Author's response to reviews

Title: Perspectives of pupils, parents, and teachers on mental health problems among Vietnamese secondary school pupils

Authors:

Dat Tan Nguyen (ntdat24@yahoo.com)
Christine Dedding (c.dedding@vu.nl)
Tam Thi Pham (phamttam2003@yahoo.com)
Bunders Joske (j.g.f.bunders-aelen@vu.nl)

Version: 3 Date: 4 July 2013

Author's response to reviews: see over
Author's response to review

MS: 1590285631904145

Title: Perspectives of pupils, parents, and teachers on mental health problems among Vietnamese secondary school pupils

Authors:

Dat Tan Nguyen (ntdat24@yahoo.com)
Christine Dedding (c.dedding@vu.nl)
Tam Thi Pham (phamttam2003@yahoo.com)
Joske Bunders (j.g.f.bunders-aelen@vu.nl)

Version: 2 Date: 03 July 2013

Author’s response to reviews: see over
Reviewer's report

Title: Perspectives of pupils, parents, and teachers on mental health problems among Vietnamese secondary school pupils

Version: 1 Date: 11 April 2013

Reviewer: Marit By Rise

Reviewer's report:

Review is uploaded in separate document.

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.

We thank the reviewer for taking time to consider our work and for your critical suggestions and comments, which indeed help us to improve our manuscript. We would like to explain how we have addressed the reviewers’ concerns as follows.

1-Aims have to be consistent:

The Objective section in the abstract, the description of aim at the end of the Introduction section, and the description of the purpose of the study in the beginning of the Discussion section have strong similarities, but they are not exactly the same. They should be as similar as possible. This should be corrected.

Thanks for pointing out this. The first “objective of the study” was kept, and the descriptions of aim at the end of the introduction were changed to have similarities. The repetition of the purpose of the study in the beginning of the Discussion section was removed to save space.

Original (Introduction, second sentence at the end, line 57-59):

The aim of our study was to describe the scope and context of mental health problems among Vietnamese secondary school pupils, as well as their causes and potential solutions.
We have re-written the purposes of the study to be more consistent:

**Introduction, second sentence at the end, line 70-73:**
The aim of our study was to explore perceptions of mental health status, risk factors for mental health problems and strategies to improve mental health among Vietnamese secondary school students.

**2. Important additions needed in the method section:**
I would like to see a more thorough description of how the participants were chosen. When reading the manuscript I get the impression that the head teachers chose which students, teachers, and parents that should be invited. What motivation did the head teachers have for their choices? It is not clear if a large number was invited and some of them volunteered to participate, or whether a limited number was directly asked by the head teachers and most of them agreed. This should be described in the methods section.

*Thanks for the comment and suggestion.*

We did not describe clearly about this point in the methods section.

**Original (participants and methods, second paragraph, line 70-91):**
Data was collected by means of in-depth interviews and focus group discussions (FGDs). Every FGD had two facilitators who took notes and made recordings, so that the data could be checked subsequently. Six in-depth interviews were conducted with professionals to learn about their experience of mental health problems among secondary school pupils. Interviewees comprised two researchers at the Hanoi School of Public Health; two psychiatrists; and two high school teachers in Cantho City. Interviews lasted 40-60 minutes and were recorded.

The 13 FGDs (4 with teachers, 4 with parents, and 5 with students), with a purposive sample of 8 to 12 participants for each FGD, were conducted in three secondary schools: 1) Ly Tu Trong (LTT), a specialized school which recruits pupils with an excellent scholastic record, 2) Chau Van Liem (CVL), the largest and oldest secondary school, located in the inner city, and 3) Tran Dai Nghia (TDN), a new school located in a suburban area. The majority of the TDN students come from suburban and rural areas, and they have lower study grades. All pupil participants were aged between 15 to 18 years old and were in grades 10 to 12. Head teachers invited 10 to 12 teachers to take part in the FGDs. Pupil participants were chosen by head teachers on the day that pupils did not study full time at schools, normally in the middle of the week. Parents were invited by head teachers by letter or by telephone.

