STRENGTHENING THE MENTAL HEALTH OF PERSONS WITH DISABILITIES THROUGH SOCIAL WORK PRACTICES IN INDIA AND VIETNAM

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ABSTRACT

India and Vietnam have among the most significant populations of persons with disabilities (PWDs) worldwide. PWDs are likely to experience loneliness, isolation, peer pressure, multiple abuses, anxiety disorders, and many other mental health issues, especially in developing countries. The significant research question is how social work (SW) practices lend a hand to empower marginalized and disadvantaged PWDs to effectively and efficiently address their mental disorders. As a result, the prime purpose of this study is to examine how SW practices contribute to improving the mental health of PWDs in the contemporary context of India and Vietnam. To achieve the primary goal, the authors employed a desk research method to analyze and interpret data from existing secondary sources, such as published research articles and various official reports from many international organizations and other governmental websites. The researchers categorized the prior studies into two primary areas: one focused on the mental issues faced by PWDs, while the other explored SW's broader practices in the context of providing mental healthcare for PWDs. The findings showed that SW has sufficient potential to assist PWDs in fostering and preserving their mental health under optimal conditions. Although SW services in both countries have positively impacted the strengthening of PWDs' mental health, several complex issues need to be critically considered and effectively improved. Furthermore, the authors recommended implementing practical, policy, and research initiatives to improve SW practices and the effectiveness of mental healthcare services for marginalized and differently-abled people in Vietnam and India.

KEYWORDS: Social work practices; mental healthcare; Persons with Disabilities; India; Vietnam

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Introduction

PWDs account for 16 percent of the world's population, or approximately 1.3 billion people, with 80 percent residing in Global South countries (WHO, 2022). The Global South generally reflects the Pacific, Asian, African, and South American countries. In other words, it relates to areas outside of the Global North, including a part of Europe and North America, that are typically (although not permanently) economically disadvantaged and frequently excluded politically or culturally. People also refer to it as the "Third World" or the "Periphery." The term "Global South" suggests a shift from the previous focus on development or cultural diversity to the current emphasis on geopolitical power dynamics (Dados & Connell, 2012, p. 1). India and Vietnam have among the world's largest populations of PWDs. India, a South Asian country, is home to the world's most prominent disabled population. According to the Office of the Chief Commissioner for Persons with Disabilities (2021), 26.8 million PWDs live in India, accounting for 2.21 percent of the overall population. Meanwhile, Vietnam is a developing nation in the Southeast Asian region. More than 6,199,048 PWDs comprise 7.06 percent of the overall population (General Statistics Office, 2019), making them the largest minority group in this country.

Vietnam and India are home to one of the world's largest populations of PWDs. As a result, mental healthcare services are required to provide prompt and long-term mental support for PWDs. Although the leaders of both countries have made significant efforts in legal documents to direct social action to address this complex issue, healthcare systems for community members still need to improve substantially. As Meekosha and Soldatic (2011) stated, existing human rights frameworks fail to adequately address the numerous challenges PWDs face in developing countries. In other words, PWDs often expose several psychosocial characteristics, including depression, stress, anxiety, and traumas, due to poverty, stigmatization, discrimination, disadvantages, gender inequality, and marginalization, especially in the Global South countries.

Social work (SW) has gradually evolved to address societal issues, from philanthropy to a well-established profession in India. SW has a long and rich history in India, dating back to the pre-Vedic Period, the Vedic Age, and the Gupta Empire. On the other hand, SW is a young profession in Vietnam; however, it has made several significant contributions to society. After the innovation period (Doimoi) in 1986, the Vietnamese government started considering SW as a discipline that addressed various complicated societal problems. Since 2010, Vietnam has recognized SW as a profession. Besides, August 2010 marked the SW standard and code release in Vietnam. SW has made outstanding efforts to engage PWDs in Vietnam's and India's mental health care systems. SW practitioners in the two countries have actively participated in mental health care-based communities, education settings, hospital settings, and different NGOs to empower differently-abled people to address their mental issues in fruitful pathways. However,

inadequate public awareness of SW practices' roles, functions, and potentials resulted in insufficient support for SW practices in strengthening PWD mental health in both countries.

