

## COUNTRY PROFILE

# ARGENTINA

Analysis for mental health campaigning and advocacy

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# THE PURPOSE

of these profiles is to inform effective mental health advocacy by identifying and documenting national priorities for mental health campaigning efforts. This country profile is the culmination of desk research and interviews with experts in Argentina. Based on the PESTLE framework of analysis, covering Political, Economic, Social, Technological, Legal and Environmental factors, it seeks to outline issues relevant to mental health, identifying resource gaps, challenges, opportunities and priorities of people affected, leading to recommendations for key actors working in mental health campaigning and advocacy in Argentina. The development of country profiles was implemented through a partnership between the Speak Your Mind Campaign and the Mental Health Innovation Network.





Photo: Avenida 9 de julio. Buenos Aires, Argentina. [LINK](#)

## Political Factors

**Institutional Framework:** In terms of political geography, Argentina is represented by 23 federal states (“provincias”) and one autonomous city which is not affiliated to the federal state (Buenos Aires city), with varying degrees of autonomy depending on budgetary restrictions and endless political disputes. During the 1990s, Argentina adopted the Washington Consensus which led to rapid changes towards decentralizing former federal decisions and budgetary issues. The operation left many mental health services disconnected and under-funded<sup>1</sup>. The Health Minister delegated many hospitals that were dependent on the federal level to the provinces. Since then, most areas of the national administration became underfunded with limited human resources to implement any nationwide plan.

**Mental healthcare system:** The mental health sector was not excluded from these dynamics. In 1993, for example, the three former national psychiatric hospitals in the City of Buenos Aires (Hospital “Borda”, Hospital “Moyano” and Hospital “Tobar García”) were transferred to the City’s responsibility. To this end, budgetary and other decisions were delegated away from the National Direction of Mental Health. The resulting lack of coordination led to challenges in developing the WHO-AIMS country report in 2009 in Argentina as a whole (however data was collected in 10 of the 23 provinces)<sup>2</sup>. The Argentine National Congress enacted a National Mental Health Law in 2010<sup>3</sup> as well as the 2013 National Mental Health Plan that detailed priorities for mental health planning, implementation, monitoring and evaluation to be carried out at the provincial level.

1 Stolkner A. Derechos humanos y derecho a la salud en América Latina: la doble faz de una idea potente. *Medicina social*. 2010; 5(1):89-95.

2 World Health Organization. WHO-AIMS report for Argentina, 2009. [LINK](#)

3 Moldavsky D, Savage C, Stein E, Blake A. Mental health in Argentina. *International Psychiatry*. 2011; 8(3):64-6.

However, due to the challenges in coordinating and aligning objectives within the Plan across multiple provinces, the country has faced numerous obstacles in accomplishing certain objectives outlined (e.g. closing down of asylums). Provinces have budgetary problems and recurrently little faith in central government so there is lack of buy-in and reciprocity for any decisions made centrally. Not having a standardised allocated budget for mental health continually adds to this tension, and there is limited knowledge sharing between different administrations.

**Universal Health Coverage:** The Argentinian health system has a wide public network of hospitals and health centers that every citizen, and even foreigners, can access free of charge. In addition, all Argentinian workers have access to a health system dependent on their labor union, called “Obras Sociales”. An estimated 65% of the population is currently covered through this system with 36% using the public system coverage. Facilities and providers are not generally part of the Obras Sociales system but contractors of the Obras Sociales. The remainder of the population who are more affluent pay for insurance that gives them access to both private and public healthcare, with some groups even paying entirely out-of-pocket for care. A combination of an under-funded public health system along with over-coverage for the upper- and middle-income classes in Argentina, gives way to a fragmented health system<sup>4</sup>. While mental health services are included as part of the public health care in the country, the high

level of demand creates an issue of accessibility leaving the public sector overburdened.