For the FGDs, a structured group process was used, based on concept mapping (Trochim,
1989) which describes both concepts and integration of conceptual relationships [14-15]. The focus groups were conducted by two Vietnamese facilitators and lasted from 100-150 minutes. After the FGDs, ten interviews were conducted with pupils who did not take part in the FGDs to reflect on the collected data and to deepen the authors’ understanding.

Revised (line 78-127):

**Participants and methods:**

The main informants included teachers, pupils, parents, researchers, and psychiatrists. Data was collected by means of in-depth interviews and focus group discussions (FGDs). The data collection process followed three stages. Firstly, six in-depth interviews were conducted with professionals to learn about their experience of mental health problems among secondary school pupils. Interviewees comprised two researchers at the Hanoi School of Public Health; two psychiatrists; and two high school teachers in Cantho City. Interviews lasted 40-60 minutes and were recorded.

Secondly, 13 FGDs (4 with teachers, 4 with parents, and 5 with students), with a purposive sample of 8 to 12 participants for each FGD, were conducted in three secondary schools: 1) Ly Tu Trong (LTT), a specialized school which recruits pupils with an excellent scholastic record, 2) Chau Van Liem (CVL), the largest and oldest secondary school, located in the inner city, and 3) Tran Dai Nghia (TDN), a new school located in a suburban area. The majority of the TDN students come from suburban and rural areas, and they have lower study grades. For the FGDs, a structured group process was used, based on concept mapping (Trochim, 1989) which describes both concepts and integration of conceptual relationships [14, 15]. The focus groups were conducted by two Vietnamese facilitators to take notes and to make recordings, and lasted from 100-150 minutes.

The purposive sampling aimed to compose groups representing the range of gender, age, study results and urban/rural characteristics. Head teachers invited teachers of grade 10 to 12 students to participate in each FGD, according to the researcher’s instructions on wide representation with regard to gender, age, and teaching experience. Of the 46 teachers invited,
36 participated; the others said they had other appointments in their out-of-class time.
Pupils aged between 15 and 18 years old attending grades 10 to 12 were invited by head teachers on a day that pupils did not have classes all day. The pupils were selected on the basis of the researcher’s request for wide representation with regard to gender and to a range from high to low school performance. In the LTT specialized school, the 12 students in one FGD included three from each of the four specializations: mathematics and physics, English, biology and social sciences, from grades 10, 11 and 12. In the two bigger schools, CVL and TDN, the classes are divided into two groups: one with higher scores and one with lower scores in grade 10 entrance examinations. Therefore, in these two schools we had two FGD, one with lower scoring and one with higher scoring students. In each FGD, students also were considered for invitation with regard to gender, among those in grades 10 to 12. All invited students were selected from the class lists; of 60 who were invited, 55 participated. We do not know the reasons for the five not to participate.
Parents were invited by head teachers by letter or by telephone because teachers had closer contract with parents and they would be more likely to respond than if the researchers invited them. In each FGD, parents were invited based on wide representation with regard to having children in grades 10 to 12, with low and high school performance, different parental backgrounds and living locations (urban and suburban areas), and gender. Out of 48 parents invited, 34 agreed to participate. We do not know whether the others could not make time or did not wish to join the discussions.
Finally, after the FGD, in-depth interviews were conducted outside the schools with ten pupils who did not take part in the FGD, to reflect on the collected data and to deepen the authors’ understanding. In each school, the researcher invited one student of each grade from 10 to 12 to join as they left school. Not all students had time, however, due to extra classes or appointments with their parents; then another student was invited, from the same grade. The
interviewees were informed about the purposes of the study and their parents gave permission for them to join the interview; all the interviews were conducted in quiet coffee shops outside the schools.

3. They way to invite and choose the sample should also be discussed in the methods discussion. How could this way of sampling have influenced the results?

We agree that this is an important issue that should be discussed further. We did not describe clearly in the strengths and limitations of discussion section.

**Original (strengths and limitations of discussion, line 515-521):**
The use of convenience sampling might affect the generalizability of the findings.

