Research

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Investigation of Clinical Characteristics of Children and Adolescents Followed under Health Precaution

Sağlık Tedbiri Kapsamında Takibi Yapılan Çocuk ve Ergenlerin Klinik Özelliklerinin İncelenmesi

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ABSTRACT

The aim of this study was to evaluate the sociodemographic and clinical characteristics of children and adolescents who were followed in the child psychiatry clinic in the scope of the health precaution, which is one of the protective and supportive measures of the Child Protection Law. 112 children and adolescents who were followed up at the child psychiatry clinic between 01.01.2020 and 01.01.2022 in the scope of health precaution, participated in this study. The clinic files and social examination reports of the participants were examined retrospectively. It was determined that the most common reasons for taking a health precaution decision are sexual abuse, deficiencies of basic needs/neglect and behavioral problems. Moreover, it showed that the rate of taking health precaution due to sexual abuse was higher in girls however the rate of that due to delinquency was more common in boys. It was determined that 72.3% of the children, who were followed up in the scope of health precaution, were diagnosed with psychiatric disorders, and the most common psychiatric disorders were attention deficit and hyperactivity disorder, major depressive disorder, specific learning disability and intellectual disability, respectively. In the group with psychiatric disorders, it was determined that the deficiencies of basic needs/neglect as a reason for taking health precaution, was significantly common and that the mothers of the children and adolescents in the group with psychiatric disorders had a higher rate of diagnosed psychiatric disorders. Given the fact that abuse and neglect come first among the reasons for the implementation of health precaution; it is vital to develop early intervention programs to protect children from neglect and abuse. Since the effects of neglect and abuse on children can be devastating and long lasting and as it is known that they are risk factors for many psychiatric disorders, regular follow-up and treatment of these children in the scope of health precaution is important.

Keywords: Child protective services, mental disorders, child, preventive measures

ÖZ

Bu çalışmada, Çocuk Koruma Kanunu'nun koruyucu ve destekleyici tedbirlerinden biri olan sağlık tedbiri kapsamında çocuk psikiyatrisi polikliniğinde takip edilen çocuk ve ergenlerin sosyodemografik ve klinik özelliklerinin değerlendirilmesi amaçlanmıştır. Çalışmaya çocuk psikiyatrisi polikliniğine 01.01.2020 ve 01.01.2022 tarihleri arasında sağlık tedbiri kapsamında yönlendirilen, takibi yapılan 112 çocuk ve ergen dahil edilmiştir. Olguların poliklinik dosyaları ve sosyal inceleme raporları geriye dönük incelenmiştir. Sağlık tedbiri kararı alınmasında en sık nedenlerin cinsel istismar, temel bakım eksiklikleri/ihmal ve davranış sorunları olduğu belirlenmiştir. Cinsel istismar nedeni ile sağlık tedbiri alınma oranının kızlarda, suça sürüklenme nedeni ile sağlık tedbiri alınma oranının erkeklerde daha sık olduğu görülmüştür. Sağlık tedbiri kapsamında takibi yapılan çocukların %72,3'ünde psikiyatrik bozukluk olduğu, en sık görülen psikiyatrik bozuklukların sırasıyla dikkat eksikliği ve hiperaktivite bozukluğu, major depresif bozukluk, özgül öğrenme güçlüğü ve anlıksal yeti yitimi olduğu saptanmıştır. Psikiyatrik bozukluk tespit edilen grupta sağlık tedbiri kararı alınma nedenlerinden temel bakım eksiklikleri/ihmalin anlamlı oranda yüksek olduğu tespit edilmiş olup psikiyatrik bozukluk tespit edilen grubun annelerinde daha yüksek oranda psikiyatrik bozukluk tanısı olduğu saptanmıştır. Sağlık tedbiri kararı uygulanma nedenleri içerisinde istismar ve ihmalin ilk sırada geldiği düşünüldüğünde çocukları ihmal ve istismardan korumak için erken müdahale programları geliştirmenin önemli olduğu görülmektedir. İhmal ve istismarın çocuklar üzerindeki etkileri yıkıcı ve uzun süreli olabilmekle birlikte birçok psikiyatrik bozukluk için risk faktörü olduğu bilindiğinden sağlık tedbiri kapsamındaki çocukların düzenli takip ve tedavisi önem arz etmektedir.

