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Development and Mental Health Care Services: A Case Study at RTCCD, Hanoi

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Development and Mental Health Care Services:

A Case Study at RTCCD, Hanoi

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ABSTRACT

Vietnam's rapid development since 1986 has had both positive and negative impacts on Vietnam's mental health services. A health system was put into place and is expanding to overcome many challenges. Conversely, development has also brought with it new amenities and technologies that, in some cases, are being abused – one such is example is video games. As Vietnam deals with disturbing violent video game related episodes, parents and community members are searching for answers.

This study project focuses on understanding the mental health care system in Vietnam and its current growth and advances. Three weeks were spent in Hanoi, Vietnam working for a think-tank organization focused on mental health policy advocacy, research, and training. During my eighty hours spent at the Research and Training Centre for Community Development (RTCCD), I was tasked with creating a flyer on Internet Gaming Disorder to spread information on video game addiction to Vietnamese communities. While working on this project I participated in various office activities and through participant observation I was able to witness how RTCCD is working to implement change. Additionally I was able to interview three staff members at RTCCD gaining further understanding.

RTCCD is generating progressive change to the way mental illness is being viewed and treated through training programs, community intervention, and most importantly policy advocacy. In the future RTCCD should continue its impressive work, aiming to expand services into more provinces while focusing on local tactics.

Keywords: Health Care Management, Mental Health, Psychology: General

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LIST OF ABBREVIATIONS

APA – American Psychiatric Association
IGD – Internet Game Disorder
MMORPG – Massive Multiplayer Online Role-playing Game
NHTP - The Nation Health Target Program
RTCCD – Research and Training Center for Community Development

INTRODUCTION

Signs of rapid urbanization, development, and modernization are visible in nearly every locality of Vietnam. From massive construction projects to something as simple as increasing the number of internet connections, there is no doubt that Vietnam is going through a process of transformation. The gradual shift over the past decade to a more "Western" lifestyle is an unavoidable result of Vietnam's Đổi Mới economic reformation. The positive and negative results of these reforms need to be addressed for the present and future sustainability of the country's growth.

This reformation and development has done wonders for the Health Care System in Vietnam, which was practically nonexistent under French colonial rule. The Vietnamese Ministry of Health is working hard to increase the number of services available. Even the mental health care system is starting to be addressed, in spite of its lengthy local history of being overlooked due to traditional Vietnamese beliefs. There is still a lot of room for growth and progress to fully protect the rights of those suffering from mental illness. Nonetheless, development is having a positive impact on mental health care services in Vietnam.

The original purpose of this independent study project was to understand any lasting stigma against mental illness in Vietnam and to see what and how progress has been made. However, upon accepting a short-term internship with a community based mental health focused organization called the Research and Training Centre for Community Development (RTCCD) it became apparent that modernization and development can also have negative impacts on mental health. As new amenities rapidly become available children have started abusing their new found access to technology. Recently in Vietnam, there have been a series of alarming cases that point

to the possibility of video game addiction being a psychological illness. Unfortunately, due to the strong link between culture and mental illness, there is no known answer to these problems from the Western psychological world. Therefore, RTCCD has found itself searching for a way to help community members concerned for their children's mental health.

For my independent study project I teamed up with RTCCD to collect information and discuss how to treat video game addiction in Vietnam. Additionally, RTCCD opened their doors to me so that I could view first hand how an influential Vietnamese organization was working to increase awareness and mental health care services. In order to provide helpful advice to RTCCD I first had to understand what mental illness truly is, how the Vietnamese health system operates, how the academic world views video game addiction, and finally how video game addiction has manifested itself in Vietnam.

BACKGROUND

I.   Framework for Understanding International Psychiatry

Psychiatry has always been a predominantly Western practice devoted to the study, diagnosis, treatment, and prevention of mental disorders. Interestingly, mental diseases are not easily definable. Unlike other maladies or afflictions, mental disorders are not discrete entities with consistent symptoms and universal manifestations. For example unlike polio, the flu, and tuberculosis, mental diseases such as depression and schizophrenia have no natural histories and no common set of symptoms for the afflicted. In fact all mental disorders have never been the same through time and location, either in prevalence or form (Watters). Therefore, mental disorders are diagnosed in accordance with criteria listed in diagnostic manuals, such as the Diagnostic and Statistic Manual (American Psychiatric Association). The Director of the National Institute of Mental Health in the United States sums up perfectly the flaws of psychiatry in saying "The weakness is its lack of validity. Unlike our definitions of ischemic heart disease, lymphoma, or AIDS, the DSM diagnoses are based on a consensus about clusters of clinical symptoms, not any objective laboratory measure." Essentially, the definition of these diseases is not something universally agreed upon and also something constantly changing to define new diseases and consolidate old ones.

