

Community Mental Health in Türkiye and Europe: Data and Influencing Factors

Türkiye ve Avrupa'da Toplum Ruh Sağlığı: Veriler ve Etkileyen Faktörler

Esra Karabulut¹, Ali Çayköylü², Birgül Özkan²

¹Kütahya Health Sciences University, Kütahya

²Ankara Yıldırım Beyazıt University, Ankara

ABSTRACT

Human is an entity that can be completed with the combination of biological, psychological and social factors. The concept of health is defined as being in a state of complete mental, social and physical well-being. The term "community mental health" defines mental health care in relation to the individual and the environment in which the individual interacts. If the factors affecting mental health are known and intervened, it is predicted that community mental health will make positive progress. The aim of this study is to examine and compare the factors affecting community mental health by analysing community mental health data in Türkiye and Europe. The World Health Organisation (WHO) examines these factors in three groups as individual, family and community and structural factors. In order to analyse the degree to which these factors affect mental health, data from Türkiye and Europe were analysed by examining the reports of the World Health Organization, European Commission, European Parliament, OECD, Institute for Health Metrics and Evaluation and Turkish Statistical Institute. It is seen that community mental health is affected by the community's understanding of health and illness, access to mental health services, gender, age, education, the concept of loneliness, unemployment, diseases affecting the world such as pandemics and the economy. As a result of mental health reports and analyses, not much difference was observed between the factors affecting public mental health in Türkiye and Europe. In general, it is seen that there are country-based evaluations in mental health data. Differences between countries are generally interpreted with the development levels of countries. However, cultural differences between countries are not emphasised. For an accurate comparison, multicentre studies should be conducted involving researchers from different countries who know the culture of the society.

Keywords: Community mental health, influencing factors, Türkiye, Europe

ÖZ

İnsan, biyolojik, psikolojik ve sosyal faktörlerin birleşimi ile tamamlanabilen bir varlıktır. Sağlık kavramı; insanın ruhsal, sosyal ve fiziksel yönden tam bir iyilik hali içinde olması şeklinde tanımlanmaktadır. "Toplum ruh sağlığı" terimi, ruh sağlığını birey ve bireyin etkileşim içinde olduğu çevre ile ilişkili olarak tanımlar. Ruh sağlığını etkileyen faktörlerin bilinmesi ve müdahale edilmesi durumunda, toplum ruh sağlığının olumlu yönde ilerleme kaydedeceği öngörülmektedir. Bu çalışmanın amacı; Türkiye'deki ve Avrupa'daki toplum ruh sağlığı verilerini analiz ederek, toplum ruh sağlığını etkileyen faktörlerin incelenmesi ve karşılaştırılmasıdır. Dünya Sağlık Örgütü bu faktörleri; bireysel, aile ve toplum, yapısal faktörler olarak üç grupta incelemektedir. Bu faktörlerin ruh sağlığını etkileme derecelerini analiz edebilmek adına, Türkiye'deki ve Avrupa'daki veriler; Dünya Sağlık Örgütü, Avrupa Komisyonu, Avrupa Parlamentosu, OECD, Türkiye İstatistik Kurumu raporları incelenerek oluşturulmuştur. Toplum ruh sağlığı, yaşanan toplumun sağlık hastalık anlayışından, ruh sağlığı hizmetlerine ulaşım imkânlarından, cinsiyetten, yaştan, eğitimden, yalnızlık kavramından, işsizlik durumundan, pandemi gibi dünyayı etkileyen hastalıklardan ve ekonomiden etkilenmekte olduğu görülmektedir. Ruh sağlığı raporları ve analizleri sonucunda, Türkiye'de ve Avrupa'da toplum ruh sağlığını etkileyen faktörler arasında çok fazla farklılık gözlenmemiştir. Genel olarak ruh sağlığı verilerinde ülke bazlı değerlendirmelerin olduğu görülmektedir. Ülkeler arasındaki farklılıklar genel olarak ülkelerin gelişmişlik düzeyleri ile yorumlanmaktadır. Ancak ülkeler arası kültürel farklılıkların üzerinde durulmadığı görülmektedir. Doğru bir karşılaştırma için farklı ülkelerden toplumun kültürünü bilen araştırmacıların dahil olduğu, çok merkezli çalışmalar yapılmalıdır.

