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Public policy, professional epistemology, and mental health: challenges for psychologist training

Políticas públicas, epistemología profesional y salud mental: desafíos para la formación del psicólogo

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Abstract

The approval of the Organic Law on Mental Health (2024) in Ecuador poses new challenges for the training of psychologists, as it requires professional skills related to public policy, community intervention, and intersectoral work. This article analyzes the perceptions of psychology students and professionals regarding their preparedness to respond to these demands, as well as the epistemological tensions that emerge between predominantly clinical training and the frameworks for action defined by the new mental health model. The study adopts a quantitative, descriptive, and cross-sectional approach, with a sample of 450 participants nationwide. A structured questionnaire was used to assess four dimensions: academic training, ethical disposition, intersectoral work, and rights-based approach. The results show a significant gap between university training and the demands of the field, especially with regard to public policy, community work, and rights-based approach. Although most participants express an ethical and professional disposition toward socially committed practice, they recognize training gaps in articulating their role with current regulations. The findings are discussed in relation to contemporary epistemological frameworks, proposing lines of action to strengthen the professional profile of psychologists in public health contexts.

Keywords: mental health, vocational training, public policy.

Resumen

La aprobación de la Ley Orgánica de Salud Mental (2024) en Ecuador plantea nuevos desafíos para la formación del psicólogo, al exigir competencias profesionales vinculadas a políticas públicas, intervención comunitaria y trabajo intersectorial. Este artículo analiza las percepciones de estudiantes y profesionales de la Psicología sobre su preparación para responder a estas demandas, así como las tensiones epistemológicas que emergen entre una formación predominantemente clínica y los marcos de acción definidos por el nuevo modelo de salud mental. El estudio adopta un enfoque cuantitativo, descriptivo y transversal, con una muestra de 450 participantes a nivel nacional. Se utilizó un cuestionario estructurado que evaluó cuatro dimensiones: formación académica, disposición ética, trabajo intersectorial y enfoque de derechos. Los resultados evidencian una brecha importante entre la formación universitaria y las exigencias del campo, especialmente en lo referente a políticas públicas, trabajo comunitario y enfoque de derechos. Si bien la mayoría de los participantes manifiesta una disposición ética y profesional hacia una práctica socialmente comprometida, reconocen carencias formativas para articular su rol con las normativas vigentes. Se discuten los hallazgos en relación con marcos epistemológicos contemporáneos, proponiendo líneas de acción para fortalecer el perfil profesional del psicólogo en contextos de salud pública.

Palabras clave: salud mental, formación profesional, políticas públicas.

Introduction

Although mental health has historically been regarded as a subordinate domain to the biomedical model, in recent decades there has been a theoretical and political shift towards biopsychosocial and community perspectives that aim to transcend the centrality of psychiatric hospitals and pharmacological treatment. Mental health is defined by the World Health Organization (OMS, 2022) as a state of well-being that enables individuals to cope with life's stressors, develop their abilities, learn, work effectively, and contribute to the improvement of their community.

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Nevertheless, despite being recognized as a global health priority, deficiencies in access, coverage, and sustainability of services persist in practice. In Latin America and the Caribbean, only 2% to 3% of health budgets are allocated to this area, with the majority concentrated in hospital services, leaving primary and preventive care neglected (Leiva-Peña et al., 2021).

The Mental Health Action Plan 2015–2020, promoted by the Pan American Health Organization (PAHO), established four strategic intervention lines: policy formulation, strengthening community services, prevention throughout the life cycle, and generating scientific evidence for decision-making (Etienne, 2018). However, the evaluation of this plan's implementation reveals that while some countries have made progress in structural reforms, investment in services and the stigma surrounding mental health continue to be persistent issues.

During the health crisis caused by the COVID-19 pandemic, these deficiencies became even more evident. Barrantes et al. (2022) highlight that the health crisis exposed the institutional fragility of Latin American states in prioritizing mental health care. The lack of infrastructure, shortage of specialized personnel, and absence of clear protocols adversely affected vulnerable populations, leading to an increase in untreated psychological disorders. This situation is also reflected in Ecuador, where mental health care has historically been mediated by biomedical and custodial paradigms, a legacy of a system that has treated mental disorders with confinement, isolation, and violence since colonial times.

