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# Towards a community mental health care for people with schizophrenia in Colombia

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**Abstract** *Mental health care based on the community has shown to be effective and successful for the health care service to people with severe mental disorders such as schizophrenia, evidence that is less clear in the health care system in Colombia, where weaknesses are present, both for prevention and rehabilitation, although national guidelines give importance to the social context in relation to the disease. As a contribution to the discussion on providing care for people living with schizophrenia, a topic review was conducted with the aim of identifying experiences in community mental health care services, in relation to their relevance to these people at the national level. Articles were searched on Scientific Electronic Library Online (SciELO) Medline with Full text, Science Direct and documents of the World Health Organization, Pan American Health Organization and the Colombian Ministry of Health and Social Protection. Few experiences in community care for people with schizophrenia in Colombia were found and given its importance to public health worldwide, a call for attention is made towards the construction and implementation of these models in the Colombian context.*

**Key words** *Schizophrenia, Community mental health care services, Community psychiatry, Mental health care, Colombia*

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## Introduction

The increasing prevalence of mental illness in the world has increased the gap in health care that can be provided to people with this type of problem, in addition to the fact that there are still difficulties in care processes managed from health systems, especially in low and middle-income countries[1]. In this situation there have been many calls on governments to expand and strengthen community mental health care as an alternative to reduce the difficulties that occur in relation to health care services for the entire population, specifically for people with mental and behavioral disorders [2,3].

People who are diagnosed with schizophrenia represent a challenge not only for professionals in the area of health, but also for their families and society in general[4,5] . For example, at the early onset of symptoms, which affect young people in the phase of training and getting their basic education and involve decreasing productivity and inclusion in the community[5,6] and on the other hand, its recovery potential, which requires the active participation of health personnel, the person with the disease and their family towards a greater adherence to treatment and inclusion in society[7]. In this regard it is worth noting the increase in life expectancy of people with the disease, which means more investment and higher costs in health systems for their care[4,8].

In contrast to the above, a high prevalence of suicide attempts are present. It was found that 20% to 50% of people with schizophrenia attempt suicide and 10% to 13% die from this cause[9], thus this group of people are 20 times more likely to die than general population[10]. Thus, the family burden is increased so that the deterioration of relations and fatigue of caregivers are some of the conditions that complicate the care, attention and respect towards these persons[11,12].

Faced with this complex situation, which demands permanent research and management, it has been evident that in Colombia studies on schizophrenia are scarce, even with respect to their magnitude. The most recent data is from 1997, when the national study of mental health and psychoactive substances use recorded higher prevalence of this disease in the states of Guajira, Córdoba, Quindío and Magdalena, and morbidity of 1.4% in the total Colombian population[13]. In the state of Antioquia, in 2009, of all consultations in institutions of mental health care, 10.7% of them were for schizophrenia, schizotypal and delusional disorders[14]. Even more significant data when there are contextual conditions that are not conducive to mental health, such as violence. The limiting of access to psychiatry and psychology services quite notorious of the Colombian health system, economic barriers and understaffed personnel[15,16].

In Colombia, there has traditionally been a model of care focused on the disease, which in the case of people with mental problems has been characterized by the search for diagnosis, treatment and prevention of serious consequences, always with the help of drugs and hospitalization in mental health units[17].

The difficulties of access to mental health services have remained despite the advances in regulations aimed at protecting people with these diseases. Among the best known are the National Mental Health Policy in 1998[18] and the Law 1616 of Mental Health in 2013[19]. The first one was not implemented, despite its reference point that the development of mental illnesses is linked to context and socioeconomic conditions of persons[20,21], and to seek, among other things, to improve the quality of care and comprehensiveness in rehabilitating individuals and communities[22]. Meanwhile, the law has not been regulated after more than two years after its approval.

Based on these elements and those found in the review on care from a community perspective that is provided to people with schizophrenia, as discussed below, it aims to generate discussion and critical reflection on the need to implement models of community mental health care services for people living with schizophrenia in Colombia.

## Methods

A review of the topic was made by searching databases such as Scientific Electronic Library Online (SciELO), Medline with Full text and Science Direct using descriptors: schizophrenia, mental health care, community mental health and community psychiatry, taken from the Health Sciences Descriptors (DeCS for its initials in Spanish), with their respective terms in English. As selection criteria were used periods between 2000 and 2014 that had abstract, written in English, Portuguese or Spanish (Figure 1).