**Revised (line 558-564):**
In addition, the use of purposive sampling by head teachers might affect the generalizability of the findings. The selected participants might have had more than average concern and responsibility for the topic. Then the study may have over- or under-estimated the importance of mental health problems among secondary school students. However, this was an exploratory study, providing background for a larger survey, which we expect to provide representative data among a larger number of respondents and as such, the insights gained are valuable.

4. The description of the analysis process lacks references to the analytic methods that are used. A reference would make it easier to understand how the analysis was conducted. I would like to see the choice of analytic method discussed in the methods discussion. Why was this approach chosen?

Thanks for pointing out these. We have added the description of the analysis process in the data analysis section:

**Data Analysis (original line 92-102, and revised line 129-133): Data Analysis:** The process of indexing was applied to bring together all extracts of data that were pertinent to the particular theme. In this approach, the analyst reads and re-reads the text and assigns index codes related to the content of the data and of interest to the researcher’s analytic framework [16]. Before data analysis, each interview and FGD was transcribed verbatim, and then
translated from Vietnamese into English word by word. ..... 

**Results**

5. The Result section is a mixture of patients, parents, and teachers personal experiences and perceptions, as well as their thoughts on the general situation among pupils in Vietnam. The inclusion of many stakeholders is one of the strengths of this study. However, the authors have to be very careful to limit the result presentation to questions this study can answer. This is not a quantitative study which investigates the prevalence of mental health problems, and it is not an epidemiological study which investigates associations between risk factors and outcomes. The results from this study can only describe these particular informants' perceptions on the subject. The results from this study can therefore not answer how large the problem really is, what the causal factors or risk factors really are, or which interventions that would in fact be effective to help the current situation. These questions have to be answered by quantitative studies. I agree that the results from this study can indicate which area to investigate further in quantitative studies, but that is about it. I would therefore advice the authors to use descriptions such as: "According to the pupils, this was a large problem..." or "The parents said that...." or "The teachers described academic pressure as a major problem for many students..." The use of such phrases underlines that this is an exploration of the informants' views and not a general quantitative fact.

We appreciate the reviewer’s positive comment on our work and the reviewer’s advise to use of description phrases for the exploration of the informants’ views.

We agree that this is not a quantitative study and that we can only describe informant’s perceptions on the subject. We have adjusted the text to keep to this point, that the results are people’s ideas about the problem but not a direct measure.

**Original (results, Pupils’ perspectives section, mental health problems, first paragraph, line 116-117)**

*Mental health problems*

The high rates of mental health problems described in the literature were confirmed by the pupils. At least a quarter of the 10-15 pupils in each FGD.....
Occurrence of mental health problems

According to the pupils, mental health was a large problem among them. At least a quarter of the 10-15 pupils in each FGD...

6. The result section should be shortened and "condensed". The section is very long and some of results are repeated several times.

We have tried to shorten this section and removed repetition.

Original (results, Pupils’ perspectives section, mental health problems, second paragraph, line 122-127)

Poor mental health may lead to poor somatic health, as one boy illustrated:

“I felt dizzy when I sat or lay down and then stood up immediately. It was more severe when I had insomnia. I often have it because I worry about my examination and test results.”

Another girl added: “I sometimes feel very sad and could not study anymore and do not want to have lunch or dinner anymore.”

Many students remembered....

Revised: moved this paragraph below the next paragraph, line 172-177

Many students remembered....

Poor mental health may lead to poor somatic health, as one boy illustrated:

“I felt dizzy when I sat or lay down and then stood up immediately. It was more severe when I had insomnia. I often have it because I worry about my examination and test results.”

Another girl added: “I sometimes feel very sad and could not study anymore and do not want to have lunch or dinner anymore.”

Though exact numbers were not available...

Original (results, Pupils’ perspectives section, mental health problems, third paragraph, line 128-132)

Many students remembered colleague students with symptoms of depression, as one girl explained: “Some friends were quite silent, looked down at the floor, and did not talk to anyone in class and outside…” while another girl estimated, “About 10% to 20% students are often quite silent and seldom speak to anyone. They did not want to do anything in class even when they were asked to do something, but they did not care if they had good or bad results.”

