

# WHO-AIMS

**WHO-AIMS**

REPORT ON THE

**MENTAL HEALTH SYSTEM**

**IN**

**HONDURAS**



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MENTAL HEALTH SYSTEMS  
IN HONDURAS**

*Report of the Assessment of Mental Health Systems in Honduras using the WHO  
Assessment Instrument for Mental Health Systems (WHO-AIMS)  
(WHO-AIMS)*

Honduras  
2008



*Ministry of Health of Honduras  
Panamerican Health Organization (PAHO/WHO)  
WHO Department of Mental Health and Substance Abuse (MSD)*

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The World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS) was conceptualized and developed by the Mental Evidence Research Team (MER) of the Department of Mental Health and Substance Abuse (MSD), World Health Organization, Geneva, in collaboration with colleagues inside and outside of WHO. For any further information please refer to WHO-AIMS (WHO, 2005) at the following Website:

[http://www.who.int/mental\\_health/datos\\_probatorios/WHO-AIMS/en/index.html](http://www.who.int/mental_health/datos_probatorios/WHO-AIMS/en/index.html)

The project received financial assistance from: National Institute of Mental Health (NIMH), (under the National Health Institute), Center of Mental Health Services (under the Substance Abuse and Health Services Administration [SAMHSA]) of the United States of America, the Health Authority of Regione Lombardia, Italy; the Ministry of Health of Belgium, and the Institute of Neurosciences, Mental Health and Addiction, as well as the Canadian Institutes of Health Research.

WHO-AIMS team in WHO's headquarters includes: Benedetto Sarraceno, Shekhar Saxena (coordinator), Tom Barrett, Antonio Lora, Mark Van Ommeren, Jodi Morris, Grazia Motturi and Annamaria Berrino. Additional assistance was provided by Patricia Esparza.

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## **PRESENTATION:**

This report reflects the mental health situation in Honduras, evaluated with WHO-AIMS, an appraisal tool developed by the World Health Organization to assess the strengths and weaknesses of mental health systems. Data were collected in 2007 and is based on the year 2006. This evaluation received technical support from PAHO/WHO in Honduras and the Regional Unit of Mental Health of PAHO/WHO.

Since 1975, Honduras has been making progress in improving its mental health services, such as by creating a specific mental health section within the Health Secretariat. The country is committed to the community psychiatric principles of the Caracas Declaration of 1990, and there on, has made significant advances in this regard. Family Councils were created in 1993 to address intrafamily violence, and postgraduate training in psychiatry was started in 1994. These improvements have been reinforced with the development of the “National Mental Health Policy 2004-2021,” which promotes community mental health, and outlines strategic areas that should be implemented. Honduras is committed to decentralizing mental health care and incorporating it into the general health system. The WHO-AIMS report shows that this strategy is useful to reduce the burden of mental hospitals and to strengthen the entire community mental health care services.

The support provided by the Health Secretariat's mental health program and by the institutions responsible for mental health has been crucial in the development of this assessment. Their effort has been key in promoting the country's national mental health policy, and will further strengthen all processes aimed at improving mental health services. For this reason, it is important to count on the participation of the community and all professionals involved. Our collective efforts will ensure that we achieve sustainable progress. PAHO will continue to be committed to providing technical support to this project.

**Dr. Lilian Reneau-Vemon**  
**PAHO/OMS Representative in Honduras**

## **Executive Summary**

The World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS) was used to collect information on the mental health system in Honduras. The goal of collecting this information is to improve the mental health system and provide a baseline for monitoring the change. This will enable Honduras to develop information-based mental health plans with clear base-line information and targets. It will also be useful to monitor progress in implementing reform policies, providing community services, and involving users, families and other stakeholders in mental health promotion, prevention, care and rehabilitation.

The mental health care system in Honduras does not adequately address its population's need and demand for services. This is partially due to insufficient funding for mental health. Another factor that accounts for the inadequate services is the unequal distribution of resources. For example, mental hospitals receive the majority of human and financial resources, which places primary care at a disadvantage, and creates inequity in access to services. In addition, mental health professionals are concentrated in the capital city, which is a result of the lack of adequate strategies for decentralizing health services.

The National Mental Health Program needs to be strengthened, as it suffers from several weaknesses. Specifically, the following aspects in mental health care are completely neglected: community mental health services, differentiated care for children and adolescents, and training of primary care workers in mental health issues.

All aspects of patients' human rights are also neglected, including legal protections, labor standards, quality of care, etc. Training and refresher courses in mental health, including in psychosocial care, is not adequately provided to general and mental health staff. Furthermore, the participation of users and family members in mental health schemes is not promoted.

The system has certain strengths such as the existence of a Mental Health Policy that is yet to be implemented, and the existence of a basic catalog of psychotropic medicines. Another important strength is the support and willingness by some government institutions to implement new strategies for improving the mental health situation of the country.

## **INTRODUCTION**

Honduras is a country with an area of 112,491.76 square kilometers. The country is divided politically into 18 departments. The population is predominantly of Mestizo descent and the official language is Spanish. The main ethnic groups are Miskito, Garifunas (Afro-descendants), Lenca, Tulupan, Maya-Chorti, Payas, Nahuales, Tawahka, Toltecas, Arabs and Chinese, who have adopted the Spanish language, but maintained their own languages and certain cultural values. The country has a population of 7,193,300 inhabitants, 45.47% of which is rural; 51.53% are females. Honduras has a young population, comprising of 40.4% under the age of 15 and 5.64% over the age of 60.

