

## Effects of Covid-19 On Mental Health Policies in the World and in Turkey and a Model Proposal

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### 1. Summary

In this study, the reflections of the effects of Covid-19 on mental health policies were examined and within this framework, a semi-structured interview form was applied to 19 participants. Participants were questioned about mental health policies before Covid-19, the effects of the Covid-19 pandemic period on mental health, and the effects of the post-Covid-19 pandemic on mental health policies. The findings obtained from the interviews were analyzed using semiotic analysis and content analysis methods, and the results were discussed in the light of the literature. According to the findings, the most prominent indicators before the pandemic were insufficient missing data in mental health services, inadequacy of preventive medicine, low number of mental health professionals, lack of importance to the field of mental health, and evaluation based on the number of patients. The most prominent indicators during the pandemic process are not having sufficient equipment, leaving patients alone and alone with their illness, and inadequate teams. In addition to the indicators related to the pandemic process and before, the most prominent indicators after the pandemic are model indicators integrated with preventive medicine, ethics, legal responsibilities, participation, online opportunities and other sustainable systems. As a result, with the experiences gained before and during the pandemic, there is a need for a mental health policy and service model with the main purpose of preventive medicine, as well as the mental health law, which includes online counseling (teletherapy, telepsychology and telepsychiatry) and legal-ethical regulations for this.

### 2. Abstract

In this study, the reflections of the effects of Covid-19 on mental health policies were examined, and within this framework, a semi-structured interview form was conducted with 19 partici-

pants. The participants were questioned about mental health policies, the impact of the Covid-19 pandemic on mental health, and the effects of the post-pandemic period on mental health policies. The findings obtained from the interviews were analyzed using semiotic analysis and content analysis methods, and the results were discussed in the context of the literature. According to the findings, the most prominent indicators before the pandemic were inadequate mental health services, lack of preventive medicine, insufficient number of relevant professionals, lack of importance given to mental health, and assessment based on patient numbers. During the pandemic the most prominent indicators were lack of adequate equipment, leaving patients alone with their illnesses, and insufficient teams. The most prominent indicators after the pandemic were integrated model indicators related to prevented medicine, ethical end legal responsibilities, and sustainable systems in addition to the indicators related to the pandemic process and before. In conclusion, based on the experiences gained before and during the pandemic there is a need for a mental health a law that includes online counseling (teletherapy, telepsychology, telepsychiatry) and related legal and ethical regulations, as well as mental health policy and service model with a primary focus on preventive medicine.

### 3. Introduction

In the research on Reflections of Covid-19 on Mental Health Policies and a Model Proposal, the dimensions of mental health policies and services before the pandemic, during the pandemic period and after the pandemic are discussed. This study, conducted on the basis of qualitative research, was conducted during the most intense and crucial periods of the pandemic, when isolation and quarantine measures were strictly implemented; It was conducted with 19 psychiatry faculty members, psychiatrists, social work department faculty members, social workers, clinical psychologists

and PDR experts using semi-structured interview forms as well as field observation techniques. On May 12, 2020, the researcher also caught the Covid-19 virus and was hospitalized in the Covid-19 isolation ward of the hospital for 8 days and remained under observation and follow-up. He experienced severe Covid 19 disease 4 times in total. During this process, he witnessed the Covid-19 epidemic and related clinical conditions live and also had the opportunity to make observations. In addition, the researcher provided professional support as an expert to patients who tested positive for Covid-19 at the psycho-social support line of the tertiary pandemic hospital. SARS COV 2 virus (Covid-19), which is from the SARS family, was detected in the Wuhan province of China on December 31, 2019 and affected the whole world in a short time, especially countries such as Iran and Italy, causing a global epidemic, in other words, a global epidemic. has turned into a crisis. On January 30, 2020, WHO announced that it declared the new type of Coronavirus (SARS COV 2) epidemic that emerged in China as an "international public health emergency (Pandemic). In Turkey, the first case was reported on March 11, 2020. When the first case was detected in Turkey, more than 118 thousand cases and 4291 deaths were reported in 114 countries. On March 17, 2020, the first death due to Covid-19 was reported. The Covid-19 virus, which has turned into a global epidemic and crisis, has deeply affected all countries, including education, trade, manufacturing and service sectors, transportation, tourism, production, supply chain and health system, in all economic, psychological and socio-cultural aspects. Almost all countries and all inhabitants of the planet were caught unprepared by the Covid-19 epidemic storm, and heavy prices were paid globally.

The effects of the Covid-19 virus on health are not limited to its physiological dimension, but have also deeply affected the psychological and social dimensions, which are indispensable and integral components of health. The prominent characteristic of the epidemic is; Advanced uncertainty, fear of death, lack of treatment and vaccine (in the acute stages of the epidemic) have manifested themselves as existential crises at the individual and social levels. In addition to the physiological effects of the Covid-19 virus and its infectious properties; Individual and social mental disorders and psycho-social problems have become widespread, affecting individual and social psychology like infectious diseases (anxiety disorder, OCD, addiction, fear, anxiety, withdrawal syndrome, depression, suicide, eating and sleeping disorders, etc.). The findings of the research, including the psycho-social dimension of the epidemic, are as follows: A total of 19 participants took part in the research. 10 of the participants are men and 9 are women. Age distribution of men: 31<50> Marital status: 8 married, 1 single, 1 divorced, Undergraduate field: social work 5 people, medical faculty 4 people, psychology 1 person. Average monthly income (2021): The lowest is 11000 TL, the highest is over 20000 TL. Age distribution of women: 31<50> Marital status: Divorced 2

people, married 6 people, Bachelor's degree: Faculty of Medicine 5 people, social work 2 people, psychology 1 person, Psychological Counseling and Guidance 1 person. Average monthly income (2021): The lowest is 8000 TL and the highest is over 20000 TL.

