MINISTRY OF HEALTH
General Directorate of Primary Health care Services

PROGRAM FOR THE SUPPORT OF PSYCHOSOCIAL DEVELOPMENT IN CHILDREN AGED 0-6 (PSPDC)
Psychological Problems at Advanced Ages Associated with Early-Stage Brain Development

- Children spending their first years and growing up in adverse conditions have been observed to be at greater risk of behavioral and psychological problems
  - antisocial behaviour at school-age
  - criminal activity in adolescence

Psychological Problems at Advanced Ages Associated with Early-Stage Brain Development

- Propensity toward violence
- Antisocial personality structure
- Substance use
- Psychological problems
- Mental retardation

Manpower

Psychiatric Specialists Per 100000 Head of Population

<table>
<thead>
<tr>
<th>Country</th>
<th>Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turkey</td>
<td>1.67</td>
</tr>
<tr>
<td>European Average</td>
<td>12</td>
</tr>
</tbody>
</table>

Ratio of psychiatric specialists to 1000 head of population in the European area.
Manpower II
Paediatric Psychiatry Specialists Per 100000 Head of Population

Turkey 0.2
European Average 1.3

Graph 13;22 EU member states and Turkey. Specialist medical doctors in 19 branches per 100 000 head of population.

1) Source: Eurostat (New cronos Database)
2) Based on active personnel numbers on 01 March 2008
### Manpower III

<table>
<thead>
<tr>
<th></th>
<th>n/100000</th>
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</thead>
<tbody>
<tr>
<td>PSYCHOLOGISTS</td>
<td>1.41</td>
</tr>
<tr>
<td>SOCIAL WORKERS</td>
<td>0.77</td>
</tr>
<tr>
<td>PSYCHIATRISTS CLINICAL NURSES</td>
<td>2.53</td>
</tr>
</tbody>
</table>
Socially-Based Childrens’ Mental Health Services

Social Centers
Child-related social centres
Care rehab units

Education houses
Juvenile courts

Local security forces

Social Services

School
Specialized education
Remedial education
Private education

Mental Health
Child Mental Health and Disability
Child Family Planning

Justice and Security

Health
How can the child development be supported through first-step health services?
With the intention of supporting the raising of future generations of physically, psychologically and socially healthy citizens, our ministry took the step, in 2005, of broadening its Program for the Support of Psycho-social Development in Children, previously operating only in the province of Bursa, and extended its services nationwide. The program integrates support for psycho-social development with first-step health care services targeting children from the pre-natal stage up until 6 years of age.
The Purpose of the Program

To ensure the development of psychologically, socially and physically healthy future generations by integrating techniques supporting psycho-social development into the practices of first-step health care service delivery, targeting the ages of pre-birth up until the age of 6 when development occurs at its most rapid rate.
Program Goals

• To consistently follow child development processes from the first-stage from the pre-natal period until the age of 6 from a holistic perspective, taking into account the physical, social and psychological components of health
• To keep regular track of child psycho-social development between the ages of 0-6 and the pre-natal period
• Support for healthy development
• To strengthen contact between parents-children-health personnel
• To inform families about child development (speaking with the child, reading books, playing games, nutrition etc.) and basic care issues
• To raise the awareness of health service providers regarding child psycho-social development and how to support it
Program Goals

• Early identification of risk factors and pathologies inimical to healthy development
• Early intervention in risk factors/pathologies
• Directing families in need to the appropriate social support providers
Implementation of the PSPDC Program

• Using the interview form, all midwives/nurses, newly pregnant mothers, mothers, infants, children and fathers having received training, are followed up on.

• When required, appointments are provided with doctors.

• When the situation requires it, doctors at public clinics may direct cases to 2nd and 3rd step health service providers.

