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Characteristics of Cases Hospitalized in a Mental Health and Diseases Hospital within the scope of Article 432 of the Turkish Civil Code

Bir Ruh Sağlığı ve Hastalıkları Hastanesinde Türk Medeni Kanunu'nun 432'nci Maddesi Kapsamında Yatan Olguların Özellikleri

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Abstract

Objective: The aim of this study was to investigate the sociodemographic and clinical characteristics of cases hospitalized in Elazığ Mental Health and Diseases Hospital (MHDH) within the scope of article 432 of the Turkish Civil Code (TCC 432).
Method: The records of the cases hospitalized in Elazığ MHDH with the decision of TCC 432 were retrospectively analysed. Sociodemographic and clinical information of the cases were obtained from the hospital registry system. The Brief Psychiatric Rating Scale (BPRS) scores on admission and discharge were used.
Results: The mean age of cases (n=101) was 32.79±9.63 years. There were 50 cases (50.5%) who actively used alcohol and/or drugs (16 cases with methamphetamine, 17 cases with mixed substance use). In 75 (74.3%) cases, family members applied for the TCC 432 decision themselves. Thirty-two (31.7%) cases were diagnosed with schizophrenia, 20 (19.8%) cases were diagnosed with bipolar disorder and 37 (36.6%) cases were diagnosed with substance use disorder.
Conclusion: The most important finding of this study is the high number of cases (36.63%) with a diagnosis of substance use disorder hospitalized within the scope of the TCC 432 decision. Involuntary hospitalization of the cases to psychiatry departments will continue to be discussed ethically unless necessary steps are taken.

Keywords: Compulsory hospitalization, involuntary hospitalization, Turkish Civil Code, ethic

Öz

Amaç: Bu çalışmada Türk Medeni Kanunu'nun 432'nci maddesi (TMK 432) kapsamında Elazığ Ruh Sağlığı ve Hastalıkları Hastanesi'nde (RSHH) yatan olguların sosyodemografik ve klinik özelliklerinin araştırılması amaçlanmıştır.
Yöntem: Elazığ RSHH'de TMK 432 kararı ile yatırılan olguların kayıtları geriye dönük olarak incelendi. Olguların sosyodemografik ve klinik bilgileri hastane kayıt sisteminden elde edildi. Başvuru ve taburculuk Kısa Psikiyatrik Değerlendirme Ölçeği (KPDÖ) skorları kullanıldı.
Bulgular: Olguların (n=101) ortalama yaşı 32,79±9,63 yıldı. Aktif olarak alkol ve/veya madde kullanan 50 olgu (% 50,5) (16 metamfetamin, 17 karışık madde kullanımı) vardı. Yetmiş beş (%74,3) olguda TMK 432 kararı için aile üyeleri başvurmuştu. Olguların (n=101) ortalama hastanede kalış süreleri 38,84±23,92 gündü. Otuz iki (%31,7) olguya şizofreni tanısı, 20 (%19,8) olguya bipolar bozukluk, 37 (%36,6) olguya madde kullanım bozukluğu tanısı konulmuştu.
Sonuç: Bu çalışmanın en önemli bulgusu, TMK 432 kararı kapsamında hastaneye yatırılan yüksek sayıda madde kullanım bozukluğu tanılı olgunun olmasıdır (%36,63). Bu konuda gerekli adımlar atılmadıkça olguların psikiyatri servislerine istemsiz yatışlarının etik olarak tartışılmaya devam edecektir.

Anahtar kelimeler: Zorunlu yatış, istemsiz yatış, Türk Medeni Kanunu, etik

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Introduction

Article 432 of the Turkish Civil Code (TCC) is regulated as "Any adult person who poses a danger to the society due to mental illness, mental weakness, alcohol or drug addiction, seriously dangerous infectious disease or vagrancy, can be placed or detained in an institution suitable for treatment, education or rehabilitation, if personal protection cannot be provided otherwise. Public officials who learn about the existence of one of these reasons while performing their duties are obliged to immediately report this situation to the competent guardianship authority. The person concerned is removed from the institution as soon as his condition improves.", and it is still the basic legal article of involuntary treatment practices in serious mental disorders (mental illness or weakness) or alcohol/drug addiction that are dangerous for society in our country (1). The institution for the restriction of freedom for protection is regulated in the sixth division of the first part of the third section of the second book of the TCC, which is Family Law, which is devoted to the guardianship law, between articles 432-437. The mentioned institution took place in our law for the first time with our TCC numbered 4721 which entered into force on January 1, 2002. As a matter of fact, in the sixth division of the TCC, it was stated that this situation was inspired by the Swiss Civil Code's regulation dated January 1, 1981 (2).

