

# Analysis and Evolution of Mental Health Public Policies in Ecuador: A State of the Art

Carolina García, María Cristina Valencia

Universidad Técnica de Ambato

Email: dc.garcía@uta.edu.ec

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## Abstract

The study aims to analyze public mental health policies in Ecuador from 1999 to 2023, focusing on their conceptual and regulatory structure, scope, and limitations. The study uses a review of the state of the art, a documentary research method, to recover and reflect on the accumulated knowledge on mental health policies in Ecuador. This approach involves systematically reviewing the existing literature to identify, describe, and interpret the dynamics and logic present in previous research. The aim is to establish current knowledge, uncovering gaps and unresolved issues in order to formulate new assumptions and proposals for action. The analysis of Ecuador's mental health policies reveals several key issues. First, while international regulatory standards are met, the omission of social determinants of health, as recommended by the WHO, limits the effectiveness of these policies in addressing the complexities of mental health holistically. Second, the inclusion of mental health in the public agenda is limited by electoral considerations and insufficient interaction between legislators and citizens, indicating the need for a deeper understanding of legislative processes in shaping mental health policies. Third, the lack of accurate and up-to-date information on the target population hinders effective policy-making and resource allocation, requiring a stronger commitment to the collection, analysis, and dissemination of reliable mental health data. Finally, the implementation of mental health plans is challenged by political decision-making, resource management, and sectoral negotiation. It is essential to increase the budget and hire professionals specialized in psychology and psychiatry. Recent law requires developing regulations to integrate the mental health system into the national health governance system, emphasizing the importance of human and financial resources for the success of mental health policies.

**Keywords:** Mental health, Public policies, Ecuador.

## 1. Introduction

To analyze the content of mental health public policies in Ecuador in the period 1999 to 2023, in terms of their conceptual and regulatory structure, as well as their scope and limitations of the regulations.

## 2. Methods

A state of the art is defined as a documentary investigation from which the accumulated knowledge about a certain object of study is recovered and reflexively transcended. It is an investigation into the production – research, theoretical or methodological – existing on a certain topic in order to unveil from it, the dynamics and logic present in the description, explanation or interpretation of the phenomenon in question made by theorists or researchers (Restrepo et al., 2002)

The importance of making States of the Art is to keep in mind that the main requirement to begin to elaborate them is to establish the theme or problem to be investigated; This implies the recognition of the limits of what has already been made known, in order to find the unpublished questions that will be resolved and that are susceptible to being thought about and investigated from the accumulated in the field of knowledge in which the research will be carried out successfully (Palacio et al., 2014).

Therefore, this study constitutes an investigation into "what is known" of the existing documentary production on public mental health policies in Ecuador in the period 1999 to 2023. Therefore, qualitative research that transcends the compilation and ordering of materials, and leads to the formulation of assumptions and proposals for action related to this area of knowledge (Restrepo et al., 2002). For this reason, it seeks to analyze the conceptual and normative structure, as well as its scope and limitations of mental health regulations.

The objective of this research involves confronting one's own knowledge with the accumulated knowledge present in the documentary sources consulted in order to identify and evidence the patterns that connect, differentiate and relate the epistemological, theoretical, methodological and instrumental aspects present in them. In other words, it is a work of intellectual craftsmanship that involves the performance of permanent classification, categorization, and conceptualization procedures, aimed at establishing connections, limits, and thresholds that differentiate and account for the multiplicity and variety of production present in the materials analyzed (Restrepo et al., 2002).

- Sources of information:

1. Normative documents: projects for the reform of public policies on mental health; public policies on mental health that are not in force; administrative mechanisms such as national plans, programs and projects on mental health, issued by the government of Ecuador.

2. Academic documents: publications in indexed journals, research that is focused on the study period from 2014 to 2023. Academic articles and essays were located in electronic databases: Google Scholar of 70,800 results 10 articles were useful for research, Scielo 45 results, Pubmed 39 results, Science direct 285 results 7 open Access. The keywords were: PUBLIC POLICIES, MENTAL HEALTH, ECUADOR.

• Analysis Instrument:

The construction of this state of the art on documentary sources in qualitative research will be conceptually, technically and operationally supported by a categorical system, a database and a set of printed records that guide the ordering of the materials and the "committed" reading of them. Categories are theoretical-methodological constructs through which knowledge about the object in question will be recovered and the theoretical commitment present in the process and the database will crystallize (Restrepo et al., 2002).

As an instrument for analyzing the information, a matrix was constructed with the categories to compare the content of public policies using the following categories:

- Conceptualization of mental health.
- Socially problematized situation
- How the problem enters the public agenda
- Objectives
- White population
- Resources
- Strategies and actions

Research Question:

What is the content of public mental health policies in Ecuador in the period 1999 to 2023, in terms of their conceptual and regulatory structure, as well as their scope and limitations of the regulations?

3. Results

MATRIX OF ANALYSIS CATEGORIES

Mental Policy	Health	Conceptualization of mental health	Socially problematized situation	How the problem enters the public agenda	Objectives	White population	Resources	Strategies and actions
2014 National Strategic Plan of Mental Health 2014-2017.	- Plan of Health	A welfare state in which the individual is aware of his or her abilities, can cope with the normal pressures of life, work productively and fruitfully, and contribute to his or her community (WHO, 2013).	Exist Oth er data recorded in the first-level units, such as the health areas, which, in addition to mild depression, which occupies the first place with 19%, there are others such as: disorder of school skills (14%), problems beh avior problems in childhood and	The national strategic plan for mental health will be carried out within 120 days of the publication of the ministerial agreement in the official register.	To contribute to joint actions between the State and civil society to achieve conditions that allow better levels of mental health to be achieved collectively and individually.  Guarantee institutional spaces, inter-	All people with mental depressive illness who are in the national territory	Respect to the quantity of professionals who work exclusively in mental health in the operational units tha t belong to the MSP, reach 301, distributed among 25 psychiatrists, 213 psychologists, 28 social workers, 11 nurses, 2 health educators, 21 doctors and 1	Implement an approach to mental health promotion and prevention of mental suffering, addressing the social determinants of health that influence mental health. Strengthen Mental Health Services, orienting them towards Primary Health Care, as established by the Comprehensive

		<p>adolescence (13%), relationship problems between partners (6%), sexual abuse</p> <p>child violence (2%), violence and abuse (10%), hyperkinetic disorders, hyperactivity, among others. In addition, according to data from the National Directorate of Disabilities, Rehabilitation and Special Health Care, in the country there are 94,612 people with intellectual and mental disabilities, in a universe of 370,000 people with some type of disability. That is, of the total number of people with some type of disability, one 26% of them have mental or intellectual disabilities</p>		<p>institutional articulation and facilitate work with civil society to effectively incorporate promotion, prevention and social participation to improve and address mental health. 3. To attend to people who have mental health problems and in the use and consumption of alcohol, tobacco, and drugs through an integrated system of health services, where care is provided with criteria</p> <p>of comprehensiveness, integration, quality and continuity of care. 4. Stimulate and verify the training of human talent with the necessary technical and ethical skills to expand coverage, improve the quality, relevance and cultural adequacy of mental health care and drug use and consumption; closing existing gaps. 5. Strengthen permanent internal and intersectoral coordination aimed at the good living, health and mental well-being of the Ecuadorian population. 6. Promote the</p>		<p>dentist. Budget: The total budget for health in 2012 was 1,881,061,107 Million of dollars. Of this, 8,308,210 were allocated for mental health actions (which represents 0.44% of the total MSP), of which 98.57% was allocated to psychiatric hospitals.</p>	<p>Health Care Model, which generates the conditions for the deinstitutionalization process. Provide Comprehensive Health Care to people who use or consume drugs, in accordance with what is proposed in the Comprehensive Health Care Model (MAIS). Strengthen the Ministry of Public Health's leadership of the National Health System in the mental health component. Promote research on issues related to mental health both in the MSP and in academic training spaces, with a focus on Community Mental Health</p>
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				empowerment of the population in actions aimed at achieving and maintaining their mental health.			
<b>2018 - Bill Organic of the Suicide Prevention System</b>	Concepts of suicide, suicidal ideation, suicidal risk, suicidal behavior or behavior, suicidal intent and suicide attempt are described.	In the last 30 years - between 1990 and 2019 - there has been a 56% increase in suicide death rates in the country, from 4.43 to 6.91 (12). Disaggregated by sex (see Figure 1), it can be seen that, while the rates of homicide in women have remained relatively stable (the difference between 1990 and 2019 is -7%), the increase in men is notable (between 1990 and 2019 it increased by 91%).	Records of suicide attempts in Ecuador are very poor, as doctors often do not report the causes of admissions to the emergency room or hospitalizations as "self-inflicted injury," but rather indicate the direct cause, such as poisoning, high jumping, cuts, among others. A statistic that shows a small part of the reality, dealt with the registry of the Poison Center (CIATOX), which consists of a cabin anchored to the ECU-911, from which professionals with toxicologist training guide the people (private or health professionals) who have some poisoning. They meticulously record the case, together with the reason for the poisoning to To give tracking. For the year 2018, this system reported 3,447 intentional poisonings, and in the 2019, 3154 were registered, of which 4% (127) died. In spite of that the statistics of suicide attempts in this regard are incomplete (not every intoxicated person calls and there are other methods for suicide attempts), the registry gives important information.	Establish operational guidelines of care of persons with suicide intent and/or attempt in establishments of different levels of care of the Ministry of Public Health of Ecuador	The guidelines presented here are of Mandatory application for working personnel in establishments of all The levels of attention of Bless you of the Ministry of Public Health	The resources to be implemented are not identified	Attention to people with suicide intent and/or attempts in prehospital care Care for people with suicide intent and/or attempt at the first level of health care care for people with suicide intent and/or attempts at the second or third level of health care Psychotropic drugs for people at suicide risk
<b>2019 - Bill to improve the quality of comprehensive health care, in order to prevent, treat and integrate people that stop families from depression</b>	Within the framework of this law, mental health with a diagnosis of depression is recognized as a process determined by historical, socio-economic, cultural, biological and psychological components, whose preservation, improvement and	Childhood and adolescent depression is differentiated as a disorder characterized by an alteration in mood accompanied by behavior at school, at home, in the community of the child and	By Memorandum N. 002-TBZ-AM-18 on January 31, 2019 The Assemblywoman for Manabí Teresa Benavidez Zambrano presents the Bill to improve the quality of comprehensive health care, with in order to prevent, treat and reunite people	The law aims to ensure the right to protection of mental health for all people and the full enjoyment of human rights of those with depressive	All people with mental depressive illness who are in the national territory	Because I don't pass the process to approval in the National Assembly, no resources are determined for its execution.	Chapter V determines the modality of approach. ARTICLE 9 The governing body in health must promote that mental health care with a depressive diagnosis be in charge of a team