In this context, governance emerges as a decisive factor. The weak coordination among public, private, and community sectors limits the responsiveness of health systems. In Ecuador, according to a survey conducted by Suárez et al. (2021), over 69% of citizens are unaware of the existence of a care network, and more than 56% do not access these services for economic reasons. These data illustrate that although regulatory efforts exist, the effective implementation of public policies is constrained by socioeconomic factors, the scarcity of trained human resources, and weak health infrastructure.

The participation of psychologists in the design, implementation, and evaluation of social interventions promoted by the state has gained increased relevance in recent decades, recognizing that social problems require an interdisciplinary approach. Although public policy constitutes a legitimate level of intervention in this discipline—allowing for the modification of structural conditions impacting the well-being of social groups—the involvement of psychologists in policy formulation processes remains very limited. Allen and Dodd (2017) argue that psychology's commitment to social justice necessitates a rethinking of professionals' political neutrality.

As noted by Serrano-García and Lugo (2016), training in public policy remains marginal in graduate psychology programs, limiting the scope of professional work beyond clinical and educational settings and reproducing a reductionist view of the discipline that deprives citizens of the valuable contributions these experts can offer in social planning.

Community psychologists are capable of co-constructing policies alongside communities from an emancipatory and non-technocratic perspective, recognizing power relations, cultural diversity, and popular participation in the formulation of fairer public policies (Olivares-Espinoza et al., 2018). Furthermore, the growing prevalence of mental health issues—including depression, anxiety, and burnout syndrome—underscores the urgency of integrating these professionals into policy formulation. According to Salusso (2023), the involvement of psychologists in local governments has contributed to the design of intersectoral strategies focused on inclusion and mental health following the psychosocial effects of the COVID-19 pandemic.

In the case of Ecuador, Briones et al. (2018) note that the involvement of clinical psychologists in the promotion and prevention of mental health is almost exclusively limited to intervention in pathological situations, reflecting a lack of coordination between mental health policies and community psychology. In this regard, it is essential for psychologists to help make visible unmet social needs and to question the logics that structure public policies, granting greater importance to the processes of designing and implementing institutional regulations with a community and intersectional focus.

The regulatory framework that underpins the professional profile of psychologists in health in Ecuador recognizes mental health as a fundamental human right, promoting its care from a comprehensive, community-based, and rights-oriented approach. This perspective is supported by instruments such as the WHO Mental Health Action Plan (2013–2030), the Andean Mental Health Plan (2022–2026), the Organic Law of Mental Health (2024), and the Constitution of the Republic of Ecuador, which obligate the state to ensure access to adequate services and to promote the social inclusion of individuals with mental disorders (Ministerio de Salud Pública del Ecuador, 2024).

Prior to the promulgation of the Organic Law of Mental Health (LOSM) in 2023, Ecuadorian universities lacked a clear framework requiring the inclusion of regulatory content in their psychology programs. The biomedical tradition focused on the individual and psychopathology persisted from this same perspective, sidelining courses

aimed at understanding mental health from political, regulatory, and legal viewpoints, as well as public policies, development models, and civic education.

In summary, the implementation of the Organic Law of Mental Health in Ecuador presents a set of formative, institutional, and political challenges that cannot be addressed solely through regulatory promulgation. A profound transformation in the training of psychologists, the design of public policies, and the coordination among health system actors is required. It is necessary to rethink the role of psychologists from a public policy perspective, understanding the practice of psychology as an act of advocacy that fosters individual and social well-being; hence, this study aims to analyze the perceptions of students and professionals in psychology regarding their preparedness to respond to these demands.

Methodology

This study adopted a quantitative approach, which allows for the analysis and measurement of the perceptions of training psychologists regarding the professional profile of psychologists and their relationship with public policies.

