



MENTAL HEALTH ePROGRAM

RESULTS OF THE EVALUATION OF THE COMMUNITY NEEDS FOR A GLOBAL GRANT

Use this form to inform The Rotary Foundation of the results of your community needs assessment when applying for a global grant.

Assessing the strengths, weaknesses, needs, and assets of the community you plan to help is a critical first step in designing an effective and sustainable block grant-funded project. Consult [Resources to Assess Community Needs](#) for complete instructions and helpful tips.

This form will help you report the results of your community needs assessment, which is a requirement for grant applications for humanitarian projects or vocational training equipment. Complete a separate form for each beneficiary community (for example: school, health system or population), using current and specific information for each of them. Remember that you will not be able to use block grant funds to cover the cost of this evaluation, but you may be able to use district grant funds.

I. GENERAL OVERVIEW OF THE COMMUNITY

The Constitutional province of Callao is located in the central and western region of Peruvian territory, covering coastal areas. In Callao is the port of the same name, the most important in our country and is considered one of the best on the South American Pacific coast. It is made up of 6 districts: Callao, Bellavista, Carmen de la Legua, La Punta, La Perla and Ventanilla. It is one of the smallest provinces in the country and at the same time the most densely populated in Peru. Its area is 146.98 km², which does not include the 18 km² corresponding to the islands of San Lorenzo, El Frontón, Cavinzas and the Palomino Islands, all close to its coastline. It is located 5 meters above sea level. The problem of citizen security is being addressed by the regional and local authorities of Callao, as well as health programs are the subject of analysis and statistical reports to implement an improvement in their services to the community; which, as of the date of this project, present deficiencies and do not have sufficient infrastructure and human resources to address the fundamental and important issue of Mental Health. This being the main reason that leads to carrying out a long-term action that will help improve mental health in a specific group.

of the Chalaca community.

In the Constitutional Province of Callao, the districts with the largest population and relative importance are Callao with 406,889 inhabitants, which concentrates 40.1% of the population of the province and

Ventanilla with 372,899 inhabitants represents 36.8%. On the contrary, the least populated districts are: La Punta with 3,392 inhabitants (0.3%) and Carmen de La Legua Reynoso with 41,100 inhabitants (4.1%). (Source: National Institute of Statistics and Informatics - Demographic and Family Health Survey)

It is also known that the census population by age groups in the Constitutional Province of Callao is 93,604 adolescents between 12 and 17 years of age.

It can be considered an alarming figure, according to indices, the HUMAN RESOURCES OF THE MINISTRY OF HEALTH AND REGIONAL GOVERNMENT, ACCORDING TO OCCUPATIONAL GROUP AND POSITION, 2014 - 2022, there are 155 psychologist professionals surveyed in 2022 (Source: Ministry of Health - National Database of Human Resources MINSA and Regional Governments.) Taking into consideration the number of adolescents according to the census, there would be a deficit of health professionals mental health that can cover the demand of patients in mental health cases.

According to the index of CARE FOR PATIENTS WITH MENTAL HEALTH PROBLEMS, ACCORDING TO TYPE OF DIAGNOSIS AND SEX, 2010-2019, it establishes that there are 4,201 cases of patients with Depressive Episode and 3,113 cases of patients with Recurrent Depressive Disorder (Source: National Institute of Health Mental "Honorio Delgado-Hideyo Noguchi"-Office of Statistics and Informatics).

According to data from the sentinel surveillance system of the National Center for Epidemiology, Prevention and Disease Control (CDC) of the Ministry of Health (Minsa), between 2016 and 2021, 71.5% of attempted suicide cases in Peru correspond to people who were between 15 and 34 years of age.

According to data from the Sinadef National Death System (2021), the suicide rate in adolescents (12 to 17 years old) was 3.6 per 100,000 inhabitants, higher than the national rate of 2.2 per 100,000 inhabitants.

