

Evaluation of Disability Rates and Psychiatric Disorders in Patients Applying to the Disability Health Board

Engelli Sağlık Kuruluna Başvuran Hastalarda Engel Oranlarının ve Psikiyatrik Hastalıkların Değerlendirilmesi

Kemal AKPINAR 

Burdur State Hospital, Department of
Psychiatry Clinic, Burdur, Türkiye



ABSTRACT

Objective: This study aimed to evaluate the distribution of psychiatric disorders, disability rates, and total dependency status among adult individuals applying to the Disability Health Board of Burdur State Hospital.

Methods: A retrospective review was conducted on 2322 individuals who applied between January 1, 2024, and December 31, 2025. Psychiatric diagnoses were classified according to ICD-11, and the National Regulation on Disability Assessment for Adults was used as the reference framework. Data was analysed using SPSS version 27.0.

Results: The mean age of participants was 59.9 ± 19.9 years, and 54.5% were male. Psychiatric disorders were identified in 25.5% of the participants. The most common psychiatric diagnosis group was anxiety disorders (35.3%), followed by intellectual disabilities (30.9%) and schizophrenia and other psychotic disorders (11.3%). Among individuals with psychiatric diagnoses, 59.8% were male. Anxiety disorders (40.3%) and mood disorders (18.5%) were more prevalent in females, whereas schizophrenia and other psychotic disorders (14.1%) were more frequent in males. Among individuals classified as totally dependent, the most common psychiatric diagnosis was intellectual disability (61.5%), followed by psychotic disorders (22.2%). All individuals with severe and profound intellectual disability were classified as totally dependent.

Conclusion: Psychiatric disorders represent an important proportion of disability health board applications, and intellectual disabilities and schizophrenia and other psychotic disorders are key determinants of total dependency decisions.

Keywords: Anxiety disorders, disability evaluation, intellectual disability, psychiatric disorders.

Öz

Amaç: Bu çalışmada, Burdur Devlet Hastanesi Engelli Sağlık Kurulu'na başvuran erişkin bireylerde psikiyatrik hastalıkların dağılımı, engellilik oranları ve tam bağımlılık durumlarının değerlendirilmesi amaçlanmıştır.

Yöntemler: 1 Ocak 2024–31 Aralık 2025 tarihleri arasında başvuran 2322 bireyin dosyaları retrospektif olarak incelenmiştir. Psikiyatrik tanıları ICD-11'e göre sınıflandırılmış ve Erişkinler İçin Engellilik Değerlendirmesi Hakkında Yönetmelik esas alınmıştır. Veriler SPSS 27.0 ile analiz edilmiştir.

Bulgular: Katılımcıların yaş ortalaması $59,9 \pm 19,9$ yıl olup %54,5'i erkekti. Bireylerin %25,5'inde psikiyatrik tanı saptandı. En sık psikiyatrik tanı grubu anksiyete bozuklukları (%35,3) olup bunu zekâ gerilikleri (%30,9) ve şizofreni ile diğer psikotik bozuklukları (%11,3) izledi. Psikiyatrik tanı alan bireylerin %59,8'i erkekti. Kadınlarda anksiyete (%40,3) ve duygudurum bozuklukları (%18,5) daha yüksek oranlarda saptanırken, erkeklerde şizofreni ve psikotik bozukluklar (%14,1) daha yüksek bulundu. Tam bağımlı engelli bireylerin en sık psikiyatrik tanısı zekâ gerilikleri (%61,5) olup bunu şizofreni ve diğer psikotik bozuklukları (%22,2) izledi. Ağır ve çok ağır zekâ geriliği olan bireylerin tamamı ise tam bağımlıydı.

Sonuç: Psikiyatrik hastalıklar engelli sağlık kurulu başvurularında önemli yer tutmakta olup, özellikle zekâ gerilikleri ve psikotik bozukluklar tam bağımlılık kararlarında belirleyicidir.

Anahtar Kelimeler: Anksiyete bozuklukları, engellilik değerlendirmesi, psikiyatrik bozukluklar, zihinsel yetersizlik.

