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Adolescent and youth mental health in southern Peru: challenges, gaps, and opportunities


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Foreword by the President and CEO of EMpower

EMpower embraces the World Health Organisation (WHO) definition of mental health as “A state of mental well-being that enables people to cope with the stresses of life, to realise their abilities, to learn well and work well, and to contribute to their communities”. As true for young people as for adults, mental health is an integral component of health and well-being.

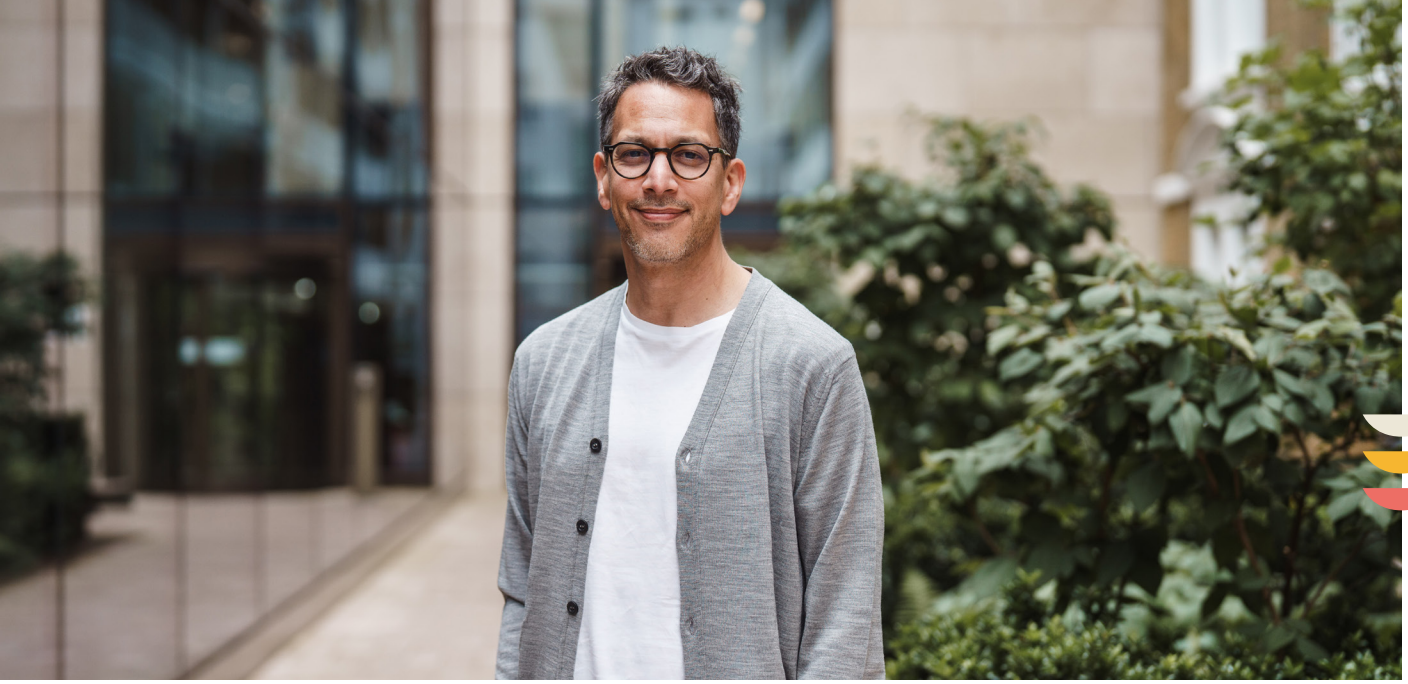
Sadly, however, youth mental health globally is in crisis with consequences for their wellbeing at this stage of life and with profound implications for their adulthood. Rates of adolescent depression, anxiety and suicide are on the rise globally, and young people in low-resource settings face greater adversity and stressors, and less access to care.

EMpower’s investment in young people’s mental health recognises its essential importance to their wellbeing, ability to learn and work, and stay safe and connected. We believe in the importance of practical community-based approaches, led by credible local organisations and trusted adults and youth peers, to safeguarding mental health, focusing on raising awareness, prevention, ‘first aid’ and referral networks. Our grantee partners use a socio-ecological approach, actively engaging with parents, teachers, school authorities and other key stakeholders.

With the indispensable support of the Anglo American Foundation, to advance this important work in Peru, we conducted a comprehensive assessment of the mental health landscape, focusing on policy implementation and service accessibility in Arequipa and Cusco. The resulting findings, captured in this report, will shape practical strategies and catalytic investments to advance and safeguard the mental health of Peru's young people, especially those who are most marginalised.

We thank our local partners and other experts in Peru who contributed to this report and will be critical to uptake of recommendations to secure the mental health of Peruvian youth. We are grateful for the generous support of the Anglo American Foundation and its forward-thinking commitment to mental health. Last, huge appreciation to Daniel Parnetti, EMpower Programme Director for Latin America and Pia Bravo Arenas, Programme Officer Consultant, Peru for their vision and dedication in taking this important work forward.

Cynthia Steele President & CEO, EMpower



Foreword by the CEO of the Anglo American Foundation

At the Anglo American Foundation, we don't treat mental health as a side note; we see it as the starting point. When a young person feels emotionally supported and has access to the right tools and resources, they are more likely to stay in school, find meaningful work, and contribute to their community. Without that foundation, potential goes untapped.

Too often, conversations about youth focus solely on skills and employment, without asking a vital question: how does a young person feel? The truth is, no one can build a life when they feel overwhelmed, unheard, or unmotivated. That is why mental wellbeing sits at the heart of our mission to champion young people for a green and fair future. It fosters resilience and leadership while equipping the next generation with the confidence and tools to access economic opportunity and shape tomorrow.

This thinking drives our partnership with EMpower in Peru. Mental health remains one of the most urgent and under-resourced challenges facing young people across the country, particularly in marginalised and rural communities. This report is more than research. It is a roadmap for action, grounded in the lived experiences of young people and guided by the insights of local leaders who understand what it takes to create systemic change.

We are proud to support EMpower and to walk alongside the organisations, advocates, and

young people who are reimagining what it means to grow up with care, connection and hope.

Together, we can help create a world where mental wellbeing is not only protected, but prioritised, because young people deserve nothing less.

Michael Mapstone, CEO, Anglo American Foundation

Executive Summary

Introduction and Purpose

In 2024, EMpower and the Anglo American Foundation joined forces to address the growing mental health crisis among vulnerable young people in Arequipa and Cusco, Peru. While this crisis has existed for many years, it has deepened due to the economic and social disruptions caused by the COVID-19 pandemic.

For decades, mental health has not been a national priority in Peru. This is reflected in the limited resources allocated to prevention and treatment, the lack of reliable data, and the absence of coordinated, multisectoral strategies. These gaps have severely restricted access to specialised care and the development of effective prevention programmes.

This report aims to provide an overview of the current mental health landscape for adolescents and young people in Arequipa and Cusco. Its findings are intended to guide the creation of a healthcare strategy that responds to the specific needs of this population.

Through this partnership, our goal is not only to improve access to mental health data and services, but also to strengthen prevention efforts and raise community awareness—ensuring that every young person receives the support they need to thrive.

Mental Health in Peru

Mental Health as a Continuum

Mental health should not be viewed as a binary concept—defined solely by the presence or absence of illness. Every person, regardless of whether they have a formal diagnosis, can develop skills to prevent mental health challenges and enhance their overall well-being. Mental health exists on a continuum: at one end is optimal well-being, where individuals are equipped to manage life's demands; at the other, severe emotional or psychological distress that can significantly hinder personal growth and development.

A wide range of interconnected factors influence mental health. Structural issues such as poverty, limited access to healthcare and education, unemployment, precarious working

conditions, and exposure to violence are all closely linked to the development of mental health problems. At the same time, stigma and cultural taboos often prevent people from speaking openly about mental health or seeking help—leading to isolation and reduced access to the care and resources needed for recovery.

A 2014 study by Peru's National Institute of Mental Health revealed that 84% of Peruvians with mental health conditions do not acknowledge them and choose to remain silent—largely due to beliefs that mental illness is a sign of weakness or a way of seeking attention[1].

Caring for mental health is also a continuous process that requires ongoing attention throughout a person's life. Childhood and adolescence are particularly sensitive periods, as experiences in school, social pressure, identity formation, and gender expectations deeply impact mental well-being. Early adulthood (ages 20–24) also presents challenges, especially the transition from school to employment and independent life. Prevention is essential: many adult mental health disorders begin to emerge before age 15. With timely support, these conditions can often be mitigated—or avoided entirely.

Youth Mental Health in Peru: Epidemiological Data

In Peru, young people face a range of factors that increase their vulnerability to mental health issues. Nationally, 78% of adolescents aged 12 to 17 have been victims of physical and/or psychological violence at some point in their lives, and more than 34% have experienced some form of sexual violence[2]. This reality—combined with high poverty rates, frequent exposure to stressful situations, and other risk factors—has led to 36% of children and adolescents in Peru exhibiting behavioural or emotional problems that threaten their mental well-being. Additionally, 29.6% of adolescents between the ages of 12 and 17 are at risk of developing emotional and behavioral difficulties[3].

In Cusco, the most common mental health diagnoses among adolescents include depressive episodes, social phobia, and issues related to alcohol use. Exposure to violence is also widespread: 59.6% of adolescents have experienced some form of abuse, most often at the hands of classmates or family members[4].

In Arequipa, depressive episodes are the most frequently diagnosed condition among adolescents, with a prevalence of 11.4%, followed by generalised anxiety at 7.1%. Violence is similarly concerning: 40.5% of adolescents report having suffered some form of abuse, most frequently by peers or family members. Alarmingly, Arequipa also shows high levels of suicidal ideation: 22% of adolescents have had suicidal thoughts at some point in their lives, and 4% have gone so far as to plan a suicide attempt[5].

Prevention and Care

In line with international standards and with the goal of adopting a more comprehensive approach to mental health, Peru's Congress enacted Law No. 30.947 in 2021. This law establishes a national framework for mental health care and management, shifting the focus from hospitalisation to community-based services. It led to the creation of Community Mental Health Centers (CMHCs) and introduced specific guidelines for serving vulnerable groups, including adolescents. The law also clarifies the roles of care providers—reserving diagnostic responsibilities for trained psychiatry professionals—and requires educational institutions to implement prevention programmes to safeguard students from mental health risks.

Despite this progress, major gaps remain, particularly for vulnerable populations. Adolescents face especially limited access to specialised mental health care compared to other age groups. Existing services are often ill-equipped to address common adolescent concerns such as anxiety, depression, and developmental challenges. The primary care sites available to them—CMHCs—are frequently under-resourced and overwhelmed by rising demand, making it difficult to provide adequate, age-appropriate support.

Protective Factors and Prevention Strategies

Another key feature of Law No. 30.947 is its emphasis on designing and implementing preventive mental health strategies. Education plays a central role as a protective factor: developing socio-emotional skills during the school years is crucial not only to prevent mental disorders but also to equip students with lifelong tools for emotional well-being. However, this goal is not consistently met in Peruvian schools. Two organisations working in public schools in Cusco report:

They point out several key shortcomings:

- **Teachers are unmotivated and overburdened**, leaving them with little time or energy to participate in mental health training.

- **There are no practical sessions** that both highlight the importance of mental health and actively help students develop socio-emotional skills.

- **Few staff members possess strong socio-emotional competencies**, even though teachers and school personnel must first develop these skills themselves in order to effectively support students.

- **Parents and caregivers are not included** in any programming, missing a vital opportunity to engage the broader educational community in strengthening students' emotional well-being.

