Key findings from the study are as follows:

1. **The burden of mental disorders is high, and needs of mental health care is great.**

Random household surveys of 1547 respondents, aged 17 or older were conducted using the World Health Organization’s screening questionnaires SDQ26, showing that:

- The rate of people with schizophrenia in population aged 17 and older was 1.7 % (95 % CI : 1.0 % -2.3 %). In Ben Tre, this rate was 1.1 % (95 % CI : 0.4 % - 1.8 %) and in Thanh Hoa it was 2.4 % ( 95 % CI 1.3 % - 3.6 %);
- The incidence of epilepsy in the group aged 17 and older was 3.8 % (95 % CI : 2.9 % - 4.8 % ), in which in Ben Tre was 3.6% ( 95 % CI : 2.4 % - 4.8 % ) and in Thanh Hoa was 4.1% ( 95 % CI : 2.6 % - 5.7 % )
- Generally, disease burden of both schizophrenia and epilepsy, under the community based mental health programs in communities was 4.7 % (3.7% - 5.8 %), of which in Ben Tre
was 4.3 % (95 % CI: 2.9 % - 5.6 %) and in Thanh Hoa was 5.4 % (95 % CI: 3.6 % - 7.1 %).

- Burden of Mental Disorders total, including neurotic and psychotic disorder is:
  - 19.4 % (95 % CI: 17.5 % - 21.2 %) in the general population aged 5 years or older (N = 1824). In particular, the rate of people with mental disorders in Ben Tre was 14.3 % (95 % CI: 12.2 % - 16.5 %) - significantly lower than that in Thanh Hoa, at 26.1 % (95 % CI: 23.0 % - 29.2 %).
  - In children 5-16 years old, mental disorder rates were 20.5 % (95 % CI: 15.7 % - 25.3%), of which, in Ben Tre was 19.1 % (95 % CI: 12.9 % - 25.4 %).
  - The proportion of people with mental disorders in adults (17 years and older group, N = 1546) was 19.2 % (95 % CI: 17.2 % - 21.1 %). Thanh Hoa had a significantly higher rate (26.8 %, 95 % CI: 23.4 % - 30.3 %, P

**Conclusion:**

Although the State has invested in development mental health care systems, implementation is not detailed and not supported by evidence from scientific research. So the implementation plans are usually unfeasible and inadequate for actual demand. The general goals and specific objectives of the “Program for community-based social Assistance and rehabilitation for people with mental disorders” (Program #1215) and other projects for mental health care must be redefined by properly identifying the target audience, the actual burden of disease in the community and based on the capacity of the existing service system. The consequence of management practices and planning not based on research evidence has led to the majority of the State’s resources being invested in upgrading infrastructure. Planning, monitoring, supervision and management of mental health care services have not improved. Evidence from this study shows that innovation is needed in terms of restructure and functioning the mental health care system.

### 2. Capacity for screening and diagnosing of mental disorders

Results of random interviews of 620 households showed that in the population of the age of 17 or older in the two provinces, the proportion of mental health patients detected by the community based mental health program and the health sector accounted for 5.4 % (Thanh Hoa: 4.0 %; Ben Tre: 7.4 %); approximately 95 % were not covered by the community and the State’s health services. This coverage rate was even lower for groups under 17.

For schizophrenia and epilepsy alone, the rate of the disease detection was 19.8 % (Thanh
Hoa: 16.7 %; Ben Tre : 23.1%). It means that more than 80% of the patients in the two groups in the community have not been detected, screened or received care. We conclude that the disease detection capability of the current system in the two provinces is low.

In considering mental disorders in children and in accordance with the concept of adequate mental health care, the entire service system of the State meets only a small part of the community health care needs, and focus only on treatment services for psychosis group.

A community-based mental health care project was implemented by MOH, mostly focused on treatment for patients with schizophrenia and epilepsy. But even for these patients, the random household survey (n=620) shows that only 50 % of patients with schizophrenia and epilepsy who have been detected by community are able to access to the services of the community-based mental health project.

98.7% people with mental illness are living in the community, with their families or are homeless. The rate of people with mental disorders accessed to and cared by the institutional health facilities was only 1.3% of the disease burden.

