

WHO-AIMS

**WHO-AIMS REPORT ON
MENTAL HEALTH SYSTEM
IN VIET NAM**



**World Health
Organization**

**MINISTRY OF HEALTH
VIETNAM**

WHO-AIMS REPORT ON
MENTAL HEALTH SYSTEM
IN VIET NAM

*A report of the assessment of the mental health system in Viet Nam
using the World Health Organization - Assessment Instrument for
Mental Health Systems (WHO-AIMS).*

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Please refer to *WHO-AIMS* (WHO, 2005) for full information on the development of WHO-AIMS at the following website.

http://www.who.int/mental_health/evidence/WHO-AIMS/en/index.html

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The WHO-AIMS project is coordinated by Shekhar Saxena.

Executive Summary

The World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS) was used to collect information on the mental health system in Vietnam. The goal of collecting this information is to improve the mental health system and to provide a baseline for monitoring the change. This will enable Viet Nam to develop information-based mental health plans with clear base-line information and targets. It will also be useful to monitor progress in implementing reform policies, providing community services, and involving users, families and other stakeholders in mental health promotion, prevention, care and rehabilitation.

Based on the assessment the strengths of the mental health system in Viet Nam are:

- There is legislation to protect human rights of patients
- There are efforts to promote equity of access to mental health services
- Essential psychotropic medicines are available in all hospital facilities
- The mental health sector has formal links with other relevant sectors (e.g., health, education, criminal justice, etc.)
- Mental health providers interact with primary care staff
- A mental health policy, plan and legislation exist (however, they need updating)

Weaknesses revealed by the assessment include:

- The network of mental health facilities is not yet completed
- The mental health system provides more services in mental hospitals than in the community
- Despite mental health legislation to protect human rights, practical implementation of the legislation is weak.
- There is a limited amount of training provided to primary care staff
- Family and consumers associations do not exist
- The mental health information system does not work well

WHO-AIMS COUNTRY REPORT FOR VIET NAM

Introduction

Viet Nam is a country lying on the eastern seaboard of the Indochina peninsula, with an approximate geographical area of 330,991 square kilometers. It borders China to the north and Laos and Cambodia to the west, to the east and south lies what the Vietnamese call the East Sea. Mountains and hills cover four-fifths of Viet Nam's territory. Viet Nam has a population of 82.018 million people (GSO, 2004). The main language used in the country is Vietnamese, and the main ethnic group is Kinh/Viet (total of 54 ethnic groups but more than 80% of the population speaks Vietnamese or Kinh/Viet). Religious groups include Buddhists and Catholics. The country is a lower middle income group country based on the World Bank 2004 criteria.

29.25% of the population is under the age of 15 and 8.82% of the population is over the age of 60 (2004). Approximately 65-70 percent of the population is rural. The life expectancy at birth is 71.3 years (males is 68 for males and 74 for females). The healthy life expectancy at birth is 59.5 years for males and 62.9 years for females.

The proportion of the health budget to GDP is 5.2 (2002). There are 158 hospital beds per 100,000 population and 48,215 general practitioners (both medical doctors and higher) equal to 58.8 doctors per 100,000 population. About four percent of all hospital beds are in the private sector. In terms of primary care, there are about 37,500 physician-based primary health care clinics in the country (7,500 in the public sector and 30,000 in the private) and about 3,000 non-physician based primary health care clinics (all in the public sector).

Data was collected in 2005 and is based on the year 2004.

Domain 1: Policy and Legislative Framework

Policy, plans, and legislation

Vietnam's mental health policy was last revised in 1989 and includes the following components:

- Organization of services: developing community mental health services
- Organization 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
- Monitoring system

In addition, a list of essential medicines is present. These essential psychotropic medicines include:

Clopromazine (hydrochloride)	5mg/ml (bottle 5ml) 12.5mg/ml (tube 2ml)
Diazepam	Tablet 25mg, 100mg Tablet 2mg, 5mg 5mg/ml (tube 2ml)
Haloperidol	Tablet 1mg, 5mg Tube 5mg/ml
Levomepromazine	Tablet 25mg Tube 25mg/ml
Risperidone	Tablet 1mg, 2mg
Sulpiride	Tablet 50mg 50mg/ml (tube 2ml)
Amitriptyline (hydrochloride)	Tablet 25mg
Valproic acid	Tablet 200mg, 500mg
Carbamazepine	Tablet 100mg, 200mg
Clomipramine	Tablet 10mg, 25mg

The last revision of the mental health plans was in 1999. This plan contains the following components:

- Organization of services: developing community mental health services
- Organization 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 last mental health plan.

