Journal of Forensic and Legal Medicine 21 (2014) 17–21

Contents lists available at ScienceDirect

Journal of Forensic and Legal Medicine

journal homepage: www.elsevier.com/locate/jflm

Original communication

Forensic child and adolescent psychiatry: From field experiences to education standards

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ARTICLE INFO

Article history:
Received 28 May 2013
Received in revised form
15 October 2013
Accepted 19 October 2013
Available online 29 October 2013

Keywords:
Forensic
Mental health
Child
Training
Education
Forensic setting

ABSTRACT

Objective: Forensic evaluation of children is one of the most problematic areas of child and adolescent psychiatry. In this study we aimed to examine Turkish Child and adolescent psychiatrists' attitudes and problems in forensic psychiatry.
Method: Thirty nine (80%) of all practitioners who are on their compulsory medical service programme countrywide were reached and requested to complete a questionnaire.
Results: 76.9% of the specialists found their education to be inadequate in dealing with practical issues. The most common reason of this inadequacy was endorsed as not receiving structured forensic evaluation training. The inadequate number or skills of health professionals from other disciplines and excessive workload were the leading factors mentioned as negatively affecting the quality of assessments. Most favoured solutions to solve current problems were reported as reorganising the residency training and curriculum of child and adolescent psychiatrists and establishing education programmes for other disciplines.
Conclusion: The standardisation of forensic psychiatry education in child and adolescent psychiatry training and the establishment of global standards for forensic evaluation teams and processes should be considered as the first steps in enhancing the global quality of child and adolescent forensic psychiatric evaluations.

1. Introduction

Although it attracts more public attention than most medical disciplines, forensic child and adolescent psychiatry is seldom a favoured area for mental health workers.[1] Forensic assessments (FAs) have important structural differences from routine clinical evaluations, such as the aim of the interview, role of the clinician, relationship with the child and the style of interviewing. A routine clinical interview aims to obtain information for the treatment of symptoms and mainly has a therapeutic focus. However, the aim of an FA is often gathering information and applying this information to the relevant legal question. In relation to the aim of the interview, forensic interviews definitely differ from the emphatic, confidential clinical interviews. FAs are formal in nature,

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http://dx.doi.org/10.1016/j.jflm.2013.10.009

confidentiality is restricted and the clinician has to be objective and neutral in sessions.[2,3] In addition to the structural differences mentioned, FAs require detailed knowledge of relevant legal issues, criminal and civil justice systems and inter-professional collaboration. The clinicians also have to deal with a number of problems arising from the legal processes.[1,4] These structural differences and specific challenges have led to efforts to recognise child and adolescent forensic psychiatry as a separate sub-speciality. However, despite attempts, child and adolescent forensic psychiatry training programmes still lack extensive descriptions and standardisation.[5,6] One of the most important steps in the development of effective educational programmes is harmonising the theoretical knowledge of academic psychiatrists with the field experiences of practitioners that arise from being immersed in the legal system.[3,4] However, studies on the problems and field experiences of mental health workers on FAs are lacking.

With a population of nearly 25 million youth under the age of 19, Turkey has the youngest population in the European Union Region. Unfortunately, Turkey is also one of the leading European countries in terms of juvenile incarceration rates, and the 2000–2009 period witnessed a nearly threefold increase in juvenile crimes.[7,8] To address this dramatic increase in juvenile crime, the 2005 Turkish parliament reorganised their nation's juvenile justice laws. The Turkish Act set the minimum age of criminal responsibility at 12; the sentences of children aged 12–14 were tied to psychiatric assessments evaluating their ability to understand the consequences of their actions; and youth aged 15–18 were said to be directly charged with reduced penalties. Sentences of individuals are enhanced if the victim is a child and physical or mental health of victimised child is affected.