	<p>reintegration implies a dynamic of social construction linked to the realization of the human and social rights of every person. It must be based on the presumption of capacity of all persons. In no case can a diagnosis be made in the field of mental health on the exclusive basis of: a) Political status, socio-economic, belonging to a cultural, racial or religious group. b) Family or work demands, lack of conformity or adequacy with moral, social, cultural, political values or religious beliefs prevailing in the community where the person lives. c) The mere existence of Treatment or hospitalization.</p>	<p>adolescent, depending on how these symptoms are and their severity we can speak of a state of mild, moderate or severe depression. On the other hand, depression in adulthood is the leading cause of health problems and disability worldwide. The statistics are located in Ecuador according to the MSP that in 2018 42823 cases of disorders were attended</p> <p>ffective, neurotic and stressful. It is mentioned that Ecuador is in 11th place in depression, that the prevalence is higher in adulthood than in youth, 7.5% in women between 55 and 74 years of age suffer from depression and 5.5% of men in the same group suffer from the disease. The increase in suicides in the provinces of Manabí and Esmeraldas is considered. As for children and adolescents, between 2015 and 2017 the number of care increased by 52.12%</p>	<p>suffering from depression to their families. The project is not debated or approved</p>	<p>mental illness that are in the national territory, in recognition of the rights established in the Political Constitution</p> <p>of Ecuador, of international human rights instruments, with constitutional hierarchy, without prejudice to the regulations that are more beneficial than for the protection of the</p>		<p>interdisciplinary made up of professionals, technicians and others</p> <p>trained workers with proper accreditation from the competent authority Include the areas of psychology, psychiatry, social work, nursing, occupational therapy, and other relevant disciplines or fields</p> <p>ARTICLE 10. The care process should preferably be carried out outside the hospital setting and within the framework of an interdisciplinary and intersectoral approach, based on the principles of primary health care.</p> <p>ARTICLE 11 Informed consent governs all types of interventions, with the only exceptions and guarantees established in this law</p> <p>People with mental disabilities with a depressive diagnosis have the right to receive information through means and technologies appropriate for their understanding.</p> <p>ARTICLE 12 The Authority for the Application of Health Policies at the national level must promote that the health authorities of each jurisdiction, in coordination with the areas of education, social development, labor, education, and other</p>
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<b>2019 - Draft Organic Law on Mental Health</b>	Mental health is defined as a state of well-being in which the individual is aware of his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community	The proposal emphasizes how mental health is a growing concern that directly affects our productivity and quality of life, for this the costs of mental health care are estimated. Depression is considered the world's leading cause of disability; however, in our country it is not treated as such. Depression, along with other common mental disorders such as anxiety disorder not only remain a taboo, but are highly ignored in educational and work environments, seriously affecting the performance of those who suffer from them, here specifically referring to the economic repercussions and loss of productivity. Finally, access to health services and the costs that this care implies are problematized.	By Memorandum N. PAN-CLC-2019-0227 on October 29, 2019 the Assemblyman for Guayas Vicente Taiano Basante Presents the Draft Organic Law on Mental Health. The bill is not debated or approved.	The law seeks to ensure the right to the protection of mental health of all people, and the full enjoyment of the rights of the human rights of those with mental disorders established in the Constitution of the Republic, international treaties and instruments and those derived from related laws.	This Law protects people with conditions of Mental disorders, Ecuadorian or foreigners, who are in the Ecuadorian territory; as well as Ecuadorians abroad; their relatives within the fourth degree of consanguinity and second degree of affinity, his spouse or a common-law couple.	Because I don't pass the process to the approval in the National Assembly, no resources are determined for its execution.	Herself Sets responsibilities of the Health System: Those who are part of the National Health System will implement mental health plans and programs, based on comprehensive care, privileging vulnerable groups, with a family and community approach, promoting the social reintegration of people with mental disorders. Suicide due to mental health disorders will be considered a public health problem. The necessary measures will be taken to promote the development of public policies aimed at its prevention. It will develop information, communication and awareness activities about mental disorders and suicide prevention. The national health authority, in conjunction with representatives of the associations of medical professionals in mental health, shall determine those medicines that must be included in the National Table of Basic Medicines for guarantee the care and treatment of mental health disorders. All public health facilities must have at least one (1) mental health professional.

