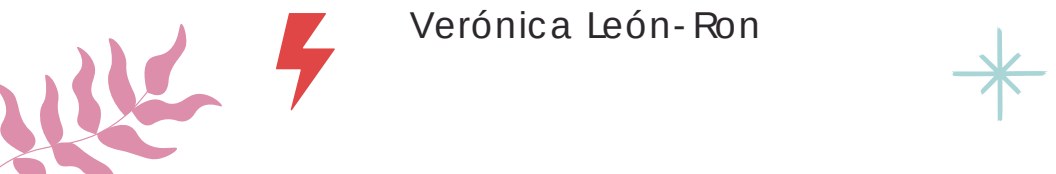




Depressive Disorders

Ecuador's Case



Verónica León-Ron





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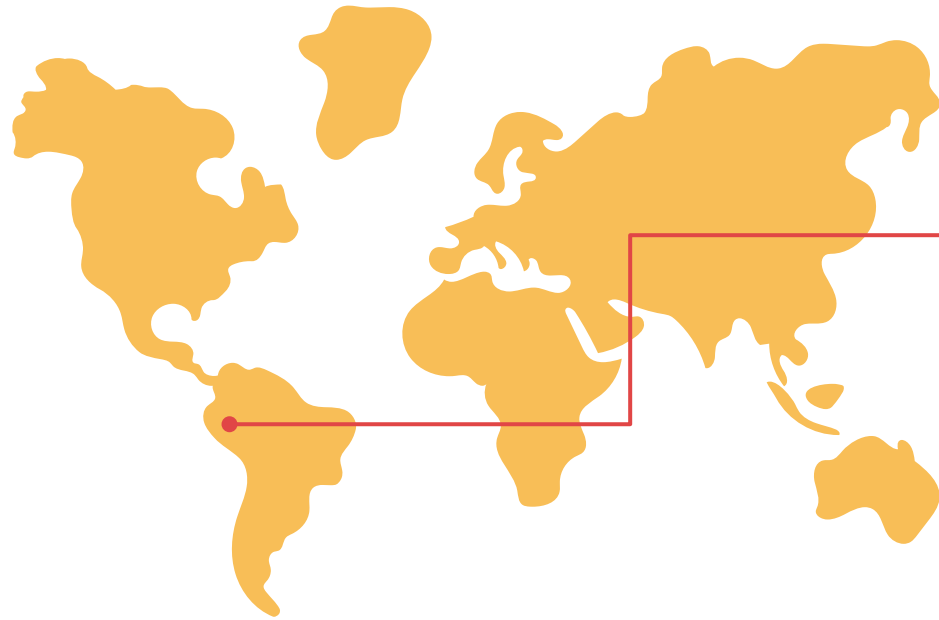




