ARAŞTIRMA MAKALESİ / RESEARCH ARTICLE

EVALUATION OF MENTAL HEALTH SERVICES FOR ADULTS IN TURKIYE ACCORDING TO HEALTH PROFESSIONALS' PERSPECTIVES - QUALITATIVE STUDY*

TÜRKİYE'DE YETİŞKİNLERE YÖNELİK RUH SAĞLIĞI HİZMETLERİNİN SAĞLIK PROFESYONELLERİNİN GÖRÜŞLERİ DOĞRULTUSUNDA DEĞERLENDİRİLMESİ - NİTEL ARAŞTIRMA

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ABSTRACT

The study aims to evaluate mental health services provided to adults in Türkiye based on the perspectives of mental health professionals. Semi-structured, in-depth individual interviews are conducted with 22 health professionals, including psychiatrists, psychiatric nurses, clinical psychologists, and social workers. Data are evaluated using descriptive and content analysis methods. Based on the analysis, eight themes are identified. The most coded theme is "Mental Health Service Delivery and Organization", while the most coded sub-theme is "Lack of mental health law" and "Lack of access to mental health services". Participants emphasize the necessity for service delivery centered on the patient and their family, prioritizing preventive mental health services, and the need to increase financial resources, qualified mental health professionals, and community mental health centers to enhance service quality and access. The findings indicate the need for new regulations in mental health policies that address the needs of stakeholders. It is concluded that the neglect of the mental health dimension in the planning and organization of healthcare services hinders the opportunity to contribute to public health and therefore, it needs to be considered a priority in the protection and promotion of public health.

Keywords: Mental Health Services, Health Policies, Qualitative Research.

JEL Classification Codes: I10, I18.

ÖZ

Bu çalışmanın amacı Türkiye'de yetişkinlere yönelik sunulan ruh sağlığı hizmetlerinin ruh sağlığı profesyonellerinin görüşleri doğrultusunda değerlendirilmesidir. Psikiyatrist, psikiyatri hemşiresi, klinik psikolog ve sosyal çalışmacılardan oluşan 22 sağlık profesyoneli ile yarı yapılandırılmış bireysel derinlemesine görüşmeler yapılmış, veriler betimsel analiz ve içerik analizi yöntemiyle değerlendirilmiştir. Analiz sonucunda sekiz tema belirlenmiş, en çok kodlanan tema "Ruh Sağlığı Hizmetlerinin Sunumu ve Örgütlenmesi" olurken, en çok kodlanan alt tema "Ruh sağlığı yasasının eksikliği" ve "Ruh sağlığı hizmetlerine erişim eksikliği" olmuştur. Katılımcılar hastayı ve ailesini merkeze alan bir hizmet sunumuna, koruyucu ruh sağlığı hizmetlerine öncelik verilmesine, hizmet kalitesinin ve hizmete erişimin iyileştirilmesi için finansal kaynakların, nitelikli ruh sağlığı profesyonellerinin ve toplum ruh sağlığı merkezlerinin artırılmasına ihtiyaç duyulduğunu belirtmişlerdir. Bulgular ruh sağlığı politikalarında paydaşların ihtiyaçları doğrultusunda yeni düzenlemelere ihtiyaç duyulduğunu göstermektedir. Ruh sağlığı boyutunun sağlık hizmetleri planlaması ve örgütlenmesinde arka planda kalmasının toplum sağlığına katkı fırsatını engellediği, bu nedenle kamu sağlığının korunması ve geliştirilmesinde öncelikli konulardan biri olarak ele alınmasına ihtiyaç duyulduğu sonucuna ulaşılmıştır.

Anahtar Kelimeler: Ruh Sağlığı Hizmetleri, Sağlık Politikaları, Nitel Araştırma.

JEL Sınıflandırma Kodları: I10, I18

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GENİŞLETİLMİŞ ÖZET

Amaç ve Kapsam:

Bu çalışmanın amacı, Türkiye'de ruh sağlığı hizmetlerindeki mevcut durumun, ruh sağlığı profesyonellerinin görüşleri doğrultusunda değerlendirilmesidir. Bu çalışmada uh sağlığı hizmetleri kapsamı, yalnızca yetişkinlere yönelik hizmetler olarak sınırlandırılmıştır. Farklı alanlarda uzmanlıkları bulunan ruh sağlığı profesyonellerinin görüş ve önerileri ile ortaya çıkan ortak temaların, bu alandaki öncelikli sorunların tespit edilmesine ve ihtiyaca uygun politika ve uygulamaların belirlenmesine katkı sağlaması, böylece ruh sağlığı hizmetlerinin iyileştirilmesi ve geliştirilmesi sürecinde yol gösterici olması amaçlanmıştır.

