

# Mental health action plan 2021-2023: What to say? What to do?

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The agenda of the world and the country is full of events and developments that negatively affect the mental health of individuals, groups, communities, and all organized and unorganized layers of society. War, individual and social violence, environmental disasters, earthquakes and other natural (!) disasters, economic crisis, poverty, job murders and many other events with global effects shape mental health. But is a mental health policy that reads all these processes correctly being implemented? Turkey's official health authority continues to develop the National Mental Health policy text and the National Mental Health Action Plan discourse in the extension of the Health Transformation Program, adding new targets every year.

The World Health Organization defines mental health policy as a set of principles, values and goals designed to promote mental health and reduce the social burden of mental disorders. Since mental health is closely related to human development and quality of life, mental disorders constitute a significant burden of disease worldwide, and the participation of many different sectors is required to implement mental health initiatives, the WHO recommends that countries develop mental health policies, action plans and programs (1). Although the WHO's emphasis on multisectoralization sounds good, the fact that it does not always point to public structures as sectors seems to create a mental framework that allows the private sector to take part in mental health services. The fact that the main objective is to reduce the burden of illness and improve the quality of life gives the impression that it recommends a secondary and tertiary preventive perspective to countries, focusing on reducing the burden of the disease, rather than preventing the occurrence of mental illnesses that impair the quality of life, eliminating stress factors and

developing a primary preventive mental health service for stress factors. This naturally means that although it is called Community Mental Health Services, it is understood that it proposes a policy that focuses on the individual, or more precisely on the sick individual.

The official health authority in Turkey has so far acted accordingly. The National Mental Health Action Plan, which was prepared on the basis of the National Mental Health Policy Text of 2006 (3,4), which we have previously discussed in our journal (2), aims to establish a mental health service network that puts the needs of individuals at the center and ensures that services are provided to individuals "adequately through appropriate methods". Updates are made in this direction every two years. The aim is to adopt an individual-oriented approach in mental health services that will support people with mental health problems to continue their lives in a way that minimizes the need for hospitalization or minimizes the duration of hospitalization (1). The motto of the Mental Health Action Plan for the 2021-2023 period is stated as "Implementing an integrated community-based mental health service model in mental health services, monitoring, protecting and improving the mental health of individuals". As a service model, it is envisaged that Community Mental Health Teams consisting of one full-time psychiatrist, two nurses, at least one part-time psychologist and one social worker will be established to provide integrated mental health services including primary health care services, community-based mental health services, social care support services and regional specialized services for individuals with complex needs for a population of approximately 250,000 people. The units where the teams will work in this service process are family physicians,

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healthy life centers, mental health service units attached to hospitals, Community Mental Health Centers, polyclinics and units to be opened within general hospitals.

Although the name of the community mental health centers, which today number nearly 200 across the country, evokes a service for the community, it will be seen that they have a function and quality that follows the treatment, follow-up and rehabilitation needs of people with chronic mental disorders such as schizophrenia, schizo-affective disorder, other psychotic disorders, bipolar disorder, and serves as a neighborhood polyclinic of the inpatient unit to which they are attached. It does not have the purpose, plan and function of providing services to the "sector" in the real sense, that is, to a region and population-based services, to improve the mental health of people who do not have mental health problems, to immunize them, to prevent the occurrence of mental disorders, to enable early diagnosis and treatment if the disease occurs, to protect and strengthen mental health by interacting with the community in the community. Awareness activities do not go beyond conferences and brochures. The Community Mental Health Teams envisaged to be established do not have a defined purpose in this direction.

It is understood that these mental health policies, which have been transformed into action plans, do not have a communitarian perspective, and that the multi-sectoral approach refers only to the work to be carried out with certain public and private institutions. Apart from the Ministry of Health and the Ministry of Family and Social Policies, the other public institutions planned to cooperate with are the Ministry of Interior, the Ministry of Justice and the Presidency of Religious Affairs, suggesting that the agenda is related to more political preferences beyond health protection and promotion. The Psychiatric Association of Turkey, Turkish Medical Association other physicians' organizations, health sector unions, mental health field associations, mental health workers' associations, patient associations, etc. are not among the organizations

planned to cooperate with. As non-governmental organizations, it is seen that there is a tendency to assign a task to some foundations, congregations and sects in parallel with the tendency towards conservatism in health. The fact that the Mental Health Law could not come from the commissions to the parliamentary agenda and could not be enacted is also an important reality that needs to be thought about...

The goals and objectives set out in the 2011 Mental Health Action Plan have not been fully achieved. The number and quality of health manpower is still insufficient and unbalanced. The planned Community Mental Health Teams have not yet been established. The existing Community Mental Health Center teams are still far from a healing-oriented approach that focuses on the patient, not the disease (5). The main goal and demand should be to create a discussion ground where the process will be critically discussed with the active participation of the official health authority, all institutions and health organizations that have a voice and function in this field, and patient associations, and to take action in line with the feedback obtained in this discussion (5).

Psychiatry, psychiatric journals that contribute to the production of scientific knowledge in the field, and the Psychiatric Association of Turkey in particular, are expected to always keep the National Mental Health Policy and the mental health action plans updated according to the needs of the political power on their agenda, to carry out effective studies with a critical perspective, and to bear the responsibility of being the main actor in the development and implementation of policies. Then add and discuss the following questions. What should be done?

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