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Argentina: A mental health system caught in transition

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ABSTRACT

For the past 20 years, Argentina has been embroiled in a debate about its psychiatric asylums slated to be closed by 2020. These 19th century edifices have been the subject of serious criticism centered on human rights abuses of patients and appalling conditions of care. Legislation introduced in 2010 directed a 10-year timeline for the closure of psychiatric institutions, heralding a policy of deinstitutionalization to be completed by the imposed time limit. It looks now however, that the process is arguably at a tipping point between continued institutionalization and partial community reintegration. The law requires the reduction of patients in psychiatric institutions, the availability of psychiatry beds in general hospitals, a guarantee of patient rights, the establishment of interdisciplinary teams, day hospitals and community-based care. Although some changes have occurred in the delivery of mental health services, minimal progress has been made toward implementing a comprehensive vision for mental health. Community mental health programs are few and underdeveloped, with some notable exceptions, and the mental health system as a whole appears to be stuck in the early stages of transition. This paper reviews the historical and current mental health system in Argentina and uses interpretative phenomenological analysis (IPA) as a method for exploring the views of stakeholders, including practitioners, academics and researchers in Buenos Aires, in order to understand how they make sense of the difficulties in implementation of the 2010 law. Some key recommendations about community mental health programs emerge from the findings of the study.

KEYWORDS

Deinstitutionalization; community mental health; Argentina

Background

Currently in Argentina, there is an on-going discussion about the process of deinstitutionalization of mental health patients given impetus by the Mental Health Law 26,657 (Congreso de la Nación Argentina, 2010). In Buenos Aires, where a number of large psychiatric institutions are located, serious concerns have been raised over discharging long- term psychiatric patients into the community with no planning or resources in place to

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meet their needs, including housing and support services. Identified problems include, a lack of planning and monitoring, insufficient budget allocation, failure to support families, lack of resources for social reintegration and minimal coordination between various departments of government (Moldavsky et al., 2011; Morasso, 2013; Stagnaro, 2016; Velzi Diaz et al., 2018). Despite recent law and policy changes, deinstitutionalization has worsened the 'revolving door' syndrome in which patients return frequently to hospital or end up homeless or in shelters and at risk of serious harm (Natella et al., 2018). Additionally, among those patients continuing to reside in institutions for social rather than medical reasons, concern has been raised about the continuing violation of patient rights and access to legal services (Asociación Civil Centro de Estudios Legales y Sociales, CELS, 2019).

The 2010 mental health legislation in Argentina places greater emphasis on patient rights, and views hospitalization as a last resort, requiring the provision of substitute care in the community. The act stipulates that all general hospitals must have a psychiatric unit and cannot refuse to admit a patient with psychiatric illness. Involuntary admissions are restricted and subject to monitoring by a review body, which includes human rights workers. Patients are no longer admitted to psychiatric institutions (except for short stays) and cannot be held in institutions beyond 90 days, without a second opinion of a review body established by law. All admissions, either voluntary or involuntary, require an interdisciplinary evaluation rather than an individual psychiatrist's opinion. All patients are entitled to know their rights and can appeal decisions made about their treatment. The act also stipulates that the creation of new asylums, either public or private, is not allowed. The requirement of a judicial order for hospitalization or for discharge has been deleted, and 'dangerousness to oneself or others' as the criterion for admission has been changed to 'certain and imminent risk'. The 2010 mental health law was recognized by both the Pan American Health Organization (PAHO) and by the World Health Organization (WHO, 2011). However, the actual regulatory mechanisms for ensuring compliance with the mental health law were not implemented in Argentina until 2013 (Ministerio de Salud, 2013).

Although the situation is slowly changing as a result of the 2010 legislation, some argue that it is not for the better, the reality being that many patients have been arbitrarily removed from institutions in compliance with legislative requirements while many still remain in inhuman living conditions (Melzer, 2018, Sabin Paz et al., 2015). The scale of the problem was acknowledged earlier so that in 2007, according to Mental Disability Rights International (MDRI) and CELS, 25,000 people were estimated to be detained in Argentina's psychiatric institutions, while today that figure is

reported to be roughly half or approximately 12,035 (Asociación Civil Centro de Estudios Legales y Sociales, CELS, 2008; Secretaria de Gobierno de Salud de la Nación, 2019). The government's own figures, if reliable, claim that 53.6% of these institutionalized patients do not have the essential resources to make community living possible (Dirección Nacional de Salud Mental, 2019). It is argued that concern with cost saving policies and austerity measures have led to a chaotic process of deinstitutionalization with little or no safely net in place to protect the most vulnerable (Sabin Paz et al., 2015). Others are concerned that an exclusive focus on protection of human rights may result in the closing of all inpatient beds in psychiatric institutions (Asociación de Psiquiatras Argentinos, APSA, 2019). Deinstitutionalization has predictable consequences for people struggling with mental illness and addictions when there is poor policy and planning at the community level, including the lack of essential resources such as income support and housing (Asociación por los Derechos en Salud Mental, ADESAM, 2017; Markowitz, 2006). A study by Shen and Snowden looking at data on early and late adopters of deinstitutionalization in 193 countries, including Argentina, found that 'late adopters of mental health policy are more likely to reduce psychiatric beds in mental hospitals than innovators, and are motivated to implement deinstitutionalization for technical efficiency rather than social legitimacy reasons' (Shen & Snowden, 2014, p. 1).

Deinstitutionalization requires a shift in historical and cultural thinking especially related to the visibility of mental illness in the community, and the willingness of government and other agencies to ensure that appropriate community services are available to meet the needs of post-hospitalized patients. In 2013 the Federal government published guidelines for the implementation of the 2010 law, recognizing that each province has its own legal and regulatory process for ensuring compliance with the national law. However, the commitment by government to provide a census of institutionalized patients every two years has so far resulted in only one review in nine years (Dirección Nacional de Salud Mental, 2019).

Deinstitutionalization in Argentina

The history of deinstitutionalization in Argentina did not start in Buenos Aires, where many of the largest asylums were located, but can be traced to developments in the province of Rio Negro beginning in 1991 (Ministerio de Salud de Río Negro, 1991) with the closure of the provincial psychiatric hospital in which '90% of all mental health human resources were concentrated' (Cohen & Natella, 2013). At that time, a local psychiatric institution was converted into a general hospital with a psychiatric unit offering short-

term in-patient treatment and out- patient services. The innovations in Rio Negro resulted in a number of publications primarily in support of this social health initiative, however there has not been much systematic evaluation or analysis of potential negative outcomes as a result of de-institutionalization, such as out of province admissions to psychiatric hospitals (Cohen & Natella, 2013; Collins, 2008). Some observers even question the extent to which Rio Negro has in fact achieved successful deinstitutionalization as has been claimed (Pellegrini, 2011).

