

VOICES FROM THE FIELD

Mental health as an educational outcome: Lessons for inclusive education from the Austral in Neuquén, Argentina

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This paper presents lessons from the Austral Institute of Mental Health in Neuquén, Argentina from observations of the youth clinical treatment and in-depth interviews with the staff and patients that had completed their treatment for more than a year. The paper reveals a clinical model that is in large part based on pedagogical practices, especially focused on building community and fostering critical mental health awareness. These latter strategies are presented as a blueprint from Latin America for reimagining inclusive education, by conceptualizing mental health as an educational outcome and making classrooms inclusive of all students. By presenting the educational ways in which the Austral delivers psychiatric treatment, this paper argues that conceptualizing mental health as an educational outcome provides the opportunity for inclusive education to support the mental health of all students and specifically students with psychiatric disabilities that continue to be pulled-out of school to receive treatment.

Keywords: Inclusive education; psychiatric treatment; mental health; Argentina, educational outcome

Introduction

Argentina, as most Latin American countries, derives its inclusive education parameters from laws and international treaties most often set by the United Nations (UN). In Argentina, the rights of peoples with disabilities are brought forth by Act 24.901 that passed in 1997 and established the system for basic habilitation and rehabilitation services for people with disabilities; and Act 26.378 from 2008 that guarantees the implementation of all the chapters of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) (Curtis, 2021). When it comes to mental health specifically, in 2010, Argentina passed the 26657 National Mental Health Law, which created the provisions to replace asylums with community-based psychiatric services, making Argentina a Latin American leader in mental health policies. For example, Argentina's 2016-2021 National Strategic Plan *Enseña y Aprende*

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[Teach and Learn] was in response (Ministerio de Educación y Deportes de la Nación Buenos Aires, 2015) to goal number four of the UN's Sustainable Development Goals, which calls for governments to 'ensure inclusive and equitable quality education and promote lifelong learning opportunities for all' (UN, 2015). Similarly, the *Enseña y Aprende* strategic plan looked to 'ensure inclusive and equitable quality education and promote lifelong learning opportunities for all' by 2030. To implement the UNCRPD, the Argentinian government created the 2017-2022 National Disability Plan (NDP) (Presidencia de la Nacion de Argentina, 2016). The NDP laid out the foundation for the implementation of inclusive education in the country.

The COVID-19 pandemic heightened the need for mental health to be understood as a human right, beyond a medical or psychiatric concern, as youth experienced record levels of anxiety, depression, and suicide ideation (Suárez, 2021). The pandemic highlighted that when it comes to mental health, the need is universal and therefore requires breaking the siloes that separate psychiatric and educational interventions (Gray, 2022). When programs meant to integrate mental health and educational goals in the United States started in 1980s (Foster et al., 2005; Atkins et al., 2011), they showed a need for expanding how academic achievement is conceptualized to be inclusive of mental health, yet the siloes between the medical and the educational outcomes, persist. For example, the health sector is often unwilling to fund education systems, while the education system deems students' mental health as outside of the scope of schooling (Gray, 2022). This means that when youth require psychiatric treatment, they are served by clinical institutions that are independent from education institutions. Foster et al. (2005) found that although schools provide mental health services, most programs provide a 'pull-out' system that refer children and their families to clinical services, which often compete with instructional time. In the Austral for example, depending on the need, youth can either participate in a part-time model, as an after-school program, or in a full-time schedule which requires them to be pulled out of school.

Intending to build a bridge across education and psychiatry, this study took on an educational lens to evaluate the Austral, a psychiatric day health hospital in Néuquen, Argentina, to answer the question: what aspects of psychiatric care are educational? In so doing, this paper presents the pedagogical aspects of the Austral, as strategies to center mental health as an educational outcome to expand inclusivity for all students. Based on observations of the youth program, and in-depth interviews with the directors and the staff of the hospital, I identified the Austral's pedagogical aspects, including: nurturing a therapeutic community, and fostering critical mental health awareness.