Problem Statement Research

PWDs in India and Vietnam, like many other developing countries, are at increased risk of suffering from mental health issues such as isolation, loneliness, peer pressure, stress, depression, and many other mental illnesses due to discrimination, stigmatization, stereotyping, and labeling. This study seeks to critically investigate and analyze how SW practices contribute to strengthening the mental health of PWDs in the two countries.

Research questions

Prime Research Question:

How do social work practices significantly contribute to strengthening the mental health of PWDs in India and Vietnam?

Specific Research Questions:

- What extent can SW practices help PWDs improve their mental health?

- What are the prospects and challenges of SW practices for supporting PWDs' mental health?

- Which implicationswill enhance the prospects of SW in empowering the mental health of PWDs?

Research Objectives

Primary Research Objective:

The main study objective is to critically examine, analyze, and demonstrate how SW practices lend a hand to empower marginalized and disadvantaged PWDs in India and Vietnam to effectively and efficiently address their mental disorders.

Specific Research Objectives:

- The authors aim to comprehend how SW promotes the mental well-being of PWDs in India and Vietnam.

- The authors aim to conduct a critical analysis of the opportunities and challenges of SW practices in mental health across the two countries.

- The authors aim to provide practical, policy, and research insights to enhance SW's potential to strengthen the mental well-being of PWDs in both countries.

Methodology

The study's primary purpose is to investigate the SW's scope or engagement in strengthening PWD's mental well-being in India and Vietnam. The authors utilized several sources, including empirical studies and official reports from international organizations and governmental websites, to achieve the study's aim. Since this study solely relies on existing secondary data from various sources, it falls under the category of desk research. The literature review revealed a scarcity of studies examining the impact of SW practices on the mental health of differently-abled individuals in India and Vietnam, particularly when describing the situations in two regions based on distinct themes. The researchers have employed a descriptive study design to critically explore, analyze, and interpret the available data. This involves the concise and precise presentation of information obtained from various authentic sources, such as demographic profiles, statistical patterns, or historical data.

Literature Review

The American Psychological Association (2018) defines mental health as a mental state characterized by emotional stability, appropriate behavioral adjustments, the absence of anxiety and other impairing symptoms, the capacity to form constructive connections, and the ability to manage daily tasks and stressors. Mental health is a term that describes an individual's well-being. It allows people to address negative feelings and emotions caused by stress, pressure, and anxiety in their daily lives. Therefore, it enables people to adjust themselves to environmental changes effectively.

The literature reviews revealed a significant relationship between disability and mental illness suffering. Pagan (2022) indicates a relationship between disability and loneliness, particularly among people with severe disabilities. Putnam et al., 1996, found that special-education children experience anxiety when assigned to inclusive classrooms, especially when they realize they must collaborate with their non-disabled peers in a shared group, potentially leading to poor academic performance and behavioral issues. Tarvainen (2021) also states that loneliness happens in PWDs in three distinct stages of life: childhood, adolescence, and adulthood. The existence of loneliness in various phases of life stands out for separate interpretations. In childhood, loneliness was associated with hidden or unexpressed emotions and body shame. Loneliness occurs when teenagers perceive body-image differences from their peers without disabilities, leading to social isolation. Meanwhile, isolation in adulthood presents a disconnection from official organizations or institutions, such as families or workplaces, leading to social disadvantages. Pagan (2022) also indicated that PWDs with modified moderate or severe disabilities, or those who have completely recovered from profound disabilities, are more susceptible to loneliness.

The Indian Government places particular emphasis on promoting mental health for PWDs, particularly those suffering from mental illness. April 2007 saw the enactment of the Mental Healthcare Act 2017, which became legally binding on May 29, 2018.

Mental Healthcare includes analysis and diagnosis of a person's mental condition and treatment as well as care and rehabilitation for mental illness. The motive of this Act is to provide mental healthcare and services for persons with mental illness and to protect, promote, and fulfill the rights of such persons during delivery of mental healthcare and services. (National Human Rights Commission, 2021, p.28)

The Mental Healthcare Act of 2017 grants persons struggling with mental health disorders the following rights: the ability to make decisions about their mental healthcare and treatment; confidentiality and limitations on the disclosure of information regarding mental illness; equality and non-discrimination; the right to access information, mental healthcare, and health records; the right to provide feedback about problems and the accessibility of services; protection from inhumane, cruel, and damaging treatment; and the capacity to participate in mental healthcare and treatment decision-making processes (National Human Rights Commission, 2021).