Currently this principally Western definition of mental disease has been summarized into various manuals that are being spread around the world ignoring the cultural root of mental illness. Mental illness is rooted in culture and the symptom repertoires available in each culture are the ways in which discontent can manifest itself; the discontent being manifested is also something cultural. While these Western

definitions of mental illness have already arrived in Vietnam, traditional perceptions and diseases remain largely unstudied. These traditional perceptions, manifestations, and treatments are still playing a large role in the way mental illness is being stigmatized by the entire country. Lauber and Rossler explain that in traditional societies mental conditions are thought to be the result of spiritual punishment, possessions by demons, wrongdoings of ancestors, or wraths of gods. Many of these traditional values still exist in Vietnamese society. Southeast Asian families continue to live in clans and rely on each other for all family needs. This familial orientation creates a strong sense of responsibility for the actions of all family members. Consequently, the existence of a mental disorder in one family is not only a burden to the affected individual, but to all members of his family, as it threatens social status. Moreover, in an effort to ensure that all children find spouses, parents often hide the existence of a disability in their genes by denying the existence of their disabled child (Lauber and Rossler). This traditional stigma against mental illness has continued to be perpetuated into contemporary times resulting in a lack of understanding and desire to understand mental illness; the effects are significant.

In order to combat both the stigma against mental illness in Vietnam and help promote mental health services it is important to keep in mind a local framework that would focus on national documentation of diseases and manifestations. Essentially, research and education in this developing international field should focus on a local level.

II.   Development of Mental Health Care Services in Vietnam

The internship, interviews, and observations involved in this independent study

project all took place in Hanoi, the capital of Vietnam located in the north. Vietnam is located in Southeast Asia, bordered on the west by Cambodia and Laos, on the north by China, and on the east by the Pacific Ocean. Currently, in 2014, the estimated population of Vietnam is 93,421,835 people, with the life expectancy for men and women being seventy one and seventy six years, respectively (The World Factbook). In 1986, Vietnam experienced a major economic reformation, known as Đổi Mới. In the decades following, poverty levels significantly decreased, GDP per capita increased, and the urban population rate rose. Compared to this dramatic increase in economic prosperity, the health system lags behind. Currently the government spends only 6.8% of its GDP on health care, internationally ranking Vietnam as the 86th country out of 190 in terms of health care spending (The World Factbook).

Under French colonial rule the health system in Vietnam provided very little structure and disease was widespread. After the American War, government officials were aware of the importance of health care to the population's productivity and economic development of the country. President Ho Chi Minh called for the provision of "national, scientific and popular medicine" – national, because it would be planned and financed by the central government; scientific, because it would incorporate modern techniques of treatment and prevention; and popular, because it would be community-based, locally staffed, and sensitive to the value of traditional health practice (Ladinsky). In order to accomplish this the new health care system was founded upon six principles.

1. Vietnamese medicine must serve workers, mothers and children, and the national defense. It must contribute to raising the living standards of the people and provide care for minority groups.

2. Prevention must be the principal task of Vietnamese medicine.

3. Vietnamese medicine must combine prevention with treatment. The patient should be treated as an organic whole.

4. Vietnamese medicine must learn from traditional medicine, studied in the light of modern science.

5. The organization of Vietnamese medicine must be based on the masses. Therefore, it must educate the masses and adopt policies that do not conflict with their spirit and interests.

6. Vietnamese medicine must rely on its own resources, while making the most of aid from friends (Ladinsky).

This new health care system was put into place, based on Vietnam's resources, culture, and ideals. The current system still has its roots in these initial ideas and is slowly being transformed as more resources and information becomes available.

The overall current health care structure of Vietnam is organized into a hierarchy. Standing at the head is the Ministry of Health, serving as the national authority over the provision of health services. The Ministry of Health manufactures and distributes pharmaceuticals, works directly with National Hospitals and large centers of health education, and coordinates medical research (Ladinsky). Preventative health care, family primary care particularly for women and children, and control of communicable diseases are under the provision of the provincial and district health authorities. Each of the 63 provinces has two branches of health care services -- health prevention and treatment. The district level authorities provide similar services as the provincial but also are responsible for serving in remote areas. The 11,112 commune health stations

throughout the country are focused on hygiene, providing vaccinations, and health education (Ladinsky). It is important to note that although there are many levels and centers of health care access for the population, many prefer seeking treatment at the hospitals, causing an overload of patients.

