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## Mental health reforms in Buenos Aires, Argentina

Argentina, with a population of 40 million people, has a history of psychosocial vulnerability and social inequality,<sup>1</sup> which has been exacerbated by the COVID-19 pandemic. In 2010, the National Mental Health Law No. 26657 was enacted. This law is a substantial step forward in protecting the rights of individuals with mental health conditions as it rejects the previous tutelary paradigm<sup>2</sup> based on a conception of the person as an object of protection, which had prevailed until then. The law calls for the closure of all psychiatric institutions and the development of a comprehensive, community-based, territorial assistance model based on interdisciplinary and intersectoral work. It also advocates an active role for users and establishes institutional bodies for the protection of rights.<sup>3</sup>

In 2019, the Government of Buenos Aires Province, Argentina's largest jurisdiction, launched a mental health reform process aimed at designing comprehensive public policies in accordance with the National Mental Health Law. It created the Subsecretary of Mental Health, Problematic Consumption, and Violence, under the scope of the Ministry of Health, which initiated a significant reorganisation of mental health services in line with the national norm and the goals of WHO's Comprehensive Mental Health Action Plan 2013–20.<sup>4,5</sup>

Buenos Aires Province's measures included appointing new leaders in psychiatric hospitals who were committed to the community mental health paradigm, implementing policies such as the discharge process for inpatients, and consolidating services in general hospitals and the community. The Subsecretary of Mental Health, Problematic Consumption, and Violence adopted a differential strategy of discontinuing new admissions or readmissions to the four psychiatric hospitals for patients with chronic conditions and strengthening the discharge process through the support system model. For inpatients with acute conditions with short-stay admissions, it consolidated a set of actions aimed at opening new beds at general hospitals instead of at neuropsychiatric hospitals.<sup>6</sup>

In December 2019, 1810 people were inpatients in the four public psychiatric hospitals in the Buenos Aires Province, with an average hospital admission duration of 10 years. The long-stay or chronic admissions hospital unit represented 42% of the total admissions, with many people being resident there for 40 to 50 years. From Dec 1, 2019, to July 31, 2020, the number of inpatients decreased to 1610, then to 1455 in December 2020, 1391 in June 2021, and 1263 in December 2021.<sup>7</sup> Consequently, in the chronic admissions unit, seven facilities in three of these



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hospitals were shut down between March 1, 2020, and July 31, 2022. Of the discharged population, 82% received accommodation at relatives' homes or other private homes, and 469 people received support for life in the community.

Another measure was the expansion of community-based residential units, from 76 units accommodating 212 people in June 2020, to 136 units accommodating 533 people in June 2021.<sup>8</sup> To promote the integration of mental health care into general health care, and to prevent stigmatisation, 38 interdisciplinary teams were created at general hospitals and 114 professionals were newly hired, including psychiatrists, psychologists, and social workers. The number of admission care-beds in these hospitals increased by 26% between December 2019 and December 2021.

To improve equity in access to mental health care for vulnerable groups, the province increased the hiring of care workers by 37% between 2019 and 2022, and expanded access to free psychotropic drugs by 866%, with further user enrolment in the Program for the Rational Use of Psychotropic Medication. It also opened 14 new Mental Health and Problematic Consumption Community Centres for psychosocial promotion, prevention, assistance, and rehabilitation. During the COVID-19 pandemic, telephones were enabled for people with mental health problems, including the Mental Health Telecare Centre and the phone line 0800-Mental Health. The province launched a Childhood and Youth Program to promote the return to school in a cared manner after the pandemic, and to lower barriers to access to different services. The programme reached out to 5800 high-school students.<sup>9</sup>

In July 2022, the Mental Health Provincial Plan 2021–27 was agreed upon with the participation of community actors.<sup>10</sup> It sought to foster a

deinstitutionalisation policy that urged Argentina to consider an asylum-free society as possible. The process is based on three pillars: bringing to the present the historical commitment that Argentina, since the civil-military dictatorship of 1976–83, has consolidated in the defence of human rights; appealing to the memories of struggles before the anti-asylum action and innovative experiences in Argentina, Latin America, and worldwide; and recovering the voices of users in the care and assistance processes. These pillars consolidate clear advances in mental health services, including promoting equity in the access to mental health care for vulnerable groups.

We declare no competing interests.

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## A unified religious stance on mental health and suicide at the G20: the Lombok Declaration

Religion has an important role in community perceptions of mental health and suicide, influencing stigma and help-seeking behaviours,<sup>1,2</sup> government policy,<sup>3</sup> and even the criminalisation of self-harm and suicide.<sup>4,5</sup> Thus, religious leaders have the opportunity

to address key barriers to improve individual and societal mental wellbeing. In 2022, representatives from more than 400 religions and belief systems practised in Indonesia convened to craft the world's first unified religious declaration on mental health and