

High Security Forensic Psychiatry Hospitals in Türkiye Current Status and Future Challenges: Traditional Review

Türkiye’de Yüksek Güvenlikli Adli Psikiyatri Hastaneleri Mevcut Durum ve Gelecekteki Zorluklar: Geleneksel Derleme

¹Hakan KARAAĞAÇ^a, ²Tuğba KARA^b

^aHigh Security Forensic Psychiatry Clinic, Kayseri City Training and Research Hospital, Kayseri, Türkiye

^bPrivate Physician, Kayseri, Türkiye

ABSTRACT In many countries where modern law is valid, people who have a mental health illness that do not know the meaning and consequences of the crime they commit are not punished. However, for those who are in this situation, a security measure for the purposes of protection and treatment shall be imposed. High security forensic psychiatric hospitals, the first of which were opened in Adana in Türkiye in 2018, continue to be opened in line with the National Mental Health Action Plan of the Ministry of Health. In addition to the forensic psychiatry services within the regional mental health hospitals used until today; 6 high security forensic psychiatric hospitals were opened within the city hospital campuses in Adana, Kayseri, Elâzığ, Eskişehir, Bursa and Ankara. There are a total of 407 forensic psychiatry beds in these hospitals, of which 371 are male, 26 female, and 10 child and adolescent beds. Forensic psychiatry is an interdisciplinary field that fills the gaps between law and medical science and requires the coordinated work of different professions. High security forensic psychiatric hospitals have an important place in the treatment and rehabilitation of individuals who are included in the judicial system and who do not have criminal responsibility. In the literature, it is seen that there are very few studies on high security forensic psychiatric hospitals in Türkiye. In this review; It is aimed to evaluate the historical development of forensic psychiatry in Türkiye, the current situation and the future planning of forensic psychiatry hospitals in the light of literature.

Keywords: Criminal responsibility; forensic sciences; forensic psychiatry; forensic psychiatric hospital

ÖZET Modern hukukun geçerli olduğu birçok ülkede işlediği suçun anlam ve sonuçlarını bilemeyecek derecede bir ruh sağlığı hastalığına sahip olan kişilere ceza verilmemektedir. Ancak bu kişilere koruma ve tedavi amacıyla güvenlik tedbiri uygulanır. Türkiye’de de ilki 2018 yılında Adana ilinde açılan yüksek güvenlikli adli psikiyatri hastaneleri Sağlık Bakanlığı Ulusal Ruh Sağlığı Eylem Planı doğrultusunda açılmaya devam etmektedir. Bugüne kadar kullanılan bölge ruh sağlığı hastaneleri içinde adli psikiyatri servislerine ek olarak; Adana, Kayseri, Elâzığ, Eskişehir, Bursa ve Ankara illerindeki şehir hastaneleri kampüsleri içinde 6 adet yüksek güvenlikli adli psikiyatri hastanesi açılmıştır. Bu hastanelerde 371 erkek, 26 kadın, 10 çocuk ergen yatağı olmak üzere toplam 407 adli psikiyatri yatağı mevcuttur. Adli psikiyatri hukuk ve tıp bilimi arasındaki boşlukları dolduran farklı mesleklerin koordinasyonlu çalışmasını gerektiren disiplinler arası bir alandır. Yüksek güvenlikli adli psikiyatri hastaneleri adli sisteme dâhil olmuş ceza ehliyeti olmayan bireylerin tedavi ve rehabilitasyonlarında önemli bir konuma sahiptir. Literatüre bakıldığında Türkiye’de yüksek güvenlikli adli psikiyatri hastaneleri konusunda yapılmış çalışmaların oldukça az olduğu görülmektedir. Bu derlemede; Türkiye’de adli psikiyatrinin tarihsel gelişimi, günümüzdeki mevcut durum ve adli psikiyatri hastanelerinin gelecekteki planlamalarına ilişkin durumu ilgili literatür bilgileri eşliğinde değerlendirme yapmak amaçlanmıştır.