The findings regarding the pandemic period are expressed as shown below.

### **3.1. Findings Regarding the Reflections of Covid-19 on Mental Health Policies and Services During the Pandemic Period**

Regarding the impact of the pandemic process on mental health services in Turkey, 2 of the participants stated that there was a successful process in the provision of mental health services during the pandemic period, 11 stated that mental health services were disrupted, 4 stated that employees had serious difficulties and problems (excessive mental fatigue, disruption of working peace, peaceful (such as a serious decrease in the working environment, a decrease in the productivity and performance of employees), 2 of them said that they did not encounter any ethical problems regarding the provision of mental health services during the pandemic period, 3 of them stated that Turkey could not develop a new mental health service model during the pandemic period, 4 of them stated that online There were problems arising from counseling, 8 of which were that new models were implemented in mental health services (such as online counseling, psycho-social support line), 8 of which were due to the pandemic (disruption of services, closure of polyclinics, patients not being able to access the service, staff including physicians being stigmatized, 7 stated that patients had difficulties in accessing treatment, 4 stated that the pandemic process had a negative impact on mental health services, 8 stated that there were major problems in hospitalization and referral of patients during the pandemic period, 9 stated that 1 stated that there were restrictions on the number of patients and service provision, and 5 stated that the number of personnel was insufficient (such as the assignment of existing mental health personnel to the fight against Covid-19).

Regarding the impact of the pandemic on mental health policies in Turkey, 1 of the participants said that online therapy and interviews were included in the practice, 1 said that there was an increase in the number of patients-clients in the private sector, 2 said that patients could not access the service and were left alone with their illness, and 1 said online education. and congresses were held, pharmacies issued prescriptions during the pandemic period, 1 said that the duration of drug and gun license reports was extended, 1 said that no change was experienced, 1 had a positive impact, 1 said that preparations for the mental health law were delayed, 1 said that mental health 1st is that mental health policies remain in the background, 1st is that the inadequacy of mental health policies has become evident, 2nd is that they cannot create a new working area, 3rd is that there are inadequacies in teamwork, 2nd is that the mental health service system is not sufficiently equipped, 3rd

is that the pandemic is causing He stated that it negatively affects mental health services. Regarding the effects of the pandemic on world mental health policies, 2 of the participants stated that service provision in developed international societies such as Europe and America (such as mobile health teams and informing the public about help channels) is supported by different policies, 2 said that a new service model cannot be developed in the world, 8' i: Mental health policies are in the background in the world, 2: The pandemic has a negative impact on world mental health policies, 4: The mental effects of the pandemic are not given sufficient importance, 7: Online therapy and training are becoming widespread in the world, 1: He stated that cooperation was established and concrete steps were taken.

### 3.2. Findings Regarding the Post-Pandemic

Regarding mental health policies and services in the world and in Turkey after the pandemic, 7 of the participants said that there will be an increase in the demands and needs for mental health services, 2 said that there would be an increase in the number of patient beds, 2 said that it was due to the pandemic (When the remnants of the pandemic emerge, the pandemic 2, online services will become widespread, 2, problems related to mental health policies and the service system will continue, 1, the quality of service will decrease further. He stated that there would be a decline. Regarding the suggestions regarding the mental health service model in Turkey after the pandemic, 11 of the participants said that it should be interaction and solution-oriented, 7 said that the mental health law should be prepared and implemented, and 5 said that protective and preventive mental health services should be given importance and integrated into the system. 5 states that importance should be given to primary mental health services, 5 states that the rights and duties of employees should be respected, 5 states that the number of human resources in mental health services should be increased, 4 issues that the rules in service provision should be clarified and the boundaries of the authority and duties of mental health professionals should be clarified. 4 of them require the preparation of the legal basis for online therapies, 3 of them require more attention to mental health, 3 of them call for increasing the opportunities for mental health service provision, 3 of them call for the development of new policies, 3 of them call for looking at mental health from a broader perspective and 2, that it should be handled with a multidisciplinary approach, 2, that online mental health services should be taken into account and integrated into the system, 2, that it should be both patient and staff oriented, in other words, both patient benefits and employee rights should be taken into account, and 2, that quality education should be provided. , 2 of them stated that personnel working in the field should be included in the new service model, 2 of them stated that there should be a referral chain in the mental health service model, 2 stated that the appointment system should be improved, 1 stated that more time should be allocated to the patient during patient

examination, and 1 stated that more time should be allocated to the patient during patient examination. One stated that access should be provided more easily, and 1 stated that service providers should be supervised. As can be seen from these findings, there are structural and functional problems in the mental health service system. In the research; social support, social care, institutional care and psycho-social maintenance treatment, multidisciplinary approach and team work, inter-professional and inter-sectoral cooperation and coordination, the place and importance of social policy tools and intervention in mental health service provision, preventive and preventive medicine, access to services. Structural and functional problems, appointment and performance system, critical problems regarding quality standards, dramatically short examination time allocated to the patient, online consultancy-therapy, telepsychiatry and telemedicine are among the issues that have gained particular intensity and importance.

