Transformation of Mental Health Care Systems in Argentina Throughout History

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Introduction

Argentina is the second largest country in Latin America. The country extends for about 3800 km from north to south and is about 1400 km at its widest extension from east to west. Its population is around 40 million people. Nearly 95% of the inhabitants are from Europe; over 50% are from Italy, followed by a closer percentage from Spain, and other minorities that are principally from European and Arab countries.

Buenos Aires has a population of 13 million including its surroundings called Greater Buenos Aires. In the city, there are has eight medical university colleges.

Regarding income and wealth, there are deep disparities in Argentina. For example, in 2000, the richest 10 percent of the population earned 36 percent of the country's income, while the poorest 10 percent earned just 1.5 percent of income. Around 36 percent of the population lives below the poverty line, therefore, the increasing wealth concentration and its increasingly unfair and unequal distribution is the main poverty-related issue.

Another issue is that there are as many as 8 million Argentineans working in the informal sector. An in some areas, the black market accounts for 60 percent of economic activity. According to Government estimates, 11 percent of the population cannot meet their basic food needs. Besides, poverty rates are about 20 percent higher in the rural areas than in the urban areas.

There follows some information about graduate and post graduate studies in Medicine and Psychology, and mental health professionals:

- Many Latinoamerican college students come regularly to Argentina.
- The medicine colleges are free of charge in national Universities, and they are inexpensive in the private ones.
- The academic quality of our Universities is well known all over the world.
- About 5,000 psychiatrists and 50,000 psychologists work in our country.

Highlights from the History of Psychiatry in Argentina

In April 1622, the University of Córdoba, which is the country's oldest one and the fourth in America, was declared open after the agreement between the professors and the Provincial de la
Compañía de Jesús, Pedro de Oñate. Since then, the history of higher education in Argentina has begun.

And since Hospicio de las Mercedes Hospital for the Mentally Ill opened in Buenos Aires, in 1876, psychiatric services in Argentina have been developed. Most of Argentinean general hospitals have liaison psychiatric services, but not many hospitals have in-patient units. Psychiatric state hospitals have community services which are still being developed. They work in teams composed of psychiatrists, psychologists and social workers, and psychiatric nurses.

Juan Carlos Stagnaro, Main Prof. of Mental Health, School of Medicine, University of Buenos Aires, recently stated that:

_The causes, modalities and the deciding authority to hospitalize people in insane asylums, insane homes, mental hospitals or hospices, or whatever they were called in the XIX century, determined the definition of the psychiatrist or alienist’s role, and of the psychiatry as a medical specialty; and both, alienists and theories about the madness, dialectically invented the institution that housed and defined them._

In the XIX Century, Philippe Pinel defined mental alienism and differentiated it from the Mental Hospital as an institution. Those were the first steps to medicalize insanity, and they were accompanied by some legal measures (France, 1838) and the implementation of some innovative therapeutic interventions such as moral treatment.

For patients who were considered dangerous “for themselves or for others”, they generated some measures for social and legal protection, and implemented their therapeutic isolation in total institutions, thus causing uprooting and social isolation.

Some institutions which were also designed to protect the social body from the possible social disruptions resulting from madness were generated by humanist motivations aimed at protecting the society. All of them were judicially mediated by precautionary measures.

From 1876, the psychiatric movement in Argentina has developed as a social force within the context of positivism named _alienism_. And, together with the development of a new Argentinean State, it formed a concept of madness within the new social order in a gradual way.

During this period, there was a massive immigration. Around 2,500,000 foreigners arrived and duplicated the total Argentinean population.

Insanity began to be considered from the degeneration theory, and immigrants were stigmatized as “innoble remains of ancient European populations”

The establishment of treatment facilities took the asylums as its basic institution, and isolation of the mad or deviants was the rule.

From 1876 to 1892, Dr. Lucio Meléndez, the first Argentine alienist, took over the Hospicio de las Mercedes and introduced the ideas of Pinel and Esquirol about moral causes of madness.
Also, he opened the Chair of Mental Illness at Buenos Aires University, and classes started in 1886.

In 1892, Melendez was followed by the Psychiatrist Domingo Cabred as Director of the Hospicio de las Mercedes. He was the one who introduced the revolutionary non restraint or “open door” system of treatment in Argentina, offering the elements to create, in his words, the *illusion of liberty* (within the institutions, social reintegration is not mentioned).

To give an overview of the new asylums, we can mention a report written in 1919 by two medical doctors from Melchor Romero Asylum, created by Cabred:

> ....the favourable results obtained in the insane through work, which improves their physical health, sharpens the clarity of their awareness, increases their energy, distracts their imagination and diminishes their hallucinations

> .....workshops and farming colonies provide work and distraction, which constitutes a curative process...

The “open door” system included 3 ideas: liberty, work and welfare.

**Half of XX Century: APA and Kleinian Psychoanalysis**

Enrique Pichon Rivière, one of the early members of the new APA (Argentinean Psychoanalytic Association), and the head of the psychiatric ward of one of the city’s immense asylums, the Hospicio de las Mercedes, tried once more to gain recognition of psychoanalysis by psychiatrists.

