ODI Report Annexes

Mental health and psychosocial well-being among adolescents in Viet Nam

Findings from a mixed-methods baseline study

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Cover: Painting featured at the UNiTE circle exhibition organized with the Vietnam Youth Union, Vietnam Women's Museum in Ha Noi, November 2011. Credit: Krista Seddon / Flickr. CC BY-NC-SA 2.0

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Acronyms/Glossary

ASEAN	Association of Southeast Asian Nations
CBO	community-based organisation
FGD	focus group discussion
ICT	information and communication technology
KII	key informant interview
MEL	monitoring, evaluation and learning
MoH	Ministry of Health
MoLISA	Ministry of Labour, Invalids and Social Affairs
NGO	non-governmental organisation
NIMH	National Institute of Mental Health
SDQ	Strengths and Difficulties Questionnaire
WHO	World Health Organization

Annex 1 Description of educational contexts and other key infrastructure in study sites

Khanh Hoa province

Within the urban area of Nha Trang, we selected one lower secondary school and one higher secondary school. Nha Trang is subdivided into 19 wards and 8 communes. Ha Huy Tap high school, in Vinh Thanh commune, was established in 1977. It has 16 classes of 10th grade, 17 classes of 11th grade and 14 classes of 12th grade, approximately 2,000 students in total. One of the top 10 upper secondary schools of the province (based on the rate of students passing college entrance exams), Lam Son junior high school, located in Phuoc Dong commune, was built in 2007. It has about 1,000 students in 25 classes – 7 classes in 6th grade and 6 classes each in grades 7, 8 and 9[1].

Within the rural area, we selected one lower secondary school and one higher secondary school in Dien Khanh district, a rural district located in the north of Nha Trang. The only psychiatric hospital in Khanh Hoa is located in this district. Nguyen Thai Hoc high school has 15 classes of 10th grade, 13 of 11th grade and 12 of 12th grade, approximately 1,300 students in total. Nguyen Hue junior high school, established in 1992, has approximately 1,200 students, with 28 classes from grades 6 to 9[2].

Nghe An province

Within the urban area, we selected one lower secondary school and one higher secondary school in Vinh City, the capital. Vinh is the economic and cultural centre not only of Nghe An but also of the whole North Central Coast. The province is subdivided into 16 wards and 9 communes. Le Viet Thuat high school, located in Ben Thuy ward, was established in 1977. It has 15 classes of 10th grade, 14 of 11th grade and 14 of 12th grade, with more than 2,000 students. One of the top five upper secondary schools of the province (based on the rate of students passing college entrance exams), Hung Binh junior high school is located in Hung Binh ward. It was renovated in 2020. It has about 800 students, with 4 or 5 classes per grade from grades 6 to 9[3].

Within the rural area, we selected one lower secondary school and one higher secondary school in Nghi Loc district. Nghi Loc 5 high school was established in 2006. It is known for student achievements in scientific research contests. It has more than 30 classes of 10th to 12th grade, with approximately 1,500 students in total. Nghi Lam junior high school was founded in 1959. It has fewer than 500 students from grades 6 to 9[4].

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1 Vietnam MoET Website. (https://moet.gov.vn/Pages/home.aspx).
2 See footnote 1.
3 Nghe An MoET Website. (http://nghean.edu.vn/).
4 See footnote 3.

Other infrastructure

Education: Khanh Hoa is one of the most important educational–scientific centres in Viet Nam. The Pasteur Institute of Nha Trang and the Nha Trang Oceanography Institute are the primary centres for scientific research in the country. In terms of education, there are eight universities, including Nha Trang University, the Naval Academy and the Air Force Officer Academy. There are also six colleges in Nha Trang, including the College of Pedagogy Central Nha Trang and Medical College of Khanh Hoa, among others.

Nha Trang has 111 lower secondary schools and 28 upper secondary schools. There are various types of educational institution at secondary level. For example, in upper secondary school, apart from public schools, there are two private schools, eight semi-public schools, seven continuing education centres, one Hermann Gmeiner school for students in the SOS Children's Village, two secondary continuing education schools and one ethnic minority boarding school. Regarding vocational education and training, in 2020, there were 5 colleges and 12 secondary schools. From 2015 to 2020, the number of applications to the vocational education and training institutions increased by 10%[5].

In Nghe An, there are approximately 1,700 educational settings, from nursery schools to colleges. The province is recognised for its academic quality, based on students' rankings and achievements in international, regional and national contests. The provincial authorities have made great efforts to promote access to education, especially among ethnic minorities. Nghe An has 386 lower secondary and 89 upper secondary schools[6].

Health: According to the Decision No.1047/QĐ-BYT of the Ministry of Health (MoH) in 2012, Nha Trang is one of the three health centres of the South Central Coast. In 2018, there were 12 public hospitals. The Khanh Hoa general hospital is acknowledged as the first-level hospital and one of 10 regional general hospitals in the country. There are 6 doctors and 32 patient beds per 10,000 inhabitants[7].

Mental health: Khanh Hoa psychiatric hospital is the only official mental health service provider in the province. It has a clinic in the centre of Nha Trang.

In Nghe An, in 2018, there were 50 public hospitals. There were 9 doctors and 27 patient beds per 10,000 inhabitants. Regarding mental health, Nghe An psychiatric hospital in Vinh City is the only official mental health service provider of the province[8].

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5 See footnote 1.
6 See footnote 1.
7 Khanh Hoa Government Page. (https://nhatrang.khanhhoa.gov.vn/?). [Accessed 8 December 2021].
8 Nghe An Goevernment Page. (http://nghean.gov.vn/).

Information and Communication Technology (ICT): Government agencies promoting the local application of ICT include the Department of Information and Communication of Khanh Hoa, and Khanh Hoa Association for Information Communication Technology. There are some ICT-related faculties and centres in universities such as the ICT centre of the Telecommunications University, and the Center of Software of the University of Nha Trang[9].

9 IT Group in Khanh Ho. (http://hoitinhoc.khanhhoa.vn/) [in Vietnamese].

Annex 2 Monitoring, evaluation and learning

The text in this Annex is derived from the MEL design document that was developed at the start of the project.

The project's MEL system aims to:

- provide accurate reporting to the funder and generate a 'paper trail' that can be accessed and used by an end-of-project evaluation;
- provide timely (quantitative and qualitative) information about project performance – what works and what does not work – and to inform necessary adjustments and changes;
- facilitate reflection and experiential learning within the project team and improve coordination across countries.

The design of the MEL system involved the following activities:

- The collaborative design with the project team and the funder of the project's Theory of Change to describe the changes (outcomes) the project wants to contribute to in the long term and medium term (i.e. during implementation), namely:
  - **Impact** – Local authorities have a better understanding of and new evidence to inform policy and programming decisions to support adolescents with mental ill-health and psychosocial problems in selected sites in two secondary cities in Viet Nam and Tanzania.
  - **Outcome 1**: Adolescents and families have a better understanding of: (1) the drivers of adolescent psychosocial well-being; and (2) the opportunities provided by tech and non-tech solutions to address mental ill-health.
  - **Outcome 2**: Selected schools show a commitment to continue to support the use and iteration of the tech and non-tech solutions beyond the end of the project.
  - **Outcome 3**: Local authorities and other relevant actors (including non-governmental organisations (NGOs), community-based organisations (CBOs) and the private sector) understand the importance of and possibilities provided by the tech and non-tech solutions the project will test.

- The collaborative design with the project team and the funder of a project results, framework (logframe) to define and describe the indicators at outcome and output levels that can help the team assess progress and identify signs of change or moves towards the changes described by the outcomes. The collaborative work on the project logframe also helped to identify which indicators the research component of the project should assess and measure (i.e. the comparison between baseline and endline quantitative and qualitative research) and which indicators the MEL tools and system are best suited to monitor. Broadly speaking, the baseline–endline research will seek to capture changes in the knowledge,

awareness and attitudes of project stakeholders. The MEL system, on the other hand, focuses on outcome indicators linked to changes in attitudes and perceptions by relevant institutional stakeholders such as national/local government agencies, and process indicators such as the number of knowledge products published, web stats, requests to the project team for information, material publications, and signs of uptake and use by other actors of the knowledge products published by the project.

- Four MEL logs keeping track of activities and other relevant information. We refer here to the two that are most relevant for this baseline report.

1. **Publication of knowledge products**, which to date include the following:
   - Samuels, F., Leon-Himmelstine, C. and Marcus, R. (2020) *Digital approaches to adolescent mental health: a review of the literature* (https://odi.org/en/publications/digital-approaches-to-adolescent-mental-health-a-review-of-the-literature). Published: 9/10/2020.
   - Samuels, F., Marcus, R. and Leon-Himmelstine, C. (2020) *Non-digital interventions for adolescent mental health and psychosocial well-being: a review of the literature* (https://odi.org/en/publications/non-digital-interventions-for-adolescent-mental-health-and-psychosocial-well-being-a-review-of-the-literature). Published: 16/20/2020.
   - Samuels, F., Marcus, R. and Leon-Himmelstine, C. (2020) *Frameworks and tools to measure and evaluate mental health and psychosocial well-being* (https://odi.org/en/publications/frameworks-and-tools-to-measure-and-evaluate-mental-health-and-psychosocial-well-being). Published: 12/11/2020.
   - Plank, G., Samuels, F., Marcus, R. and Leon-Himmelstine, C. (2021) *Drivers of and protective factors for mental health and psychosocial well-being among adolescents: a snapshot from Tanzania and Viet Nam* (https://odi.org/en/publications/drivers-of-and-protective-factors-for-mental-health-and-psychosocial-well-being-among-adolescents-a-snapshot-from-tanzania-and-viet-nam). Published: 14/01/2021.
   - Chakraborty, R. with Samuels, F. (2021) *Impact of Covid-19 on adolescent mental health in Viet Nam and Tanzania. A rapid review* (https://odi.org/en/publications/impact-of-covid-19-on-adolescent-mental-health-in-viet-nam-and-tanzania). Published: 27/01/2021.

2. **Events/meetings organised by the teams**: A total of 11 meetings have been organised in Viet Nam for this baseline research, involving team members and/or enumerators and stakeholders. The meetings that have been recorded range from discussion and testing of data collection instruments, planning of data collection activities, training of enumerators, data collection and analysis, focus group discussions (FGDs, when possible), and collaborative write-up of key findings. A total of 218 people participated in the 11 meetings held in Viet Nam between October 2020 and March 2021. A total of 161 adolescents have been reached and involved in the meetings and workshops linked to data collection.

Though the objectives and key elements of the system will remain as the project enters the co-creation and implementation phases, the MEL system will continue to evolve. We are considering the design of additional MEL tools during the implementation phase to complement the existing tools and to help the sensemaking and the recording of signs of change (i.e. outcomes). In doing so, we will seek the advice of the external team carrying out the mid-term review.

Annex 3 Overview of quantitative survey and testing

This annex provides an overview of the quantitative survey and testing that took place prior to and following baseline data collection. Section A3.1 discusses the scales we selected to measure key constructs in the quantitative survey and situates them in the existing literature, while Section A3.2 discusses the piloting and psychometric testing of the survey measures to establish their validity and reliability. Section A3.3 gives a profile of our sample. The remaining annexes present additional detail: the survey questionnaire (Annex 4), descriptive statistics regarding our sample composition (Table A2, Annex 5) and a table with baseline levels for all key mental health indicators (Table A3, Annex 5).

A3.1 Design of quantitative questionnaire

The quantitative survey is intended to gauge the mental health and psychosocial well-being of respondents, and the correlates of these outcomes – including characteristics of respondents and their households, engagement in or the experience of risky behaviours (e.g. violence from peers, teachers or parents, alcohol or drug consumption, gambling) and coping mechanisms (mental health awareness and coping or health-seeking behaviour).

We measure mental health through two key scales. The Strengths and Difficulties Questionnaire (SDQ) evaluates emotional and behavioural difficulties among youth.[10] The WHO-5 is 'among the most widely used questionnaires assessing subjective psychological well-being' (Topp et al., 2015: 167) in children aged nine and over; it also has adequate validity in screening for depression.[11] These two measures therefore provide complementary insights into mental ill-health. Both have been widely validated in diverse settings and among varied populations globally, including in Tanzania (for the SDQ, see Dow et al., 2016; Hermenau et al., 2011; 2015; Nyangara et al., 2009; Hoosen et al., 2018; for the WHO-5, see Nolan et al., 2018).

The survey included two measures of mental health awareness: (1) the Emotional Literacy scale developed by Carnegie School of Education, Leeds Beckett University (2018), used to inform a school-based mental health intervention in Cambridge, UK;[12] and (2) the knowledge of what is important for good mental health scale developed and validated by Bjørnsen et al. (2017) among Norwegian upper secondary school students. This latter scale fills an important gap as it is the first to quantify 'knowledge of good or positive mental health' as opposed to mental health disorders, stigma or health-seeking

10 See https://www.sdqinfo.org/ao.html

11 See https://www.corc.uk.net/outcome-experience-measures/the-world-health-organisation-five-well-being-index-who-5/

12 The scale is, in turn, an adaptation of the Mental Health Literacy Scale (O'Connor and Casey, 2015), which aims to assess both stigma and knowledge concerning mental health. The adaptations 'removed questions asking about specific, and often complex, mental health disorders as well as questions that were inappropriate for the age-group e.g. around employment' and added questions 'asking about the participants' sense of their own resilience, strategies for stress and social media use' (Carnegie School of Education, Leeds Beckett University (2018: 8).

behaviour.[13] We measure agency using the 4-item subscale on knowledge of where to seek information about mental health from the well-known Mental Health Literacy Scale (O'Connor and Casey, 2015). Finally, we assess help-seeking behaviour by exploring student attitudes towards seeking professional help to address mental health concerns as well as informal coping mechanisms. We measure the former using the Attitudes Toward Seeking Professional Psychological Help scale-Short Form (ATSPPH-SF) (Fischer and Farina, 1995; building on the original ATSPPH scale devised by Fischer and Turner, 1970), a widely cited measure of mental health treatment attitudes. Per Elhai et al. (2008: 321), this is the only 'standardized instrument assessing mental health treatment attitudes' that 'has been both psychometrically examined and used in a sizeable number of studies'.

We measure a diverse range of informal coping strategies using the Kidcope scale (Spirito et al., 1988) with minor contextual adaptations. The scale was originally designed to measure children's use of 10 behavioural and cognitive coping strategies following hospitalisation, but has subsequently been used widely to assess coping with respect to a range of stressors (Powell et al., 2019). The strategies included are distraction, social withdrawal, cognitive restructuring, self-criticism, blaming others, problem-solving, emotional regulation, wishful thinking, social support and resignation to cope with a major stressor.

A3.2 Psychometric assessment of the pilot and baseline data

The questionnaire and psychometric scales were tested and refined after piloting and cognitive testing of the survey. The survey team conducted a pilot survey with 185 secondary students from a secondary school in Hanoi (THCS Nhân Chính) and an upper secondary school in Hai Phong (THPT Lê Quý Đôn) following a convenience sampling. Upon review of the scales for their psychometric properties, including reliability (internal consistency), criterion validity and construct validity, the team made some improvements to the questionnaire. The team re-tested the psychometric properties of each scale following baseline data collection (Table A1).

13 Wei et al., 2015, cited in Bjørnsen et al., 2017: 2.

Table A1 Scale validation results for the final baseline survey

Mental health and psychosocial well-being	
Strengths and Difficulties Questionnaire (SDQ)	Three factors: 1) Emotions SDQ: 8 items, Cronbach's alpha of 0.77 2) Prosocial SDQ: 10 items, Cronbach's alpha of 0.72 3) Behaviour SDQ: 6 items, Cronbach's alpha of 0.503
Well-being questionnaire (WHO-5)	5 items, Cronbach's alpha of 0.794 (Among middle school students, Cronbach's alpha of 0.805, and high school students, 0.785)
Mental health awareness	
Emotional literacy	7 items, Cronbach's alpha of 0.678 (Among middle school students, Cronbach's alpha of 0.658, and high school students, 0.675)
Knowledge of what is important for good mental health	10 items, Cronbach's alpha of 0.825 (Among middle school students, Cronbach's alpha of 0.823, and high school students, 0.822)
Help-seeking behaviour	
Attitudes Toward Seeking Professional Psychological Help	5 items, Cronbach's alpha of 0.76 (Among middle school students, Cronbach's alpha of 0.691, and high school students, 0.709)
Agency in coping with mental health challenges	
Knowledge of sources of information-seeking	4 items, Cronbach's alpha of 0.726 (Among middle school students, Cronbach's alpha of 0.743, and high school students, 0.711)
Knowledge of sources of information-seeking	4 items, Cronbach's alpha of 0.726 (Among middle school students, Cronbach's alpha of 0.743, and high school students, 0.711)
Ways of coping with mental health challenges (Kidcope)	Three factors: 1) Distraction or internal coping: 7 items, Cronbach's alpha of 0.589 (Among middle school students, Cronbach's alpha of 0.590, and high school students, 0.587) 2) Emotion-focused coping: 7 items, Cronbach's alpha of 0.639 (Among middle school students, Cronbach's alpha of 0.646, and high school students, 0.521) 3) Problem-solving or active coping: 8 items, Cronbach's alpha of 0.639 (Among middle school students, Cronbach's alpha of 0.624, and high school students, 0.646)

Source: Author calculations.

