

**MENTAL HEALTH OF LOWER SECONDARY SCHOOL STUDENTS -  
CURRENT SITUATION AND SUPPORT ORIENTATIONS FROM  
SCHOOL SOCIAL WORK (A Case Study at Hoang Van Thu Lower  
Secondary School and Linh Nam Lower Secondary School, Hoang Mai  
Ward, Hanoi)**

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**ABSTRACT**

The mental health of lower secondary school students (ages 11-15) is shaped by significant psycho-physiological changes while they simultaneously face academic pressure and the growing influence of social environments, particularly online spaces. This study surveyed 200 students from two lower secondary schools in Hoang Mai Ward, Hanoi, using a mixed-methods approach: quantitative data were collected through the DASS-21 scale, and qualitative insights were obtained from in-depth interviews and focus group discussions. Findings indicate that students' mental health is at a concerning level, with many frequently experiencing stress, anxiety, and sadness; some even reported thoughts of dropping out or self-harm. The main contributing factors include excessive parental expectations, exam-related pressure, fragmented life-skills activities, limited school counseling, and the negative impact of social media. Based on these findings, the study proposes that school social work should strengthen early detection, implement structured life-skills and value-based programs, foster family – school - community connections, advise on internal policies, and establish crisis prevention measures, with trained and dedicated staff playing a central role.

**Keywords:** Mental health; Lower secondary school students; School social work.

**1.0 INTRODUCTION**

In the context of educational reform and rapid social change, the mental health of lower secondary school students has emerged as a fundamental concern that directly affects their learning processes and personality development. At the ages of 11–15, students enter puberty, characterized by profound psychological and physiological transformations: a heightened need for self-assertion, increased sensitivity to teachers' and peers' evaluations, yet limited emotional regulation skills. Confronted with simultaneous pressures from family expectations, school performance, and the complex influence of the broader society—especially the digital environment—students are prone to stress, anxiety, sadness, and even extreme behavioral responses.

Globally, adolescent mental health has been recognized as a universal challenge. The World Health Organization (2021) estimates that one in seven adolescents experiences a mental health problem, with anxiety and depression being the most common. A systematic review by Keles,

McCrae, and Grealish (2020) further confirmed that excessive use of social media significantly increases the risk of anxiety and depression among adolescents.

In Vietnam, recent statistics reinforce these concerns. The V-NAMHS survey (QCMHR, 2023) reported that 21.7% of adolescents had experienced mental health problems within the previous 12 months, while only 8.4% had ever sought professional support. In Hanoi, Tran Thi Le Thu and Nguyen Thi Nhan Ai (2019) found substantial rates of psychological distress among lower and upper secondary school students. Nguyen Mai Huong et al. (2023) demonstrated a strong correlation between school bullying and deteriorating mental health, whereas Nguyen Ngoc Bao Quyen et al. (2025) identified noteworthy levels of depression, anxiety, and stress among senior secondary students. Alarming, a survey of more than 2,300 lower secondary students in Hanoi revealed that over 13% had been victims of school bullying, and this group displayed markedly higher psychological distress (Nguyen Mai Huong et al., 2023).

At the policy level, the Ministry of Education and Training (2022) issued Decision No. 2138/QD-BGDĐT approving the Mental Health Education Plan for students for 2022–2025, emphasizing awareness-raising, capacity building, and inter-sectoral collaboration. Nevertheless, a significant gap persists between policy direction and practical implementation—most notably, the shortage of dedicated school social workers. As a result, student support activities often remain fragmented, campaign-oriented, and lack systemic sustainability.

Against this backdrop, the present study was conducted with three objectives:

- a) to examine the current mental health status of lower secondary school students in two schools in Hoang Mai Ward, Hanoi;
- b) to analyze the key influencing factors; and
- c) to propose intervention orientations from the perspective of school social work.

The findings not only provide empirical evidence on students' mental health but also carry practical implications for policy formulation and the development of sustainable, school-based support models.

## 2.0 RESEARCH METHODS

The sample was selected using a stratified random sampling method by grade level to ensure representativeness for the entire lower secondary population. The study surveyed 200 students from Hoang Van Thu and Linh Nam Lower Secondary Schools (100 students from each). Among them, 92 were male (46%) and 108 female (54%), evenly distributed across Grades 6–9. Including Grade 6 students—who had just transitioned from primary school—enabled the study to capture early adaptation difficulties, while Grade 9 students represented those under the most intense examination pressure.

In addition to the quantitative survey, the research team conducted 12 in-depth interviews (4 students, 4 homeroom teachers, 4 parents) and 4 focus group discussions (6–8 students per group). Qualitative participants were selected through purposive sampling to explore experiences, perceptions, and viewpoints from diverse perspectives.

