



THE CRISIS OF YOUTH DEPRESSION: WHEN FAMILY PRESSURE HARMS MENTAL HEALTH

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Received 25 May 2026; Revised 2 June 2026; Accepted 28 June 2026

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ABSTRACT

Adolescent depression has escalated into a severe and increasingly urgent public health crisis, particularly in rapidly urbanizing environments such as Ho Chi Minh City, Vietnam. While multiple biopsychosocial factors contribute to this phenomenon, intense family pressure and culturally rooted academic expectations remain among the most significant and consistent drivers of psychological distress among young people. This article examines how deeply embedded Confucian and collectivist family dynamics, which tightly link a youth's self-worth and family honor to academic performance, create chronic environments of Performance-based correlation and psychological strain. When adolescents internalize the belief that their value as persons depends entirely upon educational achievement, the experience of failure becomes not merely disappointing but existentially devastating, triggering identity collapse, profound hopelessness, and severe depression.

The crisis is further compounded by critical intergenerational communication gaps. Depressed youths rarely present with overt sadness; instead, they exhibit emotional numbness, chronic fatigue, social withdrawal, and somatic complaints that parents frequently misinterpret as laziness, disobedience, or poor attitude. This misinterpretation typically provokes disciplinary responses rather than empathetic support, transforming the family from a protective sanctuary into an active source of secondary stress that deepens adolescent isolation, shame, and self-blame.

By examining the current epidemiological landscape, cultural risk factors, and familial dynamics, this article highlights the urgent need for a paradigm shift in family relationships and mental health literacy. Drawing upon contemporary psychological literature and culturally resonant approaches including the Buddhist psychology model of problem-solving this article proposes that families must consciously move away from performance-based validation toward compassionate, mindful communication. Enhancing parental mental health literacy, integrating Buddhist-informed communication practices, and rebuilding the family as a secure psychological refuge are identified as essential strategies for fostering sustainable resilience and well-being among vulnerable Vietnamese adolescents.

Keywords: youth depression; family pressure; academic stress; Vietnamese adolescents; mental health literacy

INTRODUCTION

Adolescent depression has emerged as one of the most pressing public health challenges of the contemporary era, affecting millions of young people across diverse cultural and economic contexts worldwide. In developing urban centers such as Ho Chi Minh City (HCMC), Vietnam, the burden is particularly acute. Adolescence constitutes a highly sensitive developmental period characterized by extensive biological, cognitive, and psychosocial transitions that render young people especially susceptible to emotional distress (Steinberg, 2016). Within this already vulnerable developmental window, the compounding forces of rapid urbanization, shifting societal norms, digital exposure, and intensifying academic competition have created a psychosocial environment in which depressive symptoms flourish with alarming frequency. Recent school-based epidemiological studies indicate that up to 57.6% report to exhibit depressive symptoms in HCMC exhibit clinically significant depressive symptoms, while large proportions of the adolescent population additionally suffer from undiagnosed anxiety and chronic stress that remain unaddressed due to stigma, limited services, and low mental health literacy (Cao, Le, Tran, Nguyen, & Tran-Chi, 2024; Le & Hoang, 2024). These figures represent not merely a clinical concern but a systemic crisis demanding urgent, coordinated, and culturally informed response.

Within the Vietnamese cultural context, family dynamics and educational expectations occupy a central and defining role in shaping adolescent mental health trajectories. Deeply rooted in Confucian philosophical traditions that have shaped Vietnamese society for centuries, academic achievement is frequently regarded not simply as a pathway to individual success but as the primary measure of filial piety, moral worth, and family honor (Kelley, 2017). Parents in this cultural framework tend to maintain high levels of involvement in their children's educational lives, viewing academic performance as a direct reflection of the family's integrity, reputation, and social standing. The consequence for adolescents is an experience of immense and continuous performance pressure that functions as a psychological double-edged sword motivating achievement on the one hand while generating chronic stress, fear of failure, and conditional self-worth on the other. When young people internalize the belief that their value as human beings is contingent upon fulfilling these heavy familial expectations, the psychological stakes of every academic setback become existentially threatening rather than merely disappointing (Ho, Nguyen, & Ngoc, 2022; Vu & Doan, 2019).

