

STRATEGIC MEETING

FOR REVIEWING RTCCD'S PROGRESS

*ON MENTAL HEALTH CARE
DEVELOPMENT
IN VIETNAM*



by

**Tran Tuan
Jane R.W. Fisher**



Hanoi, 2006

RTCCD is an independent research institution with ten years of experience in research and training in community health and community development in Viet Nam. The Key Center for Women's Health in Society (KCWHS) of the University of Melbourne, Australia is a WHO collaborating center with international expertise in mental health care, especially mental health care for mothers and children in developing countries. Since 2002, RTCCD and KCWHS have established collaboration in human resource development in public health. In January 2005, we founded the RTCCD - University of Melbourne Partnership for action research on mental health care for mothers and children in Viet Nam. This strategic meeting is one of many successful activities that our partnership group have been implemented during the last 2 years .

Contents

Introduction.....	3
1. RTCCD and mental health care development	3
2. Expression of view on mental health care in Vietnam from participants and their organizations' action plan.....	4
3. Discussion on 2007 action plan and collaboration for networking.....	7
4. Summary meeting outputs	10
Annex 1- Meeting objectives and working agenda.....	12
Annex 2 – Lists of participants attended.....	13
1- National participants.....	13
2. International Participants	14
Annex 3 – RTCCD's outcomes in mental health care development period 2005-06.....	15

Introduction

On Oct 11, from 8h30 to 12:00, at RTCCD training room, RTCCD organized a strategic meeting for reviewing RTCCD's progress in 2005/06 on mental health development and for proposing an action plan for year 2007 (*See annex 1- Meeting objectives and schedule*). The meeting is also a chance for participants from 24 organizations including 4 donors (WB, UNICEF, WHO, IOM, UNFPA), 2 international NGOs (Plan International in Vietnam, VVAF), 4 universities, 2 provinces, 1 national hospital of psychiatry, and 2 ministries discussed about the network of action for mental health in Vietnam (*See Annex 2- lists of participants attended*). The meeting also drew the attention of news agencies and newspapers in Ha noi. News related to the meeting has appeared in public newspapers and the Voice of Vietnam in the following days (*see Dan Tri, 13/10/2006: www17.dantri.com.vn/News/; An Ninh Thu Do, 13/10/2006; Tuoi Tre Thu Do, 16/10/2006*).

The meeting was chaired by Dr. Tran Tuan (RTCCD) and Associate Professor Dr. Jane Fisher (the Key Centre for Women's Health in Society, in the School of Population Health at the University of Melbourne). The meeting was structured into three parts: (1) RTCCD and mental health care development; (2) expression from international and local organizations on their view on mental health care in Vietnam and need of action; and (3) discussion of a consensus agreement about future action and networking.

1. RTCCD and mental health care development

After introducing participants and reviewing the objectives of the meeting, Dr. Tran Tuan presented about RTCCD's outcomes in mental health care development for the 2005-06 (*See Annex 3*). He emphasized RTCCD's framework for action. It includes: (1) foundation of mental health and mental health care; (2) WHO recommendation for mental health action; (3) epidemiological evidence on mental health burden in mothers and children in Vietnam conducted by RTCCD and the University of Melbourne; and (4) RTCCD's assessment on the mental health care system in Vietnam. From the framework, RTCCD built a model of community-based mental health care (*See slide 12 of Annex 3*). In 2005-2006, RTCCD launched various activities in terms of validity study for tools used in screening mental disorders, establishing the *TuNa* clinic towards WHO criteria for a reference clinic at the primary care level, launching short-training courses for medical and non-medical professional staff on primary mental health care, developing educational materials on primary mental health care, and extending collaboration with government institutions, hospitals, universities, international NGOs, and international donors to implement the community based model of primary mental health care focusing on mothers and children.

RTCCD action plan 2007 (*See slides 16-19 of Annex 3*) is expected to be even bigger than the 2006 plan and received wide support from its partners, especially from Hanam province, Hanoi city Department of Health, Dept of Pediatrics of Hanoi Medical School, National Hospital of Psychiatry No 1, General Medical Association, and the National Committee for Population, Family and Children.

2. Expression of view on mental health care in Vietnam from participants and their organizations' action plan

After Dr. Tuan's presentation, Professor Fisher chaired the discussion. She emphasized the objective of this part is to see view point on mental health from each organization, and see where mental health fits into their strategies, especially those for maternal and children mental health.

Christine Comblain (*Mental health team, WHO*)

WHO is committed to provide support to the government and other stakeholders in order to strengthen mental health care in Vietnam.