Anahtar sözcükler: Çocuk koruma hizmetleri, ruhsal hastalıklar, çocuk, önleyici tedbirler

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Introduction

The regulations regarding the protection of children in Turkey are implemented by the Social Services and Child Protection Agency Law No. 2828 and the Child Protection Law No. 5395 (CPL) (Resmi Gazete 2005). In the Child Protection Law, a child in need of protection is defined as "a child whose physical, mental, moral, social and emotional development and personal safety are at risk, neglected or abused, or a victim of crime". These children are protected by the protective and supportive measures of the CPL. Protective and supportive measures are the precautionary decisions on health, counseling, education, care and accommodation, which are taken in such a way as to ensure that the child stays primarily with his or her family (Resmi Gazete 2005). Before juvenile courts give a protective and supportive measure, they request a social investigation report about the child and decide whether there is a need for any measure, according to this report. The follow-up regarding the implementation of the measures continues to be carried out by the juvenile courts until the injunction is lifted or the child turns 18 (Resmi Gazete 2006).

Health precaution is the measures for the permanent or temporary care and rehabilitation required for the mental and physical protection and treatment of the child, and for the treatment of those who use addictive substances (Resmi Gazete 2005). Studies show that the main reasons for the implementation of a health precaution decision are often sexual abuse, neglect, physical abuse, emotional abuse and substance abuse, and it is stated that the majority of them are adolescents (Nasıroğlu 2017, Fazlıoğlu 2019). Apart from these basic reasons, disorders in family functions and the presence of other important psychiatric disorders in the child are also included in the scope of health precaution (Şahin et al. 2011, Fazlıoğlu 2019). For this reason, a planned treatment process that includes the family is required in these children.

Studies have shown that children under protection have behavioral and psychiatric disorders more frequently than the general population (Woods et al. 2013). The effects of neglect and abuse on children can be devastating and long-lasting, and it is stated that they are risk factors for many psychiatric disorders such as anxiety disorder, mood disorders and destructive behavior problems (Nemeroff 2016). Studies have reported that physical and psychiatric problems are more common also in parents who abuse and neglect their children, and especially substance-alcohol addiction and antisocial behaviors are more common (Powers et al. 1990, Ünal 2008).

Since health precaution is an important practice in terms of the mental and physical well-being of the child, it is important to implement it duly and effectively, however, studies in this field are still very limited in our country. In our study, it was aimed to evaluate the sociodemographic and clinical characteristics of children and adolescents followed in the child psychiatry outpatient clinic within the scope of health precaution.

Method

Sample

In this study, 112 children and adolescents who were newly referred to or who were already under follow-up in the scope of health precaution at Muğla Training and Research Hospital child psychiatry outpatient clinic between 01.01.2020 and 01.01.2022, were included. The polyclinic records and social investigation reports of the cases were examined retrospectively. Twenty cases, whose health precaution decision was terminated due to completion of 18 years of age, who were deemed appropriate to terminate the health precaution decision during polyclinic follow-up, or whose files were missing, were excluded from the study. The sociodemographic data of these cases, the psychiatric diagnoses they received according to the classification system (Diagnostic and Statistical Manual of Mental Disorders, DSM) of the American Psychiatric Association (APA), the treatments applied to them, and their clinical characteristics were obtained from the patient records (APA 2013). Psychiatric evaluation of children and adolescents was carried out by a research assistant and a specialist physician under the supervision of a faculty member. The evaluation was completed with a semi-structured clinical interview according to DSM-5, which lasted approximately 30 minutes. Psychiatric evaluations of the parents were recorded in line with the data included in the social investigation reports. The reasons for a health precaution decision, whether there were other protective and supportive measures other than health precaution, and the familial and sociodemographic characteristics that were not included in the polyclinic records were obtained from the social investigation reports. In the study, the data in the files of the cases and in the social investigation reports were recorded with a form prepared by the researcher. Ethics committee approval for the study was obtained from the Ethics Committee of Muğla Sıtkı Koçman University Faculty of Medicine with the decision dated 17.05.2022 and numbered 220048/65.

Data Collection Tools

Sociodemographic Data Form

Data obtained from children's patient records and social investigation reports were recorded in this form. It includes sociodemographic data of the child and family, the reasons for the health precautionary decision, whether there are any additional precautionary decisions, and current clinical diagnosis and treatments.

Social Investigation Report

In the report, the child's identity information, environment and family relations, cultural characteristics, health and educational status, family background, the reasons for the child's problem, the reason for the child's health precaution decision, and other precautionary decisions, if any, are stated (SHÇEK 2000).