Anahtar sözcükler: Toplum ruh sağlığı, etkileyen faktörler, Türkiye, Avrupa

Introduction

Human is an entity that can be completed with the combination of biological, psychological and social factors. The concept of health is defined as being in a state of complete mental, social and physical well-being. The term "community mental health" defines mental health in relation to the individual and the environment in which the individual interacts. Community mental health service adopts a community-centred view instead of a hospital-centred view. The service is provided in the environment where the individual lives outside the hospital (Bilge 2014, Dönmez and Çam 2021).

Among the theorists in the field of mental health nursing, Peplau, Travelbee and Neuman have a common point. Basic nursing paradigms are human, environment, health/disease and nursing. Theorists such as Peplau, Travelbee and Neuman developed their theories by considering the effect of the environment on human life and disease/health concepts from basic nursing paradigms (Karadağ et al. 2017). The effect of the living environment and living conditions is not only considered in theories. It is also taken into consideration in community mental health services. Instead of the hospital-centred view, the community-centred view is supported. Community mental health services is a concept that includes all services necessary for the mental health of the community. The targets of community mental health programmes include emergency care, partial hospitalisation, outpatient treatment, hospitalisation, counselling and education, and screening services. The basis of these services is categorised as primary, secondary and tertiary protection (Hacıhasanoğlu Aşıl and Yıldırım 2021).

The aim of primary prevention is to reduce the occurrence of mental illness in the community. It examines the factors that cause a mental disorder that may occur in all segments of the society, especially in high-risk groups, and the social and environmental factors of the individual. The basis of primary prevention consists of education and counselling interventions. Interventions are planned within the scope of health promotion and disease prevention. Health promotion includes interventions such as ensuring mental well-being, encouraging the individual to take appropriate roles and responsibilities, creating future targets, and establishing healthy communication. Prevention of diseases includes interventions such as supporting the individual's ability to cope with the stressors they face, increasing resistance to mental illnesses, preventing mental disorders, and preventing substance using (Çiçekoğlu and Duran 2018, Batmaz and Gezgin Yazıcı 2021, Hacıhasanoğlu Aşıl and Yıldırım, 2021).

In secondary prevention, the aim is to prevent the progression of a mental disorder through treatment by ensuring that a mental disorder is diagnosed at an early stage through screening. Secondary prevention has crisis intervention steps as a process. Especially in high-risk groups, early diagnosis is made through screening procedures and early stages of disorders are intervened. Maintaining a treatment process without causing loss of role and responsibility in individuals is important in terms of quality of life and social support. Evaluation of the symptoms of the disorder by observing the compliance of individuals diagnosed with mental disorders to treatment is one of the prevention interventions for the progression of the disorder. Ensuring the continuity of diagnosis, treatment and rehabilitation processes are responsibilities within the scope of secondary protection (Gürhan 2016, Dönmez and Çam 2021).

In tertiary protection, it is aimed to ensure the adaptation, inclusion and rehabilitation of the individual diagnosed with mental disorder. Prevention of disability caused by mental disorder, fulfilment of the roles and responsibilities of the individual, prevention of negative effects on the lives of the individual and his/her family, management and recovery of mental disorder, prevention of stigma and suicide, and setting new targets with the diagnosis are the titles within the content of tertiary protection. Tertiary protection refers to the establishment of a system and planning for combating mental disorders. (Malas 2019, Özer and Şahin Altun 2022).

While the steps to protect community mental health can be listed in this way, the factors affecting mental health are also among the issues that need to be emphasised. The aim of this study is to compare the factors affecting community mental health in Türkiye and Europe. This study is aimed to compare the data on population mental health in Türkiye and Europe and to examine the effect of the country of residence on mental health which is felt to be lacking in the literature.

Factors Influencing Community Mental Health

While the treatment of mental illness is rapidly evolving, the causes of disorders are not yet fully understood. Mental health problems have a complex biopsychosocial structure. Therefore, biological and social factors affecting mental health and illnesses should be carefully managed. Natural and man-made disasters affect the

mental health of individuals, families and society as well as political factors (Hacıhasanoğlu Aşlar and Yıldırım, 2021).

Biological Factors

For centuries, mental illness was seen as a strange condition that needed to be controlled. With the development of neuroscience, a better understanding of the biological nature of mental illness has begun. However, there are still many unanswered questions.

