



Adapting Mindfulness-Based Cognitive Therapy (MBCT) to reduce depression risk in Khmer Boarding High School Pupils in the Mekong Delta

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Abstract

This study examines the adaptability of Mindfulness-Based Cognitive Therapy (MBCT) to reduce the risk of depression among Khmer boarding high school pupils in the Mekong Delta. The study was conducted using a mixed-methods approach, combining a quantitative survey of 175 people, including administrators, teachers, parents, and pupils at 5 ethnic boarding schools in Vinh Long province and Can Tho city, along with semi-structured interviews of 15 participants. Research findings indicate that Khmer boarding school pupils face numerous psychological pressures, such as feelings of loneliness, difficulty sharing emotions, academic stress, and persistent negative thinking. In this context, MBCT is considered a suitable psychological support model because it helps pupils identify emotions, regulate negative thinking, and enhance their sense of psychological safety. The study also shows that the effectiveness of MBCT depends significantly on cultural adaptation, the involvement of the school and family, and the sustainability of mindfulness practices. The research results contribute to expanding the application of MBCT in school education and provide a scientific basis for mental health support models for ethnic minority pupils in Vietnam.

Keywords: MBCT, School depression, Khmer pupils, Mindfulness, Boarding school education

1. Introduction

School mental health is becoming a particularly important issue in modern educational and psychological research, especially amid increasing academic pressure, social change, and environmental changes affecting young people. Among the common psychological disorders in high school pupils, depression is considered a serious risk because it not only affects emotions, behavior, and academic performance but also has long-term impacts on personality development and social integration. For ethnic minority pupils studying in boarding schools, this risk is even more noteworthy as they are simultaneously affected by many factors such as being far from family, cultural differences, limited social interaction, and pressure to adapt to school life.

In the Mekong Delta region, the Khmer community is one of the ethnic minority groups with unique socio-cultural characteristics. In recent years, educational development policies in Khmer communities have undergone many positive changes aimed at improving literacy and expanding access to education for ethnic minority pupils (Bach Thanh Sang, 2015; Thanh Hoa, 2024). Many localities such as Tra Vinh, Soc Trang, and Kien Giang have invested significantly in the system of ethnic boarding schools to support Khmer pupils in accessing a better learning environment (Phuc Son, 2019). However, alongside the achievements, the boarding school environment also poses many challenges to the psychological well-being of pupils. Living away from family for extended

periods, changes in social environment, and the pressure to adapt to collective discipline can easily lead to feelings of loneliness, psychological stress, and a decline in positive emotions among many pupils.

Research by Nguyen Thi Mai Lan (2023) shows that Khmer people in the Mekong Delta region have communication and emotional expression characteristics that are communal, emphasizing discretion and a tendency to limit the disclosure of individual psychological states. This makes it difficult for many pupils to proactively seek psychological support when facing mental difficulties. In reality, mental health support programs in schools in this area are still limited, mainly focusing on academic counseling or career guidance, while specialized psychological interventions for ethnic minority pupils have not been widely implemented. This gap highlights the need to find psychological support models that are more suitable to the cultural context and educational environment of Khmer boarding pupils.

Among current approaches, Mindfulness-Based Cognitive Therapy (MBCT) is considered one of the effective intervention models for depression and related emotional regulation issues. MBCT combines cognitive therapy and mindfulness practice to help participants identify negative thoughts, develop the ability to observe inner experiences without judgment, and thereby reduce the tendency to automatically react negatively emotionally (Crane, 2017; Sipe & Eisendrath, 2012). Numerous studies have confirmed that

mindfulness practice is positively associated with mental health, subjective well-being, and emotional regulation (Brown & Ryan, 2003; Bellin, 2015). A review by Keng, Smoski, and Robins (2011) also showed that mindfulness has a significant impact on reducing anxiety, depression, and psychological stress.

In particular, MBCT is not only applied in clinical settings but also demonstrates effectiveness in community and educational contexts. Tickell et al. (2020) affirmed that MBCT has positive effects in practical conditions outside of specialized therapy environments. Omidi et al. (2013) showed that MBCT can improve depressive symptoms equivalent to or superior to some traditional cognitive therapies. Other studies also emphasize the role of mindfulness practice in enhancing well-being, adaptability, and positive self-esteem (Coo & Salanova, 2017; Hollis-Walker & Colosimo, 2011). However, most current studies mainly focus on adults or clinical patients, while research on ethnic minority pupils in boarding school environments remains very limited.