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Sorumlu Yazar/Corresponding author:

Kemal Akpınar

E-mail: drkemalakpinar@gmail.com

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Introduction

Health is defined as a state of complete physical, mental, and social well-being and not merely the absence of disease or disability (World Health Organization, 2020). This holistic approach emphasizes that an individual's health status is shaped not only by biological factors but also by environmental and social conditions. Disability, on the other hand, is a multidimensional condition arising from the interaction between an individual's health condition and environmental and personal factors, encompassing impairments in body functions or structures, activity limitations, and restrictions in participation in social life (World Health Organization, 2001). According to World Health Organization data, approximately 16% of the world's population (1.3 billion people) were living with disabilities as of 2021. The number of individuals with disabilities has increased significantly over the last decade due to demographic and epidemiological changes, including population growth, the increasing prevalence of non-communicable diseases, longer life expectancy, and associated functional limitations. Disability is reported more frequently in developed countries than in developing countries, partly because longer life expectancy contributes to a higher prevalence of disability (World Health Organization, 2022). In Türkiye, the disability rate was reported as 6.9% according to the 2011 data of the Turkish Statistical Institute, with rates of 5.9% in males and 7.9% in females (Turkish Statistical Institute, 2013). According to Institute for Health Metrics and Evaluation's 2021 report on disability and aging indicators by sex and age, the prevalence of disability increases markedly with advancing age, rises rapidly particularly after 65 years of age, and reaches its highest levels among individuals aged 75 years and older (Institute for Health Metrics and Evaluation, 2022).

Regardless of their health condition or disability status, individuals with disabilities can maintain a healthy life by meeting their needs, achieving their goals, and adapting or modifying their environments (Ari, 2022; World Health Organization, 2022). Regulations concerning individuals with disabilities aim to coordinate services related to healthcare, education, employment, care, and social security, eliminate barriers encountered by individuals, and support their participation in social life. In Türkiye, the Regulation on Disability Assessment for Adults was published in the Official Gazette No. 30692 on February 20, 2019 (Republic of Türkiye Ministry of Family, Labour and Social Services, & Ministry of Health, 2019). According to this regulation, a disabled individual is defined as a person whose full and effective participation in society on an equal basis with others is restricted due to physical, intellectual, mental, or sensory impairments in interaction with attitudinal and environmental barriers. Disability status refers to grading, classification, and diagnostic procedures that determine disability resulting from tissue, organ, and/or functional loss, psychiatric diagnoses, and associated impairment in judgment based on internationally accepted methods (Republic of Türkiye Ministry of Family, Labour and Social Services, & Ministry of Health, 2019). Accordingly, disability health boards have been established in Türkiye to enable individuals with disabilities to benefit from social,

economic, and legal rights. A disability health board consists of a chairperson and board members. In cases involving disability related to a single medical specialty, the board includes three specialist physicians from the relevant field, whereas in cases involving multiple specialties, it is composed of at least six specialist physicians from different disciplines (Republic of Türkiye Ministry of Family, Labour and Social Services, & Ministry of Health, 2019). Psychiatric disorders are among the most frequently evaluated conditions in disability health boards, and previous studies have reported that approximately 14%–23% of individuals applying to these boards receive disability ratings due to psychiatric diagnoses. The most identified psychiatric disorders include anxiety disorders, intellectual disability, mood disorders, schizophrenia, and other psychotic disorders (Aslan & Şimşek, 2017; Aydın & Savaş, 2025; Çelikbaş et al., 2021; Ergül, 2019; Kızılay Çankaya & Bakar Kahraman, 2021; Yıldız et al., 2016).

Psychiatric disability assessments require a more complex evaluation process than those in other medical specialties because of the variability in clinical symptoms, differences in treatment response, and the inherently subjective nature of functional assessment (World Health Organization, 2001; World Health Organization, 2025). In Türkiye, studies examining psychiatric diagnoses in detail among patients applying to disability health boards remain limited, and the existing literature is largely single-center, retrospective, and region-specific (Aslan & Şimşek, 2017; Aydın & Savaş, 2025; Çelikbaş et al., 2021; Ergül, 2019; Kızılay Çankaya & Bakar Kahraman, 2021; Yıldız et al., 2016). Therefore, synthesizing findings from recent studies with previous evidence may contribute to disability reporting practices among psychiatry specialists, support clinical decision-making, and provide a scientific basis for the development of social and health policies for individuals with disabilities.