Yöntem:

Bu çalışma nitel araştırma yöntemi ile gerçekleştirilmiş ve araştırma deseni, durum çalışması şeklinde planlanmıştır. Çalışmada amaçlı örnekleme yöntemleri arasında yer alan kartopu örnekleme yöntemi tercih edilmiştir. Katılımcılar, 2011 yılında Sağlık Bakanlığı tarafından yayınlanan "Ulusal Ruh Sağlığı Eylem Planı (2011-2023)"nda insan gücü başlığı altında yer alan ruh sağlığı profesyonellerinden seçilmiştir. Bu doğrultuda sekiz ruh sağlığı ve hastalıkları uzmanı, dört klinik psikolog, altı sosyal çalışmacı ve dört psikiyatri hemşiresi olmak üzere toplam 22 sağlık profesyoneli ile 2019 Kasım-2020 Mayıs tarihleri arasında derinlemesine görüşmeler yapılmıştır. Aynı başlıkta yer alan çocuk ve ergen ruh sağlığı ve hastalıkları uzmanlarına ise araştırma amacı yetişkinlere yönelik hizmetler olarak sınırlandırıldığı için katılımcılar arasında yer verilmemiştir. Teorik alt yapının belirlenmesi, aynı zamanda görüşmeler için gerekli olan yarı yapılandırılmış soruların hazırlanabilmesi için literatür taraması yapılmış, ilgili konuda deneyime sahip olan farklı uzmanların ve araştırmacıların değerlendirmeleri sonunda yarı yapılandırılmış görüşme formu oluşturulmuştur. Katılımcıların samimi cevap verebilmesi adına görüşmeler, her sağlık profesyoneli ile kendi belirledikleri mekanlarda yüz yüze, telefonla ya da internet ortamında yapılmıştır. Katılımcılardan dört tanesi görüşme için vakit ayıramayacağını belirttiği için soruları yazılı olarak yanıtlamıştır. Veri çözümleme, betimsel analiz ve içerik analizi kullanılarak yapılmıştır. Görüşme verilerinin analizi için görüşmeler esnasında alınan ses kayıtları ve tutulan notlar araştırmacılar tarafından dinlenerek ve okunarak aktarılan verilerin güvenirliği ve geçerliği artırılmaya çalışılmıştır. Verilerin analizinde profesyonel bir nitel veri analizi yazılımı olan NVivo 12 programı kullanılmıştır. Ham veri setleri NVivo 12 programına yüklenmiş ve üzerlerinde içerik analizleri yapılmıştır. Katılımcıların sorulara verdikleri yanıtlar tümevarım yaklaşımıyla analiz edilmiş ve öncelikle kodlar ortaya konmuştur. Daha sonra alt temalar oluşturulmuş ve bu alt temaların sahip olduğu ortak özellikler göz önünde bulundurularak temalar belirlenmiştir.

Bulgular:

Verilerin analizi sonucunda toplam 8 tema belirlenmiştir. Ortaya çıkan 8 tema "Ruh sağlığı politikaları", "Ruh sağlığı mevzuatı", "Ruh sağlığı hizmet sunumu ve organizasyonu", "Toplum temelli ruh sağlığı hizmeti", "Ruh sağlığı hizmetlerinin finansmanı", "Ruh sağlığı hizmetlerinde insan gücü", "Ruh sağlığı hizmetlerinde kalite" ve "Damgalama" şeklinde olmuştur. En çok kodlanan temalar "Ruh sağlığı hizmet sunumu ve organizasyonu (%20,9), "Ruh sağlığı hizmetlerinde insan gücü" (%17,5), ve "Ruh sağlığı hizmetlerinde kalite (%15,4) olarak belirlenmiştir. En çok kodlanan alt temalarda ise "ruh sağlığı yasasının olmaması" (%6,25) ve "ruh sağlığı hizmetlerine erişim" (%6,25) başlıkları birinci sırada yer almış, "çalışan sayısının yetersiz olması" (%5,4) ve "görev tanımlarında sorun yaşanması" (%5,4) başlıkları öne çıkan diğer alt temalar olmuştur. Katılımcılar ayrıca ifadelerinde mevcut politikanın yetersiz olduğuna, kurumlar arası entegrasyon ve iş birliği ihtiyacına, toplum temelli hizmette aile desteğinin önemine, ruh sağlığı hizmetlerinde yaşanan geri ödeme sorunlarına ve bu alanda çalışan sağlık profesyonellerine yönelik eğitim ihtiyacına vurgu yapmışlardır.

Sonuç ve Tartışma:

Bu çalışma sonucunda elde edilen bulgular, Türkiye'deki mevcut ruh sağlığı politikalarının kapsamlı ve kapsayıcı bir yapıya sahip olmadığını ortaya koymuştur. Ruh sağlığı alanında çalışan profesyoneller, ruh sağlığı yasası olmadığı için mevcut rolleri ve çalışma koşulları ile ilgili birçok belirsizlikle karşı karşıya kalmaktadır. Bu durum hizmet kullanıcılarına kaliteli hizmet sunulmasında engel teşkil etmektedir. Çalışma sonucunda elde edilen bulgular, ruh sağlığı hizmetlerine ayrılan kaynakların yetersiz olduğunu göstermektedir. Finansal kaynaklardaki yetersizlikler, politika ve yasalardaki eksikler ve özellikle ruh sağlığı çalışan sayısının yetersiz olması ile birleşmekte ve hastaların hizmete erişimi ile ilgili problemlerin ortaya çıkmasına neden olmaktadır. Bulgulara göre, mevcut tüm paydaşların ihtiyaç ve isteklerini göz önünde bulunduran ve koruyucu ruh sağlığı hizmetlerine öncelik veren politika değişikliklerine ihtiyaç vardır. Görev tanımları ve çalışma koşullarına ilişkin belirsizliklerin ortadan kaldırılması ve hastaların ihtiyaç duydukları hizmetlere kaliteli bir şekilde ulaşabilmelerinin sağlanması için ruh sağlığı yasasının bir an önce çıkarılması gerektiğine inanılmaktadır. Sağlık hizmetleri planlaması ve örgütlenmesinde ruh sağlığı boyutunun arka planda kalması nedeni ile toplum sağlığına katkı fırsatının engellendiği, ruh sağlığı hizmetlerinin sadece klinisyenlerin birebir hasta tedavisi ile sınırlı kalmaması gerektiği ve kamu sağlığının korunması ve geliştirilmesinde öncelikli konulardan biri olarak ele alınmasına ihtiyaç duyulduğu sonucuna ulaşılmıştır. Belirlenen tema ve alt temalar üzerinde yapılacak ileri çalışmalar alandaki ihtiyaçların daha net bir şekilde ortaya konulması açısından önemlidir.

