

UNIVERSAL PERIODIC REVIEW – FOURTH CYCLE

CONTRIBUTION TO THE REVIEW OF ARGENTINA

Mental health and rights of persons with disabilities

Civil society report prepared jointly by the Center for Legal and Social Studies (CELS)¹ and the Civil Association for Equality and Justice (ACIJ).²

I. Obligations of the Argentine State with respect to persons with psychosocial disabilities

1. On April 25, 2022, the president of the nation publicly presented the Federal Strategy for an Integral Approach to Mental Health,³ a series of prevention, advocacy, and assistance actions to be promoted by the Ministry of Health, as well as the reinforcement of others already underway. The actions proposed under this Strategy represent a very important step toward the full implementation of the National Law on Mental Health and Addictions (LNSM). Moreover, it could represent a significant improvement in the comprehensive approach to people with psychosocial disabilities. However, this report is based on the current situation in Argentina. Likewise, we cannot overlook the fact that, in budgetary terms, the announcement has not yet translated into an effective variation in allocations, nor would it represent a third of the guideline stipulated by the regulation (10% of total health expenditure). Therefore, while waiting for this Federal Strategy to be backed up with concrete programs and a detailed implementation plan, we will highlight a series of points that represent serious shortcomings in terms of the Argentine State's obligations in the field of psychosocial disability.
2. Most of the issues raised in the report prepared for the Universal Periodic Review of Argentina in 2017⁴ have not been resolved or were only partially addressed, which makes evident the scarce progress towards achieving regional and international human rights legal standards. The points presented below focus on aspects that were not previously explored in-depth, or on the most urgent issues already raised but which still lack substantial progress.

a. Non-compliance with the regulatory framework for psychosocial disability

¹ The Center for Legal and Social Studies (CELS) is a non-governmental organization that has been working since 1979 to promote and protect human rights and strengthen the democratic system in Argentina. Since 1982 CELS has had a mental health team, and since 2004 it has been developing a work agenda on the rights of people in psychiatric hospitals. The main objectives of this agenda are: to denounce human rights violations; influence public policy-making processes; drive legal and institutional reforms aimed at improving state institutions; and encourage the greater exercise of these rights for this group.

² Asociación Civil por la Igualdad y la Justicia (ACIJ) is a non-partisan, non-profit organization dedicated to the defense of the rights of vulnerable groups and the strengthening of democracy in Argentina. Founded in 2002, its objective is to defend the effective enforcement of the National Constitution and the principles of the rule of law, to promote compliance with laws that protect disadvantaged groups and the eradication of all discriminatory practices, and to contribute to the development of participatory and deliberative practices of democracy. The Association's Program for the Rights of Persons with Disabilities works to ensure that this group is guaranteed the full exercise of its rights in order to achieve fairer and more inclusive societies.

³ <https://www.argentina.gob.ar/salud/mental-y-adicciones/estrategia-federal-de-abordaje-integral-de-la-salud-mental>

⁴ <http://www.cels.org.ar/especiales/examenonu/wp-content/uploads/sites/13/2017/10/EPU2017DerechosPersonasConDiscapacidad.pdf>