• Families requiring support apart from that offered by health service providers are directed to provincial institutions capable of offering support appropriate to the need at hand.
Using the PSPDC interview form, midwives/nurses are able to make an appointment with parents and expecting mothers in the service area of the public health clinics/family health centres and give them basic information and observe the risks.
The PSPDC Interview Form

• Semi-structured interview
• Economic use of time (5 Mins.)
• Interview on the target dimensions
• Possibility of expressing parental behavior
• Supporting the positive
• Communicating basic target information
• Observation of targeted risks
Interview Form

- In the expecting mother and father interview, the introductory section includes questions concerning socioeconomic conditions.
- With expecting mothers, risk factors such as depression, anxiety disorders, tobacco and alcohol use are determined, information is given concerning family planning and nutrition.
- With infants and children aged 0-6, growth and development are followed and neglect/abuse issues are followed up on. The mother is also given education on the importance of the nutrition.
- With fathers, risk factors such as psychological disorders and tobacco and alcohol use are determined and information is given concerning family planning.
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>6</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; Interview (....hf)</td>
<td>0-1 Mo 2-6 Mo 7-12 Mo 13-18 Mo 19-24 Mo 25-59 Mo</td>
<td>0-9 Mo</td>
<td>0-12 Mo 13-59 Mo</td>
</tr>
<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt; Interview (....hf)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Risk Factors Followed Up On

- Poverty causing malnutrition
- Environment-related developmental retardation
- Parental psychological disorders
- Violence
- Abuse/Neglect
Potential risks to child development are assessed
Parental Psychological Problems

- Depression
- Anxiety
- Stress
- Schizophrenia

and other similar psychological problems exert a negative influence on child brain development.

(Rethinking the Brain, 2000; Critical Link, 2000)
Mothers suffering from high-level depression and psychological problems have been observed to

- Act towards their children in a ruder, less supportive and less consistent manner
- Are unable to look after their children in an appropriate manner
- Experience greater parent-child conflict
- Have their children more prone to frequent illness and accidents
Children of expecting mothers suffering from high-level anxiety disorders during pregnancy have been diagnosed with

- Attention Deficit
- Hyperactivity
- Risk of developing anxiety disorders

(Bergh & Gunner, 2003)
Abuse

The children of women exposed to abuse have greater incidences of:

Malnutrition
Remaining unvaccinated
Not receiving rehydration treatment when suffering from diarrhea

(De Bellis, Bourn et al. 1999)
Abuse

• Changes in the brain related to the period of abuse have been observed in the brain MRIs of children exposed to abuse and developing post-traumatic stress disorders

(De Bellis, Bourn et al. 1999; Keshaven et al. 1999)
In Situations Indicative of Risk

The nurse and doctor assess the case together. The family is directed towards the appropriate supportive institutions. These institutions are:

- Provincial and municipal Social Assistance and Mutual Aid Associations
- Social Services and Child Protection Institution
- The Turkish Labor Foundation
- Metropolitan and Municipal Councils
- Gubernatorial Units for the Status of Women
- The Ministry of National Education People’s Education Centers
- The Turkish Red Crescent Society
SAMPLE DATA FROM THE PSPDC PROGRAM

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of health clinics under the program</td>
<td>136</td>
</tr>
<tr>
<td>Total number of babies on follow-up</td>
<td>25.394</td>
</tr>
<tr>
<td>Total number of children on follow-up</td>
<td>37.248</td>
</tr>
<tr>
<td>Total number of expecting mothers on follow-up</td>
<td>9.993</td>
</tr>
<tr>
<td>Number of interviews with fathers</td>
<td>5.480</td>
</tr>
<tr>
<td>Number of cases referred to clinic physicians</td>
<td>8.307</td>
</tr>
<tr>
<td>Number of cases seen by clinic physicians</td>
<td>7.607</td>
</tr>
<tr>
<td>Number of cases diagnosed by clinic physicians</td>
<td>5.940</td>
</tr>
<tr>
<td>Number of cases receiving psycho-social support and counseling</td>
<td>1.816</td>
</tr>
<tr>
<td>Number of cases referred</td>
<td>1.824</td>
</tr>
<tr>
<td>Number of suspected abuse cases reported</td>
<td>33</td>
</tr>
<tr>
<td>Number of cases participating in the nutritional support sub-program</td>
<td>734 *</td>
</tr>
<tr>
<td>Drug support</td>
<td>352 *</td>
</tr>
<tr>
<td>Play materials</td>
<td>364 *</td>
</tr>
</tbody>
</table>