According to Minas et al. (2017), in terms of social care, support for persons with severe and chronic mental issues is inadequate, as national and provincial social affairs authorities only offer necessities and limited assistance within extensive social protection facilities. The Vietnamese government has shown a growing interest in the mental well-being of its people over the last twenty years. The Ministry of Health oversees the mental health system, while the Ministry of Labor, Invalids, and Social Affairs (MOLISA) takes charge of the social protection system. Vuong et al. (2011) stated that, like many other Asian countries, mental health challenges in Vietnam affect people of all ages. Broaden mental health services have made outstanding efforts and priorities to enhance equal accessibility for those suffering from mental illnesses. However, these efforts fall short of meeting the specific needs of those individuals. The mental health system has continued to deal with a lack of mental health laws, a shortage of hospital beds, insufficient staff, and limited inclusion.

According to Nguyen (2015), the SW profession in Vietnam has only experienced significant growth over the last two decades. In 2011, the Vietnamese government authorized a country drive to incorporate SW into Vietnam's official healthcare facilities. This marked the first instance of such amalgamation in the nation's chronicles, which included establishments dedicated to mental healthcare. However, SW services play a crucial role in assisting autistic children and their parents in recognizing their challenges, unlocking their potential and strengths, and fostering the motivation to actively address the difficulties associated with autism syndrome, thereby reducing its negative impact (Hai & Ngoc, 2024). Nguyen (2015) also proposed establishing a model for providing

mental health services and treatment in Vietnam. On the other hand, according to UNICEF Vietnam (n.d.), social workers find it challenging to provide mental healthcare services to PWDs, particularly those with mental illness, because working with these particular patients calls for specialized knowledge and skills.

Furthermore, Jagannathan and Reddy (2020) stated that several internal and external obstacles have restricted the involvement of psychiatric disability social workers in shaping policies in India. Given that the SW approaches used in Indian society have deep roots in religious activities and have garnered admiration from the community, the alterations under the Mughal and British dynasties resulted in the perpetration of unethical actions against the human race. This led to the establishment of professional social work in India, but its goal of achieving professionalism remains unrecognized (Srivastava, 2022). Additionally, a dispute regarding the qualifications of psychiatric social workers has been going on since the Mental Healthcare Act of 2017 specified the number of mental health professionals. The profession must embrace an inclusive and open-minded perspective in the current highly competitive age, where multiple disciplines compete not only for field experience but also for employment, prominence, favorable policies, resource consumption, and salary (Sahu, 2020).
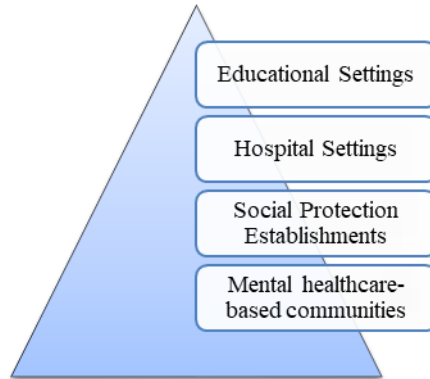
The authors classified the previous research into two main domains: one centered on the psychological issues experienced by individuals with disabilities (PWDs) and their families, while the other investigated the wider approaches employed by SW in the provision of mental healthcare for PWDs. Even though the SW services in both countries have had a positive impact on enhancing the mental well-being of individuals with disabilities, some complex difficulties require careful examination and successful improvement. Furthermore, the literature reviews indicated a dearth of studies on the significance, trends, and challenges of SW practices in strengthening the mental health of individuals with disabilities in Vietnam and India. Several scholarly studies have presented SW's contributions to improving the mental well-being of people with psychiatric disabilities and mental illnesses. However, the limited resources reflect SW's commitment to supporting the mental health of people with other types of disabilities. Furthermore, there are few studies exploring the hidden reasons for the undervaluation of SW practices in supporting the mental health of PWDs in these developing countries.