1. INTRODUCTION

Mental health is essential for individuals to recognize their potential and areas open to development, increase their capacity to cope with stress, and become more productive and participatory, thus contributing to themselves, their families, and society. However, data from The Global Burden of Disease (GBD) Study 2017 shows that mental health disorders have consistently made up over 14% of age-standardised Years Lived with Disability (YLDs) and have a prevalence exceeding 10%. In the GBD Study 2019, depressive disorders rank sixth among the causes of Disability Adjusted Life Years (DALYs). With the COVID-19 pandemic, these numbers increased by 26% and 28%, respectively (World Health Organization, 2022). Despite the results revealed by the statistics, only 25% of WHO Member States, reported the integration of mental health into primary health care (WHO, 2021). The rate of countries with an independent policy or plan for mental health among member countries is 72%. The rate of countries with an independent mental health law is 57%. The financial resources spent on mental health are minimal, with a worldwide average of 2.1% of government health expenditure (WHO, 2018). These statistics indicate that the resources allocated for an integral component of overall health are insufficient, and the policies implemented do not fully achieve their purposes.

According to the "Mental Health Profile, Türkiye", which provides information on the prevalence of mental illnesses in Türkiye, one in six individuals has a diagnosable mental disorder. In the ranking of the distribution of disease burden at the national level, the psychiatric disease group ranks second with 19%, following cardiovascular diseases (The Ministry of Health, 2011). The rate of depression as a disease/health problem among individuals aged 15 and over was 7.2% in 2016 (TÜİK), 2016), 9.0% in 2019 (TÜİK, 2019), and 6.9% in 2021 (TÜİK, 2022). There is no data on the amount of public resources spent on mental health services in Türkiye. It is also stated in the Mental Health Action Plan that it is difficult to determine the amount spent on mental health services.

This research aimed to evaluate the needs related to current mental health policy and service delivery based on the opinions of mental health professionals. Health professionals' opinions are important for determining the quantitative and qualitative characteristics of the requirements at this stage. Therefore, this study conducted an evaluation of existing mental health services based on the opinions of mental health professionals.

2. METHOD

2.1. Study Design

This study was conducted using a qualitative research method. Qualitative research involves the use of interpretative and theoretical frameworks to examine the meanings individuals or communities attribute to a problem. Qualitative research methods adopt an inductive approach, emphasizing the description of events and phenomena within their natural contexts, understanding diverse perspectives of participants, and reflecting these perspectives. The objective of qualitative research is not to generalize findings to the broader population based on the selected sample. Instead, its fundamental aim is to conduct a thorough and detailed exploration of the researched topic (Yıldırım & Şimşek, 2016). In this study, the research design was planned as a case study. The most suitable type of problem for the case study design aims to provide an in-depth understanding of a situation (Creswell, 2014). It is also important to define the boundaries of the situation to be studied for a case study (Merriam, 2013). In this study, mental health services were examined in depth, with a particular focus on adults.

2.2. Data Collection

The group of health professionals whose opinions were sought in this research consisted of mental health and illness specialists, psychologists, social workers, and nurses, as specified by the human resources heading in the Mental Health Action Plan Türkiye 2011-2023. Children's mental health and illness specialists were not among the participants due to the focus of the research on mental health services for adults. In this study, snowball sampling method was employed. In snowball sampling, the initial sample is expanded by leveraging references provided by participants. Engaging new individuals through these references can enhance the sharing of participants' experiences, thoughts, and attitudes (Baş & Akturan, 2017). Interviews were conducted with eight psychiatry specialists (PS), four clinical psychologists (CP), six social workers (SW), and four psychiatric nurses (PN). The interviews were conducted between November 2019 and May 2020.

The semi-structured individual in-depth interview technique was used to obtain data during the research process. Initially, a literature review was conducted to determine the theoretical framework and prepare the interview

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questions. Then, a semi-structured interview form was created based on the evaluations of different experts with experience and expertise in the relevant field. In semi-structured interviews, participants are presented with open-ended questions that encourage them to develop their thoughts in depth, express their personal perspectives, share their experiences, and articulate their responses in their own words. The questions included in the semi-structured interview form are:

- How do you evaluate mental health services in Türkiye?
- What are the fundamental issues regarding mental health policies in Türkiye? Do you have any suggestions about what can be done to solve these problems?
- How do you assess the transition stages to community-based mental health services in Türkiye?
- What approach should be followed for mental health professionals to provide services as needed?
- Could you evaluate the status of private mental health services in Türkiye?
- Do you believe access to mental health services in Türkiye is adequate?