## Economic Factors

While Argentina has a long tradition of national wealth due to valuable natural resources, this has deteriorated since the 1970s, and the country has experienced rampant inflation and economic paralysis since then. In 2018 however, Argentina’s Gross National Income per capita reached US\$ 17,611 and they recorded a Human Development Index value was 0.830 which signals an improvement in the economic and social progress<sup>5</sup>. Argentina is unique in that it has the most psychologists per inhabitant in the world and Buenos Aires City having even higher rates (198 per 100,000 inhabitants). Many have a psychoanalytic-oriented private or semi-private practice. In sharp contrast, the number of social workers and nurses with training in mental health are less than required to address population needs. The stark differences in the allocation of human resources is a consequence of limited planning in mental healthcare for decades<sup>6</sup>. It is challenging to ascertain a comprehensive picture of mental health funding in Argentina. While general hospitals and primary care units provide mental health services, this expenditure is not incorporated into the mental health budget. Some mental health programs are dependent on the Ministry of Welfare (e.g. a discharge program named PREASIS) for funding, while others raise funds independently or from other avenues.

4 Rubinstein A, et al. Making universal health care effective in Argentina: a blueprint for reform. *Health Systems & Reform*. 2018 Jul 3;4(3):203-13.

5 United Nations (UN). Human development Report 2019.

6 Stagnaro, J.C. (2016). The current state of psychiatric and mental healthcare in Argentina. *BJPsych Advances*, 22: 260-262 doi: 10.1192/apt.bp.113.011536

BREAKDOWN OF MENTAL HEALTH SERVICES AND RESOURCES<sup>7</sup>

MENTAL HOSPITAL	407
COMMUNITY-BASED MENTAL HEALTH OUT-PATIENT UNITS	747
GENERAL HOSPITAL PSYCHIATRIC INPATIENT UNITS	465
RESIDENTIAL CARE FACILITIES	66
GENERAL MENTAL HEALTH STAFF (RATE PER 100,000 OF THE POPULATION)	Psychiatrists: 17 Child Psychiatrists: 1.62 Psychologists: 222.57 Social workers: Not reported Mental health nurses: 12.91 (2011 Estimate <sup>8</sup> ) Occupational therapists: No reported

One of Argentina's provinces 'Chubut' offers a good example of the challenges in gathering information about mental health expenditures at different levels. According to Marcela Freytes, (former Mental Health Director of Chubut) while the province has its own provincial mental health budget, each of its four mental health program areas also has other income sources external to the central budget. Moreover, substance abuse programs are funded separately – through the National Lottery. There are no mental health hospitals in Chubut in the public sector, but the provincial government provides financial compensation to some private mental health clinics which allow for treatment if individuals have no other coverage.

According to the National Mental Health Law (2010), the budget allocated to mental health should be increased to 10% of the total national health budget (Article 9.16 - Budget). Asociación Civil por la Igualdad y la Justicia (ACIJ), a civil-society organisation, estimates that an average of 3% of the health budget is allocated towards mental health care at a national level, while recognising the lack of transparency within existing financial statements, and the limited accountability for the resources of unspecified and undefined activities and programs<sup>9</sup>. A large majority of the costs allocated are funnelled into psychiatric hospitals for inpatients, though there is great variability between provinces. Very few resources are given to community-services.

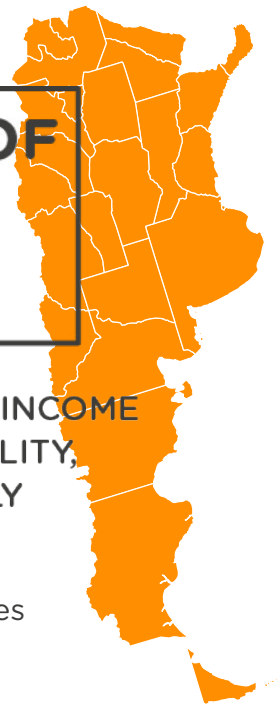
7 World Health Organization. Mental Health Atlas, Argentina Country Profile, 2017. [LINK](#)

8 Moldavsky D, Savage C, Stein E, Blake A. Mental health in Argentina. *International Psychiatry*. 2011 ;8(3):64-6.

9 Asociación Civil por la Igualdad y la Justicia. Salud Mental Y Presupuesto. Por un presupuesto transparente y adecuado (2016). [LINK](#)

## Social Factors

### Mental health conditions



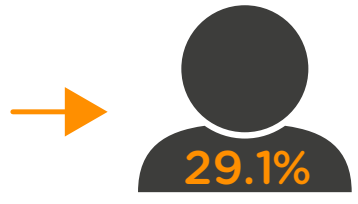
**ARGENTINA HAS A POPULATION OF 44 MILLION THE MAJORITY OF WHOM RESIDE IN URBAN AREAS.**

DESPITE BEING CHARACTERISED AS AN UPPER- MIDDLE- INCOME COUNTRY THERE IS STILL NOTEWORTHY SOCIAL INEQUALITY, WITH AN ESTIMATED **33%** OF ARGENTINES REPORTEDLY LIVING BELOW THE POVERTY LINE BY 2019<sup>10</sup>.