The life expectancy at birth is 67.51 for males and 72.63 for females. The national income per capita is L. 1,924.00 (\$ 101.16) per month. The majority (62.1%) of the population lives in poverty conditions and 42.3% lives in extreme poverty. The illiteracy rate is 17.3% and the Human Development Index is 0.664.

The public health system consists of 6 national hospitals, 6 area hospitals, 16 regional hospitals and 1,324 primary health care centers, 20% of which are physician-based. There are 4,403 hospital beds or 0.61 beds per 1000 population.

The 2006 health budget was L. 5,000,256,685.10, (US\$ 262,894,673.24) (or L. 674.25 per capita per year) (US\$ 35.45), which represents 6.61% of the country's general budget for the same year. Less than 2% (1.75%) of this budget is directed towards mental health, and 88% of this budget is directed towards mental hospitals, while the remaining 12% is directed towards other mental health services.

The mental health program consists primarily of family councils that address intrafamily violence. At the moment, the program has few financial and human resources to implement strategies for improving mental health services at the national level.

## **DOMAIN 1: POLICY AND LEGAL FRAMEWORK**

### **Policy, plans and legislation**

The mental health policy of Honduras was revised in 2001 and includes the following components: organization of mental health primary care services, human resources, protection and promotion of mental health, protection of human rights of users, equity of access to mental health services, health care improvement and service evaluation system. The mental health plan was last revised in 2007. This plan contains the following components: organization and development of mental health services, development of the mental health component in primary care, promotion of mental health, financing, and a monitoring system. It also includes budget, activities and goals. There is no specific mental health legislation. Some legal instruments such as the Civil Code, Health Code, Criminal Procedural Law, and Family Code contain specific references to mental health aspects.

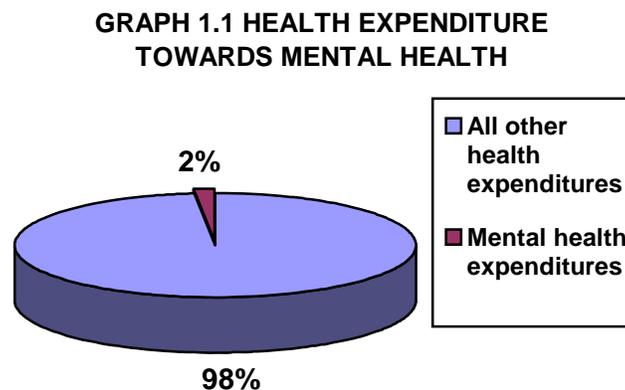
A disaster/emergency contingency plan is present and was last revised in 2001. There is a list of essential medicines that includes antipsychotic, anxiolytic, antidepressant, mood stabilizers, and antiepileptic medicines.

### **Financing**

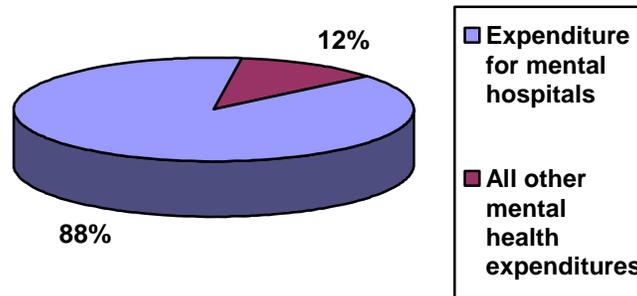
Close to two percent (1.75%) of the health care expenditures by the government health department are directed towards mental health. Of all the expenditures spent on mental health, 88% of them are directed towards the mental hospitals, and 12% are directed towards non-hospital mental health services.

In terms of affordability of mental health services, while 100% of the population is supposed to have free access to psychotropic medicines in mental hospitals, medicines are very limited in primary health care centers. Although all mental health problems are covered in social insurance schemes, in the last 5 years, the social security system has often lacked the necessary medicines to treat mental health problems. For this reason users have had to pay 100% out of pocket in recent years.

For those that have to pay for their medicines out of pocket because of lack of medicines in Public Health Services, the cost of antipsychotic medication is 26% (atypical antipsychotic) and the cost of antidepressant medication is 19% of the average minimum wage per day.



**GRAPH 1.2 MENTAL HEALTH  
EXPENDITURE TOWARDS MENTAL  
HOSPITALS**



### **Human rights policies**

There is no national human rights review body in the country with the authority to oversee the human rights of mental hospital users. Moreover, there is no intrahospital entity to carry out such activity, and mental health workers do not receive any type of training on human rights protection of patients.

## **DOMAIN 2: MENTAL HEALTH SERVICES**

### **Organization of mental health services**

A national authority exists which provides advice to the government on mental health policies and legislation. This authority plans, coordinates, monitors and assesses mental health services.

Mental health services are organized in terms of geographic areas, but not all departments or districts have the minimal mental health resources required. The current reference-counterreference system for mental health issues in the country is not effective.

### **Mental Health Outpatient Facilities**

There are 31 mental health outpatient facilities available in the country, 3 of which are for children and adolescents only. Of all users treated in these facilities, 75% are females and 8% are children or adolescents. The users treated in outpatient facilities are primarily diagnosed with mood or affective disorders (42%) and other mental disorders (30%) (e.g. epilepsy, organic mental disorders, mental retardation, etc).