- **There is a lack of school-based psychologists and trained professionals** who not only conduct clinical assessments but can also offer a range of effective emotional regulation and support techniques.

Specialised Care and Treatment Gaps

In 2018, Peru's Ombudsman's Office reported that 8 out of 10 people in need of mental health care do not receive an accurate diagnosis or appropriate treatment[6]. Beyond the stigma surrounding mental health—which discourages many from seeking help—there is also a critical shortage of trained mental health professionals. In Peru, there are only 3 psychiatrists and 17 psychologists per 100,000 people, far below the World Health Organisation (WHO) recommendations of 10 and 30 respectively[7]. This gap is further compounded by geographic disparities, as most professionals are concentrated in Lima. Likewise, health centres are disproportionately located in the capital: 41% of all EsSalud, MINSA, and private facilities are in Lima. The next highest concentration is in Arequipa, with just 7%, while Cusco has only 16 centres—representing a mere 2.8% of the national total[8].

Although Law No. 30.947 marks progress toward improved mental health care, implementation has been uneven. The current number of mental health centers is insufficient to meet demand, and long wait times—coupled with high transportation and medication costs—create additional barriers, particularly for vulnerable populations. While Arequipa has more facilities than many other regions, a lack of specialised staff and adequate resources still limits its ability to respond effectively. Inconsistent care quality remains a concern: some centers lack basic equipment and private spaces for consultations, which directly undermines treatment outcomes and patient recovery.

Recommendations

For the Public Sector

a. Collaborate with Civil Society Organisations
Partner with civil society organisations based in Arequipa and Cusco to design and implement preventative mental health strategies—particularly within the education sector. These strategies should address the primary stressors affecting adolescents in each region and consider the systemic context in which mental health challenges arise.

b. Engage and Educate Parents
Ensure that parents and caregivers understand the value of strengthening their children's social and emotional skills, as well as the benefits of early mental health intervention. Recognising and addressing local beliefs and stigmas around mental health is essential to encourage care-seeking behaviors.

c. Expand Access in Rural Areas
Improve access to mental health services in rural areas by increasing the number of trained professionals at Community Mental Health Centers. In regions with staffing shortages, coordinate with municipalities or other local authorities to ensure adolescents and young people can access appropriate support.

d. Enhance Multisector Collaboration
Improve coordination across sectors in the monitoring and delivery of prevention strategies. This includes using clear indicators to assess student learning related to mental health content and evaluating the impact of emotional regulation training for teachers. Go beyond measuring knowledge—prioritise the real-world application of emotional well-being tools.

e. Strengthen Alternative Care Options
Reinforce existing alternative care models and develop new ones as needed, especially in underserved rural and urban areas. These options should ease the pressure on Community Mental Health Centers and school psychologists, while expanding the availability of timely, effective support.

For Civil Society

f. Advocate for Policy and Funding Support
Undertake advocacy efforts that build social demand and push Regional Governments and other local decision-makers to increase funding and fully execute budgets for existing mental health programmes—particularly those focused on prevention and early intervention. To ensure a multisectoral approach, coordinate with educational institutions so that proposed strategies are aligned with the actual needs of adolescents.

g. Monitor Suicide Prevention Efforts
Track the implementation of suicide prevention strategies in Arequipa and expand access to emergency mental health services equipped with training in prevention and psychological first aid. Additionally, provide school staff with basic training in psychological first aid—recognising that, in the absence of specialists, teachers and even administrative personnel often serve as the first line of support.

h. Create Local Knowledge-Sharing Spaces
Establish regular spaces for local civil society actors to exchange knowledge, share experiences, and co-develop culturally relevant mental health interventions tailored to adolescents in their communities.

i. Set Regional Mental Health Priorities Collaboratively
Define mental health priorities within each region in coordination with community organisations, parents, youth, civil society, and local governments. This collaborative approach supports the implementation of the community-based model envisioned under Law No. 30.947. For example, in Cusco, challenges such as aggression and violence should be addressed through schools using an intercultural lens that reflects the region's specific context.

Introduction and Purpose

The Anglo American Foundation is an independent philanthropic organisation whose mission is to encourage young people to become agents of change for a green and just future. It is committed to the potential of youth innovation to develop solutions to the social and environmental challenges they face, focusing on youth empowerment and the creation of economic opportunities within the green economy. Through its work in Latin America and South Africa, the Foundation promotes shared learning and collaboration, strengthens ecosystems, and fosters connection and inclusion, recognising young people as key actors in creating a prosperous future.

EMpower – The Emerging Markets Foundation is a philanthropic organisation that partners with local organisations in emerging market countries, and other change-makers, to enable marginalised young people to transform their lives and communities. It supports over 160 local, non-governmental organisations, in 15 countries, focusing on education, employability and health. Recognising that social change requires long-term, sustainable investment, EMpower provides flexible funding for up to 10 years, organisational capacity building and cross-sector strengthening, working towards a world where all marginalised young people, especially girls, have the skills, opportunities, and power to reach their full potential.

In 2024, both foundations combined efforts to address the mental health crisis affecting vulnerable young people in Arequipa and Cusco, Peru.

Mental Health in Peru

Peru has historically underprioritised mental health. This is evident in the limited resources allocated for both prevention and treatment, the lack of reliable data, and the absence of multi-sectoral strategies. These gaps have restricted access to specialised care and hampered the implementation of preventive programmes. The COVID-19 pandemic exacerbated this crisis, highlighting the vulnerability of adolescents and young people to declining mental well-being. School closures and economic strains significantly increased emotional and psychological distress within these groups, with a notable 30% increase in the care gap for mental health issues since the beginning of the pandemic[9].

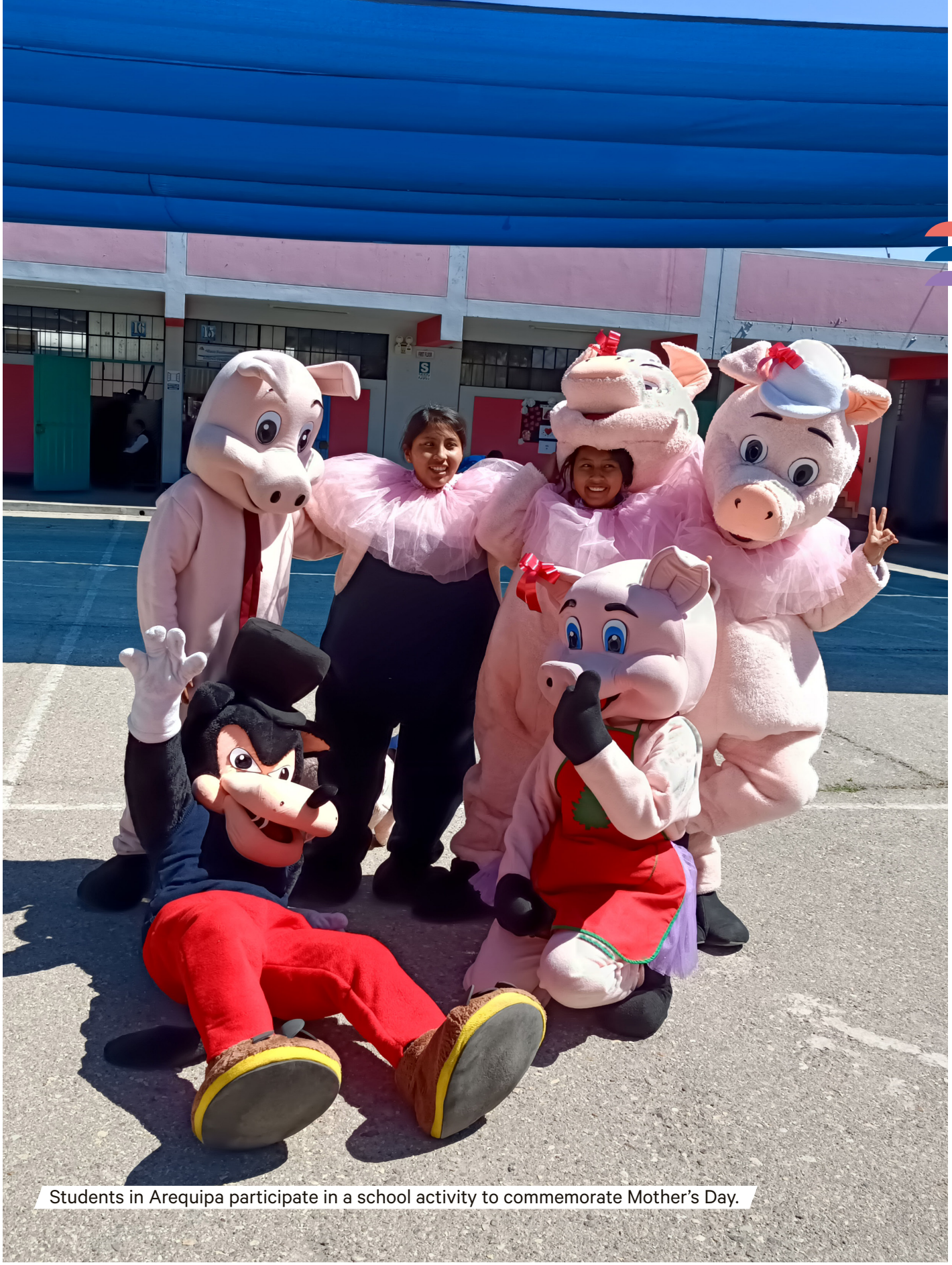
Concerning data reveals that 36% of Peruvian children and adolescents experience behavioral or emotional issues that threaten their mental health. Among adolescents aged 12 to 17, the risk of emotional and behavioral difficulties is also high at 29.6%[10]. Without adequate preventive strategies, this situation is likely to worsen.

In response to this growing crisis, this report examines the mental health landscape for adolescents and young people in Arequipa and Cusco. Understanding the specific mental health needs of young people is a crucial step in developing effective and culturally appropriate interventions that will have a lasting impact. The Anglo American Foundation and EMpower partnership will use this information to develop and implement a strategy that seeks not only to improve access to mental health information and services but also to promote prevention and community awareness, ensuring that every young person receives the necessary support to thrive.

Terminology

Mental health is essential for individual well-being and development, driving, in turn, a nation's progress. A population's mental health landscape is therefore a crucial factor in assessing its overall development. To ensure clarity in discussing these complex issues, this report defines the following key terms: mental well-being, mental health, mental health problems, and mental health disorders.

- **Mental well-being:** A subjective sense of psychological coherence, emotional stability, and social connectedness in environments that are experienced as supportive, promoting the flexibility and resilience to adapt in situations of stress and adversity[11] (adapted from Keyes, 2002).
- **Mental health:** The ability to act with agency in environments that support best efforts to reach potential, capacity for meaningful relationships with other people, the skills to adapt and cope with adversity and common stresses of life and to contribute to one's community[12] (WHO).
- **Mental health problems:** A disturbance in mental health and well-being that results in emotional and interpersonal distress and some difficulty coping with everyday stressors, but not severe enough to warrant a clinical diagnosis of a mental disorder[13] (adapted from Lancet Commission, 2018).
- **Mental health disorders:** Disturbances of thought, emotion, behaviour, and relationships with others that lead to substantial suffering and functional impairment in one or more major life activities, as identified in the major classification systems such as the WHO International Classification of Diseases and the Diagnostic and Statistical Manual of Mental Disorders[14].



Students in Arequipa participate in a school activity to commemorate Mother's Day.