This health care system is evidently built on a strong foundation; however, the health system of Vietnam still has a lot of room for growth and improvement without even mentioning the specificities of the mental health care system. Although Vietnam does not have an explicit mental health law, the 1989 Law on Protection of People's Health recognizes and affirms that all people have an equal right to health care treatment (Vuong). Traditional beliefs about the root causes of mental illness have created a significant stigma against any individual or family with mental illness. As more information is distributed peoples' opinions have begun to change and slowly the steps are being taken to provide mental health services. Unfortunately, there is still an estimated 12 million people in need of mental health services in Vietnam (Vuong). Mental Health Care is provided by an area systems built upon Vietnam's four tier system of central, province, district, and commune. There are two different systems in place to provide mental health services –hospital based and community based (Ladinsky).

Ministry of Health

Central Institutes

Commune
7,000
[3 AD,1 Trad Dr.
1 Pri Nurse
1 Pri Midwife
1 Sec Midwife]

Production Group
800
[1 Pri Nurse
RC Worker]

Mobile Team

Hosp
180 beds

District
100,000

Derm
Leprosy
VD

Nursing Training   AD Training

Trachoma

Anti-TB

Malaria

Quarantine

San
Epi
Lab

H&E

Province
1,200,000

Mental   Trad   TB
Hosp   Sanitoria   Ped

Materia
Medica

Drug
Control

Immun

Pharm
Co

Factory

Pharm

H&E   Epi   San
Lab
Immun

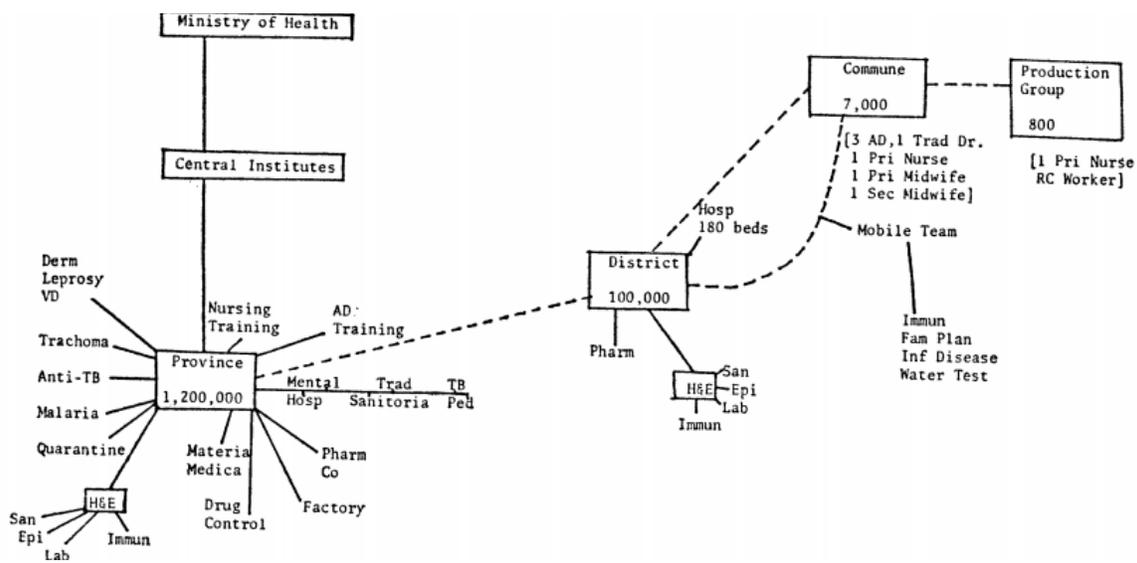Immun
Fam Plan
Inf Disease
Water Test

Figure 1: Division of Responsibilities in the Health Services of the Socialist Republic of Vietnam (Ladinsky)

The first system in place is the mental health hospitals. At the present time, the focus of the system is still on hospital-based rather than community based services (Vuong). This is in contrast to Western countries, where the number of mental hospital beds are declining and care is provided if possible at the primary level, rather than institutionalizing patients. Moreover, this hospital focused system causes an even greater overload of patients at the hospitals. To combat this issue, in 1998, the government declared The Nation Health Target Program. The specific goal of this program was to improve mental health services by increasing and strengthening community-based mental health care (Vuong). Currently, community based services are now being offered in more than 700 outpatient mental health facilities (Ladinsky). These facilities focus on information promotion, scanning, early detection and managing treatment of mental disorders in the community. The hospital overload has been decrease as now, the community based mental health program is providing approximately 60 to 70% of the population free access to essential psychotropic medicines for some prioritized metal disorders, such as schizophrenia, depression, and epilepsy (Vuong).