In the neighboring province of Neuquen, the Instituto Austral de Salud Mental developed a community based psychiatric rehabilitation program (1993) that has transformed the mental health system by the establishment of primary care teams including general practitioners, nurses, social workers and community health workers who provide outreach and support services in the home. The day hospital has replaced psychiatric beds and intensive home care has reduced the need for hospitalization (Lumerman & Conover, 2013). This program has received support from the National Institute of Mental Health (NIMH) as well as favorable reviews from the World Health Organization (2008). Rio Negro, Neuquen, along with San Luis province, pioneered Argentina's path toward deinstitutionalization. During the 1990s, beds in San Luis psychiatric hospital fell from 120 to 11, and the average length of stay went from 7 plus years to 8 days (Pellegrini, 1999). Rural vs. urban contexts would not sufficiently explain why these provinces began institutionalization earlier. It may be related to factors such as the compositon of rural vs. urban populations and the relative wealth of the provinces. However, the delay in the transformation of mental health services in the largest cities in the country such as Buenos Aires and Cordoba, can be at least partially attributable to being very large urban centers that attracted migrants with less familial networks for support, and these cities acted as hubs for tertiary mental health care for many smaller cities across the country.

Buenos Aires & Province

As stated earlier it is important to acknowledge that Argentina began the process of deinstitutionalization prior to the enactment of the 2010 Legislation. For example, Melia et al. (1999) studied how psychiatric institutions had decreased their number of beds between 1962 and 1997. They report that the four largest psychiatric hospitals in the Buenos Aires Province ("A. Korn", "Cabred", "Esteves" and "Montes de Oca") decreased their number of beds from 9,805 to less than 5,000 during this period.

Starting in 1999, the Programa de Rehabilitación y Externación Asistida (PREA), Temperley, Buenos Aires province, sponsored by Hospital Esteves,

which provides supportive housing and a range of community based social and recreational services, has gained recognition as an innovative community mental health program (PREA, 2015). However, this program was able to aid less than 10% of Hospital Esteves inpatients to be discharged (Ardila, 2012). A very similar program, also known as PREA, was established a few years later in hospital 'Penna', a general hospital in a southern city of the same Buenos Aires province, in Bahia Blanca. In Buenos Aires city large psychiatric institutions such as Braulio A. Moyano Neuropsychiatric hospital for women, built in the latter part of the 19th century, have seen a significant decrease in the number of psychiatric patients from an estimated high of 2,500 in the 1980s to approximately 800 in 2015 (Lewis, 2015). In Buenos Aires, Programa de Externación Asistida para la Integración Social (PREA, 2015) provides limited financial subsidies along with a variety of workshops and courses to assist people with social integration. In line with PREA, this program has been able to offer some help to a small fraction of people living in the city's psychiatric hospitals. Close to the capital, other programs that have been recognized as contributing to positive outcomes for deinstitutionalized patients are Casa del Pre-Alta, Hospital A. Korn in La Plata which in 1980 had 2,800 beds and now currently approximately 940 beds, a reduction of 67% over 30 years (Santi et al., 2018).

In an article by Tisera et al. (2014) examining the implementation of the 2010 mental health law in Buenos Aires, the authors concluded that the process of deinstitutionalization was essentially stuck and that the largest number of psychiatric admissions continued to be made to large psychiatric institutions. Research by Di Nella et al. (2011) noted that, between 2001 and 2011, the reported decrease in institutional inpatient beds was 57.6%. However, at that time only 18.5% of new community-based hospital beds were established and 95% of inpatient psychiatric beds were still in institutions with only 5% in general community hospitals (Moldavsky et al., 2011). To quote 'these data suggest that psychiatric admissions occur mostly in monovalent hospitals (psychiatric institutions) with the risk of institutional habituation that this entails' (Di Nella et al., 2011, p. 46). It has been estimated that nationally 65% of the mental health budget is allocated to psychiatric hospitals and that the budget for mental health across provinces varies between 0.5% and 5%, which is far below WHO recommendations (Stagnaro, 2016). While there is still a dearth of reliable data available, it is noted that according to the City of Buenos Aires budget, 8% of health expenditures are allocated for mental health of which almost 80% continues to go to the four psychiatric institutions (Gobierno de la Ciudad de Buenos Aires, 2018).

There are no accurate figures available to estimate the overall rate of deinstitutionalization in Argentina, as disclosure of actual numbers may

lead to cuts in hospital budgets. However anecdotal evidence for Buenos Aires suggests that the process is stalled, with two leading neuropsychiatric institutions in Buenos Aires, Hospital Borda (men) and Hospital Moyano (women) housing approximately 600–800 patients in each facility (Gobierno de la Ciudad de Buenos Aires, 2018). It has been estimated, that between 30 and 40% of patients are 'social patients' meaning that they are incarcerated primarily because of a failure to meet their social and economic needs (Dirección Nacional de Salud Mental, 2019). These patients cannot be discharged because of the lack of available community resources to make social reinsertion possible. This problem had been anticipated and many writers and critics outlined possible blueprints for developing and expanding community services including the establishment of interdisciplinary teams, day programs and community mental health services (Galende, 2008; Tisera et al., 2014; Zaldúa et al., 2011), which with a few notable exceptions have not come to fruition. A national mental health plan was developed by the department of mental health in 2013 (Ministerio de Salud, 2013) but without the resources to implement it. There are a number of organizations in Buenos Aires and elsewhere in Argentina that are deeply concerned about the failing mental health system, and have advocated strong measures to safeguard the human rights of institutionalized persons including Comisión Interamericana de Derechos Humanos (CIDH), Centro de Estudios Legales y Sociales (CELS) (2008), Asamblea Permanente de Usuarios de Servicios de Salud Mental (APUSSAM), Asociación por los Derechos en Salud Mental (ADESAM) (2019).

A hearing held before the Inter American Commission on Human Rights (CIDH) February 2019 reported, that since 2010 mental health law 'not a single insane asylum has been closed nor have assisted homes, supervised home care services or other support devices been created' (ADESAM, 2019, p. 1). Likewise, concerns have been raised about implementing the current law without recognizing the importance of stigma and discrimination in the community toward individuals with mental health problems and there is an urgent need for effective public and health policies to ensure them the basic rights (Zaldúa et al., 2011).

Natella and colleagues offer a critique of the current mental health system in Argentina based on four fundamental problems including view of the person, symptom control, professional training and a revolving door. They argue that people must have the resources to organize their lives outside the hospital and that some patients will need extensive preparation and support before being able to live in the community (Natella et al., 2018). One recommendation is to transform the process of mental health care within the institution by implementing 'salas de puertas abiertas' (open wards) in order to create a supportive hospital community in

preparation for eventual social re- integration outside of the hospital (Brain et al., 2018). Another study looking at the profiles of institutionalized patients distinguished three groups based on degree of autonomy, level of activities in and outside hospital, basic self -care and living skills and family and community links. The study found that some patients can be successfully reintegrated in the community if they have some supports in place including family, work and recovery activities while others require very intensive and extensive support if they were to live in the community (Santi et al., 2018).

Concerns about deinstitutionalization in other jurisdictions

Reforms in mental health legislation and psychiatric practice have been implemented in a number of countries in South America since the Caracas Declaration of 1990. Mental health legislative reform and approaches to deinstitutionalization have been reported in Brazil and Chile with varying degrees of success, however serious psychosocial problems have been identified in these countries such as homelessness and crime (Agrest, Mascayano, Teodoro de Assis, Molina-Bulla & Ardila-Gómez 2018). In recent years, Brazil has begun a discussion on whether they should increase the number of available psychiatric beds (Martins, 2018). Argentina is viewed as a late initiator of deinstitutionalizion compared to developments in other South American countries. Despite the best intentions of returning people to their families and communities, a number of negative effects have been reported by countries that adopted a policy of deinstitutionalization many years before Argentina.

