

THE IMPACT OF WARMTH AND A LITTLE CONTROL ON CHILDREN'S MENTAL HEALTH PROBLEMS

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Abstract: According to research, parental love and control have an impact on kids' mental health. The findings reinforce and add to earlier findings that parental control and affection are directly related to children's mental health issues in Vietnam. The study makes recommendations for parents on how to enhance their kids' mental health, foster more affection, and exert less control over them..

Keywords: Parents' Warmth, A little control, Parenting, Children's mental health

1. Introduction

15% of children and adolescents worldwide are affected by the most frequent causes of adolescent impairment, mental diseases, and disorders (Polanczyk et al., 2015). Because 50% of mental health issues begin by the time a person is 14 years old, and 75% by the time they are 24, children and adolescents' mental health has elevated to a global concern (Kessler et al., 2005). At the moment, around one-fourth of young people worldwide suffer from mental health issues (Paus et al., 2008; Polanczyk et al., 2015) at some point throughout their childhood (Kieling et al., 2011, Klipker et al., 2018). There is a chance for a number of negative effects, such as control issues, with established issues that are frequently stable throughout infancy (Picoito et al., 2021) and poor mental state (Baumgarten et al., 2018, Patel et al., 2007). The possibility that children may encounter mental health disorders is increased by a number of risk factors, according to extensive research; in particular, risk variables from the family domain (Bayer et al., 2019; 2011; Evans et al., 2013), are some of the most important indicators of poor outcomes for mental health (Göbel & Cohrdes, 2021, Wang et al., 2019). However, prior studies have highlighted the significance of early prevention that focuses on the childhood mental health risk factors that can be addressed through parental education (Wang et al., 2019). Specially, parents' involvement, supervision, and care for their children's free time are strongly linked to a lower risk of experiencing bullying and health issues in Vietnam adolescent psychiatry. More people are aware of how common mental health problems are in Vietnam (Nguyen et al., 2012; Weiss B et al., 2014). According to the Survey Assessment of Vietnamese Youth, more than 30% of teenagers reported having bad moods as a result of their lifestyle, and suicide behaviors were prevalent at 5.28% and 12.21% respectively (Le MTH et al., 2012). According to research by (Nguyen et al., 2013), many risk factors have been connected to these problems, and teenagers in various

Vietnamese regions have significant rates of poor mental health (anxiety, depression, and suicide ideation) (Le MTH et al., 2012). However, teenagers who experience physical violence, loneliness, and mental health issues including suicidal ideation are more likely to have high parental control (Nguyen et al. events, 2019).

2. Literature

2.1 The concept of children's mental health

The cornerstone of mental health initiatives is founded on the widely accepted belief that "no health without mental health," as defined by the World Health Organization, which also includes mental well-being (WHO, 2018). There are two basic categories of mental health problems: internalizing (primarily internally directed troubles, such as melancholy and worry) and externalizing (directed mostly externally, such as wrath and violence) (Goodman et al., 2010). It is a serious problem that affects both adults and children's life when it comes to adolescent mental health. According to (Cash et al., 2009), suicide is one of the main causes of death for teenagers. According to (Blum et al., 2012), in six ASEAN member states, estimates range between 11.7% and 2.4%, respectively, Asian teens had a high incidence of ever suicidal ideation and attempted suicide (Peltzer et al., 2017). The mental health of adolescents supports their healthy and efficient development. Emotional, psychological, and social components of our mental health are included. Our feelings, thoughts, and actions are affected by it. It also affects our ability to deal with stress, communicate with others, and make decisions. Adolescents with strong mental health are more capable of realizing their full potential, managing the obstacles of life, learning and functioning well, establishing and maintaining stable connections, and making important decisions they give back to their family and communities (Nguyen et al. 2019).

The family environment is important when discussing mental health issues. A child's growth, personality development, as well as their physical and mental health are all thought to be significantly influenced by their relationships with their parents (Levin KA et al., 2012; Dwairy et al., 2010). Families frequently experience multiple forms of violence concurrently, which makes the environment even more stressful and detrimental to children's healthy development (Claudia et al., 2018). The concept of "parent-adolescent bonding" consists of two elements: parental care and overprotection (Parker et al., 1979); the latter of which is distinguished by overbearing contact and interference with independent activities (Thomasgard M et al., 1993; Levy et al., 1970).

2.2 Mental health treatments for children

The necessity of parenting programs being included² in efforts to stop child abuse, child neglect, and mental health issues (Pettit et al., 2001, Raboteg-Saric & Sakic, 2013). The Incredible Years is one example of an evidence-based group parenting program that has been successful in reducing child abuse and neglect and promoting responsible parenting practices (Hurlburt et al., 2013). Parenting education is incorporated into evidence-based interventions for children who have experienced childhood trauma in the same way (Claudia et al., 2018). Additionally linked to increased parenting abilities, improved child conduct, and a decrease in mental health symptoms are therapy for parents-and-children interactions and trauma-focused cognitive behavioral therapy (Konanur et al., 2015; Timmer et al., 2005).

Generic parenting tactics, situational actions, or combinations of specific parenting behaviors (parenting styles; parenting dimensions) are all types of parenting (Baumrind, 1971; Calders et al., 2020). Research on parenting strategies and consequences for children's and teenagers' mental health has been a main topic over the past 20 years (Aunola & Nurmi, 2005, Bayer et al., 2019, Calders et al., 2020, Huver et al., 2010, Milevsky et al., 2006, Petito & Cummins, 2012).