Social Assistance System under MOLISA has provided social assistance (medicines and monthly allowance) for 95.8% of patients who had complete psychiatric records, (in Thanh Hoa is 94.1 % and is 97.8% in Ben Tre). However, there are still 4.2 % of patients with schizophrenia and epilepsy (in Thanh Hoa is 2.2 % and 5.9 % in Ben Tre) who were diagnosed by the health sector but have not been received any social assistance, because of the lack of diagnosis documentation, mechanisms for referral between the two systems, and the government-led service system is too slow.

Percentage of people with mental illness cared for by MOLISA compared to the total number of people with mental disorders screened through baseline surveys in Ben Tre was 2.3 % and Thanh Hoa was 2.1%.

The health care system, social assistance system and the whole governmental health care system (operated by the state budget) have only provided services for less than 5% of people with mental disorders, and mainly focused on the acute cases. Only, 71.9% of those detected with schizophrenia and epilepsy were managed by the community-based mental health care
program. However, this program mainly focuses on the acute disease. Depression, anxiety, behavioral disorders, and intellectual disabilities have not been covered by the community-based mental health program, launched by the Ministry of Health. Approximately 95% of people with mental disorders, including 80% people with mental illness are out of the coverage of the health care system. Given that families and the communities are playing an important role in the mental health care for people with mental disorders in the provinces.

**Conclusion:**

Most of the people with mental disorders were diagnosed and cared for by their families. Mental health services at the community level mainly depend on the people's awareness, self-care and social assistance network.

It is clear that the State’s mental health care system mainly focuses on treatment for people with chronic mental illness. However, it met only less than 5% of the burden of mental illness in the community. Therefore, it is necessary to equip health workers, social workers at community level and family members with knowledge and practical skills for early screening, diagnosing, and prevention of mental illness. The trained staff and family members provide non-medical treatment and comprehensive care for people with high risk of mental disorders at the community level. Early screening and comprehensive intervention at community level should be strengthened in the two provinces; system of mental health care services should be restructured towards widening informal and community-based mental health care services (including self-care, care by family and non-profit organizations). Integrating mental health care into the primary health care system must be seen as strategic solution for the near future.

**3. The quality of mental health care services is low and not focused on prevention, rehabilitation, and preparedness for psychiatric emergency.**

Mental health services are mainly provided by health sector and partially by the social assistance sector of MOLISA. The quality of service is generally low, mainly focused on treatment. Although the community-based mental health project is for "prevention", it mainly delivers drugs to patients. To prevent from mental disorders, the MOLISA provided “monthly allowance” for the mental patients. However, the monthly allowance is just one fourth of the minimum wage for the patients living in the community, and about half of the minimum wage for patients who are living in a social protection center, so the effect of social assistance is very limited. Principles of rehabilitation care and ensuring the recovery of the patients has not been considered in designing, operating and monitoring the quality of mental health care services. In
both provinces, there is no current mobile care to intervene in psychiatric emergency in communities.

3.1. Quality of mental health services provided by institutional and formal facilities.

The research team used criteria of quality assessment tools developed by the WHO to assess the mental health care services in a facility, especially with regard to the basic rights of patients. The survey results showed that social protection centers have had some progress in four areas: (1) habitat quality; (2) health and physical care; (3) legal capacity and the freedom of the individual; and (4) the relationship between staff and patients. However, the fifth right is about self-help and community integration. Both hospitals did not have any services helping patients accessing the rights, though only preliminary.

In psychiatric hospitals, there are basic services for health care, and patients are not denied treatment because of financial reason, beliefs or culture, and always be referred to hospitals in higher level if needed. However, screening activities for common diseases and reproductive health counseling are totally absent. Patients were sent to treatment by their family, not on the expectation of the patients. The legal rights of the patients as health service users are not fully taken into account in the treatment.

The Social Protection Center in Thanh Hoa provided quite good services and living environment for the patients, and is the best mental health care facility in the two provinces. But the development of this facility was entirely due to the leaders, rather than a design based on scientific health care system for people with mental illness.

Qualifications and professional skills of staff at the mental health care facilities in Thanh Hoa and Ben Tre is limited. Particularly, they do not have basic knowledge about preventive psychiatric care for patients, do not know about principles and practice of rehabilitation care, and basic rights of people with mental illness at the health care facilities, and have never been included in any training or monitoring. Only 6.9% of physicians specialize in psychiatry, with only one resident physician; Provincial psychiatric hospitals do not have professional social workers or psychotherapist. 54% of staff at the psychiatric hospitals lacks professional skills in mental health care. In contrast, most of staff of social service agencies lacks specialists in mental health care. There is a need to develop and restructure the human resource to integrate mental health care in social services and integrate social assistance into mental health service facility.
Psychiatric hospitals do not provide social assistance and rehabilitation for patients after treatment, and there is no service for early mental health screening in communities.

