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IRB – Immigration and Refugee Board of Canada

Colombia: Availability and accessibility of mental health services, particularly in Bogotá, Cartagena and Barranquilla; treatment of individuals with mental illness by society and by the authorities; state protection, including recourse and complaint mechanisms available in cases of abuse (2019–July 2021) [COL200704.E]

Research Directorate, Immigration and Refugee Board of Canada

1. Overview

1.1 Demographics

The World Bank reports that Colombia's population in 2017 was 48,909,844 (World Bank [2019]). Colombia's 2015 Mental Health Survey [1], which surveyed 16,147 people, found that 12.2 percent of adolescents (age 12–17) exhibited symptoms of [translation] "at least one" mental health issue (such as depression or anxiety) [in the previous year (Colombia Apr. 2018, 8)], as did 9.6 to 11.2 percent of adults (age 18 and over) (Colombia 2015, 146, 147, 151, 154).

According to data compiled by the National Observatory of Mental Health (Observatorio Nacional de Salud Mental, ONSM) of Colombia's Ministry of Health and Social Protection (Ministerio de Salud y Protección Social, MinSalud) and available through their Integrated System for Information on Social Protection (Sistema Integrado de Información de la Protección Social, SISPRO), in 2019 the suicide attempt rate was 58.84 per 100,000 people nationally, 28.63 in Bogotá, 49.52 in Cartagena, and 70.63 in Barranquilla (Colombia [2019]). According to the 2015 Mental Health Survey, the percentage of adults who have experienced suicidal thoughts is 7 percent in urban areas and 5 percent in rural areas (Colombia 2015, 249).

2. Legislation

2.1 Law 1616 of 2013 (*Ley No. 1616 de 2013*)

Law 1616 of 2013 provides the following regarding the rights of individuals living with mental illness:

[translation]

ARTICLE 4. MENTAL HEALTH GUARANTEE. Through the General Social Security and Health Care System, the state guarantees Colombians, with priority given to children and teens, the promotion of mental health, the prevention of mental disorders and comprehensive and integrated care that includes diagnoses, treatment and rehabilitation for all mental disorders.

…

ARTICLE 5. DEFINITIONS.

…

3. Comprehensive and integrated mental health care. Comprehensive mental health care is the combination of talented people and sufficient, relevant resources to meet the mental health needs of Colombians, including the promotion and *secondary* and *tertiary* prevention, early diagnosis, treatment, rehabilitation and social inclusion. Integrated health refers to the combination of the various levels of complexity, complementarity and continuity in mental health care based on the health needs of individuals.

…

ARTICLE 6. PERSONAL RIGHTS. In addition to the rights in the World Medical Association Declaration of Lisbon, the Convention on the Rights of Persons with Disabilities and other international instruments, the rights of people under the Political Constitution and the General Social Security and Health Care Law regarding mental health include the following:

1. The right to receive comprehensive, integrated and humane care from a team of staff and specialized mental health care services.
2. The right to hear clear, timely, truthful and complete information on the circumstances of one's health status, diagnosis, treatment and prognosis, including the purpose, method, likely duration and expected benefits, as well as the risks and side-effects regarding the facts and causes of one's deterioration and the social security-related circumstances.
3. The right to receive specialized and interdisciplinary care and treatment with the best scientific evidence in accordance with scientific advances in mental health.
4. The right to have interventions that are the least restrictive to individual liberties in keeping with the law in force.
5. The right to have psychotherapy with the necessary time and number of sessions to ensure dignified treatment that yields results in terms of change, well-being and quality of life.
6. The right to receive individual and family psychological education on one's mental disorder and the forms of self-care.
7. The right to receive occupational disability, under the terms and conditions established by the treating health care professional, guaranteeing the person’s recovery.
8. The right to exercise one's civil rights and, in the event of incapacity to exercise one's rights, to have a judge determine one's incapacity in accordance with Law 1306 of 2009 and other legislation in force.
9. The right not to be subjected to discrimination or stigmatization for receiving mental health care.
10. The right to receive or refuse spiritual or religious support in line with one's beliefs.
11. The right to have access to and maintain ties with the educational system and employment and not be excluded on the basis of a mental disorder.
12. The right to always receive the medicine required for therapeutic or diagnostic purposes.
13. The right to demand that informed consent be given consideration for treatment.
14. The right not to be subjected to clinical trials or experimental treatments without informed consent.
15. The right to confidentiality of care information and to respect the privacy of other patients.
16. The right to return to one's family and community. (Colombia 2013)

Law 1616 of 2013 provides the following regarding the delivery of mental health services:

ARTICLE 8. PROMOTION. The Ministry of Health and Social Protection will lead mental health promotional activities to positively impact factors in mental health. They include the following: social inclusion, stigma and discrimination elimination, proper treatment and violence prevention, harassment, school bullying, suicide prevention, substance abuse, social participation, and economic and food security.

...

ARTICLE 12. COMPREHENSIVE NETWORK OF MENTAL HEALTH SERVICE DELIVERY. Territorial bodies and administrative benefit plan companies must provide a comprehensive network of public and private mental health service delivery, as part of a general health care service network.