Formerly, all psychiatric assessments were being conducted by forensic medicine specialists who did not have any child and adolescent or adult psychiatry rotation during their residency. However, the Turkish Upper Court decided that forensic psychiatric examinations conducted by field professionals (e.g. child and adolescent psychiatrists (CAPS)) would only be allowed by the courts. Following this new decision, due to the paucity of adequate forensic psychiatry-specialised child psychiatrists and professionals from allied disciplines, many of the children involved in the legal system started to be directed to the nearest localised CAP either by prosecutors or judges for a psychiatric evaluation during their legal processes. In Turkey, CAP has been an independent specialty since 1990.[9,10] Training in CAP lasts at least 48 months including 12 months in adult psychiatry and three months in child neurology. There are obligatory examinations at the beginning and the end of the training, and the trainee must perform at least one research study.

In this study, we aimed to examine Turkish CAPs' attitudes about forensic evaluations and the problems they experienced in conducting forensic psychiatry practice countrywide. We also intended to investigate practitioners' recommendations on forensic psychiatry education, their opinions on the causes of current problems and possible solutions.

2. Method

This study was a descriptive and questionnaire-based explanatory survey. A committee consisting of five CAPs prepared a 14-item questionnaire.

2.1. Sampling

In Turkey, all CAPs who finish their training are subject to a 2–4-year compulsory medical service programme, which was implemented to ensure the equitable distribution of physicians across geographic locations, and they are also obligated by law to evaluate forensic cases. In February of 2011, a list of all CAPs continuing their compulsory medical health service countrywide was requested by the Turkish Ministry of Health. The practitioners in this list constitute the sample of the current study. The names, institutions and contact information were also received either from the Ministry of Health or from their institutions' official websites. We reached 39 of the 49 clinicians using the given contact numbers and provided them with information on the study. All of them agreed to participate in the study, and a copy of the questionnaire was sent by mail to the participants with a request that they complete it and send it back to an e-mail address we provided. We could not reach ten clinicians who we were told (by their institution directorate) were off duty for a long period for reasons such as family leave, military service or health problems. We did not include university hospitals in the study, because most academicians do not perform forensic evaluations, and the structures are highly variable in such clinics (e.g. evaluators may be trainees or psychologists).

2.2. The questionnaire

Because Turkey has a heterogeneous population from different nations and cultures, it was important to cover the problems generated from transcultural issues. Therefore, we formed a committee consisting of five CAPs working in five different geographic regions of Turkey and a public health specialist who is experienced in surveys and questionnaire formation. The questionnaire used in this study was prepared by this committee.

The questionnaire comprises 14 questions, examining mainly four areas: (1) socio-demographic variables, (2) current practical issues in forensic child and adolescent psychiatry and possible reasons for the problems, (3) respondents' opinions on the adequacy of their education in forensic child and adolescent psychiatry and finally (4) possible solutions to the problems in FAs. The questionnaire was designed so that many questions had closed- and open-ended choices to enable participants to state personal opinions while obtaining the required information. The respondents were asked to not only choose but also rate the five answer choices so that we could evaluate both the existence and importance of the preferred choice. For detailed information, see the English translation of the questionnaire at the end of the text.

2.3. Statistics

The data were analysed using SPSS, version 20.0 for Windows. Frequencies and percentages of the categorical variables were calculated. Fisher's exact test was performed to examine the significance of the association between variables where needed. *p*-Values less than 0.05 were considered significant.

3. Results

The mean age of the CAPs who participated in the survey was 32.2 (SD: 1.8), and 53.8% ($n = 21$) of these were female. Thirty-one of the participants (79.5%) had been working as a specialist for less than two years, and 35.9% ($n = 40$) of the respondents were working as the only specialist in that particular province. In terms of the workload due to forensic cases, 31 of the specialists (79.5%) stated that they were evaluating up to 10 forensic cases per week, while eight of them (20.5%) said that they evaluated more than 10 forensic cases, in addition to their regular duties. When they were asked whether the training they received during their specialisation to evaluate forensic cases was adequate to solve the problems they encountered in their daily practices, nine of the CAPs who participated in the survey (23.1%) rated the education they received