Based on, in addition to the indices and statistics; The Mental Health project, which has the support and promotion of Rotary Club International, is serving to detect the problems and lack of support with mental health professionals, in Educational Institutions with limited economic resources and that do not have the support of the state. .

The community of the Constitutional Province of Callao, and like most communities, focuses in the adequate development of children and young people with the purpose of increasing expectations that they will be people who in the future will help their community in strengthening values and development as a society. For this reason, and as a way to foresee and strengthen, it is considered pertinent to begin strengthening the social and emotional skills in the student population in the range of 11 to 13 years of age, as a starting point to reduce lack of self-esteem, therefore, reduce symptoms. depressive, lack of empathy

II. COLLECTION OF DATA FROM THE NEEDS ASSESSMENT OF THE COMMUNITY

When you did the assessment, who did you talk to in the community? At least two different community representatives and beneficiaries not involved in Rotary (such as teachers, doctors, or community leaders) should be included in the discussions (Annex 1)

Meetings were coordinated and arranged with authorities, members and parents of educational institutions, as well as mental health professionals if available.

This program is aimed at school-age children, between 11 and 13 years old, from public and private schools in the Constitutional Province of Callao; It has been defined to apply the Mental Health Plan in certain public Educational Institutions with limited resources and financial support and that do not have support from mental health professionals (psychologists).

Some of them have only one psychology professional, which would not be enough to serve the entire student population. Some schools have sought this help through some representatives of the Chalaca community.

Rotary Club of Callao, coordinated timely meetings through interviews and work tables, with members of educational institutions (Directors, teachers in charge and parent representatives) on different dates and times, meetings that served to gather as much information as possible. , listen carefully to the real needs and problems that these educational institutions deal with every day. As a whole, the authorities and members of the schools state that they urgently need emotional support and monitoring of their students, given that there have been cases of incursion into the use of drug addicts, emotional abandonment by parents, guidance in sexuality, raising awareness among parents to get involved in educational activities and to be present in the emotional health of their children.

A) The Educational institutions that will benefit from this project are:

No.	EDUCATIONAL INSTITUTION	NUMBER OF BENEFICIARIES
1	IE Francisco Izquierdo School IE	140 students
2	Don Bosco School IE N°	110 students
3	5135 La Salle School (Ventanilla)	265 students
4	IE N° 5151 Don Bosco School (Ventanilla)	107 students
5	IE N° 5098 KUMAMOTO School IE N°	280 students
6	Manuel Seoane Corrales IE N° Fe y	800 students
7	Alegria	500 students

B) At what time last year were the talks held?:

In the II Semester of the year 2023

C) Method to collect information:

- Interviews and meetings with authorities and members of educational institutions
- MINSA statistical data
- Statistical data provided by each school

III. TARGET POPULATION

The population that will benefit from this project are the Schools, the educational community. In this case, students between 11 and 13 years of age who will have skills reinforced

social and emotional

In order to identify the beneficiary population; Rotary Club of Callao knows the needs of the community and is always attentive and alert to what community leaders may demand.

From the coordination, interviews and meetings, it was concluded that the beneficiaries would be schoolchildren between 11 and 13 years of age, as they are a vulnerable population and susceptible to changes and management of emotions, a population that requires monitoring and follow-up. of their activities to strengthen them and guide them with healthy habits. In this way, subsequent follow-up can be given, since they are students who have not yet completed their school years.

It is pertinent and convenient to start with this age range since they are still beginning secondary school, which would facilitate subsequent follow-up in order to evaluate the positive effect of the mental health program.

IV. STRENGTHS, NEEDS, COMMUNITY PRIORITIES AND DESIGN OF THE PROJECT

The main objective of the educational community is to monitor and support the emotional health of the student community, through workshops and/or talks. In addition to personalized follow-up of specific cases that demand professional attention

Another objective is for parents to really get involved in improving the mental health of their school children.

