Mental Health and Psychosocial Support in Turkey: Practices, Policies and Recommendations

Türkiye'de Ruh Sağlığı ve Psikososyal Destek: Uygulamalar, Politikalar ve Öneriler

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Öz

Akıl ve ruh sağlığı ve psikososyal destek, psikososyal refahı korumayı veya geliştirmeyi ve / veya akıl ve ruh hastalığını önlemeyi veya etkisiz hale getirmeyi amaçlayan önlemleri içerir. Bu önlemler istikrar sağlar, stresi en aza indirir ve yapıcı ilişkileri ve mevcut kaynakları güçlendirir. Bu çalışma, Türkiye'deki akıl ve ruh sağlığı ve psikososyal destek hizmetlerinin mevcut durumu ile ruh sağlığı politikaları ve mevzuatı üzerine bir derlemedir. Ayrıca, uygulama ve politika düzeyinde akıl ve ruh sağlığı ile ilgili somut öneriler sunulmaya çalışılmıştır.

Anahtar kelimeler: Akıl ve Ruh Sağlığı, Psikososyal Destek, Türkiye'de Akıl ve Ruh Sağlığı Politikaları.

Abstract

Mental health and psychosocial support include measures that aim to preserve or promote psychosocial wellbeing and/or prevent or counteract mental illness. These measures provide stability, minimize stress, and strengthen constructive relationships and existing resources. This study is a review of the current situation of the mental health and psychosocial support services in Turkey as well as the mental health policies and legislation. Moreover, concrete recommendations on mental health have been attempted to be provided at the practical and policy level.

Keywords: Mental Health, Psychosocial Support, Mental Health Policies in Turkey.

1. Introduction

World Health Organization defines health as "not only the absence of illness and disability, but a state of complete physical, mental and social well-being" (World Health Organization, 2018a). According to this definition, mental health is significant factor for the individuals to achieve their overall well-being. Mental health allows individuals to become aware of their capacities, areas to improve and coping mechanisms when faced with a stressful situation. It also contributes to productivity and functionality, therefore, to their overall health.

Mental Health and Psychosocial Support includes measures that aim to preserve or promote psychosocial wellbeing and/or prevent or counteract mental illness. Mental health and psychosocial support measures provide stability, minimize stress, and strengthen constructive relationships and existing resources. The term *psychosocial* combines psychological (thoughts, feelings, behaviors) and social (values, norms, significant others, life circumstances, culture) aspects of human experience (Upton, 2013). Linking mental health with psychosocial wellbeing in the term mental health and psychosocial support illustrates that social circumstances and psychological dispositions go hand in hand. Social conflicts or difficulties and psychological distress must always be seen in close relation to each other and occur frequently in interdependence.

When the current worldwide situation regarding mental health is taken into consideration, it can be said that achieving it cannot be set as a short-term goal because there are many obstacles in front of qualified mental health services for everyone such as insufficient financing, difficulties in accessing services, shortage of human resources, stigmatization, and human rights violations. Any individual, group or community may potentially be affected by mental or psychosocial stresses, especially in contexts of violence or other crises. Vulnerable and marginalized groups are at an elevated risk of mental or psychosocial distress due to insufficient access to resources, a lack of social networks, and structural disadvantages. These groups may include refugees and displaced persons, women, children and young people, older people, people with disabilities, people with mental disorders, and survivors of torture and imprisonment. Thus, psychosocial wellbeing is relevant to all contexts regarding people's well-being. Persistent poverty, unsafe living conditions, social isolation and chronic diseases also affect wellbeing. Therefore, achieving good mental health for the world will be possible by eliminating obstacles for everyone especially for the persons with vulnerabilities.

Spiritual, physical and social health are closely and deeply connected for all individuals as parts of their lives (Upton,2013). As the relationships between these parts emerge more clearly, the importance of mental health becomes more evident for individuals, communities and countries. However, in many parts of the world, mental health is not regarded at the same level of importance as physical health and is largely ignored. Mental health is defined by World Health Organization as having a state of well-being in which the individual has the power to realize himself/herself, cope with the stress factors she/he faces, work productively and efficiently, and contribute to the society(World Health Organization, 2018a). Mental illnesses are described by WHO as different types of combinations of abnormal thoughts, emotions, behaviors and relationships with other people. Considering examples such as schizophrenia, depression, anxiety or problems stemming from drug addiction, they have very different characteristics from each other. These different features also differentiate the problems experienced by the individuals. These problems vary from social dimensions such as communication difficulties to economic dimensions such as too much dependence on the family, inability to work, decrease in productivity as well as to medical dimensions such as problems experienced during early intervention, follow-up, therapy and rehabilitation services (Ministry of Health, 2011).