The term involuntary hospitalization means to hospitalize individuals against their will and keep them there. This situation is common in individuals with psychiatric disorders who have partially or completely lost their ability to direct their behaviour. Individuals with suicidal or homicidal tendencies can be hospitalized involuntarily, based on the TCC 432 decision, as a result of the applications of family, society, and official institutions (3). There are many studies in the literature dealing with the legal, ethical, social, psychological and economic aspects of TCC 432. It is seen that almost all of these studies have been carried out in the field of social sciences. Involuntary hospitalization and treatment have been discussed by different branches of science and various suggestions have emerged (4-6). However, it is observed that psychiatrists, who are one of the main interlocutors of the subject, are relatively far from this topic, which is always up-to-date. Individuals who are decided to be admitted involuntarily are hospitalized in closed-sheltered departments. These departments are mostly located in mental health and diseases hospitals (MHDH). The data of these MHDHs with high circulation is the best way to see the up-to-date status of the practices in our country in terms of TCC 432 (7,8). According to our best knowledge, there are a limited number of studies examining the psychiatric aspect of TCC 432 cases in Turkey. In a study conducted by Yilmaz et al. (7), there are limited data on TCC 432 cases and the study focuses more on the social aspects of the subject. In the study of Yilmaz et al. (7) in this field, it was reported that 100 cases (68 males, 32 females) of TCC 432 were admitted to Erenkoy MHDH, one of the largest MHDH in Turkey, over a period of one year (July 1, 2009 – July 1, 2010). On the other hand, there is a serious lack of literature in our country on the psychiatric aspect of the subject, which is up-to-date all. In the second and last study, Gultekin et al. (8) included a total of 504 patients who were involuntarily or voluntarily hospitalized in Bolu Izzet Baysal MHDH between May 1 and October 31, 2010. According to their results, in the 6-month period, 13.1% of 504 inpatients were hospitalized involuntarily. However, these data belonged to 2009-2010 are considered to be affected by many social, cultural, legal and economic factors and up-to-date data are needed. Recently, the coronavirus disease 2019 (COVID-19) pandemic that emerged in Wuhan, China and affected the whole world, caused radical changes in health systems. Various regulations have been made to reduce crowded environments in order to prevent contamination by droplets. In order to reduce contact, restrictions were made in the number of inpatients in the departments. These restrictions also affect the patient hospitalization algorithms and the hospitalized patient profile (9,10). This study was planned based on all these reasons mentioned above.

There is no study in the literature addressing the TCC 432 data in Elazığ MHDH. A retrospective analysis of involuntary hospitalizations will both reflect the involuntary hospitalization characteristics of the eighteen provinces connected to Elazığ MHDH and guide the public health studies in this region. On the other hand, based on the data of this study, it will be provided to compare possible similar studies to be carried out in

other region MHDHs. Our aim in this study is to examine TCC 432 cases hospitalized in Elazığ MHDH in terms of sociodemographic and clinical characteristics.

Method

Sample

Elazığ MHDH is one of the major branch hospitals serving as a regional hospital in the field of mental health in Turkey. In 1925, at the request of Dr. Refik Saydam and the signature of Atatürk, Dr. Ahmet Şükrü Emed established "Elazığ Emrazı Akliye and Asabiye Hospital". Currently, it meets an important needs of the region in the field of mental health by serving with 488 beds capacity and specific units such as Alcohol and Substance Addiction Treatment and Research Centre (AMATEM), Child and Adolescent Substance Addiction Treatment Centre (ÇEMATEM), Community Mental Health Centre (TRSM), and Protected Housing. There are 18 provinces (Elazığ, Erzurum, Erzincan, Kars, Ağrı, Tunceli, Malatya, Van, Diyarbakır, Mardin, Muş, Bingöl, Bitlis, Siirt, Hakkari, Şırnak, Batman, Ardahan) connected with Elazığ MHDH. The hospital includes twelve services/departments. The departments of females and males are independent from each other. There is an outpatient polyclinic building and an emergency building inside the hospital campus (11). In this retrospective study, the cases hospitalized in Elazığ MHDH within the scope of TCC 432 and discharged between 01.10.2020-01.01.2021 were evaluated. In this way, data belonging to 101 cases were enrolled. T

