

**Estado de salud mental de adolescentes que cursan la
educación media superior**

Mental health status of adolescents attending upper secondary education

Estado de saúde mental de adolescentes que frequentam o ensino médio

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Resumen

Introducción. Los adolescentes representan un sector de la población considerable en del mundo que sigue siendo muy vulnerable debido a los abusos hacia su propia persona y su identidad. Se considera que la adolescencia comprende entre los 10 y 19 años. Viven en constantes cambios psicológicos, emocionales y físicos en los que la identidad asume un papel importante.

Objetivo. Analizar el estado de salud mental de los adolescentes que cursan la educación media superior.

Métodos. Una investigación con enfoque cuantitativo, de tipo descriptivo y transversal; un estudio de universo de 500 alumnos del turno matutino de la Escuela Preparatoria Oficial 92. Se aplicó el instrumento de valoración a 250 estudiantes, que representan 50 % con muestreo no probabilístico por conveniencia.

Resultados. Los adolescentes se concentran más en relaciones pasajeras y manejan sus emociones en diversas formas que producen acciones satisfactorias, aunque no sea en un porcentaje muy alto o duradero, pareciendo que no existe forma alguna de detener los índices de mortalidad por adicciones o aumento de agresividad en sus relaciones interpersonales.

Palabras clave: adolescente, familia, salud mental.

Abstract

Introduction. Teenagers represent an important population in the world and continue being very vulnerable because of mistreatment to them and their identity. The age of teenagers is considered between 10 to 19 years old, when personality takes an important role in their lives, among turbulence.

Objective. To analyze the state of mental health of adolescents enrolled in upper secondary education.

Methods. A quantitative approach study, descriptive and transversal of 500 students in the morning shift of the 92nd Official High School. The assessment instrument was applied to 250 students, representing 50 % with non-probabilistic sampling by convenience.

Results. Adolescents are more concentrated in transient relationships and they handle their emotions in ways that produce satisfactory actions for them, although not in a high or long-lasting percentage, seeming there is no way to stop mortality rates for addiction or increased aggressiveness in their interpersonal relationships.

Keywords: adolescent, family, mental health.

Resumo

Introdução Os adolescentes representam um setor considerável da população no mundo que continua muito vulnerável devido a abusos em relação a sua própria pessoa e sua identidade. A adolescência é considerada entre 10 e 19 anos de idade. Vivem em constantes mudanças psicológicas, emocionais e físicas, nas quais a identidade assume um papel importante, mas o adolescente sobrevive na turbulência, cheia de retrocessos.

Objetivo Analisar o estado de saúde mental de adolescentes que frequentam o ensino médio.

Métodos Uma investigação com abordagem quantitativa, descritiva e transversal; um estudo do universo de 500 alunos da manhã da Escola Preparatória Oficial 92. O instrumento de avaliação foi aplicado a 250 estudantes, que representam 50% com amostragem não probabilística por conveniência.

Resultados Os adolescentes concentram-se mais em relacionamentos temporários e gerenciam suas emoções de diferentes maneiras que produzem ações satisfatórias, mesmo que não seja um percentual muito alto ou duradouro, e parece não haver como deter as taxas de mortalidade por vícios ou aumento de agressividade em adolescentes. seus relacionamentos interpessoais.

Palavras-chave: adolescente, família, saúde mental.

Introduction

Adolescents represent a considerable sector of the population in the world and that is still very vulnerable due to abuses towards their own person and their identity. "Adolescence is considered to be between 10 and 19 years old. They are a healthy group, however, many die prematurely due to accidents, suicides, violence, complications related to pregnancy and preventable or treatable diseases "(World Health Organization, [WHO], 2016).

"Even more numerous are those who have health problems or disabilities. In addition, many serious diseases of adulthood begin in adolescence. Tobacco use, sexually transmitted infections, including HIV, and poor eating and exercise habits are causes of illness or premature death later in life "(WHO, 2016).

The adolescent experiences constant psychological, emotional and physical changes, in which the identity assumes an important role, but the adolescent survives in the turbulence, full of setbacks: "euphoric and dysphoric, selfish and altruistic, desires loneliness and isolation, but he collects group life and friendship, while sometimes he is full of idealistic enthusiasm and promising other experiences [sic] a sickly melancholy "(Aguirre, 1994).

Adolescence marks the future of many young people in Mexican society; Defines the direction of a different life. It is said that adolescents in Mexico live in this stage, a transitory period in which social maturity begins, which is associated with the development of sexual and reproductive functions and, later, with family emancipation, the end of training academic, employability and the formation of his own family (Stern, 2008).

Mexico can be considered a young country and in full transit to adulthood. The population today is between 15 and 24 years old and is 20.2 million, of which adolescents aged 15 to 19 represent 10.4 of the total percentage, while 9.8 million are young adults between 20 and 24 years old (National Population Council [Conapo], 2010).

In Mexico, the family continues to be an important nucleus for adolescent development. This has to fulfill five basic functions: care, socialization, affection, reproduction and status (Monroy, 2004) The most difficult stage within the family is when rebelliousness occurs, which is very significant for the adolescent In this stage, the family develops various aspects and qualities that change the perception of young people, who come into conflict with the rules of society and show transgressing behaviors. He is even seen as a savage trying to insert himself into society properly (Barneveld and Robles, 2011).

Adolescence, as a period in which parents relate to their children and include new negotiations, seeks to make them more independent in many aspects: without reaching violence, find a way to encourage communication links in the family of parents-mothers to children (as), in which these bonds are strengthened. On many occasions, these periods are not properly managed, so they encourage the adolescent to seek family and social isolation, drugs, alcohol, coital relationships without protection, etc.

It could help the mental health of adolescents and establish less violence in the management of stereotypes or prejudices by their family members, friends and classmates, so that they cause less progressive disorders in a given time. Craig says that "it is said that the adolescent develops an imaginary audience, feels that they watch and judge him constantly, some adolescents create a personal fable, this means that they think they are so special that they should not be subject to natural laws" (369) (2001).