North American cities for example, have experienced wide spread homelessness and drug addiction among individuals who would previously have lived in psychiatric institutions, and now live on the streets or in homeless shelters (Dear & Wolch, 2014; Markowitz, 2006) and it has been estimated that at least one third of homeless individuals have serious mental illness (Foster et al., 2012). It has also been reported that large jails in the US house more people with severe mental illness than any psychiatric hospital in the country (Brink, 2005; Markowitz, 2006; Steadman et al., 2011). It is argued that serious social problems created by deinstitutionalization in North America are related to the fact that much of the money used to fund asylums was diverted from mental health services for people with serious mental illness, resulting in a lack of community based social, therapeutic, vocational and supportive housing programs essential for community living (Isaac & Armat, 1990).

As a result of deinstitutionalization, the number of psychiatric beds has markedly decreased in most Western countries. However, concerns have been raised about re-institutionalization as evidenced by the increase in

forensic units, homeless shelters and community based institutional settings (Steadman et al. 2011). In Argentina, for example, according to Moldavsky et al. (2011), the decreasing number of public psychiatric inpatient beds has given rise to a larger number of private psychiatric inpatient beds. This has led some to argue that a process of trans-institutionalization is taking place, whereby patients who would have formally been institutionalized, end up in residential homes, forensic hospitals and prisons (Saxena et al., 2003). Such concerns have triggered a call for further comparative research to evaluate new forms of institutionalized care in the community (Fakhoury & Priebe, 2002). It is generally agreed that a comprehensive organized system of care is necessary, and that a balanced care approach would combine brief acute hospital admission with follow-up services in the community (Killaspy, 2006; McDaid & Thornicroft, 2005). The movement from institutional to community psychiatry has been the subject of extensive research, covering key areas such as residential housing, supported employment, social integration and social skills training (Roessler, 2006). Deinstitutionalization requires a fundamental change in mind set beginning with a re-visioning of what mental health means, an understanding of the concept of recovery, the reallocation of mental health funds, a commitment to community-based programs and a balance between community and hospital care (Thornicroft & Tansella, 2004). These issues will be explored further in the discussion portion of this paper.

The Study

The present study aims to uncover the views of key informants, primarily in Buenos Aires among a group of academics, professional practitioners and community organizations that are engaged in mental health research and practice. Interviews with service users or caregivers were not included, a shortcoming we discuss later in the section on limitations. The study is based on a series of interviews with key informants between February and April, 2019. There were 16 interviews completed in person and 2 completed by email including 4 psychologists, 2 psychiatrists, 2 policy analysts and 4 academics specializing in community mental health, 5 community agency practitioners, and 1 service user representative. We also reviewed a large body of written material, which included various government documents on deinstitutionalization, an assortment of national and provincial laws and literature on a wide range of mental health community services in Buenos Aires and beyond. In some instances, site visits were also conducted to these centers.

The goal of the research was to ascertain the views and opinions about the mental health system in Argentina, specifically Buenos Aires, and to

explore the availability of community based mental health services and programs developed since the legislation of 2010. It was hoped to gain a better understanding of (1) how the system is working or not working (2) how policies have been implemented and (3) the effects of on-going deinstitutionalization.

Participants were asked to respond to the following four broad questions:

1. Have you seen any significant changes in the mental health system since 2010 in regards to how patients are cared for both as inpatients and outpatients? If yes, which changes? If no, why not?
2. What community mental health services are available for people living with serious and persistent psychiatric illness? Are there any special provisions or programs in place to help the most vulnerable patients who have been discharged from monovalent institutions since 2010?
3. Are there reliable figures available on the current rate of deinstitutionalization? How much of the health budget is allotted to community based mental health?
4. Does the concept of recovery have meaning in the provision of mental health services?

These core questions open up possibilities for a much fuller discussion about a wide range of issues related to mental health legislation, deinstitutionalization and community-based programs.

Research methodology

The primary investigator (DH), a social work academic from King's University College, Western University, Canada, adopted an ethnographic research approach and was immersed for 6 weeks in the mental health system of Buenos Aires where he had the opportunity to interact regularly with practitioners and researchers in community mental health. Following each interview, which involved extensive note taking, the PI debriefed with a research assistant on the content of the interviews and reviewed field notes and responses to key questions. The process also involved the participation of a colleague/co-investigator (MA) who took the time to discuss and reflect on the information gathered. Approximately half of the interviews were arranged on the recommendation of the co-investigator (who did not participate in any of the interviews) the rest were the result of a snowballing sample, which was discontinued when saturation was reached. The sample was quite diverse and the threshold for saturation was established when no new information or themes were identified.The PI who conducted all of the interviews had completed similar research in Buenos Aires in 2008, 2011 & 2015 leading to

publication of findings (Hurley, Álvarez, Ragno & Giménez-Velo, 2017). His background included over 20 years of clinical practice in a child psychiatry department of a large teaching hospital in Canada. Co-researcher (MA) has a long history of involvement in the mental health system in Buenos Aires, both as a psychologist and researcher and has published studies in mental health research in South America. All interviews were reviewed for narrative thematic content related to the concepts being examined, and interpretive phenomenological analysis (IPA) was utilized to explore the experiences of participants. The study followed an inductive, iterative approach based on contextualized accounts of practitioner involvement in mental health work. Information was coded, organized and interpreted and validation of findings achieved by the use of independent raters. Voluntary informed consent was obtained from each participant and the study received ethics board approval (REB) for empirical human research from King's University College, Western University, Canada.

Findings from interviews

The basic questions offered a starting point for a more thorough exploration of participant views about the current state of mental health practice in Buenos Aires and environs. Responses to these questions are summarized according to dominant themes that emerged from the raw data of the interviews which were organized systematically, based on an analysis of discursive segments of interviews that highlighted common themes across interviews. The participants in the study shared strong views and passionate positions about the mental health system in Argentina which they care deeply about, particularly focused on social justice for marginalized and voiceless consumers of mental health services. The following represents a cross section of these views reproduced verbatim from the interview data. In this section of the paper, we include a number of direct quotes from the interviews.

Overarching themes:

1. System inertia and resistance to change at multiple levels.
2. Lack of resources for mental health support in the community.
3. Inability to embrace a recovery model of mental health practice.
4. Inter-sectoral planning at multiple levels.

System inertia and resistance to change at multiple levels

The following quotations are indicative of what participants feel and think about the 2010 law and the current functioning of the mental health system. What is striking is the number of participants who believe that the investment in maintaining the status quo far outweighs the impetus for

change. The psychiatric profession among others is viewed as intransigent, as is evidenced by the following:

> The mental health act is stalled! There is strong resistance from psychiatrists who have no understanding of a multidisciplinary team.

> There are vested interests in keeping things the way they are, medics want to keep the old system that privileges power and position.

