [Drugs.com](#)⁷⁷ and [DrugBank](#)⁷⁸ can be used to help to search for international brand names of common drugs. They may also indicate whether a drug is licensed in Vietnam, but it does not necessarily mean the drug it is actually available.

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8. Access to mental health treatment

8.1 Cost of treatment

8.1.1 The DFAT 2025 report noted that:

‘Access to medical services and treatments not covered under the national health insurance scheme require payment. According to in-country sources,

⁷⁵ Central Pharmacy, [Central Pharmacy Center](#), no date

⁷⁶ Duoc Dien VietNam, [Vietnam Pharmacopoeia](#), no date

⁷⁷ Drugs.com, [International Drug Names](#), no date

⁷⁸ Drug Bank, [Database for Drug and Drug Target Info](#), no date

as of November 2024, health insurance only paid for medical examinations and treatment services. ... In-country sources said out-patient clinics in public hospitals charged for many services. Where out-of-pocket costs applied, these were subsidised and generally affordable according to in-country sources. Out-of-pocket costs are higher in central and provincial-level hospitals; however, so is the level of care provided. Bribes may also need to be paid – [Provincial Governance and Public Administration Performance Index] PAPI has consistently found that bribes are common in public hospitals. According to the 2023 PAPI, 40 to 80 per cent of public hospital users in 40 provinces reported paying bribes in 2023. Bertelsmann Stiftung, an independent German foundation, reported in 2024 that petty corruption was an ongoing concern in the public healthcare system.

‘... Publicly funded mental healthcare services are available in urban and rural areas, although limited in the latter. According to in-country sources, while there were some out-of-pocket costs for users, these were generally minimal and affordable as of October 2023.’⁷⁹

- 8.1.2 The cost of services at Hanoi Mental Hospital can be found on their website [Service Price - Hanoi Psychiatric Hospital](#)⁸⁰

- 8.1.3 See also [Availability and cost of pharmaceutical drugs](#)

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8.2 Health insurance

- 8.2.1 Bertelsmann Stiftung (BTI), a German private foundation which ‘stimulates debate and provides impetus for social change’⁸¹, in its Vietnam Country Report 2024, compiled by country and regional experts from universities and think tanks⁸², covering the period of 1 February 2021 to 31 January 2023, published in March 2024 noted that:

‘Health insurance enrollment increased from 15% to 70% of the population over the same period. Currently, 91.01% of the population is covered by health insurance. The watchdog function of health insurance is important, as it represents one of the few checks on adverse incentives that affect the health sector. Corruption has been partly contained, but petty corruption persists in the health care system. Furthermore, the anti-corruption campaign has resulted in a slowdown in the procurement of medicines, equipment and materials, which has had negative consequences.’⁸³

- 8.2.2 The World Bank 2024 report stated:

‘Health insurance coverage increased from 13.4 percent of the population in 2000 to 90.9 percent in 2020. Although financial hardship has been mitigated, out-of-pocket payments at the point of care have remained high, at 44.9 percent of the costs in 2018. Catastrophic health expenditure has declined, and impoverishment due to health spending is low (Wagstaff, Flores, Hsu, et al. 2018; Wagstaff, Flores, Smits, et al. 2018). Measured by the UHC service coverage index, Viet Nam meets 73 percent of the population’s health needs for essential health services, which is higher than

⁷⁹ DFAT, [Vietnam Country Information Report](#) (paragraphs 2.47 & 2.55), 19 February 2025

⁸⁰ Hanoi Psychiatric Hospital, [Service Price](#), no date

⁸¹ Bertelsmann Stiftung, [About us](#), no date

⁸² BTI, [Who we are](#), no date

⁸³ BTI, [BTI 2024 Vietnam Country Report](#), 19 March 2024

Southeast Asia's average of 59 percent and the global average of 64 percent (WHO 2017b; WHO and World Bank 2017).⁸⁴

8.2.3 The EUAA report of September 2024 stated: 'NHI covers the examination and treatment of all mental health illnesses except psychiatric forensic examination. Depending on the scope and different level of benefits, people are reimbursed by NHI at different rates as prescribed when they visit public health facilities. The rate paid is based on the provisions of Circular No.22 of 2023 of the MOH.'⁸⁵

8.2.4 The DFAT 2025 report noted:

'Health insurance is compulsory for all Vietnamese citizens. The Government of Vietnam began implementing universal health insurance in 2009, with an initial focus on the poor, near-poor and informally employed. According to the World Bank, in 2023, 93 per cent of the population had health insurance through the government's national health insurance scheme, which covers medical services and treatments approved by the Ministry of Health. The national health insurance scheme includes contributions from employers and employees. Health insurance may alternatively be obtained through one's household (rather than employer), which requires contributions from adult household members. In-country sources said health premiums were modest (around VND700,000... [£19.69⁸⁶], annually in October 2023). Poor households, ethnic minorities living in disadvantaged areas of the country, children under the age of six, the elderly (80 years and above) and those on a state pension receive free insurance – they do not pay premiums or medical expenses, including for prescriptions. The Government of Vietnam heavily subsidises premiums for households classified as near-poor, as well as for students and beneficiaries of social assistance programs. People without health insurance can access healthcare but need to pay for expenses in full.