Before the interviews, the researcher provided the interviewees with general information about the research and its purpose and arranged an appointment. It was also stated that the audio recordings and the transcripts of the recordings would be listened to only by the researcher, and that no explanation would be made about their identity to ensure confidentiality. The interviews were conducted face-to-face, by phone, or online at locations determined by each health professional. Four participants, who stated that they could not spare time for the interview, responded to the questions in writing. The interviews continued within the time constraints of the participants and until their statements were repeated and concluded when the interview reached saturation. The interview durations ranged from 25 to 70 minutes. Ethical Committee approval for the study was obtained from the Non-Interventional Research Ethics Committee of Uskudar University on 27/11/2019.

2.3. Data Analysis

This study employed qualitative data analysis methods including descriptive analysis and content analysis. In descriptive analysis, a framework is established to examine the theoretical underpinnings of the research, research questions, and data obtained from interviews under specific themes. This stage involves selectively presenting some data while excluding others, presenting participants' views directly through meaningful and comprehensible descriptions or direct quotations. The goal of content analysis is to create similar themes and categories, systematically and comprehensibly organizing and interpreting similar data (Yıldırım & Şimşek, 2016).

For the analysis of the interview data, the audio recordings and notes taken during the interviews were transcribed into text on a computer after the interviews. Subsequently, the interview notes and audio recordings were listened to and read by the researcher to increase the reliability and validity of the transcribed data. The data were analyzed using NVivo 12, a professional qualitative data analysis software.

Raw data sets were uploaded to NVivo 12 and content analyses were performed. In this context, the data sets were initially reviewed using an inductive approach, and codes were generated by considering the frequency of repetition and the relationships between expressions. Codes with conceptual similarities were consolidated to develop sub-themes. These sub-themes were then integrated into broader thematic categories based on their conceptual interrelations. Subsequently, the themes, sub-themes, and codes that were generated were compared, and their alignment was evaluated.

One of the primary critiques directed at qualitative research methods concerns validity and reliability. In this study, to enhance validity, the method of in-depth interviews, commonly employed in qualitative research, was selected. Participants were afforded autonomy in selecting the interview settings and times, facilitating comfortable self-expression without the imposition of leading questions. Furthermore, NVivo 12, a computer-assisted qualitative data analysis software package, was utilized during data analysis to strengthen the validity and reliability of the study.

3. FINDINGS

After conducting a content analysis on the responses provided by the participants, codes and sub-themes were initially identified. Subsequently, considering the common features of the sub-themes, eight main themes were created. Table 1 presents the frequencies and percentages of the coded themes.

Table 1. Frequencies and Percentages of Themes

Theme	Frequency	Percentage
Mental Health Policy	54	9.2
Mental Health Legislation	82	13.9
Mental Health Service Delivery and Organization	124	20.9
Community-Based Mental Health Services	73	12.4
Mental Health Financing	38	6.4
Mental Health Human Resources	104	17.5
Mental Health Service Quality	90	15.4
Stigmatization	19	3.3
Total	**592**	**100%**

3.1. Findings of Mental Health Policy Theme

Participants highlighted the inadequacies in mental health profile studies, the dominance of the medical model in existing policy, and policy innovation needs within the mental health policy theme. Table 2 presents the number (N) and frequency (F) of participants who expressed their opinions on mental health policy sub-themes.

Table 2. Information on Mental Health Policy Sub-Themes

Sub-themes	Codes	N	F
Lack of mental health profile	Health profile is first step in the policy-making process	2	2
	Current profile work is outdated	2	2
The dominance of the medical model	Treating mental illnesses solely as a medical problem	5	7
	Medicine-based service approach	6	7
The need for innovation in mental health policy	The inadequacy of the current policy	15	32
	Patient, family, and community participation in the policymaking process.	4	4

Participants stated that one of the most critical needs in this context is to determine the country's mental health profile. They also mentioned that the current service policy is medication-based and emphasized the need to consider the social and communal aspects of mental health issues. Furthermore, they noted that while the existence of a policy document is viewed positively, they consider the current policy inadequate and highlighted that many aspects need to be improved.

> "When determining mental health policies, a situation analysis is conducted first. Establishing the mental health profile of a country is crucial." (68, PS)

> "Psychiatrists have been trained more as psycho-pharmacologists than as psychiatrists for some time now. This is not correct." (50, PS)

The most frequently mentioned issue was the inadequacy of the current policy. They noted that while the existence of a policy document is viewed positively, they consider the current policy inadequate and highlighted that many aspects need to be improved. Participants stated that mental health policies are not given importance and that current policies do not adopt a holistic approach. Table 2 presents the number and frequency of participants who expressed their opinions on mental health policy sub-themes. Examples of participants' expressions on this subject are as follows:

"Some historical context is also necessary. Because until around 2004 or 2005, now I don't exactly remember, Türkiye didn't have a mental health policy. If you ask whether there has been one since then, maybe that's the general framework to discuss." (64, PS)

"First of all, there is no mental health policy in Türkiye. This point is very important." (51, SW)

"When we look at policies and practices, do we have a policy now? There is no comprehensive policy. So, from my perspective, it's not comprehensive." (54, PN)

3.2. Findings of Mental Health Legislation Theme

Participants highlighted the lack of mental health law, the absence of professional law, and the legislative gap concerning involuntary admissions as issues within the legislative theme. Table 3 presents the number and frequency of participants who expressed their opinions on mental health legacy sub-themes.

