

Available online at [www.dergipark.gov.tr/beuscitech](http://www.dergipark.gov.tr/beuscitech)

Journal of Science and Technology

E-ISSN 2146-7706



# Evaluation of the children and adolescents taking health care measure in terms of mental health

Koray Okur <sup>a</sup>, Uğur Aktaş <sup>a</sup>, Eylem Kuday Kaykısız <sup>a,\*</sup>

<sup>a</sup> Bitlis Provincial Health Directorate, TR-13000, Bitlis Turkey

## ARTICLE INFO

### Article history:

Received 15 March 2019

Received in revised form 17 April 2019

Accepted 17 April 2019

### Keywords:

Child protection

Health care measure

Mental disorders

## ABSTRACT

In addition to social problems, children are exposed to neglect and abuse in various ways due to developmental periods or many problems in family and social relations. The negative consequences of this abuse and neglect, affect not only one's self but also society, social organizations, legal systems, education system and business areas. Therefore, it is important to know child profile which is decided to take health care measure. In this retrospective, observational study, data including demographic information, reasons for taking health care measures, diagnoses after psychological evaluation and termination of the injunction decision of children who were taken health care measure and referred to a child adolescent mental health professional, were scanned and recorded. The total number of children included in the study was 66. There was no statistically significant difference in terms of gender. It is seen that the most frequent first-reference hospital was the central hospital and the injunction was increased every year; the most common reason was the protection of physical and mental health; 59% of the cases were not diagnosed; 39.3% were terminated later and the most termination reason was to be 18-year-old. The studies to be carried out with prospective, multicentre, large patient groups are needed in order to determine the drift rates of children by examining the health measures and to establish the cause-effect relationship.

© 2019. Turkish Journal Park Academic. All rights reserved.

## 1. Introduction

Individuals who have not yet turned 18 are considered as minors in accordance with item 6/1-c of TCC (Turkish Criminal Code) numbered 5237. Similarly, individuals who have not yet turned 18 are considered as minors in accordance with item 3/1-a of the Child Protection Law numbered 5395 even if they become legally major at an earlier age. When evaluated with these two provisions; every individual who has not turned 18 is considered a minor. The individual will be continued to be evaluated as a minor even if he/she becomes legally major before the age of 18 (1). Children are subject to neglect and abuse in various ways due to many social issues such as poverty, immigration, unemployment, family disintegration, cultural corruption, and conflict of generations in addition to problems related with developmental periods as well as family and social relations (2). Child abuse and neglect can be defined as any action or lack of action of adults such as parents or caregivers directed

at the child which prevents or restricts the development of the child and are considered by social rules and professional individuals as improper or damaging. The child may be subject to physical, mental, sexual or social harm and his/her health and safety may fall under risk as a result of these actions or inactions. Child abuse is classified as physical, sexual or emotional abuse, while child neglect is classified as physical or emotional neglect. These different forms of abuse and neglect comprise a public health issue which not only affects families but also the society, social establishments, legal systems, education system and business areas. Abuse and neglect during childhood may lead to problems such as post-traumatic stress disorder (PTSS), depression and anxiety, insecurity, behavioural disorders, self-harm, suicidal thoughts (3-6).

“Geneva Declaration of the Rights of the Child” accepted by the League of Nations in 1924 is an important step in the protection of the rights of children. Special legal arrangements continued afterwards as well. “Convention on

the Rights of the Child” was accepted unanimously in the United Nations General Council on November 20, 1989. It is stated in this convention as such, “States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child”. It is also stated in the convention that, “such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement” (7, 8).

Accordingly, the Child Protection Law numbered 5395 was issued on 03.07.2005 with the objective of protecting children in need of protection or those who are driven to crimes as well as the securing of their rights and welfare. Measure orders are issued for the children in the fields of Consultancy, Education, Care and Health. According to the law, the health measure taken is for the temporary or permanent medical care and rehabilitation intended to protect the physical and mental health of the child or to the treatment of those using addictive substances. The juvenile court may inspect whether the child is receiving the health service as a result of this health measure order. The inspectors appointed by the courts follow up this process. The judge or the court may revoke, extend or modify the direct measure after evaluating the results of the applied measure following the demand of the inspectors, guardian or custodian of the child, those who care for the child, the individual or representative of the institution implementing the decree or the public prosecutor (1).