Anahtar Kelimeler: Ceza ehliyeti; adli bilimler; adli psikiyatri; adli psikiyatri hastanesi

The relationship between mental illnesses and crime has been a subject that has attracted the attention of researchers for many years. Considering that mental illnesses have a wide range of diagnoses, it can be said that individuals with mental health problems have an asymmetric and heterogeneous rela-

tionship with crime.¹ Although there are different opinions about the relationship between mental health and crime, today in many countries where modern legal rules are applied, people who have a mental health disease that do not know the meaning and consequences of the crime they commit are not punished.

Correspondence: Hakan KARAAĞAÇ

High Security Forensic Psychiatry Clinic, Kayseri City Training and Research Hospital, Kayseri, Türkiye

E-mail: karaagac.hakan@hotmail.com



Peer review under responsibility of Türkiye Klinikleri Journal of Forensic Medicine and Forensic Sciences.

Received: 06 Feb 2023

Received in revised form: 22 Mar 2023

Accepted: 22 Mar 2023

Available online: 28 Mar 2023

2619-9459 / Copyright © 2023 by Türkiye Klinikleri. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

However, in order to ensure the safety of the person and the society, these people are treated in forensic psychiatry hospitals/organizations.²

Criminal responsibility assessment, forensic psychiatric treatment and rehabilitation fall within the subject area of forensic psychiatry. Forensic psychiatry fills the gaps between law and medical science. Forensic psychiatry is closely related to disciplines such as psychiatry, child and adolescent psychiatry, neurology, psychology and social work. Forensic psychiatry is an interdisciplinary field that evaluates the issues discussed in the legal framework, including the mental state of the person at the time of the crime, determining whether he has criminal responsibility, and other clinical situations that affect his ability to evaluate the truth, answers questions about these issues during the trial process, and provides expertise.^{3,4}

Within the framework of existing laws, qualified manpower, physical facilities of hospitals and penitentiaries, and social and historical perspective, each country has developed a unique forensic psychiatric system.⁵ Developments related to forensic psychiatry services in many countries, especially England and the USA, have started to emerge since the 1800s and are guaranteed by law. The organization of forensic psychiatric hospitals differs in many countries. While in some countries it is supported by the private sector and the public, in some countries there may be different structures within the prison campuses. In countries like Italy, which is the starting point of community-based psychiatry, forensic psychiatry hospitals have been completely closed and community-based alternative models have been developed.⁶⁻⁸

Forensic psychiatric hospitals undoubtedly occupy a central position in the laws, historical development and organization of services. When we look at the literature on forensic psychiatric hospitals, which are the primary facilities for the protection and treatment of individuals with delinquent psychiatric diseases, it is seen that there are very few studies in Türkiye. For this reason, this review, which aims to address the general structure of forensic psychiatry services and the current functioning of forensic psychiatry hospitals in Türkiye, consists of 3 parts. In the

first part of the study, the historical development of forensic psychiatry hospitals in Türkiye, in the second part, the legal bases and legislation applied today, the organization of forensic psychiatry hospitals and post-discharge services, and in the last part the future planning of forensic psychiatry hospitals will be discussed.

HISTORICAL BACKGROUND

In general, although there are similarities between the development of forensic psychiatry in the world and its development in the Ottoman Empire, there are differences in practice, in the establishment of hospitals and in the emergence of the legislation. Therefore, the adoption of forensic psychiatry by legal circles in the Ottoman Empire was later than in European countries.⁹ The modern medical school in the Ottoman Empire was opened in 1827. Psychiatry courses were started to be given in 1896 and the training of experts in the field of psychiatry could only take place at the beginning of the twentieth century. However, it is possible to come across legislative regulations on the legal effects of people's mental health conditions in the early period. The definitions of mental illness and insanity, which were taken as an example from the French Penal Code of 1810, appeared in the Ottoman Penal Code for the first time in 1858. Although there are basic definitions in this law, what kind of action will be applied to criminal mentally ill patients is not explained in the law, but the protection and treatment of such patients in mental hospitals has become customary.¹⁰