However, it is true to say that psychiatrist in the study viewed their colleagues in other disciplines as ignoring the reality of dysfunctional patients who are unable to care for themselves in the community. The following quote captures that sentiment *'The law is very strongly social, it disempowers psychiatrists and empowers patients and social agents, its focus is the elimination of in-patient treatment, but where are those patients to go?'*

Many of the participants acknowledged that power to some extent has been redistributed as a result of the initiation of multidisciplinary teams

> 'There is some change in power and control (interdisciplinary teams) but not in treatment or medications, conditions for patients haven't changed since 2010.'

There are others who believe that the primary culprit is the government, and/or politicians who have no real intention of changing the current conditions, preferring instead to uphold the current system of institutionalized care because it is easier than trying to reform mental health in Argentina. There is also a concern about vested interests between government, medical professionals, contractors and the pharmaceutical industry:

> You never get anything done in Buenos Aires because of all the politics, there is no substantial change, it's all part of the political process, one government spends the next one cuts!

> 90% of the mental health care budget in CABA still goes to psychiatric hospitals, numbers in institutions are falling but funding remain fixed.

> The government is too close to the medical establishment and big pharma who want to keep the system as it currently is! If they do change, it will be because these institutions are expensive real estate for building and development.

> Nothing has changed in Buenos Aires, look at the Mental Health budget! 3% community beds and residences; 10% general hospital beds (polyvalent); 87% psychiatric institutions (monovalent). Also, there are only five crisis teams available for Buenos Aires province.

> There are very powerful self-interests in hospital management, contracts and supplies, loss of power in hospitals means loss of business for those companies that supply materials and services to the hospitals.

Finally, there are those that believe that the psycho-social problems facing deinstitutionalized people are overwhelming and that there is a disconnect between the spirit of the law and the actual lived reality of the life of mental health services users and survivors:

> The 2010 law is more utopian than practical, it has not made much difference to psychiatric institutions like Borda or Moyano, they still have hundreds of people living there, while thousands of people are homeless in Buenos Aires.

> The mental health law stipulates that service users should be part of the governance of organizations and that there should be service user participation and representation on boards and committees, but this is rarely the case.

> I think that the transformations have been asynchronous, as social changes in general are, changes have occurred with greater speed in the field of discourse but more slowly in the field of practice.

Lack of resources for mental health support in the community

Participants spoke mainly about financial supports and safe housing as well as the urgent need to establish more day hospitals and community centers. The view is that resources are either underdeveloped or non-existent. It is also the case that programs have been terminated or cut back in recent times:

> Good programs have been discontinued. We used to have an assertive community treatment team which was closed because the funding was withdrawn.

> There are community mental health centres in Buenos Aires that have a mental health component, but they are very limited in what they can offer, they offer some group programs and workshops for basic living skills, managing money and rent subsidies, but it's very little.

Some participants spoke in favor of closing all psychiatric institutions immediately and asked why large urban centers like Buenos Aires could not emulate what has been achieved in other jurisdictions.

> 'There are very few day hospitals and supportive housing programs and there are only 3 community mental health centres for all of Buenos Aires. It's not just money, the city has a very large budget.'

> 'Why can't we do what Italy, Spain and Brazil have done! Close hospitals and put community mental health into practice.'

Even if the deinstitutionalization problems go back a long way, many participants believe that the core problem is poverty and that the situation has got much worse with the recent 'neoliberal' government's decisions that caused hyper-inflation, stagnation and an enormous financial

debt. Related to this is the view expressed by a number of participants that public funding has been depleted in Argentina for reasons that are not transparent, and it remains to be seen whether the new administration (2020) will be more accountable for the state of public finances.

> Since 2015 social and economic conditions for people have got much worse, the last administration had a basic support program for poor families, inflation and cutbacks to social assistance have made it much worse.

> Cutbacks to pensions resulted in 16,000 loosing financial support, it's very difficult now to get a pension for mental health reasons, this could change if a new government is elected this year (2019).

> The number one problem in the country is poverty followed by homelessness! Inflation has made living conditions much more difficult for the average person.

> It is very hard for families who have no financial means to have to travel long distances to see their loved ones on a regular basis.

> The situation is much worse than in 2015 (previous change of government) large numbers of mental health patients are turning up at local hospitals, the system is overwhelmed! There are no community programs that patients can access.

> The situation we are in is partly due to the absence of material resources but also and to a large extent due to the absence of theoretical, methodological and technical resources.

Some of the above participant statements were difficult to confirm with existing data. On this issue of cutback to disability pensions, some clarification may be useful here for readers unfamiliar with social assistance in Argentina. According to the National Disability Agency, from 2003 to 2015, the beneficiaries of disability pensions increased from 78,585 to 1,034,743, a very similar number to the number of beneficiaries in 2019. People receiving this benefit had increase in payments far below the inflation rate for the last four years. However, at the same time, the progressive law offering social benefits to people with disability was finally put in practice. This law considers that people with disability can recover and it is no longer presumed that needed supports would last forever. Accordingly, all supports (e.g., pensions) are to be reevaluated periodically, which is viewed by beneficiaries and people related to them as an attempt by the government to cut back on all of these pensions.

Inability to embrace a recovery model of mental health practice

An understanding of the recovery process, and a commitment to working from a recovery perspective, is seen by many of the participants as critical

to helping people overcome the effects of serious and persistent mental illness. The concept of "recovery" is entangled with empowerment and unrestricted respect for human rights, which would compliment and support the creation of new alternatives to psychiatric hospitalization. However, all the participants who mentioned the importance of recovery acknowledged a lack of training and scarcity of initiatives guided by this model.

> 'The medical concept of recuperation is not the same as 'recovery in the community' which is often spoken about but not acted upon.'

> 'Community mental health and recovery-based treatment programs are not happening because they are not understood; the university psychology programs have a traditional psychoanalytic orientation and there is only one course in community mental health.'

'*Lacanian psychoanalysis has no place whatsoever in public health policies, what relevance is Lacan to social exclusion, financial insecurity, food and infrastructure conditions?*' Buenos Aires is renowned for its flourishing psychoanalytic community, mainly with a Lacanian orientation, and is reputed to have more psychologists than any other comparable city in the world (Alonso & Klinar, 2013). Psychoanalysis focuses on internal psychological mechanisms in order to explain psychopathology in contrast to a recovery orientation that emphasizes a person's social, economic, historical and current living circumstances. The former typically involves a long process of psychotherapy while the latter concerns itself with psycho-social rehabilitation. The strong psychoanalytic tradition in Buenos Aires is both a strength and a limitation, meaning that a large percentage of mental health practitioners are informed by important Lacanian concepts, which provide an in-depth psychological method for understanding psychopathology. On the other hand, people living with serious and persistent mental illness are less responsive to traditional psychotherapy and require a more direct recovery approach to managing their symptoms and coping with the daily demands of living. Articulations between Lacanian psychoanalysis and recovery driven practices can be challenging. A central concept to recovery such as "hope" is frequently not only looked down upon by Lacanian psychoanalysts, but also fiercely resisted for its alleged reminiscence to neoliberalism and a supposedly quiet acceptance of injustice in accessing the material conditions of life.

> 'The university does not want to teach recovery. There is only one course in mental health for social work students at UBA and its not compulsory, one very positive development is that Lanus University now offers a PhD in community mental health.'