The aim of this study was to evaluate the sociodemographic characteristics, assigned disability rates, and total dependency status of adult patients who applied to the Disability Health Board of Burdur State Hospital. It also aimed to assess the disability rates and total dependency status in cases with psychiatric diagnoses. In addition, by investigating the impact of psychiatric disorders on total dependency decisions, the study sought to contribute scientifically to decision-making processes in mental health within disability health board practice.

Methods

Ethical approval

The study was approved by the Süleyman Demirel University Research Ethics Committee (Date: March 5, 2026, Number: 113/7).

Study Design and Participants

This retrospective study reviewed disability health board records of individuals aged 18 years and older who applied to the Disability Health Board of Burdur State Hospital between January 1, 2024, and December 31, 2025. Records were examined both in

physical files and electronically through the Hospital Information Management System (HIMS). Data extracted from disability health board reports included age, sex, disability scores, medical specialties contributing to these scores, dependency status, and report validity periods. Psychiatric diagnoses were established during clinical evaluation according to the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2022) and were subsequently grouped into broader diagnostic categories for statistical analysis based on the International Classification of Diseases, 11th Revision (World Health Organization, 2025). Reports issued for adults related to terrorism, accidents, or injury-related conditions, as well as medical board reports not intended for disability determination (e.g., military service, law enforcement, or forensic reports), were excluded. One patient with incomplete records who had not completed the disability health board process was also excluded. A total of 2322 adults aged 18 years and older were included in the study. All participants had voluntarily applied to the disability health board to access social support services provided by the Ministry of Family and Social Services, including home care assistance, disability pensions, and benefits for vulnerable or economically disadvantaged individuals and adults aged 65 years and older (Republic of Türkiye Presidency, 1976). Additional benefits associated with disability reports in Türkiye include tax reductions (e.g., income tax relief and vehicle purchase exemptions), eligibility for disability pension or early retirement, employment opportunities within public and private sector disability quotas, free or reduced access to public transportation and social services, and access to institutional or home-based care services.

For each participant, demographic variables (age and sex), specialty-specific disability scores, total disability scores, psychiatric disability scores (when applicable), psychiatric diagnoses, dependency status, and report validity duration were recorded using a structured data collection form developed by the researchers.

Disability Assessment Procedure

Participants were evaluated according to the updated Regulation on Disability Assessment for Adults issued on February 20, 2019 (Republic of Türkiye Ministry of Family, Labour and Social Services, & Ministry of Health, 2019). Disability assessment refers to the evaluation process used to determine disability status based on disease severity and impairment in organ and/or functional capacity. A totally dependent disabled individual is defined as a person with a disability rate of 50% or higher who, due to tissue, organ, and/or functional loss or psychiatric diagnosis-related impairment in judgment, is unable to perform activities of daily living independently despite assistance, based on functional assessment. The International Classification of Functioning, Disability and Health (ICF) framework was used as the standard classification system in disability evaluation (World Health Organization, 2001). For individuals with multiple impairments, total disability rates were calculated using the Balthazard formula. In this method, disability percentages are ranked from highest to lowest and combined sequentially. The

highest percentage is subtracted from 100%, and the remaining proportion is multiplied by the second-highest disability percentage and divided by 100. The resulting value is then added to the highest percentage. This process is repeated for each additional disability until a final total disability score is obtained. For individuals aged 65 years and older, an additional 10% was added to the calculated disability score in accordance with the national regulation (Republic of Türkiye Ministry of Family, Labour and Social Services, & Ministry of Health, 2019).