Practices seen in penal laws were regulated in general mental health services at similar times. The first and most widely known legal text on this subject is the "Regulations on Bimarhaneler" dated March 6, 1876. Adapted from the French law of 1853, this text is described as the "mental health law" of the period. However, no comprehensive legal arrangement has been made to replace this law, which was repealed with the proclamation of the republic, and there is a big gap in this area.¹¹

It can be said that with the establishment of the Republic of Türkiye after the Ottoman Empire, there was a rapid transformation in the laws. Forensic psy-

chiatric evaluation and treatment criteria have been tried to be developed with the relevant articles in the Turkish Civil Code and the Turkish Penal Code. However, it is seen that the main transformation in forensic psychiatry services is accompanied by the Turkish Penal Code, which was renewed in 2005 with the effect of European Union harmonization laws. With the law, the definition of “high security health institution” where the protection and treatment of forensic psychiatry patients would be made.

Although the law was enacted in 2005, mental health hospitals served forensic psychiatry patients for a long time, even though they were not high-security. Finally, considering the increasing need for forensic psychiatry hospital of the Ministry of Health, it has decided to open a hospital that will provide high-security psychiatric services to 2,000 patients in 16 provinces and a total of 350 detainees in 5 provinces.¹²

Today, the burden of forensic psychiatry clinics traditionally separated as wards in mental health hospitals has decreased with the high security forensic psychiatric hospitals established within city hospitals since 2015, and physical environments with increased security levels have been provided compared to the past. In fact, the gaps required in the updated legislation according to the European Union harmonization laws enacted in 2005 were filled. Since 2021, 6 high security forensic psychiatric hospitals have been serving in the city hospitals campuses in Adana, Kayseri, Elazığ, Eskişehir, Bursa and Ankara. In high security forensic psychiatric units, there are a total of 407 forensic psychiatry beds, of which 371 are male, 26 female, and 10 child and adolescent beds. The bed distribution of these hospitals was shaped in accordance with the national mental health action plan. The process continues for the opening of high security forensic psychiatric hospitals in metropolitan cities such as İstanbul and İzmir.⁵

CURRENT SITUATION

LEGAL REGULATIONS AND LEGISLATION

The legal basis of forensic psychiatry in Türkiye has been determined by the relevant articles in the Turkish Civil Code and the Turkish Penal Code. There is

no special mental health court for the trial of forensic psychiatric patients. Persons are tried by the criminal court where the crime was committed. The most important laws in practice are Article 32 of the Turkish Penal Code and Article 57 of the Turkish Penal Code.

In forensic psychiatric examination, it is accepted that each event/action should be examined independently and a report should be prepared by making a separate evaluation for each event. During the realization of an action, a person’s ability to evaluate reality may be affected in another action performed on the same day. In Turkish laws, the person’s consumption of alcohol or drugs does not affect the criminal responsibility.^{13,14}

In Article 32 of the Turkish Penal Code, “a person who cannot perceive the legal meaning and consequences of the act he has committed, or whose ability to direct his behavior in relation to this act has significantly decreased, is not punished”. However, security measures are imposed on these persons; the punishment of a person whose ability to direct his behavior in relation to the act he has committed is reduced, although it is not at the level stated in the first paragraph. In addition, it introduces the regulation that “a person whose ability to direct his behavior has decreased due to his illness, can be applied as a security measure specific to mental patients, in part or in whole, with a court decision, provided that the duration of the prison sentence remains the same, upon the report of the board prepared in the high security health institution where he is placed”.¹⁵

In Article 57(1) of the Turkish Penal Code, a security measure shall be imposed on the person who was mentally ill at the time of the act, for the purpose of protection and treatment. Mentally ill people, for whom security measures are imposed, are taken under protection and treatment in high-security health institutions. This decision of the court is notified to both the person and the security forces. At the same time, this decision comes with the importance of continuing the protection and treatment of the person in a high security forensic psychiatric hospital.