3. The regulatory framework on psychosocial disability in Argentina is mainly composed of the National Law on Mental Health and Addictions (LNSM, 2010) and the National Civil and Commercial Code (CCCN, 2015), both preceded by the approval of the Convention on the Rights of Persons with Disabilities (CRPD) in 2008 through Law 26,378. However, despite the time elapsed, little and isolated progress has been made in its full implementation.
4. According to the National Census of People Hospitalized for Mental Health Reasons (2018-2019),⁵⁶ there are 12,035 people hospitalized in 162 public and private psychiatric institutions, with an average of eight years of hospitalization. Those residing in institutions with exclusive hospitalization for addictions that were not reached by the survey must be added to this number. **Of the number of people surveyed, 63.6% do not meet the criteria for admission, constituting illegal detentions.**⁷The LNSM establishes that mental health hospitalizations should be as short as possible and that compulsory admissions should be considered only as an absolutely exceptional recourse. However, according to official data from May of this year, in the Province of Buenos Aires, where most of the hospitalizations in the country are concentrated, **80% of the admissions in single-specialty psychiatric institutions are compulsory,**⁸ which raises alarm about how they are being carried out and the lack of implementation of supports to provide consent in health care. Furthermore, despite the provisions of the LNSM, in these situations, people do not have legal assistance to enable them to file effective appeals to challenge compulsory hospitalizations.
5. The aforementioned law established that 2020 was the deadline for the definitive closure of neuropsychiatric institutions in Argentina, with the obligation to replace them and create a community care system integrated with the rest of the health services while respecting the human rights of persons with psychosocial disabilities. At the same time, the Argentine state should promote deinstitutionalization processes for this group through the implementation of public policies that guarantee their social rights like work, housing, and social security, so that people with psychosocial disabilities can live effectively in the community. There are many reasons why this deadline was far from being met, but mainly due to **the lack of development of the aforementioned public policies; the validity of a model that places institutionalization as a central measure in the approach to psychosocial disability; and the lack of economic resources allocated by the State for the creation and maintenance of alternative programs to hospitalization in psychiatric hospitals.**

b. Lack of alternatives to institutionalization and poor oversight of institutions.

⁵⁶<https://www.argentina.gob.ar/noticias/se-presentaron-los-resultados-del-primer-censo-nacional-de-personas-internadas-por-motivos#:~:text=En%20total%20se%20censaron%20162,en%20instituciones%20del%20sector%20p%C3%BAblico>.

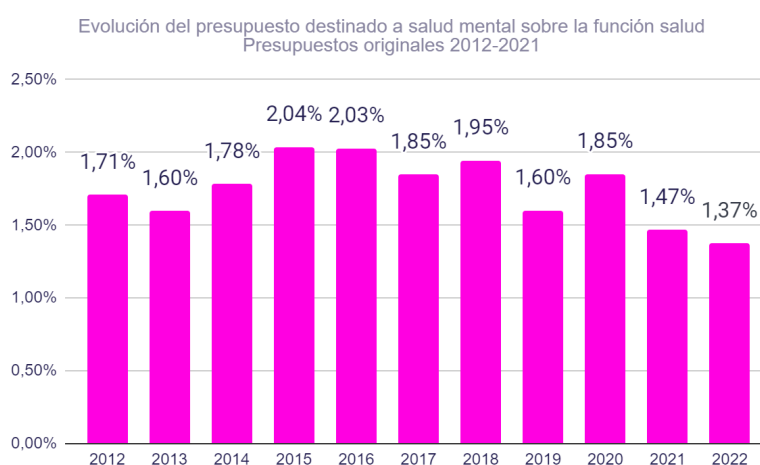
⁶<https://bancos.salud.gob.ar/sites/default/files/2020-01/primer-censo-nacional-personas-internadas-por-motivos-de-salud-mental-2019.pdf>

⁷ According to the legislation in force in Argentina, a hospitalization for mental health reasons can only be carried out if certain criteria evaluated by an interdisciplinary team are met, among which is the fact that the hospitalization provides greater benefits than any other less restrictive therapeutic intervention, and, in the case of compulsory hospitalization, that there is a certain and imminent risk situation for that person or others.

⁸ <https://www.pagina12.com.ar/423964-caso-felipe-pettinato-que-dice-la-ley-de-salud-mental-sobre-?>

