



Original Article

The Factors Influencing High School Student's Mental Health: An Exploratory Research in Hanoi

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Abstract: An exploratory research is conducted to examine the current situation and factors related to the mental health of students. A cross-sectional study was carried out on 295 students at a high school in Hanoi in 2023. This research, which employed the Strengths and Difficulties Questionnaire 25 items toolkit with a cut-off point of 15, revealed that a significant percentage of students have general mental health problems. Emotional symptoms account for the largest percentage of students, followed by prosocial behaviour, peer problems, conduct problems, and hyperactivity. The likelihood of mental health issues among students is increased by certain personal variables, such as low self-esteem or disappointment about grades, concern or depreciation about physical appearances, refraining from participating in clubs, teams, or groups, not exercising or playing sports, and having the habit of staying up late. A few school-related factors that are associated with children's mental health problems include peer pressure, public punishments, and teachers' reprimands.

Keywords: Mental health, Student, High school, Strengths and Difficulties Questionnaire 25 items, SDQ-25, Study pressure.

1. Introduction

The World Health Organization (WHO) defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”, emphasizes the need to take care of both physical and mental health concurrently [1]. As a relatively recent subject, mental health care has not

received enough attention to date. Adolescent mental health problems are becoming more common worldwide and in Vietnam as well. An estimated 10% to 20% of children and adolescents globally are believed to suffer from mental health problems [2-5]. According to studies done in 10 Vietnamese provinces and cities by the Ministry of Labor, War Invalids and Social Affairs (MOLISA) and UNICEF (2018), the projected percentage of children and adolescents suffering from mental health problems ranges from 8% to 29% [6].

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High school students, who are between 16 and 18 years old, go through significant physical, emotional, and mental changes during their teenage years. They desire to prove themselves, to become self-reliant despite their inexperience and vulnerability [7]. Teenagers are also subject to pressure in the classroom due to competition, test-taking pressure, homework, etc. Due to these risk factors, they are more likely to have mental health problems and require immediate assistance from friends, family, and teachers.

Although many schools in Hanoi have currently established school psychological consultation rooms, students hardly use these services because of the confusing and improper procedures. Furthermore, parents and schools have not paid enough attention to the need for mental health services for students [8]. Furthermore, there is a dearth of information, research, and articles about the current state of mental health and certain issues pertaining to high school students - particularly those attending private high schools - in Bac Tu Liem area.

Thus, *“The factors affecting the mental health of high school students: Exploratory research in Hanoi”* is a very relevant and urgent research topic with great practical and scientific value.

2. Overview

2.1. High School Pupils' Current State of Mental Health

In Vietnam as well as throughout the world, high school students' mental health problems are now the major disease burden. At least 30 million children and adolescents in China under the age of 17 have dealt with emotional or behavioral issues. The *“Report on National Mental Health Development in China”* (2019-2020) states that depression is detected at a rate of 40% in high school and 10% in elementary school [9].

In Thailand, most high school graduates intend to attend college. They thus spend a lot of time studying at school and taking extra classes, which can lead to stress, illness, and a

lower quality of life. In Northeastern Thailand, a cross-sectional study including 1112 grade 10 - 12 students discovered that 26.18% of them experienced significant levels of academic stress and 16.41% reported severe anxiety. Depression even affects 18.55% of high school pupils [10].

In a study on mental health conducted by Mai Huong Day Psychiatric Hospital with 1,203 students in primary and secondary schools in Hanoi, it was found that approximately 20% of pupils had mental health problems overall. Hyperactivity rank first among problem categories, followed by emotional symptoms (11.48%), peer relationships (9.32%), and conduct problems (9.23%). Conversely, the lowest percentage - 7.75% - of people report having trouble with their prosocial behaviour [11].

In 2015, author Tran Quynh Anh and colleagues used the Strengths and Difficulties Questionnaire 25 items toolkit to assess the mental health of high school students. Their findings show that 26.9% of students overall have mental health problems. The largest percentage (29.6%) is accounted for by the prosocial behaviour, which is followed by the peer relationships (28.9%). The percentage of students experiencing emotional symptoms is 11.4%, while the lowest is 8.9% for hyperactivity [12].

Author Dang Thuy Linh's 2016 study of pupils at the private high school revealed that 27% of students overall had mental health problems. Prosocial skills continue to represent the largest percentage of them (27%). The rate of issues with conduct and peer friendships was equal at 24.7%, whereas the rate of issues with hyperactivity was only 14.3% [13].