According to Article 57 (2) of the Turkish Penal Code, a mentally ill person for whom a security measure has been ordered, may be released by a court or

judge's decision after the report prepared by the health board of the institution where he is placed indicates that his danger to society has disappeared or has decreased significantly. During the protection and treatment process, one of the main goals of the treatment team is to eliminate or significantly reduce the danger of the person for himself and the society. In order to achieve this goal, medical treatment, rehabilitation and various other psychosocial interventions are applied to the person during the hospitalization process. As a result of the treatments, an official report is documented in which the dangerousness of the person disappears or decreases, and this report is delivered to the relevant court. In this report, it is stated whether the person will be checked and examined, and if so, the period and intervals.¹⁵

Although the 32nd and 57th articles of the Turkish Penal Code are the basis for high security forensic psychiatric hospitals hospitalizations, one of the issues that is often confused in practice is the issue of involuntary hospitalizations. Within the scope of Articles 432-437 of the Turkish Civil Code, there may be confusion in practice regarding whether people can receive treatment in high security forensic psychiatric hospitals.

Article 432 of the Turkish Civil Code states that "Unless his/her personal protection is provided in any other way, every adult person who poses a danger to the society due to mental illness, mental weakness, alcohol or drug addiction, a serious infectious disease or vagrancy, shall be placed or detained in an eligible institution for treatment, education or rehabilitation. Public officials, who learn of the existence of one of these reasons while performing their duties, must immediately notify the competent guardianship authority. In this regard, the burden that the person brings to his environment is also taken into consideration. The person concerned will be removed from the institution as soon as his situation allows." As can be understood from the legislation, in practice, high security forensic psychiatric hospitals are not considered as the institution where the person is invested for treatment, education or rehabilitation. In summary, compulsory hospitalizations required under the Turkish Civil Code are implemented in psychiatry clinics, and the protection and treatment decisions

made under the Turkish Penal Code are implemented in high security forensic psychiatric hospitals.

In addition to all these practices, the prisoner-convict forensic psychiatric hospitals provides services for people who are in prisoner-detainee status and need inpatient treatment. Prisoner-convict forensic psychiatric hospitals are facilities established with the Ministry of Justice-Ministry of Health protocol, where medical services located outside the prison campuses are provided by the Ministry of Health, and other procedures such as security and transportation are provided by the Ministry of Justice.

FORENSIC PSYCHIATRIC REPORTING AND EVALUATION

The forensic psychiatric process for admission to high security forensic psychiatric hospitals is as follows; the individual is directed to the hospital for the health board report, which includes the assessment of whether the person has criminal responsibility or not, by the judicial authorities. There are 2 alternatives according to the result of the psychiatrist's evaluation. If a full verdict of criminal responsibility is given for the individual, the normal judicial process continues. If the individual has no/reduced criminal responsibility, the forensic psychiatric process begins for the individual. At the same time, if the psychiatry committee decides that a decision cannot be made as a result of outpatient treatment of individuals, high security forensic psychiatric hospitals hospitalization and observation can be requested. In the forensic psychiatric process, a separate process is initiated for each forensic case in which the individual is involved and it is evaluated whether he has committed the crime under the influence of his current illness. In the forensic psychiatric system, the final decision rests with the courts. Although there are reports given by the relevant hospitals and health boards, the Forensic Medicine Institute can refer the individual for re-evaluation.⁵

In Türkiye, it is regulated by law that forensic psychiatric examination and examination should only be carried out by specialist physicians. Since the basis of the evaluation is to make the differential diagnosis of mental illnesses and to determine the effect on the event; It is suggested that evaluations should be made

by experts, consultation from experts and based on auxiliary methods such as psychomotor examinations.¹³⁻¹⁵

PATIENT PROFILE RECEIVING SERVICE FROM HIGH SECURITY FORENSIC PSYCHIATRIC HOSPITALS

Looking at the profile of patients treated in high security forensic psychiatric hospitals in Türkiye; It was seen that the male/female ratio was 12/1, 29.1% committed murder and attempted murder and 20.8% were included in the judicial system due to serious crimes against people.¹⁶ When the diagnosis of the disease is examined, it is seen that schizophrenia and other psychotic disorders are the most common diseases in forensic psychiatric hospitalizations.^{16,17} Studies show that having a diagnosis of paranoid schizophrenia, low socio-economic level, low adherence to treatment and drug use, accompanying alcohol-substance use, low social support and antisocial personality traits are risk factors for committing crimes.^{16,18,19}