Despite these advances the stigma against metal illness has further contributed to creating a lack of resources to treat mental illness. In 2004 there were only 50 psychologists, 125 social workers, 4 occupational therapists and 650 other mental health workers in the field. Psychiatry is among the least preferred post-graduate specialties for medical professionals in the country. Of about 2500 new medical graduates per year in 2004, none studied psychiatry and only about 30 chose psychiatry

as a specialty in postgraduate training (WHO-AIMS). Despite the lack of professionals psychotropic medicines are easily available. This means that people are able to get the medicines necessary to ease symptoms but not the long term aid necessary to establish a relatively normal lifestyle. The Nation Health Target Program recently being undertaken by the government is just an initial step in government aid and interaction with mental illness but, more could be done for people to receive more than pharmaceutical aid. The foundations for a strong mental health care system exist and through hard work and expansion, greater awareness and services will become available.

III.   What is Video Game Addiction

Ever since the technology was created people have theorized about the possibility of addiction to the internet and video games. In 1964 Roald Dahl wrote the novel Charlie and the Chocolate Factory, writing into history and popular culture, the character of Mike Teavee a mean, nasty, and violent video game addict. Nonetheless, most official psychological sources don't recognize video gaming addiction as a disease. In May 2013, the American Psychiatric Association (APA) concluded that there was insufficient evidence to include Internet Game Disorder (IGD) as an official mental disorder. Instead, the APA decided that more research needs to be undertaken, classifying IGD as a "condition requiring further study" in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders. By listing Internet Gaming Disorder in DSM'5 Section III, APA hopes to encourage research to determine whether the condition should be added to a future edition of the manual as a disorder. (American Psychiatric Association).

There is a lot to be considered in classifying a new disease. Video game makers scoff at the notion that their products can cause a psychiatric disorder and even some mental health experts say labeling the habit as a formal addiction is going too far. Yet, some evidence exists. Researchers have even proved a physiological element to addictive video game playing. Scientists, at Hammersmith Hospital in London, conducted a study in 2005 which found that dopamine levels in players' brains doubled while they were playing. Dopamine is a mood-regulating hormone and neurotransmitter, associated with feelings of pleasure. The findings of this study indicate that gaming could actually be chemically addictive. (Langley). Additionally, a Panorama investigation last year revealed that computer games are dangerously addictive and contain powerful psychological devices designed to make some fans play compulsively; these devices may include a simple technique based on a 1950s study of rats feeding themselves by pressing a lever, which encourages repetitive behavior by rewarding it at random, which has effectively been adapted into video games (Smith). In response to these studies psychiatrist have set up treatment facilities South Korea, China, the Netherlands, Canada, and the United States, and more. Without the official classification insurance providers will not cover any costs and patients are paying private doctors out of pocket, leaving most without help.

The first step involved in classifying a disease is defining what the disease is. Currently, video game addiction is defined as an excessive or compulsive use of computer games or video games, which interferes with a person's everyday life. However, the APA is currently assessing IGD, not general video game addiction. Overuse of video games most often occurs with online, interactive role-playing games,

otherwise known as massive multiplayer online role-playing games (MMORPGs). MMORPGs allow multiple players to come together via the Internet to a persistent virtual world, joining with hundreds of thousands of other gamers in a shared experience. In a role playing game, there is no "winning" in the traditional sense. Players create their own characters which are then "free" to roam the fantasy world. Based on these types of games the APA defined IGD as a "Persistent and recurrent use of the Internet to engage in games, often with other players, leading to clinically significant impairment or distress" (Bojrab). DSM'5 Section III continues to address nine indicators of IGD. There criteria are "(1) preoccupation with internet games; (2) withdrawal symptoms when internet gaming is taken away; (3) tolerance, resulting in the need to spend increasing amounts of time engaged in internet games; (4) unsuccessful attempts to control participation in internet games; (5) loss of interests in previous hobbies and entertainment as a result of, and with the exception of, internet games; (6) continued excessive use of internet games despite knowledge of psychosocial problems; (7) deceiving family members, therapists, or others regarding the amount of internet gaming; (8) use of internet games to escape or relieve negative moods; and (9) jeopardizing or losing a significant relationship, job, or education or career opportunity because of participation in internet games" (American Psychiatric Association).

The largest area of debate around IGD is about not wither it occurs but rather why it occurs. Some psychologists believe online gaming is not addictive. Instead, they say, the personality of the particular player is what puts him or her at risk and that the "addiction" to these video games is just a manifestation of some other discontent. The evidence for these theories lies in the multifaceted definition of psychological disorders.

The true addiction could be an individual with Asperger's looking to make a social connection, a depressed individual looking for an escape from reality, or even an individual with low self esteem building social connections. Even the manifestation of the addiction, shares aspects with other conditions, such as OCD (Langley). As peoples' real-world problems build up, they may spend increasing amounts of their time in virtual worlds where they are in control and able to dissociate from real life's problems.