Notes: (1) Indicators on the use of the internet to seek health and mental health information are not included under 'help seeking' in this table because we analyse them individually rather than as a scale. (2) The Cronbach's alpha coefficient measures the internal consistency of a scale or the extent to which the individual components are measuring the same underlying construct. It can range between 0 and 1, with higher values indicating greater reliability. Generally, coefficient values of 0.6 or higher are considered 'acceptable' and values of 0.7 or higher are considered 'good'.

Annex 5 provides full details of the quantitative sample. Of the approximately 420 students interviewed in each province, half the sample attended a middle school and half attended a high school. The number of respondents per school ranged between 81 and 131. Males accounted for 52% of respondents and females for 47%; 1% reported their gender as 'other'. The majority of respondents (58%) were aged 14–15 years, with the remainder aged 12–13 years.

We assigned SES by ranking households according to an asset index and dividing this into quartiles – so roughly one-quarter of students pertain to each group.[14] Households in the lowest socioeconomic quartile have low asset ownership and were more likely to experience hunger in the past 12 months (e.g. 96% do not own a car or truck, 87% do not have a bank account, 72% do not own a computer, 18% have gone hungry in the past 12 months, 11% do not own a TV, 5% do not own a refrigerator or motorcycle). By contrast, all households in the highest socioeconomic quartile own a TV, refrigerator, computer, motorcycle, car or truck, and have a bank account. Almost half (49%) of the household heads in better-off households have studied at university level, compared with only 6% in the poorest households (in this stratum 11% did not complete primary school or are illiterate). High-status occupations are also more common among the better-off households (11%) compared with low-status occupations in poorer households. Note that disparities between the second and third quintiles are less pronounced.

The locality of Vinh appears to be considerably better off than Khanh Hoa, with 35% of respondents in the top quintile compared with only 18% in Khanh Hoa. We found marked differences across schools. Four schools stand out for having a large proportion of students from households in the poorer quintile: THCS Nguyễn Huệ (42%), THCS Nguyễn Huệ (48%), THPT Nguyễn Thái Học (37%), and THCS Nghi Lâm (36%). By contrast, two schools stand out for being considerably better off, with a large proportion of students from households in the top quintile: THCS Hưng Bình (51%) and THPT Lê Viết Thuật (48%). THCS Lam Sơn and THPT Hà Huy Tập are somewhere in the middle between these two groups.

14 Various alternatives were tested using factor analysis to produce a consistent and reliable SES scale. The final list of variables used in the classification includes highest education of the head of household, profession of the head of household, having or not having experienced hunger the last 12 months, and ownership of a set of assets (TV, landline phone, refrigerator, computers, bicycles, motorcycle or scooter, car or truck, and bank account). A total of 67% (561) respondents were classified, while 33% were considered 'missing' due to a high lack of response to some items (highest education of the head of household 34%, profession of the head of household 19%, bank account 19%, car/truck 12%, having gone hungry in the past 12 months 10% and landline phone 9%; other items had a no response rate of 5% or less).

Annex 4 Survey questionnaire

This annex provides the original version of our survey. Some adjustments were made to conform to the country context and in the translation to Vietnamese and following the validation process (see Annex 3, Section A3.2 and Annex 5 for full details). The Vietnamese version of the survey is available upon request.

Instructions

Thank you for completing this survey, which is about your mental health and things that you do that may affect your mental health. It will provide us with important information to develop better health programmes for young people like yourself. This information will be kept confidential. The answers you give must be true, based on what you really think and/or do. There is no right or wrong answer. If there is a question you don't want to answer, you can leave it blank. If you don't understand a question or need help, you can ask the fieldworker who gave you this questionnaire. Once you have completed the questionnaire, put it in an envelope and close it, this way you will be sure that the fieldworker will not read your answers. Please remember that your decision to participate is completely voluntary. This means that if you want you can participate and fill the questionnaire, and if you don't want there is no problem. Likewise, if you decide to participate and at some point, you don't want to continue, you can stop.

Unique identifier:	Name:
School name:	School number:
Grade:	Classroom:

Questions about you and your household

1. When is your birthday	Record date, including year |_____|	
2. How old are you today?	Indicate approximate age in years |_____| 98 = I don't know	

Please circle the correct answer:

3. What is your gender?	00 = Male 01 = Female	02 = Other
4. Have there been times in the last 12 months when you or your family have gone hungry?	01 = Yes 02 = No	99 = I don't know

5. How many people live in your household? Note: These are all those who normally sleep in your home and share meals with other members of your home and who have been living with the household for at least 6 months in the last year.		Record number |_____|

Please circle the correct answer:

6. Are both your mother and father alive?	1 = both alive 2 = mother alive 3 = father alive	4 = both not alive 99 = I don't know
7. Who are you currently living with?	01 = both mother and father 02 = only mother 03 = only father 04 = other relatives	05 = by myself 06 = with someone else [specify] |_____|
8. Who is the head of your household?	00 = Father 01 = Mother	02 = Someone else [specify] |_____|
9. What is the age of the head of your household?	Approximate age in years |_____|	98 = I don't know
10. What is the highest education attained by the head of your household?	00 = Pre-primary 01 = Primary 02 = Post-primary training 03 = Secondary 'O' level 04 = Post-secondary 'O' level training	05 = Secondary 'A' level 06 = Post-secondary 'A' level training 07 = University 99 = Don't know
11. What is the profession of the head of your household?	Indicate profession |_____|	
12. What is your religion? Please circle the correct answer.	01 Christian 02 Muslim	96 Other religion [specify] |_____| 97 No religion
13. How many rooms does your household have, including kitchen and living room?	Put number	
14. Of these rooms in your household, how many rooms are used for sleeping?	Put number	

Household asset ownership

Please indicate the correct answer.

15. Does your household have?	Yes	No	Don't know
[A] Television			
[B] Fixed phone			
[C] Refrigerator			
[D] Computer(s)			
[E] Bicycle			
[F] Motorcycle/scooter			
[I] Car(s) or truck			
[J] Bank account			

16. Does your household have a mobile phone?	01 = Yes 02 = No [Skip to 1.2]	99 = I don't know [Skip to 1.2]
17. If yes to 16, is it a smart phone that can access the internet?	01 = Yes 02 = No	99 = I don't know

Contextual factors

Individual education

1. Which grade/class are you in now?	Indicate grade/class |_____|

Please circle the correct answer:

2. How often in the last 7 days did you come to class without completing your homework or preparation for lessons?	01 = Always 02 = Usually 03 = Sometimes	04 = Rarely 05 = Never 06 = No homework is set
3. Now think about the other children in your class. How do you think you are doing academically compared to them?	1 = Worse 2 = About the same	3 = Better 98 = I don't know
4. Did you take the End of Term/Form II/Form IV Exam	0 = No	1 = Yes
5. If yes in 4: What percentile did you score on this exam?	PLEASE INSERT CODES	|_____|

Physical health

Please circle the correct answer

6. Compared with other children of the same age would you say your health is? the same, much better, better, worse or much worse?	01 = much worse 02 = worse 03 = same	04 = better 05 = much better

Family, friends and role models, support network

Please circle the correct answer.

7. In general, how many people can you rely on in time of need?	00 = None 01 = 1-2 people 02 = 3-5 people 03 = 6-10 people 04 = 11-15 people	05 = 16-20 people 06 = 21-30 people 07 = Over 30 people |__|
8. Do you have female friends, who are not members of your household, that you trust, and with whom you can talk about feelings and personal matters, or call on for help?	0 = no	1 = yes
9. Do you have male friends, who are not members of your household, that you trust, and with whom you can talk about feelings and personal matters, or call on for help?	0 = no	1 = yes
10. Is there a person that you respect, follow, look up to, or want to be like? This does not need to be someone that you know personally.	0 = no	1 = yes
11. Who is this person?	1 = Mother 2 = Father 3 = Grandmother 4 = Grandfather 5 = Sister 6 = Brother 7 = Aunt 8 = Uncle 9 = Other relative [specify] 10 = Girl program leader [specify program]	11 = Teacher 12 = Male friend 13 = Female friend 14 = Community leader 15 = Someone else in your community [specify] 16 = Someone famous [specify] |_____| 17 = Other [specify] |_____| 99 = Don't know
12. Are you a member of any school club?	0 = no	1 = yes

Mental health scales

Mental health literacy

Emotional literacy

Below are some statements about mental health. Please circle the answer that best describes your understanding.	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I am knowledgeable about the causes of poor mental health					
2. I know strategies to help me to be resilient when faced with difficult situations					
3. I recognise the signs of poor mental health					
4. I know strategies for dealing with stress					
5. I understand how social media impacts on my well-being					
6. A mental illness is not a real medical illness					
7. A mental illness is a sign of personal weakness					
8. People with a mental illness are dangerous					
9. I am willing to make friends with someone with a mental illness					
10. If I had a mental illness I would not tell anyone					
11. If I had a mental illness, I would not seek help from a mental health professional					
12. Seeing a mental health professional means you are not strong enough to manage your own difficulties					
13. People with a mental illness could snap out of it if they wanted					

What is important for good mental health?

For each statement, please indicate your level of agreement.	Strongly disagree	Disagree	Agree	Strongly agree
1. Handling stressful situations in a good manner				
2. Believing in yourself				
3. Having good sleep routines				
4. Making decisions based on your own will				
5. Setting limits for your own actions				
6. Feeling that you belong in a community				
7. Mastering your own negative thoughts				
8. Setting limits for what is OK for you				
9. Feeling valuable regardless of your accomplishments				
10. Experiencing school mastery				

Knowledge of sources of information seeking

For each statement, please indicate your level of agreement.	Strongly disagree	Disagree	Agree	Strongly agree
1. I am confident that I know where to seek information about mental illness				
2. I am confident using the computer or telephone to seek information about mental illness				
3. I am confident attending face to face appointments to seek information about mental illness (e.g., seeing a general practitioner)				
4. I am confident I have access to resources (e.g., general practitioner, internet, friends) that I can use to seek information about mental illness				

Strengths and Difficulties Questionnaire (SDQ)

Are the statements below: Not true, Somewhat true or are Certainly true?	Not true	Somewhat true	Certainly true
1. I try and be nice to other people and I care about their feelings			
2. I am restless, I cannot stay still for long			
3. I get a lot of headaches, stomach-aches or sickness			
4. I usually share with others, for example food or when playing games			
5. I get very angry and lose my temper			
6. I would rather be alone than with other people my age			
7. I usually do as I am told			
8. I worry a lot			
9. I am helpful if someone is hurt, upset or feeling ill			
10. I am constantly fidgeting or squirming			
11. I have one good friend or more			
12. I fight a lot; I can make other people do what I want			
13. I am often unhappy, depressed or tearful			
14. Other people my age generally like me			
15. I am easily distracted; I find it difficult to concentrate			
16. I am nervous in new situations; I easily lose confidence			
17. I am kind to younger children			
18. I am often accused of lying and cheating			

Are the statements below: Not true, Somewhat true or are Certainly true?	Not true	Somewhat true	Certainly true
19. Other children and young people pick on me or bully me			
20. I often volunteer to help others (parents, teachers, children)			
21. I think before I do things			
22. I take things that are not mine from home or from school or elsewhere			
23. I get along better with adults than children my own age			
24. I have many fears and I am easily scared			
25. I finish the work I am doing. My attention is good			

Self-efficacy

Are the following statements Not at all true, Hardly true, Moderately true or Exactly true?	Not at all true	Hardly true	Moderately true	Exactly true
1. I can always manage to solve difficult problems if I try hard enough				
2. If someone opposes me, I can find the means and ways to get what I want				
3. It is easy for me to stick to my aims and accomplish my goals				
4. I am confident that I could deal efficiently with unexpected events				
5. Thanks to my resourcefulness, I know how to handle unforeseen situations				
6. I can solve most problems if I invest the necessary effort				
7. I can remain calm when facing difficulties because I can rely on my coping abilities				
8. When I am confronted with a problem, I can usually find several solutions				
9. If I am in trouble, I can usually think of a solution				
10. I can usually handle whatever comes my way				

(WHO-5) well-being questionnaire

Please indicate for each of the five statements which is closest to how you have been feeling over the last two weeks.

Over the last two weeks	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
1. I have felt cheerful and in good spirits						
2. I have felt calm and relaxed						
3. I have felt active and vigorous						
4. I woke up feeling fresh and rested						
5. My daily life has been filled with things that interest me						

Responding to mental health challenges

Adolescents' ways of coping with mental health challenges

We would like you to think about the last time you were feeling tense or facing a problem or difficulty. Please indicate the situation you are thinking about.

Did you do this?	Yes	No
1. I just tried to forget it		
2. I did something like watch TV, listen to the radio, read a book, or played a game to forget it		
3. I went on the internet or used social media to distract myself		
4. I stayed by myself		
5. I kept quiet about the problem		
6. I tried to see the good side of things		
7. I blamed myself for causing the problem		
8. I blamed someone else for causing the problem		
9. I tried to fix the problem by thinking of answers		
10. I tried to fix the problem by doing something about it		
11. I tried to fix the problem by talking to someone		
12. I yelled, screamed, or got mad		
13. I tried to calm myself down		
14. I wished the problem had never happened		
15. I wished I could make things different		

Did you do this?	Yes	No
16. I tried to feel better by spending time with others like family, grownups, or friends		
17. I didn't do anything because the problem couldn't be fixed		
18. I prayed		
19. I went on the internet to get support		
20. I meditated		
21. I did some kind of sport or physical activity		
22. I wrote down my thoughts (e.g. in a diary)		
23. Other [please specify]		

Attitudes Toward Seeking Professional Psychological Help

For each statement, please indicate your level of agreement.	Strongly disagree	Disagree	Agree	Strongly agree	I prefer not to say
1. If I thought I was having a mental breakdown, my first thought would be to get professional attention					
2. Talking about problems with a psychologist seems to me as a poor way to get rid of emotional problems					
3. If I were experiencing a serious emotional crisis, I would be sure that psychotherapy would be useful					
4. I admire people who are willing to cope with their problems and fears without seeking professional help					
5. I would want to get psychological help if I were worried or upset for a long period of time					
6. I might want to have psychological counselling in the future					
7. A person with an emotional problem is not likely to solve it alone; he or she is more likely to solve it with professional help					

Use of technology

In the last 12 months, how often have you been using any of the following...	Never	Less than once a month	Monthly	Weekly	Daily
1. Computer or laptop					
2. Tablet					
3. Internet					
4. Mobile phone with internet access (e.g. smartphone)					

5. Do you have a mobile phone for your own personal use?	0 = No	1 = Yes
6. Are you able to access the internet or go online when you want or need to? This includes going online on any device and in any location	0 = Never [skip to Section 1.6] 1 = sometimes	2 = often 3 = always

How often have you done these things ONLINE in the past year?	1 = Once a week or more	2 = Once a month	3 = Every few months	4 = Less often	5 = Never
7. Looked for health information for yourself or someone you know					
8. Looked for mental health information for yourself or someone you know					

Violence

Violence by peers and ways of dealing with it

In the past 12 months how many times have any peers...	Never	Once	More than once	I prefer not to say
1. Used words to hurt you, such as calling you names, making fun of you in an unpleasant way, spreading lies about you, or sharing embarrassing information about you (including in person, or not in person such as through texting or the internet)				
2. Left you out of their games or activities, or ignored you (including in person, or not in person such as through texting or the internet)				
3. Stolen or damaged something of yours				

In the past 12 months how many times have any peers...	Never	Once	More than once	I prefer not to say
4. Physically hurt you (for instance, by pushing, hitting, or kicking)				
5. Made you do things that you didn't want to do (for instance, things you know to be against the rules, or things that make you feel uncomfortable), (including in person, or not in person such as through texting or the internet)				
6. Threatened you or someone close to you with harm (including in person, or not in person such as through texting or the internet)				
7. Have you talked with anyone or shared through other means about this treatment by your peers?	0 = no Skip to Section 1.6.2		1 = yes	
8. If yes in 7: With whom did you talk/share about this treatment by your peers? Circle all that apply.	1 = The peer who treated you this way 2 = Parent 3 = Other adult family member 4 = Child family member 5 = Friend 6 = Teacher or other school official		8 = Religious official 9 = A health care provider 10 = Police or Local 11 = Security 12 = Other (specify) |_____|	

Violence by parents and ways of dealing with it

Now we'd like to ask you about things that may have happened at home

How often in the last 12 months...	1 = Never happened	2 = Happened once	3 = Happened more than once	99 = I prefer not to say
9. Were you pushed, slapped, hit, beaten or otherwise physically hurt by a parent or other adult in your household?				
10. Did a parent or other adult in your household yell at you or call you names?				
11. Did a parent or other adult in your household treat you poorly in another way, such as withholding food from you when others in the family were fed?				
12. Have you seen or heard your father/male guardian hit or beat your mother/female guardian?				
13. Have you seen or heard your mother/female guardian being hit or beaten by any family member other than your father/male guardian?				

