



Mental Health Support in High Schools: Access and Barriers in Vietnam

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Article Info

ISSN (online): 2583-8261

Impact Factor (RSIF): 8.41

Volume: 05

Issue: 03

May-June 2026

Received: 25-03-2026

Accepted: 23-04-2026

Published: 21-05-2026

Page No: 146-153

Abstract

Students' mental health has become an increasing concern in high school education in Vietnam, particularly in the context of expanding school-based support activities alongside ongoing policy development. This study examines students' access to mental health support activities from a school social work perspective, focusing on patterns of engagement, experiences of use, and barriers to implementation. An explanatory sequential mixed-methods design was employed, with quantitative data collected from 310 high school students across 10 schools in Ho Chi Minh City, followed by semi-structured interviews with 22 participants, including students, teachers, and school administrators. The findings indicate that communication activities have the highest level of access, while counselling and referral services remain limited, with a substantial gap between need and access, particularly for more specialized forms of support. No statistically significant differences were found across gender and grade levels, suggesting that these limitations are systemic rather than group-specific. Qualitative results further highlight barriers related to students' help-seeking behavior, the limited depth of communication activities, and constraints in organizational capacity and coordination. Overall, mental health support activities in schools remain fragmented and insufficiently integrated, and improving their effectiveness requires strengthening system-level coordination, enhancing professional capacity, and developing a coherent support pathway aligned with students' needs.

DOI: <https://doi.org/10.54660/IJSSER.2026.5.3.146-153>

Keywords: adolescents, mental health support, school social work, secondary education, Vietnam

1. Introduction

In recent years, students' mental health has increasingly become a matter of concern in general education, particularly at the high school level, which is a developmental stage characterized by concurrent physiological, psychological, and social changes^[1,2]. In the context of increasing academic pressure, competitive examinations, and high expectations from families, students are at elevated risk of experiencing stress, anxiety, reduced learning motivation, and difficulties in emotional regulation, even when these conditions do not reach the threshold of clinical mental disorders^[3]. These challenges affect not only students' psychological well-being but also their academic performance and overall development^[4].

In Vietnam, ongoing social and educational changes, including shifts in family structure, the rapid development of digital technologies, and early career orientation pressures, have further increased risk factors affecting students' mental health^[5-7]. At the same time, students' capacity to recognize and regulate emotions, as well as to seek appropriate support, remains limited. As a result, many psychological difficulties tend to persist within the school environment^[8].

Within this context, schools are considered a key setting for supporting students' mental health through activities such as social and emotional education, school-based counselling, and linkage to support services^[9,10]. School social work plays a coordinating

role in these activities by approaching students from a person-in-environment perspective, thereby contributing to the development of adaptive capacity and help-seeking behavior [11, 12].

The issuance of Circular No. 18/2025/TT-BGDĐT on school counselling and school social work has contributed significantly to strengthening the legal framework and creating necessary conditions to improve the quality of mental health support activities in schools. However, in the initial phase of implementation, these activities are still in the process of being structured in terms of organization, human resources, and operational approaches. This situation highlights the need for empirical research to assess levels of access, modes of implementation, and practical challenges, thereby providing evidence for further policy development and improvement.

At present, studies on student mental health in Vietnam have mainly focused on describing prevalence or identifying risk factors, while research examining school-based support systems, particularly students' access to and experiences with support activities, remains limited. This gap restricts the availability of evidence needed to adjust support activities in line with students' actual needs and school conditions.

Against this background, this study examines students' access to mental health support activities from the perspective of school social work. The study was conducted in 10 high schools in Ho Chi Minh City from January to March 2026, aiming to analyze the level of student participation, how these activities are experienced, and the barriers encountered in implementation. The findings are expected to provide empirical evidence to support the improvement and effectiveness of mental health support activities in schools.

2. Methodology

2.1. Research design

This study employed an explanatory sequential mixed-methods design. Quantitative data were collected and analyzed first to describe students' access to mental health support activities in schools. Qualitative data were then used to further explain how these activities were experienced, as well as the barriers and limitations encountered during implementation.

This approach made it possible to identify general patterns while also clarifying the contextual, organizational, and psychological factors influencing students' access to support activities. It was considered appropriate for the study objectives in the context of ongoing policy efforts to strengthen school-based mental health support.