The search focused by including "Colombia" in each of the descriptors, which means that 12 papers were selected. Likewise, the search engines of the World Health Organization (WHO) and the Pan American Health Organization (PAHO) were used and there were five documents selected.

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From the few findings in Colombia, unlike what was found in the international arena and the recommendation of key documents in the field, by experts in mental health care services for people with schizophrenia, 34 articles were selected because of their relevance and contribution to the contrast of the specific findings in Colombia. For a total of 51 documents (Chart 1).

The three groups of texts selected allowed contextualizing the problem from both national and international levels and identifying official recommendations in the treatment of these cases. The relevance of articles and documents found, so that conceptually and methodologically contributed to meeting the objective, was taken into account.

## Results

The findings presented below show various elements that related indicate the importance of community mental health care for people with schizophrenia in Colombia (Figure 2). First, it is clear that this condition corresponds to a visible problem for public health, which requires a high burden of care and causes stress within the family, with obvious social discrimination and clear convenience of community-based treatment and rehabilitation. Experiences and practices that in Colombia are recommended but have been poorly documented a fact that is consistent with the low presence of mental health care services.

### Schizophrenia, a public health problem

Schizophrenia has been for many years one of the most recognized mental illnesses in the world, given its psychopathological features and its high degree of chronicity[23,24]. According to WHO, in the world, mental and behavioral disorders represent 12% of the burden of illnesses[1,24-26]. In 2004, this same organization estimated that more than 26 million people worldwide were suffering from schizophrenia, making it one of the 20 leading causes of disability worldwide,

