Background/Abstract.
Over the past two decades, the southern Mexican state of Oaxaca has seen dramatic increases in diagnosed mental illnesses, a spike in the availability of psychiatric and psychological services, and unprecedented demand for mental healthcare. Based on interviews conducted in Oaxaca’s psychiatric hospital and with mental healthcare practitioners in the state capital of Oaxaca de Juárez, this paper (1) describes some of the ways the growth in mental health services has occurred, focusing on attempts by mental health practitioners and state services to increase access to care and to spread awareness about mental health issues in Oaxaca; (2) discusses the educational, cultural, and linguistic divides that structure relationships between doctors and patients at the hospital; and (3) explores patient illness explanatory frameworks and the impact that treatment appears to have upon those frameworks.

Methods.
Semi-structured interviews were conducted with 25 mental health practitioners and 31 outpatients at the Oaxacan psychiatric hospital. Interviews with mental health practitioners focused on each practitioner’s background, professional formation, therapeutic approaches, opinions about emotional and mental health in Oaxaca, changes in Oaxaca’s mental health profile, and social problems contributing to emotional health problems. Interviews with patients focused on how they understood the problem from which they or their family member was suffering, the narrative around the problem, how and why they decided to come to the hospital for treatment (i.e. treatment-seeking pathways), what their main complaints or symptoms were, how and when they first heard of mental health care, psychology, and/or psychiatry, and whether they had sought alternative types of treatment.

Results.
The psychiatric hospital acts as one of many sites of diffusion for ‘psicoeducación’ in Oaxaca, providing a medical framework for understandings of emotional distress and mental anguish. Patients generally attribute their emotional problems to social crises—most commonly loss, physical and sexual abuse, and migration. There are various cultural, linguistic, and educational barriers between hospital psychiatrists and their patients that inhibit communication; nevertheless, in the course of hospital treatment patients begin to think of their emotional problems as mental illnesses requiring psychopharmaceutical intervention. Patients often maintain several illness explanatory models simultaneously, highlighting an understanding of the self as constituted through relationships with others.

Conclusions.
Oaxaca is in a transitional period with regard to mental health, and the psychiatric hospital is a powerful means by which alternative understandings of the self, the emotions, and mental health are circulating. It operates according to a highly medicalized understanding of patients’ problems, one that acknowledges but does not attempt to broach the social determinants of mental disorder and emotional anguish. Hospital treatment does not usually make allowances for ‘alternative models of the self’ (Fabrega 1989: 281), but the reverse is not true: patients readily accept the model of the self that psychiatric treatment provides. Other mental healthcare options in the state disseminate different types of ‘psicodeducación,’ using quite different approaches to the self and to healing.