2.3 Causes of children's mental health

Adolescents are more susceptible to mental problems due to a variety of circumstances. This multicausal model takes into account macrosocial, familial, community, and individual influences (WHO, 2005). Several authors have looked into the connection between adolescent and adult mental illnesses and familial violence against children and adolescents (Viner et al., 2012). A metaanalysis of 124 studies carried out in 2012 indicated some evidence of the relationship between child abuse and many problems with physical and emotional health that affect both adolescents and adults (Norman et al., 2012). Consequently, those who reported physical violence (OR: 1.5), emotional abuse (OR: 3.1), and/or neglect had a higher risk of developing depressive disorders (OR: 2.1). The same investigation demonstrated that a variety of forms of abuse increased the risk of anxiety disorders (3.2, 1.5, and 1.8, respectively) (Collishaw et al., 2007; Rikhye et al., 2008). Physical abuse also raised the likelihood of alcohol consumption, panic attacks, panic disorders, bulimia, and post traumatic stress disorders (Norman et al., 2012).

The prevalence of child abuse and neglect also raises awareness of these actions' normalization, which is frequently defended as a means of instructing and correcting young people's ostensibly unacceptable behavior (Abranches & Assis, 2011; Oliveira et al., 2007). Undoubtedly, these cultural norms and the lack of knowledge about the negative impacts of psychological abuse, physical abuse, and neglect help to keep abusive relationships in families alive for generations (Fatori et al., 2013; Nilsson et al., 2017). Vietnamese parenting customs, which emphasize the interdependence of the family, respect for authority figures, and deference to parents, are largely influenced by Buddhist principles. In this culture, intergenerational connection is increasingly important to people's daily lives (Mestechkina T et al., 2014).

The possibility that many Asians may experience depression danger elements, such as parental pressure and high expectations for their children's future and academic achievement, is higher (Abe-Kim et al., 2007; Kim & Zane, 2016). Asians and young people, for example, are perceived as academically intelligent and well-behaved, which might result in mentally sound issues such as low self-esteem, an increased affliction with depression, and a higher risk of self-harm (Brice et al., 2015). Additionally, compared to other racial or ethnic minority groups, Asians are less likely to seek mental health therapy since a significant portion of them think that perseverance and hard work may address their mental health issues (Park et al., 2013). Specialized psychological services may be substituted with alternative care or support because of the stigma attached to mental health issues in Asian cultures (Le Meyer et al., 2009). Therefore, greater levels of stress can be produced when various cultural settings work together (So Young Park et al., 2021).

2.4 Consequences of children's mental health

All forms of early abuse and neglect of young children dramatically raise the likelihood

of mental health issues in adolescents (Abranches & Assis., 2011; Avancirt et al., 2007). Parental parenting styles may have an impact on the health effects of less serious events (Claudia et al., 2018). However, The symbolic nature of penalties, which caused short-, medium-, and long-term harm, had a greater impact on younger children from families deficient in positive parental behaviors (Ferguson, 2013). One theory proposed that physical abuse of children can impair their capacity to react to emotional cues, increasing the anxiety and anger that people experience before stressful events (Claudia et al., 2018). Developmental psychology of a child or adolescent could be hampered by this constraint (Sá et al., 2010). A victim of psychological abuse may be prevented from growing in their sense of resilience, self-worth, and self-determination, all of which are necessary for growth of one's conduct, emotions, social interactions, brain, and body from childhood to adulthood (Abranches & Assis, 2011; Avanci et al., 2007). According to some scholars, experiencing neglect leads to an uneasy parent-child bond that has negative long-term social and emotional repercussions (Pasian et al., 2013). Parenting might negatively affect a teen's long-term mental health through early depression symptoms (O'Neill et al., 2019).

The load affects the development and growth of the adolescent, and academic performance in addition to the real pain, which reduces the child's prospects of having a successful and fulfilling life (WHO, 2013). A stressful environment that hinders children's capacity to fully develop is commonly created in families by various forms of violence occurring at once. Children are more prone to acquire mental problems if they are regularly exposed to a variety of unfavorable events, such as high levels of urban violence (Garbin et al., 2012; Halfon et al., 2017), the passing of a close relative, or examples of societal inequity (Sá et al., 2010; Soares et al., 2016). Even when unintended or carried out without their knowledge, family members' use of violence towards children and adolescents feeds the myth that abusing the weakest is acceptable conduct. As a result, people resort to using violence to resolve conflicts and preserve their influence over others (International Alliance Save the Children, 2005).

Fortunately, not all mistreated children will go on to experience harmful consequences, even though the overwhelming majority of data points to a connection between parental violence and mental health issues (Claudia et al., 2018). Positive child outcomes have been linked in prior research to the presence of a loving parent-child relationship between a parenting approach focused on considerate and successful parenting methods used by the mother, the father, or both parents (Chen et al., 2000; Lamb et al., 1987; Nilsson et al., 2017). Given the countless theoretical and empirical studies demonstrating that strong father-child relationships significantly affect the welfare and emotional and social growth of kids at various ages (Lamb et al., 1987; Sternberg et al., 2005; Tamis LeMonda et al., 2004). Concentrating on the mental health of kids, Mosley and Thompson (1995) found that kids with positive father-child bonds tended to behave more prosocially and were less likely to show depressive symptoms, undesirable conduct, or lying than kids without supportive relationships.