From the above analysis, it can be seen that the study of adapted MBCT (Ministry of Health, Culture, and Therapy) for Khmer boarding high school pupils in the Mekong Delta region is not only significant in terms of applied psychology but also has profound educational and social value. Adapting therapy to the cultural, linguistic, and environmental characteristics of Khmer pupils can contribute to the formation of a more appropriate, humane, and feasible school psychological support model in the context of ethnic minority education today. At the same time, this study also contributes to supplementing the scientific basis for developing school mental health intervention programs that integrate education, culture, and psychotherapy in the context of contemporary Vietnam.

2. Overview of the research situation

2.1. Evaluating research results related to the topic

Over the past two decades, Mindfulness-Based Cognitive Therapy (MBCT) has become one of the most popular approaches in the field of mental health and applied psychology. International studies show that MBCT is not only valuable in treating depression but also contributes to improving emotional regulation, reducing psychological stress, and improving the quality of life of participants.

Theoretically, MBCT is on the basis of combining behavioral and cognitive therapy with mindfulness practice to help individuals identify recurring negative thought patterns, while developing the ability to observe inner experiences without automatically reacting emotionally (Crane, 2017; Sipe & Eisendrath, 2012). According to Brown and Ryan (2003), mindfulness is seen as a state of conscious presence with the present experience, helping individuals reduce their tendency to get caught up in negative thoughts or unstable emotions. This is considered an important mechanism that helps MBCT create a positive impact on mental health.

Numerous empirical studies have demonstrated the effectiveness of MBCT in reducing depressive symptoms and improving mental state. Omidi et al. (2013), when comparing MBCT with traditional cognitive behavioral therapy, showed

that MBCT significantly reduced the manifestations of major depressive disorder. Tickell et al. (2020) further affirmed the effectiveness of MBCT in a real-world healthcare setting, showing that this therapy is not only suitable in intensive care settings but can also be applied in community and educational contexts. A review by Keng, Smoski, and Robins (2011) also indicated that mindfulness practice is positively associated with reduced anxiety, reduced stress, and improved emotional regulation.

Besides its impact on depression, many studies have extended MBCT to include improving psychological well-being and personal adaptability. Bellin (2015) suggests that mindfulness is closely related to the sense of meaning in life and subjective happiness. Hollis-Walker and Colosimo (2011) further affirm the relationship between mindfulness, self-compassion, and positive emotions in non-professional meditation practitioners. Meanwhile, research by Coo and Salanova (2017) shows that mindfulness practice can contribute to increased happiness levels and personal performance. These results suggest that MBCT not only aims at treatment but also supports the development of positive mental health.

Another noteworthy research direction relates to the adaptability and scalability of MBCT application to groups with specific psychological characteristics. King et al. (2013) tested group MBCT on veterans with post-traumatic stress disorder and noted significant improvements in emotional state. Mackenzie and Kocovski (2016) noted that the current trend of mindfulness meditation is shifting from a clinical treatment model to multi-context applications, including education, community, and preventive mental health care.

In addition, many studies also emphasize the role of regular practice in the effectiveness of mindfulness meditation. Parsons et al. (2017), through meta-analysis, showed that the level of mindfulness practice at home is strongly related to improved psychological outcomes. This suggests that the development of mindfulness meditation programs in schools needs to focus on continuity and the ability of learners to maintain practice.

In Vietnam, research on mindfulness meditation is still relatively new and mainly approaches it from an introductory or clinical application perspective. Several popular articles, such as those by Luu Dinh Long (2024), Nancy Schimelpfening (2024), and Vietnamese Buddhists (2025), have initially helped to disseminate awareness of mindfulness-based cognitive therapy in the community. However, empirical or applied studies in educational environments are still very limited.

Regarding the context of Khmer ethnic minority pupils in the Mekong Delta, current research mainly focuses on educational development, raising the intellectual level, or the cultural and communication characteristics of the Khmer community (Bach Thanh Sang, 2015; Phuc Son, 2019; Thanh Hoa, 2024). Nguyen Thi Mai Lan (2023) suggests that Khmer people in the Mekong Delta tend to have a highly communal communication style, valuing discretion and limiting the expression of personal emotions. This characteristic may significantly affect pupils' ability to share psychological difficulties in boarding school

environments. However, to date, there have been few studies combining school psychology therapy with the cultural characteristics of Khmer pupils.