<b>2021 - Draft Organic Law on Priority Attention to the Mental Health of Children and Adolescents</b>	<p>Mental health in children and adolescents is recognized as a state of general well-being dynamic of security, protection and trust, which is based on the behavioral capacity to adapt to the social system, through their own capacities and conscience, which allow them to respond rationally and contribute to the internal and external demands of their community. Mental health is considered from a biopsychosocial approach, understood as a multifactorial complexity that encompasses biological, psychological, relational, social, economic and cultural elements. The biopsychosocial approach from public health covers the entire life cycle and involves the promotion, prevention, comprehensive care, recovery and social and labor inclusion of individuals.</p>	<p>The explanatory memorandum considers as a starting point the fact that the mental health of children and adolescents is a problem that remains hidden in our country. On many occasions, its existence was overlooked or denied for social and cultural reasons, or because it was often considered a threat to political, religious and economic interests, hence the complexity of the intervention and the difficulty and importance of coordinated action carried out by the different public and private institutions involved and the professionals who carry out their activity in these fields. In addition, the psychosocial factors that intervene in the appearance of mental disorders, as well as in their treatment, are alluded to.</p>	<p>By Memorandum N. AN-PR-2021-0412-M On October 07, 2021, the National Assemblyman Bella Jiménez presents the DRAFT ORGANIC LAW OF PRIORITY ATTENTION TO THE MENTAL HEALTH OF CHILDREN AND ADOLESCENTS. The project is not debated or approved</p>	<p>The law aims to ensure the full right to mental health of girls, children and adolescents, promoting comprehensive care in the individual subjects to Through quality care mechanisms, effectiveness, equity, and inalienability, in accordance with the precepts established in the Constitution of the Republic of Ecuador, international human rights instruments and in accordance with other laws in constitutional hierarchy and under the following guidelines established in this law</p>	<p>Children and adolescents</p>	<p>Because he did not pass the process for the Approval in the National Assembly, no resources are determined for its execution.</p>	<p>Some strategies are considered, such as: Article 12. The National Mental Health System for children and adolescents is the mechanism made up of all existing public and private institutions. to provide comprehensive and quality care, encompassing all forms of treatment, analysis and prevention. Through the Ministry of Public Health, mental health care services for children and adolescents will be expanded in coordination with the Decentralized Autonomous Governments and Cantonal Boards for the Protection of Girls and Adolescents, which promote comprehensive and specialized care. Chapter I, Strategies for the promotion and prevention of mental health, establishes it. In addition, parameters are established for the care, diagnosis and treatment of mental health problems. The approach to mental health in the educational field, Mental health education in institutions edu cational, addressing and eradicating the effects caused by sexual violence, mental health in the field of sports, mental health in the field of Economic and social inclusion</p>
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2022 - Draft Organic Law on Community Mental Health	<p>Mental Health: Mental health is a state of well-being in which the person realizes their abilities and is able to cope with the normal stresses of life, to work productively and to contribute to their community. In this positive sense, health is the foundation of individual well-being and the effective functioning of the community. (WHO 2004) Community Mental Health: Process by which the promise of mental health is obtained and persons of psychiatric disorders promote the comprehensive recovery and social inclusion of people with any problem, pathology or disorder of conduct and behavior, especially in the community to rural sectors; both the people requesting the service, family members, as well as caregivers</p>	<p>Mental health has historically been one of the most precarious, unprotected sectors of public health and devoid of them, both because of the lack of concrete public policies and because of the lack of the necessary investment by the State. Taking into account that psychological professionals are not included in Mental Health: social or community, pedagogues, educators and others who are trained and in training by public and private universities in Ecuador, since there is no coordinated system between professional and labor training institutions. Ecuador does not have any specific legislative framework on mental health, which guarantees access to the entire population to a healthy process of growth for the sake of their mental health, quality care services and framed under scientific, technical and ethical principles.</p>	<p>By Memorandum N. AN- PR-2022-0149-M On March 30, 2022, the Assemblywoman Pierina Sara Mercedes Correa Delgado Presents the DRAFT ORGANIC LAW ON COMMUNITY MENTAL HEALTH. The project is not debated or approved</p>	<p>The purpose of this Law is to guarantee the full exercise of the right to mental health by the inhabitants of Ecuadorian territory.</p> <p>whether they are nationals or foreigners, based on i n the principles of promotion, prevention, detection</p> <p>and care in all life cycles, respecting human rights, universality and interculturality.</p>	<p>Inhabitants of Ecuadorian territory</p>	<p>Because he did not pass the process for the approval in the National Assembly, no resources are determined for its execution.</p>	<p>The National Secretariat of Mental Health is responsible for promoting the planning, coordination, development and supervision of programmes. Art. 19.- The National Secretariat of Mental Health shall assume the coordination of its own activities in Mental Health in all areas (health, education, labor, social, sports, public, private, police, military, penitentiary, among others) Article 20.- The National Secretariat of Mental Health shall adapt the integrated model of care for persons with any type of mental problems, pathologies or disorders; in which they participate all establishments that carry out prevention, promotion, treatment, rehabilitation of behavioral, cognitive and mental health disorders; including academic and research centers, both public and private. Article 21.- For the promotion and prevention of mental health and treatment of mental disorders, the National Health Authority, establish coordination mechanisms, through the National Secretariat of Mental Health, which will have the following Fac</p>
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<b>2023- Last debate on the Organic Law on Mental Health</b>	Mental health is a fundamental human right and an essential element for personal, family, community and socio-economic development. It is the state of mental well-being that allows people an emotional and internal balance and an external emotional balance of the environment in which they develop to face adverse moments in life, develop all their skills, be able to learn and work properly and contribute to the improvement of their community. It is a fundamental part of the health and well-being that underpins our individual and collective capacities to make decisions, build relationships, and shape the world we live in.		In session 878 dated December 14, 2023, the Plenary of the National Assembly pronounced and approved the <b>"Organic Law on Mental Health"</b> .	<p>The objectives of the law are: To recognize mental health as part of comprehensive health care and to promote the consolidation of a national public policy on mental health so that the State prioritizes actions in this area.</p> <p>Establish comprehensive prevention as the axis of mental health policy, with intersectoral participation of natural and legal persons under public or private law, the family or the community</p> <p>to promote mental well-being, prevent mental disorders, provide comprehensive care, promote recovery and ensure the full exercise of human rights.</p> <p>To promote the comprehensive health and physical, psychological, cognitive, emotional and relational well-being of all people in the course of life, considering their individual, family, social and community environment.</p>	A group of beneficiaries of the law is not specified, however, it is considered, according to Article 35 of the Constitution of the Republic, that the elderly, children, and adolescents, pregnant women, people with disabilities, persons deprived of liberty, people with catastrophic or highly complex illnesses will receive priority and specialized attention in the public and private spheres. In addition to people at risk who are victims of domestic and sexual violence, child abuse, anthropological disasters. The state will consider special protection for people in a condition of double vulnerability.	The organic law does not determine the budget.	The duties of the State specify the following actions: a. Promote the national mental health policy with the aim of promoting comprehensive health care throughout the life cycle, this includes promotion, prevention, treatment, rehabilitation and inclusion of people. B. Guarantee people who require mental health care ligament training based on the best scientific evidence to prevent, promote, preserve or recover their mental health. C. To develop intersectoral coordination with the members of the National Health System and other competent entities in social and labor inclusion, decentralized autonomous governments. D. Implementation of actions to strengthen support networks and family and community bonding, including in public policy. E. Promote the social participation of users and family members in the national mental health policy, thanks to support groups to strengthen the accompaniment by families or friends of people who require mental health care. F. To prevent and eradicate all types

				<p>Encourage the development of plans and programmes to promote mental health and healthy living practices throughout the life cycle in order to prevent mental disorders.</p> <p>Prevent mortality, morbidity, discrimination, disability through timely care, including promotion, prevention, treatment, rehabilitation, and palliative care based on the best available scientific evidence</p> <p>Eliminate long-term hospitalization s of people with mental disorders without therapeutic purpose.</p> <p>To promote the social, family, educational, labor, economic and community inclusion of persons with mental disorders in order to protect the development of their human rights</p> <p>guarantee access to quality mental health services in safe environments and the availability of the same for comprehensive care through the National Health System.</p>			<p>of stigmatization, discrimination, violence, and re-victimization of persons subject to mental health care or for having or suffering permanently or temporarily from a mental disorder. G Periodically carry out mental health training programs on issues of prevention, care, protection and reparation. H. Ensure past mental health support services in the community. I. Strengthen the professionalization and permanent training of mental health professionals and community agents. J. Respect, promote and guarantee the human rights of people who suffer from mental disorders or who are being treated for this cause. K. Adopt policies in the determinants of mental health. L. To control the operation of mental health establishments.</p>
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WORD SEARCH KEY	TITLE	OBJECTIVE	METHODOLOGY	CONCLUSIONS	YEAR
Public policies on mental health in Ecuador  SEARCH ENGINE: GOOGLE ACADEMIC OR	<b>Current public policies on mental health in South America: a state of the art</b>	You establish an overview of the scope and limitations of the mental health public policy regulations in force in South America.	A documentary study with a hermeneutical approach through which the relationships between the contents of public mental health policies and the context of South American countries were interpreted and explained. For the analysis, normative documents of the countries were included, such as Agreements, Resolutions and Laws. Likewise, academic publications were used in the period between 2003 and 2013, which made it possible to describe and analyze the research topic.	Not all mental health policies in South American countries have the concept of mental health.  Colombian mental health public policy conceptualizes mental health as the "capacity" that people and groups have to interact with each other. In Paraguay and Brazil, mental health implies equality of opportunities and is defined as a right, in Peru it is defined as a dynamic state and in Ecuador it is proposed as a state of subjective well-being. In Argentina and Uruguay they do not expose the concept of mental health.  The purpose of public policies in the various countries ranges from a community approach, complaints of ill-treatment in judicial asylums, the existence of pathologies typical of modernity and diseases in developing countries, and the lack of equity in access to health services as a difficulty.  In the public mental health policies of South American countries, there is a direct relationship between the conceptualization of mental health and its object, and this depends on the actions proposed and the objectives. Countries have different strategies to address mental health.	2016
	<b>History of mental health in Ecuador and the role of the Central University of Ecuador, old paradigms in A digitalised society</b>	Analysis of the history of mental health in Ecuador and the role of a public university in Ecuador	A documentary study that analyzes the important facts of the history of mental health in Ecuador.	There is evidence of a deep separation between the Academy and the health authorities.  There is no criterion of mental health professionals in the establishment of public policies in Ecuador.  Inhumane practices such as shock therapy and pyrotherapy were once the best evidence-based practices in Ecuador and were replicated in Europe and North America.  The curriculum of study in psychology and psychiatry does not consolidate a comprehensive mental health proposal.  Universities still maintain medical training of specialists, psychiatry is seen as the use only of drugs.	2018
	<b>On the state of the art of public policies in mental health in Latin America: a Systematic review</b>	Description of theoretical and methodological approaches to public policies in mental health in Latin America.	Systematic review on the state of the art of mental health public policies in Latin America, 25 selected scientific articles from 6 databases with publications in Spanish between 2010 and 2020.	The field of mental health is a topic of important occupation and concern from the public policies of various countries as well as from the theoretical orientations of the field itself. The recognition, exercise and defense of mental health rights is highlighted as an important aspect of the rights of the population.  The importance of mental health and the need to incorporate it into the public agenda are identified, several studies address the need to implement public policies in mental health.  The lack of univocity in concepts about mental health, the lack of political will, the characteristics of health systems and the social stigmatization that surrounds mental disorders are difficulties in the implementation of mental health laws.  Two different perspectives are identified in the field of mental health: community mental health and psychiatric mental health.  We have gone from the paradigm of the asylum model of hygienist asylum to the paradigm of human rights.  The concept of mental health has also been approached from the perspective of human rights, where different problems are also found.	2020

