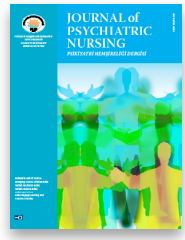
JOURNAL OF
PSYCHIATRIC NURSING

DOI: 10.14744/phd.2018.00922
J Psychiatric Nurs 2018;9(3):186-194



Qualitative Research

Community based mental health services, in the eye of community mental health professionals

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Abstract

Objectives: This study aims to provide views of psychiatrists, nurses, social workers and psychologists who work in community mental health centers (CMHCs) that provide services to individuals, as well as learn how to define their professional roles and responsibilities in these CMHCs.

Methods: This study is designed as a qualitative research to facilitate a comprehensive understanding of the views of research professionals. Data were collected through in-depth interviews with 11 voluntary participants from eight CMHCs in Ankara. Collected data were subjected to a qualitative analysis.

Results: The opinions of the professional staff are detailed under four headings: stigmatization, perspective of services, problems and suggestions.

Conclusion: CMHC professionals generally are evaluating community-based services in a positive manner. Recommendations include implementing regulations for development of CMHCs that are regionally based with an individual focus and integration.

Keywords: Community-based services; community mental health centers; mental health professionals.

There are three different care-models of services globally in the field of mental health. The first is the hospital-based service model. This model includes large psychiatric hospitals where individuals with mental health problems are treated in an environment away from the general society. This model has been abandoned since the 1960s because these hospitals were inadequate to meet the needs of patients in terms of hygiene, care and human rights.[1]

The second care-model is the community-based service. In this model, individuals with mental health problems live in the community and receive services. These individuals can be rehabilitated within the society where they live rather than be institutionalized and excluded from society. Hospitalization rates decrease significantly in this model. In cases where hospitalization is necessary, psychiatric clinics in general hospitals are used.

The third model includes both community-based and hospital-based services. However, the number of beds in psychiatric hospitals have been decreased in this model and the services are provided through community-based centers. The first Community Mental Health Center (CMHC) was founded in 2008 in Bolu, Turkey as a community-hospital-balanced model accordingly.[2] These centers have been active in many cities since then.

The functions of CMHCs can be stated as follows:

- Providing biological and psychosocial interventions for individuals with severe mental health problems in order to prevent their hospitalization; to minimize their loss of power and to improve functioning.
- Educating families in psychology and providing focused-support for the families who care for their relatives with severe mental health problems.
- Sustaining the social functioning and increasing the time

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Submitted Date: June 13, 2017 **Accepted Date:** April 20, 2018 **Available Online Date:** August 13, 2018

the individual spends in the community.

- Cooperating closely with primary health care institutions and hospital units,
- Coordinating with other institutions and community service organizations (the municipality, Provincial Directorate of Family Social Policies, Turkish Employment Agency (ISKUR), foundations, non-governmental organizations, etc.) to maximize the support for the individuals and their families,
- Contributing to reducing stigmatizing mental illnesses in society[3]

Community mental health centers aim to ensure individuals with serious mental health problems to be treated within a society and integrated back into that society without being admitted to the hospital as much as possible. Professional staff from different occupations such as psychiatrists, nurses, social workers, psychologists and ergo-therapists are employed in these centers. This staff works as a team to provide services in the centers.

Aim

Previous studies on mental health showed that even mental health professionals can stigmatize patients in some cases. For this reason, it is important to gain an understanding of these professional staff and the services they provide.

This research aimed to identify the professional staffs understanding about community-based services and their roles and responsibilities.

Materials and Method

Research Design

The research was designed as a qualitative research to facilitate a comprehensive understanding of the views of research professionals. Qualitative research is defined as "an action carried out to make a detailed, in-depth description of people and cultures, to reveal meaning they place on reality, events, processes, their perceptions and understanding."[4] Within this context, a qualitative research method was influential in obtaining detailed information.

