

Mental health and psychosocial support needs among Vietnamese families during the first wave of the COVID-19 pandemic in Hanoi: A mixed methods study

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Received 26 April 2022; revised 8 July 2022; accepted 20 July 2022

Abstract:

To contain the development of COVID-19, Vietnam issued social distancing and lockdown policies in 2020 and 2021, which affected the lives of parents and children in several aspects including mental health. This study aims to explore the impact of the first wave of COVID-19 in Vietnam (April-May 2020) on the mental health of parents and children and their perceived social support during the pandemic. This study used a cross-sectional mixed-method approach. The sample included 78 parents of children aged between 2 and 17 years and 32 children aged between 12 and 17 years (N=110). The results showed that 5.1% of children reported being in the high and very high range on the Strength and Difficulties Questionnaire (SDQ). Most reported problems were lack of prosocial behaviours, lack of peers, and emotional problems. Among parents, 7.7% reported having mental health distress. The results also revealed that the perceived social support of both parents and children were low in all subscales and total scores. Qualitative themes regarding perceived social support and barriers were identified. Recommendations regarding mental health and psychosocial support during the pandemic were discussed.

Keywords: children, COVID-19, mental health, parents, perceived social support, Vietnam.

Classification number: 1.2

1. Introduction

1.1. COVID-19 and its impacts on parents and children worldwide

Since December 2019, COVID-19 has infected more than 503 million people and caused more than 6.2 million deaths worldwide [1]. To restrain the development of COVID-19,

in 2020 and 2021, several countries, including Vietnam, issued social distancing rules and lock down causing schools, businesses, etc., to close. The closure of these facilities affected many lives, especially those of parents and children in several aspects, which can in turn impacted their mental well-being.

In terms of economics, parents struggled with

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financial insecurity due to work adjustments. About 50% of parents all over the world had to switch to working remotely due to social distancing rules [2]. In the U.S, around one fourth of parents participating in a survey went through changes in employment status including reduced hours, reduced pay, furlough, and loss of employment with low- and middle-class families being the most affected [2, 3]. Around 70% of the participants listed economy and work as a major sources of stress, compared to 46% in 2019 [4].

Besides economic stress, parents also had to deal with changes in family routines. A large number of parents reported school closure as a major problem for them as they had to juggle with more responsibilities such as establishing and maintaining structures and routines for their children, planning outdoor activities, handling child care or arranging child care, etc. [2, 4]. These factors may have increased the stress of parents during COVID-19. It was reported that adults with children had a higher stress levels than adults without children. Handling childcare and distance learning were listed as the largest sources of stress for parents [4]. In addition, parents also reported stress from finding access to healthcare services as many children lost access to healthcare services provided by the school [2, 4].

The pandemic has affected the well-being of parents, children, and adolescents. Recent studies showed that children and adolescents reported greater amounts of emotional and behavioural problems compared to pre-

pandemic levels [3, 5, 6]. One factor that contributes to increased stress levels of children and adolescents is parental stress. Previous studies have found that parental stress can affect children's mental health as parents who are exposed to chronic stress are at risk of parental burnout, which is strongly related to neglect and violence towards children [7]. Therefore, increased parental stress during the pandemic can significantly affect children's mental health. In addition, children and adolescents dealt with the loss of interpersonal connections with their peers due to school closure and lockdown. It was found that children and adolescents reported that they missed having face-to-face interactions as they were restricted from going out and meeting their friends [5, 6]. For instance, children and adolescents were unable to participate in indoor and outdoor social events such as choir, playing basketball, attending birthday parties, etc. They also reported that using social media to connect with their friends was insufficient for their interpersonal needs. Besides, children and adolescents also faced disruptions in their daily routines. A study in India found that a large number of children showed disruptions in their sleeping patterns and increased electronic device usage [6]. These mentioned factors can affect their mental health [5, 6].

1.2. Impact of COVID-19 on the mental health of parents and children in Vietnam

In August 2020, a rapid assessment on the social and economic impacts of COVID-19 on children and families in Vietnam was published, which was based on a cross-

sectional quantitative study conducted by interviews with 148 mothers, fathers, and caregivers of children aged 2-18 years [8]. The result showed increased stress, anxiety, and depression among Vietnamese children that was indicated through the interviews. Particularly, the anxiety was related to the fear of being infected by the disease and became more serious with children living in areas with numerous cases of COVID-19 followed by children living with family members in collective quarantine centres. The report also mentioned that primary school-aged children and older children had a greater tendency of facing mental challenges than kindergarten children due to a more thorough awareness of the pandemic.

Another study about psychological impacts related to COVID-19 in Vietnam mentioned how it affected parents and their children [9]. During the pandemic outbreak, children and their family could be affected by school closing. Parents, especially mothers, tended to be more stressed because of the increase of time they had to spend to take care of their children while they still had to go to work.