At this point in time more and more research is being conducted on IGD and the debate rages on as to whether gaming addiction is a diagnosable disorder; yet, the behavior undeniably exists. It may be a result of another disorder, the combination of programming by designers, or the predisposition some teens have to addictive behavior. Nonetheless, no matter what the cause, this is a real issue that parents, teachers, and peers should be aware of and take action to prevent.

IV.   Video Game Addiction in Vietnam

The number of internet connections in Vietnam has soared in the last 10 years, increasing from two hundred thousand in 2000 to over twenty two million by June 2009 ("In Pictures: Vietnam's Internet Addiction"). In 2009, Vietnam was ranked the 17th country in the world with the most internet users, about 23.382 million (The World Factbook). Many of these internet connections come from internet cafes that are open from early in the morning until late at night. These cafes charge 3,000 to 4,000 dong per hour and provide customers with access to internet video games ("In Pictures: Vietnam's Internet Addiction"). These cafes are extremely popular, especially amongst teenage males who visit in their free time.

Recently, Vietnam has been experiencing disturbing episodes related to video game playing. The Vietnamese media even reported that one young boy died after sitting at a computer for three days straight, though any such death was not confirmed by police ("Teen Accused of Killing for Gaming Money"). In addition to the deaths of customers, there has been multiple episodes relating violence with these video game internet cafes. In November 2007, in Nam Dinh province, a thirteen year old boy strangled an 81 year old woman, stealing only 100,000 VND and then burying her body in front of her house in order to pay for video games ("Teen Accused of Killing for Gaming Money"). Recently in Nghe An province, a 15 year old boy killed his seven year old neighbor beating her head with a rock and then stealing her gold earrings to pay for video games (Glynn). The combination of these troubling episodes sparked the government to regulate the video game cafes, asking Internet service providers to block access to online games from 10pm to 8am daily (Smith). Despite these new regulations, young teens continue to interact with these internet games in ways that disturb their parents and other community members. The reality is that the behavior of some gamers strongly indicates a deeper psychological problem that requires more aid than just restrictions.

METHODOLOGY

I was accepted as an intern at the Research and Training Centre for Community Development (RTCCD) for a period of three weeks. My objective during this time period was to aid the organization while gaining an understanding of how they operate within Vietnam's health system and what they are doing to promote change. As an intern I undertook work on the organization's project on video game addiction. Additionally, I preformed various tasks for the organization's overall mission. On my first day I was presented a PowerPoint presentation detailing the overall organization and its goals. During my day to day work life I conversed and interacted with the organization's staff deepening my understanding. In addition to my work, I gained observational knowledge that supplemented my secondary research. Finally, I was able to conduct three interviews in total with different staff members. All were conducted in English and scheduled during the typical work day, at a time most convenient for the staff member. The interviews were semi-structured with standard questions (Appendix A) in addition to specific questions based on the interviewee's role in the organization. For the purposes of this paper I will only use two of the three interviews conducted – my first interview with Nguyen Thi Anh Nguyet a mental health officer for RTCCD and my final interview with Tran Thi Thu Ha, RTCCD's Deputy Director for Organizational Execution, Fundraising, and Consultancy.

WORK UNDERTAKEN

For my independent study project I worked as an intern for the Research and Training Centre for Community Development from November 19th until December 9th. I worked seven hour work days and logged over eighty total hours with RTCCD. During my time I was primarily tasked with working on a project for the mental health division of RTCCD, on video game addiction. My job was to develop a flyer to introduce the disease and basic treatment to the public. RTCCD was interested in what Western countries were doing to diagnose and treat this disease and I was tasked with conducting research and communicating my recommendations with Dr. Xuan, the head psychologist.

Resulting from my research and RTCCD's situation I decided it would be best to develop two flyers, one for parents and one for the children who may be addicted (Appendix B & Appendix C). RTCCD was undertaking this project because concerned community members had been reaching out asking for answers to help children of the community overcome suspected video game addiction. I only designed the flyer content and passed along my work to the graphic designer who creates these pamphlets for community distribution; my work would also have to be translated to Vietnamese.

Finally I was also there to participate in office social activities including group lunch where I helped the staff practice English language skills. To continue helping the community I was asked to teach a weekly language class to children in the community who were around nine years old. I planned lessons, created worksheets, and organized activities and songs for my hour and a half classes. Although this task may seem

unrelated to mental health in Vietnam, there is a link based in RTCCD's mode of

operations and how they seek to define mental health in Vietnam.

