

## PROJECT PROPOSAL

# Mental Health Profile of Syrian Refugees in Turkey: an Epidemiological Study

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# Background-1

- Forced migration is one of the most significant results of man-made disasters.
- UNHCR data show that over 5 million refugees fled Syria because of the war.
- Turkey hosts the largest number of Syrian refugees in the world (3.5 million).

\* UNHCR. Syria Emergency. <http://www.unhcr.org/syria-emergency.html>

\* Migration Statistics 2017. Turkish Ministry of Interior, Department General of Migration Management. [http://www.goc.gov.tr/icerik6/temporary-protection\\_915\\_1024\\_4748\\_icerik](http://www.goc.gov.tr/icerik6/temporary-protection_915_1024_4748_icerik)



# Background-2

- Refugees from war-torn countries face problems during migration and during their stay in the host country, in addition to the direct effects of war-related traumas.
- These problems are: losing support systems, challenges with respect to healthy living conditions, access to health care, social care, education and employment opportunities .
- A variety of mental problems are observed among refugees; posttraumatic stress disorder (PTSD) and depression are especially common.

\* Karadag O and Altintas KH. Refugees and health. *TAF Prev Med Bull.*, 2010; 9(1): 55-62.,

\* Bogic M, Njoku A, Priebe S. Long-term mental health of war-refugees: a systematic literature review. *BMC Int Health and Human Rights.* 2015;15:29.

\* Steel Z, Chey T, Silove D, Marnane C, Bryant RA, van Ommeren M. Association of torture and other potentially traumatic events with mental health outcomes among populations exposed to mass conflict and displacement: a systematic review and meta-analysis. *JAMA*, 2009; 302(5):537-49.



# Background-3

- Most studies on the psychological effects of war trauma on Syrians in Turkey were on refugees living in camps near Turkish-Syrian border.
- Most of the participants were severely traumatised.
- PTSD rate reported was between 29.8-83.4%.
- Common predictors of PTSD were: female gender, severity of traumatisation and past psychiatric illness.

\* Alpak G, Unal A, Bulbul F et al. Post-traumatic stress disorder among Syrian refugees in Turkey: a cross-sectional study. *Int J Psychiatry Clin Pract*, 2015; 19(1):45-50.

\* Acarturk C, Cetinkaya M, Senay I, Gulen B, Aker T, Hinton D. Prevalence and Predictors of Posttraumatic Stress and Depression Symptoms Among Syrian Refugees in a Refugee Camp. *J Nerv Ment Dis*, 2017, 19. doi: 10.1097



# Rationale for the study

- Existing research on refugees are either collected several years ago, or done in refugee camps. Since then, the number of refugees exceeded 3 million, and currently less than 10% live in the camps.<sup>2</sup>
- Therefore, the findings reported in those studies may have changed considerably due to increasing numbers, and due to high mobility.
- Syrian refugees are not evenly distributed within Turkey; conducting research at one location may lead to biased samples.
- Previous research used self-report measures of psychopathology, which is not ideal in detecting psychiatric disorders. Reliable and objective measures of psychopathology (diagnostic interviews) are needed for effective planning of psychiatric services.



# Study aims

- We will contact 2500 Syrian adults living in 10 provinces
- A structured clinical interview (CIDI) will be used to determine the prevalence of common DSM-5 mental disorders. We will develop CIDI in Arabic.
- We will also assess predictors of current mental status as well as health services use for both mental and physical health



## 10 provinces densely populated with refugees (>100.000)



# The Sample

- The 3.5 million Syrian refugees in Turkey are not evenly distributed: 80% live in 10 provinces: Istanbul, Adana, Gaziantep, Hatay, Kilis, Mersin, İzmir, Konya, Şanlıurfa and Bursa. In Kilis, refugees constitute 93% of the population.
- The Survey will use a multi-stage, probability-proportionate-to-size sample of Syrian refugees living in those 10 provinces.
- Sampling frame will be provided by the Directorate General for Migration Management.
- Sample sizes in each stratum will be proportional to refugee populations in each province. Primary sampling units (PSUs) will be neighbourhoods (blocks) that will be selected within each province, and will be proportional to refugee population in the province. Within those neighbourhoods, households will be randomly chosen, in which one random adult will be interviewed.