6. As mentioned above, the state response in the area of mental health continues to be prolonged and indefinite psychiatric hospitalization. This is because no structural public policies have been implemented to leave behind the tutelary model and replace it with community-based, decentralized and accessible care. Primary health care providers and general hospitals still do not provide adequate assistance in this field, nor have they created programs that promote social inclusion and guarantee a comprehensive approach, such as outpatient and home care services, personal assistance, and other support for independent living, work cooperatives, housing programs, financial assistance for outpatient care, among others.
7. As a consequence, a large part of the population housed in psychiatric hospitals does not meet the criteria for hospitalization and lives in these institutions due to the absence of state responses to ensure their sustainable discharge. The situation described was corroborated in the framework of the case "S.A.F and others vs. National State and others," where the justice system ordered the National State and the Government of the City of Buenos Aires in 2015 to provide community-based treatment for all those persons admitted to psychiatric hospitals who qualified for medical release, in order to guarantee their right to health, to live independently and to be included in the community in accordance with the National Mental Health Law No. 26,657 and the Convention on the Rights of Persons with Disabilities. However, since the ruling, no actions have been implemented to date to comply with it and no new program has been created since 2015.
8. The situation described above is reflected in State's allocated budget for this purpose. Article 32 of the LNSM indicates that the funds allocated to mental health should be at least 10% of the total health budget. However, in the period since the law was passed to the present, allocated funding has never exceeded 2.04%, as illustrated in the following graph:

Evolution of the mental health budget over the health budget function.
Original budgets 2021-2021



9. The manner in which this meager percentage is distributed is also evidence that public resources still support the asylum model. A large part of funds still goes to national

psychiatric hospitals (e.g., Laura Bonaparte and Colonia Montes de Oca). Funds allocated to Mental Health Support and Promotion Activities, which include training, strengthening of community-based mental health services, and promotion of outpatient care, among other actions aimed at complying with the law, **represent only 1.1% of mental health spending.**⁹

10. The inadequacy of the mental health care system is aggravated by the **absence of effective oversight in public and private places of confinement.**¹⁰ As a result, serious rights violations occur in these places. Practices still in force include **overmedication, isolation and physical restraint for long periods, physical and sexual abuse, dubious deaths due to preventable reasons that are not diligently investigated, forced sterilizations, and the severing of family and community ties.**
11. At the same time, the **lack of State oversight of mental health and substance abuse inpatient treatment facilities,** including their continued use of practices that do not take into account individuals' wishes as established by local and international regulations,¹¹ significantly deepens the situation of vulnerability of people with psychosocial disabilities.¹²
12. At the end of 2021, the general public was made aware of functional neurosurgeries or psychosurgeries to treat psychiatric patients at the National Hospital Profesor Alejandro Posadas¹³ and the Italian Hospital¹⁴. A request was made that an investigation be carried out to determine how these procedures were carried out. The report revealed serious irregularities, mainly in relation to the informed consent of the persons subjected to these interventions, which could constitute acts of torture. However, authorities were unable to provide answers about the interventions on fundamental points such as, for example, the assessments by the ethics committees that should protect people from practices that put their psychophysical integrity at risk. Moreover, these procedures violate LNSM's mandate, which expressly prohibits people with mental disorders from being subjects of research and experimental methods of treatment.
13. More recently, this year, four young people who were hospitalized in the Resiliencia San Fernando therapeutic community, in the town of Pilar, Province of Buenos Aires, died of asphyxiation during a fire.¹⁵ The preliminary investigation into the case determined that the facility did not have any type of authorization for its operation, and the testimonies of the victims' relatives indicated that at the time of the fire they were overmedicated and that for that reason they were unable to escape. Moreover, it is known that in the country there are many centers of similar characteristics that promise a "closed-door"

⁹Source of budget data: Analysis conducted by ACIJ based on the open budget of the Ministry of Economy of the Nation, last consulted on May 2, 2022.

¹⁰ See CRPD/C/ARG/CO/1, parr. 29 and 30.

¹¹ See CRPD/C/GC/1, parr. 40 and 41.

¹² Examples of these practices include, among others, the covert administration of psychotropic drugs without the patient's knowledge, the prohibition of contact with family members, legal representatives and other persons, and the use of forced isolation, mechanical restraint and other types of actions in the form of punishment.