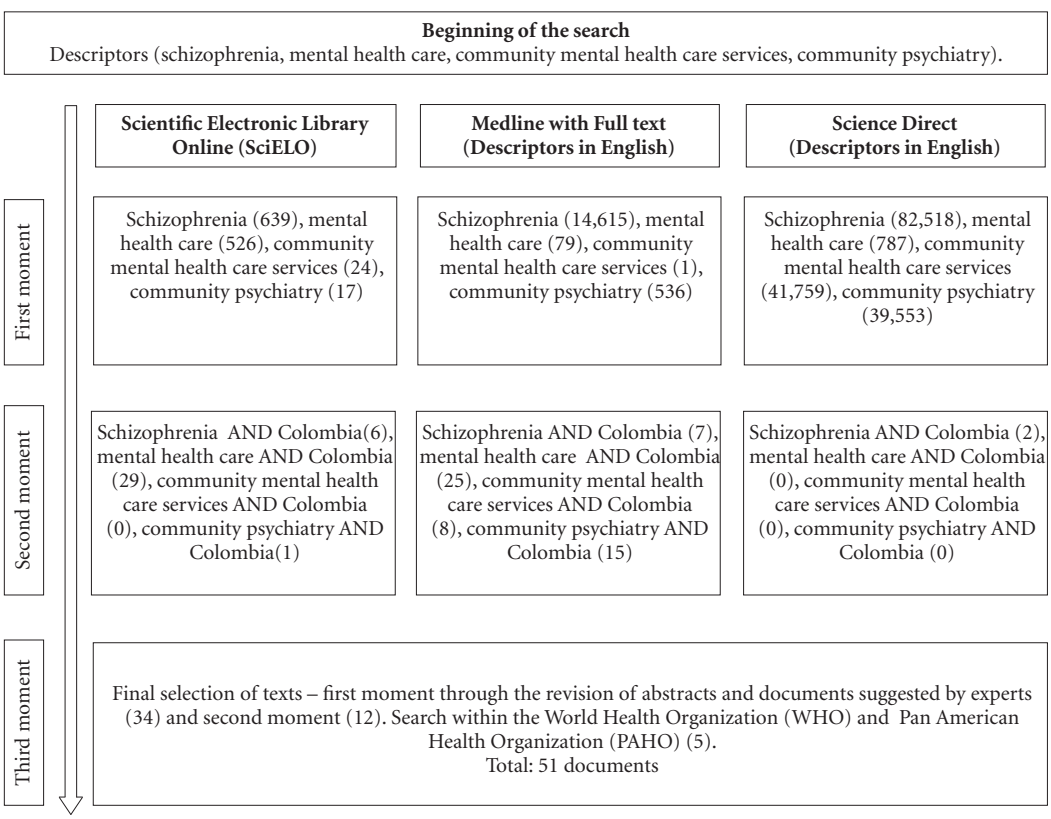


**Figure 1.** Search criteria and selection of the texts found.

**Chart 1.** Selected documents on community mental health care for people with schizophrenia in Colombia and the world.

| N° | Author | Title |
|---|---|---|
| 1 | Hernández LJ. | Evaluation of Results and Impacts of a Mental Health Model based on the Community in districts in Bogotá. |
| 2 | Torres AM, Pinilla M. | Profile of caregivers of mentally ill |
| 3 | Torres AM. | Experiences of caregivers of mentally ill |
| 4 | Urrego Z. | Reflections on the analysis of the mental health situation in Colombia, 1974-2004 |
| 5 | Restrepo MU, Mora OL, Cortés AC | Voices of stigma. Perceived stigma in patients and families with mental illness |
| 6 | Henao S, Restrepo V, Alzate AF, González C. | Perception of access to mental health care services with residents of three municipalities of Antioquia, 2004-2006 |
| 7 | Arias B. | Civil rights of people with mental disabilities in Colombia: a late and restricted update |
| 8 | Ardón-centeno N, Cubillos-novella A. | Mental health: a view from its evolution in Colombian law |
| 9 | Arango C. | Conceptual aspects of the teaching of psychiatry in Colombia |
| 10 | Lorena Z, Rozo C, Paola M, Espinosa S, Rondón-lagos M, Liliana P, et al. | Descriptive study of 20 patients with schizophrenia in Boyacá, Colombia |
| 11 | Hernando M, Hernández B, Victoria M, Correa B. | Care conditions in Antioquian families with a member with bipolar affective disorder |
| 12 | Uribe M, Mora OL, Cortes AC | Voices of stigma. Perceived stigma in patients and families with mental illness |
| 13 | Organización Mundial de la Salud. | Report of World Health. Mental Health: new understanding, new hope |
| 14 | Organización Mundial de la Salud. | The global burden of disease |
| 15 | Caldas de Almeida J, Torres González F. | Community Care for Persons with Psychotic Disorders |
| 16 | Organización Panamericana de la Salud. | Strategy and Plan of Action on Mental Health |
| 17 | Organización Mundial de la Salud. | Mental health ATLAS |
| 18 | Asociación Española de Neuropsiquiatría. | Towards a Quality Community Mental Health Care |
| 19 | Chou K-R, Liu S-Y, Chu H. | The effects of support groups on caregivers of patients with schizophrenia |

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**Chart 1.** continuation

| N° | Author | Title |
|---|---|---|
| 20 | Pinikahana J, Happell B, Hope J, Keks N a. | Quality of life in schizophrenia: a review of the literature from 1995 to 2000 |
| 21 | Kohn R, Saxena S, Levav I, Saraceno B. | The treatment gap in mental health care |
| 22 | Chien W-TW-T, Norman I, Thompson DR. | A randomized controlled trial of a mutual support group for family caregivers of patients with schizophrenia |
| 23 | Suárez MA, Ortiz MB, Fernández A. | Origin and development of monitoring and care programs for severe and chronic mental patients in the community. |
| 24 | Hickling FW. | The epidemiology of schizophrenia and other common mental health disorders in the English-speaking Caribbean |
| 25 | Rüsch N, Angermeyer MC, Corrigan PW. | Mental illness stigma: concepts, consequences, and initiatives to reduce stigma |
| 26 | Rubén A. | Let's take care of the caregivers: the mental health of health workers |
| 27 | Muir- Cochrane E. | Medical co-morbidity risk factors and barriers to care for people with schizophrenia |
| 28 | Jacob KS, Sharan P, Mirza I, Garrido-Cumbrera M, Seedat S, Mari JJ, et al. | Mental health systems in countries: where are we now? |
| 29 | Sartorius N. | Stigma and mental health |
| 30 | Rodrigues, Maria Aparecida P et al. | Using Basic Health Care Services by elders suffering from chronic conditions, Brazil |
| 31 | Taylor TL, Killaspy H, Wright C, Turton P, White S, Kallert TW, et al. | A systematic review of the international published literature relating to quality of institutional care for people with longer term mental health problems |
| 32 | Bröcheler A, Bergmann F, Schneider F. | Models of mental health care in psychiatry across sectoral borders |
| 33 | Silva G. | Álbum De Família E Esquizofrenia : Convivência Em Retrato Family Album And Schizophrenia: Picture Of Life |
| 34 | Ferreira-Furegato AR, Aparecida Frari-Galera S, Pillon SC, et al. | Characterizing mental healthcare service teams |
| 35 | Fresán A, Robles- García R, Benito L De, Saracco R, Escamilla R. | Development and psychometric properties of a brief instrument for assessing the stigma of aggressiveness in schizophrenia |
| 36 | Jerónimo SR, Diego C. DLVS, Patricia SP. | Neurobiological basis of schizophrenia |
| 37 | Rangel HC, Castro LD, Arredondo A. | Cost-effectiveness of interventions for schizophrenia in Mexico |

