



**INTER-AMERICAN DRUG ABUSE
CONTROL COMMISSION
CICAD**

Secretariat for Multidimensional Security

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NATIONAL MENTAL HEALTH POLICY - ECUADOR

National Mental Health Policy - Ecuador

Ministry of Public Health



Background



General data



Population

16,938,986 inhabitants
Women 51.3%, Men 48.7%
Mestizo 77.4%
Indigenous and Montubia 7.7%
Afro-Ecuadorian 4.9%
14 peoples
18 nationalities

Average age of 28.4 years
Increase from 11.8% to 13.6% in the elderly population over the last ten years

Life expectancy: 80.1 in women; 74.5 in men

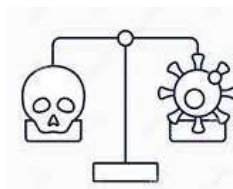
(INEC, 2023)



Concentration and Dispersion

53.5% of the population is concentrated in three provinces
Urban 68.2%; Rural 31.8%

(INEC, 2023)



Morbidity-Mortality Rates

Mortality has increased over the last 10 years from 4.1 to 5.9 per 100,000 inhabitants

Higher in men 6.8; women 5

Causes of death:

Cardiac diseases 13.5%

Diabetes mellitus 6.8%

Hypertensive diseases 4.5%

Cerebrovascular diseases 4.4%

Traffic accidents 2.2%

(INEC, 2022)

Social Determinants



Poverty

Over the last five years:
Increase by 25.2%
Higher in rural areas with 41%
Extreme Poverty: 8.2%
Higher in rural areas with 17.4%
(INEC, 2022)



Employment

Formal employment:
decreases to 36%
Underemployment: increases
to 19.4%
(INEC, 2022)



Illiteracy

Increased over the last 5 years: 6.3%
Higher in women: 6.7%; men 4.7%.
Schooling: The gap in class attendance
widens in the non-presential context,
particularly in rural areas, among women,
indigenous populations, and low economic
strata.
(INEC, 2022)



Migration

Increased during the period 2021-2022:
Migration balance of 137,545 people, who
left and did not return. (SIMIEC, 2022)

Rural to urban migration increased by
68.4% (ECLAC, 2020)

673,707 registered refugees and asylum
seekers: Venezuela 74.5%; Colombia
9.1%
Women 53%; Men 47% (UNHCR, 2022)

Behavioral Determinants

Adolescent Pregnancy



For ages 10-14, the rate is 2.2/1000
For ages 15-19, the rate is 49.4/1000

Every day in Ecuador, 114 adolescents become mothers, with five in the 10 to 14 age range.

(INEC, 2021)

Gender-Based Violence



65 out of every 100 women have experienced violence
Higher among indigenous, Afro, Montubian, and mestizo women with lower levels of education
(INEC, 2022)

Violence against women in mobility situations:
42% experience incidents of sexual violence;
30% psychological; 8% physical; 8% human trafficking. (UNHCR, 2022)

Ministry of Public Health



Suicide

Over the last five years, it maintains a rate of 6/100,000 inhabitants
Frequent in men aged 20 to 34.
In adults aged 60 and older: 7/100,000
Methods: hanging 76%, poisoning 12%, firearms 5%, jumping 3%.
Suicide attempt main reasons: family and emotional problems (MDI, 2021).

Femicide



Trend on the rise in the last ten years: 645 cases.
More common in ages 15 to 44.

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Biological Determinants



Neurodevelopmental Disorders

There are 5738 children up to six years old diagnosed with autism spectrum disorders.

(MSP, 2022)



Intellectual and Psychosocial Disabilities

There are 602,051 people with disabilities (PWD)
Intellectual: 19.8%
Psychosocial: 5.7%
They account for 153,561 PWD; 25.5% of the total.

By degree of disability:
Severe: 40.3%
Very severe: 22.3%.

(MSP, 2022)



Neurological Disorders

Account for 19% of disability-adjusted life years; 36% of years lived with a disability. Elderly individuals with neurocognitive disorders: 50% by age 80, and 70% after age 90.

(OMS, 2018)

In Ecuador: 18 to 21% in the population over 65 years old; 54 to 60% in those over 85 years old.

