Empowerment: A Contemporary Approach to Community Mental Health Nursing Practice
Güçlendirme (Empowerment): Toplum Ruh Sağlığı Hemşireliği Uygulamaları için Güncel Bir Yaklaşım

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Abstract

Traditional healthcare practices are not fully efficient; thus, it can be said that individuals with chronic mental disorders living within society can benefit from implementation of new approaches such as empowerment. This approach is defined as the process in which an individual with a mental disorder gains knowledge, skills and attitudes enabling him to adapt to relationships in "normal" life so as to eliminate the inevitability of compulsory hospitalizations. With the empowerment approach, it becomes clear that new fields of creativity and different fields of power can be discovered in these individuals. The article aims to discuss this process.

Keywords: Empowerment, community mental health, community mental health nursing

Öz

Geleneksel tedavi ve bakım uygulamalarının yeterince işlevsel olmadığı durumlarda, hemşirenin güçlendirme gibi yeni yaklaşımları uygulamalarına taşımaları toplumda yaşayan kronik ruhsal bozukluğu olan bireyler için kazanç olacağını söylemek hiçte yanlış olmaz. Yaklaşım, ruhsal bozukluğu olan bireyin zorunlu hastane yatışlarının kaçınılmazlığını ortadan kaldırmak "normal" yaşamdaki ilişkilerine yeniden uyum sağlamasını sağlayacak bilgi, beceri ve tutumları kazandığı süreç olarak tanımlanır. Güçlendirme yaklaşımıyla söz konusu bireylerde yeni yaratıcılık alanlarıyla birlikte farklı güç alanlarının keşfedileceği açıktır. Bu makalede bu sürecin tartışılması amaçlanmıştır.

Anahtar sözcükler: Güçlendirme, toplum ruh sağlığı, ruh sağlığı ve psikiyatri hemşireliği

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INTERNATIONAL development in this field was pioneered by the World Health Organization resulting in publication of National Mental Health Policy in 2006. Efforts to develop a community-based mental health services model in Turkey started in 2008 and it was planned to be improved through community mental health centers (Ensari 2011). The first CMHC (Community Mental Health Center) was opened in Bolu in May 2008, 105 more opened by 2016 (Bilge et al. 2016).

Community mental health practices aim to provide treatment and care services to individuals with mental disorders in the environment they feel safe to be themselves; attempts are made to try to bring them back to society as much as possible. The goal is to improve health condition of patients, as well as to reduce health care costs. According to Zwemer (2003) outpatient treatment institutions such as CMHC benefit the society as they provide individual treatment and can shorten hospital stays. Community-based treatment and care in psychiatry is a new development for all professional groups working with general public. Clearly, the practice is experiencing growth. Mental health nurse or psychiatric nurse is also faced with these changes of the system and the difficulties they bring. Community mental health nursing has been brought to the forefront as a sub-specialty of psychiatric nursing. What is the main application of the nursing process during a community health nurse's home visit? Which models and concepts can they use when planning care in practice? What are the expectations of the patients and their relatives from the nurse in community mental health center? In our country, scientific research on the topic is rather insufficient. Lack of research makes it difficult to answer such and similar questions. On the other hand, the number of community mental health centers has grown beyond one hundred. At the same time, certification program has been established for nurses, who constitute one quarter of the health personnel working at such centers (Bilge et al. 2016). There is a need for models that can be used in practice in order to reach the goals of healthcare services. Such models should be provided to the nurses working in certificate programs or community mental health centers to enable mentally sick individuals to integrate into society.

Empowerment is one of these models that emphasizes important points in community-based psychiatry such as directing the individual with mental problems to use individual resources, participating in community life, helping with realization of the right to self-determination (Lenz 2009). This article aims to introduce the empowerment approach and discuss its portability to the areas of community mental health nursing practice.