it continues

**Chart 1.** continuation

| N° | Author | Title |
|---|---|---|
| 38 | Chan SW. | Global perspective of burden of family caregivers for persons with schizophrenia |
| 39 | Rodríguez J. | Mental health care services in Latin America and the Caribbean: the evolution towards a community model |
| 40 | Eaton J, McCay L, Semrau M, Chatterjee S, Baingana F, Araya R, et al. | Scale up of services for mental health in low-income and middle-income countries |
| 41 | Moreno-küstner B, Mayoral F, Rivas F, et al. | Factors associated with use of community mental health services by schizophrenia patients using multilevel analysis |
| 42 | Wagner LC, Geidel AR, Torres-González F, King MB. | Mental health care: perception of people with schizophrenia and their caregivers |
| 43 | Gejman P V, Sanders AR. | Etiology of schizophrenia |
| 44 | Minoletti A, Sepúlveda R, Horvitz-Lennon M. | Twenty Years of Mental Health Policies in Chile |
| 45 | Padmavati R. | Community mental health services for the mentally ill: practices and ethics |
| 46 | Araya R, Alvarado R, Sepúlveda R, Rojas G. | Lessons from scaling up a depression treatment program in primary care in Chile |
| 47 | Hanzawa S, Nosaki A, Yatabe K, Nagai Y, Tanaka G, Nakane H, et al. | Study of understanding the internalized stigma of schizophrenia in psychiatric nurses in Japan |
| 48 | Killackey E, Alvarez-Jimenez M, Allott K, Bendall S, McGorry P. | Community rehabilitation and psychosocial interventions for psychotic disorders in youth |
| 49 | Pires RR, Morais Ximenes V, Barbosa Nepomuceno B. | Care Practices in Mental Health in Brazil: analysis from the concept of citizenship. |
| 50 | Kate N, Grover S, Kulhara P, Nehra R. | Relationship of caregiver burden with coping strategies, social support, psychological morbidity, and quality of life in the caregivers of schizophrenia |
| 51 | Millier a, Schmidt U, Angermeyer MC, Chauhan D, Murthy V, Toumi M, et al. | Humanistic burden in schizophrenia: a literature review |

growing to 1.1% of the total DALYs and 2.8% of years lost due to disability, with a prevalence of 0.5 to 1.2%[27]. It is said that the risk of schizophrenia over a lifetime is 1%, with the same probability of suffering it, both men and women[11,12,23,28].

In Colombia these data have not been updated since 1997, when a National Study of Mental Health was performed, taking as its starting point the concept of mental health as the absence of disease[21,29,30]. In 2003, although another mental health study was conducted, schizophrenia was not seen as specific object of it[31]. However and following the guidelines of other studies again it was sought to identify the prevalence of psychotic symptoms in some population groups, which can be very general and confused with other diseases that have these symptoms as a diagnostic criterion[21].