				Based on the research work, different lines of research are suggested, including examining the training of psychologists in public universities in relation to their possibility of intervention in public mental health policies, developing alternatives for community approaches, exploring the implementation of public policies in the face of psychosocial emergencies.	
<b>Public health policies in Ecuador</b>	Analysis of public health policies in Ecuador.	Documentary systematic review.		The Ecuadorian health system is going to implement public policies in the Sustainable Development Goals until 2030. The 2008 Constitution specifies that the National Health System guarantees ancestral and alternative practices under the guidance of the health authority, which will also regulate and control aspects in favor of health. Public health policies in Ecuador are established with strategies framed in health promotion, disease prevention and quality care.	2017
<b>Community mental health, primary health care and health-promoting universities in Ecuador</b>	To describe the current situation of mental health in Ecuador.	Documentary review.		The role of universities with their community outreach projects and pre-professional practices are important for the effective implementation of community mental health in primary care in Ecuador. The community is the main active subject of Social Transformation, which is why it is important to incorporate community mental health promotion practices. Ecuadorian regulations on mental health promote the model of community mental health comprehensive to primary care and health, however, there are limitations such as insufficient budgetary allocation, primary mental health care services, there are not enough professionals or primary care and health centers, the professionals who work in primary health care centers do not have resources, competence or expertise in mental health, much less in health community mental health system and that in the Ecuadorian mental health system the biomedical model prevails to evaluate, diagnose and intervene, leaving aside the family and community component. Community mental health needs a legal policy and regulation that regulates it with the provision of economic and human resources to put into practice what is proposed. There should be an epistemological break with the traditional medical-biologist-welfare model. Community mental health is an innovative proposal contrary to the traditional models of psychiatry and clinical psychology that are committed to the treatment of the disease. Community mental health proposes a study based on health, promotion and protection from a research methodology and community participation. This model is proposed from the increase in psychopathologies and psychosocial problems in our context. The proposal is care, evaluation and prevention at the family and community level, identifying the problem in it and proposing social participation, prioritizing the prevention of psychopathologies, psychosocial problems and the promotion of mental health.	2018
<b>The intervention of the social worker in the area of mental health in the program of the Ministry of Health of Ecuador</b>	Describe the roles played by the social worker in the area of mental health in the program of the Ministry of Public Health of Ecuador	Inductive, deductive and analytical bibliographic research with descriptive approach, review of several studies and sources on the		The interdisciplinary mental health team, made up of psychiatry, general medicine, psychology, nursing and social work, supports the classic model in the approach to the patient, through	2019

	Public Health of Ecuador		subject.	prevention, care and rehabilitation. Health promotion is the primary and integrative phase of each clinical intervention at different levels of care. The role of the social worker is inserted in a health management task. Prevention and promotion is the primary care of the health social worker who generates specific and complementary actions in health programs.	
	<b>The Guarantee of Mental Health in Ecuador's Prisons</b>	She studies the mental health law of prisoners in Ecuador.	Theoretical and normative analysis to understand the importance of psychological and psychiatric care based on human rights and criminal law in Ecuadorian prisons. Exploration of the current situation based on official data, interviews and reports from international organizations.	There is evidence of a lack of specialized public policies that guarantee the adequate management of mental health, in addition to a structural and budgetary shortcoming. Within Ecuadorian prisons there is a prevalence of people with mental disorders. There is a failure of government policies that guarantee human rights in the prison context. Mental health is linked to the concept of health, so it must be guaranteed together to achieve the well-being of the individual. Within the process of social rehabilitation, mental health is excluded. National and international provisions on mental health focus on the protection and care of the rights of persons deprived of liberty without a specialized focus on mental health. The importance of the right to mental health as fundamental in persons deprived of liberty is evidenced, which must be guaranteed, there is still a dichotomy between theory and practice on this issue within prisons in Ecuador, in addition to the lack of veracity of the stigma that links mental illness with dangerousness. The right to mental health in Ecuador's prisons is partially guaranteed due to the lack of personnel, specialization, structure and budget, so there is no therapeutic work within them.	2023
	<b>Community Mental Health in the Ecuadorian Context: A Review Study</b>	Recognize the areas of research developed in the Ecuadorian context on community mental health	Documentary research, bibliographic sources were chosen such as scientific articles published between 2017 and 2021 that are part of Ecuadorian university repositories and indexed databases. Questions such as: what is known? What has been investigated? And what needs to be investigated?	Need to strengthen research in the fields of diagnosis and rehabilitation of mental illnesses, as well as training and professionalization experiences, strengthening of the academic offer, family participation and rehabilitation. Mental health research needs to be expanded, most of the works related to community mental health refer to the existence of serious problems in the health system despite having implemented the comprehensive care model of the family, community and intercultural health system. It is important to carry out work related to the diagnosis and rehabilitation of mental illnesses from the perspective of community mental health, in addition to the validation of standardized tests and quasi-experimental application of community mental health care models. Evolve from biomedical welfare conceptions in the field of health, for this the redesign of the academic offer in higher education institutions is recommended. Specializations in community mental health and intervention with a gender perspective are needed. Research must be complemented with psychosocial interventions with the aim of improving mental health from the fundamental context, it is important to work emphasizing priority care populations.	2022
	<b>Bless you global mental crisis, hegemony and psychiatric deinstitutionalization in</b>	Analysis of Mental Health at the Global Level and Psychiatric Deinstitutionalization in Ecuador	Document analysis	In Ecuador, the strategic plan and model of community mental health care was proposed in 2014 that includes the guarantee of human rights for people with mental disorders that goes	2020

	Ecuador			<p>far beyond establishing their diagnostic condition, which goes beyond a hegemonic knowledge, includes social practices, family, emotions, work, social and the recognition of each one's desire.</p> <p>Mental health services present difficulties in their accessibility in addition to the training and number of professionals, scarce alternative therapies, investment in mental health and organization.</p> <p>Users turn to specialty hospitals for lack of alternative treatments, falling into the typical model of biomedical care.</p> <p>In specialized hospitals, there are difficulties when it comes to articulating interventions with the community, psychosocial, sociological, social protection, and economic and labor inclusion actions.</p> <p>The community mental health model proposes the change in the traditional response presented by psychiatric institutions with prolonged hospitalization. For deinstitutionalization, it is important to create a network of substitute services integrating mental health into the general health system, for this the traditional psychiatric hospital must first be eliminated and replaced by primary health services with the incorporation of activities closer to the community. In addition to profoundly transforming the psychiatric hospital into a non-residential, outpatient care space with doors open to the community specialized in the treatment of serious disorders.</p>	
Public policies on mental health for trans people in Latin America and the Caribbean SEEKER: Scielo	Health professionals' care for trans people in Latin America and the Caribbean	To analyze the characteristics of scientific articles published during the five-year period regarding health care for trans people in Latin America and the Caribbean	Systematized review of articles published in four databases between 2005 and 2020.	<p>There is deficient and insufficient training for professionals on trans identities and differential and gender-affirming approaches. It is important to strengthen comprehensive approaches between academia, health and the generation of public policies.</p> <p>The lack of experience and knowledge in the management of the trans population by professionals produces inequity in access to health services.</p> <p>One of the main reasons why the trans population and the LGBTBI population avoid medical care is for fear of being discriminated against, mistreated or stigmatized.</p> <p>Among the factors that violate the rights of the trans population are the religious beliefs of professionals, lack of training, consultation time and gender stereotypes.</p> <p>It is important to expand the studies due to mental health problems such as the prevalence of anxiety, depression, stress, suicide in the trans population.</p>	2023
Mental Health Ecuador SEEKER: Scielo 45 results	Psychiatrists Available In The Ecuadorian Public Health System And Psychiatry Residency Programs In Ecuador - A Cross-Sectional Analysis	To determine the number of psychiatrists and calculate their ratio per 10000 inhabitants in the Ecuadorian public health network and to describe the current national offer of psychiatric postgraduate courses	Cross-sectional analysis of public data from the comprehensive public health network and the Council of Higher Education, as well as data from the National Institute of Statistics and Censuses (calculation of ratio)	<p>In Ecuador, the provinces with the highest number of personnel specialized in mental health are Pichincha, followed by Guayas and Azuay, the provinces with the lowest availability of specialists in this branch are Sucumbios and Pastaza. As of the year of publication of this article, the provinces that lack psychiatric services are Galápagos, Bolívar and Zamora Chinchipe.</p> <p>To provide optimal care to the population, the American psychiatric association recommends that there should be one psychiatrist available for every 10,000 inhabitants, this is true in high-income countries such as Canada, the United States, Norway and Germany. In</p>	2022

