

Psychiatric Nursing in Turkey Real or a Myth?

Türkiye’de Psikiyatri Hemşireliği Gerçek mi Mit mi?

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When I was asked to talk about the present condition of psychiatric nursing and prudential projections, I hesitated for a moment. And thought the picture of our health system and picture of nursing... It really was a very complicated and difficult subject.

Health system of our country is in a process of transformation and it keeps transforming. Our health structuring and policies are not obvious... Occasional contradictions might be observed on regulations, legislations and applications... Decisions about nursing are made by authorities outside of nursing. Nursing is still ignored, in spite of more than 100 nursing schools.

Health vocational high schools are re-opened in spite of the nursing law. Student contingents are increased at universities in an misstated way to create a nurse inflation; hospital head nursings are removed and instead, people outside of the profession are employed. Even though nurses have excessive working hours, low salaries and low job satisfactions, they are exposed to violence of patients and their relatives and provide care for 20–30 patients in a day.

As well as these negations, good things are happening also. Nursing schools are turned into faculties and the number of professors and associate professors is increasing. While special units can not be opened at hospitals due to the shortage of nurses, the number of special branch associations in nursing has increased, nurses are selected as parliamentarians, informed and experienced nurses are forcing to take their place within team, The knowledge and attitudes of the nurses’ towards professional awareness and professional organizations increases and nurses international academic connections are improved. On the other hand, nurses hold a public demonstration in the streets with the slogan “Health of Our Society and the Future of Our Profession” for the first time on the Nurses Day... They have worries about health

policies. Generally nurses talked about their own problems on the nurses day until now.

Nurses try to sustain their professional existence within this grey or pink picture... Which of these is real and which is a myth? The answer of this question should be taken into consideration since health policies and the history of Turkish nursing are a part of our country, nursing and privately psychiatric nursing constitute a part of the puzzle within this system and affect one another all the time.

That’s why I will try to make up and present my speech under four topics.

Health policies with mental health policies in Turkey

History of Turkish nursing

History of psychiatric nursing in Turkey

Prudent suggestions

I planned to talk about the milestones of these topics with paralel to each other. We overview the development of health services at five period.

1st Period: Between 1920–1938

The first period following the establishment of the Republic.

Refik Saydam: Ministry of Health was established in 1920. Taking the conditions and requirements of that period into consideration, some plannings were made.

- Solving the post-war problems,
- Supporting healthcare personnel in terms of quality and quantity,
- Generalizing preventive health services.

1st Period: Mental Health Policies 1920–1938

The history of the Turkish psychiatry is very rich and long. Especially the psychotic individuals were regarded as sinless and close to God, therefore, treated with respect. In the asylums, a special attention was paid to treat patients with occupation and music. But the conditions in the asylums in Edirne, Istanbul and Kayseri deteriorated during the nineteenth century.

The reform in the asylums took place in the 1920s. The first mental hospitals were founded in Elazığ in the east and Manisa in the west of Turkey (1925).

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1st Period: Nursing 1920–1938

The Turkish nursing was transferred from being a volunteer work to a professional work after the Republic.

After the declaration of the Republic of Turkey, Besim Ömer Pasha, who had met Florence Nightingale in 1907 in England, established the first Turkish nursing school in 1925, named Kızılay (Red Crescent) Nursing School.

Turkey has one major national nurses association, the Turkish Nurses Association, which was established in 1933.

The association is very important for Turkish nurses because all the time the Association defend and fight for nurses rights.

2nd Period: Between 1938–1960

“First Decennary Health Plan” being presented by Dr. Behçet Uz.

According to this plan, the country divided into seven health regions and the organization of each region would be sufficient for themselves. These centers would conduct preventive and medical services together.

2nd Period: Nursing 1938–1960

1946: Ministry of Health opened the first Health Vocational High School

Turkish Nursing Association has been a member of the International Council of Nurses (ICN) since 1949.

As a result of the cooperation of Ministry of Health and Turkish Nursing Association, the nursing law was passed in 1954, which defined the duties of nursing and by whom it would be conducted. This law remained applicable for 53 years until 2007.