It is estimated that 100% of mental health outpatient facilities had at least one psychotropic medication of each therapeutic class (antipsychotic, antidepressant, mood stabilizers, anxiolytic and antiepileptic) available in the facility or a near-by pharmacy all year round.

Outpatient facilities that treat mental health problems and mental hospitals do not keep a record of the number of users treated, but rather the number of treatments, which makes it difficult to obtain reliable figures of patients treated for any mental health problem.

### **Day treatment facilities**

There is only one day treatment facility available in the country, which only treats adults. This day treatment facility is incorporated in the mental hospital “Mario Mendoza” and has become an extension of the consultation service. However, it is the only day treatment facility that has a consumer and family association. The mental hospital staff does not receive formal training in psychosocial skills and the training coverage is very low. This facility treats only 0.29 users per 100,000 general population. Of all users treated in this facility, 19% are females and none are children or adolescents. The average length of stay is 222 days in the day treatment facility.

### **Psychiatric inpatient units in general hospitals**

There are no psychiatric inpatient units in general hospitals available in the country.

### **Mental Hospitals**

There are 2 mental hospitals available in the country for a total of 370 hospital beds or 5.14 beds per 100,000 population. Four percent of these beds are reserved for children and adolescents. The number of beds has increased by 1% in the last five years. Only one of these hospitals is integrated into mental health outpatient facilities in the Metropolitan Region of Tegucigalpa.

The patients admitted in the mental hospitals belong primarily to the following two diagnostic groups: mood disorders (42%) and other mental disorders (22%), such as epilepsy, organic mental disorders, and mental retardation.

The admission rate in mental hospitals per year is 57.38 per 100,000 population. The average number of days spent is 27. In the year of the assessment, we were able to study only 147 patients' length of stay in mental hospitals (46%): 4% of patients spent less than one year, 12% of patients spent 1-4 years, 22 % of patients spent 5-10 years, and 62% of patients spent more than 10 years.

Few (1-20%) patients in mental hospitals received one or more psychosocial interventions in the past year. Both mental hospitals had at least one psychotropic medication of each therapeutic class (antipsychotic, antidepressant, mood stabilizers, anxiolytic and antiepileptic) available in the facility all year round.

One of the two mental hospitals does not keep systematic records of discharge morbidity. Involuntary admissions, patients restrained or secluded, or human rights conditions of patients are not recorded.

### **Forensic and other residential facilities**

There are no health care forensic units available in the country. People facing legal problems remain in prison, but if they develop any mental health problem, they are treated in mental hospitals and will be admitted if necessary, by legal order. There is currently a project for the construction of a prison hospital in an area close to the National Prison. The construction designs have already been developed. This could be considered a Forensic-Prison hospital.

In terms of other residential facilities, there are 200 beds specifically for persons with toxic drug abuse.

There are 264 beds in residential facilities that are not officially known as mental health care facilities, but whose residents are likely to show diagnosable mental disorders.

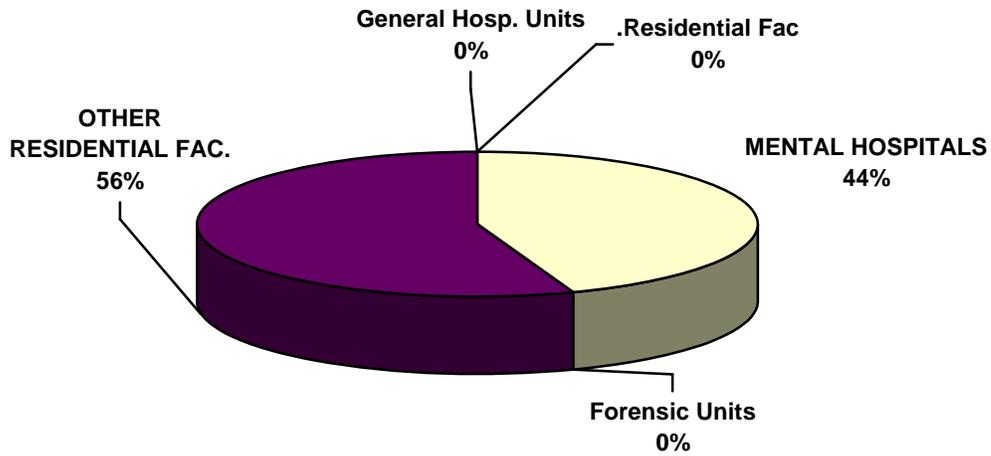
There are also health care facilities for children, adolescents and adults that are not properly standardized and whose population might be affected by different mental health problems, such as mental retardation, or drug addiction.