This network will provide services under the primary care strategy framework as a comprehensive care model that includes the delivery of services at all levels of complexity. It guarantees quality care in a timely, sufficient, ongoing, relevant manner with easy access to mental health promotional, preventive, early detection, diagnostic, intervention, treatment and rehabilitation services.

This interconnected network will be coordinated under a referral and counter-referral system that guarantees the effective return of cases to the first level of care.

...

ARTICLE 13. TERMS AND CONDITIONS OF COMPREHENSIVE AND INTEGRATED MENTAL HEALTH CARE. The comprehensive mental health service delivery network must include the following terms and conditions and services, integrated into the general health care services at the health care service delivery institutions.

1. Outpatient care
2. Home care
3. Pre-hospital care
4. Addiction care centre and substance abuse services

5. Mental health community centre
6. Patient and family support groups
7. Day hospital for adults
8. Day hospital for children and teens.
9. Community-based rehabilitation
10. Mental health units
11. Psychiatric emergency. (Colombia 2013)

Law 1616 of 2013 provides the following regarding support available to individuals living with mental illness:

ARTICLE 24. SCHOOL INTEGRATION. The state, family and community should promote the integration of children and teens with mental disorders in schools.

The ministries of Education and Social Protection or the bodies acting on their behalf must unite forces, designing strategies that favour integration into regular classrooms and targeting factors that may have an incidence on children and teens with mental illnesses not attending school.

The territorial entities certified in education must adapt the teaching means and conditions and train educators based on individual needs, relying on the support of a qualified interdisciplinary team at a health care centre close to the school.

...

ARTICLE 38. MENTAL HEALTH DISABILITIES. People with a mental disorder who find themselves temporarily or permanently unable to exercise their occupation or usual trade will be entitled to receive financial disability benefits under the conditions set out in the regulations in force for dependent and independent workers. (Colombia 2013)

3. Availability and Accessibility of Mental Health Services

3.1 National Availability of Mental Health Services

According to sources, public and private facilities provide mental health services in Colombia (Medical Psychiatrist 7 July 2021; Dean 6 July 2021; Director 13 July 2021), including in Bogotá, Barranquilla, and Cartagena (Medical Psychiatrist 7 July 2021). Sources reported that mental health services are more available in cities than in rural areas (Associate Professor 12 July 2021; Director 13 July 2021). A 2020 report produced by Colombia's National Council on Economic and Social Policy (Consejo Nacional de Política Económica y Social, CONPES), an advisory body to the Colombian government which includes all sitting governmental ministers (Colombia n.d.a), states that medicines for mental disorders are not readily available in rural areas (Colombia 14 Apr. 2020, 42–43).

According to data compiled by the ONSM and available through their SISPRO, in 2018, 33.14 percent of people nationwide who required mental health services attended at least one treatment (Colombia [2018]). ONSM published the following data on the number of health care institutions in 2020:

Type of Service	Colombia	Bogotá	Barranquilla	Cartagena
Neurology	1,806	262	98	63
Neuropediatrics	773	87	52	30
Psychology	7,650	886	350	266
Psychiatry	1,886	277	97	71
Psychiatry or mental health unit	126	21	7	5

Number of Health Care Institutions (Hospitals, Clinics, etc.) Equipped to Provide the Following Service Types

(Colombia [2020a])

3.1.1 National Availability of Mental Health Personnel

According to data cited by the MinSalud in its 2018 National Mental Health Policy (*Política nacional de salud mental*), in 2016 there were 938 psychiatrists for the 1,442 required by demand, creating a 35 percent deficit (Colombia 15 Nov. 2018, 20). The 2020 CONPES report indicates that data from the MinSalud shows that there are 2 psychiatrists and 2 neurologists per 100,000 people in Colombia, and that they have a [translation] "low presence" in rural areas (Colombia 14 Apr. 2020, 47).

According to sources, public mental health services are understaffed (Director 13 July 2021; Associate Professor 12 July 2021; García Lara 30 July 2020). In correspondence with the Research Directorate, the Dean of Psychology at a Colombian university stated that there are [translation] "some cases of service saturation" (Dean 6 July 2021). According to a 2018 study by Dora María Hernández Holguín,

a psychologist, PhD candidate and member of the Mental Health Group in the National Faculty of Public Health at the Universidad de Antioquia in Medellín (Universidad de Antioquia n.d.), and Cristian Felipe Sanmartín-Rueda, a health services administrator (Hernández Holguín 15 July 2021), based on interviews with 23 mental health professionals, one scientific expert the study interviewed noted that there are entire departments in the country without any psychiatric specialists available (Hernández Holguín and Sanmartín-Rueda July–Dec. 2018, 1, 8). The 2020 CONPES report states that the mental health workforce lacks training in comprehensive care provision (Colombia 14 Apr. 2020, 42–43).