Statistical Analysis

Continuous variables were expressed as mean±standard deviation, categorical data as numbers and percentages. Comparisons of categorical data were made with Chi-Square Test and Fisher's Exact Test. The significance level for the analysis was accepted as $p<0.05$. IBM SPSS version 26.0 (IBM Corporation, Armonk, NY, USA) statistical program was used to analyze the data.

Results

A total of 112 children and adolescents, 67 girls (59.8%) and 45 boys (40.2%), were included in our study. The mean age of the children was found to be 13.8±4.05 years (min=2.7 max=18), and 75% of them were found to be in the 12-18 age range. When the duration of follow-up of the children in the outpatient clinic within the scope of the health precaution decision was examined, it was determined that 34.8% were followed for 1 month to 1 year, 23.2% were followed for 1 year to 2 years, and the rest 42% were followed for 2 years or more. It was determined that 64.3% of the patients came to outpatient follow-up regularly, and 45.5% had applied to psychiatry before the decision of health precautions. When the reasons for admission of children who had applied to psychiatry before (45.5% n=51) were evaluated, the most frequent applications were due to health board report (23.6% n=12) and forensic psychiatric examination (23.6% n=12). These were followed by behavioral problems and attention deficit (9.8% n=5), depressive complaints (7.8% n=4), anxiety symptoms (7.8% n=4), self-harming behavior (7.8% n=4), irritability (5.9% n=3), and other reasons (13.7% n=6).

84.9% of the children were attending formal education, 54.5% (n=61) were in high school education, 28.6% (n=32) were in primary/secondary education, and 1.8% (n=2) continued to distance education and it was determined that approximately one-fourth of all children (n=29) were benefitting from special education/rehabilitation services.

It was observed that the most common reason for applying a health precaution decision to children was sexual abuse (36.6% n=41), followed by basic care deficiencies/neglect (18.8% n=21) and behavioral problems (18.8% n=21). It was determined that 17.9% (n=20) of the children were under precaution due to other reasons (suicide attempt, other psychiatric symptoms). The reasons for health precaution decisions are shown in Table 1.

When the family characteristics of the children were examined, it was determined that 49.1% (n=55) of the mothers and 61.6% (n=69) of the fathers were primary school graduates; also it was determined that 70.5% (n=79) of the mothers and 33% (n=32) of the fathers were not working. When the physical and psychiatric conditions of the parents were evaluated in line with the data in the social investigation reports; 11.6% (n=13) of the mothers had a physical illness, 20.5% (n=23) had a psychiatric disorder (n=14 depressive disorder, n=9 intellectual disability), 13.4% (n=15) of the fathers had a physical illness, 25.9% (n=29) had a psychiatric disorder (n=12 anger control difficulties, n=9 alcohol addiction, n=5 depressive disorder, n=3 intellectual disability). The family structure of the children was examined and it was seen that 44.6% (n=50) of the families were divorced, and one of the parents was dead in 9.8% (n=11). It was determined that

Table 1. Reasons for a Health Precaution Decision

		n	%
Sexual abuse	**Yes**	41	36.6
	No	71	63.4
Basic care deficiencies/neglect	**Yes**	21	18.8
	No	91	81.2
Behavior problems	**Yes**	21	18.8
	No	91	81.2
Physical/emotional abuse	**Yes**	12	10.7
	No	100	89.3
Child dragged to crime	**Yes**	11	9.8
	No	101	90.2
Psychological support after parent separation/divorce	**Yes**	8	7.1
	No	104	92.9
Psychological support after parental loss	**Yes**	7	6.3
	No	105	93.7
Substance use	**Yes**	6	5.4
	No	106	94.6
Other (suicide attempt, other psychiatric symptom or disorders...)	**Yes**	20	17.9
	No	92	82.1
TOTAL		112	100.0

86.6% of the children had at least one sibling, and 20.5% (n=23) had a sibling who had a health precautionary decision.

