

SCOPING REVIEW ON MENTAL HEALTH SERVICES AND BURDEN IN VIETNAM

Quynh Dao¹, Nguyet Truong¹, Thuy Bui¹, Tung Pham^{1,2,3,4}, Linh Bui^{1,2,3}

¹ College of Health Sciences, VinUniversity, Hanoi, Vietnam, ² Center for Innovations in Health Sciences, VinUniversity, Hanoi, Vietnam, ³ Research Advancement Consortium in Health, Hanoi, Vietnam, ⁴ Department of Epidemiology, Harvard T.H. Chan School of Public Health, Boston, Massachusetts, United States.

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BACKGROUND

Mental health is an increasing public health concern in Vietnam, with **depression** and other **common mental disorders** contributing to **disability, family burden, economic costs, and stigma**. Since the last broad review in 2011, **COVID-19** has increased mental health needs and disrupted care, while **evidence remains fragmented** across populations, settings, and study designs.

OBJECTIVES

This scoping review aimed to map and synthesize existing literature on the **burden of mental illness** and the **provision of mental health services** in **Vietnam**, including the **prevalence** and **impact** of mental health conditions, the **types and accessibility of available services**, their **effectiveness**, and the **barriers and facilitators** influencing mental health care delivery and utilization.

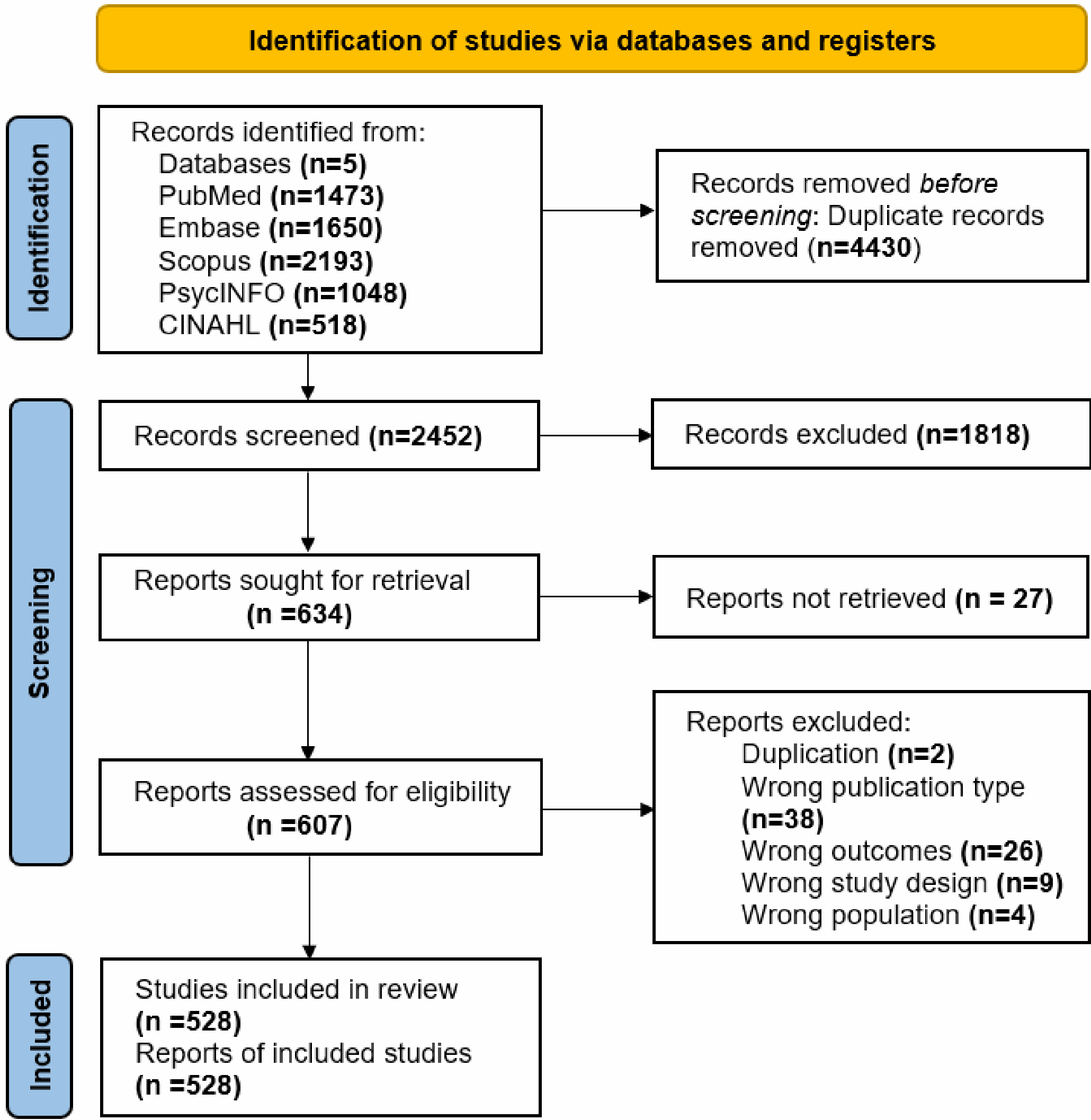
METHODS

Searching was conducted between **March and June 2025** to map evidence on the burden of mental illness and mental health services in Vietnam. Searches were conducted in five electronic databases: **PubMed, Scopus, Embase, PsycINFO, and CINAHL**. Data from the **Global Burden of Disease (GBD)** database were also analysed. **Title and abstract screening** was conducted in **Rayyan** by two independent reviewers, with a third resolving conflicts. The same two reviewers completed **full-text screening**. Data extraction was managed in **Covidence** and completed by four reviewers. **Search terms** included “mental health” AND “Services” AND “Vietnam.” The list of mental health illnesses was based on the WHO mental health factsheet for Vietnam and a previous scoping review published in 2011. The illnesses included alcohol abuse, depression, anxiety, conduct disorder, attention deficit hyperactivity disorder, autism spectrum disorder, post-traumatic stress disorder, eating disorder, bipolar disorder, and schizophrenia.