3.2 National Accessibility of Mental Health Services

According to the 2018 Hernández Holguín and Sanmartín-Rueda study, mental health professionals indicated that because of [translation] "structural, conceptual and socio-cultural failures," mental health is a right that has not been achieved (Hernández Holguín and Sanmartín-Rueda July–Dec. 2018, 6). According to a 2019 article by William Tamayo-Agudelo, a professor of psychology at the Universidad Cooperativa de Colombia in Medellín and Vaughan Bell, a senior clinical lecturer in the Division of Psychiatry at University College London, barriers to improvement persist in Colombia's mental health system, owing to issues including corruption, unimplemented reforms, debt, and the closing of some mental health facilities (Tamayo-Agudelo and Bell May 2019, 40–42).

The 2020 CONPES report states that, according to a 2018 report on a global mental health and sustainable development commission, less than half of Colombian people living with mental health issues seek care, and seven percent of those that do are not able to access to the basic health care afforded to them under the country's public health system (Colombia 14 Apr. 2020, 43). According to the CONPES report, drawing on information from the 2015 Mental Health Survey and the MinSalud, this is attributable to problems, including patients' [translation] "lack of knowledge" on how to access care, lack of trust in treatment, and location, as well as long wait times to obtain appointments or authorizations and an emphasis on pharmacological treatments (Colombia 14 Apr. 2020, 43).

Sources report that wait times are common in accessing public mental health facilities (Dean 6 July 2021; Associate Professor 12 July 2021). In a telephone interview with the Research Directorate, an associate professor in psychology at the Universidad de los Andes in Bogotá stated that people can wait "up to" three months in cities to receive an initial appointment with a psychiatrist or clinical psychologist and can face difficulties securing follow-up appointments (Associate Professor 12 July 2021). However, in a telephone interview with the Research Directorate, the Director of the Department of Psychology at the Universidad Nacional de Colombia in Bogotá stated that access will typically be quicker in the contributory regime than in the subsidized regime, depending on the contributory health insurance entity (entidad promotora de salud, EPS) [2] provider (Director 13 July 2021). In correspondence with the Research Directorate, a psychologist at the Universidad del Norte in Barranquilla reported that there is a [translation] "big difference" between the contributory and subsidized regimes in terms of service provision, with subsidized patients experiencing more issues accessing services, medication, and hospitalization when necessary (Psychologist 16 July 2021).

3.2.1 Insurance Coverage for Mental Health Services

According to sources, Colombia's public health care system, which was established by Law 100 of 1993 (*Ley 100 de 1993*) and is enshrined in the General System of Social Security in Health (Sistema General de Seguridad Social en Salud, SGSSS), is a two-regime system divided into a contributory regime and a subsided regime (Amariles, Ceballos and González-Giraldo Oct.–Dec. 2020, 1; World Bank Aug. 2019, 17–19; UN 2017, 12). A 2019 report by the World Bank's Health, Nutrition, and Population Global Practice states based on information from the MinSalud that the contributory system (where both the individual and their employer contribute to financing the system) is for pensioners, employees or self-employed individuals with "payment capacity," along with their families; the subsidized regime provides health services and technologies for "poor and vulnerable populations" who cannot afford to pay (World Bank Aug. 2019, 19). The 2019 article by Tamayo-Agudelo and Bell states that Colombian people receiving mental health coverage through the country's subsidized health care regime experience "poorer" care than those in the contributory regime (Tamayo-Agudelo and Bell May 2019, 41).

3.2.2 Cost of Mental Health Services

The MinSalud's Resolution 2481 of 2020 (*Resolución número 2481 de 2020*), which updates coverage for health services and technologies financed by the capitation payment unit (unidad de pago por capitación, UPC) [3] (Colombia 24 Dec. 2020, preamble), provides the following:

[translation]

Article 61. Mental health care emergencies. Health care technologies and services financed by UPC include emergency care in appropriately licensed facilities for patients with a mental illness or disorder. This includes observation in emergency.

Article 62. Outpatient psychotherapy for the general public. Health care technologies and services financed by UPC include individual, group and couple's outpatient psychotherapy, regardless of the cause for or stage of the illness and are as follows:

1. Up to a total of thirty (30) individual psychotherapy sessions with a competent medical specialist or psychologist in the calendar year.
2. Up to a total of thirty (30) group, family or couple's psychotherapy sessions with a competent medical specialist or psychologist in the calendar year.

...

Article 63 Outpatient psychotherapy for women victims of violence. Under the responsibility of UPC resources, outpatient psychotherapy for women victims of physical, sexual or psychological violence is financed when deemed appropriate by the treating physician, in lieu what is set out in Article 62 of the administrative act and are as follows:

1. Up to a total of sixty (60) individual psychotherapy sessions with a competent medical specialist or psychologist in the calendar year.
2. Up to a total of sixty (60) group, family or couple’s psychotherapy sessions with a competent medical specialist or psychologist in the calendar year.

Article 64. Inpatient mental health care for the general public. Health care technologies and services financed by UPC include the admission of patients with any kind of mental disorder or illness, in the critical phase of their illness or in the event that it endangers their life or integrity or that of their family members or the community.

In the critical phase, financing by UPC for hospitalization may be extended to up to ninety (90) continuous or discontinuous days in the calendar year, in keeping with the opinion of the treating health care team, provided that such care comes under the scope of health care and does not pertain to stays as a result of social abandonment.