RTCCD's Operation

Throughout my internship at RTCCD, I went from a basic comprehension of how the organization functions to an in depth understanding of its mode of operation, thanks to my interviews and conversations with staff members. RTCCD was founded in 1996. At this time non-profit organizations were not yet recognized by Vietnam's government; therefore, RTCCD was founded as an independent research institution for community development. RTCCD's initial mission was to alleviate poverty by increasing the capacity and quality of human resources at the district and commune levels. In order to accomplish this, RTCCD focused on community interventions that would promote health care directly to the people in rural areas. In 2004, the organization went through massive restructuring in order to have a broader impact. To reach more people, RTCCD decided to focus on a top-down approach on influencing health policy within the Vietnamese government, training staff of non-profit organizations on how to deal with an obstacle, and creating pilot models to outsource. Through this restructuring, RTCCD has been able to conduct projects, research, and training in over forty of Vietnam's sixty-three provinces.

The current mode of operation works within Vietnam's health system promoting community based and preventative health care. RTCCD aims to provide access and high-quality community based health care especially for neglected issues. Its focus areas are mental health, health system research, mother and child care, and social work; particularly, mental health is its main focus. They have close partnerships with the Vietnamese National Assembly, Ministry of Health, Ministry of Labour and Invalid Affairs, Ministry of Education and Training, and other health-related government

agencies. RTCCD writes policy briefs for the policy makers on issues such as public health staff training, nursing education, health public expenditure, anti-corruption in the health sector, and health quality. They also receive funding for projects for international organizations such as WHO, UNICEF, the World Bank, and the Red Cross.

     As mental health is RTCCD's main focus, they have also opened two outpatient community based clinics. These clinic serve to aid the community as well to being pilot model for treatment that RTCCD can outsource. The TuNa Clinic focuses on mental health in general and the Green Pine Clinic focuses on pediatric care and development, with a significant mental wellbeing aspect. This stems from RTCCD's belief that children should be cared for physically, but also mentally and emotionally in order to promote pro-activeness, creativity, and healthy social relationships for the future generation of Vietnam. Their goals are for mental health law and primary mental health care to be integrated into the Vietnamese health system.

OBSERVATIONS & IMPRESSIONS

I.   RTCCD' s Innovation

RTCCD has done a remarkable job creating change to promote mental health awareness within the health care system of Vietnam. During my time as an intern, I witnessed the hard working staff members efforts and would like to highlight a few of the ways in which RTCCD is diverting from the norm to create change.

RTCCD is working to change the way the word mental health is viewed in Vietnam. One of their first research projects conducted was on how people interpret the word mental health. The results found that most people interpret the word mental health with a negative, mental illness. RTCCD is working to change this so when people think about mental health they also think about the positive, mental well-being. During my internship at RTCCD I was initially confused about various projects and tasks and how they related to mental well-being. However, through conversations with staff members I have changed my definition of mental health and strongly support their efforts to treat mental illness as well as simply promoting well-being in the community.

Teaching other organizations RTCCD's pilot models is an innovative and effective idea. With only 22 full time staff, RTCCD would have a hard time trying to reach the scale of impact they would like to have. However, if they create a model and then share it, even more people will be able to receive information and training. A key example of RTCCD's scaling out cooperative model is an ongoing project called "The Learning Club." In this project, RTCCD designed a way to teach new mothers in rural areas basic child care skills such as bathing and feeding. They created a lesson program that starts with video learning, then continues with hands-on practice with dolls, and finally concludes with the mothers using these new skills with their children. RTCCD

perfected this plan and is now sharing it with the Vietnamese Women's Union. RTCCD will train the Women's Union staff on how to teach this course and then the Women's Union, already with a national staff in place, can reach a broader audience.

Due to the small nature of RTCCD's staff, they are also working in the office to promote good mental health. Lunch is provided free by the organization for the staff, in order to promote good health, nutrition, internal communication, and sharing. This office model creates a community between staff member who support each other, collaborate, and have that stable strong base when work becomes stressful. Their office model is an example of their efforts to promote mental well-being of all persons, not just those who are mentally ill.

Finally RTCCD is working hard to terminate corruption in the health sector, starting with itself. Right from the beginning of my internship, RTCCD was very clear with me about their finances. I knew where the money was coming from and what they were using it for. Additionally, RTCCD has implemented a financial policy of banning cash use, no matter how small the amount. This type of practice in Vietnam is almost unheard of. Instead, RTCCD uses wire transfers to create financial transparency and traceable finances. This practice attracts foreign investors and creates and environment where corruption is impossible. Additionally when working in a Province, RTCCD refuses to accept money from officials for their work. Moreover, if there is supplementary funding after a project has been completed, the money is returned to the province. This situation creates long term relationships between RTCCD and their beneficiaries who frequently reach out, asking for advice related to planning and development.