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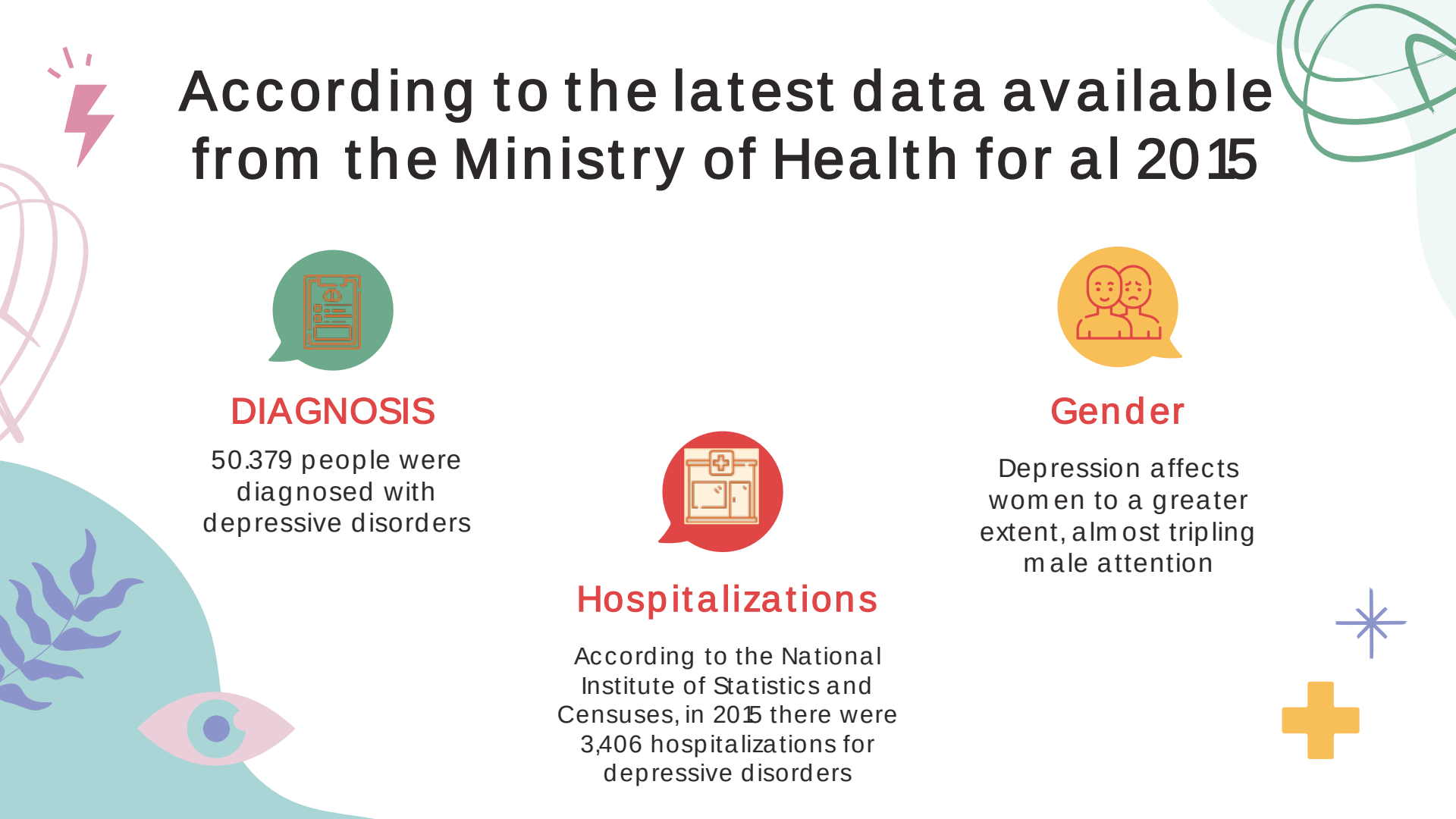
Incidence of Depression in Ecuador

⚡ According to the WHO, until 2019 ✨



Ecuador

Ranked eleventh among the Latin American countries with the highest incidence of depression



According to the latest data available from the Ministry of Health for al 2015



DIAGNOSIS

50.379 people were diagnosed with depressive disorders



Gender

Depression affects women to a greater extent, almost tripling male attention



Hospitalizations

According to the National Institute of Statistics and Censuses, in 2015 there were 3,406 hospitalizations for depressive disorders





2.

Health Care Levels

Health Care Levels

In Ecuador there are 3 levels of health



First Level

- Rural and urban medical centers
- Close to communities and citizens



Second Level

- General and Basic Hospitals
- Internal Medicine, pediatrics, gynecology-obstetrics, psychiatry



Third Level

- Specialized Hospitals
- Attention to complex pathologies and specialized procedures

Family, Collective and Intercultural Comprehensive Health Care Model

It recognizes the leading role of the community and health actors, especially First Level Care professionals.

Strategic Plan 2015



- Strengthen primary care and articulation with secondary and tertiary care



- Deinstitutionalize psychological care

- Seeks to strengthen the processes of prevention and promotion of mental health



- Strengthen Community Mental Health



- Contemplates the need for intercultural attention and ancestral practices





3.