WHO suggest that services that should be more dominant in mental health services are self-care and community-based mental health services integrated into primary care (WHO, 2009). Considering the mental health services provision around the world, it is possible to mention three different models: hospital-based model, community-based model and community-hospital model:

- Hospital-Based Model: The most distinctive feature of the hospital-based model is that mental health hospitals are very large and operate far from the city centers. Thus, it is aimed to segregate patients from society. In these hospitals, the focus is on services that patients only need during times of exacerbation of their situation. In general, these services are provided without adequate regulation and supervision in terms of care conditions and patient rights. The factors that cause the patient to have an attack are not emphasized and since these factors are ignored, it is not possible to provide a service to eliminate them. Again, the services required for the normalization and reintegration in social life are not included in the services and not followed- up by these hospitals. In other words, in hospital-based mental health service delivery, the patient can only access a treatment service during the attack period. When the patients are discharged from the hospitals, they cannot get any help with regards to the mental health services. This causes the patients to experience more and more severe attacks called revolving door syndrome and the emergence of the need for re-hospitalization (Ministry of Health, 2011; Yılmaz, 2012). For this reason, in the World Health Report published by the WHO in 2001, instead of psychiatric hospitals and institutions where long-term hospitalizations are preferred, WHO calls for a transition to community-based services that increase the quality of life, prioritize human rights and are of more cost effectiveness (McDaid and Thornicroft, 2005).
- Community- Based Model: In this model, the isolation of persons with mental problems for medical, social and legal reasons is opposed. The main purpose of the community-based service approach is that everyone with mental illnesses can access a service in line with their own unique needs. Besides, it is aimed to ensure that individuals with mental illnesses interact with other individuals in the society to raise the awareness of the society about mental disorders and thus to prevent stigmatization and that the understanding of human rights is at the forefront of the treatments they receive (Gökçearslan Çifci et al., 2015). This model, which reveals that patients cannot reach the ideal treatment they need with hospital-based mental health services, has been applied since the 1960s for patients with severe mental illnesses and a long hospital stay. It is essential to determine the geographical areas population of which are between 100 000-300 000 and to establish community mental health centers in these regions and therefore to prevent the emergence of mental problems (Ministry of Health, 2011). WHO encourages all countries to prepare policies that take their own characteristics into account and the necessary action plans for the implementation of these policies to provide mental health services more effectively. While making this incentive, the importance of adopting the community-based service approach, as the most valid model in the context of human rights, is especially emphasized by WHO (2001).
- Community-Hospital Model: In this model, there is a structure that involves a mixture of hospital-based and community-based models. Most of the services provided in the community-hospital balance model are provided in centers close to the population served. Hospital stays are reduced as much as possible, and hospitalizations are mostly carried out by psychiatric wards in general hospitals. For this model as a transition from the hospital- based mental health service to community-based services, Thornicroft et al (2010) mention two possible mistakes that countries may make during transition to community-based services. The first of these is that the number of beds in which patients in attack period is not taken into account during the reform process. It would be a wrong step to shut down hospitals completely without making the full transition to community-based service from hospital-based services. The second mistake can emerge if all the stakeholders are not included in the policy making process. It is important for patients, relatives, service providers, national and international non-governmental organizations and professional associations to be included in the process for a successful process of transition.

2. The Current Situation of the Mental Health and Psychosocial Support Services in Turkey

The model of hospital-community in mental health service provision is dominant in current situation in Turkey. In the Mental Health Action Plan issued by the Ministry of Health (2011), the target group of community-based mental health services is defined as "patients with severe mental problems and under long-term hospitalization" and it is reported to be not possible to apply the community-based mental health model in the short term due to insufficient human resources. It has been also stated that the transition to the balance model will be initiated (Ministry of Health, 2011; Yılmaz, 2012). However, although hospital-based model is reported to be dominant, Turkey falls behind the world averages in terms of hospital-based services. According to 2018 Health Statistics by WHO, the number of psychiatric hospitals in Turkey is 11 and the total number of beds in these hospitals is 3887. Moreover, according to data provided by WHO, the number of psychiatric beds in general hospitals for 100 000 individuals is reported to be 4.67. This number is stated as 12.3 per 100 000 patients in Europe. Similarly, the number of beds in mental health hospitals in Turkey is 5,15 per 100 000 patients while it is recorded as 11.3 as for the world statistics and as 34.2 in European countries. (WHO, 2018b). These data show that Turkey is below rate of the the world and European countries in terms of the number of hospital beds to be provided within the mental health services.