A mixed-methods design was adopted to achieve both comprehensive description and in-depth understanding.

**Quantitative component:** The study employed the DASS-21 scale (Depression, Anxiety, and Stress Scale) comprising 21 items across three subscales. Students rated each item on a four-point scale ranging from “never” to “often.” Aggregated scores determined each student’s level of psychological distress and enabled comparisons by gender and grade. Data were processed using SPSS, primarily through descriptive and comparative analyses.

**Qualitative component:** In-depth interviews and focus groups focused on key domains such as academic pressure, parental expectations, social-media influence, emotional-management skills, experiences of conflict or bullying, and the perceived need for mental-health support. Thematic analysis was employed to triangulate and elaborate upon quantitative results.

The integration of these two approaches allowed the study to reveal not only numerical indicators of students’ mental health but also the contextual and experiential depth underpinning those statistics, thereby providing a robust empirical and practical foundation for subsequent discussion and recommendations.

### 3.0 FINDINGS AND DISCUSSION

#### 3.1 Current Status of Students’ Mental Health

Survey results from 200 students indicate that mental health problems are widespread rather than isolated. 124 students (62.0%) reported frequent academic stress—meaning that six out of ten students live under persistent pressure. Prolonged stress not only undermines concentration and academic performance but also erodes enthusiasm and self-confidence. As one Grade 9 student shared: “Every day I study late into the night; sometimes I just wish for a single day without worrying about schoolwork.”

Furthermore, 72 students (36.0%) exhibited symptoms of social anxiety. This goes beyond ordinary shyness and reflects the heightened psychological sensitivity typical of puberty, when adolescents begin to form personal identity. A Grade 8 girl confessed: “Just standing up to speak in class makes me tremble; I’m afraid my classmates will laugh.” Such manifestations suggest that school-related anxiety may directly affect students’ participation in group activities and social integration.

Persistent sadness was also notable among 64 students (32.0%). Prolonged feelings of sadness not only reduce learning motivation but may serve as early warning signs of depressive disorder. One Grade 7 boy stated: “I used to love playing football, but now I don’t even want to go to the field; I just feel tired.”

More alarmingly, 16 students (8.0%) had thoughts of dropping out, and 10 students (5.0%) had thoughts of self-harm. Though small in proportion, these groups represent high-risk populations since harmful behaviors often begin with such thoughts. Without timely identification and support, the potential for mental-health crises is significant.

#### **Table 1. Mental health status of lower secondary students (n = 200)**

Mental-health indicator	Students (n)	Percentage (%)	Alert level
1. Academic stress	124	62.0	High
2. Social anxiety	72	36.0	Moderate
3. Persistent sadness	64	32.0	Moderate
4. Thoughts of dropping out	16	8.0	Low but concerning
5. Thoughts of self-harm	10	5.0	Low, latent risk

### 3.2 Influencing Factors

Three main categories of influencing factors were identified: family, school, and social-individual.

Family factors:

A total of 130 students (65.1%) cited excessive parental expectations as a primary stressor. When parental affection becomes “measured by grades,” students easily fall into cycles of anxiety and inferiority. One Grade 9 student explained: “I’m afraid my parents will think I’m lazy or useless, so even when I’m exhausted, I still force myself to study.” Such unbalanced expectations transform the family—normally a haven—into a source of tension and crisis.

School factors:

96 students (48.2%) identified homework and examinations as major stressors.

141 students (70.3%) reported that life-skills and experiential activities existed but were fragmented and mainly symbolic, lacking substantive impact. A Grade 7 student remarked: “We go on field trips, but it feels like just an outing—it doesn’t help me handle pressure or real-life situations.”

Moreover, students perceived school counseling systems as ineffective due to a shortage of trained staff and the reluctance of students to share personal issues. This highlights the school’s limited role as a “protective shield” for students’ mental well-being.

Social-individual factors:

121 students (60.7%) reported negative psychological effects from social media, leading to appearance-based comparisons, performance envy, and inferiority. A Grade 8 girl admitted: “When I see my friends posting beautiful photos and high grades, I feel I’m not good enough.”

118 students (58.9%) lacked emotional-management skills, tending to react impulsively or withdraw when faced with difficulties.

Additionally, 31 students (15.4%) had experienced school conflicts or bullying—though less frequent, these experiences had profound impacts, especially among those reporting self-harm ideation.

