



Mental Health Screening in an International University Residential Centre

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Outline

- RMIT University Vietnam
- Mental health in young people
- University and mental health
- The importance of early detection
- Mental health in Vietnam
- The Wellbeing Q
- Challenges and future directions
- Questions and comments

RMIT University Vietnam

- Two Campuses located in Ho Chi Minh City and Hanoi.
- Offers programs in business, technology, communication, design and fashion
- Programs are all taught in English
- Also offers English programs for students intending to study at an international university, and for teenagers wanting to excel in English.
- The majority of students being local, and a significant minority of International Students



The Residential Centre



Mental health in young people

- In Australia:
 - One in four young Australians experience a mental illness every year
 - Suicide is a leading cause of death accounting for one third of deaths among people aged 15-24
 - Depression and anxiety are the most prevalent diagnoses
- In Vietnam:
 - 20% of young Vietnamese people experience mental health problems
 - 27.6% of students reported having felt so sad or helpless that they stopped their usual activities
 - 26% of Vietnamese secondary school students had seriously considered suicide
 - Rates of anxiety and depression among young people found to be as high as 41%

University and mental health

- Numerous stressors at this time which can increase risk
- International students and students living away from their support network are at increased risk
- Mental health issues can also impact on the skills necessary for study, such as concentration, memory, decision making and motivation
- Students experiencing poor mental health are more likely to exit their course early



Importance of early detection

- Support for mental health tends to be reactive in nature in university settings
- University staff only refer students once the problem has become significant enough to cause concern
- Students may not recognise emerging symptoms or may not disclose or seek support for their mental health
- The longer mental health problems persist unaddressed, the greater the detrimental impact

Mental Health in Vietnam

- People may not perceive mental illnesses as real illnesses, some view it as ‘all in their head’, a punishment from god, or bad luck
- Issues around shame and saving ‘face’ – people often don’t feel safe talking about their problems for fear of judgment
- Tendency to stigmatise and discriminate against the mentally ill and their families
- Many people either don’t realise they have a mental illness, or don’t want others to know
- People may delay treatment, only seeking professional help when things ‘become unmanageable’



Mental Health in Vietnam

- Lack of available services
- Private services are expensive
- Most mental health services are only available in psychiatric hospitals, treatment focuses on pharmacotherapy and severe mental disorders
- Depression and anxiety generally remain unidentified and untreated

Availability of mental health services (per 100,000 population)		
	Australia	Vietnam
Psychiatrists	12.7	0.35
Psychologists	88	0.06
Other (e.g mental health nurses)	84.2	0.80

Mental Health in Vietnam

- Awareness and services are increasing, RMIT Vietnam undertaking a number of awareness raising campaigns, but there is still a long way to go.

Case study 1 - Van

- Van had previously studied in America and then returned to Hanoi. She failed 2 subjects and became academically 'at risk'. She moved to Saigon, away from her parents and into the residential centre. She was linked with a student advisor who referred her to the counselling service but she did not attend any appointments. She was not attending classes or leaving the residence. After a case discussion, the counsellor and student advisor attended the residence. Van subsequently began engaging with counselling sessions. She presented with poor personal hygiene and was angry, withdrawn and depressed. She also presented as suspicious and paranoid about her parents who she started threatening. Van agreed to see a psychiatrist but the hospital refused to treat her without parents involvement. Confidentiality was breached and her parents were informed. They eventually travelled from Hanoi and psychiatric treatment was commenced. However, Van continued to engage in threatening and problematic behaviour. She was subsequently suspended from the university and has returned to Hanoi for follow up psychiatric treatment.

The Wellbeing Q – A pro-active approach

- RMIT Wellbeing Vietnam has commenced a process of pro-active screening of student mental health within its Residential Centre called “The Wellbeing Q”

Aims -

- Pro-actively *identify* students experiencing psychological distress
- *Support and engage* with students experiencing mental health issues to improve mental health and academic success
- *Increase understanding* of psychological wellbeing and mental health among student and staff populations



The Wellbeing Q

- The Wellbeing Q is based on the DASS-21
- Paper and online form
- In English and Vietnamese
- Screening once per trimester
- Outreach and support offered on the basis of scores



Follow up from the Wellbeing Q

- Varying degrees of support and engagement are offered on the basis of scores
- All students are offered feedback, and advised on how to access support if needed
- Moderate and severe scorers are provided with psychoeducation materials on stress, anxiety and/or depression
- Severe or extremely severe scorers are contacted by phone to offer an appointment
- Manager of the residence is informed of students scoring in the severe or extremely severe range



Outcomes

Date	Method	Responses	Moderate Scorers	Severe/ Extremely severe scores
Week 4 Semester 2	At the welcome party by manager of residential centre + email	61	14 (22.9%)	12 (19.7%)
Week 8 Semester 2	Email only	7	0 (0%)	2 (28.6%)
Week 2 Semester 3	Wellbeing team introduction at the welcome party + email + residential staff follow up individually in person	28	4 (14.3%)	3 (10.7%)
Total		96	18 (18.9%)	17 (17.7%)

Case Study 3 - Quynh

- Quynh is a 19 year old English student living in the residence as her parents live in another province of Vietnam. It is her first year of studying and her parents have high expectations of her performance at RMIT. She scored in the Severe range on the Anxiety scale of the DASS in the Wellbeing Q and was offered an appointment which she attended. Quynh reported experiencing stress in a number of areas of her life – group work, relationships, academic pressure and her family’s financial situation. She had poor English skills and was fearful of failing and was experiencing anxiety which affected her ability to focus. She attended 3 sessions over a period of one month. During the sessions she worked on stress management, problem solving and healthy relationships. She improved in her ability to cope with stress and anxiety, as well as her utilisation of support and advice from friends and family.

Challenges

- Practicalities of getting students to complete
- Coordinating administration
- Translation and understanding issues
- Numbers of completers
- Students not attending/accepting appointments
- Confidentiality vs risk management
- Limitations of the DASS

CHALLENGE ACCEPTED



Future directions

- Wellbeing staff to continue to attend in person and screen trimesterly
- Continue to engage and communicate with residential centre staff and students
- Provide further support, training and destigmatisation campaigns across the university
- Additional promotional activities e.g. posters, competitions
- Screening of other potentially high risk groups
- Increase completion numbers in residential centre students? Any ideas!?



Questions and comments?

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