RESEARCH ABOUT

# THE BARRIERS TO ACCESS MENTAL HEALTH SERVICES IN ARGENTINA

**NATIONAL SURVEY**



CRUZ ROJA ARGENTINA

OBSERVATORIO HUMANITARIO

**Centro de Referencia** de la Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja

IFRC

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# INTRODUCTION

Mental Health is a fundamental element in people´s health. According to this, health is defined as *"a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."* [1]. Having a good mental health enables people to cope with stressful situations, work productively and fulfill their potential, contributing to their communities.

**In America,** mental, neurological and substance abuse disorders are the main contributors to morbidity, disability, injuries and early mortality, and they increase the risk of having other health disorders.[2]

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**1.** Official Records of the World Health Organization, Nº 2, p. 100.

**2.** Mental health as a component of universal health. Rev Panam Salud Publica. 2018;42:e140.

Research is a basic component for a proper intervention, planning and assessment process in mental health issues. In this way, gaining new knowledge through research makes it possible for any intervention or decision to be based on verified data and best practices.

Today, most of the mental health research is carried out by high income countries. In this sense, there is a need to inquire about this theme in medium and/or low-income countries to identify cost-effective and culturally appropriated strategies to meet their needs and stablish priorities regarding mental health in a located manner. In addition, most of this research has epidemiological objectives for identifying illness distribution and the reasons associated to that distribution, there are only a few focused in learning the access that people have to services that permit them prevent or treat mental disorders.

## 1.1 RELEVANCE

According to the data provided by the World Health Organization (WHO), mental health disorders will be the main cause of disability in the world by 2030. Besides, one in four people will have a mental disorder throughout his/her life. This projection is aggravated by the fact that between 35% and 50% of the people with mental health disorders do not get any medical treatment and those who do, get the wrong

treatment. Accordingly, rates of disorders such as depression and anxiety increased by 25% during the first year of the COVID-19 pandemic[3].

To encourage appreciation, promotion and protection of mental health, while preventing mental disorders and allowing the people suffering these disorders to access a proper medical attention, it is necessary to improve the quality and quantity of regional research, to encourage a greater cooperation between institutions, to carry out research in different cultural contexts and to develop characterization methods to identify the disadvantages regarding mental health among subpopulations in a vulnerable state or not represented in their countries.

## 1.2 OBJECTIVE

The objective of this study is to determine the barriers encountered by adult population in Argentina to access public and/or private health services, to prevent, diagnose, treat, and/or rehabilitate mental health disorders. With the aim of identifying and assessing these barriers, the following dimensions were defined:

**1.1 PERSONAL BARRIERS.** They refer to the impossibility to recognize the need to seek medical attention, to previous experiences of patients in similar conditions and to the expectations they have regarding the services.

**3.** World mental health report: transforming mental health for all. Executive summary. Geneva: World Health Organization, 2022.

**1.2 ECONOMIC BARRIERS.** They refer to the price of private attention and the extra expenses that are not included in Health Care Plans and that patients can´t afford. Among them, the cost of missing work, the cost of getting to care units or the expense for the patient of child-care or a dependent adult care.

**1.3 ORGANIZATIONAL BARRIERS.** They refer to deferrals and waiting times due to overdemand, or the misuse of resources in care units.

**1.4 SOCIAL AND CULTURAL BARRIERS.** They refer to social dispositions and to the cultural aspects that limit the access to health services. They include social representation, stigmatization and discrimination, situations to which people with mental disease are exposed to.

**1.5 PROFESSIONAL BARRIERS.** They refer to the limitations that the health care system has to find work teams and trained personnel to carry out interdisciplinary work between professionals from social work, psychology, psychiatry and clinical or family physicians for early detection and prevention of pathologies.



# METHODOLOGY

It is a descriptive, cross-sectional and quantitative survey. **Two methodological tools** were developed to collect the information:

1. A structured questionnaire targeted to adult population between the ages of 18 to 70 living in Argentina.

2. A structured questionnaire targeted to health professionals that work in the public and/or private Argentine health system.

In addition, the data obtained by the surveys was complemented by public social media monitoring through **Big Data tools.**

## 2.1 ADULT POPULATION MODULE

**Studied population:** people between the ages of 18 to 70 that live in Argentina.

**Type of survey:** in person.

**Methodology:** random sampling in areas where the Argentine Red Cross and university volunteers have presence.

**Sample characteristics:** the field operation was deployed in 20 provinces across the country.

**Date of the field operation:** from November 11th to December 4th, 2022.

**Number of surveys:** 702 cases.

**Statistical error:** statistical error is not calculated because it is not a probabilistic sample. As an informative data, a probabilistic sample with this number of surveys has a +/- 3.8% margin of error for a trust level of 95%.

## 2.2 HEALTH PERSONNEL MODULE

**Studied population:** health personnel from public and private institutions.

**Type of survey:** in person.

**Sample characteristics:** the field operation was deployed in 10 provinces across the country.

**Date of the field operation:** from November 11th to December 4th, 2022.

**Number of surveys:** 65 cases.

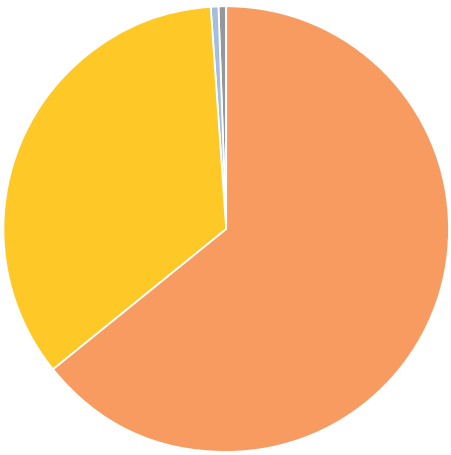


# ADULT POPULATION MODULE

## 3.1 SAMPLE PROFILE

With 702 cases in total, the demographic data of the population surveyed is presented next*:

