Right time for the community based mental health care

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Dear Editor,

The World Health Organization has produced a series of publications to create the general framework of mental health services. One of the main data sources is the WHO guide on community mental health services and the document promoting person-centered and human rights-based approaches. It includes the regulation of service providers' relations with the housing, education and employment sectors at the point of implementation of regional and national policies and the promotion of actions that are respectful of human rights and focused on recovery. It is a guide that offers various technical packages for the establishment and successful implementation of community-oriented mental health services. Various international framework agreements, including the United Nations Convention on the Rights of Persons with Disabilities also suggest the establishment of community-oriented mental health services. The common goal of up-to-date medical evidence-based information and international policymakers is to make the community-based mental health service model permanent on a global scale, especially in low-income and developing countries. [1]

The USA experience observed in the social crisis environment created by the Coronovirus epidemic has revealed the social dimension of mental health services. Fragile and oppressed masses of people have also been the losers of the pandemic period. The marginalization of people with mental health problems is a situation we frequently encounter in both public policies and daily life practice, and causes them to form a disadvantaged group beyond other illness experiences. (stigma, sanism). The high poverty rate associated with mental problems, housing and employment discriminations that cannot be explained by only financial contradictions have deepened the already existing problem. Individuals whose diseases were in remission or who were healthy before the epidemic also faced individual and social trauma due to the losses and economic problems they experienced. A healthcare service that is fast, accessible and capable of assessing sociocultural norms is perhaps more urgent than ever. Moreover, before the global epidemic, even in developed countries, the health service provided by a central organization was not sufficient. Aside from the ignoring of individuals with differences such as race, gender, sexual orientation by the central health authority; A mental health service that is not community-oriented and does not come into contact with primary health care services is also inadequate in terms of accessibility, clinical effectiveness and cost-effectiveness. [2]

Addiction is a scourge that humanity is fighting on a global level, just like infectious disease epidemics. Although this struggle is fought in a different and unique psychosocial environment in every geography, it is the common problem of all nations. With this understanding, it has found a place in the United Nations Sustainable Development Goals Agenda. In addition to traditional preventive and therapeutic

interventions, in-service training of health personnel and health literacy and education of patients are also important. In this respect, it is important that the patient and the physician have access to each other. Large psychiatric centers may be mandatory for some clinical situations, but are not suitable for a long-term relationship that will provide treatment and education simultaneously. In the fight against addiction, interventions from a biological, psychological and social perspective that take the individual with all dimensions of his/her existence are necessary. On-site, face-to-face psychosocial intervention will strengthen the hand of health care providers. In this model, the evaluation and protection of the patient's social functionality is also more easily handled as a measure of recovery. 3

One of the greatest achievements of community-based mental health services is the autonomy of the individual. Maintaining patient autonomy is at the center of almost all the elements of contemporary patient-physician relationship adopted in both mental health and other clinical practices of medicine, such as shared decision making and establishing common ground. Patient autonomy is the basic condition of effectiveness and sustainability in all primary health and mental health services such as self-care, medication and treatment compliance, consent, participation in individual and group therapies, family and marriage counseling services, and home care services, and can be strengthened with a community-oriented perspective. 4

A multicenter study, centered in Southeast Europe, evaluated the outcomes of community-based mental health service delivery in regions where there are already central mental health institutions. In order to improve service quality, service provider units have been established. These units are named as multidisciplinary community mental health teams. Team members include a psychiatrist, psychologist, social worker, and one person identified as a peer worker. This participant is a patient with previous mental illness experience. Adaptations can be made in the structure of these core units due to regional and case-based reasons. The number of nurses or social workers in the team can be increased within the framework of needs and opportunities. Family physician and other primary care workers can be added to the team. The aim of this multidisciplinary team is to ensure that the mental health service offered is compatible with the conditions of the individual, in other words, to tailor the treatment. In this context, besides the guiding

attitude of the team coordinator, it is also important to ensure the feedback process and mutual participation. It is important that the community-based mental health initiative is measurable, transferable and sustainable, both in terms of providing effective service and having the quality of evaluation and data. 5

Physical restrictions imposed to limit the spread of the virus during the global COVID-19 pandemic have forced healthcare providers to turn to digital alternatives. This has opened up new important opportunities in the midst of a real crisis. The digital infrastructure of the patient-centered approach has been provided with the accessibility of digital environments that allow the establishment of an instant synchronized relationship between the doctor and the patient located in different places. In addition, progress has been made in decision support systems and joint decision-making initiatives in solving complex clinical problems. The importance of social assistance and the support of one's environment in daily life emphasized the importance of a community-oriented perspective. 6

Structural transformation in mental and physical health will strengthen the individual's self-will and autonomy. Community-based health care will be the mental health model of the twenty-first century that focuses on the individual who maintains well-being and functionality.

CONCLUSIONS

Authors' Contribution

Study Conception: ÖG,; Study Design: GG,; Supervision: ÖG,; Materials: GG, ÖG,; Data Collection and/or Processing: GG,; Statistical Analysis and/or Data Interpretation: ÖG,; Literature Review: GG, ÖG,; Manuscript Preparation: GG, ÖG and Critical Review: ÖG.

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