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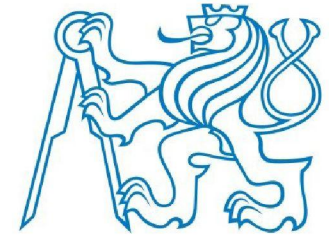
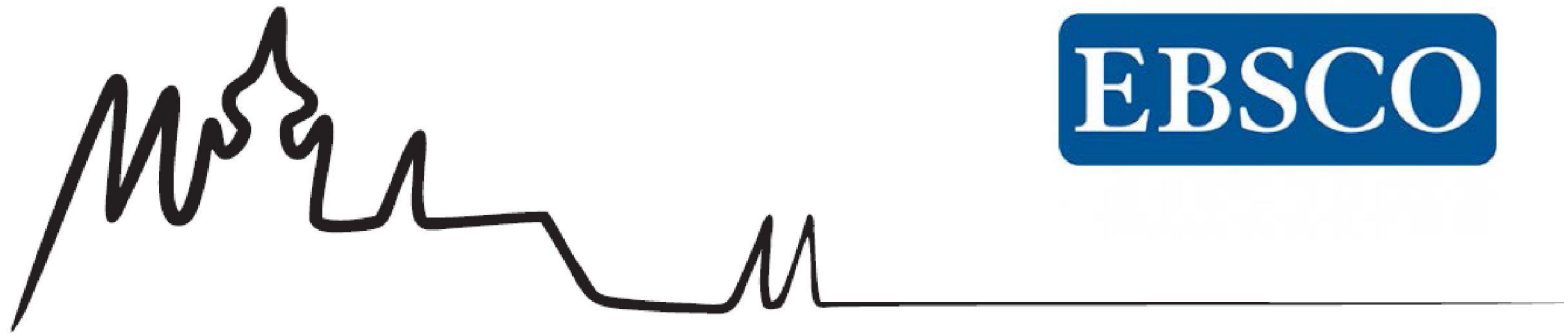
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**SOCIAL WORK PRACTICES IN THE CONTEXT OF SUICIDE
PREVENTATION AND MENTAL HEALTH POLICIES: A QUALITATIVE STUDY
ABOUT SOCIAL WORKER SAMPLE**

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Summary

Objective: The main objective of this study is to reach an overall opinion about the social dimension evaluation of mental health, the development of community mental health, expanding the scientific infrastructure of mental health policies consulting the views of social worker in the context of Mental Health Policies conducted in Turkey.

Methods: In the study that is designed as qualitative, questions which are obtained from scanning the national and international literature related to the subject were used and face-to-face interviews were applied to 26 social worker in order to get data. Atlas.Ti 5.5. program was used to classify the data and as a result encoding was achieved.

Findings: There is a negative and exclusionary perception about mental problems in the society. Concerning the symptoms of suicidal tendencies, psychological factors became prominent and it is emphasized that for the treatment of mental problems, medication and psychosocial support should be together. It is stated that effective policies and practices can be developed in some situations such as when there is a problem that is connected to economic and social problems and when an individual have effective access problem to mental health services.

Result: Mental health policies, which have a place in social policies and health policies, indicate a great step for preventing suicide and ensuring social welfare.

Keywords: Mental Health Policies, Suicide, Social Worker, Qualitative Research

Conference Topic: Social Sciences

INTRODUCTION

Suicide risk is a conclusion drawn by a professional after evaluating the possibility of suicide considering life standard, background information, and pathologic features of an individual who wants to commit suicide in the light of reactions of people around and statistics (Sungur, 1998: 11). Suicide is a public health issue (TC Sağlık Bakanligi, 2004). It is predicted that suicide will be 2% of global diseases in 2020 and for that reason; the need for national suicide prevention strategies is emphasized. According to Turkish Statistics Institution 2012 statistics, the number of suicides, which end with fatality, is 3225 and the suicide speed is 4.29 in hundred thousand. Mental health, which has a direct relation with suicide, is something more than pathogen or existence of stress. Feeling good and being respected by the others around are signs of a positive perception of the individual. The main goal of the mental health system is easing the symptoms and enhancing the quality of life. Most of the professionals agree that we need to find a solution that includes biological, psychological and social factors (Golightley, 2008: 36). The reason of this is that social factors (death of a relative, poverty, unemployment, lack of social support), psychological factors (low self-respect, weak coping skills) and physical factors (malnutrition, infection, and genetic factors) are all effective on mental health (Jenkins et al., 2011: 74).