GENDER



65% FEMALE

34% MALE

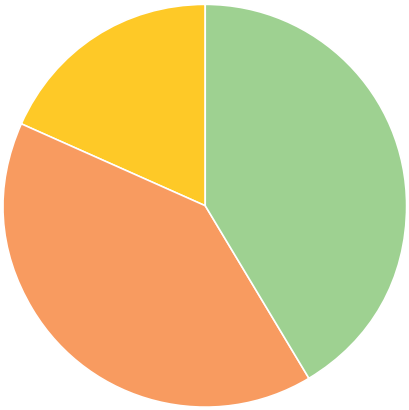
0,14% OTHER

0,28% RATHER NOT ANSWER

BASE: TOTAL POPULATION SURVEYED

*Percentages might not add up to 100% because of rounding procedures.

## AGE



41%
18 TO 29

40%
30 TO 49

18%
50 OR MORE

BASE: TOTAL POPULATION SURVEYED
*Percentages might not add up to 100% because of rounding procedures.

## RESIDENCE AREA

| Residence Area * | % |
|---|---|
| CENTER | 47% |
| AMBA | 27% |
| NOA | 10% |
| CUYO | 10% |
| NEA | 5% |
| PATAGONIA | 5% |

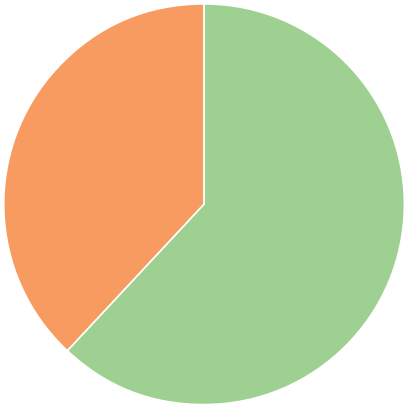
BASE: TOTAL POPULATION SURVEYED
*Percentages might not add up to 100% because of rounding procedures.

Regarding employment situation, people surveyed are: **62%** currently working, and of this group, almost all of them **(92%)** receive remuneration for their activity.

## DO YOU HAVE AN EMPLOYMENT AT PRESENT?

62%
YES

38%
NO



## 3.2 HEALTH DATA

Regarding **health-care coverage**, the profile of the people surveyed is broken down as follows:

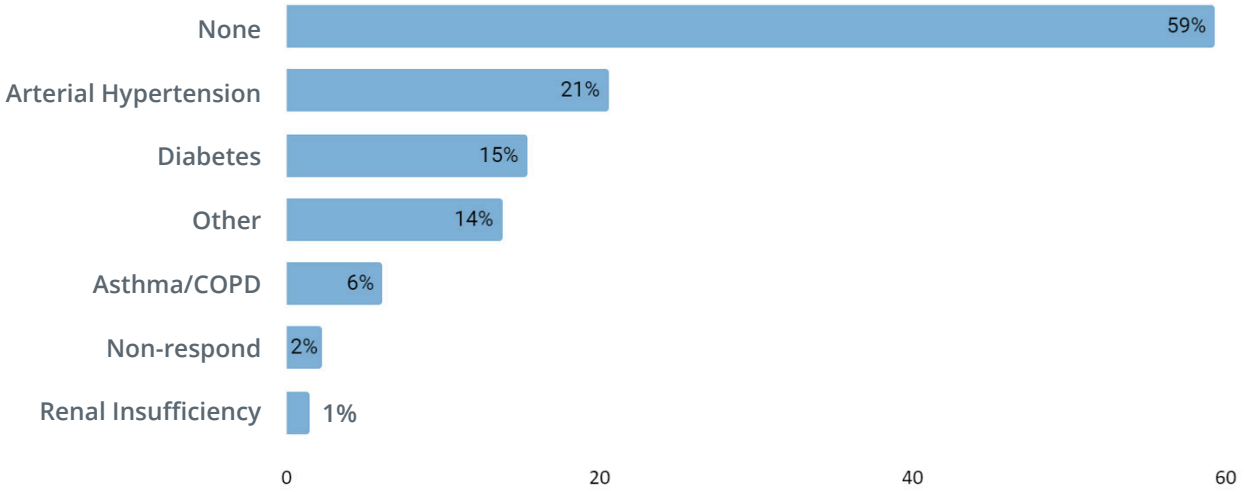
46% has employee Health Insurance.

13% answered that have a private Health Insurance.

41% said that have a public Health Insurance.

From the total of people surveyed, around **40%** have pre-existing disorders. Among the pathologies that most affect this population, it is possible to identify arterial hypertension **(21%)** and diabetes **(14%)**.