Revised: to be shortened and condensed, the repeated result was reduced, line 168-171:
Many students remembered other students with symptoms of depression. A group in an FGD concluded, “About 10% to 20% students are often quite silent and seldom speak to anyone. They did not want to do anything in class even when they were asked to do something, and they did not care if they had good or bad results.”

Original (results, Pupils’ perspectives section, mental health problems, fourth paragraph, line 137-143)

“When my parents quarrelled, my study declined. I kept thinking about my parents’ conflict and could not study any more. Sometime I was scolded by my parents with no legitimate reasons, they used very strong language. Some weeks ago, I felt very sad and had suicidal thoughts. I took sleeping pills and was admitted to hospital for about 1 week... I think if my parents still keep acting like this, my study will not improve any more. Also, I often have insomnia because of thinking. Currently, I feel better and my parents pay more attention to me.”

Revised, line 182-185:

“When my parents quarrelled, my study declined because I kept thinking about my parents’ conflict and couldn’t focus on study. Sometimes I was scolded by my parents with no legitimate reasons and with very strong language. Some weeks ago, I felt very sad and had suicidal thoughts...

Original (results, factors contributing to poor mental health, 1. academic pressure, second paragraph, line 163-178)

High expectations of their teachers increases the pressure, as one boy reported: “The numbers of subjects and lessons are too many and the demands from teachers are too high. Therefore, students cannot satisfy teachers’ demands.” A girl explained: “Sometimes, we get high results from examinations but teachers are still not satisfied or think that high grades are a coincidence and not due to pupils’ skills or hard work.” Other students confirmed that pressure from teachers distressed pupils, and could lead to despondency and loss of confidence. As one girl explained: “Some students don’t dare to look at the teacher’s face when they recite lessons in class because of fear. Therefore, they cannot perform to their normal ability.” Another boy added: “I feel very worried and insecure when I am asked to recite lessons in front of the class, so I forget my knowledge and afterwards I keep fretting about it.” Pressure from teachers can have serious consequences, as described by one boy:
“Last year, a very good student in this school attempted suicide. She is a specialized biology student and had to attend a provincial competition for two subjects - biology and using a calculator. She jumped from the second floor. We think the reason was pressure from teachers. Her marks in class were not high. Teachers often openly complained about her and were not fair to her in class.”

Revised, line 208-221:

We removed the follow sentence: Another boy added: “I feel very worried and insecure when I am asked to recite lessons in front of the class, so I forget my knowledge and afterwards I keep fretting about it.”

And corrected some words

High expectation of their teachers increases the pressure, as one boy reported: “The numbers of subjects and lessons are too many and the demands from teachers are too high. Therefore, students cannot satisfy teachers' demands.” A girl explained: “Sometimes, we get high results from examinations but teachers are still not satisfied or think that high grades are a coincidence and not due to pupils’ skills or hard work.” Other students confirmed that pressure from teachers distressed pupils, and could lead to despondency and loss of confidence. One girl explained: “Because of fear, some students did not dare to look at the teacher's face when they were reciting lessons in class. This fear impacts student's ability.”

Pressure from teachers can have serious consequences, as described by one boy:

“Last year, a very good student in this school attempted suicide by jumping from the second floor. We think the reason was pressure from teachers. She was a specialized biology student and attended a provincial competition for two subjects - biology and using a calculator. However, her marks in class were not high. Teachers were not fair to her in class and often openly complained about her.”

Original (results, factors contributing to poor mental health, 1. academic pressure, third paragraph, line 180-185)

Along with concerns about the demands of teachers, parental pressure was raised as a common and serious problem, as one girl explained:

“My parents put pressure on me, like I have to do better than other people. Because my
brother is excellent at school work, my parents also want me to be like my brother and even better than him. When my results did not reach my parents’ expectations, they were very sad, angry and dissatisfied. I feel very sad too.”