Classification of Medical and Psychiatric Diagnoses

Disability percentages assigned by the Disability Health Board were categorized according to the national regulation into 11 medical specialties: psychiatry, nervous system, ophthalmology, otorhinolaryngology, dermatology, internal medicine, urogenital system, cardiovascular system, musculoskeletal system, respiratory system, and obstetrics and gynaecology (Republic of Türkiye Ministry of Family, Labour and Social Services, & Ministry of Health, 2019). Because some conditions may be evaluated by multiple specialties and overlapping disability scores may be assigned, gastrointestinal, endocrine, rheumatologic, oncologic, and hematologic conditions were included under the internal medicine category. Although psychiatric diagnoses were initially established according to DSM-5-TR criteria, psychiatric conditions were subsequently regrouped for analysis based on the study objectives and the framework of the disability regulation. DSM-5-TR and ICD classification systems are highly comparable in the diagnostic criteria for most psychiatric disorders. Therefore, the potential impact of this difference on the study findings is likely to be minimal. Accordingly, cases were classified into seven diagnostic categories: intellectual disabilities, anxiety disorders, mood disorders, schizophrenia and other psychotic disorders, personality disorders, pervasive developmental disorders, and other psychiatric disorders. Depressive disorders were included within the mood disorders category, and obsessive-compulsive disorders were classified under anxiety disorders. Organic mental disorders and alcohol- and substance-related disorders were included in the “other psychiatric disorders” category because of their heterogeneous clinical characteristics.

Statistical Analysis

The sample size of the study was determined using a priori power analysis conducted with G*Power version 3.1 (Faul et al., 2007), assuming a medium effect size (0.30), a significance level (α) of 0.05, and a statistical power of 80% ($1-\beta=0.80$). The minimum required sample size was calculated as 850 participants. With a total of 2322 individuals included in the study, the statistical power was increased, and post-hoc power analysis indicated a power level above 90%. Data was analysed using SPSS version 27.0 (IBM SPSS Corp., Armonk, NY, USA). Continuous variables were expressed as mean \pm standard deviation, and categorical variables were presented as frequency and percentage. The normality of continuous variables was assessed using the Kolmogorov–Smirnov test. When parametric assumptions were met, differences between independent groups

were analysed using the independent samples t-test; when assumptions were not met, the Mann–Whitney U test was used. Categorical variables were compared using the chi-square test. A p -value of less than .05 was considered statistically significant.

Results

Between January 1, 2024, and December 31, 2025, a total of 2322 individuals aged 18 years and older applied to the Disability Health Board of Burdur State Hospital for disability reports. The mean age of the participants was 59.9 ± 19.9 years; 54.5% ($n=1265$) were male and 45.5% ($n=1057$) were female. The mean age of female participants (59.6 ± 20.1 years) was significantly higher than that of male participants (54.6 ± 19.4 years) ($p < .001$). Among all applicants, 22 individuals (0.9%) did not receive any disability rating from any medical specialty. The distribution of applicants according to medical specialties and sex, as well as the disability rates, are presented in Table 1.

Table 1.

Distribution of individuals applying to the disability health board by medical specialty and sex, and disability rates

	Number (n)	Percentage (%)	Disability Rate (Mean \pm SD)	n (Male/Female) % (Male/Female)
Psychiatry	592	25.5	40.3 \pm 22.8	354/238* 59.8/40.2
Nervous System	734	31.6	53.6 \pm 30.4	383/351 52.2/47.8
Internal Medicine	1321	56.8	33.5 \pm 24.1	667/654 50.5/49.5
Cardiovascular System	693	29.8	37.9 \pm 21.8	393/300* 56.7/43.3
Respiratory System	376	16.1	34.1 \pm 20.9	214/162* 56.9/43.1
Urogenital System	438	18.8	39.6 \pm 28.6	273/165* 62.3/37.7
Musculo skeletal System	1089	46.9	26.5 \pm 20.6	540/549 49.6/50.4
Obstetrics and Gynaecology	93	4.0	19.3 \pm 20.3	0/93* 0.0/100.0
Ophthalmology	773	33.2	27.3 \pm 25.0	410/363 53.0/47.0
Oto rhino laryngology	610	26.2	20.9 \pm 15.2	332/278* 54.4/45.6
Dermatology	46	1.9	15.7 \pm 17.7	33/13* 71.7/28.3
Individuals with at least one disability score	2300	99.0	68.7 \pm 24.8	1249/1051* 54.3/45.7
Totally dependent disabled individuals	414	17.82	92.3 \pm 7.7	209/205 50.5/49.5
Total applicants	2322	100	68.1 \pm 25.6	1265/1057* 54.5/45.5

* $p < .05$ was considered statistically significant between males and females.