Genetic Factors

Unlike many physical diseases that have been found to be inherited, the origins of mental disorders are not so clear. Current theories and studies suggest that various mental disorders may be linked to a particular gene or combination of genes. Three types of studies are commonly conducted to investigate the basis of genetic studies:

1. Twin studies are used to compare the rates of certain mental disorders or traits in monozygotic (identical) twins with the same genetic makeup and dizygotic (fraternal) twins with different genetic makeup. Identical twins have the same genetic similarities and differences as non-twin siblings.
2. Adoption studies analyse the effects of genetic factors and the social environment.
3. Family studies are used to compare whether a characteristic is more common among first-degree relatives (parents, siblings, children) than among more distant relatives or the general population.

Although some genetic links have been found in some mental disorders, studies have not shown that these disorders are only genetically linked. Research on the "nature versus nurture" debate between the influence of hereditary traits and the influence of the environment is ongoing (Videbeck 2008, Townsend 2015, Öztürk 2023,). There is little information linking a particular gene to a particular disorder. Most psychiatric disorders appear to be genetically complex. A genetic predisposition in combination with neurochemical and metabolic changes as well as environmental influences can lead to the emergence of features of a mental disorder. Gene variation, known as genetic imaging, is used to understand the complexity of brain structure and the physiological response to information processing (Halter 2014).

Neurophysiological Effect

Neurobiological theories have identified abnormalities in one or more neurotransmitter systems as the cause of mental illness. No single neurotransmitter is responsible for mental health. Neurotransmitters such as dopamine, norepinephrine, serotonin, histamine, acetylcholine, glutamate and GABA are effective in the formation of mental illness (Halter 2014, Gürhan 2016).

Structural and Functional Abnormalities of the Brain

Within neurobiological theories, there is evidence that structural brain abnormalities may be associated with some mental illnesses such as schizophrenia, depression and Alzheimer's disease. As scientific neuroimaging advances, it is easier to observe how brain structure and function change before or during mental illnesses (Videbeck 2008, Halter 2014, Townsend 2015, Gürhan 2016).

Social Factors

In Erikson's theory of psychosocial developmental periods, it is mentioned that each individual cannot react to life events encountered in developmental periods with the same resilience and that adaptation to events differs. In Sullivan's interpersonal relations theory and Peplau's interpersonal relations model, the effects of the social environment and communication with the social environment on self-perception and mental state are emphasised (Videbeck 2008, Velioglu 2012). Social scientists recognise that the culture and social structure of some people may contribute to the development of mental disorders. It is well known that stress can be linked to social phenomena such as bullying, social exclusion, domestic violence and unemployment. Mental disorders can lead to social isolation, exacerbating the problem (Yakeley 2018, Güzel and Zubaroğlu Yanardağ 2021).

One of the most important social effects of mental health problems is their impact on the labour market and employment. Poor people can also turn to crime and violence. Some progress has been made in promoting social justice for people with mental health problems and offenders. However, more efforts are needed to identify and address the conditions that lead to mental illness in society. It is believed that eliminating poverty, which is defined as a situational crisis, reducing the frequency of life-changing events, managing environmental

problems, reducing trauma and migration are effective in reducing mental health problems (Halter 2014, Townsend 2015, Güzel and Zubaroglu Yanardağ 2021).

Developmental Factors

Erikson's psychosocial developmental periods and Piaget's theory of cognitive development are among the theories that direct environmental factors. It has been emphasised that mental disorders may occur in individuals as a result of the events and situations that individuals encounter in their social environment during their developmental periods. In Freud's developmental periods, it was stated that individuals who are not satisfied in their pleasure periods affect their behaviours and thought content in their future lives (Videbeck 2008, Pektekin 2013). In addition to all these factors, some groups in the society are affected by mental illnesses in different ways due to their developmental characteristics. These groups can be listed as children and adolescents, adults, the elderly and individuals from different cultures.

Childhood and Adolescence

Children are at risk of disrupting their normal development due to biological, environmental and psychosocial factors that affect their mental health, hinder their educational and social interactions and prevent them from reaching their full potential as adults. Environmental factors such as living in crowded families, domestic violence, neglect, abuse, peer bullying, coexistence of parents, constant rotation of carers may cause mental health problems in children. Depression, anxiety and attention deficit disorder are the most commonly diagnosed mental disorders in childhood. Suicide is common in adolescence. Eating disorders are often perceived as part of adolescence and are not always easy to recognise. School authorities play a role in early detection and prevention of eating disorders by providing nutrition education in schools. Preventing the emergence of mental health problems in this period can reduce mental health problems in adulthood (Videbeck 2008, Velioglu 2012).