To our knowledge, the extent of studies on the impacts of COVID-19 on the mental health of parents and children in Vietnam has not been equivalent to the urgency of the issue. A comprehensive study about psychological difficulties caused by COVID-19 for parents and children in Vietnam is necessary. The objectives of this study are to explore the impacts of the first wave of the COVID-19 in Vietnam (4/2020-5/2020) on parents and

children's mental health, and their perception of the availability and accessibility of mental health and psychosocial support services during the pandemic.

2. Methods

2.1. Participants and procedures

This study was designed as a cross-sectional mixed-methods survey administered after the first lockdown (4/2020-5/2020) due to the spread of COVID-19 in Vietnam. The mixed-methods research design was selected to gain a broader spectrum of information to better understand complex research questions. The sample included 78 parents of children from 2-17 years old and 32 children from 12-17 years old. The children's age ranged from 2 to 17 years old (mean=8.68; SD=5.03; 44% female and 28% male). The parents' mean age was 36.23 years (SD=6.02; 82.1% female and 11.5% male).

Participants were selected from six kindergarten classes, five elementary schools, three secondary schools, and three high schools in Hanoi, Vietnam, using a convenient sampling method.

This study was approved by the Ethical Committee for Psychological Research by the authors' university. The schools' principals invited parents to join in the study. There were no specific requirements in the sample selection. Informed consent was obtained before participants answered all the questions and interviews. It took about 45 min to complete the survey. Only one parent per household was

required to participate in the study. Parents with more than one child were asked to fill in the questionnaire for the targeted child only. Children of secondary and high school age (from 11 to 18) were asked to fully participate in the process.

2.2. Measures

The study incorporated both qualitative and quantitative data collection using one-to-one semi-structured interviews and questionnaires.

2.2.1. Qualitative measures:

The semi-structured interview was extracted from the WHO-UNHCR toolkit on mental health and psychosocial needs and resource assessments in humanitarian settings [10]. The toolkit recommends to start with a selection among 12 tools made to tailor assessments to each unique humanitarian context and conflict phase. In this study, tool 11 (perception by community members with in-depth knowledge of the community) and tool 12 (perceptions by severely affected people) were selected to understand children's and family's mental health and psychosocial support needs during the COVID-19 pandemic. The interview consisted of five main questions: (1) "Could you list the problems you are currently experiencing because of the COVID-19 pandemic? i.e. problems in your relations with other people, problems with your feelings; problems with the way you think; problems with your behaviour?" (2) "Could you list the problems that your child is currently experiencing because of the COVID-19 pandemic, i.e., problems in relations with other people, problems with feelings; problems with the way of thinking; problems

with behaviour?"; (3) "How does the [specific problems] affect your life and how have you tried to deal with this problem? (4) "Have you received support from others in dealing with this problem? From whom, what kind of support and how does it work?"; and (5) "Evaluate the accessibility and efficiency of listed support from social organizations/agencies and communities: Information of the nature of COVID-19, information regarding psychosocial support and social welfare services, information regarding self-care and positive coping to pandemic, training for parenting skills and supporting children in distress, training to identify mental health problems of children, supportive child-friendly spaces, activities to support children social and emotional learning, early childhood development activities; psychological first aid, individual counselling, family counselling, activities to connect with other social support resources, referral services".

2.2.2. Quantitative measures:

SDQ: The SDQ [11] assesses emotional and behavioural disorders among children aged 3-17. Parents and teachers can complete the SDQ and a self-report version is available for children aged 11-17. The SDQ consists of 25 items relating to social, emotional, and behavioural functioning across five subscales: Conduct problems, inattention-hyperactivity, emotional symptoms, peer problems, and prosocial behaviour. The SDQ was adapted for Vietnamese children [12]. In this study, the SDQ was self-reported by children aged 12-17 years old (25 children) and reported by the parents of children from 3-17 years old. This study used a four-band categorization that is defined based

on a large sample from the UK: “closer to average”, “slightly raised”, “high” and “very high”. For the prosocial subscale, the categories are: “closer to average”, “slightly lower”, “low” and “very low”. For the parents that completed the SDQ, the cut-off points are 0-13 (closer to average), 14-16 (slightly raised), 17-19 (high), and 20-40 (very high). For self-reported SDQ, the cut-off points are 0-14 (closer to average), 15-17 (slightly raised), 18-19 (high), and 20-40 (very high) [13].