(Muhittin Erel)-The first school of nursing at university was established at Ege University in 1955 and was the first school of nursing at the university level in Europe at that time.

1958: 7 nurses who were graduated from Kızılay nursing school were sent to Columbia University. They returned to the country in 1961 and as a consequence, 2 nursing schools were established (Hacettepe University and Florence Nightingale School of Nursing). One of those nurse who were sent was Nebahat Kum, who was the first Turkish psychiatric nurse with doctorate.

3rd Period of Health Services Between 1961–1980

In 1961, “Socialization of the Health Care Services Law” was accepted.

The primary goal of the Law was to socialize the medical and health services. Through the implementation of this legislation, primary care units and health homes which have

primary duty of preventive and public health and serve free charge especially to large rural populations were founded through the country.

Nusret Fişek had spent a lot of efforts for this work.

The application started in the province of Muş in 1963; however, it could not be generalized as anticipated. I would like to draw your attention that before the manifesto on basic health services for all people was published in Alma Ata by WHO, Turkey had started the same program. Unfortunately it did not last long.

3rd Period: Mental Health Policies 1961–1980

The Mental Health Office was established in 1967. This office started to work on preparation of a National Mental Health Plan.

Public-based mental health care services were organized according to the “Socialization of the Health Care Services Law”.

For this purpose in this period, mental health dispensaries were established. However, since these mental health dispensaries served as an extension of psychiatric hospitals, limitations were experienced in the reinforcement and protection of the mental health. Unfortunately, the available treatment interventions depend mostly on the personal efforts made by the physicians working in those institutions. For this reason they were closed.

At the end of this period the Council of Higher Education was established. All graduate levels of education is regulated by the Council. This regulation also affected nursing education.

3rd Period: Nursing 1961–1980

Hacettepe University School of Nursing, Florence Nightingale School of Nursing were established in 1961.

As previously mentioned, nursing-including psychiatric nursing-began in Turkey with nurses who had been trained in the United States, with the literature used in teaching during the development of specializations mostly from the United Kingdom. Thus, nursing in Turkey emerged as a synthesis of the American and English nursing systems.

1968: Graduate study was started. The first masters education program in nursing was developed in 1968 and the first doctoral program started in 1972. Today PhD education in Turkey is 41 years old.

Today, seven main scientific areas of nursing are accepted as specialization fields. Each specialization has its own master's and doctoral programs that are acknowledged by the Council of Higher Education. These specialization fields are medical nursing, surgical nursing, fundamentals of nursing, psychiatric nursing, pediatric nursing, obstetric and gynecologic nursing.

ological nursing, and community health nursing. There are also graduate programs for education, oncology and management in nursing.

In 1975, the Interuniversity Board opened nursing associate professorships in six branches.

1975-First associate, 1978 -first professor is Eren Kum she was the director of Hacettepe University School of Nursing then.

4th Period: Between 1980–2000

A series of events affecting the health education. These are:

- Joining the European Common Health Strategy of WHO. (1980).
- Applied to the European Union for full membership (1987). We are not a member yet!!
- Accepted the EU instructions for the adjustment of Healthcare Personnel to European Standards (1988).

The First National Health Congress was held a meeting in 1992 and this meeting started the process of reconstruction of health education.

- National health policies were determined in the 2nd National Health Congress in 1993 and additionally, the application of “Green Card” was started for poor individuals who were not involved in the social security covering in the same year.

4th Period: Nursing 1980–2000

These important political developments fairly revealed the necessity of enhancing the basic education of nursing and efforts were made to enable governments to adopt the issue. “Project of reconstruction of health education” was started in line with the goals that were determined in the 1st National Health Congress, in 1992 and a decision was made to conduct the nursing education that was required by our country at universities. Following these developments, Health vocational high schools were assigned to universities to be transformed into undergraduate nursing education.

As a result of the protocol that was made between the Ministry of Health and the Council of higher education, Health vocational high schools and associate degree programs were disabled to receive students in departments of nursing.

