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PSYCHIATRIC SOCIAL WORK NEEDS OF FAMILIES HAVING CHILDREN WITH MENTAL HEALTH DISEASES IN TURKEY

Abstract

In Turkey individuals with mental health diseases usually live with their parents after completing their treatments. Therefore it means that their caregivers are their parents. This situation affects primarily the caregivers and other members of the family psychosocially, economically and physically. As a result of that psychiatric social work needs of families have been emerged. This study conducted as literature view and aimed to put forward psychiatric social work needs of the families having children with mental health diseases. Basic needs of the families are (1) informing the families about the diseases because of lack of knowledge on diseases and the process of the diseases and (2) social support for problems of social environment caused by the mental health disease. As suggestions psychiatric social work services should include giving information to families on mental health diseases and processes of them and strengthen of their coping mechanism in order to cope with social problems caused by the mental health diseases. Also new social work models should be developed.

Keywords: psychiatric social work, mental diseases, social work, family

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TÜRKİYE’DE RUH SAĞLIĞI HASTALIĞI OLAN ÇOCUKLARA SAHİP AİLELERİN PSİKİYATRİK SOSYAL HİZMET İHTİYAÇLARI

Öz

Anahtar kelimeler: psikiyatrik sosyal hizmet, ruhsal hastalıklar, sosyal hizmet, aile

1. Introduction
Families are the caregivers of many people with mental illness. In recent years with the abandonment of institutional care in the traditional sense and the adoption of a community-based care model, the importance and responsibilities of families as caregivers have increased. In the community-based care model, family and family support has an undeniable prominence. Most families cope with the symptoms of individuals with mental illness, struggle with disabilities caused by the mental illness and fight against the effects of social exclusion. These situations put a great deal of pressure on the family and the family members. The stress and pressure of caregiver roles, in time, causes some problems in the psychological conditions of family members.

Most caregivers in this way have to cope with ongoing problems. Family members acquire new roles in advocacy, crisis management and daily life. Family members also have to cope with the changing expectations of family members due to the presence of mental illness, the economic difficulties and the ups and downs in their social networks. Unfortunately, most families have little knowledge about coping with the nature, characteristics and symptoms of mental illness. The psychosocial well-being of a person who has undertaken the care of a family member with a mental illness is negatively affected. Because these caring individuals constantly experience anxiety, sadness, loss of feelings and stress. All of this is the primary base for psychological disturbances.

All of these problems and the psychological problems that arise from the responsibilities mentioned above are, of course, the subject and working field of social work. At this point, social work should exhibit a holistic approach when working with these families. Psychiatric so-
social work is critical to educating families about mental illnesses, improving coping mechanisms and their family dynamics.

This study, prepared as a literature review, will first give information on psychiatric social work and then examine the psychiatric social work image in Turkey. Later on, the problems and social work needs of family members who have mental illness will be emphasized. The purpose of this study is to examine the problems of family members who have mental illness from a psychiatric social service point of view and to give an idea about the situation in Turkey.

2. Methodology

This study is conducted as literature review one of the qualitative methods. Social work needs of families having children with mental health disease researched in world’s literature and mostly in Turkish literature as this study aims to determine Turkish parents’ needs. The structure of the paper is from the general to the specific as firstly psychiatric social work is introduced and situation of Turkey is explained and after that psychiatric social work needs summarized. Finally some suggestions are presented.

3. Psychiatric social work

The studies conducted in the field of mental health in recent years have emphasized that treatment should be multidimensional. As a matter of fact, it has been argued that the psychosocial structure of the individual is one of the most important principles that should not be ignored in the treatment process, which is defended by many researchers working in this field (Kuşgözoğlu & Akbıyık, 2007: 34; Yanık, 2008; Ensari et all., 2013; Güney, 2001). The field of mental health is a field where assessments are made by a multi-disciplinary team, within a holistic approach. When mental illnesses are thought to be related to bio- psychological factors, it is unthinkable that the social work profession is independent of the mental health field. Güney (2001: 269) stated that the medical treatment in Turkey was a preliminary plan and that the biopsychosocial dimension of mental illnesses was neglected in her study named as ‘place of daytime hospital in psychiatric rehabilitation’.

According to Özdemir (2000: 27), the main purpose of social work in psychiatric settings is to facilitate the acceptance and care of the patient, to reduce the stress of the patient and the family and to resolve the problems caused by the patient’s condition.

Social work serves in the field of mental health in the framework of social justice, client rights and human-focused approach. Within the mental health system, the responsibilities of social workers have increased, particularly with the transition to the community-based mental health model in the last 30 years. For example, in a study by Molding and Courtemey (2014), the Australian Welfare and Health Institute's 2010 publication found that social workers constitute one-third of the professionals working in community mental health in Australia.