Critical mental health awareness

In the Comprehensive Mental Health Action Plan (2013:1), the World Health Organization defined mental health as:

A state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. With respect to children, an emphasis is placed on the developmental aspects, for instance, having a positive sense of identity, the ability to manage thoughts, emotions, as well as to build social relationships, and the aptitude to learn and to acquire an education, ultimately enabling their full active participation in society.

At the heart of this working definition of mental health, are the values of individuality and productivity in adults and the importance of procuring an education for children. These western values cannot be generalized to all peoples, especially Latin American populations for which the self is understood in community (Mascayano et al., 2016) and education is not accessible or inclusive for all children (Figueroa et al., 2021).

Due to the paradigmatic and experiential differences in what defines mental health for Latin American people, Martin-Baró developed the concept of Critical Mental health Awareness (CMA) to account for the mental health of El Salvadorian peoples during and in the aftermath of the civil war. He based his idea on Paulo Freire's concept of *conscientização* or critical consciousness and applied it to mental health. CMA is especially relevant for Central and Latin American peoples, because their lives have been marked by tactics of state terror that oppressed through psychological and gender violence. In this political context, mental health becomes an educational project, because it requires praxis. Praxis is the ongoing process of action that comes from reflecting on one's everyday life in a community to discern between individual and societal patterns of oppression (Martin-Baró, 1989). Once a naturalized pattern of oppression is identified in one's everyday life, one can organize around a course of action to incite change. This process of reflection and action is what constitutes praxis. For Latin American peoples who have survived and naturalized tactics of terror, healing is broader than an individual effort and requires social justice (Figueroa, 2021). Thus, mental health for Latin American peoples looks like nurturing a critical awareness to discern between symptoms of mental illness that stem from biological processes and those that stem from distress caused by systemic oppression.

Martin-Baró's theorization of CMA is foundational to the field of Critical Mental Health, which highlights the detrimental effects that coloniality, extreme poverty, malnourishment and oppression have on individuals, and urges practitioners and educators to understand mental health as a political issue (Mills, 2013; Mills & Fernando, 2014; Soldatic & Grech, 2016; Fernando, 2017). Especially for people who have survived systemic violence, a western paradigm of psychiatry alone can further naturalize oppression by pathologizing distress at the individual level. This is why, Martin-Baró (1989) defines mental health as communal, relational, historical and tied to social justice.

Analyzing the Austral, a psychiatric day hospital through an educational lens, I highlight the ways in which mental health treatment itself is pedagogical. As such, I argue for expanding mental health to be conceptualized as an educational outcome so that classrooms are rendered inclusive of the mental health of all students.

The Austral

The Austral Institute of Mental Health of Neuquén Argentina, is a private day hospital specialized in treating individuals with chronic psychiatric disabilities in the city of Neuquén, Argentina. Both the province and its capital city are named Neuquén. This province is located northwest of Patagonia, sharing its western border with Chile.

The success of the Austral has been well documented throughout its 26-year history. In particular, the institute is renowned for developing Community Based Rehabilitation Programs (CBR) utilizing local resources to support patients and their caregivers (Collins et al., 1999; WHO, 2008; Thornicroft et al., 2011; Lumerman et al., 2013). In 2008, the WHO named the Austral one of the top 12 programs in the world for effectively integrating mental health services into primary care (WHO, 2008). One of the innovations of the Austral is that psychiatric treatment and diagnosis are provided by primary-care doctors under the supervision of a psychiatrist or a clinical psychologist (Thornicroft et al., 2011). This allowed the Austral the opportunity to adapt to the shortage of psychiatrists in the area and solved an obstacle in providing psychiatric care services in the region (Khon et al., 2018). As such, the Austral is lauded for successfully integrating mental health care into primary care and expanding access to psychiatric treatment (Collins et al., 1999; WHO, 2008; Thornicroft et al., 2011; Lumerman et al., 2013). This has resulted in a culture that de-stigmatizes psychiatric services in the community (WHO, 2008; Lumerman et al., 2013). The institute is now approaching its third decade, proving the sustainability of its model (Thornicroft et al., 2011; Lumerman et al., 2013).