In 2020, author Nguyen Thi Luu Ly conducted a study using the Strengths and Difficulties Questionnaire 25 items toolkit to evaluate the mental health of 410 high school students for the Gifted in Hoa Binh province. The findings indicated a higher rate of students experiencing mental health problems than previous studies. Overall, 40.5% of students have mental health problems; emotional

symptoms make up the largest percentage (38%); conduct problems account for 24.4% of the student group. Meanwhile, 30.5% struggle with hyperactivity; 28.8% have trouble with friendships; and 19% encounter difficulties with prosocial behaviour [14].

2.2. Some Factors Influencing High School Students' Mental Health

Personal factors. Age and gender: High school students exhibit distinct age and gender changes, which result in varying emotional attitudes based on gender traits. The rate of anxiety and depression in women are roughly 2.5 times and 3 times higher than that of men respectively, according to epidemiological studies on mental illnesses conducted by author Tran Van Cuong [15]. In contrast, in a study by author Tran Thi My Luong on the state of depression among high school students, the findings of comparing the levels of depression in men and women pointed out that male students had higher levels of depression than female counterparts (2.07 compared to 1.30) [16].

Physical characteristics: The different perception of every high school student is influenced by their physical characteristics, such as height, weight, and so on.

Self-imposed pressure: High school students place fundamental pressure on themselves, such as those related to education, personal growth, and their desire to prove themselves. This causes them to create invisible pressures, which will worsen if adults fail to share and resolve problems with them.

Habits: Students that lead positive lifestyles will be more likely to have good health. On the other hand, those who adopt non-scientific habits could experience physical health issues, which could result in subpar learning and playing environments.

Addiction to Internet and games: Students are among the age groups that are highly dependent on the usage of electronic devices in the modern world, where technological advancements occur simultaneously with the need for their use. The issue of children becoming dependent on electronics, virtual

games on devices, and unreliable online culture will arise due to excessive use of electronic gadgets and parental neglect, and this will have a profound effect on the thoughts and feelings of high school students.

Engagement in school clubs and outdoor activities: Participating in school clubs or outdoor activities is also crucial to maintaining the mental health of high school students. This is because involvement in extracurricular activities allows students to try novel experiences, develop their creativity, and stay active.

Family-related factors. Family members: This is a factor that influences high school pupils' mindset. For instance, children who live with both parents typically have fewer mental health symptoms [17, 18].

Family's financial situation: According to Dang Hoang Minh and his fellow researchers, the higher the family income, the less likely children are to experience anxiety/depression [19]. On the contrary, financial hardships pose a risk to students' mental health and their parents' capacity to support students' extracurricular and educational endeavors.

Parents' educational background: Several studies have demonstrated a strong correlation between the educational attainment of parents and the mental health of their teenage children. The higher the parent's education level, the lower the child's likelihood of having mental health problems [20, 21]. Higher-educated mothers are better at providing their children with the necessary social support to deal with the negative impacts of mental health problems, according to Feinstein and colleagues [22].

Family harmony: High school pupils will be influenced to some extent by family harmony. As an illustration, high school students who often discuss issues with their parents and have close relationships with them are less likely to experience emotional illnesses than high school students who are unable to do so [6]. When high school students share their problems with parents, they feel more at ease and are more likely to trust and listen to parents' advice.

Parents' view on education: This may be a factor that guarantees students' growth or

increases the strain on them at home. Families with rigid traditions will have strict beliefs about education, which will shape the child's sentiments of insecurity and anxiety when they do not fulfill their parents' wishes. Conversely, families that use modern educational resources will relieve children of burden.

Family living habits: Because high school pupils still rely heavily on their families, family habits will always influence personal lifestyles and daily routines. This is also a key component in the formation of personal habits.

School-related factor. School-related pressure: One of the things influencing students' mental health and social psychology is pressure from school. Rural schools tend to have less rigorous educational perspectives than schools with a longer history, specialty, or achievement-only focus, which often ignore the mental health problems of their pupils [6].

Relationships with teachers: Many studies show that positive connection with teachers is considered a protective factor for the mental health of high school students [23, 24]. However, surveys have shown that a large number of students feel that teachers don't care much about them and that excellent students, in particular, are frequently given priority while weak ones find it difficult to please their teachers [6]. Students' psychology is also significantly impacted by acts such as berating or threatening [25].