(Espinoza del Pozo et al., 2018, 2020)

Health Determinants

Provision of Mental Health Services

Percentage of Mental Health Service Availability / Total Services

- Ministry of Public Health: 40.4%
- Social Security Institute: 7.7%
- National Police 3.5%
- Armed Forces 2.9%
- Private Network 45.5%

Health Facilities of the SNS:
1124



Acronyms:

- Ministry of Public Health (MSP)
- Social Security Institute (IESS)
- National Police (PN)
- Armed Forces (FFAA)
- Comprehensive Public Health Network (RPIS)
- National Health System (SNS)

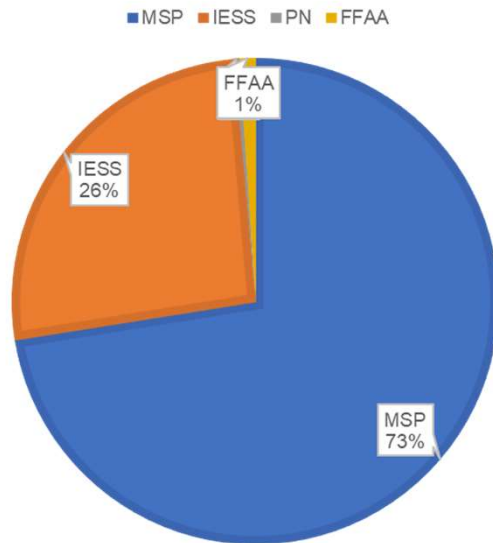
Situational Diagnosis of the National Mental Health Policy, MSP-DNEPCENTSMFSD, 2023

	MSP	IESS	FFAA	PN	Total
	%	%	%	%	%
First level	16.39	4.53	17.74	94.74	14.51
Second level	82.05	100	100	100	88.89
Third level	88.57	100	50	100	88.10

Health Determinants

Demand for Mental Health Services in the Comprehensive Public Health Network

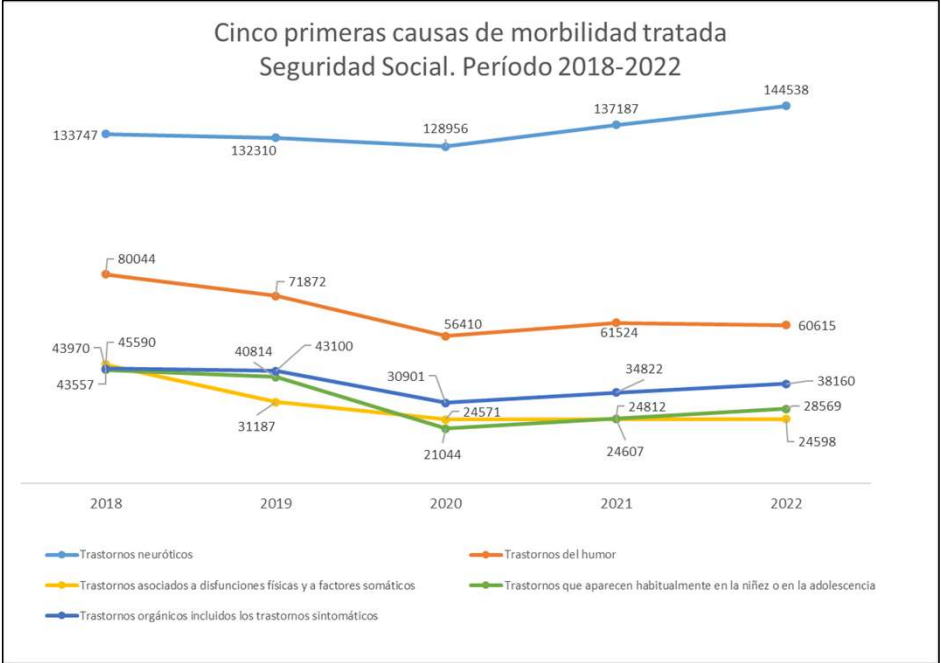
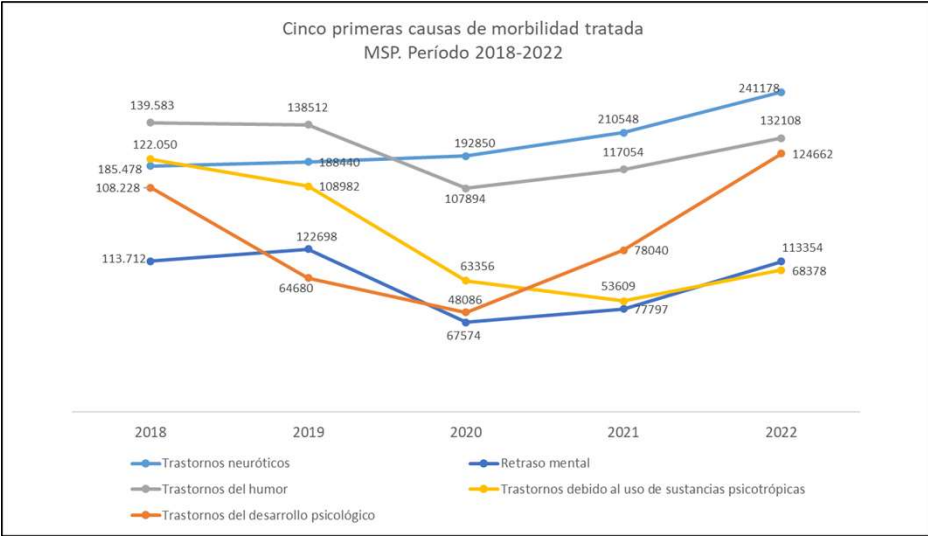
Distribution of RPIS Services