Revised, line 222-229:
Along with concerns about the demands of teachers, parental pressure was raised as a common and serious problem; parents are very keen for their children to have a good career.

One girl explained:

“My parents put pressure on me, like I have to do better than other people. My parents also want me to be equal to or even better than my brother who is excellent at school work. When my results did not reach my parents’ expectations, they were very sad, angry and dissatisfied so that I feel very sad too.”

In Vietnam, parents are very focused on their children’s success and future career.

We removed the follow sentence to avoid repeating ideas: In Vietnam, parents are very keen for their children to have a good career. One girl commented: “Parents are less interested in care for their children but have high expectations of them. They require their children to study well like other children.”

Original (results, factors contributing to poor mental health, 2. Problems associated with pleasure seeking, second paragraph, line 210)

Addiction to online computer games is high.

Revised, line 253-257:
Students said that addiction to online computer games is high. According to one boy (CVL), “The rate of online gaming is about 50% among boy pupils, [and this has] a negative impact on study results, due to spending too much time on it.” Another girl remarked: “Consequently, they did not spend enough time to study and received low results. Finally, they felt despondent and let things run their course.”

Removed: “Some students are addicted to games or comic stories, and then lack concentration to study.

Original (results, factors contributing to poor mental health, 3. Love and sex, second paragraph, line 227-231)
“My parents did not allow me to go out with friends and have a boyfriend. My parents did not trust me and they are afraid that if I go out I will have boyfriend and lose concentration on my study. Sometimes I went out with some girl friends but my parents did not believe me. Sometimes I want to have a boyfriend to share things with and confide in but I have to refuse many boys.”

Revised, line 270-272:

“My parents did not allow me to go out with friends and have a boyfriend because they were afraid that I would not concentrate on my studies. Sometimes I want to have a boyfriend to share things with and confide in, but I have to refuse many boys.”

Original (results, parent’s perspective, first paragraph, line 263-264)

...“Innovate policies in education and training, especially academic curricula and teaching methods, are lacking..."

Revised line 303-304:

“Innovation is lacking in the policies on education and training, especially in academic curricula and teaching methods.”

Discussion

7. When discussing this study's result against other research the authors several times make statements based on their study which are plainly wrong (since this is a qualitative study). "The present results suggest that the incidence and prevalence of mental health problems in Vietnamese youth are increasing." The study cannot answer this question. The main aim is to explore the stakeholders’ perceptions, not the quantitative facts. Another example: "School related factors, including school cohesion and school environment, was correlated not only with risk-taking behaviors but also with the mental health of pupils." This study cannot say anything about correlation, only about the informants’ perceptions of potential association. This has to be clear. I would strongly advice the authors to correct such statements throughout the discussion section.

Thanks for pointing out this. We have edited the discussion to avoid inaccurate statements about what can be concluded from this qualitative study

The original (Discussion, third paragraph, line 413-417):

Our findings are consistent with the one previous study of Vietnamese adolescents who reported that approximately 9% had mental health difficulties [19]. Another cross-sectional
study conducted among first year medical and pharmacology students in Ho Chi Minh City showed that the prevalence of depression was 39.6% [20]. The present results suggest that the incidence and prevalence of mental health problems in Vietnamese youth are increasing. Some commentators have posited that the cultural influence of collectivism compared to individualism, or the cultural influences of authority figures may be more repressive in Vietnam than in Western countries and that these factors are responsible for high prevalence of mental health disorders [19, 21].

Revised some sentence to be suitable for finding from an explorative qualitative study, line 447-450:

Our findings suggest that mental health problems in Vietnamese youth are a concern, which is consistent with the two previous studies of Vietnamese adolescents, which reported that approximately 9% had mental health difficulties [20], and of first year medical and pharmacology students in Ho Chi Minh, of whom about 40% had depressive symptoms [21].

Original (discussion, school and social factors associated with mental health problems, first paragraph, line 449-453):

This study has revealed potentially important school and social factors related to mental health problems among Vietnamese secondary school pupils. School-related factors, including school cohesion and school environment, was correlated not only with risk-taking behaviours but also with the mental health of pupils. This trend is consistent with data from Hanoi City and Ho Chi Minh City, Vietnam [7, 10].