Multidimensional Scale of Perceived Social Support (MSPSS): The MSPSS [14] measures the perceived adequacy of social support from three sources: Family, friends, and significant others. Twelve-item ratings are made on a seven-point Likert-type scale ranging from very strongly disagree (1) to very strongly agree (7). The cut-off points of the MSPSS are 2.9 and 5, with any scores below or equal to 2.9 considered as ‘low’ support, scores from 3 to 5 considered as ‘medium’ support, and scores above 5 considered as ‘high’ support. The MSPSS has proven to be psychometrically sound in diverse samples, including Vietnam, to have good internal reliability and test-retest reliability, and robust factorial validity [15].

The Self-Report Questionnaire (SRQ-20) is a 20-item self-report measure of mental health that can be administered via interview or via paper/pencil questionnaire [16]. Items are marked dichotomously (Yes=1, No=0) over a 30-day recall period to obtain a maximum score of 20. The SRQ-20 measures several symptoms of depression including headache, poor appetite, sleep disturbance, depressed mood, unhappiness, helplessness, and psychomotor retardation. Each

question is given a score of 0 or 1 depending on the “no” or “yes” response, respectively. The scores are added to generate an overall SRQ-20 scale, where higher scores indicate higher levels of mental health problems. The cut-off of the SRQ-20 is 7/8, with participants scoring less than 8 being considered as normal, and participants scoring 8 and above considered as having mental distress. This tool is reliable, valid, and adaptable for screening mental disorders in the developing world and Vietnam [17, 18].

2.3. Data analyses

Quantitative data was analysed using SPSS 16.0 software. For qualitative data, prominent themes were identified through a thematic analysis process with the aid of Qualitative Data Analysis (QDA) Miner software.

3. Results

3.1. Quantitative data analysis

Children’s mental health: The descriptive results for the parent-reported SDQ are presented in Table 1. The total score of the parent-reported SDQ was 8.09 (SD=5.09). The results of cut-off proportions of the SDQ scales revealed that around 5.1% of the participated children reported by their parents were in the high and very high range. The most frequent difficulties that parents reported for their children were lack of prosocial behaviour with 42.3% of the children being above average (16.7% reported a slightly low level of prosocial behaviour; 9% reported a low level, and 16.7% reported a very low level). The second area that the students have high levels of difficulty were peer problems with 33% being above average (20.5% displayed

slightly raised level of symptoms; 6.4% displayed high level of symptoms, and 6.4% showed very high level of symptoms).

Table 1. Descriptive results of the SDQ scale - parents' reports.

Subscale	N	Mean	Std. Deviation	Percentage of participants			
				Closer to average	Slightly raised	High	Very high
Conduct problems	78	1.18	1.25	88.5	5.1	6.4	0.00
Hyperactivity	78	3.01	2.17	87.2	9.0	2.6	1.3
Emotional problems	78	1.90	1.93	78.2	9.0	11.5	1.3
Peer problems	78	2.00	1.49	66.7	20.5	6.4	6.4
Prosocial	78	7.62	2.05	57.7	16.7	9	16.7
Total score	78	8.09	5.09	83.3	11.5	1.3	3.8

The descriptive results for the child-reported SDQ are presented in Table 2. The total score of the child-reported SDQ was 9.12 (SD=3.99). Peer problems was the most reported area with 28% of the children identifying as above average. Hyperactivity and emotional problems followed with a reported 22% being above average.

Table 2. Descriptive results of the SDQ scale - children's self-reports.

Subscale	N	Mean	Std. Deviation	Percentage of participants			
				Closer to average	Slightly raised	High	Very high
Conduct problems	25	1.36	1.15	96	0	4	0
Hyperactivity	25	3.44	1.71	88	12	0	0
Emotional problems	25	2.60	1.58	88	12	0	0
Peer problems	25	1.72	1.28	72	20	8	0
Prosocial	25	7.64	1.68	80	8	8	4
Total score	25	9.12	3.99	92	8	0	0

A one-way ANOVA was conducted to explore differences between gender in the parent-reported SDQ, but no statistically significant differences were found.

One-way ANOVA was also used to compare the parent-reported SDQ between family structure groups. There were significant differences for family structures in the hyperactive subscale (F(1, 69), p=0.047) and pro-social subscale (F(1, 69)=4.97, p=0.03)), but no other subscales total score. Children living in one-parent families (M=6.00, SD=2.83) reported significantly higher hyperactivity scores than children living in two-parent families (M=2.90, SD=2.13). Children living in one-parent households (M=4.50, SD=3.54) scored lower in prosocial than children living in two-parent households (M=7.75, SD=2.00).

Additionally, one-way ANOVA exploring the educational level difference of children from the SDQ revealed a significant difference in the total score (F(3, 74)=2.759, p=0.048). However, a Bonferroni post-hoc comparison showed no significant difference among groups. Significant difference in educational levels of children was also found in the hyperactivity subscale (F(3, 74)=4.283, p=0.08). A Bonferroni post-hoc analysis showed that children in kindergarten (M=3.89, SD=2.25) scored significantly higher than secondary students (M=2.22 SD=1.99).