A) STRENGTHS

- Rotary Club has declared Mental health a priority.
- It would be applied in a homogeneous population of schoolchildren from regular educational institutions, that can be evaluated in subsequent years.
- Interest on the part of the teaching staff in integrating parents to improve mental health in schoolchildren from 11 to 13 years old

B) RESOURCES

- Infrastructure
- School directors, teachers

C) CHALLENGES

- The biggest challenge will be to integrate parents, since many or the vast majority do not worry about monitoring their children's school, citing lack of time, due to work or other activities.
- Raise awareness in the educational community about the importance and relevance of mental health in children, addressing real cases.
- That the project generates impact and obtains the desired results

D) DEFICIENCIES OF THE COMMUNITY

- Disinterest on the part of parents
- Scarce mental health professional (01 psychologist per school)
- The state does not carry out mental health orientation campaigns (Promotion and prevention)
- Psychologists do not have a way to refer clinical cases
- When referring to the medical professional, it generates an additional cost or payment, for which parents do not have the financial means.

E) NEEDS

- Schools need support with mental health professionals
- Need programs or service plans to help them manage their child's mental health student community

F) ISSUES THAT THE PROJECT WILL ADDRESS AND HOW IT CURRENTLY ADDRESSES THE COMMUNITY SUCH PROBLEMS

- The project will address the lack of socio-emotional skills, behavioral issues and learning in children from 11 to 13 years of age.
- It will also address the lack of interest and follow-up on the part of parents towards their minor children
- The educational community currently only identifies the problem and communicates it to parents, who do not pay due attention due to work factors and other activities.

G) Specific details about the project design and how it will solve these problems.

A measure will be taken at the end of their school life through psychological tests, where it will be evaluated whether the participation of parents has been important in the mental health of their children. The design would be a prospective socio-educational study (Annex 2)

H) Describes the long-term plan for the project (such as oversight, financial responsibilities, and expected behavior change) after Rotary's involvement ends

Team made up of external mental health specialists who reinforce the work of the school psychologist in the integration of parents in actions that improve the psychological tests at the end of the intervention. A financing strategy must be designed with external supervision. (Appendix 2)

IE MANUEL SEOANE CORRALES



IE 5135 LA SALLE SCHOOL (WINDOW)



IE 5151 SAN JOHN BOSCO SCHOOL



IE 5098 KUMAMOTO



ANNEX II

I. Purpose of the Mental Health Program

The MENTAL HEALTH PROGRAM intervention plan is proposed to develop healthy coexistence habits as tools for mental health in adolescents, with the use of strategies such as coexistence norms, social skills and other factors that can contribute to a healthy and healthy coexistence. that allow for better interaction among students. This will be done with multiple techniques that will allow integration between the participants in each of the sessions. These tools will be implemented in the development of the sessions as themes within each workshop.

A wide variety of skills are required in our society. Most conceptualizations agree in highlighting that competencies are learned or susceptible to learning and development throughout our lives. For a person to demonstrate competence in a given task, they not only need to have mastery of conceptual knowledge (knowing), procedural knowledge (knowing how to do) and attitudinal knowledge (knowing how to be and be), but they also need to be motivated to act (wanting to do) and must have certain personal characteristics and contextual properties favorable for acting (being able to do).

There is evidence that today young people require comprehensive training that not only provides academic knowledge, but also provides them with tools that allow them to successfully face the demands of a complex and changing world (Durlak, et al., 2015).

When mention is made of socio-emotional skills, it is understood as the tools that allow people to understand and regulate their emotions, understand those of others, feel and show empathy for others, establish and develop positive relationships, make responsible decisions, as well as how to define and achieve personal goals (CASEL, 2017).