Relationships with friends at school: Friendships are substantial and should always be prioritized in a child's life along with family ties, since friends will be the ones with whom a child may share their difficult-to-state problems. In addition, studying with friends and sharing knowledge during coursework will help pupils develop teamwork skills. However, some students still find it hard to make friends and work in groups [6].

School violence: This is one of the variables that have a remarkable effect on high school children's mental health. Whatever form school violence takes, it always has a detrimental influence on young people's minds and emotions. For this reason, among the elements

affecting students' educational environment, this one requires special attention.

Environmental and social factors. Social relationships: Through social ties including friends on social media and in clubs, emotional relationships at this age are gradually formed and nurtured and affect high school students' psychology considerably [6].

Mental health management and care system: Students have diverse needs when it comes to mental health care, so access to management systems and central organizational structures is essential [6]. Adolescent mental health care, particularly for students, is still a relatively new concern. There isn't a school psychology clinic, consultation, or team of trained physicians and nurses in the province now. There is still a lack of information and insufficient focus on the prevention of mental health problems in teenagers in general and high school students in particular.

2.3. Strengths and Difficulties Questionnaire 25 Items (SDQ-25)

Strengths and Difficulties Questionnaire 25 items (SDQ-25) [26] was set up by Robert Godman in the London Institute of Psychiatry. Currently available in 47 languages, the Strengths and Difficulties Questionnaire 25 items is utilized in 60 countries worldwide to evaluate children for mental health problems. The Research and Training Center for Community Development (RTCCD) conducted research on the Strengths and Difficulties Questionnaire 25 items in 2004 to standardize adaptive epidemiology in Vietnam. The Strengths and Difficulties Questionnaire 25 items was then widely employed in studies assessing the mental health of children and adolescents. There are 3 versions of the Strengths and Difficulties Questionnaire 25 items questionnaire including: self-assessment form for children from 3 to 17 years old to assess the child's mental health performance from the perspective of the child, caregiver and teacher. It includes 25 questions with 5 main problem groups: emotional symptoms, conduct

problems, hyperactivity, peer relationship problems, and prosocial behaviour.

The Strengths and Difficulties Questionnaire 25 items toolbox has been used in numerous research assessing the mental health of Vietnamese students and is very helpful for preliminary screening. There is a notable degree of independent clinical diagnosis and prediction. Unlike the RADS 10-20 scale, which focuses on screening and in-depth examination of a single mental health condition, the Strengths and Difficulties Questionnaire 25 items toolbox is brief, simple to use, applicable to a wide range of subjects, and examines multiple manifestations of mental health. In addition, Strengths and Difficulties Questionnaire 25 items is an outstanding toolkit for high school students because it is not lengthy and has just as much information as other toolkits. Furthermore, the copyright owner provides the toolkit without charge. The target group of high school students is the study's scope. As it was practical and acceptable, the research team decided to use the Strengths and Difficulties Questionnaire 25 items self-filling version for children aged 11 to 17.

3. Research Method

3.1. Research Objects

The sample of 295 high school students, who were between the ages of 16 and 18, were included in the study. Students who are unable to respond to questions during the interview for disciplinary or medical reasons should not be considered.

3.2. Research Period

The research has done in Hanoi from October 2022 to June 2023.

3.3. Methodology of Research

Cross-sectional research design, using quantitative research methods to achieve research objectives.

3.4. Methodology of Choosing Objects

The cluster sampling method is applied in this project: There are 900 pupils enrolled in the

school in grades 10, 11, and 12 for the 2022 - 2023 academic year. Each class is considered as a sample cluster. A sample is chosen in three steps:

Step 1: Determine the number of classes taking part in the research. Since there are roughly 45 students in each class while the required sample size is 295 students, 6 classes must be chosen, 2 classes per grade.

Step 2: Select the class name by drawing lots. The paper pieces list the names of the classes. Two pieces representing two classes in each block are drawn randomly to determine the classes taking part in the study.

Step 3: Select all students in each class to participate in the study.