How often in the last 12 months...		
14. Have you talked with anyone about or shared with anyone through other means these things that happened at home?	0 = No Skip to Q. 16 1 = Yes	
15. With whom did you talk or share about these things that happened at home? Please circle the numbers of all that apply.	1 = Parent 2 = Other adult family member 3 = Child family member 4 = Friend 5 = Teacher or other school official	6 = Religious official 7 = Health care provider 8 = Police or local 0 = Other (specify) |_____|
16. When you do something wrong, usually what do your parents do to discipline you? Please circle the MAIN discipline that parents use.	1 = Talk to me 2 = Have me sit quietly alone 3 = Yell at me 4 = Spank me/hit me 5 = Give me work / chores to do 6 = Take away one of my possessions or something that I've been looking forward	7 = Pinch me 8 = Use a cane, belt, stick, etc. 9 = Thrown out of house 10 = Not allowed to eat/skipped meal 11 = other |_____|

Violence by teachers and ways of dealing with it

Have you ever been...	Yes	No	I prefer not to say
17. Beaten, hit, whipped, or caned by a teacher at your school, or physically punished by a teacher in some other way?			
18. Punished at school in another way, like being forced to run around, stand on a bench, or kneel?			

Violence and other ways of dealing with it

Have you ever engaged in the following behaviours?	Not at all	Occasionally	Frequently	Weekly	Daily
1. Smoking cigarettes or e-cigarettes					
2. Drug use (e.g. opium, cannabis or a harder drug)					
3. Self-harming (hurting your own body on purpose)					
4. Gambling					
5. Gang violence					
6. Alcohol					

Please indicate the correct answer.	Never	Seldom	Sometimes	Often	Very often
7. Have you ever gotten in trouble in class?					
8. Have you ever been in a fight?					
9. Have you ever skipped schoolwork assignments?					
10. Have you ever bullied someone at school?					
11. Has your school called home because you were in trouble for your behaviour?					

Please indicate the correct answer.	No	Yes	I prefer not to say
12. Does your father/male guardian drink alcohol?			
13. Does your mother/female guardian drink alcohol?			

Sexual activity [Older adolescents only]

Please circle the correct answer.		
14. How many of your best friends have ever had sex?	0 - All of my friends 1 - Most of my friends 2 - A few of my friends	3 - None of my friends 99 - I don't know
15. How old were you when you had sex for the first time?	0 - 13 years old or younger 1 - 14 years old 2 - 15 years old 3 - 16 years old 4 - 17 years old	5 - 18 years old 6 - 19 years old 7 - I have never had sex 99 - I prefer not to say [If answer = 7 or 99, skip all the other questions in this section, END SURVEY]
16. The last time you had sex, what did you do to prevent getting pregnant or a disease?	You can choose more than one option: 1 - We used a condom 2 - Use morning after pill 3 - Use injections to prevent getting pregnant	4 - Don't know if use any method 5 - We did not use any method 6 - Other method, please say what: _____
17. How many partners have you EVER had intercourse with? This includes any person you had intercourse with, even if it was only once, or if you did not know him or her well.	1 - One 2 - Two	3 - Three 4 - Four or more
18. Have you ever had sex when you did not want to?	0 - Yes, one time 1 - Yes, more than once	2 – No
19. During your life, have you ever been drunk from alcohol while having sex?	1 - Yes, one time 2 - Yes, more than one time	3 - No, never

Do you have any comments about this questionnaire?

Please return the questionnaire to the enumerator.

Annex 5 Detailed descriptive statistics from survey

Table A2 Composition of survey sample

		Province			School ID									School level		
		Nghe An	Khánh Hòa	Total	THCS Lam Sơn	THCS Nguyễn Huệ	THPT Hà Huy Tập	THPT Nguyễn Thái Học	THCS Hưng Bình	THCS Nghi Lâm	THPT Lê Viết Thuật	THPT Nghi Lộc	Total	Middle school	High school	Total
Gender	Male	225 (54)	212 (51)	437 (52)	46 (53)	62 (52)	64 (50)	40 (48)	64 (52)	41 (51)	60 (65)	60 (49)	437 (52)	213 (52)	224 (53)	437 (52)
	Female	194 (46)	199 (48)	393 (47)	41 (47)	55 (46)	59 (46)	44 (52)	60 (48)	40 (49)	32 (35)	62 (50)	393 (47)	196 (48)	197 (46)	393 (47)
	Other	1 (0)	6 (1)	7 (1)	0 (0)	2 (2)	4 (3)	0 (0)	0 (0)	0 (0)	0 (0)	1 (1)	7 (1)	2 (0)	5 (1)	7 (1)
Age group	12–13	166 (40)	181 (44)	347 (42)	71 (83)	110 (93)	0 (0)	0 (0)	103 (84)	63 (81)	0 (0)	0 (0)	347 (42)	347 (86)	0 (0)	347 (42)
	14–15	245 (60)	235 (56)	480 (58)	15 (17)	8 (7)	128 (100)	84 (100)	19 (16)	15 (19)	90 (100)	121 (100)	480 (58)	57 (14)	423 (100)	480 (58)
SES	Poorest	61 (23)	76 (26)	137 (24)	7 (11)	29 (42)	16 (17)	24 (37)	4 (5)	13 (36)	5 (7)	39 (48)	137 (24)	53 (22)	84 (27)	137 (24)
	Middle-low	52 (19)	70 (24)	122 (22)	10 (16)	18 (26)	22 (23)	20 (31)	11 (14)	12 (33)	13 (18)	16 (20)	122 (22)	51 (21)	71 (23)	122 (22)
	Middle-high	62 (23)	92 (32)	154 (27)	29 (48)	13 (19)	34 (36)	16 (25)	24 (30)	6 (17)	20 (27)	12 (15)	154 (27)	72 (29)	82 (26)	154 (27)
	Better off	96 (35)	52 (18)	148 (26)	15 (25)	9 (13)	23 (24)	5 (8)	41 (51)	5 (14)	35 (48)	15 (18)	148 (26)	70 (28)	78 (25)	148 (26)
Head of your household	Father	326 (78)	287 (71)	613 (75)	67 (79)	78 (68)	83 (69)	59 (70)	73 (59)	71 (89)	73 (79)	109 (89)	613 (75)	289 (72)	324 (77)	613 (75)
	Mother	60 (14)	85 (21)	145 (18)	13 (15)	25 (22)	28 (23)	19 (23)	31 (25)	7 (9)	11 (12)	11 (9)	145 (18)	76 (19)	69 (16)	145 (18)
	Other	31 (7)	33 (8)	64 (8)	5 (6)	12 (10)	10 (8)	6 (7)	19 (15)	2 (3)	8 (9)	2 (2)	64 (8)	38 (9)	26 (6)	64 (8)
Highest education attained by head of your household	Illiterate	3 (1)	0 (0)	3 (1)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	2 (3)	0 (0)	1 (1)	3 (1)	2 (1)	1 (0)	3 (1)
	Did not finish primary school	8 (3)	8 (3)	16 (3)	0 (0)	3 (8)	4 (4)	1 (2)	0 (0)	1 (2)	1 (1)	6 (6)	16 (3)	4 (2)	12 (4)	16 (3)
	Finished primary school	44 (14)	43 (18)	87 (16)	8 (13)	11 (30)	14 (15)	10 (20)	1 (1)	19 (31)	3 (4)	21 (23)	87 (16)	39 (16)	48 (15)	87 (16)
	Finished secondary school	75 (24)	86 (36)	161 (29)	21 (33)	17 (46)	30 (33)	18 (37)	9 (11)	17 (28)	7 (9)	42 (45)	161 (29)	64 (26)	97 (31)	161 (29)
	Finished high school	74 (23)	51 (21)	125 (22)	19 (30)	1 (3)	24 (26)	7 (14)	17 (20)	22 (36)	20 (25)	15 (16)	125 (22)	59 (24)	66 (21)	125 (22)
	Vocational school	11 (3)	2 (1)	13 (2)	1 (2)	0 (0)	0 (0)	1 (2)	6 (7)	0 (0)	4 (5)	1 (1)	13 (2)	7 (3)	6 (2)	13 (2)
	College	11 (3)	12 (5)	23 (4)	3 (5)	1 (3)	3 (3)	5 (10)	2 (2)	0 (0)	7 (9)	2 (2)	23 (4)	6 (2)	17 (5)	23 (4)
	University	84 (26)	40 (17)	124 (22)	12 (19)	4 (11)	17 (18)	7 (14)	45 (54)	0 (0)	34 (43)	5 (5)	124 (22)	61 (25)	63 (20)	124 (22)
	Higher education	7 (2)	0 (0)	7 (1)	0 (0)	0 (0)	0 (0)	0 (0)	3 (4)	0 (0)	4 (5)	0 (0)	7 (1)	3 (1)	4 (1)	7 (1)

Table A2 Composition of survey sample (Cont.)

		Province			School ID									School level		
		Nghe An	Khánh Hòa	Total	THCS Lam Sơn	THCS Nguyễn Huệ	THPT Hà Huy Tập	THPT Nguyễn Thái Học	THCS Hưng Bình	THCS Nghi Lâm	THPT Lê Viết Thuật	THPT Nghi Lộc	Total	Middle school	High school	Total
Currently living with...	Both mother and father	335 (80)	346 (84)	681 (82)	77 (90)	95 (81)	103 (80)	71 (86)	89 (72)	67 (84)	76 (83)	103 (84)	681 (82)	328 (81)	353 (83)	681 (82)
	Only mother	36 (9)	40 (10)	76 (9)	5 (6)	12 (10)	17 (13)	6 (7)	12 (10)	6 (8)	4 (4)	14 (11)	76 (9)	35 (9)	41 (10)	76 (9)
	Only father	8 (2)	7 (2)	15 (2)	1 (1)	2 (2)	1 (1)	3 (4)	1 (1)	2 (3)	5 (5)	0 (0)	15 (2)	6 (1)	9 (2)	15 (2)
	Other relatives	3 (1)	6 (1)	9 (1)	0 (0)	2 (2)	1 (1)	3 (4)	1 (1)	0 (0)	0 (0)	2 (2)	9 (1)	3 (1)	6 (1)	9 (1)
	By myself	1 (0)	0 (0)	1 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (1)	1 (0)	0 (0)	1 (0)	1 (0)
	With someone else [specify]	34 (8)	15 (4)	49 (6)	3 (3)	6 (5)	6 (5)	0 (0)	20 (16)	5 (6)	7 (8)	2 (2)	49 (6)	34 (8)	15 (4)	49 (6)
Mother and father alive?	Both alive	391 (92)	397 (95)	788 (94)	84 (97)	107 (90)	123 (97)	83 (99)	120 (94)	74 (91)	87 (95)	110 (89)	788 (94)	385 (93)	403 (95)	788 (94)
	Mother alive	19 (4)	13 (3)	32 (4)	1 (1)	8 (7)	4 (3)	0 (0)	1 (1)	5 (6)	2 (2)	11 (9)	32 (4)	15 (4)	17 (4)	32 (4)
	Father alive	5 (1)	1 (0)	6 (1)	1 (1)	0 (0)	0 (0)	0 (0)	2 (2)	2 (2)	0 (0)	1 (1)	6 (1)	5 (1)	1 (0)	6 (1)
	Both not alive	3 (1)	3 (1)	6 (1)	0 (0)	2 (2)	0 (0)	1 (1)	2 (2)	0 (0)	1 (1)	0 (0)	6 (1)	4 (1)	2 (0)	6 (1)
	I don't know	5 (1)	3 (1)	8 (1)	1 (1)	2 (2)	0 (0)	0 (0)	2 (2)	0 (0)	2 (2)	1 (1)	8 (1)	5 (1)	3 (1)	8 (1)
Religion	Christian	66 (17)	34 (8)	100 (12)	13 (16)	5 (4)	9 (7)	7 (9)	2 (2)	24 (32)	1 (1)	39 (32)	100 (12)	44 (11)	56 (13)	100 (12)
	Buddhist	93 (23)	280 (69)	373 (46)	44 (55)	99 (87)	79 (62)	58 (71)	30 (26)	11 (14)	23 (26)	29 (24)	373 (46)	184 (48)	189 (45)	373 (46)
	Other religion	7 (2)	4 (1)	11 (1)	0 (0)	1 (1)	2 (2)	1 (1)	2 (2)	4 (5)	0 (0)	1 (1)	11 (1)	7 (2)	4 (1)	11 (1)
	No religion	233 (58)	86 (21)	319 (40)	23 (29)	9 (8)	38 (30)	16 (20)	80 (70)	37 (49)	64 (73)	52 (43)	319 (40)	149 (39)	170 (41)	319 (40)

Table A3 Baseline levels – key mental health indicators

		Awareness		Agency					Help-seeking behaviour									
		Emotional literacy	Knowledge of what is important for good mental health	Ways of coping with mental health challenges (Kidscope)			Knowledge of sources of information seeking	Attitudes Toward Seeking Professional Psychological Help	How often have you looked for health information for yourself or someone you know					How often have you looked for mental health information for yourself or someone you know				
				Unacceptable	Positive	Negative			Never	Less often	Every few months	Once a month	Once a week or more	Never	Less often	Every few months	Once a month	Once a week or more
City	Vinh	3.44	3.72	0.55	0.75	0.26	3.47	2.82	11.7%	38.8%	15.6%	14.2%	19.6%	34.0%	33.1%	11.5%	11.0%	10.4%
	Khánh Hòa	3.39	3.64	0.61	0.77	0.31	3.41	2.79	7.5%	38.4%	18.5%	17.2%	18.5%	25.1%	37.4%	14.6%	12.8%	10.1%
School ID	THCS Lam Sơn	3.52	3.61	0.56	0.79	0.28	3.46	2.90	9.0%	32.1%	17.9%	17.9%	23.1%	16.9%	37.7%	19.5%	16.9%	9.1%
	THCS Nguyễn Huệ	3.17	3.48	0.58	0.74	0.37	3.31	2.65	12.4%	43.4%	8.0%	12.4%	23.9%	33.3%	32.4%	8.1%	12.6%	13.5%
	THPT Hà Huy Tập	3.40	3.67	0.67	0.75	0.29	3.36	2.79	3.9%	34.6%	23.6%	22.0%	15.7%	17.3%	40.2%	15.0%	16.5%	11.0%
	THPT Nguyễn Thái Học	3.53	3.86	0.63	0.83	0.29	3.56	2.85	4.8%	43.4%	25.3%	15.7%	10.8%	33.7%	39.8%	18.1%	3.6%	4.8%
	THCS Hưng Bình	3.32	3.75	0.55	0.71	0.24	3.35	2.80	12.7%	43.1%	12.7%	15.7%	15.7%	39.2%	33.3%	5.9%	11.8%	9.8%
	THCS Nghi Lâm	3.23	3.40	0.55	0.69	0.37	3.46	2.74	13.8%	36.2%	12.1%	10.3%	27.6%	34.5%	24.1%	10.3%	12.1%	19.0%
	THPT Lê Viết Thuật	3.67	3.91	0.58	0.80	0.21	3.61	2.92	4.5%	35.2%	28.4%	15.9%	15.9%	32.2%	31.0%	24.1%	6.9%	5.7%
	THPT Nghi Lộc	3.53	3.77	0.53	0.78	0.26	3.49	2.82	15.5%	39.1%	10.0%	13.6%	21.8%	30.3%	39.4%	7.3%	12.8%	10.1%
School level	Middle school	3.30	3.57	0.56	0.73	0.31	3.38	2.77	12.0%	39.6%	12.3%	14.2%	21.9%	31.6%	32.5%	10.3%	13.2%	12.4%
	High school	3.52	3.79	0.60	0.79	0.26	3.49	2.84	7.4%	37.7%	21.3%	17.2%	16.4%	27.3%	37.9%	15.5%	10.8%	8.4%
What is your gender?	Male	3.41	3.67	0.58	0.77	0.28	3.47	2.78	12.1%	37.4%	15.9%	15.6%	19.0%	29.5%	31.5%	12.9%	13.7%	12.4%
	Female	3.43	3.70	0.58	0.76	0.30	3.42	2.83	6.7%	40.3%	18.8%	15.7%	18.5%	29.0%	40.0%	13.5%	9.6%	7.9%
	Other	3.45	3.71	0.76	0.64	0.29	3.07	2.60	0.0%	50.0%	0.0%	16.7%	33.3%	16.7%	50.0%	0.0%	33.3%	0.0%

Table A3 Baseline levels – key mental health indicators (Cont.)