HIGH SECURITY FORENSIC PSYCHIATRIC HOSPITALS

The development of high security forensic psychiatric hospitals in the world dates back to the 1800s. England, for example, has a long tradition of forensic psychiatric care, with the opening of the first safe hospital, Broadmoor High Secure Hospital, in 1863. Legislative frameworks and care services continued to evolve with the 1975 Butler Report and the subsequent introduction of regional (middle) secure units. The forensic psychiatric system continues with the support of the private sector and the public. In some states, forensic psychiatry units can be established in prisons or they exist in independent hospitals.^{6,8} The same is true in Australia. Forensic psychiatry services in the country are both public and private.²⁰ Across Europe, mentally disordered offenders can be found in forensic hospitals, general psychiatric hospitals, less commonly in psychiatric wards in district general hospitals, and in prisons and in the community.²¹

It is seen that there is an increase in the number of forensic psychiatry beds in different countries in the world. The number of forensic psychiatric beds in the United States and Western Europe has doubled,

on average, in the last 15-20 years.^{22,23} Forensic psychiatric services in England and Wales are high secure services are provided in 3 National Health Service hospitals, Broadmoor in Berkshire, Rampton in Nottinghamshire and Ashworth in Merseyside, with a total of around 750 beds.²⁴ In recent times there has been a drastic reduction in high secure beds in Germany; however, an even bigger increase in medium secure beds. There are around 3,500 medium secure beds in total, just under half provided by the independent sector. In addition there are about 2,500 low secure beds both ministry of health and independent.²⁵ Also, in the last 2 decades, the number of forensic psychiatric beds has increased by 389% in East Germany alone.²⁶

In Türkiye high security forensic psychiatric hospitals are organizations established within City Hospitals and operated by the Ministry of Health. There is not yet a forensic psychiatric hospital operated by the private sector in Türkiye. The planning of the hospitals was made in the national mental health action plan. Hospitalization and discharge of a person is carried out by court order. The main purpose of the treatment given in the hospital is to reduce the danger of the person to the society and himself.

The forensic psychiatry treatment team consists of a multidisciplinary team that includes psychiatrists, social workers, psychologists, nurses, occupational therapists and security guards. It can be said that there are not enough psychiatrists and other healthcare professionals in Türkiye to meet the requirements. For this reason, there is no standard for the number of personnel to work in forensic psychiatry clinics. Psychiatrists are responsible for forensic psychiatry clinics. Although the personnel working in the clinic do not undergo special training in forensic psychiatry, they are selected from among experienced psychologists, nurses and social workers.

In many developed countries, particularly the USA and the UK, forensic psychiatric scaling is as follows: Individuals who are in danger of causing serious harm to human beings are treated at a high-security level. Individuals who are likely to be at risk are treated at medium security level, and individuals with the lowest level of risk are treated in general

psychiatric hospitals. Hospital leveling is determined by structured risk assessment. Changes can be made between the determined levels based on the clinical status and dangerousness assessments of individuals.⁵ In Türkiye, the distinction between low, medium and high security services in high security forensic psychiatric hospitals is not implemented both in legislation and in practice. The treatment of individuals who are provided with compulsory hospitalization by a court decision continues until it is concluded that the danger to the society has been reduced by a doctor's decision.

In Türkiye, prisoner forensic psychiatric hospitals/services for imprisoned convicts have been established for individuals with a mental disorder and full criminal responsibility. These hospitals were opened only in Ankara, Bilkent, Elazığ and Kayseri provinces and the opening works in other provinces are continuing. The Ministry of Health aims to increase the number of forensic psychiatry hospitals, which currently have 407 beds, across the country, and to increase the number of forensic psychiatry beds per 100 thousand people to 3.¹²

DISCHARGE AND FOLLOW-UP

A psychiatrist decides to discharge a person from a forensic psychiatric hospital in Türkiye. There is no discharge evaluation committee established in the legislation in hospitals or courts. Since there is no legal basis, there is no standard regarding the discharge evaluation committee in practice. The psychiatrist submits the report that the person's danger for himself and the society has decreased to the court, and the person is discharged, mostly by complying with the decision of the psychiatrist.¹⁷ If the person does not have a person to stay after discharge and provide care supervision, the clinical social worker will ensure that he stays in a residential social service institution.