When suicide is thought to be a cause of death and alternatives for interventions are developed, it is relatively easy to control the suicide rates (Solin & Letho, 2011: 259). Prevention of suicide is categorized in two groups: increasing the awareness about suicide and education skills and directing and observing mental problems and acts of suicide (Ramchand et al., 2011: 43). For instance, Ministry of Health in Britain started the first suicide prevention strategy in 2003 determining the factors that are related to suicide in order to decrease the death rates. The factors defined in this policy document are unqualified workers working for low wages, unemployed individuals, individuals that ended up their love relations, socially lepers, abusers of alcohol and drugs (Golightley, 2008: 39-40).

Social worker in the field of mental health not only deals with the problems as a member of a psychiatric team, he also considers the effect of mental diseases on individual, personal relations and broader communities in the level of social problems (Bland & Renouf, 2001: 239). Beyond their individual duties, social worker have a vital duty working with the families and communities in order to determine the factors that lead the individuals to suicide. However, it is emphasized that in literature about suicide the experience of social worker is not allowed full play in terms of social work practices and education (Gair & Camilleri, 2003: 92). For that reason, Gould (2006) mentioned about the need for creating a multi-dimensioned framework and typology that covers qualitative-quantitative data which will be developed under the evidence based practices perspective to develop social work for mental health field and policies.

METHOD

Objective of the Research

The main objective of this study is to reach an overall opinion about the social dimension evaluation of mental health, the development of social mental health, expanding the scientific infrastructure of mental health policies consulting the views of social work in the context of Mental Health Policies conducted in Turkey.

Research Design

Qualitative research design was used in the study. The study was designed according to qualitative research design. The purposive questions that are expected to respond are listed as follows:

- What kind of an approach exists in evaluation of mental health services role and economic factors in preventing suicide?
- What kind of a patient profile is seen when the mental problems and suicide fact in the society are considered?
- What kind of an overall perception exists about the effects of treatment on mental illnesses?
- How can the focal point of mental health policies conducted in Turkey be basically defined?

Data Collection Process

The questions used in the study were chosen from the question pool that was obtained after scanning and evaluating the national and international articles (Hunt et al., 2011; Greatley, 2009; Brown et al., 2010; Annor & Allen, 2009; Brown & Wissow, 2011; Wenzel et al., 2011; Durkheim, 2011; TC Sağlık Bakanlığı, 2006; TC Sağlık Bakanlığı, 2011). Data was collected with face to face interview technique. In order to ensure the subject integrity and intelligibility, the related ones were given under the same topic. The questions that were used as data collection tool were suggested as in the following;

1. Patient Profile

a) According to you, what kind of a tendency towards the mental problems in the society exists?

b) If there are symptoms that point out the suicide tendency exist in the society about defining the suicide as a concrete concept, could you please express the most important ones?

2. A Sociological Overview to Mental Health

a) What can be said about the effective interventions which will be done to prevent suicide that are caused by economic loss or stressful and heavy work in order to heal general mental health structure of the population in macro scale?

b) According to you, what can be/ should be done for the ones such as prisoners that have limited access to mental health services?

c) Could you please identify the mental problems that lay social and economic problems at the individual's door?

3. The Evaluation of Mental Health Policies and Prevention of Suicide

a) What are the three principal focal point in evaluation of present mental health policies in Turkey?

b) Is there any relation between an increase in awareness of mental health policies in the society and prevention of suicides or suicide attempts? Please explain shortly.

Data Analysis

The data obtained from the question forms used in the study were transferred to computer and they were encoded using ATLAS.ti 5.5 program to classify the data. By the help of this program, the overall encoded data was evaluated all together and frequency values were obtained.

Population and Sample

Twenty-six social workers who work in different public institutions or organizations that are located in Konya were asked for information that is related to the subject.