Empowerment

The concept of empowerment does not only include care services provided to address the disability caused by the disease, but also helps with development of mechanisms to cope with disease-related problems by using existing competencies to enable the individual to survive independently (Kilien 2008).

Definition

Historically, the term "empowerment" is used in the struggle against civil rights, such as the women's movement, the peace movement, environmental movements, as well as socio-political movements that reject or criticize authority. Patient rights in the modern

sense, such as the "anti-psychiatric movement" and informed consent, have developed in this background.

Power, which is the origin of empowerment, is translated from English into our language as "to have the authority" or "strengthening". Today, the term empowerment finds use in many different fields. It generally refers to decision-making, self-determination and transition to the area of responsibility from the state of weakness and dependence.

On the other hand, there are definitions in the research literature which are quite different from each other, which makes it difficult to come to a clear definition of the concept of empowerment. However, the common point of all definitions is the empowerment of the individual or the creation of an environment that makes it possible. In other words, an individual's confidence in their own abilities and control over their life. The successful empowerment is regaining of control of own life, especially in difficult conditions continuing to way of life without losing confidence (Lenz 2009, Winterberg and Needham 2010). Rappaport (1985) carried the idea of empowerment to the psychosocial discourse community. He defined empowerment as processes that activate individual resources to find solutions to individual problems, to recognize their abilities, to develop strengths, and to maintain their chosen lives in situations of deprivation or social exclusion. This definition also contributed to the development of a new perspective for professional action.

Historical development of concept

Empowerment of the sick individual can be paralleled to the history of patient care. For example, the civil rights movement of the 1960s were years of social change in the Western world. The distrust of government among the people and the desire to self-determination were key thoughts. These ideas are frequently expressed by consumer groups, civil and women's rights groups (Skelton 1995, Roberts 1999). In the 1960s and 1970s, there were also changes in patient's rights in the field of health. Particularly under the heading of "informed consent" in the Nuremberg Trails, it was emphasized that patients should be informed about the treatment options. For example, in the 1970s, the American Hospital Association published the "Patient Rights Act", which regulates the rights of patients. The 1980s were the years when conflicts regarding the self-determination of patients and their families were brought to the courts. Increasing of the patients' participation and their perspectives continued in the 1990s. Due to the growing competition among health institutions, this situation became more apparent in the patient treatment. Patient satisfaction was regularly measured and evaluated. Presently, private insurance companies and governmental organizations begin to support initiatives that allow individuals to cure their small health issues (nutrition, etc.) through certain practices without consulting a doctor (Fries and Vickery 1990, Skelton 1994). This brought with it the need for an approach empowering individuals to assume more responsibility for their own health.

Elements of the empowerment

Definitions of empowerment in the psychiatric context are mostly patient-oriented. Empowerment is defined as the process in which an individual with a mental disorder gains the knowledge, skills and attitudes that enable them to adapt to their relationships

in a "normal" life, eliminating the inevitability of compulsory hospitalizations (Pitschel-Walz et al. 2012).

Empowerment is a dynamic development process; movement, participation and support, harmony, familiarization and belief have four stages (Vossebrecher and Jeschke 2007). Empowerment processes occurs on different planes. Nelson Prilleltensky (2005) describes individual, organizational, group and social, while Theunissen (2001) similarly identifies subject-centered, group-related, institutional, socio-political.

The empowerment approach consists mainly of counseling and social support for individual. The main goal is to keep the mentally impaired person away from stressful life situations. Tuncay (2009) suggested that positive resource exists in an individual but cannot be used because of individual stress and environmental pressures. When the stress is relieved with the care applied using the empowerment approach, the mechanisms for coping with problems regain functionality as the existing power in the individual is reactivated. The aim of the relationship between the nurse and the patient working in the CMHC is to support the individual to reveal their own resources and help them activate the ability to reshape their life in order to cope with situations such as personal disability and withdrawal from life.

