MENTAL HEALTH CARE MANAGEMENT FOR STUDENTS AT VNU-HCM: A FUNCTIONAL MANAGEMENT APPROACH AND PROPOSED SOLUTIONS

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INFORMATION	ABSTRACT
	The study focuses on assessing the current situation and proposing solutions to enhance the management of mental health care for students at Vietnam National University, Ho Chi Minh City (VNU-HCM), using a functional management approach that includes planning, organising, directing and controlling. The survey results show that administrators, lecturers and academic advisors highly value the role of mental health in supporting students' holistic development. However, the current management practices remain fragmented, insufficiently practical and do not fully address the diverse needs of students. Based on theoretical, legal foundations and research findings, five key measures are proposed: raising awareness; developing mental health care plans based on real-world data; allocating resources effectively; creating a safe and supportive campus environment and establishing clear criteria for evaluating effectiveness. These recommendations aim to professionalise and improve the quality of mental health care management in higher education institutions.

1. Introduction

Mental health (MH) is increasingly gaining attention in today's society, especially concerning the issues faced by students. Students are under growing pressure in terms of academic performance, emotional well-being and career orientation. Therefore, caring for students' MH is a matter that cannot be overlooked (Yin, 2018). MH care and education have become urgent issues in higher education and are also considered a core component of university education (Rees, Crowe & Harris, 2021). This is not only an essential factor in the personal development of students but also deeply impacts the stability of the university environment, family structures, and more broadly, society as a whole.

In Vietnam, there are approximately 14 million people suffering from mental disorders, yet only 143 clinical psychologists and psychotherapists are available (Le Hao & Thai Binh, 2023). Additionally, according to estimates by UNICEF (2018), at least 3 million adolescents in Vietnam face MH issues, but only around 20% receive the necessary medical support and treatment. However, the greatest barriers to accessing MH care services for students are related to awareness and attitudes (Pham Thi Phuong Thao et al., 2024). Therefore, developing MH care models that are compatible

with Vietnam's cultural context is essential to ensure maximum effectiveness (La et al., 2022). In order to effectively implement MH care for students, higher education institutions must possess strong management capacity, particularly in organizing activities ranging from planning and implementation to monitoring and evaluation.

However, most current studies have primarily focused on assessing the current situation, analyzing underlying causes or designing psychological support programs, without delving deeply into the systematic and comprehensive management of mental health care within higher education settings. Research adopting an educational management approach, particularly those aligned with core management functions, remains extremely limited, both internationally and domestically, including within VNU-HCM. This reveals a significant gap in both theoretical and practical frameworks.

Based on these reasons, the author chose to conduct the research titled: "Mental health care management for students at VNU-HCM: A functional management approach and proposed solutions". The study aims not only to improve the MH care system at VNU-HCM but also to contribute practical value to other universities. The findings and proposed solutions are expected to serve as valuable references for managers, assisting them in developing and adjusting MH care policies and programs for students.

2. Overview and theoretical basis

2.1. Literature review

MH has been a matter of concern since early history. In 1773, the first hospital dedicated to mental illness treatment was established in the state of Virginia, USA, laying the foundation for modern MH services and awareness. By 1992, the World Federation for Mental Health officially designated October 10 as World mental health day to raise public awareness and reduce social stigma toward individuals with MH problems (Dang Ba Lam & Weiss, 2007).

Numerous intervention and support programs have been implemented with varying degrees of effectiveness. In China, Yang et al. (2019) evaluated a seven-week MH education and care program, noting improvements in health-related behaviors within the intervention group, although the effects on MH were not clearly evident. Medlicott et al. (2021) demonstrated that an eight-week mindfulness-based course enhanced well-being and MH through mediating factors such as resilience and compassion. In another direction, Rodríguez-Romo et al. (2023) found that regular physical activity, especially during commuting or recreational activities, had a significantly positive impact on MH.