In 2019, the Austral celebrated its 26-year anniversary. As part of this celebration, the Institute underwent an external evaluation in November of 2019 that focused on describing the model by asking the following question: what constitutes mental health at the Austral? This evaluation was based on observations of the day hospital and youth program for one working week, conversations with the youth participating in the after-school program, in-depth interviews with the director and seven staff members, and with three patients who had completed their treatment and had been discharged for more than one year. De-identified observation notes and interview transcripts were uploaded to the qualitative data analysis software Dedoose and analyzed thematically through an educational lens.

Since that time, the Austral reported an increase in demand for psychiatric services by youth

aged 14-17. In 2019, youth represented 21% of the Austral's population while in the second quarter of 2022 that number rose to 44% (internal demographic data). The Austral leadership responded to this demand by expanding the full-day hospital to have a youth group in addition to the already existing half-day schedule that ran after school.

Analyzed through an educational lens, observations showed that as a psychiatric day hospital, the Austral's strategies were based on learning to be in community and learning mental health literacy, which together allowed patients, caregivers and staff to develop critical mental health awareness. The following section presents these key lessons from the Austral.

Findings

Learning to be in the community

Particularly important to a successful treatment was the nurturing of a 'therapeutic community' which was seen by the director and staff as central to the treatment model. For example, the director explained how: 'having community heals, it's like a big family, from the building, it is a house, the patient can enter or leave, or decide to stay' (interview transcript, 11/2019). Similarly, one of the doctors said: 'the therapeutic community plays a prominent role, the doctor is part of the team, but they are not the end-all, the most important thing is the therapeutic community' (interview transcript, 11/2019). Nurturing a community was intentionally curated through different strategies. One of the most salient examples was that of good home cooked food, including a weekly BBQ on Fridays, as well as learning and practicing communicating about mental health in a group setting.

Learning to be in the community through good food

Good food was seen as central both to supporting patients' nutrition and to nurturing a therapeutic community (observation notes, 11/2019). During the day, patients that were part of the full-day schedule have breakfast, lunch, and an afternoon snack together. The kitchen and dining area are central to the layout of the institute. The kitchen is both the physical and emotional heart of Austral, as the main chef explained:

The kitchen is a lung of the Austral, you have to give that care to patients [...] I love cooking, and you have to do everything with love, I appreciate that we can help patients and be together, see if they eat or not [...] it makes me happy when the patients leave here well and when they tell me, we miss your food! (interview transcript, 11/2019).

This was corroborated by youth, when they said:

I feel quite comfortable here, I like the attention, the people are warm, including my psychologist, she is quite good and she helped me to change things and I am also grateful to the people who work in the kitchen, the snacks are so good and I discovered that I like photography and I loved it, it was great here, it's a pretty nice space (observation notes, 11/2019).

In fact, the kitchen is omnipresent in the treatment, not only architecturally as the kitchen is positioned at the heart of the Austral building, but also because every day starting at eleven in the morning, the entire institute is enveloped in the smell of home cooked food, which is an intentional feature (observations notes, 11/2019). The kitchen produces 70-90 daily meals with a menu that is tailored to the patients' nutritional and medicinal needs. Lunch is served on porcelain plates, with glass cups and silverware with steel cutlery including knives (observation notes, 11/2019). During the lunch hour, patients and staff eat together at communal tables (observation notes, 11/2019). The importance of the kitchen and of the experience of eating good food together was furthered nurtured through the implementation of free time after lunch, during which patients could play board games or ping pong and hang out.