Group processes with their own dynamics are; family, friends, peer groups and social networks, self-help groups, and working with people in the surrounding environment. Empowerment approach, which is also known as development of self-esteem, self-efficacy, control, mutual respect, reliability and flexibility when necessary, plays an important role in coping with family problems (Herriger 2002, 2006). The individual's ability to solve their own problems again is related to the use and expansion of self-sense, social action and potential. As the contents are close, system-based approaches have a significant place in retrofit studies. Interaction of resources is at the center of solution-oriented approaches. Instead of diagnosing deficiencies and restructuring the traditional "problem speech", individual resources and powers are sought. In the sense of constructive language games ("solution discussion"), strengths, competencies and abilities are discovered, identified and communicated through specific strategies and contexts that do not yet exist. Defining and finding resources is usually done with the help of questioning methods. Questions are not used to gather information in solution-oriented approaches, but rather in themselves as an important form of intervention in themselves. Each question initiates thought processes, new perspectives, different self-organization or self-regulation processes and thus triggers a discussion of solutions. For example, curiosity: questions about exceptions and scaling questions (Skelton 1994, Lenz 2009). In all these fields, the empowerment process is related to the social cohesion of the individual, in other words, with the contribution of others in the environment (Herriger 2002). The perspective of empowerment as well as the development of individual and family resources focus on social and context-related resources for the development of personality and adjustment of lifestyle. The approach demonstrates a strong bias towards the meso system, which acts as a bridge between micro and macro systems where risks, luck and difficulties occur in the daily life of the individual. These intermediate structures are a kind of explanation of the context structures where the individual experiences his / her daily life and experiences.

Social networking is another key concept in the empowerment approach (Lenz 2011). As many studies have shown, social networking patterns that involve people make a significant contribution to the protection and promotion of physical and mental health.

Social resources act as a kind of buffer by alleviating stressful life in crisis situations and act as a shield against stressful life events. Individual coping actions are supported. In other words, the individual's strategies for coping with stressors are strengthened or certain deficiencies and "blind spots" are compensated. The integration of the individual into the social relations system has a direct impact on the feeling of happiness. The individual is compatible with his environment and gives meaning to his life, he only requires such basic needs as belonging, security and socialization. Social networking initiatives that serve a specific purpose can trigger social and contextual resources. The goal is to create new contacts and relationships, such as the dynamics of social relations beyond the familial boundaries of the individual, support for participation, deepening the existing contact, reestablishing or reinventing old connections (Lenz 2009).

Table 1. Characteristics of empowerment (Winterberg ve Needham 2010)

Characteristics	Definition
Resource-oriented approach	Individual resources are prepared through specific questions in advance. It is also taken into consideration while preparing nursing plan. Professional assistants exhibit a resource-oriented approach.
To support the development of self-determination capacity of the individual	The individual's right to self-determination is protected and decisions taken are supported and accepted.
Empowerment and psychotropic drugs	The patient is free to accept or refuse medication. It is effective in the strategy of selected drug treatment.
Preventing or fighting self-stigmatization	Health institutions (such as Community Mental Health Centers) block stigmatization processes. The participation of experienced people in psychiatry is supported.
Supporting individual initiative	The nurse relies on the individual abilities of the patient. Nursing care is tailored to the needs of clients.
Self-help options on an individual basis	The psychiatric nurse recognizes the self-help opportunities of the patients and supports their development.
Information	The nurse transmits the information in a way that is understandable, individual-centered, objective and repetitive. Inform patients about the care plan.
Participation	Patients participate in all institutional processes and have a certain degree of impact. Institutions establish complaints offices for patients.
Empowering health professionals	Health professionals take sufficient information through the organization. Individual abilities are perceived, appreciated and promoted.