FINDINGS

Patient Profile

The tendency in the society towards mental problems

All the participants but two emphasized that the tendency in the society towards mental problems is negative. They specified the reasons of this situation as "not knowing enough about the mental problems in the society (ignorance)", "defining the mental problems as a fact which is exclusionist or alienation", "considering the individuals who have mental problems as frightening", "having prejudice against these patients even if we have no information about the level of mental problem" and "not considering the mental problems in the scope of medical disease". Two of the participants emphasized that mental problems are ordinary physical diseases.

The symptoms that point out the suicide tendency exist in the society about defining the suicide as a concrete concept

The symptoms that point out the suicide tendency exists in the society about defining the suicide as a concrete concept were collected under three headings. These are:

1. Psychological Symptoms (sudden mental changes, adductive, inappropriate affect, psychological diseases, being unable to cope with the problems, stress, violation and violation tendency, traumas)

2. Symptoms (anti-sociability status, losses, using drugs, broken family and family problems, social disfunction problems, social pressure)

3. Other (history of the family, gender identity disorder, adolescent issues, increase in drug usage, verbal expressions)

A Sociological Overview to Mental Health

The effective interventions which will be done to prevent suicide that are caused by economic loss or stressful and heavy work in order to heal general mental health structure of the population in macro scale

It is stated that a strategy towards the individuals who are working at stressful and heavy jobs and having economic problems was needed. Seven participants expressed that this kind of a policy could be achieved through an effective policy and management while nine of them argued that it is not possible to apply such a strategy in Turkey's social and economic conditions.

When the participants were asked about the effective interventions which will be done to prevent suicide that are caused by economic loss or stressful and heavy work, the responses were collected under two main headings. These are:

1. Individual and Family Focused Approach (doing awareness work with families, increasing the self-confidence of the individual, improving the ability to cope with problems, strengthening the spiritual beliefs)
2. Society Focused Approach (identification of risk groups, improving the socio-economic policies)

What can be done for the ones such as prisoners that have limited access to mental health services?

Fifteen of the participants, who responded the question about the prisoners who have a limited access to mental health services as a specific group, indicated the importance of managing the psychosocial support mechanisms in penal institutions better and six of the participants emphasized the importance of increasing number of projects for vocational training. The proposals are "Establishing Forensic Psychiatry Hospitals", "strengthening the legal studies for patient rights" and "Saving the Prisoners from drug Dependency".

Mental problems that lay social and economic problems at individual's door

The social and economic problems that lay mental problems at individual's door were collected under three headings. These are:

1. Economic problems (employment problems, problems about the workplace, financial losses)
2. Social Problems (behavioral disorders, communication problems, using drug, social functioning loss, social isolation loss, social isolation and stigmatization, violence and crime tendency)
3. Cognitive Problems (stress and depression, negative thinking tendency)

The Evaluation of Mental Health Policies and Prevention of Suicide

Main focal point of present mental health policies in Turkey

According to the participants, there are three main focal point of present mental health policies in Turkey. These main points were collected under three main headings "the structure of mental health services", "the institutions that provide mental health services" and "the activities done on macro level". The participants stated that the structure of mental health services was focused on treatment, medicine and the activities done on macro level should focus on information-awareness, achieving the goals, scanning the mental problems, and society based approach.

The relation between an increase in awareness of mental health policies in the society and prevention of suicides or suicide attempts

When the relation between an increase in awareness of mental health policies in the society and prevention of suicides or suicide attempts was asked, most of the participants responded in a way that support the presence of such a relation. It is also indicated that achieving awareness, the individuals will act consciously, there might be early interventions to suicide attempts, individuals will be more eager to have professional support and can improve their skills to cope with the problems.