### **Human rights and equity of access to services**

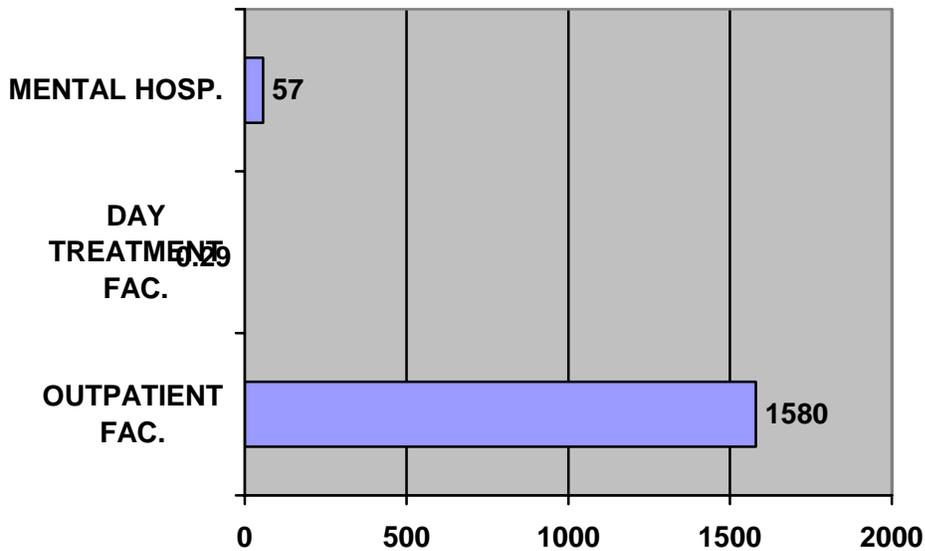
All psychiatric beds (100%) in the country are located in or near the largest city. Such geographical distribution prevents access for users from the interior cities and for the rural population.

Inequity of access to mental health services for other minority groups (such as linguistic, ethnic minorities) is a major issue in the country for this inequity denies the right to care to the most disadvantaged sectors of the population. Most of the rural users and minority groups are poor and usually do not seek health care unless symptoms have become so severe that they need hospitalization.

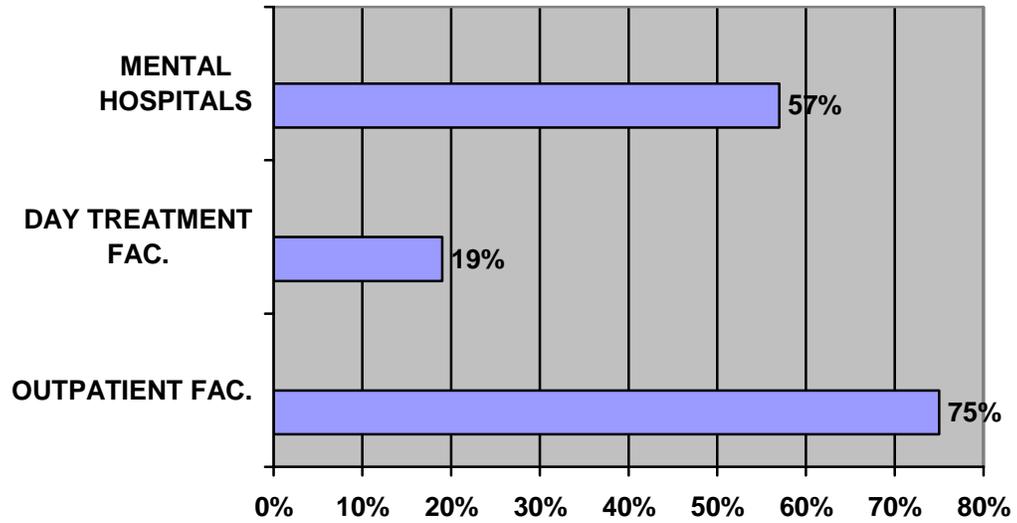
**GRAPH 2.1 - BEDS IN MENTAL HEALTH FACILITIES AND OTHER RESIDENTIAL FACILITIES**