Overall objective

Analyze the state of mental health of adolescents attending upper secondary education.

Specific objectives

- Describe the presence of feelings of loneliness, frustration and fear.
- Identify the behavior of adolescents about feelings of depression, ideas of harm and impulsivity in their conductive state.
- Explain what factors cause physical exhaustion and insomnia in adolescents.
- Determine the causes of the lack of concentration and nervousness in adolescents.

Method and research program

Type of research: quantitative.

Study design: transversal, descriptive and prospective.

Universe of Study: students of the morning shift of the Official Preparatory School 92.

Sample: the sample consisted of 250 students (as), which was obtained by applying the formula for calculating sample size for finite population (Daniels, 2009).

Sampling was non-probabilistic for convenience.

Selection criteria:

- Inclusion criteria:

High school students

- Exclusion criteria:

Students who are under psychopharmacological treatment or behavioral therapy.

Students who do not wish to participate.

Students whose parents do not authorize the instrument to be applied.

- Elimination criteria:

Students who wish to leave the study.

Instruments that are not duly completed.

Data collection

The information was collected with the application of the instrument Problem Oriented Screening Instrument for Teenagers (POSIT), prepared by the National Institute on Drug Abuse (1991), validated in Mexico in 1998 by Mariño and collaborators, in order to assess the state of health of adolescents attending upper secondary education. The instrument is composed of seven categories, which were divided into: 1) use of drugs, 2) use and abuse of substance (alpha 0.8708), 3) mental health (alpha 0.8026), 4) family relationships (alpha 0.7458), 5) relations with friends (alpha 0.6473), 6) educational level (alpha 0.7319), 7) vocational interest (alpha 0.6430) and aggressive behavior / delinquency (alpha 0.7032). The lifting of the information was self-directed to the selected sample. The instrument consisted of 16 items (5, 6, 8, 10, 15, 23, 28, 40, 43, 55, 60, 63, 66, 75, 76, 80).

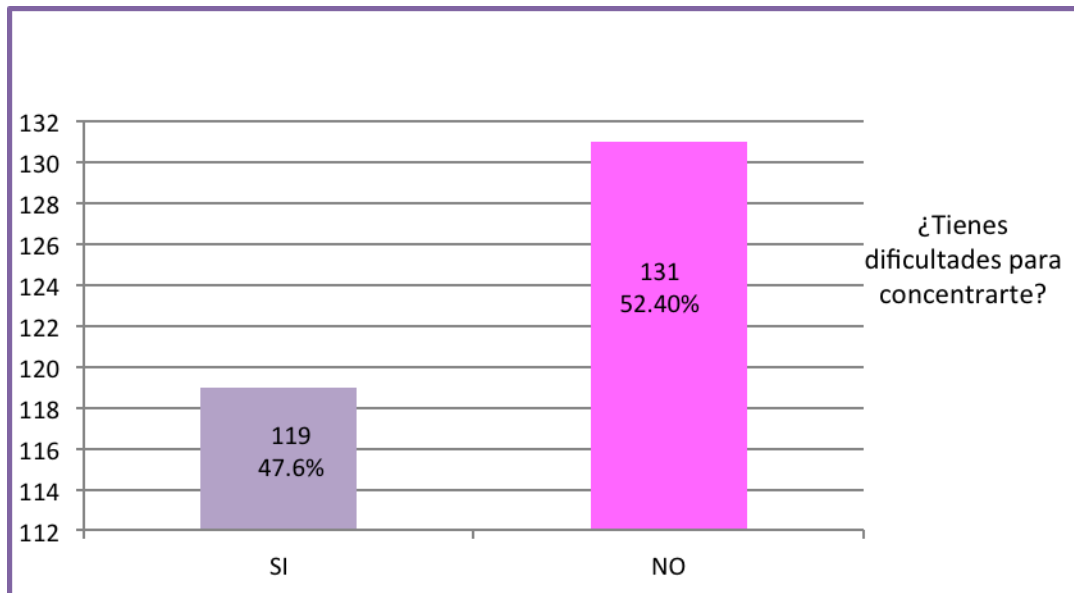
Analysis plan

The information was stored using a capture mask made with Microsoft Excel 2010. SPSS Statistics was used to obtain the results. Measures of central tendency and measures of association were obtained to link the categories.

Results

The results found in relation to the cognitive sphere, with the difficulty of concentration were the following: 47.6% of the students mentioned having difficulty; 52.4% (figure 1) stated that they had no problems in this area. Although the results showed a slight tendency towards the students who do not have difficulty concentrating, there is a high percentage that manifested difficulties, which shows that the students are distracted quickly and are not connected with their activities.