In Vietnam, in recent years, student MH has become a prominent subject in the scientific and educational communities, particularly in the context of a rising number of students experiencing psychological issues. A study by Vu Thi Bao Ngoc (2019) involving 210 students from three major universities in Ho Chi Minh City found that overall, students' MH remained stable. However, it also revealed a moderate-to-weak correlation between mobile device dependency and student MH. Regarding awareness and actual implementation of MH support in schools, research by Pham Le Huyen Trang et al. (2024) in Can Tho City showed that only 41.3% of school health staff had accurate understanding of MH and just 20.6% had received training in providing MH support. This indicates significant limitations in both professional capacity and the scale of MH care activities in educational institutions. Additionally, research by Nguyen Thi Huyen Trang (2021) indicated that the demand for MH care is substantial, not only among students but also among lecturers. However, the current system's capacity to meet this demand remains limited, with factors such as low self-esteem and personal psychological difficulties negatively affecting students' MH.

Student MH has been and continues to be a topic of deep interest for researchers both globally and in Vietnam. However, most existing studies primarily focus on assessing current situations, analyzing causes or designing psychological support programs, while few have systematically and comprehensively addressed the management of MH care in higher education settings. This presents a notable gap in both theoretical and practical frameworks, especially as universities play an increasingly important role in shaping and safeguarding the MH of learners.

2.2. Managing student mental health care in higher education from a functional management perspective

2.2.1. The importance of managing student mental health care in higher education

MH is becoming an increasingly significant concern in society, particularly within the university environment, where students face various pressures related to academics, life and career orientation. Therefore, managing student MH care is not only important but also strategic, aiming to create conditions for holistic student development.

First, stable MH contributes to improved academic performance, personal development, and better adaptation to the university environment (WHO, 2021). Second, managing MH enables students to develop emotional regulation and psychological resilience in the face of challenges (Chen & Harris, 2023). Third, organizing an accessible support system that facilitates early intervention in psychological issues plays a key role, especially through digital intervention models and student-friendly support frameworks (Fazel, 2014). Fourth, MH forms the foundation for long-term success after graduation, as students are better able to maintain a positive psychological state, develop essential skills and establish a stable lifestyle (Moffitt & Kaslow, 2024). Lastly, from a management perspective, the appropriate allocation of resources, clear strategic direction, and the creation of a positive learning environment are core factors that ensure long-term effectiveness (Nguyen Quoc Chi & Nguyen Thi My Loc, 2012).

2.2.2. Planning mental health care for students

Planning in educational management should focus on identifying development objectives and implementing effective strategies. (1) Analyzing the current situation and setting objectives for student MH care: Before planning, managers must conduct surveys and evaluate the current MH status of students to serve as a basis for monitoring and adjusting support programs (Bickman et al., 2016). (2) Defining the content of MH care for students: The activities should be designed based on students' psychological status and institutional capacity. Collaboration with internal units and external professionals is essential. (3) Defining the formats of MH care for students: These formats should be clearly outlined in the plan, tailored to different student groups and institutional conditions. (4) Defining the methods of MH care for students: Methods must be flexible, aligned with student characteristics and ensure practical psychological support outcomes. (5) Defining the evaluation criteria for student MH care: Evaluation criteria should be clear, objective, and communicated to relevant stakeholders to ensure consistency in implementation (Kessler, 2013). (6) Defining the conditions for supporting MH care for students: Universities must ensure sufficient financial resources, facilities and personnel to develop a suitable support system, including the use of technology such as chatbots or online counseling platforms (Kessler, 2013).

2.2.3. Organizing mental health care for students

After developing a MH care plan for students, managers need to transform strategic

ideas into concrete actions. An effectively functioning organizational system plays a critical role in implementing student MH support activities. (1) Organizing a management structure for student MH care: To implement MH care activities effectively, managers should establish dedicated units and ensure close coordination among departments within the university (Kimani, 2017). (2) Organizing and developing a support team for student MH care: To ensure service quality, universities should recruit and train psychological professionals, academic advisors, counselors and volunteers. Additionally, training programs should be conducted to enhance counseling skills, provide student support and enable timely psychological intervention when needed (Coulter, 2012). (3) Establishing management mechanisms and coordinating between departments: Universities must develop a rigorous management system with standardized processes for information intake and handling, in order to monitor students' MH conditions (Coulter, 2012). (4) Allocating personnel and resources scientifically: Managers need to clearly define the roles and responsibilities of each unit to avoid overlap and improve operational efficiency. Moreover, continuous monitoring and improvement processes are key to ensuring long-term effectiveness (Chen & Harris, 2023).