¹³ <https://www.telam.com.ar/notas/202112/577283-hospital-posadas-neurocirugias-funcionales-salud.html>

¹⁴ <https://www.ambito.com/informacion-general/salud/novedoso-procedimiento-cirugia-pacientes-siquiatricos-n5342855>

¹⁵<https://www.cels.org.ar/web/2022/02/incendio-y-muertes-en-una-comunidad-terapeutica-de-pilar-las-consecuencias-por-las-deudas-en-la-implementacion-de-la-ley-de-salud-mental/>

approach to substance abuse, where excessive sedation is a common practice along with other procedures that violate people's dignity.¹⁶ These institutions are not subjected to any type of monitoring of their practices, and the people hospitalized are not adequately monitored by the public agencies responsible for them.

14. This shows the urgency of moving forward with deinstitutionalization processes, not only as a legal imperative but also as a fundamental measure to preserve the life and integrity of people institutionalized for mental health reasons. It also reflects the urgent need to define rigorous policies for their oversight and supervision until they are definitively shut down and replaced by other community-based programs.

c. Lack of access to civil justice

15. Notwithstanding the reform of the Civil and Commercial Code in 2015, the legal capacity of persons with intellectual or psychosocial disabilities continues to be denied in a discriminatory manner.¹⁷ In fact, in said Code, the support figure is framed within the restrictions to legal capacity, which constitutes a contradiction that hinders the implementation of these support measures to be thought outside a restrictive logic of the full legal capacity of persons.
16. As a result, court rulings continue to restrict the exercise of legal capacity and no real support figure is provided for making decisions with legal effects. In addition, in many cases, people lack real legal defense during the process¹⁸ and support figures/advocates are appointed against their will or without their participation. It is common for such advocates to act as substitutes for the will of the individuals since there are no adequate safeguards to prevent this.

d. Aggravation of confinement during the pandemic.

17. The expiration of the deadline in 2020 coincided with the COVID-19 pandemic. In this context, it became evident, on the one hand, the pivotal role played by a person's living conditions with respect to the ability to survive an epidemic health threat. But on the other hand, it was also evident how the state's response to mental health conditions is institutionalization. Faced with a situation of generalized crisis, the focus was on confinement and not on health: **at the beginning of the pandemic, the situation of people institutionalized in psychiatric hospitals worsened significantly due to different measures adopted which caused a resurgence of asylum logic, favoring confinement instead of forms of treatment in the community** in accordance with LNSM's provisions. Likewise, within the institutions, **comprehensive interdisciplinary treatment was suspended and only pharmacological treatment remained in force.**
18. In May 2020, CELS filed an amparo action before the courts of the Autonomous City of Buenos Aires due to the serious setback in the rights of the people committed in four psychiatric hospitals in the city. The amparo action pointed out such essential issues as the lack of basic hygienic elements for hospitalized persons, the lack of telephone

¹⁶ <https://www.laizquierdadiario.com/Quienes-son-los-responsables-por-la-masacre-en-la-granja-Resiliencia-San-Fernando-de-Pilar>

¹⁷ See CRPD/C/ARG/CO/1. Parr. 20

¹⁸ See E/C.12/ARG/CO. Parr. 54.

devices and internet access so that hospitalized persons could maintain contact with people outside the institution, such as family members and legal representatives, and the absence of measures that would allow users to access their money and the receipt of pensions. They also mentioned the lack of basic elements for the prevention of contagion and the prohibition to circulate outside the closed wards of these hospitals, without being allowed to be outdoors. Although many of these demands were met as the first year of the pandemic progressed, the need for judicial action was demonstrated in the face of the natural tendency toward the intensification of confinement. Currently, the case remains open and, through it, we continue to monitor the variation of infections according to the strains/waves and the progress of vaccination.