2.2. Study setting and period

The study was conducted in 10 high schools in Ho Chi Minh City from January to March 2026. The selected schools were intended to reflect a certain degree of variation in the organization and implementation of mental health support activities.

All stages of the study followed ethical principles, including voluntary participation, anonymity, and confidentiality of participants' information.

2.3. Quantitative component

Participants and data collection

The quantitative component was initially conducted with 390 high school students from the participating schools using a self-administered questionnaire, with support from the schools during the survey process.

The inclusion criteria were as follows: (1) students were enrolled in the participating schools; (2) they were able to understand and complete the questionnaire; (3) they agreed to participate voluntarily; and (4) they self-reported having experienced at least one negative emotional state, such as sadness, stress, or psychological exhaustion, during the previous six months.

Criterion (4) was identified through a screening question in the questionnaire, which asked students to self-assess the frequency with which they had experienced negative emotional states during the previous six months. Only students who reported such experiences at a level of "a little" or above were included in the study sample.

The exclusion criteria were: (1) absence at the time of data collection; (2) incomplete questionnaires; or (3) invalid response patterns, such as inconsistent answers or selecting the same option for all items.

After screening and data cleaning, 310 valid questionnaires were retained for analysis.

Regarding sample characteristics, male students accounted for 61.6% ($n = 191$), while female students accounted for 38.4% ($n = 119$). By grade level, Grade 10 students represented 21.6% ($n = 67$), Grade 11 students 44.2% ($n = 137$), and Grade 12 students 34.2% ($n = 106$).

Overall, the sample showed variation across gender and grade levels and broadly reflected the characteristics of students with recent negative emotional experiences in the study context.

The questionnaire was administered in a self-completion format, with clear instructions to ensure that students understood both the content of the questions and the response procedures.

Measures

The quantitative measures focused on students' access to school-based mental health support activities from a school social work perspective. The survey covered three main groups of activities: (1) psychological counselling and consultation; (2) communication and mental health education activities; and (3) referral and linkage to external support resources.

Access was measured through the reported frequency of participation in or use of these activities, using a five-point Likert scale.

The reliability of the scales was assessed using Cronbach's alpha. All scales showed coefficients above 0.75, indicating acceptable internal consistency for analysis.

Data analysis

Quantitative data were analyzed using descriptive statistics, including frequencies, means, and standard deviations, to describe students' access to support activities. Descriptive comparisons were also conducted by gender and grade level

to identify differences across student groups. These analyses were descriptive in nature and were not intended to test causal relationships.

2.4. Qualitative component

Participants and sampling

The qualitative component used semi-structured interviews with 22 participants, including 10 students (one from each school), 10 teachers responsible for school counselling and school social work activities, and 2 members of the school leadership team.

Participants were selected through purposive sampling in order to ensure variation in perspectives and involvement in mental health support activities in schools.

The inclusion criteria were: (1) students who had experience with, or awareness of, school-based mental health support activities; (2) teachers and school administrators involved in organizing, implementing, or managing these activities; and (3) willingness to participate in the interviews.

The exclusion criteria were: (1) unwillingness to share information; or (2) failure to complete the interview process.

Data collection and analysis

The interviews were conducted in a semi-structured format and focused on students' experiences of accessing support activities, the factors that hindered or facilitated help-seeking behavior, and limitations in implementation from the school's perspective. Each interview lasted between 30 and 45 minutes and was conducted in a private setting.

Qualitative data were analyzed using thematic analysis. Interview transcripts were coded and grouped into themes reflecting experiences, barriers, and limitations related to the implementation of mental health support activities.

To enhance reliability, the coding process was conducted independently by two researchers, followed by cross-checking and discussion to resolve differences in interpretation and ensure consistency in the coding system.

3. Results and Discussion

Before presenting the detailed analysis of each activity, the overall results on students' needs and levels of access to the three groups of mental health support activities are illustrated in Figure 1. This figure highlights general patterns in students' engagement with support activities and provides a basis for further analysis of each activity in the following sections.