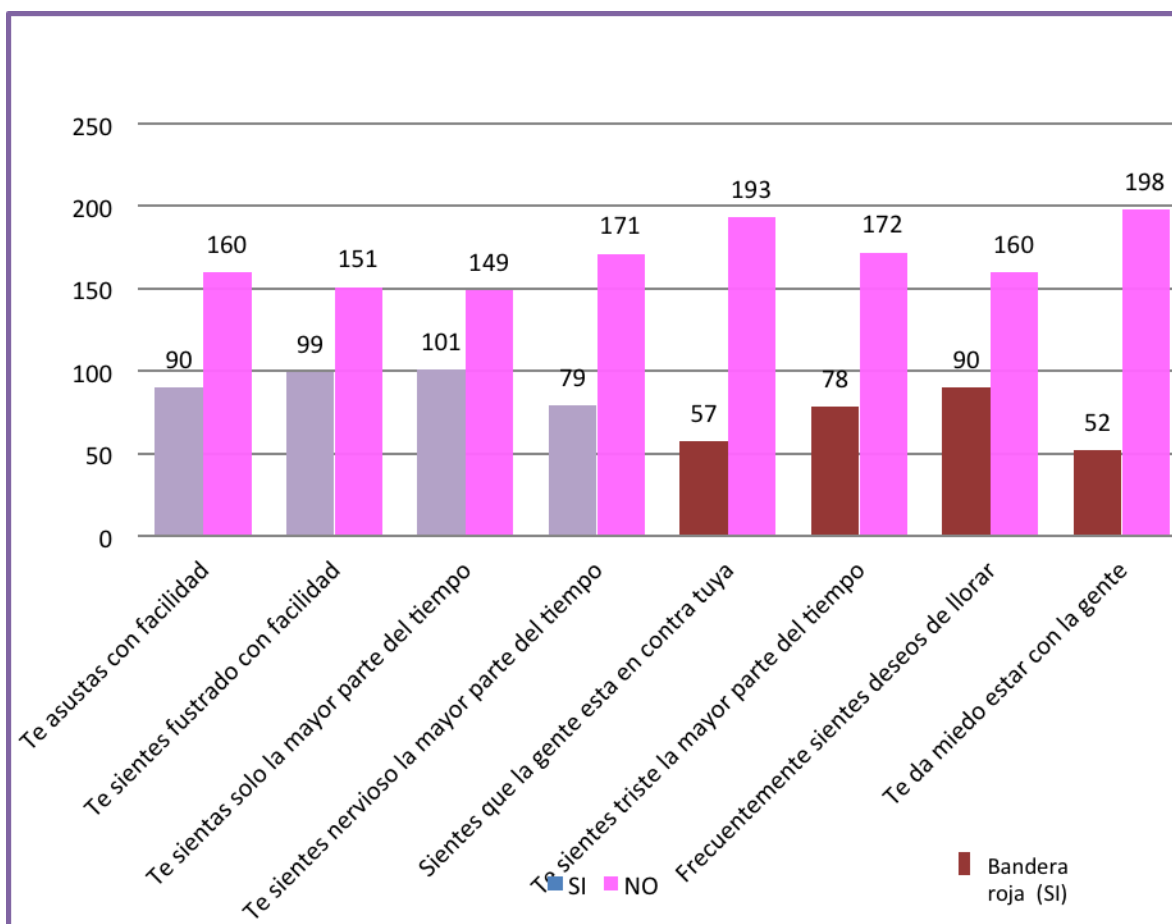
Figura 1. Evaluación de la esfera cognitiva: dificultad para concentrarse



Fuente: Encuesta aplicada a alumnos de la Escuela Preparatoria Oficial número 2, 2016, utilizando el instrumento POSIT, elaborado por el National Institute on Drug Abuse (1991), validado en México en 1998 por Mariño y colaboradores

In relation to the affective sphere (figure 2), it was observed that, starting from the item about the ease of being scared, 36% of the students affirmed that it is frequent. With reference to the affective situation, 64% of the students said they did not feel any affective relationship. When asked about being easily frustrated, 39.6% of the students answered affirmatively, while 60.4% said no. As for feeling alone most of the time, 40.4% of teens answered yes while 49.5%, no. On the other hand, to the question about whether they frequently felt like crying, 36% answered yes; the students affirmed that this feeling and emotion is present.

Figura 2. Evaluación de la esfera afectiva



Fuente: Encuesta aplicada a alumnos de la Escuela Preparatoria Oficial número 2, 2016, utilizando el instrumento POSIT, elaborado por el National Institute on Drug Abuse (1991), validado en México en 1998 por Mariño y colaboradores.

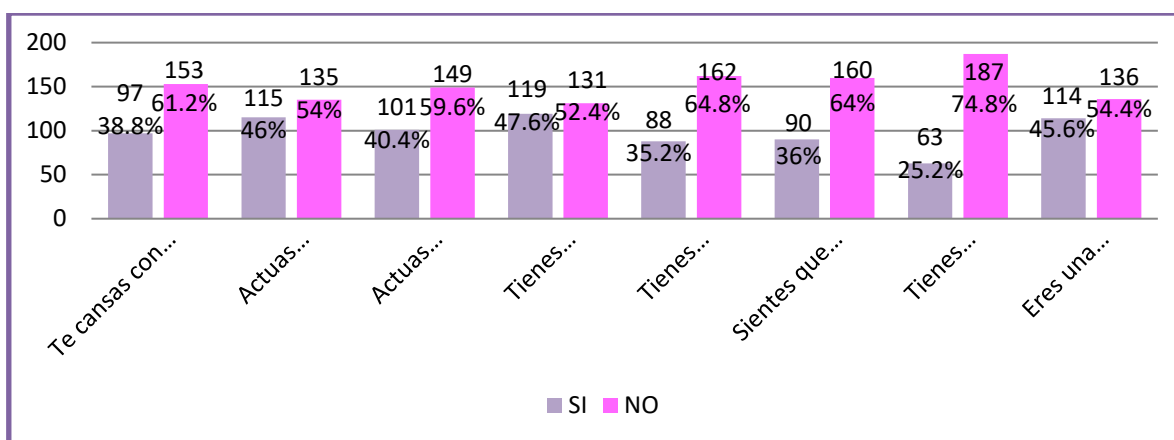
In relation to questions related to behaviors (figure 3)),¹ 46 % of the students in the sample described that he acts impulsively and without thinking about the consequences of his actions, which shows a latent risk of mental alteration. As for whether they feel nervous, 45.6% of the students answered yes.

¹ Se describen cuatro categorías en las que los alumnos se encuentran en riesgo de presentar alteraciones mentales.

Of the students surveyed, 35.2% mentioned that they have difficulty sleeping, which causes insomnia. When asked if the students lose control of themselves and end up fighting, 36% answered yes and their mental health is at risk.

One of the important data found in the graphs is that almost 70% of the sample has mental health problems. This was registered with the different questions for the cognitive, affective and behavioral spheres.

Figura 3. Evaluación de la esfera conductual



Fuente: Encuesta aplicada a alumnos de la Escuela Preparatoria Oficial número 2, 2016, utilizando el instrumento POSIT, elaborado por el National Institute on Drug Abuse (1991), validado en México en 1998 por Mariño y colaboradores.