The mental health crisis among Vietnamese youths is further exacerbated by profound intergenerational communication gaps that prevent families from recognizing and responding appropriately to signs of depression. Unlike the popular cultural image of depression as overt sadness and tearfulness, adolescent depression in the Vietnamese context frequently presents through somatic and behavioral channels that are easily misread. Emotional numbness, chronic fatigue, social withdrawal, sleep disturbance, declining academic motivation, and unexplained physical complaints such as headaches and gastrointestinal discomfort are among the most common presentations yet these symptoms are regularly interpreted by parents as evidence of laziness, disrespect, or motivational failure rather than as indicators of psychological suffering requiring compassionate intervention (Tran, Vo, & Nguyen, 2021). This systematic misinterpretation represents a critical rupture in the family's protective function, as the disciplinary responses it typically provokes scolding, withdrawal of privileges, increased pressure function as powerful secondary stressors that deepen the adolescent's isolation, shame, and hopelessness (Le, 2026).

Addressing this crisis requires moving beyond individually focused clinical responses toward a more comprehensive understanding of how family pressure, cultural expectations, communication failures, and structural barriers interact to produce and sustain depression among Vietnamese youths. Culturally sensitive frameworks that resonate with existing values and beliefs rather than imposing externally derived models are most likely to be accepted, sustained, and effective within this context. The Buddhist psychology model of problem-solving, which integrates contemplative principles of compassion, wise attention, and mindful communication with contemporary cognitive-behavioral mechanisms, represents one such framework (Le, 2026). The present article therefore examines the mechanisms through which family pressure harms adolescent mental health, explores the role of intergenerational communication failures in sustaining depressive cycles, and proposes evidence-informed pathways for transforming the family from a source of pressure into a genuine and sustaining psychological refuge for vulnerable young people.

MAIN ISSUES

Issue 1: The Weight of Cultural Expectations and Academic Pressure

1.1 Academic Success as the Measure of Family Honor and Filial Piety

In the Vietnamese sociocultural context, the relationship between academic achievement and family honor operates through a deeply internalized system of values that has its roots in centuries of Confucian philosophical influence. Within this framework, education is not merely a personal developmental pathway but a collective family enterprise whose outcomes reflect directly upon the moral character, social standing, and public reputation of the entire family unit (Kelley, 2017). Parents who hold high educational expectations for their children do not typically experience these expectations as externally imposed demands; rather, they regard them as expressions of genuine care, responsible parenting, and the fulfillment of their own obligations to provide the best possible future for their children. This cultural framing makes the expectations feel to parents simultaneously loving and non-negotiable, generating a familial atmosphere in which academic pressure is experienced as inseparable from parental love itself.

The psychological consequences of this cultural configuration for adolescents are considerable and well-documented in the empirical literature. Research conducted across Vietnamese school contexts consistently identifies academic stress as the strongest predictor of depressive symptomatology among adolescents, operating through pathways of chronic anxiety, fear of failure, sleep deprivation, and the systematic erosion of intrinsic motivation (Ho, Nguyen, & Ngoc, 2022). A major epidemiological survey using the DASS-21 instrument found that 39.8 percent of high school students in HCMC screened positive for depressive symptoms, with academic pressure identified as the most frequently cited contributing factor across all demographic subgroups (Tran, Vo, & Nguyen, 2021). Furthermore, the Organisation for Economic Co-operation and Development's PISA data consistently show that Vietnamese students report significantly elevated levels of performance-related anxiety compared with their regional counterparts, with this anxiety correlating strongly with symptoms of sleep disturbance, depressive affect, and diminished life satisfaction (OECD, 2018). The cumulative evidence therefore clearly suggests that culturally embedded academic pressure constitutes a significant and measurable risk factor for adolescent depression in the Vietnamese context.

one that cannot be addressed without simultaneously engaging with the cultural values that sustain it.

1.2 Conditional Self-Worth, Identity Collapse, and Existential Hopelessness

Perhaps the most psychologically damaging dimension of performance-based family pressure is its effect upon adolescents' fundamental sense of self-worth. When young people internalize the belief whether explicitly communicated or implicitly conveyed through family dynamics that their value as persons is contingent upon academic achievement, they become psychologically vulnerable in a distinctive and profound way. Every examination result, every teacher's comment, and every comparison with a more successful peer becomes a referendum not merely on academic competence but on personal worth, lovability, and belonging within the family (Beck, Rush, Shaw, & Emery, 1979). This phenomenon, described in the contemporary psychological literature as conditional self-worth or contingent self-esteem, has been consistently associated with heightened vulnerability to depression, anxiety, and identity disturbance across adolescent populations (Crocker & Park, 2004).