Findings and Analysis

The contributions of Social Work Practices in strengthening mental healthcare of PWDs in India and Vietnam

Figure 1

Social Work Practices in strengthening the mental healthcare of Persons with Disabilities in India and Vietnam

Educational Settings

Hospital Settings

Social Protection Establishments

Mental healthcare-based communities

Note: **The image was compiled by the authors**

Educational Settings

According to Thomas and Gnanajane (2021), there is a widely held belief in Indian society that students with disabilities should receive different treatment than students without disabilities. The school social worker's role is critical in influencing the perspectives of school administrators and educators on inclusive education. They should persuade various school stakeholders about the effectiveness and impact that inclusive education can have on campus. They can also convince school authorities to make adjustments to the school's infrastructure that are more accessible for PWDs, such as installing handrails and ramps and increasing the availability of braille texts. Additionally, there are three different types of education for differently abled people: special education, inclusive education, and semi-inclusive education in Vietnam (National Assembly, 2010). Most of the students in the special schools or centers face learning difficulties and other psychological issues. As a result, social workers cooperate with other multidisciplinary professionals, such as teachers and school counselors, to provide significant opportunities for children with disabilities to approach intervention treatment through numerous therapies, such as vocational education, cognitive behavior therapy, speech-language therapy, and counseling.

Hospital Settings

The Vietnamese Ministry of Health highly appreciates the quality of SW practices in hospitals that offer mental support for patients, including PWDs. After more than ten years of establishment and development, hospital SW has become a specialized profession. Currently, SW departments operate across various hospital settings, with 100% of government hospitals, 96.8% of SW departments at the provincial level, and

89.9% at the district level. There are 1605 professional SW practitioners and 6,000 SW collaborators in various hospital settings (Communism Party of Vietnam Online Newspaper, 2023). Hospital social workers are crucial in cooperating and communicating with patients' families, sponsors, disabled patients, and doctors. On the other hand, social workers play an essential role in providing psychosocial support for PWDs, their family members, and medical staff.

In India, medical social workers may work in mental healthcare systems, including psychiatry departments, clinics, and nursing homes, supporting patients with mental illnesses in coping with their emotional distress. Medical social workers collaborate with experts in other disciplines to effectively and efficiently strengthen the mental health of patients with disabilities by offering various services such as treatment, intervention, rehabilitation, counseling, and therapies. Particularly in hospital settings, psychiatric social workers frequently employ indigenous culture, along with the SW technique, to create a friendly environment for PWDs to develop their mental well-being.

Social Protection Establishments

According to MOLISA (2017), 50 social protection establishments provide care, treatment, and rehabilitation for people with mental illnesses, with 30 specialized, caring establishments and 20 general establishments. Social protection establishments provide monthly social allowances to 200,000 people with severe mental disorders, as well as care and rehabilitation to 13,000 homeless, poor, and mentally disturbed individuals. In particular, the government offers complimentary medical insurance for these patients. Additionally, all PWDs in social protection establishments or welfare centers can participate in occupational therapies. Leaders at various levels, patient families, and beneficiaries themselves have gradually comprehended, recognized, and appreciated the contributions of the SW profession in Vietnam through the press and other official public communications, according to MOLISA (2017).

In Vietnam, an essential function of social workers is to provide support to those with mental illness within social protection establishments. Social workers provide counseling, social and life skills training, and vocational rehabilitation services to people living with psychiatric disorders, such as the elderly and those seeking treatment for drug addiction. These social protection establishments recruit and train social workers in a strict and professional process to effectively support and work with individuals with mental illness.

Mental Healthcare-based community

In India, there are an estimated 197.3 million people with mental health illnesses, and most of them have limited or no access to mental healthcare. Consequently, mental illnesses are prevalent nationwide, and there is a considerable treatment gap (Hans & Sharan, 2021). In 1982, India launched community-based care aligned with national

mental health, following administration in Indian society. This includes public awareness generation activities, general healthcare functionaries' training, and clinical services. The program's staff members include a psychiatrist, clinical psychologist, community nurse, psychiatrist, social worker, program manager, and record keeper (Ministry of Health and Family Welfare, n.d.). Furthermore, Ponnuchamy (2012) used a simple random sampling method with 30 people with schizophrenia and their key family members. The results of Punnuchamy's (2012) study illustrate that the mean scores of all the difficulty aspects, including comprehending and interacting, self-care, getting on well with people, daily activities, social participation, and getting around, significantly decreased after the SW intervention. That demonstrates how SW interventions can help people with schizophrenia in rural locations function better socially and with mild levels of disability.

