Since the end of last year, the country and specially the mental health professionals can now
delay on a new National Policy in the Field of Mental Health, which, besides offering a
valuable and novel framework for the thinking and acting on the problems affecting the
Colombian people, has taken into account the developments made during more than 40 years
in this field. Its purpose has been to mobilize certain mentalities and practices, but never, as
is usual, to start from zero.

This effort, promoted by the Ministry of Social Protection together with the Colombian
Psychiatric Society, has generated expectation in some and
skepticism in others.

Expectations due to the challenges it poses, ambitious but necessary: to expand the
understanding and intervention of mental health in public policies, beyond the disease; to
articulate this widened concept with the exercise, restitution and reparation of citizens’
rights and to establish a link between these two fields and the development of global capital.

Within this framework, and for its due development, the positioning of this policy is expected
to be promoted at suprasectorial level, maintaining stable principles, but at the same time
being open to the contributions, discussions and needs as they emerge, recovering the
institutional, social and collective memory, that has faded over time. Furthermore,
presenting and carrying out a political management strategy plan for this Policy, and offering
tools for participation and joint work.

But there is also skepticism: this due to the destiny former attempts to establish a mental
health policy in the country have suffered: they were not acknowledged, fell into oblivion,
and had scarce or nil impact on the transformation of those situations considered as
problematic; the vulneration of rights in general and of those concerning the right to mental
health and, in particular, those limiting the assistance to people with a mental illness; the
well-known impermeability to change and the fear of small interest groups to loose power.

In the midst of this panorama, the individual and at the same time collective question for the
medical-psychiatric profession, and those who form it, is whether, when faced with the
country’s challenges and the possibilities that our new proposal may offer, our answer will be
another 40 years of complaints, another 40 years of indifference, another 40 years of stigma,
or will it be assuming an opportunity in the appropriation of the Policy, which necessarily
starts with its knowledge and discussion.

It is clear to everybody that a policy is not the same as a political document: that a policy
becomes alive in the actions of those who day-by-day work within the field of mental health
in the country, and in those who have a clear notion about their role as social actors in the
development of a State-nation.
We invite you then to form part of this project by accessing the document through the association’s web site: www.psiquiatria.org.co

Policy Committee of Asociación Colombiana de Psiquiatría