The number of totally dependent individuals was 414, with a mean age of 67.2 ± 22.9 years. The number of non–totally dependent individuals was 1908, with a mean age of 54.6 ± 18.4 years, indicating that non-dependent individuals were

significantly younger than totally dependent individuals ($p < .001$). In the totally dependent group, 209 were male (50.4%) and 205 were female (49.6%), with a similar sex distribution. In the non–totally dependent group, 1056 were male (55.3%) and 852 were female (44.7%), indicating a statistically significant predominance of males ($p < .001$). However, when the totally dependent and non–totally dependent groups were compared overall, no statistically significant difference was found in sex distribution between the groups. When the groups were compared according to medical specialties, disability scores assigned by the nervous system and psychiatry departments were significantly higher in the totally dependent group ($p < .001$). The comparison of disability rates between totally dependent and non–totally dependent individuals by medical specialty is presented in Table 2.

Table 2.

Comparison of disability rates between totally dependent ($n=414$) and non- totally dependent individuals ($n=1908$)

	Disability Rate of Totally Dependent Individuals, (Mean \pm SD)	Disability Rate of Non–Totally Dependent Individuals, (Mean \pm SD)	p -value*
Psychiatry	19.9 \pm 33.3	8.2 \pm 16.5	<.001
Nervous System	54.0 \pm 40.4	8.9 \pm 19.9	<.001
Internal Medicine	13.4 \pm 19.4	20.9 \pm 25.8	<.001
Cardiovascular System	12.2 \pm 22.9	11.1 \pm 20.6	.920
Respiratory System	6.6 \pm 19.5	5.2 \pm 13.9	.224
Urogenital System	8.7 \pm 20.2	7.2 \pm 19.8	.028
Musculoskeletal System	18.8 \pm 27.2	11.0 \pm 16.9	.033
Obstetrics and Gynaecology	0.2 \pm 3.0	0.9 \pm 5.9	.001
Ophthalmology	12.7 \pm 24.1	8.3 \pm 18.0	.030
Oto rhino laryngology	7.8 \pm 14.0	4.9 \pm 11.5	.001
Dermatology	0.2 \pm 3.9	0.3 \pm 3.1	.102
Total Disability Rate	92.3 \pm 7.7	62.8 \pm 25.0	<.001

Among individuals who applied to the Disability Health Board and received a psychiatric diagnosis ($n=592$), the most frequently identified diagnostic group was anxiety disorders ($n=209$, 35.3%). The distribution and characteristics of psychiatric disorders among applicants to the Disability Health Board are presented in detail in Table 3.

Among male applicants ($n=354$) and female applicants ($n=238$) to the Disability Health Board with a psychiatric diagnosis, anxiety disorders were the most frequently observed condition in both groups, followed by intellectual disabilities and schizophrenia and other psychotic disorders, respectively. The distribution of psychiatric diagnoses among individuals with psychiatric conditions applying to the Disability Health Board is presented in Table 3. When the distribution of psychiatric diagnoses was analysed according to gender, anxiety disorders were the most common diagnostic group in both males (31.9%) and females (40.3%), followed by intellectual disabilities in males (29.7%) and females (32.8%). Schizophrenia and other psychotic disorders were identified in 14.1% of males, while mood

disorders were present in 9.3%. Personality disorders and pervasive developmental disorders were reported at rates of 9.3% and 2.8%, respectively, in males.

Table 3.