2.2.4. Directing mental health care for students

In the university context, directing involves not only implementing planned activities but also coordinating psychological counseling operations, ensuring connectivity among support units and creating favorable conditions for students to access MH care services (Tran Kiem, 2016). (1) Commanding, assigning tasks and guiding the implementation of the MH care plan: The implementation of the student MH care plan requires clear directives from the board of presidents, ensuring close coordination between related units such as the psychological counseling center, department of student affairs, faculty and campus health center. (2) Encouraging, urging, stimulating and motivating staff: According to Nguyen Thi My Loc et al. (2015), maintaining staff motivation and morale is essential. MH programs should be implemented in a supportive environment where counselors, lecturers and student support teams are empowered to fulfill their roles effectively. (3) Monitoring and adjusting to ensure that MH care activities are implemented in the right direction: Managers must continuously observe, evaluate and respond to students' MH needs, not only at the level of individual case management but also at the broader institutional level (Bantjes, Hunt & Stein, 2022). (4) Ensuring an environment that promotes the development of MH care activities: It is essential to establish student-friendly psychological counseling spaces, promote student participation in peer support groups and offer training programs focused on stress management skills (Kimani, 2017).

2.2.5. Controlling and evaluating mental health care for students

According to Tran Khanh Duc (2004), evaluation not only aims to determine the extent to which planned objectives have been achieved but also serves to draw lessons and propose appropriate management measures to enhance the quality and effectiveness of MH care activities. (1) Determining objectives, content, methods and evaluation criteria: The board of presidents should clearly define the objectives, content, evaluation methods and criteria for each specific activity. Evaluation objectives may include the extent of student access to MH services, the effectiveness of counseling and psychological intervention programs and students' level of awareness regarding MH (Nguyen Thi My Loc et al., 2015). (2) Measuring actual results: Managers must carry out data collection and measurement of actual outcomes of MH care activities at the university.

Measurements should be based on specific metrics to assess the effectiveness and impact of support programs (Coulter, 2012). (3) Comparing actual measured results with planned objectives: This is a fundamental step in the controlling process. It requires managers to have strong technical skills and be perceptive enough to accurately assess the value of each individual and team (Nguyen Thi Tuyet Hanh & Le Thi Mai Phuong, 2015). (4) Adjusting the plan: If shortcomings are identified but are still within a scope that allows for improvement, managers should intervene by offering guidance and adjustments to enhance the effectiveness of the activities. In cases of serious violations of the established standards, appropriate measures should be taken to ensure accountability in management and to maintain the quality and consistency of MH care activities for students (Kimani, 2017).

3. Research methodology

This study adopts a mixed-method approach, combining both qualitative methods and quantitative methods (Creswell, 2018). On the theoretical research method, the research involves synthesizing, analyzing and systematizing scientific literature and legal documents related to student MH care, thereby forming a theoretical foundation for proposing appropriate solutions. On the practical research method, the study employs three methods: document analysis, questionnaire survey and in-depth interviews, with the questionnaire serving as the primary tool to reflect the current state of management practices. Survey data were processed using SPSS software and analyzed through descriptive statistics, including mean values (M) and standard deviations (SD) to ensure accuracy and objectivity (Cohen, Manion, & Morrison, 2018).

The sampling method employed in this study is purposive non-probability sampling, which involves selecting participants based on their relevance and suitability to the research objectives. This technique enables the researcher to focus on groups likely to provide in-depth and essential information (Andrade, 2020). The initial sample size was calculated using Cochran's formula (1977). Due to limitations in data collection, the author applied an adjusted sample size formula to arrive at a more feasible, smaller sample size.