2.5 Parents' role in children's mental health

Parent-child relationships are crucial for quality of life and mental health in children, according to mental health professionals (WHO, 2012). The scientists showed that parental interactions were more effective predictors of adult life quality than childhood abuse alone (Rikhye et al., 2008). Teenagers' depressive symptoms have been linked to the parental control and parental warmth facets of the parenting methods described by Baumrind (authoritative,

authoritarian, permissive, and uninvolved) (Baumrind, 1991). Numerous studies have shown that loving and strict parenting styles are linked to psychological effects like depressed symptoms (Ling et al., 2020; McLeod et al., 2007; Operario et al., 2006; Plunkett et al., 2007).

2.5.1 The impact of parental warmth on children's mental health problems

Parental warmth is when parents show their children signs of approval, love, and care in both physical and emotional ways (MacDonald, 1992). *Egna Minnen Beträffande Uppfostran*, or "My Memories of Upbringing" in its original Swedish, is the acronym for the 23-item Brazilian EMBU. One of the countries where this version has proven to have strong psychometric properties is Brazil (Arrindell et al., 1999, 2001; Arrindell et al., 2005; Sampaio et al., 2014). There are six items in it that parents can utilize to demonstrate their care and love for their kids (Arrindell et al., 1999). According to Calders et al. (2020) and Yap & Jorm (2015), high parental warmth was linked to adolescent mental health development that was favorable.

Plunkett et al. (2007) found a connection between adolescent depression symptoms and both boys' and girls' perceptions of parental warmth via adolescent self-esteem. Recent studies have shown that parental participation is essential for mental health that is stable throughout one's life (Cheung et al., 2017; Sable, 2011; WHO, 2012). According to studies by the Centers for Disease Control and Prevention, children who lived in homes where kindness and abuse coexisted, affection, and care had a better standard of living than children who did not (Rikhye et al., 2008), which examined if the peculiarities of parenting and child-rearing methods may change how child abuse and adult standard of living are related. Teenagers with depression symptoms are more prone to feel unworthy and think their parents are colder than they are (Meadows et al., 2006).

Parental warmth was found to be inversely connected to depression symptoms in prior investigations on adolescent Asian Americans (Kim & Cain, 2008). (Claudia et al., 2018) provided evidence in favor of the hypothesis that interactions between many kinds of child maltreatment and a lack of emotional closeness between parents and children increase prevalent mental diseases and their risk. Violence has a significant negative impact that is greatly worsened when there are no recognized effective parenting techniques. These findings are consistent with those made by (Viner et al., 2012) and (Rikhye et al., 2008), who also noted that when abuse is coupled with affectionate displays, children's lives are better than if they do not. Ferguson (2013) noted that beneficial interactions between parents and children can lessen the negative effects of corporal punishment on a child's growth and mental health. According to various writers, the impacts of perceived parental love can be shown even when there is physical neglect, a lack of resources, parental drug or alcohol misuse, or a mental illness is present (Martins & Jorge, 2009; WHO, 2002). (Bowlby., 1952) noted that a child may feel comfortable in believing he or she is deserving of someone's care and loving even though they are sick, unclean, badly nourished, and housed. Future emotional stability may be bestowed just by the feeling of safety and care (Pasian et al., 2013).

In their study of American high school pupils, Plunkett et al. (2007) found that in terms of parental warmth or control, there are no obvious gender differences. Kim and Rohner (2002) discovered that men were slightly more likely than women to feel their parents' love and approval in their study of Korean American youths. The theory that many Asian American parents base

their parenting techniques on Asian cultural ideas like collectivism or Confucian patriarchy may help to explain gender variations in the degree to which parents are viewed favorably by their children (Kim et al., 2012; Lui & Rollock, 2013; Russell et al., 2010). Men are more likely to hold positions of power and control in patriarchal households (Kim & Wong, 2002). Oftentimes, Asian parents do this unintentionally and nonverbally (Choi et al., 2013). Asian girls may feel that their parents are not as warm as they would want as a result of such a family structure and gender-differentiated treatment (Wu & Chao, 2005), leading to gender inequalities in perceived parental warmth. (Caroline Cohrdes & Kristin Göbel, 2022) found that nurturing parenting was associated with fewer externalizing difficulties in adolescents.

2.5.2 The impact of parental lack of control on children's mental health problems

Parental control refers to how much parents supervise their kids' activities and are demanding or have high expectations of them (Nelson et al., 2011). Parental control and depressive symptoms are strongly correlated, according to earlier studies on Asian American youth (Park, 2009). The two types of parental control—psychological and behavioral—can be separated out. Monitoring and setting boundaries, for example, are behavioral controls (Aunola & Nurmi, 2005, Barber et al., 1994, Pettit et al., 2001). Parental control and parenting traits were highlighted in a discipline dimension from earlier research (Prinz et al., 2009, Scaramella et al., 1999). The different ways in which parental conduct is operationalized; one can distinguish between "proactive control" (parents set limits and rules to promote desired kid behavior) and "reactive control" (as a response to a child's inappropriate behavior, punishment) (Calders et al., 2020). Teenage externalizing concerns are assumed to suffer as a result of the latter (Calders et al., 2020).

Research on the relationship between behavioral control and challenges with the mental health of kids is still conflicting, which may be caused by differing operationalization strategies (Calders et al., 2020). But the preponderance of research indicates that parental love and behavioral guidance benefit mood, self-worth, quality of life, and happiness of children (Garcia et al., 2020, Pettit et al., 2001, RabotegSaric & Sakic, 2013, Steinberg, 2001). Parental psychological control is linked to both externalizing (Mabbe et al., 2019) and internalizing difficulties in contrast to parental warmth and behavioral control (Barber et al., 1994, Mabbe et al., 2019, Scaramella et al., 1999). Less internalizing concerns suggest that high parental extraversion may be especially advantageous for a child's mental health and social connections with other kids (Ortiz Ruiz, 2018). Even after adjusting for the level of social participation, extraverts may respond more favorably to social situations that encourage better mental health. However, it is still unknown how this system exactly functions (Diener et al., 1992, Lucas et al., 2008).