For many participants it is important to keep in mind the needs of people who are trying to recovery from mental illness. Programs that offer job

retraining, assistance with employment, work advocacy or educational upgrading are highly valued. Social media campaigns that challenge stigma and negative mental health stereotyping are also seen as critical to the recovery process.

> 'People in recovery are very frustrated at not having a job, they want to work, some have very good education, especially the women.'

> 'It is very important to develop anti-stigma initiatives in mental health, people with mental health problems are still viewed as dangerous.'

> 'The media are responsible for promoting a skewed picture of mental illness which is always equated with violence and dangerousness which creates more stigma and barriers.'

The above comments represent a cross section of views about the importance of recovery-based community programs that offer opportunites for psychosocial development free of stigma and discrimination.

Inter-sectoral planning at multiple levels

Argentina has been dealing with rampant inflation both before and after the devaluation of the peso in 2001. As a result, successive governments have attempted to either spend their way out of the problem or impose economic austerity measures. This pattern is likely to continue in the current economic climate of 50% inflation (INDEC, 2019) with a new administration currently in power since 2020.

'*In 2018 the Ministry of Health became the Ministry of Social Development, government ministries were cut from 18 to 9 and we established the National Mental Health Directive, we are still waiting to see what they recommend*'. To editorialize on this comment would be to say that in 2018 the Ministry of Health was de-promoted to a Secretariat level, significantly downgrading its importance in the overall business of governing the country. Under such circumstances it is not surprising that participants were quite skeptical about government initiatives in creating mental health programs.

> There is no grand plan or any attempt to build community teams, pensions for people leaving hospital are very poor, barely subsistence! The money should follow the patient and be withdrawn from the institutions.

> A change of government usually means a little more or a little less spending on mental health initiatives but in reality, nothing much changes in Argentina, we have been in a downward financial drift for years.

> The systems are complex because you find districts that only have a national budget, others that have only a provincial budget and others with a municipal budget, and different combinations, therefore reliable estimates (national data) do not exist.

Notwithstanding the strongly pessimistic tone of many participants, there were a surprising number of interesting solutions suggested for the current situation. *'To institute change you must start with the small provinces first! Trying to change the situation in Buenos Aires is too difficult, change will trickle down from other provinces, a wave will follow!'*

> You need to work with unions in hospitals, the resistance to change is very strong, hospitals and unions have a lot of power.

> Change the hierarchies that exist in government where some ministries hold much more power than others, law and mental health should be stronger.

> Change funding formula so that the old institutions do not continue to receive the largest amount of mental health funding and divert much more into community mental health programs.

> We need a comprehensive policy document with clear guidelines and timelines from the National Mental Health Directive.

Perhaps the most comprehensive and detailed statement was made by one participant who has been involved in mental health services for many years and is a strong advocate for people living with serious mental health problems.

> For me the most important changes are to strengthen interdisciplinary teams and break down professional barriers, increase social assistance immediately, start a public housing program, change the law to require businesses to hire people with disabilities, change the hierarchal structure of government ministries, stop financial aid to old psychiatric hospitals.

Discussion

Reliable statistical information on the current state of mental health care in Argentina is not available. According to the latest census of psychiatric institutions 12,035 individuals were reported to be living in psychiatric hospitals and more than one third have been hospitalized over five years (Dirección Nacional de Salud Mental y Adicciones, 2019). However much important data is unavailable and what is available is often misleading (Agrest, 2019). According to data provided just two years before by the same Argentinian National Mental Health Direction there were only 4,206 people in psychiatric hospitals in 2016 and none of them were there for more than five years (WHO, 2017). Thus, there is insufficient data available to make authoritative statements about the current state of mental health care in Argentina and particularly Buenos Aires where this study was conducted. There is an urgent need to collect accurate data on rates of deinstitutionalization in the country, the levels of functioning of institutionalized

patients, as well as clear documentation of their psychosocial needs. Notwithstanding the lack of research data, there is an abundance of anecdotal evidence from the qualitative data collected to suggest that the system is not progressing as it should (or could) for the following reasons. Pervasive cynicism about change, polarizing political policies and priorities, rising poverty and inflationary cycles, complexity of patient needs, uncertainty about the future of psychiatric institutions, resistance of the medical profession and unions to changing the status quo, misallocation of funding and mismanagement by government ministries. Resistance to change, once deeply embedded, is notoriously difficulty to shift. As uncertainty has been the hallmark of public life in Argentina for many decades, it is perhaps not surprising that resistance to change is so deeply embedded in institutional culture. A paper by Bringselius (2010) looking at change management theory noted that high levels of uncertainty in organizations trigger deep emotional resistance and lower people's willingness to change (p. 2). It is probably fair to say at this point that uncertainty has taken root in Argentinian social, political and economic life over many decades. Edwards and Saltman (2017) offer a comprehensive framework to help policymakers and managers deal with resistance to structural change and achieve organizational change in publically funded hospitals by focusing on 'organizational and institutional change rather than technical and functional change' (p. 2) which might be applicable to the situation in Buenos Aires. We would further argue that deeper systemic change is required at the political, economic and ideological levels if a transformation of the current mental health system is to be realized.

The excerpts of interviews with various professionals and academics offer a range on interesting views and opinions about what is wrong with the mental health system and how to correct it. Some of the information provided by interviewees was not consistent with national statistics and other sources of data and seemingly tended to reinforce deeply held beliefs and value positions of the participants. The participant interviews, while quite pessimistic in tone, reveal a deep concern and an urgency to move ahead with mental health reforms and systemic changes at the organizational level. There are many people committed to making the mental health system work better so that it is more responsive to the needs of service users. Much of the academic writing points to key areas that need to be changed or developed further, which includes a focus on recovery, community programs, half-way houses, day hospitals, inter-sectoral planning and university training programs. Wilner discusses the importance of vital community links and suggests that 'Mental health services and inter-sectoral system management must change if community mental health is to work' (Wilner, 2018, p. 77). Looking beyond the 2010 legislation, new initiatives in mental

health need to be grounded in a recovery orientation which emphasis peer support, access to community programs and community re-integration (Agrest & Druetta, 2011). In this regard, consideration should be given to what is meant by '*salud mental comunitaria*' and the importance of understanding how community mental health works and what the essential criteria for implementing community based programs are (Ardila & Galende, 2011; Galende, 2015). User participation is also extremely important to counter the historical disempowerment of mental health patients and to ensure that power is redistributed in the planning, implementation and delivery of mental health programs (Ardila-Gómez et al., 2019). Also, there is the possibility that existing health centers in various locations, can be expanded to include a wide range of social and mental health services. A case management tracking system could also be developed to monitor patient progress and provide day to day support for former institutionalized patients.

This raises the important issue of the role of mental health stigma and community tolerance toward people with severe mental illness. Argentina shows contradictory information with regards to mental health stigma While several studies have shown that stigma levels in Argentina may be somehow lower than other countries (Leiderman et al., 2011; Mileva et al., 2013; Wagner et al., 2011; Zalazar et al., 2018), other studies have shown less optimistic results (Druetta et al., 2013; Saldivia et al., 2014), which points toward the need of initiatives and campaigns to increase the acceptance of people with mental illness by their communities (Agrest et al., 2018).