Within the Vietnamese context, the stakes of this conditional self-worth are amplified by the collectivist cultural framework in which individual failure is experienced not merely as personal disappointment but as a source of shame affecting the entire family unit. When academic failure is culturally constructed as evidence of moral inadequacy and filial failure, the psychological response to underperformance can be catastrophic rather than merely disappointing (Vu & Doan, 2019). Adolescents in this situation do not simply experience sadness; they undergo what qualitative research describes as severe identity disturbance a total dissolution of the sense of self that occurs when the external structures upon which identity has been built suddenly give way (Le, 2026). This collapse manifests in the clinical presentations of severe hopelessness, in which young people lose not only the motivation to strive but the capacity to imagine any future at all a state that the Beck Hopelessness Scale characterizes as one of the strongest predictors of suicidal ideation and depressive chronicity (Beck & Steer, 1988). Understanding this mechanism is essential for designing interventions that address not only depressive symptoms but the deeper identity and meaning-making structures that, when fragile, render young people acutely vulnerable to psychological collapse under pressure.

Issue 2: Communication Gaps and the Misinterpretation of Depressive symptoms within Families

2.1 The Hidden Language of Adolescent Depression: Somatic and Behavioral Manifestations

One of the most clinically significant and practically consequential features of adolescent depression in the Vietnamese context is its frequent presentation through channels other than the overt emotional distress that both families and healthcare providers may expect. The popular conception of depression as characterized primarily by visible sadness, tearfulness, and expressed hopelessness does not adequately capture the phenomenological reality of depressive experience for many Vietnamese adolescents, particularly those socialized within cultural contexts that discourage the open expression of negative emotions as a sign of weakness or familial disloyalty (Nguyen, Tran, & Le, 2022). Instead, depression among Vietnamese youths is frequently expressed through emotional numbness a pervasive flatness of affect that is experienced internally as emptiness and externally appears as disengagement alongside chronic physical fatigue that renders ordinary daily activities feel effortful beyond their actual demands, and social withdrawal that functions as a protective retreat from environments perceived as demanding and evaluative (Le & Hoang, 2024).

Somatic complaints constitute another primary channel through which depression manifests in this population, and their clinical significance is frequently underestimated. Persistent headaches, gastrointestinal discomfort, sleep disturbances including both insomnia and hypersomnia, and non-specific musculoskeletal pain are among the most commonly reported somatic symptoms accompanying adolescent depression in Asian contexts, and Vietnamese adolescents are no exception to this pattern (Gureje, Simon, Ustun, & Goldberg, 1997). The clinical importance of recognizing somatic presentations of depression lies in the fact that they constitute the primary channel through which many affected youths first communicate their distress not through words expressing sadness or hopelessness, but through bodily symptoms that signal the presence of suffering even when verbal expression is culturally unavailable or personally inaccessible. When these somatic signals are recognized as potential indicators of psychological distress, they open pathways for early intervention; when they are dismissed as physical complaints or attributed to academic laziness, they become invisible barriers to the help-seeking that could prevent more severe episodes.

2.2 From Misunderstanding to Secondary Stressor: The Disciplinary Response Cycle

The systematic misinterpretation of depressive symptoms by Vietnamese parents represents not merely a failure of understanding but a dynamic process that actively worsens the adolescent's psychological condition by converting the family which should function as the primary protective buffer against external stressors into an additional and particularly painful source of distress. When a parent observes a depressed adolescent sleeping excessively, refusing to engage in previously enjoyed activities, performing poorly in school despite apparent effort, and withdrawing from family interactions, the cultural and generational frameworks available to many Vietnamese parents do not readily generate the interpretation that their child is suffering from a psychological disorder requiring compassionate support (Pham, 2022). Instead, these behaviors are frequently interpreted through the lens of moral character evaluation: the adolescent is lazy, disrespectful, ungrateful for the sacrifices made on their behalf, or simply insufficiently motivated to apply the effort that academic success demands. This interpretive framework is not malicious it typically arises from genuine concern and reflects parents' own deeply held cultural values about diligence and responsibility but its consequences for the affected adolescent are deeply harmful.