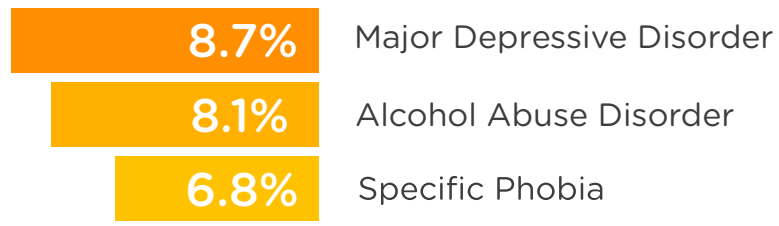
- 2<sup>nd</sup> — Depressive disorders
  - 3<sup>rd</sup> — Anxiety disorders
- } ranked as the causes of disability in the country<sup>11</sup>

Epidemiological statistics are based on a national study conducted in 2015 on the prevalence of mental conditions among the general population. This study took place after nearly 30 years and excluded people with psychosis.

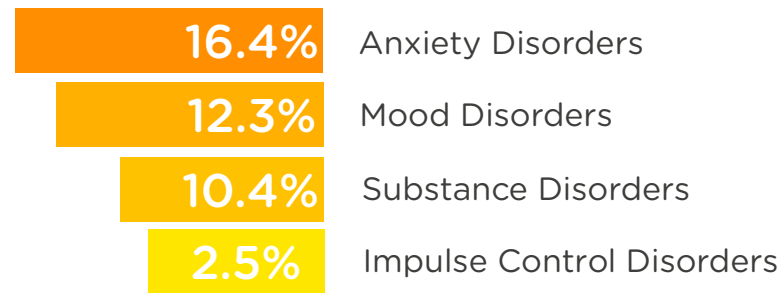
The lifetime prevalence of any mental disorder (except for psychosis) in the general population of Argentina over 18 years of age was



#### The disorders with the highest life prevalence were



#### The most prevalent group disorders



<sup>10</sup> UNDP Human Development Report. Argentina, 2019. [LINK](#)  
<sup>11</sup> Institute for Health Metrics and Evaluation. Argentina Country Profile. [LINK](#)

The prevalence in the last 12 months of any mental disorder was 14.8%, a quarter of which were classified as severe. 30.2% of those who suffered a severe disorder received treatment, and 22.1% of people with mild conditions<sup>12</sup>.

### Relationship with the Mental Health Sector:

Argentina's mental health sector faces an interesting dynamic with power struggles between mental health professionals and the recommendations of the Mental Health Law. Many specialists regarded deinstitutionalization as a negative approach of the state who were seen to be destroying 'good institutions of care' (Dr. Alicia Stolkiner Interview). The rapid process also forced many institutions to rebrand their mental health institutions as general health care clinics or rehabilitation services to find ways to keep them running. These factors create barriers to progress in developing less bio-medical and more community-based programmes and services to improve public mental health access in the country<sup>6</sup>.

**Risk Factors:** According to a local expert, the country is also dealing with a significant issue of over-medicalisation and psycho-pathologization. This is especially harmful in children and can lead to experiences of stigma and labelling at an early age. Risk factors for mental conditions in women include a rising incidence of gender-based violence due to the lack of power they have in society (Dr. Alicia Stolkiner Interview).

## Technological Factors

**Monitoring and Evaluation:** There is no current unified or centralized national record of health benefits in Argentina, with control over health system information systems being implemented at the provincial level. Data reported in the Mental Health Atlas is provided by the Argentinian National Direction of Mental Health, but can be misleading. According to successive Mental Health Atlas reports, Argentina had 54 psychiatric hospitals in 2011, but in 2014 the number was 383 psychiatric hospitals<sup>13</sup>. Three years later, according to the new data provided by the same agency, the Argentinian National Direction of Mental Health, there were 407 psychiatric hospitals and 4,206 people staying at these hospitals in total and none of them had more than five years living there<sup>11</sup>. However, according to the latest census of people staying in psychiatric hospitals, 12,035 individuals were found in psychiatric hospitals and more than a third of them had been hospitalized longer than five years<sup>14</sup>.