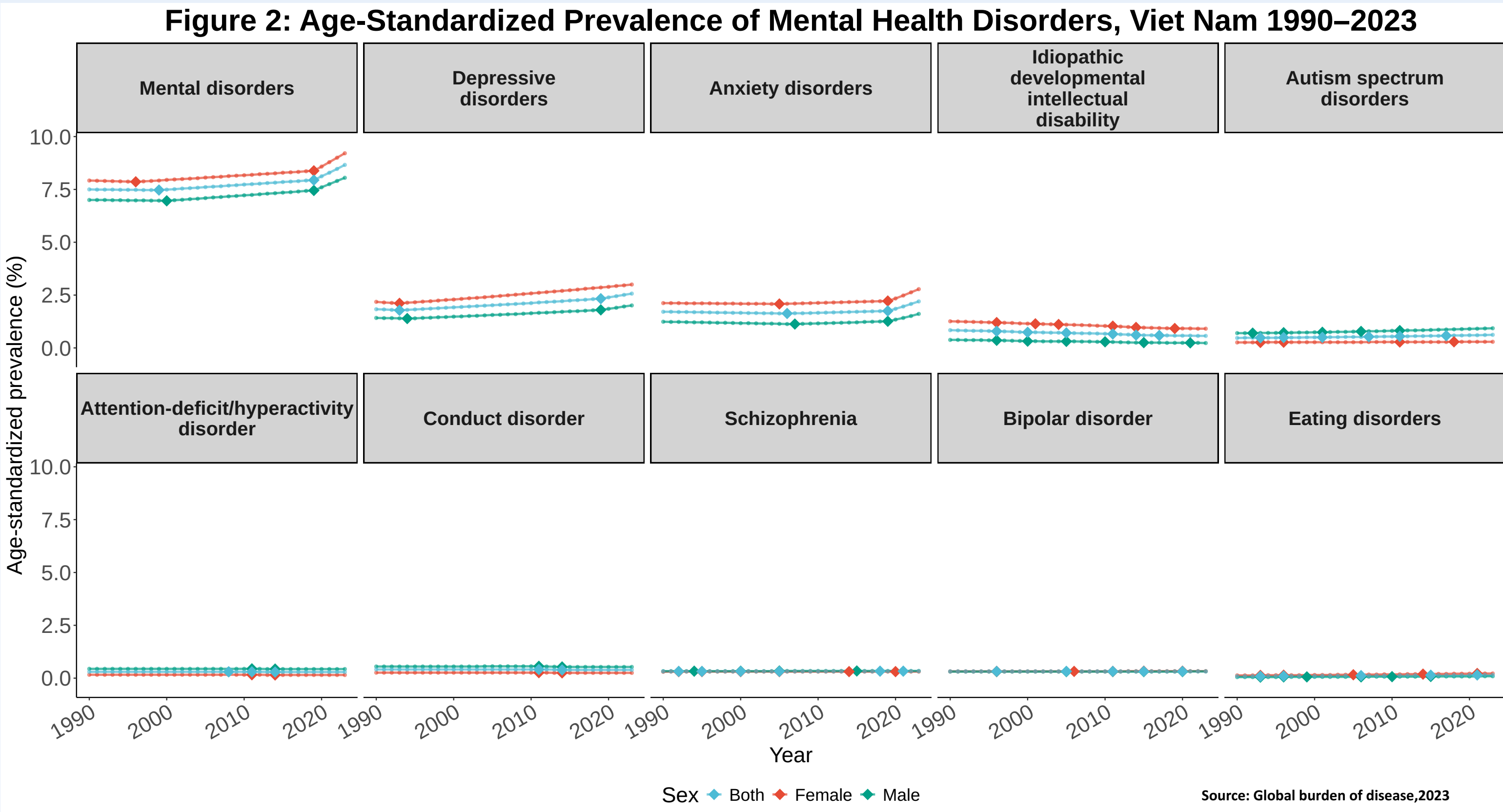
Inclusion criteria	Exclusion criteria
- Articles addressing mental health burden or services in Vietnam - English or Vietnamese - No restriction on publication date	- Non-empirical publications - Non-Vietnam-specific studies - Studies unrelated to mental health burden or services, - Papers with unavailable full text or non-extractable Vietnam-specific data.

RESULTS

Figure 1: Prisma flow diagram of study selection



RESULTS



Mental health disorders have increased over the past 30 years, with a sharp rise during the COVID-19 pandemic. Depression, anxiety, and PTSD were the most studied conditions, especially among healthcare workers and people directly affected by COVID-19.

