

MENTAL HEALTH · OUTREACH

Toward Comprehensive Mental Health

From pathologization to the recognition of the subject

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There is an image that comes up often when talking about mental health: the light switch. Either you have it or you lose it, as if psychic life were a binary matter — a toggle between sanity and madness. It is a comfortable image because it simplifies. And it is harmful for exactly that reason. Since 2010, Argentine law understands things differently.

More than a change of words

The National Mental Health Law No. 26.657 defines mental health as a process determined by historical, socioeconomic, cultural, biological, and psychological components. The list may sound technical, but what it says is quite concrete: wellbeing does not happen in a vacuum. It depends on who we are, where we come from, the conditions in which we live, and whether our rights are respected.

That shifts the axis. Psychological suffering is no longer a private defect to be corrected — it becomes a signal that asks to be read in context. The professional no longer 'fixes' symptoms: they listen to someone trying to understand their own history.

"The law rests on a premise that seems obvious and is rarely upheld: all people are capable. A diagnosis cannot reverse that. It is a tool for understanding, not a verdict on what someone can expect from their life."

The cornerstone of this paradigm is the presumption of capacity. Going through a difficult period — even a complex clinical picture — does not make someone incapable of deciding about their own life. Yet in everyday practice, labels still function too often as sentences.

The problem with labels

One of the most common fears about seeking help is being catalogued: that a technical word will define forever who you are. That fear is not irrational. The history of mental health is full of diagnoses that worked as stamps rather than compasses.

The law is explicit: it is prohibited to diagnose someone based on their socioeconomic status, sexual identity, beliefs, or the fact of having had prior treatment. A valid diagnosis arises from an interdisciplinary evaluation, situated at a specific moment, designed for that particular person.

What the law expressly prohibits

Diagnosing based on: political or socioeconomic status · cultural or religious affiliation · family or work demands · lack of conformity with prevailing moral values · sexual orientation or identity · history of prior treatment. (Art. 3, Law 26.657)

Lacan warned of the risk of turning clinical practice into 'emotional re-education': a practice that, rather than listening to singular suffering, limits itself to adapting the subject to the expectations of their environment. Débora Tajar calls it the ideal of the 'happy little box' — that model of family, body, and behavior to which everyone is expected to conform, and which turns everything that escapes it into pathology.

Childhood is not a symptom

The medicalization of childhood is one of the most concerning phenomena of recent decades. When a child is restless, cannot focus, or behaves in ways the school system cannot contain, the quickest — and most questionable — response is often to find a medical name for it and, from there, a pill to regulate them.

What that response ignores is that the child's psyche is still forming. A child is not an object of intervention: they are a subject with rights who expresses their conflicts through their body, play, and relationships with peers. Before applying a label, the question should be different: what is this child trying to say through what they do?

"Medication can never be a punishment, a convenience for others, or a substitute for accompaniment. Art. 12 of the law is clear: its prescription must respond to genuine therapeutic needs, never automatically."

Adolescence: the right to be heard

Adolescence is a time of searching and, often, of genuine suffering that adults tend to minimize or read as simple rebellion. The healthcare system has a debt to young people: guaranteeing them real access to care without that access depending on the presence of an adult.

Progressive autonomy recognizes that minors gradually acquire decision-making capacity over their health as they grow. From age 16, that capacity is full. But even before that, any adolescent who arrives at a health service alone has the right to be seen. This is not an exception — it is an obligation of the system.

Confidentiality, in this context, is not a detail. It is what makes it possible for an adolescent to speak. If they cannot trust that what they say in a consultation stays there, they will hardly say what is really happening. Professional confidentiality only yields in the face of certain and imminent risk.

The body, culture, and substance use

We live in a culture that imposes ideals of body, success, and happiness that are, for the most part, unattainable. That pressure is not decorative: it directly influences the emergence of eating disorders and how each person relates to their image, sexuality, and emotions.

Anorexia and bulimia are not 'problems with food.' They are forms of suffering where individual, family, and social factors intersect — factors that tyrannize body image. Treating them as a matter of willpower is, in addition to being ineffective, unjust.

The same applies to problematic substance use. A rights-respecting approach moves away from stigma and criminalization toward harm reduction. The goal is not to judge: it is to accompany someone in rebuilding the bonds that substance use has been wearing away.

Hospitalization: a last resort

For decades, psychiatric hospitalization was the axis of the system. The asylum model assumed that isolation was therapeutic. Today we know it produces the opposite effect: it entrenches suffering and destroys the bonds that are, in reality, the engine of any recovery.

The law establishes clearly: hospitalization is only admissible when it offers greater benefits than outpatient treatment and when there is certain and imminent risk. Care in the community, close to one's loved ones, in general hospitals, must always be prioritized. (Art. 14–20, Law 26.657)

The law also clarifies something that used to remain in the shadows: hospitalization cannot be a substitute for social or housing policy. If someone has nowhere to live, the answer is not to hospitalize them. The State must create community-based services — shared housing, cooperatives, training centers — that ensure inclusion without depriving anyone of their freedom.

A team, not a single title

Mental health is not the exclusive territory of any one discipline. It requires psychology, psychiatry, social work, nursing, and occupational therapy. No single body of knowledge holds a complete answer to human suffering, and the law recognizes this: all qualified professionals with undergraduate degrees stand on equal footing for leadership positions.

"Seeking help is not a sign of weakness or extreme crisis. It is deciding that something that is happening deserves attention. Mental health is built with others: with someone who listens, with bonds that hold, with rights that can be exercised."

A construction, not a state

Mental health is not perfect equilibrium, nor a goal reached once and for all. It is something built over time — with others, under concrete conditions — and it requires access to care, respect for rights, and a clinical practice that listens to the particularity of each person rather than trying to shape them according to some ideal of normalcy.

If you feel something in your psychic life needs attention — a diffuse discomfort, an anxiety that does not subside, something that overwhelms you, or simply the sense that you need a space to think — you have the right to be heard. Not as a diagnosis. As a person.

Do you feel it is time to find your own space?

I offer online psychological care for adults and adolescents, with no waiting list and accessible fees for Argentina and internationally. A clinical space that respects your history, your time, and your singularity.

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References and legal framework

- National Mental Health Law No. 26.657 (Argentina, 2010) and Regulatory Decree 603/2013.
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