In the event that the mental illness or disorder endangers the life or integrity of the patient or that of their family members or the community, financing by UPC for admission will be for a duration that the treating professionals deem necessary.

...

Article 65. Inpatient mental health care for women victims of violence. Under the responsibility of UPC resources, inpatient care for women victims of physical, sexual or psychological violence is financed when deemed appropriate by the treating physician, in lieu of what is set out in Article 64 of the administrative act and is as follows:

In the critical phase, financing by UPC for hospitalization may be extended to up to 180 continuous or discontinuous days in the calendar year.

In the event, the mental illness or disorder endangers the life or integrity of the patient or that of their family members or the community, financing by UPC for admission will be for a duration that the treating professionals deem necessary. (Colombia 24 Dec. 2020)

Sources reported that public mental health treatments for people accessing through the subsidized regime are either free of charge (Associate Professor 12 July 2021) or do not cost "much" for the individual (Director 13 July 2021). The Associate Professor stated that for people accessing care through an EPS insurance provider (in the contributory regime), treatments "cost very little" out of pocket (Associate Professor 12 July 2021). The Director reported that such costs are based on the income of the patient in question and the location of service (Director 13 July 2021).

3.2.3 Public and Private Mental Health Services

In correspondence with the Research Directorate, a medical psychiatrist, who is also a junior researcher with Colciencias, reported that the mental health services offered in public and private mental health facilities are similar and generally provided in the same facilities (Medical Psychiatrist 7 July 2021). According to sources, however, appointments at public facilities are limited in length (Director 13 July 2021; Psychology Undergraduate Program Director 16 July 2021), and the patient is only allowed a certain number of sessions (Director 13 July 2021). In correspondence with the Research Directorate, the Psychology Undergraduate Program Director at the Universidad de la Costa in Barranquilla stated that the frequency of patients' follow-up consultations can be limited in the public system (Psychology Undergraduate Program Director 16 July 2021). According to the Associate Professor, the public mental health system "suffers from scarce resources, infrastructure issues, and quality of care issues," and there are "much fewer resources" available compared with the private system (Associate Professor 12 July 2021). The Psychologist stated that there are private mental health facilities that offer their services to users affiliated with particular EPSs (Psychologist 16 July 2021). The Associate Professor reported that "only a small part of the population," "largely upper-middle class," has access to private mental health facilities, since users must be able to afford the cost of an insurance package (Associate Professor 12 July 2021).

3.3 Accessibility and Availability of Mental Health Services in Bogotá

According to data compiled by the ONSM and available through the SISPRO, in 2018, 36.08 percent of people in Bogotá who required mental health services attended at least one treatment (Colombia [2018]).

The 2018 study by Hernández Holguín and Sanmartín-Rueda cites one scientific expert who stated that over half of Colombia's psychiatrists are located in Bogotá (Hernández Holguín and Sanmartín-Rueda July–Dec. 2018, 8). According to the Medical Psychiatrist, mental health services are [translation] "highly available and accessible" in Bogotá (Medical Psychiatrist 7 July 2021).

The Associate Professor indicated that they would advise patients in Bogotá to seek mental health treatment at a university-affiliated clinic, outside of the contributory or subsidized regime, where they can access "cheap, high-quality treatment" which might be free or charge on a sliding-scale (Associate Professor 12 July 2021). The same source stated there are "at least" seven such university mental health clinics in Bogotá (Associate Professor 12 July 2021).

According to the Colombian government's webpage on COVID-19, there are three phone hotlines for mental health care in Bogotá which people can call for counselling (Colombia n.d.b). These include Line 106 (Línea 106), which sources report Bogotá residents in need of immediate mental health assistance can call to speak with someone who can offer psychological support (Bogotá n.d.; *Semana* 25 July 2020; *El Tiempo* 6 Oct. 2020a). The Bogotá Mayor's Office indicates that Line 106 is run by psychology professionals (Bogotá n.d.). According to a 2020 article in *Semana*, a weekly Colombian magazine, the city of Bogotá created 10 mental health support teams, which can be reached by calling the 123 hotline, to provide emergency services during the COVID-19 pandemic (*Semana* 25 July 2020). The same 2020 article indicates that, according to the district authorities, the hotlines hosted more than 24,300 consults during the COVID-19 lockdown (*Semana* 25 July 2020). However, according to a 2020 article by *El Tiempo*, a national Colombian newspaper, the parents of a young woman living with depression, anxiety, and bipolar disorder called the 123 hotline and were told their call was [translation] "irrelevant" during the COVID-19 pandemic; their call to Line 106 was never answered, and a request to their EPS's homecare service was denied on the grounds that the service was only treating COVID-19 cases (*El Tiempo* 6 Oct. 2020b).

3.4 Accessibility and Availability of Mental Health Services in Cartagena

According to ONSM data available via the SISPRO, in 2018, 34.73 percent of people in Cartagena who required mental health services attended at least one treatment (Colombia [2018]).