Under this premise, it is important to reflect, why is training in social skills important? Most of our goals, whether personal or professional, are socially mediated; That is, they depend, to a certain degree, on the collaboration of others. If our social behavior is not skillful, the achievement of certain objectives will be unlikely, then training in social skills will be necessary.
Training in social skills

By equipping us with socially skillful behaviors, it allows us to obtain desirable consequences and avoid undesirable ones. Social skills are modifiable and, therefore, susceptible to being trained, they can be improved through appropriate learning experiences.

By properly developing our social skills, we not only learn to improve our self-esteem and thus reduce depressive traits, but also, by developing and/or improving our intelligence or adequate management of emotions, we reduce frustrations. That is why in this program we seek enhance personal capabilities and resources, so that they can establish better relationships, both intra and interpersonal. Likewise, in the process you will reflect on the importance of being assertive, learning to resolve conflicts by managing your emotions, increasing your self-esteem, etc. It is expected that these skills can be developed in any context in which the participant works.

Social-emotional skills develop over time, change throughout life and can be strengthened and enhanced with training, programs and therapeutic interventions.

In the same way, motivation allows us to create habits, try new things, sustain effort in a task that we consider rewarding or productive, and is even necessary to satisfy certain fundamental needs. Therefore, it is important and very influential in all aspects of life such as adolescent learning because they show interest in activities, feel high self-efficacy, strive to be successful in achieving their goals, persist in activities and They normally use effective strategies to maintain said behavior (Ramos, 2019).

Likewise, self-concept is important because it is built through life experiences and relationships with the environment, with both the responses of oneself and those of significant people being very relevant, also because it represents a determining psychological variable. in the life of the adolescent, in his life plan and in the construction of his personal identity as a human being and as a professional, which can be built and strengthened from the interactions that the student establishes in the family, the social environment, and even during his time at the University with other people who are significant to him (Montoya, et al, 2018).

Emotional intelligence consists of the ability to manage feelings and emotions, discriminate between them and use this knowledge to direct one's thoughts and actions (Cruzado, 2019 as cited in Salovey and Mayer, 1990). Likewise, it is worth mentioning that the development and training of this skill is essential since it allows the adolescent to safely and effectively face the challenges of life in the personal, academic and professional future.

Leadership is the process of directing people's behavior in a way that allows them to achieve certain objectives, that is, directing means organizing people to act in a certain way, to follow a certain course of action (Fernández, 2017 as cited in Fleisheman, 1973), therefore it is important that adolescents develop this capacity since this will allow them to work properly as a team, solve problems, be clear about their objectives and guide others.

Likewise, activities will be carried out in which parents participate in order to get them involved in the daily activities of their children.

II. GOALS:

2.1 General Objective: Develop a training program that changes and improves the lifestyle of adolescents, raising awareness about the good management of emotional skills for a healthy coexistence in mental health. Integrating parents into participation.

2.2 Specific Objective:

- SO1: Promote the mental health of adolescents, rebuilding the feeling of value and self-esteem, providing them with social skills that allow them to have satisfactory interpersonal relationships, improving the family and social climate.

- OE2: Control vulnerability and impulsivity, promoting self-control and ability to make appropriate decisions
- SO3: Recognize the importance of making responsible decisions for oneself and others.
- OE4: Establish and exercise techniques for managing impulse control • OE5: Know and identify emotions
- OE6: Know and identify risk factors in the social environment. • OE7: Acquire knowledge about self-control, how to identify them and techniques to calm them.
- OE8: Promote the personal self-care of each of the participants.
- OE9: Integrate the active participation of parents in the daily activities of their children

III MATERIAL AND METHOD

3.1 Selected research design:

Through the application of the mental health promotion program, a QUASI-EXPERIMENTAL analytical study of a community intervention, psychoeducational trial type will be carried out with a group of pre-test and post-test subjects.

3.2 Inclusion criteria:

Male and female students between the ages of 11 and 13 without previous psychiatric pathology or family history of mental illness.

3.3 Exclusion criteria:

Male and female students between the ages of 11 and 13 with psychiatric pathology or family history of mental illness.