Good food as an intentional aspect of the treatment plan was used for community building to bring patients and staff together in a dignified way while supporting patients' nutrition. For example, the chef was considered as important as the medical staff for the success of patients and their treatment plan. In so doing, psychiatric treatment was seen as related to other aspects that were meant to nurture community and a sense of dignity.

Creating in the community

Each day, patients took art classes. The goal of these classes was to help patients find a way to express themselves and work in collaboration. Creating in the community through art classes such as poetry, ceramics, painting, theater, and photography, patients could express themselves and build trust with their peers. Art classes were conducted by local artists that aimed for patients to work as a group. For example, during a poetry class, patients were guided to create a community poem with a verse structure that started with 'and if'. Patients were instructed to build on each other's verses by taking the last part of their peer's verse and adding a new ending. Here, I provide an excerpt of the poem that was created one afternoon:

And if the sun hides behind the clouds?
And if the clouds were painted snow white?
And if the snow melts your heart?
And if your heart is harder than a diamond?
And if the diamond shines more than your love?
And if your love is off the calendar?
What if the calendar gets tired of counting days?

(observations, 11/2019)

The process of creating this poem, and the poem itself, allowed a sense of community, in which each individual added to the group and felt safe expressing and creating with others.

Talking about mental health in community

Part of the Austral model is to provide as many opportunities for feedback as possible. This happens through the weekly meetings called AER. AER is the acronym that stems from the Spanish words for Improvement, Stagnation, Set Back [*Avance, Estancamiento, Retroceso*]. AER is a 90-minute group feedback session, where caregivers and patients evaluate the week's treatment progress in terms of having improved, stagnated or experienced a setback. Each week, AER was conducted once with caregivers, and twice with patients, first to evaluate their own treatment and secondly to evaluate their progress as a community. The community AER happened each week after the Friday BBQ. During this session, i.e. the Friday afternoon session, patients shared one positive observation they have made about the community as well as something in which the community could improve, some sort of advice or motivation they had for their peers. These moments of good food, free time and weekly feedback session were intentional strategies that fostered an awareness of being in and nurturing a therapeutic community. Some of the advice shared by the young people during this evaluation was: '*you are not alone, you will never be alone, you can lean on us, you are loved*' and '*it is important to know the person next to you because this is our community*'. These moments of advice and self-reflection allowed patients to understand themselves as important and integral to the group and to learn to be part of a community.

Learning mental health literacy- The non-linearity of treatment

The naturalization of psychiatric treatment as non-linear, but as having 'ups and downs' was also something discussed during the AER weekly meeting. As described by the observation notes, AER among caregivers was composed of family members and guardians all sitting in a circle, with the director and a therapeutic aid as facilitators (observation notes, 11/2019). Each caregiver reflected on how that week of treatment had been as either having improved, stagnated or having had a set-back and elaborated for 3-5 minutes. To this reflection, the director took the time to explain the situation, theorized it, or provided feedback as to how to best deal with the situation, as other caregivers listened, they too added and complemented each other, which made this a supportive space of reflection and of mental health literacy, in which the fluctuating and imperfect process of psychiatric treatment was naturalized, mental illness was destigmatized, and healing was constructed as a communal effort, in which the caregivers played a central role. This meeting was also a time for caregivers to ask questions, share doubts, vent, and find support (observation notes, 11/2019).

AER meetings allowed for the naturalization of the non-linearity of psychiatric treatment, especially important for caregivers and patients who were able to discuss in a group the different progress, stagnation or setbacks they had experienced that week. In so doing, there was an awareness that was created and shared through a collaborative process of dialogue, a naturalization of frustration, and a shared literacy around mental health. Together, these discussions provided support to patients and caregivers alike so that they could keep going, understand the complexities of treatment, validated their experiences, received support from the group and practiced self-reflection. Through these discussions, patients and caregivers learned how to best care for themselves and their loved ones. In so doing, a critical awareness of mental health was practiced in community.