(In 1996)-Then 79 Schools of Health were opened. All nursing programs lead to a license diploma (Bachelor of Science).

4th Period: Mental Health Policies 1981–2000

In 1983, under the efforts of reconstruction of the Ministry, the Primary Health Services Office was established, and

the previous Mental Health Office was transformed into the Mental Health Department. The Mental Health Department emphasized the importance of the principle of preventive services.

After 1986, by the pioneering role of Dr. Bülent Coşkun, who was the director of the Mental Health Department then, the most valuable approaches were applied to constitute a national mental health policy.

The Marmara Earthquake of 1999 became an important turning point for the revision of mental health services in Turkey. The earthquake caused the death of thousands and a serious destruction affecting the national economy. Following the earthquake, the Treaty of Marmara Earthquake Emergency Reconstruction Project (MEER) was signed between the Turkish Government and World Bank in 1999. In this context; one of the components of the project was planned as the development of the national mental health policy.

5th period: 2000s and Health Transformation Program

Health Transformation Program (HTP) was started by the Ministry of Health in 2003. According to this program, it was essential for social security organizations to be collected under the same roof. The program include privatization of health services and applications of family medicine. Important changes were observed on the structuring of the Ministry of Health, which still continue. In this program there is no nurse name. “Family health personal” doesn’t need to be a nurse. Hospital head nursings are removed and instead, people outside of the profession are employed to this positions.

5th Period: Nursing 2000-Present

In April 2007, as a result of the efforts of Turkish nurses which had been ongoing since 1990s, a revision of the nursing law was confirmed.

In condition that Health vocational high schools would close in a five years. But this is a myth today. Definitions of specializations and specialist nurse and job descriptions were not recognized until that date. This revised law provides the following:

1. Men could be a nurse
2. Nursing should have baccalaureate degree
3. Nursing roles and responsibilities would be determined by laws.

2008-Nursing departments were opened within Faculties of Health Sciences at universities.

2011-Faculty of Nursing was established. Today there are six different type schools at universities that have nursing programs which were not different from other nursing schools except for the score of university entrance exam. These programs are named as School of Nursing, School of

Health, Faculty of Nursing, Faculty of Health Sciences and School of Health Sciences.

However, we went back to the beginning that year completely due to political reasons; Health vocational high schools were reopened and private sector was enabled in spite of all resistance of nurses. Approximately 500 Health vocational high schools opened this year.

On the other hand, postgraduate and doctoral programs continue at universities and new programs are opening.

On the 16th of August, 2013, the Minister of Health explained that greater numbers of nursing schools were opened than they actually were required, which was a sign of misconduct, and those who would go to these school in the year to come would be entitled as assistant nurses.

5th Period: Mental Health Policy 2000-Present

In 2006, the Mental Health Platform was established by the attendance of 18 leading medical and mental health organizations in Turkey.

The main objectives involved solving the problems of psychiatric institutions and developing appropriate standards for the treatment of mental illness. Psychiatric Nurses Association is also a member of this platform.

The National Mental Health Policy report that was published by the Ministry of Health in 2006 and it gained pace together with the declaration of the National Mental Health Action Plan (NMHAP) (2011-2023) to the public in 2011.

As indicated in the NMH report;

As a result of the National Burden of Disease Study, psychiatric disorders (especially unipolar depressive disorders, problems caused by alcohol use, schizophrenia and bipolar affective disorders, panic disorders) were the second highest after cardiovascular diseases.

The problem determination that was performed in the Action Plan is quite appropriate:

Hospital based services is being provided for psychiatric patients.

During hospitalization focusing only acute episodes of severe mental disorders

As a consequence, patients and families are left alone with their disorders outside of the hospital, which makes them fail in coping with problems

Families are generally unable to receive appropriate training about the patient and disease and an institutional support, which causes exhaustion. Relapses and rehospitalizations become inevitable.

Patients not only have frequent and severe attacks, but also get stigmatized by society.

Being called the “revolving door” phenomenon causes the insufficiency of hospital beds and requirement for new ones, professionals who are unable to catch up with this intensive demand to allocate time and energy for psychosocial interventions.