When making an association analysis, it was identified that a student suffering from insomnia is 2.5 times more likely to act impulsively, which can lead to the appearance of irrational acts. Likewise, a student who feels nervous is 6.8 times more likely to lose control of their own behavior than someone who can handle nervousness. Regarding the affective part, it is shown that a student in this stage of life who does not feel affectionately satisfied, has 1.8 times the possibility of having difficulty concentrating, compared to someone who feels emotionally integrated.

Discussion

They were students of a public high school. Among the most relevant results, they said they felt alone and that they act without thinking, which could be determined and complemented by the relationships or the dynamics they maintain with family, friends, society and interpersonal. This is essential for the healthy development of adolescents and, consequently, their mental health, understanding mental health as part of the concept of health to which WHO refers and defines as a welfare state in which the individual is aware of her own abilities, she can face the normal stresses of life, she can work productively and fruitfully and she is able to make a contribution to her community. (2) Tobón, López and Ramírez (2013) they affirm:

Young people, because they live a life stage characterized by a complex transitional process between childhood and adulthood, are in a condition that makes them more vulnerable to certain psychosocial situations, which can trigger, at some point in life, behaviors unstable and alteration of mental health; The latter, in turn, can limit full communication and active social participation, which causes human suffering and disability. (2)

This situation is aggravated by being closely related to the conductive sphere, which found that many of them feel nervous, and because of their inability to control this health problem, harms relations with classmates and family members, which leads them to act impulsively and without reasoning. Added to the above, the change they experience, according to Tobón et al., Leads them to be involved in criminal acts and even in fights with their own age, which is a risk to the safety of the adolescent himself and his environment. Once they claim to have carried firearms and punches at some point, the same in the school setting as in their community.

On the other hand, the affective sphere reflects that society lacks values, which, if so, is detrimental for certain relationships to persist and adolescents feel satisfied with their own family education, favoring the increase of their level of education. academic Therefore, many of these adolescents drop out of school and allow certain emotions or

negative feelings to grow, which, in turn, is harmful to their mental health, as many of them enter into serious conditions such as isolation and depression. Within the sample of students, most expressed feelings of fear and anguish by not allowing positive affective relationships; An increase in frustration and sadness was found, which causes his affection to diminish. It is very worrisome that adolescents feel isolated, because they are not taken into account for the decisions of their personal lives. Carbajal-Carrasca and Caro-Castillo (2009) state:

Loneliness in adolescents "explains a risky time to experience feelings of loneliness due to an increase in their levels of presentation at this stage of life, and an association as an important risk factor for study, derived from adverse socioeconomic, cultural and family conditions that cause fatal outcomes that include illness, death and antisocial behavior in adolescents.

Adolescents attribute a feeling of loneliness to causes such as the breakdown of family relationships or feelings. The current situation in many of the public and government schools is that they only concentrate on an academic education, in which the level of knowledge and science in the students increases considerably and the self-esteem and self-confidence of the students are left aside. the teenagers

There is a notion and perspective that students are at a high educational level when they have high grades or have a level of good behavior, maturity and good decision making at school and social, leaving in a second term the mental, sentimental and spiritual; and the situation generalizes these sensations and emotions in a human being as changing and vulnerable as a teenager. For them, going through these types of situations could be left in memory and be highly damaging and harm this affective area. Therefore, time is predisposed as a pointed factor that, sooner or later, will explode in the life of the adolescent and that depends on the time and the form of the situation: he may come to regret for not treating himself at the time and ensuring the well-being in the life of the adolescent student in society.

In 40% of the sample, these feelings were found in a high percentage, so it should be noted that the school and the family have a role of great importance in the affectivity and emotions of adolescents.

This situation and this percentage explain that it is increasingly serious that, in Mexico, such problems exist and affect vulnerable adolescents or those with problems of violence, drugs or alcoholism. It is common for the adolescent to reflect certain attitudes: it is a difficult stage for the human being, in which students can fall into different school situations and at a society level, such as violence and rebellion.

In Mexico, the studies conducted by the National Survey of Psychiatric Epidemiology showed that the onset of psychiatric disorders occurs at early ages, during the first decades of life, and that 2.0% of the Mexican population has had an episode of major depression before of the 18 years of age.⁴ In the Mexican Survey of Adolescent Mental Health conducted in Mexico City, it was reported that 10.5% of adolescents between 12 and 17 years of age had major depression, dysthymia and bipolar disorder.

Masalán, Sequeida and Ortiz (2013) confirm that "Emotional lability, aggression, irritability, low tolerance to frustration, among other alterations, may appear in children" (557).

The levels and condition of sleep in the adolescent are varied and determining. It is known that in a school stage there may be multiple factors at risk due to the low level of sleep, which, for this reason, many of the adolescents feel tired and physically worn out; Over 35% of the adolescents surveyed reported some of these similarities. It is known that not sleeping increases certain factors, including irritability, anger, physical and mental fatigue. Teenagers of this generation, in most cases, spend time sleeping on issues related to social networks, therefore, do not sleep and reveal themselves by making inappropriate use of them, generating, in many cases, that in the brain and in their conscience they increase certain alterations in their temperament and personality, in which certain aggressive behaviors and violence are reflected in the adolescents.

Masalán et al. (2013) describe that in the sleep pattern of adolescents,

It has been established that almost 60% of adolescents of 12 and 15 years old feel tired due to lack of sleep and (or) difficulty sleeping, which undoubtedly affects the quality of life, the lower school performance and the greater risk of accidents, may appear emotional lability, aggressiveness, irritability, low tolerance to frustration, among other alterations (557).

In the results of the sample, it is described that adolescents have a high degree of nervousness. This is one of the fundamental characteristics when people feel worried or pressured; Social and academic situations often put the adolescent in a borderline status where he feels afraid and pressured by family members and teachers. They also highlight adverse situations and that adolescents have a decrease in the conductive scale. It is said that these emotions have an impact on your mind, disfavoring your level of attention, which causes high levels of stress.