But his wife, Arminda Aberastury, was the one who would cause an important change in the APA’s theoretical point of view. In 1945, she started the exchange of correspondence with Melanie Klein. In addition to that, she translated Klein’s writings into Spanish and became her totally committed representative and advocate. Her steps were followed by many Argentinean psychoanalysts, and Mrs. Klein’s theories gradually became the core of a strict and firm dogmatism.

In the second half of XX century, Argentina was the world's center of psychoanalysis.

As a consequence of progress made by the Mental Health Organization, an important turning point occurred in 1956. Mauricio Goldenberg, an exceptional psychiatrist - not a psychoanalyst, but a distinguished friend and mentor to many young psychoanalysts – established a department of Psychopathology within a General Hospital for the first time in Argentina. As it was a total and immediate success, shortly afterwards, no hospital lacked this Department.

These are some details about Goldenberg’s reform:

- Goldenberg saw that the placement of psychiatric treatment in general hospitals had a liberating effect on patients and doctors.
For patients, the clinic was a place for reducing both trauma and stigma related with forced hospitalization and the probability of long-term confinement.

For doctors and medical students, who had traditionally received the greatest part of their training in large asylums, the clinic provided a more humane context to learn about the causes, evolution and treatment of mental illness.

They could also learn about mental illness within the larger picture of human health.

The Lanús clinic deeply influenced a generation of young psychiatrists and medical students, because it gave them an opportunity to think about the causes and treatments of mental illness in a more creative way.

Goldenberg, who had trained and worked in large asylums, considered Lanús as a model that could be reproduced and expanded nationwide.

In his opinion, the reduction in the number of patients in closed facilities was linked with the increase in the number of outpatients, the improvement of training that all doctors received in psychiatry, and the development of properly sized hospitals in all provinces.

The only most important happening in that direction was the creation of the National Institute of Mental Health (Instituto Nacional de Salud Mental or INSM) in October 1957. Motivated by the early successes at Lanús, Goldenberg and his associates began a dialogue on national reform with the government.

The Institute was dedicated to: “providing for the mentally ill the maximum opportunity for cure and re-adaptation into society, or when this is not medically possible, the best conditions for their rehabilitation and care”.

Until then, all mental illnesses were referred to the big psychiatric asylums; now at last, it was feasible to regard psychiatry as a specialty like any other within the General Hospital. Therefore, psychiatrists had the possibility to introduce psychoanalysis and social concepts in a provocative, unfamiliar and completely new setting. During the course of these events, psychologists were recognized as legitimate therapists.

Therapeutic Communities

The concept of therapeutic community and its attenuated form - therapeutic milieu - caught on and dominated the field of inpatient psychiatry throughout the 1960’s under the influence of Maxwell Jones, Ronald Laing, R.Caudill and D.Rapoport.

The goal of therapeutic communities was a more democratic, user-led form of therapeutic environment, which avoided the authoritarian and demeaning practices of many psychiatric establishments of the time.
The main philosophy states that patients are active participants in their own and each other's mental health treatment, and that responsibility for the daily running of the community is shared among the clients and the staff. TC's sometimes have limited medication in favor of group-therapies.

In Argentina, therapeutic communities have gained some reputation for success in rehabilitation and patient satisfaction as a participative, group-based approach to long-term mental illness, personality disorders and drug addiction. They developed with the auspices of INSM from 1968 to 1976 in some provinces (Entre Ríos, Santiago del Estero and Lomas de Zamora, Buenos Aires)

Usually, the approach was residential with the patients and therapists living together. It was based on milieu therapy principles and included group psychotherapy as well as practical activities.

In August 1967, a plan was approved by the INSM in order to relocate several hundred patients from the Borda and Moyano hospitals in Buenos Aires to vacant army barracks outside the agricultural city of Federal, in the province of Entre Ríos.

Due to a shortage of doctors and staff, the director and psychiatrist Raúl Camino, took a therapeutic community approach to all aspects of the hospital and trained local farmers to serve as staff.

Therapy was conducted in daily assemblies where hospital governance, medication, and personal and interpersonal issues were discussed. Later, Camino remarked that the therapeutic community, which was ironically based on democratic principles and a rejection of social hierarchy, was the hospital.

A new generation of psychiatrists, influenced by psychoanalysis and the mental health movement, tried to transform the nation psychiatric hospitals. Their proposal was that day hospitals, community and general hospital clinics, and therapeutic communities could eventually replace large asylums.

Their aims were innumerable and included the integration of psychiatry into the mainstream of medicine, the enhancement of medical and social services to patients, the improvement of the relationship between doctors and patients, and the elimination of patients’ social isolation. This was to be achieved by means of a coordinated effort at research, treatment and prevention of mental illness through the development of integral primary care assistance programs, recuperation and re-adaptation, of which therapeutic communities would become central.