There was a significant difference found in living area in the emotion subscale (F(1, 57)=5.078, p=0.028) but not in other subscales or the total score. Children living in the suburbs (M=2.57, SD=2.36) scored significantly higher than the children living in the urban areas of Hanoi (M=1.39, SD=1.64).

Parents' mental health: The descriptive results for the SRQ-20 scale are presented in Table 3. The total score of the SRQ-20 was 2.62 (SD=3.23). The results of the cut-off proportions of the SRQ indicated that 91% of the participants (N=71) were in the normal range, while 7.7% (N=6) had mental distress. In terms of somatic complaints,

the most commonly reported symptoms are feeling easily tired (33.3%), having headaches (26.9%), and sleeping badly (21.8%). The most reported symptoms regarding negative effects are feeling unhappy (28.2%) and feeling nervous, tense, or worried (28.2%).

Table 3. Descriptive results for the SRQ-20.

SRQ items	Percentage of participants	
	No	Yes
Somatic complaints (M=1.47, SD=1.77)		
Do you often have headaches?	73.1	26.9
Is your appetite poor?	80.8	19.2
Do you sleep badly?	78.2	21.8
Do your hands shake?	94.9	5.1
Is your digestion poor?	85.9	14.1
Do you feel tired all the time?	89.7	10.3
Do you have uncomfortable feelings in your stomach?	82.1	17.9
Are you easily tired?	66.7	33.3
Negative effects (M=1.14, SD= 1.70)		
Do you have trouble thinking clearly?	87.2	11.5
Do you feel unhappy?	71.8	28.2
Do you cry more than usual?	100	0.00
Do you find it difficult to enjoy your daily activities?	89.7	10.3
Do you find it difficult to make decisions?	88.5	11.5
Is your daily work suffering?	85.9	12.8
Have you lost interest in things?	93.6	6.4
Do you feel nervous tense or worried?	71.8	28.2
Are you easily frightened?	94.9	5.1
Hopelessness (M=0.06, SD=0.34)		
Are you unable to play a useful part in life?	96.2	2.6
Do you feel that you are a worth less person?	96.2	2.6
Has the thought of ending your life been in your mind?	98.7	1.3
Total score (M=2.62, SD=3.23)		

A variance analysis was conducted to compare the scores of different demographic groups. The results showed that there were no significant differences in somatic complaints, negative effects, or hopelessness nor in the total scores in terms of gender, living area, occupation, income level, marital status, educational level, and number of children ($p>0.05$).

Children’s perceived psychosocial support: The descriptive results from the MSPSS scale reported by the children are presented in Table 4. Using the cut-off points, the study found that the means of the total scores and subscales were in the low range. An analysis of variance indicated that there was no significant difference in family, friends, significant other nor the total scores in terms of gender, living area, and educational level ($p>0.05$).

Table 4. Descriptive results of the MSPSS scale - Children’s self-report.

Sources of support	N	Mean	Std. Deviation
Family	29	1.87	0.82
Friend	30	2.17	1.01
Significant other	23	2.26	0.90
Total score	28	1.99	0.80

Parents’ perceived psychosocial support: A one-way ANOVA was used to explore the differences in MSPSS subscales and total score regarding the number of children in the family. The descriptive results showed that the parents’ perceived support was low in all subscales and in the total score (Table 5). There was a significant difference in MSPSS total score in terms of number of children in the family ($F(2, 69)=5.204, p=0.008$). A Bonferroni post-hoc analysis showed that parents with one child ($M=2.72, SD=0.99$) scored significantly higher than parents with two children ($M=1.94, SD=0.61$) and parents with three children ($M=1.65, SD=0.56$). There was no significant difference between parents with two children and parents with three children ($p>0.05$). In addition, there

was also a significant difference in MSPSS family in terms of number of children ($F(2, 69)=8.839, p=0.00$). A Bonferroni post-hoc analysis indicated that parents with one child ($M=3.05, SD=1.61$) scored significantly higher than parents with two children ($M=0.57, SD=0.76$) and parents with three children ($M=1.54, SD=0.74$).

Table 5. Descriptive on parents' MSPSS scale.

Sources of support	N	Mean	Std. deviation
MHPSS significant other	76	1.83	0.82
MHPSS family	77	2.17	1.01
MHPSS friends	77	2.26	0.90
MHPSS total score	77	1.99	0.81

Predictors of children's mental health: To examine whether parents' mental health and parent's perceived MSPSS can predict children's mental health, a multiple regression analysis was conducted. The results revealed that parents' mental health and perceived psychosocial support did not significantly predict children's mental health ($p>0.05$).