In Vietnam, social workers can facilitate the connection between patients and external resources in the community. These resources include affordable health insurance, community care programs, free medical and counseling services, and various other social benefits. The aim is to promote the patients' medical, legal, and financial stability, protect their human rights, and alleviate the burden of mental illness on their families. They emphasized the importance of connecting patients and families with tangible resources and community services, as a significant number of the patients they cater to are jobless, destitute, or facing financial difficulties (Nguyen et al., 2019).

A Critical Analysis of Social Work Practices in strengthening mental healthcare of PWDs in India and Vietnam

Prospects

Literature reviews revealed that, despite struggling to obtain high status in societies, SW practices in India and Vietnam have the potential or capacity to support vulnerable people, including PWDs. As the number of SW graduates grows, these individuals will join the primary human resources workforce. They will play a crucial role in empowering people with disabilities and promoting their mental well-being in both countries.Accompanying other disciplines, SW significantly empowers PWDs to transform positively with high self-esteem, self-acceptance, the ability to handle social relationships, emotional management, and self-actualization.

Despite the ongoing struggles of SW practitioners to reclaim their profession, there has been a nationwide expansion of SW education in India. Establishing the Tata Institute of Social Sciences (TISS) in 1936 was instrumental in founding and developing social work education and practices in India. Nevertheless, governments, NGOs, and international organizations have officially recognized SW as a distinct profession since Indian independence. Reports indicate that 181 universities (20%) and 526 social work educational institutions provide SW courses at various levels (Bhatt and Phukan, 2015, as cited in Bhatt, 2021).

Furthermore, thousands of SW students graduate from various SW course levels annually, including graduate, postgraduate, and doctoral philosophy (Paul, 2018). Along with the expansion of SW education, including psychiatry and medical SW specialization, the Mental Healthcare Act 2017, which was legally binding on May 29, 2018, became one of the foundations for boosting psychiatric SW development in India. The Mental Healthcare Act 2017 has facilitated psychiatric social workers' effective functioning and engagement in mental healthcare settings and community organizations.

In addition, even though SW has been a recognized profession in Vietnam since 2010, it has significantly lent a hand to address many societal issues. Through valuable techniques and methods, the SW profession strives to help disadvantaged populations, such as PWDs, take charge of their lives. To date, in Vietnam, there have been more than 70 universities, colleges, and vocational training establishments offering specialized training in social work. This system contributes to social work training and vocational training for about 6,500 people each year (Xuan, 2022). According to Nguyen (2020), the Vietnamese government has promoted SW for PWDs, which includes strengthening mental healthcare for these people.

SW practitioners play a crucial role in working with PWDs, particularly those with mental illness and intellectual development issues. When it comes to children with autism spectrum disorder, social workers can offer several special services, including early intervention, diagnosis, intervention/therapy, integration into society, case supervision, and vocational training rehabilitation. Meanwhile, social workers also provide several significant services for young families with children with disabilities, including prevention, psychological support, connecting with other available mobility resources, disseminating information, and increasing public awareness.

Community social workers play a crucial role in facilitating the connection between PWDs and those with mental illness, as well as their family members, community members, and other key stakeholders. Discrimination and stigmatization against PWDs may be prevalent in isolated and rural regions. PWDs are vulnerable to stereotypes, preconceived notions, and labels from community members. Hence, social workers have a vital function in promoting consciousness among community members and progressively effecting beneficial transformations, thus enhancing the importance of mental healthcare for persons with disabilities in communities. To achieve this goal, social workers must effectively coordinate cultural considerations while engaging with community members on this matter.

The social workers in both countries have addressed disability concerns by employing diverse models or approaches. Instead of defining the notion of PWDs based on charity, religion, and culture, which often carry negative attitudes, social work practices address disability by integrating medical, social, and human rights paradigms. In this way, social

work, as a profession, actively supports PWDs in releasing their multiple burdens by providing opportunities for them to help themselves. As a result, it boosts their mental well-being in sustainable ways.

