

Advancements in mental health reform in Argentina: towards comprehensive and human rights-respecting care

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Argentina's mental health reform represents a significant step forward in enhancing the care system for individuals with mental health issues. In recent years, the country has embarked on a journey toward comprehensive care, promoting deinstitutionalization processes throughout the territory. This represents a fundamental change, moving away from asylum-based models and shifting towards a community-centred and inclusive paradigm, firmly grounded in the principles of human rights.

One of the most remarkable achievements in Argentina was the approval of the National Mental Health Law No. 26657 in 2010. This legislation established the foundation for mental health care in the country, promoting deinstitutionalization, community-based care, and active user participation. It underscores the importance of interdisciplinary approaches, establishes hospitalization in general hospitals as a last resort, and calls for the closure of psychiatric institutions. Additionally, it regulates involuntary admissions and creates the National Review Body, tasked with ensuring the rights of individuals with mental health issues are upheld.

This law also led to the establishment of the Inter-ministerial Commission on Mental Health and Addictions Policies (CONISMA). CONISMA regularly convenes to coordinate interministerial planning for mental health and addiction policies, with a particular focus on gender and human rights, thereby fostering comprehensive care. To ensure participation, it established an Honorary Advisory Council composed of 30 civil society organizations.¹

Since the enactment of the National Mental Health Law No. 26657, significant progress has been achieved, enabling the implementation of the transformations outlined in the legislation. These actions align with key aspects highlighted in the World Health Organization's World Mental Health Report.²

In line with these key aspects, Argentina has also made substantial strides in promotion, workforce training, and improving access to mental health services. The Federal Strategy for Mental Health and

Problematic Substance Use³ has led these efforts, with an unprecedented allocation of 10% of the health budget. Telemedicine and 24-h helplines have enhanced care delivery and suicide prevention programs have been initiated. Furthermore, mental health services in the Sumar Program have expanded, and the "Habitat Inclusion" initiative promoting social integration has progressed.

At both the national and provincial levels, notable efforts are being made to strengthen the training of mental health professionals. In this regard, interdisciplinary mental health residencies have been expanded in different jurisdictions, and the Ministry of Health of the Nation has convened a network of National Universities consisting of 11 academic institutions to implement a Community Mental Health Diploma. This approach underscores a profound acknowledgement of the country's robust tradition in mental health professional training.

A significant milestone was the approval of the National Mental Health Plan 2023–2027,⁴ which emphasizes strengthening people-centred public policies, communities, relationships, and contexts to ensure inclusive and comprehensive care from a global health perspective. These community-based policies also address issues related to problematic substance use. The plan resulted from a collaborative process with 11 rounds of consultations involving mental health authorities from all 24 jurisdictions in the country, as well as various entities such as the National Drug Policy Secretariat, the National Review Body, the Human Rights Secretariat, user and family organizations, the Pan American Health Organisation (PAHO), and UNICEF. The plan particularly focuses on vulnerable groups, including children, adolescents, gender, and diversity.

Additionally, in an effort to advance toward the goal of ensuring accessible and quality mental health care, Argentina joined the World Health Organization's Special Initiative for Mental Health in 2022,⁵ aiming to achieve universal coverage in this field. To support this objective, PAHO/WHO has been collaborating through technical cooperation activities with five Argentine provinces (Chaco, La Rioja, Mendoza, and Santa Fe), thus strengthening local capacities for the development of mental health-promoting policies.⁶ The Argentine government regards this initiative as highly relevant, as it complements and supports the national mental health strategy and action plan.



The Lancet Regional Health - Americas 2023;■: 100615

Published Online XXX
<https://doi.org/10.1016/j.lana.2023.100615>

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Despite the significant progressive strides represented by the National Mental Health Law, the Federal Strategy and the National Mental Health Plan, the challenge lies in effectively implementing these policies throughout the country. Argentina is a federal nation, and each province enjoys autonomy in its health policies. Geographical, sociodemographic, and cultural diversity significantly influence the provision of mental health services. This variability highlights the importance of context-specific policies that respect diverse realities, promote interculturality, and prevent inequalities in access and service quality.

On the path towards deinstitutionalization, it is important to highlight the remarkable and rapid transformation process taking place in the province of Buenos Aires.⁷ Under the guidance of the 'Buenos Aires Free from Asylums' program, responsible for overseeing and monitoring the reform, it successfully achieved the permanent closure of 18 out of the 35 wards at the provincial neuropsychiatric hospitals. This has resulted in 50% of individuals previously institutionalized in long-stay pavilions being discharged. Additionally, there has been a substantial increase in community-supported housing (a 138.16% increase since 2019) and a considerable rise in subsidies for discharge provided by the Ministry of Social Development (a 553.37% increase since 2019). The reform has also extended to general hospitals, with a 60% increase in the number of hospital beds for mental health care across all provincial hospitals. Furthermore, the Childhood and Youth Program was established. These advances include a significant increase in psychotropic medication coverage, benefiting 10,000 individuals, compared to 1000 in 2019.⁸ Moving forward, the province of Buenos Aires may serve as an example and the challenge remains in adapting and escalating these projects to the rest of the country.

Currently, the main challenge lies in closing the gap between the normative frameworks that ensure human rights and practices across the country's jurisdictions. The establishment of community-based substitute services, closely integrated with Primary

Health Care, is crucial. The fundamental question in Argentina and the rest of Latin America is: 'What should we open to close?'.⁹ This reflects the need for a robust network of community and healthcare facilities to discharge individuals from psychiatric hospitals and eventually close them. The persistent challenge of aligning mental health services and practices with the principles of the National Mental Health Law remains a central objective.

Contributors

Both authors, Alejandra Barcala and Silvia Faraone, contributed equally to all aspects of the manuscript.

Declaration of interests

The authors declared no conflicts of interest.

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