19. However, after the first two years of the pandemic, and with the relaxation of isolation and care measures in general in society, no structural changes have been implemented to prevent a situation like the one experienced in the psychiatric hospitalizations from happening again.
20. Although the LNSM includes the treatment of addictions, people with substance abuse problems are often left out of mental health treatment and even out of the hospital circuit, because they are considered "untreatable." The inpatient facilities where they are confined are rarely monitored and in most cases do not comply with the standards of the law or with the minimum building standards for health facilities in general. Likewise, no harm and risk reduction strategies are implemented, nor are community reinsertion and social integration strategies for individuals with problematic drug use, in accordance with the Comprehensive Plan for Addressing Problematic Drug Use (Law 26.934).

e. Lack of full, up-to-date and accessible information

21. The National Census of People Hospitalized for Mental Health Reasons was published in 2019 and so far constitutes the only source of rigorous information on the subject. However, it is not a fully accessible source of information, since the databases are not available and, therefore, it is not possible to generate analyses beyond those presented in the official report, which leave out many relevant data points.
22. According to Art. 35 of the LNSM, such a census should have been carried out in 2011 and then repeated every two years at the latest. It is urgent to conduct a new census of people hospitalized for mental health reasons, including therapeutic communities, which is a group that was not included in the first national census. If carried out periodically, the census will serve as a follow-up tool that will provide comparable data and provide statistics that will make it possible to analyze changes and serve as a basis for the planning and development of public policies.
23. Furthermore, **beyond the information obtained from the national census, there is no sufficient, disaggregated, appropriate and centralized source of information or official statistical data on fundamental aspects to monitor the transformation of the care system**, such as the number of beds available for inpatient mental health care in general hospitals, the number of outpatient services and community facilities existing

in the country, the number of vacancies available, the number of professionals needed and necessary to guarantee an interdisciplinary approach at the different levels of care and the budgetary resources allocated to mental health, among others.

24. On the other hand, the State continues to fail to comply with its obligation to provide public information on this issue in an effective and complete manner in response to requests made by civil society. This action leads organizations to resort to administrative and/or judicial claims in order to obtain data about the hospital situation. For example, during the pandemic, it was the amparo action in 2020 mentioned above that allowed access to information on the situation of people admitted to psychiatric hospitals in the City of Buenos Aires.

f. The situation for women

25. Women with mental illnesses and, in particular, those in psychiatric confinement are victims of additional gender-based violations that not only affect their bodies but also their subjectivity and their family and relationship ties. In this regard, practices such as forced sterilizations persist (in particular, surgical contraceptives without informed consent); lack of medical and gynecological check-ups; separation from their children, often for life; medicalization of their right to full sexuality. Although recently a group of organizations, among them CELS, pushed for and achieved the reform of National Law 26.130, which allowed sterilizations to be performed on women with disabilities, many of these practices are still in force.
26. In general, there is a prevailing perspective that places women in roles hegemonically assigned to gender: caregiving tasks for children, spouses, and other family members; functions related to the role of procreation and domestic management; and the mandate to present only expected sexual behaviors, marking the difference with other behaviors that are not. Thus, behaviors that deviate from these stereotypes are interpreted as pathological and modified through medication, confinement, and other modalities of normalization of behavior that, in many cases, constitute cruel, inhuman, degrading treatment, and even torture.

g. The situation for children and teenagers

27. In Argentina, children and adolescents with psychosocial disabilities face structural barriers to exercising their rights on equal terms. Despite the existence of an international and national regulatory framework that establishes the State's duty to guarantee them special protection, **children using mental health services are invisible in the design and implementation of public policies on childhood and deinstitutionalization, attention, and care.** This situation worsened with the COVID-19 pandemic.
28. Children and adolescents face an institutional circuit of multiple referrals, discrimination, and exclusion in the educational and health fields. Moreover, they face processes of medicalization and asylum approaches aimed at control and social

normalization.¹⁹ This situation is aggravated if we take into account that, according to recent research, **psychiatric institutionalization of children in Argentina showed an increase with a significant progressive trend.**²⁰ In this regard, in 2018, the UN Committee on Economic, Social and Cultural Rights recommended that the country encourage children and adolescents to be cared for in the community, prioritizing outpatient and home care in the area where they live, placing restrictions on their institutionalization.²¹