It has been determined that there is no multidisciplinary, systematic and equipped mental health service model that can meet the spiritual and psycho-social needs of individuals and society, especially in extraordinary environments caused by war, natural disasters and regional-global life-threatening epidemics. Therefore, as a result of this research, a new and original mental health service system and model was developed as a result of both the literature, findings, and the researcher's professional experience and anthropological observations, and the scheme of the service model took its place among the results-outputs of the research. It is thought that the findings obtained from this research and the service model developed will contribute to both the literature, the national mental health service field, and the global health system. Just as there are limited studies on mental health policies in the literature, studies on changing mental health policies during the Covid-19 period are also limited. In the local literature review, no study was found that addresses the changing mental health policies during the Covid-19 period and offers a model proposal. This research is the first study that addresses the changing mental health policies during the Covid-19 period and offers a model proposal within the scope of social policy in general and mental health policies in particular.

**Covid-19 Pandemic:** Covid-19 is a deadly global epidemic disease caused by the SARS-CoV-2 virus and showing symptoms such as fever, cough and shortness of breath in infected people.

**Mental Health:** Mental health is a state of well-being in which the individual becomes aware of his or her abilities, can cope with the normal tensions of life, can work productively and efficiently, and can contribute to society [1].

**Mental Health Policies:** Mental health policies are a set of policies for the prevention, treatment and rehabilitation of mental disorders and the promotion of mental health in society [2].

**Mental Health Services:** Protective, therapeutic and rehabilitative services provided to prevent mental disorders and to reintegrate individuals into society by treating mental illnesses [3].

#### 4. Mental Health Services

Mental health services, like other health services, are divided into three groups: preventive, therapeutic and rehabilitative services. Although mental health services are classified separately in this way, they are services that affect, develop and complement each other. Purposes of mental health services; These can be listed as ensuring that the individual is happy, harmonious and successful in the society and environment he lives in, preventing mental disorders and diseases, that is, protecting the individual and society from mental illnesses, and reintegrating individuals into society by treating mental illnesses (Köknel, 2000). Today, mental health services are offered in three models. These; hospital-based model, community-based model and community-hospital balance model [1].

**4.1. Hospital-based model:** It is the oldest and most traditional model used in the treatment and care of mental health patients in the World [5]. In the hospital-based model, large psychiatric hospitals are established and individuals with mental health problems are treated in these hospitals, generally away from public life. However, this model began to be abandoned since the 1960s because these hospitals were inadequate to meet the needs of patients in terms of hygiene, care and human rights [6].

**4.2. Community-based model:** Community-based mental health model is a form of service that attaches importance to the personal and human rights of mental health patients and supports providing care to patients where the patient lives instead of isolated, crowded hospitals [5].

The community-based model is a model in which treatment and care services are provided in the patient's own environment rather than in traditional hospitals. The main goals of this model are to prevent mental health patients from being hospitalized and to ensure that patients reach a level where they can live without needing others with minimal support. For this purpose, institutions such as Day Hospitals, Community Mental Health Centers, psychiatric services and beds in general hospitals, care institutions, sheltered workplaces, and foster homes are organizations that provide alternative services to hospital treatment within the framework of the community-based model [7].

**4.3. Community hospital balance model:** There is a great desire worldwide to provide treatment and care to mental health patients within the framework of a community-based service model, to close mental hospitals and to treat patients without hospitalization. However, due to the nature of mental health patients, hospitalization is inevitable in some cases. Hospitalization is necessary in cases such as the patient has no one to care for the patient, the patient poses a danger to himself and the society, the patient needs to be protected from the society and himself, the patient does not cooperate in the treatment, the patient is diagnosed appropriately, and high-risk drugs are used [8].

#### 5. Mental Health Policy

Mental health policy is a written public document that contains countries' goals for improving the mental health situation, the priorities among these goals, and the main guidelines for achieving them. Advocacy for mental health goals includes components of mental health promotion, prevention and treatment of mental disorders, and rehabilitation to help individuals with mental illness achieve optimal social and psychological functioning [9].

##### 5.1. Mental health policies in Turkey

Mental health services in Turkey are mainly provided in hospitals and community-based institutions (Community Mental Health Centers), and services are generally very crowded and overloaded, and operate with a strict medical orientation based mainly on the use of medications. Mental health legal regulations are outdated and human rights awareness is very low for people with mental health problems, their families and service professionals. Involuntary hospitalization and forced treatment are important issues; However, there is not enough official data on this subject. Türkiye still practices complete deprivation of legal capacity and guardianship regulations are in force. The majority of adults with mental health problems in Turkey live with their families. Community-based residential supports are very limited. Community-based mental health support in Turkey mainly includes outpatient community mental health centers (CMHC). These centers are defined according to their status in relation to hospitals [2]. The World Health Organization's Mental Health Needs Action Program was launched in Turkey for primary healthcare professionals in 2017, in cooperation with the Ministry of Health and WHO. A group of educators consisting of psychiatrists, psychologists, psychological counselors and social workers provide training to primary care specialists. In Turkey, peer support groups exist mostly for people addicted to substances and alcohol. Some schizophrenia associations claim that they also offer peer support. The majority of these associations are run by family members. Sometimes volunteer psychiatrists, nurses and psychologists organize psychoeducation groups. These associations also provide cultural and skills training opportunities. CMHCs and psychiatric hospitals also provide such cultural and professional skills training [1].