2.2. Research gaps and directions

Although MBCT has been widely studied worldwide, the majority of current research focuses on adults or clinical patient groups, while research on high school pupils, especially ethnic minority pupils in boarding school settings, remains limited. This gap highlights the need to expand the scope of MBCT research to include student groups at high risk of psychological trauma.

Furthermore, existing studies primarily approach MBCT as a universal therapeutic model without adequately considering cultural adaptation. For Khmer pupils in the Mekong Delta, cultural factors, language, community life, and communication characteristics can directly affect the effectiveness of the therapy. Applying the MBCT prototype from Western contexts without appropriate adjustments may reduce its feasibility and acceptance among pupils.

Furthermore, the boarding school environment creates unique psychological conditions such as separation from family, limited personal space, and pressure to adapt to the collective environment. However, current studies on school mental health in Vietnam have not yet considered this a significant variable in intervention design. This gap highlights the need to develop a mental health model adapted to the conditions of ethnic minority boarding schools.

Based on these gaps, this study aims to adapt the mental health model for Khmer ethnic minority high school boarding pupils in the Mekong Delta region in three aspects: therapeutic content, practice methods, and cultural-educational context. Simultaneously, the study also aims to test the ability of the adapted mental health model to reduce depression in the school environment, contributing to the scientific basis for current mental health support programs for ethnic minority pupils in Vietnam.

3. Research methods

The study was conducted using a mixed-methods approach, combining quantitative and qualitative methods to assess the suitability of mindfulness-based cognitive therapy (MBCT) for Khmer boarding high school pupils in the Mekong Delta, while also analyzing the psychological, cultural, and educational factors related to the adaptability of the therapy in the school environment. The mixed-methods design was chosen to ensure the ability to describe the current situation, test the impact, and provide in-depth explanations of the psychosocial characteristics of the research subjects.

3.1. Research design

The study used a convergent mixed-methods design, in which quantitative and qualitative data were collected in parallel, then compared and integrated during the analysis process to increase the reliability of the research results. This approach is suitable for studies on school mental health and culturally-based psychological interventions, as it allows for both quantifying

general psychological trends and explaining the depth of participants' experiences.

Quantitatively, the study focuses on surveying the perceptions and evaluations of relevant groups regarding: (1) the state of psychological stress and the risk of depression among Khmer boarding pupils; (2) the appropriateness of the MBCT; (3) the expected effectiveness of the adaptive MBCT; and (4) the conditions for ensuring the implementation of the model in schools. Qualitatively, the study uses semi-structured interviews to explore in depth the psychological experiences, difficulties in adapting to boarding school, and participants' views on the applicability of the MBCT in ethnic education environments.

3.2. Research subjects and sample

The study was conducted at five ethnic boarding schools with Khmer pupils in Vinh Long province and Can Tho city. The total quantitative sample consisted of 175 individuals, selected using a stratified sampling method to ensure diversity in roles and educational contexts. The sample structure included: 20 administrators (11.43%); 45 teachers (25.71%); 40 parents (22.86%); 70 Khmer high school boarding pupils (40.00%).

The selection focused on pupils who had been continuously residing in the boarding school for at least one academic year to ensure the ability to reflect on their psychological experiences and adaptation to the collective environment.

For the qualitative study, the research team conducted semi-structured interviews with 15 people, including 5 pupils, 4 teachers, 3 administrators, and 3 parents. The subjects were coded from PV01 to PV15 to ensure information confidentiality and ethical research standards.

3.3. Data collection tools

Quantitative data were collected using a questionnaire designed with a 5-point Likert scale, from 1 "strongly disagree" to 5 "strongly agree". The indicator groups were constructed based on the MBCT theory of Crane (2017), Sipe and Eisendrath (2012), Keng et al. (2011), and referenced studies on mindfulness, emotional regulation, and mental health by Brown and Ryan (2003), Hollis-Walker and Colosimo (2011), and Tickell et al. (2020).

