



Original Article

Professional experiences of nurses working in community mental health centers: A phenomenological study

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Abstract

Objectives: This study was carried out to determine the professional experiences of the nurses working in community mental health centers (CMHCs). A phenomenological design was used in this qualitative study, which was carried out with 13 nurses working in 8 CMHCs located in the Central Anatolia Region of Türkiye.

Methods: Data were collected through in-depth individual interviews. Semi-structured interview questions developed by the researchers based on expert opinions were used during the interviews. Colaizzi's seven-step phenomenological analysis method was used to analyze the data.

Results: Five main themes were identified as a result of the data analysis. These themes were (i) the meaning of being a CMHC nurse, (ii) nursing practices, (iii) advantages of being a CMHC nurse, (iv) disadvantages of being a CMHC nurse, and (v) recommendations for CMHCs.

Conclusion: CMHC nurses have various roles, authorities, and responsibilities. Working with a multidisciplinary team and having comfortable working conditions are considered advantages of CMHC nursing, while the possibility of being exposed to violence or the difference of CMHCs from other clinics are considered disadvantages. Recommendations include increasing the number of CMHCs and nurses, providing an orientation program to the nurses before starting to work in CMHCs, and improving the physical conditions of CMHCs.

Keywords: Community Mental Health; community mental health center nursing; phenomenological study; professional experience; qualitative research.

Community mental health centers (CMHCs) are an essential and standard component of mental health services worldwide. CMHC refers to a wide range of mental health services provided to individuals in the community through a team approach involving various professionals.^[1]

CMHC studies have gained momentum globally in the past 30 years. In Australia, the National Mental Health Strategy initiated by the Ministry of Health in 1992 shifted the delivery of mental health services towards community services rather than solely relying on psychiatric hospitals.^[2] In the United States, the Community Mental Health Act of 1963 significantly moved away from institutional care towards providing treatment in less restrictive environments for individuals with

mental health disorders.^[3] In Türkiye, mental health services are conducted in accordance with the National Mental Health Policy published by the Ministry of Health in 2006. As part of this policy, the National Mental Health Action Plan was developed in 2011. The primary aim of this action plan is to establish an adequate number of CMHCs in each city and provide rehabilitation for individuals with severe mental disorders in these centers.^[4]

The first CMHC in Türkiye was established in May 2008 in Bolu,^[5] and currently, the number of CMHCs has reached 177.^[6] The goals of CMHCs are to improve the functioning and well-being of individuals with mental health problems, enhance families' capacity to provide support, and strengthen the ca-

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capacities of primary healthcare workers through collaboration and secondary consultation for the coordinated delivery of mental health services.^[7] To achieve these goals, various professional groups work together in CMHCs, and nursing is one of these professions. One study conducted to examine the profile of CMHCs found that nurses constituted one-fourth of the workforce in these centers.^[5] The definition of a CMHC nurse was outlined in the amendment made to the “Nursing Regulation” published in the Official Gazette by the Ministry of Health in 2011 as “a member of the health-care team responsible for protecting, improving, and sustaining the mental health of individuals, families, and the community.”^[8] It is believed that in the future, it will be important to gather the experiences, views, and suggestions of nurses working in CMHCs to improve the quality of health-care services provided to individuals and promote the protection and enhancement of community mental health. This study is original in terms of being the first qualitative research of its kind, conducting individual face-to-face in-depth interviews with nurses, analyzing the recorded interviews, and describing the experiences. It is hoped that identifying the professional experiences of nurses working in CMHCs will contribute to the improvement of services provided to individuals diagnosed with mental illnesses and support their recovery process.

Aim of the Study

The general aim of this study is to explore the professional experiences of nurses working in CMHCs.

Materials and Method

Research Design

This qualitative study utilized the phenomenological design, which is one of the qualitative research designs. Phenomenology is a deductive and explanatory approach used to describe personal lived experiences, and it facilitates the exploration and understanding of human experiences that we may be familiar with but lack profound insight into.^[9] Many nurse researchers utilize this design due to its focus on exploring individuals’ life experiences.^[10] In our study, the phenomenological design was chosen to describe the experiences of nurses working in CMHCs.

