

# PREVALENCE OF EMOTIONAL AND BEHAVIORAL DIFFICULTIES AND ASSOCIATED FACTORS AMONG ADOLESCENTS WITH DIVORCED OR SEPARATED PARENTS IN VIETNAM: A CROSS-SECTIONAL STUDY USING THE SDQ-25

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## ABSTRACT

### OBJECTIVES:

This study evaluates the prevalence of emotional and behavioral difficulties, using the SDQ-25 self-report version and identifies factors associated with these difficulties, among adolescents in urban Vietnam with divorced or separated parents.

### METHODS:

We conducted a cross-sectional study with 309 participants, collecting data through a self-administered questionnaire featuring the SDQ-25 self-report version for assessing emotional and behavioral difficulties.

### RESULTS:

Findings indicated that 17.5% of students experienced emotional and behavioral difficulties. Among them, 15.2% had both emotional symptoms and peer issues, while 14.9% faced conduct problems, 12.3% showed prosocial behavior, and 9.4% experienced hyperactivity/inattention. Multivariable logistic regression showed that the duration since parental divorce or separation (OR = 4.34; 95% CI: 1.37 - 13.75;  $p = 0.013$ ) and involvement in physical fights (OR = 2.58; 95% CI: 1.00 - 6.64;  $p = 0.049$ ) were significant predictors of mental health issues in these adolescents.

### CONCLUSIONS:

The study found a notable prevalence of emotional and behavioral difficulties among adolescents from divorced or separated families, who face a higher risk of these disorders. The length of time since parental divorce or separation and engagement in physical fights were identified as significant predictors of these issues.

### KEYWORDS

emotional; behavioral difficulties; adolescents; divorced; separated

## INTRODUCTION

Adolescence is a critical period characterized by significant emotional and behavioral development. Family structure, parental support, and interactions within the family play a crucial role in shaping these developmental outcomes [1]. Adolescents who experience adverse childhood events, such as parental separation or divorce, are at a higher risk of facing emotional and behavioral difficulties. These challenges can impact various aspects of their lives, including social, educational, and overall well-being, and may persist into adulthood [2]. Such difficulties can manifest as internalizing problems like anxiety and depression, or externalizing problems such as aggression, delinquency, and an increased vulnerability to substance use disorders or suicidal ideation in severe cases. Numerous studies have also highlighted the rise of mental health disorders, particularly emotional and behavioral issues, in children from divorced or separated families [3]. For instance, some research indicates a higher prevalence of Attention Deficit Hyperactivity Disorder (ADHD) diagnoses among children from divorced families; literature, such as Teke et al. (2015), suggests that parental divorce may act as a significant environmental stressor that can exacerbate or interact with predisposing factors to increase the risk or severity of ADHD symptoms [4]. A recent study conducted in Vietnam found that 4.6% of school students exhibited symptoms of ADHD [5]. However, there is limited data on the mental health of students from disadvantaged backgrounds in Vietnamese contexts.

The rate of marital separation or divorce among individuals aged 15 and older in Vietnam has risen from 2.06% in 2019 to 2.8% in 2024 [6]. This rise can be linked to several factors, such as lifestyle conflicts, infidelity, financial problems, domestic violence, and a transition from traditional to more modern and liberal societal norms [7].

Despite this growing concern, no studies in Vietnam have specifically measured the behavioral and emotional difficulties of adolescents with divorced or separated parents. This study aims to fill this gap by providing additional scientific evidence regarding the mental health issues faced by adolescents, particularly those with special needs circumstances. The Strengths and Difficulties Questionnaire is a leading tool for screening behavioral and emotional disorders, and it can be self-administered by teachers, parents, or students [8]. The Strengths and Difficulties Questionnaire (SDQ-25) was selected for this study due to its brevity, comprehensive assessment of emotional symptoms, conduct problems, hyperactivity/inattention, peer problems, and prosocial behavior, robust psychometric properties, established use in adolescent populations, and specific validation in Vietnam, rendering it a highly suitable instrument for our research objectives. Therefore, this study aimed to evaluate the prevalence of emotional and behavioral difficulties using the SDQ-25 self-report version and identify factors associated with adolescents who have divorced or separated parents in urban Vietnam.

## METHODS

### STUDY DESIGN

This is a cross-sectional study.

### SETTING

This study was conducted at two secondary schools and two high schools in an urban central region of Vietnam, characterized by traditional social norms.