A non-experimental descriptive and cross-sectional design was employed, meaning that variables are observed as they present at a specific moment without manipulation. In this case, the focus is on how psychologists from various specialties perceive their training in public policies, development, and institutional legislation in the public sphere.

To collect data from the selected population, a structured questionnaire titled "Survey: Competencies of Psychologists in Public Policies in Mental Health" was designed, aiming to evaluate the competencies of newly graduated psychologists and students in the final years of psychology faculties at universities located in Quito, Ecuador. The instrument was validated by experts to ensure the coherence, clarity, and relevance of the items concerning the study's objectives, and it contains 20 items distributed across five sections, including sociodemographic questions, a Likert-type rating scale, and four multiple-choice questions aimed at evaluating competencies situated in professional scenarios.

Results

This section presents the findings derived from the analysis of data obtained with the previously administered instrument. The first table displays the sociodemographic characteristics of the study participants.

Table 1
Distribution of the sample by age group

Age group	Frequency	Percentage (%)
18–20	168	37.33
21–25	238	52.89
26–30	26	5.78
31–35	6	1.33
36–40	6	1.33
41–45	0	0.00
46–50	0	0.00
51–60	5	1.11
61 or older	1	0.22
Total	**450**	**100.00**

Note. Data refers to participants who responded to the instrument.

A Data regarding the gender of the sample that responded to the instrument is presented below:

Table 2
Gender distribution

Gender	Frequency	Percentage (%)

Female	338	75.11
Male	92	20.44
Non-binary	20	4.44
Total	**450**	**100.00**

Note. Data refers to participants who responded to the instrument.

The following table presents the distribution of the sample according to their reported professional title, evidencing the diversity in academic offerings in the field of psychology, which constitutes a specialization area at the undergraduate level:

Table 3
Distribution of the sample by professional title

Professional title	**Frequency**	**Percentage (%)**
Bachelor in Psychology	225	50.56
Bachelor in Educational Psychology	112	25.17
Educational Psychologist	45	10.11
Bachelor in Clinical Psychology	40	8.99
Clinical Psychologist	9	2.02
Psychologist	9	2.02
Child Psychologist and Psychorehabilitator	5	1.11
Total	**450**	**100.00**

Note. Data refers to participants who responded to the instrument.

Regarding whether participants are in training as psychologists or if they are already qualified, the following results were obtained:

Table 4
Participants' qualification status in psychology

Have you completed your training in Psychology?	**Frequency**	**Percentage (%)**
Yes	96	21.33
No	354	78.67
Total	**450**	**100.00**

Note: Qualification status of participants in Psychology.

This section allows us to observe how participants assess various aspects of their professional training related to mental health, public policies, ethics, intersectoral work, and a rights-based approach.

Table 5
Dimension 1: Perception of academic training in public policies

Level of agreement	**Item 1**	**(%)**	**Item 2**	**(%)**	**Item 3**	**(%)**
1 = Strongly Disagree	30	6.67	28	6.22	33	7.33
2 = Disagree	61	13.56	56	12.44	49	10.89
3 = Neither Agree nor Disagree	71	15.78	79	17.56	74	16.44

4 = Agree	192	42.67	194	43.11	206	45.78
5 = Strongly Agree	96	21.33	93	20.67	88	19.56
Total	450	100.0	450	100.0	450	100.0

Note. Frequencies self-reported by participants. Each item was evaluated on a scale of 1 to 5.
Item 1: During my training, I received content that linked mental health with public policies.
Item 2: The study programs prepared me to understand the social role of psychologists in health.
Item 3: My major addressed experiences in planning, intervention, or evaluation of public programs.

The data show a predominantly favorable assessment regarding the incorporation of content related to public policies in the training of psychologists. Between 64% and 65% of participants express agreement or strong agreement with the three evaluated items, although minority groups still indicate gaps in training, especially in preparation for public service and practical experience in public programs.