Mental Health as a Continuum

Mental health should not be viewed as a binary concept — the presence or absence of disease. Everyone, regardless of medical diagnosis, can develop strategies/tools to prevent mental health problems and enhance their well-being. Mental health exists on a continuum, ranging from optimal well-being—where individuals possess the tools to navigate life's challenges—to severe emotional distress and physical pain that impairs their personal development. This continuum is influenced by several factors:

- **Individual factors:** These include innate and acquired skills for managing emotions and establishing meaningful relationships, as well as brain development.
- **Family and community factors:** This encompasses the individual's immediate environment. Harmful parenting styles, school bullying, and violent relationships, for example, can contribute to mental health problems.
- **Structural factors:** This refers to the broader societal context, such as access to basic necessities (e.g. water, food), social conflicts, and access to justice.

Mental Health in Adolescence and Youth

Individual, family and community, and structural factors interact differently across different life stages. Childhood and adolescence are particularly vulnerable periods, where school, social pressure, identity exploration, and gender roles significantly influence mental well-being. Globally, one in seven adolescents aged 10 to 19 experience a mental health disorder, and up to half face mental health problems[15].

Early adolescence (10–14 years) is often marked by behavioral problems and attention-deficit/hyperactivity disorder (ADHD). Late adolescence (15–19 years) sees a rise in anxiety, depression, and eating disorders, largely due to the emotional, social, and physical transitions characteristics of this period.

In addition to adolescence, early adulthood (20–24 years) also presents additional challenges. During this phase, emerging responsibilities—such as the transition from school to work and to independent adult life—take on greater relevance.

A comprehensive approach to mental health for this age group should prioritise:

- Prevention and management of mental health disorders, including depression, anxiety, and substance abuse.
- Promotion of supportive environments at home, school, and within the community.
- Early intervention to mitigate future risks of mental health disorders.

Crucially, adolescents and young people need to develop positive coping mechanisms and healthy habits. Establishing healthy sleep and exercise routines, problem-solving skills, and fostering positive interpersonal relationships contribute to better adaptation and development.

Additionally, timely intervention enables adolescents and young people to improve emotional regulation, avoid risky behaviors, build resilience, and develop supportive social networks that contribute to personal growth and a fullfilling adult life[16]. Early intervention is essential for preventing future problems, as half of adult mental disorders manifest their first symptoms before age 15.

Mental Health in Peru

Entities specialised in mental health data collection

One of the main barriers to proposing a solid prevention and attention strategy for mental health in Peru is the lack of reliable and consistent information. Despite this general lack of data, a few entities specialised in data collection exist that are important to know:

Key actors in the collection of mental health indicators

Entity	Sector	Mission	Theme	Main reports, policies or guidelines	Scope	Website
Ombudsman's Office (Defensoria del Pueblo)	Government Agencies	Defends and promotes the rights of individuals and the community, with an emphasis on vulnerable populations.	Human rights, including mental health. Supervises state actions, focusing on protecting the rights of vulnerable populations, including adolescents and young people.	1. *The right to mental health: supervision of the implementation of the public policy of community care and the road to deinstitutionalisation* (2018).	National. With regional offices in Cusco and Arequipa.	www.defensoria.gob.pe
Ministry of Health	Government Agencies	Guarantees the comprehensive health of the Peruvian population through the formulation, execution, and evaluation of health policies and services, focusing on promotion, prevention, treatment and rehabilitation.	Mental health, including specific studies on adolescents and young people, national policies, and evaluation of mental health services. Collects epidemiological data on the major mental health conditions and related trends in the different regions.	1. *National Mental Health Policy* 2021-2026 2. *Sectoral policy guidelines in mental health* (2018) 3. *Peru mental health plan,* 2020 - 2021 (in the context of COVID 19).	National. Each region has a Regional Health Directorate (DIRESA) and Regional Mental Health Directorates.	www.minsa.gob.pe

National Secretariat of Youth (SENAJU)	Government Agencies	Promotes and coordinates policies and programmes in favor of youth, promoting the comprehensive development of young people in Peru.	Youth mental health, comprehensive development, programmes and policies for young people. Reviews all regional policies and strategies related to youth, evaluating the response of local and regional governments.	1. *Monitoring and evaluation of compliance with the national youth policy* (2020).	National	www.senaju.gob.pe
National Institute of Mental Health -Honorio Delgado-Hideyo Noguchi	Government Agencies	Promotes mental health through research, treatment and prevention of mental health disorders.	Conducts major epidemiological mappings of various regions. Develops and evaluates prevention programmes, new treatment modalities and the impact of sociocultural factors on mental health. Evaluates mental health policies and programmes.	1. *Epidemiological Mental Health Study (EESM) in the cities of Cusco and Huancayo* (2011). 2. *Epidemiological Mental Health Study (EESM) in Arequipa, Moquegua and Puno* (2018).	National and regional.	www.insm.gob.pe/institucional/institucional.html
Ministry of Education	Government Agencies	Regulates and supervises the education system to guarantee quality education.	Monitors the effectiveness of the national education strategy, especially evaluating performance by competencies (including socio-emotional). Monitors classroom well-being through the SiSeVe platform, collecting information on cases of violence in schools.	1. *Report SíSeVe* (2023).	National and regional.	www.minedu.gob.pe

National Institute of Statistics and Informatics (INEI)	Government Agencies	Provides reliable statistical data to support planning and decision-making.	Collects and analyses data, including mental health and studies related to adolescent mental health. Creates mental health maps in studies related to vulnerable populations (women, LGBTI community, etc.)	1. *National Household Survey (ENAHO).* 2. *Status of Children and Adolescents.*	National, with data at the regional and local levels.	www.inei.gob.pe
Save the Children	Civil Society Organisation	Saves children's lives and guarantees their healthy development and well-being, focusing on the promotion of their rights, protection and education in emergency and development contexts.	Child and youth mental health, child protection, comprehensive child development, and emergency response with a focus on mental health and psychosocial support.	1. *Gender Analysis. Working children and adolescents in the regions of Cusco, Ica and Ayacucho* (2016).	Presence in most regions of Peru, with special attention in Cusco.	www.savethechildren.org
World Health Organisation	International Organisation	Leads international efforts in public health, providing leadership on global health issues and supporting countries in the implementation of health policies.	Global mental health, mental health policies and strategies. Reports on the global mental health situation and evaluates the implementation of different strategies. Publishes recommendations.	1. *Mental Health in Adolescents* (2020) 2. *Mental health Action Plan* 3. *Suicide Prevention: A Global Imperative* (2014).	Global.	https://www.who.int/es/health-topics/mental-health#tab=tab_1
UNICEF	International Organisation	Defends and promotes the rights of children and adolescents to guarantee their comprehensive well-being.	Projects and studies on mental health, emotional support and suicide prevention in adolescents.	1. *Being a Teenager in Peru (with different volumes and published topics).* 2. *The Mental Health of Children and Adolescents in the Context of COVID-19* (2021).	National and regional.	www.unicef.org/peru

Epidemiological Data

While Peru's mental health data collection is improving, challenges remain in terms of granularity and consistent reporting. A 2005 World Mental Health Survey conducted in Lima, Arequipa, Huancayo, Iquitos, and Tacna found that 29% of the population had experienced a mental health disorder at some point in their lives. Nationally, anxiety disorders were the most prevalent (14.9%), followed by mood and impulse control disorders[17]. However, the data lacked regional disaggregation, limiting its applicability for local-level analysis.

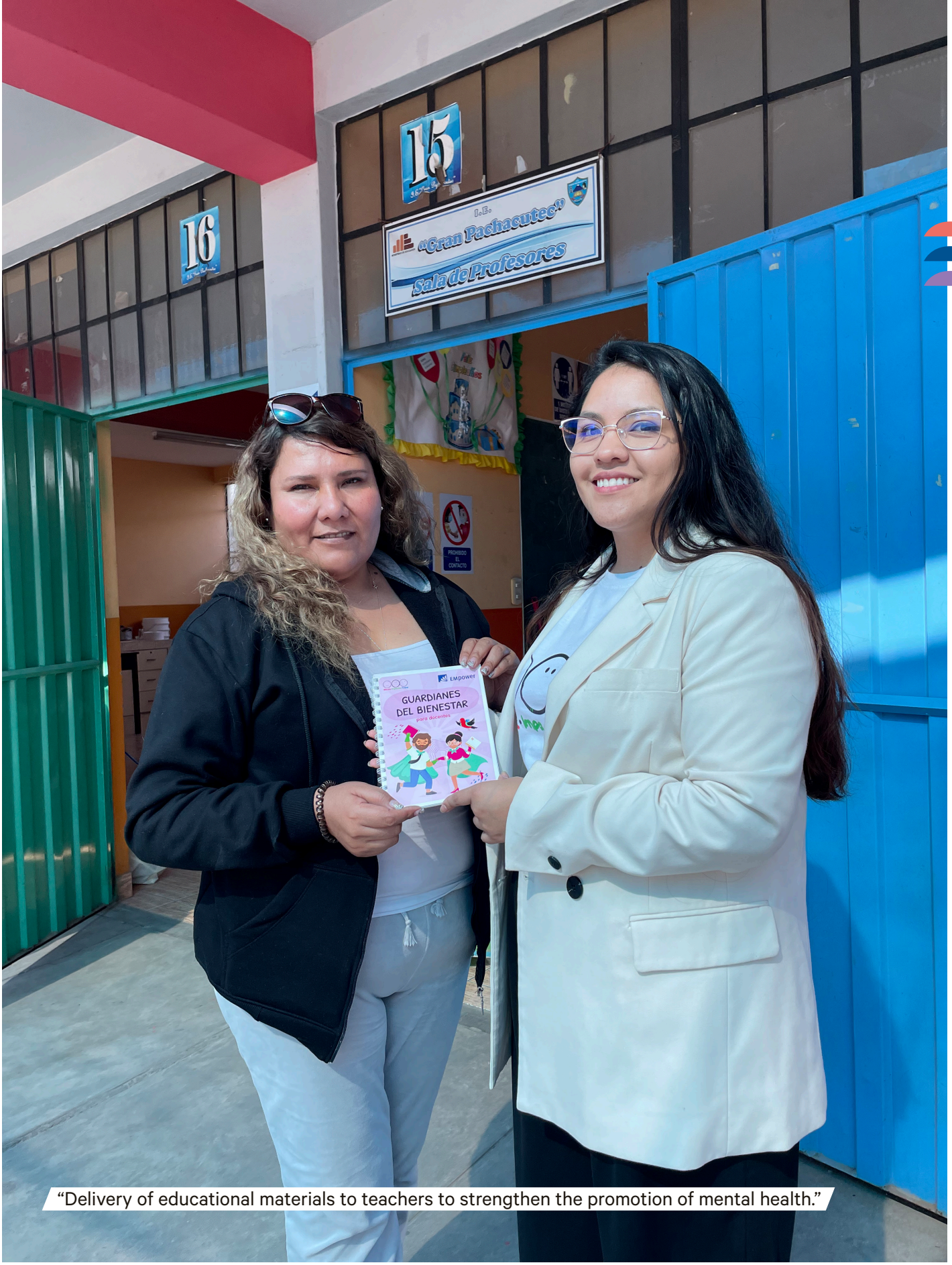
A 2014 national survey reported a 20.7% annual prevalence of mental health disorders in Peru[18]. The Ministry of Health reported that 17.5% of all diseases were neuropsychiatric, accounting for over 1 million lost years of healthy life[19]. Depressive episodes, anxiety and excessive alcohol consumption were the most common disorders among individuals over 12. Young people also frequently experienced explosive anger[20].

Regional studies, such as the Epidemiological Mental Health Studies (EESM), found an 18.8% prevalence of mental health disorders in Arequipa (2006)[21] and 14.4% in Cusco (2011)[22]. These studies suggest that most disorders emerge before age 30, with an average onset of 22 years. Anxiety disorders often appear around age 15, followed by impulse control disorders at 20, and substance problems at 26[23].