3.4 Population and sample

Sample of 2,202 male and female students enrolled in two schools in the Constitutional Province of Callao with ages between 11 and 13 years in a period of 9 months, corresponding to a school year.

3.5 DEPENDENT VARIABLES:

- age
- sex
- cultural level
- socioeconomic level
- Social skills assessment test
- Impulse control assessment test
- Self-esteem assessment test

INDEPENDENT:

Mental Health Promotion Program aimed at the adolescent population at school.

METHODOLOGY

- Group dynamics. (May vary according to the session)
- Proactive exposure technique (theoretical review).
- Observation

- Role play.
- Case analysis
- Activity sheets
- Feedback
- Questionnaires

IV WORK PLAN AND SCHEDULE

The program will be carried out through weekly sessions of approximately 60 minutes, in the corresponding classroom, during the period of one school year (9 months).

The program consists of different sessions, each one aimed at working on a topic considered necessary to enhance the mental health of young people.

These sessions will be:

1. SOCIAL SKILLS TRAINING WORKSHOP

We can summarize and say that Social Skills are a set of effective behaviors in interpersonal relationships. These behaviors are learned. They facilitate the relationship with others, the vindication of one's own rights without denying the rights of others. Possessing these abilities avoids anxiety in difficult or novel situations. In addition, they facilitate emotional communication and problem solving. Throughout this workshop it is intended that the adolescent acquires good social skills that we can divide into:

- Basic: listening, starting a conversation, maintaining a conversation, formulating a ask, say thank you, introduce yourself, introduce other people, give a compliment, etc.
- Advanced: asking for help, active participation, apologizing, convincing others, defending your rights, knowing your own feelings, expressing feelings, expressing affection, resolving fear, facing the other's anger, etc.

2. WORKSHOP TO ENHANCE SELF-CONCEPT AND SELF-ESTEEM

Self-esteem can be defined as the awareness of oneself, of one's own identity, the ability to define and accept oneself with limits and capabilities, value oneself positively and love oneself without conditions.

Low self-esteem is related to a distortion of thought (inappropriate way of thinking), that is, to self-devaluation.

Throughout this workshop the aim is for the adolescent to have good self-esteem, and to achieve this we will work on:

- Detect thoughts related to self-devaluation and criticize them.
they.
- Search for alternative thinking
- Know your own limits and accept yourself with them.
- Enhance the positive qualities of each one of them and work on awareness of these qualities.

3. TRAINING WORKSHOP ON IMPULSE CONTROL

We can say that an impulse is the desire or temptation to carry out some act, generally suddenly and without reflection.

Impulses make us human and stimulate us to move forward. Normally, people have control over their impulses, so we inhibit those impulses when the consequence is harmful to ourselves. When this impulse control mechanism fails, uncontrolled impulsivity appears that can become pathological, closely related to substance abuse, suicide, risky behaviors, pathological gambling, eating disorders, aggressiveness, etc.

Although it is true that impulsivity often has a biological origin (frontal lobe syndrome, low levels of serotonin, functional alterations in the amygdala, etc.), it is also true that sometimes it responds to learned behaviors, and this is where we can work.

Throughout this workshop, the aim is for the adolescent to achieve good control of their impulses, and to achieve this we will work on:

- Detect your own impulses
- Recognize the feelings that generate
- Learn to think before acting
- Reflect on the consequences of impulsivity

4. DRUG CONSUMPTION PREVENTION WORKSHOP

In terms of drug addiction, the word “consumption” or “use” is used when we refer exclusively to the use or expenditure of a certain substance. This in itself does not imply harmfulness, nor is it linked to the terms of dependence and abuse, but our objective is the prevention of consumption, since, if there is no consumption, it cannot there is dependency. Currently, the availability and accessibility of different substances is increasing, which increases the risk of consuming them.

Furthermore, the adolescent, being in a period of change and searching for new sensations, and due to the vulnerability that characterizes this age, is a key element of towards prevention.