According to the Medical Psychiatrist, mental health services are [translation] "highly available and accessible" in Cartagena (Medical Psychiatrist 7 July 2021). The Director, however, stated that Cartagena does not have "good" mental health care facilities (Director 13 July 2021). Corroborating information could not be found among the sources consulted by the Research Directorate within the time constraints of this Response.

According to the webpage of the Colombian government dedicated to the COVID-19, there are two phone lines for people experiencing mental distress to receive counselling in the Bolívar department (which includes Cartagena) (Colombia n.d.b).

3.5 Accessibility and Availability of Mental Health Services in Barranquilla

According to ONSM data available via the SISPRO, in 2018, 38.01 percent of people in Barranquilla who required mental health services attended at least one treatment (Colombia [2018]).

The Psychologist reported that there are five mental health clinics in Barranquilla, one of which is public and four of which are private and provide services through EPSs (Psychologist 16 July 2021). The Associate Professor stated there is at least one university mental health clinic in Barranquilla, affiliated with the Universidad del Norte (Associate Professor 12 July 2021). According to the Medical Psychiatrist, mental health services are [translation] "highly available and accessible" in Barranquilla (Medical Psychiatrist 7 July 2021). However, the Psychologist stated that [translation] "demand [for mental health services] is not being met, either in qualitative or quantitative terms" (Psychologist 16 July 2021). The Undergraduate Program Director reported that the availability and timeliness of care for specialty mental health issues in Barranquilla is [translation] "not very favourable, especially if hospitalization is required" (Psychology Undergraduate Program Director 16 July 2021).

According to the webpage of the Colombian government dedicated to the COVID-19, there is one phone line for people experiencing mental distress to receive counselling in the Atlántico department (which includes Barranquilla), and one in Barranquilla specifically (Colombia n.d.b). This includes one phone line called the Life Line (Línea de la Vida), which the office of the District Mayor of Barranquilla's reported in September 2020 was to assist people with their emotions by providing support and expert guidance [translation] "in difficult moments" (Barranquilla 13 Sept. 2020).

4. Treatment by Society

Sources report that in Colombia there is a stigma associated with mental illness (Cubillos, et al. Apr. 2020, 381; Fundación Saldarriaga Concha 2019, 25-31; Director 13 July 2021). Sources indicate that there are patients who avoid pursuing the treatment "because of the stigma" (Associate Professor 12 July 2021) or because they are fearful of facing discrimination within the medical system (Fundación Saldarriaga Concha 2019, 29–30). The Medical Psychiatrist stated that the [translation] "stigma-discrimination" against mental disorders in Colombia is the "main barrier" to accessing mental health care, with many people only accepting treatment for severe symptoms after multiple referrals (Medical Psychiatrist 7 July 2021). According to the 2018 study by Hernández Holguín and Sanmartín-Rueda, issues of neglect and stigma impacting mental health are a problem in the health sector but also within families, in society at large, and in the country's legislature (Hernández Holguín and Sanmartín-Rueda July–Dec. 2018, 8). According to a 2019 study on mental health stigma in Colombia [4] conducted by the Saldarriaga Concha Foundation (Fundación Saldarriaga Concha), an NGO focused on research and initiatives supporting Colombia's elderly and disabled communities (Fundación Saldarriaga Concha n.d.), victims of armed conflict, Afro-Colombians, and indigenous populations living with mental illness, because of their marginalized status in society, face [translation] "greater barrier[s]" to accessing services and social inclusion (Fundación Saldarriaga Concha 2019, 39–40).

According to sources, there can be barriers to employment for people living with schizophrenia (Medical Psychiatrist 7 July 2021; Director 13 July 2021) or other psychotic disorders (Director 13 July 2021). According to a 2020 study of the mental health systems of Colombia, Costa Rica, and Peru, based on a review of public records and on interviews with 12 stakeholders in each country, including patients, academics and policy makers, and whose authors include three representatives of the Santa Fe Foundation of Bogotá (Fundación Santa Fe de Bogotá), a university hospital (Johns Hopkins University n.d.), and one representative of the MinSalud, "[p]eople with severe mental illnesses are perceived as lacking the necessary competence to perform a typically paying job" (Cubillos, et al. Apr. 2020, 379, 381). The Cubillos et al. study quotes a Colombian government official as stating that mental health patients continue to be "'stigmatize[d]'," including by employers who might fear integrating such people into their companies (Cubillos, et al. Apr. 2020, 381).

The Medical Psychiatrist stated that those who meet criteria for mental disorders are [translation] "typically" able to access education (Medical Psychiatrist 7 July 2021). Corroborating information could not be found among the sources consulted by the Research Directorate within the time constraints of this Response.

According to the Director, it may be difficult for people with mental illnesses to access housing if the property owners are aware of their conditions (Director 13 July 2021). Corroborating information could not be found among the sources consulted by the Research Directorate within the time constraints of this Response.

5. Treatment by Authorities

Information on the treatment of people with mental illness by authorities was scarce among the sources consulted by the Research Directorate within the time constraints of this Response.

The Dean stated that, [translation] "in general, a person with a disorder would be subject to mistreatment or restrictions because they are considered antisocial rather than ill" (Dean 6 July 2021).

