AHI EVRAN MEDICAL JOURNAL
E-ISSN: 2619 - 9203

Investigation of Cases Involuntarily Hospitalized Within the Scope of Article 432 of the Turkish Civil Code: Data of a Mental Health Hospital for 2021 and 2022

Türk Medeni Kanunu'nun 432'nci Maddesi Kapsamında İstemsiz Olarak Yatırılan Olguların İncelenmesi: Bir Ruh Sağlığı Hastanesinin 2021 ve 2022 Yılı Verileri

Mehmet Hamdi ÖRÜM[1], Onur KOÇHAN[1]

Received: 22.01.2025; Accepted: 09.09.2025

[1]Department of Psychiatry, Elazığ Mental Health and Diseases Hospital, Elazığ, Türkiye.
Corresponding Author: Mehmet Hamdi Örüm, Department of Psychiatry, Elazığ Mental Health and Diseases Hospital, Elazığ, Türkiye.
e-mail: mhorum@hotmail.com

How to cite: Örüm MH, Koçhan O. Investigation of cases involuntarily hospitalized within the scope of article 432 of the turkish civil code: data of a mental health hospital for 2021 and 2022. Ahi Evran Med J. 2026;10(1):1-3.

Dear Editor,

The institution of restriction of freedom for protective purposes is regulated in articles 432-437 of the Turkish Civil Code (TCC). According to TCC 432, "Any adult who poses a danger to society due to mental illness, mental deficiency, alcohol or substance addiction, a seriously dangerous infectious disease or vagrancy may be placed in an appropriate institution or detained for the treatment, education or rehabilitation of such a person, if his personal protection cannot be ensured in any other way." It is known that the characteristics of hospitalizations within the scope of TCC 432 change over time and have regional differences.[1] This study aimed to examine the TCC 432 cases of a mental health hospital affiliated with 18 provinces in 2021 and 2022.

Elazığ Mental Health and Diseases Hospital (MHDH) is one of the major branch hospitals serving as a regional hospital in the field of mental health in Türkiye. In this retrospective study, all cases hospitalized in Elazığ MHDH within the scope of TCC 432 and discharged between 01.01.2021-31.12.2022 were evaluated. 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). Ethics committee approval was obtained from Fırat University (Date: 01/02/2024; Number: 2024/02-41). IBM SPSS Statistics for Windows, Version 26.0 (Armonk, NY: IBM Corp.) was used in statistical analysis. Continuous variables and descriptive statistics are presented as mean ± standard deviation, while categorical variables are presented as frequency and percentage. The categorical data were analyzed using the chi-square test. If the expected frequency of one or more cells was less than five and this rate was above 25%, the Fisher's Exact test was used instead of the Chi-square test. Compliance with normal distribution was determined by the Kolmogorov-Smirnov test. In comparing two groups, Mann-Whitney U test was used for variables that did not show normal distribution. A p value of less than 0.05 was considered statistically significant.

In 2021, 399 cases (mean age 32.95±10.10 years; 88.97% (n=355) male, 11.03% (n=44) female) and in 2022, 636 cases (mean age 33.56±10.08 years; 91.19% (n=580) male, 8.81% (n=56) female) were hospitalized within the scope of TCC 432. While all of the 2021 cases were citizens of the Republic of Türkiye, the rest of the 2022 cases, except for three (0.31% (n=2) from Syria, 0.17% (n=1) from Germany), were citizens of the Republic of Türkiye. Of the 2021 cases, 7.10% (n=28) resided in Elazığ, while 92.90% (n=371) resided outside Elazığ. Of the 2022 cases, 12.27% (n=78) resided in Elazığ, while 87.73% (n=558) resided outside Elazığ. The diagnoses of the 2021 cases were as follows: 26.31% (n=105) of cases with alcohol/substance use disorders, 24.56% (n=98) of cases with schizophrenia spectrum disorders, 16.79% (n=67) of cases with bipolar spectrum disorders, 12.28% (n=49) of cases with general psychiatric examination, 11.52% (n=46) of cases with per-

©Copyright 2025 Ahi Evran Medical Journal by Kırşehir Ahi Evran Medical Faculty (https://dergipark.org.tr/en/pub/aemj)

Ahi Evran Med J 2026 Open Access https://dergipark.org.tr/en/pub/aemj This article is distributed under the terms of the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International Licence

