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# *Conditions of People with Mental Illness and Psychosocial Disabilities in Mexico*

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Key Words: Mexico, Mental Illness, Psychosocial Disabilities, Psychiatry, Discrimination.

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# 1. EXECUTIVE SUMMARY

For over a decade, civil society organizations, independent investigators, researchers, and international governance agencies have documented abuses within Mexico's public psychiatric system and have drawn attention to widespread discrimination against people with psychosocial disabilities in Mexico. The Mexican government has made multiple pledges to reform its mental health system over the past 15 years. It also has a legal obligation to protect its psychosocially disabled population and provide forms of community-based mental health care throughout the country. Nevertheless, Mexico still has a psychiatric system that operates according to an outdated institutional model wherein people with psychosocial disabilities are vulnerable to abuse, torture, and indefinite institutionalization without hope of release. Based upon empirical research by psychological anthropologists in Mexico, this report provides an overview of the conditions for people with psychosocial disabilities in Mexico, including an account of the country's mental health care system and psychiatric services, mental illness epidemiology rates, social conditions for people with psychosocial disabilities, conditions in public psychiatric institutions, and attempts to reform the psychiatric system.

# 2. LIST OF ACRONYMS

| English | Spanish | |
|---|---|---|
| | AMLO | Andrés Manuel López Obrador (Mexican President, 2018-present) |
| | CONEVAL | Consejo Nacional de Evaluación de la Política de Desarrollo Social<br>National Council for the Evaluation of Social Development Policy |
| CRPD | | United Nations Convention on the Rights of People with Disabilities |
| | CURP | Clave Única de Registro de Población<br>Unique Population Registry Code |
| DALY | | Disability-Adjusted Life Year |
| DRI | | Disability Rights International |
| ECT | | Electro-Convulsive Therapy |
| | HPY | Hospital Psiquiátrico Yucatán<br>Yucatán Psychiatric Hospital |
| | IMSS | Instituto Mexicano del Seguro Social |

| | | |
|---|---|---|
| | | Mexican Institute of Social Security |
| | INE | Instituto Nacional Electoral<br>National Electoral Institute |
| | INEGI | Instituto Nacional de Estadística, Geografía, e Informática<br>National Institute of Statistics, Geography, and Informatics |
| | INSABI | Instituto de Salud para el Bienestar<br>Institute of Health for Well-being |
| | ISSSTE | Instituto de Seguridad y Servicios Sociales para los Trabajadores del Estado<br>Institute for Social Security and Services for State Workers |
| UN | | United Nations |
| WHO | | World Health Organization |

## 3. ANTHROPOLOGICAL RESEARCH AND BACKGROUND

Anthropological research necessitates long periods of fieldwork in the region of study, in-depth interviews, and systematic forms of participant observation in various settings. In addition to prolonged field engagement, anthropologists must become experts in the history and contemporary conditions of their region of study and develop topical specializations. Both Beatriz Reyes-Foster and Whitney Duncan, the authors of this report, are psychological and medical anthropologists who have devoted years to the study of mental health and mental health services in Mexico. In addition to developing ethnographic methodological expertise, Reyes-Foster and Duncan developed expertise in the history and contemporary conditions of the country of Mexico, the Mexican public health care system, and the history and practice of contemporary psychiatry from regional and global perspectives.

Between 2002 and 2013, Reyes-Foster visited Yucatán, a southeastern state in Mexico, on a nearly annual basis to conduct ethnographic field research. The longest consecutive period was a 12-month period in 2008, when she conducted research on mental health and mental health care inside Hospital Psiquiátrico Yucatán (HPY), a psychiatric 160-bed public psychiatric facility. This research included directly interviewing people suffering from mental illness inside and outside of HPY as well as mental health care providers, including psychiatrists, psychologists, social workers, and activists. In addition to her research at HPY, she spent considerable amounts of time studying mental illness and access to mental health care in a variety of different rural and urban settings. In 2008, she also conducted 6 months of research on suicide and

mental health at San Camilo de Lelis in Valladolid, Yucatán, a drug and alcohol rehabilitation facility (also known as an anexo).

Reyes-Foster's active field research project at HPY ended in 2013; however, she still maintains close contact with her research participants and keeps abreast of changing conditions on the ground through news reports, peer-reviewed publications in the health and social sciences, as well as reports published by international organizations and the Mexican government. She continues to maintain communication with her research collaborators in Mexico and conducted field visits to HPY in 2016 and 2022. She also interviewed a variety of officials in Mexican government dependencies and institutions, including Shoshana Berenzon, director of psychosocial research at Mexico's National Institute of Psychiatry in Mexico City and Arsenio Rosado Franco, subdirector of Mental Health for the state of Yucatán. In 2022, she conducted research on rural mental health in Yucatán and met with government officials in the towns of Muna and Tekax to learn more about mental health services in rural communities.