29. The monitoring carried out by national and local agencies in charge of safeguarding the rights of children with psychosocial disabilities confirms the above. According to the National Mental Health Review Body,²² there are institutions with only a custodial-asylum type of approach, based on institutionalization, with overcrowding and facilities that put adults and children and adolescents together in the same space. The agency also recorded situations of abandonment and institutional violence, inadequate treatment, physical restraint, building deterioration, lack of intimacy and privacy, unnecessary prolongation of hospitalization due to social problems, violations of the right to identity, education, and the maintenance of family ties, and restrictions on the communication of institutionalized children with their loved ones.²³
30. Likewise, according to the Unit of Attorneys for Minors,²⁴ a large number of the children who were hospitalized were in street situations or resided in group homes, shelters, or closed educational centers, and they did not have parental care nor were there effective interventions by the agencies for the protection of rights for their restitution.²⁵ In a 2018 study,²⁶ the agency stated that most of the cases of inpatient placements corresponded to readmissions (15% of them were at least the fourth admission), and 42% of the children and adolescents had not accessed any type of treatment prior to their first admission. Recently, it also alerted about the serious situation of street children,

¹⁹ Barcala, A. (2018). "Niñez e Institucionalización psiquiátrica: violencias en contextos de encierro. Salud Mental, políticas públicas y derechos humanos," in P. Vommaro, A. Barcala and L. Rangel, *Infancias y juventudes: diversidades, prácticas y perspectivas en derechos y políticas*. Buenos Aires: CLACSO; Bogotá: Fundación Centro Internacional de Educación y Desarrollo Humano CINDE; Manizales: Universidad de Manizales. Available at: http://biblioteca.clacso.edu.ar/clacso/se/20181102011124/Derechos_politicas_infancias.pdf.

²⁰ Barcala A., and Faraone S. (2020). *A diez años de la sanción de la Ley Nacional de Salud Mental: coordenadas para una cartografía posible* (1st ed.), Autonomous City of Buenos Aires: Teseo. Available at: <https://www.editorialteseo.com/archivos/18485/a-diez-anos-de-la-sancion-de-la-ley-nacional-de-salud-mental/>

²¹ E/C.12/ARG/CO. Parr. 54.

²² The National Review Body of Mental Health is an entity created by the Law 26.657 under the Public Ministry of Defense to promote their compliance and protect the rights of mental health service users.

²³ National Review Body, 2018 Annual Management Report, Available at: <https://www.mpd.gov.ar/pdf/saludmental/Res%20SE%2005%202019%20Aprobacion%20informe%20de%20gestion%202018.pdf>; 2019 Annual Management Report, available at: https://www.mpd.gov.ar/pdf/Informe%20Anual%202019_compressed.pdf; and Resolution 2/20 of the approval of the document: "A diez años de la Ley Nacional de Salud Mental: posicionamiento del Órgano de Revisión Nacional de Salud Mental," available at: <https://www.mpd.gov.ar/pdf/RESO10ORN.pdf>

²⁴ Unit of Attorneys for Minors (art. 22, law 26.657) of the Public Ministry of Defense is a group of lawyers who provide technical defense for children and adolescents hospitalized for addictions or mental health reasons in the Autonomous City of Buenos Aires.

²⁵ Public Ministry of Defense (2019). "Unidad de Letrados Art. 22 Ley 26.657 (Personas Menores de Edad). Análisis del trabajo realizado durante el período," published in the 2019 Annual Report. Available at: https://www.mpd.gov.ar/pdf/Informe%20Anual%202019_compressed.pdf