3.2. Social work services in mental health care is new for hospitals and is at very early stages for social protection centers.

The health facilities from districts up to province level do not provide a social assistance function for health service users. In the social sector, social work service centers were established in Thanh Hoa and Ben Tre province, and have good infrastructure for operation. The social work service centers are responsible for providing social services to vulnerable groups, including people with mental disorders. However, the Centers could not provide any social work services to people with mental disorders because there is no staff with expertise in mental health care. The connection between the social work center and health sector has not been designed for the operation of the centers.

Conclusion:

The mental health care system diagnoses disease at the late, chronic stages, mainly uses medical treatment, with few connections between health care services and social assistance services. Mental health care system currently focuses on drug treatment, few psychological therapy services, and rehabilitation or social support provided by professional social workers and clinical psychologist. This research finding shows that the mental health services mainly focuses on medical treatment for chronic mental disorders (such as schizophrenia, epilepsy, depression). There is a lack of screening and care services for the groups with high risk of mental disorders (such as pregnant women, children, the elderly, youth or orphans) and for the people.

4. Communication on mental health.

Only 12.3% of commune health workers have documents related to mental health. Among the documents mentioned by commune officials, 32% are leaflets, 8% posters, 24% newspapers, books and handbooks; and 12% available on the internet. Except information accessed on internet (social network), most of documents that commune health workers have are primarily from the community-based mental health project, and focuses on schizophrenia and Epilepsy.
The early detection tool, the screening forms are not known, even to the medical staff and support team of social work. 98.9% of households do not have the documents/training materials related to mental health (98.25% of households in Ben Tre and 99.59% in Thanh Hoa). Only 0.42% of households in Thanh Hoa and 1.75% of households in Ben Tre have some documents about mental health. The documents that the households have are mainly pamphlets, posters, newspapers and handbooks on mental health.

5. The structure of the mental health care system.

Mental health care service system includes clinics and facilities for mental health treatment operated by health sector, social assistance facilities providing social, psychotherapy services, foster care and shelters for vulnerable groups and people with mental illness.

Health care system is from central to commune levels. However, psychiatric hospitals have recently become available at central and provincial levels. The mental health services at the grassroots level are undeveloped.

The current mental health care system lacks health care services provided by private sectors, civil society organizations and non-profit organizations. Self-help, family care and community support for people with mental disorder are completely ignored.

Vision and direction for service delivery:

Although in each province the DOLISA and the Department of Health has planned for mental health care activities, no province has a strategic plan for mental health care system development. So, there is no clear vision and direction for comprehensive development of mental health services.

The study results showed that there is no participation of the families of people with mental illness in policy consultation, decision making or planning for development services for people with mental health disorders.
The idea of "community-based mental health care" was not well understood, and no specific strategy to mobilize resources to improve service coverage of professional health care, and improve quality of services to ensure the basic rights of people with mental illness.

Financial mechanism for mental health care:

The gathering of information on annual income and expenditures on mental health care services in each province was difficult, because the sources of the data have not been fully updated, and facility staff did not want to publicly share with the research team. However, information obtained from the survey showed that the mental health service providers mainly operated by the state budget, and contributions from the patients is very little. Foreign aid projects for mental health care were not documented, but there are not many. To provide high quality of services, the government should allocate budget commensurate with the demand for human resource development.

6. Human resources for mental health care system.

59% of staff at social service agencies at commune level had a university degree, 12.7% had college degrees and 2.1% have a vocational certificate. Of these, only 21.3% have educational background in social work.

The majority of staff of DOLISA at district level have university degrees (94%), but there is only 0.9% with expertise in social work. The percentage of social workers in human resource of social service agencies at district and commune levels is very low.

Staff with expertise in mental health is very few, and most of them are working at provincial facilities (psychiatric hospital, social protection centers). Officials at the district and commune levels have not been trained in social work and mental health care.

Research shows that the majority of the respondents interviewed did not answer correctly the concepts of mental health, mental illness, mental disorders and basic principles in health care.
Quality of the existing human resource was low, particularly lack of staff for social, psychological services and non-medical treatment at service facilities, and there is no practical criteria to set up an effective strategy for human development for mental health care system.