The organization of mental health services in Turkey is conducted under the umbrella of Ministry of Health, Directorate General of Health Ministry of Public Health specifically at the Department of Mental Health. The missions of the Department include but not limited to the following; preparing and executing a national mental health action plan, improving preventive mental health services, taking measures against stigmatization, and performing primary care monitoring of chronic mental disorders. Within the provincial health directorates, there are mental health units affiliated to the Presidency of Public Health Services.

The most important development that took place in the context of mental health services in Turkey can be the implementation of community-hospital balance model in transition to community-based mental health services. In line with WHO recommendations on the provision of mental health services, the need for community-based mental health services first mentioned in 2006 in the Republic of Turkey Mental Health Policy Paper. The decision to establish community mental health centers, which are considered to be a major step for the provision of community-based services, was taken in 2009 and the decision regarding the transition to community-based mental health services was announced in the National Mental Health Action Plan in 2011. For each defined region; it is aimed to open community mental health centers, care institutions, protected houses, protected workplaces and to allocate psychiatric beds in general hospitals. Regarding care institutions, The Regulation on Private Care Centers for Disabled Persons in Need of Care was issued in 2013 and entered into force in 2016. With a regulation issued in 2013, the concept of protected workplaces, their purpose and scope were set and the condition of being mentally disabled was stipulated for the individuals who will be admitted to these workplaces.

As for the protected houses, they were initiated as a pilot project implemented at Elazig Mental and Neurological Diseases Hospital. Among the outcomes of the project, it has been reported that the patients who received mental health treatment within the scope of the project were protected from potential new attacks, the number of cases requiring hospitalization was reduced, the family and community responsibility on the matter was shared. Despite the positive results, it was not applied throughout the country due to the different problems that emerged (Baykara, 2017).

Moreover, the primary purpose of community mental health centers (CMHCs) is to provide biopsychosocial interventions in order to restore or improve functions for individuals with severe mental health problems. These multidisciplinary interventions are performed by a team of psychiatrists, social

workers, nurses, psychologists and occupational therapists through a single point of referral for multidisciplinary assessment and care. CMHCs undertake the tasks of registration and follow-up of patients with mental problems. It is aimed to provide mental health services that allow the individuals who continue their treatment in hospitals to stay in protected houses and to be employed in protected workplaces. At the same time, education services are provided not only for the patients but also for the family members. This is to increase the ability of the patients to take part in the society and CMHCs are to be the center of all mental services provided for individuals with mental disorders (Alataş et al., 2009). The Ministry of Health aims at establishing 236 CMHCs by 2023 which means one CMHC per 100 000-300 000 individuals. The first community mental health center was opened in Bolu in 2008. As of May 2020, the total number of CMHCs opened is 177.

The functions of CMHCs are stated in the Community Mental Health Centers Working Guidelines as follows:

- Delivering services with biological and psychosocial interventions aimed at preventing hospitalization and minimizing disability of the individuals with severe mental health problems,
- Providing support for families who care for individuals with severe mental health problems and necessary psychoeducation,
- Ensuring the integration of individuals with mental illnesses into life by stabilizing social functions and increasing the time they spend in the society,
- Coordinating with other institutions and organizations providing social services in order to maximize the necessary support to individuals with mental health problems and their families,
- Contributing to reducing the tendency to stigmatize people with mental illness in the society (Community Mental Health Centers Provincial Coordination Committee, n.d.)

3. Mental Health Policies and Legislation

Mental health policy can be defined as a set of values, principles, and goals officially set by the state to improve the mental health of a population (WHO, 2018b). Health policies are the most important tools when evaluated in terms of health ministries of countries. In the field of mental health, the desired positive results can only be achieved by the effective implementation of health programs and plans established within the scope of health policies. Mental health policies can be influenced by other policies, programs, plans and ideologies that are not directly related to this area. For this reason, it is important to consider the policy-making process as a whole and to consider the social and physical environment factors in which people live in order to keep the positive results at the highest level in the process of forming mental health policies. In order to benefit from education programs, welfare and employment policies, housing, city planning and municipal services in the process of providing mental health services, inter-sectoral cooperation is needed (WHO, 2004).

Sufficient attention has not been paid to mental health policies despite the increase in the global mental health diseases. In order to reveal the reason for this lack of interest and to take steps to eliminate it, the policy-making process should be reconsidered (Mackenzie, 2014). Policy making is a process that does not end and must be repeated at regular intervals. And the main purpose is to create and maintain health conditions that can be accessible for the whole population (K Pillai, 2016). Although this process generally consists of successive stages, most of these stages are intertwined during the formation of policies.