Adulthood

Adulthood is a time of stress, including multiple adult roles, job insecurity, and unpredictable relationships. An adult may experience a tragic or unexpected loss, deep sadness, grief or heartbreak at any point in their life. These and other disorders affect adult mental health and even lead to mental disorders such as depression, anxiety and substance abuse. Major depression can affect quality of life and can even be fatal (Halter 2014, Townsend 2015).

Ageing

As life expectancy is increasing, the number of people who have experienced at least one mental health problem in their lives is also increasing. The increasing proportion of older people in the total population will lead to challenges in organising, funding and delivering preventive and therapeutic interventions. Although many older people lead functional lives, some experience mental health problems due to age-related sensory loss, deterioration of physical health, difficulty performing activities of daily living and social isolation. Life changes such as retirement, loss of a spouse, child or friend reduce social relationships and social support. All these changes can alter a person's mood and predispose them to depression. However, depression is not a normal consequence of ageing. Neglect and abuse can also occur in old age (Halter 2014, Mahmoodi et al. 2022).

Those Who are Culturally Different From Others

Individuals with a different social structure and culture, such as the poor, immigrants settled through internal and external migration, people with low education levels, and people with different ethnic identities from those living in the region are at higher risk of developing mental illness (Çam and Bilge 2014, Yakeley 2018).

Natural and Man-Made Disasters

Natural and man-made disasters such as storms, floods, epidemics, violence, terrorism, war and the Great Depression can cause severe stress that contributes to the development of mental disorders (Güzel and Zubaroglu Yanardağ 2020).

Political Factors

Political factors can significantly influence the way people cope with mental disorders. Political factors include equality in the provision of health services, access to health services by all when needed, equal and even fair use

of these services by all, and prevention of inequalities in care between mental and physical illnesses (Güzel and Zubaroğlu Yanardağ 2020).

Factors Influencing Community Mental Health According to World Health Organisation (WHO)

Our mental health varies greatly depending on the circumstances in which we are born, grow up and live our lives. This is because mental health is determined by a complex interplay of individual, familial, societal and structural factors that vary over time and space and are experienced differently from person to person. Mental health conditions result from the interaction between an individual's vulnerability and stress caused by life events and chronic stressors. Considering this approach of the World Health Organisation (WHO) in the 2022 Mental Health Report, the factors affecting community mental health are divided into 3 (WHO 2022) (Figure 1).

Individual	Family and Society	Structural
<ul style="list-style-type: none"> • Genetic factors • Social and emotional skills • Self-valuation • Good physical health • Physical activity 	<ul style="list-style-type: none"> • Good nutrition in the perinatal period • Having a good parent • Security • Social support and positive social network • Green areas 	<ul style="list-style-type: none"> • Economic security • Quality infrastructure • Equal access to services • Quality natural environment • Social justice • Social equality • Income and social support • Gender equality

Figure 1. Factors influencing mental health

Individual (Psychological and Biological) Factors

It relates to individuals' intrinsic and learnt abilities and habits in dealing with emotions and participating in relationships, activities and responsibilities. A person's vulnerability to mental health problems is influenced by psychological factors (e.g. cognitive and interpersonal factors) and biological factors. Biological vulnerabilities include genetics as well as, for example, high potency cannabis use, maternal substance abuse and oxygen deprivation at birth. Brain health is an important determinant because brain structure and function mediate many of the risk or protective factors that influence mental health. A person's mental health also depends on the stressors they experience (life as influenced by family, society, structural factors in the environment) (WHO 2022) (Figure 1).

Family and Society

It encompasses a person's immediate environment, including opportunities to relate to their partner, family, friends or colleagues, opportunities to earn a living and engage in meaningful activities, as well as the social and economic conditions in which they find themselves. Parenting behaviours and attitudes are particularly influential from infancy to adolescence, as is parental mental health. Harsh parenting and physical punishment are known to impair children's mental health and often lead to behavioural problems. In addition, bullying was identified as the leading risk factor for mental health problems in the 2019 Global Burden of Disease, Injuries and Risk Factors Study. Local social arrangements and institutions, such as access to pre-school education, quality schools and jobs, significantly increase or decrease opportunities, enabling each individual to choose their own course in life. Restricted or lost opportunities can harm mental health (WHO 2022) (Figure 1)..

