WORLD FEDERATION FOR MENTAL HEALTH (WFMH)
Second World Capital of Mental Health

CANDIDACY APPLICATION

Province of Buenos Aires, Argentina

Ministry of Health of the Province of Buenos Aires
Undersecretariat of Mental Health, Problematic Substance Use and Violence within the Health Sector
Dr. Axel Kicillof — Governor of the Province of Buenos Aires
Dr. Nicolás Kreplak — Minister of Health
Lic. Julieta Calmels — Undersecretary of Mental Health, Problematic Substance Use and Violence within the Health Sector

June 2026

TABLE OF CONTENTS

MENTAL HEALTH SYSTEM REFORM IN THE PROVINCE OF BUENOS AIRES (PBA), ARGENTINA..... 3

I. Transformations of Neuropsychiatric Hospitals..... 3

ii. Provincial and municipal General Hospitals openings..... 4

iii. Expansion and strengthening of intermediate community spaces and resources..... 5

PROPOSED ACTION PLAN..... 6

1. Deinstitutionalization and closure of asylums: definitive substitution of 3 out of 4 public neuropsychiatric hospitals..... 7

2. Supported community housing..... 7

3. Mental Health in General Hospitals: emergencies, inpatient mental health and substance use care..... 7

4. Community-based facilities..... 7

5. Youth and the "Mental Health is among us all" Program..... 8

6. Comprehensive approach to problematic substance use..... 8

7. Addressing the problem of suicide..... 9

8. Innovation in State policy production and participation facilities (service users, youth, families, social organizations)..... 9

EXECUTION AND GOVERNANCE STRUCTURE FOR THE IMPLEMENTATION OF THE ACTION PLAN..... 9

I. Institutional Hierarchy and Leadership..... 9

II. Inter-ministerial and Intersectoral Governance..... 10

III. Articulation with the Judiciary..... 10

IV. Territorial Deployment and Network Integration..... 10

V. Community and Social Actor Participation..... 11

VI. Monitoring, Evaluation, and Information Systems..... 11

MENTAL HEALTH SYSTEM REFORM IN THE PROVINCE OF BUENOS AIRES (PBA), ARGENTINA

The Province of Buenos Aires is the most extensive jurisdiction in the country, with a population exceeding 17 million inhabitants (38.15% of Argentina's population) distributed across 135 municipalities. It covers a surface area of 307,571 km2. At the beginning of the mental health reform in December 2019, the situational assessment revealed a mental health system characterized by extensive neglect, disarticulation and institutional precariousness. There was a critical fragmentation between levels of care, marked deterioration of infrastructure, and a significant shortage of the workforce and community-based services. Responses to emergency care and inpatient needs were also marginal, substandardly provisioned by only 10% of general hospitals. Furthermore, the model was asylum-oriented and hospital-centric, with 1,810 individuals institutionalized in monovalent hospitals, many of them due to social issues, given the lack of community support facilities.

To reverse this historical debt, PBA is currently implementing the 2022-2027 Comprehensive Provincial Mental Health Plan, a historic milestone that formalizes the political will to transform psychiatric asylum model into a human rights-centered, comprehensive, and community-based system.

Under the leadership of the Ministry of Health, through the Undersecretariat of Mental Health, the reform has accomplished significant structural advances. Among these, notable highlights include: a 37.5% increase in specialized staff members, a 69.8% increase in the availability of beds for brief inpatient stays in general hospitals, and the expansion to 211 facilities within the community-based network. Furthermore, a 92.3% compliance with projected goals was reached by 2025, consolidating a transformation process aligned with the principles of the National Mental Health Act No. 26657 and the Convention on the Rights of Persons with Disabilities (CRPD), with the goal of guaranteeing the effective exercise of individual rights to health and integrity as essentials for every citizen of the PBA.

This paradigm shift implies **3 axes**:

I. TRANSFORMATIONS OF NEUROPSYCHIATRIC HOSPITALS

- **Transition from the Institutional Model to Community Services**: Under the "Asylum-free Buenos Aires" (*Buenos Aires libre de manicomios*) program, reform plans for the 4 public neuropsychiatric hospitals have been launched, approved by the provincial inter-ministerial commission. Since the beginning of the reform to date, 70% of the total number of individuals institutionalized in long-stay wards has been discharged into the community, and the admission and readmission of patients to long-stay pavilions has been prohibited.