Challenges

The two countries have dedicated SW approaches to enhancing the mental well-being of PWDs. However, the researchers have been eager to critically analyze several issues regarding the participation of social workers in strengthening the mental health of PWDs. The literature evaluations have shown that social workers in India and Vietnam have encountered numerous challenges when it comes to addressing the mental health issues of persons with disabilities (PWDs). Therefore, Figure 2 demonstrates the different obstacles that social work practices in both nations have encountered when operating within mental healthcare systems, as evidenced by prior studies and publications.

Figure 2

Challenges of SW Practices engaging the mental well-being of Persons with Disabilities in India and Vietnam

- Lack of public awareness of SW
- Other professionals' perception
- Inadequately trained SW practitioners
- Risky working environment
- A shortage of SW job positions in inclusive education

Note: **The image was compiled by the authors**

The social service workforce consists of social workers, community organizers, case managers, and many other professionals who actively participate in advocating and empowering vulnerable people to overcome discrimination, stigmatization, inequality, poverty, and even promoting their resilience, especially in developing countries. There is a dearth of respect and assistance for social workers in India as a result of the widespread ignorance of the importance and role of SW. Even certain social groups occasionally stigmatize social work because of its perceived lack of financial profitability or prestige (Institute of Social Work and Research, 2023). Furthermore, it was believed that there was a lack of knowledge about the SW profession and the many responsibilities carried out by social workers in Vietnam, not just among staff members but also among patients and their families (Nguyen et al., 2019). Although SW requires a comprehensive and complicated body of knowledge, skills, and methods, community members in Southeast

Asian countries do not fully appreciate and consider social work as a profession, instead viewing it as a charitable activity (UNICEF East Asia and Pacific, n.d.).

Nguyen et al. (2019) stated that, aside from expressing concerns about the overall lack of comprehension of social workers' responsibilities, mental health clinicians also demonstrated the potential conflict between social workers and current staff in mental health care settings. Over 33% of study respondents mentioned two hidden reasons for not creating more vacancies for social workers in mental healthcare systems. Firstly, they are concerned about the likelihood of discord among current staff and disruption to the treatment process if SW were to become an independent profession. During focus groups, certain physicians expressed concern that social workers could potentially assume their responsibilities or those of other specialists.

According to UNICEF Vietnam (n.d.), even though there has been advancement in setting up SW service centers and providing SW programs at central and provincial hospital levels, the quality of care provided to needy children has been limited by the shortage of social workers with significant training. As a result, there is still a gap in clinical social workers' knowledge and skills when providing mental healthcare services to people with mental illness. Therefore, there is loose coordination and participation between SW personnel and other disciplinary members. UNICEF (2019) also indicates that the most common controversial issue in the SW workforce is the shortage of knowledge and skills in South Asian regions. Aside from that, there are still a lot of financial and human resource issues that hospital social workers must deal with. On the other hand, Circular No. 43 of the Ministry of Health, Vietnam, states that SW should assist patients in lessening the burden of illness, yet the Circular also lists several boards. These overlapping activities fall outside of the authority of staff members. Hospitals also have a limited supply and quality of SW personnel, particularly social work specialists (Communism Party of Vietnam Online Newspaper, 2023).

On the other hand, trainees with mental health illnesses in social protection establishments have to deal with many risky situations. When mentally disordered patients lose control, they may even hurt themselves or healthcare workers. In several social protection centers, patients with mental health often assault social workers, especially since there have been instances where persons with mental illness have killed officials by stabbing them to death (MOLISA, 2017). Meanwhile, these institutions follow a strict and highly standardized recruitment process for these job positions. Therefore, those social protection institutions may not attract a significant number of social work specialists to apply for these job vacancies.

However, social workers in inclusive schools in both developing countries continue to encounter a range of challenges. In Vietnam, regulations state that no job positions exist for school social workers. Therefore, school SW's functions have been assigned to

official officials and teachers. Localities are still in the process of organizing socialization resources for school social workers. However, UNICEF Vietnam (n.d.) argues that social workers are crucial in prompt and fruitful intervention and response against children. In Vietnam, UNICEF is in charge of establishing and legitimizing SW. As a result, the lack of professional social workers in mainstream and special schools for students with disabilities may leave a significant gap when tackling the mental health problems of PWDs. Furthermore, despite their significant role, India undervalues school social workers (Mann, 2015).