				<p>Ecuador, the proportion of psychiatrists in public health is only 0.08 per 10,000 inhabitants.</p> <p>The demand for mental health services has grown in recent years in Ecuador, despite this, an equivalent of approximately 1% of the country's annual budget was allocated to public health.</p> <p>The lack of specialists in psychiatry in El País has been related to the increase in suicides: In South America the suicide rate is 5.2 per 100,000 inhabitants, in Ecuador the rate is 7.1, so it is suggested to carry out specific studies to verify this relationship. To comply with what the American psychiatric association suggests, a total of 1747 psychiatrists are needed in El País.</p>	
	<p><b>Towards dignified mental health care: Brief Analysis</b></p>	<p>Reflection on the historical evolution of the development of psychiatry in Ecuador in the political, economic and social context</p>	<p>Documentary analysis in secondary sources collected in publications.</p> <p>Review of 325 documents complying with the requirements 21 documents.</p> <p>Data that were selected through the analysis of the discursive corpus.</p>	<p>The care and treatment of patients with mental pathologies was in line with the advances in the practice of psychology. The historical evolution of the creation, organization and assurance of psychiatric and institutionalized care was characterized by political interests, deficiencies in financial, human and material resources were identified. Therapies that require hospitalization in psychiatric institutions have not been able to be successfully replaced.</p> <p>Changes in the mental health care model required modifications in the university psychology curricula in which content inherent to the hospital care clinic and the first level of health were integrated. We will see fruits until the generation of psychologists acquires specialized information experience to treat cases of serious mental pathologies.</p> <p>The implementation of the health care model is limited by Ecuadorian political, economic and social instability.</p>	2022
	<p><b>Insights and Assurance mental health care in Ecuador</b></p> <p>-</p>	<p>To identify the individual perspective on mental health and the guarantees of care in the Ecuadorian population.</p>	<p>Basic research with a mixed approach and descriptive scope consisting of the application of the questionnaire called Cognitive membership study.</p>	<p>In Ecuador there is a growing trend towards population aging with an increase in the number of older adults in this population group, which is where mental health-related diseases occur most frequently, considering this it is important that health authorities analyze the health problem that is coming, proposing strategic intervention plans.</p> <p>This research identified that most of the people surveyed do not have a stable job or access to health insurance coverage. Having a stable job not only contributes to personal and family economic stability but also minimizes stress.</p> <p>Another problem regarding the mental health of the population is the shortage of trained professionals. It is identified that in Ecuador there is a degree in clinical psychology but there are not enough medical specialization programs in psychiatry.</p> <p>There foundations on the mental health care networks in the country, the population is unaware of the existence of these services, despite the fact that people are unaware of this and recognize the importance of maintaining adequate mental health.</p> <p>It is important to increase the social coverage of health insurance in addition to increasing the availability of medical consultations and</p>	2021



				treatments for people who have mental disorders.	
	<b>Epidemiology of psychiatric morbidity in Ecuador</b>	To analyze methodological differences between psychiatric morbidity studies in the general population	Comparative study of psychiatric morbidity research in the general population based on the analysis of publications during the period 2000 to 2019 in Ecuador.	Studies of the prevalence of psychiatric disorders in Ecuador are heterogeneous in terms of methodology, diagnostic classification systems, subjects, sample calculation and findings obtained. It is important to adjust the design of research on this topic by adapting to the reality of Ecuador in order to define strategies that contribute to the planning of services and the development of public policies on mental health. The most common psychiatric disorders were anxiety, depression, post-traumatic stress disorder, and those related to drug use. Screening studies identify general symptoms of psychological distress, including psychotic symptoms, high temperatures, which can lead to overdiagnosis or underreporting of pathologies.	2021
Public policies in mental health Ecuador <b>SEARCH ENGINE: Pubmed</b> 39 results	Developing local <b>health policy</b> : Profiling needs and opportunities in the Municipality of Quito, Ecuador.	To describe the steps taken and the analysis applied in the development of the local health policy agenda for the city of Quito in Ecuador.	Document analysis	Among the main diseases in people living in Quito are mental health diseases. The health plan proposed in Quito aimed to lead cooperation actions to serve the population with health promotion programs and services to reduce risk factors and thus protect the population from diseases. The vision was to promote people's well-being and quality of life by promoting healthy lifestyles, disease prevention, and participation in social movements.	2017
	Attitudes among working professionals toward immigrants and refugees living in Ecuador: Impacts on health and well-being .	to explore attitudes towards immigrants and refugees living in Ecuador.	Qualitative study that used semi-structured interviews to obtain responses from participants about their attitudes towards immigrants and refugees interviews were conducted in Spanish, audio-recorded, transcribed, coded and analyzed in Spanish to identify emerging themes. The sample consisted of 50 participants who interact with refugees: health care, press, education, police, and nongovernmental organizations.	Discrimination and prejudice against refugees were evident, immigrants and refugees face challenges that impact their health and well-being, social policies influence attitudes. There is concern about mental health and stress among immigrant populations, among the main mental illnesses that have been identified in the migrant population are anxiety, low subjective well-being and depression.	2019
	<b>Sociodemographic Analysis of Suicide Rates Among Older Adults Living in Ecuador: 1997–2019</b>	To examine the sociodemographic characteristics of suicides among older adults living in Ecuador in the year 1997 to 2019.	Observational study based on data from the National Institute of Census and Statistics of Ecuador from 1997 to 2019 in Ecuadorians aged 60 years and over included deaths by suicide reported by the international classification of diseases.	Older men living in urban districts and those with low education had the highest suicide rates. Hanging is the most common method of suicide. The results of this study highlight important areas for suicide prevention in older adults in Ecuador such as limited access to the media, responsible information about suicide in mental health promotion activities. By examining the suicide trend over 23 years, these data may help for policies and future interventions aimed at suicide prevention among at-risk groups, including older adults.	2021
	<b>Trends and Spatial Patterns of Suicide Among Adolescent in Ecuador, 1997–2016</b>	To describe the temporal trends of suicide in adolescents in the years 1997 to 2016 in Ecuador, identifying critical periods, and to analyze the high suicide mortality rates in El País.	Ecological study that includes death certificates by suicide of adolescents aged 10 to 19 years of both sexes based on data from the National Institute of Statistics and Census of Ecuador, in addition to annual percentage changes and average annual percentage changes using Joinpoint regression analysis. Spatiotemporal scanning statistics were used to identify high-risk groups and evaluated using the global Moran index.	Suicide rates in adolescents increased significantly during the last 20 years, with a higher occurrence in the Amazon region and the southern highlands of the country. This phenomenon can occur due to the lack of policies and strategies focused on adolescent mental health at the national level, followed by factors such as family discussion, school failure, vulnerable populations, and migratory patterns.	2018
Public policies in	<b>Climate change and public</b>	To review the literature reviewed on	Document analysis	There are few studies on government	2023