#### 6. Reflections of COVID-19 on Mental Health Policies in the World and in Turkey

##### 6.1. Mental Health Problems Increasing During COVID-19 Period

According to the news release published by the World Health Organization (WHO), March 2, 2022, during the COVID-19 pandemic period, the global prevalence of anxiety and depression has increased by a large 25%. There has been unprecedented stress resulting from the pandemic and social isolation. Loneliness, fear of infection, thought of suffering and death for oneself and loved ones, grief and financial worries; They are stated as stressors that

lead to anxiety and depression. The difficulties and fatigue experienced by healthcare professionals have been an important trigger for suicidal ideation. Young people are at risk of suicide and self-harming behavior. Additionally, women were more severely affected than men. [1]. The global mood during the pandemic period has been one of fear and uncertainty, and this has led to people feeling like they are being dragged into turbulence. Emotions such as fear, unhappiness, hopelessness and helplessness felt due to uncertainty and illness anxiety have created intense strain. All these negative emotions naturally negatively affected individuals' sleep quality [10]. Compared to the normal population, people during this period showed significantly higher symptoms of depression, anxiety and post-traumatic stress; It is known that healthcare professionals dealing with the diagnosis, treatment and care of patients diagnosed with COVID-19 more frequently experience symptoms of depression, insomnia and stress, as well as high levels of anxiety, decreased endurance and fear of stigma [11]. In many studies [10]. along with the pandemic, people's depression, somatization, obsessive compulsive disorder, interpersonal sensitivity, anxiety, phobic anxiety, paranoid thought and general violence indexes were found to be high. According to the results of large-sample studies and meta-analyses conducted with the general population during the pandemic period [10]; It has been reported that the incidence of anxiety is 20-31%, depression 17-33%, post-traumatic stress disorder (PTSD) 23-37%, sleep disorders 7-40% and adjustment disorder 22%. In a study conducted in twelve countries [12]. investigating the conditions of individuals with current psychiatric disorders, it was reported that approximately half of the participants had worsening mental well-being. Risk factors for deterioration; female gender, having little interaction with family and friends, finding the government's decisions inadequate, and feeling unable to control the current situation. In a study evaluating the prevalence of depression, anxiety and insomnia in higher education students during the pandemic period [13]. the rates were found to be 35%, 32% and 33%, respectively, and it was reported that there was an increase compared to the pre-pandemic period. In a systematic review of 19 studies involving a total of eight countries [30]; High rates of anxiety, depression, post-traumatic stress disorder (PTSD), stress and psychological strain symptoms were detected. In a meta-analysis compiling suicide studies in the COVID-19 pandemic [14], the prevalence of suicidal ideation (10.8%), suicide attempt (4.7%) and self-harm (9.6%) was higher than the meta-analysis conducted before the pandemic. It is reported that it has increased accordingly. This increase in the prevalence of mental health problems, combined with serious disruptions to mental health services, has created major gaps in treatment for those who need it most. Among all primary health services, services for mental, neurological and substance use conditions were the most disrupted. Many countries have also reported major cuts to life-sav-

ing services for mental health, including suicide prevention. By the end of 2021, the situation has improved somewhat; But today too many people do not receive the treatment and support they need for both pre-existing and emerging mental health problems. Many people who cannot access face-to-face treatment seek support online. Although this signals easy accessibility to services through reliable and effective digital tools, the development and implementation of digital interventions remains a major challenge in countries and settings with limited resources [1].

## 6.2. The Impact of the Pandemic on Mental Health in the World

The COVID-19 pandemic has adversely affected individuals' mental health in various ways. The main effects include: Increased Anxiety and Stress: Uncertainty, disease spread, employment and economic concerns, social isolation.

Depression: Social isolation, disruption of routines, grief (for those who lost loved ones).

Post-Traumatic Stress Disorder (PTSD): Common among healthcare workers and those who experienced severe illness.

Increased Substance Use: Alcohol and drug use have risen as coping mechanisms during the pandemic.

Child and Adolescent Mental Health: Increased cases of anxiety and depression among children and adolescents due to school closures, reduced social activities, and home confinement.

## 6.3. Impact on Mental Health Policies

The COVID-19 pandemic has led to changes and updates in the mental health policies of various countries. These changes generally fall into two main categories: emergency interventions and long-term plans.

## 6.4. Access to Mental Health Services and Service Delivery Models

The pandemic has led to the restructuring of mental health service models. In particular, there has been a significant increase in the use of telehealth and digital platforms.

### Chart 1: Post-COVID-19 Mental Health Service Models

1. Telehealth Services: Counseling, therapy, and psychiatric services delivered via online platforms.
2. Emergency Response Services: Establishment of mental health support hotlines in crisis situations.
3. Community-Based Services: Services delivered through local health organizations and community support groups.
4. Digital Applications and Platforms: Use of meditation, mindfulness apps, and virtual therapy platforms.

## 6.5. Challenges and Solutions in Mental Health Services During the Pandemic

(Table 2)

**Table 1:** Changes in Mental Health Policies Post-Pandemic

Country	Policy Changes
USA	Promotion of mental health services through telehealth
UK	Increased funding for mental health and expansion of preventive services
Germany	Integration of online support and therapy services
Japan	Development of a national action plan for mental health
Turkey	Expansion of psychosocial support hotlines and online therapy services

**Table 2:** Challenges and Solutions in Mental Health Services During the Pandemic

Challenge	Description	Suggested Solutions
Access Restrictions to Services	Suspension of face-to-face services, lack of digital literacy.	Increasing accessibility to telehealth services, providing digital literacy training.
Resource Constraints	Limited number of mental health professionals in response to increased demand.	Increasing training for mental health professionals, establishing volunteer counseling and support groups.
Privacy and Security Concerns	Inability to ensure the security and confidentiality of personal data in online services.	Adoption of strong encryption and data protection policies, raising awareness on user privacy.
Digital Inequalities	Lack of access to the internet and digital devices, especially in low-income areas.	Providing low-cost or free digital devices and internet access.