- **Progressive Elimination of Asylums and Prioritization of General Hospitals**: Progress has been made in the closure of 20 of the 35 pre-existing monovalent inpatient wards, converting them into educational and cultural hubs. Simultaneously, there has been a 69.8% increase in inpatient beds in general hospitals, incorporating over 1,000 specific staff members to strengthen these services and ensure that crises are addressed within the framework of the general health system.

- **Implementation of Community Support Systems**: To guarantee the right to live independently (CRPD, Art. 19), the province has 220 community-based houses where 635 individuals discharged from neuropsychiatric hospitals live with support from healthcare teams. These are classified as "high support houses" (with 24-hour health staff accompaniment) and "low support houses" (accompanied by teams for rehabilitation tasks and daily life management). In 2023, this comprehensive system of support for independent living was noted as auspicious by the UN Committee on the Rights of Persons with Disabilities during the review of our country. 22 of these houses have been built thanks to public funds and have been incorporated as assets into the health system.

- **Social Protection:** Over 700 subsidies from the SUPEBA program have been granted for discharge to community, and a free surety bond is available through Banco Provincia to facilitate housing rental guarantees.

- **Support for Recovery**: To guarantee full inclusion, the reform achieved the approval of 10 provincial ministries regarding the neuropsychiatric hospitals reform plans, committing to transversal policies in housing, culture, sports, production, community development, agriculture, environment, etc. Cultural Life and Sports: 20 cultural workshops are held (art, music, literature, street performance (*murga*)) with over 500 participants, and 127 service users joined in provincial sports competitions, integrating sports and artistic disciplines. Socio-productive Components: The "Produce Health" (Producir Salud) project strengthens agri-food enterprises, recognizing service users as "producers" in bakery units, beekeeping, agroecological gardens, and sweets factories such as "Dulcemente".

II. PROVINCIAL AND MUNICIPAL GENERAL HOSPITALS OPENINGS

- **Integration of Mental Health into the General Health Network**: This is a key pillar to eliminate discrimination. Currently, all Provincial General Hospitals handle emergencies and provide inpatient care for mental health and problematic substance use reasons. This network is complemented by Units for Immediate Care (UPAs) and Primary Healthcare Centers (CAPS), ensuring that care is free, accessible, and close to the territories where people live.

- **Hospitalization as a Last Resort:** Inpatient care is conceived as a clinical device of last resort and for the shortest time possible, prioritizing outpatient alternatives. Guidelines and Monitoring: "Guidelines for the intersectoral approach to emergencies" (*Pautas para el abordaje intersectorial de urgencias*) have been developed, as well as a permanent monitoring system for institutionalized persons to guarantee legal compliance.

III. EXPANSION AND STRENGTHENING OF INTERMEDIATE COMMUNITY SPACES AND RESOURCES

- **Intermediate Facilities**: 32 new "Community Centers for Mental Health and Problematic Substance Use" (*Centros Comunitarios de Salud Mental y Consumos Problemáticos — CCSM*) were created. These are medium-complexity outpatient facilities offering comprehensive care, psychosocial rehabilitation, and workshops

during extended hours, including food service and access to medication. There are also 7 "Residential Units for Problematic Substance Use" (*Unidades Residenciales de Consumos Problemáticos — URCP*), facilities that provide accommodation and complex treatment to individuals in situations of problematic substance use, who may or may not have had previous hospital admissions, or are referred from other agencies. They have a residential, open-regime modality and include temporary, non-outpatient residency. Additionally, there are "Mobile Community Liaison Teams" (Equipos Móviles de Enlace Comunitario) that operate in the territory to avoid unnecessary hospitalizations through situated risk assessments and interventions in complex cases.

- **Mental Health Promotion in the General Population and Community Approach**: This constitutes one of the central axes of provincial public policy. In a rights-based intersectoral perspective, mental health is conceived as a socially determined process closely linked to living conditions. In this framework, the Provincial Plan proposes a promotion and prevention strategy from an interdisciplinary vision, understanding that protective factors (individual, family, community, and social) are determinants for general well-being. Thus, promotion transcends individual interventions to orient toward the strengthening of collective conditions, the reduction of stigma, and social integration; as well as access to basic goods and rights for subsistence and for the right to enjoy leisure, culture, etc.