This level of strengthening of the administrative political system involves planning, designing and implementing psychosocial services in the sense of strengthening institutions, informing people living there. The information process is supported by various groups in the municipality (such as municipal advisory groups, municipal councils dealing with mental health treatment and care). Here, the affected individual is actively benefiting from the services provided. The role of active participation is both critical for evaluation and development of the services provided, as well as for the concept of development and planning (Herriger 2002). Zimmerman (1990) defines empowerment as interpersonal, interactive and behavioral". This definition uses individual interpersonal space, self-confidence and control of life, interactive space, knowledge and skills from a critical point of view. In the behavioral area, the individual carries all these to the appli-

cation area. The characteristics of empowerment (Table 1) are described. The elements in the empowerment approach described in the table are compatible with the duties of nurses working in community mental health centers (Nursing Regulation 2011).

Empowerment dialogue

The empowerment process can be defined as "coaching" whereby a nurse or a counselor accompanies the patient, regains and maintains their well-being and self-responsible lifestyle. Coaching is used as a method through speech and communication. Individuals redefine problems and form solutions by differentiating sensitive facts for themselves (Lenz 2011). In the meantime, the patient tries to make his viewpoints creative. But he states that power and manipulation are avoided in deciding certain processes. Dialogue opens a new horizon through reconstruction of the future by criticizing meaning. The aim of the speech is to inform and educate the individual in order to provide the individual with his own styling and autonomy (Bell 2017), when people have the necessary knowledge, they can develop active power, energy and imagination to shape their own behavior.

Empowerment and participation

The empowerment approach is often concerned with regaining an individual's sense of subjective control of his own life by directing learned helplessness. Health professionals transform the ability of the individual solution to a professional understanding in collaboration. The primary task is to create conditions that enable individuals to make a process more adaptable to their goals and desires through their own resources. As with individual resources and system solution-oriented approaches, psychosocial service users direct their point of view on self-determination thus strengthening the organization of thoughts and their responsibilities. The approach assumes that people can shape and organize their own lives even when they may need temporary or permanent help and support. Professional services should therefore focus primarily on the subjective needs and desires of the target group. Such a service philosophy is based on the idea of joint decision-making (Lenz 2002, 2009). It is difficult to establish participatory processes in making a joint decision together with the right to freedom and self-determination. Each life experience is questioned in the process as follows:

    a.   Would I want that?
    b.   Did I really have any other choice?
    c.   Could I change the situation?
    d.   Is this really my decision? (Bell 2017).

The reasons for inadequate individual participation are as follows:

1. desire to keep control
2. patient education needs time
3. type of disease
4. personal opinions and attitudes
5. area of expertise
6. ethnicity
7. insufficient education (Reichardt ve Gastmeier 2013)

With the change in definitions of health and disease concepts (Recovery-oriented) (Amering and Schmolke 2007), thoughts about promoting a normal life in spite of symptoms have begun to receive significant support. Internal participation complements elements of external participation. In order to avoid making the participation in psychiatry superficial and external, patients should not only accept medical opinion but also support the re-narrative of the experience of the disease. (Bock 2012). The empowerment approach leads the individuals to take responsibility for their own health. This covers organizational and social responsibilities in general. This process is also called "participation" in social sphere. From the user's perspective, participation is a form of decision-making, which is the basis of empowerment processes, via the need to relate through involvement (Nygardh et al. 2011).