**6.6. Recommendations for the Post-Pandemic Period**

1. Recommendations for improving mental health services post-pandemic include: 1. Improving the Quality and Accessibility of Telehealth Services: Strengthening infrastructure and training staff to ensure more people can benefit from these services.
2. Expanding Community-Based Mental Health Support: Providing more mental health resources at the community level and promoting support groups.
3. Disseminating Preventive Mental Health Programs: Offering educational programs that increase mental health awareness in schools, workplaces, and community centers.
4. Supporting Research and Development: Conducting more research to understand the effects of the pandemic on mental health during and after the pandemic.

**6.7. Effects of COVID-19 on Mental Health**

The COVID-19 pandemic has not only spread fear and anxiety around the world, but has also brought about various social stigmas such as discrimination and judgmental attitudes towards people who are quarantined or isolated, and people who have traveled to regions or countries affected by the virus. Additionally, stigmatized individuals have experienced social rejection or avoidance by others, physical violence, and deprivation of healthcare, housing, education, and employment opportunities [17]. In a pandemic such as COVID-19, in addition to the fear of contracting the virus, significant changes have occurred in the daily lives of individuals as their areas of movement are restricted to support efforts to control and slow the spread of the virus. For example; Mental health as well as physical health have been affected by these changes, as

we face new realities such as working from home, temporary unemployment, homeschooling of children, lack of physical contact with family members, friends or colleagues [1]. Therefore, there have been increases in stress and anxiety and depression [18].

Increased stress symptoms associated with Covid-19 as a result of psychosocial stressors such as disruption of the normal flow of life, fear of illness or fear of negative economic impacts, mood disorders, sleep disorders, fatigue and impaired self-regulation, as well as excessive exposure to social media Problems such as on-line gambling, adaptation problems in children, alcohol use and domestic violence continue to increase. These increasing problems pose a threat to the mental health of societies [19]. COVID-19 pandemic; It has had a negative global impact on the mental health of individuals throughout their lives, with associated consequences including reduced social relationships, economic difficulties and being stuck at home [20]. COVID-19 has brought about an increase in mental distress in the general population compared to before the pandemic. Additionally, some segments of the population, especially women and children, are more affected [21]. According to pre-pandemic estimates, mental health problems in mothers, especially depression, have approximately doubled and anxiety has increased threefold [22]. As can be understood from here, biological danger also brings psycho-social dangers.

**7. Effects of COVID-19 on Mental Health Services**

During Covid-19, almost all countries have implemented infection control measures in mental health services. Prevention and active surveillance studies; These include screening patients, staff, and visitors for viral infection and limiting or eliminating visits. Measures to increase physical distancing include reducing outpatient



### 8.1. Mental Health Policies and Services during the Pandemic Process

“There is a serious negative impact. First of all, services were provided so that the few professionals would see fewer patients on a shift basis. The public was asked not to occupy hospitals for a while. Mental health professionals were shifted to Covid-19 treatment or filiation. This means that mental health services are restricted and the number of people who will receive services is low.” (K11). According to the statement of the participant coded K11, mental health services have remained in the background or have been kept at a very limited level due to seriously worrying factors such as the fear of turning into a severe clinical picture and fear of death, as well as the motivation for survival regarding human and public health. , human resources related to mental health have been allocated to the fight against Covid-19. Another code expressed by the participants in the category of the effects of the pandemic on mental health policies in Turkey is that mental health policies remain in the background. My participants stated that the importance of mental health policies decreased during the pandemic period and other areas were given importance. Participant expressions related to the subject are as follows:

“It was put on the back burner. Something similar happened in other medical fields at first. However, I believe that putting mental health in the background is permanent” (P4). According to the statement of the participant coded K4, putting mental health in the background and thinking that it is permanent can be seen as reflections of the biologically based understanding of health. “Some medications were prescribed and supplied through pharmacies.” (K14). According to the participant coded K14, we see the facilitating effects of Covid-19 on the target audience receiving service. “Online trainings were organized via Zoom, physicians could be reached, congresses could be held online” (P14). According to the statement of participant coded K14, the requirements regarding health and education, the conditions caused by Covid-19 and the epidemic environment have required the use of technological tools and opened the door to methodological innovations and new approaches. This situation can be seen as one of the leading indicators of social change, albeit at a minor level. “My observations are that patients were left alone with their illness for a long time. Of course, limited service and fear of contamination had an impact on this. Sometimes the mental health tab was invisible in the appointment system. Since the interviews with the patients (face to face) were kept too short, the desired efficiency could not be achieved. Online therapy and meetings have exploded, so to speak, especially in the private sector. “Perhaps the areas where technology was used the most were individual therapies and interviews.” (P13) “The biggest problem was in patients requiring hospitalization. The number of psychiatric services, which was already small, has decreased even more. “In the middle of the pandemic, the patient waited for several days and sometimes up to a

week for inpatient services in closed places with high circulation, such as the emergency room.” (K4). “Inpatient services remained closed for a long time (about 1.5 years). “The number of outpatient clinic patients has been reduced and restricted.” (P14) “It was very disruptive, polyclinics were closed. Since cases could not be examined except for emergencies, patients experienced the difficulties of not being able to reach a doctor and suicides increased. There has been an abnormal increase in anxiety disorders, suicides and OCDs, and eating disorders have increased,” (P9) “The new anxiety disorder that emerged with Covid-19, people who need treatment have emerged, such as the mourning processes of those who lost their loved ones due to Covid-19.” (K11). According to the statements of the participants coded K9 and K11, patients’ access to service was greatly interrupted and victimization occurred because cases could not be handled except for emergency cases, and there were abnormal increases in suicides, anxiety disorders, Obsessive Compulsive Disorders (OCD) and eating disorders; It can be said that people who lost loved ones due to Covid-19 have very difficult mourning processes and people who need treatment (without postponement) and psychosocial support. “I think that as a physician, I had problems due to stigmatization in the early days of the pandemic. “Healthcare workers were labeled as ‘viral’ for a while.” (K10)