Procedure

The parameters evaluated in the study were provided for all cases. Sociodemographic and clinical information of the cases were obtained from the hospital registry system. Patient diagnoses were made according to the fifth edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Local ethics committee approval was obtained from Fırat University Non-Interventional Research Ethics Committee (Date: 14.01.2021; Number: 2021/01-15).

Turkish Civil Code 432 Procedure

In Elazığ MHDH, cases who already have a TCC 432 decision, and cases whose TCC 432 process is initiated by our hospital itself, are also hospitalized. Cases with the TCC 432 decision are placed in closed/sheltered departments following outpatient clinic or emergency admissions. As a result of complaints from relatives or people around, the judicial authorities may request a psychiatric opinion before approving the TCC 432 decision. Based on this opinion, the case can be hospitalized or released. In cases deemed necessary by hospital physicians, which are mostly encountered in the emergency department, the TCC 432 process is initiated by obtaining the approval of three psychiatrists together with the case's relatives/caregivers/attendants. Judicial authorities follow two paths in terms of duration while making the TCC 432 decision: no more than 20 days or no time is specified. In some cases, the judicial authorities order the case to be admitted for a maximum of 20 days and that, in cases where a longer stay is required, is notified to them. All of the cases hospitalized with the TCC 432 decision are approved by a committee of three psychiatrists before discharge.

Measure

Brief Psychiatric Rating Scale (BPRS)

The BPRS was developed to provide a rapid assessment technique particularly suited to the evaluation of patient change. The attempt has been to include a single scale to record degree of symptomatology in each of the relatively independent symptom areas which have been identified. It is filled in by the interviewer during the interview with the patient. The last week is evaluated (12). The BPRS is a scale that consists of 18 items (somatic concern, anxiety, emotional withdrawal, conceptual disorganization, guilt feelings, tension, mannerism and posturing, grandiosity, depressive mood, hostility, suspiciousness, hallucinatory behaviour, motor retardation, uncooperativeness, unusual thought content, blunted affect,

overflowing, disorientation) can be scored between 0 and 6. The Turkish adaptation of the scale was done by Soykan et al. (13). In this study, the scale was administered twice for each case, on the first day of hospitalization and the day the case was discharged. The scale was administered by each patient's own psychiatrist.

Statistical Analysis

Statistical analysis was performed using Windows SPSS 22.0 (Statistical Package for the Social Sciences Inc.). Descriptive statistics and continuous variables were given as mean ± standard deviation, and categorical variables were given as frequency and percentage. Chi-square test was used to analyse the categorical data. The gender and the diagnosis of SUD were accepted as the independent variable, sociodemographic and clinical parameters as the dependent variable, and Mann-Whitney U test was used in these comparisons. Spearman correlation analysis was performed in both the groups. A value of less than 0.05 (p value) was considered statistically significant.

Results

The total number of hospitalizations at Elazığ MHDH between 01.10.2020-01.01.2021 was 524. Data of 101 TCC 432 cases (92 males, 9 females) were analysed. The mean age (n=101) was 32.79±9.63 years (median age 31.00 years; minimum age 18 years; maximum age 57.00 years). There were 29 (28.70%) cases who were married, 53 (52.50%) cases who were single and 16 (15.80%) divorced cases. Thirty-nine (38.60%) cases had child/children. The mean duration of education was 6.08±3.75 years. Ninety-five cases (94.10%) were smoking (Table 1). The knowledge of marital status of 3 cases, the state of having children of 3 cases, and the history of substance use of 10 cases were missing.