Data obtained were generated using in-depth interview techniques as a qualitative research method. An interview is a "pre-determined interactive communication process based on mutual question and answering and interaction, with a serious purpose."[5,6] More comprehensive information is gathered through in-depth interviews as well as detailed ideas of the participants. A semi-structured interview technique was used in this study. In this technique, the researcher can ask additional questions in order to get more detailed information in addition to previously prepared questions.[6] The researcher followed a specific sequence of questions using a semi-structured interview form, then subsequently could make changes to obtain more in-depth knowledge according to what the participants said.

Data Collection Process

In this study, judicial sampling method was used. Judgmental sampling is based on the principle that a researcher chooses a sample using their own judgment or knowledge, that is, his or her preference in choosing the people who will serve the purpose of the research.[7,8] The eleven participants voluntarily accepted to take part in the study; psychiatrists, nurses, social workers, and psychologists who worked in eight CMHCs [9] in Ankara during the research period. Data were collected through semi-structured interview forms. The interview forms determined the participants' socio-demographic characteristics and information about their professional lives. Additionally, the questions documented their ideas about the profile of the people receiving services from the center, their evaluations about the roles and responsibilities of the CMHCs and their ideas on community-based services.

The professional staff was visited at CMHCs during the data collection and observations were made in the centers about the work-process. Data were collected between April 2016 and March 2017. The contents of the study were reviewed with the staff and they consented to the study. The Research Board of the Social and Humanities Art of Başkent University gave ethical approval on 19.04.2016.

The participants' workplace and identities were numbered as K1, K2, K3, to maintain confidentiality.

The conversations lasted an average of 45 minutes. They were voice-recorded on approval of the participants. The voice recordings were then decrypted and the data were analyzed qualitatively.

The Participants

The eleven participants of the study worked at eight CMHCs and they volunteered to be in the research.

One male and ten females were the participant group. Their average age was X=42.7 and all the participants were married with children. Their work experience averaged two years. Detailed information about the participants is given in the Table 1 below.

Data analysis

The researchers read each voice recording separately after they were decrypted. In addition, two different people not included in the subject contributed to the research by making blind-readings. Data were analyzed by content analysis and dimensions were created from the results of the readings. The headings were developed in consideration of the information in the literature and observations made by the authors during the interview process. Data were grouped under four main headings: (1) stigmatization, (2) participants' point of view on CMHC services, (3) problems with CMHC services, and (4) suggestions for improving CMHC services.

Table 1. Socio-demographic information of the participants

Participant	Year of birth	Gender	Job	Marital status	Work experience in CMHC
K1	1969	Female	Social Worker	Married	8 months
K2	1964	Female	Nurse	Married	8 months
K3	1976	Female	Psychiatrist	Married	8 months
K4	1971	Female	Nurse	Married	2 years
K 5	1973	Female	Nurse	Married	8 months
K 6	1980	Female	Social Worker	Married	3 months
K 7	1972	Female	Psychologist	Married	1.5 years
K 8	1976	Female	Psychologist	Married	2 years
K 9	1987	Female	Social Worker	Married	1.5 years
K 10	1977	Female	Nurse	Married	5 years
K 11	1972	Male	Social Worker	Married	5 years

CMHC: Community mental health centers.

Results

The times, when mentally ill people were thought to have been captured by evil spirits and, as a result, were punished and even were killed, were in the past. However, it was not until 1960s that these patients were seen as part of society who must be treated within the same society.[10] The history of community-based mental health services is quite new in Turkey. The National Mental Health Action Plan was adopted in 2011 and community-based mental health services were initiated, and consequently CMHCs were established.[11]

Mental health services are community-based and have many benefits in terms of patients, their family and the society. Reducing the severity of the disease, supporting families, raising community awareness on mental health issues and reducing treatment costs are some the benefits.[12]

The services provided by CMHCs from the perspectives of the professional staff were evaluated and headings and sub-headings resulting from the analysis were given in Table 2.

Stigmatization Discrimination "When Did He Become a "Mr."?"