According to the statement of the participant coded K10, although it is understood that healthcare workers, including physicians, were stigmatized and branded as “viral” during a certain period of the pandemic, dramatic and remarkable reflections of the psychological and socio-cultural reflections of the Covid-19 virus on the individual and society are observed. “Hundreds of thousands of people lost their lives even in small cities. There were people who lost more than one of their relatives. “It’s a huge trauma... These people had difficulty finding an appointment, and they may also be afraid of being stigmatized.” (K14). According to the statement of the participant coded K14, hundreds of thousands of people lost their lives during the Covid-19 pandemic process and among them there were people who lost more than one of their relatives, a great trauma was experienced after the extraordinary deaths and losses, and people who were exposed to this situation had to make an examination appointment to benefit from mental health services. It is understood that they have difficulty in finding themselves and face the fear of being stigmatized in social life.

### 9. Discussion

The results obtained from the study findings also support this; before the pandemic, there was inadequacy in mental health services, incomplete data, time allocated to the patient was well below the standard (5-10 minutes), serious inadequacy of preventive medicine, the number of mental health professionals was far from meeting the need, The most prominent indicators are that this area is not given the necessary importance and that evaluation is made based on the number of patients instead of the nature and quality



of service provision. There are studies in the literature reporting that there are significant deficiencies regarding mental health in general in Turkey. In their study with patient experiences and social workers, Gözen and Buz (2020) reported that there are deficiencies and deficiencies in many practices, especially preventive medicine in mental health. Özaydın et al. (2022), in their study on the opinions of public health professionals, reported that there are significant deficiencies in mental health services in Turkey and that more community-based studies and practices are needed. In another study, (Çokamay et al., (2017) argue that mental health services in general, especially school mental health services, contain significant deficiencies in Turkey. In this respect, the situation expressed by the participants regarding the situation before the pandemic is compatible with the literature. Although the first issue of importance during the pandemic period is the relevant disease due to the high mortality of the disease, psychological and psychiatric problems come with it for many reasons, especially quarantine and uncertainty [31]. In this regard, Çamcı (2020), in his study examining mental health with Covid-19, reported that healthcare professionals should receive psychological support for both themselves and their patients and relatives during the treatment process, and that the process causes a serious psychological burden on individuals. Çakır Kardeş (2020) reported that the pandemic negatively affects individuals' behavior and mental health, that social isolation and other vital restrictions play a role in this, and for this, individuals need to be supported.

### **9.1. Opinions on mental health policies during the Covid-19 pandemic period in Turkey and discussion on findings**

Regarding the effects of the pandemic on mental health during the pandemic, the impact of the pandemic on mental health and policies, its reflections on mental health policies in the world, Turkey's ability to develop a new model on this issue, whether it has sufficient equipment for this, and the ethical and legal responsibilities it will face while developing this model have been questioned. The Covid-19 pandemic has affected the health systems of all countries at a global level. Here we see a different reflection of globalization in the Covid-19 epidemic. The health systems of countries interacting with each other all over the world have been affected by the epidemic as a whole. However, due to the biological effects of Covid-19 infection (such as chest diseases, heart and brain) and the risk of mortality, the health system and policies and existing facilities have been channeled to this area. Even acute issues and ongoing follow-ups related to mental health have been put on the back burner in order to avoid the spread of the disease in the pandemic and to suppress and control the epidemic. In fact, although this situation causes elective and compulsory health services to be questioned all over the world, in practice the clinical situation of the pandemic and the virus, which suddenly results in intensive care and intubation, and then death, has made mental health services elective. For this reason, there have been serious disruptions

in both policies and services of mental health, and mental health services in Turkey and the world were accepted as elective during the peak periods of the pandemic. As a matter of fact, this situation is strongly emphasized in the written and oral interviews with the participants in the research.

### **9.2. Discussion on opinions and findings on mental health policies after the Covid-19 pandemic**

Opinions on mental health policies after the Covid-19 pandemic were evaluated under the headings of expected changes in mental health service provision at the international level and in Turkey after the pandemic, legal regulations and model recommendations. During the pandemic period, equipment, communication and combat results around the world may vary in the fight against the epidemic. In the Spanish flu that developed in the early 1900s, in addition to many services such as online services, access, communication and transportation; Many issues such as the production and putting into service of medical devices have become important. Perhaps a significant part of the measures to be taken during the pandemic at that time will have lost their function today and new measures will need to be taken instead. Another important issue about the new mental health service model that both the literature and the participants touch upon is the concept of preventive medicine. This issue is an important health care problem that is not emphasized enough and neglected not only in our country, but also in many countries of the world, according to WHO data. However, studies conducted in the literature show that preventive medicine gives very important results in psychological and psychiatric diseases, that much more effective results are obtained with very low costs and public resources, and at the same time, individuals achieve a better quality and healthier life. Therefore, the issue of preventive medicine should be brought to the fore not only in the model to be established for post-pandemic mental health policies, but also in all health policies, and it should be one of the most important and fundamental aims of all models to be made. One of the important contributions of the research to the field, as mentioned in the restrictions, is that it brings together social workers and healthcare professionals, providing qualified information on the subject and providing important findings about the state of mental health services after the pandemic. In this respect, the research has a pragmatic structure and constitutes an important resource for future research and field applications. Another important aspect of the research and its contribution to the literature is that it emphasizes the importance of online services and preventive medicine practices, which are likely to come to the fore after the pandemic. In this regard, the research results emphasize the importance of preventive medicine, which has very important and positive results in field applications, and online services, which took their place in practice during the pandemic period and will also provide significant gains. When considered in this context, it is possible to state that the research considers mental health services as a whole and

reveals the perspective of all stakeholders at the point of service delivery.