		Awareness		Agency			Help-seeking behaviour										
		Emotional literacy	Knowledge of what is important for good mental health	Ways of coping with mental health challenges (Kidscope)			Knowledge of sources of information seeking	Attitudes Toward Seeking Professional Psychological Help	How often have you looked for health information for yourself or someone you know					How often have you looked for mental health information for yourself or someone you know				
				Unacceptable	Positive	Negative			Never	Less often	Every few months	Once a month	Once a week or more	Never	Less often	Every few months	Once a month	Once a week or more
Age group	12–13	3.28	3.56	0.57	0.72	0.31	3.38	2.77	13.9%	39.8%	10.9%	12.9%	22.4%	32.3%	33.0%	9.6%	12.0%	13.1%
	14–15	3.51	3.77	0.59	0.79	0.27	3.48	2.83	6.9%	37.3%	21.1%	17.8%	16.9%	27.5%	37.1%	15.4%	11.8%	8.3%
SES	Poorest	3.38	3.67	0.55	0.77	0.32	3.43	2.85	6.5%	45.5%	17.9%	14.6%	15.4%	29.5%	36.1%	14.8%	9.8%	9.8%
	Middle-low	3.46	3.68	0.64	0.78	0.28	3.39	2.76	11.1%	45.3%	17.1%	15.4%	11.1%	26.5%	41.0%	13.7%	9.4%	9.4%
	Middle-high	3.57	3.80	0.60	0.81	0.27	3.59	2.82	7.9%	33.1%	18.7%	18.7%	21.6%	22.6%	36.5%	13.9%	13.9%	13.1%
	Better off	3.49	3.78	0.59	0.78	0.25	3.48	2.91	8.1%	31.6%	19.9%	19.9%	20.6%	29.4%	29.4%	16.2%	15.4%	9.6%
What is the highest education attained by the head of your household?	Illiterate	3.22	3.23	0.33	0.48	0.48	3.00	2.65	0.0%	100.0%	0.0%	0.0%	0.0%	50.0%	50.0%	0.0%	0.0%	0.0%
	Did not finish primary school	3.34	3.64	0.54	0.77	0.31	3.53	2.89	27.3%	27.3%	9.1%	18.2%	18.2%	27.3%	36.4%	9.1%	18.2%	9.1%
	Finished primary school	3.49	3.68	0.56	0.77	0.29	3.54	2.70	10.4%	46.8%	24.7%	6.5%	11.7%	29.9%	37.7%	16.9%	11.7%	3.9%
	Finished secondary school	3.47	3.63	0.60	0.79	0.30	3.43	2.81	7.8%	33.1%	19.5%	13.6%	26.0%	22.4%	39.5%	14.5%	11.2%	12.5%
	Finished high school	3.56	3.72	0.58	0.77	0.28	3.57	2.91	7.1%	33.0%	16.1%	19.6%	24.1%	26.8%	28.6%	17.9%	12.5%	14.3%
	Vocational school	3.65	3.99	0.66	0.89	0.29	3.42	2.85	0.0%	50.0%	25.0%	16.7%	8.3%	25.0%	58.3%	8.3%	8.3%	0.0%
	College	3.57	3.85	0.51	0.75	0.17	3.57	2.92	0.0%	28.6%	28.6%	33.3%	9.5%	28.6%	42.9%	19.0%	4.8%	4.8%
	University	3.65	3.88	0.59	0.78	0.22	3.47	2.83	7.1%	39.3%	17.9%	19.6%	16.1%	27.9%	36.0%	14.4%	15.3%	6.3%
	Higher education	3.85	3.59	0.49	0.66	0.12	3.64	2.84	16.7%	16.7%	16.7%	16.7%	33.3%	33.3%	50.0%	0.0%	16.7%	0.0%

Table A3 Baseline levels – key mental health indicators (Cont.)

		Awareness		Agency			Help-seeking behaviour									
		Emotional literacy	Knowledge of what is important for good mental health	Ways of coping with mental health challenges (Kidscope)			Knowledge of sources of information seeking	Attitudes Toward Seeking Professional Psychological Help	How often have you looked for health information for yourself or someone you know					How often have you looked for mental health information for yourself or someone you know				
				Unacceptable	Positive	Negative			Never	Less often	Every few months	Once a month	Once a week or more	Never	Less often	Every few months	Once a month	Once a week or more
Who are you currently living with?	Both mother and father	3.49	3.69	0.58	0.77	0.29	3.48	2.82	9.5%	40.5%	17.9%	14.8%	17.3%	28.9%	36.1%	13.5%	11.3%	10.2%
	Only mother	3.45	3.62	0.56	0.75	0.29	3.25	2.77	8.5%	29.6%	14.1%	22.5%	25.4%	26.8%	36.6%	11.3%	15.5%	9.9%
	Only father	3.60	3.79	0.66	0.74	0.23	3.37	2.66	0.0%	35.7%	21.4%	21.4%	21.4%	21.4%	35.7%	14.3%	14.3%	14.3%
	Other relatives	3.37	3.88	0.48	0.80	0.24	3.28	2.68	25.0%	62.5%	0.0%	0.0%	12.5%	37.5%	37.5%	0.0%	12.5%	12.5%
	By myself	3.67	4.10	0.43	10.00	0.00	3.00	2.50	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	With someone else [specify]	3.37	3.62	0.64	0.73	0.32	3.38	2.74	7.3%	26.8%	17.1%	22.0%	26.8%	36.6%	31.7%	17.1%	7.3%	7.3%
Are both your mother and father alive?	Both alive	3.48	3.69	0.58	0.76	0.29	3.45	2.80	9.4%	38.8%	17.2%	15.8%	18.8%	28.7%	36.2%	13.2%	11.9%	10.0%
	Mother alive	3.45	3.67	0.59	0.73	0.29	3.27	2.94	6.9%	37.9%	13.8%	20.7%	20.7%	37.9%	31.0%	13.8%	6.9%	10.3%
	Father alive	3.64	3.77	0.45	0.79	0.15	3.83	2.70	0.0%	50.0%	25.0%	0.0%	25.0%	0.0%	0.0%	0.0%	50.0%	50.0%
	Both not alive	3.14	3.91	0.56	0.92	0.48	3.42	2.47	40.0%	20.0%	20.0%	0.0%	20.0%	80.0%	20.0%	0.0%	0.0%	0.0%
	I don't know	2.98	3.03	0.46	0.64	0.18	3.03	2.58	16.7%	50.0%	16.7%	16.7%	0.0%	40.0%	20.0%	20.0%	20.0%	0.0%
What is your religion?	Christian	3.30	3.57	0.57	0.75	0.36	3.39	2.73	20.7%	40.2%	9.8%	7.3%	22.0%	37.5%	37.5%	8.8%	7.5%	8.8%
	Buddhist	3.44	3.66	0.59	0.79	0.29	3.43	2.79	6.7%	38.8%	17.2%	18.1%	19.2%	25.5%	35.8%	12.9%	14.1%	11.7%
	Other religion	3.33	3.54	0.64	0.67	0.33	3.55	2.80	11.1%	33.3%	22.2%	22.2%	11.1%	44.4%	11.1%	11.1%	11.1%	22.2%
	No religion	3.58	3.78	0.57	0.73	0.25	3.48	2.84	10.0%	36.6%	20.3%	15.5%	17.6%	31.5%	36.0%	14.9%	9.7%	8.0%

Annex 6 Multivariate analysis of mental health outcomes

This annex presents results of the multivariate analysis exploring predictors of the mental health outcome variables. For the continuous dependent variables – the SDQ score and WHO-5 score – we use an Ordinary Least Squares (OLS) regression (and report the coefficients for each independent variable); whereas for the binary dependent variables – SDQ high risk, WHO top performers and WHO at risk of depression – we use a logistic regression and report the odds ratio associated with each regressor relative to the base category.

Table A4 Multivariate analysis of mental health outcomes as a function of demographic variables and drivers of ill-health

Variables	(1)	(2)		(3)	(4)	(6)	(7)		(8)	
	sdq_emotion	sdq_highrisk		sdq_ prosocial	sdq_behavior	wellbeingmean	WHO5_high		WHOdep	
	Coeff	Coeff	Odds ratio	Coeff	Coeff	Coeff	Coeff	Odds ratio	Coeff	Odds ratio
Demographic variables										
female	0.155***	1.049***	2.855***	−0.0249	−0.0415**	−0.224***	−0.286	0.751	0.358*	1.431*
	(0.0281)	(0.257)	(0.732)	(0.0170)	(0.0192)	(0.0807)	(0.186)	(0.139)	(0.198)	(0.283)
Khanh_Hoa	0.0122									
	(0.0292)									
urban	−0.00121	0.283	1.327	0.0536***		−0.116			0.282	1.326
	(0.0283)	(0.250)	(0.331)	(0.0172)		(0.0823)			(0.204)	(0.270)
high_school	0.0907***						−0.521***	0.594***		
	(0.0324)						(0.196)	(0.116)		
Live with both_ parents						0.200**	0.351	1.421	−0.375	0.688
						(0.0982)	(0.240)	(0.341)	(0.253)	(0.174)
christian				0.0188	0.0479	−0.215			0.625**	1.868**
				(0.0283)	(0.0295)	(0.134)			(0.307)	(0.573)

Table A4 Multivariate analysis of mental health outcomes as a function of demographic variables and drivers of ill-health (Cont.)

Variables	(1) sdq_emotion	(2) sdq_highrisk		(3) sdq_prosocial	(4) sdq_behavior	(6) wellbeingmean	(7) WHO5_high		(8) WHOdep	
	Coeff	Coeff	Odds ratio	Coeff	Coeff	Coeff	Coeff	Odds ratio	Coeff	Odds ratio
SES_BetterOff (top quintile)		−0.642**	0.526**							
		(0.298)	(0.157)							
Drivers of ill-health (risky / violent behaviours)										
fatherdrink									0.234	1.264
									(0.266)	(0.337)
motherdrink									1.090	2.976
									(0.753)	(2.240)
fatherdrink#1. motherdrink									−0.970	0.379
									(0.803)	(0.304)
Only emotional violence	0.0888**	0.179	1.196			−0.0663	−0.423	0.655	0.256	1.292
	(0.0395)	(0.369)	(0.442)			(0.112)	(0.288)	(0.189)	(0.283)	(0.366)
Only physical violence	0.0259	0.0752	1.078			−0.251*	−0.164	0.848	0.774**	2.169**
	(0.0488)	(0.404)	(0.436)			(0.140)	(0.292)	(0.247)	(0.309)	(0.671)
Both emotional and physical	0.0779**	0.409	1.505			−0.179*	−0.171	0.842	0.295	1.343
	(0.0359)	(0.314)	(0.472)			(0.0961)	(0.224)	(0.189)	(0.254)	(0.342)
ipvwitness				0.0366*	0.0952***					
				(0.0188)	(0.0224)					
harmfulbehavior	0.0662**									
	(0.0305)									

Table A4 Multivariate analysis of mental health outcomes as a function of demographic variables and drivers of ill-health (Cont.)

Variables	(1) sdq_emotion	(2) sdq_highrisk		(3) sdq_prosocial	(4) sdq_behavior	(6) wellbeingmean	(7) WHO5_high		(8) WHOdep	
	Coeff	Coeff	Odds ratio	Coeff	Coeff	Coeff	Coeff	Odds ratio	Coeff	Odds ratio
been_bullied	0.201***	0.853***	2.348***	0.0236	0.308***	−0.135	−0.315	0.730	0.363*	1.438*
	(0.0293)	(0.251)	(0.589)	(0.0175)	(0.0219)	(0.0836)	(0.201)	(0.147)	(0.209)	(0.301)
Frequent internet_access	0.0740**	0.536**	1.710**							
	(0.0329)	(0.267)	(0.456)							
access_tech (comp, tablet, smart phone)					−0.0684				−0.833	0.435
					(0.0618)				(0.662)	(0.288)
Protective factors										
rely_any person	−0.105**	−0.965***	0.381***	−0.0640**		0.321**	0.443	1.558	−0.581*	0.559*
	(0.0481)	(0.337)	(0.128)	(0.0288)		(0.149)	(0.358)	(0.558)	(0.326)	(0.182)
Emotional literacy, attitude										
emo_lit				−0.0433**						
				(0.0189)						
good_mentalhealth	−0.0353					0.132				
	(0.0243)					(0.0816)				
knowledge_sources				−0.0539***		0.217***	0.644***	1.905***	−0.426***	0.653***
				(0.0148)		(0.0682)	(0.160)	(0.305)	(0.156)	(0.102)
attitude				−0.0437***		0.146*	0.238	1.269	−0.244	0.783
				(0.0153)		(0.0820)	(0.184)	(0.234)	(0.179)	(0.140)

Table A4 Multivariate analysis of mental health outcomes as a function of demographic variables and drivers of ill-health (Cont.)

Variables	(1) sdq_emotion	(2) sdq_highrisk		(3) sdq_prosocial	(4) sdq_behavior	(6) wellbeingmean	(7) WHO5_high		(8) WHOdep	
	Coeff	Coeff	Odds ratio	Coeff	Coeff	Coeff	Coeff	Odds ratio	Coeff	Odds ratio
Coping mechanisms										
Coping: Active Negative	0.420***	2.883***	17.87***	0.0885**	0.141***	−0.879***	−2.012***	0.134***	1.183***	3.265***
	(0.0596)	(0.602)	(10.76)	(0.0344)	(0.0385)	(0.163)	(0.396)	(0.0529)	(0.391)	(1.277)
Coping: Positive	−0.321***	−1.151*	0.316*	−0.184***	−0.0528	1.413***	2.625***	13.81***	−2.141***	0.118***
	(0.0670)	(0.592)	(0.187)	(0.0401)	(0.0460)	(0.201)	(0.524)	(7.242)	(0.457)	(0.0537)
Coping: Passive Negative	0.221***	0.0433	1.044	0.0781*	0.174***	−0.164	−0.0468	0.954	0.923**	2.518**
	(0.0710)	(0.570)	(0.595)	(0.0421)	(0.0505)	(0.197)	(0.433)	(0.414)	(0.462)	(1.164)
Constant	1.655***	−2.896***	0.0552***	2.289***	1.298***	1.415***	−4.974***	0.00691***	2.687***	14.69***
	(0.121)	(0.707)	(0.0391)	(0.0703)	(0.0769)	(0.403)	(0.852)	(0.00589)	(0.966)	(14.19)
Observations	723	503	503	684	750	683	720	720	579	579
R^2	0.304			0.191	0.349	0.248				

Notes: Robust standard errors in parentheses, *** $p<0.01$, ** $p<0.05$, * $p<0.1$

Annex 7 Socio-demographic details of qualitative sample

Table A5 Family case study socio-demographic data, by site

	Nha Trang City		Vinh City		Total	
	Female	**Male**	**Female**	**Male**	**Female**	**Male**
Relationship to adolescent interviewee						
Mother/step-mother	4	–	3	–	7	
Father/step-father	–	1	–	2		3
Sister	1	–	1	–	2	
Brother	–	1	–	–		1
Grandmother	–	–	1	–	1	
Age						
12	–	1	–	–	–	1
…						
20	–	–	1	–	1	–
…						
28	1	–	–	–	1	–
…						
37	–	–	1	–	1	–
38	–	–	1	–	1	–
39	–	–	1	–	1	–
41	1	–	–	–	1	–
42	–	–	–	1	–	1
…						
45	1	–	–	–	1	–
…						
52	1	–	–	–	1	–
…						
55	–	1	–	–	–	1
56	1	–	–	–	1	–
…						
60	–	–	–	1	–	1
…						
71	–	–	1	–	1	–

Table A5 Family case study socio-demographic data, by site (Cont.)

	Nha Trang City		Vinh City		Total	
	Female	**Male**	**Female**	**Male**	**Female**	**Male**
Education completed						
Completed primary school	1	–	–	–	1	–
Completed grade 6	–	1	–	–	–	1
Completed grade 9	3	–	1	–	4	–
Completed grade 10	–	–	1	–	1	–
Completed grade 12	1	–	–	1	1	1
Second year at university	–	–	1	–	1	–
Completed university	–	1	2	1	2	2
Occupation						
Student	–	1	1	–	1	1
Business person	1	1	–	–	1	1
Farmer	1	–	–	–	1	–
Factory worker	1	–	–	–	1	–
Tourism	1	–	–	–	1	–
Housewife	1	–	–	–	1	–
Financial	–	–	2	1	2	1
Hair salon	–	–	1	–	1	–
Retired	–	–	1	1	1	1
Marital status						
Single	–	1	1	–	1	1
Married	3	1	3	2	6	3
Separated / divorced	2	–	1	–	3	–
Religion						
Catholic	1	1	1	–	2	1
Buddhist	2	1	–	–	2	1
Atheist/no religion	2	–	4	2	6	2

Table A6 Focus group discussion socio-demographic data, by site

	Nha Trang City				Vinh City				Total			
	Adolescents		Parents		Adolescents		Parents		Adolescents		Parents	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
Age												
11	2	–	–	–	1	–	–	–	3	–	–	–
12	3	–	–	–	1	–	–	–	4	–	–	–
13	5	5	–	–	2	–	–	–	7	5	–	–
14	–	–	–	–	–	6	–	–	–	6	–	–
15	–	–	–	–	5	–	–	–	5	–	–	–
16	5	–	–	–	9	7	–	–	14	7	–	–
17	7	–	–	–	3	2	–	–	10	2	–	–
18	–	2	–	–	–	–	–	–	–	2	–	–
...												
41	–	–	1	–	–	–	–	–	–	–	1	–
...												
45	–	–	–	1	–	–	1	–	–	–	1	1
46	–	–	1	–	–	–	–	–	–	–	1	–
47	–	–	1	–	–	–	–	–	–	–	1	–
...												
49	–	–	–	–	–	–	1	–	–	–	1	–
50	–	–	1	–	–	–	1	–	–	–	2	–
51	–	–	1	–	–	–	–	–	–	–	1	–
52	–	–	–	–	–	–	1	–	–	–	1	–
...												
59	–	–	–	–	–	–	1	–	–	–	1	–
...												
Unknown	1	–	4	–	–	–	1	5	4	–	5	5
Education completed												
Secondary form 6	–	2	–	–	–	–	–	–	–	2	–	–
Secondary form 7	3	–	–	–	7	7	–	–	10	7	–	–
Secondary form 8	5	5	–	–	–	–	–	–	5	5	–	–
Secondary school 9	–	–	–	–	5	–	–	–	5	–	–	–
Secondary school	–	–	–	–	4	5	–	–	4	5	–	–
High school class 10	1	1	–	–	–	–	–	–	1	1	–	–

Table A6 Focus group discussion socio-demographic data, by site (Cont.)

