

Turkey

General Information

Turkey is a country with an approximate area of 775 thousand sq. km. (UNO, 2001). Its population is 72.32 million, and the sex ratio (men per hundred women) is 101 (UNO, 2004). The proportion of population under the age of 15 years is 30% (UNO, 2004), and the proportion of population above the age of 60 years is 8% (WHO, 2004). The literacy rate is 94.4% for men and 78.5% for women (UNESCO/MoH, 2004).

The country is a lower middle income group country (based on World Bank 2004 criteria). The proportion of health budget to GDP is 5%. The per capita total expenditure on health is 294 international \$, and the per capita government expenditure on health is 209 international \$ (WHO, 2004).

The main language(s) used in the country is (are) Turkish. The largest ethnic group(s) is (are) Turkish, and the other ethnic group(s) are (is) Kurdish. The largest religious group(s) is (are) Muslim.

The life expectancy at birth is 67.9 years for males and 72.2 years for females (WHO, 2004). The healthy life expectancy at birth is 61 years for males and 63 years for females (WHO, 2004).

Epidemiology

Prevalence estimates varied widely (from more than 40% lifetime prevalence of any mental disorder in the Netherlands and the USA to 12% in Turkey) in a study done by the International Consortium in Psychiatric Epidemiology (ICPE) that used the Composite International Diagnostic Interview (CIDI). Findings suggested that mental disorders were often chronic, typically had early ages of onset, were associated with socioeconomic measures of disadvantage (low income and education, unemployment, unmarried status) and that the lifetime prevalence had increased in recent cohorts (Anonymous, 2000). In a sample of 13 665 high school girls (13-18 years), Vicdan et al (1996) found that 19.7% smoked cigarettes, 14.9% used alcohol and 0.63% used other drugs. Elbi et al (2002) surveyed 1749 subjects using the Seasonal Pattern Assessment Questionnaire. The prevalence of winter seasonal affective disorder (SAD) and summer SAD were reported to be 4.8% and 8.4%, respectively. Danaci et al (2002) assessed 257 randomly selected mothers who had delivered within the past 6 months using the Edinburgh Postnatal Depression Scale. Depression was identified in 14% and it was associated with living in a shanty, being an immigrant, number of children, baby's health problems, psychiatric history in parents and poor relationship with husband and in-laws. Basoglu et al (2002) administered the Screening Instrument for Traumatic Stress in Earthquake Survivors to 1000 subjects living in camps. The prevalence of PTSD and major depression were 43% and 31%, respectively. Traumatic stress symptoms were associated with female gender, more intense fear during the earthquake, having been trapped under the rubble, death of a family member, past psychiatric illness, having participated in rescue work and lower education level. In a representative urban sample (n=994) assessed with the Dissociative Experiences Scale (DES), the Dissociative Disorders Interview Schedule (DDIS) and a confirmatory clinical interview in a three-stage study, the prevalence of dissociative disorders was 0.4% (Akyuz et al, 1999). Akkus et al (2002) evaluated 1982 men selected by a stratified random method and found an age-adjusted prevalence of erectile dysfunction to be 69.2% (mild 33.2%, moderate 27.5%, severe 8.5%). In a multivariate model, moderate/severe ED was significantly associated with age, low socioeconomic status, low physical activity and

medical illnesses. Based on national records, Sayil (1997) reported that the rates of suicide and suicide attempts were 3.3/100 000 and 145/100 000 population, respectively. Eskin (1999) assessed large samples of Swedish and Turkish school students (n>600) and found that between 2.7% to 9.4% of Swedish students and 4.6% to 10.9% of Turkish students had made previous suicide attempts. In the Turkish group, suicide attempts were associated with previous psychiatric contact, low perceived family support, suicide attempts and psychiatric disorder in the family. Past suicide attempts and low perceived family support were the most powerful and consistent predictors of current suicidal risk. Goksu et al (2002) found that 78.7% of poisoning cases admitted to a hospital were due to suicide attempts. Most of the suicide attempts were by females. Mattila et al (1987) found that among 1188 children (aged less than 17 years) admitted with a diagnosis of poisoning deliberate self-poisoning was reported in 12.8%. Suicide attempts were associated with gender (girls) and age group (among adolescents 79% of poisonings were self-induced). Cuhadaroglu et al (1999) assessed 434 school students with the Symptom Check List 90-Rand and found that psychiatric problems were associated with gender (female), age group (15-16 years) and socioeconomic status (low). In large samples of students (>800 subjects), Fichter et al (1988) found significantly higher GHQ-28 scores in Greeks and Turks in their homeland as compared to Greeks in Munich. In a similar study (>800 subjects), Bengi-Arslan et al (1997) found that immigrant Turkish children (4-18 years) had higher scores on at least five Child Behaviour Checklist (CBCL) scales in comparison to Dutch and Turkish children in their homeland. However, the differences in scores and the patterns of problem behaviours were small in the two Turkish samples. Studies that assessed nocturnal enuresis in large samples (>1700 subjects) of children (4-12 years) through parental questionnaires (Gumus et al, 1999; Oge et al, 2001) found that the prevalence rate was in the range of 11.6% to 13.7%. Enuresis was associated with gender (male), age (younger), deep sleep, poor toilet habits, urinary tract infections, large family size, low parental socioeconomic class and family history of enuresis.