The cornerstone for the growth of kids' and teens' mental health is good parent-child relationships, according to research (Achtergarde et al., 2015; Göbel & Cohrdes, 2021). Parents provide their children and adolescents with the resources, care, affection, and control they need to grow up wholesomely as their first and most significant connection with them (Anaya & Perez-Edgar, 2019, Buschgens et al., 2010). In order to fulfill their commitments, parents must strike a balance between the degree of control they exert and their children's needs for autonomy and self-definition (Buschgens et al., 2010, Mastrotheodoros et al., 2018, Steinberg & Silk, 2002).

According to studies on Asian American teenagers, Asian American parents are more

likely to think that their daughter is largely in charge of handing down culture and family ethos (Gartner et al., 2014). Xiong et al. (2004) found that minority Hmong American parents tend to give their sons more social freedom and opportunity than they do their girls. Daughters spend more time at home with their parents and as a result have stronger family ties, which may cause differences in how parenting affects depressive symptoms and self-esteem depending on the gender (So Young Park et al., 2021). Teenage depressive symptoms were, according to Plunkett et al. (2007), indirectly connected to teens' feelings of perceived parental control. Teenagers who experience more parental support are more likely to feel appreciated by family members and to have higher self-esteem, both of which may lessen signs of depression (Plunkett et al., 2007).

Studies show a link between parental neuroticism and inadequate discipline, which predicts problematic behaviors in children (Brook et al., 2002, Prinzie et al., 2004). On the other side, parents who score strongly on extraversion display more accommodating and supportive parenting methods (Puff & Renk, 2016). An ongoing investigation revealed by (Oliver et al., 2009), parents who are conscientious are more likely to impose limits (behavioral control), which is linked to adolescence is marked by less externalizing issues. Conscientiousness, agreeableness, and receptivity to new experiences were all correlated with a high warmth and controlling parenting style (Vafaenejad et al., 2020). However, those studies mostly focused on parental behavioral control rather than psychological control. According to research (Caroline Cohrdes & Kristin Göbel, 2022), in adolescents, having psychologically controlling parents was linked to a higher likelihood of both externalizing and internalizing issues. There were fewer teenage internalizing problems, but not explicitly stating issues, when parents exercised strong behavioral control.

3. Background and Methods

3.1 Background

3.1.1 Background in the world

One in five kids and teenagers will experience an illness of the mind, such as suicidal thoughts, sadness, mental disorders, mood swings, substance misuse, or food problems (WHO, 2013). According to the World Health Organization, adolescence is the time when over 50% of mental problems begin (WHO, 2013). In Brazil, the scenario is the same (Brasil., 2013). The negative impacts of youth depression, a mental health issue that is on the rise, may last a lifetime. According to the National Survey on Drug Use and Health, depression prevalence increased among young adults from 8.8% to 15.2% and adolescents from 8.8% to 15.7% between 2005 and 2019 (Substance Abuse and Mental Health Services Administration, 2020). There are numerous individual, familial, and cultural factors that contribute to the rising rate of youth depression (Choi et al., 2020; Chung et al., 2009; Sowislo & Orth, 2012). According to a 30 years follow-up study conducted in the Isle of Wight, the most important determinants of individual resilience and, as a result, the most important protective variables that restrict the emergence of mental disorders or suicidal ideation in adulthood were solid connections with parents, friends, and partners (Collishaw et al., 2007).

Numerous studies from both Western and Asian countries have shown that parental warmth, conflict, and over-control, as well as perceived parenting and parenting styles, are related

to teen mental health difficulties (Tammariell et al., 2012). Studies conducted in the USA among adolescents between the ages of 11 and 18 found that good ties between parents and children were connected to improved mental health in children, while those who felt bad were more inclined to engage in problematic behavior (Phares V et al., 1998). Previous research revealed that white youngsters were less likely than Asian American teenagers to report having mental health difficulties (Chen et al., 2019; Sen, 2004). When compared, other studies utilizing nationally representative samples of teenagers found no notable racial/ethnic variations in the incidence of mental health problems among Asian American youth, or comparable to whites and other racial/ethnic minorities in terms of incidence of mental health disorders (Lopez et al., 2017; National Institutes of Mental Health, 2015). The prevalence of depressive symptoms among female adolescents in the United States was higher (20%) than that of male adolescents (6.8%), indicating that there are gender differences in this area (SAMHSA, 2018). When it came to reporting negative mental health outcomes, such as depressive symptoms, Asian American female children were consistently more likely than Asian American male children (Rosenfield & Mouson, 2013; Warikoo et al., 2020). Because the family is so valued in Asian culture, various parenting philosophies may have differing consequences on kids' mental health (Lui & Rollock, 2013). Strong connections between parenting styles and mental health have also been shown in research on Asian American adolescents (Choi et al., 2020; Juang et al., 2007; Lee & Choi, 2018). As an illustration, Asian American youth who felt their parents had more influence over their lives were more likely to report higher levels of depressive symptoms than those who felt their parents had less effect (Juang et al., 2007). Furthermore, Choi et al. (2020) discovered that among Korean and Filipino American youth, depressive symptoms were strongly associated with both abusive and uninvolved parenting as well as parenting that was not in line with one's culture. Therefore, Asian American teenagers reported more parental control, less parental warmth, harsher parental discipline, and higher degrees of dejection compared to white adolescents (Kim & Ge, 2000).