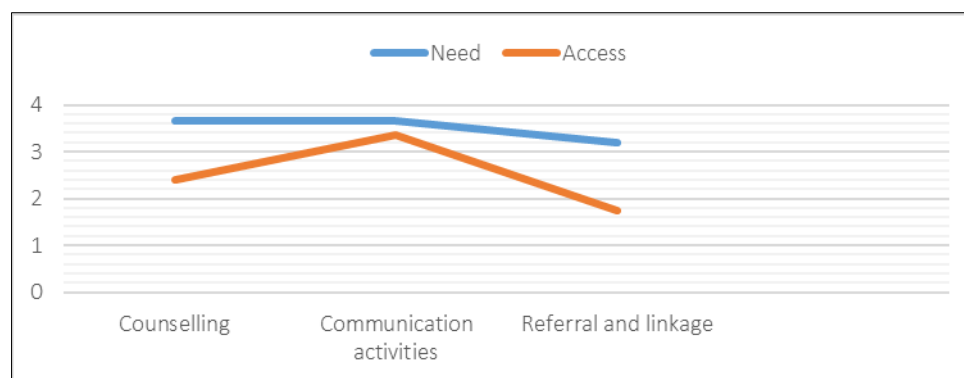


Fig 1: Comparison of students' needs and levels of access to mental health support activities

In addition to these overall patterns, further analyses were conducted to examine whether students' access to mental health support activities differed across gender and grade levels. The results showed no statistically significant differences across gender for counselling ($t = -0.38, p = .705$), communication ($t = -0.25, p = .799$), and referral activities ($t = -1.10, p = .272$). Similarly, no significant differences were found across grade levels for counselling ($F = 1.54, p = .216$), communication ($F = 2.39, p = .094$), and referral activities ($F = 2.43, p = .089$). These findings suggest that access to mental health support activities is relatively consistent across student groups, although a tendency toward variation across grade levels was observed for communication and referral activities.

3.1. Psychological counselling: high need but limited access

The results indicate that psychological counselling was perceived by students as the most necessary among the three types of mental health support activities, with a mean score of $M = 3.65$ ($SD = 1.07$). Specifically, 60.7% of students rated this activity as "necessary" or "very necessary," while only 12.3% considered it "unnecessary" or "completely unnecessary."

However, when examining actual access, the findings show that students' participation in counselling activities remained limited, with a mean score of $M = 2.41$ ($SD = 1.28$). Notably, 34.8% of students reported that they had never accessed counselling services. Meanwhile, only 22.9% reported accessing these services frequently or very frequently, indicating that counselling has not yet become a commonly used support channel.

The discrepancy between perceived need and actual access reflects a clear gap between students' recognition of the importance of psychological support and their help-seeking behavior. Although students express a high need for emotional and psychological support, this need is not easily translated into actual service use within the school context.

Qualitative findings provide further insight into this gap. Students' need for counselling often relates to emotional support in everyday academic situations rather than severe psychological problems. One student shared: "I often feel pressure, especially before exams. Sometimes I just need someone to listen so I can feel better, not because I have a serious problem." (S11)

However, uncertainty about how to access services and who provides them discourages students from seeking support: "I don't really know who I should talk to at school to feel

comfortable. I know there is counselling, but I'm not sure how to access it." (S12)

Social and psychological factors also play an important role. Some students expressed hesitation due to concerns about being judged or labeled: "I feel a bit uncomfortable if others know that I go to counselling. I'm afraid they might think something is wrong with me, so I usually try to handle things on my own." (S12)

From the school perspective, counselling activities are currently implemented under constraints in human resources. A teacher noted:

"Students do have needs, but very few come on their own. Usually they are referred by homeroom teachers or only come when problems have already lasted for a while. At the moment, there is no dedicated staff, so counselling is mostly handled as an additional responsibility, and the time available is limited. Also, many students feel uncomfortable sharing with teachers at school, especially when the counsellor is also their teacher, so access is not really convenient." (T1)

These findings suggest that the gap between need and access in counselling results from the interaction of multiple factors, including students' perceptions and psychological concerns, social norms within the school environment, and organizational conditions. In the current stage of implementation, these factors help explain why counselling, despite being highly needed, has not yet become a regularly used support service.

3.2. Communication activities on mental health: high access but limited impact

The results show that communication activities on mental health had the highest level of access among the three groups of activities, with a mean score of $M = 3.37$ ($SD = 0.77$). Most students reported accessing these activities occasionally (48.4%), while 40.6% reported frequent or very frequent participation. This indicates that communication activities have been implemented relatively widely, although the level of regular engagement remains moderate.