Stigmatization can be described as the exclusion from society because of certain traits that an individual or a group does or does not possess. Attributes such as age, gender, sexual orientation, socio-economic status, disability, ethnicity, language, and belief may cause the individual or a group to be stigmatized. The main issue here is being "different" from the society or the group in some way. Researches show that fear lies on the basis of stigmatization. As Çam and Çuhadar point out, "the most important variable that determines the attitudes of the society towards mental illnesses is that the patients are perceived as" dangerous" and "are those whom are not pre-

Table 2. Headings and sub-headings

Heading	Sub-heading
Stigmatization	Difference and danger
	Self-stigmatization of the persons receiving the service
	Stigmatization of individuals receiving the service by professionals
	Results of stigmatization
Services in CMHCs from the perspectives of the participants	Suspicions regarding CMHC model
	Benefits of CMHC model
Problems regarding CMHC model	Staff lacking necessary education
	The problem of structuring regarding CMHCs
	Lack of resource
Suggestions on CMHC Model	Increasing the number of centers
	The importance of team work
	Developing new applications
	Consideration of voluntary recruitment in appointments

CMHC: Community mental health centers.

dictable in what and when they do something."[13] In the study, participants stated that there was a serious stigmatization regarding individuals who were served in CMHCs.

"We visited a house to see a client. The client and his wife who came to our center said they were excluded from the neighborhood. In such cases you cannot know for sure whether this information is true or not, because they may be delusions of the patient. However, when we visited them in their neighborhood, we saw that it was true and the situation was really bad. The residents of the neighborhood came to us as soon as we got out of the car and asked "Why did you come?" When we said that we had come from CMHC and were looking for Mr. X, they replied, rather in an unfriendly way, "Why are you helping them? There are some others who need more help. When did he become a Mr.?" It was really very tragic..." **K1**

Another participant expressed that stigmatization was extremely common in society:

"People are informed about diabetes or blood pressure but no correct information is given about schizophrenia. The only thing society knows is that someone is a schizophrenic who killed his mother or children and they are receiving psychological treatment. So, an incredible prejudice arises, like they are murderers, they are dangerous," **K5**

"For example, a private company has to employ disabled people, but it does not. If that company employs a disabled person, they will pay him or her 1600 lira as a salary. They don't do so and as a result are fined 2500 lira. The problem is not about money. They say, "Are we going to deal with lunatics? He'll cause trouble." Prejudice exists." **K11**

The participants also expressed that patients stigmatize themselves because of the general stigmatization by society. This concept, which is referred as "internalized stigma" in literature,[14,15] is the adoption of stigmatizing views such as being dangerous, which the public believes about a person with mental illness. Internalized stigma is conceptualized as the content of inaccurate and incompatible beliefs ("I'm dangerous to others", "I'm unable to manage my own life") that develops and persists in an individual.[13–16]

"Society also stigmatizes them, but the patients stigmatize themselves as well. They keep their illness a secret. There is something mutual; they are sustaining the same thing" **K4**

"Internalized stigma already exists in these patients. If I regard a schizophrenic patient as a murderer before that individual was diagnosed, I pull away from the case after the diagnosis was made and evaluate my stigmatization. Family members think they do not work because of laziness, not because they are sick. That causes trouble in the family." **K8**

An important finding of stigmatization is that the professional staff working in the CMHCs report that they or those working in this field sometimes stigmatize these individuals with mental health problems.

"I can honestly say that I had prejudices before. I thought that not all of them but a small number of schizophrenics, in particular, have no sense of anger control. But then I realized that it was not so; they can control their anger more than most people in society. Conversely, they are so emotionally sensitive that they cannot not hurt anybody. In other words, these are individuals who do not hurt others but are hurt by society" **K2**

"Even health care workers have worries about mental health problems. Even our colleagues who work in the same building feel uneasy about our patients. There are different units in this building and we have lunch in the same dining hall. We eat with the patients at the same tables. Some colleagues do not want to eat at the same table with the patients. We know some colleagues who work here and bring their spoons and forks from home a week later because they feel uneasy. The patients must be regarded as normal. Schizophrenia can occur in the postpubescent period, but there is no guarantee that somebody will not suffer from schizophrenia." **K7**

"I thought so, that is, I had had prejudices until I started working here in this center in 2012. Mental disorder was perceived as madness. Even physicians in hospital administration took a dim view of the CMHC training we took at hospitals. But when I started here, I realized that schizophrenia was really a serious disease. I also realized that it was not madness, but a mental illness, and there was no problem when patients used their medicines regularly. Additionally, I realized that schizophrenia was very common in society and how difficult it was to cope with it." **K11**

Another psychiatrist stated that the prejudices existing in the society may not be so wrong from a professional point of view.