The survey participants included administrators, lecturers and academic advisors from three member universities of Vietnam National University, Ho Chi Minh City. A total of 78 out of 80 questionnaires were successfully collected. In addition, among the 78 lecturers who completed the survey, 5 provided contact information and agreed to participate in follow-up interviews. From this group, the researcher conducted interviews with 2 lecturers and also invited 1 administrator to join the interview process.

Table 1. Summary of mental health care management scale validation at VNU-HCM

Factor	FL (EFA)	VE (%)	α
Planning	0.58 - 0.88	83.72	0.89
Organizing	0.78 - 0.90	87.55	0.88
Directing	0.77 - 0.85	76.36	0.77
Controlling and Evaluating	0.63 - 0.83	77.59	0.92

In this study, the researcher employed factor analysis, extracted variance and Cronbach's alpha coefficient to assess the reliability of the measurement scale. The selection criteria were established based on the following standards: factor loadings (FL) ≥ 0.5,

extracted variance (VE) > 50% and Cronbach's alpha (α) ≥ 0.6 (Hair, Tatham, Anderson & Black, 2009). The results presented in table 1 indicate that the components related to the management of student mental health care met all the required conditions. Therefore, these factors are appropriate and of good quality, ensuring reliability for subsequent analyses on the current situation.

4. Research results and discussion

4.1. Current status of the importance of mental health care management for students at VNU-HCM

Table 2 presents the mean scores and standard deviations of five key components regarding the importance of MH care management for students at VNU-HCM. This study utilized a 5-point Likert scale ranging from 1 = "Not important at all" to 5 = "Very important". Among the five components reflecting importance, "Enhancing students' emotional regulation and mental resilience" received the highest mean rating from lecturers (M = 4.55, SD = 0.53), followed by "Timely support for students to access psychological services and identify and intervene early in MH issues" (M = 4.49, SD = 0.68). The component "Improving academic performance and personal development of students" was also highly rated (M = 4.45, SD = 0.50). Meanwhile, "Ensuring appropriate resource allocation and building a positive learning environment" (M = 3.97, SD = 0.87) and "Laying a solid foundation for future student success" (M = 3.96, SD = 0.83) received slightly lower, though still favorable ratings.

Table 2. Mean and standard deviation of the importance
of mental health care management for students at VNU-HCM

Component	Administrator, Lecturer, Academic Advisor	
	M	SD
Improving academic performance and personal development of students	4.45	0.50
Enhancing students' emotional regulation and mental resilience	4.55	0.53
Timely support for students to access psychological services and identify and intervene early in MH issues	4.49	0.68
Laying a solid foundation for future student success	3.96	0.83
Ensuring appropriate resource allocation and building a positive learning environment	3.97	0.87
Average	**4.28**	**0.68**

During follow-up interviews, Lecturer 01 shared: "MH care management plays a crucial role in providing timely support, helping students enhance their emotional regulation, increase adaptability and improve both academic performance and quality of life. Through well-organized MH care activities, students are better equipped with the skills and awareness needed to cope with pressure and minimize severe psychological issues". Echoing this view, Administrator 01 added: "A robust MH care system enables students to recognize early signs of psychological distress, guides them in developing effective coping strategies and equips them with essential life skills to handle stressful situations. This also contributes to creating a healthy learning environment that fosters psychological safety and peace of mind, allowing students to maximize their potential and achieve life balance".

Survey results show that administrators, lecturers and academic advisors at VNU-HCM highly value the importance of managing

student MH care, with an average score of 4.28 across all components. Notably, "Enhancing students' emotional regulation and mental resilience" received the highest rating (M = 4.55), followed by "Timely support for students to access psychological services and identify and intervene early in MH issues" (M = 4.49). Other factors such as "Academic performance improvement" "Resource allocation" and "Laying a solid foundation for future success" were also positively evaluated. Qualitative data from interviews further reinforce the essential role of MH care management in supporting students' holistic development and fostering a safe, healthy campus environment.