Data was collected in October 2022.

### PARTICIPANTS

The target population consisted of students attending middle schools (grades 6-9) and high schools (grades 10-12, aged 17) who lived in families with divorced or separated parents. The selection criteria for students included attending schools within the research area, being available during data collection, agreeing to participate in the study, and obtaining consent from their legal guardians. Students were excluded if they had acute or severe health conditions (e.g., a

significant illness requiring absence from school or a known cognitive impairment) that, in the assessment of school staff or via student self-report, would prevent them from meaningfully participating in the survey and completing the questionnaire.

## VARIABLES AND MEASUREMENTS

Independent variables included demographics, socioeconomic information, and behavioral characteristics.

Demographic - Socioeconomic information (students and parents): Students (age, gender, household economic status, previous academic performance (below average, adequate/good, excellent); order of birth in the family; living arrangements), Parents (highest education level, occupation, and duration since divorce or separation).

Behavioral characteristics include smoking (measured over the past 30 days based on the number of days smoked), alcohol consumption (measured over the past 30 days and assessed based on the number of days consumed), physical activity (measured over the past 7 days based on the number of days engaged in at least 60 minutes of activity per day, encompassing days of walking or biking to school or home, days with physical education classes, and days participating in sports).

Bullying (measured over the past 30 days and assessed based on the number of days bullied), the experience of violence (measured within the past 12 months and assessed based on the number of instances of violence experienced), and fighting (measured within the past 12 months and assessed based on the number of times engaged in fighting).

Dependent variable: The Strengths and Difficulties Questionnaire is a 25-item (SDQ-25) measure designed to assess behaviors, emotions, and relationships over the last six months in children and young people aged 4–17 years. There are versions of assessment by parents, teachers, and students [9]. In this study, the self-report version of the SDQ-25, which is appropriate for adolescents typically aged 11-17 years, was used for evaluation. It assesses five aspects of *emotional symptoms* (often complains of headaches, stomach-ache or sickness; many worries, often seems worried; often unhappy, down-hearted, or tearful; nervous or clingy in new situations, easily loses confidence; many fears, easily scared), *conduct problems* (often has temper tantrums or hot tempers; generally obedient, usually does what adults request; often fights with other children or bullies them; often lies or cheats; steals from home, school, or elsewhere), *hyperactivity/inattention* (restless, overactive, cannot stay still for long; constantly fidgeting or squirming; easily distracted, concentration wanders; thinks things out before acting; sees tasks through to the end, good attention span), *peer problems* (rather solitary, tends to play alone; has at least one good friend; generally liked by other children; picked on or bullied by other children; gets on better with adults than with other children), and *prosocial behavior* (considerate of other people's feelings; shares readily with other children; helpful if someone is hurt, upset, or feeling ill; kind to younger children; often volunteers to help others). The SDQ-25 has been validated among youth in Vietnam [10] and is widely used in Vietnam [11]. In this study, the students' version was used for evaluation.

Each item is scored as follows: 0 = Not True, 1 = Somewhat True, and 2 = Certainly True. For questions 7, 11, 14, 21, and 25, the corresponding scores were reversed: 2 = 'Certainly True, 1 = 'Somewhat True, 0 = 'Not True.' The overall (five-subscale) SDQ score ranges from 0 to 50, with higher scores indicating abnormal behaviors (mental disorders). Regarding classification, the SDQ-25 was categorized according to each aspect: (1) Normal: No difficulty encountered; (2) borderline, doublet, uncertainty; and (3) Abnormal: Difficulty.

## SAMPLE SIZE

This study was part of a project on mental health among the youth [12]. In summary, all selected students from the four schools were invited to participate in this survey. A total of 309 students were included in the final analysis. The study participants and their guardians were informed about the purpose and content of the research.

## STATISTICAL METHODS

Data are presented as frequency tables and percentages for categorical variables, along with means and standard deviations for continuous data. Univariable analyses were conducted to explore the association between each independent variable and the presence of emotional/behavioral difficulties (dichotomized SDQ total score). Categorical variables were assessed using chi-square tests or Fisher's exact tests as appropriate. All variables with a significance level ( $p < 0.05$ ) in the univariable analysis were subsequently included in the multivariable logistic regression model. Multivariable logistic regression models were employed to identify factors associated with mental difficulties and their subscales.