Table 3. Information on Mental Health Legacy Sub-Themes

Sub-themes	Codes	N	F
Lack of mental health law		14	37
Lack of professional laws	Job definition problems	12	32
	Patients being exploited by unqualified individuals	7	10
Legislative deficiency regarding involuntary admissions		3	3

The most frequently mentioned issue was the absence of a mental health law. Participants reported that the most urgent need in this area is a mental health law and emphasized the deficiencies in the draft law.

"We still don't have a mental health law. Working on and implementing a mental health law as soon as possible is another crucial need." (44, PS)

Some of the participants evaluated the absence of a mental health law primarily within the context of the lack of professional laws. Clinical psychologists and social workers highlighted the issues with job definitions due to the absence of professional legislation, while psychiatrists and nurses, who are governed by professional laws, emphasized the negative impacts of this deficiency on teamwork and service delivery. Examples of participants' expressions on this subject are as follows:

"We don't have a professional law. I wish there were one. It would greatly enhance transparency and provide a framework for everything." (30, CP)

"The absence of a mental health law constitutes a significant issue in terms of job descriptions for professionals, services provided to patients, and the policy and implementation processes." (37, PN)

"The law provides you with a framework. It is a written document that specifies how you should perform your duties, differentiates you from others, and offers protection from certain elements, making you more secure against certain mechanisms."(34, SW)

Some participants expressed concerns about the lack of professional regulations, which allows mental health services to be provided by unqualified individuals and leading to potential exploitation of patients.

"The service you refer to as psychotherapy is a highly specialized service. Therefore, it is necessary to define who can provide this service and what qualifications these individuals should have. Those who do not meet these qualifications should have this opportunity restricted." (44, PS)

3.3. Findings of Mental Health Service Delivery and Organization Theme

Participants discussed preventive mental health services, mental health hospitals, nursing homes, organizational issues, and private mental health services under the theme of service delivery and organization. Table 4 presents the number and frequency of participants who expressed their opinions on mental health service delivery and organization sub-themes.

Table 4. Information on Mental Health Service Delivery and Organization Sub-Themes

Sub-themes	Codes	N	F
Preventive mental health services		12	23
Mental health hospitals	Lack of therapeutic qualities in hospitals	5	5
	Inadequate physical conditions in hospitals	5	9
	Insufficient number of hospitals and beds	8	16
Nursing homes		6	16
Organizational issues	Need for integration and cooperation between institutions	13	22
	Integration of mental health services into primary care services	8	10
	Cooperation regarding patient employment	5	10
Private mental health services		10	13

Some participants mentioned that mental health services provided in psychiatric hospitals are not therapeutic, some stated that the physical facilities of mental health hospitals are inadequate, and others pointed out that there is a shortage of beds in these hospitals.

> "The care provided in mental health hospitals is not treatment; patients are simply detained and sedated for a period of time. That's it." (41, SW)

Regarding organizational issues, participants mentioned the need for integration between institutions. Some emphasized the importance of integrating community mental health services into primary care services for service delivery.

> "There is no collaboration between institutions. We work with at least 15-20 different sources, including social service agencies, municipalities, the police, and consulates. However, none of us have any coordination. " (51, SW)

About nursing homes, some participants mentioned that residents in nursing homes are kept in very poor conditions and that the services provided are inadequate. Others discussed the lack of oversight and employment of unqualified staff in private nursing homes. Another group of participants highlighted that the physical conditions in these facilities are insufficient and that this deficiency in long-term care institutions is a significant issue.

> "The issue of care homes is another area that I think needs attention. We constantly admit problematic patients from care homes here. It seems necessary to tighten the inspections there. For instance, many of the staff have no training or qualifications." (56, PS)

Some participants also emphasized the need for the private sector to take more initiative in mental health services. They mentioned that services provided by private mental health institutions have excessively high prices, making them inaccessible to the community. They advocated for integrating preventive and therapeutic mental health services into the private sector and utilizing private resources accordingly.

> "Private mental health services, unfortunately, are not widely conducted in our country, and the existing services clearly target only a segment of the population." (45, SW)

The most frequently mentioned topic was preventive services. Participants stated that preventive mental health services are not given enough importance in Türkiye, that preventive services should be increased, and highlighted the policy and financial deficiencies related to preventive services and the lack of public awareness in this area. Examples of participants' expressions on this subject are as follows:

> "It is very important for preventive services to become a state policy. If we prioritize this, we will address the disease at its source and origin." (68, PS)

> "But Türkiye doesn't have its own concept of mental health from a cultural perspective. Where does mental health disorder begin? The education level of our people is not sufficient for this. Frankly, this is an obstacle to protecting our mental health." (29, PN)

"When we look at Türkiye, the budget allocated for preventive and protective activities seems lower and insufficient to me." (31, SW)

3.4. Findings of Community-Based Mental Health Services Theme

Participants discussed the positive aspects of Community Mental Health Centers (CMHC), the negative aspects of CMHCs, the importance of family in community-based mental health services, and patient follow-up under the theme of community-based services. Table 5 presents the number and frequency of participants who expressed their opinions on community-based mental health services sub-themes.