The disciplinary responses that typically follow from this misinterpretation including scolding, the imposition of additional academic demands, the withdrawal of privileges, and expressions of parental disappointment function as powerful secondary stressors that interact with the adolescent's existing depressive condition in ways that dramatically compound its severity (Tran, Vo, & Nguyen, 2021). For an adolescent who is already experiencing profound shame about their perceived inadequacy, parental expressions of disappointment and criticism do not motivate behavioral change; instead, they confirm and intensify the core depressive cognitions of worthlessness, hopelessness, and unlovability that are driving the illness (Beck et al., 1979). The result is a self-reinforcing cycle in which depressive symptoms provoke parental criticism, parental criticism intensifies depressive cognitions, intensified depressive cognitions worsen behavioral symptoms, and worsened behavioral symptoms provoke further parental criticism a cycle that can escalate with alarming rapidity and is extremely difficult to interrupt without external intervention that addresses both the individual psychological dimension and the relational family dynamic simultaneously (Le, 2026).

Issue 3: Healing Pathways Transforming Family Dynamics through Mental Health Literacy and Culturally Resonant Compassion

3.1 Enhancing Family Mental Health Literacy as a Prerequisite for Change

The transformation of family dynamics from a source of pressure to a source of psychological refuge requires, as its most fundamental prerequisite, a substantial enhancement of parents' and guardians' understanding of adolescent mental health what it looks like, why it matters, and how it should be responded to. Mental health literacy, defined as knowledge and beliefs about mental disorders that aid their recognition, management, and prevention, represents a critical lever for change in the Vietnamese family context because the misinterpretation of depressive symptoms that drives the disciplinary response cycle described above is fundamentally a problem of inadequate information combined with culturally specific interpretive frameworks that actively misdirect parental understanding (Jorm, 2012). Parents who learn to recognize emotional numbness, chronic fatigue, somatic complaints, and social withdrawal as potential indicators of psychological suffering rather than moral failure are positioned to respond with empathy rather than discipline, fundamentally altering the relational dynamic that currently worsens adolescent depression.

Evidence from mental health literacy interventions in comparable Asian contexts demonstrates that targeted psychoeducation delivered to parents through schools, community health centers, and primary care settings can produce significant improvements in recognition of mental health symptoms, reductions in stigmatizing attitudes, and increased willingness to seek professional help for affected family members (Wong, 2016). In the Vietnamese context, psychoeducational content must be carefully designed to resonate with existing cultural values rather than contradict them, framing compassionate parental response not as a departure from high expectations but as a more effective and loving way of supporting children's long-term success and well-being. This reframing is essential because parents who experience psychoeducation as an implicit criticism of their parenting approach are unlikely to engage with its content; those who experience it as empowering them to be more effective in fulfilling their existing values of caring for their children are far more likely to integrate its messages into their daily practice (Bernal & Domenech Rodriguez, 2012).

3.2 Buddhist-Informed Communication Practices as a Culturally Resonant Healing Framework

Beyond the enhancement of basic mental health literacy, the transformation of family dynamics toward genuine psychological refuge for depressed adolescents requires the cultivation of new communicative capacities and relational orientations that go beyond the mere transmission of factual information. In this regard, the Buddhist psychology model of problem-solving offers a particularly valuable and culturally resonant set of principles and practices that can be integrated into family intervention without requiring families to abandon their existing values or adopt a clinical identity that may feel foreign and stigmatizing (Le, 2026). The Buddhist principle of Right Speech one of the eight factors of the Noble Eightfold Path provides a practical framework for compassionate communication that emphasizes truthfulness, kindness, timeliness, and the absence of harmful intent, qualities that translate directly into the kinds of parental communication that research has consistently associated with positive adolescent mental health outcomes including reduced depressive symptomatology, stronger family cohesion, and greater adolescent willingness to disclose distress (Harvey, 2013).

Loving-kindness meditation (*mettā bhāvanā*) and compassion practices drawn from the Buddhist contemplative tradition offer parents additional tools for cultivating the emotional orientations warmth, acceptance, equanimity in the face of their children's struggles that create the conditions for genuinely supportive family relationships. Research on compassion-based interventions in family and parenting contexts demonstrates that practices that cultivate parental self-compassion alongside compassion for children reduce parental stress, decrease harsh and critical parenting behaviors, and improve the quality of the parent-child relationship across diverse cultural contexts (Neff & Faso, 2015). In the Vietnamese cultural context specifically, where Buddhism already constitutes a recognized philosophical and ethical resource embedded in daily life and community practice, framing family healing through Buddhist contemplative principles carries the additional advantage of reducing stigma by positioning mental health support within a familiar and respected cultural framework rather than within a medicalized or pathologizing one. The non-judgmental awareness that Buddhist psychological training cultivates enables parents to observe their children's distress with compassion rather than alarm, to resist the interpretive frameworks that lead to misidentification of symptoms as moral failures, and to respond with the patience and

acceptance that depressed adolescents most urgently need from their family environment (Le, 2026; Segal, Williams, & Teasdale, 2013).