Despite the 2019 acknowledgement by the Department of Health, about the continuing crisis in mental health care, it is anticipated that a continuous high rate of inflation (expected to be around 50% for 2020–2021) and a staggering national debt, will make it extremely unlikely that the mental health budget will keep up with inflation. Additionally, the anticipated financial impact of the Covid-19 pandemic in Argentina, will inevitably add to the funding crisis in mental health services in the country. Ironically, it is possible that the Covid crisis could accelerate the rate of deinstitutionalization as large institutions are considered incubators for the spread of the virus. So, for many of the above reasons planning and implementing new programs in the years to come is extremely difficult to predict. If the current financial trend continues, we would anticipate seeing the deinstitutionalization delayed for many years beyond the legislated closing date of 2020.

The process of deinstitutionalization appears to be stalled in Argentina with insufficient capacity developed for successful community integration of institutionalized psychiatric patients. However, it is important to

recognize that some progress was achieved early on, and that psychiatrists and other mental health professionals were actively engaged in this process during the 1990s. It is important to point out that more recently the Argentinian Psychiatric Association has strongly challenged the 2018 government census on the cost of caring for people in institutions, the number of admissions, the average length of stay and the continued underfunding of mental health services (APSA, 2019). However, some of these claims are not supported by the data of the census and reflect more of a political position than a serious reckoning of the technical problems and possible opportunities for change presented by the actual data. A recent signed agreement (2019), between the Ministry of Health and Buenos Aires Physicians Association [Asociación Médicos Municipales (AMM)], to prevent the closing of Buenos Aires neuropsychiatric institutions, envisages the 're-purposing' in four stages over six years of these asylums, based on a model of community psychiatry including co-habitation housing, day hospitals and workshops (Gobierno de la Ciudad de Buenos Aires, 2019). It is likely that this initiative will trigger another round of polarizing debates between mental health advocates for human rights and clinicians who support the continuation of the institutionalized care system, albeit in a re-functionalized form. Ironically, when the national mental health law was enacted in 2010, all of the work previously done to decrease the number of beds in psychiatric hospitals was ignored and psychiatrists themselves became part of the resistance to change. That resistance has many aspects, one being the pressing need to care for extremely vulnerable people living in institutions. More disturbing is the reality that many of these people may not find needed supports in the community and end up homeless or in prison instead of recovering in the community.

Study limitations

A limitation in the present study is the absence of the voice of services users who, if interviewed, may have focused on different aspects of the 2010 legislation as well as the current functioning of the mental health system. This is partially due to the strict requirements for ethical approval for interviewing vulnerable subjects as stipulated by the university. A proposed follow-up study will ensure the participation of service users and caregivers in the sample, yielding important data about the lived experience of these groups. The interviews with professionals in the study aimed to uncover systemic problems with de-institutionalization of mental health patients at the level of policy and practice. Additional limitations include the fact that there were no interviews conducted with members of the legal profession who are directly involved in ensuring the rights of psychiatric patients.

Neither were there interviews conducted with members of government involved with mental health services who, could perhaps have offered an inside view of the thinking of government on these issues. The primary area of concern at the conclusion of this paper is the continuing uncertainty of mental health consumers who are experiencing serious mental health problems. Clearly, they need some basic agreement about their psychosocial needs and available treatment strategies. Such clarity is difficult to obtain in the current climate of criticism and deep conflict between mental health professionals, which currently dominates the provision of mental health services in Argentina. The participants in the study tended to be younger practitioners working in the mental health system. A number of respected, long serving psychiatrists were not participants in the interviews, and should be recognized for their contribution in the early years to change psychiatric hospitals, decrease beds in asylums and allocate resources to community-based programs. In the current situation, psychiatrists claim that patients will not have access to the facilities they need to receive essential treatments if asylums close, while other mental health practitioners claim that mental health consumers will be denied their basic human rights if these facilities remain open. Finally, there is also the question of new patients with serious mental health issues coming into the system at a time when the problem of delayed deinstitutionalization consumes the major portion of resources, causing a serious backlog in accessing mental health services in Argentina.

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References

Agrest, M. (2019). Polémicas en torno de un censo de personas internadas por motivos psiquiátricos en Argentina. https://img1.wsimg.com/blobby/go/1d1639cf-2f64-4730-be61-73abd44e0db8/downloads/Analisis%20del%20censo%20de%20personas%20internadas.pdf?ver=1574525193628

Agrest, M., & Druetta, I. (2011). El concepto de Recuperación: la importancía de la perspectiva y la participación de los usuarios. *Vertex Rev. Arg. de Psiquiat*, *22*, 56–64.

Agrest, M., Mascayano, F., Teodoro de Assis, R., Molina-Bulla, C., & Ardila-Gómez, S. (2018). Leyes de Salud Mental y reformas psiquiátricas en América Latina: múltiples caminos en su implementación. Vertex. *Revista Argentina de Psiquiatria*, *29*(141), 334–345.

Alonso, M., & Klinar, D. (2013). Los Psicólogos en Argentina. Relevamiento Cuantitativo 2012. *Congreso internacional de investigación y práctica profesional en Psicología*. Noviembre, Ciudad Autónoma de Buenos Aires, Argentina.

Ardila, S., & Galende, E. (2011). El concepto de Comunidad en la Salud Mental Comunitaria. *Revista Salud Mental y Comunidad*, *1*(1), 39–50.

Ardila, S. (2012). *La perspectiva de los usuarios en la evaluación de servicios de salud mental* [Estudio de Caso de un Programa de Externación de Mujeres en la Provincia de Buenos Aires. Ph.D. Thesis. University of Lanus].

Ardila-Gómez, S., Agrest, M., Fernández, M. A., Rosales, M., López, L., Díaz, A. R. V., Vivas, S. J., Ares Lavalle, G., Basz, E., Scorza, P., & Stolkiner, A. (2019). The mental health users' movement in Argentina from the perspective of Latin American Collective Health. *Global Public Health*, *14*(6–7), 1008–1019. https://doi.org/10.1080/17441692.2018.1514063

Asociación de Psiquiatras Argentinos (APSA) (2019). [Argentinian Psychiatrists' Association] *Ley de Salud Mental, desmanicomialización y salud pública*. https://www.apsa.org.ar/docs/leysm052019.pdf

Asociación de Psiquiatras Argentinos (APSA) [Argentinian Psychiatrists' Association]. (2019). *Un censo mal hecho, unos resultados inaceptables*. Comisión Directiva, APSA. https://www.facebook.com/apsa.arg/posts/un-censo-mal-hecho-unos-resultados-inaceptablesbuenos-aires-6-de-agosto-de-2019e/2207847582645981/

Asociación por los Derechos en Salud Mental, ADESAM [Association for Mental Health Rights] (2017). *En la camino de la implementación de la Ley Nacional de Salud Mental*. Published by ADESAM, Ciudad Autónoma de Buenos Aires, Argentina

Asociación por los Derechos en Salud Mental, ADESAM [Association for Mental Health Rights] (2019). *The Argentine State recognizes violations of human rights in psychiatric hospitals, committing to guarantee its closure*. Inter-American Commission on Human Rights (CIDH). Monthly Archives, February 2019.