It was found that 14.3% (n=16) of the children in the study had a physical illness and 72.3% (n=81) had a psychiatric disorder. When the psychiatric diagnoses of the children are reviewed; the most common diagnosis was Attention deficit hyperactivity disorder (ADHD) (20.5% n=23); followed by Major depressive disorder (MDD) (18.8% n=21), Specific learning disability (SLD) (10.7% n=12), Mild intellectual disability (10.7% n=12), Borderline mental functioning (9.8% n=11), Post-traumatic stress disorder (PTSD) (8.9% n=10), and Conduct disorder (CD) (8.9% n=10). When psychiatric treatments applied to children are reviewed; it was determined that 31.3% (n=35) received single-drug treatment, 21.4% (n=24) received dual-drug treatment, and 47.3% did not use medication (n=53). The most common drug treatments were risperidone (25.9% n=29), sertraline (17.9% n=20), methylphenidate (13.4% n=15), aripiprazole (7.1% n=8) and fluoxetine (6.3% n=7).

In addition to health precautions, other precaution decisions were also issued for 80.4% (n=90) of the children who participated in the study. 51.8% (n=58) of the children had a counseling precaution decision, 6.3% (n=7) had an education precaution decision, 25% (n=28) had both an education and counseling precaution decision, and 6.3% (n=7) had a care precaution decision. 19.6% (n=22) of the children in the study had a history of institutional care, 28.6% (n=32) had a history of self-harming behavior, 21.4% (n=24) had a suicide attempt. It was determined that 9.8% (n=11) had a history of involvement in a crime.

When the relationship between the reasons for the health precaution decision and gender is evaluated; It was observed that the history of sexual abuse was significantly higher in girls (p<0.001), and the rates of being dragged to crime were significantly higher in boys (p=0.007). There was no difference between the genders in terms of other reasons. When other precautions are compared according to gender; it was determined that the rates of education measures and education and counseling measures were higher in boys, and the rates of

Table 2. Comparison of Reasons for Health Precautions by Gender

	Gender				***p***
	Female (n=67)		**Male (n=45)**		
	n	**%**	**n**	**%**	
Sexual abuse Yes No	 35 32	 52.2 47.8	 6 39	 13.3 86.7	**<0.001***
Basic care deficincies/neglect Yes No	 9 58	 13.4 86.6	 12 33	 26.7 73.3	0.079*
Physical/emotional abuse Yes No	 5 62	 7.5 92.5	 7 38	 15.6 84.4	0.218**
Parental separation/divorce Yes No	 4 63	 6 94	 4 41	 8.9 91.1	0.712**
Parental loss Yes No	 4 63	 6 94	 3 42	 6.7 93.3	1.000**
Behavior problems Yes No	 11 56	 16.4 83.6	 10 35	 22.2 77.8	0.440*
Substance use Yes No	 3 64	 4.5 95.5	 3 42	 6.7 93.3	0.683**
Child dragged to crime Yes No	 2 65	 3.0 97	 9 36	 20.0 80	**0.007****
Other Yes No	 11 56	 16.4 83.6	 9 36	 20.0 80	0.627*
TOTAL	67	100	45	100	

* Chi Square Test
** Fisher's Exact Test

counseling measures were higher in girls, but the difference was not statistically significant. The comparison of the reasons for health precaution decisions according to the gender is shown in Table 2.

When the group with a psychiatric disorder and the group without a psychiatric disorder were compared in terms of the reasons for the health precaution decision, it was found that basic care deficiencies/neglect were significantly higher in the group

Table 3. Comparison of Reasons for Health Precaution Decisions and Other Precaution Decisions by Psychiatric Disorder Presence

	Psychiatric Disorder No (n=31)		**Psychiatric Disorder Yes (n=81)**		***p***
	n	**%**	**n**	**%**	
Basic care deficincies/neglect Yes No	 1 30	 3.2 96.8	 20 61	 24.7 75.3	**0.009***
Physical/emotional abuse Yes No	 3 28	 9.7 90.3	 9 72	 11.1 88.9	1.000**
Sexual abuse Yes No	 11 20	 35.5 64.5	 30 51	 37 63	0.879*
Parental seperation/divorce Yes No	 3 28	 9.7 90.3	 5 76	 6.2 93.8	0.683**
Parental loss Yes No	 4 27	 12.9 87.1	 3 78	 3.7 96.3	0.091**
Behavior problems Yes No	 4 27	 12.9 87.1	 17 64	 21 79	0.327*
Substance use Yes No	 2 29	 6.5 93.5	 4 77	 4.9 95.1	0.668**
Child dragged to crime Yes No	 3 28	 9.7 90.3	 8 73	 9.9 90.1	1.000**
Other reasons Yes No	 5 26	 16.1 83.9	 15 66	 18.5 81.5	0.768*
Other Precaution Decisions Yes No	 25 6	 80.6 19.4	 65 16	 80.2 19.8	0.962*
Educational precaution Yes No	 3 28	 9.7 90.3	 4 77	 4.9 95.1	0.393**
Counselling precaution Yes No	 18 13	 58.1 41.9	 40 41	 49.4 50.6	0.411*
Educational and couselling precaution Yes No	 7 24	 22.6 77.4	 21 60	 25.9 74.1	0.715*
Care precaution Yes No	 0 31	 0 100	 7 74	 8.6 91.4	0.187**

