

PROPOSAL PROJECT

COMMUNITY BASED MENTAL HEALTHCARE FOR CHILDREN AND ADOLESCENTS

A pilot in 3 districts/communes of Vietnam

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PROJECT PROPOSAL FOR VIET NAM

TITLE OF THE PROJECT: Community mental healthcare for children and adolescents: a pilot in 3 districts/communes of Vietnam

A. BACKGROUND INFORMATION

1. Background Country Information

TABLE 1: BACKGROUND COUNTRY INFORMATION

- 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 lie what the Vietnamese call the East Sea. Mountains and hills cover four-fifths of Viet Nam's territory. Viet Nam has a population of 84.155 million people (GSO, 2006). 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. 26.45% of the population is the age of 0-14 and 11% of the population is over the age of 64 (GSO, 2006). 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.
- An national survey on 10 common mental diseases, period 2001 – 2003 showed that 10 common mental disorders prevalence up to 14,9% in which: Schizophrenia (F20) 0.47%; Epilepsy (G40) 0.35%; Cerebro-cranial trauma (F07.2) 0.51%; Slow mental development (F70 – F73) 0.63%; Old age amnesia (F00 – F04) 0.88%; Depression (F32) 2.8%; Anxiety (F41) 2.6%; Juvenile behavioral disorder (F91.0) 0.9%; Alcohol abuse (F10.1) 5.3%; Drug use (F11) 0.3% (National mental disorder Survey. 2002).
- Since 1999, Vietnam has established a National health target Program including mental disorder Target focusing on 3 disorders of schizophrenia, epilepsy and depression that is named Community- based mental health Program.

2. Background to the current project proposal

TABLE 2: BACKGROUND TO THE CURRENT PROJECT PROPOSAL

In Vietnam, Mental disorder is also common, but that is not yet well recognized. According to the result found by the above national survey, just considering 10 common mental diseases Vietnam has about 10 million of population needed to be cared by mental health services (National mental disorder Survey. 2002). Even that survey did not explore the disease on the child and adolescent, and no other comprehensive survey on mental disorder of child and adolescent has been done so far but this group is now also suffering from even higher rate of mental disorders than others. As McKelvey found that 20% of the child had poor mental health (McKelvey R. 1997). Supporting to that, one national community-based study of 14-25 years old people found that 32,62% experience of sad feeling about their life in general; 25,39% feel so sad or helpless, could no longer engage in their normal activities and found it difficult to function; and 20,04% really disappointed about their future (MoH 2005). Concretely, a survey on epilepsy, Cuong LQ found that the estimated prevalence of epilepsy is 7.5/1000 of population (active epilepsy is 5.5/1000), in which age of 10 to 20 years old is 33.9% (Cuong LQ, et al. 2001). Vietnam considers protection and care of children the responsibility of the State, the entire society and each family. The Vietnamese Constitution and laws have provisions on the protection of the rights of the child, including 1992 Constitution, the Law on the Protection, Care and Education of Children (12 August 1991)... The tasks of protection, care and education of Children are assigned for Ministry of labor – Invalid and social affairs, in which the Administration of protection and care of children is concretely responsible for these tasks. To act these tasks, there is a network from central to local level such as at province level by Committee of protection and care of children, at district level and at commune level by Committee of protection and care of children as well, at the village level there is a social worker. Beside, there is an inter-sector collaboration with health sector (Ministry of Health), education sector (Ministry of education and training), cultural sector (Ministry of culture and information)... Since 1999, Vietnam had a Plan of Action on protecting children in special difficult situations that contains five projects to prevent and address the abuses of street children, to prevent offences violating the honor and dignity of children, including sex abuse, prevent drug abuse among children and etc. Vietnam has met a number of international targets

and standards in the field, examples Vietnam was internationally recognized for eliminating polios in Polio, malnutrition rate of children under five was reduced from 42% in 1993 down to 28.4% in 2003, mortality rate of children under five was reduced from 58‰ in 1990 down to 32.8‰ in 2003 (MOFA). But the mental healthcare for the child and adolescent is not yet focused, as McKelvey et al. emphasized that ‘mental health services for children in Viet Nam were particularly limited due to the prioritization of other health problems, such as infectious diseases and malnutrition. The current role of child psychiatry in Vietnam is still limited by the health care system’s focus more on the children with malnutrition, disability, handicap, toxic chemical (dioxin) victim, HIV infected, sexual victim, drug addicted, accident (Gov. 2005). It is commented by McKelvey that the focus of Vietnam is on infectious diseases and malnutrition, and by cultural, economic and manpower factors. Treatment is reserved for the most severely afflicted, especially patients with epilepsy and mental retardation. Specialized care is available in only a few urban centers. In rural areas treatment is provided by allied health personnel, paraprofessionals and community organizations (McKelvey R. 1997).