The most recent piece of draft mental health legislation focused on:

- Access to mental health care including access to the least restrictive care
- Rights of mental health service consumers, family members, and other care givers
- 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

Financing of mental health services

About 50% of the population has free access to essential psychotropic medicines. For those that pay out of pocket, the cost of antipsychotic medication is 33% of one day's minimum wage in local currency and the cost of antidepressant medication is 13% of one day's minimum wage in the local currency. Some severe mental disorders are covered by social policy schemes.

Human rights policies

A national mental health human rights review body does not exist. All of the mental hospitals have at least one review/inspection of human rights protection of patients per year, while none of community-based inpatient psychiatric units or community residential facilities have such a review. All of mental hospital staff and all inpatient psychiatric units and community residential facilities staff have had at least one day training, meeting, or other type of working session on human rights protection of patients in the year of assessment.

Domain 2: Mental Health Services

Organization of mental health services

1. A national or regional mental health authority exists and is involved in the planning, management and coordination, and the monitoring and quality assessment of mental health services.
2. Mental health services are organized in terms of catchment/service areas.

Mental health outpatient facilities

1. There are 600 outpatient mental health facilities available in the country. However, there are no facilities exclusively for children and adolescents.
2. These facilities treated 46,070 patients in 2004 (56.9 users per 100,000 general populations)
3. Of all users treated in mental health outpatient facilities, 39% are female and 17% are children or adolescents.
5. The average number of contacts per user is 12.
6. 100% of outpatient facilities provide follow-up care in the community, while 100% have mental health mobile teams.
7. In terms of available interventions, a few (less than 20%) outpatient facilities offer psychosocial interventions.
8. 100% percent of mental health outpatient facilities had at least one psychotropic medicine of each therapeutic class (anti-psychotic, antidepressant, mood stabilizer, anxiolytic, and antiepileptic medicines) available in the facility or a near-by pharmacy all year round (with a prescription).

Day treatment facilities

1. There are 2 day treatment facilities available in the country, but neither of these facilities is for children and adolescents only.
2. These facilities treated 3000 users in 2004 (3.7 users per 100,000 general population).
3. Of all users treated in day treatment facilities, 33% are female and 10% are children or adolescents.
4. On average, users spend 40 days per year in day treatment facilities.

Community-based psychiatric inpatient units

1. There are 20 units available in the country for a total of 300 beds (0.37 per 100,000 population).
2. There are no beds in community-based inpatient units reserved for children and adolescents only.
3. About 5% patients in community-based psychiatric inpatient units received one or more psychosocial interventions in the last year.

Community residential facilities

There are no community residential facilities available in the country.

Mental hospitals

1. There are 30 mental hospitals available in the country for a total of 5000 beds (6.18 beds per 100,000 general population).
2. Eighty three percent of these facilities are organizationally integrated with mental health outpatient facilities.
3. Four percent of beds in mental hospitals are reserved for children and adolescents.
4. The total number of beds has increased by 300 (6%) in the last five years.
5. The patients admitted to mental hospitals belong primarily to the following three diagnostic groups: Schizophrenia, schizotypal and delusional disorders (60%); Mood [affective] disorders (15%); Neurotic, stress-related and somatoform disorders (15%)
6. The number of patients treated in mental hospitals in 2004 was 54,500.
7. The average number of days spent in mental hospitals was 35.
8. Between 60-70% of patients in mental hospitals received one or more psychosocial interventions in the last year.
9. All of the 30 mental hospitals had at least one psychotropic medicine of each therapeutic class (anti-psychotic, antidepressant, mood stabilizer, anxiolytic, and antiepileptic medicines) available in the facility.

Forensic and other residential facilities

In addition to beds in mental health facilities, there are also 300 beds (0.37 per 100,000) for persons with mental disorders in forensic inpatient units.

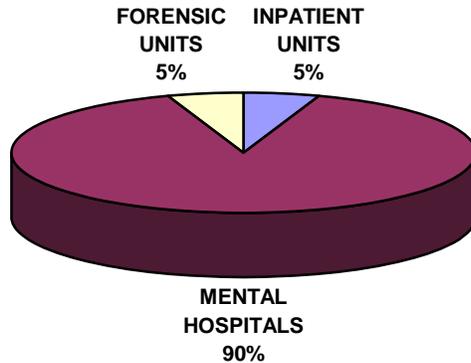
Human rights and equity

1. 1% of all admissions to mental hospitals are involuntary.
2. About 1% of patients were restrained or secluded at least once within the last year in community-based psychiatric inpatient units, in comparison to 2-5% of patients in mental hospitals.
3. Inequity of access to mental health services for other minority users (e.g., linguistic, ethnic, religious minorities) is a moderate issue in the country.