In current practice, the follow-up and support mechanism of forensic psychiatry patients in the community after discharge is very limited. After the forensic psychiatric treatment, the control period is usually performed as a 3-month or 6-month examination at the nearest psychiatry outpatient clinic, and the physician may decide for compulsory hospitalization again if needed.

FUTURE CHALLENGES

In the Mental Health Action Plan prepared by the Ministry of Health, it was aimed to reach 2,350 forensic psychiatry beds between 2011 and 2023.¹² Although it is seen that this target cannot be reached by 2023, it is seen that high security forensic psychiatric hospitals are opened rapidly in our country, especially with city hospitals. In the world, especially in recent years, human rights in forensic psychiatry services has become an increasingly important focus of public debate. In many European countries, continuous attempts are made to create a better legal balance by ensuring the right to adequate treatment for all individuals as well as public safety.²⁷ In this context, decision-making states have moved away from a reactive model with a high number of hospitalizations to a proactive model that is integrated with the general health system and characterized by mental health services.⁶ In this case, it is seen that the organization of forensic psychiatry services is also important for post-discharge services. In current practice, it is thought that 3-month or 6-month outpatient follow-ups after forensic psychiatric treatment will not be sufficient to prevent individuals from committing crimes again.

Another issue for forensic psychiatry services is related to personnel working in this field. In general, there is no clear information on the number of psychiatrists, psychologists, social workers and psychiatric nurses employed in mental health services in Türkiye. The same is true for high security forensic psychiatric hospitals. There is a need for advanced training in forensic psychiatry for both the future high security forensic psychiatric hospitals and the personnel currently working in these hospitals. Planning human resources to work in the field of mental health will contribute to increasing the quality of forensic psychiatry services. Similarly, increasing the employment of social workers and psychologists in the development of community-based forensic psychiatry services and implementing alternative case management models will prevent readmissions.

Another issue is the deficiencies in legislation and operation. With the existence of basic laws, there is no mental health law in Türkiye that will enable

the organization of psychiatric services. This situation brings uncertainty in many issues such as involuntary hospitalizations, objection mechanisms and treatment method in practice. In addition, unlike many countries, there is no definition of low, medium and high security hospital for people who will receive forensic psychiatry treatment in Turkish laws. There is only the definition of a high security hospital in the law. This means that an effective risk assessment is not made in the legislation and in practice, and it shows that everyone who has been given a compulsory hospitalization decision due to the crime they have committed receives service together in the same hospital.

CONCLUSION

In this study, which focuses on high security forensic psychiatric hospitals in Türkiye, it is not possible to talk about a nationwide system in the services provided to delinquent individuals with a diagnosis of serious mental illness, despite the general framework determined by the laws. The Ministry of Health has not yet published legislation regarding the services to be provided in high security forensic psychiatric hospitals. Existing services are carried out with the relevant articles of the Turkish Penal Code and bilateral protocols between the Ministry of Justice and the Ministry of Health. In these services carried out within the Ministry of Health, personnel employment is provided by the personnel of the same ministry. Professional staff assigned in the field of forensic psychiatry do not undergo comprehensive training.

Despite the planning to meet the increasing number of forensic psychiatry beds, there are problems in post-discharge services. The effects of the deinstitutionalization movement in Türkiye have been delayed compared to other countries in the world and this delay still continues. Community-based mental health initiatives, whose first practice examples can be seen with community mental health centers, do not have a structure specific to the field of forensic psychiatry. It is thought that, as in many countries of the world, low-medium and high-level safety ratings, establishment of risk management procedures, and most importantly, the implementation of case management models that will increase the control and supervision of individuals after discharge, will help balance the increasing need for forensic psychiatry beds in Türkiye.

