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Editorial

Making mental health a reality in Colombia

Haciendo realidad la salud mental en Colombia

Tornando a saúde mental uma realidade na Colômbia

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Editorial



VIGILADA MINEDUCACIÓN

Common mental disorders, including anxiety and depression, rank among the primary contributors to disability globally. This burden is especially pronounced in low- and middle-income countries such as Colombia, where a significant treatment gap for mental health care persists.

In underserved urban areas of Bucaramanga, Santander for example, access to adequate mental health care is limited due to prevailing stigma, workforce shortages, and socioeconomic disadvantage. Residents encounter complex stressors including

unemployment, poverty, violence, insufficient educational opportunities, and restricted access to essential health services. These communities also strive to integrate individuals who have migrated from neighboring Venezuela, often resulting in additional interpersonal and intra-community challenges. Persistent stress and constrained resources may diminish resilience, exacerbate emotional distress, and negatively impact overall well-being.

Community-Based and Lay-Delivered Approaches: Global evidence supports the effectiveness of task-sharing models, wherein trained lay community mental health workers deliver psychosocial interventions, addressing common mental disorders in settings with limited professional resources. Essential components for a successful community-based mental health program include accessible referral systems, consistent supervision, and ongoing education for implementers, called *Orientadores*. One such example, *Un Banquillo Amigable* (UBA), is a nurse-led creative, research-based initiative providing psychosocial support and educational resources within the community (1). UBA focuses on three key elements: 1) **Problem-Solving Strategies**—assisting community members in identifying stressful circumstances, generating practical solutions, and planning actionable steps; 2) **Human Connection**—fostering supportive relationships, empathy, and a sense of belonging, and 3) **Behavioral Activation**—promoting involvement in meaningful, enjoyable, or socially valued activities. Over the past three years, the UBA pilot study in vulnerable communities of Bucaramanga and Floridablanca (2,3) has demonstrated the feasibility, high acceptability, and positive potential of community-based interventions rooted in problem-solving, behavioral change, and strengthening of human connections.

This initiative exemplifies a strategic approach to improving mental health care accessibility and addressing substantial unmet needs within communities across the nation. The expansion of national and regional crisis hotlines—dedicated to suicide prevention, domestic violence, substance abuse, and support for individuals with disabilities—underscores the ongoing demand for enhanced mental health services to complement the limited number of available professionals. With sustained national collaboration and guidance, Colombia remains committed to broadening the network of health professionals, paraprofessionals, and community stakeholders engaged in advancing public mental health, fostering empowerment and education at the community level as needs and opportunities arise.

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