Participants

In qualitative research, the purposive sampling method is used to find individuals who have experienced similar situations. Purposive sampling provides the opportunity to collect consistent information.^[11,12] Therefore, the purposive sampling method was used in this study. The participants of the research consisted of nurses working in a total of 24 CMHCs located in 13 provinces in the Central Anatolia region of Türkiye (Aksaray, Ankara, Çankırı, Eskişehir, Karaman, Kayseri, Konya, Kırıkkale, Kırşehir, Nevşehir, Niğde, Sivas, and Yozgat). Institutional permission was obtained from these CMHCs, and positive responses were received from 8 CMHCs located in 7

What is presently known on this subject?

- The purpose of CMHCs is to improve the functioning and well-being of individuals with mental health problems, enhance the capacity of families to provide support, and strengthen the capabilities of primary health-care workers through collaboration and secondary consultation for the coordinated delivery of mental health services. In order to achieve these goals in CMHCs, multiple professional groups work together, and nursing is one of these professions. CMHC nurses provide care, education, counseling, case management, and therapeutic interventions to individuals and families with mental disorders in these centers.

What does this article add to the existing knowledge?

- This study is the first qualitative study that focuses on the professional experiences of nurses working in CMHCs in Türkiye, providing a comprehensive perspective on CMHC nursing.

What are the implications for practice?

- This study serves as a guide to understanding the professional experiences of CMHC nurses. The views and experiences of nurses working as care providers in CMHCs are crucial for improving the quality of care provided to patients receiving services from CMHCs. It is believed that this study will play a key role in providing orientation for nurses in CMHCs and making CMHCs more suitable for patients and staff.

provinces (Ankara, Kayseri, Konya, Kırıkkale, Kırşehir, Nevşehir, and Yozgat), as many CMHCs did not provide services during the pandemic.

In qualitative research, data are collected until recurring statements are obtained, and the point of saturation is an important factor in determining the sample size.^[13] Interviews with nurses in the approved institutions continued until data saturation was reached. When the data started to repeat and no new information was obtained, the interviews were terminated.

The study was conducted with 13 nurses working in 8 CMHCs located in the Central Anatolia Region of Türkiye (Yenimahalle CMHC, Selçuk University Faculty of Medicine CMHC, Yozgat CMHC, Kırıkkale CMHC, Kırşehir CMHC, Nevşehir CMHC, Kayseri 1st, and Kayseri 2nd CMHC). The inclusion criteria for the study were voluntary participation and having worked in a CMHC for at least 6 months. There were no exclusion criteria for the study. Detailed information about the participants is given in Table 1.

Data Collection

The study was conducted between May 20th and July 20th, 2021. The data were collected using the semistructured interview form (Table 2) developed by the researchers through expert opinion. During the interviews, additional questions were asked based on the participants’ responses to deepen the discussion and enhance the depth of the interview.

The interviews were conducted using the face-to-face interview technique in a suitable room within the CMHC where the nurses worked, with only the researcher and the participant present. To ensure uninterrupted interviews, a notice was posted on the door of the room indicating that an interview was taking place and that they should not be disturbed. A voice recording device was used to record the data obtained during the interviews. The interviews lasted an average of 35–40 min.

Table 1. Sociodemographic information of participants

Participant	Age	Gender	Marital Status	Level of Education	Years of experience as a nurse	Having worked in a psychiatry clinic	Years of experience in the psychiatry clinic	Years of experience in the CMHC
P1	36	Female	Married	Bachelor's degree	14 years	Yes	5 years	5 years
P2	41	Female	Married	Associate degree	20 years	Yes	6 years	4 years
P3	56	Female	Married	Associate degree	32 years	No	3 years	6.5 years
P4	47	Female	Single	Bachelor's degree	28 years	Yes		6 years
P5	46	Female	Married	Bachelor's degree	26 years	No		9 years
P6	41	Female	Married	Bachelor's degree	21 years	No		8 years
P7	52	Female	Married	Master degree	32 years	Yes	4 years	6 years
P8	45	Female	Married	Bachelor's degree	21 years	No		2.5 years
P9	47	Female	Married	Associate degree	29 years	No		10 years
P10	29	Female	Married	Bachelor's degree	5 years	No		1 years
P11	43	Female	Married	Bachelor's degree	27 years	No		8 years
P12	45	Female	Married	Bachelor's degree	28 years	No		6 month
P13	41	Female	Married	Master degree	21 years	Yes	1 years	1.5 years

CMHC: Community Mental Health Center.

Table 2. Semi-structured interview form

- What have you experienced since you started working at the CMHC? Could you share your experiences here?
- What does being a CMHC nurse mean to you?
- As a CMHC nurse, what are you doing here?
- What are your thoughts about the future regarding CMHC?