Table 1. Sociodemographic and clinical features of the cases

Variables (Mean±SD) or Frequency (%)		Male (n=92)	Female (n=9)	p
Age (years)		32.41±9.54	36.66±10.35	0.208
Education Status (years)		6.22±3.57	4.62±5.44	0.252
Marital Status	Married	26 (89.7%)	3 (10.3%)	0.274
	Single	50 (94.3%)	3 (5.7%)	
	Divorced	13 (81.3%)	3 (18.7%)	
Have Child/Children	Yes	34 (87.2%)	5 (12.8%)	0.253
	No	55 (93.2%)	4 (6.8%)	
Smoking Status	Yes	90 (94.7%)	5 (5.3%)	<0.001**
	No	2 (33.3%)	4 (66.7%)	
Active Alcohol/Substance Use	Yes	51 (100.0%)	0 (0.0%)	0.002*
	No	41 (82.0%)	9 (18.0%)	
Applicant for Involuntary Hospitalization	Family Members	68 (90.7%)	7 (9.30%)	0.483
	Treating Physician	13 (86.7%)	2 (13.3%)	
	Others	11 (100.0%)	0 (0.0%)	

*p<0.05; **p<0.001; Mann-Whitney U t-test and chi-square test were used for statistical analysis; SD: Standard Deviation

Forty-three (42.60%) subjects had used illegal substances at least once in the past. There were 50 cases (49.50%) who actively used alcohol and/or substance. Actively used substances were as follows: Methamphetamine 16 (15.80%), cannabis 4 (4.00%), heroin 1 (1.00%), mixed substance use 17 (16.80%), and alcohol 13 (12.90%). Twenty-seven (26.70%) of active alcohol-substance users were subjected to probation implementation at least once within the scope of article 191 of the Turkish Penal Code and all of these cases were male. Nine (8.90%) of the cases who actively used alcohol and drugs had prison history. Nineteen (18.80%) of the cases who actively used alcohol and substances had AMATEM hospitalization history.

Table 2. Features of inpatient treatment of the cases

Variables (Mean±SD) or Frequency (%)		Male (n=92)	Female (n=9)	p
Duration of Hospitalization (days)		38.81±24.44	39.11±19.00	0.972
BPRS Score on Admission		56.80±19.48	73.28±3.90	0.029
BPRS Score on Discharge		37.74±15.87	51.28±10.25	0.030
Ratio of Admission-Discharge BPRS		1.60±0.52	1.48±0.34	0.567
Need for Hibernation	Yes	78 (90.7%)	8 (9.3%)	0.741
	No	14 (93.3%)	1 (6.7%)	
Non-TCC 432 Psychiatric Hospitalization History	Yes	50 (86.2%)	8 (13.8%)	0.045*
	No	42 (97.7%)	1 (2.3%)	
Depot AP Use During Hospitalization	Yes	37 (86.0%)	6 (14.0%)	0.126
	No	55 (94.8%)	3 (5.2%)	
MS Use During Hospitalization	Yes	28 (87.5%)	4 (12.5%)	0.389
	No	64 (92.8%)	5 (7.2%)	
BZD Use During Hospitalization	Yes	55 (85.9%)	9 (14.1%)	0.017*
	No	37 (100.0%)	0 (0.0%)	
AD Use During Hospitalization	Yes	57 (93.4%)	4 (6.6%)	0.305
	No	35 (87.5%)	5 (12.5%)	
Suicide Thought/Behaviour During Admission	Yes	7 (100.0%)	0 (0.0%)	0.391
	No	85 (90.4%)	9 (9.6%)	

*p<0.05; **p<0.001; Mann-Whitney U t-test and chi-square test were used for statistical analysis; Abbreviations: SD: Standard Deviation; BPRS: Brief Psychiatric Rating Scale; TCC: Turkish Civil Code; MS: Mood Stabilizers; BZD: Benzodiazepine; AD: Antidepressant; AP: Antipsychotic

Twenty-seven (26.70%) cases were brought from Diyarbakır, 21 (20.80%) cases from Malatya, 17 (16.80%) cases from Elazığ, 10 (9.90%) cases from Bingöl, 6 (5.90%) cases from Siirt, 4 (4.00%) cases from Erzurum, 4 (4.00%) cases from Muş, 3 (3.00%) cases from Şırnak, 3 (3.00%) cases from Mardin, 2 (2.00%) cases from Batman, 2 (2.00%) cases from Bitlis, 2 (2.00%) cases from Ağrı.