At the same time, students reported a high level of need for communication related to physical and mental health, with a mean score of $M = 3.66$ ($SD = 0.93$). A total of 61.3% of students rated these activities as "necessary" or "very necessary," while only 9.7% reported little or no need. This suggests that communication is a widely accepted and accessible form of support in the school context.

However, qualitative findings indicate that high levels of access do not necessarily correspond to strong impact. Many students perceived these activities as primarily providing general information, without sufficiently supporting them in dealing with specific psychological situations. One student noted:

"I find the talks informative, but it's easy to forget afterward. When I actually feel stressed, I don't know how to apply what I learned." (S10)

This reflects a gap between receiving information and applying it in practice. While communication activities help students recognize mental health issues, they often lack the depth needed to develop coping skills or influence behavior. At the same time, some students acknowledged the positive role of communication in reducing stigma and increasing openness in discussing mental health: "Before, these topics were rarely mentioned. Now that we hear about them more often, they feel more normal." (S11)

This suggests that communication activities contribute to

raising awareness and gradually normalizing discussions about mental health. However, their impact remains largely at the level of awareness, with limited influence on actual help-seeking behavior, particularly in relation to individualized support such as counselling.

From an organizational perspective, communication activities are considered easier to implement because they can be delivered at scale and integrated into existing school programs. However, interview data indicate that the quality of these activities depends significantly on staff capacity and implementation conditions. A teacher explained: "Communication activities are easier to organize because they can be done for a whole class or the entire school. But due to limited time and the lack of dedicated staff, the content is often quite general and does not go deeply into specific student issues." (T1)

Another teacher highlighted limitations in professional training:

"In reality, most of us are doing this as an additional task and have not received formal training in school social work. So we still feel unsure, especially when dealing with more complex psychological issues." (T2)

These findings indicate that although communication activities have advantages in terms of reach and accessibility, their ability to translate awareness into practical skills and behavioral change remains limited. When the content focuses mainly on general information and lacks depth and appropriate delivery methods, its impact is unlikely to be sustained or to lead to meaningful changes in students' behavior.

3.3. Referral and linkage to external resources: existing need but very limited access

The results indicate that referral and linkage to external mental health support resources had the lowest level of access among the three groups of activities, with a mean score of $M = 1.75$ ($SD = 1.08$). Notably, 58.7% of students reported that they had never accessed this type of support, while 21.0% reported only rare access. In contrast, only 10.3% of students reported frequent or very frequent access, suggesting that referral and linkage activities are rarely utilized in practice.

In terms of need, this activity was rated at a moderate level, with a mean score of $M = 3.20$ ($SD = 1.10$). Most students rated their need as "neutral" (39.7%), while 37.4% considered it "necessary" or "very necessary." Meanwhile, 22.9% reported little or no need for this type of support. The substantial gap between need and access reflects a clear mismatch between students' demand for more specialized support and their ability to access corresponding services in practice.

Qualitative findings provide further insight into the nature of this gap. First, the need for referral to external resources tends to arise when students experience psychological difficulties that exceed their ability to cope independently or the level of support available within the school. One student shared: "There was a time when I felt very exhausted, didn't want to talk to anyone, and couldn't focus on studying. Then I was referred by a teacher to see an external specialist. At first I was worried, but later I realized it was really necessary." (HS12)

However, not all students who experience psychological difficulties perceive the need to seek specialized support. Some consider their problems not serious enough to require professional help and prefer to manage them independently

or through informal support:

“Sometimes I feel stressed or sad, but I don’t think it’s serious enough to see a specialist. I usually handle it myself or talk to my friends.” (S10)

In addition, even when students recognize the need for more specialized support, they often encounter barriers in accessing external services. One student noted: “There were times when I thought I needed to talk to someone with more expertise, but no one at school clearly explained where to go or how to access it, so I just left it like that.” (S11) These accounts suggest that referral and linkage activities have not yet developed into a clear and accessible support mechanism for students. Access to external services depends not only on individual need, but also on students’ awareness, their perception of the severity of their difficulties, and the clarity of access pathways within the school.