"The first patient we saw was, of course, a dangerous patient for us. There are some prejudices in society, but these prejudices also have validity. This patient may have paranoid ideas, their delusions may be dangerous or harmful and they may not be able to control their behaviors we call 'disorganized'. Therefore, the first patient we saw was a high-risk patient but you can understand in a matter of minutes whether they are controllable. After we got to know our patients, even during their acute phases – a few of our patients had acute phases here in our center– we were able to control them more easily because they recognized us. Yes, I mean, we also have a bit of prejudice against those patients, but they have a serious illness especially during an acute phase. However, most of the complaints are resolved as long as they use their medicines and came here regularly. In that sense, there is a danger at first but not later because we now know the patient." **K3**

An important finding related to stigmatization is that it prevents patients and their families from taking advantage of the services.

"Stigmatization is something that must be struggled with. CMHC services must be introduced through the media as the families do not know about it. They come three years later and say "Is this center new?" First of all, anti-stigmatization studies for schizophrenia should be initiated. Patients' relatives may not come as they think people will look at from a different perspective." **K8**

"Most of the families of our patients experience burnout. This is a serious disease. It is easy to talk about it but the fact is that these patients are ostracized from society which makes it difficult for families to get treatment." **K9**

One of the participants' observations and experiences of stigmatization appeared as an important finding for the research. Families in upper socio-economic levels are more hesitant to take advantage of the CMHC services. The fundamental reason for this is community pressure and people's curiosity.

"It seems as the socio-economic and education levels increase, stigmatization increases as well. We learned much about this case from reading. People look down on these patients and see them as ones to avoid. Those who are at moderate level may get treatment here but their families do not want them to come. As they become wealthier, they start to live in an environment where the rich live. They think that people around them will ask "Where does that person go every day?" And I will have to answer them. So, they do not want to send them to this center. "We are taking them for a walk" they reply. We experience most of the problems with these patients. The patients probably take their medicines; although we offer family education about the illness in this center, the relatives of these patients rarely participate and respond with, "We are already learning about it, we know." **K10**

Stigmatization is a multi-dimensional process. A patient and the family can be stigmatized by society, and it is also possible for the patient to internalize that stigmatization. Also, stigmatizing attitudes of health care workers towards the patient and the disease can be documented.[17] However, these negative attitudes change as they begin to work in this field and become more familiar with the patients. Studies regarding stigmatization also show similar results.[18,19]

The main goal of CMHCs is integrating the individuals with mental problems into society without breaking their ties or being exposed to social exclusion.[20] Participants' evaluations were also taken within the scope of the study on the services conducted in CMHCs.

The Perspectives of the Participants' of the Services in CMHCs, *"We Did Not Even Believe CMHCs Will Be Iffective that Much."*

Professional staff working in CMHCs generally made positive evaluations regarding the services. One participants stated that even the service providers did not think that CMHCs would be useful. The belief in the services of CMHCs was initially low but later it was seen as effective.

"While training in CMHCs, a psychiatrist who really struggled and worked a lot in this area in X City said "We did not even believe CMHCs will be effective that much; we thought they would turn into mental health dispensaries and eventually be closed down. On the contrary, it developed contrary to what we expected." **K1**

Participants stated that the services were very useful in relieving acute phases, reducing hospitalization, reducing medical treatment expenses and making changes in patients and their families.