Subsystem	Services 2022	
Ministry of Public Health	925.343	72,48%
Ecuadorian Institute of Social Security	333.367	26,11%
National Police	4.646	0,36%
Armed Forces	13.275	1,04%
Total services	1.276.631,00	

Demand for Mental Health Services in the Comprehensive Public Health Network

Morbidity Treated in the Comprehensive Public Health Network



Demand for Mental Health Services - Comprehensive Public Health Network



Hospital Discharges

The highest number corresponds to mood disorders (3,258 patients), followed by drug-related disorders (2,143).

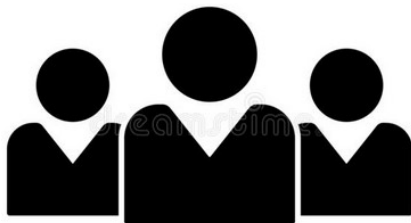
For length of stay: 35.1 days for individuals diagnosed with intellectual disability;
26.5 days for schizophrenia

By age groups:

20 to 64 years old: 66.1%

10 to 19 years old: 22.3%

Human Resources in Mental Health



19,062 professionals registered for Mental Health care in Ecuador.

Include: psychology, psychiatry, social work, occupational therapy, nursing.

1,259 professionals for Mental Health care in MSP services.

Mental Health Human Resources per 100,000 Inhabitants

Psychiatrists	2,3 (412)
Psychologists	71,3 (12.772)
Social Workers	5,3 (956)

ACCESS 2020

Ministry of Public Health

Distribución de profesionales RPIS

	MPS	IESS	PN	FFAA
Psychologists	759	167	42	39
Psychiatrists	73	59	3	9
Occupational Therapists	45	22	3	0

Situational Diagnosis of the National Mental Health Policy, MSP- DNEPCENTSMFSD, 2023



Financing of Mental Health - RPIS



Ministry of Public Health (MSP)

- Current expenditure budget was estimated at 2.3%.
- The majority of this budget is allocated to the only psychiatric hospital and the purchase of services in private specialized mental health facilities (MPS, 2020).

Ecuadorian Institute of Social Security (IESS)

- Allocated 2.92% of the total health budget, designated for qualified mental health care; 63,040 referrals (year 2022).

Armed Forces

- 3% of the total health expenditure was allocated, used for purchasing external services; 1,989 referrals (year 2022).

National Police

- The percentage designated for mental health depends on acquisition processes, so no fixed amount is determined (year 2022).



Ministry of Public Health

National Mental Health Policy

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National Mental Health Policy

Objective:

To improve the mental health of the population through intersectoral and interinstitutional strategies aimed at reducing the morbidity, mortality, and risk factors of mental health problems. This involves strengthening health-protective factors at the individual, family, and community levels, and providing community-based services. These efforts are guided by the principles of primary health care, human rights, and social inclusion.

Progress:

- Formation of technical, academic, and political teams
- Internal and external validation of situational diagnosis and problem tree
- Formulation of strategic lines

Strategic Lines



Lines of action

Service Provision

Increasing the population's access to comprehensive and integrated services.

- Services for the early detection and intervention of substance use at the primary level of care, with gender and interculturality perspectives.
- Child and adolescent services for specialized treatment of mental disorders and those related to drug use.
- Specialized centers for addiction treatment in women.



Lines of action

Promotion and Prevention



Reduction of risk factors associated with substance use, with gender and interculturality perspectives.



Lines of action

Governance



Regulatory framework for the provision of services with quality standards, under the approaches of human rights, interculturality, and gender in the National Health System.



Lines of action

Human Resources



Having trained, skilled, and sufficient human resources according to the needs of the territory for the implementation of the National Mental Health Policy.



Lines of action



Recovery and Inclusion

Promoting long-term recovery and care processes, as well as socio-community inclusion of individuals with problems and mental disorders related to drug consumption in educational, occupational, housing, and community settings.



Lines of action



Information and Research System

Health SHaving sufficient, continuous, and quality information for decision-making in mental health within the National Health System.system.





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