3. Analysis of the strengths and weaknesses of the mental health system.

Table 3: WHICH ARE THE THREE MAIN STRENGTHS OF THE COUNTRY MENTAL HEALTH SYSTEM?

1. There are efforts to promote economic and geographic equity of access to mental health services <ul style="list-style-type: none">• There is a free community based mental health programme that has been in place for 10 years and covers 50% of communes• Care is provided equally in rural and urban areas
2. A mental health policy, plan 2006-2010 and legislation exist.
3. Essential psychotropic medicines are available in all clinic facilities

Table 4: WHICH ARE THE THREE MAIN WEAKNESSES OF THE COUNTRY MENTAL HEALTH SYSTEM?

1. Community-based mental health program does not yet cover all mental disorders, especially the mental healthcare services for children and adolescents
2. Community-based mental health program does not yet cover all communes, the mental health system provides more services in mental hospitals than in the community
3. Despite mental health legislation to protect human rights, practical implementation of the legislation is not enough

B. DESCRIPTION OF THE PROJECT

Table 5: BRIEF DESCRIPTION OF THE PROJECT

The project is to develop a model of managing mental healthcare for children and adolescent that will be the pilot project of developing a child and adolescent mental health policy.

According to the guidance for developing child and adolescent mental health policy and plan of WHO, 7 steps should be followed including:

Step 1: Gather information and data for policy development

Step 2: Gather evidence for effective strategies

Step 3: Undertake consultation and negotiation

Step 4: Exchange with other countries

Step 5: Develop the vision, values, principles and objectives of the policy

Step 6:

Determine areas for action. Some areas are suggested: financing; organization of service; promotion, prevention, treatment and rehabilitation; Inter-sector collaboration; Advocacy; Legislation and human rights; Human resources and training; Quality improvement; Information systems; Research and evaluation of policies and services.

Step 7: Identify the major roles and responsibilities of different stakeholders and sectors (WHO. 2005)

This project will be the pilot project to provide information about how successful interventions of a managing mental health care for children and adolescent module as well as what would be the risk factor causing the failure of the program. The project will intend to determine all areas of organization of service; promotion, prevention, treatment and rehabilitation; Inter-sector collaboration; Advocacy; Human resources and training; Quality improvement; Information systems of a policy on children and adolescent mental health policy.

According to development of mental disorders in children and adolescent, the typical age ranges for presentation of selected disorders are: from 1 to 3 years old – attachment, 1 to 6 years old – Pervasive development disorders, 3 to 18 years old – Disruptive behaviours, 6 to 18 years old – Mood/anxiety disorders, 12 to 18 years old – Substance abuse, 15 to 18 years old –Adult type psychosis (WHO 2005).

The pilot project will try to cover all ranges of age and all kinds of mental disorders of the child and adolescent, but if seeing more detail on the perspective of age and relevant disorders by the age, we may see the more prominent problems on Disruptive Behaviour and Mood/anxiety Disorders for the child and adolescent aged from 6 to 18 years old. Disruptive behaviour disorders are affected children tending to disrupt those around

them, including family members, school staff, and peers. The most common disruptive behavioral disorder is attention-deficit/hyperactivity disorder. Prevalence estimates vary widely because the diagnostic criteria are highly subjective; prevalence of oppositional defiant disorder (ODD) may be as high as 15% of children and adolescents. Depressive disorders in children and adolescents are characterized by a pervasive and abnormal mood state consisting of sadness or irritability that is severe or persistent enough to interfere with functioning or cause considerable distress. Decreased interest or pleasure in activities may be as or even more apparent than the mood abnormalities. Major depression occurs in as many as 2% of children and 5% of adolescents. Rates for other depressive disorders are unknown (Merck Manual). Those disorders are more prioritized by WHO, as well as those with higher prevalence rate in Vietnam among children and adolescent.

The project will be implemented in three pilot areas including big city, small city and one rural area.

Table 6: DESCRIPTION OF THE WEAKNESSES IN THE MENTAL HEALTH SYSTEM THAT THE PROJECT TACKLES

1. High rate of mental disorders on child and adolescent, even no comprehensive survey on mental disorder of child and adolescent has been done, so far
2. Poor mental health service for child and adolescent
a. Staff working on this field has not yet been trained enough basic knowledge
b. No official training curriculum on child and adolescent mental healthcare for nurse, social worker, primary health staff, teacher...
c. Not yet be integrated in to primary health care program and other sectors such as training and education...
3. Low public awareness of children mental health issues and big problem with stigma and discrimination on mental disorders

Table 7: GENERAL OBJECTIVES OF THE PROJECT

TO STRENGTHEN AND ENRICH THE COMMUNITY-BASED MENTAL HEALTH PROGRAM BY PROMOTING MENTAL HEALTH CARE FOR CHILDREN AND ADOLESCENT

Specific objectives:

1. To establish monitor system on child and adolescent mental disorder
2. To promote the recognition of mental health as an essential part of child and adolescent health, reduce stigma and discrimination
3. To improve basic knowledge and skill on child and adolescent mental healthcare for health care staff and school teacher...
4. Provide enough healthcare service for the child and adolescent such as early detection, treatment and management

Steps towards implementation of the project

Table 8						
	SPECIFIC OBJECTIVE	ACTIONS	ACTORS	TIME	RESULTS	INDICATORS
Obj 1	To establish monitor system on child and adolescent mental disorder	To conduct a pre-survey of mental health of child and adolescent on three main categories of mental disorder: conduct disorders, emotional disorders and hyperkinetic disorders, in 3 pilot areas of the project	Ministry of Health (MoH), National Paediatric Institute (NPI) and Central Mental Hospital (CMH)	2009-2010	Comprehensive survey mental disorder of child and adolescent will be discovered	Comprehensive result of survey...
		Mid-term evaluation of project: To check the indicators of each activity	MoH			
		To conduct post intervention survey	MoH, NPI, CMH			
		To establish a routine reporting system	CMH	2009-2010		Data will be frequently sent by higher level...
Obj 2	To promote the recognition of mental health as an essential part of child and	To develop health education material	Health education centre (HEC)	2010		Health education material will be made suitable for different kind of objects...

	adolescent health, reduce stigma and discrimination	To launch a local campaign and broadcast on different means of mass media	HEC	2010		Campaign has been done...
		To improve basic knowledge for vulnerable child and adolescent group's parent	NPI	2010		No of parent will be trained Or KAPB of parent will be improved...
		To conduct periodically KAPB survey to see how successful of the health promotion Program	HEC	2010-2011		Every 6 month survey will be done...
Obj 3	To improve basic knowledge and skill on child and adolescent mental healthcare for health care staff and school teacher...	To develop official training curriculums for different objects such as nurse, primary care doctor at grassroots level, social health worker, school teacher...	NPI and HEC	2009		No of training material for different objects...
		To conduct training for different groups of objects	NPI and HEC	2009		No of training course will be done...
		To provide mental health intervention in schools (nominate some schools to do pilot)	NPI and HEC	2009		Number of schools will be involved
Obj 4	Provide enough	To frequently conduct a	NPI, CMH	2010-2011		Frequent scanning will

healthcare service for the child and adolescent such as early detection, early intervention, treatment and management	scanning for early detection				be conducted...
	To provide early intervention for vulnerable groups	ETS, HEC	2010-2011		Different Interventions will be provided...
	To develop protocol for treatment and management of the case in hospital and community	NPI	2009		Protocol will be developed...
	To provide hospital and community based treatment and management of mental disorder cases	NPI, CMH, Health commune station	2010-2011		No of patient will be treated or managed in different levels by different kind of intervention...

Table 9: DIFFICULTIES AND SOLUTIONS	
EXPECTED DIFFICULTIES	POSSIBLE SOLUTIONS TOWARDS THE EXPECTED DIFFICULTIES
There is no expertise on child and adolescent mental disorder management in the community- based level	Referring to other countries' model Or may invite the international consultant Or send some Vietnamese people to have study tour on other successful model countries
To integrate in to primary health care program in the commune health station, due to the workload of health station staff	To give more tasks on the one who is now responsible for the community based mental health program. Additional, recruit the good health worker in village level to support for him
To create suitable environment for child and adolescent	To coordinate to other sector such as education and training, MOLISA, Urban Environment

C. IMPACT OF THE PROJECT

Table 10: WHAT WILL BE THE IMPACT OF THE PROJECT (e.g. in terms of accessibility of mental health facilities, availability of medicines or interventions, improved follow up, more respect for human rights, implementation of new interventions, etc)
1. The population having better knowledge on mental healthcare
2. Increasing the possibility of expanding the existing national target program on mental health
3. The child and adolescent will be well taken care, to be sure the better future for the nation...

D. RESOURCES

Table 11: NEEDED RESOURCES FOR THE WHOLE PROJECT (sign to which class the project belongs)	
Small (<50,000 USD) (e.g., development of a mental health plan)	
Medium (50,000-500,000 USD) (e.g. organizing a series of trainings for primary health care professionals)	250,000
Large (>500,000) (e.g. implementing a network of outpatient facilities in the country)	

Table 12: DESCRIPTION OF THE NEEDED RESOURCES		
	DESCRIPTION	AMOUNT IN \$
MENTAL HEALTH STAFF		55,000
EQUIPMENT		30,000
TRAINING		60,000
MEDICINES		30,000
OTHERS (specify)	Travelling, consulting	75,000
Total		250,000

TABLE 13: POSSIBLE SOURCES OF FUNDING (these sources are presumed and not necessarily already found now).	
FUNDER	
Government - Department of Health	
NGOs	250,000
Professional Associations	
Others (specify)	
Total	250,000

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