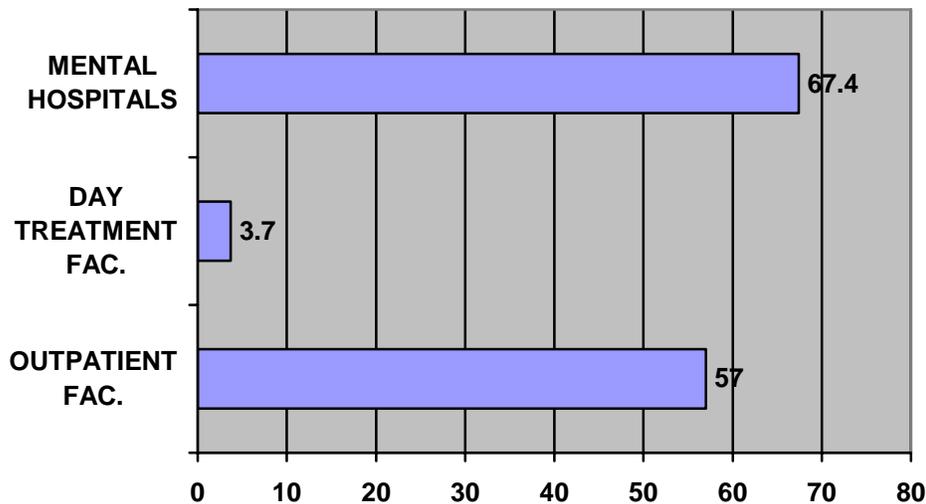
Summary Charts

The majority of beds in the country are provided by mental hospitals (Graph 2.1).

GRAPH 2.1 - BEDS IN MENTAL HEALTH FACILITIES AND OTHER RESIDENTIAL FACILITIES



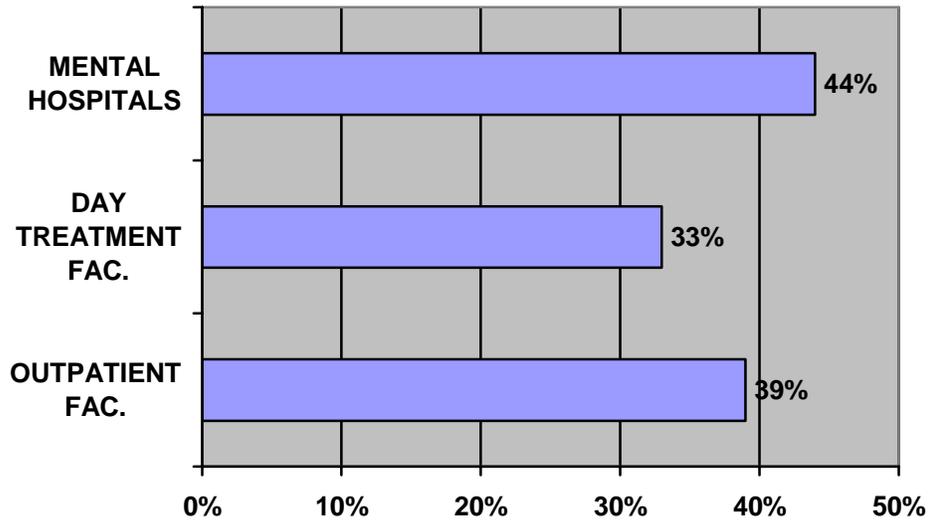
GRAPH 2.2 - PATIENTS TREATED IN MENTAL HEALTH FACILITIES (rate per 100.000 population)



The majority of the users are treated in mental hospitals followed by outpatient facilities (Graph 2.2).