Table 5. Information on Community-Based Mental Health Services Sub-Themes

Sub-themes	Codes	N	F
Positive aspects of CMHCs	A significant transformation	9	11
	Reduction in number of hospital admissions	6	6
	Beneficial results for chronic patients	6	6
Negative aspects of CMHCs	Insufficient number of CMHCs	6	7
	Incompetence of CMHC staff	7	8
	Budget issues of CMHCs	3	5
	The necessity of expanding CMHCs functions	3	5
Importance of family in community-based mental health services		9	14
Patient follow-up in community-based mental health services		7	11

The participants emphasized that CMHCs represent a significant transformation and highlighted their benefits in patient monitoring. Some participants evaluated one of the positive aspects of CMHCs as reducing hospital admissions, while others discussed the beneficial services provided for chronic patients.

"They are opening closed doors. They are initiating a process as much as possible regarding the reintegration of these patients into society, and it truly results in a very modern, very humane transformation here." (39, PN)

However, they also highlighted the need to expand the functions of CMHCs, the insufficient number and distribution of CMHCs, and the lack of competence among CMHC staff.

"If you have established a community-based mental health model, you need to integrate preventive services, rehabilitation, and treatment services into it. TRSM's function needs to be expanded. It is not serving its purpose because it focuses on a narrower range of illnesses." (65, PS)

The most frequently mentioned topic in this theme was the importance of family in community-based mental health services. Participants emphasized that family and community support is an important part of treatment and that families should also be strengthened and supported. Table 5 presents the number and frequency of participants who expressed their opinions on community-based mental health services sub-themes. Examples of participants' expressions on this subject are as follows:

"If there is a problem with the family and we cannot explain anything to the family, then the problem is there. It is necessary to solve it. It is necessary to raise awareness." (39, PN)

"Mental health is not an area that only concerns the healthcare system. No matter how perfect the treatment is, when the family does not support it, things remain unfinished and incomplete." (44, PS)

"I wish we could activate family resources. Strengthen the family. Support the family." (51, SW)

3.5. Findings of Mental Health Financing Theme

In the theme of mental health financing, participants discussed the insufficiency of financial resources and reimbursement issues. The most frequently emphasized topic in this theme was the insufficiency of financial resources. Participants stated that the share allocated for mental health services is insufficient, mentioned the inequalities in reimbursements, and noted that mental health is not seen as a profitable field due to these issues. Some participants also mentioned that the reimbursement rates for institutions providing mental health services are inadequate, there is inequity in the reimbursement for mental health professionals, and it is unjust that only physicians benefit from the performance system.

Table 6 presents the number and frequency of participants who expressed their opinions on mental health financing sub-themes. Examples of participants' expressions on this subject are as follows:

> "The share allocated to healthcare services is already insufficient, and now consider this for mental health. There is no separate funding allocated specifically for mental health." (39, CP)

> "There is no such thing as mental health financing" (56, PS)

> "From a financial perspective, it is not sufficient at all. There is an implicit business mindset like, 'How much money are you making that you will ask for money from me?'" (43, PS)

Table 6. Information on Mental Health Financing Sub-Themes

Sub-themes	Codes	N	F
Insufficiency of financial resources		10	17
Reimbursement issues in mental health services	Inadequacy of reimbursements for mental health services	7	11
	Inequality in reimbursements to health professionals	6	10

3.6. Findings of Mental Health Human Resources Theme

In this theme, participants addressed working conditions, the insufficiency of the number of employees, the need for training, and the team approach. Table 7 presents the number and frequency of participants who expressed their opinions on mental health human resources sub-themes.

Table 7. Information on Mental Health Human Resources Sub-Themes

Sub-themes	Codes	N	F
Working conditions	Excessive workload	6	8
	Violence problem	2	2
	Non-ergonomic working environment	5	5
Insufficiency of the number of employees		19	32
Training needs		15	30
Team work mentality		11	27

Regarding working conditions, some participants mentioned feeling burnt out due to excessive workload, while others pointed out that the physical conditions for employees are not ergonomic. Another topic that some participants emphasized regarding working conditions was violence.

> "Maybe you can see 100 internal medicine patients in one day, but you can't see 100 psychiatry patients. I mean, you can see them, but that wouldn't be considered treatment. There's also the burden aspect from the doctor's perspective. There's the burden aspect for nurses in the wards. Both doctors and nurses, all employees actually. The workload is high, and burnout is high" (56, PS)

Some participants, within the context of human resources in mental health services, highlighted the need for training to enhance the competencies of current employees. They emphasized the necessity for personnel open to self-improvement and suggested that recurrent training programs could mitigate adaptation issues and improve service quality.

> "Let me put it plainly; it's hard to find a good psychologist, psychiatrist, or therapist in Türkiye. The presence of quality psychotherapy training is indispensable for personnel providing psychotherapy services. Personnel who have obtained their expertise need to be continuously supported with ongoing training and supervision." (36, CP)

Participants in the study repeatedly emphasized the importance of teamwork and multidisciplinary collaboration for delivering mental health services at the desired standards. They highlighted the need for team collaboration in patient monitoring, emphasizing the necessity for different specialists to come together and establish a common language. Participants also stressed the importance of considering how mental health disciplines can collaborate when formulating policies.