**GRAPH 2.2 - PATIENTS TREATED IN MENTAL HEALTH FACILITIES (rate per 100,000 population)**

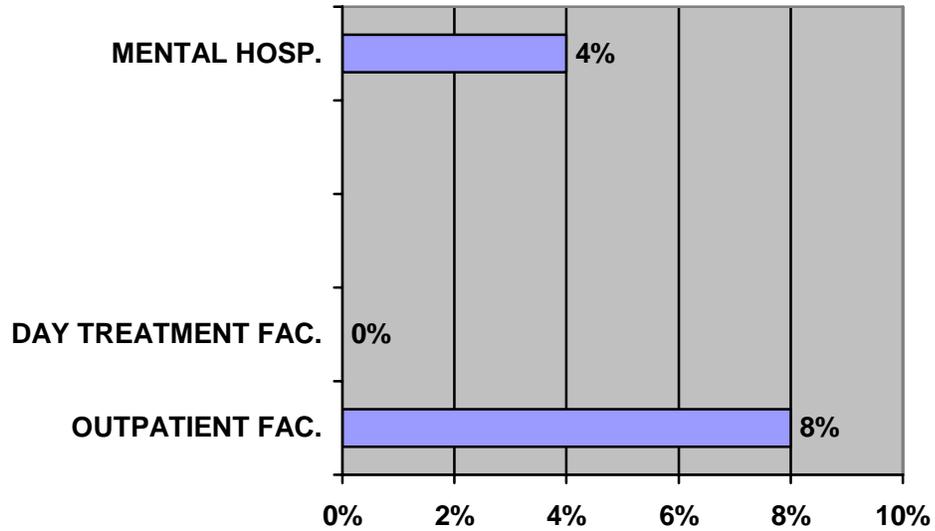


**GRAPH 2.3 - PERCENTAGE OF FEMALE USERS TREATED IN MENTAL HEALTH FACILITIES**

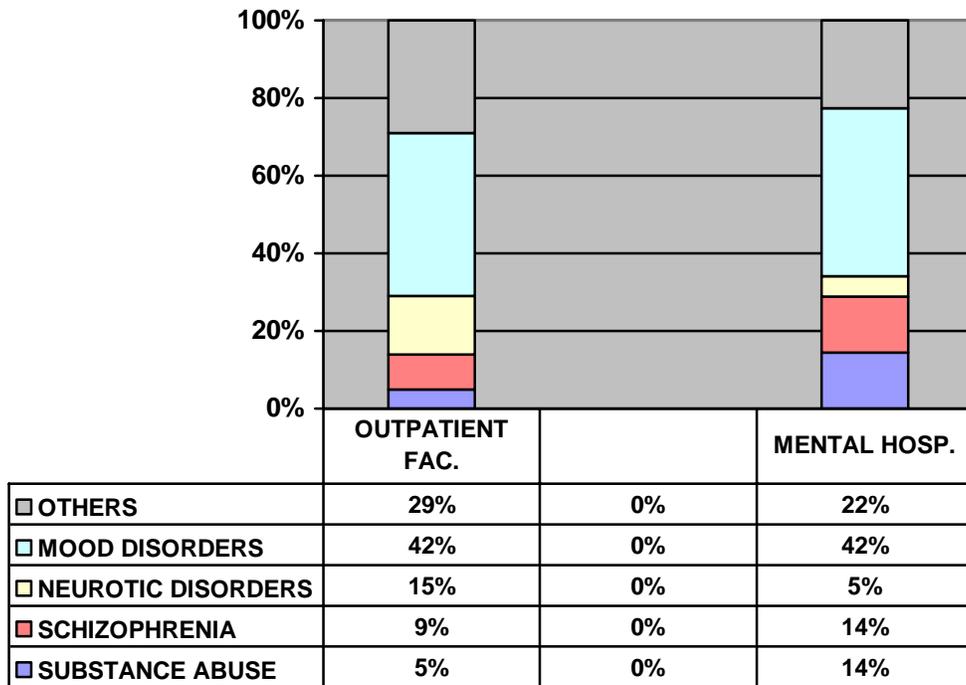


Note: We know the number of residential facilities, but the number of users treated is unknown, and thus the percent of female users is not available.

**GRAPH 2.4 - PERCENTAGES OF CHILDREN AND ADOLESCENT TREATED IN MENTAL HEALTH FACILITIES**



**GRAPH 2.5 - PATIENTS TREATED IN MENTAL HEALTH FACILITIES BY DIAGNOSIS**



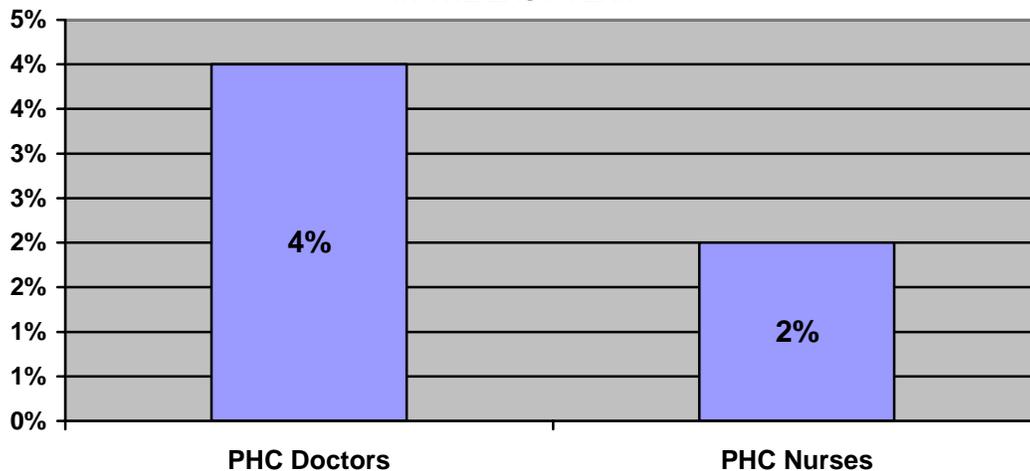
### DOMAIN 3: MENTAL HEALTH IN PRIMARY HEALTH CARE

#### Training in mental health care for primary care staff

Five percent of the training for medical doctors is devoted to mental health, in comparison to 7% for nurses and 4% to non-doctor/non-nurse primary health care workers.

In terms of refresher training, 4% of primary health care doctors have received at least two days of refresher training in mental health, while 2% of nurses and it is unknown whether non-doctor/non-nurse primary health care workers have received such training. This training is only provided in the Metropolitan Region of Tegucigalpa.

**GRAPH 3.1 - % OF PRIMARY CARE PROFESSIONALS WITH AT LEAST 2 DAYS OF REFRESHER TRAINING IN MENTAL HEALTH IN THE LAST YEAR**



#### Mental health in primary health care

There are 251 physician-based primary health care (PHC) clinics and 1041 non-physician based PHC clinics present in the country. Primary health care clinics do not have assessment and treatment protocols for mental health care available, except for the clinics in the Tegucigalpa Region.

Few physician-based PHC clinics (1-20%) make an average of at least one referral per month to a mental health professional. This small percentage belongs to clinics with community health care

programs (Metropolitan Region of Tegucigalpa). Physician-based PHC clinics do not make referrals to mental health services.

Few (1-20%) primary health care doctors in Tegucigalpa have interacted with a mental health professional at least once in the last year. There are no records of interactions between primary health care clinics and complimentary/alternative/traditional practitioners.