Sheppard (1991) mentions the roles and tasks of social workers in the mental health field in the United States. The Otta Report, published in 1975, describes the roles of social workers in the health sector as follows; evaluation of social factors to contribute to diagnosis, advice on social factors to contribute to treatment, evaluation of social factors for discharge from hospital, long-term post-hospital care and services, in addition to establishing therapeutic relationships and advocacy with individuals, families and groups, activating resources, establishing external
links, educating health care workers on social factors, and counseling social worker staff (p. 6-7-8).

3.1. Psychiatric Social Work In Turkey

In 1983, the Department of Mental Health was established within the Ministry of Health in order to ensure the coordination of mental health services in Turkey. Today, there are 4 branch offices affiliated to the Department with the responsibility of coordination. These directors; Preservative Mental Health, Substance Abuse, Chronic Mental Disorders and Child and Adolescent Psychiatry Branches.

In the 1980s, efforts were made to improve the Ministry of Health's mental health policy. In order to improve mental health services in Turkey, efforts have been made to integrate mental health services with primary health care services. In order to ensure inter-sectoral and interdisciplinary coordination, different ministries, universities and non-governmental organizations have been tried to be included with the support of the World Health Organization.

Marmara earthquake of 1999 has been an important milestone for the re-examination of mental health services in Turkey. Within the scope of the MEER Project, three separate mental health conferences were organized in order to develop national mental health policy, and sector representatives related to mental health were brought together and their views were taken. Based on the conferences, interviews, compiled reports and scientific literature, the Report of the Republic of Turkey Mental Health Policy was developed on the basis of the "Service Guide Package for the Development of the National Mental Health Policy" designed by the World Health Organization.

According to the World Health Organization (2005), there are 1.3 beds for 10,000 people and 1 psychiatrist, 1 psychologist, 3 psychiatric nurses and 1 social worker for 100 thousand people in Turkey. Although the mental health policy in our country has become official in 2006, there is no mental health law in force yet (Ulaş, 2008).

Turkey is still very inadequate in the field of mental health since there are lack of adequate legal regulations and human resources. This is also true for the social work profession (Oral & Tuncay, 2012). It is estimated that 5% of Gross Domestic Product for health and allocates less than 1% of total health budget to mental health. Thus, Özdemir (2000) pointed out the impossibility of mentioning an adequate social work practice in psychiatric treatment institutions in Turkey as a result of a study about social work profession in psychiatric institutions in Turkey.

When the community-based mental health services were examined in terms of Turkey, the Health Department published the "National Mental Health Policy" text in 2006 and the "National Mental Health Action Plan" in 2011. In the text "National Spiritual Wellness Policy", community-based model transition has been recommended. The step for this model was the decision to open Community Mental Health Centers (TRSM). In 2009, the first Community Mental Health Center was opened as a pilot and after the necessary evaluations were made, the Directive on Community Mental Health Centers was published in 2011 and started to be implemented. Since 2014, there are 77 registered Community Mental Health Centers in Turkey (Saruç & Kilic, 2015).

In the guide to work for community mental health centers in Turkey (2013), the duties and responsibilities of social workers are stated as follows:
• Establishing contact with relevant institutions and organizations in terms of facilitation in meeting the needs (legal, social, economic, housing, employment) of the service area as within the framework of maintenance plans,
• Developing projects to combat stigmatization;
• To provide cooperation between related institutions when necessary,
• Providing support and consultancy services to patients and their families on social and legal rights,
• Keep records of transactions and services

Social workers are an important part of the multi-disciplinary team in the field of mental health and empower the social and psychological aspects of the mental health field in particular. However, contrary to the practices in Europe, there are not enough social workers in the psychiatric team in Turkey (Bahar & Savaş, 2013).

The history of social work profession in health services in Turkey is not very long. Social workers working in the field of health and especially psychiatry are seen as complementary and supportive to main health services, and some kind of extended service for the society (Yılmaz et al., 1997). Psychiatric social work is concerned with the individual and social effects and consequences of mental disorders. Psychiatric social work has emerged as a profession with important functions as rehabilitation of individuals from mental health and fulfilling their social functions more effectively in daily and social life (Bulut 1998 as cited in Bahar & Savaş, 2013).

Figure 1. (A) Mental Health Care Team of Turkey, (B) Mental Health Care Team of Germany

Per 100.000 people in Turkey have 1 psychiatrist, 1 psychologist and 1 social worker (Göka et al., 2002). The number of social workers according to 2005 date by the World Health Organization are 477 for per 100.000 people in Germany, 176 for per 100.000 people in Hol-
land and 58 for per 100,000 people in the UK (Ulaş, 2008). The concept of "psychiatric rehabilitation", which has existed in western countries for many years and is the subject of countless investigations, is practically not practiced in our country (Okay & Göka 2000; Sercan, 2000). The lack of psychiatric social services leads to medical teams to try to solve the social problems of the patients. This burden of the patients who cannot be discharged because of their social problems cannot be solved by social workers and as a result of that many patients have to wait for a long time for discharged and the trained assistants and medical teams are negatively affected from this situation (Göka et al., 2002).