### DO YOU SUFFER FROM ANY OF THESE DISEASES?



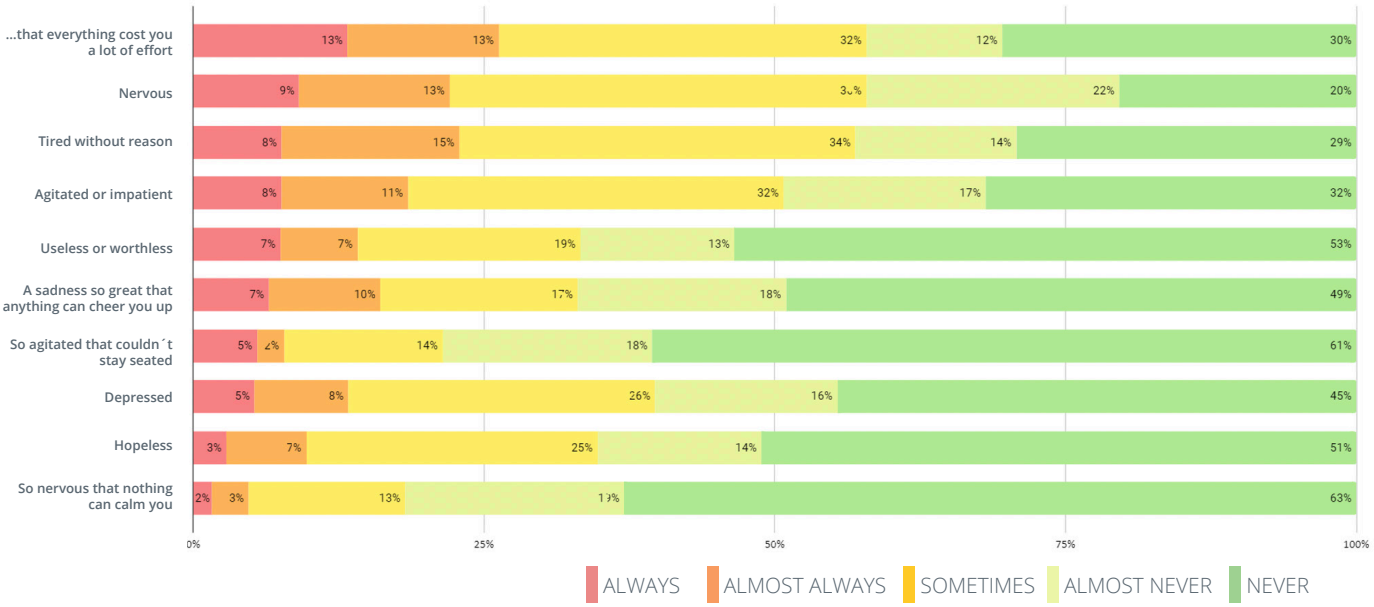

BASE: TOTAL POPULATION SURVEYED

*Percentages might not add up to 100% because it is a multiple-choice question.

## 3.3 PSYCHOLOGICAL DISTRESS

This study inquired about awareness and self-perception of different forms of psychological distress experienced by people during the month prior to the survey. The most noticeable responses were from the people who always felt that everything cost them a lot of effort **(13%)**, followed by those who always felt nervous **(9%)**, and at the same level, those who felt tired for no reason or impatience and agitation, both representing an **8%** of the people surveyed.

### DURING THE LAST MONTH, YOU HAVE FELT...?




BASE: TOTAL POPULATION SURVEYED

*Percentages might not add up to 100% because it is a multiple-choice question.

Alternatively, the percentage of the population that indicates *"never"* having felt psychological discomfort and the percentage of the population that identifies experiencing it *"sometimes"* is similar. In terms of self-perception, the fact that people can

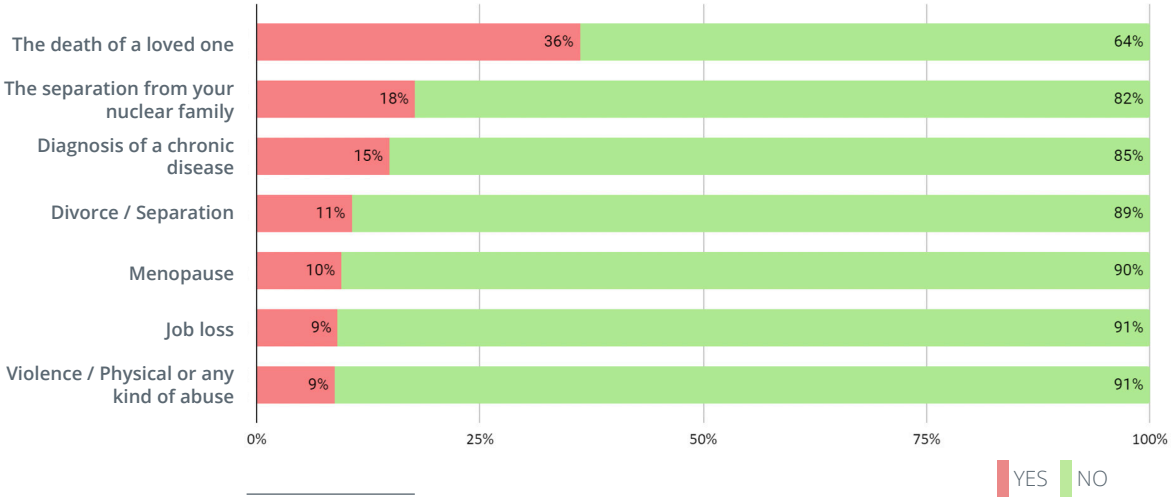
express awareness about their discomfort is very positive. This means that the circumstance and the state of mind experienced are understood by them. In this way, the recall of what has been experienced can help to actively manage their adaptive mechanisms to solve or reduce discomfort.

Opposite to this, expressing that there was *"never"* psychological discomfort, can indicate different scenarios:

- Denial for not perceiving such feelings.
- That there is no awareness of these situations because they are common and have been normalized. In this way, discomfort goes unnoticed and, therefore, there is the belief that it does not have a direct impact on physical and/or mental health.
- That there is no discomfort.

At the same time, having gone through an experience of high emotional disturbance can also affect people's mental health. When inquiring about what they have experienced in the last twelve months, **36%** of the people surveyed stated to have lost a loved one and **18%** to have experienced the separation from the nuclear family, followed by a **15%** who received the diagnosis of a chronic disease.

