



# REVISTA COLOMBIANA DE PSIQUIATRÍA

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## Editorial

# Mental health as a public health policy<sup>☆</sup>

## La salud mental como política de salud pública



Some scholars and experts in public health believe creating policies exclusively for mental health is a mistake. Currently, the mind-body dichotomy no longer has a strength as a paradigm which supports continuing to divide or fragment public actions in health on these two fronts. If that is the case, the analysis of public mental health policies from one perspective or another is just as limited.

For a long time, we have made the mistake of creating public mental health policies without them subsequently being nationalised or contemplated by regional bodies for their implementation or execution.

As is well known, promotion and prevention initiatives are scarce and very poor in Colombia. They do not have the coherence or the consistency to have a significant impact on the population's quality of life. Opportunities to promote healthy lifestyles in remote regions and rural areas are extremely limited, which is further hindered by the high percentage of the general population living in poverty. The same barriers are faced in terms of prevention. It is worth mentioning that disorders as common as depression and anxiety are not contemplated in prevention programmes in many cities and regions. Issues such as gender-based violence, child abuse, sexual abuse, suicide, psychoactive substance dependence and others receive even less attention. We are under the misconception that information maintains or modifies human behaviour. The question remains as valid as it was 50 years

ago. How do we educate in a way that maintains healthy behaviours and modifies risk behaviours?

If we analyse the aspects of care for disorders and disturbances using indicators such as accessibility, opportunity and quality, the conclusion reached is that they have not improved. We do not have a basic level of care or an integrated care system with a good referral and counter-referral system. We continue to focus on caring for disorders with a high level of complexity, with consequences which are already well-known: scarce optimisation of the resources available and high cost of care.

Lastly, much-needed rehabilitation in individuals with significant sequelae is almost non-existent.

We are far from having mental health policies which operate on a national level, nor do we have a care system which ensures that there is an impact on our living conditions at all levels.

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