Table 6
Dimension 2: Ethical disposition and professional attitude regarding mental health public policies

Level of agreement	Item 1	(%)	Item 2	(%)	Item 3	(%)
1 = Strongly Disagree	15	3.33	18	4.00	12	2.67
2 = Disagree	32	7.11	28	6.22	26	5.78
3 = Neither Agree nor Disagree	65	14.44	59	13.11	58	12.89
4 = Agree	185	41.11	190	42.22	189	42.00
5 = Strongly Agree	153	34.00	155	34.44	165	36.67
Total	450	100.0	450	100.0	450	100.0

Note. Frequencies correspond to self-reported responses on a 5-point scale.
Item 1: During my training, I received content that linked mental health with public policies.
Item 2: I am willing to participate in the design and evaluation processes of public policies from psychology.
Item 3: I recognize that mental health issues require intersectoral and community responses.

The results reflect a broadly favorable attitude towards the connection between mental health and public policies, with over 75% positive responses across all three items. There is a strong ethical and professional disposition, particularly in recognizing intersectoral approaches.

Table 7
Dimension 3: Practical application and intersectoral work in psychological practice

Level of agreement	Item 1	(%)	Item 2	(%)	Item 3	(%)
1 = Strongly Disagree	15	3.33	20	4.44	22	4.89
2 = Disagree	42	9.33	48	10.67	40	8.89
3 = Neither Agree nor Disagree	82	18.22	79	17.56	81	18.00
4 = Agree	198	44.00	192	42.67	190	42.22
5 = Strongly Agree	113	25.11	111	24.67	117	26.00
Total	450	100.0	450	100.0	450	100.0

Note. Frequencies correspond to self-reported responses on a 5-point scale.
Item 1: I consider myself competent to participate in community-level mental health projects.
Item 2: I have tools to work with stakeholders from sectors such as education, justice, or social protection.
Item 3: I feel prepared to align my psychological work with the guidelines of the Ministry of Public Health.

The data reflect a positive yet moderate perception regarding the practical and intersectoral preparation of psychologists. Approximately two-thirds of respondents consider themselves competent to work in community

mental health, collaborate with other sectors, and align with public policies. However, between 13% and 15% express insecurity or a lack of preparation, indicating clear opportunities for improvement in training for intersectoral action and the implementation of regulatory guidelines.

Table 8
Dimension 4: Perception of human rights and promotion of mental health

Level of agreement	Item 1	(%)	Item 2	(%)	Item 3	(%)
1 = Strongly Disagree	10	2.22	11	2.44	10	2.22
2 = Disagree	28	6.22	31	6.89	34	7.56
3 = Neither Agree nor Disagree	66	14.67	76	16.89	72	16.00
4 = Agree	187	41.56	182	40.44	190	42.22
5 = Strongly Agree	159	35.33	150	33.33	144	32.00
Total	450	100.0	450	100.0	450	100.0

Note. Frequencies correspond to self-reported responses on a 5-point scale.
Item 1: I identify situations where human rights are violated in access to mental health.
Item 2: I can design or propose prevention and promotion actions aligned with contexts of vulnerability.
Item 3: My training and experience allow me to recognize the social determinants of mental health.

The results reflect a strong perception regarding competencies in human rights and the promotion of mental health. Between 73% and 76% of participants express agreement with all three items, indicating ethical sensitivity and an understanding of social determinants. However, around 9% report difficulties, particularly in designing preventive actions, suggesting the need to strengthen practical skills in vulnerable contexts.

Discussion

Regarding training in public policies and mental health, 64.3% of respondents indicated that they received partial training; only 20.6% consider themselves fully competent to integrate both fields, while 15.1% reported having received no specific training on this thematic axis. These data reveal insufficient, fragmented, and heterogeneous coverage of curricular content on public health and health legislation, despite the new national regulatory framework.

A positive finding from the study is that 75.8% of respondents expressed their willingness to work collaboratively in the design and evaluation of public policies based on their knowledge as psychologists, regardless of their specialization. This willingness aligns with the 91.7% of participants who recognize the importance of an intersectoral and community approach to mental health. However, this attitude contrasts with perceptions of inadequate training: only 22% feel sufficiently prepared to influence specific political processes.