Duncan has been conducting research in Mexico since 2008, primarily but not exclusively in southern state of Oaxaca. The longest consecutive period of fieldwork was 12 months in 2010-2011, when she conducted fieldwork in Oaxaca on mental health in urban, rural, and psychiatric hospital settings. Duncan has conducted in-depth interviews with over 50 mental health practitioners and healers, over 50 members of the general community, and 56 patients at a Oaxacan public psychiatric hospital. To complement this qualitative research, she conducted a large-scale survey on mental health understandings and perceptions with 1000 Mexicans. In addition to the Oaxacan psychiatric hospital, she has visited multiple other psychiatric and medical facilities in various parts of Mexico. She is in contact with researchers, psychologists, and psychiatrists throughout Mexico, and has presented her work to mental health researchers, practitioners, and officials at Mexico's National Institute of Psychiatry in Mexico City. Like Reyes-Foster, Duncan has interviewed a variety of Mexican institutional officials, most recently, in 2022, the current sub-director of the Oaxacan psychiatric hospital and the former director of Oaxaca's state mental health program. She maintains contact with her research collaborators in Mexico and also tracks changing conditions through literature, publications, and reports pertaining to Mexico's psychiatric system and the experience, treatment, and human rights of those with psychosocial disability.

We base the statements expressed in this report primarily on our own knowledge gained through personal observations, interviews and years of ethnographic research conducted on the conditions of public mental health care services, facilities, and the treatment of people with psychosocial disabilities in Mexico. Our statements are also based on a canon of published research on these topics, most notably the Disability Rights International reports on the treatment and abandonment of the mentally ill and disabled people in Mexico, the World Health Organization's available statistics on the

availability of psychiatric care in Mexico, and the Mexican government's own reports on the conditions and availability of mental health care.

# 4. MENTAL HEALTH CARE AND PSYCHIATRIC SERVICES IN MEXICO

## Restricted eligibility and onerous enrollment

Although Mexico has technically instituted universal medical coverage throughout the country, Mexico's social development commission (CONEVAL) reports that nearly 30 percent of the population still lacks access to medical care.[1] As we document in our research, Mexico's public health system, which is divided into three main types of service provision, is complicated and difficult to navigate.

First, the Instituto Mexicano del Seguro Social (IMSS) and the Instituto de Seguridad y Servicios Sociales para los Trabajadores del Estado (ISSSTE) provide services for private employees and federal government employees, respectively. These systems exist for the formal, salaried sector of the economy, and cover nearly 60 percent of the Mexican population.[2] IMSS and ISSSTE provide free access to healthcare under two separate comprehensive healthcare systems (each with their own networks of hospitals, clinics, pharmacies, and providers, including mental health care services) and are financed through contributions from both employers and employees. Second, those ineligible for IMSS and ISSSTE—the poorest members of the population—have free access to Instituto de Salud para el Bienestar (INSABI) through the Secretariat of Health.[1] About 36 percent of the Mexican population is covered by INSABI.[3] Finally, there is a heterogeneous group of private service providers who attend to non-insured families with the financial means to afford private care—just four percent of the Mexican population.

Enrollment in IMSS, ISSSTE, and INSABI can be onerous. The only way to enroll in IMSS or ISSSTE is by securing formal employment or being an eligible dependent of someone who has secured employment. Additionally, some employers attempt to avoid paying for IMSS benefits and so choose to keep their employees off the official employment rolls. Jobs in the federal government are highly coveted and difficult to obtain. While it is not necessary to go through an enrollment process for INSABI, users must present a national identification card (INE card), birth certificate, or CURP number. Obtaining identity documents such as birth certificates, CURP (a taxpayer ID number similar to the US Social Security Number or Individual Taxpayer Identification Number), and proof of address (usually in the form of bank or utility statements) from

[1] (*Seguro Popular,* the previous insurance scheme for those who were under-employed or unemployed, ended in December 2019 and was replaced by INSABI on January 1st, 2020.)

the appropriate sources can involve hours of travel to various government offices and waiting in line for many hours.