Vulnerability Factors

Several interconnected social disadvantages increase the risk of mental health challenges. Low income, limited access to quality health and education services, unemployment, and unstable working conditions are all strongly correlated with higher rates of mental health problems. Family violence is another significant contributing factor. The continued acceptance of violence as a disciplinary method further endangers vulnerable groups. In Peru, 78% of adolescents (12 and 17)[24] have experienced physical and/or psychological violence, and over 34% have experienced some form of sexual violence[25].

The effects of violence on mental health are complex and not easily identifiable. Nationally, 49% of adolescents report internalising problems like sadness, excessive worry, or low self-esteem[26]. These internalised struggles directed inward rather than expressed outwardly can be easily overlooked. Therefore, it is crucial for teachers and parents to be equipped to recognise these less visible signs of distress[27].



"Delivery of educational materials to teachers to strengthen the promotion of mental health."

Adolescents in the Sierra region are particularly vulnerable to internalising behaviors, highlighting geographical disparities in mental health needs. While the impact of violence on well-being is often immediate and significant, other factors like educational attainment, may have longer-term consequences. In studies[28] that analyse this difference, for example, a higher prevalence of mental health problems is not always seen in young people under 25 years of age without complete secondary education. However, in people over 40, the highest level of education achieved is a factor that must be considered to analyse the degree of vulnerability to mental disorders. For this reason, the work of preventing mental health problems in young people should not focus solely on the main risk factors present in that age group, but should also consider what risk factors in adulthood can be prevented or mitigated with early interventions during adolescence.

Protective Factors and Positive Resources

Despite the challenges, many teenagers in Peru benefit from protective factors such as family cohesion and social support. In Arequipa, for example, 86.4% feel proud of their family, and 72.1% trust that they can count on their support in difficult times. However, a smaller percentage (27.8%) indicates that they have little or no conversation about personal matters with their relatives, which can affect their emotional well-being[29]. In the case of Cusco, the indicators do not present significant differences, although there is a more negative perception on the part of women in that region regarding family cohesion and sense of belonging.

Additionally, there are other aspects of positive mental health that have been identified in the epidemiological studies carried out. On the one hand, in the case of self-esteem, the Peruvian average is 33.01 (under the Rosenberg self-esteem scale, whose range is from 10 to 40) compared to the world average of 30.85. With regard to this point, Cusco has an average of 30.16 and Arequipa of 30.89. On the other hand, resilience, measured by the Self Scale (range 14 to 56), is 46.77 in Cusco and 45.65 in Arequipa. Finally, the percentage of adolescents who reported feeling satisfied with life was also measured in both regions. In this case, 82% of adolescents in Arequipa reported feeling satisfied or very satisfied, while in the case of Cusco the percentage was 83.6%. In both cases, no significant differences were found with the regions with which they were compared.

Vulnerability Factors in Cusco and Arequipa

In the case of Cusco, the most common diagnoses in adolescents are depressive episodes, followed by social phobia and problems related to alcohol consumption. While the diagnoses do not differ greatly from what is observed at the national level, two main concerns stand out. First, the age of onset of alcohol consumption in the region is worrisome, as it varies between 9 and 15 years with an average of 12.8. Secondly, 63.8% of adolescents in the region

have consumed alcohol at some time in their lives. According to the Peruvian Journal of Experimental Medicine and Public Health, the national average is estimated to be 29.5%[30].

Regarding Arequipa, the most common clinical disorder among the adolescents surveyed was depressive episodes, with a prevalence of 11.4%, followed by generalised anxiety that affected 7.1% of young people. In addition, 4.9% showed a tendency to suffer from eating disorders and 3.9% presented social phobia. Regarding substance use, the average age of onset was 13.3, and 58.1% of adolescents have consumed alcohol at some time in their lives. In neither of the two regions were significant differences found between alcohol consumption behaviors between men and women.

Second, the prevalence of high levels of violence is of concern in both regions. In Cusco, 59.6% of adolescents have been victims of some type of violence, mostly perpetrated by classmates or family members. The rate of domestic violence against women is 79.4%, where psychological violence represents 61.5% of cases, followed by physical and sexual violence[31]. The participation of adolescents in violent behavior is significant (19.9%), and homicidal thoughts (3.4%) are more common than in other regions[32].

High levels of violence are also observed in Arequipa. 40.5% of adolescents have been victims of some type of violence, with classmates and family members being the main aggressors. In addition to this, in Arequipa, violence is one of the main sources of stress (perceived by 20% of adolescents), followed by crime (16.3% in men)[33]. In the case of Cusco, the main contextual stressors for adolescents and young people are corruption (20.9%), poverty (20.4%), and crime (17.3%)[34]. Unlike Arequipa, violence is not identified as a main concern, being perceived as one of the main problems by 13% of adolescents.

In both regions, in addition, high levels of distrust towards the authorities are demonstrated, but there is more trust towards teachers and religious leaders[35]. Another relevant factor for both regions is poverty. The relationship between mental health and poverty forms a vicious cycle, in which unfavorable socioeconomic circumstances cause mental health problems, and these, in turn, exacerbate economic difficulties. Financial restrictions in the home affect education, generate tensions between family members, and hinder adequate psychological development in the relationship between parents and children. In addition, they usually involve difficulties in accessing information and attention about mental health problems[36].

According to the National Household Survey (2023), in Arequipa monetary poverty is 13.9% (with 18% of adolescents living in poor households), while in Cusco monetary poverty is 21.7% (no information was reported on adolescents living in poor households)[37].

An Alarming situation

In addition to the usual vulnerability factors, Arequipa is especially on alert for being the region with the highest suicide rate in the country, even surpassing Lima[38]. Although the causes of the high suicide rates are not yet fully understood, various experts point to domestic violence and substance abuse as key factors. For example, although approximately 4,717 people receive treatment for psychoactive substance abuse, this represents only 2% of those with this problem[39].

In the case of adolescents, both Cusco and Arequipa present alarming situations. In Cusco, 28% say they have at some point felt like dying, while in Arequipa, this figure is 22%. In both regions, the percentage of adolescents who have at some point had specific plans to take their own life is 4%. This latter figure is especially worrying because it represents a population that requires immediate specialised care.

Although there is no data on the national average for suicidal ideation, the National Center for Epidemiology, Disease Control and Prevention (CDC) reports an upward trend in suicide attempts in Peru, with young people between the ages of 15 and 19 being the most affected population (representing 30% of cases nationwide). While the jungle is the region where cases have increased most significantly, the mountains remain the region with the highest rates of suicide attempts among young people. Another disproportionately affected group is women, who represent 63% of total cases. Indeed, as of July 2024, 23% of all actual suicides in the country were among young women between the ages of 15 and 19. According to the CDC, most cases are related to situations of domestic and sexual violence, as well as difficulties relating to peers and anxiety disorders[40].

Faced with this situation, in 2022, the Regional Government of Arequipa implemented a plan to reduce suicide rates by improving access to services and strengthening early intervention to prevent preventable deaths[41]. According to the WHO, the main effective strategies for suicide prevention are restricting access to the most common means of suicide (for example, by placing nets or barriers on high bridges), raising awareness in the media to promote responsible reporting of suicide cases and thus avoid imitations, promoting programmes that support the development of life skills in young people, and early detection and timely follow-up. The Arequipa Regional Government's plan meets some of these points, such as the development of prevention strategies through training health personnel in early detection and timely intervention[42]. Additionally, the strengthening of psychological support networks through 24-hour helplines and the installation of more mental health centers were implemented through a joint effort with the Ministry of Health, which is responsible for monitoring and responding to emergency lines.

However, other strategies proposed in the plan have not yet been implemented. In the case of restricting access to suicide vehicles, planning for the meshing of the bridge commonly known as Puente Chilina (one of the longest in the region) began in 2018. Part of the reason the plan was approved was the number of suicides occurring there. In 2022, with the development of the plan, the necessary work to install the mesh was identified as a priority, with a maximum deadline of 18 months, expiring in December 2023. Despite not meeting the deadline, the work was rescheduled to start in June 2024. However, as of September 2024, the mesh installation work had not yet been completed. Although it is a measure that has proven effective in other contexts and is included within the 4 measures prioritised by the WHO for public policies for suicide prevention, it must be accompanied by prevention strategies that address early detection, strengthen socio-emotional skills in adolescents and reduce the stigma surrounding mental health care[43].

While there is no progress report yet on the aforementioned plan, it is possible to assume that, due to delays in implementing measures such as these, Arequipa remains the region with the highest number of suicide cases nationwide so far in 2024[44]. In the case of Cusco, there is no information available on any specific initiative or plan for suicide prevention or adolescent suicide.

Access gaps and urban/rural disparities

The analysis and implementation of prevention strategies, including those needed in both Cusco and Arequipa, require trained health personnel. However, the shortage of professionals in this field exacerbates the situation. In Peru, there are only 3 psychiatrists and 17 psychologists per 100,000 people, when there should be 10 and 30 respectively, according to the WHO. In 2020, the Ministry of Health (MINSA) reported 264 psychiatrists, but 72% were concentrated in Lima, yielding a figure below the Latin American average (3.4 per 100,000 inhabitants) in more than 15 regions of the country[45].

This imbalance is also reflected in the distribution of health centers. Lima accounts for 41% of EsSalud, MINSA, and private centers. The next region is Arequipa, with only 7%, while Cusco has only 16 centers, representing 2.8% of the country's total[46]. In areas without mental health professionals, general practitioners assume this role, which affects the quality of care because they lack the necessary training. In 2018, the Ombudsman's Office reported that 8 out of 10 people who require mental health care do not receive an adequate diagnosis or treatment[47].

The Ombudsman's report also highlights the under-utilisation of the budget allocated to improving and implementing adequate mental health facilities, especially the Mental Health and Addictions Hospitalisation Unit (UHSMA). Several hospitals nationwide, including the Goyeneche Hospital in Arequipa, have received designated funding for the implementation of

these beds. However, despite having available funding for this purpose since 2015, they have not been able to use it.

Another factor that exacerbates the care gap is that the further away a person is from an urban area, the less likely they are to access care. In Metropolitan Lima, for example, the gap in access to mental health services is 69%, while in rural Lima it is 93.2%. While data on this gap is not available for all regions, there are other factors, besides the availability of services and infrastructure, that make it impossible for adolescents to receive care, and these factors vary by regional context.

In Cusco, the majority of adolescents who did not receive care for their emotional or mental health problems did not seek help because they felt they had to overcome these difficulties alone (50.4%) or because they did not know where to look for help (56.8%). Furthermore, 38.6% cited a lack of trust in the available services, and 20.4% cited a lack of financial resources as reasons for not seeking these types of care. In Arequipa, 57.2% of adolescents who did not seek help did so because they thought their problem was not serious, 42.8% felt they had to overcome it alone, 22.6% due to a lack of trust, and 16.6% due to a lack of financial resources.

Indeed, available resources tend to be a bigger problem in Cusco, while the barriers present in Arequipa are more related to the stigma surrounding access to mental health care. Finally, like the geographic context, disparities in the care gap also particularly affect vulnerable populations such as women, children, adolescents, migrants, and the LGBTI community.

Insufficient budget

The limited budget allocated to mental health is another key factor in the access to care gap. ***The Lancet Commission on Global Mental Health and The Sustainable Ministry of Development*** recommends allocating between 5% and 10% of the health budget to this area, but in 2024, Peru only allocated 2.6%[48]. This is equivalent to approximately $5.25 per person per year. Despite recent increases, the budget remains insufficient. If we add to this the low rates of budget execution, it is understandable that efforts are not sufficient to reduce the mental health care gap, which has been widening since the COVID-19 pandemic.