Revised, line 482-486:

This study has revealed potentially important school and social factors related to mental health problems among Vietnamese secondary school pupils. According to pupils’ perceptions, school-related factors, including school cohesion and school environment, had an influence not only on risk-taking behaviours but also on the mental health of pupils. This trend is consistent with data from Hanoi City and Ho Chi Minh City, Vietnam [7, 10].

8. In the methods discussion I need to see a discussion on how the large number of informants in each focus group might have influenced the results. I especially wonder how easy it is to talk about sensitive subjects such as mental health problems and suicide in a group of 8-12 pupils and two moderators.

Thanks for your suggestions.

Original (discussion, strengths and limitations, line 514-521):
The strengths of this study include the fact that different stakeholders contributed their perspectives, experiences and suggestions for improvement of mental health of pupils during the interviews and FGD. The urban study may have given urban parents more opportunities to express their ideas in FGD although the researchers ensured that all parents were able to give comments. The use of convenience sampling might affect the generalizability of the findings. However, this was an exploratory study, providing background for a larger survey to provide representative data among a larger number of respondents.

Revised, line 549-564:
The strengths of this study include the fact that different stakeholders contributed their perspectives, experiences and suggestions for improvement of mental health of pupils during the interviews and FGD and that the numbers of respondents were relatively large for a qualitative study. Data from multiple informants are often more reliable than data from single informants [20, 36]. Although the large number of informants in each focus group, 8 to 12, could provide rich information with confirmation, the large group could also discourage participants from sharing information about sensitive subjects like mental health problems and suicide. The fact that this was a largely urban study may have given urban parents more opportunities to express their ideas in FGD, although the researchers tried to ensure that all parents were able to give comments. In addition, the use of purposive sampling by head teachers might affect the generalizability of the findings. The selected participants might have had more than average concern and responsibility for the topic. Then the study may have over- or under-estimated the importance of mental health problems among secondary school students. However, this was an exploratory study, providing background for a larger survey, which we expect to provide representative data among a larger number of respondents and as such, the insights gained are valuable.

9. Less repetition of results in the discussion section:
The discussion section is now a mixture of a repetition of the results and a discussion of this study's results and previous studies. The repetition of results should be limited to a short section in the beginning of the discussion, and just enough repetition to link previous research
The purpose of this study was to gather pupils’, teachers’, and parents’ perspectives on mental health problems of secondary school pupils, the causes of these problems and possible interventions to reduce them. Our study confirms the need to pay attention to mental health of pupils. Depression, anxiety, stress, suicidal thoughts and suicide attempts were seen as major problems by all stakeholders and many painful examples were shared. Mental health problems were mainly associated with academic pressure, associated with an overloaded academic curriculum and pressure from teachers, parents [16], and pupils. The impact of the family environment, including difficult living conditions and unhappy families, also contributed to poor mental health status among pupils. Pupils’ recreational activities were also considered to include risk factors for mental health problems, including online gaming, internet addiction, smoking and substance abuse, and love relations.

The findings from this study also suggested that mental health problems among pupils should be addressed at many levels in Vietnamese society: at government level by improving the curriculum; at school level by creating a more friendly school environment and reducing pressure from and on teachers, and establishing a forum for student exchange and/or support groups; at community level by controlling student use of tobacco, alcohol and internet through combined efforts of existing social associations; and at family level by developing improved links with schools and providing more support for pupils so that they can seek suitable solutions for their problems.

The most prominent findings of this qualitative descriptive study were the perceptions of the students that mental health problems occur frequently and that different stakeholders need to pay attention to the mental health of pupils. Depression, anxiety, stress, suicidal thoughts and suicide attempts were seen as major problems by all stakeholders and many painful examples were shared. Mental health problems were mainly associated with academic pressure, associated with an overloaded academic curriculum and pressure to perform well, from teachers, parents, and pupils, but also from the family environment and pupils’ recreational activities. The findings from this study also suggested that mental health problems among pupils should be addressed at many levels in Vietnamese society including government,
school, community and family levels.