Our primary objective in the present study was to evaluate the children subject to Health Measure Application within the scope of the Child Protection Law numbered 5395 with regard to demographic characteristics, reasons for the measure and the diagnoses made thus putting forth the child profile subject to such measures; while our secondary purpose was to decrease the number of children involved in crimes by eliminating the modifiable risk factors.

## 2. Material-Methods

A total of 66 children were included in this retrospective and observational study who were directed by the Civil Courts of General Jurisdiction to the Provincial Directorates of Health following the decree for the Implementation of Health Measure subject to article 5/1-d of the Child Protection Law numbered who had applied during the dates of 01.01.2015 and 01.09.2018 or who were under follow-up.

There are a total of 7 state hospitals with 1 provincial and 6 district state hospitals as part of the Provincial Directorate of Health from where the data for this study were acquired. Two of these hospitals provide child and adolescent mental health services with 1 in the city centre and 1 in the district centre.

The ‘social examination report’ issued for the child with an measure order issued by the court was evaluated by the ‘discipline unit’ which is part of the directorate; after which the residential address and psychosocial status of the child was taken into consideration for determining the best health institution for the diagnosis and treatment of the child where the first monitoring and treatment procedures are carried out. One health personnel was appointed from each hospital in order to follow-up the procedure for the application to the health institution to which the children are directed for examination and treatment, the monitoring of the treatment plan arranged by the health institution and the collection of the reports related with the treatment procedures for sending them to the Provincial Directorate of Health. In case the doctor who carried out the first evaluation indicates the need to apply to a psychiatric care expert for advanced examination and treatment procedures, the referral procedures are completed after which the child is subject to psychiatric examination in the accompaniment of the health personnel at the hospital where the psychiatric expert works. The reports prepared based on the examinations and treatment procedures carried out are delivered to the Provincial Health Directorate by the related hospitals.

As a result, the demographic data, reason for requesting health measure, diagnoses after mental evaluation and the reasons for the termination of the measure orders for a total of 66 children who received measure orders from the Provincial Health Directorate and who were then directed to a Child and Adolescent Psychiatry expert were surveyed from the recorded files and classified according to years. Individuals who were not directed to a Child and Adolescent Psychiatry expert or those with missing data were excluded from the study following the primary evaluation. The reasons for requesting Health Measures were classified in four sub-groups as; the protection of physical and mental health, psychiatric treatment, psychological status evaluation and substance abuse.

Written consent was taken for the study from Bitlis Provincial Health Directorate and the study was approved by the Bitlis Eren University ethics council.

## 3. Statistically Analysis

SPSS 22.0 Windows statistical package software (SPSS Inc, Chicago, IL, USA) was used for statistical analyses. Descriptive statistics of continuous variables were presented by way of averages, median and standard deviation and frequency; while those for categorical variables were presented by way of percentages. Chi-square test was applied for evaluating the impact of demographic characteristics on order measure and values of  $p < 0.05$  were accepted as statistically significant.

## 4. Results

The number of children included in the study was 66. Of these 66 children, 63,34% (n:42) were female, 36,36% (n:24) were male. No statistically significant difference was determined between genders for order measures ( $p > 0.05$ ). The highest number of order measures was issued for females in 2017 which comprised 35,71% of the order measures throughout

the study period. This was the case for males in 2018 and made up 41,67% of all order measures for the study. The distributions of all order measures subject to years and gender are presented in Figure 1 (Figure 1).

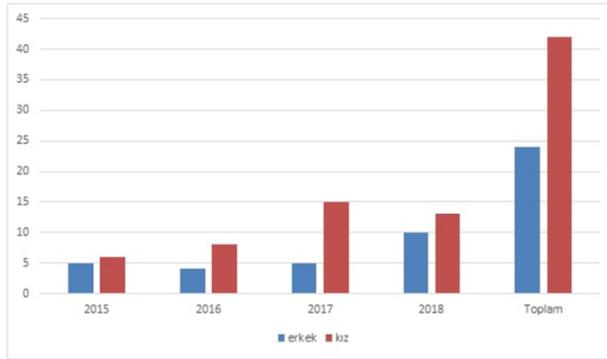


Figure 1: The Distribution graphics of cases in terms of sex and years.