## 10. NEW TURKEY MENTAL HEALTH SERVICE MODEL (AKGÜL MODEL)

### 10.1. Financing Status of the Model

SHU and psychologists, who are planned to be included in the professional staff team of ASM (1st Level mental health services), will be assigned from ASHB and the Ministry of Health. Protective preventive mental health services and 1st level mental health services will significantly reduce general health expenditures. Another activity to be carried out in this context is health literacy (General Directorate of Public Health is also a stakeholder of this program and is primarily responsible and authorized). Other components of financing are; It consists of the general budget and local governments, as well as the World Bank, WHO and European Union Programs. Existing public buildings (especially idle public buildings) will be used for services for the maintenance treatment and care center.

- There will be no mandatory need for an external public building and human resources for the Supervisory Board, the National Psychiatry Coordination Office and the National Mental Health Policies Board, and it will not bring an additional cost to the budget. In other words, relevant bureaucrats, consultants, experts and academics within the public administration will be assigned to existing public buildings in addition to their current duties (with a horizontal or vertical personnel regime). In this way, the cost burden of the model on the general budget will remain at a minor level. It will have positive financial repercussions in the medium and long term. New Mental Health Service Model developed specifically for Turkey (can be adapted to other countries in the world); It includes the Hospital-Society Balance Model and presents a unique and comprehensive system. This model is based on the understanding of multidisciplinary teamwork, coordination and cooperation between institutions and sectors, the understanding of preventive medicine, and the operation of social care, social protection and socio-economic support mechanisms. Psychosocial rehabilitation, employment and maintenance treatment is a functional and applicable system that optimizes human and social benefits, based on the improvement of living standards and service quality standards. We can briefly explain the functioning of the system as follows: In this system, day and inpatient psychiatric hospitals (polyclinic and inpatient service) will continue to operate. After the examination and treatment process of the patients in the inpatient service is completed and they are discharged (according to the patient's disease degree, clinical condition and social functionality), patients who are suitable for employment will be placed in sheltered workplaces. In addition to sheltered workplaces, patients who need care and accommodation will be placed in a psychiatric social service institution (care center). The operation and organization of sheltered workplaces and psychiatric social service care centers will be

provided with the cooperation and coordination of YÖK, Ministry of Health, ASHB and Ministry of Labor. Family health centers (family doctor, social worker, psychologist and nurse) will provide primary mental health services and preventive medicine services. Family health centers will periodically conduct mental health screenings of the region they are responsible for, with a multidisciplinary team approach, and provide both primary mental health services and preventive medicine services. Namely: Family health centers will play an important role in early diagnosis and screening of individuals' mental health problems. It fulfills a critical function for preventive and protective medicine by providing an early intervention environment for individuals at risk and problems such as PTSD, stress, anxiety disorder, depression and OCD, eating disorders, sleep disorders, internet and substance addiction and potential suicide cases that will arise after the pandemic. will bring. It will also evaluate the psychosocial status of individuals and families and provide counseling services. This will minimize or significantly reduce the impact of acute mental problems. Again, during this process, family health centers will carry out awareness raising activities about the general health and mental health of the society, as well as providing information about stress management, coping with the crisis, and social support resources after the pandemic. Family health centers will help protect and improve mental health by providing psychosocial support and counseling services to individuals and families. Especially social workers with a psychiatric orientation (together with the nurse) will conduct a psycho-social examination to reveal the mental health profile of the region they are responsible for and provide social support, and will prepare a social examination report at the end of the study. This prepared report will be subjected to a professional evaluation by the team members at ASM and then will be consulted with the consultation board consisting of child and adult mental health professionals. Following this professional consultation and evaluation, first-line professional intervention will be performed and the patients' psychological and social problems will be tried to be solved. After these process steps on the horizontal axis, patients showing advanced (2nd and 3rd level) clinical conditions will be referred to 2nd and 3rd level mental health hospitals-centers by following the referral chain. It will work together in cooperation and coordination with family health centers, community psychiatric center and field team. In parallel, community psychiatric centers (psychiatrist, social worker, psychologist and nurse) will provide early diagnosis and intervention for individuals experiencing mental health problems, allowing individuals to receive support more quickly. Community psychiatric centers will play a role in helping individuals gain emotional and psychological resilience by providing effective support during crisis periods. In addition, it will help individuals and society become informed and aware of mental health through psychoeducational programs. In addition, community psychiatric centers will create support groups and bring together individuals who share similar problems and experiences. In this way, using

professional tools such as group psychotherapy, social group work and group dynamics will help individuals affected by the pandemic and the factors involved in the formation of the disease-problem to support each other and create solidarity and cooperation. After the pandemic, community psychiatry centers will use remote health services such as telepsychiatry, ensuring that people receive support safely, as well as eliminating or minimizing barriers to accessing services. It will work together in coordination and coordination with community psychiatric centers, family health centers and the field team. The rehabilitation program includes components such as therapy, exercise, vocational skill development and social support to improve the mental health of individuals. This will contribute to individuals' development of life skills. Rehabilitation studies will support the integration of individuals into society. Rehabilitation units will organize group therapy sessions as well as individual therapies for individuals, and these sessions will enable individuals to focus on their mental health and accelerate their recovery processes.