Minor essential revisions

10. The structure of the Result section:
The result presentation is divided into the pupils' perspective, the parents' perspective, and the teachers' perspective. Afterwards the section "Thinking of solutions" follows. This is a "joint" presentation of all stakeholders' perceptions. It is not clear whether this joint presentation is result of an analytical job (which is my impression) or whether this was in fact discussed among pupils, parents, and teachers together in an additional focus group. My advice would be to make this clearer. It is not clear to me why this section is a joint one while the rest of the results are divided into pupils, parents, and teachers. I think the result section would be easier to read if the structure was more consistent.

We appreciate the reviewer’s comment on this point and we acknowledge that the structure is not consistent in the result section. We did have a reason to combine all stakeholders’ perceptions. Although the data was collected in the separate focus groups among pupils, parents, and teachers separately, their ideas were very similar. Presenting them separately would have led to unnecessary repetition, so we put them together in one section on solutions.

Quality of written English: Needs some language corrections before being published

Thanks for pointing out this.
The manuscript has been reviewed by a native English speaker with extensive experience in writing scientific papers. We have revised the text and hope all the English errors were fixed.
Reviewer's report

Title: Perspectives of pupils, parents, and teachers on mental health problems among Vietnamese secondary school pupils

Version: 1 Date: 14 May 2013

Reviewer: Ana Soledade Graeff-Martins

Reviewer's report:

The authors describe a qualitative study designed to explore perceptions of mental health status, risk factors for mental health problems and strategies to improve mental health among Vietnamese secondary school students. They used focus group discussions and in-depth interviews to collect data from students, teachers and parents. My recommendations are the following.

Major Compulsory Revisions:

1. The authors should review the structure of the paper. Sometimes they mention the focus groups before, sometimes after the in-depth interviews. The descriptions must follow the same structure in all sections of the paper (abstract, methods, results...).

2. Some results are described in the Methods section. Sample characteristics must be described in the results section.

3. The Conclusion could be more detailed.

Minor Essential Revisions:

1. The manuscript needs English review.

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests: I declare that I have no competing interests.

We thank the reviewer for taking time to consider our work and for your critical suggestions
and comments, which indeed help us to improve our manuscript. We would like to explain how we have addressed the reviewers’ concerns as follows.

1. The authors should review the structure of the paper. Sometimes they mention the focus groups before, sometimes after the in-depth interviews. The descriptions must follow the same structure in all sections of the paper (abstract, methods, results...).

Thanks for pointing out this.

**We have re-written the methods in the abstract section to be more consistent in structure in all section of the paper, line 25-32.**

**Methods:** Exploratory qualitative methods were used to address the main study question including: six in-depth interviews conducted with professionals (with two researchers, two psychiatrists, and two secondary school teachers) to learn about their experience of mental health problems among secondary school pupils; 13 focus group discussions (four with teachers, four with parents, and five with pupils); and 10 individual in-depth interviews with pupils who did not take part in the FGDs, to reflect on the collected data and to deepen the authors’ understanding. The data was analysed using the process of indexing to bring together all extracts of data.

**We also have re-written the methods in the methodology section as followed, line 78-128.**

**Participants and methods:**

The main informants included teachers, pupils, parents, researchers, and psychiatrists. Data was collected by means of in-depth interviews and focus group discussions (FGDs). The data collection process followed three stages. Firstly, six in-depth interviews were conducted with professionals to learn about their experience of mental health problems among secondary school pupils ....... Interviews lasted 40-60 minutes and were recorded.

Secondly, 13 FGDs (4 with teachers, 4 with parents, and 5 with students), with a purposive sample of 8 to 12 participants for each FGD....... The focus groups were conducted by two Vietnamese facilitators to take notes and to make recordings, and lasted from 100-150
minutes.