According to the article by Águila, Calcines, Montegudo and Nieves (2015):

Academic stress describes those cognitive and affective processes that the student perceives of the impact of academic stressors. That is, the student evaluates various aspects of the academic environment and classifies them as threatening, as challenges or demands to which they can respond effectively or not; these assessments are related to anticipatory emotions such as: worry, anxiety, confidence, anger, sadness, satisfaction, relief (13).

This text reflects that complexes of emotions come together from family or psychological problems, in which the adolescent's interest is to solve them immediately, but without guidelines or adequate counseling for the stage they are living. By feeling on edge in many of these emotions, they feel vulnerable in each of their decisions.

Nervousness an affective and emotional reaction. Its definition says that it is "an inner state of turmoil in which natural calm can be lost and reduced; it is considered a reaction of the organism to an unknown situation or problem, which is uncommon or

causes discomfort, "which is why, in adolescents - especially in the development of their lives - this reaction is habitual and vulnerable by the stage of transition in which they are.

Family disintegration or not being able to integrate into school life and have a better performance in the academic situation has a significant influence according to the article of Ferrel, Vélez y Ferrel (2014):

Depression can be the cause and consequence of poor school performance depending on the circumstances; depressed children have difficulties to attend in class, to perform class tasks and present more signs of fatigue and sadness than their non-depressed classmates; This is how depressed children and adolescents report a significantly lower academic decline than non-depressed children or adolescents (41).

Adolescents with a greater loss of interest with pessimistic thoughts towards the future or ideas of catastrophization do not look for ways to see points of reference towards a good future or, simply, they become negative and with pessimistic behaviors that force them to not finish their studies of higher average level or having emotional reactions in which depression or low self-esteem is manifested.

Conclusions

The adolescent in the stage of reproductive and mental changes is finally associated with his environment that receives emotions in society, community and family. The latter is the most important in adolescent learning, since it is the main basis of human development, in which they acquire their values and determine their actions in their formal and informal life, contact with different types of people and friends, looking for love or physical contact. It determines that you live in a society in which the family ceased to be the important nucleus, and adolescents are involved in a world of fiction where they are totally the protagonists and where the mental and moral weapons have no limits, making use of drugs, alcohol, debauchery, unprotected sex, aggression, violence and lack of self-respect.

The disorders that have increased within adolescents, such as depression and obsessive compulsive disorders and aggressiveness or social isolation, are key signs that you should prioritize your mental health and emotions, because before having a profession or being generators of economy, one must think what kind of people they want to be and that the human being is measured by values and a humanistic personality, in which the feelings and emotions of the adolescent have an important place for their good moral, psychological, mental and physical development .

The mental health of the adolescent can vary in society. It is essential to support him to find a productive and understandable way to live in communion with himself and society. The WHO mentions that adolescents depend on their family, their community, their school, their health services and their place of work to acquire a range of important skills that can help them cope with the pressures they experience and make a successful transition from childhood to adulthood. In these cases, the Mexican being a predominantly matriarchal society, the development of adolescents in their family, social, and secular life, not only depend on parents, who would impart values of quality and common good, but also more members of the society that relate to each other with each of them. In a WHO article, it is mentioned that parents, community members, service providers and social institutions have a responsibility to promote the development and adaptation of adolescents and to intervene effectively when problems arise (WHO, 2015). The situations in the adolescent during his process -if he does not carry out a life of authority and control, intellectual and psychological counseling- causes him to be involved in certain abnormal circumstances, not for his benefit -as they are, according to the WHO particularly, the suffering of mental health disorders-, which can have important effects on the general health and development of the adolescent. It tends to be associated with various health and social problems, such as a higher consumption of alcohol, tobacco and illicit substances, adolescent pregnancy, school dropout and the assumption of criminal behavior. (WHO, 2015). It is said that adolescence in Mexico has been frequently disoriented, since there are no programs that provide new opportunities within the country.

The lack of orientation and opportunities is also reflected in the high number of adolescents who die every year in Mexico due to traffic accidents, homicides and suicides. According to official data, these are the three leading causes of death among young people aged 12 to 17 in Mexico. In 2007, three teenagers died daily due to traffic accidents; each week eight young people were murdered and eight committed suicide (United Nations Children's Fund [UNICEF], 2018).

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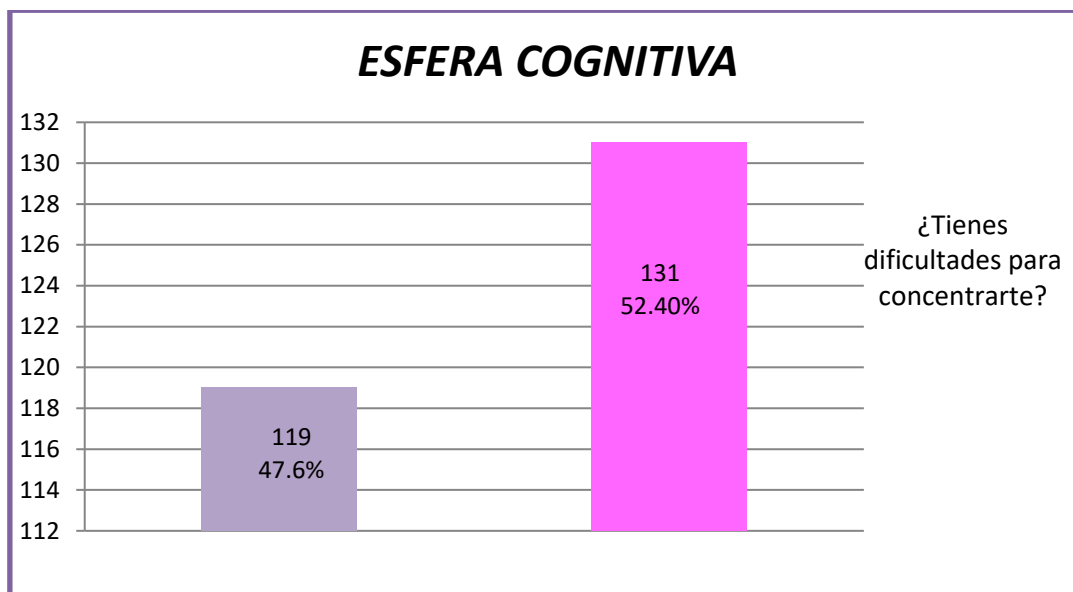
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| Rol de contribución | Autor (es) |
|--|---|
| Conceptualización | Rafael Antonio (principal) y María Teresa |
| Metodología | Rafael Antonio |
| Software | No aplica |
| Validación | Rafael Antonio y María Teresa (igual) |
| Análisis Formal | Rafael Antonio (principal) y Julio flores (apoyo) |
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ANEXOS