Scope and limitations of the empowerment

In empowerment-oriented nursing, professionalism is manifested by individual practices. When the subject is opened to discussion, nurses begin to review their norms and values again. Although there are many positive examples of reinforcement implementation, there are also barriers (Winterberg and Needham 2010). Quindel and Pankofer (2000) first pointed out that there is still a power struggle between the individual and health professionals. According to their theses, the power development approach contradicts the social control task of psychosocial work. In other words, in the sense of professional power, the nurse falls between the expectation of social cohesion and the empowerment of the individual when the empowerment is brought into practice. On the one hand, it is expected that individuals with mental problems should be supported as much as possible on the other hand, individuals living in the environment should be protected from disturbing behaviors arising from them (Quindel and Pankofer 2000). Another problem, as Herriger (2006) stated, is the established corporate culture. The nurse may find it difficult and stressful to empower herself, to shape herself against the established order of the institution and to arrange the nursing plan accordingly. It constitutes another barrier to strengthening the economic efficiency of the organization. Knuf et al. (2007) say that it is difficult to support empowerment in this context because employees and the organization itself are concerned about their finances. In addition, any coercive measures and hierarchical structures may emerge as insurmountable barriers to empowerment. Skelton (1994) mentions that there are two problems related to empowerment in related academic literature. These are closely related to the language of empowerment and the idea of participation. It is concerned with the formation of linguistic tools to strengthen the professional groups' own positions. Given all this, it may not be right that Chavasse (1992) suggests that nurses can be empowered when they empower themselves. Individuals benefiting from the services of empowered professionals do not automatically follow on the path of empowerment. For example, nurses may want to reflect that empowerment is seen as part of a weak user problem that is not part of some consumer movements in mental health. Thus, Robson (1987), when discussing advocacy models, argues that service providers are not eligible as advocates because of the power difference between consumers and providers. According to Robson, although he thinks that the nurse may personally affect service delivery, it has negative consequences that it can be seen as part of the user's power structure. For example, "I believe that it is your idea to change your behavior the expert I think is appropriate for you". As Grawe (1998) points out, the

linguistic expression of empowerment occurs when it is incorporated into individual behaviors.

In spite of its limitations, empowerment offers useful opportunities in the individual's journey of healing when it is well planned to be implemented. For example, it makes information transfer and decision-making processes more transparent. It makes possible the inclusion of sick individuals in the planning of their treatment and care for the purpose. The research has shown that half of the patients with schizophrenia are informed about the diagnosis (Knuf and Seibert 2000). By providing information that is easily accessible to sick individuals, it can be important to contribute to the development of treatment and care plan by improving the awareness of the disease in individuals.

Applying empowerment in mental health nursing practice

The World Health Organization (WHO 1998) strengthens health in the context of health promotion; empowerment towards health promotion, processes and decisions that affect the health of the individual. Individual empowerment is about an individual's ability to make decisions about their own life. The concept of empowerment as a part of psychiatric treatment and care of individuals with mental disorders is assumed to be the central component of a contemporary treatment philosophy (Chamberlin 1997, Finfgeld 2004, Kilian 2008). From this point of view, empowerment has for a long time been used in mental health and psychiatric nursing. It is also an indispensable part of nursing initiatives nowadays, such as empowering the nurses themselves as a working individual and the individuals they provide care services by using elements such as counseling and case management. (Çam et al. 2019). For example, Sambale (2005) stated that medicine, which is referred to as the scientific separation of body and soul or human and environment in the 19th and 20th centuries, has been left to be considered as a connected world of systems instead of this approach. Emphasizes the need to use the concept of empowerment in nursing practice as the basis of a changing perspective.

The general approach to community-based mental health services is to involve patients with schizophrenia, schizoaffective and bipolar disorder in active treatment outside the hospital (Randall et al. 2015) and to ensure their adaptation to society. Sahin and Elboğa (2019) found that the services provided in these institutions increased the quality of life and social functioning of 88 patients using CMHC services for six months. The direct protective effect of the community mental health nurse working as a care manager in the patient's environment is an indisputable fact (Bag 2012). In order for the nurse to perform this function, it is important for the nurse to know that the empowerment model will be used for the provision of care services for sick individuals. A research project to measure the meaning of empowerment for beneficiaries of CMHC services; access to information, the opportunity to choose the services offered, assertiveness and self-esteem has revealed that means (Chamberlin 1997). The main objective of the community mental health nurse in the psychological empowerment study is the observation and biography of the patient's individual resources (Bell 2017). Their sharing and support with other individuals with similar problems are the first steps towards healing. Here, the individual decides how much help is meaningful and necessary. Here the nurse acts as the means to achieve the goal. In other words, it is the observer and the supporter of the process.

