

# Mental health situation in Colombia

Situación de salud mental en Colombia

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The health of a human being is understood as integral wellbeing, aspiring to a good quality of life for individuals. It is undeniable that the component of mental health has been relegated by elements of culture and the social order. The World Health Organization (WHO) has given special attention to this component by trying to design policies based on the promotion of health with the strategy of healthy lifestyles, prevention through controlling and minimizing the risk of the psychological and social determinants that impact mental health, improving the access and quality of the attention to prior events which affect mental health, and finally encouraging rehabilitation activities to minimize the consequences of these events.

In our region of Latin America, systems of health care are in crisis. The financing of an equitable and fair system is complicated and the state contribution for health it is not enough. In the mixed-financing systems, the contributive regime is both less than the subsidized regime and insufficient; in private systems, this ends up creating gaps that are then impossible to correct.

The policies of mental health in a country must come from articulated actions focused around two priorities: primary prevention, with strategies of promotion and prevention that have a real impact on maintaining the well-being and the quality of life of a good percentage of the communities; and second, coherent development of the primary health care component (PHC) that provides access, opportunity, and quality in the treatment of mental events.

When speaking about mental health, it is important to highlight the problem of how it's culturally and socially stigmatized in our region, both for the subject that requires accompaniment and those who work in the area. Mental health is spoken of in pejorative tones, relegated to a subordinate place. Processes of education and raising awareness continue to be necessary to dismantle these taboos. It is common to find that many people have problems reflecting, analyzing and deciding to search for

help when they or people close to them experience a mental alteration. We lack the simple and basic skills and competencies to adapt adequately to important situations that we face every day like interpersonal, family, or work conflicts that can be resolved with verbal mediation and the capacity to listen or a good tolerance for frustration, resilience, and the will to move forward despite the obstacles in our path. Nor do we possess the skills to know when there are signs or symptoms that indicate the presence of mental disturbances.

Mental disorders as common as anxiety and mood disorders are not recognized by those who suffer from them, or, even more seriously, by medical personnel. The figures are outrageous: 60% of the people who go to basic health care services have anxiety and depressive symptoms, only 30% of these are investigated and diagnosed, and an even lesser percentage receives appropriate treatment. Only a small percentage of people who have mental alterations receive adequate treatment. The consequences are dramatic. Health indicators remain much lower than expected; even mortality rates are affected by problems such as self-aggression and hetero-aggression.

Suicidal behavior has become a real mental health problem in the world, undoubtedly coming from both the aforementioned problems and additional ones that accompany them. There are worrying statistics like one person commits suicide every minute, or suicide rates in particular regions of 8 to 100 for 100,000 inhabitants. Suicide attempts are 10 to 20 times more common than suicides, though both have serious consequences for those who present this behavior.

Different global risk management programs, have demonstrated their efficacy in significantly reducing the incidence and serious consequences of suicide. Relevant and efficient programs prevent psycho-social determinants with primary care for those who present the behavior, using interdisciplinary approaches and family interventions. For example, 60% of people who commit suicide have a depressive disorder. If processes are cre-

ated to improve the accessibility and the opportunity of care for the people who suffer from depression, we will impact the most important determinant for this event.

In conclusion, the path is laid out as a model of integral healthcare for different prevalent pathologies, with a good system of referral and counter-referral that uses technologies and strategies to optimize its efficiency.