3.1.2 Background in Vietnam

In Vietnam, there were only 0.91 psychiatrists for every 100,000 inhabitants, according to the World Health Organization in 2014. (WHO, 2014). The 36 facilities that make up the nationwide network of mental hospitals in Vietnam each have about 6,000 beds. Two National Psychiatric Hospitals are present, one in Hanoi to the north and one in Bien Hoa city to the south. The system uses a network of public hospitals to deliver its services. The remaining 34 provincial mental hospitals are spread out over the nation. Both the Hanoi Medical University and the National Institute of Mental Health provide psychiatrist residency programs. Medical students have the option to major in psychiatry for a year, despite the fact that interest in it is still minimal compared to other medical specialties. However, there are very few mental health specialists in Vietnam who work with children and adolescents (Dang & Weiss, 2012).

The stigma of mental illness is a substantial impediment to care and treatment in Vietnam. Indigenous psychosis can also be accompanied by shame and dishonor, which may prevent victims from talking about their suffering in front of others. Psychosis is commonly seen as a sign of family or individual weakness. When discrimination towards those who have mental diseases, it can be difficult for them to find work, find a spouse, or even allow other family members to get married. In order to reach persons with mental illness, the Vietnamese Ministry

of Health has started to increase the use of primary care facilities for outreach. However, the vast community-wide program focused mostly on schizophrenia and schizophrenia, they do not represent the majority of mental diseases among young Vietnamese people, and the lack of proper training to screen for mental disorders limit the effectiveness of primary care therapy (Ng et al., 2011). Since 2015, the Ministry of Health has expanded the targeted program to include people who suffer from anxiety and despair, as well as kids who have autism and ADD/HD. These efforts have encountered significant challenges because the health sector lacks information and experience about children's and teenagers' mental health (Cuong, 2017).

Studies on teenage mental health in Vietnam reveal a significant burden of mental issues facing Vietnamese youth. The frequency of mental health problems among adolescents in Vietnam varies, according to study. 1,161 teenagers between the ages of 15 and 19 participated in an inquiry into the incidence of mental health issues among high school students in Can Tho, Vietnam. Clinically severe signs of anxiety and depression were more prevalent, with respective rates of 41.1% and 22.8% (Nguyen et al., 2013). In comparison to male students, female students are three times more likely to exhibit symptoms of anxiousness. Another study on adolescent depression (Nguyen et al., 2013) discovered that 18.7% of 1,100 high school students showed major depressive disorder-like symptoms. In average, 32% of 14 to 25 year olds express sadness about their lives, according to the Survey on Assessment of Vietnamese Youth (Ministry of Health, 2005). According to a research done on 4,500 kids in Hanoi, who were mostly migrants, the 6-month depression rate was 36% (Nguyen et al., 2012).

Adolescents' exposure to abuse and violence is one of the causes of their mental health problems. Research indicates that violence and child abuse are prevalent in Vietnam. A recent poll on child discipline by the Viet Nam Sustainable Development Goals for Children and Women indicators found that 69% of 10 to 14-year-olds have experienced harsh punishment. When there has been violence within the past month, boys are more likely to get violent punishment than girls. A poll of 2,591 young people in Vietnam, ages 12 to 18, found that 39% of them had experienced mental abuse, 47% had experienced physical abuse, nearly 20% had experienced sexual assault, and 29% had experienced neglect. This study found that boys were more likely to experience physical abuse than girls were to experience emotional neglect or abuse. Similar to this, it is claimed in (Akmatov., 2011) that 29% of adolescents in Vietnam experienced severe physical abuse and that more than 55% of adolescents reported moderate physical violence by their parents. Boys were more likely to experience physical abuse in this study. In larger households with lower socioeconomic level, abuse is more common.

So, in order to perform a nationally representative epidemiological study on mental health, 1,314 children between the ages of 6 and 16 were recruited from 60 different locations around Vietnam. They calculated that more than 3 million persons, or 12% of the population of children and teenagers, need care for their mental health. In this study, it was found that boys were more prone than girls to have behavioral problems and emotional problems. In a study on parental conduct and psychological problems among Vietnamese high school kids conducted in Hanoi, Hue, and Ho Chi Minh City, 16.4% of the 757 participants reported having mental health illnesses. The findings indicated that having an overprotective mother, being a woman, and being in your 12th grade were risk factors for mental health issues, but that the father's warmth decreased the incidence of psychiatric and mental health issues in teens (La et al., 2020).

3.2 Methods

An open-ended questionnaire and scenarios centered on the theme of barriers and motives for the influence of warmth and a little control on children's mental health problems in Vietnam were produced by the study prior to conducting the interviews. First, in order to locate information and contacts, the team contacted important members of the province and district governments. 400 parents were exposed to the study using several classification criteria (ethnicity, age, education level, marital status, number of children, and financial status). The research was carried out to set up in-person interviews in groups after getting the consent of 155 participants, putting convenience in terms of time and location first (subject groups in the same village or in the vicinity). Two researchers assisted in the conduct of 37 interviews, which were audio recorded and transcribed. Each interview lasted, on average, between 30 and 60 minutes. In order to understand more about the effects of warmth and a modicum of control on children's mental health issues, the study also conducted in-depth interviews with 12 health workers (mostly female nurses) in the village or group interviews.