## **DOMAIN 4: HUMAN RESOURCES**

### **Number of mental resources in mental health care per 100,000 population**

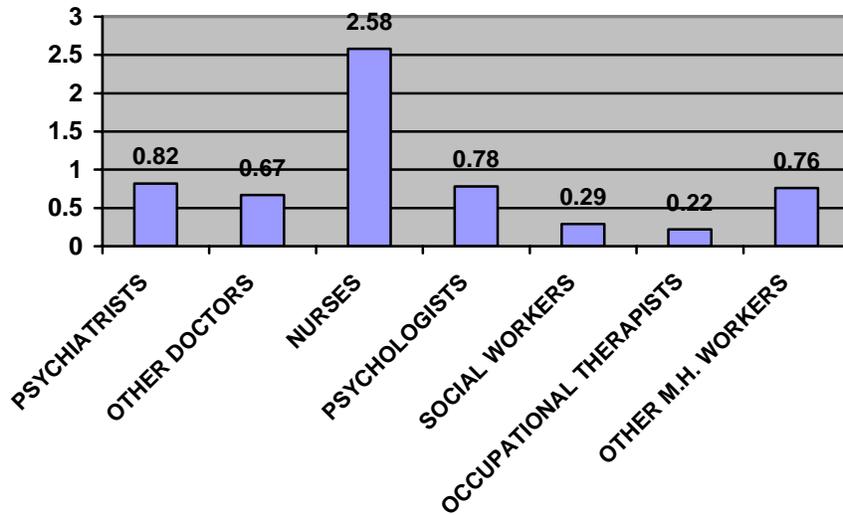
The total number of human resources working in the mental health system per 100,000 population is 6.12. The breakdown according to professionals is as follows: 0.82 psychiatrists, 0.67 medical doctors, 2.58 nurses, 0.78 psychologists, 0.29 social workers, 0.22 occupational therapists and 0.76 other professionals.

Regarding the workplace, 21 psychiatrists work in outpatient facilities and 27 in mental hospitals, while 31 medical doctors work in outpatient facilities and 17 in mental hospitals. As far as nurses, 60 work in outpatient facilities, and 126 in mental hospitals. 67 psychologists, social workers and occupational therapists work in outpatient facilities and 26 work in mental hospitals. With regard to other health or mental health workers, 55 work in mental hospitals, while the number of those working in outpatient facilities is unknown.

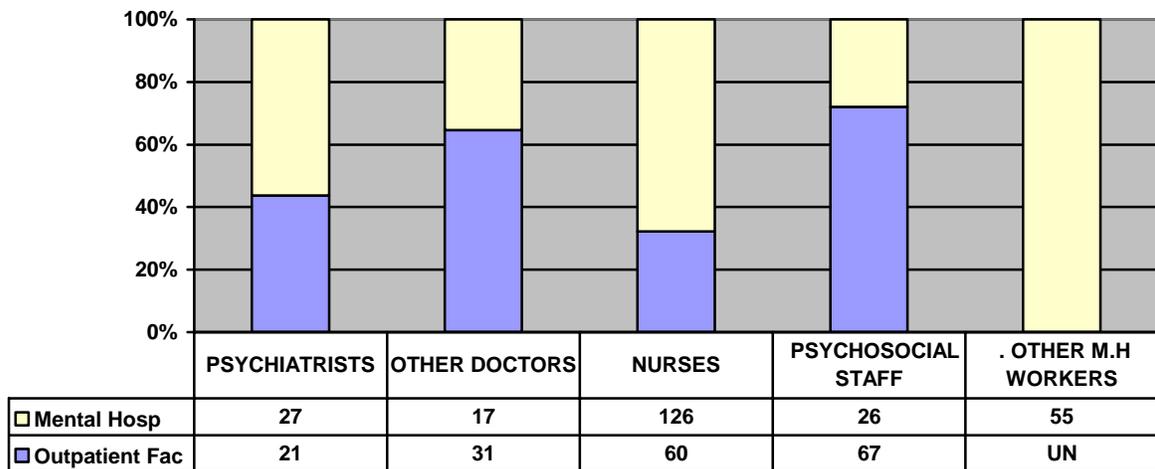
The ratio of psychiatrists/nurses per hospital bed is 0.07 and 0.34, respectively.

The distribution of human resources between urban and rural areas is unequal: 35 of 43 psychiatrists and 156 of 186 nurses work in or near the largest city (Tegucigalpa).

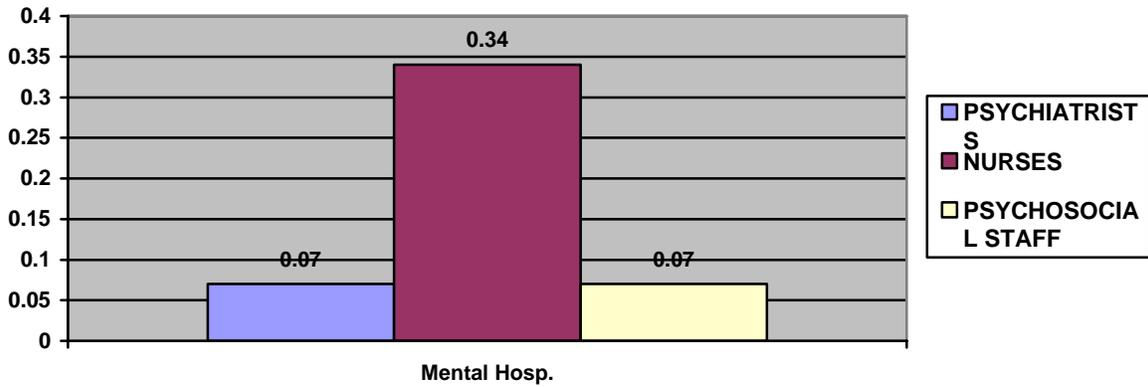
**GRAPH 4.1 - HUMAN RESOURCES IN MENTAL HEALTH**  
(rate per 100.000 population)