"Even if you are a very good psychiatrist, the patient does not benefit from the treatment unless you consider it in a multidimensional way. Another method is to act completely hypothetically. In CMHCs, however, patients are assessed holistically. Services are free thus the patients can access services easily. The centers only admit that type of patients, consequently it is comfortable. They have no vertical communication with us here; we offer them a comfortable service. Hospitalization of these patients are reduced at the rate of 54%, which has a major impact. It is nice to see people understand that while treating these patients they are not put in a closed institution to provide treatment. It is not therapeutic. The foundation of treating patients in centers like CMHCs was established in Europe in the 1970s. Human rights were reflected in mental health services. Instead of building prison-like hospitals they established places they called 'autonomous'. Those systems established 40 years ago have just started here but I think it is the most important reform in health care." **K1**

"I think CMHCs are attaining their goals because the rates of hospitalization are decreasing. When the patients arrive the first time, they look at us like dead fish, but then they look like fresh anchovies, their eyes are shining brightly. I mean, there's so much difference. In addition, you see this difference over a short period of time. They all say that they are treated like human beings for the first time. Sometimes our eyes brim with tears when they say that even their families do not care about them as much as we do. Those who come here regularly are scared to death in case this center is closed. They regard the staff of the center as if they were their family." **K2**

"This is *one of the greatest services provided in our country. It is the right decision. Europe started it in the 1970s. It makes major contributions to the country in the respect of the economy. One of the doctors in the trainings said "the drugs we used are reduced by a third. Our medicines are very expensive, but the rate of hospitalization decreased." Parents are sending children here without hesitation. The families are comfortable. Patients do not have problems with their family when they take their drugs regularly. These patients are employed and are earning money now. It is a good thing even for an individual to get over this disease. In this respect CMHCs provide a valuable service; in fact, it should be developed more in terms of civil rights."* **K11**

"We observed that our patients, who could not say a word when they first came here, could now have incredible dialogue. One patients made some very nice jokes today while they were rehearsing for the theater play. They could speak with the Black Sea region accent, I mean, he behaved rather compatibly. Patients with mental health issues do not understand their boundaries very well. When a patient went outside his boundaries, other psychotic patients accepted him. This is a great achievement. For example, patients said, "We are rested, we are understood, we are respected; before no one respected me." In short, I think this kind of service is very beneficial. It is very difficult to find a solution by talking with a schizophrenic patient. After you converse with them, you need to observe how they are doing. Health care worker in hospitals do not have information about the patients following discharge from the clinic, but here we have a chance to follow them more closely." **K3**

The participants stated that the individuals who took treat-

ment in CMHCs made considerable improvements. This finding is compatible with the literature.[12,,21,22]

Schizophrenia and bipolar disorder can be defined as chronic diseases. In the chronic forms of these diseases, families frequently experience problems such as burnout and depression. Having the responsibility of continuous care of these patients can lead to exhaustion and anger towards these patients. Therefore, it is important to support the families of the individuals with these disorders. The participants stated that CMHCs made significantly positive contributions to the families as well as to the patients.

"I think it's very useful. I see that the patients can hang on to life. It is also very advantageous for the patients' families. The family cannot go out very often because they give continuous care to these patients. After a while, this situation and stress is directed to the patient in a negative way. Consequently, the patient becomes angry. Although they do it unwillingly or may not be aware. If the patient spends two days here, the family members have two days to themselves and as a result, they become more tolerant of the patient." **K10**

"We offer psychological education with interactive groups. The families share their experiences, so they do not feel alone. A relative of a patient might say, "That's what happened to us." another one may say "Yes, that's what happened to me as well." They understand they are not alone. Blaming themselves becomes a problem which also affects the outcomes. For example, many families blame themselves saying, "Is this because we left them unrestricted while we were raising them?", "Is this because we could not buy what he wanted because we could not afford it?", "I did not do anything but my husband was very oppressive." Thanks to the psychological education, family concerns are reduced and they can say, "It is not our fault." **K6**

As well as expressing the positive aspects of the services, the participants also emphasized the lack of positive aspects in some issues. These shortcomings often included constructive feedback on improving the services offered.