Table 3.1. Demographics of interviewees

Characteristics	Number	Ratio	Characteristics	Number	Ratio
<i>Ethnic</i>			<i>Family income (\$/month)</i>		
Tay	33	21%	<0.3\$	33	21%
Muong	36	23%	[0.3\$; 0.5\$)	38	25%
Thai	28	18%	[0.5\$; 0.7\$)	50	32%
H'mong	26	17%	≥ 0.7\$	34	22%
Kinh	33	21%	Total	155	100%
Total	155	100%	<i>Number of children</i>		
<i>Age</i>			0	70	45%
[20,30)	28	18%	1	33	21%

[30;40)	54	35%
[40;50)	42	27%
Total	155	100%
<i>Education</i>		
Bachelor	70	45%
Others	85	55%
Total	155	100%
<i>How to teach children</i>		
Traditional	63	41%
Modern	39	25%
Both	53	34%
Total	155	100%

2	27	18%
> 2	25	16%
Total	155	100%
<i>Marital status</i>		
Divorce/Separation	42	27%
Married	113	73%
Total	155	100%

Source: Research interview

Women over the age of 18, men over the age of 20 were chosen for the study because they are already independent, have the capacity for self-study, and take the initiative in educating children. Parents between the ages of 40 and 50 made up the biggest percentage of participants (27%), followed by those between 30 and 40 years old (35%). The lowest percentage (approximately 18%) belongs to parents who are younger than 30. The majority of parents in the poll (45%) hold a bachelor's degree in terms of education. This ratio demonstrates how easily parents may get knowledge. Given their wealth of life experiences and propensity to hold a variety of perspectives regarding how marital status influences parenting, the majority of parents

interviewed (73%) are married and living together. In terms of their household income, the majority of parents interviewed (32%) have monthly incomes between [0.5\$ and 0.7\$]. This illustrates how Vietnamese households' standards of living are rising. In terms of parenting method, most of the interviewed households chose the traditional form of child rearing (accounting for 41%).

4. Results

4.1 Mental health awareness for children

Improving children's mental health depends greatly on parents' awareness of their children's mental health. Low awareness of children's mental health has been identified by some studies as a significant obstacle to mental health treatment for children (Nguyen et al., 2010). Most families, according to the interview results, do not have proper access to information about their child's mental health, so they are not fully informed about the symptoms, dangers, and necessary preventive measures for children. More than 47% (73 families) of the 155 parents interviewed had false beliefs about mental health. Some people said that they did not know about mental health services for their children because they did not find out information about the disease. Some people's perceptions of the disease include things like "goes away on its own," "no treatment is needed," "fear of criticism," etc.

"I have heard about this disease in the media, but I have not heard of the examination, so I have not taken my child to the doctor." (The mother has not taken her child to the doctor).

"Children at this age will be normal after this age". (The mother has not taken her child to the doctor).

"I don't take my child to the doctor because the neighbors will say my child has a history of madness." (The mother has not taken her child to the doctor.)

Even some individuals who have taken their children to see a doctor about mental health symptoms do not fully understand the disease. Parents are keen to learn about common mental health concerns and typical child development because they frequently lack this knowledge. However, a lot of parents are mistaken about the disease's causes and treatments.

"The bad symptoms of the child's mental health can be treated according to Eastern medicine. If a child is seriously ill, the mother only needs to cook medicine for her child to drink; if the child is mildly ill, the child will be cured." (A mother explains)

"Children learn from the phenomenon of social networks that they have mental health problems. This disease cannot be blamed on parents." (A father shared)

"Children's mental health problems are inherited from previous generations." (As stated by the father.)

Some parents are aware of their child's illness and have a desire to treat it. However, they are people with low incomes and limited time to care for their families. Some people share that the lack of income is a big barrier for them to take care of living, studying, and medical expenses for their children. This occurs in highland families or single families. People's perceptions of services, counseling, and other cost issues during mental health treatment for children were also discussed.

"Currently, I'm raising my children alone. I can't afford medical care while balancing my time. I'm very worried about this." (A mother confided)

"I really want to treat my child according to Western medicine, although many of these are too expensive and I have economic problems." (According to a father.)

"I live in the highlands, and I don't have a psychiatrist, which makes the treatment of my child's illness go a long way, and it costs money and time." (A father said).

34 families (including 21 parents who brought their kids to the doctor and received information about their kids' mental health) are somewhat aware of it. They are acutely aware of how crucial it is to shield their kids from dangers to their mental health. The following signs of mental health issues were listed by them: 1) problems with peers (including experiences of being bullied); and 2) emotional problems (symptoms of depression and anxiety). These households, including those who have not taken their children to the doctor, have a basic understanding of their child's mental health. They say it can be prevented and treated.

"No one in my generation cares about children's mental health. I'd like to have enough information to protect children." (A father shared).

"I worry about how my communication might put pressure on my child. That will lead to bad symptoms of his mental health." (The mother said).

"I believe a child's mental health check is reasonable because I've heard that depression in children is one of the diseases that can lead to suicide. Treatment will be simpler if parents find out early diagnosis of the child's illness". (The mother took the child to the doctor).

Obviously, some parents have an understanding of mental health, but most of them do not have a correct and comprehensive understanding of the mental health of their children. This is also the reason for some misconceptions about the disease. Many families have children with signs of mental health but have not taken their children to the doctor because they are worried about gossip. However, through interviews, the perceptions of parental love and control were further explored.

4.2 Awareness of the role of parental love for children

The influence of parental love on children's mental health has been proven. Parents who raise their children in the traditional way (41%) said that they feel they have more love for boys than girls. This is explained by the influence of the psychology of the patriarchal family on parents. On the contrary, some parents stated that they would love both children equally, but that their daughter would be their favorite.

"The son will maintain the next life; the daughter will get married and become a member of the husband's family." the father said.