According to the Psychology Undergraduate Program Director, the [translation] "general perception" is that people with mental illness are not treated with dignity (Psychology Undergraduate Program Director 16 July 2021). The same source indicated that people with mental illness [translation] "face obstacles" in accessing social benefits, particularly in Barranquilla; additionally, they are "stigmatized or undervalued" and they are "often not listened to or not believed" (Psychology Undergraduate Program Director 16 July 2021).

6. State Protection

6.1 Government Policies, Advocacy and Support Services

In 2018, Colombia adopted the National Mental Health Policy, which [translation] "aims to make mental health a priority" by

1. leading programs to build "individual and collective psychosocial skills and social cohesion" and develop "healthy, resilient and protective environments"
2. establishing mental health systems and services rooted in the community
3. strengthening health services, particular primary care
4. promoting community-based recovery and social inclusion
5. improving "information and knowledge management systems" and developing interconnections within and across sectors (Colombia 15 Nov. 2018, 5).

However, according to the 2020 CONPES report, Colombia lacks a long-term action plan and strategy on mental health; this has resulted in a lack of focus and coherence in implementation and ultimately the desired impact has not been achieved (Colombia 14 Apr. 2020, 27). Cubillos et al. similarly report that Colombia's implementation of its mental health objectives is "far from reaching the standards" set out in its regulatory framework on mental health (Cubillos, et al. Apr. 2020, 379).

Sources report that some government-supported programs exist to help people with mental illness and other disabilities to find employment (Cubillos, et al. Apr. 2020, 380; Director 13 July 2021).

The information in the following paragraph comes from the 2020 study by Cubillos et al. on the mental health systems of Colombia, Costa Rica, and Peru:

Colombia uses public subsidies to assist people unable to work because of a mental health disability. According to Colombian government data, between 2016 and 2018, almost five million Colombians, including "approximately" 17,000 people with disabilities, created profiles in a government employment database. During that period, 1.5 million Colombians found a job, but "only" 1,114 of these were people with disabilities and "only" 30 were people with a mental health disability. "[V]ocational rehabilitation and supported employment programs" for people with "severe" mental illness are "scarce," and people with severe mental illness are "rare[ly]" beneficiaries of the employment assistance available to people with disabilities. The study's authors "found no evidence of collaboration" between Colombia's mental health care system for people with severe mental illness and various programs in the country designed to encourage hiring people with disabilities (Cubillos, et al. Apr. 2020, 380, 382). Corroborating information could not be found among the sources consulted by the Research Directorate within the time constraints of this Response.

6.2 Recourse and Complaint Mechanism in Cases of Abuse

Sources reported that there are no specialized recourse or complaint mechanisms available to people with mental illness in Colombia to report cases of abuse (Associate Professor 12 July 2021; Director 13 July 2021). According to sources, the writ for protection (*acción de tutela*) [5] is available for use by people with mental illness (Director 13 July 2021; Hernández Holguín 13 July 2021). However, the Psychologist stated that [translation] "there are many delays" in responding to these petitions, which have "serious implications" for the patient's health, and sometimes a petition yields no results (Psychologist 16 July 2021). According to the Medical Psychiatrist, cases of abuse of persons with mental disorders can be reported to the Office of the Ombudsperson (Defensoría del Pueblo), but the office is understaffed and [translation] "often" complaints do not receive an "effective response" (Medical Psychiatrist 7 July 2021). Corroborating information could not be found among the sources consulted by the Research Directorate within the time constraints of this Response.

This Response was prepared after researching publicly accessible information currently available to the Research Directorate within time constraints. This Response is not, and does not purport to be, conclusive as to the merit of any particular claim for refugee protection. Please find below the list of sources consulted in researching this Information Request.

Notes

[1] Colombia's 2015 Mental Health Survey was the most recent survey conducted (Ospina-Pinillos, et al. 2020, 2; Hernández Holguín 14 July 2021). It was jointly overseen by the Ministry of Health and Social Protection (Ministerio de Salud y Protección Social, MinSalud) and the Administrative Department of Science, Technology and Innovation (Departamento Administrativo de Ciencia, Tecnología e Innovación, Colciencias) (Colombia 2015, 21).

[2] According to a 2017 WHO report on Colombia's health care system prepared by Jaime Hernán Rodríguez Moreno and Laura Julieta Vivas Martinez of the Colombian Health Technology Assessment Institute (Instituto de Evaluación Tecnológica en Salud, IETS), the contributory health insurance entities (entidades promotora de salud, EPS) manage the delivery of health services and are reimbursed by the State (UN 2017, 14).

[3] According to the 2017 WHO report, the capitation payment unit (unidad de pago por capitación, UPC) is the mechanism by which the Colombian state finances the provision of health services in the contributory and the subsidized regimes of the public health insurance system in Colombia (UN 2017, i, 15-16). The report states that the amount of the UPC is different in the contributory regime than in the subsidized regime, is updated and set annually by the MinSalud, and differs depending on the age, sex, place of residence, and special population status (such as indigenous populations) of the individual (UN 2017, 15–16).