4.2. Current status of the planning of mental health care for students at VNU-HCM

The results in table 3 illustrate the current state of MH care planning for students as perceived by administrators, lecturers and academic advisors. Among the components, the highest mean score was recorded for "The university defines methods of MH care for students" (M = 3.72, SD = 1.13), followed closely by "The university defines the content of MH care for students" (M = 3.71, SD = 1.12). The components "The university analyzes the current situation and sets objectives for student MH care", "The university defines evaluation criteria for student MH care" and "The university defines the conditions for supporting MH care for students" all shared a mean score of 3.69, with standard deviations of 1.01, 1.01 and 1.08, respectively. The component with the lowest score was "The university defines formats of MH care for students" (M = 3.68, SD = 1.12).

Table 3. Mean and standard deviation of the planning of mental health care for students at VNU-HCM

Planning Component	Administrator, Lecturer, Academic Advisor	
	M	SD
The university analyzes the current situation and sets objectives for student MH care	3.69	1.01
The university defines the content of MH care for students	3.71	1.12
The university defines formats of MH care for students	3.68	1.12
The university defines methods of MH care for students	3.72	1.13
The university defines evaluation criteria for student MH care	3.69	1.01
The university defines the conditions for supporting MH care for students	3.69	1.08
Average	**3.70**	**1.08**

To clarify these findings, interviews with several lecturers were conducted. Lecturer 01 noted: "The university has made certain efforts in developing MH care plans. However, these plans do not fully address the diverse needs of students and the most significant shortcoming is the lack of thorough situational assessment before planning. As a result, some activities are implemented without being closely aligned with the actual needs and realities faced by students". Sharing a similar opinion, Lecturer 02 added:

"These plans remain quite general and have not delved into the specific pressures experienced by students in engineering disciplines. A more in-depth evaluation of student needs is necessary and the plans must better reflect the real context. In my view, the existing plans are somewhat appropriate but still lack sufficient detail tailored to different student groups. The assessment of students' actual conditions and needs prior to planning remains inadequate".

The above findings reveal a notable concern in the planning phase of student MH care management. Although planning components such as methods, content, formats and evaluation criteria were all rated at a fairly good level (ranging from 3.68 to 3.72), the relatively high standard deviations (from 1.01 to 1.13) suggest a lack of consensus among the different groups. This disparity reflects inconsistencies in implementation and varying perceptions of MH care planning. Particularly, the in-depth interview results highlight that while universities have made commendable efforts in developing plans, these plans often lack practical grounding and fail to adequately respond to the diverse and specific needs of students, especially those in specialized fields such as engineering.

4.3. Current status of the organizing of mental health care for students at VNU-HCM

The research findings in table 4 reflect the current state of organizing MH care for students as follows: administrators, lecturers and academic advisors rated "The university organizes a management structure for MH care" the highest with a mean score of 3.85 and standard deviation of 1.11. "The university organizes and develops a support team for MH care" followed with M = 3.83 and SD = 0.97. "The university establishes management mechanisms and coordination between departments" was rated M = 3.79 (SD = 1.06) and finally, "The university allocates personnel and resources scientifically" received the lowest rating at M = 3.67 (SD = 1.09).

Table 4. Mean and standard deviation of the organizing of mental health care for students at VNU-HCM

Organizing Component	Administrator, Lecturer, Academic Advisor	
	M	**SD**
The university organizes a management structure for MH care	3.85	1.11
The university organizes and develops a support team for MH care	3.83	0.97
The university establishes management mechanisms and coordination between departments	3.79	1.06
The university allocates personnel and resources scientifically	3.67	1.09
Average	**3.79**	**1.06**

In the interviews, one lecturer stated: "The university has established some specialized units such as counseling offices with various activities. However, the limitation lies in the lack of resources and in-depth psychological expertise for students, especially in technical fields. It is necessary to improve task assignment and strengthen professional training for staff" (Lecturer 02). From a managerial perspective, one respondent (Administrator 01) commented: "What needs improvement is the enhancement of professional competence, human resources and funding to implement programs more effectively". Another lecturer added: "...one area for improvement is the division of tasks among departments, which remains rather vague and sometimes leads to overlapping responsibilities and ineffective coordination" (Lecturer 01).

