MENTAL HEALTH ATLAS 2020

Member State Profile

[Turkey]

Total population (UN official estimate):¹
Total mental health expenditure per person (reported currency):

83 429 607 Income Group:³
WHO Region:

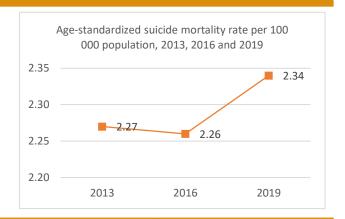
Upper-middle

EURO

Burden of mental disorders (WHO official estimates)

Disability-adjusted life years (per 100 000 population):²
Age-standardized suicide mortality rate (per 100 000 population):⁴

1 807.8 2.34



Mental health research and reporting

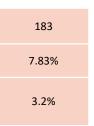
Availability / status of mental health reporting:

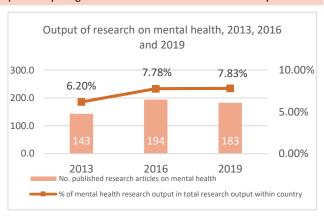
Mental health data compiled only for general health statistics in the last two years

Number of published research articles on mental health⁵

Percentage of mental health research output in total research output within country

Percentage of mental health research output of the country in total mental health research output in the region





MENTAL HEALTH SYSTEM GOVERNANCE								
Mental health policy / plan		Mental health legislation						
Stand-alone policy or plan for mental health:	Yes	Stand-alone law for mental health:		No				
(Year of policy / plan):	2020	(Year of law):	-					
Policy / plan is in line with human rights covenants (self-rated 5-points checklist score; 5 = fully in line) ⁶	5	Law is in line with human rights covenants (self-rated 5-points checklist score; 5 = fully in line) ⁷		Not applicable				
Human resources are estimated and allocated for implementation of the mental health policy/plan	Yes	The existence of a dedicated authority or independent body to assess compliance of mental	A dedicated auth	nority body does				
Financial resources are estimated and allocated for implementation of the mental health policy/plan	Yes	health legislation with international human rights						
The mental health policy / plan contains specified indicators or targets against which its implementation can be monitored	Indicators were available but not used							
Child and/or adolescent mental health policy/plan								
Stand-alone or integrated policy or plan for child mental health	No	Stand-alone or integrated policy or plan for adolescent mental health		No				
(Year of child mental health policy / plan):	-	(Year of adolescent mental health policy / plan):		-				
Suicide prevention strategy/policy/plan								
Stand-alone or integrated strategy/policy/plan for suicide prevention	Yes	(Year of strategy/policy/plan)		2011				

RESOURCES FOR MENTAL HEALTH Mental health financing The government's total expenditure on mental health as % of total government health expenditure The government's total expenditure on mental hospitals as % of total government mental health expenditure

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Insurance for mental health

How the majority of persons with mental health conditions pay for mental health services

Persons pay nothing at the point of service use (fully insured)

How the majority of persons with mental health conditions pay for psychotropic medicines

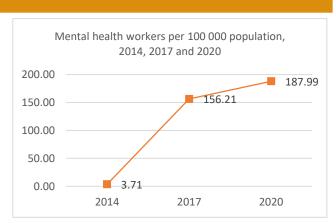
Persons pay nothing at the point of service use (fully insured)

The care and treatment of persons with mental health conditions (psychosis, bipolar disorder, depression) is included in national health insurance or reimbursement schemes in your country

Yes

Mental health workforce

	Total Number (gov. and non gov.)	No. per 100 000 population
Psychiatrists	1 847	2.21
Mental health nurses	150 322	180.18
Psychologists	2 699	3.24
Social workers	1 969	2.36
Other specialized mental health workers (e.g. Occupational Therapists)	-	-
Total mental health professionals	156 837	187.99