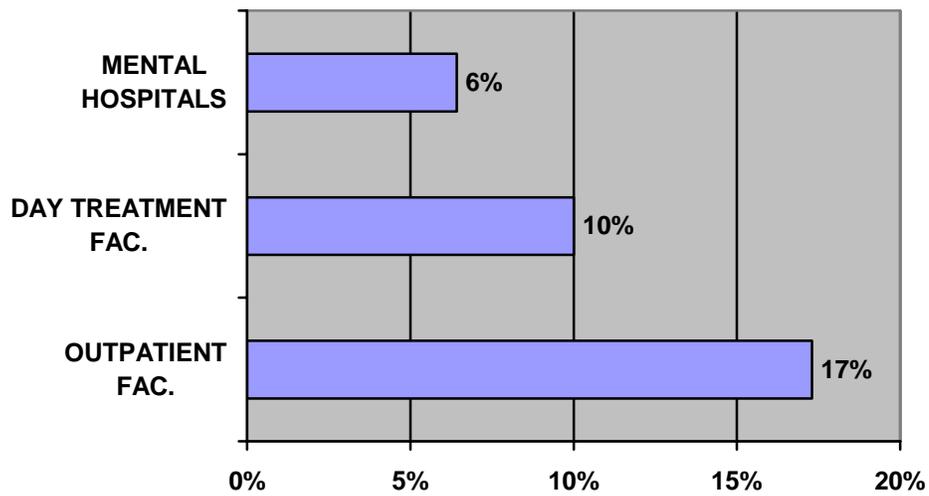
Female users make up over 40% of the population in all mental health facilities in the country. The proportion of female users is highest in mental health hospital and lowest in day treatment facilities (Graph 2.3).

GRAPH 2.3 - PERCENTAGES OF FEMALE USERS TREATED IN MENTAL HEALTH FACILITIES



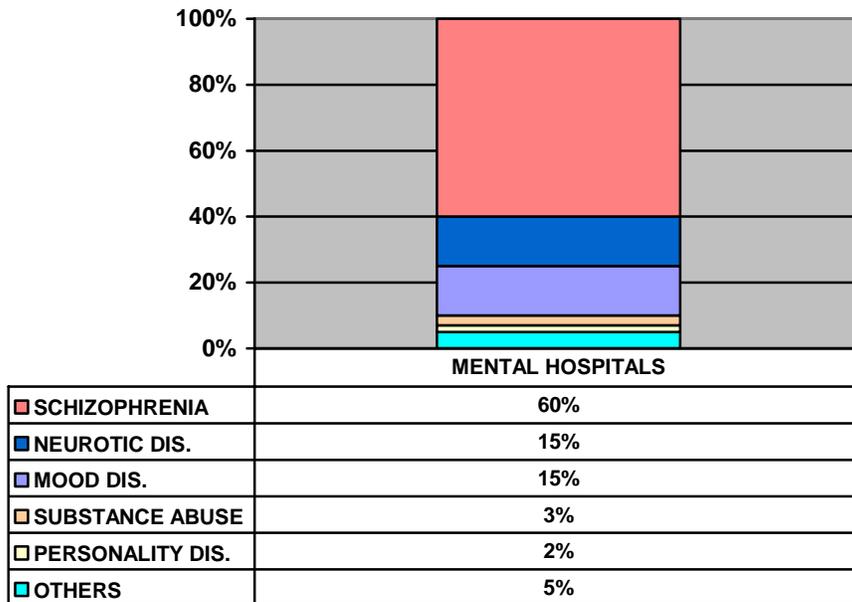
The proportion of children users is highest in mental health outpatient facilities and lowest in mental hospitals (Graph 2.4).

GRAPH 2.4 - PERCENTAGES OF CHILDREN AND ADOLESCENTS TREATED IN MENTAL HEALTH FACILITIES



In mental hospitals 60% of the patients are diagnosed with Schizophrenia. Diagnoses for patients in outpatient facilities are unknown (Graph 2.5).

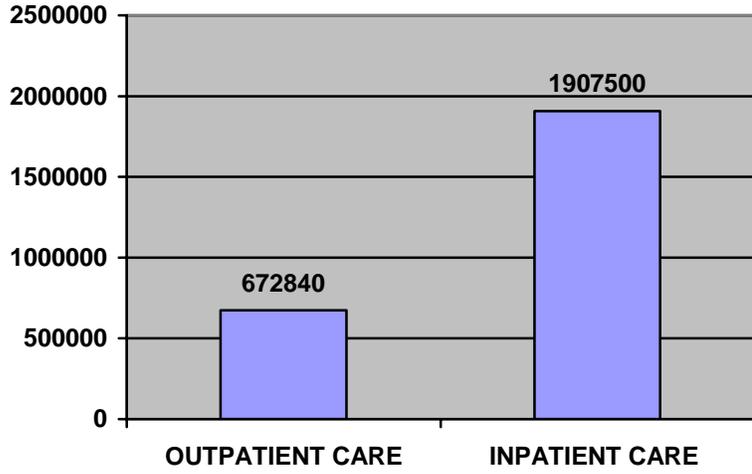
GRAPH 2.5 - PATIENTS TREATED IN MENTAL HOSPITALS BY DIAGNOSIS



Psychotropic drugs are mostly widely available in mental hospitals and outpatient mental health facilities.