sonality disorders, 3.49% (n=14) of cases with post-traumatic stress disorder, 3.00% (n=12) of cases with anxiety disorders, 0.75% (n=3) of cases with intellectual disability, 0.50% (n=2) of cases with organic mental disorders, 0.50% (n=2) of cases with general medical conditions, and 0.30% (n=1) of case with obsessive-compulsive disorder. The diagnoses of the year 2022 cases were as follows: 40.72% (n=259) alcohol/substance use disorders, 25.94% (n=165) schizophrenia spectrum disorders, 16.50% (n=105) bipolar spectrum disorders, 5.03% (n=32) general psychiatric examination, 5.03% (n=32) personality disorders, 2.20% (n=14) post-traumatic stress disorder, 1.40% (n=9) anxiety disorders, 1.60% (n=10) intellectual disability, 0.60% (n=4) attention-deficit/hyperactivity disorder, 0.50% (n=3) organic mental disorders, 0.30% (n=2) obsessive-compulsive disorder, and 0.20% (n=1) general medical conditions. Between 2021 and 2022, there was no difference in terms of gender (p=0.239) and nationality (p=0.324), but there was a difference in terms of residence (p=0.007) and diagnosis (p<0.001). In total (n=1035), a significant difference was found between genders in terms of diagnosis (p<0.001). Bipolar spectrum disorder diagnosis was higher in females (36.00%) than males (14.50%). Schizophrenia spectrum disorder diagnosis was higher in females (31.00%) than males (24.80%). Alcohol/substance use disorder diagnosis was higher in males (38.10%) than females (8.00%) (Table 1 and Table 2).

Table 1. Sociodemographic and clinical characteristics of cases by year.

Variables	Year 2021 Mean Rank/Median & % (n) (n=399)	Year 2022 Mean Rank/Median & % (n) (n=636)	p value
Age (Years)	504.16/31.00	526.68/31.00	0.238[a]
Gender			
Male	88.97% (355)	91.19% (580)	0.239[b]
Female	11.03% (44)	8.81% (56)	
Nationality			
Türkiye	100.00% (399)	99.52% (633)	0.232[c]
Syria	0.00% (0)	0.31% (2)	
Germany	0.00% (0)	0.17% (1)	
Residence			
In Elazığ	7.10% (28)	12.27% (78)	0.007*[b]
Out Elazığ	92.90% (371)	87.73% (558)	

*p < 0.05. The Kolmogorov-Smirnov test was used to check normality. Data were analyzed using the Mann-Whitney U test (a), Chi-square test (b), and Fisher's Exact test (c) as appropriate.

Table 2: Diagnoses of Cases

Psychiatric Diagnosis	Year 2021 % (n)	Year 2022 % (n)	p value
General psychiatric examination	12.28% (49)	5.03% (32)	<0.001*[a]
Alcohol/substance use disorders	26.31% (105)	40.72% (259)	
Schizophrenia spectrum disorders	24.56% (98)	25.94% (165)	
Bipolar spectrum disorders	16.79% (67)	16.50% (105)	
Personality disorders	11.52% (46)	5.03% (32)	
Other	8.55% (34)	6.78% (43)	

*p<0.05; In statistical analysis, Chi-square[a] test was used.

The first striking finding of this study is that the count of cases increased significantly in 2022. The main effects of coronavirus disease 2019 (COVID-19), which emerged at the end of 2019, in Türkiye were encountered in the second half of 2020 and in 2021. Measures taken to reduce and prevent the spread of COVID-19 have been implemented in many areas. Inpatient capacities have been reduced in health institutions.[2] It is assumed that this is the most likely reason for the low number of 2021 TCC 432 cases in this study. The most common diagnosis in both years was reported as alcohol/substance use disorder. Treatment for alcohol/substance use disorder is generally based on voluntary participation.[3] However, TCC 432 allows cases with this diagnosis to be involuntarily hospitalized when necessary. This situation also brings ethical issues. Even in cases

that do not require compulsory hospitalization, hospitalizations can be carried out within the scope of TCC 432 upon the request of families and caregivers. Its cross-sectional nature is the most important limitation of this study. Longitudinal studies investigating more variables are needed.

Conflict of Interest

The authors declare that there is not any conflict of interest regarding the publication of this manuscript.

Authors' Contributions

Concept/Design: MHÖ. Data Collection and/or Processing: MHÖ, OK. Data analysis and interpretation: MHÖ, OK. Literature Search: MHÖ, OK. Drafting manuscript: MHÖ, OK. Critical revision of manuscript: MHÖ. Supervision: MHÖ.

Ethics Committee Permission

This study was approved by Fırat University Non-Interventional Research Ethics Committee (Date: 01/02/2024; Number: 2024/02-41).

REFERENCES

1. Şen N, Süzer-Özkan F. A perspective to compulsory hospitalization and treatment of psychiatric patients. J DU Health Sci Inst. 2017;7(3):176-181. Link: https://dergipark.org.tr/en/pub/duzcesbed/article/345208
2. Berezin J, Casoy F, Erlich MD, Hernandez Y, Smith TE. Inpatient psychiatry during COVID-19: A systems perspective. Psychiatr Clin North Am. 2022;45(1):45-55. doi:10.1016/j.psc.2021.11.002
3. Boit H, Palmer GA, Olson SA. A comparison between the involuntary and voluntary treatment of patients with alcohol use disorder in a residential rehabilitation treatment program. J Addict Nurs. 2019;30(1):57-60. doi:10.1097/JAN.0000000000000248