As Parra (2008) warns, in Latin America, the training of psychologists has traditionally been dominated by individualistic and clinical paradigms, with little emphasis on integration with social sciences, contextual analysis, or tools for social transformation. The study breaks down specific perceptions regarding the training of psychologists in relation to competencies in their professional profile, highlighting the following results:

- **Public policy analysis**: only 10.2% feel fully trained for this task.
- **Participation in legislative reforms**: a mere 7.8% perceive themselves as competent.
- **Designing community preventive programs**: 14.4% indicate adequate training.
- **Understanding social determinants of mental health**: 26.7% report feeling prepared.
- **Management of intersectoral services and programs**: only 11.8% consider themselves competent.

These data demonstrate that, while there is interest and awareness regarding the importance of public policies, much remains to be done to meet the competencies required by international organizations and legal frameworks. Quality public health entails accessibility, equity, efficacy, and sustainability. According to the OMS (2023), this is not possible without trained personnel, stable resources, and evidence-based policies. Mental health must be included in these priorities, with training processes coordinated with social investment policies and coherent regulatory frameworks.

In the Ecuadorian context, the study data indicate that 85% of students and graduates consider the connection between university training and the demands of the public mental health system to be insufficient. This disconnection is particularly evident in content related to public policies and in understanding psychological phenomena from a contextual perspective, beyond individual neuropsychological or psychopathological approaches.

This gap poses a risk not only for the implementation of the Organic Law of Mental Health (LOSM) but also for the legitimacy of the professional role of psychologists in the public sphere. Additionally, 89% of participants assert that there should be a national framework of professional competencies in mental health for psychologists, anchored in existing regulations. This proposal aligns with the guidelines from the Ministerio de Salud Pública del Ecuador (2024), which establishes the necessity of defining professional profiles consistent with the principles of the LOSM, including interculturality, gender perspective, and social participation.

Conclusions

The findings of this study reveal a significant tension between the existing legal framework—which promotes comprehensive, community-based, intersectoral, and rights-based care—and an academic structure still anchored in clinical and individualistic approaches. This structure maintains the biomedical model of psychology, overlooking the social and economic factors that directly influence psychological distress.

Firstly, there is a significant gap in academic training related to public policies, health legislation, and community mental health. Although curricula include some content linked to these areas, participants express that they do not feel sufficiently prepared to influence the formulation, implementation, and evaluation of public policies. This limitation not only affects professional practice but also restricts work in social and community settings, compromising the effective implementation of the provisions of the LOSM.

A relevant finding is the strong ethical disposition and favorable attitude towards social and community practice among the surveyed professionals and students. This predisposition represents a transformative potential for curricular change, as a majority recognize the need to assume an active role in building a mental health system grounded in rights, equity, and social participation.

Additionally, a deficit is identified in the technical competencies necessary for intersectoral work, coordination among levels of care, and the implementation of promotion and prevention strategies in mental health. These dimensions, extensively developed in the new professional profile of psychologists validated by the Ministry of Public Health and the Higher Education Council, require more situated training that integrates theory and practice in real scenarios of the public health system.

In light of this panorama, a structural reform of psychologist training becomes imperative. This reform must go beyond merely replacing subjects or including new content. It is essential to develop teaching and learning processes based on competencies that address, in a transversal manner, topics such as health legislation, public policies, public health, social determinants, human rights, and community intervention methodologies. Similarly, the practical component of training should be strengthened through pre-professional experiences in community contexts, enabling the development of competencies for interdisciplinary work and intervention in the field.

Finally, the results of this study align with diagnoses made in other Latin American countries, where the training of psychologists is still seen as fragmented and continues to be centered on the biomedical model. In this regard, the establishment of quality public mental health in Ecuador requires not only regulatory reforms but also epistemological, pedagogical, and formative innovations. Only then will it be possible to train psychologists capable of critically influencing the evaluation, formulation, and implementation of public health policies.

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