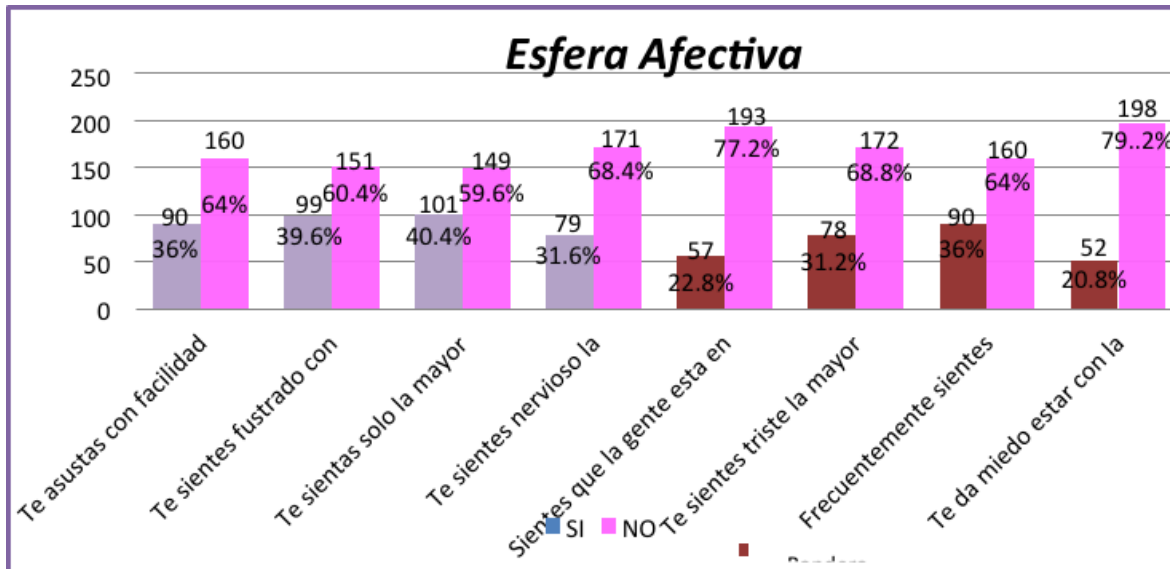
Gráfica 1. Esfera cognitiva



Fuente: Encuesta aplicada a alumnos de la Escuela Preparatoria Oficial número 2, 2016, utilizando el instrumento POSIT, elaborado por el National Institute on Drug Abuse (1991), validado en México en 1998 por Mariño y colaboradores

Atendiendo a las esferas del comportamiento humano (gráfica 1), se encontró que, en la esfera cognitiva en relación con la dificultad de concentración, 47.6 %, n=119 alumnos de la muestra obtenida, está en riesgo de tener problemas de salud mental, contrapuesto a 52.40 %, n=131 adolescentes, que manifiesta no estar en riesgo, lo que demuestra que los adolescentes se distraen de manera rápida y no están conectados con sus actividades.

Gráfica 2. Esfera afectiva



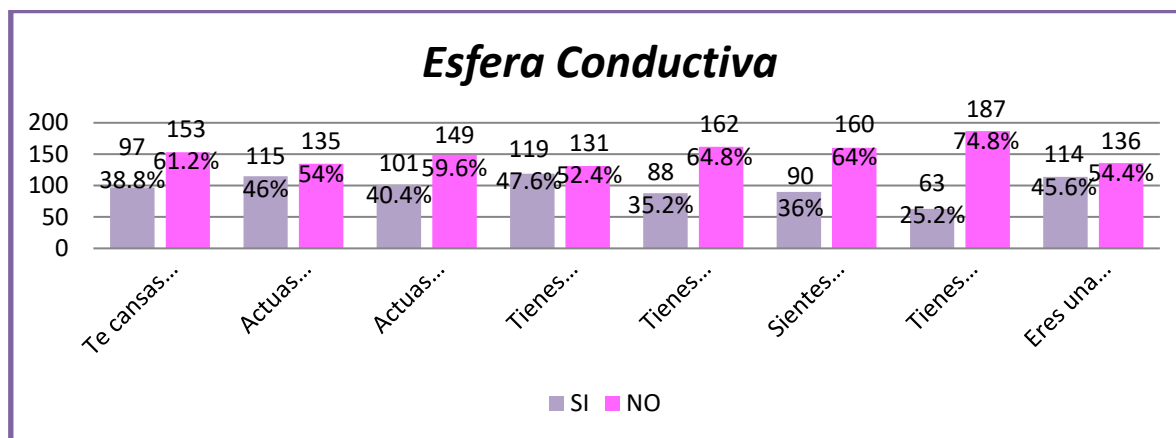
Fuente: Encuesta aplicada a alumnos de la Escuela Preparatoria Oficial número 2, 2016, utilizando el instrumento POSIT, elaborado por el National Institute on Drug Abuse (1991), validado en México en 1998 por Mariño y colaboradores