[4] The 2019 study on mental health stigma in Colombia conducted by the Saldarriaga Concha Foundation (Fundación Saldarriaga Concha) was based on focus group discussions in five cities including Bogotá, Cartagena, and Barranquilla with people that included those with psychosocial disabilities and their family members (Fundación Saldarriaga Concha 2019, 20).

[5] According to a primer produced by the Constitutional Court (Corte Constitucional) of Colombia, the writ for protection (*acción de tutela*), established in Article 86 of the Political Constitution and Article 10 of Decree 2591 of 1991 (*Decreto 2591 de 1991*), is a judicial mechanism allowing any person to file claim in the Constitutional Court of Colombia alleging their fundamental constitutional rights, including their right to health, have been violated or threatened (Colombia [2020b], 6).

References

Amariles, Pedro, Mauricio Ceballos and Cesar González-Giraldo. October–December 2020. "Primary Health Care Policy and Vision for Community Pharmacy and Pharmacists in Colombia." *Pharmacy Practice*. Vol. 18, No. 4. [Accessed 14 July 2021]

Associate Professor, Universidad de los Andes, Bogotá. 12 July 2021. Telephone interview with the Research Directorate.

Barranquilla. 13 September 2020. Alcaldía Distrital de Barranquilla. Facebook. "Línea de la Vida disponible para escucharte." [Accessed 21 July 2021]

Bogotá. N.d. Alcaldía de Bogotá. "Línea 106: 'El poder de ser escuchado'." [Accessed 6 July 2021]

Colombia. 24 December 2020. Ministerio de Salud y Protección Social (MinSalud). *Resolución número 2481 de 2020*. Excerpts translated by the Translation Bureau, Public Services and Procurement Canada. [Accessed 7 July 2021]

Colombia. 14 April 2020. Departamento Nacional de Planeación (DNP), Consejo Nacional de Política Económica y Social (CONPES). *Estrategia para la promoción de la salud mental en Colombia*. [Accessed 5 July 2021]

Colombia. [2020a]. Ministerio de Salud y Protección Social (MinSalud), Observatorio Nacional de Salud Mental (ONSM). "Indicadores salud mental por geografía." [Accessed 5 July 2021]

Colombia. [2020b]. Corte Constitucional. *ABECÉ de la acción de tutela*. [Accessed 15 July 2021]

Colombia. [2019]. Ministerio de Salud y Protección Social (MinSalud), Observatorio Nacional de Salud Mental (ONSM). "Tasa de intento de suicidio." [Accessed 5 July 2021]

Colombia. 15 November 2018. Ministerio de Salud y Protección Social (MinSalud). *Política nacional de salud mental*. [Accessed 21 June 2021]

Colombia. April 2018. Ministerio de Salud y Protección Social (MinSalud). *Ficha Metodológica: Encuesta Nacional de Salud Mental 2015 - Dirección de Epidemiología y Demografía*. [Accessed 18 June 2021]

Colombia. [2018]. Ministerio de Salud y Protección Social (MinSalud), Observatorio Nacional de Salud Mental (ONSM). "Indicador de uso de servicios en salud mental." [Accessed 5 July 2021]

Colombia. 2015. Ministerio de Salud y Protección Social (MinSalud) and Departamento Administrativo de Ciencia, Tecnología e Innovación (Colciencias). *Encuesta nacional de salud mental 2015*. Vol. 1. [Accessed 18 June 2021]

Colombia. 2013. *Ley No. 1616*. Excerpts translated by the Translation Bureau, Public Services and Procurement Canada. [Accessed 18 June 2021]

Colombia. N.d.a. Departamento Nacional de Planeación (DNP). "El Consejo Nacional de Política Económica y Social, CONPES." [Accessed 5 July 2021]

Colombia. N.d.b. "Lineas de atención para orientación y salud mental." [Accessed 12 July 2021]

Cubillos, Leonardo, et al. April 2020. "Addressing Severe Mental Illness Rehabilitation in Colombia, Costa Rica, and Peru." *Psychiatric Services*. Vol. 71, No. 4. [Accessed 25 June 2021]

Dean, Faculty of Psychology, university in Colombia. 6 July 2021. Correspondence with the Research Directorate.

Director, Department of Psychology, Universidad Nacional de Colombia, Bogotá. 13 July 2021. Telephone interview with the Research Directorate.

El Tiempo. 6 October 2020a. Carol Malaver. "Coronavirus: cómo manejar la ansiedad generalizada en medio de la crisis." [Accessed 2 July 2021]

El Tiempo. 6 October 2020b. Carol Malaver. "Joven con trastorno bipolar dice que enfermedades mentales deben ser atendidas en la pandemia." [Accessed 2 July 2021]

Fundación Saldarriaga Concha. 2019. *Estigma y discapacidad psicosocial en el marco de los resultados en salud mental del conflict armado en Colombia: Foco particular en la población indígena y afrodescendiente*. *(Resumen)*. [Accessed 15 July 2021]

Fundación Saldarriaga Concha. N.d. "Nuestro Propósito." [Accessed 15 July 2021]

García Lara, Francisco José. 30 July 2020. "¿Es prioritaria la salud mental?" NeuroEconomix Blog. [Accessed 25 June 2021]

Hernández Holguín, Dora María, Facultad Nacional de Salud Pública, Universidad de Antioquia, Medellín. 15 July 2021. Correspondence with the Research Directorate.