Throughout this workshop it is intended that the adolescent acquires:

- Knowledge of each type of drug, effects, routes of administration, etc.
- Knowledge of concepts such as use, habit, dependence, tolerance, etc.
- Knowledge of the physical and psychological consequences of drug use (comorbidity), as well as the social and family problems that arise from its use.

consumption.

5. PROBLEM SOLVING WORKSHOP

A person faces a problem when he is faced with a task that he does not know in advance how to solve. This happens very often in daily life, but generally we have acquired techniques to make the resolution of these problems as inexpensive as possible.

There are times when people lack these techniques, which makes the solution to their problems expensive and many times, the solution taken is not appropriate, with all the consequences that this entails.

Throughout this workshop, the aim is for the adolescent to acquire skills in problem solving, explaining the technique step by step and through the application of practical cases.

In each of the workshops, evaluation scales will be passed before and after having launched the program, except in the problem-solving workshop.

Likewise, an assessment will be carried out at the beginning and at the end of the application of the program, where it is intended to collect the degree of knowledge about Mental Health by adolescents, as well as the degree of compliance with the objectives set out in the Program. Mental Health using the indicators for this.

At the end of the program, the results of each assessment made before and after the implementation of the different workshops will be subjected to statistical analysis.

SCHEDULE

	April	May	June	July
1st and 2nd Monday of each month		- Workshop presentation <u>Social skills</u> - Scale HHSS Rating - Concept of HHSS	- Doubts and reflections - Scale Assessment of the HHSS	- Implementation of different situations and activities that enhance and improve self-concept and self-esteem
2nd Tuesday of the 2nd week		- Motivational talk for parents	- Talk with activities for parents	Talk with activities for parents
3rd and last Monday of the month	- Presentation - Program Information - VALUATION ON	- Implementation of different situations that allow the development and improvement of interpersonal HHSS - Introduction to relaxation techniques	- Workshop presentation <u>Self-concept and Self-esteem</u> - Scale Assessment of self- concept and self- esteem - Definition of Self-concept and Self-esteem	- Doubts and reflections - Scale Assessment of self- concept and self- esteem

	August	September	October	November	December
1st and 2nd Monday of each month	- Control workshop presentation <u>Impulses</u> - Scale Assessment of impulse control - Definition of Impulsivity and its forms of control	- Doubts and reflections - Scale Assessment of impulse control	- Detailed information about each drug and its effects, as well as the physical and psychological consequences - Audiovisual presentation	- Problem solving workshop presentation - Explanation of the usefulness of problem solving techniques	- Doubts and reflections
2nd Tuesday of the 2nd week	-	- Motivational talk for parents	- Talk with activities for parents	- Talk with activities for parents	
3rd and last Monday of the month	- Implementation of different activities that allow you to acquire training in impulse control	- Workshop presentation <u>Prevention of Consume of Drugs</u> - Scale Assessment of knowledge and consumption of different drugs	- Doubts and reflections - Scale Assessment of knowledge and consumption of different drugs	- Explanation of the different stages for problem solving - Practical cases	- Farewell - Last conclusions - VALUATION

IV. RESOURCES:

4.1 Humans:

• Facilitators, Tutors. •

Monitors: The psychology team • Population:
students from 11 to 13 years of age

• Sex: Male and female • Age: 11 to
13 years

• Sampling: 2,202 participants

4.2 Materials

• Pencils •

Bond sheets •

Jug, glasses, whistles •

Balloons, boxes •

Images of emotions

4.3 Services

• Internet

V. BUDGET (Dollars)

Human resource:

Director 1000/month 10,000

Tutors (5) 650/month 32,500

Evaluator 800/month 8,000

Subtotal 50,500

Materials

Desktop 500/month 5,000

Computer 2,500

Wifi (7) 100/month 7,000

Subtotal 14,500

TOTAL 65,000