It was observed when the order measures were examined with regard to the health institution to which the child was first referred following the evaluation of the order measure and social evaluation report that Bitlis State Hospital (43,94%) had the most frequent first applications which was followed by Tatvan State Hospital (31,82%). It was determined upon examining the distributions according to years that referrals due to order measures increased over the years and that the highest number of referrals took place in 2018. Table 1 shows the distributions of the first application hospitals of the cases according to years (Table 1).

It was concluded upon examining the reasons for requesting health measure that 59% of the children and adolescents (n:39) are referred for the protection of their physical and mental health and that the highest number of children and adolescents were referred for this purposes in 2018; that the individuals referred for psychiatric treatment purposes comprise 22,7% (n:15); while 15,1% (n:10) were referred for psychological state evaluation and 3% (n:2) were referred for substance abuse. Figure 2 shows the distribution by years of the reasons for requesting health measure (Figure 2).

Table 1: The Distribution of cases in terms of hospitals and years.

Hospital	2015	2016	2017	2018	Total
Bitlis SH	6	5	9	9	29 (%44)
Tatvan SH	1	5	9	6	21 (%31,8)
Adilcevaz Onkoloji SH	-	-	1	1	2 (%3)
Ahlat SH	-	2	-	2	4 (%6)
Güroyamak SH	-	-	-	3	3 (%4,54)
Hizan SH	4	-	1	1	6 (%9,08)
Mutki SH	-	-	-	1	1 (%1,5)
Total	11	12	20	23	66(%100)

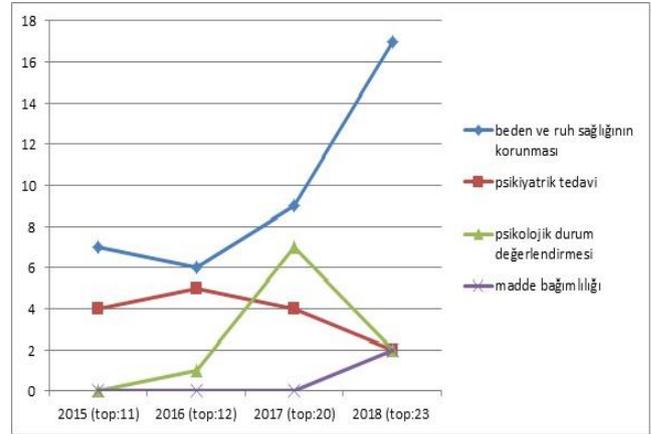


Figure 2: Annual Dispersion Chart According to Reasons of Requesting Health Measures of Cases.

It was observed when the diagnoses made by child and adolescent psychiatrists following the mental health evaluations that: 10,6% (n:7) were diagnosed with PTSS; 7,57% (n:5) with depression, 7,57% (n:5) with Behavioural Disorder; 15,15% (n:10) with other psychiatric diagnoses while it was observed that 59,14% did not receive any diagnosis (n:39). Table 3 shows the distribution by years of the diagnoses following mental health evaluation (Table 2).

Table 2: The Distribution of Child and Adolescents in terms of diagnosis about mental disorders and years.

Diagnosis	2015	2016	2017	2018	Total
Any diagnosis	3	5	11	20	39 (%59,14)
Posttraumatic stress disorder	1	4	2	-	7 (%10,6)
Behavioural Disorder	2	2	1	-	5 (%7,57)
Mental Retardation	2	-	2	-	4 (%6,06)
Depression	2	-	2	1	5 (%7,57)
Substance Abuse	1	1	-	-	2 (%3,03)
Bipolar Affective Disorder	-	-	1	1	2 (%3,03)
Mood Disorder	-	-	-	1	1 (%1,5)
Attention Deficit and Hyperactivity Disorder	-	-	1	-	1 (%1,5)
Total	11	12	20	23	66(%100)

It was determined that the measure orders were terminated for 26 (39,3%) out of the 66 children and adolescents included in the study who had received a health order; while the health order was continued for 40 (60,7%). When the reasons for the termination of the measure orders were examined: it was found that 13 (50%) were terminated because the individual turned 18; 3(11,5%) because the

individual or the family of the individual rejected the measure order as well as the treatment; 1(3,83%) because the hospital indicated that there is no need for any health measure; while 8(30,7%) were terminated following the decree by the court that there is no requirement for a measure order and 1 (3,83%) due to the death.