## Scarcity of mental health care

Beyond the difficulties of enrolling in healthcare coverage, access to mental health care in Mexico remains severely limited. According to the Mexican government's own reports, fewer than 20 percent of people who need mental health care receive it.[4] Other reports suggest only 10 percent of people with mental disorders receive adequate care.[5] Although prior to the presidency of Andres Manuel Lopez Obrador (AMLO) Mexico had been investing more money on its medical systems overall, mental health care comprises under two percent of its overall health spending,[6] and 80 percent of this spending goes towards funding public psychiatric institutions. Investment in health care in Mexico has been flat since 2015.[7,8] Prior to the COVID-19 pandemic, the Mexican government had the resources to address these needs yet chose not to, and the situation has worsened in the pandemic's economic fallout. A July 2021 *Sol de Mexico* report notes that between 2020 and 2021, the federal government further reduced its spending on mental health services by 81.6 percent.[9]

According to the World Health Organization (WHO), there is a severe shortage of mental health care providers in Mexico. Their most recent data indicates that the ratio of psychiatrists to patients in Mexico in 2015 was one for every 100,000 people and that of psychologists was just over two per 100,000 people. In comparison, the ratio of psychiatrists to patients in the United States for similar years was 12.4 per 100,000 people and 29.62 psychologists per 100,000 people. Mexico's paucity of mental health providers is particularly concerning given that estimates suggest mental illness contributes to 12 percent of the total burden of disease in Mexico and is one of three leading causes of death among people between 15 and 35 years old.[10]

Mexico's own health statistics suggest its population's mental health has been declining over time (INEGI).[11] Suicide rates have been steadily rising, with an all-time high of 6.5 per 100,000 people reached in 2021 (2022 data not available).[12] Schizophrenia affects approximately 1 million people in Mexico while bipolar disorder affects nearly 3 million. According to the WHO, Mexico's DALY (years of healthy life lost) due to schizophrenia is 254.998 per 100 thousand people (compared to 185.629 per 100 thousand people in the United States).[13] This indicates extremely poor medical outcomes for people suffering from schizophrenia in Mexico compared to the US. These numbers support the claim that Mexico does not have sufficient mental health care available for its population.

As Disability Rights International (DRI) reports describe, community-based care in Mexico is virtually nonexistent. Other independent studies confirm the dearth of community-based psychiatric services and extreme access difficulties.[14,15] While health clinics are available in many towns and villages around the country, their mental health

care services are extremely limited. In their research, both authors have met families at public psychiatric hospitals in Mexico who traveled between three and eight hours from their hometowns to receive outpatient care because none was available in their own communities. This outpatient hospital care consists of little more than medication consultations and does not constitute true community-based care, which should include services such as case management, individual and group support, life management and skills training, psychotherapy, and other locally available mental health care from the community itself. When medication management is available, the single most important factor in determining a patient's mental health outcome—particularly in the case of those with psychotic disorders like schizophrenia—is the presence of a reliable and dedicated caretaker, usually a family member. Due to the absence of a social safety net or social network to support them, patients with mental illness or psychosocial disabilities who do not have family support face serious obstacles to accessing care, especially when it comes to specialized medications like antipsychotics. Without proper care, someone with a psychotic disorder can easily deteriorate to the point of becoming a danger to themselves or others.

Patients hospitalized in Mexican psychiatric facilities have usually reached a mental health crisis such as suicide attempt or a psychotic break. Our ethnographic research with patients and providers in Mexican psychiatric hospitals has revealed that these patients' families either no longer could care for them or no longer wanted to. Often, these patients had attempted to access care in their home communities but had not been successful in securing much needed services. Early intervention by a mental health professional likely could have prevented hospitalization in many of these instances.

## 5. SOCIAL CONDITIONS FOR PEOPLE WITH MENTAL ILLNESS AND PSYCHOSOCIAL DISABILITIES IN MEXICO

As our research demonstrates, there is a great deal of stigma and discrimination toward people with mental illness and psychical and psychosocial disability in Mexico on multiple levels. At the governmental level, policymakers discriminate against such individuals and choose not to invest in public mental health infrastructure and services. As a result, people with psychosocial disabilities routinely suffer abuse and extreme mistreatment in government-run mental health facilities. At the sociocultural level, a general lack of education and fear of mental illness often contribute to negative treatment and abuse of people with psychosocial disabilities by family members, teachers, law enforcement officials, and other state and non-state actors.