**GRAPH 4.2 - STAFF WORKING IN MENTAL HEALTH FACILITIES**  
(percentage in the graph, number in the table)



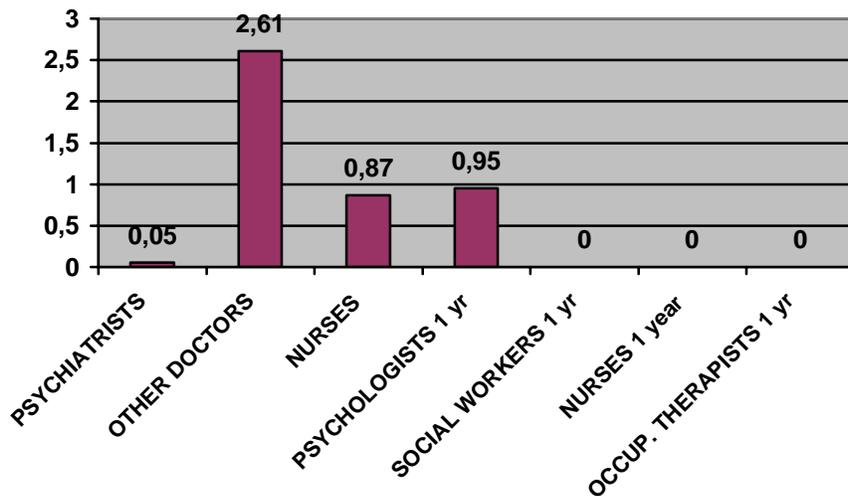
GRAPH 4.3 - RATIO HUMAN RESOURCES/BEDS



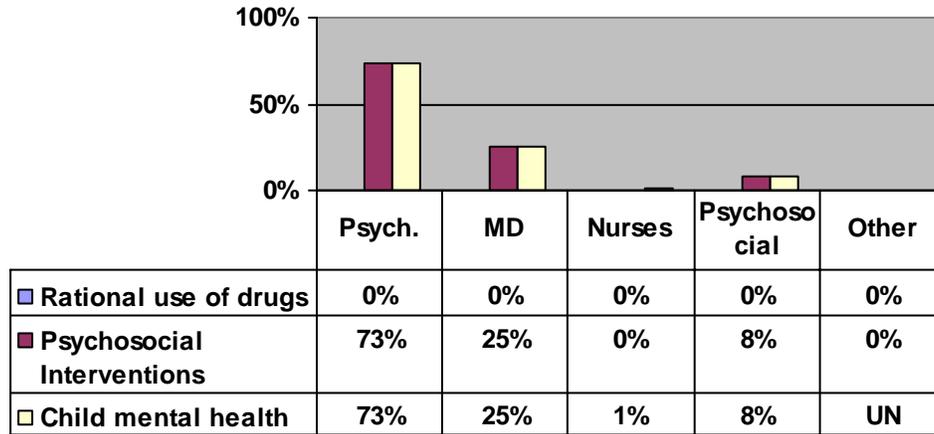
### Training professionals in mental health

The number of professionals graduated last year in academic and educational institutions per 100,000 population is as follows: 0.05 psychiatrists, 2.61 medical doctors, 0.87 nurses with at least 1 year of mental health training, and 0.95 psychologists with at least 1 year of mental health training.

GRAPH 4.4 - PROFESSIONALS GRADUATED IN MENTAL HEALTH (rate per 100.000 population)



**GRAPH 4.5 - PERCENTAGE OF MENTAL HEALTH STAFF WITH TWO DAYS OF REFRESHER TRAINING IN THE LAST YEAR**



Psych = psychiatrists, MD = other medical doctors not specialized in psychiatry; psychosocial staff = psychologists, social workers and occupational therapists. Others = other health and mental health workers.

### **Consumer and family associations**

There is one family association with 25 members that is involved in developing mental health policies. This association has few interactions with mental health facilities in the country. The user and family association exists exclusively in mental hospitals.

Some nongovernmental organizations get involved in mental health by interacting with primary health care facilities that have Community Mental Health programs (Metropolitan Region of Tegucigalpa). The government does not provide economic support to consumer and family associations nor to nongovernmental organizations.

## **DOMAIN 5: PUBLIC EDUCATION AND LINKS WITH OTHER SECTORS**

### **Public education and awareness campaigns on mental health**

There is no coordinating body in the country to oversee public education and awareness campaigns on mental health issues. The entities that have promoted public education and awareness campaigns in the last five years are national government entities, professional associations and international

agencies. These campaigns have targeted the following groups: general population, children and adolescents, women, and trauma survivors. In addition, there have been public education and awareness campaigns targeting professional groups including teachers and healthcare providers, and small population groups (These activities are conducted in Health Care Centers with Community Mental Health programs).

Generally, there are no systematic and proramatic educational campaigns in the country. Because the community mental health programs benefit from the services provided by psychiatrists going through the Psychiatry Residency program, the community programs have an opportunity to receive continued education and training on mental health issues. However, mental hospitals are not involved in the provision of community mental health services.

