Assessment of Needs and Mental Health Problems of the Syrian Refugees Living in Turkey: Preliminary Results

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"There is no greater sorrow on earth than the loss of one's native land."



UN High Commissioner for Refugees



- 59.5 million forcibly displaced people
 - 19.5 million refugees
 - 38.2 million internally displaced persons
 - 1.8 million asylum seekers
- Syria is the top source country of refugees
- 4.6 million registered Syrian refugees

FORCED MIGRANTS

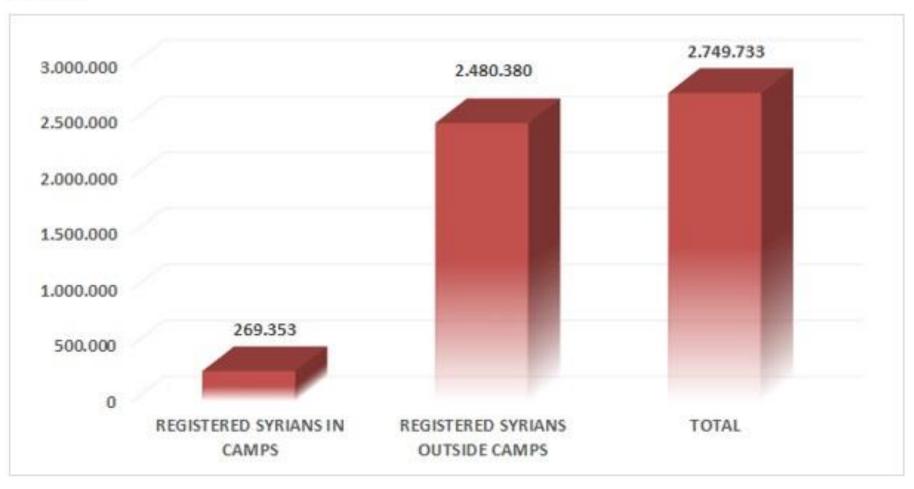
- March 2011: Syria Crisis
- Turkey is hosting the largest number of refugees (3 million*)
- 26 camps in 10 cities (AFAD, 2016)
- More than 2 million spread through the country





*http://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e48e0fa7f&submit=GO

Syrians under Temporary Protection staying in and outside of the Accommodation Centers

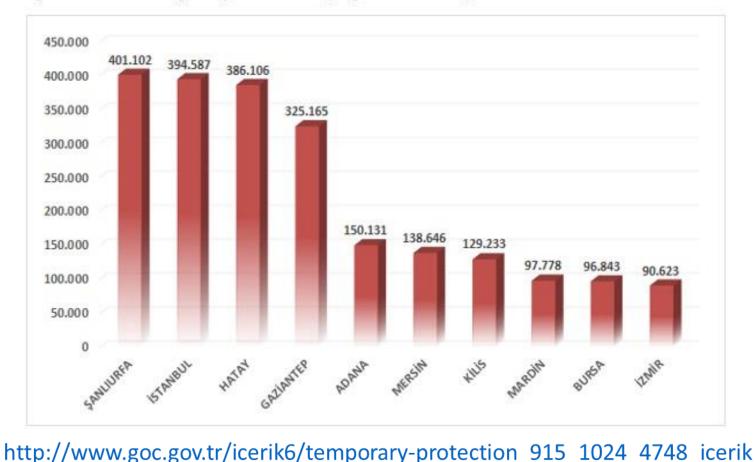


http://www.goc.gov.tr/icerik6/temporary-protection_915_1024_4748_icerik Retrieved 24.04.2016

Assessment of the Mental Health of Syrian Refugees Living out of Camps in Turkey

(World Health Organization)

Syrians under Temporary Protection (Top 10 Provinces)



STUDY CITIES

Istanbul	(N=243)
Ankara	(N=125)
İzmir	(N=127)
Gaziantep	(N=126)
Urfa	(N= 420)
Kilis	(N=109)
Mersin	(N=104)
Adana	(N=304)

Retrieved 24.04.2016

The aims of the project

- Determining mental health problems
- Analyses of needs and resources
- Assessment of the health service use

Assessment of the Mental Health of Syrian Refugees Living out of Camps in Turkey

- December 2015-March 2016
- Reached Arabic speaking team (social workers or psychologists)
- Assessment training
- Snow ball sampling
- N=1558 Age \geq 18; one adult from every family



Assessment Tools

- Sociodemographic
 Data and Needs
 Assessment Form
- MINI International Neuropsychiatric Interview Form



Field Work

- Started simulteneously in all of the cities
- Face to face interviews (45-60 min.)
- Sociodemographic Data and Needs Assessment Form: Sociodemographic information and access to basic needs and services.
- MINI: Assessed the most commong mental health disorders among refugees.

