



MENTAL HEALTH IN ECUADOR

Community mental health experiences

Ecuador

- Ecuador is located in the northwestern region of South America. The capital is Quito, whose metropolitan area is the most populated in the country.
- It is a member of the “Comunidad Andina” and is organized into twenty-four provinces that are in turn subdivided into cantons.
- Is the tenth most populous country in America, with more than eighteen million inhabitants, and is the most densely populated country in South America
- It is one of the countries with the highest biodiversity per square kilometer
- The official language is Spanish, spoken by 99% of the population, along with thirteen other recognized indigenous languages, including Kichwa and Shuar
- Ecuador has 84 volcanoes at the continental level and 7 volcanoes located at the level of the insular region



The mental health in Ecuador

- Ecuador has been working hard to build a community-based mental health system.
- Ecuador has been working to increase the Mental Health of the population by reducing risk factors, however, despite government efforts, there are difficulties such as underreporting of mental illnesses, difficulties in coverage of qualified human resources and the low availability of mental health care through public and/or private insurance
- This reality is common in the twenty-four provinces of my country.
- At the governmental level, there are tools, however, they are impractical and far from the local reality.



- The country has an important group of indigenous nationalities, who have suffered years of poverty and slavery and where mental health in the 21st century continues to be a myth.
- the number of mental health professionals is low.
- psychologists do not receive adequate pay, so this profession continues to be relegated.
- Due to more government efforts, the mental health approach is under a medical approach



Quito experience

- The government of Quito has as one of its responsibilities the promotion of health and the prevention of diseases with an emphasis on community mental health, suicide prevention and drug prevention.
- Quito is politically organized under a local government with autonomy
- As an important information:
 - During 2022, 198 suicides and 182 violent deaths were registered in Quito
 - 15% of the national population lives in the DMQ and concentrates 17.4% of the economically active population of the country.
 - The population is made up mainly of men.
 - Poverty rates are high in the DMQ: 45% of the population. The population considered poor does not have access to quality education or obtain jobs that pay well
 - The most consumed drugs in Quito are: basic pasta, marijuana, and ecstasy, in addition to these, the socially alcohol and tobacco accepted

Quito mental health

- The community approach is mainly used.
- Quito has the largest group of mental health professionals, especially psychologists, in the country.
- 100 community psychologists, doctors and nurses tour the city's neighborhoods identifying risk factors in mental health, suicide and drug use, under a model called "PRIMARY HEALTH CARE TEAM".
- Depending on the risk, they intervene in the territory or are referred to the next level.



1. Wellness and living houses

- The first level to receive the people recruited by the community teams, is called “wellness and living houses”
- They are physical spaces and infrastructures destined to the development of health promotion and disease prevention actions.
- They are made up of doctors, psychologists, nutritionists, nurses and veterinarians with the aim of providing preventive activities.
- The model used is 'One Health', through its three axes: Human, Environmental and Animal Health to promote the development and health of citizens



2. mental health center



- The center receives people with medium-high risk factors.
- the care provided is free.
- there are mental health professionals, medical psychologists, nutritionists, family therapists and psychiatrists.
- Social reintegration services are provided where productive skills are used



3. metropolitan health units

- the Municipal Health Units receive people with their outpatient services in the specialties of General Medicine, Internal Medicine, Pediatrics, Gynecology, Urology, Dermatology, Speech Therapy, Ophthalmology, Cardiology, Traumatology, Psychology, Pneumology and Nutrition.
- If the level of risk is high, the cases are referred to the public health system with more resolution capacity.
- All the services are free
- the population in poverty, without access to public services with the target public of the metropolitan health units



Challenges

- Despite the progress of the model, knowledge of the community approach must be strengthened
- More training is needed in community approach, prioritization of problems with the community and participatory methodologies
- Some psychologists do not understand the community approach, so a special medical approach is still used to determine risk factors.
- The model continues to look for "patients" in the community, the work with and from the local level has not yet been conceptualized.
- there is no methodology for training community leaders with the capacity to manage their needs

- Quito is only one of the 219 existing cantons.
- Mental health activities are only addressed in the largest cities (economically and politically), however, they all have different models and there is no system that allows recording actions.
- At the national level, there is no surveillance of mental health, drugs or suicide, so there is no data available for decision-making.
- there is no updated diagnosis in drug use, suicide or mental health.
- the number of mental health professionals is less than expected.
- indigenous and Afro-American communities are the most affected because they not receive mental health services
- communication campaigns on mental health are not carried out