Mental Health Resources

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1983.

The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation. The goal then was the integration of mental health into primary health care (i.e. a horizontal approach) with promotion and prevention activities in addition to the improvement of curative services. For inter-sectoral and inter-disciplinary coordination there were efforts to get the involvement of different ministries, universities and non-governmental organizations, with the support of the World Health

Organization.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1983.

National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1987.

A new programme is being developed by a project supported by the World Bank after the earthquake in 1999.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. Details about the year of formulation are not available.

Mental Health Legislation

There is no existing legislation on mental health but a law on prevention of tobacco harm from 1996 does exist. The criminal law stipulates special conditions for the treatment of mentally ill offenders. Lack of an overall mental health law continues to be a concern for the mental health profession. The Psychiatric Association of Turkey has chosen to begin work on a draft law for the protection of the rights of psychiatric patients.

Details about the year of enactment of the mental health legislation are not available.

Mental Health Financing

There are no budget allocations for mental health.

Details about expenditure on mental health are not available.

The primary sources of mental health financing in descending order are social insurance, private insurances, tax based and out of pocket expenditure by the patient or family.

The country has disability benefits for persons with mental disorders. After being approved by a mental health board as a chronic mental health patient, the patient can benefit from the social security services.

Mental Health Facilities

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Mental health in primary care is available in only some provinces.

Regular training of primary care professionals is carried out in the field of mental health. In the last two years, about 3000 personnel were provided training.

There are no community care facilities for patients with mental disorders.

Psychiatric Beds and Professionals

Total psychiatric beds per 10 000 population	1.3
Psychiatric beds in mental hospitals per 10 000 population	0.8
Psychiatric beds in general hospitals per 10 000 population	0.5
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	1
Number of neurosurgeons per 100 000 population	1
Number of psychiatric nurses per 100 000 population	3
Number of neurologists per 100 000 population	1
Number of psychologists per 100 000 population	1
Number of social workers per 100 000 population	1

The number of child and adolescent psychiatrists per 100 000 is 0.3. Of the total beds available in the country about 2.5% are located in the private sector and 55 are under the charge of the Ministry of Social Security. Ethical rules for psychiatric practice were established in June 2002 by the Psychiatric Association of Turkey. Psychiatrists mainly work in the large cities and the western parts of the country. Almost two-thirds are located in Istanbul, Ankara and Izmir. Most psychologists work in private clinics. Within the government set-up, about two thirds of mental health staff are attached to general hospitals.

Non-Governmental Organizations

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention, treatment and rehabilitation. The Association for Child and Adolescent Mental Health is functioning as the main organization in the subjects related to children and adolescents. There are some newly founded associations that focus on the rights and welfare of psychiatric patients and their relatives, most of which are currently led by professionals who wish to promote 'consumer-led' services.

Information Gathering System

There is mental health reporting system in the country.

The country has data collection system or epidemiological study on mental health.

Programmes for Special Population

The country has specific programmes for mental health for disaster affected population and children. Services are limited.

Child and adolescent psychiatry has been a separate specialty since 1995. Committees on adolescence and ADHD within the Association for Child and Adolescent Mental Health are carrying on epidemiological research and interventional programmes. A child abuse and neglect team is functioning.

Therapeutic Drugs

The following therapeutic drugs are generally available at the primary health care level of the country: carbamazepine, ethosuximide, phenobarbital, phenytoin sodium, sodium valproate, amitriptyline, chlorpromazine, diazepam, fluphenazine, haloperidol, lithium, biperiden, carbidopa, levodopa.

Drugs like thioridazine and imipramine are a part of the essential drug list.