## ETHICAL CONSIDERATIONS

The research was approved by the Ethics Council in Biomedical Research of the University of Medicine and Pharmacy, University of Hue (approval number: H2021/424).

## RESULTS

In this study, the average age of 309 participants was  $14.8 \pm 1.9$  years, with boys making up 56.6% of the sample. Over three-quarters of the participants demonstrated good or high academic performance. More than half were categorized as having poor, near-poverty, or average financial conditions. Parental education levels were relatively high, with more than 50% having received education beyond high school. Concerning birth order in the family, most participants were either the youngest or oldest children. Following parental divorce or separation, the majority of participants lived with their mothers. This is well-presented in our first paper, which was published elsewhere [12].

Table 1 illustrates the proportion of difficulties by gender and educational level. The overall percentage of students experiencing difficulties was 17.5%, with 15.4% being boys and 20.1% being girls. This rate was higher among secondary school students (18.4%) compared to high school students (16.3%). When examining this rate across various aspects of the SDQ-25 scale, emotional symptoms and peer problems had the highest rates (15.2%), followed by conduct problems (14.9%). In contrast, only 12.3% and 9.4% of the students exhibited prosocial behavior and hyperactivity/inattention respectively.

**TABLE 1 BEHAVIORAL, EMOTIONAL ISSUES BY GENDER AND EDUCATIONAL LEVEL**

	Total n=309	Sex		Educational level	
		Male n=175	Female n=134	Junior High School n=174	High School n=135
Total: mental disorder			0.305		0.723
Normal	161 (52.1)	92 (52.6)	69 (51.5)	88 (50.6)	73 (54.1)
Threshold	94 (30.4)	56 (32.0)	38 (28.4)	54 (31.0)	40 (29.6)
Abnormal	54 (17.5)	27 (15.4)	27 (20.1)	32 (18.4)	22 (16.3)
Means $\pm$ SD	15.4 (4.9)	15.0 (4.7)	15.8 (5.1)	15.2 (5.3)	15.6 (4.3)
Emotional symptoms			< 0.001		0.087
Normal	223 (72.2)	138 (78.9)	85 (63.4)	123 (70.7)	100 (74.1)
Threshold	39 (12.6)	21 (12.0)	18 (13.4)	27 (15.5)	12 (8.9)

Abnormal	47 (15.2)	16 (9.1)	31 (23.1)	24 (13.8)	23 (17.0)
Means±SD	4.3 (2.3)	3.8 (2.2)	4.9 (2.4)	4.1 (2.4)	4.4 (2.3)
Conduct problems		0.247		0.027	
Normal	215 (69.6)	117 (66.9)	98 (73.1)	129 (74.1)	86 (63.7)
Threshold	48 (15.5)	31 (17.7)	17 (12.7)	21 (12.1)	27 (20.0)
Abnormal	46 (14.9)	27 (15.4)	19 (14.2)	24 (13.8)	22 (16.3)
Means±SD	3.1 (1.5)	3.2 (1.3)	3.0 (1.6)	3.0 (1.4)	3.2 (1.5)
Hyperactivity		0.957		0.020	
Normal	233 (75.4)	131 (74.9)	102 (76.1)	130 (74.8)	103 (76.3)
Threshold	47 (15.2)	27 (15.4)	20 (14.9)	22 (12.6)	25 (18.5)
Abnormal	29 (9.4)	17 (9.7)	12 (9.0)	22 (12.6)	7 (5.2)
Means±SD	4.3 (1.8)	4.4 (1.9)	4.3 (1.6)	4.3 (1.9)	4.3 (1.5)
Peer problems		0.059		0.068	
Normal	154 (49.8)	82 (46.9)	72 (53.7)	90 (51.7)	64 (47.4)
Threshold	108 (35.0)	70 (40.0)	38 (28.4)	53 (30.5)	55 (40.7)
Abnormal	47 (15.2)	23 (13.1)	24 (17.9)	31 (17.8)	16 (11.9)
Means±SD	3.7 (1.6)	3.7 (1.6)	3.6 (1.6)	3.7 (1.8)	3.6 (1.4)
Prosocial behavior		0.020		0.585	
Normal	216 (69.9)	115 (65.7)	101 (75.4)	120 (69.0)	96 (71.1)
Threshold	55 (17.8)	33 (18.9)	22 (16.4)	30 (17.2)	25 (18.5)
Abnormal	38 (12.3)	27 (15.4)	11 (8.2)	24 (13.8)	14 (10.4)
Means±SD	6.5 (2.0)	6.2 (2.0)	6.9 (2.0)	6.5 (2.0)	6.5 (2.1)

Compared to gender, emotional symptoms and peer problems were more prevalent among girls, whereas prosocial behavior was more evident among boys. Observations by school stage indicated that the rates of emotional symptoms and conduct problems were high among high school students. In contrast, the rates for hyperactivity or inattention, peer problems, and prosocial behavior were found to be elevated among elementary school students (Table 1).