The results clearly reflect the actual situation of organizing MH care efforts in universities. Data shows that administrators, lecturers and academic advisors positively acknowledge the initial steps taken in organizing management systems (M = 3.85) and building support teams (M = 3.83). However, the relatively high standard deviations (ranging from 0.97 to 1.11) indicate disparities in perceptions and evaluations among the different groups. The in-depth interview results also reveal persisting challenges related to resource constraints,

limited expertise and coordination mechanisms, despite the existing organizational efforts.

4.4. Current status of the directing of mental health care for students at VNU-HCM

According to table 5, the current situation of directing MH care efforts is as follows: administrators, lecturers and academic advisors rated "The university commands, assigns tasks and guides the implementation of the MH care plan" the highest with M = 3.87 and SD = 0.76. This is followed by "The university encourages, urges, stimulates and motivates staff" (M = 3.86, SD = 0.82), "The university monitors and adjusts to ensure that MH care activities are implemented in the right direction" (M = 3.79, SD = 0.96) and "The university ensures an environment that promotes the development of MH care activities" (M = 3.73, SD = 0.86).

Table 5. Mean and standard deviation of the directing of mental health care for students at VNU-HCM

Directing Component	Administrator, Lecturer, Academic Advisor	
	M	SD
The university commands, assigns tasks, and guides the implementation of the MH care plan	3.87	0.76
The university encourages, urges, stimulates, and motivates staff	3.86	0.82
The university monitors and adjusts to ensure that MH care activities are implemented in the right direction	3.79	0.96
The university ensures an environment that promotes the development of MH care activities	3.73	0.86
Average	**3.81**	**0.85**

To better understand the directive practices, interviews were conducted with lecturers and administrators. One lecturer noted: "The board of presidents has shown interest and regularly sets directions for MH care. However, the implementation at lower levels lacks consistency, which sometimes causes disruptions in executing the plans" (Lecturer 01). An administrator (Administrator 01) also shared: "One strength is the diversity of activities but what still needs improvement is professional competence, human resources and funding for more effective implementation". These findings objectively reflect the current status of directing MH care at universities. Key directive elements such as "commanding and assigning tasks" and "encourages, urges, stimulates and motivates staff" received high ratings, indicating positive engagement from leadership. However, the scores did not exceed the threshold of 4.0 and relatively high standard deviations for items like "monitoring and adjustment" and "ensuring a promoting environment" point to ongoing implementation challenges. The interview insights further confirm this assessment.

4.5. Current status of the controlling and evaluating of mental health care for students at VNU-HCM

The findings presented in table 6 reveal the current state of controlling and evaluating in student MH care as follows: administrators, lecturers and academic advisors rated "The university adjusts the plan" the highest, with a mean score of 3.74 and standard deviation of 0.92. This was followed by "The university measures actual results" (M = 3.73, SD = 0.95), "The university compares actual measured results with planned objectives" (M = 3.72, SD = 0.95) and lastly, "The university determines objectives, content, methods and evaluation criteria" (M = 3.65, SD = 0.85).

Table 6. Mean and standard deviation of the controlling
and evaluating of mental health care for students at VNU-HCM

Controlling and Evaluating Component	Administrator, Lecturer, Academic Advisor	
	M	SD
The university determines objectives, content, methods and evaluation criteria	3.65	0.85
The university measures actual results	3.73	0.95
The university compares actual measured results with planned objectives	3.72	0.95
The university adjusts the plan	3.74	0.92
Average	3.71	0.92

Lecturer 02 added during an interview: "Currently, controlling and evaluation is mostly conducted through surveys but that is not sufficient. We need more multidimensional assessment activities such as in-depth interviews and group discussions to better understand the actual effectiveness and problems students are facing. Evaluations should be more frequent, with timely plan adjustments based on the results".

Additionally, administrators, lecturers and academic advisors offered the following suggestions regarding the management of student MH care at universities: Invite leading experts in the field to collaborate on appropriate professional practices; Appoint a dedicated MH care administrator for students to ensure more specific and strategic oversight; Develop a clear human resource management plan for psychological support; Ensure secure and confidential information exchange to prevent adverse incidents; Regularly survey students' happiness levels when attending university, for example through a check-in system.