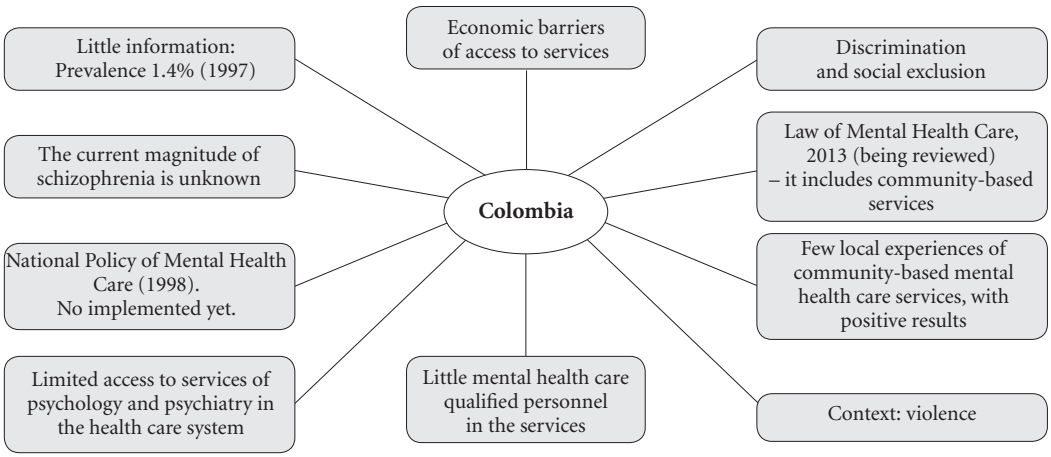


**Figure 2.** Elements related to the need of a community-based mental health care for people who live with schizophrenia in Colombia. 2014.

Source: Our own creation.

Unlike Colombia, other Latin American countries like Argentina, Brazil, Chile and Cuba have made progress in the identification and characterization of schizophrenia in the population and have action strategies aimed at solving the difficulties that may arise when living and sharing with a person presenting this disease[32-35].

Meanwhile, although the costs of health care for people with schizophrenia is high in both the public and the private sector, due to prolonged hospitalization and treatment[8,23] not only talking about funding as one of the difficulties enabling comprehensive care, lack of trained health personnel increases the gap of health care for people with mental diseases[36-38]. In Colombia, this situation has been the subject of discussion by health professionals, especially psychiatrists who exercise their practice in the country[39].

**Community care and schizophrenia**

In the world there have been advances in what refers to increased community mental health care services[25,40,41] . For example, in European countries[42] . The rehabilitation that starts in the community has allowed people living with the disease to express they are keeping their quality of life, despite presenting symptoms of the pathology[43,44].

From models of community mental health care have been developed experiences of social inclusion and rehabilitation that have shown very good results, allowing people living with the disease to feel productive and able to live within society[3,45,46].

Various experiences of community health care for people with mental illnesses show how a narrow therapeutic relationship between health personnel and users, public policies for expansion of community services and the development of labor skills in people living with the disease, increase their perception of recovery and decrease their psychotic symptoms[47]. In addition, this type of interventions to people with schizophrenia who also have other comorbidities, have shown improvement in access and care quality perception[48-50].

Although reported experiences of models of community care for people with schizophrenia were not found, an experience on domestic violence, documented by Luis Hernández in Bogotá[51], although not focused on sick people, shows the importance of this type of models for the benefit of the mental health of the community.

### Stigma and discrimination in schizophrenia

Undoubtedly, stigmatization is one of the problems that hinder social inclusion and the implementation of community programs for people with mental illnesses in the world[23]. Studies in different countries have shown the influence of sociocultural contexts in consolidating such discrimination[52,53], as well as the influence of stigma on the treatment[54]. To try to reduce levels of discrimination have been launched multiple campaigns, which despite having a positive impact on the prevention of this phenomenon in society, do not seem to be very effective in reducing stigma, as they should be aware that the historical and cultural context of each community plays a major role in the acceptance of people with this type of diseases[23,55].

Discrimination and stigma not only fall on the person who has the disease, their family and friends, but also affects the treatment. Thus, the literature shows four types of stigma: the internalized, the family, the health personnel and the social one. Studies of the latter with health personnel have shown that it requires much more obvious interventions through plans and programs that promote the humanization towards people with mental diseases[53]. Some studies in Colombia have found that in the case of mental illnesses, discrimination and exclusion presented by the community to people who have been diagnosed with these diseases, even if provided for in the legislation respect and social inclusion of people living in disability[15,56], even shown how this situation affects not only the person who has the disease, but their families and the community that shares space with them[56]. This displays an obstacle for people with mental illnesses to be able to freely access health care services within a community setting, something disturbing especially if what is sought is social inclusion and rehabilitation for people who have mental disease[15,57] .