Source of Finance

During this study, no financial or spiritual support was received neither from any pharmaceutical company that has a direct connection with the research subject, nor from a company that provides or produces medical instruments and materials which may negatively affect the evaluation process of this study.

Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

All authors contributed equally while this study preparing.

REFERENCES

- Balcıoğlu YH. Koruyucu ve toplum temelli psikiyatri perspektifinden adli psikiyatri: Suçun ve şiddet davranışının önlenmesi. Özgen Hergül G, editör. Psikiyatri Uygulamalarının Koruyucu ve Toplum Temelli Boyutları. 1. Baskı. Ankara: Türkiye Klinikleri; 2022. p.53-9. [\[Link\]](#)
- Yanık M. Türkiye ruh sağlığı sistemi üzerine değerlendirme ve öneriler: Ruh sağlığı eylem planı önerisi. Psikiyatride Derlemeler, Olgular ve Varsayımlar Dergisi. 2007;1(Özel Sayı):11-29. [\[Link\]](#)
- Ersoy N, Gündoğmuş ÜN, Şehiraltı M. Türkiye'de adli tıp eğitimin tarihsel sürecinde beş temel kaynak (1294-1331) [Five main sources in the historical process of forensic medicine education in Turkey 1294-1331]. Türkiye Klinikleri Tıp Tarihi Dergisi, 2001;1(2):127-37. [\[Link\]](#)
- Gökçen C, Dursun OB. Bir eğitim hastanesi çocuk psikiyatri birimine gönderilen adli olguların incelenmesi [Evaluation of forensic cases referred to the child psychiatry clinic of a research hospital]. Düşünen Adam: Psikiyatri ve Nörolojik Bilimler Dergisi. 2012;25(3):238-43. [\[Link\]](#)
- Karaağaç H, Çalık Var E. Adli psikiyatrik alanda sosyal hizmet uzmanlarının rol ve işlevleri [Roles and functions of social workers in the forensic psychiatric field]. Tıbbi Sosyal Hizmet Dergisi. 2021;18:125-41. [\[Crossref\]](#)
- Abdalla-Filho E, Bertolote JM. Sistemas de psiquiatria forense no mundo [Forensic psychiatric systems in the world]. Braz J Psychiatry. 2006;28 Suppl 2:S56-61. Portuguese. [\[Crossref\]](#) [\[PubMed\]](#)
- Di Lorito C, Castelletti L, Lega I, Gualco B, Scarpa F, Völlm B. The closing of forensic psychiatric hospitals in Italy: Determinants, current status and future perspectives. A scoping review. Int J Law Psychiatry. 2017;55:54-63. [\[Crossref\]](#) [\[PubMed\]](#)
- Seppänen A, Törmänen I, Shaw C, Kennedy H. Modern forensic psychiatric hospital design: clinical, legal and structural aspects. Int J Ment Health Syst. 2018;12:58. [\[Crossref\]](#) [\[PubMed\]](#) [\[PMC\]](#)
- Artvinli F. Psikiyatri etiği ve akıl hastalarına davranışa tarihsel bir yaklaşım: ondokuzuncu yüzyıldan bir vaka analizi [A historical approach to the ethics in psychiatry and attitudes towards mentally ill patients: a case study from nineteenth century]. Türkiye Klinikleri J Med Ethics. 2012;20(1):1-9. [\[Link\]](#)
- Artvinli F. Delilik Siyaset ve Toplum: Toptaşı Bimarhanesi (1873-1927). 1. Baskı. İstanbul: Boğaziçi Üniversitesi Yayınevi; 2022.
- Sercan M. Ruh Sağlığı Yasası, Hemen Şimdi. Türkiye Psikiyatri Derneği Bülteni. 2006;9(3):9. [\[Link\]](#)
- T.C. Sağlık Bakanlığı. Ulusal Ruh Sağlığı Eylem Planı (2011-2023). Yayın No: 847. Ankara: T.C. Sağlık Bakanlığı Yayınları; 2011. [\[Link\]](#)