As is indicated in the National Mental Health Action Plan, The number of beds (7356) reserved for psychiatric patients in Turkey is below European standards. Forensic psychiatry beds are only available in Psychiatric Hospitals. Our country does not have high security forensic psychiatric hospitals yet. In the beginning of 2012, the Minister of Health announced that they had started the construction of the high-security forensic psychiatric hospitals is underway to render service in 2016.

As presented in Table the number of mental health professionals is well below European standards.

The number of nurses working in the field of mental health is 1.677 in Turkey by 2010. According to the health labor force report (dated June 2010), a total of 102.564 nurses actively work in Turkey. Considering this number, it could be asserted that approximately 1,1% of them work in the field of mental health. The number of nurses for 100.000 people in Turkey is lower compared to the average of both EU member countries and countries in the European Region. (Turkey=141, average of European Region: 727, average of EU 745).

The basic suggestions in the NMHP report are as follows:

- The mental health system should be based on community and integrated into the general health system and the primary health service phase,
- Conducting community-based rehabilitation studies,
- Increase the budget allocated for the field of mental health,
- Enhance the quality of mental health services,
- Prepare Laws concerning the field of mental health (still Turkey does not have a mental health law yet).
- Defend the rights of patients against stigmatization,
- Improve the education, research and labor force in the field of mental health.

National Action Plan states that it is not possible to transition to a completely community-based mental health model in the short term due to shortcomings in the available labor force in the field of mental health. The plan announces that the “community-hospital balance model” will be adopted within the frame of the aforementioned labor force limitations.

According to the Action Plan, a Community Mental

Health Center will be opened in each center of population with a central population of 100 thousand and above. In 55 cities there are 73 Community Mental Health Center today.

Psychiatric Nursing

In the psychiatric health care delivery context, there are two types of practice levels for nurses who work in psychiatric services: One level is composed of general care nurses who work at the psychiatric clinics, and the second level of practice comprises nurses who have advanced education (masters and doctorate). Nurses who have advanced education usually work at the schools of nursing as a faculty member or instructor because of the shortage of academic staff in nursing faculties.

The Psychiatric Nurses Association of Turkey (PNA-T) was established in 2000.

The Journal of Psychiatric Nursing began publishing as a scientific media organ in 2010.

Roles and responsibilities of nurses who work at psychiatric clinics usually vary according to the type of the hospital and educational preparation of nurses. Although a nurse can be an active member of the team in a hospital, she or he can only do traditional duties. Such as measuring the vital data, administering medication, applying admission, discharge and transfer procedures, and so on. At some clinics, nurses perform individual patient interviews, family interviews, and group therapy; train new staff and participate in daily rounds actively. A specialist psychiatric nurse may work as a psychotherapist and might be an active member of the consultation-liaison services. Likewise, there are some academic nurses who work at the hospital certain days of the week to work with special groups (e.g. alcohol or substance abuse patients, patients with schizophrenia, cancer patients etc.). Recently there is an increasing interest for nurses to have training in psycho-drama, cognitive-behavioral therapies, counseling for substance abuse, and social skills training. With these kinds of certifications, some nurses perform group and individual psycho-therapies.

According to the "Nursing Law" nurses who completed their postgraduate education in the field of Mental Health and Psychiatric Nursing were entitled as specialist nurse. Definitions the duties and responsibilities of Psychiatric Clinic Nurses, Child and Adolescent Psychiatric Nurses, Nurses of Public Mental Health Centers, Consultation Liaison Psychiatric Nurses and Nurses of Alcohol and Substance Addiction Centers were added to the Nursing Regulation.

Despite the difficulties in clinical sites, psychiatric nurses have taken part in studies of national mental health policy and other activities.

However, these participations could only be possible

through personal efforts rather than organizations until the establishment of the Psychiatric Nurses Association.

From that date it takes place at national mental health platforms where the ideas of the association were evaluated as valuable.