mental health in Ecuador SEARCH ENGINE: Science direct	<b>health in South America: a scoping review of governance and public engagement research</b>	governance and public participation in public interests: health and climate change in South America		interventions on public policies and programs and those that do exist suggest that these have not been effective. Health has been a secondary issue examined in studies. Articles focus on individual countries with few comparative or regional analyses from South America, measures to address climate change and health should be based on empirical evidence.	
	<b>The Impact of Monetary Poverty Alleviation Programs on Children's and Adolescents' Mental Health: A Systematic Review and Meta-Analysis Across Low-, Middle-, and High-Income Countries</b>	Analyze poverty alleviation programs to improve the mental health of adolescents and children	Systematic review and meta-analysis of poverty alleviation interventions that provide monetary support and report mental health outcomes in children aged zero to 19 years in low, middle, and high-income countries.	A small but significant reduction in adolescent internalization problems was identified after the intervention compared to control. There is more overall effectiveness of cash programs, but it is important to note that monetary support alone is not sufficient in extreme risk settings, and imposing conditions can be actively detrimental to adolescent mental health. Cash interventions reduce internalizing symptoms of adolescents living in poverty. Comprehensive support for children and adolescents living in extreme risk environments is essential in the next interventions to be carried out.	2022
Public policies in mental health SEARCH ENGINE: Dialnet	<b>The concept of mental health in some public policy instruments of the World Health Organization</b>	To present the historical context that gave rise to the official concept of mental health of the World Health Organization in 1950 and to examine its presence or absence in certain public health policy instruments of this organization.	Documentary research of a hermeneutical historical nature, primary and secondary sources were consulted, as well as public policy instruments of the World Health Organization, selecting those that were relevant for the analysis of the concept of mental health.	The concept of mental health of the World Health Organization of 1950 responded to the political and social interests of the United Nations Organization with the aim of preserving humanity from new wars. Desiring harmony between men and well-being and happiness with 1 self in addition to a constructive relationship with the environment. The aforementioned elements are part of the concept of mental health. The concept does not derive from an intra-scientific development but from particular conditions.	2014
	<b>Challenges in prevention and promotion of mental health in Bogotá: a contribution from development to public policies</b>	Provide information on challenges that arise for mental health policies or decisions.	Documentary analysis. Quantitative description of the situational context of mental health and qualitative in the investigation of primary sources.	Among the main challenges of public policy, intrasectoral, intersectoral and transective work was identified because it is important to have articulated and collaborative work between the health sector and with the different sectors, to create synergies of the comprehensive care plan with a commitment of all and to carry out education at all levels and that society is co-responsible.  The challenge of education with a process of training, sensitization, pedagogy in life skills, resilience, convenience that motivates individual and collective wills for change, needs to be clarified from the concept of mental health, in addition to the design of awareness and psychoeducation programs on mental health, to provide elements of early detection of psychosocial risks in teachers and counselors.  Another challenge identified is the policies in the design of the planning process, considering that they must be at the service of the rights of society and be detached from political wills.	2022
	<b>Subjectivity, mental health and neoliberalism in policies public health services in Colombia</b>	Analyze from the psychoanalytic logic the subjectivity of mental health and neoliberalism.	Documentary analysis of Colombian public policies.	Alterations in mental health are the reflection of a responsible, reliable and rational self, neoliberal public policies, on the contrary, reflect that the human being with alterations is irresponsible, unreliable and irrational.  Neoliberal public policies seek to appropriate the place of lack, for this they encourage people to identify with objects of consumption and these objects are associated with the success of triumph and happiness. Unfortunately, not all individuals can achieve this ideal and are labeled as failures. These people become vulnerable subjects and even present diagnoses of mental disorders.	2016

				<p>What is important and remarkable is that there is the possibility in the subjects to succeed and surpass themselves as individual entrepreneurs. This idea keeps alive the illusion of concepts such as "if you can" or "where there is a will, you can do it" by focusing this on personal will only. These logics are what cause conditions that are then to be eradicated. Psychoanalytic theory highlights this place of exclusion where the impossibility of the neoliberal illusion of the successful, happy, entrepreneur and self-employed individual, as well as a winner, is evident.</p>	
	<p><b>Work and mental health. Social solidarity devices and Public policies during and after the pandemic</b></p>	<p>Analysis of efforts to sustain access to self-managed work and changes in public policy.</p>	<p>Documentary analysis.</p>	<p>For users of the mental health system, work projects are fundamental, having important economic and emotional benefits for their well-being. The amounts that these people receive in the social and labor inclusion devices are insufficient to sustain a dignified life. The idea of dignity associated with cooperative and solidarity work is evident in the users of these jobs.</p>	<p>2022</p>

4. Discussion

Analysis of normative documents

1. Conceptualization of mental health

Since 1976, Edelman has investigated the symbolic and semiotic implications of public policy, using sociological and psychological theories of knowledge. According to this perspective, all social interactions involve processes of knowledge and understanding of reality. This makes it possible to analyse how global social norms influence behaviour and public policies, considering normative variables that are often overlooked. Cognitive and normative frameworks, such as paradigms, belief systems, and referees, not only define worldviews, but also shape the identity, principles of action, and practices of those who share the same framework (Surel, 2000). On this basis, for several years a specific perspective has been developed on public policies, which seeks to understand them as the expression of cognitive and normative frameworks that constitute systems of interpretation of reality, within which the different public and private actors can place their actions.

This approach underlines the role of ideas and representations, known as "frames", in the formation and definition of problems that are then the object of public action (Subirats et al., 2008). These collective constructions are associated with perceptions, representations, interests and values of the actors involved in the situation, located in time and space. Thus, this vision of the world determines the way to describe the facts under study, to problematize them, to classify them and to estimate their future states, which ends up being reflected and/or produced by public policy (Aguilar Villanueva, 1992; Subirats et al., 2008). According to Scribano, all politics is based on a certain theory and each theory reveals images of the world as horizons of understanding (in Chahbenderian, 2015).

Thus, the so-called Policy Frame Analysis, developed by Schön & Rein, becomes a way to analyze the perceptions or meanings of a problem, but also its consequent solution materialized

in a public policy (Munchmeyer & Pía, 2013). Cognitive and normative frameworks also determine practices and behaviors, in the case of the State, they delimit the choice of instruments to implement a particular strategy (Surel, 2000). This implies accepting the hypothesis that social policies have a performative dimension and not just a normative one (Adelantado et al., 2000; Chahbenderian, 2018; Surel & Sánchez Segura, 2008).

In the present research, as evidenced in Table 1, the conceptualization of mental health has taken as its starting point the definition of the World Health Organization, which emphasizes the state of well-being, in which the individual is aware of his or her own capacities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to their community. At the same time, the concept of mental health in children is analyzed, in which recognition as a dynamic state of general well-being of security, protection and trust is highlighted. Regarding the definition of community mental health, its definition is highlighted as a process through which the promotion of mental health. Early detection and prevention of mental problems and disorders, favor the comprehensive recovery and social inclusion of people with any problem, pathology or disorder of conduct and behavior. As for proposed laws that seek to address specific mental health problems, they consider the concepts of suicide, suicidal ideation, suicidal risk, suicidal behavior or conduct, suicidal intention and suicide attempt, and depression.

The definition of mental health addresses historical, social, economic, moral, and epistemological dimensions. Epistemologically, the discursive strategies that the government puts into play, in Foucauldian terms, to exercise its power through a set of specialized knowledge, which are called governmentality. The concept of governmentality allows Foucault to articulate the forms of knowledge, the forms of power and the processes of subjectivation (Restrepo Tamayo et al., 2018). Within this exercise of power, public policies are understood as the technologies of governance of subjectivity. Therefore, notions such as suffering/suffering, disorder and mental illness have a differential influence on the configuration of practices within the field of mental health, reflecting both popular knowledge derived from everyday experiences and aspects integrated into a conceptual theoretical framework that affects specific professional practices. This has significant practical, subjective, and social consequences for the people who carry such meanings (Faraone, 2013).

As we saw, the definition provided in the bills establishes a general framework for understanding mental health. In these definitions, the definition of the World Health Organization was taken as a starting point, which emphasizes the state of well-being in which the individual is aware of his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. This definition is understood in a context in which various legal instruments that address mental health have prioritized the productivity and work capacity of the individual (Romero, 2011). On the other hand, the biopsychosocial approach is also evident, which tries to address mental health as a multifactorial complexity that includes biological, psychological, relational, social, economic and cultural aspects (Romero, 2011).

Notwithstanding these approaches to mental health law proposals in Ecuador, the importance of considering mental health as a fundamental human right is highlighted (Romero, 2011). Understanding that in addition to the aforementioned effects of the conceptual dimension, it supports value principles that imply or not the formal recognition of rights (Munchmeyer & Pía, 2013). At this point, the lack of implementation of mechanisms that facilitate the implementation of the proposals is highlighted, as illustrated in Table 1. It is observed that only in 2023 is an approved instrument available, which suggests a lack of attention to the social determinants necessary to guarantee the effective fulfillment of the right to mental health. This omission of significant changes in understanding the origin of mental illness, recognizing its relationship to social determinants such as insecurity, rapid social change, violence, physical health problems, and hopelessness (Romero, 2011), would represent a limitation.

In short, it can be said that in this conceptual journey, although there is an attempt to respect normative instruments at the international level, the consideration of the social determinants of health, postulated by the WHO itself, is omitted, but which we consider in this context would require the operation of comprehensive health care policies and a serious commitment to mental health. that from our perspective the bills lack that intention.

## 2. Socially problematized situation

According to the Pan American Health Organization (PAHO, 2024) in its latest report of 2020 indicates that mental, neurological disorders due to substance use and suicide, cause 19% of all disability-adjusted life years, which means that it is a measure combining the years lost due to premature death and the years lived with disability. This percentage captures the total impact of mental illnesses on the health of the Ecuadorian population. These estimates are not found in the latest draft of the Organic Law on mental health proposed in 2023 and approved in January 2024, as an argument for the articles proposed.

There is a scarce global vision of mental disorders, unfortunately the data on mental problems and disorders have been analyzed from a positivist vision, a linear epidemiology and not from a vision that explains how social, economic and environmental factors influence the mental health of people and communities. From the paradigm of the social determination of health, it is considered that health is not determined only by biological or genetic factors, but is profoundly influenced by the conditions in which people are born, grow, work and age. Thus, the basis for interpreting health problems from this paradigm is unity and diversity, social, environmental and sanitary (Breilh J, 2013).