In 75 (74.30%) cases, family members applied for the TCC 432 decision. In ten (9.90%) male cases, the TCC 432 decision was made for less than 20 days. No time limitation was specified in the TCC 432 decisions in other cases (n=91). Fifty-nine (58.40%) cases had a history of hospitalization in the psychiatry department based on the TCC 432 decision. The mean hospitalization duration of the cases (n=101) was 38.84±23.92 days (median 31 days; minimum 6 days; maximum 161 days).

Thirty-two (31.70%) cases were diagnosed with schizophrenia, 20 (19.80%) cases were diagnosed with bipolar disorder (BD), 37 (36.60%) cases were diagnosed with substance use disorder (SUD), 4 (4.00%) cases were diagnosed with schizoaffective disorder (SAD), 5 (5.00%) cases were diagnosed with major depressive disorder (MDD), 2 (2.00%) cases were diagnosed with generalized anxiety disorder (GAD), 1 (1.00%) case was diagnosed with general psychiatric examination (GPE). Of the female cases, 4 cases had schizophrenia, 3 cases had BD and 2 cases had SAD diagnosis. There was no female case with a diagnosis of SUD. Seven cases (6.90%) had mental retardation comorbidity. Fourteen (13.86%) cases had suicidal ideation/behaviour before hospitalization. Fifty-eight (57.40%) cases had a history of hospitalization other than TCC 432.

Cases diagnosed with schizophrenia, BD, and SUD were analysed according to their admission diagnoses. The ages of the cases diagnosed with schizophrenia (36.06±8.09 years) and BD (36.30±10.90 years) were similar, while the cases with SUD (27.81±6.95 years) were younger. While the hospitalization periods of the cases diagnosed with schizophrenia (47.81±30.55 days), BD (41.25±21.35 days), and SAD (51.75±17.23 days) were similar, the hospitalization period of the cases diagnosed with SUD (31.00±17.50 days) was shorter. Cases with the highest admission-discharge BPRS ratio were diagnosed with MDD (2.80±0.89) and BD (2.06±0.33).

The age (p=0.208), educational status (p=0.252), duration of hospitalization (p=0.972), and admission-discharge BPRS ratio (p=0.567) of females and males were similar. There was a significant difference between the genders in terms of admission BPRS score (p=0.029) and discharge BPRS score (p=0.030) (Table 1 and Table 2).

Table 3. Comparison of the sociodemographic and clinical features of SUD cases and others

Variables (Mean±SD) or Frequency (%)		SUD (n=37)	Other (n=64)	p
Age (years)		27.81±6.95	35.67±9.84	<0.001**
Education Status (years)		7.71±2.44	5.10±4.07	0.001*
BPRS Score on Admission		35.71±6.63	72.00±7.99	<0.001**
BPRS Score on Discharge		25.12±7.78	47.32±14.10	<0.001**
Ratio of Admission-Discharge BPRS		1.44±0.21	1.67±0.61	0.016*
Marital Status	Married	7 (24.1%)	22 (75.9%)	0.043*
	Single	26 (49.1%)	27 (50.9%)	
	Divorced	4 (25.0%)	12 (75.0%)	
Active Alcohol/Substance Use	Yes	37 (72.5%)	14 (27.5%)	<0.001**
	No	0 (0.0%)	50 (100.0%)	
Applicant for Involuntary Hospitalization	Family Members	33 (44.0%)	42 (56.0%)	0.019*
	Treating Physician	1 (6.7%)	14 (93.3%)	
	Others	3 (27.3%)	8 (72.7%)	
Time Limit of Current TCC 432	Less than 20 Days	7 (70.0%)	3 (30.0%)	0.021*
	Duration Not Specified	30 (33.0%)	61 (67.0%)	
TCC 432 History	Yes	6 (10.2%)	53 (89.8%)	<0.001**
	No	31 (73.8%)	11 (26.2%)	
MR Comorbidity	Yes	1 (14.3%)	6 (85.7%)	0.203
	No	36 (38.3%)	58 (61.7%)	
Need for Hibernation	Yes	28 (32.6%)	58 (67.4%)	0.042*
	No	9 (60.0%)	6 (40.0%)	
Non-TCC 432 Psychiatric Hospitalization History	Yes	5 (8.6%)	53 (91.4%)	<0.001**
	No	32 (74.4%)	11 (25.6%)	
Depot AP Use During Hospitalization	Yes	1 (2.3%)	42 (97.7%)	<0.001**
	No	36 (62.1%)	22 (37.9%)	