Brain, A., Greggio, G., & Sanfelippo, L. (2018). Sala Abierta. Transformaciones en una sala de internación de salud mental. *Revista Salud Mental y Comunidad*, *5*(5), 55–77.

Bringselius, L. (2010). *Resistance to change: Four interpretations*. Lund Institute of Economic Research, Working paper series.

Brink, J. (2005). Epidemiology of mental illness in a correctional system. *Current Opinion in Psychiatry*, *18*(5), 536–541.

Centro de Estudios Legales y Sociales, CELS [Civil Association Legal and Social Studies Centre] (2019). *Presentación ante La Comisión Interamericana de Derechos Humanos (CIDH)*. Sucre.

Centro de Estudios Legales y Sociales, CELS [Legal and Social Studies Centre Civil Association] (2008). *Vidas Arrasadas. La segregación de las personas en los asilos psiquiátricos argentinos*. Siglo. XX1 editores. http://www.cels.org.ar/common/documentos/mdri_cels.pdf

Cohen, H., & Natella, G. (2013). *La desmanicomialización: Crónica de la reforma de salud mental en Río Negro*. Lugar Editorial.

Collins, P. Y. (2008). Waving the banner of the mental health revolution: Psychiatric reform and community mental health in the Province of Rio Negro, Argentina. In J. M. Caldas de Almerida, & A. Cohen (Eds.), *Innovative Community Mental Health Services in Latin America and the Caribbean* (pp. 1–32). Pan American Health Organization.

Congreso de la Nación Argentina. (2010). *Ley 26.657: Ley Nacional de Salud Mental*. http://www.msal.gob.ar/images/stories/ryc/graficos/0000001237cnt-2018_ley-nacional-salud-mental-decreto-reglamentario.pdf

Dear, M. J., & Wolch, J. R. (2014). *Landscapes of Despair: From Deinstitutionalization to Homelessness*. Princeton University Press.

Di Nella, Y., Sola, M., Calvillo, L., Negro, L., Paz, A., & Venesio, S. (2011). Las camas del sector público destinadas a salud mental como indicador del proceso de cambio hacia el nuevo paradigma, mayo 2010-mayo 2011. *Rev Argent Salud Pública*, *2*(8), 43–46.

Druetta, I., Ceresa, F., & Leiderman, E. (2013). Actitudes delos profesionales de la salud mental hacia las personas con esquizofrenia [Attitudes of mental health professionals towards people with schizophrenia. *Vertex, Revista Argentina de Psiquiatría*, *24*, 245–252.

Edwards, N., & Saltman, R. (2017). Re-thinking barriers to organizational change in public hospitals. *Israel Journal of Health Policy Research*, *6*, 8. https://doi.org/10.1186/s13584-017-0133-8

Fakhoury, W., & Priebe, S. (2002). The process of deinstitutionalization; an international overview. *Curr Opin Psychiatr*, *15*, 187–192.

Foster, A., Gable, J., & Buckley, J. (2012). Homelessness in schizophrenia. *Psychiatr. Clin. North Am*, *35*(3), 717–734. https://doi.org/10.1016/j.psc.2012.06.010

Galende, E. (2008). *Psicofármacos y Salud Mental; La ilusión de no ser*. Lugar Editorial.

Galende, E. (2015). *Conocimientos y practices de Salud Mental*. Lugar Editorial.

Gobierno de la Ciudad de Buenos Aires. (2018). *Presupuesto 2018*. https://www.buenos-aires.gob.ar/economiayfinanzas/presupuesto/presupuesto-2018

Gobierno de la Ciudad de Buenos Aires (2019). *ACTA, Acuerdo sobre plan de refuncionalización de la salud mental en Buenos Aires, C.A.B.A*. 3/9/2019. http://www.noticiasurbanas.com.ar/noticias/amm-firmo-un-acuerdo-con-caba-refuncionalizar-los-hospitales-neuropsiquiatricos/

Hurley, D. J., Álvarez, L. E., Ragno, R. L., & Giménez Velo, A. (2017). Acerca de la relación entre resiliencia y salud mental en un dispositivo neuropsiquiátrico de la Ciudad Autónoma de Buenos Aires, Argentina. *Revista Cientifica*, *1*(1), 21.

INDEC, Instituto Nacional de Estadística y Censos. (2019). *Informes técnicos*. https://www.indec.gob.ar/indec/web/Institucional-Indec-InformesTecnicos

Isaac, R. J., & Armat, V. C. (1990). *Madness in the streets: How psychiatry and the law abandoned the mentally ill*. Free Press.

Killaspy, H. (2006). From the asylum to community care: Learning from experience. *British Medical Bulletin*, *79-80*(1), 245–258. https://doi.org/10.1093/bmb/ldl017

Leiderman, E. A., Vazquez, G., Berizzo, C., Bonifacio, A., Bruscoli, N., Capria, J. I., Ehrenhaus, B., Guerrero, M., Guerrero, M., Lolich, M., & Milev, R. (2011). Public knowledge, beliefs and attitudes towards patients with schizophrenia: Buenos Aires. *Social Psychiatry and Psychiatric Epidemiology*, *46*(4), 281–290. https://doi.org/10.1007/s00127-010-0196-0

Lewis, O. (2015). Provoking a #mentalhealth revolution in Buenos Aires #Argentina – Oliver Talks, https://mdac.org/en/olivertalks/2015/09/15/provoking-mental-health-revolution-buenos-aires

Lumerman, J., & Conover, S. (2013). Development of a sustainable community mental health program in a remove region: The Austral Institute for Mental Health. *Cadernos Saúde Coletiva*, *21*(1), 80–84. Rio de Janeiro. https://doi.org/10.1590/S1414-462X2013000100012

Markowitz, F. E. (2006). Psychiatric hospital capacity, homelessness, and crime and arrest rates. *Criminology*, *44*(1), 45–72. https://doi.org/10.1111/j.1745-9125.2006.00042.x

Martins, L. M. (2018). Às Imagens, as Sombras do Porvir: 30 Anos da Reforma Psiquiátrica Brasileira. *Revista Diorito*, *2*(1), 88–121. http://revistadiorito.com.br/ojs/index.php/diorito/article/viewFile/44/32

McDaid, D., Thornicroft, G. (2005). *Balancing institutional and community-based care; policy brief*. World Health Organization. (2008) European Observatory on Health Systems and Policies. http://www.euro.who.int/__data/assets/pdf_file/0007/108952/E85488.pdf

Melia, E., Gargoloff, P., & Cattaneo, A. (1999). Procedimientos innovadores en la gestion administrativa-financiera en el Hospital "Dr. A. Korn" de Melchor Romero. *Vertex. Revista Argentina de Psiquiatría*, *10*(35), 20–27.

Melzer, N. (2018). *Preliminary observations and recommendations. UN Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment*. United Nations. Human Rights, Office of the High Commission.