It is important to note that there are still significant challenges in breaking the vision of linear epidemiology in our country, which will allow us to obtain real data on mental health problems. In this sense, it is imperative that the public mental health policies proposed in El País adopt a holistic approach that recognizes and addresses the social determinants that influence the mental health of the population.

## 3. How the problem enters the public agenda

As we saw in the section on the definition of the problem, some "facts" can be seen as collective problems and can therefore be specifically addressed by public authorities. However, not all issues automatically enter the public agenda. The identification of a public problem does not depend solely on objective changes in society or on the intensification of difficulties. In many cases, problems are felt even when their severity decreases. What really matters is that certain actors recognize the problem, mobilize to highlight it, and that their interpretations are accepted by a wider audience. In addition, new problems compete for attention with other issues in the main areas of generation and dissemination of ideas in society. This process of selecting issues is guided by principles that we must understand in order to understand how to determine which issues are addressed publicly (Valcarce, 2005)

This process through which certain public issues or problems are positioned, acquire a general interest, and are transferred to the level of government decision through different strategies and public policies for their attention, is called the public agenda. For this analysis, it is proposed to work with one of the approaches that exists to understand the organization of the public agenda, the institutional change approach, which with a critical spirit, from a perspective that emphasizes institutional elements and their processes of change. In this view, the public agenda is built and consolidated not only from the framework of the political process, but also from the interests at stake of the actors, beliefs and other frameworks of restriction for action, both formal and informal (Alzate Zuluaga & Romo Morales, 2017).

The policy-making process is a dynamic game between actors interacting in what might be called scenarios. Political parties, legislative bodies and presidents are the three main actors in the policy-making arena (Stein et al., 2006). In this context, the National Assembly of Ecuador stands as a key actor in the inclusion of mental health-related problems in the public agenda. Its position as a multi-stakeholder entity raises the need for a detailed analysis of the various interests at stake among the actors involved. This analysis is relevant according to the approach proposed by Nicholson (2009), which highlights specific rationality among decision-makers. Under this approach, decision-makers tend to spend considerable time evaluating the costs and benefits of any policy before risking the status quo (Alzate Zuluaga & Romo Morales, 2017).

It is imperative to consider these aspects when analysing the role of the National Assembly. Institutional rules are critical to determining how resources can be used by different actors and at each stage of the political decision-making process. These rules, which define the framework for action, can represent both opportunities and obstacles for the various participants (Knoepfel et al., 2007). Its scope for action is determined by its functions as a legislative power, Stein et al. (2006) It mentions that the function of legislative bodies is influenced in part by various factors, such as the skills and knowledge of legislators, the effectiveness and specialization of commissions, as well as the presence of professional support staff and investigation units. In addition, their role is conditioned by the relationship between the constitutional and partisan powers of the Executive and the Legislative, as well as by electoral and partisan incentives. With this background, it can be said that in this analysis the fact that the problem of mental health enters the public agenda from the proposals of assembly members in the legislative axis

represents a limitation, especially given its electoral pressure and its limited direct contact with citizen demands.

#### 4. Objectives

Public policies are defined as guidelines developed by the State, oriented towards the common good and the public interest. These policies have four important characteristics. The first is its obligatory nature: both citizens and rulers are obliged to comply with them. The second characteristic is the leading role of the State in the formulation and management of these policies. The third is specificity: public policies must have a clear objective and defined procedures, with a scope of action from which guidelines and concrete actions to be implemented will be derived. Finally, the fourth characteristic is that the objective of any public policy must be of national interest and involve collective interests (Gómez Arias, R et al. 2005).

Through public mental health policies, the problems and population to be intervened are defined, in addition to the activities that must be developed, establishing mechanisms for control, monitoring and evaluation of the established actions (Henao S et al., 2016). The objectives of public policies in Ecuador in mental health are mostly generalized, they present a collective and individual mental health approach, articulate actions between the state and civil society, comprehensive care for mental health and substance use problems, training of health professionals, intersectoral coordination, however, it is not specified how these policies will be implemented or the population to be intervened. Although a community approach is proposed in the latest Law (2013), a positivist vision continues in which it is intended to address only people with mental disorders and their families, but there is no talk of prevention and the provision of resources. Public health policies must be linked to an explicit concept of mental health, which can encourage better planning of the actions to be implemented (Lopera JD, 2015).

#### 5. White population

As we have seen, the definition of the different categories of actors can be complex and subjective, depending on the point of view adopted. In the delimitation of the target groups and the beneficiaries of such a policy, disputes may arise, all influenced by the established causal model. Thus, the causal hypothesis offers a political answer as to who or what is responsible, either objectively or subjectively, for the collective problem to be addressed. Consequently, it involves the identification of target groups and final beneficiaries, based on political assessments and perceptions of the problem (Knoepfel et al., 2007).

In many cases, to support the entry of a problem into the public agenda, the shortcomings in the population are used, which can be demonstrated through studies and reports that, using rigorous social research methods, show that in society, or in a specific community, there is a situation that negatively affects well-being. These objective shortcomings of the population will be elevated to the category of public problem when a certain group, with influence and capacity to mobilize power actors, considers that the current situation is not acceptable and that a public policy intervention is necessary to remedy it (Olavarría Gambi, 2007). That as we saw in the previous analysis, that actor is the legislative branch. However, it is important to mention that many policy

failures derive from the formulation of incorrect or incomplete causal hypotheses, often due to limited information (Knoepfel et al., 2007)

The aforementioned aspect acquires significant relevance in the present analysis since it is observed that one of the prominent deficiencies in this context lies in the insufficiency of adequate epidemiological data related to mental health. Although adult psychiatric epidemiological research has experienced a considerable improvement in the Region, studies indicate that much remains to be done, if we take into account local needs, the cultural and ethnic characteristics of the population and the most relevant current social problems, such as crime, violence and the mental health of vulnerable groups. In particular infants, indigenous peoples and other ethnic minorities and prisoners (Rodríguez et al., 2009). This lack not only hinders the process of accurately identifying the target population of the relevant policies, but also entails substantial challenges in the effective implementation of such public mental health policies.

This epidemiological data deficit ultimately reflects a suboptimal capacity of state institutions to identify and address mental health-related issues in a manner supported by strong empirical evidence. In this sense, the absence of robust epidemiological data constitutes a significant obstacle on the path to strengthening mental health systems at the national level.

## 6. Resources

The allocation of various types of resources is basic and indispensable for the implementation of public policies, resources include financial, human, material, infrastructure, legal and administrative, educational and training and technological.

Within the public mental health policies in our country, continuous training for mental health professionals (2023) is proposed, but it is not detailed what the process that will be carried out or who will be in charge of this is. The shortage of human resources trained in the management of mental disorders in the country is evident (Suárez Aldaz, 2021). The country's mental health services are much lower than ideal, it has been identified that Ecuador requires approximately 1747 psychiatrists in the public system for ideal coverage and only has 138 professionals, evidencing a deficit of 92.1% according to international quality standards (Wong-Ayoub, Joffre A et al, 2022).

There are articles that specify the supervision and regulation of mental health service centers, however, they do not include sanctions or specifications about regulation.

No economic resources have been proposed for the implementation of the proposals that are proposed. Among the proposals that are put forward that are common and repetitive in official documents is access to mental health services for the entire Ecuadorian population, in addition to activities of promotion, prevention, irrigation, stigma of mental disorders.

Mental health plays a fundamental role in achieving the goals of sustainable development. Compatibility between existing policies, guidelines, and intervention characteristics is an important tool in health. Community mental health care is effective when the available and real resources of the population are considered. Low- and middle-income countries require multisectoral work, mobilizing resources outside the formal health systems. Have collaborative



work to have access to human capital by non-governmental organizations or other non-profit community organizations aligned with the care model. Resource constraints are a persistent feature of health systems in low- and middle-income countries. The strategic use of resources and intersectoral work are strategies to strengthen this aspect (Petersen, I., et al 2019).

## 7. Strategies and actions

At this point, it should be considered that laws and public policies are two interrelated but distinct concepts in the governmental sphere. Laws are binding legal norms established by a legislative body to regulate various aspects of society, while public policies are government decisions and actions designed to address specific problems and achieve social, economic, or political goals. While laws can be part of public policies, the latter often include a wider range of actions, such as programs, regulations, and resource allocation, in order to solve social challenges and promote general well-being. For this reason, in the policies analyzed, we find only general references on how to implement the law and turn it into a specific program.

However, it is imperative to carefully consider these guidelines, especially those of an institutional nature, which are established in legislative proposals, as they will determine the implementation strategy of the mental health public policy in its entirety. As is widely recognized in the field of public policy, the analysis of the public problem and the selection of action may be appropriate in its initial phase. However, potential problems and shortcomings in the policy do not always lie at the analysis and design stage, but can manifest themselves in the post-decision-making phase, during implementation, communication, operation, and management. Therefore, any analysis of the ongoing policy must carefully consider the process of implementation and management of the policy that was considered optimal to achieve the desired results of the public policy, as Aguilar (2009) has pointed out.