'... Health insurance fully covers the cost of medical services, including prescriptions, for vulnerable groups.'⁸⁷

8.2.5 See [Regional access to treatment](#)

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8.3 Regional access to treatment

8.3.1 The World Bank 2024 report stated:

'The most significant barriers in rural areas are the limited availability and accessibility of health professionals and services (Van et al. 2021).

'... Access to institution-based social care and support remains limited in the disadvantaged regions. Given the unequal distribution of [social protection center] SPCs and psychiatric rehabilitation centers across the provinces, there is substantial geographic variation in access to institutional care... While the Northern Upland region accommodates only 2 percent of individuals with [serious mental illness] SMIs in social welfare facilities, the Southeast region hosts close to 15 percent. Although the Central Highlands

⁸⁴ World Bank, [Human Resources for Mental Health Service ...](#) (pages 4), 30 May 2024

⁸⁵ EUAA, [Vietnam – Psychiatry](#) (page 15), September 2024

⁸⁶ XE.com, [700,000 VND to GBP](#), 20 August 2025

⁸⁷ DFAT, [Vietnam Country Information Report](#) (paragraph 2.46 & 2.51), 19 February 2025

region hosts more than 5 percent of the individuals with SMIs in social welfare centers, the region has no psychiatric rehabilitation facilities.’⁸⁸

8.3.2 The DFAT 2025 report noted:

‘In-country sources said, owing to distance, ethnic minorities in remote areas of the country were more likely to seek healthcare through a grassroots provider than a hospital (according to in-country sources, ethnic minorities in remote areas of the country could generally access a hospital within two hours).

‘... Mental healthcare services are available to those who need them, regardless of ethnicity, religion, sexual orientation or gender identity. Distance may be a practical barrier to access for those living in remote areas, and social stigma may encourage people to delay or forego treatment.’⁸⁹

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9. Societal attitudes towards mental health

9.1.1 Mai Ly Nguyen-Luu in their honour’s undergraduate thesis ‘Attitudes and perceptions of mental health in the Vietnamese community: A comprehensive analysis’, published in 2024 noted:

‘The public definition of “mentally ill” and its linkage to the word “crazy” greatly aids in creating this negativity towards mental health services. Mental illness in Vietnam is understood to be linked to symptoms of schizophrenia, one of the most dangerous mental diseases (Martensen et al., 2020). As a result, Vietnamese may automatically conclude that the word “mental illness” is describing the worst symptoms, even if it is just being used to describe smaller-scale conditions like depression or anxiety. Vietnamese also expressed desire to be separated from the mentally ill persons, believing that all mentally ill were dangerous and needed to be kept out of the community (Kamimura, Trinh, Johansen, et al., 2018). There was mainly a strong desire for distance in the case of schizophrenia (Martensen et al., 2020). Either way, the community feared being around the mentally ill. There were still varying levels of mental illness stigma in the Vietnamese community based on factors like age, sex, and religion. Young generations tended to be much more open-minded about mental health than the old.’⁹⁰

9.1.2 The World Bank 2024 report stated:

‘Due to stigmatization and discrimination, individuals who exhibit mental disorders and their family members seek care and support from informal systems rather than formal ones. In Viet Nam, people with mental illnesses and their families frequently experience public stigmatization and discrimination due to cultural factors (Ngo et al. 2014; Ta et al. 2016), posing an enormous challenge for the country’s mental health care system. While patients and their families may be reluctant to disclose mental health problems, stigmatization of and discrimination against people with mental illnesses may also have a negative influence on help-seeking behavior, treatment outcomes, and rehabilitation of the affected individuals (Dockery et al. 2015; Martensen et al. 2020; Van der Ham et al. 2011). Low mental

⁸⁸ World Bank, [Human Resources for Mental Health Service ...](#) (page 18 & 22), 30 May 2024

⁸⁹ DFAT, [Vietnam Country Information Report](#) (paragraph 2.49 & 2.59), 19 February 2025

⁹⁰ Mai Ly Nguyen-Luu, [Attitudes And Perceptions Of Mental Health In The Vietnamese ...](#), 2024

health literacy makes it difficult for laypeople to find effective mental health services (Dang et al. 2020). Therefore, people with mental disorders and their family members often seek treatment through the informal system (Ngo et al. 2014), including self-treatment; traditional medicines using herbs, acupuncture, massage, and various forms of exercise to promote the flow of inner energy; meditation; special diets; and religious or spiritual healing (Nguyen et al. 2018; Tuan et al. 2021). Stigmatization affects not only those with mental disorders and their relatives, but also psychiatric hospitals, as well as mental health care staff and psychiatrists (Angermeyer et al. 2017; Gaebel et al. 2015; Mungee et al. 2016), with men and religious individuals reporting more negative attitudes toward psychiatrists in Viet Nam (Ta et al. 2018).