## DURING THE LAST 12 MONTHS, HAVE YOU GONE THROUGH ANY OF THE FOLLOWING SITUATIONS?



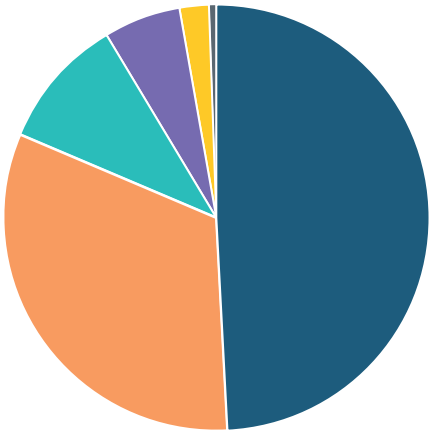

BASE: TOTAL POPULATION SURVEYED

*Percentages might not add up to 100% because it is a multiple-choice question.

It is important to highlight that from the total of people who went through any of these situations of emotional disturbance, only **35%** sought professional help. This may be due to the multiple factors that influence people's decisions, such as the different barriers identified in this study (personal, economic, organizational, social, cultural, and professional) or, to the possibility that the person does not feel the need to seek professional help.

Mostly, the service that people who sought professional help used was Psychology **(49%)**, followed by Mental Health services **(32%)**, and in third place on-call attention **(10%)**.

## WHAT TYPE OF SERVICE DID YOU USE?

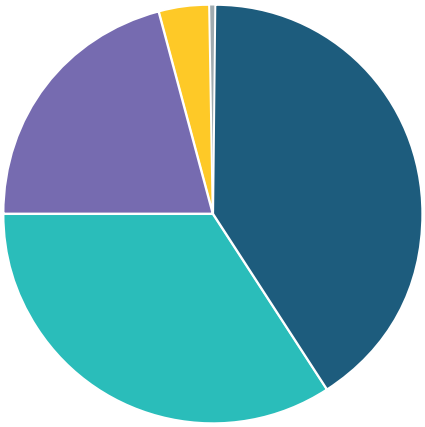


- 49% PSYCHOLOGY
- 32% MENTAL HEALTH
- 10% ON-CALL MEDICAL CARE
- 6% OTHER
- 2% SOCIAL WORKER
- 0,5% DOES NOT REMEMBER
- 0% GENERAL PHYSICIAN

BASE: TOTAL POPULATION SURVEYED

*Percentages might not add up to 100% because it is a multiple-choice question.

## TO WHICH INSTITUTION DOES THE SERVICE THAT YOU USED BELONG TO?



- 41% PRIVATE CONSULTATION
- 34% PUBLIC HOSPITAL
- 21% MEDICAL CENTER
- 4% OTHER
- 1% DOES NOT REMEMBER

BASE: TOTAL POPULATION SURVEYED

*Percentages might not add up to 100% because it is a multiple-choice question.

Most of the people state that they used private consultations **(41%)**, which implies assuming a monetary cost to access the service, while **34%** indicate that they have resorted to a public hospital, this opens the possibility that the consultation be free of charge for the consulting person.

The information about the **seeking of professional help**, the access to services and the type of institution in which the consultation or service took place are relevant in relation to what the situations that most people went through entail. Among the experiences of emotional disturbance is the death of a loved one. Faced with this situation, the afflicted person goes through the grieving process, it has its own rhythm and can be very long. It should be considered that the person could also be facing a complicated mourning[4], because it lasts longer than expected, affecting his/her emotional stability in all the areas of his/her life. This includes the relationships with other people due to the feeling of being misunderstood. Bearing in mind that only a minority of the people surveyed sought professional help, the general discomfort could remain the same at present or even be increased.

Regarding the experience of **separation from the nuclear family**[5], in general terms, this implies pain for all the family members, and it especially affects sons or daughters, in case that this is the family conformation. However, the effects that this experience has on the family members should not be conceived only as pernicious or harmful. Adaptation tasks are necessary in fathers, mothers, sons, daughters, and other members of the nuclear family that permit them *"to mourn the losses, while facing numerous and radical changes together with the ability to negotiate and reorga-*

**4.** Mayo Clinic Family Health Book (Libro de Salud Familiar de Mayo Clinic) 5.ª edición. Duelo complicado.

**5.** Bolaños,I. (1998). Conflicto familiar y ruptura matrimonial. Aspectos psicolegales. En Marrero, J.L. (Comp.)- Psicología Jurídica de la familia, Madrid: Fundación Universidad Empresa, Retos jurídicos en las Ciencias Sociales.

*nize themselves, in order to safeguard everyone's development"* (Isaacs, Montalvo and Abelsohn, 1986)[6].

In relation to the **diagnosis of a chronic disease**[7], for caregivers of a loved one with a long-term illness, a complicated mourning can begin even before the person passes away. Patient´s caregivers are constantly under a high level of stress, especially when the short, medium, or long-term prognosis is unfavorable. In addition, the person who suffers the chronic disease, also lives under continuous stress (with physical and emotional exhaustion), his/her immediate bonding environment and even his/her finances suffer stress as well, having to face the costs and requirements to cope with the disease, within the framework of the needs and possibilities of each person.

Finally, of the people who sought medical help, **88%** managed to access a consultation with professionals, while **12%** could not. It stands out that faced with a situation of discomfort, most of the affected people seek help and can get it, although they link it directly with general medical assistance. It could be inferred that awareness of the discomfort is felt as a somatization, seeking treatments that only aim at physical care and not so much the psychological.

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**6.** Isacc, M.B., Montalvo, B. y Abelshon, D.:(1986) Divorcio difícil. Amorrortu, Buenos Aires.