Table 2 lists the factors associated with these difficulties. The factors linked to difficulties included a time interval since parental divorce or separation exceeding 5 years, which was 4.34 times more likely to correlate with difficulties compared to a shorter interval (1-4 years), with a 95% confidence interval of 1.37–13.75. Students involved in fighting had a 2.58 times

higher likelihood of experiencing difficulties compared to those not engaged in physical fighting, with a 95% confidence interval of 1.00–6.64. No statistically significant associations were found with the other factors.

**TABLE 2 MULTIVARIABLE LOGISTIC REGRESSION MODELS IDENTIFYING PREDICTORS OF BEHAVIORAL, EMOTIONAL DIFFICULTIES**

Variables	Total	
	OR, 95%CI	p
Sex (ref=male) Female	0.99 (0.60-1.62)	0.954
Financial condition (ref= Relatively wealthy/rich) Poor/close to poverty/average	1.27 (0.77-2.11)	0.356
Educational level (ref=Junior High School) High School	1.08 (0.64-1.84)	0.773
Academic performance (ref=Good)		
Average	1.68 (0.88-3.18)	0.114
Excellent/Outstanding	1.65 (0.93-2.93)	0.089
Occupation of the mother (ref= Officer/Civil Servant/Public Servant)		
Homemaker	0.92 (0.50-1.68)	0.775
Trading	1.40 (0.73-2.68)	0.317
Occupation of the father (ref= Trading)		
Officer/Civil Servant/Public Servant	0.80 (0.37-1.76)	0.584
Homemaker	1.38 (0.72-2.63)	0.331
Birth order in the family (ref= Oldest child)		
Firstborn	0.95 (0.48-1.87)	0.887
Middle child	1.06 (0.47-2.39)	0.883
Youngest child	0.76 (0.38-1.51)	0.428
Divorce time (ref=5 years)		
1 to 4 years	1.49 (0.67-3.31)	0.331
>=5 years	<b>4.34 (1.37-13.75)</b>	<b>0.013</b>
Currently living with (ref=Mother) Father	1.27 (0.76-2.12)	0.366
Smoking (ref=Yes) No	2.14 (0.91-5.00)	0.081
Alcohol (ref=No) Yes	1.11 (0.64-1.93)	0.714
Getting into a fight (ref=No) Yes	<b>2.58 (1.00-6.64)</b>	<b>0.049</b>
Physical activities (ref=No) Yes	0.84 (0.49-1.45)	0.534

## DISCUSSION

This study assessed the prevalence of emotional and behavioral difficulties among adolescents with divorced or separated parents in Vietnam, utilizing the SDQ-25. We discovered that 17.5% of the students displayed abnormal mental health scores, with variations based on gender and educational level. Furthermore, students who had been separated from one parent for over five years and those engaged in physical fights were at a higher risk for behavioral and emotional challenges.

The prevalence of emotional and behavioral difficulties observed in our study (17.5%) aligns closely with the 17.6% reported by Bui (2019) in another Vietnamese city [13], suggesting that these challenges may be widespread across different urban settings. Additionally, our findings are notably higher than the 13.4% reported by UNICEF but lower than those reported in a study in the north-central region of Vietnam [14, 15]. These differences may be due to variations in the study populations. Our focus on children of divorced or separated parents likely highlights a more vulnerable group compared to the general adolescent population in these other studies. When compared to other countries, our study's prevalence aligns with findings from Denmark, where 17.9% and 18.2% of children experiencing parental separation with sole physical custody, whether with or without a new partner, reported high SDQ scores [16]. This indicates that the emotional and behavioral challenges observed in our study were similar to those faced by comparable populations in other countries.

