



REVISTA COLOMBIANA DE PSIQUIATRÍA

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Letter to the Editor

Mental health and clinical training. Editorial comment on “how to contribute”[☆]



Salud mental y formación clínica. Comentario editorial a «Cómo contribuir»

Dear Editor,

In the editorial of the first issue of REVISTA COLOMBIANA DE PSIQUIATRÍA (Colombian Journal of Psychiatry) of 2018¹, you proposed a topic for discussion which is of the utmost importance for professionals in the field of training and intervention in mental health. Mental health problems have exceeded the system's capabilities, and timely responses from the academy are urgent.

On the one hand, the high debt of the health system, which amounts to 8.2 billion pesos, is already known.² Furthermore, the difficulties that Colombians have in accessing health care in general, and psychiatric and psychological care in particular, are well-known. Since 2009, a low number of beds for psychiatric care in Latin America and the Caribbean is reported³, while in Colombia they closed clinics, such as that of San Juan de Dios, which left a gap of 260 beds for mental health care in the department of Cundinamarca.⁴

On the other hand, the growing number of people belonging to various age groups who are affected by problems meriting professional intervention, as you point out in your editorial, along with the victims and participants in the Colombian armed conflict, make it necessary in different state and academic entities for alternatives to be considered and discussed and for baseline studies which support decision-making to be carried out.

Specifically, the academy has been a little-considered reference in mental health care. Through psychology clinics, for example, many Psychology faculties in the country have attended to hundreds of people. However, it is necessary to review this aspect carefully and to start thinking about the need to qualify university care or restrict it to higher

training levels. In a recent study⁵, some problems in the filing of medical records in the undergraduate university field of Psychology have been pointed out. This finding points to a more significant problem: the experience and ability which students who carry out their work experience in university clinics develop to assess and intervene in cases, which are more often than not complicated. The regulatory bodies do not provide clear guidelines for the monitoring of professionals in clinical training in mental health, which means that they often make errors or they overlook something, but without knowing its consequences.

In addition to the above, there is the fact that there are no doctoral training programmes in the specific area of Clinical Psychology and in high-level research in this important field. Likewise, research protocols validated for the care of people affected by various types of disorders stand out due to their absence. Many of the tests used for the psychological and psychiatric evaluation in the country do not even have studies in the Colombian population and, when they do have them, their samples tend to not be representative.

The 'Programa de Atención Psicosocial y Salud Integral a Víctimas' (Programme for Psychosocial Care and Comprehensive Health of Victims) [PAPSIVI] is currently being implemented in Colombia. However, most of the mental health professionals in the country do not know the techniques which are being used and their validation in controlled studies. This, in no way, means it should be criticised *per se*; but a well-designed programme may collapse if the pertinent controls are not carried out and the professionals in charge of caring for a population affected by armed conflict are not trained.

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Given the situation, it is necessary to reflect on what we are doing at the academy and to start to respond to the challenge from a scientific perspective. For this, it will be essential:

- 1 To allocate specific funding for clinical studies in individual and group interventions, as well as for the monitoring and measuring of the impact in the medium and long-term.
- 2 To promote doctoral training for the practice of clinical psychology.
- 3 To discourage training and clinical care in undergraduates and to support the master's and doctorate programmes in the field.
- 4 To demand that, for any Clinical Psychology training programme, its students undertake a compulsory long internship in mental health care centres, under the supervision of expert therapists and, in addition, that they carry out directed research processes.

Many other fronts for academic discussion should open up, with the intention that our training processes in mental health intervention truly respond to the needs of our communities. We believe that the key point is that clinical research processes should be applied by highly trained and experienced staff.

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None.

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