-**Territorial Articulation**: To materialize this approach and avoid the hospital-centric logic, mental health areas of the 135 municipalities that make up the province have been strengthened, with a proximity policy. To this end, the establishment of local mental health roundtables was prioritized as a space for the integration of policies of various orders (provincial, national, municipal, and social organizations), managing to date to consolidate 92 of the municipal roundtables within the framework of broader Ministry of Health policies, such as the "Five-Year Health Plan," to strengthen the first level of care. Furthermore, instances of public balance and discussion are held, such as the Provincial Mental Health Conferences and Regional Health Councils in the 12 Health Regions (many dedicated exclusively to addressing mental health with health secretaries) to ensure the follow-up of objectives

- **Primary Prevention, Detection, and Early Intervention**: The Provincial Plan and the documents guiding the Network of Community-Based Facilities show a strong presence of this approach, recognizing children and adolescents as strategic stages to promote mental health and prevent future ailments, without neglecting actions directed at the adult population. Community facilities—particularly the Provincial Centers of Attention (CPA)—fulfill a central role in the early identification of vulnerability situations and in the implementation of timely responses, seeking comprehensive interventions that strengthen bonds and care networks, avoiding pathologizing approaches and prioritizing health over the exclusive attention to disease.

- **Educational and Mental Health Initiatives in the School Environment**: In line with promotion and care strategies in community socialization spaces, and through articulation with the General Directorate of Culture and Education, the program "Mental health is among us all" (*La salud mental es entre todas y todos*) is implemented. This initiative has reached 540,810 secondary school students across the 135 municipalities of the province, holding meetings in 2,438 educational

institutions. The program consists of workshops with youth where the promotion of dialogue, direct listening, and youth participation in the construction of mental health and care problems organizes the experience, with strong adherence from the youth who are currently promoters, legitimizers, and disseminators of the program. It has allowed for narrowing generational gaps and overcoming the fragmentation of knowledge, strengthening community ties from the youth, and access to direct care in those situations that required it.

- **Research and Strategic Monitoring**: The Undersecretariat of Mental Health has an Observatory office that aims to research and monitor the mental health situation of the population, identify potential risk conditions, and generate systematic information that also contributes to monitoring the Undersecretariat's own programs, favoring the improvement of prevention, collective promotion, and access strategies.

- **Employment and Mental Health in the Workplace**: The reform recognizes the right to work on an equal basis (CRPD, Art. 27). In this sense, the creation of the "Care for those who care" (*Cuidar a los que cuidan*) program stands out, aimed at the accompaniment and care of health system workers. Likewise, the violence eradication policy has institutionalized the "Committees for the Prevention, Approach, and Eradication of Labor Violence and Conflicts," supported by the Integrated Health Violence Registry System (SIRVeS), a digital tool to unify the approach to conflict situations and gender-based violence affecting workers.

- **Active Participation of Service Users and Families**: The participation of people with direct experience, their families, and community organizations is a relevant component in the design and implementation of public policies, promoting participatory instances in their planning, execution, and evaluation, and recognizing the community as an indispensable factor to modify situations of inequality. Service users participate in regional and provincial conferences—generating exchange and influence—and drive rights-advocacy initiatives such as community radio stations, health fairs, and health promoters that favor the construction of citizenship and the fight against stigma. Likewise, they participate in the organization, management, and execution of socio-productive enterprises, promoting social inclusion and progressive labor market integration.

We understand that reducing stigma and social barriers also implies giving prominence to the policy actors, deepening the consolidation of a perspective central to our country, such as Human Rights. For this reason, a large part of the actions has accompaniment and is a central axis of the Provincial Secretariat of Human Rights and other kindred agencies.

The cumulative investment corresponding to the 2020–2025 period, expressed in nominal values, amounts to ARS 268,382,220,778.95, equivalent to approximately USD 185.1 million according to exchange rate of ARS 1,450 per US dollar.

PROPOSED ACTION PLAN

The progress made in mental health in our province in pursuit of the transformation of the mental health care model and the expansion and improvement of the care network encounters what is globally known as a strong and accelerated increase in mental health problems and/or ailments in the population. Both circumstances impel us to develop a new 2027-2031 Provincial Plan, which will be subjected to a participatory process of consultation,

revision, and reception of proposals (both the Honorary Consultative Council of Mental Health, as well as the Review Body of the National Mental Health Act and other associations have full user participation; and it will also be sent to civil associations, universities, and the 135 municipalities). The plan prioritizes 8 axes:

1. **Deinstitutionalization and closure of asylums: definitive substitution of 3 out of 4 public neuropsychiatric hospitals**

   Objective: To deepen the substitution of the asylum model for a community-based mental health care system, guaranteeing discharge processes with effective social inclusion, through the strengthening of supported housing facilities, the institutionalization of care networks, and the reconversion of public neuropsychiatric hospitals.