During the pandemic, the demand for mental health services, especially among adolescents, increased worldwide. The WHO reports that 93% of countries saw their mental health services disrupted during this period. Stress, grief, isolation, the economic crisis, and prolonged social conflict weakened population resilience and led to mental disorders in vulnerable groups, while the availability of services has not increased to the same extent[20].

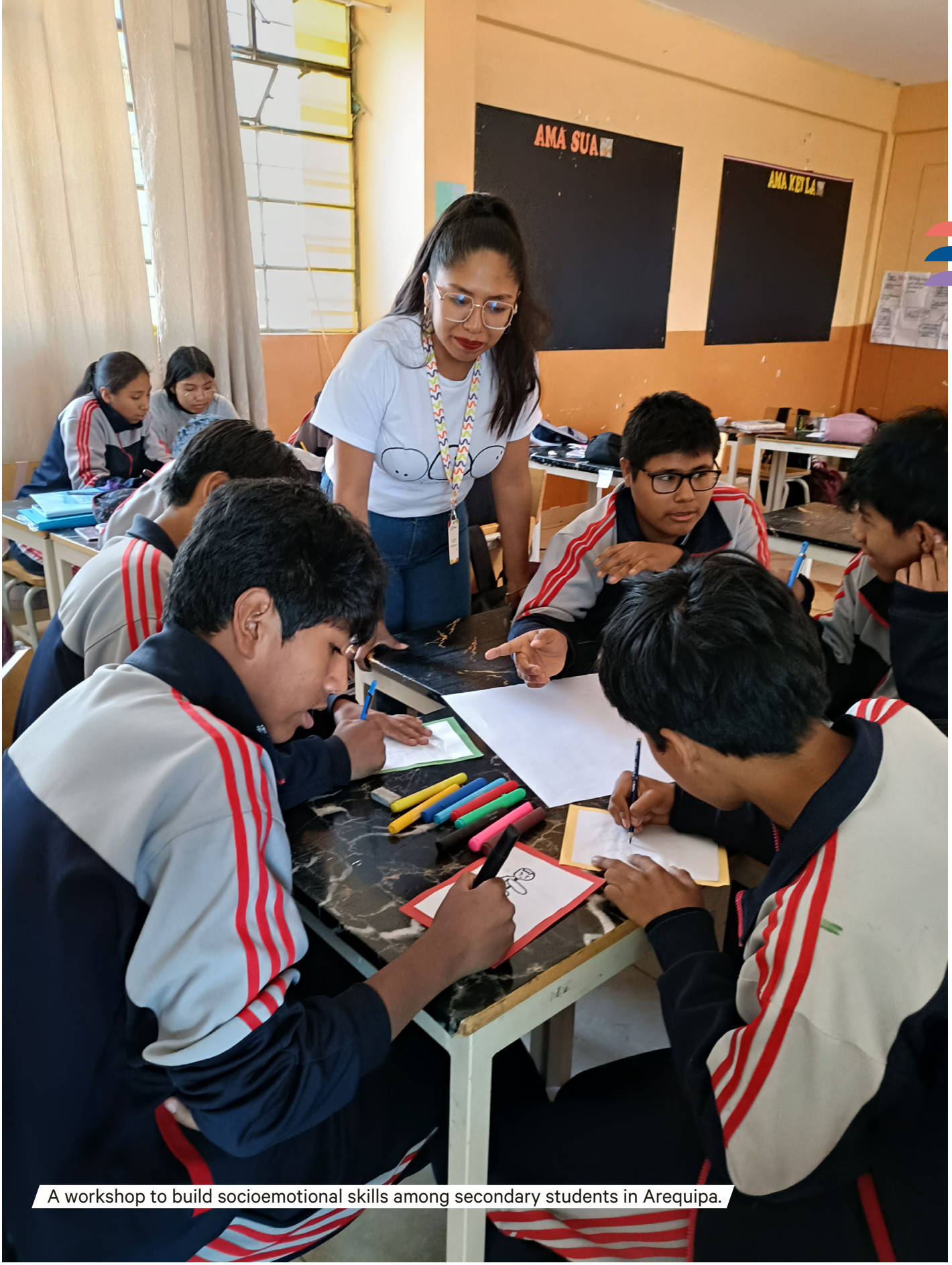
The National Institute of Mental Health observed that during the pandemic in Metropolitan Lima, 80% of people with a mental health disorder were aware of their condition and 50% wanted care, but only 12% were able to access support services. This contrasts with 2010, when only 50% were aware of their condition and nearly 20% were able to receive help[50]. Although the trend shows that the population is more aware and seeks more support, their access to care has declined. Unfortunately, there is no information on this same variation in other regions of the country. However, a UNICEF study confirms that, in the mountainous regions of Peru, 34.5% of minors were at risk of developing mental health problems[51].

Education and mental health

In addition to the health and epidemiological approach, to understand the mental health situation in adolescents, it is necessary to analyse the preventive strategies being implemented by the education sector. In this regard, in 2022, the Ministry of Education published the guidelines for the Socio-Emotional Skills Programme, which contain the guidelines to be applied during the seven cycles into which the school year is divided. The objective is for teachers, within tutoring spaces, to create contexts and frameworks for action that allow students to respond adaptively and positively to the conditions presented by their environment[52].

Socio-emotional skills are useful for managing emotional states, strengthening and improving positive relationships, adapting to the environment and fostering resilience, as well as for effectively managing life projects. It is worth noting that, using the WHO definition of mental health as a framework, this programme addresses the five components necessary to promote good mental health. Thirteen competencies are prioritised: self-esteem, self-concept, self-care, prosocial behavior, assertive communication, emotional awareness, social awareness, empathy, creativity, emotional regulation, conflict resolution, responsible decision-making, and teamwork.

In the sixth cycle, during the first and second years of secondary school (ages 12 and 13), adolescents develop skills primarily related to teamwork and self-esteem and self-concept, following the changes brought on by puberty. In addition to teachers, wellness management coordinators must also be involved, working to ensure the programme is effectively implemented. In the seventh and final cycle, which includes the third, fourth, and fifth years of secondary school, the focus shifts to providing students with tools that will help them adapt to life outside of school. At this stage, priority is given to managing the stress and pressure that students may experience due to the confusion and insecurity they face when making important decisions about their future. Therefore, the goal is to encourage collaborative work and group discussions, allowing adolescents to share their fears, expectations, and solutions to these common situations in their development[53].



A workshop to build socioemotional skills among secondary students in Arequipa.

Socio-emotional skills in Peruvian adolescents

Regarding the programme's results in developing students' socioemotional skills, the Ministry of Education conducted a sample evaluation in 2022, assessing sixth-grade primary and second-grade secondary students. Nationally, it was observed that a lower percentage of female students displayed positive self-efficacy. This difference raises the need to develop equitable strategies that allow both genders to express their ideas without fear of criticism, set goals, and manage stress and negative emotions effectively[54].

Academic self-efficacy is essential for good performance, as it involves a person's belief in their ability to solve problems, overcome obstacles, and achieve educational goals. This directly influences their motivation, effort, and persistence in learning[55]. Only 20% of students in Cusco obtained a score considered positive on the evaluation scale, while in Arequipa this percentage was 16% (the range of results nationwide was between 14% and 24%). In both cases, rural schools obtained better scores in this dimension. On the other hand, another important component for development is social self-efficacy, which is the confidence someone has in their ability to communicate, influence, and solve problems in social interactions. On this dimension, students in Cusco achieved 7%, and Arequipa 9%. For reference, the range of percentages for the regions evaluated was between 5% and 11%[56].

Additionally, in 2023, the Social and Emotional Skills Study, administered by the Organisation for Economic Cooperation and Development (OECD), was conducted. It assesses socio-emotional skills using the Big Five Model. This model includes task performance, emotional regulation, cooperation, openness to experience, and engagement with others. Nationally, Peruvian students scored above the world average in all socio-emotional skills, except for empathy and sociability.

Regarding contextual factors related to the development of socioemotional skills, male students reported a greater sense of belonging compared to female students. Furthermore, those attending rural schools scored higher in this area than their peers in urban schools. This point is especially important because students with a greater sense of belonging in school also reported higher levels of all socioemotional skills[57].

Finally, social relationships among students presented significant problems. In particular, a significant group of students reported that, in the past year, they had experienced and/or had used some form of teasing, rumors, and/or violence toward another student. Finally, **both students who participated most frequently in bullying and those who were victims of it showed lower levels in all socioemotional skills.**

While the situation presented in this latest study appears more encouraging than that demonstrated in the Epidemiological Studies of Mental Health, the diversity and heterogeneity of the results of the various investigations reinforce the need for standardised studies at the national level. More up-to-date research from the various regions is needed, and it must meet international measurement standards that allow for comparisons and can inform evidence-based action plans.

Experiences in public schools in Cusco

Due to the lack of information related to the development of social-emotional skills, we wanted to highlight the experience of two organisations that implement programmes in public schools in the city of Cusco. Both consider that the lack of teacher preparation and motivation to address both mental health and social-emotional skills is a significant barrier to the implementation of programmes developed by the Ministry of Education. Regarding the level of development of social-emotional skills and the possible causes of this situation, they commented that:

> ***"Students are not developing the social and emotional skills necessary for a successful transition to adulthood. A more significant effort is needed not only in teacher training but also in including specific activities within the school schedule. Although there are regulations that promote wellness practices, such as relaxation time at the beginning of the school day, these are not regularly followed. Incorporating specific spaces for social and emotional skills training would be a crucial step."***
>
> ***–Representative of the Pukllasunchis Association***

Among the main shortcomings identified, the organisations highlight:

- Teachers with little motivation and no time to participate in training.
- The lack of practical sessions that not only educate students on the importance of mental health and social-emotional skills, but also develop these skills in concrete ways.
- There is a shortage of teachers and school staff with strengthened socio-emotional skills, which is essential, since they must be the first to develop these competencies within themselves.
- Lack of programmes aimed at mothers, fathers, and caregivers to involve all key stakeholders in the process of socio-emotional strengthening.
- There is a shortage of psychologists in educational institutions, as well as professionals who are not limited to the clinical field but also master various techniques for managing emotions.