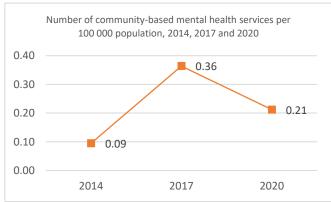
Mental health workers in child and/or adolescent mental health services: Total mental health workers in child and/or adolescent psychiatrists Total mental health workers in child and adolescent mental 397 1.47 health services

NACNITAL LICALTIL CERVICE AVAIL		ID LIDTAKE			
MENTAL HEALTH SERVICE AVAIL neurological and substance use disorders)	ADILITY AN	ID UPTAKE (Mental health se	rvices include care f	or mental health,
Integration of mental health into primary health	care				
Integration of mental health into primary care is considered functional (self-rated 5 points checklist score; ≥ 4 = functional					5
integration) ⁸				3	
Outpatient care (total facilities)		Outpatient care (visits per 100 000 population			n)
Mental health outpatient facilities attached to a hospital	1 161	Number of visits made by service users in the last year in mental health outpatient facilities			284.55
·	177	attached to a hosp Number of visits m		users in the last	
"Community-based / non-hospital" mental health		year in "Communit	,	116.38	
outpatient facility		health outpatient f	,		
Other outpatient facility (e.g. Mental health day care or treatment facility)	_	Number of visits made by service users in the last year in other outpatient facility (e.g. Mental health day care or treatment facility)			_
Total number of outpatient facilities specifically for			ade by service users in the last		
children and adolescents	147	year in outpatient and adolescents	facility specific	2 815.14	
Inpatient care (total facilities)		Inpatient care (beds/admissions per 100 00			population)
Mental hospitals	9	Mental hospital beds / annual admissions		4.56 / 64.17	
Psychiatric units in general hospitals	230	General hospital psychiatric unit beds / annual admissions			4.55 / 202.90
Community residential facilities	-	Community residential beds / annual admissions			-/-
Inpatient facilities specifically for children and	39	Child and adolescent specific inpatient beds /			0.89 / 1 456.47
adolescents Mental hospitals		annual admissions Mental hospitals (length of stay)			
Total number of admissions	73 160	Inpatients staying less than 1 year			55 169
Admissions that are involuntary		Inpatients staying 1-5 years			
Autilissions that are involuntary	497	Inpatients staying	1-5 vears	•	-
·	497		·		-
Follow-up of people with mental health condition discharged from hospital in the last year (discharged	497 51%-75%	Inpatients staying Inpatients staying Percentage of inpa	more than 5 ye	ears	-
Follow-up of people with mental health condition		Inpatients staying	more than 5 ye tients staying l	ears	- - -
Follow-up of people with mental health condition discharged from hospital in the last year (discharged	51%-75%	Inpatients staying Percentage of inpa in the total numbe	more than 5 ye tients staying l r of inpatients	ears less than 1 year	- - - - 51%-75%
Follow-up of people with mental health condition discharged from hospital in the last year (discharged persons seen within a month)	51%-75%	Inpatients staying Percentage of inpa in the total numbe	more than 5 ye tients staying l r of inpatients	ears less than 1 year	-
Follow-up of people with mental health condition discharged from hospital in the last year (discharged persons seen within a month) Inpatients receiving timely diagnosis, treatment and fol	51%-75%	Inpatients staying Percentage of inpa in the total numbe	r of inpatients e.g. cancer, dia	ears less than 1 year betes or TB)	-
Follow-up of people with mental health condition discharged from hospital in the last year (discharged persons seen within a month) Inpatients receiving timely diagnosis, treatment and fol Community based mental health services Total number of community based mental health	51%-75% low-up for physica	Inpatients staying Percentage of inpain the total number I health conditions (r of inpatients e.g. cancer, dia	ears less than 1 year betes or TB)	- - - 51%-75%