The ratio between outpatient/day care contacts and days spent in all the inpatient facilities (mental hospitals and general hospital units) is an indicator of extent of community care: in this country the ratio is 2.8 inpatient days for every outpatient visit (Graph 2.6).

**GRAPH 2.6 INPATIENT CARE VERSUS
OUTPATIENT CARE**



Domain 3: Mental Health in Primary Health Care

Training in mental health care for primary care staff

1. Two percent of the training for medical doctors is devoted to mental health, in comparison to one percent of nurses and none for non-doctor/non-nurse primary health care workers.
2. In terms of refresher training, 22% of primary health care doctors have received at least two days of refresher training in mental health.

Mental health in primary health care

1. All primary care facilities are physician based.
2. In terms of physician-based primary health care clinics, 51-80% has assessment and treatment protocols for key mental health conditions available.
3. A majority (51-80%) of primary health care doctors made on average at least one referral per month to a mental health professional
4. As for professional interaction between primary health care staff and other care providers, a majority (51-80%) of primary care doctors have interacted with a mental health professional at least monthly in the last year.
5. A few (less than 20%) of physician-based PHC and mental health facilities have had interactions with a complimentary/alternative/traditional practitioner.

Prescription in primary health care

1. Non-doctor/ non-nurse primary health care workers are not allowed to prescribe psychotropic medications in any circumstance.
2. As for availability of psychotropic medicines, the majority (51-80%) of physician-based PHC clinics and non-physician – based PHC have at least one psychotropic medicine of each therapeutic category (anti-psychotic, antidepressant, mood stabilizer, anxiolytic, and antiepileptic).

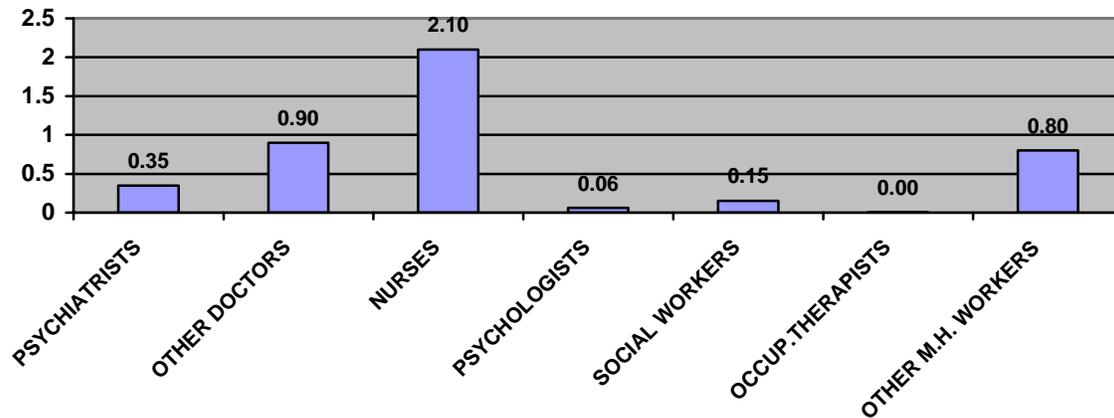
Domain 4: Human Resources

Number of human resources in mental health care

1. The total number of human resources working in mental health facilities or private practice per 100,000 population is as follows (see also Graph 4.1):

Human resources	No	Per 100,000
1. psychiatrists	286	0.35
2. other medical doctors, not specialized in psychiatry,	730	0.90
3. nurses	1,700	2.10
4. psychologists	50	0.06
5. social workers	125	0.15
6. occupational therapists	4	0.00
7. other health or mental health workers (including auxiliary staff, non-doctor/non-physician primary health care workers, health assistants, medical assistants, professional and paraprofessional psychosocial counsellors)	650	0.80