En relación con la esfera afectiva (gráfica 2), se observa que 36 %, n=90 alumnos, afirmó asustarse fácilmente. Por lo tanto, entra en un riesgo de salud mental con referencia a la situación afectiva, mientras que 64 %, n=164 alumnos, dijeron que no. A la pregunta sobre si se sentían frustrados con facilidad, 39.6 %, n=99 alumnos, contestaron que sí se sentían frustrados con facilidad, por lo que entran en riesgo de salud mental y problemas relacionados a la misma; 60.4 %, n=151 adolescentes, dijo que no. En cuanto al sentimiento de soledad la mayor parte del tiempo, 40.4 %, n= 101 adolescentes, contestó que sí y 49.5 %, n=149, contestó que no. Por otra parte, a la pregunta sobre si sentían frecuentemente deseos de llorar, 36 %, n=90, afirmó que esta emoción está presente, mientras que 64 %, n=160, dijo que no. En este gráfico, los datos que aparecen en color rojo significan que el porcentaje que contestó afirmativamente de los estudiantes adolescentes ya tienen riesgo en esta área y en esta esfera afectiva. Cabe destacar que se incluyen los sentimientos de tristeza y temor.

Los adolescentes siguen necesitando el afecto y cariño de los padres tanto o más que en la infancia, aunque se muestren huraños y esquivos y rechacen la actitud paternal o maternal. La opinión de los padres sobre su futuro sigue siendo muy importante para ellos frente a la opinión de los compañeros y amigos, que influyen en las decisiones cotidianas

La afectividad, emociones, sentimientos y pasiones desempeñan un papel importante. Están arraigados biológicamente en nuestra naturaleza y forman parte de uno mismo, se quiera o no. Con la ira se expresa malestar y puede servir para defenderse de una situación de peligro; la ansiedad permite estar en estado de alerta ante situaciones difíciles; la tristeza es una forma de expresar el dolor que se lleva dentro o lleva a pedir ayuda; con las rabietas, se manifiesta insatisfacción y frustración (González, 1998, 4.-8).

Gráfica 3. Esfera conductiva



Fuente: Encuesta aplicada a alumnos de la Escuela Preparatoria Oficial número 2, 2016, utilizando el instrumento POSIT, elaborado por el National Institute on Drug Abuse (1991), validado en México en 1998 por Mariño y colaboradores

En relación con las preguntas afines con las conductas en la gráfica 3, 46 %, que son n=115 adolescentes de la muestra, actúa impulsivamente y sin pensar en las consecuencias de sus actos. Estos adolescentes entran en riesgo de salud mental dentro de este ítem y 54 % n=135 respondió negativamente a este. En la situación sobre sentir nervios, 45.6 %, n=114, dijo que sí y 54.4 %, n=136, dijo que no. En los adolescentes

encuestados, 35.2 %, que son n=88, tiene dificultades para dormir, lo que lleva a tener insomnio y que se canse con frecuencia, que se representa en la gráfica 1 dentro de la esfera cognitiva.

Encuesta

El propósito de estas preguntas es conocer la forma en que mejor podemos ayudarte. Trata de contestar con franqueza las preguntas. Este no es un examen, porque no hay respuestas correctas ni incorrectas, aunque debes contestar con cuidado. Todas las respuestas son confidenciales.

Por favor, anota con una “X” sobre tu respuesta sin salirte de los recuadros.

| |
|-----------------------------------|
| Nombre: |
| ¿En qué estado y municipio vives? |
| ¿En qué escuela estudias? |
| Turno Escolar: |
| Grado Escolar: |
| Grupo: |
| Edad: |
| Sexo: |

Instrucciones. Por favor, contesta todas las preguntas. Marca con una “X” tu respuesta

| | | |
|--|----|----|
| 1.- ¿Eres arrogante? | Sí | No |
| 2.- ¿Has tenido dificultades porque consumes drogas o bebidas alcohólicas en la escuela? | Sí | No |
| 3.- ¿Se aburren tus amigos en las fiestas donde no sirven bebidas alcohólicas? | Sí | No |
| 4.- ¿Discuten demasiado tus padres o tutores? | Sí | No |
| 5.- ¿Te cansas con frecuencia? | Sí | No |
| 6.- ¿Te asustas con facilidad? | Sí | No |
| 7.- ¿Tienes menos energía de la que deberías tener? | Sí | No |
| 8.- ¿Te sientes frustrado con facilidad? | Sí | No |
| 9.- ¿Amenazas con facilidad? | Sí | No |
| 10.- ¿Te sientes solo(a) la mayor parte del tiempo? | Sí | No |
| 11.- ¿Dices groserías o vulgaridades? | Sí | No |
| 12.- ¿Escuchas cuidadosamente cuando alguien te habla? | Sí | No |
| 13.- ¿Son tus amigos(as) del agrado de tus padres o tutores? | Sí | No |
| 14.- ¿Se niegan tus padres o tutores a hablarte cuando se enfadan contigo? | Sí | No |
| 15.- ¿Actúas impulsivamente y sin pensar en las consecuencias de tus actos? | Sí | No |
| 16.- ¿Has tenido algún trabajo eventual con sueldo? | Sí | No |
| 17.- ¿Te has hecho daño o le has hecho daño a otra persona accidentalmente | Sí | No |