CMHC: Community Mental Health Center.

Data Analysis

In this study, Colaizzi's (1978) 7-step phenomenological analysis method^[14] was used (Table 3).

Research Team and the Validity and Reliability Study

This study was conducted by two female researchers: one faculty member with a doctoral degree in psychiatric nursing and one doctoral student in the field of mental health and illnesses. Both researchers have taken qualitative research courses. The first researcher has previous work experience as a nurse in a CMHC. The second researcher has published qualitative studies. The study focused on the principles of reliability, transferability, consistency, and confirmability to ensure validity and reliability.^[15] The interview transcriptions were independently read by the researchers, and themes and sub-themes were verified independently as well. In addition, feedback was obtained from two experts. Transferability was ensured by continuing the interviews until data saturation was reached. All interviews were fully transcribed.

Ethical Considerations

Written permission was obtained from the Ethics Committee of Gazi University (Approval No. 91610558-604.01.02) and the relevant institutions where the study was conducted. The study was based on voluntary participation. Informed written consent was obtained from the participants prior to the study. Prior to obtaining written consent, participants were informed about the research goals, the data collection procedure, and the confidential and anonymous use of the gathered data. They were assured that the digital audio recordings would be kept strictly confidential and accessible only to the researchers.

Results

The study was conducted with 13 female nurses working in CMHCs. The data obtained through in-depth individual interviews were analyzed using Colaizzi's 7-step phenomenological analysis method.^[14] Five themes and 12 sub-themes emerged as a result of the analysis (Table 4).

Theme 1: The Meaning of Being a CMHC Nurse

All the nurses working in the CMHC have described being a CMHC nurse as a positive situation, and many of them have reported being very happy to work in the CMHC.

Table 3. Colaizzi's (1978) seven-step phenomenological method for data analysis

Step	Description
(1)	All interviews were recorded using a voice recording device. Immediately after the interviews, they were transcribed verbatim as soon as possible Participants (P1, P2, P3...) and researchers (R1, R2) were assigned a number code each Each transcript was read multiple times, and important expressions were underlined.
(2)	All significant statements directly related to the nurses' professional experiences have been identified.
(3)	The content has been formulated based on these significant statements. Two experienced experts in qualitative research were consulted to validate the formulated content.
(4)	Themes and sub-themes were derived from the formulated content.
(5)	Themes and sub-themes were integrated into a comprehensive description of participants' experiences.
(6)	The fundamental structure of nurses' professional experiences has been described.
(7)	The key structural statements have been provided to the participants, and they were asked to evaluate whether these statements resonated with their own experiences.

CMHC: Community Mental Health Center.

Achieving Professional Satisfaction

Most of the nurses working in the CMHC have expressed that they are happy and experience professional satisfaction because they play a role in reintegrating individuals who are socially isolated and ignored by society.

We had a young patient who had dropped out of school. He did not even leave his room at home and avoided any contact with others. Since his participation in the CMHC, we gave him with treatment, monitoring, and rehabilitation support, which enabled them to finish first high school and then a 2-year university program. He took the Public Personnel Selection Exam for People with Disabilities, and now he is working. Through this experience, we witnessed how we can change someone's life. This is the essence of professional satisfaction. (P7)

Being a CMHC nurse is something to be proud of. It is a wonderful feeling to make a difference in the lives of patients who require

treatment and cannot access social opportunities, helping them reintegrate into society. The recovery process of patients who regularly attend the CMHC greatly impacts me and gives me the motivation to work even harder. (P2)

Combating Stigma

All the nurses in the study believe that individuals with mental illnesses are stigmatized by their families, society, and even themselves. They also stated that they feel responsible for combating stigma and emphasized the significant role of CMHCs in this fight.

When I thanked a student who pressed the pedal of my trash can, she said, "Nurse, don't thank me again." I was shocked and asked, "Why not?" Her response was as follows: "Outside, nobody treats me like you do, so when you thank me, I become hesitant and astonished." That day, I felt truly saddened. I realized that I was in the right place to help these individuals who are excluded and

Table 4. The themes and sub-themes of the professional experiences of nurses working in CMHCs