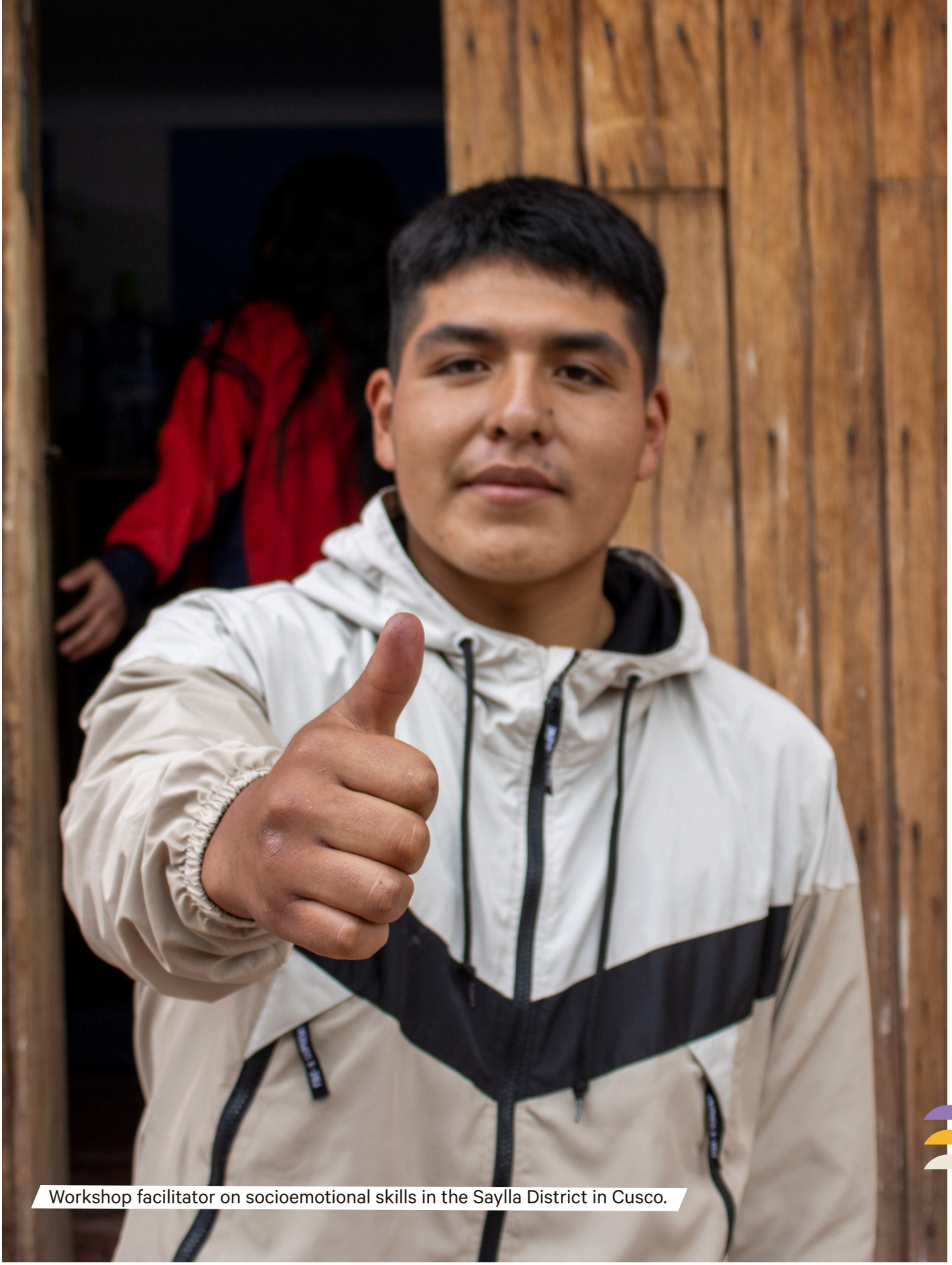
Additionally, both organisations agree that one of the most common barriers is the lack of development of socio-emotional skills among the teaching staff. This results in the lack of a comprehensive approach, and the community-based preventive focus fails to deliver the expected results.

> ***"Many teachers are not emotionally prepared to teach these skills and, due to their own shortcomings, approach the topics solely from a theoretical perspective. [...] Teachers' level of knowledge and awareness of the importance of social-emotional skills is low, as they do not consider teaching them a priority. The same is true for students and their families, who also do not seem to give them the necessary importance."***
>
> ***–Representative of the Pukllasunchis Association***

> ***"The teaching of social-emotional skills is addressed ad hoc, primarily when specific needs arise related to family difficulties. There is no structured programme or systematic approach that allows these skills to be integrated seamlessly into the educational process. The importance of having a psychologist within the educational institution is often recognised, but the tendency is to delegate all responsibility for addressing the social-emotional problems of students and their families to this person, which is not feasible [for a single practitioner] given the high number of students (more than 500 at the secondary level). Awareness of the importance of these skills is limited among both teachers and students, and there is no comprehensive approach that involves all educational staff in their development."***
>
> ***–Representative of the Kusi Kawsay Organisation***

Finally, one of the organisations highlights strategies that have proven useful for improving implementation:

> ***"In our experience, since the implementation of our comprehensive sexuality education project in public schools, we have been fortunate to establish partnerships with the principals of the schools with whom we work. These leaders are aware of the importance of strengthening socio-emotional skills, which facilitates the development and implementation of activities."***
>
> ***–Representative of the Pukllasunchis Association***



Workshop facilitator on socioemotional skills in the Saylla District in Cusco.

Regulatory framework

There are various policies addressing the mental health and well-being of youth in Peru. However, the current regulatory framework remains limited in terms of the strategies proposed for implementing and measuring prevention efforts and promoting comprehensive well-being. At the national and regional levels, many of these policies mention mental health only superficially and do not translate the work into specific indicators.

Law / Regulation / Plan	Scope	Year of publication	Summary
Law No. 30947 – Mental Health Law	National	2021	This is the first comprehensive law that establishes a framework for mental health care and management in Peru, focusing on community mental health rather than the hospitalisation model. The regulations, published in 2022, implement Community Mental Health Centers (CSMC) and include guidelines for vulnerable populations, including adolescents. The care roles are specified, emphasising that only psychiatrists can make diagnoses. Finally, it establishes that educational institutions must implement prevention programmes to protect students from potential mental health risks. This has been implemented by the Ministry of Education (MINEDU) through its Socio-Emotional Skills Programmes.
National Multisectoral Health Policy 2030 (PNMS 2030) "Peru, a healthy country"	National	2020	It compiles the strategies and guidelines that the corresponding territorial entities must implement to achieve optimal health care. Despite seeking a more comprehensive approach, mental health is not analysed as a necessary central axis for citisen well-being. Despite this, it mentions nine regions that identify mental health as a priority area of work, including Arequipa and Cusco. According to Budget Programme 0131: Control and Prevention in Mental Health as of August 2024[58], based on the Modified Institutional Budget (PIM), Arequipa is the region with the third largest budget allocated to mental health (29 million soles), after Cajamarca and Piura. Cusco ranks sixth with 22 million soles allocated. Regarding execution, Arequipa has managed to execute 64.5%, while Cusco has executed 60.5% of the allocated amount.
Arequipa Institutional Strategic Plan 2021 - 2024	Regional - Arequipa	2021	It focuses on expanding the coverage and quality of mental health services through staff training, adapting prevention and treatment programmes to local needs, and implementing specific protocols to address prevalent mental disorders in the region. It also identifies particularly vulnerable populations and communities, such as those living in rural areas.

Regional plan for suicide prevention in Arequipa	Regional - Arequipa	2022	The Regional Health Administration (GERESA) is developing this plan to reduce the suicide rate in the region by implementing prevention and care strategies. This plan includes training health personnel and creating psychological support spaces for the population. Initially, these spaces involve the creation of more community mental health centers and collaboration with the Ministry of Health (MINSA) to operate emergency hotlines. It also seeks to promote community participation in dentifying risks and improving emotional well-being.
Institutional Strategic Plan Cusco 2021 - 2024	Regional - Cusco	2021	It adapts national policies to local realities and identifies particularly vulnerable populations. It contemplates expanding available infrastructure as a strategy to guarantee comprehensive care for more people within the region. This includes, starting in 2022, the implementation of new community mental health centers, sheltered homes, and mental health hospitalisation units. Finally, the region includes within the plan the Psychosocial Support Programme for Children and Adolescents orphaned by COVID-19.
National Youth Policy	National - Young people from 15 to 29 years old	2019	It promotes the comprehensive development of young people, addressing mental health within comprehensive care. It establishes six main objectives (OP): developing competencies in the educational process of young people (OP1), increasing young people's access to decent work (OP2), increasing comprehensive health care (OP3), reducing victimisation (OP4), reducing discrimination against young people in vulnerable situations (OP5), and increasing the civic participation of young people (OP6). Although it includes related objectives, it lacks specific indicators to evaluate improvements in mental health.
National Multisectoral Policy for Children and Adolescents 2030	National - Under 18s	2022	It focuses on comprehensive well-being and development with a multisectoral approach and primarily on protection. It seeks to ensure that children and adolescents have access to appropriate mental health services, such as psychological and psychiatric support when appropriate, prioritising the protection of minors from situations such as violence, abuse, and exploitation. It promotes the training of health, education, and other service professionals in the identification and management of mental health problems to ensure adequate care.

Implementation evaluations

Regarding the implementation of these laws, regulations, and plans, evaluations conducted by SENAJU and the Ombudsman's Office indicate progress in promoting youth rights and participation, as well as in youth inclusion in democratic processes and access to education and health services[59]. However, they also highlight deficiencies in the effective implementation and coverage of programmes, especially in rural areas and among vulnerable populations. The lack of adequate resources and the need for greater inter-institutional coordination are critical aspects that must be addressed to achieve more efficient policy implementation and better outcomes for youth in Peru.

At the regional level, citizen participation and monitoring strategies involving youth, such as the Regional Council for Youth Participation in the Arequipa Region (COREPJU), have the potential to promote a more grounded approach that serves as a unifying axis for various youth policies and also impacts their implementation . In the case of Cusco, the Regional Youth Council (COREJU) serves as a consultation space for young people belonging to legally registered youth organisations, in addition to civil society initiatives that monitor the work carried out by the public sector. Generally speaking, while there is no information available on the topics addressed by these representative groups or the strategies proposed, their current priority among their activities is to encourage more youth participation. In this sense, there appear to be emerging spaces without a clear agenda yet.

Interventions and opportunities for improvement

Access to public services in Cusco and Arequipa

Mental health care and prevention interventions for adolescents in Cusco and Arequipa are largely provided by public entities. While this sector's response has improved in recent years, it remains insufficient, particularly in relation to the limited number of care centers in each region. Furthermore, these centers are not always located close to the population, with limited access for those living in rural areas. Transportation and medication costs, coupled with long wait times, represent some of the main barriers limiting access to these services.

In Cusco, the population faces challenges accessing services due to indirect costs, logistical barriers, and insufficient mental health infrastructure. These problems particularly affect those living in the region's more rural areas. In the case of Arequipa, although there are more centers compared to other regions of the country, transportation and associated costs remain a significant constraint. Furthermore, the lack of specialised personnel and adequate resources limits the centers' capacity to serve the entire population requiring services.

Quality and adaptability of public services

Mental health care in Peru presents a heterogeneous quality. While some health centers implement good practices and have trained personnel, others face serious limitations in resources and qualified personnel. Furthermore, many facilities fail to meet basic quality standards, with problems such as lack of privacy and shortages of medical resources and essential medications, which affect the effectiveness of treatments and patient recovery.

Furthermore, the lack of early intervention and prevention programmes diminishes the system's capacity to manage mental disorders in their initial stages, resulting in more complex and prolonged treatment. Although Peru has adopted a community-based approach to the care and prevention of mental health problems, community participation in the planning and implementation of services remains insufficient. Services are not always adequately tailored to local needs, limiting the programmes' relevance and effectiveness[60].