	Nha Trang City				Vinh City				Total			
	Adolescents		Parents		Adolescents		Parents		Adolescents		Parents	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
Education completed (Cont.)												
High school class 11	6	5	–	–	–	–	–	–	6	5	–	–
High school class 12	–	2	–	–	–	–	–	–	–	2	–	–
In high school	–	–	–	–	5	2	–	–	5	2	–	–
Completed high school	–	–	–	–	–	–	1	1	–	–	1	1
University	–	–	–	–	–	–	–	3	–	–	–	3
Unknown	1	–	9	1	–	–	5	1	1	–	14	2
Occupation												
Business person	N/A	N/A	1	–	N/A	N/A	–	–	N/A	N/A	1	–
Retail	N/A	N/A	–	–	N/A	N/A	1	–	N/A	N/A	1	–
Farmer	N/A	N/A	–	–	N/A	N/A	1	1	N/A	N/A	1	1
Government official	N/A	N/A	–	1	N/A	N/A	–	2	N/A	N/A	–	3
Teacher/education	N/A	N/A	1	–	N/A	N/A	–	–	N/A	N/A	1	–
Accountant	N/A	N/A	1	–	N/A	N/A	–	–	N/A	N/A	1	–
Housewife	N/A	N/A	5	–	N/A	N/A	–	–	N/A	N/A	5	–
Post office	N/A	N/A	–	–	N/A	N/A	–	1	N/A	N/A	–	1
Labourer	N/A	N/A	–	–	N/A	N/A	–	1	N/A	N/A	–	1
Tailor	N/A	N/A	–	–	N/A	N/A	1	–	N/A	N/A	1	–
Retired	N/A	N/A	–	–	N/A	N/A	1	–	N/A	N/A	1	–
Unknown	N/A	N/A	1	–	N/A	N/A	1	1	N/A	N/A	2	1
Marital status												
Single	15	10	–	–	17	14	–	–	32	24	–	–
Married	–	–	9	1	–	–	–	5	–	–	9	6
In a relationship	2	3	–	–	4	1	–	–	6	4	–	–
Divorced	–	–	–	–	–	–	1	–	–	–	1	–
Unknown	1	–	–	–	–	–	5	–	1	–	5	–
Number of children												
1	N/A	N/A	2	–	N/A	N/A	2	–	N/A	N/A	4	–
2	N/A	N/A	6	1	N/A	N/A	4	2	N/A	N/A	10	3
3	N/A	N/A	1	–	N/A	N/A	–	3	N/A	N/A	1	3

Annex 8 National-level policies and ministries/government departments relevant to mental health in Viet Nam

Table A7 Main national legislation and policies relevant to mental health of adolescents in Viet Nam

Policy / law	Date	Overview	Content / limitations	Status
Core national legislation / international commitments				
Constitution	1992 and 2013	The Constitution of the Socialist Republic of Viet Nam is the highest legal document in Viet Nam and can only be amended by at least two-thirds of the National Assembly's deputies. Under the Constitution are laws, passed by a simple majority in the National Assembly (OECD, 2017).	The Constitution recognises and protects young people's rights to protection, care and education.	
Mental health				
(Lack of) mental health legislation		There is no standalone law for mental health in Viet Nam. However, there has been sustained advocacy concerning the need for mental health law and working groups have been actively engaged in drafting such a law (ASEAN Secretariat, 2016).	The most recent piece of draft mental health legislation focuses on: • access to mental health care, including access to the least restrictive care; • rights of mental health service consumers, family members and other caregivers; • competency, capacity and guardianship issues for people with mental illness; • voluntary and involuntary treatment – law enforcement and other judicial system issues for people with mental illness; • mechanisms to oversee involuntary admission and treatment practices (UNESCO, 2018).	

Table A7 Main national legislation and policies relevant to mental health of adolescents in Viet Nam (Cont.)

Policy / law	Date	Overview	Content / limitations	Status
Mental health (Cont.)				
DRAFT National Mental Health Strategy on prevention and control of mental disorders for the period 2015–2020, with a vision to 2030	2015–2020 (draft only)	Mental health care system is designed to address specific needs in all life stages (infants, children, adolescents, adults and the elderly).[i]		
Decree No.28/2012/NĐ-CP	2012	• Regulate types and degree of disabilities (both physical and mental). • Social welfare policies relating to disabled people.[ii]		
Decision No. 1215/QĐ-TTG	2011	Approving the scheme of social support and community-based rehabilitation for people with mental health illnesses and people with mental disorders for the period 2011–2020.[iii]		
Law on the disabled (Decree 13)	2010	Defines mentally ill and those who have neurological disorders as the disabled. It creates a legal foundation to frame patients as the beneficiary of government.		
Support for vulnerable persons who need social protection	2010	Introduces monthly allowance to people with schizophrenia and other mental disorders who have already been experiencing multiple treatments without any improvement in facilities for psychiatrics		
Law on examination and treatment	2009	Declares that treatment of mental problems, including professionals' consultation and patients' profile management, is required.		

Table A7 Main national legislation and policies relevant to mental health of adolescents in Viet Nam (Cont.)

Policy / law	Date	Overview	Content / limitations	Status
Mental health (Cont.)				
Law on child care, education and protection	2006	States that responsibilities of the government, mass organisations, community and families are to care for children with special needs, including orphans, abandoned children, physically and mentally ill children, children with HIV or AIDS.		
Law on health insurance (63/2005/NDCP)	2005	Assigns a compulsory provision of health insurance to social protection targets, including mental illness sufferers, who have already received monthly allowance.		
Decree on judicial forensics	2004	Requires the regulations of establishment of a mental health forensic centre.		
The marriage and family law	2000	Parents have the joint obligation and right to care for and raise their juvenile or adult children who are disabled, have lost their civil capacity to act, are incapable of working and have no property to support themselves, and children have the obligation to care for and support their parents, especially when they are sick, become senile or disabled. The law also states that parents/children have the right to manage property belonging to sick or disabled children/parents.		
Project for Community Mental Health	1998	Developing models for management, treatment and care for people with schizophrenia and epilepsy in the community[iv]		
Law on Protection of People's Health	1989	Recognises and affirms that all people have an equal right to healthcare and treatment (Vuong et al., 2011).		

Table A7 Main national legislation and policies relevant to mental health of adolescents in Viet Nam (Cont.)

Policy / law	Date	Overview	Content / limitations	Status
Mental health (Cont.)				
Mental Health Policy	1989		Includes the following components: • organisation of services: developing community mental health services; • organisation of services: developing a mental health component in primary healthcare; • human resources; • involvement of users and families; • advocacy and promotion; • human rights protection of users; • equity of access to mental health services across different groups; • financing; • monitoring system (UNESCO, 2018).	

Table A7 Main national legislation and policies relevant to mental health of adolescents in Viet Nam (Cont.)

Policy / law	Date	Overview	Content / limitations	Status
Mental health (Cont.)				
National Health Target Programme (NHTP) (Mental Health Protection for Community and Children Project)	1998	The primary mental health policy at the national level. The mental health system was declared one of the main targets of the NHTP. First issued in 1998, the government-funded project focused on schizophrenia and epilepsy, and included several objectives, including early detection, management and treatment for people with these disorders; provision of continuing treatment with a focus on relapse prevention; and rehabilitation and reduction of chronic disability.	Services have improved, albeit focused on selected conditions. The national mental health project has implemented a range of measures to achieve these objectives, including education communication, expansion of the mental health facility network, and training of both mental healthcare staff and primary healthcare staff (ASEAN Secretariat, 2016). The National Target Programme for Mental Health (NTPMH) under the Ministry of Health does provide for free medical care in most areas of Viet Nam but almost exclusively focuses on clinical schizophrenia and epilepsy, and in a few pilot areas also on depression. The specific goal of this programme was to improve the mental health system by increasing and strengthening community-based mental healthcare. Other key aspects of the programme were detection, treatment and community reintegration of an estimated 50,000 people with schizophrenia. Since 2002, two additional mental disorders (depression and epilepsy) were added to the NHTP as part of an initiative on non-communicable disease prevention and control for the period 2002–2010. The goal is to reduce the prevalence and mortality rate of epilepsy as well as to prevent epileptics from hurting themselves or their environment, in addition to reducing the number of depressed patients and suicides due to depression (Vuong et al., 2011).	

Table A7 Main national legislation and policies relevant to mental health of adolescents in Viet Nam (Cont.)

Policy / law	Date	Overview	Content / limitations	Status
Mental health (Cont.)				
Mental Health Plan	Last revised 1999		This plan contains the following components: • organisation of services: developing community mental health services; • organisation of services: developing a mental health component in primary health care; • human resources; • involvement of users and families; • advocacy and promotion; • human rights protection of users; • equity of access to mental health services across different groups; • financing; • quality improvement; • monitoring system; • in addition, a budget, a timeframe and specific goals are mentioned in the most recent mental health plan (UNESCO, 2018).	

Table A7 Main national legislation and policies relevant to mental health of adolescents in Viet Nam (Cont.)

Policy / law	Date	Overview	Content / limitations	Status
Mental health (Cont.)				
Community Based Mental Health Care Project (the National Target Programme on Mental Health)	1999–2009	The Community Based Mental Health Care Project was approved by the government in 1999. It was initiated in 2000 for schizophrenia, and for epilepsy in 2004. The main objective is to provide mental health services at the community level through mobilising community resources. Overall objectives until 2010 were to cover all communes and include epilepsy and depression in the project, although the focal point for the period 2006–2010 was schizophrenia. By June 2006, 3,323 communes were covered by this project and, in 2009, the management model for epilepsy and depression had been implemented in 53 communes. The activities of this model include mental health training of health staff and health collaborators, as well as household surveys to identify depression and epilepsy patients, monthly delivery of medicines for patients, and monitoring and supporting patients through medicine and health education through village media (Lee et al., 2015).	In 2010, the government expanded the mental health programme to include early detection of mental illness among women and children, improved integration of the mental health system into primary care and treatment for depression (Weiss et al., 2012; Niemi et al., 2013). However, implementation of these reforms continues to be a challenge for the MoH and related ministries. The rate of patients accessing the mental health system is increasing but remains low compared with other countries, with many relying on family, or accessing care privately or through traditional healers. Additionally, the mental health system continues to be focused on the treatment of epilepsy and schizophrenia in hospitals (Lee et al., 2015).	
National Plan of Action	2006–2010	Five-year national plan of action incorporating mental health issues, and proposing to screen pregnant women and children for mental illness (Lee et al., 2015).		Until 2010
Human rights policies	N/A	There are no specific legal rights for mentally ill persons, but the National Institute of Mental Health (NIMH), together with the MoH department of policy are in the process of devising them (Lee et al., 2015).		Draft only

Table A7 Main national legislation and policies relevant to mental health of adolescents in Viet Nam (Cont.)

Policy / law	Date	Overview	Content / limitations	Status
Mental health (Cont.)				
Public education on mental health		There are no regular national programmes for information on or promotion of mental health, although public education and awareness campaigns have been held targeting the general population and healthcare providers, leaders and politicians. Public programmes – including information panels, booklets given out to patients and their families, and talks on national TV and radio – have been organised by the central mental hospital. However, this has mainly focused on psychotic disorders within the context of the Community Based Mental Health Project (Niemi et al., 2010).		

Table A7 Main national legislation and policies relevant to mental health of adolescents in Viet Nam (Cont.)

Policy / law	Date	Overview	Content / limitations	Status
Youth policy				
Youth Law	2005	Marked a major step towards fulfilling the rights of young people in Viet Nam. The text of the law describes the 'rights and obligations of youth', as well as the 'responsibilities of the State, family and society towards youth'. The Youth Law provides a legal framework necessary to the creation of a state apparatus dedicated to the rights of young people. It mandates the State to develop policies for youth in areas such as education, vocational training and employment, and healthcare with priorities given to ethnic minorities, children from socioeconomically disadvantaged families and people with disabilities (OECD, 2017). Specifically for mental health, 'development of a healthy societal environment for young people to live in; improvement of physical and mental health, life skills, sexual and reproductive health awareness for the youth' and 'improving physical and mental health, reproductive health and premarital education for the youth; continued implementation of national strategies and target programs on population, health care, prevention and control of HIV/AIDS, drugs and prostitution among young people' (MoHA, 2012).	Underlines the state's responsibility to adopt policies to encourage organisations and individuals to: (1) invest in medical establishments, physical training and sports facilities; (2) raise the quality of healthcare for young people, and provide nutritional counselling, mental health, reproductive health and life skills services; (3) prevent and control drug consumption among youth and combat HIV and AIDS; and (4) prevent sexually transmitted illnesses and other diseases (OECD, 2017). Youth participation is also guaranteed under the Youth Law, which mandates the state to consult with young people and youth organisations before making decisions concerning youth. The Youth Law also encourages the state to create opportunities for young people to participate in public administration and to take part in socioeconomic and development programmes through youth organisations (OECD, 2017).	

Table A7 Main national legislation and policies relevant to mental health of adolescents in Viet Nam (Cont.)

Policy / law	Date	Overview	Content / limitations	Status
Youth Development Strategy 2011–2020		The strategy is multisectoral and covers all aspects of youth well-being including health, vocational training, drug control, employment, life skills, and civic and political participation.	Implementing the strategy in coordination with all the relevant ministries and youth organisations is a daunting challenge. Despite the presence of well-structured youth organisations, youth participation in policy-making is low, especially among less educated and poorer youth. State-controlled mass youth organisations remain the most common vehicle for civic engagement, in the form of volunteerism (OECD, 2017).	Until 2020
Youth policy (Cont.)				
Decree 120/2007/ NDCP		Provides a wide-ranging framework for action (OECD, 2017).		
Decision 158/QD-TTg	2016	Establishes the Vietnamese youth development indicators. Mandates MoHA (Ministry of Home Affairs) to collaborate with the Ministry of Planning and Investment and other relevant agencies to analyse data on youth to serve as a basis for monitoring and developing better youth policies (OECD, 2017).		
Youth-friendly health services				
The National Targeted Programme for Health Care 2012–2015 (Decision 1208/ QD-TTg)	September 2012	Aims to prevent and control dangerous epidemics and social diseases in order to reduce death rates, to contribute to social equality in healthcare access and to improve people's lives. The objective is to strengthen a comprehensive healthcare system from the grassroots to the national level and to enhance health awareness among the population.	Among the five sub-projects of the programme, one focuses on improving the sexual and reproductive health of adolescents and youth. The programme aimed to reduce by 20% the number of adolescent pregnancies and abortions between 2010 and 2015. Another objective was that at least 50% of reproductive healthcare establishments should provide youth-friendly services by 2015 and 75% by 2020 (OECD, 2017).	Until 2015

Table A7 Main national legislation and policies relevant to mental health of adolescents in Viet Nam (Cont.)

Policy / law	Date	Overview	Content / limitations	Status
Youth-friendly health services (Cont.)				
Adolescent and youth-friendly health services (National Project on Adolescent Reproductive Health and Decision 420/ QD-BYT on the issuance of the National Guidelines on Reproductive Health Care)		Stipulates that: adolescent and youth-friendly health services have to meet the WHO criteria of right price, safety and being delivered in the right style to be acceptable to young people and encourage them to come back when necessary, as well as to refer the services to friends.	Youth-friendly healthcare services should be established from the communal to the national level, including establishments that provide information and communication on sexual and reproductive health (e.g. cultural centres, entertainment places, bookstores, internet cafes), and establishments that provide counselling (e.g. counselling centres, counselling rooms in health clinics) as well as treatment (hospitals). All Reproductive Health Care Centres should have a specific unit for adolescent reproductive health in every province of the country. Under the National Project on Adolescent Reproductive Health Care, youth-friendly health services have been established in 40 provinces, while 20 other provinces provide activities related to adolescent and youth healthcare under other programmes. By 2017, 185 youth reproductive health clubs were to be established, including 'friendly corners' in schools. A total of 105 youth-friendly service points provide information, counselling and technical services on reproductive healthcare to adolescents and youth (OECD, 2017).	

Table A7 Main national legislation and policies relevant to mental health of adolescents in Viet Nam (Cont.)