Other Information

The mental health department was established within the General Directorate of Primary Health Care of the Ministry in 1983 with the primary tasks of improving the mental health services, development and dissemination of preventive mental health services, integration of mental health with primary care, community education and protection of the community from harmful behaviours. The means of achieving these aims were through determination of standards, training programmes, data collection, research, creation of counselling and guiding units, creation of psychiatric clinics in state hospitals, assigning proper tasks to personnel, developing rehabilitation facilities, carrying out public education through the help of media, educating the public on harmful behaviour and taking care of those who succumb to those behaviours.

Additional Sources of Information

- Akkus, E., Kadioglu, A., Esen, A., et al (2002) Prevalence and correlates of erectile dysfunction in Turkey: a population-based study. *European Urology*, 41, 298-304.
- Akyuz, G., Dogan, O., Sar, V., et al (1999) Frequency of dissociative identity disorder in the general population in Turkey. *Comprehensive Psychiatry*, 40, 151-159.
- Anonymous (2000) Cross-national comparisons of the prevalences and correlates of mental disorders. WHO International Consortium in Psychiatric Epidemiology. *Bulletin of the World Health Organization*, 78, 413-426.
- Basoglu, M., Salcioglu, E., Livanou, M. (2002) Traumatic stress responses in earthquake survivors in Turkey. *Journal of Traumatic Stress*, 15, 269-276.
- Bengi-Arslan, L., Verhulst, F. C., van der Ende J., et al (1997) Understanding childhood (problem) behaviors from a cultural perspective: comparison of problem behaviors and competencies in Turkish immigrant, Turkish and Dutch children. *Social Psychiatry & Psychiatric Epidemiology*, 32, 477-484.
- Coskun, B. (2004) Psychiatry in Turkey. *International Psychiatry*, 3, 13-15.
- Cuhadaroglu, F., Yazici, K. M. (1999) Psychiatric symptoms among Turkish adolescents. *Turkish Journal of Pediatrics*, 41, 307-313.
- Danaci, A. E., Dinc, G., Devenci, A., et al (2002) Postnatal depression in Turkey: epidemiological and cultural aspects. *Social Psychiatry & Psychiatric Epidemiology*, 37, 125-129.
- Elbi, H., Noyan, A., Korukoglu, S., et al (2002) Seasonal affective disorder in eight groups in Turkey: a cross-national perspective. *Journal of Affective Disorders*, 70, 77-84.

- Eskin, M. (1999) Gender and cultural differences in the 12-month prevalence of suicidal thoughts and attempts in Swedish and Turkish adolescents. *Journal of Gender, Culture, & Health*, 4, 187-200.
- Fichter, M. M., Elton, M., Dhalluin, M., et al (1988) Mental illness in Greek and Turkish adolescents. *European Archives of Psychiatry & Neurological Sciences*, 237, 125-134.
- Goksu, S., Yildirim, C., Kocoglu, H., et al (2002) Characteristics of acute adult poisoning in Gaziantep, Turkey. *Journal of Toxicology - Clinical Toxicology*, 40, 833-837.
- Gumus, B., Vurgun, N., Lekili, M., et al (1999) Prevalence of nocturnal enuresis and accompanying factors in children aged 7-11 years in Turkey. *Acta Paediatrica*, 88, 1369-1372.
- Hincal, F., Hincal, A. A., Sarikayalar, F., et al. (1987) Self poisoning in children: a ten year survey. *Journal of Toxicology - Clinical Toxicology*, 25, 109-120.
- Mental Health Department. Goals and Long Range Planning Document.
- Oge, O., Kocak, I., Gemalmaz, H. (2001) Enuresis: point prevalence and associated factors among Turkish children. *Turkish Journal of Pediatrics*, 43, 38-43.
- Ozkan, S., Yucel, B., Turgay, M. et al (1995) The development of psychiatric medicine at Istanbul Faculty of Medicine and evaluation of 889 psychiatric referrals. *General Hospital Psychiatry*, 17, 216-223.
- Oral, R., Can, D., Kaplan, S., et al (2001) Child abuse in Turkey. An experience in overcoming denial and a description of 50 cases. *Child Abuse and Neglect*, 25, 279-290.
- Sayil, I. (1997) Review of suicide studies in Turkey. *Crisis: Journal of Crisis Intervention & Suicide*, 18, 124-127.
- Vicdan, K., Kukner, S., Dabakoglu, T., et al (1996) Demographic and epidemiologic features of female adolescents in Turkey. *Journal of Adolescent Health*, 18, 54-58.