Last June, strategic meeting and a workshop were held in Hanoi and Ha Long. The meetings, which were facilitated by two international experts, were attended by many participants, including different mental health care providers, ministry of health officials.

The WHO team was very happy to observe strengths in the current mental health systems. For example, there is a national program that is integrating community-based mental health care in every province and about 30% of the communes. In those communes, person with mental health disorders can turn to the primary care center to be diagnosed and helped. This program also conducts activities like clinical training and information campaigns. Another strength is that essential psychotropic medicines are available in all hospitals facilities. In addition, the mental health sector has formal links with other relevant sectors, such as education, justice.

There is still much to do and participants of the workshop stressed the need to assess the current model of care delivery, to have more and better qualified human resources, which means increasing the number of trainings. In addition, the National Program focuses only on two disorders - *schizophrenia* and *epilepsy* – Depression was added later. So there is a need to expand the scope of the mental disorders that are cared for. Other concerns are the lack of a strong mental health policy and the often inadequate care and poor living conditions in mental hospitals. Finally, there are few activities for prevention of mental disorders and there are no special facilities for women and children.

Having said that WHO is pleased to see RTTCD's commitment towards mental health and to be able to attend this workshop.

Andrew Bruce (*Chief of Mission, International Organization of Migration (IOM), Vietnam Office*)

IOM has operated formally in Vietnam since 1987, dealing mainly with migration and disability and collaborations for improvement in migrant issues. In Vietnam, IOM is a member of UN country team. VN has large numbers of people migrating each year. With the rapid change of technology and of globalization, IOM is concerned about health and well-being of these migrants, as they are often neglected by the formal health system. From working with migration projects, we recognized that migrants have longer psychological scars than physical scars. Trafficked women also need psychosocial supports to function in everyday life. MH becomes global health for every nation. There is clear evidence that those on the move are more vulnerable and mothers and children suffers most. MH of those people is of great concern to IOM and we hope that everyone will collaborate for a better MH care for people in Vietnam.

Kerry Fisher (*Regional Director, Vietnam Veteran American Foundation- VVAF*)

VVAF focuses mostly on disability, but is now concerned about MH care for community people. We are launching a pilot study to look at community needs across Da Nang and Khanh Hoa, household survey and commune leader survey, service for MH care at community-base level. The component that we are going to involve in is to work with family and individual who are screened with MH disorders and the self-helped group. This project is a pilot. The finish of it's is a start of a design for a new intervention program based on the need assessment results which depends on the interests of partners and donors.

Ms. Thuy Hong (*UNICEF - MCH*)

On behalf of UNICEF Section of Maternal and Child Health in Viet Nam, I could say that UNICEF has supported many activities in this field, but it is not possible for us to say that we are working on mental health for mothers and children. We have been supporting NCPFC to launch counseling services and hope to gain more cooperation with the related institutions to improve quality of social services, including psychological service to children in schools and hospitals of pediatrics. Currently, UNICEF is supporting a community-based model on psychological counseling.

Prof. Pham Song (*Chairman of the Vietnam National Medical Association*)

Right after the war, the issue of mental disorders has been raised, for both children and adults. In a role of a leader of Ministry of Health, I had asked WHO to help us to conduct a study in some targeted areas in Vietnam, such as people living in Vinh Linh Tunnel system, communities around Lam River Ferry and Cu Chi Tunnel system. However, data reported seems not much different from that of other countries, both for adults and children. Perhaps,

victory made us be coping well to social difficulties that existed after the war. Life at that time, both mental and material life, was all simple.

After 20 years of renovation, many social problems raised, including problems to mothers and children. I found that RTCCD have been done a very useful work, the work that the government has not been done well. Epidemiological data reported by RTCCD that 20% of mothers and children had diagnosed of probable cases of mental disorders are believable for Viet Nam. In Vietnam, as usual they may not consider this proportion of population as mental disorders, rather than, they consider them to have ethical issues. RTCCD conducted validity study of mental health screening tools is a very good approach, as we need tools to diagnose mental disorders at community level. I observed that nowadays, elderly people engage in doing morning exercise, while young people do not and committed suicide is not uncommon in the youth. Therefore, I quite agree that mental health care for children and youth people should be a priority, and I fully support national medical association running activities in this field in collaboration with RTCCD.