From an organizational perspective, interview data indicate significant limitations in implementation. A teacher explained: “In reality, some students need more specialized support, but the school does not yet have a stable network of external services. Sometimes we want to refer them, but there is no clear contact point, and we cannot follow up on whether they actually receive support.” (T3)

A member of the school leadership also emphasized: “We recognize that some students genuinely need more specialized support, but effective referral requires clear procedures, partner organizations, and staff to follow up. At the moment, these conditions are still not fully in place.” (L1) These findings indicate that the limitations of referral and linkage activities are not only related to students, but also to structural constraints in service organization. Although mental health support activities have been introduced in many schools, coordination mechanisms, available resources, and implementation capacity remain limited. As a result, referral activities tend to be ad hoc and lack continuity, and a clear support pathway has not yet been established.

From a school social work perspective, referral and linkage should not be considered a supplementary activity, but rather a core function that extends the school’s capacity to support students whose needs exceed internal resources. The limited effectiveness of this function suggests that the current support system still focuses primarily on information provision and initial support, while the transition to more specialized services remains underdeveloped.

Overall, the findings show that although referral and linkage to external resources are recognized as necessary, their implementation and accessibility remain very limited compared to students’ needs. This gap reflects a lack of alignment between the increasingly diverse support needs of students and the school’s capacity to organize, coordinate, and connect services, highlighting the need to strengthen referral mechanisms within the current policy framework.

3.4. Discussion

The findings indicate that mental health support activities in high schools are currently implemented through three main forms: counselling, communication and education, and referral to external resources. However, these activities do not yet operate as an integrated support system. Instead, they remain fragmented, with substantial gaps between students’ needs and their actual access to support.

This pattern is consistent with previous studies suggesting that school-based mental health services in developing contexts are often implemented in a fragmented manner, lacking coordination and system-level integration [12, 13]. In Vietnam, existing research similarly indicates that support activities tend to focus on communication and initial support, while more specialized services such as counselling and referral remain underdeveloped [5, 14, 15].

A key contribution of this study lies in identifying a clear structural imbalance between the breadth and depth of support activities. Activities with broader reach, such as communication, demonstrate relatively high levels of access, whereas activities requiring greater individualization and professional expertise, such as counselling and referral, show substantially lower levels of use. This pattern aligns with international evidence on tiered models of mental health support, where universal interventions achieve wide coverage but often lack depth, while more specialized services face greater barriers to access [1, 12, 16].

However, the findings also extend existing literature by showing that the gap between need and access is not limited to specialized services. Even for communication activities, which have relatively high levels of access, the impact remains constrained. This suggests that the issue is not solely one of service availability, but also of effectiveness, particularly the ability to translate exposure into meaningful changes in skills and behavior. Similar concerns have been raised in prior research, which highlights that mental health education programs lacking interactive and skills-based components are unlikely to produce sustained behavioral change [17, 18].

Importantly, the absence of statistically significant differences in access across gender and grade levels suggests that these limitations are systemic rather than group-specific. In other words, the constraints observed in access and effectiveness are not concentrated in particular student subgroups, but reflect broader issues in how support activities are organized and delivered within schools [19, 20].

A closer analysis indicates that the gap between need and access is shaped by the interaction of three interrelated factors. First, student-level factors include limited mental health literacy, hesitation in seeking help, and the influence of social norms. These findings are consistent with research showing that adolescents often delay or avoid accessing psychological services due to concerns about stigma and confidentiality [21, 22].

Second, content- and delivery-related factors play a significant role. While communication activities contribute to raising awareness and reducing stigma, their content remains largely informational and lacks the depth required to support coping skills and behavioral change. This reinforces the argument that mental health literacy alone is insufficient, and that effective support requires the integration of skill-based interventions [16, 22].

Third, organizational and capacity-related factors within schools constrain the provision of more specialized services. The lack of dedicated personnel, limited professional training in counselling and school social work, and the absence of coordinated referral networks directly limit the system’s ability to respond to students’ more complex needs. These findings are consistent with studies in Asian contexts, where

school social work systems are still developing and not yet fully integrated into educational structures^[12].

From a school social work perspective, these findings point to a critical issue: the problem is not the absence of support activities, but the lack of functional integration among them. Communication activities do not effectively lead students toward individualized support; counselling is not positioned as an accessible and trusted service; and referral mechanisms do not operate as clear pathways for continued care. As a result, the support system remains discontinuous, limiting its overall effectiveness^[23, 24].