"Children should not feel they receive too much love; that will spoil them." (The mother said).

"I prefer girls, and girls need to be pampered so they don't suffer." (The father said).

"The elders used to say: "Use poverty to teach sons, use wealth to raise daughters; girls need to be loved more than boys." (Mother said)

"I will love both children, but I want to take care of my daughter more because girls are more vulnerable than boys." (The mother said).

Adolescent girls have a significantly higher rate of emotional problems (depression and anxiety symptoms) than boys (Unec., 2021). Therefore, parents need to show love to girls through words and actions, which will create a sense of security for the child. However, many parents believe that giving love to their children is an expression of pampering and spoiling them.

"I won't show my love directly through my words and actions. It's not good for her." (Father says)

"I think children need to balance their emotions instead of needing parents to help them do it," (The mother said)

"My daughter will get princess disease and become spoiled, so I don't use gentle words in response to her requests." (Mother stated)

Many parents realize the importance of love for their children. However, they do not have enough time and financial resources to accompany their children as they grow up.

"Parents need to earn money; this will reduce the time to love the children." (Father says)

"After coming home from work, I'm very tired and just want to rest, so I can't show my love for my children." (Single mother shares)

"It's difficult for the kids to want family vacations or for me to come watch them play, take them to exams, etc., when parents are always busy making money." (Mother said)

Some parents who have had sick children share that they regret not caring for and loving their children more. Children face and deal with life pressure on their own in the absence of parental love. This makes the children become cold, quiet, and less sharing, as well as having negative thoughts.

"My child used to be very active, often sharing about his life. Because I was too busy, I did not have time to talk to him, and he had mental health problems." (A mother said).

"I thought I gave my child enough love, but what the child needed was not empty words; I didn't really understand him." (Father says)

"I haven't shown love to my child for a long time away from him, when I see obvious signs that make me worry about his mental health." (Mother stated)

Some parents think that *"the children will grow up to understand that their parents love them."* Because there is a lack of understanding about the impact of love on children, mental health manifestations in children are not detectable in time. That affects the best time to treat the baby.

4.3 Awareness of the role of parental control over children

Parents believe that severe punishment is a way to make children obey. This wrong view causes mental pressure and makes the children tense in the family and less close to their parents.

"Boys need strict upbringing, or else they will suffer from social evils." (The father said).

"I used milder punishments with my sons than grandparents do with traditional punishment when I do wrong." (Father said)

"I will use punishment to make my child afraid and obedient." (Mother said)

"It's the whipping or heavy punishment that scares me, so I won't make the same mistake next time. It's good for me." (Father says)

In particular, according to research (Unicef., 2021), girls are often perceived to be more vulnerable to psychological problems, and "protective" behavior of adults towards girls is not always supportive of women's resilience and well-being in relation to mental health and psychosocial factors. Many parents, however, believe that their children require control or that the girls will be in danger. The fact that the child does not report problems with meetings, hours, friends, etc. is concealment, and this is a sign of his naughtiness. As a result, parental control makes children feel trapped and worried that they will do the wrong thing.

"I always ask her to come home before 9 p.m and not to meet boys without my permission." (Mother stated)

"Girls shouldn't eat out; it will make her gain weight." (The mother said).

"Traditional dressing is necessary; new clothes will spoil her." (Said the mother.)

"I will strictly correct my child's eating habits to traditional ideas" (The father said).

It is common for permissive parents to spoil their kids, support their independence in making choices, and hardly discipline their offspring. As opposed to this, authoritarian parents are strict, in charge, and persistently discipline their kids when they disobey. In order to help their kids realize the repercussions of their actions and choices, authoritative parents choose a middle ground strategy that focuses on open communication. Parents assume that control is safe for their children. However, that can make children lack ideas, always be afraid of their parents, and rely on them. Some children have had mental health problems due to requirements for "grades," "achievement," etc, leading to their suicide.

"I regretted that I put pressure on my son. Even in his sleep, he talked about the exam; it was like an obsession." (The mother said)

"The kid was scared every time I sat next to him to teach him; he was afraid that if he answered wrongly, he would make me angry, but I just wanted to help her get better." (Said the mother.)

"My child gets scared after every exam, which makes me very sad." (The father said).

In many families, the child is raised by only one parent. They are under pressure to earn money and have limited time to take care of their children and take care of themselves. These pressures inadvertently turn into stress, which is transformed into heavy words, harsh actions, and pressure on the child.

"I was under a lot of pressure, and every time I saw him doing something wrong, I scolded him. It made me feel sorry for him," (The mother said).

"I have no parenting experience and limited expression, so my heavy-handed actions make him afraid of me," (The father said).

"Economic pressure made me not have time to understand her, so when she did wrong, I scolded her without fully understanding the problems that were going on with her," (A mother said)

As can be seen, the impact of parental control on children's mental health has been noted. Excessive control has a negative impact on children and leads to depression symptoms, but proper control will benefit children.

5. Conclusion

5.1 Discussion

The current research confirms previous findings that parental affection and psychological growth and coping mechanisms in adolescents, as well as parental behavioral control and their kids' self-control and compliance, all result in improved mental wellbeing (Aunola & Nurmi, 2005; Barber et al., 1994; Buschgens et al., 2010, Solomon, 2000; Yap & Jorm, 2015). According to Calders et al. (2020), Steinberg (2001), and other researchers, the combination of both parenting facets - namely, warmth and behavioral control - has been named "authoritative parenting" and is especially good for adolescent mental health.