*p<0.05; **p<0.001; Mann-Whitney U t-test and chi-square test were used for statistical analysis; Abbreviations: SD: Standard Deviation; SUD: Substance Use Disorder; BPRS: Brief Psychiatric Rating Scale; TCC: Turkish Civil Code; MR: Mental Retardation; AP: Antipsychotic

There was a significant difference in age (p<0.001), education level (p=0.001), duration of hospitalization (p=0.012), admission BPRS score (p<0,001), discharge BPRS score (p<0.001), admission-discharge BPRS ratio (p=0.016) between cases whose main diagnosis (hospitalization diagnosis) was SUD (n=37) and the other (n=64). In total (n=101), there was no significant correlation between the duration of hospitalization and the admission-discharge BPRS ratio (r=-0.186; p=0.091). In cases without a diagnosis of SUD (n=64), no significant correlation was found between the duration of hospitalization and the admission-discharge BPRS ratio (r=-0.220; p=0.118). In cases with a diagnosis of SUD (n=37), there was no significant correlation between the duration of hospitalization and the admission-discharge BPRS ratio (r=-0.168; p=0.357) (Table 3).

Hibernation (haloperidol 10 mg plus biperiden, 5 mg intramuscularly) was required in 86 (85.10%) cases during their follow-up and treatments in the psychiatric ward; long-acting depot antipsychotic injection was used in 43 (42.60%) cases; all (n=101) cases used any antipsychotic during their hospitalization; any mood stabilizer was used in 32 (31.70%) cases; any benzodiazepine was used in 64 (63.40%) cases; any antidepressant was used in 61 (60.40%) cases (Table 2).

Discussion

This study examines cases hospitalized within the scope of TCC 432 in Elazığ MHDH over a 3-month period. The majority of the cases were male and single. Almost half of the cases had active alcohol/substance use, and most of these cases were using mixed substances or methamphetamine. Almost half of the cases were brought from Diyarbakır and Malatya. Often, the TCC 432 decision was based on the family's application. The most common diagnosis in TCC 432 cases was SUD. This diagnosis was followed by schizophrenia and BD. There was no female case with a diagnosis of SUD. Most of the cases had a TCC 432 history. TCC 432 cases accounted for almost one fifth of all hospitalizations.

When the literature of our country is examined, it is seen that there are two studies in which the findings of this study can be compared. In the study conducted by Yılmaz et al. (7), TCC 432 cases hospitalized in Erenköy MHDH for a period of 1 year (July 1, 2009-July 1, 2010) were examined. According to this study (7), the rate of compulsory hospitalization within the 1 year was 23.11% (n=100) in proportion to all hospitalizations; schizophrenia (39%), bipolar disorder (27%) and schizoaffective disorder (9%) were found to be the most common diagnoses requiring compulsory hospitalization; of the study patients, 68% were male and 32% were female; mean age was 37±8.1 years; mean duration of hospitalization was 16±7.8 days. Gultekin et al. (8), examined the inpatients (n=504) who were involuntarily or voluntarily hospitalized in Bolu Izzet Baysal MHDH between May 1, 2010 and October 31, 2010. They demonstrated that, in the 6-month period, 13.1% (n=66, mean age 39.9±12.6 years) of 504 inpatients were hospitalized involuntarily; the number of male patients (72.7%) who were involuntarily hospitalized was higher than female patients; most of patients in the involuntary hospitalized group had primary school graduate (62.1%), were not married (60.6%) and were not working at the time of the hospitalization; chronic psychotic disorder (schizophrenia, schizoaffective disorder and delusional disorder) was the most common diagnosis in involuntarily hospitalized psychiatric patients (72.8%) and these patients needed longer stay in the hospital (30.8±10.4 days).