Policy / law	Date	Overview	Content / limitations	Status
Children's rights and well-being				
Children Law (Law No.102/2016/QH13)	2016	Sets out children's rights and responsibilities, and details the education and care requirements of children, as well as their protection.	Articles that reference mental health are as follows (National Assembly, 2016): Article 47: All levels of the government are required to be involved in the prevention and intervention of violence against children, as well as providing support for survivors. Article 50: Intervention level 2. Child protective measures at this intervention level consist of: a) Give health care, psychological treatment, physical and mental health rehabilitation to abused children and disadvantaged children who require the intervention; Article 64: Rights and responsibilities of surrogate caregivers b) Submit reports, after 6 months from the date on which they started their performance of the surrogate care or on annual basis, to people's committees of communes where they reside on physical and mental health, and the integration of children. In cases where unexpected matters occur, unscheduled reports must be submitted in a timely manner.	
Gender equality				
Law on Gender Equality	2006	Sets out the objectives and principles of ensuring gender equality in all areas of social life, including in the education sector.	Article 5.5: Discrimination based on gender is limiting, excluding, not recognizing, or disregarding the roles and positions of men and women, creating inequality between men and women in all aspects of the society and the families. Article 10: Strictly prohibits gender-based discrimination or gender-based violence in any form (UNESCO, 2018).	

Table A7 Main national legislation and policies relevant to mental health of adolescents in Viet Nam (Cont.)

Policy / law	Date	Overview	Content / limitations	Status
Education				
Education Law	2005	Article 10 establishes the right and obligation to learn.	Learning is the right and obligation of every citizen. Every citizen, regardless of ethnic origin, religion, beliefs, gender, family background, social status, or economic conditions, has equal rights of access to learning opportunities (UNESCO, 2018).	
Directive 40/2008 / CT-BGDĐT by MOET and Action Plan 307/ KH-BGDĐT	Dated 22 July 2008	Launch of school-related gender-based violence (SRGBV)-focused 'Building friendly schools and active students' (UNESCO, 2018).		2008–2013
The Inter-Ministry Circular No. 34/2009 / TTLT BGDĐT-BCA	Dated 20 November 2009	Provides guidance on coordinating and implementing safe schools in educational institutions (UNESCO, 2018).		
Gender Action Plan for education sector (Decision 4996/ QD-BGDDT)	Dated 28 October 2016	Objective 5 is to prevent school violence and SRGBV and promote a safe and friendly learning environment.	Target 1: By 2017, a decree on safe, friendly and healthy educational environments preventing SRGBV was to be enacted. Target 2: By 2017, at least two online courses on gender equality and gender-related issues for school administrators and teachers/school counsellors were to be developed and disseminated by the Ministry of Education and Training. Target 3: 100% of the administrators, head teachers and school counsellors (from kindergarten to university levels) have strengthened their capacity to address school-related violence through access to knowledge on gender, gender equality, gender mainstreaming and management of school violence (UNESCO, 2018).	2016–2020

Table A7 Main national legislation and policies relevant to mental health of adolescents in Viet Nam (Cont.)

Policy / law	Date	Overview	Content / limitations	Status
Education (Cont.)				
Decree No.80/2017/ND-CP (Regulating a safe, healthy, friendly and non-violent educational environment)	Dated 17 July 2017	Aims to address and respond to school violence, including SRGBV and SOGIE (sexual orientation, gender identity, and gender expression)-based violence).	Article 5 on preventing and coping with school violence (violence in general, including SRGBV and SOGIE) sets out regulations for violence prevention measures, supporting measures for learners and intervention measures when violence occurs (UNESCO, 2018).	
Youth participation				
Regulation on co-operation between the Government and the HCMCYU (Ho Chi Minh Communist Youth Union) Joint Resolution 01/2002/NQLT-CP-BCHTWDTN between the Government and the HCMCYU	December 2012	Under this regulation, the different ministries and government agencies have a responsibility to consult the HCMCYU while developing and implementing policies related to youth.	The regulation also establishes communication practices between the government and the HCMCYU to ensure that both sides have relevant and up-to-date information (OECD, 2017).	

Notes: green background, active policy; grey background, superceded/expired.

i https://kcb.vn/duthao/du-thao-quyet-dinh-phe-duyet-chien-luoc-quoc-gia-ve-suc-khoe-tam-than-giai-doan-2016-2025-2

ii http://vanban.chinhphu.vn/portal/page/portal/chinhphu/hethongvanban?class_id=1&mode=detail&document_id=157455

iii http://vanban.chinhphu.vn/portal/page/portal/chinhphu/hethongvanban?class_id=2&mode=detail&document_id=101860

iv https://bvtthan.thuathienhue.gov.vn/?gd=5&cn=97&tc=1015

Ministries and government departments relevant to mental health issues

- **National Assembly:** Approves and monitors policy (Niemi et al., 2010).
- **Central Commission for Science and Education:** The Communist Party organ that directs the development of health policy (ibid.).
- **Ministry of Health (MoH) and Ministry of Labour, Invalids and Social Affairs (MoLISA):** Two ministries responsible for ensuring service provision, monitoring and creating legislation around mental health in Viet Nam.
  - MoH is responsible for mental health services, including promotion, prevention, treatment and rehabilitation.
  - MoLISA is responsible for rehabilitation, providing social services and ensuring resources (human and physical) for people with mental disorders.
- **Department of Medical Service Administration (within MoH):** Highest body of the healthcare system, main responsibility is for developing policies relating to mental health, and monitoring and coordinating all activities. The Department has a mental health advisory board, of which most members come from the national mental hospitals and the NIMH. The MoH also has a department of traditional medicine (Lee et al., 2015).
- **A non-communicable disease programme:** Initiated in 2002, under the Department of Medical Service Administration. Between 2002 and 2010, the non-communicable disease programme focused on four National Target Programmes, one of which focuses on mental health. These four programmes have so far only been implemented within the MoH and have not yet collaborated closely with other ministries. By the end of 2008, mental healthcare was not included in the pilot project (Niemi et al., 2010).
- **Strategy and Policy Institute (within MoH):** Provides an evidence base for policy formulation (ibid.).
- **Department of Curative Medicine (with MoH):** Appears to have responsibility for developing policies relating to mental health, including prevention policies (Harpham and Tuan, 2006).
- **Department of Social Affairs (within MoLISA):** Responsible for mental healthcare rehabilitation through a national network of social protection centres for people with severe and chronic mental disorders, and a national programme for people with severe mental illness being provided support in the community (Niemi et al., 2010). There is weak collaboration between MoH and MoLISA for care of severe cases of mental disorders after discharge (ibid.).
- **Ministry of Education and Training:** Performs state management for educational settings at all levels. Develops and submits policy relating to stakeholders (e.g. schools, teachers, parents, students).
- **National Institute of Mental Health (NIMH): I**nvolved in the planning, management, coordination, monitoring and quality assessment of mental health services. Mental health services are organised in terms of catchment/service areas (WHO and MoH, 2006).
- **National Committee for Population, Families and Children:** Deals with all sectors that have an impact on families and children (Niemi et al., 2010).
- **Institute of Psychology:** Does not belong to a ministry, but to the government directly, under the Vietnam Academy of Social Sciences (ibid.).

Table A8 Service provider perspectives on existing mental health service provision for adolescents

Service environment	What works	Challenges and limitations
School-based services	• 'Homeroom' teachers are often the first port of call for struggling adolescents. • Strong relationships between students and teachers can help facilitate communication and sharing of information around mental health issues. • Monitoring of students by teachers can enable identification and support of students who need it. • Mechanisms for student feedback on teachers and their teaching styles can help make students feel comfortable in school. • Non-academic school-based activities can encourage sharing among students. • Positive shift towards positive and affirmative teaching rather than criticising students in some schools. • Parents and schools working together is important for service delivery, as well as for student well-being in general.	• Lack of sufficient training of and high workloads of school-based counsellors. • While teachers may provide support informally, often there are no specific mental health services (or relevant expertise) available at schools. • Covid-19 poses an additional challenge for schools to operationalise mental health support services. • Teachers supporting students do not usually have professional mental health expertise or relevant training, and instead rely on their personal experience. • Teachers also lack adequate time and resources to support students effectively. • Poor leadership in many schools on mental health issues. • Inadequate funding for school-based mental health services. • Uptake of support services as well as knowledge of services is low among students. • School-based mental health services are particularly limited in rural areas. • School-based services do not reach adolescents who have dropped out of school and may be in particular need of mental health support.
Local authorities	• Key informants perceived that local authorities working in collaboration with other departments led to efficient delivery of services within communities. • Coordination between local authorities and specific schools likewise perceive to support mental health awareness and development. • Local authority perceptions of improvement in procedures and protocols relating to adolescent mental health in schools. • Evidence of effective outcomes for specific vulnerable groups (e.g. street children, people with disabilities) of local authority policies (only indirectly related to mental health).	• Coordination across local government service providers needs to be improved. • Lack of effective leadership and management impedes local authorities' ability to deliver mental health-related services. • Lack of awareness of services among both service providers and users.

Table A8 Service provider perspectives on existing mental health service provision for adolescents (Cont.)

Service environment	What works	Challenges and limitations
Hospitals / health clinics	• Availability of specialist treatments for mental health conditions (e.g. behavioural therapies and psychoanalysis). • Key informants had observed improved behavioural patterns among youth recipients of medical mental health services.	• Inadequate screening and follow-up. • Patients – or their parents – may try to conceal their disorders or mental ill-health during screening, limiting services' capacity to offer the appropriate support. • Poverty and lack of insurance limit uptake of medical mental health services. • Clinic environments may not be youth-friendly. • Insufficient human resources. • Mental health professionals may feel particularly challenged by specific mental health problems faced by adolescents, which they are not equipped to manage/treat (e.g. around sexuality).
NGO/ community-based mental health providers	• Parenting skills training can help support adolescent mental health. • Some evidence of effective cooperation between NGOs and state institutions for mental health service provision, including the Education Department. • Some online delivery of mental health services by NGOs. • In cases of domestic violence, associations are about to identify victims/ survivors effectively through house-to-house visits.	• Lack of awareness within the community of NGO-based services. • Limited provision in rural/geographically isolated areas. • Lack of mental health services for youth within many communities. • Inadequate budgets for service provision.
Referrals to / between services	• Referrals and transfers for complex patients to specialist hospitals can provide more targeted and effective care.	• Lack of formal referrals and collaboration between services. • It is challenging to transfer cases between provinces.

Annex 9 Mental health services for adolescents in study sites

Table A9 Mental health services for adolescents in the study sites

Type of institution (and KII reference)	Service type(s)	Description of mental health services provided	Target	Funded by
Nha Trang City				
School (KII 4, Nha Trang)	Counselling	School provides counselling and psychological support	Mixed age group of students	Not referenced
School (KII 5, Nha Trang)	Counselling	School medical department offers counselling 'Mailbox' project for students to drop in messages for mental health support – but not considered effective by students (see narrative below)	Not referenced	Not referenced
School (KII 6, Nha Trang)	Counselling	School counselling team Face-to-face conversations with students	Not referenced	Not referenced
Hospital/clinic (KII 3, Nha Trang)	Health care	Mental health clinic	Children and adolescents	Not referenced
Local authorities (KII 9, Nha Trang)	Administration and service provision	Project on public mental health run by the provincial psychiatric hospital (but does not target adolescents)	Medical centres, public hospital, private hospital	
Local authorities (KII 2, Nha Trang)	Administration and service provision	Psychological counselling to the teenagers in collaboration with commune health station, mental health doctors and general practitioners	Teenagers	State budget
Local authorities (KII 10, Nha Trang)	Administration and service provision	No mental health programmes but programmes on sexual health and reproductive rights	Not referenced	Not referenced
Local authorities (KII 8, Nha Trang)	Administration and service provision	Coordination of school counselling	Local schools	Not referenced
NGO/community (KII 11, Nha Trang)	Service provision	Outings for children Summer camps and volunteering opportunities to develop skills	Elementary and middle school-age children	Donors and local organisations
NGO/community (KII 7, Nha Trang)	Service provision	Supporting vulnerable teenagers Livelihoods support, job support and training, as well as counselling and advice	Teenagers	Not referenced
Vinh City				

Table A9 Mental health services for adolescents in the study sites (Cont.)

Type of institution (and KII reference)	Service type(s)	Description of mental health services provided	Target	Funded by
School (KII 12, Vinh)	Counselling	In-school counselling team	Not referenced	Not referenced
School (KII 13, Vinh)	Counselling	In-school counselling Programmes on cyberbullying	Not referenced	Not referenced
School (KII 20, Vinh)	Counselling	School's homeroom teachers provide counselling	Not referenced	Not referenced
School (KII 21, Vinh)	Counselling	School-based counselling	Not referenced	Not referenced
Hospital/clinic (KII 14, Vinh)	Healthcare	Psychological health treatment and referrals	Whole community	Not referenced
Hospital/clinic (KII 15, Vinh)	Healthcare	Treatments for psychiatric disorders In-depth tests for psychosis-related diseases	Not referenced	Not referenced
Local authority (KII 19, Vinh)	Administration and service provision	Managing mental health provisions	Not referenced	Aid
Local authority (KII 17, Vinh)	Administration and service provision	Project 215 (2012–2020): providing assistance and rehabilitation for people with mental health issues	Whole community – disability focus	Government funding
Local authority (KII 22, Vinh)	Administration and service provision	Coordinating departments' and agencies' mental health service provision	Not referenced	Not referenced
NGO/community (KII 16, Vinh)	Service provision	Youth entrepreneurship Youth advice and life skills School violence prevention skills-building	Whole community but youth focused	Not referenced
NGO/community (KII 18, Vinh)	Service provision	Women's health, SRH rights Mental health not a specific focus	Women and children	Government funding

Annex 10 Stakeholder analysis

As part of the MEL system set-up, we conducted a stakeholders' mapping exercise to:

- identify the stakeholders in the project locations, organise them into stakeholder groups, and distinguish between primary or secondary stakeholders depending on whether the project will be likely to engage with them directly or not;
- assess the stakeholders' relationships with one another and identify which stakeholders are most central to the networks due to the number of connections they have with other local stakeholders in terms of communication and flows of information about adolescents' mental well-being;
- assign a degree of interest and power to influence change on the issue of adolescents' mental well-being to the stakeholders in the project locations and see how that manifests in the network visualisation;
- test the features of potential for the analysis and visualisation software platform of Kumu.

The visualisation of the map is limited by the the InDesign layout. Kumu provides a better visualisation online, which can be changed depending on the parameters that are being displayed. It is therefore a useful tool for workshop and team discussions.

In the project locations in Viet Nam, we have identified 11 stakeholders and have clustered them into six groups (see Figure A1). The map in Kumu can be accessed at https://embed.kumu.io/644e21696ff4a647629d8b3a9dd2856f

Figure A1 Stakeholders identified in Viet Nam within the sphere of influence for this project

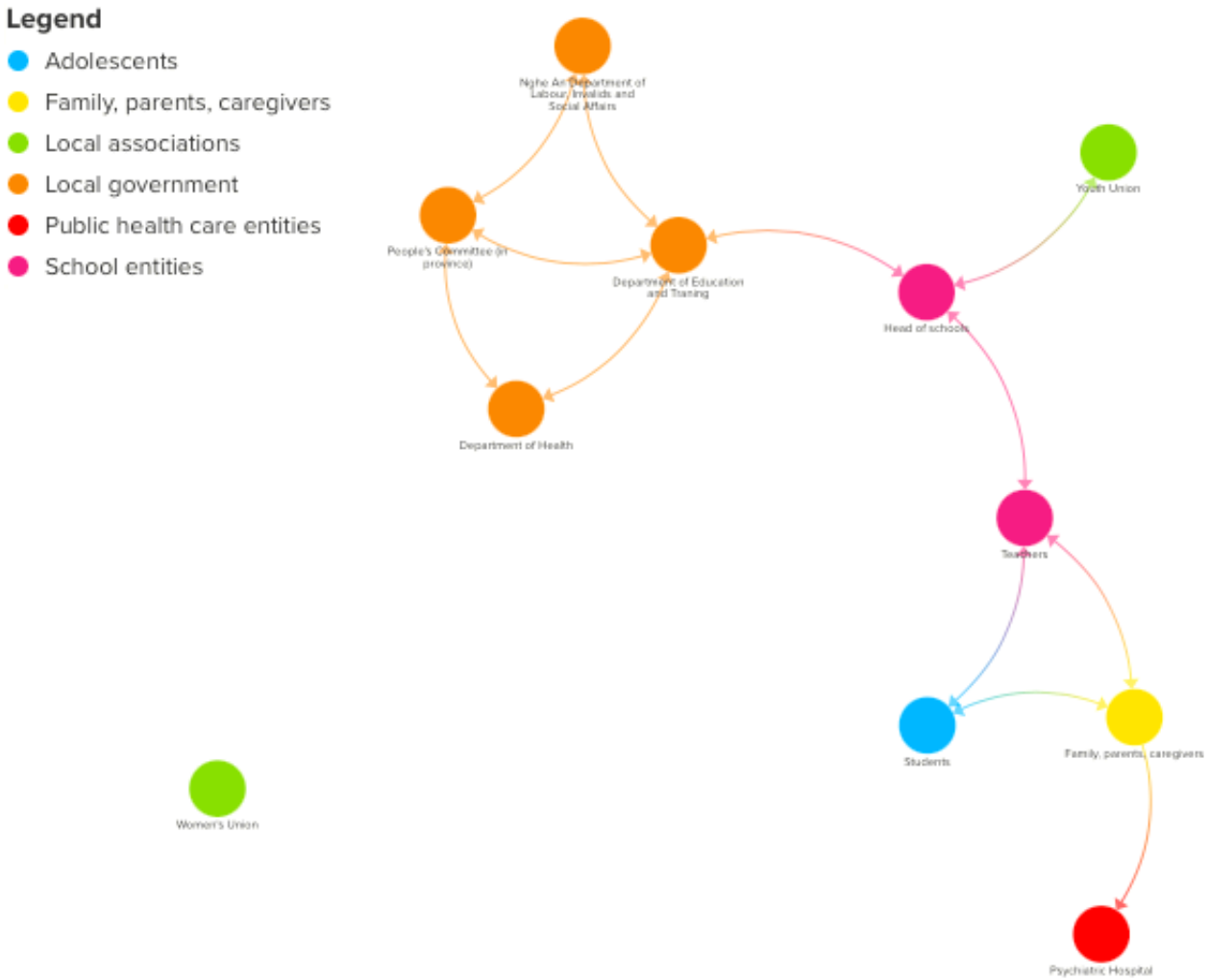
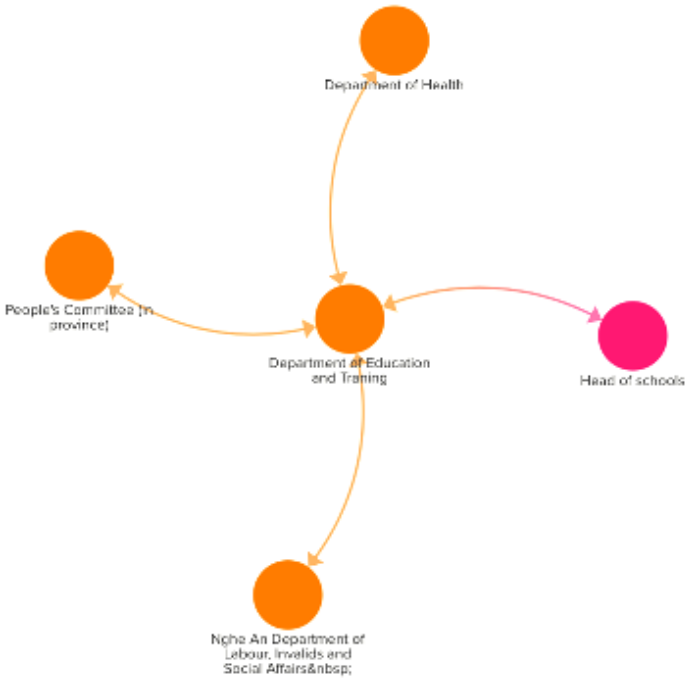