Human resource always played the most important role on improving service quality. However, the human resource for mental health services in Thanh Hoa and Ben Tre is insufficient for community needs and poor in quality. Most officials and employees of the service providers have not been trained in screening, caring for social assistance for people with mental disorders. They lack knowledge and skills in prevention of mental disorders, stigma and discrimination, and do not know about principles for protection for the patient’s rights and rehabilitation. It is necessary to train and retrain the health care staff and social workers to meet the increased demand of mental health care services at facilities and in communities.

7. Mental health care services provided by nongovernmental organizations and private sector

There are no community-based or charitable organizations in the province of Ben Tre, Thanh Hoa providing mental health care services. Only 2 local charities provide irregular social support for children with disabilities, for the poor and for people with mental illness. Service quality of these facilities has not been evaluated, but it is certainly not as professional as services provided by public sectors.

7.1 Staff and employees of non-governmental organizations in Thanh Hoa and Ben Tre are not trained in skills in mental health care.

Most officials and employees of nongovernmental organizations in Thanh Hoa and Ben Tre provinces have not been professionally trained in social work or mental health care.

7.2 Most of patients are living in unhealthy conditions and poor sanitation.
IMPROVEMENT OF MENTAL HEALTH CARE IN VIETNAM

Võ Xuân Hòa
Thứ hai, 19 Tháng 5 2014 12:47 - Lần cập nhật cuối: Thứ tư, 27 Tháng 4 2016 16:42

Mental illnesses are taken care of quite well at the households: about 87.6 % to 95 % of the patients have enough food, water and clean clothes; 83 % of mental health patients are permitted to walk freely around the villages, and 73.5 % can join social events such as funerals, weddings with their family members; 44.5 % of patients have private bedrooms. However, there is 42.8 % of patients still have to live in unhealthy conditions and poor sanitation.

7.3. People with mental disorders and their family are discriminated and stigmatized by the local people.

People with mental illness and their relatives said that they have been stigmatized by their communities. According to the comments of the respondents, 18.3 % were stigmatized because of mental illness, including 5.2 % reporting frequent stigmatization; 18.4 % of household heads said that they themselves were discriminated because one of their family members has a mental illness. Among the families stigmatized, 21.5 % said that the stigma and discrimination negatively affected their relationships with friends, and 38.5 % confirmed that that discrimination affects their family life.

There is a lack of mental health care services provided by private sector, civil society and community based organizations.

Self-care and care at home and at community level are particularly important for people with mental disorders. However, the existing mental health service system in Thanh Hoa and Ben Tre lacks community-based mental health services. Those who are providing mental health care services for people with the mental illness are lack of knowledge and skills in psychology, psychiatry and social work. Meanwhile, there is no community-based organizations (charity, civil society or mass-organization) and private sector established to provide professional mental health services in Thanh Hoa and Ben Tre provinces.

II. RECOMMENDATIONS FOR IMPROVEMENT OF THE MENTAL HEALTH CARE SERVICE SYSTEM

Based on the findings presented above, the research team recommends the following solusions:

a) For implementation agencies of the program 1215 at the
Recommendation # 1: Need to define the terminology that used in the Program # 1215.

To effectively implement the Program 1215, it is necessary to define boundary and contents of the terminology of “social assistance”, “rehabilitation”, “mental illness” and “mental disorders”, as well as clarify the “community-based approaches” as recommended by WHO and mentioned in the program 1215.

Recommendation # 2: Need to reform the mental health care system in order to meet the great demand for “social assistance and rehabilitation” of the people.

MOLISA is responsible for implementation of the Program # 1215. MOLISA should review and evaluate the effectiveness of the service system, especially identifying the service providers; who provide services for mental illness; who cares for mental disorders and their roles, responsibilities and actual capacity for mental health services; and their effectiveness. This study clearly shows limitations and very minimal contributions of both the health and social service system to mental health care. Most patients are not covered by the existing service system. There is a need to use the “community-based approach” and comprehensive health care as recommended by the WHO. First, planning must be based on evidences of the research findings. Second, there is a need to expand coverage and improve the quality of community-based mental health care services, especially for social services assistance and rehabilitation for people with mental illnesses and mental disorders; and stopping the prevalent abuse of drug and medical treatment.

Recommendation # 3: Need to set up specific, feasible and appropriate objectives for the Program 1215.