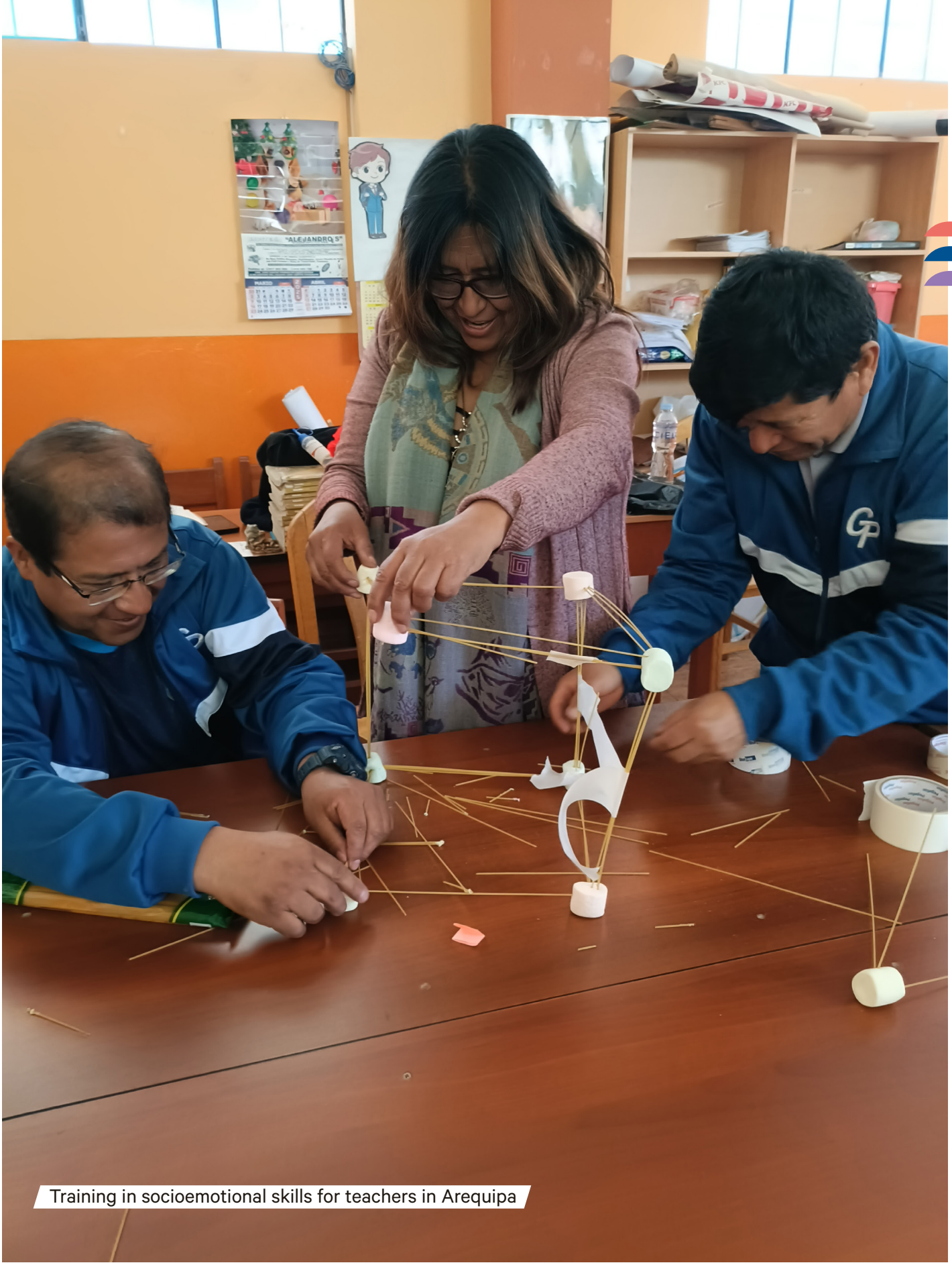
Community mental health centers

Community Mental Health Centers (CMHCs) are the cornerstone of Peru's evolving approach to mental health prevention and care. These institutions provide comprehensive mental health care, focusing on the prevention, diagnosis, and treatment of mental disorders. Their goal is to serve the population in an accessible and local manner, promoting the recovery and social reintegration of people with mental health problems. The CMHCs' approach is community-based and preventative, seeking to integrate people with mental disorders into their communities and reduce the associated stigma.

Unlike the institutionalisation approach, which can lead to marginalisation and isolation, the community model promotes care within the patient's family and social environment. It entails a shift in priorities to, in the long term, eliminate funding for hospitals and inpatient centers to make way for more community-based care. In this way, Peru aligns itself with the most modern approaches to caring for people with mental health problems. It should be noted that, for the CMHCs strategy to work, hospitals and health centers must still have specialists capable of handling emergencies, as well as having the necessary training to know which cases should be referred to the nearest CMHCs.

According to the Technical Health Standard for Community Mental Health Centers, CMHCs are designed from a geographic perspective, serving a population of approximately 100,000 people per center. Furthermore, they are designed to operate in a network, coordinating with the main public and private health centers in the area, in order to improve and adapt referral parameters. In this sense, they must not only be able to handle complex cases, but also ensure that primary health centers know how to handle more minor cases and have the necessary criteria to clearly refer patients with greater needs. Finally, the centers are expected to have and foster close relationships with civil society and community organisations interested in promoting mental health. This last point must also be realised through the social and community participation service, which must ensure that the center adequately responds to the worldview and cultural characteristics of the area in which it is located[61].

The CMHCs are incorporated into the national health network and are operated by the Ministry of Health. The teams are composed of psychiatrists, psychologists, nurses, general practitioners, therapists, and social workers. According to the Ministry of Health, the cases treated by the CMHCs range from moderate to severe, and are usually referred from nearby health centers. Arequipa has 15 centers, while Cusco has 12. Additionally, in Arequipa, there are mobile units for the care of people with mental health problems. These allow the multidisciplinary team to identify homeless people and identify their unmet mental health problems and needs[62].



Training in socioemotional skills for teachers in Arequipa

Limitations in care for adolescents

There is a significant gap in the availability of specialised services for adolescents compared to other age groups. Adolescents, especially those living in rural areas, face difficulties accessing adequate mental health services. According to the technical health standard for comprehensive adolescent health care, care for this population group should be provided through the Adolescent Life Stage Programme (or adaptations thereof). This strategy seeks to provide adolescents with care that responds to the greatest number of needs, following principles of active participation and adaptability. Additionally, family interventions should be implemented, such as the "Love and Limits" programme, which seeks to improve parenting skills for parents and strengthen family ties. Finally, joint actions between health and education should be coordinated in educational institutions, including at various levels[63].

However, existing services are often insufficiently tailored to address the specific problems associated with this life stage, such as anxiety disorders, depression, and developmental issues. Although early intervention and prevention programmes are essential, the available primary care centers and community mental health centers, are not always adequately equipped and/or cannot meet the growing demand of adolescents.

Although there has been an improvement in the approach to public interventions in recent years, this focus has not yet materialised due to budgetary, infrastructure, and qualified personnel limitations. Additionally, there is no care strategy tailored to the reality of rural areas. While this response is complemented by civil society interventions, these organisations mostly focus on particularly vulnerable populations, such as those living on the streets or those dependent on drugs or psychoactive substances. Finally, there are for-profit private services, but these are difficult to access for the most vulnerable populations due to their high costs.

Another way for adolescents to access mental health services should be through school psychologists. However, 98% of public schools in Peru do not have a single psychologist. In Arequipa, 4.5% of public educational institutions have a psychologist, or 115. In Cusco, only 2.79% of public schools have a psychologist available. Furthermore, in schools that do have psychologists, many are overwhelmed with the large number of cases requiring care[64].

Programmes and care centers available for adolescents in Cusco and Arequipa

Below are some public and private mental health centers and programmes available for adolescent mental health care in the two priority regions. To generate a more comprehensive response, the CMHCs are responsible for coordinating with the various initiatives and available care spaces. Although this is not due to the CMHCs workload, the coordination is intended to allow referrals of cases requiring special attention and to integrate community initiatives. Finally, the Ministry of Education, through its teacher training programmes, provides guidance on identifying certain risk factors. School psychologists are able to address less severe cases and/or implement prevention strategies in coordination with families.

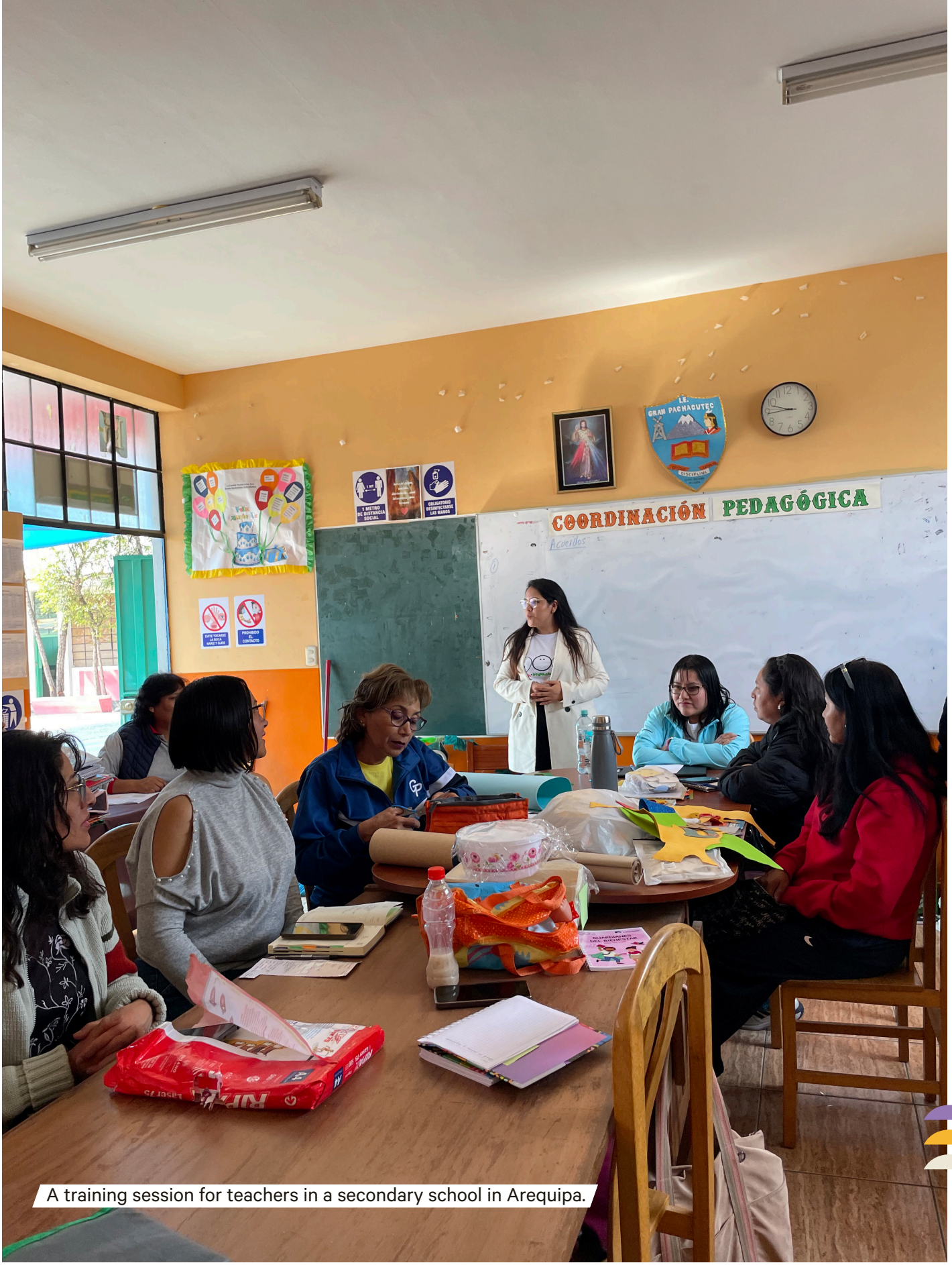
Entity	Sector	Type of service	Description	Scope
National Commission for Development and Life without Drugs	Public	Drug prevention programme	Implements the "Habla Franco" programme for guidance on drug and alcohol use.	National
Community Mental Health Centers (CSMC)	Public	Comprehensive care for mental health problems	There are currently 15 centers in Arequipa and 12 in Cusco. Opening hours are from 7 a.m. to 7 p.m., although they vary depending on the region and/or the number of healthcare personnel available.	Local
Child and Adolescent Abuse Care Module – MAMIS	Public	Ministry of Health Programme	They offer specialised care for the physical and emotional recovery of children and adolescents who are victims of violence (psychological, sexual, physical, and neglect). There are two modules in Cusco and two in Arequipa.	Local
Yes It Sees	Public	School Violence Case Monitoring Programme	Cases of school violence are reported, whether perpetrated by other students or by teaching or administrative staff. Records are kept of reported cases. Arequipa is the region with the second highest number of cases of school violence reported through the platform, and Cusco is also among the top 10 regions with the highest number of reported cases.	National
Help in Action Foundation	Civil society	Street Harassment Prevention Programme	It implements street harassment prevention programmes that aim to reduce the levels of violence against adolescent girls and young women.	Local - Cusco
SOS Children's Villages	Civil society	Child safeguarding	It serves abandoned children and adolescents. The organisation highlights that Cusco is the region in Peru with the second highest number of cases of children and adolescents experiencing family neglect.	Regional - Cusco

Save the Children	Civil society	Safeguarding for minors living on the streets	They develop educational and psychological support programmes. Their ultimate goal is to reduce risks for homeless children and adolescents in Cusco. They conduct research to monitor and evaluate the response of the State and other civil society organisations to the situation of homeless children.	Regional - Cusco
CARE Peru	Civil society	Improving educational quality	It carries out interventions with the UGELs to strengthen their capacities and improve the quality of education in the region.	Local - Arequipa
Symphony for Peru	Civil society	Development of socio-emotional skills	It works in public schools in the city of Arequipa to strengthen soft skills and reinforce competencies through music.	National

It should be noted that, in the case of Arequipa, interventions by purely local civil society organisations are more nascent, but there are some programmes from larger organisations with national and/or international reach that also operate in Arequipa. Furthermore, many of the existing interventions do not directly target adolescents, but rather target their communities and immediate surroundings.