   Lines of Action:
   - Completion of discharge processes for service users not undergoing acute inpatient care from 3 of the hospitals (Taraborelli, Alejandro Korn, Cabred) with the goal of advancing toward the definitive closure of their asylum modality and their reconversion as general hospitals and/or other purposes.
   - Adaptation of the organic-functional structures of all public neuropsychiatric hospitals in the process of transformation.

2. **Supported community housing.**

   Objective: To promote the development of supported housing in the community, in accordance with the guidelines established in the "Guide for the Approach to Discharges" (*Guía para el Abordaje de Externaciones*).

   Lines of Action:
   - Incorporate new houses with low and high support, and health teams for people still institutionalized and in general hospitals.
   - Periodic monitoring and follow-up of supported housing in the community.
   - Identification and analysis of needs and challenges of support systems for community living.

3. **Mental Health in General Hospitals: emergencies, inpatient mental health and substance use care.**

   Objectives:
   - Strengthen the response capacity in emergencies, on-call services, and mental health inpatient care.
   - Promote the continuity of care and the linkage between hospitals and community-based facilities.

   Lines of action:
   - Consolidation of interdisciplinary mental health teams in on-call services.
   - Improvement of spaces for inpatient care for acute episodes.

4. **Community-based facilities**

   Objectives:
   - Expand and strengthen community mental health facilities, consolidating territorial response capacity (20 new centers).

- Consolidate care networks that guarantee comprehensive approaches and continuity of care between the different levels of the system (greater articulation of the community network with general hospitals).
- Promote integration and articulation between facilities, providers, and levels of care, favoring a territorial and community model.
- Strengthen territorial response capacity to mental health crisis situations.
- Improve the accessibility, timeliness, and quality of mental health care.
- Deepen the transformation of care practices toward a community-based, interdisciplinary, inclusive, and rights-based model.

Lines of Action:
- Development, expansion, and strengthening of community mental health facilities.
- Consolidation of territorial and intersectoral networks for comprehensive approach and continuity of care.
- Development and hierarchical strengthening of mobile teams for crisis care in the territory.
- Strengthening of strategies to improve the accessibility, quality, and timeliness of mental health care.
- Incorporation of community-based mental health practices, including group strategies, first-listening spaces, and triage facilities, with an emphasis on the inclusion of girls, boys, and adolescents.

5. Youth and the "Mental Health is among us all" Program

Objectives: Deepen the sustained articulation between the educational system and mental health policies, promoting comprehensive care strategies.

Lines of Action:
- Expansion of the coverage of the "Mental Health is among us all" program to cover 100% of secondary youth (1,600,000).
- Training and strengthening of work with School Orientation Teams (EOE), deepening the community mental health perspective.

6. Comprehensive approach to problematic substance use

Objectives:
- Strengthen accessibility and continuity of care with a gender perspective.
- Deepen alternative approaches from the risk and harm reduction focus.
- Consolidate the articulation of the network and comprehensive approach, incorporating them into health policies and expanding the offer of residential modalities with a rights-based perspective.

Lines of Action:
- Favoring accessibility to care for people with problematic substance use in general hospitals and other network providers, incorporating a risk and harm reduction approach and a gender and diversity perspective.
- Strengthening response capacity to crisis and emergency situations in mental health and problematic substance use, ensuring the continuity of care across different levels of attention.
- Articulation between providers at different levels of the health system and with other State sectors, to guarantee comprehensive and sustained approaches.
- Regulation and improvement of the private sector's standard of care.
- Integration and synergy between public policies and provincial programs linked to the approach to substance use, including socio-productive inclusion facilities.

7. **Addressing the problem of suicide**

Objectives:

- Develop and implement a provincial suicide prevention and care program.
- Strengthen information systems linked to suicide through the inter-ministerial integration of data.
- Incorporate a specific 24-hour suicide telephone line within the 0800 Mental Health telephone line.

Lines of Action:

- Design and implementation of clinical guidelines and strategies for suicide prevention and care.
- Consolidation of an information production system with the Ministry of Security.
- Development and implementation of a 2027–2031 provincial suicide prevention campaign.

8. **Innovation in State policy production and participation facilities (service users, youth, families, social organizations)**

Objectives:

- Formalize spaces for participation (consultative roundtables, local councils, forums) with representation of service users, families, and youth.
- Guarantee the effective inclusion of the voices of service users and families in policy design, through participatory mechanisms.

Lines of Action:

- Creation of a Youth Council for Engagement and Advocacy in Mental Health Public Policies (CJPIPPSM), with direct participation in initiatives such as the "Mental Health is among us all" program, development of prevention policies regarding technology consumption, and Community Center activities.
- Inclusion of service users, families, and social organizations in local work roundtables.
-Organization of territorial work meetings with youth, aimed at surveying demands, reflecting on current problems, and developing action proposals.