A specific attitude to professional nursing care is required to ensure empowerment. Lauber and Rössler (2007) have identified 14 features for this. These are:

a. The empowerment involves approaches that raise hope in patients,
b. Empowerment is time-consuming,
c. Accepting of an individual with a mental disorder behavior at a certain distance,
d. Listening, the nurse only doesn't only talk.
e. To Support and praise the individuals for the observed positive behavior and their initiatives,
f. The individual is an expert in his own subjects. He knows what he is doing from his own experience and whether it is harmful to him or her.
g. Openness to opposing views, therapeutic attitude with respect,
h. To establish an open care plan for therapeutic goals und outcome,
i. To supply less control, more self-confidence and autonomy for the individual,
j. Encouraging the like-minded people to be together,
k. Enhance the relationship between the individual and the nurse as the nurse-client relationship
l. Supporting the individual to achieve their goals

Here, it is important to question the goal of care models offered to patients in CMHC and to seek answers. Because the answer will understand how empowerment can affect the health of individuals in question. If the question is to be answered in terms of empowerment model, the aim is to reduce the individual's psychiatric symptoms. Thus, symptoms such as dysphoria, anhedonia, agitation, confusion. Here, the American Psychiatric Association (APA) recommends health workers to provide supportive psychotherapy, symptom monitoring, drug management, and skills training to help relieve symptoms (APA 2000, Corrigan 2002). Şahin and Elboğa (2019) found that in their studies with 39 patients who regularly participated in the skill trainings in the Community Mental Health Center, the skill trainings applied improved their cognitive functions and contributed positively to the activities of daily living. In addition, they started to act more independently in their daily life activities and determined that their social relationships increased.

Community mental health workers believe in the need for mutual respect and positive cooperation in the provision of treatment and care services to the individual. Individuals empowered with this view will benefit more from the services provided and be more successful in controlling symptoms. The fact that the individual with mental illness has authority in making decisions about his or her own life, in other words, being autonomous, is an indicator of good mental health. (Corrigan 2002). The philosophy of empowerment is based on the premise that a person has the capacity to make choices and is responsible for the consequences of his choices. It provides a holistic approach to health education using empowerment as an intellectual basis (Feste and Anderson 1995).

CMHC has two goals to keep patients with schizophrenia, schizoaffective, and bipolar disorder active in treatment outside the hospital; the first is to alleviate the intense symptoms of chronic mental disorders, or to achieve complete recovery, and second, to achieve life goals that are blocked by psychiatric inadequacies. Strategies developed against stigmatization will help to achieve these targets and will facilitate the achievement of mental health goals (Şahin and Elboğa 2019).

Stigmatization of individuals with mental problems is also expressed as a social prac-

tice of weakening. This attitude supports expectations that individuals with chronic mental health disorders cannot live independently and cannot overcome their individual issues. A study of more than 2,000 Americans and people of British descent has raised three issues of stereotype attitudes toward mental illness in those who support this idea (Taylor 1980, Brockington 1993). 1) Fear and exclusion; Individuals with mental disorders are feared. Because they're dangerous. 2) Authoritarianism; individuals with serious mental illness are irresponsible; decisions about their lives should be made by others. 3) Charity; individuals with mental illness need care (Corrigan 2002). These common attitudes have two effects on the mentally ill. Firstly, it deprives individuals of opportunities such as good housing and good friends for a good job and good income for healing and quality of life. In a culture that balances psychiatric stigmatization of an individual with a serious mental illness (Wahl 1995, Üstün and İnan 2018), he begins to believe in himself and begins to question his own abilities for an independent life. Because the effect of self-stigmatization on empowerment has a negative impact that should be addressed first (Corrigan 2002, Üstün and Inan 2018). Some experience stigmatization as a sense of shame that reduces an individual's self-esteem (Corrigan 1998, 2002, Çam and Bilge 2013). This feeling is an individual's ability to live independently, to find a job and continue to work in the business, to provide a source of livelihood and to find a partner in life requires confidence. Even if all the symptoms and problems related to the disease are controlled, the stigmatization hinders the healing process preventing the patient from becoming a member of the society (Corrigan 2002). It is clear that combating stigmatization in various aspects in community mental health centers, where empowerment idea is applied in practice by creating interaction areas between mentally ill individuals and other members of society will make a significant contribution to the healing process.