This analysis takes into consideration the Mental Health Law approved in 2023, which establishes in Article 17 that the National Health Authority, as the governing body of the National Health System, has the competence to formulate and control public mental health policy, which will be mandatory for all public and private institutions and related entities. In addition, it will be responsible for monitoring and sanctioning mental health services to guarantee the rights of users. On the other hand, Article 18 establishes that the National Health Authority will develop a National Mental Health Plan in collaboration with the relevant institutions, which will be mandatory for all participants and will include objectives, actions and implementation measures to address various areas of mental health, with special attention to the needs of girls, children and adolescents. These implementation data are particularly relevant in Latin America, where the implementation of mental health policies and plans has faced considerable challenges, especially in the area of implementation. These difficulties are associated with various factors, among which the lack of financial resources is undoubtedly one of the most important. In addition, the lack of leadership and coordination in the execution of policies and plans is also a relevant factor (Caldas, 2007)

In short, although it is not yet possible to make an analysis of the implementation strategies of this law, it should be taken into account that the implementation of a mental health plan involves

a series of complex tasks, ranging from political decision-making to the management of human and financial resources, the promotion of organizational changes, negotiation with different sectors involved in mental health care and follow-up on reforms, among others (Caldas, 2007). These crucial challenges in the implementation of the mental health law fall on the government of Daniel Noboa. Among these challenges are the increase in the budget and the hiring of professionals specialized in psychology and psychiatry in the public health system. The law, approved on December 14, 2023, establishes a period of four months for the Executive to prepare and deliver the corresponding regulations, which will integrate the mental health system into the national health governing system (The Universe, 2024). These aspects show the importance of addressing human and financial resources as fundamental elements for success in the implementation of mental health policies.

#### 8. Analysis of the conclusions

Mental health as a right was recognized in the second half of the twentieth century and the beginning of the twenty-first century. South American countries such as Colombia, Paraguay, Ecuador, Argentina, Uruguay and Peru have developed public policies on mental health. In 2000, the Pan American Health Organization encouraged several countries to develop mental health programs and protect the rights of people with mental disorders (Pan American Health Organization, 2007). The concept of mental health defined by the World Health Organization gradually shifted towards a focus on human rights and social determinants of health in which the political and social character is highlighted (Lopera JD, 2015).

Public policies establish the objectives to be achieved and define the responsibilities of those involved. They seek to improve people's quality of life, well-being and progress. In some South American countries, it has been observed that not all mental health policies are aligned with the guidelines of the World Health Organization (WHO) and the Pan American Health Organization (PAHO) (Henao, S. et al., 2016). In Ecuador, these policies have not advanced significantly and there is still a lack of responsibility in the continuity of what is proposed. Community mental health continues to be a utopia and, although it has been linked to academia, there is still a lot of ignorance about this important health issue (Zúñiga & Riera Recalde, 2018).

Mental health resources, strategies, actions, and goals in Ecuador are mainly oriented under a biomedical model that prioritizes the diagnosis and treatment of mental disorders, without any evaluation of what happens in the various health services in relation to human rights (Henao, S., et al., 2016). There is a marked separation between academia and the country's health authorities. Health authorities focus on the number of patients treated with minimal investment, while academia strives to train specialists in psychology and psychiatry who respond to social demands without losing scientific commitment. Community and liaison mental health continues to be a utopia, since neither academia nor public institutions have managed to formulate a sustainable proposal that improves care for users. Public policies have remained isolated experiences, lacking continuity and being influenced by private and union interests, as well as by pressure from pharmaceutical companies (Zúñiga & Riera Recalde, 2018).

In 2017, several limitations were identified that hinder the implementation of beneficial regulations for mental health. Among these limitations are insufficient budgetary allocation, the lack of primary mental health care professionals and centres, and the presence of professionals without skills or experience in mental health, especially in community mental health. The Ecuadorian mental health system continues to predominate in the use of the biomedical model, leaving aside the family and community component. However, Ecuador is at a favorable political and technical moment to implement a community mental health model integrated into primary health care centers (Baena, V. C., 2018). Neoliberal public policies cause psychological effects on individuals (Gallo Acosta Quiñones, 2016), they can assume different administrative and legal forms and be expressed in guidelines in the Constitution, laws, ordinances and decrees that will serve as a guideline but do not guarantee by themselves that they will be applied or produce the expected effects (Gómez et al., 2005). It is important to carry out research that analyzes the effects of public policies on mental health in Ecuador so that from these results it is possible to identify which actions have been carried out and which have remained only as proposals. There is no data in our country on the relationship between mental health and the public policies implemented so far.

## **5. Implications for Health Policies**

In the conceptual analysis, an effort to adhere to international normative instruments was observed, but the inclusion of the social determinants of health, in accordance with the guidelines of the World Health Organization (WHO), is omitted. In this context, we believe that the implementation of comprehensive public policies for mental health care requires a serious and deliberate commitment. From our perspective, the bills lack this intent, which limits their effectiveness in adequately addressing the complexity of mental health.

Regarding the socially problematized situation, it is important to mention that the current view of mental disorders in Ecuador is limited, since they are analyzed from a positivist perspective and a linear epidemiology, without considering how social, economic, and environmental factors influence mental health. According to the paradigm of social health determination, health is not determined solely by biological or genetic factors, but also by the conditions in which people are born, grow, work, and age (Breilh J, 2013).

Significant challenges persist in overcoming the linear epidemiology view in Ecuador, which would allow for more accurate data on mental health problems. Therefore, it is imperative that mental health public policies take a holistic approach that recognizes and addresses the social determinants that affect the mental health of the population.

Based on the analysis presented, it can be inferred that the inclusion of the problem of mental health in the public agenda, through the proposals presented by legislators in the legislative sphere, presents certain limitations. These limitations are especially significant due to the influence of electoral considerations on legislators and their limited direct interaction with the demands expressed by citizens. Ultimately, a more comprehensive understanding of how the

legislature addresses these issues is critical, providing valuable insights into shaping the policy agenda in relation to mental health.

The objectives of public policies on mental health in Ecuador have both an individual and collective focus, articulate actions between the State and civil society, but lack specificity in their implementation and target population. Although a community approach is proposed, a positivist vision persists that does not encompass prevention or resource endowment. In mental health, these policies define problems, populations, activities, and control mechanisms (Henao S et al., 2016).

Regarding the definition of the target population, it is determined that the lack of accurate and up-to-date information hinders effective policy-making and the efficient allocation of resources, which in turn undermines efforts to improve care and treatment of mental health conditions in the general population. Therefore, to address this situation effectively, a renewed commitment to the collection, analysis and dissemination of relevant and reliable information on the mental health of the population is required. Only through this approach can coherent and evidence-based public policies be designed and implemented that meet the real needs of people affected by mental disorders and promote optimal mental well-being in society as a whole.

The allocation of various resources is essential for the implementation of public policies in mental health, these resources include financial, human, material, infrastructure, legal, administrative, educational and technological. In Ecuador there is a notable shortage of human resources trained for the management of mental disorders, there is a considerable deficit of professionals according to international standards. No economic resources have been allocated for the fulfillment of public policies. It has been identified that low- and middle-income countries such as Ecuador require multisectoral work by mobilizing resources outside the formal health system. Collaboration with non-governmental and community-based non-profit organizations is essential to access human capital. Resources are a weakness within our country when it comes to implementing public policies on mental health.

Regarding strategies and actions, it is important to note that the implementation of a mental health plan entails a series of complex challenges, from political decision-making to the management of human and financial resources, as well as negotiation with different sectors involved in mental health care. These challenges, which are fundamental to the effective implementation of the mental health law, highlight the need to increase the budget and hire professionals specialized in psychology and psychiatry in the public health system. The law, approved on December 14, 2023, requires that a regulation be prepared and delivered to integrate the mental health system into the national health governing system. These aspects highlight the importance of addressing human and financial resources as crucial elements for the success of mental health policies.

In the second half of the twentieth century and the beginning of the twenty-first, mental health was recognized as a fundamental right, leading South American countries such as Colombia, Paraguay, Ecuador, Argentina, Uruguay and Peru to develop public policies in this regard. In 2000, the Pan American Health Organization (PAHO) encouraged the creation of programs that

protect the rights of people with mental disorders. However, in countries such as Ecuador, mental health policies have not advanced significantly, prevailing a biomedical model focused on diagnosis and treatment, with little consideration of human rights and the community approach. The lack of resources, trained professionals and continuity in the proposals affects the effective implementation of these policies. Despite a favorable context, a disconnect persists between academia and health authorities, and public policies often remain isolated efforts influenced by particular interests and without an adequate evaluation of their impact.

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