Mental health practitioners in Mexico regularly discuss the prevalence of stigma around mental health issues and discrimination against people with psychosocial disabilities in Mexico. In interviews, mental health practitioners say that their services are still viewed by most Mexicans in the general population as reserved for "crazy people." As the former director of a public psychiatric hospital told Duncan, "The idea of the psychologist, of the psychiatrist—these are still thought of as only for crazy people, in a pejorative sense, in the sense of rejecting that type of population. When someone goes to the psychiatrist, they even make sure that nobody knows, that nobody sees them go into the office."

Practitioners also share stories of community and family members being abusive and violent toward people with psychosocial disabilities. Community members and mental health practitioners alike mention cases in which people with mental illnesses are the victims of ridicule, ostracization, and physical abuse. Unsure how to deal with aberrant behavior in a context where mental illness is in some contexts considered frightening and associated with witchcraft, the devil, and spirit possession, some family members of people with psychosocial disabilities mistreat them by restraining them, beating them, and/or confining them. One psychiatrist told Duncan that he had seen family members of those suffering from mental illness "construct rooms with bars and pass their food through the cracks, patients tied to trees…Patients even come [to the psychiatric hospital] in chains with rusty padlocks that can no longer be opened with a key—we have to cut them." Some families turn those with psychosocial disabilities onto the street. There, unprotected by family and without access to mental health services, community members and law enforcement alike take advantage of and abuse them. Members of the general Mexican population regularly refer to instances of physical abuse and ostracization of people with psychosocial disabilities, and studies refer to such violence taking place.[16,17,18] In our research, we both have encountered patients who had been victimized in their local communities prior to hospitalization. These patients, who experienced psychotic symptoms and delusional beliefs, had rocks thrown at them, were called "locos" (crazies), were beaten up, or were targeted for bullying by members of their home communities.

Additionally, many Mexicans with severe mental illness who lack familial support and economic means are abandoned at state-run psychiatric institutions with virtually no hope of release into the community.[19,20] These patients are referred to as "abandonados" (the abandoned) or "crónicos" (chronic cases) in the media, by health practitioners, and by the general public. Currently the majority (64 percent) of inpatients at public psychiatric hospitals in Mexico are "abandonados."[21] As Disability Rights International noted in its 2020 report, *Abandoned and Disappeared: Mexico's Segregation and Abuse of Children and Adults with Disabilities,* "a large

portion of patients are referred to as "abandonados" because they have no contact with families and no place to go. These individuals have no opportunity to return to the community and are inevitably left to live out their entire lives in institutions. The

majority of individuals at each of the facilities we visited were referred to as "abandonados." These individuals are also sometimes referred to as "crónicos" because their mental condition is never expected to improve" (pg. 3).[22] The fact that there are terms that refer specifically to the chronically mentally ill without familial support or economic means—who permanently reside in psychiatric institutions with no option for release, let alone hopes of becoming functioning members of society—is an indication of the stigma surrounding this particular group in Mexican society and the virtual life sentence to which they are subjected in these institutions.

Indeed, numerous media articles and human rights reports in Mexico have detailed the plight of "abandonados" and "crónicos." These reports indicate that "abandonados" are at high risk of abuse, since they have no opportunity to live in society and are instead confined to underfunded and in many cases understaffed institutions—where physical and sexual abuse have been extensively documented[23]—for all of their days. The abandoned languishing in these institutions are often subjected to systemic neglect, including unsanitary living conditions, being forced to dress in rags, and in some cases, subject to long-term physical restraints, which can be considered torture. All of these conditions are in violation of the UN Convention on the Rights of Persons with Disabilities. Disability Rights International (DRI) documented cases of people who were observed in restraints in the year 2000 and were found in 2010, still restrained to the same bed or chair. Both authors have personally observed the use of physical restraints on people who were considered "crónicos," who were noncompliant, or who were agitated due to psychotic symptomatology characteristic of schizophrenia and schizoaffective disorder.

Mental health practitioners also frequently mention stigma against people with psychosocial disabilities at the institutional and political levels. In their view, the government does not prevent the rampant abuses perpetrated *by* government employees at government-run state psychiatric institutions (let alone significantly improve conditions at such institutions) precisely *because* of stigma and disdain for the well-being of people with psychosocial disabilities. Staff at one public psychiatric hospital discussed how, due to stigma and disdain toward people with psychosocial disabilities from policy-makers, the hospital must regularly violate patients' rights. One hospital staff member even pointed to the patient bill of rights and described how the hospital violated them: "According to the rules [the Norma Oficial Mexicana NOM-025-SSA2-1994]…the patient has the right to wear plainclothes [instead of a uniform], but they don't tell us where we'll get the money to buy them clothes…Also, there aren't supposed to be bars or metallic doors, but they don't hire personnel to take care of patients."[24]

Government employees directly violate the rights of mentally ill patients and place them in extremely unhygienic, dangerous conditions where they are vulnerable to egregious abuse. Given that these are state-run psychiatric institutions, government

actors perpetrate the harm that befalls patients in them—harm that is the result of pervasive disdain toward people with psychosocial disabilities in Mexican society.