* 12-monthly data shown.
Numbers of expecting mothers-infants-children-fathers covered under the program by year

<table>
<thead>
<tr>
<th>Included in the program</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expecting mother</td>
<td>19.791</td>
<td>43.892</td>
<td>108.070</td>
<td>155.258</td>
<td>296.029</td>
</tr>
<tr>
<td>Baby</td>
<td>39.680</td>
<td>98.619</td>
<td>226.736</td>
<td>328.987</td>
<td>332.393</td>
</tr>
<tr>
<td>Child</td>
<td>36.081</td>
<td>140.907</td>
<td>367.385</td>
<td>648.309</td>
<td>275.055</td>
</tr>
<tr>
<td>Father</td>
<td>14.267</td>
<td>42.063</td>
<td>90.653</td>
<td>150.078</td>
<td>76.441</td>
</tr>
</tbody>
</table>
Program Coverage

- Number of doctors trained under the program: 8.374*
- Number of midwives/nurses trained under the program: 22.023*
Areas of Fundamental Training for Health Service Personnel under the PSPDC Program

- Interview techniques, communication skills
- The program’s introduction to child psycho-social development
- Risk factors and protective factors in development
- The psycho-social aspect of pregnancy
- Child psycho-social development
- Nutrition for expecting mothers and children
- What is development? Observing development
- Intervention in malnutrition
- Violence and child-abuse
- Depression/ anxiety disorders
Program Assessment

Results of the assessment of the survey of mothers

• Satisfaction of the mother regarding the relationship with the midwife;
• Ability of the mother to share concerns regarding the child with the midwife;
• The feeling of the mother that she has been understood by the midwife;
## Program Assessment

<table>
<thead>
<tr>
<th>Behavior providing stimulation (playing with the child, talking, reading to the child, singing, telling stories)</th>
<th>P&lt;0.05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receiving help from spouse and social circle with housework and childcare</td>
<td>P&lt;0.05</td>
</tr>
<tr>
<td>Sharing frustrations with spouse</td>
<td>P&lt;0.05</td>
</tr>
<tr>
<td>Nutrition of expecting mothers and children</td>
<td>P&gt;0.05</td>
</tr>
<tr>
<td>Family planning</td>
<td>P&gt;0.05</td>
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Program Assessment

EVALUATION OF THE PROGRAMME “PSYCHOSOCIAL DEVELOPMENT OF CHILDREN” FOR THE PERIOD OF 2005-2009 IMPLEMENTED BY THE MINISTRY OF HEALTH IN TURKEY SEPTEMBER 2010
Program Assessment

- 12 regions
- 1097 service recipients, children between 18-24 months
- 451 service providers

UNICEF 2010
Program Assessment

- There is more story-telling, play, going out together on excursions, singing and other similar activities in the families of children participating in the program.

- Between the two groups there is no difference with regard to activities such as reading books or drawing pictures however, there is a visible difference between these groups with regard to people who they did these activities together with. Children participating in the program did these activities more with their mother whereas those in the control group did them with an adult other than the mother.
Program Assessment

• Mothers followed up on under the aegis of participation in the program resorted less to physical punishments

• With regard to talking about children’s incorrect behaviors, the group participating in the program did this more

• Parents participating in the program were more inclined to play games and talk with their children

UNICEF 2010
In conclusion;

- The PSPDC program presents useful methods and means for healthcare units and personnel operating in first-step health care services to serve the children coming before them in a way that supports and protects their physical, mental and social development.
- It is necessary to approach the observation of expecting mothers and children in a holistic way, viewing physical, psychological and social health as aspects of a single whole.
- The broadening of the program will make a contribution to child health and development.
THANK YOU