

Mental Health Response Community Training: Analysis of Viet Nam Cultural Values and Behaviors

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Introduction: Viet Nam's economic growth elevated the nation to the middle-income country status as classified by the World Bank in 2015. Despite the economic growth and rising personal income, the population size has increased to nearly 100 million while the national capacity for mental health services experienced nary a change to accord the growing population needs. About 14 million people suffer from mental disorders in Việt Nam, but the country has only 143 clinical psychologists and psychotherapists 1 Mental disorders affect 14.2 per cent of the population. Although social work was officially recognized a profession more than 10 years ago, the education of clinically prepared social workers and the job placement in mental health services are minimal at best. The absence of public awareness of mental health problems and needs is notable in a populous nation. This presentation examines the effectiveness of the two-day training of the Mental Health First Aid intervention, conducted by Dr. Paul DuongTran at Da Lat University in Viet Nam, by gauging the positive gains in the general and cultural knowledge of mental health concepts, assessment and diagnosis, and referral skills in incidence of severe mental health problem (i.e. depression) or mental crisis (suicide).

Methodology: A total of 55 training participants responded to the pre-post measurement immediately before the MHFA intervention training was delivered (day 1) and after its completion (day 2). At the beginning of measurement, ethical concerns were explained, and consent was affirmed. Mental Health First Aid is an evidence-based training program designed to teach individuals how to identify, understand, and respond to signs of mental health and substance use challenges. The training equips participants with the skills to provide initial help and support to someone who may be developing a mental health problem or experiencing a crisis.

Results: Descriptive statistics demonstrate positive gains in all areas of clinical knowledge regarding causes, symptom manifestation, and assessment. More importantly, participants rated positively the overall skills of intervention to bring calmness, support, and reassurance during instance of mental crisis (suicide).

Conclusion: The MHFA training was very well received. In fact, nearly half of the attendants traveled more than 8 hours to attend the training seminar. Important areas of cultural norms and behaviors were explored during the training that may hinder the early detection and help seeking for mental health intervention.

Practical Value: This MHFA training was the first of its kind provided to community practitioners in Viet Nam. The enthusiasm and measurement data confirm the high value and necessity to ensure both greater exposure to communities throughout Viet Nam, while appropriate evaluation is conducted to ensure effectiveness both in the clinical concepts and skills and their appropriateness to the cultural values, norms, and behaviors of the Viet people at different age groups.

Direction for Future Research: Mental health awareness, detection, assessment, and intervention are in dire need to more clinical research to understand how cultural beliefs and norms explain personal experience of emotional and psychological pains. Additional research is recommended to evaluate the MHFA program as more information on its culturally appropriateness is gained.

Keywords: mental health crisis, assessment, cultural appropriateness

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