SW Practices in supporting the mental health of individuals with "other" types of disabilities

The literature reviews indicated a dearth of studies on the significance of social workers in enhancing the mental well-being of people with many other types of disabilities in India and Vietnam. Both countries' governments primarily focus on providing psychosocial support and mental healthcare for mentally disturbed people. Apart from psychiatric disorders, a large number of people with other types of disabilities remain in India and Vietnam. Additionally, persons with other types of disabilities, such as challenges with hearing, vision, mobility, or communication, also need to have access to SW services for mental healthcare. Each kind of disability will have distinct psychosocial characteristics; for example, people with hearing and speaking difficulties may be more vulnerable to mental health conditions such as sadness, anxiety, short temper, and a sense of loneliness, especially when they try to communicate and interact with others.

The research findings indicate that individuals with physical limitations obtained significantly higher scores on subscales measuring emotional distress, social inadequacy, loneliness, and self-alienation. Moreover, the presence of disruptive emotions, feelings of inadequacy, and self-isolation undeniably affect the experience of loneliness (Rokach et al., 2006). According to Shukla et al. (2020), the association between hearing impairments, feelings of loneliness, and social isolation is more pronounced in women than in men. Hersh (2013) also examined the barriers encountered by a marginalized population of individuals who experience both deafness and blindness, including difficulties pertaining to communication, self-governance, and social seclusion.

As a result, social workers and counselors must not ignore PWDs' needs when approaching mental health services in hospital settings, educational institutions, and social protection centers. People with "other" forms of disabilities, such as cleft lip and cleft palate, constitute the single significant category of disabilities in both countries. Therefore, strengthening the counseling and therapy to support PWDs is essential to make them feel relieved and listened to. The purpose of assisting PWDs' mental healthcare is to engage them in personal transformation with various personalities, such

as independence, self-respect, positive relationship building, self-determination, and self-actualization.

Role Model Social Worker suggestion

The aforementioned research sections have critically discussed SW practice's potential and challenges in supporting and strengthening the mental health of PWDs in India and Vietnam. As a result, the researchers have proposed role models for social workers (Figure 3) to effectively and efficiently apply their knowledge and skills to work independently and collaborate with other disciplinary professionals in promoting the mental well-being of PWDs in India and Vietnam.

Figure 3

Roles of Social workers in supporting the mental health of Persons with Disabilities
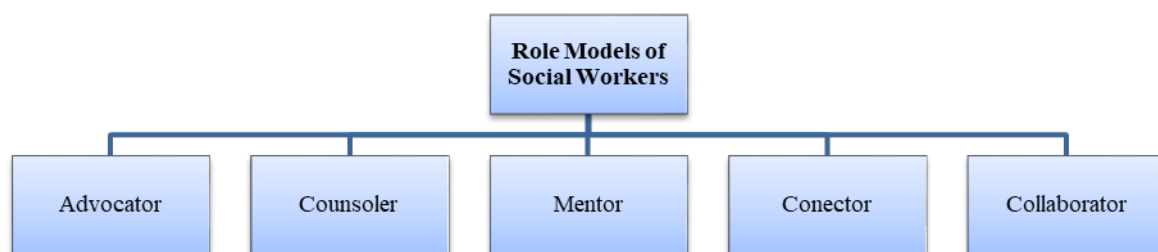
Note: **The image is compiled by the authors**

To avoid conflicts with other professionals who support the mental health of PWDs, social workers must be clearly aware of their role models. It is the appropriate way for social workers to stand up for themselves in multiple disciplinary groups. Social workers need to advocate for the rights of PWDs to mental healthcare in schools, hospitals, or communities. Furthermore, in their role as counselors, social workers provide psychological support and counseling, offer explanations, assist clients in expressing their problems and opinions, solve mental puzzles, and engage them in the process of overcoming their problems by using their strengths. The mentor's role is to find a way to guide PWDs so that they can deal with their mental issues. Education creates awareness and helps people change their perceptions and behaviors. On the other hand, a connector's role is to create and support mutual understanding between PWDs and other people so that they do not suffer from misunderstanding, isolation, or loneliness. Finally, SW practitioners collaborate with other disciplinary experts to find beneficial solutions and processes to support PWDs in establishing and maintaining their mental well-being.