### **Legislative and financial provisions for persons with mental disorders**

There are no legislative or financial provisions to protect and provide support for users with respect to labor discrimination. Similarly, there are no policies on housing for people with disabilities.

### **Links with other sectors**

There are formal collaborations with the departments/agencies responsible for Mental Health Care, HIV/AIDS, reproductive health, child and adolescent health, substance abuse, and child protection.

In terms of support for child and adolescent health, a small percentage (1-20%) of primary and secondary schools has activities to promote mental health and prevent mental disorders.

The percentage of prisoners in the criminal justice system with psychosis is estimated at 2%. Regarding mental health activities in the criminal justice system, few (1-20%) prisons have at least one prisoner per month in treatment contact with a mental health professional. Prisons in the country have minimal primary health care and mental care staff. Prisoners that require specialized care are treated in mental hospitals. There is no statistical information on the prevalence of prisoners with mental retardation, nor official information on their human rights conditions.

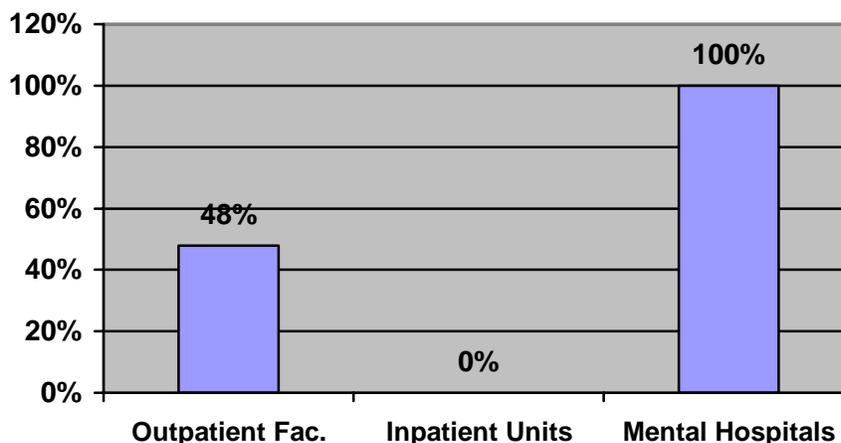
The same occurs in connection with health care centers for minors that have been implemented by some organizations of the civil society, such as foundations and nongovernmental organizations.

Approximately 20% of people who receive social welfare benefits do so for a mental disability.

## **DOMAIN 6: MONITORING AND RESEARCH**

A formally defined list of individual data items that ought to be collected by all mental health facilities exists, but is not always implemented. The mental health program received data from 100% of the mental hospitals and only from 48% of mental health outpatient facilities.

**GRAPH 6.1 - PERCENTAGES OF MENTAL HEALTH FACILITIES TRANSMITTING DATA TO HEALTH DEPARTMENT**



## **OVERVIEW AND NEXT STEPS FOR THE NATIONAL MENTAL HEALTH PROGRAM**

Efforts to improve Honduras' mental health services should be based on short, medium and long term objectives that are consistent with the country's social, economic and political context. Such objectives should include:

1.- In the short term (6 months to one year):

- Report the results of this report to authorities and different actors within the Health Secretariat, and to other government and non-government institutions of the civil society, with whom issues of common interest in mental health are shared.
- Conduct a workshop to determine a plan for addressing the mental health challenges, based on the results of this evaluation.
- Develop the restructuring process of mental health services:
  - a) Implement the mental health primary care strategy in servicing units.
  - b) Develop mental health services in general and regional hospitals.

2.-Medium term (1-2 years):

- Promote, strengthen and implement mental health community services.
- Decentralize human resources and inputs for mental health care.
- Manage the financial redistribution within the mental health system.
- Promote and strengthen training processes in the rational use of medicines and in the psychosocial approach of mental health issues.
- Implement the mental health policy in the mental health system.
- Establish links with human rights organizations and the civil society concerned with human rights of mental health service users.
- Promote and train in the protection of human rights of mental hospital users.

3.-Long term (2-4 years):

- Manage regional mental health units.
- Manage legislation on human rights and mental health.
- Update the national mental health policy.

The World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS) was used to collect information on the mental health system in Honduras. The goal of collecting this information is to improve the mental health system and provide a baseline for monitoring the change. This will enable Honduras to develop information-based mental health plans with clear base-line information and targets. It will also be useful to monitor progress in implementing reform policies, providing community services, and involving users, families and other stakeholders in mental health promotion, prevention, care and rehabilitation.

The mental health network of Honduras consists of 31 mental health outpatient facilities, one day treatment facility, and two mental hospitals. However, no psychiatric inpatient units in general hospitals exist in the country.

In terms of human resources working in the mental health system, the country has 0.82 psychiatrists per 100,000 population, 0.66 medical doctors per 100,000, 2.59 nurses, 0.77 psychologists, 0.29 social workers, 0.22 occupational therapists and 0.76 other professionals per 100,000 population.

At the moment, the mental health program has few financial and human resources to implement strategies for improving mental health services at the national level.

The system has certain strengths, however, such as the existence of a Mental Health Policy that needs to be implemented, and the existence of a basic list of psychotropic medicines. There is also support from some entities to implement new strategies for improving the mental health situation of the country.

As part of this project, a national workshop has been planned to establish priorities for action that are based on this assessment. Likewise, a complementary study of the hospitalized population in the two mental hospitals of the country has been conducted in order to improve health care and analyze the possibilities of reintegrating patients into the community.