**7.** Juárez Jiménez, Villamayor D.A. W& Baena Bravo (2017) . El estrés y las enfermedades crónicas. Med fam Andal. Sociedad Andaluza de Medicina Familiar y Comunitaria

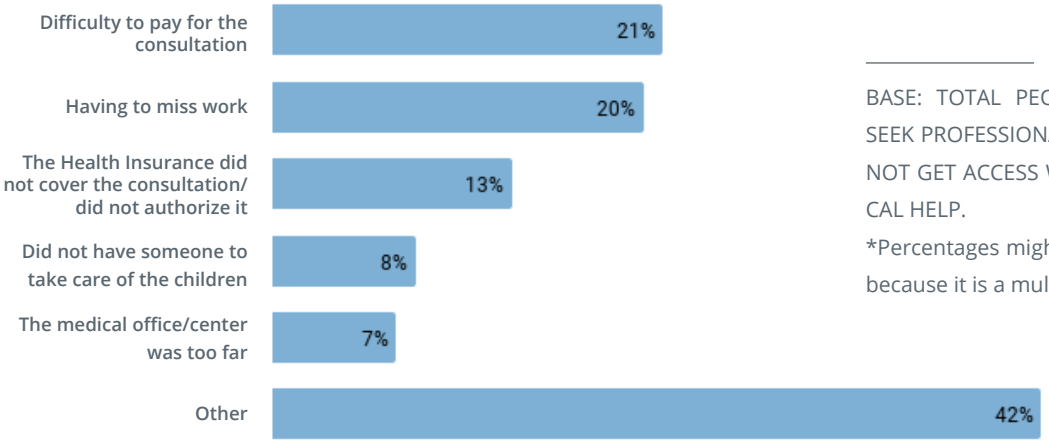
In this sense, creating awareness in the communities about the importance of mental health care for the integral health is paramount.

## 3.4 BARRIERS TO ACCESS MENTAL HEALTH SERVICES

Based on the previously identified barriers, there are several aspects by which people may be prevented from accessing mental health services. It is important to understand that, on many occasions, a person can be affected by more than one factor or barrier, since they are not mutually exclusive. On the contrary, they can complement each other, making it even more difficult to approach those barriers and guarantee access to mental health services.

Regarding the **economic reasons and obstacles**, around **40%** of those who identified barriers of this type, link it to the difficulty to pay for the consultation **(21%)** and to the impossibility of missing work **(20%)**. This last point can be related directly to employment conditions, and to the need of guaranteeing mental health spaces for people who are inserted in the labor market, both formally and informally.

## WHICH ECONOMIC BARRIERS DID YOU FIND TRYING TO ACCESS A PROFESSIONAL CONSULTATION?




BASE: TOTAL PEOPLE WHO DID NOT SEEK PROFESSIONAL HELP OR WHO DID NOT GET ACCESS WHEN SEEKING MEDICAL HELP.

*Percentages might not add up to 100% because it is a multiple-choice question.

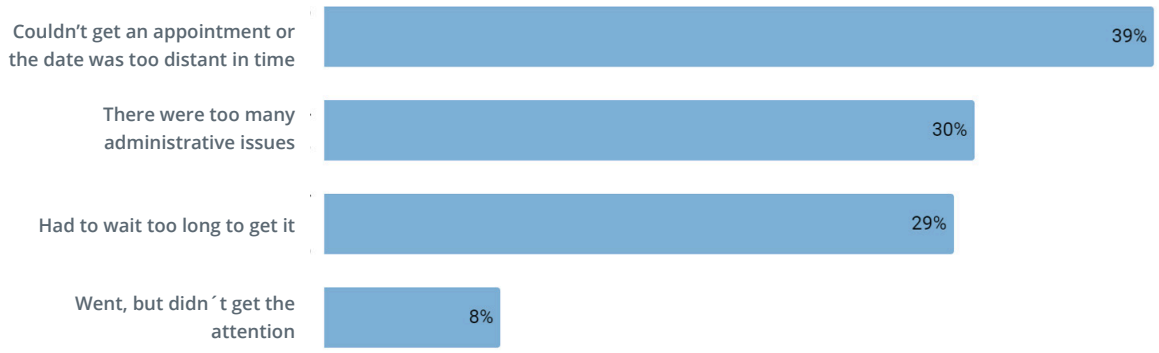
**In this case, the category corresponding to "Other" (42%) collected answers that are included in other types of barriers (namely, "did not need/did not want to" (70%), "lack of time/organization" (13%), "did not feel comfortable" (10%)).*

In line with the economic context, linked to and sometimes worsened by the consequences of the pandemic on the labor market, many people, even knowing that they need psychological attention, cannot access it because they do not have the monetary resources to cover the cost.

Other common difficulty is that people cannot get an appointment in the public service, in consequence their demand cannot be answered, and their problems can be aggravated by the lack of treatment. Related to this, most of the times, the few attention hours available coincide with working hours, so, attending a psychotherapeutic session implies missing a day of work, producing an economic loss (especially if it is a weekly and sustained treatment in time).

What affected the most to the people surveyed regarding the **organizational barriers** was the impossibility of getting an appointment and the delay in the dates of attention **(39%)**. This situation is particularly serious because, in general, when people decide to seek mental health assistance, it is because they are at the limit of their possibilities to manage on their own their emotions and the situations they are going through. In this sense, the situation becomes more and more complex since the strategies they knew to face adversities are no longer sufficient to mitigate the discomfort, added to this, is the impossibility of finding a space to heal their mental health. This last can create frustration in the people who recognize their need for help, but, due to this type of barrier, are unable to obtain an response to their request.