The questionnaire consists of four main content groups: Current status of psychological stress manifestations and risk of depression; Appropriateness of the adaptive learning program for Khmer boarding pupils; Expected effectiveness of the adaptive learning program; Conditions ensuring the implementation of the adaptive learning program in schools.

To ensure reliability and measurability, the questionnaire was piloted on a small group before official implementation. The validation results showed that all scales achieved good reliability with a Cronbach's Alpha greater than 0.80.

Qualitative data were collected through semi-structured interviews with open-ended questions related to boarding experience, psychological stress manifestations, ability to share emotions, and awareness of mindfulness practices in the school environment.

3.4. Data processing and analysis methods

Quantitative data were processed using descriptive statistics to determine the mean, standard deviation, and Cronbach's Alpha reliability coefficient of the scales. Rating levels were classified according to the mean range: 1.00–1.80: very low; 1.81–2.60: low; 2.61–3.40: medium; 3.41–4.20: fairly high; 4.21–5.00: very high.

In addition, the study applied the mediating and moderating analysis approach according to Baron and Kenny (1986) and Hayes (2013) to suggest the possibility of considering the mediating role of mindfulness, emotional regulation, or self-compassion in the relationship between MBCT and the level of depression reduction in pupils.

Qualitative data were processed using thematic analysis. Representative statements were coded, classified, and compared with quantitative results to enhance the explanatory power and academic depth of the research.

3.5. Research ethics

The study ensures compliance with ethical principles in social

science and educational psychology research. Participants were fully informed about the research objectives, their right to opt out, and the principles of confidentiality of personal information. All survey and interview data are for academic research purposes only and are not used for any commercial purposes or personal evaluation.

4. Research results

4.1. Current status of psychological stress manifestations and risk of depression in Khmer boarding high school pupils

The survey results show that Khmer pupils in boarding school environments are facing various psychological pressures. Prominent manifestations include feelings of loneliness, persistent negative thinking, academic pressure, and difficulty in sharing emotions. The overall average score for this group is quite high (Mean = 3.86), reflecting a significant risk to school mental health.

Table 1: Current status of psychological stress manifestations and risk of depression

No.	Code	Survey content	Cronbach's alpha	SD	Mean
1	TD1	Pupils often feel lonely and lack emotional support when living in boarding schools far from their families	0.881	0.79	4.11
2	TD2	Academic pressure and performance expectations lead to prolonged fatigue and loss of motivation in many pupils	0.876	0.82	3.97
3	TD3	Khmer pupils tend to keep negative emotions to themselves instead of actively seeking psychological support	0.869	0.76	4.03
4	TD4	Adapting to a communal boarding school environment increases psychological stress in some pupils	0.872	0.81	3.88
5	TD5	Many pupils exhibit recurring negative thinking when facing academic difficulties or conflicts with friends	0.883	0.84	3.79
6	TD6	Pupils also have limited ability to identify and regulate negative emotions in daily school life	0.878	0.77	3.82
7	TD7	Current psychological support activities in boarding schools do not fully meet the emotional needs of pupils	0.886	0.83	3.45

The results showed that the indicator “feeling lonely and lacking emotional sharing” scored the highest (Mean = 4.11). This quite clearly reflects the impact of the boarding school environment on ethnic minority pupils, especially during adolescence, a period of emotional sensitivity and a need for social connection. This result is consistent with the observation of Nguyen Thi Mai Lan (2023) that Khmer people tend to communicate discreetly and rarely express their inner feelings, leading to difficulties in sharing psychological difficulties. The indicator related to “keeping negative emotions secret” also reached a very high level (Mean = 4.03), indicating that cultural and psychological barriers still exist in accessing emotional support. This is an important issue because, according to Keng et al. (2011), prolonged emotional repression can increase the

risk of depression and impair psychological adaptability. Notably, the indicator for “psychological support activities in boarding schools do not adequately meet needs” scored the lowest but was still at a relatively high level (Mean = 3.45). This indicates that the current school psychological support system lacks specialization and is not suitable for the cultural characteristics of Khmer pupils.

4.2. The appropriateness of MBCT therapy for Khmer pupils in boarding environments

The survey results show that the majority of participants rated MBCT as relatively appropriate for Khmer boarding pupils, especially in its ability to support emotional identification, reduce negative thinking, and increase psychological stability.