## 5. Discussion

Based on the opinion that children and adolescents are not mature enough to make decisions concerning themselves, families have the authority to make various decisions in their name. However, this authority is prevented by authorized courts in case the families do not have sufficient conditions with regard to health services or if they are not caring towards their children (9). A statistically significant difference was not determined in the relevant literature between females-males with regard to the gender of children for whom a health measure order was given (2,7). Nasiroğlu et al. carried out a study at a university hospital on 76 cases as a result of which it was put forth that 59% of the children and adolescents included in the study were male and 47% were female. However, this greater number of male children was not at a statistically significant scale (7). Similarly, a study was carried out at the Ankara Provincial Health Directorate on 107 cases as a result of which it was observed that 62,62% of the children and adolescents included in the study were male and 37,38% were female for which no statistically significant difference was determined (2). In accordance with the relevant literature, it was also concluded in our study that 63,34% of the children and adolescents included in the study were female and 36,36% were male with no statistically significant difference with regard to gender. However, it was observed contrary to the previously mentioned two studies that the number of female children with a health measure order was higher in comparison with those of male children.

Various mental and physical disorders may develop when children are subject to abuse or neglect (10). While behavioural issues are observed in 50% of the children in nurseries, this ratio is about 20% in the normal population (11). Galehouse et al. published an article in 2010 in which it was reported that mental health issues are determined in about 25% of the children in the childcare system which is higher at a statistically significant level in comparison with that of the normal population (12). It has been reported in literature that PTSS, depression and anxiety, insecurity, fear, enuresis, substance abuse, behavioural disorders, self-harm and suicidal tendencies are among the impacts of neglect and abuse directed towards children (3,5,13). A study was carried out in the United States of America in which the prevalence of mental disorders of children between the ages of 6-18 receiving support in various care areas was evaluated as a result of which attention deficit and hyperactivity disorder (ADHD), behavioural disorders, anxiety disorder and mood disorders were reported which are higher at statistically significant levels in comparison with the normal population (14). It was also concluded in our study in accordance with literature that 40,8% of the children who received a measure order had a kind of psychiatric disorder. Even though the prevalence of psychiatric disorder among local children and adolescents is not known, it is apparent that the ratios of 20-25% reported in other studies and the ratio of 40,8%

reported in our study are high in comparison with the normal population. Similarly, it can be observed upon evaluating the diagnoses made following metal evaluation that diagnoses have been made for PTSS, depression, behavioural disorder, substance abuse, ADHD and bipolar disorder which are in accordance with those in literature.

It was observed as a result of the study carried out in Ankara that health measure orders were requested for 69% (n:74) of the children and adolescents for the Protection of Physical and Mental Health, 10% (n:11) for Psychiatric Treatment, 12% (n:13) for Psychological State Evaluation and 9% (n:9) for Substance Abuse Treatment (2). It was determined in our study that 59% (n:39) of the children and adolescents were referred for the Protection of Physical and Mental Health, 22,7% (n:15) for Psychiatric treatment 15,1% (n:10) for Psychological State Evaluation and 3% (n:2) for Substance Abuse Treatment. When the findings of the two studies are examined, it can be observed that the main objective is the protection of the child.

## 6. Study Limitations

The limitation of our study is that the number of patients is quite low. Even though the evaluation covered a period of 3 years, full data records could be obtained only for 66 patients. Lack of data on the socioeconomic level of the families of the children, their states of literacy, their marital status (married or divorced) due to the retrospective nature of our study is another limitation.

## 7. Conclusions

In conclusion, it is important to increase the number of studies on this subject in order to determine the risk factors which are important for the protection of children. It is required to carry out a multidisciplinary study involving child psychiatrists, psychologists, social workers and child development professionals in order to evaluate the child as a whole and to determine the complete set of risk factors related with the implementation of the health measure orders taken within the scope of Child Protection Law. Carrying out all these approaches in an orderly fashion and meeting the needs for mental and fundamental care of the child will enable the children to not face any mental risks which in turn will decrease the risks related with the children drifting towards crimes. There is a need for prospective, multicentre studies with a wide range of patient groups for examining the children who received order measures thereby determining their crime rates and establishing a cause-effect relationship.