WHO states that there are seven stages that need to be taken into consideration in the formulation of health policies. These stages include "collecting information for policy development" (collecting information about the mental health needs of the population), "creating evidence for effective policies" (reviewing national and international literature and making on-site visits to service providers), "consultation and negotiation" (cooperation with stakeholders and determination of recommendations), "sharing experiences with other countries", "determining vision, values, principles and targets",

"determining action areas" and "determining the roles and responsibilities of different sectors" (WHO, 2009).

Planning is a tool that makes it possible to implement the vision, values and principles defined in mental health policies. According to the definition of WHO (2004), planning is about predetermining strategic actions to improve mental health, prevent, treat and rehabilitate mental disorders. Strategies, time limits, goals to be achieved and the resources required to achieve these goals are set out in health plans. In addition to policies, strategies and detailed plans, it is also important to have programs for mental health promotion, mental illness prevention, treatment and rehabilitation goals. Mental health programs are established administratively for a shorter duration than strategic plans and are included in work plans together with long-term policies and plans (WHO, 2004).

The onset of improvement in mental health services in Turkey is considered to be the establishment of dispensaries which were established in the 1960s and providing care services outside hospitals, including preventive services to patients (Dogan, 2016). However, mental health dispensaries were not sufficient in terms of protecting and strengthening mental health, as they serve under hospitals. In the 1980s, the primary health care services in terms of mental health services remained inadequate (Ulaş, 2008). Upon the request of WHO to determine the specific health strategies of each member country, the health strategies valid until 2020 were announced in 1998. The 8th goal out of the 10 goals determined is about improving mental health namely "to improve the psychosocial well-being of the people by 2020 and to ensure that people with mental health problems receive special care" (Ministry of Health, 2011).

Over the years, especially with the increase in urbanization, the needs for mental health services have increased. However, it has not been possible to fully meet this need due to the insufficient number of resources and personnel providing mental health services. Especially after the Marmara earthquake in 1999, problems related to the organization of mental health services at the provincial level became more pronounced and the need for new regulations in mental health services came to the fore again (Songur et al., 2017). In 2001, the health strategy with targets laid down by the Ministry of Health General Directorate of Primary Health Care, was published under the title "Health for All: Goals and Strategies of Turkey". In 2006, in line with the recommendations of the WHO regarding mental health policies, "National Mental Health Policy" was published. In this text, the transition to a community-based approach in mental health services, integration to the general health system and primary health care services, community-based rehabilitation, increasing the budget allocated for mental health, increasing the quality of mental health services, enacting mental health laws, patient rights, increasing human resources and measures to be taken against stigmatization were the main topics. Mental Health Action Plan was published in 2011 in order to implement these topics. In the action plan, nine basic goals for the years 2011-2016 and strategies to achieve these goals were specified (Ministry of Health, 2011). Despite these developments, there is no mental health law in Turkey. Although the mental health law was drafted and presented to the Turkish Grand National Assmebly in 2018, it is still not enacted. The draft of mental health law consists of 24 items and six main parts. The draft starts with its purpose, scope, relevant definitions and principles, and goes on with the main topics such as protective, preventive and enhancing mental health services, rights of service receivers, caregivers and service providers and obligations of the state, diagnosis, treatment and healing services, involuntary treatment and hospitalization, supervision of mental health services.

4. Recommendations

The current mental health policies of Turkey have areas that necessitate improvement. Policy changes including all relevant groups in the mental health and psychosocial support services and taking the opinions, suggestions, and needs of these groups into account are needed. Increasing the financial resources allocated for mental health and psychosocial suppor services, creating and regularly updating

the statistical data of professionals involved in service delivery in order to put forward effective policies in the field of mental health are required to determine correct strategies, and to update the mental health profile.

The mental health law, which will ensure that people with mental illnesses receive services on the basis of human rights, reduce the risk of abuse of patients by incompetent persons, provide a legal basis for involuntary hospitalizations, and eliminate uncertainties and problems regarding job descriptions and working conditions of service providers should be issued as soon as possible. There is a legal gap in the field of mental health, especially regarding the professionals who can provide psychotherapy services. For this reason, who will provide psychotherapy services, what competencies they should have, and under what conditions they can provide this service should be regulated by considering international regulations, community needs and experts' opinions within the mental healt law to be issued.