Working interdisciplinarily

Having an awareness of the benefit of interdisciplinarity was evidenced during the daily treatment plan meeting called ‘the walkthrough’. During this meeting, an interdisciplinary team composed of psychiatrists, general doctors, psychologists, nurses, therapeutic advocates and nutritionists worked together and collaborated on a daily treatment plan. During the walkthrough, every member of the team discussed each patient and tailored the treatment plan to the needs of the day (observation notes, 11/2019). This meeting happened every morning from 8:30am to 10am, while patients attended workshops with community partners (observations notes, 2019). The goal of the walkthrough was to work together to problem solve and agree on the best course of treatment for each patient, that day. To do so, medical and progress notes, emergency or afterhours calls and conversations made on the team’s texting group were brought forward and discussed together (observations, 2019). A psychologist described the walkthrough as ‘thinking among many on the same case’ (interview, 11/2019), while an advocate called it ‘a very democratic process where we can think out-loud’ (interview, 11/2019).

The walkthrough was a moment of education and mentorship, in which the team learned to work together. For example, a medical resident described the walkthrough as ‘a live post-doc’ and further explained that ‘the doctor is enriched with the psychological outlook, and a multidisciplinary therapy is created with the sum of all of us’ (interview, 11/2019). As a collaborative and educational moment, the walkthrough provided the space to discuss treatment but also to ask or provide help in understanding a specific situation, to clarify misunderstandings, bring errors to light, to be accountable and to mentor (observations, 11/2019). As such, each professional recognized the limitations of their positionality and understood collaboration as the most effective way to specialize in delivering psychiatric treatment.

Through both AER and the walkthrough meetings, the non-linear process of psychiatric

treatment and its limitations were naturalized. To respond to these limitations, strategies employed were efficient and relied on frequent communication and feedback, daily adjustments and interdisciplinary team work. Together, these approaches nurtured a team that learned to think and work in collaboration and continuously nurture CMHA.

Final reflections

Learning to be in the community, learning to talk about mental health in that community, learning mental health literacy and learning to work in collaboration, are the different educational strategies employed at the Austral as part of their psychiatric treatment model. Together, these strategies nurtured a community in which CMHA was developed and practiced. These strategies evidence the pedagogical aspects of mental health treatment, which is why this paper argues for the conceptualization of mental health as an educational outcome achievable through learning to be in community and nurturing CMHA. In so doing, classrooms would expand to care for the mental health of all students, thus becoming inclusive.

Learning to be in the community at the Austral was achieved through good food, which allowed for a dignified safe space, through learning to talk about one's mental health in a group, creating art together and learning to talk about mental health through community feedback. Learning mental health literacy was cultivated through group dialogue about the treatment plan, which naturalized the non-linearity of treatment, and through learning to collaborate across disciplines.

Analyzed through an educational lens, these strategies can be understood as supporting critical mental health awareness (Martin-Baro, 1989). CMHA is the ability to discern through dialogue if our mental health necessitates individual or societal interventions. As such, it is an educational endeavor. Through this analysis, I showed that the Austral's definition of mental health is relational, comes from a multitude of paradigms, and works towards dignity. Adopting an educational lens, the pedagogical aspects of clinical treatment highlighted here provide a blueprint for schools to incorporate mental health as an educational outcome. Overall, learning to talk about unwellness in community, have mental health literacy, and be in safe spaces in the community are pedagogical strategies that can be incorporated in every classroom.

Conclusion

Centering mental health as an educational outcome would benefit all students, aligning with the goals of the CRPD and the UN SDGs and the Argentinian Mental Health Reform of 2010. As a provider of psychiatric services for youth of Neuquén, the Austral, viewed from an educational lens, showcased a treatment model based on learning to be in community, having mental health literacy and nurturing CMHA. These strategies can be implemented within classrooms, rendering them inclusive spaces that center the mental health of all students. When

mental health is conceptualized as an educational outcome, schools have the potential to become inclusive of all students.

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