Structural Factors

Infrastructure is related to people's wider sociocultural, geopolitical and environmental environments, such as inequality, social stability and environmental quality. These shape daily living conditions. Access to basic services

and goods such as food, water, shelter, health and the rule of law is important for mental health. So are national social and economic policies: for example, restrictions imposed during the COVID-19 pandemic have had significant mental health consequences for many people, including stress, anxiety or depression resulting from social isolation, miscommunication and uncertainty about the future. Safety and security are important structural factors. Pervasive beliefs, norms and values, particularly in relation to gender, race and sexuality, can also be highly influential. In many countries, the historical legacy of colonialism influences many structural factors (e.g. climate and environment, ecological crises) (WHO 2022) (Figure 1).

Factors Influencing Community Mental Health in Türkiye

According to TUIK 2019 data, gender is the leading factor affecting the incidence of depression in Türkiye. Women have more mental disorders than men (TUIK 2019). Psychiatric problems and symptoms are quite common, especially in risk groups such as students and employees. In addition, the rate of children with adjustment disorders requiring treatment is 7.5% in rural areas and 12.6% in urban areas. It is seen that the region where individuals reside affects their mental health (Bilge 2014, Kılıç 2020). In addition, marital status of individuals also affects their mental illnesses. While schizophrenia is more common in individuals living alone, depression is more common in married individuals (Kılıç 2020, Dönmez and Çam 2021). Likewise, individuals with low education level are more mentally disturbed than individuals with high education level. People who use addictive substances such as cigarettes have more mental illness than those who do not. Individuals living alone and people with poor economic status are also more likely to have mental illness (Kılıç and Uzunçakmak 2016).

When the factors affecting community mental health in Türkiye were analysed, it was found that age, gender, marital status, ethnic origin, education, addiction, having chronic disease, family history of mental disorder and economic status were effective.

Türkiye Community Mental Health Data

In Türkiye, 20 per cent of the population has mental health problems requiring treatment and 5-10 per cent of people have significant mental disorders. Neuroses, depressive disorders and psychosomatic illnesses are recognised as the most common mental disorders in society. Various degrees of severity of depressive symptoms show a high prevalence rate of 20 per cent and clinical depression of 10 per cent. Approximately one third of the population suffers from insomnia as a generalised symptom. Considering the severity of their clinical features, the prevalence of organic mental disorders (organic brain syndrome, epilepsy, mental retardation) and psychosis, which constitute the largest group of patients in hospital, is significant (Bilge 2014, Kılıç 2020).

According to the results of current epidemiological studies; Lifetime prevalence is given as 18.1-36.1%. Depression and specific phobias are the most common ones. Mental disorders usually begin in adolescence or young adulthood. Various individual risk factors are associated with the emergence of psychiatric disorders (Kılıç 2020, Dönmez and Çam 2021). According to Turkish Statistical Institute (TUIK) 2019 data, the incidence of depression in the society is 9%. While the prevalence rate in women is 12.2%, it is 5.7% in men. The proportion of men under the age of 15 who regularly drink alcohol is 23.3%, the proportion of women is 6.6%, and the rate in the society is 14.9%. In the 15-24 age group who regularly drink alcohol, the proportion of men is 16.4%, the proportion of women is 6.2%, and the proportion in the society is 11.4% (TUIK 2019). According to some results of the Mental Health Profile of Türkiye (2001); mental disorders other than alcohol addiction are more common among women; one in every five women and one in every ten men have mental disorders (Gürhan 2016, Kılıç 2020).

Factors Influencing Community Mental Health in Europe

Many mental illnesses, including anxiety disorders, depressive disorders and bipolar disorders, are more common among women. Some of these gender differences may be due to the fact that women are more likely to report these problems. One exception, however, is drug and alcohol use disorders, which on average in EU countries are twice as common in men as in women (IHME 2016).

Data from the 2014 European Health Interview Survey confirm that there is a significant gender difference in self-reported chronic depression, with a prevalence of 8.8 per cent of women diagnosed with chronic depression compared to 5.3 per cent of men. The prevalence of chronic depression increases steadily with age among both men and women, and is particularly more likely to occur in middle age (Figure 2). In terms of factors influencing

the prevalence of depression in older age, it can be explained by poor physical health, frailty, perceived financial pressure and low social support (Grundy et al. 2017, OECD/EU 2018).