In the context of Vietnam, where Circular No. 18/2025/TT-BGDĐT has begun to establish a legal framework for school counselling and social work, the findings highlight the need to move beyond fragmented implementation toward a more integrated support system. Such a system should be structured as a coherent continuum, progressing from awareness-raising to early support and, where necessary, to specialized intervention. This requires not only expanding activities, but also strengthening professional capacity and establishing clear coordination mechanisms both within schools and with external services^[5, 25].

Overall, this study provides empirical evidence that improving school-based mental health support requires a shift from expanding isolated activities to developing an integrated and coordinated system. This has important implications for both practice and policy, particularly in ensuring that support activities are aligned with students' needs and are capable of delivering meaningful and sustained outcomes.

Limitations

This study has several limitations. First, the sample was drawn from 10 high schools in Ho Chi Minh City, which limits the generalizability of the findings to other contexts in Vietnam. Second, the cross-sectional design does not capture changes in students' access to and experiences of mental health support over time. Third, the reliance on students' self-reported data may introduce bias, and the qualitative sample, although including multiple perspectives, was relatively small and may not fully reflect the diversity of student experiences. Future research should consider broader samples, longitudinal designs, and multiple data sources to strengthen and extend these findings.

4. Conclusion and Recommendations

4.1. Conclusion

The findings indicate that mental health support activities in high schools have been implemented in different forms and at varying levels; however, access and effectiveness remain uneven across activity types. Activities with broader reach, such as communication, are more accessible, while more individualized and specialized forms of support, such as counselling and referral, remain limited.

The results suggest that the issue lies not only in the existence of support activities, but in how these activities are organized and connected within a coherent support system. Improving the effectiveness of school-based mental health support therefore requires strengthening operational mechanisms, enhancing implementation capacity, and developing conditions that align more closely with students' actual needs.

4.2. Recommendations

Based on the findings, several recommendations are proposed to enhance the effectiveness of mental health support activities in high schools:

First, it is necessary to establish and clearly communicate a structured pathway for mental health support within schools. Communication, counselling, and referral activities should be organized as interconnected components of a unified support system, enabling students to easily identify access points and navigate between different forms of support. Clarifying access pathways and support procedures is essential for reducing hesitation and encouraging help-seeking behavior. Second, the quality of communication activities should be improved by increasing interactivity and relevance to students' experiences. Rather than focusing solely on information provision, these activities should support the development of skills for recognizing and coping with psychological difficulties in specific contexts, while also serving as a bridge to more individualized forms of support when needed.

Third, professional capacity in counselling and school social work should be strengthened among school staff. The allocation of dedicated personnel, or the establishment of appropriate training and professional development mechanisms, would contribute to improving the quality of support and enable counselling activities to be implemented in a more consistent and professional manner.

Fourth, mechanisms for referral and linkage to external support resources should be developed and strengthened. Schools should actively establish collaborative networks with mental health service providers and develop appropriate referral and follow-up procedures to ensure that students can access specialized services when necessary.

Fifth, the implementation conditions of Circular No. 18/2025/TT-BGDĐT should be further strengthened by clarifying the roles, functions, and coordination mechanisms of school social work in mental health support. Effective implementation of this policy requires the development of resources, enhancement of professional capacity, and adaptation to the specific conditions of each school.

Acknowledgements

The authors would like to express their sincere gratitude to the school leadership teams and students of the 10 high schools in Ho Chi Minh City who participated in and supported this study. Their cooperation and willingness to share their experiences were essential to the completion of this research.

Conflict of Interest

The author declares that there is no conflict of interest.

Ethical Considerations

This study was conducted in accordance with established ethical standards for research involving human participants, including the principles outlined in the Declaration of Helsinki. Participation in the study was voluntary, and informed consent was obtained from all participants. Anonymity and confidentiality of the participants' information were strictly maintained throughout the research process.

The research protocol was reviewed and approved by the Scientific Council of the University of Labour and Social Affairs (Campus II), Vietnam.

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How to Cite This Article

Ngo Thi Le Thu. Mental health support in high schools: access and barriers in Vietnam. *International Journal of Social Science Exceptional Research.* 2026;5(3):146–153. doi: <https://doi.org/10.54660/IJSSER.2026.5.3.146-153>

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