## WHICH ORGANIZATIONAL BARRIERS DID YOU FIND TRYING TO ACCESS A PROFESSIONAL CONSULTATION?

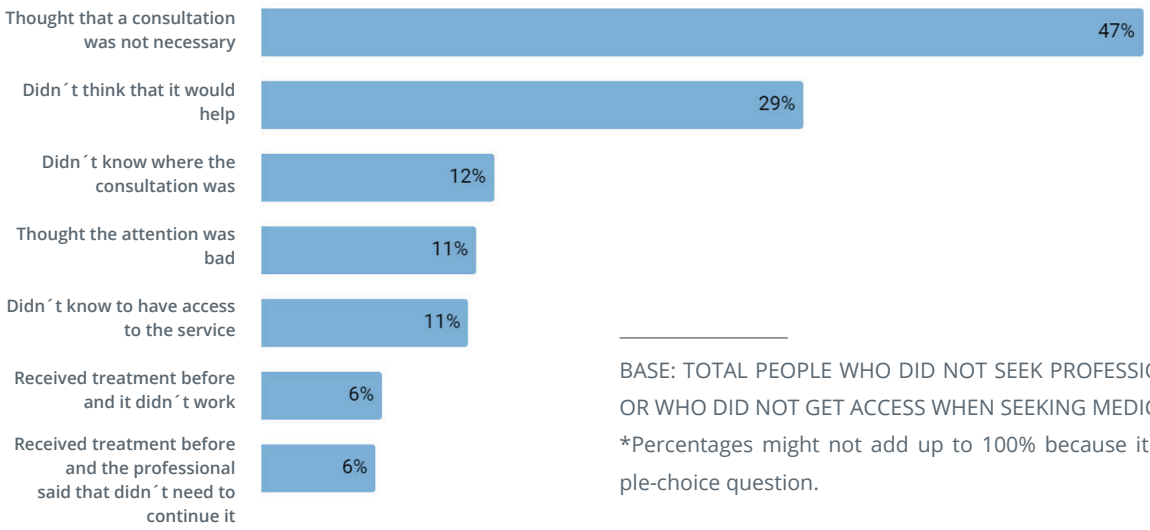



BASE: TOTAL PEOPLE WHO DID NOT SEEK PROFESSIONAL HELP OR WHO DID NOT GET ACCESS WHEN SEEKING MEDICAL HELP.

*Percentages might not add up to 100% because it is a multiple-choice question.

Regarding the **personal issues**, most of the people surveyed thought that it was not necessary to consult **(47%)**, followed by **27%** who did not believe that they could be helped by a professional to mitigate the situation they were facing. The desire, the will, and the decision to seek and receive help in terms of mental health is related, among other factors, to the change in the social representation of psychiatry and psychology. Besides, in many cases the access to information on mental health and comprehensive health care is not guaranteed for the population. Thus, both the normalization of the discomfort and the prejudices regarding mental health care also increase. This is clear in the tendency to seek help mainly within the immediate (or closest) environment and in the discomfort represented in the treatment and diagnosis.

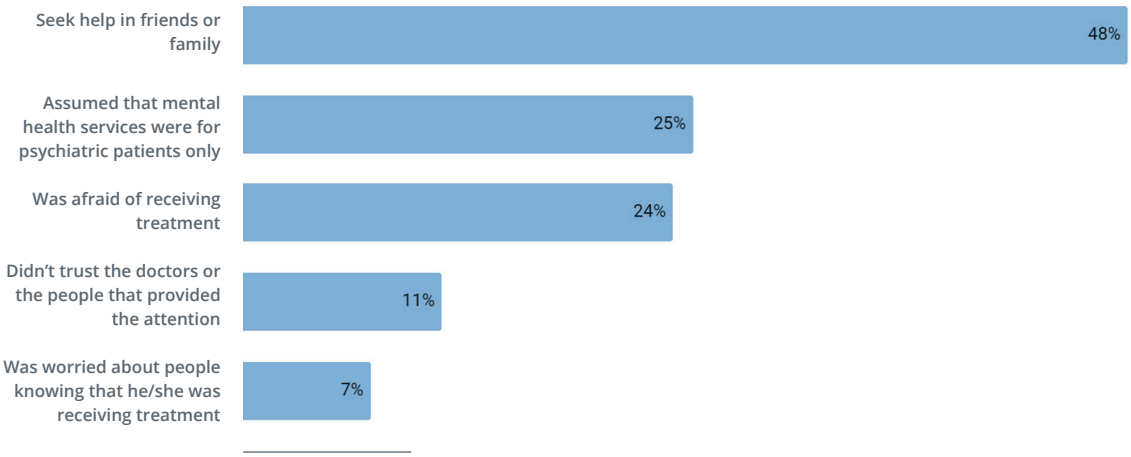
## WHICH PERSONAL BARRIERS DID YOU FIND TRYING TO ACCESS A PROFESSIONAL CONSULTATION?




BASE: TOTAL PEOPLE WHO DID NOT SEEK PROFESSIONAL HELP OR WHO DID NOT GET ACCESS WHEN SEEKING MEDICAL HELP.
*Percentages might not add up to 100% because it is a multiple-choice question.

Finally, the **social barriers** that most affected the people surveyed are closely linked to the personal barriers identified. People sought help from family or friends **(48%)**. Although this is not necessarily negative, the immediate environment does not always have the resources to provide accompaniment and give the necessary support. Having the support of family and friends to sustain mental health treatment is something positive and that benefits a global approach to the person, but it cannot replace consulting with a professional.

## WHICH SOCIAL BARRIERS DID YOU FIND TRYING TO ACCESS A PROFESSIONAL CONSULTATION?




BASE: TOTAL PEOPLE WHO DID NOT SEEK PROFESSIONAL HELP OR WHO DID NOT GET ACCESS WHEN SEEKING MEDICAL HELP.

*Percentages might not add up to 100% because it is a multiple-choice question.

In addition, both the stigma related to mental health services **(25%)** and the fear of the possible treatment **(24%)** negatively affect the decision-making of the people surveyed when accessing mental health services.