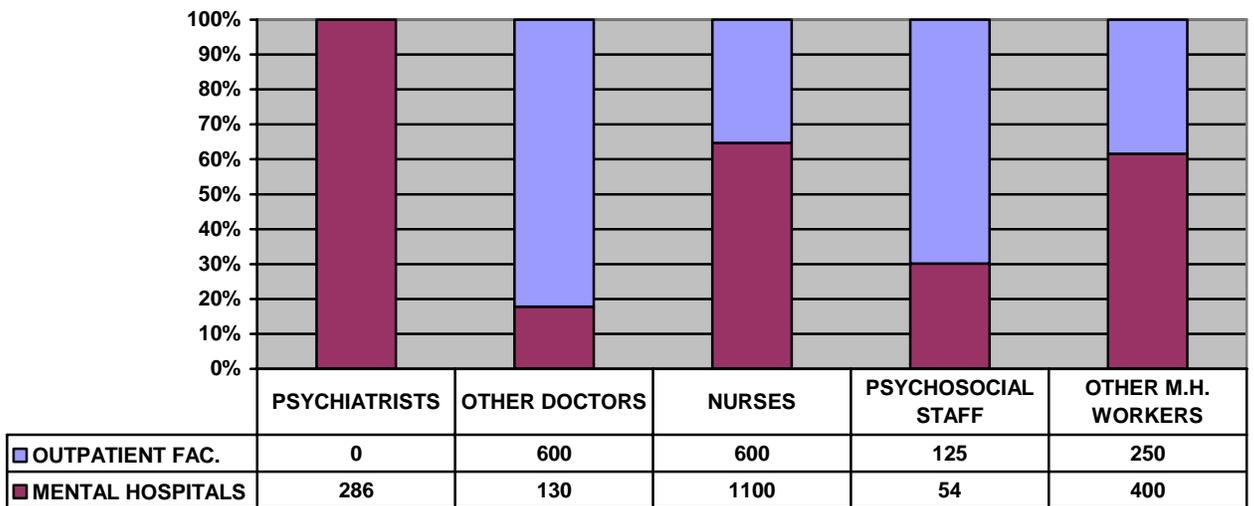
GRAPH 4.1 - HUMAN RESOURCES IN MENTAL HEALTH
(rate per 100.000 population)



2. 76% of psychiatrists work only for government administered mental health facilities, 8% work only for NGOs/ for profit mental health facilities/private practice, while 16% work for both the sectors.
3. 94% of psychologists, social workers, nurses and occupational therapists work only for government administered mental health facilities, 1% work only for NGOs/ for profit mental health facilities/ private practice, while 5% work for both the sectors.

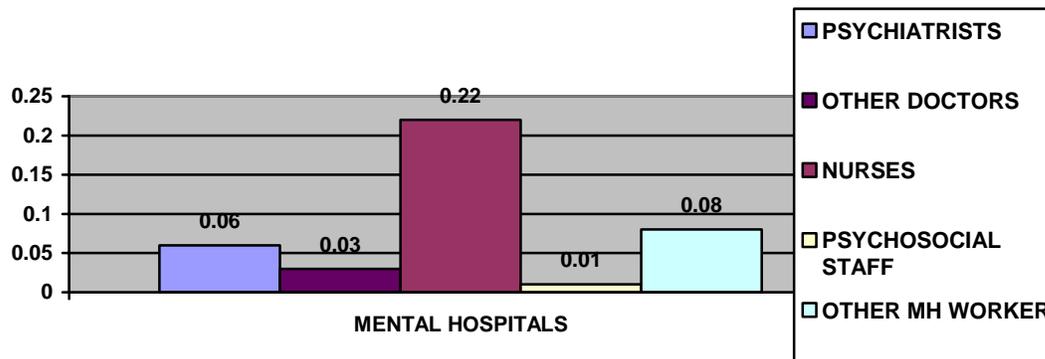
4. Regarding the workplace, no psychiatrists work in outpatient facilities whereas 286 work in mental hospitals; 600 other medical doctors, not specialized in mental health, work in outpatient facilities and 130 work in mental hospitals; 600 nurses work in outpatient facilities and 1,100 work in mental hospitals; 125 psychosocial staff (psychologists, social workers or occupational therapists) work in outpatient facilities whereas 54 work in mental hospitals. In regards to other health or mental health workers, 250 work in outpatient facilities and 300 work in mental hospitals (Graph 4.2).

GRAPH 4.2 - STAFF WORKING IN MENTAL HEALTH FACILITIES



5. In terms of staffing in mental health facilities, there are 0.06 psychiatrists, 0.03 other medical doctors, and 0.22 nurses per bed in mental hospitals. In addition, there are 0.01 psychologists, social workers, and occupational therapists and 0.08 other health or mental health workers per bed in mental hospitals (Graph 4.3).

