



Ecuador

GENERAL INFORMATION

Ecuador is a country with an approximate area of 284 thousand square kilometers (UNO, 2008). The population is 13,774,909 and the sex ratio (men per hundred women) is 100 (UNO, 2009). The proportion of the population under the age of 18 years is 35% and the proportion above age 60 is 6% (UNO, 2009). The literacy rate is 95% for men and 96% for women (UN Statistics, 2008). The life expectancy at birth is 72 years for males and 78 years for females (UNO, 2005-2010). The healthy life expectancy at birth is 63 years for males and 78 years for females (UNPD, 2010). The country is in the lower middle income group (based on 2010 World Bank criteria). The total expenditure on health as a percentage of gross domestic product is 6.08% and the per capita government expenditure on health (PPP int. \$) is \$165.0 (WHO, 2006). The suicide rate for males is 9.1 per 100,000 population and for females is 4.5 per 100,000 population. In Ecuador, neuropsychiatric disorders are estimated to contribute to 21.7% of the global burden of disease (WHO, 2008).

GOVERNANCE

An officially approved mental health policy does not exist. However, mental health is specifically mentioned in the general health policy.

A mental health plan exists and was approved, or most recently revised, in 2010. The mental health plan components include:

- Timelines for the implementation of the mental health plan.
- Funding allocation for the implementation of half or more of the items in the mental health plan.
- Shift of services and resources from mental hospitals to community mental health facilities.
- Integration of mental health services into primary care.

Dedicated mental health legislation does not exist. However, legal provisions concerning mental health are covered in other laws (e.g. welfare, disability, general health legislation etc.).

FINANCING

Mental health expenditures by the government health department/ministry are 1.20% of the total health budget. Mental hospital expenditures are 58.95% of the total mental health budget.

Note: These economic data are current for 2007.

MENTAL HEALTH CARE DELIVERY

Primary Care

Prescription regulations authorize primary health care doctors to prescribe and/or to continue prescription of psychotherapeutic medicines but with restrictions. In contrast, the department of health does not authorize primary health care nurses to prescribe and/or to continue prescription of psychotherapeutic medicines. Similarly, official policy does not permit primary health care nurses to independently diagnose and treat mental disorders within the primary care system.

The majority of primary health care doctors and nurses have received official in-service training on mental health within the last five years. Officially approved manuals on the management and treatment of mental disorders are available in the majority of primary health care clinics. Official referral procedures for referring persons from primary care to secondary/tertiary care exist, as do referral procedures from tertiary/secondary care to primary care.

Mental Health Services

Availability of mental health facilities

	Total number of facilities/beds	Rate per 100,000 population	Number of facilities/beds reserved for children and adolescents only	Rate per 100,000 population
Mental health outpatient facilities	36	0.26	UN	UN
Day treatment facilities	UN	UN	UN	UN
Psychiatric beds in general hospitals	50	0.36	UN	UN
Community residential facilities	UN	UN	UN	UN
Beds/places in community residential facilities	69	0.5	UN	UN
Mental hospitals	5	0.04	UN	UN
Beds in mental hospitals	1635	11.87	113	0.82

Access to care

	Rates per 100,000 population)	Females (%)	Under age 18 (%)
Persons treated in mental health outpatient facilities	802.6	UN	UN
Persons treated in mental health day treatment facilities	UN	UN	UN
Admissions to psychiatric beds in general hospitals	UN	UN	UN
Persons staying in community residential facilities at the end of the year	UN	UN	UN
Admissions to mental hospitals	UN	UN	UN

Long term care in mental hospitals (% of persons staying):

Less than 1 year	UN
More than 1 and less than 5 years	UN
More than 5 years	UN

Note: A substantial number of psychiatric hospital beds are used by long-term (chronic-care) patients. Approximately 20% of beds have short-term (acute-care) patients.

Data collected in 2011

UN = information unavailable, NA = item not applicable

HUMAN RESOURCES

Workforce and training

	Health professionals working in the mental health sector Rate per 100,000	Training of health professions in educational institutions Rate per 100,000
Psychiatrists	1.0	0.07
Medical doctors, not specialized in psychiatry	0.17	9.17
Nurses	0.91	0.09
Psychologists	1.29	2.18
Social workers	0.38	UN
Occupational therapists	0.12	UN
Other health workers	3.71	NA

Informal human resources (Family and User Associations)

	User	Family
Present in the country?	Yes	Yes
Number of members	1	1
Participation in the formulation/implementation of policy/plan/legislation?	Not routinely	Not routinely

MEDICINES

Expenditures for medicines for mental and behavioral disorders at country level

Type of Medicines	Expenditures at country level per year and per 100,000 population (in USD)
All the psychotherapeutic medicines ¹	UN
Medicines used for bipolar disorders ²	UN
Medicines for psychotic disorders ³	UN
Medicines used for general anxiety ⁴	UN
Medicines used for mood disorders ⁵	UN

¹ N03AG01, N05A, N05B, N05C, N06A

² N03AG01, N05A, N05B, N05C, N06A

³ N05A (excluding N05AN)

⁴ N05B & N05C

⁵ N06A

Data collected in 2011

UN = information unavailable, NA = item not applicable

Note: In psychiatric hospitals, and mental health centers, various psychotropic medications are distributed at no cost to patients. These drugs, however, are not available in the primary care setting.

INFORMATION SYSTEMS

	Data on number of people/ activities are collected and reported	Data on age and gender are collected and reported	Data on patient's diagnosis are collected and reported
Persons with mental disorders treated in primary health care	Yes	Yes	Yes
Interventions (psychopharmacological and psychosocial) delivered in primary health care for people with mental disorders	Yes	Yes	Yes
Persons treated in mental health outpatient facilities	Yes	Yes	Yes
Contacts in mental health outpatient facilities	No	No	No
Persons treated in mental health day treatment facilities	No	No	No
Admissions in general hospitals with psychiatric beds	Yes	Yes	Yes
Admissions in mental hospitals	Yes	Yes	Yes
Days spent in mental hospitals	Yes	Yes	Yes
Admissions in community residential facilities	No	No	No

Note: a specific report focusing on mental health activities has been published by the Health Department or any other responsible government unit in the last three years.

OTHER INFORMATION

A new reporting system has been developed by the Ecuadorian Ministry of Public Health (Ministerio de Salud Pública) called the EPI 2, which compiles and records epidemiological psychiatric statistics by province, age and sex.