3.5. Data Collection Instruments

The study collects data through anonymous questionnaires including Strengths and Difficulties Questionnaire 25 items toolkit and questions related to students' personal and educational information. In particular, the Strengths and Difficulties Questionnaire 25 items toolkit is used to assess the current mental health problems in high school students, including 25 questions belonging to 5 problem groups:

Emotional symptoms: frequently experience nausea or upset stomachs, depressive moods, irritability, wrath, anxiety, fear, lack of interest and pleasure, and be reluctant to interact with friends (questions 3, 8, 13, 16 and 24).

Conduct problems: regularly be out of control, violent, aggressive, and angry (questions 5, 7, 12, 18, and 22).

Hyperactivity: often feel anxious, agitated, restless, hasty, impulsive, and be unable to concentrate (questions 2, 10, 15, 21 and 25).

Peer relationship problems always be aloof, prefer to be alone, have few relationships, do not get on well with friends (questions 6, 11, 14, 19 and 23).

Prosocial behaviour: try to be kind, care about other people's feelings, share with everyone, help others when they are hurt, treat younger people well, volunteer to help others (questions 1, 4, 9, 17 and 20).

Each question has three possible answers: not true, partly true, true with the corresponding score. Only the combined score of 20 items from each of the four problem categories - emotional, conduct, hyperactivity, and peer relationships - should be computed for assessing the mental health of high school children. The maximum total score is 40 points.

3.6. Research Variables

Independent variables: General information about research subjects (age, gender, grade, academic ranking, conduct); personal factors (physical condition, self-imposed pressure, in-school and out-of-school learning, lifestyle, internet use, gaming, use of alcohol/beer/cigarette or other stimulants, participation in clubs/extracurricular activities); school-related factors (getting along with classmates, having close friends at school, being bullied/teased, obeying school's regulations, joining extracurricular activities, teachers' taking care of research objects).

Dependent variables: The set of variables describing the mental health status and the rate of mental health problems's manifestation in high school students according to 4 problem groups: Emotional symptoms, conduct problems, hyperactivity, peer relationship problems.

3.7. Data analysis Tools

Epidata 3.1 software was used to enter the data. To prevent mistakes during data input, the same information was entered twice by two distinct inputters. Utilize the SPSS20.0 software to process and analyze data. Medical statistical algorithms are used to compute the average values and percentage. Chi-square test (χ^2) is spent to determine proportional differences between groups. Determine the level of impact between associated factors by calculating the OR, 95% CI, and logistic regression analysis.

3.8. Research Ethics

Before conducting the research, the study requested and received approval from the High School Board of Directors in Hanoi.

Every study participant received information regarding their right to decline to

respond to any of the questionnaire's questions. Before interviews, individuals were also given a thorough explanation of the goal and scope of the study, with a focus on maintaining confidentiality and anonymity to ensure their voluntary cooperation.

To protect the research objects' privacy, the questionnaire was encrypted during the data entering, processing, and reporting stages. The data on the form is solely used for research and educational purposes. Investigator training places a strong emphasis on maintaining research objects' identities and confidentiality.

All filled-out surveys are safely kept, and the data is only accessible by the investigators.

4. Result of the Research

4.1. General Information about Research's Objects

Table 1 shows that the study participants included 295 students from 16 to 18 years old, among which 33.8% are male and 66.2% are female. The number of students in each grade is relatively equal (grade 10 is 35.5%, grade 11 is 33.8% and grade 12 is 30.7%). In the research sample, the proportion of students with distinctive academic performance is the greatest at 50.8%. Credit academic performance comes in second at 49.2%, and there are no students with average or poor academic performance. 100% of students achieved very good conduct.

4.2. Findings from the Evaluation of Research Objects' Mental Health

The study's findings demonstrated that 33.8% of the study sample's students had general mental health problems, which is much higher compared to certain other domestic and international research. According to Betty Van Roy and colleagues (2006), only 17.8% of Norwegian students in the 10 - 19 age range experience mental health problems [27]. It is estimated that between 15.2% and 27% of Vietnamese high school pupils suffer from general mental health problems [13, 28-30]. The time period of the research and the various learning contexts could be the reason for the difference between our study and others. The rate

of students experiencing mental health problems may be higher since our research was conducted during students' second-semester examinations and preparation for the university entrance exam.