Characteristics of psychiatric disorders among individuals applying to the disability health board

Diagnosis	Number (n)/ Percentage %	Age (years) (Mean±SD)	n (Male/Female) % (Male/Female)	
Borderline Intellectual Functioning	38/ 6.4	31.9± 12.5	26/12 68.4/31.6	
Intellectual Disabilities	Mild Intellectual Disability	75/ 12.7	32.4± 15.2	38/37 50.7/49.3
	Moderate Intellectual Disability	53/ 9.0	33.5± 16.6	31/22 58.5/41.5
	Severe Intellectual Disability	16/ 2.7	25.9±9.2	9/7 56.3/43.8
	Profound Intellectual Disability	1/ 0.2	30	1/0 100/0
	Anxiety Disorders	209/35.3	55.5±15.6	113/96 54.1/45.9
Mood Disorders	77/13.0	48.3±12.4	33/44 42.9/57.1	
Schizophrenia and Other Psychotic Disorders	67/11.3	47.8±12.8	50/17 74.6/25.4	
Personality Disorders	33/5.6	39.5±8.3	33/0 100/0	
Autism Spectrum Disorders	12/2.0	21.7±2.9	10/2 83.3/16.7	
Other psychiatric disorders*	11/1.9	49.7±13.0	10/1 90.9/9.1	
Total	592/100	44.8±17.4	354/238 59.8/40.2	

*Other psychiatric disorders include organic mental disorders and alcohol- and substance-related disorders.

In females, mood disorders were observed in 18.5% of cases, whereas schizophrenia and other psychotic disorders accounted for 7.1%. Pervasive developmental disorders and the "other" diagnostic group were found in 0.8% and 0.4% of females, respectively. No cases of personality disorders were identified among female participants (0%). Among intellectual disability cases (N=183) applying to the Disability Health Board, the highest proportions were observed in the mild intellectual disability (40.9%) and moderate intellectual disability (28.9%) groups. Borderline intellectual functioning accounted for 20.7% of cases, while severe and profound intellectual disability were found at rates of 8.7% and 0.5%, respectively.

All individuals with severe and profound intellectual disability (100%) were classified as totally dependent, and a similarly high rate of severe disability was observed in the moderate intellectual disability group (90.6%). In contrast, the proportion of totally

dependent individuals was low among those with mild intellectual disability (8.0%) and borderline intellectual functioning (2.6%). These findings indicate that as the severity of intellectual disability increases, the rate of total dependency also increases markedly.

Among totally dependent individuals with a psychiatric diagnosis (n=117), the most frequently observed diagnostic group was intellectual disability (n=72, 61.5%). The distribution and characteristics of psychiatric disorders in totally dependent individuals with psychiatric diagnoses are presented in detail in Table 3. The second most common diagnostic group among totally dependent individuals was schizophrenia and other psychotic disorders (22.2%). The distribution of totally dependent individuals (n=414) and those with psychiatric diagnoses (n=117) is presented in Table 4.

Table 4.

Distribution of totally dependent disabled individuals (n=414) and individuals with psychiatric diagnoses (n=117)

Diagnosis	Number (n)	Totally Dependent Disabled Individuals Percentage (%)	Totally Dependent Disabled Individuals with Psychiatric Diagnosis Percentage (%)
Borderline Intellectual Functioning	1	0.1	0.9
Mild Intellectual Disability	6	1.0	5.1
Moderate Intellectual Disability	48	72.0	8.0
Severe Intellectual Disability	16	2.7	12.1
Profound Intellectual Disability	1	0.1	41.0
Anxiety Disorders	10	1.6	61.5
Mood Disorders	4	0.6	13.7
Schizophrenia and Other Psychotic Disorders	26	4.3	0.9
Personality Disorders	0	0	8.5
Autism Spectrum Disorders	5	0.8	3.4
Total	117	9.7	22.2

Discussion

In this study, the distribution of psychiatric disorders, disability rates, and totally dependent disability status among adults who applied to the Disability Health Board of Burdur State Hospital between 2024 and 2025 was evaluated. The main findings were that approximately one-quarter of applicants had a psychiatric diagnosis, anxiety disorders were the most common psychiatric condition, and intellectual disability played a

prominent role in decisions regarding total dependency. In addition, high rates of total dependency were observed among individuals with neurological and psychiatric diagnoses, and dependency level appeared to increase in parallel with the severity of psychiatric disorders.