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National

Government

Yes

MENTAL HEALTH PROMOTION AND PREVENTION Existence of at least two functioning programmes Yes (self-rated 3 points checklist score; ≥ 2 = functioning programme)¹⁰ Category of mental health promotion & cope of Functionality of Programme **Programme examples** orogramme management orogramme Suicide prevention programme Suicide Prevention Programme National Government Yes Mental Health Awareness /Anti-Anti-stigma Awareness Training National Government Yes stigma Supporting 0-6 Aged Children's Psychosocial Early Child Development National Government Yes **Development Programme** School based mental health School, Guidance and Psychological Counselling National Government Yes prevention and promotion Services Parental / Maternal mental health promotion and prevention Work-related mental health prevention and promotion

Endnotes

Mental health and psychosocial

disaster risk reduction

component of disaster preparedness,

Psychosocial Support in Disasters and Traumas

Training

⁷ Law compliance with human rights instruments self-rated 5 points checklist items: 1) Law promotes transition towards community-based mental health services (including mental health integrated into general hospitals and primary care); 2) Law promotes the rights of people with mental health conditions and psychosocial disabilities to exercise their legal capacity; 3) Law promotes alternatives to coercive practice; 4) Law provides for procedures to enable people with mental health conditions and psychosocial disabilities to protect their rights and file appeals and complaints to an independent legal body; 5) Law provides for regular inspections of human rights conditions in mental health facilities by an independent body (79% of responding countries). (5 = fully in line)

⁸ Integration of mental health in primary care self-rated 5 points checklist items: 1) guidelines for mental health integration into primary health care are available and adopted at the national level; 2) pharmacological interventions for mental health conditions are available and provided at the primary care level; 3) psychosocial interventions for mental health conditions are available and provided at the primary care level; 4) health workers at primary care level receive training on the management of mental health conditions; 5) mental health specialists are involved in the training and supervision of primary care professionals. (≥ 4 = functional integration)

⁹ **Community-based mental health services** are defined as services that are provided in the community, outside a hospital setting. Data for this indicator include countries' reported number of community-based outpatient facilities (e.g. community mental health centres), other outpatient services (e.g. day treatment facilities) and mental health community residential facilities for adults.

¹⁰ Functional mental health promotion and prevention programmes self-rated 3 points checklist items: 1) Dedicated financial & human resources; 2) A defined plan of implementation; and 3) Documented evidence of progress and/or impact. (≥ 2 = functioning programme)

¹ UN, 2019. World Population Prospects. https://population.un.org/wpp/

² GBD, 2019. Global Health Estimates. https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/global-health-estimates-leading-causes-of-dalys. Value represent DALY rate per 100,000 and for mental disorders only.

³ World Bank, 2019. Country classification. https://datahelpdesk.worldbank.org/knowledgebase/topics/19280-country-classification

⁴ WHO, 2019. Global Health Observatory. http://www.who.int/gho/en/. Suicide mortality rates are computed using standard categories, definitions and methods are reported to facilitate comparisons over time and between countries and may not be the same as official national estimates.

⁵ **Output of research on mental health:** The annual published research output in peer-reviewed and indexed journals is used as a proxy for the amount (and quality) of mental health research that is being conducted or is related to a given country.

⁶ Policy/plan compliance with human rights instruments self-rated 5 points checklist items: 1) Policy/plan promotes transition towards mental health services based in the community (including mental health care integrated into general hospitals and primary care); 2) Policy/plan pays explicit attention to respect of the rights of people with mental health conditions and psychosocial disabilities as well as at-risk populations; 3) Policy/plan promotes a full range of services and supports to enable people to live independently and be included in the community (including rehabilitation services, social services, educational, vocational and employment opportunities, housing services and supports, etc.); 4) Policy/plan promotes a recovery approach to mental health care, which emphasizes support for individuals to achieve their aspirations and goals, with mental health service users driving the development of their treatment and recovery plans; 5) Policy/plan promotes the participation of persons with mental health conditions and psychosocial disabilities in decision-making processes about issues affecting them (e.g. policies, laws, service reform, service delivery). (5 = fully in line)