Among them, 32.8% of the pupils have emotional symptoms, which are common in everybody's daily life. This outcome is consistent with the research by Bui Thi Quynh Tram (2018), which found that 33.0% of

students had emotional symptoms [28]. In contrast to the research conducted by Nguyen Thi Thuy Anh (2010) with a rate of 14.6%, and Dang Thuy Linh (2016), which found a rate of 19.7%, our findings' results are greater because the study's interview period coincides with the start of exams, when students are more anxious and may result in higher rates of emotional symptoms [13, 29].

Table 1. Students' general information

General information		Quantity (N)	Percentage (%)
Age	16-year-old	105	35.5
	17-year-old	100	33.8
	18-year-old	90	30.7
Gender	Male	100	33.8
	Female	195	66.2
Grade	Grade 10	105	35.5
	Grade 11	100	33.8
	Grade 12	90	30.7
Academic performance	Distinction	150	50.8
	Credit	145	49.2
	Average	0	0
	Poor	0	0
Conduct	Very good	295	100
	Good	0	0
	Average	0	0

Other issues include peer friendship problems (22.7%), prosocial behaviour (30.5%), and conduct problems (16.9%). Hyperactivity accounts for the lowest rate, 1.7%, indicating that the object's capacity for

sustained concentration is higher. This is most evident when students in the study achieve distinctive academic performance, which accounts for a higher number than credit and average academic performance.

Table 2. Current state of mental health problems among students as reported by the Strengths and Difficulties Questionnaire 25 items

Strengths and Difficulties Questionnaire 25 items Assessment Issues	Having mental health problems	
	Frequency (N)	Percentage (%)
General mental health problems	100	33.8
Emotional symptoms	97	32.8
Conduct problems	50	16.9
Hyperactivity	5	1.7
Peer relationships	67	22.7
Prosocial behaviour	90	30.5

4.3. Results assessed a Number of Factors Related to the Mental Health of Research Subjects

Personal factors

About 66% of students are concerned about their physical appearances and mental health problems, compared to 33.9% who are not. Students who are not confident with their physical characteristics are 1.85 times more likely to suffer from MPH than the others, which is a statistically significant difference ($p < 0.05$).

Students who exercise sports make up 18.7% of the population with mental health problems, compared to 81.3% of those who do not. Pupils who are not involved in sports have a mental health problems rate that is 4.1 times higher than that of pupils who regularly engage

in these activities ($p < 0.05$). The findings of authors Nguyen Thi Thuy Anh (2010) and Dao Thi Tuyet (2014) are comparable to this one [29, 31]. This demonstrates the need for more research and development in the areas of promoting a healthy lifestyle and expanding student's participation in sports.

Students who often stay up late have a 5.2-fold increased risk of mental health problems in comparison with those who do not ($p < 0.05$). This outcome differs from the research carried out by authors Dang Thuy Linh (2016) and Nguyen Thi Luu Ly (2020) [13, 14]. This alarming statistic demonstrates the urgency with which educators and parents must assist high school students in giving up bad habits, particularly at home.

Table 3. The relationship between physical characteristics, living habits and mental health problems of students

Personal factors	Having mental health problems		OR (95%CI)	p
	Frequency (n)	Percentage (%)		
<i>Concern/ self-consciousness over physical traits</i>				
Yes	195	66.1	1.85 (1.05 - 2.75)	<0.005
No	100	33.9		
<i>Exercise/ Play sports</i>				
Yes	240	81.3	4.1 (1.15 - 5.15)	0.015
No	55	18.7		
<i>Stay up late</i>				
Yes	250	84.7	5.2 (2.02 - 6.55)	0.001
No	45	15.3		

The percentage of students who do not participate in any Club/Team/Group with mental health problems is 69.5% and are 2.16 times more likely to have mental health problems than those who participate in one or more Clubs/Teams/Groups ($p < 0.05$). This result is significantly greater than the findings of Nguyen Thi Luu Ly's study (2020), although it is comparable to the findings of Dang Thuy Linh (2016) [13, 14]. There is a 3.61-fold increase in the likelihood of mental health

problems among students who are members of a club or team but do not fully participate in club/group activities compared to those who do ($p < 0.05$). According to the findings, students can enhance their life skills and have fun by joining clubs, teams, and groups as well as extracurricular activities.

There was no statistically significant correlation discovered between the objects' mental health problems and the frequency of extra classes.