II.   IGD Project

I was able to find sufficient information to provide RTCCD with the script for two flyers on IGD, (Appendix B & Appendix C) however there were many limitations to my work. First and foremost, although I was told I would be working on a team, I spent most of my days at the office working alone. The Internet Game Disorder Project was brand new and actually, most of the staff were not expecting me to be in the office. Due to the fact that I was only put in contact with this organization one month before I would start working there, and my work plan was not finalized until a week before my start date, my internship fell completely outside of RTCCD's protocol for foreign visitors. RTCCD has many relationships with foreign universities and normally receives graduate students working on independent study project. These students normally come with an extensive knowledge of the subject they will be working on and RTCCD plans for their arrival six months prior. Due to this situation, I was placed on a new project while most other staff members were busy working on projects already underway. Additionally, I had to communicate that I was not a graduate student and therefore not an expert in psychology, let alone IGD.

These limitations definitely made my work challenging, but I was able to provide RTCCD with information from various sides of the picture when it comes to Internet Game Disorder. I also communicated my results with Dr. Xuan and Nguyet, the two other psychologist on my team. My main advice for this project in the future would be not to focus on the Western perspective. The Western psychological academic view point is currently that video game disorder may not even exist. Additionally, my research pointed to the key link between Asian cultures and this disease. As a result, in such a

family based society, treatment should focus on family counseling whereas in the United States it may focus on a wilderness camp that promotes social interaction between peers. Additionally, I would like to push against the dominance of pharmaceuticals when it comes to treatment. Dr. Xuan previously mentioned to me, that she has experience treating video game addicts in the hospital, rather than community based, system. The main treatments used were depressant and neuroleptic medications. Treating patients solely with medication will not make the disease better; it may alleviate symptoms, but does not deal with the root or cause of the issue. Counseling and therapy are key to curing Vietnam of it's video game addiction problems.

III.   Weekly English Class

One of the key office activities that caused me initial confusion and frustration during my time at RTCCD was the weekly English class I was assigned to teach. This was not a program already in place before my arrival at RTCCD and I was provided no guidelines for teaching a class to about twenty children, all with varying levels of English. However, I slowly realized how this class was a perfect example of RTCCD's work to promote mental well-being.

The English class was a free class for client of RTCCD's Green Pine Clinic, a pediatric care clinic. The class was also advertised online and was a place for children from the community to go on weekends, for free activities, entertainment and learning. Based within the preventative and community based health care system of Vietnam this class was a perfect alternative to detrimental development behaviors, such as playing video games. The class was not simply sitting and listening to a native English speaker but rather full of songs, dancing, games, and team activities. The children in the class

were active and encourage to interact socially with each other. This class actually ties in perfectly with RTCCD's belief that mental and emotional development of children is just as important as the physical in promoting a child's activity, creativity, and ability to establish healthy social relationships.

CONCLUSIONS

Overall, I was extremely fortunate to have the opportunity to work with RTCCD. They are an inspiring organization and have already accomplished significant success in transforming the mental health care system in Vietnam. In the future I hope they continue to expand their work opening clinics across the country and creating effective models to promote change. Changing the way mental health is viewed in Vietnam is no small task, especially when compared to how mental illness was treated in traditional Vietnamese medicine. Furthermore, their work not only on mental illness but rather redefining mental health is truly progressive. In a way though, this idea is truly Vietnamese and can relate to Vietnam's main inspiration – President Ho Chi Minh. When asked to define good health Ho Chi Minh responded, "When the blood is circulating and one is mentally at ease, that is good health."

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APPENDICES

Appendix A. General Questions for Interviews with RTCCD Professionals

1. What is your background with psychiatric research or care?
   a. Have you ever encountered judgment for choosing to work is psychiatry?
2. What is your role at RTCCD?
3. How would you explain the stigma against mental illness in Vietnam?
4. What do you think this center is doing well to combat the stigma?
5. How has the government and Ministry of Health been involved with mental illness awareness and prevention measures?
6. What academic resources do you use in diagnosing and treating patients?
7. How does mental illness in Vietnam (treatment, prevalence of disease, symptoms) reflect Vietnamese culture?
   a. What is the symptom repertoire in Vietnam?
   b. What to people attribute to the symptoms mental illness to?
8. How does this center create treatment plans and community models?
   a. What sources do you consult?
9. What move is their to document mental illness and study it in Vietnam outside this center?

Appendix B. Work Completed - Pamphlet Written for Parents of Potential Video Game Addicts

 Understanding Video Games:

You may not understand why your child is so interested in playing video games. However, these types of games are designed to be appealing on many levels. Take some time to understand why your child is so interested in spending time on these games.

1) First of all, there is power. Most children and teens do not feel they have much control over their world. In a video game, the child is in control, whether they're driving a race car, mastering a musical instrument, winning an athletic championship, or leading a battle.

2)Then, there is excitement. A good game will get your pulse racing and your adrenaline pumping, even if you're just sitting holding a controller.