3.2. Qualitative data analysis

Qualitative data was analysed using a thematic coding system. Information about psychosocial issues of parents and children (both reported by parents and children) and MHPSS resources information were collected, and main themes were identified throughout the responses of participants.

Changes in life during the first lockdown: Major changes occurred around the daily routine of both interviewed parents and children. As a parent reported in the interview: "It was such a hassle that I had to sanitize every time I went out to buy groceries [since] I was taking care of my children. [I tried] to buy a week's worth of groceries at once".

According to parents, children were also having a hard time adjusting to these changes. "Things changed 100% for him since he had to stay at home for 3 months. For 3 months, he didn't leave the house because we were very serious about

following regulations about social distancing. During that time, he was stressed and anxious. He felt discouraged and he lost the motivation to study".

Parents spent more time staying at home due to lockdown and they had to be able to adapt to these changes. Most parents reported that they had to shift from working in an office to online working, entirely or partly, while all school-age children had to stay out of school and join online classes. The issues caused by this disruption in lifestyle for parents and children will be discussed further in the next part.

Parents' psychosocial issues: Many parent participants mentioned financial issues as their main concern when they were asked about their problems during the pandemic. Decreased income was mentioned most frequently with related challenges like wage reduction, cutting down on working hours, low profit in business and service industry, as well as layoffs, which led to stress and worry in parents. "Back then I had to stay at home. We were hit hard. I was teaching at a private school, so I didn't have any support from the government nor the school. It was difficult for us. All the burden was put on my husband." "We had to close the store. We were struggling financially. We had lease a store and we had to make a 6-month deposit. Then the pandemic happened unexpectedly, and we had to close the store".

Emotional problems were most referred to by parents as "worried" and "bored". There were two main sources of parents' emotional problems: the COVID-19 pandemic itself and children's academic performance. Many parents reported they were worried about the possibility of catching the disease for their family and themselves. For example, some parents' responses included: "... the number of affected cases were increasing, we felt worried and didn't know what to do". "I was worried that I would spread the disease to family members, considering that I had been communicating with many people at work".

Parents also worried that their children's academic performance would decline, and that

their children couldn't keep up with classes since they thought that the quality of online classes was not equal to that of in-person classes. For instance, some responses mentioned:

"... my kid's performance was way worse than previous semesters (because) they took a few months off ... if they don't get support from teachers after they come back to school, it won't be ok".

"Because they didn't go to school but joined online classes, the knowledge was not enough and complete. Since it was online classes, the way that knowledge taught to students was not good. After the lockdown, (my children's) grades were dropping".

Another problem that parents had to face was restricted lifestyle as a result of the lockdown. They had to stay at home more often and they couldn't go outside or join activities, which created a sense of confinement and boredom.

Moreover, this disruption in lifestyle made parents, especially mothers, struggle to adapt to the new routine and thus additional burden was placed on them. Mothers had to spend more time taking care of their children since they stayed at home instead of going to school in the daytime.

"Before, I went to work from morning until late afternoon. I only saw my kids from 5 pm until they went to bed which was around 9-10 pm. The schedule was repeated. There would be little conflict. Now, we see each other 24 hours a day, which could be a little bit [too much]".

"... I want our normal life back when my children can go to school. When they stay at home, I'll have to pay more attention and I'll have to spend more time with them. When I go to work, I'm not tied down. I don't have to be worried about doing my job while taking care of my children, their studying, their meals...".

For working mothers, they were struggling to balance work and childcare. Some parents faced some challenges while adjusting to working from home: "... when I had online meetings, my children ran around my room. I couldn't concentrate. I had to lock the door and asked them not to get in so that I could work".

Parents also reported that they faced interpersonal conflict in the family as a result of the restricted lifestyle where social interaction was limited to family members only. They felt irritated more frequently with their children's behaviour and they had problems with controlling their emotions as well as spousal conflicts. As one parent said: "It's fine when we go to work all day. Now, when we have to stay at home because of the pandemic, there are conflicts between us. For instance, I used to prepare one to two meals a day. Now, I have to take care of the family all day long. It causes problems in our relationship, [not only between the spouses] also between parents and children. They behave badly and they don't study on their own." More detailed record of parents' psychosocial issues with their frequency is shown in Table 6 below.

Table 6. Themes on parents' psychosocial issues.