> "Teamwork is important. We have care plan goals that we need to achieve as a team. We have risk assessment forms. While creating the patient's file, we actually need to do this as a team. In a patient's care plan, the occupational therapy technician, the psychologist, and the social worker all have responsibilities. Beyond the differences in our specialties, we have the dynamic responsibility of case management. We are responsible for doing this at a minimum level." (39, PN)

The most emphasized topic was the insufficiency of the number of employees. While some participants criticized the number and distribution of mental health professionals employed, some stated that the number was sufficient but there was a problem with the distribution. Examples of participants' expressions on this subject are as follows:

> "One CMHC for 100-300 thousand population. Currently, the number of clients per professional exceeds 130. this is exhausting for us." (39, PN)

> "A psychiatrist who sees 50 patients in one day cannot provide quality healthcare. The number of physicians needs to be increased." (68, PS)

> "The employment of social workers in Türkiye needs to be increased. One social worker is responsible for 100 patients. In developed countries, one social worker is assigned to 15 patients." (51, SW)

> "I think the number of psychologists is sufficient. But I'm not sure if it's evenly distributed." (30, CP)

3.7. Findings of Mental Health Service Quality Theme

Participants expressed their views on the need for patient-centered approach, monitoring in mental health services, human rights violations, insufficient time allocated to patients, and access to mental health services within the theme of quality in mental health services. Table 8 presents the number and frequency of participants who expressed their opinions on mental health services quality.

Some participants emphasized the importance of patient-centered treatment and follow-up programs for delivering quality services. Others highlighted the need for a monitoring system involving various stakeholders such as professional organizations, medical associations, psychologists' associations, and patient relatives.

> "The focus should be on the patient. Unfortunately, our system doesn't allow it." (39, PC)

Table 8. Information on Mental Health Services Quality Sub-Themes

Sub-themes	N	F
Need for a patient-centered approach	7	9
Monitoring of mental health services	7	9
Human rights violations	7	19
Insufficient time allocated to patients	12	16
Lack of access to mental health services	17	37

Participants also expressed concerns about the insufficient time allocated to patients, which is a significant determinant of quality, and emphasized the necessity for policies and practices that prioritize human rights.

> "It takes at least three, four or five sessions just to get to know the even in a 50-minute psychotherapy session, Sometimes, it takes three sessions just to decide whether we will continue or not. So, what does five- or seven-minutes mean? Even if you hire 10 psychiatrists or 10 psychotherapists, it's very difficult to handle the same intensity. Therefore, other solutions need to be considered. Quality is declining."(41, CP)

Within this theme, access to mental health services was identified as the most frequently mentioned topic by the participants. Some of the participants in the study mentioned the inadequacy of access to inpatient services, while others highlighted difficulties in accessing outpatient services and emphasized that mere contact with a healthcare professional was not sufficient. Examples of participants' expressions on this subject are as follows:

> "Accessibility to mental health services is insufficient in terms of inpatient treatment. This situation imposes a burden on people both financially and emotionally." (37, SW)

> "If you ask whether a person with a psychiatric problem is turned away when he/she applies to a state institution, whether urgent or non-urgent, they are not turned away… There is no one whose contact is blocked. Especially in emergency situations, there is no difference between psychiatric emergencies and physical emergencies. Do they get what they need after contact? They can't. I can't talk about real access. So I wouldn't call it access. (64, PS)

3.8. Stigmatization Theme

Participants in this study also emphasized the issue of stigmatization, stating that this problem affects both patients and their families. They evaluated stigmatization within the scope of educational deficiencies and highlighted that stigmatization creates difficulties in education and work life for individuals, hindering the treatment process. Table 9 presents the number and frequency of participants who expressed their opinions on stigmatization theme. Examples of participants' expressions on this subject are as follows:

> "There needs to be more awareness programs against stigma." (39, PN)

> "The community's stigmatizing attitudes towards the field of mental health and individuals with mental illnesses require education on mental health issues. It is important to work in a multidisciplinary manner for these efforts." (62, PS)

Table 9. Information on Stigmatization Theme

Theme	N	F
Stigmatization	13	19

4. DISCUSSION

Mental health policies exhibit both limiting and guiding characteristics for all themes and sub-themes identified in this study. This was articulated by the participants, who emphasized deficiencies and proposed suggestions within the framework of mental health policies. Participants indicated that they consider the current policy inadequate and noted that service providers encounter problems in the field negatively affecting the quality of services. They highlighted the necessity for a policy that is holistic and equitable. This finding is corroborated by the literature. Some studies have identified the conclusion that the current mental health policy is insufficient in providing a holistic perspective (Bilir Uslu, 2022), indicating that improvements can only be achieved through policy changes adopting a social policy approach with local governments, non-governmental organizations, media, and community (Başer et al, 2013) and concluded that social policies need to be renewed considering the needs (Gözen & Buz, 2020). In light of these findings, it can be said that the current mental health policies should be revised to be holistic, equitable, and considerate of community needs, including practical improvements.

Despite mental health law was presented to the Turkish Grand National Assembly, it has still not been enacted. Mental health law is necessary for service users to access scientific and more accessible mental health services, and for healthcare professionals to provide services under assurance and supervision. This necessity for the urgent enactment of a mental health law was one of the most important sub-themes expressed by the participants. Consistent with our research findings, studies show the lack of mental health legislation is a major complaint among healthcare professionals (Gül et al, 2019; Arslan et al, 2019; Artukoğlu Kayacan & Kılıç, 2023). Similarly,

in a meta-analysis of relevant international laws and regulations prepared by the World Psychiatric Association, WHO, and the European Union, it was stated that there is a need for a mental health law that meets the conditions set by international organizations and considers national needs (Nesipoğlu, 2017). Considering these findings, it can be argued that the most pressing need in mental health services is the enactment of comprehensive mental health legislation. Such legislation would mitigate uncertainties in service provision. Furthermore, the establishment of professional regulations tailored to the needs of all mental health practitioners is believed to clarify professional roles, reduce ambiguity in the field, bolster interdisciplinary collaboration through role clarity, and importantly, prevent patient exploitation by unqualified individuals.