Dr. Nguyen Trong An (*Deputy Director, Dept. of Children, National Committee for Population, Family, and Children*)

Vietnamese society is changing quickly and the social changes are impacting to children vigorously. Besides the usual needs such as education, health, child labour, we now have to pay attention to child abuse, child trafficking, child accident and injuries, and child mental disorders. Induced injuries for children (such as suicide, self-inducing injuries...) are still not addressed. Currently we lack policies for prevention and treatment of mental disorders. NCPFC has a network of 150 thousand community collaborators. They need to be trained on counseling, recognizing and preventing mental disorders. During the past two years, NCPFC has got only a small grant from UNICEF for organizing workshops on orientation of mental health care in children. We currently plan to develop national policy on mental health care for children. With support from UNICEF, NCPFC is collaborating with RTCCD to conduct small studies to provide scientific evidence for building policies on mental health care for Viet Nam.

Dr. Lam (*Vice Chairman of Ha Nam Provincial People's Committee*)

Ha Nam sent a team of three: Dr. Quyet (Director of provincial health service department), Mr. Thuan (Chairman of provincial red-cross association), and myself. In Ha Nam, I believe that prevalence of mental disorders is high, especially in women and children around ten years old. We are looking for an institution which could help us to address this issue. I am very interested in RTCCD strategy of action for mental health. Perhaps in this country, we need to have a committee to be responsible for managing mental disorders. Ha Nam is developing educational strategies 2006-2010 with a vision to 2020. We plan to build 2 universities (one of them is private). In one of the universities, there must be a faculty of community health and mental health. Without this faculty, we could not deal with problems in community health. We expect

to develop more collaboration with various organizations from this meeting to provide better mental health care services at community level of Ha Nam.

3. Discussion on 2007 action plan and collaboration for networking

Professor Fisher warmed the discussion by a presentation of why we should focus on mental health care for mothers and children in developing countries, including Vietnam. In summary, Professor. Fisher's presentation highlighted the following notes:

→ Increased awareness in rich countries of determinants and adverse effects of poor mental health in women during:

- pregnancy
- childbirth
- early years of mothering
- mental health makes a substantial contribution to maternal morbidity and mortality, but relatively little data from resource poor countries
- rates of depression are as high in pregnancy as after childbirth: 13% - 16% in developed countries (can be underestimated because symptoms of depression and pregnancy are similar) and two to three times higher in developing countries.

→ Mothers of young children who are depressed are more likely: to cease breastfeeding very early, and their infants have:

- poorer nutritional status,
- lower weight gain,
- shorter stature at age six months,
- higher rates of diarrhoea diseases,
- are less likely to be fully immunized.

→ Mental health is closely linked to the realisation of the Millennium Development Goals

- MDG 4: Reduced child mortality
- MDG 5: Improved maternal health
- MDG 3: Women's right to equality of opportunity and participation

→ The mental health of mothers in Vietnam is a significant public health problem. However, Vietnam should not just apply evidence generated in other countries and needs high quality local scientific evidence of the nature, prevalence and determinants of poor mental health in mothers and the consequences of poor maternal mental health for their children. This evidence is an essential base for the implementation of interventions and for establishing mental health care policy for Vietnam.

Dr. Quang (*Director, National Hospital of Psychiatry No.1*)

I am very supported to the idea of we need to have conduct local studies for mental health care for mothers and children, not only just using reference data from international sources.

Mental health is a broad issue. In Vietnam, we do not have mental health policy in true meaning. We mistakenly said that we have mental health policy as the government released decree 75 for free health care for patients of epilepsy and psychiatry. It is not considered as mental health in a general context. Mental health policy should cover all people, not only a segment of patients. Even with mental patients only, Decree 75 does not cover enough, it just focuses on patients of two diseases. I would mention here that while WHO is eager to support Vietnam to develop mental health policy, the MOH is not.

Since year 2000, we have a national mental health program. This program has launched in 60 provinces, but only a few provinces are fully covered. Most of others we just stop at some pilot communes or districts. In addition, the program just covers two diseases (Schizophrenia and Epilepsy. Recently, severe depression is added. While mental disorders consist of more than 300 items of illnesses. Mental disorders in children and mothers have not been done.

The weakest point in the mental health care system is counseling for mental health care. Hospital system could not do. This is the work of other sectors.

The mental health system currently launches the community-based model for mental health care. We found that this model needs to be evaluated. We know that WHO has proposed RTCCD to conduct an analysis of cost-effectiveness of the national model on community-based mental health care. We support for this work and would like to collaborate with RTCCD to complete this evaluation.

Human resource development for mental health care is the top priority. Currently, the medical schools are responsible for training psychiatrists who work in hospital settings, not at community settings. We expect to collaborate with RTCCD and other institutions to launch training for health workers at community level on primary mental health care. We need to make influence to policy makers. To do that we need to have a network and evidence. It takes us two or three years to have evidence by research.