The results also show how numerous aspects of teen mental health are impacted by parental psychological control (Buschgens et al., 2010). Lack of awareness of a child's psychological requirements and a disincentive to autonomous thought or action are characteristics of parental psychological control. It harms teenagers' mental health because it stunts their ability to become autonomous and causes them to behave in ways that are dictated by others rather than by their own decisions (Barber et al., 1994, Steinberg & Silk, 2002).

The latest findings are consistent with past empirical research, despite the fact that the direction of causality is not yet obvious (Bayer et al., 2019, Gölcük & Berument, 2019, Hutchings & Lane, 2005) linking parenting and child mental health. Given that parental habits can be changed through public health programs, in contrast to other risk factors, this is very noteworthy (Achtergarde et al., 2015). The results demonstrated that parental behavioral control had indirect effects on teenage mental health difficulties, in line with past findings, however these effects were only shown with internalizing issues (Bayer et al., 2019, Oliver et al., 2009, Prinzie et al., 2004). The absence of parental behavioral control may have had an impact on children's internalizing problems but not externalizing problems because it is operationalized in the current study as proactive control as opposed to reactive control. Further research is needed to determine the connections between different parental control factors and diverse mental health outcomes. The present study also adds to and supports past research on the positive benefits of parents' concern for their children's mental health, which are accounted for by both parental warmth and behavioral control (Lucas et al., 2008, Oliver et al., 2009).

Based on the findings of this study, it is reasonable to consider high parental agreeability when creating parenting-focused intervention techniques because it may manifest as undesirable parenting behavior. Although results from a longitudinal study indicate that parental extraversion and agreeableness are important parental traits for a child's mental health, the findings on the significance of agreeableness are still unclear (de Haan et al., 2012). More research is therefore required to better understand some relationships between parenting characteristics and parental personality.

5.2 Recommendation

It seems common for parents to react both aggressively and positively at the same time, which calls for some thought into how to promote health and prevent violence and mental health issues in children and adolescents (WHO, 2002).

Any recommendations for training and preparing parents and guardians for parenting should be based on strengthening ties, discussing the negative effects of a violent childhood, and presenting alternative forms of care. Children's mental health outcomes may be negatively

impacted by stern discipline techniques that place an excessive emphasis on academic accomplishment, strict control over the child's schedule, and inflexible adherence to accepted norms and beliefs (Ling et al., 2020; McLeod et al., 2007). In order to help parents support their children's psychological development, it is essential to teach them how to engage with their children through multiple programs, such as role-playing and behavioral rehearsals (So Young Park et al., 2021). Parents must be aware of potential cultural differences between their children and themselves, as well as the ethnic dynamics of their neighborhood and mainstream culture (Juang et al., 2007; Yasui & Dishion, 2007). Strengthening the abilities that enable them to deal with challenging life experiences and nurture a positive self-image may also contribute to improve the mental health of their children in addition to being crucial for parents' own mental health and everyday behavior (Bolger & Schilling, 1991, Wrosch & Scheier, 2003).

In this case, the environment for supporting children's and adolescents' mental health would be health services. Any action should begin in the early years of a child's life, when frequent visits and contact with medical services is at its best. Discussing parenting with other social institutions present might also be good. Discussing parenting strategies in schools, kindergartens, and community organizations may be a good idea.

Any program trying to highlight the need of healthy, peaceful parenting techniques may begin with the dissemination of knowledge regarding the negative impacts of child abuse and neglect, discussion of alternative parenting styles, and the developmental phases of children at various ages. Initiatives for promoting adolescent health should aim to improve resiliency and decrease the effects of stressful situations. Other approaches that might be effective include those that support youth protagonism, healthy behaviors, and empowerment of youth.

Schools may have a significant impact in this area by consistently and routinely offering individual and group support to aid kids in the long-term development of skills that are appropriate for their age. Schools are also advantageous environments for spotting problem situations early on, getting in touch with parents, and fostering prompt response when it's required (Assis et al., 2008; Ozer et al., 2017). Despite these drawbacks, the current study advances our knowledge of the long-term relationships between parental warmth and control and depressive symptoms in young people.

5.3 Limitations

When evaluating these data, it is important to keep in mind the study's limitations. However, research does not provide enough evidence to support the long-term links between parental warmth and control and outcomes in terms of mental health from adolescent to adulthood. Although the study's conclusions were based on a significant sample of the Vietnamese population, they cannot be generalized to other cultural contexts (external validity). Community-based parent interventions that address parents' personalities are still understudied and distant from being implemented, despite the basic concepts on how to incorporate parental personality into parental education programs having previously been published (Achtergarde et al., 2015).

Practical Implications

The new research establishes a link between parental behaviors and adolescent mental health and serves as a springboard for public mental health initiatives. The findings can more precisely add value to existing prevention and early intervention programs aimed at parents by

taking into account the significance of parental personality in parenting behavior and its impact on their children's mental health. The findings can more precisely add value to existing prevention and early intervention programs aimed at parents by taking into account the significance of parental personality in parenting behavior and its impact on their children's mental health.

The current study revealed several potential protective characteristics for teenage mental health, including high parental conscientiousness and extraversion, strong parental warmth and behavioral control, low parental psychological control, and a combination of these. On the other side, high levels of psychological control and parental neuroticism increase the risk of adolescent mental health problems. The prevention of externalizing illnesses may also benefit from parental warmth, but the prevention of internalizing issues in adolescents seems to require parenting that is defined by behavioral control. Interventions that target parents or parents and their kids and place an emphasis on parenting skills outside of a therapy setting (such as how to give calm, clear instructions and apply reasonable consequences for misbehavior) have drawn more attention (Medlow et al., 2016, Tarver et al., 2014).

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