Themes	Sub-themes
The meaning of being a TRSM nurse	<ul style="list-style-type: none"> • Achieving professional satisfaction • Combating stigma
Nursing practices	<ul style="list-style-type: none"> • Administering medication/Ensuring adherence to treatment • Providing education/Giving counseling • Conducting home visits • Promoting socialization and functionality
Advantages of being a CMHC nurse	<ul style="list-style-type: none"> • Having comfortable working conditions • Working with a dynamic team
Disadvantages of being a CMHC nurse	<ul style="list-style-type: none"> • Risk of exposure to violence • Distinct nature of CMHCs compared to other clinics
Recommendations for CMHCs	<ul style="list-style-type: none"> • Increasing the number of CMHCs and improving physical conditions • Increasing the number of CMHC nurses

CMHCs: Community Mental Health Centers.

stigmatized by society. (P8)

Here, we rescue our clients from being stigmatized. Patients get ready to come to the CMHC in the morning, pay attention to their appearance, get on the bus, and mingle with people. They are, in a way, saying, "We are no different from you; we also exist within this life." (P7)

Theme 2: Nursing Practices

The nurses who participated in the study stated that they actively engage in various practices within CMHCs. These include administering medication to registered individuals, monitoring treatment adherence, providing education, offering counseling to individuals and their families, conducting home visits, facilitating socialization, enhancing functionality, and supporting self-care.

Administering medication or ensuring adherence to treatment

All the participants emphasized the importance of medication administration and treatment adherence in preventing relapses and hospitalizations in individuals with mental health disorders.

As a case manager and nurse, I believe that our practices are highly valuable. Since injections require attention to timing and administration, I continuously remind patients until they receive the injection. (P12)

As CMHC nurses, we are responsible for monitoring and administering the medications prescribed by our doctor, including monthly or 3-month depot injections. We provide information to both the individual and their family regarding treatment adherence. As a result, the number of attacks and hospitalizations of patients decreases. (P5)

Providing education or giving counseling

Most of the nurses working in the CMHC reported that they provide education and offer counseling on various topics to individuals with mental health disorders and their families.

Many families lack knowledge about the nature and specifics of the disorder. We organize psychoeducation and family training sessions for them. We also offer counseling. When families learn about the disorder, their approach towards the individual changes. (P1)

We provide education to our clients on self-care, communication, self-confidence, their illnesses, and medications. The specific topics of education are determined by our team based on the clients' current needs. These educational sessions can be conducted in group settings or on an individual basis. (P5)

Conducting home visits

According to the nurses in the study, home visits are considered essential for nursing care, and they are conducted for various reasons. These include individuals being unable to come to the CMHC, assessing the individual's living environment, meeting family members, and making the individual and their

family feel valued.

Once, we visited the home of a patient who showed great improvement. When we entered the living room, we were shocked. There was something like an Eskimo house made of bricks in the middle of the room. The patient was sleeping there at night. If we hadn't made the home visit, we might not have obtained this information. (P10)

We regularly organize home visits for patients who cannot come to the CMHC. They become very happy when they see us in their homes. They feel valued and realize that they are not alone in the battle against challenging disorders like schizophrenia. (P6)

Promoting socialization and the functionality of individuals

All the participants stated that individuals diagnosed with schizophrenia, in particular, face communication difficulties and experience functional impairments. They emphasized the need to support the socialization and functionality of these individuals.

I believe that CMHC has great importance in terms of developmental losses, functional losses (such as work-related skills), and socialization. When our center first opened, the clients used to always look down. They had no eye contact. One of our clients, who continued attending the CMHC, started expressing herself so well. The family members thought the patient had grown taller, but in reality, the patient had simply started walking upright and confidently. (P3)

We actively involve our participants in the various courses offered at our center. In patients like these, we understand that medication treatment alone is not sufficient. Therefore, we support their abilities and skills to help them integrate into the social environment as more adaptive individuals. (P10)

Theme 3: Advantages of Being a CMHC Nurse

The majority of the participants stated that being a CMHC nurse offers some advantages, such as having comfortable working conditions and working with a large team.

Having comfortable working conditions

The majority of nurses working in CMHCs consider the absence of shift work and not having to wear a uniform as advantages.

After years of working night shifts, I see the absence of night shifts and not having to wear a uniform as an advantage for me. (P9)

The best part of working in a CMHC is always working during the day and being at home on weekends. It was especially difficult to work night shifts during religious holidays in my previous workplace. (P11)

Working with a dynamic team

All the participants emphasized the importance of team dynamics. They highlighted that working as a team is an advantage for both themselves and the patients.