DISCUSSION

Patient Profile

Responses about the social tendency for mental problems

In our study, it is seen that the professionals working at mental health services field mentioned about *ignorance*, *stigmatization* and *prejudice*. In the study of Saillard which is about stigmatization of mental diseases it is stated that negative thoughts about psychiatric disorders also common among the doctors and in order to cope with this stigmatization and have a positive approach to patient profile, education and awareness raising are important (Saillard, 2010). In the study by Sagduyu et al. (2001), one fourth of the participants believed that patients with schizophrenia are dangerous and they should not be left alone in the society. Thus, for the orientation of the individuals who have mental health problems, the importance of institutions and society is emphasized (Karakus, 2009: 409). Anti-stigmatization becomes important with the “defensiveness” of social work. In the regulation by TRSM (Society Mental Health Centre), it is indicated that this one is the duty of social workers as concluded from the sentence “maintains and develops the cooperation between institutions against stigmatization”. Bostanci (2005: 36) mentions about the importance of education folk, creating a communication web for society based services, increasing the number of social charity and informal support groups against the risk factors in struggling with stigmatization. Raising awareness of the society determining the needs of individuals who have mental health problems brings new fields and opportunities to social workers (Beder, 2006: 153).

Responses about the signs that point out tendency to suicide

The reasons for tendency to suicide were encoded in three groups, psychological reasons, social reasons and others. According to TUIK (Turkish Statistical Institution) 2012 suicide report, the reasons of suicide was not known for the 53, 1 of the individuals who committed suicide. The reasons of the rest can be given as 17,3% because of disease, 7,8 % family problems, 7,6% financial problems, 4% platonic love or not getting married to the beloved one, 2,1% failure in trade and 0,06% failure in education life. Thus, Caman and Cilingiroglu (2009) handled the subject and made a research on the correlation of changing employment rates and suicide rapid between the years 1990-2008 and found a positive relation between these two variables (Pearson correlation =0,630; p=0,004). Additionally, in the study of Topbas (2007), it is also seen that data between the years 1974-2005 showed there was a statistically meaningful reason between unemployment and suicide. Correlatively, in the study of Oktik et al. (2003: 16), 84 relatives of individuals in Mersin who committed suicide were interviewed face to face and it is concluded that economical crisis is a trigger for suicides of men.

Under the heading of others, it is seen that the social workers associated the adolescence problems with suicide specifically. In the literature, the importance of educating parents, caretakers and teachers in order to prevent the suicides of adolescences is attracted and the need for an advisor at schools especially during development process is emphasized (Aslan et

al., 2007: 276). For instance, in a study conducted with 84 adolescences who attempted to commit suicide showed that in their attempts the reasons were problems with the parents and being exposed to physical violence frequently before the attempt (Ozguven et al., 2003). As a result, in terms of preventing suicide in Turkey, the precautions are limited to individual based approach and treatment (Alptekin et al., 2008: 86), also there is need to have some arrangements in order to treat immediately in their own environment without being affected by the other factors in the environment (Oktik et al., 2003: 18).

A Sociological Overview to Mental Health

The effective interventions which will be done to prevent suicide that are caused by economic loss or stressful and heavy work in order to heal general mental health structure of the population in macro scale

In the strategies constituted to heal general mental health structure, social workers emphasize socio-economic policies. In order to prevent suicide caused with bankruptcy, the social workers prefer individual and family based approaches with social approach. The strong side of social work in mental health field is its handling the rise of mental diseases and experience of mental disease in the level of family and society comprehensively. All the professions can give importance to care takers but social studies focus on the interfamily relations and family roles (Bland & Renouf, 2001: 239). Joe & Niedermeier (2008: 508-509) say that even if there are lots of studies on suicide in various fields, in social work environment that make studies with specific perspectives such as consideration of individual has an important place particularly for the evolution of suicide risk and creation of social work data base. Working with the families is another vital role of a social worker in the field of mental health (Beder, 2006: 159). Individuals and the communities should notice the relation of mental problems which are result of various reasons such as oppressive social system, chronic diseases and physical disorders, and despair in suicide intent. Social workers can be the leaders in education of society about suicide which includes personal, professional, legal and ethic problems. In order to prevent and intervene the suicide, it needs to decrease the accusation and risk related to suicide (Mishna, Antle & Regehr, 2002: 276-277).