Hernández Holguín, Dora María, Facultad Nacional de Salud Pública, Universidad de Antioquia, Medellín. 14 July 2021. Correspondence with the Research Directorate.

Hernández Holguín, Dora María, Facultad Nacional de Salud Pública, Universidad de Antioquia, Medellín. 13 July 2021. Correspondence with the Research Directorate.

Hernández Holguín, Dora María and Cristian Felipe Sanmartín-Rueda. July–December 2018. "La paradoja de la salud mental en Colombia: entre los derechos humanos, la primacía de lo administrativo y el stigma." *Revista Gerencia y Políticas de Salud*. Vol. 17, No. 35. [Accessed 28 June 2021]

Johns Hopkins University. N.d. Johns Hopkins Medicine. "Fundación Santa Fe de Bogotá." [Accessed 7 Aug. 2021]

Medical Psychiatrist, Santa Marta. 7 July 2021. Correspondence with the Research Directorate.

Ospina-Pinillos, Laura, et al. 2020. "Involving End Users in Adapting a Spanish Version of a Web-Based Mental Health Clinic for Young People in Colombia: Exploratory Study Using Participatory Design Methodologies." *JMIR Mental Health*. Vol. 7, No. 2. [Accessed 15 July 2021]

Psychologist, Universidad del Norte, Barranquilla. 16 July 2021. Correspondence with the Research Directorate.

Psychology Undergraduate Program Director, Universidad de la Costa (CUC), Barranquilla. 16 July 2021. Correspondence with the Research Directorate.

Semana. 25 July 2020. "Así funciona atención domiciliaria a emergencias en salud mental en cuarentena." [Accessed 2 July 2021]

Tamayo-Agudelo, William and Vaughan Bell. May 2019. "Armed Conflict and Mental Health in Colombia." *BJPsych International*. Vol. 16, No. 2. [Accessed 30 June 2021]

Universidad de Antioquia. N.d. Facultad Nacional de Salud Pública, Departamento de Ciencias Básicas. "Facultad de salud pública." [Accessed 6 July 2021]

United Nations (UN). 2017. World Health Organization (WHO), Alliance for Health Policy and Systems Research. *Primary Health Care Systems (PRIMASYS): Case study from Colombia*. By Jaime Hernán Rodríguez Moreno and Laura Julieta Vivas Martinez from the Instituto de Evaluación Tecnológica en Salud (IETS). [Accessed 14 July 2021]

World Bank. August 2019. Health, Nutrition, and Population Global Practice. *Achieving Health Outcomes in Colombia: Civil Registration and Vital Statistics System, Unique Personal Identification Number, and Unified Beneficiary Registry System for Births and Deaths*. By Juan Pablo Toro Roa, Roberto F. Iunes and Samuel Mills. [Accessed 15 July 2021]

World Bank. [2019]. "Population, Total – Colombia." [Accessed 20 July 2021]

Additional Sources Consulted

Oral sources: Así Vamos en Salud; Asociación Colombiana contra la Depresión y el Pánico; Asociación Colombiana de Facultades de Psicología; Asociación Colombiana de Psiquiatría; Asociación Colombiana de Salud Pública; Barranquilla – Secretaría de Salud; Bogotá – Secretaría Distrital de Salud; Cartagena – District Mayor; Clínica CEMIC in Cartagena; Colombia – Ministerio de Salud y Protección Social; Fundación Saldarriaga Concha; Fundación Santa Fe de Bogotá; Fundamental Colombia; *La Nación*; mental health specialists with the Secretaría Distrital de Salud of Bogotá (8); professor in the Faculty of Medicine at a Medellín-based university; professor of psychiatry at Bogotá-based university (2); professor of psychology at a Barranquilla-based university (2); professor of psychology at a Bogotá-based university; professor of psychology at a Cartagena-based university (3); *Revista Colombiana de Psicología*; UN – Pan American Health Organization Colombia Center.

Internet sites, including: Asociación Colombiana contra la Depresión y el Pánico; Asociación Colombiana de Facultades de Psicología; Asociación Colombiana de Psiquiatría; Asociación Colombiana de Salud Mental; Asociación Colombiana de Salud Pública; Barranquilla – Secretaría de Salud; Bogotá – Secretaría de Salud, Observatorio de Salud; Borgen Magazine; Cartagena – Alcaldía Distrital; CitiesRISE; Doctoralia; ecoi.net; *El Heraldo*; El Paciente Colombiano; Factiva; Fundación Santa Fe de Bogotá; Instituto Colombiano de Bienestar Familiar; Instituto de Investigación del Comportamiento Humano; Médecins sans frontières; MedicosDoc; Mutante; La Papaya; Organization of American States – Inter-American Commission on Human Rights; Pontificia Universidad Javeriana – Programa Intervenciones en Salud Mental; Razón Pública; UN – Pan American Health Organization, Refworld.

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