Dr. An (*NCPFC*)

We agree that we need to make influence to country leaders and policy makers. From our experience in the child care project, we spent three years at community level, but benefits are not beyond the project areas. In the last two years, we focus on conveying information to policy makers. Things change quickly at national wide. We expect in the coming years, we could get national budget for mental health care for children.

Dr. Phuong (*Vice Director, Dept of Pediatrics, Hanoi Medical School*)

Child care strategies have five components, but do not have component of mental health care. That is why recently Dept of Pediatrics and the National Association of Pediatrics had to organize a training day for updating information on mental health care for children. RTCCD has collaborated with us and Dr. Tuan and Dr. Fisher came for presentation. We are considering to add a module of mental health care into the training program for pediatrics.

It is a fact that a pediatrician at central level has to examine about 50 to 60 children a day. It is not suitable for them to consider mental health problem. Therefore, we support the idea of introducing primary mental health care at the communal level. In addition, we have to care mental health since a child still in mother's care. That is why, mental health care mothers and children are linked together and I support for this approach.

Kerry Fisher (*VVAF*)

We should collaborate to provide evidence for policy making. However, we should also pay attention to people's need, especially for those sufferer from illnesses, and those return community after being treated at hospitals. Therefore, we need to have collaboration between community people and health workers.

Dr. Van Anh (*Vice director of Dept of Health Planning, Hanoi City Health Service*)

I agreed with other opinions in terms or collaboration for developing policies and providing services to people for control of mental disorders. However, from my position of healthcare planning, we found that the most needed now is evidence. We are planning without empirical data on mental health problems for mothers and children. As Dr. Quang presented, the national mental health program has been launched in 100% of communes in Hanoi (233 communes), and we have two city hospitals of psychiatrics. But none of them launch mental health care for mothers and children. We thought that mental disorders are certainly a public health problem, but we need data for planning; both epidemiological data and services. Recently, one of our hospitals received a small grant for school mental health, but last only 1.5 years. It is not enough for providing evidence to meet the need of city planning of mental health care services.

Mrs. Mai (*the World Bank Vietnam*)

The World Bank just recently supported RTCCD a small grant to develop educational document on child care, including mental health care. But it is not enough to say that WB has been working on mental health for mothers and children.

However, WB is interested in helping people to form a network for mental health care for Vietnam. I suggest that RTCCD could take a coordinating role in bring people together for the

purpose of mental health action. We need to develop a ToR. Then WB, WHO and other international agencies could support for the network activities, such as workshop, meetings, printing documents. When we have a network, we have a common voice about mental health care. It gains much more power than a voice from a single institution. If WB received a proposal from RTCCD for the network, we could support it through the small grants scheme. If you have a project for network actions, we could use them to ask for funds from other donors.

Mrs. Hoa (Project officer, IOM)

I thought we gained a significant change on mental health for Vietnam today, although it is the first step. We all agreed that we need to collaborate for better mental health care for Vietnam, and we need to maintain what we have gained. For sustaining collaboration, a network will be established, and then we need to set up an agenda for meeting and communications mechanism where activities from various member institutions are informed to each other. For example, every two months we should have one meeting, and today is the first one.

4. Summary meeting outputs

Professor Fisher summarized the key outputs

- Today we had a chance to see an open and positive consensus that increased action to improve mental health care in Vietnam is needed. RTCCD, a local NGO has demonstrated its capacity to lead mental health care development in collaboration with its many partners who, most generously, attended this meeting
- We agreed from this meeting that mental health is a broad field; it is not only about the serious psychotic mental illness of schizophrenia, neurological conditions like epilepsy and hospital care for patients with these illnesses. Mental health applies to everyone and includes the needs for mental health promotion, prevention and early intervention as well as treatment.
- We heard in particular today that mothers and children are vulnerable groups who require targeted action on mental health care. We need to develop a systematic approach to actions to improve the mental health of mothers and young children.
- Our goal is to have a suitable policy on mental health for Vietnam. To approach this goal, we need a good local scientific evidence base. In order to understand the nature and prevalence of common mental disorders and the effects on the health and development of very young children a well-designed prospective longitudinal study is essential. It will provide a strong base for the development of local policy and community based interventions.

- Viet Nam does not yet have a critical mass of researchers who are able to conduct such a study and international technical and funding collaboration will be needed . Through research, we develop human resources and through research, we generate evidence for mental health policy development.
- The proposal to establish a local network with agreed ToR to oversee these initiatives is excellent and I endorse it strongly. I am impressed that there is enthusiasm and determination to establish the ToR for this network. RTCCD, IOM and the University of Melbourne will co-chair this network at the beginning months. An action plan can be developed by the network once it is put into operation.