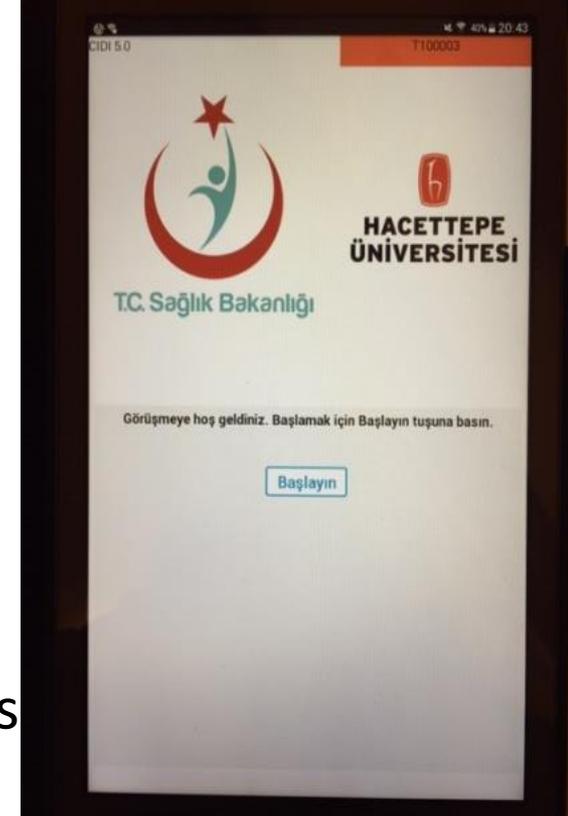


# Measures

## Composite International Diagnostic Interview- CIDI-5:

A fully-structured psychiatric interview (WHO 1990). CIDI 5.0 is designed to elicit DSM-5 and ICD 10/11 diagnoses. It includes modules on demographics, services use and disability.

- CIDI can be administered by non-clinicians. It is the most commonly used tool for mental health epidemiology, and thus will make it possible to easily compare our results with those of other countries.



# Interviewers

- 50 trained interviewers who are fluent in both Arabic and Turkish.
- We will recruit 70 interviewers for the training. Those who are successful in the training will take part in the data collection.



# Procedure

- The interviews will be conducted using tablets.
- All interviews will be conducted in Arabic; no translation will be provided.
- Those with problems that prevent communication will not be included





PROJECT PROPOSAL

**Psychological effects of war and refugee  
experience of Syrian refugees in Turkey:  
a longitudinal study**

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# Background

- Two years ago, we assessed highly traumatized 420 Syrian refugees living in Ankara.
- The probable rate of PTSD (as assessed by self-report measures in Arabic) was 25%.
- PTSD was predicted by female gender, past psychiatric illness, and war-trauma severity.
- To date, no study examined the change in PTSD and depression symptoms of refugees over time in host countries.

\* Cengiz Kılıç, Edip Kaya, Özge Karadağ Çaman, Sarp Üner (2017) Differential Effects of War-Related Adverse and Traumatic Events on Syrian Population in Turkey. Poster presented at ISTSS Annual Conference, Chicago



# Aims & hypotheses

- We plan to contact the 420 adult Syrian refugees who were assessed two years ago (October 2016).
- We will assess the natural course of the war trauma-related psychological problems as well as the predictors of persistence of those problems.
- We are particularly interested in demonstrating the interaction between the effects of traumas experienced in the host country with those experienced in Syria.
- We hypothesize that being female, having experienced (additional) traumas in the host country, and a worse social integration will relate to current PTSD.



# The Sample

- We will target the original 420 people who were assessed two years ago



# Measures

- **The demographics:** interim life events and traumas, social integration, living conditions, lack of jobs, lowered social status, diminished or disrupted social support network.
- **Harvard Trauma Questionnaire (HTQ):** The HTQ is a widely-used self-report measure of traumatic stress (Mollica et al., 1992). We will use the Arabic version that assesses DSM-IV PTSD symptoms. It consists of 45 items rated on a four-point Likert scale (*1=not at all, 2=a little, 3=quite a bit, and 4=extremely*).
- **Beck Depression Inventory (BDI)** (Beck, 1961): This widely used, 21-item, self-report questionnaire measures depressive symptomatology for the last week. The Arabic version will be used in the present study.

\* Mollica RF, Caspi-Yavin Y, Bollini P, Truong T, Tor S, Lavelle J. The Harvard Trauma Questionnaire. Validating a cross-cultural instrument for measuring torture, trauma, and posttraumatic stress disorder in Indochinese refugees. *J Nerv Ment Dis.* 1992; 180(2):111-6.

\* Beck AT, Ward CH, Mendelson M, Mock J, Erbaugh J. An inventory for measuring depression. *Arch Gen Psychiatry.* 1961 Jun;4:561-71



# Procedure

- We will re-contact our previous sample through various means (contact information, local health centers, NGO's, Office of migration)
- 10 bi-lingual (Arabic and Turkish) interviewers will be trained in the use of study measures.
- Those who have moved out of Ankara, or those who do not volunteer for a face-to-face interview will be asked to participate in a telephone interview.
- The interviewers will be gender-matched to increase cooperation and to overcome gender-sensitive issues.
- All refugees with mental symptoms and/or in search of mental health services will be referred to the appropriate health centers.



Thank you..



Syrian Mental Health Profile