3.3 Rebuilding the Family as a Secure Psychological Refuge

The ultimate therapeutic goal that emerges from the analysis presented in this article is the transformation of the Vietnamese family from its current status for many depressed adolescents as a primary source of pressure, shame, and conditional acceptance, into its culturally intended role as a secure psychological refuge providing unconditional belonging, emotional safety, and compassionate support. Achieving this transformation requires not only changes in parental understanding and communication practices but a fundamental shift in the values framework through which family relationships are organized from a framework centered on performance validation to one centered on relational security and unconditional positive regard (Rogers, 1980). This shift does not require the abandonment of high aspirations for children's futures; research on authoritative parenting characterized by warmth, clear boundaries, and high but realistic expectations consistently demonstrates that the most educationally successful outcomes across diverse cultural contexts, including Asian ones, are achieved not through pressure and conditional love but through the combination of genuine emotional support and appropriate challenge (Steinberg, 2016).

Community-based programs that bring families together for shared learning, reflection, and mutual support can create the social conditions under which individual family change becomes more sustainable. When parents discover that their struggles with adolescent depression and communication are widely shared rather than evidence of personal failure, the shame that often prevents them from seeking help is reduced, and the motivation to engage with new approaches is strengthened. Buddhist community organizations, which already possess existing infrastructure, cultural legitimacy, and contemplative expertise in the Vietnamese context, represent potentially powerful partners in delivering such programs functioning as secular-spiritual bridges between clinical mental health knowledge and community cultural practice in ways that no purely clinical institution could achieve alone (Le, 2026). The integration of mental health literacy training with Buddhist-informed communication practices within community settings therefore represents a promising and practically achievable pathway toward the systemic transformation of family dynamics that the current crisis of youth depression urgently demands.