**Acknowledgement:** We thank to Fatime AKTAS for her contributions in statistically analysis section. Our acknowledgement extends to the Bitlis Provincial Health Directorate's staff to the support of the execution of the study.

**Funding and support:** None.

**Conflict of interest:** All authors declare that they have no conflict of interest.

**Author Contributions:** KO conceived the study and design the trial, supervised the conduct of the trial, UA data collection and drafted the manuscript; EKK managed the data, including

quality control and under took recruitment of participating and all authors contributed substantially to its revision.

**Ethical approval:** All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. This article does not contain any studies with animals performed by any of the authors.

## References

1. Çocuk Koruma Kanunu (ÇKK). 5395 Sayılı Kanun. 03.07.2005.
2. Şahin, T., Tosun, B., Aydın, G., Kara, H., Aksoy, M., (2010), Sağlık Tedbiri Uygulamaları Kapsamında Ankara İl Sağlık Müdürlüğü Ruh Sağlığı ve Sosyal Hastalıklar Şube Müdürlüğü Tarafından Yürütülen Faaliyetler.
3. Taner, Y. Ve Gökler, B. (2004). Çocuk istismar ve ihmali; Psikiyatrik yönleri. Hacettepe Tıp Dergisi 35, 82-86.
4. Akduman, G.G.; Ruban, C.; Akduman B.; ve Korkusuz, İ. (2005) Çocuk ve cinsel istismar. Adli Psikiyatri Dergisi, Cilt. 3. Sayı. 1, 9-14.
5. Ulukol, B. (2009). "Çocuk İstismarı ve Çocuk Suçluluğu", Çocuk ve Şiddet Çalıştayı, Editör: Erkan, T., Golden Prit, İstanbul s. 41-45.
6. Tıraşçı, Y., Gören, S. (2007) "Çocuk İstismarı ve İhmali" Dicle Tıp Dergisi 2007 Cilt:34, Sayı:1 (70-74).
7. Nasıroğlu, S. (2017) "Sağlık Tedbiri Alınan Çocuk ve Ergenlerin Ruhsal Açısından Değerlendirilmesi", Çukurova Üniversitesi Tıp Dergisi 2017;42(3).
8. Birleşmiş Milletler Çocuk Hakları Sözleşmesi Erişim:[http://www.unicankara.org.tr/doc\\_pdf/metin132.pdf](http://www.unicankara.org.tr/doc_pdf/metin132.pdf), 28.03.2011.
9. Abram KM, Choe JY, Washburn JJ, Teplin LA, King DC, Dulcan MK. Suicidal ideation and behaviors among youths in juveniledetention. J AmAcad Child AdolescPsychiatry. 2008;47:291-300. .
10. Herrenkohl TI, Hong S, Klika JB, Herrenkohl RC, Russo MJ. Developmental impacts of child abuse and neglect related to adult mental health, substance use, and physical health. J Fam Violence. 2013;28:191-9. .
11. Jee S, Szilagyi M, Blatt S, Meguid V, Auinger P, Szilagyi P. Timely identification of mental health problems in two foster care medical homes. Child Youth Serv Rev. 2010;32:685-90. .
12. Galehouse P, Herrick C, Raphel S. On foster care International Society of Psychiatric-Mental Health Nurses. J Child Adolesc Psychiatr Nurs. 2010;23:36-9. .
13. Safyan, L., Mitchel, E.B., Goodman, G.S., Eisen, M.L. ve Quin, J. (2008). "Children's Expressed Emotions When Disclosing Maltreatment", Child Abuse and Neglect, 32(11), s.1026-1036.
14. Garland, AF., Hough, RL., McCabe, KM., Yeh, MAY., Wood, PA., aarons, GA., Prevalence of psychiatric disorders in youths across five sectors of care. J AmAcad Child AdolescPsychiatry. 2001;40:409-18.