There are also mental health services available privately, including several specialised services offered by clinics and psychological offices, offering individual and group therapy and diagnostic evaluations. There are also online therapy programmes and psychosocial rehabilitation centers that provide a variety of services and comprehensive support. However, access is often difficult due to the high costs of the available services. Finally, there are private schools and those run by social organisations that incorporate workshops and activities into their curriculum as part of a comprehensive strategy to prevent mental health problems.

The mental health services available for adolescents in Cusco and Arequipa are insufficient to meet the significant needs of both regions. Although public intervention strategies have improved in recent years, these advances have yet to be fully implemented in practice. Mental health centers are typically concentrated in urban areas, and there is no care strategy adapted to the realities of rural communities. While public services are more widely available, they often lack the resources to meet demand, and private services—though potentially higher quality—are largely inaccessible to the most vulnerable populations who require care.



A training session for teachers in a secondary school in Arequipa.

Stigma as a barrier to access to care

In addition to limited financial resources and a shortage of qualified personnel, one of the main barriers to timely mental health care is the persistence of beliefs and stigma surrounding the issue. In 2014, the National Institute of Mental Health identified social stigma as a key factor contributing to the problem. Among the main myths are the association of mental health disorders with weakness and attention-seeking (the latter most prevalent in children and adolescents)[65].

Along these same lines, there is a widespread belief that mental health disorders are permanent and incurable, leading many to assume there is no hope for those affected. However, the information available regarding prevalent myths at the regional level is scarce, and there is no intercultural approach to addressing this problem. Therefore, in order to increase access to relevant mental health care throughout Peru, it is important to place greater emphasis on understanding the prevalent myths in each region.

Conclusions

In recent years, Peru has made progress in mental health care, both through updated regulations and the creation of new interventions and care centers. Regional governments have also begun to prioritise the issue, particularly in the aftermath of the COVID-19 pandemic. However, these efforts remain insufficient, as gaps in implementation—due to limited funding, inadequate budget allocation, lack of training for health and education personnel, and the fragmented efforts of key stakeholders—are delaying the achievement of meaningful results.

Although mental health is recognised as a national priority in regulatory frameworks, this is not reflected in regional strategic plans, performance measurement systems, or the training and priorities of educators. To address this disconnect, it is critical to incorporate mechanisms for evaluating the effectiveness of programmes. This will provide insights into what is working, allowing for more contextually appropriate and impactful actions tailored to each region.

The regions of Cusco and Arequipa share similar challenges in adolescent and youth mental health. High rates of depressive episodes, exposure to domestic violence, and substance use are common in both. However, Arequipa faces greater challenges in terms of the prevalence of severe mental health issues, particularly those linked to suicide. Both regions also struggle with disparities in access to mental health services between rural and urban populations.

A significant barrier to access is the limited availability of qualified mental health professionals capable of making accurate diagnoses. This challenge is compounded by regulatory restrictions on who is authorised to diagnose, which delays the timely provision of care. In addition, community-based prevention strategies are not being implemented as widely or systematically as needed—especially at key developmental stages—resulting in increased demand for services to treat moderate to severe cases.

As a result, Peru's already critical care gap—wider than in many countries in the region—continues to grow. Localised solutions are needed to develop alternative care models that reduce the burden on Community Mental Health Centers (CMHCs) while also strengthening their diagnostic capacity. Achieving this will require stronger political will, which can be supported by greater public awareness of the value of early intervention and the transformative impact of timely care. Among adolescents, it is particularly important that both they and their parents have access to clear information that helps demystify mental health and dismantle harmful stigma.

Finally, current prevention strategies remain fragmented and lack the multisectoral coordination necessary for impact. In many regions, schools and local educational institutions do not coordinate with CMHCs, which in turn often fail to address the specific needs of adolescents. It is crucial to involve the people adolescents trust most—especially teachers—who play a key role in both identifying early warning signs and offering support. Teachers must be better integrated into prevention efforts across regions.

Recommendations and considerations for intervention

a. Partner with civil society organisations based in Arequipa and Cusco to design and implement prevention strategies—particularly within the education sector—that address the primary stressors affecting adolescents in each region. These strategies should consider the broader systemic factors contributing to mental health issues.

b. Ensure that parents are informed about the benefits of strengthening their children's socio-emotional skills and the effectiveness of early mental health interventions. This includes deepening the understanding of local beliefs around mental health and using that knowledge to address and reduce stigma associated with seeking care.

c. Carry out advocacy efforts to generate public demand and motivate regional governments and other local decision-makers to strengthen funding and improve budget execution for existing prevention and early intervention programmes. For a truly multisectoral approach, coordinate with relevant educational institutions to ensure that strategies are aligned with the specific needs of adolescents.

d. Prioritise access to quality mental health care for rural populations by increasing the number of trained professionals in Community Mental Health Centers. In areas with insufficient staff, work with municipalities or local management bodies to expand service provision for adolescents and youth.

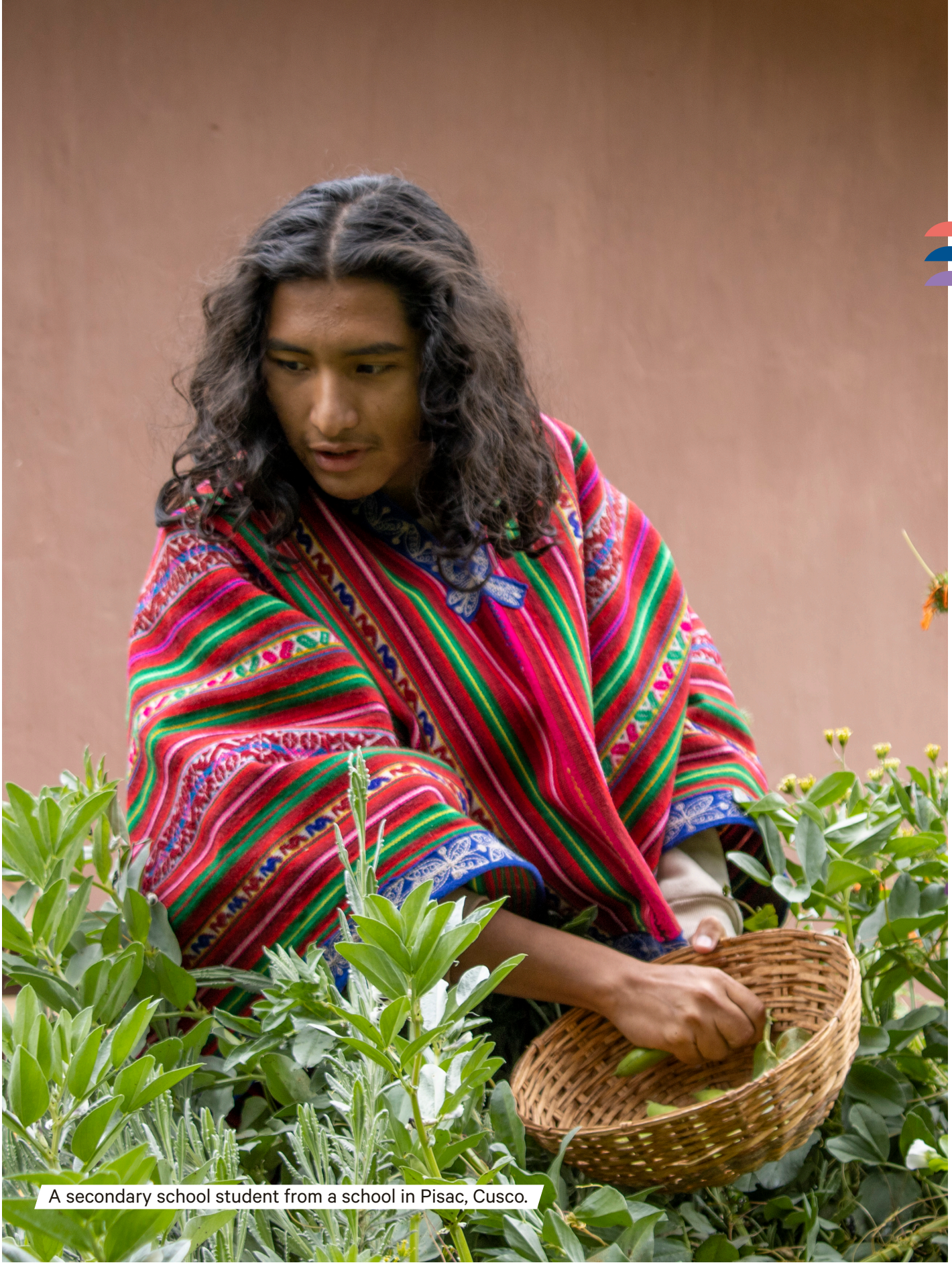
e. Strengthen the monitoring of prevention strategies coordinated with the Ministry of Education by including indicators that track student learning outcomes based on the preventive education curriculum and emotional regulation training for teaching staff. Beyond measuring knowledge of emotions, it is essential to assess the practical application of healthy emotional management strategies.

f. Closely monitor suicide prevention interventions in Arequipa, expanding access to emergency mental health services supported by adequately trained professionals in prevention and psychological first aid. Schools should also have foundational knowledge in psychological first aid, as teachers are often best positioned to provide early support in the absence of dedicated school psychologists.

g. Create dedicated spaces for local civil society actors to exchange knowledge, share experiences, and collaborate on culturally relevant mental health intervention and care strategies for adolescents.

h. Establish mental health priorities within each region in collaboration with community-based organisations, parents, youth, civil society, and local governments. This will help ensure that interventions are locally grounded. For instance, issues such as aggression and violence in Cusco should be addressed by schools through an intercultural lens that responds to the unique needs of the local context.

i. To support effective advocacy, develop and promote alternative care strategies in underserved rural and urban areas that ease the burden on Community Mental Health Centers and school psychologists. Lessons learned and solutions generated through these efforts should be documented and shared with regional government education and health sectors.



A secondary school student from a school in Pisac, Cusco.

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