Problems Regarding CMHC Services, *"Dreams do Not Go with Lives"*

The participants often emphasized the need to reassess each activity carried out in CMHCs so that these services can attain their primary goal. The person responsible for the services, not those who work in CMHCs, need to fully understand the workings of CMHCs.

"Physicians who are responsible for CMHCs and professionals should have a broader perspective and look at the issue holistically. Otherwise, if you only do a follow-up and give treatment here, you will turn this center into a psychosis clinic. If you try to focus only on the occupational activities, then you will turn the center into public education centers. Every service offered here needs to consider the objective: 'What is the contribution of the service to the treatment?' For example, this is not a clear objective, 'I'll open a course and sick people will come and have fun'. We need to explain the purpose it serves focusing on how it contributes to life. We need to have that perspective. Sometimes managers or professionals, unfortunately, do not understand this. Sometimes dreams do not go with lives..." **K1**

"Managers are not aware of all the services; therefore, they do not support this in terms of materials and staff. This is not a problem for just our center but for all CMHCs in Turkey. Some problems result when the primary service dimensions of this work are not fully recognized. For example, two nurses must be employed in our center but there is only one, again, security staff is necessary but there are not any, and so forth. There are some problems yet to be solved. For example, there is a social worker in a center but there is no psychologist; conversely, there is a psychologist in a center but no social worker. In Turkey, there are centers where a physician works every two days and some centers where physicians work half a day. It's not supposed to be like that because it's a team work and it needs to be carried out holistically." **K2**

"CMHCs are given importance." Sometimes we have problems with the administration not buying necessary materials and their payments" **K4**

The participants also stated that the training CMHC staff received was not satisfactory. More training is needed in some areas like 'communication with individuals'.

"The staff working here are trained more on running the center. They cannot get basic information about the patient and their disease. They do not know how to communicate with the patient, the things they need to be careful about and their behaviors patterns during the interview. Training in these areas should also be given. This is not an ordinary hospital polyclinic." **K3**

Another problem the participants stated was that CMHCs were opened as parts of other hospitals when they were established. The participants recommend that planning must be carried out based on population and needs. Another suggestion offered by the professionals is that instead of identifying successful evaluations based on the number of the patients admitted to CMHCs, managers should pay more attention to the quality of the services provided in these centers.

"Normally, one CMHC was planned for 200,000 people but the population of Ankara, is about 4.5-5 million so one CMHC is supposed to offer services for nearly 1 million people. Also, in some places CMHCs were opened haphazardly. They were not opened according to the population, they were all centered around a certain area." **K2**

"The large number of patients is a problem. We can only provide care for 400 patients. If we want to increase the number of patients by doing home-visits and providing one-to-one care, then there will be no difference between our center and a hospital. Then, CMHC loses its appeal. The work done becomes routine." **K11**

"Society-based services are good but are not enough. The services offered were presented in certain patterns. They are not individualized; everyone gets the same type of service. For example, a disability report is also available for these patients. Thus, for example, a severely handicapped person gets a maintenance

fee, but the impoverished one gets 2022 salary. However, when we use this method, it can sometimes be incompatible with our patients. We are trying to integrate our patients into society. We want them to shop, take a course, and work for the disabled. If a patient enrolls in a course organized by ISKUR to find work, their benefits, like 2022 salary, are cut off because they are automatically insured. We voiced concern over this issue frequently and only now has it been noticed. When a person has a disability report, they receive a salary every three-months, which is 980 Turkish Lira. The patient receives the salary because they need it. Then when that patient gets a job and starts to earn money, that salary is cut off. In order to receive disability payment again, the patient must be re-assessed by the related institution. The criteria for receiving disability report is difficult to meet. These practices prevent patients from being in non-domestic areas., Many of my patients are able to work, one patient took the PPSE (Public Personnel Selection Examination) and got a job. The problem with the system is it is not flexible. For example, a person without a kidney is considered 80% disabled, however, this person can work. In contrast, a person with mental health issues receives a 40% disability status report which means that they cannot work unless they use their medicines on a regular basis. Subsequently, the person needs to be assessed privately as to the state of their disability. A person with an orthopedic disability and one with a mental health disability needs to be evaluated separately. For example, a person with 80% disability report took the PPSE and received a score of 90 but they were not appointed to a position because of their report. This is contradictory. The state allows then to take the exam and the person gets a high score but that person is not appointed to a position. They are told "You cannot work." These practices are not regulated. We offered solutions to solve the problems, but they have not been taken into consideration. It is not clear who does what, nobody wants to take responsibility. For example, if the 2022 salary is cut off, it is not clear which institution administers this. ISKUR, SASF (Social Assistance and Solidarity Foundation) or MFSP (Ministry of Family and Social Policies). Each institution responds, "We do not cut it off." Therefore, our clients do not attend ISKUR's courses." **K11**