‘... stigma toward mental disorders tends to be lower if treatment is integrated into general health care.’⁹¹

9.1.3 The EUAA report of September 2024 stated:

‘Cultural attitudes towards mental health is a critical factor in the underdevelopment of psychiatric health services in Vietnam. Many people believe that mental disorders are due to misfortune, and mental illnesses are known as “Benh tam than”, which means madness or severe psychiatric disorders. Moreover, a psychiatrist in Vietnam is called “Bac si tam than”, which means “a doctor who treats madness”. These words indicate that mental health in Vietnam is stigmatised. Individuals suffering from mental illnesses are considered as wild, unpredictable, and dangerous. This prejudice has led to a reluctance to seek help for mental health issues. A study found that inadequate licensing for non-medical mental health professionals (such as psychologists and social workers) along with a lack of interest in mental health from higher-level leadership also contributed to the poor development of mental healthcare in Vietnam. A private sector adviser notes that low- and middle-income earners who are in full-time employment are not likely to be willing to take time off work to seek psychological assistance and that social stigma can deter people who could afford additional costs from seeking mental health services.

‘... The number of mental health professionals in public facilities is low, and people are reluctant to visit public psychiatric facilities out of fear of being recognised. This drives people to attend private mental health centres or clinics in big cities or provincial centres. Therefore, people with mental health problems must pay out-of-pocket for services that are hard to find. People with low and middle income, working full time, are likely to be dissuaded from seeking psychological assistance due to the lack of opportunity and financial cost.’⁹²

9.1.4 The DFAT 2025 report noted that:

‘Stigma and feelings of shame are barriers to treatment, and some people or their families may deny a mental health problem exists in the first place. Mental illness was considered a form of weakness, particularly in the case of more severe conditions, and in-country sources reported in October 2023 that stigma was greater in rural areas, where there was less awareness and understanding of mental illness compared to urban settings. In-country

⁹¹ World Bank, [Human Resources for Mental Health Service ...](#), (pages 5 & 19) 30 May 2024

⁹² EUAA, [Vietnam: Psychiatry](#) (page 14), September 2024

sources reported stigma was most acute for schizophrenia. Depression, anxiety and post-traumatic stress disorder attracted less stigma, as most people did not associate these with mental illness. Young people may be more willing than older people to self-describe as mentally unwell and seek treatment. In-country sources estimated that only 10 per cent of people living with a mental illness sought treatment as of October 2023.⁹³

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⁹³ DFAT, [Vietnam Country Information Report](#) (paragraph 2.58), 19 February 2025

Research methodology

The country of origin information (COI) 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 \(COI\)](#), April 2008, and the Austrian Centre for Country of Origin and Asylum Research and Documentation's (ACCORD), [Researching Country Origin Information – Training Manual](#), 2024. Namely, taking into account the COI's relevance, reliability, accuracy, balance, currency, transparency and traceability.

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
- whether the COI is consistent with and/or corroborated by other sources

Commentary may be provided on source(s) and information to help readers understand the meaning and limits of the COI.

Wherever possible, multiple sourcing is used and the COI compared to ensure that it is accurate and balanced, and provides a comprehensive and up-to-date picture of the issues relevant to this note at the time of publication.

The inclusion of a source is not, however, an endorsement of it or any view(s) expressed.

Each piece of information is referenced in a footnote.

Full details of all sources cited and consulted in compiling the note are listed alphabetically in the [bibliography](#).

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Terms of Reference

A 'Terms of Reference' (ToR) is a broad outline of the issues relevant to the scope of this note and forms the basis for the [country information](#).

The following topics were identified prior to drafting as relevant and on which research was undertaken:

- Legislation and government policy
- Structure of the mental healthcare system
 - o Overview of the mental healthcare services
 - o Psychiatric hospitals and psychiatric departments
 - o Community mental healthcare
 - o Private sector
- Prevalence of mental health conditions
- Legal framework
 - o Health insurance schemes
- Mental health workforce
 - o Overview
 - o Psychiatrists and mental health doctors
 - o Mental health nurses
 - o Psychologists
 - o Social service workers
- Availability of treatment for common mental
 - o Traditional methods of treating mental health
 - o Specialist treatment
 - o Provision of mental healthcare for children
- Availability of pharmaceutical drugs
 - o Hospitals
 - o Community
 - o Social protection institutions
- Access to mental health treatment
 - o Cost to the patient of treatment
 - o Health insurance
 - o Regional access to treatment
- Societal attitudes towards mental health

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Version control and feedback

Clearance

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- version **2.0**
- valid from **10 September 2025**

Official – sensitive: Not for disclosure – Start of section

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