In the present study, 25.5% of individuals applying to the disability health board had a psychiatric diagnosis. Although this proportion is slightly higher than the 14%–23% range reported in previous studies, it is generally consistent with the existing literature (Aslan & Şimşek, 2017; Aydın & Savaş, 2025; Çelikbaş et al., 2021; Ergül, 2019; Kızılay Çankaya & Bakar Kahraman, 2021; Yıldız et al., 2016). This difference may be related to the two-year study period and relatively large sample size, the fact that our hospital is the only institution providing disability board services in the province of Burdur, and the more detailed evaluation of neurodevelopmental disorders in our clinical setting. The high prevalence of psychiatric disorders among disability health board applicants may also reflect the substantial impact of mental disorders on functioning, social adaptation, and independent living skills (World Health Organization, 2022).

In our study, anxiety disorders constitute the most common psychiatric diagnostic group (35.3%) among psychiatric conditions. Anxiety disorders are among the most prevalent psychiatric disorders both in epidemiological studies and within DSM-based classification systems (American Psychiatric Association, 2022; World Health Organization, 2022). Similarly, previous studies of disability health board applicants have identified anxiety disorders as one of the most frequent psychiatric diagnoses (Kızılay Çankaya & Bakar Kahraman, 2021). However, some studies have reported higher proportions of intellectual disability or schizophrenia spectrum disorders (Aydın & Savaş, 2025; Yıldız et al., 2016). These differences may be associated with institutional characteristics of disability board services, sociodemographic variations, differences in clinical presentation and treatment response, and the subjective nature of functional assessment. In addition, variability among clinicians and board members in psychiatric evaluation may also contribute to differences between studies (Blaabjerg et al., 2020; Szuhany & Simon, 2022). The high frequency of anxiety disorders observed in our study may be explained by their widespread occurrence in clinical practice and their frequent coexistence with physical illnesses, particularly in middle-aged and older adults (Szuhany & Simon, 2022; World Health Organization, 2022). The mean age of individuals with psychiatric diagnoses in our sample was lower than that of the overall disability health board population. Intellectual disabilities and pervasive developmental disorders were concentrated in younger age groups, whereas anxiety and mood disorders were more frequently observed among middle-aged individuals. This finding is consistent with the typical age distribution and onset patterns of psychiatric disorders reported in the literature (American Psychiatric Association, 2022; World Health Organization, 2023). Additionally, individuals with severe intellectual disability and autism spectrum disorder may apply more frequently to disability health boards because of the early onset of these disorders and the need for long-term care and social support beginning in childhood and continuing into

adulthood (Micai et al., 2023; World Health Organization, 2023).

In our study, anxiety disorders were the most common diagnostic group in both males (31.9%) and females (40.3%), with a higher prevalence observed in females. The higher frequency of anxiety disorders in women has been consistently reported in the literature and has been associated with hormonal influences, differences in stress response, and sociocultural burdens (Szuhany & Simon, 2022).

The relatively high rates of intellectual disability in both sexes (males: 29.7%, females: 32.8%) are likely related to the characteristics of individuals applying to disability health boards, indicating that intellectual disability constitutes a major reason for application in this setting. Although the proportion of intellectual disability in males was slightly lower than in females, the overall distribution between sexes was relatively balanced. Mood disorders were markedly more frequent in females (18.5%), which is consistent with the well-established increased vulnerability of women to depressive disorders reported in previous studies (European Institute for Gender Equality, 2021). Schizophrenia and other psychotic disorders were more common in males (14.1%), consistent with evidence indicating earlier onset and a more severe clinical course of psychotic disorders in men (Li et al., 2022). Previous research has also shown that schizophrenia tends to begin earlier in males and may be associated with more severe functional impairment (Mengelkoch & Slavich, 2024). The presence of personality disorders exclusively in males is noteworthy. This finding may be explained by the fact that our hospital also provides healthcare services for correctional facilities in the province of Burdur, and personality disorders are reported more frequently in incarcerated populations (Flórez et al., 2019), suggesting that the characteristics of our sample may have influenced this result.