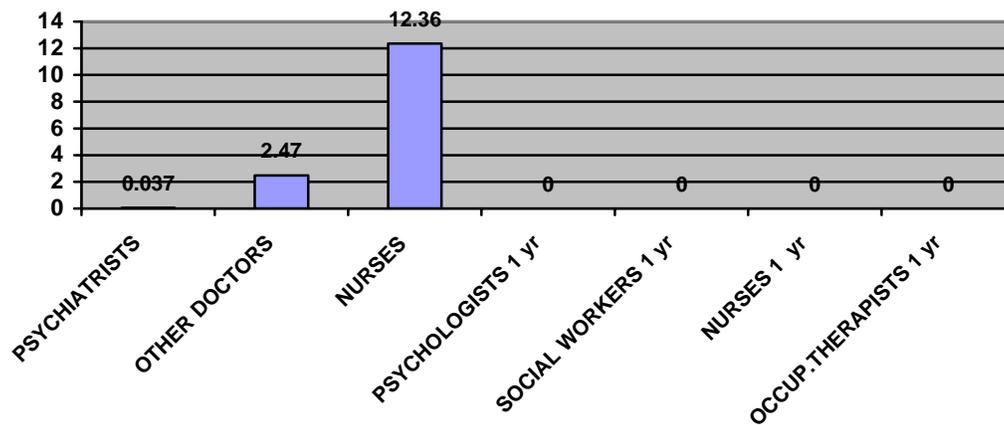
GRAPH 4.3 - RATIO HUMAN RESOURCES/BEDS



Training professionals in mental health

1. The number of professionals graduated last year in academic and educational institutions is as follows: 30 psychiatrists (0.037 per 100,000), 2000 other medical doctors, not specialized in psychiatry (2.47 per 100,000), and 10,000 nurses (12.36 per 100,000). No psychologists, social workers, occupational therapists, or other health or mental health workers (including auxiliary staff, non-doctor/non-physician primary health care workers, health assistants, medical assistants, professional and paraprofessional psychosocial counselors) with at least 1 year training in mental health care have graduated in the last year (Graph 4.4).

GRAPH 4.4 - PROFESSIONALS GRADUATED IN MENTAL HEALTH (rate per 100.000 population)



2. No psychiatrists have emigrated to other countries within five of the completion of their training.

Consumer and family associations

No official consumer and family associations exist in the country.

Domain 5: Public Education and links with other sectors

Public education and awareness campaigns on mental health

1. There is a coordinating body to oversee public education and awareness campaigns on mental health and mental disorders.
2. Government and international agencies have promoted public education and awareness campaigns in the last five years.
3. These campaigns have targeted the general population.
4. In addition, there have been public education and awareness campaigns targeting professional groups including health care providers, leaders and politicians.

Legislative and financial provisions for persons with mental disorders

Legislative and financial provisions exist and are intended to protect and provide support for users, but none of these provisions are enforced.

Links with other sectors

1. In addition to legislative and financial support in the domains of employment and housing, there are formal collaborations with the departments/agencies responsible for
 1. Primary health care/ community health
 2. Reproductive health
 3. Child and adolescent health
 4. Substance abuse
 5. Child protection
 6. Employment
 7. Welfare
 8. Criminal justice
 9. The elderly
2. In terms of support for child and adolescent health, no primary or secondary schools have either a part-time or full-time mental health professional and no primary or secondary schools have school-based activities to promote mental health and prevent mental disorders.
3. Regarding mental health activities in the criminal justice system, 21-50% of prisons have at least one prisoner per month in treatment contact with a mental health professional.

4. As for training, no police officers, judges, or lawyers have participated in educational activities on mental health in the last five years.
5. In terms of financial support for users, a few (less than 20%) of mental health facilities have access to programs outside the mental health facility that provide outside employment for users with severe mental disorders.