## 6. CONDITIONS IN MEXICAN PSYCHIATRIC INSTITUTIONS

There is some discrepancy in reported numbers of psychiatric hospitals in Mexico. While the Mexican Secretariat of Health (Secretaría de Salud) reports 33 psychiatric hospitals operating in the entire country, the WHO reports 46. Neither organization differentiates between public and private facilities. There are private psychiatric facilities operating in Mexico; however, these facilities require that patients have the financial means to pay for private care. People who find themselves committed to psychiatric facilities arrive in several ways. Sometimes, they are brought by family members who cannot care for them, especially if they live in remote locations without reliable access to outpatient care. Other times, they are brought in by police after they are detained for exhibiting erratic or socially unacceptable behavior. In our research, we have both met multiple patients who have been committed after police found them wandering the streets. In one case Reyes-Foster documented, a woman who had a psychotic episode was picked up by police in the city of Chetumal and driven, unbeknownst to her family, over five hours to the city of Mérida, where the only psychiatric facility in the region is located.

Mexico's abysmal track record on the treatment of people with psychosocial disabilities in its psychiatric and other institutions is well known. DRI has published reports in 2000, 2010, 2015, and 2020 describing the conditions of psychiatric facilities and shelters for people with disabilities. These reports outline numerous human rights violations, including the segregation, confinement, and systematic neglect of people with psychiatric disorders and psychosocial disabilities. They also detail cases of sexual and physical abuse, overmedication/chemical restraints, forced sterilization, psychosurgery, prolonged physical restraints, and generally unhygienic conditions in psychiatric institutions across Mexico. These egregious forms of abuse have been documented across Mexican public institutions for well over a decade now, indicating a clear pattern of abuse.

### Abuse in Institutions Rises to the Level of Crimes Against Humanity

The most recent DRI report (2020) argues that the violations by the Mexican government against those with mental disabilities rise to the level of crimes against humanity*, intentionally inflicted.* As the former UN Special Rapporteur on Torture stated in his report on the conditions of Mexico's system of mental healthcare, "Crimes

against humanity are intentional crimes, they are not crimes that can be committed by negligence. There is definitely here a pattern of neglect and lack of interest by all levels of State and federal authorities in Mexico. However, when it comes to a passivity such as this one, where Mexico is aware of the consequences of its lack of action to stop the abuses, and tolerates their repetition, *neglect eventually becomes an intentional crime*."[25]

The Mexican government was condemned by the United Nations after DRI reported widespread torture of the mentally disabled in 2010, and following that report, Mexico ratified the UN Convention on the Rights of Persons with Disabilities. But when DRI returned to conduct follow-up research in 2015 and again several years later, they found that the abuses continued, including prolonged physical restraints, physical and sexual abuse, lack of privacy and hygiene, electroconvulsive therapy without anesthesia, and even forced lobotomies.[26,27,28] These abuses continued even in so-called "blacklisted" facilities. In fact, DRI's 2010 report states changes in conditions of lifelong institutionalization for people with psychosocial disabilities are moving in the opposite direction to what is desirable. DRI reports published in 2019 and 2020 also reveal that inhumane, degrading, and tortuous conditions persist in Mexican institutions. DRI documentation of over 60 institutions in more than a dozen states over the last 20 years demonstrates that "thousands of children and adults with disabilities are detained in dangerous conditions and subjected to atrocious abuses that amount to torture.[29]" In its 2020 report, DRI urgently called upon the UN Special Rapporteur on Disability and the UN High Commissioner on human rights "to respond to the kind of knowing, intentional, severe, and widespread abuses" that Mexican psychiatric institutions have been perpetrating across the country since at least 2010.[30]

The report also argues that Mexico's refusal over more than a decade to control such abuses constitutes a crime against humanity:

> Almost certainly, no country in the world has been better informed about the implications of its laws and policies toward people with disabilities than Mexico…The fact that so little has changed in Mexico demonstrates not just a culture of impunity for human rights violators, but something more: the intentional and knowing perpetuation of practices with such severity and on such scale that amounts to crimes against humanity.[31]