| | | |
|--|----|----|
| estando bajo los efectos de al alcohol o drogas? | | |
| 18.- ¿Tienes buena ortografía? | Sí | No |
| 19.- ¿Tienes amigos que causen daño o destrucción intencionalmente? | Sí | No |
| 20.- La mayoría de las veces, ¿saben tus padres o tutores dónde estás y lo que estás haciendo? | Sí | No |
| 21.- ¿Sueles perderte actividades o acontecimientos porque has gastado demasiado dinero en drogas o bebidas alcohólicas? | Sí | No |
| 22.- ¿Participas en muchas actividades en compañía de tus padres o tutores? | Sí | No |
| 23.- ¿Te sientes nervioso (a) la mayor parte del tiempo? | Sí | No |
| 24.- ¿Has robado alguna vez? | Sí | No |
| 25.- ¿Has sentido que eres adicto(a) al alcohol o a las drogas? | Sí | No |
| 26.- ¿Sabes leer bien? | Sí | No |
| 27.- ¿Has estado ausente o llegado tarde a tu trabajo o escuela con frecuencia? | Sí | No |
| 28.- ¿Sientes que la gente está en contra tuya? | Sí | No |
| 29.- ¿Tus amigos llevan drogas a las fiestas? | Sí | No |
| 30.- ¿Peleas con frecuencia? | Sí | No |
| 31.- ¿Tienes mal genio? | Sí | No |
| 32.- ¿Te prestan atención tus padres o tutores cuando les hablas? | Sí | No |
| 33.- ¿Has comenzado a consumir mayores cantidades de drogas o alcohol para obtener el efecto que deseas? | Sí | No |
| 34.- ¿Te dice la gente que eres descuidado(a)? | Sí | No |
| 35.- ¿Eres terco(a) o testarudo(a)? | Sí | No |
| 36.- ¿Has tenido alguna vez o tienes actualmente un empleo? | Sí | No |
| 37. ¿Has amenazado alguna vez a alguien con un arma? | Sí | No |
| 38 ¿A veces te vas de las fiestas porque en ellas no hay bebidas alcohólicas o drogas? | Sí | No |
| 39.- ¿Sabes tus padres o tutores cómo piensas o te sientes realmente? | Sí | No |
| 40.- ¿Actúas impulsivamente con frecuencia? | Sí | No |
| 41.- ¿Sientes un deseo constante de consumir bebidas alcohólicas o drogas? | Sí | No |
| 42.- ¿Pierdes el hilo del pensamiento con mucha frecuencia? | Sí | No |
| 43.- ¿Tienes dificultades para concentrarte? | Sí | No |
| 44.- ¿Has tenido alguna vez un empleo con sueldo que haya durado, por lo menos, un mes? | Sí | No |
| 45.- ¿Discutes frecuentemente con tus padres o tutores levantando la voz y gritando? | Sí | No |
| 46.- ¿Has tenido un accidente automovilístico estando bajo los efectos del alcohol o drogas? | Sí | No |
| 47.- ¿Olvidas lo que haces cuando bebes o te drogas? | Sí | No |
| 48.- El mes pasado, ¿manejaste un automóvil estando borracho(a) o drogado(a)? | Sí | No |
| 49.- ¿Levantas la voz más que lo demás muchachos de tu edad? | Sí | No |
| 50.- ¿Has ocasionado daños a propiedad ajena intencionalmente? | Sí | No |
| 51.- ¿Has dejado un empleo sencillamente porque no te interesaba las consecuencias de dejarlo? | Sí | No |

| | | |
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| 52.- ¿A tus padres o tutores les gusta hablar y estar contigo? | Sí | No |
| 53.- ¿Has pasado alguna noche fuera de tu casa sin que tus padres o tutores supieran dónde estabas? | Si | No |
| 54.- ¿El uso del alcohol y drogas te producen cambios repentinos de humor, como pasar de estar contento(a) a estar triste o viceversa? | Sí | No |
| 55.- ¿Te sientes triste la mayor parte del tiempo? | Sí | No |
| 56.- ¿Pierdes días de clase o llegas tarde a la escuela por haber consumido bebidas alcohólicas o drogas? | Sí | No |
| 57.- ¿Te han dicho alguna vez tus familiares o amigos que debes reducir el uso de bebidas alcohólicas o drogas? | Sí | No |
| 58.- ¿Discutes seriamente con tus amigos o familiares por el uso que haces de bebidas alcohólicas o drogas? | Sí | No |
| 59.- ¿Molestas mucho a tus amigos? | Sí | No |
| 60.- ¿Tienes dificultades para dormir? | Sí | No |
| 61.- ¿Tienes dificultades con trabajos escritos? | Sí | No |
| 62.- ¿Las bebidas alcohólicas o drogas te han inducido a hacer algo que normalmente no harías, como desobedecer alguna regla o ley, o la hora de llegar a casa, o tener relaciones sexuales con alguien? | Sí | No |
| 63.- ¿Sientes que a veces pierdes el control de ti mismo(a) y terminas peleando? | Sí | No |
| 64.- ¿Faltaste a la escuela sin autorización el mes pasado? | Sí | No |
| 65.- ¿Tienes dificultades en tus relaciones con algunos de tus amigos debido a las bebidas alcohólicas o drogas que consumes? | Sí | No |
| 66.- ¿Tienes dificultad para seguir instrucciones? | Sí | No |
| 67.- ¿Tienes amigos que han golpeado o amenazado a alguien sin razón? | Sí | No |
| 68.- ¿Has sentido que no puedes controlar el deseo de consumir bebidas alcohólicas o drogas? | Sí | No |
| 69.- ¿Tienes buena memoria? | Sí | No |
| 70.- ¿Tienen tus padres o tutores una idea relativamente buena de lo que te interesa? | Sí | No |
| 71.- ¿Están tus padres o tutores de acuerdo en cuanto a la forma en que te deben de educar? | Sí | No |
| 72.- ¿Se te hace difícil planear u organizar tus actividades | Sí | No |
| 73.- ¿Tus amigos faltan a la escuela sin autorización con mucha frecuencia? | Sí | No |
| 74.- ¿A veces la escuela hace que te sientas como tonto? | Sí | No |
| 75.- ¿Frecuentemente sientes deseos de llorar? | Sí | No |
| 76.- ¿Te da miedo estar con la gente? | Sí | No |
| 77.- ¿Tienes amigos que han robado? | Sí | No |
| 78.- ¿Has reprobado algún año en la escuela? | Sí | No |
| 79.- ¿Es difícil la escuela para ti? | Sí | No |
| 80.- ¿Eres una persona nerviosa, de las que no pueden estarse sentadas mucho tiempo? | Sí | No |
| 81.- ¿Gritas mucho? | Sí | No |