Psychosocial issues	Representative problems	Frequency
Emotional problems	Worried, bored, angry, emotional regulation problems	67
Thought problems	Forgetfulness, lack of concentration, overthinking, negative thoughts	17
Behaviour problems	Getting irritated easily, punishing children verbally and physically, unexpected rage	11
Stressed about financial issues	Decreased income, layoff	38
Illness anxiety	Worried about the whole pandemic situation, being scared of catching the disease, being scared of going outside	20
Worried about children's academic performance	Worried about children's grades being low, questioning the effectiveness of online learning.	5
Disruption in lifestyle	Issues caused by staying at home for too long: Problems with online working work-life boundary, sense of confinement, excessive chores, low work productivity	59
Lack of interpersonal interaction	Lack of person-to-person interaction	20
Interpersonal difficulties	Conflicts with spouses, children, grandparents	14

Children’s psychosocial issues: The study was designed to collect information about what kind of problems children faced during the pandemic from both parents’ and children’s perspectives. More detailed records of children’s psychosocial issues with their frequency are shown in Tables 7 and 8 below.

Table 7. Theme on children’s psychosocial issues reported by parents.

Psychosocial issues	Representative problems	Frequency
Emotional problems	Feeling bored and cranky by staying out of school for too long	34
Lack of interaction with peers	Not being able to see friends	18
Inactive lifestyle	Increasing screen time; lack of physical activities	28
Academic pressure	Low academic performance; questioning the effectiveness of online classes	18
Time management	Difficulty in balancing play time and study time	1
Decline in concentration	Decline in concentration when studying	8
Behaviour problems	Talking back to parents; complaining and whining more often; unreasonable irritation; acting out	22

Table 8. Theme on children’s psychosocial issues reported by children.

Psychosocial issues	Representative problems	Frequency
Disruption in lifestyle	A sense of confinement and boredom due to staying out of school for too long and not being able to go outside	19
Emotion control issue	Difficulty in emotional control	2
Illness anxiety	Worried about the whole pandemic situation	3
Lack of interaction with peers	Not being able to see friends	11
Interpersonal difficulties	Sibling conflicts	5
Academic pressure	Difficulties with online studying; being worried about schoolwork, not being able to follow classes	14
Decline in concentration and memory	Decline in concentration when studying	4

There was a consistency in parent and children reports that showed a high frequency of children’s psychosocial issues related to disruption in lifestyle including a sense of confinement and boredom due to staying out of school for a long time and lack of interaction with peers. Academic pressure was also a shared concern among children and parents who participated in the interview since the effectiveness of online classes was called into question.

On the other hand, a relatively high number of parent participants raised a concern about the inactive lifestyle of children, for example, there was an excessive usage of the internet and devices and a lack of physical activities like acting out. Meanwhile, the child participants did not mention these as problems. A number of behaviours were also brought up and considered as a problem by parents like acting out, talking back to parents, and unreasonable irritation.

Support resources for psychosocial issues: Most parents and children reported that the main support resources to deal with their problems during the pandemic was support from their family, friends, and neighbours. There were just a few participants mentioning support from their workplace, their school, and their local authorities. There was an evident inadequacy of formal support from organizations.

Coping strategies for psychosocial issues: Increasing online interpersonal interaction was most frequently mentioned as a coping strategy for both parents and children. Spending time with their children and using daily activities to distract oneself were also discussed by participants. Particularly, some parents considered preventive measures against COVID-19 as a way to reassure themselves and make them feel more secure. More detailed information about coping strategies used by participants during the pandemic is given in Table 9 below.

Table 9. Theme on coping strategies.

Coping strategies	Frequency
Following preventive measures against COVID-19	10
Increasing online interpersonal interaction	17
Spending more time with their children	9
Making a detailed daily schedule	5
Using daily activities as a way to distract oneself (cooking, reading books, watching TV...)	9
Self-care practices	6
Volunteering	1

Positive perspective: Besides discussions about participants' issues during the pandemic, some parents showed a positive perspective of the matter. One parent reported that "there is no need to feel worried at all because the government is doing a good job with the pandemic situation". Some parents considered staying at home during lockdown as an opportunity to spend more time with their children, which wasn't usually the case when they were in their normal daily routine, and also a chance to reconnect among family members. "... I felt lucky that my family got to stay at home together for many days... We went to work every day. Kids went to school all day. Then they went to extra classes and they went back to their room [when they got home]. There was little communication. Now, during this lockdown, we were closer, we shared housework, and we cooked together. I found it a very nice experience".

Mental health and psychosocial support (MHPSS) during COVID-19: MHPSS was used for COVID-19 information and self-care practices information during the pandemic. According to responders, among all MHPSS support resources discussed in the interview, COVID-19 Information Support Resources and Self-Care Practices Information Support Resources were the two most accessible resources. Common resources for those types of information came from the media and auto-SMS service from the Ministry of Health in Vietnam.