It is important that quality not quantity of the centers be prioritized, arrangements be made for the needs of the beneficiaries of the services, and loss of rights be prevented in the structuring of community-based services. As stated in the study of Arslan Delice, Mert Akgül and Yıldız, the structuring of community mental health services based on individuals will make it easier for individuals to benefit from the services.[23]

Suggestions for Improvement of CMHC Services: *"New Targets Need to Be Set"*

Professionals working in community mental health centers have offered various suggestions on how community-based services can be improved. Among these proposals, the importance of providing services in the form of teamwork is a priority. Studies conducted in this field also showed the importance of team work. Spear emphasized that teamwork was the primary motivating factor for working in this area, in her study which investigated the reasons why professionals work in community mental health centers.[24]

"Teamwork is very important because we do case management. We aim to provide social support and help the patients become independent, and approach this holistically. Without teamwork, there will be a very serious disconnect." **K1**

"The thing that lies behind the spirit of this center is its teamwork, it is not the kind of success that only one individual can achieve." **K3**

"Team meetings are important for us. We discuss what we should and should not do." **K8**

"When there is something negative in a patients' family, we know that we will take it on as a team. We are following it closely. We make early intervention in the acute phase of the disease. Our team is a good team. We hear in some other CMHCs that the social worker says "this is not my work", and the psychologist says "this is not my work, either." But here we know each other's patients; we support each other and constantly share our ideas. The secret of this job is to love and accept the patients. If you look at the patient as an individual and handle their needs, things go well. We design our work plan as individual-based, not disease-based. In addition, we closely monitor our patients." **K10**

Another recommendation of the professionals is the importance of increasing the number of CMHCs in generalized community-based services.

"A very nice but late service; European service. We wish it could reach more people. The number of patients with schizophrenia and bipolar disorders is more than we estimated, so the number of CMHCs should also be increased." **K2**

It was also emphasized that in addition to the services provided in the CMHC, new practices could be initiated for the individuals who benefit from this institution.

"Services of CMHCs must be introduced more broadly. I think we can work with family physicians and organize seminars. I think neighborhood studies can also be useful. We also have to make new initiatives for patients. Hobby gardens and animal care centers could be created. This is something I want, but since no one works here on the weekend, animal care cannot be set up." **K7**

"We reached a standard in CMHCs "New targets need to be set now. It is necessary to open CMHCs in different places without considering the number, but we have to think about the quality of service at the same time. Quality must be increased. There were things that were promoted at first like designing protected houses. They must be built. We have difficulty finding them jobs, but it is very important for them to work. The state should invest in this issue." **K11**

Proposals by professionals for the staff are: Allowing trained and willing personnel to work in CMHCs, training personnel in the fields they need and restructuring the performance-oriented system whose focal point is the people to whom the service is offered.