### Caregiver fatigue, a pending task

Family plays an important role in the recovery of the person with schizophrenia. One of the tasks presented is precisely to serve as support for the return to society[58,59].

Family as a primary network responsible for the direct care to these people, not only supports through taking medications or through accompaniments to control appointments, but it is precisely through their care in aspects that are not so notorious for society, that the success of treatment has a balance point[58,60].

Given the characteristics of this disease, which produces a profound change in family relationships, it was pointed at some time, by psychoanalysts doctors, that one of the reasons why a person could generate schizophrenia was an inadequate upbringing[61]. However, this hypothesis has been abandoned and it is generally mentioned a genetic transmission rather than due to trauma in childhood[62,63].

And it is that perhaps, one of the situations that causes more complexity in the care of people living with this disease, is that the symptoms are reactivated in unexpected periods in which the disease worsens and can cause separation from society and detachment of the household, besides the fatigue that is reflected in the caregiver[60,64].

In Colombia, there has been some research showing the impact of the constant care of family caregivers of people with mental illness, also highlighting the enormous physical and emotional exhaustion that brings this with the passage of time[64-67]. Some of them report that the health care system does not provide adequate assistance to their physical ailments, which in most cases arise from these care given[66].

For models of community care, support and coordination established with family caregivers is essential for monitoring the therapeutic processes outlined from the beginning of diagnosis[57,66], somewhat visible in models of traditional psychiatric care.

## Discussion

Despite normative progress made by Colombia in relation to the mental health of its population, difficulties in access to services remain an obstacle for people with mental illnesses to benefit from quality care[15,68].

WHO has been emphatic on seeking that health care systems in the world promote social inclusion and create strategies to reduce discrimination and social stigma[23,26]. However, the few experiences that have arisen regarding community care models in Colombia regarding mental health and the null finding regarding schizophrenia show the ambiguity of the system and evidence the lack of opportunities to implement strategies to shape the truth of the implementation of the strategy for primary care for people with mental diseases[69,70].

Quality health services can generate huge difference in achieving adherence to treatment because it has been established that in those services where better treatment is given, there is greater ease of access and less bureaucracy for users, it considerably reduces the risk of relapse[71,72]. In this type of services it has been identified an increased demand for care of the mentally ill and their families[30,36,73]. To this end, WHO has developed practical tools that can help professionals and non-professionals in health, in improving attendance and decreasing the difficulties around the diagnosis of mental diseases[74].

It is a social responsibility of human resources in mental health to promote a better quality of care in these services, and involving not only the people who have been diagnosed with a disorder, but also their families and the community in general[23]. This adds to the need to understand that these people even with a diagnosis such as schizophrenia, have rights and need to live in society without the pressure of stigma and discrimination that falls on them[75].

The importance of creating social networking that provide a support and participate in the care of people with schizophrenia and other mental illnesses, is becoming more noticeable in countries that have implemented community strategies in their health care systems[44,76].

Although timidly, in Colombia, services for mental health care are being increasingly recognized, not only because of the problems related to mental health that occur, such as depression and aggressions[70], but also because of the expectation that generates the recent Law of Mental Health[19], the focus of Primary Health Care promulgated by the Ministry of Health and Social Protection of the country seeking to ensure the care of people who have such disabilities, improving circumstantially with these actions the quality of life of the whole population[21].

## Recommendation: towards a community mental health care

The move toward mental health care services based in the community is a challenge for the Colombian health care system, which demands a strong work towards overcoming the difficulties mentioned above. Greater sensitivity is required in general to the issues concerning the mental health of the population and interdisciplinary work. The importance of the family in the recovery and rehabilitation of people with mental illnesses, as in the case of schizophrenia, seen from the evidence reviewed, it is essential to improve the quality of life of people diagnosed. The use of tools such as mhGAP Intervention Guide can make it easy to detect potential cases and facilitate the work of workers in the area of health. The recent national regulations could also become a key point for future interventions to improve the results of the actions of health personnel.

## Collaborations

The authors express their full contribution to the development of both the text and the research that precedes it. DR Zaraza-Morales was involved in the initial writing of the text, search for bibliographical sources and also going through the correction, editing and Portuguese translation of the abstract. DM Hernández-Holguín was involved in editing the text, bearing in mind the suggestions given by the publisher, the English translation of the summary and the subsequent delivery of the text.

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