Results Descriptives

- 99%: Sunni Muslims
- 0.6%: Shia Muslims
- 0.4%: Yezidi
- 0.2%: Christian

Ethnicity

- 89.9%: Arabic
- 7.0%: Kurdish

51% were women ages 18-81 M=34.19, SD=1.90

• 92.9%: Arabic is the main language spoken at home

Results	Descriptives	
MARITAI	_ STATUS	%
	MARRIED	69.2
	SINGLE	25.6
	WIDOWED	3.5
	DIVORCED	1.7
LIVING WIT	н	
	NUCLEAR FAMILY	60.0
NUMBER O	F PEOPLE AT HOUSEHOLD	
	1-5	37.1
	6-10	48.8
	Family members in Syria	86.3%

Results Descriptives

Educational Status	%
None	14.9
Primary School	20.0
Secondary School	18.2
High School	14.7
Bachelor's	32.2
Income in Turkey	
0-999 TL	81.1
1.000-2.999 TL	17.2

Occupational Status in Turkey	%
Student	8.2
Housewife	33.2
Worker	32.8
Unemployed	24.3
Volunteer	1.0
Occupational Status in Syria	
Student	16.3
Housewife	30.6
Worker	48.6
Unemployed	3.7

Lenght of Stay in Turkey and Thoughts on staying in Turkey

Time in Turkey	%
Less than a year	33.8
2 years	41.6
3 years	19.5
4 years	5.1
Intention to Stay in Turkey	
Leaving Turkey	75.0
Go back to Syria after war	15.2
Living in Turkey after war	9.8

Lenght of Stay in Turkey and Thoughts on staying in Turkey

Living in Turkey	%
I am pleased with living in Turkey	57.0
I am not pleased	43.0
Before Moving to Turkey	
Directly moved to Turkey	58.9
Migrated within the borders of Syria	32.3
Migrated to Arab countries	6.8
Migrated to Europe	0.4
Other	0.4

Losses Due to Conflict in syria	
Any losses	
No	31.8
Yes	68.2
Types of Loss	
Death of family/close ones	42.1
Death of neighbors/relatives	56.7
Destruction of home	49.4
Being in the midst of combat	50.8

Physical Health Status of Participants

Physical Health	After the immigration
Very bad	6.0
Bad	16.5
Don't know	11.3
Good	58.3
Very well	7.9

Perceived Mental Health Status of Participants

Mentall Health	After the immigration
Very bad	17.3
Bad	33.5
Don't know	12.0
Good	34.3
Very well	2.8

Health Service Use

	Ν	%
<u>No</u>	1122	72.2
<u>Yes</u> Physical Mental Both	389 18 24	27.7 25.0 1.2 1.5
Treatment Received From Medical Doctor Health Staff (not MD) Psychiatrist Psychologist Other	390 60 22 5 8	25.2 3.9 1.4 0.3 0.5

Social Support after Displacement		
Social Support	%	
No	79.4	6
Yes	20.6	ſ
Social Support Through		
NGO	7.4	
Relative	7.0	
Friend	4.2	
Governmental Agencies	1.7	





MINI

Major Depressive Disorder Dysthymia Panic Disorder Agoraphobia Social Anxiety Disorder **Obsessive Compulsive Disorder** Posttraumatic Stress Disorder Generalized Anxiety Disorder

Table. Mental Health Status of Participants

Participants Meeting Diagnostic Criteria (N=1066)

	Ν	%
<u>No Mental Disorder</u>	385	<u>36.1</u>
<u>At Least One / Or More Mental Disorder</u>	681	<u>63.9</u>
1	258	24.2
2	165	15.5
3	134	12.6
4	77	7.2
<u>5 or more</u>	47	4.4

Mental Health Status of Participants Participants Meeting Diagnostic Criteria (N=1066)

	Metropolitan Cities (N=420)	Border Cities (N=646)
	%	%
At least 1 mental health disorder	66.9	61.9

Mental Health Status of Participants Participants Meeting Diagnostic Criteria (N=1066)

	Female	Male
	%	%
At least 1 mental health disorder	60.7	67.1

Mental Health Disorders

	Ν	%
Major Depressive Disorder	591	38.2
Dysthymia	204	18.1
Panic Disorder	249	16
Agoraphobia	234	15.6
Social Anxiety Disorder	102	6.5
Obsessive Compulsive Disorder	70	4.5
Posttraumatic Stress Disorder	262	17.7
Generalized Anxiety Disorder	61	3.9

Suicidal Intentions

	%
Wish to be dead	5.5
Thinking About suicide	2.2
Suicide plan	1.7
Suicide Attempt	2.5

Prevalence of MHD According to City Type

	Metropol	Border
MDD	44.1	35.5
PTSD	20.4	16.4
Dysthmia	22.1	15.5
Panic Disorder	19.2	14.5
Agoraphobia	16.5	15.1
GAD	5.3	3.3
SAD	4.8	7.3
OCD	4.6	4.4

Discussion

- More than half had at least 1 mental health disorder
- Mental health disorder are more prevalent at metropol cities
- Metropolitan cities: alienation, less social support, confrontation with different cultures, high cost of living
- At border cities: similarity between cultures
- The living location might be important for mental health.
- Further studies covering refugees living in coastal regions of Turkey is necessary

Discussion

- Mental health disorders are more common among males
- Cultural gender roles:
 - Men are more responsible to earn money
 - Protecting family
 - Further investigation is needed.
- MDD and PTSD are the most common disorders
- Helplessness & post migration stressors -- depression
- Trauma---ptsd

SuggestionCapacity building

- Trained/professional interpreters
- Trained primary health professionals/mental health professionals on war/trauma
- Learning and training resources in Arabic
- Training and cooperating with Syrian health professionals
- Manuals/guidelines