"It is necessary to develop the staff to work willingly and promote individuals to work actively in this field. It is necessary for students who express interest in this field to be appointed to such institutions particularly in the internship period." **K6**

"We organized a team. We observe that trained personnel do not work in CMHCs. One person gets training, works in a CMHC for about six months, and then that person is appointed to somewhere else without a reason. In some hospitals, there is a high turnover of personnel. The service starts again from the beginning. The quality of the service is overlooked." **K11**

"Also, things have to be done to remove performance anxiety. We examine and prescribe medications for our patients here, we offer both medical treatment and rehabilitation. Occasionally, physicians in the hospitals may not direct patients to CMHCs due to performance concerns. This is a serious problem." **K10**

Examining the findings illustrates that the services provided by CMHCs are positively defined by the professionals working in these centers and that improvements are needed to develop these services. Necessary planning should be done on a regional basis instead of being connected to a hospital in the initial stage of opening. Additionally, it was determined that other services need to be developed to achieve its real purpose. In particular, there is an urgent need for the creation of employment opportunities and opening of protected workplaces.

Discussion

Community mental health centers can be considered a new service model for Turkey, but there are few studies on the effectiveness of this service model. This study was conducted to examine how professionals working in community mental health centers evaluate this service. As a result of the research, it was stated that the professionals are generally positive about the services provided in the community mental health centers but things are needed at a targeted level. Looking at this perspective, it would be incorrect to accept the point made by Bilge et al.,[25] which is "Community mental health services in Turkey are not in the targeted level, but they have progressed recently."

The participants noted that CMHCs are effective and useful in reducing hospital admissions, preventing stigma problems, and providing social integration. Larrison et al.[26] found that individuals receiving services from the community mental health centers were pleased with the professions however, there were some disagreements because of unrealistic expectations. The feedback from individual participants and their families about receiving services show that satisfaction with the services. However, as the professionals pointed out in the study, in order for CMHCs– community-based systems– to achieve their goals, they must be structured in such a way as to center the needs of the people receiving service. O'Halloran and O'Connor stated that no improvement-focused and harmonized care model was used in the services offered at the CMHCs or that the weaker role definitions in the team work reduced the effectiveness of the services. Also, they noted staff training was not sufficient and that opinions of the individuals and families were not taken.[27] In our study, suggestions were that region-based regulations must be made, the teams must be trained and services should be implemented that focus on the individual needs in planning the care model. In this respect, it was necessary to take the opinions of the personnel working in the centers to measure the success of the CMHCs. The work of Van Hoof, Van Weeghel and Kroon also focused on the people benefiting from community-based services, professionals and service providers.[28] Professionals, service providers and beneficiaries emphasized the importance of advocacy and protected places, the importance of rehabilitation and coordination of crisis intervention, and using system and individuals in community-based systems, respectively. Detailed studies are needed in Turkey including all these ideas.

The participants stated that it was necessary to make some personnel arrangements as well as providing services in order for the CMHCs to meet their real objectives in planning the services models. Similarly, as a result of a study conducted in Japan, Ng et al.[29] reported that there is a need to expand the scope, quality and distribution of community-based mental health services. Studies conducted in Turkey examining community-based services suggest that this field be dealt with holistically[20] and the services be structured around the individuals.[23] Soygür[30] also reveals that community-based services are not structured directed to healing patients and focusing on the individuals at this stage.

To summarize, while the professionals working in CMHCs generally consider the services to be positive in these centers, there is a need for CMHCs' planning, staff training, and taking the needs of the patients and their families into consideration.

This study includes professionals working in eight CMHCs in Ankara, Turkey. Similar studies should be carried out to develop and improve CMHC models. Therefore, it will be possible to generate evidence-based information for the multi-dimensional evaluation of services and new practices.

Conflict of interest: There are no relevant conflicts of interest to disclose.

Peer-review: Externally peer-reviewed.

Authorship contributions: Concept – S.A.Ö., A.İ.Ç.; Design – S.A.Ö., A.İ.Ç.; Supervision – S.A.Ö., A.İ.Ç.; Fundings - S.A.Ö., A.İ.Ç.; Materials – S.A.Ö., A.İ.Ç.; Data collection &/or processing – S.A.Ö., A.İ.Ç.; Analysis and/or interpretation – S.A.Ö., A.İ.Ç.; Literature search – S.A.Ö., A.İ.Ç.; Writing – S.A.Ö., A.İ.Ç.; Critical review – S.A.Ö., A.İ.Ç.

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