Table 2: Appropriateness of MBCT for Khmer boarding pupils

No.	Code	Survey content	Cronbach's Alpha	SD	Mean
1	MB1	Mindfulness practices help pupils become calmer when facing academic and boarding school pressures	0.891	0.73	4.18
2	MB2	MBCT is suitable for Khmer pupils because it focuses on observing emotions rather than forcing direct emotional expression	0.887	0.71	4.09
3	MB3	Breathing and mindfulness activities help pupils improve their ability to control negative daily thoughts	0.893	0.74	4.14
4	MB4	The group practice format in MBCT creates a sense of psychological safety for Khmer boarding school pupils	0.885	0.77	3.95
5	MB5	MBCT content can be flexibly adapted to the culture and spiritual life of Khmer pupils	0.896	0.72	4.06
6	MB6	Pupils can easily access mindfulness techniques when guided in familiar and practical language	0.882	0.78	4.12
7	MB7	MBCT has the potential to become a suitable school psychological support activity in ethnic boarding schools	0.894	0.75	4.21

The results showed that participants highly rated the potential application of MBCT in ethnic minority boarding schools (Mean = 4.21). This is consistent with the views of Crane (2017) and Sipe and Eisendrath (2012), who argued that MBCT has advantages in developing emotional awareness through direct experience rather than dialogical therapeutic pressure. The indicator "MBCT is suitable for Khmer pupils because it focuses on observing emotions instead of forcing direct emotional expression" reached a Mean = 4.09. This is a significant finding because Khmer pupils tend to communicate reservedly and limit the expression of personal emotions (Nguyen Thi Mai Lan, 2023). Thanks to its non-judgmental nature and respect for personal experience, MBCT has the

potential to create a psychologically safe environment for pupils. Furthermore, practicing mindfulness through breathing, attention, and body observation was rated as accessible to boarding pupils (Mean = 4.12). This result is consistent with Brown and Ryan (2003), who argued that mindfulness helps individuals increase their presence in the present experience and reduce negative emotional responses.

4.3. Expected effectiveness of adaptive MBCT on pupils' mental health

The research results show that participants rated the adaptive MBCT as capable of creating many positive changes in the mental health of Khmer boarding pupils.

Table 3: Expected effectiveness of adaptive MBCT on Khmer boarding pupils

No.	Code	Survey content	Cronbach's alpha	Standard deviation	Mean
1	HQ1	MBCT helps pupils reduce the level of persistent negative thinking in their studies and daily lives	0.903	0.71	4.17
2	HQ2	Regular mindfulness practice contributes to improving pupils' emotional regulation	0.897	0.69	4.23
3	HQ3	MBCT helps pupils enhance their sense of psychological safety and reduce prolonged anxiety in boarding school	0.901	0.73	4.11
4	HQ4	Activities involving mindfulness and body observation help pupils improve sleep quality and mental state	0.895	0.76	3.98
5	HQ5	MBCT contributes to increased self-confidence and social adaptability among Khmer pupils	0.906	0.74	4.09
6	HQ6	Pupils tend to be more positive in communication and learning after regular mindfulness practice	0.899	0.72	4.06
7	HQ7	MBCT helps build a humane school environment and supports pupils' mental health more effectively	0.908	0.70	4.28

The highest-scoring indicator was "building a more humane school environment and supporting mental health more effectively" (Mean = 4.28). This shows that participants viewed MBCT not only as a personal support technique but also as a method to improve the school's psychological environment. The result for "improving emotional regulation" reached a Mean = 4.23, consistent with the overview of Keng et al. (2011) and Mackenzie & Kocovski (2016) on the role of mindfulness in emotional regulation and reducing depression recurrence. In addition, the indicator related to sleep and mental state (Mean = 3.98) shows that MBCT can support both

physical and psychological aspects. This is consistent with the observation of Riemann et al. (2016) that MBCT has a positive impact on disorders related to prolonged stress and emotions.

4.4. Conditions for ensuring the implementation of the MBCT in Khmer boarding high schools

Besides its suitability and expected effectiveness, the study also identified several necessary conditions for the sustainable implementation of the MBCT in a boarding school environment.