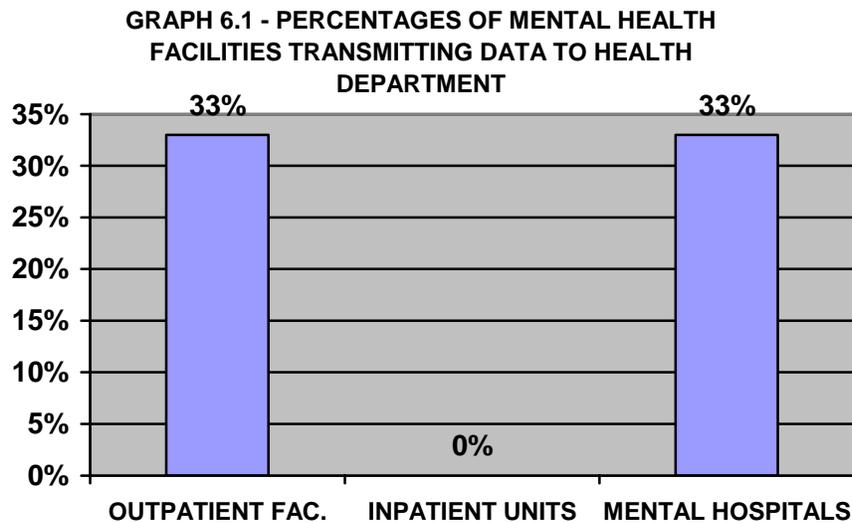
Domain 6: Monitoring and Research

A formally defined list of individual data items that ought to be collected by all mental health facilities exists (Table 6.1).

Table 6.1 - Percentage of mental health facilities collecting and compiling data by type of information

	MENTAL HOSPITALS	INPATIENT UNITS	OUTPATIENT FAC.
N° of beds	100%	0%	
N° inpatient admissions/users treated in outpatient fac.	100%	0%	100%
N° of days spent/user contacts in outpatient fac.	100%	0%	100%
N° of involuntary admissions	0%	0%	
N° of users restrained	0%	0%	
Diagnoses	100%	0%	100%

The extent of data reporting is variable among mental health facilities. The government health department received data from 10 mental hospitals (33%), no community based psychiatric inpatient units, and 200 mental health outpatient facilities (33%) (Graph 6.1). Based on this data, a report was published on this data but did not include comments.



Mental health research in Viet Nam has focused on:

1. Epidemiological studies in community samples
2. Epidemiological studies in clinical samples
3. Non-epidemiological clinical/questionnaires assessments of mental disorders
4. Biology and genetics
5. Psychosocial interventions/psychotherapeutic interventions
6. Pharmacological, surgical and electroconvulsive interventions

Next Steps in Planning Mental Health Action

Planning workshop

In August of 2005, two planning workshops were held. One was in Hanoi and the other in Ho Chi Minh City. Both of these workshops were well attended by providers, Ministry of Health officials, and WHO representatives. These workshops identified the following priorities:

1. Health personnel include training provision for different human resources such as psychiatrists; nurses; and psychologists. There also needs to be a greater recruitment of people to work in mental health. Increasing the salary and income for mental health staff may help to facilitate recruitment.
2. Development of community services to be more outpatient facilities; program development for adolescent and children
3. Educating general public through the media newspaper and TV on mental health care

4. Development of a mental health law
5. Increasing the budget for mental health
6. Developing a curriculum training program for educating students for bachelor degrees in medicine/psychiatry, nursing and psychology at the medical universities/colleges.
7. Investing more in the infrastructure and equipment for mental health facilities
8. Providing short training course for staff working in commune and district level on basic knowledge of mental health
9. Allocating budget properly for in and outpatient mental health services.

Timeframe:

1. One short-term action that could be accomplished within a 6-month period: Training program to develop human resources, including psychiatrists, nurses, and psychologists.
2. One medium-term action that could be accomplished with a 2-year timeframe: Development of community services into more outpatient facilities; program development for adolescent and children mental health services.

The World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS) was used to collect information on the mental health system in Vietnam. The goal of collecting this information is to improve the mental health system and to provide a baseline for monitoring the change.

Based on the assessment the strengths of the mental health system in Viet Nam are:

- There is legislation to protect human rights of patients
- There are efforts to promote equity of access to mental health services
- Essential psychotropic medicines are available in all hospital facilities
- The mental health sector has formal links with other relevant sectors (e.g., health, education, criminal justice, etc.)
- Mental health providers interact with primary care staff
- A mental health policy, plan and legislation exist (however, they need updating)

Weaknesses revealed by the assessment include:

- The network of mental health facilities is not yet completed
- The mental health system provides more services in mental hospitals than in the community
- Despite mental health legislation to protect human rights, practical implementation of the legislation is weak.
- There is a limited amount of training provided to primary care staff
- Family and consumers associations do not exist
- The mental health information system does not work well

The report also includes recommendations about how to improve the mental health system in Viet Nam.