Mileva, V., Vazquez, G., & Milev, R. (2013). Effects, experiences, and impact of stigma on patients with bipolar disorder. *Neuropsychiatric Disease and Treatment*, *9*, 31–40. https://doi.org/10.2147/NDT.S38560

Ministerio de Salud. (2013). Regulatory Decree # 603/2013. http://www.msal.gob.ar/images/stories/ryc/graficos/0000001237cnt-2018_ley-nacional-salud-mental-decreto-reglamentario.pdf

Ministerio de Salud de Río Negro. (1991). *Ley N° 2440: Salud Mental, tratamiento y rehabilitación de las personas con sufrimiento mental*. http://rionegro.gov.ar/download/archivos/00010372.pdf

Moldavsky, D., Savage, C., Stein, E., & Blake, A. (2011). Mental health in Argentina. *International Psychiatry: Bulletin of the Board of International Affairs of the Royal College of Psychiatrists*, *8*(3), 64–66. https://doi.org/10.1192/S1749367600002599

Morasso, A. M. (2013). Outside institutions; models management of adults with mental disorders and the impact on Argentina deinstitutionalization. *Visión de Futuro*, *10*(17), 2.

Natella, G., Guerrero, M., Iriart, M., Conde, L. L., & Reales, H. (2018). Acciones y Reflexiones del equipo técnico del Órgano de Revisión de la Ley Nacional de Salud Mental No 26.657. *Salud Mental y Communidad* [University of Lanus], *5*(5), 18–35.

Pellegrini, J. (2011). Historia del publicitado "manicomio" de Allen, Río Negro. *Vertex, Revista Argentina de Psiquiatría*, *22*(99), 392–395.

Pellegrini, J. L. (1999). Cinco años de lucha por la transformación institucional (1993–1998). *Vertex, Revista Argentina de Psiquiatría*, *10*(35), 28–34.

Programa de Externación Asistida, (PREA). [Supported discharge program] (2015). *Prácticas inclusivas en Salud Mental y Adicciones con enfoque de Derechos Humanos*. Inadi. http://adesam.org.ar/materiales/

Roessler, W. (2006). Psychiatric rehabilitation today: An overview. *World Psychiatry*, *5*(3), 151.

Sabin Paz, M., Ribeiro Mieres, S., Díaz Jimenez, R. M., Giglia, L. (2015). El desafío de implementar la Ley Nacional de Salud Mental. Avances y deudas en el camino hacia el cambio de paradigma y el cierre de los manicomios. In CELS: *Derechos Humanos en Argentina. Informe 2015*. https://www.cels.org.ar/web/wp-content/uploads/2016/10/IA2015-12-El-desafio-de-implementar-la-Ley-Nacional-de-Salud-Mental-1.pdf

Saldivia, S., Runte-Geidel, A., Grandón, P., Torres-González, F., Xavier, M., Antonioli, C., Ballester, D. A., Melipillán, R., Galende, E., Vicente, B., Caldas, J. M., Killaspy, H., Gibbons, R., & King, M. (2014). The Maristán stigma scale: A standardized international measure of the stigma of schizophrenia and other psychoses. *BMC Psychiatry*, *14*, 182. https://doi.org/10.1186/1471-244X-14-182

Santi, M., Brunengo, N., & Rattagan, M. (2018). El perfil de las personas internadas en salas de larga estancia en un hospital neuropsiquiátrico de la Argentina. Hacia una comunidad sin manicomios. *Salud Mental y Comunidad [University of Lanus]*, *5*(5), 90–108.

Saxena, S., Sharan, P., & Saraceno, B. (2003). Budget and financing of mental health services: Baseline information on 89 countries from WHOs project atlas. *J Ment Health Policy Econ*, *6*, 135–143.

Secretaria de Gobierno de Salud de la Nación/Dirección Nacional de Salud Mental y Adicciones (2019). *1° Censo Nacional de Personas Internadas por Motivos de Salud Mental (CNSM)*. autor.

Shen, G. C., & Snowden, L. R. (2014). Institutionalization of deinstitutionalization: A cross-national analysis of mental health system reform. *Int J Ment Health Syst*, *8*(1), 47. https://doi.org/10.1186/1752-4458-8-47

Stagnaro, J. C. (2016). The current state of psychiatric and mental health care in Argentina. *BJPsych Advances*, *22*(4), 260–262. https://doi.org/10.1192/apt.bp.113.011536

Steadman, H. J., Redlich, A., Callahan, L., Robbins, P. C., & Vesselinov, R. (2011). Effect of mental health courts on arrests and jail days: A multisite study. *Arch. Gen. Psychiatry*, *68*(2), 167–172. https://doi.org/10.1001/archgenpsychiatry.2010.134

Thornicroft, G., & Tansella, M. (2004). Components of a modern mental health service: A pragmatic balance of community and hospital care. Overview of systematic evidence. *The British Journal of Psychiatry: The Journal of Mental Science*, *185*, 283–290. https://doi.org/10.1192/bjp.185.4.283

Tisera, A., Leave, H., Lohigorry, J., Perkarek, A., & Joskowicz, A. (2014). Salud Mental y Desinstitucionalización. *Anuario de Investigaciones*, *20*(1), 251–258.

Velzi Diaz, A., Tosi, A., Benitez, P., Santanocito, G., Garcete, E., Amado, Y., & Córdoba, G. (2018). Mental health in general hospitals of the City of Rosario and Great Rosario, Argentina. *Vertex, Revista Argentina de Psiquiatría*, *29*(142), 255–262.

Wagner, L. C., Geidel, A. R., Torres-González, F., & King, M. B. (2011). Mental health care: Perceptions of people with schizophrenia and their carers. *Ciencia & Saude Coletiva*, *16*(4), 2077–2087. https://doi.org/10.1590/S1413-81232011000400007

Wilner, A. (2018). La mesa de gestión intersectorial en salud mental comunitaria del Municipio de Lanús como dispositivo promotor de la problematización del campo de la salud Mental (período 2013–2015). *Salud Mental y Comunidad [University of Lanus]*, *5*(5), 77–90.

World Health Organization (WHO). (2008). Integrating mental health into primary care: A global perspective. Geneva: World Health Organization. http://www.who.int/mental_health/policy/services/mentalhealthintoprimarycare/en/index.html

World Health Organization (WHO). (2011). Mental Health System in 10 Argentine Provinces: Jujuy, Salta, Tucuman, Corrientes, Catamarca, Mendoza, San Juan, Chubut, Rio Negro and Tierra del Fuego. Results of an Assessment by the WHO-AIMS.

World Health Organization (WHO). (2017). World Mental Health Atlas, 2017. https://www.who.int/mental_health/evidence/atlas/profiles-2017/ARG.pdf

Zalazar, V., Leiderman, E., Agrest, M., Nemirovsky, M., Lipovetzky, G., & Thornicroft, G. (2018). Reported and intended behavior towards people with mental health problems in Argentina. *International Journal of Mental Health*, *47*(3), 215–227. https://doi.org/10.1080/00207411.2018.1474075

Zaldúa, G., Bottinelli, M., Tisera, A., Sopransi, M. B., Lenta, M. M., & Freire, M. (2011). *Cuestiones y desafíos en la viabilidad de la Ley de Salud Mental*. IX Jornadas Nacionales de Debate Interdisciplinario en Salud y Población. Instituto Gino Germani, Buenos Aires.