Table 4: Conditions for ensuring the implementation of the MBCT in boarding schools

No.	Code	Survey content	Cronbach's alpha	Standard deviation	Mean
1	DK1	The school needs to build a team of teachers and psychological support staff trained in Mindfulness Practice	0.911	0.67	4.32
2	DK2	The content of Mindfulness Practice needs to be adapted to the cultural and communication characteristics of Khmer pupils	0.907	0.69	4.26
3	DK3	Cooperation between the school and parents is necessary in supporting mindfulness practice for pupils	0.905	0.71	4.18
4	DK4	Mindfulness practice sessions should be held in a safe and student-friendly environment	0.909	0.70	4.24
5	DK5	The school needs to integrate mental health care activities into the regular school education program	0.913	0.68	4.31
6	DK6	Maintaining weekly mindfulness practice is crucial for the long-term effectiveness of the intervention	0.904	0.73	4.12
7	DK7	The consensus of administrators and teachers determines the sustainability of the Mindfulness Practice model in schools	0.910	0.69	4.27

The results showed that the most pressing need was to build a team of psychological support staff trained in MBCT (Mean = 4.32). This reflects the fact that many boarding schools currently lack dedicated personnel for school mental health. In addition, participants particularly emphasized the need for cultural adaptation to MBCT content (Mean = 4.26). This result indicates that the effectiveness of the therapy depends

significantly on the ability to connect with the lived experiences, language, and psychological characteristics of Khmer pupils. Furthermore, coordination between the school and family was also highly valued (Mean = 4.18). This is consistent with the views of Parsons et al. (2017) on the role of continuous practice and a supportive environment in maintaining the effectiveness of mindfulness. The research

results suggest that adapted MBCT has the potential to become a suitable school psychological support model for Khmer boarding high school pupils in the Mekong Delta. Not only does this model contribute to reducing the risk of depression, but it also supports the creation of a more humane, psychologically safe, and culturally appropriate educational environment for ethnic minority pupils.

5. Discussion

The research results show that adapting mindfulness-based cognitive therapy (MBCT) to Khmer boarding high school pupils in the Mekong Delta is a scientifically sound intervention approach that is appropriate for the current context of ethnic minority education. The four groups of results clearly reflect the relationship between the need for school mental health support, the psychological and cultural characteristics of Khmer pupils, and the potential application of MBCT in boarding schools. Notably, indicators related to loneliness, keeping negative emotions secret, academic pressure, and limited ability to self-regulate emotions all reached relatively high levels. This indicates that depression in boarding pupils is not only a personal issue but is also linked to the living environment, communication structure, and psychological support conditions in the school.

First, the findings regarding feelings of loneliness and a tendency to share emotions less among Khmer pupils are consistent with Nguyen Thi Mai Lan's (2023) observation about the reserved, community-oriented communication style and the reluctance to directly express inner feelings among Khmer people in the Mekong Delta. In a boarding school environment, this characteristic can widen the gap between the need for psychological support and the ability to proactively seek help. This is a significant difference compared to individual psychological intervention models that emphasize the direct expression of emotions. Therefore, MBCT has certain advantages in that it does not force pupils to recount details of painful experiences, but guides them towards identifying thoughts, observing emotions, and establishing a softer relationship with inner experiences.

Theoretically, the research results reinforce the argument that MBCT impacts depression by changing the individual's relationship with negative thought patterns. Crane (2017) and Sipe and Eisendrath (2012) both emphasize that MBCT does not attempt to eliminate unpleasant emotions immediately, but rather helps practitioners recognize that thoughts are just thoughts, and emotions are just ongoing states, thereby reducing automatic responses and identification with negative content. This is particularly relevant for boarding school pupils, as they often cannot quickly adapt to living conditions such as being away from family, academic pressure, or collective rules. MBCT helps pupils develop the ability to cope with difficult circumstances in a more mindful way, instead of being caught in a cycle of anxiety, self-blame, or helplessness.

Survey results also showed that participants highly valued MBCT's ability to support emotional regulation and reduce negative thinking. This finding is consistent with the overview of Keng, Smoski, and Robins (2011), in which mindfulness

was shown to be positively associated with reduced stress, anxiety, and depressive symptoms. Brown and Ryan (2003) also argue that mindfulness helps individuals be present with the present experience, thereby reducing the tendency to operate on unconscious psychological habits. For Khmer boarding school pupils, this capacity for presence can help them recognize early signs of sadness, stress, or low self-esteem before those emotions develop into prolonged depressive symptoms.