**Media landscape:** Despite the existence of several guidelines and recommendations for mental health and mental illness media communication (e.g., by the National Direction of Mental Health, the Defensoría del Público, Proyecto Suma, etc.), the media still promotes a skewed and pessimistic view of individuals with mental illness. Fiction movies and TV series have made considerable progress towards a more respectful and optimistic depiction of what it is like to live with a mental condition, and some local anti-stigma campaigns have gone viral in social media. In addition, a study of the

12 Stagnaro et al (2018). Estudio epidemiológico de salud mental en población general de la República Argentina. Vertex, Revista Argentina de Psiquiatría, 29, 275-299

13 World Health Organization (WHO). World Mental Health Atlas, 2011 [LINK](#), 2014 [LINK](#) and 2017 [LINK](#)

14 Secretaría de Gobierno de Salud de la Nación / Dirección Nacional de Salud Mental y Adicciones (2019). 1º Censo Nacional de Personas Internadas por Motivos de Salud Mental (CNSM). Buenos Aires: author.

usage of mental illness related terms in Twitter showed that seven out ten tweets by Argentinian registered users employed these terms in demeaning or aggressive ways<sup>15</sup>. This study has been followed by a campaign based on addressing twitter influencers who have misused mental health related terms and advising them not to continue using these terms in an inappropriate way.

## Legal Factors

In 2010 Argentina enacted a progressive national mental health law (#26,657) which has given greater emphasis on patients' rights, and views hospitalization as a last resort, instead requiring the provision of substitute care in the community. It was the result of many successful social movements over the decades and followed a rights-based approach mandating participation from users' associations for psychiatric reform. The 2010 National Mental Health Law led to a re-orientation of the approach to mental health-care in the country. The development of this law involved engagement with users' organisations as well as their families; groups were invited to write and share their position papers to congress where they were considered and integrated as appropriate. Groups were also encouraged to participate in the monitoring and implementation of the Law.

According to this law all general hospitals must have a psychiatric unit and cannot refuse to admit a patient with psychiatric illness. All admissions, whether voluntary or involuntary, require an interdisciplinary evaluation rather than an individual psychiatrist's opinion. The act also stipulates that

the creation of new asylums, either public or private is not allowed, and existing psychiatric hospitals should disappear by the end of 2020. 'Dangerousness to oneself or others' as the criterion for admission has been changed to 'certain and imminent risk'. This law was recognized by both the Pan American Health Organization (PAHO) and by the World Health Organization (WHO). However, the law has been only partially implemented since very few community mental health services were created. In addition, very few beds for people with severe mental illness in crisis were created in general hospitals in the last twenty years. Different reasons have been put forward, such as the lack of trained nurses and psychiatrists, stigma from other patients receiving care for health problems, incompatibility between other patients' needs and individuals with mental health problems, limitations inside the facilities in terms of privacy and security<sup>16</sup>. Hence, the process of deinstitutionalization has not made much progress in Argentina<sup>17</sup>.

Argentina has Review Boards created within the legislative system with the purpose of protecting the human and civil rights of users of mental health services. The review boards are meant to be multidisciplinary and representative of users' and family associations, the Ministry of Health, Human Rights Secretariat and other governmental bodies. Issues related to prolonged involuntary treatment or stay can be supervised by the Review Board. However, the Review Boards have not been able to respond to claims in some Argentinian provinces and usually find severe resistance from institutions that they are able to audit.

15 Guardo, G. & Guardo, L. (2019). Discriminación en redes sociales. *Sinopsis*, 62.

16 Velzi-Díaz A, Tosi A, Benitez P, Santanocito G, Garcete E, Amado Y, Antezzan G, Cantero N, Cordoba G. (2018). Salud Mental en Hospitales Generales de la ciudad de Rosario y del Gran Rosario, Argentina. *Vertex, Revista Argentina de Psiquiatría*, 29(142): 255-262.

17 Dermot, H. & Agrest, M. (2020). Argentina: A mental health system caught in transition. *International Journal of Mental Health*. In press





Photo: Diego Delso. Glaciar Perito Moreno. Argentina. 2008. [LINK](#)

## Environmental Factors

**Natural Disasters:** Earthquakes and volcanoes, in the Andes mountains, have threatened the west of Argentina, while droughts and floods affect the center of Argentina, and floods affect the northeast part of the country. Devastating floods were followed by large scale displacement and reports of distress amongst survivors, especially amongst children.