Figure A1 shows that the stakeholder with the most connections is the Provincial Department of Education and Training. The Department oversees every aspect of school management and education at provincial level. It is through this Department that the target schools have been selected, and it is this Department that has most influencing power in terms of uptake and dissemination of the findings from the project. This Department has the authority to instruct schools about ways to address and support the mental well-being of students, possibly using the results of the testing done by the project of tech and non-tech solutions.

The Department is connected to heads of schools and teachers who have a high level of interest in the mental well-being of students and adolescents, but share that interest and communication with other local stakeholders located in and around school, as well as the psychiatric hospitals.

Figure A2 displays the centrality of the Department of Education and Training and the other primary stakeholders it is connected to, and with which it could develop ways to sustain the solutions and findings tested by the project.

Figure A2 The network around the Provincial Department of Education and Training



The heads of schools are also important connections in the network. They are key primary stakeholders with high interest in testing and finding solutions to students' mental health issues and have the power to influence the uptake of solutions tested by the project in their schools. The project could benefit their school directly. They are aware of the importance of student's mental health (see Figure A3).

Figure A3 The network around the heads of schools

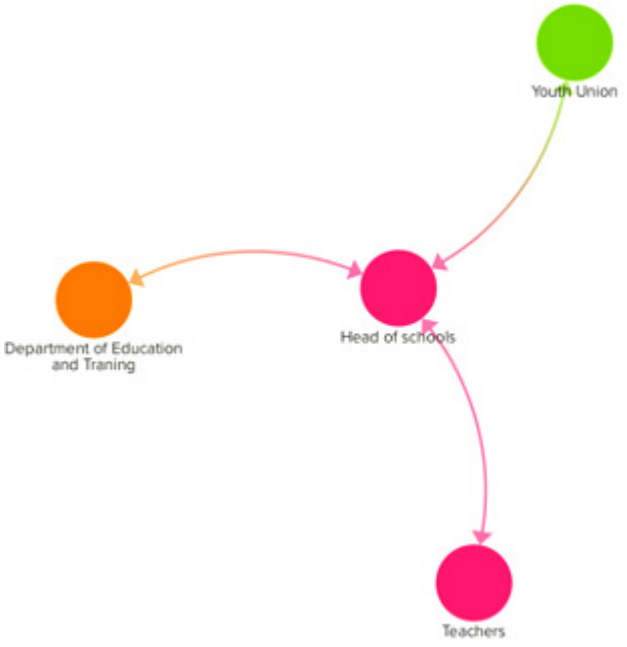
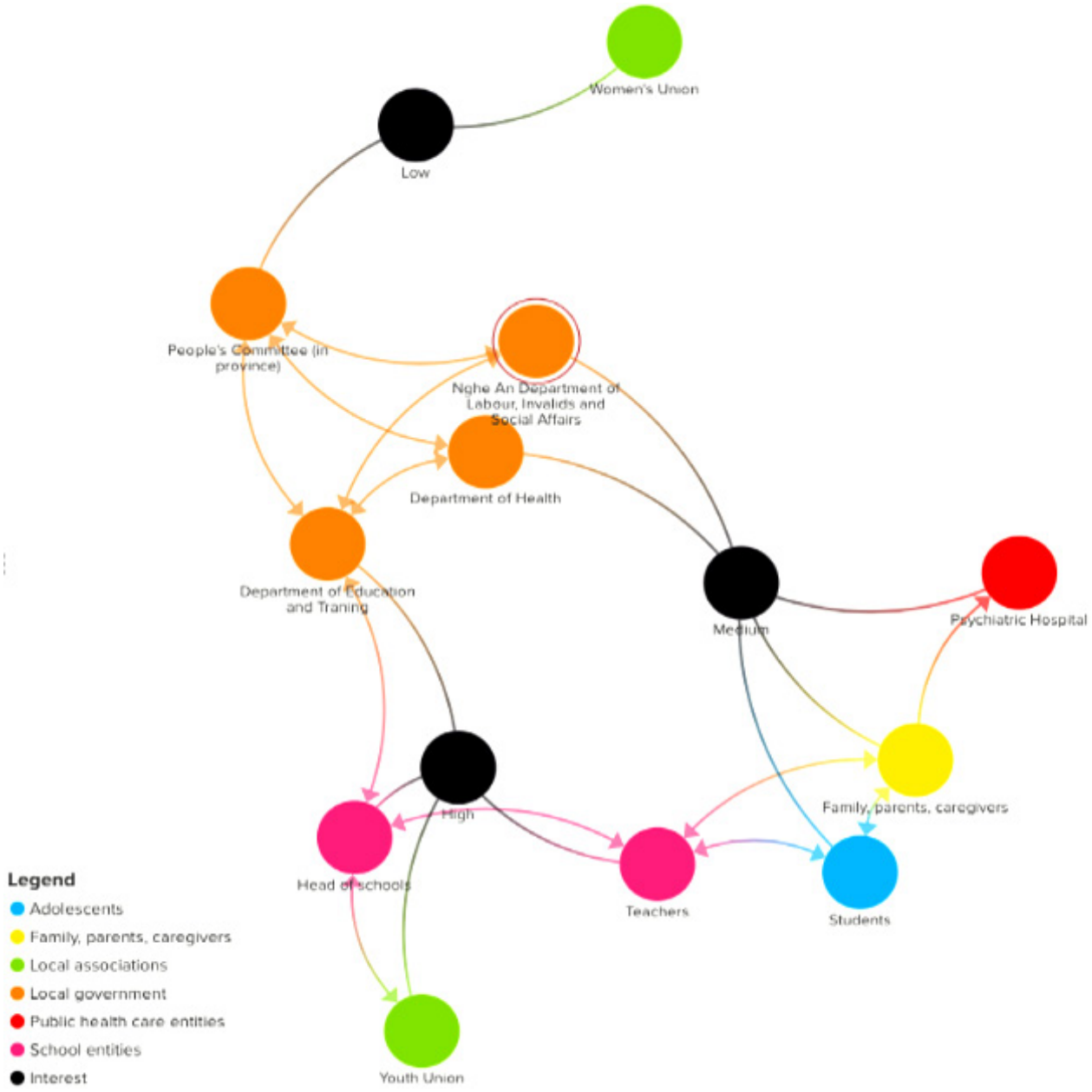


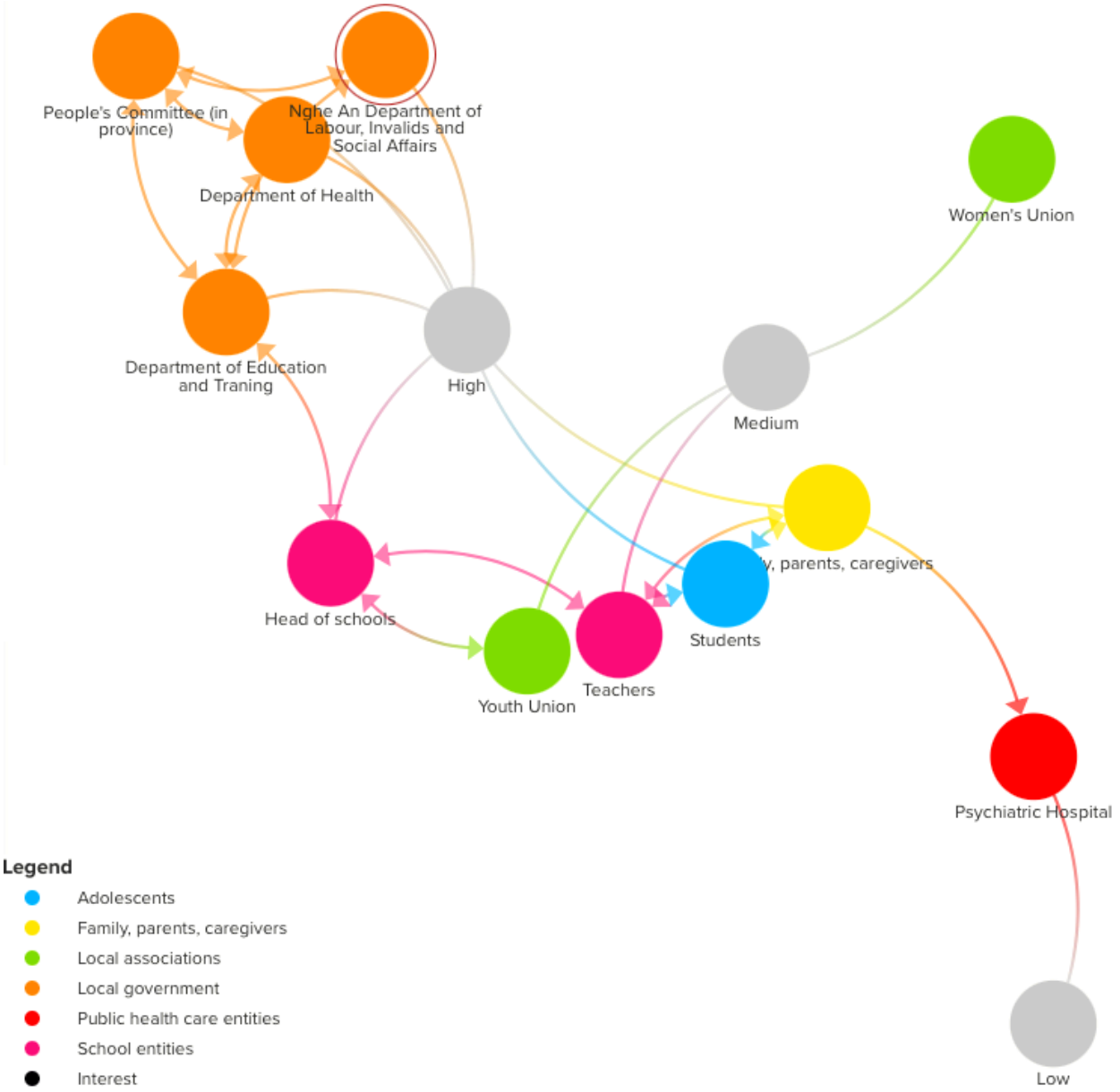
Figure A4 rearranges the stakeholders in terms of high–medium–low interest in the mental well-being of the adolescents assigned to them. The stakeholder linked to the heads of schools shows a high level of interest. Provincial departments and official committees have a medium level of interest because they must provide and deliver several basic services to the population and the specific issue of adolescents' mental well-being may not be one of their top priorities.

Figure A4 Stakeholders' degree of interest in adolescents' mental well-being



A number of stakeholders have a high level of influence and decision-making power to support, sustain and probably scale the solutions that emerge from the testing by the project (see Figure A5). The implication for the project is to keep in dialogue with government stakeholders and keep them updated about progress, insights and new knowledge throughout the testing phase of the project.

Figure A5 Stakeholders and their influencing power on adolescents' mental well-being



What have we learned by testing the use of Kumu to generate stakeholder maps from the project locations in Viet Nam?

- The software offers interesting visualisation options. It allows the generation of more than one map, depending on the parameters and criteria being used to filter the stakeholders.
- For this exercise we have touched on some basic functions and would need to invest a bit more time to learn about other visualisation possibilities.
- The data we have used has been generated by a small team (i.e. the two MEL focal points).
- There is more that we could do in terms of analysis and visualisation of the communication channels between stakeholders. The analysis could be more refined and could highlight interesting information that might inform strategies for the dissemination and engagement approach of the project. We need some more time to learn some of these features.
- It would be interesting to overlay the interest map with the one on stakeholder power, but we could not do that as it requires more technical knowledge about the software.
- The dynamic feature of the maps would be useful in a workshop setting where team members and colleagues could navigate the maps. Different configurations could lead to discussions about strategy and intent about reaching and engaging key stakeholders to sustain the results and impact of the project.
- As a monitoring tool, the maps could be used to show whether mid-way through or at the end of the implementation phase of the project, and after the dissemination phase, the power and interest of some stakeholders has shifted, resulting in different configurations and map layouts.

Annex 11 Ownership and access to technology – findings from the qualitative research

Table A10 Adolescents' ownership of and access to phones

	Phone ownership / access				
	Smartphone	**Non-smartphone ownership**	**Owns a phone but unclear on type**	**No ownership, but smartphone access**	**No ownership, but non-smartphone access**
Nha Trang (total = 20)	17	0	–	Father's smartphone x1 Mother's smartphone x2	–
Vinh City (total = 20)	16	1	–	Father's smartphone x1 Mother's smartphone x1	Father's non-smartphone x1
Total	33	1		5	1

Table A11 Adolescents' usage of phones

	Use phone for...										
	Communicating with friends	**Communicating with relatives**	**'Entertainment'**	**Listening to music**	**Watching videos**	**Watching films**	**Studying**	**Communicating with teachers**	**Playing games**	**Reading the news**	**Looking for and sharing information**
Nha Trang (total = 20)	12	2	6	6	4	5	13	4	12	3	0
Vinh City (total = 20)	9	2	7	2	10	7	10	0	10	4	6
Total	21	4	13	8	14	12	23	4	22	7	6

Table A12 Adolescents' ownership of and access to computers

	Computer ownership / access					
	Desktop	Laptop	Tablet	Do not own but have access	No ownership and challenges accessing	Unknown
Nha Trang (total = 20)	3	5	2	7	4	–
Vinh City (total = 20)	0	7	1	6	5	1
Total	3	12	3	13	9	1

Table A13 Adolescents' usage of computers

	Use computer for...							
	Communicating with friends	Communicating with relatives	Entertainment	Listening to music	Watching videos	Watching films	Playing games	Studying
Nha Trang (total = 20)	1	0	0	2	2	4	2	7
Vinh City (total = 20)	1	0	3	1	1	4	0	10
Total	2	0	3	3	3	8	2	17

Table A14 Adolescents' usage of digital platforms and applications

	Types of platform / apps used									
	Facebook (inc. Messenger)	Zalo	Instagram	YouTube	Gaming apps	Google	TikTok	Camera	Educational apps	Other
Nha Trang (total = 20)	17	9	5	8	9	5	4	1	2	3
Vinh City (total = 20)	19	5	7	12	4	3	10	0	4	6
Total	36	14	12	20	13	8	14	1	6	9

Annex 12 Perceptions of technology usage

Table A15 Adolescent perspectives on phone use

	Advantages	Disadvantages
Nha Trang	• 'I can have fun when I'm done with the studying' • Can talk with friends • 'Teachers communicate announcements to her for her to pass onto the class' • Good for entertainment • 'I can ... contact my friends who are not near me ... and it's convenient for me to discuss school work or ask about something I don't know' • Likes touchscreen • Runs smoothly and is modern • 'Compared to the past when could only play outside, now can play with the phone and keep in better touch with people' • 'I feel more comfortable having my own cellphone rather than sharing it with my family' • 'Can talk to friends' • 'What I like most is that I can access everything quickly' • 'It's convenient. I can find anything on it' • Can 'download a lot of things on it' • Convenient for communication with people • Can acquire new knowledge ('reading newspapers helps to know more about society') • Stress relieving • 'By using phone, we can go online, do research and know many things' • 'I can download many apps for learning purpose' • Can listen to music • Can look up materials for study effectively • I think it's convenient, there're many things to use, to play, to go on the internet during the (Covid-19) outbreak' • 'It creates a private space that other people can't know of' • 'It's convenient, it isn't cumbersome, and it saves me money from buying books' • Can access a wide variety of information • Can keep updated with 'what's happening around you' • 'Convenient to carry around'	• 'I don't like that strangers text me ... Yesterday, there is a boy in my class. He said that suddenly there was a girl who came (into the chat room) and sent some pictures that made him swear ... She sent some pictures that are not supposed to be seen ... he usually doesn't swear, but that day, he was so angry that he swore' • Games distract from studying • Phone is damaged • When he plays on his phone too much he feels dizzy • 'I partly dislike it because I always use my phone without paying attention to my surroundings' • None providing there's no 'lag' • Aggravates her myopia (causes eye pain) • A lot of screen time causes eye strain • Not good for health i.e. straining vision, making eyes tired • 'It distracts me' • Videos and games distract her from studying • None • 'We are likely to depend on (smart)phones very much once we start using them. Like, we can't stop it ... I use it too much and too often. I'm always being warned about using my phone too much by my family, so I think I'm kind of dependent on it' • 'I don't like that when I use the phone then my mom often ... I don't know how to say, like if I use it to entertain my mom won't allow me. She usually manages my phone'

Table A15 Adolescent perspectives on phone use (Cont.)