One point requiring further discussion is the value of cultural adaptation. The MBCT (Ministry of Education and Training) was developed in a Western context, but it should not be transferred verbatim to ethnic boarding schools. Research shows that the content of the MBCT needs to be adapted to the language, imagery, daily routines, and communication characteristics of Khmer pupils. This does not distort the MBCT, but rather enhances its cultural relevance and the learners' ability to accept it. In the context of the Khmer community, where education is receiving significant state investment to improve literacy and expand learning opportunities (Bach Thanh Sang, 2015; Thanh Hoa, 2024), supplementing it with a suitable mental health support model will contribute to a more comprehensive ethnic education policy.

The research also suggests that the MBCT is not only a therapy for reducing depression but also a method of developing psychological capacity. Indicators of increased psychological safety, improved communication, enhanced self-confidence, and social adaptation suggest that MBCT can be viewed as a personal development educational activity. This is consistent with Bellin (2015), Hollis-Walker, and Colosimo (2011), who emphasized the relationship between mindfulness, self-compassion, and subjective well-being. When pupils learn to observe themselves with a non-judgmental attitude, they can reduce self-blame, lessen feelings of guilt, and build a more humane relationship with themselves.

Another finding with practical significance is that the implementation of MBCT strongly depends on the capacity of the school. Indicators of teacher training, safe space provision, and regular practice all scored highly. This is consistent with Parsons et al. (2017), who argued that the effectiveness of MBCT and mindfulness programs is significantly influenced by the frequency of practice. If MBCT is only organized as a short-term movement activity, its effectiveness will be difficult to sustain. Conversely, if integrated into school counseling, boarding school life, or life skills education, this model can create a cumulative impact on pupils' mental health.

Compared to international studies, the results of this study are consistent with the trend of expanding MBCT beyond the clinical setting. Tickell et al. (2020) demonstrated the effectiveness of MBCT in practical healthcare services, while Mackenzie and Kocovski (2016) argued that MBCT is developing towards greater flexibility in various application contexts. However, the unique contribution of this study lies in placing MBCT in the context of ethnic minority boarding school pupils in Vietnam, where school mental health is simultaneously influenced by culture, education, family, and collective living conditions.

However, the study also needs to be considered with some limitations. Firstly, the survey data reflects the perceptions and assessments of the relevant groups, not the results of a long-term intervention trial. Secondly, the sample of 175 people in Vinh Long and Can Tho is suggestive but not representative enough of all Khmer pupils in the Mekong Delta region. Thirdly, the study did not fully test the mediating mechanisms such as mindfulness, self-compassion, or emotional regulation. In subsequent studies, the mediating and regulating models suggested by Baron and Kenny (1986) or Hayes (2013) could be applied to determine whether MBCT reduces depression through increased mindfulness, increased self-compassion, or improved emotional regulation.

From the above analysis, it can be affirmed that adapting MBCT for Khmer boarding high school pupils is a research direction with theoretical and practical value. This model not only expands the application of Mindfulness-Based Cognitive Therapy (MBCT) in Vietnamese education, but also contributes to building a culturally sensitive approach to school psychological support, suitable for ethnic minority pupils and meeting the current mental health care needs in schools.

6. Conclusion

The study has shown that adapting mindfulness-based cognitive therapy (MBCT) to Khmer boarding high school pupils in the Mekong Delta is a meaningful approach both theoretically and practically in the context of increasing attention to school mental health. Survey results at 05 ethnic boarding schools show that Khmer pupils are facing many manifestations of psychological stress such as loneliness, difficulty sharing emotions, academic pressure, and a tendency towards prolonged negative thinking. These factors increase the risk of depression and directly affect pupils' ability to adapt to school. In this context, Mindfulness-Based Cognitive Therapy (MBCT) is considered a suitable psychological support model due to its ability to help pupils identify emotions, regulate negative thoughts, and develop a state of mindfulness towards present experiences. In particular, the study confirms that the effectiveness of MBCT depends significantly on the degree of adaptation to the cultural characteristics, communication, and living environment of Khmer boarding pupils. Integrating mindfulness practices into the educational environment not only contributes to reducing the risk of depression but also supports the creation of a safe, humane, and psychologically supportive school environment. The study also suggests a scientific basis for developing culturally sensitive school mental health care models for ethnic minority pupils in Vietnam today.

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