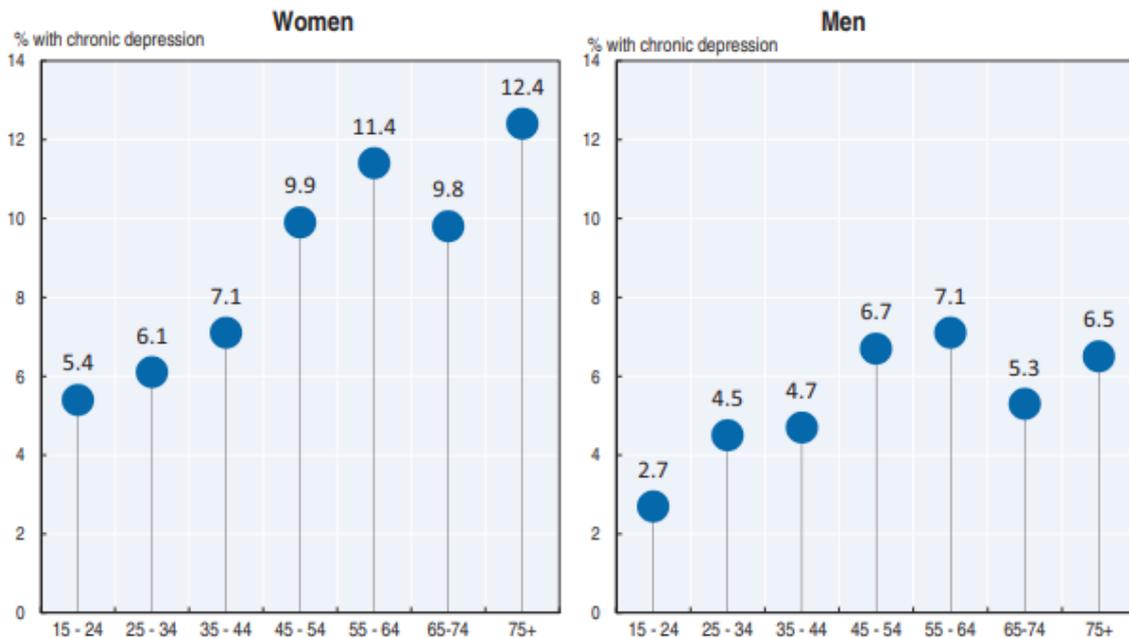


Figure 2. Distribution chart of chronic depression by age in women and men (OECD/EU 2018)

By educational level, people with lower secondary education are almost twice as likely to report chronic depression as people with higher levels of education. This is also the case for people with low incomes. On average across EU countries, men and women in the lowest income group are more than twice as likely to report chronic depression as those in the highest income group (Figure 3) (OECD/EU 2018).

Ekonomik Kalkınma ve İşbirliği Örgütü (OECD)'nün verilerine göre çalışan, iş sahibi olan bireyler genellikle According to data from the Organisation for Economic Co-operation and Development (OECD), individuals who are employed and have a job generally report lower levels of depression than those who are not employed. People with mental disorders are more likely to be unemployed (OECD, 2015). People with depression or other mental health problems often see an improvement in their situation after finding a job. This is because the labour force increases their status, self-confidence and sense of worth in society. Losing a job often has a negative impact on mental health (OECD 2018).

A significant number of children experience mental health problems that can have a lasting impact throughout their lives if they do not receive appropriate care and support. Studies show that many mental disorders begin in adolescence or even younger (Kessler et al. 2007).

A 2010 study showed that in five of the six EU countries covered (Bulgaria, Germany, Lithuania, the Netherlands, Lithuania, the Netherlands and Romania), between 10% and 15% of children aged 6-11 years had at least one mental health or behavioural disorder. Italy is the only country where the prevalence of mental illness in children is less than 10 per cent. However, around 8 per cent of children still have a mental disorder (Kovess-Masfety et al. 2016).

The World Happiness Report of March 2021 states that the pandemic in recent years has caused a significant increase in symptoms of mental illness. In line with its other conclusions, the report points out that the pandemic has also increased inequalities in mental health, both within the population and between social groups. The report emphasises that various stress factors associated with the pandemic have impacted mental health, including economic, social support, age, restriction and loss of social life conversations (Scholz 2021).