The purposive sampling aimed to compose groups representing the range of gender, age, study results and urban/rural characteristics. Head teachers invited teachers of grade 10 to 12 students to participate in each FGD, according to the researcher’s instructions on wide representation with regard to gender, age, and teaching experience. Of the 46 teachers invited, 36 participated; the others said they had other appointments in their out-of-class time.

Pupils aged between 15 and 18 years old attending grades 10 to 12 were invited by head teachers on a day that pupils did not have classes all day. The pupils were selected on the basis of the researcher’s request for wide representation with regard to gender and to a range from high to low school performance. In the LTT specialized school, the 12 students in one FGD included three from each of the four specializations: mathematics and physics, English, biology and social sciences, from grades 10, 11 and 12. In the two bigger schools, CVL and TDN, the classes are divided into two groups: one with higher scores and one with lower scores in grade 10 entrance examinations. Therefore, in these two schools we had two FGD, one with lower scoring and one with higher scoring students. In each FGD, students also were considered for invitation with regard to gender, among those in grades 10 to 12. All invited students were selected from the class lists; of 60 who were invited, 55 participated. We do not know the reasons for the five not to participate.

Parents were invited by head teachers by letter or by telephone because teachers had closer contract with parents and they would be more likely to respond than if the researchers invited them. In each FGD, parents were invited based on wide representation with regard to having children in grades 10 to 12, with low and high school performance, different parental backgrounds and living locations (urban and suburban areas), and gender. Out of 48 parents invited, 34 agreed to participate. We do not know whether the others could not make time or did not wish to join the discussions.
Finally, after the FGD, in-depth interviews were conducted outside the schools with ten pupils who did not take part in the FGD, to reflect on the collected data and to deepen the authors’ understanding. In each school, the researcher invited one student of each grade from 10 to 12 to join as they left school. Not all students had time, however, due to extra classes or appointments with their parents; then another student was invited, from the same grade. The interviewees were informed about the purposes of the study and their parents gave permission for them to join the interview; all the interviews were conducted in quiet coffee shops outside the schools.

2. Some results are described in the Methods section. Sample characteristics must be described in the results section.

Thanks for pointing out this. We have moved the data on the sample to the results section.

Original (Methodology, Participant and method section, first paragraph, line 66-69):
Study participants included: 36 teachers, 55 pupils, 34 parents, two researchers, and two psychiatrists. The male: female ratio was 40 to 60 percent for each group respectively. The pupils ranged from 15 to 18 years of age. The teacher participants had 2-22 years’ experience of teaching at secondary school.

Moved to the beginning of result sections, line 155-159.

Study participants

The study participants included 36 teachers, 55 pupils, 34 parents, two researchers, and two psychiatrists who were invited to participate in the study. Most of those invited to participate agreed to do so. The male: female ratio was 40:60 for each group. The pupils ranged from 15 to 18 years of age. The teachers had 2-22 years’ experience of teaching at secondary schools.

3. The Conclusion could be more detailed.

Thanks for pointing out this. We have edited the conclusion to provide more details.

Original conclusion, line 525-528:
Vietnamese secondary school pupils feel that their mental health status is poor, because of many risk factors in their learning and living environment. Pupils, teachers, and parents should all take part in reducing academic pressure and enhancing mental health of students, collaborating with Vietnamese communities and schools to design effective interventions.
We have re-written the Conclusion to be more detailed, line: 568-575.

Vietnamese secondary school pupils feel that their mental health status is poor. Depression, anxiety, stress, suicidal thoughts and suicide attempts were perceived to be major problems. Academic pressure, including an overloaded academic curriculum and pressure from teachers, parents, and pupils, a stressful family environment, and excess attention to recreational activities were reported as the main factors associated with students’ poor mental health. Pupils, teachers, and parents should all take part in reducing academic pressure and enhancing mental health of students, collaborating with Vietnamese authorities, communities and schools to design effective interventions.

Minor Essential Revisions:

1. The manuscript needs English review.

Thanks for pointing out this.

The manuscript has been reviewed by a native English speaker with extensive experience in writing scientific papers. We have revised the text and hope all the English errors were fixed.