Implications

Practices

The research suggests that organizations and institutions should organize workshops, seminars, and conferences to enhance the knowledge, skills, and techniques of psychiatric social workers and school psychologists. This is crucial to addressing the mental health challenges faced by individuals with disabilities in the Global South. Social workers should apply Maslow's Five Hierarchy of Needs to address the psychological traits of PWDs, such as physiological requirements, security, social connections, self-esteem, and self-actualization. It is also critical to evolve SW practices across various scopes, such as educational institutions, hospitals, NGOs, social protection centers, and drug and alcohol rehabilitation facilities. We recommend a comprehensive approach that combines vocational training with social and life skills training to enhance the mental health of PWDs. Different disability paradigms, such as the rights-based model and the society model, can help address mental health issues and multiple psychosocial dimensions. Finally, SW practitioners should effectively manage their emotional dimensions when working with PWDs.

Policies

In the context of the Global South, the national leaders of both countries need to enact efficient and effective policies to assign the occupations of SW practitioners in various settings, especially for school social workers in Vietnam, to contribute to mental healthcare support for students with disabilities. Furthermore, the researchers recommend that the national governments of both countries establish a comprehensive and specific document that outlines SW practitioners' responsibilities, roles, and functions in providing mental healthcare services for PWDs in various organizations and institutions at different levels. Apart from that, the leaders of both countries should promulgate policies supporting and welcoming NGOs and international organizations that wish to implement regulations or programs assisting PWDs' mental health.

Research

Researchers must take into account ethical considerations when conducting studies on mental healthcare for individuals with disabilities. Scholars must minimize physical and psychological harm while maximizing the benefits of improving PWDs' well-being. Furthermore, they must carefully consider the cultural sensitivity of PWDs in developing countries. Furthermore, the study encourages institutions and organizations to organize multiple seminars, conferences, or workshops to share literature and scholarship, with the aim of enhancing the mental health of PWDs in both countries. Finally, the researchers recommend that institutions and organizations initiate research to explore successful

methods or models for supporting the mental health of PWDs. These research findings are crucial and evident for policy-making and practices.

Conclusion

The provision of mental healthcare for individuals with disabilities is a significant concern in the countries of the Global South. The study findings indicated that social workers have actively contributed to strengthening the mental health of PWDs in four main aspects, including educational settings, hospital settings, social protection establishments, and mental healthcare-based communities. Furthermore, the research outcomes stated that SW, like many other professions, has ample potential to deal with the mental health challenges encountered by PWDs in the two countries. Especially with the increasing number of social work graduates, these individuals will become part of the main workforce in human resources. In both India and Vietnam, they will have a vital impact on enabling PWDs and advancing their psychological well-being.

Social workers have a vital role in assisting persons with disabilities, especially those who present with mental illness and intellectual development challenges. Their scope of services includes early intervention, diagnosis, therapy, societal integration, case supervision, and vocational training rehabilitation. In addition, they offer services tailored to young families with impairments, including the provision of preventive measures, psychological assistance, and public education. In order to raise awareness and improve mental healthcare for PWDs, community social workers establish links between PWDs and their families. To effectively address disability concerns and foster sustained mental well-being, community social workers integrate medical, social, and human rights paradigms.

Furthermore, the authors discovered that social workers have encountered numerous challenges that prevent them from fully engaging in supporting the mental health of PWDs, such as a lack of public awareness of SW, the unfavorable attitudes of other professionals, inadequately trained SW practitioners, a risky working environment, and a shortage of SW job positions in inclusive education. The authors suggested significant role models for social workers to avoid unexpected conflicts with other disciplines. These roles include advocate, counselor, mentor, connector, and collaborator when working with PWDs in general and their mental health issues in particular. The present study also highlighted various areas that require changes in practices, policymaking, and research to address PWD mental health issues in India and Vietnam. Hence, this research is a foundation for a complex scenario that embodies a controversial issue of mental health advocacy for PWDs in the Global South.

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