**10.2. Psychiatric Social Service Institution (Care Center):** In addition to the medical care and treatment (such as ensuring medication intake in accordance with the treatment plan, individual and group therapies) of patients who are fully dependent on human support and professional institutional care (psychotic patients, etc.); It is a clinically focused psychiatric social service organization based on multidisciplinary team work, where people benefit from psychosocial support and social care (self-care, etc.) services and ensure the survival of their lives.

**10.3. Rehabilitation Village (RHK):** In a green area intertwined with nature where individuals can feel peaceful and safe, in addition to clinical units, sports complex (swimming pool, tennis, football, basketball, volleyball and football field), agricultural activity areas, individual and group therapy. It will include units such as rooms, meeting rooms, interview rooms, libraries and reading rooms. The main purpose of the Rehabilitation Village is to rehabilitate chronic patients, especially psychotic patients and alcohol-substance addicted patients, and reintegrate them into society. RHC includes improving the social functionality and life skills of individuals, providing individual and group therapies, and providing counseling services. RHK offers rehabilitation programs that are appropriate and individualized (according to the individual's needs) and include vocational interventions such as therapy, exercise, vocational skills development and social support. A second working branch of the Rehabilitation Village is to provide rehabilitation of alcohol-substance addicts who are under probation, as well as to complete the process steps of the clinical and judicial process with a focus on rehabilitation and public interest. As follows: Addicted patients who are referred to a psychiatric hospital through probation, after the clinical observation, examination and evaluation process in the psychiatric hospital, patients who are deemed suitable for referral to RHK will be referred to RHK

along with their medical reports. In RCC, dependent patients will be taken into a rehabilitation program. In the rehabilitation village, vocational studies will be carried out for the adaptation and integration of patients into social life, in addition to fulfilling their obligations towards the probation institution, who have successfully completed the purification, sobriety and psychosocial rehabilitation process.

**10.4. National Psychiatry Coordination Office (UPK):** It will ensure the strategic planning of mental health services and the effective use of existing resources (such as budget, financial management). UPK will take a leading role in the development and implementation of mental health policies such as education, research, early intervention, service accessibility and quality standards. In this context, UPK; In addition to its work on the development of mental health policies based on scientific evidence; It will organize training, awareness and awareness programs for individuals and society. In order to provide a more comprehensive and holistic service for individuals, UPK will ensure the coordination of services by collaborating with relevant stakeholders such as health institutions, social services, educational institutions and non-governmental organizations. Simultaneously, UPK will cooperate in harmony and coordination with the YÖK (university hospitals), the Ministry of Health, the Ministry of Family and Social Services, the Ministry of National Education, the Ministry of Labor and the Human Rights and Equality Institution.

**10.5. National Mental Health Policies Board (URSPK):** It has a leading and determining function in the development of policies such as education, research, resource allocation, strategic planning, service accessibility and quality standards. In this context, monitoring and evaluating the effectiveness and quality of mental health services; In addition to effectively and fairly managing the resources allocated to mental health services and supervising the distribution of resources; It has functions such as developing communication and information strategies to raise awareness in social life regarding mental health policies. URSPK, as well as relevant health institutions; YÖK will work in cooperation with the Ministry of Health, ASHB, MEB, Ministry of Labor, Human Rights and Equality Institution, Mental Health Advisory Board, Mental Health Supervision Board and NGOs.

**10.6. Mental Health Inspection Board (RSDK):** Responsible for controlling the quality and standards of mental health services. RSDK ensures that service providers are properly licensed, accredited, audited and, where necessary, corrective measures are taken. In addition, it collects, analyzes and evaluates data regarding mental health services. It also evaluates service accessibility, possible inequalities in service delivery and complaints of service recipients. In addition, it works to educate, inform and raise awareness of the society, healthcare professionals and stakeholders about mental health, and also to reduce stigmatization. It also provides psychosocial support and emergency aid services within the scope

of crisis management by intervening quickly and effectively during emergencies and crises.

**10.7. Human Rights and Equality Institution:** It audits the compliance of the services offered, work and transactions carried out with human rights. In this system, both patient rights and employee rights are respected together. The New Mental Health Service Model includes an integrated hospital and community-based system. The service system spans geographical area; It proposes a unique model and system based on the geographical, socio-economic, cultural and demographic characteristics of cities. Taking into account the above structural variables, psychiatric inpatient services will be allocated and put into service at a rate of 10-15% (this rate will vary depending on the characteristics of the cities) to each hospital, covering the whole country. In this way, the concept of on-site service, in other words, community-based service, will be met.

To summarize the innovative features of this model;

Hospital-community balance system Geography based,

Implementation of primary mental health services and general improvement of the system integration into

its operation

Delivery chain

Consultation, coordination and cooperation between institutions, organizations and sectors

Based on the multidisciplinary team approach,

Field work and on-site service

Protective and preventive medicine gaining weight and importance in the system,

Psychosocial rehabilitation

Maintenance treatment,

Social Care and Social Protection

Supervisory board,

National Mental Health Policies Board,

National Psychiatry Coordination Office,

Human Rights and Equality Institution

It seems appropriate that this system be supported by the Mental Health Law or serve as a source for the mental health law, which is essential for the implementation of this model. In conclusion, The COVID-19 pandemic has profoundly affected global mental health services and policies. The challenges faced during this period also provide an opportunity to increase the resilience and flexibility of mental health systems. In the long run, developing more inclusive and accessible mental health service models will strengthen the mental health of communities.

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