

## The Need to Initiate the Psychiatric Reform in the Health System of Colombia

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The famous psychiatric reform initiated after the Second World War allowed to change the conditions of treatment and handling of persons with serious mental disorders, recognizing their role like individuals with rights and with aptitude to live in community, out of the traditional mental hospitals [1]. In Europe and North America occurred the first processes of deinstitutionalization, which showed the need to have programs of psychosocial rehabilitation that allowed to the individuals affected with a mental pathology live in a most autonomous and functional way. These days, the Psychosocial Rehabilitation is a world reality and its multiple programs and components are object of study and implementation [2-7] in the treatment guides of the main mental illnesses (Schizophrenia, bipolar affective disorder, depressive disorders, anxiety disorders, personality disorders).

Nevertheless, the deinstitutionalization was a complex process with many drawbacks, which finally got the implementation of a solid network of community alternatives in the countries which participated in the reform. Close mental hospitals without community alternatives was dangerous as well as the implementation of community alternatives without to close mental hospitals. Both mechanisms had to be implemented in well-coordinated steps. A correct process of deinstitutionalization has three essential components [8]:

- The prevention of inappropriate admissions in mental hospitals through the provision of community facilities;
- The reinsertion to the community of institutionalized long-term patients who have received adequate preparation;
- The establishment and maintenance of community support systems for non-institutionalized patients.

In Latin America, the processes of psychiatric reform initiated belatedly, since 90s, when the OMS/OPS started an initiative for the restructuring of the psychiatric attention in the American Region, fruit of that was the Declaration of Caracas, where a calling in favor of the development of a psychiatric attention close to the primary health care of health and inscribed in the frame of the local sanitary system was made. These advances helped to stimulate the organization of the attention of mental health in the developing countries. Last year, I had the opportunity to be part of the regional organizing committee of the Regional Conference of community mental health (Lima, Peru), where several countries of the region exhibited local experiences of programs of psychosocial rehabilitation, like the creation and diffusion of support groups and self-help groups, programs of protected employment, labor cooperatives formed by patients, groups against the stigma and the persons' discrimination with mental pathology.

In practice, community care involves the developing of a wide range of local services. The goal of this process is to ensure that some of the protective functions of the mental hospitals are fully assumed by the community and prevent the perpetuation of the negative aspects of the institutions. Care in the community would mean [8]:

- Services located near to the patient home, including general hospital care for acute incomes and residences for long stays in the community.
- Interventions related to disabilities as well as symptoms.
- Treatment and assistance specific to the diagnosis and the needs of each individual.
- A wide range of services that respond to the needs of people with mental and behavioral disorders.

- Coordinated services between mental health professionals and community agencies.
- Outpatient services more than residential, including those that allow home treatment.
- Cooperation with caregivers and response to their needs.
- Legislation in support of the mentioned aspects.

Unfortunately, in my country (Colombia), a process of psychiatric reform still has not been realized, multiple mental hospitals spread by all the regions exist, the attention system in mental health is very poor, that explain the lack of the integral attention to the mental diseases and the observation of phenomena known in the psychiatric literature as the “revolving door” or the “institutionalism”, in which users pass more time in the hospital than in its natural environment. Weak efforts have been realized from authorities of health to change the attention of these persons, with the creation of a national law of mental health (Law 1616 of 2013), this law pretend to create an integral attention network in mental health that has spaces of psychosocial rehabilitation [9]. Moreover, due to the crisis of the system of general health, the opportunity and accessibility to the services of psychiatry, psychology, occupational therapy and social work is really hard for the users, where the waiting time for these services is really long. Additionally, is known the difficulty for the opportune access to the pharmacological therapy that patients have, whose crises frequently owe simply to the absence of the medication that is not delivered to them by its medical insurances.

Pitifully, exist a disinterest of mental health workers to improve the current conditions of the system; we do not have our own Franco Basaglia or other defender of people with mental illness. It is possible that this situation happens because the working conditions in Colombia to work in mental health are very difficult due to the existence of low salaries and increasing responsibilities, which have surely led to the appearance of a massive burnout in our guild. The same burnout has led to the disinterest of most psychiatrists in our country to consider psychosocial rehabilitation as an essential component of management programs for serious mental disorders, still existing a tendency for excessive medicalization, with the consequent low adherence of patients to treatments due to the side effects that could be generated by this wild pharmacotherapy.

Therefore, our country needs an urgent process of psychiatric reform, in which the model of care is focused on the needs of patients, with a community care integral and integrated in all the areas of mental health, working hard to eradicate the stigmatization and the discrimination to the people with mental illness, providing timely and equitable access to clinical care services, free of unnecessary barriers posed by our current health system.

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