While the mean age of involuntary hospitalizations in Yılmaz et al. (7) and Gultekin et al. (8)'s studies was similar, the mean age was found to be low in this study (32.79 ± 9.63 years). However, while the most common diagnosis in the studies of Yılmaz et al. (7) and Gultekin et al. (8) was schizophrenia, it was SUD in this study. There was only one case (1.5%) related to substance use in Gultekin et al. (8)'s study. Even, Yılmaz et al. (7) did not express numerical data on substance-related situations in their study. The relatively low mean age in patients with a diagnosis of SUD led to a difference in mean age between this study and Yılmaz et al. (7) and Gultekin et al. (8)'s studies. It was observed that the TCC 432 rate among patients hospitalized at certain time intervals in MHDHs also varied. While this rate was 23.11% in Yılmaz et al. (7)'s study, 13.1% in Gultekin et al. (8)'s study, it was 19.27% in this study. However, while the number of TCC 432 cases hospitalized in 1 year in Erenköy MHDH with 260 bed capacity (14) was 100 and was 66 in Bolu Izzet Baysal MHDH (15) (130 bed capacity) in 6 months, the number of cases hospitalized in Elazığ MHDH with 488 bed capacity (11) in 3 months was 101. This data can be interpreted from several different ways. The bed capacities of the hospitals are different, but the high number of TCC 432 cases in Elazığ MHDH draws attention. The elapsed time is over 10 years and it is possible that many social, cultural, and economic factors have affected the TCC 432 profile. The data in current study are from an environment of stringent measures linked to the COVID-19 pandemic. As a matter of fact, when examined through the patient registry system, it is seen that the number of cases hospitalized in Elazığ MHDH between 01.10.2019-01.01.2020 is 1139.

It is thought that the COVID-19 pandemic process caused a decrease in the number of hospitalizations for Elazığ MHDH by half. However, since the TCC 432 numbers of the previous year are not known, it is not possible to comment on the effect of COVID-19 on the number of involuntary hospitalizations. While it is obvious that even in the same institution there is an underlying case profile that may change from year to year, individual interpretations that do not rely on data in this area will not contribute to the scientific

knowledge. It is thought that it is not appropriate to criticize the involuntary hospitalization and treatment case without sufficient literature data on TCC 432.

One of the most striking findings of this study is the data related to substance use cases. It is seen that the main admission diagnosis is SUD in more than one-third of the cases hospitalized under TCC 432. This is an issue that needs careful consideration. Because the issue is thought to be far from being explained by only a legal regulation. Based on this, it is important to talk about the work and initiatives of the Psychiatric Association of Turkey (PAT), one of the professional organizations in our country.

PAT has been raising the need for a mental health law in our country since 1998. The first "Mental Health Act Draft" studies were completed by PAT in 2001 and then sent to the Ministry of Health. Numerous initiatives have been followed by the submission of the last draft text in 2018 to the Turkish Grand National Assembly under the name "Mental Health Act Proposal". This proposal of law, consisting of 24 articles, consists of six sections in total, and the fifth section includes the field covered in this article under the title "Involuntary Treatment and Hospitalization" (Articles 15, 16, and 17) (16).