EXECUTION AND GOVERNANCE STRUCTURE FOR THE IMPLEMENTATION OF THE ACTION PLAN

The execution and governance structure for the implementation of the plan is based on institutional hierarchy, intersectorality, and the construction of a care network based in the communities. The strategic organization for its implementation is detailed below:

I. Institutional Hierarchy and Leadership

The Ministry of Health of the Province of Buenos Aires exercises the leading role to provide a comprehensive response to mental health problems, under the premise that "there is no health without mental health". This political decision materialized in the creation of a "Undersecretariat of Mental Health, Problematic Substance Use," elevating the organic-functional structure (it was previously a provincial directorate) and creating at the same time a "Decentralized Entity: Hospital in Mental Health Network" to provide administrative and management structure to the more than 200 care facilities, appointing 12 directors and/or mental health coordinators in the 12 health regions to have territorial governance and expanding the number of programs deployed in the territory.

Operational leadership is structured through:

- Provincial Directorate of Mental Health and Problematic Substance Use.
- Directorate of Assistance, Accompaniment, and Support in Mental Health and Problematic Substance Use.
- Directorate of Promotion and Care in Mental Health and Problematic Substance Use.
- Executive Directorate and 12 decentralized associated directorates and/or mental health coordination in Health regions of the Decentralized Entity: Hospital in Mental Health Network.

Likewise, the Undersecretariat of Mental Health has leadership, direct influence, and direction over all mental health policies developed within other undersecretariats and directorates of the Ministry of Health such as: Provincial Directorate of Hospitals, Directorate of Medicines, Directorate of the School of Government in Health, Directorate of Networks and Regions, Directorate of Personnel, Directorate of Gender and Equity, Directorate of Emergencies, Directorate of Disability, Directorate of Information Management, Directorate of Health Inspection, etc. Mental health policies, in addition to the leadership and influence over the health system as a whole, are deployed over the direct governance of the facilities and care centers directly dependent on the Provincial Ministry of Health: 100 provincial hospitals, 4 neuropsychiatric hospitals in the process of reform, 211 community-based mental health facilities (CPA, CCSMYCP, UR, EECM), and 220 houses for discharges..

II. Inter-ministerial and Intersectoral Governance

Given that mental health is a multi-determined process, its approach requires the participation of various State sectors. To this end, the Provincial Inter-ministerial Commission for Mental Health and Problematic Substance Use was constituted within the scope of the Cabinet Chief's Office with more than 10 provincial ministries. This instance aims to:

- Mainstream the mental health perspective inyo other ministerial portfolios.
- Unify criteria and intersectoral and comprehensive lines of action.
- -Address comprehensive health system components of reform plans such as housing, employment, and culture.

III. Articulation with the Judiciary

Coordinated work environments with the Judiciary are promoted to harmonize integrated health and social care criteria with legal ones. The goal is to guarantee the right to legal capacity and the support system, as well as to ensure legal control of inpatient admissions in accordance with the current regulatory framework.

IV. Territorial Deployment and Network Integration

The Plan execution is organized through the Provincial Network of attention, accompaniment, and care, structured in the 12 health regions of the province. Mechanisms for territorial integration include:
- Articulation with the 135 municipalities: Coordination with local health and mental health secretariats to strengthen the first level of care and organize community resources.
- Local Mental Health Roundtables: Spaces for regular linkage between hospitals, Provincial Care Centers (CPA, CCSM, Mobile Teams), and other territorial facilities (provincial and national).
- Mobile Community Liaison Teams: Interdisciplinary facilities that facilitate work between providers and the approach to situations of complexity in the territory.

V. Community and Social Actor Participation

Governance recognizes civil society as a central actor in the construction of public policies. The Plan integrates contributions from:
- Organizations of service users and their affective networks.

- Professional associations, universities, and worker collectives.
- Social organizations with territorial presence that contribute to the reduction of stigma and social inclusion.

VI. Monitoring, Evaluation, and Information Systems

To ensure continuous improvement and compliance with goals, we established tracking and knowledge production mechanisms:
- Integrated Information Systems: Survey of epidemiological and management data to guide decision-making based on the situated reality of each territory.
- Annual Follow-up Meetings: Meeting instances with involved sectors to evaluate the indicators and goals established in the Plan.
- Inspection and Licensing: Joint processes between the Undersecretariat and the Directorate of Health Registration and Inspection to raise quality standards in public and private providers in accordance with the Mental Health Act.