The studies that can be done for the ones such as prisoners that have limited access to mental health services

In the study, data about the prisoners who are a specific applicant for mental health services were collected. Social workers opined about the mental health services for prisoners. In a study conducted by Kaya et al. (2004: 90), psychiatric disorder frequency among the prisoners was found in the level of 67% and concluded that a team should be organized at prisons as the level was very close to the other studies. The prisoners who committed suicide or attempted it are mostly socially isolated ones inside or outside of the prisons. When the prisoners who committed suicide between the years 1999-2000 were studied, It is seen that 42% of these people were not been visited. A sentence of a prisoner who attempted to commit suicide also supports this view, "I have no one waiting for me outside" (Paton et al., 2004: 122).

Mental problems that lay social and economic problems at individual's door

Among the problems that are laid by mental problems, economic, social and cognitive problems were emphasized. For the individuals who are suffering from mental health problems, social and physical environment is generally a source of stress. The relations with friends, relatives, colleagues or neighbors are mostly limited or inaccessible and as a result, the one may feel isolated socially and emotionally. Physical environment might be crowded, unreliable and dangerous which may generate a dangerous environment for the ones having

mental problems. Helping these people is the distinctive responsibility of social work (Heller & Gitterman, 2011: 13). This situation may be thought related to stigmatization. Thus, Guney (2004: 67) indicates that stigmatization in chronic mental health may result in severance, social neglect, loss of rights and responsibilities. Layikel (2008: 11) states that mental health problems bring social exclusion and poverty together which means the problem field is multi dimensional that the policies that will be developed should address these fields. It is observed that individuals with mental health problems always considered as a subject of prejudice in education, employment, medical treatment, socialization, sheltering fields and sometimes they are considered as "potential criminal" (Erkem & Dinc, 2010: 47). Hudson (2005), who searched the relation between poverty and mental health, observed 34000 patients who were hospitalized for severe psychiatric disease at Massachusetts Hospital between the years 1994-2000. In this study, it is seen that while the 4% of wealthy patients who have mental disease were hospitalized again, the 12% of poor ones were hospitalized again. Besides, this was a longitudinal study which gave Hudson the chance to observe the patients' economic activities. Hudson detected that during the mental health problems, patients experience a decrease in economic situation and were driven to poverty. On the contrary, there is overall view that poverty increases the mental health problems level when causation is considered (Rank, 2011: 52).

Evaluation of Mental Health Policies and Prevention of Suicide

Social workers emphasized information-awareness, achieving the goals, scanning the mental problems and society based approach fields and focused on increasing the awareness towards mental diseases and prevention of suicide or suicide cases. When Turkey considered, the access to support systems for the individuals who have mental problems is the main problem (Dinc, 2010: 15). Making explanations about "causes of the disease and its results, course of the disease, adverse effects of the medicines, alternative treatments" and so on, also having information about the acts of the patients and learning more about how to communicate with the patient are the main demands of individuals and their close relatives friends and families (Erkem & Dinc, 2010: 43). In "Mental Health Action Plan Proposal" published in 2007 it is emphasized that as the number of psychiatrists in Turkey is not enough the activities for informing about the disease, course of disease and communication methods should be done by the social workers is an important point.

Dogan draws attention to the deficiency of a systematic arrangement and practice that is related to psychosocial approach, emphasizes the lack of coordination between the institutions and states the importance of such legal arrangements in the country for the patients and their families (Dogan, 2007: 27). The present mental health system in Turkey is based on hospitals; there are no interventions to environmental factors and after the dischargement from hospital the patient are regaled to themselves or their families, in general there is no course of disease or treatment after hospitalization (Alatas et al., 2009: 26). In public mental health and social work in Turkey there are problems in integration of the patients to the society and protection of their rights and it is highlightened that a policy which will prevent mentioned problems is an important part of EU membership process (MDRI, 2005).

CONCLUSION AND RECOMMENDATIONS

Suicide factors and defining the place and duty of main care services for preventing suicide are important in following the risk factors for suicide and decreasing the risk in the society. Besides these, increasing the number of suicide prevention centers an order to give support to the individuals who have suicide potential and supporting the activities of these centers by the help of common studies organized by committees at Ministry of Health, Ministry of National Education and Ministry of Labor and Social Security. In addition, it is

important to consider the physical conditions of the places where the patient have treatment and creating the suicide prevention strategies structurally.

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