It is recommended increasing the numbers of community mental healh centers (CMHCs) by taking the population ranges determined in the Mental Health Action Plan into account and to plan CMHCs by considering local needs, rather than operating them as affiliated to the hospitals. The qualifications sought in employees to be assigned in CMHCs should be concretized with respect to the competencies required by of mental health services. Moreover, it is recommended making legally binding regulations that will prevent the assignment of staff who do not have the necessary competencies. It is recommended to provide consultancy services for the mental health and psychosocial support providing staff that will contribute to the development of a healthier communication with their patients, especially to the families of people with severe mental illness and to inform and raise awareness of the patients and families on mental health. In addition, efforts to increase the capacity of the patients and the families to cope with the problems they may encounter during the care process should be concretized.

In order to provide the medical and social support needed by people with mental illness, it is recommended to ensure cooperation between public institutions, non-governmental organizations educational institutions and local administrations with legal regulations. Within the scope of preventive mental health services, it is recommended to organize training programs that will increase the awareness of the society on mental health, and to increase the financial resources allocated for preventive mental health services.

So as to improve the service quality in mental health providing hospitals, the number of beds should be increased, especially in under-served regions with difficulties in accessing the services. However, while increasing the number of beds, psychiatry services in general hospitals should be taken into consideration under the principles of community-based service understanding and arrangements should be made to ensure the effective use of beds in these services.

It is necessary to increase the number of protected houses that will ensure the adaptation of people with chronic mental disorders in the society. It is also important to spread protected workplace practices that will increase their functionality and productivity by creating employment opportunities for people with mental problems. It is recommended to plan training programs that will inform employers about the support and incentives they will receive in case of having a protected workplace status and to increase the financial support provided as well as to plan education programs for the society in order to overcome the difficulties experienced due to stigmatization.

Last but not the least, in order to provide quality service in mental health services, it should be ensured that the inspection of mental health and psychosocial support activities are carried out in line with the evaluation criteria determined by the service quality standards. It is recommended to make additions in the axis of service process and human rights by refining the existing evaluation criteria.

5. Conclusion

The composite term MHPSS describes all measur es designed to pr eserve and improve psychosocial wellbeing. It emphasises that mental health and psychosocial wellbeing are interlinked, and that psychological dispositions and social circumstances go hand in hand. Psychosocial support refers to all measures, actions and processes that promote the holistic psychosocial wellbeing of individuals in their social world and help people deal with psychological problems and related social conflicts and stresses. It includes support provided by various support systems, for example social workers, teachers, psychosocial counsellors, family and community. Mental health care is a highly specialised form of psychosocial support for people with clinically relevant mental health conditions (such as depression, schizophrenia, anxiety disorder etc.), which is delivered by psychotherapists or psychiatrists. MHPSS measures can be offered at any time, depending on their focus. During a crisis, measures often aim at restoring security (providing protection, shelter and food). Furthermore, stabilising measures (e.g. strengthening existing (individual) resources, reactivating, establishing and maintaining social networks) are required that can also be continued after a crisis. Measures can also have a preventive effect through the continued strengthening of individual resources. It is important to note that long-term (trauma) therapy approaches in particular should not be offered unless the continuity of the therapy can be ensured, and the affected individual is integrated into a stable social environment. In acute situations of forced displacement or in the case of insecure living conditions, in which it is likely that therapy will be abruptly discontinued (i.e. when there is a risk of deportation), it is advisable not to offer such therapy in order to prevent additional harm. The target group in question, its needs and willingness to help shape and accept measures should always be the focus of any measure while being geared towards strengthening psychosocial wellbeing based on existing resources.

Constructing mental health services as inpatient medical treatment services causes the public support for social and economic problems of individuals with mental problems to be ignored. However, as stated before, the problems experienced by individuals with mental problems have reflections on every aspect of their life, and the problems they experience in all areas of life can have negative effects on their mental problems. For this reason, it is important to implement a holistic mental health approach in the setting of both mental health services and policies. In this context, it is of great importance to bring community-based mental health services to the agenda. However, community-based mental health services alone do not guarantee the implementation of a holistic mental health approach. A holistic approach requires the establishment of centers and mental health programs where individuals with mental problems can spend their time outside the home, participate in different social activities that will both increase their social participation and accelerate their recovery and adaptation processes. In this context, the integration of mental health services and social policies and the provision of services for all age groups by a team consisting of specialized physicians, clinical psychologists, social workers, nurses and education experts with the principle of the diversification of services from establishment of protected houses and workplaces to occupational therapies emerge as the most important pillars of realizing a holistic understanding.

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