The above results provide a relatively clear reflection of the current practices in controlling and evaluating student MH care management. Survey responses indicate that universities have begun to pay attention to measuring and adjusting plans based on real-world results; however, the evaluation scores remain at a moderate level (ranging from 3.65 to 3.74). Insights from Lecturer 02 further clarify

practical limitations, noting that current evaluation activities largely rely on surveys and lack multidimensional approaches such as in-depth interviews or focus groups. This shortcoming makes it difficult to fully understand students' psychological issues or provide a solid foundation for timely and appropriate plan revisions. Furthermore, the suggestions from administrators, lecturers and academic advisors underscore an urgent need to professionalize MH care management.

4.6. Discussion

The research findings indicate that administrators, lecturers and academic advisors at VNU-HCM highly value the importance of MH care management for students, with an overall mean score of 4.28 out of 5. Among the components, "Enhancing students' emotional regulation and mental resilience" was rated the highest (M = 4.55). This reflects a strong awareness among educational staff of the critical role MH plays in improving academic performance, adaptive capacity and overall holistic development. These findings are consistent with prior research by the WHO (2021) and Chen & Harris (2023), which emphasized that mental well-being is foundational to students' success in both academic and social contexts. Rees, Crowe & Harris (2021) similarly argued that mental health care is not only an urgent issue but also a core component of higher education.

However, when examining the data across individual management functions, several limitations emerge. In the planning function, although components such as defining content, methods, formats and evaluation criteria received moderate scores (M = 3.68-3.72), the relatively high standard deviations (SD = 1.01-1.13) indicate a lack of consistency in perceptions across respondents. This aligns with Bickman et al. (2016), who noted that insufficient needs assessments can result in poorly tailored interventions. Qualitative interviews further highlight that mental health care plans remain generalized and are not sufficiently aligned with the actual psychological needs of students, especially in high-stress academic disciplines such as engineering. This observation resonates with the findings of Richardson et al. (2018) and Ghrouz et al. (2019), who emphasized the unique vulnerability of STEM students to psychological distress.

For the organizing function, while initial efforts to establish a management structure and support team were acknowledged (M ≈ 3.79), challenges remain in terms of limited human resources, insufficient professional capacity and unclear coordination among departments. These findings are consistent with the observations of Coulter (2012) and Pham Le Huyen Trang et al. (2024), who pointed out that MH support systems in educational institutions often suffer from fragmented structures and a lack of interdepartmental collaboration. The interview responses also echo Kimani (2017), who found that the absence of clearly defined roles and responsibilities leads to overlapping duties and ineffective coordination.

In terms of directing, components such as "Commanding, assigning tasks and guiding implementation" and "Encouraging, urging, stimulating and motivating staff" received the highest scores (M ≈ 3.87), indicating positive engagement from leadership. However, areas such as "Monitoring and adjustment" and "Ensuring an environment that promotes the development of MH care activities" received relatively lower scores, highlighting executional inconsistencies. These issues align with Tran Kiem (2016), who stressed the importance of coherent vertical communication in sustaining policy implementation across administrative levels.

The controlling and evaluating function also scored moderately (M = 3.71), suggesting that while measurement activities are in place, they lack methodological depth. Most evaluations rely on structured questionnaires, which limit the scope of insights into students' latent psychological concerns. This limitation was also identified by Coulter (2012) and Bantjes et al. (2022), who advocated for multidimensional evaluation methods, such as in-depth interviews and focus groups, to uncover nuanced issues and inform timely policy adjustments. Interview data in the current study reinforce this perspective and underscore the need for a more rigorous and holistic evaluation framework.

In summary, the research findings reflect a positive shift in awareness and commitment to student MH care within the VNU-HCM system. However, they also highlight the need for a more professional, data-driven approach to MH care management that aligns with the diverse and evolving needs of students. By applying the four core functions of educational management, planning, organizing, directing and controlling this study contributes to addressing a gap in both theoretical and practical frameworks. Unlike previous studies that primarily focused on assessing prevalence or designing intervention models (Pham Le Huyen Trang et al., 2024; Vu Thi Bao Ngoc, 2019), this research offers a systematic, management-based perspective that can inform more effective policy development and implementation at institutional and system-wide levels.