In our study, girls reported higher levels of emotional symptoms and peer problems, while boys exhibited greater prosocial behaviors and hyperactivity/inattention issues. These findings align with previous research; for instance, a study conducted in the Netherlands indicated that boys scored higher than girls in hyperactivity, and a larger number of boys fell into the clinical range for prosocial behavior [17]. Such gender differences suggest that mental health interventions should be specifically tailored to address the unique emotional and behavioral challenges faced by boys and girls. Additionally, differences in SDQ assessment scores were noted across educational levels. Specifically, junior high school students exhibited higher total SDQ scores compared to high school students, particularly concerning emotional symptoms, hyperactivity, and prosocial problems. However, the UNICEF report indicated that students with higher educational levels faced more difficulties than those with lower educational levels [15]. These findings highlight the necessity of personalized mental health support tailored to educational stages.

This study identified several factors linked to emotional and behavioral problems in adolescents from divorced or separated families. We found that the time since parental divorce or separation, specifically five years or more, and adolescents who engaged in fighting were significantly related to mental health disorders. ( $p < 0.05$ ).

Furthermore, one of the key findings indicated that adolescents separated from one parent for more than five years were significantly more likely to experience emotional and behavioral issues, with an odds ratio (OR) of 4.34 and a 95% confidence interval (CI) of 1.37-12.75. This aligns with research conducted by Angelika H. Claussen, which found a similar association (OR = 4.84; 95% CI: 2.22-10.56) [18]. Before parental divorce, children may be exposed to chaotic situations within the family and inappropriate parental behaviors during the divorce process. After the divorce, children may be affected by maltreatment and lack of emotional attention from their parents for the long term. These events may cause chronic stress among these children and contribute to the high rate of depression [4]. Another study by Aniruddh Prakash Behere also provided insights into children from single-parent or divorced families who were more likely to exhibit ADHD compared to those from other family structures [19]. Additionally, long-term separation may result in inconsistent parenting, inadequate supervision, and diminished emotional support, all of which are crucial factors in the development of ADHD [20]. The depression among children whose parents are divorced may persist into adulthood and cause long-term effects on their mental health, with no publications in more recent decades for the mitigation of these issues [21].

When it comes to physical violence, our findings indicate that students who engage in fighting are 2.83 times more likely to experience peer problems, compared to others (OR=2.83; 95% CI: 1.05-7.65). Therefore, fighting can be viewed as a form of physical violence that leads to poor relationships with peers in school environments. Additionally, a study

conducted in the United States demonstrated that both being bullied and engaging in bullying behaviors among U.S. youth are linked to unhealthy relationships with classmates and heightened feelings of loneliness [22]. Furthermore, these destructive behaviors impact those involved and those who witness them. [23]. There is a link between aggressive behaviors and social psychological stress in adolescents, according to a ten-year period trend analysis. [24], and the consequences of bullying can reduce the degree of satisfaction in life and the support from friends/teachers in school [25].

These findings enhance existing literature on the negative influences impacting mental health in disadvantaged groups. Furthermore, the insights from this research will guide future initiatives aimed at improving the well-being of adolescents. This involves tackling the obstacles and difficulties encountered by children following parental separation or divorce, covering both custodial and non-custodial parents. The results highlight the necessity of fortifying family roles and incorporating school-based programs and services to alleviate these challenges and enhance mental health outcomes for this at-risk population.

## LIMITATIONS

Our study faced certain limitations. Firstly, it solely concentrated on students, omitting assessments from teachers and parents with the SDQ-25, which could have offered a broader perspective on mental and behavioral disorders. Furthermore, we did not take into account the impact of COVID-19, as it could have led to considerable variance and bias in the self-reported data. Despite these limitations, our findings are significant for intervention programs in Vietnamese middle and high schools, given that other countries share similar contexts.

## CONCLUSIONS

The study found a notable prevalence of emotional and behavioral difficulties among adolescents from divorced or separated families, who face a higher risk of these disorders, with 17.5% abnormal. Based on the multivariable logistic regression models, the length of time since parental divorce or separation greater than or equal to 5 years and engagement in physical fights were identified as significant predictors of these issues. In particular, regarding gender, a higher prevalence of emotional symptoms was found in females, whereas male students demonstrated a greater rate of prosocial behavior. Referring to educational level, high school students (grades 10-12) demonstrated more conduct issues, while secondary school students showed greater rates of hyperactivity. Further school programs addressed to the needs of students from broken families are essential to alleviate these challenges in this population.

## Declarations -

### Consent for publication:

Not applicable.

### Competing interest:

The authors declare they have no competing interests.

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