One of the most striking findings of our study was that intellectual disability constituted the most common psychiatric diagnostic group among totally dependent individuals. Intellectual disability accounted for 61.5% of all psychiatric cases classified as totally dependent. Particularly high rates of total dependency were observed in individuals with moderate, severe, and profound intellectual disability. The finding that all individuals with severe and profound intellectual disability were totally dependent highlights the substantial impact of cognitive impairment on activities of daily living. This observation is consistent with previous studies showing that increasing severity of intellectual disability is strongly associated with greater dependence and reduced functional autonomy (Schalock et al., 2021). According to the International Classification of Functioning, Disability and Health (World Health Organization, 2001), cognitive impairments affect not only intellectual functioning but also communication, self-care, social participation, and independent living skills. Therefore, intellectual disability is among the psychiatric conditions associated with the most severe functional limitations in disability assessments.

In our study, schizophrenia and other psychotic disorders were also found to constitute a substantial proportion of totally dependent individuals. In psychotic disorders, impaired insight, marked deterioration in social functioning, and a chronic disease

course may lead to significant losses in independent living skills. The literature similarly reports that a considerable proportion of patients with schizophrenia experience long-term functional impairment and require increased social support (Çelikbaş et al., 2021; Yıldız et al., 2016). Our findings are consistent with this data. When comparing disability rates obtained from different medical specialties between totally dependent and non-totally dependent individuals, the total disability rate was found to be significantly higher in the totally dependent group. This finding is in line with expectations and indicates that individuals with severe functional impairment tend to have more pronounced multi-system involvement (Aydın & Savaş, 2025; Ergül, 2019; Yıldız et al., 2016).

When evaluated according to medical specialties, significantly higher disability rates were observed in the nervous system and psychiatry categories in the totally dependent group, with statistically significant differences. This finding supports a strong association between total dependency and neurological and psychiatric conditions. Diseases such as dementia, cerebrovascular diseases, intellectual disabilities, psychotic disorders, and neurodevelopmental disorders may substantially reduce independence in daily living activities (Guo & Sapra, 2026). In the internal medicine group, higher disability rates were observed among non-totally dependent individuals. This finding suggests that chronic diseases classified under internal medicine, particularly metabolic and systemic conditions, may be more strongly associated with partial functional impairment rather than complete loss of independence. For other medical specialties, higher rates were generally observed in the totally dependent group, and most comparisons yielded statistically significant differences. Differences observed in the musculoskeletal, ophthalmology, and otorhinolaryngology categories support the contribution of multi-system involvement to the level of dependency (World Health Organization, 2022). In contrast, no significant differences were observed between groups in cardiovascular, respiratory, and dermatological diseases. This may suggest that conditions affecting these systems alone have a more limited impact on the development of total dependency (Institute for Health Metrics and Evaluation, 2022).

In our study, the co-occurrence of multiple psychiatric diagnoses was relatively low, and the most common comorbidity was observed between autism spectrum disorder and intellectual disability. This finding is consistent with literature. It is well established that individuals with autism spectrum disorder have a high rate of comorbid intellectual disability (World Health Organization, 2023). In addition, the second most frequent comorbidity—intellectual disability with psychotic disorders—is noteworthy, as it highlights the association between severe cognitive impairment and chronic psychiatric conditions (Micai et al., 2023).

This study has several limitations. First, it was conducted retrospectively and in a single centre; therefore, the findings may not be generalizable to the entire population. In addition, psychiatric evaluations were based on medical records, and

structured psychiatric interviews were not used. A further limitation of this study is that disability evaluations were based on board decisions, which may introduce potential inter-observer variability among assessors. However, the large sample size and the comprehensive evaluation of disability rates and psychiatric disorders in adult disability health board applicants represent important strengths of the study.

Conclusion

This study demonstrates that neurological and psychiatric disorders constitute an important proportion of disability health board evaluations, with intellectual disabilities and psychotic disorders playing a decisive role in determinations of total dependency. Psychiatric disorders should be assessed not only at the symptom level but also in terms of functioning and independent living skills. With an aging population and an increasing burden of chronic psychiatric and neurological diseases, disability health board applications in Türkiye are expected to rise in the coming years. This highlights the growing importance of standardized psychiatric disability assessments. The findings of this study may contribute to improving standardization in disability board practices, supporting decision-making processes among mental health professionals, and informing the planning of social policies for individuals with disabilities.

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Hasta Onamı: Çalışmanın retrospektif tasarımından dolayı hasta onamı alınamamıştır.

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