The media resource included public information from the internet, TV, newspaper, radio, and local official announcements. The information was mostly about the COVID-19 situation, affected areas, and statistical information. The auto-SMS service provided by the Ministry of Health in Vietnam was a promotional campaign to the 5K preventive measure against COVID-19 of the government, i.e., wearing face masks, using hand sanitizer, keeping a 2-meter distance from other people, no group gatherings, and submitting health declaration forms regularly.

Preventive measures were mentioned the most as a practice of self-care. There were no records of other types of self-care practices. However, there were some challenges in accessing accurate and evidence-based information. One of the major sources of news for parents regarding several matters such as self-care, health care, parenting, etc., is the internet. Some parents indicated that since there were too many sources on the internet, and there were no official sources, it was hard to verify the legitimacy of the sources. "One of the difficulties for me is that when I go online, I am not sure if this piece of information is accurate or true". "For example, the internet is one of the support sources. However, I haven't been able to find any official websites from the governments about self-care, how to take care of children with mental health issues, and other matters. Therefore, people often look for information from unofficial websites, and information is often not verified...".

In addition, some parents also expressed concerns regarding the applicability and the fit of the information they found with their own situations. For example, "... Sometimes the information is not completely applicable to me, so I only use it as a reference." "Sometimes I only read this kind of information for reference since there is information everywhere. I also have to choose which one seems to be suitable for me, since sometimes this kind of information is only partially effective for me and my children. I know

that for some children, these kinds of approaches can even create a reverse effect”.

MHPSS for children during the pandemic: We asked about MHPSS for children in relevant aspects like child emotion recognition, child development, child safe space, and parenting skills. There was very little mention of accessing those types of support for children. Most participants reported they didn't receive any support related to this matter. A few parents working as educators reported that they got support from school not as parents but as teachers.

Mental health support during the pandemic: For MHPSS specifically related to mental health, we collected information about basic psychological services including psychological first-aid, personal counselling, group counselling and therapy for more serious problems. There was rarely a mention of an official psychological support in time of pandemic.

Referral to other types of support during the pandemic. Most participants reported that they received no support in terms of being referred to different types of support when in need. There were a few participants that mentioned local administrators as a resource for this type of support.

Suggestions for MHPSS: Participants made some suggestions during the interview, which were to organize more activities for children including physical activities, group activities, online activities, and parent-children activities at school. In addition, suggestions were also made to provide psychological support for children, provide psychological support for people affected by COVID-19 and their family, increase support from school, and reliable mainstream sources of information.

Advantages and challenges of participants working in the educational field: There was an unexpected high rate of parent participants who worked as educators compared to other occupations. Those working in the educational

field reported some advantages in accessing MHPSS resources and coping with psychosocial issues of their children.

These parent-educators had experience organizing activities for children during the pandemic so that their children would not feel frustrated staying at home for so long. They had access to school counselling services to learn more about children's mental health and school counsellors for advice related to children's psychological issues. Some also had access to official documents released by government departments about the pandemic situation as well as preventive measures against COVID-19. There were also workshops about child psychology that were organized for teachers at schools. As one teacher participant reported: "I have the advantage that I work at school, there are many conferences and seminars to discuss about child psychology and how to educate children... so that we can teach our children better".

On the other hand, educators were also the ones that faced substantial changes in work when all classes had to switch to online teaching. One teacher noted: "I felt pressured since there were more things to do when it comes to online teaching. It took a lot more time to prepare lessons. I still had to take care of my kids. The pressure on me was really high".

Moreover, teachers had to learn many new skills to operate online classes. For example, one teacher participant mentioned: "... learn how to use the software and how to interact online with students. We only learnt how to operate conventional classes when we were trained at college...".

The prominence of internet and devices usage: Participants reported high frequent usage of the internet and devices like computers, TV, and smartphones as an emerging coping strategy for issues that occurred during the pandemic. For example, the use of SNS platforms like Facebook and Zalo (a popular SNS platform in Vietnam) to

contact friends and family as a result of lacking person-to-person interaction; online classes, which means more computer time for children and parents who were teachers; screen-related entertainment activities like playing video games, using smartphones, and watching TV; and looking up pandemic-related information in the internet were reasons to use the internet and devices more frequently.

4. Discussion

Participants in the study included parents and children from different age ranges that lived in Hanoi. Participants were recruited from both urban and suburban areas of the city. There were no other specific requirements for participants. The study was designed to obtain information about psychosocial issues that parents and children were facing, as well as the availability and effectiveness of MHPSS service during the first COVID-19 lockdown in Hanoi. To our knowledge, there have been studies about the impact of COVID-19 on mental health in Vietnam, but this is the first study that focuses on children and parents that provides a comprehensive assessment of MHPSS services during the pandemic.