In sum, the Mexican government is well aware of the abuses and violence perpetrated against psychiatric patients with disabilities and chooses not to take adequate measures to prevent them. This is particularly egregious given that the hospitals in question are government-run facilities. Thus, conditions inside Mexico's psychiatric facilities cannot be attributed merely to lack of resources or training. The data on Mexico's funding allocation and number of mental health care providers point to systemic neglect of mental health care and people with psychosocial disabilities by

the Mexican state. Moreover, studies show that community-based care is less expensive than institutionalization, yet the Mexican government has taken no meaningful steps to create community-based mental health care. International organizations have characterized this lack of willingness to address problem conditions as tortuous. The Mexican government's unwillingness to address these problems even after publicly acknowledging them reflects a societal attitude that does not value the lives or well-being of people with psychosocial disabilities.

Put together, the abovementioned problems constitute a grave violation of the human rights of people with psychosocial disabilities. The Mexican government is well aware of the egregious abuses and forms of violence targeting those with psychosocial disabilities yet has failed to stop it in their own psychiatric institutions. Further, the government thus far has failed to make psychological rehabilitation and community-based care available for people with psychosocial disabilities, despite its obligation to do so under international and Mexican law. Again, this is due to stigma and disdain for people with psychosocial disabilities and cognitively/developmentally disabled in Mexico, which manifests in discriminatory policy decisions and thus continued abuse. As DRI puts it,

> Mexico has failed and continues to fail to fulfill its most basic obligations under international law toward a vulnerable population."[32] In addition to allowing abuse and violence to continue in psychiatric institutions, per DRI reporting, "the failure to implement the right to live independently in the community, as protected by CRPD [United Nations Convention on the Rights of Persons with Disabilities] article 19, has meant that people with disabilities are unnecessarily detained in institutions and end up having to forfeit every other right they have under the new convention," including "the right to freedom from torture, cruel, or inhuman treatment or punishment (article 15).

As stated, mentally ill and cognitively disabled individuals who do not wind up in psychiatric institutions are vulnerable to abuse, discrimination, and violence by the general community and by law enforcement, which is not trained to handle the needs of people with psychosocial disabilities, and which have a history of exacting abuse on this vulnerable population.[33]

UN experts on health and torture as well as the UN expert body on disability rights have called for the end to forced treatment and other nonconsensual invasive measures such as involuntary admission to psychiatric hospitals. Specifically, the UN Human Rights Council has identified non-consensual psychiatric treatment as crossing the threshold of mistreatment that is tantamount to torture or cruel, inhuman, or degrading treatment or punishment in 2013[34] and again in 2018.[35] However, these

practices remain unchanged and commonplace throughout Mexico. On January 18, 2017, DRI and the O'Neill Institute for National and Global Health law filed a case with the Inter-American Commission of Human Rights, directly accusing the Mexican government of torture in its institutions.[36]

## Abuses Reported and Directly Observed Inside Mexican Psychiatric Facilities

As researchers within Mexican psychiatric institutions, we have witnessed firsthand many of the conditions described in the Disability Rights International Reports, including the long-term institutionalization of so-called abandoned people, the use of overmedication (so-called "chemical restraints"), physical restraints, and (in Reyes-Foster's case) Electro-Convulsive Therapy (ECT) to control "problem" behavior.

Some hospitals, including Oaxaca's, where Duncan has conducted extensive research, regularly lack running water and basic necessities like toilet paper and hand soap, thus creating unsanitary conditions; have too few staff for the number of inpatients, and thus little oversight; have patients regularly roaming the grounds half-clothed or naked, sleeping on walkways and grass. Reyes-Foster also observed serious problems with facility infrastructure and deplorable living conditions. Reyes-Foster observed that patients at the Yucatán Psychiatric Hospital (HPY) had to endure suffocating heat in locked-down dormitories with broken fans. Windows were kept open but lacked mosquito nettings. Patients who were restrained to their beds had no way of protecting themselves against hundreds of mosquitoes assaulting them at any time. The hospital grounds were not property monitored for standing water, which compounded this problem. This neglect has led to outbreaks of mosquito-borne illnesses such as dengue fever and chikungunya inside the hospital. Patients were also forced to sleep on bare rubber mattresses. Moreover, Reyes-Foster frequently observed that toilets in the wards were broken, permeating the entire ward with the smell of sewage.