4.7. Proposed solutions

Based on legal, theoretical and practical foundations, the research team proposes several solutions to enhance the management of student MH care at VNU-HCM, as outlined below:

Raise awareness among administrators, lecturers, academic advisors and students regarding MH care: It is crucial to improve the understanding of MH objectives, content and support methods among university administrators, lecturers, academic advisors and students. Discrepancies in awareness and prioritization among these groups can hinder effective coordination in implementation. Notably, the majority of stakeholders have never received specialized training in this field, limiting their ability to detect and address students' psychological issues early on.

Clearly and scientifically define objectives in MH care planning: The formulation of MH care objectives should be grounded in surveys of current student conditions, awareness levels and needs. Such data enables institutions to direct appropriate interventions, optimize resources and tailor support strategies to individual needs (Bickman et al., 2016).

Allocate human and financial resources scientifically and effectively: A shortage of specialized personnel, limited facilities and an unprioritized budget are significant barriers to implementing MH activities. Universities should clearly define the roles of each unit, enhance the application of technology and collaborate with external experts to improve service efficiency (Chen & Harris, 2023).

Ensure an environment that promotes the development of MH care activities for students: The learning environment, dormitories and living spaces significantly influence students' mental well-being. Building a friendly environment, reducing stigma, providing easily accessible counseling spaces and fostering peer support groups will contribute to strengthening

a culture of MH care within the university (Mai Thi Thanh Thuy, 2022).

Establish criteria for evaluating the effectiveness of MH care: Establishing effective evaluation criteria for MH care is crucial for standardizing and improving management quality. The survey results clearly reflect a lack in building a clear and scientific evaluation system. Therefore, establishing an evaluation criteria system is not just a measurement tool; it's also a foundation for optimizing resources, improving services and ensuring the sustainability of MH care in the university environment.

5. Conclusion

This study highlights the growing importance of MH care in higher education, particularly within the context of VNU-HCM, where students face increasing psychological pressures related to academics, career planning and social adjustment. Employing a functional management approach encompassing the core dimensions of planning, organizing, directing and controlling, the research provides a comprehensive assessment of the current status of MH care management at VNU-HCM.

Findings from both quantitative surveys and qualitative interviews demonstrate that while there is strong awareness among administrators, lecturers and academic advisors about the importance of MH care for students (M = 4.28), the actual management practices remain inconsistent and insufficiently aligned with students' diverse and evolving needs. Specific gaps were observed in the planning phase-such as limited use of needs-based data and vague definitions of MH care objectives while challenges in organizing included unclear task assignments and insufficient professional resources. Directing efforts received relatively favorable assessments but were still constrained by inconsistent implementation and a lack of comprehensive follow-up mechanisms. The controlling and evaluation function, although in

place, remains predominantly reliant on basic survey methods and lacks multidimensional assessment frameworks.

These findings reinforce prior research emphasizing the need for a systemic, institution-wide and culturally contextualized approach to student MH care. Unlike prior studies that focused primarily on intervention design or prevalence analysis, this research contributes a structured, management-based perspective that can inform more sustainable and strategic policy formulation. The five proposed solutions including: (1) raise awareness among administrators, lecturers, academic advisors and students regarding MH care; (2) clearly and scientifically define objectives in MH care planning; (3) allocate human and financial resources scientifically and effectively; (4) ensure an environment that promotes the development of MH care activities for students and (5) establish criteria for evaluating the effectiveness of MH care for professionalizing MH care in higher education. They also underscore the need for universities to move beyond ad hoc interventions toward a more data-driven and holistic management model.

In conclusion, student mental health must be recognized as a strategic priority within university governance. Strengthening the management of MH care through coherent, well-coordinated and evidence-based practices will not only support the psychological well-being of students but also contribute to building a healthier, more inclusive and resilient academic environment - an imperative for higher education institutions in Vietnam and beyond.

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