In a CMHC, it is crucial to work as part of a team that includes psychiatrists, nurses, health officers, psychologists, social workers, security personnel, cleaning staff, and others. Approaching the

CMHC as a whole and working with a team spirit is very important. Being part of this team makes my job easier. (P3)

Working as a team ensures that our tasks progress more smoothly and efficiently. I have observed that when psychiatrists, psychologists, social workers, and nurses work together, our patients trust us more and show more willingness and adaptability in their treatment process. (P8)

The facilitative aspect of the CMHC is working as a team. Evaluating situations as a team is a factor that makes our job easier. (P2)

Theme 4-Disadvantages of Being a CMHC Nurse

The risk of exposure to violence and the distinct nature of CMHCs compared to other clinics were considered as the disadvantages of being a CMHC nurse by the participants.

Risk of exposure to violence

The majority of the CMHC nurses have expressed concerns about the risk of being exposed to violence, particularly during patients' attacks of aggression. Some nurses have also shared their personal experiences of being subjected to violence.

One of the challenges of being a CMHC nurse is the possibility of being attacked during attacks of aggression. (P1)

While intervening with a patient who was in an aggressive attack, the patient grabbed and squeezed my wrist. If it weren't for the presence of a security guard and my fellow nurse, the situation could have escalated further. (P11)

Distinct nature of CMHCs compared to other clinics

The participants stated that CMHCs are different from other clinics, which led to feelings of concern and fear when they started to work in CMHCs.

When I first started here, I was filled with anxiety: How does this place operate? What is the patient population like? Unfortunately, it was a place where I had to learn by experience. I even remember asking my colleagues during the 1st week, "Do we have a lot of Code White incidents here?" (P12)

During my early days, the patients were highly agitated and shouting. I quickly rushed and locked myself in the team room because I didn't know what to do. This place is unlike any clinic I have worked in before. (P11)

Theme 5-Recommendations for CMHCs

All the nurses stated that in order to be more beneficial to patients and reach a larger number of individuals, there is a need to increase the number of CMHCs, improve their physical conditions, and increase the number of nurses working in CMHCs.

Increasing the number of CMHCs and improving physical conditions

The majority of the nurses stated that the number of CMHCs is insufficient and needs to be increased. In addition, many participants believe that CMHCs should be single-story, and spacious places with a garden.

I think the number of CMHCs should be increased in every city because there are many patients who need to be reintegrated into society. (P9)

I want to see an increase in the number of CMHCs. Moreover, CMHCs should be single-story and spacious, like a bungalow. Stairs and elevators should definitely be avoided. Patients with walking difficulties face a lot of challenges in this regard. (P6)

I believe that CMHCs should have larger buildings, gardens, and social facilities. This way, individuals with mental health issues and their families may be more willing to continue their treatment at CMHCs. (P13)

Increasing the number of nurses working in CMHCs

The majority of the nurses reported that the number of nurses working in CMHCs is insufficient compared to the number of registered patients, and they emphasized the need to increase the number of nurses in order to provide higher-quality care.

In order for services to be of higher quality and more efficient, it would be very beneficial to increase the number of nurses. (P4)

I believe that the number of nurses working in CMHCs is highly inadequate compared to the number of cases followed up. Many clients can only be reached once or twice a year. (P13)

Discussion

Community mental health is a multidimensional movement that encompasses various behavioral and social science practices and aims to reach everyone in society. This multidimensional movement can only be achieved by an innovative health-care team advocating for holistic care. Community mental health nurses, who are in close proximity to individuals and families, serve as part of the mental health team in CMHCs.^[16] The nurses in this study stated that being a member of a multidisciplinary team in CMHCs is an advantage. A similar study conducted by Attepe Özden and İçağasioğlu Çoban also emphasized the importance of providing services in the form of team collaboration in CMHCs.^[17]

Community mental health nurses in these centers engage in initiatives such as providing care, education, counseling, case management, and therapy for individuals and families with mental disorders.^[18] The nurses in this study stated that they perform interventions such as administering medication to individuals with mental health problems, monitoring treatment adherence, providing education, offering counseling to individuals and families, conducting home visits, promoting socialization, enhancing functionality, and supporting self-care. These interventions play a crucial role in addressing a variety of functional areas such as self-care, education, employment, and interpersonal relationships and are essential for individuals with chronic conditions such as schizophrenia and bipolar disorder to deal with challenges in their work and social lives. A study by Karaman et al.^[19] (2020) found that individuals diagnosed with schizophrenia who receive psychosocial care in CMHCs showed improvements in social functioning and a decrease in clinical symptoms.