* Chi-square Test
** Fisher's Exact Test

with a psychiatric disorder (p=0.009). Other reasons were found to be similar between the group with and without psychiatric disorders. It was determined that other precautionary decisions other than health precaution did not differ in the group with and without psychiatric disorder. The comparison of the reasons for the health precautionary decision and other precautionary decisions according to the presence of the psychiatric disorder is shown in Table 3.

When the group with psychiatric disorder and the group without psychiatric disorder are compared, it is seen that the group with psychiatric disorder attends the outpatient follow-up more regularly (p=0.041). It was found that the mothers of the children in the group with psychiatric disorders had a higher rate of psychiatric disorders (p=0.005). The comparison of risk factors according to the presence of psychiatric disorders is shown in Table 4.

Discussion

In this study conducted with children followed up within the scope of health precaution in Muğla province, it was determined that the most common reasons for taking a health precaution decision were sexual abuse, basic care deficiencies/neglect, and behavioral problems; also it has been observed that the rate of taking health precaution due to sexual abuse is higher in girls, and the rate of taking health precaution due to dragged to crime is higher in boys. It was determined that the children who were followed up within the scope of health precautions were substantially diagnosed with psychiatric disorders. In the group with a psychiatric disorder, only the basic care deficiencies/neglect was found to be significantly higher among the reasons for the health precaution decisions. In addition, it was determined that the mothers of the group with psychiatric disorders had a higher rate of psychiatric disorders.

In our study, it was determined that the most common reason for health precaution decisions was sexual abuse. Other important causes were identified as lack of basic care, neglect of the child in the family environment, and behavioral problems of the child. In a study conducted in this area, sexual abuse and neglect were shown as the most common causes, other reasons were stated as physical abuse, psychological support after divorce and loss of parents, behavioral problems, and substance use (Fazlıoğlu 2019). In another study, it was shown that health precautionary decisions were applied most frequently due to behavioral disorders and sexual abuse, and the presence of neglect and psychiatric symptoms were stated as other causes (Nasıroğlu 2017). In a recent study, it was stated that the most common cause was sexual abuse, followed by lack of care (Güller and Yaylacı 2022). It is noteworthy that the most common causes in studies are sexual abuse and neglect. In this respect, the results of our study are consistent with the results of studies in this field. In our study, it is seen that after sexual abuse, neglect, and behavioral problems; existing psychiatric symptoms in children were another important reason for health precautions. It is known that neglect and abuse are risk factors for many psychiatric disorders, including mood disorders and disruptive behavior problems (Nemeroff 2016). The detection of sexual abuse and neglect as the most common reason for the health precautionary decision in our study and the fact that approximately half of the children in our study had applied to psychiatry before the health precaution decision was taken, supports this result.

Table 4. Comparison of Outpatient Follow-up, Presence of Psychiatric Disorder in the Family, Family Structure, and Psychiatric Application Before the Precautionary Decision According to the Presence of Psychiatric Disorder

	Psychiatric Disorder No (n=31)		**Psychiatric Disorder Yes (n=81)**		***p***
	n	**%**	**n**	**%**	
Regular attendance to outpatient follow-ups Yes No	 15 16	 48,4 51,6	 56 25	 69,1 30,9	**0.041***
Psychiatric disorder in the mother Yes No	 1 30	 3,2 96,8	 22 59	 27,2 72,8	**0.005***
Psychiatric disorder in the father Yes No	 6 25	 19,4 80,6	 23 58	 28,4 71,6	0.328*
Fragmented family structure Yes No	 14 17	 45,2 54,8	 36 45	 44,4 55,6	0.946*
Psychiatric application before the precautionary decision Yes No	 11 20	 35,5 64,5	 40 41	 49,4 50,6	0.186*
TOTAL	31	100	81	100	

*Chi-square Test

In our study, it was determined that the majority of children under a health precaution were adolescents between the ages of 12-18, most of them were under follow-up at an outpatient clinic with a health precaution decision for at least 1 year, and it was determined that more than half of them attended to outpatient follow-up regularly. In a study, it was stated that children with a health precaution decision were frequently between the ages of 14-18, nearly half of the children regularly attended these examinations, and the majority of them were followed up for at least one year (Fazlıoğlu 2009). In another study evaluating the psychosocial characteristics of children and adolescents with a health precaution decision, the mean age of children was reported as 12.3±4.2 years (Güller and Yaylacı 2022). It has been observed that there is limited data in this field in the literature, and the results need to be supported by new data.