**Table 2. Factors influencing the mental health of lower secondary students (n = 200)**

Category	Specific factor	Students (n)	Percentage (%)	Main impact
Family	Excessive parental expectations	130	65.1	Stress, anxiety, fear of failure
School	Academic workload and examinations	96	48.2	Fatigue, reduced concentration
	Fragmented life-skills activities	141	70.3	Poor coping capacity, boredom
	Limited school counseling	156	78.0	Reluctance to seek help, problem persistence
Social-Individual	Influence of social media	121	60.7	Inferiority, anxiety from negative comparison
	Lack of emotional-management skills	118	58.9	Impulsive reactions, withdrawal
	Conflict and bullying	31	15.4	Isolation, risk of self-harm

### 3.3 Discussion

The findings reveal that lower secondary students' mental health is shaped by multiple, interrelated layers of influence. The family, expected to serve as a foundation of emotional support, can become a stressor when parental expectations are disproportionate. The school—where students spend most of their time—offers both opportunities and pressures, yet its life-skills activities and counseling services remain inadequate. Social contexts, peer relationships, and online environments further perpetuate cycles of comparison and isolation.

These findings align with Bronfenbrenner's ecological systems theory, which posits that child development occurs within interacting environmental systems. Similarly, according to Maslow's hierarchy of needs, when fundamental needs for safety and belonging are unmet, learners struggle to maintain motivation and self-actualization.

Importantly, these factors do not operate independently but interact synergistically: parental expectations, academic pressure, poor coping skills, and social-media comparison collectively render students more vulnerable. One Grade 8 student summarized succinctly: "At school I'm stressed; at home I'm scared; online I feel inferior." This convergence underscores the urgent need for comprehensive preventive measures.

Within this context, school social work must be recognized as the first line of defense. Social workers should not only engage in early detection but also design systematic life-skills programs, build professional support environments, and act as mediators between students, families, schools, and communities. Only through such integrated efforts can schools become safe, nurturing environments that foster sustainable mental well-being.

#### **4.0 CONCLUSION AND ORIENTATIONS FROM SCHOOL SOCIAL WORK**

##### **4.1 Conclusion**

The study confirms that the mental health of lower secondary students has reached an alarming level. Data from two schools in Hoang Mai Ward show that 62.0% frequently experience academic stress, 36.0% suffer from social anxiety, 32.0% from prolonged sadness, 8.0% have thought about dropping out, and 5.0% have contemplated self-harm. These figures represent not isolated incidents but indicators of widespread psychological vulnerability.

Key influencing factors include excessive parental expectations, academic and examination pressure, fragmented life-skills programs, underdeveloped counseling systems, and negative social-media effects. These factors interact cumulatively, amplifying students' distress and entrapment in cycles of tension, anxiety, and low self-esteem.

This reality demonstrates that adolescent mental health is no longer an individual or localized issue but a systemic challenge requiring comprehensive, long-term, and prioritized interventions within educational policy. Without timely and structured measures, the consequences will extend beyond academic decline to deeply affect personality development and the quality of future human resources.

##### **4.2 Orientations from School Social Work**

In the current context, school social work must reaffirm its pivotal role in safeguarding and promoting students' mental health. Based on the study findings, several strategic orientations are proposed:

First, establish early detection and initial support mechanisms. Schools should conduct regular mental-health screenings using age-appropriate tools, complemented by teachers' and social workers' observations. Students showing signs of prolonged stress, dropout thoughts, or self-harm ideation should be subject to case management and individualized support plans from the outset rather than waiting until crises occur.

Second, implement systematic life-skills and experiential programs focusing on emotional regulation, communication, conflict resolution, safe social-media use, adaptive learning, and core values such as responsibility, honesty, empathy, and respect. These programs must form continuous, goal-oriented sequences integrated into curricula and extracurricular activities, with clear evaluation tools to avoid superficial or fragmented execution.

Third, strengthen family-school-community linkages, where school social workers act as mediators helping parents adjust expectations, understand adolescent psychology, and engage in regular dialogue with teachers. Concurrently, social organizations, youth unions, and school

health services should collaborate to form a multi-layered support network ensuring that students always have reliable points of contact during difficulties.

Fourth, participate in policy consultation and internal regulation development, including reasonable adjustment of workload and testing frequency, and contributing to the creation of a safe, civilized code of conduct within schools. Teacher training in recognizing and responding to students' mental-health problems—alongside coordination with social workers—should also be prioritized.

Fifth, establish crisis-prevention and intervention protocols with clear procedures for detection, assistance, monitoring, and referral, as well as well-defined responsibilities for each department. Post-crisis follow-up and reintegration plans are essential to prevent relapse and create a sustainable “safety net” for students.

Finally, effective implementation of these orientations hinges on building a professional, dedicated school social-work workforce. Such personnel must be properly trained in case management, life-skills facilitation, resource mobilization, and policy advocacy. They should enjoy defined rights, responsibilities, remuneration, and coordination mechanisms within the school system. With a competent and stable professional force, school social work can genuinely fulfill its core role—forming a sustainable support ecosystem for students' mental well-being.

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