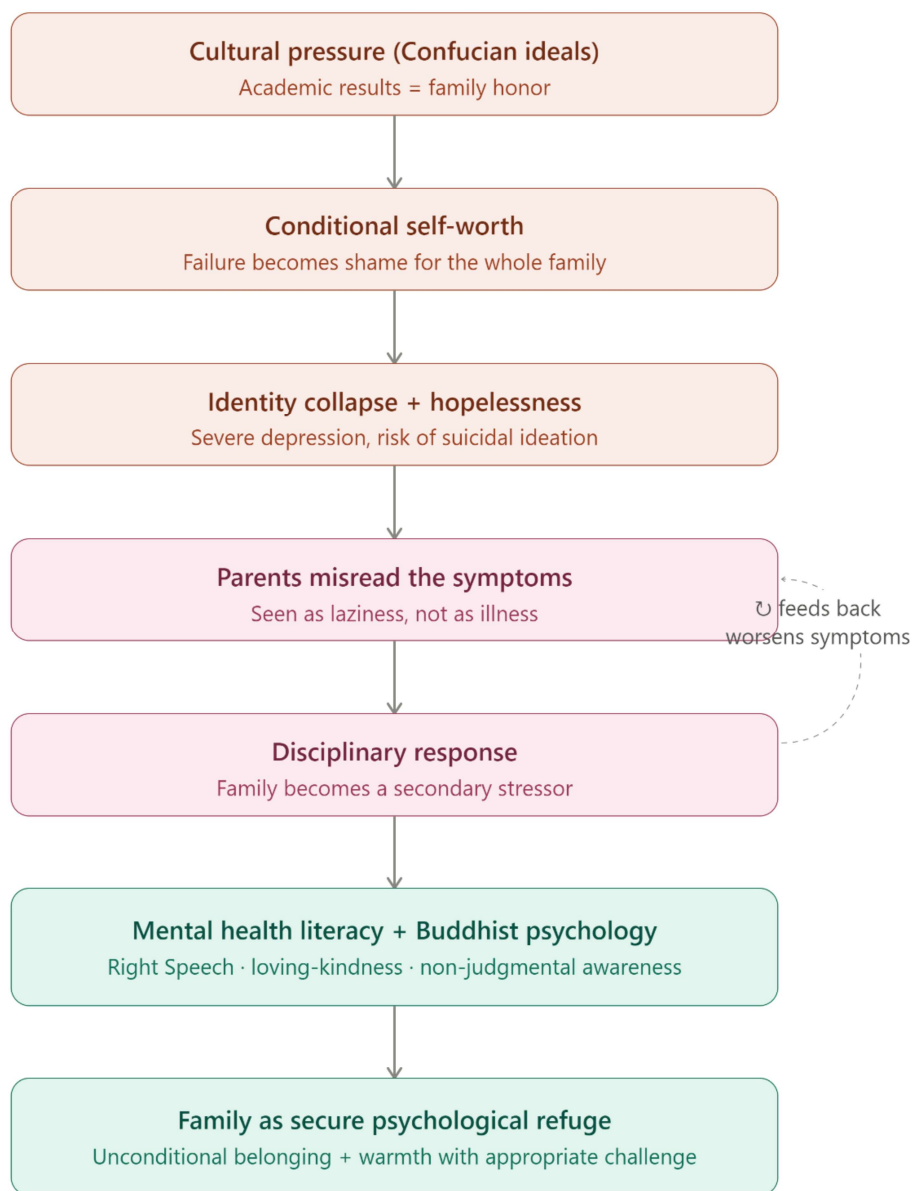
CONCLUSION

Youth depression in urban Vietnam represents a multidimensional and deeply culturally embedded crisis that may not be fully understood or addressed without direct engagement with the family dynamics and cultural values that both shape and sustain it. The evidence reviewed in this article demonstrates that intense family pressure rooted in Confucian ideals of academic achievement as family honor creates conditions of chronic psychological strain for Vietnamese adolescents, whose self-worth becomes precariously conditional upon educational performance. When academic failure occurs as it inevitably does for many the consequence is not merely disappointment but an existential identity collapse characterized by profound hopelessness and severe depression. This internal suffering is tragically compounded by intergenerational communication failures in which parents consistently misinterpret the somatic, behavioral, and emotional presentations of adolescent depression as evidence of laziness or moral failure, responding with discipline rather than empathy and thereby transforming the family into a secondary source of stress that deepens the adolescent's isolation and shame.

Addressing this crisis requires a deliberate and sustained paradigm shift at multiple levels simultaneously. At the individual family level, parents must be supported to develop the mental health literacy necessary to recognize depression in its authentic manifestations and to respond with compassionate understanding rather than evaluative judgment. At the relational and communicative level, families need practical tools and frameworks — including Buddhist-informed practices of loving speech, compassionate listening, and non-judgmental awareness — that enable them to rebuild genuine emotional safety within their relationships with young people. At the community and structural level, collaborative programs bringing together schools, health services, and Buddhist community organizations can create the social environments within which individual and family change becomes possible and sustainable. The family, when restored to its proper function as a secure psychological refuge grounded in unconditional belonging and compassionate support, constitutes the most powerful and culturally legitimate resource available for preventing and recovering from adolescent depression in the Vietnamese context. The transformation of family relationships is therefore not merely one component of an effective response to this crisis it is its indispensable foundation.

NEW KNOWLEDGE

Here's the explanation of the diagram above: The diagram traces the article's core causal argument from top to bottom in three color-coded stages



Risk factors (coral) → communication breakdown (pink) → healing pathway (teal)

Coral boxes the risk chain. Confucian cultural values tie a child's academic results directly to family honor. Adolescents internalize this as conditional self-worth — their value as a person depends on grades. When failure inevitably happens, it isn't just disappointment but a collapse of identity itself, producing severe hopelessness and depression.

Pink boxes the communication breakdown. Because depression in this context shows up as fatigue, numbness, or physical complaints rather than visible sadness, parents frequently misread it as laziness or disrespect. Their disciplinary response then becomes a second source of stress on top of the depression itself — and the dashed loop on the right shows how this actively feeds back and worsens the adolescent's condition rather than resolving it.

Teal boxes the proposed way out. The article argues that breaking this cycle requires two things working together: parental mental health literacy (so symptoms are recognized correctly) and Buddhist-informed communication practices like Right Speech and loving-kindness meditation, which fit naturally within Vietnamese cultural life rather than feeling foreign or clinical. The end goal is turning the family back into a secure refuge — unconditional acceptance paired with warm, appropriately high expectations rather than conditional approval.

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