When we evaluated the family characteristics in our study, it was seen that most of the mothers and fathers were primary school graduates, most of the mothers and one-third of the fathers did not work, and almost half of the families were fragmented. Studies show that the majority of parents have low education levels, have a fragmented family structure, and most of them do not have a regular job (Nasıroğlu 2017, Fazlıoğlu 2019, Güller and Yaylacı 2022). Especially in countries like our country, where economic difficulties and unemployment are high, it is thought that children are most affected by socio-economic problems, and their basic needs cannot be met and the children are neglected (Tuncer and Erdoğan 2018). Unemployment in the family, apart from economic problems, the low educational level of the parents, fragmented family structure and psychiatric disorders are important risk factors that impair family function and may lead to neglect and abuse of the child (Putnam 2003, Berger 2005, Örsel et al. 2011). In our study, one fifth of the mothers had a psychiatric disorder, and the most common were depressive disorder and mental disability. One quarter of the fathers had a psychiatric disorder and alcohol dependence and anger control problems were frequently detected. Studies have reported that parents who abuse and neglect their children have more physical and psychiatric health problems, especially substance-alcohol addiction and antisocial behaviors (Powers et al. 1990, Ünal 2008). In a study, it was stated that one-fourth of the parents of children that are under a health precaution received psychiatric support, however, it was observed that the subject of support and existing psychiatric disorders were not stated (Fazlıoğlu 2019). In another study, similar to our study, approximately one fourth of the mothers and fathers had psychiatric disorders; It was reported that depression was the most common in mothers, and substance-related disorders and addiction were the most common in fathers (Güller and Yaylacı 2022). In another study, similar to our study, approximately one-fourth of the mothers and fathers had psychiatric disorders; It was reported that in mothers depression was the most common diagnosis, and in fathers, substance-related disorders and addiction were the most common diagnoses (Güller and Yaylacı 2022). It can be said that all these familial characteristics may pose a risk for the neglect and abuse of the child and may have led to the decision of health precautions.

In studies examining the relationship between sexual abuse and gender, it was reported that sexual abuse was more common in girls, and in studies examining the relationship between being dragged to crime and gender, it was reported that being dragged to crime was higher in boys (Fiş et al. 2010, Mcreynolds et al. 2010, Uytun and Öztop 2016, Bilginer et al. 2019). In our study, it was observed that sexual abuse was significantly higher in girls as the reason for health precaution decisions, and dragged to crime was significantly higher in boys, and these results are consistent with the studies conducted.

In our study, it was determined that most of the children who were followed up with a health precautionary decision had psychiatric disorders. The most common psychiatric disorders in children were as ADHD, MDD, SLD, intellectual disability, PTSD, and CD, respectively. On the side the effects of neglect and abuse on children can be devastating and long-lasting, they are stated as risk factors for many psychiatric disorders, including mood disorders, anxiety disorders, disruptive behavior problems, and learning difficulties (Nemeroff 2016). It has been reported that the most common diagnoses in children who have been sexually abused are PTSD and MDD (Özbaran et al. 2009, Örsel et al. 2011, Taner et al. 2015). It is again stated that children under protection have behavioral and psychiatric disorders more frequently than the general population, and they are frequently diagnosed with CD, MDD, and ADHD (Woods et al. 2013). In a study conducted with children who were followed up in the outpatient clinic with a health precaution decision, no psychiatric disorder was found in 15% of the children, however, in the group with psychiatric disorders, the most common diagnoses were ADHD, CD, intellectual disability, and PTSD (Nasıroğlu 2017). In another study, it was stated that 21.5% of the children did not have any psychiatric disorder, and the most common diagnoses in the group with psychiatric disorders were PTSD, ADHD, CD, and MDD, respectively (Güller and Yaylacı 2022). In another study conducted in the field of social services with children who had a health precaution decision, it was stated that children were frequently diagnosed with MDD, PTSD, intellectual disability, and CD (Fazlıoğlu 2019). Since it was stated in this study that the psychiatric diagnoses of the children were learned by asking the families, the reliability of the results was affected. As a common result of the limited number of studies in this area, it can be said that children with health precautions are frequently diagnosed with PTSD, intellectual disability, ADHD and CD. Considering that in our study, precautionary decisions were taken for children mostly due to sexual abuse and neglect, neglect and abuse also affected neurobiological development, and the most common diagnoses that occur after sexual abuse were PTSD and MDD; the fact that the most common diagnoses in our study were MDD and ADHD supports the literature.