3.2. Psychiatric Social Work Needs and Problems of Families Having Children with Mental Diseases

Parents of children with mental diseases have different kinds of bio-psycho-social problems. Researches in the field show all of these current and immediate problems. Here it is defined these negative emotional and psychological problems of the parents including symptoms such as stress, anxiety and depression.

According to a survey conducted in Turkey, there is a significant relationship between parental depression and the presence of social and emotional problems observed in early childhood. Another notable finding is that as stress factors increase in girls, the level of psychiatric problems increases. In this increase, it is important that maternal depression is also among the stressors and that girls are more affected in the presence of maternal depression (Karabekiroğlu et al., 2008). Existing stress factors and depression in the family also affect the family members. In this case, supporting the family in the context of social work interventions is highly critical. With these interventions, children’s social and emotional problems can be prevented by supporting the mother about her depression and stress.

Psychopathology was found to be higher in parents of children with anxiety disorders than in parents of normal children in a study in which families of children who were complained of school fear and did not have this condition were evaluated. The fact that children with mental retardation have a higher incidence of psychopathology in their parents and that children with anxiety disorders should be supported with holistic studies that include parents for treatment interventions (Özcan, Kilic & Aysev, 2006).

It has been reported in the literature that unhappy parental patterns of anxious thinking can be transferred to their children by modeling their avoiding and overprotective behavior (Moore et al., 2004, Whaley et al., 1999). In this context, in a study conducted in Turkey, mothers of children with separation anxiety disorder received high scores on the neurotic and psychotic dimensions of Eysenck Personality Inventory axes. It has been determined that these mothers are more anxious, sensitive, quick-responding, hypersensitive, and insecure, with more physical complaints (Türkbay & Söhmen 2001). As it's seen these mothers have physical, emotional and social problems.

In a study, it has been founded out that children with attention deficit disorder (ADHD) has absent days low school performance (Çekic et al., 2017). In similar context, studies with families of children with ADHD, families with ADHD in their children reported higher discomfort, separation and divorce, and decreased satisfaction from marriage (Breen & Barkley, 1988; Cussen et al., 2012). Parents also noted that the quality of life decreases since symptoms and emotional effects of ADHD taking a large part of their time and limiting family activities (İmren, Arman & Ulusan, 2013). In studies conducted in Turkey, it was observed that the level
of socio-emotional dissonance was higher in the parents of the children with Attention Deficit Hyperactivity Disorder according to the control group (Aydin et al., 2006; Camcıoğlu, Yıldız & Ağaoğlu, 2011).

In another study, it was observed that the level of anger was high in the families of substance addicts, and there was a relationship between anger and depression and anxiety levels. In the study, it was found that the anger, anxiety and depression levels of the parents of the substance dependence patients were higher than the healthy control group (Ekinci et al., 2016).

In another study conducted with the families of schizophrenic patients in Turkey, the relatives of the patient can define mental disorder when the concept of schizophrenia is opened, but they are not acquainted with schizophrenia adequately and correctly. The disease, mental or psychiatric label is affecting social inclusion and negative attitudes even on relatives of patients with schizophrenia (Sağduyu et al., 2003). The results of this study show that the level of knowledge of mental illnesses is low even for the parents and that informative studies should be done on this subject.

These findings are consistent with similar researches in the literature. According to this, the relatives of individuals who have mental health illness have psychotic disorders; mood disorders; anxiety disorders; substance use; personality disorders; eating disorders and others (Stephens et al., 2011).

4. Conclusion and Suggestions

As it’s seen parents of mentally ill children have shown multidimensional characteristics about their problems. It can be deducted from the researches on the field that these parents have problems of physical, psychosocial, economic and social. All of these problems have correlation with social work and social work services. Since social work considers a person or a family as holistic point of view, the best support for these families can be provided via social work interventions.

In the direction of the data obtained from the literature, it may be suggested to inform the society and family about the characteristics of mental illnesses, similarities of other diseases, preparing supporting programs for the families of the patients with mental disorders and investigating the difficulties that these family members experience.

In Turkey, the "Mental Health Policy", which was prepared according to the World Health Organization Guidelines and became official, was published in 2006, but no major steps were taken to implement these policies in our country. There are still considerable inadequacies in psychiatric resources and human power, legal legislation and community psychiatry in Turkey.

An autonomous National Mental Health Council to work with the General Directorate of Mental Health should be established in Turkey. This council, consisting of representatives of the Ministry of Health, Education, Labor, Family and Social Policies; Universities, Turkish Psychiatric Association, Child and Adolescent Mental Health Association and Turkish Psychological Association, Social Workers Association should work together in coordination and should provide standardization on psychiatric health and social services in Turkey (Ulaş, 2008).

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