3) Another lure is that most games have skill levels. They start simple so anyone can play, but increase in difficulty as the player improves his game. This sucks the player into the game and gives him a sense of accomplishment, making it hard to stop playing.

4) If your child plays a massive multiplayer online role-playing games, or MMORPGs, like World of Warcraft and Everquest, then there is a social component to think about. It's not just about beating an opponent and moving on to the next one. Players have to perform certain tasks in order to get better gear or even gold, and work together in groups to accomplish this. They can form friendships and a whole new life in this virtual world that, for children having trouble socializing, can serve as a replacement of real-life friendships.

Evidently there is an appeal to video games but video game addiction can ruin lives. Children who play four to five hours per day have little time for socializing, doing homework, or playing sports. It is important to note that not all those who play are addicted. For some it is just a simple hobby.

How to help your child:

Video game and computer addicts can't just avoid computers. They need to use them for homework and communication with friends. Parents need to set strict limits and monitor usage. That means the computer or game systems need to be out in the living room or wherever there are other family members present. Children should not be allowed to go to video game cafes.

Most importantly, though, parents should help their kids find alternatives to video games. Try to get them to participate in sports, an after-school club, enroll them in art, dance or music lessons, or just to play outside with the neighbors. You can always offer to give them some extra chores to keep them busy. Especially for children playing MMORPGs social interaction may be difficult. Ease them in by enjoying family activities such as taking the entire family outside for a walk, game or picnic
The first step in deciding which video game alternative would be most appealing to your teen is to understand the underlying need. Does your teen play video games to: have fun, relax, meet new people, avoid spending time with the family, or escape difficult emotions, memories or experiences?

Often, you can lure your teen away from video games by helping them find a passion, connect with people in a deeper way and stay actively involved in life.

You may need help to establish healthier interests and rebuild strong interpersonal relationships. Keep in mind that you must LISTEN TO YOUR CHILD. For communication to be effective, it has to be a two-way exchange of information. And for you to be in the best position to monitor what your children are doing, enjoying, worrying about or otherwise contemplating, you need to establish an environment in which they feel comfortable opening up to you. When it comes to curtailing excessive online activity or steering your children in a healthier direction in their web-surfing, communication isn't

about having a formal talk -- it's about starting a discussion before there's a problem, and continuing to listen, listen, listen.

Appendix C: Pamphlet Written for Potential VNideo Game Addicts

You may be wondering if it is possible to be addicted to video game, and the answer is yes. Video game addiction is a serious problem that can have serious physical, emotional, and social consequences. But don't worry, just because you enjoy playing video games does not mean you are addicted. Here are some signs you may need help.

1) You feel really happy when you're online or when you're playing games, but as soon as you have to stop, you get angry or upset.
2) You think about going online or playing when you are supposed to be focusing on other things, like doing school work or having dinner with your family.
3) You spend more time with your keyboard or controller than physically hanging out with your friends.
4) Your friends or parents ask what you spend all your time doing, and you lie about it or laugh it off, but inside you know they may have a point.
5) You feel the need to play for increasing amounts of time, play more exciting games, or use more powerful equipment to get the same amount of excitement you used to get.
6) You lose interest in or reduce participation in other recreational activities (hobbies, meetings with friends) due to gaming.
7) You continue to play games even though you are aware of negative consequences, such as not getting enough sleep, being late to school/work, spending too much money, having arguments with others, or neglecting important duties.

If you think there might be a problem, there probably is. And you certainly wouldn't be the first. Some experts say as many as 10 percent of all people who use the Internet or play video games are addicted to them.

If you think you may need help you should start to try talking to someone about it… a friend, a parent, teacher, or counselor who can help you. Tell them you're worried about being obsessed and you need their help. Your parents probably already know there's a problem, but they don't know what to do about it. So tell them what's really going on. Don't feel embarrassed or ashamed. It takes a lot of courage to admit (even to yourself) that you might need some help.

You can try to limit how much you play…
1) Make gaming a weekend activity, or limit your "screen time" to an hour a night.
2) Stay active in hobbies you've always enjoyed, or try a new sport, volunteer activity, or extracurricular pursuit.

3) Make real-life relationships a priority. Even though the virtual fantasy world can be enticing, schedule time with friends, family, and loved ones regularly.

It's a tough habit to kick. It's not like you can just stop using the computer altogether. You need it for school and to stay in touch with your friends. If you're a gamer, most of your friends may also be gamers, meaning that you would not have anyone to hang out with if you stopped playing completely.

Chances are, the games aren't the real issue. You may be using the computer or the controller to avoid doing things you don't want to do or thinking about things that are bothering you. Sometimes that's okay - grownups do it, too. But when it's keeping you from sleeping, or causing you to be angry with the people who love you, there's a better way.