Young people in particular (aged 18-28) are at risk of mental health deterioration due to higher employment and income insecurity. In France, life satisfaction has dropped significantly due to the pandemic and lockdowns. In Italy, eight out of ten people reported that they needed psychological support. In Belgium, the prevalence of anxiety and depression doubled, from an average of 11 per cent in 2018 to 23 per cent in April 2020. Sweden saw an increase in people reporting mental health problems. In the Netherlands, more than a third report feeling more anxious, stressed and lonely, and around 20 per cent have more sleep problems (OECD/EU 2018, Scholz 2021).

It has been reported that problems such as unemployment and inability to pay debts due to the pandemic have deteriorating effects on individuals' mental health. It was also reported that nurses and physicians who actively worked during the pandemic process showed an increase in suicide attempts. In addition, when analysed in terms of gender, it is seen that female participants have more anxiety. It has been discussed that factors such as the inability to perform daily routines during the pandemic process, social isolation, lack of financial stability, mourning and fear also affect mental health (Scholz 2021).

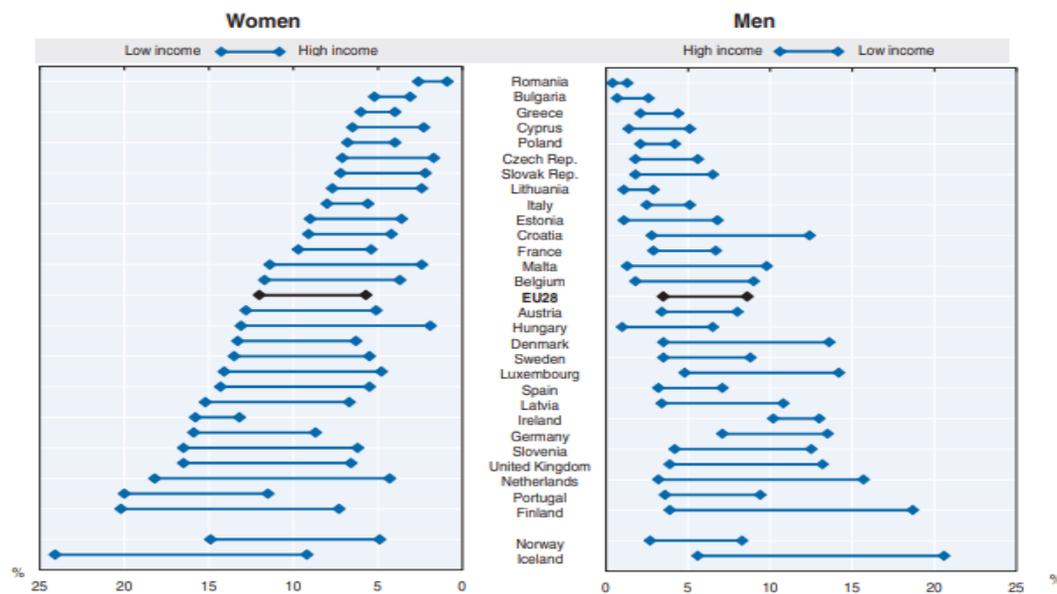


Figure 3. Prevalence rates of depression in women and men by income status in European Union countries (OECD/EU 2018)

Community Mental Health Data in Europe

Mental health is influenced by many factors, such as genetics, socioeconomic background, adverse childhood experiences, chronic illnesses or alcohol or drug abuse. Policies in areas such as education, employment or social protection have a positive impact on mental health and well-being and promote mental health resilience, especially when implemented early in life (European Commission 2023).

The European Commission's 2018 report "Health at a Glance: Europe 2018" report of the European Commission in 2018 mentioned that mental illness affects approximately 84 million people in European countries. Although there are significant gaps in knowledge on the prevalence of mental health problems in European Union countries, all available evidence suggests that mental health problems affect tens of millions of Europeans each year. Currently, data from population-based surveys are often limited to a few specific mental health disorders or specific age groups. However, the Institute for Health Metrics and Evaluation (IHME) provides estimates of the prevalence of a wide range of mental health disorders across all age groups, based on a wide range of data sources and a number of assumptions (OECD/EU 2018).

According to the latest IHME estimates, in 2016, 17.3 per cent of individuals in European Union (EU) countries experienced a mental health problem at some point in their lives (Figure 4.), i.e. around 84 million people. Across EU countries, the most common mental illness is anxiety disorders, from which 25 million people (5.4 per cent of the population) suffer, followed by depressive disorders, which affect more than 21 million people (4.5 per cent of the population). An estimated 11 million people (2.4 per cent) in EU countries suffer from drug and alcohol use disorders. Serious mental illnesses such as bipolar disorders affect around 5 million people (1 per cent of the population), while schizophrenic disorders affect around 15 million people (0.3 per cent) (IHME 2016).