# HEALTH PERSONNEL MODULE

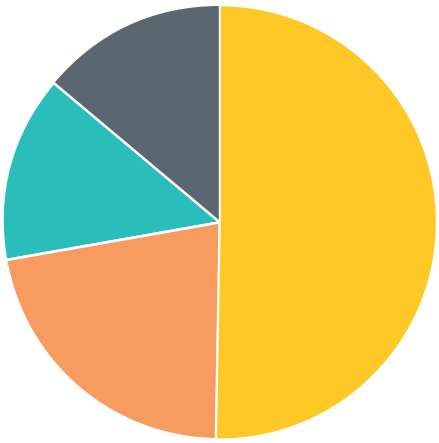
In order to guarantee the population an adequate access to mental health services, measures and actions that strengthen and promote care by professionals must be considered, as well as interventions that contribute to improve the quality of the attention offered by institutions. The specific module for active health professionals provided informing results on the capacity of the institutions and on current procedures in matters related to mental health.

**54%** of the people surveyed stated that they had a particular office exclusive for mental health care. They favor privacy and a safe environment for patients during the consultation. Regarding the facilities of the offices, **94%** state that they have minimum privacy conditions (closed rooms, doors with an internal lock, visual and sound insulation), **97%** have records, and **74%** have digitized data.

When asked about the qualifications required to work in mental health clinics, **51%** of the people surveyed answered *"Clinical Psychologist"*, followed by **22%** who claim that a certification as *"Social Psychologist"* was required. For its part, the *"Other"* category **(14%)** is subdivided into those who require a degree in Psychiatry, Social Work or Psychopedagogy. It is important to highlight that the degree held by those who make up the mental health teams has a direct impact on the services, treatments and support provided by the institutions. In this way, forming interdisciplinary teams will favor a positive approach to situations, while having only personnel who do not held a degree in psychology will limit the possibilities of attention. In this sense, referral procedures are extremely important to guarantee care for the population.

Regarding the type of assistance provided by the institution, **89%** of the people surveyed stated that they offer individual attention, followed by a **49%** that provide family care, and finally a **20%** that offers couple care.

## WHAT IS THE MINIMUM QUALIFICATION TO WORK IN A MENTAL HEALTH INSTITUTION?



51% CLINICAL PSYCHOLOGIST

22% SOCIAL PSYCHOLOGIST

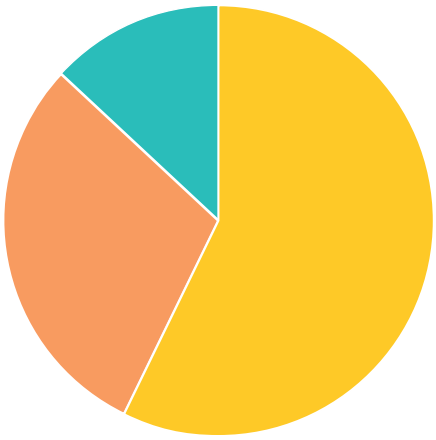
14% THERAPEUTIC COMPANION

14% OTHER

BASE: TOTAL POPULATION SURVEYED

* Percentages might not add up to 100% because it is a multiple-choice question.

## WHAT TYPE OF ASSISTANCE IS PROVIDED BY THE INSTITUTION?



89% INDIVIDUAL

46% FAMILIAR

20% COUPLE

BASE: TOTAL POPULATION SURVEYED

* Percentages might not add up to 100% because it is a multiple-choice question.

Regarding coverage, **66%** have attention centers for emergencies for mental health problems. However, only 1 out of every 3 centers has the human capacity to respond to mental health consultations during full operating hours.

Regarding attention, when asked if there were any additional requirements, only **18%** said yes, among which the following stand out: having a prior medical referral **(50%)** and evaluating whether the patient has health insurance **(25%)**. Added to this, **60%** of the responses agreed that psychopharmacological treatment was given at the health center.

Regarding current procedures, only 1 of 5 centers provide home care. In addition, **85%** have written and pre-established procedures for referring situations that they cannot address.

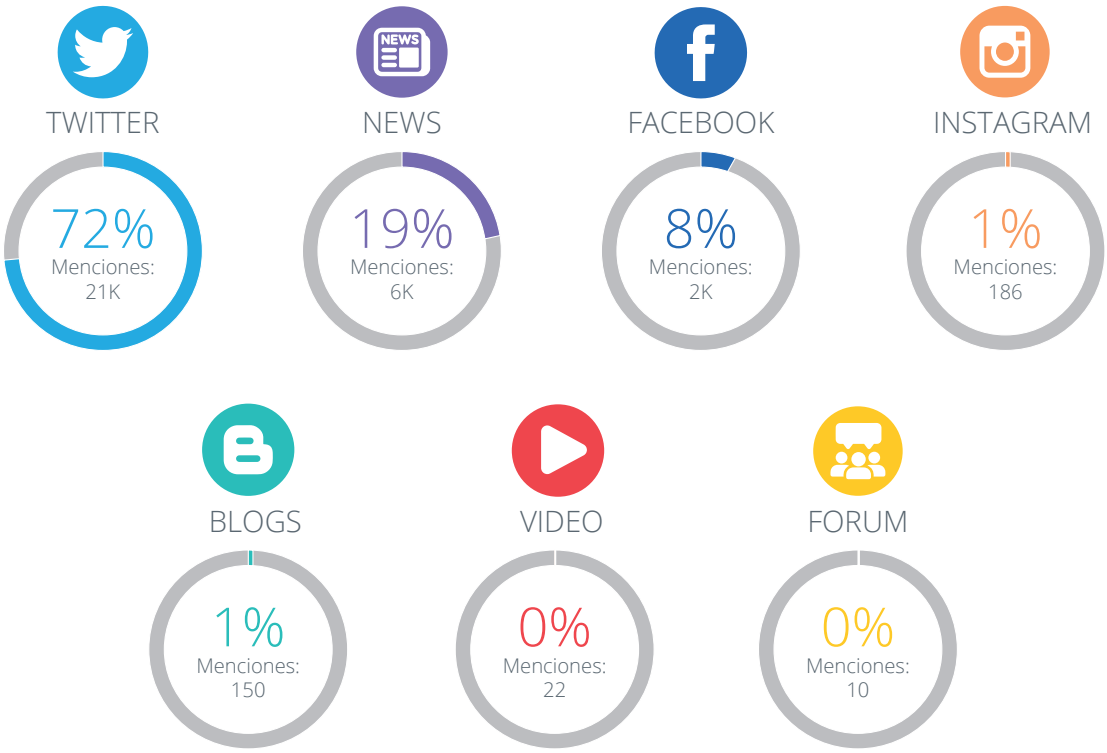
Finally, in terms of promoting, more than half of the centers **(60%)** state that they carry out specific prevention and promotion activities about mental health. In addition, **63%** of the people surveyed confirm that there are spaces aimed for the provision of care within the mental health network.