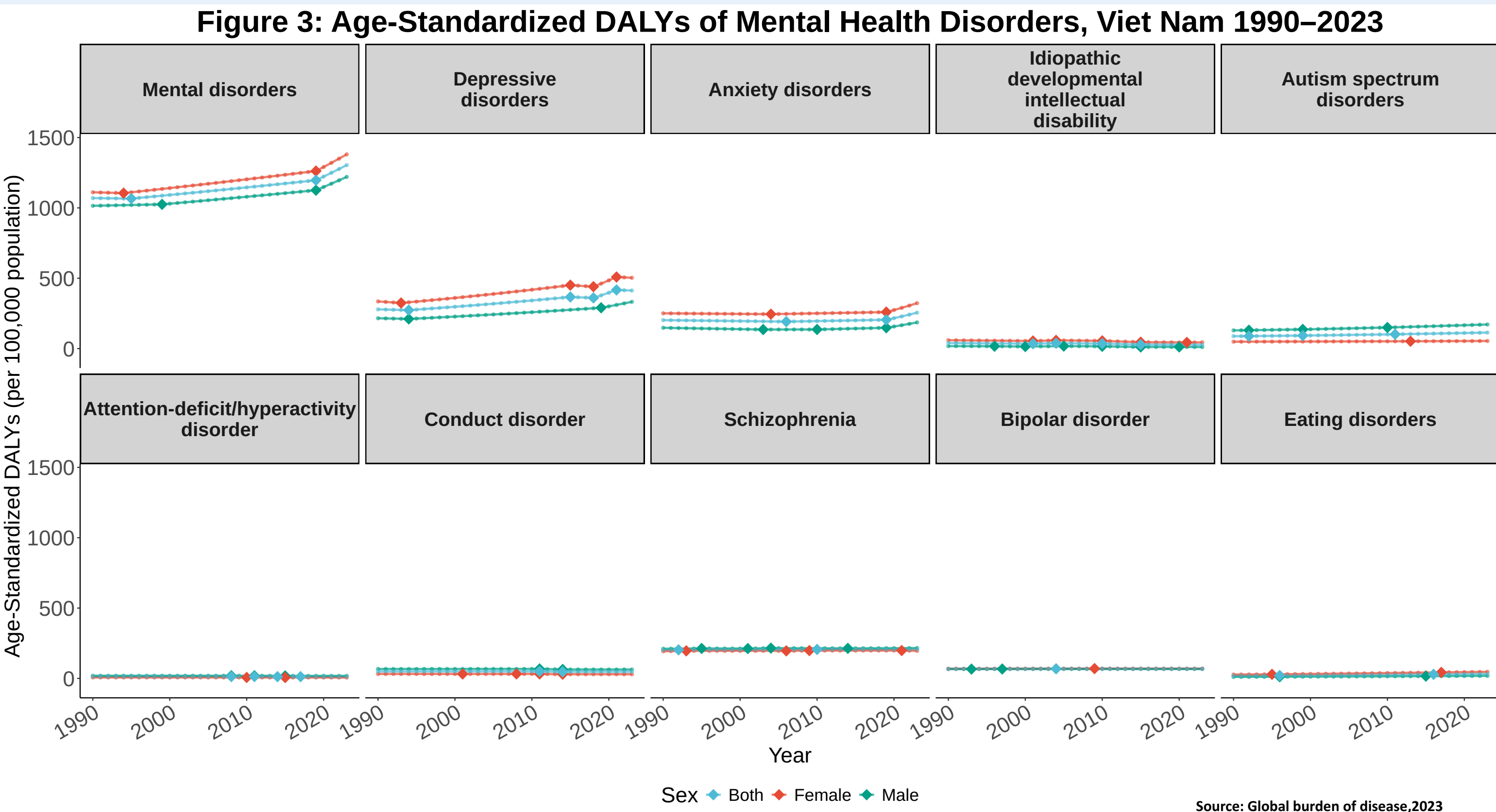


Table 1: Summary of Mental Health Service Research in Vietnam (2005-2025)

