

Editorial

Mental health in the health system[☆]



La salud mental en el sistema de salud

Some decades ago, in light of the conceptualisation of the mind-body duality and national political and administrative structures, mental health was a marginal component, isolated from other elements addressed in healthcare. Exclusive policies and guidelines were created and kept separate from all others. The very definition of health alluded to physical or mental health. However, nothing could be further from the truth. The separation of these two elements categorises, segments and fragments, and may even have prevented significant progress being made in the health disciplines we address within this field, among other variables. Moreover, it also impeded the integrated approach that must be adopted as a basic principle in the pursuit of our main objective: quality of life, wellbeing and human development.

Scores of national and international studies have shown the limited impact we have on the proposed goal or objective, both in first-world and developing nations, with healthcare systems being questioned in the vast majority of countries. In ours, for example, we have greater coverage, but face significant problems with regard to accessibility, quality, integrality and more.

The Colombian Ministry of Health has recently disseminated and tried to implement a primary healthcare (PHC) model known as the integrated healthcare model (*modelo integrado de atención en salud, MIAS*), which adopts the same idea we have tried to generate in public health for a number

of years, but has been unable to rouse the will to roll it out amongst the political sector. There have been many challenges: a lack of credibility with regard to focusing on preventive and promotional activities to help the healthy or at-risk population; the cultural perceptions of the population, which always assume a highly complex level of attention is required, when in reality 60% of health-related events are optimally and efficiently resolved in the first line of care; the lack of consistency between levels with an adequate referral and counter-referral procedure that allows the patient to easily pass through a true system which offers the relevant actions in due time at each level.

In this sense, for those of us working on an integrated people-centred healthcare model, it marks an opportunity to focus all of our efforts and knowledge on achieving this sound political directive. It is a choice on the part of Colombian psychiatrists to contribute towards building their country.

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