CMHC nurses tend to focus on recovery-oriented care while providing their services.^[20] Reducing stigma and adopting a multidisciplinary team approach are considered fundamental principles of recovery-oriented practice.^[21] It is known that patient education and family information meetings provided in CMHCs reduce the burden of stigma on patients.^[22] In fact, the nurses in this study reported that they perceive combating stigma as a way to gain professional satisfaction and consider being a CMHC nurse as a positive situation. Similarly, a study by Tanaka (2019) indicated that the experiences of CMHC nurses in their work generally contribute to their self-realization and personal recovery.^[23] The nurses in this study mentioned both the advantages, such as comfortable working conditions, and the disadvantages, such as the risk of experiencing violence, associated with being a CMHC nurse. In line with this study, a systematic review and meta-analysis conducted by Li et al.^[24] (2020) stated that approximately one-third of patients with schizophrenia exhibit aggressive behaviors, and health-care professionals may be exposed to such aggressive behaviors. Another study involving 118 mental health nurses found that almost all nurses (88.1%) experienced verbal violence, and more than half (58.4%) experienced physical violence in the past year.^[25]

CMHCs play a crucial role in enabling individuals with mental disorders to sustain their professional roles within comprehensive treatment, identifying barriers to employment, and enhancing functionality to facilitate their participation in the workforce.^[26,27] The nurses in this study reported that they support individuals with mental health problems in completing their education and finding employment.

The participants stated that CMHCs are effective in combating stigma, improving treatment adherence, increasing the functionality and socialization of patients, and promoting employment. However, they also mentioned areas that need improvement. It is believed that increasing the number of centers and nurses and improving the physical conditions of CMHCs would enhance the quality of services provided to individuals. A similar study highlighted that health-care professionals are generally satisfied with the services provided by CMHCs but emphasized the need for restructuring the community-based system to prioritize the needs of service recipients in order to fully achieve the purpose of CMHCs. The study also emphasized the importance of increasing the number of CMHCs for the expansion of community-based services.^[17]

Given that the nurses in the study experienced fear and anxiety when they first started to work in CMHCs, it is recommended to establish criteria such as having psychiatric work experience or receiving postgraduate education in psychiatry for nurses to work in CMHCs due to the distinct working environment compared to other clinics. When the sociodemographic characteristics of the nurses in the study were examined, it was observed that more than half of them did not have psychiatry clinic experience (Table 1). It is stated in the literature that many nurses without mental health services experi-

ence are employed as community mental health nurses, which leads to various difficulties, combined with weak orientation and a lack of training.^[28] Therefore, it is believed that providing orientation training to nurses before they start working in CMHCs would reduce their anxiety and fear. Odeyemi et al.^[29] (2018) reported that providing more education to nurses and access to formalized clinical supervision would reduce stress, enhance skills, and improve the quality of care provided by mental health workers, leading to better outcomes.

Strengths and Limitations of the Study

This study is the first qualitative study that investigates the professional experiences of nurses working in CMHCs in Türkiye, providing a comprehensive perspective on CMHC practice. In addition, the participants expressed both positive and negative thoughts about CMHCs without hesitation, which can be considered a strength of the study. The limitation of the study is that this phenomenological research was conducted only in 8 CMHCs in the Central Anatolia region of Türkiye. However, it should be noted that there are a total of 177 CMHCs in Türkiye, including 24 in the Central Anatolia region.^[6] Therefore, this study is limited to the professional experiences of nurses working in 8 CMHCs, and the results cannot be generalized.

Conclusion

CMHCs have an important mission with responsibilities, duties, and authorities such as patient assessment, advocacy, counseling, health education, case management, coordination with other health-care professionals and institutions, combating stigma, supporting individuals' socialization and functionality, planning and implementing home visits, creating care plans, administering medication, ensuring treatment adherence, and contributing to individuals' education and employment. Working with a multidisciplinary team and having comfortable working conditions are considered advantages in CMHC practice, while the potential exposure to violence or the distinctiveness of CMHCs compared to other clinics may be considered disadvantages. On the other hand, it is recommended to increase the number of CMHCs and nurses, as well as to improve the physical conditions of CMHCs. Another suggestion is to establish criteria such as having psychiatric work experience or obtaining postgraduate education in psychiatry for nurses to work in CMHCs. In addition, it is believed that providing orientation training to nurses before starting their work in CMHCs can reduce their anxiety and fear.

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