The association started to organize scientific activities with the cooperation of schools and hospitals, which enabled the psychiatric nursing to define itself and get stronger.

Being the first independent scientific activity organized by psychiatric nursing, the I. National Psychiatric Nursing Days was held in Ankara in April, 2007. Theme: Regarding the psychiatric nurses; "where we are and where we want to be.

The second National Psychiatric Nursing Days, "Clinical Application in Psychiatric Nursing", İstanbul Bakırköy Hospital, April 28–30, 2008.

The third Congress of Psychiatric Nursing (with International Participation) Congress theme was "Outside of Closed Doors: Social Mental Health" June 4–6, 2009 in Düzce.

IV. National Congress of Psychiatric Nursing, June 24–26 2010, in Samsun with the theme "Forming a Common Language"

First International and 5. National Psychiatric Nursing Congress was in September 22–24, 2010 in İstanbul with the theme "From theory to practice".

The theme of the 2. International and 6. National Psychiatric Nursing Congress was "Mental Health for Everyone" on October 4–7, 2012 in Erzurum. During this congress, a workshop was also conducted.

- Workshop of mental health and psychiatric nursing education: discussions were made about the theory and practice of RSPH undergraduate study and their solution suggestions.
- The second Workshop of postgraduate education was in in İzmir: Swot analysis was performed. Commissions and studies have been conducted for the determination of the standards of both undergraduate, practice and postgraduate education.

Finally, the recently conducted HORATIO: European Psychiatric Nursing Congress.

So far, six Congresses and 3 workshops were held. In the workshops, SWOT analysis also was performed. Commissions were conducted for determining the standards of both undergraduate, and postgraduate education and practice.

Today, 14 universities have masters programs, and nine universities have doctoral programs in PMHN at governmental universities. There are also many programs at private universities.

The doctoral education in nursing is carried out with the doctor of philosophia (PhD). And our doctorate programs have a very good quality. Some universities are a members of ORPHEUS (Organisation of PhD Education in Biomedicine and Health Sciences in the European System) and the working on adapting with ORPHEUS standards. I think that we actually could be the leader of the European Psychiatric Nursing PhD education center. Today in Turkey, PhD education in nursing is 41 years old.

Conclusion

Over the years there have been many changes, policies for the better in healthcare and nursing. But there is no systematic and long term applications.

As you see, our health system is in a process of transforming. Along the way, unfortunately decision about nursing are made generally by authorities outside of nursing. If we want to determine PN future conditions by ourselves, one of the most important point is to play an active role in future policies concerning psychiatric nurses's: This is both an essential and desired necessity for us to have a voice in decisions and protect our rights. By some policies in our country, we refrained from taking part in this field, felt unsupported and scared from time to time, but we think that especially the psychiatric nurses's education programs should be reinforced in a way to support us to exist without forgetting that every area of life is a policy either inside or outside of politics. It is especially suggested to develop and change our education and applications in accordance with

consistent and perpetual policies in both undergraduate and postgraduate education. For instance, we now need nurses for CMHC in line with new policies, but we are not ready for this yet.

The other suggestion: We should be involved in policies and even determinations concerning us in order to keep up with changes. We should conduct studies to prevent others to make decisions in behalf of us. Leaving the understanding "the caravan is prepared on the road" behind, we should develop long term strategy plans instead of trying to find solutions for daily problems. The long range plan of the psychiatric nurses's is to provide a clear map for the future of psychiatric nursing.

Turkish Psychiatric nurses represent the greatest labor force group in the mental health care with both their clinical roles and various responsibilities. Within this bowl of changes and problems, nursing and especially psychiatric nursing have actually showed both realistic and fabulous successes, which will be sustained in the future and take its place in universal values. All of these changes are both challenges and opportunities for psychiatric nurses to expand their roles and to emerge from the clinics to work within society.

I want to ask you, which one you have heard the real or myth? Then let's say, "RESIST NURSING".

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- *Presented at the HORATIO - European Psychiatric Nursing Congress (İstanbul, 2013) and 3rd International, 7th National Psychiatric Nursing Congress (Ankara, 2014).*