# DIGITAL MONITORING

To complement the data collected through surveys in person, during December 2022, January, and February 2023 a monitoring of public social media was carried out in Argentina to collect the opinion of users and the media on mental health themes. During this period, a total of **29,671 mentions** were registered.

**Regarding their source, the origin of the data is distributed as follows:**




Regarding the most used **hashtags** during this period, the first five are specifically linked to mental health, illnesses, and the approach towards those situations (therapy). It is also observable, with fewer mentions, conversations linked to reality TV consumption. In this sense, the mentions correspond to the analysis the population carry out on TV programs and the mental health issues that can be observed in it.

## THE MOST USED HASHTAGS DURING THIS PERIOD WERE:

| RANKING | HASHTAG | MENCIONES |
|---|---|---|
| 1 | #saludmental | 429 |
| 2 | #depresion | 317 |
| 3 | #psicologia | 297 |
| 4 | #ansiedad | 270 |
| 5 | #terapia | 253 |
| 6 | #salud | 247 |
| 7 | #psicoterapia | 152 |
| 8 | #bienestar | 123 |
| 9 | #emociones | 123 |
| 10 | #gh2022 | 122 |
| 11 | #amor | 108 |
| 12 | #crecimientopersonal | 95 |
| 13 | #estres | 87 |
| 14 | #argentina | 84 |
| 15 | #meditacion | 80 |
| 16 | #amorpropio | 72 |
| 17 | #sanacion | 63 |
| 18 | #autoestima | 62 |
| 19 | #granhermano | 61 |
| 20 | #saludable | 61 |

*1 mental health, 2 depression, 3 psychology, 4 anxiety, 5 therapy, 6 health, 7 psychotherapy, 8 wellbeing, 9 emotions, 10 Big Brother 2022, 11 love, 12 personal growth, 13 stress, 14 Argentina, 15 Meditation, 16 self-love, 17 healing, 18 self-esteem, 19 Big Brother, 20 Healthy.*

Finally, based on the public mentions made by users, it can be identified that the most relevant mental health topics in social media are related to symptoms, disorders and diseases, followed by mental health care alternatives, such as treatments, therapy and social accompaniment.

The chart presented below is a **key word cloud** created with the gathered mentions. The concepts that occupy greater space in the graph are those which were repeated most frequently among the publications analyzed.





# CONCLUSIONS

Understanding that mental health is a fundamental component of people's global health, this study has inquired about the different barriers that people face in Argentina to access mental health services. Personal, economic, social and cultural, organizational and professional barriers can have negative impact on the population and obstruct adequate access to mental health care attention and its approach.

According to this analysis, not all the people surveyed face the same barriers. However, in many cases population can be affected simultaneously by multiple factors. Thus, the strategies to be implemented to guarantee correct access to mental health services require a comprehensive approach that considers the multiplicity of existing situations.

Based on the data obtained, it can be seen that only 36% of the people surveyed who have gone through a situation of emotional disturbance in the last year sought professional help to process that experience. To address this problem, it is relevant to identify the tools and capacities that people have for recognizing and perceiving psychological distress. Being able to express these emotions and feelings is positive, since it shows the ability to identify and to be aware about what they have experienced, helping them manage adaptive mechanisms and reduce discomfort. Consequently, it will also be more feasible for them to seek professional help if they need it.

Regarding the experience of the people surveyed in relation with the services provided by mental health professionals, focus is placed in the formation of work teams. The professional degrees held by those who make up the mental health teams have a direct impact on the services, treatments and guidance provided by the institutions. For this reason, it is essential to guarantee referral procedures, especially in care units that do not have constant presence of mental health professionals. At the same level, attention limitation is a problem for addressing situations related to mental health: only 1 in 3 centers has the human capacity to assist mental health consultations during full operating hours.

In order to identify cost-effective and culturally appropriate strategies to address mental health needs and priorities in a situated manner, digital monitoring was carried out on public social media in Argentina, and relevant information was co-

llected on searches and topics of interest related to mental health. Symptoms, disorders and diseases lead the most mentioned topics, followed by mental health care alternatives.

Finally, in order to correctly approach the problem of access to mental health services in Argentina, it is essential to develop comprehensive strategies that consider the identified barriers, the situation of health professionals, the resources available to provide attention, and also the perception of the population about this issue. Thanks to the data obtained it is evident that the problem has different angles, so the approach should be comprehensive, interdisciplinary and diversified to meet the identified needs and guarantee the correct approach to the situation.

## ABOUT THE HUMANITARIAN OBSERVATORY

**The Humanitarian Observatory of the Argentine Red Cross is a Reference Center for The International Federation of Red Cross and Red Crescent Societies (IFRC) and it is part of the Red Cross and Red Crescent Research Consortium (RC3).** It is an investigation area for taking action. Through knowledge and awareness, seeks to favor the understanding and the approach of the different situations that our society goes through, from a humanitarian perspective.

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RESEARCH ABOUT

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