**COVID-19 response:** The lockdown linked to the COVID-19 pandemic has resulted in many mental health facilities enacting further restrictions<sup>18</sup>. This has resulted in patients being even more isolated, with limited opportunities for discharge. Proyecto Suma conducted a survey to understand the effect of COVID-19 on mental health of individuals and impact on mental health treatment, including the perspectives of mental health professionals, service users and families. An estimated 50% of outpatient treatments were interrupted despite most mental health professionals acknowledging an increase in their clients' mental health needs. An overwhelming majority (92%) of mental health professionals working in inpatient units said that the discharge process had been altered and severe limitations were found among services and programs in the community that could foster reintegration of discharged patients into the community (e.g., due to the cancellation of all group activities)<sup>19</sup>. Individuals seeking emergency mental health care can also be provided information through the 107 official emergency helpline, however, the support they can provide for other mental health conditions is limited. Healthcare providers also have their own helplines, coordinated by the National Direction of Mental Health and associated networks.

<sup>18</sup> Asociación Civil por la Igualdad y la Justicia. Life in Quarantine in Hospitals [LINK](#)

<sup>19</sup> Proyecto Suma (2020). Equipo de Docencia e Investigación [LINK](#)

LOCALLY-LED AND  
EVIDENCE INFORMED  
RECOMMENDATIONS  
FOR MENTAL HEALTH  
CAMPAIGNING IN  
ARGENTINA

1

### Produce a centralized guideline for national and provincial-level mental health care

**a.** An updated national-level mental health plan required for guiding, reviewing and monitoring the multiple service providers for mental health being run across the country. Implementation of the plan needs to be made feasible for provinces to address fragmentation of care.

**b.** While the National Mental Health Directorate plays a key role in informing mental health care and research in the country, more work needs to be done in order to strengthen relationships between representatives at the provincial level for information sharing and stronger advocacy efforts.

2

### Greater investment in the mental health care budget across Argentina

**a.** There is significant variability between the level of investment by provincial and municipal governments towards mental health budget allocations as part of total health spending (0.5-5%); governments need to be held accountable for transparent and inclusive monitoring of mental health spending as well as establish a threshold for funding of at least 10% of the health budget to align efforts across the provinces.

3

### Stronger coordination between advocacy groups for improving campaigning efforts

**a.** Better articulation is needed between campaigning groups e.g. human rights organisations and mental health disability rights groups.

**b.** Develop a stronger public sector engagement campaign by nurturing positive relationships with provincial governments in charge of mental health service planning and inviting them to support key advocacy efforts.

4

### Call for more sensitive reporting of mental health through media

**a.** Incorporate already existing recommendations in the training of journalists and media spokespersons.

**b.** Invite journalists to collaborate in the design and implementation of anti-stigma campaigns.

5

### Improve the reach of mental health review boards across all the provinces

**a.** Create mental health review boards to guide the human rights, legal appeals and civil protection of people with psychosocial disabilities in all 23 provinces of Argentina

**b.** Legislative bodies within each province will need to secure funds for the development of these review boards so they can be independent and inclusive bodies aimed at protecting the civil and human rights of users.

## 6

**Stronger accountability of media in mental health messaging**

**a.** Argentinian media outlets have long used stigmatising language when reporting on mental health or incidents involving people with psychosocial disabilities. Campaigning efforts are needed to stop this, and hold them accountable for responsible media reporting on mental health. In line with existing local recommendations, we suggest the following objectives for the media sector:

1. Use the appropriate terminology for mental health conditions
2. Eradicate generalised associations implying people with psychosocial disabilities as inherently violent or dangerous
3. Develop safe language around reporting suicide or self-harm incidents
4. Use reliable sources of information and incorporate quotes from stakeholders directly in text as opposed to paraphrasing and introducing false interpretations
5. Adopting the perspectives of mental health users and their families
6. Promote positive viewpoints on mental health and illness, emphasising recovery and how mental health is integral to general physical health
7. Use their reach to share advocacy messages on the importance of investing in mental health as part of the public health agenda and support other advocacy messages