In our study, the most common psychiatric disorder detected in children was ADHD. Negative family environment, fragmented family structure, and a history of psychiatric disorder in parents

are defined more in children with ADHD than in healthy controls (Doğangün and Yavuz 2011). Impairment of family function may cause neglect of the child (Berger 2005, Örsel et al. 2011). It is known that neglect and abuse affect neurobiological development as well as mental development, and it has been reported that neurodevelopmental disorders can be seen more frequently in children who are neglected and abused (McLaughlin et al. 2014, Barone et al. 2015). In addition, it is stated that learning, attention and mental problems are more common in children in cases where the mother's education level is low (Shonkoff and Phillips 2000). In our study, it is noteworthy that the education level of the mothers was low, the majority of the mothers were diagnosed with psychiatric disorders, and nearly half of the families were fragmented. In our study, among neurodevelopmental disorders, ADHD was the most common diagnosis, however, SLD and intellectual disability were also common, and it was observed that almost a quarter of the children received special education support. Considering the high prevalence of ADHD diagnosis among neurodevelopmental disorders and the combined role of genetic, neuronal, environmental and psychosocial factors in its etiology, it is expected that the most common diagnosis in this population is ADHD (Cortese and Barbui 2017).

In our study, when the other precautionary decisions are examined; It has been determined that half of the children are given also a simultaneous counseling precaution, one-quarter of them are given health precautions together with both counseling and education precautions, and a low number of them are still in institutional care with a care precaution decision. Studies show that nearly half of the children who have a health precaution decision are followed up with other protective and supportive measures, the most frequent counseling precaution is added, and the least care and accommodation precautions are taken (Fazlıoğlu 2019, Güller and Yaylacı 2022). In another study examining the precaution decisions for juvenile delinquents, it is reported that the most frequent counseling measure decision is taken, followed by health and education measures, and the least care and accommodation measures are taken (Saruç and Güneş 2015). In the social investigation reports, the reasons for the implementation of the counseling precaution were described as the insufficient knowledge of the families about parent-child communication or child development, and the lack of sufficient knowledge and skills in solving problems specific to adolescence. Considering that the education level of mothers and fathers is often low in the sample of our study, it is expected that they do not have the expected level of knowledge about child development and therefore the rates of counseling precautions are high. In our study, it was seen that the majority of children were going to school, and the number of children for whom educational measures were taken alone was very few. It is known that continuing formal education and providing an environment that can be appropriate role models and guide in a healthy and regulated environment are protective for children. It is known that dropping out of school, having too much free time, spending time in an unsupervised environment paves the way for risky behaviors, delinquency, and alcohol-substance use (Finkelhor et al. 2015, Cook and Kangs 2016). In our study, it was seen that the number of children dragged to crime and using alcohol-substance use was very low, and it can be thought that going to school had a protective effect in this sense.

In our study, a higher rate of psychiatric disorders was observed in the mothers of the children who were followed up within the scope of health measures and who were diagnosed with psychiatric disorders, and it was determined that the most common diagnoses of depression and intellectual disabilitiy. Having a family with healthy family functions has a protective effect on a child on mental health and behavior (Kaya and Eroğul 2013). The presence of psychopathology in parents, which is one of the most important problems that impair family function, can adversely affect the mental health of children. Existing psychiatric disorders of parents may cause inappropriate discipline methods towards the child and unhealthy communication with the child, causing children to experience emotional and behavioral problems and an increased risk of behavioral problems in children (Rauh and Margolis 2016). It is known that mothers are more primary caregivers than fathers in raising children. As a natural consequence of this, children may have more emotional interactions with their mothers compared to their fathers, and these interactions play an important role in shaping children's emotion regulation skills (Brand and Klimes-Dougan 2010). Studies have shown that depressive mothers who have difficulties in regulating their own emotions have more rejecting behaviors toward their children, and their children have more emotion regulation difficulties (Sarıtaş et al. 2013). It has been reported that children of mothers with good emotion regulation skills have less depression and externalization problems (Katz and Hunter 2007). The deficiencies in the mental skills of the mother may cause the lack of stimuli in the developmental processes of the children and low emotional reactions towards the child. In our study, existing psychiatric disorders in mothers may have affected the mental development of children with similar mechanisms and may have caused more psychiatric disorders to be detected in children.