Students' mental health is impacted by lack of confidence or disappointment in their own scores, whether it occurs sometimes or often. In particular, the group that sometimes felt disappointed about their grades had a 2.79-fold

higher likelihood of mental health problems compared to the group that never experienced these feelings, and the group that frequently felt sad about their grades is 2.84 times higher risk of mental health problems ($p < 0.05$).

Table 4. The relationship between participation in clubs/teams/groups, personal pressure and students' mental health problems

Personal factors	Having mental health problems		OR (95%CI)	p
	Frequency (n)	Percentage (%)		
Participation in Clubs/Teams/Groups				
Yes	90	30.5	2.16 (1.17 - 4.11)	0.002
No	205	69.5		
Full participation in Club/Team/Group activities				
Yes	80	88.8	3.61 (1.46 - 4.55)	0.032
No	10	11.2		
Frequency of extra classes				
1-2 sessions/week	66	22.9	1	-
More than 3 sessions/week	211	77.1	1.18 (1.06 - 2.05)	0.55
Low self-esteem/disappointment in academic scores				
Never	2	0.7	1	-
Sometimes	89	30.2	2.79 (1.05 - 2.99)	0.003
Often	204	69.1	2.84 (1.65 - 3.02)	0.005

School-related factors

Based on Table 5's findings, the research team was unable to determine a statistically significant correlation between the research sample's children's mental health problems and violating school's regulations.

Pupils who receive verbal or physical discipline from their teachers in front of the class are 1.46 times more likely to experience mental health problems than pupils who do not receive such behavior ($p < 0.05$). The likelihood of mental health problems is 1.46 times higher

in students who face teacher and peer criticism than in those who are not subjected to similar actions ($p < 0.05$). The findings of this study are consistent with those of authors Dang Thi Phuong Mai (2019), Nguyen Thi Luu Ly (2020), and Trinh Thanh Hai (2018) [14, 32, 33]. This finding serves as a warning that when there is a poor rapport between students and teachers, mental health problems may arise. Therefore, measures are required to strengthen the bonds between students and teachers in the classroom.

Table 5. Relationship between school-related factors and students' mental health problems

School-related factors	Having mental health problems		OR (95%CI)	p
	Frequency (n)	Percentage (%)		
Violating school's regulations				
Yes	50	16.9	1.93	0.56
No	245	83.1		
Being scolded/ punished by teachers in front of class				
Yes	100	33.8	1.46 (1.01 - 2.55)	0.022
No	195	66.2		
Being sarcastic/compared to others by teachers				
Yes	100	33.8	1.46 (1.01 - 2.55)	0.022
No	195	66.2		

5. Conclusion

The findings of a survey conducted on the mental health of 295 students at a Hanoi high school revealed that: A significant percentage of students have general mental health problems. Emotional symptoms account for the largest percentage of students, followed by prosocial behaviour, peer problems, conduct problems, and hyperactivity.

Some factors related to students' mental health are:

Negative notions about physical fitness: Students who experience physical appearance-related anxiety or insecurity are more likely to suffer from mental health problems.

Participation in Club/Team/Group: Students who do not participate in clubs, teams, or groups and students who belong to clubs but fail to actively engage in their activities are at greater risk of mental health problems.

Exercising/playing sports: Mental health problems are more common in students who do not participate in sports or exercise.

Staying up late: Those who have a late-night habit are more likely to experience mental health problems.

Disappointment about academic scores: Pupils who often and sometimes feel dissatisfied with their academic performance are more likely to suffer from mental health problems respectively.

Being scolded, punished, ridiculed, compared by teachers: Reprimands or punishments given by teachers in front of the class, as well as teacher ridiculing, increase the likelihood of mental health problems in pupils when compared to other students.

The following actions are required to prevent and improve high school students' mental health problems:

Students must adopt a positive, healthy lifestyle and give up bad habits. Some examples of this include joining a few clubs or groups and taking part in extracurricular activities both inside and outside of the classroom. Reduce the amount of time spent on social media to no more than two hours each day; engage in more

sports and physical activities; balance study and relaxation and avoid staying up late.

Beside the regular study period, the school continues to maintain and arrange more extracurricular activities, clubs, teams, and groups, as well as life skills training programs.

Schools keep creating opportunities for pupils to receive psychological consultation: Organize discussions, interactions, and exchanges with students regarding psychological consulting; describe the purpose, duties, and responsibilities of the school's School Psychology Consulting Department; provide the school psychological consultation area with amenities so that children can feel at ease sharing.

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