²⁶ Crespo Kaul, H., Folgar, M.L. and Muñoz Genestoux, R. (2019). "Todas las rutas llevan a... Descripción trans-institucional de internaciones de niños, niñas y adolescentes en hospitales públicos y privados de la Ciudad Autónoma de Buenos Aires," en Barcala, A. y Poverene, L. (compiladoras), *Salud mental y derechos humanos en las infancias y adolescencias. Investigaciones actuales en Argentina* (pp. 223 -237). Available at: <http://www.codajic.org/sites/www.codajic.org/files/Salud%20Mental%20y%20DDHH%20en%20las%20infancias%20y%20adolescencias.pdf>

affected by the problematic consumption of psychoactive substances, the lack of access to a comprehensive approach that guarantees the restitution of their rights, which generates a great deterioration of their psychophysical health,²⁷ and the resistance of general hospitals to admit children and adolescents for mental health situations, which generates a prolongation of hospitalizations in emergency services, without the children having a permanent care team and in very precarious accommodation conditions.²⁸

II. Questions for the State

1. How does the State plan to implement the "Federal Strategy for a Comprehensive Approach to Mental Health," what will the budget be, and how will it be distributed?
2. What measures has the State adopted to adjust the distribution of its budgetary resources in order to comply with the mandate established in Article 32 of the National Mental Health Law?
3. What public policies has the State implemented to drive forward the process of sustainably discharging hospitalized persons (including children and adolescents), shut down psychiatric institutions, and create outpatient care and social inclusion facilities?
4. What measures did the State adopt in the context of the pandemic to safeguard the integral health of people who are still institutionalized in psychiatric hospitals?
5. What measures has the State adopted to guarantee the effective participation of civil society, in general, and of the users of mental health services, in particular, in the design, monitoring, and evaluation of the public mental health policy?
6. What measures has the State taken to provide the support that persons with disabilities may need to exercise their legal capacity?
7. What measures has the State implemented to address the differential impact that psychiatric confinement has on women, lesbians, transvestites, transvestites, transvestites, and other sexual diversity identities?
8. What information strategies has the State developed to provide the general population with clear, up-to-date, and effective information on mental health issues in the face of the public criticism of the LNSM?

III. Recommendations for the State

²⁷ Public Ministry of Defense (2020). "Unidad de Letrados Art. 22 Ley 26.657 (Personas Menores de Edad) Análisis del trabajo realizado durante el período," published in the 2020 Annual Report. Available at: https://www.mpd.gov.ar/pdf/publicaciones/Informe%20Anual%202020%20Libro_compressed.pdf

²⁸ Public Ministry of Defense (2021). "Unidad de Letrados Art. 22 Ley 26.657 (Personas Menores de Edad) Análisis del trabajo realizado durante el período," published in the 2021 Annual Report. Available at: https://www.mpd.gov.ar/pdf/publicaciones/Informe%20Anual%202021_web.pdf

1. Increase the budget allocated to mental health in accordance with the provisions of Law 26.657 and foster the transfer of resources from the mental health system to policies in line with the provisions of this law.
2. Implement effectively the deinstitutionalization strategies adopted and develop plans for mental health care, including substance abuse, based on the model of the Convention on the Rights of Persons with Disabilities, in accordance with the provisions of the legislation in force in Argentina, including the Comprehensive Plan for Addressing Problematic Consumption.
3. Guarantee that every discharge is accompanied by a personalized follow-up plan that takes into account the opinions of the individual, the support they require for their inclusion in the community, the services they need to continue their treatment, and any required measures to prevent re-hospitalization.
4. Close down psychiatric institutions and guarantee mental health care in all public and private general hospitals and primary care centers.
5. Implement rigorous policies for the oversight and supervision of institutions that treat people for mental health reasons, with special emphasis on those that provide hospitalization and those that treat consumption problems, and adapt the licensing regulations of these institutions so they comply with the LNSM.
6. Align the procedural legislation of the provinces with the Convention on the Rights of Persons with Disabilities with regard to the equal recognition of persons with disabilities under the law and the assisted decision-making model.
7. Carry out the Second National Census of People Hospitalized for Mental Health Reasons, including people who are hospitalized for treatment of addictions and substance abuse, and ensure that it is carried out every two years as established by the LNSM.
8. Develop a transparent, public, and participatory program for the implementation of the Federal Strategy.