Annex 1- Meeting objectives and working agenda

1. Objectives

- To review RTCCD progress gained since the workshop on primary mental health care for mothers and children (June 2005) in mental health care development in Vietnam
- To seek a consensus among RTCCD and its partners in RTCCD's action plan for 2007
- To foster collaboration between RTCCD and its partners in the field of mental health care development for Vietnam
- To highlight issue of networking for mental health care development for Vietnam and plan of action for that.

2. Schedule

<i>Time</i>	<i>Contents</i>	<i>Presented by</i>
08:45 – 09h00	Introduction and objectives of the meeting	<i>Dr. Tuan</i>
09:00 – 09:35	RTCCD and mental health care for mothers and children: framework for action, activities in 2005-2006, and proposed plan 2007	<i>Dr. Tuan</i>
09:35 – 10:35	Donors, national, and local counterparts and their view on development of mental health care for Vietnam	<i>Representatives of every organization</i>
<i>10:35 – 11:00</i>	<i>Tea-Break</i>	
11:00 – 11:10	Why mental health care is a priority and what should we do for that?	<i>Prof. Fisher</i>
11:10 – 11:55	Strengthening collaboration in mental health care development for VN and plan of action	<i>Free discussion</i>
11:55 – 12:05	Summary of the meeting findings	<i>Prof. Fisher</i>

Annex 2 – Lists of participants attended

1- National participants

1	Nguyen Trong An	Deputy Head of Children Dept., National Committee of Population, Family and Children
2	Pham Thi Thu Ba	Dept. of Students Affairs, Ministry of Education and Training
3	Bui The Khanh	Officer in charge of mental health at the Dept. of Curative Medicine, Ministry of Health
4	Than Van Quang	Director of National Hospital of Psychiatrics No.1
5	Nguyen Thi Phuong	Deputy Head of Pediatrics Dept., Hanoi Medical School
6	Nguyen Thi Thanh Mai	Officer of Pediatrics Dept., Hanoi Medical School
7	Quach Thuy Minh	Head of Psychiatrics Dept., National Hospital of Pediatrics
8	Nguyen An Lich	Director of Population, Environment and Social Work Center, Hanoi University of Social Science and Humanities
9	Nguyen Thi My Loc	Hanoi University of Teachers' Training, Dept. of Psychiatrics
10	Dam Viet Cuong	Director of Health Strategy and Policy Institute, Ministry of Health
11	Nguyen Thi Kim Lien	Dept. of Health, Central Commission for Sciences and Education
12	Pham Song	General Medical Association
13	Nguyen Lap Quyet	Hanam Provincial Health Dept.
14	Tran Van Thuan	Hanam Provincial Red-cross Association
15	Nguyen Thi Van Anh	Hanoi Health Dept.
16	Nguyen Nhu Lam	Provincial People's Committee of Ha Nam
17	Tran Thi Ngoc Nam	Journalist of Education and the New Era Newspaper
18	Nguyen Thuy Linh	Journalist of Cong Ly Newspaper
19	Dang Dinh Nam	Journalist of Economic Times
20	Nguyen Bao Thang	Journalist of An Ninh Thu Do Newspaper

National participants (from Newspapers)

21	Nguyen Doan Trang	Journalist of Phap Luat Viet Nam Newspaper
22	Le Ngan Giang	Voice of Vietnam
23	Nguyen Thu Sen	Journalist of Vietnam eNewspaper
24	Nguyen Thu Phuong	Journalist of Capital Youth Newspaper
25	To Nhu	Journalist of Phap Luat HCMC Newspaper
26	Thanh Nhan	Journalist of Vnexpress eNewspaper
27	Thanh Xuan	Journalist of Culture Newspaper
28	Pham Thanh Tram	Journalist of Dan Tri eNewspaper

2. International Participants

1	Lokky Wai	WHO in Vietnam
2	Christine Comblain	WHO in Vietnam
3	Nguyen Thuy Hong	UNICEF
4	Nguyen Van Dat	UNFPA
5	Andrew Bruce	Director of International Organization of Migration (IOM)
6	Nguyen Thi Hong Hoa	Psychosocial and Mental Health officer of IOM
7	Kerry Fisher	Director of VVAF
8	Nguyen Thanh Tam	Officer of VVAF
9	Bo Thi Hong Mai	World Bank in Vietnam
10	Vu Thuy Anh	Plan International