This study indicates that the burden of mental illness is quite high, making the care needs of patients very large. Coverage of governmental health care services for the patients of mental illness and mental disorders are very low. Therefore, it is very difficult to achieve the goals so high that determined by the Program #1215. The national and local organizations implementing the program 1215 should use the results of this study to determine baseline indicators and adjust goals and objectives of the Program 1215 in each province to set up specific,
Recommendation # 4: Building capacity and widening participation of civil society network and patients’ families in mental health care services.

Building a model of community-based mental health care service will need to increase participation of community-based organizations, civil society organizations and patients’ families in the decision making process. The involvement of civil society (i.e., charities, community based organizations and social professional organization) in Thanh Hoa and Ben Tre in providing mental health care services is still very low, providing almost no professional mental health care services. Therefore, it is necessary to raise awareness of the people about mental health, especially about the importance of "self-care" and the role of families and civil society organizations in CSSKTT. Moreover, it is important to create favorable conditions for the civil society organizations to re-train or recruit high quality staff who have skills in social work, mental health care, and clinical psychology to provide comprehensive mental health services to the local people.

Recommendation # 5: Strengthening Program 1215’s monitoring and evaluation system.

Monitoring and evaluation is an indispensable and important step in management. However, the existing monitoring and evaluating system of the CSSKTT in Ben Tre and Thanh Hoa province is poor. Information was not being collected and analyzed carefully; data was not updated and stored in a scientific way and there was not enough accurate information to make good decisions to improve the mental health services. Thus, it is necessary to build capacity in monitoring, supervision and evaluation of the mental health care system. The survey data should be used as baseline indicators plan, monitor and evaluate the progress of the Program 1215’s implementation in the provinces.

b) For the implementation agencies of the Program 1215 at provincial levels.

Recommendations # 6: policy development in mental health care.
Policy makers and mental health care service providers in the provinces of Thanh Hoa and Ben Tre need to move from “passively diagnosing and treatment for mental illness” to emphasize “active screening”, early diagnosing, counseling and providing proper social assistance and comprehensive rehabilitation services for people with mental disorders.

Mechanisms and policies always play an important role in mental health care services. To protect the mental health of the people, it is important to meet not only the needs of those who have been diagnosed with mental illness, but also to prevent and care for well-beings of the high-risk groups and all people in society. Currently, there is lack of mechanisms for inter-agency coordination and cooperation between multi-stakeholders in mental health services in Thanh Hoa and Ben Tre in the field of mental health care. The government should develop some more policies for improving mental health services, specially to involve multi-stakeholders and to integrate mental health prevention, early screening, diagnosis and comprehensive health care services into primary healthcare. It is also required to have policies for encouraging the participation of private sector, charity foundations and other civil organizations in providing mental health services.

Recommendation # 7: Improve social assistance and rehabilitation services in mental health care services.

Provincial People’s Committees need to have strategy and plan for implementation of Program 1215, need to set up realistic goals, target clients, and develop human resources for mental health care services.

Department of Health and DOLISA in provinces of Ben Tre and Thanh Hoa should work together to plan and implement the program 1215’s activities, especially to build capacity for staff in providing early screening, diagnosis, treatment and rehabilitation for mental disorders at the grassroots level. Provincial People’s Committees also should mobilize resources from the Program for Social Work Professional Development, phase of 2010 -2020 (Program # 32) and the program for encouragement and development of human resources specialized in tuberculosis, leprosy, psychiatry, and forensic pathologist period of 2013-2020 (Program #319) to improve the quality of human resources for mental health care services at the grassroots level.
Recommendation # 8: Improve technical support for mental health services at primary health care levels.

Provincial psychiatric hospitals should provide trainings, technical assistance and transfer mental health care technology and professional skills to local staff working at mental health care facilities.

Provincial psychiatric hospitals need to conduct research and disseminate updated, scientific knowledge in the field of mental health care services, disease prevention and rehabilitation for people with mental illness and mental disorders. Provincial psychiatric hospitals need to promote technical support, especially in psychiatric intervention, and should develop a network of service providers in the provinces. Provincial psychiatric hospitals should cooperate with other agencies within and outside the health sectors to improve communication on, education about and prevention of mental disorders in the communities.

Recommendation # 9: reform mental health care service agencies

Centers for Social Work Services and Social protection centre should be restructured to provide professional social assistance and rehabilitation services to people with mental illness and mental disorders.