Reyes-Foster also observed that residents in HPY were compelled to dress in uniforms and were not allowed personal effects of any sort. Toilets and showers inside the dormitory halls were out in the open, providing no privacy of any kind. In the acute care ward, the men's and women's dormitories were directly across from one another, allowing male and female patients to observe each other showering and using the toilet. As studies have shown, people living in such conditions, particularly those with psychosocial disabilities, are uniquely vulnerable to physical and sexual abuse from both staff and other patients.

Another serious infrastructural challenge to treatment facilities in Mexico is constant medication shortages. Patients who suffer from psychotic and mood disorders must continue to take their prescribed medication, or their symptoms will quickly worsen. In the absence of appropriate medication, hospitals frequently rely on the

overuse of sedatives and restraints to control patients. Duncan witnessed a group of female inpatients at a facility in Oaxaca, confined to a basketball court enclosed by a chain-link fence; several were hanging on the fence looking out, hardly able to keep their eyes open. They appeared heavily sedated or overmedicated. According to the 2015 DRI report, "overmedication constitutes torture and its administration creates other human rights violations. As stated in 2008 by the UN Rapporteur on Torture, administration of drugs in psychiatric institutions 'including neuroleptics that cause trembling, shivering and contractions and make the subject apathetic and dull his or her intelligence, has been recognized as a form of torture.'"[37]

In Oaxaca, Duncan observed that patients deemed aggressive were placed in solitary segregation with no furniture in their cells. Even patients who were not aggressive were sometimes confined. Reyes-Foster also observed the placement of people into an "isolation" room in other facilities. This space was a locked room with cement walls, one of which was constructed of decorative masonry cement blocks, allowing the person to be observed and creating the feeling of a cage or cell. This contained nothing but a hospital bed with a rubber mattress and a toilet. Reyes-Foster observed one patient who was confined in this space stand by the see-through wall and hiss and spit at people who passed by, alternating between crying and screaming to be allowed out.

Reyes-Foster also observed the use of ECT as a tool of behavior modification or punishment. Touted as "more humane than force feeding," Reyes-Foster observed patients who declined to eat hospital food sent for ECT treatment. ECT causes short-term memory loss and disorientation, which functions to effectively confuse patients enough to make them more compliant with hospital mandates. In other words, ECT was used for behavior modification or as punishment for bad or uncooperative behavior, not as treatment. In her time at HPY, Reyes-Foster encountered two patients suffering from delusional disorder who were referred to ECT. One patient who believed she was the governor of Yucatán, was bullied in her own community and then arrested when she got into an altercation with a group of youth. She was committed to HPY and subjected to ECT when her delusion did not remit quickly enough. The other patient was convinced the hospital staff were conspiring with her sister to steal her eyes and heart. She was subjected to ECT because she refused to eat the hospital food. These observations are consistent with the DRI report on the continued use of psychosurgery (lobotomy) in other institutions for patients who were considered "noncompliant" or "misbehaved."

As wards of the state, people who are considered "abandoned" do not have legal recourse to challenge invasive medical interventions such as psychosurgery or ECT. In one facility investigated by DRI, women were routinely sterilized without informed consent because the institution's director believed she was unable to stop rampant sexual abuse of female patients but could "protect" the female patients by preventing pregnancy. The director had the authority to make this determination for her

patients—as wards of the state—with impunity. People who are committed as wards of the state have no rights once they enter an institution and are easily subjected to these kinds of medical interventions without informed consent. The authors' empirical research on the conditions in both Oaxaca and Yucatán are consistent with DRI reports of other facilities throughout Mexico.

# 7. ATTEMPTS TO REFORM

## Modelo Hidalgo

In the past, the Mexican government tried to argue that it was attempting to address the crisis in its psychiatric institutions through the implementation of a program it referred to as "Modelo Hidalgo." The "Modelo Nacional Miguel Hidalgo de Atención en Salud Mental," or Modelo Hidalgo for short, was a treatment model that aimed to rehabilitate patients and enable them to reintegrate into Mexican society. It purported to create more human conditions inside psychiatric facilities, banning the use of restraints, ECT, and involuntary medication. Patients were to wear their own clothes instead of uniforms, and live in "villas," semi-independent shared houses with on-site medical supervision. Under this model, patients living in Modelo Hidalgo facilities could hold jobs outside of the institution and eventually leave to live independently. Modelo Hidalgo was the brainchild of human rights activist Virginia Gonzalez Torres, who was General Director of the Consejo Nacional de Salud Mental (National Council for Mental Health), from 2000-2019. During this period, Modelo Hidalgo was presented by the Mexican government as its response to the rampant abuses taking place in its psychiatric facilities. However, this model was only ever implemented in a handful of facilities in the entire country, and it failed in both Oaxaca and Yucatán. In a June 2022 meeting between Reyes-Foster and the subdirector of Mental Health for the State of Yucatán, Dr. Arsenio Rosado Franco, he indicated that "Modelo Hidalgo is dead" throughout Mexico following the removal from power of Virginia Gonzalez Torres from her position in 2019.