	Advantages	Disadvantages
Vinh City	• Can read the news ('There is a lot of interesting news') • Can discover many games • Helps her to study better • 'It helps me find information more quickly' • Fun and relieves stress • 'Cellphones help me to relieve stress and talk to distant people while still seeing their faces through the screen' • Searching for things, communicate with friends, playing and listening • Searching for information, convenient to carry • Likes memory card; smart and convenient good for homework help • Convenient; 'First, I can get in touch with many people. Secondly, I can use Google when I get lost' • Listening to music and watching movies • Entertaining and stress-relieving • 'What I like about it is that it can answer up to 90% of everything I want to know' • Stress relief when watching videos online; learning English online through helpful videos • Many apps • 'Using the phone – it's small, handy so it is easy to hold, carry. I mean that it's multi-functional, like calling, texting, anything' • 'When I use my phone I can discover more about the outside world' • It 'helps to entertain me when I am stressed' • 'It can help us acquire more knowledge, help us to study, you can search answers for the hard tasks and revise learnt lessons' • Became more sociable after he started using a phone • 'It can help me search and find information . ..basically it has a lot of advantages in my studying' • 'I like it because it's convenient, I can take it with me anywhere, and it's easy to contact people' • It's a 'massive source of information'	• Makes her eyes tired • ... But distracts her from her studies ('otherwise, it reduces my learning capacity quite a lot ... looking at it makes me want to play games') • Phone is small • 'Using a phone can damage my eyes, waste my time and affect my studies' • Wastes time, harms eyes • 'It makes my eyes short-sighted. And watching too much makes me feel tired and my head aches, and there is also lots of bad information' • Bad information = fake news • Hacking • Green lights; bad for short-sighted as respondent is • Prolonged screen use leads to eye strains and affects health • Phone lags and has small storage • 'We have to depend on it' • 'If we keep staring at our phones then we will be short-sighted ... I am currently short-sighted' • 'If I use it and charge it at the same time, it might break' • Bad for the eyes

Table A16 Adolescent perspectives on computer usage

	Advantages	Disadvantages
Nha Trang	• Save time typing school work (rather than handwriting) • 'Still able to do things if phone runs out of battery' • '(it's) smart and very convenient for learning about computers, typing documents ... using other applications to study computer science' • Runs more smoothly than phone, has a bigger screen and is more convenient to use • 'I like having friends ... having friends to play on the computer with' • Better than a phone for watching films • 'It has bigger screen than the phone, so it's easier to use ... to watch and to type' • Bigger size is easier for reading documents and watching teacher lectures • Laptop is easier to use than a 'regular' computer • Desktop processes faster than the laptop	• Runs and downloads slowly • She types slowly, which is a little inconvenient • Does not use internet cafes because he saw users with 'social vices'. 'I don't want to go there to learn these things' • 'I don't like doing exercises (studying) on the computer' • Inconvenient/not portable • Slow processor • 'When I log in some websites, they send me some information. If I log in many times, they will recommend offensive information, unlike using a phone' • Laptop crashes easily • Desktop is not portable so is less convenient
Vinh City	• Works quickly • Provides amusement/interest • More versatile functions compared to phone • More functions than phone – can do more research • Convenience • Use to download tests and access exercises from teachers; reduces writing time by typing; make creative documents and videos • See on larger screen; undisturbed from text messages • Convenient • Eyes are better protected than using phone as screen is farther away; typing on keyboard is easier • 'Because my phone's screen is small, difficult to look so I use my laptop for studying ... What I like is I can download things easier and faster on my laptop'	• Too much screen time strains her eyes and is tiring • Inconvenient to carry; not everyone has internet access • Inconvenient to carry • Can't make calls • Laptop is old – malfunctions • Bulky, cannot carry around, slow start-up • 'It's cumbersome, hard to carry and it's hard to use too'

Table A17 Adolescent perspectives on social media

	Advantages	Disadvantages
Nha Trang	• 'It reduces stress after school … I can text people from anywhere' • 'I can post events in … that year to share with my friends … and wish my friends a happy birthday, and say wishes to people by phone instead of in person' • Able to talk to friends • Able to learn new information e.g. news or about music, politics • Can chat with friends and ask questions about lessons, from home • Taking and sharing photos • 'There are good things to learn' • 'Lessons about humanity on Facebook. They are plenty and they are very nice … Like, sex education in puberty is quite helpful' • Can catch up with friends • Entertaining • Can keep up with trends • Can follow celebrities and see where they live • There are always new videos to watch • Can communicate with friends • Can take selfies • Likes chatting with friends • Means of acquiring more knowledge, from articles and other people • 'I can know more things by surfing Facebook' • Can watch 'many things' on YouTube • 'There are funny memes for entertainment. And I surf Facebook to … because I'm lonely, I have no one … no one to talk to so I surf Facebook to watch those memes' • 'When I study, if there's something I don't understand, I can search for it on YouTube. That's what I find appealing' • Using dictionary app for learning • Has found role models (K-pop band BlackPink) through YouTube • On Facebook, 'I can get school-related information from the teachers very quickly, there are also lots of information sources online and also I can update my friends' status' • Really enjoys game shows and music programmes on YouTube • Wide variety of information on Google, including learning materials • Enjoys communicating with friends	• Bullied online once • Technical problems (signing into Facebook Messenger) • 'Some friends … they text too much. I have to … block some of them' • 'From time to time, when I go online, there are texts that are not suitable for my age … For instance … people are sharing news … 18+ news and … pictures that are not supposed to be seen, and saying swear words online, exposing each other … and crimes that are terrifying and not age-appropriate' • 'And there are people talking too much, it's uncomfortable … We created one chat group for study, one group for just chatting. Sometimes, there are some friends going too far. They're swearing and using curse words to talk about other people. They keep joking around. They send "like" buttons constantly and it keeps showing up' • Bullying: 'My friend was threatened to be beaten [the respondent used a dialect word for "threatened"]. They texted him to set up a fight the next day' • Advertising • 'If (I) go to Facebook, there are many situations happening, like posting … posting things about bad people … And cause harm to young people like me or other people, other friends … • Posting … vulgar language, inappropriate images for children and adults …' • Seeing explicit pictures that are not age-appropriate • 'There are hackers. There are people posting fake news, news about death of celebrities to attract "like". I think it's not right' • 'I just "add friend" and text people I know in real life … people send provocative messages and so on. I'll block (them) … Texting or sending spams, icons or texts' • Strangers took pictures and videos of her • Bullied on Facebook by a friend • Adverts and friend requests are annoying • Conflict 'which leads to fighting' • Irrelevant suggestions • Unwanted links to pornographic sites • Too many adverts during videos

Table A17 Adolescent perspectives on social media (Cont.)

	Advantages	Disadvantages
Nha Trang (Cont.)	• Apps take up less memory space • Apps are easy to use • Entertaining programmes • Convenience • Access to new information	• Unwanted photos and videos of domestic violence • 'There are too many people on Facebook ... they spread fake news ... For example they use Facebook just to insult others, they make up things that are not true' • Facebook 'also distracts me' • YouTube 'recommends a lot of inappropriate videos, such as ... perverted ones. And those offensive ones that I didn't know they would be recommended' • 'When I'm too focused on [social media], I feel like they distract me a lot from studying. I can't concentrate' • 'There is misleading news and information everywhere and they're widely shared. It's hard to tell whether it's trustable or not ... The exaggerated information of Covid-infected people or governmental information were posted and shared despite the lack of official confirmation' • On YouTube, 'Because of the great variety of contents there are creators who post meaningless videos and I find it very time-consuming ... [for example] relate daredevil actions or harmful experiments' • On Google, 'there are too many sources of information that makes it hard and takes lots of effort for me to choose the one I need' • 'I think like posting others' photos without consent that lead to beating. There was a case in my class at the beginning of the year, and some of them got unsatisfactory conduct grades' • Facebook 'doesn't provide me the information I expected. Even though I blocked ... irrelevant things to me, they still pop up. I find it not useful ... The advertisements that are not true, or games, video games which are quite offensive' • 'I don't like the negativity shown like on Facebook, it's like ... In days that I don't feel so good then I often go there but it ... gives me even more negative things ... Like bullying cases and family disputes' • 'It's a bit annoying ... There've been many people texting to flirt, and I don't like that. Besides, there've been people that don't like me, so they texted me to insult'

Table A17 Adolescent perspectives on social media (Cont.)

	Advantages	Disadvantages
Vinh City	• Help to relieve stress and fatigue • Source of information; has broadened her knowledge • Relieve stress; communicate with family; funny videos • Use anti-virus booster, Bluetooth, Viettel, seeing and posting/re-sharing photos • Can know many things through the apps, connect with people, 'To have awareness of my health and to balance my studying and playing' • Can do a lot of things like text friends and watch movies • Entertaining and reduces stress • 'I get close to many people, have new relationships, new friends that I can only meet up online, study together and make my friend circle widen' • Likes Instagram, nice pictures and user interface; use of Facebook groups for studying; reach relatives who live far away, reach friends faster and more conveniently, good for entertainment – can watch a lot of things • YouTube use only: many animations, lots of videos, films – don't have to go to the cinema • interesting videos, homosexual movies • Relief for sadness; easier to solve math problems than asking parents for help because parents often busy • Modern, fast. 'Using social networks, we can make more friends, like virtual friends, or we can text and share more' • 'It's easy to search for knowledge, the knowledge source is really variable' • Can use Facebook to access school announcements • 'It can help me to communicate with my friends' • 'There are many interesting things there ... like some videos and fan pages they have many interesting posts ... • I usually watch videos about cooking' • 'I can contact friends faster as long as I can connect the internet. I can save more telephone money' • 'Facebook helps me keep up to date with my friends' information and has many interesting things, same with TikTok' • Access to interesting groups and posts, about psychology and studying • Watches videos to relieve tension and stress	• Has been bullied online as well as abused (verbal attack) by a stranger • Fights/bullying on internet. Respondent has been bullied via social media (classmates posting photos) and text • Wastes time and affects studies; scams (e.g. those who are addicted to gaming are scammed into buying fake accounts) and 'bad things' on social media; examples shared of friends being bullied on social media • Study is impacted so don't use social media much anymore • Bullying on Facebook; too many adverts on Instagram; bad behaviour on TikTok which younger children may imitate • Losing Facebook account – hacked, slow internet • Security issues; account security • Security issues; hacking; offensive articles • Too many ads, viral misinformation/unconfirmed information, sensitive information shared, inappropriate/sensitive pictures, inappropriate friend requests, interaction with strangers unwanted, cyberbullying • Violent videos • Too many ads, cyberbullying • Age-inappropriate things, fake accounts, hacking • 'Sometimes it shows inappropriate images ... many advertisements come up ... provoking fight and violence, or pornographic images' • 'People photoshop images then post it' • 'And there are some disturbing comments on it ... For example, there are situation like ... humiliating each other' • 'People can post anything there, including nonsense, or things that are not good. And fake news, it's quite annoying when I surf Facebook. It usually has lots of nonsense on Facebook. I have to delete and block a lot of those ... Post like saying that we have to hit the Like button to get luck, pictures of snakes. Many people do so but I don't' • Too many adverts for 'stuff I don't want to see ... bad influencing'

Table A18 Parent/carer perspectives on internet/social media usage

	Positive/neutral views	Negative views
Nha Trang	• 'My parents think I use it just for making friends in my class and for asking help with school lessons. Nothing else' • 'My parents don't have … they don't ask anything. Because they … they don't use smartphones so they don't know about those things' • Mother thinks that 'She just uses it on Saturday, Sunday. Normally she studies, she doesn't use it much. I let her use it on Saturday, Sunday' • Mother: 'when supporting educationally, it is good … It is really helpful in researching knowledge' • Mother on social media usage: 'The positive side is that she often does research there, and learns things there' • 'Nothing much because I am friend with parents, teachers and relatives on Facebook so they don't think much about it' • Watches TikTok with his mother, who sees it as a form of entertainment • Parents haven't commented • 'I am living far away from them [in a boarding house] so they don't know' • Mother thinks his using social media is 'normal'. She also uses social media and has him as a 'friend' on Facebook • Sister: 'he'd play on his phone during breaks, just plays … Because we don't think buying him a modern phone is a good idea so we just bought him cheap phones, which prices range around a few hundred thousand VND, just enough for him to surf Facebook. But he plays … he has to study a lot outside and he normally leaves his phone at home (not bringing it with him). If he has free time at home he spends an hour or an hour and a half to entertain himself, and then he'd go to sleep' • Parents aren't familiar with social media and 'don't say anything'	• '(They) are worried that it would affect my studying … [and] that I visit bad sites' • Mother doesn't like him being on social media 'too much' • 'They told me off for not studying, only going online. Saying that I was chit chatting while I actually didn't' • Mother: 'I've said previously that when she comes home, she will directly go to her room. Because me and my husband share a room, and each of my kids has his/her own room, I have no idea what she does inside of her room. I told her "you should try to study", and she said not to interrupt her privacy. But I think she spends most of her time with her phone, that excessive usage leads to her bad studying results. I have told her to hand in her phone at 10pm before sleeping, but she only did that once or twice. Her dad was angry and sad too, but we don't know what to do' • Mother: 'when gaming, it is bad' • Mother on social media: 'The bad side is playing games. It is a social dilemma. You mean in which sides? If it's about playing games, I know that she plays games. She often plays games at night. I tell her to hand in her phone at night because she should focus on studying. I worry that she will spend too much time playing games, and her sleeping pattern is messed up. She will not be awake to go to school' • Mother does not allow him to use family computer in case he plays games on it. He must ask his brother to look up any information he needs • 'Her parents are "afraid that I'll add friend strangers and be lured … They've seen lots of similar cases on the internet, so they are afraid that the same could happen to me' • 'Mom doesn't say much, only tells me not to overuse Facebook because it's time-consuming' • 'They don't really think about it, because I'm not a wannabe, so it's just normal' • '[My parents] don't know what I am doing. Even though I didn't do anything, they still believe that I am playing games and so on. It impacts quite a lot to my family relationship' • 'They think [my using social media] is not good … It affects my studying and my health' • 'Because she's afraid that I'll be distracted from my study, she often checks the phone … when it's the exam season then they'll call me to attention' • 'When I spend too much time on the phone they'd remind me to take a break because it's not healthy to do so'

Table A18 Parent/carer perspectives on internet/social media usage (Cont.)

	Positive/neutral views	Negative views
Vinh City	• Mother also uses social media so does not comment on respondent's usage • Parents are disinterested/not very digitally literate; mother worries sometimes if games require actual money – which is not the case	• 'They forbid me from using it because it worsens my eyesight. And it affects my studying … But I insist on using it' • Her father and grandmother don't like her using social media • Mother: 'there are times that she uses the phone too much then … then I'll have to remind her … on her phone, she texts too much, so I just don't like that … I've talked, I've admonished, I've managed her phone, I've also talked about those friends that … I've also talked with friends who often play with [name] about homework, about normal things, and about other things then maybe it's better to talk later' • 'They said that using the phone too much would negatively affect my eyes, and my academic results got worse because I didn't spend that time on studying'. Phone has been frequently confiscated • Parents have tried to ban respondent from playing games; parents are fearful respondent will damage eyes • Don't approve of phone use at home • May be distraction from studies • Worried about online safety • 'If I use too much then of course she will be … angry … Sometimes she bans me [from playing games] because she knows many people being addicted to it' • However, she also uses social media • Both parents disagree with her using the internet to research her passions, such as art • 'When I use it too much … When it's bedtime but I still use the phone, they will tell me to reduce the time using the phone and tell me to go to sleep' • 'I only read and don't post anything, that's why my sister is assured'