According to Decree No 67/2007/NĐ-CP and Decree No 13 on the amendment of the Decree #67, beneficiaries of the governmental program for social protection are “people with schizophrenia and chronic mental illness that have been checked and treated by psychiatric hospitals many times, but not recovered”. This provision of Decree #13 is inappropriate and unrealistic, because there is no guidance on the procedure of social assistance and rehabilitation.

It is necessary to build capacity for staff of the Centers for Social Work Services and Social protection center so that they can provide not only early screening and social assistance for people in high risk of mental disorders but also provide treatment and rehabilitation services for people with chronic mental illness.
Centers for Social Work Services should be restructured to deliver counseling, social assistance and psychological therapy for people at high risk of mental disorders, and rehabilitation for people with mental illness to integrate into community.

**Recommendation # 10: improve social work skills for staff of the social protection centre**

This research discovered that mental health services of the social protection center for people with mental disorders in the provinces currently do not meet health care needs and do not protect the patients’ rights.

It is required to build capacity for staff of the social protection center, to equip them with knowledge and skills in social assistance, counseling, psychological therapy and rehabilitation for people with mental disorders as recommended by WHO.

**Recommendation # 11: widened participation into mental health care services**

Local governments at all levels should mobilize participation among community-based organization and families of people with mental disorders in planning and decision-making for implementation of the Program # 1215.

The local government should involve civil society and families of people with mental illness in decision-making and policy advocacy. If multiple stakeholders are invited to participate in and contribute effectively in the decision-making process, implementation of mental health policies will be more effective, and inter-agencies will take part in providing a variety of comprehensive mental health services.

c) Recommendation to mental health service providers and the projects for mental health care services at the community level.

**Recommendation # 12: For Project for # 21436 in Thanh Hoa and Ben Tre.**
It is necessary to use scientific evidence about the actual needs of the people to design and pilot a model for the Program #1215 in Thanh Hoa and Ben Tre. The findings from this study provide valuable inputs about the ability of the mental health services system. Findings from this study are also very helpful for Thanh Hoa and Ben Tre provinces to set up baseline indicators for monitoring and evaluation of project 21436.

**Recommendation # 13: For Mental health care projects funded by International organizations:**

The international organizations and donors should assist Thanh Hoa and Ben Tre provinces to successfully launch the model of community-based mental health care and replicate this model in other provinces nationwide. Organizations such as The Atlantic Philanthropies, Vietnam Veterans of American Foundation, UNICEF, the Grant Challenges Canada (GCC) and other donors should use these study findings as baseline indicators for their projects for mental healthcare in Thanh Hoa and Ben Tre as well as elsewhere in Vietnam. Funding from international organizations can be used more effectively if invested in system reform, personnel training, people's empowerment and promoting the role of community-based organizations, civil society organizations and the private sectors in mental health services.

**Recommendation # 14: Enhancement of information, technology and communication activities for raising awareness of mental health care.**

The media agencies and social, professional, and civil society organizations should actively participate in policy advocacy, communication and education on mental health, and mental illness prevention for the people. First of all, the social workers and health workers who directly are working for the people with mental illness need to be equipped with training materials, handbooks and guideline on community-based mental health care. Communication about mental health care should be disseminated through local health workers, social workers at social organizations and pharmacy staff in direct contact with the community providing health care services at community level.

**References:**

1. Baseline survey report on mental health service system in Thanh Hoa and Ben Tre provinces, RTCCD, 2013
2. Bộ LĐTBXH. Báo cáo về thực trạng chăm sóc sức khỏe tâm thần. in Hội nghị triển khai
Improvement of Mental Health Care in Vietnam

Vũ Xuân Hòa
Thứ hai, 19 Tháng 5 2014 12:47 - Lần cập nhật cuối Thứ tư, 27 Tháng 4 2016 16:42


4. Trần Tuấn, Nghiên cứu điều tra cơ bản hệ thống chăm sóc sức khỏe tâm thần tại Đà Nẵng và Khánh Hòa. 2006, VVAF.

5. RTCCD, Đánh giá dự án bảo vệ sức khỏe tâm thần cộng đồng. 2008.


7. RTCCD, Báo cáo đánh giá thực trạng hệ thống chăm sóc Sức khỏe tâm thần thuộc quản lý của Bộ LĐTBXH. 2011: Hà Nội.