Paragraph a of article 15 describes the general scope of involuntary hospitalization as follows (17): *"In cases where people with mental illness or disability do not have the ability to discriminate behaviour or cannot show their consent due to the effect of their illness, if there is a serious danger to himself or to the life or body integrity of third parties, if its incurability poses a serious threat to his health in the near future or it does not have to obtain the consent of the patient in order to apply the necessary treatment in emergency medical situations where organ or function loss may occur due to delay. In addition, in medical emergencies, the physician must act in accordance with the interests and assumed will of the person who has no discrimination.*" In fact, this definition is highly compatible with the current TCC 432 (2,17). However, the main problems in clinical practice arise from the issues discussed in detail in article 16 of the Mental Health Act Proposal. This article titled "Decision and Supervision Mechanisms for Involuntary Hospitalization" contains very important suggestions that directly concern human rights and freedoms. Article 16 deals with issues such as approval or rejection of hospitalization procedures of persons who have been hospitalized involuntarily due to mental illness, protection of individual rights, supervision of the legal compliance of the transactions, negotiating and concluding the objections of the parties to the transactions (17). According to the article 16, "*A medical report on individuals who are hospitalized involuntarily by a psychiatrist must be issued within 72 hours, the report must be sent to the court within 24 hours by the hospital administration, and the individual must be taken to the first hearing within 24 hours after the notification is made. Involuntary hospitalization of the mentally ill person at the first hearing must be approved or denied. If the patient's side objects to the hospitalization or the judge deems it necessary, a psychiatrist should be appointed as an expert and the appropriateness of involuntary hospitalization or treatment should be investigated. In this case, the expert must complete his medical examination and submit his report to the court within 48 hours. When deemed necessary, the judge should decide to hold the hearing in the hospital. The Magistrate judge should decide whether to continue or terminate involuntary hospitalization and treatment by examining together the report from the hospital and the expert report, if any, and by listening to the parties. The duration of involuntary hospitalization and treatment that can be given by a court decision should be the maximum of three weeks, except for some conditions. Applications related to involuntary hospitalization and treatment should be objected at every stage.*" (17).

Current applications are far from the recommendations mentioned above. As this study shows, the vast majority of involuntary hospitalization decisions are based on family applications. After the application of the families, the TCC 432 decision is issued without seeing the cases by the judge. Often times, an old discharge report form or medical board report owned by the family is sufficient to issue the TCC 432 decision. In some cases, the decision is based only on statements. This ease of taking the TCC 432 decision allows families to exploit this situation. For instance, one case did not have any psychiatric diagnosis in this study. Again, as can be seen from the findings of this study, the TCC 432 decision is

mostly taken without specifying the time. In other words, there is no control mechanism that can be established after the decision is made. As a result of all these, patients without an indication for involuntary hospitalization may be deprived of their rights for a long time. Another problem arises after the psychiatrist applies for the TCC 432 decision. In case of involuntary hospitalizations performed in the emergency department of our hospital, this situation is reported to the judicial authorities within 24 hours. However, it may take up to a month before these cases, who were admitted involuntarily, appear before the judge for the first time.

Substance use is a phenomenon that has social, economic and legal aspects, its characteristics may change from region to region and its characteristics may change over time (18). According to the statistics on the website of the General Directorate of Prisons and Detention Houses; The number of files created under the TCK 191 between January 1, 2020 and January 31, 2020 was reported as 74089, 71271 in the same month of 2019, 55348 in the same month of 2018, and 56714 in the same month of 2017 (19). As such a variable phenomenon, the current laws on substance abuse are inadequate. This study shows that the hospitalization period of TCC 432 cases is relatively short and that the admission-discharge BPRS ratio is low. In other words, the cases may not provide a significant benefit from hospitalization as thought. Cases with a probation history, a criminal record, or a prison history can be hospitalized involuntarily with the statements of the individuals without being seen by the judges. Existing TCC 432 applications function as if anyone who commits a crime or has the potential to commit a crime has a psychiatric illness. It is clear that there are various processes regarding TCC 432 processes among provinces regardless of their population. While some provinces (e.g., Van) affiliated to Elazığ MHDH do not send even a single TCC 432 case at the specified date intervals, it cannot be ignored that some provinces (e.g., Diyarbakır and Malatya) frequently operate this process. Psychiatry is crushed under the lack of legal regulations. MHDHs are among the institutions most affected by this situation. This study has several limitations. The most important limitation is the retrospective nature of the study. Longitudinal studies will better reveal possible alterations in the clinical parameters of cases. The fact that BPRS is not applied by a single psychiatrist can be expressed as a limitation as it may cause individual differences. In addition, increasing the scale diversity in the follow-up process of the cases will enable us to better observe the effect of hospitalization on the possible disorder. Further studies are needed to reduce the limitations.

This study is the first study that is thought to enlighten the TCC 432 applications in our country in terms of the fact that the coordinator is a psychiatrist and the information it contains. When the findings of this study and the literature are examined together, it is seen that the need for mental health act is urgent. All institutions and individuals should act together in order to conclude this struggle in the field of mental health for many years.

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