In general, the study's quantitative results found that 7.7% of participating parents had mental distress because of the pandemic. The most commonly reported symptoms of distress among parents were somatic complaints (headaches, poor sleep, and feeling tired easily) and negative effects like feeling unhappy, nervous, tense, or worried. Around 16.3% of children in this study were reported to have mental health problems. The most reported difficulties among children were the lack of prosocial behaviours, hyperactivity, as well as peer and emotional problems. The results also showed that children in kindergarten scored significantly higher on the SDQ overall scores and on hyperactivity scale compared to

children in higher education levels. In addition, children living in the suburbs also displayed more emotional symptoms than children living in the urban areas of Hanoi. Our results align with the results of other studies around the world investigating parental mental health during COVID-19 and that the pandemic impacted the mental health of parents and children. A study conducted in the US indicated that 27% of parents reported deteriorating mental health and 14% reported worsening mental health for their child [19]. The results of Wu, et al. showed rates of depression and anxiety in parents to be 6.1% and 4.0% [20]. In addition, Patrick et al. also indicated that parents with younger children tend to report more mental health problems in their children than parents with older children, which aligns with our findings [19]. In terms of perceived social support, we found that the perceived social support of both parents and children were low. Parents with one child felt significantly more overall support and support from family than parents with two or three children. Low perceived social support was also reflected in our qualitative findings.

Our qualitative analysis found that the most common psychosocial issues that both parents and children reported were related to disruption in daily life, alongside a sense of confinement and boredom due to staying at home for long periods of time, and a lack of interpersonal interaction. Serious mental disorders were hardly brought up. One explanation for this could be that this study was conducted at the early pandemic stage, and the most serious damages caused by COVID-19 might not have had enough time to develop.

A systematic review and meta-analysis of studies about the impact of COVID-19 on children and adolescents' lifestyle behaviours in 2022 reported some problems in this population, which included unbalanced diet, sedentary lifestyle, mental health impacts, social isolation, addiction to screens, lack of schooling and health

care, as well as adverse effect on children's psychological well-being. Those disruptions in lifestyle were directly related to the pandemic [21].

Participants who were working mothers appeared to be more affected by the pandemic since they had to bear the responsibility of childcare while working at the same time. This finding was also mentioned in a study conducted by X.T.T. Le, et al. [9] in 2020 to evaluate psychological impact of COVID-19 on Vietnamese people.

The prominence of internet and device usage was demonstrated by participants as a transition to online classes and remote work and as a coping strategy during the lockdown, for instance, by increasing online interpersonal interaction. Participants also mentioned social networks and online news as their main information sources for MHPSS. This could warrant more online support resources and activities in the future for parents and children like online therapy or online support groups, which is consistent with what participants suggested in the interview.

According to the responses of the participants, there were clearly shortages of other types of MHPSS services including MHPSS services for children and MHPSS services specifically for psychological support. The most accessible MHPSS service during COVID-19 that participants mentioned were COVID-19 information resources. Even when discussing other types of support, participants considered COVID-19 information as well as preventive measures against the disease as an effective resource.

The insufficiency in MHPSS service provisions was demonstrated by the fact that participants were not familiar with MHPSS services besides COVID-19 information support. The most widely available MHPSS resources for participants were the ones that were self-related, like looking up

online information, and did not involve external support networks or organizations. Moreover, participants also expressed a confusion between primary and specialized support. A number of participants believed that psychological support was only intended for individuals with mental health problems. Raising awareness of MHPSS during times of disaster, like a pandemic, is a necessary future suggestion.

5. Limitations

Because this is a cross-sectional study, one limitation is that the study was not able to capture the long-term effects of the pandemic on the mental health. In addition, the sample size is small and not representative of a large population as the study was conducted only in Hanoi. Therefore, some of our results cannot be generalised.

6. Conclusions

Further studies intending to explore the long-term effects of the pandemic on the mental health of parents and children are needed. In addition, future studies should also explore ways to improve parents' and children's perceived MHPSS. There was an unintended high number of parents who worked in the educational field that participated in the study. We identified some advantages and challenges that were characteristic for this occupation. This could be a suggestion for future research to explore the psychosocial impacts of COVID-19 and MHPSS services for individuals working in the educational field.

CRedit author statement

Hoang Minh Dang: Conceptualisation, Methodology, Validation, Writing, Reviewing and Editing; Van Vu Hong: Data curation, Visualisation, Writing; Phuong Nguyen Lan: Data collection, Conceptualisation, Methodology; Dao Kieu Anh: Validation, Writing and Editing; Ha Ho Thu: Data analysis, Visualisation, Writing.

COMPETING INTERESTS

The authors declare that there is no conflict of interest regarding the publication of this article.

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