To prevent the emergence of mental disorders, it is necessary to create social and political awareness regarding mental illnesses. Identifying risk factors for mental disorders and making plans aimed at minimizing their effects are also important (Arango et al, 2018). In his study participants highlighted the need for state approaches that prioritize preventive mental health services and that current policies are intervention oriented. In line with the research findings, a study involving in-depth interviews revealed that participants expressed the inadequacy of preventive service policies in mental health (Artukoğlu Kayacan & Kılıç, 2023). Also, some studies evaluate the positive impact of health education on community mental health as the importance of preventive services (Bilge et al, 2015) and that suggest the absence of these services, a lack of information delays early diagnosis and intervention (Başer et al, 2013). In light of these findings, it can be suggested that prioritizing preventive mental health services, which could be both cost-effective and more impactful, should be explicitly articulated in policy and legislative texts. Additionally, there is a need for educational plans aimed at enhancing public awareness and consciousness regarding mental health issues. Emphasizing service delivery that focuses on preventive measures is crucial.

Studies are highlighting the importance of family involvement in mental health services. These studies emphasize the importance of making plans related to family communication skills and providing counseling (Yönder Ertem, 2020), the need for education plans aimed at informing and guiding caregivers (Kaya Kılıç, 2019) and stated that social relationships, which include family, can increases treatment adherence (Kauppi et al, 2015). Consistent with the literature, the participants in this study also stated that treatments planned only for the patient were insufficient, emphasized the importance of the patient's family involvement throughout the treatment process and the need for family support. In light of these findings, when planning community-based mental health services, it can be argued that families who share the caregiving burden with the patient should be placed at the center of service provision. There is a need for regulations that can effectively meet these families' desires and needs.

Participants in this study have raised funding shortages as a significant problem for mental health services. Consistent with our research findings, there are studies stating low input utilization compared to other countries (Çakmak & Konca, 2019), emphasizing the financing problem in community-based mental health services (Artukoğlu Kayacan & Kılıç, 2023), and indicating that the budget needs to be increased to ensure the provision of services within quality standards (Baysan et al, 2017). As the transition towards community-based mental health services is underway, there is an increasing need for additional funding sources. It is crucial to develop alternative solutions to address the financial shortfalls necessary to achieve the current policy objectives.

Adequate numbers and qualifications of healthcare professionals are required for quality mental health services. However, the number of mental health workers in Türkiye falls behind the averages of EU countries' averages in terms of psychiatrists, psychologists, and psychiatric nurses. In this regard, one of the most emphasized topics by the participants in our research has been the inadequacy of the number of mental health professionals. Similarly, there are studies indicating that the number of mental health professionals is insufficient and needs to be increased (Uzun, 2016; Karabulut et al, 2024), indicating the lack of sufficient data on the number of professionals (Oflaz et al, 2019) and stating that the shortage of staff creates an obstacle for teamwork (Taş Soylu et al, 2019).

Another commonly highlighted problem in this study concerns access to mental health services. Some participants have mentioned the inadequacy of access to outpatient and inpatient services, while others have emphasized that access to services cannot solely rely on contact with healthcare professionals. Consistent with this conclusion, studies are revealing that there are problems with accessing mental health services (Artukoğlu Kayacan & Kılıç, 2023) and reporting patients face barriers to accessing services due to social exclusion (Attepe Özden & İçağasıoğlu Çoban, 2018). Also another study stated that there was an average of 22 months between people experiencing mental illness and applying for treatment, and this was related to the problem of accessing mental services (Ünverdi, 2019).

Stigmatization, defined as negative attributes that separate and discredit individuals from society (Huggett et al, 2018), is another issue raised by participants. In line with our study, some studies have concluded the need for educating the society about stigma (Duran & Ergün, 2018) and have found high levels of perceived social stigma among those seeking psychological help (Bekiroğlu & Demiröz, 2020). Stigmatization is a significant barrier to individuals accessing the services they need and reduces the quality of care they receive. To prevent these negative outcomes, it is important to implement educational programs aimed at raising awareness about mental health conditions within the individual, their families, and society to prevent such adversities.

5. CONCLUSION

In this study, it has been revealed that mental health policies in Türkiye lack a comprehensive structure. Due to the absence of a mental health law, service providers face uncertainties regarding their roles and working conditions, hindering the delivery of quality services to service users. Findings indicate that the allocated resources for mental health services are insufficient. This, combined with deficiencies in policies and laws and the inadequate number of mental health workers, creates barriers to patient access to services. Based on findings from healthcare professionals, there is a need for policy changes that involve all stakeholders considering their needs and prioritizing preventive health services. It is believed that a mental health law should be enacted promptly to eliminate uncertainties regarding job descriptions and working conditions and to ensure that patients access the services they need in a high-quality manner. Neglecting the mental health dimension in the planning and organization of healthcare services hinders the opportunity to contribute to public health. It has been concluded that mental health services should not be limited to the one-on-one treatment of patients by clinicians but must be considered a priority in protecting and promoting public health. Further studies on the themes and sub-themes identified in this study are important to reveal the needs in the field more clearly.

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