- Biçer Ü, Hancı H. Adli Psikiyatri (Birinci Basamak İçin Adli Tıp Elkitabı). 1. Baskı. İstanbul: TTB-ATUD; 1999.
- Diñçmen K. Adli Psikiyatri. 1. Baskı. İstanbul: Birlik Yayınları; 1984. p.87-92.
- Meran N. Açıklamalı-İçtihatlı Yeni Türk Ceza Kanunu. 1. Baskı. Ankara: Seçkin Yayınevi; 2007.
- Öncü F, Soysal H, Uygur N, Özdemir F, Türkcan S, Yeşilbursa D, et al. Zorunlu klinik tedavi sonrası yineleyici suç işleyen adli psikiyatri olgularının tanı ve suç niteliği açısından değerlendirilmesi [Evaluation of forensic psychiatry cases with repetitive offenses after compulsory clinical treatment in terms of diagnosis and criminal characteristics]. Düşünen Adam, Psikiyatri ve Nörolojik Bilimler Dergisi. 2002;15(3):132-48. [\[Link\]](#)
- İnan S, Yıldızhan E, Öncü F. İnsana yönelik ciddi suç işleyen adli psikiyatri olgularının hastalık öyküleri, sosyodemografik ve suç özellikleri [The disease history, sociodemographics, and criminal features of the homicidal forensic psychiatric patients]. Turk Psikiyatri Derg. 2018;29(4):258-68. [\[Link\]](#)
- Altuner D, Engin N, Gürer C, Akyay I, Akgül A. Madde kullanımı ve suç ilişkisi: kesitsel bir araştırma [Substance use and crime: the results of a survey research]. Tıp Araştırmaları Dergisi. 2009;7(2):87-94. [\[Link\]](#)
- Belli H, Özcetin A, Ertem U, Tuyluoğlu E, Namli M, Bayık Y, et al. Perpetrators of homicide with schizophrenia: sociodemographic characteristics and clinical factors in the eastern region of Turkey. Compr Psychiatry. 2010;51(2):135-41. [\[Crossref\]](#) [\[PubMed\]](#)
- Jager AD. Forensic psychiatry services in Australia. Int J Law Psychiatry. 2001;24(4-5):387-98. [\[Crossref\]](#) [\[PubMed\]](#)
- Gordon H, Lindqvist P. Forensic psychiatry in Europe. Psychiatric Bulletin. 2007;31(11):421-4. [\[Crossref\]](#)
- Jansman-Hart EM, Seto MC, Crocker AG, Nicholls TL, Côté G. International trends in demand for forensic mental health services. Int. J. Forensic Ment. Health. 2011;10(4):326-36. [\[Crossref\]](#)
- Hanley NK, Ross S. Forensic mental health in Australia: Charting the gaps. Current Issues in Criminal Justice. 2013;24(3):341-56. [\[Crossref\]](#)
- Rutherford M, Duggan S. El Centro Sainsbury de Salud Mental: Los Servicios Forenses de Salud Mental en Inglaterra y el País de Gales [The Sainsbury centre for mental health: forensic mental health services in England and Wales]. Rev Esp Sanid Penit. 2008;10(1):10-21. Spanish. [\[Crossref\]](#) [\[PubMed\]](#)
- Müller-Isberner R, Freese R, Jöckel D, Gonzalez Cabeza S. Forensic psychiatric assessment and treatment in Germany. Legal framework, recent developments, and current practice. Int J Law Psychiatry. 2000;23(5-6):467-80. [\[Crossref\]](#) [\[PubMed\]](#)
- Mundt AP, Frančišković T, Gurovich I, Heinz A, Ignatyev Y, Ismayilov F, et al. Changes in the provision of institutionalized mental health care in post-communist countries. PLoS One. 2012;7(6):e38490. [\[Crossref\]](#) [\[PubMed\]](#) [\[PMC\]](#)
- Salize HJ, Dreßing H, Kief C. Placement and treatment of mentally ill offenders-legislation and practice in EU member states. Mannheim: Central Institute of Mental Health. 2005:6-9. [\[Link\]](#)