In our study sample, when the group with a psychiatric disorder and the group without a psychiatric disorder were compared in terms of the reasons for the health precaution decision, it is noteworthy that the basic care deficiencies/neglect was significantly higher in the group with a psychiatric disorder. It was seen that the other reason rates such as sexual abuse, emotional-physical abuse, and behavioral problems are similar in the group with and without psychiatric disorders. In this context, it can be said that the child's basic care deficiencies and neglect may be an important risk factor for psychiatric disorders. Studies have reported that the presence of psychopathology in the mother, especially depression and substance use disorders, is associated with child neglect and maltreatment (Berger 2005, Alltucker et al. 2006). Parents with psychiatric disorders may have difficulties in raising children because their functionality is impaired, and this may result in the neglect of the child. Although neglect is the most common type of child maltreatment, its effects can occur in the long term due to the difficulty of defining and

proving it legally (Glaser 2002, Jacobi et al. 2010). Internalizing and externalizing disorders such as depressive disorder, anxiety disorder, conduct disorder, and many psychiatric and neurodevelopmental disorders can be seen in children exposed to neglect (Norman et al. 2012, Gardner et al. 2019). In the sample of our study, the presence of psychiatric disorders in the mothers of the children, the existing disorder being a risk factor for the child's neglect, the fact that neglect was the most common reason for the decision of health precautions, and the destructive effects of neglect on the child's mental health may have paved the way for the development of psychiatric disorders. As a result, it can be said that the child is not neglected by providing basic care with mentally healthy parents, and growing up in a family with good family functions may be protective in terms of mental health.

In our study, it is seen that almost one-third of all children do not come to outpatient follow-up appointments regularly and that children with psychiatric disorders attended more regular appointments than those without a diagnosis of psychiatric disorder. In a study, it was stated that the majority of the families of children with a health precaution decision declared that they were reluctant to come to the treatment and hospital (Fazlıoğlu 2019). At this point, it comes to mind that the information of the families about the health precaution decision may be lacking.

Our study is limited to a sample of Muğla province. The important limitations of our study are its retrospective nature, the collection of data in the form of file scanning, the absence of a control group, and the lack of a scale. In addition, the lack of psychiatric examination for the parents and the evaluation of the psychiatric diagnoses of the parents through the data included in the social investigation reports are other limitations. It is thought that the results cannot be generalized because the existing studies in the field are few, the sample is limited to Muğla province, and a very heterogeneous group was included in the study. Despite the limitations of our study, it is thought that it will contribute to the literature because it is one of the few studies conducted with children and adolescents who have protective and supportive precautions in the field of community mental health. The strength of our study is that more detailed family information had been obtained by scanning social investigation reports in addition to patient records.

As a result, it is important to develop early intervention programs to protect children from neglect and abuse, considering that abuse and neglect are the primary reasons for taking protective and supportive measures for children. For this purpose, the living conditions of children and families should be improved, and family-oriented services aimed at supporting families economically and socially should be increased. In addition, programs should be developed to increase the knowledge and skills of families about child development and to raise their awareness of this issue. Attitudes and behaviors of families towards children should be tried to be regulated by making existing counseling services more effective. The effects of neglect and abuse on children can be devastating and long-lasting, and it is known that they are risk factors for many psychiatric disorders, including mood disorders, anxiety disorders, destructive behavior problems, and learning difficulties. Therefore long-term follow-up and treatment of children are important. It should be kept in mind that families may lack information about health precaution decisions since it has been seen that a significant part of the children who are under health precaution protection does not continue to follow-up interviews regularly. For this purpose, families should be informed about the purpose of the health precaution decision, effective information should be provided, and it should be emphasized that increasing the participation of the child and the family in the treatment process is protective for the child's mental health. Considering that determining the individual and familial characteristics of these children will help the necessary medical care and rehabilitation processes for both the protection of child health and treatment when necessary, it can be said that studies to be conducted in this area will be enlightening.

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