Nurses working in CMHC should do everything they can to succeed in this way if they see themselves as a person who accompanies an individual with a mental disorder. The use of empowerment in daily life is not linked to the organizational and institutional framework of psychosocial practices in the institution. Negotiation processes require creativity, imagination and the elimination of standardized therapy programs as well as the strengths and innovations to discover and feel confident (Müller-Commichau 2005). It is difficult for specialist individuals to establish a relationship with the individual within the framework of trust unless situations allow them to discover and develop their existing and potential resources repeatedly and further. Naturally, an institution should examine some of the encouraging and emerging obstacles in the empowerment process. It is also necessary, if perfectionism is not sought in achieving situations such as creating a supportive atmosphere, innovative ideas, linking and communicating with others and working together. An environment in society occurs when there is a wish for its creation and when changes are allowed. The processes here are associated with time and environment formation and additional resources. Therefore, of course, other tasks may face their own limitations, such as daily needs and an increase in the workforce due to the high number of patients (Kistner 1997). The empowerment approach emphasizes the individual's potential and active role in reaching the support and resources needed by the mentally ill person to survive in society. It is clear that other applications such as recovery (Bag 2018) and case management (Çam et al. 2019) will be beneficial to reach the optimal level within the empowerment approach in the individual. Newman (2003) argues that it is time to remove the boundaries between nursing models. By removing existing boundaries between models, nurses can realize how their practice affects both individual

care and service delivery at the same time. This approach can be criticized very abstractly for practitioners, but it is more meaningful if it remains in everyday practical experience to raise nurses' awareness through a "hermeneutic dialectical approach ((Newman 2003). Hermeneutics is a concept that has emerged as understanding and interpreting everything that man produces in his life (Fırıncıoğulları 2016). Using this approach will encourage nurses to seek meaning and influence in their historical and present practice. The nurses working in CMHC require a regular observation of the experiences, problems and resources that are important for the material and spiritual environments in the daily lives of the mentally ill individuals in practice and the integration of individuals' life contexts and community mental health in psychosocial practices.

With the introduction of the empowerment model to community mental health, it is not wrong to conclude that individuals with chronic mental problems will be able to integrate into society and reduce recurrent hospitalizations. This will also increase the quality of service provided to sick individuals by implementing the empowerment approach of nurses working in CMHC.

Conclusion

The fact that medical care alone could not provide the desired clinical solution in psychiatric patients increased the tendency to support treatment options. The World Health Organization (WHO) recommends a community-based mental health model (WHO 2001). The basis of community-based mental health model of CMHC is to keep patients active in treatment outside the hospital. These centers were established to provide psychosocial support services to patients with severe mental disorders such as bipolar disorder, schizophrenia, and other psychoses. After registering with the CMHC, treatment and care plan is prepared for the patients considering their needs and capabilities for the harmonization studies (Şahin and Elboğa 2019).

Here, by integrating the empowerment approach to the treatment and care plan prepared for the individual, the individual takes an active part in decisions that will directly affect his or her life. From the holistic approach, human nature is capable of making choices about its own life. However, due to chronic mental disorders, individuals lose control over their lives because of self-perception and individual functioning due to mental disorder (Hansson et al. 2011). It is clear that nurses working in CMHC will have a positive effect on self-esteem and self-esteem decisions of individuals with chronic mental disorders and encourage healthy living.

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