



# REVISTA COLOMBIANA DE PSIQUIATRÍA

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## Editorial

## Suicide behaviour in Colombia<sup>☆</sup>

## Conducta suicida en Colombia



The incidence of suicide behaviour has been increasing in Colombia in the last few years. In 2017, a 10% increase in suicides was recorded compared to 2016, and 25.0% compared to 2008. The rate per 100,000 inhabitants in 2017 was 5.72, the highest of the decade. Male deaths were higher (81.49%). For every 10 women that took their lives, 44 men did the same (Forensis, 2017).

The situation is made worse with the increase in this behaviour in the young population and even with the epidemiological shift to the child population. In 2017, the highest frequency of suicides occurred in the population between 20 and 39 years of age (44.73%) (Forensis, 2017).

To the extent that the subjects of the information register have been refined, as well as the removal of the stigma of this form of violent death, it is perceived that this cause of death is a real public health problem for the country. At the same time, it exposes how precarious the approach to this problem is, both in the promotion and prevention actions, as well as in the care of individuals at high risk of carrying it out.

Just to mention, depressive disorder is the main cause of this event, and 60% of the individuals that commit suicide

have a mood disorder, which, if there was the appropriate opportunity to access, diagnosis and treatment, many of these could be avoided.

There is no national observation program in Colombia that could direct actions at national and regional level for the control and prevention of death by this cause. There is no coherence in regional plans; some are written, but not implemented, and others do not exist. The evidence conclusively shows how the health sector and other sectors are able to respond by working jointly to control suicide in young people. We would have to start, with the willingness and knowledge that we have, from medicine, and especially from psychiatry, to promote this work.

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