There were other problems with Modelo Hidalgo even before the program was dismantled by the Mexican government. First, the most recent 2020 DRI Report found that this model failed to enable the transition of patients from permanently living in psychiatric hospitals to living independently in their home communities. In its 2015 report, DRI concluded that the Hidalgo Model was insufficient and that patients were still subjected to human rights violations such as the use of restraints. Second, the Hidalgo model was not an evidence-based model of psychiatric care. There were no data to support its effectiveness and no research was ever conducted in Modelo Hidalgo facilities. Third, there was never a plan to transition patients residing in Modelo Hidalgo facilities into their home communities, and the patients who were there did not have the ability to leave if they chose to. The failed attempt to institute the Hidalgo

Model made clear that the Mexican government has neither the political will nor the capacity to address the serious problems present within its psychiatric institutions. Our analysis suggests that this was, at best, a band-aid, serving to provide the Mexican state plausible deniability to accusations of torture and neglect.

## Ley General de Salud

In May 2022, the Mexican Congress passed a new reform to its Ley General de Salud (General Health Law) pertaining to mental health and addiction. This new law is a progressive piece of legislation seeking to expand access to mental health services, close psychiatric hospitals, and abolish involuntary treatment. While seemingly positive, there are several significant problems inherent in the law. First, the new law fails to establish appropriate infrastructure to address severe mental illness such as schizophrenia and other psychotic disorders. For example, it aims to rely on families to assist in caring for their mentally ill loved ones. However, there is no funding dedicated to materially assist and train these families, and no provisions to address the problem of abandonment of people with severe psychosocial disabilities.

Second, the reality, which was confirmed by Dr. Rosado Franco, is that families will continue to abandon their severely ill family members and that people with severe psychosocial disabilities without family support will continue to need psychiatric services, and these services will not be provided on an outpatient basis without significant state investment in a mental health infrastructure. So far, there are no plans by the government to make such an investment. In interviewing Dr. Rosado Franco about how the state of Yucatán intends to comply with the new law, he emphasized that it will be impossible to comply with the law under current funding. His words were: "In the next two years? It will not happen."

Third, the Ley General de Salud prohibits the construction of new psychiatric hospitals. However, Dr. Rosado Franco described the possibility of changing the designation of HPY into that of a "shelter" for people with psychosocial disabilities, which would allow the institution to continue functioning exactly as it functions today. In other words, the Ley General de Salud does not fundamentally change the existing state responses to those suffering from severe mental illness.

Finally, the Ley General de Salud of 2022 is not the first time the federal government passed legislation aimed at reforming or providing rights to marginalized people without appropriate follow through. For example, the General Law of Linguistic Rights of Indigenous People of 2003 guaranteed that all indigenous people had the right to an interpreter in hospitals, courts, and government offices. Nearly 20 years later, this law remains largely aspirational.

Based on extensive, long-term research in Mexico, as well as analysis of historical trends in the country, we find it extremely improbable that the government will be able

to fully implement its new law, especially as it pertains to people who have no family support with severe mental illness such as schizophrenia.

## 8. CONCLUSION

As of this writing, conditions in Mexican psychiatric facilities and general conditions of mental health care available for people with psychosocial disabilities, especially those deemed to have "Severe Mental Illness," fall dismally short of providing sufficient or quality psychiatric care to those who most need it. Although the Mexican government has, over the years, repeatedly acknowledged the human rights abuses happening in its institutions, the State has yet to take meaningful action to address them. This systematic neglect is not the result of a lack of resources or funding alone, but rather a reflection of existing societal and cultural attitudes and biases against those with psychosocial disabilities. This is not a problem of a single individual or bad actor, but, rather, an entire public system that devalues the lives and contributions of one of its most vulnerable populations. Although the passage of the reform to the Ley General de Salud of 2022 is encouraging, it is extremely unlikely that it will result in any meaningful change for those with severe psychosocial disabilities, as most of the reforms it seeks to implement will expand services to treat people with Mexico's most common mental illnesses, depression and anxiety. Meanwhile, people with severe psychosocial disabilities who lack a strong social support network will continue to languish in institutions where they are routinely subjected to harmful, abusive practices in violation of their human rights.

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