Accessibility, Resources and Investments in Mental Health

Rate of Psychologists per 10,000 inhabitants



**Rate in
the year
2000**

0.2
psychologists
per 10,000
inhabitants

**Rate in
the year
2020**

0.9
psychologists
per 10,000
inhabitants

**In the
School
Environ
ment**

1 psychologist
(450- 675
students), 2
psychologists
(676 – 1125), 3
psychologists
(1126 – 1575)

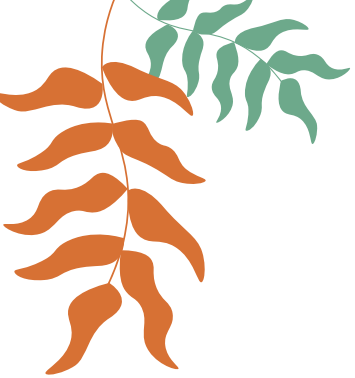
2000

187 psychologists
worked in public
health services

2020

1,550
psychologists are
inserted in health
establishments





1'193.773

Psychological care of all kinds



929 personas

They were attended by each psychologist inserted in the health system



77,4 personas

Attended per month by each psychologist inserted in the health system

2016



Establecimientos de Salud por Región



Sierra

1627
establecimientos
de salud

Costa

1553
establecimientos
de salud

Región Amazónica

123
establecimientos
de salud



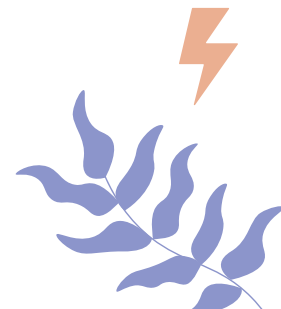
Public Investment in Mental Health



Of the total Public Health budget, only 14.6% is allocated to mental health,

And of that amount, more than 60% goes to the second and third level of health care

The first level of care receives less than 40% of the budget



Access to Mental Health Care

- Patients have to wait around three months for their next psychological appointments
- Average waiting time for the first psychological appointment is between 7 to 9 months
- Length of each sesión is around 20 to 30 minutes
- Fees for private psychological care is between 25 to 75 per sesión.



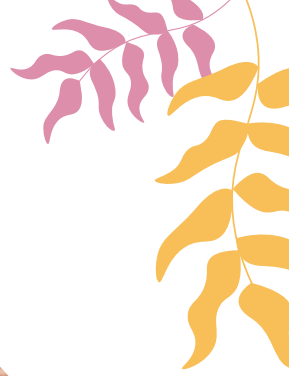


4.

Training and Quality in Psychological Care



Training



- Psychology students take, on average, 4 - 5 years of undergraduate training.
- As soon as they graduate, they are authorized to attend and intervene in cases.
- Training and supervised practice needs to be strengthened.
- The curricula do not contemplate subjects that address community intervention, even less attention to cultural diversity.



Care Quality



- The number of psychologists inserted in health care and education does not meet the demand.
- Training is focused on the clinical practice for person to person treatment and not so much on community intervention techniques.
- Effective attention to cultural diversity has not been addressed in teaching (14 indigenous nationalities)



Care Quality



- There is no collegiate body or government entity that regulates professional practice or the supervision of ethical professional practice.
- Few training options in Evidence-Based Therapies
- The training options available are very expensive and very few professionals can afford specialized training



Challenges



Challenges



Economic investment

A higher investment in mental health



Training

Training focused in cultural diversity



Focus on prevention and promotion

Strengthen primary attention and inter-institutional cooperation



Organization

Promote the consolidation of a collegiate body and better professional representation



- **ADEQUATE
MENTAL HEALTH IS
NOT POSSIBLE
WITHOUT SOCIAL
JUSTICE**



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Thanks!

Do you have any questions?

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