The “Cordobazo” in 1969 was the first one of a series of popular revolts in search of more social justice and democracy during the military dictatorship of General Onganía. Since then, the political commitment of mental health professionals has become the focus of discussion. For many, they could no longer be limited to professional practice, but had to
contribute in some way to social change, not only with the conceptual renovations but in practice itself. So, they focused on political and scientific work within their own guilds. Some psychoanalysts would leave the Argentine Psychoanalytic Association (APA) to find a better place for these interests in the Argentine Federation of Psychiatrists (FAP), together with other psychiatrists.

At the same time, the INSM started to support several community psychiatry programs within existing institutions.

In mid-1968, the INSM allowed Dr. Wilbur Ricardo Grimson, a psychiatrist, to open the “Centro Piloto” Therapeutic Community” at the National Hospital José Estevez”, a 60-year-old psychiatric hospital in the province of Buenos Aires.

The Centro Piloto opened in July 1969 and worked with recently admitted patients so as to make the length of stay in the hospital shorter.

Like Camino, Grimson and his team stressed the democratic process, dissolution of barriers among professionals, particularly psychiatrists and other mental health professionals, as well as between staff and patients.

Those methods of treatment that disregarded the social aspects of mental illness and healing were challenged by therapy centred on group meetings and diverse therapeutic, recreational and occupational activities.

In 1973, the military government was ousted as a result of free elections which were overwhelmingly won by Peronist candidate Héctor Cámpora. By that time, two armed organizations had emerged: a Peronist leftist armed force, the "Montoneros", and the extreme left People's Revolutionary Army (ERP) - the latter in opposition to the Peronist party.

A group of APA marxist-oriented analysts, whose most eminent member was Marie Langer, started to criticize APA owing to the reactionary, closed, power-oriented character of its organization. Eventually, the Association divided into two groups, "Plataforma" and "Documento", which appeared separately at conferences abroad.

In March 24th, 1976, Argentina experienced the most violent state terrorism in its history. The resulting military dictatorship lasted over six years (including the war with Great Britain) and cost the lives of 30,000 "missing" souls, among them many mental health professionals. Some of them were able to escape into exile, avoiding concentration camps, torture and murder.

Recently, the influence of psychoanalysis has decreased. Even though doctors and psychologists are turning their interest to cognitive and behavioural therapies, psychobiological and genetic models of mental illnesses, psychologists’ training is still based on Freud, Lacan, Klein, and Winnicott’s principles.
Towards healthcare Transformation in Mental Health

- Multiple global experiences of deinstitutionalization show that the model of old psychiatric hospital asylum cannot be maintained at present.
- No valid medical, technical or humanitarian reasons justify their existence as such.
- In Argentina, various innovatory experiences intended for generating a true institutional transformation have been developed for decades.

Prolonged hospitalizations in mental hospitals or psychiatric hospitals are due to the following causes (Stagnaro, 2008):

- Cultural (stigma and rejection of people with mental illness)
- Socioeconomic (Poverty, family, labour or housing desinsertion)
- Outdated health, custodial system, or lack of adequate tools for continuing the treatment in the community.
- Theoretical (biological reductionism)
- Legal (prolonged judicialization)
- Corporative (sectorial or business interests)

In several Declarations, the WHO (1996), WPA (Athens, 1989), Caracas Declaration (1990) and Brasilia Principles (2005) recommend to end with lengthy hospitalizations due to their harmful character, and suggest outpatient treatments in part-time institutions or in the community so as to avoid uprooting, hospitalism, stigma and anomie.

In order to accomplish those goals, different tools have been increasingly implemented for several decades in Argentina so as to cause mental health transformation such as short hospitalizations to deal with crisis, with intensive treatments and quick turns of bed, or home care in charge of multidisciplinary teams, in Buenos Aires city. Followed by intermediate institutions, Day Hospitals, halfway homes, therapeutic communities that tend to reduce the role of monovalent psychiatric hospitals or hospices, which are being gradually replaced.

If public psychiatric hospitals are closed, where will the poorest sectors of the population receive mental health care?

In Argentina, the proposed hospital transformation is gaining ground over "closing psychiatric hospitals": replacing the old mental hospitals with modern hospitals, with short hospitalizations for periods of crisis, rehabilitation and reintegration into the community for chronic cases, community prevention work.
The reform of psychiatric care produced in the province of San Luis under the direction of psychiatrist Jorge Pellegrini (Geneva Prize for the Defense of Human Rights, WPA, 2005) is an example of such work making progress in different parts of the country. These actions tend to reduce the role of monovalent psychiatric hospitals, which are being gradually replaced by:

- Mental Health Services in general Hospitals
- Crisis care centers
- Health care in peripheral centers, in intermediate and home institutions
- Short hospitalizations to deal with crisis, with intensive treatments and quick turns of bed
- Home care in charge of multidisciplinary teams (CABA)
- Half way houses and day hospitals
- Therapeutic Communities

In the next decade, most of the needs in Mental Health services will be covered by a rational application of these resources along different regions of our country.

Bibliography