By country, the estimated prevalence of mental health disorders is highest in Finland, the Netherlands, France and Ireland (18.5 per cent or more of the population with at least one disorder) and lowest in Romania, Bulgaria and Poland (with rates of less than 15 per cent of the population). Some of these cross-country differences may be due to the fact that people living in countries where there is greater awareness of mental illness, less stigmatisation and easier access to mental health services may be more easily diagnosed or willing to seek

treatment themselves. In many countries, there is still a strong stigma associated with various mental health problems. In some countries, this stigma is juxtaposed with a still widespread belief that it is better to avoid talking about mental illness (Munizza et al. 2013, OECD/EU 2018).

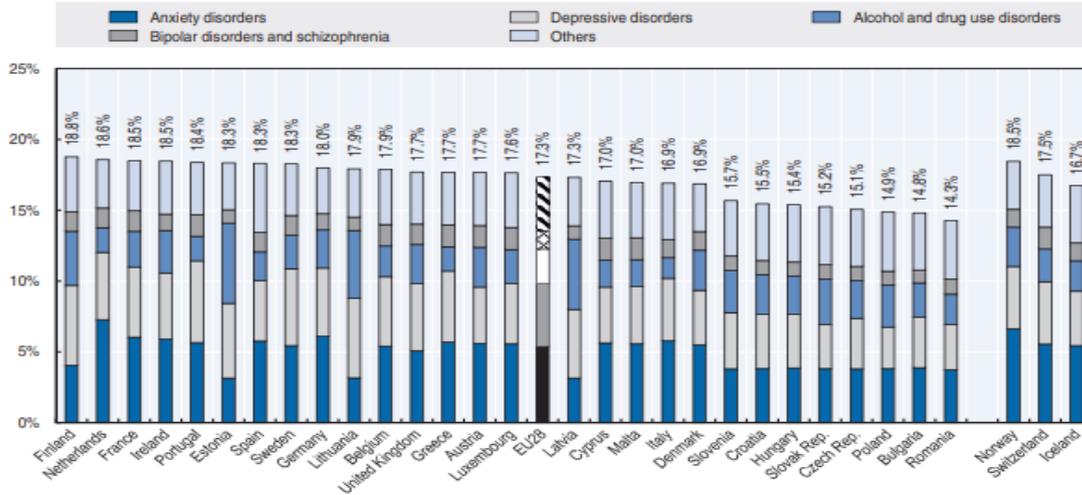


Figure 4. Mental illnesses in European Union countries and their rates by countries (OECD/EU 2018)

Comparison of Factors Influencing Mental Health in Türkiye and Europe

Gender is a risk factor for mental disorders in Türkiye and Europe. Women are more likely to suffer from mental disorders. Alcohol and substance abuse is more common in men. Both in Türkiye and in Europe, poor economic situation and lack of social support increase mental disorders. People with low educational level have more mental disorders. Unemployment and loneliness are among the causes of mental disorders. When the data from Türkiye and Europe are analysed, it is noteworthy that the factors affecting people's mental health are similar (IHME 2016, OECD/EU 2018, OECD 2018, TUIK 2019).

Conclusion

Community mental health is affected by the community's understanding of health and illness, access to mental health services, gender, age, education, the concept of loneliness, unemployment, diseases affecting the world such as pandemics and the economy. The triggers for mental illness do not differ much in Türkiye and Europe. People feel better when they have social and economic support, in Türkiye and Europe. The rate of mental illness is higher in countries with a higher standard of living. However, it is thought that this rate is due to easy access to mental health services. Based on these data, it is of great importance to increase the number of community mental health services and mental health professionals working for the accurate determination of community mental health and easy access to each individual. In general, it is seen that there are country-based evaluations in mental health data. Differences between countries are generally interpreted in terms of their level of development. However, it is observed that cultural differences in countries are not emphasised.

In conclusion, in order to compare community mental health data in a healthy way, it is necessary to have more definitive information about the developmental status of countries, cultural characteristics of the society and access to mental health services. For this reason, in order to make an accurate comparison in future studies, multicentre studies should be conducted with researchers from different countries who know the culture of the society.

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