Disease	Care level & interventions (Primary / Secondary / Tertiary / Mixed)	Barriers & facilitators	Adherence / patient satisfaction	Service use / demand
General mental disorders	Primary: School-based education on signs/symptoms. Tertiary: PST-based counselling for PLWH on MMT with CMD. Mixed: iCBT for nurses; PLWH screening/counselling/treatment; PWID psychiatric screening, assessment, prescription and referral.	Barriers: stigma, limited awareness/services, cost, confidentiality, scheduling and provider gaps. Facilitators: CBO/peer support, understanding counsellors, clinic-based care, sensitive communication and compensation.	3-month adherence 52.38%; nonadherence linked to medication concerns/ADRs, disagreement with diagnosis/treatment and family/social factors.	Low use among students and HCWs; support sought via clinics, internet/social media/apps, phone, colleagues/family or psychiatrists.
Depression disorders	Primary: Micronutrients for pregnant women; screening (BECK/PHQ-9); PHC medication provision. Secondary: MCD with PHQ-2/9 screening, assessment, psychoeducation, antidepressants, adherence support, BA, follow-up and family support. Tertiary: Lifestyle interventions; online group BA; psychoeducation/yoga; SSM/SW coaching; Tele-SSM + CBT; sertraline for DMT2 + depression	Barriers: stigma, low recognition, self-reliance, cost/transport, limited specialists, weak PHC training and coordination. Facilitators: outreach, PHC accessibility, training/supervision, lay/SW support and culturally acceptable interventions.	N/A	Nursing students used video consultation (25.7%), professional support (25.1%) and online networks (14.7%).
Anxiety disorders	Primary: N/A Secondary: N/A Tertiary: N/A	Barriers: secondary students lacked awareness of school counselling; social distancing/lockdown limited knowledge of how to relieve anxiety.	N/A	N/A
Substance use disorders	Primary: N/A Secondary: N/A Tertiary: Integrated HIV-SUD care; MMT/general clinic integration; DAART-MMT/ART; MET/CBT; TDT counselling; psychosocial counselling; ART/OAT referral; methadone/buprenorphine; Treatnet Family. Mixed: CBO case management, voluntary community-based MMT, free mental health consultations/medication.	Barriers: stigma, rigid access rules, high costs, fragmented MMT/HIV systems, workforce shortages, weak coordination and compulsory treatment harms. Facilitators: integrated MMT-HIV, convenient hours/locations, supportive providers, legal/insurance, family/peer/CBO support.	MMT satisfaction was high; complete adherence 43.3%-73.3%, higher in private facilities. More MMT exposure linked to older age, lower income and MMT over BUP/NX.	PWID opioid substitution therapy coverage was 1.3% in the 12 months before Dec 2010.
Autism spectrum disorder (ASD)	Primary: N/A Secondary: Preschool teacher training for ASD detection; social-work screening/diagnosis. Tertiary: Inclusive education, speech/language therapy, medication, ABA, RDI, TEACCH, PECS; BMNC transplantation + education. Mixed: Home- or facility-based services.	Barriers: diagnostic/referral gaps, high costs, limited services outside cities, poor quality, workforce shortages, stigma and confusing information. Facilitators: parental recognition, parent/private centres, social media information and flexible services.	N/A	N/A
Epilepsy	Primary: N/A Secondary: N/A Tertiary: Therapeutic drug monitoring, dosage adjustment, medication switching, pharmacist consultation; drug-resistant epilepsy surgery and ketogenic diet.	Barriers: poor perceived effect, belief epilepsy was untreatable, low seizure frequency versus cost/trouble, stigma and long distance.	Only 15.3% were on adequate medication.	N/A
Schizophrenia	Primary: N/A Secondary: N/A Tertiary: Antipsychotics; FSPP + antipsychotics; CDSS- ML - based supported pharmacist interventions; outpatient antipsychotics and family intervention. Mixed: Family intervention / psychoeducation.	Barriers: stigma, rural access gaps, costs, specialist shortages and limited psychosocial services. Facilitators: SGAs, family support, employment opportunities and improved public awareness.	N/A	N/A

Abbreviations: ABA: Applied Behavior Analysis; ART, antiretroviral therapy; BA: Behavioral Activation; BMNC: bone marrow mononuclear cell transplant; BUP/NX: buprenorphine+naloxone; CBT: cognitive behavioral therapy; CBO: community-bas organizations; CDSS: Clinical Decision Support System; DAART, directly observed therapy; DMT2: type 2 diabetes; FSPP: Family Schizophrenia Psychoeducation Program; HCW: healthcare workers; iCBT: internet-based CBT; MCD: multicomponent collaborative care for depression; MET: Motivational Enhancement Therapy; MMT: methadone maintenance therapy; ML: machine learning; MOUD, Medications for Opioid Use Disorder; PECS: Picture Exchange Communication System; PHC: primary health care; PHQ: Patient Health Questionnaire; PLWH: people living with HIV; PST: problem-solving therapy; PWID: people who inject drugs; SGAs: second-generation antipsychotics; RDI, Relationship Development Intervention ;SW: social worker; SSM, Supported Self-Management; SUD, substance use disorder TEACCH: Treatment and Education of Autistic and related Communication Handicapped Children; TDM: therapeutic drug monitoring; TDT, tobacco dependence treatment

CONCLUSION

Vietnam faces a substantial and growing mental health burden, intensified by COVID-19 and driven by depression, anxiety, PTSD, and substance use disorders. Although effective interventions exist, their impact remains limited by stigma, workforce shortages, fragmented services, and restricted access.